



2010

Community Themes and Strengths Assessment

Knox County, Tennessee

ACKNOWLEDGEMENTS

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Knox County Mayor

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Director

Mark Miller, MS
Deputy Director

Special thanks to:

Gary Acuff
Kathleen C. Brown, PhD, MPH, CHES
Whitney Flanagan
Trina Gallman, MPH
Terri Geiser, MPH
Sarah Harder, MPH
Angela Hoffman, MS
Albert Iannacone, MS
Jennifer Johnson, MSN

Alicia Mastronardi, MPH
Donna Parang, MS
J. Mark Prather, PhD
Ranee Randby
Judy Roitman, CMSW
Roberta Sturm, MPH
Stephanie Welch, MS-MPH, RD, LDN
Carlos A. Yunsan, MS-MPH

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Introduction

In 1998, the Institute of Medicine defined public health as “what we as a society do collectively to assure the conditions in which people can be healthy.”

Improving health is a shared responsibility of health care providers and public health officials, as well as a variety of organizations and individuals who contribute to the well-being of our community. No single entity can make a community healthy. So much more can be accomplished by working together with a common vision to improve health.

Together! Healthy Knox provides a framework for bringing together the individuals, groups and organizations that make up our local public health system, and guides our community to identify and take action on priority health issues. The approach used by **Together! Healthy Knox** is a paradigm shift from operational to strategic thinking, from a needs-based to an asset-based emphasis and from an agency focus to a broad community focus — a new way of doing business.

FROM	TO
Operational planning	Strategic Planning
Focus on the agency	Focus on community & entire public health system
Needs assessment	Emphasis on assets and resources
Medically oriented model	Broad definition of health
Agency knows all	Everyone knows something

Together! Healthy Knox uses the *Mobilizing for Action through Planning and Partnerships* (MAPP) model for community health planning, developed through a cooperative agreement between the National Association of County & City Health Officials and the Centers for Disease Control & Prevention (see figure below).

In support of **Together! Healthy Knox**, the Knox County Health Department is pleased to present the *2010 Community Themes & Strengths Assessment: Knox County, Tennessee*. The purpose of the assessment is to gain a better understanding of community perceptions about health and quality of life; to provide useful information for local programmatic and fiscal decision-making; and to inform the development of a strategic community health improvement plan.



This assessment corresponds to the Community Themes & Strengths Assessment of the MAPP model. Surveys, focus groups and key informant interviews were used to gather insight into issues of concern, as well as local assets and resources related to health and quality of life (Table 1). The report begins with a summary table of the identified themes followed by sections detailing the methodology and findings from the surveys, focus groups and key informant interviews.

Table 1. Summary of the 2010 Community Themes and Strengths Assessment

	Survey	Focus Groups	Key Informant Interviews
QUALITY OF LIFE and HEALTH THEMES			
Access*	✓	✓	✓
Affordable Housing	✓	✓	✓
Communication and Information		✓	✓
Community Attitudes/Values		✓	✓
Community Involvement	✓	✓	✓
Economy/Jobs	✓	✓	
Environment	✓	✓	✓
Government Services		✓	✓
Health Education/Promotion	✓	✓	✓
Safety/Low Crime	✓	✓	✓
Schools/Education	✓	✓	✓
STRENGTHS and RESOURCES			
Access*		✓	
Affordable Housing			✓
An Improving & Good Quality of Life	✓		✓
Communication and Information		✓	
Community Attitudes/Values	✓	✓	✓
Community Involvement		✓	✓
Environment	✓	✓	✓
Good Place to Raise Children	✓		
Government Services		✓	✓
Health Care Organizations/Programs	✓	✓	
Political Will/Motivation			✓
Public Health Policies			✓
Schools/Education		✓	✓
PROBLEMS and CHALLENGES			
Cancer	✓	✓	
Communication/Information			✓
Community Attitudes/Values	✓	✓	
Cost of Health Care	✓	✓	
Diabetes	✓		✓
Disparities			✓
Drug/Substance Abuse	✓	✓	✓
Heart Disease/Stroke/Hypertension	✓	✓	
Lack of Access*		✓	✓
Lack of Physical Activity	✓		✓
Mental Health/Homelessness	✓	✓	✓
Obesity	✓	✓	✓
Prescription Drug Use	✓		✓
Respiratory/Lung Disease/Asthma	✓		
Smoking/Tobacco Use	✓	✓	✓

*Access to affordable food, affordable housing, health education and information, health insurance, jobs, physical activity, mental health services, and to social and government services for children and seniors.

Community Themes and Strengths: Survey

Methodology

The Knox County Quality of Life and Health Survey was conducted to assess the level of satisfaction and perceived quality of life held by individuals in and around Knox County. The 22-question survey (Appendix 1) was developed after an extensive review of similar surveys used across the United States, including those used by other MAPP sites. Survey questions were categorized into three sections (ranking quality of life indicators, defining a healthy community, health issues in Knox County, and demographics). Respondents were asked to rate quality of life indicators for Knox County as a whole and for their local community (within Knox County).

The survey was piloted with Knox County Health Department (KCHD) staff in fall, 2008. It underwent several iterations before the final version was determined. The survey instrument was loaded into Survey Monkey, a web-based service which allows for real-time data analysis.

Sample

The intent was to cast a wide net; to be as inclusive as possible. Purposive sampling, a technique between quota and convenience sampling, was employed to get respondents. Snowball sampling was also utilized through email lists, e.g. to coalitions, homeowner groups, large civic groups, etc. A representative sample of Knox County adults is approximately 400. However, we hoped to survey enough individuals to reflect the general demographic characteristics of Knox County as well as the distribution of the population according to Metropolitan Planning Commission sectors.

Data collection

Data collection occurred between January and June, 2009. The survey was introduced into the community with significant media coverage from the Knoxville News-Sentinel. Additional marketing of the survey included media exposure through local TV, radio,

and newspapers. The survey link was distributed via email to community agencies and organizations. For example, the Knoxville Susan G. Komen for the Cure included the link in their electronic newsletter which is distributed to more than 13,000 persons, <http://ww5.komen.org/News/KomenNewsletters.html>. It was also posted on websites including Knox County (www.knoxcounty.org), Knox County Libraries (<http://cat.knoxlib.org>), Knox County Senior Centers (<http://www.knoxcounty.org/seniors/index.php>), health care organizations, coalitions, and Together! Healthy Knox (www.healthyknox.org). The link also was posted on the community information enclosure in Knoxville Utilities Board bills. A paper survey was conducted at numerous community events (Earth Fest, Incredible Baby Shower, Operation Health Check-West Town Mall, and Operation Health Check–Knoxville Center Mall, National Public Health Week activities). A temporary booth was set up in the KCHD lobby to survey individuals who came for services of any nature. Incentives were offered at most community events.

Data analysis

Data analyses for the survey were primarily descriptive statistics. Percentages reflect all those who answered the question including responses of “don’t know.” The total number of responses is noted for each question.

Results

Survey Respondent Characteristics

3,526 persons started the survey and 3,098 (87.9%) completed it. The results represent both the on-line and paper survey responses combined. Table 2 presents the characteristics of the survey respondents.

Table 2. Characteristics of Knox County Quality of Life and Health Survey respondents, 2009

	Response Count	Response Percent	County Actual ¹
Gender²			
Female	2196	73.2%	58.5%
Male	804	26.8%	48.3%
Age			
18 – 19	83	2.7%	-
20 – 24	288	9.5%	8.2%
25 – 34	657	21.7%	13%
35 – 44	558	18.4%	14.3%
45 – 54	709	23.4%	14.8%
55 – 59	309	10.2%	6.3%
60 – 64	220	7.3%	5.4%
65 – 74	164	5.4%	6.7%
75 – 84	36	1.2%	4.3%
85 or older	3	0.1%	1.7%
Race			
White	2586	85.9%	89.4%
Black or African American	274	9.1%	9.5%
Other, including more than one race	150	5.0%	3.0%
Ethnicity			
Hispanic/Latino	82	2.8%	2.4%
Non-Hispanic	2832	97.2%	84.6%
Education			
Less than high school	190	6.3%	13.0%
High School diploma or GED	467	15.5%	27.6%
Vocational, some college or Associates degree	944	31.3%	26.7%
Bachelors degree	750	24.9%	20.5%
Graduate degree	666	22.1%	12.3%

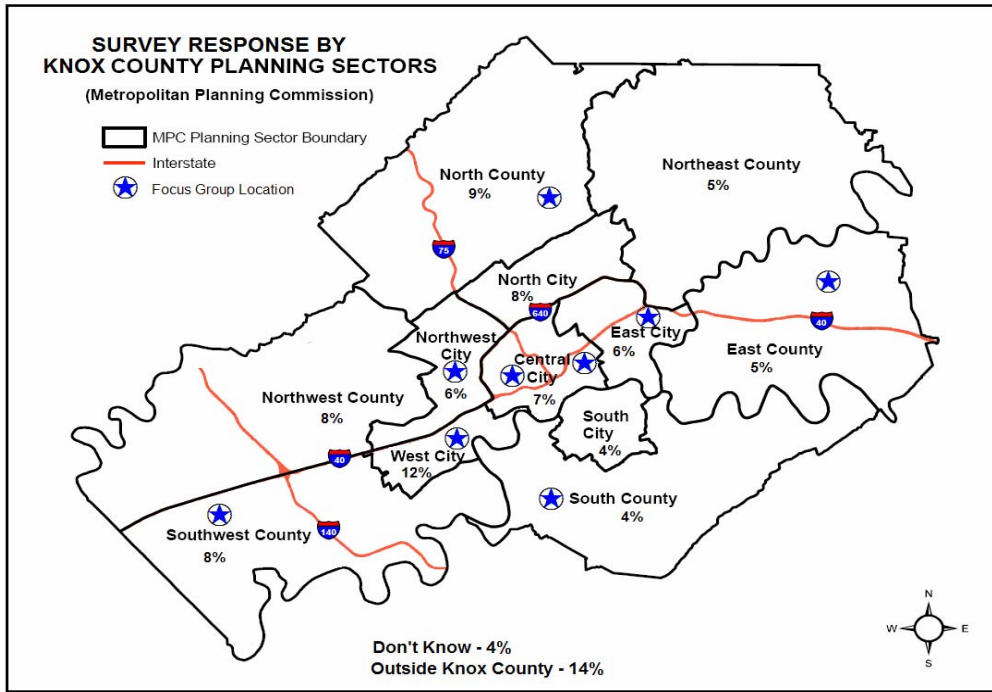
¹ U. S. Census Bureau, American Community Survey Demographic and Housing Estimates: 2007

² 18 years of age and over. U. S. Census Bureau, 2008 American Communities Survey

	Response Count	Response Percent	County Actual ¹
Annual household income			
< \$10,000	294	10.3%	8.4%
\$10,000 – \$14,000	164	5.7%	5.9%
\$15,000 – \$24,999	307	10.7%	11.6%
\$25,000 - \$34,999	342	11.9%	12.8%
\$35,000 - \$49,999	397	13.9%	16.6%
\$50,000 - \$74,000	555	19.4%	18.0%
\$75,000 - \$99,999	367	12.8%	11.1%
\$100,000 - \$149,999	290	10.1%	9.1%
\$150,000 - \$199,999	84	2.9%	3.2%
\$200,000 or greater	62	2.2%	3.4%

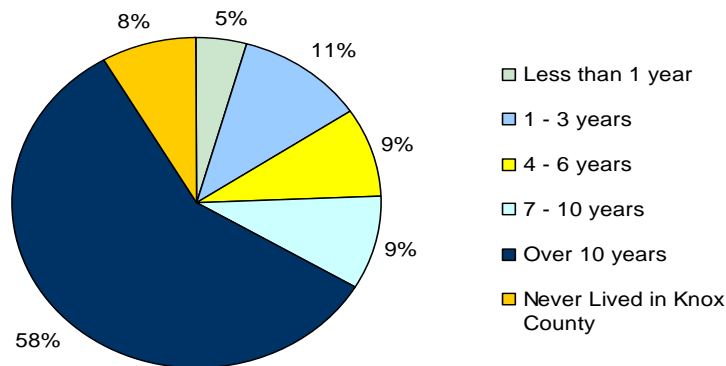
To ensure responses from all areas of the county, respondents were asked to locate their residence within one of the Metropolitan Planning Commission sectors. If respondents could not identify their sector of residence, they were asked for their zip code. This allowed us to place a survey into the appropriate sector for those zip codes that only occurred in a single sector. Those with zip codes that fell into two sectors remained in the “don’t know” category. All respondents who did not indicate Knox County residences were categorized as outside Knox County, shown in Figure 1.

Figure 1. Percent of Knox County Health and Quality of Life Survey respondents by what area of Knox County they reside, as defined by Metropolitan Planning Commission Planning Sectors, 2009



The survey asked how long respondents had lived in Knox County. Of those who answered (2,645), the majority had lived in the county more than ten years (Figure 2).

Figure 2. Length of time respondents lived in Knox County, Knox County Quality of Life and Health Survey, 2009



Survey Questions

The first question of the on-line survey (omitted on the paper survey) asked if the survey had already been completed. If the response was yes, the respondent was thanked and the survey exited. If no, the respondent was taken to question 2, which asked “how satisfied are you with the quality of life (QOL) in (a) Knox County (Figure 3) and (b) your local community (Figure 4)?”

