Metro Public Health Dept
Nashville/Davidson County
Promoting and Protecting Health

STRATEGIC PLAN

2026 - 2031

Adopted on: 4/1/2026
Revision on: 8/11/2026

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Letter of Introduction

Director of Health
Sanmi Areola, PhD

On behalf of the Metro Public Health Department (MPHD), I am pleased to present the 2026–2031 Strategic Plan. This plan reflects our department's continued commitment to protecting, improving, and sustaining the health and well-being of all people in Nashville and Davidson County, while strengthening the internal systems and infrastructure required to meet both current and future public health challenges.

The development of this Strategic Plan was informed by a comprehensive and inclusive planning process that engaged staff across all bureaus, executive leadership, and representation from the Board of Health. Through structured assessments, surveys, and facilitated discussions, the department examined its strengths, challenges, and operating environment to identify priority areas requiring focused attention over the next five years. This process allowed MPHD to align its internal direction with evolving community needs, emerging public health threats, and expectations for accountability, transparency, and performance.

This Strategic Plan builds upon the foundation established in prior planning cycles and reflects lessons learned from recent public health emergencies, workforce transitions, and fiscal constraints. It emphasizes clear leadership, data-informed decision-making, operational efficiency, and a sustained focus on equity. Importantly, the plan positions MPHD to effectively support the goals of Nashville's Community Health Improvement Plan by strengthening our organizational capacity to serve as a reliable convener, partner, and steward of public health efforts.

As Director, I fully endorse this Strategic Plan and the direction it sets for our department. Successful implementation will require continued collaboration, adaptability, and shared accountability across all levels of the organization. I am confident that this plan provides a clear and practical framework to guide MPHD's work through 2031 and to ensure we remain responsive to the needs of our community.

