
Office of Primary Prevention

2018/2019 Strategic Plan and Office History

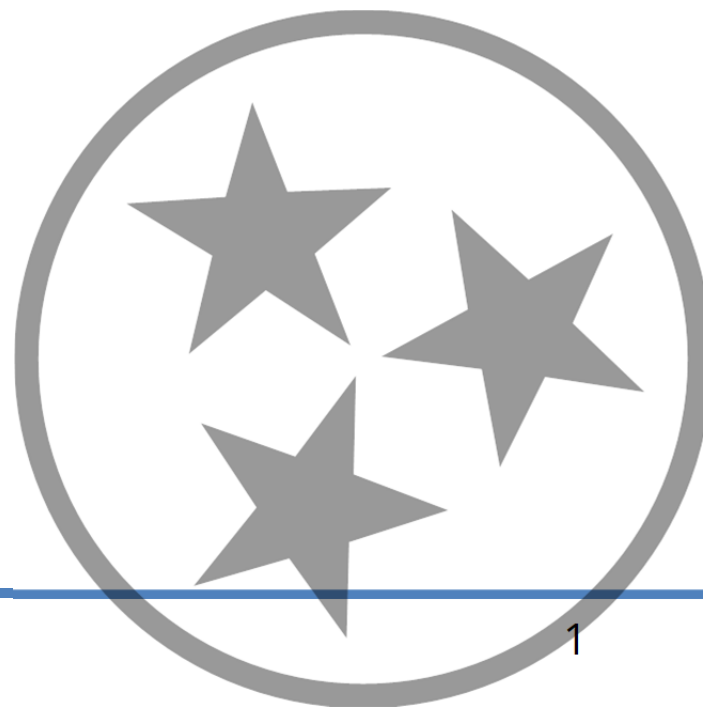


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Executive Summary

The Tennessee Department of Health (TDH) is committed to accelerating population health improvement in Tennessee. Our nation is suffering from an epidemic of chronic disease, a preventable epidemic enabled by the places, spaces, and choices that challenge our health on a daily basis. Behind the crisis is what TDH calls the "Big Four": excessive caloric intake, physical inactivity, tobacco and nicotine addiction, plus other substance abuse disorders. Taken together, they are driving all 10 of the 10 leading causes of death and are by far the greatest health challenges facing Tennessee and the nation. We know we cannot treat our way out, but we can prevent our way out. **The Office of Primary Prevention, created in 2015, serves as a hub for many of the primary prevention efforts at TDH, helping with internal and external initiatives to coordinate with community partners to protect, promote and improve the health and prosperity of people in Tennessee.**

The Levels of Prevention

Primary Prevention	Secondary Prevention	Tertiary Prevention
<p>Preventing disease before it happens</p> <p><i>Modifying existing risk factors:</i> Bike helmets Tobacco cessation</p> <p><i>Preventing development of risk factors:</i> Bike trails located away from vehicles Policies limiting youth from purchasing tobacco</p>	<p>Identifying disease before problems become serious</p> <p>Newborn screening Mammography Regular check ups for people who smoke BMI screening Blood pressure measurement</p>	<p>Preventing complications of disease</p> <p>Post-stroke rehabilitation Blood sugar-lowering medications for diabetes Physical therapy for back injury</p>

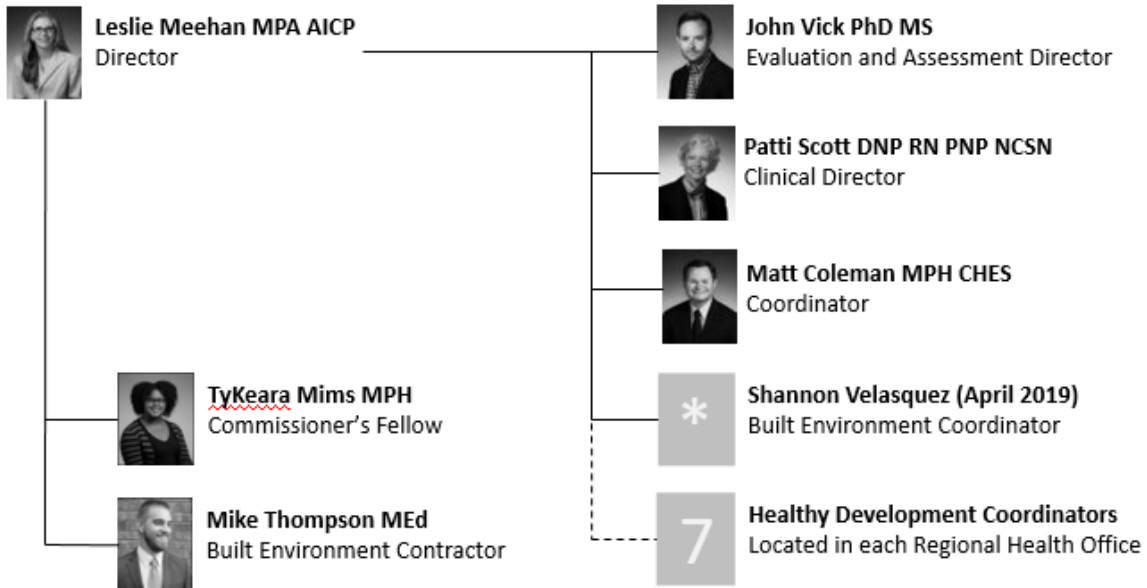
In 2018, the Office of Primary Prevention staff created a mission and vision for the office, and outlined current and future activities, highlighting the corresponding Vital Sign(s), Key Performance Goals and Indicators for each activity. The Goals and Indicators were developed through a process borrowed from *The 4 Disciplines of Execution: Achieving Your Wildly Important Goals*. The process outlines the development of Wildly Important Goals, which are the lead (short-term or process metrics) and lag (long-term or outcomes) measures of progress.

Vision: Everyone in Tennessee can make healthy choices wherever they live, learn, work, play and pray.

Mission: The Office of Primary Prevention helps Tennessee communities build a culture of health through livable and nurturing places and spaces so that everyone can reach their full potential.

The office of Primary Prevention is staffed by an Office Director, Primary Prevention Coordinator, Clinical Director, Director of Evaluation and Assessment, and a Built Environment and Grants Coordinator. The office also helps to support the work of seven regional Healthy Development Coordinators and typically hosts at least one Commissioner’s Fellow and intern(s).

Our Staff



The Office of Primary Prevention has several core initiatives that are discussed in detail in the Strategic Plan:

- **Primary Prevention Plans**
- **Physical Activity opportunities through the Built Environment**
- **Tennessee Livability Collaborative**
- **Clinical Connections**

At the spring 2018 Executive Leadership Team retreat, the Office of Primary Prevention presented the following to summarize the key goals/objectives of each content area.

