



2024-2026 State Health Plan

Tennessee Department of Health | DIVISION OF HEALTH PLANNING | March 2024



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Letter from the Commissioner

For more than a year, the Department has improved the state health planning process and introduced a new framework building on our vision of **Healthy People, Healthy Communities, Healthy Tennessee**. The 2024-2026 State Health Plan is an evaluation tool for the health status of Tennesseans and provides recommendations on how public and private partners can work together for health improvement.

Through the collaboration with subject matter experts, the collection and review of high-quality data, the identification of priority areas, and the feedback of focus groups, the 2024-2026 State Health Plan outlines 58 recommendations across eight priority areas focused on improving the health of Tennesseans. Furthermore, the Plan highlights the effective engagement of stakeholders and the many successful local and state-level initiatives happening right now across Tennessee.

The 2024-2026 State Health Plan recognizes that a **Healthy Tennessee** is only possible through stakeholder trust, expertise, and collaboration. Over the next two years, the Department will continue and enhance our work across these priority areas, and further increase our external partner outreach, support, and collaboration.

A handwritten signature in black ink, appearing to read "R. Alvarado", with a long horizontal flourish extending to the right.

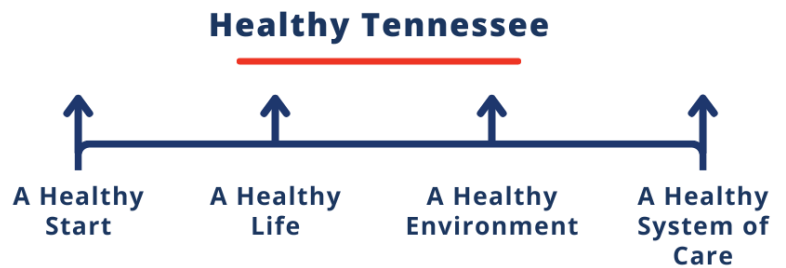
Ralph Alvarado, MD, FACP

Commissioner, Tennessee Department of Health

Tennessee State Health Plan: 2024-2026 Edition

Executive Summary

The 2024-2026 State Health Plan seeks to provide a pathway for achieving the Department’s vision: **Healthy People, Healthy Communities, Healthy Tennessee**. Through evaluating data and engaging partners and the public to create recommendations across the four sections of the State Health Plan Framework (1. A Healthy Start; 2. A Healthy Life; 3. A Healthy Environment; 4. A Healthy System of Care), the Plan outlines how Tennesseans can work together to improve the health status of Tennesseans.



The 2024-2026 State Health Plan was created through an inclusive, multi-step process that was informed by subject matter experts, data, Department leadership and guidance, and external partners. After meeting

with subject matter experts and conducting a thorough data review, the Division issued the State of Health Report answering the question “How healthy is Tennessee?” Using data and expertise, the Commissioner identified eight priority areas to further guide recommendation creation. The Division then engaged external partners across the State through a series of in-person and virtual focus groups where participants assisted in crafting data-informed and actionable recommendations for the 2024-2026 State Health Plan. The resulting 2024-2026 State Health Plan will guide the efforts of the Department and its partners over the next two years to achieve the Department’s vision of **Healthy People, Healthy Communities, Healthy Tennessee**.

How healthy is Tennessee?

— **Subject Matter Expert Meetings**
Meetings with subject matter experts inside and outside state government informed how the Department measures the health status of Tennesseans.

— **State of Health Report**
Using subject matter expertise, the State of Health Report detailed a data-based foundation for understanding the health status of Tennesseans.

How can Tennessee be healthier?

— **Priority Area Identification**
Considering data from the State of Health Report, the most pressing needs of Tennesseans, and opportunities for impact, the Commissioner selected Priority Areas for the State Health Plan.

— **Public Input: Focus Groups**
Departmental partners and the public reviewed data from the State of Health report and engaged in conversations to identify pathways for health improvement related to each of the Priority Areas.

State Health Plan

A data-driven, partner-informed pathway for achieving the Department’s vision: **Healthy People, Healthy Communities, Healthy Tennessee**.

A Healthy Start

1. Nutrition Security

1.1. Reduce childhood food insecurity while supporting programs and policies that increase access to nutritious food.

1.1.1. Support programs that offer nutrition supports, including education on food preparation, and align with the 2020-2025 Dietary Guidelines for Americans.

1.1.2. Explore opportunities to leverage funding to further support nutrition programs and engage with partners to remove barriers to participation (e.g., Summer Food Service Program (SFSP) and Child and Adult Care Food Programs (CACFP)).

1.1.3. Reduce weight-associated stigma by ensuring healthy living education for children and guardians focuses on how to establish a healthy relationship with food, eating, physical activity, and self-image without emphasizing weight change.

1.2. Reduce barriers to WIC enrollment among eligible children.

1.2.1. Increase understanding of how-to better support families eligible for WIC by examining barriers to remaining on WIC past infancy and reviewing the successes and challenges of continued virtual WIC appointments.

1.2.2. Increase collaboration among state entities to enhance WIC outreach and education.

1.2.3. Examine ways to reduce barriers to enrolling and re-enrolling in programs, including SNAP, WIC, and TennCare (e.g., support application navigation assistance by investing in additional staff or community-based organizations in offering navigation services).

2. Maternal and Infant Health

2.1. Improve maternal and infant health by increasing health care access and care coordination for women of reproductive age.

2.1.1. Explore legal and technological barriers and seek to expand access to contraception and family planning services, women's health navigators, and primary and pediatric care, particularly in rural areas experiencing provider shortages.

2.1.2. Increase screenings and access to treatment for cardiovascular and coronary disease, mental health conditions, substance use disorder, smoking, and obesity among pregnant and postpartum women.

2.1.3. Increase access to women's health navigators and remote monitoring programs to support pregnant and postpartum women with chronic disease and medication management, reproductive life planning, and breastfeeding and lactation support services.

2.2. Reduce pregnancy-related mortality while supporting programs and policies that address maternal health disparities.

2.2.1. Increase awareness of maternal warning signs through public and partner education.

2.2.2. Improve hospital delivery care by increasing participation in evidence-based patient safety bundles.

2.2.3. Increase access to and availability of case manager services and mental health providers for outpatient and in-patient treatment of substance use and mental disorders, including through telehealth expansion.

2.2.4. Educate providers on best practices for integrating doulas into the medical care team before, during and after pregnancy, including education on financial assistance options for patients in need.

2.3. Reduce infant mortality while supporting programs and policies that address infant health disparities.

2.3.1. Increase parental and guardian education on safety measures, including safe sleep practices and utilization of car seats through programs such as home visiting.

2.3.2. Support the regional perinatal system to ensure high-risk pregnant women and newborns receive risk-appropriate care.

2.3.3. Support birth defect prevention, detection, intervention, and treatment through continued support of the Tennessee Birth Defects Surveillance System (TNBDSS).

A Healthy Life

3. Nutrition Security

3.1 Reduce food insecurity among adults and older adults.

- 3.1.1. Increase understanding and collaboration between existing nutrition programs and resources to improve referral services between entities, limit food and resource waste, and increase impact.
- 3.1.2. Reduce enrollment barriers to government supported nutrition programs (e.g., SNAP) within eligible populations through public and partner education and outreach while increasing awareness of online shopping/delivery for beneficiaries.
- 3.1.3. Assess provider capacity for and identify pathways to expand food insecurity screenings within medical-, home-, and community-based service settings and referral to supportive food and nutrition services where appropriate.
- 3.1.4. Examine how intergenerational programming and supports can increase nutrition security across all ages including through education on food preparation. (e.g., school-based programs assisting in meeting needs of both children and grandparents raising grandchildren).

3.2 Increase accessibility of nutritious foods.

- 3.2.1. Support programs that reduce hunger for all (children, families, college students, older adults, working adults) including mobile food pantries while expanding transportation services to grocery stores, food pantries, and congregate meal settings.
- 3.2.2. Explore opportunities to pair grocery support services with existing services including higher education events, career fairs, home health visits, and senior center activities.
- 3.2.3. Support the identification and execution of locally tailored solutions that reduce the prevalence of food deserts while supporting the local economy.
- 3.2.4. Examine methods that support a sustainable food system, increasing access to nutritious foods while limiting food waste and supporting local farmers.

4. Chronic Conditions

4.1 Improve care coordination among adults living with multiple chronic conditions.

- 4.1.1. Examine ways to improve privacy-compliant communication between providers including through expansion of health information exchanges.
- 4.1.2. Increase programs that support access to services in rural Tennessee including medical transportation programs and telehealth appointments with specialists.
- 4.1.3. Expand cross-professional training among health providers (e.g., primary care physicians, specialists, dentists, pharmacists) to incorporate chronic care management in additional settings.

4.2. Support programs and policies that reduce the risk of cardiovascular disease while promoting care for individuals living with cardiovascular disease.

- 4.2.1. Increase awareness on methods to improve overall cardiovascular health through the implementation of behavior modification strategies (e.g., medication adherence, tobacco and alcohol cessation, healthy diet, increased physical activity).
- 4.2.2. Increase access to and promotion of self-management education and lifestyle change programs that support living well with cardiovascular disease.
- 4.2.3. Increase education on how management of existing cardiovascular disease can reduce risk of other diseases and conditions including dementia.

4.3. Support programs and policies that reduce the risk of Type II Diabetes while promoting care for individuals living with Type II Diabetes.

- 4.3.1. Increase awareness on methods to reduce risk of diabetes, including through increasing accessibility to lifestyle change programs (e.g., Diabetes Prevention Program).
- 4.3.2. Increase access to and promotion of self-management education and behavioral modification strategies that support living well with Type II Diabetes.

	<p>4.3.3. Increase education on diabetes medication management, medical literacy, prescription discount programs, and other affordability resources, to increase medication adherence and chronic disease management.</p>
5. Older Adults	<p>5.1. Support and empower formal and informal caregivers of older adults.</p>
	<p>5.1.1. Increase access to, awareness and use of evidence-informed interventions, services, support groups and peer-driven support for caregivers to enhance their health and well-being.</p>
	<p>5.1.2. Educate providers and health professionals on the importance of identifying informal caregivers and methods for addressing caregiver burden (physical, mental and financial strain) including referral to supports such respite services.</p>
	<p>5.1.3. Recruit and retain direct support professionals and community health workers.</p>
	<p>5.2. Promote brain health across the lifespan while supporting individuals living with dementia.</p>
	<p>5.2.1. Increase awareness on how to identify and prevent abuse, neglect, and exploitation (e.g., financial fraud) of older adults, specifically those experiencing cognitive decline.</p> <p>5.2.2. Build on existing brain health initiatives (e.g., Alzheimer’s and Related Dementias Advisory Council, Tennessee Dementia Action Collaborative), to address social determinants of health, improve health equity related to brain health, and increase access to early detection and diagnosis.</p> <p>5.2.3. Expand designated age-friendly health systems, age-friendly public health systems, and age-friendly livable communities across the state.</p>

A Healthy Environment	
6. Transportation	<p>6.1. Support programs and policies that increase access to convenient and affordable transportation for Tennessee residents and visitors.</p>
	<p>6.1.1. Promote existing public transportation available in all counties through TDOT.</p>
	<p>6.1.2. Increase availability and promotion of transportation programs that assist individuals with traveling to health, wellness, and social service appointments.</p>
	<p>6.1.3. Support and promote cross-sector transportation planning at all levels including between public health agencies, community planners, transit agencies, users, and advocates (e.g., engaging with TDOT’s new Project Delivery Network (PDN)).</p>
	<p>6.2. Increase access to active transportation (e.g., walking, biking, rolling, and public transit) for Tennessee residents and visitors</p>
	<p>6.2.1. Increase safety of pedestrians walking, biking, rolling, or using public transportation through locally tailored behavioral and environmental countermeasures.</p> <p>6.2.2. Reduce barriers to and increase availability of disability-accessible public transportation supports and options.</p> <p>6.2.3. Encourage increased use of public transportation through streamlined instructions, increased public understanding of how to access and use public transportation, sharing first-hand stories from public transportations users, and incentive-based programs from employers and service providers.</p>

A Healthy System of Care

7.1. Increase the percentage of Tennesseans receiving their recommended breast cancer screening and colorectal cancer screening.

7. Cancer Screenings

7.1.1. Increase non-digital and digital outreach, education, and promotion on the importance of early cancer detection and screening and the availability of financial resources for uninsured and underinsured patients in various languages.

7.1.2. Address barriers to care by using Community Health Workers (CHWs) to assist with patient navigation of care and ensure access to high-quality screenings and care post-screenings as needed.

7.1.3. Identify trusted and representative community voices to share first-hand experiences on the benefits of early detection and screening and ensure these stories and educational materials are shared in non-traditional settings.

7.1.4. At breast cancer mobile screening events, share next steps for post-screening care and resources including transportation and financial assistance options.

7.1.5. Increase public education on noninvasive at-home colon cancer screening options.

8.1. Improve the oral health of Tennesseans through broadening access to high-quality, low-cost dental care.

8. Workforce

8.1.1. Promote adult oral health benefits available through TennCare, including increasing the number of dental providers who accept TennCare dental benefits, and expand efforts to insure persons without dental coverage.

8.1.2. Educate providers on best practices for providing dental care to individuals with disabilities.

8.1.3. Raise awareness of the importance of oral health to overall health.

8.1.4. Increase the number of dental providers in Tennessee through expanding dental student externship rotations to rural areas, increasing Tennessee dental school capacity, and promoting educational loan repayment programs for dental providers that practice in high need areas.

8.2. Enhance and strengthen Tennessee's health professional workforce, including community health workers, nurses, and supportive care staff.

8.2.1. Evaluate evidence and opportunities for improving access to care for rural Tennesseans.

8.2.2. Support employers in promoting community benefits during recruitment and retention activities to demonstrate opportunities to "make your life where you make your living."

8.2.3. Explore opportunities to pair loan repayment programs with additional supports to encourage providers to stay past the completion of loan repayment.

8.2.4. Improve working conditions to reduce burnout while offering programs that address existing burnout (e.g., peer mentoring programs for all provider types).

