Division of Health Planning 2017 Annual Report

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From the Commissioner of Health

This past year, the Tennessee Department of Health’s Division of Health Planning accomplished a variety of objectives, falling into five main areas:

1. **The 2016 Edition of the State Health Plan:** As of July 1, 2016, Public Chapter 1043 added organ transplantation and freestanding emergency departments to the services and facilities overseen by the Certificate of Need Program. In order to respond to this change in law in a timely manner, the Division of Health Planning accelerated efforts to develop Certificate of Need standards and criteria for these two new areas. The 2016 Edition of the State Health Plan is thus comprised solely of these new Standards and Criteria for Organ Transplantation and Freestanding Emergency Departments;

2. **Certificate of Public Advantage:** The Division of Health Planning supported and advised the Department of Health during the review of a Cooperative Agreement and application for a Certificate of Public Advantage (COPA) that was filed by Mountain States Health Alliance and Wellmont Health System. This review led to the decision announced January 31, 2018 to grant a COPA, thus permitting the two health systems to merge and form Ballad Health and effectively granting Ballad Health a monopoly in the acute care hospital market in the region. The Division developed an Index of measures that will be used to confirm the future demonstration of public advantage and assisted the Attorney General’s Office in developing Terms of Certification that will govern the COPA.

3. **Oral Health Plan:** In accordance with Public Chapter 0968, the Division of Health Planning, in partnership with the Division of Oral Health Services, developed Tennessee’s first Oral Health Plan.

4. **The 2017 Edition of the State Health Plan:** In late 2016, the Division of Health Planning began work on the 2017 Edition of the State Health Plan, which will be more comprehensive than the 2016 Edition and which will be comprised of three primary parts: 1) detailed information on changes in the health status of people in Tennessee; 2) the state’s efforts to make improvements in population health; and 3) revisions to specific Certificate of Need standards and criteria. This 2017 Edition of the State Health Plan will be a “deep dive” into the faith-based communities of Tennessee. It is an opportunity for the Department of Health to learn from faith leaders and build meaningful relationships with members of faith communities throughout the state. It provides the Department of Health with the
opportunity to support the effective work of faith leaders and improve the health status of Tennesseans. The 2017 State Health Plan will also introduce Tennessee’s Vital Signs for the first time. The Vital Signs are 12 metrics, selected through an extensive public process, that will be used by TDH to measure and report on the population health of the state.

In 2018, the Division’s primary work will be finalizing and implementing the recommendations of the 2017 Edition of the State Health Plan. Additionally, the Division will begin developing the 2018 Edition of the State Health Plan, which will focus on healthy aging in Tennessee. As with previous Editions, the 2018 Edition of the Plan will continue to support and guide efforts to address the Big 4: tobacco use and nicotine addiction, excessive caloric intake (obesity), physical inactivity, and substance abuse, and will emphasize how these factors directly impact healthy aging in the state. As regards the COPA, the Division will also play a significant role in supporting the Department of Health as it provides ongoing active supervision to protect the public and ensure that any reduction in competition continues to be outweighed by evidence of public benefits attributable to the approved Cooperative Agreement.

This Annual Report provides a summary of the work that is currently underway in this Division and the accomplishments of 2017. Health Planning looks forward to continuing its efforts to protect, promote, and improve the health and prosperity of the people of Tennessee in 2018.

John J. Dreyzehner, MD, MPH, FACP
Commissioner, Department of Health
Introduction and Overview

Background: The development and continual updating of a comprehensive plan – the State Health Plan – is critical for successfully improving population health outcomes and the value of health care delivered. The State Health Plan has a particular focus on reducing obesity and substance abuse (including tobacco use), and on improving physical activity. The Plan also embraces the notion of “value,” ensuring that investments in improving health are wisely targeted, along with stressing the importance of primary prevention initiatives in improving the health of people in Tennessee.