Rank	Focus Areas	Specific Objectives (“Sub-focus areas”) Write in SMART format	Focus area requires additional:	Link of Focus Area to State Health Plan/Departmental Operations
1	Primary Prevention	<ol style="list-style-type: none"> By August of 2019, assist with updates to all 102 Regional and County Primary Prevention Plans by providing technical assistance and subject matter expertise (building off of CHAs to the extent that CHAs are done widely across state). Encourage Primary Prevention Plans to transition to a 3-year format with the goal of at least one county in each region moving to a 3-year format by August 2019. By May of 2019, provide annual update to the Primary Prevention Resource guide, using input from the annual Primary Prevention roadshow which aims to collect feedback from all regions. By winter 2018/2019, create and disseminate a training on the definition of Primary Prevention, the Primary Prevention Plans, how the plans align with other department plans/goals, and how employee-level engagement in primary presentation contributes to population health 	<input type="checkbox"/> Legislation <input type="checkbox"/> Budget <input type="checkbox"/> Staffing	X Moving upstream X Learning from/teaching others X Creating optimal health for all <input type="checkbox"/> Infrastructure/operational X Improving performance/efficiency/effectiveness <input type="checkbox"/> Other(describe): _____
2	Physical Activity	<ol style="list-style-type: none"> By fall 2018, complete the development of the Physical Activity Module for Clinicians. Pilot the module and collect feedback. Rollout department wide in winter 2018/2019. By May 2019, work with EPI team to continue discusses on feasibility, costs, question design and protocol design for adding Physical Activity as a Vital Sign to EPI. By fall 2018, host a Strategic Topics session to gather input. By September 2018, review the evaluation of the RAHHABE \$10,000 grants and determine if those grants will be administered in current fiscal year. By same date, review the progress of the AHHABE grants and determine time-frame for issuing another competitive RFA. 	<input type="checkbox"/> Legislation X Budget X Staffing	X Moving upstream X Learning from/teaching others X Creating optimal health for all X Infrastructure/operational <input type="checkbox"/> Improving performance/efficiency/effectiveness <input type="checkbox"/> Other(describe): _____
3	Optimal Health for All	<ol style="list-style-type: none"> By summer 2018, launch the Optimal Health for All Collaborative, develop oversight structure and scope; creating meeting schedule Continue to facilitate the TN Livability Collaborative, meeting at least 3 more times in 2018, launching the TN Ambassador League and completing the TLC evaluation by fall 2018 	<input type="checkbox"/> Legislation X Budget (TAB) X Staffing	X Moving upstream X Learning from/teaching others X Creating optimal health for all X Infrastructure/operational X Improving performance/efficiency/effectiveness <input type="checkbox"/> Other(describe): _____

Key Risks	Probability (High, Med, Low)	Impact (High, Med, Low)	Mitigating Strategies
Primary Prevention: Staffing	Low	High	Keep Office of Primary Prevention at current staffing levels
Lack of Leadership Buy-In	Med	High	Continuing of Leadership or relationship building with new leadership
Evaluation – inability to demonstrate effectiveness	Low	High	Sound Evaluation Process Demonstration of Evaluation Results
Physical Activity: Lack of buy for training module	Low	High	Staff involvement in development; marketing of module and high-quality
Organizational culture and software not ready for P.A. as Vital Sign, availability of staff for development	Med	High	Incorporate budget for staff and modifications to EPI to collect P.A. as Vital Sign as well as funding for staff training
Lack of best practice evidence for P.A. as Vital Sign	Med	Med	Continue to be apprised of current research around incorporating P.A. into an EMR
Lack of Funding and Staff for RAHHABE grants	Med Low	High Med	Demonstrate the effectiveness of and demand for grants Continue team approach to support grants Continue clear communication regarding grants
Lack of buy-in for Optimal Health for All Collaborative	Low	High	Cultivate need and demonstrate effectiveness of the Collaborative
Lack of staffing or budget for the TN Livability Collaborative and initiatives such as the TN Ambassador League	Med	High	For short/med term, TDH can continue to staff TLC Continue to cultivate leadership buy-in, particularly with new leadership post election Continue to work with local-governments to demonstrate need for TLC and its impact on local communities

Strategic Planning Process and Tools

The Office of Primary Prevention is a unique office in that it has the potential to coordinate with all TDH employees around primary prevention, and additionally has vibrant stakeholder collaboration components through the Tennessee Livability Collaborative and various built environment and clinical initiatives. Because of these activities, the Office of Primary Prevention has many opportunities to share its work with stakeholders across both Tennessee and the nation.

In the winter of 2018, the Office of Primary Prevention hosted three strategic planning meetings which guided the content of the plan, created the framework for the OPP road show and informational interviews, and informed the updated structure of the oversight committees. Using principles from *The 4 Disciplines of Execution: Achieving Your Wildly Important Goals*, OPP staff created Wildly Important Goals with both lead and lag measures. The meetings were structured to look at what the office had accomplished to date, what it would like to accomplish in the near and mid-term future, and to look at any gaps that could be filled either by the office or by other areas within the TN Department of Health.

A purpose of the office is to help others, both internal and external to the Department of Health, to understand primary prevention, why it matters and how they may play a role. At the first meeting, the team discussed the background and purpose of the office and discussed the strength of the office as facilitators. Also discussed was the need to create marketing materials and documents to explain the activities of the Office and provide primary prevention examples.

At the second meeting, the group developed the office's mission and vision statements, and discussed the new members and structure for the Primary Prevention Executive Staff Committee and the new TDH Way Collaborative. The other primary prevention committees were discussed and updates suggested for activities and members.

At the third meeting, the Office discussed cross-sector collaborations, some of which TDH is leading and others for which TDH is a member. The team went through the topics on the horizon (below) to see if TDH could join groups already leading work in these areas. OPP also discussed how to better engage with the private sector such as healthcare (both providers and payers), built environment professionals, and chambers of commerce.

