



Together! Healthy Knox

Building a diverse, vibrant community that nurtures good health and quality of life.

2010-2014

Final Report to the **Community Health Council**

August 8, 2014

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Community Health Council (CHC)

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Madeline Rogero, City of Knoxville
Grant Rosenberg, Knoxville Leadership Foundation
Dr. Warren Sayre, Y-12 Nuclear Security Complex
Roselyn Tillman, Pellissippi State Community College

Project Staff (Knox County Health Department staff unless otherwise noted)

Gary Acuff*
Vickey Beard (YMCA of East Tennessee)
Dr. Kathy Brown*
Dr. Martha Buchanan*
Whitney Flanagan
Trina Gallman
Terri Geiser
Lesley Guyot
Sarah Harder
Angela Hoffman
Albert Iannacone
John Lott*
Fiona McAnally*
Alicia Mastronardi
Mark Miller*
Michelle Moyers
Donna Parang
J. Mark Prather
Ranee Randby*
Erin Read
Judy Roitman
Roberta Sturm
Carrie Thomas
Michael Thomas
Jennifer Valentine*
Stephanie Welch*
Carlos Yunsan*

*Members of the MAPP Core Group

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Executive Summary



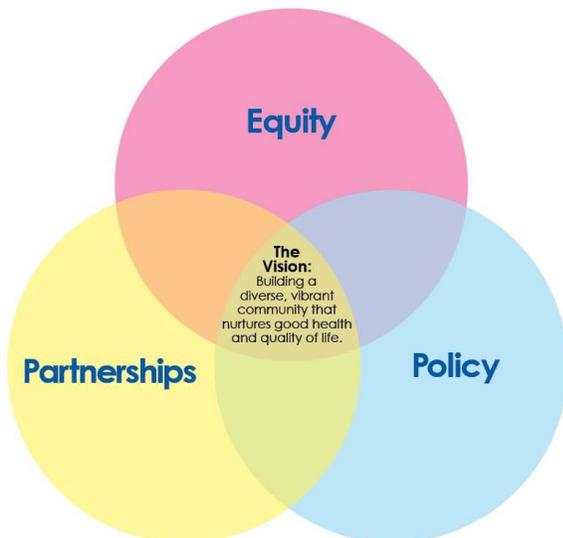
Together! Healthy Knox (THK) is a community-driven health improvement process using the Mobilizing for Action through Planning and Partnerships (MAPP) framework. The first iteration of THK was convened by the Knox County Health Department in 2010, and was projected to last five years. This final report covers that first iteration, known as THK 1.0. The process is guided by the Community Health Council (CHC), which serves the City of Knoxville, Knox County, and the Town of Farragut, and is made up of representatives from sectors of the local public health system.

Two separate documents were created: first, the comprehensive community health assessment, which is made up of four reports: the Community Health Status Assessment, the Community Themes and Strengths Assessment, the Local Public Health System Assessment, and the Forces of Change Assessment. The second document is the THK action plan, which details the strategic issues that came out of the assessment process and outlines goals, strategies, and actions to address these health issues. The three strategic issues that resulted from the MAPP process under THK are:

- **How can we achieve equitable health outcomes for all community members?**
- **How can we create a sustainable network of partnerships that effectively contributes to improved community health?**
- **How can we position health as a consideration in community policy and planning decisions?**



Leadership Team members Grant Rosenberg and Carolyn Hansen, and KCHD staffer Lesley Guyot brainstorm connections between health issues in April 2011.



These strategic issues were publicly presented by the CHC in May 2011, and three Action Teams were convened, one for each strategic issue: equity, partnerships, and policy. The Action Teams spent one year formulating goals and strategies to create the work plans found in the community health improvement plan. The full plan was presented publicly in November 2012, and the Action Teams spent eighteen months implementing the plan, from January 2013 to June 2014.

Introduction

Together! Healthy Knox's mission is "a community approach to better health." The purpose of the community health improvement process under THK is to bring perspectives and voices from across the community into one strategic plan to address health issues in Knox County, and to implement that plan in a collaborative, community-driven way. Knox County Health Department convened this initiative in 2010 to help address one of the strategic issues that emerged during the Health Department's internal strategic planning process: "How can we facilitate a community approach to better health?" Together! Healthy Knox's vision is "building a diverse, vibrant community that nurtures good health and quality of life."

