



CENTERSTONE

TENNESSEE COMMUNITY NEEDS ASSESSMENT REPORT SUMMARY

MARCH 2023

This community needs assessment collects information about socioeconomic needs, barriers to healthcare, and poor health outcomes, which allows for development of recommendations to address significant needs. What we learn about access to care and health outcomes is shared to improve staffing and service delivery that meets the community's unique needs.

CONTENTS



HEALTH NEEDS

Overview of key behavioral and physical health challenges and priorities.



SOCIAL DETERMINANTS OF HEALTH

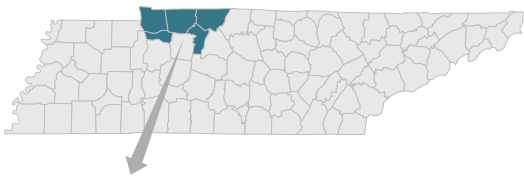
Summary of personal, social, and environmental factors that impact health.



SERVICE NEEDS

Assessment of healthcare service availability and gaps.

OVERVIEW OF TENNESSEE



44th

HEALTHIEST STATE

Top challenges include high premature death rate, high prevalence of multiple chronic conditions, and high rates of cigarette smoking. TN ranked in the bottom 12 states for population avoiding care due to cost (11.5% TN vs 8.8% US) and that are uninsured (10% TN vs 8.6% US),

COUNTIES:

Cheatham, Houston,
Montgomery, Robertson,
Stewart

KEY FINDINGS AND RECOMMENDATIONS

01

For behavioral health, all counties had notably high rates of suicide and drug overdose mortality and overdose outpatient-related visits. Recommendations include expanding programming for substance use education, treatment, and recovery and better access to care for adults with serious mental illness (SMI) and co-occurring disorders (COD), especially in rural areas like Cheatham, Houston, and Stewart Counties.

02

For physical health, high rates of smoking and tobacco use, physical inactivity, obesity, and diabetes were observed. All counties were Medically Underserved Areas with high population-to-provider ratios and low engagement in mammography screenings and flu vaccinations. Recommendations include improving health literacy and knowledge around physical and behavioral health risk factors and preventive services.

03

Social determinant of health stressors include lacking health insurance, low-income, food insecurity, transportation access, and housing stability/quality. Socioeconomic disadvantages (i.e., based on income, education, employment, and housing quality) were notable in Montgomery, Houston, and Stewart Counties. Recommendations include fostering partnerships with community support organizations to address needs.

HEALTH NEEDS



This section outlines the population's key health challenges, prevalent conditions, and overall health status, emphasizing areas where targeted interventions are most needed.

MENTAL HEALTH



5.5
DAYS

POOR MENTAL HEALTH DAYS

The state average for poor mental health days was 5.1 days. The average across all counties was slightly higher at 5.5 days.

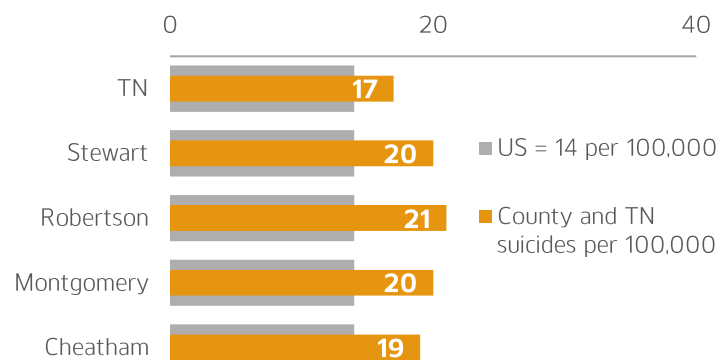
FREQUENT MENTAL DISTRESS

Average frequent mental distress (i.e., 14+ poor mental health days in the past 30 days) for all counties (18%) exceeded the state's rate (16%).



SUICIDE MORTALITY OUTPACES STATE AND NATIONAL RATES

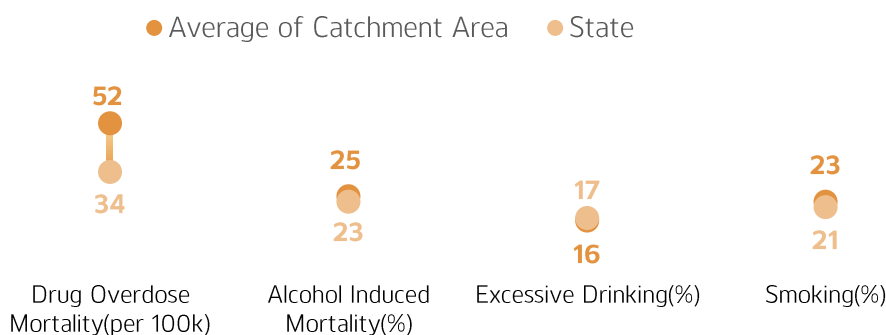
Suicide mortality per 100,000 population exceeded both the state and national averages for all counties.



