



Mayor's Council for Women

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A HEALTHIER CHATTANOOGA: IMPROVING HEALTH ACCESS, INDIVIDUAL AND FAMILY WELLNESS, AND CREATING SAFE AND HEALTHY COMMUNITIES

INTRODUCTION

On September 16, 2017, the National Coalition of 100 Black Women and the Mayor's Council for Women co-sponsored the conference: *Make It Matter! Make it Happen! Make It a Healthy Lifestyle*, at the Chattanooga Family Justice Center. The event was exclusively for women and girls, with separate programming geared for the two target audiences. At the end of the conference, the participants were invited to join in roundtable discussions regarding community health. Twelve separate tables of 73 persons responded to the following three questions:

1. What barriers or problems do you face in being healthy? What about your family? Your neighborhood?
2. What could be done to overcome these barriers (problems)? How can you be part of the solution(s)?
3. What needs to happen to make regulations and policies different so that the solutions can be implemented and become effective?

The respondents represented the following local communities:

Eastdale	East Chattanooga
Signal Mountain	Bonny Oaks
UTC area	Alton Park
Hixson	North Brainerd
East Brainerd	Tyner
Lookout Mountain	Ooltewah
East Ridge	Harrison
Glenwood	Highway 58 area
Downtown	Piney Woods
Highland Park	North Chattanooga
Tyner	Gunbarrel area

The ages of the respondents ranged from 16 to 75 years old. The ethnicity of the group was predominately African American with some Hispanic and Caucasian representation. The responses were divided into three subject areas: (1) *Access to Health*, (2) *Individual and Family Wellness*, and (3) *Safe and Healthy Communities*.

ACCESS TO HEALTHCARE

Background

Having “access” to health care can mean a lot of things. Does it mean that a health care facility or provider makes available specific services that address your needs? Does it mean being physically close to an outpatient clinic or hospital or within a public transportation route? Does it mean it’s easy to get and understand information about your health care? Does it mean that everyone should be provided with insurance in order to receive equitable healthcare because it is a universal right of all humans? When considering access to health care, it is imperative to also include oral health care and obtaining prescription medications. According to Healthy People 2020, Access to health services means "the timely use of personal health services to achieve the best health outcomes." It requires 3 distinct steps:

- Gaining entry into the health care system (usually through insurance coverage)
- Accessing a location where needed health care services are provided (geographic availability)
- Finding a health care provider whom the patient trusts and can communicate with (personal relationship and culturally competent)

Key findings from 2013 U. S. Census Bureau reports that 15.4% of Hamilton County residents under age 65 did not have health insurance and 18.9% of working adults amid the same age group did not have health insurance. Note that these findings are prior to the implementation of the mandatory coverage requirement of the Affordable Care Act. One of the best socioeconomic predictors for good health is considered to be an education. An advanced education is linked to becoming employed with a livable salary, access to quality health care, and living a healthy lifestyle. Hamilton County’s public-school graduation rate is lower than the state of Tennessee. Most citizens under age 65 living at or below poverty level between 138% and 400% were more likely not to be insured. Although the overall residents of Hamilton County life expectancy have increased by 1.4 years the expectancy of African Americans in Hamilton County has decreased by 4.5 years than Whites. Heart disease and cancer (Prostate and Breast) continue to be the #1 cause of death in African Americans than Whites; yet, age-adjusted death rates have decreased over the years. Unfortunately, chronic medical conditions remain considerably great among African Americans for stroke (32% higher), heart disease (19% higher), nephritis (3.6 times higher), and diabetes (2.7 times higher). On top of that, the Center for Disease Control states that women experience unique health challenges and are more likely to be diagnosed with certain diseases than men.

Recommendations

In order to improve and provide access to high quality healthcare, we suggest the following strategies:

- Prioritizing access to quality affordable healthcare should be enabled for as many people as possible
- Develop an Integrated Health Model to service patients at one location (primary care, women's health, mental health, pharmacy, dietician); Repetition
- Reduce long term cost by offering incentives to healthcare members for preventative exams (Mammograms, Pap Smear, Colonoscopy, Bi-Annual Dental Cleaning)
- Offer Tax-Incentives to Primary Care Providers whose office locations are in low income areas
- Health Insurers collaborate with a transportation service and provides 2 free round-trip visits yearly to a medical provider (receipt must be signed by office staff)
- Obtain Grant through Federal Government for collaboration with a transportation service that provides 2 free round-trip visits yearly to a medical provider (receipt signed by staff)
- Promote and Educate Prevention and Wellness Exams, including strategies such as specific conferences and health fairs through-out the year as well as health insurers sending friendly reminders about annual well exams
- Health Insurers allow and reimburse for Holistic or Alternative Therapies at comparable cost as Medical Model

Conclusion

In essence, patients who are women, elderly, members of racial and ethnic minorities, poorer, less educated, or uninsured are less likely to receive needed care, primarily because they lack access. In addition, it places obstacles that hinder your choice of health care providers due to transportation. Although having insurance increases access to the health care system, it is not enough to ensure appropriate use of services or equitable care that is of high quality.

