



2011

# Forces of Change Assessment

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Knox County, Tennessee

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## Introduction

### Together! Healthy Knox

In 1998, the Institute of Medicine defined public health as “what we as a society do collectively to assure the conditions in which people can be healthy.” Improving health is a shared responsibility of health care providers and public health officials, as well as a variety of organizations and individuals who contribute to the wellbeing of our community. No single entity can make a community healthy. So much more can be accomplished by working together with a common vision to improve health.



From	To
Operational planning	Strategic planning
Focus on the agency	Focus on community & entire public health system
Needs assessment	Emphasis on assets and resources
Medically oriented model	Broad definition of health
Agency knows all	Everyone knows something

### Forces of Change Assessment

This assessment corresponds to the Forces of Change Assessment of the MAPP model. Its purpose is to identify trends, factors and events that are or will be influencing health and quality of life in Knox County and the work of the local public health system. The list of forces was compiled, refined and revised over the course of five meetings of the Together! Healthy Knox Leadership Team and the Forces of Change Assessment Work Team in 2010. The first five forces listed in this report were identified by the Leadership Team as those having the most impact on the Knox County community. Each section begins with a table showing the threats and opportunities generated by a particular force of change, followed by a narrative explanation with data illustrating the extent of the force or its effects. This report is a tool to assist the Together! Healthy Knox Leadership Team in their identification of strategic health issues in 2011.

**Together! Healthy Knox** provides a framework for bringing together the individuals, groups and organizations that make up our local public health system, and guides our community to identify and take action on priority health issues. The approach used by **Together! Healthy Knox** is a paradigm shift from operational to strategic thinking, from a needs-based to an asset-based emphasis and from an agency focus to a broad community focus — a new way of doing business.

**Together! Healthy Knox** uses the Mobilizing for Action through Planning and Partnerships (MAPP) model for community health planning, developed through a cooperative agreement between the National Association of County & City Health Officials and the Centers for Disease Control & Prevention (above right).

## Forces of Change

Top Five Forces of Change by decreasing level of impact  
(estimated by the Together! Healthy Knox Leadership Team)

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 environment, policy and systems change
4. Federal health care reform
5. Aging population

Other forces of change, in no particular order:

- 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

<b>1. High prevalence of physical inactivity, poor nutrition and bad health habits leading to obesity and chronic disease</b>	
<b>Threats Posed</b>	<b>Opportunities Created</b>
<ul style="list-style-type: none"> <li>• Ballooning health care costs, both personal and systemic</li> <li>• Stirs debate over role of government in private lives and in general</li> <li>• Difficulty changing cultural norms and city geography</li> <li>• Losses in productivity due to poor health</li> <li>• Diminished quality of life due to poor health</li> <li>• Unequal access to healthy options</li> </ul>	<ul style="list-style-type: none"> <li>• Could be a catalyst for larger changes</li> <li>• Multiple avenues of intervention</li> <li>• Policies aimed at changing health could also positively affect quality of life</li> </ul>

In the 2008 Knox County Behavioral Risk Factor Surveillance System (BRFSS), more than 60 percent of Knox County adults reported that they were either obese or overweight. The 2009 Youth Risk Behavior Survey (YRBS) found that 30.4 percent of Knox County high school students reported being either overweight or obese, up from 28.8 percent in 2007. Also in the 2008 Knox County BRFSS, 23.7 percent of adults reported no leisure time physical activity in the thirty days prior to the survey. (2010 Community Health Status Assessment (CHSA) 58 & 62, [www.healthyknox.org/assessments/index.html](http://www.healthyknox.org/assessments/index.html))

In addition to YRBS data, Knox County Schools partner with the Knox County Health Department to conduct Body Mass Index surveillance in schools. In 2008, this surveillance found that 39.6 percent of schoolchildren in Knox County were overweight or obese, up from 38.3 percent in 2003. (CHSA 60)

Based on the CDC definitions of physical activity, 44.1 percent of Knox County adults reported sufficient weekly levels of moderate or vigorous physical activity in the 2005 Knox County BRFSS. 41.3 percent of high school students reported sufficient weekly exercise. (CHSA 56-7)

In the 2005 BRFSS, nearly one-fourth (24.5 percent) of adults in Knox County reported eating five servings of fruits and vegetables a day. In the 2009 YRBS, only 17.1 percent of high school students reported eating five or more servings of fruit and vegetables per day for the past seven days. (CHSA 55)

According to the 2008 Knox County BRFSS, 21.5 percent of Knox County residents reported that they were current smokers, and 24.8 percent reported being former smokers. Knox County ranks between Tennessee and the U.S. for percentage of individuals who reported currently smoking. According to the 2009 YRBS, 20.4 percent of high school students in the county reported being current smokers. (CHSA 50-1)

Cancer and heart disease are the top two causes of death in Knox County. (CHSA 123)

Knox County has a slightly higher cancer incidence than Tennessee and the United States: 456 cases per 100,000 population (2006 statistic), with lung cancer being by far the most common of cancers. Approximately 38 percent of deaths among females and 35 percent of deaths among males in Knox County were attributable to cancer in 2006. (CHSA 139-41)

According to the 2005 Knox County BRFSS, 4 percent of women and 6.1 percent of men reported having had a heart attack in the past, and many more reported risk factors for heart disease: 28 percent of women and 29.3 percent of men reported high blood pressure, and 35.9 percent of women and 38.9 percent of men reported high blood cholesterol levels. There is a discrepancy by race as well: 4.9 percent of Knox County whites reported having had a heart attack in the past, compared to 5.8 percent of blacks. 14 percent more blacks in the county report high blood pressure than whites. (CHSA 134)