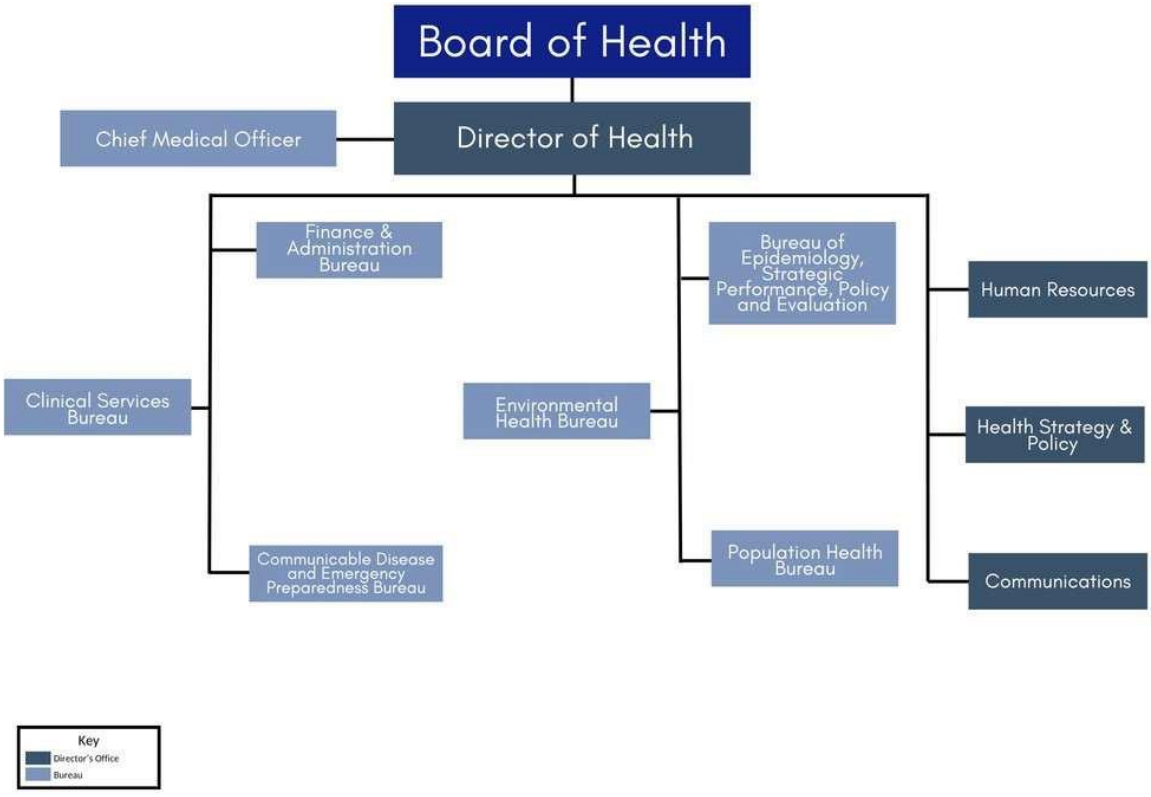
Respectfully,

Dr. Sanmi Areola
Director of Health
MPHD
Date: 4/1/2026

Agency Overview

The Metro Public Health Department (MPHD) works to protect, improve, and sustain health and well-being of all people in Nashville and Davidson County. The department's vision is a community in which all people achieve their full potential for health and well-being, and its mission guides public health practice. MPHD's work is grounded in foundational public health goals that focus on family and child well-being, healthy living, healthy environments, epidemic prevention and response, and increased access to clinical care. The department's core values—equity, integrity, professionalism, respect, and transparency—inform how services are delivered and how staff engage with the community and partners each day.

MPHD operates within the Metro Nashville and Davidson County government structure and is led by the Director of Health, who reports to the Board of Health and the Mayor. The Director's Office provides leadership, strategic direction, and administrative oversight for the department's functions and priorities. MPHD's organizational structure includes multiple reporting lines that support public health programs, operational support services, and cross-cutting functions such as epidemiology, performance improvement, strategic planning, and workforce development. (See Appendix A for detailed org. chart)



Agency Overview Cont'd

The department provides a broad array of services to the community, including disease prevention and control, environmental health inspections, epidemiology and data analysis, health education, and community outreach. MPHD also operates multiple preventive health care centers offering clinical services such as immunizations, family planning, and pharmacy services, and administers programs that enhance access to care, such as Project Access Nashville.

MPHD's workforce is composed of dedicated public health professionals with diverse expertise, reflecting the department's commitment to excellence and innovation in public health practice. The department partners with local organizations, clinical providers, community coalitions, and regional partners to advance community health goals and respond effectively to emerging public health needs.

Foundational Health Services

Improve and sustain family and child well-being

Promote and support healthier living

Create healthier community environments

Prevent and control epidemics and respond to public health emergencies

Increase access and connection to clinical care

Acknowledgements

We extend our sincere gratitude to the staff and stakeholders who dedicated their time, expertise, and insights to shaping this strategic plan. Your contributions have been invaluable in developing a roadmap that strengthens our department's ability to operate efficiently, set clear priorities, and achieve meaningful progress.

We especially acknowledge the following for their outstanding contributions:

Health Department Staff: The individuals on this list played a pivotal role in identifying the internal and external factors that MPHD needs to consider as priorities for our next strategic plan, through online survey responses. Additionally, in collaboration with their bureau directors, some on this list directly participated in creating the strategic goals and objectives in this plan. The group is comprised of front-line staff, managers, and supervisors. Through thoughtful responses to the Strategic Planning survey, they brought a diversity of opinions based on their experiences at varying levels of the organization – ensuring that our priorities were selected equitably.

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Strategic Planning Committee (SPC): Members of the SPC include the Executive Leadership Team (ELT) members, staff from the department's Bureau of Epidemiology, Strategic Performance, Policy, and Evaluation (ESPPE), and the Board of Health (BOH) Chair. The SPC provided input on internal and external factors that would guide our priorities. Additionally, based on the larger feedback from staff, they selected priorities identified through qualitative analysis of all survey priorities.

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Governing entity: Metro Board of Health members supported the strategic plan's development primarily by providing feedback through a formal survey on the department's mission, vision, and core values. Their input, along with that of wider agency staff and the SPC, helped define what we do, where we want to go, and who we are as an organization.

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Mission, Vision, and Core Values