SUBSTANCE USE

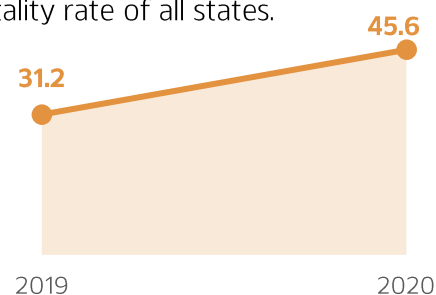
SUBSTANCE USE AND MORTALITY

The catchment area has higher rates of drug overdose and alcohol-related deaths and adults smoking compared to the state average.

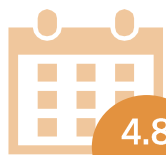


DRUG RELATED DEATHS ON THE RISE

Drug deaths per 100,000 in Tennessee increased by 44% from 2019 to 2020. Tennessee had the 5th worst drug overdose mortality rate of all states.



PHYSICAL HEALTH



4.8
DAYS

POOR PHYSICAL HEALTH DAYS

Average for all counties (4.8 days) exceeded the state average (4.5 days). Houston County had the highest average (5.4 days).

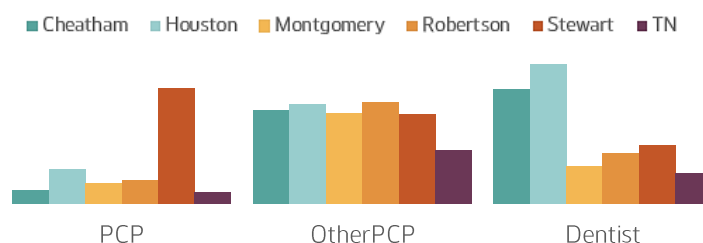
10,684
YLL
per 100,000

Average premature deaths were higher for all counties relative to the state (9,913 YLL), with Houston having the highest rate (13,040 YLL).

*YLL= Years of Life Lost

ACCESS TO PHYSICAL HEALTH CARE

All counties had a high population-to-provider ratios for Primary Care Providers and Dentists. Stewart had the most significant PCP shortage.





SOCIAL DETERMINANTS OF HEALTH

This section explores the social and economic factors, such as income, education, housing, and access to resources, that shape health outcomes and contribute to disparities.

ACCESS TO HEALTH SERVICES



LOW INCOME/POVERTY

Houston County had the **lowest median household income** and **highest poverty rate** at 13.9%. Stewart County had the **2nd highest poverty rate** (13.6%).



ACCESS TO TRANSPORTATION

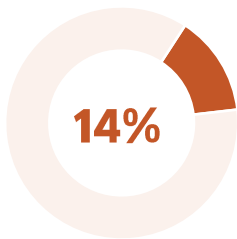
Some **areas in Montgomery and Robertson County**, particularly near the clinic, **reveal over 8% of households with no vehicle**.



LIMITED ENGLISH PROFICIENCY

In Montgomery, **over 4% of the population near the clinic have limited English proficiency**. Likewise, **9.2% speak a language other than English at home**

ACCESS TO HEALTH INSURANCE

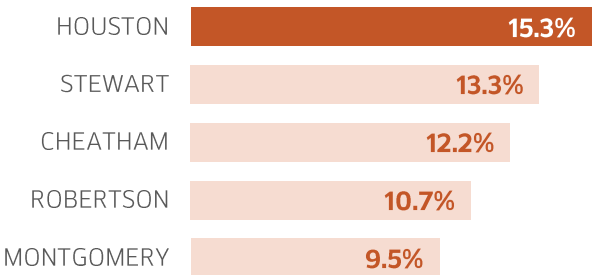


DISABILITY AND INSURANCE

Montgomery, Stewart, and Houston County have **high rates of individuals younger than 65 with a disability**, with Houston having the greatest proportion.