The responsibility for improving the health of people in Tennessee is housed among multiple state departments and agencies, each with its own statutory responsibilities and plans, and strategies to meet them. The Division of Health Planning was created by statute to ensure that relevant programs and services across state government are coordinated and leveraged to optimize health outcomes and value for Tennesseans.¹

Tracking Health in Tennessee: The State Health Plan utilizes the “Big Four” as indicators for tracking population health in the state. The Big Four are four behavioral factors that significantly impact at least six of the top 10 leading causes of death in Tennessee. They also directly influence the occurrence of chronic diseases such as heart disease, cancer, and diabetes. The Department uses the Big Four as a mechanism for aligning primary prevention initiatives that are conducted throughout the Tennessee Department of Health (TDH) enterprise. The Big Four are: smoking, obesity, physical inactivity, and substance abuse.

According to America's Health Rankings, in 2017, Tennessee showed improvement in only one of these behaviors, physical inactivity. Tennessee also fell in its ranking for overall health status from 44th in 2016 to 45th in 2017.²

The TDH has set a vision for Tennessee to reach the top ten in this national ranking. Tennessee's current ranking means people in Tennessee compare poorly on many important indicators of health status, quality of life, and life expectancy. Tennessee's comparatively poor overall health represents a costly burden on every business, city, county, and taxpayer in

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¹ See Appendix A for a full discussion of the roles and duties set forth by the enabling statute.
² United Health Foundation’s America’s Health Rankings, found at http://www.americashealthrankings.org
See Appendix B for more information on Tennessee’s health status.
Tennessee. Because the economic cost of poor health is so great, improving health outcomes and health value in Tennessee offers the potential for a significant return on investment.

**Partners:** The people of Tennessee are fortunate to have a number of government programs and non-governmental organizations dedicated to the improvement of health quality and health care cost containment. These groups make important contributions independently and have the potential to make an even greater impact by working collaboratively. Each Update to the State Health Plan engages numerous stakeholders to provide opportunities for collaboration.

**The State’s Role:** The state’s role in promoting the health of Tennesseans is multi-pronged. The state is the public health authority and provider of critical health services and primary prevention activities through the TDH, the Department of Mental Health and Substance Abuse Services, and the Department of Intellectual and Developmental Disabilities. The state is also the prison health authority, the provider and coordinator of children’s care programs, the facilitator for advancement in health information technology and the grantor of certificates of need for specific health care services and facilities. In addition, the state is a major purchaser of health insurance, the licensor and regulator of health care and health insurance services, and a provider and the promoter of Tennessee’s health care industry. Finally and importantly, the state is a driving force behind improving the education level of its residents, a factor well-connected to improved health status later in life.

A comprehensive plan is necessary to coordinate these many roles and to bring to the table Tennessee’s many health and health care stakeholders. Through a central, comprehensive State Health Plan, Tennessee can assess gaps and coordinate efforts to reach the goals it sets out.
Division of Health Planning Accomplishments, 2017

2017 Health Status of Tennessee: The Big Four
In the 2014 Edition to the State Health Plan, the state identified the key factors, titled “The Big Four,” that drive improvements to Tennessee’s poor health status. These factors impact all of the top 10 leading causes of death in the state. These factors are 1) tobacco use and nicotine addiction, 2) excessive caloric intake (obesity), 3) physical inactivity, and 4) substance abuse. According to America’s Health Rankings 2017 Annual Report, Tennessee ranks 45th in the nation for overall health.3 The 2017 rankings for The Big Four are as follows:

Smoking
43rd

Obesity
45th

Physical Inactivity
40th

Substance Abuse
Drug Deaths
39th

Source: America’s Health Rankings 2017

Report on the 2016 Edition of the State Health Plan
In past years, the State Health Plan has been comprised of three primary parts: 1) detailed information on changes in the health status of people in Tennessee; 2) the state’s efforts to make improvements in population health; and 3) certain changes in Certificate of Need (CON) standards and criteria. However, the 2016 Edition is comprised of only two new sets of CON standards and criteria.

