

Highpoint Health – Winchester and Sewanee with Ascension Saint Thomas

**2025 Community Health Needs Assessment
Franklin and Grundy Counties, Tennessee**



Ascension

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Saint Thomas

The goal of this report is to offer a meaningful understanding of the most significant health needs across Franklin and Grundy counties, with emphasis on identifying the barriers to health equity for all people, as well as to inform planning efforts to respond to those needs. Special attention has been given to the needs of individuals and communities who are at increased risk for poor health outcomes or experiencing social factors that place them at risk. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

Hospital legal name: Highpoint Health – Winchester with Ascension Saint Thomas Hospital

Hospital Address: 185 Hospital Rd., Winchester, TN 37398

Hospital website: <https://www.highpointhealthsystem.com/winchester>

Hospital phone: 931-967-8200

Hospital EIN/Tax ID: 27-2618766

Hospital legal name: Highpoint Health – Sewanee with Ascension Saint Thomas

Hospital Address: 1260 University Ave., Sewanee, TN 37375

Hospital website: <https://www.highpointhealthsystem.com/sewanee>

Hospital phone: 931-598-5691

Hospital EIN/Tax ID: 27-2618766

The 2025 Community Health Needs Assessment report was adopted by Highpoint Health Governing Board on March 3, 2026, and by the Ascension Saint Thomas Board of Directors on April 23, 2026 (2025 tax year) applies to the following three-year cycle: July 1, 2026 to June 30, 2029. This report can be found on Highpoint Health's public website.

We value the community's voice and welcome feedback on this report. Please visit our public website (<https://highpointhealthsystem.com/chna>) to submit your comments.

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Acknowledgements

The 2025 Community Health Needs Assessment (CHNA) represents a true collaborative effort to gain a meaningful understanding of the most pressing health needs across Franklin and Grundy counties.

Highpoint Health – Winchester with Ascension Saint Thomas and Highpoint Health – Sevanee Ascension Saint Thomas is exceedingly thankful to the many community organizations and individuals who shared their views, knowledge, expertise, and skills with us. A complete description of community partner contributions is included in this report. We look forward to our continued collaborative work to promote a healthier, more equitable place to live, work and play.

For the purpose of this report, Highpoint Health – Winchester with Ascension Saint Thomas and Highpoint Health – Sevanee Ascension Saint Thomas hospitals will be referred to as Highpoint Health – Winchester and Sevanee with Ascension Saint Thomas.

We would also like to thank you for reading this report, and for your interest and commitment to improving the health and well-being of Franklin and Grundy counties.

Executive Summary

The goal of the 2025 Community Health Needs Assessment report is to offer a meaningful understanding of the most significant health needs across Franklin and Grundy counties. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

Purpose of the CHNA

As part of the Patient Protection and Affordable Care Act of 2010, all not-for-profit hospitals are required to conduct a community health needs assessment (CHNA) and adopt an implementation strategy (IS). The purpose of the CHNA is to understand the health needs and priorities, with emphasis on identifying the barriers to health equity, for all people who live and/or work in the communities served by the hospital, with the goal of responding to those needs through the development of an implementation plan and strategies.

Community Served

Highpoint Health – Winchester and Sewanee with Ascension Saint Thomas has defined its community served as Franklin and Grundy counties for the 2025 CHNA. Franklin and Grundy counties were selected as Highpoint Health – Winchester and Sewanee with Ascension Saint Thomas’s community served because it is our primary service area as well as our partners’ primary service area. Additionally, community health data is readily available at the county level.

Data Analysis Methodology

The 2025 CHNA was conducted from October 2025 to December 2025 and utilized a derivation of the Mobilizing for Action through Planning and Partnership (MAPP) process, which incorporated data from both primary and secondary sources. Community input sources included information provided by key community member focus groups. Secondary data was compiled and reviewed to understand the health status of the community. Measures reviewed included chronic disease, social and economic factors, and healthcare access and utilization trends in the community and were gathered from reputable and reliable sources.

- Information gathering of secondary data occurred in October 2025.
- On October 28 (Franklin County) and November 13, 2025 (Grundy County) –15 key community members participated in focus groups at Highpoint Health-Winchester and Sewanee with Ascension Saint Thomas. These focus groups included members from the community and representatives from the Franklin County and Grundy County Health Departments.
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- On November 20, 2025 – A community meeting with the Franklin County and Grundy County Health Councils and other community stakeholders was held with 14 participants in attendance.
- The participants were asked to review primary and secondary data, identify and prioritize community needs and discuss solutions utilizing the health equity framework.

Community Needs

Highpoint Health – Winchester and Sewanee with Ascension Saint Thomas analyzed secondary data of over 95 indicators and gathered community input through focus groups and community meetings to identify the needs of Franklin and Grundy counties. In collaboration with community partners, Highpoint Health – Winchester and Sewanee with Ascension Saint Thomas used a phased prioritization approach to determine the prioritized needs. The needs that the community prioritized are listed in the chart below.

The significant needs are as follows:

- Access to care
- Mental Health
- Substance misuse
- Transportation

Next Steps and Conclusion

The 2025 CHNA was presented to the Ascension Saint Thomas Regional Hospitals Board of Directors for approval and adoption on March 3, 2026. The next steps will be to work with Highpoint Health-Winchester and Sewanee with Ascension Saint Thomas leaders and community partners to analyze which community health needs Ascension Tennessee and Highpoint Health-Winchester and Sewanee with Ascension Saint Thomas will prioritize. In 2026, an Implementation Plan and Strategies (IS) will be developed and brought before the Board for approval.

Highpoint Health – Winchester and Sewanee with Ascension Saint Thomas hopes this report offers a meaningful and comprehensive understanding of the most significant needs of Franklin and Grundy counties. The hospital values the community's voice and welcomes feedback on this report; comments or questions can be submitted via Highpoint Health's public website (<https://highpointhealthsystem.com/chna>).

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About Ascension, LifePoint, and Highpoint Health – Winchester and Sewanee with Ascension Saint Thomas

Highpoint Health System with Ascension Saint Thomas is a regional health system majority-owned by LifePoint Health that includes Highpoint Health – Sumner and Highpoint Health – Sumner Station in Gallatin, Highpoint Health – Trousdale in Hartsville, Highpoint Health – Riverview in Carthage and Highpoint Health – Winchester and Sewanee and more than 15 affiliated clinics and sites of care. The healthcare system’s partnership with Ascension Saint Thomas brings together the organizations’ clinical excellence, best practices and talented caregivers to collaborate in new ways that improve access to clinical programs and specialty care for patients and communities while expanding access to high quality care and services in Middle Tennessee.

Highpoint Health serves the healthcare needs of the communities of southern Middle Tennessee through two hospitals, including:

- Highpoint Health – Winchester, the 157-bed hospital located in Winchester
- Highpoint Health – Sewanee, a 41-bed hospital in Sewanee

As one of the leading nonprofit and Catholic health systems in the United States, Ascension is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable.

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Ascension is one of the nation’s leading nonprofit and Catholic health systems, with a mission of delivering compassionate, personalized care to all with special attention to persons living in poverty and those most vulnerable. FY2025, Ascension provided \$1.7 billion in care of persons living in poverty and other community benefit programs along with \$1.8 billion of unreimbursed care for Medicare patients. Across 17 states and the District of Columbia, Ascension’s network encompasses approximately 97,000 associates, 23,400 independent providers, 90 wholly owned or consolidated hospitals, and ownership interests in 29 additional hospitals through partnerships. Ascension also operates 22 senior living facilities and a variety of other care sites offering a range of healthcare services.

Ascension’s Mission provides a strong framework and guidance for the work done to meet the needs of communities across the U.S. It is foundational to transform health care and express priorities when providing care and services, particularly to those most in need.

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Mission: Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

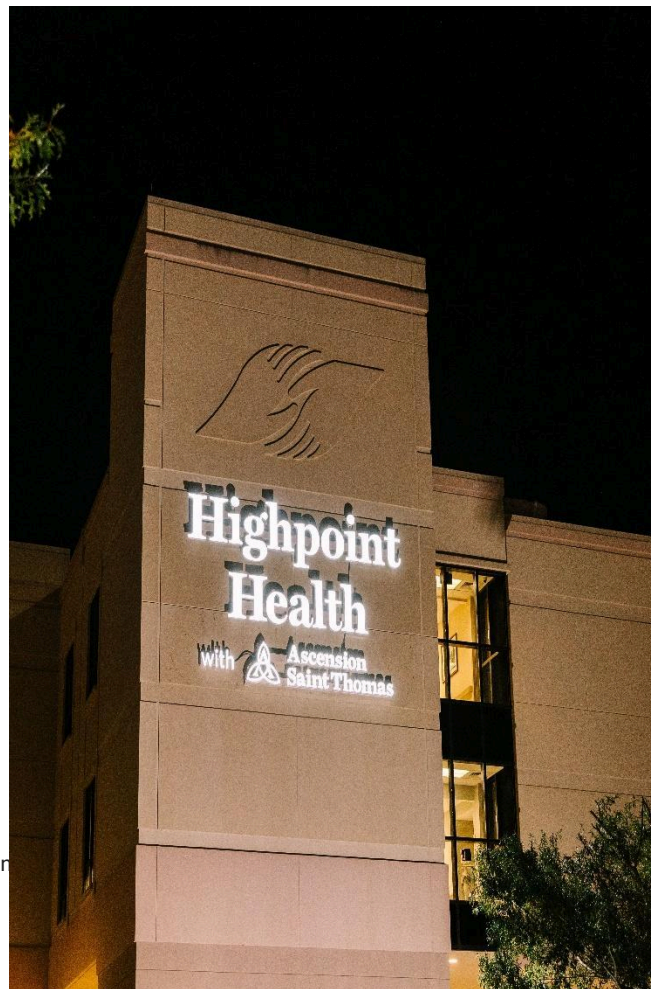
For more information about Ascension, visit <https://www.ascension.org>.

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community, and is the only faith-based, non profit health system in Middle Tennessee. Today, the health system offers a highly comprehensive system of care, with more than 350 sites of care that cover a 45-county area in Tennessee consisting of 18 hospitals and a network of affiliated joint ventures, medical practices, clinics and specialty facilities. Across the state, Ascension Saint Thomas and its partner organizations employ more than 10,700 dedicated associates who care for millions of patients each year. Ascension Saint Thomas is part of Ascension, one of the nation's largest faith-based healthcare organizations committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable.

Lifepoint Health®

Lifepoint Health is a leading healthcare provider that serves patients, clinicians, communities, and partner organizations across the healthcare continuum. Driven by a mission of making communities healthier®, the company has a growing diversified healthcare delivery network comprised of more than 50,000 dedicated employees, 60 community hospital campuses, more than 60 rehabilitation and behavioral health hospitals and 250 additional sites of care, including managed acute rehabilitation units, outpatient centers and post-acute care facilities. Through its innovation strategy, Lifepoint Forward, the company is developing meaningful solutions to enhance quality, increase access to care, and improve value across the Lifepoint footprint and communities across the country. For more information about the company, visit www.LifepointHealth.net.



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Highpoint Health - Winchester with Ascension Saint Thomas

Highpoint Health – Winchester with Ascension Saint Thomas and Highpoint Health – Sewanee with Ascension Saint Thomas, formerly Southern Tennessee Regional Health System, serve the communities of Southern Middle Tennessee with comprehensive, high-quality care. The recent rebrand reflects a continued commitment to clinical excellence, compassionate service, and enhanced regional collaboration.

