2022
Community Health Needs Assessment

Vanderbilt Wilson County Hospital

VANDERBILT V HEALTH

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Introduction

As a non-profit hospital system, Vanderbilt University Medical Center (VUMC) completes a Community Health Needs Assessment (CHNA) and accompanying Implementation Strategy (IS) every three years, in compliance with the 2010 Patient Protection and Affordable Care Act. The CHNA process is designed to identify key health needs and assets through systematic, comprehensive data collection in targeted communities.

VUMC acquired Tennova Healthcare - Lebanon in August 2019, changing the hospital's name to Vanderbilt Wilson County Hospital (VWCH). Located in Lebanon, Tennessee, VWCH now operates under the Vanderbilt University Hospitals enterprise, primarily serving patients in Wilson County.

This CHNA sought to better understand Wilson County community concerns related to health and health care, the social, environmental, and behavioral factors that impact health, the greatest needs and assets in communities, and strategies for improving community health and well-being – with a focus on the marginalized, low-income and minority populations.

Description of Hospital

Vanderbilt Wilson County Hospital (VWCH) is a comprehensive 245-bed, acute care facility that is fully accredited by the state of Tennessee and the Joint Commission and is comprised of two campuses (VWCH; and VWCH-McFarland Hospital). In addition, it has received national quality awards including designation as an accredited chest pain center, a stroke center, sleep center, comprehensive weight loss center, and is certified in total hip and knee replacement. VWCH is also a recognized Magnet hospital through the American Nurses Credentialing Center. With the addition of the Vanderbilt-Ingram Cancer Center at Wilson County, VWCH is bringing high-quality care closer to home.

For the period ending June 30, 2021, VWCH admitted over 5,500 patients, performed more than 4,000 surgeries, more than 55,000 outpatient visits, and delivered over 500 babies. Additionally, the Emergency Department provided care to more than 24,000 patients. With more than 400 physicians and over 600 employees, VWCH is one of the community's largest employers. No person, adult, or child who has an emergency medical condition is denied care based on limited ability to pay.

As part of the Vanderbilt Health community of hospitals and clinics, the VWCH two-campus facility is the only provider of inpatient medical services in Wilson County. The facility provides a variety of primary and specialty services, which are listed here on the VWCH website along with other resources.

Background

As with prior Community Health Needs Assessments (CHNA) conducted for VUMC hospitals, VWCH's process incorporated the collection and analysis of a broad range of primary and secondary data. Primary data collection included organizational stakeholders and community stakeholders interviews with a range of individuals across the county.

An extensive review of publicly available data on health determinants and health outcomes was also included. In addition, VWCH received ongoing guidance from the Wilson County Health Council and Wilson County Health Department. Copies of both the CHNA and the Implementation Strategy (IS) will be available on the Vanderbilt Community Health Improvement, Office of Health Equity website where public comment on the CHNA/IS can also be provided. The online portal for comments is regularly monitored so comments can be addressed. Paper copies of this CHNA/IS report will be available at VWCH.

VWCH Community

Vanderbilt Wilson County Hospital (VWCH) serves individuals and communities across Wilson County and beyond. For this needs assessment, VWCH focuses on the communities located within Wilson County as the primary community served (see **Figure 1.**). Based on discharge data in **Table 1.** below, VWCH primarily serves Wilson County residents but also provides care to residents in surrounding counties. Wilson County has an estimated 144,657 residents.
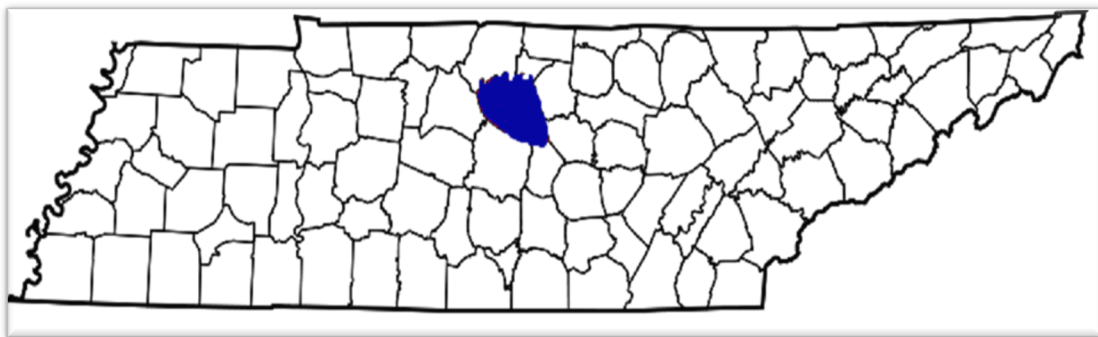
Figure 1. Map of Tennessee with Location of Wilson County, TN, Wilson County Genealogy. (2010)

Discharges from VWCH and VWCH-McFarland Hospitals (FY 2020)					
	Vanderbilt Wilson County Hospital			Vanderbilt Wilson County Hospital-McFarland	
Total Discharges	3,845		**Total Discharges**	1, 120	
Wilson	2653	*69%*	**Wilson**	468	*42%*
Davidson	85	*2%*	**Davidson**	146	*13%*
Rutherford	69	*2%*	**Rutherford**	52	*5%*
Williamson	6	*0%*	**Coffee**	10	*1%*
Coffee	4	*0%*	**Bedford**	8	*1%*
Source: THA for McFarland and Wilson County Hospitals. THA data is CY19					

Table 1. Discharges from VWCH Hospitals (FY 2020)

VWCH had a total of 3,845 discharges, while the Vanderbilt Wilson County Hospital-McFarland campus (VWCH-McFarland) had a total of 1,120 discharges in FY 2020. The table above (***Table 1.***) shows a breakdown of admitted patients' counties of residence for both hospitals.

Purpose/ Objective

This report aims to do the following:

1. Describe the community served by the hospital facility and its demographics, while providing a comprehensive assessment of health needs by considering input from across the community (including those with special expertise in public health) as well as publicly available secondary data. Special attention was given to the needs of marginalized populations such as those in poverty and those without health insurance.

2. The Vanderbilt University Medical Center Board of Directors, which is VWCH's governing body, adopted the report in February 2022, and the report is widely available to the public via VUMC's Community Health Improvement online platform and at the VWCH hospital facility.

Wilson County Collaborations

VUMC's Office of Health Equity (OHE) worked closely with VWCH leadership to conduct the CHNA process. The OHE serves as Vanderbilt's institutional home for catalyzing community collaborations as well as educational, research, clinical, and educational initiatives, to address and prevent health inequities. For this CHNA, OHE collaborated with leaders at

VWCH to establish new relationships with internal departments and various community organizations to begin the CHNA process. Through involvement and collaboration with the Wilson County Health Council and the Wilson County Health Department, the OHE was able to connect with several different entities throughout Wilson County to collaborate with for the CHNA.

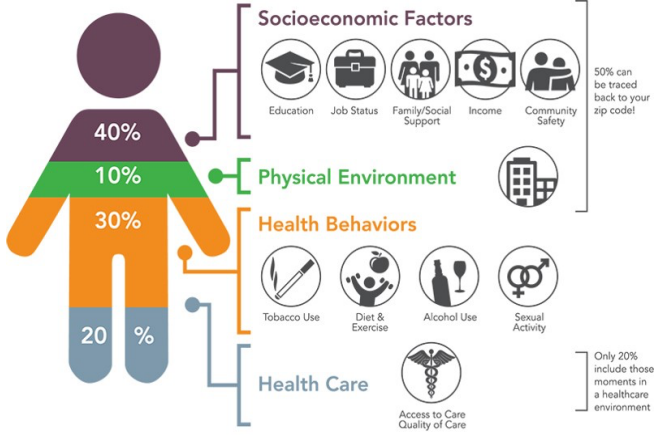The Wilson County Health Council and Wilson County Health Department were both critical in identifying interview participants as well as recruiting participants for community stakeholder interviews. In addition, the Wilson County Health Council helped design the needs prioritization process by establishing and appointing the subcommittee as the first advisory group for the Wilson County CHNA, which included leaders from organizations serving many of the marginalized residents of the county. Additionally, the OHE received feedback on the prioritized needs from the VWCH Advisory Board and VUMC's Community Health Improvement Working Group.

Social Drivers of Health

Individual and population health is determined by many factors, the majority of which are outside of health care delivery. According to the Center for Health and Learning (CHL), an outgrowth of an initiative by the Center for Disease Control and Prevention's (CDC) Division of Adolescent and School Health, social and economic factors contribute 40%, health behaviors 30%, genetics 10%, the physical environment 10%, and finally clinical care 10%.

According to the CDC, poverty limits access to healthy foods, and safe neighborhoods, while higher educational attainment is a predictor of better health. Differences in health and health outcomes are striking in communities with poor social determinants of health such as unstable housing, low-income levels, unsafe neighborhoods, or substandard education.

Figure 2. Social Determinants of Health, Institute for clinical-Systems Going Beyond Clinical Walls Solving Complex Problems (2014)

As a result, the 2022 CHNA for Wilson County reveals factors that span across multiple sectors and confirms that achieving individual and community health will require a collaborative and comprehensive approach, well beyond the boundaries of a hospital and its clinics.

Health Equity

In recent years, public and private agencies, as well as community-based organizations have increasingly focused on the concept of health equity. Health equity is one of the central goals of the CDC's National Center for Chronic Disease Prevention and Health Promotion

(NCCDPHP), and the CDC defines health inequities as "differences in length of life; quality of life; rates of disease, disability, and death, the severity of disease, and access to treatment." The CHNA seeks to utilize a health equity lens across a range of health topics.

