2016-2019

Community Health Improvement Plan

Letter from the Chair

January 2016

Greetings on behalf of the Community Health Council!

As the New Year begins, the council is taking another step toward its vision, “a healthy life for all,” with this Community Health Improvement Plan (CHIP). The CHIP is a set of priority health issues for Knox County, each with a set of measurable objectives for change. The council chose the priority health issues using a rigorous process based on extensive local health data, both qualitative and quantitative.

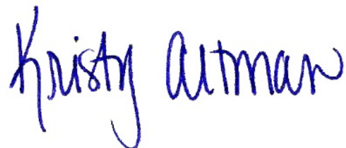
It is our hope that the CHIP will be a resource for community partners and a rallying point for people and organizations interested in improving health in Knox County. We offer it as a basis to align efforts and strengthen grant applications. Moving forward, the CHIP will be the foundation of a process to evaluate our approach to health priorities as a community and our progress toward benchmarks.

The Community Health Council was established in 2013 to serve the City of Knoxville, Knox County and the Town of Farragut. The Council’s purposes are:

- To facilitate a community-wide approach to improving people’s health in Knox County and
- To act as an advisory body to elected and appointed officials in matters of health.

We look forward to hard work and productive partnerships as the CHIP is implemented over the next several years.

Yours in health,



Kristy Altman
Chair, Community Health Council
Executive Director, Knoxville Track Club

Executive Summary

The Community Health Improvement Plan (CHIP) outlines measurable, outcome-based objectives for each of four health priorities identified by the Community Health Council (CHC) for Knox County, Tennessee, under an effort called Together Healthy Knox. The priorities were chosen based on qualitative and quantitative data from the 2015 Community Health Assessment (CHA) conducted by Knox County Health Department. The full CHA document is available at www.healthyknox.org.

The four health priorities are:

- Increase access to mental health resources
- Decrease opioid abuse
- Decrease tobacco use among youth and pregnant women
- Increase access to safe parks, greenways and sidewalks

The CHC will form action teams/work groups for each of the priorities to create action plans, which will be added to the CHIP as they are available, along with reports on progress.

Process

This Community Health Improvement Plan (CHIP) is made up of goals and measurable objectives for health improvement in Knox County, Tennessee. The CHIP was created by the Community Health Council (CHC) under an effort called Together Healthy Knox using the MAPP model (Mobilizing for Action through Planning and Partnerships). The goals and objectives in the CHIP are based on data from a large Community Health Assessment (CHA) conducted from 2014-2015 by the Knox County Health Department (KCHD) to determine the top health challenges in Knox County. The CHA incorporated quantitative data from other sources as well as qualitative data from focus groups and interviews that were part of the CHA process. The CHA was printed and released in October 2015 and is available at www.healthyknox.org.

As part of the CHA, KCHD staff selected Knox County's top 20 health issues based on 1) top causes of premature death, 2) outcomes in which Knox County falls short of national benchmarks and goals, and 3) areas of community concern identified in CHA focus groups and interviews.

The CHC assembled subject matter experts on these top 20 issues and held a retreat in June 2015 to score all 20 by 1) size of the problem, 2) seriousness of the problem, 3) effectiveness of interventions, and 4) feasibility of interventions in our community. The three highest-scored issues were adopted as health priorities.

In August 2015, representatives from the CHC and KCHD met with area hospital executives to present these priorities and heard overwhelming feedback that the fourth-highest-scored issue, access to mental health resources, needed to be included. Thus, the final top four priority goals are:

- Increase access to mental health resources
- Decrease opioid abuse
- Decrease tobacco use among youth and pregnant women
- Increase access to safe greenways, sidewalks, and parks

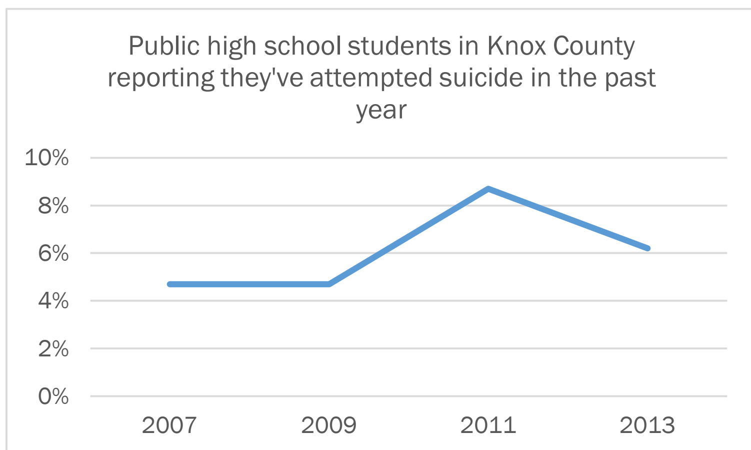
In fall 2015, the CHC worked with subject matter experts to identify outcome-based objectives for each priority goal. Based on existing data sets, these objectives are 'SMART': specific, measurable, attainable, relevant and time-bound. The CHC will work with community leaders in 2016 to form action teams to address the priority goals and objectives. These action teams will complete action plans and report on their progress to the CHC on a semi-annual basis over the next several years.