Furthermore, the rising cost of health care (lab test, radiology test, office procedures) have led to concerning questions about the near future of "good" health care centered around the ability to afford it despite having insurance. For instance, as researchers are announcing new discoveries and amazing advances in the field of science and technology relating to everyday medical conditions (Hypertension, Diabetes, Kidney Disease), people are continuing to live with the

same health problems as many decades ago even dying from simple problems that could have been eluded through routine health care exams.

Access to quality healthcare is essential for advocating and maintaining healthy lifestyle, preventing and managing disease processes, decreasing unwarranted disabilities and untimely deaths, as well as attaining health equality for everyone. In other words, it is only through identifying the source and diverse needs of the community then addressing those needs as a multi-disciplinary team (providers, community leaders, supportive services, mental health, pharmacies) that equality accessible health care can be accomplished.

INDIVIDUAL AND FAMILY WELLNESS

DIET AND NUTRITION

Background

A significant and recurring theme in the individual and family wellness discussion included diet and nutrition, physical activity, and caregiver stress. The participants expressed deep concerns about individual and family diet and nutrition such as, lack of availability and access to purchase healthy foods/food deserts, the cost of healthy foods, and the need for education and information about healthy eating habits, across the generations. According to The Sycamore Institute, the four major drivers of health are the social and economic environment (40%), health behaviors (30%), clinical care (20%), and physical environment (10%) (Berlind).

Overview

The USDA defines food deserts based upon income and access: A low-income tract with at least 500 people, or 33 percent of the population, living more than 1 mile (urban areas) or more than 10 miles (rural areas) from the nearest supermarket, supercenter, or large grocery store.. In January 2012, Food Lion closed seven of its eight full service grocery stores in Hamilton County. After those closings, the Chattanooga-Hamilton County Health Department reported over 61,000 people living in neighborhoods classified as food deserts by the USDA, with some 18,000 living in poverty. At the time, there were 64 corner stores/gas stations, 23 fast food chains, and just two full-service grocery stores in the area (ibid), one of which, Buehler's, has since closed. In response, the C-HCDH's Step ONE Program aligned with several non-profits (the YMCA and Chattanooga Food Bank, among others), to create the Chattanooga Mobile Market. The Market provides some 80 healthy and nutritious foods for sale at key neighborhood locations. According to John Bilderback of the C-HCHD, by 2016, the Mobile Market had expanded its weekly routes to reach 2/3 of the classified neighborhoods. The AARP Foundation and other NGOs also provide funding for Double SNAP Dollars Program to boost the buying

power of consumers when making fruit and vegetable purchases at the Mobile Market and at local farmer's markets.

In 2014, Ghosh-Dastidar, et al, studied two low-income predominately African American neighborhoods in Pittsburgh, PA classified as food deserts. 73% of the participants were female. The researchers found that for every additional mile traveled to shop, the odds of obesity increased by 5%. But the study also suggested families who shopped mainly at low-price stores had a higher chance of obesity (ibid). They determined the main entrance view at the majority of higher price stores was of fruits and vegetables, in contrast to the low-price stores, where junk foods were the major display, which was also carried throughout the stores (ibid). The study concluded both lower prices and active marketing of healthy foods would aid consumers in repelling the promotion of junk food. A 2013 meta-analysis of the cost of healthy eating vs. less healthy options by Rao, et al, revealed a healthier diet cost an average of \$1.48 more per day than the less healthy diet, which would cost \$540 a year more per family member.

Conclusion

A significant segment of families in our community have barriers to maintaining a healthy diet. Those barriers are rooted in a number of causes: environmental, financial, access, social/health behaviors, and a knowledge deficit. Although some programs are in place, striving to bridge the financial and access gaps, more action is needed to effectuate the health and nutrition in Chattanooga. As stated in our roundtable discussions: "No one should be hungry or not have access to fresh food in Chattanooga".

