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(I) indicates intervention

Patient Care Advocacy



Outputs

Program/Intervention Name	Description/Additional Information
Patient Care Advocacy ☒ Program ☐ Intervention within Program:	Patient Care Advocacy supports Tennesseans with their concerns around health care access and/or accessing state services or benefits. It also supports healthy aging, which includes palliative care, advanced care planning, elder abuse prevention and dementia diagnosis and prevention.
Delivery Setting	Target Population
Organization/Business/Local Government, Other Community Setting	Adults, Families

Logic Model	Outputs	Outcome(s)
If we support Tennesseans with their concerns around health care access and/or accessing state services or benefits, as well as support healthy aging around issues such as palliative care, advanced care planning, elder abuse prevention and dementia diagnosis and prevention, then more Tennesseans will have the quality of life they want, their families will be better supported, and they will live healthier lives.	1. Number of coalition member numbers	
	2. Number of providers/direct care providers/older adult service providers/public health staff trained	
	3. Number of public health programs integrating or addressing older adult health into existing or new public health programs	

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Chronic Disease Prevention and Health Promotion



Outcomes

Program/Intervention Name	Description/Additional Information
Chronic Disease Prevention and Health Promotion ☒ Program ☐ Intervention within Program:	Chronic Disease and Health Promotion programs develop, implement, and evaluate programs and initiatives that promote overall health and wellness through the lifespan. Public and private sector partners work on primary prevention efforts as well as health promotion strategies. Topics include cancer prevention and screening, tobacco use prevention and cessation, heart disease and stroke prevention, diabetes prevention and management, child and adult healthy weight management, injury prevention, rape prevention and education, poison control, and children's school-based dental screening. These programs draw on evidence-based approaches including their use of chronic disease self-management programs, text message-based health interventions, and school dental programs.
Delivery Setting	Target Population
Organization/Business/Local Government, Outdoor Space, Outpatient, Residential Facility, School, Workplace, Other Community Setting	Infancy/Early Childhood, Children, Adolescents/Young Adults, Adults, Families

Logic Model	Outputs	Outcome(s)
If we promote overall health and wellness through the lifespan, including cancer prevention and screening, tobacco use prevention and cessation, and heart disease and stroke prevention, then we will help prevent chronic diseases and other negative health outcomes, reduce healthcare spending on preventable illnesses, and improve overall health, wellness, and quality of life of the people of Tennessee.	1. Number of Chronic Disease Self-Management Education Programs (CDSMPs)	1. Obesity rate among adults
	2. Number of participants in Chronic Disease Self-Management Education Programs (CDSMPs)	2. Obesity rate among children (as measured by WIC)
	3. Number of children screened in school dental program	3. Angina and coronary heart disease rate among adults

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(I) Diabetes Prevention and Management Programs

M Mixed Effects

Program/Intervention Name	Description/Additional Information
(I) Diabetes Prevention and Management Programs ☐ Program ☒ Intervention within Program: Chronic Disease Prevention and Health Promotion	Diabetes Prevention and Management Programs make it easier for people with prediabetes to participate in affordable, high-quality lifestyle change programs to reduce their risk of developing type 2 diabetes and improve their overall health. Through the program, partner organizations deliver CDC-recognized lifestyle change programs as well as diabetes self-management programs that help patients and families understand their condition, make informed decisions about care, and to engage in healthy behaviors.
Delivery Setting	Target Population
Organization/Business/Local Government, Mobile, Outpatient, Residential Facility, Workplace, Other Community Setting	Adults, Families

Logic Model	Outputs	Outcome(s)
If we help individuals prevent and/or manage diabetes, including through Diabetes Prevention Programs and diabetes self-management and lifestyle change programs, then we will improve the health of at-risk individuals by preventing or delaying the onset of type 2 diabetes, increase engagement in preventative and disease management practices, reduce healthcare spending, prevent other diabetes-associated complications, and improve the quality of life for Tennesseans living with diabetes.	1. Number of registered Diabetes Prevention Programs	1. Prevalence of type 2 diabetes
	2. Number of individuals enrolled in Diabetes Prevention Programs (onsite, online, in-person)	2. Obesity rate among adults
	3. Number of individuals enrolled in diabetes self-management lifestyle change programs	

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
Military Family Readiness	National Diabetes Prevention Program (NDPP)	Mixed effects

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(I) Tobacco Use Prevention & Control Program (TUPCP)



Evidence

Program/Intervention Name	Description/Additional Information
(I) Tobacco Use Prevention & Control Program (TUPCP) ☐ Program ☒ Intervention within Program: Chronic Disease Prevention and Health Promotion	The Tobacco Use Prevention & Control Program (TUPCP) administers, promotes, and evaluates programs and initiatives that prevent initiation and support tobacco cessation across the state. Public and private sector organizations partner to implement programs including community and youth engagement, policy development, the Tennessee Tobacco QuitLine, and the prenatal smoking cessation program. All programs are free to all Tennesseans and prevent youth initiation and support cessation attempts among the state's one million smokers.
Delivery Setting	Target Population
Organization/Business/Local Government, Inpatient, Outdoor Space, Outpatient, Residential Facility, School, Workplace, Other Community Setting	Adolescents/Young Adults, Adults, Families

Logic Model	Outputs	Outcome(s)
If we prevent youth initiation, decrease secondhand smoke exposure, and support cessation attempts among Tennessee's tobacco users through community and youth engagement and various programs, then we will reduce the smoking and tobacco use rate which will prevent a myriad of chronic diseases and other negative health outcomes, reduce healthcare spending on preventable illnesses, and improve the overall health, wellness, quality of life, and productivity of the people of Tennessee.	1. Number of youth attendees at annual TNSTRONG youth summit	1. Smoking rate among adults
	2. Number of enrollees in the Tennessee Tobacco QuitLine	2. Smoking rate during pregnancy
	3. Number of enrollees in prenatal smoking cessation program	

Evidence		Strong Evidence	
Clearinghouse	Entry Name & Link	Evidence Rating	
*Multiple Sources	There are multiple sources of evidence for each type of program administered; those evidence sources are available upon request.		

