

Primary Prevention Plans

2017-2018 Annual Report

Office of Primary Prevention
Tennessee Department of Health

Primary Prevention Plans Annual Report | 2017-2018



TNN

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Cover Photo: Children participating in an after-school run club at an elementary school in Fentress County, Tennessee. The run club was part of the county's strategy for promoting physical activity in their 2017-2018 Primary Prevention Plan.

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About this Report

This report provides an overview of the Tennessee Department of Health's Primary Prevention Plans for 2017-2018. This was the first year that all 95 Tennessee counties developed and implemented a Primary Prevention Plan. In 2012, the department launched the Primary Prevention Initiative (PPI), which aimed to involve every health department employee in the planning and implementation of primary prevention work.

The department's primary prevention efforts have evolved to become a series of local Primary Prevention Plans developed and implemented by each county and regional health department. The goal of PPI was to help each member of the organization think about how their work can incorporate upstream approaches to improving the health of the communities they serve.

These plans are not comprehensive; there are primary prevention efforts underway at the Tennessee Department of Health that are not included in the Primary Prevention Plans. Rather than attempting to be all-inclusive, the plans provide an opportunity for each local health department to assess health-related needs in their respective communities, and then identify and implement strategies to address them.

This report provides an overview of initiatives and some of the accomplishments of the plans across the state in order to highlight the important work that health department staff have implemented over the past year.

The Primary Prevention Plans

Overview of the Plans

The Primary Prevention Plans were established as a way to more clearly focus the department's primary prevention efforts.

Each county health department in Tennessee develops an annual Primary Prevention Plan.

The plans provide both an opportunity and an implementation strategy for all staff in Tennessee's local health departments to engage in primary prevention work.

How the Plans are Developed

The development of a Primary Prevention Plan begins with an assessment of needs and priorities in the county. These needs and priorities inform the selection of focus areas for each plan. It is recommended that each county include at least 2 of the Tennessee Department of Health's "Big 4" as focus areas: Physical Inactivity, Tobacco Use, Obesity, and Substance Misuse (see page 7 in this report for more information). However, a county can include any health-related focus areas in their plan that align with their local needs and priorities.

The counties then develop implementation strategies for addressing each of their focus areas, including a SMART objective for each strategy and detailed action steps for carrying out implementation. Metrics for measuring and evaluating each strategy are also identified and included in each plan.

The Primary Prevention Plans are ideally developed through a collaborative effort among staff at each local health department, allowing all staff to have input on the plan and determine their respective roles and responsibilities in implementing the plan.

New for 2017-2018

For the first time, all 95 counties in Tennessee developed and implemented a Primary Prevention Plan. The 2017-2018 Primary Prevention Plans were the first where local health departments followed a uniform planning process, with assistance from Office of Primary Prevention Coordinator Matt Coleman. The plans also included a SMART Objective for each strategy, as well as incremental action steps and measurable outcomes.

This year each county was provided with best practice resources to assist with the development of their plans. These resources included a comprehensive Primary Prevention Initiatives Resource Guide with suggested meaningful primary prevention initiatives, quarterly best-practice training webinars, and a new statewide reporting system to monitor progress on plan activities. The Office of Primary Prevention also developed a monthly email newsletter to share best practices, resources, and updates with staff on primary prevention work happening across Tennessee.



Sevier County Health Department staff developing their Primary Prevention Plan

Assessing Need

Each county and regional health department assessed and prioritized the needs in their community to inform the focus areas for their Primary Prevention Plan. Based on the identified needs, local health departments then developed corresponding implementation strategies for their plans.

