Welcome and Introductory Remarks

Jim Dickson, Healthy Communities Working Group Chair and Executive Director of YMCA of East Tennessee, introduced himself, spoke about the importance of PlanET for the health of our region, thanked meeting attendees and asked the group to introduce themselves.

Parties Present

David Bassett (UT Department of Kinesiology), Sarah Booher (Anderson County Planner), Joy Cook (East Tennessee Regional Health Office), William Donegan (South of the River Dissident Democrats), Laura Ferguson (ARCADIS), Gene Fitzhugh (UT Department of Kinesiology), Teresa Harrill (Loudon County Health Department), John Lamb (Blount County Planning Department), Nancy Lofaro (Knoxville-Knox County CAC Office on Aging), Art Miller (Anderson County Health Department), Jeremy Pearson (City of Alcoa Planning Department), Karen Pershing (Metropolitan Drug Commission), Erin Read (Knox County Health Department), Charles Turner (Union County Health Department), Stephanie Welch (Knox County Health Department), Emily Woodle (City of Knoxville), Jim Dickson (YMCA of East Tennessee-Chair), Liz Albertson (MPC-PlanET Staff), Amy Brooks (MPC/TPO-PlanET Staff), Mark Donaldson (MPC-PlanET Staff), Ellen Zavisca (MPC/TPO-PlanET Staff), Ann Coulter (PlanET-Consulting Team, A. Coulter Consulting-Facilitator)

Where we are now?

MPC Executive Director Mark Donaldson provided an update on recent PlanET activities and accomplishments:

- Status report of planning process: we are on the cusp between Phase I and Phase II.
- Work accomplished and activities conducted to date: Existing Conditions Report completed, Livability Report Card completed, dozens of Meeting In A Box sessions held throughout the region, online town-hall tool (MindMixer) launched and used extensively, social media outreach under way, Community Forums I and II completed, and UT’s Community Survey completed/results reported.
- Identification of regional strengths and challenges has been a core goal to this point in planning process.
- Existing conditions scan: general agreement on regional issues, as verified by Community Forum input, UT survey, MindMixer.
• Regional dialogue priorities identified for economy and workforce development, transportation and infrastructure, housing and neighborhoods, healthy communities, and environment.
• Based on the listening, the survey and the data collected, there is general agreement on regional issues.
• Working Groups are becoming an increasingly important part of this process.

Regional Drivers
Ann Coulter, PlanET Facilitator, reviewed the role of the working groups, noting that this was meeting 2, with at least three more meetings ahead. She explained the purpose of Round 2 meetings. Participants will review regional drivers as described in the Livability Report Card and make any additional comments relative to the focus area of the Working Group. It will be important to consider the relative impact of each driver on the focus area in order to determine how to focus policy based discussions at later meetings. If a driver is considered to have a high impact on the focus area, in this case healthy communities, then policy recommendations will more intensely consider how to change or influence that driver. In the second part of the meeting participants will consider and comment on regional input about desired visions for the future.

The group was asked to identify any missing drivers of importance to healthy communities, or to elaborate or edit any existing ones. Numbered drivers 1-8 were identified by the Livability Report Card. Drivers 9, 10 and 11 were added by the group. The bulleted points below are comments from the group regarding each of the drivers.

1. Demographic Shifts
2. Dispersed development and separation of land uses
3. Loss of agricultural land
4. Few transportation options
5. Locations decisions
6. Rising energy costs
7. Low educational attainment, low wages, and limited job advancement opportunities
8. Food, activity and lifestyle
9. Institutional inequalities
   • These issues [the 8 original drivers] affect some people more than others.
   • Institutional structures that you can’t touch do exist and help make things the way they are [such as] institutional racism. The system is set up to benefit some people more than other people.
   • The issue of health inequity is more prevalent in this state than other states. [Another] issue is with the lottery funding schools, which mostly benefits the middle class or higher but is primarily paid for by low-income people who don’t use that money for higher education.
   • Disenfranchisement of many populations because of the perception that this process is so disconnected from their issues.
10. Downturn in the economy
   - The downturn in the economy has limited people’s [health care] access, increasing stress for those at lower income levels. It’s a bigger issue at lower income levels. The middle class is becoming lower class.

11. Lack of alignment of resources/efforts
   - There is lack of alignment of resources. Partnerships aren’t being utilized effectively, especially in education and health. If existing efforts combined resources they’d get more done. Silo mentality makes it difficult for these organizations to get together.

Using a dot voting exercise, meeting participants evaluated how the drivers ranked in their impact on the environment. Results are below.

