

2022
County
Health
Assessment
Cohort
Report

Background

County Health Councils are diverse groups of local collaborators who advance their communities' health priorities through partnerships and community engagement while addressing health disparities. Their membership often includes individuals from the healthcare, social services, nonprofit, business, and local government sectors, among others.

In 2019, the Tennessee Department of Health (TDH) began a pilot initiative to complete a systematic County Health Improvement process, including both the County Health Assessment (CHA) and the Community Health Improvement Plan (CHIP). This five-phase process is facilitated by Tennessee's County Health Councils with resources and support from TDH's regional health offices and the Office of Strategic Initiatives (OSI).

Due to the significant effects of the COVID-19 pandemic, which severely limited workforce capacity and membership engagement, County Health Councils halted most activities between March 2020 and January 2022. However, coming out of the pandemic, there has been renewed interest in local-level decision making, community engagement, and the social drivers of health. This has led to an increase in momentum for County Health Councils and the Community Health Improvement Process over the last year. OSI conducted multiple Community Health Assessment trainings in late 2021 which mobilized counties to begin this process in January of 2022, which mobilized counties to begin this process in January of 2022.

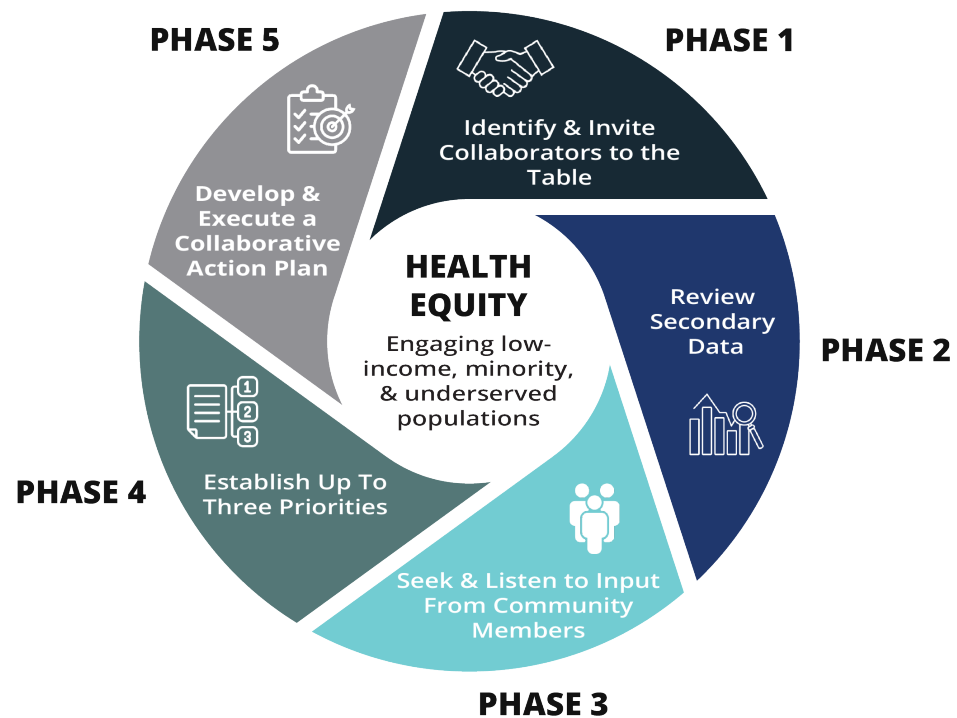


Figure 1: Community Health Improvement Process

2022 Cohort

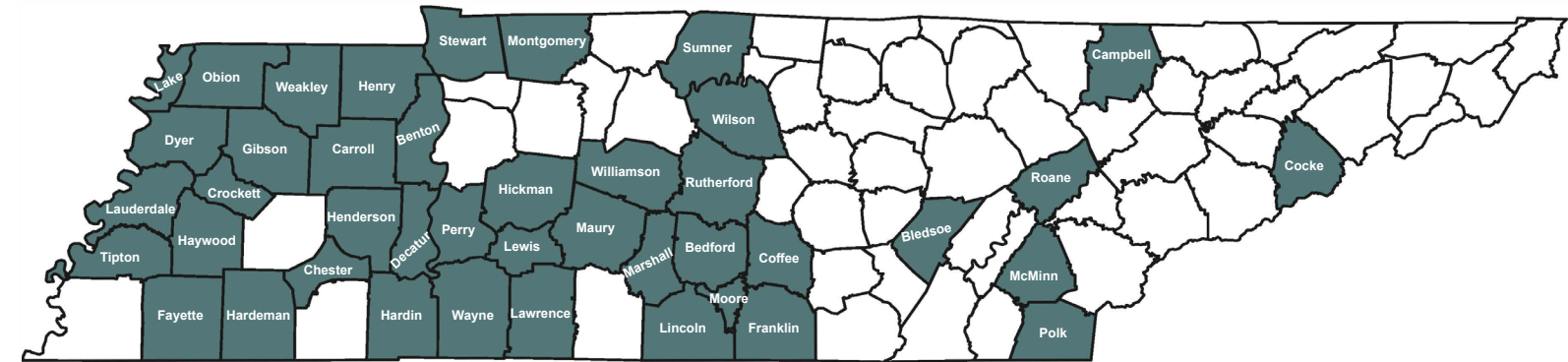


Figure 2: Cohort Map

Cohort Counties by Region

West

- Benton
- Carroll
- Chester
- Crockett,
- Decatur
- Dyer
- Fayette
- Gibson
- Hardeman
- Hardin
- Haywood
- Henderson
- Henry
- Lake
- Lauderdale
- Obion
- Tipton
- Weakley

South Central

- Bedford
- Coffee
- Hickman
- Lawrence
- Lewis,
- Lincoln
- Marshall
- Maury
- Moore
- Perry
- Wayne

Upper-Cumberland

no counties completed a CHA in 2022

Northeast

no counties completed a CHA in 2022

Mid-Cumberland

- Montgomery
- Rutherford
- Stewart
- Sumner
- Williamson
- Wilson

Southeast

- Bledsoe
- McMinn
- Polk

East

- Campbell
- Cocke
- Roane

Metros

no counties completed a CHA in 2022

Cohort Overview

