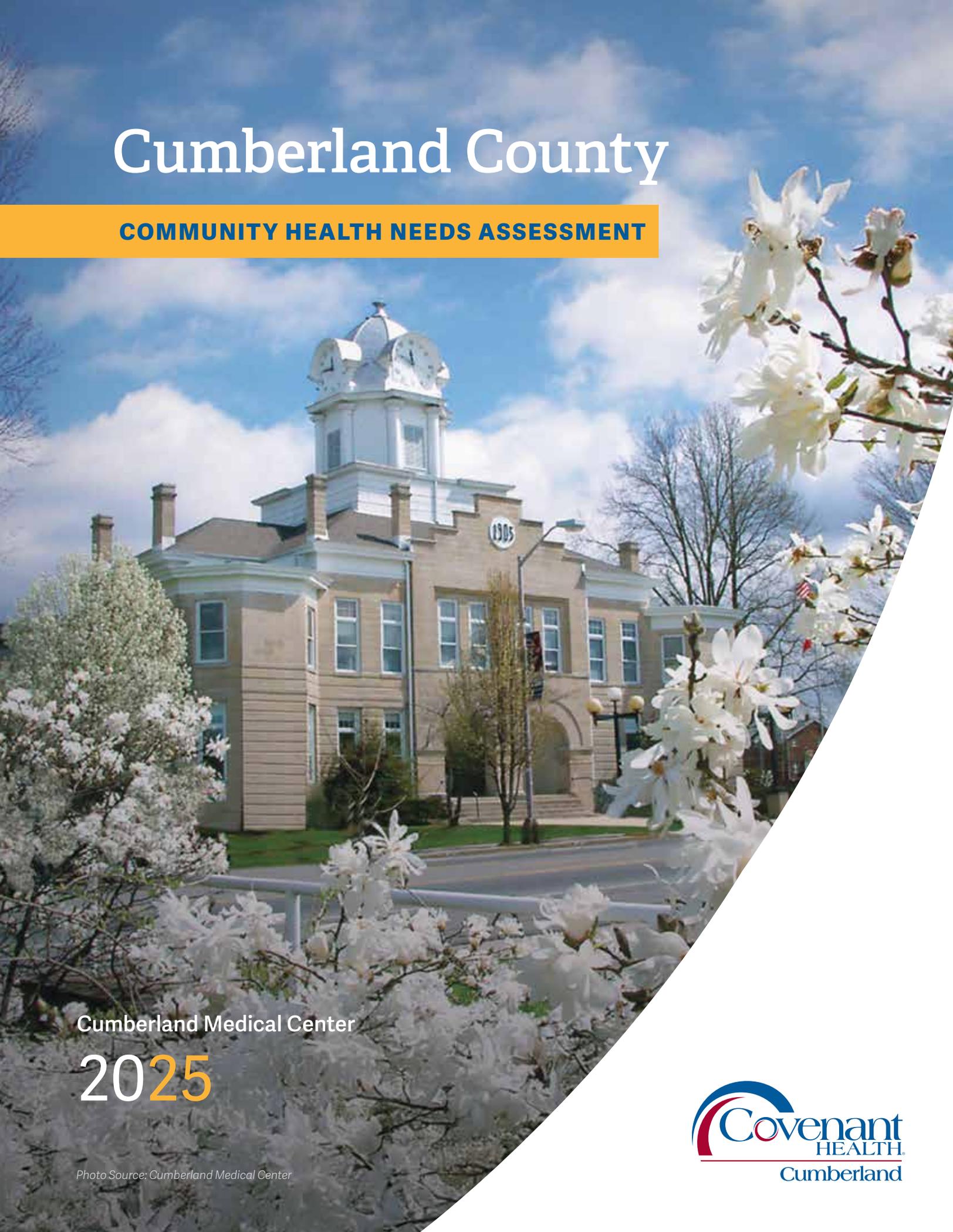


# Cumberland County

## COMMUNITY HEALTH NEEDS ASSESSMENT



Cumberland Medical Center

2025

*Photo Source: Cumberland Medical Center*



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## Perspective/Overview

### ABOUT CUMBERLAND MEDICAL CENTER

Located in Crossville, Tennessee, Cumberland Medical Center is an acute-care hospital bringing top-tier healthcare to the Cumberland Plateau community. We are proud to support our friends and neighbors with state-of-the-art technology, private patient rooms, and specialized services not usually found in a rural medical setting. As a member of Covenant Health, the top-performing healthcare network in our region, Cumberland is dedicated to improving quality of life through better health.

Cumberland is a Joint Commission-accredited facility and a member of Covenant Health's stroke hospital network. In addition to our comprehensive services, we are well-equipped to provide medical attention and support for patients who are experiencing stroke or need intensive, short-term treatment for other serious injuries or illnesses.

Cumberland Medical Center's team includes expert physicians, highly trained clinical staff, and other dedicated employees and volunteers. Together, they support patients with advanced medical and surgical care across a variety of disciplines and specialties. Our patients have local access to services such as diagnostics from our in-house laboratory and imaging center, emergency care from our ER team, same-day surgery, and fully supported recovery through our inpatient rehabilitation programs and our wellness complex at Fairfield Glade. We also provide an array of treatment options for cardiac issues, cancer, sleep disorders, hyperbaric medicine, wound care, and more. We are proud to serve our community with high-quality care, close to home.

# Creating a Culture of Health in the Community



Action Cycle Source: University of Wisconsin and the Robert Wood Johnson Foundation's County Health Rankings website: <http://www.Countyhealthrankings.org/roadmaps/action-center>

The Community Health Needs Assessment (CHNA) uses systematic, comprehensive data collection and analysis to define priorities for health improvement, creates a collaborative community environment to engage stakeholders, and provides an open and transparent process to listen and truly understand the health needs of Cumberland County, Tennessee.

The Action Cycle shows how to create healthy communities. The metrics later in the document assist in understanding the many aspects of a healthy community.

# 2025 Community Health Needs Assessment

## COLLABORATORS

Cumberland Medical Center, as the sponsor of the assessment, engaged national leaders in community health needs assessments to assist in the project. StrategyHealth, a healthcare consultancy based in Nashville, Tennessee, provided analysis of community health data, facilitated the focus groups, and analyzed the survey. StrategyHealth also facilitated a community health summit to receive input regarding priorities and to brainstorm goals and actions the community could take to improve health.

## MAKING THE CHNA WIDELY AVAILABLE TO THE PUBLIC

Starting on **December 15, 2025**, this report is made widely available to the community via Cumberland Medical Center's website <https://www.covenanthealth.com/cumberland/chna/>. Paper copies are available free of charge at Cumberland Medical Center, 421 S. Main Street, Crossville, TN 38555, or by phone, 931- 484-9511.

## BOARD APPROVALS

- As delegated by the board, Covenant Health's Executive Leadership Team approved this assessment on **December 10, 2025**.

Cumberland County's population in 2024 was 64,480.

The population of Cumberland County is projected to increase 4.0% from 2024 to 2029. Tennessee is projected to increase 3.6%.

The U.S. is projected to increase 1.9%.



# Key Findings

## MOST SIGNIFICANT COMMUNITY HEALTH NEEDS

Based on the previous CHNA priorities, Health Department priorities, secondary data, focus groups, surveys, and the summit participants' prioritization exercise, the steering committee selected the following as the most significant health needs in Cumberland County for the next three years. A complete summary of findings with prioritization criteria is on page 35.

1. Mental health
2. Substance use disorders
3. Workforce development, jobs providing a living wage to decrease poverty
4. Access to safe, affordable housing
5. Youth tobacco and vaping
6. Awareness and navigation of health, well-being, and community resources
7. Access to care decreasing chronic diseases

## Community Input and Collaboration

### METHODS AND TIMELINE

In February 2025, Cumberland Medical Center began a Community Health Needs Assessment for Cumberland County and sought input from persons who represent the broad interests of the community using several methods:

- Information gathering, using secondary public health sources, occurred January through April 2025.
- A steering committee made up of community stakeholders was formed and met on May 16, 2025, to plan, implement, and finalize the CHNA process. They also met on August 1, 2025, to finalize the list of most significant health priorities.
- Community members and stakeholders participated in focus groups for their perspectives on community health needs and issues on July 1, 2025.
- An online and paper survey of community members was conducted June 10 through July 19, 2025.
- A Community Health Summit was conducted with community stakeholders on July 22, 2025. The audience consisted of healthcare providers, business leaders, government representatives, schools, not-for-profit organizations, employers, and other community members.

### PARTICIPANTS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY

Forty-seven individuals from 38 community organizations collaborated to implement a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of Cumberland County. The three-month process centered on gathering and

analyzing data, as well as receiving input from persons who represented the broad interests of the community. The information received provided direction for the community and hospital to create a plan to improve the health of the communities. In many cases, several representatives from each organization participated.

### Participants

| Organization                                                         | Represented                            | Participation       |
|----------------------------------------------------------------------|----------------------------------------|---------------------|
| Affiliated Associates                                                | All                                    | Focus Group         |
| Avalon Center                                                        | Domestic violence                      | Focus Group         |
| Chamber of Commerce                                                  | Businesses                             | Summit              |
| City of Crossville                                                   | Crossville residents                   | Summit              |
| Creative Compassion                                                  | All                                    | Focus Group         |
| Crossville First Methodist                                           | All                                    | Summit              |
| Crossville Housing Authority                                         | Low income                             | Focus Group, Summit |
| Cumberland County                                                    | All                                    | Focus Group         |
| Cumberland County EMS                                                | All                                    | Focus Group         |
| Cumberland County Health Department                                  | All                                    | Focus Group, Summit |
| Cumberland Fellowship Church, Storehouse, Housing Authority          | All, Low income                        | Focus Group, Summit |
| Cumberland Heights/Cumberland Prevention Coalition                   | Mental health & substance use disorder | Focus Group         |
| Cumberland Hospice                                                   | All, Seniors                           | Focus Group         |
| Cumberland Medical Center                                            | All                                    | Summit              |
| Deer Run Ranch Equine Connection                                     | All                                    | Focus Group, Summit |
| E-911                                                                | All                                    | Focus Group         |
| Fairfield Glade                                                      | Fairfield Glade residents              | Focus Group, Summit |
| Fairfield Glade Fire Department                                      | All                                    | Focus Group         |
| Fairfield Glade Resident Services                                    | Fairfield Glade residents              | Focus Group, Summit |
| Fairfield Glade Marketing                                            | Fairfield Glade                        | Focus Group         |
| First Bank                                                           | All                                    | Focus Group         |
| Friends of the Trails                                                | All                                    | Summit              |
| Hospice of Cumberland County                                         | All/seniors                            | Summit              |
| Kids on the Rise                                                     | Children/youth                         | Focus Group, Summit |
| Lake Tansi Recreation                                                | All                                    | Focus Group         |
| Life Care Center of Crossville                                       | Seniors                                | Focus Group, Summit |
| Patient family advisory council, Hilltoppers, United Fund, Homestead | All                                    | Focus Group         |
| Quality Home Health                                                  | All/seniors                            | Focus Group         |
| Recovering Crossville                                                | Recovery community                     | Summit              |
| Retired Hospital CEO, Fairfield Glade                                | All                                    | Focus Group         |
| Retired nurse, Fairfield Glade                                       | All                                    | Focus Group         |
| Retired nurse, Fairfield Glade                                       | All                                    | Focus Group         |
| St. Mary's Legacy Clinic-Catholic Charities                          | Low income, medically underserved      | Summit              |
| Stephens Center                                                      | Families                               | Summit              |
| Trauma Informed Community Alliance (TICA)                            | All                                    | Focus Group, Summit |
| United Fund                                                          | All/low income                         | Focus Group, Summit |
| Wyndridge Health & Rehabilitation Center                             | Seniors                                | Focus Group, Summit |
| YMCA                                                                 | All                                    | Summit              |

### Input From Medically Underserved, Low-Income, and Minority Populations

Input from medically underserved, low-income, and minority populations was received through the focus groups, community survey, and the community health summit. Agencies representing these population groups were intentionally invited to the focus groups and summit. The community survey represented various facets of the community.

### Input From Those With Expertise in Public Health

Representatives from the Cumberland County Health Department were key participants, serving on the steering committee, and attending the focus groups and the summit. The Health Department was involved in creating the community needs list and prioritizing the most significant community needs.

### Input on the Most Recently Conducted CHNA and Most Recently Adopted Implementation Strategy

Cumberland Medical Center did not receive any written comments regarding its 2022 CHNA or implementation strategy.

## Process and Methods Used

### COMMUNITY SELECTED FOR ASSESSMENT

Cumberland County was the primary focus of the CHNA based on the service area of Cumberland Medical Center. As the study area, Cumberland County provided 68% of inpatient discharges from January 1, 2024, through December 31, 2024.\* The community includes medically underserved, low-income, and minority populations who live in the geographic areas from which Cumberland Medical Center draws patients.

All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under Cumberland Medical Center's Financial Assistance Policy.

\*Number of inpatients from Cumberland County divided by total admissions



The rate of poverty in Cumberland County was 14.6%, which was higher than TN (13.5%) and the U.S. (11.5%). The percent of asset-limited, income-constrained and employed (ALICE) households in Cumberland County was 29%, which was lower than TN at 30% and the same as the U.S. at 29%. (Sources: Census Bureau, United Way)

### CHNA STUDY AREA – 2025



### DATA AND OTHER INFORMATION USED IN THE ASSESSMENT

#### Primary methods included:

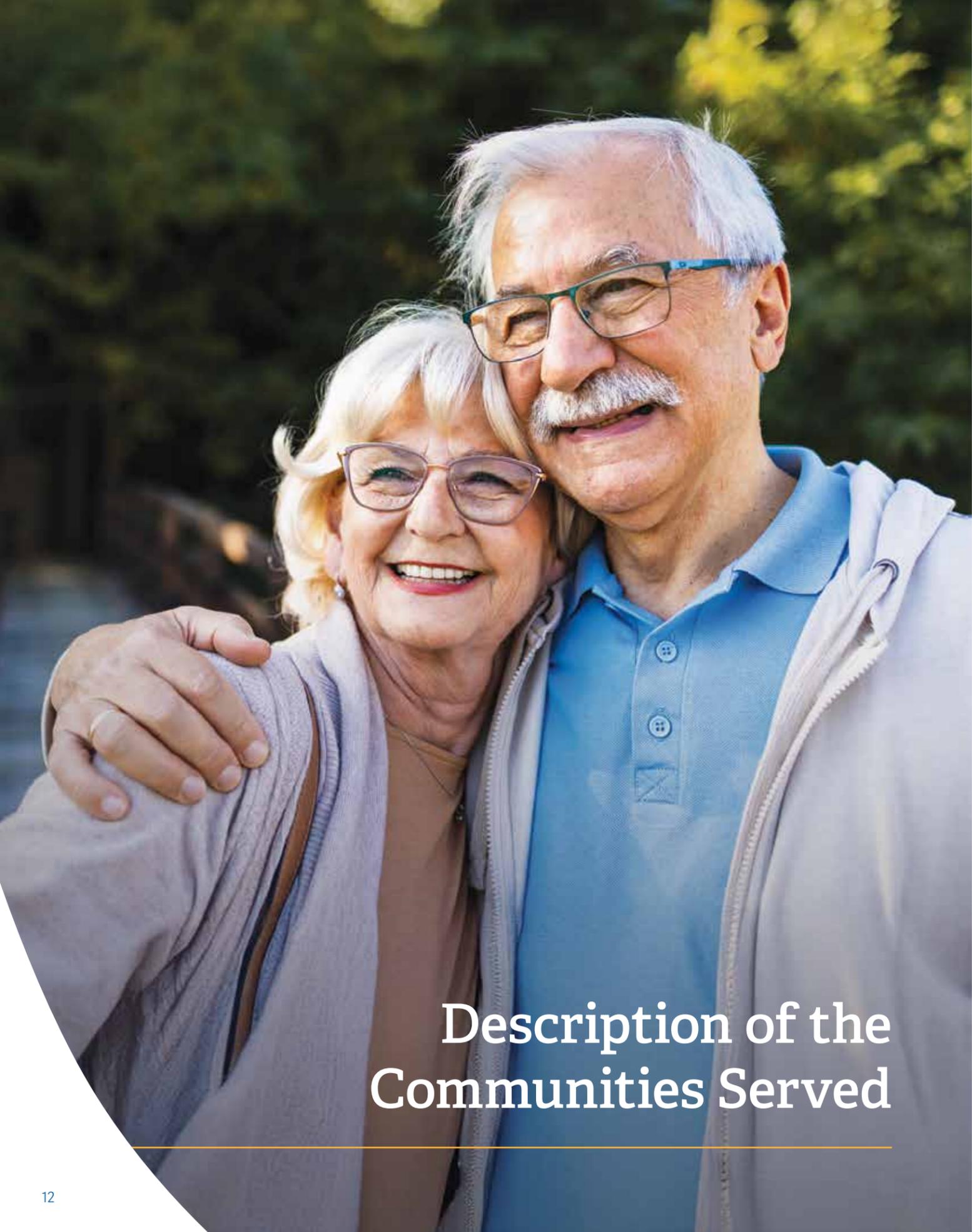
- Focus groups with community members and stakeholders
- Online community survey
- Community Health Summit

#### Secondary methods included:

- Public health data – death statistics, County Health Rankings, cancer incidence
- Demographics and socioeconomics – population, poverty, uninsured, unemployment

#### Information Gaps

While this assessment was quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all the community's health needs



# Description of the Communities Served

## Demographic Indicators

The following tables and graphs summarize the demographics of Cumberland County compared to Tennessee and the U.S.

|                                 | Cumberland County | TN        | USA         |
|---------------------------------|-------------------|-----------|-------------|
| Population 2024                 | 64,480            | 7,204,409 | 338,440,954 |
| Population 2029                 | 67,048            | 7,465,737 | 344,873,411 |
| % Population Change 2024-2029   | 4.0%              | 3.6%      | 1.9%        |
| Percent of Population Over 65   | 34.8%             | 18.3%     | 18.1%       |
| Percent of Population Under 18  | 16.8%             | 21.3%     | 21.0%       |
| Percent of Population 18-64     | 48.4%             | 60.4%     | 60.8%       |
| <b>Racial and Ethnic Makeup</b> |                   |           |             |
| Non-Hispanic White              | <b>91.3%</b>      | 70.0%     | 56.3%       |
| Non-Hispanic Black              | 0.6%              | 15.5%     | 12.1%       |
| Non-Hispanic Asian              | 0.7%              | 2.1%      | 6.3%        |
| Native American/Alaska Native   | 0.2%              | 0.2%      | 0.7%        |
| Pacific Islander                | 0.0%              | 0.1%      | 0.2%        |
| Two or More Races               | 3.5%              | 4.1%      | 4.3%        |
| Other Race                      | 0.2%              | 0.3%      | 0.5%        |
| Hispanic Origin                 | 3.5%              | 7.6%      | 19.6%       |

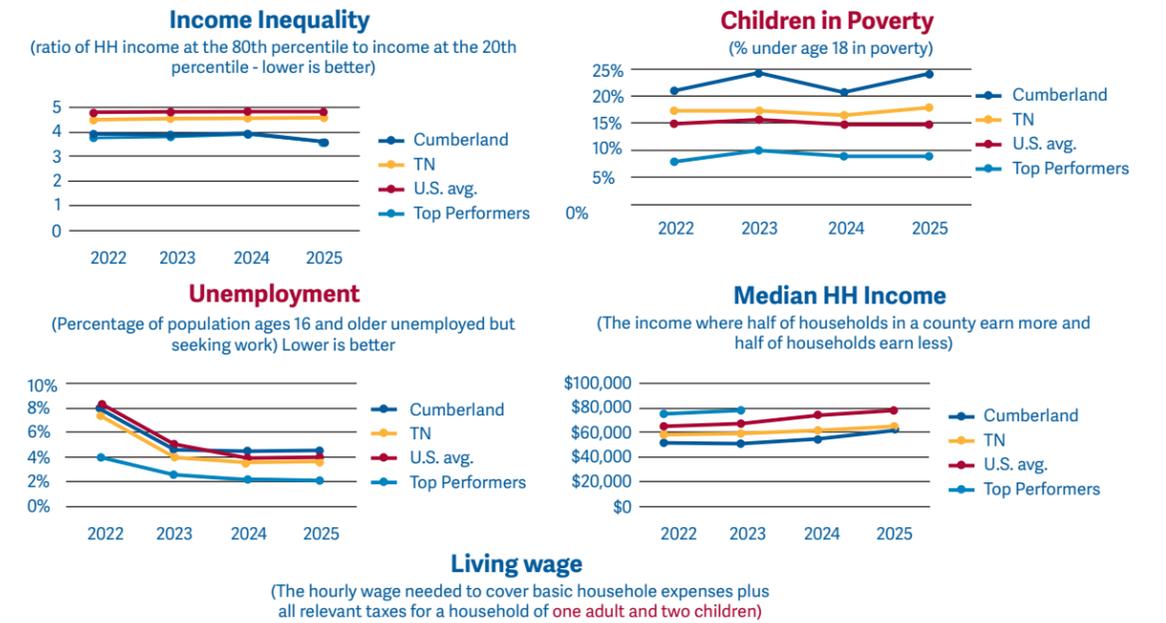
Source: Esri.

