HEALTHY COMMUNITIES WORKING GROUP
Meeting #3

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Monday, August 20, 2012
Noon – 2 PM
Cansler YMCA, Community Room
616 Jessamine St., Knoxville, TN 37917

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Welcome and Introductory Remarks

Jim Dickson, Healthy Communities Working Group chair and CEO of the YMCA of East Tennessee, introduced himself, thanked meeting attendees and asked the group to introduce themselves.

Parties Present

Jill Beason (Tennova Healthcare), Sarah Booher (Anderson County), Joy Cook (Regional Department of Health), Jim Dickson (CEO of the YMCA of East Tennessee), Chris Hamby (City of Alcoa), Teresa Harrill (Loudon County Health Department), Nancy Lofaro (CAC Office on Aging), Jeremy Pearson (City of Alcoa), Karen Pershing (Metropolitan Drug Commission), Erin Read (Knox County Health Department), Stephanie Welch (Knox County Health Department), Emily Woodle (City of Knoxville Community Development), Amy Brooks (MPC/TPO-PlanET Staff), Sherith Culverson (City of Knoxville-PlanET Staff), Mark Donaldson (MPC-PlanET Staff), Terry Gilhula (MPC-PlanET Staff), Tim Kuhn (MPC-PlanET Staff), Ellen Zavisca (MPC/TPO-PlanET Staff), Rob Kerns (WRT- PlanET Consulting Team), Ann Coulter (PlanET-Consulting Team, A. Coulter Consulting-Facilitator)

Introduction to Scenario Development

MPC Executive Director Mark Donaldson provided an introduction to the scenario planning process. Particularly how scenarios are developed for our region and what they mean in looking at possible futures for our region. Below are the bulleted points from the presentation.

- Scenarios show how the region COULD absorb expected population growth

- Provide examples of what the region's development patterns and transportation system might look like
- Different scenarios show the same amount of growth for a given time period, but distributed in different ways
- Analyzing differences allows results of policy, regulatory, and investment decisions to be understood

- Trend scenario: first scenario to be developed
  - Provides the best estimate of how the region will develop if no changes occur in development practices or plans, market forces, or transportation investments
  - Provides baseline against which to measure other scenarios

- Alternative scenarios: Depict what could happen if particular policy, regulatory, or investment changes are made
  - Show different ways in which homes, jobs, roads, transit, and open spaces could be spread out or concentrated

- Scenarios are compared against the baseline (trend) scenario using indicators
  - Quantitative measurements applied to each scenario and measure spatial aspects of growth only
  - Comparing indicator values of alternative scenarios shows differences between scenarios

Presentation of Draft Regional Vision Statement

Rob Kerns presented the Draft Regional Vision Statement, noting that this draft arose out of public participation since the project's kickoff in October 2011. Input was collected in large community forums, meetings in a box, leadership dialogues, stakeholder interviews, Mindmixer, and the community survey. It is written from a 2040 perspective.

The small groups were asked to focus particularly on the clean and natural section of the draft vision statement as it is most closely aligned with the Environment focus area. The vision statement for the healthy communities section follows.

- The region has a healthy population—physically, mentally, and socially—through access to affordable, quality health care services regardless of income level, location, or age.

- The region has a wellness system built around preventative care, healthy eating, active living, and health education.

- Greater levels of physical activity have reduced obesity levels and improved citizens' health and well-being through expanded opportunities for walking, biking, sports, and a more active lifestyle for all age groups.

- Our restaurants, grocery stores, and public schools support local farmers in promoting fresh, healthy, locally-grown food, reducing our consumption of imported and processed food.

Small Group Discussion

The working group split into two groups to discussion the following questions:

1. Do you agree with the components of the draft Regional Vision Statement? Are any important vision ideas missing?

2. What are the most important scenario benchmarks/indicators for your focus areas?

Group 1, Question 1.

o Substance abuse is omitted.

o Substance abuse deserves the same level of attention as obesity.

o Change "preventative care" to "prevention."

o Stigma of "mental health."

o Need to specify "inclusive": income, age, disability, parity, location.

o Emphasize "safe" opportunities for recreation.

o Health is fundamental: maybe list the 1st statement 2nd.

o Prevention first and health care second.

o Add a holistic approach – but realize that word means different things to different people.

o List each health issue individually, or be broad?

o Add a policy-making statement.

o Move first paragraph (of Health section) to end.

Group 1, Question 2.

o May be moving more towards outpatient.

o Add other contributors to poor air quality (power plants).

o % of children with access (or eligibility) to free lunch.

o Poverty index – trend data exists – project this data internal to Working Group.

o Ease of obtaining narcotic prescriptions.

Group 2, Question 1.

- Reducing inequities and increasing access to opportunities across all issue areas (not just Health).
- Mental health awareness/education and care integration needs to be clear; consider adding "integrated" or "holistic" to 1st paragraph of Health section.
- In the 4th paragraph, make it about promoting and using local foods. Make it positive rather than the negative statement about "reducing consumption of imported and processed food".
- Local food production is not limited to farms and farmers.
- For the 4th paragraph consider turning the statement around: Increase local consumption of locally produced food in the home, schools, restaurants, etc; and then in the Clean and Natural section add "increase local production of food."
- Add substance abuse. Maybe talk about "restoring health."

Group 2, Question 2.
- Indicators need to be "place" specific (to be relevant), for example, zip code, locale.
- Life expectancy.
- Food deserts.
- Obesity rates.
- Disease rates (by census tract) such as diabetes, heart disease, asthma.
- Vacant & blighted properties.
- Violent crime.
- Crash rates (bicycle, pedestrian, motor vehicles).
- Mold and lead in buildings.
- Number of pain clinics (per census tract or community)
- Substance abuse treatment beds (tracked by state).
- Drug-related crime.
- High-quality schools – education is a key component of health.
- High-quality child care.
- Median household income.
- Areas of high opportunity or low opportunity (Equity analysis).
- Median wages.
- Teen pregnancy rates.
- Immunization rates.
- Health insurance coverage.

- o   Suicide rate.
- o   Doctor/population ratios – per capita by county.

Group Report-Backs

A spokesperson for each group shared the items that were discussed and recorded.

Next Steps

PlanET staff shared with the Working Group the next steps for PlanET, which include developing alternative development scenarios, using tools for help with visualizing those scenarios, and choosing the preferred scenario(s) going forward.

Presentation of Trends Scenario for the Region

This presentation was moved to the end of the meeting because of technical delays. Tim Kuhn, MPC staff, described the development patterns that are projected to occur if we receive the expected population and employment growth and housing and jobs locate under current policies.

Closing

PlanET staff shared with the Working Group that there will be a joint meeting of all five Working Groups in October. At that meeting, the Working Groups will be able to learn about the alternative growth scenarios that have been developed.