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Children and Youth with Special Healthcare Needs



Outcomes

Program/Intervention Name	Description/Additional Information
Children and Youth with Special Healthcare Needs ☒ Program ☐ Intervention within Program:	Children and Youth with Special Health Care Needs (CYSHCN) provides services and resources to special needs children and their families. Services and resources are comprehensive, culturally sensitive, evidence-based and family-centered and are based on the individualized and specific child and family needs. CYSHCN services include the Children's Special Services Program, Community Health Access and Navigation in Tennessee (CHANT) Program, Tennessee Birth Defects Surveillance Systems, Family and Youth Engagement, and Emergency Preparedness for CYSHCN, which support children and families to navigate services, provide reimbursement for services, and assist in transition planning.
Delivery Setting	Target Population
Home, Hospital/Treatment Center, Inpatient, Mobile, Outpatient, Other Community Setting	Infancy/Early Childhood, Children, Adolescents/Young Adults, Families

Logic Model	Outputs	Outcome(s)
If we provide children, youth, and transitioning adults (0 to 21) with complex chronic health conditions, as well as their families, with resources and services that are comprehensive, culturally sensitive, evidence-based and family-centered, including support navigating health care services, providing reimbursement, and assisting in transition planning, then we will impact positive health outcomes while ensuring that services are received through a comprehensive patient centered primary-care provider (aka a medical home).	1. Number of children and youth receiving support through CYSHCN	1. Percent of CYSHCN families with adequate insurance
	2. Number of youth with special health care needs receiving services necessary for transition to adult health care	
	3. Number of children and youth with a medical home	

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Children's Special Services (CSS)



Outputs

Program/Intervention Name	Description/Additional Information
Children's Special Services (CSS) ☒ Program ☐ Intervention within Program:	Children's Special Services (CSS) is the State Title V Program for children and youth with special health care needs (CYSHCN). CSS provides access to comprehensive medical care for children with physical disabilities from birth to 21 years of age. One of the primary goals of the program is to increase the number of children who receive care in a medical home, which is an evidence-based strategy for improving the care of children and youth with special health care needs. Diagnostic and financial eligibility criteria must be met to participate in the program. The CSS program is a payer of last resort and is coordinated through all 95 local health departments in Tennessee and provides resources for medical and nonmedical services.
Delivery Setting	Target Population
Home, Hospital/Treatment Center, Inpatient, Outpatient, Mobile, Other Community Setting	Infancy/Early Childhood, Children, Adolescents/Young Adults

Logic Model	Outputs	Outcome(s)
If we provide timely, continuous screening and assessment and care coordination, including payment reimbursement for medical needs, health care navigation, and specialty referrals, then we will help children and youth who have unmet medical needs and inadequate payor sources to access medical and non-medical services and treatment, improving and sustaining quality of life and access to optimal health care.	1. Number of CSS participants receiving services	
	2. Number of CSS participants receiving services in patient-centered medical home	
	3. Number of CSS participants completing comprehensive transition plans	

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Injury Prevention and Detection



Outcomes

Program/Intervention Name	Description/Additional Information
Injury Prevention and Detection ☒ Program ☐ Intervention within Program:	The Injury Prevention and Detection program implements evidence-based interventions to reduce accidental injuries and death within the state. Unintentional injury is the number one cause of death for Tennesseans ages 1-44. The program works to reduce adverse childhood experiences (ACEs), traumatic brain injury, motor vehicle crashes, and suicide through education and training, technical assistance, and direct provision of child safety seats.
Delivery Setting	Target Population
Organization/Business/Local Government, School, Other Community Settings	Infancy/Early Childhood, Children, Adolescents/Young Adults, Adults

Logic Model	Outputs	Outcome(s)
If we provide education and training on evidence-based injury prevention topics, including adverse childhood experiences (ACEs), traumatic brain injury, motor vehicle crashes, and suicide, then the number of accidental injuries and the rate of injury deaths will decrease.	1. Number of students/parents trained on Checkpoints, a program to support safe teen driving	1. Rate of deaths among individuals under age 18 (per 100,000)
	2. Number of individuals completing CALM training, (Call, Alert, Listen, and Move) focused on helping people respond to emergency situations	
	3. Number of youth sports leagues receiving Safe Stars designation, based on the implementation of policies that enhance safe standards in youth sports	

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Overdose Data to Action (OD2A)



Outcomes

Program/Intervention Name	Description/Additional Information
Overdose Data to Action (OD2A) ☒ Program ☐ Intervention within Program:	Overdose Data to Action (OD2A) within TDH's Overdose Response Coordination Office is a CDC-funded grant program that supports Tennessee jurisdictions in implementing drug overdose prevention activities, in collecting accurate, comprehensive, and timely data on nonfatal and fatal overdoses, and in using those data to enhance programmatic and surveillance efforts. The program focuses on understanding and tracking the complex and changing nature of the drug overdose crisis by integrating data and evidence-based prevention strategies. Those evidence-based strategies include navigation to services, medication for opioid use disorders in correctional facilities, harm reduction services, and overdose prevention education.
Delivery Setting	Target Population
Correctional Facility, Court, Hospital/Treatment Center, Outpatient, School, Other Community Setting	Adults, Justice-involved

Logic Model	Outputs	Outcome(s)
If we support Tennessee jurisdictions in implementing drug overdose prevention activities, in collecting accurate, comprehensive, and timely data on nonfatal and fatal overdoses, and in using those data to enhance programmatic and surveillance efforts, then we will better understand and track the complex and changing nature of the drug overdose crisis and better integrate data and prevention strategies, thereby reducing and preventing Tennesseans' lives lost to drugs.	1. Number of individuals with substance use disorder or recent overdose referred to social, harm reduction, and or treatment services by community navigators	1. Number of fatal overdoses
	2. Number of people who participated in prevention education programs, including courses and presentations	
	3. Number of people who viewed prevention education campaign materials, including via TV and social media (estimated)	
	4. Number of multi-sectoral partnerships built to implement overdose monitoring and response plans	

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Perinatal Regionalization



Strong Evidence

Program/Intervention Name	Description/Additional Information
Perinatal Regionalization ☒ Program ☐ Intervention within Program:	The Perinatal Regionalization System is a statewide infrastructure that supports an appropriate, accessible high-risk perinatal and neonatal health care system that meets the needs of high-risk infants and child-bearing aged women in Tennessee. This system includes 24-hour telephone consultation with physicians and nurses, professional education within the region, transportation of high-risk pregnant women and infants if needed, and post-neonatal follow-up. Funding is provided by the state to five designated regional tertiary centers to assure that the infrastructure for high-risk perinatal services is in place statewide.
Delivery Setting	Target Population
Hospital/Treatment Center	Infancy/Early Childhood, Adolescents/Young Adults, Adults

