

2024

KNOX COUNTY ★ TENNESSEE

Community Health Improvement Plan (CHIP)



Letter from the Chair

Hello, on behalf of the Community Health Council!

The Council is excited to present the Community Health Improvement Plan (CHIP). The CHIP is a set of three health priorities in Knox County, that have been identified by the council, and each health priority has measurable objectives to track changes. To identify the health priorities, the council went through a rigorous prioritization process using local health data and insight from local experts working toward improvement for each health priority.

Our hope is for the CHIP to serve as a resource and guide for partners who will use this information to improve the health of Knox County. We understand improving the health of our community requires a team effort, so please reach out to us should you have questions, concerns, or suggestions regarding our efforts. We look forward to sharing progress on the goals over the coming years with you, our neighbors.



Lindsey McCreary

CHC Chair





Executive Summary

The CHIP outlines health priorities identified by the Community Health Council (CHC). The three health priorities have been chosen using both qualitative and quantitative data provided by the Knox County Health Department's (KCHD) 2019 Community Health Assessment (CHA), and the upcoming abridged CHA.

The three health priorities are:

- Diabetes
- Adverse childhood experiences (ACEs)
- Cancer

We have specific objectives that incorporate detailed strategies to achieve those objectives. In order to track and measure progress we also list expected outcomes which will help us evaluate progress in the CHIP.

The CHIP was created by the CHC using a prioritization process to identify health issues that the Council could improve, through the reach of their diverse members and the utilization of partnerships. The selection began by identifying the top 10 causes of death in Knox County, as well as the priority health issues ranked by Knox County residents during surveys conducted by the University of Tennessee Social Work Office of Research and Public Service (SWORPS). Additionally, this was compared to the Healthy People 2030 targets and national rates for each of the health priorities. Using this information, as well as data from the upcoming abridged CHA, 10 health issues were chosen based on a scoring rubric utilizing the publicly available information listed above.

The CHC held a prioritization retreat in February 2023 to score all 10 of the health priorities by the factors outlined below:

- Size of the problem
- Seriousness of the problem
- Effectiveness of interventions
- Inequity
- Local resources and organizational positioning

The CHC was provided with qualitative and quantitative data from the abridged CHA to prioritize the health topics given the factors outlined.

Once the top three health priorities were chosen, the CHC convened subject matter experts on each topic to develop goals and objectives for the CHIP. Meeting with community partners and subject-matter experts was instrumental in creating SMARTIE (specific, measurable, attainable, realistic, timebound, inclusive, and equitable) objectives that are relevant to the needs in the community.

As membership grows, our strategies will adapt to ensure community needs are met. We will reflect these changes in annual updates and reports that will showcase our successes, challenges, and adjustments along the way. If you are a member of the CHC, we thank you for your commitment to public health and recognize the hard work and dedication that you display every day.

For additional information please visit healthyknox.org.

Background: Data examined during the CHIP process showed that diabetes is a major health concern in Knox County. Type 1 diabetes is genetic, while Type 2 diabetes can develop over time and is common among those who are overweight. We know that healthy eating habits and increased physical activity are vital to preventing diabetes, specifically Type 2 diabetes. Additionally, the data shows that while Type 1 diabetes is genetic, proper diabetes management is important to a healthy lifestyle overall. Using this data, the CHC made a point to incorporate not only diabetes management, but also equity-focused, upstream solutions such as food access/nutrition and physical activity. Incorporating equity was key in the development of health goals and objectives, as well as in identifying gaps in programming and services in relation to diabetes.

Baseline Data:

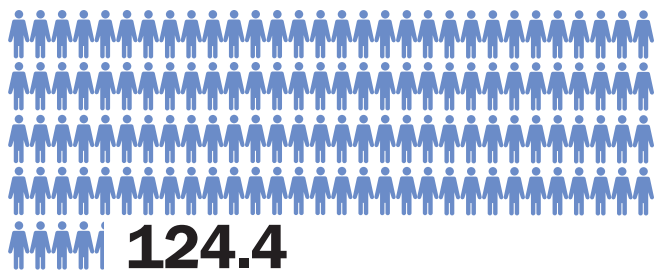
- **Knox County** deaths due to diabetes in 2020:



- **Tennessee** deaths due to diabetes in 2020:



- Average number of deaths based on a five-year average, Knox County, 2015-2019:



Sources: 2016-2018 Knox County Mortality data provided by the Division of Policy, Planning and Assessment; 2019-2020 data: Tennessee Department of Health Statistics (TDOH); 2016-2018 Tennessee data: WISQARS

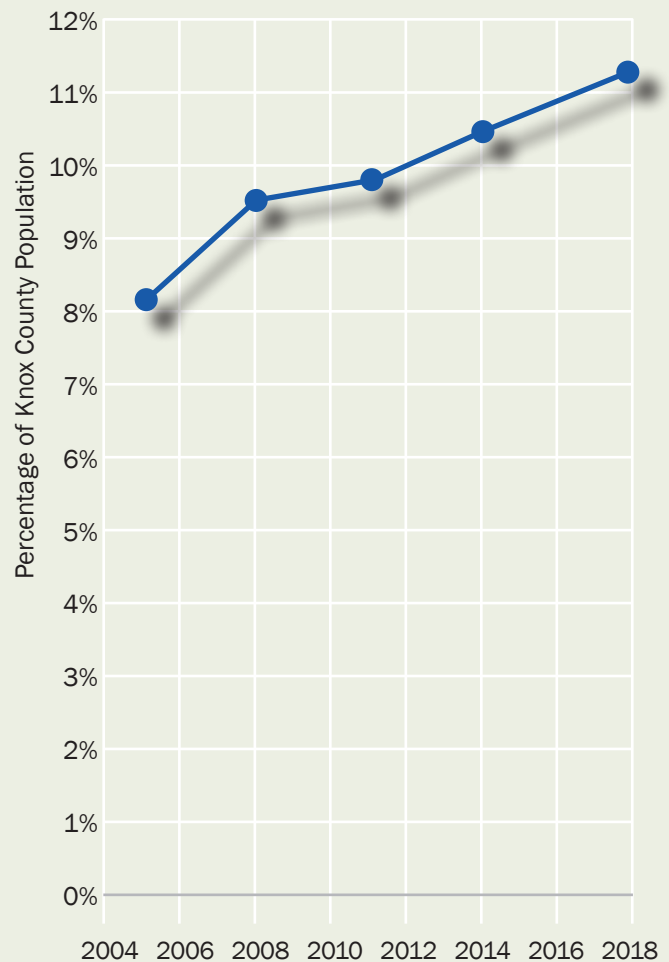
7th

- Based on a five-year average (2016-2020), diabetes is the seventh leading cause of death in Knox County.

Sources: 2016-2018 Knox County Mortality data provided by the Division of Policy, Planning and Assessment, Tennessee Department of Health Statistics; 2019-2020 data: Tennessee Department of Health Statistics

Figure 1.