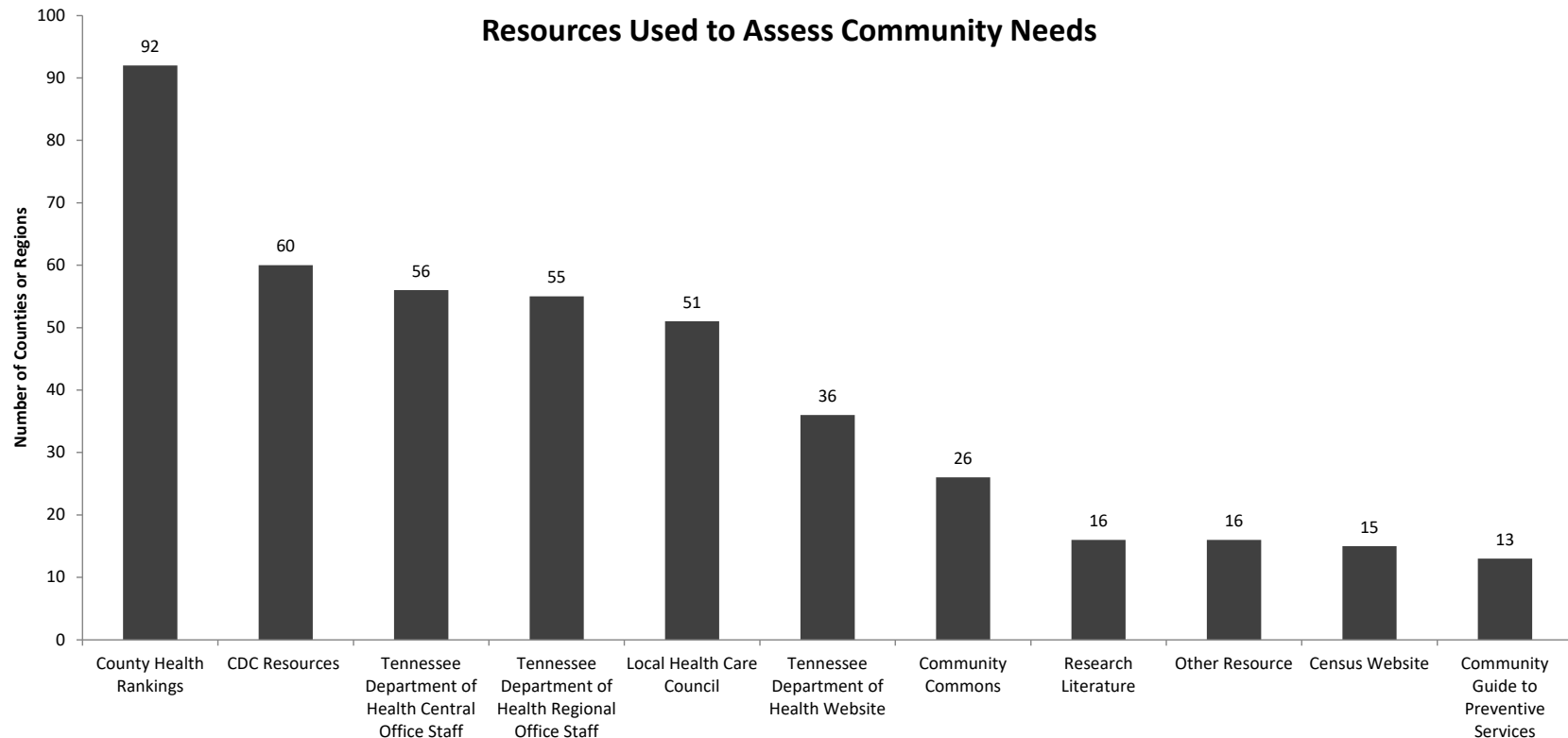
Assessment Resources

The most commonly-used resource for assessing community needs was County Health Rankings, followed by resources provided by the U.S. Centers for Disease Control and Prevention and resources from staff at the Tennessee Department of Health's Central and Regional Offices.



Moving Forward: County Health Assessments

In 2019, the Tennessee Department of Health will pilot County Health Assessments (CHAs) in 16 counties, with a goal of all 89 rural counties completing a CHA within 3 years. The priorities and findings from these assessments will serve as a guide for the development of the county Primary Prevention Plans and companion County Performance Plans. The CHAs will provide a consistent process for Tennessee counties to assess the health needs in their communities through a process involving community and stakeholder engagement, with each county ultimately conducting a CHA every 3 years.



Primary Prevention | Targeting Tennessee's Big 4

The "Big 4"

The Tennessee Department of Health (TDH) is committed to accelerating population health improvement in Tennessee. The leading causes of death in Tennessee reflect an epidemic of chronic and preventable diseases. TDH has identified what we call the "Big 4":

- 1) Obesity (excessive caloric intake)
- 2) Physical inactivity
- 3) Tobacco and nicotine addiction
- 4) Other substance misuse disorders

Taken together, these Big 4 are driving the top 10 leading causes of death and represent the greatest health challenges facing Tennessee.

Tennessee's Big 4



Obesity



Physical Inactivity



Tobacco and Nicotine Addiction



Other Substance Misuse Disorders

Leading Causes of Death in Tennessee*

1. Heart Disease
2. Cancer
3. Chronic Lower Respiratory Disease
4. Accidents
5. Stroke
6. Alzheimer's Disease
7. Diabetes
8. Flu/Pneumonia
9. Kidney Disease
10. Suicide

*Calculated by the National Center for Health Statistics, U.S. Centers for Disease Control and Prevention, 2014

The Levels of Prevention

A Primary Prevention Approach

Addressing the Big 4 requires a primary prevention approach, where the root causes of disease are targeted so people are less likely to get sick and need clinical services. Primary prevention is often achieved through approaches such as changing policies, systems, and environments that influence our choices and behaviors. Creating healthier environments can reduce preventable illness by giving everyone the opportunity to be healthy.

Primary Prevention

An intervention implemented before there is evidence of a disease or injury

*Example:
Encourage exercise and healthy eating to prevent obesity*

Secondary Prevention

An intervention implemented after a disease has begun but before it is symptomatic

