



## **Perspective**

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 publicly available.

The Affordable Care Act of 2010 created an opportunity for hospitals and public health agencies to accelerate community health improvement by conducting triennial community health needs assessments and adopting related implementation plans, including strategies that address significant health needs.

Despite the United States spending more than any other nation on healthcare, life expectancy has been declining since 2014, as noted by data from years 2014 – 2017. Declining life expectancy has been fueled by a sharp increase in deaths among the working-age population. There has been a 6% increase in death rates among people 25-64 and a mortality increase nearing 25% among young adults 25-44. This is most pronounced in the "Rust Belt" states and in Appalachia.

If spending more money on healthcare is not getting the United States the gains it needs in population health, perhaps it's time to revisit what really creates health. Evidence demonstrates that the health of an individual and that of a community is 36% influenced by individual behavior, 24% social circumstances, 22% genetics and biology, 11% medical care and 7% physical environment. Without a broader view of health and what determines it, people in the United States are likely to continue to die at younger and younger average ages.

The value of periodic community needs assessments is that they provide an opportunity to bring together the broader public health community to look not only at the most significant health challenges, but to collectively appreciate the complexity of health. This is an important affirmation that health is much more than medical care.

Although Cumberland Medical Center serves patients from multiple counties, more than 50% of its inpatient and outpatient business comes from Cumberland County. Thus, this assessment and its findings are limited to Cumberland County.

# ASSESSMENT PARTNERS

The role of Cumberland Medical Center in the assessment process was one of facilitation. Members of public health agencies, together with Cumberland Medical Center, convened over a period of five months to complete the community health needs assessment.

## **Steering Committee Participants**

The Steering Committee's purpose was to determine the scope of the assessment, and research tools, assist in the design of the survey instrument, select focus group participants, gather primary and secondary health data, produce data notebooks and recruit data team members. The members of the Steering Committee consisted of 1- 2 members of the following organizations:

Cumberland Medical Center
Cumberland County Health Department
Cumberland County Emergency Medical Services
Cumberland County Government
Crossville City Manager
Cumberland Heights
Fairfield Glade Resident Services

## **Data Team Participants**

The Data Team's purpose was to take all the data compiled from the Steering Committee and identify local health priorities from the data. After multiple meetings, the Data Team members determined the most significant priority areas.

Cumberland Medical Center
Cumberland County Health Department
Cumberland County United Fund
Cumberland County Hospice
Cumberland Heights
Coordinated School Health
UT –TSU Extension Service
Cumberland County Rising Anti-drug Coalition

#### **Research Partners**

The research partners' purpose was to provide expertise on survey design, focus group facilitation, data collection, data sources and analysis.

University of Tennessee – Social Work Office of Research and Public Service (UT-SWORPS) Cumberland County Health Department Tennessee Department of Public Health, Nashville, Tennessee

# OUR PROCESS

The 2019 community health needs assessment process began with the formation of a steering committee. Steering committee members represented agencies and organizations who were conducting their own needs assessments for Cumberland County with varying frequency. This assessment provided an opportunity for all to work together to avoid duplication of efforts.

The Steering Committee was the decision-making body for the assessment and was instrumental in designing both primary research components, the community household survey and the focus group moderator's guide. Committee members were also involved in the dissemination of the community survey and focus group recruitment.

The primary research for the assessment centered on a household survey and focus groups. Household survey participation was matched to the demographic profile of Cumberland County for the attributes of income, education level, ethnicity and age. The survey template was provided by the research partner UT – SWORPS, but the questions were customized by the Steering Committee. For statistical significance, 623 surveys were collected through a variety of methodologies, including paper surveys, cell phone and landline calls, an on-line link to the survey and through Facebook. Once the data was analyzed by UT-SWORPS a report was provided to the Steering Committee. (See Appendix C)

The Steering Committee was very intentional about making sure the most vulnerable groups in Cumberland County - the chronically ill, uninsured, seniors and minority populations, had a voice in the assessment process. The focus group design was to recruit community leaders who directly serve these populations and who are most familiar with the daily challenges these at-risk individuals face. Focus group participants were long-term residents of the county and represented the various cities within the county. Two focus groups were held with 11-14 participants in each. UT – SWORPS conducted the focus groups and provided a written report once the responses were analyzed. (See Appendix D)

