

# 2015 COMMUNITY NEEDS ASSESSMENT



Covenant  
HEALTH





## PERSPECTIVE

TO EFFECTIVELY RESPOND TO THE HEALTH NEEDS OF OUR COMMUNITY, WE MUST HAVE A DEEP UNDERSTANDING OF THE CHALLENGES WE FACE.

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Much of what is responsible for an individual's health and that of the broader community takes place outside of healthcare settings. Therefore, for a hospital to conduct a community health needs assessment requires a lot of listening and convening leaders and organizations that work daily with the challenges facing our county. This most recent assessment is possible because of the willingness of dozens of stakeholders working with Cumberland Medical Center to identify the most significant issues facing the health and well-being of Cumberland County.

All tax exempt, not-for-profit hospitals are required to conduct a community health needs assessment on a three-year cycle and make the results publically available. Although Cumberland Medical Center serves patients from multiple counties, more than 50% of its inpatient and outpatient business comes from Cumberland County. Thus, the assessment and its findings are limited to Cumberland County.

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### The Goals of the 2015 Assessment

1. Update the data for each of the 2012 assessment health priorities and determine if they need to remain priorities for the 2015 assessment.
2. Re-prioritize the 11 original priorities into a final list of the most significant issues facing Cumberland County.
3. Conclude with the top priorities for the 2015-2018 assessment cycle and update Cumberland Medical Center's Implementation Plan.

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## Participants

Traditionally, public health was the role of the local health department. Faced with growing complex social issues and with health being such a multifaceted challenge, the players in public health have expanded. No single organization has the resources or expertise to meaningfully create sustained health improvement. The emergence of the new public health system is made up of traditional and non-traditional members who by collaborating have a greater capacity to see improved health outcomes.

The input from the following members of the Cumberland County Public Health System have guided the discussion and decision making processes which have led to the identification of the four most significant health priorities for Cumberland County. Participating organizations provided representation at planning meetings:

- Cumberland Medical Center
- Fairfield Glade
- Mayor of Crossville
- Mayor of Cumberland County
- Cumberland County Schools
- Cumberland County Sheriff
- Crossville Police Department
- Upper Cumberland Human Resource Agency
- Rural Health Clinic
- Cumberland County Health Council
- House of Hope
- Plateau Pregnancy Center
- Habitat for Humanity
- Cumberland Mountain Mental Health
- United Fund
- Cumberland County Health Department
- Fair Park Senior Center
- Bradford Rehabilitation
- Cumberland County Emergency Medical Services
- Uplands Village
- City of Crossville
- Tennessee College of Applied Technology
- Cumberland County Bank
- Crossville Parks and Recreation

### **The Cumberland County Public Health System**

Civic Groups	Home Health
Community Centers	Hospitals
Corrections	Laboratory Facilities
Cumberland County Health Department	Libraries
Doctors	Local Government
Drug Treatment	Mental Health
Economic Development	Nursing Homes
Employers	Parks
EMS	Philanthropies
Environmental Health	Police
Faith Communities	Schools
Fire Departments	

# BUILDING UPON THE FIRST ASSESSMENT

The federal government modified its assessment guidelines in 2015 after taking into consideration the concerns of hospitals and health systems. Significant issues identified by the assessments are complex and at the core of many of the health issues facing communities. Many hospitals preferred not to completely re-do the first global assessment, because not enough time had passed to see measurable progress on initial priorities. The federal government gave hospitals the option of completely doing a new assessment or building upon the findings from the first assessment. Cumberland Medical Center chose the later.

## OUR PROCESS

In 2012 when Cumberland Medical Center completed its first assessment, the final guidelines had not been issued by the federal government for the assessment process. At that time all health issues identified in the assessment had to be incorporated into the hospital's Implementation Plan. In the final ruling, issued in 2013, only the most significant issues were required. Consequently, in 2012 Cumberland Medical Center ended up with 11 priority areas.

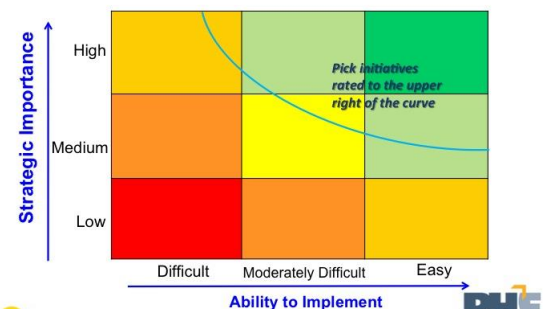
Working with the University of Tennessee-Knoxville School of Public Health, a process was devised to "build upon" the first assessment. In the Fall of 2015, the data for each of the 11 priority areas were compiled for the most recent year available, county demographics were updated, and a community health forum was held with 34 community leaders participating. An assessment tool, "Forces of Change," was used from the Center for Disease Control's national Mobilizing for Action through Planning and Partnerships (MAPP) framework. This assessment tool provided an analysis of trends, events and factors that influence the ability of a community to improve its health status.

In the Spring of 2016 an assessment data team was formed with participants representing the hospital, health department, social service agencies and funders. Each member was given a data notebook containing a summary report from the Forces of Change workshop, updated demographics and updated data for each of the previously determined 11 priority areas.

Over a two-week period the team met to discuss the data, and using a modified Hanlon process answered, and scored the priority areas based upon 1) How significant is this issue? 2) How serious is this issue? 3) How effective are the interventions? and 4) How feasible are the interventions?

In validating the data and prioritizing the issues, three tools were used which ultimately resulted in the four most significant issues.

**Setting Implementation Priorities  
for Initiatives or Performance Measures**



1. Methodology adapted from the Hanlon Method
2. Public Health Foundation – Setting Implementation Priorities (looking at an issue's strategic importance relative to its ability to implement)
3. Nominal voting process giving each team member 10 dots to vote for the remaining priorities



# PRIORITIES FOR 2015 - 2018

After extensive discussion, the data team selected the following four health opportunities to focus on during the 2015 - 2018 assessment cycle:

1. Substance Abuse
2. Physical Activity
3. Obesity
4. Access to and Affordability of Healthcare

Other important priorities included smoking, heart disease and cancer but the Data Team felt that the Health Department's tobacco plan and its corresponding funding for Cumberland County was sufficient to address that priority. The Team also felt that heart disease and cancer would already benefit from the smoking priority and the four above-mentioned priorities being addressed.

