



RUTHERFORD COUNTY, TN

Community Health Improvement Plan

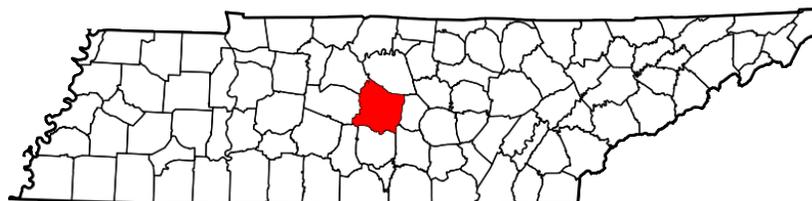
2016-2019

Table of Contents

	Page
Executive Summary.....	3
Introduction.....	5
Statement of Purpose.....	6
Tennessee’s Big Four.....	7
Tennessee Tobacco Settlement.....	8
Rutherford County Wellness Council.....	9
Community Health Issue #1: Access to Care / Care Coordination.....	10
Community Health Issue #2: Mental and Emotional Health/Substance Abuse	12
Community Health Issue #3: Wellness and Disease Prevention.....	15
Community Health Issue #4: Social Determinants.....	17
Mini-Grant Activities Funded by the Wellness Council.....	18
References.....	19

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 Primary Care and Hope 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 2016 – 2018:



Access to Care / Care Coordination

- Health Care providers are less than the statewide and national average
- 11% of the population in Rutherford County did not see a physician directly attributable to the high cost
- 28% of the population did not attend an annual dental appointment
- Health Care insurance coverage is below 100%



Mental and Emotional 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 2.7 monthly
- Over the past year, 20% of adults suffered from a diagnosable mental illness



Wellness and Disease Prevention

- 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.



Social Determinants

- The health status of an individual is measurably impacted by economic and social resource amenity support networks in our community.
- Level of access to quality education, income level, secure housing, employment opportunities yielding workplace safety, and conditional environmental factors all directly affect general public health.

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 Four

Analysis of Tennessee's health rankings and measures has resulted in the understanding that four behavioral factors greatly impact a majority of the causes of excessive deaths in the state. These four behaviors include smoking, obesity, physical inactivity, and substance abuse. These "Big Four" have become a target of department-wide primary prevention interventions and a focal point for departmental interactions with community partners. These health issues directly influence at least six of the ten top leading causes of death in Tennessee, please see table below.

Tennessee Big Four

Leading Causes of Death in TN



Tobacco Use

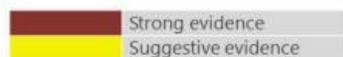


Obesity

Physical
InactivitySubstance
Abuse

Top Ten Leading Causes of Death in Tennessee and Big Three **Plus One** Modifiable Risk Factors, 2013

Cause	Number	Tobacco	Obesity	Physical Inactivity
Heart disease	14,723			
Cancer	13,931			
Chronic lower respiratory disease	3,897			
Accidents (including motor vehicle)	3,497	SUBSTANCE ABUSE		
Cerebrovascular diseases	3,123			
Alzheimer's disease	2,526			
Diabetes mellitus	1,815			
Influenza and pneumonia	1,551			
Kidney disease/failure	1,059			
Suicide	1,017	SUBSTANCE ABUSE		



Sources: Tennessee Department of Health, Mayo Clinic, World Heart Federation, National Institutes of Health, World Health Organization, Centers for Disease Control and Prevention

Tobacco Settlement

	Year 1 (Actual)	Year 2 (Actual)	Year 3 (Actual)
Smoking during pregnancy	X	X	X
Second hand smoke exposure for young children		X	X
Helping school children not to begin tobacco use			X

For the first time Tennessee decided to allocate tobacco settlement funds to each county during years 2014-2017 based on population demographics and the current active tobacco user rate including pregnant and second hand smoke exposures. Rutherford County plans to address tobacco use in three different demographics; pregnant moms, small children, and school age children.

