Update for on Activities of Tennessee Department of Health

Tennessee Primary Care Association
October 25, 2012
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Deputy Commissioner
Continuous Improvement and Training

Life within State government

• Haslam’s Axioms:
  – Does government have a role?
  – If so, how to do it in most efficient and effective way?
General Services Provided to All Tennesseans

- 26,700 permits to food service establishments, hotels, and motels, requiring more than 112,000 inspections annually
- 244,207 health care professionals currently licensed
- 4,202 inspections in 1,797 licensed health care facilities in 2010
- 1,351 permitted ambulances and 184 new ambulances licensed by Emergency Medical Services in fiscal year 2011
- 1,125,000 vital records are issued annually
- 1,000 reports provided annually in response to data requests
- 2,707 complaints evaluated by HLR; 1,070 health care professionals disciplined (.4%) in 2010

General Services Provided to All Tennesseans (continued)

- 767 cases litigated over the past five years
- 65 emergency preparedness exercises completed across the state in fiscal year 2011
- 1,400 residents with complex client needs assisted
- 665 grants totaling $120,414,600 will be awarded in fiscal year 2012
- 73 federal grants totaling $248,772,500 received in fiscal year 2012
One in Six Tennesseans Directly Served

- In fiscal 2011, the department provided:
  - 2,384,084 total client visits with 893,319 unduplicated clients
  - 729,855 WIC clinic visits with over $80,000,000 of food benefits
  - 648,308 immunizations
  - 208,236 primary care visits with 88,842 unduplicated clients
- 131,030 children screened and 44,488 sealants provided through the school-based dental sealant program
- 154,761 current smokers were offered tobacco cessation since October 2007
- 6,525 special needs children were provided special services
- 1,340,000 laboratory tests and screenings completed in fiscal year 2011
- 505,908 patient visits provided through grants to federally qualified health centers and community and faith-based clinics for 202,365 uninsured to approximately 21% of the total estimated uninsured adult residents of Tennessee

Sorting through change factors

- New administration, new priorities
  - Review current programs and plans
  - Customer orientation
  - Human resources changes
- Budget issues – state, federal and local
- Public health accreditation is around the bend
- Refresh TDH strategic plan
- New openness to interdepartmental action
- Health care reform
Pursuing change and improvement using an established framework:

*Baldridge Performance Excellence Program*
**Baldridge framework to pursue Sample TDH planning and action activities**

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| **P Organizational profile** | - Completed Baldrige Level 1 application  
- TDH employees Baldrige training and examiners |
| **1 Leadership** | - Site visits, Commissioner’s Roundtable, newsletter  
- New organizational chart and meetings process |
| **2 Strategic planning** | - Seminars on mission/reform topics, Plans/Reports  
- Participatory strategic plan |
| **3 Customer focus** | - Community health assessment process with new data  
- Employee surveys, contractors mission meeting |
| **4 Knowledge management** | - Weekly reviews of Reports and Plans into Library  
- Improved information systems (PTBMIS, Vital Records) |
| **5 Workforce focus** | - LifePATH competencies survey with training plan  
- Changes in State Human Resources - TEAM Act |
| **6 Operations focus** | - Encourage LEAN and quality improvement projects  
- Review grants philosophy, competition and evaluation |
| **7 Results** | - Engage other parts of TDH in Baldrige  
- Data collection for Public Health Accreditation |

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**Two phase TDH 2012 community health assessment process**

**Phase 1: Counties**

Start with population

Explore the problems that exist within the county

Example: For what health issues does my county vary from state and national outcomes?

WORKshops conducted June 2012

93 of 95 counties complete Secondary Data Assessment

**Phase 2: Health issue**

Start with problem

Explore county populations with the problem

Example: For what sub-populations is cancer a major problem in my county? Why?