## A REVIEW OF DATA

### Cumberland County Demographics

#### 2011- 2015 Comparison\*

Demographics	2011	2015	Tennessee 2015
Population	54,109	57,466	6,495,978
% Below 18 years of age	18.9%	18.5%	23.0%
% 65 and older	26.1%	28.4%	14.7%
% Non-Hispanic African American	0.5%	0.5%	16.8%
% Asian	0.3%	0.5%	1.6%
% Hispanic	1.7%	2.7%	4.9%
% Non-Hispanic White	97.2%	95.0%	74.9%
% Female	51.6%	51.2%	51.2%
% Rural	69.3%	60.9%	33.6%

\*Source - County Health Rankings

### Forces of Change Summary Findings

Forum participants, through structured and timed discussions, gave voice to their perceptions of the forces impacting the health of Cumberland County. The group identified the top "most critical forces" and then determined the threats and opportunities created by those forces.

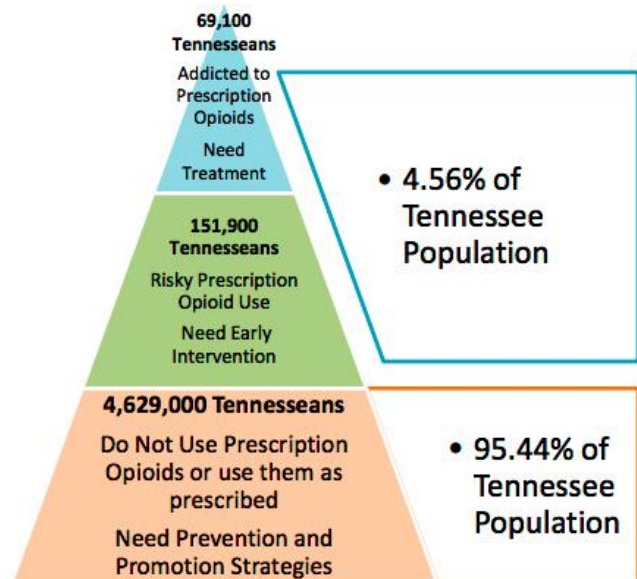
The most critical forces in Cumberland County:

- Substance Abuse
- Weakening job availability/Faltering economic stability
- Shifting family structure
- Educational opportunities
- An aging population

# A REVIEW OF DATA (CONTINUED)

## Drug Abuse in the United States, Tennessee and Cumberland County

It wasn't that long ago that the discussion around drug abuse centered on alcohol, marijuana, LSD and cocaine. In the past decade a new epidemic has emerged and taken center stage: the use and abuse of prescription drugs, particularly opiates. Prescription drug abuse is a global problem, and the U.S. is the world's biggest addict. The abuse of opiates from prescription drugs and heroin is an epidemic in Tennessee with disastrous and severe consequences to Tennesseans of every age, including overdose deaths, emergency department visits, hospital cost, newborns with Neonatal Abstinence Syndrome, children in state custody, and people incarcerated for drug-related crimes.

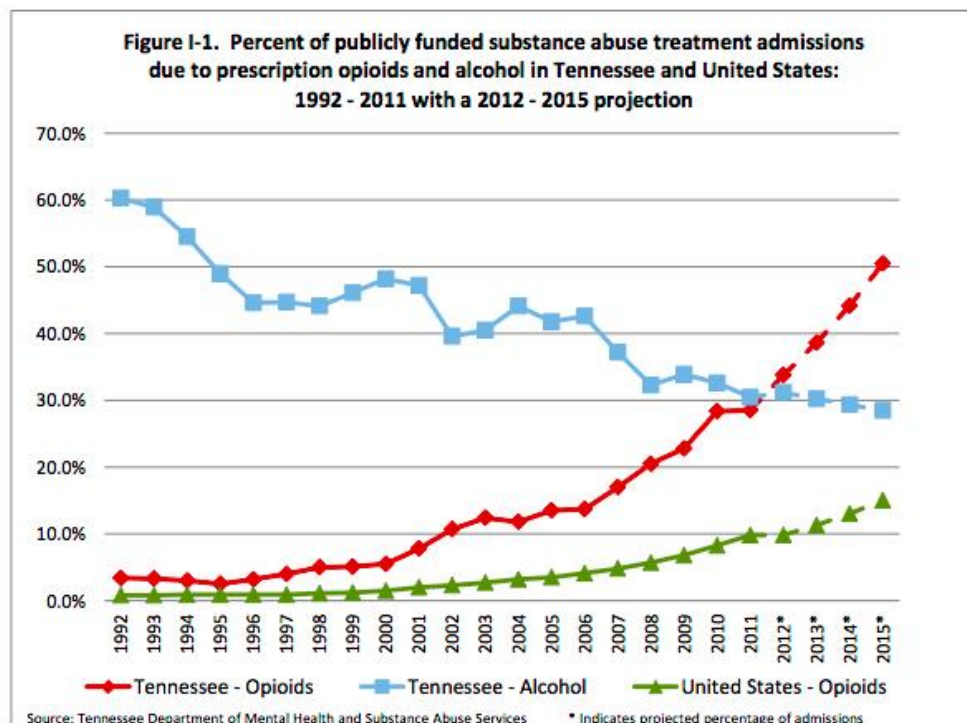


### 1. How Significant is this Issue?

- Americans account for 99% of the world's hydrocodone (Vicodin) consumption, 80% of the world's oxycodone (Percocet and Oxycontin) consumption and 65% of the world's hydromorphone (Dilaudid) consumption.
- An estimated 52 million Americans use prescription drugs for nonmedical reasons at least once in their lifetimes, with some using prescription drugs for recreational purposes.
- Doctors wrote 55 million opioid prescriptions for people 65 and older in 2013, a 20 percent increase over the last five years. The same year, doctors wrote more than 38.4 million prescriptions for depressants to people over the age of 65, a 12% increase over the last five years, according to USA Today.
- For many years, alcohol was the primary substance for abuse. However, in 2012 prescription opioids surpassed alcohol as the primary substance for abuse for people who were funded through the Tennessee Department of Mental Health and Substance Abuse Services.
- Tennesseans were more than three times more likely to identify prescription opioids as their primary substance for abuse than the national average.
- Tennessee ranks 2nd in the nation for prescription drug abuse.
- In 2013, according to the Tennessee Bureau of Investigation, Tennessee led the nation in meth use. In the first nine months of 2014, law enforcement agencies seized 813 meth labs in Tennessee, the second highest in the nation.



