



Tennessee State Health Plan

2020 Edition



Table of Contents

| | |
|--|----|
| Executive Summary..... | 3 |
| Introduction | 8 |
| State Health Plan Purpose and Use..... | 8 |
| Five Principles for Achieving Better Health..... | 9 |
| 2020 Edition of the State Health Plan..... | 11 |
| Tracking Health in Tennessee..... | 11 |
| Vital Signs..... | 11 |
| Implementation of the 2019 State Health Plan: Cognitive and Brain Health across the Lifespan | 13 |
| Future of the State Health Plan | 16 |
| Certificate of Need | 18 |
| Appendix A | 21 |
| Statutory Authority for the State Health Plan | 21 |
| Appendix B | 23 |
| Data Sources for Vital Signs | 23 |

Executive Summary

The 2020 Edition of the State Health Plan serves to support the mission of the Tennessee Department of Health (TDH), “to protect, promote, and improve the health and prosperity of the people in Tennessee.”

The Five Principles for Achieving Better Health

The State Health Plan utilizes the Five Principles for Achieving Better Health that are informed by Tennessee law to serve as the framework of the State Health Plan. The Five Principles are as follows:

1. **Healthy Lives:** The purpose of the State Health Plan is to improve the health of the people in Tennessee.
2. **Access:** Every citizen should have reasonable access to health care.
3. **Economic Efficiencies:** The State’s health and health care resources should be developed to address the needs of Tennesseans while encouraging competitive markets, economic efficiencies, and the continued development of the State’s health care system.
4. **Quality of Care:** Every citizen should have confidence that the quality of health care is continually monitored and standards are adhered to by providers.
5. **Workforce:** The state should support the development, recruitment, and retention of a sufficient and quality health and health care workforce.

2020 State Health Plan

The 2020 State Health Plan is an abbreviated update. Because of the ongoing COVID-19 pandemic the Office of Health Planning temporarily suspended plans for an in-depth health assessment and plan update for the year 2020. Stakeholders who are integral to the development of the State Health Plan each year did not have the capacity to provide expertise and guidance to the Plan and hosting large public meetings across the state was not advisable during this time. However, this 2020 State Health Plan includes updated data to track the health of Tennesseans, a progress report on the implementation of the 2019 State Health Plan recommendations, and information on plans for future editions of the State Health Plan.

Tracking Health in Tennessee

The State Health Plan annually monitors the health of the people of Tennessee. To effectively monitor health in the state, the Plan takes into consideration not only health outcomes, but also metrics for mental health and social determinants of health.¹ These additional metrics inform the Department in its efforts to develop and implement programs and policies that holistically improve health and well-being in the state.

Vital Signs

The Tennessee Vital Signs were put into use in 2018, and they serve as a mechanism to track health in Tennessee. Taken together, they provide an at-a-glance view of leading indicators of health and prosperity. Tennessee’s Vital Signs seek to provide an objective answer to the question, “How healthy is Tennessee?” The Vital Signs include both health outcomes and some social determinants of health in order to help the Department and its partners to think about factors that influence the health of the state.

¹ Social determinants of health are the conditions that impact health. These include, but are not limited to, socioeconomic status, education, physical environment, social support, and access to health care.

Tennessee Vital Signs

| | | |
|-------------------------------------|----------|--|
| Youth Obesity | 40% | Percent of public schools students with a BMI greater than or equal to the 85 th percentile |
| Physical Activity | 70% | Percent of adults who reported doing physical activity during the last 30 days other than their regular job |
| Youth Nicotine Use | 22% | Percent of high school students who used electronic vapor products on at least one day during the last 30 days |
| Drug Overdose | 23,565 | Number of drug overdose outpatient visits and inpatient stays caused by non-fatal acute poisonings due to the effects of drugs, regardless of intent |
| Infant Mortality | 6.9 | Number of infant deaths per 1,000 live births |
| Teen Births | 25.3 | Number of births per 1,000 women aged 15-19 years |
| Community Water Fluoridation | 89% | Percent of population served by community water systems that are receiving fluoridated water |
| Frequent Mental Distress | 16% | Percent of adults who reported their mental health was 'not good' 14 or more days during the past 30 |
| 3 rd Grade Reading Level | 37% | Percent of public school 3 rd graders that are reading at grade level |
| Preventable Hospitalization | 1,531 | Hospitalization rate for ambulatory care-sensitive conditions per 100,000 adults |
| Per Capita Personal Income | \$48,684 | Annual, not seasonally adjusted, per capita personal income in dollars |
| Access to Parks and Greenways | 70% | Percent of population with adequate access to locations for physical activity |