The following lists of successes and challenges from the first iteration of MAPP under THK (2010-2014), and recommendations for the second iteration of MAPP, were summarized from CHC and Action Team input in the following venues:

- Facilitated discussion at the March 2014 joint meeting of the Community Health Council and all three Action Teams,
- Facilitated discussions during all three Action Teams' final meetings in May and June 2014, and
- An online survey for Action Team members open from May 8, 2014 to July 21, 2014.



This final report outlines the successes and challenges of the entire first iteration of MAPP, from community health assessment to implementation of the community health improvement plan, and offers recommendations for the second iteration of MAPP that has just begun under THK. Community health assessment reports and more information may be found at www.healthyknox.org.

This report will help the Community Health Council and the Knox County Health Department plan the second iteration of MAPP under THK, known as THK 2.0.

Successes



Seventy-two representatives from 48 organizations attended the 2010 Local Public Health System retreat (part of the community health assessment) on Dec. 6, 2010.

- Formation of the **Community Health Council**.
- THK brought together **key community partners** to agree on one set of strategic issues for health improvement. The partnerships cultivated under this process will help the community address health issues. Many who have been involved want to stay engaged into the second iteration of THK. The process has been very deliberate.
- **Tangible products** around equity:
 - In May 2014, Knox County Health Department intern James Arnett completed a health equity media audit to explore the underlying assumptions and messages in local media coverage of health equity issues.
- As a result of initial conversations on the Equity Action Team about fragmentation of equity efforts, a separate planning group convened the November 2013 Health Equity Summit to bring groups working on equity issues together to exchange ideas and information.
- In May 2014, the Knoxville News Sentinel published a series of front-page articles on disparities in causes of death by ZIP code in Knox County.
- **Systems changes:**
 - The THK Policy Action Team helped local advocacy group Bike Walk Knoxville with their effort to bring a complete streets philosophy — i.e., streets that are safe and comfortable for all kinds of transportation, from cars to bikes to pedestrians — to development patterns in the city of Knoxville. The City Council has convened a study group on complete streets as a result of Bike Walk Knoxville’s work.
 - Two of Knox County’s three nonprofit hospital systems have signed a memorandum of understanding with the Knox County Health Department that outlines a data sharing agreement. THK aligns well with the new requirements on nonprofit hospitals for community health needs assessment and community health improvement planning under the Affordable Care Act.
 - Partner organizations have gained a better understanding of the Knox County Health Department’s focus beyond indigent care and vaccinations to prevention and community health improvement planning.



Equity Action Team members Emily Saunders, left, and Stephanie Cook present to the Equity Action Team in February 2012.

- Plan East Tennessee (PlanET) added a strong focus on health and equity to its process partly in response to THK. PlanET continues to promote MAPP/THK as a best practice in other East Tennessee counties.
- Regional nonprofit organization East Tennessee Quality Growth has added a focus on equity to its work as a result of working with THK.
- Health is integral to the vision of Community Schools, a choice strongly influenced by THK.
- The Knox County Health Department was an **effective backbone support organization** for THK.
- THK helped put **health equity on the agenda** for many local and regional groups, and this has grown into plans for a series of equity forums and additional conversations on how best to engage the whole community in addressing this issue.

