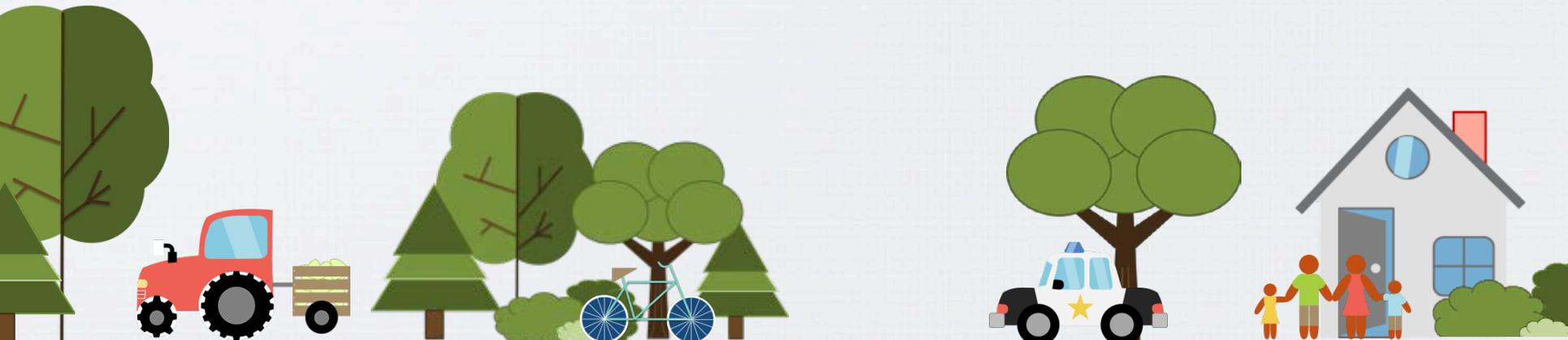


County Health Assessment and Vital Sign Actions in Tennessee

TN

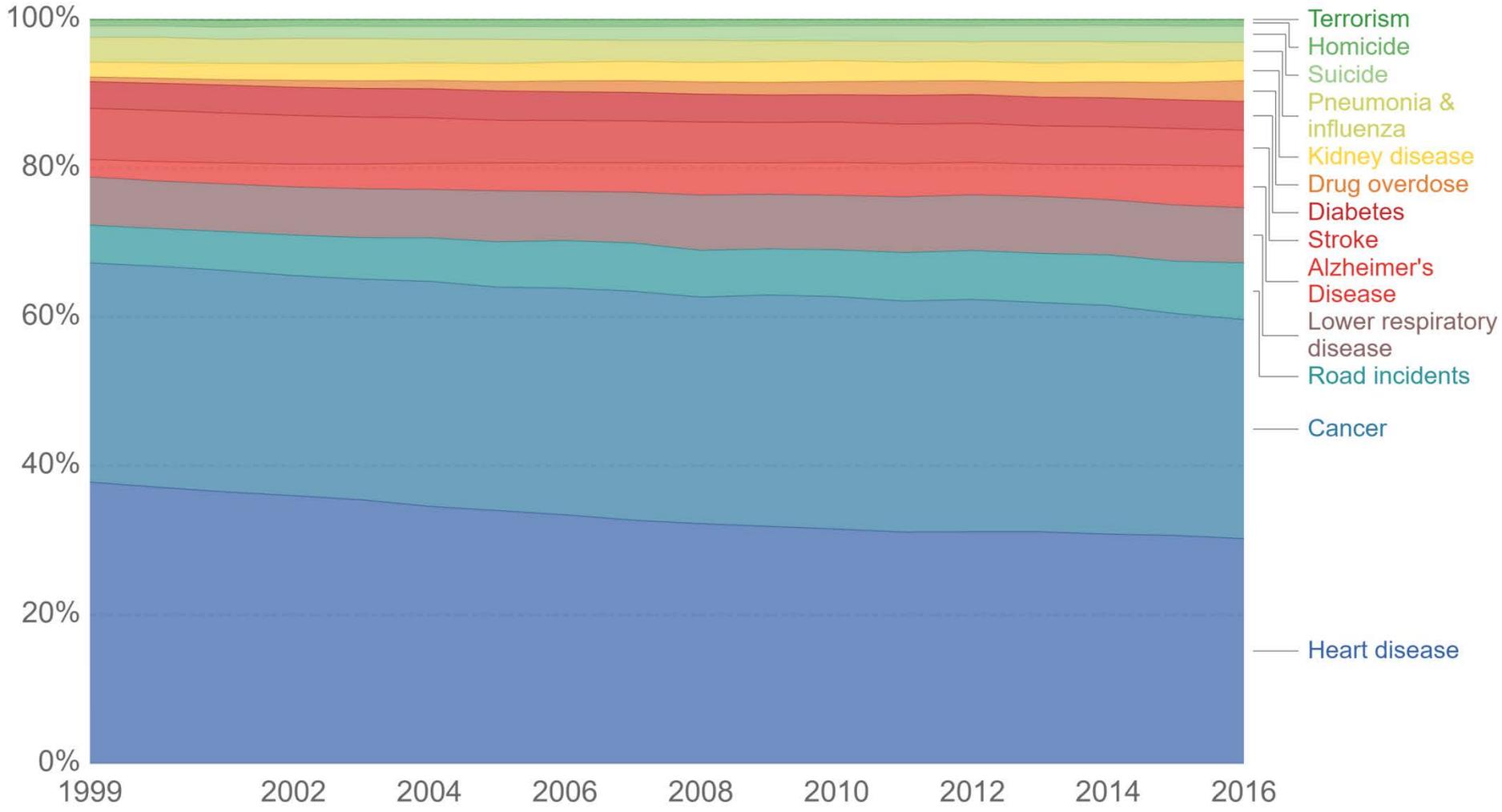
Department of
Health





Relative share of deaths in the United States

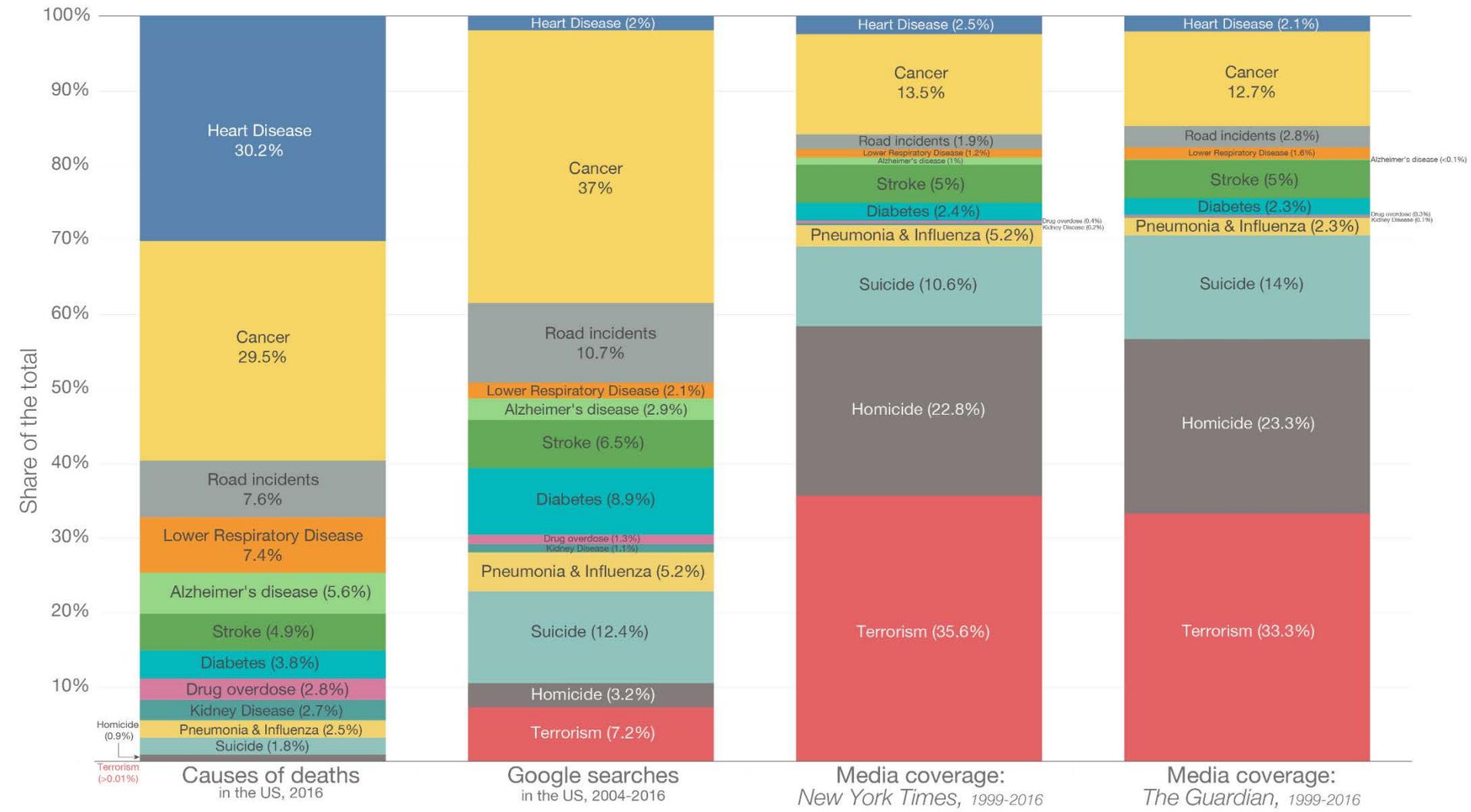
The relative share of deaths in the United States by cause. These represent the top 10 causes of death in the USA, in addition to terrorism, homicide and drug overdoses which received significant attention. The share therefore represents each causes' share of the total 13 categories (which combined account for approximately 88% of total deaths in the United States).