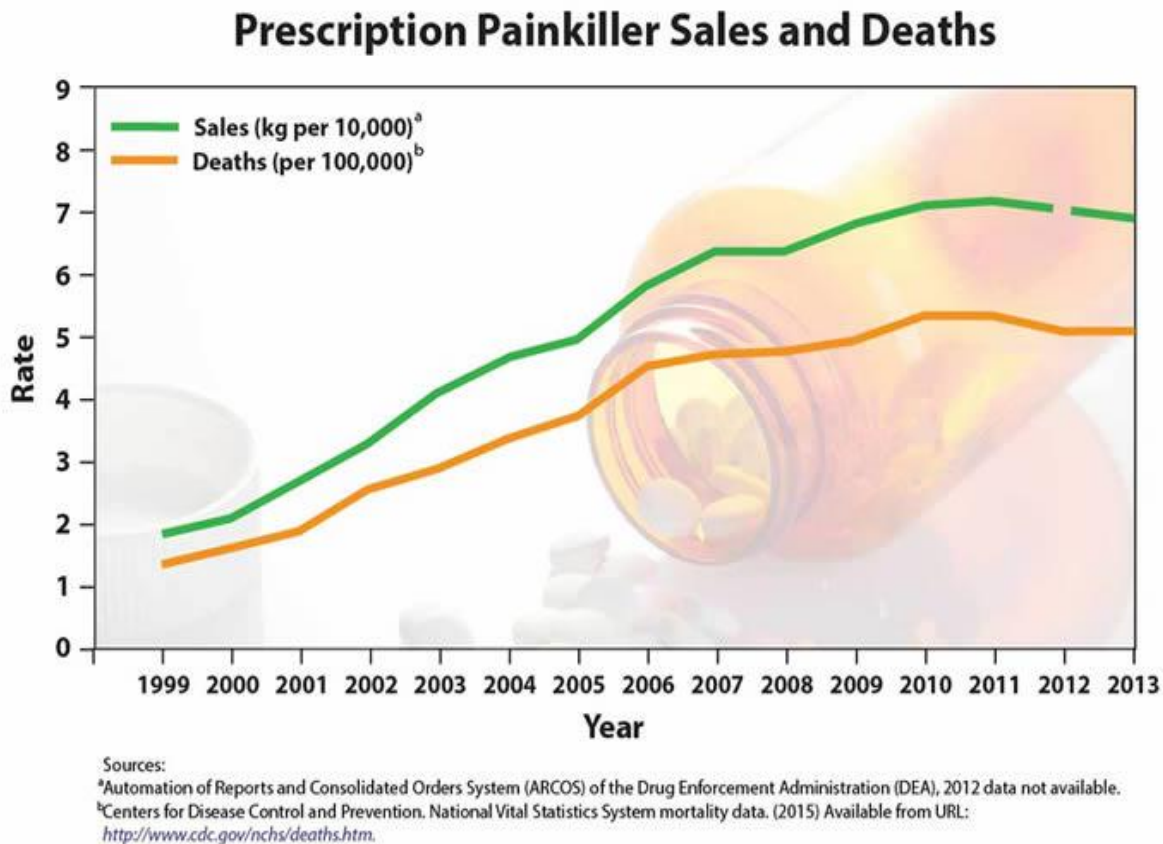
- In Tennessee people addicted to opioids are more likely to be married, employed, and have greater than 12 years of education.
- There were almost 100 unique admissions to a TDMHSAS-funded substance abuse treatment facility for people 18 and over in Cumberland County who were dependant on or abused illicit drugs or alcohol in fiscal year 2012-2103.
- There were almost 500 drug arrest in Cumberland County in 2012.
- There were 13 overdose deaths in Cumberland County in 2012, up from three in 1999.
- In the first six months of 2014 there were 440 cases of Neonatal Abstinence Syndrome (NAS) or drug-dependent newborns in Tennessee. Of those, 52 mothers reside in the Upper Cumberland region, of which Cumberland County is part.



## 2. How Serious is this Issue?

- In Tennessee deaths attributed to prescription drug overdose have risen by 200 percent since 1999.
- Over the last 10 years, the number of newborn babies suffering from drug dependencies at birth (NAS) has soared by 1,000 percent.
- More than 50% of the children removed from their parents by the Department of Children's Services were taken from parents experiencing drug problems.
- If the state were to provide treatment and rehabilitation for every prescription drug addict unable to pay for services, it would cost Tennessee tax payers approximately \$28 million.
- Meth is costing Tennessee taxpayers more than \$1 billion a year. In 2013 meth cost the state \$1.6 billion for investigations, chemical clean-ups, incarcerating suspects, caring for children of meth adults and medical care for patients burned in meth labs.

- Another disturbing aspect of Tennessee's prescription drug problem has been the effect on the state's rate of heroin consumption. As an opioid, heroin is a cheap alternative for addicts who cannot afford oxycodone or hydrocodone.
- In 2012 and 2013, more people died from drug overdoses in Tennessee than in either motor vehicle accidents, homicides or suicides.



### 3. How Effective are the Interventions?

- The Tennessee Prescription Safety Act of 2012 has several key provisions to assist in the effort to control the opioid epidemic such as requiring all prescribers and dispensers of controlled substances to register in the Controlled Substance Monitoring Database. As of January 2013, all prescribers must check this database prior to prescribing opioids or benzodiazepines for a patient. Every seven days dispensers are required to report to the database all controlled prescriptions dispensed, as well as the source of payment.
  - a) Since 2013, the database has 33,000 individuals' opioid and benzodiazepines prescriptions in it, and has been accessed by prescribers and dispensers nearly three million times.
  - b) As utilization of the Controlled Substance Monitoring Database has increased, the number of people "doctor shopping" has decreased. In 2012, 96 individuals in Tennessee were convicted of doctor shopping; in 2013 that number approached 204.
- Restricting access to cold and sinus medications that contain pseudoephedrine, the choice ingredient for meth makers, has caused a dramatic decrease in meth labs, in some cases up to a 90% reduction.