During year one, Rutherford began with projects aimed at lowering smoking rates during pregnancy through the S.M.A.R.T. Moms program, an evidence-based program piloted with 13,000 pregnant women in all 95 counties in Tennessee developed by Middle Tennessee University Center for Health and Human Services. The program continued through years 2 and 3. During year two of S.M.A.R.T. Moms eighty-eight percent (88%) of the participants either quit or reduced their tobacco use as a result the program. We chose to focus on providers because for every provider trained, we are able to reach multiple women. This is why investing public funds in tobacco use prevention projects, as the county level is very important.

At the start of year 2 going through year 3, tobacco settlement efforts in Rutherford County will target second hand smoke exposure for young children through the Gold Sneaker, program developed by the Tennessee Department of Health and the A-B-C 1,2,3 Healthy kids in Tennessee curriculum, developed by Middle Tennessee University Center for Health and Human Services. In year three of the Tobacco Settlement efforts Rutherford County plans to address helping school children not to begin tobacco use with the Knock Tobacco Out of the Park initiative.

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.

MINI-GRANTS 2016

In March of 2016, Rutherford County Health Department had a savings of \$39,000 which the county had designated for a wellness activity that would benefit the entire county. The council voted to take that money and create mini-grants for approved wellness projects up to \$2,000 each. The wellness project must target one of Tennessee's Big Four health priorities in conjunction with registering to become a Tennessee Healthier workplace, faith or school organization. Grant recipients are also mandated to attend quarterly wellness meetings and provide a presentation to update the council on the progress of their wellness project. The mini-grants will serve to help improve the health of people in Rutherford County as well as helping Rutherford County and the City of Murfreesboro meet the goal of being recognized as a Healthier Tennessee Community as part of the Governor's Initiative. On July 1, 2016, there were a total of 17 grant awards given out with projects designated to target all four of the health priorities identified in the CHNA.

Please see page 18 for a list of the projects.

Community Health Issue #1: ACCESS TO CARE/ CARE COORDINATION

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 2013, it was estimated that 10.8% of people living in the Mid-Cumberland region were unable to see a doctor due to cost, 8.0% had no usual source of care, and 23.2% did not have a personal healthcare provider. Additionally, 27.7% of adults had not visited a dentist in the past year with 48.8% having a permanent tooth extracted during their lifetime. 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 To improve overall access to comprehensive healthcare services and care coordination for all Rutherford County residents through increasing affordability and availability of care.

Objectives

1. By 2018, Rutherford County will have public transportation available outside of Murfreesboro city limits.
2. By 2018, Interfaith Dental Clinic of Rutherford County will care for 900 unduplicated patients, who fall within the uninsured, working, low-income, and elderly population.

Strategy

1. Advocate for expansion of the Rover transportation system.
2. Provide dental care and outreach to those who cannot receive recommended dental checkup and services.

Community Resources and Assets

- Dentists Fix More than Teeth
- Mobile Health Units
- Federally Qualified Health Center (FQHC)
- Rover Transportation
- Community Coalitions
- Extension Office

Determinants Affecting this Health Outcome

- Need for providers
- Poverty
- Transportation
- Public knowledge deficit
- Need for providers
- Insurance