## Organizations Participating in Focus Groups

Cumberland Medical Center Cumberland County Health Department

Cumberland County United Fund Crab Orchard Mayor

Cumberland County Schools Hospice

Bread of Life Rescue Mission Cumberland County Rising Anti-drug Coalition

Wynd Ridge Fairfield Glade Resident Services

Local Pharmacist Plateau Pediatric Group
Local Nurse Practitioner Coordinated School Health

The Steering Committee identified a list of health indicators from which they wanted county, state and national data. When possible local, state and national data were provided for each indicator. Members of the Steering Committee were helpful in providing data because many represented agencies with access to

public health data, social service data, and data related to demographics, substance abuse, mortality and mental health. The compiled data was put into notebooks.

The Steering Committee expanded its participation to involve other health-related agencies. This larger body became the Data Team. Each Data Team member was provided with a notebook of all the primary and secondary data and given a couple of weeks to review the data. Multiple Data Team meetings followed where team members created a list of identified health concerns. Those concerns were grouped under broad headings and examined as to how strategic and feasible they would be to address. After intense discussion, the Data Team developed a consensus around the most significant issues and narrowed the initial list of health concerns to a list of the top five.





# **PRIORITIES FOR 2020 – 2022**

In rank order as determined by the Data Team:

- 1. Health Education for Chronic Diseases
- 2. Substance Abuse Disorder
- 3. Mental Health Access
- 4. ACES
- 5. More Healthcare Providers for Specialty Services

# A REVIEW OF DATA

## **Cumberland County Data**

Appendix A – Cumberland County Demographics

Appendix B - Cumberland County Mortality Data 2008-2018

Appendix C - Household Survey Findings

Appendix D – Focus Group Findings

Appendix E - Select Secondary Health Statistics

# A SPECIAL THANK YOU TO OUR COMMUNITY ASSESSMENT PARTICIPANTS

The 2019 Cumberland County Community Health Needs Assessment is the culmination of five months of work involving dozens of local community health agencies, community leaders and nearly 675 residents who participated in surveys, focus groups, and meetings. The significant findings of the assessment are all rooted in complex inter-relationships of economics, education, behaviors, access, environment, and social circumstances. The solutions are just as complex. No institution or organization by itself can measurably change the trajectory of progress. These significant health challenges facing Cumberland County will require a collaborative community approach of all public health organizations. We hope this information can be a catalyst for change as we seek to improve the health circumstances of all who live in and call Cumberland County home.

# IMPLEMENTATION PLAN 2020-2022

# Cumberland Medical Center 2020-2022 Community Needs Assessment Implementation Plan

## **Identified Significant Community Needs:**

- 1. Health Education for Chronic Disease Conditions
- 2. Substance Abuse Disorder
- 3. Mental Health Access
- 4. Adverse Childhood Experiences (ACEs)
- 5. More Healthcare Providers for Specialty Services

## Implementation Strategy to Address Needs:

## 1. Health Education for Chronic Disease Conditions

## • "Breast Cancer Awareness" Events

o Cumberland Medical Center now offers an annual Breast Cancer Awareness Party that welcomes community members to hear guest speakers and receive educational information in support of annual mammogram screenings.

## • Cancer Navigators

o Cumberland Medical Center now has two nurse navigators serving in the Breast and Cancer Centers to provide education to patients going through cancer treatment.

## • Community Baby Shower

o Cumberland Medical Center participates in a community wide baby shower in partnership with the Health Department, and Cumberland County Rising Anti-Drug Coalition. Expectant mothers are provided key information about their child's upcoming birth as well as vital community resource information to help those who are economically disadvantaged with resources such as the Women, Infant, and Children (WIC) offered through the Health Department.

## • COPD Support Group

o Cumberland Medical Center holds a free monthly support group for caregivers and patients with Chronic Obstructive Pulmonary Disease.

#### Diabetes

o Cumberland has expanded a Diabetes Center to help with metabolic associated conditions. The Cumberland Diabetes Center offers a free monthly support group for ongoing information and support.