Highpoint Health – Winchester with Ascension Saint Thomas is a 157-bed facility that includes 131 licensed acute care beds and 26 skilled nursing home beds and is fully accredited by The Joint Commission. The hospital offers a wide range of inpatient and outpatient services supported by a qualified and diverse medical staff. Key services include a 10-bed intensive care unit (ICU), a 12-bed geriatric psychiatry unit, and a 12-bed acute inpatient physical rehabilitation unit. The facility also features a skilled nursing unit, sleep lab, cardiac catheterization lab, five operating rooms and two endoscopy suites. Diagnostic imaging services include MRI, CT, PET/CT, mammography, nuclear medicine, ultrasound, and x-ray. The hospital's 13-bay emergency department sees more than 15,000 patient visits annually.

For more information about Highpoint Health - Winchester with Ascension Saint Thomas, visit <https://www.highpointhealthsystem.com/winchester>

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Highpoint Health - Sewanee with Ascension Saint Thomas

Highpoint Health – Sewanee with Ascension Saint Thomas, located on the campus of the University of the South, is a 41-bed facility offering 21 general acute care beds and 20 skilled nursing beds. It includes a 4-bay emergency department that treats more than 5,000 patients each year. Known for its individualized care and strong connection to the community, the Sewanee campus provides high-quality healthcare in a setting defined by collaboration, compassion, and service. For more information about Highpoint Health - Sewanee with Ascension Saint Thomas, visit <https://www.highpointhealthsystem.com/sewanee>

Together, the Winchester and Sewanee campuses are united in their mission to meet the evolving healthcare needs of the region, delivering care close to home.



About the Community Health Needs Assessment

A community health needs assessment, or CHNA, is essential for community building, health improvement efforts, and directing resources where they are most needed. CHNAs can be powerful tools with the potential to be catalysts for immense community change.

Purpose of the CHNA

A CHNA is defined as “a systematic process involving the community that identifies and analyzes community health needs and assets to plan and act upon priority community health needs.”¹ The process serves as a foundation for promoting the health and well-being of the community by identifying the most pressing needs, leveraging existing assets and resources, developing strategic plans, and mobilizing hospital programs and community partners to work together. This community-driven approach aligns with Highpoint Health – Winchester and Sewanee with Ascension Saint Thomas’ commitment to offer programs designed to respond to the health needs of a community, with special attention to persons who are medically underserved and at risk for poorer health outcomes because of social factors that put them at increased risk.

Advancing Health Equity

Health is shaped not only by individual choices, but also by the conditions in which people live, work, and age. A well-functioning health system seeks to ensure that individuals and communities are not limited in their health outcomes by circumstances beyond their control.

Differences in health outcomes are often linked to economic conditions, access to care, environmental exposures, and long-standing practices or policies that create barriers to good health. These differences are frequently predictable and preventable, and they tend to be more pronounced in communities that have experienced sustained social or economic disadvantage.

Addressing these differences requires attention to root causes. By identifying the conditions, practices, and policies that contribute to avoidable gaps in health outcomes, organizations can respond more effectively and improve overall community well-being.

As a ministry committed to compassion and justice, Ascension Saint Thomas recognizes that improving health outcomes extends beyond clinical care. This commitment includes addressing the broader factors that influence health and working to create conditions in which individuals and communities have a meaningful opportunity to achieve their best possible health.

¹ Catholic Health Association of the United States. (2022). *A guide for planning and reporting community benefit, 2022* (p.146).

IRS 501(r)(3) and Form 990 Schedule H Compliance

The CHNA also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection and Affordable Care Act of 2010, more commonly known as the Affordable Care Act (ACA). As part of the ACA, all not-for-profit hospitals are required to conduct a CHNA and adopt an implementation strategy every three years. Requirements for 501(c)(3) hospitals under the ACA are described in Code Section 501(r)(3) and include making both current and previous CHNA and implementation strategy reports widely available to the public. In accordance with this requirement, electronic versions of these reports can be accessed at <https://highpointhealthsystem.com/chna>, and paper versions can be requested at Highpoint Health - Winchester with Ascension Saint Thomas Administration and Highpoint Health – Sewanee with Ascension Saint Thomas Administration.

Timeline

In August 2025, Highpoint Health – Winchester and Sewanee with Ascension Saint Thomas began a CHNA for Franklin and Grundy counties and sought input from persons who represent the broad interests of the community using several methods:

- Information gathering of secondary data occurred in October 2025.
- On October 28 and November 13, 2025 – 15 key community members participated in focus groups at Highpoint Health – Winchester and Sewanee with Ascension Saint Thomas. These focus groups included members from the community and representatives from the Franklin County and Grundy County Health Departments.
- On November 20, 2025 – A community meeting with the Franklin County and Grundy County Health Councils and other community stakeholders was held with 14 participants in attendance. The participants were asked to review primary and secondary data, identify and prioritize community needs and discuss solutions utilizing the health equity framework.

Community Served and Demographics

A first step in the assessment process is clarifying the geography within which the assessment occurs and understanding the community demographics.

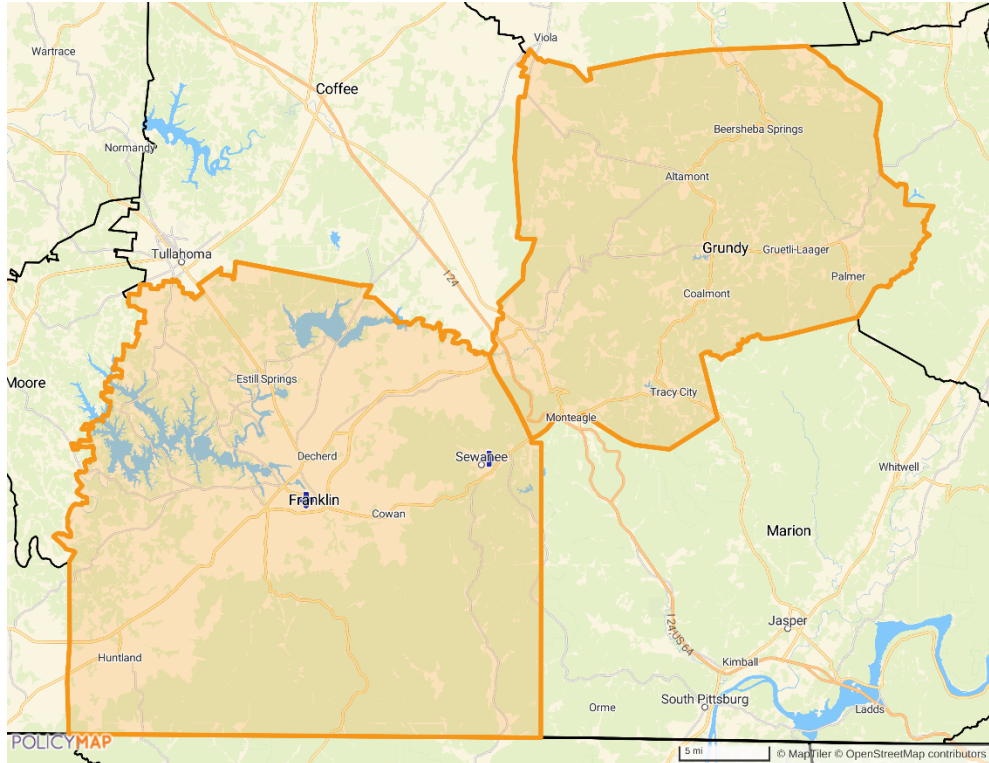
Community Served

Highpoint Health – Winchester and Sewanee with Ascension Saint Thomas has defined its community served as Franklin and Grundy counties for the 2025 CHNA. Franklin and Grundy counties were selected as Highpoint Health – Winchester and Sewanee with Ascension Saint Thomas' service area

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because it is our primary service area as well as our partners’ primary service area. Additionally, community health data is readily available at the county level.



Source: [PolicyMap](#)

Franklin County is 69.6% rural with 361 population per square mile in 2020. Grundy County is 100% rural with 42 population per square mile.

70% to 72% of employees are employed in the top seven industries:

Industry	Franklin County	Grundy County
Manufacturing	20.7%	20.0%
Healthcare & Social Assistance	12.4%	12.1%
Retail Trade	11.1%	10.3%
Education	10.4%	11.8%
Accommodation & Food Services	6.2%	4.3%
Transportation, Warehousing, & Utilities	3.7%	7.3%
Construction	5.5%	6.3%
Total	70.0%	72.1%

[2022 American Community Survey 5-Year Estimates](#)

Demographic Data

Located in southern Middle Tennessee, Franklin County has a population of 44,417 and is 69.6% rural with 576 square miles and 361 population per square mile. Grundy County has a population of 13,715 and is 100% rural with 442 square miles and 42 population per square mile. Below are demographic data highlights for Franklin and Grundy counties:

- 21.1 percent of the population of Franklin County are 65 or older and 20.7% of Grundy is 65 or older, compared to 17.4 percent in Tennessee.
- 96.2 percent of Franklin County and 98.0% of Grundy County are non-Hispanic; 3.8 percent of Franklin County and 2.0% are Hispanic or Latino (any race)
- 87.9 percent of the population of Franklin County and 93.8% of Grundy County are non-Hispanic white; 0.9 percent of Franklin County and 0.6% of Grundy County are Asian; 0.3 percent of Franklin County and 0.8% of Grundy County are American Indian or Alaska Native, and 4.7 percent of Franklin County and 0.6% of Grundy County are non-Hispanic Black or African American.
- The total population increase from 2020 to 2024 was 3.8% in Franklin County and 1.7% in Grundy County.
- The median household income was below the state and U.S. median income (\$61,224 for Franklin County; \$47,896 for Grundy County; \$69,015 for Tennessee; and \$75,149 for the U.S.)
- The percentage of all ages in poverty was lower than the state in Franklin County at 12.7% and higher in Grundy County 19.2% compared to 14.0% for Tennessee.
- The uninsured rate for Franklin County was 12.1%, which was lower than the state and Grundy County percent of uninsured was 15.0%, which was higher than the state at 13.1%.

Listed below in Table 1 is a snapshot of some demographic highlights for Franklin and Grundy counties. To view community demographic data in their entirety, see Appendix B (Page 31).

Table 1: Description of Community

Demographic Highlights				
Population				
Indicator	Franklin	Grundy	Tennessee	Description
% living in rural communities	69.6%	100.0%	33.8%	2020 Census percent rural population within the state
% below 18 years of age	19.3%	21.5%	22.0%	N/A
% 65 years of age and over	21.1%	20.7%	17.4%	N/A