Figure 3. Quality of life satisfaction with Knox County, Knox County Quality of Life and Health Survey, 2009

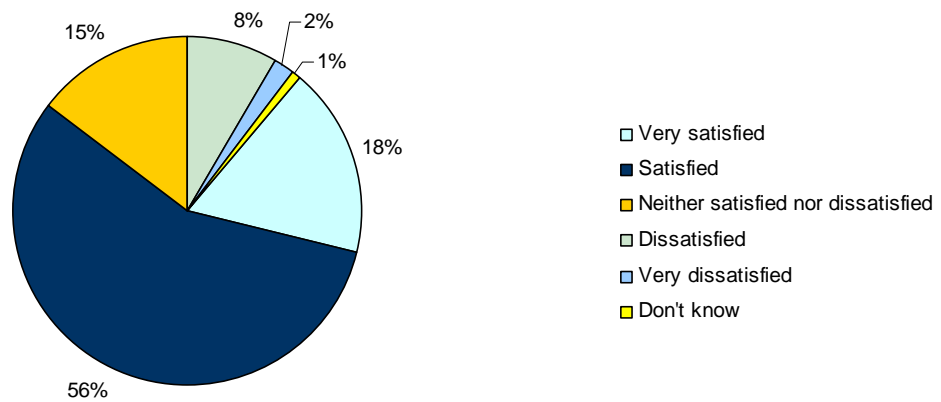
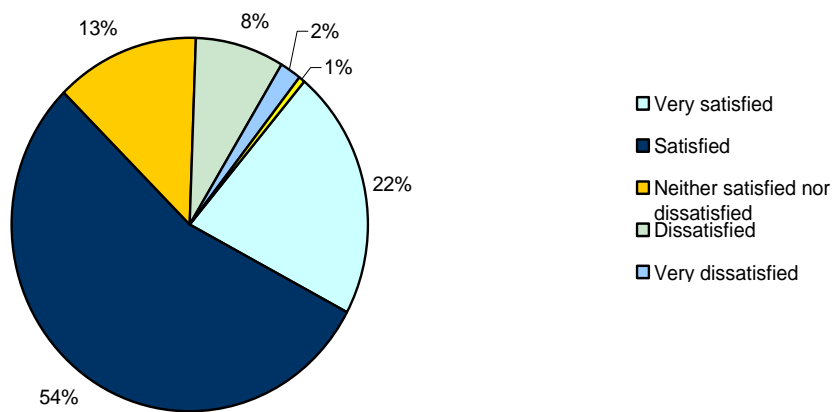


Figure 4. Quality of life satisfaction with local community, Knox County Quality of Life and Health Survey, 2009



Four questions asked that certain characteristics associated with QOL be rated as Excellent, Very good, Good, Fair, Poor or Don't know. We also asked respondents to rate how safe Knox County and their local communities were as places to live. Responses to those questions are listed in Table 3.

Table 3. Quality of life characteristics, Knox County Quality of Life and Health Survey, 2009

How would you rate Knox County and your local community as a place to raise a family?							
	Excellent	Very Good	Good	Fair	Poor	Don't Know	Response Total
Knox County	15% (46)	34% (1030)	31% (943)	14% (420)	3% (100)	3% (93)	3049
Local community	18% (503)	35% (957)	27% (754)	13% (373)	4% (111)	3% (82)	2780
How would you rate Knox County and your local community as a place to grow old?							
	Excellent	Very Good	Good	Fair	Poor	Don't Know	Response Total
Knox County	13% (393)	29% (876)	29% (910)	18% (536)	6% (173)	5% (157)	3045
Local community	14% (393)	28% (779)	28% (771)	19% (514)	7% (187)	4% (124)	2768
How would you rate community support for individuals and families during times of stress and need in Knox County and your local community?							
	Excellent	Very Good	Good	Fair	Poor	Don't Know	Response Total
Knox County	12% (357)	29% (882)	29% (926)	17% (506)	6% (172)	7% (201)	3044
Local community	13% (368)	29% (801)	29% (805)	17% (461)	6% (177)	6% (165)	2777

How would you rate Knox County and your local community as a safe place to live?							
	Very Safe	Safe	Neither Safe nor Unsafe	Unsafe	Very Unsafe	Don't Know	Response Total
Knox County	10% (304)	54% (1664)	22% (689)	10% (292)	2% (52)	2% (47)	3048
Local community	17% (464)	54% (1554)	18% (500)	8% (212)	2% (49)	1% (23)	2792

How do you rate the quality of the environment in Knox County and your local community?							
	Excellent	Very Good	Good	Fair	Poor	Don't Know	Response Total
Knox County	5% (157)	18% (536)	33% (1012)	28% (860)	14% (408)	2% (47)	3020
Local community	6% (175)	20% (559)	35% (956)	26% (720)	12% (342)	1% (29)	2781

The next two questions asked respondents to indicate their degrees of satisfaction with economic opportunity and health care resources in Knox County and their local communities (Table 4).

Table 4. Quality of economic opportunity and health care resources, Knox County Quality of Life and Health Survey, 2009

How satisfied are you with the economic opportunity in Knox County and your local community?							
	Very Satisfied	Satisfied	Neither	Dissatisfied	Very Dissatisfied	Don't Know	Response Total
Knox County	7% (208)	39% (1204)	27% (808)	19% (570)	6% (183)	2% (63)	3036
Local community	6% (180)	39% (1057)	27% (764)	19% (525)	7% (205)	2% (60)	2791

How satisfied are you with the health care resources in Knox County and your local community?							
	Very Satisfied	Satisfied	Neither	Dissatisfied	Very Dissatisfied	Don't Know	Response Total
Knox County	14% (433)	46% (1411)	18% (531)	14% (423)	5% (150)	3% (82)	2791
Local community	13% (358)	43% (1223)	21% (574)	15% (407)	5% (153)	3% (76)	2791

Civic responsibility is “the social force that binds you to a course of action demanded by that force.” Civic responsibility and engagement is demonstrated through actions including advocacy, participation in community groups, volunteering and voter turn-out. The survey asked about the level of civic responsibility and engagement in Knox County and the individual’s local community (Table 5).

Table 5. Level of civic responsibility and engagement, Knox County Quality of Life and Health Survey, 2009

How would you rate the level of civic responsibility and engagement in Knox County and your local community?							
	Very High	High	Neither High nor Low	Low	Very Low	Don't Know	Response Total
Knox County	7% (221)	31% (939)	35% (1074)	16% (484)	4% (109)	7% (208)	3035
Local community	8% (215)	31% (876)	36% (994)	15% (424)	4% (119)	6% (166)	2794

The follow up question asked about the feeling that Knox County can be made a better place by individuals – alone or collectively (Table 6).

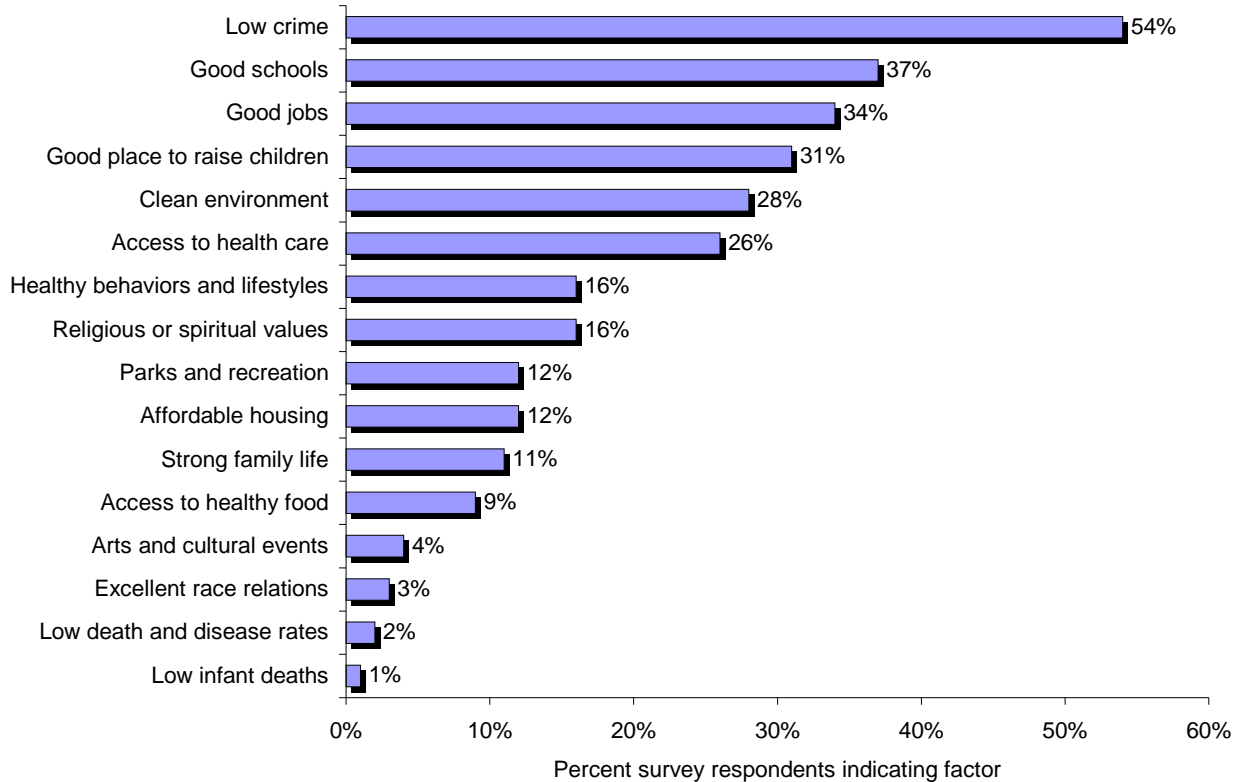
Table 6. Feelings of making the community a better place, Knox County Quality of Life and Health Survey, 2009

How strongly do you feel that you – alone or with others – can make Knox County and your local community a better place to live, work, or play in?							
	Very Strongly	Strongly	Neutral	Not Strongly	Not at all	Don't Know	Response Total
Knox County	18% (535)	43% (1304)	29% (874)	7% (205)	1% (42)	2% (69)	3029
Local community	19% (535)	45% (1240)	27% (753)	6% (170)	1% (38)	2% (49)	2785

The purpose of the next set of questions was to get insight into what respondents think makes a healthy community. We asked for the three most important factors for a healthy community, the three most important health problems in Knox County, and the three most risky behaviors. Risky behaviors were defined as those behaviors that have the greatest impact on overall community health.

Question 11 offered a list of sixteen characteristics from which to select the three most important for a healthy community. The survey also included the option to write in other factors.

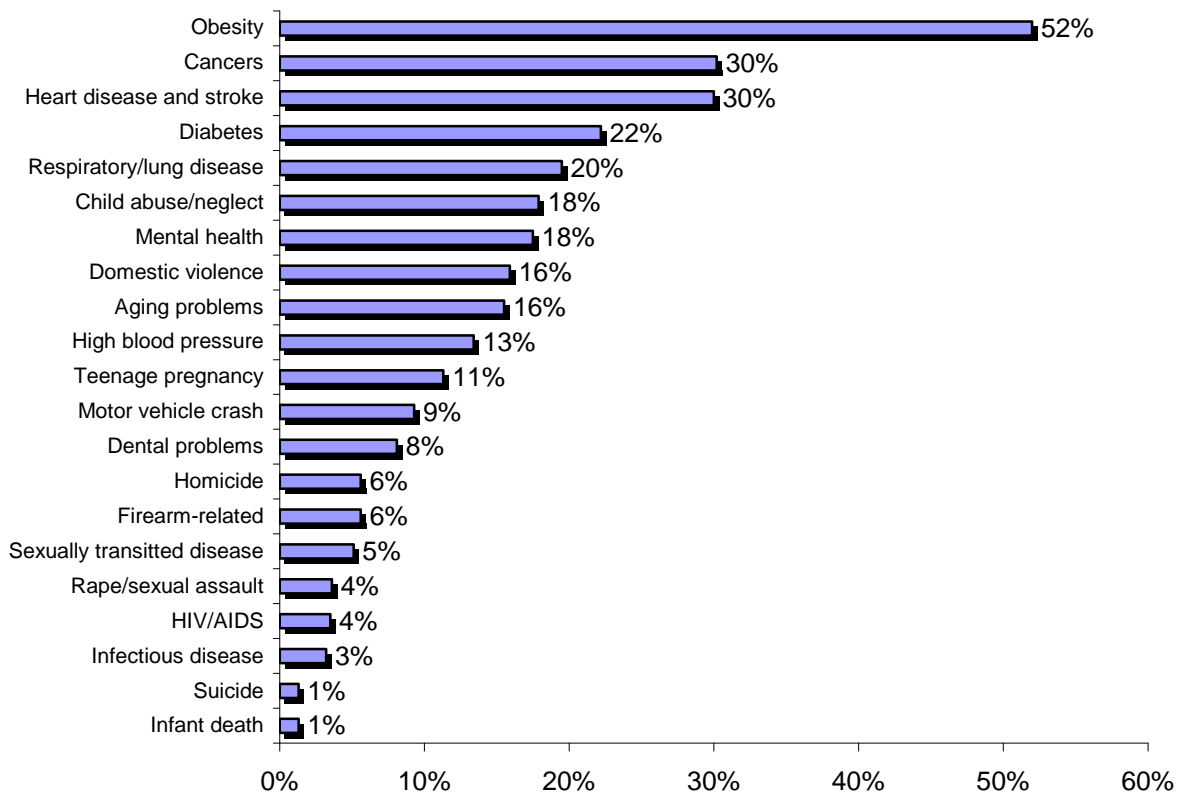
Figure 5. Factors selected as important for a healthy community, Knox County Quality of Life and Health Survey, 2009



Many people (108) wrote in other factors or repeated something from the list that was in addition to their three selections. Other responses included: programs for disabled, sidewalks, bike trails, walking trails, feeling safe, recycling, shopping, and grocery stores, “by healthy food, I mean more organic, vegetarian, low fat, low sodium, low sugar options,” honest government, community accountability, low poverty rates, low taxes, air and water quality, tolerance of difference, excellent sports programs starting at youth until high school, public transportation, pedestrian safety, tolerance of a variety of personal views and values, walkability, sidewalks, “being able to move from and within neighborhoods on foot, bike, scooter, wheelchair, and with stroller to groceries, libraries, parks, and other community gathering places.” Several people indicated that it was difficult to pick only three, that the entire list was important.

