health equity recommendations for nashville

metro nashville-davidson county | 2015

metro nashville public health department
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robert wood johnson foundation center for health policy, meharry medical college

Metro Public Health Dept
Nashville/Davidson County
Protecting, Improving, and Sustaining Health

Robert Wood Johnson Foundation | Center for Health Policy
at Meharry Medical College

Acknowledgements

This report was produced through a partnership between the Metro Nashville Public Health Department and the Robert Wood Johnson Foundation Center for Health Policy at Meharry Medical College. This is a supplement to the *Health Equity in Nashville* report, and presents recommendations based on discussions from the 2015 Health Equity Summit in Nashville. We would sincerely like to thank those who attended the summit for their participation and contributions to the content in this report, and for their efforts in moving toward a more equitable Nashville. We also would like to acknowledge the efforts of those in the community who were not able to participate in the summit, but who work tirelessly to ensure health equity in our community. This report is the result of a collaborative community effort, and incorporates the perspectives and ideas from individuals representing numerous local organizations. The members of the Health Equity Summit Planning Committee provided guidance for the purpose and structure of the summit and this report. Staff at the Metro Nashville Public Health Department contributed time to edit and provide feedback on the report content, including Amanda Hoover, Tracy Buck, Tina Lester, Dr. Bill Paul, and Rebecca Morris.

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introduction

The purpose of this report is to provide recommendations for moving toward health equity in Nashville.

It serves as a follow-up to *Health Equity in Nashville*, a report produced by the Metro Nashville Public Health Department in partnership with the RWJF Center for Health Policy at Meharry Medical College, and released in May 2015. The purpose of that report is to raise awareness of health equity in Nashville, identify factors that contribute to health inequities, and facilitate the development of recommendations for action to address health equity issues locally. It presents topics related to health equity in Nashville using the Social-Ecological Model of Health as a guide, and includes sections that highlight a local program, policy, or identified need related to health equity. Some sections were authored by individuals at the Metro Nashville Public Health Department, while others were contributed by experts from other organizations in the community who are knowledgeable about their respective issues. That report presents a shared community voice, and represents the collaborative approach that is needed to further health equity in Nashville. *Health Equity in Nashville* is available to the public on the Metro Nashville Public Health Department's website.

introduction

2015 Health Equity Summit

The recommendations in this report were developed from discussions that took place during the 2015 Health Equity Summit, hosted by the Metro Nashville Public Health Department. The summit focused specifically on the issue of health equity in Nashville, and was held in conjunction with the release of the *Health Equity in Nashville* report. Health equity was identified as a part of Nashville's Community Health Assessment and Community Health Improvement Plan as the top strategic priority. Additionally, health equity was identified as a priority by the health department's internal strategic planning process.

The 2015 Health Equity Summit was held on June 5, 2015. The event was free and open to the public, and was attended by 133 individuals representing a broad spectrum of local organizations from both the health and non-health sectors. The summit began with a panel of local leaders who led discussions on furthering health equity in Nashville. The panel included Ms. Brenda Perez, Dr. Joseph Webb, and Reverend Edwin Sanders, and was moderated by Tene Franklin.

Following the panel, summit attendees participated in facilitated small group discussions focused on developing recommendations for moving toward health equity in Nashville. Using the *Health Equity in Nashville* report as a guide, the small groups discussed, and recorded their answers to, the following questions:

1. What is the definition of health equity in Nashville?
2. What areas are missing from the report that needs to be addressed?
3. What are the priorities we need to set in Nashville when it comes to health equity, based on the report?
4. What are specific policies or programs we can implement over time to address these inequities?
5. Are there any local programs or policies that are successful in addressing health inequities that could be easily replicated?

The process for developing recommendations was collaborative in order to utilize the range of expertise and perspectives of summit attendees. This approach acknowledges that health equity goals and strategies are not the exclusive domain of public health, and can only be furthered through work in multiple sectors throughout our community.

introduction

About the content in this report

The recommendations in this report are based on input generated by participants at the 2015 Health Equity Summit. Participants divided into small facilitated discussion groups and responded to questions about priorities and strategies for addressing health equity in Nashville. Each group recorded its responses, which were later compiled and reviewed by Metro Public Health Department (MPHD) staff for inclusion in this report. The workgroup input section of the report provides a summary of the input for each group discussion question. Every effort was made to summarize the responses with minimal modification to wording used by participants.

The recommendations section includes not only recommendations for action, but also links the recommendations to the MPHD's Community Health Improvement Plan (CHIP) and its strategic plan. The recommendations represent a community voice about the priorities for, and future direction of, health equity efforts in our community. MPHD is both a leader and convener for local health equity iniaitives and seeks to integrate the community's recommendations into each of these plans.

health equity summit

workgroup input

workgroup input

What is the definition of health equity in Nashville?

Incidence of disease and death are equal across all demographic groups

Social groups treated equally and respectfully in regards to healthcare

In Nashville, we want everyone to have access to quality health services that meet their specific needs. Creating a city that encourages a complete state of wellbeing and eliminates social determinants as a factor of health; access, everyone, optimal, prevention, quality, and all populations are keywords.

