



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

# 2022-2025 STRATEGIC PLAN

**METRO PUBLIC HEALTH  
DEPARTMENT NASHVILLE &  
DAVIDSON COUNTY**

*Protect, improve and sustain the health and well-being of all people in Nashville and Davidson County.*

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2022-2025

*Director's Foreword*

# WHERE WE ARE NOW

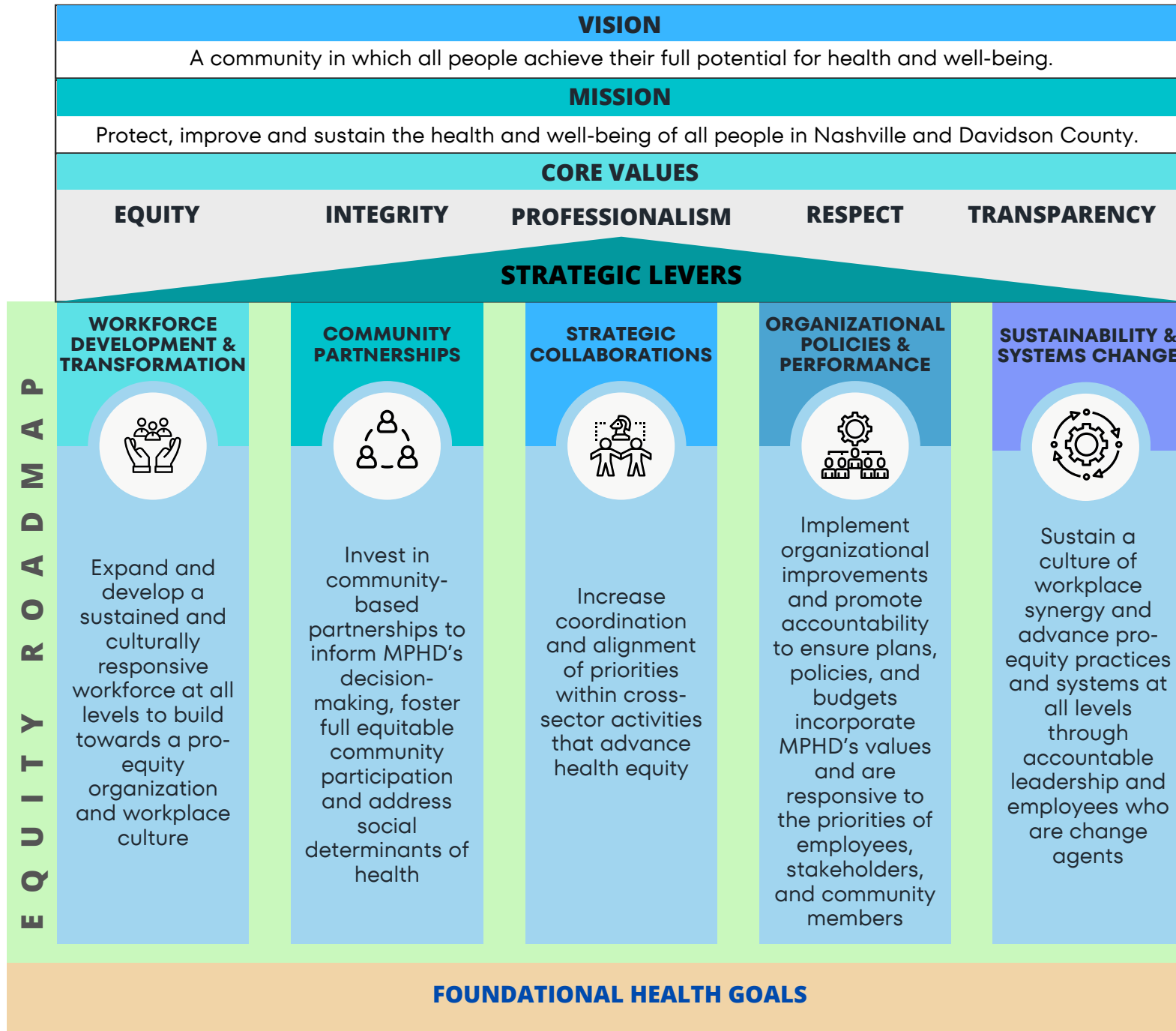
The team at MPHD places a high value on inclusivity and equity, and this Strategic Plan was created using an updated framework designed to intentionally incorporate those values into the finished product. The Executive Leadership Team (ELT) spent many hours in numerous meetings over several months to ensure this new Strategic Plan accurately reflected MPHD's and the ELT's values, goals and mission. As Director, I would like to acknowledge the work done by a number of staff members to develop the initial plan as well as the work done on prior plans. This thoughtful and heartfelt work served as a strong base on which we built out this Strategic Plan.

The use of data to drive Public Health decisions and actions is the basis of Public Health 3.0. As we move forward with this Strategic Plan, we will continue to use data to drive the processes and to make improvements as we progress.



This plan focuses on a number of areas including workforce development, communication, cultivating a culture of cooperation across programs and bureaus, and community engagement through partnership building.

I look forward to looking back three years from now to see how well this Strategic Plan has done to guide growth within the department and for the services we provide our community. I also am excited by how far forward the plan can move our efforts to provide services equitably throughout Nashville and Davidson County.

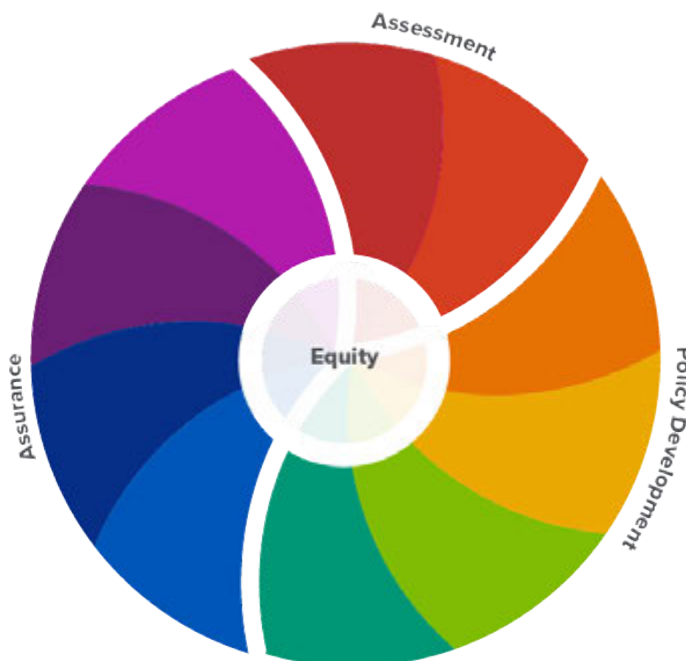


*Strategic Plan*

# INTRODUCTION

The Metro Public Health Department (MPHD) serves the city-county jurisdiction of Nashville and Davidson County which includes urban, suburban, and rural areas, and is home to a population of approximately 700,000. The work of the department is organized into eight bureaus (Administration, Community Health, Environmental Health, Clinical Services, Communicable Disease, and Emergency Preparedness, Health Equity, and Population Health) and the Director of Health’s office. The MPHD workforce is composed of 500 highly diverse and skilled employees working in 45 programs across 6 community locations. Integral to the community’s public health system, MPHD partners with organizations

across public, nonprofit, and private sectors in multiple capacities to promote and improve the community’s health. MPHD functions as convener, coordinator, and facilitator of multiple partnership coalitions that focus on leveraging and aligning local resources for community health improvement. The work of the department is guided by the 10 Essential Public Health Services that describe the essential functions of public health and the actions that public health departments provide to ensure safe, healthy, and vibrant communities.



### Equity Statement

To achieve equity, the Essential Public Health Services actively promotes policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities. Such barriers include poverty, racism, gender discrimination, ableism, and other forms of oppression. Everyone should have a fair and just opportunity to achieve optimal health and well-being.

## 10 ESSENTIAL PUBLIC HEALTH SERVICES

### ASSESSMENT

1. Assess and monitor population health status, factors that influence health, and community needs and assets
2. Investigate, diagnose, and address health problems and hazards affecting the population

### POLICY DEVELOPMENT

3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
4. Strengthen, support, and mobilize communities and partnerships to improve health
5. Create, champion, and implement policies, plans, and laws that impact health

6. Utilize legal and regulatory actions designed to improve and protect the public’s health

### ASSURANCE

7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy
8. Build and support a diverse and skilled public health workforce
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
10. Build and maintain a strong organizational infrastructure for public health

**VISION**

A community in which all people achieve their full potential for health and well-being.

**MISSION**

Protect, improve and sustain the health and well-being of all people in Nashville and Davidson County.

**CORE VALUES**

**Equity:** We value and leverage diversity in our team, customers, and partners. We treat the communities we serve, our customers, our partners, and one another with fairness and impartiality. We strive to eliminate disparities and aim for access and justice in health.

**Integrity:** We are committed to doing what is right. We are accountable. We are good stewards of the public resources in our care.

**Professionalism:** We are well trained, knowledgeable, capable, focused, and dedicated. We strive for excellence and innovation while providing high-quality service through a public health approach.

**Respect:** We care about our customers, our partners, and one another. We are empathic, courteous, and demonstrate dignity and compassion in our service.

**Transparency:** We are open, honest, and intentional in our communications and services. We strive to build trust with our customers, our partners, and one another.

**STRENGTHS, WEAKNESSES, OPPORTUNITIES, & THREATS (SWOT) ANALYSIS**

**INTERNAL ENVIRONMENT**

**STRENGTHS**

Infant mortality programming  
Budget Management  
School Nurse Expansion efforts  
Long-term trust with community

**WEAKNESSES**

Budget Resources  
Multi-year Leadership transitions

**EXTERNAL ENVIRONMENT**

**OPPORTUNITIES**

CHIP issues  
Population growth  
Increased and growing infrastructure  
Local Policies: School Nurses, Tobacco 21, COVID-19 vaccine distribution  
Absence of leadership support to address health equity  
Long-term trust with community

**THREATS**

Poor health outcomes (diabetes/blood pressure/infant mortality)  
Social Determinants of Health  
Effects of COVID-19  
Legislative Actions

The Five Foundational Health Goals represent long-term, ongoing commitments for MPH. Most of the department’s daily work aligns with one or more of the goals.

Parallel to the strategic plan, the five health goals are population health indicators the department will strive to improve, MPH monitors the ongoing work through the Performance Measurement System and utilizes the Quality Improvement Plan to identify and address areas to strengthen.