#### Health Fairs

o Cumberland Medical Center has annual health education and screening fairs across the community. Events are held at: Cumberland County Schools, Fair Park Senior Center, Fairfield Glade, Flowers Bakery, Uplands Village, etc.

#### • Patient Education

o Signs and Symptoms on Stroke and Heart Attack are provided to every inpatient upon discharge.

## 2. Substance Abuse Disorder

## Cumberland County Anti-Drug Coalition

o Staying on the forefront of the latest trends affecting community (such as vaping) by attending Cumberland County Rising Anti-Drug Coalition meetings and bridging information with hospital resources as opportunities arise.

## • Opioid Light Protocol

o Cumberland Medical Center has adopted the Covenant Health protocol to reduce the amount of narcotics prescribed in our Emergency Department. Narcotics are reserved for acute pain, and other non-narcotic methods of pain control are offered to patients with more chronic pain.

#### • Patient Education

o Cumberland Medical Center teaches in-patients how to better manage pain with alternatives like repositioning, ice packs and pain scales (1-10).

## • Prescription Drug Take Back

o Continue to support Drug Take Back at Health Fairs and special events.

#### 3. Mental Health Access

#### • Covenant Health

o As a member of Covenant Health, Cumberland Medical Center will advocate and support the system's behavioral health services to assist area residents.

## • Inpatient Education

o Cumberland Medical Center Case Management helps educate patients and families with resources available for those struggling with addiction.

## • Mobile Crisis Services

o Work with local and statewide agencies like Tennessee Department of Mental Health & Substance Abuse Service's Mobile Crisis Services.

#### • Senior Perspectives

o Cumberland Medical Center supports Senior Perspectives in its effort to help caregivers and patients with Alzheimer's and Dementia.

## 4. Adverse Childhood Experiences (ACEs)

o ACEs is outside the scope of care provided by Cumberland Medical Center because it is performed in a physician office setting as part of the patients overall health management.

## 5. More Healthcare Providers for Specialty Services

- o Continue recruitment efforts for primary and specialty physicians
- o Cultivate relationships with Covenant Health specialists not available on the Cumberland Plateau
- o Embrace advancements for telehealth utilization (such as Cumberland Medical Center's implementation of Tele-Nephrology in 2019) to help provide care to patients locally

## **APPENDIX A- Cumberland County Demographics**

# **Cumberland County Demographics**

## **Population Estimates July 2018**

Population	
Populations estimates, July 2018	59,673
Population, Census 2010	56,053
Population, percent change	6.4%
Age and Sex	
Persons under 5 years, percent	4.8%
Persons under 18 years, percent	17.9%
Persons 65 years and over, percent	30.2%
Female persons	51.3%
Race and Hispanic Origin	
White alone, percent	96.8%
Black or African American, percent	0.7%
American Indian, and Alaska native	0.5%
Asian, percent	0.6%
Two or more races, percent	1.3%
Hispanic or Latino percent	3.0%
White alone, not Hispanic or Latino	94.3%

Source: www.census.gov/quickfacts/fact/table/cumberlandcountytennessee

## **APPENDIX B – Cumberland County Mortality Data**

# **Top 15 Leading Causes of Death in Cumberland County 2008-2017**

# **Average Annual Population 57,198**

		, , , , , , , , , , , , , , , , , , ,
Cause of death	Number of	Rate of death (per
	deaths	100,000)
1. Diseases of the heart	1,847	322.9
2. Cancers	1,756	307.0
3. Respiratory diseases	485	84.8
4. Alzheimer's disease	411	71.9
5. Accidents (unintentional injuries)	402	70.3
6. Cerebrovascular diseases	351	61.4
7. Diabetes	266	46.5
8. Flu and Pneumonia	130	22.7
9. Suicide	128	22.4
10. Septicemia	107	18.7
11. Kidney disease	104	18.2
12. Chronic liver disease	101	17.7
13. Essential hypertension &	82	14.3
hypertensive renal disease		
14. Parkinson's disease	68	11.9
15. Pneumonia	51	8.9
(due to solids and liquids)		