Elimination of health disparities; highest level of health; access for all; universal opportunities for health and wellness for all residents; encompassing physical and mental health; removal of harmful products; built environment that promotes wellness and safety; working relationship between public health and city government with accountability and ongoing assessment; access to healthy, affordable food; appreciation respect and acceptance of diversity and culture; healthy choices are easy, desirable, and obvious; health is expected; prevention of discriminatory marketing; access knowledge and utilization of medical homes.

No matter who you are in Nashville, health equity is accessibility and opportunity to be as healthful as possible regardless of limitations.

Assurance of the conditions necessary for all people to obtain the highest possible level of health, regardless of social position or other socially-determined circumstances.

workgroup input

What areas are missing from the health equity report that need to be addressed?

Lack of health and cultural literacy within the community

Family structure dynamics that impact health

Healthy food, food security

Role of employer policies in work/life balance

Stress

Environmental health: contamination, climate change

Aging population: geriatrics and eldercare

Violent crime and public safety

Immigrants and refugees living in Nashville

Mental health: addiction and drug abuse, criminalization of mental health

Education and health

Adverse Childhood Experiences (ACEs)

Economic disparities: oppression, generational poverty

LBGTQ issues

Teen pregnancy and parenting

Criminal justice: mass incarceration, offender re-entry into the community

Media and pop culture influences and messaging on health

workgroup input

What are the priorities we need to set in Nashville when it comes to health equity, based on the health equity report?

Community Engagement
Integrate target communities into planning for equity
Meet in people's neighborhoods

Healthcare Access
Connect people to mental health resources
Healthcare should be made available to everyone

Built Environment
Eliminate food deserts and increase healthy food access
More transportation options
Develop affordable housing to combat gentrification of neighborhoods

Health Services Across the Lifespan
Access to social services or case managers
Expand youth empowerment programs
Provide eldercare for those in need
Provide programs to support healthy mothers and babies

Health Communication + Education
Develop and use health literacy toolkits
Develop effective health messaging language and strategies

Culture Change
Establish a culture of responsibility around health
Use collective impact and partnerships as an equity strategy
Increase corporate responsibility

Economics
Entrepreneurial zones in areas that need economic support
Increase the minimum wage to a living wage
Metro budget should prioritize areas of the community with the highest need
Employment and jobs available to everyone

Technology
Expansion of mobile sites and technology utilization

Human Trafficking
Policies and programs to address human and sex trafficking

Educational System
Physical education every day in schools
Sex education in schools
A nurse in every school

workgroup input

What are specific policies or programs we can implement over time to address these inequities?

Community Engagement
Promote grassroots strategies to induce policy change that include community members

Healthcare Access
Expand healthcare coverage by adopting Insure TN
Strengthen healthcare safety net options

Built Environment
Use zoning strategies to address food insecurity
Increase and improve neighborhood transportation options, including walking and public transportation
Policies that create and maintain affordable housing
Accessible greenspace and greening programs throughout the city

Health Services Across the Lifespan
Promote programs with parental involvement strategies
Implement breastfeeding education and support programs
Healthy food baskets for families in need

Health Communication + Education
Communication about chronic disease prevention and management via well clinics
Establish service learning programs that focus on health equity
Develop immigrant outreach programs with language accommodations

Culture Change
Use a Health in All Policies approach to foster Metro-wide support from department heads and council members on health equity issues
Create jobs that involve monitoring social justice and equity
Legislative advocacy, including civic literacy and engagement
Cross-sector and cross-county collaboration
Make healthy choices the easiest choices (cost and availability)

Economics
Raise the minimum wage to a living wage
Promote employer-based health programs and show return on investment
Create a 1% tax increase for a local "health fund"
Focus spending on prevention and incentivize preventive medicine
Paid family leave for parents, including paternity leave

Technology
[no specific policies or programs specified by groups for this topic]

Human Trafficking
[no specific policies or programs specified by groups for this topic]

Educational System
A nurse in every school
K-12 physical education every day in school
K-12 health education (including home economics, budget, sexual education)

workgroup input

Are there any local programs or policies that are successful in addressing health inequities that could be easily replicated?

- Alignment Nashville
- Nashville Mobile Crisis Team
- Vanderbilt-Meharry Alliance Community Research Days and Mini Grant Program
- Street Works
- St. Thomas Hospital Free Health Care Day
- Joelton Hope Center
- Nashville Organized for Action and Hope (NOAH)
- Health in All Policies (HiAP) in Metro Government
- Healthy vending and healthy lunches in Metro schools
- Big Brothers Big Sisters of Middle Tennessee
- Provider-based reproductive health education
- Responsible Fatherhood program
- SSI/SSDI, Outreach, Access and Recovery (SOAR)
- CiViL Groups, Touchstone Youth Resource Services
- Smoke-Free Multi-Unit Housing Campaign
- Barnes Housing Trust Fund
- Safety Net Consortium of Middle Tennessee
- Thistle Farms
- Family Resource Centers
- Metro Nashville Youth Sports Programs
- Greenways Nashville
- Dispensary of Hope
- VU pediatrician program for healthy choices
- YMCA childrens and seniors programs
- Dismas House Men of Valor program
- The Contributor
- HOWS Nashville
- Ban the Box
- Magdalene House
- Oasis Center
- Get Covered Tennessee
- Room at the Inn
- Food security initiatives such as guerilla gardening, urban community gardening, and edible gardens
- Tactical urbanism projects
- Home economics classes in schools
- Walk to School Day
- Civil Service Rules in Metro Nashville contracts
- Tennessee Agricultural Extension Service Tennessee Family and Community Education Clubs
- Nashville Children Eating Well for Health (CHEW)

