



Together!

Healthy Knox

Building a diverse, vibrant community that nurtures good health and quality of life.

Community Health Improvement Plan

for the City of Knoxville,
Knox County and the
Town of Farragut

2013-2014

K n o x C o u n t y
Health Department
 Every Person, A Healthy Person

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Executive Summary



Together! Healthy Knox (THK) is a community-driven health improvement process in Knox County, Tenn., based on the Mobilizing for Action through Planning and Partnerships (MAPP) framework. The Knox County community covers 526 square miles including Tennessee’s third-most populous city of Knoxville. Knox County has a population of 424,000. It is adjacent to the Great Smoky Mountains National Park, and is home to the University of Tennessee. Together! Healthy Knox was convened by the Knox County Health Department in 2010. The first iteration of MAPP was projected to last five years. The process is guided by a Leadership Team made up of representatives from many sectors of the local public health system.

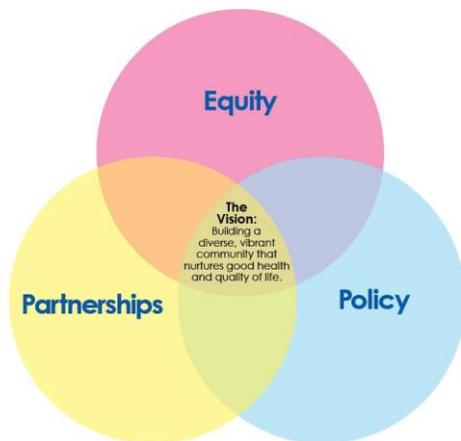
The MAPP process resulted in two separate documents: first, the comprehensive community health assessment (CHA), which is made up of four reports: the Community Health Status Assessment; the Community Themes and Strengths Assessment; the Local Public Health System Assessment; and the Forces of Change Assessment. The second document is the community health improvement plan (CHIP), which will detail the strategic issues that came out of the assessment process and outline goals, strategies, and actions to address these health issues.



Leadership Team members Grant Rosenberg and Carolyn Hansen, and project staffer Lesley Guyot draw connections between health issues in April 2011.

The three strategic issues that resulted from the first iteration of MAPP under THK are:

- How can we achieve equitable health outcomes for all community members?
- How can we create a sustainable network of partnerships that effectively contributes to improved community health?
 - How can we position health as a consideration in community policy and planning decisions?



In May 2011, the THK Leadership Team convened three Action Teams made up of community partners to create a CHIP to address these issues. The CHIP represents a community approach to better health. It will be implemented over an eighteen-month period from January 2013 to June 2014, with a final report issued in 2014 to describe the progress that has been made.

Purpose

Together! Healthy Knox's (THK) mission is "a community approach to better health." The purpose of the community health improvement plan is to bring perspectives and voices from across the community into one strategic plan to address health issues in Knox County, and to implement that plan in a collaborative, community-driven way. Together! Healthy Knox's vision is "building a diverse, vibrant community that nurtures good health and quality of life."

How did we get here?

Together! Healthy Knox is a community-driven health improvement process using the Mobilizing for Action through Planning and Partnerships framework. THK was originally convened by the Knox County Health Department in 2010, and the first cycle of planning and implementation was projected to last five years. Later that same year, the THK Leadership Team was created and took over leadership of the initiative. A Leadership Team membership list can be found on the acknowledgements page at the beginning of this document.

Using the MAPP framework, the THK Leadership Team has worked with Knox County Health Department's support to produce two documents: first, a comprehensive community health assessment that consists of four reports: the Community Health Status Assessment; the Community Themes and Strengths Assessment; the Local Public Health System Assessment; and the Forces of Change Assessment. The second document is the community health improvement plan, which will detail the strategic issues that came out of the assessment process and outline goals, strategies, and actions to address these health issues.

Timeline of the first iteration of MAPP

- | | |
|-------------|---|
| May 2010 | Public meeting <ul style="list-style-type: none">• Knox County Health Department presents data from Community Health Status Assessment and Community Themes and Strengths Assessment to partners.• Asks for volunteers to constitute a Leadership Team to lead the rest of the MAPP process under the new initiative Together! Healthy Knox. |
| July 2010 | THK Leadership Team constituted of representatives from many sectors of the local public health system. |
| August 2010 | THK Leadership Team sets vision through collaborative workshop. |

September-December 2010

THK Leadership Team conducts Local Public Health System Assessment and Forces of Change Assessment.

February 2011

The THK Leadership Team completes the reports for the other two MAPP assessments: the Local Public Health System Assessment and the Forces of Change Assessment.

May 2011

Public meeting

- The THK Leadership Team presents data from the comprehensive community health assessment (CHA) and the strategic issues that were chosen based on CHA data to partners, and
- Asks for volunteers to constitute three Action Teams to address strategic issues.

June 2011-August 2012

Action Teams create the community health improvement plan – the CHIP.

November 2012

Public meeting — the THK Leadership Team and the three Action Teams present the CHIP.

January 2013 The THK Leadership Team becomes the Community Health Council by ordinance of the Knox County Commission, with supporting ordinances and resolutions from the Knoxville City Council and the Farragut Board of Aldermen.

January 2013-June 2014

The Action Teams work to implement the CHIP.

The Community Health Assessment

Community Health Status Assessment

Demographics

The Knox County community covers 526 square miles including Tennessee’s third-most populous city of Knoxville. Knox County has a population of 424,000. Knox County is adjacent to the Great Smoky Mountains National Park, and is also home to the University of Tennessee, Knoxville, the flagship institution of the statewide University of Tennessee system. Between 2000 and 2010, the Tennessee Department of Health estimated population growth of 11.0 percent in Knox County. The U.S. Census predicted a population growth of 9.8 percent in the U.S. during that time. Knox County’s Latino population more than doubled between 2000 and 2008. Table 1 shows characteristics of the county’s population such as age, race, and ethnicity.

Table 1: Knox County Demographics

Knox County, Tenn., Demographics (2008)	
Population	424,000
Persons under 19 years old (2010)	25.1%
Persons 60 years and older (2010)	19.0%
White persons	87.3%
Black persons	8.3%
American Indian or Alaska Native persons	0.3%
Asian persons	1.6%
Persons reporting 2 or more races	2.2%
Persons of Hispanic or Latino origin	2.4%

Socioeconomic Characteristics

Per capita income in Knox County is slightly higher than in Tennessee overall, and is roughly equivalent to the per capita income in the U.S. Income increased as education increased for both males and females, with the greatest difference in income between high school graduates and college graduates. Without considering education, the overall annual median earnings for males was \$13,100 more than for females in 2008. In 2008, the per capita income for white persons was 175 percent that of black persons in Knox County. Between 2000 and 2008, the median household income in Knox County increased more than 20 percent, from \$37,454 to \$45,673.

