



RUTHERFORD COUNTY, TN

Community Health Improvement Plan

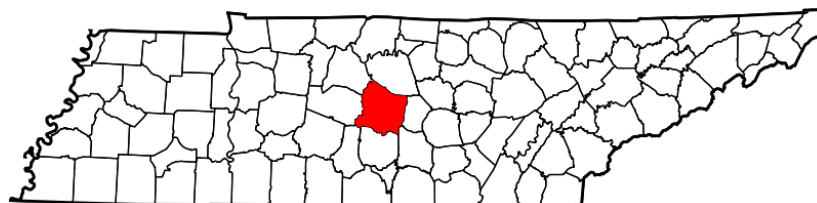
2019-2022

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Executive Summary

Improving the Health of Rutherford County:



Many factors influence public health, including health behaviors, access to health care, community characteristics, the environment, and service delivery by private, governmental, and not-for-profit agencies. Through collective cooperation, the development of the Rutherford County Community Health Needs Assessment (CHNA) was conducted by the Rutherford County Health Department in partnership with Community Wellness Council of Rutherford County, Saint Thomas Health, Saint Thomas Rutherford Hospital, Vanderbilt University Medical Center, Meharry-Vanderbilt Alliance, Middle Tennessee State University Center for Health and Human Services, and the Circle of Influence which includes Primary Care & Hope Clinic, Habitat for Humanity, Prevention Coalition for Success, Matthew Walker Clinic, Veterans Affairs Medical Center, Coordinated School Health, and Interfaith Dental Clinic. The CHNA was used to identify the top four unmet health priorities specific to Rutherford County and will be used to give rise to the Community Health Improvement Plan (CHIP). This CHIP will provide comprehensive navigation towards improving the unmet health needs of Rutherford County.

The process of the CHNA included a review of secondary health data, interviews of community representatives and leaders, community listening sessions, and a community meeting to review findings and discern unmet health needs. The partnering organizations received input from public health experts, including the local public health department partner.

During the 20th century many causes of and contributing factors to morbidity and mortality in the United States has shifted from infectious to chronic. The underlying causes are associated with complex social, behavioral, and environmental factors. This validates the importance of diversity in community partnership when formulating and implementing an improvement plan.

Based on primary and secondary data priority health needs determined for Rutherford County, Tennessee, are as follows:

Identified Priority Public Health Necessities for 2019 – 2022:



Enhance Resources and Services

- Health Care providers are less than the statewide and national average
- 16% of the population in Rutherford County did not see a physician directly attributable to the high cost
- 75% of the population did not attend an annual dental appointment
- Health Care insurance coverage is below 100%



Mental Health / Substance Abuse

- Mental, as well as physical health is directly influenced by traumatic childhood events
- The median for negatively impacted mental health days is 4.2 monthly
- Over the past year, 20% of adults suffered from a diagnosable mental illness



Nutrition and Obesity

- Positive health is derived from focusing on preventative treatment within our community in order to increase the quality of life of overall public health.
- Currently seven out of every ten deaths in America are attributable to coronary heart disease, and various cancers. Nearly one in two adults has a preventable chronic illness.
- Presently, out of every three children nationally, one is classified as overweight to obese predisposing individuals to susceptible chronic disease onset later in life.



Access to Basic Needs with a concentration on Housing

- County-wide, 82.6% of residents live in the same house as one year ago, compared to 85.4% in the nation and the 85.2% in state.
- Poor quality housing can contribute to increased risk of injury or illness through poor maintenance, leaks, environment toxicity, infectious disease due to overcrowding, and psychological distress.

Introduction

Community Health Improvement Plan (CHIP) Defined

A community health improvement plan (CHIP) is a long-term, systematic effort to address public health problems in a community. This plan is based on the results of the Community Health Needs Assessment (CHNA), and is part of a community health improvement process. A CHIP is developed through a collaborative process, and defines a vision for the health of the community.

Health improvement plans identify priorities for making the greatest impacts on mental and physical health, specific to the needs of the populations. There are overlaps between health issues at the national, state, and local level, but there are also some unique to different geographic areas. Each county is different just as each state differs in the prevalence of health issues as well as the solutions to combat them, this is why it is a necessity to have improvement plans specific to the area, whether that be State Health Improvement Plans, or Community Health Improvement Plans.

The success of a CHIP centers on the collaboration between health departments and community partners to coordinate and use resources effectively. Effective CHIPs have the potential to strengthen countywide public health delivery systems, enhance public health system leadership and infrastructure, and influence major health outcomes using population-based strategies.

