PLEASE READ FIRST

• Please note that the data in these slides was the most current available at the time of slide development. However, these data may have been updated in the meantime. Please check the cited sources for more current statistics.
• If using or sharing these slides/data in a public or private forum, please acknowledge the 2019 Rutherford County Community Health Needs Assessment team (comprised of the Rutherford County Health Department, Vanderbilt University Medical Center, and Ascension Saint Thomas).
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Rutherford County – Health Priorities

Dana Garrett, RN, BSN
Community Health Needs Assessments are a requirement for Ascension Saint Thomas and Vanderbilt University Medical Center as non-profit hospitals.

For 2016 and 2019, collaborated with Rutherford County Health Department to do the assessment.

Review findings of most recent health assessment.

Collectively identify current needs for Rutherford County.
Welcome

Dr. Robert Dittus, Executive Vice President for Public Health and Health Care Director, Institute for Medicine and Public Health, Senior Associate Dean for Population Health Sciences, Albert and Bernard Werthan Chair in Medicine, Vanderbilt University Medical Center (VUMC)

Gordon Ferguson, Chief Executive Officer, Ascension Saint Thomas Rutherford Hospital; President, Ascension Saint Thomas Health Regional Hospitals
Agenda

• Review Findings
  – Systematic Review
  – Community Input:
    • Listening Sessions
    • Community Survey
    • Interviews
  – Secondary Data

• Prioritization Process
  – Identification of Health Needs
  – Vision, Goals, Assets

• Summary
Reviewed publicly available data
Reviewed existing reports (5)
Conducted listening sessions (4, 60 participants)
Interviewed key stakeholders (24)
Fielded community survey (1,000+ responses)
Convened today’s summit
Special attention to underserved, low-income, minority populations
Post-summit: Development of Implementation Strategies based on prioritized needs
Determinants of Health

Health Outcomes
- Health Behaviors (30%)
  - Tobacco Use
  - Diet & Exercise
  - Alcohol & Drugs
  - Sexual Activity

- Clinical Care (20%)
  - Access to Care
  - Quality of Care

- Social and Economic Factors (40%)
  - Education
  - Employment
  - Income
  - Social Support
  - Safety

- Physical Environment (10%)
  - Air & Water
  - Housing & Transit

Health Factors
- Policies and Programs
“Health equity is both the absence of systemic obstacles and the creation of opportunities for all to be healthy.”

Health Assessment Equity Lens

- Strategic focus on low-income, minority, and vulnerable populations
- Include “health equity buckets” in data collection methodology
- Gathering data in multiple languages

Factors that support health:

- Affordable, safe, and stable housing
- Safe places to play and exercise
- Sustainable income
- Ending discrimination based on race, gender, religion, or other factors
- Access to affordable and healthy food
- English language proficiency
- Access to safe and affordable transportation
- Educational opportunities
As you listen today...

- Write down 1-3 health needs you perceive as a priority (solo)
- Will then work with your teammates to prioritize (group)
- Voting!
- Vision
Systematic Review
Purpose

• Examine existing reports relevant to community health and healthcare in Rutherford
• Summarize existing reports using health equity as a framework
Reviewed 5 existing reports from 2015-2017
Identified target geography and population(s) for each report
Summarize health topics discussed
Categorize information into “health equity buckets” as outlined in the MAPP process
Determine reoccurring themes
Results

Reports:

- Rutherford County Health Department
- City of Murfreesboro
- Mayor’s Task Force on Homelessness
- Tennessee Department of Health

- Community Health Improvement Plan
- Consolidated Plan
- Murfreesboro 2035
- A Strategic Framework for Ending Involuntary Homelessness in Rutherford County
- Drive Your County to the Top Ten

Geography & Populations Represented:

- Middle-Low Income
- Large Families
- Families with Children
- Elderly
- Public Housing Residents
- Youth
- Special Needs Populations
- Chronic Homelessness
- Mental Illness
- Substance Abuse
- Veterans