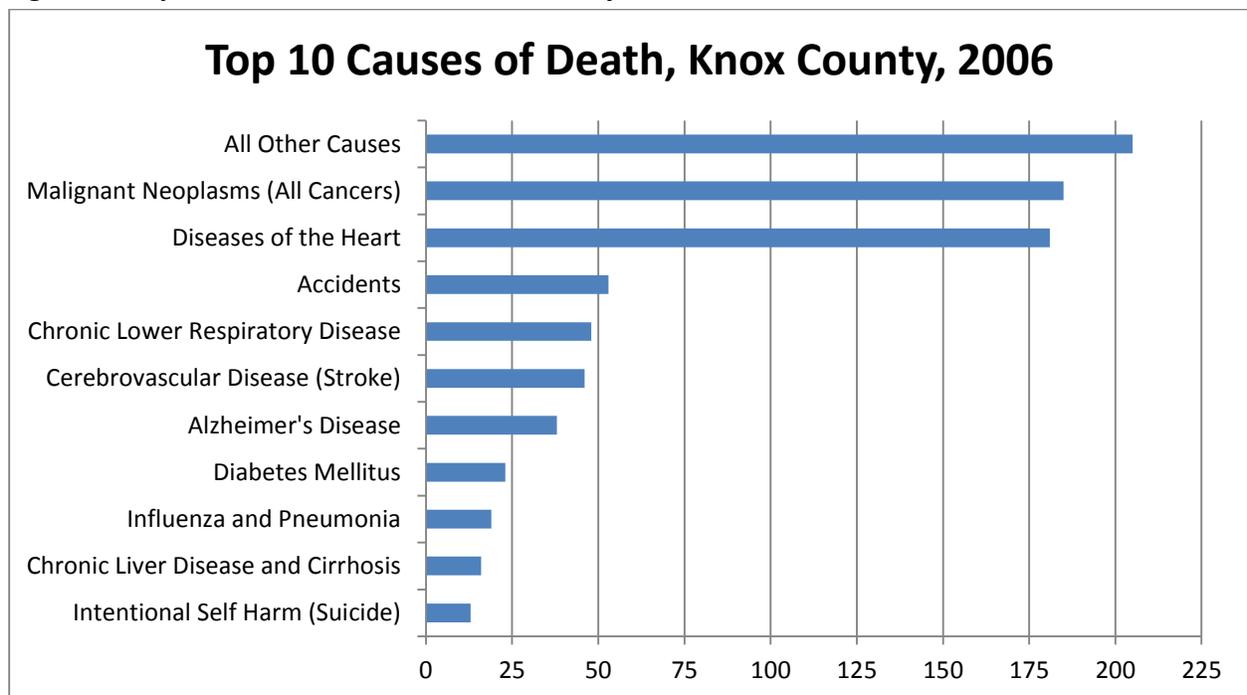
In 2008, approximately 14.5 percent of all people in Knox County were living below the poverty level (compared to 12.6 percent in 2000 and 2007). Of these, approximately 15.3 percent were

under the age of 18. An estimated 9.8 percent of families in Knox County were living below the poverty level in 2008, which is an increase from 8.5 percent in 2007.

Death, Illness and Injury

Figure 1 shows the top ten leading causes of death among Knox County residents in 2006, each rate being measured out of 100,000 population.

Figure 1: Top 10 Causes of Death, Knox County, 2006



Knox County has a slightly higher cancer incidence than Tennessee and the U.S. Of all cancers, lung cancer was by far the biggest killer in Knox County in 2006, with a mortality rate of about 60 per 100,000. This does not meet the Healthy People 2010 target of 44.9 lung cancer deaths per 100,000.

At about 180 per 100,000, mortality due to diseases of the heart in Knox County has been significantly lower than mortality rates for Tennessee for both white and black adults since 2000, and continues to decrease. Even so, Knox County's rate does not meet the Healthy People 2010 target of 166 deaths per 100,000 population.

Although it is the seventh leading cause of death in the county, diabetes is a significant issue in Knox County. According to the 2008 Knox County BRFSS, 9.8 percent of Knox County adult males (increase from 8.3 percent in 2005) and 9.3 percent of adult females (increase from 8.1

percent in 2005) reported being told by a physician that they have diabetes. These rates do not meet the Healthy People 2010 goal of 2.5 percent diabetes incidence.

Access to Health Care and Coverage

According to the 2008 Knox County Behavioral Risk Factor Surveillance System (BRFSS), nearly 90 percent of Knox County adults reported having some kind of health insurance, including HMOs or Medicare. Almost 2 percent of black individuals in Knox County reported having no health insurance compared to 10 percent of white individuals. According to the 2008 BRFSS, 15.4 percent of Knox County adults reported they were unable to see a doctor in the past 12 months due to cost. In addition, 82.8 percent of Knox County adults reported having a personal doctor or health care provider. The Healthy People 2010 target is for 96 percent of persons to have a specific source of ongoing health care.

Behavioral Risk Factors

According to the 2008 Knox County BRFSS, 21.5 percent of Knox County residents reported they were current smokers (slightly higher than the national percentage of 18.3 percent) and 24.8 percent reported being former smokers. The Youth Risk Behavior Survey (YRBS) was administered to Knox County Schools high school students in 2009, and according to that report, 20.4 percent of high school students report being current smokers. Healthy People 2010 goals for tobacco use among adults and teenagers are 12 percent and 16 percent, respectively.

According to the 2005 BRFSS, 20.1 percent of Knox County adults reported engaging in moderate physical activity for at least 30 minutes per day. This is lower than the Healthy People 2010 goal of 30 percent. In the 2008 BRFSS, 23.7 percent of adults reported no leisure time physical activity in the 30 days before the survey.

In 2008, 28.3 percent of Knox County adults reported being obese. Though this is similar to the national level, the Healthy People 2010 goal is to reduce the proportion of adults who are obese to 15 percent. More than one-fourth (30.4 percent) of Knox County Schools high school students were either obese or overweight as reported in the 2009 YRBS, which does not meet the Healthy People 2010 goal of reducing the proportion of children and adolescents (ages 6 to 19) who are overweight or obese to 5 percent.

Though the BRFSS does not collect data on adult illicit drug use, the 2009 YRBS indicated that 23.3 percent of Knox County Schools high school students had used marijuana at least once in the past 30 days. Also in the 2009 YRBS, 22.6 percent of high school students reported binge drinking on at least one occasion during the last 30 days. Neither of these rates meet the

Healthy People 2010 goal of 89 percent of adolescents not using alcohol or illicit drugs during the past 30 days.

Social and Mental Health

Overall, 6.2 percent of Knox County adults reported that they were dissatisfied or very dissatisfied with their lives in the 2005 BRFSS. The percentage of adults who reported that they were either dissatisfied or very dissatisfied with their lives appears to decrease as household income increases. These differences are significant. The rate of suicide in Knox County in 2006 was 13.1 per 100,000 population, which does not meet the Healthy People 2010 target of 5 per 100,000.

Maternal and Child Health

The infant mortality rate for Knox County in 2006 was 6.5 deaths per 1,000 live births, which falls below the rate for both Tennessee and the U.S. as a whole, but still exceeds the Healthy People 2010 goal of 4.5 deaths per 1,000 live births. Also in 2006 in Knox County, about 9.8 percent of babies were born with low birth weight, which exceeds the Healthy People 2010 goal of 5 percent. There is significant racial disparity in Knox County in the incidence of low birth weight, affecting over 13 percent of black newborns and just over 8 percent of white newborns. Data from 2000 to 2006 indicate that Knox County's percentage of premature births is comparable to that of the US as a whole, about 13 percent, which does not meet the Healthy People 2010 target of 7.6 percent. About 70 percent of Knox County mothers received adequate prenatal care in 2006, well below the Healthy People 2010 target of 90 percent.

Immunizations

In Knox County in 2008, 76.3 percent of adults over age 65 reported that they had received an influenza vaccine, and 73.6 percent reported they had received a pneumonia vaccine. These numbers fall short of the Healthy People 2010 goal of 90 percent for both vaccines among adults older than 65.

Community Themes and Strengths Assessment

The Knox County Health Department used surveys, focus groups and key informant interviews to collect data for this assessment about community perceptions of health and quality of life in Knox County. More than 3,000 county residents completed the survey, and nine focus groups and 27 key informant interviews were conducted.

