County Health Assessment Pilot Overview & Evaluation

November 2019

Tennessee Department of Health

MISSION

Protect, promote, and improve the health and prosperity of people in Tennessee.

VISION

Healthy People, Healthy Communities, Healthy Tennessee

VALUES

Collaboration

Excellence

Integrity

Compassion

Respect

Table of Contents

This report provides an overview and evaluation of the TDH-supported County Health Assessment pilot conducted with 16 rural County Health Councils in 2019.

County Health Assessment

Tennessee's County Health Councils were established in the 1990's as a way to bring together community partners from different sectors to utilize local data and pursue common solutions for shared issues. More than two decades later, these groups continue to build relationships, share resources, and promote work that enhances community health and well-being.

Health Councils exist in all 95 counties with TDH directly supporting those councils in the 89 rural counties through funding and staffing support. Because County Health Councils are represented by a diverse set of stakeholders in positions of influence, they are ideal groups for facilitating conversations across sectors, connecting and collaborating with stakeholders and decision-makers on effective policies and systems changes, conducting county health assessments to establish shared priorities, and implementing collaborative action plans to address those priorities. While membership and mission of County Health Councils may vary from county to county, typical sectors represented include education, planning, local government, health care, mental health, juvenile justice, local non-profits, social service organizations, and community members.

The County Health Assessment (CHA) aims to increase the impact of existing Health Councils by providing a framework for councils to conduct a locally-led needs assessment process. The CHA guides Health Council members through data collection and review to determine up to three priorities for the County Health Council to address through cross-sector collaboration.

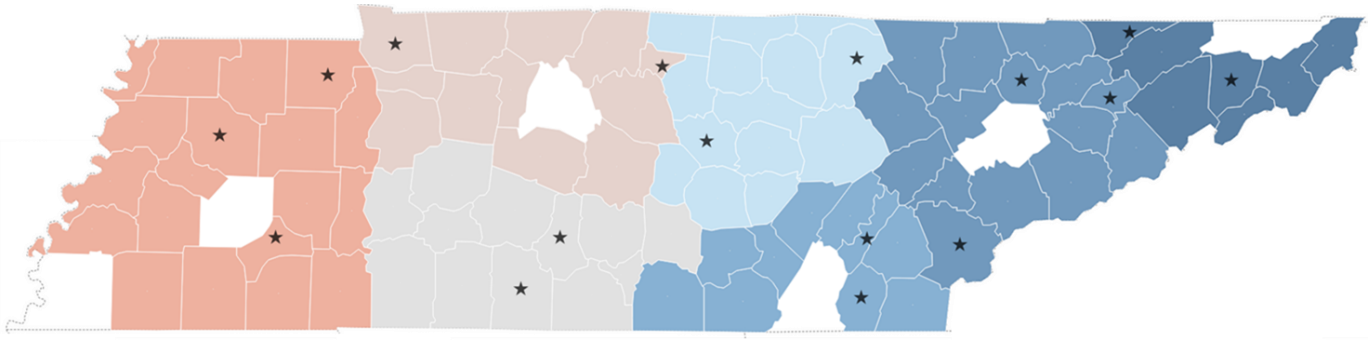
The Tennessee Department of Health completed a pilot CHA process January-July, 2019. Sixteen counties representing each of TDH's 7 rural regions participated in the pilot. Through this process, each county brought together diverse stakeholders to look at data, identify disparities, and select up to three priority areas to work on. Building on local expertise and community engagement, and with a focus on vulnerable populations, the CHA was able to drive collaborative action on upstream drivers of health.

County Health Assessment Goals

1. Increase overall stakeholder engagement and participation in Health Council meetings/ activities
2. Support local leadership by providing County Health Councils with structure, support, and resources aimed at identifying and addressing common priorities
3. Facilitate the development of 3-year action plans for each County Health Council participating in the CHA process
4. Provide a platform to integrate and align local and state-level strategic planning

I most liked, "...the cohesiveness that it provided for our members. With this process, I saw a degree of cooperation and participation that I have not seen, ever, with this group." - Health Council Member

2019 CHA Pilot Counties by Region



West Region

Chester
Henry
Gibson

Mid-Cumberland Region

Stewart
Trousdale

Upper-Cumberland Region

DeKalb
Fentress

Northeast Region

Hancock
Washington

South Central Region

Giles
Marshall

Southeast Region

Bradley
Meigs

East Region

Hamblen
Monroe
Union

The 16 pilot counties were selected by Regional and County Leadership based on a number of factors including staffing levels, Health Council capacity, and alignment with existing assessment cycles such as those of local non-profit hospitals. Regional Leadership were asked to select 2-3 counties from each region to participate in the CHA pilot. The East and West regions each conducted the CHA in three counties, while the Mid-Cumberland, South Central, Upper Cumberland, Southeast, and Northeast regions each selected two counties to participate.

During the CHA process, Health Councils met monthly, with each month's meeting including a specific set of tasks. During the first month, counties identified and engaged their team. In the second month, counties reviewed a list of available local data including Tennessee's Vital Signs (see page 6) and other measures related to health and wellness. By doing this and comparing the county-level data with state and national values, counties were able to observe where they might have the most room for improvement.

In the third and fourth months, counties designed and implemented a primary data collection plan, conducted interviews and listening sessions, and occasionally distributed surveys to better learn about perceived strengths and opportunities within the community. In the final months, Health Councils reviewed and summarized the secondary and primary data. This allowed them to prioritize up to three issues to guide their action planning for the next three years.