Statement of Purpose

The purpose of this Community Health Improvement Plan is to improve the health of Rutherford County. The information presented in this report will also act as a resource for other community groups working towards improving the health of the community.

The objectives of the CHNA and subsequent agency specific community health improvement plan/implementation strategy are to:

1. Provide an unbiased comprehensive assessment of Rutherford County's health needs and assets.
2. Use the CHNA to collectively identify priority health needs for the partnering organizations' community benefit and community health improvement activities.
3. Provide an objective assessment of the community, upon which all partnering organizations may continue collaborating to support and improve health within the county.
4. Fulfill Internal Revenue Service regulations related to 501(c)(3) non-profit hospital status for federal income taxes.

Tennessee's Big Killers

TN Leading Causes of Death, 2017	Deaths
1. Heart Disease	16,019
2. Cancer	14,302
3. Chronic Lower Respiratory Disease	4,657
4. Accidents	4,435
5. Alzheimer's disease	3,522
6. Stroke	3,519
7. Diabetes	1,915
8. Flu/Pneumonia	1,656
9. Suicide	1,166
10. Kidney Disease	1,140

Rutherford County Wellness Council



The Rutherford County Wellness Council exists as an advisory and support body to the Tennessee Department of Health regarding the health problems of the County. The actions of the Wellness Council are as follows: develop goals, objective and plans of action to meet these needs along with identifying and securing resources, establish priorities for all identified health problems, identify department/organization work teams and community health agencies that should coordinate efforts with respect to each health problem. The Wellness Council will develop four work groups that will target each one of the priority areas listed in the CHNA and will select a facilitator that will report to the Wellness Council monthly on their action plan reporting tool.

Rutherford County's Health Rankings	Rutherford County	Error Margin	Top U.S. Performers	Tennessee	Rank
Health Outcomes					3
Length of Life					2
Premature death	<u>7,000</u>	6,600-7,300	5,400	9,100	
Quality of Life					4
Poor or fair health	16%	16-17%	12%	19%	
Poor physical health days	4.1	3.9-4.2	3.0	4.4	
Poor mental health days	4.2	4.0-4.3	3.1	4.5	
Low birthweight	<u>8%</u>	8-9%	6%	9%	
Health Factors					8
Health Behaviors					26
Adult smoking	20%	20-21%	14%	22%	
Adult obesity	33%	29-38%	26%	33%	
Food environment index	7.8		8.7	6.3	
Physical inactivity	25%	21-29%	19%	27%	
Access to exercise opportunities	74%		91%	71%	
Excessive drinking	18%	17-18%	13%	14%	
Alcohol-impaired driving deaths	21%	17-25%	13%	26%	
Sexually transmitted infections	469.2		152.8	489.4	
Teen births	<u>23</u>	22-24	14	33	
Clinical Care					12
Uninsured	9%	8-10%	6%	11%	
Primary care physicians	2,350:1		1,050:1	1,390:1	
Dentists	1,890:1		1,260:1	1,880:1	
Mental health providers	1,180:1		310:1	700:1	
Preventable hospital stays	<u>6,148</u>		2,765	5,305	
Mammography screening	<u>45%</u>		49%	40%	
Flu vaccinations	<u>49%</u>		52%	48%	
Social & Economic Factors					3
High school graduation	95%		96%	90%	
Some college	69%	66-71%	73%	60%	
Unemployment	2.9%		2.9%	3.7%	
Children in poverty	<u>13%</u>	10-15%	11%	21%	
Income inequality	3.6	3.5-3.8	3.7	4.7	
Children in single-parent households	28%	26-31%	20%	35%	
Social associations	6.7		21.9	11.3	
Violent crime	492		63	621	
Injury deaths	58	54-62	57	86	
Physical Environment					95
Air pollution - particulate matter	11.2		6.1	10.0	
Drinking water violations	Yes				
Severe housing problems	14%	13-15%	9%	15%	
Driving alone to work	<u>85%</u>	84-86%	72%	84%	
Long commute - driving alone	43%	41-44%	15%	34%	

Community Health Issue #1: ENHANCE RESOURCES AND SERVICES

Background

Access to care refers to the ease with which an individual can obtain medical services needed, care coordination speaks to bridging the gaps between patients, providers, and other aspects of the health care system. In 2019, it was estimated that 16.8% of people living in the Mid-Cumberland region were unable to see a doctor due to cost, 13.9% of residents live in Health Professional Shortage Areas, and uninsured rates are higher than the state and region and concentrated in certain geographies across the county with 17.8% of working-adults being uninsured. Access to health care and care coordination impact overall physical, social and mental health status, prevention of disease and disability, detection and treatment of chronic conditions, quality of life, and life expectancy.