Nearly three-quarters of respondents were satisfied or very satisfied with quality of life in Knox County, though only 46 percent were satisfied or very satisfied with economic opportunity.

More than half, 60 percent, were satisfied or very satisfied with health care resources in Knox County. Survey responses indicate that community members perceive obesity, cancers, and heart disease and stroke as the three most important health problems in the county, identified by 52 percent, 30 percent and 30 percent of respondents, respectively. Respondents indicated that low crime (identified by 54 percent of respondents), good schools (37 percent of respondents), and good jobs (34 percent of respondents) were the top three most important factors for a healthy community.

Focus group participants were asked to name the most pressing health related problems in Knox County. The most frequently mentioned issues were:

- Access (to affordable food, affordable housing, health education and information, health insurance, jobs, physical activity, and to social and government services for children and seniors)
- Attitudes and values of the community
- Hypertension, stroke and heart disease
- Cost of health care and prescriptions
- Smoking
- Health education and promotion
- Drug and substance abuse

Key informants were asked to name the most critical health and quality of life issues in the county, and several common issues emerged:

- Lack of access to health care
- Lack of access to healthy food
- Health education
- Health behavior and problems
- Obesity
- Physical activity
- Substance abuse
- Prescription drug abuse
- Communication and information
- Mental health needs
- Disparities
- Barriers to change
- Attitudes and values of the community
- Policy
- Leadership

- Program life cycles
- Education
- Environment

Focus group participants were also asked to identify strengths and resources of the community. The greatest strength and resource seen by some focus group participants was community involvement. Access, though consistently mentioned as a major issue for a healthy community, was also seen as one of Knox County's greatest strengths and resources. Additional strengths and resources included availability of health care programs and activities, attitudes and values of the community, government services, communication and information, education, and the environment.

Key informants also named many community strengths and assets:

- An improving and good quality of life
- Abundant affordable housing
- Positive attitudes and values of the community
- High community involvement
- Good schools and education
- Good social and government services
- Improved greenways and exercise areas
- Political will and motivation
- Improvement of public health policies, like banning smoking from public areas
- Increased accountability
- A strong food pantry network to feed the hungry
- Natural resources and recreational areas
- Health education

Forces of Change Assessment

The Together! Healthy Knox Leadership Team conducted the Forces of Change Assessment in October and November 2010, with the support of the Knox County Health Department. During this assessment the twenty members of the Leadership Team used brainstorming techniques to identify trends, factors, and events that impact the health of our community. The top five most impactful forces of change identified, in order of most impactful to less impactful, were:

1. High prevalence of physical inactivity, poor nutrition, and bad health habits leading to obesity and chronic disease
2. Economic recession
3. Increased understanding and recognition of connections between health outcomes and policy, systems, and environment change
4. Federal health care reform
5. Aging population

The other forces of change identified, in no particular order, were:

- Regionalism, municipalities working together
- Elevated sense of fear
- Changing social norms and new, diverse family models
- Increased access to technology
- Growing Hispanic population
- Turnover in political leadership at all levels
- Decreasing trust in government
- New emphasis on going green, sustainability becoming the norm
- Increased academic standards and expectations as a result of Knox County Schools' strategic planning process and the awarding of federal Race to the Top grant money to Tennessee
- Rising health care costs
- Increased usage of electronic medical and health records by hospitals and health systems
- Emerging and re-emerging infectious diseases
- Shortage of primary health care physicians and registered nurses

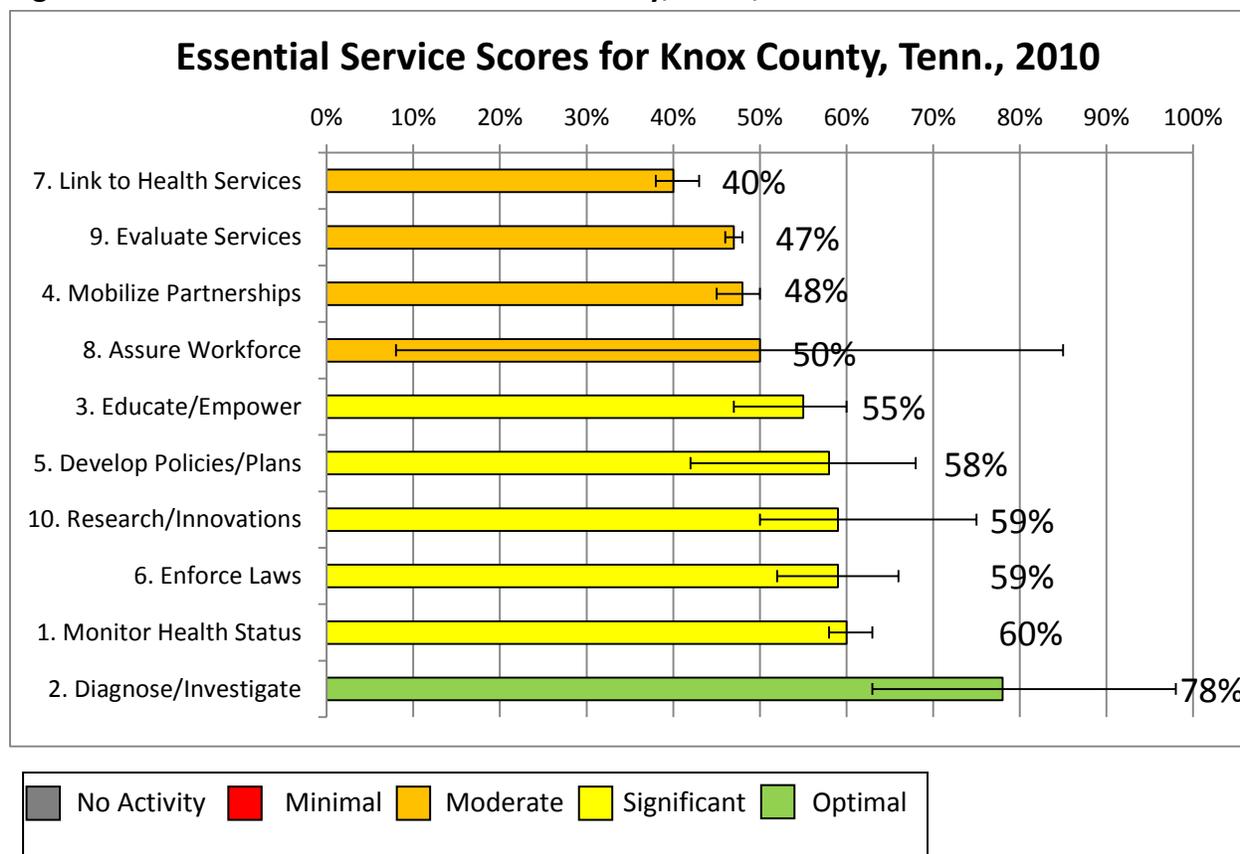
Local Public Health System Assessment

The THK Leadership Team conducted the Local Public Health System Assessment in December 2010, using the National Public Health Performance Standards Program (NPHPSP) local instrument (version 2.0) created by the Centers for Disease Control and Prevention with national partners. The purpose of this assessment was to evaluate the level at which the local public health system in Knox County provides the ten essential services of public health to the community. The local public health system is made up of all entities with a role to play in health. It includes not only the health department, but other governmental agencies, health care providers, human service organizations, schools and universities, faith institutions, youth development organizations, economic and philanthropic organizations, environmental agencies, and many others. More than 70 representatives from 48 local public health system organizations completed the NPHPSP in a five-hour session held Dec. 6, 2010. The findings rated the Knox County local public health system's delivery of the ten essential public health services to the community (see Figure 2). The ten essential public health services are:

1. Monitor health status to identify and solve community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services, and assure the provision of health care when otherwise unavailable
8. Assure a competent public and personal health care work force
9. Evaluate effectiveness, accessibility and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems

Figure 2 summarizes the Knox County local public health system’s scores for delivering all ten essential services of public health.