- National Prescription Drug Take-Back Day is a program of the Drug Enforcement Agency, which aims to provide a safe, convenient and responsible means of disposing prescription drugs while also educating the public about the potential for abuse of medications. In 2012 Tennessee collected over 10,000 pounds of pills in its Take Back Days.
- Drug Courts in the past two decades have rapidly expanded and have demonstrated a 50-75% effectiveness in reducing drug use and crime.
- The Safe Harbor Act of 2013 designated pregnant women as priority users of available treatment from publicly funded drug addiction treatment providers. There is no data available yet on the effectiveness of this Act.
- Methadone treatment has been shown to increase participation in behavioral therapy and decrease both drug use and criminal behavior. However, individual treatment outcomes depend on the extent and nature of the patient's problems, the appropriateness of treatment and related services used to address those problems, and the quality of interaction between the patient and his or her treatment providers.
- Successful treatment for addiction typically requires continual evaluation and modification as appropriate, similar to the approach taken for other chronic diseases. For example, when a patient is receiving active treatment for hypertension and symptoms decrease, treatment is deemed successful, even though symptoms may recur when treatment is discontinued. For the addicted individual, lapses to drug abuse do not indicate failure—rather, they signify that treatment needs to be reinstated or adjusted, or that alternate treatment is needed.

#### 4. How Feasible are the Interventions?

- Largely due to the local efforts of concerned leaders, legislators, community-based agencies, law enforcement and the court system, Cumberland County residents are aware of the drug problems in their community.
- Cumberland County does not at the present time have an inpatient facility to deal with drug treatment and rehabilitation.
- There are two substance abuse outpatient facilities in Cumberland County:
  - **Cumberland Plateau Recovery** – Intensive outpatient for adults and adolescents.
  - **Cumberland Heights** – Intensive outpatient for adults (The organization also has an inpatient facility in Nashville).
- Teens Against Drugs (TAD) Center in Crossville – provides individual counseling.
- Crossroads Counseling Center – provides alcohol and drug assessments for the courts, Department of Children's Services, and private individuals.
- There are two substance-abuse providers that cover Crossville:
  - **Bradford Health Services** – provide inpatient detox, rehabilitation and long-term rehabilitation for adults and adolescents. The inpatient facilities for Bradford are in Alabama.
  - **Tenbroeck of Tennessee** – a psychiatric inpatient facility (adult only); also provides a 3-5 day detox program. They also do partial hospitalization and outpatient services for dually diagnosed patients.

- The Health Department provides Neonatal Abstinence Syndrome Education programs.
- Crossville recently established an Anti-Drug Coalition.
- Crossville also has a Drug Court to divert eligible offenders into rehabilitation instead of incarceration.

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## DATA SOURCES

<https://www.drugwatch.com/2015/07/29/drug-abuse-in-america/>

<https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment>

Prescription for Success – Statewide Strategies to Prevent and Treat the Prescription Drug Abuse Epidemic in Tennessee. A report produced by the Tennessee Department of Mental Health and Substance Abuse Services, Summer 2014.

<http://wkcr.com/2013/04/25/tennessee-ranks-2nd-in-nation-for-prescription-drug-abuse/>

<https://www.tn.gov/news/36210>

<http://www.tennessean.com/story/opinion/contributors/2015/10/12/tennessees-meth-problem-war-wages/73824910/>

[http://www.tn.gov/mental/policy/tdmhsas.data\\_rpt.shtml](http://www.tn.gov/mental/policy/tdmhsas.data_rpt.shtml)

<https://www.cdc.gov/drugoverdose/epidemic/>

<http://www.nadcp.org/learn/facts-and-figures>

<https://www.recoveryranch.com/articles/drug-addiction/health-officials-scramble-to-respond-as-prescription-drug-abuse-epidemic-sweeps-through-tennessee/>



# A REVIEW OF DATA (CONTINUED)

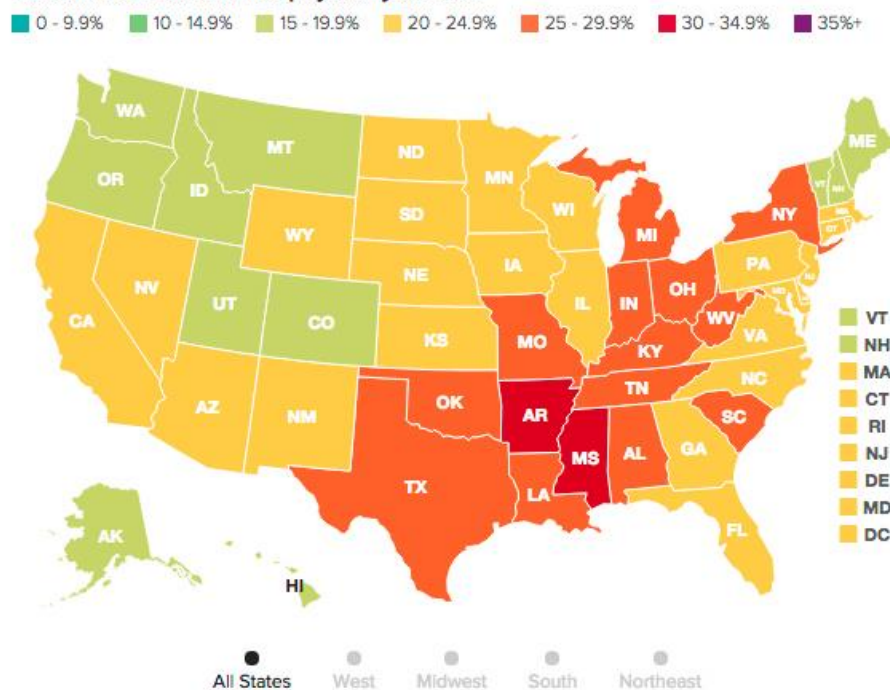
## Physical Inactivity in the United States, Tennessee and Cumberland County

Physical activity can improve health. People who are physically active live longer and have lower risk for heart disease, stroke, type 2 diabetes, depression and some cancers.

### 1. How Significant is this Issue?

- In 2015 Tennessee ranked 42nd as the state whereby adults reported that they did not engage in any physical activity during the previous 30 days other than doing their regular jobs.
- In 2012 the percent of Cumberland County adults reporting no physical activity during a 30-day period was 28% and in 2015 was 29%. The Tennessee statewide percent remained at 30% for the same time period.
- In 2015 66% of adults in Cumberland County reported adequate access to locations for physical activity (this was not tracked in 2012).

Percent of adults who are physically inactive



- Educational level plays a role in one's activity. Adults with less than a high school education who report being inactive - 42%. Adults with high school education report 31.7% and those with a college education report 12.2% as being inactive.
- During the life cycle as people are aging, they are also reporting to be increasingly more sedentary – 18-44 years of age (19.3%), 45-64 years of age (25.6%) and 65+ (31.2%).