*Example:
Check Body Mass Index (BMI) to identify obese individuals*

Tertiary Prevention

An intervention implemented after a disease or injury is established

*Example:
Help obese individuals lose weight*

Targeting Tennessee's Big 4 | Physical Inactivity

82

physical activity strategies implemented

387

organizational partnerships supported the initiatives

53

programs delivered

35

physical activity clubs

60

counties implemented physical activity strategies

451

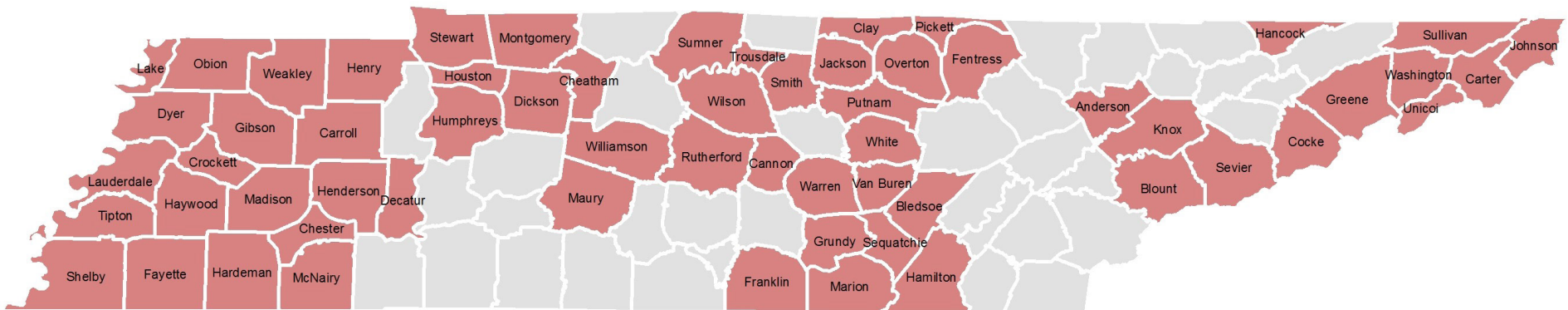
volunteers supported the initiatives

13,791

participants in community events

5,075

participants in physical activity clubs



Example: After School Walk and Run Clubs | Fentress County

The Fentress County Health Department collaborated with Fentress County Schools and Coordinated School Health to offer after school based walk and run clubs at two schools for students in 4th through 8th grades. The program was promoted with **400+ walk and run club packets** made and distributed to students at both schools. The clubs met two days a week for eight weeks during the Fall and Spring semesters. A total of **164 students** participated in the physical activity clubs, who collectively walked or ran a total of **1,974 miles**.

Targeting Tennessee's Big 4 | Obesity

103
obesity
strategies implemented

352
organizational partnerships
supported the initiatives

35,330
participants in
programs

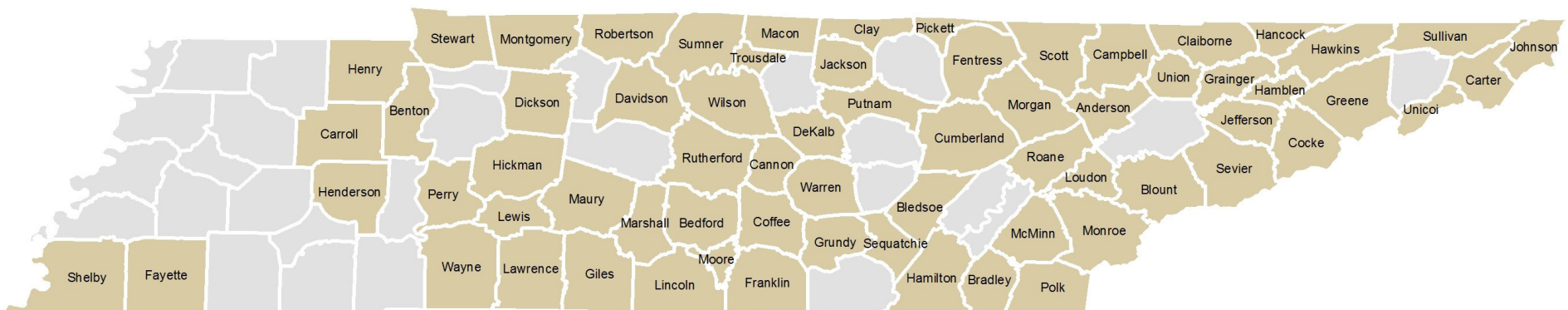
20
media
campaigns

67
counties implemented
obesity strategies

396
volunteers
supported the initiatives

16,060
participants in
community events

192
social media
posts



Example: Chef Academy | Rutherford County

Chef Academy is a school-based program that teaches students in 4th through 6th grades to prepare healthy meals. The evidence-based curriculum introduces students to a variety of healthy vegetables, proteins, and whole grains. The students learn to cook, clean the kitchen, and present their meals to a panel of judges. Each student receives a recipe book and learns how to reduce their salt, sugar, and fat intake when preparing meals. The program is funded through Coordinated School Health at Murfreesboro City Schools, and Rutherford County Health Department staff helped organize and teach the classes. During the 2017-2018 school year, **155 students participated** in the 5-week program across **all 12 Murfreesboro City Schools**.