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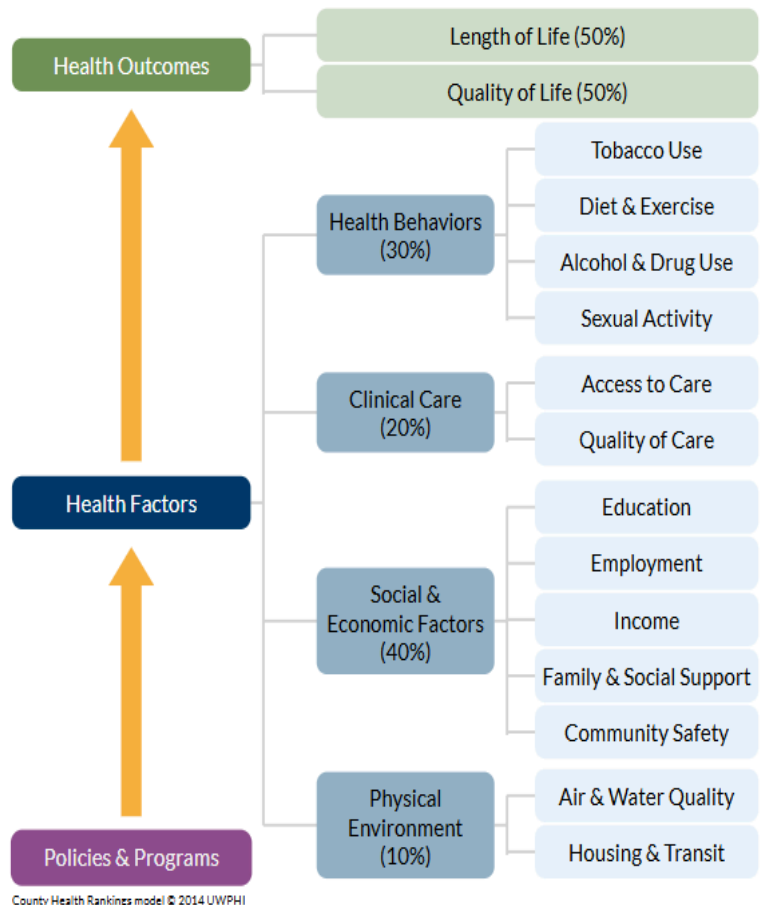
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% Asian	0.9%	0.6%	2.1%	N/A
% American Indian or Alaska Native	0.3%	0.8%	0.6%	N/A
% Hispanic	3.8%	2.0%	7.5%	N/A
% non-Hispanic Black	4.7%	0.6%	16.1%	N/A
% non-Hispanic White	87.9%	93.8%	72.0%	N/A
Social and Community Context				
English proficiency	0.0%	0.0%	2.0%	Percentage of population aged 5 and over who reported speaking English less than well
Median household income	\$61,224	\$47,896	\$69,015	Income level at which half of households in a county earn more and half of households earn less
% of children in poverty	19.9%	21.0%	18.7%	Percentage of people under age 18 in poverty
% of uninsured	12.1%	15.0%	13.1%	Percentage of population under age 65 without health insurance
% of educational attainment	90.8%	80.0%	89.6%	Percentage of adults ages 25 and over with a high school diploma or equivalent
% of unemployment	3.5%	4.5%	3.3%	Percentage of population ages 16 and older unemployed but seeking work

Source: [County Health Rankings, 2025](#); Esri 2024, ACS 5-year estimates 2019-2023

Process and Methods Used

Highpoint Health – Winchester and Sevanee with Ascension Saint Thomas is committed to using national best practices in conducting the Community Health Needs Assessment (CHNA). Health needs and assets for Franklin and Grundy counties were determined using a combination of data collection and analysis for both secondary and primary data, as well as community input on the identified and significant needs. Highpoint Health – Winchester and Sevanee with Ascension Saint Thomas approach includes the model developed by the County Health Rankings and Roadmaps and the Robert Wood Johnson Foundation, utilizing the determinants of health model as the model for community health improvement supplemented with additional data.



Collaborators

The 2024/2025 Community Health Needs Assessment (CHNA) represents a true collaborative effort in order to gain a meaningful understanding of the most pressing health needs across Franklin and Grundy Counties. Highpoint Health – Winchester and Sevanee with Ascension Saint Thomas completed its 2025 CHNA in collaboration with the following organizations and individuals:

- StrategyHealth, LLC
- Franklin County and Grundy County Departments of Health
- Regional Health Department
- Tennessee Department of Health
- Franklin County and Grundy County Health Councils

Highpoint Health – Winchester and Sevanee with Ascension Saint Thomas worked closely with and engaged leaders for this CHNA. StrategyHealth, LLC, a healthcare consultancy based in Nashville, Tennessee, partnered with the analysis of secondary community health data, conducted and analyzed

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the focus groups, and facilitated the community meeting. The Tennessee Department of Health provided support to both the County Health Department as well as Highpoint Health – Winchester and Sewanee with Ascension Saint Thomas during the CHNA process. The Franklin County and Grundy County Departments of Health served partners in the process, participating in the focus groups and the community meeting.

Data Collection Methodology

Highpoint Health – Winchester and Sewanee with Ascension Saint Thomas is committed to using national best practices in conducting the CHNA. In collaboration with various community partners, Highpoint Health – Winchester and Sewanee with Ascension Saint Thomas’ approach relies on the County Health Rankings and Roadmaps developed by the Robert Wood Johnson Foundation and the University of Wisconsin. Although not all data came from County Health Rankings, the data used its organizing methodology of health outcomes and health factors including social drivers of health.

Summary of Community Input

Community input, also referred to as “primary data,” is an integral part of a CHNA and is meant to reflect the voice of the community. This input is invaluable for efforts to accurately assess a community's health needs. A concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of 1) public health practice and research; 2) individuals who are medically underserved, low-income, or considered among the minority populations served by the hospital; and 3) the broader community at large and those who represent the broad interests and needs of the community served.

Multiple methods were used to gather community input, including key community member focus groups and a community meeting. These methods provided additional perspectives on selecting and responding to top health issues facing Franklin and Grundy counties. A summary of the process and results is outlined below.

Key Community Member Focus Groups

Two focus groups and one-on-one interviews were conducted by StrategyHealth to gather feedback from key community members on the health needs and assets of Franklin and Grundy counties. These meetings included members from the community and representation from the Franklin County and Grundy County Health Departments, 15 representatives from over 7 different organizations and agencies participated in the focus groups, held October 28, 2025 (Franklin County) and November 13, 2025 (Grundy County). The table below summarizes key points, common themes, and meaningful quotes.

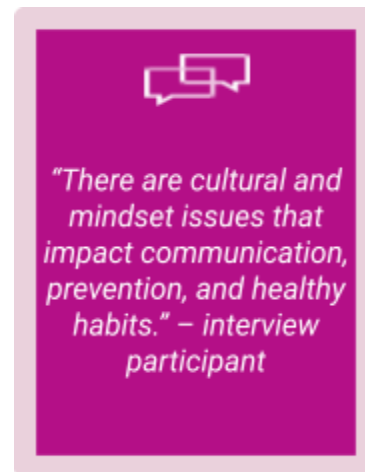


Table 2: Key Community Member Focus Groups Franklin County

Key Stakeholder Focus Groups/Interviews	
Key Summary Points	
<ul style="list-style-type: none"> • The top things that would improve quality of life in Franklin County are a support network for nutrition, education, transportation, addiction; illness recovery resources for the unhoused; less availability of vapes; access to affordable, healthy food; a community center; more access to addiction recovery services. • The community’s strongest assets are the prevention coalition, clinics for the uninsured, partnerships in the community, having viable healthcare, health department and health council, churches, chamber, natural beauty, and United Way. • The obstacles or challenges in the community are communication about resources, information, and events, mental health resources, cycles of poverty, disconnected community leaders, culture and mindset, workforce shortages, cost of education, access to fresh fruits and vegetables, and lack of reliable transportation. • The top three health issues of concern in Franklin County are: access to care, mental health, obesity, nutrition, and addiction. • The top initiatives the participants would implement are to create a platform with all resources available, a community center with classes on nutrition, managing chronic conditions, a free gym, more infrastructure like sidewalks, increase transportation, all communities acting together to address issues, community engagement, add primary care providers, providing resources for the unhoused population. 	
Sectors/ Organizations Represented by Participants	Common Themes
<ul style="list-style-type: none"> • Medical Center • Health Dept. & Council • First Bank 	<ul style="list-style-type: none"> • Social drivers of care are needs in both communities – housing, nutrition, jobs, education, transportation. • Addiction and mental health issues are affecting the communities. • Lack of communication on resources, information and events. • People need more support with higher cost of living, housing, and homelessness.
Meaningful Quotes	
<ul style="list-style-type: none"> • “Housing and land are more expensive, interest rates are higher and the cost of living is higher. There is a larger gap between the haves and have nots.” • “A support network is needed because if someone doesn’t have a support network, they are not likely to succeed in their efforts of nutrition, or education, addiction or domestic violence.” • “People, businesses, organizations and partnerships are trying to solve issues. More people are willing to help.” 	

Table 3: Key Community Member Focus Groups Grundy County

Key Stakeholder Focus Groups/Interviews	
Key Summary Points	
<ul style="list-style-type: none"> • The top things that would improve quality of life in Grundy County are increased access to healthcare, specialty care and diagnostic testing, transportation; more substance abuse resources, more mental health resources, jobs, housing, and removing trauma-based barriers. • The community’s strongest assets are Miracle on the Mountain, My Share program, clinics for uninsured, Health Department, EMS, Highpoint Health and new specialists and technology, community partnerships, GRACE, Rotary and South Cumberland Community Fund. • The obstacles or challenges in the community are lack of primary care and urgent care, and diagnostic testing. • The top three health issues of concern in Grundy County are access to primary care, addiction prevention and recovery services and treatment, workforce development, access to mental health services, access to diagnostic testing. • The top initiatives the participants would implement are to create a platform with all resources available, a community center with classes on nutrition, managing chronic conditions, additional clinics, senior and youth support organizations, never-ending supply of health professionals, assistance for youth who want to enter the healthcare field, create affordable housing, provide resources on how to navigate life such as finance classes, providing resources for the unhoused population. 	
Sectors/ Organizations Represented by Participants	Common Themes
<ul style="list-style-type: none"> • Medical Center • Health Dept. & Council • South Cumberland Community Clinic • South Cumberland Community Fund 	<ul style="list-style-type: none"> • Social drivers of care are needs in both communities – housing, nutrition, jobs, education, transportation. • Addiction and mental health issues are affecting the communities. • Lack of communication on resources, information and events. • There are positive partnerships, resources, and positive momentum. • Access to care, primary care, specialists, and diagnostic testing are needs in Grundy County.
Meaningful Quotes	
<ul style="list-style-type: none"> • “Engagement in the community is high; we’re just resource poor.” • “Once a desert of healthcare, the southern plateau is making progress in health status.” • “We need to open people’s eyes to the living conditions of people in the area.” 	

Community Meeting

Each county in Tennessee has a Health Council sponsored by the local health department. Each Health Council workgroup is dedicated to improving specific needs. Each workgroup is composed of community organizations and stakeholders. On November 20, 2025, Highpoint Health-Winchester and Sevanee with Ascension Saint Thomas presented the CHNA secondary data and results of the key community member focus groups to the Franklin County and Grundy County Health Councils and other stakeholders to receive their input on the most significant health needs.

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After hearing a presentation of the results of the primary and secondary data, the attendees voted via Mentimeter to prioritize the most significant health needs in the community. After the priorities were identified, attendees met in three groups to discuss goals and actions that could be used to impact health needs.

Summary of Secondary Data

Secondary data is data that has already been collected and published by another party. Both governmental and non-governmental agencies routinely collect secondary data reflective of the population's health status at the state and county levels through surveys and surveillance systems. Secondary data for this report was compiled from various reputable and reliable sources.

Health indicators in the following categories were reviewed:

- Population health and well-being
- Health infrastructure
- Physical environment
- Social and economic factors
- Disparities

A summary of the secondary data collected and analyzed through this assessment is outlined below.

[County Health Rankings](#) indicates the following as areas to explore for improvement in Franklin County:

- Lower access to exercise opportunities at 38% compared to the State of Tennessee 68%
- Lower broadband access at 79% compared to the State of Tennessee 87%
- Lower percentage with some college at 50% compared to the State of Tennessee 63%

[County Health Rankings](#) indicates the following as areas to explore for improvement in Grundy County:

- Lower access to exercise opportunities at 38% compared to the State of Tennessee 68%
- Higher uninsured at 14% compared to the State of Tennessee 11%
- Higher injury deaths at 151 per 100,000 people compared to the State of Tennessee 115

To view the secondary data and sources in their entirety, see Appendix D (Page 39).

Data Limitations and Information Gaps

Although it is quite comprehensive, this assessment cannot measure all possible aspects of health and cannot represent every possible population within Franklin and Grundy counties. This constraint limits the ability to assess all the community's needs fully.

