

2022-2025

**Rutherford County, Tennessee**



Community Health  
Improvement Plan

## **Table of Contents**

**Executive Summary**

**Introduction**

**Statement of Purpose**

**Leading Causes of Death**

**County Versus State Demographics**

**Rutherford Wellness Council**

**County Health Rankings**

**Community Health Issue #1: Healthcare Access**

**Community Health Issue #2: Mental Health**

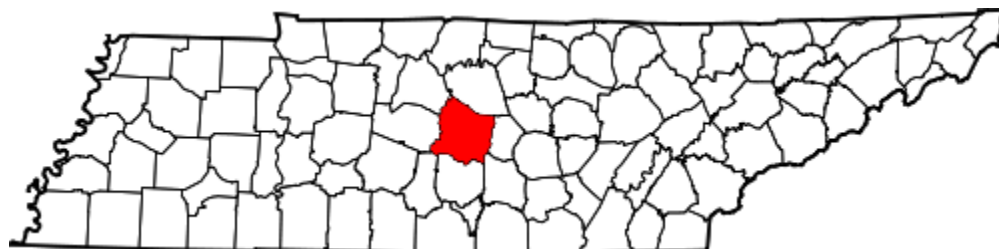
**Community Health Issue #3: Safe & Affordable Housing**

**Community Health Issue #4: Infant Mortality**

**Community Health Issue #5: Opioid Misuse**

**References**

## **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, Ascension Saint Thomas, Vanderbilt University Medical Center, 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, 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 members and organizational leaders, environmental scans, 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.

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, environmental, and economic 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:





## 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, therefore 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.



Tennessee's Leadwith the Causes  
Mid-Cumberland Region, 2020

<u>No.</u>	<u>Cause</u>	<u>Total</u>
1	Heart Disease	2,425
2	Cancerous Tumors	2,288
3	COVID-19	1,057
4	Accidents	1,035
5	Chronic Lower Respiratory Diseases	639
6	Cerebrovascular Disease	611
7	Alzheimer's Dis	593
8	Diabetes	336
9	Suicide	243
10	Chronic Liver Disease	208

## Rutherford County Demographics County Vs. State Data, 2021

	<u>Rutherford</u>	<u>Tennessee</u>
Population	332,285	6,829,174
% Below 18 years of age	24.5%	22.1%
% 65 and older	10.8%	16.7%
% Non-Hispanic Black	15.8%	16.7%
% American Indian & Alaska Native	0.5%	0.5%
% Asian	3.6%	2.0%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%
% Hispanic	8.7%	5.7%
% Non-Hispanic White	69.1%	73.5%
% Not proficient in English	2%	2%
% Females	50.9%	51.2%
% Rural	17.0%	33.6%

## Rutherford County Wellness Council



Healthcare  
Access



Mental  
Health



Safe and  
Affordable Housing



Infant  
Mortality



Opioid  
Use

The Rutherford County Wellness Council is a community body that exists as an advisory and support council 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 five work groups that will each target one of the priority areas listed above and will select a facilitator that will report to the Wellness Council regularly on their action plan progress.

# Rutherford County, 2021\* Health

Health Outcomes	Rutherford County	Error Margin	Tennessee	US	Rank
	Highest 75%-100%				4
Health Factors	Highest 75%-100%				3
<b>Length of Life</b>					4
Premature Death	7,300	7,000-7,600	9,400	6,900	
<b>Quality of Life</b>					11
Poor/Fair Health	19%	17-21%	21%	17%	
Poor Physical Health Days	4.4	4.0-4.8	4.7	3.7	
Poor Mental Health Days	5.3	4.9-5.7	5.2	4.1	
Low Birthweight	9%	8-9%	9%	8%	
<b>Health Behaviors</b>					8
Adult Smoking	20%	17-23%	21%	17%	
Adult Obesity	33%	29-38%	33%	30%	
Food Environment Index	8.2		6.2	7.8	
Physical Inactivity	23%	19-27%	27%	23%	
Access to Exercise Opportunities	76%		70%	84%	
Excessive Drinking	17%	16-18%	17%	19%	
Alcohol-Impaired Driving Deaths	24%	20-28%	25%	27%	
Sexually Transmitted Infections (STI)	554.0		569.0	539.9	
Teen Births	20	19-21	29	21	
<b>Clinical Care</b>					12
Uninsured	10%	9-11%	12%	10%	
Primary Care Physicians	2,370:1		1,400:1	1,320:1	
Dentists	1,850:1		1,800:1	1,400:1	
Mental Health Providers	1,020:1		630:1	380:1	
Preventable Hospital Stays	4,840		4,915	4,236	
Mammography Screening	44%		41%	42%	
Flu Vaccinations	52%		50%	48%	
<b>Social &amp; Economic Factors</b>					3
High School Completion	92%	91-92%	87%	88%	
Some College	69%	66-71%	61%	66%	
Unemployment	2.6%		3.4%	3.7%	
Children in Poverty	13%	10-16%	19%	17%	
Income Inequality	3.6	3.4-3.7	4.7	4.9	
Children in Single-Parent Homes	23%	21-26%	29%	26%	
Social Associations	7.0		11.3	9.3	
Violent Crime	492		621	386	
Injury Deaths	66	62-70	92	72	
<b>Physical Environment</b>					69
Air Pollution (Particulate Matter)	10.0		8.8	7.2	
Drinking Water Violations	No				
Severe housing problems	13%	12-14%	14%	18%	
Driving Alone to Work	83%	82-84%	83%	76%	
Long Commute (Driving Alone)	43%	42-45%	35%	37%	
<b>Overall County Ranking</b>					4