Targeting Tennessee's Big 4 | Tobacco Use

102
tobacco use
strategies implemented

510
organizational partnerships
supported the initiatives

35
new policies
adopted

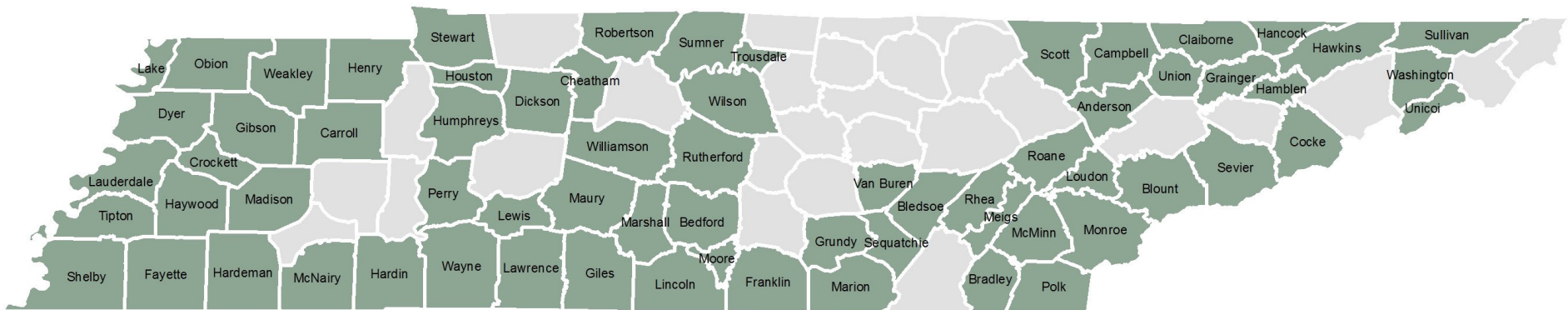
38
new groups or
coalitions formed

67
counties implemented
tobacco use strategies

763
volunteers
supported the initiatives

44,840
participants in
community events

48
media
campaigns



Example: Positive Behavior Support for Tobacco-Free Environments | Carroll County

The Carroll County Public Health Department engaged peer educators to initiate tobacco policy change and to develop the Positive Behavior Support (PBS) Teen Health Council Manual. The PBS Manual is used to identify and recruit youth to become engaged in school-based tobacco policy change. The initiative sought to make an impact on a county-wide level. Tobacco prevention and policy training was administered to students within each of the five special school districts of Carroll County. Following the training, youth educated community stakeholders on the harmful effects of tobacco use and persuaded stakeholders of the need to adopt and enforce tobacco-free policies in schools and public places. The results of students' efforts proved successful: the Huntingdon Special School District Board of Education and the South Carroll Special School District Board of Education each adopted **100% Tobacco-Free Campus and Properties Policies** for all schools and properties within the two school systems.

Targeting Tennessee's Big 4 | Substance Misuse

71
substance misuse
strategies implemented

329
organizational partnerships
supported the initiatives

10
new groups or
coalitions formed

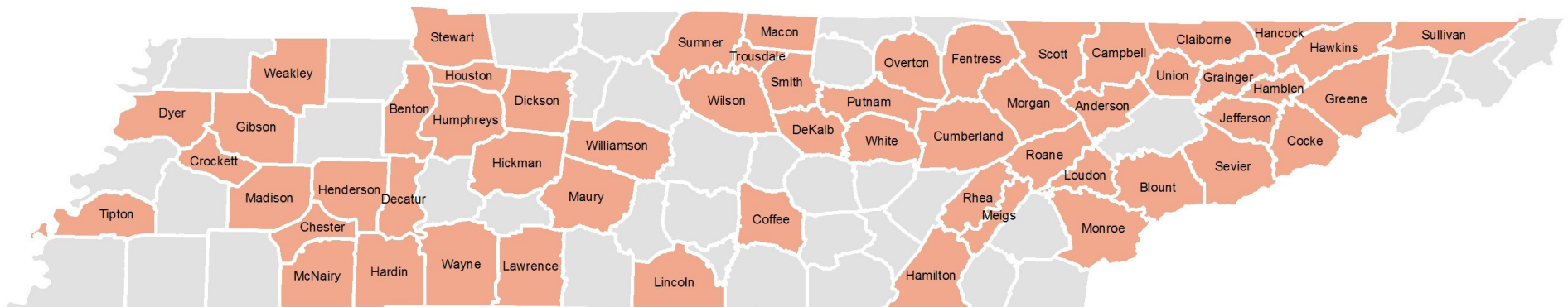
26
drug take back
events

56
counties implemented
substance misuse strategies

363
volunteers
supported the initiatives

23,015
participants in
programs

3,197
pounds of prescription drugs
collected at take back events



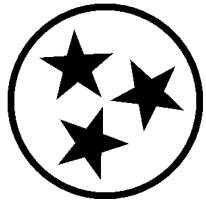
Example: Neonatal Abstinence Syndrome Prevention | Multiple Counties

Neonatal Abstinence Syndrome (NAS) prevention efforts were included in **47 county and regional office Primary Prevention Plans** for 2017-2018. NAS is a group of conditions that occur when infants are born dependent on drugs and experience withdrawal symptoms. Initially piloted in Sevier and Cocke Counties, the NAS prevention initiative involves health department staff working with local partners to provide health education sessions to inmates in the county jails. The sessions educate inmates about NAS and how to prevent it from occurring. Those with addictive disorders were referred for treatment by health department staff. If they chose to, inmates participated in family planning services at the county health department, which could include include voluntary, reversible, long-acting contraceptives (VRLACS). For NAS prevention initiatives included in the 2017-2018 primary prevention plans, **950 inmates or probationers were educated** about NAS and the benefits and methods of prevention, and **116 people received voluntary reversible long-acting contraceptives**.