Feedback and Opportunities for Improvement

OPP Roadshow

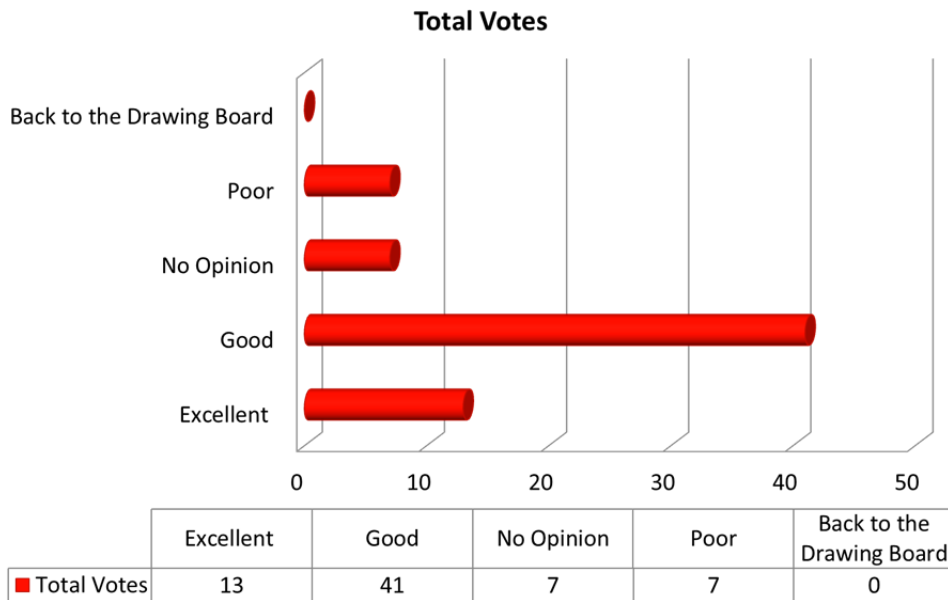
From January to April 2018, the Office of Primary Prevention traveled to each of the seven regions, gathering feedback on the Primary Prevention Plans and the work of the office.

Sites Visited:

- January 19- Upper Cumberland Region Health Educators
- January 23- Bradley County Health Department
- January 25- Assessment & Planning Coordinators Meeting (Cookeville)
- January 26- Regional Directors Meeting w/Metros (Knoxville)
- January 30- Quarterly Call with Metro Health Depts. (Hamilton Absent)
- February 28- Southeast Region Health Educators
- March 2- East Region Health Educators
- March 12- South Central Region County Directors
- March 23- West Region Health Educators
- April 11-Mid-Cumberland Health Educators
- April 17- Northeast Region Health Educators
- April 18-A&P Coordinators

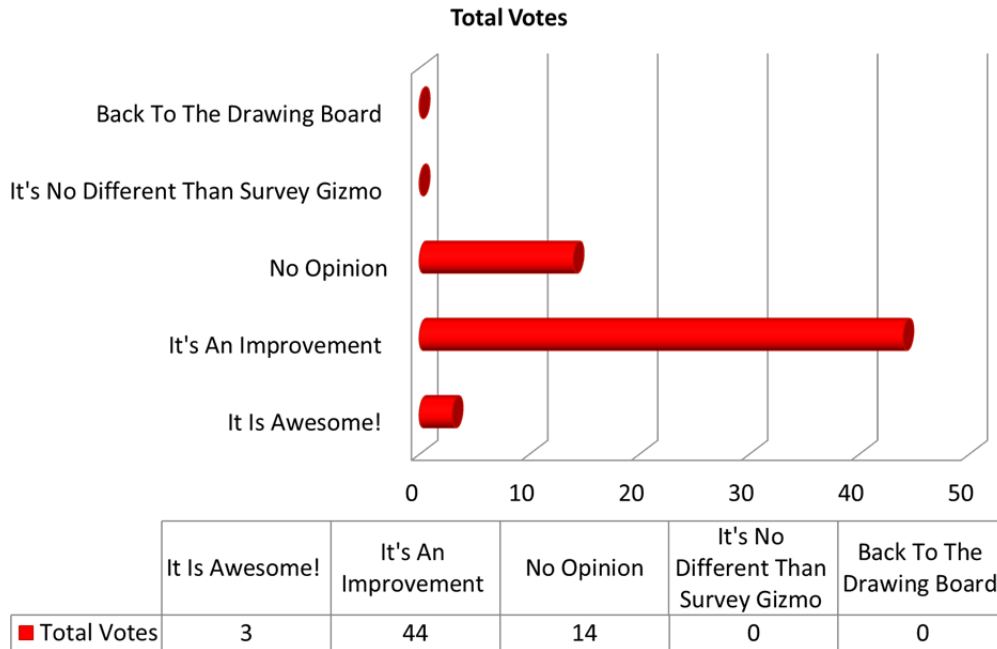
One of the first questions asked is about the resources that the Office of Primary Prevention has created, including the Primary Prevention Resource Guide, the Primary Prevention REDCap Reporting System, the Built Environment Evaluation Guide, resources related to the Built Environment, and the Healthy Places webpage on the TDH website, among others:

How Would You Rate The Resources That The Office Of Primary Prevention Has Made Available To You?



Specific feedback was gathered about the Red Cap reporting system:

In General, What Do You think of the New Primary Prevention Reporting System so far?



A sample of the general comments included the following (OPP responses provided in parenthesis):

- Ask for Primary Prevention dollars to execute plans (\$277,000 for primary prevention was allocated to the regions in Spring 2018)
- Ask for more promising practices (updated Resource Guide, and OPP webinars on best practices from TDH and across the nation continue on a regular basis on topics such as Joint Use Agreements, Breast Feeding and more)
- Ask for Red Cap Trainings (a REDCap webinar was hosted in Spring 2018 and an evaluation roadshow is being conducted in summer 2018 and includes stops in the Northeast and Southeast regions)
- Ask to connect the primary prevention plans with the county performance plans (the two plans have merged as of the 2019 county performance plan development)
- Ask for guidance on primary prevention for clinical staff (new section in the Primary Prevention Resource Guide addresses clinical staff)

Notes of thanks:

- "Thank you for including the Metros in quarterly calls and having regular communication with us."
- "Thank you for the REDCap reporting system, it is much easier to use than Survey Gizmo."
- "OPP provides a connection to the Central Office and staff are very approachable and responsive. Thank you!"

Office/Division Informational Interviews

In April/May of 2018, OPP met with the following offices/divisions to gather feedback on the products, performance and collaborative efforts of the office with other areas of the department:

- Family Health and Wellness
- Community Health Services
- Minority Health

- Rural Health
- Informatics
- Quality Improvement
- Performance Excellence
- Health Planning
- Health Policy
- County/Regional Staff
- Metro Health Departments
- CEDEP
- Communications
- Grants/Strategic Alignment (now Health Disparities)



Office of Primary Prevention

Informational Interviews | Synthesis

Offices and Divisions Interviewed:

Family Health and Wellness, Community Health Services, Minority Health, Quality Improvement, Informatics & Analytics, Rural Health, Performance Excellence, Health Planning, Health Policy, Regional Staff, Metro Health Departments, CEDEP, Communications, Grants/Strategic Alignment

What does primary prevention mean to you?

- * Staying healthy, healthy behaviors, healthy lifestyles
- * Community-level focus: assessing needs and addressing health at the community level
- * Social determinants of health, social environmental influences
- * Upstream approach
- * Some staff don't understand what it is or how types of prevention differ
- * No one could clearly articulate what primary prevention is
- * Something that's been done historically but not labelled as "primary prevention"

Describe what you think your office/division understands about the Office of Primary Prevention.