3 United Health Foundation’s America’s Health Rankings, found at http://www.americashealthrankings.org

2017 Annual Report, Tennessee Department of Health, Division of Health Planning
Public Chapter 1043, which became effective July 1, 2016, added Freestanding Emergency Departments (FSEDs) and Organ Transplantation to the list of facilities, equipment, and services that are regulated by the CON program in the state of Tennessee. In response, the Division of Health Planning accelerated its efforts to develop CON standards and criteria for these two new areas in order to provide the Health Services Development Agency (HSDA) with the tools that are necessary for the application review process. As discussed previously, these standards were informed by a thorough public process over many months that included public meetings, stakeholder meetings, and the opportunity for interested parties to review and make comments on draft versions. The Division worked diligently to ensure the expertise of stakeholders from across the state is adequately represented in these standards.

Approval and Adoption of the State Health Plan
As required by statute, the 2016 Edition of the State Health Plan was reviewed by the HSDA for the inclusion of its comments. Once completed, the Division submitted the 2016 Edition of the State Health Plan to Governor Haslam for his approval and adoption in accordance with Tennessee law. The 2016 Edition of the State Health Plan was approved and adopted by the Governor on February 9, 2017.

Certificate of Need Standards and Criteria
Under the advisement of the HSDA, stakeholders, and the general public, in 2016 the Division developed the CON standards and criteria for Freestanding Emergency Departments and Organ Transplantation. The Division followed an extensive public process for each revision, discussed below. The following table shows the progress made in revising the CON standards and criteria since 2009. These revisions connect to the Five Principles for Achieving Better Health, utilize recognized data sources, and strive to include nationally recognized standards for determining need, addressing the access to and quality of care, and workforce issues.

<table>
<thead>
<tr>
<th>Category</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positron Emission Tomography (PET)</td>
<td>Completed, 2009</td>
</tr>
<tr>
<td>Services</td>
<td></td>
</tr>
<tr>
<td>Cardiac Catheterization Services</td>
<td>Completed, 2009</td>
</tr>
<tr>
<td>Open Heart Surgery Services</td>
<td>Completed, 2010</td>
</tr>
<tr>
<td>Magnetic Resonance Imaging</td>
<td>Completed, 2011</td>
</tr>
<tr>
<td>Megavoltage Radiation Therapy</td>
<td>Completed, 2011</td>
</tr>
<tr>
<td>Services</td>
<td>Status</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Ambulatory Surgical Treatment Centers</td>
<td>Completed, 2012</td>
</tr>
<tr>
<td>Hospice Services</td>
<td>Completed, 2012, Updated 2014</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>Completed, 2014</td>
</tr>
<tr>
<td>Nursing Home Services</td>
<td>Completed, 2014</td>
</tr>
<tr>
<td>Psychiatric Inpatient Services</td>
<td>Completed; Included in the 2015 Update to the State Health Plan</td>
</tr>
<tr>
<td>Neonatal Intensive Care Unit Services</td>
<td>Completed; Included in the 2015 Update to the State Health Plan</td>
</tr>
<tr>
<td>Freestanding Emergency Departments</td>
<td>Completed; Included in the 2016 Update to the State Health Plan</td>
</tr>
<tr>
<td>Organ Transplantation</td>
<td>Completed; Included in the 2016 Update to the State Health Plan</td>
</tr>
</tbody>
</table>

**Certificate of Need Public Process**

The Division has established the following thorough and transparent process for revising CON program area standards and criteria:

1. The Division staff researches the issues, paying particular attention to national professional standards and other states’ CON standards. The Health Services and Development Agency staff provides additional resources in this process, including research and information on specific issues encountered with recent CON applications.
2. Division staff members conduct interviews with a broad range of stakeholders (e.g., for-profit, non-profit, urban, rural, hospital-based, non-hospital-based, etc.) to gain additional expert insight.
3. From the interviews, additional questions are developed and distributed to stakeholders for responses.
4. The responses to the questions are used to develop a draft of revised standards and criteria. This draft is sent out to stakeholders for comment, including the Health Services and Development Agency.
5. Division staff members conduct a public hearing on the draft revisions.
6. Revised standards and criteria, which provide more objective ways for the Health Services and Development Agency to determine whether a need for a facility, service, or piece of equipment is needed, are then finalized and included in the draft update to the State Health Plan for eventual approval and adoption by the Governor.
Report on the 2017 Edition of the State Health Plan

The 2017 State Health Plan features two key components that are new additions to the Department's strategy for affecting health in the state. First, this edition has a “deep dive” into faith based communities. The goal of this endeavor is to understand how the Department can better support the work already underway by faith leaders across the state to improve the health of their communities. Second, Tennessee Vital Signs will be unveiled for use for the first time. The Vital Signs will serve as a mechanism by which the Department can track changes in and report on the state’s population health status.

Faith-Based Deep Dive

In the fall of 2016, the Division of Health Planning began working on the 2017 Edition of the State Health Plan. In order to further advance the objectives of previous Editions, raise awareness of the Plan, and build meaningful relationships throughout the state, future Editions of the Plan will be “deep dives” into specific places across the state where health can be addressed or specific health topics. This process involves building significant relationships with both experts and lay people working on the ground to improve the health of their community. It is an opportunity to learn from their experiences and to find out how TDH can better support their endeavors.

The first deep dive focuses on faith-based communities. The end product will address at least the following questions:

- What challenges are communities across the state facing?
- What are examples of successful ways these issues are being addressed?
- What barriers exist to developing and implementing successful interventions?
- What levers, state or otherwise, would provide the needed assistance?
- What does the future look like and what is the best way to get there?
- What actions and resources are necessary to move the needle within the community and across the state?

Throughout 2016 and 2017, the Division, in partnership with the TDH Office of Minority Health and Disparities Elimination, hosted a series of focus group meetings across the state with faith leaders. These meetings serve as an opportunity to learn from the people who are working to improve health in their communities every day. They also provide an opportunity for the Department to build meaningful partnerships in order to more effectively and efficiently improve the health of Tennesseans. The final Plan will set forth a series of recommendations for TDH to implement that will allow the Department to effectively and meaningfully respond to
the concerns and challenges that were heard from faith leaders in the focus group meetings. The Division is looking forward to using the remainder of 2018 to implement these recommendations and ensure that TDH is supporting the important work being done by faith leaders throughout the state to improve the health of the communities they serve.

**Tennessee Vital Signs**

Tennessee’s Vital Signs are 12 metrics selected through an extensive public engagement process meant to measure the pulse of Tennessee's population health. 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 following metrics were selected to serve as the state's Vital Signs.

<table>
<thead>
<tr>
<th>Vital Sign</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth Obesity</td>
</tr>
<tr>
<td>Youth Nicotine Use</td>
</tr>
<tr>
<td>Drug Overdose</td>
</tr>
<tr>
<td>Infant Mortality</td>
</tr>
<tr>
<td>Teen Pregnancy</td>
</tr>
<tr>
<td>Community Water Fluoridation</td>
</tr>
<tr>
<td>Frequent Mental Distress</td>
</tr>
<tr>
<td>3rd Grade Reading Level</td>
</tr>
<tr>
<td>Emergency Department Use for Primary Care</td>
</tr>
<tr>
<td>Median Income</td>
</tr>
<tr>
<td>Access to Parks and Greenways</td>
</tr>
</tbody>
</table>