## THE FIVE FOUNDATIONAL HEALTH GOALS

### IMPROVE & SUSTAIN FAMILY AND CHILD WELL-BEING

*The health and well-being of families and children are fundamental to overall population health. Experiences and exposures in early childhood have lifelong impacts on educational success, health, and wellbeing.*

**Strategy:** Address child and family health broadly with culturally appropriate, equity lens, and evidence-based interventions. Provide and link families with nutritional support and preventive services and improve community systems of support and care.

### PROMOTE & SUPPORT HEALTHIER LIVING

*This goal represents public health action aimed at preventing and controlling chronic disease by promoting healthier eating, physical activity, and preventing substance misuse. These behavioral risk factors are the top contributors to premature deaths.*

**Strategy:** Focus on creating healthier places, prioritize strategies that make healthier choices easier at every stage of life through policy, systems, and environmental change, and make healthier choices a real option for every community member by impacting laws, rules and environments that shape behavior.

### CREATE HEALTHIER COMMUNITY ENVIRONMENTS

*Maintaining a healthy and safe environment is essential for high quality of life in the community. Protect and improve health by reducing environmental hazards and promoting healthier, safer environments throughout Nashville.*

**Strategy:** Provide education that both informs the public and empowers them to take action; monitor environmental conditions, investigate hazards, and enforce regulations to reduce health hazards; support collaborative efforts with other government agencies (e.g., Health in All Policies) to create and sustain healthy environments.

### PREVENT & CONTROL EPIDEMICS AND RESPOND TO PUBLIC HEALTH EMERGENCIES

*Identifying, investigating, responding to, and quickly recovering from public health threats is critical for protecting our community’s health, and is a central role for MPH.*

**Strategy:** Ensure accessible and convenient immunization services; provide surveillance, investigation, identification, and containment of infectious diseases and emerging health threats; promote community resilience and community-wide preparedness for public health emergencies.

### INCREASE ACCESS AND CONNECTION TO CLINICAL CARE

*Public health has a role in supporting the health care safety net, and we work to ensure that everyone has access to quality services for physical, behavioral, and oral health.*

**Strategy:** Assist and support efforts to enroll people in insurance; connect those in need with medical homes; strengthen safety net systems for primary care, behavioral health and oral health through advocacy and collaboration.

# THE STRATEGIC PLAN APPROACH



To align the Strategic Plan with the timing of the Community Health Improvement Plan (CHIP), this iteration is a three-year MPHD Strategic Plan. The framework and guidance for the development of the MPHD three-year strategic plan was based on the National Association of County and City Health Officials (NACCHO) Developing a Local Health Department Strategic Plan: A How-To Guide. The NACCHO guide describes the strategic plan documentation required for accreditation by the Public Health Accreditation Board (PHAB). According to NACCHO:

**Goals** are long-range outcome statements that are broad enough to guide the organization’s programs, administrative, financial, and governance functions. The goals are broad but still measurable.

**Objectives** are short to intermediate statements that are clear, measurable, and specifically tied to the goal. Objectives should be **SMARTIE (adopted from The Management Center)**:

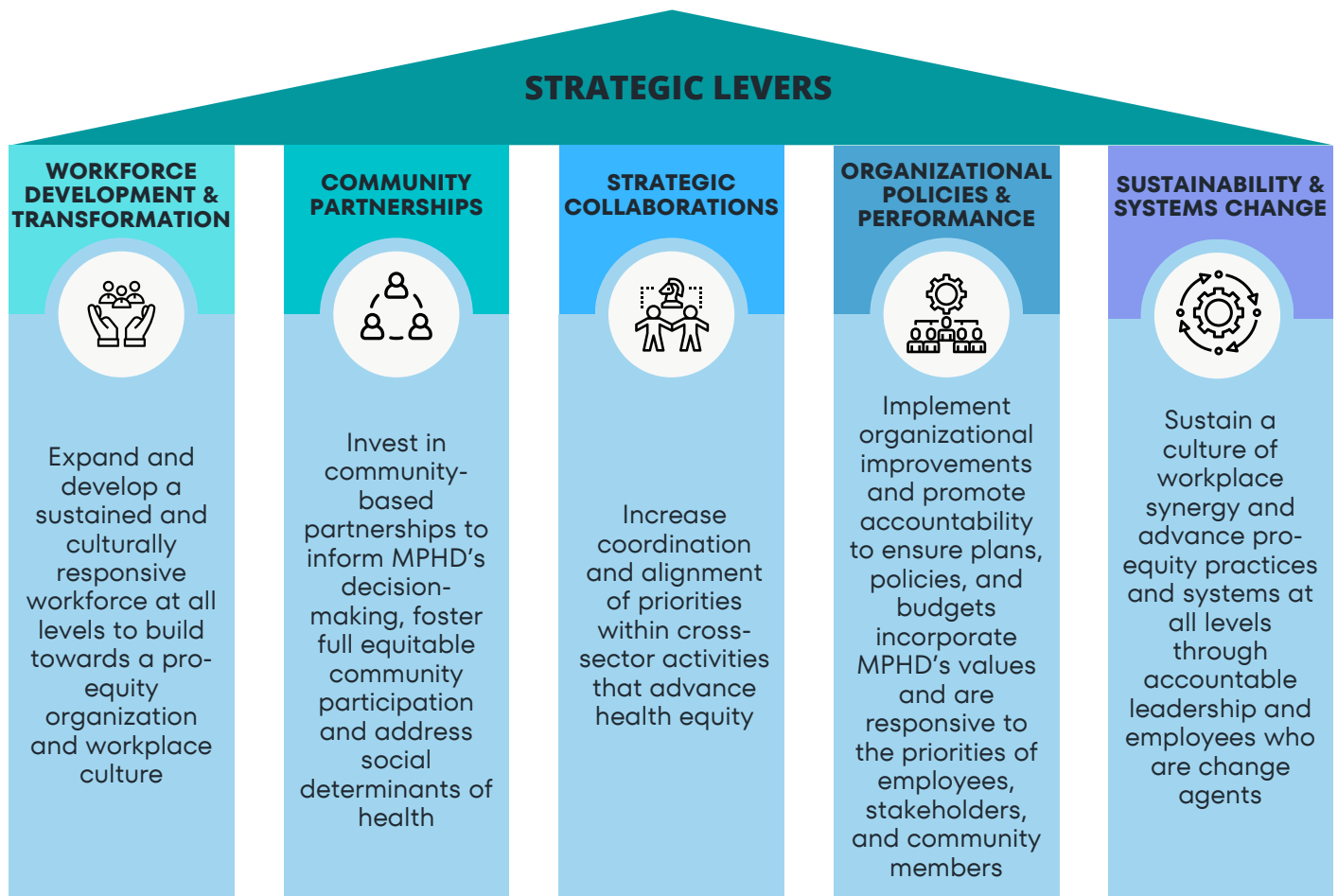
- STRATEGIC** Reflects an important dimension of what your organization seeks to accomplish (programmatic or capacity-building priorities).
- MEASURABLE** Includes standards by which reasonable people can agree on whether the goal has been met (by numbers or defined qualities).
- AMBITIOUS** Challenging enough that achievement would mean significant progress—a “stretch” for the organization.
- REALISTIC** Not so challenging as to indicate lack of thought about resources, capacity, or execution; possible to track and worth the time and energy to do so.
- TIME-BOUND** Includes a clear deadline.
- INCLUSIVE** Brings traditionally marginalized people—particularly those most impacted—into processes, activities, and decision/policy-making in a way that shares power.
- EQUITABLE** Seeks to address systemic injustice, inequity, or oppression.

**Each goal and objective is paired with an abbreviated implementation plan. The implementation plan includes:**

- Specific programs, activities, and interventions that will be implemented to address each objective
- Who is responsible or accountable for each activity (i.e. staff member, team, or department)

Timeline for completion; and outcomes indicating when and how goals and objectives will be measured



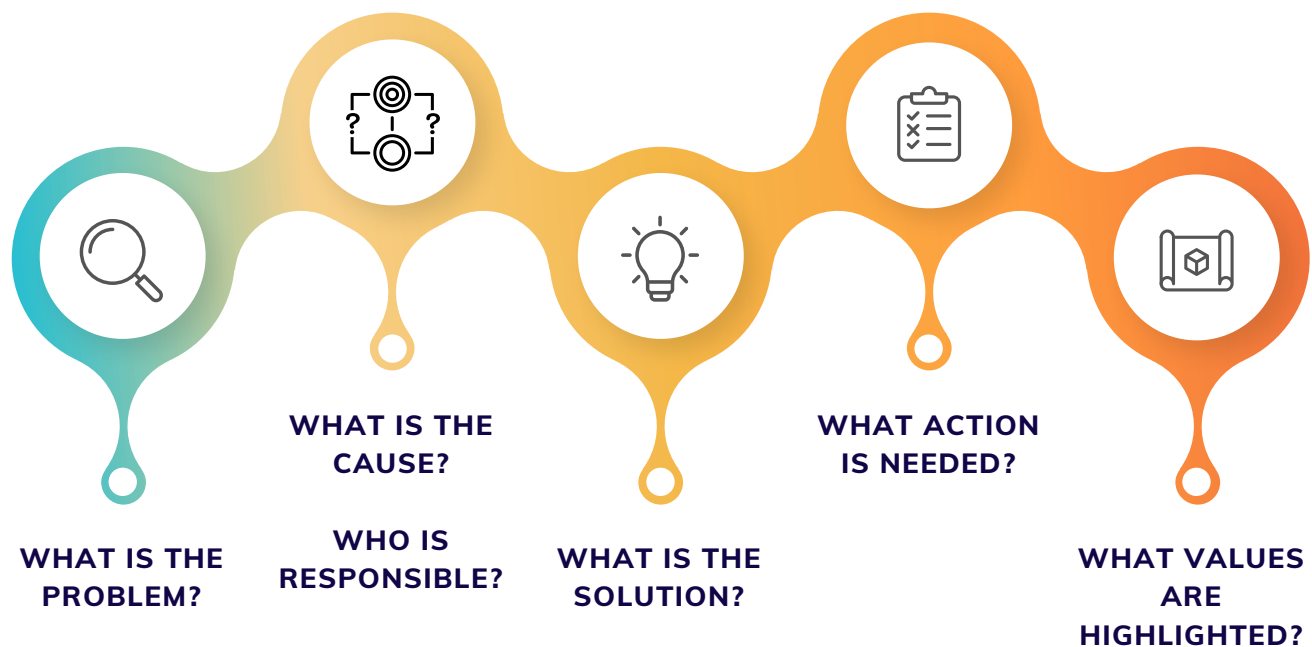


# STRATEGIC LEVERS

The strategic levers represent five goal areas to advance health equity:

1. Workforce Development & Transformation
2. Community Partnership
3. Strategic Collaborations
4. Organizational Policies & Performance
5. Sustainability & Systems Change

Each lever defines proposed actions to create shifts in how we operate, build our internal capacity, and intersect and coordinate with local collaborators to become a pro-equity public health agency. The Strategic Plan is centered on these five levers as a framework to integrate and implement pro-equity practices, systems and policies across our major functions and achieve better outcomes in the community.