Goal **Improve awareness and access to community resources and services.**

Objectives

1. By December 2021 and ongoing, establish and enhance one centralized repository of information that improves navigation and access to resources for community members.
2. By December 2021 and ongoing, increase awareness and utilization of new and existing resources in the community.
3. By December 2020 and ongoing, present annual public-facing Implementation Strategy updates to Rutherford County Wellness Council.
4. By 2022, Interfaith Dental Clinic of Rutherford County will care for 1,400 unduplicated patients who fall within the uninsured, low-income and older adult population.

Key

Organizations

- Rutherford County Health Department
- Rutherford County Wellness Council
- 2-1-1
- Charity Tracker
- PC4S
- We C.A.R.E.
- My HCH
- Saint Thomas Rutherford Hospital
- Vanderbilt University Medical Center and other organizations with aligned strategies related to priority areas.

Community Health Issue #1: ENHANCE RESOURCES AND SERVICES

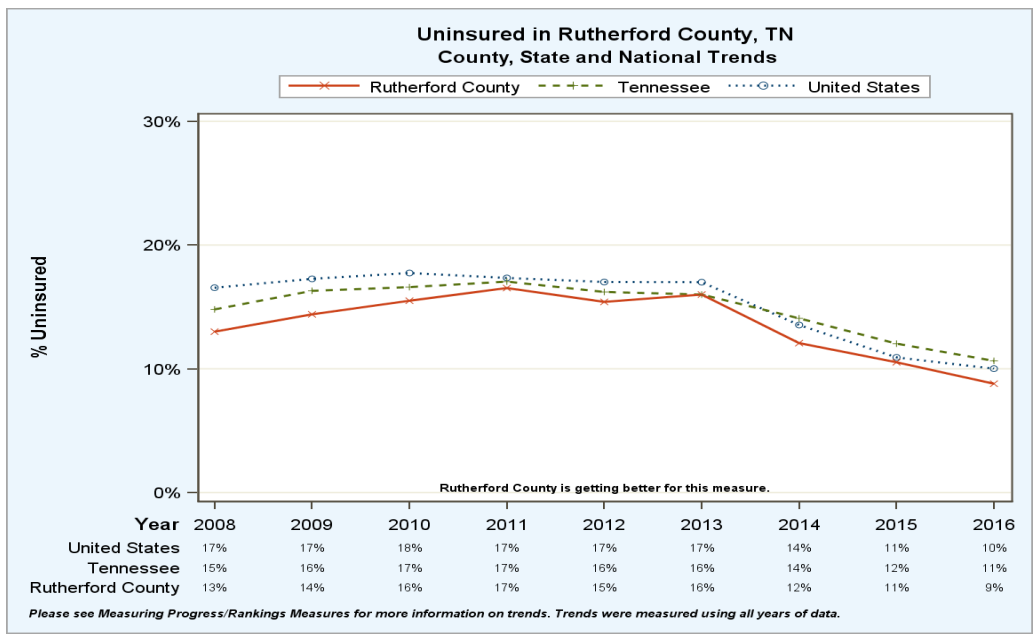


Figure 1.1- Uninsured individuals within Rutherford County, TN compared to the state and the U.S.