Health equity is impacted by a variety of factors that support health including housing that is safe, affordable, and stable, safe places to play and exercise, economic security and financial resources, ending discrimination based on race, gender, religion, or other factors, access to affordable and healthy food, livelihood, security and employment opportunities, educational opportunities, English language proficiency, and access to safe and affordable transportation.

A health equity lens was applied throughout the CHNA process with a strategic focus on low-income, minority, and marginalized populations.

Methodology
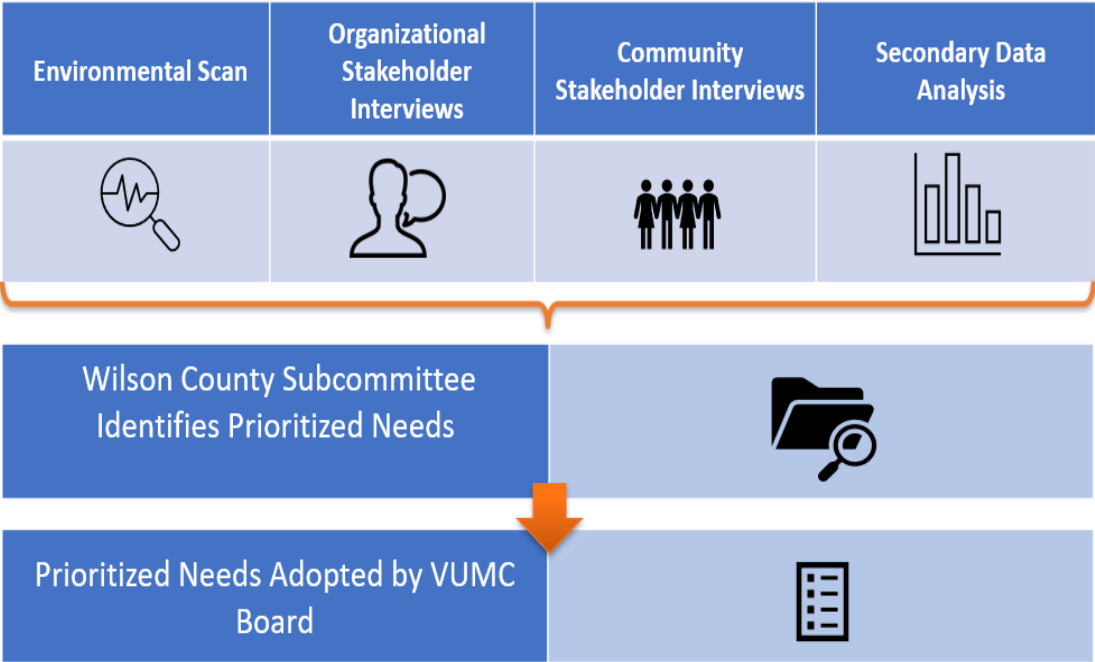
Figure 3. Summary of Methodology, Wilson County, TN. (2021)

In Wilson County, four methods were used to conduct the CHNA. These methods included: 1) an environmental scan of 6 community and state reports from 2017-2021; 2) 11 organizational stakeholder interviews with community leaders from various sectors, and community advocates; 3) Forty-six individual community stakeholders' interviews; 4) a comprehensive secondary data analysis using indicators recommended by the Centers for Disease Control, Healthy People 2030, and other national public health institutions. These efforts culminated in a Wilson County subcommittee meeting to solicit community input in identifying and prioritizing health needs. A summary of methods and the overall assessment process is described in *Figure 3.* above.

Environmental Scan

An environmental scan was conducted to examine existing reports relevant to community health and identify strengths, assets, and areas of improvement regarding health and health care in Wilson County. Criteria for inclusion in the scan were that reports needed to have been released within the last five years and geographically focused on Wilson County and/or the state of Tennessee, but with information about Wilson County.

To ensure that communities at higher risk for adverse health outcomes were included, inquiries were sent out to a diverse group of organizations and community stakeholders.

Performing an environmental scan also allows VUMC to honor the published work and data capabilities of our government and nonprofit partners who have also done work to understand the needs of the Wilson County community. The scans were analyzed in July 2021.

For each report included in the scan, the target populations were identified, and the health topics discussed were summarized to provide an overview of the main themes. In Wilson County, a total of six reports that were published between 2017-2021 were examined.

Community Stakeholder Interviews

Community stakeholder interviews were conducted to gather input from Wilson County residents. These interviews were conducted by Vanderbilt's Office of Health Equity (OHE) with the assistance of the Wilson County Health Department.

Community stakeholder interviews were conducted in collaboration with community organizations that provide services to marginalized populations including non-English speakers, individuals experiencing homelessness or unstable housing, and older adults.

Sixteen interviews were held at Compassionate Hands, a day and winter shelter for people experiencing homelessness. Fourteen individuals were interviewed at Mt. Juliet Senior Center. Sixteen interviews were held at Wilson County Department of Health with 16 Spanish-speaking interviewees. In addition to supplying space to conduct interviews, the Wilson County Health Department provided interpreter services for the interviews. Thematic analyses of all interviews were conducted by a team of two reviewers to determine reoccurring themes. Gift cards were provided to all interviewees.

The interview guide covered topics such as community assets and concerns, issues regarding health and health care, and barriers to addressing these. The interview guide is in Appendix D.

Organizational Stakeholder Interviews

VWCH interviewed 11 leaders from a variety of sectors including business, education, government, health care, law enforcement, non-profits, public health, substance use, advocacy groups, as well as organizations that serve youth, older adults, and members of the Latinx community. Interviewees were selected based on their understanding of the broad interests of the community and marginalized populations. Interviewees were identified in collaboration with the local health department and leaders from VWCH.

The interview protocol focused on health concerns, social drivers of health, health care issues, and community resources. Interviews consisted of ten open-ended questions and time for additional comments at the end. Interview data were entered into a secure database and thematic

analyses were conducted by a team of two reviewers. The interview guide can be found in Appendix E.

Secondary Data Analysis

To describe the health status and drivers of health in Wilson County, VWCH considered indicators from multiple sources. These included: 1) the CDC's "*Community Health Assessment for Population Health Improvement: Resource of Most Frequently Recommended Health Outcomes and Determinants*" 2) indicators from the 2019 Community Health Needs Assessment for Davidson, Rutherford, and Williamson County and 3) County Health Rankings/Healthy People 2030. Indicators are organized by "*Demographics and Socioeconomic Status*," "*Social Determinants of Health Inequities*", "*Access to Health Care*," and "*Health Status*" (including morbidity/mortality, birth outcomes, behavioral risk factors, environmental factors, infectious disease, and mental & social health).

Publicly available data was pulled from the US Census Bureau, the Tennessee Department of Health, the CDC, and other sources. The data and sources are listed in full in the appendices. County data were compared to state and national averages, and when possible, Healthy People 2030 goals. Healthy People 2030 is a program of the US Department of Health and Human Services that provides science-based, 10-year national objectives for improving the health of all Americans.

Identifying and Prioritizing Needs

A subcommittee of the Wilson County Health Council was formed to identify and recommend health needs to be prioritized by VUMC. Primary and secondary data were presented to subcommittee members, and individuals were given the opportunity to provide feedback, ask questions, and discuss the themes emerging from the data. Subcommittee members voted on the health needs they felt should be prioritized in the Wilson County CHNA, those needs were then presented to the VWCH Advisory Board, Wilson County Health Council, and the Community Health Improvement Working Group (CHIWG) for guidance and feedback before going to VUMC's board for approval. The final prioritized needs are below in *Figure 4.*
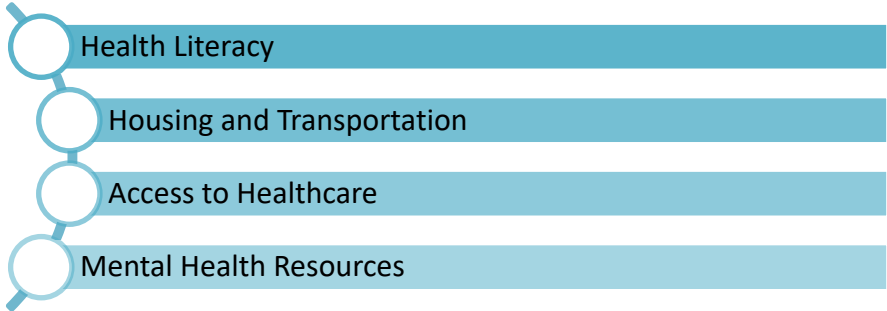

Health Literacy

Housing and Transportation

Access to Healthcare

Mental Health Resources

Figure 4. Health Council Subcommittee Final Voting Results (2021)

Limitations and Information Gaps

The objective of the CHNA was to provide a comprehensive assessment of the health needs of Wilson County. However, the COVID-19 pandemic impacted the CHNA process making in-person data collection challenging and limiting the breadth of the process. Additionally, a devastating tornado swept through the region in early 2020 that also diverted resources. Some specific limitations are outlined below.

• **Secondary data:** The assessment took into consideration many factors affecting health, including the social determinants of health. However, some publicly available secondary data sources for Wilson County were limited.

 • **Organizational stakeholder interviews:** Effort was made to conduct interviews with stakeholders from a variety of different sectors and leaders in the community. However, organizational stakeholder interviews had to be conducted virtually and included a relatively small sample of organizational stakeholders given the challenges related to pandemic response.