Figure 2: Essential Service Scores for Knox County, Tenn., 2010



There are five categories of performance activity, from no activity to optimal activity. Bars in Figure 2 are color-coded to indicate the level of performance of Knox County’s local public health system for each essential service. The range lines on each bar show the range of responses for each essential service.

Knox County’s local public health system scored in the moderate activity range or above on all ten essential services. Within the lowest rated area of performance, essential service 7 (linking people to needed health services), the greatest deficiencies included assessment of personal health services available to populations who experience barriers to care and coordination of personal health and social services.

Essential service 9 (evaluating personal and population-based health services) was the second-lowest rated area of performance. Specific deficiencies were noted in periodic evaluation of the local public health system, assessing client and community satisfaction with health services,

and using data from evaluation of personal and population health services for planning purposes.

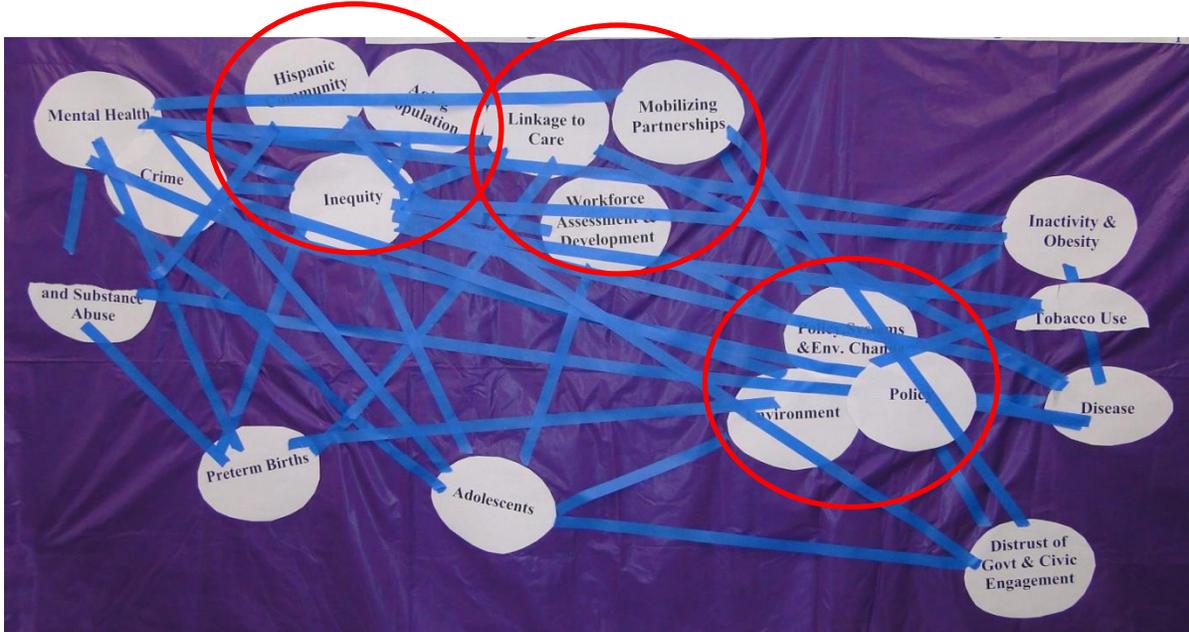
Process: Identifying Strategic Issues

Together! Healthy Knox began under the Knox County Health Department in 2010 by conducting the first two parts of the comprehensive community health assessment: the Community Health Status Assessment and the Community Themes and Strengths Assessment. The THK Leadership Team was formed in May 2010 to take over leadership of THK, including representatives from many sectors of the local public health system: government, nonprofits, business and others. The Leadership Team established a vision — “building a diverse, vibrant community that nurtures good health and quality of life” — and completed the final two parts of the community health assessment: the Local Public Health System Assessment and the Forces of Change Assessment.

In March and April 2011, the Leadership Team synthesized the assessment data into strategic issues. They began in March by working in pairs to identify significant data points or themes from the community health assessment reports. In total, Leadership Team members submitted more than 200 significant data points and themes. At the March meeting, the Leadership Team grouped these data points into a list of 17 significant community health issues:

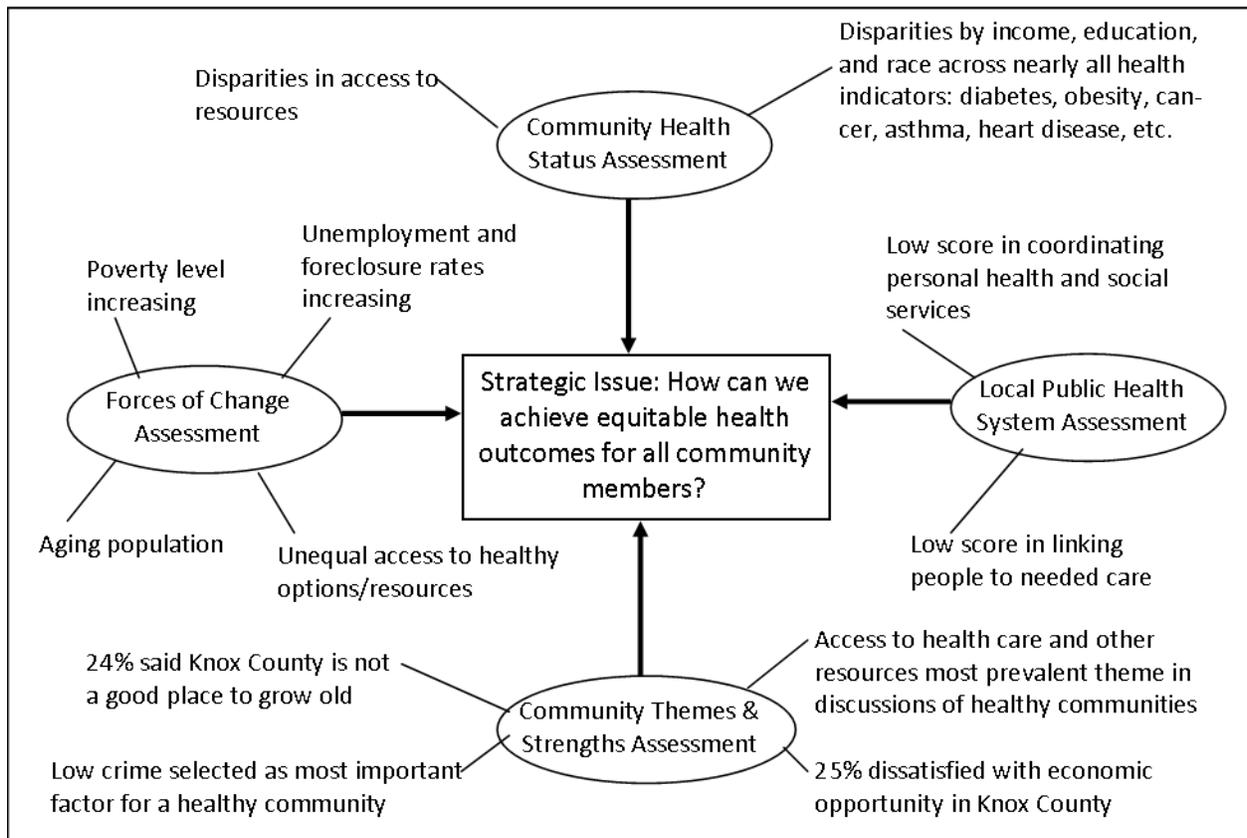
1. Disease
2. Adolescents
3. Inactivity and obesity
4. Tobacco use and substance abuse
5. Environment
6. Crime
7. Hispanic community
8. Distrust of government and civic engagement
9. Mobilizing partnerships
10. Linkage to care
11. Policy
12. Workforce assessment and development
13. Aging population
14. Preterm births
15. Mental health
16. Inequity
17. Policy, systems and environment change

At the April meeting, the team used tape on a “sticky wall” to brainstorm connections between these health issues with the idea that “hub” issues would emerge — issues that are connected to most others in some way, where improvement could result in a significant ripple effect across the community. Afterward, the THK Executive Team used the data included under each category in each of the three hubs to develop a strategic issue that, if addressed, would result in improvements to as many of the indicators as possible mentioned under those categories.