# Socioeconomic Indicators

|                                                                          | Cumberland County | TN       | USA      |
|--------------------------------------------------------------------------|-------------------|----------|----------|
| Median <sup>1</sup> Age 2024                                             | 54.0              | 40.3     | 39.1     |
| Median Household Income 2024                                             | \$59,619          | \$64,035 | \$75,149 |
| Percentage With Incomes Below the Federal Poverty Guideline              | 14.6%             | 13.5%    | 11.5%    |
| Percent of Asset-Limited, Income-Constrained Employed (ALICE) Households | 29%               | 30%      | 29%      |
| Percentage Speaking a Language Other Than English                        | 3.0%              | 7.8%     | 21.7%    |
| Percentage of Income for Mortgage                                        | 29.4%             | 25.2%    | 25.6%    |
| Population Receiving SNAP Benefits 2022                                  | 10.7%             | 10.0%    | 12.5%    |
| Percent Unemployed - 2024                                                | 4.1%              | 4.0%     | 4.2%     |
| Percent Uninsured                                                        | 12.9%             | 12%      | 10%      |
| Percent W a Disability <age 65                                           | 13.4%             | 10.9%    | 8.9%     |

Source: Esri, Census Bureau, United Way. <sup>1</sup> The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.

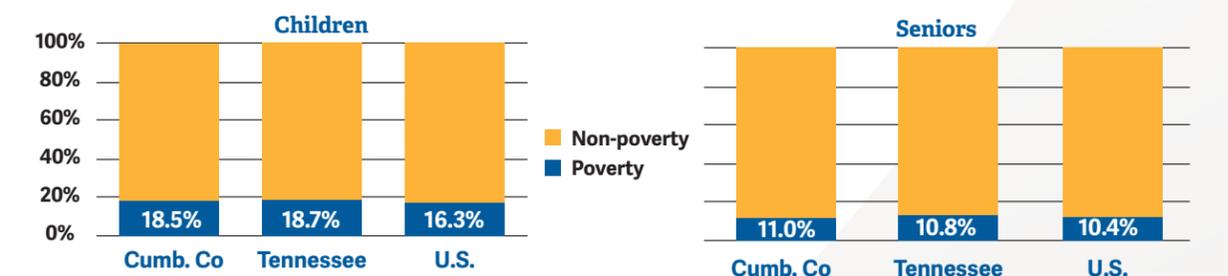
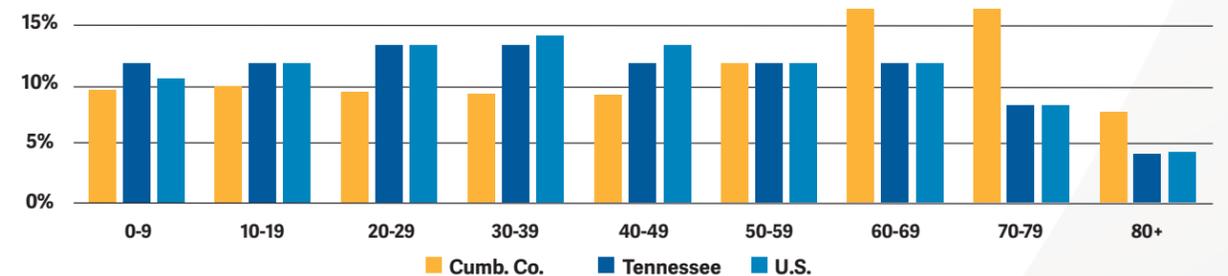
- Cumberland County's population in 2024 was 64,480.
- The population of Cumberland County is projected to increase 4.0% from 2024 to 2029. Tennessee is projected to increase 3.6%. The U.S. is projected to increase 1.9%.
- Cumberland County had a higher median age (54) than TN (40.3) and the U.S. (39.1). In Cumberland County, the percentage of the population 65 and older was 34.8%, higher than TN and the U.S. 65+ populations at 18.3% and 18.1% respectively. Cumberland County is a popular retirement community.
- Cumberland County median household income at \$59,619 was lower than TN (\$64,035) and the U.S. (\$75,149).
- The rate of poverty in Cumberland County was 14.6%, which was higher than TN (13.5%) and the U.S. (11.5%). The percent of asset limited, income constrained and employed (ALICE) households in Cumberland County was 29%, which was lower than TN at 30% and the same as the U.S. at 29%.
- The household income distribution of Cumberland County was 21.7% higher income (over \$100,000), 53.5% middle income, and 24.8% lower income (under \$35,000).
- The racial and ethnic make-up of Cumberland County was 91% Non-Hispanic White, 0.6% Non-Hispanic Black, 3.5% Hispanic origin, 3.5% more than one race, and 1.1% other.
- Cumberland County's 2024 unemployment was 4.1% compared to 3.5% for Tennessee and 3.5% for the U.S.
- 10.7% of Cumberland County received SNAP benefits compared to 10% of Tennessee in 2022.



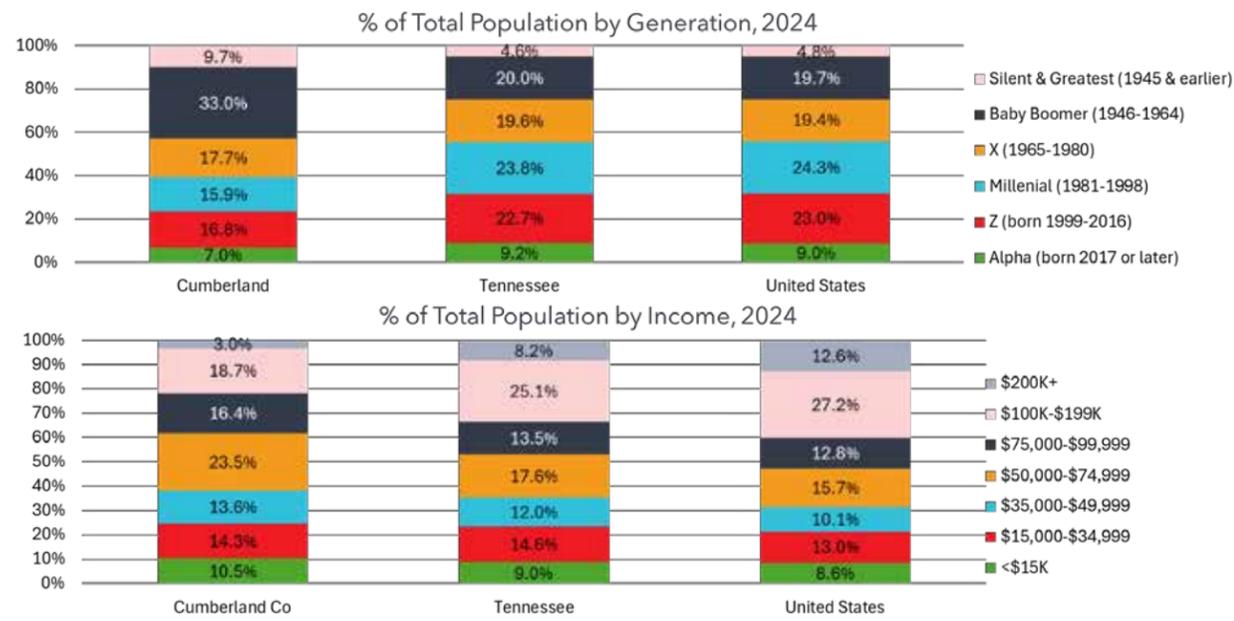
|                |         |
|----------------|---------|
| Cumberland Co. | \$37.39 |
| Tennessee      | \$43.13 |

Source: Living wage – Living Wage Institute, Inc. 2025. Source: Children in poverty and median household income - Small Area Income and Poverty Estimates; American Community Survey, five-year estimates, 2023 & 2019-2023  
Source: Unemployment – Bureau of Labor Statistics, 2023

## POPULATION BY AGE RANGE 2024



Source: Esri, American Community Survey, 2023 5-year estimates

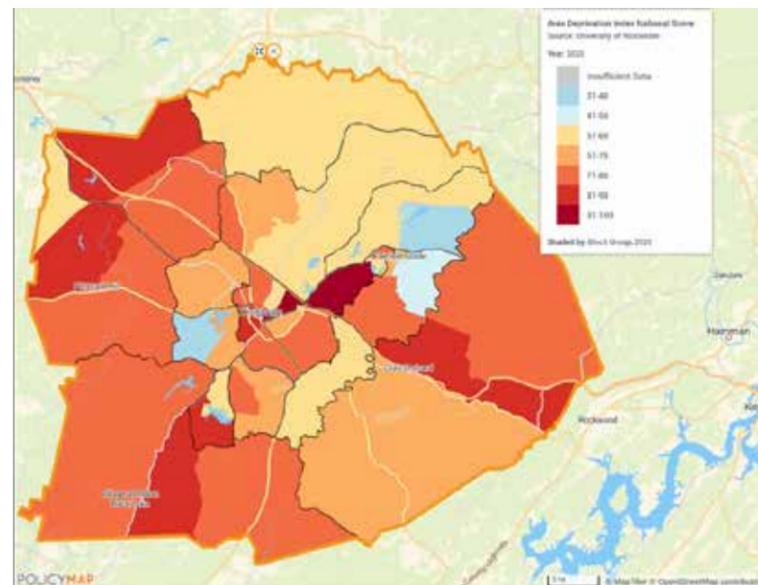


Source: Esri

### AREA DEPRIVATION INDEX (BY BLOCK GROUP)

The area deprivation index is based on socioeconomic disadvantage in the areas of income, education, employment, and housing quality. The block groups in the red are the most disadvantaged and would be a priority location for health improvement activities.

- Ranks Census block groups based on socioeconomic disadvantage in the areas of
- Income
  - Education
  - Employment
  - Housing quality



Source: PolicyMap University of Wisconsin, 2020

### BUSINESS PROFILE

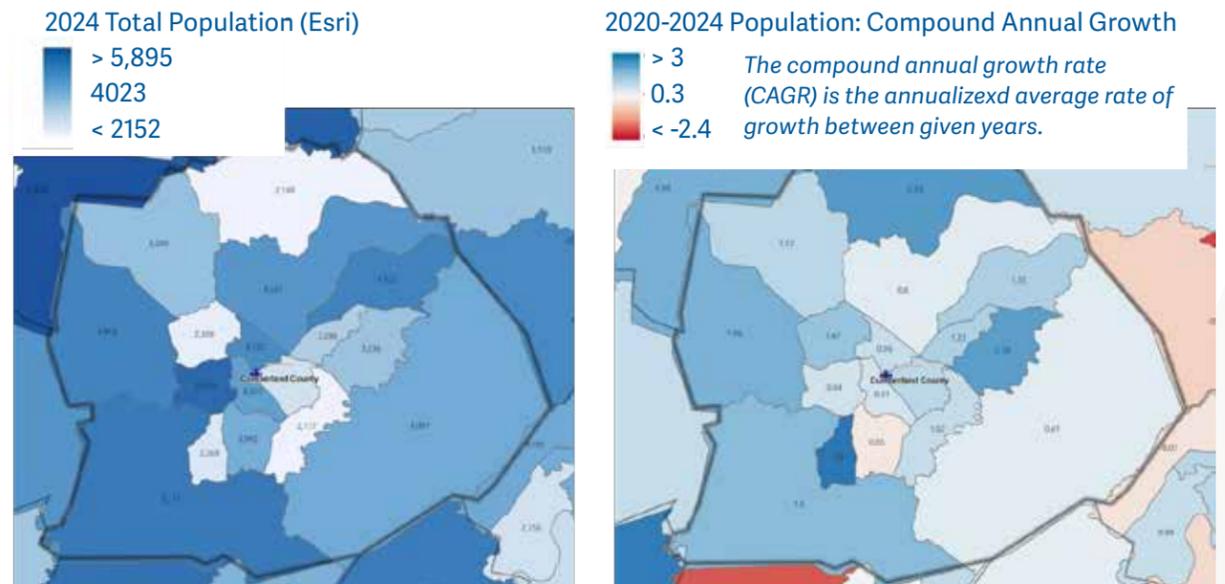
57 percent of employees in Cumberland County were employed in:

- Manufacturing (14.2%)
- Retail trade (12.9%)
- Health Care and Social Assistance (12.8%)
- Transportation, Warehousing, & Utilities (8.8%)
- Accommodation and Food Services (8.0%)

Source: ACS, 2023

Retail, accommodation, and food services jobs offer health insurance at a lower rate than healthcare, manufacturing, and transportation services.

### 2024 POPULATION BY CENSUS TRACT AND POPULATION CHANGE (2020-2024)

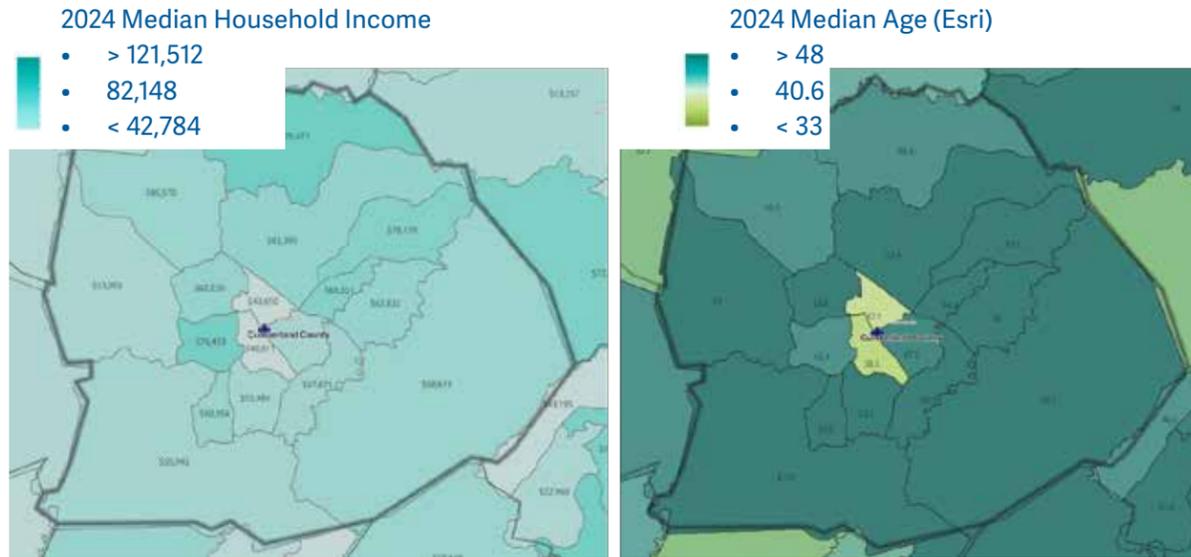


Source: Esri

Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people. The higher-populated census tracts are smaller geographically, and the less-populated census tracts are larger in geography. This can be seen by looking at the northern tract with a population of 3,204 and the smaller tracts around Crossville that have 5,000 to 6,000 population.

There were five census tracts that grew ranging from .19% to 3% per year. There were seven census tracts that declined in population (darker pink on the map).

## 2024 MEDIAN HOUSEHOLD INCOME AND AGE



Source: Esri

The two maps depict median household income and median age by census tract. Looking at age and income by census tract is helpful to demonstrate that all areas of a county are not the same and will therefore have differing health needs. Looking at median household income by census tract also gives insight into health status. The lower-income areas may require more focus than the higher-income census tracts. The census tract in the northern part of the county with higher median household incomes of \$79,471 and one just west of Crossville with \$76,453 will probably have different needs than those of two tracts in Crossville that have \$40,610 and \$40,811 median household incomes.

The health needs may be very different in the light green census tracts with lower median ages (37 and 38) than the tracts in dark green with higher median ages (73, 70 and 67) in the northeast where Fairfield Glade is located.



The household income distribution of Cumberland County was 21.7% higher income (over \$100,000), 53.5% middle income, and 24.8% lower income (under \$35,000).

## Community Survey Summary

Cumberland Medical Center and StrategyHealth conducted an online community survey in Cumberland County. From June 10 – July 19, 2025, 181 online surveys were completed. The survey demographics are in the appendix.

Participants were given a list of 45 potential community health needs or issues to determine if these were “not a problem,” “minor problem,” or a “major problem.” Afterward, for the issues they selected as “major problems,” respondents were to list the three they felt were the most serious in the county. The table below is ranked by percentage who thought the issue was a “major problem” and includes the percentage who ranked the issue in the top three.

| Issues                                                       | Not a Problem | Minor Problem | Major Problem | In Top 3 |
|--------------------------------------------------------------|---------------|---------------|---------------|----------|
| Substance use disorder - drugs or alcohol                    | 9.9%          | 19.1%         | 71.0%         | 18.3%    |
| Affordable health insurance                                  | 11.6%         | 19.8%         | 68.6%         | 14.2%    |
| Mental or behavioral health issues                           | 10.5%         | 22.2%         | 67.3%         | 13.6%    |
| Youth tobacco use and vaping                                 | 8.4%          | 24.7%         | 66.9%         | 9.5%     |
| Access to affordable childcare                               | 7.2%          | 28.1%         | 64.7%         | 10.1%    |
| Adult tobacco use and vaping                                 | 10.5%         | 26.8%         | 62.7%         | 3.0%     |
| Access to jobs providing a living wage                       | 7.9%          | 29.7%         | 62.4%         | 19.5%    |
| Access to mental health care                                 | 12.3%         | 25.3%         | 62.3%         | 17.8%    |
| Poverty                                                      | 3.7%          | 34.4%         | 62.0%         | 12.4%    |
| Access to safe, affordable housing                           | 12.5%         | 32.1%         | 55.4%         | 13.6%    |
| Care for the unhoused population                             | 10.7%         | 35.8%         | 53.5%         | 8.9%     |
| Affordable healthcare                                        | 15.7%         | 31.5%         | 52.8%         | 25.4%    |
| Depression                                                   | 16.0%         | 32.0%         | 52.0%         | 1.8%     |
| Anxiety                                                      | 12.8%         | 36.2%         | 51.0%         | 0.0%     |
| Dementia or Alzheimer's disease                              | 9.2%          | 39.9%         | 51.0%         | 3.6%     |
| Distracted driving                                           | 8.0%          | 42.6%         | 49.4%         | 5.9%     |
| Loneliness and/or isolation                                  | 14.8%         | 36.9%         | 48.3%         | 2.4%     |
| Marijuana and/or THC use                                     | 13.2%         | 40.1%         | 46.7%         | 0.0%     |
| Access to specialty care such as cardiology, orthopedics     | 15.1%         | 38.5%         | 46.4%         | 15.4%    |
| Aging population/services for the elderly                    | 13.3%         | 41.8%         | 44.8%         | 5.9%     |
| Modern technology overuse, such as social media, video games | 16.9%         | 38.8%         | 44.4%         | 4.7%     |

The 73 respondents indicating that chronic diseases were a major problem were asked which chronic diseases they were most concerned about. Cancer, heart disease, and diabetes were the top chronic diseases.

| Chronic Disease               | Check Box |
|-------------------------------|-----------|
| Cancer                        | 86%       |
| Heart disease                 | 78%       |
| Diabetes                      | 66%       |
| Kidney disease                | 38%       |
| Lung disease                  | 37%       |
| Asthma or respiratory disease | 34%       |
| Liver disease                 | 29%       |



Focus group participants define health as "holistic" (physical, mental, emotional and financial well-being), and "individualized" (optimizing a person's health and ability to enjoy life).

Respondents were then asked about their satisfaction with current efforts to address the problem. Below is a table showing the least satisfied to the most satisfied. The scale ranges from 1 to 5, with 1 being "very dissatisfied" and 5 being "very satisfied." The highest ranked issue had a mean score of 2.5 (between a 2, "dissatisfied" and a 3, "neither satisfied nor dissatisfied"). The issue was access to services for children with disabilities or special needs. The table includes all issues with more than three responses. The lowest mean score was suicide at 1.14, "very dissatisfied."

| Top three issues of concern                                                                  | Mean | N= |
|----------------------------------------------------------------------------------------------|------|----|
| Physical or cyber bullying                                                                   | 1.17 | 6  |
| Affordable healthcare                                                                        | 1.26 | 43 |
| Access to mental health care                                                                 | 1.27 | 30 |
| Access to women's health services such as birth control, obstetrics, gynecologist, etc.      | 1.27 | 15 |
| Reliable, affordable transportation                                                          | 1.29 | 7  |
| Dementia or Alzheimer's disease                                                              | 1.33 | 6  |
| Mental or behavioral health issues                                                           | 1.39 | 23 |
| Lack of physical activity                                                                    | 1.40 | 5  |
| Access to prenatal care                                                                      | 1.43 | 7  |
| Access to dental care                                                                        | 1.50 | 14 |
| Access to healthy food                                                                       | 1.50 | 6  |
| Loneliness and/or isolation                                                                  | 1.50 | 4  |
| Access to specialty care such as cardiology, orthopedics                                     | 1.54 | 26 |
| Availability of primary care                                                                 | 1.56 | 27 |
| Substance use disorder - drugs or alcohol                                                    | 1.58 | 31 |
| Children not getting recommended vaccines or immunizations                                   | 1.60 | 5  |
| Poverty                                                                                      | 1.62 | 21 |
| Access to safe, affordable housing                                                           | 1.65 | 23 |
| Access to jobs providing a living wage                                                       | 1.67 | 33 |
| Youth tobacco use and vaping                                                                 | 1.69 | 16 |
| Chronic diseases such as heart disease, diabetes, kidney disease, asthma, lung disease, etc. | 1.74 | 19 |
| Modern technology overuse (e.g., social media, video games, chat rooms)                      | 1.75 | 8  |
| Distracted driving                                                                           | 1.80 | 10 |
| Aging population/services for the elderly                                                    | 1.80 | 10 |
| Access to affordable childcare                                                               | 1.82 | 17 |
| Care for the unhoused population                                                             | 1.87 | 15 |
| Affordable health insurance                                                                  | 1.96 | 24 |
| Suicide                                                                                      | 2.00 | 5  |
| Adult tobacco use and vaping                                                                 | 2.40 | 5  |

## Focus Groups Summary

Stakeholders representing the broad interests of the community as well as those representing low-income, medically underserved, and minority populations, participated in focus groups on July 1, 2025, for their input into the community's health. Participation in individual interviews represented a broad range of interests and backgrounds. Below is a summary of the focus groups.

