

STATEMENT OF RURAL IMPACT

Response to Governor Bill Lee's Executive Order No. 1



Lisa Piercey, MD, MBA, FAAP, Commissioner of the Department of Health, approved this document May 30, 2019.

Foreword: A Message from the Commissioner

Dear Governor Lee and Fellow Tennesseans,

As a lifelong resident of rural Tennessee, it gives me great pride to submit to you this report summarizing the work of the Tennessee Department of Health to protect, promote, and improve the health and prosperity of our rural residents. Our department serves all people in Tennessee. We directly provide services in all 89 rural counties, and we are proud to partner closely with the six independent metro health departments. This statewide presence provides an effective platform for TDH as we partner and engage rural communities to make Tennessee a healthier state.

While our state is thriving in many respects, poor health outcomes are a consistent challenge, especially in the rural areas that bear a disproportionate burden of disease and early death. We face an epidemic of preventable chronic disease that is driving ever-higher health care costs, particularly in rural communities already hit hard by hospital closures and provider shortages. This means that rural individuals and communities have fewer resources to invest in meeting current and future challenges. To put it plainly, we cannot treat our way out of this situation—we have to make prevention our priority.

Prevention work is not easy, but it is essential to protecting, promoting, and improving the health and long-term prosperity of our state. Each day we are learning more about what works for rural areas as they move upstream to address challenges, and we are leaning on local leadership and expertise to put communities in the driver's seat to select and implement strategies that will best address locally chosen priorities.

Public health is all about partnership. We are thankful for the thousands of individuals, organizations, and other government entities that are working with us to improve the health of Tennessee. This report summarizes our work with these partners, and we look forward to further conversations about how we can expand the reach and effectiveness of these collaborative efforts. Thank you, Governor Lee, for your leadership and commitment to rural Tennessee. We are dedicated to ensuring that everyone in Tennessee can achieve their optimal health and live up to their life's full potential.



Dr. Lisa Piercey, Commissioner
Tennessee Department of Health

A handwritten signature in black ink that reads "Lisa Piercey". The signature is fluid and cursive, matching the name of the Commissioner.

Lisa Piercey, MD, MBA, FAAP
Tennessee Commissioner of Health

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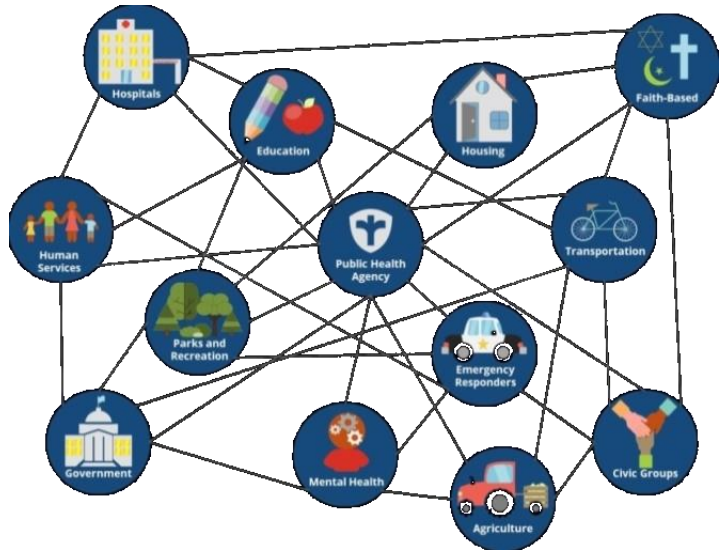
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Executive Summary

On January 29, 2019, Governor Bill Lee issued his first Executive Order, *An Order Requiring a Statement of Rural Impact and Recommendations for Better Serving Rural Tennesseans from All Executive Branch Departments*. This report is the Tennessee Department of Health's response to the Order's request for a Statement of Rural Impact.

TDH's mission is to *protect, promote, and improve the health and prosperity of people in Tennessee*. TDH provides direct clinical services to hundreds of thousands of rural Tennesseans each year, but evidence and experience teach us that health care alone does not drive us to health.

Health for both individuals and communities is affected by our surroundings, our relationships, and our preparation. TDH, therefore, is compelled to serve our rural customers by providing care and support in the communities where they live, work, and play. For TDH, our work includes efforts such as serving Tennesseans through home visits for new mothers with young children, preventing teens from taking up tobacco, and ensuring that Tennessee's senior citizens have a voice in their health care decisions. We achieve our mission through excellent customer service and by supporting community-led efforts to improve the overall health and prosperity of individuals and communities across our great state.



Engaging Local Leadership

The Department of Health believes our customers know their communities best and that TDH will find success in our mission by listening to our rural residents, letting local expertise inform our decisions, and by supporting and empowering communities to choose shared priorities and collaborative intervention strategies that work best for them.

Prevention as a First Principle

Expanding prevention as a strategic framework means problems averted and costs avoided. TDH works in partnership with rural communities to move upstream to address health issues, promoting community engagement in primary prevention initiatives as a key strategy to improving health and reducing the need for limited services in rural and underserved communities.

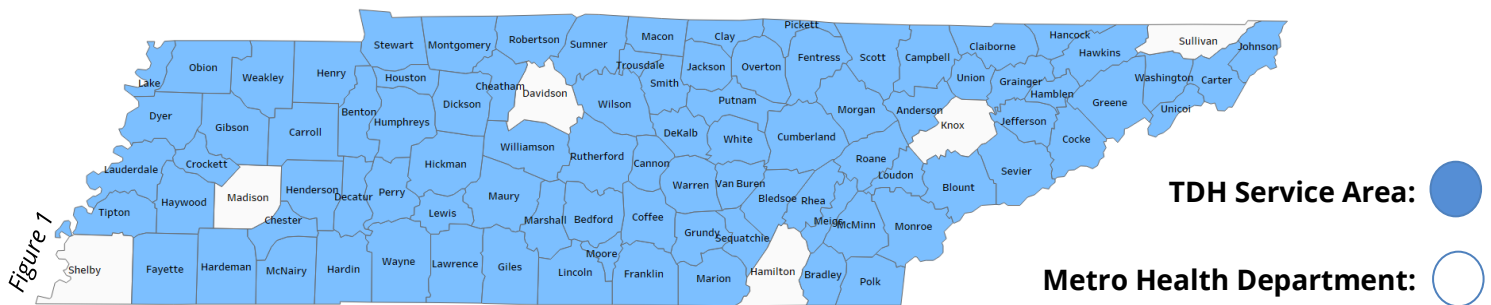
This report describes TDH's mission and its impact on rural Tennesseans, the number of residents we serve, a description of our department's initiatives that address rural communities, and a summary of our participation in the Governor's Rural Task Force.

Background

TDH's mission is "to protect, promote, and improve the health and prosperity of people in Tennessee." Established in 1923, the Tennessee Department of Health is a multi-faceted, wide-ranging organization, providing Tennessee's core public health functions.

TDH's focus is serving 89 rural counties (Figure 1), which are home to more than four million Tennesseans. TDH closely partners with the six metropolitan counties (Davidson, Hamilton, Knox, Madison, Shelby, and Sullivan) in its core activities, though these metro counties report to their local governments and not directly to TDH.

TDH Provides Direct Services in 89 Rural Counties

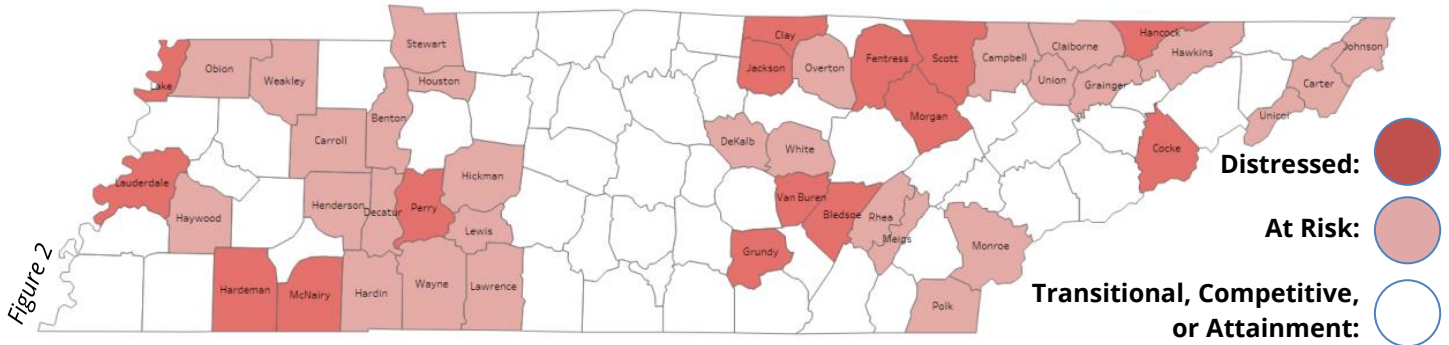


The TDH public health enterprise includes facilities in all 95 counties in Tennessee, including two state laboratories, four administrative offices, seven rural regional health offices, and 99 rural health department facilities that provide basic public health services. TDH provides direct services to one-in-six Tennesseans, with 56 rural TDH health departments providing primary care and 48 rural facilities providing clinical dental services. TDH is unique among state health departments in that it provides primary care services to uninsured and underinsured residents since 2005.

TDH also works in rural areas across the state to provide indirect services such as licensing, inspection, and enforcement of professional requirements for health related boards, inspection of health care facilities, restaurant and hotel inspections, promotion of healthy choices, and disease prevention. These services provide benefits to all Tennessee residents and visitors.

TDH's service area includes some of the most resilient yet economically challenged communities in our state, including all 44 at-risk or distressed counties in Tennessee (Figure 2). Tennessee's Department of Economic and Community Development makes this designation based on Appalachian Regional Commission's criteria, classifying each county with one of five economic status designations: distressed, at-risk, transitional, competitive, or attainment.

TDH Serves Tennessee's Distressed and At-Risk Rural Counties



The Tennessee State Health Plan

The State Health Plan is a statutorily-required document that serves to coordinate efforts to improve the health and welfare of the people of Tennessee. The 2020 edition of the SHP will be a deep dive into rural health in Tennessee, focusing on the use of primary prevention activities that improve health in rural parts of the state. The plan will identify opportunities related to health care access, quality, and economic efficiencies.

The law states that the SHP:

- 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.

In order to fulfill the objectives set forth in statute, the SHP utilizes the following five principles: healthy lives, access, economic efficiencies, quality of care, and workforce. The SHP also includes Tennessee's Vital Signs, a group of key indicators that track health across the state, and Vital Sign Actions to provide a library of evidence-based interventions to assist communities in pursuing workable strategies.

The State Health Plan guides the work of Tennessee's entire public health enterprise through three guiding questions which can be utilized by a local or state government entity or private entities when facing decisions that impact health:

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

TDH Mission & Rural Impact

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

Health and prosperity are directly linked. Access to health care services is important, but the greatest determinants of health are outside clinic walls. TDH's mission means we serve our rural customers where they live, work, and play. We achieve our mission through excellent customer service and by supporting community-led efforts to improve the overall wellness and prosperity of individuals and communities across our great state.

Through engaging local leadership, expanding prevention efforts, supporting primary care and safety net services, and addressing leading causes of morbidity and mortality, such as tobacco use, TDH is proud to serve and support all those in Tennessee, including the more than four million Tennesseans that live in rural counties.



Rural Customers Served by TDH

Direct Rural Customers: 445,000+
Indirect Rural Customers: 4 Million+

The Tennessee Department of Health has two distinct types of customers in the 89 rural counties where we operate local health departments.

The first set of customers is “direct customers,” or those that receive clinical, primary care, or another direct service. **In FY 2018, TDH served more than 445,000 unique patients at local health departments in rural counties. This included 35,848 patients (86,188 encounters) in the 15 distressed counties and 97,434 patients (223,617 encounters) in the 29 at-risk counties.**

Additionally, TDH recognizes a group of “indirect customers” that benefit from the planning, regulatory, and prevention services provided by TDH. TDH licenses facilities and practitioners and inspects everything from ambulances to health care facilities to restaurants. These services are utilized by or benefit the more than four million Tennesseans living in rural counties as well as all urban residents and visitors to Tennessee.

Table 1 shows some population-level differences in Tennessee’s six urban, 89 rural (by TDH regional definition), 29 at-risk, and 15 distressed counties relative to each other, the state of Tennessee, and the United States. These data come from the American Census Bureau (2013-2017).

	United States	TN	TN Counties			
			Urban n=6	Rural n=89	At-Risk n=29	Distressed n=15
Population ('17)	325.7 mil	6.7 mil	2,706,478	4,009,506	747,548	249,285
Share of TN Population	-	100%	40%	60%	11%	4%
Pop Change from '10-'17	+5.3%	+5.7%	+4.8	+6.2%	-0.5%	-1.5%
65+	14.5%	15.0%	13.2%	16.2%	18.9%	18.0%
% College Grads	30.3%	25.4%	32.4%	21.2%	13.0%	10.1%
Household Income *(median value)	\$55,322	\$46,574	\$48,144*	\$38,933*	\$37,244*	\$31,714*

Table 1

TDH Initiatives Addressing Rural Challenges

This section provides a comprehensive description of the following TDH initiatives to protect, promote, and improve the health and prosperity of people in Tennessee.

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Local Leadership

Every day the Tennessee Department of Health seeks to answer the question: “How healthy is Tennessee?”

TDH believes our customers know their communities best and that TDH will find success in our mission by listening to our rural residents, letting local expertise inform our decisions, and by supporting and empowering communities to choose shared priorities and collaborative intervention strategies that work best for them.