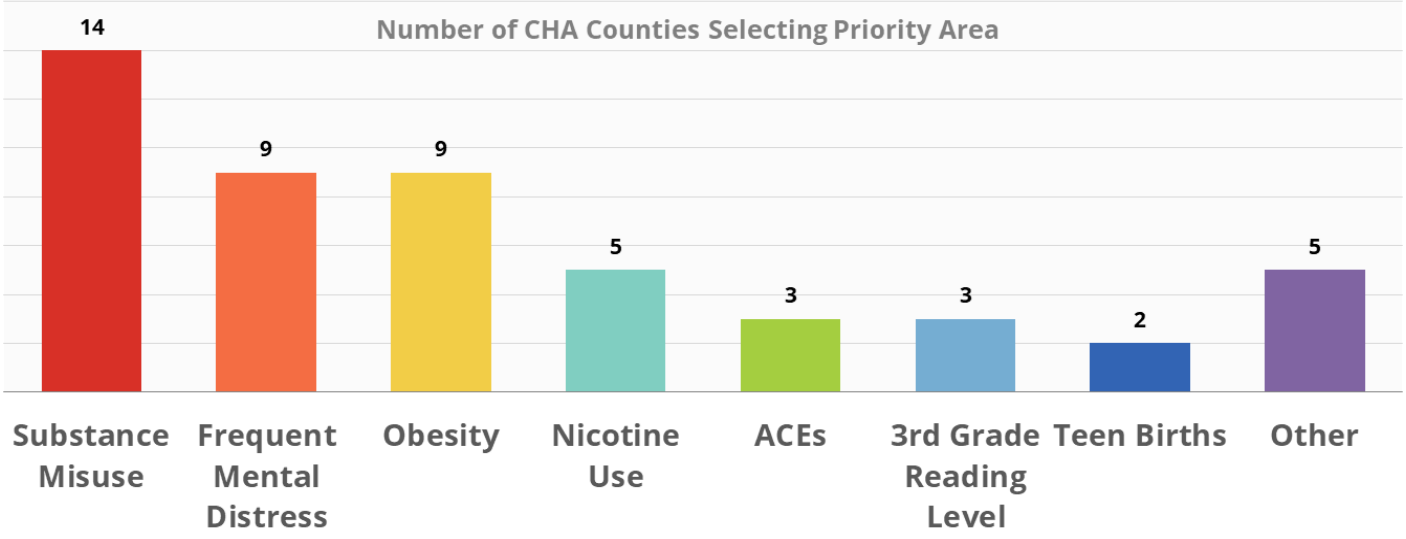
Finally, the Health Councils designed an action plan based on local assets and gaps in order to address the priorities selected in their CHA process. These plans will guide Health Council activity in the upcoming months and years. Moving forward, Health Councils will complete the CHA every three years with about one-third of counties completing the CHA each year.

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 include traditional health metrics such as substance use and physical activity. However, they also include metrics related to social determinants of health, such as per capita personal income, access to parks and greenways, and 3rd grade reading level. As part of the CHA, counties review data related to each of these indicators and are encouraged to consider the impact of each on their community. For counties that identify one of the 12 Vital Signs as a CHA priority, TDH has developed an extensive menu of evidence-informed strategies, known as Vital Sign Action Guides. These guides can help Health Councils identify opportunities to address that priority. Each Vital Sign Action guide contains four areas of focus including programming, funding opportunities, policy recommendations, and community education & awareness campaigns. While counties are not required to select from the Vital Signs, the impactful nature of these indicators was evident in the array of priorities identified by CHA pilot counties. Nearly 88% of the identified priorities following the CHA pilot were aligned with one of Tennessee's 12 Vital Signs (43 of 48) and all of the pilot counties prioritized at least one of the Vital Signs. TDH is continuing to develop online resources for Health Councils to find local data, utilize resources, and identify and implement community interventions for each of the Vital Signs. This and more information about Tennessee's Vital Signs can be found online at www.tn.gov/VitalSigns.

Priorities

As a result of the data collection and review that CHA pilot counties participated in, Health Council members voted on their top priorities to address over the next 2-3 years. The most commonly identified priority area was related to Drug Overdose, followed by Frequent Mental Distress & Obesity. Priorities are displayed below by county.



Bradley County

Chester County

DeKalb County

Fentress County

Gibson County

Giles County

Hamblen County

Hancock County

Henry County

Marshall County

Meigs County

Monroe County

Stewart County

Trousdale County

Union County

Washington County

Other

Bradley - Access to Affordable Health Care
Chester - Lack of Childcare
Marshall - Minority Health

Monroe - Cardiovascular Health
Washington - Community Violence *(School Safety, Domestic Violence, Child/Elder Abuse, and Sexual Assault)*

