

Metropolitan Board of Health of Nashville and Davidson County June 9, 2025, Special Called Meeting Minutes

The special called meeting of the Metropolitan Board of Health of Nashville and Davidson County was called to order by Chair Tené Franklin at 2:35 p.m. in the Lentz Public Health Center Director's Conference Room, 2500 Charlotte Avenue, Nashville, TN 37209.

Present

Tené H. Franklin, MS, Chair
Marie Griffin, MD, Vice-Chair
Carol Ziegler, DNP, Member
Rebecca Whitehead, MBA, Member
Morgan McDonald, MD, Member
Heather Corum Powell, Member
Sanmi Areola, Ph.D., Director of Health

Public Comment Period

There were no requests to comment.

Work Session

Chair Franklin welcomed all and stated that the purpose of this meeting is to develop goals for the position of the Director of Health. She acknowledged that Dr. McDonald was listening in and according to the Open Meeting Law, Dr. McDonald would not participate and was not counted for quorum purposes. Chair Franklin welcomed our newest board member, Heather Corum Powell.

Chair Franklin reported that one year ago the board and the ELT ranked their choices using The Core Competencies for Public Health Professionals in what they would like for the director. There was alignment with almost all except for two competencies. From the rankings, one final document was prepared, and this was used in the director search, interview questions, etc.

The competencies are organized into eight domains, representing skill areas within public health, and three tiers, which describe different types of responsibilities within public health organizations. Eight domains were:

- Domain 1: Data Analytics and Assessment Skills
- Domain 2: Policy Development and Program Planning Skills
- Domain 3: Communication Skills
- Domain 4: Health Equity Skills
- Domain 5: Community Partnership Skills
- Domain 6: Public Health Sciences Skills
- Domain 7: Management and Finance Skills
- Domain 8: Leadership and Systems Thinking Skills

Chair Franklin shared two individuals' comments that were submitted when the ranking exercise was done last year on what they would like to see in a director.

1. "The Leader of the Metro Public Health Department should be an individual who is prepared to guide, direct a dynamic workforce that is reflective of the people the department serves. A leader who operated with integrity and is prepared to effectively guide organizational change. A leader who is not afraid to lead by example, who shows up and values the contributions of all the team members of MPH. A leader who understands the importance of challenging the status quo regardless of the impact of a few specialized interest. A leader who understands the importance of diversity of thought, engagement. A leader who supports innovation and is proactive rather than reactive and empowers all of the supporting leadership equally to effectively make a difference in the community. A leader who understands and actively engages in change management, understands organizational development and basic leadership of a dynamic team.

A leader who values effective concise and honest communication to all areas of the MPHD workforce and is a coalition builder because they are decisive and intentional about how to lead a department that is progressive and moving forward to have a positive impact on the people the department serves. Also, a leader that truly believes in customer service and the impact a welcoming environment has on the community when engaging the Public Health Department, that the department is inclusive in its workforce and its services provided to the Nashville Davidson County Public.”

2. “Seek conflict management training and practice conflict management strategies.”

Chair Franklin stated that this was the feedback that was received last year, and she believes if individual employees are held accountable then the director should lead by example as well. She indicated that we have not had a robust process for developing goals for the director in the past. Dr. Areola has taken these into account and shared some goals that he has had in the past with other positions.

Ms. Whitehead reported that Dr. Areola had submitted previously a document that outlined the priority, goals, tasks, and competencies for performance tracking FY2026: “Due to the new Strategic Plan not being complete as of date we will use the competencies to guide us in developing goals. What was presented to the members is a draft and the purpose of the meeting today was for us to discuss and then Dr. Areola will take all into consideration and send a revised document for the board to review and consider”.