**Oral Health Plan**

Public Chapter 0968 authorized the TDH to develop a comprehensive state Oral Health Plan. In response, the Division of Health Planning partnered with the TDH Division of Oral Health Services to develop Tennessee's first Oral Health Plan. The development of this Plan followed the same extensive public process as each annual update to the State Health Plan. In 2016, an Advisory Committee comprised of subject matter experts was created to provide guidance to the content of the Plan and approval of TDH’s work. During the winter of 2016-2017, public meetings were held across the state to provide an opportunity for the public and industry stakeholders to review and provide comments on the framework that has been developed.
The Oral Health Plan works in conjunction with the State Health Plan to emphasize the importance of primary prevention through the use of the three simple questions that serve as the framework to the State Health Plan:

1. Are we creating and improving opportunities for optimal health for all?
2. Are we moving upstream to prevent disease?
3. Are we learning from and teaching others?

Joining these plans under one framework allows for the alignment of efforts and resources within TDH and among TDH's partners. The state oral health plan, in coordination with the State Health Plan, offers a blueprint for improving the health of people in Tennessee. Both plans focus on the importance of “upstream” primary prevention, working to block disease before it begins, in an effort to ensure every Tennessean has the opportunity to achieve optimal health.

The Oral Health Plan sets forth a series of recommendations that fall into four key areas related to prevention:

1. Monitoring Dental Disease in Tennessee,
2. Oral Health Education and Advocacy,
3. Prevention, and
4. Oral Health Resources and Workforce.

The Plan was finalized and shared with the General Assembly, in accordance with Public Chapter 0968, in 2017.4

**Certificate of Public Advantage**

A Certificate of Public Advantage (COPA) is the written approval by TDH that governs a Cooperative Agreement among two or more hospitals. Beginning in February of 2016, the Division began to support TDH in the review of the application for a COPA from Mountain States Health Alliance and Wellmont Health System. For the Department to approve the

4To access the Oral Health Plan, visit: https://www.tn.gov/content/dam/tn/health/documents/Final_Tennessee_State_Oral_Health_Plan.pdf.
application for these two health systems to merge, the health systems had to meet a statutory “clear and convincing” standard that a merger would create a public benefit to the residents in their service area that would outweigh any downsides of the creation of a monopoly of services. Permanent Rules 1200-38-01-.01 et seq., effective January 4, 2016, implement TCA Sections 68-11-1301 – 68-11-1309, which govern the COPA process.

As a combined health system, newly-formed Ballad Health has twenty (20) hospitals that serve ten (10) counties in Northeast Tennessee and eleven (11) in Southwest Virginia. The geographic service area of the proposed new system spans almost 9,000 square miles and serves almost one million people. Due to the size of the region, the size of the population impacted, and the involvement of two states, this proposal was unprecedented, not only in Tennessee but across the country. The Department took its role in this process very seriously on behalf of Tennesseans.

While the application for a COPA from Mountain States Health Alliance (MSHA) and Wellmont Health System (WHS) regarding their proposed merger was first submitted in February of 2016, the Department’s review, along with requests for additional information, continued through 2017. Throughout 2017, the Division assisted TDH in completing a thorough, deliberate, and public application review. The process included conducting an extensive internal review, engaging consultants, and listening to community members. Community input was critical in the development of measurable goals and of terms and conditions that were created to ensure that in granting a COPA there would be a clear public benefit to the health and well-being of residents in the region.

The Department, in coordination with the Attorney General and Reporter, drafted Terms of Certification (TOC) that would govern the COPA. The TOC outline the regulatory role of the State and its duty to provide “active supervision” throughout the COPA term. This document also details the conditions of reporting and operations required by TDH to demonstrate a continuing public advantage and serves to mitigate the disadvantages that otherwise could result from the elimination of competition.

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5 This count of hospitals includes Takoma Regional Hospital which was recently acquired by WHS. MSHA has also announced its intent to acquire Laughlin Memorial Hospital; this acquisition would bring the count of hospitals covered by the proposed new system to twenty-one (21).
TDH also worked with the applicants, a TDH-appointed Local Advisory Group, and the Office of the Attorney General and Reporter to create an index of measures to objectively track and evaluate the proposed and continuing public advantage of the COPA, including improvements in population health, health care costs and access to services in the service area.