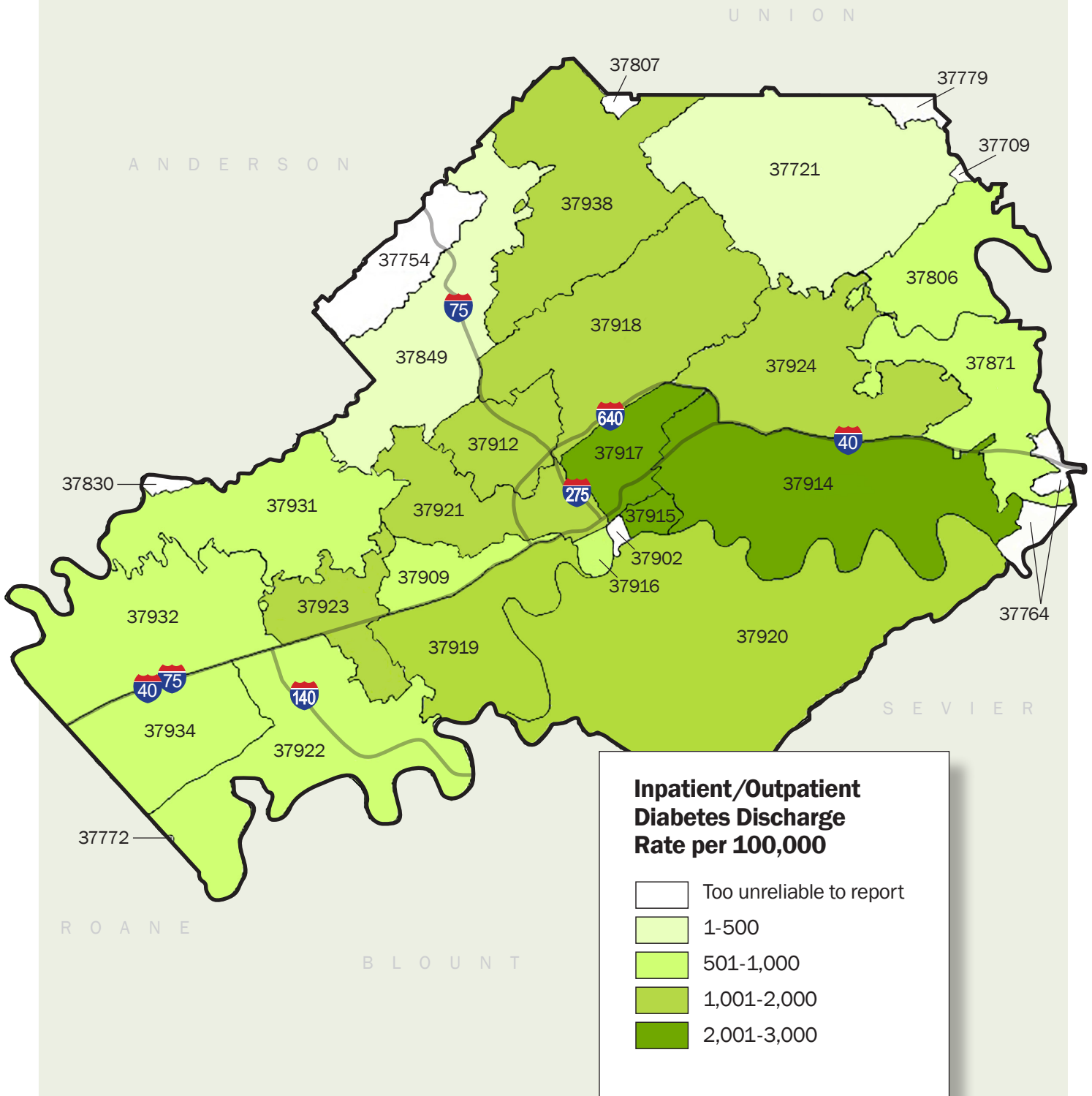
Percentage of adult population ever having diabetes in Knox County



*Source: 2018 Knox County Behavior Risk Factor Survey

Figure 2.

Three-year average inpatient/outpatient discharge rates for diabetes in Knox County by ZIP code



Source: 2019-2021 Knox County Hospital Discharge Data provided by the Division of Policy, Planning, and Assessment, Tennessee Department of Health

GOAL

Increase access and opportunities for active living, healthy eating, and diabetes prevention and management educational resources.

Objective 1

Food Access/Nutrition Focus: Increase access to healthy foods by connecting one additional child care center with the Healthy Habits program, with a focus on low-income areas of Knox County by spring of 2027.

Strategy 1.1: Engage and partner with organizations that have relationships with local farmers, to aid KCHD's Healthy Habits program in providing local fruits and vegetables for taste-testing sites within the first year of the CHIP.

Strategy 1.2: Assist in providing access to Nourish Knoxville's resources (handouts, flyers, informational guides) to be provided at existing or potential Healthy Habits sites throughout the three-year cycle of the CHIP.

Strategy 1.3: Increase access to healthy foods by connecting community-based organizations and at least one food security program with a focus on low-income areas, within the first two years of implementation.

Objective 2

Physical Activity Focus: Increase physical activity opportunities in Knox County parks within areas that have the highest prevalence of diabetes by spring of 2027.

Strategy 2.1: Engage with Knox County Parks & Recreation, KCHD, and Safe Routes to School within the first year to promote programs/activities that incorporate physical activity.

Strategy 2.2: CHC members will engage with stakeholders, within the first year, to identify parks* and recommend policy that will increase physical activity through areas such as park equipment, landscape design, or signage with prompts for physical activity.

*Parks to be identified in areas with the highest prevalence of diabetes (ZIP codes 37914, 37915, 37917)



Objective 3

Diabetes Management Education Focus: Increase KCHD's diabetes management class participation by connecting partners and health care facilities with class information by spring of 2027.

Strategy 3.1: Establish relationships, within the first year, between CHC members and partners within clinical, community, and corporate facilities to introduce the diabetes management classes.

Strategy 3.2: Assist KCHD, throughout the three-year implementation cycle, in promoting the materials available in Spanish by engaging CHC member networks.

Objective 4

Agency Interaction Focus: The CHC will promote and create connections between agencies to increase diabetes screenings in Knox County by spring of 2027.