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

Implementation of the 2019 State Health Plan: Cognitive and Brain Health across the Lifespan

The 2019 State Health Plan was a deep-dive into Cognitive Brain Health across the Lifespan. A series of public meetings were held across the state and three recommendations were developed based on the input provided at these meetings. The recommendations are as follows:

1. Dementia friendly communities,
2. Dementia Risk Reduction Education: Public Health Workforce, Health Care Providers, and Members of the Public, and
3. Healthy Aging across the Lifespan Summit.

Throughout 2020 the Office of Patient Care Advocacy (OPCA) within the Department of Health has been working to implement each of these recommendations. OPCA, and its partners, have made significant progress and will be continuing these efforts throughout 2021.

Future of the State Health Plan

This year has provided the Office of Health Planning with the opportunity to begin a comprehensive strategic planning process for the future of the State Health Plan to ensure it is a meaningful and useful tool for both the Department and the Department's public and private partners across the state.

Under the leadership of Commissioner Piercey, the Department has developed a new strategic plan that prioritizes access and prevention. Beginning in 2021, the State Health Plan will serve as an external facing tool to compliment the Department's strategic plan. The State Health Plan will include data, recommendations, and policy considerations for partners including, health councils, safety-net providers, non-profit organizations, healthcare systems and providers, and sister-state agencies. These tools will allow the Department and its partners to coordinate efforts across the state.

Certificate of Need

Tennessee's Certificate of Need (CON) program seeks to deliver improvements in access, quality, and cost effectiveness through orderly growth management of the state's health care system. In accordance with Tennessee law, the annual updates to the State Health Plan contain revisions to CON Standards and Criteria that are used by the Health Services Development Agency (HSDA) as guidelines when issuing CONs.

The 2020 Edition of the State Health Plan does not include any revisions to the existing Certificate of Need Standards and Criteria. Health Planning utilizes a wide array of stakeholders with expertise in health care during the revision process, and due to the ongoing COVID-19 pandemic such stakeholders were unavailable to advise. The 2021 State Health Plan will include revised Standards and Criteria.

Introduction

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. This act created the Division of Health Planning that was charged with developing a State Health Plan. The Public Chapter required the State Health Plan to be annually revised and approved and adopted by the Governor. The law states that the State Health Plan:

- “Shall include clear statements of goals, objectives, criteria and standards to guide the development of health care programs administered or funded by the state of Tennessee through its departments, agencies or programs;”
- Is to be considered “as guidance by the Health Services and Development Agency when issuing certificates of need;”
- “Shall guide the state in the development of health care programs and policies in the allocation of health care resources in the state”.

State Health Plan Purpose and Use

The State Health Plan serves as a tool for improving the health of people in Tennessee. Since 2009, the Division of Health Planning has developed annual editions of the Plan that are designed to serve the needs of the people of the state and to uphold the mission of the Department of Health (TDH or the Department):

“To protect, promote, and improve the health and prosperity of people in Tennessee.”

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. The State Health Plan exists to contemplate the factors that determine health, consider the resources that can be utilized to improve health, and coordinate the people who lead the way in making Tennessee healthier. By functioning in this way, the State Health Plan also supports the vision of the Department of Health set forth in the Department’s strategic plan:

“Healthy People, Healthy Communities, Healthy Tennessee.”