<table>
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<th>RATING</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
<th>None</th>
<th>Total Score</th>
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<td>1. Demographic shifts</td>
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<td>9</td>
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<td>1</td>
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<td>15</td>
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<td>3. Loss of agricultural land</td>
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<td>6</td>
<td>5</td>
<td>1</td>
<td>23</td>
<td>14</td>
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<td>4. Few transportation options</td>
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<td>8</td>
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<td>1</td>
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<td>15</td>
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<td>5. Location decisions</td>
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<td>5</td>
<td>2</td>
<td>2</td>
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<td>11</td>
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<td>6. Rising energy costs</td>
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<td>2</td>
<td>13</td>
<td>1</td>
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<td>7. Low educational attainment, low wages, and limited job advancement opportunities</td>
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<td>6</td>
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<td>0</td>
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<td>16</td>
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<td>8. Food, activity, &amp; lifestyle</td>
<td>12</td>
<td>2</td>
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<td>0</td>
<td>40</td>
<td>14</td>
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<td>9. Institutional inequalities</td>
<td>6</td>
<td>5</td>
<td>3</td>
<td>0</td>
<td>31</td>
<td>14</td>
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<td>10. Downturn in the economy</td>
<td>7</td>
<td>4</td>
<td>5</td>
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<td>11. Lack of alignment of resources/efforts</td>
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<td>8</td>
<td>6</td>
<td>0</td>
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The results of the exercise noted that the top four drivers were:
   - #7 – Low educational attainment, low wages, and limited job advancement opportunities
   - #8 – Food, activity, & lifestyle
   - #4 and #10 (tie) – Few transportation options and downturn in the economy

It was noted that #9 Institutional inequities, is a determinant to other drivers, especially #7 Low educational attainment, low wages, and limited job advancement opportunities. It is important to keep determinants on the table.

**Review of Forum 2 Themes Summary**
Participants reviewed the overall results of input from the Regional Forum Series 2 handout and vision/themes about Healthy Communities in particular. (PlanET Regional Forum Series 2 Handout)

The vision/themes are shown below and the sub-themes are numbered. The bulleted/italicized points are the comments from the group regarding each of the themes or sub-themes.

**Good access to health care**

1. Resolve [regional] disparities in access to good, quality health care
2. Better access to health care with lower cost
3. Be able to age in place without a car, but have access to services
4. We need to look ahead and make sure that we get ahead of the curve for the coming demand . . . regarding the healthcare system
   - Should include emotional, behavioral and mental health services
   - Shift from an illness model to a wellness model
   - Recognize health triangle: mental, physical and social
   - Vision statement: everyone in the region should have good physical, emotional, behavioral and mental health
   - Health includes increasing opportunities for people to support themselves and their families and increased neighborhood cohesion

**More recreational facilities and opportunities to exercise**

1. More (inexpensive) recreational/healthy activity opportunities
2. Opportunities/activities for middle and high-schoolers (after school)
3. Recreational facilities available to all areas and communities; parks centrally located to all communities
4. Improve and expand the greenway system; more opportunities to walk . . . to be healthier
   - Why is No. 2 limited to middle and high schoolers? Why not pre-school through 12th grade?
   - Instead of “exercise,” say “active living.” This encompasses both individual responsibilities to be active and societal responsibility to create safe places for activity for everyone.
   - In addition to greenways, sidewalk and bicycle lanes as well.
   - Looking at exercise as recreational is privileged. Instead look at it as an everyday part of life.

**More healthy food options**

1. More healthy lifestyle choices (restaurants, grocery stores, etc.) within a better built environment
2. Promote healthy, local foods within the educational system
3. Less reliance on imported food; stronger local farming
   - Instead of “less reliance on imported food” – definitions of “imported” vary – envision strong local and regional food systems. More competitive local farms. Goal is to reduce food miles. There is more to that system than just growing food. There’s also distribution, transportation, access.
   - Add “affordable” to “more healthy lifestyle choices.”
• More detail needed for “better built environment.” Include walkability and integration of land uses.

• Food sources should include nontraditional ones: community and home gardens, urban chickens and rabbits, food sales in neighborhoods. Education about all of these, so people know how to cultivate their own health.

**Lower rates of drug abuse**

1. Improved policing of the drug problem (especially methamphetamines)

2. Less reliance on prescription drugs

3. A drug-free community

   • Needs to go beyond policing. Stopping just the user is not effective. Stopping the drug dealer is often more important. There is a need for better policies and enforcement.

   • Access to treatment

**Outreach Methods and Next Steps**

Chairman Dickson closed the meeting, noting that participants have a homework assignment: commit to holding at least one Meeting in a Box before mid August, identify community projects in line with PlanET goals, and try to identify PlanET champions. The next Healthy Communities Working Group meeting will probably be the week of August 20th.

**Additional Feedback:**

• Emotional and spiritual wellness ideas that are policy related will be revisited later in Working Groups.

• It would be good to do a needs survey of those with disabilities. They are 16-20 percent of the population, and we don’t really know what their needs are.

• In all of the five focus areas, with all the regional drivers, we need to focus on improving our competitive advantage as a region. We need to avoid looking at these issues with a silo mentality.