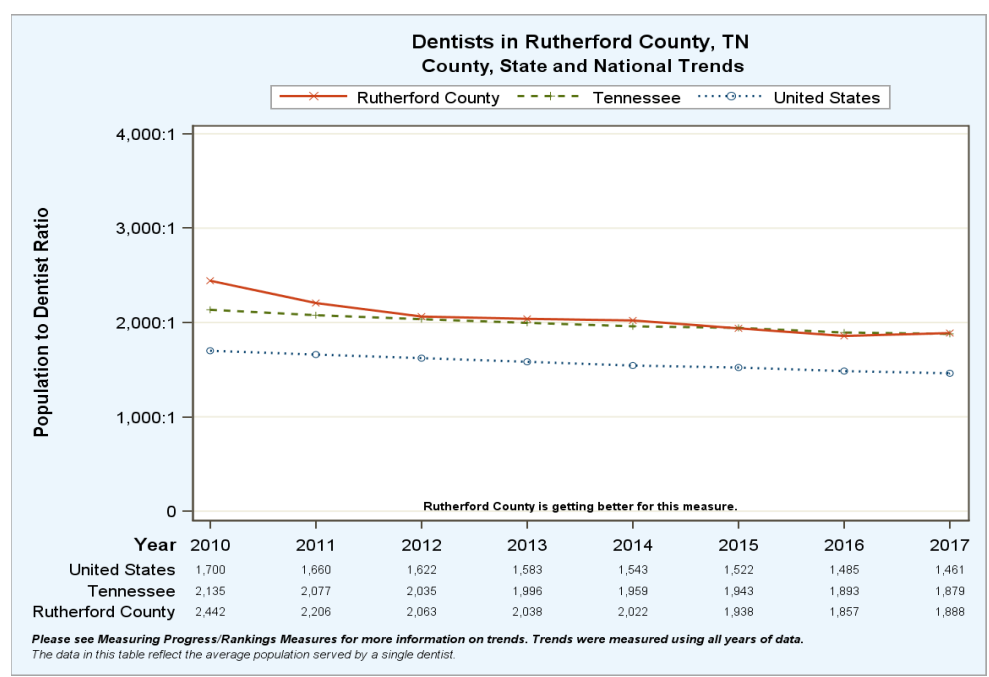


Figure 1.2- Number of dentists within Rutherford County, TN compare to the state and the U.S.

Community Health Issue #2: MENTAL HEALTH/ SUBSTANCE ABUSE

Background

Mental health directly affects physical health, and plays a major role in the ability to maintain personal health and wellness. A mental health day is defined as a day that an employee takes off from work in order to relieve stress or renew vitality, decreasing workforce productivity. In 2020, Tennessee is currently ranked 39th in the U.S. for mental illness and has lower rates of access to care according to Mental Health America. Tobacco use is the single most preventable cause of disease, disability, and death in the United States. In Tennessee the average reported users of tobacco are 16.1% compared to the U.S. top performing state, Utah, which is 9%. Adverse Childhood Experiences (ACEs) sustained by children before 18, indicates the lifelong impact of these traumatic events on a person's health and socioeconomic outcome.

Goal **Increase access to behavioral health services, integrate mental health as a part of overall health, and decrease stigma.**

Objectives

1. By August 2022, increase access to behavioral health services, including substance misuse services.
2. By December 2021, increase number of Building Strong Brains, ACEs, and Trauma-Informed Care trainings at community organizations.
3. By December 2021, increase number of Mental Health First Aid training for MTSU faculty, administrators, staff, and students to decrease stigma and promote mental health as a part of overall health.
4. Prevention Education for school age children of Rutherford County regarding Life Skills Curriculum by Fall 2022

Key Organizations

- Matthew Walker Comprehensive Health Center
- Primary Care and Hope Clinic
- Mental Health Action Committee
- STARS
- Insight Counseling Centers
- Prevention Coalition for Success
- MTSU Center for Health and Human Services
- The Family Center
- TN Commission on Children & Youth
- Rutherford County Health Department

Community Health Issue #2: MENTAL HEALTH/ SUBSTANCE ABUSE

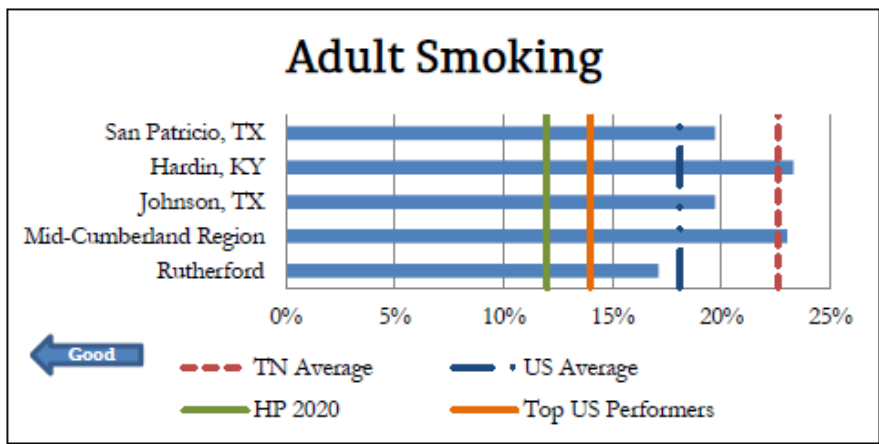
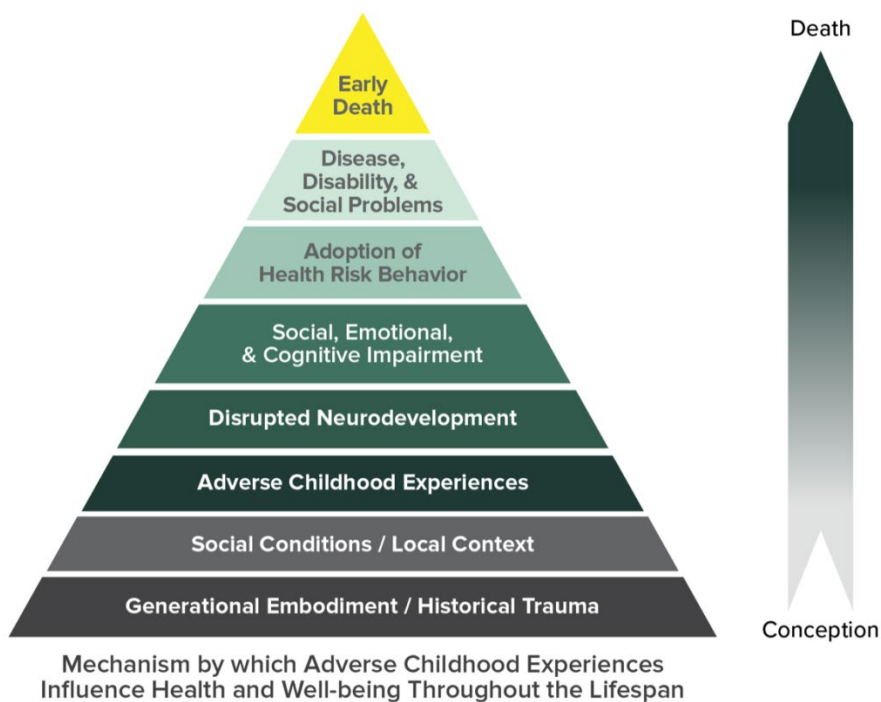