For this assessment, two types of limitations were identified:

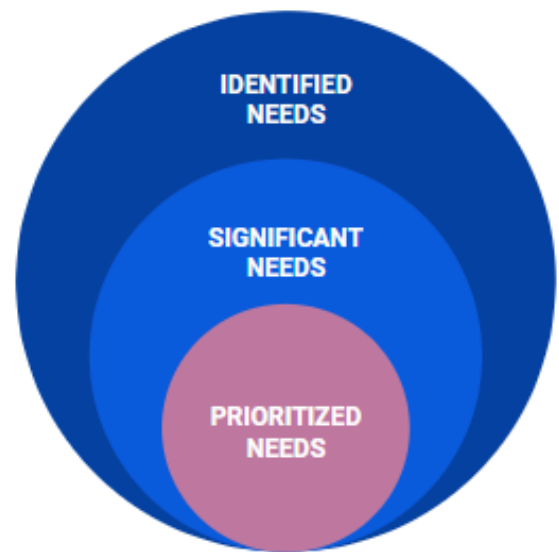
- Some groups of individuals may not have been adequately represented through the community input process. For example, those groups may include individuals who are transient, who speak a language other than English, or who are members of the lesbian/gay/bisexual/transgender+ community.
- Secondary data is limited in a number of ways, including timeliness, reach, and ability to fully reflect the health conditions of all populations within the community.

Despite the data limitations, Highpoint Health – Winchester and Sewanee with Ascension Saint Thomas are confident of the overarching themes and health needs represented through the assessment data. This is based on the fact that the data collection included multiple qualitative and quantitative methods and engaged the hospital and participants from the community.

Franklin and Grundy Counties Community Needs

Highpoint Health – Winchester and Sewanee with Ascension Saint Thomas, in collaboration with StrategyHealth, analyzed secondary data of 95 indicators and gathered community input through community focus groups and a community meeting to identify the needs in Franklin and Grundy counties. In collaboration with community partners, Highpoint Health – Winchester and Sewanee with Ascension Saint Thomas used a phased prioritization approach to identify the needs.

Following the completion of the CHNA assessment, Highpoint Health – Winchester and Sewanee with Ascension Saint Thomas will select all, or a subset, of the significant needs as the hospital’s **prioritized needs** to develop a three-year implementation plan and strategies. Although the hospital may respond to many needs, the prioritized needs will be at the center of a formal CHNA implementation plan and strategies and corresponding tracking and reporting. The image portrays the relationship between the needs categories.



Identified Needs

The first phase was to determine the broader set of **identified needs**. Highpoint Health – Winchester and Sewanee with Ascension Saint Thomas has defined “identified needs” as the health outcomes or related conditions (e.g., social determinants of health) impacting the health status of Franklin and Grundy counties. The identified needs were categorized into health behaviors, social determinants of health, length of life, quality of life, clinical care, and systemic issues to develop better measures and evidence-based interventions that respond to the determined condition.

Significant Needs

In the second phase, identified needs were then narrowed to a set of “significant needs” determined most crucial for community stakeholders to address. In collaboration with various community partners, Highpoint Health – Winchester and Sewanee with Ascension Saint Thomas synthesized and analyzed the data to determine which of the identified needs were most significant. Ascension has defined **significant needs** as the identified needs deemed most significant to respond to, based on established criteria and/or prioritization methods.

Prioritized Needs

In the third phase, significant needs were further narrowed to a set of community “**prioritized needs.**” This process is done in collaboration with various community partners. Following the completion of the CHNA, Highpoint Health – Winchester and Sewanee with Ascension Saint Thomas will select all, or a subset, of the needs below as the hospital’s prioritized needs for its 2024 CHNA Implementation Plan and Strategies.

The prioritization process in Franklin and Grundy counties, called the community meeting, included a facilitated session with the goal of engaging health council and local voices in a streamlined prioritization process and building out community recommendations. Participants made decisions about the needs using the data provided, their lived and professional experience, and criteria outlined in the MAPP 2.0 Handbook to make these decisions ([NACCHO, 2023](#)). The table listed below is the criteria used to identify the prioritized needs.

Table 4: Criteria for Identifying Community Prioritized Needs

Criteria for Identifying Prioritized Needs	
Magnitude	How many individuals does the problem affect?
Seriousness of consequences	What would happen if the issue were not made a priority? What level of burden on the community (economic, social or other)?
Feasibility	Is the problem preventable, and what is the community’s capacity to address?
Equity	Is one group of people being affected more than other groups? Are health outcomes different for different groups?

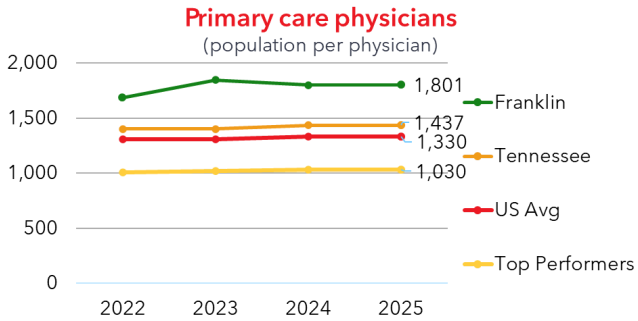
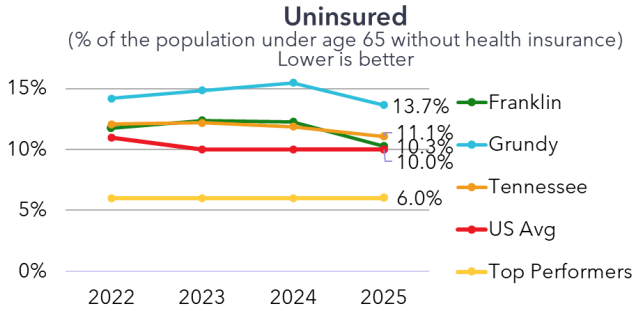
Based on the synthesis and analysis of the data, the Franklin and Grundy counties communities’ prioritized needs for the 2025 CHNA are as follows:

1. Access to Care
2. Mental Health
3. Substance misuse
4. Transportation

To view healthcare facilities and community resources available to respond to the significant needs, please see Appendix E (Page 45).

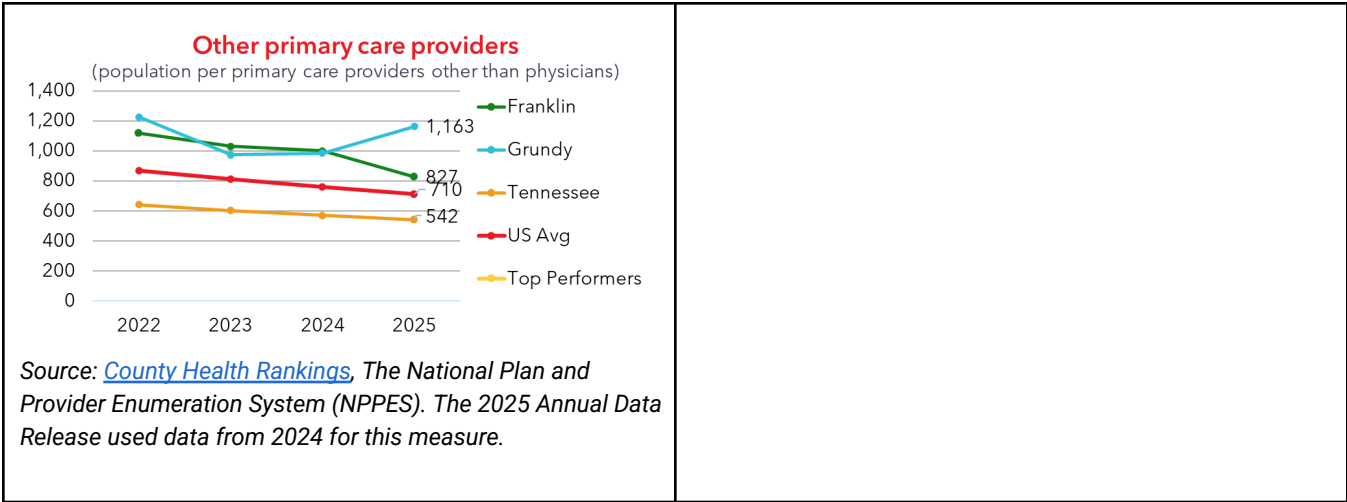
Franklin and Grundy Counties Community Prioritized Needs

The following pages contain a description (including data highlights, community challenges and perceptions, and local assets and resources) of each significant need.

Prioritized Need: Access to Care																																																								
Significance	Populations Most Impacted																																																							
<p>Many people face barriers that prevent or limit access to needed healthcare services, which may increase the risk of poor health outcomes and health disparities. Inadequate health insurance coverage is one of the largest barriers to healthcare access. Physician shortages may mean that patients experience longer wait times and delayed care.</p> <p>Source: Healthy People 2030, https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-health-services</p>	<ul style="list-style-type: none"> • Uninsured population • Low-income population • Those with high deductibles • Those with chronic conditions 																																																							
Community Input Highlights																																																								
<ul style="list-style-type: none"> • We need to increase access to care, for example specialty clinics and diagnostic testing that people can afford. • There is not enough primary care, and we need urgent care. 																																																								
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<ul style="list-style-type: none"> • Access to healthcare requires not only financial coverage but also access to providers.  <p>Primary care physicians (population per physician)</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Franklin</th> <th>Tennessee</th> <th>US Avg</th> <th>Top Performers</th> </tr> </thead> <tbody> <tr> <td>2022</td> <td>~1,700</td> <td>~1,400</td> <td>~1,300</td> <td>1,030</td> </tr> <tr> <td>2023</td> <td>~1,800</td> <td>~1,400</td> <td>~1,300</td> <td>1,030</td> </tr> <tr> <td>2024</td> <td>~1,750</td> <td>~1,400</td> <td>~1,300</td> <td>1,030</td> </tr> <tr> <td>2025</td> <td>1,801</td> <td>1,437</td> <td>1,330</td> <td>1,030</td> </tr> </tbody> </table> <p>Source: County Health Rankings, Area Health Resources Files (AHRF) 2023-2024. US Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, Rockville, MD. The 2025 Annual Data Release used data from 2021 for this measure.</p>	Year	Franklin	Tennessee	US Avg	Top Performers	2022	~1,700	~1,400	~1,300	1,030	2023	~1,800	~1,400	~1,300	1,030	2024	~1,750	~1,400	~1,300	1,030	2025	1,801	1,437	1,330	1,030	<ul style="list-style-type: none"> • Lack of health insurance coverage is a significant barrier to accessing needed healthcare and to maintaining financial security.  <p>Uninsured (% of the population under age 65 without health insurance) Lower is better</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Franklin</th> <th>Grundy</th> <th>Tennessee</th> <th>US Avg</th> <th>Top Performers</th> </tr> </thead> <tbody> <tr> <td>2022</td> <td>~11.5%</td> <td>~13.5%</td> <td>~10.5%</td> <td>~10.5%</td> <td>6.0%</td> </tr> <tr> <td>2023</td> <td>~11.5%</td> <td>~14.5%</td> <td>~10.0%</td> <td>~10.0%</td> <td>6.0%</td> </tr> <tr> <td>2024</td> <td>~11.5%</td> <td>~15.0%</td> <td>~10.0%</td> <td>~10.0%</td> <td>6.0%</td> </tr> <tr> <td>2025</td> <td>11.1%</td> <td>13.7%</td> <td>10.3%</td> <td>10.0%</td> <td>6.0%</td> </tr> </tbody> </table> <p>Source: County Health Rankings, US Census Bureau's Small Area Health Insurance Estimates (SAHIE). The 2025 Annual Data Release used data from 2022 for this measure.</p>	Year	Franklin	Grundy	Tennessee	US Avg	Top Performers	2022	~11.5%	~13.5%	~10.5%	~10.5%	6.0%	2023	~11.5%	~14.5%	~10.0%	~10.0%	6.0%	2024	~11.5%	~15.0%	~10.0%	~10.0%	6.0%	2025	11.1%	13.7%	10.3%	10.0%	6.0%
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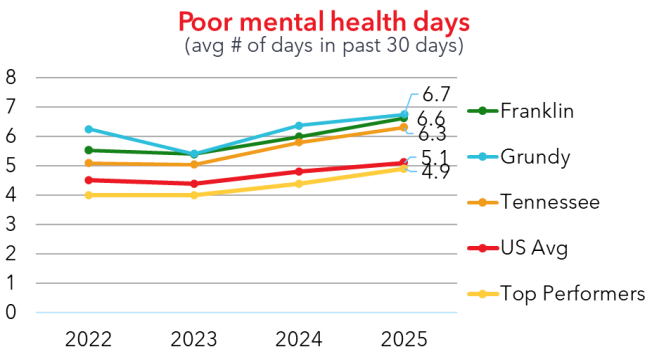
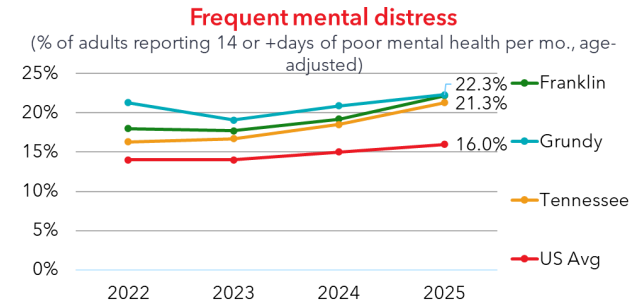
Highpoint Health