Challenges

- While many partners committed to the process, and the nonprofit and government sectors were well-represented throughout the process, there were **not enough partners at the table**, especially funders, the private sector, grassroots community groups, citizen volunteers, and neighborhoods (especially low income neighborhoods). The set of partners was not diverse enough, in terms of sectors and populations represented. This contributed to a lack of alignment between the THK action plan and current work in the community and a lack of funding for action items.
- The **community health assessment reports** did not include summaries of key themes, challenges and opportunities that would have helped the Community Health Council synthesize the data as they worked to identify strategic issues.
- **Institutional commitment** to the process among partners was also a challenge, with some exceptions. It would help if we worked to engage more high-level decision-makers from partner organizations to become directly involved with the process.
- The process did not allow for enough **input** into planning and implementation **from stakeholders and the community at large**.
- Various partners understood the **overall purpose** of THK differently. Some saw it as an umbrella for all the work that's already going on, and a neutral place to discuss gaps in that work, whereas others saw it as a platform for new programs and on-the-ground action involving volunteers and frontline staff.
- We do not have concurrence among major power brokers in our community that **health is a priority** (elected officials, high level management from prominent organizations).
- We have not focused on showing a convincing **return on investment** in health. This will be vital to engaging the private sector.
- **Action Teams' roles** were not clear to members. It would help if we were more clear about how members can benefit from the process, and what they can contribute. Action Team members wanted something to DO, and wanted to see their work and their decisions impact the community positively.
- The **CHC's role** was also not clear to many Action Team members.
- There was not enough **effective communication** between groups (CHC, Action Teams, working groups).

- The Action Plan was **not specific enough**. The strategic issues were very broad and the Action Plan should have drilled down to a level of actionable work items.
- Several parts of the Action Plan could not be implemented because of **lack of funding** (211 improvements, health equity social marketing campaign).
- The Action Plan did not include **performance measures** to help us evaluate progress. As a result, we did not effectively evaluate our progress and make necessary changes along the way.
- Process took a long time (five years), and after **so much time spent planning**, the implementation period felt artificially short.
- The **community is not aware** of the CHC and THK because we have not developed a comprehensive marketing effort to create a simple message to communicate a broad understanding of health, the concept of health inequity, and that health should be considered when policy and planning decisions are made.

Recommendations for THK 2.0

- Keep THK 1.0's strategic issues (equity, partnerships, and policy) as strategic lenses for THK 2.0 work.
- Include a summary of key themes, challenges and opportunities in community health assessment (CHA) reports to assist in identification of strategic issues.
- Focus on action and results.
- Recruit Action Team members strategically, and use their time productively and efficiently.
- Bring a greater diversity of partners to the table.
- The planning process should result in a comprehensive community health improvement plan (CHIP) with:
 - Measurable health objectives
 - Performance measures for the process
 - Information about current work in the community around each strategic issue
 - A list of recommended policy changes
 - Specific connections between community health assessment data and strategic issues
 - Individuals and organizations that have accepted responsibility for implementing actions
 - Information linking chosen strategies to best practices
 - Alignment with other local efforts, and state and national health priorities
- Plan opportunities for feedback from stakeholders and the community at large on the CHA reports and the CHIP.
- Shorten the planning process and set aside more time for implementation of the CHIP.
- Establish a reporting mechanism for Action Teams to update the CHC on their progress.

Conclusion

The second iteration of MAPP under Together! Healthy Knox is projected to last about four years, from January 2014 to January 2018. The Community Health Council is working with Knox County Health Department staff to finalize a detailed plan for this iteration that addresses the challenges and builds on the successes listed in this report. The table below summarizes the planned differences between the first and second iterations of MAPP in Knox County.

	THK 1.0	THK 2.0
Process	<ul style="list-style-type: none"> • CHC set strategic issues • Action Teams set goals, strategies, and actions • Action Team leadership emerged organically • Action Teams composed of volunteers • No opportunities for ongoing revision of community health improvement plan (CHIP) 	<ul style="list-style-type: none"> • CHC will set strategic issues, goals, strategies and measurable objectives • Action Teams will create specific Action Plan • CHC Chair to appoint Action Team chairs • Action Team members to be recruited strategically • Opportunities for ongoing revision of CHIP built into process
Deliverables	<ul style="list-style-type: none"> • Assessment reports • Action Plan • Annual THK reports • Final Action Team report to CHC 	<ul style="list-style-type: none"> • Assessment reports • CHIP with specific Action Plan • Quarterly or biannual progress reports from Action Teams • Final Action Team report to CHC and community
Timeframe	5 years	About 3.5 years
Health Department Role	<ul style="list-style-type: none"> • Convener and facilitator • Took on most of workload for Action Plan implementation 	<ul style="list-style-type: none"> • Offer more concrete guidance on process and deliverables • Will expect partner organizations to shoulder portion of workload for CHIP implementation

