



# 2022

## Cumberland County Community Health Needs Assessment





## Special Thanks

The 2022 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 475 residents who participated in surveys, focus groups and meetings. The significant findings of this assessment are rooted in complex interrelationships 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 by all public health partners. Cumberland Medical Center wishes to thank all those involved in the 2022 Cumberland County Community Health Needs Assessment, particularly our partner, Cumberland County Health Department. 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.



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## About Cumberland Medical Center

Cumberland Medical Center is an acute-care hospital located in Crossville on the Cumberland Plateau of middle Tennessee. The hospital has served the Cumberland community since 1950 and joined Covenant Health in 2014.

Cumberland Medical Center offers specialized services not usually found in rural areas, making health care resources more widely accessible to local residents. Currently licensed for 189 beds, Cumberland has more than 200 affiliated physicians working with nearly 700 employees and approximately 125 dedicated volunteers who deliver high-quality care to patients. Physician specialties include anesthesiology, cardiology, neurology, obstetrics, ophthalmology, oncology, pediatrics, radiology, radiation oncology and urology services.

Even though the health care market footprint for Cumberland Medical Center is based in six counties, the 2022 CHNA is limited to Cumberland County because the bulk of the patient base resides there. In 2021, 71 percent of Cumberland Medical Center's inpatients and 79 percent of outpatients were from Cumberland County.



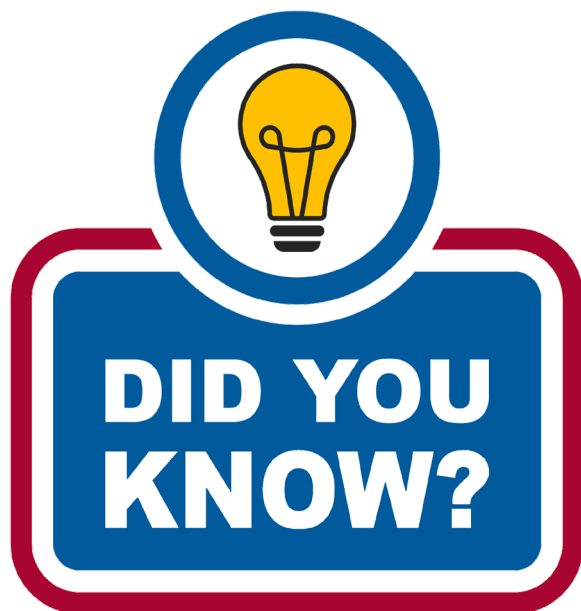


## Assessment Perspective

Every three years, not-for-profit hospitals across the country are required to conduct a Community Health Needs Assessment for their respective communities. In 2022, Covenant Health facilitated this process in four of its member hospitals' home counties.

The Community Health Needs Assessment process is more than an academic exercise in data collection. It is an opportunity for the hospital to work with members of the larger public health system to identify the challenges and opportunities facing local residents, inventory community resources and explore collaborative solutions.

The 2022 assessment cycle is the fourth such undertaking since the first assessment in 2013. This particular assessment period is notable because it occurred in the midst of the COVID-19 pandemic. As the research will demonstrate, COVID-19 left few aspects of life untouched. It impacted community health improvement efforts and access to services, affected school attendance, isolated residents, challenged the work environment and became a leading cause of death, both locally and nationally.



### Top 5 Leading Causes of Death in Cumberland County in 2020

CANCER  
HEART DISEASE  
CHRONIC RESPIRATORY DISEASES  
COVID-19  
DIABETES



## 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. The target population of the 2022 assessment was Cumberland County residents, with special emphasis on those most vulnerable, including senior adults, those who are chronically ill, those who are uninsured and those with low incomes. Partnership selection was especially sensitive to organizations that serve the most at-risk populations.

### STEERING COMMITTEE PARTICIPANTS

The Steering Committee's purpose was to determine the scope of the assessment; research methods; assist in the design, distribution and collection of community surveys; 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 one to two members of the following organizations:

- Cumberland Medical Center (2)
- Cumberland County Health Department (2)
- Crossville City Human Resources
- Crossville City Manager
- Crossville Fire Department
- Cumberland County Coordinated School Health
- Cumberland County Emergency Medical Services
- Cumberland County Human Resources Department
- Cumberland Heights
- Cumberland Prevention Coalition
- Fairfield Glade Resident Services
- Hilltoppers
- United Fund
- Uplands Village

**In 2021, 17% of Tennessee's population was 65 years or older, while in Cumberland County 32% of the population was 65 years or older.**

**DID  
YOU  
KNOW**





## DATA TEAM PARTICIPANTS

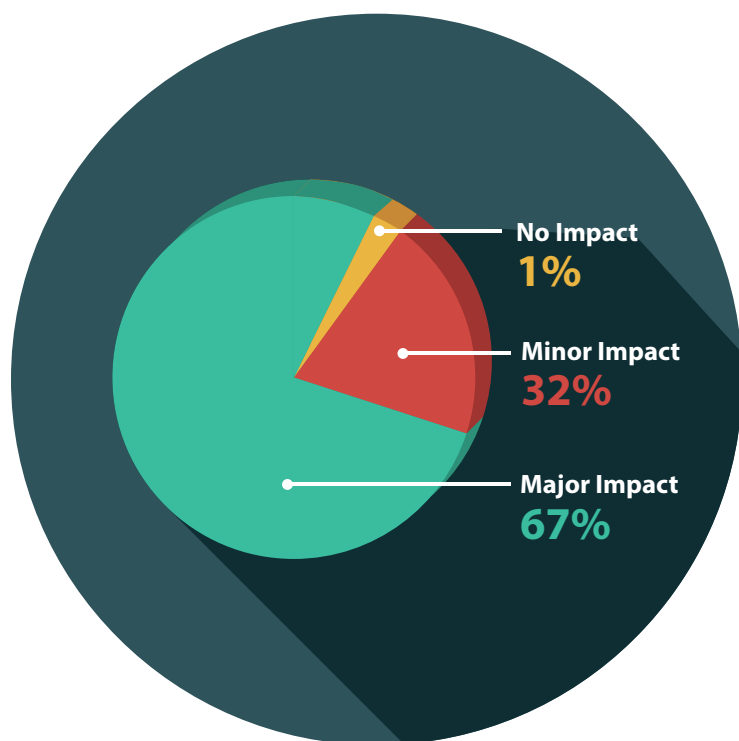
The Data Team convened during the final steps of the assessment process. The purpose of the Data Team was to take all the data compiled by the Steering Committee and identify the most significant health challenges facing the communities.