Chair Franklin stated that with the history of morale and culture in the department, she would like one of the goals for the director to include a goal on Social and Emotional Leadership: “The document is not reflective of Dr. Areola. It is a document to help us as we develop goals for the director position in general. This has never been done before”. A document with examples was distributed. Discussion was as follows:

- Opens the door for individuals in the department to show up regarding professionalism and conflict management – opportunity for individuals in the department to work through conflict.
- Directors in past there has been a desire to work together but that has not always been the case.
- Director sets the tone.
- Provides culture so others can see that they need to show up for the work and get on board.
- Provides an opportunity to receive and give feedback in a positive and constructive way.
- This goal could fall under workplace culture.
- This goal is not measurable. We need measurable outcomes.
- Dr. Areola stated that he doesn’t want his goals to reflect what has transpired over the last 5 years with the other directors. He stated that some of the board members are talking to staff, and he can’t respond if he doesn’t know. The board needs to back up and not listen to the staff. The changes that he has discussed with the board are based on what he has seen when he came back to the department and the changes are consequences of what he has seen. It was evident that some of the board members had talked to the staff prior to the retreat and talking to staff is disrespectful. The board can’t undermine the director.

Comments/Remarks on the document “Performance Tracking FY2026” that Dr. Areola submitted to the board for their review.

- Priority 1: Federal Landscape
 - Provide more collaboration with commissioners and Mayor.
 - If the department can’t meet the goal, why not? For example, 60% local funds and 40% grant funds.
 - One additional source of funding.
- Priority 2: Community Violence
 - Is there a date for the Mayor’s Office to convene a community/stakeholders’ group? Dr. Areola stated that the mayor will be making the appointment.
 - How many FTEs are there in the health department?
 - The Community Violence Report will be shared with the board members. Ms. Whitehead had previously sent to Dr. Areola.

- Priority 3: Opioid Overdose and Substance Use
 - How many staff do we have working on this effort?
 - What are the expectations?
 - What outcomes are we inspiring to do?
 - Might need to include additional people.
 - Who are the key stakeholders?
 - Does it belong in Public Health?
 - Suggestion to add implement evidence-based strategies for opioid funding and violence prevention in addition to evaluation of impact.
- Priority 4: Re-Accreditation:
 - What are the dates? Do we need to ask for an extension?
 - The department is collecting all documents now. A date will be given after the submission has been done.
 - Include expected date of completion of the Strategic Plan – doesn't have to be an exact date – example could be 3rd quarter.
- Priority 5: Capital Projects
 - Be specific about the space needs for both projects – Woodbine replacement and MACC replacement. For example, have consulted with experts on the MACC facility and we have looked at 3 properties for the Woodbine location.
- Priority 6: TB, HIV, and STD Programs
 - Was there a reason these three programs were chosen over other program areas? This was based on local data. HIV new infection numbers are going up as well as Syphilis numbers.
 - Do we broaden these categories?
 - How are we monitoring?
- Other Priorities:
 - Dr. Areola to include chronic illnesses.
- Suggestion to add a Priority 7 - Internal Culture
- Suggestion to add Priority 8 – Emerging Needs
- Chair Franklin suggested SMARTIE goals...Strategic, Measurable, Ambitious, Realistic, Time-bound, Inclusive, and Equitable. SMART goals are Specific, Measurable, Achievable or Ambitious, Relevant, and Time-bound.

Dr. Areola will revise the document and share with Ms. Whitehead for tweaking if needed before submitting to the board. Chair Franklin indicated that the goal is for this to be approved at the July Board of Health meeting with the document being shared with the board prior to submitting for approval.

Other Discussion:

- What happened to the health department dashboard that was available when Dr. Paul was here. Dr. Areola stated that the EPI Team is looking at health metrics.
- Some of our data is on Big Cities site.
- Suggestion to include an update on all eight categories in the Director's Report every month. Include all 8 categories.
- Dr. Areola will talk with Ms. Leach about a different template for the Strategic Plan.

Adjournment

Ms. Whitehead made a motion to adjourn the special called meeting. Dr. Ziegler seconded the motion, which passed unanimously. The special called meeting adjourned at 3:57 p.m.

Tené H. Franklin, Chair