with  Ascension Saint Thomas



Highpoint Health

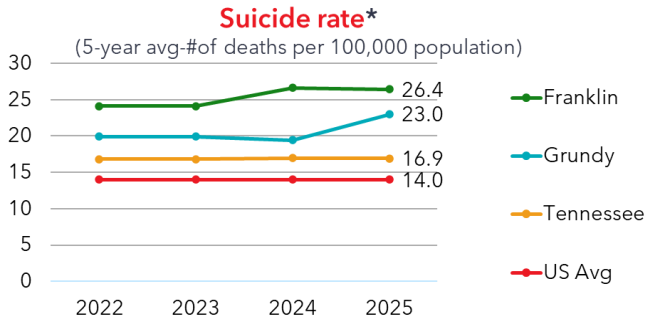
with  Ascension Saint Thomas

Prioritized Need: Mental Health																																																								
Significance	Populations Most Impacted																																																							
<p>Mental and physical health are equally important components of overall health. For example, depression increases the risk for many types of physical health problems, particularly long-lasting conditions like diabetes, heart disease, and stroke.</p> <p>Source: <i>Chronic Illness & Mental Health</i>. Bethesda, MD: National Institutes of Health, National Institute of Mental Health. 2015. https://www.cdc.gov/mentalhealth/learn/index.htm#:~:text=Why%20is%20mental%20health%20important,%2C%20heart%20disease%2C%20and%20stroke.</p>	<ul style="list-style-type: none"> According to the National Institute of Mental Health (NIMH), young adults aged 18–25 have the highest prevalence of mental illness, at 33.7%, compared to adults aged 26–49 (28.1%) and those aged 50 and older (15.0%). People who identify as being two or more races (24.9%) are most likely to report any mental illness within the past year than any other race/ethnic group, followed by American Indian/Alaska Natives (22.7%), white (19%), and black (16.8%). Women are three times more likely than men to experience common mental health problems. Suicide is one of the leading causes of death in adolescents and adults ages 15 to 24. <p>Source: <i>National Institute of Mental Health</i>, https://www.nimh.nih.gov/health/statistics/mental-illness#:~:text=Young%20adults%20aged%2018%2D25,AN)%20adults%20(26.6%25).</p>																																																							
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<ul style="list-style-type: none"> There is a lack of substance abuse and mental health resources in the community. Often mental health and substance use are co-occurring conditions Vaping and deaths due to drugs are both more prevalent in the area. 																																																								
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<p>Franklin County had 6.6 poor mental health days in 30 days and Grundy had 6.7 poor mental health days. Both of these were higher than TN and the U.S.</p>  <table border="1"> <caption>Poor mental health days (avg # of days in past 30 days)</caption> <thead> <tr> <th>Year</th> <th>Franklin</th> <th>Grundy</th> <th>Tennessee</th> <th>US Avg</th> <th>Top Performers</th> </tr> </thead> <tbody> <tr> <td>2022</td> <td>6.6</td> <td>6.3</td> <td>5.1</td> <td>4.9</td> <td>4.9</td> </tr> <tr> <td>2023</td> <td>6.6</td> <td>6.3</td> <td>5.1</td> <td>4.9</td> <td>4.9</td> </tr> <tr> <td>2024</td> <td>6.6</td> <td>6.3</td> <td>5.1</td> <td>4.9</td> <td>4.9</td> </tr> <tr> <td>2025</td> <td>6.6</td> <td>6.7</td> <td>5.1</td> <td>4.9</td> <td>4.9</td> </tr> </tbody> </table> <p>Source: <i>County Health Rankings, BRFSS, 2022</i>. Average number of mentally unhealthy days reported in the past 30 days (age-adjusted). The 2025 Annual Data Release used data from 2022 for this measure.</p>	Year	Franklin	Grundy	Tennessee	US Avg	Top Performers	2022	6.6	6.3	5.1	4.9	4.9	2023	6.6	6.3	5.1	4.9	4.9	2024	6.6	6.3	5.1	4.9	4.9	2025	6.6	6.7	5.1	4.9	4.9	<p>22.3% of both Franklin and Grundy counties had frequent mental distress, higher than TN and the U.S.</p>  <table border="1"> <caption>Frequent mental distress (% of adults reporting 14 or + days of poor mental health per mo., age-adjusted)</caption> <thead> <tr> <th>Year</th> <th>Franklin</th> <th>Grundy</th> <th>Tennessee</th> <th>US Avg</th> </tr> </thead> <tbody> <tr> <td>2022</td> <td>22.3%</td> <td>21.3%</td> <td>16.0%</td> <td>16.0%</td> </tr> <tr> <td>2023</td> <td>22.3%</td> <td>21.3%</td> <td>16.0%</td> <td>16.0%</td> </tr> <tr> <td>2024</td> <td>22.3%</td> <td>21.3%</td> <td>16.0%</td> <td>16.0%</td> </tr> <tr> <td>2025</td> <td>22.3%</td> <td>21.3%</td> <td>16.0%</td> <td>16.0%</td> </tr> </tbody> </table> <p>Source: <i>County Health Rankings, BRFSS, 2022</i>. Percent of adults reporting 14 or more days of poor mental health days per month (age-adjusted). The 2025 Annual Data Release used data from 2022 for this measure.</p>	Year	Franklin	Grundy	Tennessee	US Avg	2022	22.3%	21.3%	16.0%	16.0%	2023	22.3%	21.3%	16.0%	16.0%	2024	22.3%	21.3%	16.0%	16.0%	2025	22.3%	21.3%	16.0%	16.0%
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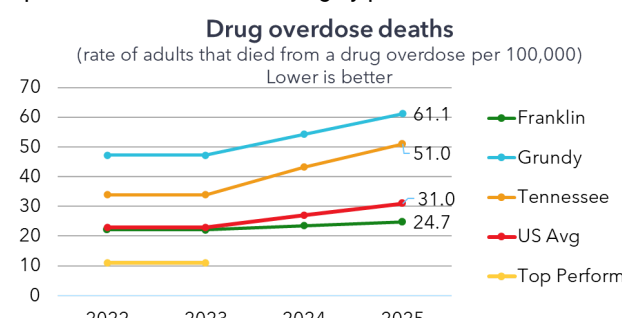
Highpoint Health

with  Ascension Saint Thomas

The suicide rate was higher in Franklin County at 26.4 deaths per 100,000 population and in Grundy County at 23.0 deaths per 100,000 population than both TN and the U.S.



Source: County Health Rankings, BRFSS, 2018-2022. Number of deaths due to suicide per 100,000 population (age-adjusted). The 2025 Annual Data Release used data from 2018-2022 for this measure.

Prioritized Need: Substance Misuse																																																													
Significance	Populations Most Impacted																																																												
<p>People with addiction often have one or more associated health issues, which could include lung or heart disease, stroke, cancer, or mental health conditions. Imaging scans, chest X-rays, and blood tests can show the damaging effects of long-term drug use throughout the body.</p> <p>Drug use and other mental illness often coexist. In some cases, mental disorders such as anxiety, depression, or schizophrenia may come before addiction. In other cases, drug use may trigger or worsen those mental health conditions. Some people with mental disorders may use drugs in an attempt to alleviate psychiatric symptoms.</p> <p>Source: National Institute on Drug Abuse; https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/addiction-health#:~:text=People%20with%20addiction%20often%20have,drug%20use%20throughout%20the%20body.</p>	<ul style="list-style-type: none"> Those reporting two or more races were highest for past year illicit drug use. American Indian/Alaska Native (AIAN) had higher alcohol use disorder at 8.3% followed by White people (5.8%) then Hispanic population (5.2%), and Black population (4.8%). Substance use disorder was higher for AIAN (11.3%), White (7.8%), Black and Hispanic population at 7.1% Drug abuse and substance disorders are more likely to affect young males. Drug use is highest among persons between the ages of 18-25 at 39% compared to persons aged 26-29, at 34%. 70% of users who try an illegal drug before age 13 develop a substance abuse disorder within the next 7 years compared to 27% of those who try an illegal drug after age 17. <p>Source: SAMHSA, https://www.samhsa.gov/data/sites/default/files/reports/rpt35326/2021NSDUHSUChartbook102221B.pdf; National Center for Drug Abuse Statistics, https://drugabusestatistics.org/</p>																																																												
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<ul style="list-style-type: none"> Drug overdose deaths around Easter created more awareness of addiction issues. People can purchase vapes in gas stations and their contents are unknown. We need more health education on substance abuse, particularly prevention education for kids. Mental health and substance use are many times co-occurring conditions. 																																																													
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<ul style="list-style-type: none"> Drug overdose deaths are a leading contributor to premature death and are largely preventable.  <p>Drug overdose deaths (rate of adults that died from a drug overdose per 100,000) Lower is better</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Franklin</th> <th>Grundy</th> <th>Tennessee</th> <th>US Avg</th> <th>Top Performers</th> </tr> </thead> <tbody> <tr> <td>2022</td> <td>24.7</td> <td>48.0</td> <td>35.0</td> <td>22.0</td> <td>10.0</td> </tr> <tr> <td>2023</td> <td>24.0</td> <td>47.0</td> <td>34.0</td> <td>22.0</td> <td>10.0</td> </tr> <tr> <td>2024</td> <td>25.0</td> <td>55.0</td> <td>42.0</td> <td>28.0</td> <td>10.0</td> </tr> <tr> <td>2025</td> <td>24.7</td> <td>64.4</td> <td>51.0</td> <td>31.0</td> <td>10.0</td> </tr> </tbody> </table> <p>Source: County Health Rankings, National Center for Health Statistics - Mortality Files; Census Population Estimates Program. The 2025 Annual Data Release used data from 2020-2022 for this measure.</p>	Year	Franklin	Grundy	Tennessee	US Avg	Top Performers	2022	24.7	48.0	35.0	22.0	10.0	2023	24.0	47.0	34.0	22.0	10.0	2024	25.0	55.0	42.0	28.0	10.0	2025	24.7	64.4	51.0	31.0	10.0	<ul style="list-style-type: none"> Each year, approximately 480,000 premature deaths can be attributed to smoking.  <p>Adult smoking (% that report every day or "most days") Lower is better</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Franklin</th> <th>Grundy</th> <th>Tennessee</th> <th>US Avg</th> <th>Top Performers</th> </tr> </thead> <tbody> <tr> <td>2022</td> <td>23.0%</td> <td>28.0%</td> <td>21.0%</td> <td>16.0%</td> <td>14.0%</td> </tr> <tr> <td>2023</td> <td>23.0%</td> <td>27.0%</td> <td>20.0%</td> <td>16.0%</td> <td>14.0%</td> </tr> <tr> <td>2024</td> <td>23.1%</td> <td>26.0%</td> <td>20.0%</td> <td>15.0%</td> <td>14.0%</td> </tr> <tr> <td>2025</td> <td>23.1%</td> <td>23.0%</td> <td>19.2%</td> <td>13.0%</td> <td>14.0%</td> </tr> </tbody> </table> <p>Source: County Health Rankings, BRFSS. The Annual Data Release used data from 2022 for this measure.</p>	Year	Franklin	Grundy	Tennessee	US Avg	Top Performers	2022	23.0%	28.0%	21.0%	16.0%	14.0%	2023	23.0%	27.0%	20.0%	16.0%	14.0%	2024	23.1%	26.0%	20.0%	15.0%	14.0%	2025	23.1%	23.0%	19.2%	13.0%	14.0%
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Highpoint Health



