ABOUT THIS REPORT

The Sentinel Communities Surveillance project, conducted by RTI International in collaboration with the RAND Corporation, is sponsored by the Robert Wood Johnson Foundation. The project, which began in 2016, will monitor activities related to how a Culture of Health is developing in each of 30 diverse communities around the country for at least five years. This community portrait follows from the initial Snapshot report for Tennessee and provides insights into drivers of a Culture of Health in the community. The report is not intended to comprehensively describe every action underway in Tennessee, but rather focuses on key insights, opportunities, and challenges as a community advances on its journey toward health and well-being for all residents.

The information in this report was obtained using several data collection methods, including key informant telephone interviews, an environmental scan of online and published community-specific materials, review of existing population surveillance and monitoring data, and collection of local data or resources provided by community contacts or interview respondents. Interviews were conducted with individuals representing organizations working in a variety of sectors (for example, health, business, education, human services, youth development, and environment) in the community. Sector mapping was used to systematically identify respondents in a range of sectors that would have insights about community health and well-being to ensure organizational diversity across the community. We also asked original interviewees to recommend individuals to speak with in an effort to supplement important organizations or perspectives not included in the original sample.

A total of 39 unique respondents were interviewed during winter and spring 2018. All interviews (lasting 30–75 minutes each) were conducted using semi-structured interview guides tailored to the unique context and activities taking place in each community and to the role of the respondent in the community. Interviewers used probes to ensure that they obtained input on specific items of interest (for example, facilitators and barriers to improved population health, well-being, and equity) and open-ended questions to ensure that they fully addressed and captured participants’ responses and perceptions about influences on health and well-being in their communities. Individuals who participated in a key informant interview are not identified by name or organization to protect confidentiality, but they are identified as a “respondent.” Information collected through environmental scans includes program and organizational information available on internet websites, publicly available documents, and media reports. Population surveillance and monitoring data were compiled from publicly available datasets, including the American Community Survey; Behavioral Risk Factor Surveillance System; and other similar federal, state, and local data sources.

We will conduct ongoing surveillance and monitoring activities in these communities through 2020 and report updated information on their progress, challenges, and lessons learned in improving health and well-being for all residents.

Data collection and monitoring thus far has revealed common themes among otherwise distinct communities. The next phase of this project will be cross-community reports that will examine common themes across subgroups of the 30 communities (for example, rural communities, communities experiencing large demographic shifts, and communities leveraging local data for decision-making). These reports will also be posted on rwjf.org/cultureofhealth.
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Introduction

In our Snapshot report of Tennessee, we described a community that struggles with high rates of chronic disease and significant racial and economic health disparities. We described key activities that aim to address these challenges, focusing on activity in the three Grand Divisions of the state. While we recognize there is a plethora of important work ongoing at the local level, for this report, we will highlight statewide initiatives and locally originated initiatives that have received attention and success at the state level.

In this report, we examine Tennessee’s efforts to improve population health and build a healthier and more equitable community using the Culture of Health Action Framework to interpret and organize key findings. The Framework prioritizes four broad Action Areas: 1) Making Health a Shared Value; 2) Fostering Cross-Sector Collaboration to Improve Well-Being; 3) Creating Healthier, More Equitable Communities; and 4) Strengthening Integration of Health Services and Systems, within which activities and investments can advance population health, well-being, and equity in diverse community contexts. Using the Framework, we describe how stakeholders in Tennessee are taking a comprehensive approach to collaboration between public, nonprofit, and private-sector partners to improve communities across the state, with a focus on education and workforce development. Leaders in health at the state level are expanding chronic
disease prevention efforts, with the buy-in of local councils and the business community, and using creative approaches to increase access to health care in communities that are losing providers and facilities at a rapid pace.

**CONTEXTUAL CONDITIONS**

Tennessee, the “Volunteer State” is a southern state in the Appalachian region and is largely rural with a few metropolitan centers. It is divided into three “Grand Divisions,” each anchored by one or more urban areas: Memphis (West Tennessee), Nashville (Middle Tennessee), and Knoxville and Chattanoog (mid-size cities in East Tennessee). The Grand Divisions are geographically, demographically, culturally, and politically distinct. Overall, Tennessee’s population leans heavily white, with a relatively small Hispanic population (7.4% white, 16.7% black, 4.9% Hispanic). Memphis (West division) is unique in that 63.6 percent of the population is black.1

Economically, Tennessee has a strong agricultural history, producing commodities including tobacco, cotton, corn, wheat, and hogs.2 These industries are still prominent in some of the state’s rural communities, and as of 2018, 70 percent of counties grew tobacco, making it one of the state’s most profitable crops.3 Manufacturing is also a strong economic contributor in Tennessee, particularly in hardwood, automotive, and appliance manufacturing. Primarily located in urban centers Nashville and Memphis, health care systems, health IT, and financial services have emerged as economic drivers. Memphis particularly is a hub for logistics, located on the Mississippi River and home to a large FedEx shipping operation. The state is also known for its contributions to the music industry, particularly in the styles of bluegrass and roots, country, and rhythm/blues/jazz.

However, many of the state’s rural areas are not sharing in the success of their urban counterparts. Based on rankings by unemployment rate, per capita market income and poverty rate, 17 of Tennessee’s counties, all in rural areas, are in the bottom 10 percent of the nation with an additional 35 counties ranking in the bottom 25 percent.4 Poverty occurs in pockets across the entire state, in both urban and rural communities, and while poverty rates still show significant disparities by race, poverty extends across racial/ethnic groups.

Additionally, trends in health care and manufacturing may pose threats to some of the state’s key industries and top employers. Tennessee is the state with the second most hospital closures in 2015, with eight rural hospitals closing in that time period, and “10 at risk of closing,” as described by a respondent from the health care sector. Moreover, uncertainty around federal tariffs has caused some concern in Tennessee: Appliance company Electrolux halted manufacturing expansion in Tennessee because of the tariffs announced by the current presidential administration,4 and many in the state have concerns that more manufacturing operations are at risk.7 Like other states with strong manufacturing and agricultural histories, educational attainment has historically been low in Tennessee (only 24.9% of Tennesseans had a bachelor’s degree or higher in 2015*). Efforts to improve education and workforce development opportunities (e.g., Drive to 55, Workforce360®) have been undertaken by the administration of Governor Bill Haslam, elected in 2011, re-elected again in 2014, and finishing his term at the end of 2018.

Tennessee is a politically conservative state, with Republicans controlling the governor’s office, the state House (currently, 73 Republicans and 26 Democrats), and the state Senate (currently, 28 Republicans and five Democrats) since 2011. In general, Governor Haslam is seen as a good leader across the political spectrum and is one of the most popular governors in the country.8 There is a pro-business focus in the state legislature,9 which has been buoyed by the political capital gained by improvements in unemployment in the state.

At the local level, politics are increasingly divided along urban/rural lines.10 Pre-emption at the state level also prohibits local governments from enacting legislation related to a wide variety of issues—including minimum wage, paid leave/paid sick days, anti-discrimination, and smoke-free places.11,13 Statewide efforts to address environmental sustainability and clean energy have not been a priority in a state where the mining industry has strong roots and still contributes billions to state economy, particularly coal, zinc, and construction material (e.g., limestone) mining. Moreover, water quality concerns related to coal ash, a byproduct of coal-fired electricity generation, leakage into water supplies have been cited but remain largely unaddressed.14 An estimated 30 percent of the state’s streams are of such poor water quality that they cannot support a healthy population of fish and other aquatic wildlife, and almost 40 percent are not fit for human recreation.15

From the public health perspective, like many communities in the United States, particularly in the south, Tennessee struggles with the “Big Four” behavioral risk factors for poor health outcomes: poor nutrition; tobacco; physical inactivity; and substance use (opioids and heroin). The Snapshot report provides more information on the prevalence of risk factors and chronic disease in the state, including obesity, childhood obesity, physical inactivity, and smoking, which is particularly prevalent in the state (21.9% of Tennesseans smoke and many campaigns are in place to reduce usage).

Opioid overdoses are also of increasing significance in the state. In 2015, Tennessee had the 10th highest drug overdose mortality rate in the country, with the eastern part of the state particularly hard-hit.16 As opioids are recognized as a growing problem, Tennessee is working to prevent and combat substance use disorder in the context of other chronic diseases. As a public health respondent described “the opioid epidemic has this crisis component to it that ignites our human nature...”

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it’s getting a lot of attention and resources right now, even though if you look at the data, it’s not affecting as many people as some of these other chronic diseases are."

Like many states with large rural areas, Tennessee faces an aging population and increasing challenges with access to health care as a result of a lack of transportation, disparate population, and funding challenges. The fastest growing age brackets in the state are 65–69 and 70–74. Since health care providers also are aging, the supply of providers available to address the growing need for care is diminishing. Concurrently, funding challenges for rural hospitals, high rates of uninsured patients (9% of Tennesseans were uninsured in 2016\textsuperscript{46}), and hospital closures described above further strain health care resources. While the governor supports expansion of TennCare, the state’s Medicaid arm, the legislature offers no support and elected not to expand Medicaid in 2015.\textsuperscript{47} Advocacy for increased safety-net funding and program extensions is ongoing and important to rural populations.