Logic Model	Outputs	Outcome(s)
If we provide high risk obstetric and neonatal care with consultation 24/7 to providers and facilities, professional education for health care providers, transport of high-risk patients if needed, and post neonatal follow-up at the five Regional Perinatal Centers, then maternal and infant mortality and morbidity should continue to improve.	1. Number of NICU admissions to regional perinatal centers of Tennessee infants	1. Percent of very low birth weight (VLBW) infants delivered at levels 3 and 4 facilities
	2. Number of obstetrical consultations provided	2. Infant mortality rate (number of deaths in the first year of life per 1,000 live births)
	3. Number of hours of professional education provided	

Evidence	Strong Evidence
Clearinghouse	Evidence Rating
National Library of Medicine	Positive impacts
	Perinatal regionalization for very low-birth-weight and very preterm infants: a meta-analysis

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Genetic Newborn Screening



Evidence

Program/Intervention Name	Description/Additional Information
Genetic Newborn Screening ☒ Program ☐ Intervention within Program:	All babies born in Tennessee are required to be screened for metabolic conditions, hearing, and critical congenital heart disease (CCHD) by the birthing facility. All abnormal or unsatisfactory newborn screening test results are sent to the follow-up program staff for action. Providers are contacted and referrals are made to tertiary centers across the state for confirmation testing, counseling, and long-term follow-up. If these disorders are not detected and treated early, they can cause severe disabilities and even death. Over the years, the program has grown to screen for 71 disorders.
Delivery Setting	Target Population
Organization/Business/Local Government, Hospital/Treatment Center, Inpatient, Outpatient	Infancy/Early Childhood

Logic Model	Outputs	Outcome(s)
If babies are screened at birth for metabolic conditions, hearing, and critical congenital heart disease, are provided appropriate follow-up and treatment as needed, and offered early intervention services, then babies will receive treatment interventions earlier in life, improving the health outcomes for those diagnosed with a genetic condition, hearing loss, or congenital heart disease.	1. Percent of infants screened for metabolic conditions	
	2. Percent of specimens collected between 24 and 36 hours of life	
	3. Percent of all specimens reported out by day of life seven (DOL 7)	
	4. Percent of babies tested by one month of age for hearing	

Evidence		Strong Evidence	
Clearinghouse	Entry Name & Link	Evidence Rating	
*Multiple Sources	There are multiple sources of evidence that cover several elements of this program; those evidence sources are available upon request.		

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Lead Poisoning Prevention



Outcomes

Program/Intervention Name	Description/Additional Information
Lead Poisoning Prevention ☒ Program ☐ Intervention within Program:	The Lead Poisoning Prevention Program promotes the prevention of lead poisoning in children and links lead-poisoned children from birth through 6 years of age to recommended services. The program assists medical care providers and other community members to reduce and prevent lead poisoning by providing case management, local outreach and education, and surveillance of lead testing data. The program recognizes that children under the age of 3 years (36 months) are at greatest risk for lead poisoning.
Delivery Setting	Target Population
Organization/Business/Local Government, Outpatient	Infancy/Early Childhood, Children

Logic Model	Outputs	Outcome(s)
If we provide case management for children with elevated blood lead levels, local outreach and education for providers, families, and the community, lead environmental investigations on selected cases, and track lead testing surveillance data, then Tennessee's rates of elevated blood lead levels in children under 6 should continue to decline.	1. Number of children with blood lead level ≥ 3.5 $\mu\text{g}/\text{dL}$ receiving follow-up case management	1. Number of children under 6 with elevated blood lead level
	2. Number of eligible cases with confirmed blood lead levels being referred to recommended services	

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Reproductive Women's Health



Outcomes

Program/Intervention Name	Description/Additional Information
Reproductive Women's Health ☒ Program ☐ Intervention within Program:	Reproductive and Women's Health promotes the health and well-being of women. Strategies to decrease unplanned and mistimed pregnancies and make sure women get high-quality health care before, during, and after pregnancy and throughout their lifetimes, can help reduce serious health problems and deaths. We use evidence-based strategies such as breast cancer screening, long-acting reversible contraception access, teen pregnancy prevention programs, and preconception education interventions that provide information about the risks and benefits of behaviors that affect a woman's health before, during, and after pregnancy. Additional programs focus on family planning, presumptive eligibility for TennCare, comprehensive cancer control, maternal health innovations, and reducing maternal deaths due to violence.
Delivery Setting	Target Population
Organization/Business/Local Government, Hospital/Treatment Center, Mobile, Outpatient, Workplace, Other Community Setting	Adolescents/Young Adults, Adults, Gender-specific

Logic Model	Outputs	Outcome(s)
If we provide high-quality family planning services, breast and cervical cancer screening services, preventative health screenings, education to adolescents and their families on positive youth development, and education to healthcare providers and communities on maternal health, then teen pregnancy rates, unintended pregnancies, and breast and cervical cancer mortality will decline, resulting in better health outcomes for mothers, babies, and families.	1. Number of individuals served in Family Planning	1. Rate of women reporting their pregnancy as unintended or mistimed
	2. Number of uninsured individuals served in Family Planning	2. Teen pregnancy rate (number of pregnancies for 1000 teenagers 15 to 19 years old)
	3. Number of individuals served in the Tennessee Breast and Cervical Screening Program (TBCSP)	3. Maternal mortality rate (number of deaths per 100,000 live births)
	4. Number of individuals screened for breast cancer from disproportionately burdened populations	
	5. Number of youths reached in teenage pregnancy prevention program	

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Maternal Mortality Review Program



Strong Evidence

Program/Intervention Name	Description/Additional Information
Maternal Mortality Review Program ☒ Program ☐ Intervention within Program:	The Maternal Mortality Review Program identifies and addresses the factors contributing to poor pregnancy outcomes and facilitates state system changes to improve the health of women before, during, and after pregnancy. In particular, all deaths occurring during pregnancy or within a year of pregnancy are reviewed by a multi-disciplinary team to identify contributing factors and make recommendations to prevent future deaths. Recommendations are implemented at the state and local levels.
Delivery Setting	Target Population
Organization/Business/Local Government	Adolescents/Young Adults, Adults