- * PPI mentioned by far the most (some don't know any of our other work)
- * Built Environment Work (in general)
- * Healthy Development Coordinators (some know about them but not what they do)
- * TN Livability Collaborative
- * Clinical Work
- * Partnerships, community connections
- * Resources and guidance
- * Streamlining primary prevention work

What are some ways that your office/division is implementing primary prevention into the work you do?

- * Some offices/divisions do it every day, some don't do it at all
- * Some provide support but don't do it directly
- * Work in the community, community programs
- * Education and awareness, messaging and communication
- * Primary prevention plan work (PPI)
- * Partnerships and collaboration
- * Data collection and utilization
- * Community Health Assessments
- * State Health Plan

Talk about some ways you believe our office's work benefits your office/division's work.

- * Build new relationships, collaboration, compliments others' work, partnership opportunities
- * OPP is a validation that primary prevention is a priority and important
- * Resources, support for built environment work, education, and guidance
- * Clinical work
- * Shared messaging
- * Providing data, standardizing data collection and metrics

What are some ways that you feel your office/division could benefit from enhanced collaboration with our office?

- * Raise awareness, guidance
- * Shared messaging and communications, combined site visits with FHW staff
- * Educational resources: trainings, webinars, policy guide, best practices suggestions
- * Make cross-sector connections
- * Expand built environment initiatives
- * Data collaboration, qualitative analysis assistance
- * Review and promote State Health Plan

Describe opportunities at TDH for increased collaboration among offices/divisions on primary prevention and other activities, and how you think OPP might help. Are there offices/divisions you meet with regularly on primary prevention topics?

- * FHW + CHS (mentioned twice)
- * FHW + OMH
- * OMH + CEDEP
- * OMH + West TN
- * OPP help facilitate and provide content to Communications
- * CEDEP + CHS
- * Health Policy + FHW (around grants)
- * OPP + Health Policy
- * OPP + Health Planning (SHP implementation)
- * OPP + Health Planning (COPA and Ballad population health initiatives)
- * Peer-to-peer sharing: webinars and workshops about primary prevention and built environment
- * Determine a way to identify and share who subject matter experts are within the department
- * Building connections between Central Office staff and county/regional staff

If you were a part of an oversight committee that focuses on Primary Prevention efforts across the TDH enterprise, what would your expectations be to make your involvement worthwhile? What would you like to contribute? Who from your office/division would be a good fit for that committee?

- * Action, not just talk
- * Resource and information sharing, awareness of what each of us is doing
- * Identify gaps/needs in department's work
- * Strategize about what comes next for department for primary prevention now that its becoming institutionalized
- * Improving utilization of the State Health Plan
- * Promoting linguistic and cultural competency (via training)
- * Improve Primary Prevention Central Office participation, connect Central Office staff to county PP work
- * Mechanism for providing data for Baldrige application
- * We don't currently have a home for internal collaboration, so fills a need
- * Focus on evidence-based programs

Would you be interested in a follow-up conversation after developing your office/division's strategic plan to discuss opportunities to address the 3 questions of the State Health Plan?

- * Most did not seem interested, mostly maybe

Action Items

- * Communications: Follow up to discuss our office's work and provide content for media sharing
- * Office of Minority Health: Follow up about Primary Prevention Plan equity initiatives
- * CEDEP: Follow up about engaging their staff in PP Plan work

This feedback was shared with Commissioner Dreyzehner who discussed several takeaways with OPP staff:

- The Office of Primary Prevention has an opportunity to shape and develop a primary prevention brand and standard definition for both internal and external use.
- The Primary Prevention Executive Committee will be expanded to include the Office of Health Policy and Division of Health Planning to provide opportunity for alignment with Vital Signs and the State Health Plan.
- The TDH Way Collaborative will be formed as an opportunity to provide regular touchpoints on multiple TDH initiatives as well as a 'home' for new initiatives/opportunities that may fit into more than one area of the department or may not have a clear home within one area of the department.
- The Primary Prevention External Advisory Committee will be retained. One-on-one key informant interviews will be conducted with advisory members throughout the remainder of 2018, and the results will be shared at a spring 2019 convening of the committee.

Three additional interviews were conducted with national experts to collect input on the purpose of the Office of Primary Prevention, its activities to date, potential gaps, ways to evaluation progress and potential alignment with other

states or national organizations around this work. These experts were:

The **Honorable Bill Purcell**, former Mayor of Nashville and Chair of the National Academy of Medicine Obesity Roundtable

Dr. Karen DeSalvo, former Assistant Secretary, U.S. Department of Health and Human Services

John Auerbach, President and CEO, Trust for America's Health

No major recommendations for improvement were suggest from the three, who all provided positive feedback on the existence of the office and its undertakings to date, including cross-sector collaboration, internal collaboration, return-on-investment and strong data, evaluation and marketing to tell the story. One suggestion was for the office to have a budget to host large state-wide convenings on the importance of prevention. There was positive feedback that the primary prevention strategies involve clinical staff. There were questions about how OPP utilizes local data and input, to which staff responded with upcoming plans for County Health Assessments. Another suggestion was to look at the CDC's Hi-5 initiatives, which are evidence-based prevention strategies for achieving results in 5 years. There was also a suggestion to involve the business community, which led to a conversation about TDH's partnership with Healthier TN, the Governor's initiative that engages workplaces, communities, places of worship and individuals to promote healthier lifestyles. The feedback received from all three interviewees was incorporated into the strategic planning discussions around partnerships, feedback and metrics.

Primary Prevention Oversight Committees

The Primary Prevention Executive Committee and Executive Staff Committee were created in 2016 to act as a Steering Committee and Board of Directors (respectively) for the Tennessee Department of Health's focus on primary prevention as the TDH Way. In the spirit of continuous improvement, enhancements are proposed for both committees to provide direction for primary prevention related initiatives within the Tennessee Department of Health, and to further the philosophy of primary prevention as the TDH Way.

Lead Measure: Regular meetings and progress in all areas

Executive Staff

With the adoption of the TDH Vital Signs and the new framework for the State Health Plan, an opportunity exists to add the Offices of Health Policy and Health Promotion to the Primary Prevention Executive Staff Committee. The Committee members are strategically chosen to optimize the execution of the State Health Plan through the Office of Primary Prevention, the Population Health Column (particularly Family Health and Wellness) and Community Health Services.

Proposed Executive Staff members:

- Population Health –Morgan McDonald
- Community Health Services – Leslie Humphreys/Annette Haley
- *Health Planning – Jeff Ockerman (new)*
- *Health Policy – Eric Harkness (new)*
- Office of Primary Prevention – Leslie Meehan/Matt Coleman
- Commissioner Dreyzehner

Executive Committee

The Executive Committee was formed in 2016 to provide operation oversight and coordination opportunities for the

Office of Primary Prevention book of business. With the evolution of the Office and the new undertakings of the Department – namely the State Health Plan, Vital Signs, County Performance Plans/Primary Prevention Plans and County Health Assessments, the opportunity exists to restructure the Executive Committee to provide a coordinating group for many of these initiatives as well as a group that can brainstorm on and provide a landing pad for new prevention-related initiatives that do not have a current or logical ‘home’ within the Department. The new committee will be tentatively named the TDH Way Collaborative to emphasize that prevention-related work exists throughout the enterprise and is successful through internal and external collaborative efforts.