Introduction

Health impacts every aspect of our lives. From our ability to learn to our ability to work, the quality of our lives and our ability to meaningfully contribute to our communities depends heavily on how healthy we are. Recognizing the need for the state to coordinate its efforts to improve the health and welfare of the people of Tennessee, the General Assembly passed Public Chapter 0942 in 2004 (Appendix A). This act created the Division of Health Planning that was charged with developing a State Health Plan (§ 68-11-1625). The State Health Plan contemplates the factors that determine health, considers the resources that can be utilized to improve health, and coordinates the people who lead the way in making Tennessee healthier. In this way, the State Health Plan supports the Department of Health's (TDH or the Department) mission:

Protect, promote, and improve the health and well-being of all people in Tennessee.

The work of the State Health Plan is guided by statute (Appendix A), which directs the Division of Health Planning (The Division) to consider access to care, economic efficiencies, quality of care, and the healthcare workforce. The State Health Plan incorporates this policy in its efforts to improve health across the state through a high-quality, accessible healthcare system. In addition to considering the role of healthcare in improving health, the State Health Plan also examines ways to improve population health through upstream interventions focused on the social determinants of health. In doing so, the State Health Plan encourages efforts that improve the quality and efficiency of our healthcare system while also creating recommendations that impact where we live, work, play, and worship. In so doing, the State Health Plan advances the Department's vision:

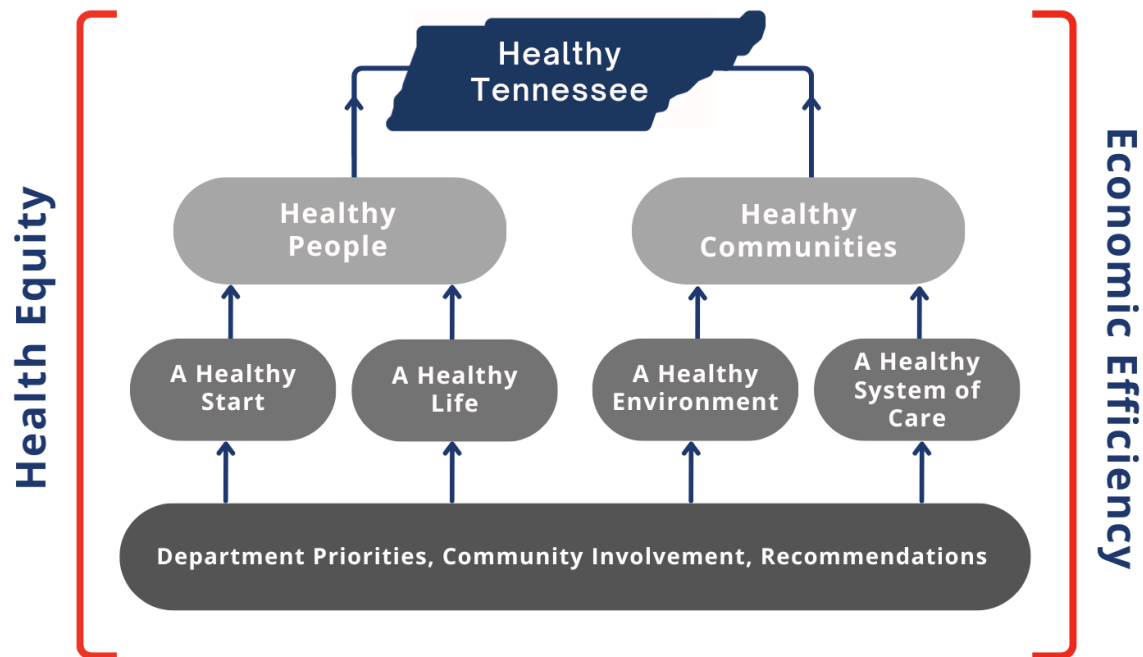
Healthy People, Healthy Communities, Healthy Tennessee

State Health Plan Framework

The 2024-2026 State Health Plan utilizes a new framework and process that were developed to ensure the Plan is a useful tool for the Department's public and private partners. The following goals guided the development of the framework and the process used to create the Plan:

- Promote the Department's Vision: "Healthy People, Healthy Communities, Healthy Tennessee."
- Create opportunities for external partners to align with the mission and vision of the Department.
- Provide state leadership with information on the health status of Tennessee and use high quality data to set priorities and inform actionable recommendations.
- Collaborate with and support state-level, private and public partners including other state agencies, healthcare facilities and providers, faith-based institutions, safety net providers, non-profits and community-based organizations, and schools and educational institutions.

The framework incorporates the policy set forth in statute to support and advance the state's healthcare system while also integrating the Department's vision. It accomplishes this by focusing on social determinants of health while also integrating the cross-cutting themes of health equity and economic efficiency.



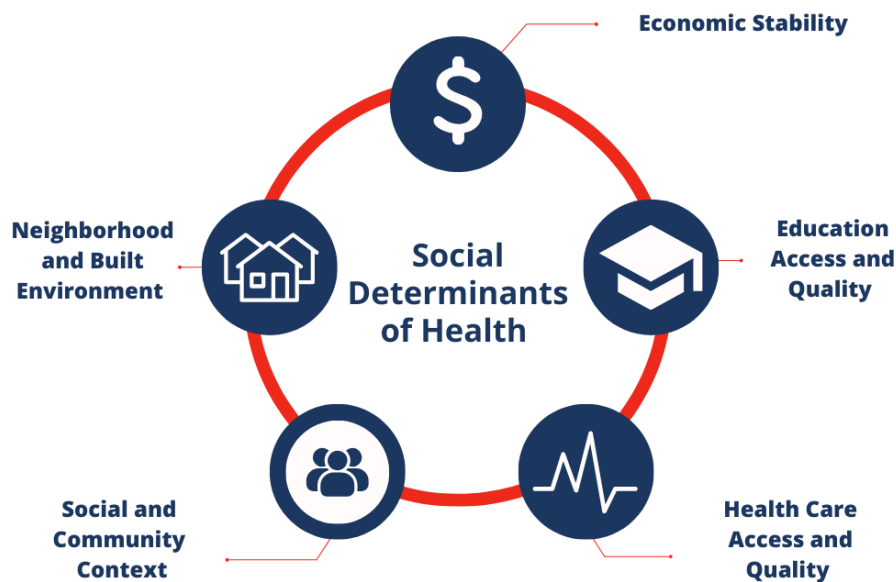
The framework seeks to actualize the Department's Vision of **Healthy People, Healthy Communities, Healthy Tennessee** by first recognizing that A Healthy Tennessee is composed of Healthy People and Healthy Communities. Healthy People should have a Healthy Start in life and be supported to have a Healthy Life while aging. Healthy Communities are composed of both a Healthy Environment and a Healthy System of Care. By addressing these four areas (1. A Healthy Start; 2. A Healthy Life; 3. A Healthy Environment; 4. A Healthy System of Care), the framework advances the Department's vision of **Healthy People, Healthy Communities, Healthy Tennessee**.

1. **A Healthy Start:** What is the state of health among Tennessee's children and youth? How can we ensure Tennesseans are able to have A Healthy Start in life?
2. **A Healthy Life:** What is the state of health among Tennessee's adults and older adults? How can we promote Tennesseans' health across the lifespan?
3. **A Healthy Environment:** What is the state of health in Tennessee's communities? How can we ensure Tennesseans are able to thrive where they live, work, and play?

4. **A Healthy System of Care:** What is the state of Tennessee’s healthcare system? How can we ensure Tennesseans have access to quality and affordable healthcare when they need it?

Social Determinants of Health

In its early years, the State Health Plan focused primarily on the allocation of health care resources. However, recognizing the significant impact that upstream prevention efforts have on improving the health outcomes of Tennesseans, the State Health Plan shifted to a focus on population health improvement, highlighting the first principle for achieving better health: **The purpose of the State Health Plan is to improve the health of all people in Tennessee.**



The 2024-2026 State Health Plan framework continues to focus on upstream prevention efforts by incorporating social determinants of health (SDOH) throughout the framework. SDOH contribute to the health of individuals and the population, and include economic stability, education access and quality, health care access and quality, social and community context, and neighborhood and built environment.¹ By focusing upstream on the SDOH the Department can build cross-sector collaboration to directly address the factors that most impact health outcomes.

¹ Healthy People 2030. Social Determinants of Health. Accessed December 2022 from <https://health.gov/healthypeople/priority-areas/social-determinants-health>

Health Equity

The Center for Disease Control (“CDC”) defines health equity as “the state in which everyone has a fair and just opportunity to attain their highest level of health.” The Department’s Division of Health Disparities Elimination seeks to guide the Department’s work towards achieving health equity and addressing health disparities, defined as “preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that have been disadvantaged by their social or economic status, geographic location, and environment.”²

Health equity has been a part of the Department’s greater Strategic Plan for years as well as other department initiatives, some of which are detailed in the last State Health Plan.³ The State of Health report and accompanying data dashboards and infographics showcase health disparities through use of race and ethnicity data, rural and urban data, data on special populations such as older adults and persons with disabilities, and more. Through acknowledging disparities and working with the Department’s Division of Health Disparities Elimination, the State Health Plan seeks to ensure that the opportunity to live a healthy life is accessible for all Tennesseans.

Economic Efficiency

Economic efficiency and fiscal responsibility are integral to the functioning of the Tennessee Department of Health and Tennessee State Government. The 2021-2022 State Health Plan detailed how the Department used new COVID-19 related funding efficiently and effectively to meet the needs of Tennesseans. The 2024-2026 State Health Plan further builds on these principles by having data and evidence-informed recommendations for how to improve health in Tennessee and highlighting effective local and state actions to improve health. Continuing to focus on upstream social determinants of health and primary prevention will further promote economic efficiency.

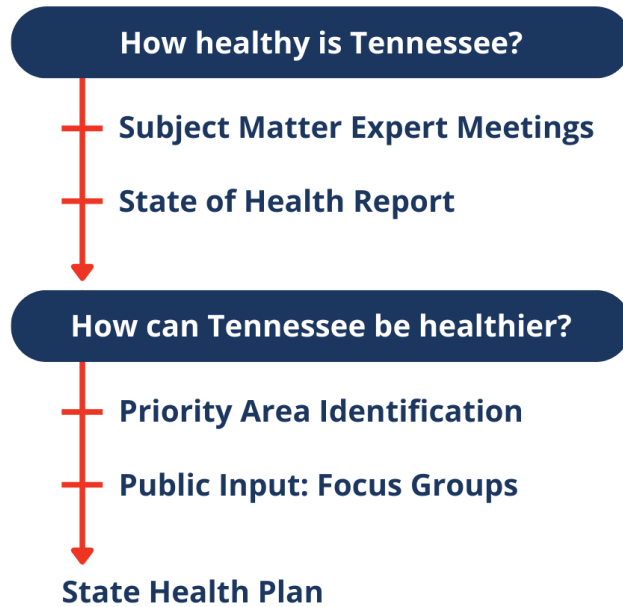
State Health Plan Process

As detailed in statute, the State Health Plan must review the health status of Tennesseans. The 2024-2026 State Health Plan development process sought to review the health status of Tennesseans through an inclusive process that relied on the expertise of the Department’s partners to create a useful tool for improving health. These partners included traditional public health and healthcare partners and also partners outside the traditional public health and healthcare landscape including organizations focused on social determinants of health such as education, transportation, and housing. First, the Division met with subject matter experts and conducted a thorough data review detailed in the State of Health Report seeking to answer the question “How healthy is Tennessee?” Building upon this data-informed and partner-supported assessment, the Division sought to engage partners to examine “How can Tennessee be

² Centers for Disease Control. Health Equity. Accessed December 2022 at <https://www.cdc.gov/healthequity/whatis/index.html#:~:text=Health%20equity%20is%20the%20state,health%20and%20health%20care%3B%20and>

³ To view past editions of the Tennessee State Health Plan visit: <https://www.tn.gov/health/health-program-areas/state-health-plan.html>

healthier?” The recommendations put forward in the 2024-2026 State Health Plan outline a path for achieving health improvement for all Tennesseans.



Subject Matter Expert Meetings

Throughout 2022, the Division met with over 50 individuals across 17 internal Department divisions, sister state agencies, and organizations outside of state government to discuss how to measure health. In these subject matter expert meetings, discussions focused on selecting data for inclusion in the State of Health Report. Questions considered in these meetings included:

- What metrics do you think should be used to measure the state of health in Tennessee?
- What is the state of health among Tennessee’s children and youth?
- What is the state of health among Tennessee’s adults and older adults?
- What is the state of health in Tennessee’s communities, including the built environment (e.g., housing, transportation) and physical environment (e.g., air, water)?
- What is the state of Tennessee’s healthcare system?

The Division used the guidance of these subject matter experts to specifically identify the topics and data sources that best demonstrate the health status of the State. The information provided directly informed the State of Health Report.

State of Health Annual Report

In January 2023, the Department issued State of Health Report to the Tennessee General Assembly. This report fulfills the Division's statutory obligations by serving as an annual report to the General Assembly and providing state leadership with high quality data on the health status of Tennesseans (Appendix A). The 2023 State of Health Report serves as a companion report to the 2024-2026 State Health Plan and provides, an in-depth data-based review of the health status of Tennesseans. Detailing over 100 metrics, the State of Health report sought to answer the question "How Healthy is Tennessee?" (Appendix B). The data from the State of Health report was then developed into public facing data dashboards and infographics available online.⁴ The 2024 State of Health Report will provide updated data on the listed metrics.

Priority Area Identification

Considering data from the 2023 State of Health Report, the most pressing health concerns of Tennesseans, and where the Department and its partners can have the most impact, the Commissioner selected priority areas for the 2024-2026 State Health Plan. A total of eight Priority Areas were selected across each of the four framework sections.