Training Day in September 2012

52 counties in process of Focus Health Assessment organized in four topical cohorts
Phase 1 modules

- **Access to care**
  - Availability and barriers to health services
  - Health department services and use
  - Mental health
  - Dental care and oral health

- **Chronic diseases**
  - Heart disease and stroke
  - Cancer
  - Diabetes

- **Social and behavioral determinants**
  - County demographics
  - Obesity
  - Tobacco, alcohol and substance abuse
  - Community safety

- **Population health**
  - Infant mortality and perinatal issues
  - Children’s health
  - Minority health

Supported by the **Strengthening Public Health Infrastructure for Improved Health Outcomes** grant from CDC.

Problem Statements and most commonly mentioned dimensions

- Overweight/obesity (58) - *Links to chronic disease, poor eating habits*
- Tobacco use (67) - *Links to chronic disease, pregnancy smoking*
- Cancer (28) - *By type/sub-population*
- Heart disease/stroke (27) - *Hospitalization, sub-populations*
- Diabetes (27) - *Prevalence, disparities*
- Infant mortality (25) - *Links to low birth weight factors*
- Substance abuse (25) - *Drugs and alcohol, accidents, hospitalization rates*
- Oral health/dental care (24) - *Access, use of ER, loss of teeth*
- Health Disparities (16) - *Multiple causes, race and gender*
Uses of CHA Data in the Future

- Identify priorities and health risks
- Develop targeted subcommittees
- Community support for initiatives
- Direct funding efforts
- Educate others about our county and mobilize them into action
- Update community leaders
- Find our disparities
Recognizing the Gap:
What we are doing is obviously not working to appreciatively improve our overall state health status

Our national picture  (national rank)

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<th>The plus side</th>
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<tr>
<td>• Binge drinking (1)</td>
<td>• Diabetes prevalence (46)</td>
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<td>• High cholesterol (1) and cholesterol checking (10)</td>
<td>• Preventable hospitalizations (46)</td>
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<tr>
<td>• Immunization coverage (8)</td>
<td>• Cancer deaths (46)</td>
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<td>• Poor mental health days (11)</td>
<td>• Physical activity (45)</td>
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<td>• Infant morality (45)</td>
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<td>• Obesity (42)</td>
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Two sets of pictures that may describe our state issues

Perinatal outcomes

Disparities in mortality by race


Late or No Prenatal Care by County
Tennessee, 2011

Percent of Live Births
- 56.9 - 45.4
- 50.8 - 36.8
- 26.5 - 30.7
- 21.7 - 26.4
- 13.8 - 21.6

TN: 30.4%  US: 29.0% (2008)


Maternal Smoking by County
Tennessee, 2011

Percent of Live Births
- 54.4 - 41.5
- 27.9 - 34.3
- 22.6 - 27.8
- 16.2 - 22.5
- 4.4 - 16.1

TN: 17.0%  US: 9.7% (2008)

Data sources: Tennessee Department of Health, Office of Health Statistics; Birth Statistical System and Osterman MJ, Martin JA, Mathews TJ, Hamilton BE. Expanded data from the new birth certificate, 2008. National Vital Statistics Reports; Vol 59 No 7. Hyattsville, MD: National Center for Health Statistics. 2011. Maternal smoking is defined as smoking any number of cigarettes during any trimester of pregnancy. U.S. smoking data are based on 24 states that used the 2003 revision of the U.S. certificate of live birth (includes Tennessee) in 2006. Results are not generalizable to the country as a whole because they are not a random sample of all births, and are not comparable to smoking data collected on earlier versions of the birth certificate. 2008 is the most recent year for which U.S. data are available.
Data Sources: Tennessee Department of Health; Office of Health Statistics; Birth Statistical System.