- Cumberland Medical Center (2)
- Cumberland County Health Department (2)
- Crossville City Parks and Recreation
- Cumberland County United Fund
- Cumberland Heights
- Cumberland Prevention Coalition
- Cumberland-Crossville Chamber of Commerce
- Cumberland County Coordinated School Health
- Fair Park Senior Center
- University of Tennessee-Tennessee State University Extension Office

## RESEARCH PARTNERS

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

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



**CHART SHOWS  
RESPONDENTS' ANSWERS  
TO QUESTION ABOUT THE  
IMPACT OF COVID-19 ON  
THEIR COMMUNITY**



## Our Process

When it was time for hospitals to conduct their second CHNA, the Internal Revenue Service gave hospitals the option of replicating the first assessment process or allowing hospitals to build upon their previous assessment. The second option resonated with Covenant Health hospitals because of the health priorities that were determined to be the most significant. The top health priorities were generational issues, including mental health access, substance abuse, transportation and tobacco usage to name a few. Improvements in these areas would be complicated and slow to change.

Covenant Health has adopted this format for its tri-annual assessment schedule. Every other assessment cycle “builds upon” the previous assessment findings. This approach allows the priorities to be revalidated after three years and changed if necessary, while staying true to issues that continue to have a significant impact on the health and quality of life in our communities. The 2022 CHNA is building upon the 2019 CHNA findings.

The 2022 CHNA process began in February with the formation of the Steering Committee. The Steering Committee was the decision-making body for the assessment and was instrumental in building a diverse team of partners to ensure input from residents and community leaders was heard.

The primary research for the assessment centered on a household survey and several focus groups. In 2022, Cumberland County was emerging from two intense years of COVID-19. The Steering Committee wanted to use the community survey to gauge the impact of COVID-19 since the 2019 assessment. The survey questions used in 2019 would remain the same for 2022, but the respondents’ answers to each question were filtered through a “COVID-19 lens.” For statistical significance, 469 surveys were collected through an online link and paper surveys. Once the survey data was analyzed by UT-SWORPS, a report was provided to the Steering Committee. (See Appendix C)



**Take Our Healthy Cumberland 2022 Survey!**

What does a healthy community look like to you? We need your input on the challenges we face in Cumberland county. Scan the QR code or visit [CMChealthcare.org/Survey](https://CMChealthcare.org/Survey) to participate in a short and completely anonymous survey by March 15. Your answers will help us improve the health of our community.



COMMUNITY SURVEY

The Steering Committee was very intentional about making sure the most vulnerable groups in Cumberland County – the chronically ill, those who are uninsured and minority populations – had a voice in the assessment process. The focus groups were designed 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 various cities in the county. Four focus groups of six to eight participants each were facilitated by UT-SWORPS. The most significant health priorities of 2019 were the focus of discussion in order to determine whether they should be continued or replaced by another issue that may have emerged with more importance. UT-SWORPS provided a written report once the responses were analyzed. (See Appendix D)

## ORGANIZATIONS PARTICIPATING IN FOCUS GROUPS

- Cumberland Medical Center (3)
- Cumberland County Health Department (2)
- Crossville Fire Department
- Crossville Medical Group
- Crossville Parks and Recreation Department
- Cumberland County Chamber of Commerce
- Cumberland County Housing Authority
- Cumberland County Human Resources
- Cumberland County School Health Coordinator
- Cumberland Heights
- Cumberland Prevention Coalition
- Fairfield Glade Hiking Club
- Fairfield Glade Resident Services
- First Bank
- Kids on the Rise
- Lake Tansi Recreation
- Patient-Family Advisory Council
- United Fund
- Uplands Village
- Windridge
- Young Pharmacy

For 2022, the Steering Committee elected to use the same secondary health indicators that were used in the 2019 assessment. The indicators were all updated to include the most current data points available. Additionally, COVID-19 statistics were included that did not exist in 2019. (Appendix E) Data notebooks were compiled with updated demographics, leading causes of death, community survey results, focus group analysis and secondary data for dozens of health indicators. These were used by the Data Team members to determine the most significant health priorities for the 2022 assessment cycle.



## Determining the Priorities

Once members of the Data Team received their data notebooks, they reviewed the data and discussed the most significant issues. The primary focus was to determine whether the 2019 CHNA significant issues should be continued, modified or replaced. The methodology used to assist in the prioritization process was adapted from the Hanlon Method. Each health priority under consideration was filtered by using four questions, and each question's responses were rated on a scale of zero to five.

### **QUESTION 1 – HOW SIGNIFICANT IS THIS ISSUE?**

#### **Guiding considerations:**

- What percentage of the population has this problem?
- What populations, if any, are disproportionately affected (race, age, ethnicity, gender)?

### **QUESTION 2 – HOW SERIOUS IS THIS ISSUE?**

#### **Guiding considerations:**

- What is the economic impact?
- What is the impact on quality of life for those affected?
- What is the medical cost of this health issue?

### **QUESTION 3 – HOW FEASIBLE ARE THE INTERVENTIONS?**

#### **Guiding considerations:**

- How aware is the community as a whole of this issue?
- What local resources are already designated or potentially available to address the issue?
- What work is already going on?