2019 Rutherford County CHNA Team
Results

Highlighted Health Topics

- Access to Care
- Wellness & Disease Prevention
- Affordable / Accessible Housing
- Public Housing
- Public Services
- Outdoor Activities
- Overcrowded Schools
- Involuntary Homelessness
- Public Health Threats
- Safe Neighborhoods

Top Health Equity Buckets

- Economic Security & Financial Security
- Livelihood Security & Employment Opportunities
- Adequate, Affordable, & Safe Housing

2019 Rutherford County CHNA Team
1. Housing/Homelessness
2. Social Determinants of Health
   - Poverty, Lacking Education, Access to Parks and Recreational Centers, Outdoor Activities, Health disparities, Violence/Crime
3. Wellness and Disease Prevention
   - Obesity, Heart Disease, Physical Inactivity, Diabetes Management
Findings From Community Listening Sessions
Listening Session Methods

- Four listening sessions
- Collaborated with health department and community partners on recruitment
- Moderator’s guide topics included community assets, issues and concerns, barriers to addressing issues, priorities
- Short survey to obtain demographic information
- Thematic analysis conducted using team of four reviewers
Demographic Information
Listening Sessions (N=60)

- 83% Female
- 22% Hispanic, Latino, or of Spanish origin
- 64% Black or African American; 12% White
- 80% English as primary language; 20% Spanish
- 20% high school graduate/GED; 17% College graduate; 14% Graduate degree+
- 36% Medicare/Medicaid; 29% Uninsured; 19% Commercially insured
“What are your community’s strongest assets?”

• Public services
  – Rover
• Non-profit organizations
• Healthy options, particularly built environment
• Child friendly programs and community
• Local community health centers
• Growth
• Faith community & social networks

2019 Rutherford County CHNA Team
"What are the top three community issues?"

- Housing & Homelessness
- Vulnerable populations
- Navigating and accessing health care
- Built environment, transportation
- Racism, national discourse is felt locally
- Childcare costs
- Growth
- Opportunities for youth
“What are the barriers to addressing issues in your community?”

- Racism
- Stigma
- Political climate
- Civic engagement
- Accessibility of resources
  - Literacy levels and language barriers
- Healthy choice not the easy choice
- Inconsistent/unsustainable solutions
- Lack of affordable housing
“If you had a magic wand, what would be your top initiatives/priorities?”

- Homelessness and housing
- Addressing racism, stigma & discrimination
- Self-sufficiency
- Reproductive health
- Support for vulnerable populations
- Strengthen families and invest in youth
- “Love each other”
- Walkability, traffic
- Resources for older adults
Rutherford Co. Listening Session Summary

- Housing and homelessness
- Impacts of population growth
- Resource accessibility & awareness
- Community cohesion/networks
- Racism/stigma
Findings From Interviews with Community Members
Interview Methods

• Interviewed 26 community representatives and leaders:
  – Focus on the broad interests of the community
  – Serving low-income, minority or underserved populations

• Sectors represented include: public health, government/public sector, health care, education, faith community, private non-profits, academia, business

• Interviews conducted in pairs with an interviewer and a recorded
Interview Methods (cont.)

- Interview protocol included all open-ended questions
- Focused on community assets, issues/concerns, obstacles to addressing concerns and priorities:
  - Assets
  - Community Concerns
  - Health/Health Care
  - Barriers/Challenges
  - Magic Wand

- Interview data entered in REDCap
- Thematic analysis conducted using teams of four reviewers
“What do you think are your community’s strongest assets?”

‘Small town atmosphere still exists to a certain extent, even with the growing population’

- Community
- Growth
- Education/Schools
“Based on your experience, what are the top three issues that you are most concerned about in your community?”

‘The population thinks growth pays for itself and it does not’

- Housing
- Growth
- Equity
“What would you say are the top three issues specific to health or health care that you are most concerned about in your community?”

‘increases in people not able to pay for care affects overall healthcare’

• Affordable Care
• Mental Health/Addiction
• Lifestyle/Behaviors
“What do you think are the obstacles or challenges to addressing these issues?”

