



Working Groups

PlanET Healthy Communities Working Group Meeting #1

Wednesday, February 22, 2012, 1:00 pm – 3:00 pm
Cansler YMCA, Community Room, Knoxville

KEY FINDINGS

The meeting of 20 participants was called to order by Chairperson Jim Dickson and was followed by self-introductions. The group was briefed on PlanET and the role of the Working Groups, and the Healthy Communities findings of the Existing Conditions Memo were reviewed. Attendees were asked to react to the information contained in the Healthy Communities Section of the memo, which they received in advance, and to discuss the adequacy of the report. They were also asked to identify key issues, opportunities, and priorities in the subject area in the PlanET region.

Existing Conditions Memo Suggestions

Participants called for a range of additional information to be layered onto that contained in the memo. These included:

- ❖ Child health, particularly as it relates to conditions of poverty.
- ❖ Disparities in health access and outcomes due to race, ethnicity, social and cultural barriers, income, etc.
- ❖ Teen pregnancy rates, prenatal care and immunization rates.
- ❖ Alcohol and drug abuse policies and services and mental health services.
- ❖ Trends of baby boomer health and its impact on health care system.
- ❖ Rates of domestic violence and rates of disabilities.
- ❖ Dental care.
- ❖ Traffic injuries and fatalities and water recreation injuries and fatalities.
- ❖ Health and air quality, in addition to asthma.

Priorities

Access and Equity: Adequate access to health care services for those least likely to be able to access those services is a key concern. This includes not only uneven physical distribution of primary care, hospitals, clinics, and services such as mental health care and substance abuse treatment, but lack of access due to poverty, race, lack of insurance, disability, etc. There is the impression that in addition to the traditionally underserved, more and more people, many of them with young children, are unable to pay for health services and are going without health care.

Chronic Disease Rates: Increasing rates of chronic diseases such as diabetes and cardiovascular disease due to lack of preventive care, lack of health-care education, unhealthy community conditions including poor air quality, the baby boom generation entering senior years, etc., are major concerns.

Prevention: The region exhibits a cure vs. prevention dynamic that does not place high enough value on helping people prevent disease and illness. This is also related to a decrease in public funding for public health programs that could help prevent or minimize disease, and lack of emphasis on maternal/prenatal and child health.

Rural Health: Participants noted a troubling mix of health factors more common to rural areas such as lack of transportation to services, services not available within a reasonable distance, high rates of meth use, and lack of prevention services.