COMMUNITY CAPACITY TO PROMOTE HEALTH, EQUITY, AND WELL-BEING

Tennessee has an extensive and cross-sector infrastructure for promoting and pursuing health and well-being for its residents. The state government is at the helm of many initiatives, with leadership from the governor’s office, the Tennessee Department of Health (TDH), and the Department of Education. There is also a strong culture and structures established to enable consistent collaboration across agencies. The business and economic development sectors in Tennessee are also highly engaged in efforts to improve the well-being of employees and communities. Concerns about access to health care, either by the uninsured or by rural residents who are rapidly losing health care infrastructure, are being tackled by networks of providers, health systems, and agencies dedicated to preserving the crucial community asset of a health care system. The contributions of philanthropies and extensive networks of volunteers extend the resources provided by the state government, sometimes limited in a state resistant to spending on health and well-being.

Government supports education and workforce. Preparing residents for the future through educational opportunities has been perhaps the most popular and politically viable approach to improving well-being in Tennessee, though many nonhealth stakeholders are not directly connecting these activities to improvements in health. The current gubernatorial administration has launched a comprehensive strategy around education reform, educational attainment, and education-to-work (see Appendix). TNReady changed the way student achievement and mastery is assessed in public schools through new student testing models, and Drive to 55 is an overarching strategy to make education more practical, affordable, and available to young residents and adults, largely by offering post-secondary tuition assistance to all Tennesseans who meet the program requirements. Drive to 55 is being executed through public-private partnerships with the basic goal that 55 percent of residents will have a college degree or certificate by year 2025. The programs within this initiative are primarily managed by the TN Higher Education Commission & Student Assistance Corporation, and Drive to 55 is the organizing mission of the state’s effort to align education and business and create a mutually beneficial relationship between the sectors. As a result of this initiative, cross-sector relationships, funding sources, and political capital are being directed to these important goals.

Collaborations promote health and disease prevention. Tennessee has established structures that facilitate cross-sector collaboration at the state level and between state and local agencies to promote a focus on population health that includes prevention and a focus on drivers of health. The Tennessee Department of Health (TDH) is a leader in primary prevention, implementing activities including the Primary Prevention Initiative, a new direction for the Division of Health Planning’s development of the State Health Plan, and the Tennessee Livability Collaborative, among other efforts. Integrated into the structures of other departments, such as Coordinated School Health program out of the Department of Education, prevention is not only the job of the TDH. The Governor’s Foundation for Health and Wellness, a Nashville-based 501(c)(3), founded the Healthier Tennessee initiative, which provides tools, curricula, and recognition for local communities, businesses, schools, and faith-based organizations to implement programs to address chronic disease risk factors. The Sycamore Institute is a Tennessee-based non-partisan research organization that provides analytical support to stakeholders looking to understand the state budget and fiscal policy; issues related to health and well-being; and the ways they intersect. At the local level, Local Health Councils leverage community needs assessments data to identify areas of need, in collaboration with research organizations (e.g., Center for Appalachian Health) and the TDH to align with overarching state priorities (e.g., the Big Four).

Business invests in community well-being. The business community is highly influential in the state of Tennessee. Fortunately, there is also strong support for business investment in health and well-being. Tennessee Business Roundtable (TBR), for example, develops and advocates for policies that not only improve the business climate, but also optimize the quality of life and well-being of all Tennesseans.\textsuperscript{48} Through other efforts, large companies also invest in state-wide wellness initiatives. For example, private sector financial supporters of Healthier Tennessee include Bridgestone, FedEx, and International Paper.\textsuperscript{49} Industry involvement and support is also key for a number of education and workforce development efforts (e.g., Pathways Tennessee, Labor Education Alignment Program, Workforce360°). Finally, the state economic development agency, the Department of Economic and Community Development (TDECD) has prioritized “health and wellness” as a key dimension of its ThreeStar Certification program aimed at improving the business environment in local communities using tax incentives. Evaluation in the “health and wellness” dimension includes tracking year-to-year changes in health indicators, such as 8th grade obesity and teen pregnancy rates.\textsuperscript{50}
Health systems and agencies help improve access to care. The problem of rural hospitals closing, or reducing their services, has spurred efforts to define hospitals not only as a critical element of community health but also as broader engines of regional economies. The health care sector is a key element of the state’s capacity in both urban (e.g., St. Thomas Health and Vanderbilt University Medical Center in Nashville; Baptist Memorial Health and St. Children’s Research Hospital in Memphis) and rural communities. Organizations from several sectors are working to recruit health care providers and strategically meet regional health care needs. Tennessee’s Rural Task Force takes a comprehensive approach to rural improvement, with committees on Education and Workforce; Site and Retail Development; Community and Leadership Development; Health; Tourism and Conservation; and Agriculture, Entrepreneurship, and Small Business, with health care as a key area of focus. The Tennessee Hospital Association (THA) is very engaged in access to care issues, especially its subsidiary, the Tennessee Center for Health Workforce Development (TCHWD) (formerly the Tennessee Rural Partnership). TCHWD is focused on bringing more primary care providers, nurse practitioners, and physician assistants into rural and underserved regions and collaborates extensively with the Tennessee Primary Care Association (TPCA) to improve the supply of providers.

Collaborating provider networks serve those most in need. As of 2016, Tennessee was the state with the eighth highest uninsured rate in the country, and budgeted safety-net funds for primary care services for the state’s uninsured have been decreasing every year since Fiscal Year 2015–2016 (in 2018 it was budgeted at $9 million), despite a relatively stable number of patients served over the same time period. The state-funded safety net includes select community health centers, certain community- and faith-based clinics, and local health departments in 50 of the state’s 95 counties. Many of these providers participate in provider networks including the Tennessee Charitable Care Network (TCCN), which targets populations not participating in Medicaid and private insurance networks. The TPCA is an association mostly for federally qualified health centers (FQHCs) and is made up of 30+ organizations that operate 200 clinic sites. TPCA works with TennCare to execute eligible payments to FQHCs, and provides services for members, including electronic health record updating and data analytics software. The Tennessee Association of Mental Health Organizations (TAMHO) specifically represents behavioral health providers across the state.

Diverse funding supports sustainability of initiatives. Tennessee relies on a diverse set of funding sources to maintain financial viability of initiatives through political cycles and economic trends. Tennessee is one of only nine states with little or no income tax (Tennesseans only pay taxes on dividends and investment income, not employment income), and the state constitution requires a balanced budget every year. As such, other funding sources contribute to the state’s ability to provide services. Most health and social services in the state are funded by federal dollars, though several of the state’s higher education initiatives are funded through the Tennessee Lottery, including merit-based scholarships for college tuition, a model adopted by seven other states. A member of the education sector described the benefits of this arrangement: “We do not rely on being a line item each year. We don’t rely on a budget cycle. These particular free college scholarships are funded in perpetuity.” Numerous philanthropies operate in the state and may help to fill in the gaps, though many of the largest have regional foci, including Community Foundation of Greater Memphis and Community Foundation of Middle Tennessee, Inc. As other examples, the Ayers Foundation supports statewide education efforts and the BlueCross BlueShield of Tennessee Health Foundation, Inc. funds the TCCN, a network that also receives public safety net funding, as described previously.

Developing a Culture of Health

Tennessee has undertaken a wide array of initiatives involving multiple stakeholders to positively affect the drivers of health and well-being. Notably, the governor’s office and the TDH have played pivotal roles in coalescing stakeholders around two key challenges in the state: 1) low educational attainment, and 2) high rates of chronic disease. These two challenges have been successfully framed as key barriers to economic success for the state, something that has enabled leaders to engage partners across industry, government, and nonprofit sectors. Although the state is challenged with issues related to access of care—from high rates of uninsured to rural hospital closures—diverse stakeholders are addressing these issues through innovations in health care delivery, enabling policy changes, and utilization of local volunteers.

Promoting Education and Workforce Development as Primary Levers for Long-Term Economic Improvement and Well-Being

More and better education has proved to be a popular and politically viable benchmark for community improvement. Tennessee first committed to raising its education standards in 2007 after receiving an “F” from the U.S. Chamber of Commerce for low academic expectations and for “truth in advertising” for the quality of their K–12 education. TNReady was implemented in 2007 to better assess academic achievement and post-secondary readiness. The economic benefits of an educated populace and well-skilled workforce are effective selling points across party lines, and the drive for more education has resulted in benefits to Tennesseans of all ages. Additionally, programs and incentives for local economic development, particularly in especially
disadvantaged communities, have been used as means to improve well-being in the state.

The governor’s 2018 budget passed with substantial increases for teacher pay, school safety and higher education. Programs launched under the current administration—notably Tennessee Promise and Tennessee Reconnect—are salient examples of the state’s efforts to link education to better job prospects and overall well-being for residents and communities. An appendix to this report summarizes some of the sweeping changes ongoing in Tennessee related to educational attainment and workforce development. A respondent from the government sector described the current governor as “very much a spokesman” for a multi-faceted education strategy. Respondents also note that initiatives launched in support of this strategy are well-established, not dependent on the preferences of any single administration, and generally reflective of shared values in the state.