‘with enough time and money, you can do anything’
‘Cultural change is needed in terms of how people think and eat’

• Lack of resources
• Need for increased collaboration
• Culture of health – hard to change
“If you had a magic wand, what top initiatives would you implement in your community in the next three years?”

“That all people would be happy and healthy”

- Affordable living
- Built environment
- Overall equity
Common themes noted in all questions

- Need for increased coordination, collaboration, and communication
- Addiction

‘Create opportunities for transformation’
Community Survey
Methods: Community Survey

- Domains explored based on 2016 needs, COE feedback
- Many questions from BRFSS
- Piloted
- Translated in to Spanish
- Online
- Distributed via health system networks, community networks, schools
Demographics

- **Live / Work in Rutherford County: 1027**
  - Live in Rutherford Co: 979
    - Other Counties: Davidson (33), Wilson (14), Williamson (14), Bedford (12)
  - 22% aged 35 or less, 58% are 36-55, 20% 56+
  - 22% aged 35 or less, 58% are 36-55, 20% 56+
  - 77% Female
  - 84% Employed
  - 49% household income <$75,000
  - 77% College Grad or higher
    - An additional 24% have completed some college
  - 16% live in household with 4 or more people
  - 15% are veterans or live with a veteran

- **Community Survey Rutherford County 2019 Rutherford County CHNA Team**

- **How long have you lived here?**
  - <1 yr: 3%
  - 1-5 yrs: 15%
  - 5-10 yrs: 9%
  - 10+ years: 73%
Self-Rated Health Status

Would you say that in general, your health is...

- **Poor**: 15
- **Fair**: 58
- **Good**: 336
- **Very Good**: 408
- **Excellent**: 133

Number of Responses

- (n=950)

81% Have exercised in the last month
86% Have seen a doctor in the last year
7.5% Currently use tobacco or e-cigarettes

2019 Rutherford County CHNA Team
In Rutherford County, there are enough resources and education surrounding ...

- Child Abuse and Neglect Prevention
- Safe Car Seat Use
- Safe Sleep Practice Education
- Safe Seatbelt Use (9-14)
- Teen Driver Safety
- Prevention of falls (0-5)

Strongly Agree & Agree  
Don't Know  
Strongly Disagree & Disagree

2019 Rutherford County CHNA Team
Well-Being

“During the past 30 days, for about how many days have you felt sad, blue, or depressed?” (n = 883)

- 0-2 days: 66%
- 3-6 days: 19%
- 7-9 days: 1%
- 10-14 days: 4.7%

“Stress is when a person feels tense, restless, nervous, or anxious, or can’t sleep at night because their mind is troubled all the time. Over the past 2 weeks, how often have you felt this kind of stress?” (n = 946)

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time
“There is affordable and accessible housing available in my county.”
(n = 856)

28.9% of survey respondents agree with this statement.

36.4% of survey respondents disagree with this statement.
“Transportation in my county is safe, affordable, and accessible to everyone.” (n = 855)

35.3% of survey respondents agree with this statement.

28.9% of survey respondents disagree with this statement.
Healthy Food

“There is accessible and affordable healthy food available to all in my county.” (n = 853)

46.3% of survey respondents agree with this statement.

29.4% of survey respondents disagree with this statement.
Domestic Violence

“There are accessible resources to address problems of domestic violence in my county.” (n = 855)

55.2% of survey respondents do not know about domestic violence resources in the community.
“Drug Use/Abuse is a problem in my county.” (n=874)

70% of survey respondents agree or strongly agree that drug use/abuse is a problem.
Results: Community Survey Open-Ended Questions
“What do you think is the most important health issues for children in Rutherford County?” (n-565)

- Nutrition
- Parenting/Home Life
- Stress/Anxiety

“...I think that many children suffer many forms of abuse and neglect which includes lack of nutrition and proper health and safety. All of these issues cause undue stress and anxiety.”
Are there other issues related to health care access, insurance, or the health system in Rutherford County that you would like to share?” (n-183)