Recommendations

- Establish free or low cost scheduled shuttle van transportation to grocery stores.
- Develop evening nutrition/shopping presentations at our city's eighteen neighborhood Youth and Family Development Centers (YFDCs) and public community schools, with incentives for attendance: healthy snacks, childcare, grocery store gift cards.
- Coupons/vouchers for the purchase of healthier choices/fruits/vegetables, via grants and health providers (see pilot United Healthcare programs; they require computer/internet access).
- Determine the availability, marketing and selection of existing mobile grocery and Double SNAP Dollars programs to increase use and access by consumers of low income. Explore a community vegetable garden program.

PHYSICAL ACTIVITY

Background

The participants related there is lack of access/safe places to walk in our neighborhoods (to be addressed in the *Safe and Healthy Communities* section); finding time to get out; getting started: no means of networking/reinforcement with other interested women. The Hamilton County Health Department reports two out of three adults (66%) in our county report they are overweight or obese, and almost 1/3 are sedentary. 27% of high school students report they are overweight or obese, and 75% indicated they do not get the recommended sixty minutes of daily exercise, and adult onset diabetes cases have increased by 25% since 2004 (ibid). A positive step forward: to support students and their families, in recent years, the Hamilton County Department of Education adopted a policy of increasing public access to their school grounds for community exercise; there is a permitting process to hold organized onsite events/programs at neighborhood schools.

Conclusion

Our community has a serious problem with obesity and a sedentary lifestyle; residents are asking for means of networking with others and motivation to get out and exercise.

Recommendations

- Create a networking walking group program via neighborhood YFDCs and public community schools to increase motivation and reinforcement of healthy activity.
- Integration of household children into some exercise activities to enable adult family members to serve as role model and increase family health and well-being.

CAREGIVER STRESS

Background

Many of our participants feel overwhelmed by caregiving responsibilities, which, aside from their children, may also include grandchildren, a spouse, elderly relatives and friends. This leaves them little time and energy for exercise/self-care.

Overview

According to the Family Caregiver Alliance, 66% of caregivers are female, and about 20% of all female workers are also caregivers (2015). When men do help out, women may provide as much as 50% more time with their care than men (ibid). More than 1/3 of women caregivers provide care, despite their own poor health, and ¼ of the women reported poor health due to providing care, and are much more likely to experience depression; women caring for a spouse were almost six times as likely to experience depression and anxiety (ibid). Because of their duties, women caregivers paid work hours were reduced by 41%, lowering wages, thus 2.5 times more likely to live in poverty and faced with decreasing pension and health benefits, (ibid). Lekan cites the Sojourner Syndrome, and Woods-Giscombe the Superwoman Schema, when African-American women soldier on and remain strong in the face of mounting responsibilities and stress, neglecting their own health and self-care, and put off doctor visits and screenings, etc.

Conclusion

The responsibility of caregiving falls heavily on the shoulders of women in our community, and the stressors of that burden greatly impact women's health, well-being and economic status.

Recommendations

- Provide a wellness advocate/navigator at our FYDCs on a regularly scheduled basis to assist with determining support, respite services and resources available to caregivers in our community, locating support groups to provide a safe, therapeutic and supportive environment to discuss the stressors of caregiving.
- Add option of home or telephone visits for those families unable to meet advocate at the centers.
- Develop free or low cost mindfulness based stress reduction programs (ibid).
- Community education regarding the benefits of exercise in reducing stress: to take care of others, one must first take care of ones' self.

SAFE AND HEALTHY COMMUNITIES

Background

In the last decade, the state of Tennessee has strived to improve the overall health of the population through the implementation of several ongoing health initiatives. In 2002, the 658 Public Chapter was passed by lawmakers to ensure that data on obesity was collected. Two years later, the Tennessee Board of Education developed guidelines that helped to govern how food items are sold and marketed to elementary and middle-schoolers (Morgan, 2006, p. 6). Not long after, the Senate passed a bill that mandated that students K-8 engage in at least 150 minutes of

physical activity weekly. That same year, the Tennessee Department of Health also established the office of Child Nutrition and Wellness and launched the “Better Health: It’s About Time” for faith-based organizations. This initiative aimed to raise public awareness on healthy behavior practices and early detection, treatment, and management of chronic diseases. Closer to home, the Chattanooga-Hamilton County started the Step ONE (Optimize with Nutrition and Exercise) program (Morgan, 2006). This program works to provide communities with resources that support healthy nutrition and daily physical activity (Hamilton County Step ONE, n.d.). Other nationwide initiatives that may have positively affected Chattanooga are the, (1) the banning of unhealthy food marketing to children and adolescents, (2) the launching of the *Let’s Move* campaign by former first lady Michelle Obama, and (3) the Patient Protection and Affordable Care Act which was signed into law by former President Barack Obama (Trust for America's Health, 2011).