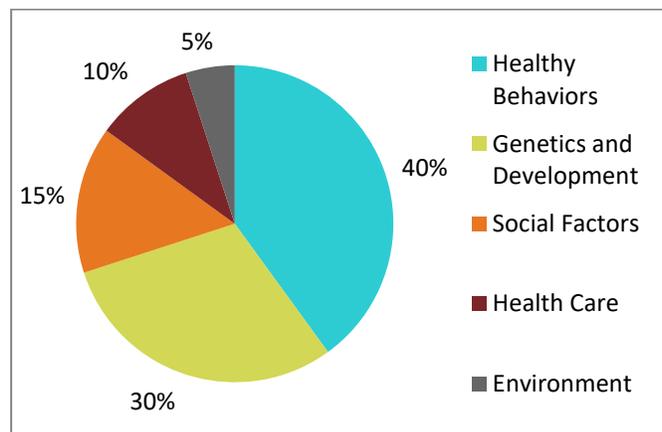
Five Principles for Achieving Better Health

The State Health Plan utilizes the Five Principles for Achieving Better Health that are informed by Tennessee law to serve as the framework of the State Health Plan. The Five Principles are as follows.

1. **Healthy Lives:** The purpose of the State Health Plan is to improve the health of the people in Tennessee.
2. **Access:** Every citizen should have reasonable access to health care.
3. **Economic Efficiencies:** The State’s health and health care resources should be developed to address the needs of Tennesseans while encouraging competitive markets, economic efficiencies, and the continued development of the State’s health care system.
4. **Quality of Care:** Every citizen should have confidence that the quality of health care is continually monitored and standards are adhered to by providers.
5. **Workforce:** The state should support the development, recruitment, and retention of a sufficient and quality health and health care workforce.

Healthy Lives

The State Health Plan emphasizes improving population health through policies and programs that use primary prevention and address social determinants of health. Social determinants of health are the numerous factors that influence health and well-being, including personal behaviors, culture, the environment, and social and socio-economic factors. By moving upstream and addressing population health, primary prevention, and social determinants of health, the State Health Plan aims to equip Tennesseans with the knowledge, tools, and resources necessary to reach optimal health.



Sources: McGinnis JM & Foege WH. Actual causes of death in the United States. JAMA 4993: 270(18):2207-12 (Nov. 10) McGinnis JM, Williams-Russo P, & Kinckman JR. The case for more active policy attention to health promotion. Health Affairs 2002: 21(2):78-93 (Mar).

Access

Access to high quality, comprehensive health care is important to promoting and maintaining health, preventing and managing chronic disease, and improving health equity across the state. Barriers to accessing care vary depending on the region of the state, but they include cost, transportation, high-speed internet availability, and geographic location.

Many rural communities face transportation barriers to care and lack basic internet access, inhibiting advances in telehealth and impacting the work of emergency responders. The rate of insurance coverage also impacts access to care in the state.

Economic Efficiencies

Health care spending in the United States increased 3.9 percent to 3.5 trillion dollars (10,739 dollars per person) in 2017.ⁱ There is evidence rising that health care costs impact the following: 1) individual or family share of health insurance premiums, 2) out-of-pocket spending, 3) employer share of the health insurance premium, and 4) the portion of federal and state taxes devoted to government health programs.ⁱⁱ Improving economic efficiencies may have a positive impact on the ability of Tennesseans to access health care services, supporting the second principle of achieving better health. Additionally, addressing prevention by decreasing smoking, obesity, and chronic disease in the state may serve as a cost-saving mechanism. Lower-cost preventive measures used by the Department can potentially mitigate the need for higher cost health care interventions.

Quality of Care

Quality of care is defined by the World Health Organization as “the extent to which health care services provided to individuals and patient populations improve desired health outcomes. In order to achieve this, health care must be safe, effective, timely, efficient, equitable and people-centered.”ⁱⁱⁱ The Department plays a key role in monitoring and improving the quality of care provided in the state through licensure, health care facility inspections, health professional boards, provider recruitment, and data collection and monitoring.

Workforce

A sufficient, high-quality workforce is a factor of both prevention and access to care. Primary care plays an important role in preventing, mitigating, and managing disease throughout the lifespan, and dental and mental health services are also key components of health and well-being.