Source: Shen et al. (2018). Based on the CDC WONDER public health database

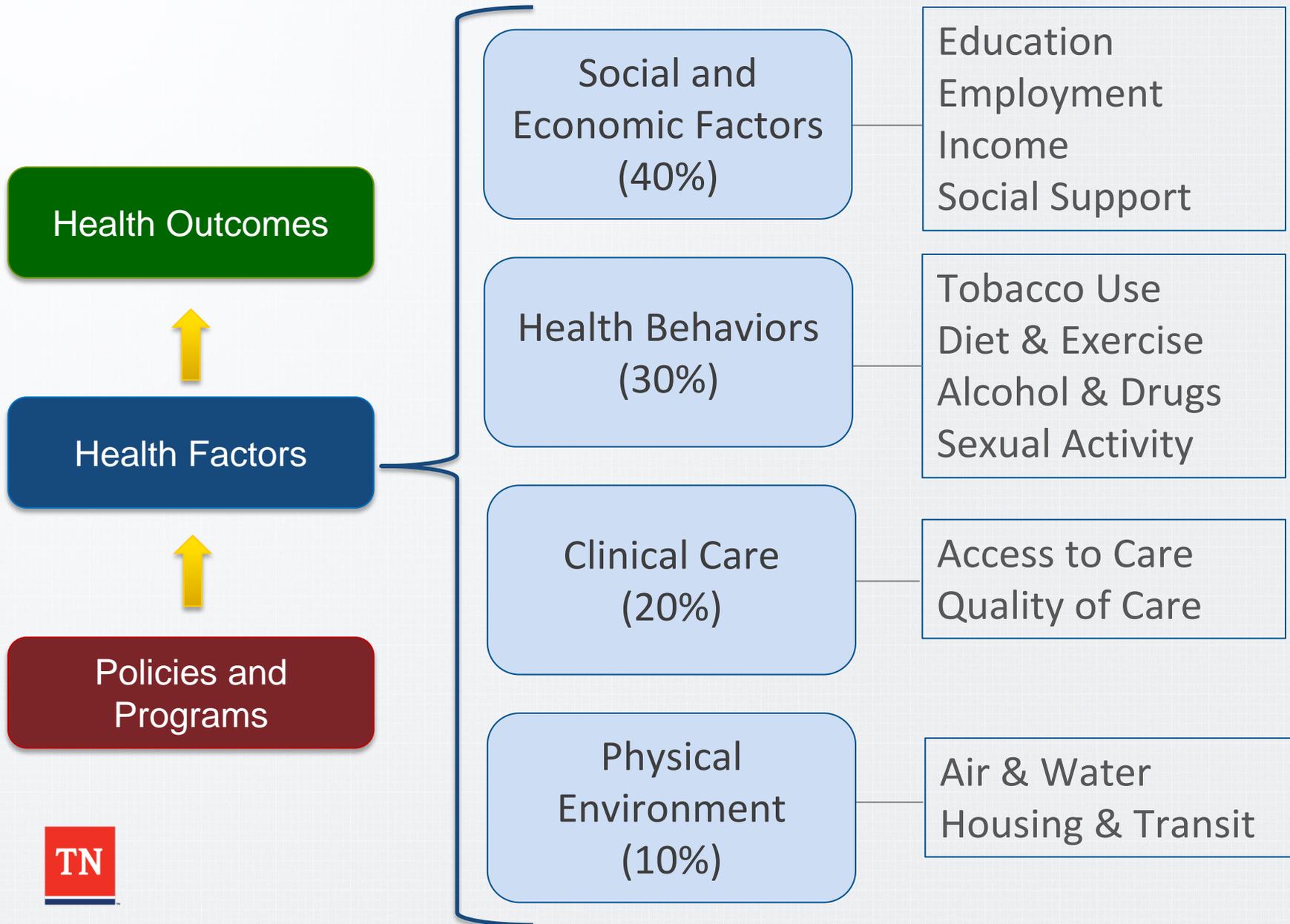
Causes of death in the US

What Americans die from, what they search on Google, and what the media reports on



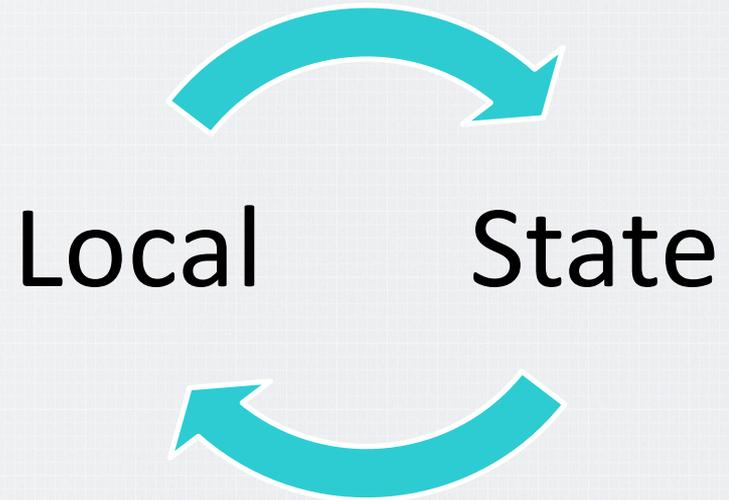
Based on data from Shen et al (2018) – Death: reality vs. reported. All data available at: <https://owenshen24.github.io/charting-death>
 Causes of death data refers to 2016; Google search data averaged over the period from 2004 to 2016; and NYT and Guardian data from 1999 to 2016.
 Not all causes of death are shown: Shown is the data on the ten leading causes of death in the United States plus drug overdoses, homicides and terrorism.
 All values are normalized to 100% so they represent their relative share of the top causes, rather than absolute counts (e.g. 'deaths' represents each causes' share of deaths within the 13 categories shown rather than total deaths). The causes of death shown here account for approximately 88% of total deaths in the United States in 2016.
 This is a visualization from [OurWorldinData.org](https://ourworldindata.org), where you find data and research on how the world is changing. Licensed under CC-BY by the authors Hannah Ritchie and Max Roser.

