2024-2026 Tennessee State Health Plan

Healthcare Partners

Healthcare partners include healthcare institutions (e.g. hospitals, home health agencies, nursing homes), insurance companies, and managed care organizations.

Which parts of the 2024-2026 State Health Plan relate to healthcare partners?

100% of the **Priority Areas**

15 of the 17 **Goals**

+44 **Recommendations**

Healthcare institutions play a significant role in the health outcomes of Tennesseans by providing direct care services and health education and outreach.

TN Department of Health

2024-2026 Tennessee State Health Plan

Healthcare Partners

Are you a healthcare partner looking to help us create a Healthy Tennessee?

Potential actions may include employee or patient level interventions. Here are some initial steps you can take:

1. Use this packet to see what State Health Plan recommendations apply specifically to healthcare partners!

2. **Stay up to date on State Health Plan** actions and resources by subscribing to the State Health Plan **newsletter**!

3. **Share your good work with us!** Are you working on one of the below priorities? Let us know and your work could be featured in an upcoming State Health Plan newsletter or update! Share your story **here**!

4. **Connect with your local County Health Council** and engage in the Community of Practice, a structured space seeking to share best practices, build skills, and foster connections among community members and County Health Councils. Learn more **here!**

5. **Engage with the Health Disparities Advisory Council** by registering for meetings and signing up for newsletters with opportunities for learning, funding, and networking. Learn more **here**!

TN Department of Health

Healthcare Partn

Framework Section

Nutrition Security

Priority Area

Goal 1.1. Reduce chil   od insecurity while supporting programs and policies that increas   ccess to nutritious food.

Goal

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

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

Maternal and Infant Health

Recommendations

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

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

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

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

Healthcare Partners

Nutrition Security

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

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

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

Maternal and Infant Health

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

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

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

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

Healthcare Partners

Maternal and Infant Health

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

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

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

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

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

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

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

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

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Nutrition Security

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

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

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

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

Goal 3.2. Increase accessibility of nutritious foods.

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

3.2. Increase accessibility of nutritious foods.

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

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

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Chronic Conditions

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

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

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

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

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

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

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

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

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Chronic Conditions

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

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

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

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

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Older Adults

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

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

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

5.1.3. Recruit and retain direct support professionals and community health workers.

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

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

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

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Transportation

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

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

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

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Cancer Screenings

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

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

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

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

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

Healthcare Partners

Workforce

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

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

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

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

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

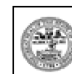
Goal 8.2. Enhance and strengthen Tennessee's health professional workforce, including community health workers, nurses, and supportive care staff.

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

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

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

TN Department of Health



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