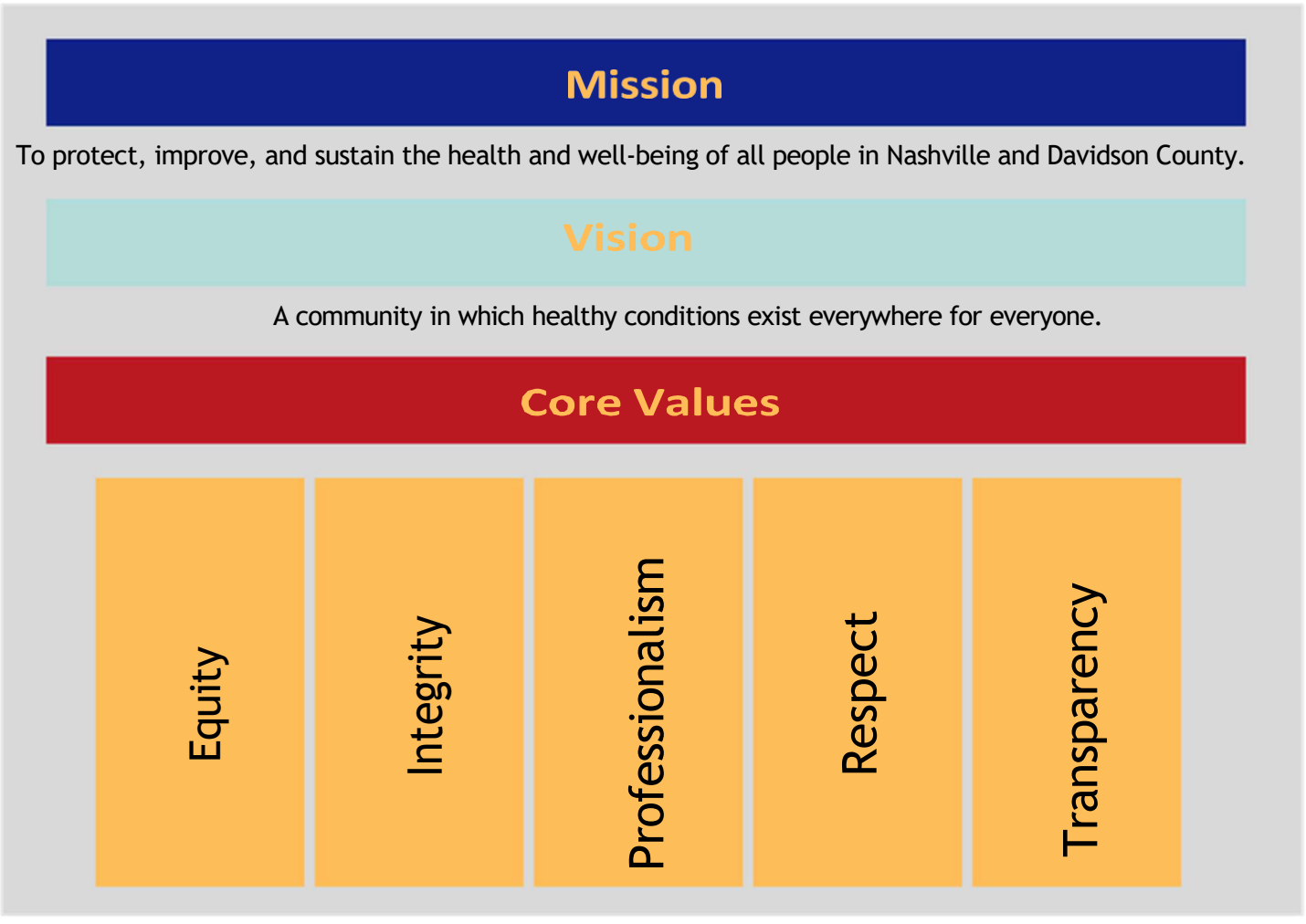
In preparation for MPHD's 2026-2031 strategic plan, the mission statement, vision statement, and organizational core values were evaluated by staff at various levels within the department. Through surveys, feedback was gathered from various staff, including:

- Front-line staff
- Managers and supervisors
- Executive leadership
- Metro Board of Health

Respondents were presented with the current statements and core values and presented with three options:

- Do they agree with the current statement/core values?
- If yes/no, why?
- Open-ended field for additional feedback and suggestions

The responses were then both quantitatively and qualitatively analyzed to create possible alternatives that would best reflect the state of the department and where we want to go moving forward. The ELT made the final selection for 2026-2031, based on the data.



Strategic Planning Process

MPHD followed a structured and inclusive strategic planning process to develop the 2026–2031 Strategic Plan. The process was designed to meet Public Health Accreditation Board (PHAB) requirements and to ensure meaningful engagement from staff at multiple levels of the organization, as well as representation from the BOH.

The process began with the formation of a Strategic Planning Committee (SPC) composed of executive leadership, bureau representatives, subject matter experts, and Board representation. The SPC guided the overall planning effort, including stakeholder engagement, data collection, and priority setting.