Public Input: Focus Groups

The 2024-2026 State Health Plan Priority Areas were brought to public focus groups over the summer of 2023. One in-person focus group was held in each grand division (West, Middle, East) and one statewide focus group was held virtually. In all focus groups, attendees were presented with information about the State Health Plan framework and data from the State of Health Report. Participants were then separated into one of four breakout groups: A Healthy Start, A Healthy Life, A Healthy Environment, A Healthy System of Care. Each breakout group was provided with information on the priority areas that would be discussed and goal statements that were developed for each priority area to help narrow the scope of the topic and guide the discussion. Attendees shared

2024-2026 State Health Plan Priority Areas



A Healthy Start

- 1 Nutrition Security
- 2 Maternal and Infant Health



A Healthy Life

- 3 Nutrition Security
- 4 Chronic Conditions
- 5 Older Adults



A Healthy Environment

- 6 Transportation



A Healthy System of Care

- 7 Cancer Screenings
- 8 Workforce

⁴ TN Department of Health. The State of Health in Tennessee. <https://www.tn.gov/health/health-program-areas/state-health-plan/redirect-state-health-plan/the-state-of-health-in-tennessee.html>

feedback and recommendations on how to improve health for each priority area. Focus group attendees were asked to assist in the creation of actionable recommendation that could be used to:

- Elevate issues and solutions to state leadership.
- Serve as a resource for organizations looking to align with state level efforts to improve population health.
- Connect the dots on cross-cutting issues to align solutions.
- Support organizations in creating data-based actions that impact multiple health issues or move efforts upstream.
- Guide Department decision making and strategic plan.

All feedback from the focus groups was compiled and reviewed with staff and leadership across the Department and relevant state agencies.

State Health Plan

The 2024-2026 State Health Plan puts forward a total of 58 recommendations across 17 goals and 8 priority areas. By working with partners across the state to build cross-sector collaboration and alignment, the Division has ensured these priorities and recommendations represent the needs of all Tennesseans and effectively target the social determinants of health that impact health outcomes in the state.

For years, the Department’s Vision “Healthy People, Healthy Communities, Healthy Tennessee” has guided the Department’s work toward creating a healthier Tennessee. The State Health Plan Framework builds upon that vision by considering how to align work through shared priorities with internal and external partners. The Division acknowledges that progress on any one recommendation may be a multi-year and cross-sector endeavor. However, through outlining shared priorities and promoting collaborative action, the State Health Plan serves as a valuable tool and pathway towards **A Healthy Tennessee**.



State Health Plan Partners

Throughout the 2024-2026 State Health Plan, sectors are identified to assist partners and leadership in identifying who may have a key role in working on the recommendation. At the bottom of each page of the Plan with recommendations, a recommendation key is provided.



government

Includes governmental agencies at the local, state, and federal levels. While Departments of Health play a direct role in meeting the public health needs of citizens, other departments or agencies oversee initiatives that also impact health such as housing, education, or transportation. Potential actions may include policy or legislative change, fund distribution, nongovernmental partnerships.



healthcare

Includes healthcare institutions (Ex. hospitals, home health agencies, nursing homes, i.e.), insurance companies, and managed care organizations. Healthcare institutions play a significant role in the health outcomes of Tennesseans by providing direct care services and health education and outreach. Potential actions may include employee or patient level interventions.



faith-based

Includes individual communities of worship (Ex. churches, temples, mosques, i.e.) as well as larger faith-based associations. As trusted community voices who are invested in community well-being, faith-based partners are key to informing and enacting meaningful public health action. Potential actions may include congregant level interventions or larger community outreach and investment.



nonprofit & community

Includes nonprofit and community-based organizations at the local, state, federal or international level. Nonprofit and community-based organizations may impact public health through multiple avenues such as through leading by a health-specific mission or by serving vulnerable populations. Potential actions may include community-level intervention and investment or providing direct services to a target population to meet needs.



school and education

Includes all educational institutions (primary, secondary, and post-secondary). Educational institutions can play a direct role in meeting the needs of communities and students, and in training future public health and healthcare professionals. Potential actions may include updating student curriculum, enhancing pre-professional training, providing supports to students and caregivers.

Recommendation Key
Which sectors have a role in this recommendation?



government



healthcare



faith-based



nonprofit and
community



school and
education

A Pathway to a Healthy Tennessee





Nutrition Security

1

Maternal and Infant Health

2



Nutrition Security **1**

In 2020, 7.30% of TN households with children had children who were food insecure, compared to 6.77% in the United States.⁵ There are numerous health impacts from food insecurity including increased rates of asthma, depressive symptoms, delay in medical care, and higher emergency department usage.⁶ The State Health Plan proposes recommendations to **Reduce childhood food insecurity while supporting programs and policies that increase access to nutritious food (Goal 1.1).**

Further, the State Health Plan proposes recommendations to **Reduce barriers to WIC enrollment among eligible children. (Goal 2.1).** The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a key tool for increasing nutrition security among children. From 2017-2021, Tennessee had a lower percentage of eligible children receiving WIC benefits compared to the United States. Across all years, less than 30% of children eligible

Key Terms:

- **Food insecurity:** A household-level economic and social condition of limited or uncertain access to adequate food.
- **Nutrition security:** Consistent and equitable access to healthy, safe, and affordable foods that promote optimal health and well-being.
- **Hunger:** A potential consequence of food insecurity. Hunger is discomfort, illness, weakness, or pain caused by prolonged, involuntary lack of food.
- **Food deserts:** A geographical area that has limited access to a variety of healthful and affordable foods due to lack of supermarkets or adequate transportation.

Source: USDA, US Office of Disease Prevention and Health Promotion, <https://www.usda.gov/nutrition-security>

⁵ United States Department of Agriculture, Economic Research Service - Current Population Survey, Food Security Supplement, 1-Year Public Use Estimates 2017-2021. Retrieved from IPUMS CPS, University of Minnesota, www.ipums.org and USDA, ERS www.ers.usda.gov.

⁶ Thomas, MMS, Miller, DP, Morrissey, TW. Food Insecurity and Child Health. *Pediatrics* (2019) 144 (4): e20190397. <https://doi.org/10.1542/peds.2019-0397>

for WIC in Tennessee received WIC benefits.⁷ However, the continuation of virtual WIC appointments that started in 2020 has reduced barriers such as time and transportation and is leading to an increase in WIC participation. Tennessee's WIC participation has increased 12% from federal fiscal year (FFY) 2020 to FFY 2023 compared to the Southeast Region states' 5% increase and the Nation's 4% increase in participation.⁸ Child participation in Tennessee WIC increased 25% from FFY 2020 to FFY 2023.⁹

Goal 1.1. Reduce childhood food insecurity while supporting programs and policies that increase access to nutritious food.

1.1.1. Support programs that offer nutrition supports, including education on food preparation, and align with the 2020-2025 Dietary Guidelines for Americans.



1.1.2. Explore opportunities to leverage funding to further support nutrition programs and engage with partners to remove barriers to participation (e.g., Summer Food Service Program (SFSP) and Child and Adult Care Food Programs (CACFP)).



1.1.3. Reduce weight-associated stigma by ensuring healthy living education for children and guardians focuses on how to establish a healthy relationship with food, eating, physical activity, and self-image without emphasizing weight change.



⁷ United States Department of Agriculture Food and Nutrition Service, National and State Level Estimates of WIC Eligibility and Program Reach in 2020. Retrieved from [National and State Level Estimates of WIC Eligibility and Program Reach in 2020 | Food and Nutrition Service \(usda.gov\)](https://www.fns.usda.gov/pd/wic-program)

⁸ United States Department of Agriculture Food and Nutrition Service, WIC Data Tables. <https://www.fns.usda.gov/pd/wic-program>. Data Note: Data from FFY 2023 is preliminary and includes October 2022 – May 2023.

⁹ United States Department of Agriculture Food and Nutrition Service, WIC Data Tables. <https://www.fns.usda.gov/pd/wic-program>. Data Note: Data from FFY 2023 is preliminary and includes October 2022 – May 2023.



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Goal 1.2. Reduce barriers to WIC enrollment among eligible children.

1.2.1. Increase understanding of how-to better support families eligible for WIC by examining barriers to remaining on WIC past infancy and reviewing the successes and challenges of continued virtual WIC appointments.



1.2.2. Increase collaboration among state entities to enhance WIC outreach and education.



1.2.3. Examine ways to reduce barriers to enrolling and re-enrolling in programs including SNAP, WIC, and TennCare (e.g., support application navigation assistance by investing in additional staff or community-based organizations in offering navigation services).



Child Care

While recommendations on child care are not included within the State Health Plan, child care came up repeatedly in subject matter expert meetings and focus groups. Access to child care is increasingly being recognized as a social determinant of health for both children and adults and can impact everything from child development to family income.¹ Focus groups across Tennessee shared how the absence of affordable child care is leading to guardians leaving the workforce, missed medical appointments, and an inability to engage fully with community and faith-based events. Child care was one of the 100+ metrics evaluated in the 2023 State of Health Report and will continue to be assessed in future reports. For more information on child care in Tennessee, visit the Tennessee Department of Human Services website, including their Child Care Locator.²

1. Harvard Medical School Primary Care Review. *Child Care and Early Education is a Social Determinant of Health – For Children and Adults*. 2020. <https://info.primarycare.hms.harvard.edu/review/child-care-early-education>
2. TN Department of Human Services. Find Child Care. Accessed October 2023. <https://www.tn.gov/humanservices/for-families/child-care-services/find-child-care.html>



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Maternal and Infant Health **2**

A significant challenge to the maternal and infant health landscape in Tennessee is the increasingly limited access to appropriate providers. As of July 2023, 56% of rural hospitals in Tennessee did not have obstetric services.¹⁰ Of the rural hospitals still offering obstetric services, 25% are losing money on patient services which could put the future of obstetric care at risk.¹¹ Women are driving longer distances to access care which increases risk of poor maternal and infant health outcomes.¹² In Tennessee, “27% of women had no birthing hospital within 30 minutes compared to 9.7% in the United States.”¹³ Increasing access to services, including through expanded telehealth and remote monitoring, is a key component to improving maternal and infant health in Tennessee. Therefore, the State Health Plan proposes recommendations to **Improve maternal and infant health by increasing health care access and care coordination for women of reproductive age (Goal 2.1)**

¹⁰ Center for Healthcare Quality and Payment Reform. The Crisis in Rural Maternity Care. https://chqpr.org/downloads/Rural_Maternity_Care_Crisis.pdf

¹¹ Center for Healthcare Quality and Payment Reform. The Crisis in Rural Maternity Care. https://chqpr.org/downloads/Rural_Maternity_Care_Crisis.pdf

¹² Minion SC, Krans EE, Brooks MM, Mendez DD, Haggerty CL. Association of Driving Distance to Maternity Hospitals and Maternal and Perinatal Outcomes. *Obstet Gynecol.* 2022 Nov 1;140(5):812-819. doi: 10.1097/AOG.0000000000004960. Epub 2022 Oct 5. PMID: 36201778. <https://pubmed.ncbi.nlm.nih.gov/36201778/>

¹³ March of Dimes. Maternity Desert Report – Tennessee. <https://www.marchofdimes.org/peristats/reports/tennessee/maternity-care-deserts>

Further, the State Health Plan proposes recommendations to **Reduce pregnancy-related mortality while supporting programs and policies that address maternal health disparities (Goal 2.2)**. While maternal deaths are increasing across the United States, Tennessee continues to rank among the worst in the nation.^{14, 15} The continued rise in maternal deaths can be attributed to multiple causes such as health care inequities and increasing prevalence of chronic health conditions that increase risk. However, according to the Tennessee Maternal Mortality Review Committee, in 2020 more than 75% of maternal deaths in Tennessee were preventable.¹⁶ Notably, “in 2020 discrimination contributed to 33% of pregnancy-related deaths,” again emphasizing the need to address equity in maternal health.¹⁷ Between 2017 and 2020, “Non-Hispanic Black women were 2.5 times more likely than White women” to die from a pregnancy-related death. More details on maternal death in Tennessee, including information on health disparities, can be found in the Tennessee Department of Health’s Maternal Mortality Annual Report.¹⁸

Key Terms

- **Maternal Mortality:** the death of a woman related to or aggravated by pregnancy (excluding accidental or incidental causes) occurring within 42 days of the end of a pregnancy.¹
- **Pregnancy-related deaths:** The death of a woman during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.²
- **Pregnancy-associated, but not related, deaths:** The death of a woman during pregnancy or within one year of the end of pregnancy from a cause that is not related to pregnancy.²
- **Infant Mortality:** A death occurring within the first 12 months of life.³

¹America’s Health Rankings. Maternal Mortality in Tennessee.

https://www.americashealthrankings.org/explore/measures/maternal_mortality_c/TN

TN Department of Health. 2022 Maternal Mortality Review Committee Report.

<https://www.tn.gov/health/health-program-areas/fhw/maternal-mortality-review/data-and-statistics.html>

²TN Department of Health. 2023 Child Fatality Report. <https://www.tn.gov/health/health-program-areas/fhw/child-fatality-review0/annual-child-fatality-reports.html>

The State Health Plan also proposes recommendations to **Reduce infant mortality while supporting programs and policies that address infant health disparities (Goal 2.3)**. While Tennessee’s infant mortality rate has been declining, in 2020 Tennessee’s infant mortality rate (6.2 deaths per 1000 live births) still remained above the U.S. rate (5.4 deaths per 1000 live births).¹⁹ In 2021 in Tennessee, the leading causes of infant death were: 1) birth defects; 2) accidents (unintentional injuries); 3) preterm birth and low birthweight; 4) sudden infant death syndrome (SIDS); and 5) maternal complications of pregnancy.²⁰

¹⁴ America’s Health Rankings. Maternal Mortality in Tennessee. https://www.americashealthrankings.org/explore/measures/maternal_mortality_c/TN

¹⁵ Fleszar LG, Bryant AS, Johnson CO, et al. Trends in State-Level Maternal Mortality by Racial and Ethnic Group in the United States. *JAMA*. 2023;330(1):52–61. doi:10.1001/jama.2023.9043. <https://jamanetwork.com/journals/jama/article-abstract/2806661?resultClick=1>

¹⁶ State of Tennessee. Department of Health. 2023 Maternal Mortality Annual Report. <https://www.tn.gov/health/health-program-areas/fhw/maternal-mortality-review/data-and-statistics.html>

¹⁷ State of Tennessee. Department of Health. 2023 Maternal Mortality Annual Report. <https://www.tn.gov/health/health-program-areas/fhw/maternal-mortality-review/data-and-statistics.html>

¹⁸ To view the TDH Maternal Mortality Annual Report visit: <https://www.tn.gov/health/health-program-areas/fhw/maternal-mortality-review/data-and-statistics.html>

¹⁹ State of Tennessee. Department of Health. 2023 Child Fatality Annual Report. <https://www.tn.gov/content/dam/tn/health/documents/child-fatality-reports/2023CFRAnnualReport.pdf>

²⁰ State of Tennessee. Department of Health. 2023 Child Fatality Annual Report. <https://www.tn.gov/content/dam/tn/health/documents/child-fatality-reports/2023CFRAnnualReport.pdf>

Addressing the causes of infant mortality includes improving maternal health before and during pregnancy to reduce the risk of birth defects, preterm birth, and low birthweight. Additionally, between 2017 and 2021, 23% of infant deaths were sleep related. During the same five-year period, “Black infants were cumulatively 2-4 times as likely to suffer a sleep-related fatality as White infants.” More information on the causes of infant mortality in Tennessee, including information on disparities, can be found in the Tennessee Department of Health’s Annual Child Fatality Report.²¹

Goal 2.1. Improve maternal and infant health by increasing health care access and care coordination for women of reproductive age.