 • **Community stakeholder interviews**: Community stakeholder interviews were conducted to obtain input from marginalized members of the community. There were some language and cultural barriers between interviewers and interviewees, as well as concerns regarding anonymity. A relatively small sample of community stakeholders was interviewed given the challenges related to pandemic response.

Environmental Scan Findings

Environmental Scan Results

Major themes that emerged for Wilson County from the environmental scan are food insecurity, a lack of resources for substance use disorders (SUD), alcohol use disorders (AUD), mental health disorders, and a lack of accessible health care providers. They are described in more detail below:

Food Insecurity and A Lack of Healthy Food Choices: It is estimated that 9.5% of Wilson County residents are food insecure. While this number is lower than the state average of 13.3% it is still a considerable number of residents. Many of Wilson County's residents are above the threshold to qualify for federal nutrition programs and must rely on charitable food assistance. Additionally, the average meal cost for Wilson County is higher than the national average.

Substance and Alcohol Use Disorders (SUD/AUD): There is an increase in feelings of isolation among people experiencing SUD/AUD during the COVID-19 pandemic. Due to a lack of resources, law enforcement often needs to arrest residents as opposed to taking them to a pre-arrest diversion program or a crisis stabilization unit. Additionally, law enforcement lacks resources to leverage when encountering people who are experiencing homelessness. Currently,

there are a lack of medication-assisted treatment (MAT) providers and counseling services to those without insurance coverage.

Mental Health: The Wilson County judicial drug court data suggests that 39% of individuals reported a mental health diagnosis. There are also reports from residents that the stigma around mental health prevents the school systems from providing education around these topics. Lack of access to mental health services in Wilson County is also a common theme. There is a lack of mental health providers, as well as inpatient and outpatient hospital availability. If a resident is involuntarily committed for safety, and hospitals are unable to provide an appropriate level of care, they are taken to the county jail.

Lack of Health Care Providers: The Medical Foundation of Nashville cites that there is a need for more specialty providers in the 17 counties they collect data on, Wilson County being among them.

Primary Data

Community Stakeholder Interviews

Forty-six community stakeholder interviews were conducted with participants' ages ranging from 19-86.
Of the 46, 15 of the participants identified as Latinx, 1 as Indigenous, 27 as white, 3 as Black or African American, 1 as Native American or Native Alaskan, 1 as Middle Eastern or of North African descent, and 3 did not identify with any of the provided groups but did not specify. (See *Figure 5.* for a breakdown of demographics)
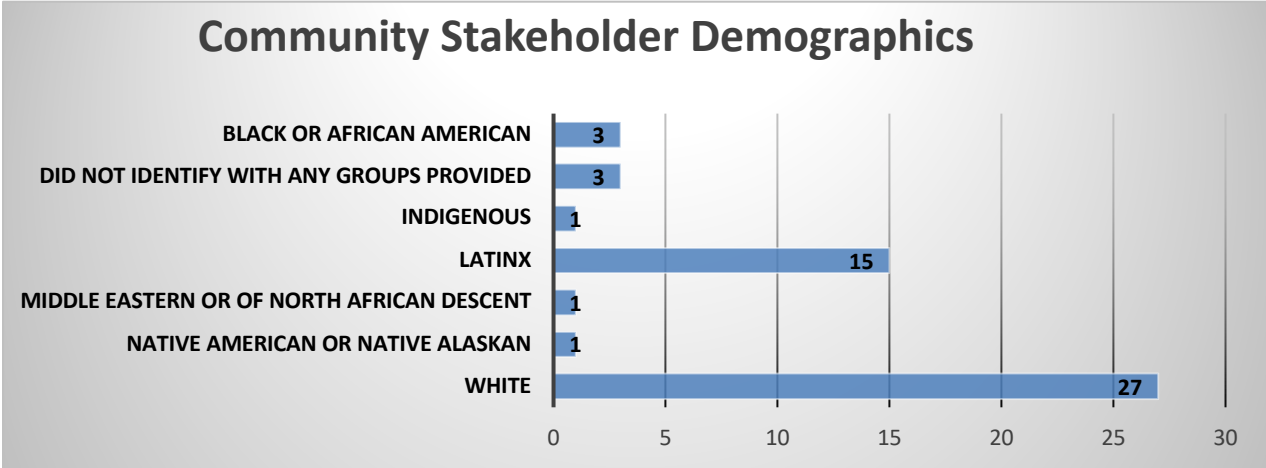

Figure 5. Community Stakeholder Demographics, Wilson County, TN. (2021)

Interviewees were asked to discuss important characteristics of a healthy Wilson County and answers were widely ranged. Many participants felt that access to health care would be a top priority for a healthy Wilson County. Interviewees also cited a need for residents to adhere to COVID-19 recommendations, an increase in alcohol and substance use treatment facilities, and increased capacity for the Wilson County Health Department. Other responses focused on a healthy community having access to nutritious foods, a robust transportation system, affordable housing, a strong education system, improved employment opportunities, and resources for low-income families and older adults.

When asked how they would describe their neighborhood and communities, 32% of participants stated that they receive quality community support. This theme continued as 26% described their communities as quiet and calm, with an additional 30% indicating they feel safe in their community. However, this view was not shared by all participants, as some (12%) cited issues of racial division, violence, harassment from police, and isolation due to language barriers.

See **Figure 6.** for a list of the most common answers when interviewees were asked about the strengths and assets of Wilson County.

Wilson County Strengths and Assests

- Emergency First Responders
- City Parks
- Employment Opportunities
- School Systems
- Family Activities
- Resource Availability
- Wilson County Health Department
- Economic Growth

Figure 6. Community Stakeholders Interview Responses, Wilson County, TN (2021)

When asked about barriers preventing Wilson County residents from being as healthy as possible, many of the interviewees named a lack of transportation as the main barrier. Other themes included a lack of affordable health care, dental care, housing, high medication costs, lack of Spanish interpreters, and a lack of translated health materials. There were also concerns surrounding the support received from local officials and the impact of the COVID-19 pandemic. For example, one interviewee expressed a desire for the community to "get on one page with the COVID-19 laws". Participants expressed to interviewers that Wilson County residents could make improvements towards a healthier lifestyle with the addition of more recreation centers, community pools, and sidewalks. Lastly, some interviewees noted that alcohol and substance use plays a significant role in residents not being able to maintain their health.

Interviewees were then asked what changes they would like to see in their community to achieve the healthy Wilson County they previously described (see *Figure 7.*). A large majority responded that improved transportation would assist rural residents in seeking medical care when needed and that there should be an increase in the number of health, dental, and vision providers

Top 4 changes interviewees want to see in Wilson County

| Improved public transportation | Resources for individuals experiencing homelessness | Affordable health care | Interpreter services for non-English speaking populations |
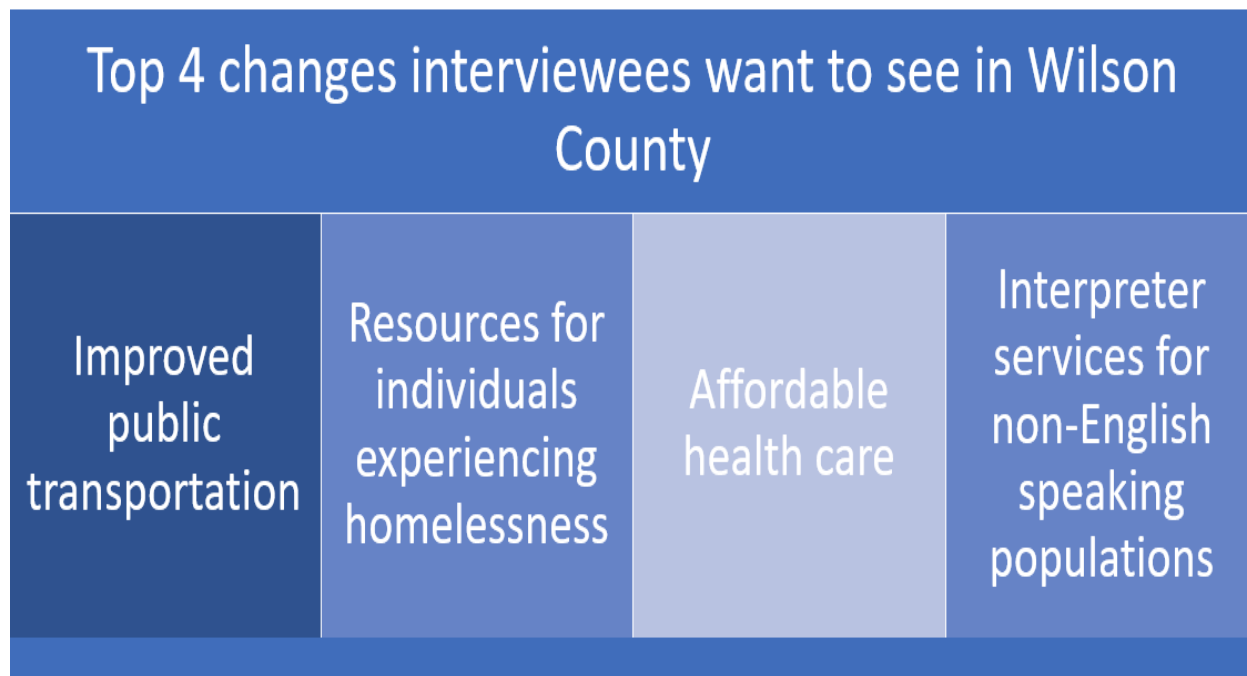
Figure 7. Top Themes from Community Member Interviews, Wilson County. (2021)

willing to accept payment on an income-based fee scale. Pertaining to the county's infrastructure, interviewees would like to see more policing, safer roads, and additional safe places to gather with family and friends. Other notable answers included green spaces, resources being translated to other languages, discounted vision exams and glasses, support for older adults, resources for people experiencing homelessness, and additional substance/alcohol abuse resources.substance/alcohol abuse resources.