To that end, TDH is excited to have launched the 2019 County Health Assessment (CHA) pilot project. The CHA is intended to be a transformative process for TDH and for the state of Tennessee, putting our local leadership in the driver’s seat for programming, resource allocation, and statewide strategic planning with support and guidance from TDH.

The goal of a County Health Assessment is to improve population health and prosperity across Tennessee by syncing TDH strategies and resources with local priorities and utilizing local knowledge, energy, and leadership.

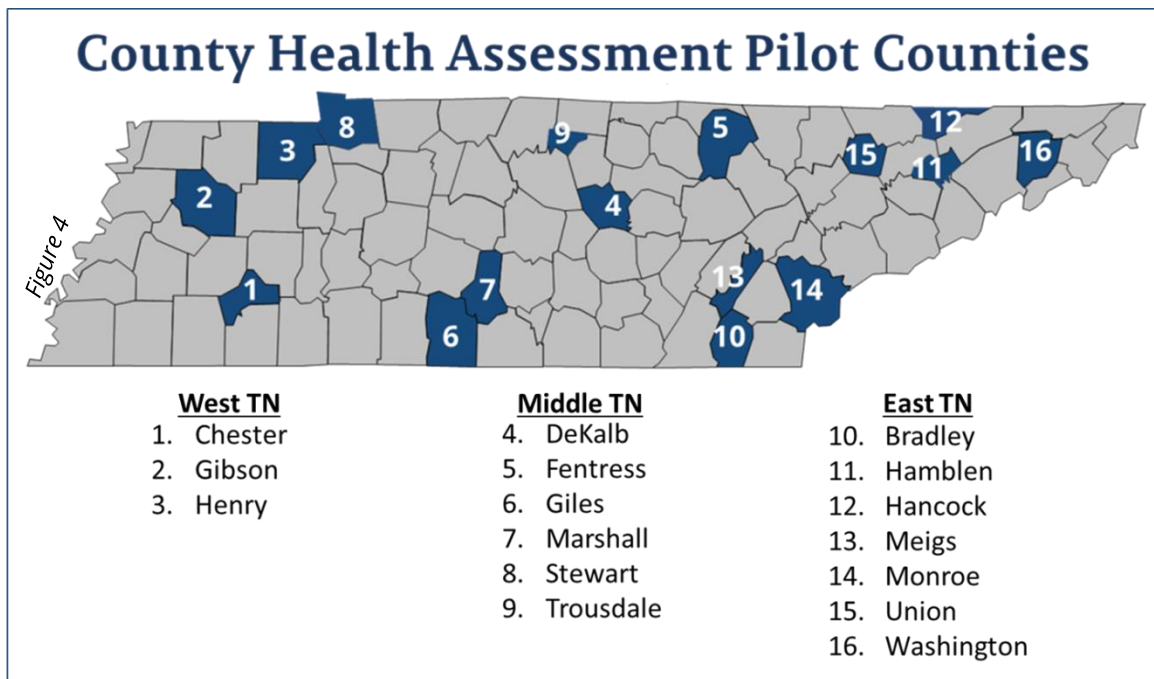
The CHA process utilizes data to drive collaborative action in our rural communities. Based on the State Health Plan, Tennessee’s 12 Vital Signs (Figure 3) provide a framework for approaching the question, “How healthy is Tennessee?” The Vital Signs include traditional public health measures such as obesity and physical activity, as well as metrics directly correlated with individual and community health, such as third grade reading level and per capita personal income.

Upon completion of the CHA, counties choose up to three priority issues. These may be from Tennessee’s Vital Signs dashboard, but counties are also free to select “off-menu” priorities. Once priorities are selected, counties then choose intervention strategies (Vital Sign Actions) that utilize their community assets and bandwidth to address those needs in a collaborative way. This process is led by County Health Councils, which exist in all 95 Tennessee counties. County Health Councils facilitate local engagement with stakeholders from a variety of sectors such as health care, education, mental health, law enforcement, juvenile justice, agriculture, commerce, housing, finance, dental, substance misuse, child services, and others. This diverse set of voices is ideal for identifying strengths, gaps, and community-based interventions through the CHA process.



Figure 3: More at TN.Gov/VitalSigns

In 2019, 16 rural pilot counties (Figure 4) are going through the CHA process of reviewing local data, connecting with stakeholders in their counties, identifying gaps and strengths, and selecting common priorities and intervention strategies. Over the next three years, all of Tennessee's 89 rural counties will undergo this process, led by local stakeholders, and supported by their local, regional, and central office staff from TDH. Metro counties have also begun implementing local needs assessment processes, often in partnership with neighboring not-for-profit hospitals.



Once priorities have been identified in each county through the CHA, health councils select and implement Vital Signs Actions (VSA), a menu of vetted, community-level intervention strategies compiled specifically for each of Tennessee's 12 Vital Signs. VSA strategies may include funding opportunities, policy recommendations for community and clinical settings, evidence-based programming, and marketing techniques meant to meet communities where they are. The list of VSAs is compiled by TDH staff and vetted by subject matter experts, local and regional staff, and stakeholders from across the state.

The CHA process is about building partnerships, using data to drive action, and supporting local leadership across Tennessee. As counties select their priorities and intervention strategies, local health departments will use the process to inform their annual county plans, while the TDH central office will use that information to inform statewide programming, resource allocation, and strategies as a department. TDH views County Health Councils as bridges to other sectors where upstream decisions profoundly shape community health. This process is a key strategy to bring these diverse voices to the table to foster community-led strategies to improve health and prosperity.

Prevention Framework

Rural communities continue to face challenges with access to acute (“sick”) care due to hospital closures, shortages of qualified clinicians, and lack of insurance. However, the majority of our health outcomes stem from the environments in which we live and the choices we are able to make, even more than access to medical care or genetics. When communities and families thrive, so does the health of the population.

TDH aims to shift our collective thinking toward upstream solutions and cross-sector partnerships. Collaborative local health coalitions such as County Health Councils allow health department staff to interact with local coordinated school health, juvenile justice, or non-profits to share best practices, resources, and projects. TDH staff participate in initiatives ranging from reading programs, community gardens, substance abuse prevention, teen pregnancy prevention, mental health first aid, greenways and playgrounds, and similar community-based activities that focus on healthy foods, activity, and educational attainment. These factors have been proven to lead to better economic and personal health outcomes.

Core public health programs such as tobacco prevention, positive youth development programs, immunizations, early home visiting, and the Women, Infant, and Children (WIC) nutrition program have traditionally been part of our primary prevention strategy. TDH is committed to engaging all of our staff in prevention as a first principle. As a way of realizing this commitment, TDH created the Office of Primary Prevention in 2016. The office helps coordinate both internal and external efforts of the department to build out collaborative upstream solutions that prevent health problems. Primary prevention focus areas most commonly have included tobacco prevention, obesity prevention, substance abuse prevention, and physical activity promotion. In the area of Neonatal Abstinence Syndrome (NAS) prevention, for example, health departments have engaged across sectors to both prevent substance abuse in the first place and to prevent unintended pregnancy by expanding access to family planning services outside the clinic walls. The burden of NAS has been particularly striking in East Tennessee.

To engage local stakeholders and local/regional health department staff, TDH established Primary Prevention Plans, in which each of the 95 counties in Tennessee implement a plan annually through their health department. Tennessee is the only state health department in the US that implements such plans. As counties now go through their CHA process, county health departments can use the prioritized issues from the CHA to guide their prevention initiatives. TDH provides resources for best practices, comprehensive reporting and evaluation, and a Bright Spot Award Program to highlight innovative work in the field.

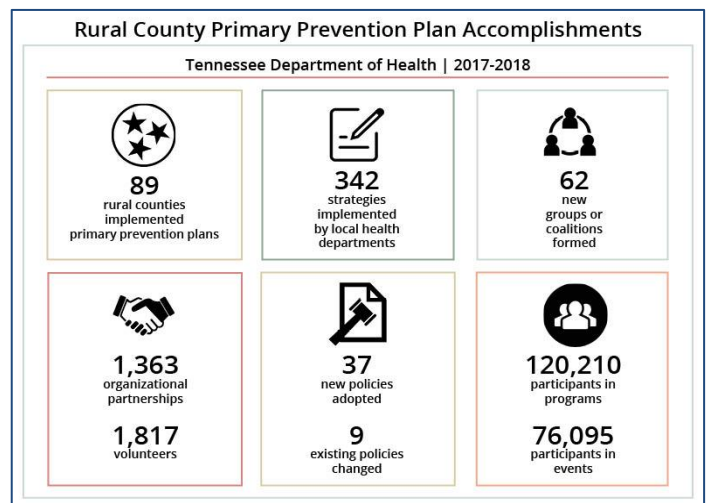


Figure 5

Rural Access to Health through Healthy Active Built Environment



The built environment includes all of the physical parts and infrastructure of where we live and work and greatly influences a person's level of physical activity. For example, inaccessible or nonexistent sidewalks, bicycle lanes, or walking paths contribute to sedentary behavior. Over the last three years, TDH has increased its investments in physical activity in rural communities by promoting an active environment. To date, TDH's Access to Health built environment grant programs have produced 218 projects aimed at increasing access to safe public places to improve health, with a total investment of \$4.6 million.

- In 2017, \$10,000 of grant funding was made available to each rural county in Tennessee to support the development of 106 built environment projects via the *Rural Access to Health through Healthy Active Built Environments* grant program (Figure 6). Projects can be viewed in detail [here](#).
- In 2018, a larger scale competitive process of built environment grants provided an additional \$1.8 million in grants to 35 grantees. Over \$380,000 of this funding was invested in distressed counties, and two-thirds of the total grant funding was awarded to either at-risk or distressed counties.
- In the spring of 2019, all 95 counties in Tennessee received \$20,000 for community-identified built environment projects. This funding included a total of \$300,000 invested in distressed counties.

Similarly, TDH coordinates Project Diabetes grants, which fund the implementation of innovative, evidence-based projects focused on the prevention of obesity and diabetes. Project Diabetes awards approximately \$2.8 million annually to local entities to promote physical activity and improve nutrition. Through the current funding period of July 1, 2016 through June 30, 2019, Project Diabetes has funded eight distressed counties with a total of \$1,102,673. These counties now have permanent infrastructure to assist in active transportation, recreation, and clean water as a substitute for sugar-sweetened beverages. Awards for the 2019-2022 cycle are investing \$1,852,100 in distressed rural county projects.

The Tennessee Livability Collaborative (TLC) is a working group of 17 Tennessee state departments, commissions, and agencies. In its first three years, the TLC has developed two new and unique initiatives to address rural distressed counties. First, the Three Star Priority County Planning Initiative brought together all TLC agencies to assist two rural distressed counties, Clay and Cocke, in developing economic development plans. Second, the Tennessee Ambassador League provides training for state employees to learn about programs and resources available across the Tennessee State Government enterprise around jobs, transportation, housing, food, education, and health. The TLC developed and launched the initiative in 2018 for front-line staff and supervisors in three rural distressed counties: Clay, Lake, and Cocke.

Rural Access to Health Care Services

Residents of Tennessee's rural counties face a host of challenges in accessing health care services, including the cost and distance to certain services. TDH responds to and mitigates challenges and changes through specific clinical and programmatic activities.

Through its annual health care provider census, TDH collects and reports data about the number of practicing primary care (family medicine, internal medicine, obstetrics/gynecology, and pediatrics) clinicians and dentists. This data is used to determine which communities are federally designated as Health Professional Shortage Areas, or HPSAs, that have workforce shortages for primary care, dental care, or mental health providers. Tennessee has 95 counties, 93 of which contain shortage areas for primary care, dental services, and/or mental health. Ninety counties contain HPSAs in all three service areas (Figure 7).

Health Professional Shortage Areas (HPSAs)

93 of 95 Tennessee Counties Contain HPSAs for Primary Care, Dental Services, or Mental Health



TDH increases access to health care in rural counties through development of the health services workforce. Several TDH programs targeting provider recruitment to rural areas include:

- **J-1 Visa Waiver Program:** This allows qualifying foreign-born physicians to remain in the country after completion of their residency in return for serving communities with limited access to health care services. The J-1 Visa Waiver program promotes primary care and physician specialist placements. TDH supports an average of 17 physicians annually through this program. Recipients agree to accept patients on a sliding scale and to practice full-time for a minimum of three years in eligible facilities. J-1 Visa physicians do not receive any financial assistance from their home country or loan repayment from our state. Tennessee currently has 113 physicians participating in the J-1 Visa program. Of those, 71 have completed their obligations under the program, and 42 physicians are still under obligation. The large majority of J-1 Visa recipients are specialty physicians practicing in inpatient hospital facilities.

- State Loan Repayment Program of Tennessee and the National Health Service Corps: These programs provide incentives to primary care providers in exchange for their commitment to serve in an eligible HPSA, helping to alleviate primary care workforce shortages in underserved communities challenged with recruiting and retaining qualified clinicians. Federal and state funding of approximately \$1 million annually has supported the state loan repayment program by providing primary care medical, dental, and mental health providers up to \$50,000 in educational loan repayment in exchange for a two-year service obligation in a HPSA. Of the 53 clinicians who completed their service obligation between 2013 and 2016, 65% continued practicing in that community after completion of their initial service obligation.