# EQUITY ROADMAP

For the first time, MPHD has integrated a robust equity framework, called the Equity Roadmap, into its strategic planning process. MPHD utilized the Racial Equity Data Road Map (source: Commonwealth of Massachusetts 2020) to analyze health issues and dynamics with an emphasis on reducing structural racism. The Equity Roadmap uses a racial equity analytical approach which allows us to include historical factors, power dynamics, intersectionality, and other upstream factors that impact the character and quality of health that we experience.

By using the Equity Roadmap across the Strategic Levers, we were able to delineate how to operationalize solutions to advance equity within each goal area. The question "What Action is Needed?" inquires how to move from thinking to doing. Learning "how to do how" is a great opportunity to highlight the collaboration and teamwork that is needed to solve complex societal problems. No one person or entity is going to solve our issues. We need concrete strategies and action steps.

Note: The Equity Roadmap was adopted in late 2021 by the Healthy Nashville Leadership Council (HNLC) to ensure a focus on equity in working with health disparities. The use of the Roadmap by both MPHD and HNLC will allow for improved alignment with the city's Community Health Improvement Plan (CHIP) and Community Health Assessment (CHA) process.

Refer to page 24 for the Equity Grid (roadmap responses) utilized to inform the strategic plan. Refer to page 25 for the equity approach framework example and guide.

# How to Read this Plan

The following pages outline the Metro Public Health Department's Strategic Plan 2022-2025. The Strategic Plan provides a framework and direction for how the Department will use the five strategic levers of the Plan within our agency and across the community. The Strategic Plan is a living document and will be updated as the Department works towards implementing this plan.

Each lever represents an organizational goal. Within each lever are "strategic objectives" and "foundational objectives". Within each objective are specific activities, who is responsible, a timeline, as well as the outcomes we will measure. Many of the goals and objectives in this Strategic Plan can and will be pursued with current levels of resourcing and by re-prioritizing. At the same time, some goals and objectives propose system, practice and policy changes that are new, significant, and/or require MPHD to identify significant new resources for successful implementation.

The below map provides a guide to each part of the strategic plan.

## Strategic Plan Guide

| Light Blue= STRATEGIC OBJECTIVE captures issues and priorities identified by cross-departmental strategic plan team.   |   |  |   |  |
|--|---|--|---|--|
| Activities   | Responsible   | Timeline   | Process Indicators  | Outcomes   |
| This box details actions to achieve the objective  | This box lists the internal partners responsible for implementation | The box indicates the estimated timeframe to achieve the objective | This box describes the measure or documentation of the program, service, and/or actions delineated in the activities. | This box describes how impact, benefits, and changes will occur as a result of the programs, activities, and interventions |
| Light Green=FOUNDATIONAL OBJECTIVE captures actions and solutions identified from completing the EQUITY ROADMAP. This objective includes fundamental steps for the department to become a pro-equity organization. |   |  |   |  |
| Activities   | Responsible   | Timeline   | Process Indicators  | Outcomes   |
| <b>BE EXPLICIT:</b> Actions that <b>directly signal commitment, efforts, and/or approaches</b> to advance equity   | <i>refer to above</i>   | <i>refer to above</i>  | <i>refer to above</i>   | <i>refer to above</i>  |
| <b>BE CONSISTENT:</b> Actions that <b>transform policies and practice</b> to address existing inequities   | <i>refer to above</i>   | <i>refer to above</i>  | <i>refer to above</i>   | <i>refer to above</i>  |
| <b>BE PROACTIVE:</b> Actions that <b>build capacity, learning, and development</b> across MPHD employees   | <i>refer to above</i>   | <i>refer to above</i>  | <i>refer to above</i>   | <i>refer to above</i>  |

| <b>LEVER 1: WORKFORCE DEVELOPMENT &amp; TRANSFORMATION</b><br><b>GOAL: EXPAND AND DEVELOP A SUSTAINED AND CULTURALLY RESPONSIVE WORKFORCE AT ALL LEVELS TO BUILD TOWARDS A PRO-EQUITY ORGANIZATION AND WORKPLACE CULTURE</b>   |                         |  |  |   |
|--|-------------------------|--|--|---|
| <b>Objective 1: By July 2023, MPHD will increase the department's capacity to provide facilitation internally and externally by 50%.</b>   |                         |  |  |   |
| Activities   | Responsible             | Timeline   | Process Indicators   | Outcomes  |
| Activity 1: Develop a train-the-trainer program for building and/or maintaining facilitation skills<br><br>Activity 2: Recruit, determine which employees should participate<br><br>Activity 3: Develop an evaluation plan and QI process for the train-the-trainer program  | SPPE, WCC, HE, ELT, Epi | July 2022- July 2023   | 1. Core planning group consisting of already-trained facilitators, facilitators-in-training, and ELT, develops the goals, objectives, protocols, and implementation plan for the train-the-trainer program<br><br>2. ELT understands the program details, how to message it, and how to identify appropriate employee and program needs<br><br>3. ELT approves curriculum; ELT and supervisors actively promote the facilitation training programs for employees<br><br>4. SPPE develops a tracking system of which employees enrolled/participated  | 1. Increase in the number of employees who have facilitation skills by 50%<br><br>2. Maintain employees previously trained in facilitation skills   |
| <b>Objective 2. By July 2025, MPHD will be EXPLICIT, CONSISTENT and PROACTIVE about embedding equity across processes that impact workforce development</b>  |                         |  |  |   |
| Activities   | Responsible             | Timeline   | Process Indicators   | Outcomes  |
| BE EXPLICIT<br>Activity 1: Develop and include an organizational equity statement into departmental documents  | SPPE, WCC, HE, ELT, Epi | July 2022- July 2023   | 1. ELT drafts a succinct organizational commitment statement to equity, incorporating language from the Board of Health March 14, 2019 Health Equity Resolution. Statement is publicly disseminated throughout the department and externally<br><br>2. Program Managers, Division leaders, and Bureau Directors embed the equity statement into their mission statements, workforce protocols, policies, and practice<br><br>3. Director of Health tracks and confirms inclusion of equity statements across programs  | 1. Increase in # of departmental documents with equity statement  |
| BE CONSISTENT<br>Activity 1: Create an equity policy, lens framework, and guidebook for implementation<br><br>Activity 2: Establish more communication mechanisms, electronically and in-person, between staff and leadership<br><br>Activity 3: Increase staff engagement by using various and accessible forums and consensus-building exercises<br><br>Activity 4: Implement an action plan for developing and operationalizing the Workforce Development | SPPE, WCC, HE, ELT, Epi | <u>Activity 1-3</u><br>July 2022- July 2023<br><br><u>Activity 4</u><br>July 2023- Sept 2025 | 1. Equity Policy, Lens Framework, and Guidebook is drafted in collaboration by a diverse group of MPHD employees and approved by ELT<br><br>2. ELT, Communications, and the Director of Health host listening sessions with supervisors and staff to identify communication and feedback mechanisms and plan to implement<br><br>3. The Workforce Development Director, Human Resources and the Health Equity Bureau develop the Workforce Development Plan with input from ELT, supervisors, and employees, and get approval by ELT. Workforce plan should prioritize how to better improve practices regarding recruitment, retention, mentorship, succession planning, recognition and incentives for high performing employees, and providing support for those who struggle to meet standards | 1. Increase in the proportions of public health staff who report job satisfaction<br><br>2. Increase in # of supervisors embed the WFD plan into their supervision approach<br><br>3. # of policy/practice improvements to systems and processes made based on WFD plan |
| BE PROACTIVE<br>Activity 1: Develop professional development and learning opportunities that focus on the following:<br><br>o Health Equity<br>o Authentic Community Engagement<br>o Systems Thinking<br>o Organizational Learning   | SPPE, WCC, HE, ELT, Epi | July 2022- July 2023   | 1. Human Resources and the HE Bureau provide a list of existing professional development opportunities<br><br>2. The HE Bureau creates MPHD-specific workshops, trainings, and seminars for all employees of MPHD<br><br>3. Human Resources integrates Health Equity training requirements across levels of employees  | 1. # of employees who participate in WFD trainings<br><br>2. Increased # of employees, supervisors, and ELT will have enhanced understanding and developed health equity skills   |

**LEVER 2: COMMUNITY PARTNERSHIPS**

**GOAL: INVEST IN COMMUNITY-BASED PARTNERSHIPS TO INFORM MPHD'S DECISION-MAKING, FOSTER AUTHENTIC COMMUNITY PARTICIPATION AND ADDRESS SOCIAL DETERMINANTS OF HEALTH.**

**Objective 1: By July 2023, MPHD will develop a clearinghouse of department partnerships for internal and external utilization**

| Activities   | Responsible          | Timeline             | Process Indicators   | Outcomes  |
|--|----------------------|----------------------|--|---|
| <p>Activity 1: Track and develop an online inventory of community partnerships and resources across programs</p> <p>Activity 2: Send a follow-up survey to identified organizations to gather additional information of other services provided and community needs</p> <p>Activity 3: Determine opportunities to share the online inventory as a clearinghouse available for internal and external partners</p> | ELT, HE Bureau, SPPE | July 2022- July 2023 | <ol style="list-style-type: none"> <li>1. SPPE provides a summary of already collected data on community partnerships in MPHD</li> <li>2. The HE Bureau sends surveys to all division leaders to collect program information on community partnerships.</li> <li>3. Survey responses are analyzed and developed into an online inventory to track information.</li> <li>4. ELT assesses inventory and promotes use to supervisors.</li> <li>5. Supervisors are trained on the inventory's use at a Supervisor Meeting</li> </ol> | <ol style="list-style-type: none"> <li>1. &gt;80% internal response rate to community partnership survey</li> <li>2. Increase in understanding and awareness of activities across programs</li> <li>3. Establish working knowledge across all MPHD employees of the expertise and services provided by MPHD programs</li> </ol> |