The Department determined that, with evaluation measures an active supervision regulatory structure and enforcement mechanisms established, clear and convincing evidence that the likely benefits resulting from the Cooperative Agreement would outweigh any disadvantages attributable to a reduction in competition in accordance with Tenn. Code Ann. § 68-11-1303(e)(1) had been demonstrated. Accordingly, on January 31, 2018, TDH Commissioner John Dreyzehner, MD, MPH, announced the COPA had been granted and that the two formerly competing health systems were allowed to merge and form Ballad Health.

Once the approval decision was announced, TDH's COPA-related work changed from reviewing the application to preparing and implementing an “active supervision” structure and to establishing baseline measures by which the Cooperative Agreement will be evaluated.

Active Supervision
The Department will provide active supervision to 1) enforce the COPA, the TOC, and other terms and conditions, and 2) evaluate and determine whether Ballad's operations continue to result in a public advantage. The Active Supervision Structure, as outlined in the TOC, includes the following newly created bodies: a Ballad Health COPA Compliance Office, a Local Advisory Council, and a COPA Monitor. The Division assisted TDH in identifying nominees and candidates for the Local Advisory Council and COPA Monitor, respectively.

Going forward, the Division will provide staff support to the Local Advisory Council and will coordinate the ongoing monitoring of Ballad Health through the COPA Monitor. The Division will also assist TDH in establishing a process for collaboration and coordination on all aspects of Active Supervision with the Virginia Department of Health.

COPA Index
Throughout the duration of the COPA, TDH will use a set of measures, called the “Index,”, to evaluate the ongoing public advantage of the COPA. In 2017, the Division identified data sources and compiled baseline data for the COPA Index. Pursuant to. COPA Rule 1200-38-01-.03(3)(b), the Index consists of four categories of measures, or Sub-Indices, that correspond to
the potential benefits and potential disadvantages of the merger for which the COPA request was approved:

- Population Health Sub-Index – comprised of measures to track improvements in population health;
- Access to Health Services Sub-Index – comprised of measures to track increased access to healthcare and prevention services;
- Economic Sub-Index – comprised of measures to verify a minimization of economic disadvantages resulting from a reduction in competition
- Other Sub-Index – comprised of other benefits, including without limitation enhancement of quality of care, patient satisfaction, medical research and education.

This Index will be used to evaluate and demonstrate if public benefits attributable to the Cooperative Agreement are ongoing.

**Future Work**

**2017 Edition of the State Health Plan**

In 2018, Health Planning will finalize the 2017 Edition of the State Health Plan that is a “deep-dive” into faith-based communities in Tennessee. The plan will be sent out for public review and comment prior to being sent to the Governor for approval.

Health Planning will also begin work on implementing a series of recommendations that have been developed in response to the concerns and difficulties that were expressed by faith leaders during the focus group meetings that were held throughout 2016 and 2017. TDH is looking forward to better serving these important partners and ensuring they have the support that is necessary to successfully impact the health and well-being of the communities they serve.

**2018 Edition of the State Health Plan**

The 2018 Edition of the State Health Plan will continue the trend of conducting deep-dives into specific places where health is impacted and specific health topics. The 2018 Edition will focus on healthy aging in Tennessee and it will support previous Editions by providing education on how the Big 4 impact aging and what primary prevention efforts related to the Big Four have a meaningful impact on how Tennesseans age.
Certificate of Public Advantage

In 2018, the Division will support TDH as it provides active supervision over the COPA, Terms of Certification and all other terms and conditions to protect the interests of the public in the COPA region. In support of the TDH, the Division will coordinate the monitoring of Ballad Health, review and approve specific population health, access to care, quality of care, and other plans submitted by Ballad Health to TDH, establish and publish baseline values for Index measures in a COPA TDH Annual Report, and provide staff support to a Local Advisory Council.
Appendix A