PRIMARY CARE		BEHAVIORAL/MENTAL	
Applications	Funded Awards	Applications	Funded Awards
9 MD	6 MD	7 APN	2 APN
7 DDS	2 DDS	3 LCSW	2 LCSW
44 APN	21 APN		
7 PA	1 PA		

Hospital closures in Tennessee have disproportionately affected rural counties. Since 2010, 11 rural hospitals in Tennessee either closed their doors or ceased to provide inpatient services. According to the [University of North Carolina's Shep Center for Health Services Research](#), Tennessee is second in the nation only to Texas in the number of rural hospitals that have closed in that time period. Additionally, from 2015 to 2019, Tennessee lost six obstetric delivery facilities, four of which were in rural counties, and three being in distressed or at-risk counties. This has created increased travel distance for prenatal care and deliveries in affected counties. When such closures have been studied across the country, these service reductions have resulted in worsening maternal and neonatal outcomes.

The State Office of Rural Health and Health Access also administers a small amount of federal funding to small rural hospitals and critical access hospitals to enhance financial and operational viability, as well as to improve the quality of patient care (See Appendix A). Additionally, TDH partners with the Tennessee Hospital Association to provide technical assistance to small rural and critical access hospitals seeking to improve patient care outcomes and enhance financial sustainability. In FY 2017-2018, TDH distributed \$8,000 each in federal funding to 24 small rural hospitals to enhance the quality of patient care services.

The challenges to addressing access to health care services are not simply clinical, and many challenges related to accessing care are outside the authority and funding available to the Department. Many rural communities face transportation barriers to care and continue to lack basic access to the internet, inhibiting advances in telehealth, and affecting the work of our emergency responders. The rate of health insurance coverage is another challenge faced by some of our rural counties. Five of Tennessee's rural counties have adult populations that are more than 15 percent uninsured, rates that are significantly higher than the state average of 10.9 percent, according to data from the American Census Bureau.

Safety Net Services

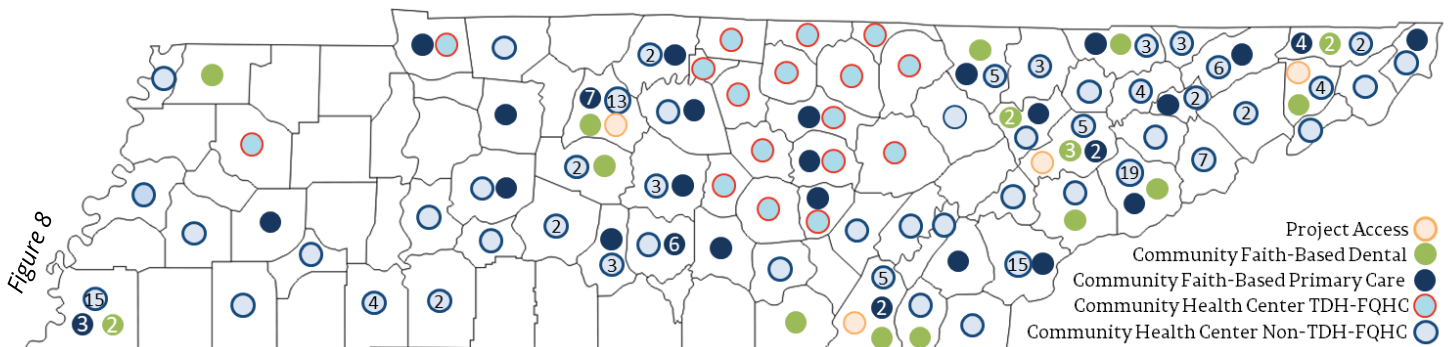
Tennessee's Health Care Safety Net provides funding for approximately 100 public and private not-for-profit organizations that provide primary medical care, emergency dental care, and care coordination services to uninsured adults between the ages of 19 and 64.

These dedicated funds are set aside by the General Assembly to fund services performed by Federally Qualified Health Centers and Community and Faith-Based Clinics. In FY 2018, TDH administered approximately \$10.8 million to support 359,917 medical encounters and 128,770 care coordination sessions for 80,758 unduplicated patients.

The Safety Net Fund supports providers in 87 counties, including each of the 15 distressed counties. Safety Net service providers include (Figure 8):

- 27 organizations operating 99 Community Health Centers designated as Federally Qualified Health Centers
- 16 clinics with FQHC designations operated by TDH in county health departments
- 45 charitable, Community or Faith-Based organizations providing medical care, with 20 CFBs providing dental services and four offering Project Access care coordination services

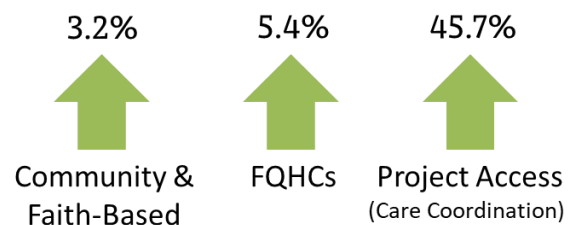
Community and Faith-Based, Dental, Project Access, and FQHC Funded Safety Net Sites (2018)



*Numerical values represent the number of sites greater than one, per county.

Project Access provides care coordination services to assist patients in scheduling appointments for specialist referrals, diagnostic testing and procedures, and follow-up appointments. Project Access networks with volunteer physician specialists, physician extenders, dental and mental health partners, and ancillary service providers who donate services at no cost to the patient. In FY 2017-2018, Project Access partnered with more than 45 clinics, 14 hospitals, and 10 rehabilitation and surgery center facilities and provided 128,770 medical care coordination encounters to uninsured adult ages 19 – 64 in four largely urban areas of the state.

Increase in Safety Net patient encounters FY2017 - FY2018



Local Health Department Services

TDH provides direct clinical services to many of Tennessee’s most vulnerable populations, including primary care services in 51 rural counties (Figure 9). TDH provides support and guidance for community based services, clinical services, dental services, and billing and administrative services. In addition to medical care, clinical dental services are supported in 47 counties, including rotation sites for dental students in Maury, Montgomery, Tipton, and Fayette counties.

In 89 rural counties, TDH provided direct services to 445,000 patients, generating more than one million encounters in FY 2018. TDH provided direct clinical services for more than 715,000 patients in all 95 counties. Statewide, patient encounters included 61,667 well child screenings, 55,396 fluoride varnishes for children and adolescents, and 57,159 family planning visits.

Additional local health functions include syndromic surveillance, investigations for communicable disease contacts and outbreaks, Community Assessment for Public Health Emergency Response exercises, environmental and restaurant inspections, issuance of vital records, WIC services, and the platform for local community health partnerships. The clinical and community services described throughout this report are staffed by local health departments in all counties across the state.

Primary Care Services at TDH Health Departments

Basic public health services are provided at all health departments

Primary care services are provided at TDH health departments in counties colored in blue



Figure 9

Metro Health Departments



Basic Public Health Services

TDH Health Departments



Basic Public Health Services



Basic Public Health + Primary Care Services

Tobacco Prevention

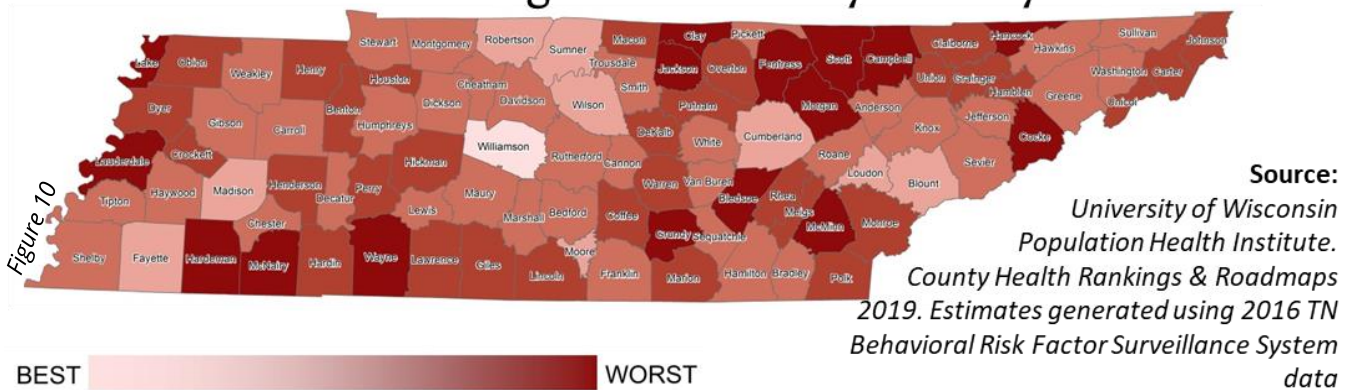
According to America's Health Rankings, Tennessee ranked 42nd overall, 47th for smoking, 44th for low birth weight, 45th for cardiovascular deaths, 43rd for premature death, and 46th for cancer deaths in 2018. Each of these conditions is heavily influenced by tobacco use, and all of these rankings could improve if Tennessee reduced its dependence upon tobacco-related products.

To put the effects of tobacco in perspective, 31 Tennesseans die daily from tobacco-related diseases while three Tennesseans die daily from drug overdose. If a mother smokes even one cigarette daily during pregnancy, the risk of sudden unexplained infant death (SIDS) for that infant increases more than two-fold. As a result of the pervasiveness of tobacco use in the state, more than 11,000 residents die from smoking, and nearly \$3 billion is spent on disease resulting from tobacco use each year in Tennessee. Representing a new threat, more than 40 percent of Tennessee youth have used an electronic cigarette.

Tobacco use is the number one preventable cause of death in Tennessee

Rural Tennesseans have much higher rates of tobacco use (Figure 10), and more than a quarter of adult residents in these areas are current smokers. Tennessee's rural smoking rate is also higher than the national average for rural smoking of 18.2 percent. Likewise, pregnant women in rural areas are more likely to smoke than their counterparts in more urbanized areas of Tennessee. From FY 2015 through FY 2018, TDH received \$20 million in state funding for tobacco prevention initiatives that had substantial benefit for rural communities. The majority of this funding was directed to counties, including \$727,800 to distressed counties, which became laboratories for plan-do-study-act cycles of prevention activities. Many of those proven and evidence-based activities were then expanded statewide with the lessons learned over the last four years. Working with county leadership, TDH has specifically targeted groups that are disproportionately affected by tobacco use, such as residents in at-risk or distressed rural counties. The effects of these programs are far-reaching and benefit individuals, families, local communities, and the state as a whole.

Adult Smoking Prevalence by County



BEST WORST

The Department of Health's Baby & Me Tobacco Free Program (BMTF) began in one rural county in the southeast region and provided counseling and diaper incentives for pregnant women to quit smoking. BMTF was so effective that it was quickly adopted in all 95 counties. After seeing the return on investment, all TennCare MCOs adopted BMTF referral and reimbursement policies. In just two years, nearly 9,000 women have been enrolled. Pregnancy smoking in Tennessee fell by 20 percent from 2013 to 2017, largely because of programs like BMTF. Most of this improvement was made in rural areas, where pregnancy smoking rates have improved faster than in Tennessee's metro areas. In 2017 alone, 96 low birth weight deliveries were prevented among women enrolled in the BMTF program, resulting in an estimated \$3.2 million in savings to TennCare.

Another tool, the Tennessee Tobacco QuitLine, is a primary resource for residents who are ready to stop smoking, providing one-on-one cessation counseling and nicotine replacement therapy at no cost to residents. Since 2015, the QuitLine has received more than 63,000 calls and provided services to more than 16,000 Tennesseans. Over the past year, TDH has worked closely with TennCare MCOs, private providers, and hospital systems to further integrate this resource into patient care. All callers are eligible to receive two weeks of nicotine replacement therapy. Approximately 30 percent of Tennesseans who enrolled in QuitLine services have quit within six months.

Youth engagement and targeted interventions have contributed to a decrease in youth smoking rates by over half since 2011. Among the 112 youth tobacco councils established across Tennessee since 2014, 50 have been coordinated in at-risk and distressed counties. Additionally, TDH supports a statewide youth initiative called *Tennessee Stop Tobacco & Revolutionize Our New Generation* (TNSTRONG.) Each summer, more than 400 youth from across Tennessee gather to network with peers, learn about the harmful impacts of tobacco, youth marketing strategies, and skills for implementing tobacco prevention activities in their communities.

The Department of Health works closely with its staff in local and regional health departments to encourage vocational and community colleges, K-12 schools and school districts, child care centers, public housing authorities, and others to implement effective tobacco-free policies. Tobacco-free policies were instituted or expanded to cover electronic cigarettes in educational settings across the state, with 65 percent of higher education institutions and 87 percent of K-12 school districts now having such a policy in 2018. Tobacco-free campus policies have also been implemented in more than 20 percent of the state's licensed child care centers, further protecting children in Tennessee. Additionally, more than 250 public places across the state have established voluntary policies encouraging residents to not smoke.

TDH's programs and partnerships over the past four years have made significant progress in reducing the burden of tobacco use for all Tennesseans. The Department of Health's tobacco programs have each contributed significantly to improvements in Tennessee's youth and pregnancy smoking rates, helping residents lead healthier, longer, and more productive lives.

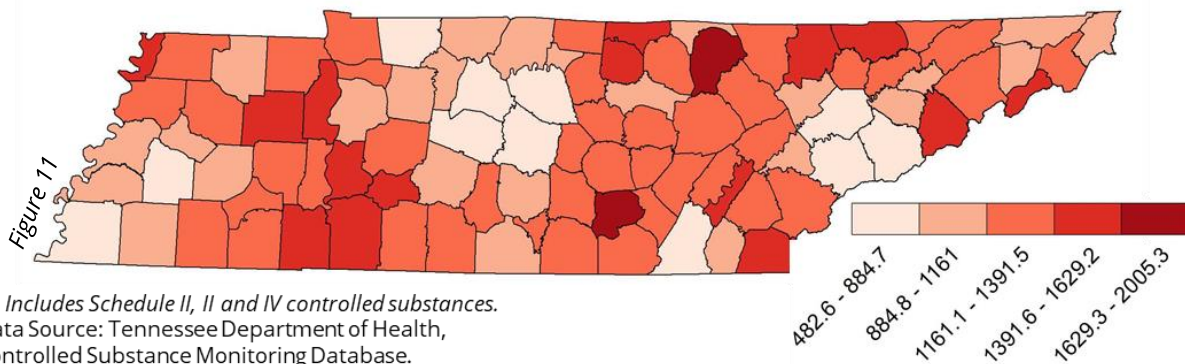
Substance Misuse

In 2017, Tennessee had 1,776 total overdose deaths, an increase of 52 percent from 2013.