Community Health Issue #1: ACCESS TO CARE/ CARE COORDINATION

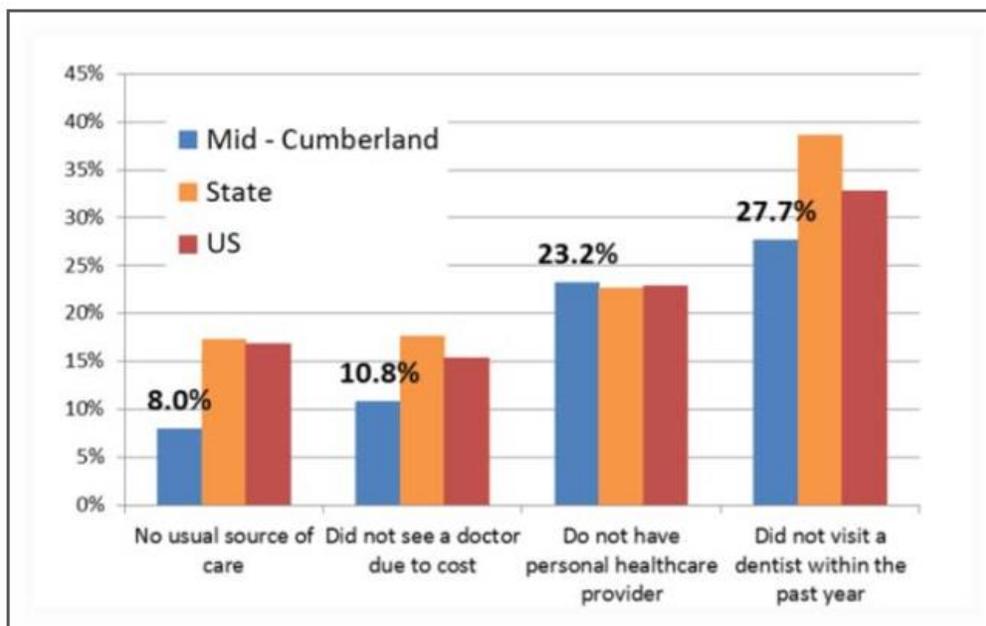


Figure 1.1 - Access to Care, Behavioral Risk Factor Surveillance Survey, Mid-Cumberland Region, Tennessee, 2013

COMMUNITY HEALTH ISSUE #2: MENTAL AND EMOTIONAL 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 Tennessee the number of mental health days reported in the last 30 days was 4.3 compared to the U.S. top performing state, Maine, which was 2.8. Neonatal abstinence syndrome (NAS) happens when a baby is exposed to drugs in the womb before birth. A baby can go through drug withdrawal after birth, and this occurs most often when the pregnant mother takes opioids during pregnancy. Per the Tennessee Department of Health, from January 1 through October 31, 2015 there were 812 cases of NAS reported. 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 22% compared to the U.S. top performing state, Arizona, which is 14%.

Goal Improve mental and emotional health while decreasing incidence and prevalence of tobacco use and substance abuse through identifying, referring, treating, and supporting those in need.

- Objectives**
1. By 2018, in Rutherford County, there will be 25 Adverse Child Experiences (ACEs) presentations/trainings given to organizations serving at-risk families to help target improvement for mental and emotional health.
 2. By 2018, among the Mid-Cumberland region, cases of drug dependent newborns will decrease from 77 cases to 65 cases.
 3. By 2018 at least 50% of the WIC patients in Rutherford County who smoke will agree to attempt smoking cessation, set a quit date, and will participate in the S.M.A.R.T. Moms project.

- Strategies**
1. The Family Center will provide ACEs presentations to educate and improve mental and emotional health.
 2. Targeted at-risk women of child-bearing years will be offered reversible long lasting birth control methods.
 3. Educate the youth, pregnant moms, and childcare providers on the dangers of tobacco and second hand smoke.

- Community Resources and Assets**
- Hannah Project
 - Gold Sneaker
 - Community Anti-Drug Coalition of Rutherford County (CADCOR)
 - ABC 123 Healthy Kids in TN
 - MTSU Center for Health and Human Services
 - Boys & Girls Club
 - Domestic Violence Agency
 - Mental Health in and outpatient services
 - The Family Center
 - FQHC
 - Health Screenings
 - S.M.A.R.T. Moms

- Determinants Affecting this Health Outcome**
- Access to services
 - Social norms & values
 - Substance Abuse
 - Adverse child events
 - Low public knowledge
 - Poverty
 - Unemployment
 - Social inequities
 - Disparate populations