About the Division of Health Planning

Primary Roles
The Division of Health Planning was created by action of the Tennessee General Assembly and signed into law in 2004 (TCA § 68-11-1625). It is charged with three primary roles:

- Creating a State Health Plan that:
  - Guides state health care programs and policies and
  - Guides the allocation of state health care resources

- Providing policy guidance to:
  - Respond to requests for comment and recommendations for health care policies and programs and
  - Review and comment on federal laws and regulations

- Assessing health resources and outcomes to:
  - Conduct an ongoing evaluation of Tennessee’s resources for accessibility (financial, geographic, cultural) and quality and
  - Review the health status of Tennesseans

Additional Duties
The Division has the following additional specific duties set out by statute:

- Regarding the State Health Plan:
  - To submit the State Health Plan to the Health Services and Development Agency for comment,
  - To submit the State Health Plan to the Governor for approval and adoption,
  - To hold public hearings as needed,
  - To review and evaluate the State Health Plan at least annually, and
  - 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.
Other statutory duties are:

- To respond to requests for comment and recommendations for health care policies and programs,
- To conduct an ongoing evaluation of Tennessee's resources for accessibility, including, but not limited to, financial, geographic, cultural and quality of care,
- To review the health status of Tennesseans as presented annually to the Division by the Department of Health and the Department of Mental Health and Developmental Disabilities,
- To review and comment on federal laws and regulations that influence the health care industry and the health care needs of Tennesseans,
- To involve and coordinate functions with such state entities as necessary to ensure the coordination of state health policies and programs, and
- To prepare an annual report for the General Assembly and recommend legislation for its consideration and study.
Appendix B

**Tennessee’s Health Trends**

The following chart displays the health determinants and outcomes used by America’s Health Rankings to demonstrate health status. The chart displays changes in Tennessee from 2016-2017, in overall health status, continuing to lag behind the majority of states in the country (Source: America’s Health Rankings 2017). All of the Big Four fall into the “Behaviors” category. The State Health Plan seeks to primarily influence these behaviors to prevent the occurrence of chronic disease and other negative health outcomes. The other categories have been included primarily for informational purposes.

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>Determinants</strong></td>
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<td></td>
<td></td>
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<tr>
<td><strong>Behaviors</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug Deaths (Big 4)</td>
<td>Deaths per 100,000 population</td>
<td>19.9</td>
<td>18.3</td>
<td>39</td>
<td>40</td>
</tr>
<tr>
<td>Excessive Drinking</td>
<td>% of adults</td>
<td>14.4</td>
<td>11.2</td>
<td>6</td>
<td>1</td>
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<tr>
<td>High School Graduation</td>
<td>% of students</td>
<td>87.9</td>
<td>87.9</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Obesity (Big 4)</td>
<td>% of adults</td>
<td>34.8</td>
<td>33.8</td>
<td>45</td>
<td>42</td>
</tr>
<tr>
<td>Physical Inactivity (Big 4)</td>
<td>% of adults</td>
<td>28.4</td>
<td>30.4</td>
<td>40</td>
<td>43</td>
</tr>
<tr>
<td>Smoking (Big 4)</td>
<td>% of adults</td>
<td>22.1</td>
<td>21.9</td>
<td>43</td>
<td>40</td>
</tr>
<tr>
<td><strong>Community and Environment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Air Pollution</td>
<td>Micrograms of fine particles per cubic meter</td>
<td>8.2</td>
<td>8.6</td>
<td>32</td>
<td>29</td>
</tr>
<tr>
<td>Children in Poverty</td>
<td>% of children</td>
<td>21.9</td>
<td>22.0</td>
<td>42</td>
<td>41</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>Mean z score of chlamydia, pertussis, and Salmonella</td>
<td>-0.380</td>
<td>-0.170</td>
<td>15</td>
<td>26</td>
</tr>
<tr>
<td>Occupational Fatalities</td>
<td>Deaths per 100,000 workers</td>
<td>5.1</td>
<td>4.9</td>
<td>33</td>
<td>31</td>
</tr>
<tr>
<td>Violent Crime</td>
<td>Offenses per 100,000 population</td>
<td>633</td>
<td>612</td>
<td>47</td>
<td>47</td>
</tr>
<tr>
<td><strong>Policy</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunizations - Adolescents</td>
<td>Mean z score of HPV, meningococcal, and Tdap</td>
<td>-0.373</td>
<td>-0.803</td>
<td>37</td>
<td>43</td>
</tr>
<tr>
<td>Immunizations - Children</td>
<td>% of children aged 19 to 35 months</td>
<td>67.4</td>
<td>70.1</td>
<td>40</td>
<td>37</td>
</tr>
<tr>
<td>Public Health Funding</td>
<td>Dollars per person</td>
<td>94</td>
<td>84</td>
<td>23</td>
<td>22</td>
</tr>
</tbody>
</table>
## Uninsured