### **QUESTION 4 – HOW EFFECTIVE ARE THE INTERVENTIONS?**

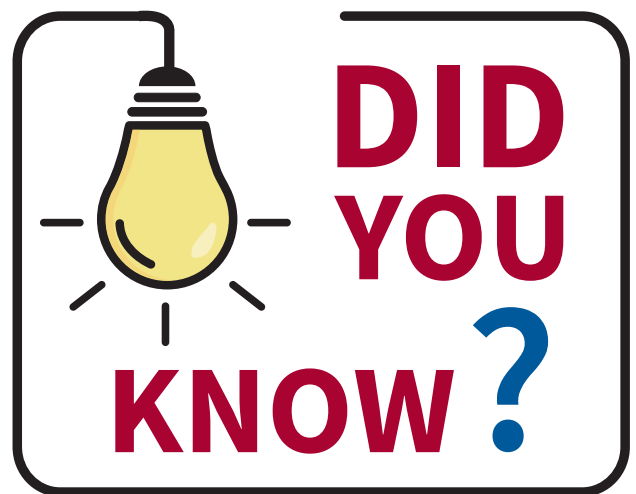
#### **Guiding considerations:**

- Is the impact limited to a few or a larger portion of those affected?
- Does the intervention address the root cause of the health issue?
- Are interventions broadly available to those affected?

The answers for these four questions were weighted by the research partner with questions one and two having 37.5 percent weight each, and questions three and four weighted at 12.5 percent each. The composite weighted score from the Data Team members input became the starting point for discussion. New issues that may have emerged since the 2019 CHNA were also discussed for potential inclusion.

**In rank order, the top 10 most severe problems facing Cumberland County based on responses to the 2022 Community Health Survey:**

1. SUBSTANCE ABUSE – DRUGS/  
ALCOHOL
2. POVERTY
3. YOUTH TOBACCO AND VAPING
4. LACK OF AFFORDABLE HOUSING
5. MENTAL ILLNESS
6. LACK OF PHYSICAL ACTIVITY
7. LACK OF GOOD-PAYING JOBS
8. HEART DISEASE
9. DIABETES
10. DOMESTIC VIOLENCE





## Most Significant Health Priorities and Related Resources

Largely due to COVID-19, the Data Team consensus was to continue the five health priorities of the 2019 CHNA. Data Team members felt each priority area of the 2019 assessment has worsened. Communities were faced with increased uncertainty and stress, many community resources were paused and health care organizations were pushed to a breaking point. Overall, the demand for health and human resources far outweighed the supply. The 2022 most significant health priorities for Cumberland County and their respective local resources are as follows:

### 1. SUBSTANCE ABUSE DISORDERS

#### Community Resources:

- Bread of Life Rescue Mission
- Cumberland Heights
- Cumberland Mountain Mental Health
- Cumberland Prevention Coalition
- Drug takeback events
- Intensive Outpatient Treatment facilities
- Invitation Ministries
- Local churches
- Spero Health
- Teens Against Drugs Center
- Telehealth and telepsychiatry

### 2. MENTAL HEALTH ACCESS

#### Community Resources:

- C5 Christian Counseling Center
- Cumberland Medical Center
- Employee Assistance Programs
- Local churches
- Roane State Community College
- School counselors
- Tennessee College of Applied Technology

## 3. HEALTH EDUCATION FOR CHRONIC DISEASES

### Community Resources:

- Center for Lifelong Learning
- Chamber of Commerce
- Chronic Care Management Team
- Crossville Lions Club
- Cumberland County Health Department
- Cumberland Medical Center
- Health fairs
- St. Mary's Legacy mobile clinic
- Telehealth video conferencing

## 4. ADVERSE CHILDHOOD EXPERIENCES (ACES)

### Community Resources:

- ACEs trauma-informed community training
- Area schools
- Bradford Health Services
- Crossville and Fairfield Glade Rotary Clubs
- Cumberland Mountain Mental Health
- Exchange Club / Stephens Center Healthier Beginnings
- Faith-based counseling
- Kids on the Rise
- Momentum Behavioral Analysis
- Spero Health
- Youth Mental Health First Aid
- Youth Villages

## 5. INSUFFICIENT NUMBER OF PRIMARY CARE, SPECIALIST AND DENTAL PROVIDERS

### Community Resources:

- Cumberland Medical Center
- Cumberland County Health Department referrals
- Lincoln Memorial University – Osteopathic Medicine Students
- Telemedicine



# 2022

## Cumberland Community Health Assessment Data

### Appendices A-E



## APPENDIX A- Cumberland County Demographics

### Cumberland County Demographics

#### Population Comparison Estimates July 2018 & 2022

<b>Population</b>	<b>July 2018</b>	<b>July 2022</b>
Populations estimates, July 2018	59,673	62,451
Population, percent change		4.6%
Population, Census 2010 / 2020	56,053	61,145
<b>Age and Sex</b>		
Persons under 5 years, percent	4.8%	4.5%
Persons under 18 years, percent	17.9%	17.2%
Persons 65 years and over, percent	30.2%	31.2%
Female persons	51.3%	51.2%
<b>Race and Hispanic Origin</b>		
White alone, percent	96.8%	96.9%
Black or African American, percent	0.7%	0.7%
American Indian, and Alaska native	0.5%	0.5%
Asian, percent	0.6%	0.6%
Two or more races, percent	1.3%	1.2%
Hispanic or Latino percent	3.0%	3.1%
White alone, not Hispanic or Latino	94.3%	94.2%

Source: [www.census.gov/quickfacts/fact/table/cumberlandcountytennessee](https://www.census.gov/quickfacts/fact/table/cumberlandcountytennessee)



## APPENDIX B – 2020 Cumberland County Mortality Data

### 2020 Top 10 Leading Causes of Death in Cumberland County

Cause of death	Number of deaths	Rate of death (per 100,000)
1. Malignant Cancers	210	340.9
2. Diseases of the Heart	190	308.4
3. Chronic Lower Respiratory Diseases	64	103.9
4. COVID-19	64	103.9
5. Diabetes	59	95.8
6. Alzheimer's Disease	52	84.4
7. Accidents and Adverse Effects	47	76.3
8. Cerebrovascular diseases	37	60.1
9. Liver Disease and Cirrhosis	45	69.1
9. Pneumonia and Influenza	29	47.1
10 Hypertension and Renal Disease	25	40.1

SOURCE: TENNESSEE DEATH STATISTICAL FILE, 2020, TENNESSEE DEPARTMENT OF HEALTH, DIVISION OF VITAL RECORDS AND STATISTICS. RATES CALCULATED BASED ON TOTAL POPULATION COUNTS FROM THE TENNESSEE POPULATION ESTIMATES PROGRAM, 2020, TENNESSEE DEPARTMENT OF HEALTH, DIVISION OF POPULATION HEALTH ASSESSMENT.