TDH Way Collaborative

The Primary Prevention Executive Committee will become the TDH Way Collaborative, whose purpose will be to create a forum for Tennessee Department of Health staff to further integrate Primary Prevention into the Department’s work. The Committee will be structured after the Tennessee Livability Collaborative and will serve as a mechanism for facilitating understanding of the roles and responsibilities of Central Office offices/divisions, particularly around new opportunities for collaboration.

The Committee will be co-facilitated by:

- Liesa Jenkins, Division of Health Disparities
- TBD, Office of Performance Management
- Kristen Martin, Workforce Solutions and Services

The proposed charge of TDH Way committee provides a regular touchpoint on the following initiatives:

- State Health Plan
- Vital Signs
- Central Office office/division strategic plans on integration with State Health Plan
- County Health Assessments
- County Performance Plans/Primary Prevention Plans
- Baldrige application and implementation
- Primary Prevention Clinical Advisory Committee, External Advisory Committee, REDCap Prevention Reporting Committee, Bright Spots Committee
- TN Livability Collaborative
- Access to Health through Healthy Active Built Environments grants
- Additional opportunities for new collaboration and innovation

Proposed TDH Way Committee Members:

- Family Health and Wellness
- Division of Health Disparities
- Community Health Services
- Informatics and Analytics
- Performance Management
- Health Planning
- Health Policy
- County/Regional Staff
- Metro Health Departments (Memphis)
- Office of Primary Prevention
- Communicable Environmental Disease and Emergency Preparedness
- Communications

- Legislative

Primary Prevention Evaluation Committee

The Evaluation Committee was created in 2016 to provide input on the evaluation of the Primary Prevention Initiatives. As the Initiatives have transitioned into the Primary Prevention Plans, the Committee not only developed an evaluation framework for the Plans, but began to think about the creation of a comprehensive Prevention Reporting System for the Department. This system could potentially house a number of prevention-related reporting systems, including Tobacco, Neonatal Abstinence Syndrome, Obesity/Physical Activity and the Primary Prevention Plans. The objective of the system would be to streamline reporting for county and regional staff, and provide a unified system for Central Office from which evaluation could be conducted and reports pulled. In addition to Central Office staff, a county/regional staff member from each of the seven regions sit on the committee to provide valuable insight and feedback on the utility of the reporting system for county and regional staff across the state.

Primary Prevention Evaluation Committee Members:

- John Vick (facilitator) – Office of Primary Prevention
- Matt Coleman – Office of Primary Prevention
- Don Perry – Family Health and Wellness
- Jacob Black – Family Health and Wellness
- Audrey Stach – Family Health and Wellness
- Charlotte Woods – Family Health and Wellness
- Michelle Fiscus – Family Health and Wellness
- Kelly Luskin – Family Health and Wellness
- Misty Claude – Mid Cumberland Region
- Leslie Humphreys – Community Health Services
- Annette Haley – Community Health Services
- Morgan McDonald – Family Health and Wellness
- Leslie Meehan – Office of Primary Prevention
- Kim Jones-Family Health and Wellness
- Angie Hassler – Upper Cumberland Region
- Brittany Hopkins-Southeast Region
- Lindsey Wayland-South Central Region
- Jesse Willhoit-West Region
- Corie Gouge-East Region
- Jaime Lawson-Northeast Region
- Jayne Harper – Northeast Region

Reporting System Coordination

Lead: Develop list of all chronic disease reporting systems with contacts, reporting schedules, and format by March 2019.

Lead: Hold monthly meetings with FHW staff to coordinate reporting system development and reduce duplicative reporting through end of 2019.

Lag: All chronic disease REDCap reporting systems in single coordinated REDCap system by December 2019.

WIG: No overlap in outcome reporting for chronic disease programs and Primary Prevention reporting by end of 2020.

Clinical Advisory Committee

The Clinical Advisory Committee was formed in 2017 to serve as advisors to the Tennessee Department of Health about the best ways to develop a clinical workforce in TN that is prepared to lead prevention efforts. The committee is led by Dr. Patricia Scott. The purpose of the committee is to advise the Tennessee Department of Health on the best ways to strengthen capacity among Tennessee's clinical workforce to implement integrated mental, social and physical health care and lead primary prevention work. This workforce includes dentistry, medicine, nursing, pharmacy, nutrition, mental health, and other health professions. The Committee will use population health as a broad term to include the collaborative activities that result in an improvement of a population's health status, with particular focus on upstream factors (social determinants of health) that can be influenced through primary/primordial prevention (upstream policy, systems and environmental changes).

Committee Charge:

The advisory committee is expected to study the topic and make recommendations about clinical workforce development.

Activities include:

- Assess current TN health professions' curricula and standards of accreditation as a baseline
- Review current TN programs that have integrated population health into the curricula and use an interdisciplinary approach: looking at outcomes and opportunities to adopt, adapt, and/or scale up.
- Review national recommendations and curriculum frameworks for population health
- Establish and disseminate curriculum recommendations for population health
- Formulate a list of opportunities for health profession faculty development in population health
- Develop a list of best practices and resources for post licensure leadership development with a focus on population health
- Recommend funding and reimbursement mechanisms for prevention

Membership:

Members serve voluntarily and represent various health care professions. Members will be reaffirmed annually.

- Gail Beeman, MD, Associate Professor, Pediatrics, UTHSC
- Caroline Cooley, MD, Knoxville private practice (internal medicine)
- Terri Crutcher, DNP, RN, Assistant Dean for Clinical and Community Partnerships, VUSN
- Jennifer Dudzinski, RN, Public Health Nursing Director, TDH
- Mary Kiger, Executive Director, Tennessee Charitable Care Network
- Morgan McDonald, MD, Asst. Commissioner, Director, Family Health and Wellness, TDH
- Jodi Nuss, DDS, TDH Dentist Robertson County

- Heather O’Hara, MD, Assistant Professor, Family and Community Medicine, Director, Occupational and Preventive Medicine Residencies, MMC
- Mallory Pope, RD, TDH West TN
- Tyler Reimschisel, MD, MHPE, Associate Professor of Pediatrics, Director, Developmental-Behavioral Pediatrics Fellowship Program, Associate Director, Pediatric Residency Program, VUMC
- Terri Sabella, RN, JD, CEO Tennessee Primary Care Association
- Cathy Taylor, Dr PH, MSN, RN, Dean, and Professor, College of Health Sciences and Nursing, Belmont University
- Rose Vick, PhD, MSN, PHMNP-BC, Instructor, VUSN (mental health)

External Advisory Committee

The Primary Prevention External Advisory Committee was convened in 2017 to advise the Tennessee Department of Health on Primary Prevention and continuous improvement (utilizing the Baldrige Performance Excellence framework) as the leading principles of the work of the Department (also known as the TDH Way). The committee is comprised of leaders from across Tennessee, some of whom were strategically chosen for their familiarity with Baldrige and/or their work in health care.

