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**CHS-UTK: Research and Education Aligned for Clinical and Community Health (REACCH)**

**Strategic Plan**

Cherokee Health Systems (CHS), a federally qualified health center in Tennessee, and the University of Tennessee Knoxville (UTK), a land-grant university that is the flagship campus of the University of Tennessee System, are collaborating to synergistically enhance the lives of Tennesseans. This collaboration focuses on strengthening the health-related workforce, identifying and evaluating innovative ways to reduce health disparities, and enhancing health equity and the well-being of Tennesseans. This collaboration includes students, trainees, staff, and faculty from both organizations, as well as the Tennessee communities to which both organizations are connected.

While personnel from both organizations have worked together in various ways for many years, the two organizations formalized their collaborative partnership in 2022 to purposefully leverage energies and resources to better meet the health needs of Tennesseans. A task force of personnel from CHS and UTK created a strategic plan that defined the shared vision, mission, and values of the collaboration and identified goals for workforce development, research, and improvement in the health of Tennesseans. The strategic plan is a roadmap for the development of an exemplar academic-community health practice collaboration.

The plan emphasizes three foundational characteristics of the partnership: 1) Mutually beneficial and reciprocal collaborations with shared leadership; 2) Interdisciplinary endeavors that leverage the expertise of teams from multiple disciplines; and 3) Consistent commitment to equitable access and opportunity in pursuit of health equity.

Vision

An academic-community health practice collaboration that exemplifies integrity and reciprocity to advance health-related workforce development, equity in clinical practice, and community well-being through innovation and discovery.

Mission

The mission of the CHS-UTK REACCH is to intentionally, strategically, and collaboratively conduct innovative interdisciplinary training and research to strengthen the health-related workforce; contribute to and disseminate an evidence base of health-related best practices; reduce health disparities; enhance health equity; and advance the well-being of individuals, families, and communities across Tennessee.

Values

* Amplify and honor the voices of individuals, families, and communities across Tennessee.
* Pursue excellence, equity, and justice in interdisciplinary, health-related workforce development, research, and clinical practice through innovation and growth.
* Foster a culture of reciprocity that provides mutual benefit across organizations, organizational positions, disciplines, and communities.
* Prioritize interdisciplinary, health-related training, research, and practice that enhances well-being, particularly for those who are under-resourced, marginalized, and/or at-risk.

Goals To Be Achieved By 2028

1) Equip an interdisciplinary, health-related workforce to identify health disparities, then advocate to reduce and prevent them.

a) Co-sponsor at least one training per year for identified UTK students, UTK faculty, and CHS staff that addresses at least one topic area:

1. Bias in healthcare delivery;
2. Access to health care;
3. Trauma-informed care;
4. Social determinants of health that negatively impact Tennessee communities;
5. Advocacy.

2) Equip an interdisciplinary, health-related workforce to contribute to the empirical evidence base to reduce health disparities.

a) Co-sponsor at least one training per year for identified UTK students, UTK faculty, and CHS staff that addresses at least one topic area:

i) Equitable, community-engaged research practices;

ii) The relevance of social determinants of health in health disparities and inequities;

iii) Implementation science methodologies that support translating evidence-based guidelines into practice.

3) Through interdisciplinary research and training, contribute to an innovative, health-related evidence base that guides clinical practice to reduce health disparities and improve health outcomes.

a) Initiate at least two, mutually beneficial and reciprocal research and/or training initiatives/projects per year;

b) In every three-year period, engage in at least one mutually beneficial and reciprocal research and/or training initiative/project for which both CHS and UTK receive external funding.

4) Develop and disseminate CHS and UTK findings related to best healthcare practices; health outcomes; and the identification, reduction, and prevention of health disparities.

a) Co-author and/or co-present one published peer-reviewed article, conference poster, or oral presentation per year to academic audiences on research findings and/or best practice information;

b) Co-author and/or co-present one newsletter, blog, or seminar per year to the health-related workforce on research findings and/or best practice information;

c) Co-author and/or co-present one newsletter, blog, or community forum/event/fair per year to the community at large on research findings and/or best practice information.

5) Improve health outcomes and reduce health disparities in Tennessee communities, by achieving goals 1-4, using an interdisciplinary approach.a

a) Cardiometabolic chronic health conditions (obesity, prediabetes, type 2 diabetes, cardiovascular disease);

b) Maternal health;

c) Relational health;

d) Substance use and abuse;

e) Food and nutrition security;

f) Literacy (numerical, health, fiscal, reading and writing).

aThe prevalence of any defined health outcomes or health disparities will depend upon the operationalization of the identified health condition or health-related status and will vary with each population of focus and geographic area. Thus, each project designed to influence care for CHS patients in any of the above areas will define, measure, and report on these variables.

Description of terms

*At-risk:* Having an increased chance or likelihood that something will harm or otherwise negatively affect an individuals’ health.

*Implementation science methodologies:* Methods and strategies that facilitate the uptake of evidence-based practice and research into regular use by practitioners and policymakers.

*Interdisciplinary:* Integrates information, data, techniques, tools, perspectives, concepts or theories from two or more disciplines or bodies of specialized knowledge.

*Health disparity:* A type of preventable health difference that is closely linked with social, political, economic, and environmental disadvantage.

*Health equity:* The state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires ongoing societal efforts to address historical and contemporary injustices;

overcome economic, social, and other obstacles to health and health care; and eliminate preventable health disparities.

*Relational health:* A health emphasis that focuses on establishing and maintaining meaningful relationships with self, other individuals, groups and communities and develops from our interactions and connections with others.

*Marginalized:* To relegate to an unimportant or powerless position within a society or group. This can manifest as ignoring the needs of a specific group or failing to provide a group with the same opportunities that are available to other members of society.

*Social determinants of health:* The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

*Under-resourced:* Having insufficient resources in leadership, physical assets, money, power, political will, institutions, community cohesion, and/or services.