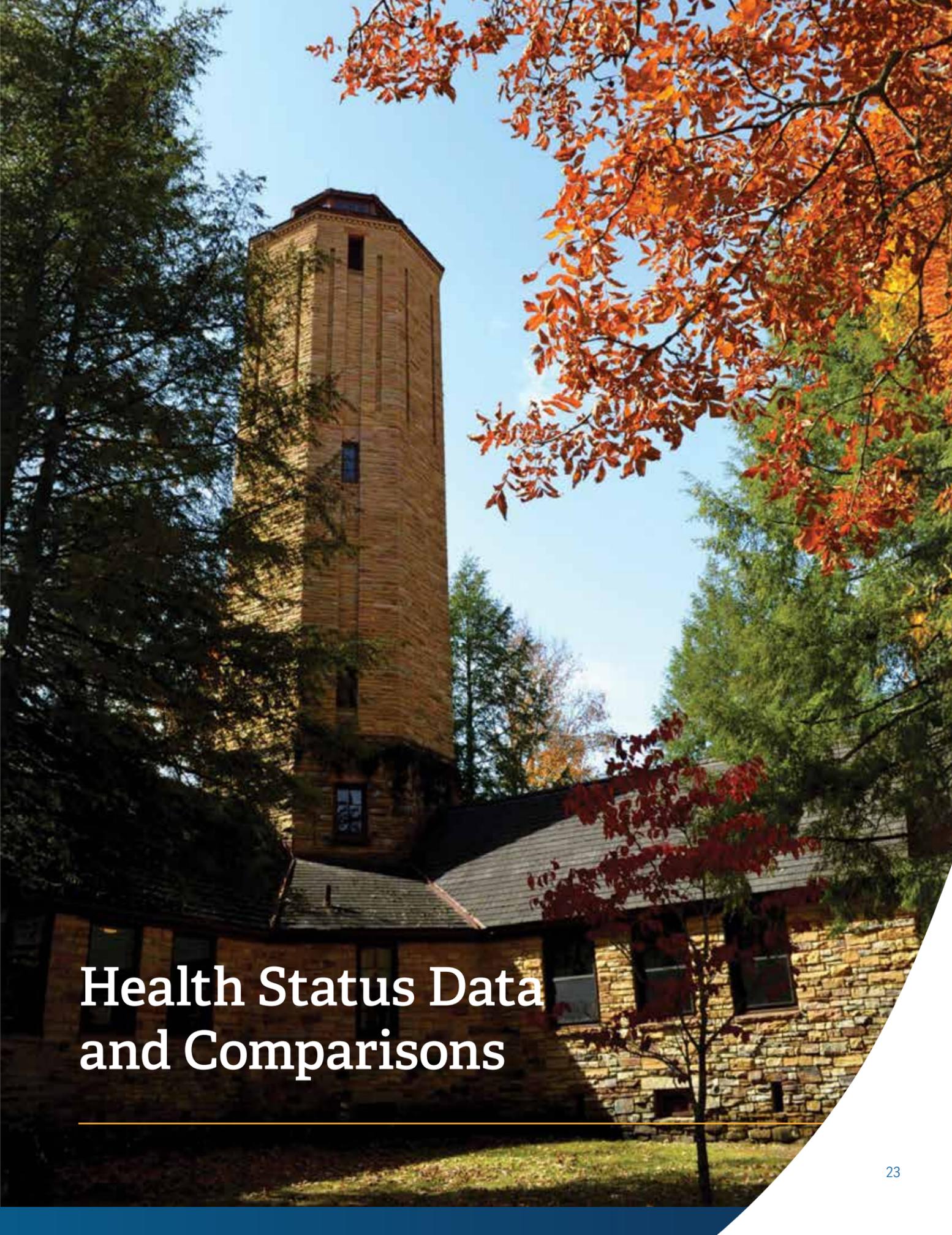
The participants defined health as overall physical, mental and emotional health. They believe health in the county differs depending on resources and the desire to be healthy

The most significant health issues for the communities were:

- Mental health
- Poverty
- Access to care and insurance
- Food insecurity
- Chronic diseases
- Substance use disorders
- Awareness of resources and navigation assistance
- Aging in place
- Family dynamics

If given a magic wand and no resource restrictions, the participants selected the following solutions to improve health:

- Improve mental health and remove the stigma
- Understand trauma and provide trauma informed care
- Increase access to healthy foods
- Increase activity
- Create a resource guide and provide navigation assistance
- Improve community infrastructure – movie theater, safe and affordable housing, transportation, more services out into the county
- Build community
- Increase access to care
- Teach life and parenting skills



## Health Status Data and Comparisons

## Health Status Data

The 2025 County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin<sup>2</sup>, analyzes community conditions such as health infrastructure, physical environment, and social and economic factors. The study looks at how these factors contribute to health outcomes or population health and well-being measured by length and quality of life. To become the healthiest community in Tennessee and eventually the nation, Cumberland County must close several community condition gaps.

County Health Rankings suggested the areas to explore for improvement in Cumberland County were:

- Higher uninsured
- Lower percentage of adults with some college education
- Higher unemployment
- Higher injury deaths

The strengths were:

- Lower population per primary care physician
- Lower preventable hospital stays
- Higher rates of mammography screenings
- Lower severe housing problems
- Lower income inequality

When analyzing the health status data, county results were compared to Tennessee, the U.S., and the top 10% of counties in the U.S. (90th percentile) (where available). For additional perspective, TN was ranked the 44th healthiest state out of the 50 states. (Source: 2024 America's Health Rankings; lower is better)

Tennessee challenges were:

- High premature death rate
- High prevalence of multiple chronic conditions
- High occupational fatality rate

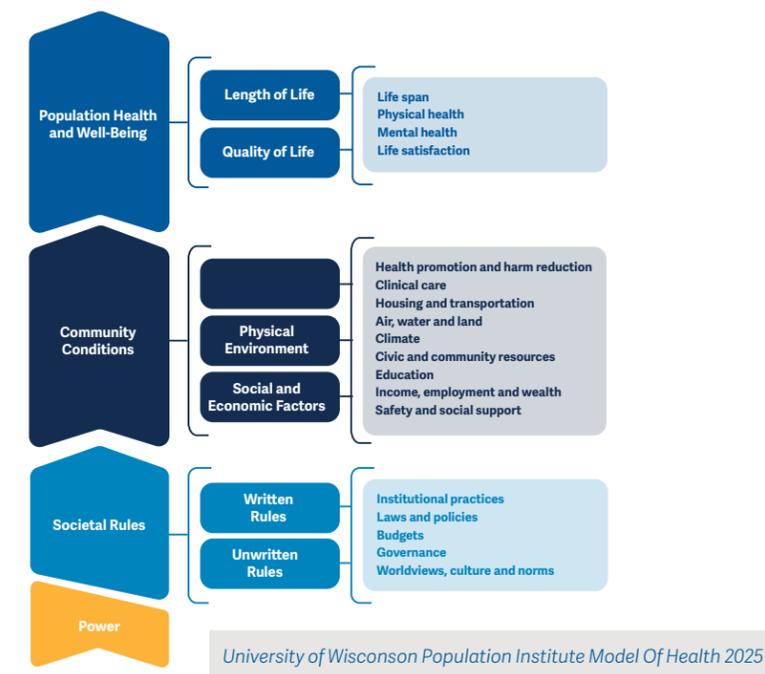
The strengths were:

- Low prevalence of excessive drinking
- High number of primary care providers per 100,000
- Low average number of health-based drinking water violations

<sup>2</sup>The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work, and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Tennessee's counties every year since 2003.

Information from County Health Rankings and America's Health Rankings was analyzed in the CHNA in addition to the previously reviewed sociodemographic information and other public health data. Other analyzed data are referenced in this report,, such as causes of death, demographics, socioeconomics, and primary research. If a measure was better than TN, it was identified as a strength. Where an indicator was worse than TN, it was indicated as an opportunity for improvement. To prevent strengths from becoming opportunities for improvement, it's important to continually focus on them.

Although not all the health status data were derived from County Health Rankings, the data are organized using the following model. The model focuses on community conditions such as health infrastructure, physical environment, and social and economic factors, and their contribution to population health and well-being as measured by length and quality of life.



## Rankings and Comparisons of Health Status

The following tables compare Cumberland County to Tennessee and the U.S. for health outcomes and community conditions. The trend column indicates whether the trend is increasing or decreasing—green indicates improvement, red indicates decline. If the trend cell is empty, there is no change over the last four years. Trended graphs are available in Appendix 4.

### HEALTH OUTCOMES (LENGTH OF LIFE AND QUALITY OF LIFE)

Health Outcomes include measures for length of life and quality of life. Health outcomes tell us how long people live on average within a community and how much physical and mental health people experience in a community while they are alive.

| Indicators                      | Trend | County | TN     | U.S.  | Description                                                                                                                                     |
|---------------------------------|-------|--------|--------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Length of Life</b>           |       |        |        |       |                                                                                                                                                 |
| Premature death                 | ↗     | 12,953 | 11,636 | 8,400 | Years of potential life lost before age 75 per 100,000 population (age-adjusted). 2020-2022                                                     |
| Life expectancy                 | ↘     | 73.4   | 73.5   | 77.1  | Average number of years people are expected to live. 2020-2022                                                                                  |
| Infant mortality                |       | 6.6    | 6.8    | 6.0   | Number of infant deaths (within 1 year) per 1,000 live births. 2016-2022                                                                        |
| Child mortality                 |       | 63.0   | 65.7   | 50.0  | Number of deaths among residents under age 20 per 100,000 population. 2019-2022                                                                 |
| <b>Quality of Life</b>          |       |        |        |       |                                                                                                                                                 |
| <b>Physical Health</b>          |       |        |        |       |                                                                                                                                                 |
| Poor or fair health             | ↗     | 21%    | 19.2%  | 17.0% | Percentage of adults reporting poor or fair health (age-adjusted). 2022                                                                         |
| Poor physical health days       | ↗     | 5.3    | 4.7    | 3.9   | Average number of physically unhealthy days reported in past 30 days (age-adjusted). 2022                                                       |
| Frequent physical distress      | ↗     | 15%    | 14.6%  | 12.0% | Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted). 2022                                           |
| Low birthweight babies          |       | 8%     | 9.1%   | 8.0%  | Percentage of live births with low birthweight (< 2,500 grams or 5lbs 8oz). 2017-2023                                                           |
| Diabetes prevalence             |       | 12.1%  | 13.0%  | 10.0% | Percentage of adults ages 20 and older with diagnosed diabetes (age-adjusted). 2022                                                             |
| Adult obesity                   |       | 37%    | 38.1%  | 34.0% | Percentage of the adult population (ages 18 and older) reporting a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted). 2022 |
| HIV prevalence                  |       | 92.8   | 324.2  | 387.0 | Number of people ages 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population. 2022   |
| Cancer incidence                | ↘     | 465.3  | 457.3  | 444.4 | Incidence rates (cases per 100,000 population per year) age-adjusted. 2017-2021                                                                 |
| Sexually transmitted infections | ↘     | 167    | 562    | 496   | Number of newly diagnosed chlamydia cases per 100,000 population. 2022                                                                          |
| <b>Mental Health</b>            |       |        |        |       |                                                                                                                                                 |
| Poor mental health days         | ↗     | 6.4    | 6.3    | 5.1   | Average number of mentally unhealthy days reported in past 30 days (age-adjusted). 2022                                                         |
| Frequent mental distress        | ↗     | 22%    | 21.3%  | 16%   | Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted). 2022                                             |
| Suicide rate                    |       | 23.9   | 16.9   | 14.0  | Number of deaths by suicide per 100,000 population (age-adjusted). 2018-2022                                                                    |
| Feelings of loneliness          |       | 36%    | 34%    | 33%   | Percentage of adults reporting that they always, usually, or sometimes feel lonely. 2022                                                        |

## Community Conditions

Community conditions include the social and economic factors, physical environment and health infrastructure in which people are born, live, learn, work, play, worship, and age. Community conditions are also referred to as the social determinants of health. (County Health Rankings, 2025)

| Indicators                          | Trend | County | TN    | U.S.  | Description                                                                                              |
|-------------------------------------|-------|--------|-------|-------|----------------------------------------------------------------------------------------------------------|
| <b>Health Infrastructure</b>        |       |        |       |       |                                                                                                          |
| <b>Substance Misuse</b>             |       |        |       |       |                                                                                                          |
| Excessive drinking                  | ↗     | 18%    | 18.1% | 19%   | Percentage of adults reporting binge or heavy drinking (age-adjusted). 2022                              |
| Adult smoking                       | ↘     | 21%    | 19.2% | 13.0% | Percentage of adults who are current smokers (age-adjusted). 2022                                        |
| Alcohol-impaired driving deaths     |       | 23%    | 24.6% | 26.0% | Percentage of driving deaths involving alcohol. 2018-2022                                                |
| Drug overdose deaths                | ↗     | 54.9%  | 51.0  | 31.0  | Number of drug poisoning deaths per 100,000 population. 2020-2022                                        |
| <b>Healthy Eating/Active Living</b> |       |        |       |       |                                                                                                          |
| Physical inactivity                 | ↘     | 29%    | 26.5% | 23.0% | Percentage of adults ages 18 and older reporting no leisure-time physical activity (age-adjusted). 2022  |
| Access to exercise opportunities    | ↗     | 60%    | 67.9% | 84.0% | Percentage of population with adequate access to locations for physical activity. 2024, 2022 & 2020      |
| Food environment index              |       | 6.8    | 6.4   | 7.4   | Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best). 2019 & 2022 |
| Food insecurity                     |       | 16%    | 14.0% | 14.0% | Percentage of population who lack adequate access to food. 2022                                          |
| Limited access to healthy foods     |       | 11%    | 8.9%  | 6.0%  | Percentage of population who are low-income and do not live close to a grocery store. 2019               |
| Insufficient sleep                  |       | 38%    | 40%   | 37%   | Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted). 2022              |

Cumberland County's 2024 unemployment was 4.1% compared to 3.5% for Tennessee and 3.5% for the U.S.

10.7% of Cumberland County received SNAP benefits compared to 10% of Tennessee in 2022.



| Indicators                          | Trend | County | TN    | U.S.  | Description                                                                                                                                                             |
|-------------------------------------|-------|--------|-------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Health Infrastructure, cont.</b> |       |        |       |       |                                                                                                                                                                         |
| Access to Care                      |       |        |       |       |                                                                                                                                                                         |
| Primary care physicians             |       | 1,561  | 1437  | 1330  | Ratio of population to primary care physicians. 2021                                                                                                                    |
| Dentists                            |       | 2,762  | 1779  | 1360  | Ratio of population to dentists. 2022                                                                                                                                   |
| Mental health providers             |       | 2,491  | 500   | 300   | Ratio of population to mental health providers. 2024                                                                                                                    |
| Other primary care providers        |       | 952    | 542   | 710   | Ratio of population to primary care providers other than physicians. 2024                                                                                               |
| Uninsured                           |       | 13%    | 11.1% | 10.0% | Percentage of population under age 65 without health insurance. 2022                                                                                                    |
| Uninsured children                  |       | 6%     | 5.3%  | 5.0%  | Percentage of children under age 19 without health insurance. 2022                                                                                                      |
| Uninsured adults                    |       | 15%    | 13%   | 11%   | Percentage of adults under age 65 without health insurance. 2022                                                                                                        |
| Prevention                          |       |        |       |       |                                                                                                                                                                         |
| Mammography screening               |       | 52%    | 44%   | 44%   | Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening. 2022                                                                   |
| Flu vaccinations                    |       | 48%    | 49%   | 48%   | Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination. 2022                                                                          |
| Preventable hospital stays          |       | 2,248  | 2828  | 2666  | Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. 2022                                                                    |
| COVID vaccinations                  |       | 49%    | 55%   | 70%   | Percentage of fully vaccinated recipients. May 2023                                                                                                                     |
| Teen births                         |       | 34     | 23    | 16    | Number of births per 1,000 female population ages 15-19. 2017-2023                                                                                                      |
| <b>Physical Environment</b>         |       |        |       |       |                                                                                                                                                                         |
| Drinking water violations           |       | no     | No    | No    | Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation. 2023                   |
| Air pollution particulate matter    |       | 7.7    | 7.0   | 7.3   | Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5). 2020                                                                            |
| Broadband access                    |       | 88%    | 87.4% | 90.0% | Percentage of households with broadband internet connection. 2019-2023                                                                                                  |
| Childcare centers                   |       | 7.5    | 9.0   | 7.0   | Number of childcare centers per 1,000 population under 5 years old. 2010-2022                                                                                           |
| Long commute, driving alone         |       | 40%    | 36.4% | 37.0% | Among workers who commute in their car alone, the percentage that commute more than 30 minutes. 2019-2023                                                               |
| Access to parks                     |       | 29%    | 26%   | 51%   | Percentage of the population living within a half-mile of a park. 2024 & 2020                                                                                           |
| Housing                             |       |        |       |       |                                                                                                                                                                         |
| Severe housing burden               |       | 12%    | 12.3% | 15.0% | Percentage of households that spend 50% or more of their household income on housing. 2019-2023                                                                         |
| Severe housing problems             |       | 12%    | 13.3% | 17.0% | Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. 2017-2021 |
| Home ownership                      |       | 71%    | 67%   | 65%   | Percentage of owner-occupied housing units. 2019-2023                                                                                                                   |

| Indicators                           | Trend | County   | TN       | U.S.     | Description                                                                                                                                                                                                       |
|--------------------------------------|-------|----------|----------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Social &amp; Economic Factors</b> |       |          |          |          |                                                                                                                                                                                                                   |
| Economic Stability                   |       |          |          |          |                                                                                                                                                                                                                   |
| Median household income              |       | \$60,632 | \$64,035 | \$75,149 | The income where half of households earn more, and half of households earn less. 2024                                                                                                                             |
| Unemployment                         |       | 4.2%     | 3.3%     | 3.6%     | Percentage of population ages 16 and older unemployed, but seeking work. 2024                                                                                                                                     |
| Poverty                              |       | 14.6%    | 13.5%    | 11.5%    | Percentage of population living below the federal poverty line. 2023                                                                                                                                              |
| ALICE household                      |       | 29%      | 30%      | 29%      | Percentage of households that are asset-limited, income-constrained, employed. 2022                                                                                                                               |
| Children in poverty                  |       | 28.1%    | 18.9%    | 16.0%    | Percentage of people under age 18 in poverty. 2023 & 2019-2023                                                                                                                                                    |
| Seniors in poverty                   |       | 11.0%    | 10.8%    | 10.4%    | Percentage of people 65 and older in poverty. 2023                                                                                                                                                                |
| Income inequality                    |       | 3.7      | 4.6      | 4.9      | Ratio of household income at the 80th percentile to income at the 20th percentile. 2019-2023 (lower is better)                                                                                                    |
| Living wage                          |       | \$37.39  | \$43.13  |          | The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children. 2024                                                                              |
| Children cost burden                 |       | 21%      | 22%      | 28%      | Number of childcare centers per 1000 pop. under age 5                                                                                                                                                             |
| Educational Attainment               |       |          |          |          |                                                                                                                                                                                                                   |
| School funding adeq.                 |       | -\$834   | -\$999   | -\$1411  | The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district. |
| 3rd grade math scores                |       | 2.9      | 3.0      | 3.0      | Average grade-level performance for 3rd graders on math standardized tests. 2019                                                                                                                                  |
| 3rd grade reading level              |       | 3.1      | 3.0      | 3.1      | Average grade-level performance for 3rd graders on English Language Arts standardized tests. 2019                                                                                                                 |
| High school completion               |       | 89%      | 89.6%    | 89.0%    | Percentage of adults ages 25 and older with a high school diploma or equivalent. 2019-2023                                                                                                                        |
| Some college                         |       | 42%      | 63.4%    | 68.0%    | Percentage of adults ages 25-44 with some post-secondary education. 2019-2023                                                                                                                                     |
| Family & Social Engagement           |       |          |          |          |                                                                                                                                                                                                                   |
| Children in single-parent households |       | 17%      | 27%      | 25%      | Percentage of children who live in a household headed by a single parent. 2019-2023                                                                                                                               |
| Social associations                  |       | 9.1      | 11.0     | 9.1      | Number of membership associations per 10,000 population. 2022                                                                                                                                                     |
| Lack of social & emotional support   |       | 26%      | 28%      | 25%      | Percentage of adults reporting they sometimes, rarely, or never get the social and emotional support they need. 2022                                                                                              |
| Voter turnout                        |       | 65.8%    | 60.1%    | 67.9%    | Percentage of citizen population ages 18 or older who voted in the 2020 U.S. presidential election. 2020 & 2016-2020                                                                                              |
| Census participation                 |       | 61.5%    |          | 65.2%    | Percentage of all households that self-responded to the 2020 census (by internet, paper questionnaire, or telephone). 2020                                                                                        |
| Community Safety                     |       |          |          |          |                                                                                                                                                                                                                   |
| Homicide rate                        |       | 4.5      | 9.6      | 7.0      | Number of deaths due to homicide per 100,000 population. 2016-2022                                                                                                                                                |
| Firearm fatalities                   |       | 23.4     | 20.3     | 13.0     | Number of deaths due to firearms per 100,000 population. 2018-2022                                                                                                                                                |
| Motor vehicle crash deaths           |       | 18.8     | 17.2     | 12.0     | Number of motor vehicle crash deaths per 100,000 population. 2016-2022                                                                                                                                            |
| Violent crime                        |       | 207.8    | 621.4    | 377.1    | Number of violent crimes per 100,000 population. 2022                                                                                                                                                             |
| Injury deaths                        |       | 135.8    | 115.5    | 84.0     | Number of deaths due to injury per 100,000 population. 2018-2022                                                                                                                                                  |