Goal: Increase access to mental health resources

OBJECTIVES

MH1: Decrease the percentage of public high school students in Knox County who report they have attempted suicide in the past 12 months by 20% by spring 2019.

Baseline: In 2013, 6.2% of public high school students in Knox County reported they had attempted suicide in the past 12 months.

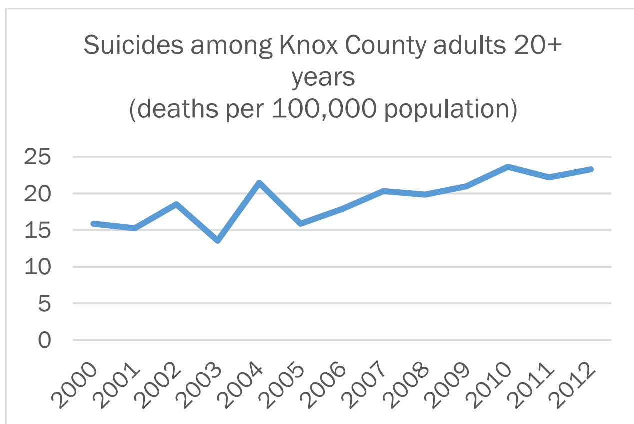


Year	Percentage
2007	4.7
2009	4.7
2011	8.7
2013	6.2

Data Source: Knox County Youth Risk Behavior Survey

MH2: Decrease the rate of suicide deaths among Knox County adults 20 years and older by 15%, or 12 deaths, by December 2018.

Baseline: In 2012, there were 23.28 suicide deaths among adults 20 years and older per 100,000 population in Knox County.



Year	Deaths per 100,000	Number
2000	15.85	45
2001	15.27	44
2002	18.52	54
2003	13.53	40
2004	21.43	64
2005	15.84	48
2006	17.85	55
2007	20.31	63
2008	19.84	62
2009	20.95	66
2010	23.61	75
2011	22.2	71
2012	23.28	75

Data source: Knox County death certificates provided by the Tennessee Department of Health, Office of Policy, Planning and Assessment

MH3: Decrease average wait time in the five-county region (including Knox County) from emergency department assessment to placement in mental health care from the current 30 hours to 24 hours, a reduction of 20%, by December 2018.

Baseline: In 2014 the average wait time from emergency department assessment to placement in mental health care was 30 hours in the five-county region that includes Knox County. *Data source: partnership of regional mental health providers, trend data currently unavailable*

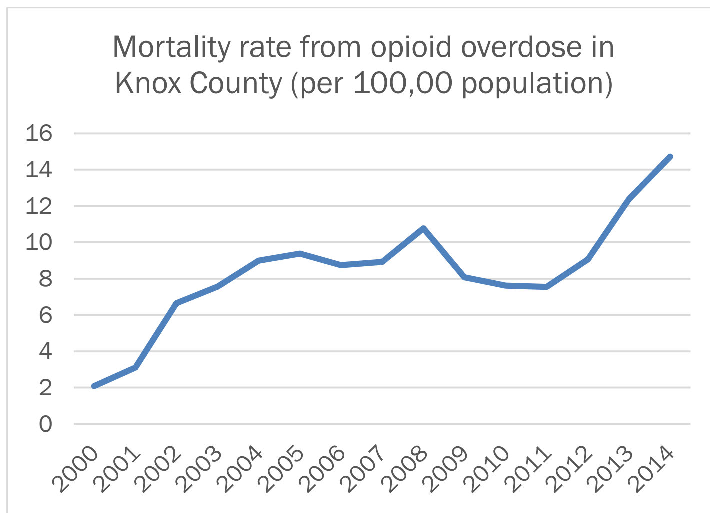
Ancillary Data Point: Teen suicide completions—in 2012, there were two deaths from suicide among county residents ages 15 to 19, for a rate per 100,000 population of 6.69.

Goal: Decrease opioid abuse

OBJECTIVES

OA1: Decrease the mortality rate from unintentional poisoning by opioids in Knox County by 10%, or six people, by December 2018.