# APPENDIX C: Household Survey Findings

Community survey responses



45

373

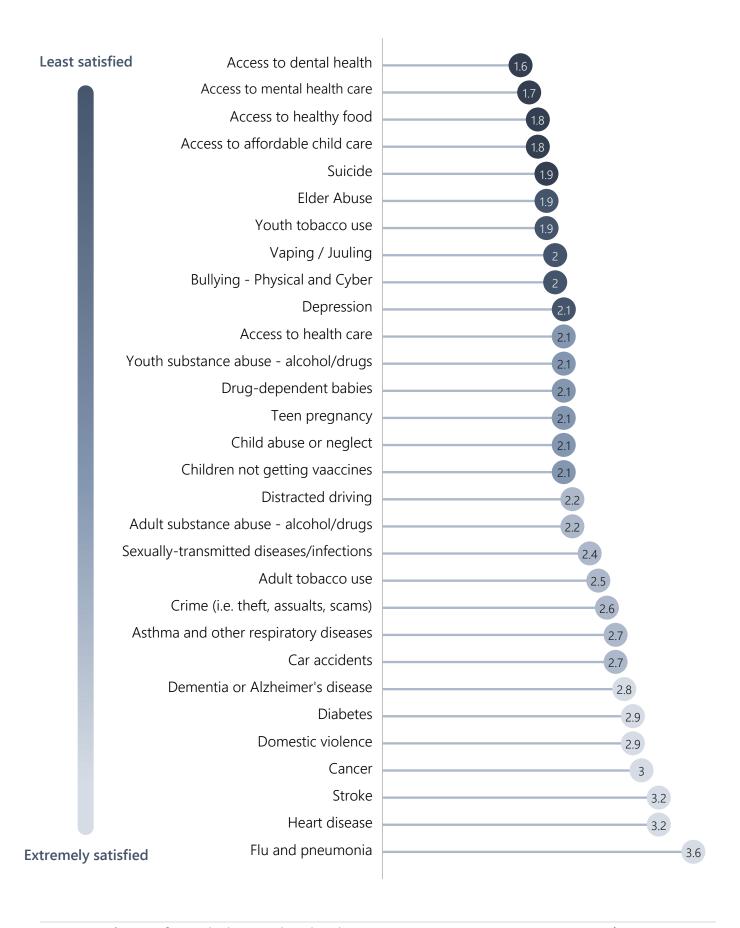
Telephone responses

Paper responses

Web responses

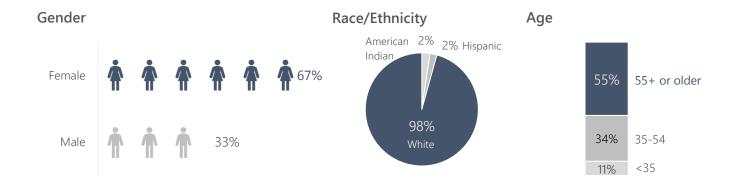
Most Severe Problem		Identified as major problem	Identified as top 3 problems
Troblem	Adult substance abuse-alcohol and drugs	80.9%	53.5%
	Youth substance abuse-alcohol and drugs	75.2%	25.0%
	Distracted driving	73.0%	16.7%
	Cancer	69.0%	14.6%
_	Diabetes	68.9%	12.4%
_	Crime, i.e. theft, assaults, scams	65.9%	17.8%
_	Heart disease	65.3%	9.6%
	Adult tobacco use	61.0%	5.0%
_	Drug dependent babies	58.3%	10.1%
_	Dementia or Alzheimer's disease	57.3%	11.7%
	Vaping / Juuling	55.8%	6.1%
	Access to mental health care	54.7%	17.7%
	Depression	54.7%	6.9%
	Youth tobacco use	54.5%	3.2%
	Child abuse or neglect	51.0%	13.0%
	Access to affordable child care	48.7%	5.8%
	Domestic violence	47.3%	5.1%
	Stroke	43.7%	4.3%
	Asthma and other respiratory diseases	43.4%	3.2%
	Teen pregnancy	41.8%	2.6%
	Bullying — Physical and Cyber	38.9%	4.2%
	Access to health care	36.8%	12.7%
	Flu and pneumonia	33.6%	2.1%
	Sexually-transmitted diseases or infections — including hepatitis	33.5%	2.2%
	Access to dental care	33.0%	5.6%
	Car accidents	29.1%	2.6%
	Access to healthy food	29.0%	3.9%
	Suicide	25.3%	2.2%
Least	Elder abuse	22.0%	1.9%
Severe Problem	Children not getting recommended vaccines or immunizations	21.1%	1.4%