The final question asked if the interviewees had any additional thoughts they would like to share. Many responded with reiterations of previous answers. For example more affordable health care, affordable medications and housing, and an increase in health literacy efforts. One notable quote from these questions was, "Hispanic and Latin Americans have nowhere to go. They don't have the right to get sick."

Organizational Stakeholder Interviews

Interviewees were first asked about the community's strongest assets, and many highlighted Wilson County's history of collaboration amongst organizations, varied educational opportunities, economic prosperity, and strong civic leadership particularly within the medical and religious communities. When asked which communities are left out of the Wilson County story, interviewees cited the Spanish-speaking community, along with those who are low-income

or experiencing homelessness. Additionally, often overlooked are those with mental health needs, older adults, especially those who are homebound, and residents of more rural areas of the County.

When discussing the top issues of concern in the community, themes pointed to typical repercussions of rapid population growth, including overall quality of life issues like access to grocery stores, youth and senior engagement centers, public transportation, lack of sidewalks, and the lack of appropriate infrastructure to serve the growing community. Interviewees noted deficits in affordable housing for victims of domestic violence, positive male role models, and health-related public information. Also of concern is the lack of support for those with substance and alcohol abuse disorder, Spanish-speakers, people experiencing homelessness, and those in need of mental health resources. Interviewees were then asked questions specific to issues in health or health care. Their answers touched on the high cost of care, while also emphasizing issues related to access to health insurance and the availability of free or low-cost services. They also expressed concern regarding mental health and substance use treatment availability, as well as the need to promote positive health behaviors.

Recent events which directly impacted Wilson County including the COVID-19 pandemic and the movements for racial justice have highlighted the need for robust communication and planning for disasters as well as the desire for opportunities to collaborate and have open discussions with sensitivity to differing viewpoints and backgrounds. Finally, interviewees were given the opportunity to explore the kinds of initiatives that they would choose to implement in their community if given a "magic wand". The topics discussed included a significant increase in affordable housing including shelters and housing for victims of domestic/interpersonal violence, increased green space with additional walking trails, and an emphasis on improving health outcomes and equity through access to support and wrap-around services for all people.

> "Hispanic and Latin Americans have nowhere to go. They don't have the right to get sick."
>
> *-Community Stakeholder Interviewee*

> "Going to the doctor is not a one-way trip and I tell our providers to consider what it took for patients to get here. They probably had to take off work. They are likely paid hourly so they are not getting paid. They probably had to pay for a babysitter. Then guess what? They have to go to the pharmacy, and because they don't have insurance, they had to go to three different pharmacies to get the medications. Then, can they even afford them?
>
> -Health Care Provider

Secondary Data

Demographics

As of 2019, Wilson County was home to approximately 144,657 individuals. The population of Wilson County is slightly older, with a median age of 40.4 than the state (38.7) and national (38.1) median. Those under the age of 18 make up 23.4% of the county population and older adults (ages 65 and older) make up 16% of the county population. In Wilson County, most of the population (88.1%) identify as White, 7.5% identify as African American or Black, 1.8% as Asian, and 2% identify as "more than one race." Hispanic or Latino residents make up 4.6% of the county's population. In Wilson County, 6.1% of the population speak a language other than English at home. This is a lower proportion than both the state (7.2%) and national (21.6%) figures.[1]
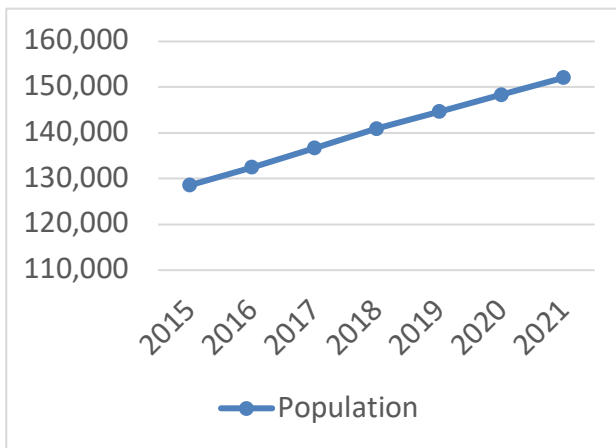
Figure 8. Wilson County Population Growth, US Census Bureau (2019)

Wilson County has experienced rapid population growth over the past several years, with a 26.8% increase in the population between 2010- 2019. This is about 3.5 times more than the state average (7.6%) and a little over 4 times more than the national average (6.3%). ***Figure 8*** to the left highlights the population growth between 2015-2021.

Social Determinants of Health

Health is shaped by factors in addition to the care received from a doctor or the choices one makes. According to the World Health Organization, the circumstances in which we are born, grow, live, work, and age is called Social Determinants of Health. Social determinants can encompass the social environment, the physical environment, resources available in communities, economic opportunity, food access, and more. These social drivers are related to the distribution of money, power, and resources within a community. As such, they are mostly

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[1] QuickFacts Wilson County, Tennessee; Davidson County, Tennessee; United States. (2019). Retrieved from United States Census Bureau:
https://www.census.gov/quickfacts/fact/table/wilsoncountytennessee,davidsoncountytennessee,US/PST045219

responsible for health inequities, or the unfair and avoidable differences in health status seen within a community.[2]

Housing

The Robert Wood Johnson Foundation emphasizes the lack of affordable housing affects families' ability to cover other essential expenses, placing them under tremendous financial strain. High housing-related costs place a higher economic burden on low-income families, forcing trade-offs between housing, food, and other basic needs. One study found that people with low income who struggle paying rent, mortgage, or utility bills were less likely to have a usual source of medical care. They were also more likely to postpone treatment and use the emergency room for treatment. Another study showed that children in areas with higher rates of unaffordable housing tended to have worse health, more behavioral problems, and lower school performance.[3]
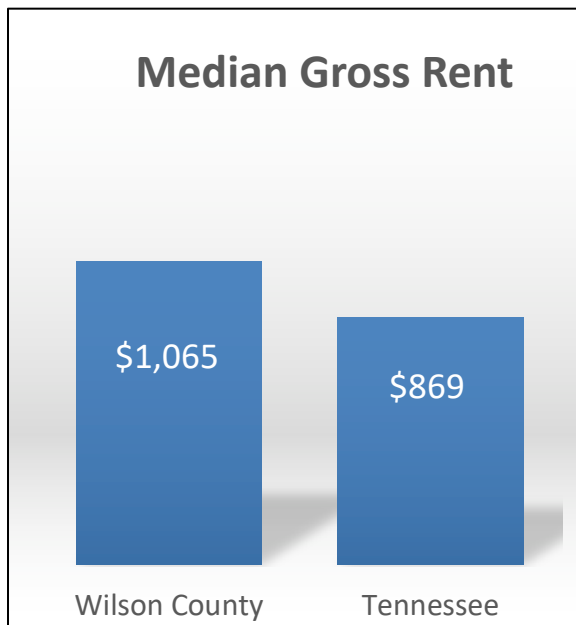
Figure 9. Wilson County Median Gross Rent, US Census Bureau (2019)

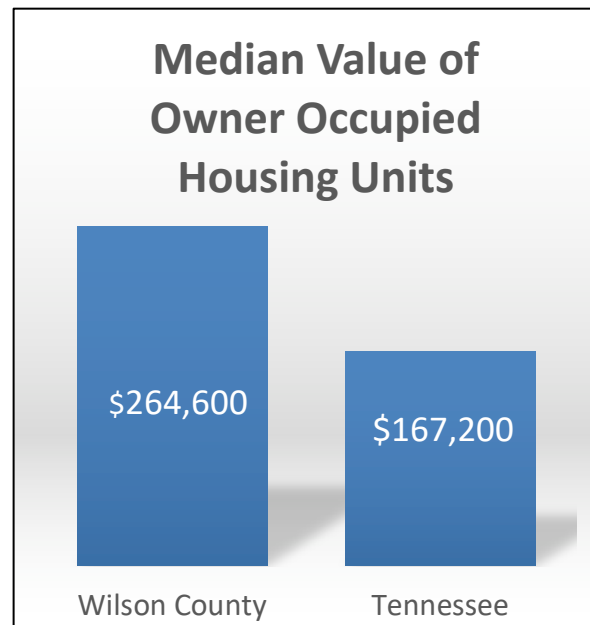*Figure 10. Wilson County Median Value of Owner-Occupied Housing Units, US Census Bureau (2019)*

[2] World Health Organization. (n.d.). *Social Determinants of Health.* Retrieved from https://www.who.int/social_determinants/sdh_definition/en/

[3] Robert Wood Johnson Foundation. (2011). *Housing and Health.* Retrieved from https://www.rwjf.org/en/library/research/2011/05/housing-and-health.html

Figure 9. shows the median gross rent is $1,065 in Wilson County, which is higher than the state median of $869. The median value of owner-occupied housing units in Wilson County is also higher ($264,600) compared to the state median of $167,200

Income

The percent of persons below the poverty level in Wilson County is 7.4% which is almost 2 times lower than the state average of 13.9%.[4] In Wilson County, 80% of households earn less than $136,025 a year, and 20% of households earn less than $35,503 annually. This indicates a large gap between the higher and lower ends of the income spectrum. The income inequality ratio is used to measure this gap by comparing household income at the 80th percentile to income at the 20th percentile. In Wilson County, the income inequity ratio is 3.8, this is slightly higher than top U.S performers (3.7) but lower than the state of Tennessee (4.7). [5]