The next question asked: What do you think are the three most important health problems in Knox County? The question was intended to provide some insight into what respondents felt was important but did not rank or determine one more important than the other. The survey listed 22 options as well as the opportunity to write-in a problem. Figure 6 presents the frequency for selection of each problem and the percent of respondents who selected each.

Figure 6. Percent of survey respondents indicating a health problem as most important, Knox County Quality of Life and Health Survey, 2009

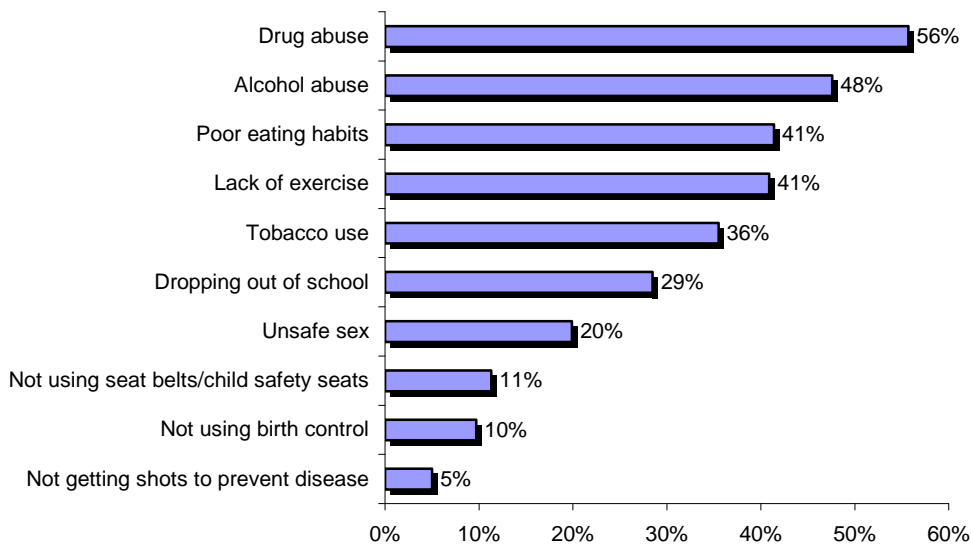


While 127 respondents checked other as one of their three choices, 167 respondents entered a comment or health problem in the box (the survey did not prevent this). It was clear from the comments that many respondents felt three choices were not enough or that each of the choices was important in its own right. Some restated ones found in the question, several others were identified (though not all were a physical health problem). Health problems identified by respondents ran the gamut from air quality to “staph”

problems. They included: allergies, air quality, disabled individuals, spiritual decay, tobacco use, drug abuse, lack of affordable health care, drug addiction, eczema, depression, crime, addiction to pain medications, smoking, dental problems, poor diet, stress-related problems, homelessness, rape/sexual assault, DUI drivers, inactive lifestyle, staph problems, disenfranchised community members, racial disparities, people not taking responsibility for themselves, meth, and the cost of medicine. The entire list of comments can be found in Appendix 2.

Figure 7 shows behaviors identified as “most risky” for affecting the health of Knox County by percent of participants selecting each.

Figure 7. Percent of survey respondents indicating behavior as most risky, Knox County Quality of Life and Health Survey, 2009



Respondents also had the opportunity to identify behaviors not included in the answer options. Eighty-nine persons chose to do so. Some of the responses reiterated the behaviors above or indicated that there was concern for more than just three. Those noted but not included above: breathing the air in the valley, homelessness, cell phone usage while driving, not having access to preventive care, prescription drug overuse and reckless driving, and hate crime/gang violence. The full list of comments can be found in Appendix 2.

About the Process

We were able to conduct the survey using mostly existing resources including: staff, in-house printing and incentives. Survey Monkey was used to conduct the survey electronically. This significantly reduced the time needed for data entry.

Results of the survey were influenced by several factors. While every effort was made to make the survey available to anyone who lives, works, plays, worships, or learns in Knox County, it is likely that many people were unaware of the survey and that may have created bias. Incentives were used in some of the locations; this likely increased participation but had the potential to affect how the respondent answers i.e., put anything to get the incentive. We did not have a mechanism for preventing someone from taking the survey more than once except to ask and rely on the individual to answer truthfully. There was also not a way to verify answers as is true with any self-report survey.

In general, the process was deemed a success and provided information for the strategic planning process.

Community Themes and Strengths: Focus Groups

Methodology

A focus group is a small group of people selected or recruited from a larger population to express their feelings and opinions about a specific subject. KCHD conducted community focus groups during a two-month period in 2009 to gather input on what constitutes a healthy community. This information will be used to inform the process by which priority health issues are identified; as well as identify some of the community strengths and assets available to address these issues.

KCHD established an assessment team, including staff members with facilitator experience, to facilitate the focus groups. Recorders were used to record focus group dialogue as a backup to digital recording equipment and to note verbal and non-verbal communication among focus group participants. Training was provided to ensure consistency of technique for all facilitators and recorders with several practice focus groups held within the assessment team.

Six internal pilot focus groups were conducted at KCHD as part of process evaluation. Participants were staff recruited from all departments of KCHD. These focus groups were used to refine questions and served as training for facilitators and recorders before conducting focus groups in the community.

Focus Group Participants

The MAPP assessment team planned to conduct 15 community focus groups drawn from the 12 planning sectors of the Knox County Metropolitan Planning Commission. These sectors have different demographic variables including income, education level, population density, race and ethnicity, and urban, suburban, or rural environment. This was to determine if responses and concerns from the focus groups would be different depending on what area of Knox County a participant lived.

Participation for the focus groups was solicited through the *Together! Healthy Knox* website, media outlets, email, and word-of-mouth. Focus group locations are found in Appendix 3. Incentives such as re-usable tote bags and a drawing for a \$25 gift card were used to recruit participants. The focus groups were conducted at libraries, schools, senior centers and community centers around Knox County. The sessions were held at various times of the day with most held in the evening. Two to three sessions were scheduled in the early afternoon to accommodate schedules of potential participants. Participants were of various ages, ethnicity, gender and socio-economic background.

Data Collection

Nine focus groups were completed with 58 total participants and an average of 6 participants per focus group during May and June of 2009. Participants were asked open-ended questions to describe what constituted a healthy community, what factors were needed to have a healthy community, what were the most pressing health related problems, why the community has these problems, and what strengths and resources were available to address the problems; each as they related to Knox County (Appendix 4).

Data Analysis

Transcription of the sessions was provided by Grace Executive Services, Inc., a professional transcription service. The content of the transcriptions was analyzed using HyperResearch™ qualitative software, a code book, and three coders. Intercoder reliability was conducted among the coders to ensure consistency in coding the transcripts.

Results

The purpose of conducting focus groups as part of the Community Themes and Strengths Assessment was to discern an in-depth view of the Knox County community's idea of a healthy community. The analysis identified prevailing themes across the questions.

What makes a healthy community?

Access to Health Care

When determining what makes a healthy community, six predominant areas emerged. Access was the prevalent theme across all of the focus groups with access to health care most emphasized. The participants identified access to affordable food, affordable housing, health education and information, health insurance, jobs, physical activity, and to social and government services for children and seniors as the most necessary services needed for a healthy community. One facilitator summarized part of a focus group conversation on this question:

“...everyone feels like access to medical care and to doctors is very important and that we need to be responsible for our health care and that health revolves around children and that opened up a conversation about the aging population as well... just certainly reasonable access to resources and those resources can come in many different forms. It may be a variety of different health services, some of you mentioned other forms such as greenways that are safe, but you know, with all of that, obviously there is a cost associated with that and so having access to those resources at a reasonable cost...”

Communication/Information

Communication and information was the second most identified theme for a healthy community with seven of nine focus groups discussing the importance in regards to different groups such as nonprofit, government and social services.

“... a central depository or a central place that gives out information on preventative care rather than on care after you’re sick and that type of thing. More information on preventative medicine and more support for preventative medicine...”

“My version of a healthy community would be the one that communicates in so far as getting to know your neighbors, and a good place to get to know your neighbors is a senior citizen meeting or a place to meet. Planned social events, monthly party, and stress the fact that people need to be healthy and well, eat right, get exercise, and that would go out in all directions if each neighborhood socialized and talked to and get acquainted with one another.”

Environment and Safe Communities

The environment was cited as important for a healthy community as was health education and promotion, personal responsibility, and the safety of the community. Each emerged as a theme across the focus groups. Many participants mentioned a lack of interconnectivity and access to walking and biking trails as well as parks and recreational areas. It was particularly noted that most people had to drive to areas for walking and biking on greenways as roads do not have bike lanes and are unsafe for these activities. Others remarked that some greenways and neighborhoods themselves were not safe.

“I would most definitely agree with the environmental aspect of it...but I think for a healthy community, it’s environmental, physical for people and social, and a sense of community and a sense of togetherness and a vested interest in it...”

“Low crime, the sense that you feel safe in your community. Also having access to good educational programs where people will feel comfortable sending their children to good public schools. Things like that are more I think overall would probably have more of an effect on like a mental health aspect of a healthy community but also access to affordable housing, and I think it’s also important

when I think about a healthy community to see active government involvement and participation, and that's not only at the county, city, mayor, health department..."

Most important factors for a healthy community

Access

The second question asked what the most important factors were for a healthy community. Eight leading themes emerged in response. Again, all of the focus groups identified access as the most important factor for creating a healthy community. This included access to healthy food, health education and information, health insurance, jobs, physical activity, and social, government, and senior services.

"Access to resources for everyone. There are still loads of people that do not have health insurance and their child gets mildly or moderately sick and they go to the emergency room. They don't have a personal family physician or lead doctor and you have this situation where it's probably not emergency, but that's where they go for their health care and health care is expensive and so that becomes the alternative."

Attitudes and Values, Community Involvement, Health Education/Promotion, Mass Transportation, Communication/Information, Regulation and Politics

Additional factors important for creating a healthy community were attitudes and values of the community, community involvement, health education and promotion, mass transportation availability, communication and information, and regulation policies and politics.

"I like the idea of communities getting people working together, getting to know each other, being accountable for neighborhoods, where more people are involved in each neighborhood's safety and your neighbor's health, and watching out for each other. I agree that it is a lot of individual responsibility."

“... But education, education, education. This is what you need to be having done, this is what you need to tell your doctor, which I’m sure the doctors love me for. But they need to be educated about their health.”

“Public transportation, we all said public transportation. You’re going to get access to the green space, to the community activities, to the health services, public transportation is essential...”

“I think you have to have a government and an administration that supports healthy communities. So that’s regulations, funding.”

Most pressing health related problems

Health Problems

The third question asked participants their opinions of the most pressing health related problems in the community. Throughout the focus groups many health related problems were discussed but the most frequently mentioned problems were:

- Access (to affordable food, affordable housing, health education and information, health insurance, jobs, physical activity, and to social and government services for children and seniors)
- Attitudes and values of the community
- Hypertension, stroke, and heart disease
- Cost of health care and prescriptions
- Smoking
- Health education and promotion
- Drug and substance abuse

“In my community it’s lack of health care. Where I live in my neighborhoods it’s mostly working families, blue collar, day labor, and they just don’t have health insurance...”

“Lack of dental, affordable dental care for adults.”

“I still don’t think we’re taking care of our mentally ill. I think a lot of people who have problems that could probably be dealt with if they had proper care and treatment and medications that they wouldn’t be ending up in the jails. They wouldn’t be walking the streets.”

“Just the cost, like we’ve been talking about, the cost and the access to services and I do agree with the mental health, a lot of insurance doesn’t cover any mental health at all, so I mean, not just homeless, but anyone...”

“You want to know my number one diagnosis, I’m a hospice nurse. My number one diagnosis is lung cancer. Research has proven that over 80% of lung cancer is caused by cigarette smoking.”

“Lack of education of STDs because Knox County has got something going around right now and it’s a very big epidemic. Lack of education for it.”

“Well, you should mention smoking and I think that, you know, alcohol, so many times at the end of the school year there are students who are killed, prom night or prom parties because alcohol has even been provided by parents in homes...”

Why does the community have these problems?

Lack of Community Involvement, Access, Health Education/Promotion, Cost, Family Values and Economy

The fourth question asked why the community has these problems. The answers were varied. Four of the nine focus groups identified a lack of community involvement as a reason for the health problems in the community. Other focus groups identified access (to affordable food, affordable housing, health education and information, health insurance, jobs, physical activity, and to social and government services for children

and seniors); health education and promotion; cost of health care and prescriptions; family values; and the economy of the community.

“Lack of civic engagement. It kind of goes along the lines of the self indulgent thing. If something doesn’t fit me or my family personally, then I don’t really care. It’s that overall lack of caring.”

“I think it’s because they closed a lot of mental health facilities and they released the people onto the street...”