- Income level is also a predictor of activity level. Among adults in households of incomes less than \$25,000, 37.4% reported they were inactive. Incomes between \$25,000- 50,000 (26.8%), incomes of \$51,000 - \$75,000 (19.3%) and adults with incomes above \$75,000 had inactivity percentages of 12.2%.

### **How Serious is this Issue?**

- Sedentary adults pay \$1,500 more per year in healthcare cost than physically active adults.
- Being physically inactive is responsible for one in 10 deaths among U.S. adults.
- Eighty percent of American adults do not meet the government's physical activity recommendations for aerobic and muscle strengthening.
- There are health risks to being sedentary, including increased risk of mortality and metabolic syndrome.
- Although it is hard to quantify the hospitalization rates and costs of a sedentary lifestyle, one could begin by adding up the costs of adult-onset diabetes, heart disease, depression, obesity and stroke.

### **How Effective are Interventions?**

Regular exercise has been proven again and again to be one of the safest and most effective means to improve health while reducing health risk.

- Controls weight
- Reduces risk of cardiovascular disease ( heart disease and stroke)
- Reduces risk of type 2 diabetes and metabolic syndrome
- Reduces risk of some cancers
- Strengthens bones and muscles
- Improves mental health and mood
- Improves ability to do daily activities, remain independent and prevent falls among older adults
- Increases the chance of living longer
- Regardless of age, ethnicity, shape or size, everyone can gain the health benefits of physical activity.
- Only a few lifestyle choices have as large an impact on health as physical activity. People who are physically active for about 7 hours a week have a 40 percent lower risk of dying early than those who are active for less than 30 minutes a week.

### **How Feasible are Interventions?**

- Although 66% of adult Cumberland County residents reported adequate access to locations for physical activity. They need to be encouraged to begin accessing these facilities and resources.

- Walking is an activity that most anyone can do on a daily basis. It does not require any specialized equipment, can be done indoors or outdoors, and it is free.
- As of the 2015 there are 54.1 miles of public access trails for taking walks in Cumberland County.
- Friends of Fairfield Glades is a coalition of Cumberland County residents who lead hikes and are active in maintaining and building new trails.
- There are five or more exercise facilities in Cumberland County including: Cumberland Medical Center Wellness Complexes, Brikhouse Gym, Peak Fitness, Curves and Fusion Superfit Complex.
- There are several Tai Chi locations in the county, including at the library and at Mountain View Studio.
- The Walks-a-Lot program is a 20-week long program beginning in June for walking clubs supported by Cumberland Medical Center and the Health Department. It is a contest to encourage individuals and families to walk different parking lots and parks in the area to help fight obesity.
- The Health Department works with after school physical activity programs.
- The Parks and Recreation Department offers a diverse menu of activities for residents of all ages:

#### **Centennial Park**

4 adult softball fields	12 outdoor horseshoe pits
4 youth softball fields	2 fully accessible playgrounds
1 t-ball field	4 sand volleyball courts
1 regulation baseball field	2 tennis courts 4 basketball half courts
3 field house/concession stand buildings	Skate park
1.3 mile paved walking trail	2 lighted picnic pavilions
12 covered horseshoe pits	Dog park

#### **Garrison Park**

1 softball field  
1 regulation baseball field with grandstand  
1 basketball court

#### **Duer Soccer Complex**

12 acres of variable soccer field playing space

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#### **DATA SOURCES**

<http://www.mayoclinic.org/health-lifestyle/fitness/in-depth/exercise/art-20048389?pg+2>

<http://www.americashealthrankings.org/TN/activity>

<https://www.cdc.gov/physicalactivity/basics/pa-health/>

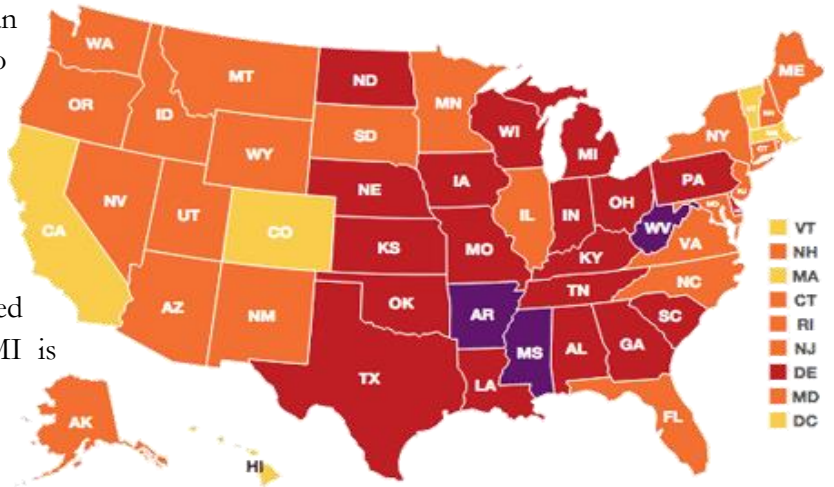
<http://www.countyhealthrankings.org/>



# A REVIEW OF DATA (CONTINUED)

## Obesity in the United States, Tennessee and Cumberland County

More people are overweight today than ever before. In fact, almost 70 percent of Americans ages 20 and older are overweight. And of those, about one third are considered obese. Being overweight or obese are both terms for having more body fat than what is considered healthy. Both are used to identify people who are at risk for health problems from having too much body fat. However, the term "obese" generally means a much higher amount of body fat than "overweight." The differentiation between overweight and obesity is based upon one's Body Mass Index (BMI). BMI is calculated from height and weight. A BMI between 25 and 29.9 is considered overweight, while BMI of 30 or more is considered obese.

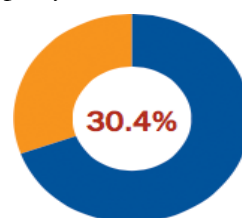


According to the most recent data, rates of obesity now exceed 35 percent in three states (Arkansas, West Virginia and Mississippi) 22 states have rates above 30 percent, 45 states are above 25 percent, and every state is above 20 percent. Arkansas has the highest adult obesity rate at 35.9 percent, while Colorado has the lowest at 21.3 percent. The data show that 23 of 25 states with the highest rates of obesity are in the South and Midwest.