## Satisfaction with current efforts to address problem (1 - 5)

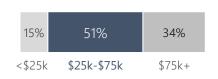


# Cumberland County Community Health Assessment

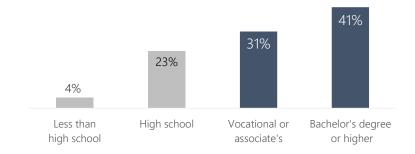
Who responded to our community survey?



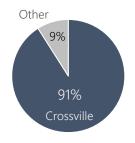
## Household income



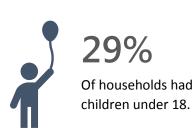
## **Education**

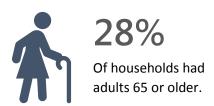


## Residence









## **APPENDIX D – Focus Group Report**

Two focus groups were completed with Cumberland County community leaders for the Cumberland County Community Health Assessment. The purpose of the focus groups was to identify health issues facing residents of Cumberland County, especially residents from vulnerable populations; to identify what resources are currently available to address these issues; and to identify what additional resources may be needed. A total of 22 people participated in these focus group discussions. This report summarizes and synthesizes the content of these discussions; findings are presented using the moderator guide questions as headings.

In addition to the discussions, focus group participants were asked to complete two quick written exercises: At the beginning of each focus group, participants were asked to assign a letter grade from A to F for overall health in the county. Then, at the end of each focus group, participants were asked to list what they viewed as the top three most important health issues facing the county. The health issues discussed in this report follow the number identified in the group.

## How would you grade overall health in your county?

Grade	#	Grade	#
B+	1	С	11
В	4	D	1
C+	1	F	1

## How has this grade changed over the past 6 years?

Varying views about the direction of change over the past 6 years were expressed.

#### Reasons for improvement:

- The Cumberland County Health Department is now located in a new facility with expanded services.
- The quality of services at Cumberland Medical Center has improved under new management.
- The community has pulled together to address the drug problem.
- Crossville's Parks Department has made numerous improvements to parks and walking trails.

## Reasons for no change:

• The community has made efforts to promote health but access to care, especially for mental health problems, has declined.

#### Reasons for decline:

- Poor mental health and increased substance use and abuse are the underlying cause for the decline.
- Many Cumberland County residents lack financial resources and are often unaware that services are available for them.

## Major health problems facing the community

Focus group participants were asked to identify the health problems currently facing their community. As discussed above, each participant was asked to identify three of the problems discussed that they felt should be given priority. The problems discussed below are presented in the order of importance as reported during this exercise. Mental illness and substance abuse were equally identified as the most important problems to address. Because many comments and ensuing discussion suggested that mental illness or poor mental health is often the root cause of substance abuse, mental illness will be presented first.

## Mental health (15 votes)

Poor mental health is a major concern for Cumberland County residents. Mental health illness is present in all age groups and all walks of life. Young people and old alike suffer from depression and a sense of hopelessness. Mental health problems are often exacerbated because the demand for services exceed the supply of providers and programs dedicated to serving these needs.

## Substance abuse and misuse (15 votes)

Substance abuse and misuse is impacting family structure and economic development in Cumberland County.

## Obesity, diabetes and related chronic diseases (14 votes)

Obesity, diabetes and related chronic diseases was a focus of much of the discussion in the focus groups. Participants shared there are high rates of obesity for children and adults in Cumberland County. High rates of obesity are contributing to a high incidence of diabetes; in turn, diabetes contributes to other chronic diseases.

#### Access to care (11 votes)

Lack of access to care and health insurance was also frequently discussed in the focus groups. Lack of access to care is being experienced because of the loss of primary care providers and the difficulties in attracting specialists to the area. Much of the difficulty in attracting medical providers in the area is dictated by reimbursement rates. Lack of access to affordable health insurance is often a function of lack of high paying jobs and employers who offer health insurance.