Figure 2.1 - Adult Smoking in Rutherford County, TN compared its respective region and three non-Tennessee comparative counties from around the US based on county-level demographics.



Community Health Issue #2: MENTAL HEALTH/ SUBSTANCE ABUSE

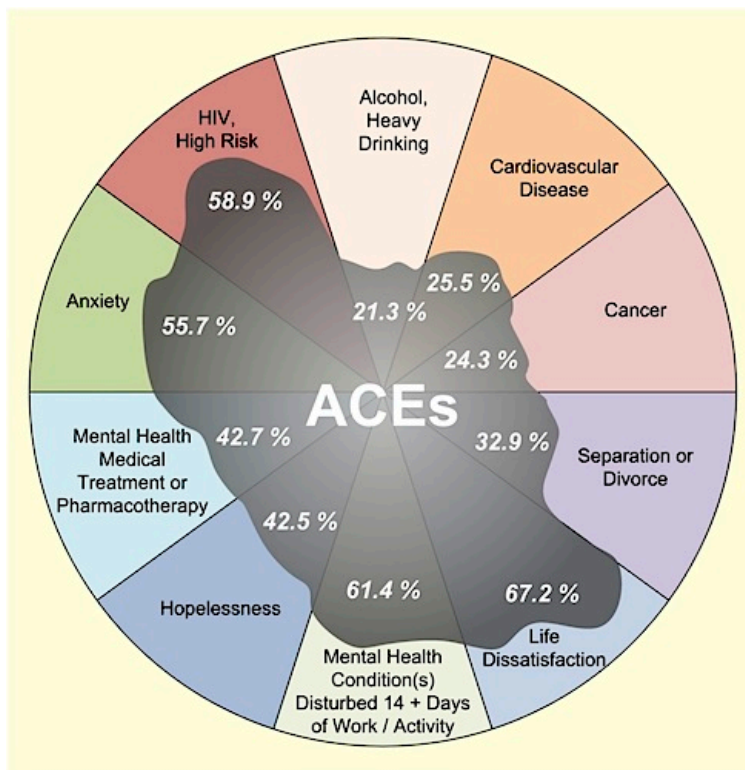


Figure 2.3 – Adverse Childhood Experiences visual

“If you are able to prevent adverse childhood experiences, it’s like putting a giant sponge in the middle of this oil slick and sucking it up all at once. You can prevent all of these things simultaneously.”-Dr. Elena Quintana

Community Health Issue #3: NUTRITION AND OBESITY

Background

According to the CDC, obesity-related conditions include heart disease, stroke, type II diabetes and certain types of cancer are some of the leading causes of preventable death. Obesity rates in Tennessee are high, with over half of its adults being overweight or obese, when using BMI as the indicator. Healthy People 2020 recommend a combination of individual behaviors, as well as policies and environments that support these behaviors should be considered when combating obesity and obesity-related diseases.

Goal Increase access to healthy foods and decrease obesity rates.