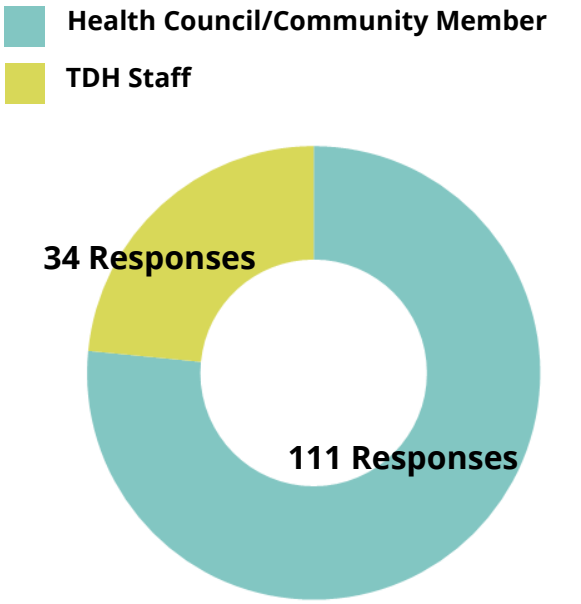
Evaluation

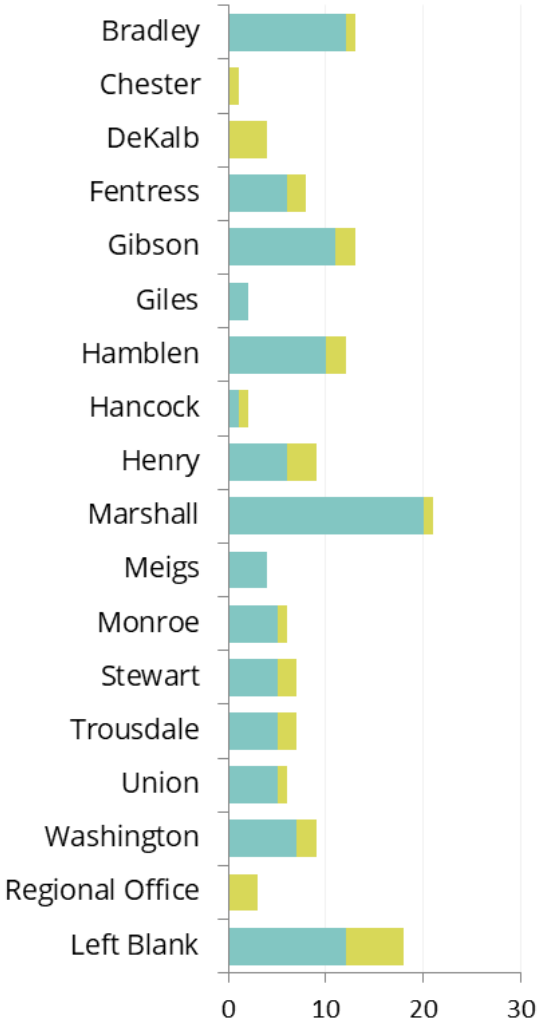
Evaluation of the CHA pilot was conducted by the TDH Office of Strategic Initiatives using both quantitative and qualitative methods captured in REDCap. A survey link was distributed to Health Council members and TDH staff participating in the pilot. Respondents had approximately four weeks to complete the evaluation survey, and all responses remained anonymous.

200	Total Survey Responses
183	Completed Surveys
145	Participated in the CHA

Respondents self-identified as either a Health Council/Community Member or TDH Staff. Logic branching was used to filter questions specific to TDH staff related to the utility of the resources/ worksheets provided by the CHA team, as well as other questions specific to implementation of the CHA in relation to existing TDH programs. The survey tool filtered out responses unique to those that participated in the CHA process compared to those who may be on a listserv but do not actively attend meetings to gauge communication around the CHA. In addition, individuals had the option to voluntarily identify the county they represented or supported.

Total Responses by Affiliation





Results

The CHA evaluation survey had four main parts: CHA Process/ Outcome Questions, CHA Resources Utility, CHA Support Needs, and Open-Ended Questions. Most questions were framed on a Likert Scale and recoded using Microsoft Excel so that 'Strongly Agree' = 5, 'Agree' = 4, 'Neutral' = 3, 'Disagree' = 4, and 'Strongly Disagree' = 1.

Mean Response for Process/Outcome Questions

Q1	I enjoyed participating in the County Health Assessment process with my Health Council.	**4.43**
Q2	The County Health Assessment added value to the work of my Health Council.	**4.41**
Q3	The County Health Assessment increased participant engagement during the Health Council meetings.	**4.30**
Q4	The County Health Assessment increased the average attendance of my Health Council meetings.	**3.71**
Q5	The County Health Assessment process attracted new and important stakeholders who were previously not part of our Health Council.	**3.72**
Q6	The County Health Assessment process provided guidance for my Health Council in identifying priority health issues.	**4.42**
Q7	The County Health Assessment process helped my Health Council engage with low-income, under-served, or minority populations.	**3.58**

94%

of respondents *Strongly Agreed* or *Agreed* that they enjoyed participating in the CHA with their Health Council.

90%

of respondents *Strongly Agreed* or *Agreed* that the CHA added value to the work of their Health Council.

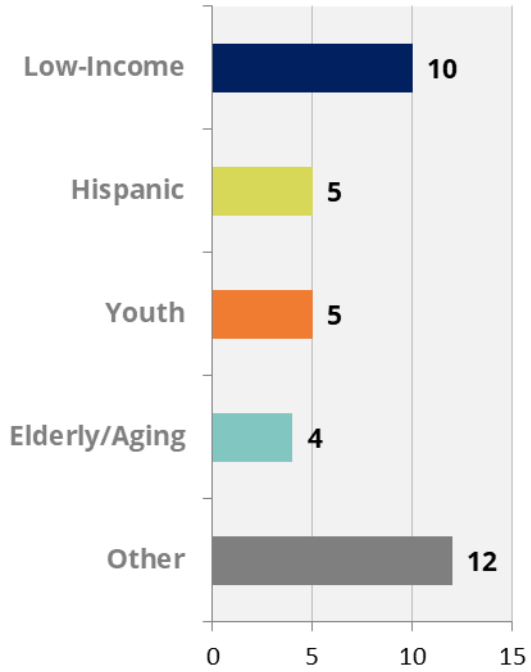
88%

of respondents *Strongly Agreed* or *Agreed* that the CHA increased engagement during Health Council meetings.