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 had diabetes. Knox County and Tennessee both had a higher prevalence of diabetes than the U.S. (CHSA 130)

<b>2. Economic recession</b>	
<b>Threats Posed</b>	<b>Opportunities Created</b>
<ul style="list-style-type: none"> <li>• Aging of philanthropic donors in community</li> <li>• Lower tax revenues for state &amp; local governments</li> <li>• May cause the extinction of some non-profits</li> <li>• Rising prevalence of poverty leads to increased demand on public health and charity care and delayed treatment of illness. This leads to an overall increase in health care expenditures</li> <li>• Increased unemployment</li> <li>• Increasing foreclosure rates</li> </ul>	<ul style="list-style-type: none"> <li>• Cultivation of new donors and philanthropists</li> <li>• Forces more creative partnerships &amp; collaboration</li> <li>• May turn health focus to prevention</li> <li>• Less duplication with more focused services</li> <li>• More focus on healthy living and disease prevention by public programs and private businesses</li> <li>• Increased enrollment in educational programs and development of new career paths</li> </ul>

Unemployment in Knox County grew from 3.7 percent in December 2007 to 8.1 percent in December 2009. (CHSA 31)

In 2008, approximately 14.5 percent of all people in Knox County were living below the poverty level, compared to 12.6 percent in 2007. 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. In 2008, an increase in the percentage of individuals living below the poverty level was noted for all residents. (CHSA 35-6)

Second Harvest Food Bank of East Tennessee reports a thirty percent increase in requests for food aid from 2009 to 2010 within its eighteen-county service area. The food bank currently provides food aid to about 165,000 people per month. One of Second Harvest's newest programs, the Food for Kids Backpack Program, currently provides a backpack full of food every Friday to 8,300 schoolchildren over its eighteen-county service area. ([secondharvestknox.org](http://secondharvestknox.org))

<b>3. Increased understanding and recognition of connections between health outcomes and environment, policy and systems change</b>	
<b>Threats Posed</b>	<b>Opportunities Created</b>
<ul style="list-style-type: none"> <li>• Complicated &amp; overwhelming, too many perspectives, bogged down</li> <li>• Could cause feeling of helplessness</li> <li>• More time and money spent to estimate effects of changes</li> </ul>	<ul style="list-style-type: none"> <li>• Try to focus on changing specific factors with multiple effects</li> <li>• Awakens more people's interest in health &amp; community issues</li> <li>• Ripple effect: one change can have positive effects across multiple areas</li> </ul>

"In recent years the public health community has become increasingly aware that the design of the built environment can have a major impact on the health of the public. For example, one may expect more physical activity and healthier diets among persons in communities with convenient, safe walking paths and accessible sources of fresh fruits and vegetables. On the other hand, poorer health indicators may be expected among residents of communities with high crime rates, few parks or walking paths, numerous alcohol and tobacco outlets, and little access to fresh food." (Prevention Institute's The Built Environment and Health Report 2004, iii)

Two Knox County initiatives reflect this increasing focus on interconnectedness: the Healthy Kids, Healthy Communities initiative, supported by private foundation funding from the Robert Wood Johnson Foundation, aims in part to change the built environment as a way to reduce childhood obesity, and the 2010 Plan East Tennessee, supported by a \$4 million federal grant, will develop a comprehensive regional plan for sustainable development.

(For more information on Plan East Tennessee, go to [www.knoxtrans.org](http://www.knoxtrans.org), and for more information about Healthy Kids, Healthy Communities, go to <http://www.healthykidshealthycommunities.org/communities/knox-county-tn>)

<b>4. Federal health care reform</b>	
<b>Threats Posed</b>	<b>Opportunities Created</b>
<ul style="list-style-type: none"> <li>• New regulations &amp; procedures could temporarily decrease efficiency of care and the timely administration of resources</li> </ul>	<ul style="list-style-type: none"> <li>• Once federal legislation is fully implemented, more people will have access to insurance</li> <li>• New focus on prevention &amp; wellness</li> </ul>


The Affordable Care Act's purposes include the establishment of consumer protections, improving the quality and lowering the costs of health care, and increasing access to affordable care. Two of its most significant and potentially impactful changes are 1) the individual mandate to purchase insurance and 2) a new emphasis on preventive health services. When or if the individual mandate is fully implemented, 650,000 Tennesseans who are currently uninsured will have health care benefits. Over half of those will be eligible for TennCare, and the other half will be able to shop for private insurance through an insurance exchange. As of March 2011, both houses of the Tennessee legislature have passed a bill declaring that Tennesseans may ignore the Affordable Care Act's requirement that they purchase health insurance.

Five main points of the Affordable Care Act:

1. Health insurance exchanges
2. New health care rights and protections
3. Pre-existing condition insurance plan for those who have been denied coverage
4. Small business tax credits to help pay for employee coverage
5. Medicare fraud prevention, care improvement incentives for hospitals, drug discounts for seniors, spending quotas for insurance companies ("Five Things to Know," <http://www.healthcare.gov/>)

<b>5. Aging population</b>	
<b>Threats Posed</b>	<b>Opportunities Created</b>
<ul style="list-style-type: none"> <li>• Health issues, rising health costs</li> <li>• Mobility issues, transportation issues, lack of accessible &amp; affordable housing, loss of independence</li> </ul>	<ul style="list-style-type: none"> <li>• Healthy living incentives &amp; recreational opportunities</li> <li>• Improved public transit options &amp; assisted transportation options</li> <li>• ADA compliance &amp; accessible housing</li> </ul>

Since 2000, estimates indicate the population sixty years of age and older in Knox County has grown approximately 26.6 percent, a much higher rate of increase than other age demographics. In fact, people over age sixty account for over half of Knox County's population increase since 2000. (CHSA 25-6)



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