Primary Prevention Plan Accomplishments

The Tennessee Department of Health Primary Prevention Plans for 2017-2018

The Tennessee Department of Health's Primary Prevention Plans for 2017-2018 included a wide range of initiatives to address health priorities in each county. Across the state, county and regional initiatives engaged communities and partners, built relationships and coalitions, and delivered prevention education and services. Some of the many accomplishments over the past year are highlighted below.



95

counties implemented
primary prevention plans



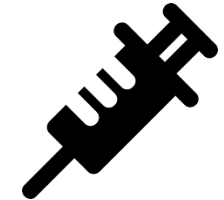
386

strategies implemented
by local health departments



71

new groups or
coalitions formed



17,719

vaccines
administered

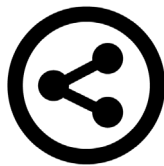


1,750

organizational partnerships
supported initiatives

2,005

volunteers
supported initiatives



98

media
campaigns

638

social media
posts



42

new policies
adopted

10

existing policies
changed



133,880

participants in
programs

80,411

participants in
events

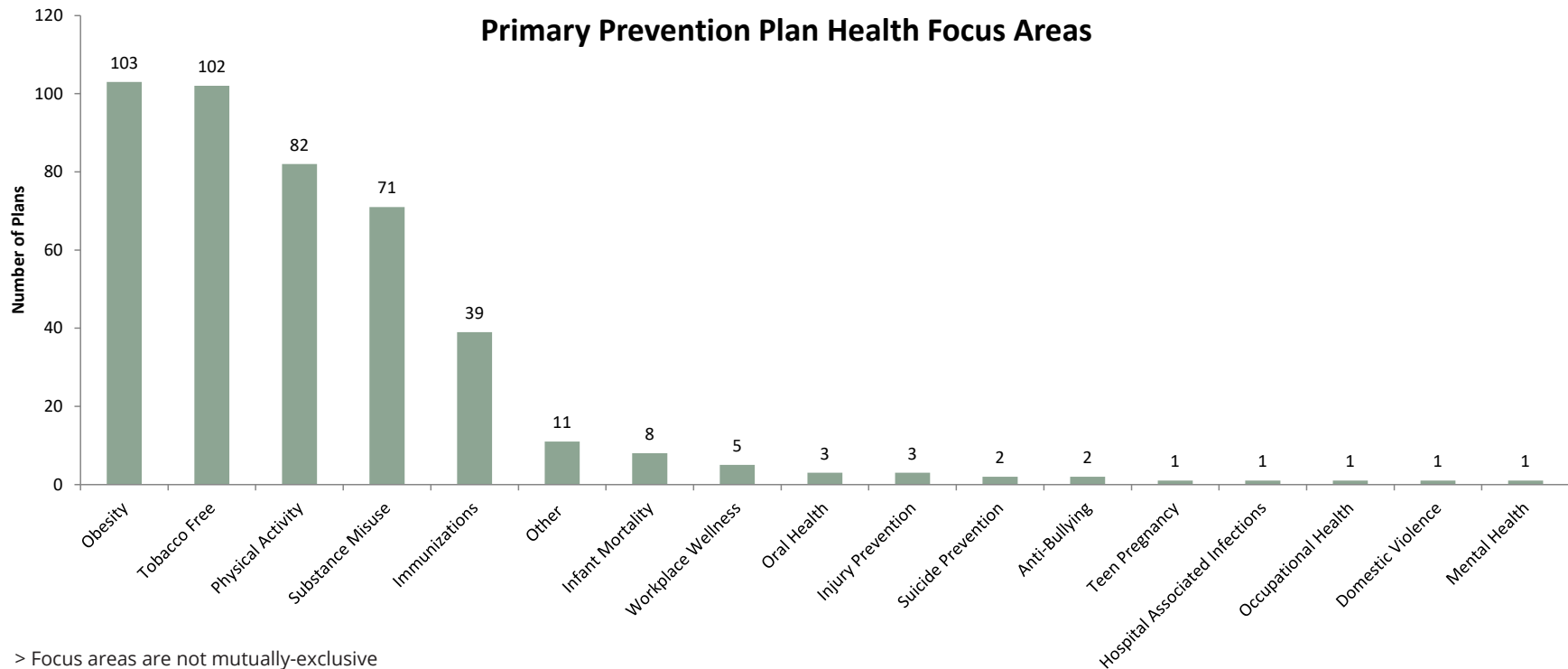
Health Focus Areas

Health focus areas were selected by each county and regional health department to address the needs and priorities in their community. Each implementation strategy in the Primary Prevention Plans identified at least one health focus area targeted by the strategy.

Each Primary Prevention Plan was required to include at least two of Tennessee's "Big 4" as health focus areas: 1) Physical Inactivity, 2) Obesity, 3) Tobacco Use, and 4) Substance Misuse. Health focus areas for the 2017-2018 Primary Prevention Plans are shown in the graphic below.

The focus areas are not mutually-exclusive, with some strategies targeting multiple health conditions. Obesity was the health focus area targeted by the greatest number of strategies (n=103), followed by tobacco (n=102), physical activity (n=82), and substance misuse (n=71), representing the "Big 4."

Beyond the "Big 4," counties could select any area of health to target with their Primary Prevention Plan strategies. Other focus areas included oral health, workplace wellness, immunizations, injury prevention, mental health, anti-bullying, and suicide prevention, among others.