Logic Model	Outputs	Outcome(s)
If we review all pregnancy-associated deaths, identify circumstances leading to the death, and develop recommendations to be implemented in the community and hospital setting, then we will reduce pregnancy-associated deaths.	1. Percent of high-quality recommendations (defined as having the specifics of who, what and when for implementing the recommendation)	1. Pregnancy-associated mortality (per 100,000 live births)
	2. Percent of birthing hospitals participating in AIM (Alliance for Innovation on Maternal Health) projects	2. Pregnancy-related mortality (per 100,000 live births)
	3. Number of deaths reviewed	

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
National Library of Health	Enhancing Obstetric Safety Through Best Practices	Positive impact, several studies

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Community Health Access and Navigation in Tennessee (CHANT)



Strong Evidence

Program/Intervention Name	Description/Additional Information
Community Health Access and Navigation in Tennessee (CHANT) ☒ Program ☐ Intervention within Program:	The Community Health Access and Navigation in Tennessee (CHANT) program is an integrated model of care coordination provided through local health departments. The program serves children and youth with special health care needs, pregnant and postpartum women, children under 21, and families. It provides enhanced patient-centered engagement, assistance with navigating complex systems, and care coordination of medical and social service needs. Families and individuals are connected to available resources which may include reimbursement for medical services and assistance with co-pays, deductibles, and co-insurance.
Delivery Setting	Target Population
Organization/Business/Local Government, Home, Other Community Setting	Infancy/Early Childhood, Children, Adolescents/Young Adults, Adults, Families, Persons with Disability

Logic Model	Outputs	Outcome(s)
If we provide comprehensive care coordination, assisting families through patient-centered engagement to navigate health and social services and connecting them to resources, including reimbursement for medical services and assistance with co-pays, deductibles, and co-insurance, then we will see increases in early and periodic screening, diagnostic, and treatment rates for children; medical and dental access; pregnancy, birth, maternal and child outcomes; and positively impact overall outcomes related to social determinants of health.	1. Number of families enrolled in CHANT	1. Infant mortality rate
	2. Number of participants who successfully complete pre-natal pathways	2. Number of families who schedule and keep annual visit with primary care provider
	2. Number of participants who successfully complete post-natal pathways	
	4. Number of families who receive safe sleep resources to keep infants safe	

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
What Works for Health	Patient navigators	Scientifically supported

Evidence-Based Home Visiting (EBHV)



Strong Evidence

Program/Intervention Name	Description/Additional Information
Evidence-Based Home Visiting (EBHV) ☒ Program ☐ Intervention within Program:	Evidence-Based Home Visiting (EBHV) programs can be an effective early-intervention strategy to improve the health and well-being of children and parents. EBHV provides support and resources to improve family functioning and parenting skills, link families with appropriate social service agencies, promote early learning, and ultimately help new parents provide safe, nurturing environments with greater self-sufficiency. This is done through evidence-based models like Healthy Families America, Parents As Teachers, Nurse Family Partnership, and Maternal Infant Health Outreach Worker (MIHOW) EBHV modalities.
Delivery Setting	Target Population
Home	Infancy/Early Childhood, Families

Logic Model	Outputs	Outcome(s)
If we provide support and resources through home visits, including information on family functioning and parenting skills, linkages to appropriate social service agencies, and early learning resources, then new parents will be better able to provide safe, nurturing environments for their children and children and families should show improvements in health and development outcomes and increased school readiness.	1. Number of families served	
	2. Percent of participants screened for intimate partner violence	
	3. Percent of EBHV caregivers who read, sang songs, or told stories to their child every day	
	4. Percent of participants who use tobacco and received tobacco cessation referrals	

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
*Multiple Sources	There are multiple sources of evidence for each type of program administered; those evidence sources are available upon request.	

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Environmental Epidemiology Program



Outputs

Program/Intervention Name	Description/Additional Information
Environmental Epidemiology Program ☒ Program ☐ Intervention within Program:	Environmental Epidemiology Program (EEP) protects people who live, work, play, and study in Tennessee from harmful chemicals and pollutants. EEP conducts health risk assessments in all 95 counties to make sure harmful chemicals—including at spills, dumps, and waste sites—are properly cleaned up to protect people. EEP leads public education efforts through public meetings, fact sheets, websites, and presentations. EEP works with local, regional, and metropolitan health departments, and with TDEC and other state agencies.
Delivery Setting	Target Population
Organization/Business/Local Government, Other Community Setting	Infancy/Early Childhood, Children, Adolescents/Young Adults, Adults, Families

Logic Model	Outputs	Outcome(s)
If we protect people from pollution, including through health risk assessments and public education efforts such as public meetings, fact sheets, websites, and presentations, then communities will better understand environmental hazards and individuals will enjoy better health outcomes.	1. Number of health risk assessments performed	
	2. Number of people helped by health risk assessments	
	3. Number of childcare facilities screened for environmental hazards	
	4. Number of website visitors	

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Sexually Transmitted Infections



Outcomes

Program/Intervention Name	Description/Additional Information
Sexually Transmitted Infections ☒ Program ☐ Intervention within Program:	The Sexually Transmitted Infections (STI) Program works to prevent STIs in the state of Tennessee. It monitors trends in STIs, ensures patients with STIs receive treatment, and conducts investigations to prevent and slow the spread of STIs. It works with community partners to coordinate prevention activities. The program uses evidence-based approaches including expedited partner therapy and those outlined in the CDC STI Treatment Guidelines.
Delivery Setting	Target Population
Correctional Facility, Home, Outpatient, Other Community Setting	Adolescents/Young Adults, Adults

Logic Model	Outputs	Outcome(s)
If we work to prevent STIs in the state of Tennessee by monitoring trends in STIs, ensuring patients with STIs receive treatment, and conducting outbreak investigations, then we prevent and slow the spread of STIs and improve the health of Tennesseans.	1. Number of syphilis investigations	1. Rate of syphilis in Tennessee
	2. Number of chlamydia investigations	2. Rate of congenital syphilis cases in Tennessee
	3. Number of gonorrhea investigations	