Deaths due to prescription opioids remained high in 2017, but showed a downward trend for the first time, while increased overdose deaths associated with illicit opioids, including heroin and fentanyl, were observed from 2013-2017.

TDH has developed a sophisticated surveillance system that tracks nonfatal and fatal overdoses and combines those data with prescribing and other data to better understand the opioid epidemic and launch targeted responses. In 2017, TDH built a dashboard allowing users to access overdose and prescribing data down to the county level. In 2018, TDH's Office of Informatics and Analytics provided dashboard training and technical assistance to hundreds of stakeholders from across the state, with many focused in rural counties.

Opioid Prescription Rate for Pain Per 1,000 Population
by TN County of Residence* (2018)



* - Includes Schedule II, II and IV controlled substances.

Data Source: Tennessee Department of Health,
Controlled Substance Monitoring Database.

Analysis by Office of Informatics and Analytics. Updated 1/28/2019

In 2018, TDH established the Opioid Response Coordination Office to coordinate the opioid-related activities across the entire department. One of the ORCO's chief responsibilities has been administering one-year Public Health Crisis funding from CDC, as well as taking the lead in applying for a new three-year "Overdose Data to Action" grant from the Centers for Disease Control and Prevention. As part of the application, TDH has prioritized the deployment of funding for evidence-based interventions to high-impact areas including several rural counties. In 2018, TDH and the Tennessee Department of Mental Health and Substance Abuse Services partnered to host three regional workshops for more than 700 participants from diverse backgrounds. Stakeholders gathered to share ideas, examine local opioid data, and identify promising strategies to strengthen their existing responses to the epidemic.

In 2019, TDH is partnering with the Tennessee Hospital Association to provide training and technical assistance to safety net medical providers in rural communities, including guidance on developing protocols for treating overdose patients in rural emergency departments, information on linkages to care, and ways to educate patients on reducing additional exposure. TDH has funded and supported an academic detailing pilot in 22 counties (16 rural) to improve clinicians' ability to provide evidence-based care for their patients at risk for substance misuse.

Oral Health

There is just one dentist for every 1,880 Tennesseans. All six urban counties have a better dental provider ratio than the state, but 75 rural counties in Tennessee fall below the state rate for dental providers, with some counties having just one dentist for more than 9,000 people. In FY 2018, the Health Care Safety Net Fund described above provided \$967,791 in funding to 20 Community and Faith-Based organizations to support oral health services for uninsured adults ages 19-64, including emergency extractions and hygienic cleanings, with an average of two teeth extracted per patient. In FY 2018, there were 34,653 dental encounters, a slight increase from 34,484 encounters in FY 2017.

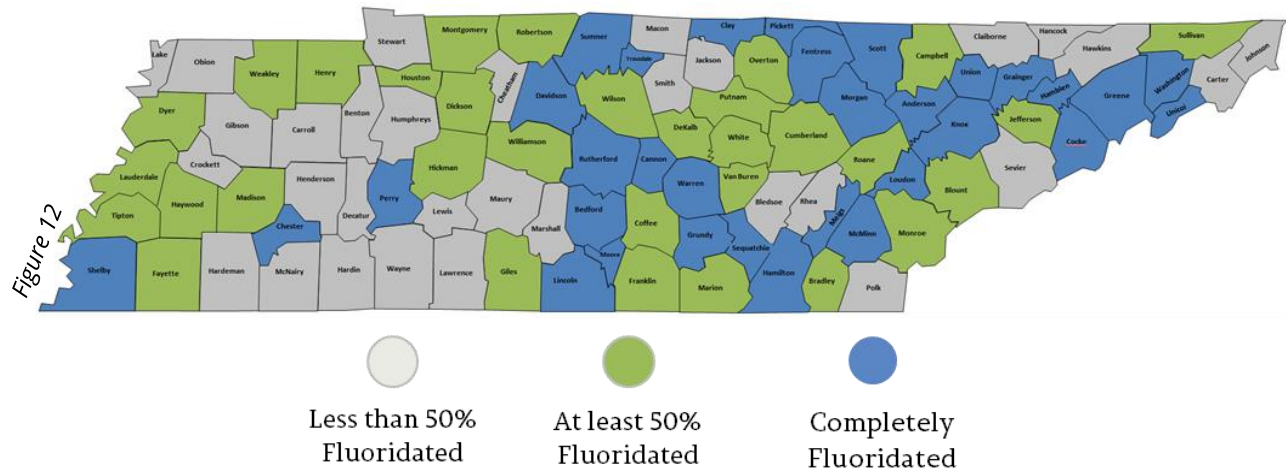
Local health departments offer emergency dental services to uninsured adults. Forty-eight local health departments have facilities to provide emergency dental services to uninsured adults. However, due to the difficulty of recruiting staff to these areas, only 40 facilities were staffed and open at least one day per week in FY 2018. One effort to expand access to dental care has been to rotate dental students and staff from the University of Tennessee and Meharry Medical College in clinics in the Fayette, Tipton, Maury, and Montgomery county health departments.

The **School-Based Dental Prevention Program** is a statewide preventive dental program operating in public schools where at least 50 percent of the student body receives free and reduced-price lunch. The program targets all kindergarten through eighth grade students on a two to three year rotational cycle. **Dental Transport Programs** support efforts to improve access to dental services for high-risk children in underserved areas. The Tennessee Department of Health partners with local school systems to offer a school transport program.

Community water fluoridation is another easy, cost-effective prevention strategy to improve oral health and prevent tooth decay by more than 25 percent, in children and adults. Dental disease is a significant contributor to absenteeism in schools, chronic disease progression throughout life, and decreased employment opportunities in adulthood. The typical cost of community water fluoridation is between \$0.50 and \$3 per person per year, less than half the cost of other methods of decay prevention. Each dollar invested in water fluoridation reduces dental treatment costs by \$38. In 2017, 88.8 percent of Tennessee's residents (Figure 12) had access to fluoridated water, which is higher than the national average of 74.4 percent, but lower than the 95.2 percent of Tennessee residents with access to fluoridated water in 2004.

TDH promotes community water fluoridation by raising awareness of the benefits of water fluoridation, providing education and support to state and county officials, and connecting community stakeholders with evidence-based resources in support of water fluoridation. Knowing the importance of fluoridation to prevent tooth decay and ultimately improve the health, education, and employment opportunities in communities, local health departments regularly meet with community advocates and leaders to assist with water fluoridation planning processes and educate community members.

Community Water Fluoridation in Tennessee



In 2017, TDH completed an oral health plan, which had recommendations across four domains: Monitoring Dental Disease, Oral Health Education and Advocacy, Prevention, and Oral Health Resources and Workforce.

Key recommendations included:

1. Improving monitoring of dental health data.
2. Enhancing partnerships with stakeholders such as cancer and chronic disease programs.
3. Improving public awareness of the necessity of fluoride as well as the impact of health related behaviors like smoking and ingestion of sugary drinks on oral health.
4. Enhancing utilization of clinical and integrated care delivery partnerships across the state.
5. Encouraging appropriate utilization of dental sealants, topical fluoride varnish, and Silver Diamine Fluoride.
6. Expanding access to dental prevention and treatment including access to health coverage and providers, particularly in rural areas.

The full plan is available here:

https://www.tn.gov/content/dam/tn/health/documents/Final_-_Tennessee_State_Oral_Health_Plan.pdf

Emergency Preparedness and Disaster Response

TDH works to discover and eliminate the threat of communicable diseases, educate individuals and communities on how to protect themselves from illnesses, and conduct surveillance activities to monitor new emerging infections or identify clusters of cases that could be related. This is a critical element of TDH's mission to protect all people in Tennessee, both rural and urban. **TDH performs a wide range of functions, regulating and inspecting roughly 28,000 food establishments a year, providing more than 90,000 disease investigations a year, and preparing statewide public health emergency response planning and implementation.** Training and collaborating with local and regional TDH staff on planning and preparedness means that rural communities are better equipped to prevent and respond to emergencies.

Critical surveillance and prevention functions include maintaining the Reportable Disease List for the state of Tennessee. Prompt reporting of a communicable disease can allow public health officials to locate and treat exposed persons, identify and contain outbreaks, and interrupt disease transmission. The information obtained from disease reporting is also used to monitor disease trends, identify high risk groups, develop policy, and design prevention programs.



The Office of Environmental Health conducts permitting and inspection for food service establishments, hotels, swimming pools, childcare facilities, school buildings, and state correctional institutions. Additionally, TDH monitors health care associated infections, provides infection control assessments, and manages antimicrobial stewardship programs. TDH also oversees vaccinations along with surveillance and prevention of Tuberculosis, HIV, Hepatitis, and other communicable diseases.

TDH manages Tennessee Healthcare Coalitions, which are regional groups aligned with the eight emergency medical services regions, who assist with planning, organizing, equipping, training, exercising, and evaluating health care system preparedness in their respective regions.

Finally, TDH is responsible for developing plans to protect the health of residents and visitors from the effects of man-made and naturally occurring events. The Emergency Preparedness Program coordinates with federal, state, and regional partner agencies such as the Centers for Disease Control and Prevention, the Tennessee Emergency Management Agency, and local health departments to identify resource and planning needs.

Maternal and Child Health

TDH administers more than 30 prevention and critical service delivery programs for women, children, and families (See Appendix A for additional programs) in rural communities across Tennessee. These programs include home visiting programs, newborn screenings and follow up for over 70 disorders, family planning services, and several thousand annual screenings for breast and cervical cancer. **Key priorities for the Department of Health include reducing infant and maternal mortality, preventing adolescent pregnancy, addressing Adverse Childhood Experiences, preventing obesity, and preventing tobacco use, especially among youth.**

TDH houses the Women, Infants, and Children supplemental nutrition program (WIC) that provides both nutrition education and nutritious food access for pregnant women and children under the age of five. TDH's WIC program has recently enabled statewide use of an electronic benefit transfer card. More than half of the babies born in Tennessee utilize the WIC program, which puts around \$95 million annually back into local economies across Tennessee.

Infant mortality reduction programs focus on a number of clinical and community initiatives such as culturally accepted messaging of critical newborn care in the ABCs of Safe Sleep, which encourages parents and caretakers of babies to utilize safe techniques when putting a child to sleep (Alone, on their Back, in a Crib). TDH has also used its analytic capacity to develop a risk algorithm for infant mortality and then designed an outreach system to assist parents in accessing both medical care and social services. This Community Health and Navigation Tennessee (CHANT) program was piloted in two rural counties in fall of 2018 and is rolling out across the state by July 2019.

Talk With Me Baby is a population-based initiative designed to ensure that every child, starting from birth, receives the essential "language nutrition" to place babies on a pathway toward third grade reading proficiency, high school graduation, and lifelong success. This program also fosters parental interaction, a key strategy known to build brain architecture to withstand potentially adverse experiences in life. To date, 75,000 TWMB books have been distributed to rural and metro health departments. A TDH web-based video and coach training guide rolled out in April 2019 allows for more efficient training of staff members across the state.

Local health departments in all 95 counties administer support programs including Children's Special Services for children and youth with special health needs. This program provides care coordination and payment for medical care for children with disabilities from birth to age 21.

Licensure and Regulation

TDH issues more than 300,000 professional medical licenses and approximately 3,200 facility licenses across Tennessee, overseeing 37 health related boards with more than 200 board members. This work is done to ensure the safe and competent provision of health care and health-related services to Tennesseans by licensed and qualified individuals while enforcing minimum standards of practice. **TDH has five programmatic offices dedicated to the licensure and regulation of health providers and facilities: Health Care Facilities, Health Related Boards, Investigations, Emergency Medical Services, and Special Projects/Substance Abuse, all of which impact those in rural communities.**

TDH manages the operations of the Controlled Substances Monitoring Database (CSMD) in response to the opioid and larger substance misuse epidemic. This work includes enforcing controlled substance reporting and dispensing requirements, monitoring overprescribing among practitioners, establishing and promoting appropriate practice guidelines, and educating providers using specific data analytics to inform their practice patterns and improve our communities.

The CSMD has approximately 51,000 registrants, and Tennessee collaborates with 21 states and the Department of Defense to increase data sharing. Morphine milligram equivalents (MMEs) dispensed have decreased 43 percent (2012-2018), the number of potential doctor shoppers has decreased 85 percent (2011-2018), the number of opioid prescriptions for pain has decreased by 30 percent (2012-2018), and the number of patients receiving less than 120 MMEs per day has decreased by 48 percent (2012-2018).

TDH also investigates complaints, inspects facilities, and generates data relevant to the provision of health care across the state, while handling all complaints against licensed professionals and health care facilities (a yearly average of 3,500 complaints), and recommends suspensions of admissions for health care facilities and pain management clinics.