Staff Involvement

Every person who works at the Tennessee Department of Health has the opportunity to participate in primary prevention work as part of their Primary Prevention Plan. Based on their interests and expertise, staff can develop new initiatives or assist in the implementation of existing ongoing primary prevention work. Health educators, clinical staff, directors, and administrative staff can each play a role in their county or regional plan.

Health department staff play a variety of roles in the implementation of the primary prevention plans. Staff can develop or lead initiatives, assist in implementation through planning or facilitating activities, providing education to program participants, building relationships with the community and organizational partners, administering vaccines, attending community events, leading trainings, presenting to community members or stakeholders, and evaluation.

Example: Mental Health First Aid | Northeast Regional Office

The Mental Health First Aid (MHFA) training seeks to proactively provide individuals with the knowledge and skills to identify anyone experiencing a mental health issue or crisis. It provides tools for basic intervention until professional help is sought, if needed. An additional goal is to develop disaster response teams that can be deployed during and after disaster to address mental health needs. As instructors are certified within public health they train other public health professionals, first responders, first receivers, and the community at large. There are now **28 certified MHFA instructors** in the region who have begun teaching courses.



Example: Morning Movement | Putnam County

The Putnam County Health Department partnered with Putnam County Schools and Coordinated School Health to implement Morning Movement. The initiative allows school children to be physically active for 30 minutes when they arrive at school each morning. **Three schools** are currently implementing Morning Movement, and the principles at each school have instituted it as a regular activity in their schools. A total of **750 school children** participated in Morning Movement during the 2017-2018 school year, and teachers have indicated improvements in concentration among students since the program began.

Clinical Staff Involvement in Primary Prevention

Clinical care and primary prevention are complimentary. Primary prevention enhances the value of patient care by addressing the underlying reasons people seek services. The Primary Prevention Plans include a number of initiatives implemented by an interdisciplinary team, where each member brings their own perspective and skillset. Successful primary prevention initiatives leverage each member's expertise and passion for their work both within and outside the clinic walls.

Clinical staff involvement in the Primary Prevention Plans takes a number of forms, including:

- Connecting patients to the county's primary prevention activities such as greenways, reading programs, run clubs, gardening, and farmer's markets
- Prescribing physical activity using Park Rx or other prescriptions
- Organizing "Walk with a Clinician" or "Walk in the Park" events
- Speaking at community gatherings and clubs about chronic disease and prevention
- Joining a board, committee, or commission in an area that has the potential to impact health such as school wellness, housing, transportation, and rural development.

"We have a passion for what we do and care about our community. That's why we've been successful."

*- Melissa Fisher, RN
Upper Cumberland
Regional Health Office*

Collaboration and Partnerships

Collaboration and partnerships are key to primary prevention work. Many of the conditions that influence community health are complex and involve a number of factors not directly impacted by public health practitioners. These conditions require action from multiple sectors and disciplines.

In 2017-2018, county and regional primary prevention initiatives were supported by **1,750 organizational partnerships**. Of these, 17% were new partnerships developed by the county and regional health departments to implement their initiatives, and 45% of partnerships expanded the scope of an existing partnership.

In addition, **2,005 volunteers** across the state dedicated their time to support the implementation of primary prevention initiatives.

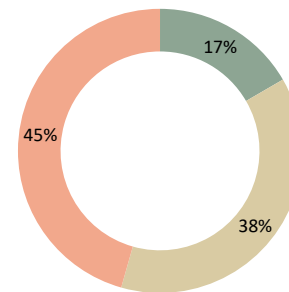
“Our community partners and the people we serve are like family. They know us. We have their trust.”

*- Melissa Taylor, RN
Northeast Tennessee
Regional Health Office*

1,750
organizational
partnerships
supported
initiatives

2,005
volunteers
supported
initiatives

Types of Partnerships Supporting Primary Prevention Initiatives



- Health department developed a new partnership
- Health department utilized an existing partnership
- Health department expanded an existing partnership