Each county was ranked from 1-95 (1=lowest prevalence and 95=highest prevalence) on four maternal and child health (MCH) measures (low birthweight, late or no prenatal care, maternal smoking and not breastfeeding). The ranks for these four measures were then summed to create a total score for each county which was then used to create an overall MCH ranking. Counties with the same total score were assigned the same ranking.
Data Sources: Tennessee Department of Health, Office of Health Statistics; Hospital Discharge Data System and Birth Statistical System. Numerator is the number of inpatient hospitalizations with age less than one and any diagnosis of neonatal abstinence syndrome (NAS) (ICD-9-CM 779.5). HDDS records may contain up to 18 diagnoses. Infants were included in the numerator if any of these 18 fields were coded as NAS. Note that these are discharge-level data and not unique patient data. For HDDS data, county is patient’s county of residence.

All-Cause Mortality
Tennessee, 2008-2010

All-Cause Mortality as a Percentage of U.S. Mortality
Tennessee, 2008-2010


Black:White All-Cause Mortality Ratio
Tennessee, 2008-2010

So where is TDH heading? Watch the Governor’s Dashboard *

- Overall state health ranking (39th)
- Smoking (middle)
- Obesity (bottom ten)
- Infant mortality (bottom ten)
- Immunization coverage (top ten)
- Teen birth rate (bottom ten)

The case for protection: TDH response to meningitis outbreak

Public health functions

- Epidemiology for case definition
- Surveillance
- Public education
- Outreach and case finding
- Partnering in investigation and public information
- Regulation

Parts of TDH involved

- Communicable Environmental Disease
- Commissioners Office
- Communications
- Regional Health Operations Centers
- Public Health Nurses through county health departments
- Board of Pharmacy
- State laboratory

The case for promotion:
2009 Sleep-Related Infant Deaths
By County (Excluding SIDS)

Elimination of all 129 sleep-related infant deaths in Tennessee would reduce infant mortality rate to 6.4, lower than national rate

Map: Tennessee Department of Health, Division of Health Statistics.
The ABC’s of Safe Sleep

Babies should sleep…

**Alone**
- Not with an adult, another child, or pets
- Not with pillows or stuffed toys
- Not with crib bumpers

**On their Back**
- Not on their side
- Not on their stomach

**In a Crib**
- Not in an adult bed
- Not on a couch or sofa
- Not in a chair

Outcome goals for prevention

- Increase longevity
- Reduce illness burden
- Reduce the likelihood of becoming ill
- Reduce healthcare spending
- Make healthy choices easy choices
- Maintain or improve economic vitality
- Reduce waste
- Enhance national security
- Prepare communities for emergencies
- Empower individuals, families, employers, schools, and communities

TDH areas of focus

Phase 2 Community Health Assessment
- Obesity
- Chronic diseases
- Substance abuse
- Children’s health

Primary Prevention Initiative
- Obesity/overweight
- Tobacco use
- Chronic diseases
- Infant mortality
- Substance abuse
- Teen pregnancy

Back to the roots of public health
- Primary prevention
  - Prevent the onset of a targeted condition
- Population health
  - Community based interventions
- Coordinating to promote and provide complementary services within local health systems
Focus, focus, focus: Seeing the pieces as part of the whole to “move the needle”

- Grants and contracts
  - Recognize as partners in mission
  - Pursue cooperation in population health improvement
- What is the logic model?
  - Outputs ... Activities
  - Outcomes .. Measure intermediate changes
  - Impacts .. Define expected long term impacts
- Demonstrate patient/population-focused services integration approaches for complementary services within systems of care

Interdepartmental Collaborations

- Governor’s Health and Wellness Task Force
  - Blends public and private interests in wellness
  - Moving toward county based initiatives to reduce obesity
- Safety Subcabinet
  - 42 Action Steps that involve multiple departments
  - Includes follow-up from Prescription Safety Act of 2012
- Children’s Cabinet
  - Early childhood Advisory Council assessment to promote school readiness
In the midst of uncertainty we seek to move forward toward a healthier Tennessee.

Community health centers providing primary care and county health departments delivering primary prevention and population health services can demonstrate accountable partnerships.