Sources: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2025. [www.countyhealthrankings.org](http://www.countyhealthrankings.org). CDC, FBI Crime Data Explorer, American Community Survey 5-year estimates, ESRI, MIT Living Wage Calculator, NIH, CDC State Cancer Profiles

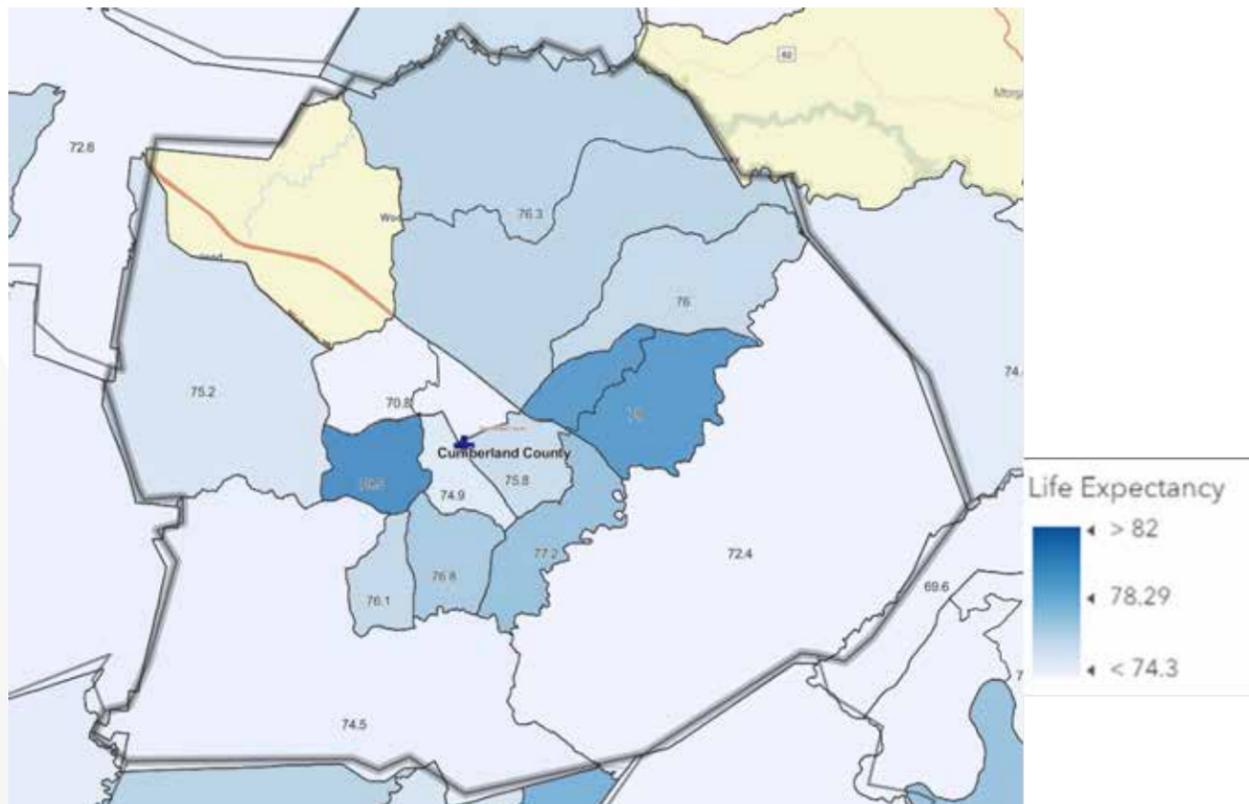
# Mapping Analyses

The following maps show the significant differences in populations by census tract within the county. Much of the demographic and health status data is available by county, and it is beneficial to see differences by geographic location to enact local solutions.

## LIFE EXPECTANCY AT BIRTH

The darker areas have higher life expectancy, and the lighter areas have lower life expectancy. Life expectancy is impacted by lifestyle (diet, nutrition, and physical activity), environment (such as living conditions and access to healthcare), and genetics. (Source: [University of Florida, Department of Physiology & Aging](#), March 27, 2024)

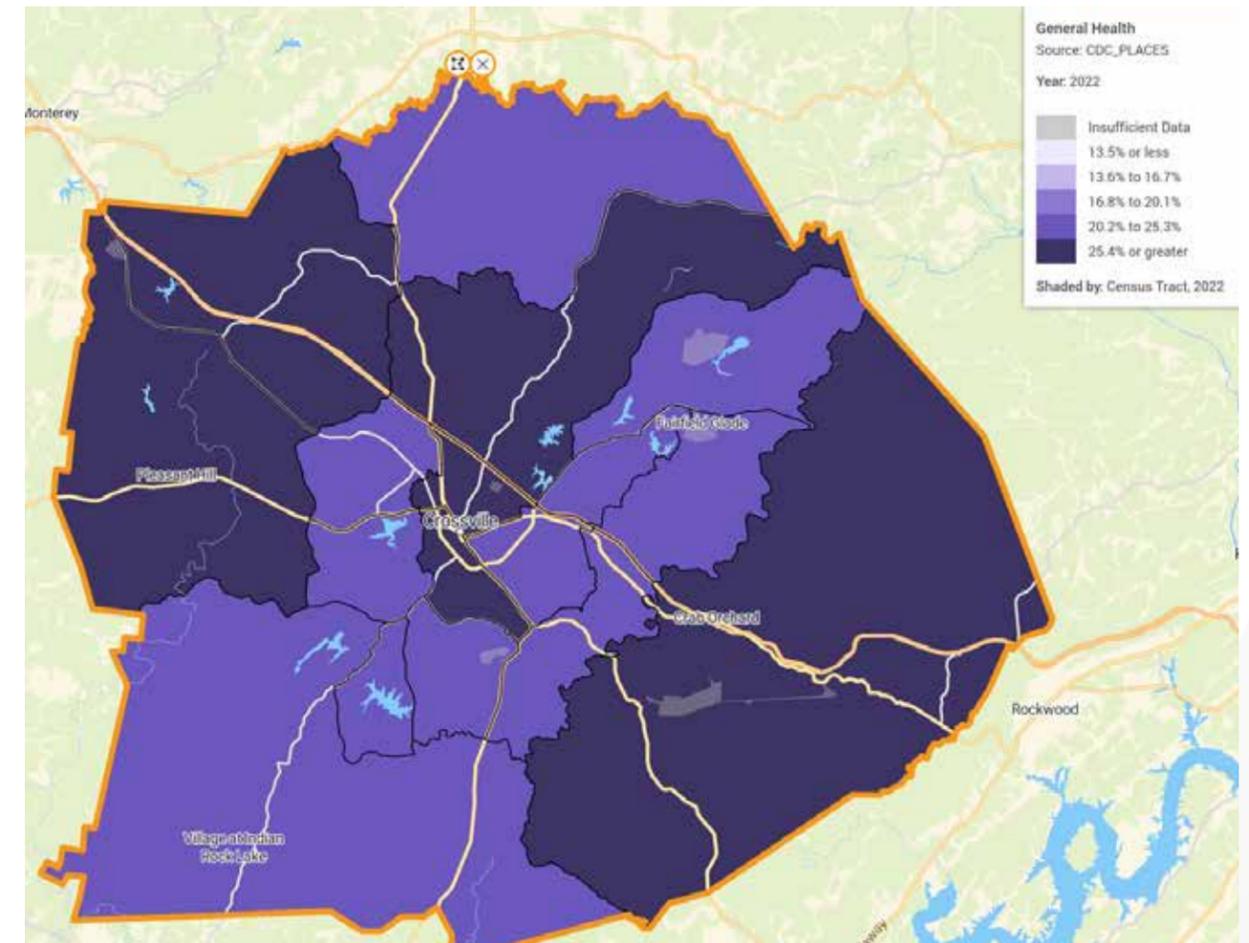
The life expectancy was higher in the two northeastern tracts (79 years) and the census tract to the west of Crossville (79.5 years) compared to life expectancy in Crossville (70.8 years).



Source: CDC, Census Bureau, 2010-2015

## PERCENTAGE IN FAIR OR POOR HEALTH (BY CENSUS TRACT)

The darker the color, the larger the percentage of adults self-reporting poor or fair health. The census tracts in lighter purple reported 20.2% to 25.3% poor or fair health. The dark purple tracts had 25.4% or greater in poor or fair health.



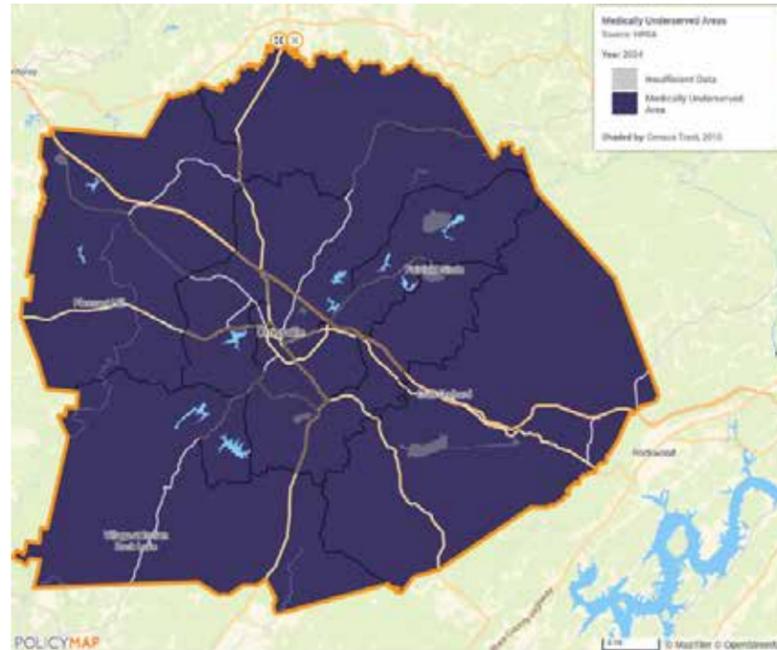
Source: PolicyMap; CDC, Places, 2022

Cumberland County had a higher median age (54) than TN (40.3) and the U.S. (39.1). In Cumberland County, the percentage of the population 65 and older was 34.8%, higher than TN and the U.S. 65+ populations at 18.3% and 18.1% respectively. Cumberland County is a popular retirement community.

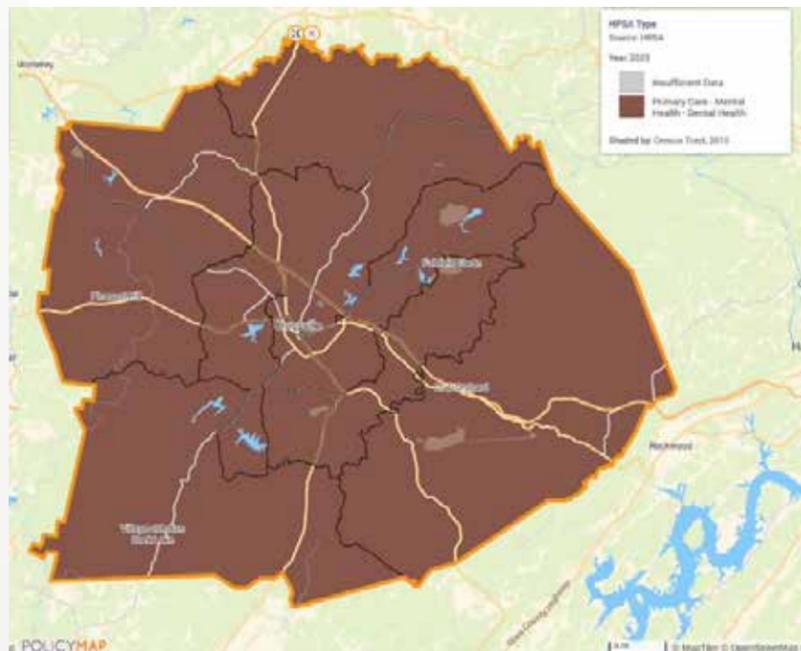


## MEDICALLY UNDERSERVED AND HEALTH PROFESSIONAL SHORTAGE AREAS

Cumberland County is a medically underserved area, according to Health Resources and Services Administration of the Department of Health and Human Services.



Cumberland County is also designated as a primary care, mental health, and dental health shortage area by the same department.

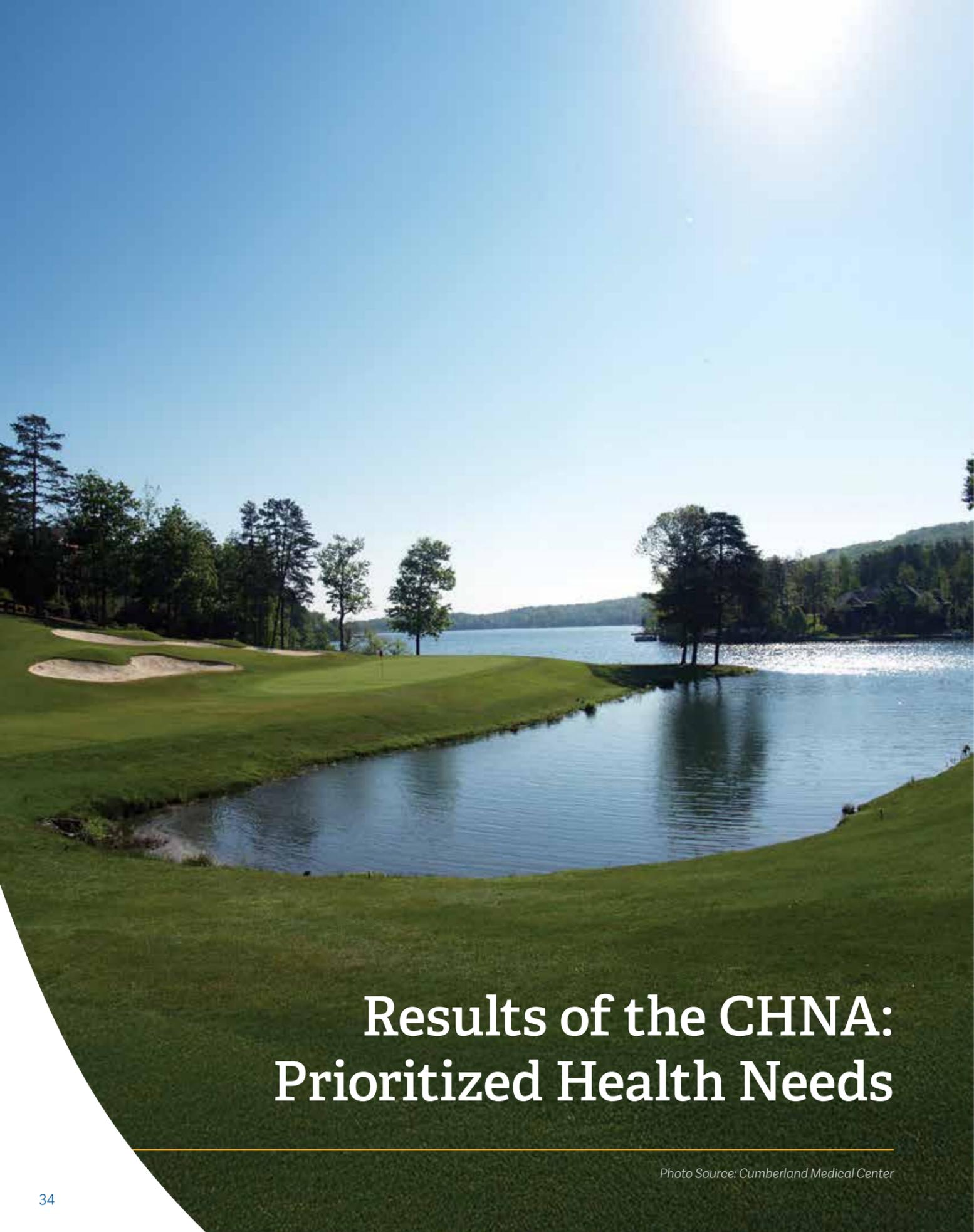


Source: PolicyMap; HRSA, 2024 & 2023

## Summary of Primary and Secondary Data – Most Significant Health Needs

The chart below summarizes all the primary and secondary data revealing the significant health needs in the community. This information was used to create a list for summit participants to use in prioritizing the most significant health needs.

| 2022 Health Needs                                                      | Secondary Data         | Focus Groups                       | Surveys                                | State/County Health Dept   |
|------------------------------------------------------------------------|------------------------|------------------------------------|----------------------------------------|----------------------------|
| Substance use disorders                                                | Uninsured              | Mental health                      | Substance use disorder                 | Nutrition security         |
| Mental health access                                                   | Some college education | Poverty                            | Affordable health insurance            | Maternal and infant health |
| Health education for chronic diseases                                  | Unemployment           | Access to healthcare               | Mental/behavioral health               | Chronic conditions         |
| Adverse childhood experiences                                          | Injury deaths          | Access to insurance                | Youth tobacco and vaping               | Older adults               |
| Insufficient number of primary care, specialists, and dental providers | Smoking                | Food insecurity                    | Access to affordable childcare         | Transportation             |
|                                                                        | Suicides               | Chronic diseases                   | Adult tobacco use and vaping           | Cancer screenings          |
|                                                                        | Drug overdose deaths   | Substance use disorder             | Access to jobs providing a living wage | Workforce                  |
|                                                                        |                        | Aging in place                     | Access to mental health care           | Access to dental care      |
|                                                                        |                        | Family dynamics                    | Poverty                                |                            |
|                                                                        |                        | Access to safe, affordable housing |                                        |                            |
|                                                                        |                        | Care for the unhoused population   |                                        |                            |
|                                                                        |                        | Affordable healthcare              |                                        |                            |



# Results of the CHNA: Prioritized Health Needs

Photo Source: Cumberland Medical Center

## PRIORITIZATION CRITERIA

At the Community Health Summit, the attendees reviewed community health information and used the criteria below to prioritize the community's health needs.

|                                 |                                                                                                          |
|---------------------------------|----------------------------------------------------------------------------------------------------------|
| Magnitude                       | How big is the problem? How many individuals does the problem affect, either actually or potentially?    |
| Seriousness of the Consequences | What would happen if the issue were not made a priority?                                                 |
| Equity                          | Does this affect one group more than others?                                                             |
| Feasibility                     | Is the problem preventable? How much change can be made? What is the community's capacity to address it? |

## MOST SIGNIFICANT COMMUNITY HEALTH NEEDS FROM SUMMIT

Based on the secondary data, community focus groups, and community survey using the criteria above, community stakeholders selected the following significant health needs in the counties. They voted using Mentimeter, selecting three priorities. The issues with the most votes are listed below with the number of votes received.

Several issues tied with three votes each. Participants voted on the order for placement of these issues. Youth tobacco and vaping received the most votes, followed by workforce development. Next is awareness and navigation of resources, followed by access to care and chronic diseases.

- |                                                                                                                  |                                                    |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| 1. Mental health (13 votes)                                                                                      | 6. Awareness and navigation of resources (3 votes) |
| 2. Substance use disorder (7 votes)                                                                              | 7. Access to care (3 votes)                        |
| 3. Access to safe, affordable housing (4 votes)                                                                  | 8. Chronic diseases (3 votes)                      |
| 4. Youth tobacco and vaping (3 votes)                                                                            |                                                    |
| 5. Workforce development, jobs providing a living wage to decrease poverty (combined three issues, 3 votes each) |                                                    |

## MOST SIGNIFICANT COMMUNITY HEALTH NEEDS - FINAL

Based on the previous CHNA priorities, Health Department priorities, secondary data, focus groups, surveys, and the summit participants' prioritization exercise, the steering committee selected the most significant health needs in Cumberland County for the next three years.

Since "jobs providing a living wage" is the solution to other issues, the steering committee elevated that health need above safe, affordable housing. The steering committee also combined access to care and chronic diseases, since the two are linked. The group also broadened the language of awareness and navigation of resources to include the descriptors of health, well-being and community resources. Below is the steering committee's final list of most significant health needs in Cumberland County.

- |                                                                            |                                                                           |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 1. Mental health                                                           | 6. Awareness and navigation of health, well-being and community resources |
| 2. Substance use disorders                                                 | 7. Access to care, decreasing chronic diseases                            |
| 3. Workforce development, jobs providing a living wage to decrease poverty |                                                                           |
| 4. Access to safe, affordable housing                                      |                                                                           |
| 5. Youth tobacco and vaping                                                |                                                                           |

# Impact of 2022 CHNA and Implementation Plan

The IRS requires an evaluation of the impact of any actions that were taken to address the significant health needs identified in the immediately preceding Community Health Needs Assessment. The Impact report lists the actions taken to address the identified health issues, including, where available, metrics to measure the impact of the actions.

Cumberland Medical Center addressed these significant health priorities from the 2022 CHNA:

- Substance Abuse Disorder
- Mental Health Access
- Health Education for Chronic Diseases
- More Healthcare Providers for Primary Care, Specialty and Dentistry Services

## SUBSTANCE USE DISORDER

### Cumberland Prevention Coalition

- Cumberland Medical Center serves on the Cumberland Prevention Coalition. The prevention coalition's purpose is to reduce the effects of drug use in Cumberland County. Cumberland Medical Center brought together approximately 75 professionals at its collaborative coalition conference in October 2022.

### Opioid Light Protocol

- Cumberland Medical Center adopted the Covenant Health protocol to reduce the amount of narcotics prescribed in the Emergency Department. Narcotics are reserved for acute pain and other non-narcotic methods of pain control are offered to patients with more chronic pain. Cumberland Medical Center teaches inpatients how to better manage pain with alternatives like repositioning, ice packs, and use of pain scales to describe pain at levels ranging from 1-10.