Appendix A: Key dates from the first iteration of MAPP

- May 2010 Public meeting— Knox County Health Department presents data from Community Health Status Assessment and Community Themes and Strengths Assessment to partners, asks for volunteers to constitute a Leadership Team to lead the rest of the MAPP process under the new initiative Together! Healthy Knox.
- July 2010 THK Leadership Team constituted of representatives from many sectors of the local public health system.
- August 2010 THK Leadership Team sets vision through collaborative workshop.
- September-December 2010
THK Leadership Team conducts Local Public Health System Assessment and Forces of Change Assessment.
- February 2011 The THK Leadership Team completes the reports for the other two MAPP assessments: the Local Public Health System Assessment and the Forces of Change Assessment.
- May 2011 Public meeting—the THK Leadership Team presents data from the comprehensive community health assessment and the strategic issues that were chosen based on CHA data to partners, asks for volunteers to constitute three Action Teams to address strategic issues.
- June 2011-August 2012
Action Teams create the community health improvement plan (CHIP).
- November 2012
Public meeting—the THK Leadership Team and the three Action Teams present the CHIP.
- January 2013 The THK Leadership Team becomes the Community Health Council by ordinance of the Knox County Commission, with supporting ordinances and resolutions from the Knoxville City Council and the Farragut Board of Aldermen.
- January 2013-June 2014
The Action Teams work to implement the CHIP.

Appendix B: Action Plan

Strategic issue: Partnerships

How can we create a sustainable network of partnerships that effectively contributes to improved community health?

Goal: To promote alignment among partners in order to connect, educate and empower people to improve their health.

Aligns with the National Prevention Strategy, Clinical and Community Preventive Services #5: Reduce barriers to accessing clinical and community preventive services, especially among populations at risk.

(<http://www.surgeongeneral.gov/initiatives/prevention/strategy/clinical-and-community-preventive-services.html>) and National Prevention Strategy, Empowered People #1: Provide people with tools and information to make healthy choices (<http://www.surgeongeneral.gov/initiatives/prevention/strategy/empowered-people.html>)

Strategies	Objectives	Actions	Who	Notes
Enhance access to and knowledge of the local service directory, 211.	By Feb. 28, 2013, create a letter of understanding that includes a specific request for enhancement of the 211 system around funding, access points, functionality, and a marketing strategy to be presented to the THK Leadership Team.	Create marketing strategy to raise awareness that 211 is an essential piece of local infrastructure, and we should make the most of the possibilities it holds.	Partnerships Action Team and 211	Completed: Team worked with 211 Adv Bd to communicate that THK's data-driven process has led to a focus on 211 as essential infrastructure.
		Create list of recommendations for 211 website, possible smart phone app, and other access points.	Partnerships Action Team and 211	Completed: Donna Burnham (211 Atlanta) presented to team and stakeholders on system improvements, 02/14/13.

Strategic issue: Partnerships (continued)

How can we create a sustainable network of partnerships that effectively contributes to improved community health?

Goal: To promote alignment among partners in order to connect, educate and empower people to improve their health.

Strategies	Objectives	Actions	Who	Notes
Expand and improve the information available through 211.	By Sept. 1, 2013, create a proposal for enhancement of 211 around funding, access points, functionality, marketing and additions to 211's form for gathering information from service providers.	Assess scope of information that is currently provided in 211 database. Recommend additions to make information complete for community members and referrers using 211.	Partnerships Action Team and 211	Not completed. Awaiting final word on whether funding will be sufficient to convert to 211 contact center with web and mobile functionality.
Expand and improve the information available through 211.	By Oct. 1, 2013, create a list of organizations whose information is missing from 211's database.	Use existing resources to identify organizations whose information is missing from 211 database.	Partnerships Action Team and 211 staff	Not completed due to concerns about proprietary information in 211 database.

Strategic issue: Partnerships (continued)

How can we create a sustainable network of partnerships that effectively contributes to improved community health?

Goal: To promote alignment among partners in order to connect, educate and empower people to improve their health.