Determinants of Health



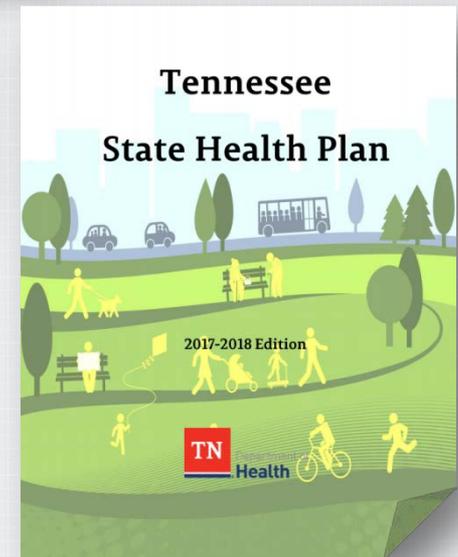
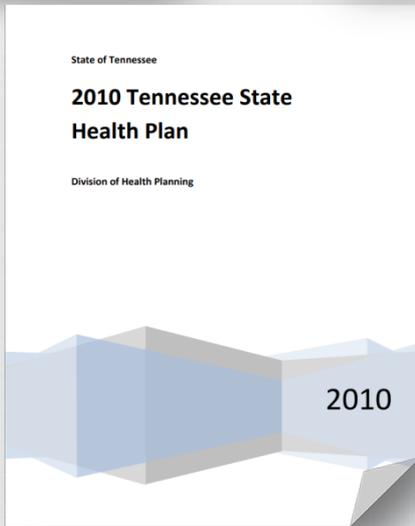
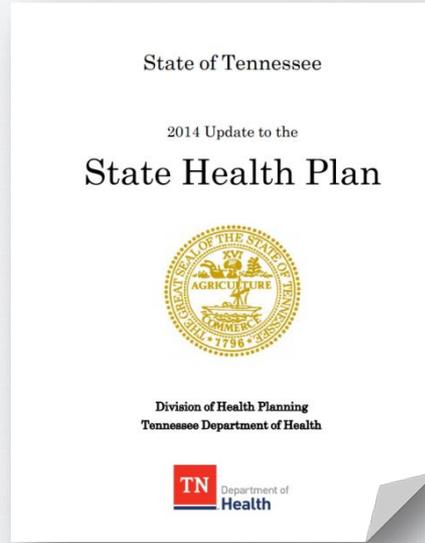
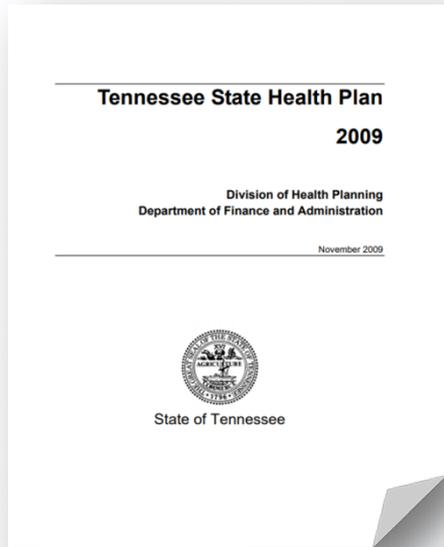
CHA & Vital Sign Actions: What's the Point?

To improve population health and prosperity across Tennessee by syncing TDH strategies and resources with local priorities, utilizing local knowledge, energy, and leadership.



Lead by Listening

History of the State Health Plan



2019



The [New] State Health Plan Framework

1

A set of Three Guiding Questions

2

Vital Signs: A set of Tennessee-specific measures to evaluate population health and progress

3

Vital Sign Actions: A curated set of evidence-based intervention strategies to improve population health



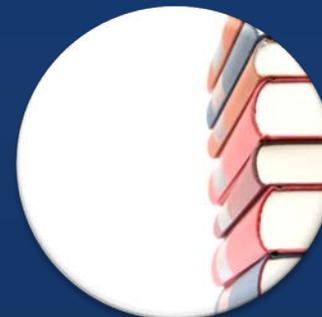
I: The State Health Plan's Three Guiding Questions



Are we creating or improving opportunities for optimal health for all?



Are we moving upstream?

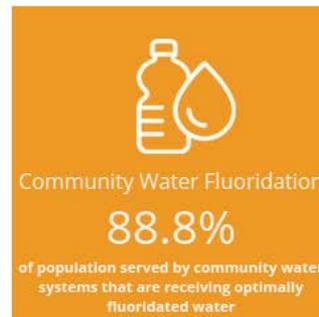
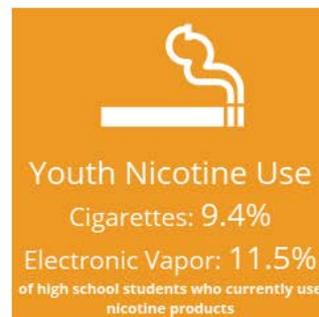
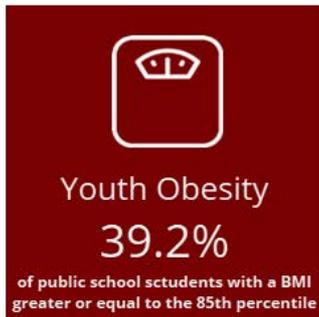


Are we learning from or teaching others?



II:

Tennessee's Vital Signs



*Color Indicates 3 Year Trend: green is moving in a positive direction, orange is stagnant, red is moving in a negative direction



www.tn.gov/vitalsigns

III: Vital Sign Actions

- Curated, evidence-based intervention strategies to improve population health
- Helps identify what actions should be taken to address priorities identified through the CHA process
- Similar to “Suggested Meaningful Primary Prevention Initiatives” in the Primary Prevention Resource Guide

Includes

- Funding Opportunities
- Marketing Strategies
- Policy Recommendations
- Programming Options

3. Policy Recommendations

a. Community-based:

i. Option 3.a.i: Teen Parent Counseling in Evidence-Based Home Visiting Programs

- a. Description: Current Evidence-Based Home Visiting programs (e.g. CHANT) should implement policy to encourage counselors to be trained in teen pregnancy prevention, particularly preventing repeat births for adolescent mothers. The CDC states, “Promoting home visiting and other programs shown to prevent repeat teen pregnancy and reduce sexual risk behavior.”

- b. Source: <https://www.cdc.gov/vitalsigns/teenpregnancy/index.html>

ii. Option 3.a.ii: Training on Child Sexual Abuse

- a. Description: According to the Children’s Advocacy Centers of Tennessee, girls who are victims of childhood sexual abuse are 2.2 times more likely to become teen mothers than girls who have not experienced sexual abuse. One way to combat this cycle of harmful health outcomes is to enact policies that encourage or require community members who work directly with children (educators, sports facilitators, etc.) to regularly take trainings on how to recognize and stop child sexual abuse. There are over 50 Children’s Advocacy Centers in Tennessee that provide trainings

County Health Assessment (CHA) 101

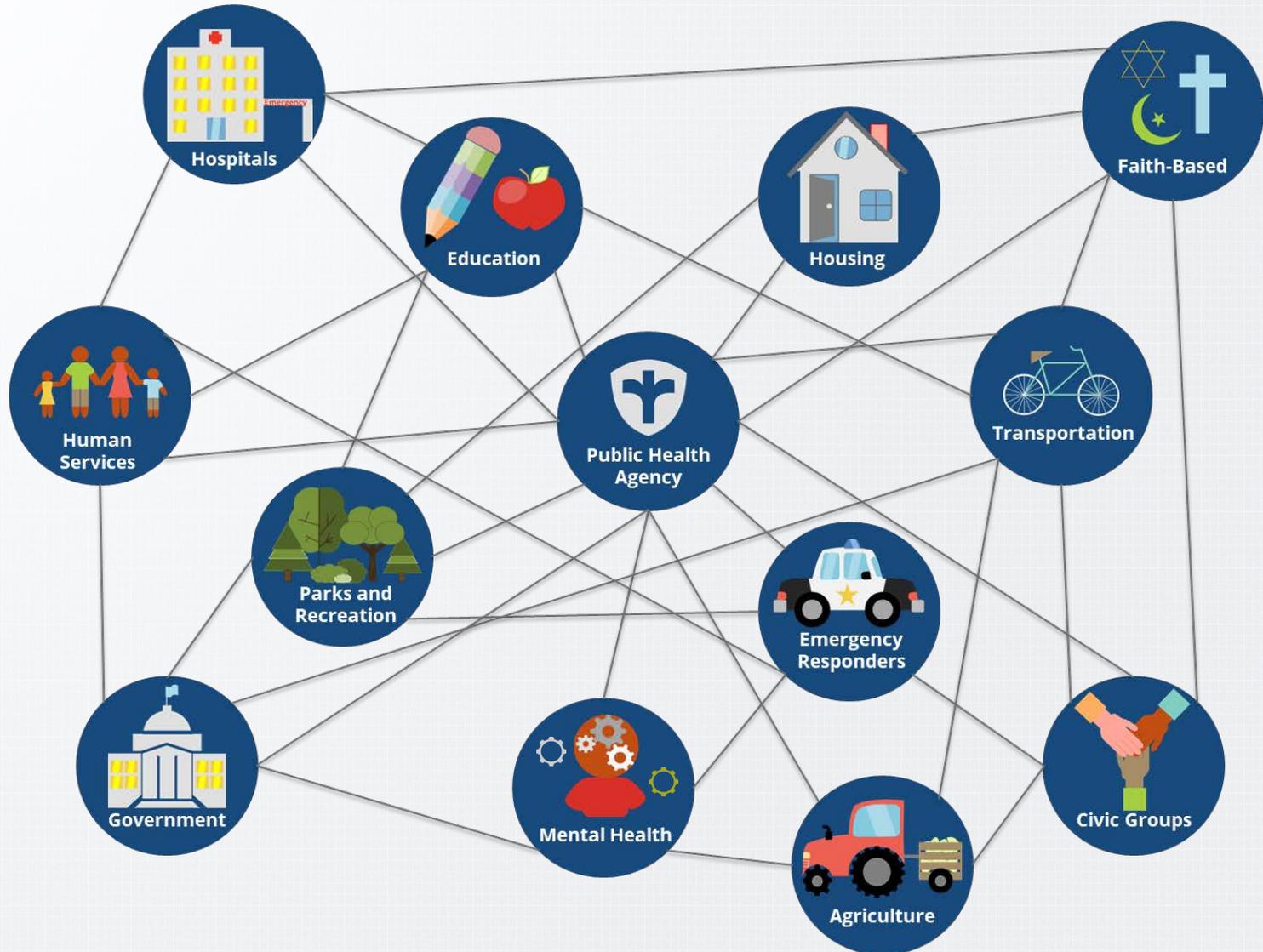
Who

- CHAs are led by County Health Councils
- 2019 pilot includes 16 counties across Tennessee
 - By 2022, all 89 rural counties in Tennessee will do a CHA

