CENTERSTONE

TENNESSEE

COMMUNITY NEEDS ASSESSMENT REPORT SUMMARY

MARCH 2026

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

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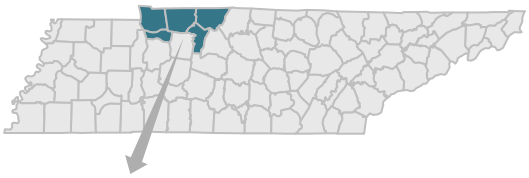
OVERVIEW OF TENNESSEE



COUNTIES:
Cheatham, Houston, Montgomery, Robertson, Stewart

2024 America's Health Rankings

44th

HEALTHIEST STATE

Strengths include low prevalence of excessive drinking and primary healthcare access. Challenges include ranking 45th in premature death rate, 47th in prevalence of multiple chronic conditions, 49th in drug-related mortality, and in the bottom six states for avoiding care due to cost, mental healthcare access, smoking and tobacco use, and persistent physical and mental distress.

KEY FINDINGS AND RECOMMENDATIONS

01 For behavioral health, all counties had high rates of drug overdose mortality, suicide, and overdose related outpatient visits. Recommendations include increasing local education and awareness of risky substance use, recovery services, and related treatment, while improving overall access to care by expanding telehealth and in-home services, especially in rural counties like Stewart, Cheatham, and Houston.

02 For physical health, high obesity rates, physical inactivity, insufficient sleep, and diabetes were observed. Recommendations include increasing health literacy and knowledge around improving physical and behavioral health risk factors, expanding access to affordable preventative and primary care services, and promoting early screening and management of chronic conditions..

03 Social driver stressors include financial barriers related to insurance and income, transportation access and distance to services, limited health literacy, and healthy food access. Recommendations include fostering collaborative partnerships with community organizations to support these needs, expanding telehealth capacity, and investing in community outreach and health education initiatives, especially in rural areas.

COUNTY SNAPSHOTS

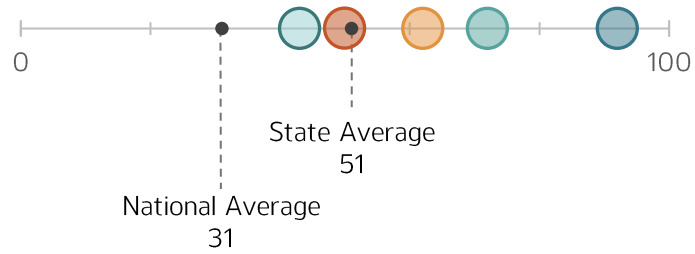
This page presents county rankings across health indicators compared to state and national averages. The legend below shows the corresponding color for each county in the catchment area.

CHEATHAM | HOUSTON | MONTGOMERY | ROBERTSON | STEWART

DRUG OVERDOSE MORTALITY

Houston and Stewart had rates twice as high as the national average, while Cheatham's rate was 3x the US average and nearly double that of TN.

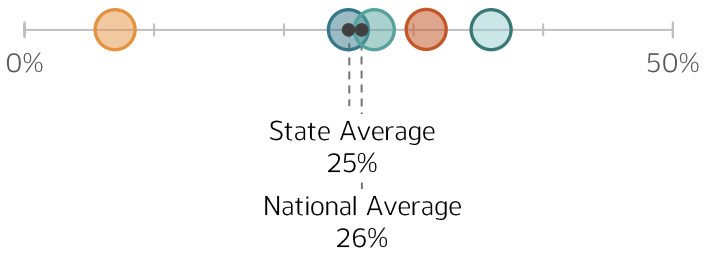
Per 100,000 individuals



ALCOHOL-IMPAIRED DRIVING DEATHS

Alcohol-induced driving deaths were **highest** in Montgomery, Robertson, and Houston, respectively, exceeding state and national averages.

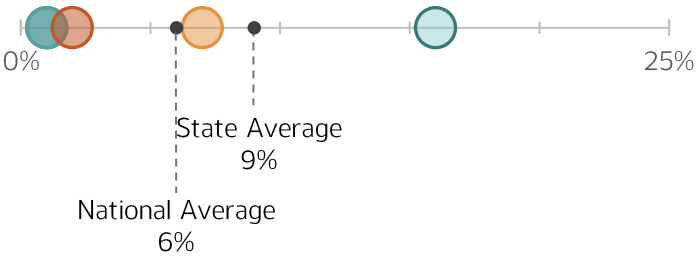
% of driving deaths with alcohol involvement



ACCESS TO HEALTHY FOOD

Montgomery had the highest rate of populations with limited access to healthy food as well as of adults with diabetes (13%) and obesity (43%).