Drive to 55 is the organizing vision that encapsulates shared priorities around educational attainment in the state: By 2025, 55 percent of Tennessee residents will have attained a college degree or certification. Many aspects of the statewide drive for better and more education have origins at the local level. Tennessee Promise began as a one-county program in eastern Tennessee in response to local workforce needs and expanded to 27 counties between 2010 and 2014 before going statewide in 2015. As a respondent from the education sector noted, Tennessee Promise is “a classic example of diffusion at a policy level. There are local and regional roots to this program, so we weren’t starting from scratch.” In partnership with tnAchieves, students receive support in meeting the Tennessee Promise program requirements to receive community college scholarships and are set up for greater success in college. In fact, while participation in tnAchieves and Tennessee Promise was growing, community and technical college enrollment also increased: 16,291 students from the Class of 2015 attending an eligible institution as a part of Tennessee Promise, representing a 24 percent increase of full-time community college students and 20 percent increase in technical college attendance.

These newer initiatives increase the breadth and reach of programs established in the earlier part of the 21st century. The Hope Scholarship, established in 2004, relies on lottery funds to provide merit-based scholarships to Tennessee’s high schoolers to attend private, public, or community colleges. Students in this program are required to meet a high school GPA threshold, achieve a minimum ACT score, and maintain a minimal GPA over the course of their college career. Tennessee Promise expands the opportunity of higher education without the minimum GPA requirements, and Tennessee Reconnect expands the opportunity further to adults who wish to return to complete a college degree and has similar requirements to Tennessee Promise. Tennessee Reconnect is particularly dependent on private sector engagement and legislature influence was key to development of this program, as noted by an education sector respondent: “A lot of the conversation, particularly among legislators, was, ‘What about adults? I have a lot of adults in my constituency who never went to college, what about them?’ Reconnect was kind of a natural next step after Promise.”

Tennessee Promise and other initiatives depend on collaboration between the state Department of Education; the Tennessee Independent Colleges and Universities Association; the Department of Labor; and the Department of Economic and Community Development to determine what employers are seeking and what workforce skills will help graduates be competitive on the job market. “The links to workforce development and the economy have really been selling points to those [with a] ‘I paid for college, why can’t they pay for college?’ type of notion,” says a government respondent.

Various government agencies, including the Tennessee Board of Regents, the University of Tennessee system, and the Tennessee Higher Education Commission monitor outreach effectiveness within communities. “We see who, in what schools, and in what districts, in what communities are not taking up these programs, and we send outreach teams there,” says a government respondent. “We engage with counselors, with high school teachers, to really make sure that higher ed and K-12 are not speaking different languages, that the message is consistent, and the availability of various opportunities is well known.”

Drive to 55 has unified the state around a specific goal, and it has led to improvements in high school graduation and post-secondary enrollment and graduation or certification rates. While individual or community health are not explicit goals of these efforts, the state is actively trying to increase awareness and private sector buy-in for Drive to 55 by emphasizing the benefits to both business and Tennessee workers. However, independent evaluators have determined that while overall college-going and completion rates are rising in Tennessee, educational disparities are actually worsening, with students of color attending college at lower rates: From 2011 to 2015, black students’ six-year graduation rates at public four-year institutions fell four percentage points (down to 41% from 45%). The state of Tennessee does not have an overarching equity agenda, and it will be important to track the impacts of Drive to 55 on all subsets of the population.

Linking education, workforce, and industry. Although initiatives to increase the number of college degrees and professional certificates are heavily promoted, efforts to prepare students for college and the workforce are also part of the comprehensive strategy to produce meaningful economic benefits to the state. Consequently, structures established by the state government aim to enhance the connections between education, workforce, and businesses. Pathways Tennessee, started in 2012, establishes a framework for education-to-career learning pathways that are seamless, collaborative, and regionally relevant. It includes elements such as active industry involvement in middle school education curricula, “banking” post-secondary
credits in high school, and promoting multiple entry points into career, technical, and four-year colleges. Workforce360® was initiated, according to a government respondent, because “we were hearing from the businesses, ‘I’m having this workforce issue but I don’t really know who to go to, which department can help me.’” The initiative is an example of a regional strategy that was successfully disseminated statewide. It began with meetings of industry and education leaders in one county (Unicoi, in eastern Tennessee) in 2016 and expanded to 410 total meetings across 53 counties between 2016 and mid-2018, with a concentration in western Tennessee. 

“If we get an industry that calls and says ‘I need someone,’ the first thing they’re going to ask about is ‘what’s their work ethic?’”

WORKFORCE DEVELOPMENT SECTOR RESPONDENT

Labor Education Alignment Program (LEAP) is another initiative that helps to ensure credentials earned through other education initiatives are meaningful to industry. It provides grant funding to regional partnerships of K–12 education, post-secondary education, and industry representatives. LEAP is managed at the state level, but there is room for local adaptation based on gaps in workforce preparation. Certain key players must be involved (e.g., Department of Labor, school system, and technical colleges, which act as the fiscal agents for the funding). LEAP, as noted by a government respondent “drove collaboration in a way I don’t think any of us realized that we were doing. This has really changed the way the communities are addressing the issue.” A case study of the application of LEAP to the local context comes from central Tennessee: the Manufacturing and Mechatronics for Soldiers and Students (M2S2) program trains exiting military personnel (from Fort Campbell) and local students to acquire skills needed to fill gaps in the manufacturing workforce. The effort has been a successful collaboration between the state, local educational authority, U.S. Army, and key employers.

In addition to making advanced degrees more affordable and accessible, various programs help students acquire “soft skills” that help them understand how to apply for jobs, effectively approach potential employers, and meet professional expectations. For example, “Work Ethic Diplomas” are now part of the LEAP program, developed in response to a growing awareness that students need real-life skills related to punctuality and professional codes of conduct. “If we get an industry that calls and says ‘I need someone,’ the first thing they’re going to ask about is ‘what’s their work ethic?’” They will rarely ask us about what this person’s skill level is. [They want to know that they] don’t have attendance issues here at school, they have a good attitude,” as noted by a workforce development professional. The effort began as a three-county workforce readiness initiative through a LEAP grant in 2014 to Tennessee Colleges of Applied Technology at Morristown. It has since expanded to 17 school systems (academic year 2017–2018) and 40 industry partners currently recognize the diploma.

To fill gaps in the health care workforce, particularly in nursing and allied health positions, a respondent in the health care sector indicated that they were “doing a lot of outreach to middle and high school students that may have an interest in the various health careers that are out there.” More on these efforts are described later in this report.

One of the greatest strengths of the education and workforce development initiatives is the extensive alignment between state agencies and policymakers working in these sectors. A government respondent noted that higher education and K–12 systems work very closely in the state. They also collaborate with the state government, Departments of Labor and Economic and Community Development, as well as the policy team in the governor’s office, which helps them align policies and programs “to think about what [curricula] are our post-secondary institutions producing that is or is not useful in the workforce? ... What do employers need?” as a government sector respondent described.

Economic development and community well-being. Economic development and a favorable business climate are the organizing principles of Tennessee’s plans for the future. Buoyed at present by low unemployment, robust growth in modern industry, and a reputation as an engaged partner for business, the state is investing in workforce development as a necessary element of its long-term growth strategy. “We’re focused on jobs, because in order to attract, obtain, and expand businesses, we have to make sure we have a workforce in place,” says a respondent from the private sector. There is recognition across sectors that a healthy economy is important to well-being across dimensions, though health is not always at the forefront of the conversation.

“In the words of one nonprofit respondent, the “connective tissue” between issues of health and economic prosperity is still being created in some sectors. Those in public health do not view this as a major issue because, as one respondent noted: “we’re ... building a culture of economic development and higher education, because we know the health will follow.” These stakeholders do not believe that the linkage to health must always be explicitly made for improvement in health outcomes to be achieved. One pathway by which this may proceed is through the work of Healthy Development Coordinators, which are employees of the TDH whose explicit job is to make connections with those working on built environment projects and economic development projects in local communities. As noted by a public health sector respondent, they “help communities think about the built environment as they grow. That can be sewage systems, that can be sidewalks and greenways, that can be parks and playgrounds, it can be a variety of different things.”

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Though this report focuses on state-wide activity, a few notable regional and local initiatives are pursuing community development as a lever for improving overall well-being and may serve as models for the rest of the state. Project 95 in Hancock County, in northeast Tennessee, targeted the poorest county in the state for a “build it and they will come” project. In 2017, the TDECD announced it was seeking a company to occupy a call center building that was already constructed with funds from a USDA block grant. As described by a government respondent, the local commissioner of economic development “brought his fellow commissioners all into it, education, health, labor and workforce development, employment security, mental health, and substance abuse ... to provide to that community everything that they need to bring in a call center ... even building the building.” In February 2018 the tenant, Allied Dispatch Solutions headquartered in Johnson City, Tennessee was announced. This effort is part of an ambitious TDECD strategy to remove all Tennessee counties from “distressed” designation by 2025.