Strategy 4.1: Facilitate discussion with at least one community partner who provides diabetes screening to aid in providing diabetes services to other agencies, within the three-year implementation cycle.

Background: Adverse childhood experiences (ACEs) are potentially traumatic events in childhood that can have a negative impact on a variety of health behaviors including mental health, tobacco, alcohol, and drug use. The CHC convened a group of partners who utilize trauma-informed care practices to identify where the largest gaps in addressing ACEs exist. Considering there is limited local data available related to ACEs and the prevalence of ACEs among Knox County youth, the CHC sought to aid in creating a trauma-informed community. Instead of incorporating trauma-informed practices after an ACE has occurred, the CHC wants to focus on an upstream solution to childhood trauma in targeted sectors. The focus on providing training for parents, caregivers, after-school programs, justice systems, and health care providers will create an opportunity to equip these sectors to make decisions with a trauma-informed lens, as they interact with children on a multitude of levels.

GOAL

Create a culture of health in Knox County around ACEs and trauma-informed practices and interventions.

Objective 1

Increase ACEs training in various sectors* by acting as a liaison between trainers and at least one agency by spring of 2027.

Strategy 1.1: Create and document a repository of trainers in local agencies, throughout the three-year implementation of the CHIP, in collaboration with Harmony Family Center.

Strategy 1.2: Utilize the repository created to recommend trauma-informed policies in youth-serving agencies, within the three-year implementation cycle.

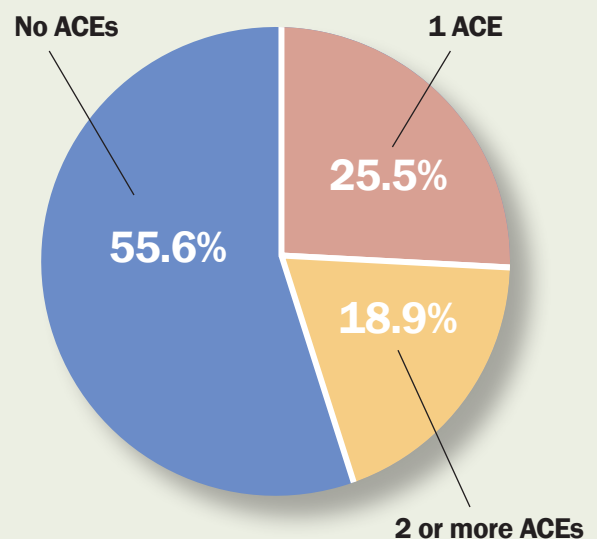
Strategy 1.3: Research and document a resource list of funding opportunities for partner agencies throughout the three-year implementation cycle.

Baseline Data:

- Subject matter experts and community partners spoke on the need for increased ACEs training available.

*Parents, caregivers, after-school programs, justice systems, and health care providers

Figure 3.
Distribution of adverse childhood experiences among high school students



Source: 2022 Knox County Youth Risk Behavior Survey

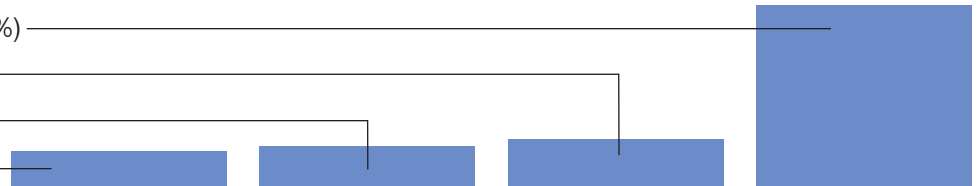
Background: There are many types of cancer, and each have various risk factors. In considering various health priorities, the CHC identified cancer as they noted areas in which education, as well as screening could be more effective in combatting the disease. Additionally, working to increase screening amongst underserved, low-income, and minority populations was a major consideration for the CHC. Knox County residents often seek preventive care such as a mammogram or colonoscopy, but the problem lies in the fact that residents are less likely to seek this care on a regular basis.* Specifically, 4 out of 5 Knox County women report a mammogram screening in the past two years. Additionally, while there is a decrease in home blood stool tests for colorectal cancer screenings, there is a steady pattern of those seeking traditional colonoscopies. The CHC determined that both education on the benefits of regular screening, as well as efforts to promote screening for various cancers is a high priority to create a healthier community. Specifically, breast, lung, and colon cancers are among the top four cancers with the highest mortality rate in Knox County.