Baseline: In 2014, there were 14.71 deaths from opioid overdose per 100,000 population in Knox County, a total of 66 deaths.



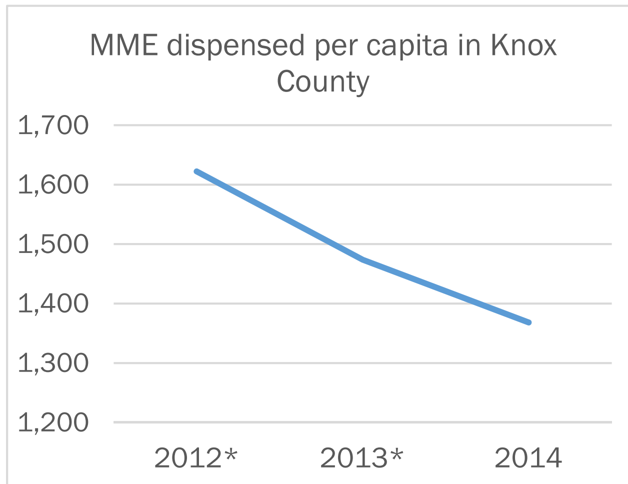
Year	Number	Rate per 100,000 pop
2000	8	2.09
2001	12	3.10
2002	26	6.64
2003	30	7.56
2004	36	9.00
2005	38	9.37
2006	36	8.74
2007*	37	8.92
2008	45	10.77
2009	34	8.08
2010	33	7.62
2011	33	7.55
2012	40	9.06
2013	55	12.37
2014	66	14.71

*Limitations of 2007 data made it impossible to separate opioid and non-opioid poisoning for that year. The 2007 number includes all overdose deaths.

Data Source: Knox County death certificates provided by Tennessee Department of Health, Office of Policy, Planning and Assessment

OA2: Decrease the amount of opioid drugs that are legally dispensed in Knox County by 20% by December 2018.

Baseline: In 2014, there were 1,207 morphine milligram equivalents (MME) per capita dispensed to patients in Knox County and reported to the Controlled Substances Monitoring Database (CSMD).



Year	MME dispensed	MME dispensed per capita
2012*	721,351,139	1,622
2013*	655,272,444	1,474
2014	608,407,729	1,368

*Use caution in comparing data from before & after first quarter 2013, when the Prescription Safety Act mandated utilization of the CSMD.

Data source: Controlled Substances Monitoring Database, Tennessee Department of Health

OA3: Decrease the number of babies born with Neonatal Abstinence Syndrome (NAS) in Knox County by 20%, or 20 births, by August 2018.

Baseline: In 2014, there were 103 babies born with NAS in Knox County.

Year	Rate	Number
2013*	18.7	99
2014	20.2	103
2015 (Jan-Aug)	18.7	73

*Use caution interpreting data from 2013 due to possible data collection issues in first year of NAS reporting.

Data source: Tennessee Department of Health

Ancillary Data Points

- Emergency department visits for opiate/narcotic overdose—in 2013, there were 23.59 emergency department visits for opiate/narcotic overdose per 100,000 population in Knox County, a total of 104.
- Number of custody petitions in Juvenile Court with drug or alcohol involvement—in 2014, 23.5% of custody petitions in Knox County had some type of drug or alcohol involvement (258 petitions out of 1,097).

Additional information

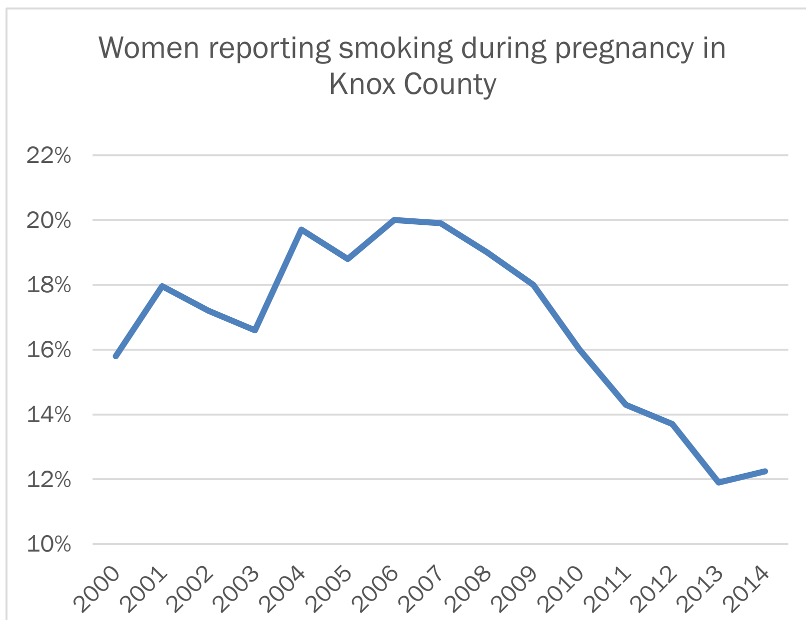
- The category of opioids includes heroin, opioids, methadone, synthetic narcotics and unspecified narcotics.
- The number of deaths from opioid overdose includes overdoses involving both single and multiple substances.
- NAS became a reportable disease in 2013, so historical data only reaches back that far. There are possible data collection issues in the first year of reporting.
- MME is a unit of measurement of pain-killing strength.
- Reporting to the CSMD is required by law.