Food Access

Healthy eating can reduce the risk of chronic diseases and improve health outcomes. People who have a diet with excessively high amounts of saturated fat and added sugar are at an increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Some individuals lack the information needed to choose healthy foods, but others do not have access to healthy foods.[6] *Figure 11.* shows that 32.3% of the Wilson County population are without access to a large grocery store. This is high compared to the percentage of persons at the state (27.9%) and national (21.6%) level without access to a large grocery store.[7]
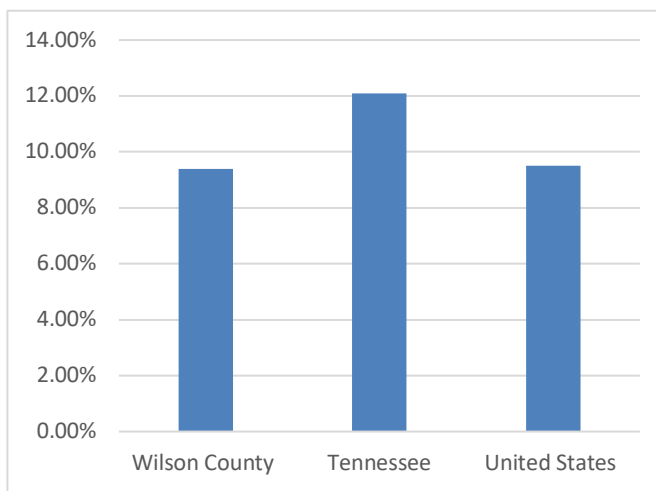
Figure 11. Population Without Access to Large Grocery Store, U.S. News (2021)

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[4] *QuickFacts Wilson County, Tennessee; Davidson County, Tennessee; United States.* (2019). Retrieved from United States Census Bureau:
https://www.census.gov/quickfacts/fact/table/wilsoncountytennessee,davidsoncountytennessee,US/PST045219

[5] *Income Inequality.* (2015-2019). Retrieved from County Health Rankings & Roadmaps:
https://www.countyhealthrankings.org/app/tennessee/2021/measure/factors/44/description

[6] *Nutrition and Healthy Eating.* (2020). Retrieved from Healthy People 2030: *Nutrition and Healthy Eating - Healthy People 2030 | health.gov*

7 *Overview of Wilson County. (2021). Retrieved from How Healthy is Wilson County, Tennessee? US News Healthiest Communities: https://www.usnews.com/news/healthiest-communities/tennessee/wilson-county#food-nutrition*

Access to Health Care

Access to appropriate health care is one of the factors that affect health outcomes. A barrier to receiving quality and timely care is affordable insurance coverage. In the United States, 1 in 10 people does not have health insurance. [8] According to Healthy People 2030, those without health insurance may not be able to afford health care services and are less likely to have a primary care provider. Without a primary care provider, some may not receive recommended preventive health screenings such as cancer screenings. Populations most at risk for not having insurance are low-income adults and minority populations. [9]

In Wilson County, as of 2019, 9.4% of the population under the age of 65 do not have health insurance. In the United States, 9.5%, and in Tennessee, 12.1% of the population under the age of 65 did not have health insurance in 2019.[10] The Healthy People 2030 target for the percent of the population.[6]
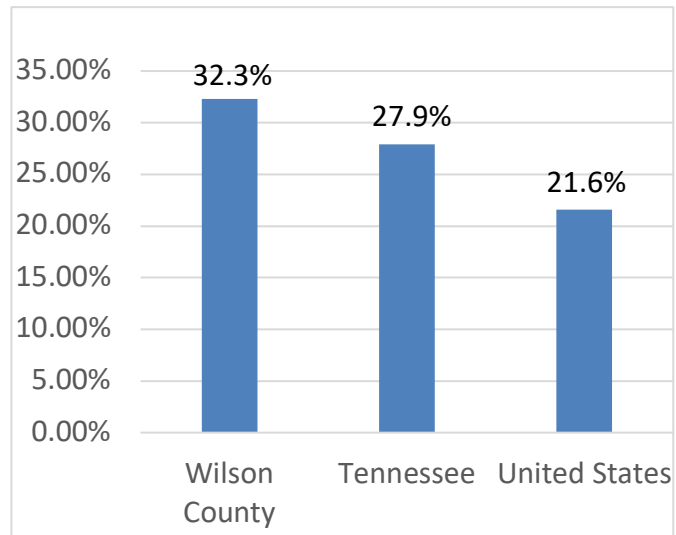
Figure 12. Uninsured Adults and Children (under 65 years of age) in Wilson County, Tennessee, and US, US Census Bureau. (2019)

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[8] Berchick, E.R., Hood, E., & Barnett, J.C. (2018). Health Insurance Coverage in the United States: 2017. Retrieved from *https://www.census.gov/content/dam/Census/library/publications/2018/demo/p60-264.pdf*

[9] Healthcare Access and Quality. (2020). Retrieved from Healthy People 2030: Berchick, E.R., Hood, E., & Barnett, J.C. (2018). Health Insurance Coverage in the United States: 2017. Retrieved from https://www.census.gov/content/dam/Census/library/publications/2018/demo/p60-264.pdf

[10] QuickFacts Wilson County, Tennessee; Davidson County, Tennessee; United States. (2019). Retrieved from United States Census Bureau: https://www.census.gov/quickfacts/fact/table/wilsoncountytennessee,davidsoncountytennessee,US/PST045219

Behavioral Risk Factors

Centers for Disease Control and Prevention define adult obesity as a person, age 20 and older, that reports a body mass index (BMI) greater than or equal to 30. Being overweight is defined as having a BMI between 25-30.[11] Lack of physical activity and poor eating habits directly contribute to the development of obesity. Social factors that impact this include food access, the surrounding built environment, education level, and access to physical activity opportunities. The impacts of obesity in adulthood include a higher risk for developing hypertension, diabetes, high cholesterol, heart disease, stroke, depression, or anxiety.
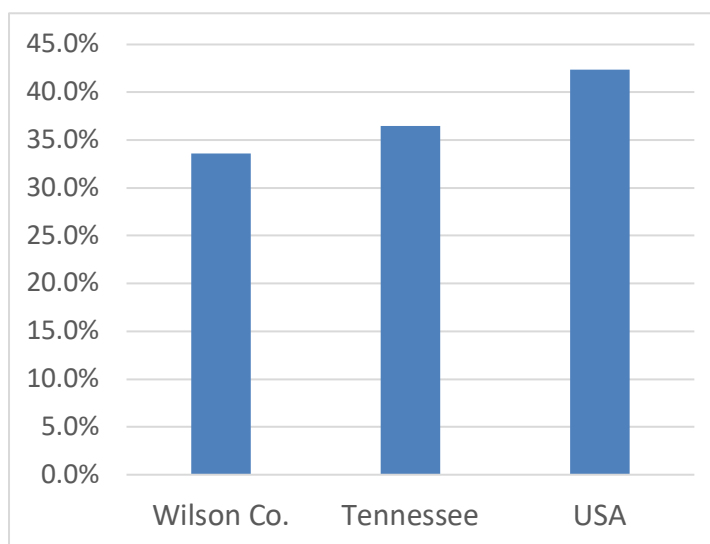
Figure 13. Prevalence of Self-Reported Obesity Among Adults in Wilson County, TN and US, CDC (2020)

Figure 13. shows the prevalence of self-reported obesity among adults in Wilson County, Tennessee, and the United States. In Wilson County, 33.6% of adults reported being obese. This is lower than both the state (36.5%) and the United States (42.4%) self-reported obesity percentages. [12]

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[11] Centers for Disease Control and Prevention. (2017). Defining Adult Overweight and Obesity. Retrieved from *https://www.cdc.gov/obesity/adult/defining.html*
[12] Overweight and Obesity. (2018- 2020). Retrieved from Centers for Disease Control and Prevention: https://www.cdc.gov/obesity/data/prevalence-maps.html

Substance and Alcohol Use

Death due to drug overdose is on the rise in the US, according to the Centers for Disease Control and Prevention. In the last five years, Tennessee has consistently seen an increase in drug overdose deaths with the largest change being from the year 2019 to 2020 (45%).