recommendations

for health equity

recommendations

Health Equity Definition

At the Health Equity Summit, each workgroup was asked to define health equity in order to guide efforts in the Nashville community. Some groups produced phrases to represent what equity looks like, while others produced a definition. These phrases and definitions were reviewed by the Health Equity Summit Planning Committee following the summit, and were used to construct a single representative definition of health equity in Nashville. Having a common defintion is important for ensuring all efforts target the same outcomes. The resulting definition bears a strong resemblance to the definition proposed by Dr. Camara Jones, which is referenced in the *Health Equity in Nashville* report.

> Healthy Equity in Nashville is the societal and systematic understanding and appreciation of differences among individuals and populations; where everyone is valued and has the opportunity to achieve optimal health and well-being.

recommendations

Health Equity Priorities

The health equity priorities for Nashville that were recommended by Health Equity Summit participants are listed in the following chart and linked with 1) the Community Health Improvement Plan objectives and 2) the Metro Nashville Public Health Department Strategic Plan's foundational health goals. The Community Health Improvement Plan was developed by the Healthy Nashville Leadership Council and the Metro Nashville Public Health Department through a community health assessment process. It represents a community-wide vision for a healthier Nashville, with goals and objectives to guide health initiatives in the community over the next 5 years. The MPHD Strategic Plan was developed through an inclusive planning process that describes the vision, mission, values, and long-term foundational goals of the health department. Each of these plans identifies health equity as a key priority.

The purpose of the following chart is to identify how the priority areas idenfitied by equity summit participants align with the health priorities already identified and committed to by the Metro Nashville Public Health Department and the local health community. The chart also serves to identify gaps where priorities were identified during that summit that do not have a related objective in the Community Health Improvement Plan or foundational health goal in the MPHD Strategic Plan.

recommendations

Equity Priority Area	Community Health Improvement Plan (CHIP) Objective	Metro Public Health Department Strategic Plan Foundational Health Goal
1. Community Engagement		
2. Healthcare Access	Objective 1.1: Beginning in 2015 and ongoing, develop and implement ways to increase accessibility of community-based services through enhanced coordination and cross-training among providers, improved customer orientation to services, and Safety Net navigation support. Objective 5.1: By 2017, increase employee understanding of and use of Employee Assistance Program from baseline and continue to increase every two years. Objective 5.2: By 2018, present policy recommendations for increasing access to mental health resources, including employee assistance programs, regardless of economic status, to at least three decision making bodies. Objective 5.3: By 2019, a minimum of five educational activities supporting positive parenting and positive mental well-being will be delivered to Local Public Health System partners and the community.	Promote and Support Healthier Living • Reduction in illness, disability, and death from heart disease, stroke, lung disease, diabetes and cancer Prevent and Control Epidemics and Respond to Public Health Emergencies • Sustained high immunization rates to meet or exceed national standards • Reduced incidence of communicable diseases
3. Built Environment	Objective 2.3: By 2016, disseminate position statement on health benefits of mixed-income housing to Nashville community through a minimum of three mediums. Objective 3.1: Beginning in 2015 and ongoing, convene partners to promote the safe use of bicycles in Nashville. Objective 3.2: By 2016, develop and present policy recommendations promoting active transportation options to Metro Council, Board of Health and other policy-making bodies as appropriate. Objective 3.3: By 2017, provide hands-on training on the use of public transportation in Nashville to a minimum of ten Metro agencies. Objective 3.4: By 2017, provide at least three education activities on the safe use of bicycles in Nashville. Objective 3.5: By 2019, meet with top ten employers in Nashville to learn about the barriers to the use of alternatives to single occupancy automobile travel and to promote the physical and environmental health benefits of these alternatives.	Promote and Support Healthier Living • Decrease in obesity and increase in physical activity • Reduction in illness, disability, and death from heart disease, stroke, lung disease, diabetes and cancer Create Healthier Community Environments • Improved air quality