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Viral Hepatitis



Outcomes

Program/Intervention Name	Description/Additional Information
Viral Hepatitis ☒ Program ☐ Intervention within Program:	The Viral Hepatitis Program oversees hepatitis C virus (HCV) prevention, surveillance, linkage to care, and provides clinical support to health departments throughout the state. It includes Tennessee Department of Health (TDH) HCV Project ECHO (Extension for Community Healthcare Outcomes) that builds treatment capacity for adults and children living with hepatitis C. TDH HCV Project ECHO brings together several external subject matter experts with adult hepatitis C, pediatric hepatitis C, and pharmacy expertise to provide didactic presentations and discuss cases submitted by participants. The Viral Hepatitis Program also participates in hepatitis B virus (HBV) prevention and surveillance activities.
Delivery Setting	Target Population
Organization/Business/Local Government, Outpatient, Other Community Setting	Children, Adolescents/Young Adults, Adults, Families

Logic Model	Outputs	Outcome(s)
If we promote prevention, conduct surveillance, provide linkage to care, and build clinical support to health departments throughout the state, then we will identify more Tennesseans living with hepatitis C and will increase treatment capacity statewide which will increase the number of Tennesseans successfully treated for hepatitis C virus and decrease community disease transmission.	1. Number of Tennesseans contacted by a Viral Hepatitis Program Navigator to discuss available resources for HBV or HCV treatment and supportive services	1. Case rate of Tennesseans living with chronic HCV who were reported to the Tennessee Department of Health
	2. Number of health departments treating HCV	2. Percent testing positive for HCV among rapid antibody tests conducted who were reported to the Tennessee Department of Health
	3. Number of rapid antibody HCV tests conducted among external partners and reporting to the Tennessee Department of Health	

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HIV Program



Strong Evidence

Program/Intervention Name	Description/Additional Information
HIV Program ☒ Program ☐ Intervention within Program:	The HIV Program covers prevention , care , and surveillance services. It is designed to lower HIV infection, illness, and death rates for at-risk Tennesseans. Prevention includes condom distribution, PrEP (Pre-Exposure prophylaxis) counseling and care, and education around safe practices. Care involves providing HIV medication and provider visits. Surveillance monitors the ongoing state of HIV in Tennessee.
Delivery Setting	Target Population
Organization/Business/Local Government, Correctional Facility, Mobile, Other Community Setting	Adolescents/Young Adults, Adults

Logic Model	Outputs	Outcome(s)
If we promote prevention, provide care and conduct surveillance services, including condom distribution, PrEP (Pre-Exposure prophylaxis) counseling and care, and education around safe practices and providing HIV medication and provider visits, then we will lower HIV infection, illness, and death rates for at-risk Tennesseans.	1. Number of patients starting PrEP (Pre-Exposure prophylaxis) Services with Health Department clinics	1. Number of people living with HIV
	2. Number of people enrolled in Ryan White services for HIV care	2. Number of positive HIV tests
	3. Number of HIV tests administered per year	3. Percent of Ryan White enrollees with suppressed HIV virus

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
Cochrane Library	Antiretroviral pre-exposure prophylaxis (PrEP) for preventing HIV in high-risk individuals	Positive impacts, several studies

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Vaccine-Preventable Disease and Immunization Program (VPDIP)



Outcomes

Program/Intervention Name	Description/Additional Information
Vaccine-Preventable Diseases and Immunization Program (VPDIP) ☒ Program ☐ Intervention within Program:	The Vaccine-Preventable Diseases and Immunization Program (VPDIP) works to reduce and eliminate the incidence of vaccine-preventable diseases affecting children, adolescents, and adults by raising the immunization coverage rates of Tennessee citizens. VPDIP operates federally-funded vaccine programs, supports providers with voluntary immunization data, and prepares to support communities in the case of disease outbreak.
Delivery Setting	Target Population
Hospital/Treatment Center, Inpatient, Outpatient, Mobile, Other Community Setting	Infancy/Early Childhood, Children, Adolescents/Young Adults, Adults

Logic Model	Outputs	Outcome(s)
If we work to raise the immunization coverage rates of Tennessee citizens through federally-funded vaccine programs, supporting providers with voluntary immunization data, and preparing to support communities in the case of disease outbreak, then we will reduce or eliminate the incidence of vaccine-preventable diseases and, in doing so, improve the health and well-being of Tennesseans of all ages.	1. Number of providers enrolled in vaccines for children program	1. Percentage of children who have received all required vaccines for kindergarten entry
	2. Number of providers trained in annual Immunization Provider Expo	2. Annual incidence of <i>Bordatella pertussis</i> infection (cases per 100,000 population)
	3. Number of COVID vaccines reported by health departments	

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Public Health Emergency Preparedness (PHEP)



Outcomes

Program/Intervention Name	Description/Additional Information
Public Health Emergency Preparedness (PHEP) ☒ Program ☐ Intervention within Program:	The Public Health Emergency Preparedness program ensures readiness for health and medical emergencies through the development of strategic partnerships, plans, exercises, and a continuous quality improvement mindset. The program focus is to demonstrate return on investment for critical infrastructure built over time.
Delivery Setting	Target Population
Organization/Business/Local Government, Hospital/Treatment Center, Inpatient, Outpatient, Mobile, School, Workplace	Adults

Logic Model	Outputs	Outcome(s)
If we ensure readiness for health and medical emergencies through the development of strategic partnerships, plans, exercises and a continuous quality improvement mindset, then communities will be more prepared for public health emergencies such natural disasters, pandemics and other public threats.	1. Number of medical reserve corps volunteer engagement opportunities, including training and response	1. Number of local health departments that are recognized as "Project Public Health Ready"
	2. Number of health and medical alerts to stakeholders	2. Percentage of local health departments that are recognized as "Project Public Health Ready"
	3. Number of responses to public health or medical emergencies (real life not including training exercises)	
	4. Number of medical reserve corps volunteers	

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Waterborne & Zoonotic Diseases Program



Outputs

Program/Intervention Name	Description/Additional Information
Waterborne & Zoonotic Diseases Program ☒ Program ☐ Intervention within Program:	The Waterborne and Zoonotic Diseases Program is responsible for tracking and responding to illnesses from animals and water. It does this by collaborating closely with local health departments, health care providers and laboratories to collect information on any illnesses and investigate outbreaks. It also conducts prevention activities through outreach for individuals who own private wells. We also respond to reports of harmful algae blooms.
Delivery Setting	Target Population
Organization/Business/Local Government, Home, Hospital/Treatment Center	Infancy/Young Adults, Children, Adolescents/Young Adults, Adults