2.1.1. Explore legal and technological barriers and seek to expand access to contraception and family planning services, women’s health navigators, and primary and pediatric care, particularly in rural areas experiencing provider shortages.



2.1.2. Increase screenings and access to treatment for cardiovascular and coronary disease, mental health conditions, substance use disorder, smoking, and obesity among pregnant and postpartum women.



2.1.3. Increase access to women’s health navigators and remote monitoring programs to support pregnant and postpartum women with chronic disease and medication management, reproductive life planning, and breastfeeding and lactation support services.



²¹ TN Department of Health. Child Fatality Report. <https://www.tn.gov/health/health-program-areas/fhw/child-fatality-review0/annual-child-fatality-reports.html>



Goal 2.2. Reduce pregnancy-related mortality while supporting programs and policies that address maternal health disparities.

2.2.1. Increase awareness of maternal warning signs through public and partner education.



2.2.2. Improve hospital delivery care by increasing participation in evidence-based patient safety bundles.



2.2.3. Increase access to and availability of case manager services and mental health providers for outpatient and in-patient treatment of substance use and mental disorders, including through telehealth expansion.²²



2.2.4. Educate providers on best practices for integrating doulas into the medical care team before, during and after pregnancy, including education on financial assistance options for patients in need.



²² Directly from the Tennessee Maternal Mortality Annual Report: <https://www.tn.gov/health/health-program-areas/fhw/maternal-mortality-review/data-and-statistics.html>



Goal 2.3. Reduce infant mortality while supporting programs and policies that address infant health disparities.

2.3.1. Increase parental and guardian education on safety measures, including safe sleep practices and utilization of car seats through programs such as home visiting.



2.3.2. Support the regional perinatal system to ensure high-risk pregnant women and newborns receive risk-appropriate care.



2.3.3. Support birth defect prevention, detection, intervention, and treatment through continued support of the Tennessee Birth Defects Surveillance System (TNBDSS).



Local Spotlight

West TN Community Baby Showers

Communities across Tennessee host community baby showers to surround expecting parents with supplies, resources, and family-based services. In 2023, Healthy Families West Tennessee collaborated with multiple County Health Councils, local health departments, and nonprofits to host community baby showers. Healthy Families West Tennessee is a free and voluntary evidence-based home visiting support program for families who are expecting a baby. Local health departments share information about WIC enrollment and evidence-based home visiting while community partners share their programming and resources available to expectant families. In addition to learning about support programs, families who attend can also enter drawings for items including cribs, strollers, and diaper supplies. Locally led and locally supported events such as community baby showers foster community while helping expectant parents accumulate the needed resources and supplies for welcoming a baby.



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Investments in Maternal and Infant Health

Tennessee recognizes the importance of investing in maternal and infant health to decrease rising mortality and address health disparities. In recent years, the State has made record state investments to support Tennessee families including:

April 2022: TennCare coverage for women was extended from 60-days after pregnancy to 12 months after pregnancy. This extended coverage includes dental benefits to pregnant and postpartum women.¹ The coverage extension was made permanent in the fiscal year 2024-2025 state budget.²

June 2023: TennCare began covering breastfeeding equipment and counseling, including services offered via telehealth, further expanding reach to rural areas.³

September 2023: Governor Lee announced the Tennessee Strong Families Grant Program, which “dedicates \$20 million to improve access to maternal healthcare and boost critical resources for mothers, children and families by supporting local nonprofits across the state.”⁴ Services that may result from these funds include:

- Direct services for pregnancy support, which can include medical, mental health or other counseling services.
- Support for Tennesseans who are considering adoption.
- Workforce assistance to prepare new moms for self-sufficiency.
- Housing assistance to help moms in crisis find a safe and stable place to live.
- Additional wraparound services to support vulnerable mothers and their children.

¹ State of Tennessee. Division of TennCare. *TennCare Increases Health Care Benefits for Pregnant and Postpartum Women*. <https://www.tn.gov/tenncare/news/2022/3/31/tenncare-increases-health-care-benefits-for-pregnant-and-postpartum-women.html>

² State of Tennessee. Office of the Governor. *Gov. Lee's Full "Tennessee: Leading the Nation" Agenda Passes*. <https://www.tn.gov/governor/news/2023/4/23/gov-lee-s-full-tennessee-leading-the-nation-agenda-passes.html>

³ State of Tennessee Division of TennCare. *TennCare Lactation Benefit*. <https://www.tn.gov/content/dam/tn/tenncare/documents/AnnualTIPQCLactation.pdf>

⁴ State of Tennessee. Office of the Governor. *Gov. Lee Launches Tennessee Strong Families Grant Program*. Sept 2023. <https://www.tn.gov/governor/news/2023/9/13/gov-lee-launches-tennessee-strong-families-grant-program-.html>



Nutrition Security **3**

Chronic Conditions **4**

Older Adults **5**



Nutrition Security **3**

The USDA reported that in the United States, “households with no children accounted for two-thirds of food-insecure households in 2021, with single adults at the greatest risk.”²³ Therefore, addressing food insecurity in adults and older adults is key to increasing overall nutrition security across Tennessee. Older adults and adults living with disabilities may face additional challenges including fixed incomes, limited ability to physically prepare food, oral health challenges, and limitations in accessing fresh groceries regularly. Therefore, the State Health Plan proposes recommendations to **Reduce food insecurity among adults and older adults (Goal 3.1)**.

Beyond having access to food to reduce hunger, increased access to nutritious foods can improve the health of Tennesseans. Poor nutrition is associated with “increased risk of obesity, diabetes, and heart disease as well as broader impacts including higher health care costs and decreased productivity.”²⁴ While supporting programs, such as food pantries, that meet the immediate needs of those experiencing hunger remains important, truly addressing food insecurity and nutrition security requires supporting long-term upstream action including working towards a sustainable food system that supports local farmers and the economy. While considering this context, the State Health Plan proposes recommendations to **Increase accessibility of nutritious foods (Goal 3.2)**.

FIND NUTRITION SECURITY KEY TERMS ON PAGE 16

²³ USDA. Economic Research Service. Food Insecurity Decreased for US Households with Children in 2021 but increased for households without children. Nov. 7, 2022. <https://www.ers.usda.gov/amber-waves/2022/november/food-insecurity-decreased-for-u-s-households-with-children-in-2021-but-increased-for-households-without-children/>

²⁴ USDA. Food and Nutrition Security. <https://www.usda.gov/nutrition-security#:~:text=Poor%20nutrition%20is%20a%20leading,care%20costs%20and%20decreased%20productivity.>

Goal 3.1. Reduce food insecurity among adults and older adults.

3.1.1. Increase understanding and collaboration between existing nutrition programs and resources to improve referral services between entities, limit food and resource waste, and increase impact.



3.1.2. Reduce enrollment barriers to government supported nutrition programs (e.g., SNAP) within eligible populations through public and partner education and outreach while increasing awareness of online shopping/delivery for beneficiaries.²⁵



3.1.3. Assess provider capacity for and identify pathways to expand food insecurity screenings within medical-, home-, and community-based service settings and referral to supportive food and nutrition services where appropriate.



3.1.4. Examine how intergenerational programming and supports can increase nutrition security across all ages including through education on food preparation. (e.g., school-based programs assisting in meeting needs of both children and grandparents raising grandchildren).



²⁵ Aligns with TennCare's Multi-Sector Plan for Aging



Goal 3.2. Increase accessibility of nutritious foods.

3.2.1. Support programs that reduce hunger for all (children, families, college students, older adults, working adults) including mobile food pantries while expanding transportation services to grocery stores, food pantries, and congregate meal settings.



3.2.2. Explore opportunities to pair grocery support services with existing services including higher education events, career fairs, home health visits, and senior center activities.



3.2.3. Support the identification and execution of locally tailored solutions that reduce the prevalence of food deserts while supporting the local economy.²⁶



3.2.4. Examine methods that support a sustainable food system, increasing access to nutritious foods while limiting food waste and supporting local farmers.



²⁶ Aligns with the Tennessee Advisory Commission on Intergovernmental Relations Access to Affordable Healthy Food Report. January 2019. <https://www.tn.gov/content/dam/tn/tacir/2019publications/2018FoodDeserts.pdf>

Local Spotlight

Cocke County Community Garden

In 2022 through partnership with the Cocke County Health Department, the Cocke County Health Council was awarded funds through the Project Diabetes grant, a program focused on funding projects related to healthy food and physical activity.¹ The Cocke County Health Council has used these funds to open a community garden in an area of the community identified as a food desert. The community garden aims to provide access to healthy food and an opportunity for active living by working in the garden. In July 2023, the community garden officially opened and has produced multiple summer vegetables to feed the community. Health Council members have served as both volunteers and coordinators to support the garden. The Cocke County Health Council is dedicated to keeping the community garden thriving in the coming years to better support community access to healthy foods and active living.



¹ To learn more about Project Diabetes grant opportunities visit: <https://www.tn.gov/health/health-program-areas/fhw/diabetes/project-diabetes/about-project-diabetes.html>

for adults living with diabetes (excluding prediabetes and gestational diabetes) with 14.0% of adults in Tennessee living with diabetes, compared to 11.1% in the United States.³¹ People living with diabetes have “medical expenditures approximately 2.3 times higher than what expenditures would be in the absence of diabetes.”³² Continuing to support those living with diabetes in disease management is therefore key in addition to support programs that prevent and reduce risk of Type II Diabetes.

Goal 4.1. Improve care coordination among adults living with multiple chronic conditions.

4.1.1. Examine ways to improve privacy-compliant communication between providers including through expansion of health information exchanges.



4.1.2. Increase programs that support access to services in rural Tennessee including medical transportation programs and telehealth appointments with specialists.³³



4.1.3. Expand cross-professional training among health providers (e.g., primary care physicians, specialists, dentists, pharmacists) to incorporate chronic care management in additional settings.



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³¹ Tennessee Department of Health, Behavioral Risk Factor Surveillance System Data Note: U.S. Data for 2017 and 2018 is missing.

³² American Diabetes Association. Statistics. The Cost of Diabetes. Accessed December 2022 from <https://diabetes.org/about-us/statistics/cost-diabetes#:~:text=People%20with%20diagnosed%20diabetes%20incur,in%20the%20absence%20of%20diabetes.>

³³ Aligns with TN Rural Health Care Task Force Report: <https://www.tn.gov/health/news/2023/6/30/--tennessee-rural-health-care-task-force-releases-recommendations.html>



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Goal 4.2. Support programs and policies that reduce the risk of cardiovascular disease while promoting care for individuals living with cardiovascular disease.

4.2.1. Increase awareness on methods to improve overall cardiovascular health through the implementation of behavior modification strategies (e.g., medication adherence, tobacco and alcohol cessation, healthy diet, increase physical activity).



4.2.2. Increase access to and promotion of self-management education and lifestyle change programs that support living well with cardiovascular disease.



4.2.3. Increase education on how management of existing cardiovascular disease can reduce risk of other diseases and conditions including dementia.



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Goal 4.3. Support programs and policies that reduce the risk of Type II Diabetes while promoting care for individuals living with Type II Diabetes.

4.3.1. Increase awareness on methods to reduce risk of diabetes, including through increasing accessibility to lifestyle change programs (e.g., Diabetes Prevention Program).³⁴



4.3.2. Increase access to and promotion of self-management education and behavioral modification strategies that support living well with Type II Diabetes.



4.3.3. Increase education on diabetes medication management, medical literacy, prescription discount programs, and other affordability resources, to increase medication adherence and chronic disease management.



³⁴ Aligns with the Tennessee Diabetes Legislative Report <https://www.tn.gov/health/health-program-areas/fhw/cdc-1815/diabetes-legislative-report.html>



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Older Adults **5**

According to a 2022 report by the Tennessee Comptroller, “The number of Tennessee seniors aged 60 and over is expected to increase by 30 percent from 1.6 million in 2020 to 2.1 million in 2040. The number of those aged 80 and over in Tennessee is forecast to double during this time.”³⁵ As the number of older adults in Tennessee increases, the need for age-friendly supports and care will increase as well. Caregivers, both informal and formal, provide the majority of care to older adults. Therefore, increasing supports to caregivers, such as linking caregivers to appropriate nutrition supports, will be critical to an aging Tennessee.³⁶ The State Health Plan proposes recommendations to **Support and empower formal and informal caregivers of older adults (Goal 5.1)**

As the body ages, the risk for dementia, including Alzheimer’s disease, increases. Therefore, to further support Tennessee’s aging population, the State Health Plan proposes recommendations to **Promote brain health across the lifespan while supporting individuals living with dementia (Goal 5.2)**. Promoting brain health is just as important as focusing on the health of other organs like the heart and lungs. Certain populations develop dementia at higher rates including women, non-Hispanic Black individuals, and Hispanic individuals.³⁷ As the number of older adults in TN with Alzheimer’s disease is expected to increase 16.7% between 2020 and 2025, actions must support health disparities elimination and ensure equitable access to quality care.³⁸

³⁵ Tennessee Comptroller of the Treasury – Office of Research and Education Accountability. Senior Long-Term Care in Tennessee: Trends and Options. April 2022. Accessed December 2022 at <https://comptroller.tn.gov/content/dam/cot/orea/advanced-search/2022/LTSSExecutiveSummary.pdf>

³⁶ Goswami S, Korgaonkar S, Bhattacharya K, Rosenthal M. Food Insecurity in a Sample of Informal Caregivers in 4 Southern US States. *Prev Chronic Dis.* 2022 Aug 18;19:E51. doi: 10.5888/pcd19.220069. PMID: 35980833; PMCID: PMC9390796. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9390796/>

³⁷ Alzheimer’s Association. 2023 Facts and Figures Report. <https://www.alz.org/media/documents/alzheimers-facts-and-figures.pdf>

³⁸ Alzheimer’s Association. 2023 Facts and Figures. Tennessee Profile. <https://www.alz.org/media/Documents/tennessee-alzheimers-facts-figures-2023.pdf>

Goal 5.1. Support and empower formal and informal caregivers of older adults.