What

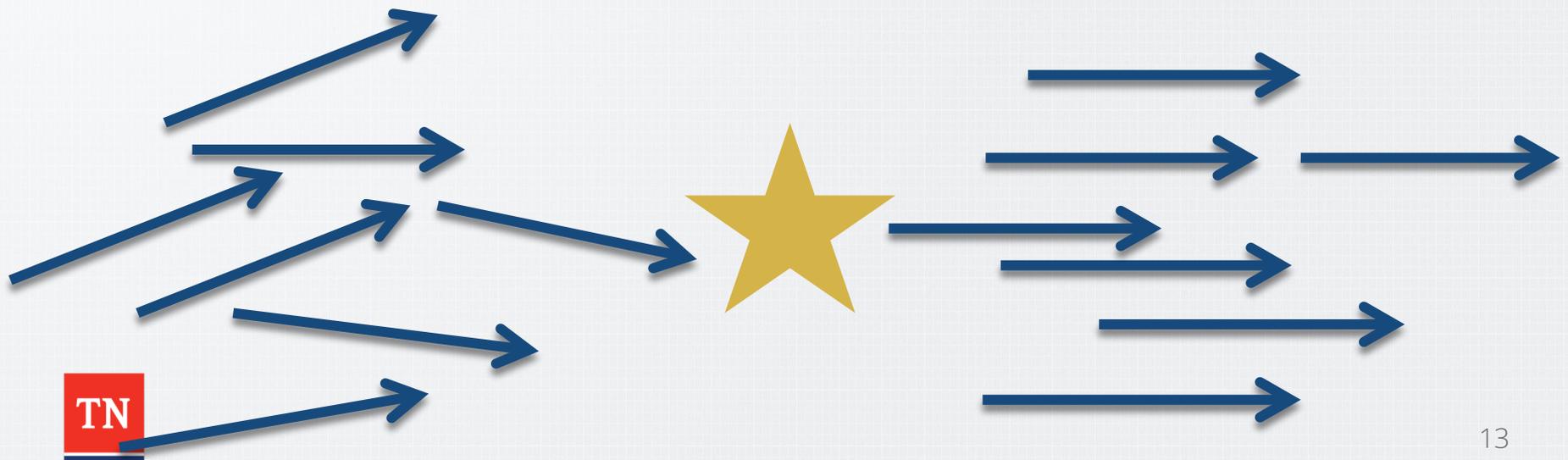
- The CHA process uses data to drive collaborative action.
- Counties will choose **up to three priority issues**. These may or may not be from the **TN Vital Signs** dashboard
- Counties then choose intervention strategies (**Vital Sign Actions**) to address the priority issues

County Health Councils are a Microcosm of the Local Public Health System

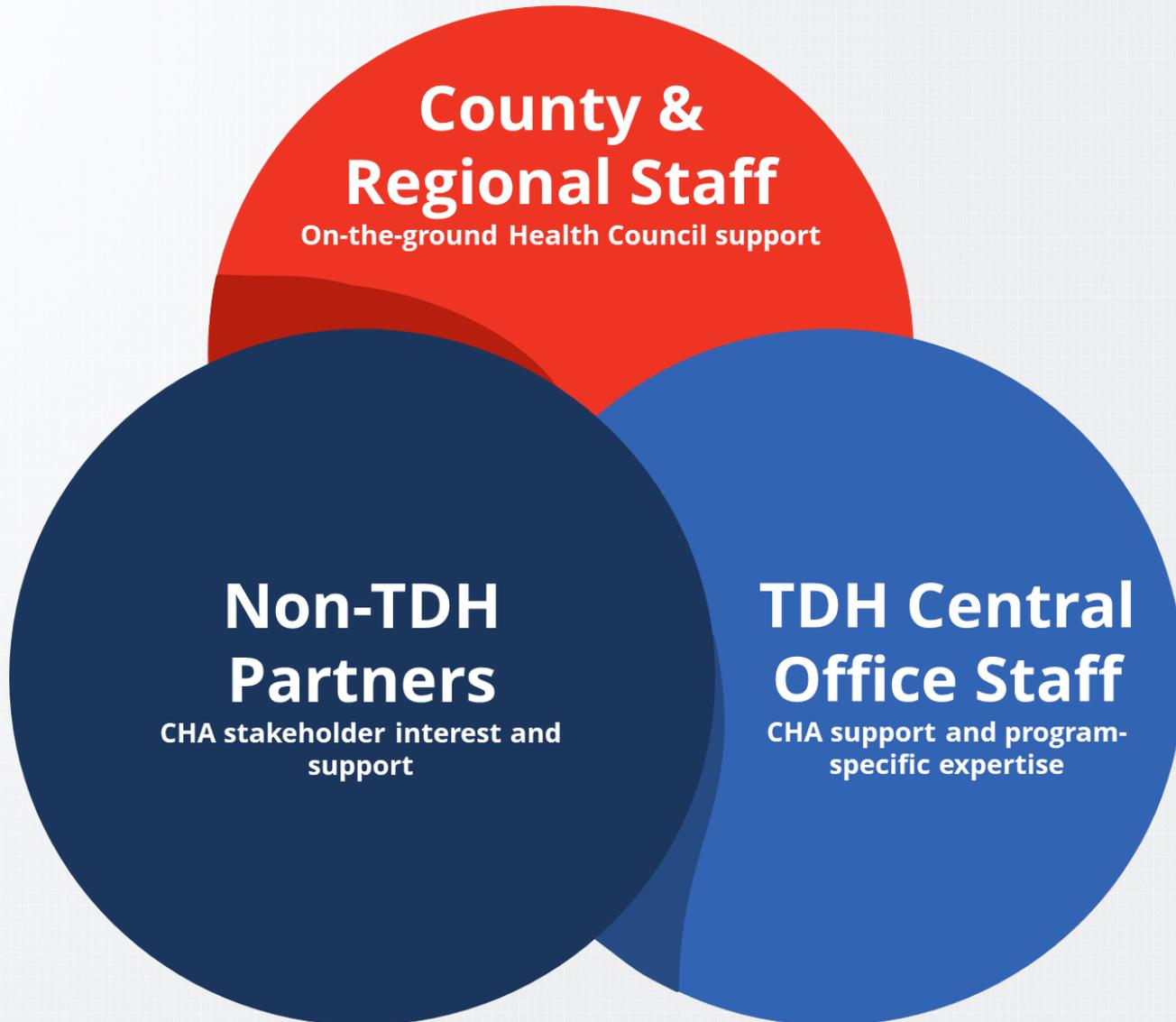


County Health Councils

- Established in the 1990's
- Exist in all 95 TN counties
- Representative of multiple sectors within a community
- Top resource for improving population health at the local level



Who's at the Table?