## Community Health Issue #1: Healthcare Access

### Background

When healthcare is available, accessible, affordable, and adequate patients can build beneficial relationships with providers to receive preventive or diagnostic care and manage their healthcare needs. Without access, people often live with undue pain and chronic conditions that may worsen over time.

### Goal

To increase access to care and utilization of available healthcare resources enhancing the quality of life for people in our community.

### Objectives

1. Enhance **Awareness and Utilization** of Existing Resources and Services
2. Incorporate and **support best practices** for translating all patient and community education materials and engaging populations historically marginalized.

### Strategies

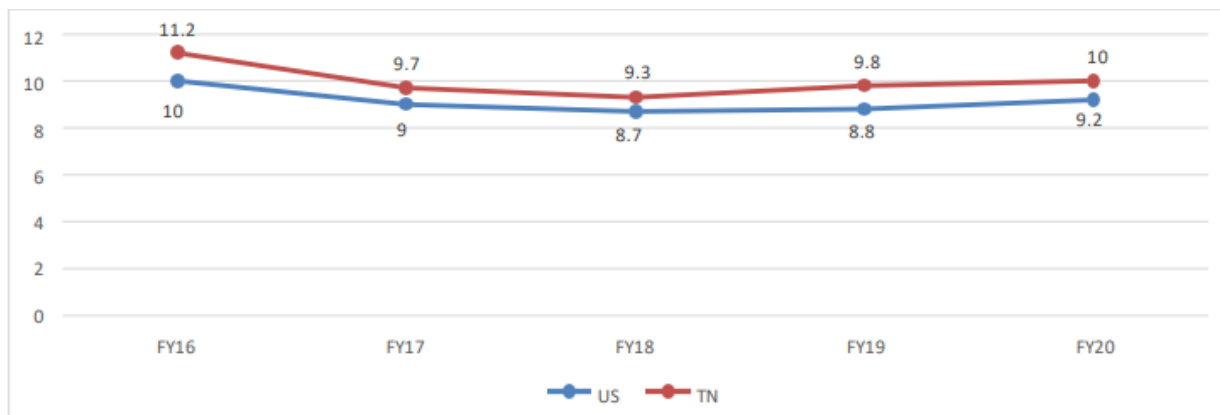
1. Increase public awareness of services and resources available from clinics and organizations that serve populations most impacted by inequities in care.
2. Increase collaboration between clinics and organizations that serve the same population(s).
3. Informative brochures, flyers translated into different languages to reach new patients, overview of process without medical jargon
4. Utilize interpreters, language line, and bilingual providers to better communicate with patients
5. Interior signage and patient education materials translated
6. Partner with existing transportation services in area to help get patients to appointments
7. Utilize public transport, regional and rural transportation services
8. Offer alternatives to in-clinic appointments, especially after initial visit or when managing chronic illness between necessary in-clinic appointments

### Community Assets and Resources

- Rutherford County Wellness Council
- Primary Care and Hope Clinic
- Interfaith Dental Clinic
- Tennessee Vaccination Services
- Mid Cumberland Public Transit
- Rutherford County Health Department
- Matthew Walker Comprehensive Health Center
- Ascension Saint Thomas/ St. Louise Clinic
- Murfreesboro Transit/Rover

### Social Drivers Affecting Health Outcomes

- Need for providers
- Transportation
- Insurance
- Poverty
- Awareness of resources and how to navigate them



**Figure 1.1:** Data shows fiscal year 2020 uninsured population compared to national rates. 10 percent compared to the United States 9.2 percent.