recommendations

Equity Priority Area	Community Health Improvement Plan (CHIP) Objective	Metro Public Health Department Strategic Plan Foundational Health Goal
4. Health Services Across the Lifespan	Objective 6.1: Starting in 2015, increase delivery of Adverse Childhood Experiences training to MPHD public health staff and local public health system partners. Objective 6.2: Starting in 2015, convene partners to begin planning the 2016 Healthy Nashville Summit to advance positive parenting and violence free homes in Nashville. Objective 6.3: By 2018, research, prioritize and present recommendations for addressing violence in homes to appropriate decision-making authorities.	Improve and Sustain Family and Child Well-Being • Improved birth outcomes • Children protected from adverse childhood experiences • Decreased number of unintended pregnancies • Health status at every stage of life is improved Promote and Support Healthier Living • Reduction in illness, disability, and death from heart disease, stroke, lung disease, diabetes and cancer
5. Health Communication + Education	Objective 2.6: By 2019, identify and conduct a minimum of five educational activities related to addressing health inequities. Objective 3.4: By 2017, provide at least three education activities on the safe use of bicycles in Nashville. Objective 3.5: By 2019, meet with top ten employers in Nashville to learn about the barriers to the use of alternatives to single occupancy automobile travel and to promote the physical and environmental health benefits of these alternatives. Objective 4.4: By 2019, Present environmental educational materials a minimum of 10 times. Objective 5.3: By 2019, a minimum of five educational activities supporting positive parenting and positive mental well-being will be delivered to Local Public Health System partners and the community.	Promote and Support Healthier Living • Reduction in illness, disability, and death from heart disease, stroke, lung disease, diabetes and cancer Prevent and Control Epidemics and Respond to Public Health Emergencies • Reduced incidence of communicable diseases

recommendations

Equity Priority Area	Community Health Improvement Plan (CHIP) Objective	Metro Public Health Department Strategic Plan Foundational Health Goal
6. Culture Change	Objective 1.1: Beginning in 2015 and ongoing, develop and implement ways to increase accessibility of community-based services through enhanced coordination and cross-training among providers, improved customer orientation to services, and Safety Net navigation support. Objective 2.4: By 2019, increase from baseline the number of Metro departments considering health equity in their policies and processes. Objective 2.5: By 2019, a minimum of five decision making bodies (e.g. Metro Council, Metro Boards, Metro Departments) will adopt equity impact review tool for decision-making. Objective 5.3: By 2019, a minimum of five educational activities supporting positive parenting and positive mental well-being will be delivered to Local Public Health System partners and the community.	Promote and Support Healthier Living • Reduction in illness, disability, and death from heart disease, stroke, lung disease, diabetes and cancer
7. Economics	Objective 1.2: By 2019, present policy recommendations for advancing economic policies that promote health equity to a minimum of three influential bodies (e.g. Nashville Chamber of Commerce).	Promote and Support Healthier Living • Reduction in illness, disability, and death from heart disease, stroke, lung disease, diabetes and cancer
8. Technology		Promote and Support Healthier Living • Reduction in illness, disability, and death from heart disease, stroke, lung disease, diabetes and cancer
9. Human Trafficking		
10. Educational System		Improve and Sustain Family and Child Well-Being • Health conditions that are a barrier to learning for children are reduced Promote and Support Healthier Living • Decrease in obesity and increase in physical activity • Reduction in illness, disability, and death from heart disease, stroke, lung disease, diabetes and cancer Prevent and Control Epidemics and Respond to Public Health Emergencies • Reduced incidence of communicable diseases

recommendations

Conclusion

This report proposes a definition of health equity to guide local efforts, identifies priority areas for ongoing and future health equity work, and links those priority areas with other community-identified public health priorities. Also proposed is a list of local policies or programs for equity efforts to emulate. A wide range of program types in both health and non-health sectors were put forth by workgroup participants as examples of successful local initiatives. This reflects the diversity of program types and strategies needed to address health equity, including programs and initiatives implementetd through local government, non-profits, universities, and grassroots movements.

While it remains important to develop equity-focused programs and interventions, it is also improtant to integrate equity into decision-making and prioritization for current programs and initiatives. These types of changes can often take place without additional cost or staff, involving only a shift in thinking where health equity is a consideration and priority in each decision an organization or agency makes. It is a simple change that can have a profound impact.

Over one hundred members of the Nashville community have already come together to participate in the production of the *Health Equity in Nashville* report and in the Health Equity Summit that guided the recommendations in this report. As the awareness and discussion of health equity grows in Nashville, collaborations will form and important work will be done. In the coming years the Metro Nashville Public Health Department will continue to monitor health equity locally, lead some efforts, and assist with those led by others in order to ensure everyone in our community achieves their optimal level of health and well-being.