The CHA Process

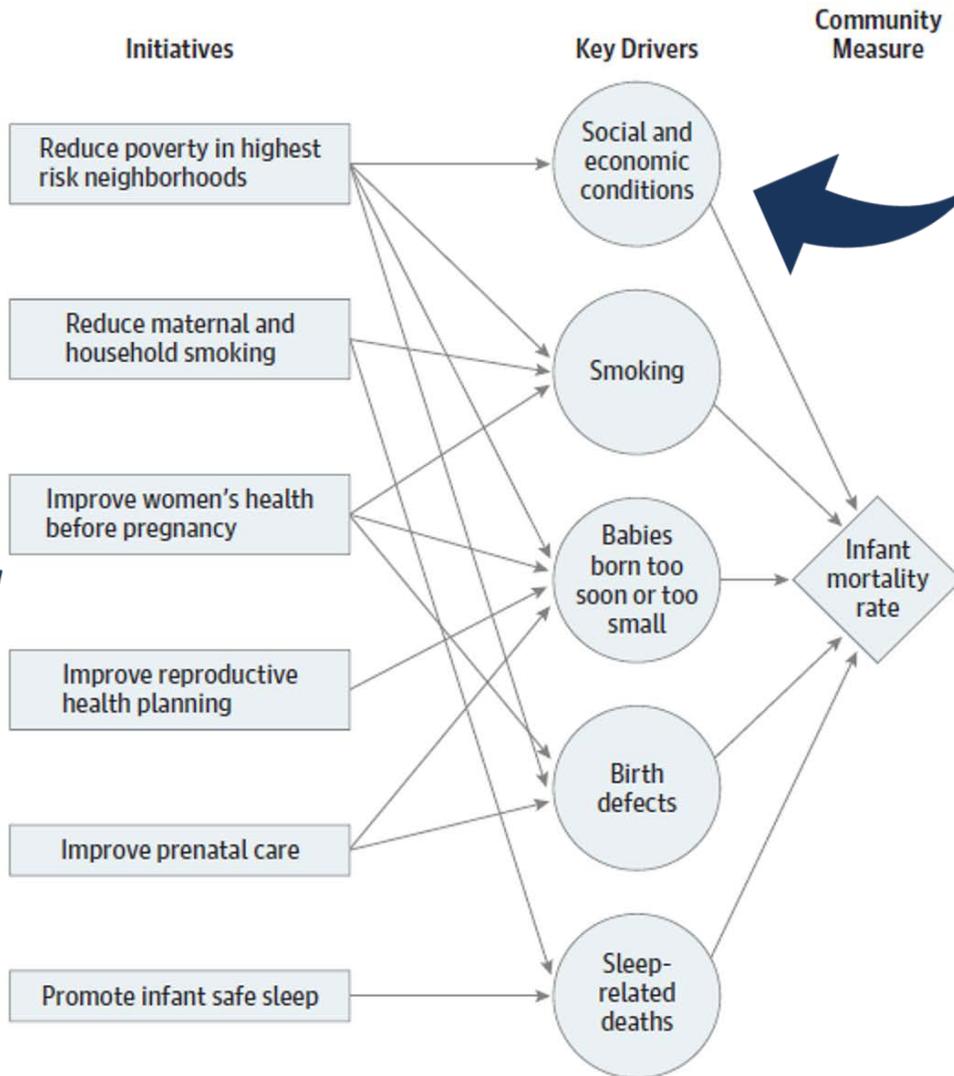
Step-by-Step CHA Process:

1. Identify and Engage Your Team
2. Collect and Analyze Data
3. Prioritize County Health Issues
4. Document and Make CHA Public
5. Input CHA Results into CPP
6. Select Vital Sign Actions
7. Evaluation



What Drives Infant Mortality?

Figure. Initiatives to Improve a Community Health Measure



Identify Key Drivers of Infant Mortality

Consider Interventions that Work at a Local Level



	Putnam County				Tennessee	United States
	2014	2015	2016	2017	Data*	Data*
Youth Obesity	38.2%	37.4%	37.8%		39.2% ³	
Physical Activity	73.0%				69.4%	73.4%
Youth Nicotine Use: Cigarettes					9.4%	8.8%
Youth Nicotine Use: Vaping					11.5%	13.2%
Drug Overdose: Fatal	28.3	20.1	17.1		26	
Drug Overdose: Non-Fatal	349.2	371.6	350.3		345.0 ³	
Infant Mortality	1.2	12.0	8.1		7.4	5.87 ³
Teen Births	26.8	30.0	26.8	20.2	26.6	20.3 ³
Community Water Fluoridation					88.8%	74.4% ¹
Frequent Mental Distress	15.0%	15.0%	15.0%		13.7%	12.4%
3rd Grade Reading Level				43.0%	34.7%	
Preventable Hospitalizations			1402		1531 ³	
Per Capita Personal Income	\$34,685	\$36,254	\$37,218		\$44,266	\$50,399
Access to Parks and Greenways			72.0%		71% ²	83% ³
Adult Obesity	29.0%				32.8%	30.1%
Adult Smoking	23.0%	23.0%	22.0%		22.6%	16.4%
Neonatal Abstinence Syndrome	37.7	21.8	21.8	27.2	13.5	
Suicide Rates	14.8	22.8	31.6	16.7	17.3	13.92 ³
Educational Attainment: Graduated High	84.0%	83.9%	85.2%		86.0% ³	87.0% ³
Educational Attainment: Some College	46.5%	46.0%	47.0%		53.2% ³	59.5% ³
Rate of Opioid Prescriptions	1313.3	1287.5	1201.9	1089.4	1025	587
Diabetes**	11.6%				11.4% ²	8.7% ²
Fruits and Vegetables					55.4%	56.2%
Flu Vaccine Rates: Elderly	59.6%	57.2%	57.0%	52.9%	47.3%	46.0%
Flu Vaccine Rates: 24 month old	47.8	55.2	36.0	44.1	45.9%	
HPV Vaccine Rate					55.3% ³	60.4% ³
Rate of Food Borne Disease Complaints				14.0	27 ²	
Adverse Childhood Experiences					24.6% ³	21.7% ³
Heart Disease Death Rate	222.5	279.0	273.9	245.9	238.4	197.2 ²
Cancer Death Rate	250.8	253.5	214.6	213.7	212.8	185.4 ²
Uninsurance Rate	15.4%	13.3%	12.2%		10.6% ³	8.8% ³

*All Tennessee and United States Data Is from 2017 unless otherwise indicated. (¹2014, ²2015, ³2016)

Collect and Analyze Data



Primary Data Collection:

- Surveys
- Focus Groups
- Key Informant Interviews

TN Department of Health

- The following questions ask about resources to prevent accidents that cause injury among children.
 - In [Rutherford/Williamson] county, there are enough resources and education surrounding:
 - Safe car seat use
 - Strongly agree
 - Agree
 - Don't know
 - Disagree
 - Strongly disagree
 - Safe sleep practices for infants
 - Strongly agree
 - Agree
 - Don't know
 - Disagree
 - Strongly disagree
 - Safe motor vehicle use for teens
 - Strongly agree
 - Agree
 - Don't know
 - Disagree
 - Strongly disagree
 - The prevention of falls that cause injury
 - Strongly agree
 - Agree
 - Don't know
 - Disagree
 - Strongly disagree
 - What do you think is the most important health issue for children in [Rutherford/Williamson] county? (e.g. abuse, nutrition, stress, etc)
- Access to Care
 - What is the primary source of your health care coverage?
 - Not including over-the-counter (OTC) medications, was there a time in the past 12 months when you did not take your medication as prescribed because of cost?
 - Yes
 - No
 - No medication was prescribed
 - Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?
 - Yes

TN Department of Health

Conducting an online survey can help you reach a larger audience of individuals. If you are interested in conducting an online survey in your county, please contact the Office of Health Policy at health.policy@tn.gov.

A survey should include a \$600,000 to participate, and can include information on:

- Consent to Participate
- Demographics
 - Do you live in [Rutherford/Williamson/Davidson] County?
 - Length of time you've lived in the County listed above?
 - What county do you work in?
 - Age:
 - Gender (check all that apply):
 - Sexual Orientation
 - Race / Ethnicity
 - Primary language spoken at home:
 - Educational Attainment
 - Employment Status
 - Household Income
 - Household Size
 - Veteran status
- Health self-assessment
 - Would you say that in general your health is...*Poor, Good, etc*
 - Physical Activity
 - Tobacco Use
 - Time Since Last Doctor Visit
 - Frequency of Stress
 - Frequency of Sadness, Depression
- Children's Health Assessment
 - Do you have any children under the age of 18 living in your home? (If so, how many?)
 - How often are you able to take your child(ren) to visit a doctor when you need to?
 - What are your biggest concerns about your child(ren)'s health?
 - To what extent do you agree with the following statements?
 - In our county, enough is being done to prevent child abuse and neglect.
 - In our county, children receive a good education.
 - In [Rutherford/Williamson] county, there are mental health promotion and early intervention supports for children and adolescents (consider school readiness programs, alcohol and tobacco prevention, and other wellness services).
 - Strongly agree
 - Agree
 - Don't know
 - Disagree
 - Strongly disagree

TN Department of Health

Sample Standardized Question Set
 Are you a resident of _____ County?
 What problems has our county had in the past three years?
 How did the county address these problems?
 What do you see as major health-related problems in our county?
 How would you try to reduce these health-related problems?
 What are the strengths of the health services available in our county?
 What health services are needed for children and adolescents that are not being provided in our county?
 What health resources exist for the older people in our county?
 What are some health services adults need that are currently not being offered?
 What do you think are some changes in health care that need to be made?
 What is the job market like here?
 What community organizations are active in our county?
 How do different races or ethnic groups get along?
 What do you like most about living here?
 What concerns you most about living here?
 What do you and others do to stay healthy?
 What health problems have you and your family had to deal with?
 What groups in the county do you belong to?
 What other information would you like to share about community health in our county?