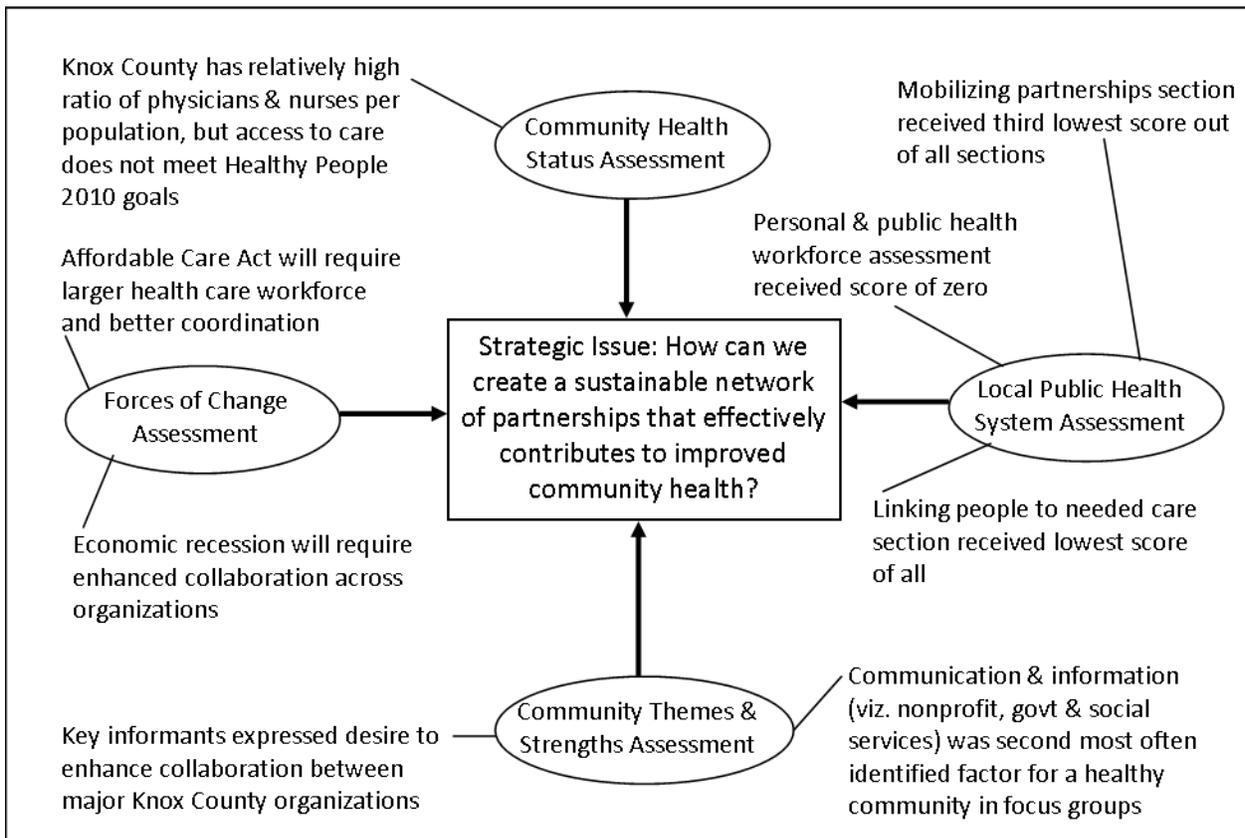
Equity Hub

The first hub that emerged included the categories “Inequity,” “Hispanic community,” and “Aging population,” and was connected to nearly all other categories. This hub became the strategic issue of **equity: how can we achieve equitable health outcomes for all community members?** This relationship diagram shows significant assessment data identified by Leadership Team members that feed into this strategic issue:



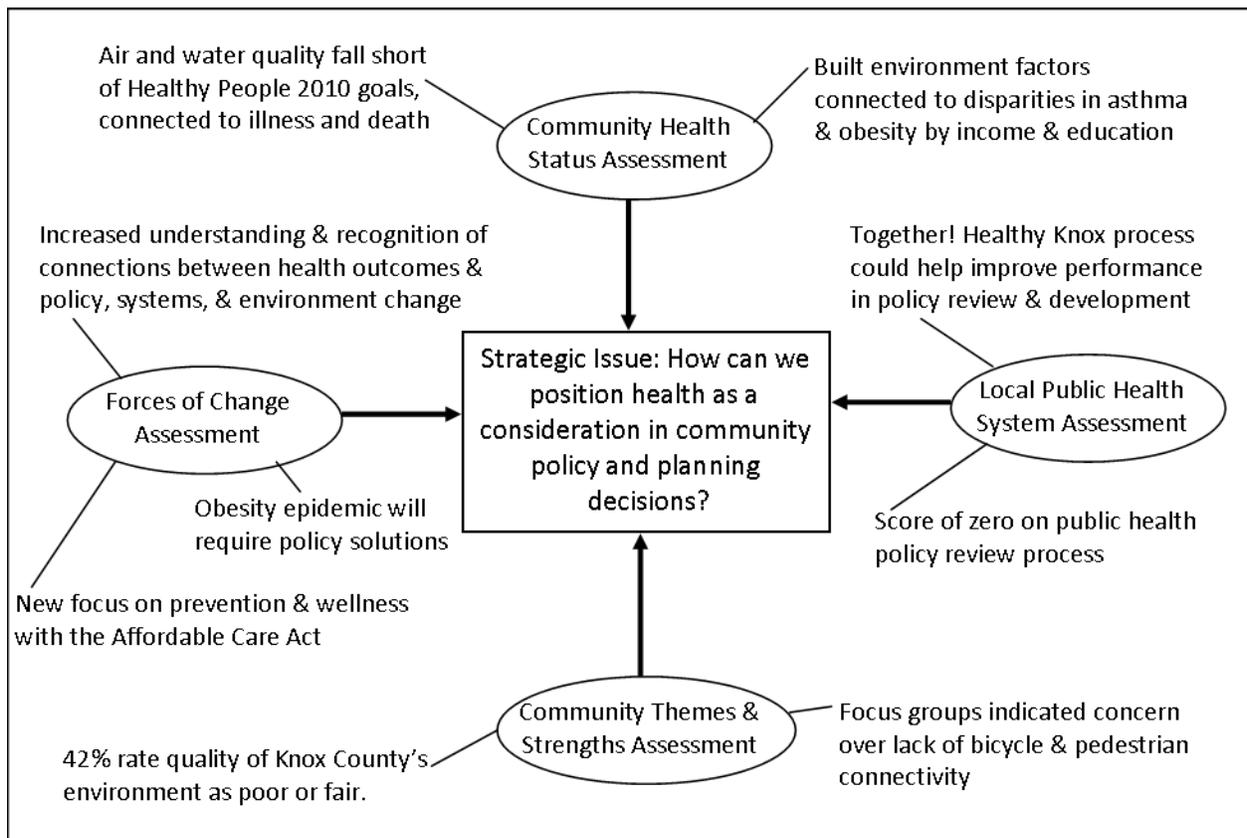
Partnership Hub

The second hub that emerged included the categories “Mobilizing partnerships,” “Linkage to care,” and “Workforce assessment and development,” and was connected to nearly all other categories. This hub became the strategic issue of **partnerships: how can we create a sustainable network of partnerships that effectively contributes to improved community health?** This relationship diagram shows significant assessment data identified by Leadership Team members that feed into this strategic issue:



Policy Hub

The third hub that emerged included the categories “Policy,” “Policy, systems and environment change,” and “Environment” and was connected to nearly all other categories. This hub became the strategic issue of **policy: how can we position health as a consideration in community policy and planning decisions?** This relationship diagram shows significant assessment data identified by Leadership Team members that feed into this strategic issue:



The full community health assessment and the three strategic issues were presented at a public meeting in May 2011, and partners were asked to volunteer to join one of three Action Teams, each focusing on one of the strategic issues. Action Teams spent just over one year creating the community health improvement plan: identifying goals and strategies, and specifying actions.

Process: Formulating Goals and Strategies

All three Action Teams began meeting in the summer of 2011, and began their work by looking at the specific community health assessment data that informed their respective strategic issues. Each Team spent the next twelve months formulating goals:

Equity:

- Use existing health assessment data to identify neighborhoods in Knox County with the greatest challenges to health.
- Increase awareness of how inequity impacts health outcomes at all levels of the community.
- Engage the identified neighborhoods to assess root causes and improve health outcomes.

Partnerships:

- Promote alignment among partners in order to connect, educate and empower people to improve their health.

Policy:

- By Sept. 15, 2013, at least 30 local elected and appointed officials will sign a pledge to place health as a consideration in policy and planning.
- By September 2013, increase the number of statewide healthy living policies in Tennessee.
- By September 2013, increase the number of healthy living policies in Knox County, Tennessee.

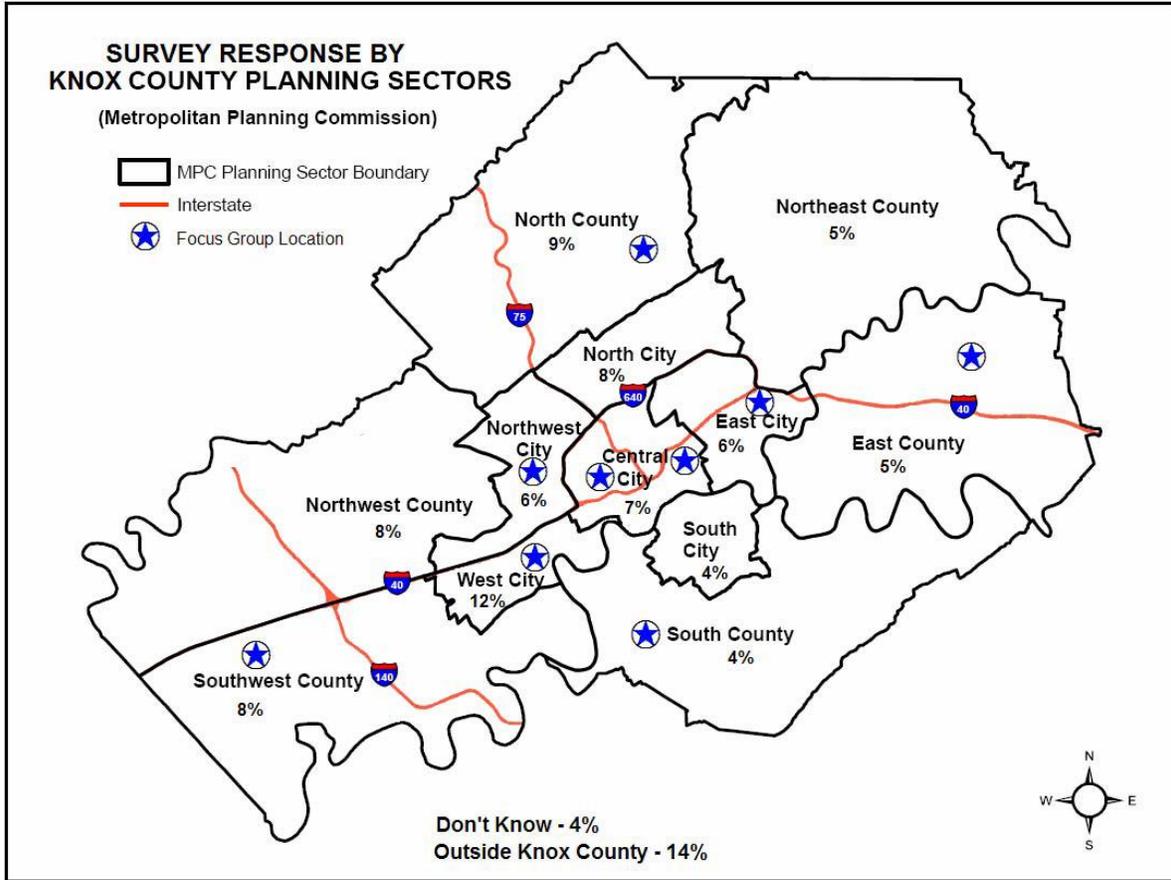
Each team's strategies, objectives and actions can be found in the following pages.

Process: Involving the Community at Large

The Together! Healthy Knox Leadership Team and Knox County Health Department worked to involve the community at large throughout the process, starting with the community health assessment:

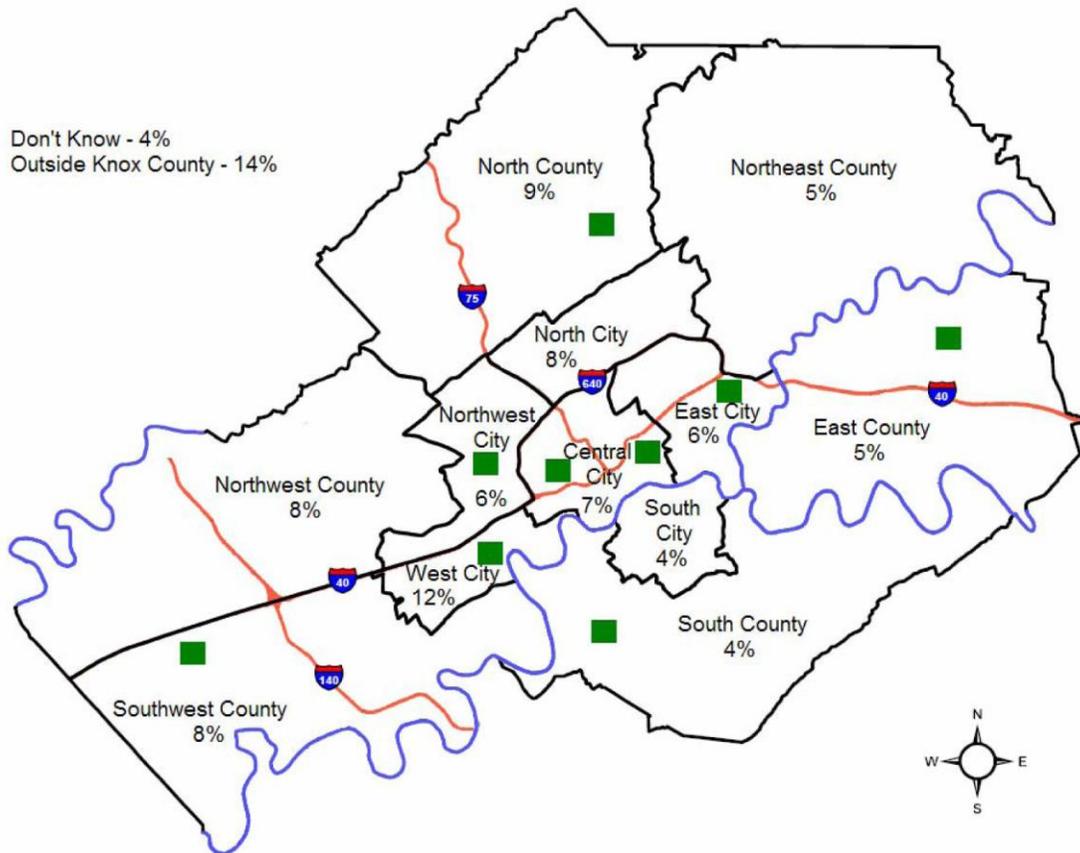
- The Local Public Health System Assessment was completed in a five-hour session on Dec. 6, 2010, with 70 representatives from 48 local public health system organizations participating. Sectors represented include government, business, nonprofits, recreation, health care providers, philanthropy, social services, education, criminal justice and law enforcement, environment, faith, media and mental health.