Opioids have accounted for 79% of the drug overdose deaths in Tennessee in 2020, and primarily involve the use of illicit fentanyl. According to the Tennessee Department of Health, 3,032 Tennesseans died of a drug overdose in 2020. Of the 3,032 overdose deaths in Tennessee, 1,997 were males and 1,035 were female. Tennesseans who died of drug overdose were more likely to be White (81%), but Black Tennesseans saw a 73% increase in drug overdose from 2019 to 2020.[13] Wilson County ranks 28 out of 95 counties in Tennessee in drug overdose deaths.[14] In 2020, Wilson County had 79 all drug overdose deaths, 72 from opioids, 19 from pain relievers, 7 from Heroin, 62 from Fentanyl, and 31 from stimulants. The Healthy People 2030 target for drug overdose deaths is 20.7 per 100,000 persons.[12] For Wilson County, with a population of 144,657, the Healthy People 2030 target is 29.9 drug overdose deaths.
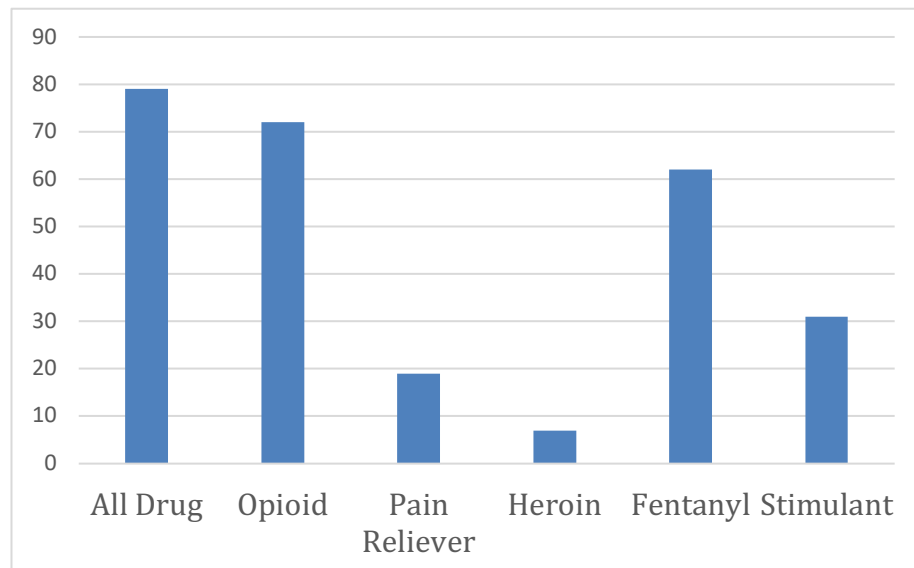
Figure 14. Drug Overdose Deaths in Wilson County, Tennessee Department of Health (2020)

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[13] Analytics, T. D. (2021). 2020 Tennessee Drug Overdose Deaths . Nashville: Tennessee Department of Health.

[14] Drug Overdose Deaths. (2017- 2019). Retrieved from County Health Rankings & Roadmaps: https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/health-behaviors/alcohol-drug-use/drug-overdose-deaths

Mental Health
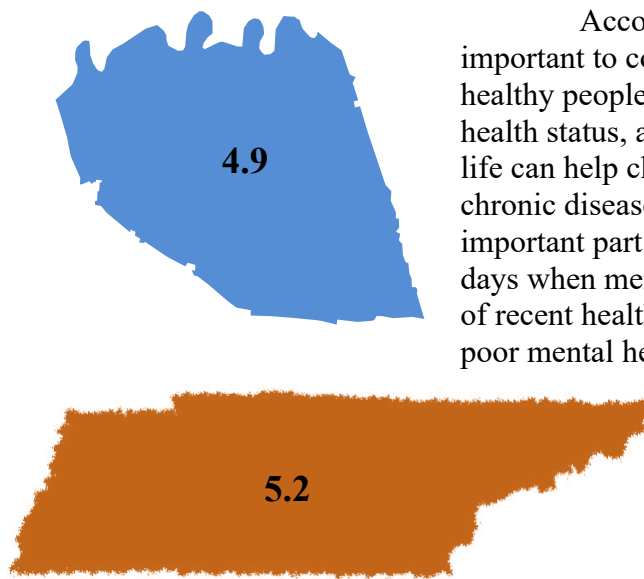
According to County Health Rankings, it is important to consider measures that give insight into how healthy people are while alive. Measuring self-reported health status, a general measure of health-related quality of life can help characterize the burden of disabilities and chronic diseases on a population. Mental Health is an important part of overall health. Reporting the number of days when mental health was poor can be used as an estimate of recent health. In Wilson County, the average amount of poor mental health days in 30 days was 4.9.[15] This average is slightly lower than the state average of 5.2. This average is slightly lower than the state average of 5.2. Amongst Medicare beneficiaries (adults over 65) in Wilson County, 21% were reported to have depression which is higher than the state (19.3%) and the same as the nation (21%).[16]

Figure 15. Poor Mental Health Days in Wilson County and Tennessee, County Health Rankings (2018)

Identifying and Prioritizing Needs

Community Engagement:

A subcommittee was formed with guidance from the Wilson County Health Council. The subcommittee was designed to represent a varied group of residents and representatives from various sectors in Wilson County including business, government, health care, education, youth advocacy, as well as organizations serving marginalized populations such as older adults, the Latinx community, and individuals experiencing homelessness. The subcommittees' objective was to provide input and consider what emerged from the data shared to identify the community's health needs. The subcommittee participated in two, 1-hour meetings facilitated by VUMC's OHE.

In the first subcommittee meeting, primary and secondary data were presented, and individuals were given the opportunity to provide feedback, ask questions, and discuss the

[15] Poor Mental Health Days. (2018). Retrieved from County Health Rankings and Roadmaps:
https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-outcomes/quality-of-life/poor-mental-health-days

16 Population Health. (2021). Retrieved from Healthiest Communities Wilson County: https://www.usnews.com/news/healthiest-communities/tennessee/wilson-county#population-health

themes that emerged. Following this meeting, each member participated in a two-part survey used to prioritize the needs based on popularity and suitability or fit. In the first part of the survey, each participant selected their top five needs from a list of sixteen cross-cutting themes. They were prompted to select these five needs based on what they believe should be prioritized in Wilson County.

Based on their previous selection, participants scored their five needs on suitability or fit. Suitability or fit was based on current resources that address the need, severity, and impact of the need, the prevalence of the need, perceived readiness to address the need. These were scored using a Likert Scale with a maximum score of 16 being possible.

All votes were entered into a secure database. Each need that received a vote was assigned a value based on popularity (percentage of total votes that a participant needs to receive) and suitability or fit (average score out of 16). These two elements were curved to be weighed equally for a combined maximum value of 100. Assigned values ranged from 49.3 to 63.3.
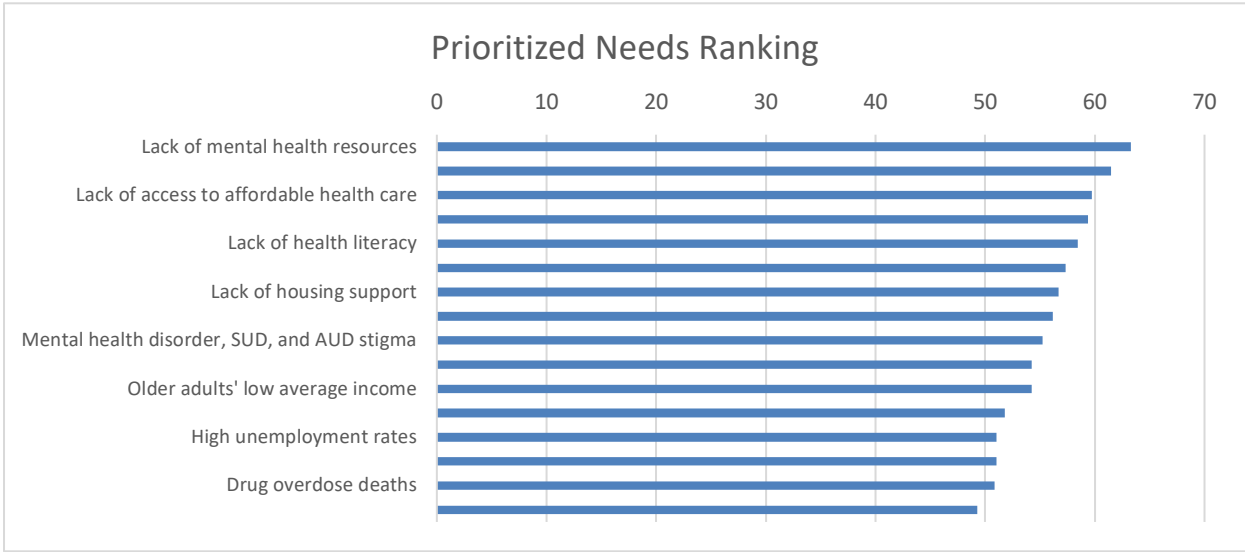
Figure 16. Health Council Subcommittee Final Round Voting Results (2021)

Voting results were presented to the subcommittee members during the second meeting. Subcommittee members then broke into groups to discuss how the prioritized needs will impact the different sectors and community stakeholders represented, as well as additional areas of concern and other ways the community can support the represented sectors. From this discussion, a "parking lot" was formed with an additional list of specific needs and concerns expressed by subcommittee members to be addressed within Wilson County. Themes from the parking lot that relate to the prioritized needs included addressing the pandemic's impact on mental health and housing stability, improved support for caregivers, greater ability to age in place, growing number of people experiencing homelessness, improve resource awareness, need for additional low barrier vision services, infrastructure concerns related to population growth, more resources for those exiting incarceration and improved transportation and walkability options.

Subcommittee members were asked to complete a final round of voting, in which they ranked the needs they felt should be prioritized in Wilson County. Listed below are descriptions of the four needs that were ranked the highest.

Following the subcommittee meetings, the prioritized needs were presented to the VWCH Advisory Board, Wilson County Health Council, and the Community Health Improvement Working Group (CHIWG). The Health Council, CHIWG, and VWCH Advisory board considered criteria such as the scope, severity, and ability of VWCH to impact an issue and recommended that VWCH adopt all four identified needs. Prioritized needs are considered of equal importance and are not listed in this report in a particular order.

Summary of Prioritized Needs

Health Literacy

Health literacy refers to the ability to access, understand, evaluate, and communicate information to promote, maintain and improve one's health in a variety of settings.[17] The need for improved health literacy was highlighted as a major concern across multiple community stakeholders and organizational stakeholder interviews in Wilson County.