“... part of it is that most insurance is employer based and with the cost going up so much, employers are finding it difficult to do that and private insurance is awful...We’ve got to do something different.”

“Parents not raising their own children, the government doing it.”

Strengths and resources of the community

Community Involvement, Access, Health Care Programs/Activities, Attitudes/Values of Community, Communication/Information, Education and Environment

The last question asked participants to identify strengths and resources of the community. Although seen as a problem by some in response to the previous questions, the greatest strength and resource seen by some focus group participants was community involvement. Again, although access was consistently mentioned as a major issue for a healthy community, it was also seen as one of Knox County’s greatest strengths and resources. Additional strengths and resources included availability of health care programs and activities, attitudes and values of the community, government services, communication and information, education, and the environment.

“Well, we have the faith community that’s been enormously busy working hard to address a lot of these issues and in this community, you know, a lot of people in

that community are very effective doing a lot of things and it's more and more coordinated than it used to be and so I think with the tools we have, we can just use them more effectively and make information more known to the people who can use them effectively and are responsible..."

"Yeah, that's exactly, other resources, university, UT Med Center, a pretty good hospital system. I mean, there are several major hospitals if not in Knoxville, within a short distance, so there is a lot of expertise."

"We also have some health care organizations, like the Kidney Foundation, Juvenile Diabetes Research Foundation that provide a tremendous amount of resources, support, programs that will help pay for medications, that they themselves will provide transportation for dialysis, etc. And not everyone knows about them."

"If you were to go to another metropolitan area that's the same size as Knoxville, I would imagine they would not have the number of health care facilities that we have. We have an amazing Children's Hospital here. If you go to Kingsport or Johnson City, and you have a child that's ill, you go to a regular hospital, they come to Children's. And so that's a tremendous opportunity for if you can, if you have insurance and can get there, all of that, that's a real strength for us."

"Generous people. I think the people in this area are basically very generous, very compassionate. I think of East Tennessee as a place where there's a sense of volunteerism and compassion and generosity when people perceive a real need, they really do work together and go after meeting that need and being charitable towards that."

"...as long as we're communicating, as long as people are being brought into the circles. It's very easy when you have a little clump here and a little clump there

and a little clump there, and you've got all three clumps doing the same thing, and they really can pool their resources..."

"And our school system. I think we have an excellent school system. They keep aspiring to be an international model and maybe we already are. I don't know, but there is always room for improvement."

"Going back to my previous theme of the outdoor exercise theme, beautiful environment here. I mean we have beautiful green, leafy trees and grass and I just came here from high desert and it's a gorgeous thing to walk outside and see birds and flowers."

Regardless of what participants were asked, they seem to revert to a number of central themes. Access, particularly access to health care, was most predominant in the sessions. While problems were identified, many assets and an optimistic outlook for improving the health and quality of life in Knox County also emerged.

About the Process

The original intent was to conduct a focus group in each of the Metropolitan Planning Commission sectors with participation limited to those living in that sector. This became logistically challenging and each focus group was opened to everyone who lived in Knox County. Despite aggressive marketing and recruiting, participation was significantly below our expectations; likely attributed to a variety of reasons including time, lack of awareness, lack of interest, inconvenience, etc. While focus groups can be an important means by which understanding of the community can be gleaned, they serve well as an adjunct to other sources of data.

Community Themes and Strengths: Key Informant Interviews

Methodology

A third method of gathering qualitative data was conducted using key informant interviews. Key informants are influential members of the community who possess above average knowledge of the health care issues, health care system, or the community itself.³ The interviews were conducted face-to-face and lasted up to 90 minutes.

Key Informants

The KCHD MAPP assessment team developed a list of more than 100 gatekeepers and influential leaders in the Knox County community. Through an iterative process, 30 key informants were selected who represented various sectors of Knox County including: health care, education, business, the faith community, government, social service agencies, media outlets and the community at large. Twenty-seven interviews were completed. Table 7 presents some general characteristics of the key informants.

Table 7. General characteristics of the key informants interviewed, Knox County, 2009

Key Informant	Gender	Organization Category	Years in Knox County
1	F	Medical	10+
2	F	Community	Knox Native
3	M	Government	18
4	F	Social Services	46
5	M	Faith	Knox Native
6	F	Education	Knox Native
7	F	Government	10+
8	F	Social services	10+

³ Sherry, S.T., and Marlow, A. (1999). The access project. Getting the lay of the land on health: A guide for using interviews to gather information (key informant interviews).

Key Informant	Gender	Organization Category	Years in Knox County
9	M	Business	10+
10	F	Faith	10+
11	F	Education	10+
12	M	Medical	10+
13	M	Education	N/A*
14	M	Government	10.5
15	M	Community	38.5
16	M	Media	29
17	M	Medical	1
18	F	Community	32
19	F	Media	20
20	M	Mental Health	N/A*
21	M	Business	N/A*
22	M	Other	N/A*
23	M	Mental Health	N/A*
24	F	Government	29
25	F	Other	Knox Native
26	M	Law Enforcement	N/A*
27	M	Government	39

*Not Available

Data Collection

The KCHD assessment team worked with Master of Public Health graduate students at the University of Tennessee to conduct the key informant interviews. Training in interview techniques was provided to assessment team members and the students to ensure consistency.

Ten questions were developed for the interviews (Appendix 5). Open dialogue during the interviews, as well as follow-up probing questions based on informants' responses,

were encouraged. Each key informant interview was recorded to ensure accuracy of verbatim transcription. Digital files are maintained on a secure server at KCHD and paper records also are kept in locked file cabinets to maintain confidentiality.

Data Analysis

Transcription of the sessions was provided by Grace Executive Services, Inc., a professional transcription service. The content of the transcriptions was analyzed using HyperResearch™ qualitative software, a code book, and three coders. Intercoder reliability was conducted among the coders to ensure commonality in coding the transcripts.

Results

Challenges and Issues

Across the key informant interviews, several common challenges and issues emerged. These were lack of access to health care, lack of access to healthy food, health education, health behavior and problems, obesity, physical activity, substance abuse, prescription drug use, communication and information, mental health needs, disparities, barriers to change, attitudes and values of the community, policy, leadership, program life cycles, education and environment.

Lack of Access to Health Care

All of the informants identified lack of access to health care as a significant problem. This included clinical care, mental health care and dental care. Most informants commented that access to health care was declining, leading to a lower quality of life among Knox County citizens. Although most felt that Knox County has a good availability of health facilities, access was limited due to economics and insurance coverage, particularly when health care is tied to jobs; resulting in too many people using emergency rooms as their primary source of medical care.

“I’m thinking as far as access, the actual number of outlets has declined here over the last decade or so, and so far as health care providers, I think you’re more limited and we’re forcing people into emergency room care instead of having more community-based providers that — I don’t know — again, in particularly health care, I’d really have to think that because of access, it may have declined.”

A few informants acknowledged that while all citizens have access to care through hospital emergency rooms, it is an extremely inefficient way of delivering non-emergency health care. Community members may avoid preventive care or ignore early symptoms of illness, due to a lack of insurance or the lack of accessibility to a provider. As a result, people wait until their illness progresses and then utilize the emergency room, which creates a tremendous societal burden due to the cost of care.

“It’s such a waste of resources when it could be done so much more efficiently and more cost effectively.”

“Regardless of differing views of whether health care is a right or a privilege, it simply makes economic sense to remedy the misuse of local hospital emergency rooms.”

Many community members discussed the need for health care reform, particularly eliminating the tie between access to health care and private insurance, which is dependent on jobs or economic resources.

Unemployment rates are increasing and the unemployed are losing affordable health insurance. One informant discussed the issue of the unemployed slipping through the cracks and the inability to find appropriate resources.

“The population has become more diverse, particularly with the immigrant issues that we are experiencing; the health care has become more difficult to reach everyone.”

“Normally institutions are controlled by the majority population and it tends to cater more toward those that are ‘like,’ than ones that are different.”

Lack of Access to Healthy Food

Also discussed in several interviews was the lack of full-service grocery stores in low economic neighborhoods that eliminates healthy options for citizens and promotes eating from convenience stores and fast food restaurants. If community members do not have access to or cannot afford healthy foods, they will have little control over making good decisions about their diet. There are many opportunities to improve accessibility of affordable healthy food options. Informants’ suggestions included opening full-service grocery stores with affordable healthy foods in low socio-economic neighborhoods and increasing the number of farmers markets throughout Knox County.

Health Education/Prevention

Health education was emphasized throughout the interviews around the health behaviors that informants observed to be especially prevalent in Knox County. Smoking and poor diets emerged multiple times as priority issues. Almost all informants mentioned the need for the population as a whole to receive more education regarding health behaviors especially during the school-age years. Informants offered that, while adults may be harder to reach or to change, opportunity lies with children. Students learn early in their lives about the benefits of healthy eating and active lifestyles and often influence the behavior of families and peers. Informants emphasized that the effect of an informed student population would be far-reaching and could have a major impact on the quality of life and health in Knox County.

In addition to health problems, some philosophical issues were noted in interviews. For example, informants suggested that there seems to be a lack of personal motivation to

prevent disease and other health problems. Informants contend that the public wants to be “fixed” after a problem exists rather than practicing prevention. Moreover, a lack of effective community collaboration in addressing health issues may be caused by an unwillingness to make sacrifices or even to address issues of stigmatized groups such as the mentally ill, substance abusers or the chronically homeless.

One informant expressed the idea that “health care systems have to learn to make money on prevention.” In other words, the major health service providers need to focus more on prevention through health education and changing behavior. Another informant offered the opinion that the system is set-up with a focus on gaining profit, rather than to promote health.

Communication and Information

Related to the need for better and more effective health education, informants expressed the desire to enhance collaboration between major Knox County organizations. As one informant said, “we just need to hold hands.” In doing so, the various health-related agencies in Knox County could combine both monetary and personnel resources to actively influence local health activities through bigger and better promotional strategies. Another informant spoke about the lack of communication specifically among charitable organizations. If more nonprofits, and even for-profit, institutions could enhance their communication, not only would they learn about each other, but also could improve cooperative initiatives. Several informants stressed communication as a major opportunity for Knox County. Because there are a multitude of services, government agencies, and charities that work on issues such as obesity, the power of these individual organizations could be amplified by enhanced cooperation. One informant expressed, rather than a major hospital spending time and money on developing a whole new obesity initiative, all organizations who have conducted such campaigns could come together to learn about past successes and failures. After doing this, resources from all agencies could be pooled and used for a more far-reaching and long-term campaign that might achieve better results.

Competition among health care organizations, providers, and community groups and/or agencies was frequently cited as a barrier to improving health and quality of life in Knox County. On the opposite side, cooperation was frequently mentioned as a critical element required for community health improvement. Informants said that in order to change an individual's behavior, the community must be involved. Stakeholders must collaborate to work toward a common goal although there will be times of disagreement.

“I think what we often do is we have a program and this is what it funds, and to think creatively how you can work with another program, to move to a bigger whole. I think that's hard for us to figure out how to do it.”

“...to get Covenant to work with St. Mary's...that competition was a barrier. So there had to be a neutral way to figure out how they could begin to work together.”

Several informants emphasized the importance of programs but noted that they do not matter if people do not know about them. The public needs to be aware of the opportunities available for learning about health and improving their own lives. According to several informants, Knox County residents are failing in some ways with regard to their personal health, but also they seem unaware of the community resources available to them to overcome barriers such as a lack of insurance or transportation. To a large extent, vulnerable and underserved populations such as the uninsured do not know the range of services that are available. A few informants expressed disappointment in this perceived lack of knowledge among the public and noted there were missed opportunities as a result of underutilization of available programs. If the public is unaware of health promotional activities such as bike safety days and do not participate, a major educational opportunity is missed. If service providers in Knox County could enhance their promotional and advertisement techniques, as well as better utilize health resources, improvements in health knowledge could occur. Although mass media campaigns such as billboards and radio commercials are used, perhaps some other methods of communication could be used to reach less informed groups. As

an example, specialized service providers such as a birthing clinic could carry information on other health services around the area. This would provide residents with access to information about a network of health services after only one visit to a clinic. It was suggested that these informational resources also could also be available at local convenient stores, pawn shops, schools, exhibition shows, discount stores, and other non-health venues.

Obesity

Informants discussed obesity and the inheritance of poor health behaviors from adult role models and “southern culture.” Several informants expressed the need to change eating behaviors in Knox County that are leading to high obesity rates, especially in young children. Specifically, southern foods such as fried chicken and other dishes cooked with heavy fattening ingredients contribute to a variety of lifestyle-related health issues. Informants shared that the convenience lifestyle that includes patronizing fast food restaurants rather than cooking at home contributes to these behaviors. This reflects a larger social transition from households with a full-time parent at home to dual working parents and busier lifestyles. In addition, these busier schedules exacerbate health issues by allowing less time at home to make healthier meals and to be more physically active. As these behaviors continue, informants noted they become cyclical because children develop poor habits as a result of their upbringing. Improved interventions were cited frequently by informants. One informant felt that current interventions were not happening early enough to affect formation of eating habits.

“Children are overweight and obese as preschoolers and I really think we need to put much earlier attention on healthy eating and healthy food supply training.”

Other contributing factors of childhood obesity were single-parent households, convenience of unhealthy foods, a lack of education, poverty, and the lack of access to and affordability of healthy foods. Informants discussed disparities characterized by poverty and specific geographic locations, such as the center city, east Knoxville, north Knoxville, and the rural outskirts of Knox County; observing that the lack of full-service

grocery stores and affordable healthy choices in these areas contribute to poor eating habits. A major concern shared by many informants is that childhood obesity has reached epidemic levels. One informant expressed alarm at the younger ages at which chronic diseases are appearing. Overall, informants recognized that children's health has declined in the past couple of years. Some offered general explanations of why; others indicated the need for interventions:

“They say ‘[diabetes is] not a problem, everybody has it’...So my fear is the perception that everybody is obese and there’s nothing we can do about it.”

“I think the weight is an issue, lack of exercise is an issue, and access to health care is an issue. Not everybody can afford to be healthy. They have to make choices and probably the economy for most people, just trying to stay afloat. If you’re worried about where the next meal is coming from, you’re not necessarily worried about the quality of the meal.”

Several informants noted urgency, particularly in addressing childhood obesity and poor eating habits. One individual stated, “Obesity, I would put at the very top because it leads to so many other problems.” Another informant declared, “The county and the school systems have to truly attack this problem like it’s a war. My children’s generation might be the first generation that doesn’t live as long as their predecessors.” Another informant echoed the same concern. Several interviewees identified contributing factors of cultural issues, such as the southern diet and other factors including the perception that being overweight is normal and socially acceptable. The informants noted that being of normal or healthy weight has now become atypical, generally encompassing the minority of the population.

Physical Activity

The impact of lack of exercise was discussed in several interviews. One informant pointed to television viewing as an obstacle for getting adults and children off the couch to exercise: “I think one of the biggest deterrents in our society in getting out and being

healthy is TV.” The challenge is how to encourage every citizen to exercise and make it part of the daily routine: “I think living healthy to me is number one.” One informant described how only the middle or upper classes have money to join a gym and exercise on a regular basis and admitted that, “we have done *nothing* to enable people to make exercise a daily part of their life...I mean I like to exercise, but I have to get in my car and drive somewhere to exercise.” Informants mentioned that healthy behaviors such as driving to the gym, locating healthy food alternatives, and obtaining health care when needed are not entirely because of higher disposable incomes, but also because of greater flexibility with time. One informant used the term “health infrastructure” to describe how improvements might take place. Examples included initiatives such as putting sidewalks in neighborhoods to encourage walking or creating incentives for healthier food offerings in poorer neighborhoods.

Mental Health

Addressing mental health needs was identified as a concern for several informants, who reminisced of a previous time when comprehensive mental health services were more readily available in Knox County. Deinstitutionalization and decreased reimbursement for services have reduced the availability of these services today. Mental health needs of the community included coping with stress, anxiety, and depression. Informants discussed how these issues create a cascade of additional health problems such as overeating, use or abuse of substances such as alcohol and drugs, both prescription and illicit, and unemployment.

The lack of resources and facilities for mental health care was identified by several informants as a priority problem particularly as it applies to substance abuse, alcoholism and homelessness. “There are more people right now in the Knox County jail that are acutely mentally ill and being treated for acute mental illness than there are beds in Lakeshore. It’s been this way for years, decades, and it will continue to be that way indefinitely.”

“...here’s some place we haven’t gotten any better, I think we’ve gotten worse, is the whole mental health issue where the state —nobody’s responsible for it anymore and it’s left to non-profits to raise the money by and large. But the state used to have mental health hospitals. We had a Lakeshore that had buildings. Now we’re trying to find permanent supportive housing to help homeless people and get them case management services but we’re tearing down buildings that used to house the same kind of people, we’re tearing them down for parks and recreation in West Knoxville at Lakeshore. So I don’t see that we’ve gotten any more advanced on the whole mental health. Actually the state is throwing it down to the local, the local is throwing it to the non-profits by and large and we’re not addressing those issues.”

Another theme highlighted in interviews was that those with mental illness are often isolated, and it is difficult to find volunteers who know how to help them. Resources are available, but the information necessary to access these services or to refer at-risk individuals is either unavailable or poorly utilized.

“With mental health, I see a lot of med management and a lot less working through therapy.”

“People who are dealing with things like mental health with high stress levels, leads to child abuse, which leads to all kinds of things.”

Substance Abuse

Substance abuse was cited as a large problem in the community. Again, there was reference to the amount of resources available but people were not aware of them or choose not to use them. One informant expressed the opinion that practices in Knox County were not aligned with “best practices” that were typical or “average” across the country. Concern about getting care for substance abuse in a timely manner, due to waiting lists and insurance requirements, was voiced.

“They say that the average number of days that you stay in substance abuse (treatment programs) that’s effective are 181 days and the average stay in Knox County is like 23.”

“At [informant’s organization] you can get substance abuse treatment; they may say I don’t want substance abuse treatment. I very much like my life the way it is, being able to use alcohol or drugs and I’m not going to deal with that.”

Overall, informants expressed the need to identify “root causes” of problems, finding those interventions best suited to deal with those problems, and using that “common end” to unite the necessary community resources.

Prescription Drug Use

Several informants discussed Tennessee’s prescription drug use, which is significantly above the national average. “We are the grand central station for narcotic drug abuse.” Patients “doctor shop” and frequent emergency rooms seeking drugs, which burden the local health care system. Tennessee is significantly higher than the national average rate of controlled substance overdoses. One interviewee discussed a study which looked at retail sales of narcotics between 1997 and 2005, “Across the nation, sales went up 90 percent; in Tennessee it went up 207 percent.” TennCare was identified as a significant factor in the narcotic use and abuse issue. One informant stated, “I’ve had people from other parts of the state say they’re afraid to drive here because they know there’s probably someone driving next to them ‘hopped up’ on narcotics.”

Disparities

Health disparities were noted as a concern by many informants as they pertained to the uninsured, those with low educational attainment, residents of center city or inner city, the growing Hispanic population, and other immigrants living outside the metro and west areas of Knox County. In addition, African Americans in east Knoxville, the segment of very low-income, predominantly white residents in north Knoxville, and the population

on the outskirts or nearby rural areas of Knox County were identified as experiencing health inequalities.

A growing Hispanic population and other immigrants in the area represent other challenges. There are cultural issues relating to attitudes regarding health care delivery, family dynamics, education, and eating habits, which need to be considered.

Opportunities for educating local providers and schools regarding these populations exist, as well as providing health and English language education for these residents so they can more easily navigate and utilize community resources.

One informant had extensive experience working with minority populations. He indicated that the language barrier for Spanish-speaking people was prevalent. In addition, language barriers add complexity to serving this population particularly for health care providers and the school system. For example, non-native speakers have trouble accessing critical health care information in their own language. Some simply do not feel comfortable accessing health care because most practitioners speak English and translators are not always readily available. In addition, proper occupational training that could prevent health related problems and risks on the job are not understood or even offered. Many Hispanic families are unable to get health insurance either because of the high cost or legal requirements.

“There are pockets of immigrants and new people in the area...this is causing the overall health care to decline.”

Geographic disparities were a main undercurrent to many of the problems discussed. It is apparent from the interviews that quality of life and health depends very much on “who you are and where you are.” Specifically, the west side of town is economically more affluent and tends not to have as many quality of life issues. With continued development in that part of town and the close proximity of health service providers, the population is less vulnerable. In contrast, the east side of Knox County, especially the

more rural areas, suffer more from obesity, unhealthy eating behaviors and even industrial pollution.

While air quality is an issue cited by several informants, major industrial institutions are located in less affluent parts of town affecting nearby residents to a greater extent. In addition, the more affluent groups within Knox County tend to be more involved in community activities, advocate for more services, and are often more informed when it comes to sound health behaviors. According to one informant, in Farragut, a mother might be more likely to feed her child a grilled chicken wrap after a soccer game whereas a mother on the other side of town may be more inclined to serve a McDonald's meal for dinner.

The concept of "disparity" between populations was omnipresent during interviews in many different contexts. Although some causal relationships were implied based on gender, race, and age; nearly all references to health disparities were attributed to income differences: "the haves and have nots," the "landed gentry," the "working poor," people with "means," and "your quality of life depends on what ZIP code you live in." Informants described the overwhelming, systemic nature of income disparities. Poor neighborhoods lack the "infrastructure" to help people live healthy lives. They lack sidewalks where people can safely participate in physical activity. Compounding the lack of exercise, most of these neighborhoods lack healthy food choices. In other words, those willing to navigate the streets will be "rewarded" with food choices at the local convenience store or fast food outlet. Other challenges in realizing better health and quality of life for the poor included the lack of health insurance, limited education and educational opportunities, and inadequate transportation options. One informant provided this memorable summary of the overall situation:

"You know heart disease is not the number one killer in America. Cancer is not the number one or number two. The biggest killer in the United States and in the world is poverty. And where does that poverty come from? Well it comes from social injustice. It comes from social discrimination. It comes from health policy

and economic policy that benefits one group over another. That's what I'm talking about. That's the real problem.”

Another common issue cited by the interviewees was the lack of sufficient attention to certain vulnerable populations such as the homeless, working poor, uninsured people, the elderly and racial minority groups. One informant noted that, although there seems to be political will to address things such as housing issues, there is a lack of community-based, grassroots support. In other words, when solutions are proposed, there is opposition to any changes that might affect people personally. For example, when a housing project for chronically homeless people was introduced local residents objected so strongly as to thwart the project entirely. So, although people are aware and may even express concern over vulnerable populations, the real action and sacrifice needed to address the issues are lacking.

The marginalization of certain groups as it pertains to religious attitude was noted as contributing to the fragmentation of Knox County and an ensuing failure to create feelings of community connectedness. If more groups could be brought together, the work that churches and other faith-based organizations do in the community could be even more influential, because Knox County truly embraces its religious culture. Segmentation of the community through class, geographic area and even religion seems to be an impediment to progress in terms of community action, according to the informants.

Barriers to Change

Individuals' resistance to change was identified as a significant challenge, which must be overcome in order to successfully transform Knox County into a healthier community. Lack of Knox County resources creates a barrier to funding and implementing initiatives for improvement in all areas of health and quality of life. One informant discussed in depth Knoxville's plan to end homelessness as creating a considerable barrier, because the plan seems to be drawing more homeless people from outside the area and even the state to relocate to Knoxville. The interviewee noted this is a particularly difficult

problem and a huge endeavor requiring significant resources, as there is often multiple health issues involved such as mental illness, unemployment, drug and alcohol abuse.

In addition, pockets of poverty and low socio-economic status populations in Knox County present a challenge for the community. All interviewees discussed this population's needs and barriers to health. One informant stated, "The people with no money don't have a voice." All informants agreed efforts need to be made to resolve or minimize the current disparities for these subpopulations. Economic resources directly affect access to quality health care. Due to rising costs of health insurance, it may be out of reach for citizens, leaving the local emergency rooms as their only avenue to receive health care. While one informant spoke about the benefit of Minute Clinics opening in the area, he noted that restricted hours still diverted people unnecessarily to hospital emergency rooms. Extending hours in the evening and on weekends was suggested as an opportunity to better serve the community.

Attitudes and Values of the Community

All informants touched on the need for community-wide involvement; however, frequent comments suggested that integrating these collective resources posed a significant challenge. One informant detailed some of the challenges in bringing together so many "moving parts." First, with many different priorities it's "tough to get buy-in" from different organizations. Touching on this same subject, another informant described how too many stakeholders have a "what's in it for me" attitude and that planners need to consider how to align "self-interests" with community benefits. Second, "data challenges" can become stumbling blocks in the integration of separate organizations. As this informant pointed out, "agencies don't talk to each other [so] systems don't talk to each other." Information sharing is critical to effective evaluation and assessment—an area in which one informant admitted that initiatives tend to "fall apart." Third, political challenges complicate the integration of community stakeholders. Lack of familiarity with the inner workings of different organizations often results in missteps and, at times, actually "stepping on toes." Additionally, sometimes the fear of stepping on toes leads to low productivity among community planners and committees. Finally, resistance to

change may come from those who “feel left out of the process.” Rather than engage in battle with these individuals or organizations, simply asking what they might need in order to join forces may provide surprising insights (on both sides).

The overall sense from these interviews is one of calculated optimism. Each challenge also represents an opportunity for improvement and change. Although informants recognize the difficult problems ahead, there’s a sense that progress is within reach:

“I see there’s a lot of momentum right now led in part by KCHD and its linkages with community groups. I think that’s huge. And, so my hope is that the momentum that I see now is something that a lot of people get involved in and that gets sustained.”

Policy

Poorly designed public policy was frequently connected to health disparities. Likewise, improved public policy was offered as a remedy for these health problems and inequities. One complicating factor mentioned by an informant was the fact that all policies will lead to unintended consequences that may be good or bad (although many unexpected outcomes tend to be negative).

“...this is something [government has] to think about when we’re going to build a building or a new neighborhood. Should we consider access to safe places to be physically active? Should we consider access to food?”

“I’d say health policy at the federal and state level certainly impacts people’s health and is a barrier many times to people getting the care they need.”

“Change, change, change. We need to complete this process and identify the true priorities.”

Leadership

One informant stated that health promotion must start with leaders in the community who can help to develop and implement public policies that will protect and promote our health. However, this optimism included an admission of what a “daunting” task it is to integrate so much in the community.

“You’re touching on something really critically important and that is leadership. Somebody to step up and say okay I’m going to take responsibility for this problem, or this challenge, this opportunity...I’m going to be the glue that holds it all together from a leadership perspective.”

“...what’s going through my mind is that really what we’re talking about here is almost a public health kind of a czar. And I could see the health department playing a big role in that and viewing their mission more broadly...”

“It’s a daunting task. You know there’s so many moving parts, so many agencies in town, so many doctors, so many other organizations that it would be a daunting task to be able to just be the czar over all that.”

Program Life Cycles

Informants mentioned periods of high motivation and activity related to program initiatives followed by waning support and, frequently, program elimination. Several informants raised questions about this area: Is long-term support for an initiative impractical? Should planners consider a “program life cycle” when designing initiatives? Or can a program be extended indefinitely under the right conditions? Related comments included long-term (prevention) vs. short-term (treatment) health planning and strategy. Also, one informant emphasized that evaluation planning (or the lack of it) was an important determinant in the long-term viability of program initiatives.

“I remember going to this forum...there had to have been 250 or 300 people there. And we went through this visioning process of what we wanted to be like

and I was absolutely astounded at what came out of that...Well, the problem with that was nothing happened after that!”

“That’s the kind of ‘treatment’ model. We have a really pressing problem and we need to do something about it. But I think we need to think long term and that’s very hard to do when you have an immediate pressing problem...”

One informant made an interesting comment that successful interventions may ultimately depend on factors outside the control of health program planners:

“What’s complicating [our ability to serve unhealthy patients] is it’s not just a neat flow chart [that leads to changes] because people make choices...they may say ‘I don’t want substance abuse treatment [because] I very much like my life the way it is being able to use alcohol or drugs and I’m not going to deal with that.’”

Education

Lack of education emerged as a common theme among key informants. “If you can’t get your population educated and then they don’t understand the complexity of health, they don’t tend to take care of themselves.” Education needs identified ranged from early childhood development to recognizing healthy food choices to educating adults to build better skills to increase opportunities for jobs and higher wages, all of which contribute to improved health and quality of life. Multiple informants agreed that life-long learning opportunities in the community are necessary, not just a focus on the school system. Programs targeting education of children need to be reinforced at home with the same message.

Environment

Many of the informants had concerns about the environment, especially poor air quality, as a health concern for Knox County due to being located in “the fish bowl.” One community member recalled the smell of coal in the air of Knoxville. “Undoubtedly, the

air quality has improved since those days; however increasing traffic on highways and interstates has increased pollutants which negatively impact health and quality of life.”

“I know I’m not being very articulate or organized about it but food, air, just the quality of our air. Now it’s better than when we were that scruffy little city that had all the coal, the ash just hanging. We’re getting better that way but we’re not getting better fast enough and we have too many ozone days, you know, the bad air days, people not to drive. I think we’re still teetering on – I can’t think of the word – meeting the federal regulations.”

Several informants discussed the lack of connectivity in Knoxville, stating “sprawl” is a significant problem in the community. One individual noted an opportunity for better connectivity stating, “I think cities have to take the lead locally and put bike paths up on streets where people can get from Point A to Point B.” Other recommendations for improvement included expanding greenways, parkways, and bike or walking trails throughout Knox County. The current lack of sidewalks makes it unsafe to walk or bike in many areas of the community. Multiple informants, commenting that it needs to be expanded and run more efficiently, addressed public transportation. If it takes one hour to travel five blocks on a trolley or bus, citizens are not going to use public transportation due to impracticality. Revision of building codes within the county also was recommended to assist in improving safety and “walkability” in neighborhoods.

Additional environmental concerns included the issue of healthy housing.

“Modern technology with all the plastics out there, all the oil-based products, the plastics and such, the radon, all the kinds of things you get into a home that makes a home unhealthy, we use a ton of chemicals in our houses to clean and that’s not just for poor people, that’s across income levels.”

Lack of Public Transportation

Another challenge noted was a lack of efficient and accessible public transportation specifically for disadvantaged groups. Informants suggested the need to bolster public transportation in order to improve accessibility to health services. Although services such as the East Tennessee Human Resource Agency (ETHRA) vans are available, many Knox County residents may not be eligible for the service. Moreover, the vans take a long time to pick-up and drop-off clients thereby making health visits less convenient for disadvantaged people. Perhaps other transportation options could be arranged so as to be minimally inconvenient and to provide additional residents with the services.

Community Strengths and Assets

When asked about the community strengths and assets, the informants had many positive comments. They listed many assets including;

- An improving and good quality of life
- Abundant amount of affordable housing
- Positive attitudes and values of the community
- High community involvement
- Good schools and education
- Good social and government services
- Improved greenways and exercise areas
- Political will and motivation
- Improvement of public health policies, like banning smoking from public areas
- Increased accountability
- A strong food pantry network to feed the hungry
- Natural resources and recreational areas
- Health education

Improved Health/Quality of Life

Many informants felt the overall health and quality of life in Knox County had improved over the last few years. “I would say the quality of life is very good. It’s a good place to live, a good place to raise children. Overall, it’s good.”

Although the interviews tended to serve as an outlet for concerns, some informants mentioned areas in which Knox County has been exceeding expectations. For example, a couple of informants observed an improvement in exercise activities with the construction of greenways in Knoxville. Despite the fact that a lack of exercise was noted as a challenge in Knox County as a whole, developments such as the greenways are improving the situation.

Improved Health Awareness

Informants noted an increase in awareness and an overall value re-prioritization where good health is held in higher regard when compared to the past. Some informants recognized that health awareness has increased over the past couple of decades, but that the greater awareness has not necessarily translated into health improvements or better health behaviors. According to one informant, this awareness seemed to come after community tragedies. Some of these tragedies involve students and violent behavior. Mental health issues in particular seem to be on the “radar” for parents and other community members. This is one area where awareness could be capitalized on by providing more intensive public education about the specifics of mental health disorders, how to recognize problems, and where to seek help.

Health Policies

In addition, informants noted an improvement in policies regarding health such as the bans on smoking in public places that can have a positive effect on overall smoking behaviors of the public. Informants also mentioned the increase in demands for accountability when agencies receive grants aimed at helping the public. As evaluations

are used to assess various programs, identifying what appears to be working for Knox County can increase progress.

Political Will/Motivation

Political will and motivation were also noted as a positive part of Knox County. It seems that those in power have a genuine will to improve the quality of life for all people in Knox County. Specifically, some underserved and vulnerable populations such as the homeless have recently been the focus of many concerted efforts at improving living conditions and the availability of services. Although much work remains to be done, and community support is sometimes lacking, support from the county's leadership is a necessary component for achieving improvements in Knox County.

Volunteerism

A major strength identified was Knox County's ability to feed the hungry. One informant mentioned the thousands of meals and pounds of food that are served to people in the community annually. She asserted that Knox County has an incredible network of emergency food pantries, "probably the strongest I've seen." Another informant described how local businesses and restaurants donate their left-over and perishable foods instead of throwing food away. An informant whose organization touches on these issues proudly acknowledged that while the economy is suffering and demand for food is up significantly from last year [2008], charitable providers have still been able to meet demand. People continue to donate food and money even though times are tough.

Access for the Working Poor

Several informants stated that there are many resources for the working poor, including primary care physicians and health care. The challenge is connecting the working poor who are overwhelmed with responsibilities as single parent bread-winners to these available resources. One informant felt that involving doctors and nurses from the same ethnicity/race of the working poor could be helpful in outreach initiatives and provide for more informed policy making.

Collaboration

Several other recent and historical strengths of Knox County were identified including “doing a better job in education than rural communities,” “a little better job at access to health care,” successfully improving food and waste disposal infrastructure in preparation for the 1982 World’s Fair in Knoxville, a previous “Community Visioning Process,” and instances of groups working well together: the Knoxville-Knox County Homeless Coalition, KAPPI (Knox Adolescent Pregnancy Prevention Initiative) targeting teen pregnancy, and those working with the Family Justice Center on domestic violence. Informants stated that collaborative efforts have really improved over the years. Another key informant offered the opinion that KCHD has the ability to successfully bring organizations together to form partnerships and collaborative efforts.

Recognizing that it will take a substantial community effort to make changes and sustain success, one community organization leader stated, “We may not have the expertise, but this community does.” For a prolonged impact on health and quality of life, there must be a collective commitment among the entire local public health system and all citizens who live in Knox County. Another informant discussed the importance of connecting the key players and empowering the people of the community to get involved to make these changes. Furthermore, the individual stated, “It’s not going to be the government’s solution. It’s going to be the citizens’ solution.” He continued by recommending that as a community, we need to “figure out what our priorities are and what our priorities need to be.”

In addition, informants recognized current community assets such as Head Start, March of Dimes, Habitat for Humanity, Second Harvest, Interfaith Health Clinic, Boys & Girls’ Clubs, and the United Way. “Knoxville is a very giving community,” reported one interviewee. A couple of individuals noted that since the passing of the Tennessee Nonsmoker Protection Act legislation there has been a steady decline in adults who smoke. Moreover, several informants noted a generally positive attitude overall within the community which may assist in buy-in and involvement in the transformation to a healthier community.

While there were many challenges and barriers noted during the interviews, there were also opportunities and recommendations for improvement. Most informants conveyed positive attitudes that change, although not be easy, is feasible. Multiple community members stated that there needed to be a change in expectations throughout Knox County. One should have the same expectations for health and quality of life, regardless if he or she lives in west Knoxville or center city. “If you don’t change expectations, we’re not going to get better outcomes.”

About the Process

We had an excellent response from the key informants to interview requests. In general, interviewees were very positive, interested and engaged. Most conveyed interest beyond the interview with requests for additional information on the process. With a team of interviewers, most schedules were easily accommodated. No other significant problems were experienced conducting interviews.

Community Themes and Strengths: Conclusion

Several universal themes evolved after completing the survey, focus groups and key informant interviews. While each revealed that the quality of life in Knox County was considered to be relatively good, there were still many areas identified for improvement. In addition, negative health behaviors such as overeating, substance abuse and smoking are perceived to be prevalent in the community. These behaviors contribute to many negative health outcomes, especially in underserved and minority populations.

Knox County has experienced improvements in awareness and the development of infrastructure conducive to healthier behaviors. Despite this, disparities within the community were illuminated along geographic and economic lines. Existence of deficits in the community were observed but emphasis on the responsibility that public organizations have to work together to improve these circumstances was also noted

Prerequisites to effectively integrate the many stakeholders concerned with public health in Knox County were noted. Critical elements included developing a sense of community, understanding the competing forces behind cooperative and competitive working relationships, identifying the optimal providers of leadership among the various constituents, and applying public policy to maximize potential benefits and minimizing negative outcomes.

Finally, perspectives about why programs and interventions to improve health may run into trouble were captured. The ebb and flow of support may be a natural cycle or by design. As programs see variations in funding, personnel, administrative focus and coalition scale, progress toward health improvement also ebbs and flows. Additionally, despite monumental attempts to develop successful initiatives, success ultimately depends on affected individuals choosing to participate and realizing the intended benefits.

A call to action was heard during most of the focus groups and key informant interviews. It was reflected in the survey around civic engagement. Participants agreed that Knox County is currently facing significant health and quality of life challenges which require attention and warrant change. Disparities are well-documented, and more action is needed to improve and eliminate these inequalities. Community resources exist and should serve as the foundation for expansion of more services. Despite the current economic crisis, planning and implementation of new initiatives to improve health must be undertaken. While most community members admitted to the enormity of the challenges ahead of us, they also confidently predicted that positive change can and will take place. Overall, the health and wellness of all who live, work, worship, play or learn in Knox County can be improved; this seems to be a goal and an expectation shared across our community.

Appendix

Appendix 1. Knox County Health and Quality of Life Survey



Knox County Health and Quality of Life Survey

We want to hear from you -
TELL US WHAT YOU THINK!!

Please rank the quality of the following in both Knox County and in your own community. When thinking of Knox County, consider what you know about the entire county. When thinking of your community, consider the neighborhoods or areas where you live, work and/or play.

1. Overall, how satisfied are you with the quality of life in (a) Knox County and (b) your local community? (Consider your sense of safety, well-being, participation in community life and associations, etc.)

	Very Satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very Dissatisfied	Don't Know
a. Knox County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Local Community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How would you rate (a) Knox County and (b) your local community as a place to raise a family (consider school quality, day care, after school programs, recreation, etc.)?

	Excellent	Very Good	Good	Fair	Poor	Don't Know
a. Knox County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Local community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How would you rate (a) Knox County and (b) your local community as a place to grow old (Consider elder-friendly housing, transportation to medical services, churches, etc.)?

	Excellent	Very Good	Good	Fair	Poor	Don't Know
a. Knox County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Local community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How would you rate community support for individuals and families during times of stress and need in (a) Knox County and (b) your local community (consider neighbors, support groups, faith community, agencies, and organizations)?

	Excellent	Very Good	Good	Fair	Poor	Don't Know
a. Knox County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Local community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How would you rate (a) Knox County and (b) your local community as a safe place to live (consider at home, at work, in the schools, playgrounds, parks, the mall, etc.)?

	Very Safe	Safe	Neither safe nor unsafe	Unsafe	Very Unsafe	Don't Know
a. Knox County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Local community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. How do you rate the quality of the environment in (a) Knox County and (b) your local community (consider air, water, trash, rate and bug control, etc.)?

	Excellent	Very Good	Good	Fair	Poor	Don't Know
a. Knox County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Local community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How satisfied are you with the economic opportunity in (a) Knox County and (b) your local community (consider amount of locally-owned and operated businesses, job availability, job training, career growth, affordable housing, reasonable commute, etc.)?

	Very Satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very Dissatisfied	Don't Know
a. Knox County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Local Community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. How satisfied are you with the health care resources in (a) Knox County and (b) your local community (consider access, cost, availability, quality, options in health care, etc.)?

	Very Satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very Dissatisfied	Don't Know
a. Knox County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Local Community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How would you rate the level of civic responsibility and engagement in (a) Knox County and (b) your local community (participation in community groups, volunteering, voter turn-out, etc.)?

	Very High	High	Neither high nor low	Low	Very Low	Don't Know
a. Knox County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Local Community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How strongly do you feel that you - alone or with others - can make (a) Knox County and (b) your local community a better place to live, work, or play in?

	Very strongly	Strongly	Neutral	Not Strongly	Not at all	Don't Know
a. Knox County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Local Community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The purpose of these questions is to get your opinion about what makes a healthy community as well as health problems specific to Knox County and your local community.

11. From the following list, what do you think are the THREE MOST IMPORTANT factors for a "Healthy Community?"

- | | |
|---|---|
| <input type="checkbox"/> Good place to raise children | <input type="checkbox"/> Good jobs and healthy economy |
| <input type="checkbox"/> Low Crime/safe neighborhoods | <input type="checkbox"/> Strong family life |
| <input type="checkbox"/> Good Schools | <input type="checkbox"/> Healthy behaviors and lifestyles |
| <input type="checkbox"/> Access to health care | <input type="checkbox"/> Low death and disease rates |
| <input type="checkbox"/> Access to healthy food | <input type="checkbox"/> Low infant deaths |
| <input type="checkbox"/> Parks and recreation | <input type="checkbox"/> Religious or spiritual values |
| <input type="checkbox"/> Clean environment | <input type="checkbox"/> Other |
| <input type="checkbox"/> Affordable housing | _____ |
| <input type="checkbox"/> Arts and cultural events | |
| <input type="checkbox"/> Excellent race relations | |

12. From the following list, what do you think are the THREE MOST IMPORTANT "health problems" in Knox County?

- | | |
|---|---|
| <input type="checkbox"/> Aging problems | <input type="checkbox"/> Heart disease and stroke |
| <input type="checkbox"/> Cancers | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Child abuse/neglect | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> Homicide |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Infant death |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Infectious diseases |
| <input type="checkbox"/> Firearm-related injuries | <input type="checkbox"/> Mental health problems |
| <input type="checkbox"/> Farming-related injuries | <input type="checkbox"/> Motor vehicle crash injuries |

- | | |
|--|--|
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Rape/sexual assault | <input type="checkbox"/> Teenage pregnancy |
| <input type="checkbox"/> Respiratory/lung
disease/asthma | <input type="checkbox"/> Other
_____ |
| <input type="checkbox"/> Sexually transmitted diseases
(STDs) | |

13. From the following list, what do you think are the **THREE MOST IMPORTANT** "risky behaviors" in our community? (Those behaviors that have the greatest impact on overall community health.)

- | | |
|--|---|
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Not using birth control |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Not using seat belts/child
safety seats |
| <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Unsafe sex |
| <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Other
_____ |
| <input type="checkbox"/> Poor eating habits | |
| <input type="checkbox"/> Not getting "shots" to prevent
disease | _____ |
| <input type="checkbox"/> Tobacco use | |

Please tell us more about yourself!

14. From the map below, please indicate which sector of Knox County you live in. If you live outside of Knox County, please select that option. If you are not sure which area you live in, you may enter your ZIP code next to the box marked "other" or put that you do not know.



- | | |
|---|---|
| <input type="checkbox"/> North County | <input type="checkbox"/> East County |
| <input type="checkbox"/> Northeast County | <input type="checkbox"/> South County |
| <input type="checkbox"/> North City | <input type="checkbox"/> Southwest County |
| <input type="checkbox"/> Northwest City | <input type="checkbox"/> I live outside of Knox County |
| <input type="checkbox"/> Central City | <input type="checkbox"/> Other (please enter your ZIP code or "I don't know") _____ |
| <input type="checkbox"/> East City | |
| <input type="checkbox"/> South City | |
| <input type="checkbox"/> West City | |
| <input type="checkbox"/> Northwest County | |

15. How many years have you lived in Knox County?

- | | |
|---|---|
| <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> Over 10 years |
| <input type="checkbox"/> 1 - 3 years | <input type="checkbox"/> I have never lived in
Knox County |
| <input type="checkbox"/> 4 - 6 years | |
| <input type="checkbox"/> 7 - 10 years | |

16. What is your gender?

- | | |
|---------------------------------|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
|---------------------------------|-------------------------------|

17. What is your age?

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 19 or under | <input type="checkbox"/> 55 - 59 |
| <input type="checkbox"/> 20 - 24 | <input type="checkbox"/> 60 - 64 |
| <input type="checkbox"/> 25 - 34 | <input type="checkbox"/> 65 - 74 |
| <input type="checkbox"/> 35 - 44 | <input type="checkbox"/> 75 - 84 |
| <input type="checkbox"/> 45 - 54 | <input type="checkbox"/> 85 or older |

18. What race do you consider yourself?

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African
American | <input type="checkbox"/> Native Hawaiian or
other Pacific Islander |
| <input type="checkbox"/> American Indian or
Alaska Native | <input type="checkbox"/> More than one
race/mixed race |

19. Are you Hispanic or Latino?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

20. What is your highest level of education?

- | | |
|--|--|
| <input type="checkbox"/> Less than 9 th grade | <input type="checkbox"/> Some college, no degree |
| <input type="checkbox"/> 9 th to 12 th grade, no diploma | <input type="checkbox"/> Associate's degree |
| <input type="checkbox"/> High school graduate (including GED) | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> Vocational or technical school | <input type="checkbox"/> Graduate or professional degree |

21. What is your annual household income?

- | | |
|---|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$50,000 to \$74,999 |
| <input type="checkbox"/> \$10,000 to \$14,999 | <input type="checkbox"/> \$75,000 to \$99,999 |
| <input type="checkbox"/> \$15,000 to \$24,999 | <input type="checkbox"/> \$100,000 to \$149,000 |
| <input type="checkbox"/> \$25,000 to \$34,999 | <input type="checkbox"/> \$150,000 to \$199,999 |
| <input type="checkbox"/> \$35,000 to \$49,999 | <input type="checkbox"/> \$200,000 or more |

22. How did you hear about this survey? (Please check all that apply).

- | | |
|--|--|
| <input type="checkbox"/> At work | <input type="checkbox"/> Health Newsletter |
| <input type="checkbox"/> From a friend | <input type="checkbox"/> Email |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other (please specify)___ |
| <input type="checkbox"/> Radio | |
| <input type="checkbox"/> Television | |

Thank you for taking the survey! Your opinion is greatly appreciated

Appendix 2. Knox County Quality of Health and Life Survey “Other” Responses

Question 12 – From the following list, what do you think are the three most important “health problems” in Knox county?

Responses to “Other” as entered by respondents:

1. Obesity and Mental health issues are also high!
2. Allergies
3. Drugs on our streets
4. Air quality
5. Disabled individuals
6. Crime
7. Spiritual decay in our society-which can link several of the above to it.
8. Tobacco use
9. Drug abuse
10. Lack of affordable dental/health care
11. Drug addiction
12. Eczema
13. Drug abuse
14. Immigrant-related
15. Teenage smoking
16. Provide more health care for everyone
17. [Deleted due to inflammatory content]
18. Air quality
19. Tobacco use
20. Poor air quality
21. Crime in inner-city neighborhoods/ unsafe neighborhoods for children
22. Lack of healthy life style education for school children
23. I really have no idea, but I would be interested to find out what the top ones are statistically.
24. Again, some of these are subsets of other items in the list.
25. Pollution of all kinds: air, water, food, toxic waste spills and dump sites
26. The de-institutionalization pendulum has swung too far. Some mentally ill substance abusers need permanent, on-site housing and monitoring -- especially those with schizophrenia, bipolar disorder, and, in some cases, PTSD. These people are repeatedly arrested and released, at which time they refuse to stay on their medications and repeat their offenses against society. [Deleted due to inflammatory content].
27. I would include child abuse and neglect under "domestic violence," which they are. We all have health problems of one sort or another--so how can they be ranked? (Is my health problem more important than yours?) I have real problems with this question because I don't think the question is correctly stated. I don't know that checking three will be useful information as they will be scattered all over the map and probably no

one thing will be statistically important. What's the purpose of the question? What is it you really want to know?

28. Depression
29. Homelessness-overtaking Knox Co.
30. Drug abuse
31. Don't know
32. Smoking
33. Homeless
34. Welfare ease and prescription drug abuse
35. Smoking
36. Allergy
37. [Deleted due to inflammatory content]
38. Our growing homeless population with drug abuse and mental illness contribute to the increase of these persons
39. METH LABS
40. I don't have sufficient data.
41. Drug and Tobacco Addiction
42. Air quality is causing much suffering among myself and my community
43. Poorly supervised public health care/TennCare
44. So many people can't afford medical care, but make too much money for programs that are to help, but who do they help? We have no dental and no vision and can't get our medications. What do we do?
45. Some of these issues mentioned above could be handled by community accountability. We say much too often that "it's none of our business" or "don't get involved." There is way too much tolerance for violence and other bad behaviors. We need to change our mind set. We need to stand against domestic violence, child abuse and other violent crimes. We need to put the accountability on the perpetrators and not the victims. Domestic violence the question is always why does she stay, why does she go back. The real question is why we as a community accept this violent behavior. The fact that she or he keeps on going back has nothing to do with a person who has a violent behavior. Child abuse should never be an accepted behavior. We need strong leadership in Knox County. Leaders who don't have a personal agenda, but a community agenda.
46. Heart disease and stroke, high blood pressure
47. Drug abuse/alcoholism/addiction to pain meds
48. Drug and alcohol addiction
49. Smoking
50. Air quality
51. Tobacco
52. Smoking
53. Proper Nutrition
54. Affordable health care.
55. SMOKING, SMOKING, AND SMOKING!!!
56. Narcotic drug overuse and abuse
57. Health problems related to smoking

58. Poverty
59. Dental problems; diabetes; firearm-related injuries; heart disease and stroke; homicide; mental health problems; motor vehicle crash injuries; obesity; respiratory/lung disease/asthma; teenage pregnancy.
60. Disable individuals
61. Air quality
62. Poor diet
63. Heart disease and stroke, high blood pressure, infectious diseases, obesity
64. Taxation
65. High TennCare and indigent population. I feel we do job at providing free clinics, food, clothing etc., however their lack of knowledge or motivation to improve causes health related problems.
66. Air quality
67. Unclean food
68. Drug abuse
69. Obesity
70. Obesity
71. Allergy
72. Homeless
73. Crime rate- burglary & assault
74. Abortion
75. Homelessness
76. Uneducated parents
77. Smoking needs to be banned. Disease and health care costs are high because of this one life style choice
78. Prescription Drug Abuse
79. Addiction
80. Air quality
81. Allergies
82. Prenatal care
83. Drug Abuse
84. Drugs/alcohol/smoking
85. Add obesity among our children
86. Don't know – sorry
87. Drugs
88. Dependence on government assistance
89. Access to affordable health care, including preventative health screenings and clinics for providing low cost health care.
90. Any stress-related problems
91. Homelessness
92. Rape/sexual assault
93. DUI Drivers
94. Bad nutrition knowledge
95. Bad air - people don't realize it enough.

96. SMOKING
97. Also teenage pregnancy
98. Poor air quality
99. Drunk Driving and smoking
100. Also HIV/AIDS and infant deaths
101. Also teenage pregnancy
102. Drugs
103. Also rape/sexual assault and suicide and teenage pregnancy
104. Inactive lifestyles. Our community does not promote wellness.
105. Cancers and teenage pregnancy
106. Allergies
107. Knox County has no health problems that concern me.
108. No clue
109. Staph problem
110. Drug abuse
111. Air quality related illnesses
112. Disenfranchised community members. Lack of unity on taking action on important issues.
113. Lack of affordable health care since many are under insured or have no health insurance at all.
114. Drug/alcohol addiction
115. Pollution from I-40 allowing traffic to spew toxic wastes through the middle of Knoxville & throughout East Tennessee.
116. Obesity is a major concern and leads to all other health problems.
117. Homelessness
118. All forms of violence including abuse & neglect (children & elders), domestic issues, assault, sexual assault
119. racial disparities
120. Smoking
121. Alcohol and drug abuse
122. A lot of problems are brought on by the patient themselves, i.e. bad choices in life and expecting everyone else to fix it for them.
123. Over past few years, I've noticed a lot more crime overall in Knox County. It has been a growing concern for me.
124. Obesity is related to many of the problems on the least as a cause or effect
125. Over-use of antibiotics leading to resistant strains of things like MRSA. This scares me.
126. Illiteracy/under education
127. Not really a question that can be answered. More subjective of what are the three more important health problems in Knox County in my point of view, but realistically can't answer this because I do not know the statistics of what are our most pertinent health problems! This shouldn't be used to determine priorities, because this is just an opinion!
128. Smoking-related health issues.
129. They're all related to diet and exercise!
130. Crime - both street and white collar

- city's bullying neighborhood
waste of UT, city and county dollars
131. Smoking
 132. Too many disabled and/or homeless vagrants on the streets of downtown, not being substantially helped or taken in a lasting way.
 133. People not taking responsibility for themselves
 134. Illegal drug use
 135. Poor nutrition, poor medical information level. Poor understanding overall of how to remain healthy.
 136. Disease-producing diet and lifestyles
 137. Drug use in Knox County
 138. Drugs
 139. Substance abuse
 140. Environmental pollution
 141. Poor prenatal nutrition
 142. To many smokers
 143. Substance abuse
 144. I think that most people do not include dental as part of important health. I have had three teeth that had to have root canals and caps for years and still can not afford it. I have looked though out the community to see if there is some way to get this done. I can even make small payments on it. I am not expecting it free. But, nothing still. I believe that I am an average person, so if this can happen to me then, it is happening to many people. Dental problems have led me to sinus infections, jaw infections. Dental also needs to be addressed.
 145. Teenagers and young adults using illegal drugs
 146. Diabetes is also a large concern. When someone hears you ask for sugar free, or order healthy food, they ask if you are on a diet. I work at a hospital and am amazed at how many suicide attempts there are in our E. R. every day, of all ages, and those who come for pill or alcohol addiction from teens to 60-70 yrs old, it is so sad and I want to help somehow.
 147. Robbery
 148. The three I chose are all people that count on us to help them and cannot really 'fix it' themselves.
 149. I'm not sure about this question, but have heard east TN has big problem in areas checked.
 150. We have not lived here long. I know the two items checked seem to be a problem here, but I wouldn't know what else would be.
 151. Poor eating habits
Poor exercise habits
 152. People's health would be so much better if they had better lifestyles: ate healthy foods, exercised, reduced stress (a major one!), and were happier in general.
 153. Drug abuse
 154. Lack of healthful places for aging people to live and be able to move about nearby businesses and parks without driving. Lack of transportation for aging and low income. I have not seen statistics on local health issues and am not sure at all about what our most critical ones are. But our pollution level is an embarrassment -and the coinciding respiratory issues.
 155. Healthy infrastructure sidewalks, bike lanes, walkable and accessible shops etc

156. The 10 commandments would take care of problems like thefts, rape, etc.
157. Untreated homeless people for mental health. Also, schools not up to par.
158. Lack of education on all of the above
159. Men's Health specific conditions
160. Allergies caused by poor air quality.
161. Tobacco-related diseases
162. Asthma
163. Not from Knox County, from Davidson; do not really know the issues affecting Knox County.
164. Free senior programs- ballroom dancing
165. Alcohol related problems and drug addiction
166. Meth
167. Cost of medicine

Question 13 – From the following list, what do you think are the three most important “risky behaviors” in our community? (Those behaviors that have the greatest impact on overall community health)

Responses to “Other” as entered by respondents:

1. Many of these go together [Deleted due to inflammatory content]. I would estimate 90% of all men, women, and children are overweight or obese and despite attempts by the media and educators to change this, these "people" do not have enough self respect to care. They use the available resources to their advantage and do not give back to the community. If people can afford to feed themselves enough food to be "obese" then they can afford to pay for their own health insurance and schooling.
2. Response time when emergency is called
3. Erotic services (Whore House)
4. Also poor eating habits, tobacco use, and unsafe sex
5. Air quality
6. Breathing the air in the valley
7. Homeless
8. All
9. Cell phone usage while driving
10. Driving w/o license
11. Sin over all
12. All factors contributing to obesity including lack of exercise and poor eating habits. We need sidewalks!
13. Not having access to preventive health care including a primary care physician. Not having health insurance.
14. Also tobacco use, unsafe sex.
15. ALL these risky behaviors go hand-in-hand. So long as there are unstable, substance (alcohol, tobacco, drugs)-abusing parents who do not feed their children nutritious foods and who model angry, violent behaviors, there will be dropouts who behave as their parents have.
16. Why do you separate out alcohol from drug abuse? I wonder why not using birth control is on this list--since some people do this for religious reasons.
17. ?
18. Talking on the phone while driving / texting while driving; although texting has recently become illegal and there is supposedly a \$50 fine, talking without a hands-free set is still legal...and very dangerous; I would like to see a law passed to make it illegal to talk on the phone while driving unless you are using a hands-free headset
19. Texting while driving
20. Being rude and inconsiderate of others.
21. Unsafe sex
22. Crime in it's self
23. For every black man to own a gun
24. Noncompliance with health care and health care plan of care
25. Street people - prostitutes - white slavery
26. Liberal gun laws
27. Lack of exercise, poor eating habits, not using birth control, unsafe sex, inadequate moral training

28. Lack of care for the environment - littering, smoking in public, polluting water and water sheds, inappropriate development practices
29. Not seeking, or being able to afford to seek, medical assistance when needed.
30. Fire-arms
31. Prescription drug overuse and reckless driving.
32. Hate crime/gang violence
33. Once again these seem to go hand in hand. How do you choose? As for poor eating that has a lot to do with how much money you can spend to buy food.
34. Having a safe place to live is very important. If we don't feel safe in our homes and community we will seek out where we feel safe, and protected. We need a better home life for our children. We need our leaders in local government to be a presence in our community. All the time not just when they are seeking elections. Start healthy get-togethers in communities with positive, motivational speakers.
Let's step out from the behind our podiums and pulpits knock on doors shake hands. Lead by leadership.
35. Driving while using cell phones
36. We need to use more county money on health issues and education and less on "homeless issues".
37. Voting without thinking
38. Child abuse and neglect
39. Legal System in/around Knox is horrible. Ban firearms instead of allowing them in bars/parks!!
40. Again it is not easy to pick 3 they all interact with each other - likely most of these could be helped with better education
41. Too much driving
42. Lack of seeking out health care for illnesses
43. Drug abuse; poor eating habits; tobacco use; unsafe sex.
44. Tobacco use, not using seat belts/child safety seats
45. Lack of better parental discipline & value teaching
46. Pre-marital sex
47. Poor eating habits, tobacco use
48. Sex outside of marriage
49. People living free supplied by the government—while the rest of us work
50. Driving
51. Add lack of exercise
52. Lack of "health living" education
53. Suicide, depression
54. Because of high cost of health care, not getting health screenings to prevent disease (not just shots, but cholesterol assessments, GYN exams, and routine dental checkups)
55. DUI Drivers
56. Obesity
57. UNSAFE VEHICLES and drivers on the road.
58. Domestic violence
59. Also not using birth control
60. Also tobacco use

61. All --definitely more than three
62. Knox County has no "risky behaviors" that concern me.
63. Children having sex period.
64. Unskilled, unsafe Firearms ownership
65. Poor air quality
66. Homelessness and those who feel that they cannot have a better lifestyle.
67. Lack of education/financial opportunity
68. Crime
69. Unsafe driving/ car wrecks
70. As an EMS provider I get the chance to see all of the above & suffer from some myself & have a difficult time choosing just three, I think they are a big problem
71. Reckless driving
72. I would lump alcohol and drug abuse together
73. Eating unhealthy food (most restaurants, even the "nicer one", serve either processed or high fat/high sodium food). Overall, people have a very poor diet.
74. Lack of good sex education.
75. Prescription drug abuse
76. So may suffer from depression and lack of purpose or direction.
77. I couldn't decide between drug or tobacco use not knowing statistics.
78. The most risky behavior is dependency, we have an epidemic of governmental dependency that goes from the individual to the state level
79. I don't know the community well enough to say. From my observations, I know the kids could use a lot more opportunity to be active in school--especially elementary.
80. Untreated mental illness
81. Poor sexual choices - including unsafe sex, not using birth control, sex too young, too many partners, and all other recognized risky or inappropriate sexual behavior. I think these have to be considered together, not separately.
82. Functioning under stressful conditions for too long a period of time.
83. I think without a healthful environment, people are more likely to turn to more risky alternatives to get along. Lack of housing and support for mentally challenged and chronically homeless is—well, not in keeping with good citizenship or governing
84. Lack of proper education on above thru public no cost agencies
85. Sex before marriage
86. Crime rate
87. Cell phone driving
88. Breathing the air
89. Car cell phone use

Appendix 3. Community Themes and Strengths Focus Group Locations



As part of the ***Together! Healthy Knox*** initiative, you are invited to participate in one of several community discussions being held around Knox County. These discussions offer a unique opportunity to voice concerns about health-related issues that are important to you and your family.

Anyone who lives, works, worships or plays in Knox County can take part. There is no cost to participate, but **you must pre-register by calling 215-5160, 215-5180 or online at http://www.healthyknox.org/focus_groups.html**

LOCATION	DATE/TIME
Cumberland Estates Recreation Center, in the Meeting Room , 4529 Silver Hill Drive	Wednesday, May 6 5-6:30 p.m.
Halls Branch Library , 4518 E. Emory Road	Thursday, May 14 6-7:30 p.m.
L.T. Ross Building, Multipurpose Room B , 2247 Western Avenue	Thursday, May 21 3-4:30 p.m.
Carter Branch Library , 9036 Asheville Highway	Tuesday, May 26 6-7:30 p.m.
West Knoxville Branch Library , 100 Golf Club Road, Knoxville, TN 37919	Thursday, May 28 6-7:30 p.m.
Cansler Family YMCA 616 Jessamine Street, Knoxville, TN 37917	Monday, June 1 5:30-7 p.m.
South Knoxville Senior Center 6729 Martel Lane, Knoxville, TN 37920	Friday, June 26 9-10:30 a.m.
Burlington Branch Library 4614 Asheville Highway, Knoxville, TN 37914	Monday, June 29 5:30-7:00 p.m.
Farragut Branch Library 417 N. Campbell Station Road, Knoxville, TN 37934	Tuesday, June 30 5-6:30 p.m.

Launched by Knox County Health Department, ***Together! Healthy Knox*** is a community approach to better health that incorporates a national strategic model developed by the National Organization of County and City Health Officials. For more information, visit www.healthyknox.org or contact Carlos Yunsan at 215-5549.



Appendix 4. Community Themes and Strengths Assessment Focus Group Script

Good morning (afternoon). First I want to thank you for taking time out of your busy day to take part in our discussion about health in our community. My name for those of you who don't know me is _____. This focus group is being conducted as a part of the MAPP process. Overall we want to get an idea of what a healthy community means to you.

We have several questions that we hope will stimulate discussion among you. We are not trying to change your mind or convince you of anything. We just want to hear your opinions. Everyone's opinion is very important so everyone will get a chance to speak. Each of you has different experiences that can mold our discussion. Feel free to express your opinion even if it is opposite from the person beside you. There is no right or wrong answers.

I will be taking a few notes along the way to ensure I've heard all the important points. I want to assure you that your responses and the information we gather from your discussion group will be kept confidential. Did everyone sign the consent form? We will be using your thoughts and comments but not your names.

Ground Rules

My job is to be your guide through this session. I'll ask questions and listen. I may interrupt you to move on to the next question, but I will do so just to make sure we cover all the topics that we want to talk about today. It will never mean that I do not think what you are saying is important.

Let's begin by finding out a little more about each other. We'll start to my left and go around the table. Please introduce yourself.

Questions:

1. What does a "Healthy Community" mean to you?
2. What are the most important factors for creating a healthy community? Why?
3. What are the pressing health related problems in our community? (need to convey Knox County and/or local community)
4. Why do you think we have these problems in our community?
5. What strengths and resources do we have in our community to address these problems?

Appendix 5. Community Themes and Strengths Key Informant Interview Script

KEY INFORMANT INTERVIEW Community Themes & Strengths Assessment Knox County Health Department/UT MPH Program

Interviewer's Initials: _____ Team: _____

Date: _____ Start time: _____ End time: _____

Name: _____ Title: _____

Agency/Organization: _____

of years living in Knox County: _____ # of years in current position: _____

Introduction: Good morning/afternoon. My name is [**interviewer's name**]. I'm a student with the University of Tennessee's Master of Public Health (MPH) program. Thank you for taking time out of your busy day to speak with me. I'll try to keep our time to 60 minutes, but we may find that we run over – up to 90 minutes total - once we get into the interview. (**Check to see if this is okay**)

The MPH program is collaborating with the Knox County Health Department to gather local data, as part of developing a plan to improve health and quality of life in Knox County. Community input is essential to this process. Surveys, focus groups and key informant interviews are being used to engage community members.

You have been selected for a key informant interview because of your knowledge, insight and familiarity with the community. The themes that emerge from these interviews will be summarized and made available to the public; however, individual interviews will be kept strictly confidential.

To get us started, can you tell me briefly about the work that you and your organization do in the community?

Thank you. Next I'll be asking you a series of questions about health and quality of life in Knox County. As you consider these questions, keep in mind the broad definition of health adopted by the World Health Organization: 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,' while sharing the local perspectives you have from your current position and from experiences in this community.

Questions:

1. In general, how would you rate health and quality of life in Knox County?
2. In your opinion, has health and quality of life in Knox County improved, stayed the same, or declined over the past few years?
3. Why do you think it has (based on answer from previous question: improved, declined, or stayed the same)?
4. What other factors have contributed to the (based on answer to question 2: improvement, decline **or** to health and quality of life staying the same)?
5. Are there people or groups of people in Knox County whose health or quality of life may not be as good as others?
 - a. Who are these persons or groups (whose health or quality of life is not as good as others)?
 - b. Why do you think their health/quality of life is not as good as others?
6. What barriers, if any, exist to improving health and quality of life in Knox County?
7. In your opinion, what are the most critical health and quality of life issues in Knox County?
8. What needs to be done to address these issues?
Possible probe: What specific actions, policy or funding priorities would you support because they would contribute to a healthier Knox County?
9. In your opinion, what else will improve health and quality of life in Knox County?
10. Is there someone (who) you would recommend as a “key informant” for this assessment?

Close: Thanks so much for sharing your concerns and perspectives on these issues. The information you have provided will contribute to develop a better understanding about factors impacting health and quality of life in Knox County. Before we conclude the interview,

Is there anything you would like to add?

As a reminder, summary results will be made available by the Knox County Health Department and used to develop a community-wide health improvement plan. Should you have any questions, please feel free to contact Carlos Yunsan at the health department. Here is his contact information [**provide postcard**]. Thanks once more for your time. It’s been a pleasure to meet you!