## Community Health Issue #2: Mental Health

### Background

The Rutherford County Wellness Council recognizes the need for increased behavioral and mental health supports for the community. Schools play a vital role in providing or connecting children, youth, and families to services. Local schools are experiencing an increase in behavior issues. Sensory spaces are becoming increasingly popular and provide a sense of calm and comfort while helping students learn to self-regulate behaviors. A sensory space is an area or space in the school for students to engage in sensory experiences that calm or stimulate them so they can function at their highest ability in school. These areas may include a quiet space where students can retreat for a few minutes, some sensory equipment, or a space for sensory movement. These spaces help students calm, regroup, and refocus in a positive way.

### Goal

To increase behavioral and mental health services by connecting families and students with mental health support and resources.

### Objectives

1. Outfit 1 Murfreesboro City School with items/ materials/ equipment for a student sensory space(s).
2. Outfit 1 Rutherford County School with items/ materials/ equipment for a student sensory space(s).
3. Increase awareness about the benefits of sensory spaces in schools.

### Strategies

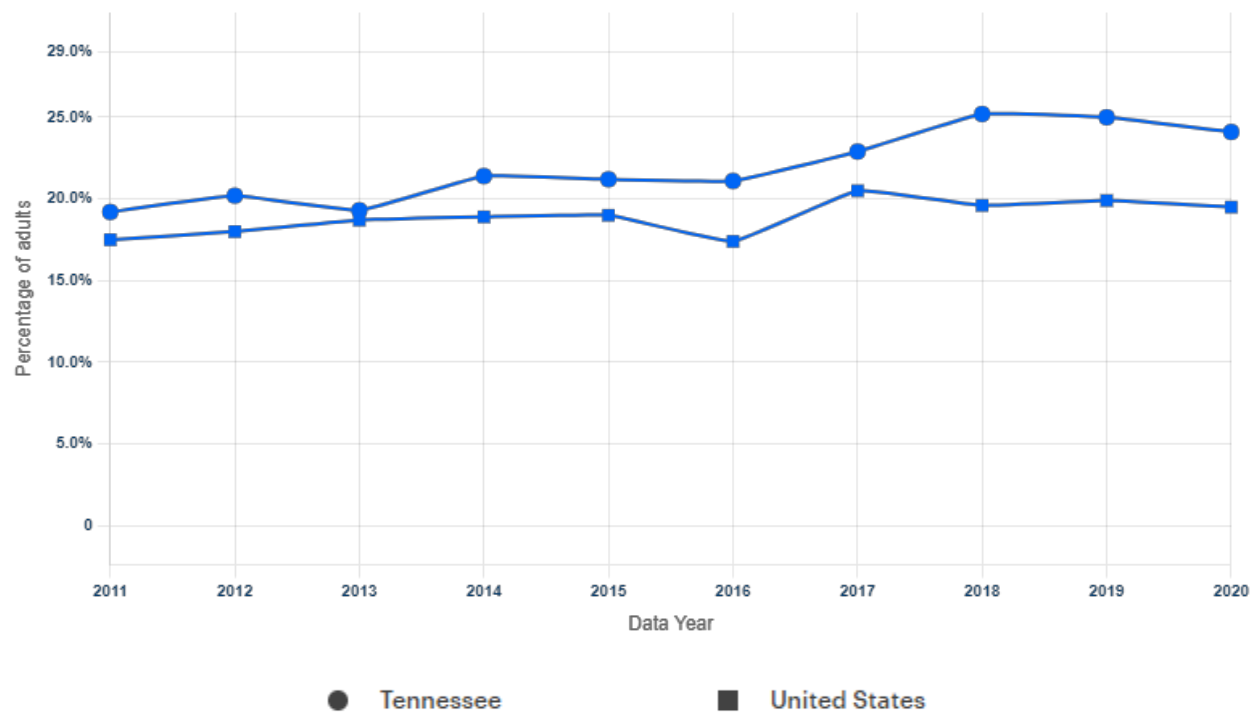
1. Survey school principals to determine interest and pick schools.
2. Partner with other district departments.
3. Determine materials & supplies and obtain quotes.
4. Purchase and install/ build the spaces

### Community Resources and Assets

- Prevention Coalition for Success
- Rutherford County Health Department
- Rutherford County Schools Coordinated Health
- Murfreesboro City Schools Coordinated Health
- Volunteer Behavioral Health

### Social Drivers Affecting the Health Outcome

- Funding
- Low public knowledge
- School Environment
- Parental Concerns



**Figure 2.1:** Data indicates the percentage of adults who reported ever being told by a health professional they have a depressive disorder, including depression, major depression, minor depression, or dysthymia.