Logic Model	Outputs	Outcome(s)
If we track and respond to illnesses from animals and water by collaborating closely with local health departments, health care providers and laboratories to collect information on any illnesses and investigate outbreaks, and conducting prevention activities through outreach for individuals who own private wells and respond to reports of harmful algae bloom, then we will prevent disease, reduce exposure to environmental hazards, and promote better health outcomes among Tennesseans.	1. Number of Legionella & Crypto case interviews conducted	
	2. Number of zoonotic disease interviews conducted	
	3. Number of well water tests	
	4. Number of harmful algal bloom responses	
	5. Number of zoo and waterborne outbreak responses	

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Tuberculosis Elimination Program



Outcomes

Program/Intervention Name	Description/Additional Information
Tuberculosis Elimination Program ☒ Program ☐ Intervention within Program:	The Tuberculosis Elimination Program provides surveillance, oversight of case management activities and contact investigations, training and education, procurement of anti-tuberculosis medications, and fiscal oversight to health departments throughout the state of Tennessee. Program staff work collaboratively with regional and local health department TB staff to ensure screening, testing, and treatment of individuals with suspected or confirmed active TB disease and TB infection.
Delivery Setting	Target Population
Organization/Business/Local Government, Hospital/Treatment Center	Infancy/Young Adults, Children, Adolescents/Young Adults, Adults

Logic Model	Outputs	Outcome(s)
If we promote detection and prevention of tuberculosis (TB) by providing oversight of case management activities, contact investigations, and training and education on screening, testing, and treatment for TB disease and infection, then we will identify individuals with TB infection sooner and provide treatment to reduce progression to active TB disease, and identify and treat individuals with active TB sooner and decrease transmission within the population.	1. Number of individuals diagnosed with active TB disease	1. Proportion of patients that completed treatment within 12 months
	2. Number of QuantiFERON®-TB Gold (QFT) tests for TB infection drawn in public health departments	2. Percentage of individuals exposed to sputum smear-positive TB cases who complete treatment for TB infection
	3. Number of HIV tests performed as part of QFT testing	3. TB incidence rate (per 100,000)
	4. Number of individuals completed 12-week 3HP regimen for TB infection	
	5. Number of individuals with TB disease that completed treatment within 12 months	

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Uninsured Adult Healthcare Safety Net



Strong Evidence

Program/Intervention Name	Description/Additional Information	
Uninsured Adult Healthcare Safety Net ☒ Program ☐ Intervention within Program:	The Uninsured Adult Healthcare Safety Net Program provides primary care, dental, behavioral/mental health care, and specialty care access to uninsured adults ages 19 to 64 across Tennessee. The program is delivered through Federally Qualified Health Centers, community and faith-based providers, and care coordination service providers.	
Delivery Setting		Target Population
Outpatient, Mobile, Other Community Setting		Adults

Logic Model	Outputs	Outcome(s)
If we provide primary care, dental, behavioral/mental health care, and specialty care access to uninsured adults ages 19 to 64 through Federally Qualified Health Centers, community and faith-based providers, and care coordination service providers, then we will expand equitable access to healthcare across the state, improve the quality of care, and help address chronic conditions and disease.	1. Number of dental clinical encounters provided	
	2. Number of primary care clinical encounters provided	
	3. Number of specialty care clinical encounters provided	
	4. Number of mental health clinical encounters provided	
	5. Number of safety net providers participating in the Quality Improvement Incentive Program	

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
What Works for Health	Federally qualified health centers (FQHCs)	Scientifically supported

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Tennessee State Loan Repayment Program (TSLRP)



Strong Evidence

Program/Intervention Name	Description/Additional Information
Tennessee State Loan Repayment Program (TSLRP) ☒ Program ☐ Intervention within Program:	Tennessee State Loan Repayment Program (TSLRP) provides loan repayment to qualified primary care practitioners in exchange for a two-year service obligation (full or part-time) at a non-profit or private non-profit within an eligible health professional shortage area (HPSA). Loan repayment can apply to a variety of relevant medical school loans, including primary care doctors, dentists, social workers, pharmacists, and others. TSLRP helps to recruit and retain health care providers in areas with limited health care workers to increase equitable access to healthcare for all Tennesseans.
Delivery Setting	Target Population
Outpatient	Infancy/Early Childhood, Children, Adolescents/Young Adults, Adults

Logic Model	Outputs	Outcome(s)
If we help to recruit and retain health providers by providing loan repayment services to doctors, dentists, social workers, pharmacists, and others, in exchange for a two-year service obligation at an eligible health care setting in a health professional shortage area, then we will increase equitable access to healthcare for all Tennesseans.	1. Number of TSLRP grants awarded	
	2. Number of active primary care grantees	
	3. Number of active dentist grantees	
	4. Number of active behavioral health care grantees	

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
What Works for Health	Financial incentives for health professionals serving underserved areas	Some evidence, several studies

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Rural Hospital Improvement Program



Outcomes

Program/Intervention Name	Description/Additional Information
Rural Hospital Improvement Program ☒ Program ☐ Intervention within Program:	The Rural Hospital Improvement Program supports and sustains small rural hospitals through both operational and financial improvement through federal grants from the Health Resources & Services Administration (HRSA). It includes the Medicare Rural Hospital Flexibility (FLEX) Program that works specifically with the Critical Access Hospitals (CAHs) that have 25 beds or less. It also includes the Small Rural Hospital Improvement Program (SHIP) that works with hospitals that have 49 beds or less.
Delivery Setting	Target Population
Hospital/Treatment Center	Infancy/Early Childhood, Children, Adolescents/Young Adults, Adults

Logic Model	Outputs	Outcome(s)
If we provide federal grants from the Health Resources & Services Administration (HRSA) to help support and sustain small rural hospitals, including improving their operations and financial sustainability, then we will keep rural hospitals open and running efficiently, enabling them to continue to provide equitable healthcare access to all Tennesseans.	1. Number of hospitals participating in the FLEX program	1. Number of hospitals that improve in at least one quality improvement core measure
	2. Number of hospitals participating in the SHIP program	
	3. Number of technical assistance sessions on quality improvement	
	4. Number of technical assistance sessions on financial improvement	