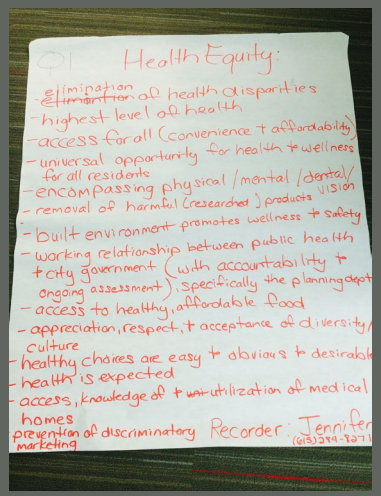
appendix

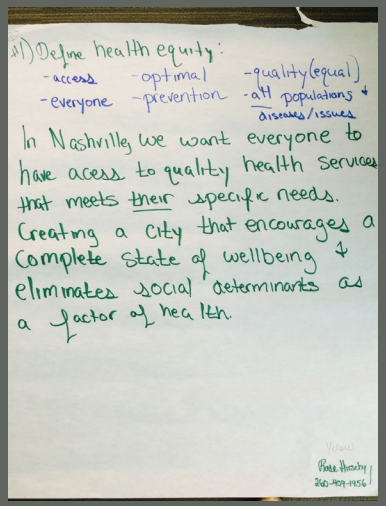
workgroup input

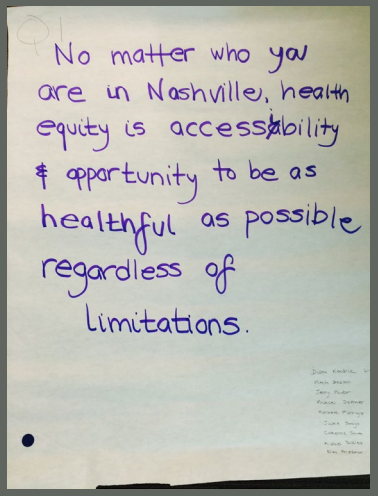
health equity summit participants

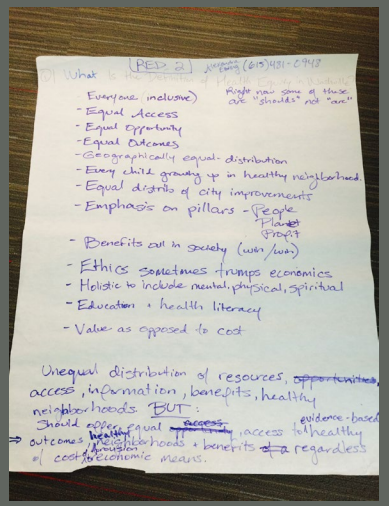
appendix | workgroup input

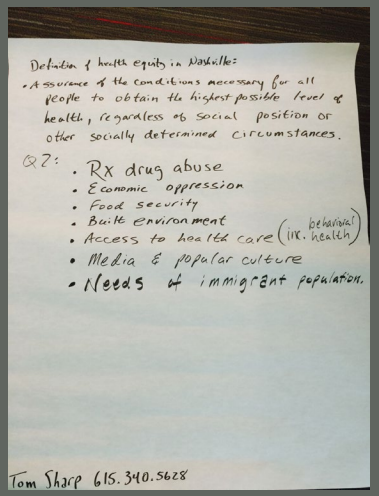
What is the definition of health equity in Nashville?