During the subcommittee meetings, members discussed issues of health care and resource navigation, as well as an overall lack of resource awareness among populations in Wilson County. Resource availability was noted as a challenge particularly for non-English speaking individuals, as translated resources are oftentimes not available or easily accessible. Subcommittee members discussed how to address this need in Wilson County, which included organizations prioritizing the translation of health resources to a variety of languages, emphasizing the ability to synthesize health-related information, and equipping community members to make well-informed decisions for their health.

Housing and Transportation

Throughout the prioritization process, community stakeholders found housing and transportation needs to be crucial to the health of Wilson County. Ten percent of an individual's health can be influenced by their physical environment and fifty percent of a person's overall health can be traced back to ZIP code.[18] Populations without safe and affordable housing and transportation are more likely to experience limited access to jobs, health care, social interaction, and healthy foods.[19]

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[17]Health Literacy. (2021, May 19). Retrieved from Centers for Disease Control and Prevention: https://www.cdc.gov/healthliteracy/learn/index.html

[18]

County Health Rankings Model . (2021). Retrieved from County Health Rankings & Roadmaps : https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model

[19]Healthy Places. (2011, October 19). Retrieved from Centers for Disease Control and Prevention: https://www.cdc.gov/healthyplaces/transportation/access_strategy.htm

Subcommittee members noted an increasing need for affordable and safe housing, as well as reliable, purposefully located public transportation options in response to the rapidly growing population in Wilson County. Subcommittee members cited that at the time of the meeting there were more than 600 known individuals experiencing homelessness in Wilson County and a lack of housing available for low-income households. Members also noted that there is no form of public transportation that reaches the warehouse and distribution center operated in Wilson County by Amazon. This is important as Amazon is one of the community assets fueling the rising population, as individuals follow job opportunities provided by the company. More generally, although all of Wilson County is not considered rural, the county is spread out and it can be difficult for some residents to get to work.

Access to Health Care

Access to health care was a theme highlighted throughout all methods of data collection, as many people discussed the overall accessibility and affordability of health care and the access to specialty care providers.

Prioritization efforts during the subcommittee discussion gave insight into how Wilson County could improve access to health care. It was noted during the discussion that a significant number of Wilson County residents are older adults (65 and older), but the county has a lack of home-based services for homebound populations, and telehealth has limitations. The subcommittee also noted that there are limited resources available for those experiencing homelessness to receive care at a rate they can afford and near to where they are sleeping or camping. In Latinx communities, there is a need for more resources as well as providers that speak a language other than English. In Latinx communities, there is a need for more resources as well as providers that speak a language other than English.

Mental Health Resources

The need for improved mental health resources surfaced as a major issue throughout the prioritization process. During discussions, subcommittee members recognized that there is a lack of knowledge about existing mental health resources which prevents more people in the community from utilizing them. Additionally, even once known, existing services and resources are not accessible to all community members. This discussion also highlighted the need for more trauma-informed resources for Wilson County families and children, the limits of using telehealth for mental health treatment, and the increase in substance use and alcohol abuse disorders in Wilson County. When thinking about ways to address this need in Wilson County, mental health resources must be available in languages other than English, the stigma around mental health must decrease, and accessibility of mental health resources must increase.

Appendices

Appendix A: Acknowledgements

Appendix B: Organizational Stakeholder Interview Demographics

Appendix C: Community Stakeholder Interview Demographics

Appendix D: Community Stakeholder Interview Guide

Appendix E: Organizational Stakeholder Interview Guide

Appendix F: Community Resources

Appendix G: Secondary Data Table

Appendix A: Acknowledgements

VWCH's CHNA and IS reports were developed primarily by VUMC's Office of Health Equity, but the process could not have been done without the invaluable contributions from the VWCH community and other critical groups around Wilson County.

First, we would like to offer a special thanks to Scott McCarver who offered support throughout the process. We would also like to offer sincere thanks to Traci Pope (VWCH). Traci spent countless hours reaching out to community contacts to support the CHNA process in a myriad of ways, including engaging community and organizational stakeholders for interviews. Her leadership and knowledge of stakeholder groups and internal initiatives at VWCH provided valuable contributions to both the CHNA and the IS. Traci is also a member of the Health Council and participated in Health Council Subcommittee meetings. This process would not have been possible without her.

We would like to acknowledge the invaluable input provided by the Wilson County Health Council. We'd like to extend a special thank you to chair and co-chair, Chuck Whitlock, and Brenda Harper for their support.

The Wilson County Health Council played a vital role in determining the needs prioritization process, supporting the development of the Wilson County Subcommittee, and recruiting members for the Subcommittee. We are deeply appreciative of the Subcommittee (see table below for members) for their time, perspective, energy, and attention to detail throughout the need's prioritization process. Each member came into the subcommittee with the passion to make a change. We are grateful for all of you, and for all, you do in your community.

We would also like to acknowledge the expertise provided by Vanderbilt's Wilson County Hospital Advisory Board. VWCH's Advisory Board is a volunteer group of business and community leaders invested in the health outcomes of the community, established to give

advice and support to the executive staff. We are also deeply appreciative of VUMC's Community Health Improvement Working Group for their time, perspective, and continued guidance in developing the IS. In addition, we would like to thank Courtney Declercq from the Office of Clinical Enterprise Strategic Planning and Abby Palmer from VUMC Finance for their guidance.

We would like to thank the Wilson County Health Department for its leadership, support, and hospitality. Adalberto Valdez and his team, Veronica DeLeon, and Johanna Ambriz leveraged established relationships with their patients to assist in scheduling community stakeholder interviews with Spanish-speaking residents, offering insight and experiences we would not have been able to obtain otherwise.

We would like to acknowledge the contributions of Compassionate Hands, specifically, Allen Tack and Sharon Jolly, who took time out of their day to give our office a tour of their site, as well as recruited and hosted community stakeholder interviews. We would like to acknowledge the contributions of the Mt. Juliet Senior Center and Valissa Saindon, who helped recruit members to participate in community stakeholder interviews.

We would also like to thank Wilson County community member interview participants, each of whom shared their valuable time to discuss the assessment, offer their perspectives on community health, and identify the most important health needs within the community. This was particularly helpful as this CHNA/IS cycle posed a unique set of barriers, including rebuilding the community after a devastating tornado. Wilson County was also deeply impacted by the COVID-19 pandemic. Despite challenges posed by the pandemic, community stakeholders and residents gladly offered their time and expertise to make the CHNA/IS possible. The level of connection and commitment to seeing their community thrive is ever-present. Their feedback and expertise helped us understand the challenging and complex issues facing low-income, minority, and marginalized populations in the community.

Finally, we would like to acknowledge the talented group of interns and trainees from multiple institutions who supported the CHNA and IS process. Kennedy Burrell (University of Illinois Urbana-Champaign), Shani Jones (Vanderbilt University Medical Center), Kaele Leonard (Vanderbilt University Medical Center), Teris Taylor (Vanderbilt University).

Wilson County Subcommittee	
Adalberto Valdez	Wilson County Health Department, Member of the Wilson County Health Council
Amy Martin	Neighborhood Health
Angelina Taylor-Cortez	Advocate for Latinx Community, Wilson County Resident
Anne Barger	Wilson County Schools Family Resource Center
Byron Kamp	AARP-TN, Member of the Wilson County Health Council

Cathey Sweeney	Wilson County CASA
Colin Simmons	Wilson County Health Department, Member of the Wilson County Health Council
Jillian Williams	Wilson County Resident and Vanderbilt Health Affiliated Network
Leslyne Watkins	UT Extension
Pat Meyers	Advocate for older adults
Sarah Bland	Wilson County resident and Vanderbilt University Medical Center
Sharon Jolly	Compassionate Hands
Shelly Barnes	UT Extension
Traci Pope	Vanderbilt Wilson County Hospital, Member of the Wilson County Health Council

Appendix B: Organizational Stakeholder Interview Sectors

Stakeholders	Organization/Sector/Population Served
Brooks House	Housing
Charis Health	Health Care Provider
DrugFree Wilco	Substance Use
Mt. Juliet Senior Center	Older Adults
Wilson County CASA	Advocacy
Wilson County Chamber of Commerce	Business
Wilson County Health Department	Health Department
Wilson County Mayor's Office	Government
Wilson County Resident	Latinx
Wilson County Schools	Youth
Wilson County Sherrif's Office	Law Enforcement

Appendix C: Community Stakeholder Interview Demographics

Survey Site	# Of interviewees	Primary Population Served
Compassionate Hands Ministry	16	Individuals experiencing homelessness
Mt. Juliet Senior Center	14	Older Adults
Tennessee Department of Health	16	Spanish Speaking Residents

Appendix D: Community Stakeholder Interview Guide

2022 Community Health Needs Assessment
Community Stakeholder Interview Summary Sheet

INTERVIEWER NAME:
RECORDER NAME:
INTERPRETER NAME:
CHNA AREA/COUNTY:
DATE:
INTERVIEWEE NAME:
DATA ENTRY DATE:
DATA ENTRY BY:

Hello, my name is _____. I am a representative of the Office of Health Equity at Vanderbilt University Medical Center, and we are working with Vanderbilt Wilson County Hospital and the Wilson County Public Health Department on the 2022 Community Health Needs Assessment.

As part of the assessment, we are interviewing community members as a way of understanding and identifying the health needs of Wilson County.

I anticipate the interview will take approximately 30 minutes. I have a set of questions I will be asking. I will be typing your responses and comments, so that the information may be combined with the responses of the other community interview participants.

Please note The CHNA will be made publicly available and posted on the hospital's website. This interview is entirely anonymous. We will not share your name in the report or any documents from this project. We may acknowledge the participation of community members by the location of the interview. Again, your responses will be summarized with others and your name will not be linked to specific responses or comments.