Strategies	Objectives	Actions	Who	Notes
Expand and improve the information available through 211.	By Feb. 28, 2014, collect information from all organizations identified as missing from 211's database and feed into 211.	Collaborate with 211 to contact organizations about including their information in the 211 database.	Partnerships Action Team and 211 staff	Not completed. Awaiting final word on whether funding will be sufficient to convert to 211 contact center with web and mobile functionality.
Provide networking opportunities to the organizations of the local public health system.	By spring 2014, host a partnership summit to show partnership opportunities and connect non-profits, for-profits, and funding agencies; provide educational opportunities; and connect and align resources.	Contact organizations that currently run networking sessions to find out more about format and possible collaboration.	Partnerships Action Team and 211 staff	Not completed. Team looking into partnering with 211 on interagency meetings.
		Develop outcome-based plan for partnership summit, and present to the chamber to get support from business community.	Partnerships Action Team and 211 staff	Not completed. Team looking into partnering with 211 on interagency meetings.

Strategic issue: Policy

How can we position health as a consideration in community policy and planning decisions?

Goal 1: By Sept. 15, 2013, at least 30 local elected and appointed policymakers in Knox County, Tenn., will sign a pledge to place health as a consideration in policy and planning.

Aligns with the National Prevention Strategy, Healthy and Safe Community Environments #4: Integrate health criteria into decision making, where appropriate, across multiple sectors (<http://www.surgeongeneral.gov/initiatives/prevention/strategy/healthy-and-safe-community-environments.html>)

Strategies	Objectives	Actions	Who	Notes
Raise public awareness of health as a policy issue.	By September 2013, implement a public marketing campaign for health policy in Knox County.	Develop and release an RFP to solicit applications from local communications firms to create this marketing campaign.	Pioneering Healthier Communities (PHC) team	Completed (RFP and contract completed)
		Choose one communications firm from the applications received and collaborate to craft public marketing campaign.	PHC team and communications firm	Completed but not executed due to concerns with campaign. A portion of the PHC grant was used to create a short video called "Eat Play Live: A Kid's Eye View," that features local children talking about healthy changes they'd like to see in their neighborhoods. Watch it on YouTube: http://youtu.be/XsIE_oZ65i8 Also, Policy Action Team conversations about raising awareness of health as a policy issue led directly to the creation of the Community Health Council for Knox County.

Strategic issue: Policy (continued)

How can we position health as a consideration in community policy and planning decisions?

Goal 2: By September 2013, increase the number of state-wide healthy living policies in Tennessee.

Strategies	Objectives	Actions	Who	Notes
Support the Tennessee Obesity Taskforce's legislative agenda.	By September 2013, Knox County PHC will play an active role in supporting one successful policy change as part of the Tennessee Obesity Taskforce legislative agenda.	Choose one Policy Action Team member to join the Tennessee Obesity Taskforce and participate in setting the TOT legislative agenda.	Policy Action Team	Stephanie Welch (KCHD) served in this position until her departure. Fiona McAnally now serves in this role.
		This Policy Action Team member will communicate the TOT legislative agenda to the Policy Action Team and its partners.	Policy Action Team	Fiona McAnally provided TOT updates at all Policy Action Team meetings.
		Establish a legislative alert system so that partners know when critical policy decisions are being made in the legislature and can voice their opinions to legislators.	Policy Action Team	Completed. Partners such as Bike Walk Knoxville and the Tennessee Food Policy Council assist with this task. (Example: community gardening bills, 2013, 2014.)

Strategic issue: Policy (continued)

How can we position health as a consideration in community policy and planning decisions?

Goal 3: By September 2013, increase the number of healthy living policies in Knox County, Tenn.

Aligns with Healthy People 2020, PA-15: Increase legislative policies for the built environment that enhance access to and availability of physical activity opportunities (www.healthypeople.gov, topics and objectives under Physical Activity)

Strategies	Objectives	Actions	Who	Notes
Build capacity on a local level for policy advocacy.	Educate and improve confidence and skill of Policy Action Team members and partners in advocating for policy change.		Policy Action Team	Completed. Internal assessment of advocacy skills, November 2012; “How to” on tracking bills, Feb. 3, 2014, Action Team meeting.
Advocate for specific policy changes in the public sector.	By September 2013, the Knox County THK Policy Action Team will play an active role in supporting at least one substantial policy change in the governmental sector in Knox County, Tenn.	Identify specific local public policy priorities for advocacy.	Policy Action Team	Completed. Identified complete streets ordinance for City of Knoxville.
		Identify and train messengers to advocate with local leaders and other target audiences in support of these policy changes.	Policy Action Team	Regular updates at Action Team meetings; Bike Walk Knoxville is the lead, and the chair is active on the Policy Action Team.
		Monitor progress and alter course as needed.	Policy Action Team	City Council workshop by Bike Walk Knoxville (February 2014), mayor establishing study group (April 2014).