96%

of respondents *Strongly Agreed* or *Agreed* that the CHA provided guidance for the Health Council.

Counties reporting increased engagement with underserved or minority populations identified the following specific groups:



Other includes: African-Americans, LGBTQ, Veterans, Homeless, Underinsured, Immigrants, Non-English Speaking, Single Parents, Incarcerated, and Those Suffering from Addiction.

Engaging with Minority and other Underserved Populations

Thirty-four respondents representing 14 different counties identified a minority or other under-served population they included or considered in their CHA. Some respondents identified multiple groups. Survey participants were given an open-response field to indicate which group(s) they worked with and collectively identified 14 different minority or vulnerable groups.

Several of the open-ended responses provided insight towards opportunities for further engaging these populations, including alternate meeting times, more purposeful engagement, alternative forms of primary data collection such as town hall meetings, and recruiting additional community members to participate in the process.

Primary Data Collection

All 16 counties included in the CHA pilot chose to do additional primary data collection. Counties were given three options for collecting primary data (Local Surveys, Key Informant Interviews, and Focus Groups/Listening Sessions) and could use as many or as few as they felt were necessary. Seven counties implemented all three data collection strategies at some level and seven elected to take advantage of two strategies. Focus groups/ listening sessions were the most commonly reported strategy for primary data collection. 40% of those reporting their Health Council collecting primary data 'Strongly Agreed' that the primary data was helpful in understanding and selecting priorities while 60% 'Agreed.'

12

counties reported doing *local surveys* as part of their Primary Data Collection.

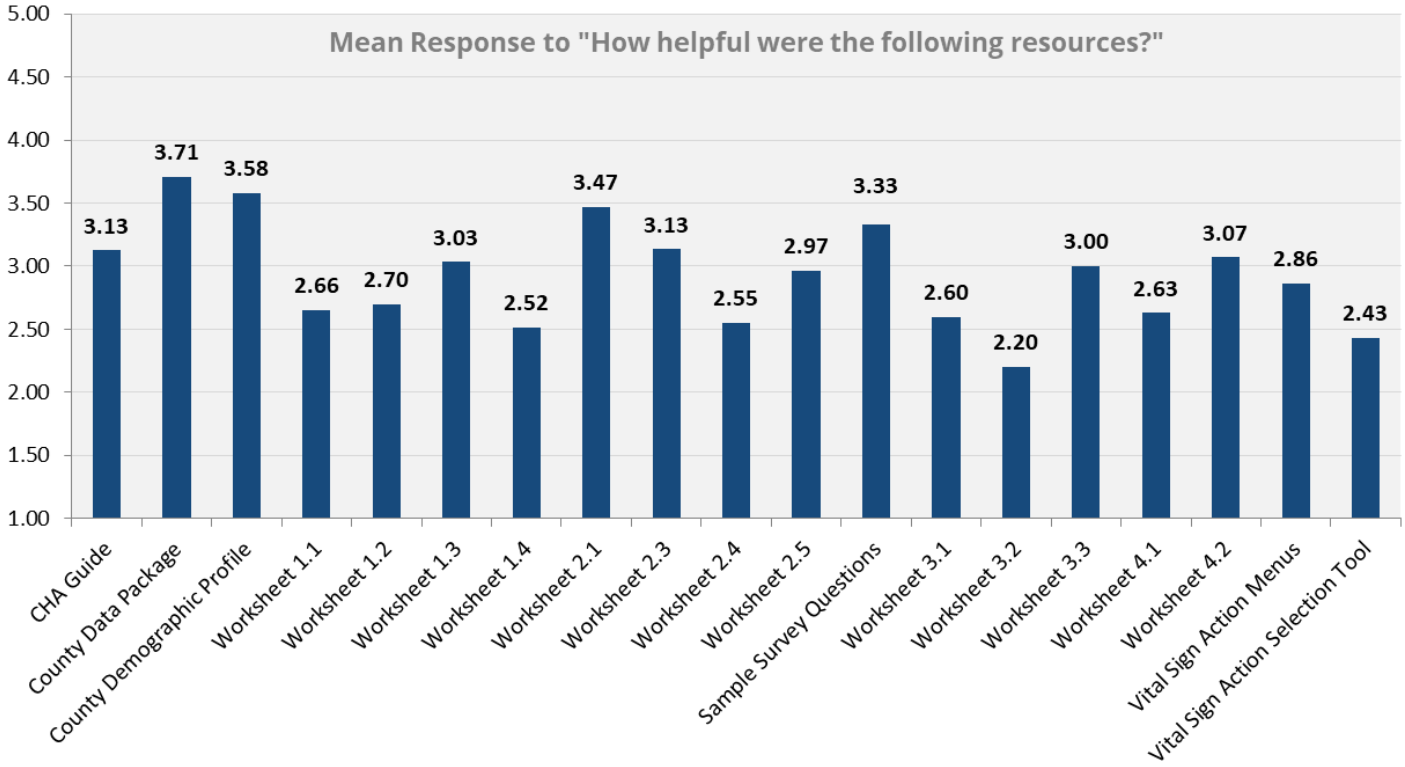
12

counties reported conducting *key informant interviews* as part of their Primary Data Collection.

13

counties reported doing a *focus group or listening session* as part of their Primary Data Collection.