Before we start, do you have any questions for me? Thanks for taking the time to meet with me.

Demographic Questions:

- What is your DOB?
- Where did you sleep last night?
    - What's the zipcode there?
- Which group(s) best describe(s) you? (Check all that apply.)
    - American Indian or Alaska Native
    - Asian or Asian American
    - Desi or Desi American
    - Black or African American
    - African
    - Latinx or Hispanic
    - Middle Eastern or North African
    - Native Hawaiian or Pacific Islander
    - White or Caucasian
    - None of these fully describe me, I prefer to describe myself as _____
    - Prefer not to answer

Interview Questions

- What are the important characteristics of a healthy Wilson County for all who work, learn, live, and play here?
- Tell me how you would describe your neighborhood and communities within Wilson County?
- Tell me about the assets and strengths of Wilson County
  (Probe: tell me about resources in your community that address social or health issues)
- What are the greatest barriers preventing those in your community/communities in Wilson County from having the chance to be as healthy as possible?
  (Probe: tell me about your concerns around transportation, health insurance status, medication affordability, or other social/health issues)

- Concerning the previous question, what changes would you like to see in your community to achieve the healthy Wilson County that you described?

  (Probe: tell me about solutions to barriers described or what would you like to see Wilson County focus on in the future)

Wrap-Up

- Was there anything else you wanted to share?

Appendix E: Organizational Stakeholder Interview Guide

2022 Community Health Needs Assessment
Organizational Stakeholder Interview Summary Sheet

INTERVIEWER NAME:
RECORDER NAME:
CHNA AREA/COUNTY:
DATE:
INTERVIEWEE NAME:
ORGANIZATION:
TITLE:
DATA ENTRY DATE:
DATA ENTRY BY:

Hello, my name is _____. I am a representative of _____ and am working with Vanderbilt University Medical Center and the Wilson County Public Health Department on the 2022 Community Health Needs Assessment. Also, with me is _____ from _____.

Thank you for the taking your time to meet with us and agreeing to participate in the Community Health Needs Assessment. As part of the assessment, we are interviewing community leaders and representatives as a way of understanding and identifying the priority health needs of Wilson County.

We anticipate the interview will take approximately 30 minutes. We have a set of questions we will be asking. Both _____ and I will be recording your selections and comments, so that the information may be combined with the responses of the other interview participants. Is it okay if we also record this interview?

Please note: As required by the IRS Community Health Needs Assessment (CHNA) guidelines, the CHNA will be made publicly available and posted on the hospital's website. We will be acknowledging the participation of community leaders and representatives by industry grouping. Your responses will be summarized and aggregated with others and your name will not be linked to specific responses or comments.

Are you ready to begin?

1. Could you tell us a little about yourself and your role here at (organization name)?

2. What do you think are your community's strongest assets?

3. What communities are left out of the story of Wilson County too often?
   [Probe: what populations are most impacted by inequities or haven't benefited from improvements in health and quality of life]

4. Based on your experience, what are the top three issues that you are most concerned about in your community?
   [Probe: think broadly, beyond health]

5. What would you say are the top three issues specific to health or health care that you are most concerned about in your community?
   [INTERVIEWER NOTE: Assess previous response]

6. If you had a magic wand, what top initiatives would you implement in your community?
   [Probe: What resources, policies, or programs would you like to see put in place to address your counties' needs?]

7. When we last performed the CHNA in 2019, the prioritized needs were _____, _____, ____, _____; would you like to comment on these previously identified needs?

8. What needs have you seen emerge given recent events such as tornadoes in Middle TN, COVID-19 pandemic, and movements for racial justice?
   [Probe: think along the lines of resources or policies that are lacking in your community following these events – beyond what you see day to day.]

9. Was there anything you wanted to discuss today that we didn't cover?

10. Do you have any questions for us?

Appendix F: Health Care/Community Resources

In addition to the resources listed in the table below for Wilson County, please refer to the additional resource guides linked here:

- My HealthCare Home – A database to help individuals find high quality, accessible, and affordable health care in Middle Tennessee
- 211: United Way of Metropolitan Nashville - A database of more than 10,000 social, educational, and health services

Community Resources
15th Judicial District Child Advocacy Center
Ali's Rae of Hope Foundation
All For Him Ministries
Big Brother of Mt. Juliet
Brooks House
College Street Fellowship House
DrugFree WilCo
Everyone's Wilson
Family Resource Center
Gladeville Community Center
Healing Broken Vessels Inc.
Homesafe Inc.
Joseph's Storehouse Food Ministry
Mid-Cumberland Community Action Agency
Mid-Cumberland Human Resource
Mt. Juliet Help Center
"Operation NOT Forsaken"
Salvation Army
Second Harvest Food of Middle TN
Sherry's Hope
The Next Step Resource Center
United Way of Wilson County
Wilson County CASA
Wilson County Civic League
Wilson County Community Help Center
Wilson County Health Department
Health Care Resources
American Behavioral Consultants
American National Home Health
Ameri-Kare
Bradford Health Center

Cedarcroft Home
Charis Health Center
Children's Clinic East
COVID Recovery Hotline
Cumberland Mental Health Center
Fast Pace Health
Lifecare Family Services
McFarland Specialty Center
Mt. Juliet Family Care & Walk-In Clinic
Neighborhood Health
Prospect Inc.
The Little Clinic Lebanon
Vanderbilt Health Walk-In Clinic Mt. Juliet
Vanderbilt Wilson County Hospital
Vanderbilt Wilson County Hospital – McFarland Campus

Appendix G: Secondary Data Table

Indicator	Wilson	TN	USA
Demographics			
Population			
Total population (2019)	144,657	6,346,276	332,699,590
Foreign born persons (2019)	4.90%	5.10%	44,900,000
Languages other than English spoken at home (2019)	6.10%	7.20%	21.90%
Population, % change from 2010-2019	26.80%	7.60%	6.30%
Race			
White (2019)	88.10%	78.40%	57.80%
Black (2019)	7.50%	17.10%	12.40%
Hispanic or Latino (2019)	4.60%	5.70%	18.70%
Asian (2019)	1.80%	2%	6%
American Indian/ Alaska Native (2019)	0.50%	0.50%	1.10%
More than one race (2019)	2%	2%	10.20%

Socioeconomics			
Childhood poverty rate (2019)	12.10%	19.70%	16.80%
Highschool Graduation Rates (2017- 2018)	96.00%	91.60%	88.80%
Percent population with advanced degrees (2021)	40.60%	34.60%	29.80%
Unemployment rate (2020)	3.90%	5.30%	6.70%
Workers Commuting 60 minutes or more (2021)	10.70%	6.60%	6.80%
Health Status			
Life expectancy (2021)	78.4 years	76.0 years	77.5 years
Social Determinants of Health			
The median value of owner-occupied housing units (2015-2019)	$264,600	$167,200	$217,500
Median gross rent (2015 - 2019)	$1,065	$869	$1,062
Homeownership rate (2020)	76.80%	66.30%	72.60%
Eviction Rate (2020)	1.4%	2.8%	1.1%
Homelessness - point-in-time count (2019-2020)	517	7,256	585,218
Percent of the population without a vehicle (2020)	3.30%	5.90%	5.70%
Population without access to a large grocery store (2020)	32.30%	27.90%	21.60%
Rate of violent crime rate per 100,000 persons (2018)	312.7	626.5	204.6
Rate of child abuse per 1,000 children (2020)	2.9	4.6	N/A
Access to Health Care			
Insurance Coverage - Adults (2019)	7.20%	10.10%	9.20%

Insurance Coverage - Children (2019)	3.70%	5.20%	5.60%
Primary care doctor availability per 100,000 persons (2021)	0.9	1.2	0.9

Behavioral Risk Factors

Adult Obesity (2018)	33.60%	33.10%	33.00%
Tobacco Use- Adult (2020)	18.70%	19.90%	15.90%
Excessive Drinking (2020)	18.60%	15.80%	N/A
Opioid prescription rates per 100,000 persons (2016)	91.4	107.1	66.5
Drug overdose deaths (2019-2020)	79	3,032	70,630
Leading cause of death (2017-2019)	1) Malignant Neoplasms 2) Heart disease	1) Heart disease 2) Cancer	1) Heart disease 2) Cancer
Diabetes (2020)	9.70%	11.60%	9.90%
Smoking rate (2021)	20.20%	22.80%	21.10%
Babies Born with Low Birth Weight (LBW) (2020)	7.90%	9.10%	7.80%
Teen Birth rate per 1,000 persons (2019)	19	23.7	16.7

Mental Health

Poor mental health days per 30 days (2018)	4.0 days	4.6	3.9
Medicare Beneficiaries with Depression (2021)	20.00%	19.60%	18.00%

Sexually Transmitted Infections

Chlamydia per 100,00 persons (2019)	376.2	606.9	552.8
Gonorrhea per 100,000 persons (2019)	83.2	236.7	188.4
Syphilis per 100,000 persons (2019)	6.4	32.9	39.7
HIV per 100,000 persons (newly diagnosed) (2019)	6.4	11.3	12.6

Other Communicable Diseases

Tuberculosis per 100,000 persons	0.7	1.9	2.7
Covid-19			
Total Cases (as of 9/28/21)	26,020	1,220,784	42,501,643
Deaths (as of 9/28/21)	316	15,055	680,688
Hospitalizations (as of 9/28/21)	625	33,165	2,988,684
Covid-19 Vaccination Rate (as of 9/28/21)	44.50%	45.00%	55%