2022 Health in All Policies Summit: Collaborations for Better Health
Strength in Collaborations (Breakout session)

Overview: The facilitators guided the discussion to help the participants to understand the significance of a collaborative approach in addressing the root causes of social determinants of health and disparities in our communities and their role in improving the health of all people in Nashville.

Community Health Need	Community Initiative(s)	Collaborators			Notes
		Primary	**Secondary**	**Supporters**	
Economic Opportunity and Job Skill Development	Middle School Engagement Enrichment	▪ MNPS (transportation, Community Achieves Coordinators) ▪ Metro Council/ Mayor's Office ▪ Teachers and staff; Career development professionals and Orgs ▪ Middle School students and their families (input, design of program, assessing programming for parents)	▪ Metro Government; Social Services, Health, Parks, etc.) ▪ Faith-based partners/ assets ▪ Financial donors ▪ Professionals: Law Enforcement, University Professors, other role models	▪ Business, media, hiring businesses/ employers (Amazon) ▪ Universities (scholarships/ Hope Scholarship/ TN Achieves), ▪ Student-based orgs ▪ Nonprofit organizations, ▪ Volunteers (retired community) ▪ Trade schools (gap analysis for skills)	Parent's work hours Funding not there Need: People to execute the strategy and key partners **GOAL**: Sustainable funding
	Barriers: Education (i.e., access to quality education), Transportation, Lack of community support, Lack of access to a safe environment, Professional development training, Limited resources/ Lack of sustainability Resources: afterschool transportation				

Community Health Need	Community Initiative(s)	Collaborators			Notes
		Primary	**Secondary**	**Supporters**	
Whole Health	Central information bank for community health workers	▪ Faith communities ▪ Government ▪ Healthcare groups ▪ Nonprofit	▪ Academic partners ▪ Philanthropic ▪ Community ▪ Corporate groups	▪ Educators and school systems ▪ Associations ▪ Individuals	-
	Strengths: Already existing foundation for collab, Strength in numbers (NP, hospitals) Weaknesses: Transportation and access, connection for funding, poor planning/ boundaries Barriers: Lack of transparency, poor dissemination of information, failure to delegate and create adequate structure, keeping info updates Overcoming barriers: Identify appropriate leadership/ entity (RACI model)				
Housing/ Transportation		▪ WeGo ▪ Metro Council (Budget & Finance Committee) ▪ Mayor ▪ MDHA	▪ Metro Council (Budget & Finance Committee) ▪ Transit Alliance (connect middle TN) ▪ State (TDOT) + ECD, GNRC ▪ Chamber/ Business/ Corps	▪ Urban Land Institute ▪ Mission- driven developers ▪ Economic development- Do we stand to fail in future recruitment ▪ Address community resistance to policy change	We need a commuter's Alliance!
	- Education in re/parclusion (Lite skills in ed. curriculum) - Transit oriented development - Ed. on how to navigate the public transit system - Expand transit system @population moves outward - Address lack of supply of affordable housing - Maximize (cap) number of parking spaces per unit in x-unit development - Impact fees (currently illegal)				

Community Health Need	Community Initiative(s)	Collaborators			Notes
		Primary	**Secondary**	**Supporters**	
	- Inclusive zoning (currently illegal) - Land use- leverage public property (school grounds) for affordable housing - Tax credits for affordable housing (federal tax credits) - Dedicated funding stream for affordable housing and another for transportation				
Food Access	Equitable Food Network - Farmers Markets - Community Gardens - Transportation Access	▪ WHO (Data, surveys, zip codes, Community Health Workers & Centers Neighborhood Orgs, Public Housing residents orgs) ▪ Education (Community members/ leaders, Nonprofits, Distributors, faith leaders) ▪ Locations (Schools, Public Housing, Churches, city-bound land, libraries, parks, community centers) ▪ Involved (Metro departments- Planning, Codes, Health)	▪ Community Engagement ▪ Social media influencers ▪ Elected officials ▪ Mental health professionals ▪ Depts ▪ Community members with experiences ▪ Council on Aging ▪ Schools/ Colleges/ Educators ▪ Parents ▪ Youth ▪ Disability orgs ▪ Unhoused- shelters of all types	▪ Elected officials ▪ Commissions/Boards ▪ Media ▪ Frist/Ingrams ▪ Philanthropists ▪ Hospitals ▪ Neighborhood Orgs ▪ Voters ▪ Community dev corps	How do people know about resources? Who? Who's driving costs?
	- Time to purchase/ distance; Funds/ Cost/ Budgets; Cultural impacts or different foods, Transportation/ Challenges, Choices, Relationship with food *Urban community gardens, food banks, *SNAP/WIC programs, nonprofits, Stores, *Farmers Markets- Nexus (strategic, local, mobile), *Mobile stores, Quality linked to zip code - Low-income communities; Marginalized communities; Need to centralize resources; People with limited transportation options; People with limited mobility; How to eat and cook healthy				

Community Health Need	Community Initiative(s)	Collaborators			Notes
		Primary	**Secondary**	**Supporters**	
Whole Health	Employee Centered Approach	▪ Executive Leadership team ▪ Prevention Wellness at Health Department (Wise Moves) ▪ Human Resources ▪ Employees	▪ Board of Health ▪ The Union ▪ Academia (External evaluation) ▪ Metro government	▪ Insurance companies ▪ Employee assistance programs	

- School based health clinic (Family), Patients having a medical home; People are living longer and need support
- Large population target; village; two-generation approach
- Time off to manage health; Preventive healthcare (Physicals and screenings); Universal "something"; universal (not equal) free (have to pay premiums)
- Bring services to the people; Adequacy of information; Evidence based
- Return of investment; HiAP in the business sector
- Flat fee for services (Cost of services is a barrier to access, medical services)
- Culture (work); politics; not being managed correctly
- Data, transparency, employee feedback, Voice (agency)
- Assessments/ surveys, utilizing what we know internally, start with MPHD as pilot, exit interviews
- Budget/ funding, Holding feet to the fire, scale based on outcome data,
- If government figures it out, not as much of a heavy lift for private sector

Community Health Need	Community Initiative(s)	Collaborators			Notes
		Primary	**Secondary**	**Supporters**	
Awareness and Navigation of Community Resources	Central Referral System infrastructure	▪ Healthcare providers, FQHCs ▪ Mobile clinic investment ▪ CHW (infrastructure + support) ▪ Non-profits ▪ Businesses	▪ Philanthropy ▪ Nonprofits but also innovative funding structures ▪ General operating support ▪ Media (share info) ▪ Metro Council members/ elected officials (Budget advocacy)	▪ Key messengers/ trusted messengers ▪ Schools ▪ Focused campaigns	
Awareness and Navigation of Community Resources	City Ambassador Program City Ambassadors/ Navigators	▪ Realtors, landlords ▪ Office of Tourism ▪ Utilities	▪ Employers	▪ My City Academy	How to identify isolated communities? *"there's no one method- all are needed"

Issues: 1. Trust   2. Language helps to build trust

Use networks, Finding the right advocates (organizations)- trusted messengers, Audience, Literacy

"meet them where they are"- for information

Culture (specific), universalize - hire from community

Solutions:
- Create a network to spread info- A "Hub", Centralize platforms, utilize for profits for finances/ investments
- Equitable communication methods
- Referral system- centralized
- Community health workers
- Metro Council members
- FQHCs
- Education