CHA Resources



Worksheet Descriptions

Worksheet 1.1 Establish Your Point of Contact

Worksheet 1.2 List all Members of Your Health Council

Worksheet 1.3 Invite Others Into the Process

Worksheet 1.4 CHA Team Development

Worksheet 2.1 Review Vital Signs & Key Health Signals

Worksheet 2.3 Small Group Discussion

Worksheet 2.4 Key Informant Interviews

Worksheet 2.5 Develop a Primary Data Collection Plan

Worksheet 3.1 Review Existing Assessments

Worksheet 3.2 Find Your Peer Counties

Worksheet 3.3 Multi-Voting Process

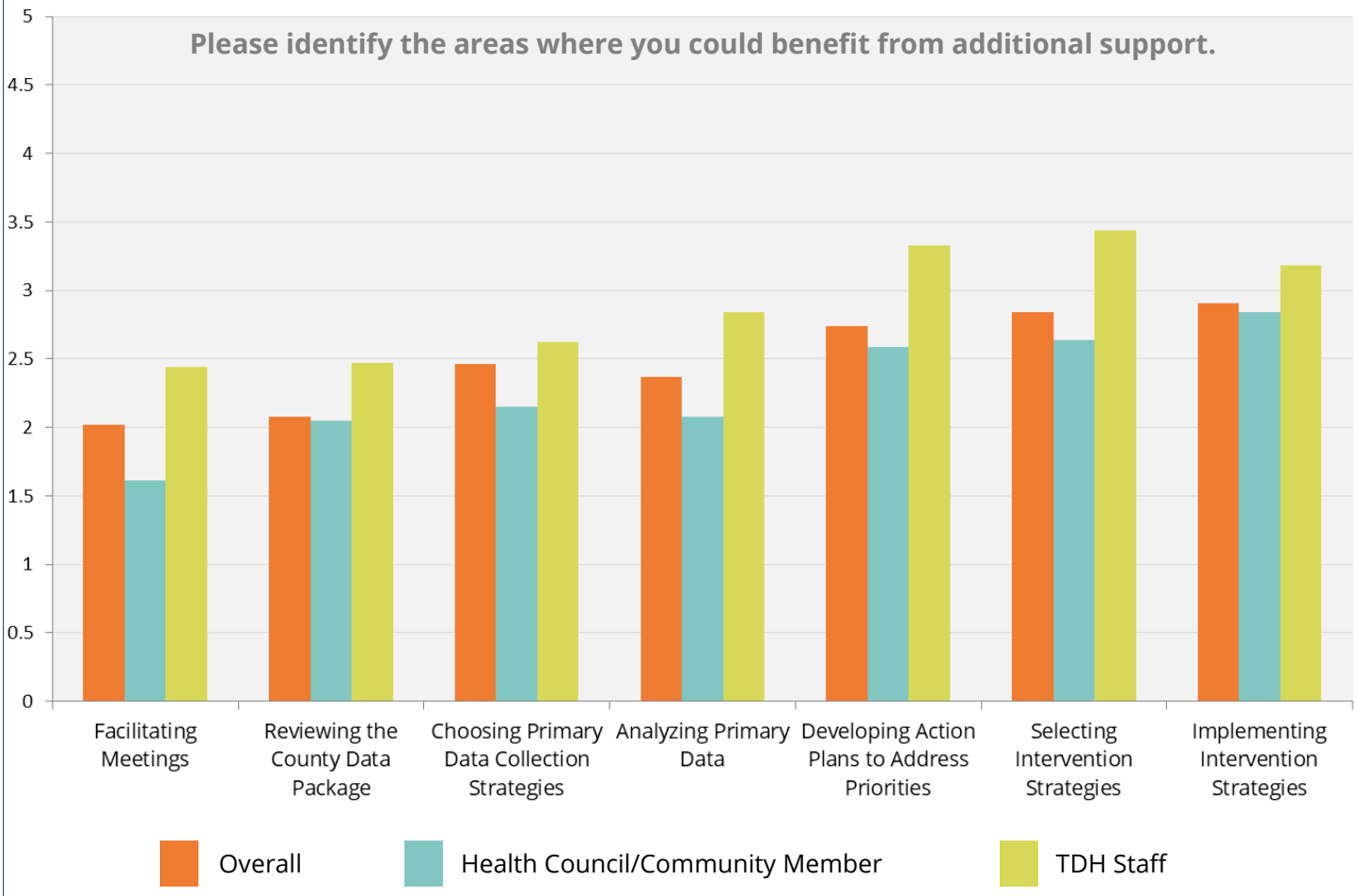
Worksheet 4.1 Inventory for VSA Selection

Worksheet 4.2 Identify Potential Vital Sign Actions

TDH staff were asked to evaluate how helpful provided resources were in conducting the CHA, with '5' being the most helpful and '1' being the least helpful. Staff could select '0' if they did not use a particular resource. The mean response for each resource is shown above. Staff rated the *County Data Package*, *County Demographic Profile*, and the associated *Worksheet 2.1 Review Vital Signs & Key Health Signals* the most useful. The *Sample Survey Questions* were also highly rated. In comparison, the least useful resources were identified as *Worksheet 3.2 Find Your Peer Counties,* and the *VSA Selection Tool,* with the mean response for each below 2.5. Resources that were most frequently identified as not being used included *Worksheet 3.2 Find Your Peer Counties,* the *VSA Selection Tool,* and *Worksheet 1.4 CHA Team Development.*

CHA Support Needs

Both Health Council/Community Members and TDH staff members were asked to identify areas of the CHA where they could most benefit from additional support, where '5' = Most Additional Support Needed and '1' = Least Additional Support Needed. Overall results are shown below, as well as segmented results by Health Council/Community Members and TDH staff.