The Department collects and reports data on the number of primary care physicians, including family medicine, internal medicine, obstetrics and gynecology, and pediatrics, and dentists in the state.

The State Health Plan plays a role in identifying solutions to workforce recruitment and retention challenges faced by both the Department's local health departments and communities at large.

2020 Edition of the State Health Plan

This 2020 Edition of the State Health Plan is an abbreviated version in comparison to years past.

Tracking Health in Tennessee

Tennessee law directs the State Health Plan to annually review the health status of Tennesseans. In 2018 the Department began using Tennessee Vital Signs to monitor and track health in the State. They were developed through an extensive public process in conjunction with a thorough internal review.

Vital Signs

Tennessee Vital Signs provide an at-a-glance view of leading indicators of health and prosperity. Tennessee's Vital Signs seek to provide an objective answer to the question, "How healthy is Tennessee?" The Vital Signs include both health outcomes and social determinants of health in order to help the Department and its partners to think about factors that influence the health of the state. Because the Vital Signs include metrics like 3rd grade reading level and frequent mental distress, they offer an opportunity for the Department to partner with other state agencies to improve health and well-being in the state.



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

Source: Data sources can be found in Appendix B.

Last updated: January 15, 2021; all indicators reflect data collected prior to the COVID-19 pandemic.

Implementation of the 2019 State Health Plan: Cognitive and Brain Health across the Lifespan

Recognizing Tennessee's population is aging, the 2019 Edition of the State Health Plan was a deep-dive into healthy aging with an emphasis on cognitive and brain health across the lifespan. The deep-dive was conducted by the Office of Health Planning in partnership with the Office of Patient Care Advocacy (OPCA).

This specific topic was chosen for a variety of reasons. First, public health practice focuses on the entire life course, working collaboratively with community partners on a wide range of health issues to provide programs and policies such as maternal and child health, diabetes prevention, brain health, emergency preparedness, and tobacco-free initiatives, that eventually support healthy aging later in life. While public health has experience and skill in addressing these components of health for some populations, it has not traditionally focused such attention on its role in healthy aging and more specifically Alzheimer's disease and other dementias for adults and older adults. Alzheimer's disease has been viewed primarily as an aging issue. However, research shows that the brain changes associated with brain health begin to take root many years, even decades, before symptoms appear. The Alzheimer's disease continuum spans decades, providing many opportunities to change outcomes across the lifespan. Just as with other chronic and degenerative conditions, public health along with national, state and community partners can reduce risk in populations, further early detection and diagnosis, improve safety and quality of care for people living with cognitive impairment, and attend to caregivers' health and wellbeing.

Additionally, Alzheimer's disease is the fifth leading cause of death in the state of Tennessee, and an estimated 120,000 Tennesseans were living with Alzheimer's in 2019.

| 10 Leading Causes of Death in Tennessee: CDC 2017 | |
|---|---|
| 1 | Diseases of the heart |
| 2 | Malignant neoplasms |
| 3 | Chronic lower respiratory diseases |
| 4 | Accidents (unintentional injuries) |
| 5 | Alzheimer's disease |
| 6 | Cerebrovascular diseases |
| 7 | Diabetes mellitus |
| 8 | Influenza and pneumonia |
| 9 | Intentional self-harm (suicide) |
| 10 | Nephritis, nephrotic syndrome and nephrosis |

These numbers highlight the importance of the public health enterprise actively addressing healthy aging across the lifespan to improve the health of Tennesseans.

In order to complete this work and develop a series of recommendations, Health Planning, OPCA, and Minority Health and Disparities Elimination (OMHDE) conducted a series of 10 focus groups across the state. Industry stakeholders, community members, faith-based leaders, and caregivers, among others, attended these meetings. Through these meetings three recommendations were developed.

1. Dementia friendly communities,
2. Dementia Risk Reduction Education: Public Health Workforce, Health Care Providers, and Members of the Public, and
3. Healthy Aging across the Lifespan Summit.