**Objective 2. By December 2024, MPHD will develop a roadmap that utilizes the clearinghouse to strengthen, leverage, and align on-going efforts in partnership with CHIP workgroups that address SDOH.**

| Activities  | Responsible   | Timeline            | Process Indicators   | Outcomes  |
|---|---|---------------------|--|---|
| <p>Activity 1: Review workplans from CHIP and identify relevant Bureau/program towards specific work plans from CHIP</p> <p>Activity 2: Utilize clearinghouse to inform workstreams for collaborations amongst Bureaus/Divisions/Programs to advance CHIP Goals</p> <p>Activity 3: Identify opportunities to connect the clearinghouse with CHIP &amp; CHA planning and as a resource for HNLC such as connecting community partners to the CHA process,</p> <p>Activity 4: Create a communication plan for the clearinghouse and its use in alignment with HNLC's process of streamlining additional resources</p> | Identified Programs from Clearinghouse, Comms, SPPE, HE Bureau, ELT | July 2023- Dec 2024 | <ol style="list-style-type: none"> <li>1. Director of Health and ELT adopt CHIP goals into the strategic driver dashboard; ELT outlines relevant Bureau/program for each CHIP work plan</li> <li>2. SPPE and HE Bureau facilitates integration of clearinghouse into HNLC process of informing CHIP/CHA</li> <li>3. Communications develops a communication plan and shares with ELT on how the clearinghouse and HNLC resources will be communicated internally and externally</li> <li>4. SPPE facilitates meeting with HNLC and (responsible group of the action plan) to delineate timeline and action steps for further leveraging the clearinghouse along with the CHIP process.</li> <li>5. Identified programs impacting CHIP Goals meet and identify opportunities to expand current programs, align priorities, (efficient/innovating current partnerships)</li> <li>6. Identify funding opportunities to support expansion of programmatic efforts and new partnerships to address gaps in addressing community needs</li> <li>7. SPPE/Epi develops metrics to track progress; Quarterly updates on progress</li> </ol> | <ol style="list-style-type: none"> <li>1. &gt;75% of programs utilize clearinghouse to identify gaps in addressing community needs</li> <li>2. Increase # of new partnerships and collaborations</li> <li>3. Increase in # of opportunities for community partners to fill those gaps and serve as a liaison as a "third-party connector" to other partners and resources</li> <li>4. Align MPHD goals with community needs and the CHIP/CHA process</li> </ol> |

**LEVER 2: COMMUNITY PARTNERSHIPS**

**GOAL: INVEST IN COMMUNITY-BASED PARTNERSHIPS TO INFORM MPHD'S DECISION-MAKING, FOSTER AUTHENTIC COMMUNITY PARTICIPATION AND ADDRESS SOCIAL DETERMINANTS OF HEALTH.**

**Objective 3. By January 2025, MPHD will be EXPLICIT, CONSISTENT and PROACTIVE about embedding equity across processes that impact community partnerships**

| Activities  | Responsible                      | Timeline                   | Process Indicators  | Outcomes   |
|---|----------------------------------|----------------------------|---|--|
| <p><b>BE EXPLICIT</b><br/>                     Activity 1. Develop tool for all programs to assess their partnerships and partnership needs (establish criteria for "partnership")<br/>                     Activity 2. Continuously evaluate all partnerships to determine where they fall on the continuum of partnerships<br/>                     Activity 3. Inform Bureau Director processes about overlaps, inefficiencies, and gaps in existing partnerships</p>  | <p>HE Bureau, SPPE, Epi, ELT</p> | <p>July 2023- Dec 2024</p> | <ol style="list-style-type: none"> <li>HE Bureau and SPPE develop a tool for a continuum of partnerships framework</li> <li>Program leaders utilize the framework to assess their community partnerships. Assessment is shared through ELT.</li> <li>Epi &amp; SPPE evaluates the level of partnerships and develops a preliminary report for each Bureau Director</li> <li>Develop feedback loop for clearinghouse and produce report for ELT about overlaps and gaps across programs</li> <li>Bureau Directors and Program leaders develop "next steps" on identified gaps/needs</li> <li>Program leaders set a timeframe for re-evaluations</li> </ol> | <p>1. 100% of relevant Bureau Directors and program leaders will utilize framework and have a deeper understanding of the level of engagement for community partnerships within each of their programs.</p>  |
| <p><b>BE CONSISTENT</b><br/>                     Activity 1. Develop an assessment that holistically determines the readiness of a potential partner (either new to the program or to MPHD) to deliver outcomes that positively impact the social determinants of health<br/>                     Activity 2. Develop program and service metrics that sets baselines, allow for on-going measurements, and provide real-time assessment of what's happening, who's being served, and how disparities are address</p> | <p>SPPE, Epi, HE, ELT</p>        | <p>Jan 2024- Dec 2024</p>  | <ol style="list-style-type: none"> <li>A Community Partnerships Working Group develops a Readiness Assessment Tool. Tool is reviewed and approved by ELT. Program is selected to pilot the tool.</li> <li>SPPE, Epi and the HE Bureau meets with pilot group to develop metrics and measurements</li> <li>Develop an internal dashboard to track the metrics and produce quarterly reports for ELT</li> </ol>   | <ol style="list-style-type: none"> <li># of new partnerships will be assessed through the Readiness Assessment Tool.</li> <li>Pilot will provide lessons on how relevant Bureau Directors and/or Program Leaders can develop metrics and participates in tracking their partnerships progress and achievements</li> </ol>  |
| <p><b>BE PROACTIVE</b><br/>                     Activity 1. Develop a community partnerships onboarding manual that collects all tools, resources, assessments (and how-to's?); list of existing community coalitions<br/>                     Activity 2. Develop workshops and trainings for each bureau, program practice and service to develop capacity, skills, and efficiencies on community engagement practices that center SDOH</p>   | <p>HE Bureau, HR</p>             | <p>July 2024- Jan 2025</p> | <ol style="list-style-type: none"> <li>The Director and Deputy Director of Health host listening sessions with ELT, supervisors, and staff to understand program needs on community partnership practices.</li> <li>The HE Bureau develops curriculum on authentic community partnership practices based on listening session input.</li> <li>ELT reviews curriculums and is able to promote the trainings with their teams.</li> <li>The HE Bureau and HR identify additional opportunities for employees to receive the onboarding manual and engage in trainings from onboarding and throughout the employee's life cycle.</li> </ol>                  | <ol style="list-style-type: none"> <li>Increase in # of employees with improved skills on how to engage and collaborate with community leaders, members and groups through their program and services.</li> <li>Increase in #of MPHD supervisors and staff that participate in community partnership training</li> <li>100% of MPHD employees will receive access to "Community Partnerships" onboarding manual</li> </ol> |

**LEVER 3: STRATEGIC COLLABORATIONS**  
**EQUITY GOAL: INCREASE COORDINATION AND ALIGNMENT OF PRIORITIES WITHIN CROSS-SECTOR ACTIVITIES THAT ADVANCE HEALTH EQUITY**

**Objective 1: By July 2025, MPHD will align internal public health strategies to co-locate services and better serve community needs**

| Activities   | Responsible                 | Timeline  | Process Indicators   | Outcomes   |
|--|-----------------------------|---|--|--|
| <p>Activity 1: Conduct internal Assessment which includes identifying current processes and leveraging data and information from the clearinghouse and CHIP/CHA</p> <p>Activity 2: Create workgroup to develop surveys, identify best practices and other activities regarding strategic collaborations</p> <p>Activity 3: Establish frameworks, checklists, workshops/trainings, and other processes for MPHD to equitably identify, consult with and partner with persons with lived experiences as members of MPHD's community coalitions</p> <p>Activity 4: Create opportunities to partner with people who have lived experiences as subject matter experts.</p> <p>Activity 5: Establish program partnerships to allow co-location of services</p> <p>Activity 6: Identify partnerships and other resources to address barriers to transportation services</p> <p>Activity 7: Develop strategic partnerships with people, groups and organizations addressing indicators that impact the social determinants of health in conjunction with Lever 3, Activity 2</p> | <p>ELT, HE Bureau, SPPE</p> | <p><u>Activities 1-3</u><br/>July 2022-July 2023</p> <p><u>Activities 4-7</u><br/>July 2023-July 2025</p> | <p>1. SPPE provides a summary of already collected data on community partnerships in MPHD</p> <p>2. The HE Bureau sends surveys to all division leaders to collect program information on community partnerships</p> <p>3. Survey responses are analyzed and developed into an online inventory to track information.</p> <p>4. ELT assesses inventory and promotes use to supervisors</p> <p>Supervisors are trained on the inventory's use at a Supervisor Meeting</p> | <p>1. Internally, establish a deeper understanding of current types of collaborations to break down siloes and promote greater awareness of activities across programs</p> <p>2. Establish working knowledge across all MPHD employees of the expertise and services provided by MPHD programs</p> |

**Objective 2. By Dec 2024, MPHD, in partnership with the Metro Coordinator's Table, will increase use of Health in All Policies approach across institutions and Metro agencies**

| Activities   | Responsible                      | Timeline                    | Process Indicators  | Outcomes   |
|--|----------------------------------|-----------------------------|---|--|
| <p>Activity 1: Establish additional Metro Agency partners to utilize the Health Lens Tool to better embed health and equity into decision-making</p> <p>Activity 2: Fulfill Charter and establish a cross-departmental leadership roundtable to develop cross-sector policy agendas</p> <p>Activity 3: Scale current Health in All Policies Program efforts.</p> | <p>SPPE, HE Bureau, Director</p> | <p>August 2022-Dec 2024</p> | <p>1.Host Health in All Policies (HiAP) summit and invite Metro Agency and cross-sector partners</p> <p>2.Establish Leadership Roundtable and develop policy agendas to guide work of the HiAP Coordinators Group and MPHD HiAP Team</p> <p>3. HiAP Scaling/Implementation plan is developed.</p> | <p>1. 50% of relevant Metro Agencies Participate in HiAP Summit</p> <p>2. 50% of relevant Metro Agencies are represented in Leadership Roundtable</p> <p>3. 75% of relevant Metro Agencies are represented in HiAP Coordinator's Group</p> <p>4. Health Lens Tool is utilized by five Metro Agencies by 2025</p> |