Goal: Decrease tobacco use among youth and pregnant women

OBJECTIVES

TY1: Decrease the percentage of women in Knox County who report smoking during pregnancy to 10% by December 2018.

Baseline: In 2014, 12.2% of pregnant women in Knox County reported smoking.

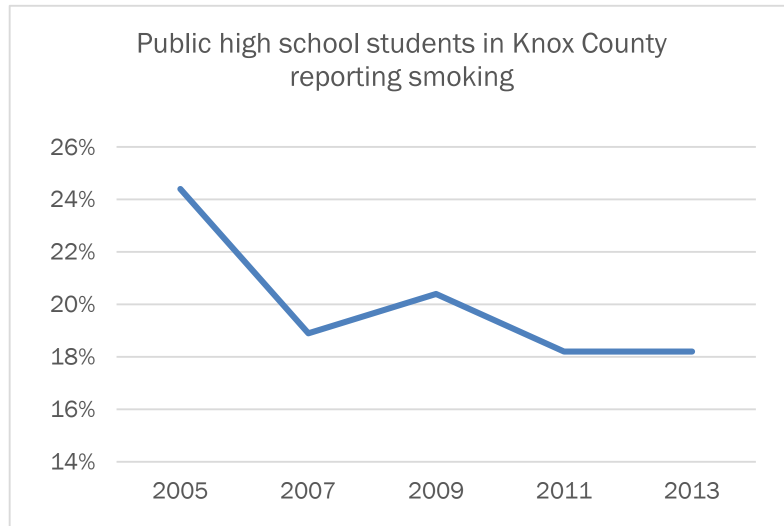


Year	Percentage
2000	15.8
2001	18.0
2002	17.2
2003	16.6
2004	19.7
2005	18.8
2006	20.0
2007	19.9
2008	19.0
2009	18.0
2010	16.0
2011	14.3
2012	13.7
2013	11.9
2014	12.2

Data Source: Knox County birth certificates provided by the Tennessee Department of Health, Office of Policy, Planning and Assessment through the Health Information Tennessee website (http://hit.state.tn.us/)

TY2: Decrease the percentage of public high school students in Knox County who report smoking by 5% by spring 2019.

Baseline: In 2013, 18% of public high school students in Knox County reported smoking at least one cigarette in the last 30 days.



Year	Percentage
2005	24.4
2007	18.9
2009	20.4
2011	18.2
2013	18.2

Data source: Knox County Youth Risk Behavior Survey

Ancillary Data Points

- Babies born with low birth weight—in 2014, 8.3% of babies born in Knox County were born with low birth weight.
- Babies delivered prematurely—in 2014, 10.4% of babies born in Knox County were delivered prematurely.

Additional Information

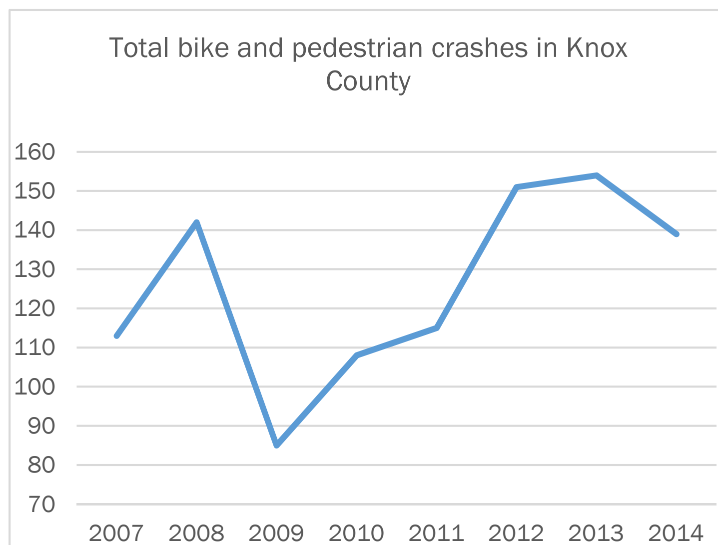
- Smoking during pregnancy: data is self-reported and birth certificate procedures vary across hospitals. Birth certificates are collected by the Tennessee Department of Health (Office of Policy, Planning & Assessment).
- Low birth weight (LBW) is weight at birth of less than 2,500 grams (5.5 lbs). Based on epidemiological observations that infants weighting less than 2,500 grams are approximately 20 times more likely to die than heavier babies. (Source: World Health Organization. http://apps.who.int/iris/bitstream/10665/43184/1/9280638327.pdf) Not all low birth weight births are a result of maternal smoking, but pregnant women who smoke are nearly twice as likely to have a low birth weight baby as women who don't smoke. Smoking during pregnancy causes low birth weight in at least one in five infants. (March of Dimes & American Cancer Society)