## Lack of physical activity and proper diet (5)

Lack of physical activity and improper nutrition were identified as root causes of many other health problems. Lack of physical activity can be attributed to young people being less active and many adults don't live in areas that provide opportunity for outdoor activity. The lack of proper diet is often tied to lack of finances and knowledge about how to eat healthy on a limited budget.

## Lack of life skills (4 votes)

Several focus group participants shared observations that young people are not being taught basic life skills that will ensure their future success. Some of the needed topic areas mentioned were hygiene, parenting skills and basic employment skills.

## Transportation (2 votes)

Transportation is a barrier for gaining access to medical care. There are some transportation services in Cumberland County, but they may not meet the needs of the community.

## Lack of dental care (1 vote)

The demand for dental care is greater than available services. Substance abuse is contributing to the demand. While the Health Department does provide dental services, they are not able to meet the demand. The remaining gap in services was attributed to dentists not being willing to donate or subsidize their services.

## Other problems

Other problems were discussed during the focus groups but were not identified as a top priority. One of the problems discussed is that the community has many resources to offer the public to improve overall health but many people in the community are not aware of the programs; or, if they are aware of the programs, people may not know that they are eligible to receive the services.

## How health problems are experienced differently

Participants were asked if some groups or areas of Cumberland County experienced these problems to a greater degree than others. There was general agreement that those who are in the lower socioeconomic levels, young people without insurance, those with special needs, and those living in rural areas are most keenly affected by most of the health issues.

## Current community resources to address health problems

Focus group participants were asked to brainstorm and discuss the resources that are currently being utilized to address the problems identified by the group. The discussion included the identification of agencies and the programs that are offered as well as community initiatives and local efforts to address community problems.

### **Cumberland County Health Department**

Cumberland County Health Department offers a number of services for the community including primary care and dental services.

#### Mission Medical Clinic

The Mission Medical Clinic is a free clinic that is staffed by volunteers, doctors, nurses, and receptionists who volunteer their time for a free clinic that is offered twice a week.

#### **Cumberland Medical Center**

Cumberland Medical Center offers many services and programs to meet the healthcare needs of the community.

#### **Diabetes Center**

The Cumberland Medical Center provides diabetes services in the Diabetes Center. The center offers a Diabetes Self-Management Program that provides individual and group outpatient diabetes self-management training. The Center also hosts a monthly support group for those who have diabetes. (https://www.cmchealthcare.org/diabetes/)

## **Senior Perspectives**

Senior Perspectives offers confidential assessments for seniors who are facing issues commonly experienced by the aging population. Senior Perspectives helps those who are aging with difficult transitions. As people grow older, they may suffer through many losses — a spouse, family members, friends, health, mobility, status, and sometimes respect from others or maybe even themselves. (https://www.cmchealthcare.org/senior-perspectives/

Fairfield Glade Resident Service (FGRS) is a non-profit organization chartered by the state of Tennessee and certified by the IRS as a 501(c)(3) Nonprofit organization to provide human and social service programs to all Fairfield Glade residents, especially those who want to stay in their homes as they age. www.fgrservices.org.

## Homeless Advocacy of Rural Tennessee (HART)

HART is a collaborative and diverse group of community-based social service providers, county and city officials, private citizens, and faith-based organizations that began meeting in 2001. www.hartn.org

## **Cumberland County School System**

The local school system offers programs and services to combat hunger and mental or emotional problems experienced by its students.

## **Cumberland County Drug Coalition**

Cumberland County Rising-Anti-Drug Coalition is a vocal advocate for increasing the quality of life for families in the community as well as training and education for organizations to empower them to intervene on any level.

http://www.cumberlandcountyrising.org/

## House of Hope

A short-term care facility providing care and services for drug-endangered, abused, and at-risk children of Cumberland County. <a href="http://houseofhopetn.org/">http://houseofhopetn.org/</a>

## Hilltoppers

Hilltoppers is a not-for-profit agency that provides services for individuals with intellectual and developmental disabilities. https://www.hilltoppersinc.com/

## Churches

Several programs offered by churches and places of worship to meet the needs of the community were mentioned in the focus groups. These programs provide food, shelter, and companionship for members of the community.