In western Tennessee, Memphs Tomorrow, started by local CEOs to use public-private partnerships to further development goals in the Memphis area, provides “backbone” support for cross-sector collaboration. Some of the commitments made by Memphs Tomorrow include improving local education infrastructure and providing research capacities to aid economic development and solve community challenges. The group has noted that their collective impact initiative, Fast Forward, which works on the principle that education, economic development, health and wellness, and government fiscal responsibility are connected, has been associated with significant decreases in crime, increases in jobs, and education reforms in the area.43

**COLLABORATION AND LOCAL ACTION TO IMPROVE HEALTH**

Tennessee’s geographic size and complexity, historically conservative political climate, and disparate regional priorities have required refinements to collaboration and communication between the TDH and regional stakeholders. Current state health leadership prioritized working with regional stakeholders to establish an agenda that united the state’s regions around shared priorities but without becoming monolithic in its messaging or structure. Numerous multi-agency coalitions have been implemented and sustained over the course of the state’s recent history. This section describes the structures in place at the state level to coordinate activity around health, including state offices and cabinets, the established priorities of the TDH, and efforts on the part of the TDH and others to impact and measure the drivers of chronic disease in the state.

The TDH has helped steer several high-level collaborations that focus on making residents healthier through more preventative measures and targeting the Big Four factors that impact health and well-being. The Primary Prevention Initiative began in 2013, followed by strategic revisions to the State Health Plan process by Division of Health Planning in 2014, to shift from a focus on the allocation of health care resources to a focus on population health. The activity continued through 2016, utilizing a federal State Innovation Model grant to develop a statewide Population Health Improvement Plan and working closely with the Office of Health Policy, the Division of Health Care Finance and Administration, the Bureau of TennCare, and five academic public health institutions across the state. Population health was also a focus for hospital systems involved in the planning process.

An important aspect of state-level health planning in Tennessee is the extent to which local prevention plans and projects are integrated into the state’s public health strategy via the partnership of TDH and Local Health Councils. In recent years, communication and strategizing between state and regional stakeholders have improved. Now, prevention plans are available in all 95 counties of Tennessee, and local health departments are encouraged from the state level to engage other sectors, which a government respondent noted has “forced the local health departments to interact ... with their local political communities so that our health department directors now know their mayors, they know their county council members or commissioners. They’re also more involved with local hospitals.” One result of the engagement of cross-sector partners at the local level has been efforts such as voluntary anti-smoking measures by local mayors. Though they are unable to pass official local legislation due to state level pre-emption, 11 mayors in eastern Tennessee came together, and all agreed to pass voluntary policies for their public spaces.

“... OUR HEALTH DEPARTMENT DIRECTORS NOW KNOW THEIR MAYORS, THEY KNOW THEIR COUNTY COUNCIL MEMBERS OR COMMISSIONERS. THEY’RE ALSO MORE INVOLVED WITH LOCAL HOSPITALS.”

**GOVERNMENT SECTOR RESPONDENT**

The approach to engaging Local Health Councils has been particularly valuable in rural areas of the state where melding rural values into the process rather than imposing top-down standards has been met with success. For example, the Center for Rural and Appalachian Health works with community champions to tailor health and economic development efforts.44 A respondent from academia stated, “finding those cultural pieces that you can use ... that’s going to be the sweet spot in all of this work,” especially since many attribute poor chronic disease outcomes to unhealthy southern food traditions, changing economic profile in the state, and the increasing reliance on cars. As one business sector respondent explained “a lot of people in the rural areas used to kind of keep fit because they were physically active doing farm work and such. With the advent of all the vehicles and things that we have today, there’s less need for that.”

Through promotion of new initiatives, collaborations, and statewide planning events, there is a concentrated effort to create common purpose while still allowing communities to pursue health-promoting activities that reflect their particular needs and preferences. In 2017, the TDH began to require each county health department’s performance plan to address at least two of the Big Four priorities. National organizations are interested in monitoring what happens in Tennessee, says a respondent in the health sector, since “they say that they haven’t
seen the state health plan trickle down to the local level like this before, and they want to see how that works.”

Tennessee also has a history of state government-led efforts to enhance cross-sector collaboration outside of the TDH. Considered an “innovator” in coordinated school health, in 2000 Tennessee legislated the establishment of the Office of Coordinated School Health (CSH) with the Coordinated School Health Act, as a partnership between the Departments of Health and Education and informed by a CDC model of school health.44 The priorities of CSH are ensuring students’ physical, emotional, and social health. CSH convenes an annual conference; manages data on youth risk behaviors; and connects with national and regional partners to implement programs related to health education; school health services; school nutrition; school staff wellness; and more. As described in the Snapshot report for Tennessee, evaluation is ongoing with positive signals that childhood obesity is decreasing in the state, and a respondent in the health sector says, “now hopefully we're at the point where data will start catching up to the innovation.”

As another structure for collaboration, the Children’s Cabinet was launched through executive order (Executive order no. 10) in 2012 to coordinate, streamline, and enhance efforts to improve the well-being of children in Tennessee and requires participation of the commissioners of various departments, including departments of health, mental health, social services, and education.44 Physical and mental health, plus safety and education are foci. As an example of the value of multi-agency coordination, the Cabinet piloted a program for babies diagnosed with neonatal abstinence syndrome, an area which has become a priority for the TDH as the state struggles with the opioid epidemic. The effort was initiated to reduce fragmentation of services delivered across agencies (e.g., TennCare, Department of Mental Health and Substance Abuse Services, Department of Education TEIS services); raise awareness of supportive services; and improve outcomes for babies and mothers with a single plan approach initiated after the baby is born. The pilot was perceived to be successful by clients and pilot team members, and in 2017 was initiated statewide.44 though formal outcome evaluation results were not available at the time of writing.

Recent initiatives that recognize the value of activity in other sectors to improve health include the adoption of indicators from National Academy of Medicine’s Vital Signs by the TDH. Select indicators include youth obesity, physical activity, and frequent mental distress, but also 3rd grade reading levels and access to parks and greenways. These indicators are seen both as reflecting outcomes of interest for other sectors, but also as having catalytic potential to encourage cross-sector collaboration for health. As a health sector respondent noted “These vital signs … don’t belong to our state Department of Health. They belong to our state. And so, having the work of our other sectors on this dashboard is very important so that they can see how their work influences the health outcomes we are hoping to achieve.”

To build upon efforts to combat chronic disease in Tennessee and to further encourage local action, the Governor’s Foundation for Health in Wellness established the Healthier Tennessee initiative to enable Tennesseans to “move more,” “eat smarter,” and “cut out tobacco.”29 The efforts are coordinated at the state level, but are hyper-local in implementation, and have successfully engaged “people from all walks of life all across this great state banding together to improve our health.”29 The structure of the initiative, like “Live Well” programming in many communities nationwide, provides tools to workplaces, places of worship, businesses, and cities to encourage their stakeholders to customize programming to their needs (e.g., Small Starts for Worship, which guides faith-based organizations in developing wellness programming29). “There are close to 100 different Healthier Tennessee communities … There's a lot happening at the local and regional level, across the state.” Respondents interviewed for this report indicated that recent efforts have been focused on improving community involvement in Healthier Tennessee coalitions.

Outcomes of these efforts to prevent chronic disease are still being understood and may be slow to change: Governor Haslam has publicly described health in Tennessee is “a slowly turning battleship.” From the health equity perspective, the TDH makes resources available on its website to help communities understand health disparities and the social determinants of health.44 Limited information was uncovered to understand how health equity is prioritized at the state level. Respondents have indicated that racial equity is particularly challenging to discuss explicitly in Tennessee due to political sensitivities. As noted by one government respondent, “You push for work that you know brings about some impact on equity and underserved folks, but you're not approaching it with that explicit intent.” Stakeholders also face other political and financial challenges to addressing health and well-being.

**CROSS-SECTOR COLLABORATION IN A CHALLENGING POLITICAL AND FINANCIAL ENVIRONMENT**

An analysis of the 2018–2019 Fiscal Year budget saw an increase in health and social services spending, driven largely by increases in funding to address the opioid epidemic and increases in education funding, as described previously.45 However, stakeholders from the health sector still perceive that the legislative branch of government is resistant to spending for improvements that explicitly relate to health. Several respondents interviewed emphasized that although individual and community health are rising as priorities in Tennessee, efforts to improve them often must be framed in ways that do not put health “at the forefront of the conversation.” “We understand that in order to have a prosperous community, you need to have a healthy community, and if you want to see health, you need to see prosperity too,” says one government respondent. “But if we use health in policy, we alienate folks who don’t see themselves as being involved in policy or involved in health.”

As a result of this thinking, the Tennessee Livability Collaborative was formed in 2016 as a platform for cross-sector collaboration for health and wellness, specifically focused on creating attractive, active and socially engaging environments that promote health.28 Membership in the group is roughly 12 different government agencies who take turns hosting meetings, taking “deep dives” into each other’s resources, and aim to seek overlap. The group defines livability as the “intersection of all of our missions [in] transportation, economic development, health,
education, arts, recreation, housing, and food." To further align the efforts of the Collaborative with established state priorities, members also highlight economic “prosperity” as a key element of livability.