Prioritized Need: Transportation																																															
Significance	Populations Most Impacted																																														
<p>Lack of transportation disproportionately affects those with low incomes and creates access to healthcare barriers. One in five adults without access to a vehicle or public transportation reported skipping necessary healthcare services.</p> <p>Source: Robert Wood Johnson Foundation, Brief April 26, 2023</p>	<ul style="list-style-type: none"> • Low income • American Indian and Alaska Natives • Women • Seniors • Disabled <p>Source: National Center for Health Statistics, Lack of Reliable Transportation for Daily Living Among Adults: United States, 2022</p>																																														
Community Input Highlights																																															
<ul style="list-style-type: none"> • Although transportation is improving, transportation to specialists and clinics is needed. • There are many missed appointments due to lack of transportation. 																																															
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Summary of Impact of the Previous CHNA Implementation Strategy

Highpoint Health – Winchester and Sewanee with Ascension Saint Thomas did not prepare a CHNA previously as Southern Tennessee Regional Health, they were for-profit, investor owned and did not meet the requirement to perform a CHNA.

Written Comments on Previous CHNA and Implementation Strategy

Highpoint Health – Winchester and Sewanee with Ascension Saint Thomas did not prepare a CHNA previously as Southern Tennessee Regional Health, they were for-profit, investor owned and did not meet the requirement to perform a CHNA.

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Approval by Highpoint Health Governing Board

To ensure Highpoint Health – Winchester and Sewanee with Ascension Saint Thomas’ efforts meet the needs of the community and have a lasting and meaningful impact, the 2025 CHNA was presented to the Highpoint Health Governing Board on March 3, 2026 and the Ascension Saint Thomas Board of Directors on April 23, 2026. Although an authorized body of the hospital must adopt the CHNA and implementation strategy reports to be compliant with the provisions in the Affordable Care Act, adoption of the reports also demonstrates that the board is aware of the findings from the CHNA, endorses the health needs identified, and supports the strategies developed to respond to those needs.

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Conclusion

Highpoint Health – Winchester and Sewanee with Ascension Saint Thomas hopes this report offers a meaningful and comprehensive understanding of the most significant needs of Franklin and Grundy counties. This report will be used by internal stakeholders, nonprofit organizations, government agencies, and other Highpoint Health – Winchester and Sewanee with Ascension Saint Thomas community partners to guide the implementation plan and strategies and community health improvement efforts as required by the Affordable Care Act. The 2025 CHNA will also be available to the broader community as a useful resource for further health improvement efforts.

As a Catholic health ministry, Highpoint Health – Winchester and Sewanee with Ascension Saint Thomas is dedicated to spiritually centered, holistic care that sustains and improves the health of not only individuals but the communities it serves. With special attention to those who are underserved and marginalized, we are advocates for a compassionate and just society through our actions and words. Highpoint Health – Winchester and Sewanee with Ascension Saint Thomas is dedicated to serving patients with compassionate care and medical excellence, making a difference in every life we touch. The hospital values the community's voice and welcomes feedback on this report. Please visit Highpoint Health's public website (<https://highpointhealthsystem.com/chna>) to submit any comments or questions.

Appendices

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Appendix A: Definitions and Terms

Catholic Health Association of United States (CHA) “is recognized nationally as a leader in community benefit planning and reporting.”⁴ The definitions in Appendix A are from the CHA guide *Assessing and Addressing Community Needs, 2015 Edition II*, which can be found at chausa.org.

⁴ Catholic Health Association of the United States. (2015). *Assessing & Addressing Community Health Needs, 2015 Edition II*.

Collaborators

Third-party, external community partners who are working with the hospital to complete the assessment. Collaborators might help shape the process, identify key informants, set the timeline, contribute funds, etc.

Community Meeting

The prioritization process included an in-person or hybrid 30 minutes facilitated session hosted in collaboration with the Health Council. The goal of this meeting was to engage Health Council and local voices in a streamlined prioritization process and build out community recommendations for action around each priority need.

Community Served

A hospital facility may take into account all the relevant facts and circumstances in defining the community it serves. This includes: The geographic area served by the hospital facility; target populations served, such as children, women, or the aged; and principal functions, such as a focus on a particular specialty area or targeted disease.

Demographics

Population characteristics of your community. Sources of information may include population size, age structure, racial and ethnic composition, population growth, and density.

Health Council

In each county, there is a group of community members focused on improving the health of their county through a collaboration called a ‘Health Council.’ They are vital partners in the CHA process and focus on the CHA’s priority health needs.

Identified Need

Health outcomes or related conditions (e.g., social determinants of health) impacting the health status of the community served

Key Community Member Interviews

A method of obtaining input from community leaders and public health experts one-on-one. Interviews can be conducted in person or over the telephone (including computer/video calls). In structured interviews, questions are prepared and standardized prior to the interview to ensure consistent information is solicited on specific topics. In less structured interviews, open-ended questions are asked to elicit a full range of responses. Key informants may include leaders of community organizations, service providers, and elected officials. Individuals with special knowledge or expertise in public health may include representatives from your state or local health department, faculty from schools of public health, and providers with a background in public health. Could also be referred to as Stakeholder Interviews.

Medically Underserved Populations

Medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

Prioritized Need/Community Prioritized Need

Significant needs which have been selected by the hospital to address through the CHNA implementation strategy.

Significant Need

Identified needs which have been deemed most significant to address based on established criteria and/or prioritization methods.

Vendors

Third-party, external entities paid to complete specific deliverables on behalf of the hospital (or coalition/collaborators); alternatively referred to as consultants.

Appendix B: Community Demographic Data and Sources

The tables below provide further information on the community’s demographics. The descriptions of the data’s importance are largely drawn from the County Health Rankings & Roadmaps website.

Table 1: Population

Why it is important: The composition of a population, including related trends, is important for understanding the community context and informing community planning.

Population	Franklin County	Grundy County	Tennessee	U.S.
Total	44,417	13,715	7,204,409	338,440,954
Male	49.2%	49.5%	49.0%	49.5%
Female	50.8%	50.5%	51.0%	50.5%

Source: [Esri 2024, County Health Rankings, 2025](#)

Table 2: Population by Race and Ethnicity

Why it is important: The racial and ethnic composition of a population is important in understanding the cultural context of a community. The information can also be used to better identify and understand health disparities.

Race or ethnicity	Franklin County	Grundy County	Tennessee	U.S.
Asian	0.9%	0.6%	2.1%	6.4%
Non-Hispanic Black / African American	4.7%	0.6%	16.1%	12.6%
Hispanic / Latino	3.8%	2.0%	7.5%	19.5%
American Indian or Alaska Native	0.3%	0.8%	0.6%	1.3%
Non-Hispanic White	87.9%	93.8%	72.0%	58.4%

Source: [County Health Rankings, 2025](#)

Table 3: Population by Age

Why it is important: The age structure of a population is important in planning for the future of a community, particularly for schools, community centers, healthcare, and childcare. A population with more youths will have greater education and childcare needs, while an older population may have greater healthcare needs.

Age	Franklin County	Grundy County	Tennessee	U.S.
Median age	44	45	40	39
Ages 0-17	19.3%	21.5%	22.0%	21.7%
Ages 18-64	59.3%	57.9%	60.6%	60.6%
Ages 65+	21.1%	20.7%	17.4%	17.7%

Source: [County Health Rankings, 2025](#); Esri,

Table 4: Income

Why it is important: Median household income and the percentage of children living in poverty, which can compromise physical and mental health, are well-recognized indicators. People with higher incomes tend to live longer than people with lower incomes. In addition to affecting access to health insurance, income affects access to healthy choices, safe housing, safe neighborhoods, and quality schools. Chronic stress related to not having enough money can have an impact on mental and physical health as well. ALICE, an acronym for Asset Limited, Income Constrained, Employed, are households that earn more than the U.S. poverty level but less than the basic cost of living for the county. Combined, the number of poverty and ALICE households equals the total population struggling to afford basic needs.

Income	Franklin County	Grundy County	Tennessee	U.S.
Median household income	\$61,224	\$47,896	\$69,015	\$75,149
Per capita income	\$33,225	\$26,325	\$38,807	\$41,261
People with incomes below the federal poverty guideline	12.7%	19.2%	14.0%	11.5%
ALICE households	30%	40%	30%	29%

Source: [Esri 2024](#); [United for Alice, 2023](#)

Table 5: Education

Why is it important: There is a strong relationship between health, lifespan, and education. In general, as income increases, so does lifespan. The relationship between more schooling, higher income, job opportunities (e.g., pay, safe work environment), and social support helps create opportunities for healthier choices.

Income	Franklin County	Grundy County	Tennessee	U.S.
High school diploma or higher	90.8%	80.0%	89.6%	89.0%
Bachelor's degree or higher	23.1%	12.4%	30.4%	35.0%

Source: [Esri, CHR](#)

Table 6: Insured/Uninsured

Why it is important: Lack of health insurance can have serious health consequences due to lack of preventive care and delays in care that can lead to serious illness or other health problems.

Income	Franklin County	Grundy County	Tennessee	U.S.
Uninsured	12.1%	15.0%	13.1%	11.0%
Medicaid Participation, not Eligible	17.3%	29.2%	19.6%	25.1%

Source: [County Health Rankings, 2025](#); [TennCare Enrollment](#), [Medicaid.gov](#)

Appendix C: Community Input Data and Sources

In September 2025, Highpoint Health – Winchester and Sewanee with Ascension Saint Thomas began a CHNA for Franklin and Grundy counties and sought input from persons who represent the broad interests of the community using several methods:

- Information gathering of secondary data occurred in October 2025.
- On October 28 and November 13, 2025 –15 key community members participated in focus groups at Highpoint Health-Winchester with Saint Thomas. These interviews included members from the community and representatives from the Franklin County and Grundy County Health Departments.
- On November 20, 2025 – A community meeting with the Franklin County and Grundy County Health Councils and other community stakeholder was held with 14 participants in attendance. The participants were asked to review primary and secondary data, identify and prioritize community needs and discuss solutions utilizing the health equity framework.
 - The prioritization process included an in-person facilitated session. In summary the community meeting with the Health Council and other community stakeholders was a time for primary and secondary data to be presented back to community members to create engagement around community health-related issues happening in Franklin and Grundy counties.
 - The County Health Council members voted on the top three prioritized needs to address for their community based on secondary indicators and primary data from the key community focus groups. Highpoint Health – Winchester and Sewanee with Ascension Saint Thomas, in collaboration with the health department and County Health Councils, used Mentimeter, an online voting tool to rank their top three most significant health needs in Franklin and Grundy counties. The results were computed using Menti online voting software to prioritize health needs in the counties. Participants agreed that the data shared supported the voted community's prioritized needs.