5.1.1. Increase access to, awareness and use of evidence-informed interventions, services, support groups and peer-driven support for caregivers to enhance their health and well-being.³⁹



5.1.2. Educate providers and health professionals on the importance of identifying informal caregivers and methods for addressing caregiver burden (physical, mental and financial strain) including referral to supports such as respite services.



5.1.3. Recruit and retain direct support professionals and community health workers.^{40, 41}



³⁹ Aligns with the Tennessee State Plan on Alzheimer's Disease and Related Dementias: <https://www.tn.gov/aging/resource-directory/alzheimer-s-disease-and-related-dementia-advisory-council-.html>

⁴⁰ Aligns with the Healthy Brain Initiative Road Map: <https://www.cdc.gov/aging/healthybrain/roadmap.htm>

⁴¹ Aligns with TN Rural Health Care Task Force Report: <https://www.tn.gov/health/news/2023/6/30/--tennessee-rural-health-care-task-force-releases-recommendations.html>



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Goal 5.2. Promote brain health across the lifespan while supporting individuals living with dementia.

5.2.1. Increase awareness on how to identify and prevent abuse, neglect, and exploitation (e.g., financial fraud) of older adults, specifically those experiencing cognitive decline.⁴²



5.2.2. Build on existing brain health initiatives (e.g., Alzheimer’s and Related Dementias Advisory Council, Tennessee Dementia Action Collaborative), to address social determinants of health, improve health equity related to brain health, and increase access to early detection and diagnosis.



5.2.3. Expand designated age-friendly health systems, age-friendly public health systems, and age-friendly livable communities across the state.⁴³



Key Terms:

- **Brain Health:** the state of brain functioning across cognitive, sensory, social-emotional, behavioral, and motor domains, allowing a person to realize their full potential over the life course, irrespective of the presence or absence of disorders.¹
- **Subjective Cognitive Decline:** self-reported experience of worsening or more frequent confusion or memory loss²
- **Dementia** general term for loss of memory and other cognitive abilities serious enough to interfere with daily life, not a normal part of aging.³
- **Alzheimer’s Disease:** most common type of dementia; degenerative brain disease caused by complex brain changes following cell damage.⁴

¹WHO. Brain Health. https://www.who.int/health-topics/brain-health#tab=tab_1

²CDC. Subjective Cognitive Decline. [https://www.cdc.gov/aging/data/subjective-cognitive-decline-brief.html#:~:text=Subjective%20Cognitive%20Decline%20\(SCD\)%20is,Alzheimer's%20disease%20and%20related%20dementias.](https://www.cdc.gov/aging/data/subjective-cognitive-decline-brief.html#:~:text=Subjective%20Cognitive%20Decline%20(SCD)%20is,Alzheimer's%20disease%20and%20related%20dementias.)

^{3,4}TDH. Alzheimer’s Basics. <https://www.tn.gov/health/health-program-areas/office-of-patient-care-advocacy/alzheimer-s-disease/redirect-alzheimers-disease/what-is-alzheimer-s-disease.html>

⁴² Aligns with the Tennessee State Plan on Alzheimer’s Disease and Related Dementias: <https://www.tn.gov/aging/resource-directory/alzheimer-s-disease-and-related-dementia-advisory-council-.html>

⁴³ Aligns with the Healthy Brain Initiative Road Map: <https://www.cdc.gov/aging/healthybrain/roadmap.htm>



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Multi-Sector Plan for Aging

Tennessee is currently developing a Multisector Plan for Aging (MPA). The MPA is a cross-sector, state-led planning resource that can help the state transform the infrastructure and coordination of services for the rapidly growing aging population, as well as people with disabilities¹. By incorporating an aging and disabilities lens across state priorities beyond traditional health care and community services and strengthening partnerships between government departments and agencies, the MPA will guide Tennessee to support aging with dignity and people with disabilities. Creating Tennessee's MPA involves forming strategic partnerships across departments, agencies, and sectors. During the first half of 2023, TennCare collaborated with Tennessee Department of Health and Tennessee Commission on Aging and Disability to partner with East Tennessee State University's Center for Rural Health Research to develop a data dashboard.² The dashboard supports the development of data-informed actions in the MPA. These collaborative efforts led to three aging symposiums held in each grand division where partners and stakeholders provided feedback on Tennessee's MPA goals.

The MPA currently has the following five goals:

1. **Health and Healthcare:** Tennesseans will experience improved physical health and psychological well-being as they age.
2. **Caregiving (Formal & Informal):** Tennessee's adults, their families, and caregivers will be more secure and better prepared to meet the challenges of aging. Tennessee will continue to support workforce development efforts to address challenges for formal and informal (direct and indirect) caregivers in the state.
3. **Community Choice:** Tennesseans will be better able to age in place, contribute to, and fully participate in the community of their choice.
4. **Employment, Volunteerism, & Community Engagement:** Tennesseans will have more meaningful opportunities to participate in the labor force, engage in volunteerism, and partake in the community as they desire.
5. **Security & Protection:** Tennessee will better empower and protect older adults and their caregivers from scams, fraud, abuse, neglect, and exploitation through public awareness, services, education, and training.

¹ <https://www.chcs.org/resource/developing-a-master-plan-for-aging/>

² To view the MPA Data Dashboard visit:

<https://storymaps.arcgis.com/collections/78ca4d77066e41d3880028c70d34b6bf>



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Transportation **6**



Transportation 6

While transportation can be a key barrier to accessing recommended medical care, the role of transportation in public health goes beyond immediate access to health care and impacts a person's overall ability to work, play, and thrive. Access to transportation is often dependent on socioeconomic status, therefore supporting affordable, not just available, transportation is of the highest priority.⁴⁴ Therefore, the State Health Plan proposes recommendations to **Support programs and policies that increase access to convenient and affordable transportation for Tennessee residents and visitors (Goal 6.1)** with the aim to improve Tennesseans ability to get where they need to go.

The mode of transportation Tennesseans use to get where they need to go impacts both individual and community health. Primarily using a car for transportation contributes to a sedentary lifestyle, increasing risk of poor health outcomes (e.g., cardiovascular disease, obesity), and can contribute to harmful environmental outcomes (e.g., air pollution).⁴⁵ Even in Tennessee's most populous cities, such as Nashville and Memphis, active transportation, including walking, biking, rolling (e.g., personal mobility devices), and public transportation, can be limited and difficult to navigate. Active transportation challenges include limited or unsafe sidewalks or bike lanes, limited bus routes and run times, and the last mile challenge - the challenge of getting from the closest transportation hub, such as a bus stop, to the destination. Rural areas

⁴⁴ Bird, Jonah. Rogers III, William. (2023). Transportation Affects Health: Five Indicator Domains Recommended for Tennessee. [Manuscript submitted for publication]

⁴⁵ Bird, Jonah. Rogers III, William. (2023). Transportation Affects Health: Five Indicator Domains Recommended for Tennessee. [Manuscript submitted for publication]

of Tennessee face even more extreme transportation challenges with limited access to public transportation, limited bike lanes or sidewalks, and often must commute longer distances between destinations. Individuals with disabilities have the additional challenge of having access to different modes of transportation and must navigate complex disability-accessible public transportation which limits overall usability. Promoting safe, active, transportation for all will improve individual health outcomes and community and environmental health. Therefore, the State Health Plan proposes recommendations to **Increase access to active transportation (e.g., walking, biking, rolling, and public transit) for Tennessee residents and visitors (Goal 6.2)**. For more recommendations on action to improve statewide active transportation, read the Tennessee Department of Transportation’s Office of Multimodal Planning Statewide Active Transportation Plan: “Making Connections: Actions to Improve Walking, Bicycling, and Rolling in Tennessee.”⁴⁶

State Spotlight

Transportation Affects Health: Five Indicator Domains Recommended for Tennessee

In 2023, the Tennessee Department of Health (TDH) sought assistance from the Tennessee Department of Transportation (TDOT) on how transportation impacts health. As the TDH engages in projects such as the State Health Plan that seek to measure how transportation impacts health and recommend methods for improvement, using high-quality data is of the utmost importance. TDOT’s Multimodal Planning Office (MMPO) analyzed five domains of the relationship between transportation and health including:

1. Access
2. Physical Activity
3. Pollution and Environment
4. Traffic Fatalities
5. Social Equity

Within each domain, TDOT recommended two potential indicators that would assess the impact on health and opportunities for future analysis and inclusion. TDOT’s final study was accepted for presentation at the 2024 Transportation Research Board’s annual meeting. As TDH and the State Health Plan continue to prioritize transportation and health through further integration of TDOT’s five domains, relying on TDOT’s expertise remains essential for state government efficiency and alignment.

⁴⁶ State of TN. Department of Transportation - Office of Multimodal Planning. *Statewide Active Transportation Plan*. 2021. <https://www.tn.gov/tdot/multimodal-transportation-resources/bicycle-and-pedestrian-program/statewide-active-transportation-plan.html>



Goal 6.1. Support programs and policies that increase access to convenient and affordable transportation for Tennessee residents and visitors.

6.1.1. Promote existing public transportation available in all counties through TDOT.



6.1.2. Increase availability and promotion of transportation programs that assist individuals with traveling to health, wellness, and social service appointments.



6.1.3. Support and promote cross-sector transportation planning at all levels including between public health agencies, community planners, transit agencies, users, and advocates (e.g., engaging with TDOT's new Project Delivery Network (PDN)).⁴⁷



⁴⁷ Aligns with TDOT Active Transportation Plan. <https://www.tn.gov/tdot/multimodal-transportation-resources/bicycle-and-pedestrian-program/statewide-active-transportation-plan.html>



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Goal 6.2. Increase access to active transportation (e.g., walking, biking, rolling, and public transit) for Tennessee residents and visitors.

6.2.1. Increase safety of pedestrians walking, biking, rolling, or using public transportation through locally tailored behavioral and environmental countermeasures.



6.2.2. Reduce barriers to and increase availability of disability-accessible public transportation supports and options.



6.2.3. Encourage increased use of public transportation through streamlined instructions, increased public understanding of how to access and use public transportation, sharing first-hand stories from public transportation users, and incentive-based programs from employers and service providers.



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Dickerson Pike Pedestrian Safety Plan

In 2021 Walk Bike Nashville was awarded funding through the Tennessee Department of Health's Healthy Built Environment Grant program to create a Pedestrian Safety Plan for Dickerson Pike in Nashville, TN.^{1,2} Walk Bike Nashville partnered with the Nashville Department of Transportation and Multimodal Infrastructure (NDOT), Nashville Metro Planning, and the Nashville Civic Design Center throughout the project. Community engagement and outreach played a central role and the final plan centered proposed infrastructure investment in places that were identified by residents who regularly use the corridor. The resulting Pedestrian Safety Plan is now being used to pursue future grant funding for related projects, as well as by NDOT, Nashville Metro Planning, and the TN Department of Transportation (TDOT) to determine infrastructure priorities as development continues along this corridor. This project has generated momentum for pedestrian safety improvements at the local and state levels, including at the end of 2022 when TDOT announced initiation of a complete streets project on Dickerson Pike using the Pedestrian Safety Plan. Smart Growth America defines complete streets as "an approach to planning, designing, building, operating, and maintaining streets that enables safe access for all people who need to use them, including pedestrians, bicyclists, motorists and transit riders of all ages and abilities."³

Additionally, the Nashville cohort of Smart Growth America's Tennessee Complete Streets Leadership Academy (CSLA), comprised of members from TDOT, NDOT, Greater Nashville Regional Council, Tennessee Department of Health, Metro Public Health Department, Metropolitan Government of Nashville Davidson County, Nashville Civic Design Center, and Walk Bike Nashville, chose the intersection of Queen Avenue and Dickerson Pike to use grant funding to make quick build improvements. Quick build improvements create bicycle, pedestrian or traffic safety improvements using low-cost materials that can be installed quickly and serve as a trial for larger, more expensive, long-term investments. The project culminated in August 2023 with the installation of a first-of-its kind quick-build project on a state route featuring a painted pedestrian pathway, freshly painted crosswalks, and a pedestrian refuge island.

Further, when NDOT requested an additional \$12 million from the Nashville surplus budget to accelerate Vision Zero, a strategy to eliminate all traffic-related deaths, the Dickerson Pike Pedestrian Safety Plan was referenced.⁴ NDOT identified five intersections that will get enhanced pedestrian infrastructure including four pedestrian hybrid beacons (PHBs), or HAWK signals, which are signalized crossing for non-motorists.⁵ NDOT also requested funding for 1,663 feet of new sidewalks within the study area. The surplus budget, approved in June 2023, passed with this request and these improvements are planned for fiscal year 2024. In total, the Dickerson Pike Pedestrian Safety Plan has so far catalyzed a \$4.8 million investment in pedestrian improvements along Dickerson Pike.