## Appendix C

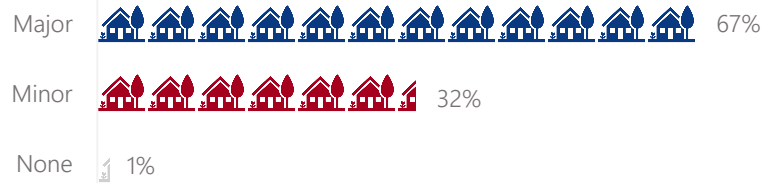
# Cumberland County Community Health Assessment 2022



469

Total responses

How much of an impact has the COVID-19 pandemic had on your community?



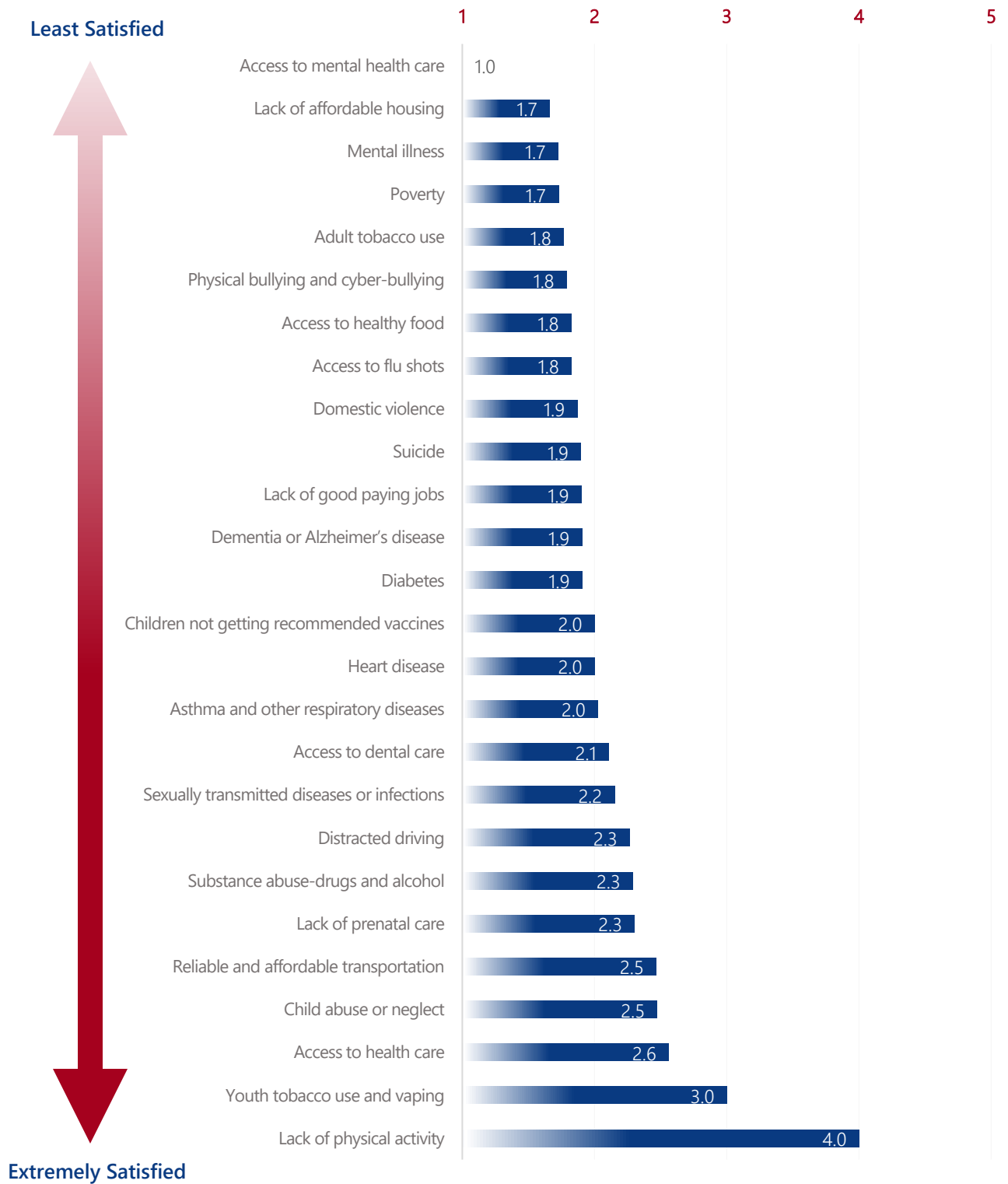
Most Severe Problem



	Identified as major problem	Identified as top 3 problems	Problem made worse by COVID-19 (1-5 scale)
Substance abuse-drugs and alcohol	63.4%	28.6%	3.4
Poverty	55.0%	17.3%	3.4
Youth tobacco use and vaping	50.5%	7.2%	2.9
Lack of affordable housing	49.0%	17.7%	3.2
Mental illness	44.8%	8.7%	3.4
Lack of physical activity	44.5%	4.9%	3.2
Lack of good paying jobs	42.5%	13.2%	3.0
Heart disease	41.8%	3.6%	2.9
Diabetes	41.1%	5.5%	2.7
Domestic violence	39.4%	6.8%	3.1
Suicide	39.0%	7.0%	3.3
Access to mental health care	38.2%	14.5%	3.0
Child abuse or neglect	38.0%	10.4%	3.1
Physical bullying and cyber-bullying	37.8%	5.5%	3.0
Reliable and affordable transportation	37.0%	6.8%	2.9
Distracted driving	37.0%	4.3%	2.3
Asthma and other respiratory diseases	36.6%	3.4%	3.2
Access to health care	35.3%	22.2%	3.3
Adult tobacco use	32.1%	1.7%	2.3
Children not getting recommended vaccines or immunizations	28.7%	4.1%	3.1
Dementia or Alzheimer's disease	27.3%	2.3%	2.7
Access to healthy food	21.4%	5.1%	2.7
Access to dental care	17.5%	5.1%	2.6
Lack of prenatal care	16.5%	0.4%	2.5
Sexually transmitted diseases or infections	13.2%	0.2%	2.2
Access to flu shots	2.6%	0.2%	1.9