- Affordability and Coverage of Insurance
- Access (Healthcare)
- Healthcare Equity

“My kids can’t afford dental insurance or going to the dentist/eye doctor on their minimum wage jobs. I can only cover them for medical for a couple more years. I’m worried what will happen when they can’t afford insurance. We just had an abscessed tooth problem because they are putting that off due to cost. I barely make $15k a year and can’t continue to help them. Meds cost WAY too much! We sometimes don’t fill prescriptions due to the high cost.”
“What are the important characteristics of a healthy community for all who work, live, learn, and play in Rutherford County?” (n=309)

- Safety
- Neighborliness/community
- Basic resources
- Environment

“Access to basic needs, i.e. food, water, shelter, adequate and affordable healthcare. Programs that help the struggling in our community obtain those basic needs, with guidelines to prevent system abuse. Job assistance for those struggling to find work, i.e. interview training, assistance obtaining interview/work attire, etc. Adequate civil services, i.e. police/fire, adequate infrastructure i.e. roadways, sewage treatment, etc. Adequate number of schools to avoid overcrowding, and a system that supports the needs of our students and teachers. Adequate greenways, parks, and programs to promote and facilitate healthy activity for all age ranges. A government that focuses on building a well-balanced community, i.e. balance of commercial/residential/green space and is not afraid to slow commercial and residential growth when necessary to allow the infrastructure to catch up. Not asking much, right? ;-)”
Better support for children
Mental Health
Resources/communication

“I answered many of the questions in the survey with ‘I don't know’. I do believe there is information out there for people who need help. I do not believe enough is being done to help people who need help. Many are embarrassed to ask for help. We often think it's the responsibility of the person who needs help to stand up and say something. We have to be more aware of who needs help so that the right information can get into the hands of those who need it (i.e., widows with children, victims of sexual abuse/domestic assault.)”
Reminder

Priorities

1.
2.
3.
Methods: Secondary Data

• Used publicly available data
• Indicators, considered
  – Recommendations of
    • Centers for Disease Control and Prevention
    • Catholic Health Association
    • Internal Revenue Service Requirements
    • Circle of Engagement
  – Review of the partnership’s 2016 CHNA
Indicator Topics

– Demographics and Socioeconomic Status
– Social Determinants of Health
– Access to Health Care
– Health Status
  • Morbidity/Mortality
  • Birth Outcomes
  • Behavioral Risk Factors
  • Mental & Social Health
2017 Population estimate: 317,157

<table>
<thead>
<tr>
<th>Demographic / Socioeconomic</th>
<th>Rutherford</th>
<th>TN</th>
<th>USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, % change from 2010-2017</td>
<td>20.80%</td>
<td>5.8%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Persons under 18 years</td>
<td>24.7%</td>
<td>22.4%</td>
<td>22.6%</td>
</tr>
<tr>
<td>Persons 65 years and over</td>
<td>10.1%</td>
<td>16.0%</td>
<td>15.6%</td>
</tr>
<tr>
<td>Female persons, percent</td>
<td>50.7%</td>
<td>51.2%</td>
<td>50.8%</td>
</tr>
<tr>
<td>Language other than English spoken at home</td>
<td>10.5%</td>
<td>7.0%</td>
<td>21.3%</td>
</tr>
<tr>
<td>Veterans</td>
<td>8.7%</td>
<td>9.0%</td>
<td>8.0%</td>
</tr>
<tr>
<td>Any Disability</td>
<td>10.1%</td>
<td>15.4%</td>
<td>12.5%</td>
</tr>
</tbody>
</table>

Projected Population and Job Growth (2015, 2025, 2035)

From 2010-2017, Rutherford County Grew 21%
This is more than three times faster than the state as a whole

- Population: 288,734 (2015), 349,083 (2025), 409,986 (2035)
- Jobs: 155,284 (2015), 187,195 (2025), 226,453 (2035)