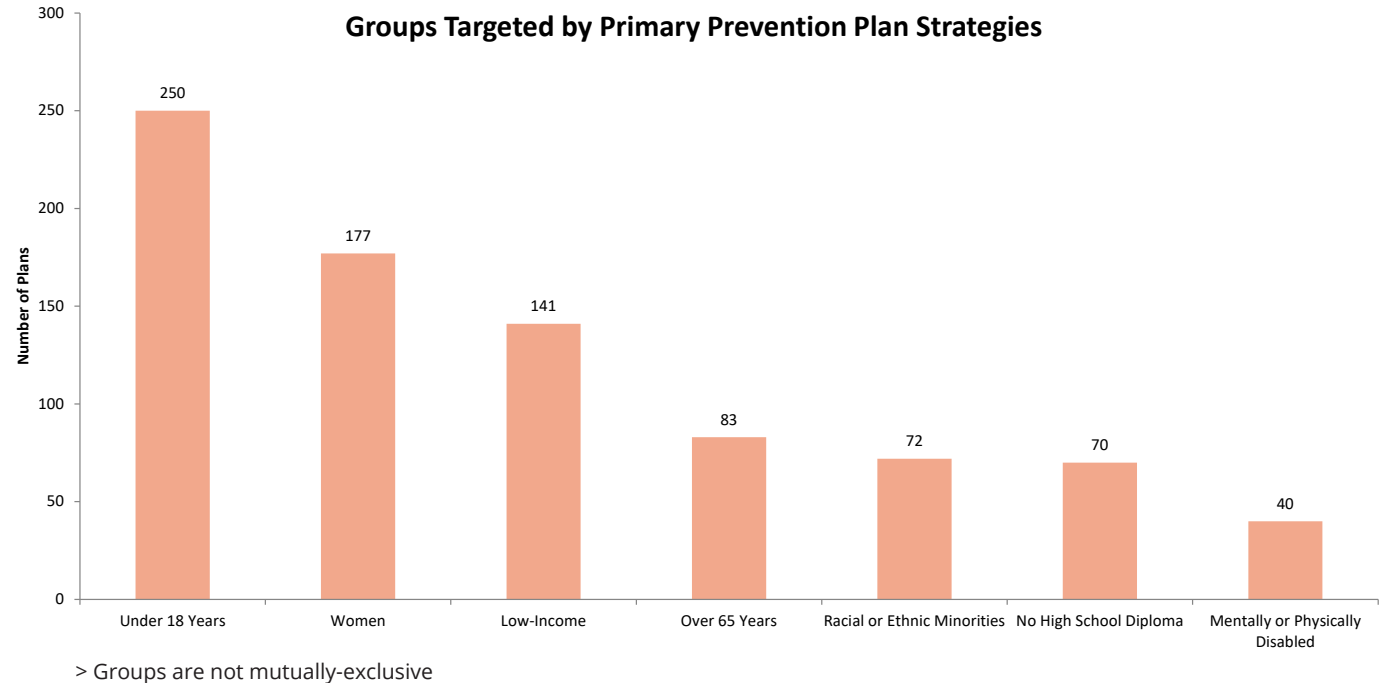
Example: Summer Food Program | Henderson County

The child food insecurity rate in Henderson County is 26.4%, compared to 21.1% for Tennessee as a whole (Map the Meal Gap, 2017). To address this issue, Henderson County established a Summer Food Program using a Collective Impact model that engaged a total of **19 community partners** and **80 volunteers**. Area churches, local law enforcement and fire departments, city and county schools, local government, the chamber of commerce, and other groups and organizations partnered to implement the program and serve lunches throughout the summer months to children in the county. This collaborative effort provided an opportunity for youth to engage with partners to provide positive exposure to important community organizations and professionals within the county, an opportunity that many youth may not have otherwise had. A total of **712 children** were served meals through the program at **2 neighborhoods** in the community.

Health Equity

Considering and addressing health inequities is an essential part of primary prevention work. Groups who may experience systemic and persistent health inequities were the focus of primary prevention strategies in the 2017-2018 plans, including:

- People with low-incomes or living in poverty
- People with a physical or mental disability
- Racial or ethnic minorities
- Women
- Children and youth (under 18 years)
- Aging adults (over 65 years)
- Adults without a high school degree
- People who are incarcerated
- People with limited English proficiency



Example: Minority Outreach English As A Second Language Classes | Sevier County

Sevier County's Minority Outreach Committee, a coalition of **15 community partners** facilitated by the county's health department, developed an outreach initiative to engage limited English proficiency community members. A local review of the effectiveness of emergency response systems found a communication barrier for the county's limited English population. In addition, 20% of those seeking services at the Sevier County Health Department have limited English proficiency. To address these needs, the coalition initiated English as Second Language (ESL) classes for adults and children in the community. In addition to English language instruction, a portion of class time was dedicated to informing participants of events and resources available to them in the community. The goals were to build trust, open new lines of communication, and improve English language proficiency with participants. A total of **55 community members** participated in the ESL classes. The classes will continue, adding both intermediate and advanced classes for participants in the future.

Bright Spot Awards

The Bright Spot Awards are presented annually to recognize examples of meaningful Primary Prevention work taking place in Tennessee. Award nominations are reviewed by a committee of public health staff from across the state. Awardees can be honored with Platinum, Gold, Silver, or Bronze levels.

In 2017-2018, ten county or regional health departments received Bright Spot awards for their innovative primary prevention work. Focus areas included physical activity, healthy eating, safe sleep, and mental health, with a number of programs for youth receiving recognition.

| Platinum Level Awardees | Gold Level Awardees | Silver Level Awardees | Bronze Level Awardees |
|---|--|---|---|
| <p>Putnam County Health Department Morning Movement Physical Activity Program with Putnam County Schools</p> | <p>Carroll County Health Department Positive Behavior Support for Tobacco Free Environments</p> | <p>Dickson County Health Department Rethink Your Drink Permanent Water Stations at Schools & Adjoining Community Program</p> | <p>Montgomery County Health Department All Health Matters Walk and Health Fair</p> |
| <p>Rutherford County Health Department Chef Academy</p> | <p>Fentress County Health Department After School-Based Walk/Run Clubs</p> | <p>Upper Cumberland Regional Office Safe Sleep Initiative</p> | |
| <p>Sevier County Health Department Minority Outreach English As A Second Language Classes</p> | <p>Henderson County Health Department Summer Food Program</p> | | |
| | <p>Northeast Regional Health Office Adult and Youth Mental Health First Aid Certification Courses</p> | | |