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Healthcare Workforce Shortage Designation



Outcomes

Program/Intervention Name	Description/Additional Information
Healthcare Workforce Shortage Designation ☒ Program ☐ Intervention within Program:	The Healthcare Workforce Shortage Designation, within the Primary Care Office, works to find the areas of the state that need health care providers. It does that by maintaining a database of primary care providers within the state and then using mapping technology to create workforce shortage designations, based on federal standards. These designations help increase the number of providers in underserved areas through federal or state loan repayment for providers to work in designated areas (an evidence-based approach) and by providing federal or state resources to health care organizations in those areas.
Delivery Setting	Target Population
Hospital/Treatment Center, Outpatient, Other Community Setting	Infancy/Early Childhood, Children, Adolescents/Young Adults, Adults

Logic Model	Outputs	Outcome(s)
If we designate areas of the state that need health care providers based on federal standards, which facilitates federal or state loan repayment programs within designated underserved areas (and additional federal or state resources), then we will increase the number of providers in underserved areas and, in doing so, improve healthcare access for all Tennesseans.	1. Number of designated areas	1. Number of counties with shortages
	2. Number of providers receiving incentive payments	
	3. Number of organizations with incentivized providers	

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Community Health Worker Program



Strong Evidence

Program/Intervention Name	Description/Additional Information
Community Health Worker Program ☒ Program ☐ Intervention within Program:	The Community Health Worker program funds the recruiting, training, hiring, and retention of community health workers within our community health centers, state health departments and other community / faith-based organizations. The goal is to reduce healthcare workers shortages, develop career pathways for community members in the healthcare field, and more broadly, build community resilience.
Delivery Setting	Target Population
Hospital/Treatment Center, Inpatient, Outpatient, Mobile, School, Workplace, Other Community Setting	Adolescents/Young Adults, Adults

Logic Model	Outputs	Outcome(s)
If we fund the recruitment, training, hiring, and retention of community health workers within our community health centers, state health departments and other community / faith-based organizations, then we will develop career pathways for community members in the healthcare field, reduce healthcare workers shortages, and more broadly, build community resilience.	1. Number of community health workers funded / hired	
	2. Number of community health workers trained	
	3. Number of grants provided	

Evidence	Strong Evidence
Clearinghouse	Evidence Rating
What Works for Health	Some evidence, several studies

Entry Name & Link

[Community health workers](#)

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Nutrition Security and Food Access



Logic Model

Program/Intervention Name	Description/Additional Information
Nutrition Security and Food Access ☒ Program ☐ Intervention within Program:	The Nutrition Security and Food Access Program includes grants to community organizations and local food coalitions to support greater access to nutritious foods within Tennessee communities. That includes support for evidence-based approaches such as nutrition prescriptions and Farmers' Market Nutrition Programs. The program also recruits participants to join a statewide nutrition security collaborative for statewide action planning to address food access issues. These efforts help build coalitions and relationships across sectors to develop cohesive ways to align and address nutrition security and, in doing so, reduce food insecurity in Tennessee.
Delivery Setting	Target Population
Organization/Business/Local Government, Mobile, Outdoor Space, School, Other Community Setting	Infancy/Early Childhood, Children, Adolescents/Young Adults, Adults, Aging Adults, Families

Logic Model	Outputs	Outcome(s)
If we provide grants to community organizations and local food coalitions to support greater access to nutritious foods within Tennessee communities, as well as recruit participants to join a statewide nutrition security collaborative for statewide action planning to address food access issues, then we will reduce the number of food insecure households in Tennessee and, in doing so, improve nutrition-related health outcomes.		

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Faith-Based and Community Engagement



Strong Evidence

Program/Intervention Name	Description/Additional Information
Faith-Based and Community Engagement ☒ Program ☐ Intervention within Program:	Faith-Based and Community Engagement provides enhanced patient-centered engagement, assistance with navigating complex systems, and care coordination of medical and social service needs for minority, rural and vulnerable populations. It does this through outreach workers who attend community events and work with community health partners to connect individuals to services through referrals to community providers and to other resources such as mobile health or dental vans.
Delivery Setting	Target Population
Organization/Business/Local Government, Hospital/Treatment Center, Mobile, School, Workplace, Other Community Setting	Adolescents/Young Adults, Adults, Aging Adults, Businesses/Entrepreneurs

Logic Model	Outputs	Outcome(s)
If we provide enhanced patient-centered engagement, assistance with navigating complex systems, and care coordination of medical and social service needs for minority, rural and vulnerable populations, including through outreach workers who attend community events and work with community health partners to connect individuals to services through referrals to community providers and to other resources, then we will reduce health disparities and improve health outcomes for our most vulnerable Tennesseans.	1. Number of engaged community partners	
	2. Number of outreach events attended	
	3. Number of counties where outreach events attended	

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
What Works for Health	Community health workers	Some evidence, several studies

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Women, Infants, and Children (WIC) Supplemental Nutrition Programs



Pending Panel Review

Program/Intervention Name	Description/Additional Information
Women, Infants, and Children (WIC) Supplemental Nutrition Programs ☒ Program ☐ Intervention within Program:	The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides screening, counseling, and supplemental foods to low-income pregnant and postpartum breastfeeding women and supplemental foods to infants and children at risk due to inadequate nutrition. Through promotion and modification of food practices, this program seeks to minimize the risk of complications to mothers and children, maximize normal development, and improve the health status of the targeted high-risk population.
Delivery Setting	Target Population
Organization/Business/Local Government, Mobile, Other Community Setting	Infancy/Early Childhood, Adolescents/Young Adults, Adults, Gender-specific

Logic Model	Outputs	Outcome(s)
If we provide screening, counseling, and supplemental foods to low-income pregnant and postpartum breastfeeding women and supplemental foods to infants and children at risk due to inadequate nutrition, then we will encourage healthy food choices among participants, minimize the risk of health complications to these mothers and children, maximize normal child development, and improve the long-run health of participating children.	1. Number of WIC participants who received nutrition education	1. Child obesity rates of WIC participants age 2-4
	2. Number of WIC participants who had breastfeeding peer counseling visits	2. Rate of WIC infants that are breastfed
	3. Average number of WIC participants who receive benefits monthly	