| LEVER 3: STRATEGIC COLLABORATIONS   |                                  |                                |   |  |
|---|----------------------------------|--------------------------------|---|--|
| EQUITY GOAL: INCREASE COORDINATION AND ALIGNMENT OF PRIORITIES WITHIN CROSS-SECTOR ACTIVITIES THAT ADVANCE HEALTH EQUITY  |                                  |                                |   |  |
| Objective 3. By January 2025, MPHD will be EXPLICIT, CONSISTENT and PROACTIVE about embedding equity across processes that impact strategic collaborations  |                                  |                                |   |  |
| Activities  | Responsible                      | Timeline                       | Process Indicators  | Outcomes   |
| <p>BE EXPLICIT</p> <p>Activity 1: Create departmental definition of "Trusted Partner"</p>   | <p>HE Bureau, SPPE, Epi, ELT</p> | <p>July 2023- Dec 2024</p>     | <p>1, Health Equity Bureau will create draft definition of "Trusted Partner"</p> <p>2. ELT will review, edit, and approve definition</p>  | <p>1. Department wide definition of trusted partner.</p> <p>2. Communication plan details strategic collaborations</p>   |
| <p>BE CONSISTENT</p> <p>Activity 1: Create a "collaborations framework" to anchor, measure, and track, strategic partnerships</p> <p>Activity 2: Framework informs the checklist referenced in Obj 1 Activity 3</p>   | <p>ELT, HE</p>                   | <p>August 2022 – July 2024</p> | <p>1. Working group is established to develop and integrate collaborations framework.</p> <p>2. Working group creates checklist.</p>  | <p>1. Collaborations framework is created.</p> <p>2. Checklist is created.</p> <p>3. Metrics are generated for collaborations framework.</p> <p>4. Metrics are generated for checklist and checklist efficacy.</p> <p>5. Metrics are generated for accountability and quality improvement.</p> |
| <p>BE PROACTIVE</p> <p>Activity 1: Commit to supporting social and racial justice movements that address SDOH</p> <p>Activity 2: Continue identifying non-traditional partners such as criminal justice, environmental and housing advocates to implement a comprehensive and holistic approach to Health in all Policies</p> | <p>HE Bureau, HR</p>             | <p>July 2024- Jan 2025</p>     | <p>1. MPHD explicitly states its commitment to racial justice.</p> <p>2. MPHD establishes strategic partnerships with grassroots organizations.</p> <p>3. MPHD provides ongoing training to grassroots organizations.</p> | <p>1. Increase in # of statements of MPHD's commitment to racial justice.</p> <p>2. Increase in # of strategic partnerships with grassroots organizations.</p> <p>3. Increase in # of on-going training to grassroots organizations</p>  |



**LEVER 4: ORGANIZATIONAL POLICIES & PERFORMANCE**

**GOAL: IMPLEMENT ORGANIZATIONAL IMPROVEMENTS AND PROMOTE ACCOUNTABILITY TO ENSURE PLANS, POLICIES, AND BUDGETS INCORPORATE MPH'D'S VALUES AND ARE RESPONSIVE TO THE PRIORITIES OF EMPLOYEES, STAKEHOLDERS, AND COMMUNITY MEMBERS**

**Objective 1: By 2024, MPH'D will prioritize and implement processes that promote intra-departmental transparency of financial decisions and improve alignment with departmental priorities established in the strategic plan.**

| Activities   | Responsible  | Timeline   | Process Indicators   | Outcomes  |
|--|--|--|--|---|
| <p>Activity 1. Develop a formal process for staff representation in the departmental budget process</p> <p>Activity 2. Develop a budget methodology that reflects divisional input and needs</p> <p>Activity 3. Establish regular departmental communication and documentation regarding budgets, processes, and algorithms</p> <p>Activity 4. Develop process and guidance on seeking and applying for funding opportunities in alignment with MPH'D's strategic plan</p> | <p>Finance, Communications, HE Bureau, ELT, SPPE</p> | <p><u>Activity 1-2</u><br/>August 2022-July 2023</p> <p><u>Activity 3-4</u><br/>August 2023-Dec 2023</p> | <p>Activity 1</p> <p>1. ELT and supervisors provide feedback on needs regarding awareness of finance and budgetary processes through multiple platforms, such as surveys, focus groups, and interviews</p> <p>Activity 2</p> <p>1. In preparation for budget season, each Bureau participates in Q&amp;A by ELT where they present their priorities over September through November</p> <p>Activity 3</p> <p>1. Finance and Communications create communication and awareness plan for departmental finance processes, which includes broader departmental engagement as well as documents on specific finance topics; this includes embedding already existing documents on finance processes into trainings</p> <p>2. ELT and supervisors promote and participate in communication opportunities on finance processes</p> <p>Activity 4</p> <p>1. SPPE re-instates the grant review committee, consisting of ELT member and MPH'D employees, who perform reviews of current grants, identifies partners for potential grants, and guidance on future opportunities</p> | <p>1. Process includes comprehensive internal division representation (100%+ of divisions have representation in the process)</p> <p>2. &gt;75% MPH'D staff responsible for budgets and/or finance procedures will report having an enhanced understanding of budgets, approvals, and grants process</p> <p>3. # of changes in policies and procedures for greater transparency of the finance, budget, and prioritization process restrictions</p> |

**Objective 2. By 2025, MPH'D will initiate the implementation of an information technology and data modernization plan to improve public health surveillance and operations.**

| Activities   | Responsible  | Timeline  | Process Indicators  | Outcomes  |
|--|--|---|---|---|
| <p><i>IT &amp; Operational Efficiencies</i></p> <p>Activity 1: Identify IT applications that streamline and create efficiencies in information gathering.</p> <p>Activity 2: Develop a survey for staff needs to increase operational efficiency</p> <p>Activity 3: Develop trainings based on identified IT and operational needs</p> <p><i>Data Modernization</i></p> <p>Activity 4: Establish a data working group to perform a data modernization assessment and implementation plan.</p> <p>Activity 5: Align data modernization efforts aligned with national standards and efforts.</p> | <p>Director of Clinical Services, ELT, Finance/IT, Facilities, HE Bureau, SPPE</p> | <p><u>Activity 1-3</u><br/>July 2022 – July 2023</p> <p><u>Activity 4-5</u><br/>July 2022 – December 2023</p> | <p><u>Activity 1-3</u></p> <p>1. Establish a work group to conduct IT needs assessment.</p> <p>2. Workgroup presents findings to ELT for prioritization; Finance and IT purchase additional IT applications</p> <p>3. HR integrates identified needed trainings into LMS system</p> <p><u>Activity 4-5</u></p> <p>1. Epi division establishes a data work group to assess and report the current capacity, gaps, and opportunities to modernize MPH'D's public health infrastructure (data modernization assessment)</p> <p>2. Workgroup creates an implementation plan aligned with national standards and efforts to improve data sharing, systems, and sources.</p> <p>3. Workgroup engages with external partners in a data modernization learning community.</p> <p>4. In alignment with the data workgroup, the EHR planning group meets with ELT to identify additional opportunities with population health programs, medical records, immunizations, and others, to improve the EHR as a primary data source</p> | <p>1. Increase in # of systems innovations</p> <p>2. # of policies created to improve IT functions</p> <p>3. Increase in # and type of improvements to foundational systems and processes</p> <p>4. Increased # of primary data sources and data sharing agreements</p> |

**LEVER 4: ORGANIZATIONAL POLICIES & PERFORMANCE**  
**GOAL: IMPLEMENT ORGANIZATIONAL IMPROVEMENTS AND PROMOTE ACCOUNTABILITY TO ENSURE PLANS, POLICIES, AND BUDGETS INCORPORATE MPH D'S VALUES AND ARE RESPONSIVE TO THE PRIORITIES OF EMPLOYEES, STAKEHOLDERS, AND COMMUNITY MEMBERS**

**Objective 3. By January 2025, MPH D will be EXPLICIT, CONSISTENT and PROACTIVE about embedding equity across processes that impact organizational policies and performance**

| Activities  | Responsible                                    | Timeline             | Process Indicators  | Outcomes   |
|---|--|----------------------|---|--|
| Activity 1: Convene a diverse committee of MPH D employees to review organizational policies such as the Civil Service Rules  | Deputy Director, HE Bureau, Policy, HR         | July 2022 – Apr 2023 | 1. Deputy Director convenes a diverse group of representatives to form a working group that will conduct a review process of the Civil Service Rules<br>2. The working group, facilitated by the HE Bureau, will produce a report of recommendations for ELT and HR to consider regarding Civil Service Rules revisions   | 1. Increased # of Civil Service rules that better reflect MPH D's mission, vision, and values.<br>2. MPH D employees will recognize equity as a clear value of the department and have an understanding to the department's commitment to equity through its Civil Service Rules   |
| BE CONSISTENT<br>Activity 1: Create a clear understanding of what expectations MPH D has for all employees as it relates to Diversity, Equity & Inclusion ("DEI"), what the channels for voicing DEI concerns and the process being followed when concerns are voiced | Deputy Director, HR, HE                        | July 2022- Dec 2023  | 1. ELT and Communications create a communication plan to promote the "Equity Commitment Statement" across MPH D Staff<br>2. HR and HE Bureau create processes for receiving, processing, and addressing DEI-related concerns from staff<br>3. HR and HE Bureau produce quarterly report for ELT regarding commonly reported DEI issues  | 1. 100% of MPH D employees will have understanding, and knowledge of where to access protocols, of how MPH D addresses DEI-related concerns from staff   |
| BE PROACTIVE<br>Activity 1: Establish processes for increasing staff engagement in decision-making processes by training ELT, supervisors, and staff in consensus models and conflict resolution tools  | Director, Deputy Director, ELT, Comms, WFD, HE | Jan 2023- Jan 2025   | 1. Record bi-monthly supervisors meetings and share a link to the recording via email to all employees<br>2. Director and Deputy Director host regular staff townhalls, listening sessions, surveys, and focus groups for more immediate feedback on staff needs and clarifications<br>3. Director and Deputy Director transparently share information regarding staff opportunities to share input through multiple methods of communication | 1. 100% of MPH D employees will receive the expertise shared during supervisor's meetings directly<br>2. Increase in # of communications channels to employees<br>3. MPH D employees will have greater transparency into decision-making processes<br>4. Director and Deputy Director will have greater and more consistent understanding of employee and organizational needs |

**LEVER 5: SUSTAINABILITY & SYSTEMS CHANGE**  
**EQUITY GOAL: SUSTAIN A CULTURE OF WORKPLACE SYNERGY AND ADVANCE PRO-EQUITY PRACTICES AND SYSTEMS AT ALL LEVELS THROUGH ACCOUNTABLE LEADERSHIP AND EMPLOYEES WHO ARE CHANGE AGENTS**