Goal: Increase access to safe parks, greenways, and sidewalks

OBJECTIVES

PGS1: Decrease the number of pedestrian and bicycle crashes with cars in Knox County by 20%, or 27 crashes, by December 2018.

Baseline: In 2014, there were 139 pedestrian and bicycle crashes with cars in Knox County.



Year	Total crashes
2007	113
2008	142
2009	85
2010	108
2011	115
2012	151
2013	154
2014	139

Data Source: Titan state database, data taken from crash reports filed by law enforcement officers

PGS2: Increase the percentage of Knox County residents who live within half a mile of a park or greenway by 3%, or 3,811 people, by December 2018.

Baseline: In 2015, 29.39% of Knox County residents lived within half a mile of a park or greenway, which is 127,026 out of 432,226 total residents.

Data source: Metropolitan Planning Commission, trend data currently unavailable

PGS3: Increase the ratio of sidewalk mileage to street mileage in Knox County from 1 to 8.16 to 1 to 8 by December 2018.

Baseline: In 2012, Knox County had 406 miles of sidewalk and 3,311 miles of streets, for a ratio of 1 to 8.16.

Data source: Metropolitan Planning Commission, trend data currently unavailable

PGS4: Increase the average daily number of greenway users on indicator greenways in Knox County by 10% by spring 2018.

Baseline: In May 2014, the average daily usage of indicator greenways in Knox County (see table below) was 305.5.

Greenway	Average daily usage
Halls	127
Lakeshore	370
Neyland	79
Sequoyah	812
Third Creek	395
Will Skelton	50

Data source: Knoxville Regional Transportation Planning Organization, Greenway Usage Report, 2009-2014. Trend data across years available only for Halls and Lakeshore greeenways.

Ancillary Data Point: Public transit ridership in Knoxville—in August 2015, total fixed-route ridership (includes both buses and trolleys) in the city of Knoxville was 250,133.

Additional information

- Street mileage excludes interstates and other roads not open to pedestrian traffic.
- Indicator greenways are those greenways where usage counters have been in place long enough to establish at least a minimal baseline of usage data. Usage counters on indicator greenways will remain in place for the next several years to help establish more long-term baselines.

Acknowledgements

Community Health Council:
Kindall Aaron, Childhood Obesity Coalition
Kristy Altman (current chair), Knoxville Track Club
Dr. Martha Buchanan, Knox County Health Department
Jim Dickson (former chair), YMCA of East Tennessee
Gaye Fortner, HealthCare 21 Business Coalition
Pam Frye, Harmony Family Center
Melissa Knight, InterFaith Health Clinic
Viren Lalka, Lalka Tax Services, LLC
Dr. Laurie Meschke, University of Tennessee
Dr. Joe Miles, University of Tennessee
Karen Pershing (immediate past chair), HealthCare 21 Business Coalition
Debbie Pinchok, community volunteer
Patricia Robledo, City of Knoxville
Eve Thomas, Knoxville Police Department
Karen Tindal, community volunteer
Lisa Wagoner, Knox County Schools
Dr. Regina Washington, South College
Amanda Weber, Remote Area Medical
Carlos Yunsan, Kizer & Black, Attorneys, PLLC
Ellen Zavisca (chair-elect), Knoxville Regional Transportation Planning Organization

Special thanks to the Community Health Improvement Committee and its Chair, Dr. Laurie Meschke, and all those who supported the process as subject matter experts from May to December, 2015.

Community Health Improvement Plan 2016-2019
Drafted by the Community Health Council serving the City of Knoxville, Knox County, and the Town of Farragut in Tennessee
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