OPCA has been working actively with partners across the state to implement these recommendations as part of its efforts to prevent cognitive decline and improve the lives of older Tennesseans.

Dementia Friendly Communities

In November 2019, the OPCA released a Tennessee Dementia Friendly Request for Applications that would award grantees funding to implement dementia friendly principles. There were three grantees chosen to implement activities such as caregiver supports, community education, first responder education, healthcare provider education, and business engagement activities. The grantees began activities in March 2020 and continue to raise awareness of dementia and to support those living with dementia and their caregivers in their local communities. The OPCA created a Tennessee specific dementia friendly toolkit utilizing best practices and evidence informed guidance for local communities, including the three grantees, to utilize in their efforts. Materials and best practices related to the Tennessee Dementia Friendly Community initiative continue to be developed and posted on the new Tennessee Dementia Friendly Community website so that local communities can utilize them as appropriate.

Dementia Risk Reduction Education

As part of the Tennessee Dementia Friendly Community initiative, the OPCA worked with several partners to further expand efforts related to dementia risk reduction. TDH worked with several community partners, including state legislators, to develop risk reduction videos to raise awareness of the risk factors associated with dementia. In addition, the OPCA and the OMHDE developed the first annual 2019 Alzheimer's and Comorbidities County Profiles to help local communities further define chronic conditions that impact older adults and identify risk factors that can assist in decreasing the prevalence of chronic conditions among older adults. A brief introduction is provided for communities highlighting ways in which they can utilize the profiles.

Healthy Aging across the Lifespan Summit

TDH is currently working with several partners to host several meetings for various stakeholders focused on issues that impact older adults or seniors. TDH is partnering with University Tennessee at Chattanooga to host a provider training focused on care coordination, diagnosis, advanced care planning, and determining cause of death for older adults, specifically for those with dementia. In addition, TDH is partnering with the Alzheimer's Association to host a conference to bring together members of the faith community to discuss dementia and other items that impact older adults in TN's faith communities.

Other Successes

Moving forward in 2021, TDH is partnering with the Alzheimer’s Association, Methodist Le Bonheur Congregation Health Network, Shelby County Health Department, and Area Agency on Aging and Disability to implement the Tennessee Dementia Friendly Community Faith Toolkit in faith organizations in West Tennessee and guide them through an assessment, planning, and implementation process to meet the needs of those with dementia and their caregivers in the faith community. Through partnerships with other organizations, it is expected that these efforts will further drive faith communities in other regions of the state to engage in dementia risk reduction activities, awareness efforts, and services for those living with dementia and caregivers.

Future of the State Health Plan

This year has provided the Office of Health Planning with the opportunity to begin a comprehensive strategic planning process for the future of the State Health Plan to ensure it is a meaningful and useful tool for both the Department and the Department’s public and private partners across the state.

Under the leadership of Commissioner Piercey, the Department has developed a new strategic plan that prioritizes access and prevention. Beginning in 2021, the State Health Plan will serve as an external facing tool to compliment the Department’s strategic plan. The State Health Plan will include data, recommendations, and policy considerations for partners including, health councils, safety-net providers, non-profit organizations, healthcare systems and providers, and sister-state agencies. These tools will allow the Department and its partners to coordinate efforts across the state.

Health Planning will be engaging partners across the state to gather expertise and to ensure the diverse needs of Tennesseans are being heard by the Department and addressed through the State Health Plan.

Certificate of Need Standards and Criteria



Certificate of Need

A certificate of need (CON) is a permit for the establishment or modification of a health care institution, facility, or service at a designated location. Tennessee’s CON program seeks to deliver improvements in access, quality, and cost savings through orderly growth management of the state’s health care system.

In the 1970’s, the federal government urged states to control rising health care costs by managing the growth of health care services and facilities through the use of health planning. In response, the Tennessee General Assembly created the state’s CON program in 1973. The Health Services Development Agency (HSDA) was established as part of the Health Services Planning Act of 2002. The HSDA serves as an independent agency that reviews CON applications and votes to either approve or deny each request. The Division of Health Planning was established under Tennessee law in 2004 and is statutorily charged with developing and revising the Standards and Criteria that guide the HSDA review and decision making process.² The following facilities, equipment, and services are regulated by the CON program.