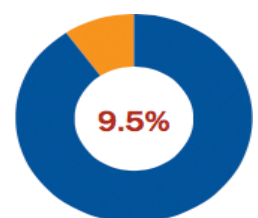
### How Significant is this Issue?

- According to *The State of Obesity: Better Policies for a Healthier America 2015*, Tennessee has the 14<sup>th</sup> highest adult obesity rate in the nation. Tennessee's adult obesity rate is currently at 31.2%, up from 20.9% in 2000 and from 11% in 1990.
- Cumberland County in 2015 had a 27% adult obesity rate. This rate has held steady since 2012.
- Individuals with lower income and/or education levels are disproportionately more likely to be obese. More than 33 percent of adults who earn less than \$15,000 per year are obese, compared with 24.6 percent of those who earned at least \$50,000 per year.
- Approximately 214,000 of 607,000 Tennessee children ages 10-17 years (35.3%) are considered overweight or obese according to BMI-for-age standards.

Adults	31.2%
High Schoolers	16.9%
10-17 yr. olds	20.5%
Low Income 2-4s	14.2%



No High School Diploma

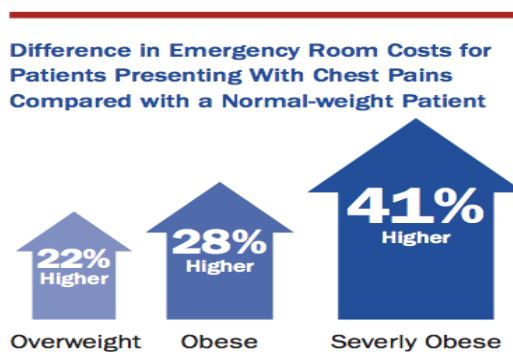


College Degree

- More than one in three (34.8%) white non-Hispanic children in Tennessee are overweight or obese, ranking the state 49th for this race subgroup, ahead of only West Virginia and Kentucky.

### How Serious is this Issue?

- Obesity is one of the biggest drivers of preventable chronic diseases and healthcare costs in the United States. Currently, estimates for these costs range from \$147 billion to nearly \$210 billion per year. Additionally, obesity is associated with job absenteeism, costing approximately \$4.3 billion annually and with lower productivity while at work, costing employers \$506 / per obese worker per year. As a person's BMI increases, so do the number of sick days, medical claims and healthcare cost. For instance:
- Obese adults spend 42% more on direct healthcare costs than adults who are a healthy weight.
- Per capita healthcare costs for severely or morbidly obese adults (BMI>40) are 81% higher than for healthy weight adults.
- Weight-loss programs were a \$2.5 billion-per-year business in 2014, and the industry is expected to grow.
- Moderately obese (BMI between 30 and 35) individuals are more than twice as likely as healthy weight individuals to be prescribed prescription pharmaceuticals to manage medical conditions.
- Individuals who are obese are more likely to have comorbid/chronic diseases such as heart disease, hypertension, cancer and diabetes, which lead to decreased quality of life and early mortality.
- Cost for patients presenting at the emergency rooms with chest pain are 41% higher for severely obese patients, 28% higher for obese patients and 22% higher for overweight patients than for healthy weight patients.



### How Effective are Interventions?

- Of thousands of weight-loss studies reviewed, Johns Hopkins researchers found only a few dozen are scientifically rigorous and reliable enough to be used in decision-making
- In the few commercial programs tested in gold-standard trials lasting 12 months or longer, participants achieved modest, sustained weight loss.
- Based on their analysis of the studies, the researchers found Jenny Craig and Weight Watchers were backed by clinical trials that lasted 12 months or longer and showed program participants had a greater weight loss than nonparticipants.
- Nutri-System also produced more weight loss at three months than counseling or education alone, but the authors were unable to find any long-term trials of that program.
- Participants in the very-low-calorie meal replacement programs lost more weight than nonparticipants in trials lasting from four to six months. But the authors found only one long-term study, which showed no benefit from such a program at 12 months. The authors noted that very-low-calorie programs also carry higher risks of complications, such as gallstones.

## How Feasible are Interventions?

- Of all the chronic conditions affecting a community, obesity is hard to miss. Anyone dealing with a weight problem is very aware of the limitations it carries and most would like to reduce their weight to a healthy level.
- Although there are no bariatric providers offering weight-loss services in Cumberland County, bariatric service is provided in the Covenant Health system, about an hour away.
- Cumberland Medical Center has two wellness complexes with fitness classes and trainers to assist clients with their individual programs.
- The new urgent care clinic in Crossville, “Fast Pace,” offers a medical weight loss program.
- Federal matching funds provided by the Affordable Care Act make obesity screening and counseling available to people covered by federal health insurance exchanges and some Medicaid recipients.
- The Health Department offers a Healthy Eating/Be Active class – 6 bi-weekly classes taught year-round promoting physical activity, healthy cooking and food choices, and other healthy lifestyle behaviors.
- There are two Weight Watcher locations in Crossville: Crossville Outlet Center and at the Fairfield Glade United Methodist Church.

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## DATA SOURCES

*The State of Obesity: Better Policies for a Healthier America*, a report from the Trust for America's Health (TFAH) and the Robert Wood Johnson Foundation (RWJF).

<http://tfah.org/reports/stateofobesity2015/release.php?stateid=TN>

The Healthcare Costs of Obesity, A project of the Trust for America's Health and the Robert Wood Johnson Foundation. <http://stateofobesity.org/healthcare-costs-obesity/>

Tennessee State Obesity Data, Rates and Trends, <http://stateofobesity.org/states/tn/>

John Hopkins Medicine,

[http://www.hopkinsmedicine.org/news/media/releases/few\\_commercial\\_weight\\_loss\\_programs\\_show\\_reliable\\_evidence\\_of\\_effectiveness\\_johns\\_hopkins\\_reports](http://www.hopkinsmedicine.org/news/media/releases/few_commercial_weight_loss_programs_show_reliable_evidence_of_effectiveness_johns_hopkins_reports)

Childhood Obesity Action Network, [www.nichg.org/obesityaction](http://www.nichg.org/obesityaction) network

County Health Rankings and Roadmaps, <http://www.countyhealthrankings.org/>



# A REVIEW OF DATA (CONTINUED)

## Access to Care in Cumberland County

In the context of access to care, one must look at access in terms of transportation, availability of physicians, the availability of clinics, particularly those clinics that serve those with low incomes, and having insurance (see Affordability tab).