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Primary Care



Outputs

Program/Intervention Name	Description/Additional Information
Primary Care ☒ Program ☐ Intervention within Program:	The Primary Care program is designed to address the primary care needs of underserved populations in Tennessee's rural counties. It is imbedded in 54 local health departments within the state. The program provides services designed to diagnose and treat acute and chronic illnesses, and diagnostic testing such as blood pressure screening, pap smears, and immunizations. The target population is 18- to 64-year-olds who are uninsured or underinsured.
Delivery Setting	Target Population
Outpatient	Adults

Logic Model	Outputs	Outcome(s)
If we address the primary care needs of underserved populations in Tennessee's rural counties, including diagnosing and treating acute and chronic illnesses, providing diagnostic testing such as blood pressure screening and pap smears, and providing immunizations, then we will improve the health and wellbeing of those who cannot afford primary care services in a traditional fashion.	1. Number of people served	
	2. Number of immunizations provided	
	3. Number of counties where tele-health services are provided	

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Clinical Dental Services



Strong Evidence

Program/Intervention Name	Description/Additional Information
Clinical Dental Services ☒ Program ☐ Intervention within Program:	The Clinical Dental Services program provides oral health education, emergency and basic dental services to adults and children in health department settings. By providing these services, this program seeks to improve the oral health and ultimately the overall health of Tennesseans.
Delivery Setting	Target Population
Organization/Business/Local Government	Infancy/Early Childhood, Children, Adolescents/Young Adults, Adults

Logic Model	Outputs	Outcome(s)
If we provide oral health education, emergency, and basic dental services to underserved and at-risk adults and children, then oral health outcomes will be improved which will positively impact overall health.	1. Number of emergency, restorative and oral surgery services provided	
	2. Number of preventive services provided	
	3. Number of uninsured patients (private pay)	
	4. Number of TennCare patients	
	5. Number of private insurance patients	

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
What Works for Health	Federally qualified health centers (FQHCs)	Scientifically supported

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School Based Dental Prevention Program (SBDPP)



Strong Evidence

Program/Intervention Name	Description/Additional Information
School Based Dental Prevention Program (SBDPP) ☒ Program ☐ Intervention within Program:	The School Based Dental Prevention Program (SBDPP) is a statewide program targeting children in grades pre-kindergarten through eighth in Title I eligible schools. The program offers preventive services that include, but not limited to, oral health education, oral health screenings, referrals for care, immediate need follow-up, dental sealants, and fluoride applications to children in the school setting. Information regarding TennCare eligibility and the application process is also provided.
Delivery Setting	Target Population
School, Other Community Setting	Infancy/Early Childhood, Children, Adolescents/Young Adults

Logic Model	Outputs	Outcome(s)
If we provide oral health education, oral health screenings, referrals for care, immediate need follow-up, dental sealants, and fluoride applications to at-risk children, then oral health outcomes will be improved which will positively impact overall health.	1. Number of dental sealants provided	
	2. Number of children referred for treatment	
	3. Number of SDF applications	
	4. Number of fluoride varnish applications	

Evidence		Strong Evidence
Clearinghouse	Entry Name & Link	Evidence Rating
What Works for Health	School dental programs	Scientifically supported, several studies

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Hemophilia



Outputs

Program/Intervention Name	Description/Additional Information
Hemophilia ☒ Program ☐ Intervention within Program:	The Hemophilia program assists individuals suffering from hemophilia and other genetic bleeding disorders. The program provides financial assistance to participants in the form of reimbursements to health care providers. It also contracts with four hemophilia treatment centers to provide professional and clinical services to patients.
Delivery Setting	Target Population
Hospital/Treatment Center	Children, Adolescents/Young Adults, Adults

Logic Model	Outputs	Outcome(s)
If we assist individuals suffering from hemophilia and other genetic bleeding disorders by providing financial assistance to participants in the form of reimbursements to health care providers, and by contracting for four hemophilia treatment centers to provide professional and clinical services to patients, then we will improve access to care and quality of life for participants, while helping them avoid crippling, extensive side effects associated with their disorders.	1. Number of participants	
	2. Length of time for completing enrollment (average # of days)	
	3. Length of time for claims processing (average # of days)	

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Renal Health



Outputs

Program/Intervention Name	Description/Additional Information
Renal Health ☒ Program ☐ Intervention within Program:	The Renal Health program assists individuals suffering from End Stage Renal Disease (ESRD) or who are at risk of developing ESRD. The program provides financial assistance to participants in the form of reimbursements to health care providers. It partners with dialysis centers to provide professional and clinical services to patients.
Delivery Setting	Target Population
Hospital/Treatment Center	Children, Adolescents/Young Adults, Adults

Logic Model	Outputs	Outcome(s)
If we assist individuals suffering from End State Renal Disease by providing financial assistance to participants in the form of reimbursements to health care providers, and by partnering with dialysis centers to provide professional and clinical services to patients, then we will improve access to care and quality of life for participants, while helping them avoid crippling, extensive side effects associated with their disorders.	1. Number of participants	
	2. Length of time for completing enrollment (average # of days)	
	3. Length of time for claims processing (average # of days)	

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Healthy Built Environment Grants

 Evidence

Program/Intervention Name	Description/Additional Information
Healthy Built Environment Grants ☒ Program ☐ Intervention within Program:	The Healthy Built Environment Grants program funds the construction or planning projects that promote the physical, mental, and social health of communities, drawing on evidence-based strategies related to access to physical activity opportunities and access to healthy foods. Projects include the establishment of walking tracks, playgrounds, sports facilities, greenways, and parks, all which are available to the public at no cost.
Delivery Setting	Target Population
Organization/Business/Local Government, Outdoor Space, School	Infancy/Early Childhood, Children, Adolescents/Young Adults, Adults, Families

Logic Model	Outputs	Outcome(s)
If we build community spaces that promote physical activity, healthy eating, mental well-being, and social interaction, including walking tracks, playgrounds, sports facilities, greenways, and parks, then people who live in those communities will develop fewer chronic health conditions and live longer, healthier lives.	1. Number of HBE grants completed	
	2. Number of plans developed	
	3. Number of playgrounds built	
	4. Number of parks created or improved	
	5. Number of sports facilities built	

Evidence	Strong Evidence
Clearinghouse	Evidence Rating
*Multiple Sources	There are multiple sources of evidence for each type of program administered; those evidence sources are available upon request.

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