HEALTHY COMMUNITIES WORKING GROUP
Meeting #1

Wednesday, February 22, 2012
1:00 P.M. – 3:00 P.M.
Cansler YMCA, Community Room
616 Jessamine Street, Knoxville, TN 37917

Welcome and Introductory Presentation

The chairperson for the Working Group, Jim Dickson, welcomed everyone, and the attendees introduced themselves. Facilitator Ann Coulter noted that Jim would serve as the official contact to transfer information coming from the working group to the leadership team.

It was noted that the goal of the first working group meeting is to gather reactions to the Health Section of the draft Existing Conditions Memo, which was distributed prior to the meeting via e-mail, and paper copies were provided at the meeting as well. There was then a presentation describing Plan East Tennessee (PlanET), where the region is in the planning process, and the role of the working groups. Highlights were provided of the draft Existing Conditions Memo (February 2012), noting both regional trends and focus area trends for the working group.

The health area trends from the Existing Conditions Memo draft are summarized below.

1. While people in the region have higher rates of insurance than others in TN or the US, many residents are failing to seek medical care because of costs.
2. The region has several medically underserved areas.
3. One-fourth of the region's children live in poverty, putting them at risk for health problems.
4. Many residents don't have easy access to fresh, healthy foods.
5. Obesity, diabetes, cardiovascular disease, and asthma are significant problems in the region.
6. Local parks and some other community services are not evenly distributed in the region.
7. The region is home to a world-class system of state and federal parks and recreational facilities.
8. Adequate fire, EMS, and law enforcement services exist in the region.
9. Students in the region score higher on TCAP than state averages, but less than the national average.
10. Access to higher education and trade schools is uneven across the region.

MATERIALS DISTRIBUTED:

- Agenda
- PlanET Project Factsheet
- Working Groups Information Sheet
- PlanET - Existing Conditions Memo February 2012 Draft, Health Section

PARTIES PRESENT:

1. Teresa Harrill *(Loudon County Health Department)*
2. David Bassett *(UT Obesity Research Center)*
3. Gene Fitzhugh *(UTK)*
4. Jim Dickson, Chair *(YMCA of East Tennessee)*
5. Laura Ferguson *(ARCADIS)*
6. Micky Roberts *(Blount County Health Department)*
7. Nancy Lofaro *(CAC Office on Aging)*
8. Charles Turner *(Union County Health Department)*
9. Art Miller *(Anderson County Health Department)*
10. Erin Read *(Knox County Health Department)*
11. Jill Beason *(Tennova Healthcare)*
12. Jeremy Pearson *(City of Alcoa Planning Dept.)*
13. John Lamb *(Blount County Planning Dept.)*
14. Karen Pershing *(Metropolitan Drug Commission)*
15. Warren Sayre *(Summit Medical Group)*
16. Stephanie Welch *(Knox County Health Department)*
17. Mark Donaldson, Staff *(Knoxville-Knox County MPC)*
18. Liz Albertson, Staff *(Knoxville-Knox County MPC)*
19. Ellen Zavisca, Staff *(Knoxville-Knox County MPC)*
20. Amy Brooks, Staff *(Knoxville-Knox County MPC)*
21. Ann Coulter, Facilitator *(A. Coulter Consulting)*

PARTIES MISSING FROM THE DISCUSSION:

- Health Councils
- Coordinated School Health
- Hospital representative (Loudon Co. only has one hospital)
- Voluntary health agency, American Heart Association, (non-profit organizations)
- Cherokee Health
- Mental Health Association
- United Way of each county
- Laurens Tullock – working with 20 other foundations – Cornerstone Foundation
- Union County health-care provider
- Law enforcement, libraries, parks and recreation need to be involved, possibly through a comment/focus group

Questions and Responses

Participants were asked to answer the following questions, combining their responses to both questions.

1. **Are there any group focus area-related issues, challenges, or opportunities not adequately presented in the Existing Conditions Memo (ECM)?**

2. **Are issues related to the topic adequately addressed for the entire region?**

- Where do those in medically underserved areas go for primary care? e.g. How many folks drive in from Union County to Knox County/Anderson County for health care?
- Most of the issues in the ECM are adult driven, more information is needed on children's health issues.
  - Impacts of poverty and inequity.
  - Inequities related to children, for example, children who live in poverty have an increased risk of health problems, is this related to nutrition? Lack of exercise opportunities? Expand on where these health inequities are actually coming from/caused by?
- Add information about other sources of fresh, healthy food, such as farmers markets. The ECM discusses food deserts in relation to grocery stores, but not other healthy food sources.
- More information is needed about prenatal care.
- Teen pregnancy, children having and children, is on the rise and is not treated in the ECM.
- Drugs and alcohol is a major issue in the region, (drugs including prescription medication) and more information is needed.
- Region needs more access to addiction treatment.
- There should be information on drug use and its connection to crimes and safety, e.g. meth labs in Anderson County.
- Mental health services are overlooked in the ECM, and suicides are on the rise.
- Equity issues are not addressed. There are significant health disparities in access and outcomes that show significant inequities in our region (e.g. education, income, race, etc.), and there is good data for this (Together! Healthy Knox reports).
  - Disparities related to race and ethnicity.
  - Specific social and cultural barrier issues, particularly with the Hispanic community.
  - Differential access to quality K-12 education by socio-economic class.
  - The issue of access to fresh healthy foods is mirrored by other barriers on the demand side: education, time and other resources.
- No current system exists to align health resources. For example, there are many groups working on these issues, with little coordination among them.
- Stress and social support isn't shown in the ECM (e.g., Together! Healthy Knox reported many people in Knox say they do not have adequate social support to deal with stress).
- We need more emphasis on prevention, we should value health over disease.