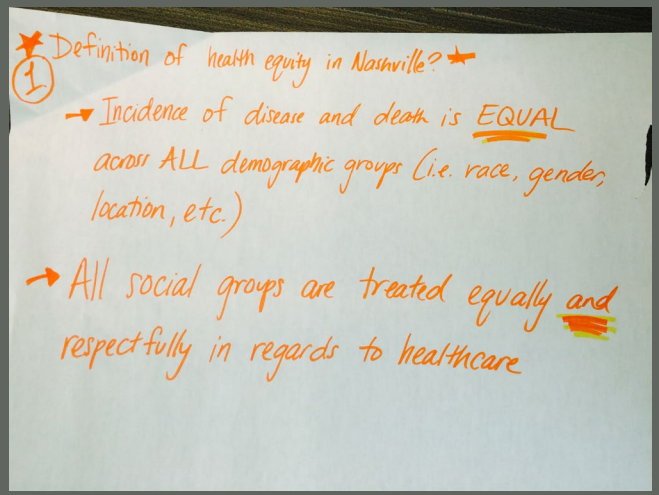






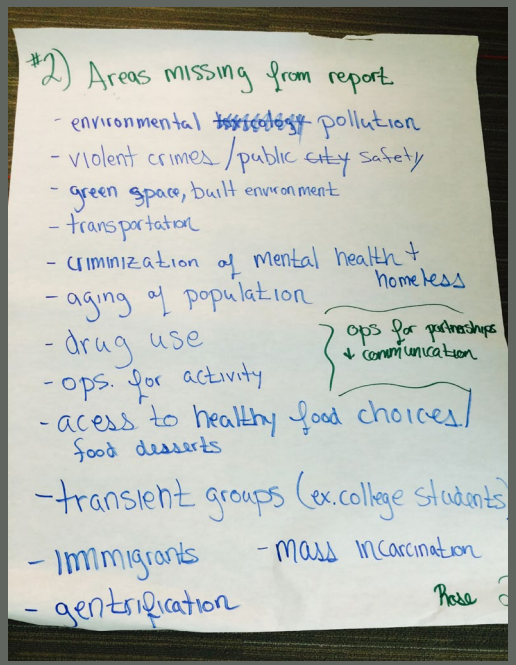


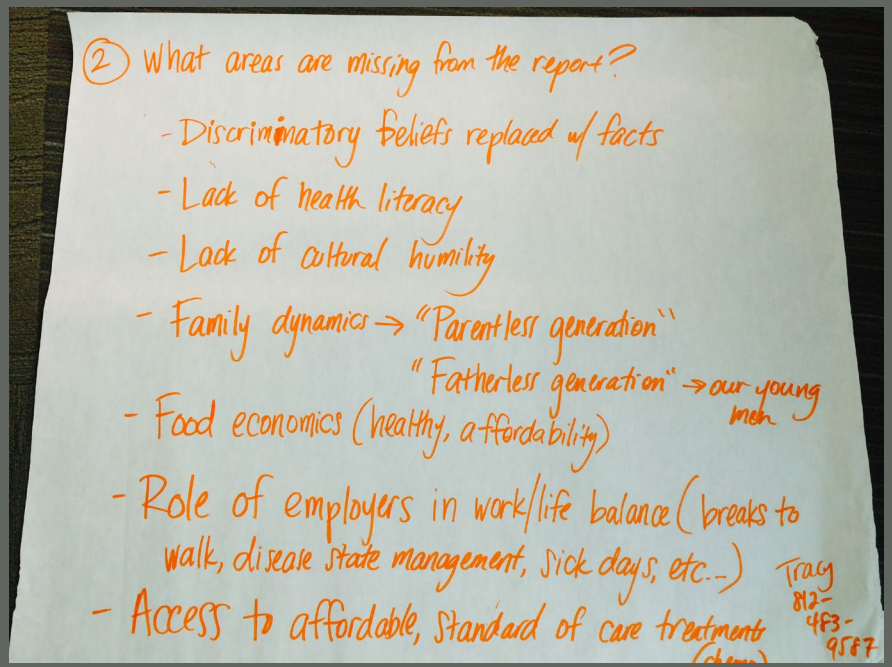


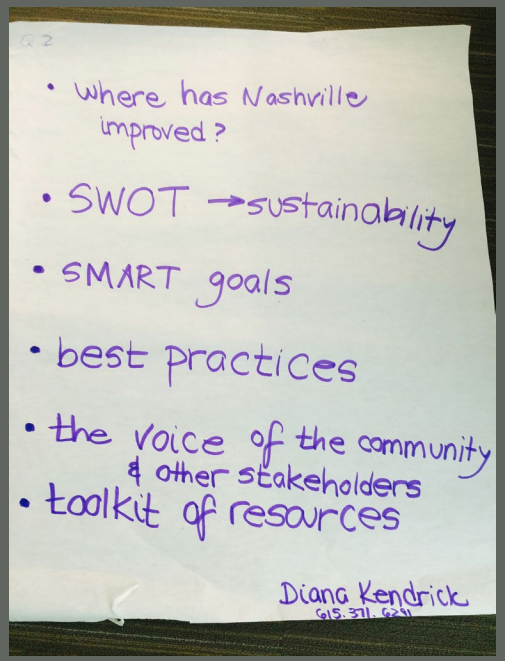


appendix | workgroup input

What areas are missing from the health equity report that need to be addressed?