Objectives

1. Beginning in 2020 and ongoing, increase # of eligible families accessing WIC by 5%.
2. Increase and expand programs with childcare providers and Rutherford County Schools that promote physical activity, healthy gardens, and nutrition education by 10%.
3. By June 2022, increase promotion of Tennessee Breastfeeding Hotline in Rutherford County.
4. Research opportunities for increased nutritional education for all ages.
5. By December 2021, increase awareness of sugar beverage consumption and healthy beverage choices in MTSU students/ young adults.

Key

Organizations

- Rutherford County Health Department
- Coordinated School Health
- UT-TSU Extension
- Parks & Rec
- MTSU Center for Health & Human Services

Community Health Issue #3: NUTRITION AND OBESITY

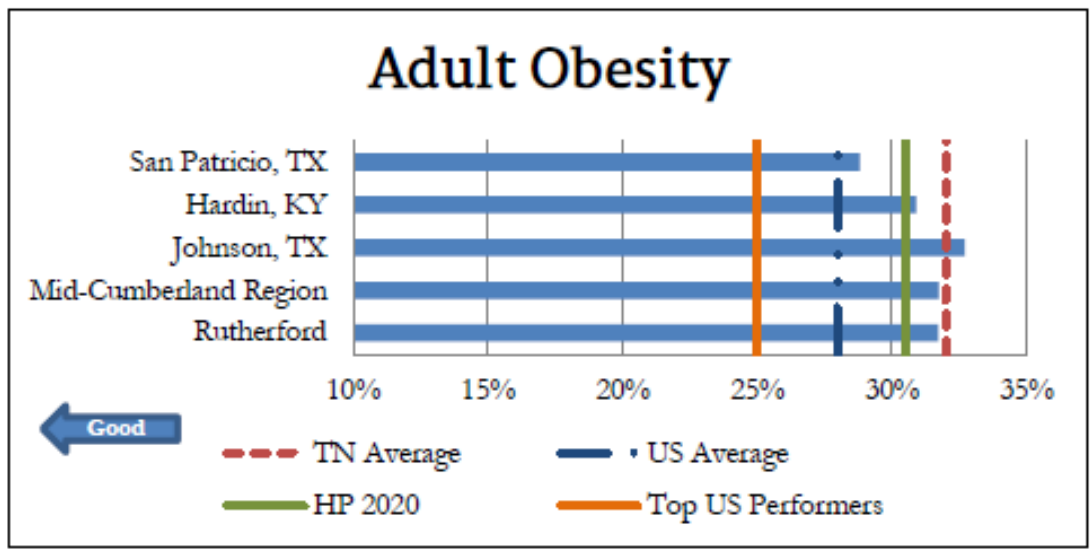


Figure 3.1 Adult obesity in Rutherford County, TN compared its respective region and three non-Tennessee comparative counties from around the US based on county-level demographics.

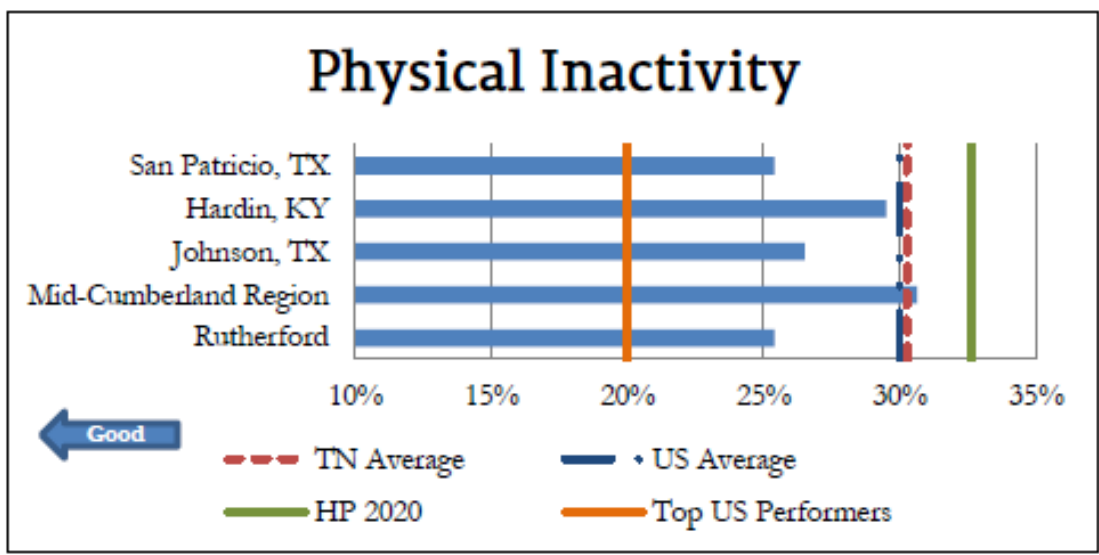


Figure 3.2 Adult physical inactivity in Rutherford County, TN compared its respective region and three non-Tennessee comparative counties from around the US based on county-level demographics.