Institutions that Require a Certificate of Need

- **Hospital**
- **Nursing Home**
- **Recuperation Center**
- **Ambulatory Surgical Treatment Center**
- **Mental Health Hospital**
- **Intellectual Disability Institutional Habilitation Facility**
- **Home Care Organization**
- **Outpatient Diagnostic Center**
- **Rehabilitation Facility**
- **Residential Hospice**
- **Substitution-Based Non-Residential Opioid Treatment Programs**
- **Freestanding Emergency Departments**

² For more information visit: <https://www.tn.gov/hsda/certificate-of-need-information/certificate-of-need-basics.html>.

Services that Require a Certificate of Need

- **Burn Unit**
- **Neonatal Intensive Care Unit**
- **Open Heart Surgery**
- **Positron Emission Tomography**
- **Organ Transplantation**
- **Home Health**
- **Psychiatric (Inpatient)**
- **Pediatric Magnetic Resonance Imaging**
- **Magnetic Resonance Imaging in counties with populations less than 250,000**
- **Cardiac Catheterization**
- **Linear Accelerator**

Actions that Require a Certificate of Need

- **Any change in the bed complement of a health care institution which:**
 - a. **Increases by one or more the total number of licensed beds;**
 - b. **Redistributes beds from acute to long term care;**
 - c. **Redistributes from any category to acute, rehabilitation, child and adolescent psychiatric, or adult psychiatric; and/or**
 - d. **Relocates beds to another facility or site.**
- **Change in location or replacement of existing or certified facilities providing health care services or health care institutions.**
- **Change of parent office of a home health or hospice agency from one county to another county.**
- **One time every three years, a hospital, rehabilitation facility, or mental health hospital may increase its total number of licensed beds in any bed category by 10% or less of its licensed capacity at any one campus over any period of one year for any services or purposes it is licensed to perform without obtaining a certificate of need. The hospital, rehabilitation facility, or mental health hospital shall provide written notice of the increase in beds to the agency on forms provided by the agency prior to the request for licensing by the board for licensing health care facilities or the Department of Mental Health and Substance Abuse Services, whichever is appropriate.**
 - a. **A hospital, rehabilitation facility, or mental health hospital shall not**
 - i. **Increase its number of licensed beds for any service or purpose for which it is not licensed to provide; or**

- ii. **Redistribute beds within its bed complement to a different category.**
 - **“Campus” means structures and physical areas that have the same address and are immediately adjacent or strictly contiguous to the facility's or hospital's main buildings.**
 - a. **For new hospitals, rehabilitation facilities, or mental health hospitals, the 10% increase cannot be requested until 1 year after the date all of the new beds were initially licensed.**
 - b. **When determining projected county hospital bed need for certificate of need applications, all notices filed with the agency pursuant to subdivision (g)(1), with written confirmation from the board for licensing health care facilities or the Department of Mental Health and Substance Abuse Services, whichever is appropriate, that a request and application for license has been received and a review has been scheduled, shall be considered with the total of licensed hospital beds, plus the number of beds from approved certificate of need, but yet unlicensed.**

Each edition of the State Health Plan has included revisions to CON Standards and Criteria.³ The revision or development of Standards and Criteria includes a comprehensive process that engages the public, industry stakeholders, and HSDA staff and board members.

The 2020 Edition of the State Health Plan does not include any revisions to the existing Certificate of Need Standards and Criteria. Health Planning utilizes a wide array of stakeholders with expertise in health care during the revision process, and due to the ongoing COVID-19 pandemic such stakeholders were unavailable to advise. The 2021 State Health Plan will include revised Standards and Criteria.

³ All current CON standards, including those previously revised, can be found at the following link: <https://www.tn.gov/hxda/>.

Appendix A

Statutory Authority for the State Health Plan

The Division of Health Planning was created by action of the Tennessee General Assembly and signed into law by Governor Phil Bredesen (Tennessee Code Annotated § 68-11-1625). The Division is charged with creating and updating a State Health Plan. The text of the law follows.