## **Community Health Issue #3:** **Safe & Affordable Housing**

### **Background**

The CHNA data analysis indicated that there is a high rate of cost burden for homeowners and renters, exasperated by high demand and exponential growth occurring in Rutherford County. The data further shows that individuals who are most vulnerable in accessing safe and affordable housing are those experiencing homelessness, minority populations, young adults, and senior citizens. Disabilities, mental and behavioral health issues, and identification with LGBTQ+ populations often intersect and adds to the safety and housing burdens of the identified populations. In addressing this issue our community is faced with the challenges of neighborhood regentrification that is decreasing affordable housing stock, Additionally, there is an increased cost to build, need for financial literacy, lack of municipal policies or incentives for developers with multifamily units to establish a set number of affordable rental units and no/limited workforce housing. The strength of influence the Wellness Council members, who are primarily service providers, can have on moving the needle on affordable housing issues in our community is to focus on advocacy and education. It is the vision that this focus will ultimately influence local municipalities, developers, and rental housing owners to implement more favorable practices, policies/ordinances and developments that will increase community capacity to access and maintain a more diverse and affordable housing stock that is safe and fosters community well-being.

### **Goal**

Through advocacy and education, the Rutherford County Wellness Council will ensure there is continued community awareness around the needs and issues of Affordable Housing to influence key stakeholders in local government, developers, service providers and rental unit owners to ensure everyone in our community has access to safe housing they can afford and maintain for their overall health and wellbeing.

### **Objectives**

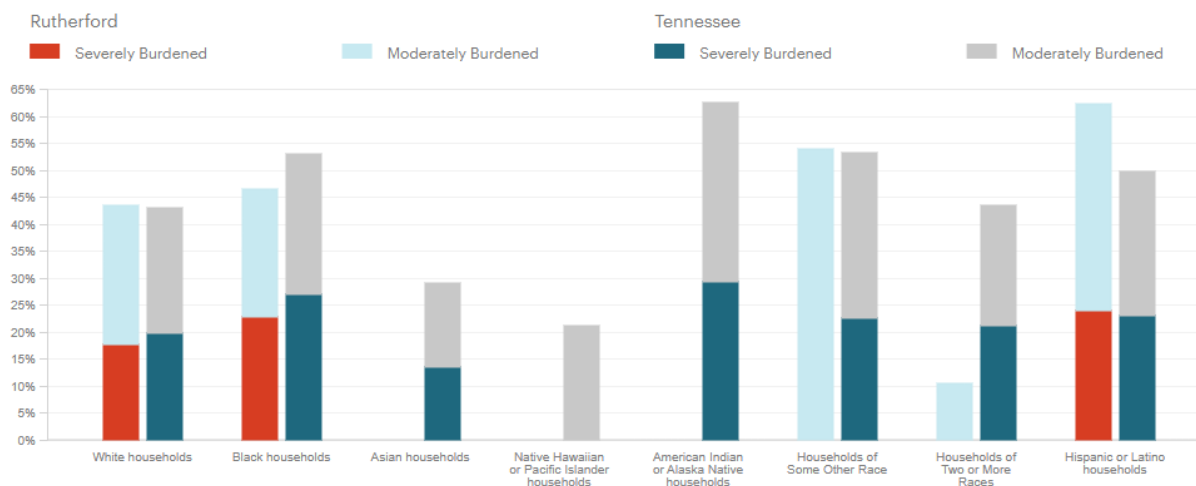
1. Support community advocacy around Affordable Housing needs and issues.
2. Help educated the community around needs and issues related to Affordable Housing.

### **Strategies**

1. Identify, collect, and distribute valid data through fact sheets and talking points around affordable housing too help shape the narrative of the needs and issues to be used by the Wellness Council members to advocate within the scope of their services.
2. Meet with service providers and other key community stakeholders to identify barriers that impede the development and access to affordable housing (rental and homeownership/fair market and subsidized) and advocate for the removal of those barriers.
3. Support community education efforts and opportunities around Fair Housing Laws and Financial Literacy by providing information and resources around safety net supports and social services that enable families to maintain their housing.