Overall, the areas where additional support would be of most benefit were in *Implementing Intervention Strategies*, *Selecting Intervention Strategies*, and *Developing Action Plans to Address Priorities*. On average, Health Council/Community Members rated *Implementing Intervention Strategies* as the area of most need while TDH staff identified *Selecting Intervention Strategies* as the most important.

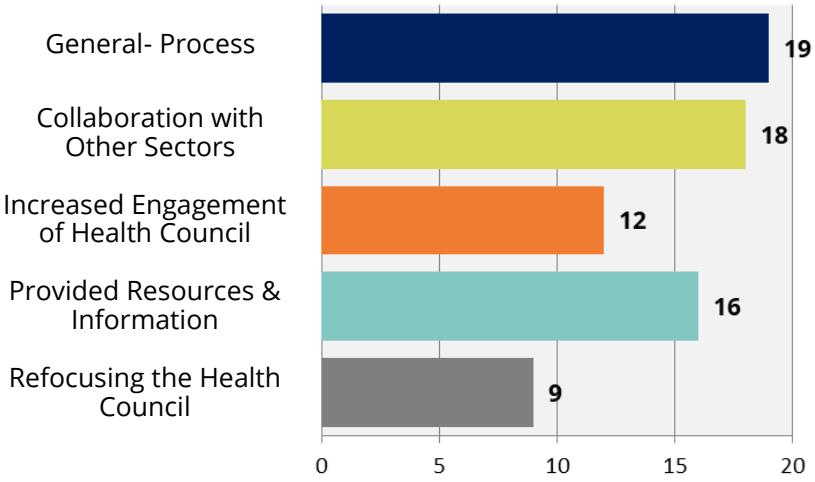
Conversely, both Health Council/Community Members and TDH Staff both rated *Facilitating Meetings* as the area needing the least support, followed by *Reviewing the County Data Package.*

These results illustrate a general satisfaction with the application of the guidance for conducting CHA Health Council meetings but suggest that the guidance itself could be improved, particularly for those meetings later in the CHA process. Qualitative feedback aligned with these results as interviews with TDH staff consistently highlighted additional guidance needed around actions to address priorities once they are identified.

Open-Ended Questions

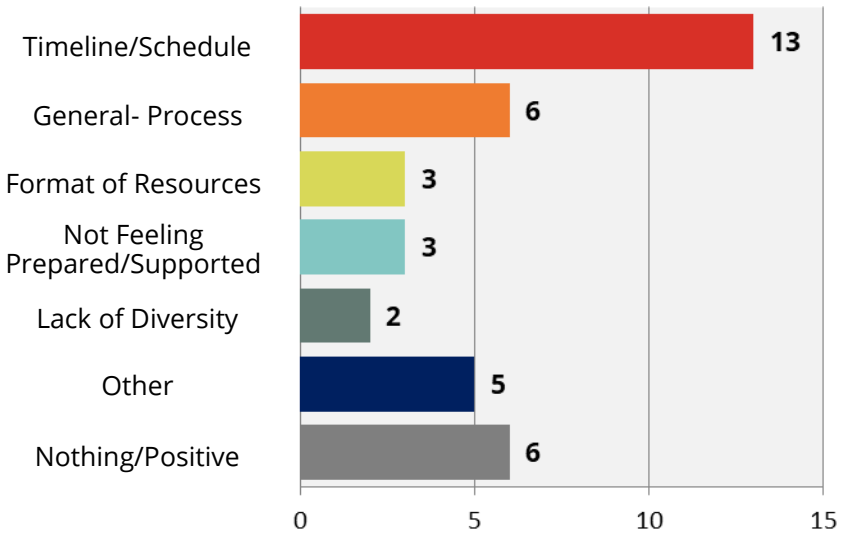
The CHA Evaluation survey included four open-ended questions aimed at providing a deeper understanding of the impact of the CHA, as well as to give participants the opportunity to address strengths or opportunities that may not have been identified by other questions. A thematic review of the responses for each question was conducted, and frequencies for each overarching theme are shown below. In addition, selected comments have been included for reference.

What did you like most about the County Health Assessment process? (n=74)



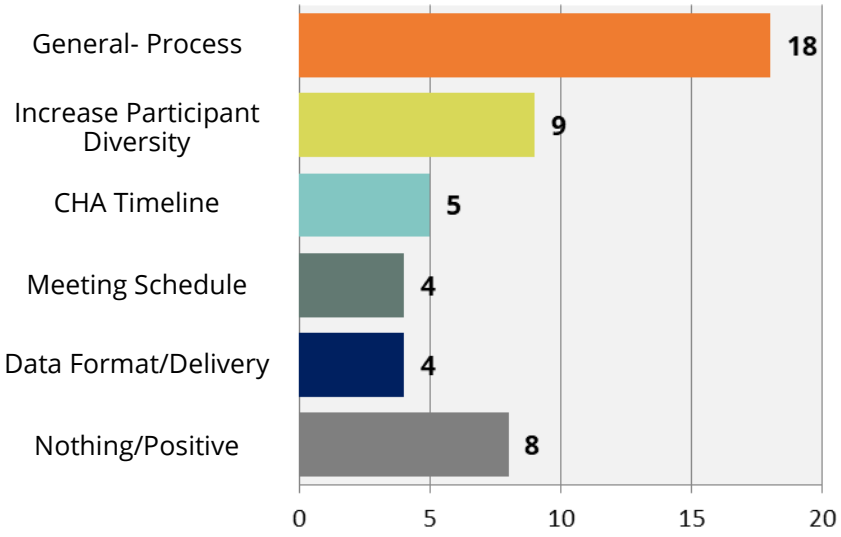
Selected comments: *"What did you like most about the CHA process?"*
"The cohesiveness that it provided for our members. With this process, I saw a degree of cooperation and participation that I have not seen, ever, with this group."
"Bringing more stakeholders to the table that did not regularly attend Health Council meetings."
"The CHA process was well laid out. It provided us the opportunity to explore our areas of successes and to identify areas for improvement."
"It allowed our Health Council to refocus on our priorities within the counties."
"Opened my eyes to serious issues in our county and gave us tools to work towards solving/improving these issues."