## Resources needed to better address these issues

Much of the discussion dedicated to solutions for addressing the identified health problems revolved around the need for more coordination between providers to increase awareness of all of the services available in the community, creative suggestions for attracting providers, and the need for health and parenting education.

APPENDIX E- Select Secondary						
2019 Cumberland Count	y Health Asse	ssment				
	Cumberland	Tennessee	<b>United States</b>	Data Description	Year	Data Source
Community Drivers of Health						
Unemployment rate	4.4%	3.2%	4%	% of population aged 16 and older unemployed but seeking work	2018	US Department of Labor
Graduated high school	84.6%	86%	87%	% of ninth-grade cohort that graduates in four years.	2017	ACS
Some college	48.0%	60%	65%	% of adults ages 25-44 with some post-secondary education	2017	ACS
Bachelor degree or higher	18.6%	26.1%	34%	Bachelor degree or higher, person aged 25 years+, 2013-2017	2017	U.S. Census Bureau
Poverty Rate (all residents)	16.0%	15%	12%	% of residents living in households who's income does not cover basic needs	2018	www.welfareinfo.org/poverty-rate/tennessee/
Children in poverty	25%	21%	18%	% of children under 18 in poverty		County Health Rankings
Children in single-parent homes	43%	35%	35%	% of children that live in a household headed by single parent	2017	American Community Survey
Severe housing cost burden	11%	13%	7%	% of households that spend 50% or more of their income on housing	2017	American Community Survey
Median household income	\$40,994	\$48,708	\$57,652	Median household income	2017	U.S. Census Bureau
Access to Healthcare						
Adults without health insurance	15.0%	11%	10%	% of population under age 65 without health insurance	2016	Small Area Health insurance Estimates
Children without health insurance	4%	4%	4%	% of children under age 19 without health insurance		County Health Rankingss 2019
Persons with a disability	16.8%	11%	10.8%	with a disability, under the age of 65 years, 2013-2017		U.S Census Bureau
Mental health providers	2,950:1	700:1	310:1	ratio of population to mental health providers		CMS, National Provider Identification file
Primary care physicians	1,400:1	1,390:1	1,050:1	ratio of population to primary care physicians		Area Health Resource File/American Medical Association
Other primary care providers	1,074:1	787:1	726:1	ratio of population to other non physician primary care providers		County Health Rankingss 2019
Dental providers	3,480:1	1.880:1	1.260:1	ratio of population to dentist		County Health Rankingss 2019
Immunizations	5,100.2		_,		1	Section ( )
Flu vaccine rate elderly	52.0%	47%	46.0%	% of Medicare enrollees that had an annual flu vaccination	2016	Mapping Medicare Disparities Tool
Flu vaccine rate 24 month old	44.1%	45.9%	101070			Immunization Status Survey of 24 month children
Active and Healthy Living						
Life expectancy	76.8	76.1	78.6%	Average number of years a person can expect to live	2017	County Health Rankings
Physical inactivity	31%	27%	22%	% of adults age 20 and over reporting no leisure time physical activity	2015	CDC Diabetes Interactive Atlas
Access to exercise opportunities	64%	71%	84%	% of population with adequate access for physical activity	2018	Business Analyst, Delorme Map data, ESRI, & US Census files
Food insecurity	12%	15%	13%	% of population who lack adequate access to food	2016	Map the Meal Gap
Limited access to healthy food	8%	8%		% of population that are low-come and who do not live close to grocery store	2015	USDA Food Environment Atlas
Adult obesity	33%	32.8%	30.1%	% of adults that report a BMI> 30	2017	CDC Diabetes Interactive Atlas
Overweight/Obese youth	44.7%	39.2%		Overweight or obesity prevalence among TN public school students	2017	Coordinated School Health
Behavioral Health						
Suicide rates	27.1	17.3	13.9	Number of deaths from Suicide per 100,000 total population	2017	Death Statistics: VRS
Frequent mental distress	14%	13.7%	12.4%	% of adults reporting 14 or more days of poor mental health per month.		Behavioral Risk Factor Surveillance System
,			,-	Average number of mentally unhealthy days reported in past 30 days (age-	1	
Poor mental health days	4.6	4.5%		adjusted)	2016	County Health Rankings
Chronic Disease						