### Education

- Cumberland Medical Center provides education to patients and families struggling with addiction through comprehensive resource-sharing. CMC maintains and provides a list of available resources that are reviewed with patients and their families throughout the continuum of care, i.e., emergency care, admission, throughout the hospital stay, and at discharge. This ensures that patients and families have consistent access to information about support resources when they need it most.

## MENTAL HEALTH ACCESS

### Access to Facilities and Services

- As a member of Covenant Health, Cumberland Medical Center advocated and supported the system's behavioral health services such as Peninsula Behavioral Health and East Tennessee Behavioral Health to assist area residents.

### Access to Telehealth

- Cumberland Medical Center's Emergency Department implemented telehealth for psychiatric evaluations, which has improved the timeliness of administering medication and the ability to transport patients to psychiatric facilities when needed.

### Mobile Crisis Services

- Cumberland Medical Center works with local and statewide agencies such as the mobile crisis services offered by the Tennessee Department of Mental Health & Substance Abuse Services.

## HEALTH EDUCATION FOR CHRONIC DISEASES

### "Breast Cancer Awareness" Events

- Cumberland Medical Center offers annual Breast Cancer Awareness education for the community to hear guest speakers and receive educational information in support of annual mammogram screenings.
- Between January 1, 2022, and December 31, 2024, Cumberland Medical Center's Breast Center performed 23,944 screening mammograms, demonstrating the program's significant impact on community health.

### Cancer Navigators

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

### Community Baby Shower

- Cumberland Medical Center participates in a community-wide baby shower in partnership with the Tennessee Health Department – Cumberland County. Expectant mothers are provided key information about their child's upcoming birth. They also receive vital community information to help those who are economically disadvantaged with resources such as the Women, Infant, and Children (WIC) offered through the Health Department.
- Cumberland Medical Center held a Community Baby Shower in June 2022 that drew 50 attendees. In August 2023, CMC and the Cumberland County Health Department hosted a community baby shower in the CMC maternity waiting area. This event supported 25 expectant families while unveiling the center's newly renovated family waiting room.

### Diabetes

- Through 2024 Cumberland Diabetes Center, a member of Covenant Medical Group, provided local patients with diabetes prevention and care as well as care for other metabolic-associated conditions. Patients now access diabetes care through their primary care providers.

### Health Fairs

- Cumberland Medical Center has annual health education and screening fairs across the community. Events are held at places upon request such as: Crossville Ceramics, Inc., Cumberland County Schools, Fair Park Senior Center, Fairfield Glade, Uplands Village, etc. In 2022 Cumberland Medical Center conducted health fairs that collectively served 3,179 attendees. In 2023 CMC hosted four health fairs, each drawing between 70 and 125 participants.

### Patient Education

- Information about Signs and Symptoms of Stroke and Heart Attack is provided to every inpatient upon discharge. Additional education is specifically tailored to the patient based on their personalized plan of care.

### Support Groups & Continuity of Care Meetings

- Cumberland Medical Center offers various support groups for caregivers and patients with health areas of focus such as Breast Cancer, Chronic Obstructive Pulmonary Disease (COPD), Diabetes, and Sleep. Between 2022 and 2025, Cumberland Medical Center offered 50 childbirth education classes with attendance ranging from five to 10 participants per session.
- The hospital leads Continuity of Care meetings for key healthcare professionals within the community who represent industries such as nursing homes and home health. This provides an opportunity to exchange knowledge for updates that better improve quality and transition of care within community. In 2022 the hospital held five meetings with an average attendance of 23 each. In 2023 there were four meetings with an average attendance of 24 each. In 2024 there was one meeting with 30 in attendance.

### MORE HEALTHCARE PROVIDERS FOR PRIMARY CARE, SPECIALTY, AND DENTISTRY SERVICES

#### Recruitment

- Cumberland Medical Center engaged in a robust recruitment effort and added six providers since 2022. With aging and retiring providers, these recruitment efforts are ongoing.

| Specialty           | Providers |
|---------------------|-----------|
| Primary Care        | 3         |
| Surgery Specialists | 3         |
| <b>TOTAL</b>        | <b>6</b>  |

### Telehealth

- Cumberland Medical Center has embraced advancements for Virtual Care (telehealth) utilization, including implementation of Tele-ICU in 2021 to help expand care available to patients locally.

### Technology and Partnerships

- The medical center has added a state-of-the-art cardiac catheterization laboratory and robotic-assisted technology for urology, enabling patients to receive care in the county without having to travel. Additionally, CMC partners with Emergency Medical Services, combining technology used by EMTs in the field with CMC's cath lab technology to produce life-saving results.

Cumberland Medical Center's outreach programs included breast cancer awareness events, community baby showers, health fairs, education events, and support groups.





# Appendices

- Community Health Summit Brainstorming
- Community Survey
- Focus Group Summary
- Health Status Trended Data
- Community Asset Inventory

## 1. Community Health Summit Brainstorming

Once the stakeholders prioritized the most significant health issues, they selected two top issues to brainstorm steps to improve the issues. Below are notes from the brainstorming. We encourage other community organizations to use this list when deciding on projects and initiatives.

### SIGNIFICANT HEALTH NEED 1: MENTAL/BEHAVIORAL HEALTH AND SUBSTANCE ABUSE (NOTES FOR THIS HEALTH NEED ARE FROM TWO BRAINSTORMING GROUPS)

#### GROUP 1:

##### Goal 1: Increase mental health providers in the county

###### Action 1 – Create a geriatric psych inpatient facility in the county

*Resources/collaborators needed – staff/doctor to oversee unit, space/building, transportation, funding, match medications to diagnosis*

###### Action 2 – Recruit at colleges to invite providers to live and work in Cumberland County.

*Resources/collaborators needed – Colleges, universities, local businesses to entice providers, healthcare facilities*

##### Goal 2: Decrease prevalence of substance abuse

###### Action 1 – Educate the public and clinicians on available resources for recovery

*Resources/collaborators needed – Hospital social workers, provide resources and QR codes at community organizations, businesses, clinics, etc.*

###### Action 2 – Generate community awareness and support of healthy lifestyles beginning with early education.

*Resources/collaborators needed – Offer free after-school programs, offer scholarships for programs if needed, churches, civic clubs, TAD (Teens Against Drugs), schools*

#### GROUP 2:

##### Goal 1: Create a recovery mindset for mental health and addiction recovery – “mental health is health”

###### Action 1 – Increase access to healthy and positive resources

###### Action 2 – Embed mental health into early childhood with physical health providers

###### Action 3 – Stage locations throughout the community to serve as a hub to help navigate the mental health system

##### Goal 2: Normalize and destigmatize mental health

###### Action 1 – Define mental health and substance abuse

###### Action 2 – Emphasize how important stable mental health is

*Resources/collaborators needed – Form alliances and a united front, come together in one mind.*

#### Additional Comments

- A common theme of the two groups is a the need for an information hub to make navigating mental health access easier.

- Help people understand mental health resources they have access to, e.g., the outdoors, trails. Physical activity improves mental health.
- Connect rural communities via trails throughout the county.
- Provide entry-level methods to self-soothe and provide self-help through social media; Google entry-level methods for improving mental state.
- Destigmatize mood stabilizers and hormone therapy.
- Improve time it takes to get people diagnosed with issues, especially children.

### SIGNIFICANT HEALTH NEED 2: ACCESS TO SAFE, AFFORDABLE HOUSING

**Goal 1: Define the different levels of “affordable housing.” There are at least three levels: low-income housing, workforce housing, retirement or senior living housing**

**Action 1** – Educate the community on the different levels and needs for affordable housing

**Action 2** – Develop partnerships for each type of housing utilizing entities that already exist

*Resources/collaborators needed – Partnerships – community, faith-based, sweat equity*

**Goal 2: Provide housing at a reduced cost**

**Action 1** – Work to receive housing grants

*Resources/collaborators needed – City and County governments*

**Action 2** – Implement requirements to receive the subsidized housing such as remaining in the home a certain amount of time; institute controls so the houses stay affordable

### SIGNIFICANT HEALTH NEED 3: YOUTH TOBACCO AND VAPING

**Goal 1: Reduce vaping among minors**

**Action 1** – Provide education in schools and family education as well

*Resources/collaborators needed – Schools, social media, public health workers*

**Action 2** – Enforce current laws and increase penalties of vape vendors

*Resources/collaborators needed – Law enforcement, state and local legislators*

**Goal 2: Understand the underlying issues of “why”**

**Action 1** – Implement a way to ask youth why they are vaping

*Resources/collaborators needed – Cumberland Prevention Coalition, school system, school nurses*

#### Additional Comments

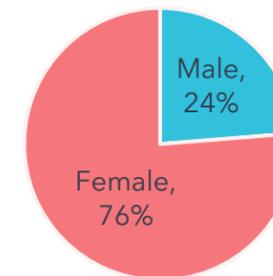
- Use a campaign similar to the campaign that was used to decrease smoking
- Give people a healthy way to stop vaping; show the positive aspects of stopping—more money in your pockets, healthy lungs, etc.
- Combat the idea that vaping is safer/better than smoking

## 2. Community Survey

Cumberland Medical Center and StrategyHealth conducted an online community survey in Cumberland County. StrategyHealth combined and analyzed the results. From June 10 through July 19, 2025, 181 online surveys were completed. Below are the demographics of the survey. The results are on pages 18-19.

### Demographics

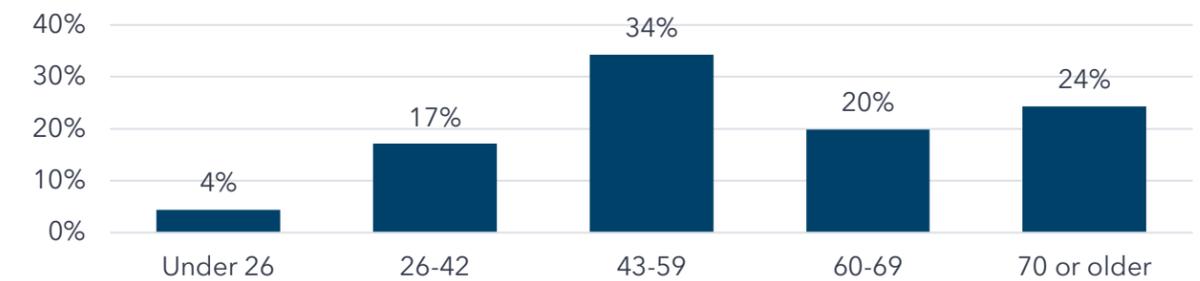
#### Gender



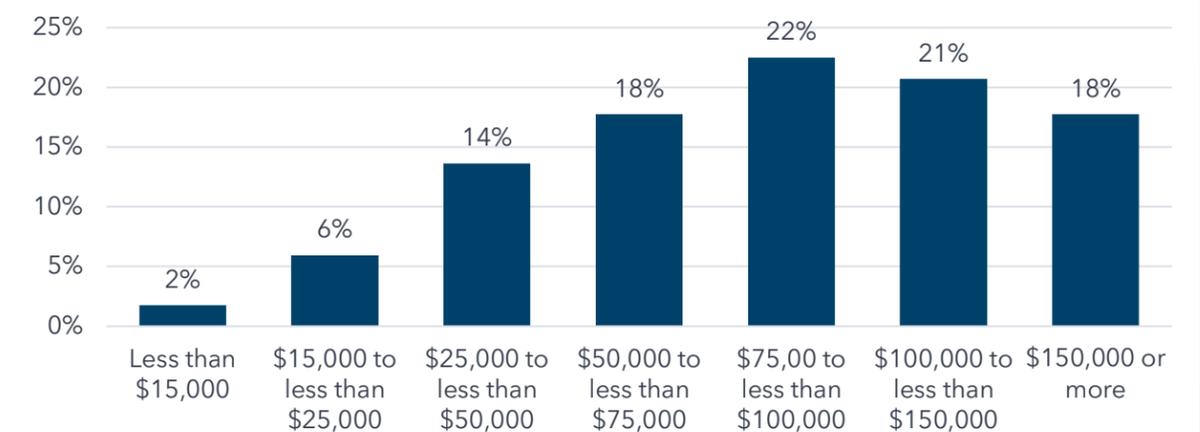
#### Ethnicity & Race

| Hispanic | %   |
|----------|-----|
| Yes      | 2%  |
| No       | 98% |
| Race     | %   |
| White    | 98% |
| Other    | 3%  |

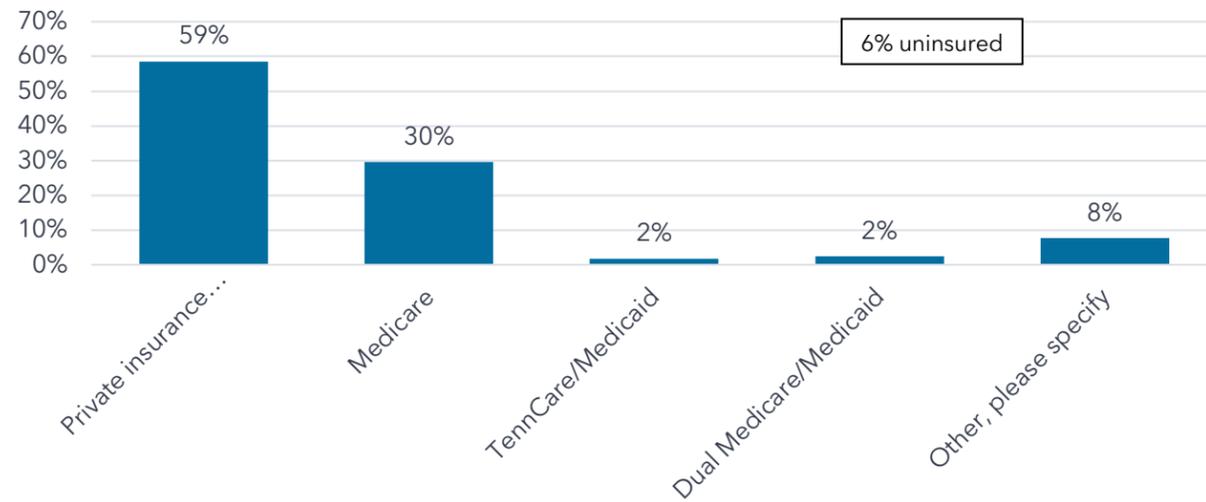
#### Age



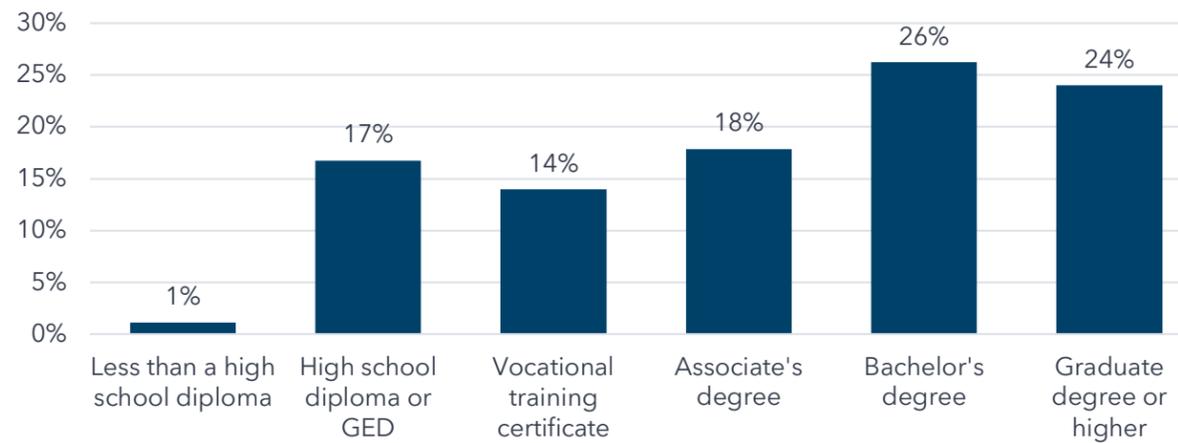
#### Household Income



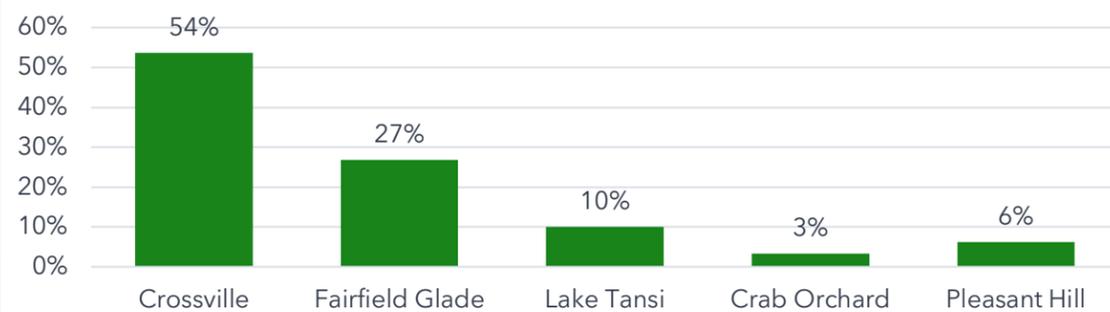
### Health Insurance



### Education



### Location



## 3. Focus Group Results

Stakeholders representing the broad interests of the community as well as those representing low-income, medically underserved, and minority populations participated in focus groups on July 1, 2025, for their input into the community's health. Below is a summary of the focus groups' feedback.

### 1. HOW DO YOU DEFINE HEALTH?

- Holistic
- Physical, mental, emotional, financial well-being
- Mind, body, spirit
- Ability to do what you want
- Individualized – optimizing your own health

### 2. FOR THE PURPOSES OF THIS CHNA, THE COMMUNITY IS CUMBERLAND COUNTY. GENERALLY, HOW WOULD YOU DESCRIBE THE COMMUNITY'S HEALTH?

- Moderate to poor
- Very mixed depending on where you live and resources
- Broad-spectrum and depends on a lot of factors like socioeconomics and homeless
- This is a very large county with different assets around the county
- The Fairfield Glade population may be healthier. They're active and able to attend appointments. The rest of the county may have lower health status

### 3. WHAT ARE THE BIGGEST HEALTH NEEDS, CONCERNS OR ISSUES FOR THE COMMUNITY TODAY?

- **Mental health**
  - Lacking mental health services. Mental health isn't funded, so there's no incentive for psychiatrists to go to medical school, have debt and enter a field that is not securely funded.
  - There is a stigma around mental health; education level impacts the stigma
  - Mental health especially in children
  - Need outpatient treatment and medications. There is a need for continued mental health treatment
  - Lots in jail who have mental health issues
- **Poverty**
  - Child poverty rate 24%
  - Health impacts of poverty

- Fixed-income seniors
- When basic needs aren't met, it's difficult to focus on health
- **Access to care and insurance**
  - Dental care, especially for the Medicaid-insured population
  - All providers are full, so must travel outside the county for care
  - EMS deals with the results of all the mentioned issues – drugs, chest pain, etc. People use EMS and the emergency department or as primary care, and it's gotten worse since COVID.
  - Healthcare has gotten so specialized – primary care providers don't/can't care for everything.
  - Primary care providers are overworked, seeing 32 patients per day, which isn't enough time for those with multiple chronic diseases. It's frustrating for patients but also frustrating for primary care providers.
  - More people are using urgent care, significantly changing the provider/patient relationship
  - Access to primary and specialty care
  - Lack of physicians who take TennCare. Tennessee did not expand Medicaid, so many don't have access to insurance
  - Lack of insurance for adults without children
  - Insurance not paying for medications
- **Food insecurity**
  - Food insecurity – Rotary Club helps with the backpack food program. It's not the healthiest food but is better than nothing. They fill hundreds of backpacks. There's also the summer feeding program where buses go to where the kids are and feed them. Some food programs hand out easy, shelf-stable foods.
  - Elderly are also food insecure – pay for food or medications. They may not have transportation to get to the food
  - Senior Center feeds seniors
  - Food boxes get delivered to seniors who don't have transportation
- **Chronic diseases**
  - Obesity
  - Dementia
  - Strokes
- **Substance use disorder**
  - Substance use
  - Vaping is an epidemic

- Drugs – addressing them is like trying to hit a moving target. The drug of choice was meth, then opioids, then heroin and fentanyl. The drugs evolve over time. THC vaping at a young age now. Kids get their substances at home, so it is hard to intercept.
  - Dual diagnoses of mental health and addiction
  - **Awareness of resources/Navigation assistance**
    - Making the community aware of resources
    - People are not taking advantage of the services available to them
    - Pride – some don't want to ask for or take help that's available
    - Help to navigate what they have access to
    - Health literacy – even with insurance, people need a translator to talk to insurance or caregivers sometimes
  - **Aging in place**
    - Aging-in-place housing – getting their houses so they can stay in their home
  - **Family dynamics**
    - Grandparents raising kids and don't have the energy or knowledge to raise kids now
    - Parents who are taking care of their parents as well as their children
    - Lifestyle choices – some live like their families have always lived, low education, low income. Nutrition and exercise are critical
  - **Others**
    - Some people do not participate in prevention
    - Not a lot of resources
    - Transportation
    - The special-needs population needs advocates
    - Unsafe housing
- #### 4. WHAT ARE THE MOST IMPORTANT HEALTH ISSUES FACING VARIOUS POPULATIONS?
- **Low-income populations, medically underserved?**
    - Access to care and insurance
      - The Health Department is a Federally Qualified Health Center (FQHC) and is the second busiest in the state. They have full primary care, but limited access to specialists.
      - Stigma associated with lack of insurance
      - Dental care is so expensive even with insurance
      - When Remote Area Medical comes, people camp out to get seen. The healthcare system is not meeting people's needs, which results in higher ER utilization.