In addition to health, Chattanooga-Hamilton County also worked to improve safety in communities across the city. For example, in 2013 Mayor Andy Berke was the driving force behind the Violence Reduction Initiative (VRI). The VRI sought to reduce the prevalence of group violence and homicides in Chattanooga. Since inception of the program, gun violence by group members is down by almost 50%, and there has been a decrease in juvenile violence across the city (Gienapp, 2017). The Citizen’s Police Academy, is another program that seeks to promote safe communities. Starting in 1999, community members can receive training through a 9-week law enforcement course that educates them on police work and the criminal justice system, while also creating positive interactions between the community and the local police department (Chattanooga.gov, n.d.). Through the work of the Chattanooga Police Department, the Family Justice Center, the Mayor’s Office, and the efforts of many community members and organizations, Chattanooga is on the road to becoming a safer community.

Conclusion

Although there have been several efforts to create safe and healthy communities in Chattanooga, there is still work to be done. Regarding health, many Chattanooga residents are aware of the detrimental effects of poor lifestyle practices. They are told by their healthcare providers, social media, and by word of mouth; nevertheless, not all individuals have access to safe public places, and positive community environments that encourage healthy living as a part of one’s everyday life. Additionally, through the different safe community initiatives implemented, the city of Chattanooga has seen many positive results and reductions in violence. However, there are still communities with low lighting, poor sidewalks, an absence of bike lanes, and suspicious group member activity. These factors are only a few of the challenges evident in Chattanooga that prevent individuals and families from participating in healthy activities outdoors, and feeling safe in their neighborhood.

Recommendations

An initial plan of action can be explained in a three step plan:

- *Step one* is to develop collaborations with vested community members, policymakers, and key community leaders that have a collected goal aimed at removing physical, mental, and emotional barriers to health and safe communities.
- *Step two* is to identify and develop practical strategies that seek to improve health by creating health policies and designing safer public places for individuals and families that reside in Chattanooga, TN.
- *Step three* requires continuous preparation to ensure that there is proper planning, available resources, sustainability, and ongoing evaluation of all strategies and initiatives developed to make the city of Chattanooga a healthy and safe community.

CURRENT INITIATIVES AND PROGRAMS IN CHATTANOOGA*

Nutrition and physical activity

- [Mobile Market](#) - Fresh food brought to *food deserts*
- [Farmers Markets](#) - 7 weekly locations across the city
- [Step One Program](#)- Community garden program
- [SNAP Double Points Benefits](#)- Double benefits at farmers markets
- [Outdoor exercise equipment at many YFD Centers](#)- Community can exercise locally
- [Open Use Policy](#)- Elementary school playgrounds open after hours for public use
- [National School Lunch Program](#)- Healthier meals for students
- Health education programs offered throughout Hamilton County
 - [Erlanger](#) – Food RX Program and free yoga for community
 - [Memorial](#) – Diabetes and nutrition center
 - [UT Extension](#) – Healthy lifestyle classes
 - [Health Department](#) – Diabetes and chronic disease classes
 - [Area Agency on Aging and Disability](#)- Healthy lifestyle classes
 - [YMCA](#)- Offers some free health classes to the community
- Healthier restaurant food options
- Increased healthy options at gas stations
- Food Bank has fresh food options and more locations in the community

Access to Health Care

- SETHRA- free transportation to doctor appts. and transportation assistance to elderly
- CARTA Care-a-van- free or low cost transportation for disabled, elderly or appts.
- CARTA has increased routes and stops in new neighborhoods (e.g. East Ridge)
- Free transportation for Medicaid patients to and from appointments
- Affordable Care Act has given thousands more Hamilton County residents access to health care
- Community health clinics offer free/low cost health care
- Project Access- pays for uninsured specialty appointments and surgeries
- A Step Ahead- provides free birth control

Safe Communities

- Mayor's Violence Reduction Initiative
- Citizen's Police Academy (trained community members on police related subjects)
- Added bike lanes and improved sidewalks in Chattanooga City Limits
- Improved lighting in some areas

**this is not an extensive list of all health initiatives and community programs in Chattanooga, TN*

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