¹ Dickerson Pike Pedestrian Safety Plan. https://www.walkbikenashville.org/dickerson_pike?locale=en

² TN Healthy Built Environment Grant Program. <https://www.tn.gov/health/health-program-areas/office-of-primary-prevention/redirect-opp/built-environment-and-health/built-environment-grants.html>

³ Smart Growth America. Complete Streets. <https://smartgrowthamerica.org/what-are-complete-streets/>

⁴ Metro Nashville Vision Zero. <https://www.nashville.gov/departments/transportation/plans-and-programs/vision-zero>

⁵ US Dept. of Transportation. Federal Highway Administration. Pedestrian Hybrid Beacon Guide-Recommendations and Case Study. <https://highways.dot.gov/safety/pedestrian-bicyclist/safety-countermeasures/pedestrian-hybrid-beacon-guide-recommendations>



a healthy
SYSTEM OF CARE

Cancer Screenings **7**

Workforce **8**



Cancer Screenings 7

Preventative clinical care, including cancer screenings, is cost-effective and improves patient outcomes. Cancer screening and early detection can lead to early intervention, treatment, and an overall improved prognosis. Therefore, the State Health Plan proposes to **Increase the percentage of Tennesseans receiving their recommended breast cancer screening and colorectal cancer screening (Goal 7.1)**. Despite being covered by most insurances including Medicare, only 70%-75% of Tennesseans are receiving their recommended breast cancer screening or colorectal cancer screening, suggesting that barriers to accessing care persist. These barriers may include transportation, fear, and concerns about cost including for recommended follow-up care. Increasing screening and early intervention also remains an important tool to reducing health disparities. In Tennessee, Black women are almost twice as likely as White women to die from breast cancer.⁴⁸ Black Americans also experience higher incidence of colorectal cancer and related mortality.⁴⁹

Lung Cancer

In Tennessee, only 6% of those at high risk for lung cancer are screened despite Tennessee having significantly higher rates of risk factors such as smoking. The rate of new lung cancer cases in Tennessee is significantly higher than the national rate placing Tennessee in the bottom tier with a ranking of 48 out of 51. Despite Tennessee's five-year survival rate improving in the last few years, the survival rate in Tennessee is still significantly lower than the national rate. While recommendations specific to lung cancer are not included in this edition of the State Health Plan, recommendations 7.1.1 – 7.1.3. can apply to lung cancer screenings. Additionally, lung cancer will be highlighted in future editions of the State of Health Report.

Source: American Lung Association. State of Lung Cancer 2022. Tennessee. <https://www.lung.org/research/state-of-lung-cancer/states/tennessee>

⁴⁸ State of TN. Department of Health. TBCSP High Risk Snapshot. <https://www.tn.gov/content/dam/tn/health/program-areas/rwh/rbcd/TennesseeHighRiskSnapshot2021.pdf>

⁴⁹ Carethers JM. Racial and ethnic disparities in colorectal cancer incidence and mortality. *Adv Cancer Res.* 2021;151:197-229. doi: 10.1016/bs.acr.2021.02.007. Epub 2021 May 5. PMID: 34148614; PMCID: PMC9069392. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9069392/>

Goal 7.1. Increase the percentage of Tennesseans receiving their recommended breast cancer screening and colorectal cancer screening.

7.1.1. Increase non-digital and digital outreach, education, and promotion on the importance of early cancer detection and screening and the availability of financial resources for uninsured and underinsured patients in various languages.⁵⁰



7.1.2. Address barriers to care by using Community Health Workers (CHWs) to assist with patient navigation of care and ensure access to high-quality screenings and care post-screenings as needed.⁵¹



7.1.3. Identify trusted and representative community voices to share first-hand experiences on the benefits of early detection and screening and ensure these stories and educational materials are shared in non-traditional settings.



7.1.4. At breast cancer mobile screening events, share next steps for post-screening care and resources including transportation and financial assistance options.



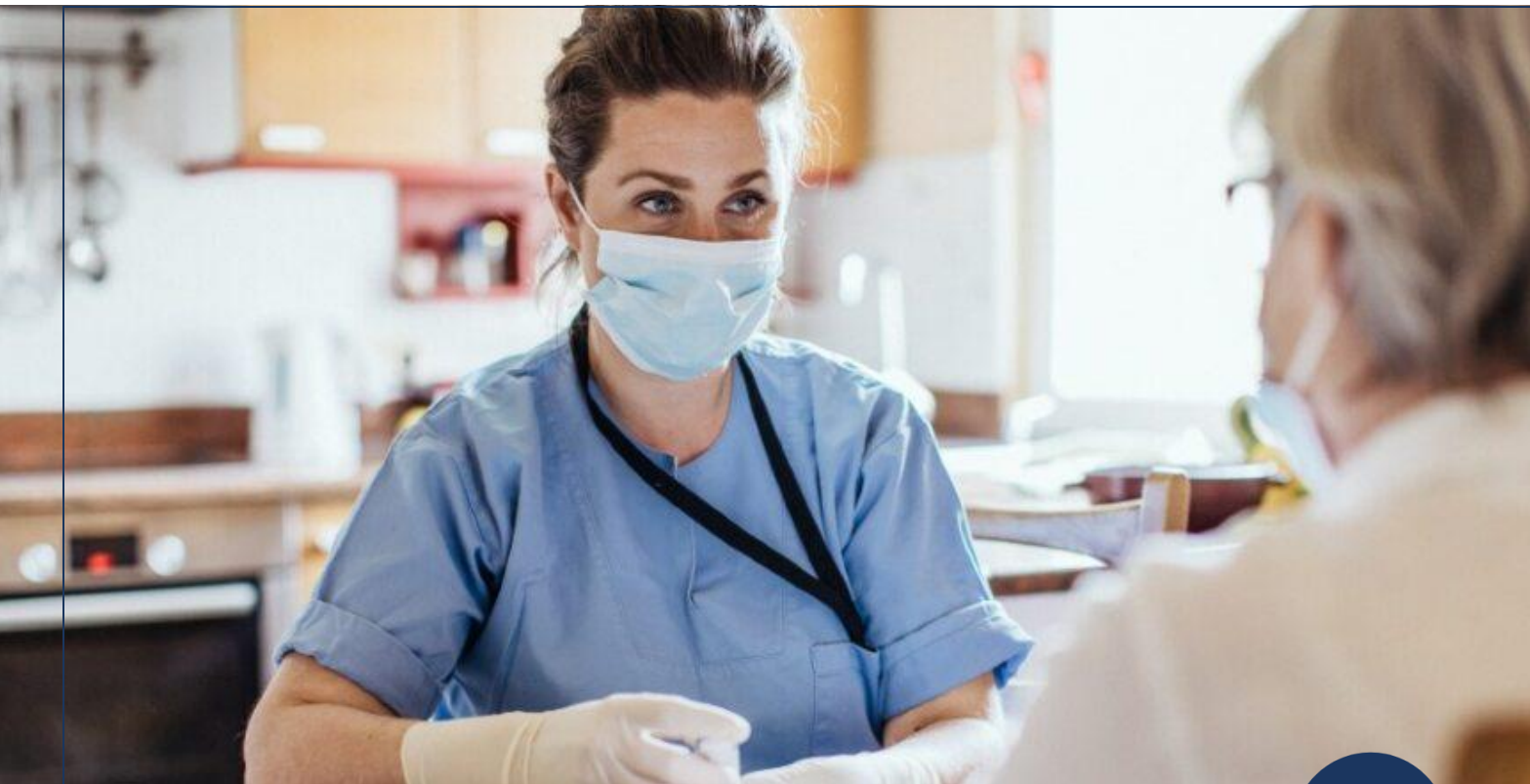
7.1.5. Increase public education on noninvasive at-home colon cancer screening options.



⁵⁰ Aligns with TN State Cancer Plan. <https://www.tn.gov/health/health-program-areas/fhw/tennessee-comprehensive-cancer-control-program/the-state-cancer-plan.html>

⁵¹ Aligns with TN State Cancer Plan. <https://www.tn.gov/health/health-program-areas/fhw/tennessee-comprehensive-cancer-control-program/the-state-cancer-plan.html>





Workforce 8

Poor oral health can be a risk factor for a number of health issues (e.g., heart disease, stroke) and can impact everything from confidence to employment opportunities.⁵² Despite the importance of oral health, many Tennesseans are unable to access dental care due to cost, with over 1.2 million Tennesseans without dental insurance.⁵³ Even when insured, finding a provider with availability, particularly that accepts insurance including Medicaid can be a challenge. In 2022, 95.8% of Tennessee counties were considered Dental Health Professional Shortage Areas. As Tennessee works to increase the number of dental health providers, ensuring this increase also leads to an increase in the number of providers accepting Medicaid is especially important as recent TennCare expansions have increased the number of Tennesseans with TennCare specific dental benefits. Therefore, the State Health Plan proposes recommendations to **Improve the oral health of Tennesseans through broadening access to high-quality, low-cost dental care (Goal 8.1)**. While the State of Tennessee is making significant investments and strides toward improving oral health and access to dental care in Tennessee, outlined in the Tennessee State Oral Health Plan and the Healthy Smiles Initiative Report, the State Health Plan reinforces the need to continue these efforts.⁵⁴

In addition to experiencing a shortage of dental health professionals, Tennessee is also experiencing a shortage of health professionals across primary care, mental health, nurses and supportive care staff. For example, in 2022, Tennessee had half the number of personal care and home health aides per 1,000 adults

⁵² Harvard Health Publishing. Gum disease and heart disease. February 2021. [https://www.health.harvard.edu/heart-health/gum-disease-and-heart-disease-the-common-thread#:~:text=People%20with%20gum%20disease%20\(also,gum%20disease%20develops%20heart%20problems.](https://www.health.harvard.edu/heart-health/gum-disease-and-heart-disease-the-common-thread#:~:text=People%20with%20gum%20disease%20(also,gum%20disease%20develops%20heart%20problems.)

⁵³ State of TN. Department of Health. State Oral Health Plan. <https://www.tn.gov/health/health-program-areas/oralhealth/state-oral-health-plan.html>

⁵⁴ State of TN. Department of Health. State Oral Health Plan. <https://www.tn.gov/health/health-program-areas/oralhealth/state-oral-health-plan.html>

aged 65+ with a disability than the U.S.⁵⁵ Strengthening Tennessee's health workforce will require expansive supports to promote recruitment and retention at all provider levels. Therefore, the State Health Plan proposes recommendations to **Enhance and strengthen Tennessee's health professional workforce, including community health workers, nurses, and supportive care staff (Goal 8.2).**

Goal 8.1. Improve the oral health of Tennesseans through broadening access to high-quality, low-cost dental care.

8.1.1. Promote adult oral health benefits available through TennCare, including increasing the number of dental providers who accept TennCare dental benefits, and expand efforts to insure persons without dental coverage.⁵⁶



8.1.2. Educate providers on best practices for providing dental care to individuals with disabilities.



8.1.3. Raise awareness of the importance of oral health to overall health.⁵⁷



8.1.4. Increase the number of dental providers in Tennessee through expanding dental student externship rotations to rural areas, increasing Tennessee dental school capacity, and promoting educational loan repayment programs for dental providers that practice in high need areas.⁵⁸



⁵⁵ U.S. Census Bureau, American Community Survey. Accessed via America's Health Rankings

⁵⁶ Aligns with TN State Oral Health Plan. <https://www.tn.gov/health/health-program-areas/oralhealth/state-oral-health-plan.html>

⁵⁷ Aligns with TN State Oral Health Plan. <https://www.tn.gov/health/health-program-areas/oralhealth/state-oral-health-plan.html>

⁵⁸ Aligns with TN Healthy Smiles Report. <https://www.tn.gov/health/health-program-areas/oralhealth/state-oral-health-plan.html>



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Goal 8.2. Enhance and strengthen Tennessee's health professional workforce, including community health workers, nurses, and supportive care staff.

8.2.1. Evaluate evidence and opportunities improving access to care for rural Tennesseans.⁵⁹



Local
Spotlight

8.2.2. Support employers in promoting community benefits during recruitment and retention activities to demonstrate opportunities to “make your life where you make your living.”⁶⁰



8.2.3. Explore opportunities to pair loan repayment programs with additional supports to encourage providers to stay past the completion of loan repayment.⁶¹



8.2.4. Improve working conditions to reduce burnout while offering programs that address existing burnout (e.g., peer mentoring programs for all provider types).



Trousdale County Mental Health Services Center

In 2021, the Trousdale County Health Council partnered with the mayor's office to form the Mayor's Task Force for Mental Health and Substance Abuse, a coordinated effort to bring mental health resources to the underserved county. The multi-sector task force, composed of members from faith-based organizations, behavioral health organizations, the sheriff's office and more, first identified the need for a physical space for mental health services to be provided. Through support from the mayor's office, the task force received \$80,000 to support a 2-year pilot program and opened a new mental health services center in June 2023. The center is housed in a building with a pharmacy and medical provider and serves as a hub for multiple behavioral health providers such as Volunteer Behavioral Health, Centerstone, HOPE Clinic, and Senior Solutions. This successful collaboration between the Health Council, local government, healthcare providers, and community partners has already increased access to mental health services in Trousdale County and plans to serve the community for years to come.

⁵⁹ Directly from TN Rural Health Care Task Force Report: <https://www.tn.gov/health/news/2023/6/30/--tennessee-rural-health-care-task-force-releases-recommendations.html>

⁶⁰ State of TN. Economic and Community Development. Quality of Life. <https://tnced.com/advantages/quality-of-life/>

⁶¹ Aligns with TN Rural Health Care Task Force Report: <https://www.tn.gov/health/news/2023/6/30/--tennessee-rural-health-care-task-force-releases-recommendations.html>



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Uninsured Adult Healthcare Safety Net Program

The Uninsured Adult Healthcare Safety Net Program, administered by the Tennessee Department of Health, State Office of Rural Health (SORH), delivers access to healthcare for uninsured adults ages 19-64 who reside in Tennessee. Services are implemented by Federally Qualified Health Centers (FQHC), Community and Faith-Based Organizations (CFB), Dental Care Organizations, Non-Profit Rural Health Centers, and Project Access Network entities. Local Health Departments (LHD) also provide primary care, acute care, and dental care services to Tennessee's uninsured population through funding from the Tennessee Department of Health annual departmental budget. The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) receives separate Safety Net funding and administers the Behavioral Health Safety Net Program.¹

The Uninsured Adult Healthcare Safety Net Program advances the Tennessee Governor's priority goal of promoting healthy behavior and providing high-quality services to our most vulnerable populations and supports the Department mission to *Protect, promote, and improve the health and well-being of all people in Tennessee.*

¹ Uninsured Adult Healthcare Safety Net 2023 Annual Report. https://www.tn.gov/content/dam/tn/health/division-of-health-disparities/Safety%20Net%20Annual%20Report%202023_FINAL.pdf

healthy
TENNESSEE

The 2024-2026 State Health Plan outlines 58 actionable recommendations that apply to multiple sectors and guides the State towards the Department’s vision, “Healthy People, Healthy Communities, Healthy Tennessee.” In addition to these 58 recommendations, the State Health Plan recognizes actions that could apply regardless of priority areas:

Cross-Cutting Actions to Improve Health:

- **Participatory Action Planning**

Key to the State Health Plan development process was ensuring that partners and the public were able to provide input and feedback on data, recommendations, and plans. Ensuring that Tennesseans actively engage in health planning, implementation, and evaluation, remains integral to the effectiveness of the State Health Plan.