Least Severe  
Problem

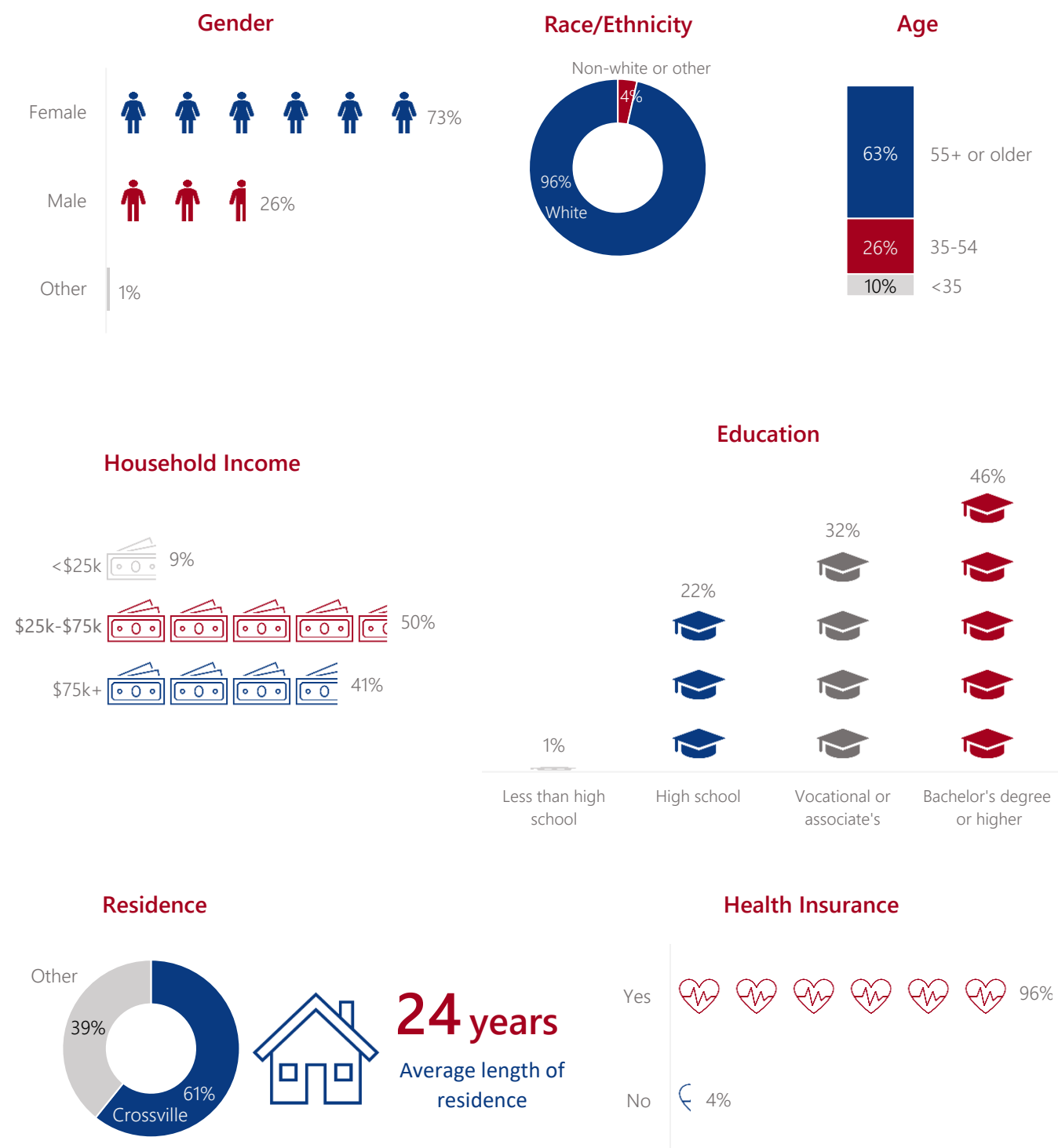
## Satisfaction with current efforts to address problem





# Cumberland County Community Health Assessment 2022

Who responded to our community survey?



## Appendix D

### Focus Group Research

Four focus groups were completed with Cumberland County community leaders on March 29<sup>th</sup> and 31<sup>st</sup> for the Cumberland County Community Needs Assessment. The purpose of the focus groups was to revisit the health issues identified in 2019 facing residents of Cumberland County, including vulnerable populations; to reflect on how the COVID-19 pandemic has impacted previously identified health issues; to compile a list of resources that are currently available and additional resources needed to address these health issues; and to identify additional community health needs. A total of 21 people participated in these focus group discussions, and about half had not participated in the 2019 focus groups. This report summarizes and synthesizes the content of these discussions; findings are presented using the moderator guide questions as headings.

#### Health Education for Chronic Diseases

How would you grade efforts to address health education for chronic diseases in your county since 2019 and why did you choose that grade?

Focus group participants assigned a letter grade of C to health education for chronic diseases. Reasons given included fewer resources due to the COVID-19 pandemic and a slowdown of information sharing, as well as a need for more prevention education. Groups noted virtual education has helped but materials are more effective when shared in person. Several community organizations were highlighted as offering resources for this issue.

How has the COVID-19 pandemic affected health education for chronic diseases and efforts to address it in your county?

Focus group participants discussed how health education had been more limited due to the COVID-19 pandemic, citing barriers such as canceled events and programs, fewer physician office visits, focus of resources on COVID-19 response, decrease in staff to offer information, and dealing with health disinformation. Focus group participants discussed also how technology has helped those with internet access as well as an increase in the number of residents conscientious about healthy living and concerned about comorbidities.

What organizations and community resources are specifically available to address health education for chronic diseases in your county?

- Crossville Lions Club
- Chamber of Commerce
- Cumberland Medical Center
- Health fairs
- Health Department
- Center for Lifelong Learning
- Chronic Care Management Team
- Telehealth/video conferencing
- St. Mary's Legacy mobile clinic

How would you rate the effectiveness of these efforts and what is lacking currently that would help?