Health Licensure and Regulation ensures all emergency medical services, vehicles, and professionals are licensed and operating in compliance with Tennessee statutes and regulations. Tennessee has approximately 21,000 licensed EMS professionals, 180 licensed ground ambulance services, 1,489 permitted ground ambulances, 12 licensed air ambulance services, 74 permitted air-craft, and 20 educational institutions, providing critical health transport services for those in sparsely populated rural areas.

TDH Involvement in the Governor's Rural Task Force

The Rural Task Force was charged with improving outcomes in distressed rural communities through coordination of state initiatives and resources as well as engagement with external partners.

The long-term objective of the Rural Task Force included recommendations for statewide policies and programs that improve the economy in all rural communities, so fewer counties are at-risk and zero counties are distressed.

Five specific recommendations involving the Tennessee Department of Health are listed below along with status updates on each recommendation:

Mobile Integrated Health:

- Integrate medical, dental, and mental/behavioral health.
- Utilize technology for remote care delivery including telehealth and mobile apps.
- Expand transitional services including community paramedicine to reduce costly transport and readmissions.
 - Community paramedicine training curriculum is developed, approved by the Board of EMS, and is being piloted in Sullivan and Washington counties.
 - Rules governing the training and certification for community paramedicine are pending approval by the Attorney General's office.
 - Pending approval, a working community paramedicine program is expected to be implemented within the next one to two years.



Incentives for Health Care Professionals:

- Increase funding to support the Loan Repayment Program for health professionals, especially dental and behavioral health.
- Promote the U.S. State Department J-1 Visa waiver program.
 - Tennessee has approximately 10 visas that go unused each year.

Oral Health Pilot:

- Ensure the availability of comprehensive, affordable, and accessible oral health services in distressed rural counties.
 - \$160,000 was allocated in FY 2018 to the Dental Lifeline Network, which recruits dentists and labs to provide pro-bono dental services to medically frail, elderly, and disabled adults. Between July 1, 2018 and April 21, 2019, 193 dentists and 52 labs served 106 patients, with a value of \$184,384.
 - County health department staff provide dental cleanings, sealants, and emergency extractions to uninsured adults.
 - Local health department staff provide dental varnishes and sealants to children through school-based sealant programs.

Healthy Places:

- Improve health and economic opportunities by building a network of trails, parks, and playgrounds.
 - TDH is making significant investments in built environment opportunities for physical activity, which are outlined in the prevention section of this report.

Healthy Foods:

- Support human health and increase economic development through increased access to healthy foods.
 - TDH converted WIC from a paper-based voucher to an EBT card which can be used at grocery stores and eligible farmers markets. WIC's annual economic impact includes approximately \$95 million to local grocery stores in Tennessee.
 - TDH allocates diabetes prevention funds to support new farmers markets, nutrition classes, and reduce consumption of sugar-sweetened beverages.



Appendix A: Catalog of Additional Programs & Services

TDH provides a host of additional programs and services to rural communities in Tennessee. A brief description of these initiatives includes:



- **The Breast and Cervical Cancer Screening Program** provides screening and care coordination as well as diagnostic follow-up tests for those with suspicious results. Uninsured women and men diagnosed with breast or cervical cancer or pre-cancerous conditions for these cancers are enrolled for treatment coverage through the state's TennCare program in local health departments.
- **Breastfeeding Support** – TDH supports breastfeeding as the optimal nutrition for infants, which is known to improve short and long-term health outcomes for mothers and infants. Breastfeeding initiation has increased by 21 percent since 2010 due to initiatives with hospitals, employers, retailers, faith communities, and county health departments. Designated breastfeeding experts are available in person in all 95 counties via the health department, and the 24/7 Tennessee Breastfeeding Hotline was one of the first of its kind in the nation and receives over 500 calls per month. Breastfeeding initiation rates in rural counties have increased by 11 percent since 2013. Certified lactation counselors have increased in rural counties from a total of 317 to 390 over the past three years.
- **The Cancer Registry** collects and reports on cancer incidence at the state and county levels to inform programmatic efforts to prevent and control cancer.
- **The Census of Primary Care Providers** is a statewide comprehensive assessment of the primary care workforce distribution for physicians, dentists, nurse practitioners, and physician assistants in each county. The census provides workforce data to determine the county population to primary care provider ratio used as an indicator of health provider shortages for further determination of state designated Health Resource Shortage Areas and federally designated Health Professional Shortage Areas.
- **Diabetes Prevention Programs (DPP)** are CDC-recognized lifestyle change programs structured for in-person or online training to prevent type 2 diabetes. These programs are designed for people who have prediabetes or are at risk for type 2 diabetes but do not already have diabetes. There are currently 20 organizations operating DPPs in 17 total counties. Twelve of the 17 counties are rural, including two at-risk and one distressed. TDH provides funding and technical assistance for DPPs through federal grants.

- **The Division of Laboratory Services** provides high quality clinical and environmental testing at three locations. In FY 2018, 1.2 million clinical tests were performed on more than 300,000 specimens, including 90,000 newborn screening samples from across Tennessee. The **Public Health Laboratory** touches the lives of rural and urban Tennesseans through the newborn screening of all babies born in Tennessee, influenza surveillance, food-borne outbreaks, environmental screening, rabies testing, and many others. **Lab Services** collaborates with **Communicable and Environmental Diseases and Emergency Preparedness** (CEDEP) to offer testing for infectious diseases, including but not limited to Hepatitis A, B, and C, HIV, Syphilis, Tuberculosis, and STIs. Laboratory staff meet regularly with CEDEP to discuss potential additions to the lab testing menu to better serve Tennessee residents and ensure everyone receives the testing they need and care referral, if warranted. In addition, the lab works closely with CEDEP as part of the **Antimicrobial Resistance Lab Network** that not only includes testing for Tennessee residents, but also the Southeast region, Puerto Rico, and other states. This helps ensure timely identification of potentially dangerously resistant bacteria, so containment measures can be initiated. The lab is constantly on standby to incorporate any new tests requested by CEDEP and CDC.
- **The Division of Vital Records & Statistics** (VRS) records and preserves data relative to any vital event in Tennessee including the registration, maintenance, dissemination, and local registry of Tennessee birth, death, marriage, and divorce records. Since 2016, local health departments can now issue death certificates for deaths which occurred in that county and can issue birth certificates for births that occurred anywhere in Tennessee dating back to 1949. In addition, VRS provides statistics on births, deaths, fetal deaths, divorces, and marriages. These data sets are used by the National Association for Public Health Statistics and Information Systems, local and state public health programs, and medical researchers to help understand our population, promote wellness, and shape health department priorities.
- **Drinking water regulation** – beginning in 2010, TDH began assessing unregulated/private drinking water quality through two CDC National Center for Environment Health grants, EHSNet-Water (2010-2015) and Safe Water for Community Health (2015-2020). To date, approximately 500 residential private well or spring samples have been collected statewide. Results from the well and spring testing revealed elevated radon concentrations in our east Tennessee counties, with Cocke and Polk counties having the highest concentrations. Low pH levels are an additional water quality consideration. Low pH levels cause corrosive water and the leaching of lead and other metals from premises plumbing and from native rock. Wayne County has the highest concentration of iron and lowest pH level. Targeted outreach to rural residents using an unregulated well or spring in areas where groundwater quality is known to be marginal may be conducted through our website, health councils, statewide waterborne disease surveillance, and our partners at Communities Unlimited, Inc. **Statewide water mapping** began in 2012 with TDH partners at the Tennessee Department of Environment and Conservation to compile a statewide map of public water distribution, so areas of the state without access to public water could be identified.

- TDH's **Environmental Epidemiology Program** works to keep people safe from harmful chemicals and helps them live in environments that promote healthy lifestyles. This includes the **Tennessee Brownfields Redevelopment Program** which assists in the reuse and revitalization of properties in Tennessee which previously served as gas stations, drycleaners, factories, or properties that may have contamination from unknown sources, qualify as brownfields. Since 1996, the Tennessee Brownfields Redevelopment Program has worked with developers, communities, and property owners to bring over 1,700 brownfields properties across the state back into productive reuse. **The APPLETREE Program** performs environmental investigations and prepares public health assessments regarding potential toxic exposure sources. These reports evaluate exposure to present conclusions, make recommendations, and plan corrective actions. The [list of publications to view or download](#) includes public health assessments, consultations, fact sheets, and other reports by county. TDH also coordinates lead prevention activities via the statewide Lead Advisory Committee. TDH assures clinical follow up of children with elevated lead levels and partners with the Department of Environment and Conservation for environmental investigations for affected children.
- **Evidence-Based Home Visiting (EBHV)** provides support to families with young children through frequent visitation in their homes over a substantial length of time. Impacts include improvements in maternal and newborn health, school readiness, decreased domestic violence, and decreased child abuse and neglect. These programs are implemented by 11 local implementing agencies in 46 rural counties (23 distressed or at-risk). TDH supports the majority of EBHV services in the state.
- **The Family Planning Program** provides annual exams, reproductive life planning for healthy birth spacing, comprehensive contraceptive services, and pregnancy testing in all health departments. Family planning services are known to reduce infant and maternal mortality and contribute to greater educational and financial attainment for families.
- **Gold Sneaker** is a voluntary initiative developed in 2008 and redesigned in 2018 to allow licensed Tennessee childcare providers to improve the health of children in their care by adopting policies related to age-appropriate physical activity, healthy eating, and a tobacco-free environment. Since January 2015, the initiative has provided approximately 257 childcare providers in 82 of the 95 counties (12 distressed) in Tennessee with increased resources, i.e., up-to-date training, a toolkit with educational and active play material, and technical assistance to implement policies designed to prevent obesity and provide a tobacco free environment. Gold Sneaker policies have been included in the Department of Human Services Star-Quality Child Care Program over the last year.
- **The Hospital Discharge Data System** collects and summarizes claims data from every hospital in Tennessee, enabling research on a broad range of public health and health policy issues.
- **Immunizations** – childhood and adult immunizations are available at local health departments across the state. The Tennessee immunization program also assures vaccine-

related education for Tennessee providers and families, vaccine registration and tracking for the state, access to vaccines for under- and uninsured Tennesseans in all types of clinics, and coordination of vaccination response in outbreak scenarios.

- **Infant and Child Fatality Prevention** – TDH is required by statute to review all infant and child deaths and develop prevention recommendations. Approximately one-fourth of infant deaths are sleep related, and TDH provides safe sleep environments and education to families in need via hospitals, community partners, local health departments, and home visiting agencies. Another emerging threat to children is the rapid rise in youth suicide over the last four years (an increase from 24 to 51 cases from 2014 to 2017) has prompted significant enhancement of data surveillance and prevention-related activities. While total numbers of youth suicides are similar in rural and urban areas, frequency rates are higher in rural areas.
- **Maternal Mortality Review and Prevention** – a multi-disciplinary team was established in 2016 to review all deaths occurring among women during pregnancy or within a year of pregnancy and develop prevention recommendations. All 2017 deaths have been reviewed, and while many of the challenges of rural health are apparent in maternal mortality, the risk of death for rural and urban-dwelling women was not significantly different in 2017. Key recommendations focused on clinical protocols, access to insurance coverage in the year postpartum, and access to mental health and substance abuse treatment resources.
- **Medicare Rural Hospital Flexibility Program (FLEX)** enhances accessibility, viability, and the quality of care provided by critical access hospitals to the local rural and underserved communities. The core program areas are designed to enhance quality and operational improvement activities, stabilize rural hospital finances, support population health management, integrate emergency medical services into local health care systems, and navigate the conversion of eligible hospitals to critical access hospital status. FLEX is a federal HRSA grant-funded program.
- **Neonatal Abstinence Surveillance System (NAS)** is a hospital-based reporting system that began in 2013 and has created a real time awareness of the burden of NAS, which is released in weekly reports to providers and stakeholders. This has been particularly helpful in measuring progress and evaluating impact of prevention programs. The burden of the opioid crisis has been especially high in rural areas in the eastern part of the state. Recent data from 2018 revealed the first reduction in the number and rate of NAS-affected infants in the state since surveillance began.
- **The Office of Health Planning** – per the Certificate of Public Advantage (COPA) issued by TDH to Ballad Health on January 31, 2018, Ballad Health is required to spend significant resources to improve population health, expand access to health care services, establish a regional health information exchange, and assist health graduate research and graduate medical education programs. TDH oversees compliance with the Terms of Certification, including these required expenditures. The COPA region includes the following 10

Tennessee counties: Carter, Cocke, Greene, Hamblen, Hancock, Hawkins, Johnson, Sullivan, Unicoi, and Washington, as well as 11 counties in Southwest Virginia.