During the 2022 Cohort year, **42** County Health Councils completed the Community Health Assessment to identify health-related priorities. Within these 42 counties, the most selected priorities were **Mental Health, Substance Misuse, and Obesity**. Other priorities include ACE's, Social Drivers of Health, Walkability, Health Behaviors (i.e., tobacco use, physical inactivity, etc.), Infant Mortality, and Injury Prevention.

These counties worked to intentionally engage populations most impacted by health inequities, including **low-income, racial/ethnic minorities, rural**, and other vulnerable populations such as **older adults** and **individuals experiencing homelessness**.

As a result of the CHA process, County Health Councils select their top health priorities they develop a Community Health Improvement Plan (CHIP) with strategies to address the identified priority areas. For each strategy, a set of activities, partnerships, and metrics are established to further structure the collaboration, establish accountability, and measure progress. In the 2022 Cohort, themes that have emerged as CHIP activities include:

- ★ Raising community awareness through educational programming
- ★ Seeking new ways to increase resources and funding for existing programming
- ★ Leveraging new partnerships with groups already working to address similar issues
- ★ Implementing policy level changes in their communities

The CHIP establishes collaborative goals which will serve as a guide for the council for the next 2-3 years.

Technical Assistance Resources



Figure 3: Technical assistance resources offered to Cohort Counties

Priority Areas

Priority areas chosen by counties to address in their Community Health Improvement Plans.



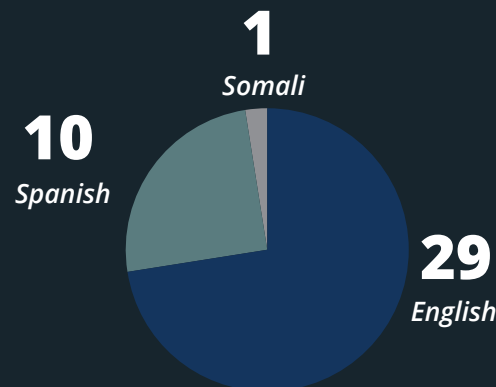
The 2022 Cohort had access to increased technical assistance as compared to the 2019 pilot Cohort. Figure 3 highlights some of the offerings which are available during each phase of the CHA/CHIP process and are often tailored to the needs of individual counties. Three OSI staff roles have been created to support County Health Councils with everything from programming REDCap Surveys, to creating announcement flyers for selected priority areas, to aiding and providing tips on virtual or hybrid meeting facilitation. Additionally, members of the 2022 Cohort had access to monthly Cohort Calls convened by OSI staff. These Cohort calls created a space for more direct, two-way communication between local and regional level staff and central office as well as a space to share successes and challenges among Cohort members.