### How Significant is this Issue?

- The Affordable Care Act (ACA) is adding millions of previously uninsured citizens to the already swollen ranks of healthcare consumers, which is bound to exacerbate the shortage of primary care physicians, particularly as we move from sick care to health care, which is mostly to be provided by primary-care facilities.
- The portion of the population most disproportionately affected are those who, based on income, did not qualify for subsidized health insurance premiums and would have benefited if Medicaid expansion happened in Tennessee.
- Transportation access, particularly for medical needs, disproportionately affects low-income and senior populations.
- Since the health insurance exchange market was set up, there are 122,242 more Tennesseans with health insurance. In 2015, 18% of Cumberland County residents were still uninsured.

### How Serious is this Issue?

- Demand for primary care services is projected to grow, mostly due to population aging and growth. Aging and population growth are projected to account for 81 percent of the change in demand between 2010 and 2020.
- People who cannot access care will often delay care, resulting in worsening their health and then ending up going to the emergency room for care.
- Recruiting primary care physicians for smaller communities like Crossville has proven to be challenging, as many new physicians are looking to practice in larger cities.
- Based upon the population of Cumberland County in 2014, the number of primary care providers should be about 41. Presently there are 26 (Family Practice + Internal Medicine) providers. Nurse Practitioners and Physician Assistants are not included in these numbers. Both categories of mid-level providers would help offset the deficiency.
- Most primary care providers in Cumberland County have full practices and are not taking new patients.
- Access to primary healthcare is particularly important for conditions such as diabetes and for preventive care such as immunizations. For chronic conditions, continuity of care and proactive treatment of risk factors can improve health, prevent or delay complications and reduce cost such as hospitalization.

- With the closing of the Rural Health Clinic in Cumberland County last December, the uninsured will have a more difficult time locating medical care.

#### **How Effective are Interventions?**

- The use of physician extenders or mid-levels such as nurse practitioners or physician assistants can effectively improve access to primary care.
- Medicaid expansion would open up access to many uninsured in Cumberland County, but the challenge would be finding primary care providers who could handle the increase in demand for services.

#### **How Feasible are Interventions?**

- Local resources to help the uninsured include the Bread of Life Shelter and Clinic, the Cumberland County Health Department and the Crab Orchard Mobile Clinic.
- Fast Pace Urgent Care opened a primary care clinic recently improving access to primary care and to assist patients after discharge from the hospital.
- The Upper Cumberland Human Resource Agency's Public Transit System provides public transportation to rural residents of all ages, giving first priority to elderly, handicapped persons and the economically disadvantaged with medical needs.
- Covenant Health and Cumberland Medical Center are actively recruiting year round to bring new physicians to the area.

# A REVIEW OF DATA (CONTINUED)

## Affordability of Healthcare in the United States, Tennessee and Cumberland County

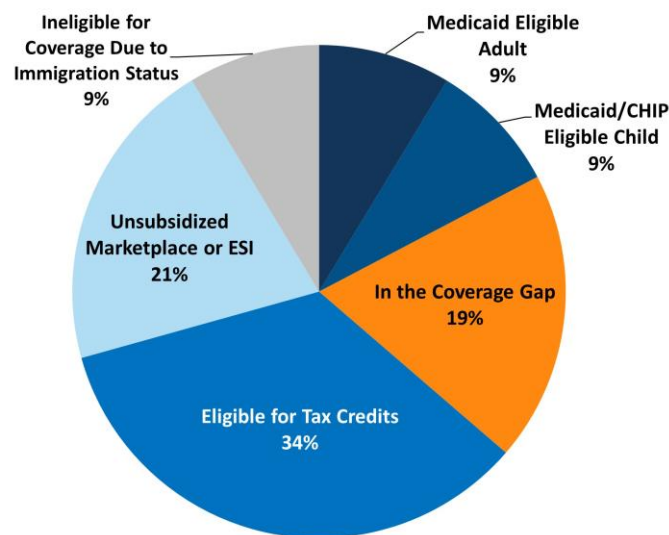
Having insurance is important to the health of families and their wallets. Health insurance can significantly reduce out-of-pocket expenses, the leading cause of personal bankruptcy in the U.S. In 2014, three in five bankruptcies were due to medical bills.

### How Significant is this Issue?

According to the Kaiser Family Foundation, based on 2014 Medicaid eligibility levels there were 850,000 uninsured nonelderly Tennesseans, 162,000 of which (19%) who would have been eligible for Medicaid if the state expanded its Medicaid program.

Figure 2

### Eligibility for Coverage as of 2014 Among Currently Uninsured Tennesseans



Total = 850,000 Uninsured Nonelderly Tennesseans

Notes: People who have an affordable offer of coverage through their employer or other source of public coverage (such as Medicare or CHAMPUS) are ineligible for tax credits. Unauthorized immigrants are ineligible for either Medicaid/CHIP or Marketplace coverage. SOURCE: Kaiser Family Foundation analysis based on 2014 Medicaid eligibility levels and 2012-2013 Current Population Survey.