Focus group participants discussed the effectiveness of Cumberland Medical Center (CMC) health fairs which were offered in the past and expressed hope that they resume. Groups also discussed the need for education classes that are more accessible for those who work, and better outreach associated with education and prevention of chronic diseases for those with limited resources. It was also noted that education efforts are in place for some diseases, such as diabetes, and lacking for others, such as heart disease. Discussions also highlighted the need to know where to send people for resources so no single organization is overwhelmed.

## Substance Abuse

How would you grade efforts to address substance abuse in your county since 2019 and why did you choose that grade?

Focus group participants assigned a variety of letter grades to substance abuse, ranging from B to D, citing strong efforts to address the issue despite its pervasiveness and intractability. Discussions highlighted that substance abuse is overwhelming the medical system. Focus groups stated organizations are providing education on the issue, but more focus could be directed toward specific demographics such as teenagers. Telehealth was mentioned as a helpful resource, but it was noted the internet access required for this healthcare option is not accessible to everyone.

How has the COVID-19 pandemic affected substance abuse and efforts to address it in your county?

Focus group participants shared that the COVID-19 pandemic produced negative impacts on mental health which contributed to increased substance abuse. Continued stressors drive concern that substance abuse may continue to worsen. Participants noted that providers aimed to get their community through the pandemic while facing burnout and stress. Substances like alcohol became more accessible through takeout and home delivery, and antidepressant and sedative use increased. Groups mentioned telehealth options like telepsychiatry became more accessible which made a positive impact, but also shared difficulties with finding placement and getting help to those who need it.

What organizations and community resources are specifically available to address substance abuse in your county?

- |   |                                 |                                     |
|---|---------------------------------|-------------------------------------|
| • Cumberland Prevention Coalition           | • Invitation Ministries         | • Spero Health                      |
| • Bread of Life Rescue Mission              | • Churches                      | • Cumberland Heights                |
| • Teens Against Drugs Center                | • Drug takeback events          | • Cumberland Mountain Mental Health |
| • Intensive Outpatient Treatment facilities | • Telehealth and telepsychiatry |                                     |



How would you rate the effectiveness of these efforts and what is lacking currently that would help?

Focus group participants mentioned wanting to see more education for youth on vaping, more counseling options, and a central resource, like a website, to inform the community of current events and programs so organizations can work together on this issue.

## Mental Health Access

How would you grade efforts to address mental health access in your county since 2019 and why did you choose that grade?

Focus group participants assigned a letter grade of D to mental health access, citing lack of staff and resources as the primary barriers to addressing this issue. Groups noted medical facilities are stretched thin, and while telehealth is a valuable resource, especially for faster assessment and placement, many lack access to broadband internet or find virtual options cannot always meet the needs of the community. Rural areas of the county were noted as being particularly impacted by lack of internet access, and as a result may not receive timely mental health assistance. However, groups also mentioned stigma around mental health is decreasing, making it easier to discuss.

How has the COVID-19 pandemic affected mental health access and efforts to address it in your county?

Focus group participants shared mental health access has become increasingly difficult during the COVID-19 pandemic; however, use of telemedicine has expanded which promotes access for people who have the appropriate technology. Groups also noted a rise in suicide and depression since the pandemic, increasing the demand for counseling and other mental health services, which has not subsided.

What organizations and community resources are specifically available to address mental health access in your county?

- Cumberland Medical Center
- Churches
- C5 Christian Counseling Center
- Tennessee College of Applied Technology
- Employee Assistance Programs
- School counselors
- Roane State Community College
- Primary care physicians
- Telemedicine
- Avalon Center
- TennCare
- Youth Villages

How would you rate the effectiveness of these efforts and what is lacking currently that would help?

Focus groups highlighted the need for more psychiatric options and more counselors in schools to support youth mental health access. Groups noted several services may help increase access such as a health information exchange for providers, a mental health emergent clinic, and a Covenant satellite

office for psychiatric and outpatient therapy. Discussions reiterated the need for more staff to increase access to services and indicated more public mental health education may be helpful.

## Adverse Childhood Experiences

How would you grade efforts to address adverse childhood experiences in your county since 2019 and why did you choose that grade?

Focus group participants assigned a letter grade of C to efforts designed to address adverse childhood experiences, citing significant community training on ACEs awareness, helping community members recognize ACEs and respond appropriately. Groups noted several people and agencies were actively responding and making changes based on information learned in the training; however, it was also mentioned the initial energy and direction stemming from the trainings have since stalled.

How has the COVID-19 pandemic affected adverse childhood experiences and efforts to address it in your county?

Focus group participants stated that youth were impacted by school closings due to COVID-19, leading to isolation and missed opportunities, and that youth are having a challenging time adjusting to in-person learning. Groups noted an increase in referrals from schools for a variety of issues stemming from COVID-19 and that more staff would help increase availability of services. This includes youth mentoring programs, which lost volunteers due to the pandemic. Focus groups shared that accessing parks and outdoor activities helped families cope, but increased isolation at home due to the pandemic caused a rise in abuse. Discussions highlighted the need for increased parenting skills and ACEs education for families.

What organizations and community resources are specifically available to address adverse childhood experiences in your county?

- Crossville Breakfast, Crossville Noon, and Fairfield Glade Rotary Clubs
- Momentum Behavior Analysis
- Cumberland Mountain Mental Health
- Youth Villages
- ACEs trauma-informed community training
- Kids On The Rise
- Faith-based counseling
- Schools
- Youth mental health first aid
- Spero Health
- Bradford Health Services
- Exchange Club/Stephens Center Healthier Beginnings

How would you rate the effectiveness of these efforts and what is lacking currently that would help?

Focus group participants shared the need for more social workers within the school system to link youth and parents to community resources. Groups discussed the need for more afterschool care options for youth to build peer relationships, especially opportunities for larger groups of youth, such as community sports and clubs. Transportation was cited as a barrier keeping kids from participating in what is already

available. A general need for more childcare options was also mentioned. Groups highlighted the need for more preemptive parenting education as well as parenting classes open to the community that do not require a sitter.