Community Health Issue #4: ACCESS TO BASIC NEEDS- CONCENTRATION ON HOUSING

Background

Social determinants are the conditions, in which people are born, live, learn, work, play, and worship that affect a wide range of health, and quality-of-life outcomes and risks. Many adults living in Rutherford county spend 30% or more of their income on housing. These difficult living conditions make homelessness more likely. There is also a burden and concern for veterans and those living with disabilities to find affordable and accessible housing to meet their needs. According to the 2019 CHNA, a healthy community in regards to social determinants would include neighborhood based access to healthy food choices, adequate and affordable housing for single and multi-families, and educational programs that lead to a viable workforce.

Goal **Improve access to resources that address basic needs, specifically affordable housing.**

Objectives

1. By December 2022, increase number of senior citizens with ability to age in place by up to 25%.
2. By December 2022, improve “points of entry” for vulnerable populations including seniors and individuals experiencing homelessness through promotion and use of resource navigation tools.
3. By December 2020 and ongoing, increase engagements with housing stakeholders to better understand existing and future housing plans.
4. By December 2020 and ongoing, increase engagements with transportation stakeholders, including transportation organizations, to better understand existing and future transportation plans.

Community Assets

- Habitat for Humanity
- Saint Clair Senior Center
- First United Methodist
- Rutherford County Wellness Council
- H3ARC
- Greenhouse Ministries
- Murfreesboro Housing Authority
- Murfreesboro Rover
- Regional Transit Authority (RTA) of Middle Tennessee