- The Community Themes and Strengths Assessment report contains data from more than 3,000 survey responses from community members. The following map shows the percentage of respondents who reside in each of the Metropolitan Planning Commission planning sectors of Knox County.



- The Community Themes and Strengths Assessment report also contains data gathered from nine focus groups located throughout the county as shown on the following map.

Focus Group Locations



Community health assessment data informed the selection of strategic issues and the goals and strategies in the final community health improvement plan.

A series of public meetings was also held to inform the community at large about the THK process, and encourage their involvement:

- May 2010: first half of community health assessment data presented, volunteers sought for THK Leadership Team
- May 2011: full community health assessment data presented, volunteers sought for Action Teams
- November 2012: community health improvement plan presented

Conclusion

The full community health improvement plan was presented at a public meeting in November 2012. The implementation period is projected to last 18 months (January 2013 to June 2014), during which Action Teams will work with support staff from Knox County Health Department to implement the community health improvement plan. A final report outlining successes and challenges will be generated at the end of the implementation period.

The THK Leadership Team will soon become the Community Health Council (CHC) serving the City of Knoxville, Knox County and the Town of Farragut. An ordinance is currently being drafted by the Knox County Commission to formally establish the CHC, with supporting resolutions and ordinances also being drafted by the Knoxville City Council and the Farragut Board of Aldermen.

Community Health Improvement Plan

Strategic issue: Partnerships

How can we create a sustainable network of partnerships that effectively contributes to improved community health?

Goal: To promote alignment among partners in order to connect, educate and empower people to improve their health.

Aligns with the National Prevention Strategy, Clinical and Community Preventive Services No. 5: Reduce barriers to accessing clinical and community preventive services, especially among populations at risk. (<http://www.surgeongeneral.gov/initiatives/prevention/strategy/clinical-and-community-preventive-services.html>) and National Prevention Strategy, Empowered People No. 1: Provide people with tools and information to make healthy choices (<http://www.surgeongeneral.gov/initiatives/prevention/strategy/empowered-people.html>)

Strategies	Objectives	Actions	Who
Enhance access to and knowledge of the local service directory, 211.	By Feb. 28, 2013, create a letter of understanding that includes a specific request for enhancement of the 211 system around funding, access points, functionality, and a marketing strategy to be presented to the THK Leadership Team.	Create marketing strategy to raise awareness that 211 is an essential piece of local infrastructure, and we should make the most of the possibilities it holds.	Partnerships ActionTeam and 211
		Create list of recommendations for 211 website, possible smart phone app, and other access points.	Partnerships ActionTeam and 211
Expand and improve the information available through 211.	By Sept. 1, 2013, create a proposal for enhancement of 211 around funding, access points, functionality, marketing, and additions to 211's form for gathering information from service providers.	Assess scope of information that is currently provided in 211 database, recommend additions to make information complete for community members and referrers using 211.	Partnerships ActionTeam and 211

Strategic issue: Partnerships (continued)

How can we create a sustainable network of partnerships that effectively contributes to improved community health?

Goal: To promote alignment among partners in order to connect, educate and empower people to improve their health.

Strategies	Objectives	Actions	Who
Expand and improve the information available through 211.	By Oct. 1, 2013, create a list of organizations whose information is missing from 211's database.	Use existing resources to identify organizations whose information is missing from 211 database	Partnerships Action Team and 211 staff
Expand and improve the information available through 211.	By Feb. 28, 2014, collect information from all organizations identified as missing from 211's database and feed into 211.	Collaborate with 211 to contact organizations about including their information in the 211 database.	Partnerships Action Team and 211 staff
Provide networking opportunities to the organizations of the local public health system.	By spring 2014, host a partnership summit to show partnership opportunities and connect non-profits, for-profits, and funding agencies; provide educational opportunities; and connect and align resources.	Contact organizations that currently run networking sessions to find out more about format and possible collaboration	Partnerships Action Team and 211 staff
		Develop outcome-based plan for partnership summit, present to the Chamber to get support from business community	Partnerships Action Team and 211 staff

Strategic issue: Policy

How can we position health as a consideration in community policy and planning decisions?

Goal 1: By Sept. 15, 2013, at least 30 local elected and appointed policymakers in Knox County, Tenn., will sign a pledge to place health as a consideration in policy and planning.

Aligns with the National Prevention Strategy, Healthy and Safe Community Environments No. 4: Integrate health criteria into decision making, where appropriate, across multiple sectors (<http://www.surgeongeneral.gov/initiatives/prevention/strategy/healthy-and-safe-community-environments.html>)

Strategies	Objectives	Actions	Who
Raise public awareness of health as a policy issue.	By September 2013, implement a public marketing campaign for health policy in Knox County.	Develop and release an RFP to solicit applications from local communications firms to create this marketing campaign.	Pioneering Healthier Communities (PHC) team
		Choose one communications firm from the applications received and collaborate to craft public marketing campaign.	PHC team and communications firm

Strategic issue: Policy (continued)

How can we position health as a consideration in community policy and planning decisions?

Goal 2: By September 2013, increase the number of state-wide healthy living policies in Tennessee.

Strategies	Objectives	Actions	Who
Support the Tennessee Obesity Taskforce's legislative agenda.	By September 2013, Knox County PHC will play an active role in supporting one successful policy change as part of the Tennessee Obesity Taskforce legislative agenda.	Choose one Policy Action Team member to join the Tennessee Obesity Taskforce and participate in setting the TOT legislative agenda.	Policy Action Team
		This Policy Action Team member will communicate the TOT legislative agenda to the policy action team and its partners.	Policy Action Team
		Establish a legislative alert system so that partners know when critical policy decisions are being made in the legislature, and can voice their opinions to legislators.	Policy Action Team

Strategic issue: Policy (continued)

How can we position health as a consideration in community policy and planning decisions?

Goal 3: By September 2013, increase the number of healthy living policies in Knox County, Tenn.