## Need for More Specialty Service Providers

How would you grade efforts to address the need for more specialty service providers in your county since 2019 and why did you choose that grade?

Focus group participants assigned a letter grade of C to efforts to address the need for more specialty service providers, citing strong efforts to recruit specialty providers countered by challenges to retain staff and attract providers to rural communities. Several concerns were associated with provider recruitment including lack of housing; need for better pay, citing issues with the Medicare wage index; lack of people applying to jobs in the healthcare workforce in general; burnout; and no backup support for specialty providers in rural areas. Groups contrasted the county's need for specialty providers due to its large population of older adults with the increasing difficulty to adequately provide specialized care due to lack of specialty providers, stating some providers are in the community only a day or two per week and many must travel out of county for specialty healthcare needs. Discussions mentioned telehealth has increased access to specialty providers but is not always sufficient, especially for the disability community.

How has the COVID-19 pandemic affected the need for more specialty service providers and efforts to address it in your county?

Focus groups highlighted that COVID-19 made healthcare staffing difficult and slowed physician recruitment, citing many do not want to move due to the COVID-19 pandemic. Groups also noted the impacts of burnout associated with COVID-19 and issues related to physicians reaching retirement age and not being replaced, especially in rural areas.

What organizations and community resources are specifically available to address the need for more specialty service providers in your county?

- Cumberland Medical Center
- Lincoln Memorial University – Doctor of Osteopathic Medicine students
- Health Department referrals
- Telemedicine

How would you rate the effectiveness of these efforts and what is lacking currently that would help?

Focus group participants shared that there is still an extensive list of needed specialty providers, and the community is trying to attract providers with more amenities. Groups noted providers may not want to move to rural areas but shared hopefulness with some seasoned physicians relocating to the county, and with the Cumberland Medical Center LMU-DO students, stating some want to come back to their hometowns to provide services. Discussions led to the suggestion of reviewing Emergency Medical Services calls to compile top specialty care needs for the county. Additionally, the need for an



endocrinologist was mentioned, as well as the need for providers who use income scales to determine cost.

Are there other significant issues that have arisen since 2019 that need to be considered as priorities for action over the next three years?

Focus group participants were asked to share additional issues they felt may need to be prioritized. Discussions highlighted a variety of issues related to healthcare:

- A growing mental health crisis and need to address increases in suicide and overdoses.
- Additional transportation needs for older adults to access healthcare. Services like MyRide TN help but there is a need for wider access to affordable transportation services that extend further around the community.
- A need for afterhours clinics and other alternatives to the hospital Emergency Department so it does not become overwhelmed with non-emergency concerns.
- A delay in people addressing healthcare needs driven by increased fears and lack of confidence in healthcare due to the COVID-19 pandemic, causing an increase in chronic health conditions and a need to build back the community's trust in healthcare.
- A need for continued community education on how to utilize healthcare and establish a relationship and communication with physicians.
- A need for rural workforce development.
- A need for adulting and parenting education to increase life skills and child safety practices.
- A need for better access to medications for chronic health issues due to decreasing insurance coverage. Reports of people sharing medications for chronic health issues due to cost are increasing.
- A need for increased communication about Medicare for older adults, particularly about who is accepting patients, as it changes on a weekly basis.

APPENDIX E- Select Secondary Health Statistics							
2022 Cumberland County Community Health Assessment							
	Cumberland	Cumberland	Tennessee	United States	Data Description	Year	Data Source
<b>Community Drivers of Health</b>	<b>2019</b>	<b>2022</b>	<b>2022</b>	<b>2022</b>			
Unemployment rate	4.4%	3.6%	3.2%	3.6%	% of population aged 16 and older unemployed but seeking work	2022	US Department of Labor
Graduated high school	84.6%	89.2 / 81.3%	88.7%	86%	High school graduation rate, Stone Memorial 89.2 / The Phoenix 81.3	2021	tn.chalkbeat.org/2021/11/23/22799137/tennessee-high-school-graduation-rate-
Some college	48.0%	48.1%	55%	65%	% of adults ages 25-44 with some post-secondary education	2019	American Community Survey
Bachelor degree or higher	18.6%	17.5%	28%	33%	Bachelor degree or higher, person aged 25 years+, 2013-2017	2020	U.S. Census Bureau
Poverty Rate (all residents)	16.0%	12.0%	15.30%	12.8%	% of residents living in households who's income does not cover basic needs	2020	United States Census
Children in poverty	25%	21%	18	14.4%	% of children under 18 in poverty	2019	County Health Rankings
Children in single-parent homes	43%	23%	28%	23%	% of children that live in a household headed by single parent	2020	American Community Survey
Severe housing cost burden	11%	10%	12%	7%	% of households that spend 50% or more of their income on housing	2020	American Community Survey
Median household income	\$40,994	\$49,423	\$54,833	\$64,994	Median household income	2021	U.S. Census Bureau
<b>Access to Healthcare</b>							
Adults without health insurance	15.0%	17.0%	11%	10%	% of population under age 65 without health insurance	2016	Small Area Health insurance Estimates
Children without health insurance	4%	6%	5%	4%	% of children under age 19 without health insurance	2016	County Health Rankings 2019
Persons with a disability	16.8%	13.9%	11%	10.8%	with a disability, under the age of 65 years, 2013-2017	2017	U.S Census Bureau
Mental health providers	2,950:1	2,800:1	700:1	310:1	ratio of population to mental health providers	2018	CMS, National Provider Identification file
Primary care physicians	1,400:1	1,440:1	1,390:1	1,050:1	ratio of population to primary care physicians	2016	Area Health Resource File/American Medical Association
Other primary care providers	1,074:1	640:1	787:1	726:1	ratio of population to other non physician primary care providers	2018	County Health Rankings 2019
Dental providers	3,480:1	3,240:1	1,880:1	1,260:1	ratio of population to dentist	2017	County Health Rankings 2019
Immunizations							
Flu vaccine rate elderly	52.0%		64%	69.8%	% of Medicare enrollees that had an annual flu vaccination	2020	Mapping Medicare Disparities Tool
Flu vaccine rate 24 month old	44.1%	48.3%	51.3%		vaccine rates : 24 month old	2020	Immunization Status Survey of 24 month children
Households with broadband internet		0.83	82%		% of households with internet service	2020	2022 County Health Rankings
<b>Active and Healthy Living</b>							
Life expectancy	76.8	76.5	75.3	77	Average number of years a person can expect to live	2020	www.cdc.gov/nchs/fastats/life-expectancy.htm
Physical inactivity	31%	32%	29%	22%	% of adults age 20 and over reporting no leisure time physical activity	2015	CDC Diabetes Interactive Atlas
Access to exercise opportunities	64%	49%	62%	84%	% of population with adequate access for physical activity	2020	2022 County Health Rankings
Food insecurity	12%	15%	13%	13%	% of population who lack adequate access to food	2020	2022 County Health Rankings
Limited access to healthy food	8%	11%	9%		% of population that are low-come and who do not live close to grocery store	2015	USDA Food Environment Atlas
Adult obesity	33%	34%	37.0%		% of adults that report a BMI> 30	2019	CDC Diabetes Interactive Atlas
Overweight/Obese youth	44.7%	46.9%	39.5%		Overweight or obesity prevalence among TN public school students	2018-19	Coordinated School Health
<b>Behavioral Health</b>							
Suicide rates	27.1	22	17.3	13.9	Number of deaths from Suicide per 100,000 total population	2019	Death Statistics: VRS
Frequent mental distress	14%	19%	16.0%	10.0%	% of adults reporting 14 or more days of poor mental health per month.	2019	Behavioral Risk Factor Surveillance System
Poor mental health days	4.6	5.7	5.1		Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	2019	County Health Rankings
<b>Chronic Disease</b>							
Cancer death rate	277.6	304.0	210.6	185.4	Number of deaths from malignant neoplasms per 100,000 population	2019	Death Statistics: VRS
Diabetes	17%	9%	12.2%	9%	% of adults age 20 and over with diagnosed diabetes	2018	CDC Diabetes Interactive Atlas