COMMUNITY HEALTH ISSUE #2:  **MENTAL AND EMOTIONAL HEALTH/ SUBSTANCE ABUSE**

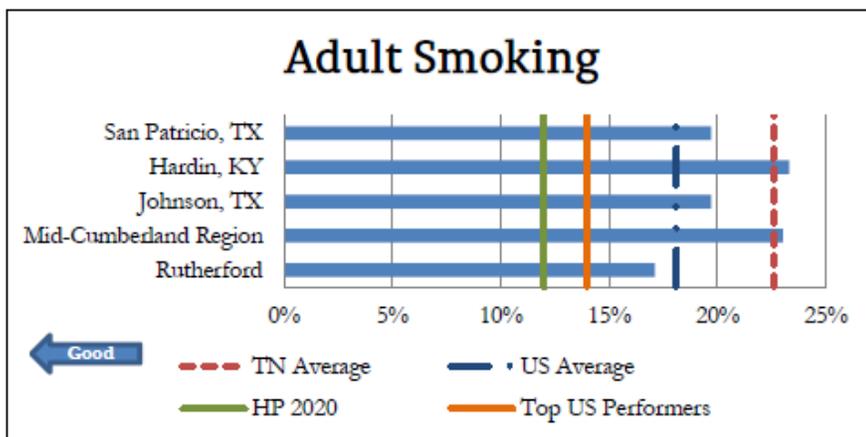


Figure 2.1 - Adult Smoking in Rutherford County, TN compared its respective region and three non-Tennessee comparative counties from around the US based on county-level demographics.

NAS Cases by County/Region

Maternal County of Residence (By Health Department Region)	# Cases	Rate per 1,000 births
Davidson	42	4.9
East	193	28.7
Hamilton	20	5.8
Jackson/Madison	0	0
Knox	102	23.3
Mid-Cumberland	77	5.9
North East	127	44.7
Shelby	23	2.0
South Central	34	8.4
South East	26	8.8
Sullivan	65	49.4
Upper Cumberland	80	24.9
West	23	4.7
Total	812	11.9

Table 2.2 – Number of drug dependent newborns (NAS) born from January 1, 2015 through October 31, 2015

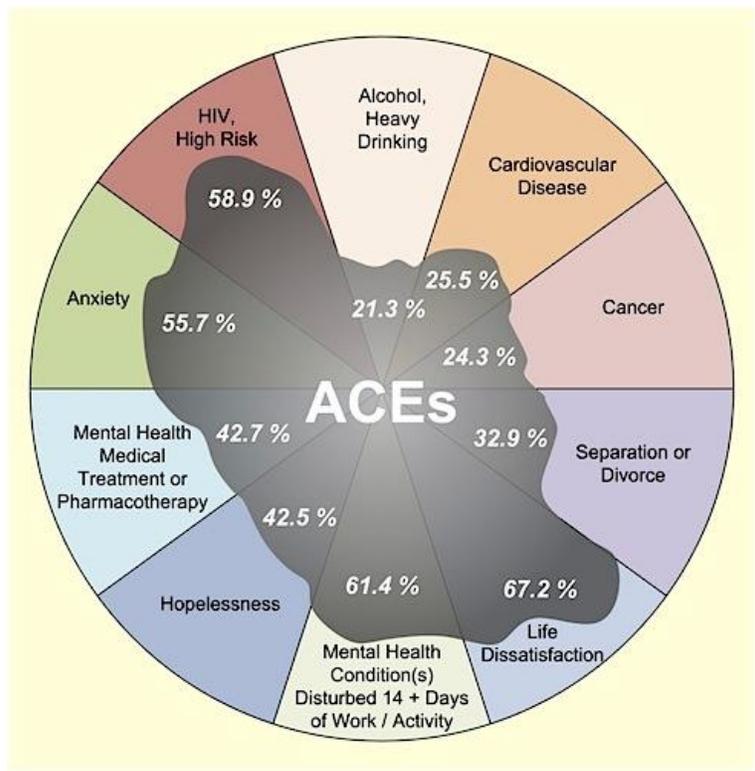


Figure 2.3 – Adverse Childhood Experiences visual

“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: WELLNESS AND DISEASE PREVENTION

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 recommends 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 Promote and support a healthy lifestyle through strengthening community resources that will positively influence nutrition, exercise, chronic disease management, and chronic disease prevention.