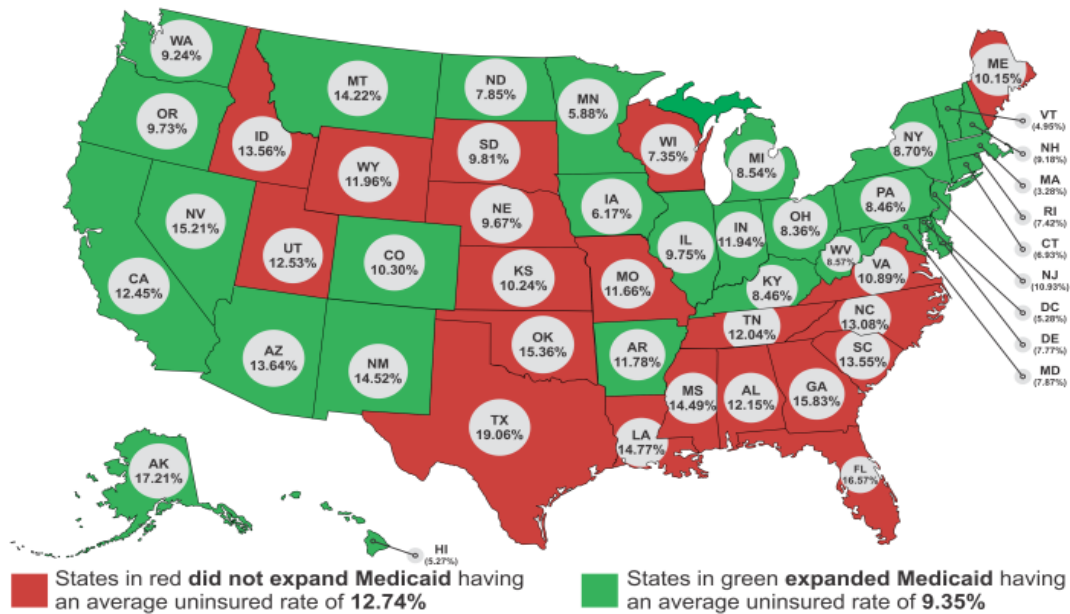


- In 2014, Tennessee ranked 34th in its uninsured rate, largely due to the state's choice not to expand the access to Medicaid-eligible persons.
- From the time the Affordable Care Act was enacted (2010) through 2014, Tennessee's uninsured rate dropped by 2.3% or 122,242 persons.



- In 2015 while Tennessee's overall uninsured rate was 16%, Cumberland County had an 18% rate, slightly better than 2012 (19%).

### Average Uninsured Rate for the States That Expanded Medicaid vs. the States That Did Not Expand Medicaid as of 2014



### How Serious is this Issue?

- Despite having year-round insurance coverage, 10 million insured Americans will face bills they are unable to pay.
- In 2014 one in five American adults struggled to pay medical bills.
- Over 35 million American adults (ages 19-64) will be contacted by collection agencies for unpaid medical bills.
- Nearly 17 million American adults will receive a lower credit rating because of high medical bills.
- Over 15 million American adults will use up all their savings to pay medical bills.
- Over 11 million American adults will take on credit card debt to pay off their hospital bills.
- In 2014 1.7 million Americans live in households that will declare bankruptcy due to their inability to pay their medical bills.
- To save cost, over 25 million adults will not take their prescriptions drugs as indicated, including skipping doses, taking less medication than prescribed or delaying a refill.
- Poor medication adherence can lead to even worse financial outcomes as patients avoid preventive care and instead use expensive ambulance and emergency room care as their health worsens.

## How Effective are Interventions?

- The Affordable Care Act's subsidized insurance options and consumer protections reduced the number of uninsured working-age adults from an estimated 37 million people, or 20% of the population, in 2010 to 29 million, or 16% by the second half of 2014.
- For the first time since 2001, the annual Commonwealth Fund Health Insurance Survey finds declines in the number of people who report cost-related access problems. The number of adults who did not get needed healthcare because of cost declined from 80 million people (43%) in 2012 to 66 million (36%) in 2014.
- In states that did not expand Medicaid access, the poor who do not qualify for subsidized health plans are left with very limited healthcare resources.

## How Feasible are Interventions?

- Affordability and access go hand in hand. Many communities lack sufficient number of healthcare providers to provide care to newly insured consumers.
- According to the Commonwealth Fund 2015 annual insurance survey, in the 12-month period ending in July-August 2015, 25% of privately insured adults had unaffordable health care costs in terms of premiums, deductibles or out-of-pocket cost.
- Insurance and health care cost had by far the greatest impact on the budgets of low-and moderate-income families.
- Two of five privately insured adults said it was difficult or impossible to afford their deductible.
- Adults whose deductibles were high relative to their income were significantly more likely to report delaying or avoiding needed healthcare than those with lower deductibles.
- On December 22, 2015, the Rural Health Clinic in Crossville closed its doors, citing financial difficulty in remaining a viable provider of healthcare for the communities' uninsured.

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## DATA SOURCES

<http://www.commonwealthfund.org/publications/issue-briefs/2015/jan/biennial-health-insurance-survey>

<https://wallethub.com/rates-of-uninsured-by-state-before-after-obamacare/4800/#race>

<http://kff.org/health-reform/fact-sheet/state-profiles-uninsured-under-aca-tennessee/>

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<http://www.commonwealthfund.org/publications/issue-briefs/2015/nov/how-high-health-care-burden>

# CUMBERLAND MEDICAL CENTER IMPLEMENTATION PLAN

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## Priority: Substance Abuse

**GOAL:** Educate the medical community regarding prescription drug abuse.

**ACTION PLAN:**

- Partner with Bradford Health Services to host a medical conference to educate community physicians on the following topics:
  - Alternatives to narcotics for the treatment of chronic pain (prescribing practices)
  - Medication-assisted treatments for opiate addiction
  - Early intervention in a primary care setting
- Partner with Cumberland County Rising (drug coalition)
- Continue to sponsor drug take-back events at the Fairfield Glade and Crossville wellness complexes and CMC-sponsored health fairs.

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## Priority: Physical Inactivity

**GOAL:** Increase physical activity in our community by providing organized events and education.

**ACTION PLAN:**

- Healthier Tennessee Initiative – partnership with the local health department, City of Crossville, the Cumberland County school system, and UT.
- Conduct Covenant Health hiking events with Missy Kane.

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## Priority: Obesity

**GOAL:** Raise awareness of the dangers of obesity.

**ACTION PLAN:**

- Sponsor healthy cooking demonstrations and seminars at CMC wellness complexes.
- Provide nutritional education for children through CMC's diabetes services program for diagnoses such as obesity, pre-diabetes, and hypercholesterolemia.

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## Priority: Access and Affordability of Healthcare

**GOAL:** Improve access to healthcare and assist uninsured patients who are eligible for various programs.



### **ACTION PLAN:**

- Sponsor health fairs to provide low-cost access to screenings (blood pressure, blood sugar, cholesterol, and other lab tests)
- Continued partnership with the Bread of Life Mission to provide free access to medical care for indigent patients
- Med-Assist program provides opportunities for uninsured patients to apply for disability, Tenn-Care, and charity care
- Provide access to free mammograms for patients meeting specific criteria in conjunction with Susan G. Komen
- Ongoing recruitment efforts for primary care and specialty physicians

## **A SPECIAL THANK YOU TO THE COMMUNITY LEADERS WHO SERVED ON THE ASSESSMENT DATA TEAM:**

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Debi Davis	Cumberland Medical Center, Physician Services Director
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David Rutherford	Crossville City Manager
Jan Sellers	Health Council, Chair
Bob Valerio	Bradford Rehabilitation



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421 South Main Street • Crossville, Tennessee 38555  
(931) 484-9511

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