- a. There is created the state health planning division of the department of finance and administration⁴. It is the purpose of the planning division to create a state health plan that is evaluated and updated at least annually. The plan shall guide the state in the development of health care programs and policies and in the allocation of health care resources in the state.

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

- c. The planning division shall be staffed administratively by the department of finance and administration in a manner that the department deems necessary for the performance of the planning division's duties and responsibilities, which may include contracting for the services provided by the division through a private person or entity

- d. The duties and responsibilities of the planning division include:

⁴ The state health planning division is now located in the Tennessee Department of Health.

1. To develop and adopt a State Health Plan, which must include, at a minimum, guidance regarding allocation of the state's health care resources;
2. To submit the State Health Plan to the Health Services and Development Agency for comment;
3. To submit the State Health Plan to the Governor for approval and adoption;
4. To hold public hearings as needed;
5. To review and evaluate the State Health Plan at least annually;
6. To respond to requests for comment and recommendations for health care policies and programs;
7. To conduct an ongoing evaluation of Tennessee's resources for accessibility, including, but not limited to, financial, geographic, cultural, and quality of care;
8. To review the health status of Tennesseans as presented annually to the Division by the Department of Health, the Department of Mental Health and Substance Abuse Services, and the Department of Intellectual and Developmental Disabilities;;
9. To review and comment on federal laws and regulations that influence the health care industry and the health care needs of Tennesseans;
10. To involve and coordinate functions with such State entities as necessary to ensure the coordination of State health policies and programs;
11. To prepare an annual report for the General Assembly and recommend legislation for its consideration and study; and
12. To establish a process for timely modification of the State Health Plan in response to changes in technology, reimbursement and other developments that affect the delivery of health care.

Appendix B

Data Sources for Vital Signs

| Measure | Definition | Source |
|--------------------------------------|--|--|
| Access to Parks and Greenways | Percent of population with adequate access to locations for physical activity | County Health Rankings |
| Community Water Fluoridation | Percent of population served by community water systems that are receiving fluoridated water | Centers for Disease Control (CDC) and Prevention Water Fluoridation Reporting System |
| 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 | Tennessee Department of Health (TDH) Office of Informatics and Analytics |
| Frequent Mental Distress | Percent 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) |
| Infant Mortality | Number of infant deaths per 1,000 live births | TDH Death Statistics |
| Per Capita Personal Income | Annual, not seasonally adjusted, per capita personal income in dollars | US Bureau of Economic Analysis |
| Physical Activity | Percent of adults who reported doing physical activity or exercise during the past 30 days other than their regular job | BRFSS |
| Preventable Hospitalizations | Hospitalization rate for ambulatory care-sensitive conditions per 100,000 adults | Hospital Discharge Data System |
| Teen Births | Number of births per 1,000 women aged 15-19 years | TDH Birth Statistics |
| Third Grade Reading Level | Percent of public school students in grade 3 that test "on track" and "mastered" for ELA on TNReady | Tennessee Department of Education (TDE) |
| Youth Nicotine Use | Electronic Vapor Products: Percent of high school students who currently used electronic vapor products on at least one day during the 30 days before the survey | Youth Risk Behavior Surveillance System |
| Youth Obesity | Percent 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 | TDE Coordinated School Health (CSH) |

References

- ⁱ Centers for Medicare and Medicaid Services, National Health Expenditures 2017 Highlights. 2018. <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/highlights.pdf>. Accessed, November 2019.
- ⁱⁱ Auerbach, David I. and Arthur L. Kellermann, How Does Growth in Health Care Costs Affect the American Family?. Santa Monica, CA: RAND Corporation, 2011. https://www.rand.org/pubs/research_briefs/RB9605.html.
- ⁱⁱⁱ World Health Organization, Maternal, newborn, child, and adolescent health, “What is quality of care and why is it important?” 2019. https://www.who.int/maternal_child_adolescent/topics/quality-of-care/definition/en/. Accessed, November 2019.