### **Key Organizations**

- Salvation Army - Greenhouse Ministries - TN510 Continuum of Care
- Journey Home - Read to Succeed - Tech Center
- Recovery Center - Prevention for Success - Habitat for Humanity
- Guidance Center (PATH)
- Stepping Stone - DVSA Center



**Figure 3.1:** Brings awareness to Renter households moderately or severely cost burdened by race/ethnicity. In Rutherford County, households of some other race have the highest risk of experiencing high cost burdens, with 53.8% of renter households moderately cost burdened.

## Community Health Issue #4: Infant Mortality

### Background

Infant Mortality rate has been widely used as an indicator of the overall health status within a community. The Rutherford County Community Health Council recognizes the high rate of infant mortality overall. During the 2021-22 Community Health Needs Assessment, Rutherford County experienced an increase in its infant mortality rate since the previous assessment. There is also a significant disparity for Black infants. The Black infant mortality rate was 15.5 in 2018, compared to 6.4 for White infants.

### Goal

To improve health outcomes and reduce inequities related to infant mortality.

### Objectives

1. Become more informed to fully understand local data related to the increase in overall rate and disparity for Black infants.
2. Familiarize and promote evidence-based safe sleep materials.
3. Begin to explore birthing parent and partner engagement.
4. Understand Maternal Stress, Postpartum Depression (PPD), Postpartum Anxiety (PPA), and Predepression/ Anxiety

### Strategies

1. Explore ways to more broadly and equitably share events related to prenatal care/pregnancy.
2. Promote Maternal-Child Health coalitions and nonprofits to the work of the Rutherford Health Council.
3. Identify current ways/places safe-sleep materials are deployed to families in need (mindful of mom and dad/partner education)
4. Work hand in hand with pregnancy resource groups (i.e. St. Louise Clinic, Portico, etc.) throughout the county to ensure preventative and responsive counseling to include the importance of pre/postnatal visits

### Key Organizations

- Rutherford County Health Department (WIC and CHANT programs)
- Tennessee Department of Health
- Nurses for Newborns
- Primary Care and Hope Clinic
- Vanderbilt University Medical Center
- Ascension Saint Thomas Rutherford/ St. Louise Clinic
- Fetal Infant Mortality Review / Child Fatality Review Teams
- Nurture the Next
- Portico
- Sisters Sharing with a Purpose
- Mental Health Cooperative
- Diana Health



## Community Health Issue #5: Opioid Use

### Background

Due to the impact of COVID-19, the opioid epidemic became increasingly complicated. The rate of fatal overdoses doubled between 2017 (20/100,000 persons) and 2021 (40/100,000 persons) in Rutherford County. Opioid use affects men and women of younger and older ages. The 2021 Community Health Needs Assessment recognized the overall inequity pertaining to opioid use in people from racial and ethnic minority groups.

Fatal and non-fatal overdoses are tracked and reported by the TN Dept. of Health (TDH). Data is available at the county level and made available to the public on Drug Overdose Data Dashboard.

### Goal

Reduce fatal and non-fatal overdoses in Rutherford County.

### Objectives

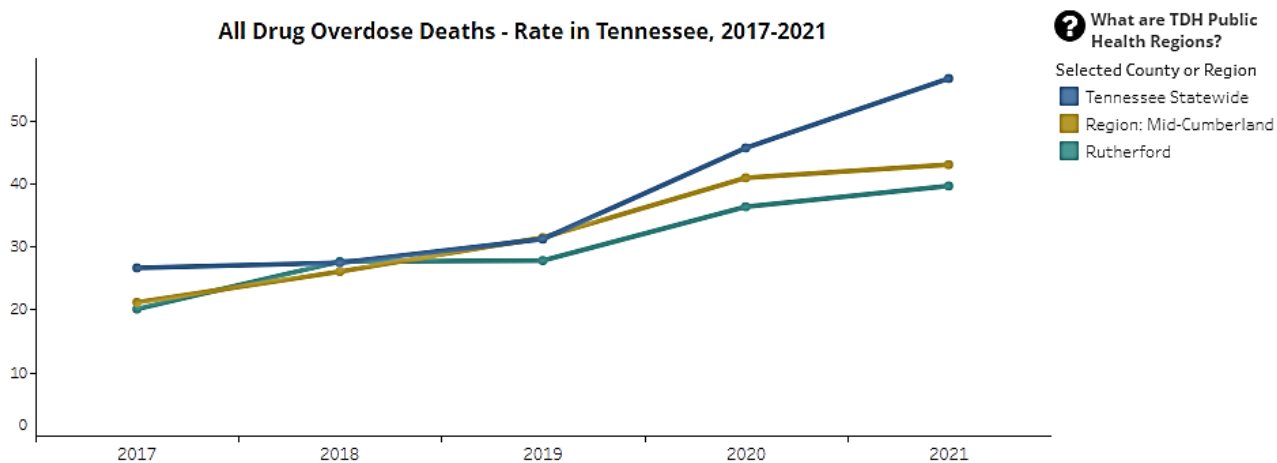
1. Increase access to overdose reversal medication (i.e., naloxone)
2. Identify substance use resources including services and capacity in Rutherford County
3. Intentional use of demographic data to increase health equity