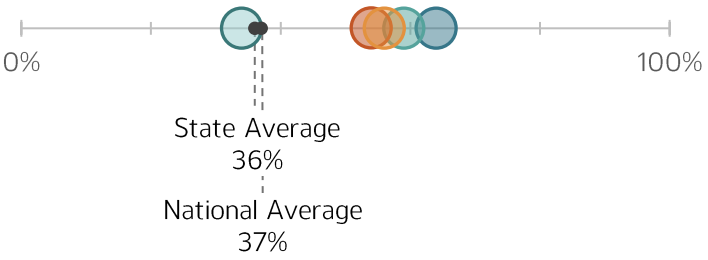
% of low-income populations who do not live close to a grocery store



DRIVING ALONE-LONG COMMUTE

Four counties had **notably high rates** of workers **commuting more than 30 minutes. Distance/traffic** was the 2nd staff-identified **barrier to receiving care.**

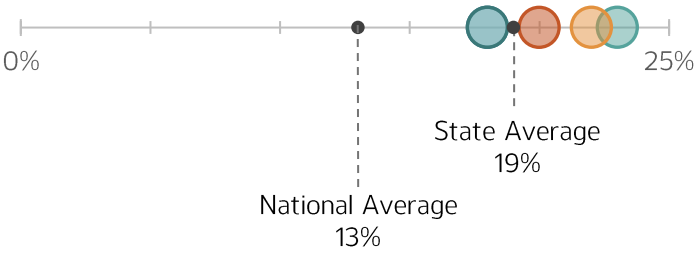
% of population who drive alone and commute more than 30 minutes



ADULT SMOKING

While adult smoking rates for all counties exceeded the national average, **rural areas** like Houston and Stewart had the **highest smoking rates** in the area.

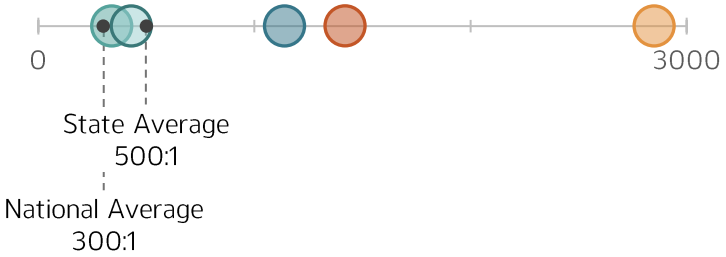
% of adults who currently smoke



MENTAL HEALTH PROVIDERS

The **ratio of population to providers in three counties is notably higher** than state and national averages, with the largest gap observed in Stewart.

Population per 1 mental health provider



HEALTH NEEDS

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

MENTAL HEALTH

6.4 DAYS

POOR MENTAL HEALTH DAYS

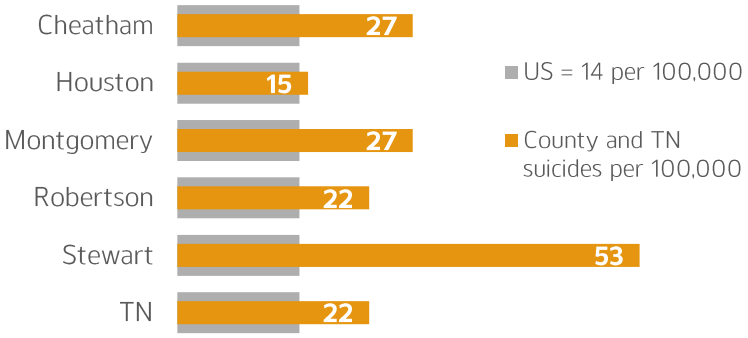
Average for all counties (6.4) was slightly higher than the state average (6.3). Houston had the highest (6.7).

FREQUENT MENTAL DISTRESS

Average frequent mental distress (i.e., 14+ poor mental health days in the past 30 days) for all counties (21%) exceeded the national rate (16%).

SUICIDE MORTALITY OUTPACES STATE AND NATIONAL RATES

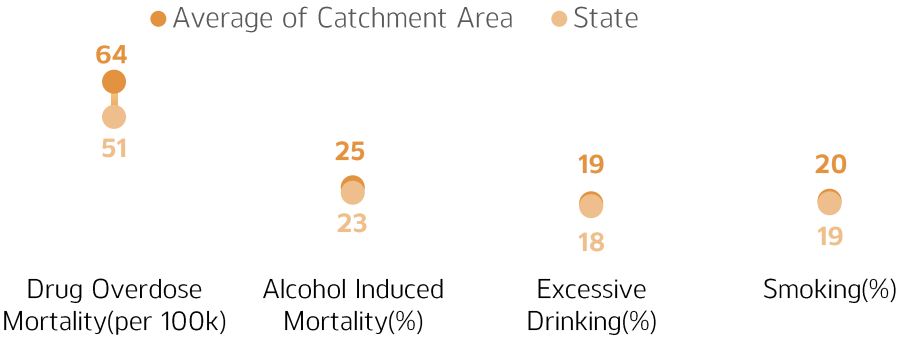
Suicide mortality per 100,000 population exceeded both the state and national averages for all counties with Stewart having the highest.