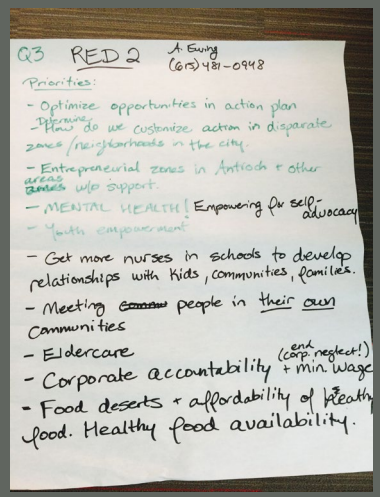


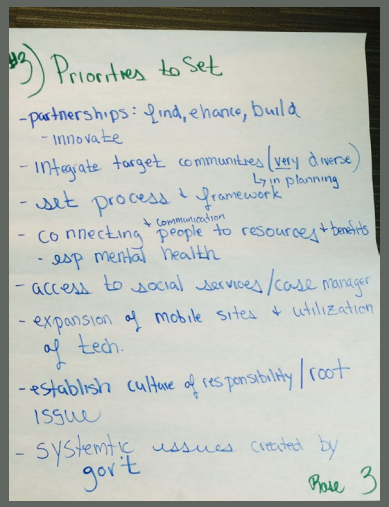


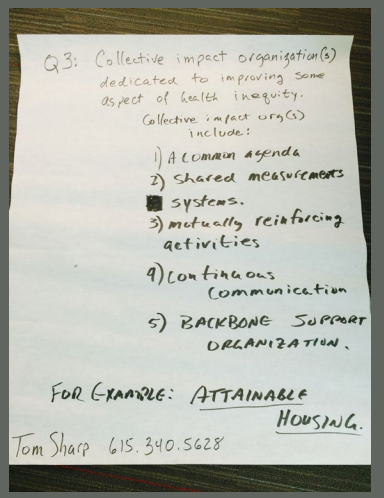


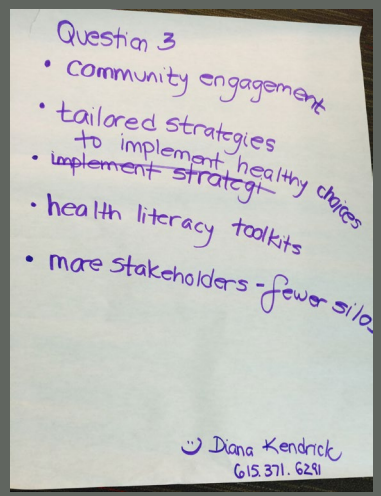
appendix | workgroup input

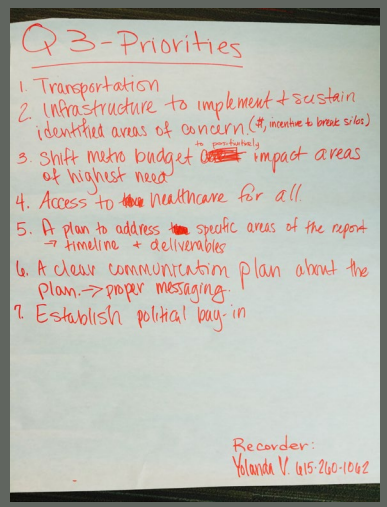
What are the priorities we need to set in Nashville when it comes to health equity, based on the health equity report?





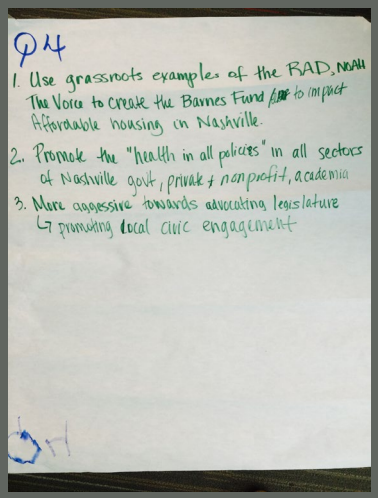


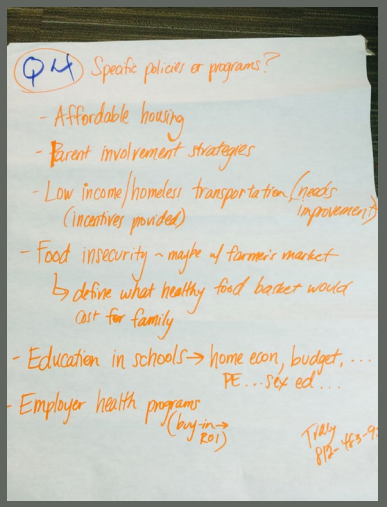


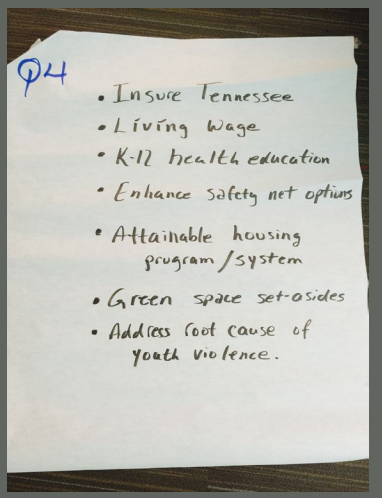


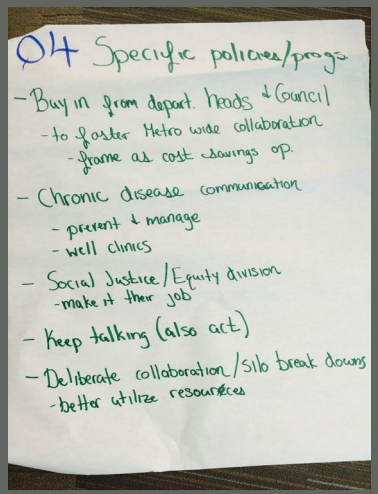
appendix | workgroup input

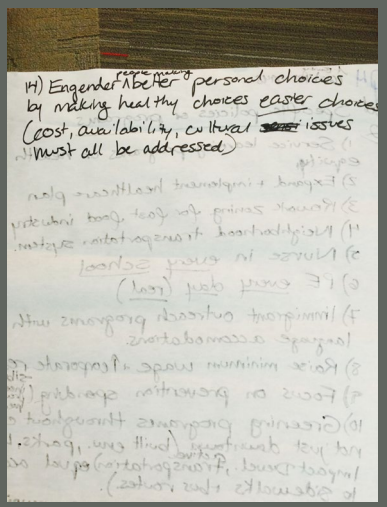
What are specific policies or programs we can implement over time to address these inequities?