Strategic issue: Policy (continued)

How can we position health as a consideration in community policy and planning decisions?

Goal 3: By September 2013, increase the number of healthy living policies in Knox County, Tenn.

Strategies	Objectives	Actions	Who	Notes
Advocate for specific policy changes in the private/non-governmental sector.	By September 2013, the Knox County THK Policy Action Team will play an active role in supporting at least one substantial policy change in the private/non-governmental sector in Knox County, Tenn.	Identify specific local private policy priorities for advocacy.	Policy Action Team	Completed. Partner organization YMCA identified healthy vending as an area for policy change.
		Identify and train messengers to advocate with local businesses or leaders and other target audiences in support of these private policy changes.	Policy Action Team	Completed. Team members Vickey Beard and Jim Dickson with the YCMA spearheaded new internal healthy vending policy as a result of Policy Action Team conversations.
		Monitor progress and alter course as needed.	Policy Action Team	

Strategic issue: Equity

How can we achieve equitable health outcomes for all community members?

Goal 1: Use community health assessment data to identify neighborhoods with the greatest challenges to health.

Aligns with the National Prevention Strategy, Elimination of Health Disparities #3: Increase the capacity of the prevention workforce to identify and address disparities (<http://www.surgeongeneral.gov/initiatives/prevention/strategy/elimination-of-health-disparities.html>)

Strategies	Objectives	Actions	Who	Notes
Assess severity of challenges to health across neighborhoods and/or sectors in Knox County, and create maps to tell the story of inequity and its effects on health.	By February 2013, create at least two health indicator density maps to illustrate geographical areas with the greatest challenges to health.	Consult the KCHD epidemiology department to determine which indicators best illustrate the nature and extent of health inequity across neighborhoods.	KCHD staff	Completed. Decided on strategy of tying social determinants and environmental factors to specific health outcomes.
		Determine the most appropriate geographic divisions to use in mapping (planning sector, school zones, etc.)	KCHD staff	Census tract would be best, but we are limited by available data. The 2014 BRFSS will include a higher level of geographical detail to help solve this problem.
		Overlay indicator data onto chosen geographic divisions to create density maps.	KCHD staff	Completed. Sets of maps tracing social determinants and outcomes created.

Strategic issue: Equity (continued)

How can we achieve equitable health outcomes for all community members?

Goal 1: Use community health assessment data to identify neighborhoods with the greatest challenges to health.

Strategies	Objectives	Actions	Who	Notes
Prepare for targeted community engagement.	By March 2013, use maps created to select 2 to 5 neighborhoods in which to begin community engagement.	Determine criteria for selecting neighborhoods for community engagement.		Completed. Team decided on two social determinants with a strong relationship to health outcomes: income and education.
		Decide on a final number of neighborhoods for community engagement work.		Not completed. Team decided this top-down approach not workable. Also doesn't take into account existing efforts and how we could partner with them.

Strategic issue: Equity (continued)

How can we achieve equitable health outcomes for all community members?

Goal 2: Increase awareness of how health outcomes are impacted by inequities at all levels of the community.