2.6% Unemployment*


2019 Rutherford County CHNA Team
Population Below the Poverty Level
ACS 2013-2017

Rutherford Co. 11.8%
Tennessee 16.7%
United States 14.6%

Population Below 100% of Poverty Level
By Race – 2013-2017

Children Living in Poverty

**Total # of Children Living in Poverty**

- Rutherford Co: 10,894
- Tennessee: 357,310
- United State: 14,710,485

Population with No High School Diploma
(25yrs and older)

Rutherford Co. 9.23%
Tennessee 14.02%
United States 13.02%

Percent without HS Diploma

## Graduation Rates 2016-2018

<table>
<thead>
<tr>
<th>Source</th>
<th>Graduation Rates</th>
<th>Rutherford County</th>
<th>Demographic / Socioeconomic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2016-2017</strong></td>
<td>95.3%</td>
<td><strong>89.1%</strong></td>
<td><strong>84%</strong></td>
</tr>
<tr>
<td><strong>2018</strong></td>
<td><strong>95.3%</strong></td>
<td><strong>89.1%</strong></td>
<td><strong>84%</strong></td>
</tr>
</tbody>
</table>

**Employment**

- **97.4%** employed
- **155,284** Jobs in Rutherford County

Much of the population that live in Rutherford County work in surrounding counties.


Summary

- County is experiencing rapid growth
- >90% with high school education
- 10% live in poverty; 15.7% of children live in poverty (40% below 200%)
- Poverty and Education vary by place and race
Housing

Change in Median Home Value in last 3 years


Homelessness

316 homeless neighbors identified through Point-in-Time count

1,480 students who meet the definition of homeless

45% of renters cost-burdened

17.5% of homeowners cost-burdened


Transportation

Rover routes in Rutherford

Households with no car by census tract


Roughly 29% of low-income population also has low food access.

Fast Food Restaurants per 100,000 Population


Violence


3.5 cases of abuse/neglect per 1,000 children
Projected growth in elderly population 2017-2030

- 37%
- 125%

% of seniors below poverty in past 12 months

- 27% in Rutherford have diabetes
- 61% have high blood pressure
- 7% are below 100% Federal Poverty Level


Summary

• Housing cost presents challenge/threat
• Transit options are limited
• Limited access to healthy food alongside increasing fast food access
• Violent crime rate is higher than national rate
• Senior population projected to increase sharply in coming years
Uninsured Population

Rutherford Co. 11.1%

Tennessee 11.8%

United States 11.7%


Summary

• Parts of Rutherford County still have a high proportion of uninsured citizens
Percentage of Deaths
Rutherford County (2014-2016)

PERCENTAGE OF DEATHS

Cancer 23%
Heart Diseases 22%
Lung Disease 6%
Accidents 6%
Alzheimer's 6%
Flu/Pneumonia 3%
Diabetes 3%
Stroke 5%
Liver Disease 2%
Suicide 2%
Other 22%

Summary

• Cancer and heart disease remain the leading causes of death with 45% of all deaths

• Other leading causes include lung disease, accidents, and Alzheimer’s
Infant Mortality in the United States
Racial Disparities since 1915

Relative Disparity in Black Rate over White Rate

Infant Mortality: Rutherford Co
International Comparison - 2017

US Ranks 55th

Rutherford
Tennessee
United States

Qatar (6.2)
Israel (3.4)
Sweden (2.6)
Iceland (2.1)

2015 Rutherford Co (4.8)

Infant Death Rate / 1000 births


2019 Rutherford County CHNA Team
Birth Outcomes

Infant Mortality Rate by Race, 2016

- **Black**: 13.9 per 1,000 live births
  - Rutherford Co.: 13.9
  - Tennessee: 12.1
  - United States: 11.1

- **White**: 6.2 per 1,000 live births
  - Rutherford Co.: 4.6
  - Tennessee: 6.2
  - United States: 4.8