Input of those with special knowledge or expertise in public health

The Regional Health Department participated in the focus groups and attended the community meeting.

Consulting with persons representing the community's interests and taking into account input from persons who represent the broad interests of the community served by the hospital facility

15 key community members participated in two focus groups. Those selected were chosen based on their knowledge of Franklin and Grundy counties and their health needs. Highpoint Health – Winchester and Sewanee with Ascension Saint Thomas and the Health Departments participated in the focus

groups and the community meeting. The request to participate was done through email communication with community members, which represents a broad swath of the community representing different agencies and organizations.

Request and take into account members of the medically underserved, uninsured, and minority population served by the hospital or their representatives.

Many of the focus groups participants were selected because they represented the medically underserved, uninsured and minority populations.

Key Community Member Focus Groups

On October 28 and November 13, 2025, Highpoint Health – Winchester and Sewanee with Ascension Saint Thomas conducted focus groups with individuals representing at least 7 organizations and agencies in Franklin and Grundy counties as those who participated were active in several organizations. The table below is a full listing of key community member interviewees.

Table 10: Key Community Member Focus Group Attendees

Organization	Represents
Tennessee Department of Health	All
Franklin County Library	All
Highpoint Health – Winchester with Ascension Saint Thomas	All
First Bank	All
Hospital Board	All
Tennessee Department of Health, RISE navigator	Substance use disorders
South Cumberland Community Clinic	Uninsured
South Cumberland Community Fund	All

Conducted in person, the key stakeholder focus groups followed the following set of questions:

1. Can you share about your role(s) here in your community?
2. When I say “quality of life” what do you think about? How would you define “quality of life”?
3. Thinking about this shared definition, what are the top three things you believe would improve QOL in your community?
4. What changes have you noticed in QOL for those who live in Franklin County or Grundy County?

5. What do you think are your community’s strongest assets? For improving health?
6. What are the obstacles or challenges within your community? For improving health?
7. What would you say are the top three issues specific to health or health care that you are most concerned about in Franklin County or Grundy County?
8. If you had a magic wand, what top initiatives would you implement in your community?

Community Meeting

On November 20, 2025, 14 community stakeholders including the health departments and health councils met to receive the results of the primary and secondary data and then prioritize the most significant health needs and brainstorm some solutions to the most significant issues. During the presentation of primary and secondary data, attendees were asked for feedback regarding the data. Time for feedback was allowed to hear from the attendees if they agree, disagree or have further questions about what was presented. Attendees voted that the top community needs were access to care/primary care, substance misuse, mental health and transportation. Then the group discussed and selected three prioritized needs. Many attendees agreed that access to primary care, substance misuse, and transportation were the top three community prioritized needs. We thank the following organizations for their willingness to volunteer their time and knowledge for this effort. Below is a list of attendees.

Table 11: Community Meeting Attendees

Organization	Represents
Franklin County Library	All
Tennessee Department of Health	All
Highpoint Health – Winchester & Sewanee with Ascension Saint Thomas	All
Ben Lomand Connect	Employer, all
South Cumberland Community Fund	Uninsured, all
Franklin County Chamber of Commerce	Businesses, all

There were three tables each addressing one of the issues: access to primary care, substance use, and transportation.

Below are the results of their brainstorming.

Significant Community Health Issue:

Access to Primary Care

Please list your top 2 community health goals relative to your topic.

1. Add more primary care providers, advanced practice providers, and physicians to the counties
2. Provide education about technology, careers, and educational resources

Create a Community Action Plan for your 2 Goals with suggested resources needed:

Goal 1: <i>(from above)</i> Add more primary care providers, advanced practice providers, and physicians to the counties	
Actions	Resources/Collaborators Needed
Aggressively recruit licensed providers	Work with state, nonprofits, loan forgiveness and increase community involvement in recruiting efforts
Increase opportunities and capacity for trainees	Partner with training institutions

Goal 2: <i>(from above)</i> Provide education about technology, careers, and educational resources	
Actions	Resources/Collaborators Needed
Increase awareness of any and all health careers	School systems Community centers
Increase awareness of technology and other resources (telehealth, home monitoring, etc.)	Community centers Churches

Significant Community Health Issue:

Substance misuse

Please list your top 2 community health goals relative to your topic.

1. Prevent early childhood misuse
2. Provide acute medical interventions

Create a Community Action Plan for your 2 Goals with suggested resources needed:

Goal 1: (from above) Prevent early childhood drug misuse	
Actions	Resources/Collaborators Needed
Provide outreach activities and education targeting young children with the intention of breaking the cycle and positively affect the family.	Prevention coalition, library, hospital
Create a community coalition similar to the prevention coalition	

Goal 2: (from above) Provide acute medical interventions	
Actions	Resources/Collaborators Needed
Create local detox centers to ensure the community has beds for the uninsured	Hospital, Department of Health, primary care providers
Fund raise for uninsured to receive treatment	March of Dimes, Rotary Club, Highpoint Health, schools, leadership, faith-based organizations

Significant Community Health Issue:

Transportation

Please list your top 2 community health goals relative to your topic.

1. Improve transportation options to and from health-related locations
2. Grow public awareness of transportation resources available to them and how to access them

Create a Community Action Plan for your 2 Goals with suggested resources needed:

Goal 1: (from above) Improve transportation options to and from health-related locations	
Actions	Resources/Collaborators Needed
Add volunteer drivers Offer education for volunteers	South Cumberland Community Fund, clinics, providers, community health workers, Highpoint Health-Winchester & Sewanee Hospital
Develop a program that centralizes and coordinates available transportation options for the community.	Health navigators, community health workers, transportation providers

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Goal 2: (from above) Grow public awareness of transportation resources available to them and how to access them	
Actions	Resources/Collaborators Needed
Create community mobility network of transportation	Health Department, Health council
Communicate with local churches and community centers to grow awareness of resources and eligibility	Community health workers, churches, community centers

Appendix D: Secondary Data and Sources

Summary of Secondary Data

Secondary data is data that has already been collected and published by another party. Both governmental and non-governmental agencies routinely collect secondary data reflective of the population's health status at the state and county levels through surveys and surveillance systems. Secondary data for this report was compiled from various reputable and reliable sources. A summary of the secondary data collected and analyzed through this assessment is outlined in the following tables.



The tables below are based on data vetted, compiled, and made available on the County Health Rankings and Roadmaps (CHRR) website (<https://www.countyhealthrankings.org/>). The site is maintained by the University of Wisconsin Population Health Institute, School of Medicine and Public Health, with funding from the Robert Wood Johnson Foundation. CHRR obtains and cites data from other public sources that are reliable. CHRR also shares trending data on some indicators.

CHRR compiles new data annually and shares it with the public. The data below is from the 2024 publication. It is important to understand that reliable data is generally two to three years behind due to the importance of careful analysis.

How to Read These Charts	
Why they are important:	Explains why we monitor and track these measures in a community and how they relate to health. The descriptions for “why they are important” are largely drawn from the County Health Rankings & Roadmaps websites.
County vs. State:	Describes how the county’s most recent health issue data compares to the state average.
United States (U.S.)	Describes how the county’s most recent health issue data compares to the U.S.
Description:	Explain what the indicator measures, how it is measured, and who is included. N/A: Not available or not applicable. There might not be available data for the community on every measure. Some measures will not be comparable.


Table 12: Health Outcomes

Why they are important: Health outcomes reflect how healthy a county is right now. They reflect the physical and mental well-being of members within a community. N/A= not available

Indicators	Trend	Franklin	Grundy	TN	U.S.	Description
Length of Life						
Premature death		10,893	16,198	11,636	8,400	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Life expectancy		73.8	69.7	73.5	77.1	How long the average person is expected to live
Infant mortality	N/A	7.8	N/A	6.8	6.0	Number of all infant deaths (within one year) per 1,000 live births
Physical Health						
Poor or fair health	N/A	22.6%	22.6%	19.2%	17.0%	Percentage of adults reporting fair or poor health
Poor physical health Days	N/A	5.1	5.5	4.7	3.9	Average number of physically unhealthy days reported in the past 30 days (age-adjusted)
Frequent physical distress	N/A	16.0%	15.7%	14.6%	12.0%	Percentage of adults with 14 or more days of poor physical health per month
Low birth weight babies	N/A	9.7%	8.4%	9.1%	8.0%	Percentage of babies born too small (less than 2,500 grams)
Falls 65+ (by state)	N/A	NA	NA	31.2%	27.6%	Older adult falls reported by state
Fall fatalities 65+ (by state)	N/A	NA	NA	85.9	78.0	Number of injury deaths due to falls among those 65 years of age and over per 100,000 population
Mental Health						
Poor mental health days		6.6	6.7	6.3	5.1	Average number of mentally unhealthy days reported in the past 30 days
Frequent mental distress		22.3%	22.3%	21.3%	16.0%	Percentage of adults reporting 14 or more days of poor mental health per month
Suicide	N/A	26.4	23.0	16.9	14.0	Number of deaths due to suicide per 100,000
Morbidity						
Diabetes prevalence	N/A	12.5%	12.5%	13.0%	10.0%	Percentage of adults ages 20 and above with diagnosed diabetes
Cancer deaths (by state)	N/A	235.9	302.8	258.7	207.1	Average annual cancer death rate per 100,000

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Communicable Disease						
HIV prevalence	N/A	84.4	145.0	324.2	387.0	Number of people ages 13 years and over with a diagnosis of HIV per 100,000
Sexually transmitted infections		248.1	87.1	538.1	495.0	Number of newly diagnosed chlamydia cases per 100,000

Source: [County Health Rankings, 2025](#); [AHR fall rates](#) [CDC falls](#); [CDC Wonder death rates](#)

Table 13: Social and Economic Factors

Why they are important: These factors have a significant effect on our health. They affect our ability to make healthy decisions, afford medical care, afford housing and food, manage stress, and more.

Indicator	Trend	Franklin	Grundy	TN	U.S.	Description
Economic Stability						
Median household income		\$61,224	\$47,896	\$69,015	\$75,149	The income where half of households in a county earn more and half of households earn less
Unemployment		3.2%	5.4%	3.5%	3.5%	Percentage of population ages 16 and older unemployed but seeking work
Poverty	N/A	12.7%	19.2%	13.3%	11.5%	Percentage of population living below the federal poverty line
Childhood poverty		19.1%	26.9%	18.9%	16.0%	Percentage of people under age 18 in poverty
Educational Attainment						
High school completion	N/A	90.8%	80.0%	89.6%	89.0%	Percentage of adults ages 25 and over with a high school diploma or equivalent
Some college	N/A	50.4%	41.1%	63.4%	68.0%	Percentage of adults ages 25-44 with some post-secondary education
Social/Community						
Children in single-parent homes	N/A	29.8%	20.5%	27.3%	25%	Percentage of children who live in a household headed by a single parent
Social associations	N/A	10.2	8.0	11.0	9.1	Number of membership associations per 10,000 population
Disconnected youth	N/A	NA	NA	6.9%	7.0%	Percentage of teens and young adults ages 16-19 who are neither working nor in school
Violent crime	N/A	274.7	364.6	613.4	380.7	Number of reported violent crime offenses per 100,000 population
Access to Healthy Foods						
Food environment index	N/A	7.0	7.4	6.4	7.4	Index of factors that contribute to a healthy food environment (0 = worst, 10 = best)
Food insecurity	N/A	15.8%	18.6%	14.0%	14.0%	Percentage of the population who lack adequate access to food
Limited access to healthy foods	N/A	6.1%	3.7%	8.9%	6.0%	Percentage of the population who are low-income and do not live close to a grocery store

Source: [County Health Rankings](#), [FBI Crime Data Explorer](#), [Bureau of Labor Statistics](#)

Table 14: Physical Environment


Why they are important: The physical environment is where people live, learn, work, and play. The physical environment impacts our air, water, housing, and transportation to work or school. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.