Aligns with Healthy People 2020, HC/HIT-13: Increase social marketing in health promotion and disease prevention (www.healthypeople.gov, topics and objectives under Health Communication and Health Information Technology)

Strategies	Objectives	Actions	Who	Notes
Target inequity awareness messaging for particular audiences. Messaging should focus on understanding health in broad terms, and how social determinants, policy, systems and environment impact health.	By March 2013, identify at least three target audiences (e.g., media, policymakers, residents of underserved communities, and business leaders) and tailor inequity awareness messages and communication avenues to each one.	Determine the target audiences for health inequity messaging.	Equity Action Team and KCHD staff	Not completed. Team decided such a messaging campaign will not be effective until there is more awareness on organizational and grassroots levels of health inequity. Team decided to focus on talking with organizations, agencies and groups about health inequity. The team will begin with Community Schools and the Equity Summit/Forum.
		Identify best practices and resources needed for messaging campaign.	Equity Action Team and KCHD staff	
		Create messaging that will help audiences understand health in broad terms and how social determinants, policy, systems and environment affect health.		
		Create a communications plan to disseminate messages about inequity and its effects on health.		Not completed, see above.

Strategic issue: Equity (continued)

How can we achieve equitable health outcomes for all community members?

Goal 2: Increase awareness of how health outcomes are impacted by inequities at all levels of the community.

Strategies	Objectives	Actions	Who	Notes
Create a training curriculum to raise awareness of inequities' impact on health.	By June 2013, the THK Health Equity Action Team will develop a curriculum for a training on how health and inequities are connected that will incorporate health indicator density maps (goal 1).	Create an evaluation plan for the curriculum to include follow-up measures and tools (e.g., pre- and post-tests) to assess knowledge, attitudes, behaviors and perceptions around inequities and their connection to health outcomes.	Equity Action Team	Not completed.
		Utilize existing resources to develop content for health inequity curriculum.	Equity Action Team	Completed. PowerPoint presentation and discussion guide are complete and were piloted with Community Schools site resource coordinators July 30.

Strategic issue: Equity (continued)

How can we achieve equitable health outcomes for all community members?

Goal 2: Increase awareness of how health outcomes are impacted by inequities at all levels of the community.

Strategies	Objectives	Actions	Who	Notes
Train Health Equity Action Team members and community members using curriculum.	By February 2014, increase awareness of how health and inequities are connected through training at least 60 community members using the developed training.	By August 2013, at least ten active THK Health Equity Action Team members will be trained on the health and inequity curriculum.	Equity Action Team	Not completed.
		By November 2013, THK Health Equity Action Team members will hold at least three train-the-trainer events across the county, with at least one in each neighborhood selected for engagement around health inequity.	Equity Action Team	Not completed.
		By February 2014, THK Health Equity Action Team members from various parts of the community (e.g., business community, medical community, etc.) will hold their own trainings using the curriculum.	Equity Action Team and community partners	Not completed.

Strategic issue: Equity (continued)

How can we achieve equitable health outcomes for all community members?

Goal 3: Engage the identified neighborhoods to assess root causes and improve health outcomes.

Aligns with the National Prevention Strategy, Elimination of Health Disparities #1: Ensure a strategic focus on communities at greatest risk (<http://www.surgeongeneral.gov/initiatives/prevention/strategy/elimination-of-health-disparities.html>)

Strategies	Objectives	Actions	Who	Notes
Identify a community engagement model.	By February 2013, identify 1 to 2 evidence-based community engagement models that include strategies to engage communities, assess root causes, and improve overall health.	Create sub-team to search and determine if models are appropriate for Knox County, and provide recommendations to full Action Team for consideration and final approval.	Equity Action Team	Not completed. Far too ambitious for a volunteer team to complete alone. Partner organizations and initiatives like Community Schools are already engaging communities with challenges to health. The team will work with and through these partners toward this goal.
		Assess effectiveness and re-evaluate model and process on an ongoing basis.	Equity Action Team	Not completed, see above.
Build relationships within the communities selected for engagement.	By June 2013, create an inventory list of stakeholders within the neighborhoods chosen for community engagement.	Identify formal and informal leaders using local and neighborhood resources.		Not completed, see above.
		Follow up with stakeholders regularly to keep neighborhoods engaged.		Not completed, see above.

Strategic issue: Equity (continued)

How can we achieve equitable health outcomes for all community members?

Goal 3: Engage the identified neighborhoods to assess root causes and improve health outcomes.