% <65 WITH NO INSURANCE

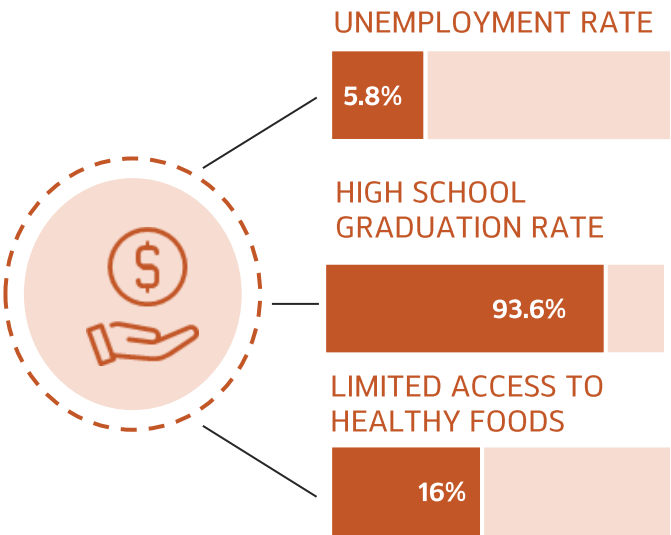
Houston also has the **greatest proportion of individuals younger than 65 without insurance**, notably higher than the rate for TN (11.9%)



SOCIO-ECONOMIC STATUS

IN MONTGOMERY COUNTY

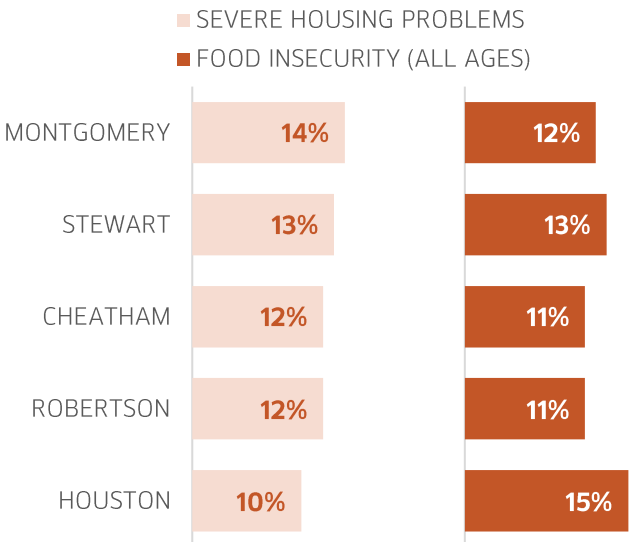
High rates of unemployment and individuals who have **limited access to healthy foods** were observed. Notably, **Montgomery county has the highest high school graduation rate** amongst the other four counties.



HOUSING & FOOD INSECURITY

IN HOUSTON AND STEWART COUNTIES

Higher rates of food insecurity were observed compared to the state (12%). **Montgomery County** has the **highest rate of household's experiencing severe housing problems**.



SERVICE NEEDS

This section assesses the adequacy, accessibility, and availability of healthcare services to address identified health priorities and reduce barriers linked to social determinants.



ACCESS TO COMPREHENSIVE CARE IN RURAL AREAS

Improve access to primary and behavioral health services in underserved counties (e.g., Houston and Stewart) to address health issues, reduce chronic disease, and prevent premature death.



ENHANCE SUBSTANCE USE AND MENTAL HEALTH TREATMENT SERVICES

Increase availability and funding for a full continuum of care, including MAT, residential/inpatient recovery, outpatient programs, and services for populations with COD.



STRENGTHEN COMMUNITY SUPPORT AND OUTREACH

Strengthen partnerships with social support organizations and expand community outreach to improve health literacy and provide wraparound services (e.g., housing, financial, and transportation support).



Provide further education in the community regarding what behavioral health is and how to access services targeting behavioral health. Some people only get screened for anxiety and depression through a PCP, if they have a PCP.

Medical Provider



FUTURE DIRECTIONS



ENGAGE IN COMMUNITY EDUCATION AND PREVENTION

Educate the community about behavioral health, its overall importance for wellbeing, and how to access services. Increase advertising of services available through Centerstone.



EXPAND COMMUNITY PARTNERSHIPS

Build relationships with insurance providers and community support organizations. Engage in community outreach through health fairs, pop-up events, community centers, and social media.



IMPROVE ACCESS TO CARE WITH SATELLITE CLINICS

Centerstone staff emphasized a need for satellite clinics in rural areas (i.e. Houston and Stewart) to improve timeliness and access to care, particularly to address transportation barriers.



PROMOTE CONTINUOUS EDUCATION AND QUALITY CARE

Consider staff feedback for improvements needed to provide consistent quality care. Suggestions include less focus on productivity and smaller caseloads so staff can attend trainings and expand knowledge.



Information from internal and external sources (e.g. Enlighten Analytics, SAMHSA, CDC), including feedback from Centerstone staff, clients, and community organizations (Nov 2022–Mar 2023), is shared to enhance care access, health outcomes, and tailored service delivery. This publication is supported by Grant Number SM086407 from SAMHSA. Its contents are solely the responsibility of the authors and do not represent the official views of SAMHSA.



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Natasha Adris | Natasha.Adris@centerstone.org
Kelsie Dowell | Kelsie.dowell@centerstone.org



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