### Strategies

1. Utilize data from healthcare and the criminal justice system to identify demographics of populations at risk of overdose
2. Develop a Rutherford County Asset Map including prevention, treatment, harm reduction, and recovery resources to identify needs and service gaps
3. Increase naloxone availability in the community
4. Utilize OD Maps and partnership with law enforcement to increase availability of naloxone

### Key Organizations

- MTSU Community & Public Health Program
- MTSU Center for Health & Human Services
- TN Dept of Health High Impact Area Substance Misuse Response
- Prevention Coalition for Success
- TN Department of Mental Health & Substance Abuse Services
- Doors of Hope
- Volunteer Behavioral Health
- Hope Clinic



**Figure 5.1:** Data shows an upward trend in overall drug overdose deaths from 2017 to 2021. In 2017, Rutherford County had 20 deaths per 100,000 residents compared to Region: Mid-Cumberland (21) and Tennessee Statewide (27). All three data fields have increased with Rutherford County's drug overdose deaths being 40 per 100,000 residents in 2021 compared to Region: Mid-Cumberland (43) and Tennessee (57).

## References

Saint Thomas Health. Community Health Needs Assessment. Rutherford County.

<https://healthcare.ascension.org/-/media/healthcare/compliance-documents/tennessee/2021-chna-ascension-saint-thomas-rutherford-hospital-rutherford-county-tn.pdf> Published 2021. Accessed January 31. 2023.

Substance Abuse and Mental Health Services Administration.

[https://www.samhsa.gov/data/quick-statistics-results?q\\_s\\_type=teds&state=Tennessee&year=2019&type=Admissions&view=full](https://www.samhsa.gov/data/quick-statistics-results?q_s_type=teds&state=Tennessee&year=2019&type=Admissions&view=full). Published in 2019. Accessed January 31. 2023.

Substance Use Disorder We CARE.

[wecarerutherford.org/substance-use-disorder/#:~:text=About%20Opioids%20and%20the%20Epidemic%20Opioids%20are%20a.](http://wecarerutherford.org/substance-use-disorder/#:~:text=About%20Opioids%20and%20the%20Epidemic%20Opioids%20are%20a.) Accessed 31 Jan. 2023.

University of Wisconsin Population Health Institute. Tennessee.

[County Health Rankings & Roadmaps, www.countyhealthrankings.org/explore-health-rankings/tennessee?year=2022.](https://www.countyhealthrankings.org/explore-health-rankings/tennessee?year=2022)

Mental Health America.

[https://mhanational.org/sites/default/files/2021%20State%20of%20Mental%20Health%20in%20America\\_0.pdf](https://mhanational.org/sites/default/files/2021%20State%20of%20Mental%20Health%20in%20America_0.pdf). Published 2021. Accessed February 2. 2023.

Tennessee Drug Overdose Dashboard.

*Tennessee State Government - TN.gov*, TN Department of Health, 2022, <https://www.tn.gov/health/health-program-areas/pdo/pdo/data-dashboard.html>.

Uninsured Adult Healthcare Safety Net Annual Report - Tennessee.

*Safety Net Annual Report*, TN Department of Health, 2021, [https://www.tn.gov/content/dam/tn/health/program-areas/reports\\_and\\_publications/Safety\\_Net\\_Report\\_FY20.pdf](https://www.tn.gov/content/dam/tn/health/program-areas/reports_and_publications/Safety_Net_Report_FY20.pdf).