Strategies	Objectives	Actions	Who	Notes
Establish a community engagement team.	By September 2013, establish a team to implement community engagement in identified neighborhoods.	Establish a team protocol to include regular meeting schedule, locations and meeting logistics that encourage successful participation by all team members.		Not completed. Far too ambitious for a volunteer team to complete.
		Balance team membership between established neighborhood residents and external partners.		Not completed, see above.
		Utilize the selected community engagement model as a roadmap for decision-making and implementation.		Not completed, see above.
		Document the process to capture elements of success, barriers and other aspects.		Not completed, see above.

Strategic issue: Equity (continued)

How can we achieve equitable health outcomes for all community members?

Goal 3: Engage the identified neighborhoods to assess root causes and improve health outcomes.

Strategies	Objectives	Actions	Who	Notes
Use storytelling based on community engagement efforts to help raise awareness of inequity and its effects on health.	By December 2013, collect at least two stories from each of the identified neighborhoods that illustrate the root causes of health inequities to be told as part of the awareness campaign.	Utilize a multi-layered approach to story collection that incorporates information from major influencers, neighborhood leaders, and neighborhood residents.		Not completed. Far too ambitious for a volunteer team to complete.
Identify health improvement goals by neighborhood.	By June 2014, support identified neighborhoods in establishing at least two health improvement goals each.	Utilize community engagement model and work alongside neighborhood residents to arrive at goals by group consensus in each of the identified neighborhoods.		Not completed, see above.
Assist neighborhoods in securing funding for health improvement process.	By June 2014, serve as a resource to connect identified neighborhoods with at least one source of funding to accomplish health improvement goals.	Collaborate with THK Leadership Team and community partners to assess available resources for grant writing and sources of funding.	Equity AT, Leadership Team, community partners	Not completed, see above.
Secure funding to support THK community engagement process.	By March 2013, identify at least one funding source to support THK facilitation of community engagement efforts in identified neighborhoods.	Make recommendations to the THK Leadership Team to explore funding opportunities through grants, local resources and fundraising.	Equity Action Team, Leadership Team	Not completed, see above.

Appendix C: MAPP Process Flowcharts

6 Phases of MAPP

Phase 1

Organizing for Success
Partnership development
Steering committee recruited
Process organized/planned



Phase 2

Visioning
Community and Steering Committee work together to develop an overall shared vision of health that will guide planning and action.



Phase 3

The Assessments
4 assessments

- Community themes and strengths
- Community Health Status
- Local public health system
- Forces of change

Phase 4



Strategic Issues

- Analysis of results from assessments
- Brainstorm potential strategic issues



Phase 5

**Goals/Strategies
(Steering Committee works alone)**

- Develop goals related to strategic issues.
- Each goal may require more than one strategy
- When you have a list of goals, the next step is to design strategies for reaching them. Each goal may require more than one strategy, and strategies should, where possible, build on the assets you've identified, use the opportunities you found and respond to the threats that have presented themselves in assessments.
- Consider barriers to implementation



Phase 6

Action Cycle

- Comprise planning, implementation and evaluation of the action that the group takes to achieve its goals.

Together! Healthy Knox 1.0

Phase 1

June 2008-May 2010

- Internal KCHD MAPP Core Group met monthly.
- KCHD staff presented to 25 community organizations and agencies on MAPP.
- KCHD completed CHSA and CTSA.
- Data presented at public meeting May 2010.
- Asked for volunteers to form THK Leadership Team.

Phase 2

August 2010-October 2010

Leadership Team and KCHD staff created THK vision statement

Phase 3

September 2010-December 2010

- FOCA Workgroup completed FOCA.
- LPHSA Workgroup planned Dec. 6, 2010 LPHSA retreat.
- KCHD staff completed assessment reports.

Phase 4

January 2011-May 2011

- Leadership Team worked in pairs to identify significant data points.
- Presented and categorized significant data points to identify health issues.
- Drew connections between health issues to identify cross-cutting strategic issues.
- May 19, 2011: public meeting to present strategic issues and ask for volunteers to join Action Teams.

Phase 5

June 2011-November 2012

- Action Teams developed goals and strategies for each strategic issue.
- Nov. 1, 2012: resulting Action Plan presented publicly.

Phase 6

January 2013-June 2014

- Action Teams worked to implement Action Plan, asking for support from CHC as needed.
- Significant challenges encountered.