Community Health Issue #4: ACCESS TO BASIC NEEDS- CONCENTRATION ON HOUSING

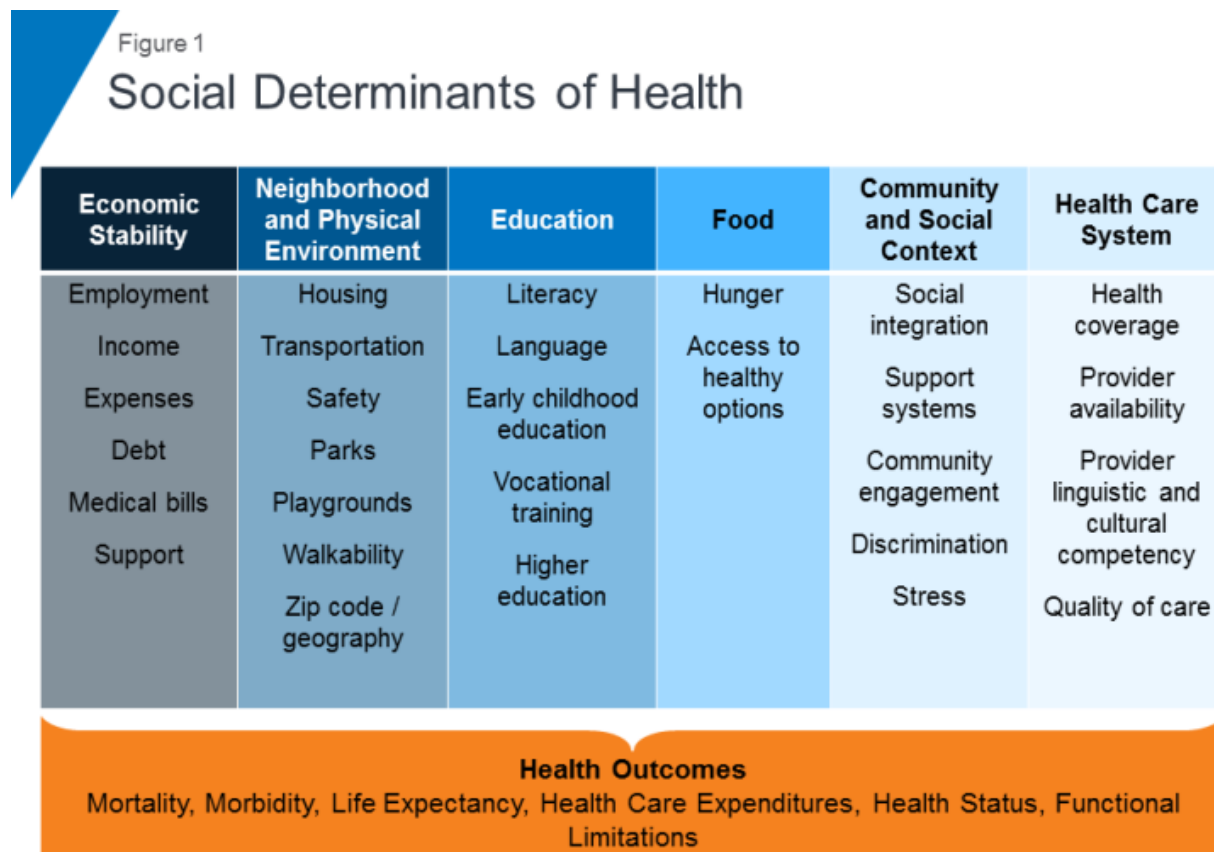


Figure 4.1- Factors of social determinants that can have an effect on overall health.

Pro Tem Additions

- Chamber of Commerce – ReConnect Program (ex. Training ambassadors, use of Reconnect funds, etc.)
- UT-TSU Extension Programs (awaiting input from UT-TSU Extension)
- Objective re: decreasing stigma with Mental Health from Dr. Story at MTSU
- By December 2021, decrease # of NICU admissions related to Neonatal Abstinence Syndrome. (We C.A.R.E., Prevention Coalition for Success, Stone Crest Hospital)
- By August 2022, increase access to recreational opportunities in all Rutherford county zip codes. (MTSU)

Community Project looking into Infant Mortality spike in Rutherford over the last 3 year cycle of CHNA, Vanderbilt, RCHD, MTSU, ETSU, TSU.

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References

- Center for Disease and Control and Prevention. Adverse Childhood Experiences Presentation Graphics. <https://www.cdc.gov/violenceprevention/childabuseandneglect/cestudy/acegraphics.html>. Revised March 27, 2019. Accessed January 31, 2020.
- Ed Finkel Panel Traces Path from Childhood Trauma to Youth Violence. <http://www.lisc-chicago.org/news/2349>. Published April 2, 2013. Accessed September 30, 2016.
- Kaiser Family Foundation. Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity. <https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>. Published 2020. Accessed January 30, 2020.
- Marshall, D., Pyron, T., Jimenez, J., Coffman, J., Pearsol, J., & Koester, D. (2014). Improving Public Health Through State Health Improvement Planning. *Journal of Public Health Management and Practice*, 20(1), 23-28. doi:10.1097/phh.0b013e3182a5a4b8
- Mccullough, J. M., Eisen-Cohen, E., & Salas, S. B. (2016). Partnership capacity for community health improvement plan implementation: Findings from a social network analysis. *BMC Public Health*, 16(1). doi:10.1186/s12889-016-3194-7
- Mental Health America. Overall Ranking 2020. <https://www.mhanational.org/issues/ranking-states>. Published 2020. Accessed January 30, 2020.
- Rutherford County Wellness Council, Rutherford County Health Department. Community Health Needs Assessment, Rutherford County, Tennessee. <http://www.foothillshd.org/images/forms/1000/1120/cha/2018/RPM1120.001.2018-R.pdf> Published 2019. Accessed January 30, 2020.
- 2019 Community Health Improvement Plan – Rutherford County, TN

Saint Thomas Health. Community Health Needs Assessment.

<file:///C:/Users/dc60ng4/Downloads/2019%20St%20Thomas%20West%20Midtown%20HSS%20CHNA%20Report.pdf>. Published 2019. Accessed January 30, 2020.

Tennessee Department of Health (2013/2012) Behavioral Risk Factor Surveillance System:

Tennessee State and Regional Data, retrieved from: on November 17, 2016, from:
<http://tn.gov/health/topic/statistics-brfss>

Tennessee Department of Health. Behavioral Health Indicators for Tennessee and the United States.

<https://www.tn.gov/content/dam/tn/mentalhealth/documents/research/2018%20TN%20S%20Data%20Book.pdf>. Published May 2018. Accessed January 31, 2020.

Tennessee Department of Health. Tennessee Tobacco Settlement Program 2014-2016.

<https://www.tn.gov/content/dam/tn/health/program-areas/tobacco-settlement/Three%20year%20report%20of%20TN%20Tobacco%20Settlement%20Program%20Outcomes%202014-16.pdf>. Published 2016. Accessed January 30, 2020.

United Health Foundation. America's Health Rankings Tennessee.

<https://www.americashealthrankings.org/explore/annual/measure/Smoking/state/TN>.
Published 2020. Accessed January 30, 2020.

University of Wisconsin Population Health Institute. Tennessee.

<https://www.countyhealthrankings.org/app/tennessee/2019/rankings/rutherford/county/outcomes/overall/snapshot>. Published 2019. Accessed January 30, 2020.