Committee Members:

- Katie Rawls – Tennessee Center for Performance Excellence, CEO (former)
- Robin Roberts- University of TN Institute for Public Service, Executive Director, County Technical Assistance Service
- Jill Gaddes – Maury Regional Health Center, Director of Population Health
- Rodney Woods- BlueCross BlueShield of Tennessee, VP and Chief Clinical Engineer (attending via webinar)
- Gary Mayes- Sullivan County Health Department, Director (attending via webinar)
- Bill Jolley- Tennessee Hospital Association, VP Rural Health Issues
- Ben Simpson- Tennessee Medical Association, Associate Director of Government Affairs
- Sharon Adkins-Tennessee Nurses Association, Executive Director
- Dr. Ron Loeppke- U.S. Preventive Medicine, President and Vice Chairman (attending via webinar)

Office of Primary Prevention – Major Initiatives

The following provides detail into the principle work of the Office of Primary Prevention, including alignment with the Vital Signs and evaluation metrics. The TDH Vital Signs were adopted in 2018 and represent the dashboard by which

health in Tennessee will be measured, and will be closely used by the Department of Health to monitor its specific progress.

Tennessee's Vital Signs

Vital Sign	Source
Youth Obesity	Coordinated School Health
Physical Activity	BRFSS
Youth Nicotine Use	YRBS
Drug Overdose	Injury Surveillance
Infant Mortality	Birth File
Teen Pregnancy	Birth File
Community Water Fluoridation	CDC
Frequent Mental Distress	BRFSS
3 rd Grade Reading Level	TN Dept of Ed
ED Use for Primary Care	Hospital Discharge
Median Income	Federal Reserve
Access to Parks and Greenways	BRFSS

Primary Prevention Plans

Vital Signs: Physical Activity, Youth Obesity, Youth Nicotine Use, Drug Overdose

Key Performance Goals: Increase opportunities for physical activity and healthy eating; reduce rates of tobacco use and substance misuse.

The Primary Prevention Plans are developed, implemented, and evaluated by all 95 counties. The first year of Primary Prevention Plans were created in 2017, and in 2018 the plans were incorporated into the County Performance Plans (89 rural counties). The plans consider service as a one-year prevention strategic plan and what each health department will work on within the realm of Primary Prevention. The majority of strategies include community partnerships and focus on Physical Activity, Tobacco Free Environments, Substance Misuse, and Healthy Nutrition. The Office of Primary Prevention developed a Primary Prevention Plan Resource Guide with evidence-based strategies and metrics to guide plan development. Beginning in 2019, the Resource Guide will be merged with the development of the Vital Signs Driver Diagrams in partnership with the Office of Health Policy. OPP also oversees the REDCap based reporting system into which plan activities are recorded annually.

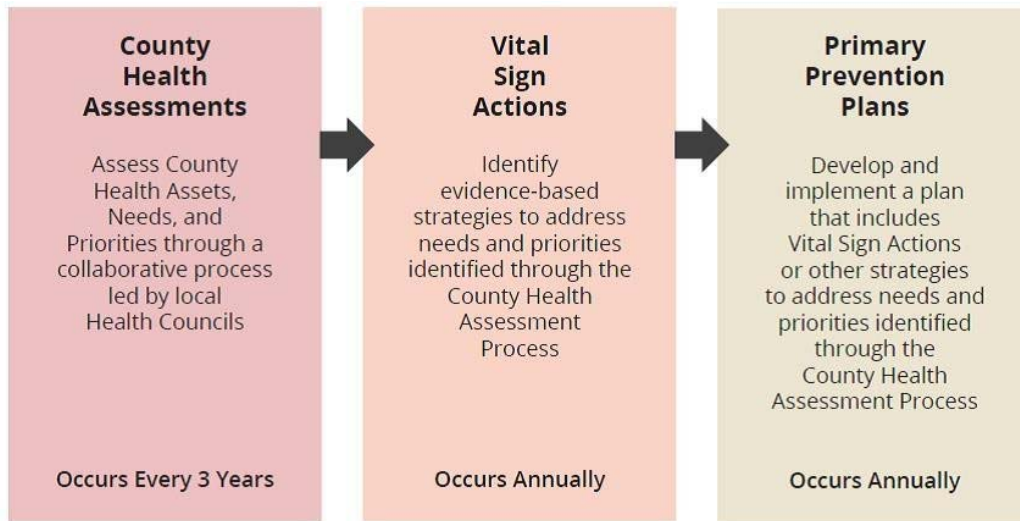
Primary Prevention Plan Accomplishments

The Tennessee Department of Health Primary Prevention Plans for 2017-2018

The Tennessee Department of Health's Primary Prevention Plans for 2017-2018 included a wide range of initiatives to address health priorities in each county. Across the state, county and regional initiatives engaged communities and partners, built relationships and coalitions, and delivered prevention education and services. Some of the many accomplishments over the past year are highlighted below.



To provide additional assistance with the planning process, the Office of Primary Prevention conducts a feedback roadshow where staff in all 7 regions of the state has the opportunity to provide feedback regarding the resources made available to them through the Office of Primary Prevention. This feedback is then utilized to make enhancements and adjustments to the planning process, reporting process, and best practices resources made available. The Office of Primary Prevention also provides in person technical assistance to the planning process to those counties and regions that requested it. This has allowed the OPP to have facetime with staff from all 95 counties. The Office conducts the roadshow in the spring in preparation for plan development, and in the fall to gain feedback on the process. In 2018/2019, the roadshows also include members of the Offices of Health Policy and Chronic Disease/Health Promotion to align the plans with the Community Health Assessments, Vital Signs Actions and Driver Diagrams, and other planning/programmatic prevention initiatives at TDH.



The Office of Primary Prevention also recognizes the best initiatives being implemented across the state through the Bright Spot Awards. Nominations are submitted annually, and a review committee made up of staff from across the state provides feedback and score the nominations. Since 2016, 30 initiatives have been recognized through the Bright Spot Awards. Awardees are featured in periodic Primary Prevention webinars that showcase best practices on prevention strategies from across Tennessee and the nation.