As a CHA Team, discuss which of the above questions are suitable for your Key Informant Interview(s). It is best to use a standard set of questions to ensure consistency amongst interviewees' responses.

Consider as a team:

- Who will conduct the interviews
- How the interviews will be recorded
- How the results will be analyzed
- How the results will be used to inform the CHA.

Conducting an online survey

Introductory Meeting

- CHA Introduction
- Invite Additional Stakeholders
- Establish Plan & Responsibilities

January

Primary Data Collection Plan

- Review Quantitative Data
- Choose Primary Data Collection Method(s)
- Develop Primary Data Collection Plan/ Timeline

March

Data Review & Identify Health Priorities

- Review Primary & Secondary Data Highlights
- Vote on Health Priorities (Up to 3)
- Detail Health Department's Role in Addressing Priorities

May

February

Secondary Data Discussion

- Review County Demographic Profile
- Review County Data Package
- Identify County Strengths
- Identify County Opportunities
- Discuss Missing Data

April

Primary Data Collection

- Conduct Focus Group with Health Council
- Record Focus Group Results
- Review Timeline/ Results of Primary Data Collection Plan

June

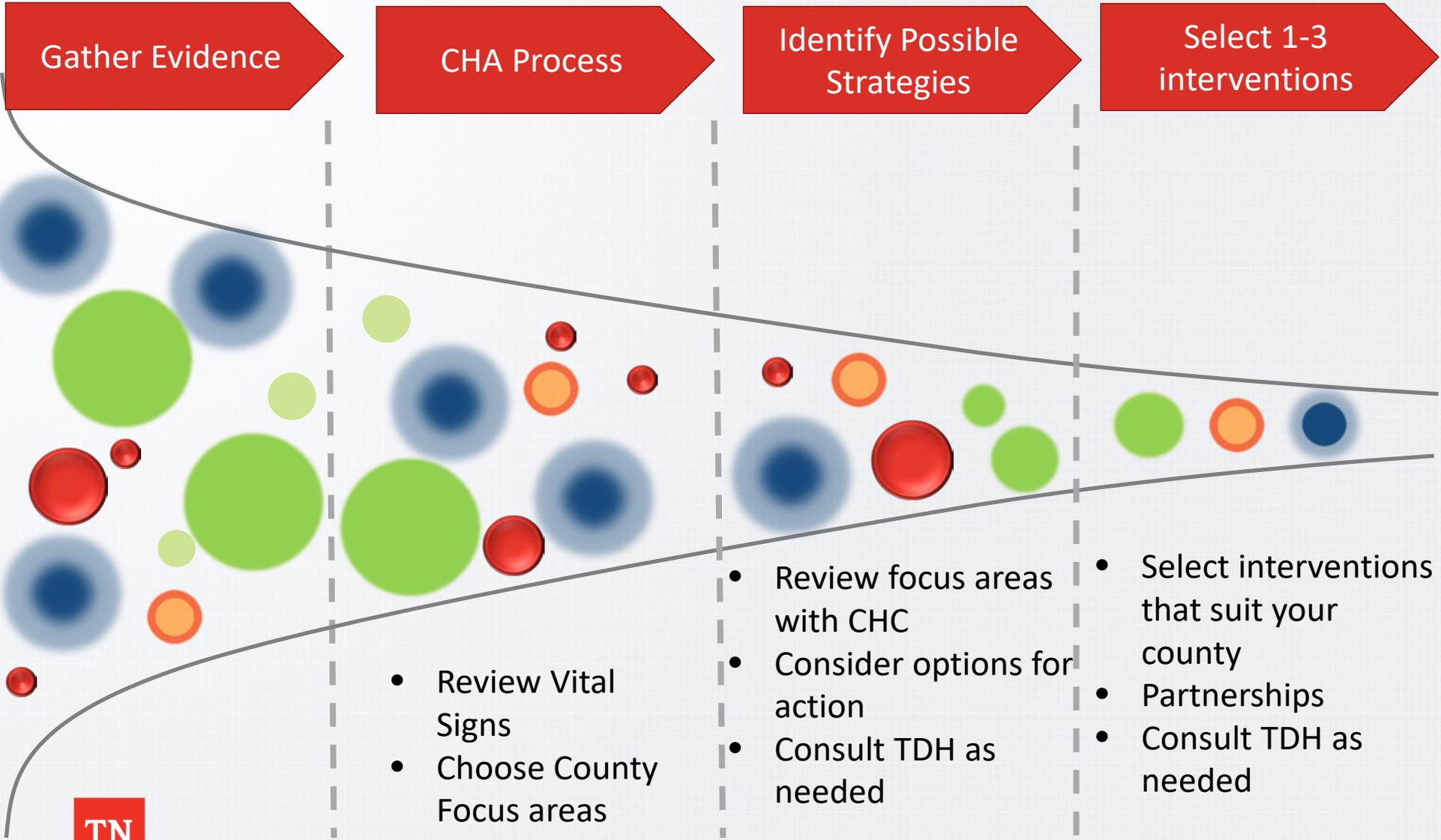
Choose Vital Sign Actions

- Choose Vital Sign Actions to Address Priorities
- Establish VSA Roles for the Health Council & Health Dept.
- Determine how to Communicate your CHA Results
- Complete CHA Evaluation

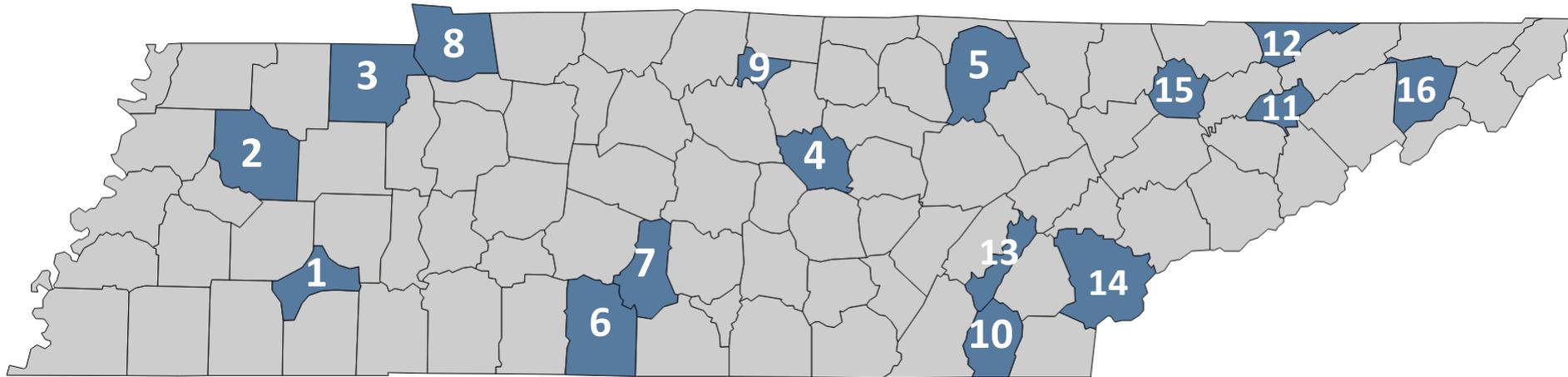
TN

Department of
Health

Vital Sign Actions



County Health Assessment Pilot Counties (2019)