What's Next

County Health Assessments

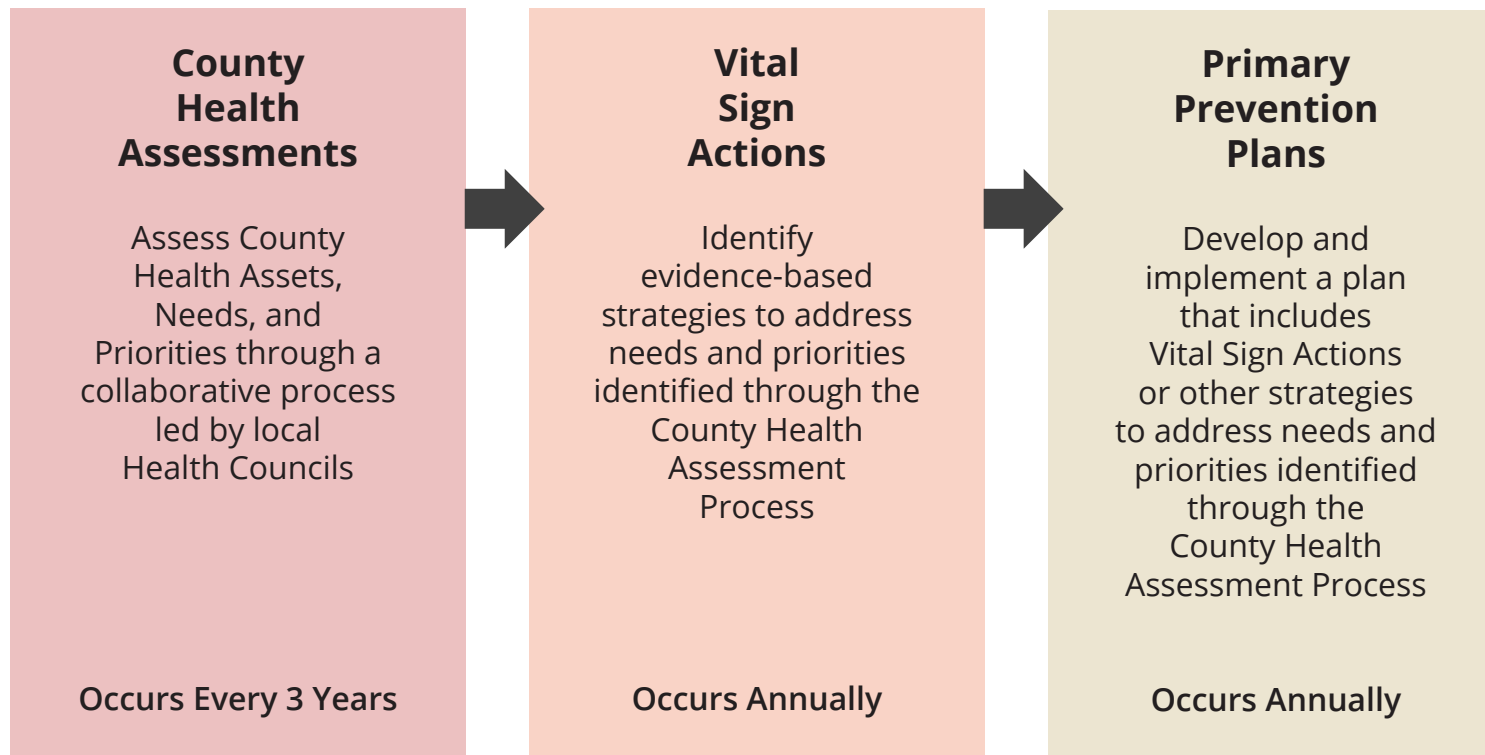
In 2019, the Tennessee Department of Health will pilot County Health Assessments (CHAs) in 16 counties. The priorities and findings from these assessments will serve as a guide for the development of the county Primary Prevention Plans and companion County Performance Plans. Each rural county in Tennessee will conduct a CHA every 3 years.

Vital Sign Actions

The Office of Primary Prevention is working closely with the Office of Health Policy and the Office of Chronic Disease Prevention and Health Promotion on the development of the Vital Sign Actions Menu, which will provide counties with best practice implementation strategies to consider in the development of their Primary Prevention Plans.

Primary Prevention Plans

The Primary Prevention Plans will serve as the implementation plans for addressing community needs identified in the CHAs, and can include the corresponding Vital Sign Actions to address those needs. The Office of Primary Prevention will continue to provide facilitation and resources to assist counties in developing their plans.



About the Office of Primary Prevention

Mission

The Office of Primary Prevention (OPP) works to educate others about the purpose and impact of Primary Prevention, support community primary prevention activities, and foster change through cross-sector collaboration within and external to the Tennessee Department of Health.

Vision

Everyone in Tennessee can make healthy choices wherever they live, learn, work, play and pray.

Website

Learn more about the Office of Primary Prevention at:
www.tn.gov/primaryprevention

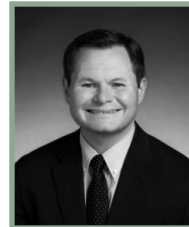
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