	Cumberland	Tennessee	<b>United States</b>	Data Description	Year	Data Source
Cancer death rate	277.6	212.8	185.4	Number of deaths from malignant neoplasms per 100,000 population	2017	Death Statistics: VRS
Diabetes	17%	13%	9%	% of adults age 20 and over with diagnosed diabetes 2015 CDC Diabetes Interactive Atlas		CDC Diabetes Interactive Atlas
Heart disease death rate	274.20	238.4	197.2	Number of deaths from diseases of the heart per 100,000 population	2017	Death Statistics: VRS
Hypertension		37.8%	30.2%	% with current diagnosed hypertension	2016	CDC.gov
Asthma		9%	8.30%	% with current asthma	2016	CDC.gov
Stroke		4.50%	3.50%	% of adult population that have been told they have had a stroke	2018	Behavioral Risk Factor Surveillance System
Injury and Violence						
Violent crime	297	621	386	# of reported violent crime offenses per 100,000 population	2016	Uniform Crime Reporting- FBI
njury deaths	101	86	67	# of deaths due to injury per 100,000 population	2017	CDC WONDER Mortality data
Homicides	4	7.4	5.4	# of deaths due to homicide per 100,000 population	2017	FBI-gov/crime-in-the-usa.
Firearm fatalities	22	17	12	# of deaths due to firearms per 100,000 population	2017	FBI-gov/crime-in-the-usa.
Maternal and Child Health						
Neonatal abstinence syndrome	46.1	11.4		Number of reported NAS cases per 1,000 live births	2018	5, , ,
Low birth weight	9%	9%	8.2%	% of live births with low birthweight (<2500 grams)	2017	National Center for Health Statistics - Natality files
Reproductive and Sexual Health						
Sexually transmitted Infections	325	489	497	# of newly diagnosed chlamydia cases per 100,000 population		National Center for HIV/AIDS, Viral Hepatitis/STD
Teen births	42.6	26.6	20.3	# of births per 1,000 female population ages 15-19	2017	National Center for health statistics-Natality files
HIV prevelance	77	297	365.5	# of persons living with a diagnosis of HIV per 100,000	2016	Kaiser Family Foundation
Substance Use and Abuse						
Alcohol impaired driving deaths	33%	26%	29%	# of driving deaths with alcohol involvement	2017	Fatality Analysis Reporting System
Excessive drinking	13%	14%	18%	% of adults reporting binge or heavy drinking	2016	Behavioral Risk Factor Surveillance system
Adult smoking	20%	22%	17%	% of adults who are current smokers	2016	Behavioral Risk Factor Surveillance system
Youth nicotine use		17%		% of high school students who currently use tobacco - cigarettes, cigars, smokeless	2017	Youth Behavioral Risk Factor Survey
Youth vaping, juuls, hookah		12%		% of high school students who currently used an electronic vapor product		Youth Behavioral Risk Factor Survey
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Number of patients receiving opioids for pain	16,631	1,636,374		Number of patients receiving opioids for pain		Tennessee Drug Overdose Dashboard
Opioid prescriptions	1,372	944		number of opoiod prescriptions per 1000 people		CDC.gov/drugoverdose/maps
All drug overdose deaths	14	1,776	70,237	Total number of reported deaths from overdoses, *includes alcohol		Tennessee Drug Overdose Dashboard
Opioid drug overdose deaths	9	1,268	42,981	Total number of reported deaths from opioid drug overdoses		Tennessee Drug Overdose Dashboard
Non fatal drug overdose outpatient visits	100	15,001		Non fatal drug overdose outpatient visits		Tennessee Drug Overdose Dashboard
Non fatal drug overdose inpatient stays	83	7,943		Non fatal drug overdose inpatient stays	2016	Tennessee Drug Overdose Dashboard
Comparable data not found						
Top U.S. Performers (not U.S. average)						