West TN

1. Chester, WTR
2. Gibson, WTR
3. Henry, WTR

Middle TN

4. DeKalb, UCR
5. Fentress, UCR
6. Giles, SCR
7. Marshall, SCR
8. Stewart, MCR
9. Trousdale, MCR

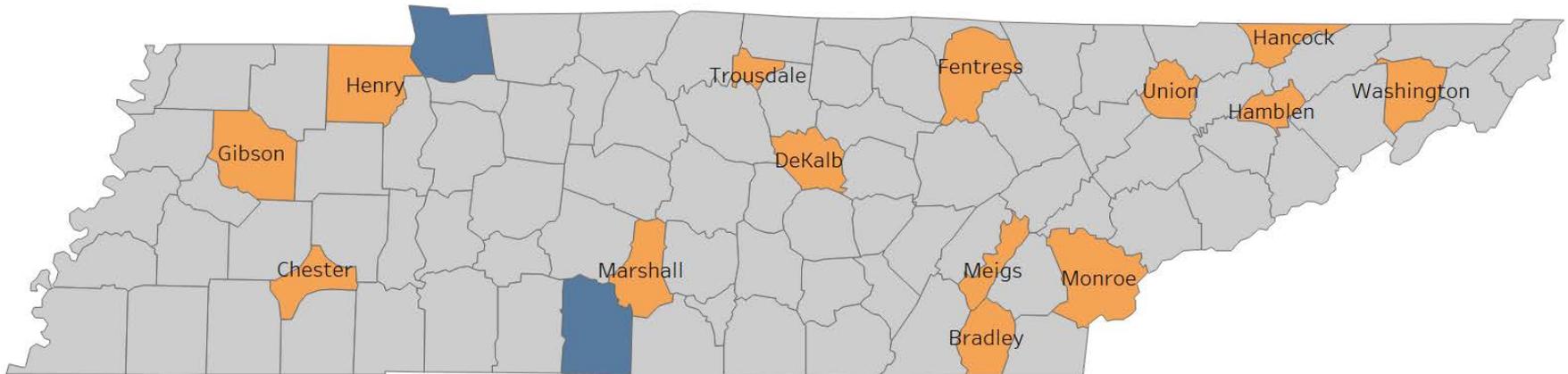
East TN

10. Bradley, SER
11. Hamblen, ETR
12. Hancock, NER
13. Meigs, SER
14. Monroe, ETR
15. Union, ETR
16. Washington, NER

2019 CHA Priorities

Substance Misuse

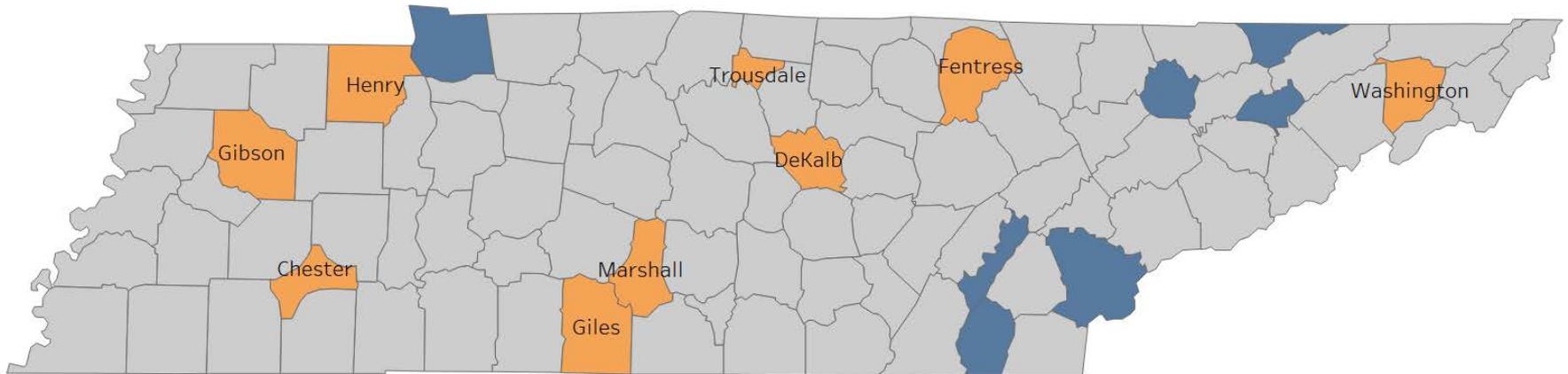
- Bradley
- Chester
- Dekalb
- Fentress
- Gibson
- Hamblen
- Hancock
- Henry
- Marshall
- Meigs
- Monroe
- Trousdale
- Union
- Washington



2019 CHA Priorities

Mental
Health

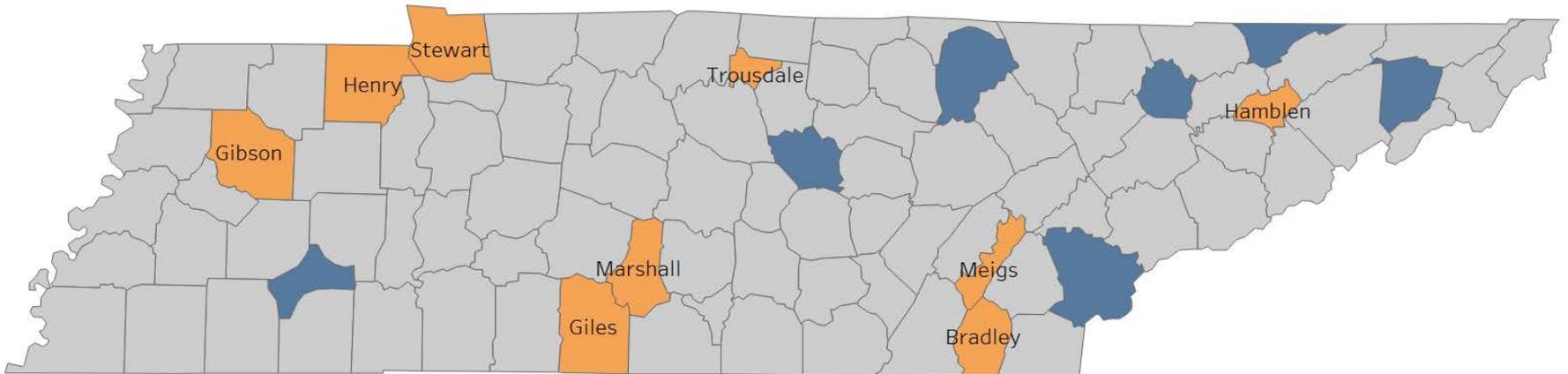
- Chester
- Dekalb
- Fentress
- Gibson
- Giles
- Henry
- Marshall
- Trousdale
- Washington



2019 CHA Priorities



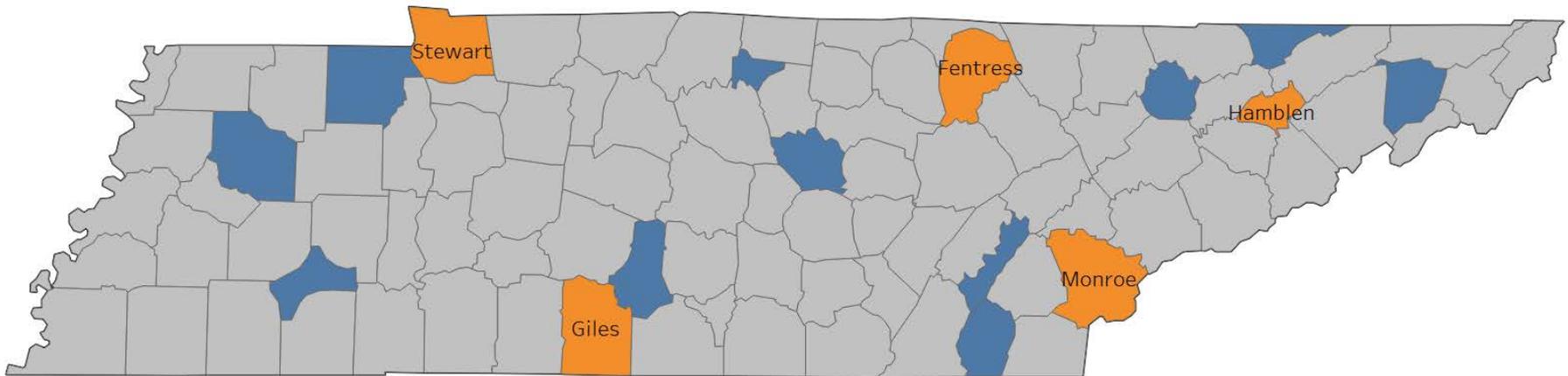
- Bradley
- Gibson
- Giles
- Hamblen
- Henry
- Marshall
- Meigs
- Stewart
- Trousdale



2019 CHA Priorities

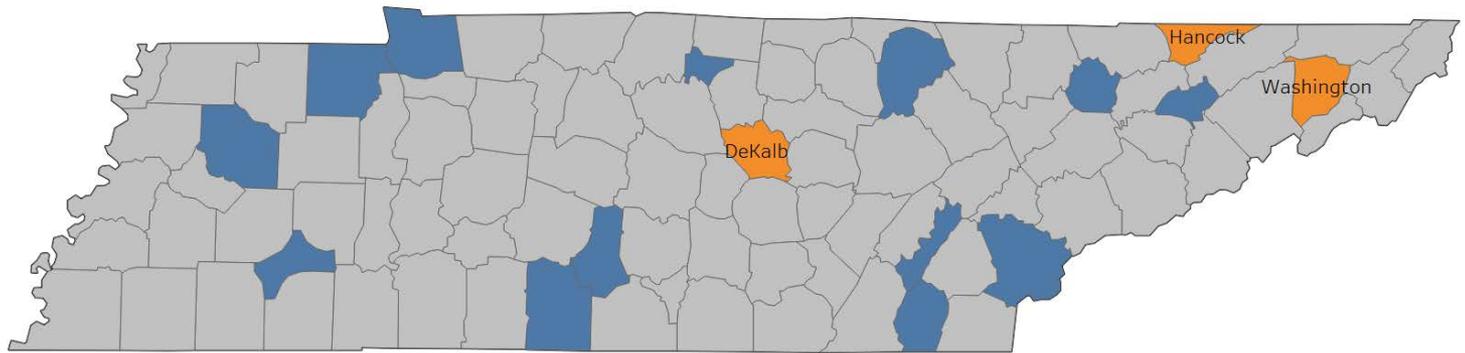
Youth
Nicotine
Use

- Fentress
- Giles
- Hamblen
- Monroe
- Stewart



2019 CHA Priorities

Adverse
Childhood
Experiences
(ACEs)