"WE DID NOT ASK OUR GOVERNOR TO FORM THIS ... WE REALLY WANTED US TO BE PEOPLE WORKING TOGETHER BECAUSE THEY SAW THE UTILITY OF DOING SO, NOT BECAUSE THEY WERE TOLD TO DO SO."

HEALTH SECTOR RESPONDENT

The Collaborative formed organically from the recognition of these intersections. As described by a member of the health sector, “We did not ask our governor to form this ... we really wanted us to be people working together because they saw the utility of doing so, not because they were told to do so.” At the outset, founders established relationships with experts in organizational development to help them understand best practices in collaboration development, including understanding the motivations and needs of potential partners. They created formal mission and vision statements capturing shared priorities around vibrant and healthy environments, and established operational structures for how the Collaborative would work together. The Collaborative has resulted in de-duplication of activity and several co-agency grants.

"AND WHAT THEY CARE ABOUT ARE ECONOMIC PROSPERITY AND HOW WELL BUSINESSES ARE DOING, THAT REALLY SPEAKS TO SOME OF OUR BUSINESS OWNERS ... THAT'S AFFECTING THE ABILITY OF THEIR EMPLOYEES TO SHOW UP, THAT IMPACTS THEIR BUSINESS AND ULTIMATELY, OUR ECONOMY."

NONPROFIT SECTOR RESPONDENT

Pivotal to the Collaborative’s success in Tennessee, according to respondents, is that its messaging is deliberately framed to avoid the label of “health policy.” “We are facilitating and organizing as the Department of Health but we’re not calling it health, we’re not calling it policy. Livability relates to quality of life, and prosperity, and ties in with everything ... we’re trying to accomplish with the state agencies.” There is a perception amongst some stakeholders that terminology that specifically relates to health may not only alienate partner agencies who don’t consider themselves to do health work but may also be politically risky in an environment where spending on health is not seen as a priority. This may be a result of the perception of “health policy” in the state being linked to spending on health care coverage, specifically the unsuccessful proposal to expand TennCare in 2015.

In addition to formal structures lead by state agencies, the business sector has also begun to take a greater interest in community well-being, and health in particular. Though organizations such as the TBR have been interested in the health and well-being of Tennesseans for decades, respondents say that a shift in interest in promoting population health is relatively new and has been inspired by the national conversation around the issue. Relatedly a study commissioned by the Governor’s Foundation for Health and Wellness, released in November 2017, put a dollar value on the impacts of three common, preventable diseases (hypertension, diabetes, and cardiovascular disease—three diseases alone that cost Tennessee nearly $5.3 billion in 2015) on Tennessee’s businesses and communities. The study was designed to connect health to the interests of business leaders and decision-makers throughout the state. “And what they care about are economic prosperity and how well businesses are doing,” says a nonprofit respondent. “That really speaks to some of our business owners ... that’s affecting the ability of their employees to show up, that impacts their business and ultimately, our economy.”

"... YOU NEED EDUCATION ... HEALTH ... LABOR AND WORKFORCE DEVELOPMENT. EVERYBODY NEEDS TO PULL TOGETHER."

GOVERNMENT SECTOR RESPONDENT

Largely influenced by the stark findings of the study on the economic costs of chronic disease, private sector collaborative groups have promoted education and health as pragmatic benefits for workers. TBR promotes health and wellness as core objectives that benefit industry. The organization notably supported the proposed TennCare expansion as a part of the Coalition for a Healthy Tennessee. Despite the legislative failure of the bill, the business community still considers its role in health promotion as an important one, particularly as it relates to chronic disease prevention and self-management through workplace wellness programming and health insurance options that prioritize preventative care and treatment of chronic disease. On the other hand, though the opioid crisis is increasingly recognized as an economic drain on the state, a business sector respondent notes that “there’s a little bit of ambiguity about how can we lead that fight ... The solutions to the opioid crisis don’t necessarily appear to require strong involvement from the business community, broadly.”

Broader conceptions of community well-being beyond chronic disease prevention and management are beginning to be institutionalized in Tennessee—as programs that incentivize communities to incorporate health and well-being initiatives in their growth planning gain momentum. As Tennessee attempts to bring economic benefits to each region, there is a growing sense that economic vitality and community health are inextricably linked. Led by the Tennessee Department of Economic and Community Development, the ThreeStar Certification program scores communities in five areas “critical to ensuring the success of Tennessee communities”:

- Jobs & Economic Development; Fiscal Strength & Efficient Government;
- Public Safety; Education & Workforce Development; Health & Welfare.

A government respondent noted that state agency leaders work in concert to drive economic expansion through the ThreeStar program: “you can’t just have the commissioner of economic development. You need education ... health ... labor and workforce development. Everybody needs to pull together.” Participating communities receive tax incentives
for community development, and ongoing participation is based on an annual evaluation and activity plan. Evaluation dimensions include changes in health indicators (8th grade obesity and teen pregnancy rates); educational attainment and standardized test scores; poverty rates and average wages; crime rates; and more.

While the private sector has not explicitly embraced community health as a goal independent of economic interests, in general, the business community is a key participant in promoting health in the community, something which is a relatively recent development. As noted by a health sector respondent, “Seven years ago, when I started working in this regard, the business community and government, they would look at you like you were crazy [if you talked to them about] anything to do with health … The business community really always leads the charge.”

EXPANDING RESOURCES USING VOLUNTEERISM

Donated time and resources are critical to many efforts to improve community well-being, including childhood advocacy, health care provision, environmental improvements, and education and mentoring. “They call Tennessee the Volunteer State. It really is true,” says a nonprofit sector respondent. Some organizations, such as the Black Children’s Institute of Tennessee, rely almost entirely on volunteers and charitable donations to continue their work. FQHCs and other health care networks that serve low-income residents seek revenues beyond the state’s monetary support to meet demand. Network organizations, such as the Tennessee Primary Care Association (TPCA) and the Tennessee Charitable Care Network (TCCN) assist clinics that do not receive state funding with their paperwork and supervise trainings for volunteer staff. TnAchieves relies on volunteer mentors to support students as they prepare to enter college, and once there, the Tennessee Promise program requires participants to complete a community service requirement.

The Black Children’s Institute of Tennessee aims to build capacity among families to advocate for diagnosing special needs among children, and establishing individualized education plans, with the goal of reducing behavioral issues.54–57 Due to the specific nature of the work, and the need to tailor to individual and community needs, the organization relies on individual donations and volunteers. “We had to do what the funders wanted us to do which wasn’t really working, and then start over and do things based on what that family or that community needed. It’s just not a one-size fits all.” Volunteerism is also cyclical, and clients are asked to help as mentors for future clients.

In the health care sector, the TCCN, TPCA, and the TAMHO represent networks of clinics that rely on the state’s safety-net fund to provide primary care services. Not all clinics in these networks accept safety-net funds and many rely on other sources of funding and voluntary resources. TCCN cites money, equipment, and services from philanthropic organizations, health systems, and private sector partners as critical to its operations. For example, clinics have been offered the free use and technical assistance for AthenaNet (an EMR software) and Delta Dental provides support for efforts to promote oral health.58 Volunteers are also crucial to mental health provision in the state: The TAMHO member network is comprised of 1,100 volunteer health professionals and 2,000 lay volunteers. Reliance on volunteer providers is enabled by legislation that states that volunteer doctors who provide free services under the Volunteer Healthcare Services Act are not liable for medical malpractice negligence in Tennessee.59 Though networks have been able to provide services relying on outside funding sources and volunteers, they also prioritize advocacy for more public funding, often working together to lobby state legislators for funding increases. TCCN has an established goal to increase safety-net allocations to $12.5 million by fiscal 2019 and to $15 million by 2021.60

Other sectors receiving limited state funding also rely heavily on volunteers to accomplish their goals. Despite the influence that environmental degradation is having on public health in Tennessee (urban air quality and rural land use fluctuations that accompany the state’s changing economic profile; the impact of coal ash on water quality), there is limited effort at the state level to address these issues. The Tennessee Environmental Council is a nonprofit leader in environmental activity. The organization has reported engaging over 20,000 volunteers to do its work protecting and enhancing forests and supporting water quality improvement and stormwater management. A nonprofit respondent noted the value of volunteers beyond the specific tasks they perform, such as planting trees “the trees are important … but the volunteers, engaging people like that … that’s huge for us.”

“NO ONE IS GOING TO CARE AS MUCH ABOUT OUR CHILDREN AS WE SHOULD CARE.”

NONPROFIT SECTOR RESPONDENT

Tennessee’s education initiatives also rely on volunteers to provide mentoring. TnAchieves recruits and trains 7,500 volunteers annually to support Tennessee Promise applicants’ transitions to college, but also as a way for participants to give back to the community for what they receive. Under the guidelines of Tennessee Promise, recipients must complete eight hours of community service per year. As an education sector respondent noted, it provides “a little bit of the ‘skin in the game’ for the students.” The community service model started when the program was piloted in one county, and volunteering was prioritized by the local philanthropic supporter of the initiative. Due to the emphasis on volunteering across the state, the model has expanded statewide.