- Finding providers if uninsured
- Dental care
- Use ER for care
- Need after-hours for kids
- Nutrition
- Addiction issues continue
- **Minority populations:**
  - Same as the other groups
  - Don't have a large minority community
  - There is a group with a dialect of Spanish not common. They might feel isolated.
  - Cultural differences
  - Fear to seek care, afraid, fearful to seek care
  - Language issues
  - Very few with insurance
  - Not familiar with healthcare system
- **Children/youth:**
  - Mental health
    - Mental health
    - Anxiety and depression
    - Don't have good coping skills which could potentially prevent substance use
    - Most issues are consequences of trauma
    - Behavioral issues are different than in the past
  - Physical activity/screens
    - Physical inactivity
    - Video games, cell phones, social media, all-consuming
  - Basic needs
    - Basic needs aren't getting met
    - Lack fundamental education on what it means to have a healthy lifestyle
    - Parents need education on a healthy lifestyle
    - Food insecurity
  - Family dynamics
  - Breaking the generational poverty cycle, breaking the addiction cycle. Kids indicate in a survey they're getting drugs from parents at home.
    - All goes back to home life – parents working two jobs, hard to meet all needs
- Grandparents are raising grandchildren and it's so different now than 50 years ago.
- Others
  - It takes six months to two years to get an ADHD diagnosis in Nashville
  - Vaping
  - Schools are now expected to teach kids everything – nutrition, hygiene, life skills as well as passing tests. They're not equipped and can't do it all and it is becoming a huge issue.
- Fairfield Glade has 250 children living there now
- **Seniors:**
  - Elder abuse, particularly financial scams
    - Scams
    - Families taking their checks and medications
  - Nutrition
    - Food insecurity
    - Not eating well, processed foods are cheaper and faster
  - Isolation that leads to mental health issues
    - Isolation
    - Dementia
  - Access to care
    - It takes three months to get a neurology appointment after a fall. Can't get in to specialists for a long time and can't travel outside the county
    - Hospice is underutilized
    - Access to specialists – orthopedics, cardiology
    - Transportation – Cumberland is a very large county, lots of rural areas and accessibility is an issue
  - Navigating life and healthcare
    - Unsafe living conditions – hard to get a safe discharge to home
    - Not educated on what they should be doing—“I've never been this age before.”
    - Help people find good sources on the Internet
    - Senior spouse as caregiver of the other spouse and then they get sick or die
    - Income fixed and have to decide to pay for medication, food, or utilities and the price of groceries continues to increase.
    - Not being prepared for what could happen, healthcare power of attorney, etc.
    - Not everyone is smartphone-savvy
  - Chronic diseases

## 5. WHAT PROGRESS HAS BEEN MADE ON THE 2022 PRIORITIES?

- Substance use disorder
- Mental health access
- Health education for chronic diseases
- Adverse childhood experiences
- Insufficient number of primary care, specialists, and dental providers
  - Good list, sounds about right
  - We have a larger recovery community now
  - There's now a full-time dentist in the health department
  - East Tennessee Behavioral Health is good, but doesn't help us as much locally
  - We're still not addressing the root cause of most issues – mental health and trauma. People are just checking out and not dealing with their issues
  - We're still dealing with the fallout from COVID in mental health
  - Doing better with specialists
  - Lack of affordable housing, for those with disabilities and seniors, high rent, Need accessible housing, low-income and workforce housing
  - Obesity is unchanged
  - Missing the segment of the population who can't afford to exercise, and kids are out of shape

## 6. WHAT ENVIRONMENTAL FACTORS HAVE THE BIGGEST IMPACT ON COMMUNITY HEALTH?

- Safe, quality, affordable housing – can't discharge patients out of the hospital due to their poor housing
- We're flooded with requests for home repairs
- Multi-family houses in very poor environments with horrific conditions
- Getting new sidewalks
- It's hard to walk within neighborhoods, and must walk in the road
- Bike trails are needed so families can have a place to safely ride

## 7. WHAT DO YOU THINK THE BARRIERS WILL BE TO IMPROVE HEALTH IN THE COMMUNITIES?

- Breaking bad habits
- Home life
- Generational cycles and habits
- Communication and knowledge of what's available
- Having enough people to help and dive into helping, e.g., mentoring

- Stigma of mental health – to make that call to get help is so huge and stigmatizing
- People think they're the only ones experiencing their issues
- Fear of the unknown
- Don't forget the veteran population – they experience all these issues, mental health, addiction, homelessness, suicide. There is a large veteran population. There are 2,000 in Fairfield Glade.
- Workforce- Create space and provide tools to set up people for success. Many volunteers are the ones who have used services.

## 8. WHAT COMMUNITY ASSETS SUPPORT HEALTH AND WELL-BEING?

### • YMCA

- YMCA – if arrangements could be made so it is affordable to all

### • Outdoor resources

- Garrison Park – sports, splash pad, walking trail
- State Park
- Natural resources
- Trails
- Mountain biking at the state park

### • Healthcare resources

- St. Mary's Legacy mobile clinic – they see those who are uninsured and they see the Spanish-speaking population
- St. Mary's Legacy bus comes twice a month but isn't utilized to capacity
- Quality and reputation of the hospital is very good, lots of quality improvements
- EMS is fully equipped and has new cardiac monitors

### • People

- So many people are willing to help
- Volunteerism – lots from Fairfield Glade
- Strong, faith-based community finds a way to help people
- There are many people who have time to volunteer. Educate volunteers on opportunities
- Community members are thirsty to find out more about the community

### • Not-for-profit organizations

- Strong, wonderful, caring non-profits, partner together, not siloed, lots of information sharing, no competition
- The Empower program works with families to help people in the gap who don't qualify for financial assistance but need resources. It is a three-year program.

- Lions Clubs and other service clubs
  - Center for Lifelong Learning
  - Kids on the Rise mentoring
  - ARC
  - Senior centers
  - Storehouse is the most well-known place to get help
  - United Fund
  - **Others**
    - Free services here
    - Good lifestyle
    - Cumberland Playhouse children’s programs (but expensive)
    - Opportunities for physical activity and social engagement and group activities
- 9. IF YOU HAD A MAGIC WAND, WHAT IMPROVEMENT ACTIVITIES SHOULD BE A PRIORITY FOR THE COUNTIES TO IMPROVE HEALTH?**
- **Improve mental health**
    - Remove stigma of mental health
    - Enmesh mental health as part of primary care
    - Address mental health issues – mental health is the root of so many other issues. Provide coping mechanisms to people. Isolation can cause mental health issues
    - Dedicate staff to mental health, navigators, coordinators, providers, etc.
  - **Understand trauma and provide trauma informed care**
    - Trauma informed community
    - Have all organizations and communities understand trauma
    - Educating providers on trauma and effects
  - **Increase access to healthy food**
    - Increase access to fresh, healthy food
    - Provide vouchers for the farmer’s market
    - School breakfasts and lunches that are healthier and need PE to encourage activity
  - **Increase activity**
    - Less video games, social media, etc.
    - Have accessible walking and riding trails for all abilities. Get people out and moving as a family
    - Not sitting all day and getting active
  - **Create a resource guide and help to navigate the system**

- Create a Cumberland County app, resource guide with email blasts pushed out to the population
- Create an online resource guide with a phone app so agencies and organizations can list their services, cost, contact information, qualifications, etc.
- Create a hub of information with social workers to navigate through community resources to connect needs to resources
- United Fund gets calls all the time for resources to make connections
- This hub needs people who have a heart to help
- Maybe the new Y can be the network hub for information
- Hire the right kind of people who truly care about others
- **Community infrastructure**
  - Permanent, safe, supportive, affordable housing. All new homes are so expensive and so are rentals
  - Have a movie theater again
  - Have a Children’s Museum, discovery museum
  - Have transportation for all children’s events
  - Get services out into the community
  - Get more resources into the homes
- **Build community**
  - People don’t see “community” anymore, just themselves
  - Infuse a sense of being loved and cared for, and loving and caring for others
- **Increase access to care**
  - Local detox resource
  - Recruit doctors to the community
  - Medication management so people can have a professional review their medications
  - Partner with the Center for Lifelong Learning on health-related programming
- **Life and parenting skills**
  - Teach life skills and reach children when they are young to address their issues and break the generational patterns
  - Figure out how to make families stable and make kids feel safe
  - Good parenting has to be present; people need to prepare for being parents
- **Others**
  - People must want to change for themselves
  - Good quality after-school care and activities

## 4. Health Status Trended Data

### Rankings and Comparisons of Health Status

In most of the following graphs, Cumberland County will be blue, TN will be orange, U.S. will be red and the 90th percentile of counties in the U.S. will be gold.

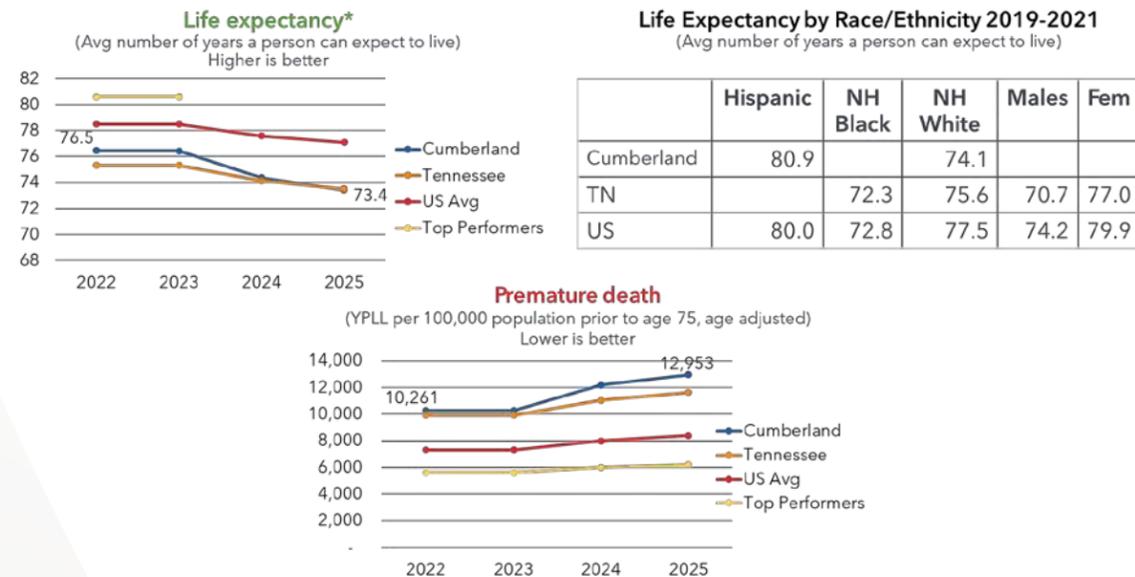
### Health Outcomes (Length of Life and Quality of life)

Health Outcomes are a combination of length of life and quality of life measures.

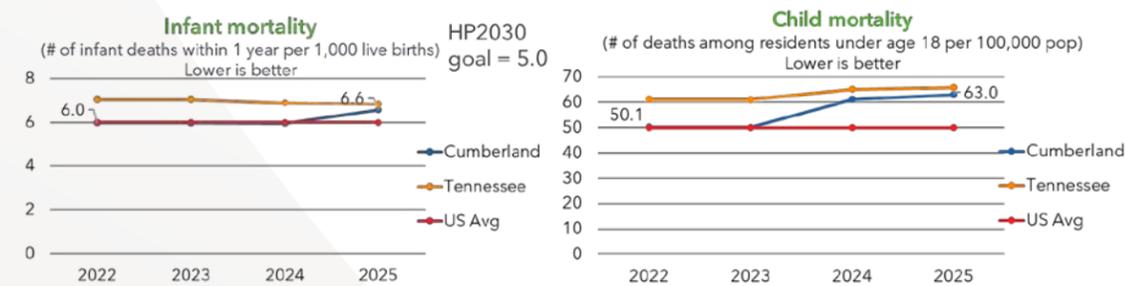
#### Length of Life

Length of life was measured by years of potential life lost per 100,000 population prior to age 75; here, lower is better. For example, a 25-year-old killed in an accident equates to 50 years of potential life lost prior to age 75. Cumberland County lost 12,953 years of potential life per 100,000 population, which was higher than TN and the U.S.

Cumberland County residents can expect to live 3.7 fewer years than the average U.S. resident.



Source: County Health Rankings; National Center for Health Statistics – Mortality File 2020-2022



Source: CHR; National Center for Health Statistics – Natality & Mortality File 2016-2022  
Child Mortality: CHR; National Center for Health Statistics – Mortality files; Census 2019-2022

### Leading Causes of Death: Crude Rate per 100,000 Population

| Cause of Death 2021-2022                    | Cumberland County | TN    | US    |
|---------------------------------------------|-------------------|-------|-------|
| Heart Disease                               | 357.2             | 265.2 | 210.2 |
| Cancer                                      | 336.6             | 207.5 | 182.4 |
| COVID-19                                    | 183.4             | 123.4 | 90.7  |
| Accidents (Unintentional injuries)          | 149.2             | 101.2 | 67.9  |
| Cerebrovascular Diseases                    | 65.9              | 55.1  | 49.4  |
| Chronic Lower Respiratory Disease           | 117.5             | 61.7  | 43.6  |
| Alzheimer's Disease                         | 82.6              | 41.4  | 36.0  |
| Diabetes                                    | 73.0              | 38.5  | 30.7  |
| Nephritis                                   | 32.5              | 17.7  | 16.9  |
| Suicide                                     | 28.6              | 17.6  | 14.7  |
| Liver Disease                               | 23.8              | 18.2  | 13.4  |
| Parkinson's Disease                         | 23.0              | 15.1  | 12.9  |
| Hypertension and Hypertensive Renal Disease | 40.5              | 14.4  | 12.6  |
| Influenza and Pneumonia                     | 20.6              | 13.0  | 11.8  |

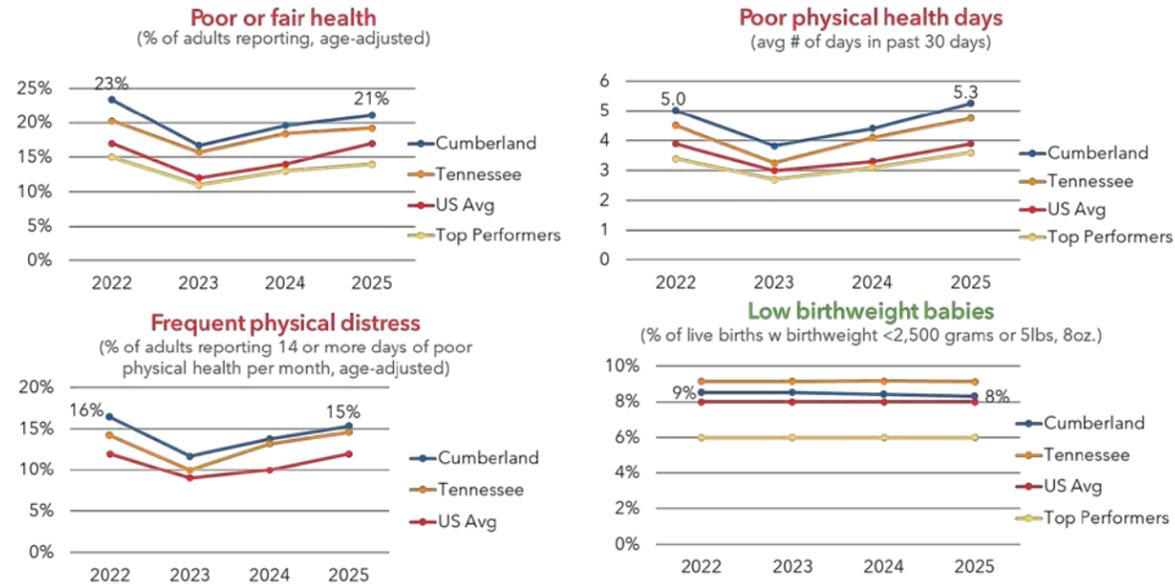
Rates in red had death rates higher than TN. The leading causes of death in Cumberland County were heart disease, cancer, COVID-19, and accidents, followed by chronic lower respiratory disease.

Source: Wonder CDC.gov (2021-2022) Age-adjusted rates per 100,000 population.

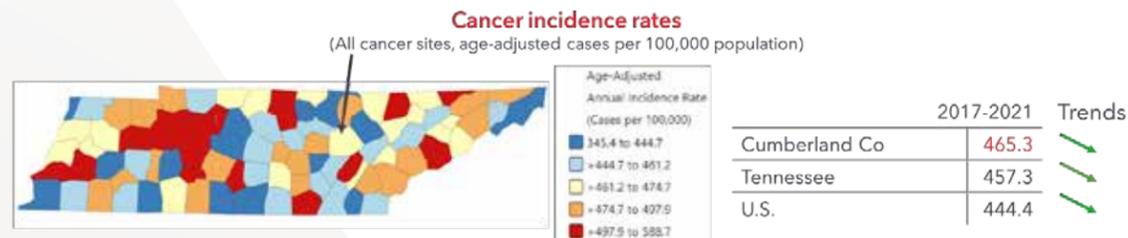
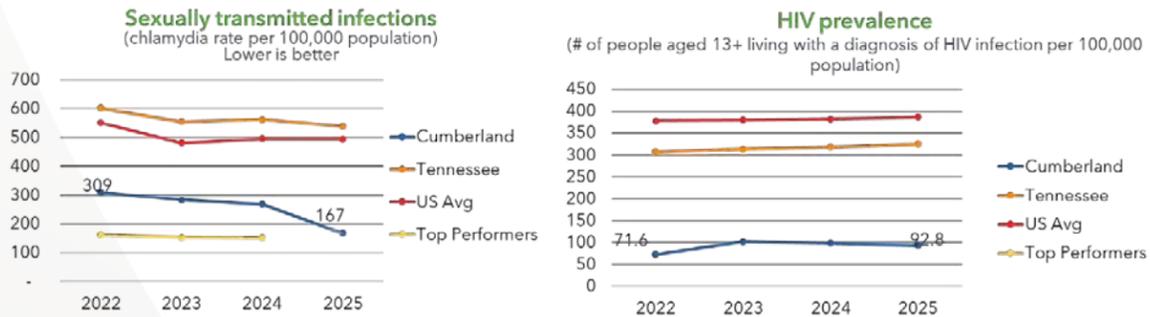
## Quality of Life

### Physical Health

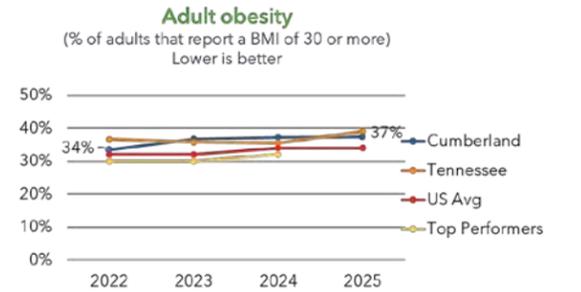
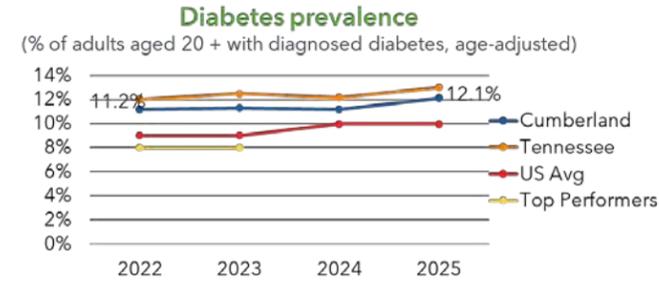
Quality of life was measured by percentage reporting fair or poor health, the average number of poor physical health days, frequent physical distress, and low birthweight babies.



Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2022  
Source: County Health Rankings; National Center for Health Statistics – Natality files (2017-2022)



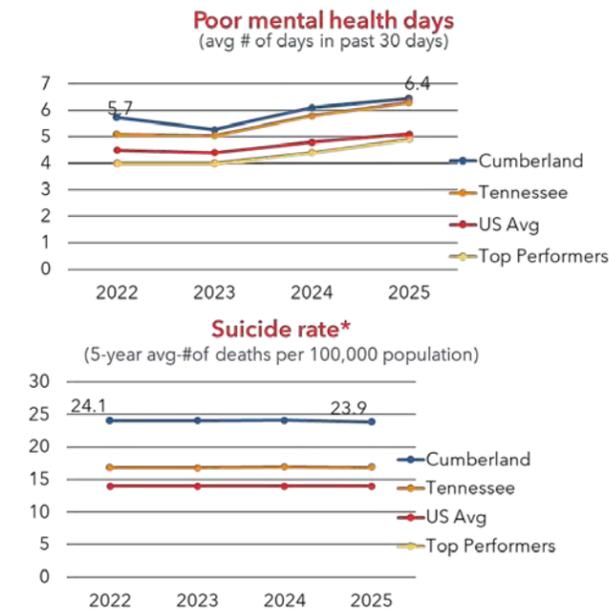
Source: STIs - CHR; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2022  
HIV Prevalence - CHR; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2022  
Cancer incidence rates – NIH, CDC State Cancer Profiles, 2017-2021



Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2022  
Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2022

### Mental Health

Quality of life was measured by poor mental health days, frequent mental distress, suicide rate, and feelings of loneliness.