Other
Priorities

- 3rd Grade Reading Level (Stewart, Union)
- Teen Pregnancy (Meigs, Union)
- Lack of childcare (Chester)
- Minority Health (Marshall)
- Access to Affordable Health Care (Bradley)
- Health Literacy (Hancock)
- Community Violence (Washington)
- Cardiovascular Health (Monroe)

CHA Products: Responsive Website

The screenshot shows a web browser window with a single tab titled 'about:blank'. The address bar also shows 'about:blank'. The website content is displayed in a responsive layout. On the left, there is a 'Pilot Counties' sidebar with a list of counties: Chester, WTR; Gibson, WTR; Henry, WTR; DeKalb, URC; Fentress, UCR; Giles, SCR; Marshall, SCR; Stewart, MCR; Trousdale, MCR; Bradley, SER; Hamblen, ETR; Hancock, NER; Meigs, SER; Monroe, ETR; Union, ETR; and Washington, NER. The main content area is titled 'Chester County Health Assessment' and includes a paragraph of text: 'Chester County is a small county in West Tennessee located 18 miles from Jackson and 89 miles from Memphis. Chester County offers numerous amenities for those who live, work, and play in this county of over 18,000 people. From the natural beauty of Chickasaw State Park and the Chickasaw Golf Course to our historic downtown Henderson, Chester County is a smart choice. Small town charm and friendly people make Chester County a great place to live. Residents and visitors enjoy the Chester County Barbeque Festival in September, Relay for Life events in May, Arts in the Alley in the summer months, beautiful Chickasaw State Park and Golf Course. From our great tasting barbeque to our beautiful golf course and state park there is something for everyone in Chester County.' Below the text are four image thumbnails: 'Chester County Health Council', 'Chester Vital Sign Priorities', 'Chester Data Package', and 'Back to Pilot Counties'. To the right of the main content is a 'County Snapshot' box with the following statistics: Population- 19,636; Uninsured- 9.7%; Unemployment Rate- 4.2%; Hispanic- 2.7%; Under Age 18- 23.8%. The TN Department of Health logo is also present. Below the snapshot is a 'Priority 1' section featuring a house icon, a family icon, and a semi-circular gauge with a yellow segment and an arrow pointing to it. At the bottom of the page is a map of Tennessee with several counties highlighted in blue. The TN logo is visible in the bottom left corner of the browser window.

Pilot Counties

- Chester, WTR
- Gibson, WTR
- Henry, WTR
- DeKalb, URC
- Fentress, UCR
- Giles, SCR
- Marshall, SCR
- Stewart, MCR
- Trousdale, MCR
- Bradley, SER
- Hamblen, ETR
- Hancock, NER
- Meigs, SER
- Monroe, ETR
- Union, ETR
- Washington, NER

Chester County Health Assessment

Chester County is a small county in West Tennessee located 18 miles from Jackson and 89 miles from Memphis. Chester County offers numerous amenities for those who live, work, and play in this county of over 18,000 people. From the natural beauty of Chickasaw State Park and the Chickasaw Golf Course to our historic downtown Henderson, Chester County is a smart choice. Small town charm and friendly people make Chester County a great place to live. Residents and visitors enjoy the Chester County Barbeque Festival in September, Relay for Life events in May, Arts in the Alley in the summer months, beautiful Chickasaw State Park and Golf Course. From our great tasting barbeque to our beautiful golf course and state park there is something for everyone in Chester County.

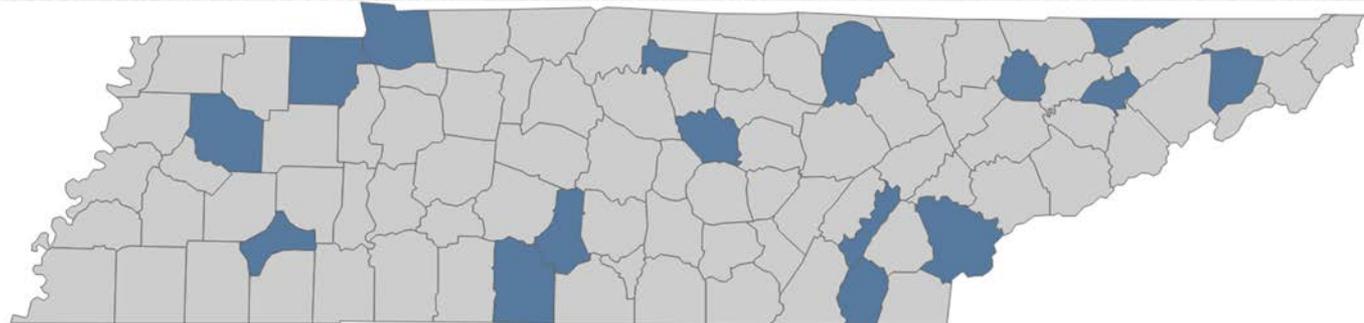


County Snapshot

Population- 19,636
Uninsured- 9.7%
Unemployment Rate- 4.2%
Hispanic- 2.7%
Under Age 18- 23.8%



Priority 1



CHA Counties (2020)

Mid-Cumberland Region

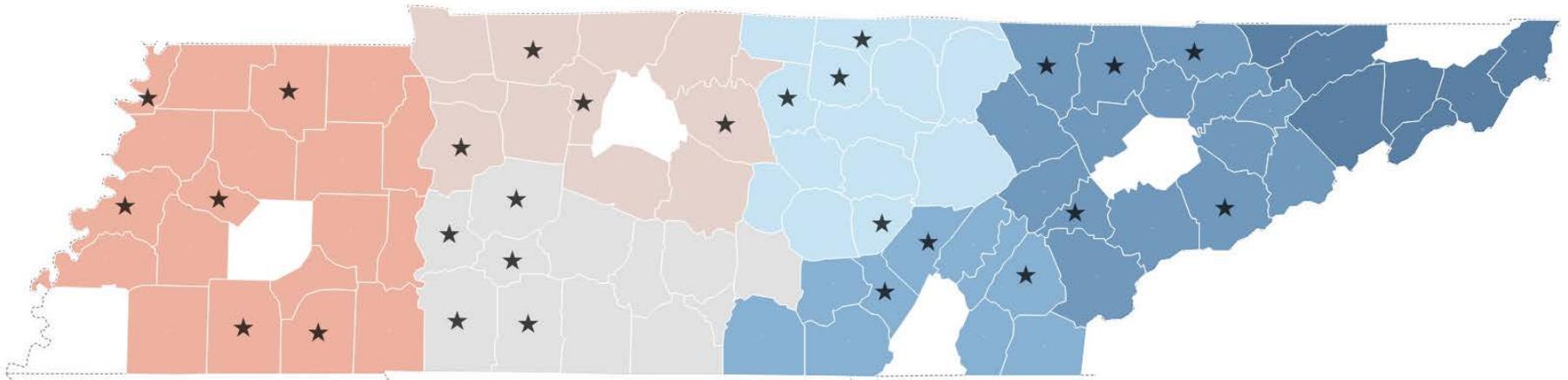
- Cheatham
- Humphreys
- Montgomery
- Wilson

Upper-Cumberland Region

- Clay
- Jackson
- Smith
- Van Buren

Northeast Region

- None (Ballad)



West TN Region

- Crockett
- Hardeman
- Lake
- Lauderdale
- McNairy
- Weakley

South Central Region

- Hickman
- Lawrence
- Lewis
- Perry
- Wayne

Southeast Region

- Bledsoe
- McMinn
- Sequatchie

East TN Region

- Campbell
- Claiborne
- Loudon
- Scott
- Sevier

The Long-Term Vision

1. Utilize CHA and VSAs to inform TDH's strategic planning process and engage community experts from our rural regions
2. Build a robust, user-friendly Vital Signs website to house information and resources easily accessed by county and topic
3. Grow an ecosystem of resources for each Vital Sign to serve as road maps for counties
4. Empower County Health Councils to establish a sustainable program where counties can engage in conversations and cross-sector collaborations that address upstream public health challenges

Ways You Can Be Involved

- **Join your Health Council**
 - **All 89 rural counties will be undergoing the CHA and working on collaborative intervention strategies over the next 3 years**
- **Partner with your local health department**
- **Keep up the good work!**