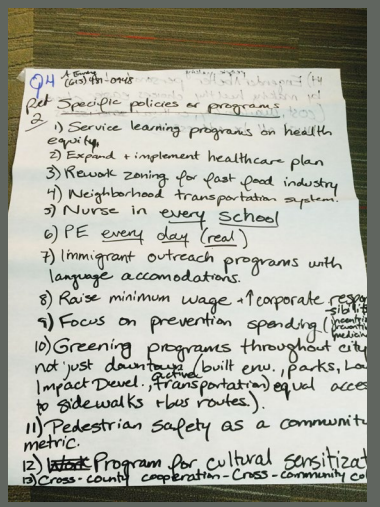






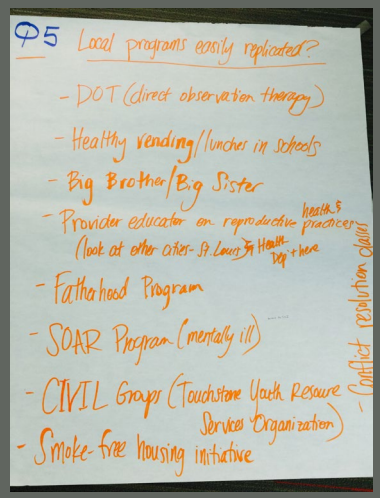


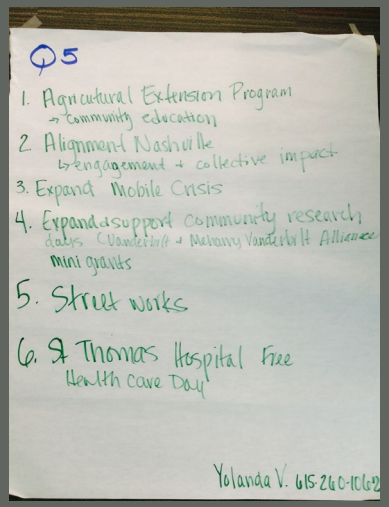


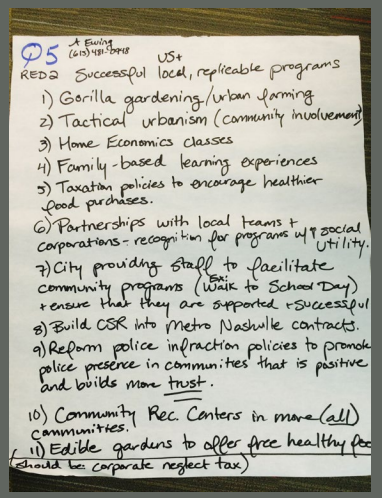


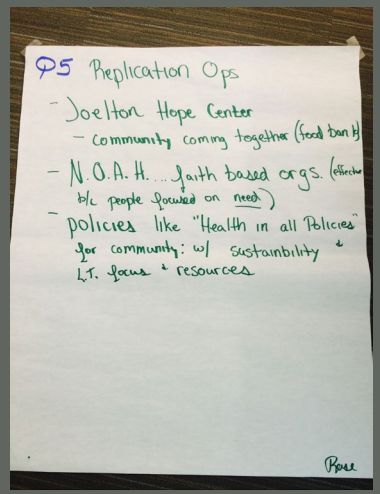
appendix | workgroup input

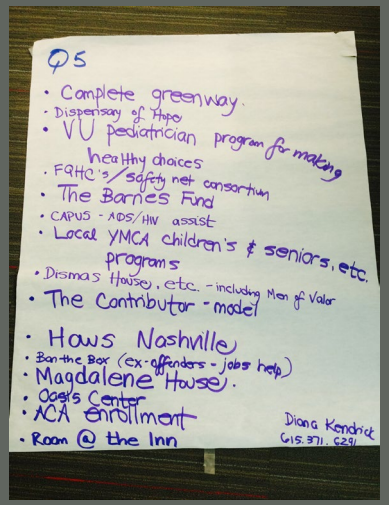
Are there any local programs or policies that are successful in addressing health inequities that could be easily replicated?

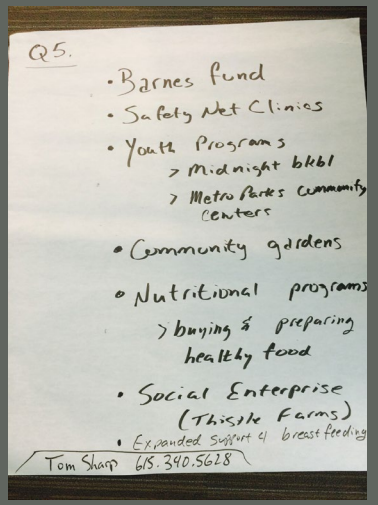












appendix | health equity summit participants

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Glen Biggs, Alignment Nashville
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Tracy Buck, Metro Nashville Public Health Department
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Walter Davis, Tennessee Health Care Campaign
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Michael Dettner, Onlife Health
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Jennifer Embry, Onlife Health
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Kimberly Lamar, Nashville General Hospital
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Jennifer Oldham, Baptist Healing Trust
Fred Oneal, Belmont Pharmacy
Freida Outlaw, NashvilleHealth
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Richard Taylor, etransx
Eric Tesdahl, Vanderbilt University
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Peter Westerholm, Metro Council
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Morgan Wills, Siloam Family Health Center
Cynthia Winfield, Metro Interdenominational Church
Robert Wingfield, Fisk University
Julius Witherspoon, Metro Social Services
Cindy Wood, Metro Nashville Planning Department
Jericka Woods, Meharry Vanderbilt Alliance
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Caroline Young, NashvilleHealth
Bassam Zahid, Meharry Medical College 12South Clinic

2015 health equity recommendations

Metro Nashville-Davidson County