Rutherford County – The Chef Academy –
Platinum Award



Sevier County – English As A Second
Language – Platinum Award



Putnam County – Morning Movement
– Platinum Award



Fentress County – After School
Based Walk/Run Club – Gold
Award



Carroll County – Positive Behavior Support
(Tobacco) – Gold Award



Northeast Regional Health Office –
Mental Health First Aid Courses –
Gold Award



Henderson County – Summer Feeding
Program – Gold Award



Dickson County – Rethink Your Drink –
Silver Award



Upper Cumberland Regional Health Office
– Safe Sleep Initiative – Silver Award



Montgomery County – All Health Matters
– Bronze Award

2017-2018 Primary Prevention Bright Spot Awardees

Performance Indicators:

- Primary Prevention Plans
 - **Lead:** By 2019-2020, all 95 counties will have submitted a 3 year Primary Prevention Plan based on the results of their 2019 Community Health Assessment.
 - **Lag:** By 2020, there will be a minimum of 5 written policy improvements in Tennessee communities due to the efforts of their primary prevention work.
 - **Lag:** By 2021, show a health related statistical improvement/return on investment for the primary prevention work that is being implemented across the state of Tennessee.
- Primary Prevention Reporting
 - **Lead:** All 95 counties report on their Primary Prevention Plans into the REDCap system by October 31, 2018. (complete)
 - **Lag:** Produce report of 2017-2018 Primary Prevention Plans (complete)
 - **Lead:** Conduct evaluation of new Primary Prevention reporting system. (in-progress)
 - **Lag:** Improve Primary Prevention Reporting System for 2018-2019 based on evaluation feedback. (in-progress)

- **WIG:** Long-term sustainable PP Reporting System that serves the needs of OPP, other departmental stakeholders, and system users in the field. (in-progress)
- Bright Spot Awards
 - **Lead:** For the 2017-2018 plan year, double the amount of nominations for Bright Spot Awards.
 - **Lag:** By 2020, there will be a monetary award provided to those that receive Platinum, Gold, Silver, and Bronze Bright Spot Awards.

Support for Increased Physical Activity and Active Built Environments

Vital Sign: Physical Activity

Key Performance Goals: Increase opportunities for physical activity in Tennessee Communities.

Performance Indicators:

Built Environment and Health Newsletter

The Built Environment and Health newsletter is distributed monthly to over 1, 000 subscribers from across Tennessee and the nation. The purpose is to provide local community news, state and national resources and reports, grant opportunities and other information pertaining to the relationship between the built environment and health outcomes.

- **Lead:** Increase applicability of content through tips and suggestions written by OPP staff for all grants promoted in every issue of the newsletter (e.g. - additional translation messages with clarification or encouragement). (in-discussion)
- **Lead:** Create links to all content shared on Newsletter to Healthy Places Website (in-discussion)
- **Lag:** Increasing newsletter "click rate" (i.e. - the rate at which electronic links within each newsletter issue are opened) to at least 15% consistently (currently, ranges between 4% - 9%) by the end of 2019. (in-progress)
- **WIG:** Increasing the number of people with "quality newsletter engagement" (defined as subscribers actively engaging with built environment & health content) to at least 15% of our subscriber list by the end of 2019. (in-discussion)

Planners4Health Grant

Through an overarching collaborative strategy that brings together members of the [American Planning Association](#) (APA) and the [American Public Health Association](#) (APHA), the [Plan4Health](#) project aims to build capacity to address population health goals and promote the inclusion of health in non-traditional sectors. Plan4Health is supported through the Centers for Disease Control and Prevention (CDC) as part of the National Dissemination and Implementation program within the Division of Community Health.

Built Environment, Health and Planning Materials

- **Lead:** By June 2018, OPP has a reviewed training curriculum for communicating and educating local planners/elected officials/partners on components and strategies of health promoting community design. (complete)
- **Lag:** By 2020, the OPP healthy community training has been conducted with communities and/or planning related organizations.

TDH Healthy Places website

- **Lead:** Website is updated by June of 2018, plan in place for on-going updating and maintenance. (complete)
- **Lag:** Increased utilization of website (metrics on utilization monitored monthly)

Access to Health and Healthy Active Built Environments RAHHABE Grants

The **Access to Health through Healthy Active Built Environments** grants are designed to improve health outcomes by enhancing access to physical activity. TDH offered the first round of the Rural Access to Health through Healthy Active Built Environments grants in 2017. The grants support cross-sector work that enables people to make healthy choices where they live, learn, work, play and pray. They are intended to encourage collaboration between local health departments, local governments and other stakeholders to plan, develop, implement and assess projects and programs which increase public access to physical activity and healthy eating. Renamed the **Access to Health through Healthy Active Built Environments** grants and offered to all counties in Tennessee, the 2019 grants are to help communities:

- Improve health outcomes by enhancing programming for and access to physical activity, particularly for young children who may have no or few other opportunities;
- Enhancing the built and natural environments of public places and spaces so that people have access to healthy food, and access to safe places for physical activity, time in nature, and socializing; and
- Enabling shared learning about the projects and programs among leaders and communities across the state.

By supporting targeted and sustainable physical activity and healthy eating programming and active and healthy built environments, communities will create a culture of health and provide opportunities for social and community engagement. Additional benefits may include enhancing the attractiveness, pride and economic strength of the community by providing opportunities and amenities that are valued by residents and businesses.

Access to Health through Healthy Active Built Environment Grants

- **Lead:** Host bi-weekly calls between HDCs and OPP staff to discuss progress reports and financial reports, and opportunities to provide support to grantees. (discussed on monthly calls)
- **Lag:** Ensure 100% of progress reports and financial reports are uploaded onto the REDCap reporting system. (complete)
- **Lead:** Evaluation of 2017 grants complete by summer 2018. (evaluation system under construction)
- **Lag:** Increased applicants for the next grant cycle. (next competitive cycle will be in 2020)
- **WIG:** Implement competitive Built Environment grant oversight structure involving Healthy Development Coordinators, Office of Primary Prevention point people, and additional Central Office staff coordinating through the REDCap reporting system. (Built Env Grant Coordinator hired spring 2019 who will oversee structure development)

RAHHABE \$10K Grant Project Evaluations

- **Lead:** Provide built environment evaluation training to all HDCs by March 2018. (complete)
- **Lag:** Evaluations completed for all completed RAHHABE grant funded projects by end of 2018. (complete)
- **WIG:** Each regional office has capacity and confidence to conduct evaluation of built environment projects. (achieved)

Healthy Development Coordinators

The Healthy Development Coordinators assist with coordination of community partners, creation of planning documents such as bicycle and pedestrians plans, writing grant applications for active transportation and built environment infrastructure and non-infrastructure opportunities (such as education and encouragement programs), and will assist with monitoring progress by indicators such as increased levels of physical activity, school-based physical activity opportunities, educational performances, job creation, number of bikeways, sidewalks, greenways, playgrounds, walking tracks, etc.