**Feelings of Loneliness** (% of adults reporting they always, usually or sometimes feel lonely)

| Entity         | %   |
|----------------|-----|
| Cumberland Co. | 36% |
| Tennessee      | 34% |
| U.S.           | 33% |

Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2022  
Source: County Health Rankings; National Center for Health Statistics – Mortality files (2018-2022)

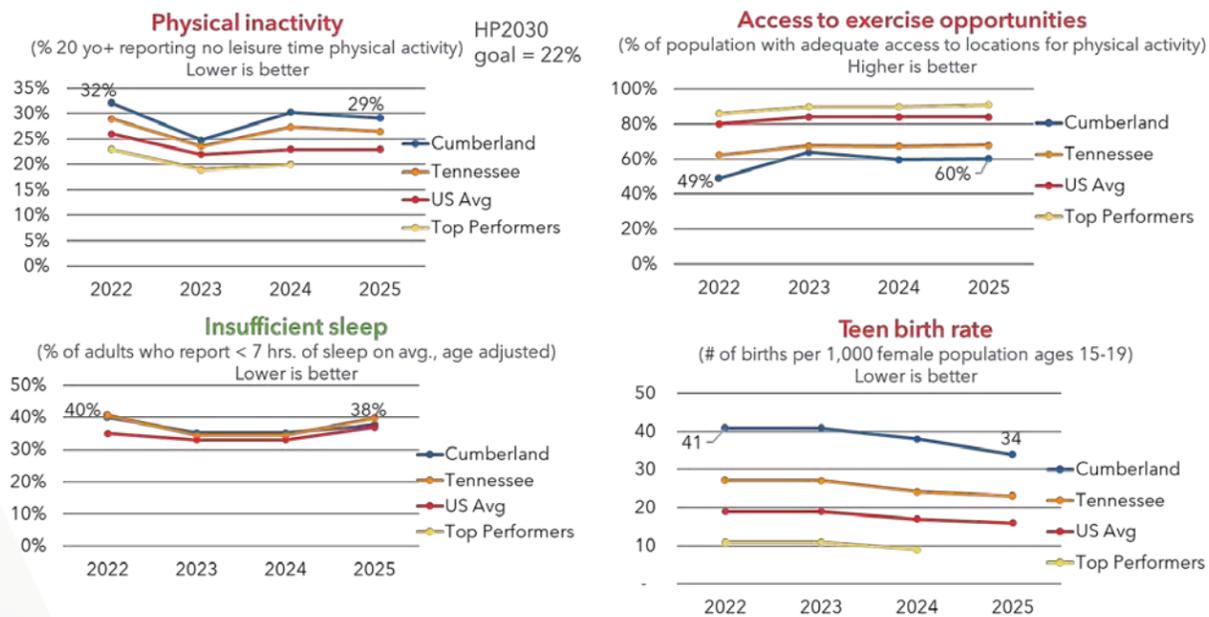
## COMMUNITY CONDITIONS

Community conditions include the social and economic factors, physical environment and health infrastructure in which people are born, live, learn, work, play, worship, and age. Community conditions are also referred to as the social determinants of health. (CHR, 2025)

### Health Infrastructure

Health infrastructure includes prevention, healthy eating and active living, substance misuse, and clinical care.

### Healthy Living



Source: Physical Inactivity – CHR, Behavioral Risk Factor Surveillance System, 2022

Source: Access to exercise opportunities – CHR, ArcGIS Business Analyst, YMCA, & US Census Tigerline Files, 2024, 2021 and 2020. Measures the percentage of individuals in a county who live reasonably close to a location for physical activity, defined as parks or recreational facilities (local, state national parks, gyms, community centers, YMCAs, dance studios, and pools, based on SIC codes)

Source: Insufficient sleep – CHR, Behavioral Risk Factor Surveillance System (BRFSS), 2022

Source: Teen birth rate – CHR, National Center for Health Statistics-Nativity Files; Census Population, 2017-2023

### Access to Healthy Foods

Limited access to foods estimates the percentage of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.

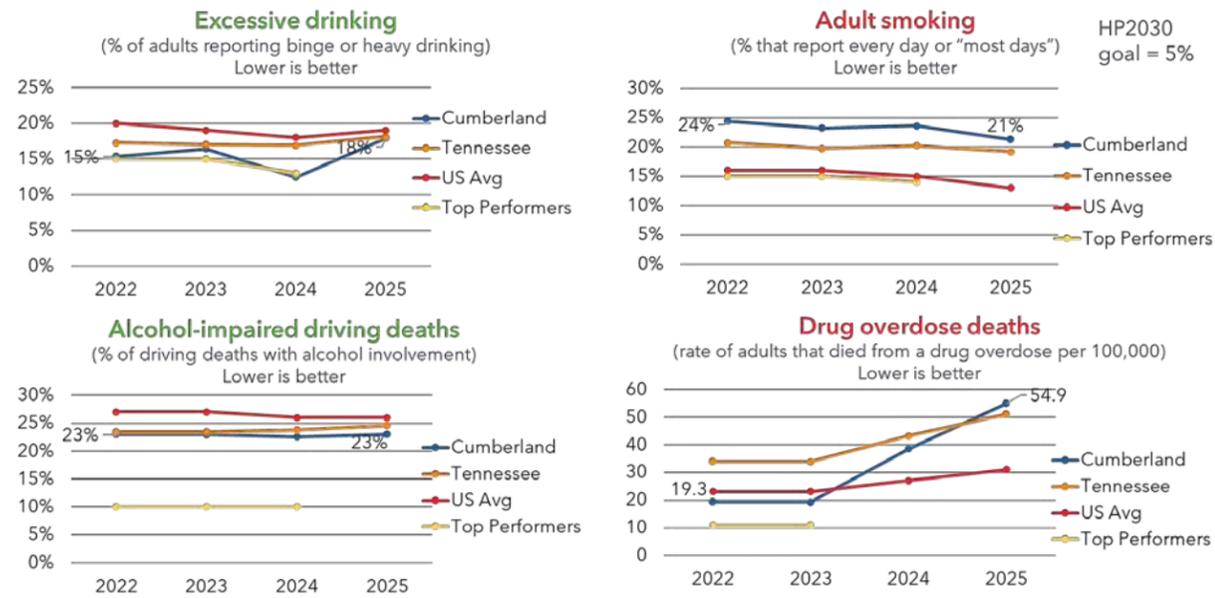


Source: Food environment: CHR; USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2019 & 2022

Source: CHR; Food insecurity – Map the Meal Gap, 2022

Source: CHR; Limited access to healthy foods – USDA Food Environment Atlas, 2019

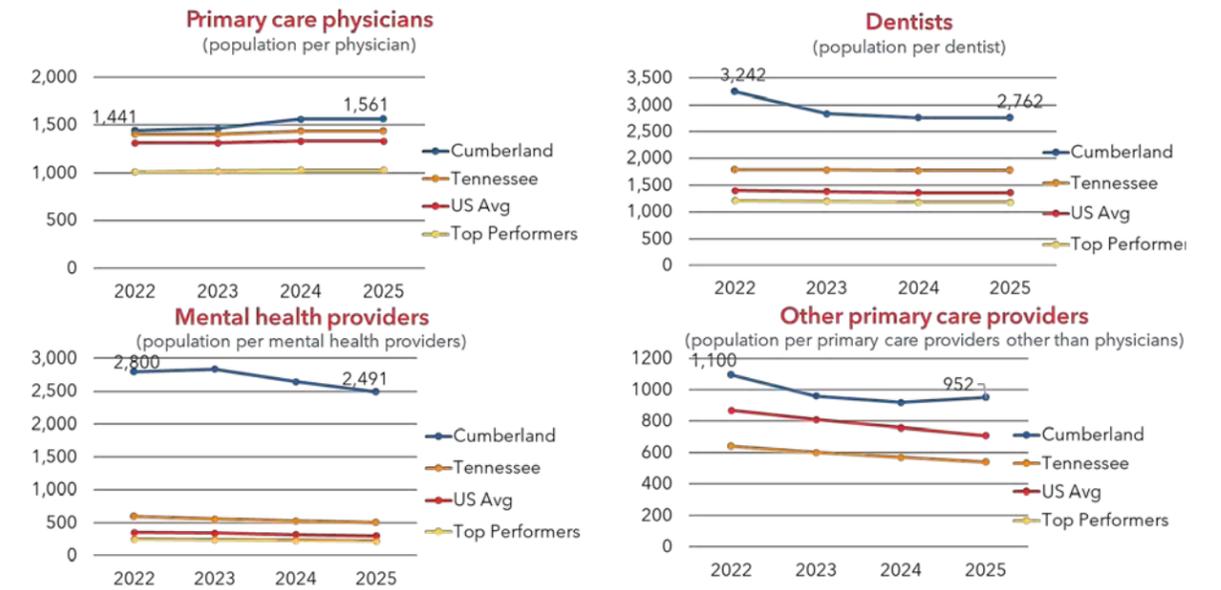
## Substance Misuse



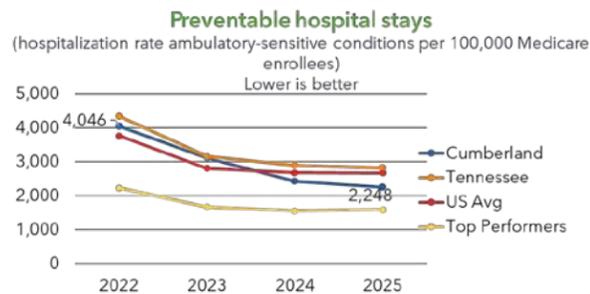
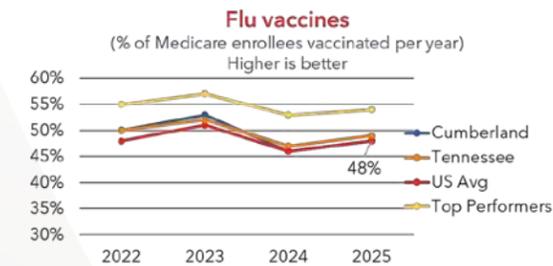
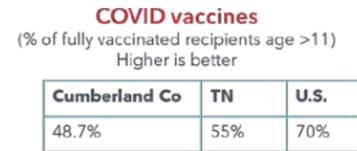
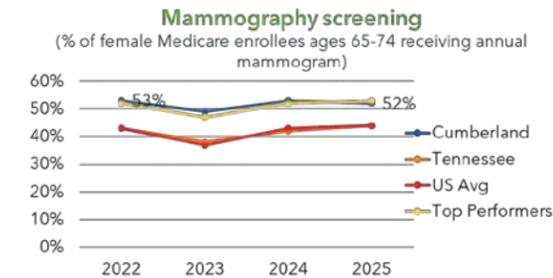
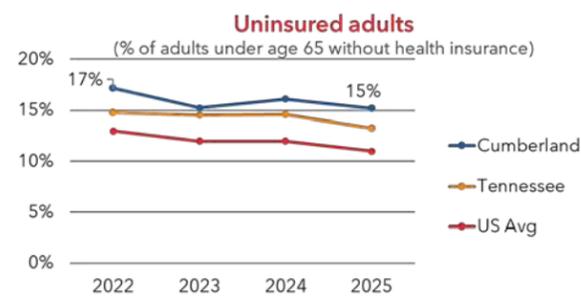
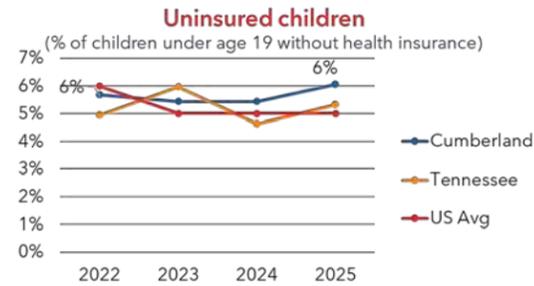
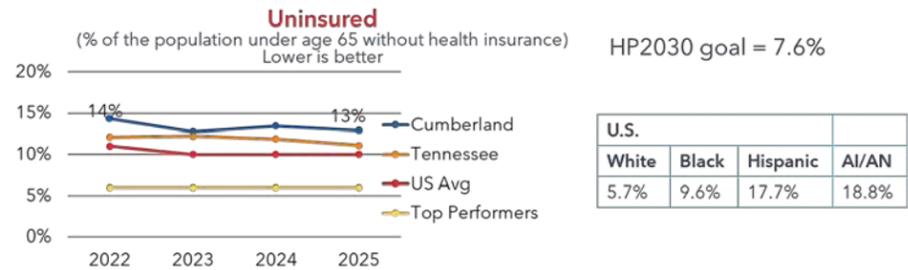
Source: Excessive drinking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2022  
 Source: Smoking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2022  
 Source: Alcohol-impaired driving deaths - CHR; Fatality Analysis Reporting System, 2018-2022  
 Source: Drug overdose deaths - National Center for Health Statistics - Mortality Files, Census Population, 2020 - 2022

## Clinical Care

Clinical care is made up of access-to-care measures of population per primary care physicians, dentists, mental health providers, and other primary care providers, along with uninsured and prevention measures.



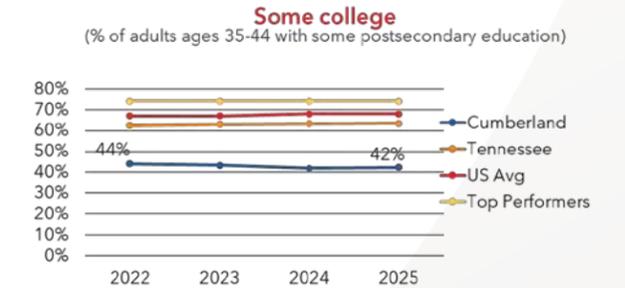
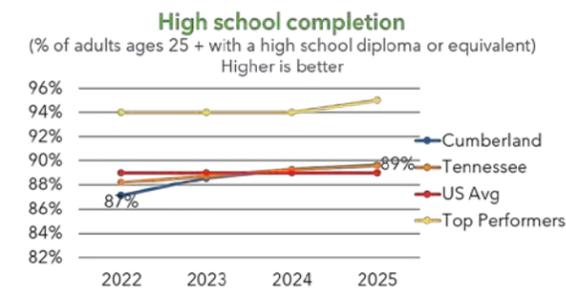
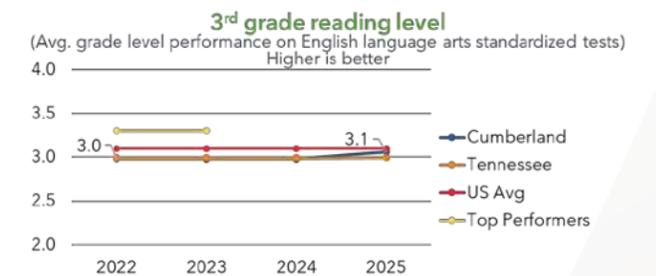
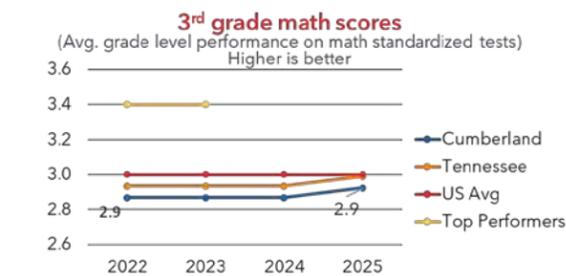
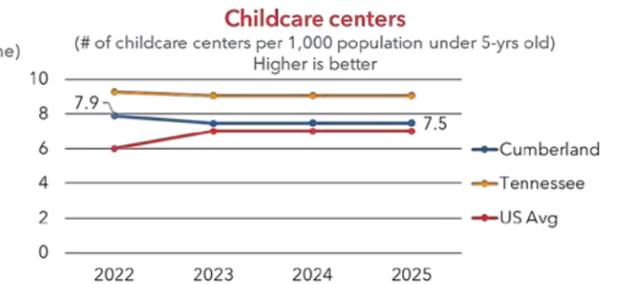
Source: Population to PCP - CHR; Area Health Resource File/American Medical Association, 2021  
 Source: Population to Dentists - CHR; Area Health Resource File/National Provider Identification file, 2022  
 Source: Population to mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health) CMS, National Provider Identifier File, 2022  
 Source: Population to other primary care providers - CHR; CMS, National Provider Identification, 2024  
 Source: Diabetes prevalence - Behavioral Risk Factor Surveillance System, 2019



## Social and Economic Factors

Social and economic factors include education, income, employment and wealth, social support, and safety.

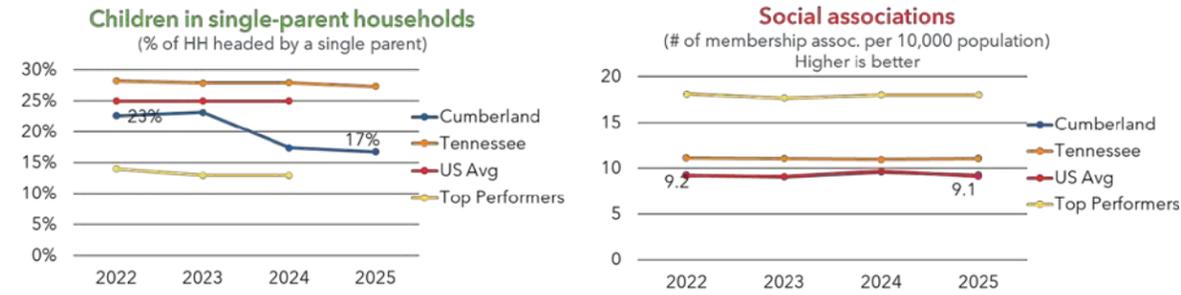
### Childcare and Education



Source: Uninsured - CHR; Small Area Health Insurance Estimates, 2022  
 Source: Preventable hospital stays, mammography screening, flu vaccinations - CHR, CMS Mapping Medicare Disparities Tool, 2022  
 Source: COVID-19 Vaccinations - CDC May 2023

Source: School funding adequacy - CHR; School Finance Indicators Database, 2022  
 Source: Childcare Cost Burden - The Living Wage Institute; Small Area Income and Poverty Estimate, 2024  
 Source: Childcare centers - CHR; Homeland Infrastructure Foundation-Level Data, 2010-2022  
 Source: Reading and Math scores - CHR Stanford Education Data Archive, 2019  
 Source: High school completion - CHR, American Community Survey, 5-yr estimates, 2019-2023  
 Source: Some college - CHR; American Community Survey, 5-year estimates, 2019-2022

## Family and Social Engagement



**Lack of social and emotional support**  
(% of adults reporting they sometimes, rarely, or never get the social & emotional support they need)  
Lower is better

|                | %   |
|----------------|-----|
| Cumberland Co. | 26% |
| Tennessee      | 28% |
| U.S.           | 25% |

Source: Children in single-parent households - CHR; American Community Survey, 5-yr. est., 2016-2020  
Sources: Social associations - CHR-County Business Patterns, 2022  
Sources: Lack of social & emotional support - CHR, Behavioral Risk Factor Surveillance System, 2022

**Census participation**  
(% of HH that self-responded to the 2020 census)  
Higher is better

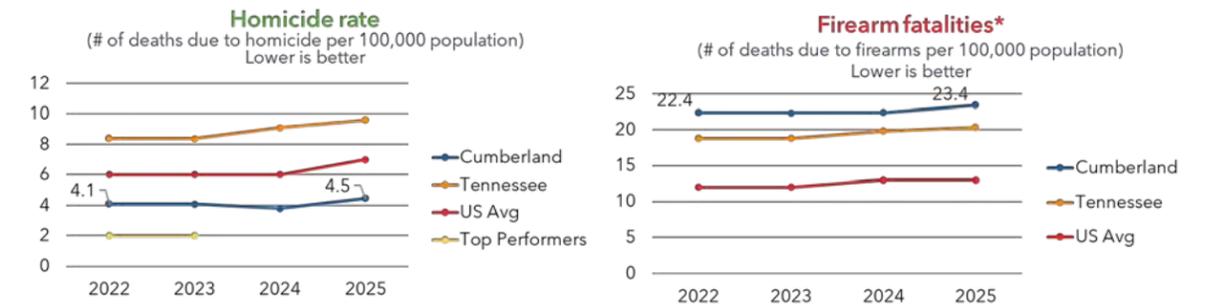
|                | %     |
|----------------|-------|
| Cumberland Co. | 61.5% |
| U.S.           | 65.2% |

**Voter turnout**  
(% of citizen pop aged 18+ who voted in the 2020 U.S. Presidential election)  
Higher is better

|                | %     |
|----------------|-------|
| Cumberland Co. | 65.8% |
| Tennessee      | 60.1% |
| U.S.           | 67.9% |

Source: Census participation - CHR; Census Operational Quality Metrics, 2020  
Source: Voter turnout - CHR, MIT Election Data & Science Lab; American Community Survey, 5-yr. est., 2020 & 2016-2020

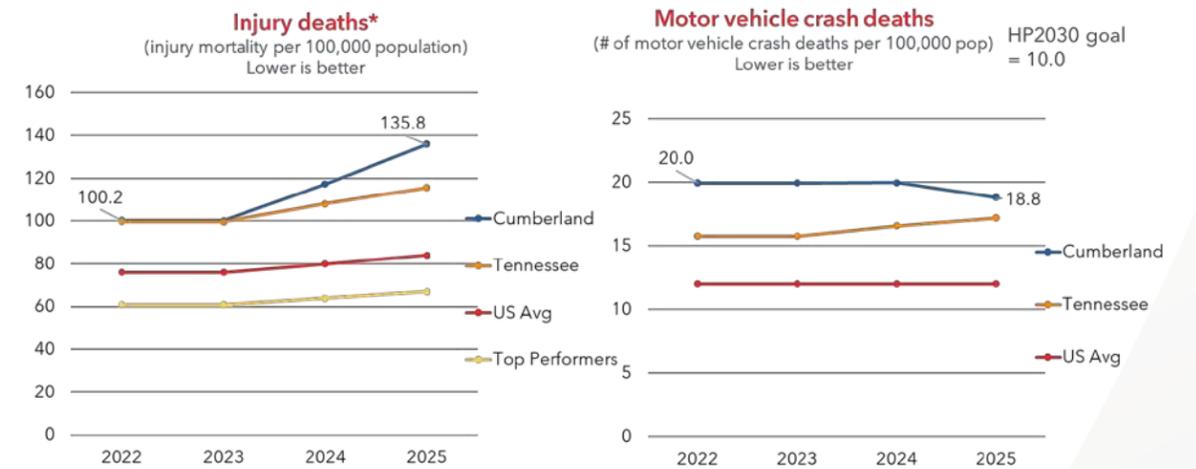
## Community Safety



**Violent crime 2023**  
(# of violent crimes per 100,000 population)  
Lower is better

| Cumberland Co | Tennessee | U.S.  |
|---------------|-----------|-------|
| 207.8         | 621.6     | 377.1 |

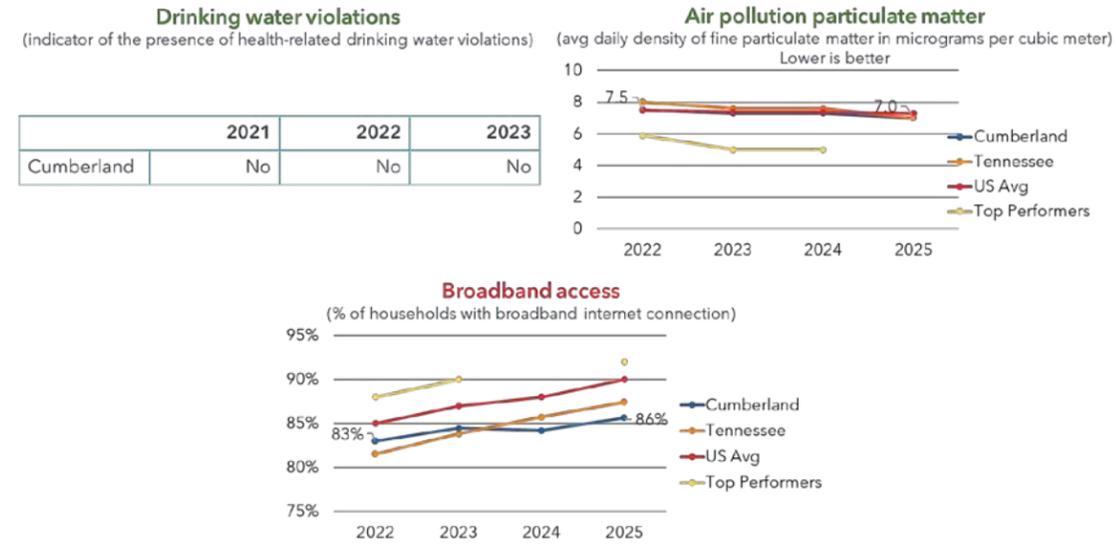
Violent crime in Tennessee peaked during 2020 at 673 and has been declining.