- We should be preparing for the aging of Baby Boomers – the economy may push these folks into the poor and underserved category, what are the implications of that for the rest of the system?
- ECM needs trend data on the number of children eligible for free and reduced lunches.
- Need more information on how we keep seniors in their homes, aging in place, and alternatives to hospitals and nursing homes.
- Domestic violence problems should be addressed as they relate to health.
- Educating the public on the health risks of diabetes and obesity is important.
- We should consider lack of mobility choices and the impacts on health. This includes issues of development patterns; low-density and dispersed development contributes to lower physical activity.
- The ECM states that law enforcement is adequate. Is that really the case? Particularly for drug-related issues?
- Referring to tables 17 and 19 in the ECM: county-by-county data on physical activity and fruit & vegetable consumption needed.
- Dental care and its health impacts should be explored.
- Tuberculosis rates are going up.
- There should be a look at the burden on community health centers as more people lack insurance and money to pay for care.
- More information is needed on environmental health and air quality. There is some mention of asthma, but there should be more.
- Add data on water safety – drowning, etc. given the amount of water recreation in the region.
- Education needs to have a focus somewhere in PlanET, maybe warrants its own group. Which working group will tackle this? Education is the bulk of local budgets, including infrastructure.
- Another drug issue: TN has one of the highest per capita rates of prescribed drugs in the country, we're overmedicated. As a region in TN is number one also.
- Public health funding and support is eroding in the face of all these public health issues. There is denial of the problems, both political and social barriers block our addressing these issues.
- We need treatment and prevention of substance abuse – not just strictly a law enforcement approach.
- There should be a link to the transportation & infrastructure working group, including access to food, physical activity, etc.
- Consider schools as a health environment – food and physical activity included.
- ECM data on greenways is incomplete. Information on sidewalks and bicycle lanes is needed.
- Include data on traffic fatalities and injuries – especially pedestrians and bicyclists.
- Bullying is another health and quality of life issue.
- We need disability rates. This indicates quality of life and other health issues. Disability as a characteristic of the population, not limited to issues of access.
- There is an issue of access to specialty care for uninsured, especially outside of Knox County.

- Data is needed on immunization rates/trends, locally and nationally.
- Trends to look at: erosion of income and access to health insurance.
- More data needed on library resources in the region. Report fails to mention Blount County
- Other issues related to the draft ECM: Table 15 needs clarification, and Map 13 is counterintuitive, shows parts of Alcoa and Maryville as medically underserved.

Summary Comments/Research Points of Concern

Participants called for a range of additional information to be considered and presented as part of the ECM in order to have the ability to adequately plan for the overall health of people in the region. Additional data is needed on the following:

- Child health, particularly as it relates to conditions of poverty, immunization rates
- Disparities in health access and outcomes due to race, ethnicity, social and cultural barriers, income, etc.
- Teen pregnancy rates and prenatal care
- Alcohol and drug abuse policies and services
- Mental health, including a perceived rise in suicide rates
- Trends of baby boomer health and its impact on health care system
- Domestic Violence
- Dental care
- Traffic injuries and fatalities and water recreation injuries and fatalities
- Disability rates
- Health and air quality, in addition to asthma

Health is a complex, varied and shifting subject. One concern of the group was whether, and how, other working groups may be considering health related issues of land use (as in dispersed, poorly serviced development, particularly lack of recreational facilities and pedestrian facilities), and public education and workforce training (because of the relationship to access to health care). Working group members want to make sure these issues are being adequately addressed in other parts of PlanET.

Time Sensitive Issues

Is there any particular urgency or time sensitivity to issues, challenges, or opportunities discussed?
- Rise in TB and pertussis cases
- Unintentional drug overdoses, especially mixing alcohol with benzodiazepines
- Aging baby boom population needs/concerns
- There is political attention being paid to drug issues at the moment, especially in the state legislature. Including synthetic drugs
- How to deal with and regulate pain clinics

- Overcrowding in jails and prisons

Priorities

1. Adequate access to health care services for those least likely to be able to access those services. This includes not only the uneven physical distribution of primary care, hospitals, clinics, and special services such as mental health care and substance abuse treatment, but lack of access to services 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 and are going without health care.
2. 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 bulge in baby boom generation entering senior years, etc.
3. Cure vs. prevention dynamic that does not place a high enough value on helping people prevent disease and illness but focuses on possible treatment once a condition or disease exists. This is also related to a decrease in funding for public health programs that could help prevent or minimize disease, and lack of emphasis on maternal/prenatal and child health.
4. A mix of factors common to more 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.

Closing

Ann Coulter reminded the group that the Healthy Communities Working Group Chair, Jim Dickson, would be taking a summary of today's meeting to Leadership Team meeting on April 19th.The group can expected to be notified about how to interact on the PlanET website, so that discussion among the working group members can occur outside of meetings. The next meeting will be sometime in late May/early June and the group will be notified as soon as possible.