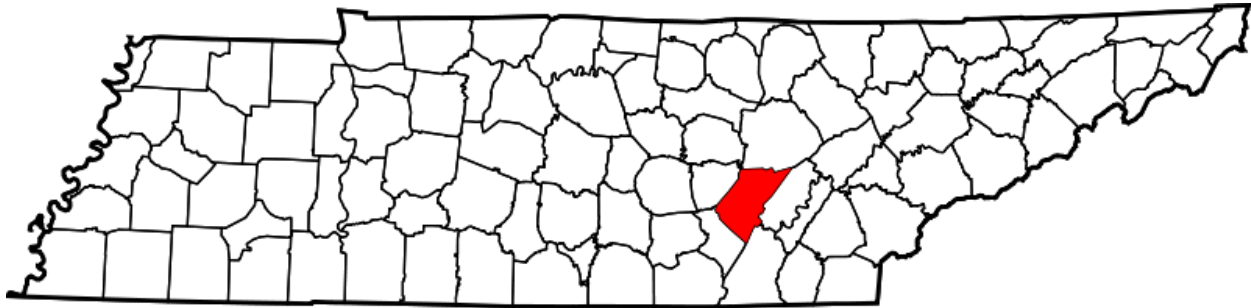
- **The Office of Patient Care Advocacy** focuses on helping Tennesseans access quality health care and promotes healthy aging across the life span such as nursing home quality, Alzheimer’s and other dementias, end-of-life planning, and vulnerable and elder abuse. Patient Care Advocates serve as a resource and communication link between the department and other agencies and entities to assist Tennesseans with access to quality health care. End of Life Planning launched AdvanceDirectivesTN – a statewide initiative led by Honoring Choices® Tennessee to encourage all Tennesseans to create an advance directive. The State Palliative Care and Quality of Life Advisory Council promotes the advancement of access to quality palliative health care services. Vulnerable and Older Adults Abuse focuses on the protection of vulnerable and older adults through partnerships with state and federal agencies, organizations, and advocacy groups to identify and implement best practices. TDH also coordinates internal initiatives to advance awareness of Alzheimer’s and other dementias across the life span by encouraging the incorporation of cognitive decline risk messaging into existing public health initiatives. **The Nursing Home Civil Monetary Penalty Reinvestment Program** is a \$31 million fund that supports projects that positively influence improvements in health access and health outcomes for nursing home residents.
- **Perinatal Regionalization** – TDH provides 24-hour consultation and ongoing training and support of the perinatal regionalization system to assure high-risk infants are born in the most appropriate facilities. In response to hospital closures and closures of delivery services largely at rural hospitals, a work group of perinatal experts formed to develop specific guidance for emergency department and emergency medical services staff members related to training, equipment, supplies, and resources for unexpected deliveries which may occur in their care.
- **Physical Activity Clubs** (PA Clubs) provide a safe and structured environment for young people to exercise while also building resilience through group cohesion. PA Clubs are open to anyone interested regardless of athletic ability and may or may not have a fee associated with each club. Community or school-based PA clubs provide opportunities for individuals to measure improvement over time. Activities may include running, walking, biking, or hiking. There are 154 clubs being implemented in 53 rural counties. Of the 53 rural counties, 14 are at risk and nine are distressed.
- **Planning and Coordination** – TDH supplements direct service delivery through partnerships with third party organizations and non-profits in order to address specific aspects of our mission. These partnerships occur both indirectly through participation in key committees, task forces, and advisory councils, and directly through contracts, grants, memorandums of understanding, and affiliation agreements. TDH ensures regular communication with third party stakeholders and partnerships through meetings, plans, reports, and publications.

- **Prenatal Presumptive Eligibility Enrollment** – uninsured pregnant women are provided assistance in enrollment in TennCare at local health departments for insurance coverage during their pregnancies.
- The **Primary Care Office (PCO)** enhances access to care by analyzing underserved areas and facilitating official shortage designation status for state designated Health Resource Shortage Areas and federally-designated Health Professional Shortage Areas. The PCO assists these communities with alleviating workforce shortages by leveraging recruitment and retention incentives that direct primary care provider placement in federally-designated Health Professional Shortage Areas. The PCO director is the state contact for National Health Service Corps Loan Repayment Program and provides technical assistance to health care providers and their sponsoring employers. The PCO director also provides technical assistance to support health care entities pursuing a Rural Health Clinic or Federally Qualified Health Center designation.
- **Sexually Transmitted Infections** – all health departments provide testing and contact investigation for all sexually transmitted diseases, including HIV.
- **The Small Rural Hospital Improvement Program (SHIP)** provides federal grant funding to support small rural hospitals (49 staffed beds or less) with activities for transitioning to value-based care, participating in an accountable care organization, or enhancing payment bundling. SHIP funding supports activities associated with quality and performance improvement interventions targeting patient safety, operational and financial improvement, and care coordination.
- **Tuberculosis** – county health departments work to identify persons with TB disease and ensure completion of appropriate therapy. Staff members perform contact investigations around infectious cases to identify persons recently infected, evaluate and treat contacts for TB and latent or inactive TB infection, as well as perform targeted TB testing with high-risk persons to identify TB and provide appropriate therapy if necessary.

Appendix B: Highlights of Recent TDH Investment in Distressed Rural Counties

Bledsoe County

Population: 14,717	Adult Uninsured Rate - 14%	Poverty Rate - 23.7%
Local Health Department	Provides traditional public health services and dental services	
Other key providers	1 FQHC Site - Ocoee Regional Health Corporation 1 Hospital - Erlanger Bledsoe	



The Bledsoe County Health Department has received a Special Needs Grant of \$250,000 for facility upgrades.

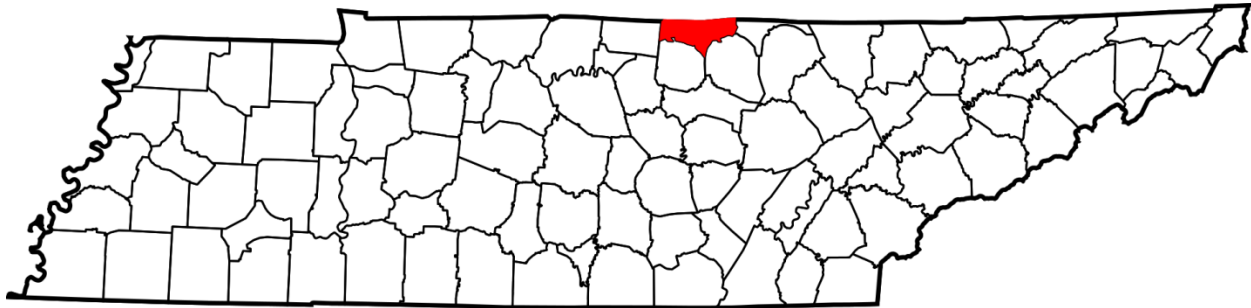
The Bledsoe County physical activity data show that only 66 percent of adults engaged in physical activity outside of their normal work in the past thirty days. Additionally, only 24 percent of residents of Bledsoe County had adequate access to parks or greenways. To combat sedentary living, the Bledsoe County used their Access to Health funds to renovate an existing walking track and playground equipment at the county health department. The renovation has allowed for all users, including those with disabilities, to access the walking track, and is regularly used by county health department staff during wellness breaks. The renovated playground has new swings, paint, and a climbing structure.

Bledsoe County received a Project Diabetes Grant to increase water consumption and decrease sugar-sweetened beverage consumption. Included in the grant are funds for the TN Clean Water Network to install water bottle refill stations in 22 schools across the following three distressed counties: Bledsoe, Hardeman, and McNairy. The evidence-based "Sodabriety" campaign will be implemented in all 22 schools to encourage a decrease in sugar-sweetened beverage consumption. Bledsoe County is a minority health grantee.

From 2015-2017, TDH distributed \$36,924.86 of tobacco prevention funding to Bledsoe County, followed by an additional \$10,000 in FY 2017-2018.

Clay County

Population: 7,703	Uninsured Rate - 12.4%	Poverty Rate - 24.8%
Local Health Department	TDH FQHC provides primary care services and traditional public health services	
Other key providers	No other FQHC site 1 Hospital - Cumberland River Hospital (<i>Closed March 1st, 2019</i>)	

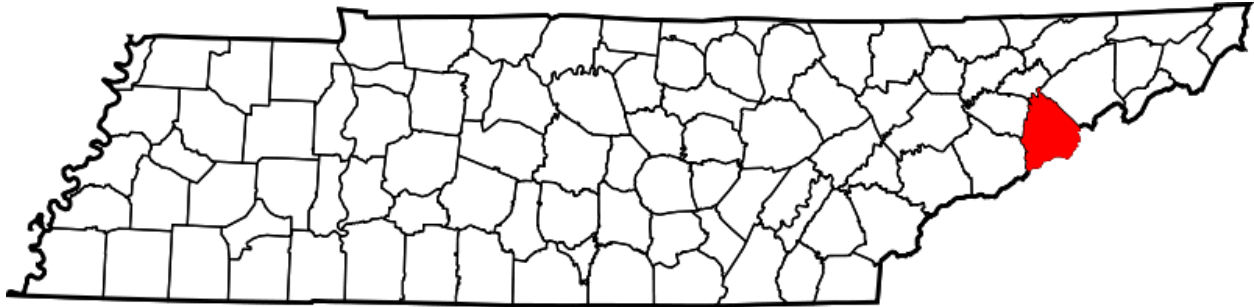


In Clay County, 43.1 percent of youth are overweight or obese, compared to the state number of 39.2 percent. Additionally, only 26 percent of Clay County residents have adequate access to parks and greenways, compared to the state number of 71 percent. Consequently, the Clay County Health Department used the Built Environment non-competitive grant to improve access to locations for physical activity. The Clay County Health Department partnered with the county government and the Maple Grove Community Center to resurface and upgrade an existing basketball court with Access to Health grant funds. This small community within Clay County had no other public recreational areas available for physical activity. Thirty to forty people use the court each week, and the community has seen more usage compared to years past since the court's replacement. The new court is an integral component of this community hub. This opportunity only came about due to the Access to Health grant and volunteered time, effort, and additional money from community members. Keeping up this space gives these children a safe, free place to play that cannot be found elsewhere in the community.

From 2015-2017, TDH distributed \$22,825.83 of tobacco prevention funding to Clay County, followed by an additional \$5,000 in FY 2017-2018.

Cocke County

Population: 35,556	Uninsured Rate - 10.9%	Poverty Rate - 26.1%
Local Health Department	Provides traditional public health services and dental services	
Other key providers	2 FQHC Organizations, 8 Total Clinic Sites - Rural Medical Services (6 sites), Cherokee Health Systems (2 sites) No Hospital	



The Cocke County Health Department has received a Special Needs Grant of \$18,000 for facility upgrades.

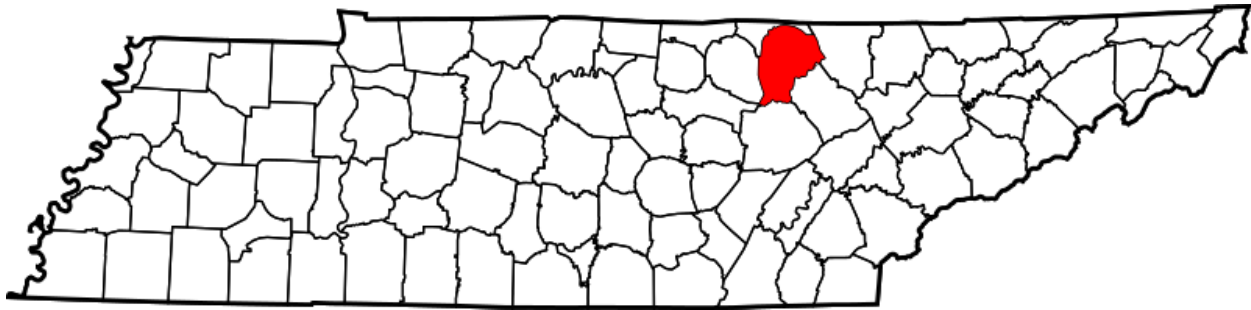
As 48.2 percent of the county's youth are overweight or obese, the health department used Project Diabetes to improve access to physical activity. Called "Project Healthier Us," this program allowed for playground equipment and professional development for physical education instructors to implement the comprehensive school physical activity program.

Additionally, the Access to Health grant funding was used to start a bike share program at Newport Community Center so individuals and families can use bicycles at no cost. A total of 30 bicycles were purchased, as well as safety equipment of varying sizes to allow a large age range of individuals' access to a physical activity opportunity that they did not have previously. The bike share has spurred an interest among community members in the development of a biking and hiking program to take advantage of the parks and trails in Cocke County. Work has begun with the county recreation department, health department, and engaged community members to organize a group to promote these opportunities.

From 2015-2017, TDH distributed \$37,385.30 of tobacco prevention funding to Cocke County, followed by an additional \$3,500 in FY 2017-2018.

Fentress County

Population: 18,136	Uninsured Rate - 12.4%	Poverty Rate - 23.3%
Local Health Department	TDH FQHC provides primary care services and traditional public health services	
Other key providers	No other FQHC 1 Hospital - Tennova Healthcare-Jamestown (<i>As of the date of publication, Jamestown Hospital is technically open but not accepting new patients due to financial hardship.</i>)	



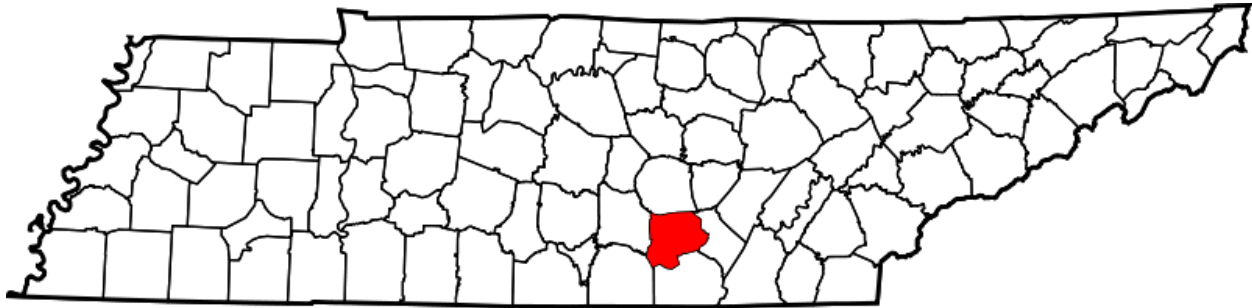
This county is currently in the County Health Assessment process.