Objectives

1. By 2018 increase physical activity from 25% to 28% amongst Rutherford County adults age 20 or older who work.
2. By 2018 decrease adult obesity in Rutherford County by 2.6% by getting 9 out of every 100 current obese adults in the county to reduce their BMI below 30.
3. By 2018, Murfreesboro City Schools will reach out to 140 students to create students who will be able to properly prepare a well-balanced meal that they enjoy.

Strategies

1. Provide nutrition education through free learning sessions led by registered dietitians
2. Encourage and support community, work based, faith based, and school based health initiatives that are centered on increasing physical activity and healthy eating.
3. Build a walking trail in the Smyrna area that can be used by anybody at any time.

Determinants

Affecting

this Health Outcome

- Diet
- Physical activity
- Genetic factors
- Food Deserts
- Poverty
- Physical Environment
- Food Security
- Mental health

Community

Assets

- EFNEP
- Coordinated School Health
- FQHC
- MTSU Center for Health and Human Services
- UT/TSU Extension Office
- Local community centers
- Children, youth & family services
- Boys & Girls Club

Community Health Issue #3: WELLNESS AND DISEASE PREVENTION

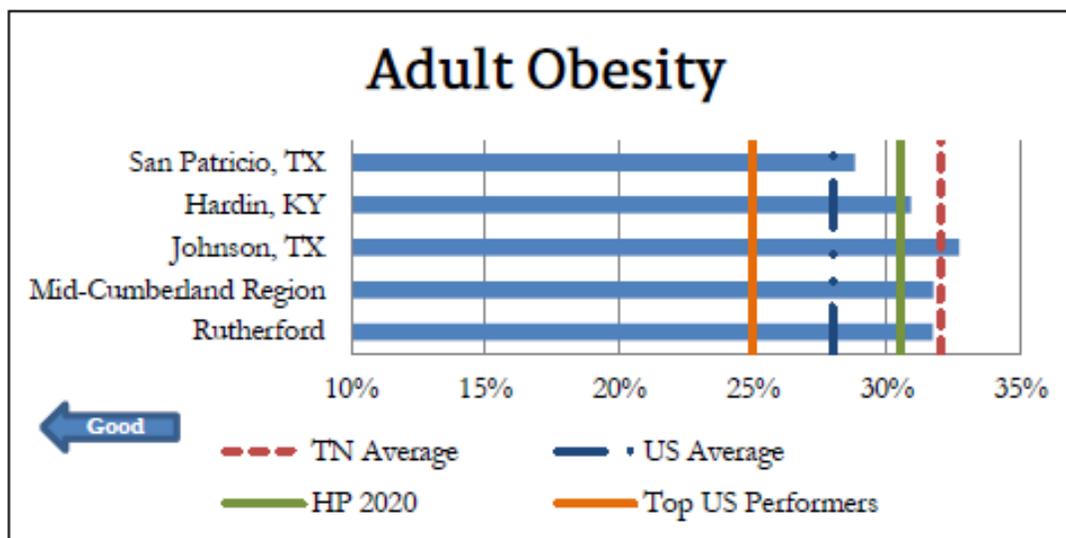


Figure 3.1 Adult obesity in Rutherford County, TN compared its respective region and three non-Tennessee comparative counties from around the US based on county-level demographics.