While a lack of funding drives much of the volunteer activity in the state, many residents value volunteerism because they believe they are the best advocates for the issues that matter to them. “No one is going to care as much about our children as we should care,” says a nonprofit respondent. Various organizations and nonprofits have responded to this attitude by providing training and tools to facilitate community self-improvement. The Vanderbilt Meharry Alliance’s Community Help Toolkit, for example, helps researchers to seek
community input to improve the effectiveness of health care research. The toolkit is meant to be used by community leaders and researchers to increase community involvement in the development and execution of health research projects. As a part of the Community Engagement Studio process, community members attend weekly team meetings and attempt to “balance the power” between the institution and the community it serves. Twelve academic institutions now use the model. It remains to be seen how the portrait of volunteerism changes in the state, and whether a model of community engagement for collective action becomes more common.

HELPING RURAL COMMUNITIES THAT LACK OPPORTUNITY AND HEALTH CARE RESOURCES

The disparities between Tennessee’s overall economic performance and the condition of rural counties help frame one of the most critical challenges to well-being in the state. Decision-makers and community stakeholders have acknowledged that a combination of factors has led to a downward spiral for many rural counties that has damaged economies, health care, and educational opportunities. The closing of rural hospitals, while not the only indicator of these counties’ distress, is particularly illustrative of the problem: hospitals, in addition to providing much-needed medical care in sparsely populated regions, also are often the primary employer in one or more counties. The Tennessee Hospital Association (THA) estimated that in 2015, rural hospitals accounted for over 15,000 jobs and almost $800 million in employee salaries. Eight rural hospitals closed between 2012 and 2018, making Tennessee the second hardest hit state after Texas, and with western Tennessee being particularly hard hit. The declining fortunes of rural Tennessee counties have elicited collaborative efforts, both state-led and at the local level. In 2015, the governor established a Rural Task Force that seeks to improve economic outcomes by addressing education, health care, economic opportunity, and digital infrastructure. The THA, through subsidiaries, is attempting to address the shortage of care providers and create payment models that are more aligned to the conditions rural hospitals are facing. The THA and the TPCA, and other health provider organizations are exploring possible expansions of telehealth and mobile clinics. Regional nonprofits and educational institutions offer technical assistance at the local level to help rural communities develop resources, apply for funding, and organize residents.

Answers to the problems facing rural counties defy simple solutions, and stakeholders throughout the state face impediments to their efforts. For example, the state legislature has remained staunchly opposed to expanding TennCare, despite arguments that the expansion would inject much-needed financing into the rural hospitals and care networks. Many interviewees expressed hope that continued efforts to keep newly trained doctors in state, streamline payment plans, and improve infrastructure that can attract and keep new businesses will have a cumulative effect. However, the lack of TennCare expansion remains an impediment that continues to affect many aspects of rural life. “Many feel that’s really set us back, that we’ve turned away funding that we shouldn’t have turned away, to the detriment of citizens who live in our state,” says a government respondent.

A comprehensive strategy for rural development. Tennessee’s Rural Task Force released a comprehensive plan in 2016 that aims to address the stark disparities across indicators of well-being between Tennessee’s urban and rural communities. The comprehensive plan designates six committees to focus on primary elements of the plan: 1. Education and Workforce; 2. Site and Retail Development; 3. Community and Leadership Development; 4. Health; 5. Tourism and Conservation; 6. Agriculture, Entrepreneurship, and Small Business. State agencies and local partners (mayors, health care officials, etc.) collaborated on the development of the plan, which focuses on “capacity building and placemaking” across the six areas. Specific proposals include needs addressed, target objectives, action steps, timeline, budget, and metrics of success. The governor’s 2018 budget included approximately $21 million in appropriations for these priorities. Example actions related to health and well-being include increasing access to fresh foods at corner stores and via farmers’ market associations, and enhancing built infrastructure using greenways and active transportation options. Example actions related to health care access include establishing more incentives to recruit and retain rural providers, and increasing integration of primary medical and behavioral health, delivered by community-based service providers connected with appropriately-licensed professionals via telehealth infrastructure. These activities are discussed later in this section.

Overall, the task force has set out to remove some of the concurrent barriers that have prevented innovation from occurring to date. As a health care respondent noted, there are financial and regulatory issues that have contributed to Tennessee’s challenge: “Rural hospitals don’t always have a lot of leverage as it relates to negotiating contracts and so forth. Declining volumes, the patients certainly have more chronic conditions, which may require that they go to a higher level of care, which might not necessarily be able to be provided locally, … regulatory issues, reimbursement issues, and then reductions in patient care that’s being provided. I think a lot of that has hit simultaneously.”

Expanding health care into rural/underserved areas. Challenged by a geographically dispersed population heavily reliant on cars and home to many medically underserved communities, Tennessee has been experimenting with alternative care delivery models to increase access to care, including repurposing existing facilities, mobile health units, and telehealth. Hospitals that have been at risk of closing have attempted to deliver different types of care than they traditionally provided: some have reduced complex care options and instead simply operate free-standing emergency departments; others have transformed into augmented primary care clinics rather than hospitals. For example, Lewis Health Center in Lewis County has been converted from a hospital on the verge of closure into a facility that is slightly more than a clinic, but less than a hospital. Certain lab services, specialty care offerings, and primary care are provided in-house, and an ambulance is available to transfer patients who need emergency services.
While truly rural hospitals remain the focus of many of these efforts, organizations such as Tennessee Center for Health Workforce Development (TCHWD) work within any community they deem “underserved.” A nonprofit respondent noted that their organization, typically working on rural issues, has begun focusing “within the last year or two, on areas that are what we would consider urban underserved. Although the populations in rural areas may be a little different than those that you find in an urban setting, ultimately we’re trying to meet the needs of those that don’t have adequate access to primary care.”

New strategies include using contributions from medical systems, colleges, and foundations to create mobile clinics. For example, in 2018, Nashville-based Meharry Medical College launched a mobile clinic to allow dentists and physicians to reach underserved populations in remote parts of Tennessee. The clinic is a 65-foot trailer with room for five mobile exam rooms and maintains its own generator to operate independently where necessary. Similarly, Memphis-based Baptist Women’s Health Center recently expanded services for uninsured women with a mobile mammography van that visits hospitals without imaging equipment.

“Finding providers that are interested in participating in telehealth can sometimes be a challenge. But in spite of that, we’ve seen a slow but steady growth in the services that we’re able to offer.”

Health care sector respondent

Telehealth has also been growing in use in Tennessee, particularly in mental and behavioral health—where the need is high and in-person access is particularly low (Tennessee ranks 50th in prevalence of youth mental health issues, and has a patient-provider ratio of 8 per 100,000 children)—and in specialties such as dermatology, where video consultations are often sufficient to make diagnoses. In 2012, the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) conducted an extensive review on the use of telehealth services. Based upon the findings, TDMHSAS determined that telehealth was a viable option for providing behavioral health services and enhancing the efficiency of the crisis service delivery system. In 2014, Tennessee became the 21st state to enact “telemedicine parity” legislation which requires that insurers reimburse licensed providers for remote health services in the same way as they would for in-person visits.

Examples of telehealth innovations in Tennessee are numerous and include school-based speech-language therapy, occupational therapy, as well as behavioral and mental health services. As of 2017, even telehealth services delivered at schools without official school health clinics are eligible for Medicaid reimbursements. In March 2018, Memphis-based University Clinical Health announced plans to provide AV-technology and access to providers to offer remote dermatology and rheumatology services in two rural health centers. They are in talks with the Tennessee Primary Healthcare Coalition (TPHC) to expand services to their network of clinics.

A health care sector respondent noted that telehealth implementation has not been without challenges, but is increasing in popularity in Tennessee. The respondent indicated that the original “vision was that telehealth would be available to connect patients to specialists in other areas of the state. We’ve learned … that there’s a lot to manage to make that work, [including] no show rates by patients. Finding providers that are interested in participating in telehealth can sometimes be a challenge. But in spite of that, we’ve seen a slow but steady growth in the services that we’re able to offer.” A key barrier identified by several respondents includes limited access to broadband internet in some rural communities (34% of rural residents lack broadband access), which precludes telehealth services such as video consultations and remote diagnostic work. To address these barriers, as well as the broader economic and social barriers that lack of internet access imposes, the Broadband Accessibility Act was passed in April 2018. Much of the work described in this section is in initial stages; it remains to be seen if the collaborative efforts to protect rural hospitals and expand care through mobile health units and telehealth will result in an increase in quality care for residents in underserved areas.