Key Findings

The Office of Strategic Initiatives conducted an evaluation of the 2022 CHA Cohort using both quantitative and qualitative methods captured in REDCap. After Health Councils selected their priority areas, OSI distributed a survey link to regional health council coordinators and health educators who then shared the survey with County Health Council members. Participants had six to eight weeks to respond, and regular reminders were sent to encourage responses. In the end, there were **80 completed survey responses**. Of these responses, there were 11 counties known to be represented (indicating one's county was an optional question). Since there were 42 counties that completed the CHA process in 2022 and a total of 52 in the Cohort with some rolling over to 2023 it was felt that the final response rate was too low to report full survey results. For the 2023 Cohort, OSI is exploring new and more robust evaluation options to ensure a more complete evaluation of the Cohort, and will work to effectively share stories that highlight the success, experiences, and impact of County Health Councils.

Engaging Underserved Populations

What specific under-served or minority populations did your Health Council engage?



As a part of the technical assistance provided to the 2022 Cohort counties, a total of **40** REDCap surveys covering **29** counties were created to get community input on health needs and priorities

CHA Process Feedback



In response to what people **liked the most** about the CHA process in the Cohort survey, **15** mentioned increased County Health Council and/or community member **engagement** and **collaboration**.

"The process engaged community members that had not previously been engaged."

"It gave our health council a focus and meaningful work."

Data Packages

Based on feedback from the 2022 and 2019 Cohorts OSI developed more robust, user-friendly data packages to all 95 County Health Councils in 2023. These data packages provide the most up to date county-level metrics in a more visual format with added commentary to help users interpret the data. Additionally, almost all data points were compared to the Tennessee average to provide more context and understanding. *(Links to these will be on the TDH County Health Council Website soon).*

CHA Mini-Grant Program

For the first time, OSI was able to offer funding to Health Councils to support their CHA/CHIP process. Each Health Council had access to up to \$1,000, allowing them to:

- ★ Host community events to gather input
- ★ Provide small incentives for listening sessions and survey participation
- ★ Send direct mail to remote parts of the county encouraging survey responses
- ★ Take out advertisements in local media, and more

All this enabled Health Councils to hear the voice of their communities through the CHA process, including the voices of those with lived experiences of health inequities.



Recommendations & Lessons Learned

Health Councils

- ★ Advance Health Equity by continuing to engage low-income, minority, and underserved populations when implementing the CHIP
- ★ To increase impact and reduce duplication, build relationships with organizations that are already addressing a priority identified through the CHA

Community Partners

- ★ Identify how your organization's mission aligns with the common goals of the CHIP
- ★ Consider how you can have a greater impact towards your mission by participating in your local Health Council. For example, by serving on or leading a subcommittee, providing sponsorships, sharing resources, offering technical skills etc.

OSI & TDH

- ★ Build and strengthen partnerships across the state and between local and regional health departments to drive resources and funding to support local community health goals
- ★ Continue building resources that support Health Councils in moving from assessment to action and implementation of their CHIP

Moving Beyond the Pandemic - While the COVID-19 pandemic was an incredible challenge for the public health workforce, it significantly impacted local capacity and engagement among community partners and County Health Councils. Many counties have seen the CHA process as an opportunity to rebuild momentum in their Health Council and to organize partners and COVID relief resources to help their communities rebound from COVID-19. Because Health Councils include partners from education, business, local government, faith communities, non-profits, and many other sectors, they have the power to advance the systemic changes needed to build a strong foundation for health.

OSI Actions – OSI is continuing to expand its programs and resources to ensure the sustainability and impact of Health Council work. Over the next year, OSI will offer the following resources that will continue to meet the needs of Health Councils and increase CHC capacity to address community health priorities.

Tennessee Vitality Toolkit (TVT) – The TVT will be launched in mid-2023 and will serve as a menu of resources to support counties in the transition from assessment/ planning to collective action and impact. Resources included in the toolkit will encourage the incorporation of Health Equity and Policy, Systems, and Environmental change into the Community Health Improvement Plans.

Health Equity Resources – Tools are being developed to illustrate health inequities in various regions of the State as well as providing information on how to meaningfully engage vulnerable populations in the Community Health Improvement Process.

CHIP Coordinators – New positions are being established in each Regional Office to support Health Councils in implementation, evaluation, and reporting for their Community Health Improvement Plans.

Community of Practice – The Health Council Community of Practice is a new initiative to provide equitable skill-building and collaborative problem-solving as well as increasing connectedness by creating space for Health Councils to share best practices, celebrate successes, and facilitate networking.