2022 Cumberland County Community Health Assessment							
	Cumberland	Cumberland	Tennessee	United States	Data Description	Year	Data Source
Heart disease death rate	274.20	333.80	246.2	168.2	Number of deaths from diseases of the heart per 100,000 population	2020	Death Statistics: VRS
Injury and Violence							
Injury deaths	101	100	100	84.5	# of deaths due to injury per 100,000 population	2020	CDC WONDER Mortality data
Homicides	4	4	11.5	5.3	# of deaths due to homicide per 100,000 population	2020	FBI-gov/crime-in-the-usa.
Firearm fatalities	22	22	21.3	13.6	# of deaths due to firearms per 100,000 population	2020	FBI-gov/crime-in-the-usa.
Maternal and Child Health							
Neonatal abstinence syndrome	46.1	35.5	10.2		Number of reported NAS cases per 1,000 live births	2020	datacenter.kidscount.org/data/tables/8288
Low birth weight	9%	9%	9%	8.2%	% of live births with low birthweight (<2500 grams)	2020	National Center for Health Statistics - Natality files
Reproductive and Sexual Health							
Sexually transmitted Infections	325	309	601	497	# of newly diagnosed chlamydia cases per 100,000 population	2019	National Center for HIV/AIDS, Viral Hepatitis/STD
Teen births	42.6	41.0	27	20.3	# of births per 1,000 female population ages 15-19	2020	National Center for health statistics-Natality files
HIV prevalence	77	72	307	365.5	# of persons living with a diagnosis of HIV per 100,000	2019	Kaiser Family Foundation
Substance Use and Abuse							
Alcohol impaired driving deaths	33%	23%	23%	33%	# of driving deaths with alcohol involvement	2019	Fatality Analysis Reporting System
Excessive drinking	13%	15%	17%	18%	% of adults reporting binge or heavy drinking	2020	Behavioral Risk Factor Surveillance system
Adult smoking	20%	24%	21%	17%	% of adults who are current smokers	2020	Behavioral Risk Factor Surveillance system
Number of patients receiving opioids for pain	16,631	12,880	1,219,915		Number of patients receiving opioids for pain	2021	Tennessee Drug Overdose Dashboard
Opioid prescriptions	1,372	900	684	587	Rate of opioid prescriptions per 1,000 residents filled at least one prescrption	2021	CDC.gov/drugoverdose/maps
All drug overdose deaths	14	12	3,032	70,237	Total number of reported deaths from overdoses, *includes alcohol	2000	Tennessee Drug Overdose Dashboard
Opioid drug overdose deaths	9	10	2,388	42,981	Total number of reported deaths from opioid drug overdoses	2020	Tennessee Drug Overdose Dashboard
Non fatal drug overdose outpatient visits	100	136	18,733		Non fatal drug overdoses outpatient visits	2020	Tennessee Drug Overdose Dashboard
Non fatal drug overdose inpatient stays	83	70	7,063		Non fatal drug overdose inpatient stays	2020	Tennessee Drug Overdose Dashboard
COVID-19							
Leading cause of death		Tied for 3rd	3rd	3rd	Leading causes of death	2022-April	CDC.org
Deaths from COVID-19		327	26,170	1,000,000+	Total COVID-19 deaths from inception through April 2022	2022-April	tn.gov/health
Number of Cases		16,138	2,031,533	81,888,182	Total COVID-19 cases from inception through April 2022	2022-April	tn.gov/health
Number of Hospitalizations		347	48,296	318,734	Total COVID-19 hospitalizations from inception through April 2022	2022-April	tn.gov/health & gis.cdc.gov/grasp/COVIDNet/COVID19
Vaccinated							
% of residents with at least one dose		51.7%	62.0%	77.8%	COVID-19 vaccinations through April 2022	2022-April	<a href="https://covid19.tn.gov">https://covid19.tn.gov</a>
% of residents who are fully vaccinated		47%	54.0%	63%	COVID-19 vaccinations through April 2022	2022-April	<a href="https://covid19.tn.gov">https://covid19.tn.gov</a>
% of residents who received a booster		22.7	24.0%		COVID-19 vaccinations through April 2022	2022-April	<a href="https://covid19.tn.gov">https://covid19.tn.gov</a>
Comparable data not found							
Top U.S. Performers (not U.S. average)							