Provider shortages in underserved areas. Stakeholders across sectors in Tennessee are concerned with the state’s dwindling supply of health care workers available to serve rural areas, both because of an aging workforce and economic stagnation in many communities. TCHWD collaborates with many other statewide agencies, including the TPCA, Rural Health Association of Tennessee, and others, especially on efforts to recruit medical staff for rural hospitals. Respondents describe these partnerships as critical to addressing workforce issues, and the TCHWD website states that the organization has placed “more than 100 primary care providers in communities across the state. TCHWD focuses on placements for primary care physicians (family medicine, internal medicine, internal medicine/pediatrics, pediatricians, obstetrics/gynecology), nurse practitioners and physician assistants.” TCHWD recruitment efforts are funded through federal and state channels, at no cost to hospitals themselves. As a health sector respondent described, this is a benefit for systems that are financially strapped and is a complement to internal recruiting efforts. As the numbers show, recruitment activities go beyond hospital staff to also meet health workforce needs in other settings: as a health sector respondent noted, efforts also target recruiting for “community health centers, for the local health departments, independent physician offices or group practices, anyone that is interested in recruiting a primary care provider … [and] about 60 percent of placements have actually gone to community health centers.”

The effort to recruit and retain skilled medical practitioners depends on the continued efforts to entice local students to serve in areas that are being hollowed out by population drain and economic stagnation. Many of these efforts directly link to the education and workforce development initiatives described previously in this report. Respondents described that partners across sectors buy in to the economic arguments to be made for a robust local health care system, including local jobs and community growth potential. Specific programs to lure providers include
loan repayment programs and other financial incentives. For example, the Tennessee Student Loan Repayment Program offers student loan repayment to qualified primary care practitioners under the condition that they will practice for at least two years full-time or part-time at a primary care site located in a federally designated Health Professional Shortage Area. The TCHWD’s Residency Incentive program offers residents $35,000 per year to serve in medically underserved areas. A health sector respondent described that future primary care doctors are “exposed to opportunities that they might not ever consider. Because of that, we’ve found [primary care doctors] who might have either left Tennessee or who might have practiced in a more urban area. Once we start talking to them and then we have financial incentives for them, they’re a lot more willing to hear us out.”

Both long- and short-term in nature, the goal of these partnerships and incentive programs is to build a pipeline for a stable health care workforce over time.

Controlling costs of health care in rural areas. Rising health care costs and hospital operating costs are some of the reasons for hospital closures in rural Tennessee. The cost of health care is of great concern to state leadership, and a number of interventions in place or newly developed aim to address rising costs. For example, Tennessee law permits hospitals to apply to the TDH for approval to enter into a “cooperative agreement” to merge entities and to receive a Certificate of Public Advantage (COPA). This COPA documents the perceived public advantage of the merger and provides for “active supervision” of the merged entity by the state to ensure that the public advantage remains. Research shows that COPAs, when used to regulate hospital consolidation and in concert with federal regulations, show promise for reducing health care costs. They also introduce a process by which mergers can be carefully deliberated. The only current example of the COPA process in action is the January 2018 approval of a merger between Ballad Health and the Mountain States Health Alliance, which involved a “thoughtful, deliberate, transparent and community-accountable process”, as stated by the TDH Commissioner in a press release. The longer-term impacts of this merger remain to be seen.

Other examples of cost-cutting strategies include using technology available for telehealth services for other purposes. A health care respondent noted that multi-site community health centers have used videoconferencing services typically used for telehealth consultation to “do all kinds of things together, from base consultation to staff trainings. It really works out well to kind of maximize the efficiency.” Health care facilities have also attempted to reduce operating costs by sharing services such as laundry and janitorial.

At the policy level, the TPHC works with health centers as key partners in the state Health Care Innovation Initiative, which is attempting to shift from fee-for-service to value-based payment system. With a focus on population health and cost reduction, this model is attractive to local stakeholders attempting to address multiple challenges impacting the health of Tennesseans. Efforts, such as those by the Tennessee Action Coalition, to change scope of practice laws to allow nurse practitioners (NPs) and physician assistants (PAs) to have full practice authority may also help to address issues of health care costs and provider shortages. Currently, NPs are written into state law as primary care providers but must have “physician supervision” over their practice and authority to prescribe medications, a law that is one of the most restrictive in the country. PAs must have an established written protocol of supervision by a physician to control their practice and prescriptive authority. To date, legislation to change scope of practice laws have been unsuccessful, but efforts are ongoing.

“I think more and more light bulbs are going off that health care does not a healthy person make. We have a lot of rural hospitals that are closing, and they’re not only health care providers, but they’re jobs in these rural communities.”

PUBLIC HEALTH SECTOR RESPONDENT

With the variety of activity ongoing to address challenges with health care access in the state, from attempting to address high rates of uninsurance, to closures of rural hospitals, to provider shortages, some stakeholders are concerned that the bulk of the effort may be directed to the wrong place. A public health respondent noted that “one of the things that we’re still working on in Tennessee is, many people are still very concerned about access to health care. I think more and more light bulbs are going off that health care does not a healthy person make.” These stakeholders also recognize the value of health care infrastructure to overall community well-being because, as the respondent continued “we have a lot of rural hospitals that are closing, and they’re not only health care providers, but they’re jobs in these rural communities.”

SUMMARY OF TENNESSEE’S EFFORTS TO BUILD A CULTURE OF HEALTH

Based on the Culture of Health Action Framework used to guide Sentinel Community data collection and monitoring in Tennessee, evidence shows that the state is making progress at aligning diverse stakeholders to address some of the state’s most pressing health and well-being challenges. As a clear example of the agency’s recognition of the value of the Action Framework, the TDH has used it in presentations to summarize their strategy to address the social determinants of health and engage cross-sector partners.

Recognizing the critical role that a healthy population plays in economic prosperity, stakeholders have worked toward Making Health a Shared Value, along with other shared values reflected in the priorities that have shaped Tennessee’s recent statewide education and workforce initiatives. Shared values of health are evident through broad participation in Healthier Tennessee, the prominent role played by the TBR and others in policies and practices that address prevention and health care access, and the commitment to volunteerism in the state. Structures established through state government (e.g., the Children’s Cabinet and CSH Program), work to
align state and local health priorities, and partnerships with industry for workforce development and health promotion indicate Tennessee’s strong record of Fostering Cross-sector Collaboration. Respondents interviewed for this report made it clear that collaboration is a key organizing principle in the state.

Efforts summarized in this report aim to improve social and economic outcomes for Tennesseans. These include initiatives targeted at economic development in rural communities, with a focus on creating vibrant and livable communities and with liaisons dedicated to overseeing the process (e.g., Healthy Development Coordinators) and incentives tied to doing so (e.g., ThreeStar Certification). However, the state also faces challenges to Creating Healthier, More Equitable Communities, including persistent economic and racial disparities that are recognized but not fully addressed by ongoing activities. Additionally, a key linkage between health and economic development has been made through the recognition that local health care systems play an important role in communities across the state, both as employers and service providers. Work with the goal of Strengthening Integration of Health Services and Systems in Tennessee includes integration of diverse services in community health and school settings, innovations around care delivery (e.g., telehealth), and programs for provider recruitment and retention.

Emerging Community Themes

Tennessee boasts strong state leadership in the governor and state agencies for prioritizing drivers of health and well-being and committing resources and energy to addressing the state’s challenges with low educational attainment and high chronic disease rates. Additionally, a suite of organizations and networks are committed to securing the future of health and health care in Tennessee, across urban and rural communities. Factors such as limits to funding for health care imposed by the state legislature, policies that restrict providers’ scope of practice, and legislation that pre-empts local policies that promote well-being (particularly around tobacco control) may be limiting the potential of some of these efforts. Recently initiated measurement efforts such as the TDH’s Vital Signs will allow the state to track progress across health and well-being domains over time.

The role of strong leadership may also impact the sustainability of the efforts underway in Tennessee. Many of the initiatives summarized in this report are innovative, but some are not codified in policy and rely on efforts and support of the current gubernatorial administration and state agency leadership (e.g., Governor’s Foundation for Health and Wellness, Healthier Tennessee, Rural Task Force). As Tennessee will elect a new governor in November 2018, this is an area of particular concern to some stakeholders. On the other hand, some are codified (namely the established Office of Coordinated School Health, and some policies for health care delivery in underserved settings), and many initiatives are perceived as being owned across sectors.

While a host of activities in Tennessee aim to address the drivers of health and well-being, many do so without making an explicit connection to health. For some, such as the Livability Collaborative, the decision not to put “health” at the center was intentional; a strategy to maintain a focus on what the Collaborative perceived were shared values of livability, quality of life, and prosperity. However, these values are not reflected in the experiences of many in the state, as evidenced by poor health and well-being outcomes in rural communities, by low-income families, and in communities of color. Some actions explicitly target economic development and a creating health-promoting environment in rural, economically distressed communities. Many broad-based actions in the state, such as the Drive to 55, Healthier Tennessee, and others do not have an explicit aim to address issues of equity. Tracking the impact of these efforts to improving well-being across all populations in Tennessee will be critical to the development of a culture of health in the state.
Motivated gubernatorial administration. The current administration has been successful in crossing party lines, coalescing with the private, health, and education sectors on far-reaching proposals to improve economic opportunity and well-being in the state. Initiatives such as the Drive to 55 and Healthier Tennessee are well-supported statewide.