Aligns with Healthy People 2020, PA-15: Increase legislative policies for the built environment that enhance access to and availability of physical activity opportunities (www.healthypeople.gov, topics and objectives under Physical Activity)

Strategies	Objectives	Actions	Who
Build capacity on a local level for policy advocacy.	Educate and improve confidence and skill of Policy Action Team members and partners in advocating for policy change.		Policy Action Team
Advocate for specific policy changes in the public sector.	By September 2013, the Knox County THK Policy Action Team will play an active role in supporting at least one substantial policy change in the governmental sector in Knox County, Tenn.	Identify specific local public policy priorities for advocacy.	Policy Action Team
		Identify and train messengers to advocate with local leaders and other target audiences in support of these policy changes.	Policy Action Team
		Monitor progress and alter course as needed.	Policy Action Team
Advocate for specific policy changes in the private/non-governmental sector.	By September 2013, the Knox County THK Policy Action Team will play an active role in supporting at least one substantial policy change in the private/non-governmental sector in Knox County, Tenn.	Identify specific local private policy priorities for advocacy.	Policy Action Team
		Identify and train messengers to advocate with local businesses or leaders and other target audiences in support of these private policy changes.	Policy Action Team
		Monitor progress and alter course as needed.	Policy Action Team

Strategic issue: Equity

How can we achieve equitable health outcomes for all community members?

Goal 1: Use community health assessment data to identify neighborhoods with the greatest challenges to health.

Aligns with the National Prevention Strategy, Elimination of Health Disparities No. 3: Increase the capacity of the prevention workforce to identify and address disparities

(<http://www.surgeongeneral.gov/initiatives/prevention/strategy/elimination-of-health-disparities.html>)

Strategies	Objectives	Actions	Who
Assess severity of challenges to health across neighborhoods and/or sectors in Knox County, and create maps to tell the story of inequity and its effects on health.	By February 2013, create at least two health indicator density maps to illustrate geographical areas with the greatest challenges to health.	Consult the KCHD epidemiology department to determine which indicators best illustrate the nature and extent of health inequity across neighborhoods.	KCHD staff
		Determine the most appropriate geographic divisions to use in mapping (planning sector, school zones, etc.)	KCHD staff
		Overlay indicator data onto chosen geographic divisions to create density maps.	KCHD staff
Prepare for targeted community engagement.	By March 2013, use maps created to select 2 to 5 neighborhoods in which to begin community engagement.	Determine criteria for selecting neighborhoods for community engagement.	
		Decide on a final number of neighborhoods for community engagement work.	

Strategic issue: Equity (continued)

How can we achieve equitable health outcomes for all community members?

Goal 2: Increase awareness of how health outcomes are impacted by inequities at all levels of the community.

Aligns with Healthy People 2020, HC/HIT-13: Increase social marketing in health promotion and disease prevention (www.healthypeople.gov, topics and objectives under Health Communication and Health Information Technology)

Strategies	Objectives	Actions	Who
Target inequity awareness messaging for specific audiences. Messaging should focus on understanding health in broad terms, and how social determinants, policy, systems and environment impact health.	By March 2013, identify at least three target audiences (e.g., media, policymakers, residents of underserved communities, and business leaders) and tailor inequity awareness messages and communication avenues to each.	Determine the target audiences for health inequity messaging.	Equity Action Team and KCHD staff
		Identify best practices and resources needed for messaging campaign.	Equity Action Team and KCHD staff
		Create messaging that will help audiences understand health in broad terms and how social determinants, policy, systems and environment impact health.	
		Create a communications plan to disseminate messages about inequity and its effects on health.	

Strategic issue: Equity (continued)

How can we achieve equitable health outcomes for all community members?

Goal 2: Increase awareness of how health outcomes are impacted by inequities at all levels of the community.

Strategies	Objectives	Actions	Who
Create a training curriculum to raise awareness of inequities' impact on health.	By June 2013, the THK Health Equity Action Team will develop a curriculum for a training on how health and inequities are connected that will incorporate health indicator density maps (goal 1).	Create an evaluation plan for the curriculum to include follow-up measures and tools (e.g., pre- and post-tests) to assess knowledge, attitudes, behaviors, and perceptions around inequities and their connection to health outcomes.	Equity Action Team
		Utilize existing resources to develop content for health inequity curriculum.	Equity Action Team
Train Health Equity Action Team members and community members using curriculum.	By February 2014, increase awareness of how health and inequities are connected through training at least 60 community members using the developed training.	By August 2013, at least ten active THK Health Equity Action Team members will be trained on the health and inequity curriculum.	Equity Action Team
		By November 2013, THK Health Equity Action Team members will hold at least three train-the-trainer events across the county, with at least one in each neighborhood selected for engagement around health inequity.	Equity Action Team
		By February 2014, THK Health Equity Action Team members from various parts of the community (e.g., business community, medical community, etc.) will hold their own trainings using the curriculum.	Equity Action Team and community partners

Strategic issue: Equity (continued)

How can we achieve equitable health outcomes for all community members?

Goal 3: Engage the identified neighborhoods to assess root causes and improve health outcomes.

Aligns with the National Prevention Strategy, Elimination of Health Disparities No. 1: Ensure a strategic focus on communities at greatest risk

(<http://www.surgeongeneral.gov/initiatives/prevention/strategy/elimination-of-health-disparities.html>)

Strategies	Objectives	Actions	Who
Identify a community engagement model.	By February 2013, identify 1 to 2 evidence-based community engagement models that include strategies to engage communities, assess root causes, and improve overall health.	Create sub-team to search and determine if models are appropriate for Knox County, and provide recommendations to full action team for consideration and final approval.	Equity Action Team
		Assess effectiveness and re-evaluate model and process on an ongoing basis.	Equity Action Team
Build relationships within the communities selected for engagement.	By June 2013, create an inventory list of stakeholders within the neighborhoods chosen for community engagement.	Identify formal and informal leaders using local and neighborhood resources.	
		Follow up with stakeholders regularly to keep neighborhoods engaged.	
Establish a community engagement team.	By September 2013, establish a team to implement community engagement in identified neighborhoods.	Establish a team protocol to include regular meeting schedule, locations, and meeting logistics that encourage successful participation by all team members.	
		Balance team membership between established neighborhood residents and external partners.	
		Utilize the selected community engagement model as a roadmap for decision-making and implementation.	
		Document the process to capture elements of success, barriers and other aspects.	

Strategic issue: Equity (continued)

How can we achieve equitable health outcomes for all community members?

Goal 3: Engage the identified neighborhoods to assess root causes and improve health outcomes.

Strategies	Objectives	Actions	Who
Use storytelling based on community engagement efforts to help raise awareness of inequity and its effects on health.	By December 2013, collect at least two stories from each of the identified neighborhoods that illustrate the root causes of health inequities to be told as part of the awareness campaign.	Utilize a multi-layered approach to story collection that incorporates information from major influencers, neighborhood leaders, and neighborhood residents.	
Identify health improvement goals by neighborhood.	By June 2014, support identified neighborhoods in establishing at least two health improvement goals each.	Utilize community engagement model and work alongside neighborhood residents to arrive at goals by group consensus in each of the identified neighborhoods.	
Assist neighborhoods in securing funding for health improvement process.	By June 2014, serve as a resource to connect identified neighborhoods with at least one source of funding to accomplish health improvement goals.	Collaborate with THK Leadership Team and community partners to assess available resources for grant writing and sources of funding.	Equity Action Team, Leadership Team, community partners
Secure funding to support THK community engagement process.	By March 2013, identify at least one funding source to support THK facilitation of community engagement efforts in identified neighborhoods.	Make recommendations to the THK Leadership Team to explore funding opportunities through grants, local resources and fundraising.	Equity Action Team, Leadership Team