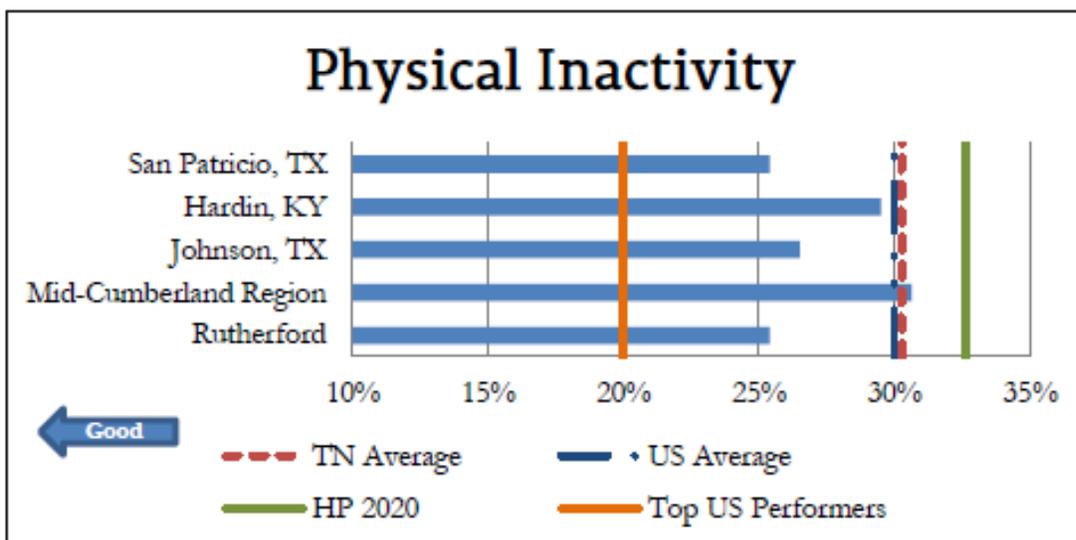


Figure 3.2 Adult physical inactivity in Rutherford County, TN compared its respective region and three non-Tennessee comparative counties from around the US based on county-level demographics.

Community Health Issue #4: SOCIAL DETERMINANTS

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. Some examples of social determinants which impact health include housing, crime, poverty, education, discrimination, and others. According to the 2016 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 government and company/industry policies that promote health through transportation access in addition to increasing education on resources available as well as accessing them.

Objectives

1. By 2018 improve literacy skills among children under age 5 by 20%.
2. By 2018 identify safe, local places to walk.
3. Work with community coalitions to identify healthier built environment opportunities.

Strategies

1. Provide information about the Books from Birth program to mothers in low income areas.
2. Identify walking trails in each of the 21 districts in Rutherford County.
3. Building walking trails accessible to Rutherford County residents.

Determinants Affecting this Health Outcome

- Knowledge
- Poverty
- Physical environment
- Social inequities
- Unemployment
- Individual behavior

Community Assets

- Rover
- R-Connect
- Community development department
- FQHC
- Guidance Center
- Housing Authority
- UT-TSU Extension office
- Coordinated School health
- Homeless Alliance of Rutherford County
- End Slavery Tennessee
- Big Brother Big Sister
- Boys & Girls Club
- CADCOR

2016 Mini-Grant Projects

Community Health Issue #1: ACCESS TO CARE/ CARE COORDINATION

- Dentists Fix More Than Teeth

COMMUNITY HEALTH ISSUE #2: MENTAL AND EMOTIONAL HEALTH/ SUBSTANCE AUBUSE

- #WeOwnFriday
- Youth P2P Prevention
- Aging in Place
- Nurses for Newborns of Tennessee

Community Health Issue #3: WELLNESS AND DISEASE PREVENTION

- Juice, Cook and Move
- Mentoring in Motion
- #WeOwnFriday
- Endure Athletics Summer Camp
- Walk with God
- Aging in Place
- Miracle Marathon
- Chef Academy
- WBT Active Seniors
- Howards Hope
- Healthy Eating Seminar
- Cooking Matters at the Store
- Creating a Healthy Community Culture at Whitworth Buchanan Middle School

Community Health Issue #4: SOCIAL DETERMINANTS

- Cooking Matters at the Store

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