*Source: Abridged Community Health Assessment

Baseline Data:

- Out of 95 counties, Knox County has the **59th** highest rate of all cancers during 2015-2019.
- The cancers with the highest mortality rate in Knox County include:

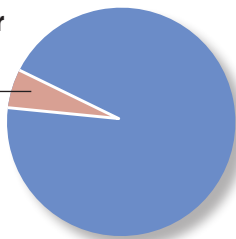
1. Lung and bronchus (52.3%)
2. Pancreas (13.8%)
3. Colorectal (11.9%)
4. Breast (10.2%)



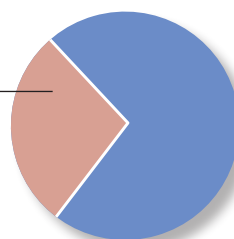
Source: 2019 Knox County Mortality Records provided by the Division of Policy, Planning, and Assessment, Tennessee Department of Health Statistics

Based on 2019 Data:

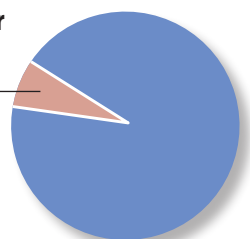
Breast cancer accounted for **5.4%** of mortalities related to cancer.



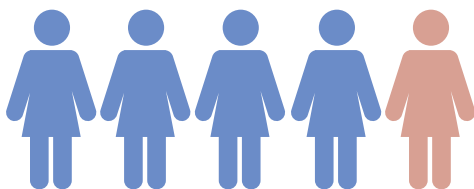
Lung cancer accounted for **27.9%** of mortalities related to cancer.



Colon cancer accounted for **6.3%** of mortalities related to cancer.

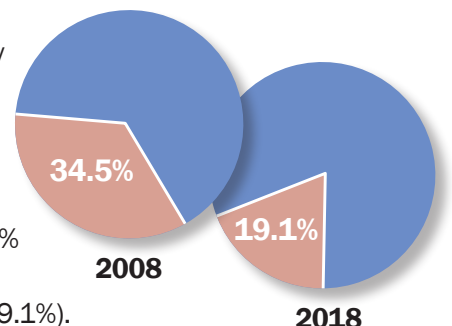


Source: 2019 Knox County Mortality Records provided by the Division of Policy, Planning, and Assessment, Tennessee Department of Health Statistics



- Four out of five Knox County women aged 40+ (81.2%) reported they had a **mammogram screening** in the past two years (based on 2018 data).

- In 2018, 19.1% of Knox County adults aged 50+ reported they used a **home blood stool test** during the past two years. This behavior among Knox County adults has seen a 44.6% reduction in the 11-year span from 2008 (34.5%) to 2018 (19.1%).



Source: KCHD 2018 Knox County Behavioral Risk Factor Survey

GOAL

Increase access to health care, particularly for underserved, low-income, and minority populations.

Objective 1 (Awareness and Education)

The CHC will convene one yearly panel with cancer experts in the community to provide education and awareness on cancers with the highest prevalence in Knox County, by spring of 2027.

Strategy 1.1: The CHC members will communicate with cancer experts (i.e., researchers, physicians, educators), within the first year to organize a panelist group, encourage participation from those working with underserved, low-income, and minority populations.

Strategy 1.2: Increase education and awareness in relation to cancer for underserved, low-income, and minority populations throughout the three-year implementation cycle.



Objective 2 (Screening)

The CHC will promote and create connections between agencies to increase breast, lung, and colon cancer screenings in Knox County, by spring of 2027.

Strategy 2.1: Facilitate discussion with two community partners, within the three-year implementation cycle, already providing services/ screenings to create opportunities to increase screenings in areas of less access (InterFaith Health Center, UT Medical Center).

Acknowledgments

Community Health Council Members:

Katherine Bike, Nourish Knoxville
Liliana Burbano, UT Medical Center
Dr. Caroline Cooley, Bike Walk Knoxville
Dr. Kelly Drummond, City of Knoxville
Lara Fleming, The Trust Company of Tennessee
Pam Frye (past chair), Harmony Family Center
Nicole Gross, American Heart Association
Alicia Jones, Knox County Schools
Dot LaMarche, Town of Farragut
Lindsey McCreary (chair), Honest Medical Group
Marianne McGill, Town of Farragut
Mitch Olszewski, AARP
Kevin Parton, Knox County Health Department
Dr. Javiette Samuel, University of Tennessee

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Wisdom for Your Life.