Indicator	Trend	Franklin	Grundy	TN	U.S.	Description
Physical Environment						
Severe housing cost burden	N/A	9.2%	8.7%	12.3%	15.0%	Percentage of households that spend 50 percent or more of their household income on housing
Severe housing problems	N/A	11.8%	10.0%	13.3%	17.0%	Percentage of households with at least one of four housing problems: overcrowding, high housing costs, lack of kitchen facilities, and/or lack of plumbing facilities
Air pollution: particulate matter	N/A	7.1	6.8	7.0	7.3	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)
Home ownership	N/A	76.4%	83.2	67.0%	65.0%	Percentage of occupied housing units that are owned

Source: [County Health Rankings, 2025](#)



Table 15: Clinical Care

Why it is important: Access to affordable, quality care can help detect issues sooner and prevent disease. This can help individuals live longer and have healthier lives.

Indicator	Trend	Franklin	Grundy	TN	U.S.	Description
Healthcare Access						
Uninsured	N/A	10.3%	13.7%	11.1%	10.0%	Percentage of population under age 65 without health insurance
Uninsured adults	N/A	12.3%	16.3%	13.2%	11.0%	Percentage of adults under age 65 without health insurance
Uninsured children	N/A	4.7%	6.5%	5.3%	5.0%	Percentage of children under age 19 without health insurance
Primary care physicians	N/A	1,801	NA	1,437	1,330	Ratio of the population to primary care physicians
Mental healthcare providers		1,595	1,744	530	300	Ratio of the population to mental healthcare providers
Hospital Utilization						

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Preventable hospital stays		2,392	2,260	2,828	2,666	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees
Preventive Healthcare						
Flu vaccinations	N/A	50.0%	35.0%	49.0%	48.0%	Percentage of fee-for-service Medicare enrollees who had an annual flu vaccination
Mammography screenings		45.0%	40.0%	44.0%	44.0%	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening

Source: [County Health Rankings, 2025](#)

Table 16: Health Behaviors

Why they are important: Health behaviors are actions individuals take that can affect their health. These actions can lead to positive health outcomes, or they can increase someone’s risk of disease and premature death. It is important to understand that not all people have the same opportunities to engage in healthier behaviors.

Indicator	Trend	Franklin	Grundy	TN	U.S.	Description
Healthy Lifestyle						
Adult obesity	N/A	39.1%	39.0%	39.1%	34.0%	Percentage of the adult population (ages 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2
Physical inactivity		29.7%	38.5%	26.5%	23.0%	Percentage of adults ages 20 and over reporting no leisure-time physical activity
Access to exercise opportunities	N/A	38.3%	37.7%	67.9%	84.0%	Percentage of population with adequate access to locations for physical activity
Insufficient sleep	N/A	41.0%	38.5%	39.8%	37.0%	Percentage of adults who report fewer than seven hours of sleep on average
Motor vehicle crash deaths	N/A	16.8	28.6	16.8	12.0	Number of motor vehicle crash deaths per 100,000 population
Teen births		19.6	46.3	23.1	16.0	Number of births per 1,000 female population ages 15-19
Substance Misuse						
Adult smoking		23.1%	23.0%	19.2%	13.0%	Percentage of adults who are current smokers
Excessive drinking	N/A	18.6%	17.2%	18.1%	19.0%	Percentage of adults reporting binge or heavy alcohol drinking
Alcohol-impaired driving deaths		23.5%	33.3%	24.6%	26.0%	Alcohol-impaired driving deaths

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Indicator	Trend	Franklin	Grundy	TN	U.S.	Description
Healthy Lifestyle						
Adult obesity	N/A	39.1%	39.0%	39.1%	34.0%	Percentage of the adult population (ages 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m ²
Physical inactivity		29.7%	38.5%	26.5%	23.0%	Percentage of adults ages 20 and over reporting no leisure-time physical activity
Overdose deaths: any opioids by state	N/A	27	NA	43.1	24.4	Rate of opioid-related deaths by state per 100,000 persons
Sexual Health						
Sexually transmitted infections	N/A	248.1	87.1	538.1	495.0	Number of newly diagnosed chlamydia cases per 100,000 population

Sources: [County Health Rankings, 2025](#); [TN Dept of Health Drug Overdose dashboard](#)

Table 17: Disparities

Why they are important: Differences in access to opportunities that affect health can create differences between groups of people in the community. A focus on equity is important to improve health for everyone in the community.

Indicator	Population	Measure
Health Disparities		
Premature death: Years of potential life lost before age 75 per 100,000 population (age-adjusted)	Overall Tennessee	11,808
	Non-Hispanic White	10,661
	Non-Hispanic Black	13,606
	Non-Hispanic American Indian/Alaska Native	NA
	Non-Hispanic Asian/HI native/Pacific Islander	3,771
	Hispanic all races	5,599
Low birthweight: Percentage of live births with low birthweight (< 2,500 grams)	Overall Tennessee	9.1%
	Asian	9.5%
	Non-Hispanic Black / African American	15.6%
	Hispanic / Latino	7.4%
	American Indian or Alaska Native	6.2%
	Non-Hispanic White	7.6%

Source: [America's Health Rankings, CDC Wonder 2018-2020](#); [March of Dimes 2021-2023](#)

Appendix E: Healthcare Facilities and Community Resources

As part of the CHNA process, Highpoint Health – Winchester and Sewanee with Ascension Saint Thomas has cataloged resources available in Franklin and Grundy counties that respond to the significant needs identified in this CHNA. Resources may include acute care facilities (hospitals), primary and specialty care clinics and practices, mental health providers, and other nonprofit services. State and national resources can also provide information regarding programs that can better serve the needs of a person experiencing a specific problem.

The resources listed under each significant need heading are not intended to be exhaustive.

Access to Primary Care

Organization	Phone	Website
Beersheba Springs Medical Clinic (Dr. Garrett Adams)	931-692-2229	Beersheba Springs Medical Clinic (Dr. Garrett Adams)
Christians Celebrating God's Bounty (Dr. Tom Smith)	931-968-2579	
South Cumberland Community Clinic, Tracy City (Dr. Tom Phelps)	931-592-4000	South Cumberland Community Clinic, Tracy City (Dr. Tom Phelps)
Tennessee Department of Health	615-741-3111	Tennessee Department of Health
Grundy County Emergency Medical Services	931-592-2252	Grundy County Emergency Medical Services
Franklin County Health Department & Health Council	931-967-3826	Franklin County Health Department & Health Council
Grundy County Health Department & Health Council, Altamont	931-692-3641	Grundy County Health Department & Health Council, Altamont
Complete Express Care - Winchester, TN	931-967-6669	Complete Express Care - Winchester, TN
Lake Med Health and Wellness - Winchester, TN	931-998-2915	Lake Med Health and Wellness - Winchester, TN
Highpoint Family Wellness - Decherd, TN	931-967-0931	Highpoint Family Wellness - Decherd, TN
Highpoint Family Wellness - Winchester, TN	931-962-4040	Highpoint Family Wellness - Winchester, TN
Highpoint Family Wellness - Huntland, TN	931-469-4662	Highpoint Family Wellness - Huntland, TN

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Highpoint Family Wellness - Monteagle, TN	931-967-3616	Highpoint Family Wellness - Monteagle, TN
Highpoint Occupational Health - Winchester, TN	931-967-1293	Highpoint Occupational Health - Winchester, TN
Highpoint Orthopedic Associates - Decherd, TN	931-962-2272	Highpoint Orthopedic Associates - Decherd, TN
Highpoint Pain and Spine Clinic - Winchester, TN	931-962-8012	Highpoint Pain and Spine Clinic - Winchester, TN
Highpoint Pediatrics - Anderton Smith, Winchester	931-962-0672	Highpoint Pediatrics - Anderton Smith, Winchester
Highpoint Pediatrics - Sewanee, TN	931-598-9761	Highpoint Pediatrics - Sewanee, TN
Highpoint Pediatrics - Winchester, TN	931-962-3199	Highpoint Pediatrics - Winchester, TN
Highpoint Pulmonology & Sleep Medicine - Winchester	931-962-3368	Highpoint Pulmonology & Sleep Medicine - Winchester
Highpoint Surgical Associates - Winchester	931-967-3966	Highpoint Surgical Associates - Winchester
Highpoint Urology - Winchester, TN	931-968-2525	Highpoint Urology - Winchester, TN
Highpoint Walk In Clinic - Decherd	931-967-7171	Highpoint Walk In Clinic - Decherd
Highpoint Women's Health - Winchester	931-962-3297	Highpoint Women's Health - Winchester
Highpoint Cardiovascular Care - Winchester	931-967-1100	Highpoint Cardiovascular Care - Winchester
Face Pace Urgent Care - Winchester, TN	931-313-1388	Face Pace Urgent Care - Winchester, TN
Vital Care Clinic of Estill Springs	931-649-5822	Vital Care Clinic of Estill Springs
Restoration Primary Care, PLLC, Winchester	931-919-4087	Restoration Primary Care, PLLC, Winchester
Eko Internal Medicine - Winchester	931-967-0360	Eko Internal Medicine - Winchester
Grundy County Primary Care Center, Coalmont	931-779-4002	Grundy County Primary Care Center, Coalmont
Tracy Clinic - Tracy City (next to Mike's Pharmacy)	931-592-4242	

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Mental Health

Organization	Phone	Website
TN Department of Mental Health Services	800-560-5767	TN Department of Mental Health Services
NAMI Coffee/Franklin Counties	931-952-6871	NAMI Coffee/Franklin Counties
Blue Monarch	931-924-8900	Blue Monarch
Centerstone-Estill Springs	931-649-3408	Centerstone-Estill Springs
Campora Family Resource Center	931-967-7825	Campora Family Resource Center
Health Connect America	931-967-7726	Health Connect America

Substance Misuse

Organization	Phone	Website
Tennessee REDLINE	800-680-0633	Tennessee REDLINE
AA and NA meetings	212-870-3400AA; 818-773-9999NA	Alcoholics Anonymous Narcotics Anonymous
Suicide and Crisis Lifeline	988	Suicide and Crisis Lifeline
Franklin County Prevention Coalition	931-800-9112	Franklin County Prevention Coalition
Health Connect America - Decherd	931-967-7726	Health Connect America - Decherd
Volunteer Behavioral health – Tracy City	877-567-6051	Volunteer Behavioral health – Tracy City
Tennessee Statewide Mental Health, Suicide Prevention and Substance Use Crisis Services	1-800-560-5767	Tennessee Statewide Mental Health, Suicide Prevention and Substance Use Crisis Services

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Transportation

Organization	Phone	Website
South Central Tennessee Development District (SCTDD) – Franklin Co.	931-967-0741	South Central Tennessee Development District (SCTDD) – Franklin Co.
Southeast Tennessee HRA (SETHRA) – Grundy Co.	931-592-8260	Southeast Tennessee HRA (SETHRA) – Grundy Co.

Appendix F: Evaluation of Impact from the Previous CHNA Implementation Strategy

Highpoint Health – Winchester and Sewanee with Ascension Saint Thomas did not prepare a CHNA previously as Southern Tennessee Medical Center; they were for-profit, investor-owned and did not meet the requirement to perform a CHNA. Therefore, there is no previous CHNA.