What did you like least about the County Health Assessment process? (n=38)



Selected comments: *"What did you like least about the CHA process?"*
"I feel like more time may have been needed. Everyone works and the council met 1x a month."
"Part of me wishes we could have gone through the process a little faster, but it worked well how it was laid out."
"We talked and talked more about things we could do, but we never settled in on anything or decided what are the next steps."
"Items with small print that made reading hard."
"I believe our data needed more input from the general community - not just community leaders."

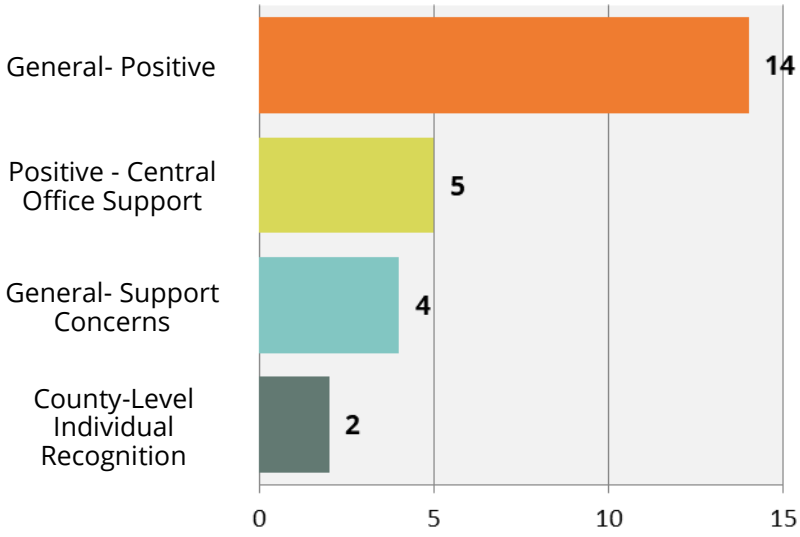
How could the County Health Assessment process be improved? (n=48)



Selected comments: *"How could the CHA process be improved?"*
"Helping the health departments in a cohesive way to blend the CHA and PPI. Give counties ample time to formulate a good plan after the CHA process."
"Inclusion of more diverse people in the process."
"Include different dates and times to collect more feedback from a diverse population."
"6 months is a quick turn around—more time I think would be helpful!"
"This process needs to be shortened. Maybe a few sessions could be combined. . ."
"Have the data for the county analyzed with problem or troubling areas identified, as well as positive areas, and then start the process from there."

Selected comments: *"Are there any additional comments you would like to provide?"*
"Our Health Council is pretty active and the assessment just helped us more clearly label our focus with new terms."
"Thanks for making the CHA possible. It has really brought a group together and given us more of a focus and 'purpose' for meeting."
"Great process to assist counties in determining priority health issues!"
"Maybe more talking points for meeting specific. . . Having more communication in that sense about what's been working in counties during the process."
"The support from Central Office was outstanding. Many resources were provided. The initial training for staff regarding the CHA process was well planned."

Are there any additional comments you would like to provide? (n=25)



Discussion

Overall feedback from both the evaluation survey and one-on-one conversations with participants throughout the CHA pilot w positive and addressed each of the goals laid out for the County Health Assessment. Both Health Council/ Community Members and TDH staff expressed enjoyment and benefit from participating in the CHA. Specifically, Health Council/Community Members overwhelmingly demonstrated appreciation of the CHA process, as evidenced by the many positive comments received through the open-ended questions portion of the evaluation survey.

> *"This process has breathed new life into the Health Councils. Now, we have something to work towards. We can work towards the actual issues in our community. There was greater participation because people feel accountable to a team."*
> - County Health Director, CHA Pilot County

Goal 1: Increase overall stakeholder engagement and participation in Health Councils.

Both quantitative and qualitative feedback suggest the CHA was effective in increasing the overall stakeholder engagement and participation during Health Council meetings. 88% of respondents either *'Strongly Agree'* or *'Agreed'* (n=129) that participant engagement in Health Council meetings increased as a result of the CHA. Conversely, only 3.5% (n=5) *'Disagreed'* and 8.5% (n=11) were *'Neutral'*. Several of the open-ended responses from Health Council members and feedback taken from TDH staff in one-on-one meetings highlight how the CHA improved engagement and participation during meetings.

Goal 2: Support local leadership by providing County Health Councils with structure, support, and resources aimed at identifying and addressing common priorities.