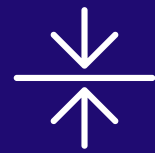
**Objective 1: By July 2024, implement an interagency taskforce to execute coordinated and accelerated prevention, preparedness, and response to current and emerging threats**

| Activities  | Responsible  | Timeline             | Process Indicators  | Outcomes   |
|---|--|----------------------|---|--|
| Activity 1: Create a working group of key champions to develop processes and frameworks to develop cross-departmental synergy within Metro Departments to address public health crises, such as the addiction/overdose epidemic, housing insecurity, and gun violence<br><br>Activity 2: Review COVID-19 After Action Report to identify opportunities and gaps in services and systems | ELT, SPPE, Epidemiology, Clinic Supervisors, School Health | July 2022- July 2024 | 1. Identify employees, ELT, and supervisors to participate in taskforce<br>2. Develop short and long-term efforts to aid the shift for the Department as convener to leader in addressing public health crises<br>3. Create action plan based on findings in COVID-19 After Action Report | 1. Increase in the # of rapid-response coordinated strategies for emerging public health threats<br>2. Increase in # of communication strategies reflective of across-departmental actions |

**Objective 2. MPH D will be EXPLICIT, CONSISTENT and PROACTIVE about embedding equity across processes that impact sustainability and systems change**

| Activities   | Responsible | Timeline                | Process Indicators  | Outcomes   |
|--|-------------|-------------------------|---|--|
| BE EXPLICIT<br>Activity 1: Engage in social justice movement activities that support the communities we serve<br><br>Activity 2: Incorporate equity into all policies, practices, and programs of the MPH D                    | ELT, HE     | August 2022 – July 2024 | 1. Commitment to Equity statement is drafted and posted internally at all locations throughout the Department and on its website<br>2. Supports and promotes community events calendar<br>3. Adopt grassroots community organizations as strategic collaboration partners<br>4. Opportunities to support social justice movements is consistently shared with employees | 1. Equity statement is written and disseminated internally, externally, and online<br>2. # of strategic collaborations with grassroots community organizations<br>3. # of employees engaged in supporting social justice activities  |
| BE CONSISTENT<br>Activity 1: Become an Anti-Racist Organization  | ELT, HE     | August 2022 – July 2024 | 1. Internal audit is conducted regarding all Department policies<br>2. Cross-Departmental internal and external working groups identify racial inequities and disparities<br>3. Racial inequity and disparity data is used to make decisions across the Department<br>4. Equity roadmap is used throughout the Department   | 1. Increase in internal communications, social media posts, and sharing of racial and health inequities information<br>2. Increase use of racial inequity and disparity data by programs to inform decision-making<br>3. Increase use of cross-sectional metrics of social determinants of health<br>4. Increase in use of accountability metrics by ELT, supervisors and programs |
| BE PROACTIVE<br>Activity 1: Develop a Sustainability Roadmap<br>Activity 2: Develop reliable indicators of capacity-building<br>Activity 3: Develop a Systems Change Roadmap<br>Activity 4: Invest in Systems Change Trainings | ELT, HE     | August 2022 – July 2025 | 1. Working group is established regarding developing a Sustainability Roadmap<br>2. Working group is established regarding developing reliable indicators for capacity-building<br>3. Working group is established regarding developing a Systems Change Roadmap and investing in Systems Change Trainings  | 1. # of employees engage in systems change training and capacity-building<br>2. Increase in # of employees with foundational systems change and change management skills<br>3. Increase in # of policies and systems for accountability and monitoring   |

# CHIP & THE STRATEGIC PLAN



The MPHD 2022-2025 Strategic Plan goals and organizational issues are aligned with the 2023-2025 Nashville Community Health Improvement Plan (CHIP) to leverage the work of the public health system and facilitate progress toward optimal community health. The alignment between the CHIP and Strategic Plan that highlights the direct linkages is shown below.



# QI, PMS & THE STRATEGIC PLAN

The MPHD Strategic Plan, Quality Improvement (QI) Plan and Performance Management System (PMS) function as an integrated system that sets the direction, tracks the metrics, and identifies areas for improvement. The MPHD Quality Improvement Plan provides guidance to the department for establishing training, resources, and tools for staff to make data driven program and administrative improvements in operations and outcomes.

The MPHD approach to performance management involves tracking key outcomes/operational metrics for the department based on program specific scope, goals, and objectives. The Strategic Plan, Foundational Health Goals and operational goals and objectives with corresponding metrics will be captured in the performance management system.

The three components create an integrated framework to achieve timely reporting of outcomes/operational metrics, provide identification and analysis of improvement opportunities based on performance, and take corresponding action where needed. The actions and results over time will also inform the workforce development needs and strategically inform the Workforce Development plan.

The next page illustrates the alignment of resources across the performance management system.



# Terminology

| Term  | Definition  |
|---|---|
| Action Plan                                 | An action plan is a document that lists what steps must be taken in order to achieve a specific goal. The purpose of an action plan is to clarify what resources are required to reach the goal, formulate a timeline for when specific tasks need to be completed and determine what resources are required.   |
| Anti-Racist Organization                    | Based on an analysis of the history of racism and power in this county, the organization supports the development of anti-racist allies and empowered people of color through the organization's culture, norms, policies, and procedures.  |
| CHA   | Community health assessments (CHAs) provide information for problem and asset identification and policy formulation, implementation, and evaluation. CHAs also help measure how well a public health system is fulfilling its assurance function.   |
| CHIP  | Community Health Improvement Plan: The CHIP is the product from local organizations that are required to conduct a health needs assessment in partnership with community residents. This plan is a roadmap to align various initiatives, programs, and activities to improve the health of the community.   |
| CSR   | Civil Service Rules: Rules that delineate policies and procedures for human resource and employee matters   |
| ELT   | Executive Leadership Team: The ELT consists of eleven key members who set the strategic direction of the department   |
| HE  | Health Equity: The Robert Wood Johnson Foundation (RWJF) provides the following definition: "Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care." |
| Healthy Nashville Leadership Council (HNLC) | This council was originally established in 2002 by Mayor Bill Purcell Executive Order 19 and has been in existence continuously. The Healthy Nashville Leadership Council is responsible for drawing attention to important public health problems and encouraging ownership of their solutions.  |
| Implementation Plan                         | A project implementation plan (also called a strategic plan) is a combination of strategy, process, and action. It outlines the steps a team will use to achieve a shared objective. An implementation plan covers all aspects of a project including budget, timeline, and personnel.  |
| PMS   | Performance Management System: In practice, performance management means actively using data to improve performance, including the strategic use of performance standards, measures, progress reports, and ongoing quality improvement efforts to ensure an agency achieves desired results.  |
| SPPE  | Strategy, Performance, Planning, and Evaluation: an MPHD division responsible for cross-departmental processes pertaining to strategy, performance, and quality improvement   |
| WCC   | Workplace Culture Committee; an MPHD committee consisting of several employees who promote workplace culture improvements   |
| WFD   | Workforce Development: Workforce development in public health aims to improve health outcomes by enhancing the training, skills, and performance of public health workers.  |

# Deliverables Timeline

| Work/Implementation/Action Plans                       | Responsible                   | Timeline  | Lever/Objective |
|--|-------------------------------|-----------|-----------------|
| Civil Service Review Work Group                        | Deputy Director, HE           | 2022      | Lever 4 Obj 3   |
| Budget/Finance Staff Feedback                          | Finance, HE Bureau, ELT, SPPE | 2023      | Lever 4 Obj 1   |
| COVID after action report Work Group                   | PHEP, ELT                     | 2023      | Lever 5 Obj 1   |
| Workforce Development Plan                             | SPPE, HE, HR, WFD             | 2023-2024 | Lever 1 Obj 2   |
| IT applications workgroup: review and present findings | Finance/IT, ELT               | 2023-2024 | Lever 4 Obj 2   |
| Train the Trainer: Evaluation plan                     | SPPE                          | 2023-2025 | Lever 1 Obj 1   |
| Community Partnerships Working Group                   | HE, SPPE, ELT                 | 2023-2025 | Lever 3 Obj 1   |
| Finance/Comms awareness plan                           | Finance, Comms                | 2023-2025 | Lever 4 Obj 1   |
| Data Modernization Work Group                          | Deputy Director, Epi, HE      | 2023-2025 | Lever 4 Obj 2   |
| Grants Review Team                                     | SPPE                          | 2023-2025 | Lever 4 Obj 1   |
| Clearinghouse Communication Plan                       | Comms, SPPE, HE Bureau, ELT   | 2022-2023 | Lever 2 Obj 3   |
| Sustainability Workgroups                              | HE, ELT, SPPE                 | 2024-2025 | Lever 5 Obj 2   |

| Program/Project                        | Responsible           | Timeline  | Lever/Objective |
|--|-----------------------|-----------|-----------------|
| HiAP Program                           | HE, SPPE, Epi, Policy | 2022      | Lever 3 Obj 2   |
| Strategic Driver Dashboard             | Director, Epi, SPPE   | 2022      | Lever 4 Obj 2   |
| Clearinghouse: Partnerships Inventory  | ELT, HE, SPPE         | 2022-2024 | Lever 2 Obj 1   |
| Health Equity Professional Development | HE, HR, WFD           | 2022-2025 | Lever 1 Obj 2   |
| Train the Trainer: Evaluation plan     | SPPE                  | 2023-2025 | Lever 1 Obj 1   |

| Reports/Frameworks                           | Responsible                 | Timeline  | Lever/Objective |
|--|-----------------------------|-----------|-----------------|
| Organizational Equity Statement              | ELT, HE                     | 2023      | Lever 1 Obj 2   |
| Departmental definition of “trusted partner” | HE, ELT                     | 2023      | Lever 3 Obj 3   |
| Equity Policy, Lens, Guidebook               | HE                          | 2023-2024 | Lever 1 Obj 2   |
| Partnerships Assessment Tool/Report          | HE, SPPE, Population Health | 2023-2025 | Lever 2 Obj 1   |
| Community Partnerships Onboarding Manual     | HE, SPPE                    | 2023-2025 | Lever 2 Obj 2   |
| Strategic collaborations framework           | HE, SPPE                    | 2024-2025 | Lever 3 Obj 3   |