- **Health Impact Assessments (HIAs)**

The State of Health Report and the State Health Plan have recognized and considered the vast impact of determinants outside the traditional public health and healthcare space on population health improvement. The State Health Plan development process has sought to include nontraditional partners to craft cross-sector solutions that will positively impact health. A useful tool in encouraging partners to consider health across programs and policies is through the use of Health Impact Assessments (HIAs) or Health Notes. HIAs provide a review of a policy, plan, program or project and its potential impact on the health of a population.⁶²

- **State Health Plan Communication and Implementation**

A key focus of the State Health Plan remains to work on aligning actions across state government to improve efficiency and better serve Tennesseans. The Division will communicate the State Health Plan recommendations over the next several years with the goal of expanding stakeholder engagement and alignment. The Plan outlines how many key issues to improving population require cross-sector partnerships and collaboration. Implementation of the State Health Plan must therefore include not only working on specific recommendations, but building and solidifying partnerships across the State to better serve Tennesseans.

⁶² Centers for Disease Control. Healthy Places. Health Impact Assessment. <https://www.cdc.gov/healthyplaces/hia.htm>

Immediate Next Steps for all Partners:

- **Stay up to date on the State Health Plan** by signing up to our mailing list through the State Health Plan website: <https://www.tn.gov/health/health-program-areas/state-health-plan.html>
- **Connect with your local County Health Council** and engage in the Community of Practice, a structured space seeking to share best practices, build skills, and foster connections among community members and County Health Councils: <https://www.tn.gov/health/health-program-areas/county-health-councils.html>
- **Engage with the Tennessee Department of Health - Health Disparities Task Force** by registering for meetings and signing up for newsletters with opportunities for learning, funding, and networking: <https://www.tn.gov/health/health-program-areas/division-of-health-disparities-elimination-/tennessee-health-disparity-task-force.html#:~:text=The%20Health%20Disparities%20Task%20Force,infectious%20diseases%20and%20environmental%20justice.>

Over the next two years, the Department will communicate the State Health Plan recommendations, assist partners with implementation, and coordinate alignment between entities.

County Health Councils

The 2024-2026 State Health Plan spotlights local actions taken to improve health, including the valuable work of County Health Councils. Tennessee County Health Councils were first established in the 1990s and now exist in every county in the state. County Health Councils consist of community members from sectors such as education, law enforcement, social services, and healthcare. Members work together to plan and assess the needs of their community and select priorities through a County Health Assessment (CHA). Action items to work on improving health in each priority area are formulated into a 3-year County Health Improvement Plan (CHIP).

Acknowledgements

The Division of Health Planning would like to acknowledge the significant contributions made by subject matter experts and focus group participants throughout the 2024-2026 State Health Plan development process.

The following divisions, offices, and organizations provided subject matter expertise in selecting metrics for the State of Health Report, data collection, report alignment, and recommendation development and refinement.

Tennessee Department of Health

Division of Communicable and
Environmental Diseases and Emergency
Preparedness

Division of Community Health Services

Division of Family Health and Wellness

Division of Health Disparities Elimination

Division of Population Health Assessment

Office of Information and Analytics

Office of Injury Prevention - Suicide
Prevention

Office of Overdose Response
Coordination

Office of Patient Care Advocacy

Office of Primary Prevention

Office of Strategic Initiatives

Non-Department of Health

Tennessee Climate Office

Tennessee Department of Education

Tennessee Department of Environment
and Conservation

Tennessee Department of Human
Services

Tennessee Department of Mental Health
and Substance Abuse Services

Tennessee Department of Transportation

Tennessee Housing Development Agency

University of Tennessee Institute of
Agriculture

Focus groups were open to the public but specifically aimed to gather feedback from external partners including governmental agencies, healthcare institutions, faith-based organizations, non-profit and community-based organizations, and education institutions. The following organizations supported the development of the State Health Plan recommendations through focus group participation and engagement:

A Step Ahead Chattanooga	First 8 Memphis
A Step Ahead Foundation of East Tennessee	Hamilton County Health Department
A Step Ahead Foundation of Middle Tennessee	Healing Hands Health Center
A Step Ahead Foundation of West Tennessee	Interfaith Dental
AARP-TN	Just Ask Medicare Solutions, LLC
AgeWell Middle Tennessee	Knox County Health Department
Aging Commission of the Mid South	Knoxville Academy of Medicine
Alzheimer's Association	Knoxville Area Project Access
Appalachian Mountain Project Access	Knoxville-Knox County CAC Office on Aging
Area Relief Ministries	Knoxville-Knox County Office of Housing Stability
Bike Walk Knoxville	Latino Memphis
Cempa Community Care	League of Women Voters
Chattanooga Regional Homeless Coalition	Mental Health Cooperative
Chota Community Health Services	Metro Nashville Public Health Department
City of Germantown	Nashville Diaper Connection
City of Kingsport	Neighborhood Health
City of Knoxville	Porter-Leath
Cumberland Pediatric Foundation	Qsource
Domestic Violence & Sexual Assault Center	Shelby County Health Department
East Tennessee State University	South Central Area Agency on Aging and Disability
East Tennessee State University Center for Rural Health Research	St. Mary's Legacy Clinic
Financial Federal Bank	Tennessee Commission on Aging & Disability
	Tennessee Commission on Children and Youth

Tennessee Department of Health

Tennessee Department of Intellectual and
Developmental Disabilities

Tennessee Health Care Campaign

Tennessee Primary Care Association

Tennessee State University

Tennessee Valley Coalition for the Homeless

The Caring Place

The West End Home Foundation

United HealthCare

University of Memphis

University of St. Augustine

University of Tennessee - Chattanooga School of
Nursing

Urban Health Education Support Services

Vanderbilt Center for Child Health Policy

Vanderbilt Kennedy Center

Vanderbilt University

Vanderbilt University School of Nursing

Veteran's Affairs - Tennessee Valley Healthcare

Volunteer Ministry Center

West Tennessee Legal Services

WRAP (Wo/Men's Resources and Rape
Assistance Program)

Appendix

Appendix A: Statutory Authority for the State Health Plan

68-11-1622. State health planning division of the department of health.

(a) There is created the state health planning division of the department of health. It is the purpose of the planning division to create a state health plan that is evaluated and updated at least annually. The plan guides the state in the development of healthcare programs and policies and in the allocation of healthcare resources in this state.

(b) It is the policy of this state that:

- (1)** Every citizen should have reasonable access to emergency and primary care;
- (2)** The state's healthcare resources should be developed to address the needs of Tennesseans while encouraging competitive markets, economic efficiencies, and the continued development of the state's healthcare industry;
- (3)** Every citizen should have confidence that the quality of health care is continually monitored and standards are adhered to by healthcare providers; and
- (4)** The state should support the recruitment and retention of a sufficient and quality healthcare workforce.

Appendix B: State Health Plan Metric List

Measure	Definition	Data Source
A Healthy Start		
Children in Poverty	Percentage of all persons under 18 years of age whose income in the past 12 months is below the poverty level	United States Census Bureau. 2015-2019 American Community Survey 1-Year Public Use Estimates.
Child Food Insecurity	Percentage of households with children who are food insecure (low or very low food security status).	United States Department of Agriculture, Economic Research Service - Current Population Survey, Food Security Supplement, 1-Year Public Use Estimates 2017-2021. Retrieved from IPUMS CPS, University of Minnesota, www.ipums.org and USDA, ERS www.ers.usda.gov .
Child WIC Coverage	Percentage of children ages 1-4 eligible for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) who received WIC benefits in an average month	United States Department of Agriculture Food and Nutrition Service, National and State Level Estimates of WIC Eligibility and Program Reach in 2020. Retrieved from National and State Level Estimates of WIC Eligibility and Program Reach in 2020 Food and Nutrition Service (usda.gov)
Overall WIC Coverage	Percentage of women, infants, and children eligible for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) who received WIC benefits in an average month.	United States Department of Agriculture Food and Nutrition Service, National and State Level Estimates of WIC Eligibility and Program Reach in 2020. Retrieved from National and State Level Estimates of WIC Eligibility and Program Reach in 2020 Food and Nutrition Service (usda.gov)
SNAP Participation	Percentage of people who are eligible for SNAP who actually participate in the program	United States Department of Agriculture Food and Nutrition Service. Retrieved from www.fns.usda.gov
Foster Care Instability	Percentage of children in foster care with three or more placements within 12 months	United States Department of Health and Human Services, Children's Bureau, Child Welfare Outcomes Report Data. Accessed via America's Health Rankings.
Child Care	Number of children DHS licensed child care facilities have capacity to serve.	Licensed child care facility list accessed on December 2, 2022 on the Tennessee Department of Human Services website. Population calculated within Tableau built environment using 2018 data.
	Percentage of children attending a DHS licensed child care facility with access to a sliding fee payment scale.	Licensed child care facility list accessed on December 2, 2022 on the Tennessee Department of Human Services website. Median household income calculated within Tableau built environment using 2018 data. Note: If a percent is not listed,

		no facilities in that county offer a sliding fee scale.
School Nurses	Percentage of TN Public Schools employing a full-time nurse	Tennessee Coordinated School Health Annual School Health Services Report. Retrieved from www.tn.gov/education
School Counselors	Percentage of school districts with one certified counselor per 500 students	Tennessee Coordinated School Health Annual School Health Services Report. Retrieved from www.tn.gov/education
Third Grade Reading Level*	Percentage of public-school students in grade 3 that test "on track" and "mastered" for ELA on TN Ready	(3rd grade): Tennessee Department of Education; (4th grade): National Assessment of Educational Progress (NAEP) Report Card: Reading, State Achievement Level Results. Retrieved from www.nationsreportcard.gov
ACES	Percentage of children ages 0-17 who experienced two or more ACES (2 Year Estimate)	National Survey of Children's Health. Retrieved from www.childhealthdata.org
Youth Safety	Experienced Physical Dating Violence: Percentage of those who experienced physical violence (being physically hurt on purpose (counting such things as being hit, slammed into something, or injured with an object or weapon) by someone they were dating or going out with) one or more times during the 12 months before the survey, among students who dated or went out with someone during the 12 months before the survey	Centers for Disease Control, Youth Risk Behavior Surveillance System
	Carried a Gun: Percentage of high school students who carried a gun (on at least 1 day during the 12 months before the survey, not counting the days when they carried a gun only for hunting or for a sport such as target shooting).	Centers for Disease Control, Youth Risk Behavior Surveillance System

Infectious Disease	Childhood Vaccinations: Percentage of children who received by age 35 months all recommended doses of the combined 7-vaccine series: diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine; measles, mumps and rubella (MMR) vaccine; poliovirus vaccine; Haemophilus influenzae type b (Hib) vaccine; hepatitis B (HepB) vaccine; varicella vaccine; and pneumococcal conjugate vaccine (PCV)	Centers for Disease Control and Prevention, National Immunization Survey-Child (Birth Cohort). Accessed via CDC Child Vax View.
	HPV Vaccinations: Percentage of adolescents ages 13-17 who received all recommended doses of the human papillomavirus (HPV) vaccine	Centers for Disease Control and Prevention, National Immunization Survey-Teen. Accessed via CDC Child Vax View.
	Congenital Syphilis: Rate per 100,000 live births	Department of Health Division of Communicable and Environmental Diseases and Emergency Preparedness; (US) CDC STD Surveillance Report, 2020. Data Note: 2016-2019 TN rates are based on counts <20 and should be interpreted with caution.
Asthma	Percentage of children ages 0-17 who currently have asthma (2-year estimate)	National Survey of Children's Health, U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB)
Youth Obesity*	Percentage of public-school students with a body mass index (BMI) greater than or equal to the 85th percentile for children of the same age and sex	(TN): Tennessee Department of Education Coordinated School Health Annual Body Mass Index Report; (US): National Health and Nutrition Examination Survey 2017-March 2020 Prepandemic Data Files Development of Files and Prevalence Estimates for Selected Health Outcomes. National Center for Health Statistics (U.S.) Published Date: 06/14/2021 Data Note: Youth obesity data in Tennessee is collected through evaluation in schools. Nationally, youth obesity data is collected through the National Health and Nutrition Examination Survey.

Electronic Vapor Usage*	Percentage of high school students who reported ever using electronic vapor products (including e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods).	Centers for Disease Control, Youth Risk Behavior Surveillance System
Drugs on School Property	Percentage of high school students who were offered, sold, or given an illegal drug on school property (during the 12 months before the survey).	Centers for Disease Control, Youth Risk Behavior Surveillance System. Note: In 2015 Tennessee data was not collected.
Youth Mental Health	Hopelessness: Percentage of high school students enrolled in grades 9 to 12 who reported being sad or hopeless almost every day for 2 or more weeks in a row so that they stopped doing some usual activities, during the 12 months before the survey.	Centers for Disease Control, Youth Risk Behavior Surveillance System
	Suicide Attempt: Percentage of youth with one or more suicide attempts resulting in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (during the 12 months before the survey).	Centers for Disease Control, Youth Risk Behavior Surveillance System
	Suicide Mortality Rate: Number of deaths due to intentional self-harm per 100,000 population (<18)	Centers for Disease Control, Youth Risk Behavior Surveillance System
Prenatal Care	Percentage of live births in which the mother began prenatal care between the first and sixth month of pregnancy	(TN): Tennessee Department of Health. Birth Statistical File - TN Office of Vital Statistics; (US): CDC National Vital Statistics Report Vol. 70 No 17 February 7, 2022. US Value for 2020 available in report only.
Smoking During Pregnancy	Percentage of mothers who reported smoking cigarettes during pregnancy	(TN): Tennessee Department of Health. Birth Statistical File - TN Office of Vital Statistics. (US): CDC National Vital Statistics Report Vol. 70 No 17 February 7, 2022. US Value for 2020 available in report only.