SUBSTANCE USE

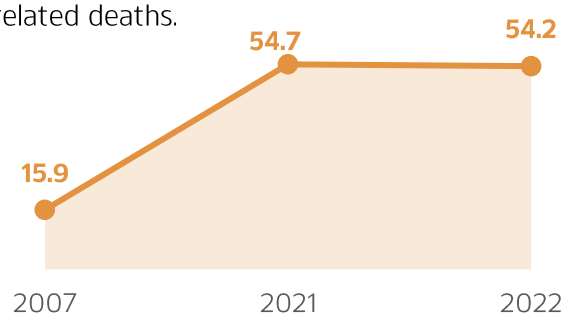
SUBSTANCE USE AND MORTALITY

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



DRUG RELATED DEATHS ON THE RISE

Drug deaths per 100,000 in Tennessee increased by 244% from 2007 to 2021 with only a slight decrease in 2022. Tennessee ranks 2nd highest in the nation for drug related deaths.



PHYSICAL HEALTH

4.8 DAYS

POOR PHYSICAL HEALTH DAYS

Average for all counties (4.8) was slightly higher than the state average (4.7). Houston had the highest (5.2).

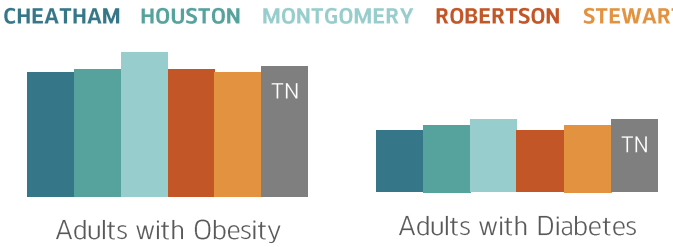
11,808 YLL per 100,000

TN's premature death rates were high relative to the US (8,522 YLL). Rates for Cheatham, Houston, and Stewart exceeded TN and the US.

*YLL= Years of Life Lost before age 75

PREVALENCE OF OBESITY AND DIABETES

Montgomery had the highest prevalence of adults diagnosed with obesity (43%) and diabetes (13%).



SOCIAL DRIVERS OF HEALTH

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

ACCESS TO HEALTH SERVICES

LOW INCOME & POVERTY

Houston had the lowest median household income ($54,475) & the 2nd-highest poverty rate (13.8%) behind Montgomery (13.9%). Poverty was the #1 barrier to access, with 2 in 5 clients avoiding medical care due to cost.

ACCESS TO TRANSPORTATION

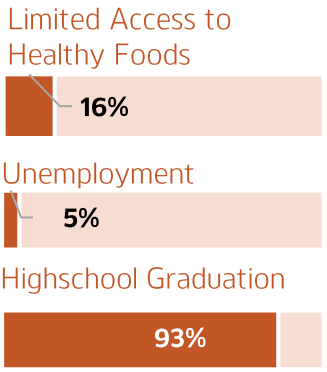
Lacking transportation was the #1 reason for missed appointments, In southwestern Stewart and near the clinic in Montgomery, more than 8% of households lacked vehicle access.

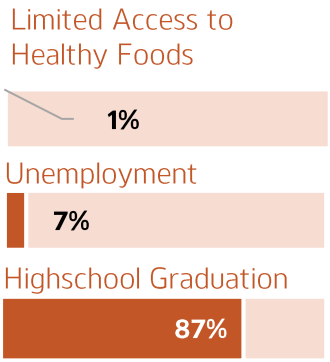
LIMITED ENGLISH PROFICIENCY

In Robertson and Montgomery, 9-12% of the population speak a language other than English at home. Over 4% in northern Montgomery and central Robertson have limited English proficiency.

SOCIO-ECONOMIC STATUS

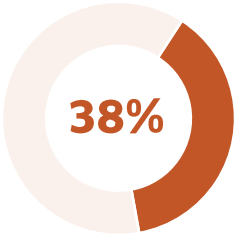
Montgomery had the highest rate of individuals with limited access to healthy foods (16%) and the second-highest unemployment rate (5.4%). The county also reported the highest high school graduation rate (93%).





In contrast, Houston experienced the highest unemployment rate (6.7%), the lowest rate of limited access to healthy foods (1%), and the lowest high school graduation rate (87.3%).