Cross-sectoral recognition of link between health, health care, and the economy. A report by the Sycamore Institute identified the enormous costs imposed by chronic disease in Tennessee and catalyzed interest in health among diverse stakeholders, notably, the business sector. The reframing of health care facility closures as an economic challenge has motivated a broader set of actors to become involved, and has placed the issue at the forefront of the state’s rural issues agenda.

Engagement of experts in collaboration. Tennessee’s Livability Collaborative was developed in consultation with experts in collaboration and organizational development. This was cited as a critical factor to establishing a mission, vision, and structure for the Collaborative that secured buy-in from diverse government agencies not previously engaged in work dedicated to improving health.

Adaptive messaging strategies deployed by key stakeholders. Many leaders focused on community health and health policy have learned how to adapt their messaging to attract diverse partners to their work, to avoid “turning off” potential detractors, or to better serve unique communities within the state. Using shared terminology and incorporating local leadership into state health planning processes have been cited as successful strategies for obtaining buy-in.

Business leaders who embrace community development and well-being. Efforts to grow economic opportunity, to improve the real-world relevance of education, and secure good jobs for local communities rely on support from the public and private sectors. Business leaders in Tennessee have shown that they are willing to support initiatives that create better environments, broadly defined, for industries they seek to attract, but also for the workers who will take the jobs.

Volunteerism as a strength in many sectors. There is a widely-observed tendency in many Tennessee communities to work together for common causes. Volunteerism is a value built into many government initiatives, and many organizations rely on volunteers to operate in the face of funding restrictions.

Structures that allow local efforts to be expanded statewide. There are numerous examples of successful workforce development, education, volunteer, and community well-being initiatives that began at the city or county level and are now implemented across Tennessee. Local liaisons such as the Healthy Development Coordinators help to diffuse successful practices between state and local levels.

Policies that enhance access to health care and address costs. In recognition of the challenge of access to care, legislation has enabled providers to serve more people for lower costs. For example, 2014 telemedicine parity laws ensure that services delivered remotely are reimbursable; malpractice protections make it easier for doctors to provide services for free; and the COPA process is a mechanism to deliberate health care system consolidations before they are approved by the state.

Sustainability of initiatives with political turnover. Term limits for the governor mean there will be new state leadership in early 2019. Perceptions are that education initiatives are “pretty deeply ingrained,” but some health priorities may be at risk.

Conservative political climate presenting roadblocks to some health-focused agendas. Respondents interviewed for this report attempting to make environmental improvements, promote alternative transportation, expand the scope of practice of NPs and PAs, implement evidence-based tobacco control interventions, and more have cited legislative barriers to their activities. The most commonly cited legislative decision, the rejection of the expansion of TennCare, was perceived to have particularly impactful consequences on access to care in the state.

Unique needs of communities within the state. Tennessee is a diverse state comprising large rural areas, farmland, and small to mid-sized cities. State-level organizations and agencies aim to engage local communities to ensure the relevance and success of programming, but local cultural differences still present a challenge.

Lack of infrastructure in rural areas. Many in the state depend on cars for transportation, and the dispersed population negatively impacts economic development and access to services for many residents, especially in rural areas. The lack of broadband access has also been identified as a key barrier to education, economic development, and health care innovation (e.g., telemedicine).

Inequity, racial issues difficult to discuss. Respondents who talked about health equity in the context of work in Tennessee indicated that it is often difficult to discuss issues of racial inequity. Resistance to discussing the impact of race on marginalization and other precursors to observed inequities will limit the ability to address health and economic disparities in the state.

Cultural barriers to healthy lifestyles. Residents from Tennessee describe it as a southern tobacco state with cultural traditions around food, physical activity, and smoking that some believe may be impacting the prevalence of obesity and chronic disease in the state.

Challenges to relying on insecure sources of funding and staff. Due to limitations in public spending, some initiatives rely heavily on nonpublic resources. Volunteers fill staffing gaps for organizations with limited funding, a resource that organizations value but recognize may be unstable at times.
What’s Next

Under the administration of Governor Haslam and leadership across state agencies, Tennessee has implemented a suite of activities dedicated to improving the vitality of the state. Efforts to promote the quality of life of rural residents and to address long-standing educational and chronic disease issues are beginning to pay off. After the 2018 gubernatorial election, it will be important to identify the priorities of the new administration and to monitor the impacts of these changes on the momentum established over the past decade in Tennessee.

The lynchpin of the state’s strategy around well-being, Drive to 55, is comprised of many new programs that aim to improve educational attainment, workforce development, and local economic opportunity. It will be valuable to observe the outcomes of these efforts, especially for those in historically disadvantaged communities and populations. Similarly, efforts on the part of the TDH to focus on the Big Four; to engage Local Health Councils; to engage partners across state agencies in the Livability Collaborative; to collect data pertaining to health and well-being across sectors through the Vital Signs; and more, are all relatively new. The TDH has recently launched a set of evaluations to assess the success of many of their new initiatives, and the results of the evaluation will be critical pieces of information moving forward.

While there are efforts underway to address challenges with access to care in underserved areas of Tennessee, many forces are working against rural health systems in particular. It will be valuable to track trends that are impacting the viability of local health facilities, and to evaluate the success of various efforts that attempt to preserve local health systems, or link geographically dispersed communities to care through technological innovations.

Finally, Tennessee is a state currently dealing with the negative consequences of health inequity, and one where issues of racial inequity are perceived to be challenging to discuss. Future work should assess if and how strategies used to bring diverse partners on board to prioritize health, such as tying health to economic outcomes, will be used to coalesce actors around addressing inequity.
References

## Appendix: Select Statewide Educational Attainment and Workforce Development Initiatives in Tennessee

<table>
<thead>
<tr>
<th>INITIATIVE</th>
<th>YEAR INITIATED</th>
<th>LEAD ORGANIZATION</th>
<th>BRIEF DESCRIPTION</th>
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<tbody>
<tr>
<td>DRIVE TO 55™</td>
<td>2014</td>
<td>Drive to 55 Alliance; TN Governor’s Office</td>
<td>The Drive to 55 Alliance, an objective set by the current gubernatorial administration, is the overarching strategy that is tied to a benchmark goal: 55 percent of Tennessee residents having attained a college degree or certification by 2025. The strategy includes sub-initiatives with state funding to help support this goal.</td>
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<tr>
<td>TENNESSEE PROMISE™</td>
<td>2015</td>
<td>Drive to 55 Alliance; TN Higher Education Commission &amp; Student Assistance Corporation</td>
<td>Tennessee Promise will pay for community college for any high school student if they complete a free application for student aid (FAFSA), make progress on completing a degree, and complete 8 hours of community service per semester. With the introduction of Tennessee Promise, Tennessee became the first state in the nation to offer high school graduates two years of community or technical college tuition-free.</td>
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<tr>
<td>tnACHIEVES®</td>
<td>2009</td>
<td>tnAchieves</td>
<td>tnAchieves began as a college scholarship that paired students with volunteer mentors and required its students to complete at least 8 hours of community service each semester. Currently, tnAchieves serves as the partnering organization to Tennessee Promise in 85 counties, recruiting mentors to help students transition from high school and college, offering support with filing financial aid and hosting summer bridge programs.</td>
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<tr>
<td>HOPE SCHOLARSHIP™</td>
<td>2004</td>
<td>TN Higher Education Commission &amp; Student Assistance Corporation</td>
<td>The HOPE Scholarship, which began in 2004 and is funded by the state lottery, is a merit scholarship for community college or any public or private university in Tennessee for high school students with minimum ACT scores and high school GPAs. Students must keep a 2.76 GPA their first 2 years, and a 3.0 GPA during their last 2 years of college.</td>
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<tr>
<td>TENNESSEE RECONNECT™</td>
<td>2018</td>
<td>Drive to 55 Alliance; TN Higher Education Commission &amp; Student Assistance Corporation</td>
<td>Tennessee Reconnect is a program for adults who don’t have a college degree. This program will pay for them to go to community college, if they complete a FAFSA, enroll in 6 or more college credits per semester, and agree to meet with an advisor once per semester.</td>
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<tr>
<td>PATHWAYS TENNESSEE™</td>
<td>2012</td>
<td>TN Department of Education</td>
<td>Pathways TN combines economic and labor perspectives with input from secondary and postsecondary leaders, to fill “skills gaps” identified by local industries and to provide seamless entry and exit ramps to education for careers in local communities.</td>
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<tr>
<td>WORKFORCE360™</td>
<td>2016</td>
<td>TN Department of Economic and Community Development</td>
<td>Regional Workforce360* meetings convene to better align workforce, education, and industry. The goal of the initiative is to provide Tennessee businesses the resources and guidance needed to develop and sustain their workforce.</td>
</tr>
<tr>
<td>LABOR EDUCATION ALIGNMENT PROGRAM (LEAP)™</td>
<td>2013</td>
<td>Governor’s Workforce Subcabinet</td>
<td>LEAP was initiated to create a statewide, comprehensive structure to enable students in technical and community colleges to participate in technical training developed with input from area employers. It now provides $10 million in grant funding and guidelines to encourage and facilitate alignment of educational curricula with workforce needs.</td>
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