Preterm Births	Percentage of live births preterm (<37 weeks gestation)	(TN): Tennessee Department of Health. Birth Statistical File - TN Office of Vital Statistics; (US): CDC National Vital Statistics Report Vol. 70 No 17 February 7, 2022. US Value for 2021 not available.
Low Birthweight	Percentage of live births with low birthweight (<2,500 grams).	(TN): Tennessee Department of Health. Birth Statistical File - TN Office of Vital Statistics; (US): CDC National Vital Statistics Report Vol. 70 No 17 February 7, 2022. US Value for 2021 not available.
Breastfeeding	Percentage of live births where breastfeeding is initiated at birth.	(TN): Tennessee Department of Health. Birth Statistical File - TN Office of Vital Statistics; (US): CDC National Vital Statistics Report Vol. 70 No 17 February 7, 2022. US Value for 2020 available in report only.
Postpartum Depression	Percentage of women with a recent live birth who reported experiencing depressive symptoms	Centers for Disease Control and Prevention, Pregnancy Risk Assessment Monitoring System or State Equivalent
Infant Mortality*	Number of infant deaths per 1,000 live births	(TN): Tennessee Department of Health. Birth Statistical File - TN Office of Vital Statistics. (US): CDC National Vital Statistics Report Vol. 70 No 17 February 7, 2022. US Value for 2021 not listed.
Maternal Mortality	Pregnancy-Related Mortality Ratio (PRMR) - deaths within one year of pregnancy where pregnancy was the aggravating factor	Tennessee Department of Health. Death Statistics - TN Office of Vital Statistics. Accessed via the Tennessee Department of Health Maternal Mortality Review Annual Report.
	Pregnancy-Associated, but not related, deaths: Deaths within one year of pregnancy where pregnancy was NOT the aggravating factor	Tennessee Department of Health. Death Statistics - TN Office of Vital Statistics. Accessed via the Tennessee Department of Health Maternal Mortality Review Annual Report.
Teen Births	Number of births per 1,000 women aged 15-19 years	(TN): Tennessee Department of Health. Birth Statistical File - TN Office of Vital Statistics. (US): CDC WONDER, Natality Public Use Files. Accessed via America's Health Rankings.
A Healthy Life		
Per Capita Personal Income*	Annual, not seasonally adjusted, per capita personal income in dollars	United States Bureau of Economic Analysis. Retrieved from www.bea.gov

Adult Poverty	Percentage of all persons 18 years and over whose income in the past 12 months is below the poverty level	United States Census Bureau, American Community Survey, 1-Year Public Use Estimates.
Food Insecurity	Percentage of population who lack adequate access to food (all ages)	USDA Economic Research Service. Note: *Difference from U.S. average was statistically significant with 90 percent confidence (t > 1.645). Standard error of differences assumes that there is no correlation between national and individual State estimates.
Poverty and the Labor Force	Number of people 20-64 years of age who are living below poverty level who are participating in the labor force (employed or unemployed)	United States Census Bureau, American Community Survey, 1-Year Public Use Estimates.
Unemployment	Percentage of the labor force who are unemployed.	US Census Bureau, American Community Survey
Workplace Benefits	Percentage of employed workers in the state who used some type of paid time off (PTO) benefit.	US Census Bureau, Current Population Survey (CPS), Annual Social and Economic Supplement (ASEC). Accessed via National Health Security Preparedness Index.
Fatal Occupational Injuries	The number of fatal occupational injuries per 100,000 full-time equivalent workers	U.S. Bureau of Labor Statistics, Census of Fatal Occupational Injuries; State Archive
Adult Numeracy	Percentage of adults considered proficient at working with mathematical information and ideas (at or above Level 3)	National Center for Education Statistics
Adult Literacy	Percentage of adults considered proficient at working with information and ideas in texts (at or above Level 3)	National Center for Education Statistics
Violent Crime	Violent Crime Rate: Number of violent crime offenses (murder, rape (legacy definition), robbery, and aggravated assault) per 100,000 population	Federal Bureau of Investigation
Domestic Violence	Number of Domestic Violence Offenses	TN Bureau of Investigation, Annual Domestic Violence Report

Infectious Disease	Chlamydia: Rate of newly diagnosed chlamydia cases per 100,000 population.	Department of Health Division of Communicable and Environmental Diseases and Emergency Preparedness; (US) CDC STD Surveillance Report, 2020.
	HIV: Rate of diagnoses of HIV infection among persons aged ≥13 years	CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Note: 2020 HIV data reflect the impact of COVID-19 (intermittent clinic closures, reduction in availability of services resulting in delays in accessing HIV Prevention and care, limited staff capacity to investigate HIV laboratory reports) and should be interpreted with caution.
	Hepatitis C Virus: Rates of reported cases of acute Viral Hepatitis C per 100,000	CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
	COVID-19 Vaccinations: Percent of Tennesseans fully vaccinated (2 doses of Pfizer/Moderna OR 1 dose of Janssen) against COVID-19 as of November 2, 2022.	Centers for Disease Control and Prevention. COVID Data Tracker. Atlanta, GA: US Department of Health and Human Services, CDC; 2022
	Influenza Vaccination: Percentage of adults who reported receiving a seasonal flu vaccine in the past 12 months	Behavioral Risk Factors Surveillance System (BRFSS)
Chronic Conditions	Percentage of adults who have three or more of the following chronic health conditions: arthritis; asthma; chronic kidney disease; chronic obstructive pulmonary disease; cardiovascular disease (heart disease, heart attack or stroke); cancer (excluding skin); depression; diabetes	Behavioral Risk Factors Surveillance System (BRFSS)
Adult Smoking	Percentage of adults who are current smokers (age-adjusted)	Behavioral Risk Factors Surveillance System (BRFSS)
Physical Activity*	Percent of adults who reported doing physical activity or exercise during the past 30 days other than their regular job	Behavioral Risk Factors Surveillance System (BRFSS)

Diabetes	Percentage of adults who have diabetes	Behavioral Risk Factors Surveillance System (BRFSS); US Data for 2017 and 2018 is missing.
Alcohol Consumption	Binge Drinking: Percentage of adults who are binge drinkers (males having five or more drinks on one occasion, females having four or more drinks on one occasion) (variable calculated from one or more BRFSS questions)	Behavioral Risk Factors Surveillance System (BRFSS)
Drug Overdose*	Number of drug overdose outpatient visits and inpatient stays caused by non-fatal acute poisonings due to the effects of drugs, regardless of intent	TDH, Hospital Discharge Data System
Drug Overdose*	Number of all drug overdose deaths	TDH, Death Statistical File
Mental Health	Frequent Mental Distress: Percentage of adults who reported their mental health was 'not good' 14 or more days during the past 30 days	Behavioral Risk Factors Surveillance System (BRFSS)
	Suicidal Ideation Rate: Number of ED visits and inpatient hospitalizations with suicidal ideation per 10,000 emergency department visits and inpatient hospitalizations	Tennessee Department of Health, Hospital Discharge Data System
	Nonfatal Intentional Self-Harm Injury: Number of ED visits and inpatient hospitalizations for intentional self-harm injury per 10,000 emergency department visits and inpatient hospitalizations	Tennessee Department of Health, Hospital Discharge Data System
	Suicide Mortality: Number of deaths due to intentional self-harm per 100,000 population (18+)	Tennessee Department of Health Death Statistics
Premature Death	Crude Rate Years of Potential Life Lost (YPLL) before Age 75 for 10 Leading Causes of Death (All Causes)	CDC, National Center for Health Statistics - WISQARS


65+ Poverty	Percentage of adults ages 65 and older who live below the poverty level	US Census Bureau, American Community Survey
Grandparents Living with Grandchildren	Number of grandparents (all ages) living with grandchildren under 18	US Census Bureau, American Community Survey, 2021 5-year estimate
Elder Abuse	Adult Protective Services: Number of Abuse Investigations	Tennessee Department of Human Services Annual Report
Social Isolation	Percentage of population aged 65+ living alone.	US Census Bureau, American Community Survey
Falls 65+	Percentage of adults ages 65 and older who reported falling in the past 12 months	Behavioral Risk Factors Surveillance System (BRFSS)
Caregiving	Caregiving (Caregiving BRFSS Optional module)	Behavioral Risk Factors Surveillance System (BRFSS)
Dementia	Subjective Cognitive Decline (BRFSS Optional Module)	Behavioral Risk Factors Surveillance System (BRFSS)
A Healthy Environment		
Housing	Severe Housing Problems: Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities	HUD's Comprehensive Housing Affordability Strategy (CHAS) data
	Severe Housing Cost Burden: Percentage of households that spend 50% or more of their household income on housing	HUD's Comprehensive Housing Affordability Strategy (CHAS) data
	Homelessness: Annual point-in-time count of persons experiencing homelessness	Housing and Urban Development Exchange CoC Homeless Populations and Subpopulations Reports Data Note: As a point-in-time count, this number severely undercounts the number of persons experiencing homelessness.
Broadband Access	Percentage of households with broadband internet connection	U.S. Census Bureau, American Community Survey
Access to Parks and Greenways*	Percentage of population with adequate access to locations for physical activity	Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files
Transportation	Transportation Disadvantaged Communities: Percentage of Tennessee Communities that	US Department of Transportation, Transportation Disadvantaged Census Tract Data

	<p>spend more and take longer, to get where they need to go (Census tracts with 4 or more transportation disadvantage indicators)</p>	
	<p>Vehicle Access: Percentage of workers 16 years and over in households with no vehicle available</p>	United States Census Bureau, American Community Survey, 1-Year Public Use Estimates
	<p>Driving Alone to Work: Percentage of the workers 16 years and over that drive alone to work</p>	United States Census Bureau, American Community Survey, 1-Year Public Use Estimates
	<p>Long Commute-Driving Alone: Among workers who commute in their car alone, the percentage that commute more than 30 minutes</p>	United States Census Bureau, American Community Survey, 1-Year Public Use Estimates
	<p>Safety: annual number of crashes resulting in fatalities and/or serious injuries</p>	Tennessee Department of Transportation Fatal and Serious Injury Crashes Data Dashboard
Social Capital and Cohesion	<p>Voter Participation: Percentage of voting-eligible population in the state participating in the highest office election.</p>	United States Election Project, General Election Turnout Rates
	<p>Civic Organizations: Number of Civic Organizations</p>	US Census Bureau, 2016-2020
	<p>Social Advocacy Organizations: Number of Social Advocacy Organizations</p>	US Census Bureau, 2016-2020
	<p>Volunteering: Percent of adults in the state who volunteer in their communities</p>	US Census Bureau, Current Population Survey (CPS), Volunteer Supplement Data. Accessed via America's Health Rankings.
Water	<p>Water Quality: Percentage of community water systems in a state that meet all applicable health-based standards.</p>	Environmental Protection Agency (EPA), Safe Drinking Water Information System Federal (SDWIS/FED) Drinking Water Data. Accessed via National Health Security Preparedness Index.
	<p>Community Water Fluoridation: *Percent of population served by community water systems that are receiving fluoridated water</p>	Centers for Disease Control and Prevention, Water Fluoridation Reporting System, My Water Fluoride Summary Reports

Air	Air Pollution - Particulate Matter: Average Daily density of fine particulate matter in micrograms per cubic meter (PM 2.5)	Centers for Disease Control and Prevention (CDC), Environmental Public Health Tracking Network.
Weather-Related Illness	Heat Related Illness ED Visits: Crude rate of heat-related emergency department visits in Tennessee per 10,000 persons	Tennessee Department of Health, Hospital Discharge Data System
	Heat Related Illness Hospitalizations: Crude rate per 10,000 persons of heat-related hospitalizations.	Tennessee Department of Health, Hospital Discharge Data System
A Healthy System of Care		
Insurance	Uninsured Adults: Percentage of persons 19 and older who are uninsured	United States Census Bureau, American Community Survey, 1-Year Public Use Estimates
	Uninsured Children: Percentage of persons 18 and under who are uninsured	United States Census Bureau, American Community Survey, 1-Year Public Use Estimates
	Underinsured Children: Percent of Children with Private Insurance that did not cover mental or emotional problems Percent of Population who could not see a doctor due to cost in the past 12 months among adults 18 years of age or older	SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017. Accessed via Mental Health America 2021 Rankings. Behavioral Risk Factors Surveillance System (BRFSS)
Avoided Care Due to Cost	Percent of Population with a disability who could not see a doctor due to cost in the past 12 months among adults 18 years of age or older	Behavioral Risk Factors Surveillance System (BRFSS)
Access to Care for Adults with Disabilities	Percent of Population with a disability who could not see a doctor due to cost in the past 12 months among adults 18 years of age or older	Behavioral Risk Factors Surveillance System (BRFSS)
Hospital Closures	# Of Rural TN Hospitals at Immediate or High Risk of Closing	Center for Healthcare Quality and Payment Reform
Hospital Quality	Percent of hospitals in the state with a top-quality ranking (Grade A) on the Hospital Safety Score.	The Leapfrog Group, Hospital Safety Score (HSS)
Preventable Hospitalizations*	Hospitalization rate for ambulatory care-sensitive conditions per 100,000 adults	Tennessee Department of Health, Hospital Discharge Data System

Cancer Screenings	Breast Cancer: Percentage of Females Ages 40+ who reported having a Mammogram in Past 2 Years	Behavioral Risk Factors Surveillance System (BRFSS)
	Colorectal Cancer: Percentage of persons ages 50+ who reported ever having a Colorectal Endoscopy (Sigmoidoscopy or Colonoscopy)	Behavioral Risk Factors Surveillance System (BRFSS)
Health Professional Shortage Areas	Primary Care: Percent of TN Counties considered Primary Care HPSAs	Health Services and Resources Administration. Accessed via Rural Health Information Hub.
	Mental Health: Percent of TN Counties considered Mental HPSAs	Health Services and Resources Administration. Accessed via Rural Health Information Hub.
	Dental: Percent of TN Counties considered Dental HPSAs	Health Services and Resources Administration. Accessed via Rural Health Information Hub.
Nurses	Number of active registered nurse (RN) and licensed practical nurse (LPN) licenses per 100,000 population in the state.	National Council of State Boards of Nursing (NCSBN), National Nursing Database. Accessed via the National Health Security Preparedness Index.
Palliative Care	Percent of hospitals in the state providing palliative care programs (includes both palliative care program and/or palliative care inpatient unit, but excludes pain management program, patient-controlled analgesia, and hospice program).	American Hospital Association (AHA), Annual Survey of Hospitals. Accessed via the National Health Security Preparedness Index.
Home Health Care	Number of personal care and home health aides per 1,000 adults ages 65 and older with a disability	U.S. Census Bureau, American Community Survey. Accessed via America's Health Rankings.



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