INSURANCE & DISABILITY STATUS

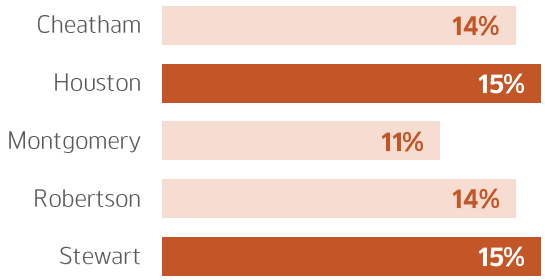


DISABILITY STATUS

Houston (38%), Robertson (35%) and Stewart (35%) had the highest rates of individuals 18+ with a disability, & 2 in 5 clients were unable to work due to their disability status.

% <65 WITHOUT INSURANCE

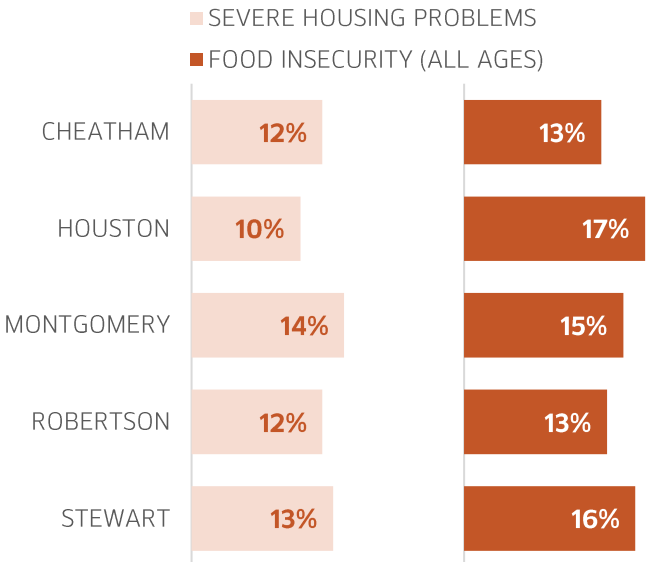
Houston and Stewart had the highest rates of uninsured individuals younger than 65. Almost all counties surpassed national (11%) and state (13%) rates.



HOUSING & FOOD INSECURITY

IN HOUSTON AND STEWART COUNTIES

Higher rates of food insecurity were observed compared to the national average (14%). Montgomery had the highest rate of households experiencing severe housing problems.



SERVICE NEEDS

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

COORDINATED AND COMPREHENSIVE SERVICES

Address access gaps by *expanding* comprehensive, coordinated, and accessible primary and behavioral healthcare, including MAT, detox, crisis response, outpatient follow-up programs, and in-home services in rural areas.

COMMUNITY PREVENTION AND EDUCATION INITIATIVES

Improve community outreach and health literacy *efforts* focused on harm-reduction (e.g. naloxone distribution, fentanyl test strips) and substance use education, available services, and reducing treatment-related stigma.

SOCIAL SUPPORT AND COMMUNITY PARTNERSHIPS

Strengthen partnerships with social support systems to *improve access* to employment, housing, food, transportation, education, and financial assistance.

> "Many people that really need your services are afraid to come to you for help for whatever reason. Their existing mental health is preventing them from trying to get the help. Maybe come out to our office where they feel safe and know us to make initial contact and build rapport with clients who need help."
>
> Area Community Support Organization – Executive Director

FUTURE DIRECTIONS

EXPANDED ACCESS TO INTEGRATED HEALTHCARE SERVICES

Increase access to primary, mental, and substance use care in rural areas, including MAT, detox, and residential treatment for both youth and adults to reduce chronic disease and premature death.

CONTINUUM OF CARE FOR SUBSTANCE USE TREATMENT

Strengthen educational, outpatient, and structured follow-up programs, focusing on alcohol, opioids, and marijuana. Continue advocacy *efforts* to fund and *sustain* substance use treatment.

IMPROVE COMMUNITY OUTREACH AND EDUCATION

Expand outreach and health literacy *efforts* in rural and linguistically diverse communities by providing materials in Spanish. *Promote* culturally competent care and workforce diversity to *better serve* underrepresented populations.

YOUTH ENGAGEMENT

Invest in youth -focused *engagement* strategies to *improve* retention and access, *strengthen* family involvement, and *ensure* developmentally appropriate care for at-risk youth.

Information from internal and external sources (e.g. Enlighten Analytics, SAMHSA, CDC), including feedback from Centerstone staff, clients, and community organizations (June 2025–Sept. 2025), is shared to enhance care access, health outcomes, and tailored service delivery. This publication is supported by Grant# SM086407. Its contents are solely the responsibility of the authors and do not represent the official views of SAMHSA. This report was created by: Kelsie Dowdell, Georgia Sroka, Kushalya Manamendra, and Rina Bocanegra.

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