In Fentress County, 49.3 percent of the youth are overweight or obese, compared to the state number of 39.2 percent. Access to Health grant funding supported the construction of new sidewalks that provide access to a new performance venue on the square in Jamestown. This project allowed Jamestown to improve the walkability of their downtown as part of a broader revitalization effort. The sidewalk improvements have contributed to the downtown's overall revitalization, and downtown events have seen much higher attendance since the improvements, providing an economic boost to the community. The city is now in the process of developing a walking tour of the historical downtown as a result of this project. The Fentress County Chamber Director noted that the health department grant allowed the larger project to move along more quickly, a project significantly invested in by the county government.

From 2015-2017, TDH distributed \$43,543.04 of tobacco prevention funding to Fentress County, followed by an additional \$5,000 in FY 2017- 2018.

Grundy County

Population: 13,361	Uninsured Rate - 13.9%	Poverty Rate - 28%
Local Health Department	Provides primary care services as a safety net site, traditional public health services, and dental services	
Other key providers	1 FQHC Site - Ocoee Regional Health Corporation No Hospital	



The Grundy County Health Department received Special Needs Grants of \$25,000 and \$10,000 for facility upgrades.

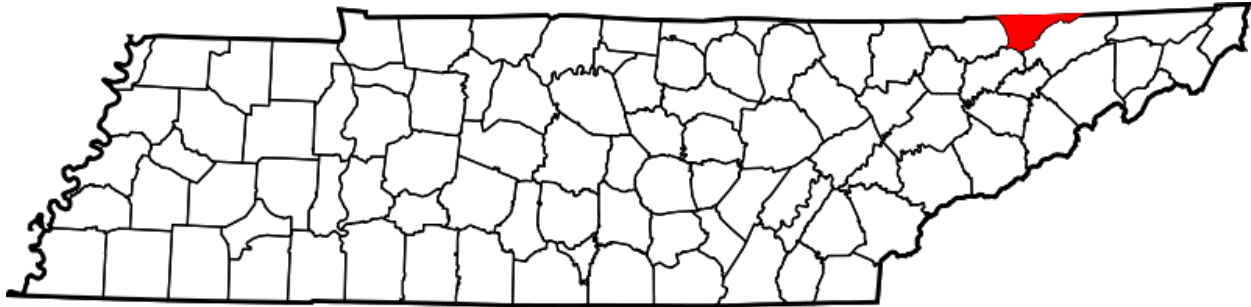
In Grundy County, only 36 percent of individuals have adequate access to parks and greenways, compared to the state number of 71 percent. The Grundy County Health Department utilized the Access to Health grant to construct a walking track (in process at this time).

Additionally, utilizing Project Diabetes funds, a 2.5-mile walking/biking trail was constructed in Grundy County, linking a total of 13 miles of trail through Tracy City, Monteagle, and Sewanee. In addition to local walking clubs, cross-country teams in Grundy County and the University of the South work with elementary school run clubs.

From 2015-2017, TDH distributed \$37,634.41 of tobacco prevention funding to Grundy County, followed by an additional \$19,000 in FY 2017-2018.

Hancock County

Population: 6,600	Uninsured Rate - 11.8%	Poverty Rate - 27.3%
Local Health Department	Provides traditional public health services and dental services	
Other key providers	2 FQHC Organizations, 3 Total Clinic Sites - Rural Health Services Consortium, Inc. (1 site), ETSU College of Nursing Clinics (2 sites) No Hospital	



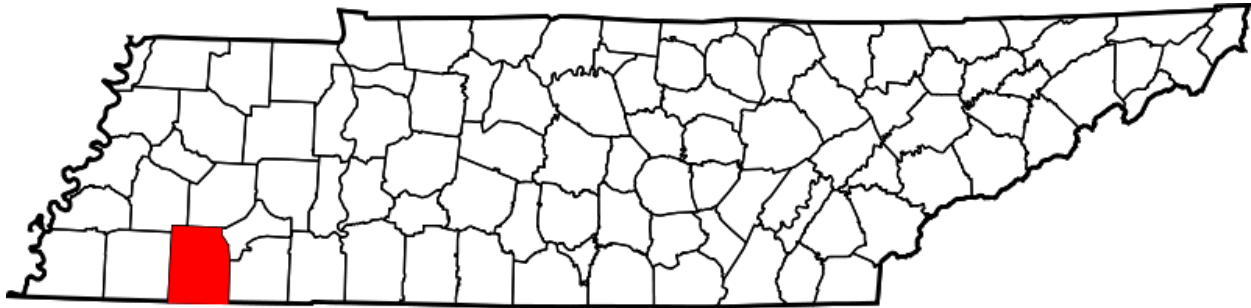
This county is currently in the County Health Assessment process. The Hancock County Health Department has received a Special Needs Grant of \$106,000 for facility upgrades.

In Hancock County, 51.4 percent of youth are overweight or obese, compared to the state number of 39.2 percent. Access to Health grant funds were used to expand a playground at a school in Sneedville, Tennessee. The funding was used to provide an additional set of swings, a new merry-go-round, and seating. The goal of the project was to provide children with a safe area for physical activity while parents used the nearby walking trail. Additionally, students at the nearby school utilize the equipment during the school day. Hancock County Schools provided additional in-kind funding for installation of the playground, including supplies and labor.

From 2015-2017, TDH distributed \$59,580.00 of tobacco prevention funding to Hancock County, followed by an additional \$10,000 in FY 2017-2018.

Hardeman County

Population: 25,447	Uninsured Rate - 10.9%	Poverty Rate - 23.7%
Local Health Department	Provides traditional public health services and dental services	
Other key providers	1 FQHC Site - Hardeman County Community Health Center 1 Hospital - Bolivar General Hospital	



The Hardeman County Health Department plans to be included in the next cycle of contracts to receive a Special Needs Grant for facility upgrades.

In Hardeman County, only 27 percent of individuals have adequate access to parks and greenways, compared to the state number of 71 percent. Forty percent of adults are obese, and in order to promote physical activity and improve access to outdoor gathering areas, the health department introduced multiple opportunities for improvement.

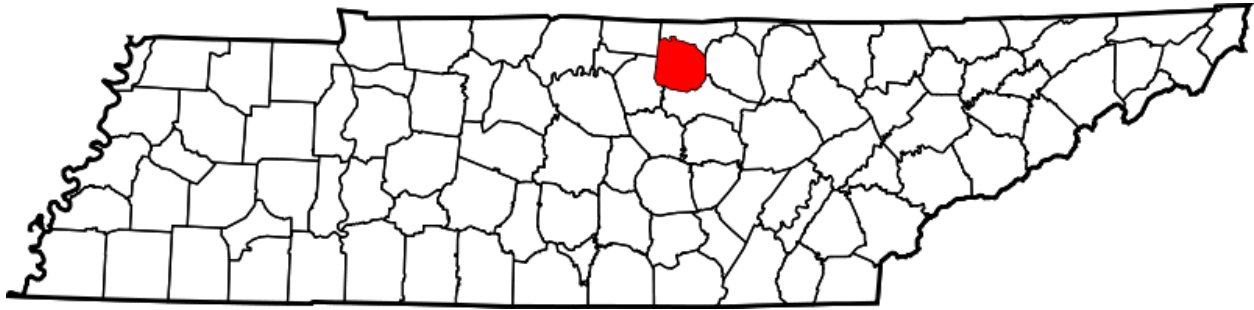
Using Access to Health grant funds, a new fountain water feature was added to the historic downtown in Bolivar. The fountain is intended to enhance the downtown for events and create an inviting social space for the community to gather. Access to Health grant funds were combined with a Tennessee Asset Enhancement Grant and county funds to develop the project.

Hardeman County received a Project Diabetes Grant to increase water consumption and decrease sugar-sweetened beverage consumption. Included in the grant are funds for the TN Clean Water Network to install water bottle refill stations in 22 schools across the following three distressed counties: Bledsoe, Hardeman, and McNairy. The evidence-based "Sodabriety" campaign will be implemented in all 22 schools to encourage a decrease in sugar-sweetened beverage consumption. Additionally, the installation of outdoor fitness equipment through a Project Diabetes grant will help increase the number of residents engaged in physical activity.

From 2015-2017, TDH distributed \$37,421.70 of tobacco prevention funding to Hardeman County, followed by an additional \$5,000 in FY 2017-2018.

Jackson County

Population: 11,677	Uninsured Rate - 13.1%	Poverty Rate - 25%
Local Health Department	TDH FQHC provides primary care services, traditional public health services, and dental services	
Other key providers	No other FQHC No Hospital	

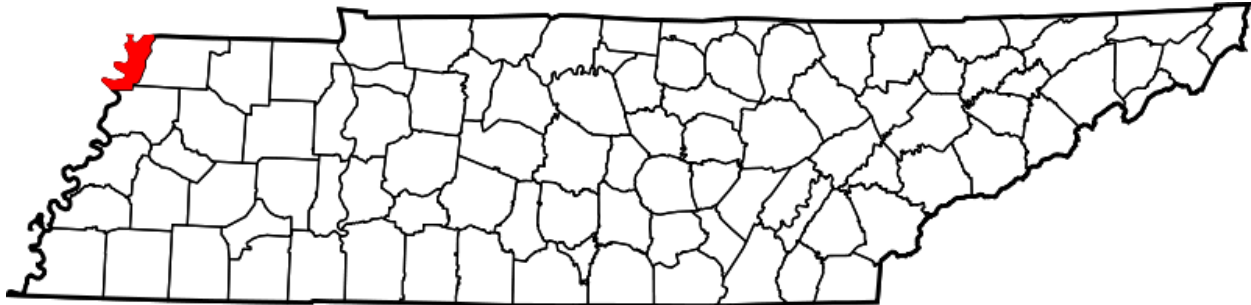


In Jackson County, only 50 percent of individuals have adequate access to parks and greenways, compared to the state number of 71 percent, but the health department has worked to improve this metric. Access to Health grant funds were used to install inclusive playground equipment at Gainesboro Town Park, which is Jackson County's only free public park. A teeter-totter with seating for eight was installed, which encourages cooperative play among children that struggle with social interaction, and provides a back panel for children with limited core strength. An inclusive merry-go-round was also installed, which is wheelchair accessible and can be utilized by children of all ages. The seats are at wheelchair height and can be used by up to 10 children at once.

From 2015-2017, TDH distributed \$35,546.30 of tobacco prevention funding to Jackson County, followed by an additional \$5,000 in FY 2017-2018.

Lake County

Population: 7,468	Uninsured Rate - 11.2%	Poverty Rate - 29.2%
Local Health Department	Provides traditional public health services	
Other key providers	1 FQHC Organization; 2 Total Clinic Sites - Citizens of Lake County for Health Care No Hospital	

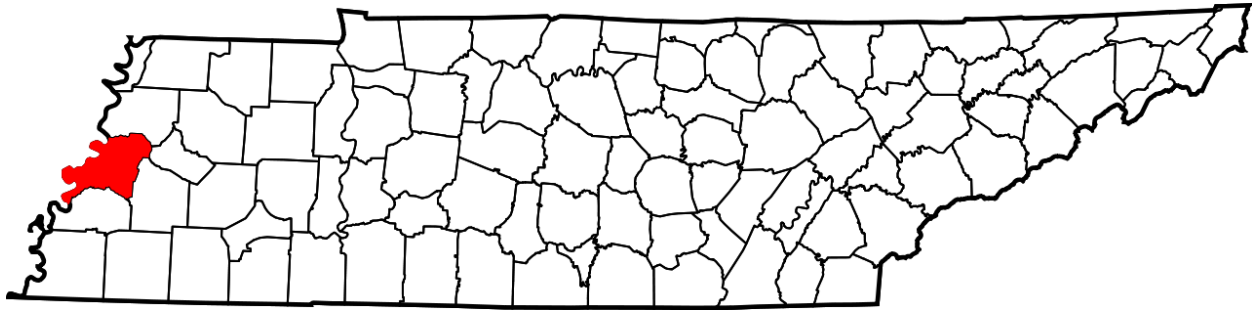


In Lake County, only 23 percent of individuals have adequate access to parks and greenways, compared to the state number of 71 percent, but the health department has worked to improve this metric. Access to Health grant funds supported the construction of the Kiwanis Playtrail at Kiwanis Park in Tiptonville. The park includes a play area for children, physical activity stations for older children and adults, and a walking track that is ADA-compliant for those with disabilities. The project aimed to provide opportunities for exercise, social interaction, and access to nature for community members. A survey of park users found that 80 percent visit the park one to two days per week. Of those surveyed, 100 percent use the playground, and 70 percent use the walking track.

From 2015-2017, TDH distributed \$31,099.60 of tobacco prevention funding to Lake County, followed by an additional \$4,000 in FY 2017-2018.

Lauderdale County

Population: 25,274	Uninsured Rate - 11.2%	Poverty Rate - 24.7%
Local Health Department	Provides primary care services as a safety net site and traditional public health services	
Other key providers	1 FQHC Site - Citizens of Lake County for Health Care 1 Hospital - Lauderdale Community Hospital	



The Lauderdale County Health Department received a Special Needs Grant of \$9,000 for facility upgrades.

In Lauderdale County, only 40 percent of individuals have adequate access to parks and greenways, compared to the state number of 71 percent, but the health department has worked to improve this metric through multiple avenues.