# EQUITY GRID BASED ON ROADMAP RESPONSES

|             | Workforce Development & Transformation  | Community Partnerships  | Strategic Collaborations   | Organizational Policies & Performance  | Sustainability & Systems Change   |
|-------------|---|---|--|--|---|
| Values      | Institutional commitment to equity, organizational learning, community relations & sustainability, growth, and development  |   |  |  |   |
| Problem     | Health equity is not consistently embedded throughout MPHD's workforce support and programming, which creates inequitable outcomes for its workforce. There is a lack of accountability throughout the employee life cycle that limits access to equitable outcomes for all employees throughout MPHD.                            | Community partnerships efforts often lack clarity, consistency, and shared commitment. The reliance on grant funding shifts prioritization on outputs versus community needs to determine departmental goals, collaborative requests, and other metrics to determine its work. Also, the same partners tend to be included across projects. | Collaborations between organizations, community, and members across MPHD departments are often not fully engaged within the context of building meaningful relationships with marginalized people in our community. Additionally, past and current practices and history need to be fully reckoned with for partnerships between MPHD and the community to grow. | Issues exist regarding lack of staff engagement, transparency, and accountability mechanisms across policies and procedures.   | Institutional practices that, intentionally and unintentionally, preserve inequities created by various biases, customs, and assumptions, have not been addressed and transformed.                      |
| Cause       | Issues come from a lack of accountability and workplace culture that has been characterized as non-collaborative, isolating, lacking transparency, and without a dynamic and unified vision. These issues extend to promotional and hiring practices. Additionally, the civil service rules have gaps that create pay inequities. | Factors like access to care, the social determinants of health and structural racism have shaped the way marginalized communities interact within the health ecosystem. Accordingly, social inequities impact all organizations with the health ecosystem.  | Poor and marginalized communities and the entities that serve them (e.g., MPHD, non-profits, government, businesses, etc.) are caught in a harmful cycle where social inequities adversely impact and shape the way they interact with the health ecosystem and influence how the health ecosystem hold conditions of inequities in place.                       | Organizational culture and polices have blind spots that prevent diverse groups and individuals from having more equitable opportunities and experiences.  | The public health community has stepped away from its legacy of historical involvement in and support of social reform movements as biomedical advances came to refine and largely define its practice. |
| Responsible | Leadership, performative norms and policies, implicit bias, socialization, turnover, lack of shared vision, community, lack of engagement, lack of access, structural inequities  |   |  |  |   |
| Solution    | MPHD will use a Health Equity Lens in its organizational, departmental, programmatic, and service decisions and activities. Equity within an organization is demonstrated through clear communication, transparent decision-making, collaboration, and relationship building.   | MPHD will promote equity in partnerships and service outcomes. MPHD also needs to strengthen its community partnerships by intentionally focusing the relationship with the community partner on their ability to deliver outcomes that positively impact the social determinants of health.  | MPHD will center equity in multisectoral and departmental partnerships and service outcomes. Additionally, MPHD needs to fully acknowledge and address the social determinants of health and reckon with its past short comings in our leadership, service delivery and community development approaches.  | MPHD will use a Health Equity Lens in its organizational, departmental, programmatic, and service decisions and activities. Explicitly, MPHD needs to measure equity through accountability, equity indicators, its performance management system and its quality improvement efforts. | MPHD will sustain its public health practice by integrating forward-thinking, comprehensive, social-movements based approaches and partnerships.  |



# Healthy Nashville Leadership Council Guide for Using The Equity Roadmap

The *Racial Equity Approach* was adopted in late 2021 by the Healthy Nashville Leadership Council to ensure a focus on equity in working with health disparities. The Racial Equity Approach was developed to help look at health issues with an emphasis on reducing structural racism. This Approach moves change agents from focusing on the traditional approach which generally only examines issues from an individual level to focusing on *The Racial Equity Approach*, which considers historical context, power dynamics, and other systemic structures that work to create poor health outcomes at the population-level. The Nashville document was adopted from the Racial Equity Data Road Map, Commonwealth of Massachusetts (2020).ii

## **Instructions:**

This document will provide guidance for how to use the Racial Equity Approach in the Healthy Nashville Leadership Council's work using the 5 questions:

1. What is the problem?
2. What is the cause? (What/who is responsible?)
3. What is the solution?
4. What action is needed?
5. What values are highlighted?

Probing questions are included to facilitate discussion among the workgroup to help uncover the underlying issues and focus on equity. A worksheet is provided beginning on page 5 of this document. A separate worksheet is linked for use.

**1. Define the problem.** The first step in using this guide is to define the problem. The traditional approach generally focuses on a surface-level problem without typically examining the root cause of the problem. When defining the problem, you want to examine historical analyses and context.

## **Probing Questions to consider:**

- What is the current reality?
- Where is the injustice?
- Are subgroups affected differently?
- Are specific groups bearing a greater burden?
- What is the inequity of interest?

## **Additional Action Steps:**

Once you have explored and answered the above questions to uncover the problem, you may need to revisit subgroup-specific data and analyze how they compare to

other subgroups and the general population, taking an inventory of any significant events that may have occurred.

**Example**

| Framing Element         | Traditional Approach   | Racial Equity Approach   |
|-------------------------|------------------------|--|
| 1. What is the problem? | High rates of diabetes | Racial inequities in diabetes rates for low-income Caribbean Latino seniors. |

**2.What is the Cause (What/who is responsible?)**

In this step, it is important to understand the root causes of the problem that has been identified. These steps allow for a fuller understanding of the problem and help to identify leverage points to potentially address how to fix the problem later in the Racial Equity Approach.

**Probing Questions to consider:**

- How are Social Determinants of Health (SDoH)affecting this issue?
- What are the root causes?
- How has history(historical events, decisions, etc.) contributed to this problem?
- What power dynamics may have contributed to the problem or have prevented the problem from being solved?
- Has the flow of resources contributed to the problem or prevented the problem from being solved? If so, how?
- What are some of the conditions holding this problem in place?
- What policies and opportunities within healthcare or social service systems exist?
- Are there any prevalent mindsets or mental models that contribute to this problem?

**Example**

| Framing Element          | Traditional Approach                                 | Racial Equity Approach   |
|--------------------------|--|--|
| 2. What is the cause?    | Poor nutrition, lack of exercise, overweight/obesity | Socio-ecological factors that lead to social isolation and lack of community support: <ul style="list-style-type: none"> <li>• Food deserts</li> <li>• Income inequity</li> <li>• Racial redlining in transit</li> <li>• Zoning for green space</li> <li>• Disinvestment in communities of color</li> <li>• Residential segregation</li> </ul> |
| What/who is responsible? | Individuals  | Businesses, policy makers, multiple institutions, and unfair systems   |

**Additional Action Steps:**

Supplementary research or analysis may be needed to answer some of these questions. Feel free to reach out to other experts or obtain additional resources to help provide answers and/or context to some of these questions.

**3. What is the solution?**

This step involves creating a solution and proposing ‘big bucket’ action steps to address the problem and its root causes in the first two steps. The step aims to create solutions that do not focus on individual-level interventions but focus on community-level or system-level interventions. These answers can and should be multifaceted.

**Probing Questions to consider:**

- How do you address the root causes identified?
- What is the link between SDoH and governmental policies?
- Are organizational policies contributing to the problem?

**Additional Action Steps:**

After discussions among the team, ensure that overarching solutions are identified for the problem. The workgroup should take a vote or reach a consensus on these solutions.

**Example**

| Framing Element          | Traditional Approach                          | Racial Equity Approach  |
|--------------------------|---|---|
| 3. What is the solution? | Improve nutrition, increase physical activity | <ul style="list-style-type: none"> <li>• Food security in all communities</li> <li>• Economic investment in low-income communities and communities of color</li> <li>• Accessible and affordable healthy foods in all communities, particularly those of color</li> </ul> |

**4. What action is needed?**

This step focused on how to turn the solutions from the previous step into concrete strategies and action steps.

**Probing Questions to consider:**

- What are the action steps and strategies to address these issues?
- How do we accomplish these strategies?
- Are you engaging partners from other agencies?
- Are you engaging the right partners? The community?
- Are you using racial justice language in your approach to partners?
- What processes are required to engage those partners?

**Additional Action Steps:**

After these discussions with the group, you should have actionable strategies that address the problem and its causes and engage partners/the community, using equity-related language and inclusive processes.

**Example**

| Framing Element           | Traditional Approach                          | Racial Equity Approach  |
|---------------------------|---|---|
| 4. What action is needed? | Nutrition education classes, exercise classes | <ul style="list-style-type: none"> <li>• Food access policies that target inequity roots:</li> <li>• economic policies that invest in communities of color</li> <li>• partnerships across sectors and with community residents</li> </ul> |

**5. What values are highlighted?**

Once the solutions and action steps are created, the workgroup should go back and address the values that are espoused within their solution. These values should align with the tenants of equity and inclusiveness, but they should also align with the workgroup’s values and wishes to represent in the solutions and action steps. These values should go beyond simply highlighting personal responsibility and individual choice.

**Probing Questions to consider:**

- What values are highlighted in our solutions and actions?
- What are the values of the workgroup in doing this work?
- What is now known to be true?
- Do these values align with the Racial Equity Approach which often highlights equity, fairness, shared responsibility?
- Do the workgroup’s values align with those of the solutions and action steps?

**Additional Steps:**

Once the workgroup has answered these questions, they should adjust the action steps or their values to ensure that they align with the ones espoused by the solution to the problem and the Racial Equity Approach.

**Example**

| Framing Element                 | Traditional Approach   | Racial Equity Approach   |
|---------------------------------|--|--|
| 5. What values are highlighted? | Individualism<br>Personal responsibility<br>Choice<br>Individual freedom | <ul style="list-style-type: none"> <li>• Equity</li> <li>• Justice</li> <li>• Fairness</li> <li>• Shared responsibility</li> </ul> |

### **Potential Values**

Authenticity, commitment, compassion, concern for others, consistency, honesty, integrity, kindness, open-mindedness, positivity, reliability, respect, shared responsibility, transparency, inclusion, collaboration, accountability.

### **6. Evaluation- How will we know if our actions are resulting in change that advances equity?**

Once the solutions and action steps are created, the workgroup should go back and review the data that led to the chosen action. Workgroups should be able to answer yes to the question-Are indicators measuring progress at the structural and systemic level? Short- and long-term measures and contextual data will be important in this conversation.

### **Probing Questions to consider:**

- Contextual data (CHNA/CHA)
- Select 2-3 data points from the CHA/CHNA that provide a rationale for selecting the goal or objective/strategy.

### **Outputs**

- What will you do (e.g., workshops, services, facilitation)?
- Who will you reach (e.g., participants, clients, organizations, decision makers)?