Source: Homicide rate & Firarm fatalities-CHR; National Center for Health Statistics - Mortality files; Census population, 2016-2022  
Source: Violent crime- FBI Crime data explorer, 2022  
Source: Injury deaths - CHR; National Center for Health Statistics - Mortality files; Census population, 2018-2022  
Source: Motor vehicle crash deaths - CHR, National Center for Health Statistics - Mortality Files, Census population, 2016-2022

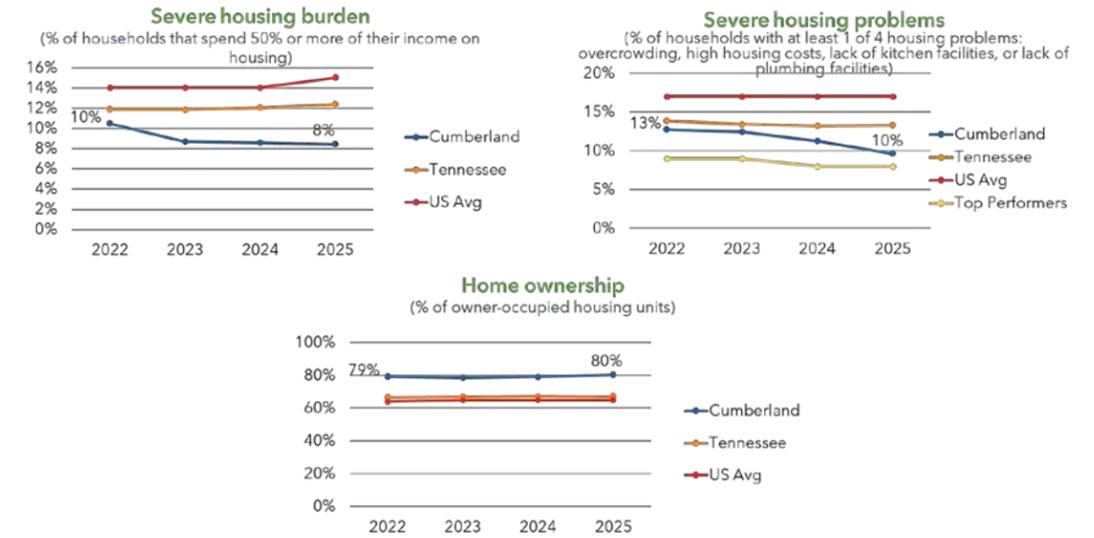
## Physical Environment

Physical environment encompasses housing and transportation, air, water, land, and civic and community resources.



Source: Drinking water violations – CHR; EPA, Safe Drinking Water Information System, 2023  
 Source: Air pollution – CHR; CDC National Environmental Public Health Tracking Network, 2020  
 Source: Broadband access – CHR; American Community Survey, 5-yr estimates, 2019-2023  
 Source: Driving alone to work and long commute – CHR- American Community Survey, 5-year estimates, 2019-2023  
 Source: Access to Parks – ArcGIS Online; US Census TIGER/Line Shapefiles, 2024 & 2020.

## Housing



Source: Severe housing cost burden & home ownership – CHR; American Community Survey, five-year estimates, 2019-2023  
 Source: Severe housing problems – CHR; HUD Comprehensive Housing Affordability Strategy data, 2017-2021.

## 5. Community Asset Inventory

The section contains a list of community assets and resources that can help improve the health of the community and assist with implementation of the plan that accompanies this document. This asset inventory is not exhaustive and may have inadvertently omitted community resources. There are instructions for making changes after the inventory. The focus group also identified community resources to improve health, which are listed on pp. 51-52 of the Community Health Needs Assessment.

| Mental Health                                                           |                                                                                                                                                                                                                   |                                                   |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Organization/Service                                                    | Website                                                                                                                                                                                                           | Phone                                             |
| Avalon Center                                                           | <a href="https://www.avaloncentertn.org/contact-us">https://www.avaloncentertn.org/contact-us</a>                                                                                                                 | 931-456-0747;<br>24hr crisis line: 1-800-641-3434 |
| Cumberland Mountain Mental Health                                       | <a href="https://recovery.org/providers/cumberland-mountain-mental-health-center-3513626552/">https://recovery.org/providers/cumberland-mountain-mental-health-center-3513626552/</a>                             | 931-484-8020                                      |
| TRUE's Tennessee Mental Health Treatment                                | <a href="https://trueaddictionbh.org/about-us/tennessee-mental-health-treatment-crossville-tn/">https://trueaddictionbh.org/about-us/tennessee-mental-health-treatment-crossville-tn/</a>                         | 615-527-8610                                      |
| Volunteer Behavioral Health                                             | <a href="https://volunteerbehavioralhealth.org/">https://volunteerbehavioralhealth.org/</a>                                                                                                                       | 1-877-567-6051                                    |
| Substance Use Disorder                                                  |                                                                                                                                                                                                                   |                                                   |
| Organization/Service                                                    | Website                                                                                                                                                                                                           | Phone                                             |
| Cumberland Prevention - Anti Drug Coalition                             | <a href="https://cumberlandpreventioncoalition.org/">https://cumberlandpreventioncoalition.org/</a>                                                                                                               | 1-800-889-9789                                    |
| Volunteer Behavioral Health Addiction and Co-Occurring Disorders        | <a href="https://volunteerbehavioralhealth.org/services/addiction-and-co-occurring-disorders-services/">https://volunteerbehavioralhealth.org/services/addiction-and-co-occurring-disorders-services/</a>         | 1-877-567-6051                                    |
| Spero Health                                                            | <a href="https://sperohealth.com/">https://sperohealth.com/</a>                                                                                                                                                   | 866-755-4258                                      |
| US Drug Alliance                                                        | 261 Yvonne Ave, Crossville, TN, 38555                                                                                                                                                                             | 931-208-4263                                      |
| Cumberland Heights Outpatient Addiction Treatment                       | <a href="https://cumberlandheights.org/resources/location/crossville/">https://cumberlandheights.org/resources/location/crossville/</a>                                                                           | 615-314-3856                                      |
| Cumberland Recovery Center Psychiatric Clinic Suboxone                  | <a href="https://cumberlandrecoverycenter.com/">https://cumberlandrecoverycenter.com/</a>                                                                                                                         | 931-304-2844                                      |
| Tennessee Mental Health Crisis Services                                 | <a href="https://www.tn.gov/behavioral-health/need-help/crisis-services/mental-health-crisis-services.html">https://www.tn.gov/behavioral-health/need-help/crisis-services/mental-health-crisis-services.html</a> | 855-274-7471                                      |
| Suicide and Crisis Lifeline                                             |                                                                                                                                                                                                                   | 988                                               |
| Workforce Development, jobs providing a living wage to decrease poverty |                                                                                                                                                                                                                   |                                                   |
| Organization/Service                                                    | Website                                                                                                                                                                                                           | Phone                                             |
| Hilltoppers, Inc                                                        | <a href="https://www.hilltoppersinc.com/">https://www.hilltoppersinc.com/</a>                                                                                                                                     | 931-484-2535                                      |
| American Job Center at Crossville                                       | <a href="https://www.ucwork.org/">https://www.ucwork.org/</a>                                                                                                                                                     |                                                   |

| Access to safe, affordable housing                                |                                                                                                                                                                                                                                                                                                                                                                                               |                                           |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Organization/Service                                              | Website                                                                                                                                                                                                                                                                                                                                                                                       | Phone                                     |
| Upper Cumberland Human Resource Agency                            | <a href="https://uchra.org/">https://uchra.org/</a>                                                                                                                                                                                                                                                                                                                                           | 931-456-0691                              |
| Homeless Advocacy of Rural Tennessee                              | <a href="http://hartn.org/Index">http://hartn.org/Index</a>                                                                                                                                                                                                                                                                                                                                   | 931-484-7020                              |
| Volunteer Behavioral Health Resources and Housing Programs        | <a href="https://volunteerbehavioralhealth.org/how-to-refer/">https://volunteerbehavioralhealth.org/how-to-refer/</a>                                                                                                                                                                                                                                                                         | 1-877-567-6051                            |
| Crossville Housing Authority                                      | <a href="https://crossvillehousing.org/Index">https://crossvillehousing.org/Index</a>                                                                                                                                                                                                                                                                                                         | 931-484-2990                              |
| Creative Compassion Crossville, TN                                | <a href="https://ccihomes.org/">https://ccihomes.org/</a>                                                                                                                                                                                                                                                                                                                                     | 931-456-6654                              |
| Cumberland County Habitat for Humanity                            | <a href="https://cchabitatforhumanity.com/">https://cchabitatforhumanity.com/</a>                                                                                                                                                                                                                                                                                                             | 931-484-4565                              |
| Tennessee Housing Development Agency (THDA)                       | <a href="http://thda.org">thda.org</a>                                                                                                                                                                                                                                                                                                                                                        | 615-815-2200                              |
| U.S. Department of Housing and Urban Development                  | <a href="http://hud.gov">hud.gov</a>                                                                                                                                                                                                                                                                                                                                                          | 211 or 800-569-4287                       |
| TN Housing Search                                                 | <a href="http://tnhousingsearch.org">tnhousingsearch.org</a>                                                                                                                                                                                                                                                                                                                                  | 1-877-428-8844                            |
| MACO Management Company housing associations                      | <a href="http://www.taah.org">www.taah.org</a>                                                                                                                                                                                                                                                                                                                                                |                                           |
| Carey Counseling Center Housing and Homeless Services             | <a href="https://www.careycounselingcenter.org/housing-and-homeless-services/">https://www.careycounselingcenter.org/housing-and-homeless-services/</a>                                                                                                                                                                                                                                       | 800-611-7757                              |
| Access Services                                                   | <a href="https://theaccessprogram.com/locations/crossville-2/">https://theaccessprogram.com/locations/crossville-2/</a>                                                                                                                                                                                                                                                                       | 931752-7226                               |
| Low Income Housing US                                             | <a href="https://www.lowincomehousing.us/tn/crossville.html">https://www.lowincomehousing.us/tn/crossville.html</a>                                                                                                                                                                                                                                                                           | email:lowincom<br>esupport@gmail<br>l.com |
| CMS Management - Creekside Apartments (Income based apartments)   | <a href="https://www.cmsmgmt.net/property/1158/Creekside-Apartments">https://www.cmsmgmt.net/property/1158/Creekside-Apartments</a>                                                                                                                                                                                                                                                           | 931-456-7747                              |
| Human Services Department                                         | 32 Daniel Dr, Crossville, TN, 38555                                                                                                                                                                                                                                                                                                                                                           | 931-484-2573                              |
| Bread of Life Rescue Mission                                      | <a href="http://breadofliferescue.org/Index">http://breadofliferescue.org/Index</a>                                                                                                                                                                                                                                                                                                           | 931-707-0503                              |
| Upper Cumberland Development District                             | <a href="https://ucdd.org/housingandfamilyservices/">https://ucdd.org/housingandfamilyservices/</a>                                                                                                                                                                                                                                                                                           | 931-432-4111                              |
| Youth tobacco and vaping                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                           |
| Organization/Service                                              | Website                                                                                                                                                                                                                                                                                                                                                                                       | Phone                                     |
| Tennessee Tobacco Awareness Class                                 | <a href="https://coursefortobacco.com/states/TN">https://coursefortobacco.com/states/TN</a>                                                                                                                                                                                                                                                                                                   | 888-338-8855                              |
| TN Department of Health                                           | <a href="https://www.tn.gov/health/health-program-areas/fhw/tennessee-tobacco-program/tn-strong/tennessee-youth-councils/upper_cumberland-region.html">https://www.tn.gov/health/health-program-areas/fhw/tennessee-tobacco-program/tn-strong/tennessee-youth-councils/upper_cumberland-region.html</a>                                                                                       |                                           |
| TN Tobacco Use Prevention and Control Program                     | <a href="https://www.tn.gov/health/health-program-areas/fhw/tennessee-tobacco-program.html">https://www.tn.gov/health/health-program-areas/fhw/tennessee-tobacco-program.html</a>                                                                                                                                                                                                             |                                           |
| TNSTRONG Youth and Community Engagement Programs                  | <a href="https://www.tn.gov/health/health-program-areas/fhw/tennessee-tobacco-program/tn-strong.html">https://www.tn.gov/health/health-program-areas/fhw/tennessee-tobacco-program/tn-strong.html</a>                                                                                                                                                                                         |                                           |
| TN Dept of Health Parent Prevention and Use Resources (for youth) | <a href="https://www.tn.gov/content/tn/health/health-program-areas/fhw/tennessee-tobacco-program/tn-strong/parent-resources-nicotine-use-prevention/parent-resources/helping-your-teen-quit.html">https://www.tn.gov/content/tn/health/health-program-areas/fhw/tennessee-tobacco-program/tn-strong/parent-resources-nicotine-use-prevention/parent-resources/helping-your-teen-quit.html</a> |                                           |
| Cumberland Prevention Coalition                                   | <a href="https://cumberlandpreventioncoalition.org/">https://cumberlandpreventioncoalition.org/</a>                                                                                                                                                                                                                                                                                           | 931-210-0384                              |
| Tobacco Free Kids                                                 | <a href="https://cumberlandpreventioncoalition.org/">https://cumberlandpreventioncoalition.org/</a>                                                                                                                                                                                                                                                                                           |                                           |
| American Lung Association                                         | <a href="https://www.lung.org/quit-smoking/helping-teens-quit">https://www.lung.org/quit-smoking/helping-teens-quit</a>                                                                                                                                                                                                                                                                       | 1-800-586-4872                            |
| Tennessee Tobacco Quit Line                                       | <a href="https://tnquitline.com/">https://tnquitline.com/</a>                                                                                                                                                                                                                                                                                                                                 | 1-800-QUIT-NOW                            |

|                     |                                                                   |              |
|---------------------|-------------------------------------------------------------------|--------------|
| Tennessee Reconnect | <a href="https://tnreconnect.gov/">https://tnreconnect.gov/</a>   |              |
| HC Excell           | <a href="https://www.hcexcell.org/">https://www.hcexcell.org/</a> | 423-581-5334 |

| Awareness and navigation of health, wellbeing and community resources                     |                                                                                                                                                                                                                                                                           |                 |
|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Organization/Service                                                                      | Website                                                                                                                                                                                                                                                                   | Phone           |
| House of Hope                                                                             | <a href="https://houseofhopetn.org/">https://houseofhopetn.org/</a>                                                                                                                                                                                                       | 931-707-2273    |
| Cumberland United Fund                                                                    | <a href="https://www.cumberlandunitedfund.org/">https://www.cumberlandunitedfund.org/</a>                                                                                                                                                                                 | 931-484-4082    |
| Cumberland Good Samaritans                                                                | <a href="http://www.cumberlandgoodsamaritans.org/">http://www.cumberlandgoodsamaritans.org/</a>                                                                                                                                                                           | 931-484-3225    |
| Cumberland County Emergency Communications District                                       | <a href="https://www.cumberlandtn911.org/community-resources">https://www.cumberlandtn911.org/community-resources</a>                                                                                                                                                     | 931-484-6176    |
| Possible Sources of Help in Cumberland County                                             | <a href="https://tcatuppercumberland.edu/sites/default/files/media/2021-12/Sources%20of%20Help%20List.pdf">https://tcatuppercumberland.edu/sites/default/files/media/2021-12/Sources%20of%20Help%20List.pdf</a>                                                           |                 |
| Middle TN Resource Guide                                                                  | <a href="https://www.tn.gov/content/dam/tn/disability-and-aging/documents/provider-information/Middle%20TN%20Resource%20Guide.pdf">https://www.tn.gov/content/dam/tn/disability-and-aging/documents/provider-information/Middle%20TN%20Resource%20Guide.pdf</a>           |                 |
| Community Resources for Cumberland County Crossville, Pinewood, & HAFH Head Start Centers | <a href="https://nebula.wsimg.com/fe9c520f4f07400411dcc37b0c1fd6b?AccessKeyId=C028FA8B94A6BBC2AAB4&amp;disposition=0&amp;alloworigin=1">https://nebula.wsimg.com/fe9c520f4f07400411dcc37b0c1fd6b?AccessKeyId=C028FA8B94A6BBC2AAB4&amp;disposition=0&amp;alloworigin=1</a> |                 |
| Empower Upper Cumberland                                                                  | <a href="https://empoweruppercumberland.org/discoverresources/">https://empoweruppercumberland.org/discoverresources/</a>                                                                                                                                                 |                 |
| Access to care decreasing chronic disease                                                 |                                                                                                                                                                                                                                                                           |                 |
| Organization/Service                                                                      | Website                                                                                                                                                                                                                                                                   | Phone           |
| Cumberland Medical Center                                                                 | <a href="https://www.covenanthealth.com/cumberland/">https://www.covenanthealth.com/cumberland/</a>                                                                                                                                                                       | 931-484-9511    |
| Cumberland County Health Department                                                       | 1503 S Main St, Crossville, TN 38555                                                                                                                                                                                                                                      | 931-484-6196    |
| Crossville Medical Clinic                                                                 | <a href="https://www.cookevillemed.com/?utm_source=gmb_auth">https://www.cookevillemed.com/?utm_source=gmb_auth</a>                                                                                                                                                       | 931-250-5230    |
| Affordable Diabetic                                                                       | <a href="https://affordablediabetic.org/">https://affordablediabetic.org/</a>                                                                                                                                                                                             |                 |
| CARE Guide Services (Health Insurance Advocates)                                          | <a href="https://returning-citizens.careguideservices.com/other-states-english">https://returning-citizens.careguideservices.com/other-states-english</a>                                                                                                                 | 844-358-3286    |
| Upper Cumberland Human Resource Agency                                                    | <a href="https://uchra.org/communityservices/">https://uchra.org/communityservices/</a>                                                                                                                                                                                   | 931-528-1127    |
| Patient Advocate Foundation                                                               | <a href="https://raredisease.pafcareline.org/">https://raredisease.pafcareline.org/</a>                                                                                                                                                                                   | 800-5274 ext. 2 |
| Free the People Disability Benefits Case Management                                       | <a href="https://ftpnonprofit.org/services/">https://ftpnonprofit.org/services/</a>                                                                                                                                                                                       | 901-656-0033    |

## Change Form

To update or add information, complete the form below

Name of Organization:

Contact Name:

Phone #:

Fax #:

Email:

Web page:

Mailing Address:

List services:

Please describe your organization's purpose, services, etc.

Submit updated information to:

Cumberland Medical Center Marketing Department  
421 S. Main St.  
Crossville, TN 38555

423-492-6050

or email to [marketingcommunications@covhlth.com](mailto:marketingcommunications@covhlth.com)

# Cumberland County

## COMMUNITY HEALTH NEEDS ASSESSMENT

Completed in partnership with:

