

# KNOX COUNTY HEALTHY KIDS, HEALTHY COMMUNITIES CASE REPORT

KNOX COUNTY, TENNESSEE

Evaluation of the Healthy Kids, Healthy Communities National Program

December 2009 to December 2013



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## BACKGROUND

### Healthy Kids, Healthy Communities National Program

With the goal of preventing childhood obesity, the Healthy Kids, Healthy Communities (HKHC) national program, funded by the Robert Wood Johnson Foundation (RWJF), provided grants to 49 community partnerships across the United States (Figure 1). Healthy eating and active living policy, system, and environmental changes were implemented to support healthier communities for children and families. The program placed special emphasis on reaching children at highest risk for obesity on the basis of race, ethnicity, income, or geographic location.<sup>1</sup>

Project Officers from the HKHC National Program Office assisted community partnerships in creating and implementing annual workplans organized by goals, tactics, activities, and benchmarks. Through site visits and monthly conference calls, community partnerships also received guidance on developing and maintaining local partnerships, conducting assessments, implementing strategies, and disseminating and sustaining their local initiatives. Additional opportunities supplemented the one-on-one guidance from Project Officers, including peer engagement through annual conferences and a program website, communications training and support, and specialized technical assistance (e.g., health law and policy).

For more about the national program and grantees, visit [www.healthykidshealthycommunities.org](http://www.healthykidshealthycommunities.org).

**Figure 1: Map of Healthy Kids, Healthy Communities Partnerships**



### Evaluation of Healthy Kids, Healthy Communities

Transtria LLC and Washington University Institute for Public Health received funding from the Robert Wood Johnson Foundation to evaluate the HKHC national program. They tracked plans, processes, strategies, and results related to active living and healthy eating policy, system, and environmental changes as well as influences associated with partnership and community capacity and broader social determinants of health.

Reported “actions,” or steps taken by community partnerships to advance their goals, tactics, activities, or benchmarks from their workplans, formed community progress reports tracked through the HKHC Community Dashboard program website. This website included various functions, such as social networking, progress reporting, and tools and resources to maintain a steady flow of users over time and increase peer engagement across communities.

In addition to action reporting, evaluators collaborated with community partners to conduct individual and group interviews with partners and community representatives, environmental audits and direct observations in specific project areas (where applicable), and group model building sessions. Data from an online survey, photos, community annual reports, and existing surveillance systems (e.g., U.S. census) supplemented information collected alongside the community partnerships.

For more about the evaluation, visit [www.transtria.com/hkhc](http://www.transtria.com/hkhc).

### Knox County Healthy Kids, Healthy Communities

In December 2009, the Knox County Healthy Kids, Healthy Communities partnership received a four-year, \$360,000 grant as part of the HKHC national program. The partnership focused on healthy eating and active living in three target communities, Lonsdale, Inskip, and Mascot.

The Knox County Health Department was the lead agency for the Knox County Healthy Kids, Healthy Communities partnership. The partnership and capacity building strategies of the partnership included:

- **Community Action Teams:** Three Community Action Teams were formed by community leaders with the support of HKHC staff to address healthy eating and active living priorities and lead change efforts in Lonsdale, Inskip, and Mascot.
- **Knoxville-Knox County Food Policy Council:** The partnership supported the revitalization of the Knoxville-Knox County Food Policy Council. In 2013, the council released policy recommendations, reports, and resources focused on healthy eating.

See Appendix A: Evaluation Logic Model and Appendix B: Partnership and Community Capacity Survey Results for more information.

Along with partnership and capacity building strategies, the Knox County Healthy Kids, Healthy Communities partnership incorporated assessment and community engagement activities to support the partnership and the healthy eating and active living strategies.

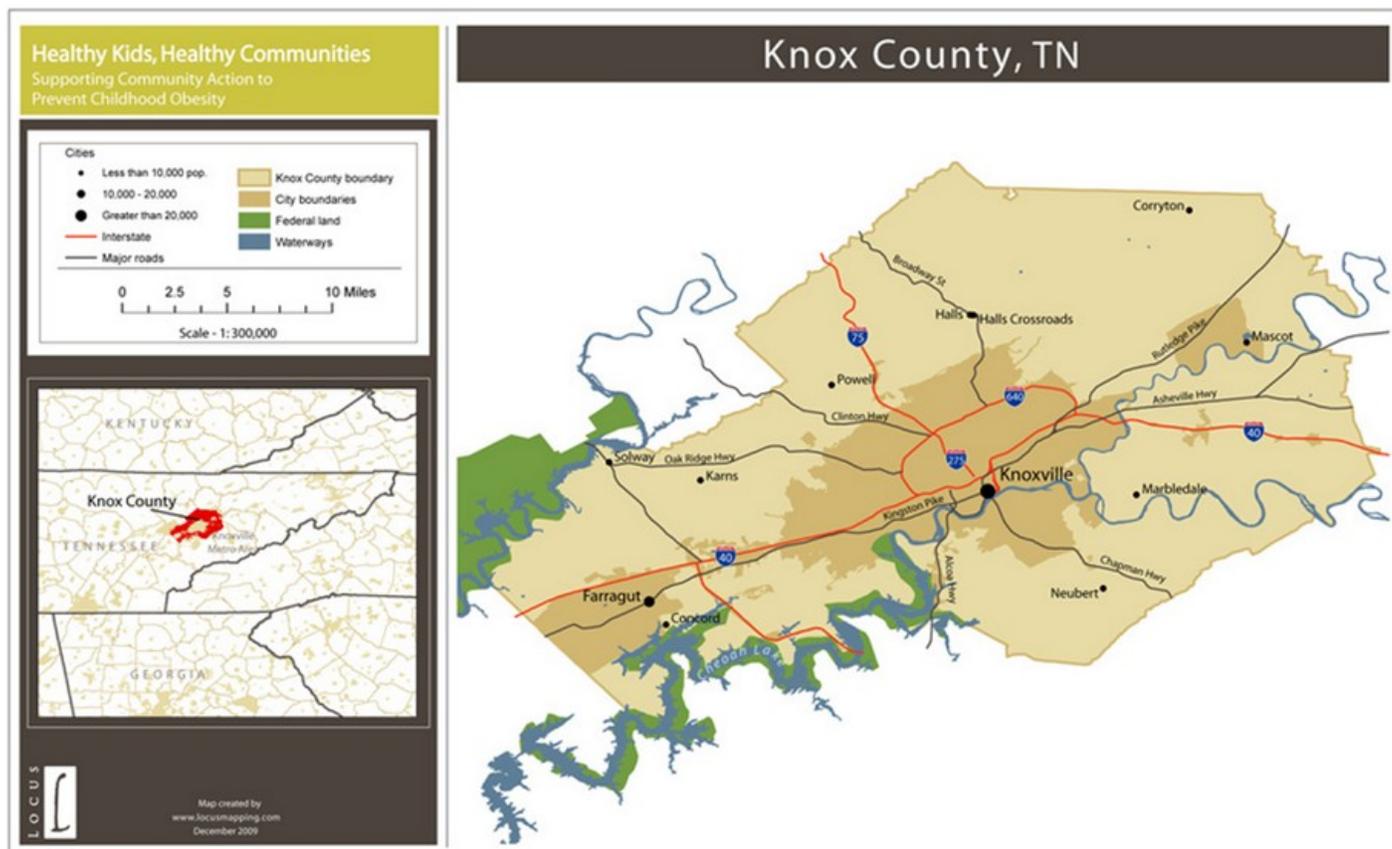
The healthy eating and active living strategies of Knox County Healthy Kids, Healthy Communities included:

- **Action Transportation:** To increase walkability and bikeability in Lonsdale, Inskip, and Mascot, the HKHC partnership worked to implement infrastructure changes, such as crosswalks, sidewalks, traffic calming murals, and pedestrian way finding signs.
- **Parks and Recreation:** The partnership collaborated with actions teams and community members in Lonsdale and Mascot to increase access to physical activity opportunities by refurbishing a playground and adding sports equipment (e.g., basketball goals).
- **Access to Healthy Foods:** The partnership in collaboration with the Food Policy Council worked to limit barriers to healthy food options and to encourage more local food system options across Knox County.

## COMMUNITY DEMOGRAPHICS

Situated in the foothills of the Great Smoky Mountains, Knox County is the largest county in East Tennessee, with a population of 432,226 (see Figure 2).<sup>2</sup> Residents are 85.6% white, 8.8% black, and 5.6% identified as other races (e.g., Asian, American Indian). Approximately 14% of individuals live below the poverty level, and the median household income is \$47,270.<sup>2</sup> About 22% of the population is children 18 years of age and younger. The target area consists of three communities: Lonsdale, Inskip, and Mascot. Lonsdale is an urban community located in central Knoxville. Inskip is a suburban neighborhood located in north Knoxville. Mascot, a rural community, is located about 14 miles from downtown Knoxville. According to the Knoxville-Knox County Metropolitan Planning Commission, Lonsdale has the lowest median household income (\$25,128) in Knox County.

**Figure 2: Map of Knox County, Tennessee<sup>3</sup>**



## INFLUENCE OF SOCIAL DETERMINANTS

### Obesity Rates

The County Health Rankings and Roadmaps in 2010, showed that 31% of adults in Knox County reported a Body Mass Index of 30 or more.<sup>4</sup> Data compiled for the HKHC proposal from the 2008 Body Mass Index (BMI) surveillance indicated that the number of overweight or obese elementary-aged children was 51.8% in Lonsdale, 45.7% in Inskip, and 53.4% in Mascot.

### Abandonment

The Lonsdale community has a high prevalence of abandoned land and buildings. For example, there are numerous vacant lots and dilapidated buildings, in addition to blighting influences.

### Physical Activity Spaces

According to the Metropolitan Planning Commission (MPO), there is a 71-acre deficit of community parks in Knoxville's north city area. The MPO also reported that the ratio of community parks in Knoxville's urban center is approximately 3 acres per 1,000 residents, which is significantly lower than the National Recreation

Park Association's recommendation (6 acres per 1,000 residents) (proposal). Mascot, located right outside of Knoxville, only has access to a small state park that is adjacent to the community and a small park near the elementary school.

### Access to Healthy Foods

Food retail options that offer healthy foods are limited in the target area. Lonsdale has several convenience stores that mainly sell foods of low nutritional value and few fruits, vegetables, whole grains, or low-fat dairy products. Residents of Inskip have access to multiple convenience stores, which offer large selections of low-nutrition foods. A large grocery store is located in the community; however, lack of sidewalks and vehicle traffic limit pedestrian and bicycle access. Mascot's retail options are limited to three convenience stores, with a large grocery store about five miles from the community.

### Transportation

Active transportation is a challenge in a few of the target communities. A grocery store opened approximately two miles from Lonsdale, but pedestrian and bicycle transportation is limited because of significant vehicle traffic and lack of sidewalks. There are few connected sidewalks in Inskip, and residential roads in Mascot lack shoulders making the environment unsafe for pedestrians. A recreation center in Inskip has an after-school program, but there is no way for the kids to get to the facility safely because of the busy street location. Bus transportation is available; however, it only runs on 30-minute cycles from 6 AM to 6 PM during the week. The schedule is even more limited on the weekend.

### Crime

According to the County Health Rankings and Roadmaps, the violent crime rate in Knox County is 582 per 100,000 persons, which is lower than Tennessee's rate of 667, but much higher than the national benchmark of 66 per 100,000 persons.<sup>4</sup> In Lonsdale, a local market was shut down by the city for about six months due to drug dealing incidences. The market has re-opened, but there continues to be a loitering problem.

## KNOX COUNTY HEALTHY KIDS, HEALTHY COMMUNITIES PARTNERSHIP

### Lead Agency and Leadership Teams

The Knox County Health Department was the lead agency for the Knox County Healthy Kids, Healthy Communities partnership. The department provided services in three areas, including clinical health (e.g., adult primary care, immunizations), environmental health (e.g., vector control, food protection), and healthy living (e.g., tobacco prevention, Eat Play Live Knoxville, Together Healthy Knox).<sup>5</sup> The health department created a strategic plan prior to HKHC to address overweight and obesity through policy and environmental changes.

Prior to receiving HKHC funds, a partnership was established to work with the Safe Routes to School Coalition and the Food Policy Council. Then a Steering Committee was developed by the Knox County Health Department to advise the HKHC initiative. The committee was comprised of local partners that were recruited for their level of expertise in healthy eating and active living policy and environmental change. Partners of the committee included: University of Tennessee, East Tennessee Children's Hospital, Knox Area Coalition on Childhood Obesity, Coordinated School Health, Transportation and Planning Organization, Neighborhood Pedestrian Group (Fountain City Connection), and community members from each of the three focus communities. For a list of partners, see Appendix C.

Three Community Action Teams were formed by community leaders and advocates with support from the HKHC Project Director, Project Manager, and Program Coordinator to represent Lonsdale, Inskip, and Mascot. The teams (Lonsdale United for Change, Greater Mascot Area Community Group, and Inskip Community Association) addressed priorities that were determined by assessment results. Together! Healthy Knox, a complementary effort to HKHC and a coalition of diverse community stakeholders, formed three action teams to improve public health partnerships, healthy policies, and health equity for all Knox County residents.

Three main staff members at the Knox County Health Department supported the HKHC initiative. The Project Director managed the Steering Committee and co-directed a complementary project, the YMCA's Pioneering Healthier Communities grant. She also was a chair of the Food Policy Council. The Program Manager, hired in March 2010, served in several roles across the partnership, including sitting on the Together Healthy Knox Equity Team, another complementary project. The Project Coordinator was hired to support the Project Manager in his efforts to engage the community and provide outreach for the Together Healthy Knox Equity Team. The Program Coordinator, who acted as a community liaison, provided administrative support to the Steering Committee and oversaw the coordination of the Safe Routes to School partnership. The HKHC staff participated in a large number of healthy eating and active living coalitions by leading and expanding the Safe Routes to School Partnership, revitalizing the Knoxville-Knox County Food Policy Council, participating in the Knox Area Coalition on Childhood Obesity, and joining Together! Healthy Knox and Knoxville Greenways Coalition.

The partnership experienced a few challenges during the initiative, including lack of teamwork, lack of leadership among organizations, differing agendas in one community action team, and changed leadership. Grassroots efforts in the community had not begun because of cooperation issues, and there were no organizing groups to help start the process. There seemed to be a willingness to collaborate in the community to a certain extent, but there was hope to improve these efforts in the future.



Logo provided by Knox County Healthy Kids, Healthy Communities.

## PARTNERSHIP FUNDING

Several funding sources were obtained to support the HKHC initiatives. Grants or funds were received from private and public foundations and organizations. As part of HKHC, grantees were expected to secure a cash and/or in-kind match equal to at least 50% of the funds received from Robert Wood Johnson Foundation (RWJF) over the entire grant period. Several partner organizations provided in-kind support for staff time and meeting space as part of the matching funds. For additional funding information, see Appendix D: Sources and Amount of Funding Leveraged

Organizations providing in-kind support included the Knox County Health Department, Knox County Parks and Recreation, the City of Knoxville Traffic Engineering Division, and the Knox Area Coalition on Childhood Obesity.

- The City of Knoxville Traffic Engineering Division provided in-kind (\$80,000) support for the installation of 16 crosswalks in Lonsdale.
- Knox County Parks and Recreation provided in-kind support to install two basketball goal systems (\$500) and a water foundation (\$500) in Mascot Park.
- The Knox Area Coalition on Childhood Obesity provided in-kind support (\$25,460) for the Kids Can Bike child bike-loaner program.

In addition to the in-kind support provided, cash funds were secured from several organizations:

- The Knox County Health Department provided cash funds that provided fringe benefits for the Program Manager and Program Coordinator.
- The Knox County Health Department provided cash funds for a contract with the Metropolitan Planning Commission for Healthy Eating/Active Living Policy Review.
- The State of Tennessee Department of Health provided \$30,000 for the Eat Play Live Conference.
- The State of Tennessee Department of Health provided \$15,675 to pilot the Walking School Bus, contract with MPC to produce maps, provide incentives, and cover meeting supplies.
- Exxedy America Corporation and First Choice Credit Union each provided cash (\$1,264) for a basketball goal system for Mascot Park.
- Knox County Parks and Recreation provided a water foundation donation (\$650) to Mascot Park.

## COMMUNITY ASSESSMENT

The partnership conducted general assessments in 2010 to better understand community issues. Key informant interviews, walking audits, focus groups, and informal discussions were conducted by HKHC staff and community action teams. As part of the assessment, the YMCA Activate America Community Living Index was used to inform neighborhood priorities. A report was generated that identified community resources and needs. Community meetings were held to announce the results.

In addition, the following assessments were conducted during the initiative:

- **Walking Audit:** The Inskip Community Action Team, along with community members, organized a walkability audit to identify the importance of creating a plan for walkability. The president of the community organization sent invitations to community members, the City Councilmen, County Commissioners, Traffic Engineering Department Directors, and Parks and Recreation Department Directors. Eighteen individuals participated in the event.
- **Active Transportation Photovoice:** Fifth graders in Lonsdale, who were Walk to School ambassadors, completed a Photovoice project on crosswalks in their community.
- **Safe Routes to School Assessments:** In September 2012, a parent survey and teacher focus group were planned to better understand the barriers to walking and biking at Gresham Middle School. Safe Routes to School staff met in Lonsdale to evaluate intersections that needed crosswalks, ramps, and sidewalks. In 2013, the University of Tennessee's Kinesiology Department completed a baseline evaluation of five future Walk to School programs. A final report was created and presented.
- **Parks and Play Spaces Photovoice:** Twenty-five high school students from the Youth Health Board partnered with HKHC to complete a Photovoice project. The assessment took place in February 2011 in the Hillcrest and Sterchi Park areas. The students took photos and created a presentation with the results.
- **Community Gardens Survey:** A Knox County Health Department intern created a survey that was sent out to over 30 community gardens in Knox County. The intern created a garden directory with the information compiled from the survey.
- **Food System Assessment:** Food Policy Council staff and a student from the University of Tennessee conducted an annual food system assessment to understand the impact of local foods. The assessment was completed and a visual product was produced by a graphic designer.
- **Assessment Documentary:** University of Tennessee students conducted interviews for a documentary called "How does where we live affect what we eat?" The documentary was not released to the public to protect the confidentiality of interviewees.

## PLANNING AND ADVOCACY EFFORTS

### Community Outreach and Engagement

The main goals of the HKHC initiative were to provide access to places for physical activity and foods that promoted healthy eating through supporting, engaging, and training neighborhood advocates.

As previously mentioned, Community Action Teams were developed in each of the three communities. Community members were initially contacted through telephone calls to confirm or to establish new connections for the HKHC efforts. Interested members were asked to be a part of one of the action teams.

The action teams and neighborhood residents participated in community assessments in the first year of the grant. Immediately following the assessment period, the HKHC partnership helped each action team develop a strategic plan for the duration of HKHC. Regular team and community meetings were held beginning in the summer of 2010.

### Visioning/Priorities

Residents from the three target areas were invited to participate in community meetings and interviews to identify healthy eating and active living priorities. HKHC staff analyzed the data gathered during the process to establish the top needs in each community. Then each community was invited to further prioritize the needs through a dots exercise that required each participant to use stickers to identify priority levels. Voting sheets were mailed to community members that were unable to attend, although very little were returned. Voting sheets were also developed to gather children's ideas. The results of the process identified several priority areas such as safety, community destinations (e.g., park and play spaces), access to healthy foods, sidewalks, and traffic calming devices.

The materials used for the process were not translated into Spanish, which created a barrier for the Hispanic population. There was little to no time to build relationships with the community prior to the process, which may have been a factor in the low amount of returned priority sheets by mail.

### Trainings

The action teams and community members were provided with several training opportunities. Representatives from Lonsdale, Inskip, and Mascot graduated from the Knoxville Office of Neighborhoods' Building Strong Neighborhood Organizations training, which was a 12-week course on community organizing for policy and environmental changes.

In addition to meetings and trainings, community members were engaged through neighborhood groups, programs, and events.

### Neighborhood Watch Groups

In 2011, Community members and the Knox County Police Department officers gathered to discuss the safety in the Inskip area. Community members expressed interest in starting neighborhood watch groups to prevent criminal action. The members agreed to visit nearby apartments regularly, as crime seemed to happen more often in that area.

### National Night Out Celebration

In August 2011, Inskip Community Neighbors hosted a National Night Out celebration. Several police officers attended the meeting as well as some Mayoral and City Council candidates.

Come and join us for our  
*Inskip Community*  
**Thanksgiving Potluck**

**When:** November 18th at 6:00 pm  
**Where:** Inskip-Norwood Recreation Center (301 Inskip Drive)

**RSVP** to reserve your place and dish

Contact us anytime  
Ben Epperson  
Office: (865) 215 5184  
Email: ben.epperson@knoxcounty.org  
Liliana.burbano@knoxcounty.org

Example flyer provided by Knox County Healthy Kids, Healthy Communities

Our vision:  
Making a stronger community of tomorrow focused on family, health and education for all.

**Greater Mascot Area Community Group**

Come and learn more about the changes for the **Mascot park.**  
Bring your ideas and your friends.

**Date:** first Tuesday of the Month  
**Time:** 6:00 pm  
**Place:** Barbara Abernathy House  
Mascot Seniors' Center

Contact your community leaders for more information

Albert (Papaw) Grubb -: 865-898-4901  
Tarra Anderson: 865-296-8897

Flyer provided by Knox County Healthy Kids, Healthy Communities

## Women's' Group in Lonsdale

A Women's Group was created in Lonsdale to gain a better understanding of family values, traditions, and culture through female residents.

## Eat Play Live

In 2013, an Eat Play Live "unconference" was held in downtown Knoxville. The unconference consisted of two sessions and six hands on learning opportunities. The 120 attendees all agreed to sign a pledge to promote access to healthy eating and active living in Knox County. Hands on projects completed during the event included planting cherry trees at the Inskip Pool and Park on Bruhin Road and painting the street as part of a Paint the Pavement project.

## Cooking Club

In 2011, HKHC staff, El Puente, and SOAR Youth Ministries decided to collaborate on starting a healthy cooking club to bring community members together. HKHC provided the food for six months and helped write donation letters. SOAR provided the club facilitator, space, and utensils.

## **Promotions**

The HKHC initiative was promoted through television interviews, newspapers (e.g., Knox News Sentinel), newsletters, fliers, postcards, business cards, and word of mouth.



Postcard provided by Knox County Healthy Kids, Healthy Communities

## ACTIVE TRANSPORTATION

To increase walkability and bikeability in Lonsdale, Inskip, and Mascot, the HKHC partnership worked to implement Safe Routes to School (SRTS) programs and infrastructure changes.

### Policy, Practice, and Environmental Changes

The following policy, practice, and environmental changes occurred as a result of HKHC:

- Community Action Teams and community members collaborated with the City's Engineering Department to install Knoxville's first traffic calming street mural on High School and Mitchell Road in front of Inskip Elementary School.
- In 2012, 16 new crosswalks were installed in Lonsdale.
- In 2012, 12 pedestrian way-finding signs ("Walk this way to school") were installed in the Lonsdale Elementary School neighborhood.
- A sidewalk was installed near Karns Elementary School.

For additional information see Figure 3: Active Transportation Infographic.

### Complementary Programs/Promotions

Several complementary programs and promotions were implemented by the HKHC partnership and Community Action Teams.

#### International Walk to School Day

The partnership collaborated with local schools to implement an International Walk to School Day. In 2010, over 2,500 students from 12 elementary schools supported the program. The following year, participation increased by 15% and over 3,000 students from 17 schools participated. In 2013, about 6,000 students from 24 schools joined the celebration.

The Knox County Mayor signed a Safe Routes to School Proclamation for International Walk to School Day.

#### Walking School Bus Program

In 2011, Lonsdale Elementary School was chosen as the pilot site for the Walking School Bus program that was funded by a diabetes grant. The decision was made based on several factors such as access to sidewalk infrastructure and current participation in walking to school. The Lonsdale Parents Teacher Organization and student leaders helped to determine age-appropriate incentives for participants. Student leaders and HKHC staff walked together to school. Parents were asked to be crossing guards and "bus drivers." In April 2012, three Walking School Bus routes were started. Two of the routes were led by Hispanic community members and had approximately 15 children participate. The third route, from Lonsdale Homes, was formed by African refugees and had approximately 35 children participate.

Over 120 Knox County School principals were educated on the benefits of Walking School Bus programs. In



**My Walking Map**  
Belle Morris & Christenberry Elementary  
Whittle Springs Middle & Fulton High

**Map Sponsors**  
Knox County Safe Routes to School Partnership  
CITY OF KNOXVILLE  
TENNESSEE DEPARTMENT OF HEALTH  
KNOX COUNTY HEALTH DEPARTMENT  
TPO TRANSPORTATION PLANNING & EVALUATION  
A Healthy Person

**Benefits of walking**  
When you walk...  
• Your shoulders, arms, abs, back, and legs get stronger if you walk every day.  
• When people drive less, the air becomes cleaner and better to breathe.  
• Having walkers around can keep your neighborhood a safe place for you and your family.  
• Walking reduces the car traffic around your school in the mornings and afternoons.  
• Drivers slow down when they see walkers, making roads safer for everyone.  
• Walking releases your mind and can make you calmer and happier.

**Check this out**  
Here are some opportunities for you and your family to get more active in our community:  
• Join the Walking School Bus at Belle Morris Elementary School. Call 215-5170 or 215-5546 for more information.  
• The Walking Warrior Program rocks at Whittle Springs Middle. Ask the school's Coordinated School Health Coordinator about it.  
• Grandma and grandpa can have fun joining the Community Walk Program at Larry Cox Seniors Center. For more information call (865) 546-1700.

**Get it Fixed!**  
Did you know that you can help get stuff fixed just by making a phone call? If you see a broken sidewalk, or something else that makes it unsafe to walk in your neighborhood, call or ask your mom or dad to call 311 to report it. Some things get fixed quickly, while other fixes take some time. But they can't fix it if they don't know about it, so make that call!

**Greenways are great!**  
Have you ever used a greenway? If you have, you know how great they are.  
Greenways are trails for walking and riding bicycles. Greenways help people get out in nature. They often run along creeks, through parks, or along the tops of ridges. Cars can't use them, so they're safe for everyone.  
Greenways are good for the air that we breathe because they help reduce air pollution by providing us with alternatives to driving.  
Greenways are good for your health. Walking and riding bicycles will help you get fit and feel great. Talk to your family about using the greenways for exercise, and get moving!

**Planned Greenway**  
A greenway is being planned along the Creek. Construction is expected to begin within the next few years.

**MILES WALKER'S TOP TEN SAFETY TIPS**  
1. Walk on the sidewalk or path, if there's no sidewalk, walk facing traffic.  
2. Cross the street only at corners or marked crosswalks using traffic signals.  
3. Be seen. Wear reflective gear.  
4. When crossing the street look left, then right, and then left again.  
5. When walking on the street or crossing the street, don't run or dart out.  
6. When leaving the school, stay with a group as long as possible.  
7. Never leave school with a stranger. If a stranger offers you a ride, say "NO!"  
8. Do not cross between parked cars.  
9. Avoid distractions like cell phones or headphones.  
10. Make eye contact with drivers before crossing.

For more info contact the Safe Routes to School Coordinator at Knox County Health Department at 215-5160 or 215-5546.

Map provided by Knox County Healthy Kids, Healthy Communities

2012, a pocket-sized Walking School Bus map and schedule was developed for the Lonsdale Safe Routes to School program. Michelle Obama referenced the product in her speech to local leaders at a Let's Move event.

In 2013, Walking School Bus programs were started at Belle Morris and Whittle Springs Middle schools.

### Bike Rodeo

In May 2011, the Knoxville Regional Transportation Planning Organization and the Knoxville-Knox County Safe Routes to School partnership hosted a bike rodeo at Beaumont Elementary School. Approximately 65 kids participated in the event and received free helmets, bike locks, and safety tips.

### Bike Share Program

HKHC partners, Knox Area Coalition on Childhood Obesity, and the City of Knoxville Parks and Recreation were awarded a Ronald McDonald House grant to develop a youth bike share program on Knox County Greenways.

### Walk the Watch Program

In the fall of 2013, the Lonsdale Community Action Team painted the team logo along sidewalks in the Lonsdale Loop to promote the Walk and Watch program.

In addition, neighborhood walking groups were created, community events were held, and County Commission representatives were invited to walk with Inskip community members to understand safety concerns. The SRTS and Walking School Bus initiatives were highlighted in local news articles and on television (e.g., Community Channel). Flyers, posters, and other promotional items were created for the project.

## **Implementation**

### Safe Routes to School

In 2012, The SRTS partnership met with students and staff to collect information on the walkability and bikeability. Students were also asked to share their perceptions of safety, physical activity, and obesity. The Knox County Health Department led the program as a community initiative (not school-related) because of liability concerns.

HKHC staff were invited by a social worker at Lonsdale Elementary School to work with fourth and fifth graders. The students discussed barriers they faced while walking to school (e.g., fights in park, scary streets, dogs). HKHC staff and student leaders requested time with the City Mayor to discuss the lack of crosswalks. With support, the students prepared a presentation to share with the mayor. After the meeting, the mayor promised that new crosswalks would be installed in the Lonsdale community. SRTS representatives met with the City Engineering Department Director and Chief of Traffic Engineer to discuss concerns about the lack of sidewalks and proper signage in Lonsdale. As a result of the discussions, representatives from the engineering department agreed to install signs for the routes. The SRTS staff evaluated intersections that needed crosswalks, ramps, and sidewalks. Also, in August 2012, the construction of a sidewalk near Karns Elementary School was approved during the County Commission meeting.

In October 2013, the partnership decided to collaborate with the Great School Partnership to implement Walking School Buses in Green Magnet School and Vine Middle School. The City of Knoxville Engineering Department representative informed SRTS personnel that the City Council approved the installation of crosswalks around the two schools implementing SRTS in the North Knoxville area. In November, school representatives met with the City Engineering Department, the Regional Transportation Organization, and HKHC partners to develop a strategy to address issues of school drop-off and pick-up.

SRTS staff created a Walking School Bus Protocol that would be used as a resource guide for communities interested in starting a program in their neighborhood.

### Paint Pavement

In 2012, Inskip community members were interested in implementing a Paint the Pavement project that would

Figure 3: Active Transportation Infographic



reduce traffic and speed in front of Inskip Elementary School. The Community Action Team and HKHC staff had several discussions with the Storm Water Engineering, East Tennessee Community Design Center, and the Knoxville Police Department before the project began.

Community members planned the entire Paint the Pavement the event, which included food and painting activities. The project was rescheduled twice and the event finally took place in October. Community members, with the support of Inskip Elementary School, helped to paint a mural at the intersection of High School and Mitchell Road.

In 2013, another Paint the Pavement project was planned as part of the Eat Play Live event.



Photo credit: Saul Young, Knoxville News

### Population Reach

Several Knox County Schools (i.e., Lonsdale Elementary School, Belle Morris Elementary School, Whittle Springs Middle School, Inskip Elementary School, Karns Elementary School) were targeted for the active transportation initiative.

### Challenges

HKHC staff, community members, and partners identified the following challenges:

- There were difficulties with receiving background checks on volunteers that were going to help with the Walking School Bus. The Knox County Health Department was able to write up a Memorandum of Understanding instead of conducting background checks between the health department and Knox County Schools, which stated that the health department would take full responsibility.
- The partnership struggled to find parents and residents to volunteer in the Walking School Bus.
- One school did not meet the participation target because of lack of protocols, risk management issues, and low volunteer recruitment.
- The City of Knoxville Engineering Department was not initially interested in meeting to discuss Inskip's Paint the Pavement project. A meeting was eventually held after a new Engineering Director was hired.
- The Paint the Pavement project was rescheduled twice due to rainy weather.

### Sustainability

The Knox County Health Department and the Safe Routes to School Partnership are both working to expand SRTS programs. Eventually the goal is that a school-based SRTS action team will be developed by principals, staff, Parent Teacher Association, parents, and community members.

## PARK AND PLAY SPACES

The HKHC partnership, community action teams, and residents collaborated on the development and redevelopment of parks and play spaces in Lonsdale and Mascot.

### Policy, Practice, and Environmental Changes

The following policy, practice, and environmental changes occurred as a result of HKHC:

- In 2010, the Realty Trust Group funded the rebuilding of Lonsdale's playground.
- The Mascot action team partnered with Knoxville County Parks and Recreation and two local businesses to install park amenities and equipment, which included a water fountain, basketball courts, benches, tetherball, a volleyball court, horseshoe pits, orchard trees, and a natural playscape.



Photo provided by Knoxville County Healthy Kids, Healthy Communities

### Complementary Programs/Promotions

Community efforts were highlighted in several news articles, including Knoxnews.com, ABC6, and WBIR, and community recognition events

A rural ciclovía (Mascot Park Victory Lap) was organized to recognize and celebrate the success of the park and commitment of local businesses and community members. Local farmers were invited to sell produce, healthy snacks were provided, and physical activities were organized.

### Implementation

#### Lonsdale

A playground in Lonsdale Park, near the Lonsdale Elementary School, was rebuilt after a fire destroyed the slides, signs, and other equipment. The Lonsdale community action team received funding (\$23,000) from the Realty Trust Group for the playground rehabilitation. Volunteers from the community assisted with the rebuilding process that took place in October 2010.

#### Mascot

Residents of Mascot were interested in new amenities and equipment for Mascot Park. The East Tennessee Community Design Center created the Mascot Park Plan, which was an improvement plan to advocate for positive change in Mascot's only public space.

The Greater Mascot Area Community Organization (i.e., Mascot action team) helped to raise money for new basketball goals in the park. An open streets celebration was held to pitch ideas to funders and local business. In addition to donations, the action team received a state grant to fund improvements such as benches, tetherball, a volleyball court, horseshoe pits, orchard trees, and a natural playscape. The Knoxville County Parks and Recreation Department had an extra fountain and installed it for free. In March 2013, Knoxville County Parks and Recreation graded the area for the volleyball court, and community members laid sod to prepare for the installation.

A KaBOOM! grant was awarded in Mascot to help finish the East Knox Elementary School Playground.

### Challenges

A community event was scheduled in Mascot Park to celebrate community donors, but the basketball goals did not arrive in time to be installed. The event was rescheduled for after the installation.

### Sustainability

In the future, there are hopes to continue to add amenities and facilities to the Mascot Park, such as bathrooms.

## ACCESS TO HEALTHY FOODS

The HKHC partnership in collaboration with the Food Policy Council worked to limit barriers to healthy food options and encourage more local food system options across Knox County.

### Policy, Practice, and Environmental Changes

The following environmental changes occurred as a result of HKHC efforts:

- A new community garden was installed in Lonsdale in collaboration with Burundi refugees.
- A community garden was installed at the recreation center during the Eat Play Live event in March 2012.

### Complementary Programs/Promotions

In April 2010, The Knox County Health Department developed a flyer to promote participation within the community.

A Knox County Health Department intern created a database of all the known community gardens within the county using results from a survey that was distributed.

### Implementation

The HKHC staff supported the revitalization of the Knoxville-Knox County Food Policy Council. Starting in 2010, staff members attended regular monthly meetings to discuss food access strategies, such as community gardening and school nutrition standards. In 2013, the Food Policy Council released policy recommendations, reports, and resources focused on healthy eating, urban agriculture, and the Knox regional food systems.

### Community Gardens

A meeting was held to discuss promoting local foods through community gardens. The partnership's goals were to gain a better understanding of community gardens in Knox County and to identify a potential role for the Knoxville/Knox County Food Policy Council.

In 2010, HKHC staff, as part of the Food Policy Council, met with the City of Knoxville Office of Sustainability, Office of Neighborhoods, and Parks and Recreation to discuss policy issues related to community gardening. Staff continued to meet as part of the Food Policy Council to discuss agency and government policies to limit barriers to community gardening. The Food Policy Council developed and distributed a policy brief aimed to reduce policy and administration barriers to community gardening at meetings.

### Community Garden Toolkit

A Knox County Health Department intern collected information from the More Community Gardens meetings to help with the development of a Community Garden Toolkit. There was an identified need for a toolkit that would be adopted by the city and used by interested citizens. The Knox County Health Department, El Puente, Knoxville Permaculture Guild, Beardsley Community Farm, and the Knox Food Policy Council supported the intern with development of a community garden guide.



Photo provided by Knox County Healthy Kids, Healthy Communities

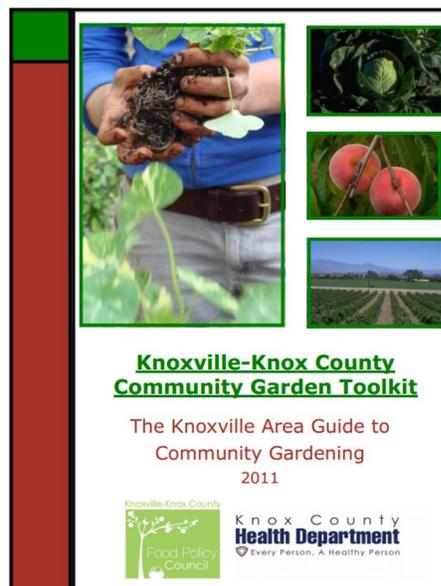


Photo provided by Knox County Healthy Kids, Healthy Communities

The guide was submitted by the Food Policy Council to the Knox County Community Outreach Department and the City of Knoxville Community Development Department. The toolkit was approved by the city after being finalized.

### Lonsdale Garden

The community action team, along with El Puente, helped plan the development of a community garden for Burundi refugees. Gardening was a familiar activity to refugees and was a way to increase engagement in the community. Land for the garden was donated by nearby AmeriSteel.

### Other

HKHC partners and Food Policy Council members worked on several other issues related to food access. Beginning in 2013, food access community meetings were held to discuss assets and opportunities for improving food access for residents of Knox County. During the same time, farm to fork meetings were held to discuss how to work more efficiently with established, corporate food distribution networks. Lastly, calls were held with stakeholders to begin the process of forming a Tennessee Food Policy Council.

"...they're doing what they've done all their lives, which is grow vegetables and they can put food on their own table by their own efforts." - Partner

### **Population Reach**

Food access efforts of the Food Policy Council were targeted toward residents of Knox County. The community garden initiative was targeted primarily to Burundi refugees in Lonsdale.

### **Challenges**

As of May 2013, the community gardens installed at the Recreation Center during Eat Play Live had already been abandoned by the Recreation Center Director.

### **Sustainability**

The Knoxville-Knox County Food Policy Council will continue working on improving food access in Knox County, with the goal of expanding efforts throughout Tennessee with the development of a Tennessee Food Policy Council.

### SUSTAINABILITY OF THE PARTNERSHIP AND INITIATIVE

Systems partnerships will continue past the HKHC grant period. Over the next few years, the partnership hopes to continue making progress on policies that affect transportation, food access, shared us, Safe Routes to School and physical activity in schools.

The Knox County Health Department hired a staff member with local tax dollars to help replicate HKHC initiatives in a fourth community, East Knoxville. A staff member has also been hired to deal directly with policy makers, through Together! Healthy Knox.

#### **Future Funding**

The Knox County Health Department received funding from the Tennessee State Department of Health to continue the HKHC work for the next three years. The target area will be expanded to include one more community in Knoxville.

## REFERENCES

1. Healthy Kids, Healthy Communities National Program Office. *Home and About*. 2009. <<http://www.healthykidshealthycommunities.org/>>. Accessed January 10, 2014
2. United States Census Bureau. *QuickFacts*. 2010. <<http://www.quickfacts.census.gov>>. Accessed January 10, 2014.
3. Healthy Kids, Healthy Communities National Program Office. *Knox County*. 2009. <<http://www.healthykidshealthycommunities.org/communities/knox-county-tn>>. Accessed March 21, 2014.
4. University of Wisconsin Population Health Institute and RWJF. *County Health Rankings and Roadmaps: A Healthier Nation, County by County*. 2013. <<http://www.countyhealthrankings.org/app/tennessee/2014/rankings/knox/county/factors/overall/snapshot>>. Accessed March 21, 2014.
5. Knox County Health Department. *About*. <[https://www.knoxcounty.org/health/nav\\_about.php](https://www.knoxcounty.org/health/nav_about.php)>. Accessed March 21, 2014.

## APPENDIX A: EVALUATION LOGIC MODEL

In the first year of the grant, this evaluation logic model identified short-term, intermediate, and long-term community and system changes for a comprehensive evaluation to demonstrate the impact of the strategies to be implemented in the community. This model provided a basis for the evaluation team to collaborate with the Knox County Healthy Kids, Healthy Communities partnership to understand and prioritize opportunities for the evaluation. Because the logic model was created at the outset, it does not necessarily reflect the four years of activities implemented by the partnership (i.e., the workplans were revised on at least an annual basis).

The healthy eating and active living strategies of Knox County Healthy Kids, Healthy Communities partnership included:

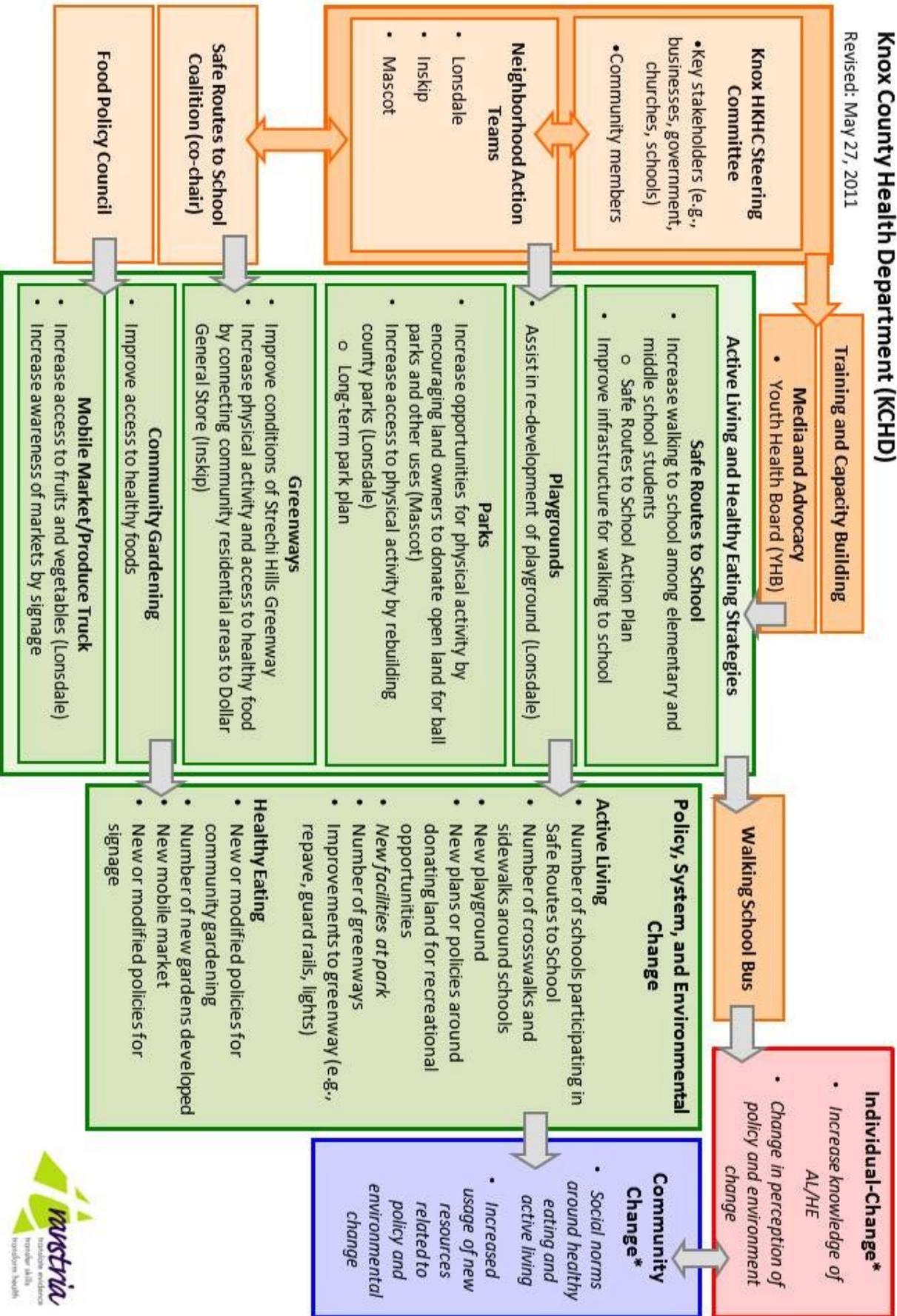
- *Action Transportation*: To increase walkability and bikeability in Lonsdale, Inskip, and Mascot, the HKHC partnership worked to implement infrastructure changes, such as crosswalks, sidewalks, traffic calming murals, and pedestrian way finding signs.
- *Parks and Recreation*: The partnership collaborated with actions teams and community members in Lonsdale and Mascot to increase access to physical activity opportunities by refurbishing a playground and adding sports equipment (e.g., basketball goals).
- *Access to Healthy Foods*: The partnership in collaboration with the Food Policy Council worked to limit barriers to healthy food options and to encourage more local food system options across Knox County.

APPENDIX A: EVALUATION LOGIC MODEL

# Knox County, TN HKHC Logic Model

Knox County Health Department (KCHD)

Revised: May 27, 2011



## APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS

### Partnership and Community Capacity Survey

To enhance understanding of the capacity of each community partnership, an online survey was conducted with project staff and key partners involved with the Knox County Healthy Kids, Healthy Communities partnership during the final year of the grant. Partnership capacity involves the ability of communities to identify, mobilize, and address social and public health problems.<sup>1-3</sup>

#### *Methods*

Modeled after earlier work from the Prevention Research Centers and the Evaluation of Active Living by Design,<sup>4</sup> an 82-item partnership capacity survey solicited perspectives of the members of the Knox County Healthy Kids, Healthy Communities partnership on the structure and function of the partnership. The survey questions assisted evaluators in identifying characteristics of the partnership, its leadership, and its relationship to the broader community.

Questions addressed respondents' understanding of Knox County Healthy Kids, Healthy Communities in the following areas: structure and function of the partnership, leadership, partnership structure, relationship with partners, partner capacity, political influence of partnership, and perceptions of community members. Participants completed the survey online and rated each item using a 4-point Likert-type scale (strongly agree to strongly disagree). Responses were used to reflect partnership structure (e.g., new partners, committees) and function (e.g., processes for decision making, leadership in the community). The partnership survey topics included the following: the partnership's goals are clearly defined, partners have input into decisions made by the partnership, the leadership thinks it is important to involve the community, the partnership has access to enough space to conduct daily tasks, and the partnership faces opposition in the community it serves. The survey was open between September 2013 and December 2013 and was translated into Spanish to increase respondent participation in predominantly Hispanic/Latino communities.

To assess validity of the survey, evaluators used SPSS to perform factor analysis, using principal component analysis with Varimax with Kaiser Normalization (Eigenvalue >1). Evaluators identified 15 components or factors with a range of 1-11 items loading onto each factor, using a value of 0.4 as a minimum threshold for factor loadings for each latent construct (i.e., component or factor) in the rotated component matrix.

Survey data were imported into a database, where items were queried and grouped into the constructs identified through factor analysis. Responses to statements within each construct were summarized using weighted averages. Evaluators excluded sites with ten or fewer respondents from individual site analyses but included them in the final cross-site analysis.

#### *Findings*

##### Structure and Function of the Partnership (n=5 items)

A total of 20 individuals responded from Knox County Healthy Kids, Healthy Communities partnership. Of the sample, 11 were female (55%) and 9 were male (45%). Respondents were between the ages of 26-45 (8, or 40%), or 46-65 (12, or 60%). Survey participants were also asked to provide information about race and ethnicity. Respondents identified with one or more from the following race and ethnicity categories: African American, American Indian/Alaskan Native, Asian, Native Hawaiian/Pacific Islander, White, Other race, Hispanic or Latino, Not Hispanic or Latino, Ethnicity unknown/unsure, or Refuse to provide information about race or ethnicity. Of the 24 responses, 75% were White, 9% were Hispanic or Latino, 4% were American Indian/Alaskan Native, and 4% were Asian. No other races or ethnicities were identified.

Respondents were asked to identify their role(s) in the partnership or community. Of the 23 identified roles, five were representative of the Community Partnership Lead (22%) and ten were Community Partnership Partners (43%). Five respondents self-identified as a Community Leaders (22%), and one respondent (4%) as a Public Official. Two individuals self-identified with other roles not listed as response options. Individuals participating in the survey also identified their organizational affiliation. Forty percent of respondents (n=) indicated affiliation to a local government agency (city, county), while four (20%) claimed affiliation to a

**APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS**

university or research/evaluation organizations, and four (20%) to a neighborhood association. Two respondents (10%) self-identified with schools/school district and one with an advocacy organization. One respondent reported affiliation with other types of organizations not listed as response options. No respondents associated to a faith- or community-based organization, health care organizations, or child care or afterschool organizations.

**Leadership (n=8 items)**

A majority of responses showed agreement or strong agreement (95% total) to statements suggesting that the partnership had an established group of core leaders who had the skills to help the partnership achieve its goals. Responses also indicated that participants in the survey felt the core leadership is organized and retains the skills to help the partnership and its initiatives succeed. Nearly all respondents strongly agreed or agreed (99%) that leaders worked to motivate others, worked with diverse groups, showed compassion, and strived to follow through on initiative promises. Although half (50% agree/strongly agree) of responses to the survey showed at least one member of the leadership team lived in the community, 35% of respondents were not sure, and 15% disagreed. When asked if they agreed with statements suggesting that at least one member of the leadership team retained a respected role in the community, 80% of respondents agreed or strongly agreed, while 15% did not know and 5% disagreed.

**Partnership Structure (n=24 items)**

Overall, respondents had varying opinions that the partnership adequately provided the necessary in-kind space, equipment and supplies for partners to conduct business and meetings related to partnership initiatives. Slightly less than half (48%) felt that provision of space and equipment was sufficient, yet 40% felt unsure and 12% disagreed. Most (58%) agreed that the partnership has processes in place for dealing with conflict, organizing meetings, and structuring goals, although 23% responded “I don’t know”, indicating a lack of familiarity in this area, and 13% felt these processes were not established. Partnership members (leadership and partners) were generally perceived by respondents to be involved in other communities and with various community groups, bridging the gaps between neighboring areas and helping communities work together (70%), though 14% did not know and 16% did not agree.

Half (50%) of respondents indicated agreement with statements about the partnership’s effectiveness in seeking learning opportunities, developing the partnership, and planning for sustainability, 25% of responses disagreed, and 25% were not aware of partnership activities specific to development and sustainability.

**Relationship with Partners (n=4 items)**

Ninety-three percent of responses to statements about leadership and partner relationships were positive (agree/strongly agree), indicating that the majority of respondents felt the partners and leadership trusted and worked to support each other.

**Partner Capacity (n=18 items)**

Most responses (74% agree/strongly agree) indicated that respondents felt partners possess the skills and abilities to communicate with diverse groups of people and engage decision makers (e.g., public officials, community leaders). Furthermore, 72% of individuals responding to the survey felt that partners were dedicated to the initiative, interested in enhancing a sense of community, and motivated to create change. Ten percent lacked dedication, and 18% were not sure.

**Political Influence of Partnership (n=2 items)**

Respondents felt that the leadership is visible within the community, with 78% of responses supporting statements that the leadership is known by community members and works directly with public officials to promote partnership initiatives. Twelve percent of respondents disagree about the leadership’s role with community members and public officials and ten percent were not sure.

**Perceptions of Community and Community Members (n=22 items)**

## APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS

Statements suggesting that the community was a good place to live, with community members who share the same goals and values, help each other, and are trustworthy were supported by 63% of survey responses, while 20% of respondents disagreed and 17% indicated a lack of knowledge about these community attributes. Respondents also supported suggestions that community members help their neighbors, but may take advantage of others if given the opportunity (75% agree/strongly agree). In contrast, respondents were less convinced that community members would intervene on behalf of another individual in their community in cases of disrespect, disruptive behavior, or harmful behavior. While 45% agreed or strongly agreed, 37% disagreed/strongly disagreed. Eighteen percent of responses indicated that some respondents did not know how community members would act in these situations.

Slightly over half of survey participants (55%) felt community members were aware of the partnership's initiatives and activities, though 15% disagreed and 30% were not sure. Similarly, about half of respondents (50%) agreed that the partnership equally divides resources among different community groups in need (e.g., racial/ethnic minorities, lower-income). Thirty percent of respondents disagreed and 5% were not sure.

Overall, respondents agreed or strongly agreed that partners and members of the community maintained active involvement in partnership decisions and activities (83%), and also agreed that partners and residents have the opportunity to function in leadership roles and participate in the group decision-making process (93%).

### References

1. Goodman RM, Speers MA, McLeroy K, et al. Identifying and defining the dimensions of community capacity to provide a basis for measurement. *Health Educ Behav.* Jun 1998;25(3):258-278.
2. Israel BA, Schulz AJ, Parker EA, Becker AB. Review of community-based research: assessing partnership approaches to improve public health. *Annu Rev Public Health.* 1998;19:173-202.
3. Roussos ST, Fawcett SB. A review of collaborative partnerships as a strategy for improving community health. *Annu Rev Public Health.* 2000;21:369-402.
4. Baker E, Motton F. Is there a relationship between capacity and coalition activity: The road we've traveled. American Public Health Association 131st Annual Meeting. San Francisco, CA; 2003.

APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS

# Partnership and Community Capacity Survey

## Respondent Summary

Community Partnership

**Knox County**

Respondents (n= 20 )

### Respondent Characteristics

| Gender      |    | Identified Race/Ethnicity         |    |                               |   | Identified Role               |    |
|-------------|----|-----------------------------------|----|-------------------------------|---|-------------------------------|----|
| Female      | 11 | American Indian or Alaskan Native | 1  | Hispanic or Latino            | 2 | Community Partnership Lead    | 5  |
| Male        | 9  | Asian                             | 1  | Not Hispanic or Latino        | 1 | Community Partnership Partner | 10 |
| No response | 0  | White                             | 18 | Don't know/ Unsure ethnicity  | 0 | Community Leader              | 5  |
| Age Range   |    | African American/ Black           | 0  | Refused to identify ethnicity | 1 | Community Member              | 0  |
| 18-25       | 0  | Pacific Islander/ Native Hawaiian | 0  | Other ethnicity               | 0 | Public Official               | 1  |
| 26-45       | 8  |                                   |    |                               |   | Other role                    | 2  |
| 46-65       | 12 |                                   |    |                               |   |                               |    |
| 66+         | 0  |                                   |    |                               |   |                               |    |
| No response | 0  |                                   |    |                               |   |                               |    |

### Type of Affiliated Organization

|  |   |       |       |
|--|---|-------|-------|
| Faith- or Community Based Organization         | 0 | 0.0%  | (1)   |
| School (district, elementary, middle, high)    | 2 | 10.0% | (2)   |
| Local Government Agency (city, county)         | 8 | 40.0% | (3)   |
| University or Research/Evaluation Organization | 4 | 20.0% | (4)   |
| Neighborhood Organization                      | 4 | 20.0% | (5)   |
| Advocacy Organization                          | 1 | 5.0%  | (6)   |
| Health Care Organization                       | 0 | 0.0%  | (7)   |
| Child Care or Afterschool Organization         | 0 | 0.0%  | (8)   |
| Other  | 1 | 5.0%  | (10)  |
| No response                                    | 0 | 0.0%  | (999) |

### Partnership and Community Capacity Data

#### Provision of required space and equipment

Participants provided level of agreement to statements indicating the community partnership provided adequate space, equipment, and supplies to conduct business and meetings.

|                |        |                   |        |
|----------------|--------|-------------------|--------|
| Strongly agree | 24.44% | Strongly disagree | 0.56%  |
| Agree          | 23.89% | I don't know      | 39.44% |
| Disagree       | 11.67% | No response       | 0.00%  |

#### Partner skills and communication

Participants provided level of agreement to statements supporting partner skills and ability to communicate with and engage multiple types of people (e.g., public officials, community leaders).

|                |        |                   |        |
|----------------|--------|-------------------|--------|
| Strongly agree | 28.18% | Strongly disagree | 0.91%  |
| Agree          | 45.45% | I don't know      | 12.27% |
| Disagree       | 13.18% | No response       | 0.00%  |

APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS

Community Partnership

| Community and community members   |        |                   |        |
|---|--------|-------------------|--------|
| Participants provided level of agreement to statements suggesting the communities are good places to live, and that community members are helpful, can be trusted, and share the same goals or values.                |        |                   |        |
| Strongly agree  | 21.36% | Strongly disagree | 3.64%  |
| Agree   | 41.36% | I don't know      | 17.27% |
| Disagree  | 16.36% | No response       | 0.00%  |
| Partner and community involvement   |        |                   |        |
| Participants provided level of agreement to statements indicating partners and the community were actively involved in partnership activities, meetings, and decisions.   |        |                   |        |
| Strongly agree  | 43.00% | Strongly disagree | 1.00%  |
| Agree   | 40.00% | I don't know      | 5.00%  |
| Disagree  | 11.00% | No response       | 0.00%  |
| Partner and partnership development   |        |                   |        |
| Participants provided level of agreement to statements suggesting the partnership and its partners seek ways learn, develop, and enhance sustainability.  |        |                   |        |
| Strongly agree  | 12.00% | Strongly disagree | 7.00%  |
| Agree   | 38.00% | I don't know      | 25.00% |
| Disagree  | 18.00% | No response       | 0.00%  |
| Partnership structure, organization, and goals  |        |                   |        |
| Participants provided level of agreement to statements suggesting partnership has processes in place related to structure, meeting organization, and goals.   |        |                   |        |
| Strongly agree  | 21.67% | Strongly disagree | 0.00%  |
| Agree   | 36.67% | I don't know      | 23.33% |
| Disagree  | 13.33% | No response       | 5.00%  |
| Relationship between partners and leadership  |        |                   |        |
| Participants provided level of agreement to statements indicating the leadership and partners trust and support each other.   |        |                   |        |
| Strongly agree  | 41.25% | Strongly disagree | 0.00%  |
| Agree   | 51.25% | I don't know      | 5.00%  |
| Disagree  | 0.00%  | No response       | 2.50%  |
| Community members intervene   |        |                   |        |
| Participants provided level of agreement to statements indicating that community members can be counted on intervene in instances where someone is disrespectful, disruptive, or harmful to another community member. |        |                   |        |
| Strongly agree  | 13.33% | Strongly disagree | 13.33% |
| Agree   | 31.67% | I don't know      | 18.33% |
| Disagree  | 23.33% | No response       | 0.00%  |
| Leadership motivation   |        |                   |        |

APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS

Community Partnership

Participants provided level of agreement to statements suggesting the leadership is motivated to help others, work with diverse groups, shows compassion, and follows through.

|                |        |                   |       |
|----------------|--------|-------------------|-------|
| Strongly agree | 53.75% | Strongly disagree | 0.00% |
| Agree          | 45.00% | I don't know      | 0.00% |
| Disagree       | 1.25%  | No response       | 0.00% |

Community member and partner participation

Participants provided level of agreement to statements indicating that community members and partners have opportunities to serve in leadership roles and participate in group decision-making.

|                |        |                   |       |
|----------------|--------|-------------------|-------|
| Strongly agree | 41.67% | Strongly disagree | 0.00% |
| Agree          | 51.67% | I don't know      | 3.33% |
| Disagree       | 3.33%  | No response       | 0.00% |

Involvement in other communities

Participants provided level of agreement to statements suggesting leadership and partners are involved in other communities and various community groups, and help communities work together.

|                |        |                   |        |
|----------------|--------|-------------------|--------|
| Strongly agree | 35.00% | Strongly disagree | 2.50%  |
| Agree          | 35.00% | I don't know      | 13.75% |
| Disagree       | 13.75% | No response       | 0.00%  |

Community member willingness to assist

Participants provided level of agreement to statements suggesting most community members help neighbors and solve community problems. It also suggested some community members may take advantage of others.

|                |        |                   |        |
|----------------|--------|-------------------|--------|
| Strongly agree | 45.00% | Strongly disagree | 0.00%  |
| Agree          | 30.00% | I don't know      | 15.00% |
| Disagree       | 10.00% | No response       | 0.00%  |

Core leadership and leadership skills

Participants provided level of agreement to statements suggesting the community partnership has a core leadership group organizing efforts, and that leaders have the skills to help the partnership achieve its goals.

|                |        |                   |       |
|----------------|--------|-------------------|-------|
| Strongly agree | 47.50% | Strongly disagree | 0.00% |
| Agree          | 47.50% | I don't know      | 0.00% |
| Disagree       | 5.00%  | No response       | 0.00% |

Partner motivation

Participants provided level of agreement to statements indicating that partners won't give up in their efforts to create change and increase sense of community through the partnership.

|                |        |                   |        |
|----------------|--------|-------------------|--------|
| Strongly agree | 23.33% | Strongly disagree | 0.00%  |
| Agree          | 48.33% | I don't know      | 18.33% |
| Disagree       | 10.00% | No response       | 0.00%  |

Visibility of leadership

Participants provided level of agreement to statements suggesting the leadership is known in the community and works with public officials.

|                |        |                   |        |
|----------------|--------|-------------------|--------|
| Strongly agree | 20.00% | Strongly disagree | 0.00%  |
| Agree          | 57.50% | I don't know      | 10.00% |
| Disagree       | 12.50% | No response       | 0.00%  |

APPENDIX B: PARTNERSHIP AND COMMUNITY CAPACITY SURVEY RESULTS

Community Partnership

| Leadership lives in the community  |        |                   |        |
|--|--------|-------------------|--------|
| Participants provided level of agreement to a statement indicating that at least one member of the leadership resides within the community.                                  |        |                   |        |
| Strongly agree   | 25.00% | Strongly disagree | 5.00%  |
| Agree  | 25.00% | I don't know      | 35.00% |
| Disagree   | 10.00% | No response       | 0.00%  |
| Leadership has a respected role in the community   |        |                   |        |
| Participants provided level of agreement to a statement that suggests at least one member of the leadership team has a respected role in the community.                      |        |                   |        |
| Strongly agree   | 30.00% | Strongly disagree | 0.00%  |
| Agree  | 50.00% | I don't know      | 15.00% |
| Disagree   | 5.00%  | No response       | 0.00%  |
| Community partnership initiatives are known  |        |                   |        |
| Participants provided level of agreement to a statement suggesting that community members are aware of the partnership's initiatives and activities.                         |        |                   |        |
| Strongly agree   | 20.00% | Strongly disagree | 0.00%  |
| Agree  | 35.00% | I don't know      | 30.00% |
| Disagree   | 15.00% | No response       | 0.00%  |
| Division of resources  |        |                   |        |
| Participants provided level of agreement to a statements suggesting that resources are equally divided among different community groups (e.g., racial/ethnic, lower income). |        |                   |        |
| Strongly agree   | 10.00% | Strongly disagree | 5.00%  |
| Agree  | 40.00% | I don't know      | 20.00% |
| Disagree   | 25.00% | No response       | 0.00%  |

**APPENDIX C: PARTNER LIST**

| Organization/Institution            | Partner  |
|-------------------------------------|--|
| Business/Commercial                 | East Tennessee Children’s Hospital<br>Realty Trust Group<br>Metropolitan Planning Commission   |
| Colleges/Universities               | Howard Baker Center for Public Health<br>University of Tennessee   |
| Government                          | Knox County Health Department*<br>Knox County Parks and Recreation<br>Knoxville and Knox County Departments of Engineering<br>Knoxville Regional Transportation Planning Organization<br>State of Tennessee Department of Health |
| Other Community-Based Organizations | El Puente<br>Fountain City Connections<br>Greater Mascot Area Community Group<br>Inskip Community Association<br>Lonsdale United for Change  |
| Other Youth Organization            | The Heart of Lonsdale  |
| Policy/Advocacy Organizations       | Homebuilders Association of Greater Knoxville<br>Knox Area Coalition on Childhood Obesity<br>Knoxville-Knox County Food Policy Council<br>League of Women Voters<br>Safe Routes to School Coalition                              |
| Schools                             | Coordinated School Health<br>Knox County Schools   |

\*Lead agency

APPENDIX D: SOURCES AND AMOUNTS OF FUNDING LEVERAGED

| Sources of Revenue                          |             |              |                           |
|---|-------------|--------------|---------------------------|
| Community Partnership                       | Knox County |              |                           |
| Resource source                             | Year        | Amount       | Status                    |
| <b>Business</b>                             |             |              |                           |
| Matching funds                              |             |              |                           |
|   | 2012        |              | Annual total \$2,530.00   |
|   |             | \$1,265.00   | Accrued                   |
|   |             | \$1,265.00   | Accrued                   |
| Sum of revenue generated by resource source |             | \$2,530.00   |                           |
| <b>Local government</b>                     |             |              |                           |
| Matching funds                              |             |              |                           |
|   | 2010        |              | Annual total \$68,200.00  |
|   |             | \$40,700.00  | Accrued                   |
|   |             | \$27,500.00  | Accrued                   |
|   | 2011        |              | Annual total \$43,817.00  |
|   |             | \$43,817.00  | Accrued                   |
|   | 2012        |              | Annual total \$142,985.00 |
|   |             | \$1,650.00   | Accrued                   |
|   |             | \$48,669.00  | Accrued                   |
|   |             | \$80,000.00  | Accrued                   |
|   |             | \$12,666.00  | Accrued                   |
|   | 2013        |              | Annual total \$61,335.00  |
|   |             | \$12,666.00  | Accrued                   |
|   |             | \$48,669.00  | Accrued                   |
| Sum of revenue generated by resource source |             | \$316,337.00 |                           |
| <b>State government</b>                     |             |              |                           |
| Matching funds                              |             |              |                           |
|   | 2012        |              | Annual total \$45,675.00  |
|   |             | \$30,000.00  | Accrued                   |
|   |             | \$15,675.00  | Accrued                   |
|   | 2013        |              | Annual total \$46,130.00  |
|   |             | \$46,130.00  | Accrued                   |
| <b>Other</b>                                |             |              |                           |
|   | 2012        |              | Annual total \$195,000.00 |

APPENDIX D: SOURCES AND AMOUNTS OF FUNDING LEVERAGED

| Community Partnership                       |              | Knox County  |              |
|---|--------------|--------------|--------------|
| Resource source                             | Amount       | Status       |              |
|   | \$20,000.00  | Accrued      |              |
|   | \$175,000.00 | Accrued      |              |
| Sum of revenue generated by resource source |              |              | \$286,805.00 |
| Foundation                                  | Year         |              |              |
| HKHC funds                                  |              |              |              |
|   | 2009         | Annual total | \$60,254.86  |
|   |              | \$47,892.03  | Accrued      |
|   |              | \$6,455.88   | Accrued      |
|   |              | \$3,133.69   | Accrued      |
|   |              | \$599.73     | Accrued      |
|   |              | \$1,862.81   | Accrued      |
|   |              | \$310.72     | Accrued      |
|   | 2010         | Annual total | \$92,536.00  |
|   |              | \$2,000.00   | Accrued      |
|   |              | \$4,500.00   | Accrued      |
|   |              | \$74,075.00  | Accrued      |
|   |              | \$900.00     | Accrued      |
|   |              | \$4,200.00   | Accrued      |
|   |              | \$800.00     | Accrued      |
|   |              | \$4,000.00   | Accrued      |
|   |              | \$2,061.00   | Accrued      |
|   | 2011         | Annual total | \$88,173.65  |
|   |              | \$2,350.24   | Accrued      |
|   |              | \$74,981.00  | Accrued      |
|   |              | \$1,186.52   | Accrued      |
|   |              | \$9,447.17   | Accrued      |
|   |              | \$208.72     | Accrued      |
|   | 2012         | Annual total | \$113,559.00 |
|   |              | \$1,500.00   | Accrued      |
|   |              | \$71,611.00  | Accrued      |
|   |              | \$1,500.00   | Accrued      |
|   |              | \$300.00     | Accrued      |

APPENDIX D: SOURCES AND AMOUNTS OF FUNDING LEVERAGED

|   |              |             |              |
|---|--------------|-------------|--------------|
| Community Partnership                       | Knox County  |             |              |
| Resource source                             |              | Amount      | Status       |
|   |              | \$25,581.00 | Accrued      |
|   |              | \$12,167.00 | Accrued      |
|   |              | \$900.00    | Accrued      |
| Sum of revenue generated by resource source | \$354,523.51 |             |              |
| Non-profit organization                     | Year         |             |              |
| Matching funds                              |              |             |              |
|   | 2012         |             | Annual total |
|   |              | \$25,460.00 | \$25,460.00  |
|   |              |             | Accrued      |
| Sum of revenue generated by resource source | \$25,460.00  |             |              |
| School                                      | Year         |             |              |
| Other                                       |              |             |              |
|   | 2012         |             | Annual total |
|   |              | \$720.00    | \$720.00     |
|   |              |             | Accrued      |
| Sum of revenue generated by resource source | \$720.00     |             |              |
| Grand Total                                 |              |             | \$986,375.51 |