Teen Pregnancy Rates; Ages 15-17, Trend: 2005-2016

Teen Pregnancies are In Decline Across the County and State

Tennessee (-59%)
Rutherford (-66%)

Summary

- Infant Mortality is high and rates have increased in Rutherford County
- Large disparities continue to exist for all birth outcomes
- Teen pregnancy and birth rates continue to decline
Substance Abuse

Current Cigarette Use Among Adults (Behavior Risk Factor Surveillance System) 2016

% of Adult Tobacco Users, 2016

Healthy People 2020 Target

12%


Obesity

Adult Obesity Trends 2004-15


Recreation & Fitness Access

Opioid Prescribing Rates Per 100 Persons (2017)
1. Alabama – 107.2
2. Arkansas – 105.4
3. Tennessee – 94.4

Substance Abuse
Drug Overdose Deaths

Drug Overdose Deaths in Rutherford County 2013-2017


Youth Risk Behaviors

• Tobacco Use
  – 19.6% use any tobacco product (US)
  – Most used product among high schoolers are e-cigarettes (11.7%)

• Nutrition & Obesity
  – TN 2\textsuperscript{nd} in the nation with highest percent of obese high school students (20.5%)
  – 40.3% of public school students are overweight or obese in Rutherford Co.

• Physical Activity
  – 56% were not physically active at least 60 min per day on 5 or more days (TN)

Source:


Rutherford County CHNA Team 2019
Summary

• Opioid prescribing rates are declining but Rutherford almost doubles the nation’s average at 82.2 per 100 persons.

• Rutherford smoking rate remains higher than HP2020 target.

• 33% of Rutherford adults are obese.

• High School Youths
  – Continue to use tobacco products, increase in smokeless tobacco.
  – 40% of students are overweight or obese.
Monthly Poor Mental Health Days

<table>
<thead>
<tr>
<th>Rutherford</th>
<th>Mental and Emotional Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.7</td>
<td>Poor Mental Health includes stress, depression, and problems with emotions</td>
</tr>
<tr>
<td>4.5</td>
<td></td>
</tr>
<tr>
<td>4.2</td>
<td></td>
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</table>

Mental Health Provider Ratios

Mental Health providers include: psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists.


Social Environment

1.52%
Live in a linguistically isolated household

13.4%
Rutherford adults reported they receive insufficient social or emotional support all or most of the time

10
Faith congregations per 10,000 people

Summary

• Rutherford’s adults average 4.2 poor mental health days each month

• For every 1,270 persons there is 1 mental health provider

• Multiple social/faith organizations for people to join but 13.4% of adults do not feel like they have adequate emotional support
Limitations

• All:
  – Bias
  – Generalizability
  – Potential language/cultural barriers

• Secondary data:
  – Source variability
  – Benchmarking not always available

• Time
Questions
Identify Needs

- **Step 1:** Write down 3 Health Needs that you consider high priority based on the data presented today.
- **Step 2:** Discuss your thoughts with your tablemates
  - Which Needs are similar?
  - How can these Needs be consolidated?
  - What are the outliers, if any?
- **Step 3:** Consolidate similar Needs into up to 3 “buckets” for your table. Write Needs (up to 3) on the stickies provided.
Break
Electronic Voting
Electronic Voting

Survey Link or Scan the QR Code

• Enter the following in your web browser redcap.vanderbilt.edu/surveys

• Survey Access Code: ENKCCNNHE
Rutherford County
Identified Community Health Needs

• Mental Health/Substance Abuse
• Collaboration, Awareness, Navigation of resources and services
• Access to Basic Needs
  – Special focus on housing
• Nutrition and Obesity
Visioning

Based on one of the Identified Needs, please answer the following questions:

1. After 3 years, what does success look like for this need?
2. Identify one to three goals that your group would like to see achieved related to this need.
3. Which population(s) are most affected by this need or problem?
4. What organizations are already working on issues related to this need? Who are the potential collaborators?
Closing
Next Steps
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Evaluation
Thank you to all!!