### **Outcomes**

- What are short- and medium-term results related to the objectives/strategies note (e.g., changes in knowledge, attitudes, behavior, practice, policy, etc.)?

### **Long-term impact**

- What is the ultimate impact you expect to see related to this goal (e.g., change in social, economic, environmental, health conditions)?
- Pick 2-3 indicators from the HCI website that speak to this. Indicators are available at the zip code and census tract level.

## Strategic Planning Tasks & Timeline

| Date              | Task   | Who                  | Status   | Description of Process   |
|-------------------|--|----------------------|--|--|
| October 2020      | Establish Planning Team and Core Team          | Dr. Bailey           | Completed  | Configured teams and directed the process.   |
| October 6, 2020   | Conduct Readiness Assessment via REDCap Survey | Planning Team        | Completed  | Survey was conducted with department leadership and Board of Health members to assess readiness to embark on the process. Results used in the Orientation.   |
| October 2020      | Orientation to strategic planning process      | Core Team            | Completed  | Virtual session facilitated by Tracy Buck.   |
| November 10, 2020 | Mission, Vision, Values                        | Core Team + Staff    | Mission & vision completed. Value statements were not completed. | Core Team was involved in a virtual session. All staff were invited to provide input via REDCap survey. Core Team volunteers were identified to complete the Values statements.  |
| December 1, 2020  | Environmental Scan                             | Core Team            | Environmental Scan completed                                     | Core Team completed the Environmental Scan in a virtual session. The process was facilitated by Tracy Buck, Anthony Johnson, Nichelle Foster & Dia Cirillo.  |
| December 14, 2020 | Reset  | Leadership           | Transfer of leadership occurred.                                 | Originally defined process was resumed.  |
| January 2021      | Values statements                              | Core Team volunteers | Completed  | Values team configured statements to reflect values; Core Team members were invited to provide feedback. Virtual sessions were facilitated by Tracy Buck   |
| January 12, 2021  | SWOT and Strategic Issues                      | Core Team            | SWOT completed Strategic Issues Identified                       | SWOT and Strategic Issues were drafted in a hybrid facilitated session. Core Team members were gathered in 3 rooms that were linked virtually. Afterward, a Health announcement was emailed to all staff that summarized the meeting and invited input from all staff. |

| Date                  | Task                         | Who  | Status                                      | Description of Process   |
|-----------------------|------------------------------|--|---|--|
| January 26, 2021      | Strategic Issues and Goals   | Core Team + Staff                              | Strategic Issues adopted<br>Goals developed | Core Team participants were asked to obtain input from their staff to inform the meeting. Core Team members met virtually to develop the goals.            |
| February 2, 2021      | Goals Adoption               | Core Team                                      | Completed                                   | Goals were finalized in a virtual meeting by the Core Team.  |
| February 11, 2021     | Health Goals Team identified | Volunteers from ELT (all members of Core Team) | Health Goals Team established               | Executive Leadership Team members were emailed the invitation to volunteer to draft the Strategic Plan Health Goals.                                       |
| February 16, 2021     | Objectives development       | Core Team                                      | Draft of objectives completed               | The purpose of the Core Team virtual meeting was to develop the objectives.  |
| February 16, 2021     | Objectives development       | Core Team                                      | 1st Draft completed                         | All Core Team members were emailed the draft objectives to provide input and edits in SMART format (Simple, Measurable, Achievable, Relevant, Time-bound). |
| February 25, 2021     | Health Goals Development     | Health Goals Team                              | Health Goals identified                     | The purpose of the Health Goals team meeting was to review the current health goals and revise and update as needed.                                       |
| February 26, 2021     | Objectives continued         | Core Team                                      | 2nd Draft                                   | Edits and feedback on the objectives are emailed to Tracy Buck (Facilitator).  |
| Week of March 8, 2021 | Objectives continued         | Planning Team                                  | Final draft                                 | Edits and feedback from Core Team are consolidated. Health Goals are integrated. Final objectives and Health Goals are emailed to Core Team.               |
| March 29, 2021        | Strategic Plan document      | Planning Team/Copy Edit Team                   | 1st draft                                   | Planning Team creates a document that consolidates the feedback and edits and is emailed to Copy Edit Team.  |

| <b>Date</b>             | <b>Task</b>              | <b>Who</b>                    | <b>Status</b> | <b>Description of Process</b>  |
|-------------------------|--------------------------|-------------------------------|---------------|--|
| April 12, 2021          | Strategic Plan document  | Copy Team                     | 2nd draft     | 2nd draft of Strategic Plan emailed to Core Team and posted for staff input.   |
| April 19, 2021          | Final Draft Strategic    | Planning Team                 | Final Draft   | Consolidate input and refine the strategic plan document.  |
| April 30, 2021          | Strategic Plan document  | Planning Team                 | Final Draft   | Final strategic plan document sent to the Board of Health  |
| August 30, 2021         | Strategic Plan Directive | Board of Health               | Final Draft   | Board of Health issued directive to embed equity and inclusion into the strategic plan and convert objectives into SMARTIE |
| September-November 2021 | Equity Grid Formation    | Final Planning Team           | 3rd Draft     | Equity Roadmap was created to guide the strategic plan   |
| December-January 2022   | ELT interviews           | Final Planning Team           | 3rd Draft     | ELT members were interviewed for feedback on Equity Grid   |
| January-March 2022      | Equity Grid revisions    | Final Planning Team           | 3rd Draft     | Draft Equity Grid was embedded into strategic plan   |
| April-July 2022         | Strategic Meetings       | ELT Strategic Meetings Team   | 3rd Draft     | Newly identified goals/objectives from equity grid reviewed, discussed, and edited   |
| July 2022               | Final Review             | Final Planning Team, Director | Final Draft   | Strategic plan finalized   |



# Strategic Planning Participants

**Planning Group (\* indicates part of Final Planning Group)**

Stephanie Bailey, MD Former Interim Deputy Director  
 \*Celia Larson, PhD Director, Strategic Planning, Performance & Evaluation  
 Martha Bickley Administrative Assistant to Director of Health  
 James Tabor Director, Public Health Emergency Preparedness  
 Matthew Peters Communications Specialist  
 \*KaShawna Lollis Performance Management and Quality Improvement Coordinator  
 \*Tracy Buck Health Strategist, Strategic Planning, Performance & Evaluation  
 \*Letrice Samuels, PHAP Fellow, Strategic Planning, Performance & Evaluation  
 \*Anthony Johnson, Strategic Director, Health Equity Bureau  
 \*Stephanie Kang, MS, DrPH, Director, Health Equity Bureau

**Core Team**

Angie Thompson Director, Behavioral Health and Wellness  
 Brian Todd Public Information Officer  
 Christopher Michie Director, Environmental Engineering Services  
 Diana Buzby-Soto Clinic Manager, Occupational Health & Wellness Clinic  
 Stephanie Bailey, MD Former Interim Deputy Director  
 Michael Caldwell, MD Former Director of Health  
 Rand Carpenter, DVM Chief Epidemiologist  
 Fonda Harris, PhD Assistant Bureau Director, Population Health  
 Celia Larson, PhD\* Director, Strategic Planning, Performance & Evaluation  
 Michelle Pardue, DDS Bureau Director, Community Health  
 Joanna Shaw-KaiKai, PhD Associate Medical Director – Communicable Disease Control  
 Gill C. Wright, III, MD Interim Chief Medical Director of Health  
 Emily Morse Clinical Competency Coordinator  
 Hugh Atkins Bureau Director, Environmental Health Services  
 J.D. White Animal Care Supervisor  
 James Tabor\* Director, Public Health Emergency Preparedness  
 Jim Diamond Bureau Director, Finance and Administration  
 John Finke Assistant Bureau Director, Environmental Health Services  
 José Cruz Cultural & Linguistic Services Program Supervisor  
 KaShawna Lollis Performance Management and Quality Improvement Coordinator  
 Katie Stone Former Assistant to the Director  
 Laura Varnier Director of Nursing/Director of Clinical Services  
 Lauren Bluestone Director, Metro Animal Care and Control  
 Lauren Cromer Director, Nutrition Services  
 Martha Bickley\* Administrative Assistant to Director of Health  
 Matt Peters\* Communications Specialist  
 Rachel Franklin Bureau Director, Communicable Disease and Emergency Preparedness  
 Rashanda Ridley STD/HIV Program Health Manager  
 Rebecca Allison Director, Correctional Health Services  
 Shannon Heath Finance Officer, Quality Management  
 Tina Lester Interim Chief Administrative Director of Health  
 Tom Sharp Director of Policy and Intergovernmental Affairs

**Values Team**

Anthony Johnson Strategic Director, Health Equity Bureau  
 Celia Larson, PhD Director, Strategic Planning, Performance & Evaluation  
 José Cruz Cultural & Linguistic Services Program Supervisor  
 Angie Thompson Director, Behavioral Health and Wellness  
 Michelle Pardue, DDS Bureau Director, Community Health  
 Nichelle Foster Behavioral Health Assessment and Education Coordinator  
 Joanna Shaw-KaiKai, MD Associate Medical Director – Communicable Disease Control  
 Infectious Diseases Specialist

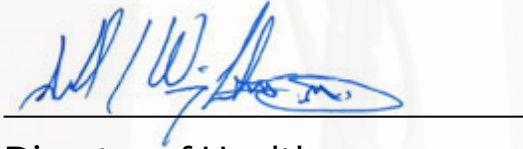
**Facilitator Staff**

Tracy Buck Health Strategist, Strategic Planning, Performance & Evaluation  
 Anthony Johnson Strategic Director, Health Equity Bureau  
 Dia Cirillo Former Community Mental Health Systems Improvement (CMHSI)  
 Coordinator, Division of Behavioral Health and Wellness  
 Nichelle Foster Behavioral Health Coordinator

**ELT Strategic Plan Meetings Team**

ELT  
 Dr. Rand Carpenter, Director, Epidemiology Division  
 Dr. Kenton Dodd, Medical Examiner, Occupational Health

# Strategic Plan and Revisions Approval Page



Director of Health

August 10, 2022

Date

## Revisions to Strategic Plan

| Date      | Section/Pages Affected by Revision  | Approved by           |
|-----------|---|-----------------------|
| 8/6/2021  | Introduction/pg4; SWOT Analysis/pg8; Strategic Priority Issue 5-Goal language, revised objectives/pg13-14 | Gill C. Wright III MD |
| 8/10/2022 | Equity Grid, revised objectives, activities, all pages  | Gill C. Wright III MD |
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