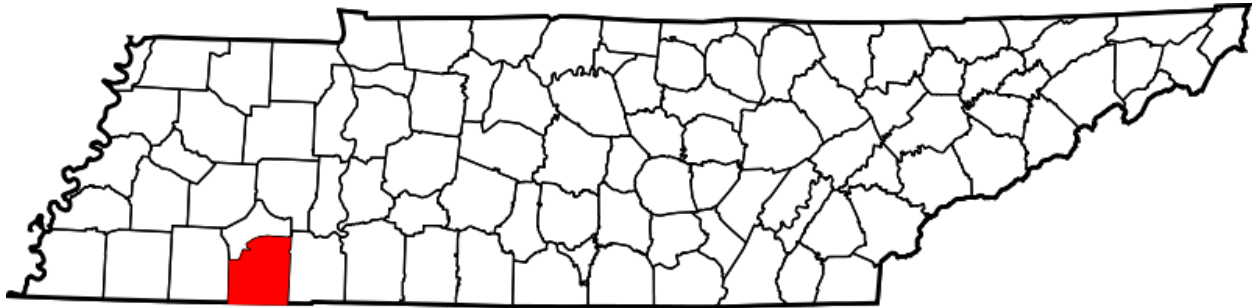
Access to Health grant funds were used to install new playground equipment at Rice Park in Ripley. The project aimed to improve an existing play space in the community to encourage physical activity and social interaction for children. In addition, Access to Health grant funds were used to install a new playground and exercise equipment at Curve Park. Grant funds were also used to support a community run club.

As a minority health grantee, the Lauderdale County Health Department selected a project to increase physical activity and reduce obesity for minority youth in lower income communities.

From 2015-2017, TDH distributed \$52,708.20 of tobacco prevention funding to Lauderdale County, followed by an additional \$20,000 in FY 2017-2018.

McNairy County

Population: 26,004	Uninsured Rate - 11.9%	Poverty Rate - 23.1%
Local Health Department	Provides primary care services as a safety net site and traditional public health services	
Other key providers	No FQHC No Hospital	



The McNairy County Health Department has received a Special Needs Grant of \$550,000 for facility upgrades.

In McNairy County, 14.5 percent of adults have diabetes, but the health department has used the Project Diabetes funds to combat this issue. McNairy County received a Project Diabetes Grant to increase water consumption and decrease sugar-sweetened beverage consumption. Included in the grant are funds for the TN Clean Water Network to install water bottle refill stations in 22 schools across the following three distressed counties: Bledsoe, Hardeman, and McNairy. The evidence-based “Sodabriety” campaign will be implemented in all 22 schools to encourage a decrease in sugar-sweetened beverage consumption.

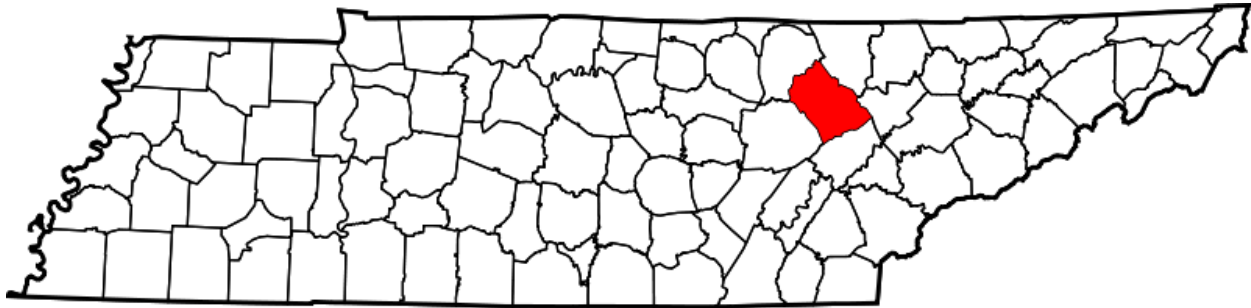
Only 33 percent of individuals in McNairy County have adequate access to parks and greenways compared to the state number of 71 percent. The health department used the Access to Health grant funds to construct the McNairy Fit Stop, an outdoor fitness area with exercise equipment in Selmer City Park. The fitness area includes five fitness stations located next to the walking track in the park.

In McNairy County, only 19.8 percent of third graders meet or exceed the state requirement for English Language Arts. As a minority health grantee, the McNairy County Health Department selected “Literacy Libraries,” which provide African-American and Hispanic children opportunities to access high-quality literature 24/7. The Literacy Libraries serve as book loan boxes strategically placed in African-American and Hispanic communities. The children may select from available books as well as other educational resources and return the books at any loan box within the county when finished.

From 2015-2017, TDH distributed \$40,944.90 of tobacco prevention funding to McNairy County, followed by an additional \$3,000 in FY 2017-2018.

Morgan County

Population: 21,636	Uninsured Rate - 11.7%	Poverty Rate - 23.6%
Local Health Department	Provides traditional public health services and dental services	
Other key providers	1 FQHC Site - Morgan County Health Council, Inc. No Hospital	



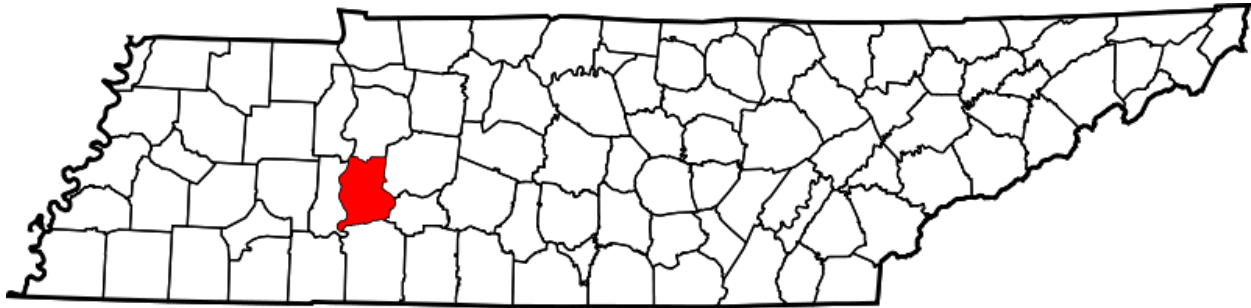
The Morgan County Health Department plans to be included in the next cycle of contracts to receive a Special Needs Grant for facility upgrades.

Only 48 percent of individuals in Morgan County have adequate access to parks and greenways compared to the state number of 71 percent. The health department used the Access to Health grant funds to install playground equipment at Sunbright Park, an area in Morgan County with very limited access to additional physical exercise opportunities.

From 2015-2017, TDH distributed \$32,917.63 of tobacco prevention funding to Morgan County, followed by an additional \$12,000 in FY 2017-2018.

Perry County

Population: 7,975	Uninsured Rate - 11.7%	Poverty Rate - 28.6%
Local Health Department	Provides traditional public health services	
Other key providers	1 FQHC Site - Three Rivers Community Health Group 1 Hospital - Perry Community Hospital	



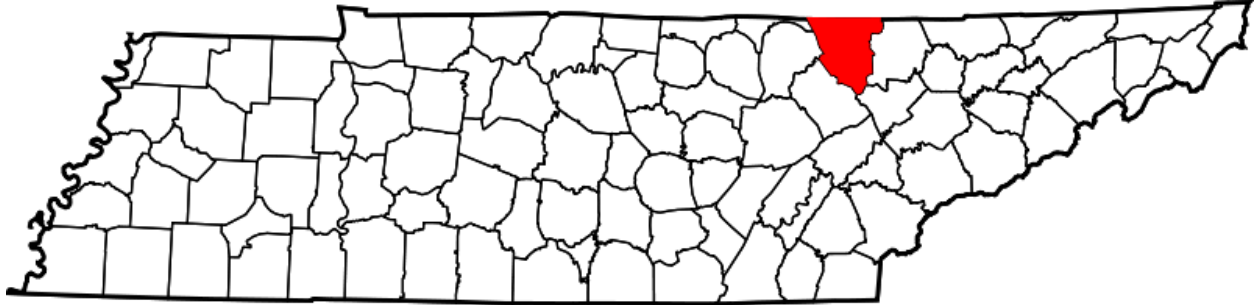
The Perry County Health Department has received a Special Needs Grant of \$100,000 for facility upgrades (under development).

Only 13 percent of individuals in Perry County have adequate access to parks and greenways, compared to the state number of 71 percent. The health department used the Access to Health grant funds to purchase and install new playground equipment in Linden City Park. The park is within walking distance of newly-built housing units as well as downtown Linden, making it more convenient for families to take advantage of the new playground. Parents can also easily access the nearby walking track while watching their children on the playground. Systematic observations of park users found that all park patrons were socializing with others and 89% were utilizing the playground. The additional playground equipment has expanded the size and type of playscape, which has allowed children to engage in vigorous physical activity for longer periods of time. In addition, Access to Health grant funds will be used to upgrade and improve sports facilities and equipment at Lobelville School in Perry County. The project will upgrade existing ball fields, install new basketball goals, and purchase new athletic equipment for students. Additional funding for the project will be provided by Lobelville's Public Works Department.

From 2015-2017, TDH distributed \$39,610.38 of tobacco prevention funding to Perry County, followed by an additional \$15,848 in FY 2017-2018.

Scott County

Population: 21,989	Uninsured Rate - 11.2%	Poverty Rate - 27.7%
Local Health Department	Provides traditional public health services	
Other key providers	1 FQHC Organization, 5 Total Clinical Sites - Mountain People's Health Councils, Inc. No Hospital	

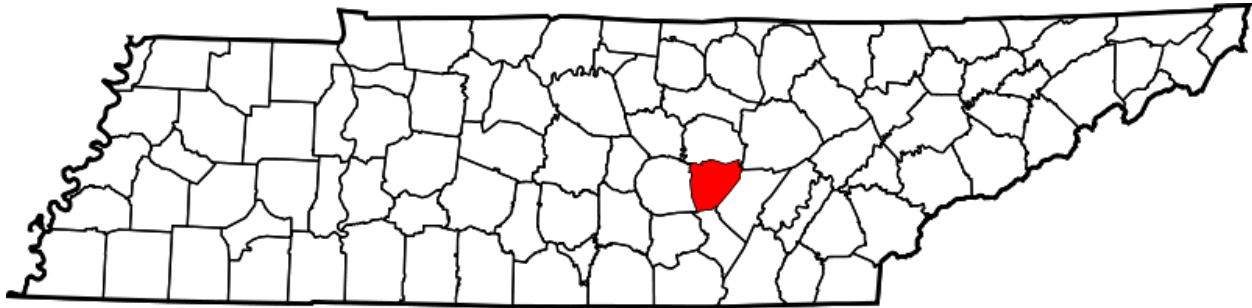


In Scott County, 45.1 percent of the youth are overweight or obese. Scott County utilized Project Diabetes funds to build a track around a soccer field, as well as strengthen policy to prohibit unhealthy food at classroom parties, promote healthy fundraisers, and increase breakfast participation. They also utilized Access to Health grant funds to install a concrete basketball court and adjustable basketball goal at Robbins Community Park, providing a new physical activity opportunity for all ages. In addition, Access to Health grant funds were used to install a fitness station at Winfield Park, which included seven pieces of outdoor fitness equipment.

From 2015-2017, TDH distributed \$48,650.38 of tobacco prevention funding to Scott County, followed by an additional \$15,000 in FY 2017-2018.

Van Buren County

Population: 5,742	Uninsured Rate - 11.8%	Poverty Rate - 19.1%
Local Health Department	TDH FQHC provides primary care services, traditional public health services, and dental services	
Other key providers	No other FQHC No Hospital	



The Van Buren County Health Department has received a Special Needs Grant of \$51,000 for facility upgrades (under development).

Only 31 percent of individuals in Van Buren County have adequate access to parks and greenways, compared to the state number of 71 percent. Using Project Diabetes funds, Van Buren County installed a walking track and conducts walking clubs and nutrition education. The Van Buren County Health Department utilized Access to Health grant funds to build a new walking track at Cedar Grove Community Center. Before the walking trail was installed, there were few places to exercise in the community, and many residents would walk along the narrow, shoulder-less county roads. The walking track at the community center now provides a safe place for community members to walk and a place to gather and be active together. In addition, Access to Health grant funds were utilized to build a new walking track at Sparkman Community Center.

From 2015-2017, TDH distributed \$24,512.86 of tobacco prevention funding to Van Buren County, followed by an additional \$4,787 in FY 2017-2018.

Table 3: TDH Services in 15 Distressed Rural Counties**LHD - Local Health Department*

County	LHD Primary Care Site	LHD - FQHC Primary Care Site	Non-TDH FQHC Site in County	2019 County Health Assessment	Received Project Diabetes Grant	Special Needs Funding	Minority Health Grantee	Competitive Built Environment Grant
<u>Bledsoe</u>			☑		☑	☑	☑	☑
<u>Clay</u>		☑						☑
<u>Cocke</u>			☑		☑	☑		
<u>Fentress</u>		☑		☑				
<u>Grundy</u>	☑		☑		☑	☑		☑
<u>Hancock</u>			☑	☑		☑		
<u>Hardeman</u>			☑		☑	☑		
<u>Jackson</u>		☑						
<u>Lake</u>			☑					☑
<u>Lauderdale</u>	☑		☑		☑	☑	☑	
<u>McNairy</u>	☑				☑	☑	☑	
<u>Morgan</u>			☑			☑		
<u>Perry</u>			☑			☑		
<u>Scott</u>			☑		☑			
<u>Van Buren</u>		☑			☑	☑		☑

Appendix C: Acknowledgements

Thank you to the incredible team of TDH professionals including our Senior Leadership Team, Executive Leadership Team, and Executive Order No. 1 Task Force for their oversight and strategic guidance of this process.

We would like to specifically recognize the following TDH staff:

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Finally, we would like to thank all TDH staff members, stakeholders, and partners who helped provide information and direction related to this report.



The health and prosperity of people in Tennessee