As a result of the CHA pilot, all 16 participating County Health Councils identified three priority areas to focus on for the next 2-3 years, and 96% (n=138) of responses indicated the CHA provided guidance in identifying priorities. Qualitative feedback was particularly indicative the CHA was effective in achieving this goal. Multiple responses highlighted how the CHA brought additional stakeholders to the table, as well as how the process pushed them to look at priority areas outside of their traditional scope of work. When asked about the level of support and resources provided, both Health Council/Community Members and TDH staff agreed the structure and format was an overall effective structure for leading Health Councils through the CHA.

Goal 3: Facilitate the development of 3-year action plans for each County Health Council participating in the CHA process.

Once counties have identified priorities, County Health Councils are encouraged to work with their local health department team to develop an action plan that outlines how the Health Council will address those priorities over the next three years. Due to the timing of the CHA pilot, many of the pilot Health Councils are still in the process of developing their action plans, and although the

development of these plans is still in progress, many of the open-ended comments received on the evaluation survey highlighted Health Council members' awareness and desire to ensure follow-up accountability related to their identified priorities.

Goal 4: Provide a platform to integrate and align local and state-level strategic planning

Using the CHA as a platform to integrate and align local and state-level strategic planning is a long-term goal of the CHA. The CHA pilot provided an opportunity for this to begin by working to integrate the CHA with Primary Prevention and County Performance Plans. Once action plans have been developed for each of the 16 pilot counties, those priorities and activities can be considered in the overall strategic planning process for the Department.

Opportunities for Improvement

The evaluation also provided important feedback related to opportunities for improvement regarding the structure, support, and overall process of the CHA. This feedback is being used by the Office of Strategic Initiatives to enhance the overall CHA process and streamline suggested activities, as well as to identify opportunities to integrate locally identified priorities into the overall strategic planning process for the Department.

Several key themes emerged from the evaluation and throughout the pilot regarding opportunities to improve the CHA process and make it both more effective and efficient for Health Councils and local health departments.

Clarification on the Planning Process and Action Plan Follow Up

The most frequently provided feedback from TDH staff members related to clarification and additional guidance needed for the CHA Health Council Action Plan and its relation to existing health department programs such as Primary Prevention. Staff from the Office of Strategic Initiatives is working closely with the Office of Primary Prevention to develop more robust guidance around the interaction of these two plans and identify opportunities to clarify expectations related to their interaction. The CHA Trainings being held in Fall 2019 will address these concerns, and ongoing guidance will continue to be provided as updates are determined.

Timeline

Feedback related to the overall six month timeline was varied. Some responses indicated that the process could have been completed in less then six months, while others said they would have preferred a longer process. Overall, this reinforces the guidance that meeting schedules are flexible and each county should move through the suggested activities at their own pace.

In contrast, a general consensus was established related to the suggested timeline of activities *within* the six month time frame. The CHA team is currently exploring ways to adjust the suggested timeline of activities within the six month window so that priorities can be established earlier and more time can be dedicated to the action planning and implementation phases.

"Overall, I think it was a great process. The template/package was fantastic and a great guide for Health Council facilitators. I look forward to seeing the opportunities that come out of the completion of these CHAs."
- Health Department Staff Member

Inclusion of Minorities/Vulnerable Populations
Review of the CHA process by external partners and internal stakeholders, as well as feedback from internal stakeholders and pilot participants, highlighted the need for greater diversity and inclusion of minority and other vulnerable populations throughout the CHA process. In response, the Office of Strategic Initiatives is reviewing opportunities to incorporate additional guidance on best practices for including these populations in the CHA worksheets and other provided resources. In addition, suggestions for engaging these populations taken from the evaluation survey (such as the potential to hold CHA meetings at various times/places to accommodate challenging schedules, having town hall forums to gather qualitative feedback, etc.) will be incorporated into the suggested guidance for future County Health Assessments.

General Process/Provided Resources
The most common feedback regarding the overall CHA process and the associated resources was related to the data package and it's presentation. While most individuals reported satisfaction with the current format, several participants expressed interest in more visuals and assistance in analyzing both secondary and primary data. Opportunities to clarify some indicators and present more meaningful data to local stakeholders is a primary focus of the 2020 CHA. Additionally, the utility of the worksheets and other resources (see Page 11) will be considered for future CHA processes.

TDH staff recognized the level of support and guidance received as one of the key factors in the success of the CHA pilot. However, they also expressed that increased support and guidance would be most beneficial upon completion of the CHA as Health Councils and local health departments work to identify and implement Vital Sign Actions and other strategies. This support is necessary for the continued success of the CHA.

Next Steps

In 2020, Health Councils in 27 counties will be conducting a County Health Assessment. Of particular interest, this includes 11 of the 13 economically distressed counties, as defined by the Appalachian Regional Commission, that were not included in the CHA pilot (Fentress and Hancock Counties participated in the pilot). Trainings will be held in November and December.

The 16 pilot counties will continue to work on the development and implementation of their action plans to address their priorities. The activities and strategies being implemented will be tracked by TDH and the Office of Strategic Initiatives with plans to share this information publicly on the TDH County Health Assessment website. Beyond continued development of the aforementioned website, TDH and the Office of Strategic Initiatives is working internally to identify opportunities to strengthen and support County Health Councils across the state. These efforts are being led in collaboration with partners such as the Office of Primary Prevention, the division of Community Health Services, and local & regional stakeholders.

For more information regarding Tennessee's County Health Councils, the CHA, or Vital Sign Actions, please visit www.tn.gov/VitalSigns.

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Learn more at www.tn.gov/VitalSigns

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