|                | % of population | 9.7  | 11.2 | 34  | 34  |

## Clinical Care

<table>
<thead>
<tr>
<th></th>
<th>Number per 100,000 population</th>
<th>49.2</th>
<th>49.6</th>
<th>40</th>
<th>40</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentists</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low Birthweight</td>
<td>% of live births</td>
<td>9.1</td>
<td>9.0</td>
<td>41</td>
<td>43</td>
</tr>
<tr>
<td>Mental Health Providers</td>
<td>Number per 100,000 population</td>
<td>138.2</td>
<td>n/a</td>
<td>43</td>
<td>n/a</td>
</tr>
<tr>
<td>Preventable Hospitalizations</td>
<td>Discharges per 1,000 Medicare enrollees</td>
<td>59.3</td>
<td>59.9</td>
<td>43</td>
<td>44</td>
</tr>
<tr>
<td>Primary Care Physicians</td>
<td>Number per 100,000 population</td>
<td>138.5</td>
<td>135.1</td>
<td>27</td>
<td>27</td>
</tr>
</tbody>
</table>

## Outcomes

<table>
<thead>
<tr>
<th></th>
<th>Deaths per 100,000 population</th>
<th>216.5</th>
<th>215.6</th>
<th>44</th>
<th>45</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Deaths</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiovascular Deaths</td>
<td>Deaths per 100,000 population</td>
<td>308.0</td>
<td>302.7</td>
<td>45</td>
<td>45</td>
</tr>
<tr>
<td>Diabetes</td>
<td>% of adults</td>
<td>12.7</td>
<td>12.7</td>
<td>44</td>
<td>45</td>
</tr>
<tr>
<td>Disparity in Health Status</td>
<td>% difference by high school education</td>
<td>24.6</td>
<td>20.5</td>
<td>13</td>
<td>3</td>
</tr>
<tr>
<td>Frequent Mental Distress</td>
<td>% of adults</td>
<td>13.7</td>
<td>14.0</td>
<td>42</td>
<td>46</td>
</tr>
<tr>
<td>Frequent Physical Distress</td>
<td>% of adults</td>
<td>15.0</td>
<td>16.5</td>
<td>47</td>
<td>49</td>
</tr>
<tr>
<td>Infant Mortality</td>
<td>Deaths per 1,000 live births</td>
<td>6.9</td>
<td>6.9</td>
<td>38</td>
<td>39</td>
</tr>
<tr>
<td>Premature Death</td>
<td>Years lost before age 75 per 100,000 population</td>
<td>9,467</td>
<td>9,369</td>
<td>43</td>
<td>43</td>
</tr>
</tbody>
</table>