- **Lead:** By June 2018, all HDC resources (SharePoint, contacts, webinars, Planners4Health materials, etc.) are built out, organized, and streamlined for clear access and reference. (completed)

- **Lag:** By 2020, HDCs have consistent and contextual work plans with access to resources. (ongoing)
- **Lead:** HDCs report into the REDCap Reporting system (completed – HDCs report into Redcap)
- **Lag:** Each HDC will have at least two specific and significant areas of progress outside of the built environment grants. (ongoing)

Tennessee Livability Collaborative

Vital Sign: Physical Activity, Youth Obesity

Key Performance Goal: Increase opportunities for physical activity and healthy eating in Tennessee.

Performance Indicators:

The Tennessee Livability Collaborative was first convened in 2016 by the Commissioners of Tennessee Departments of Health, Education, Economic and Community Development and Transportation. The Collaborative is a working group of Tennessee state agencies with a mission of improving the prosperity, quality of life, and health of Tennesseans through state department collaboration in the areas of policy, funding, and programming.

The vision is a high quality of life for all Tennesseans that includes opportunities for education, employment, health, transportation, healthy foods, housing, recreation and culture in Tennessee communities with the goal of advancing the economic competitiveness of Tennessee by enhancing the livability of Tennessee communities. By creating attractive, enjoyable, active and socially engaging environments that optimize the health of children and adults, Tennessee fosters the best opportunities for children to grow and learn, as well as increases the productivity and contribution of adults to their communities and workplaces.

The Collaborative assists state agencies to coordinate efforts that impact the economic and personal health of Tennesseans and Tennessee communities. By outlining and coordinating programs, policies and funding aimed at stimulating economically strong places to live and work, state agencies can better achieve the objectives of Customer Focus Government, cross-agency collaboration and leveraging resources wisely. The Collaborative aligns with current interagency partnerships including the Governor's Rural Task Force and the Three Star Program of the Department of Economic and Community Development, focusing on asset-based development, rich and historic town centers, schools, and parks & recreation centers. The Collaborative strategically and tactically maximizes advantages of assets already in place in Tennessee communities.

The Collaborative was convened in May 2016 by the Tennessee Departments of Health, Education, and Economic and Community Development. Following this, a second meeting was held which involved the development of a living document listing the goals, objectives, and evaluation methods and metrics.

The Collaborative is staffed by the Tennessee Department of Health with an open invitation to other departments and agencies to provide assistance. Upon receiving an invitation to join the Collaborative, additional departments and agencies participated in an informational interview to determine their interest level in joining and what they could expect to contribute and receive from their involvement. The Collaborative is jointly owned by all participating state agencies and meets bi-monthly.



- Lead: Hold planning meetings with 3 priority counties that include representatives from all LC member agencies by March 2018. (Clay and Cocke completed 2018)
- Lag: All 3 priority county Three Star Plans developed with input from LC member agencies. (completed for Clay and Cocke)

- Lead: Conduct TN Ambassador League cross-sector pilot with 3 priority counties by fall 2018. (completed)
- Lag: Establish TN Ambassador League statewide in 2019. (underway)
- WIG: The TN Livability Collaborative is established as a sustainable long-term group with multiple member agencies leading projects. (established)
- WIG: TN Livability Collaborative continues to be a strong and fruitful initiative after the administration change. (TLC continues to meet in 2019)

Clinical Connections

In order to carry out and evaluate primary prevention activities, improve clinical prevention services, engage communities in community health needs assessments and plans, promote health equity, and support livable and nurturing communities, we need a clinical workforce prepared to lead change both within and outside the clinic walls.

Under the direction of Dr. Patti Scott, the Office of Primary Prevention is leading multiple initiatives aimed at increasing educational and engagement opportunities in primary prevention for clinical staff across Tennessee.

Along with the work of the Primary Prevention Clinical Advisory Committee, the Clinical Connection work includes the following:

Nurse Leadership in Primary Prevention

Developing nursing leaders within and external to TDH who understand primary prevention and will galvanize their communities to create healthy and nurturing environments. This will be done at the pre-licensure level by incorporating population health concepts into nursing curricula. It will be done at the post licensure level by providing training in leadership and board service. Early Language and Brain Development

Implementing the Talk with Me Baby (TWMB) initiative state-wide in order to improve nurturing adult-infant interactions, language development, and early brain development. This addresses the department's strategic foundation around Primary Prevention that includes brain health. Working with internal and external partners, OPP will ensure training for local, regional and metro health department staff, state home visiting staff, early childhood education providers, and health care providers about early brain development, and how to model "language nutrition" for infant caregivers/families.

Increasing Physical Activity

Developing and implementing a physical activity (PA) clinician training plan (Exercise as Medicine and community connections to PA) to increase clinical assessments of PA, counseling, prescribing PA, referring to community resources, and engaging with community partners to address barriers to PA

OPP Clinical WIG

The TN health care workforce has capacity to engage in primary prevention and build a Culture of Health in their communities

Health Care Provider Education

Lag: Increase to 100% by 2025 TN schools of nursing that include population health/primary prevention concepts into their curricula. (in progress)

Lead: Ensure that by 2020 every TN school of nursing has access to national and state curricular guidelines on population health/primary prevention, along with high quality faculty workforce development resources. (in progress)

Nursing Leadership Development

Lag: Increase by 30% TN nurses on health-promoting boards, commissions, and committees by 2023.

Lead: Convene by 2019 at least 1 Nurses on Boards/Leadership training in each TN Grand Region for at least 100 emerging nurse leaders. (in progress)

Language Nutrition: Talk With Me Baby Initiative

Lag: Increase to 100% by 2021 the county health departments with staff trained as coaches and that include TWMB modeling and coaching into all HD clinical and home visits with young families. (over 400 home visitation staff trained and a train-the-trainers video has been developed)

Lead: Ensure that by 2019 every county health department and home visitation program has participated in TWMB coach training, and that each region and home visitation program has a corps of TWMB champions/trainers. (in progress)

Exercise as Medicine (EIM)

Lag: Increase to 100% by 2025 the county health departments that assess and document physical activity as a vital sign and include PA in the plan of care. (in progress)

Lead: Develop and disseminate by 2018 a PA resource guide to all health departments to promote and use in their counties. (completed)

Lead: Along with UTC and the American Academy of Sports Medicine, develop and pilot by 2019 a web-based PA/EIM course for TDH clinical staff. (in development)

Additional Activities and Topics on the Horizon

Vital Sign: Physical Activity, Youth Obesity, Youth Nicotine Use, Drug Overdose

Key Performance Goals: Increase opportunities for physical activity and healthy eating; reduce rates of tobacco use and substance misuse.

The following are Topics which could be further addressed through increased resources from TDH and OPP:

Nutrition – WIC, school nutrition, diabetes, farmers markets, food systems, food waste, fast food

Housing – indoor air quality, aging populations, renters' rights

Daycare – improved physical activity, nutrition, 2nd-3rd hand smoking standards

Equity – training for all staff, including equity language in all TDH products, data collection

Health Aging