To assess MPHD's internal and external environment, the department conducted a comprehensive environmental scan using SWOT and PESTLE analyses (Appendix B). These assessments incorporated input from two rounds of staff surveys and facilitated discussions, capturing both leadership perspectives and operational realities. Key strengths identified included workforce commitment, community engagement, and alignment with public health values. Major challenges included internal communication gaps, workforce strain, funding instability, and technology limitations.

Strengths	Weaknesses
• Workforce Commitment and Culture • Community Orientation and Engagement • Diversity, Inclusion, and Representation • Organizational Infrastructure and Leadership • Strategic Practices and External Relations	• Organizational and Communication Gaps • Structural and Operational Inefficiencies • Workforce Strain • Financial Constraints and Dependency • Technological and Data Infrastructure Gaps • Weak Community Engagement and Public Trust
Opportunities	**Threats**
• Expanding and Deepening Community Engagement • Strategic Partnerships and Cross-sector Collaboration • Innovation, Informatics, and Technology Modernization • WFD and Leadership Continuity • Responsive Public Health Programming	• Political and Financial Instability • Organizational Culture and Resistance to Change • Public Health System Strain and Workforce Burnout • Public Health Distrust and Misinformation • Digital Gaps and Technological Lag

Strategic Planning Process Cont'd

External factors such as political and funding volatility, population growth, misinformation, and climate-related risks were also considered in the planning process. Together, these findings helped the SPC identify recurring themes and areas where focused internal improvement would have the greatest impact. Using this information, the SPC ranked responses to identify a set of strategic priority areas for the 2026–2031 period:

Work groups were then established to develop goals, objectives, strategies, and performance measures aligned with each priority. The work groups were categorized by bureau and the director's office. Each group was tasked with creating goals and objectives for the priorities most relevant to their areas (Appendix C).

Transparent and Accountable Leadership

Leadership that operates with a clear demonstration of ethical standards. It includes communicating decisions, sharing organizational goals and progress, and maintaining visibility in leadership roles. Accountability is leadership that takes ownership of actions and ensures that individuals and teams are held to consistent performance standards. It also emphasizes fair processes for addressing misconduct or underperformance.

Together, transparency and accountability foster trust within the organization and with the public.

Impacted Area: Department-wide
Lead Bureau Office, or Program: Director's Office

Start	Finish	Strategy	Performance Metric	Activity	Responsible Party
September 2026	January 2027	Create clear channels for two-way feedback	Increase opportunities for conversation and communication with members of the Directors Office	Creation and usage of feedback channels (more consistency in managers and supervisors meeting, townhalls and visits with outside clinics	Director of communications, IT, MPHD Director, HR
March 2027	December 2027	Communicate decisions and rationale for decisions as much as possible	Communications to employees and the community	Identify activities that are appropriate. Begin with communicating rationale for performance evaluation changes and roll out of Leading-Edge training and future campaign around HPO status.	MPHD Director, ELT
June 2027	June 2028	Reinforce core values into decision-making to employees	75% of programs have completed at least 1 core values checklist related to program operations and delivery of service (internally or externally)	Core values checklist developed, approved, and implemented. Staff educated on how, when, and why the checklist should be used	ELT

Connection to Our Mission, Vision, and Values

By creating feedback channels, communicating decisions, and aligning actions with core values, leadership builds trust both internally and with the community. Transparency ensures that public health actions are responsive, ethical, and aligned with community needs, directly supporting the mission. Moreover, accountable leadership strengthens partnerships and public confidence, which are essential for achieving widespread health improvements. These efforts help create the conditions necessary for the vision of a community where health and well-being are accessible to all.

Data-driven Decision Making

Systematically using data to inform policies, programs, and resource allocation in public health. Prioritize evidence-based strategies and performance monitoring.

Key components include reliable data collection systems, staff capacity to analyze and interpret data, and building program/project evaluation skills. Data-informed decision-making ensures greater accountability, transparency, and service effectiveness. It also supports innovation and continuous quality improvement.

Impacted Area: TB, HIV, STI and Communicable Diseases
Lead Bureau, Office, or Program: Communicable Disease and Emergency Preparedness (CDEP)

Start	Finish	Strategy	Performance Metric	Activity	Responsible Party
In progress	October 2026	Routine programmatic data review institutionalized	Communicable Disease trends analyzed weekly	Use data dashboards and other data outputs to identify high-incidence areas of communicable diseases and guide interventions.	CDEP, ESPPE
June 2026	June 2027	Improve CDEP staff data awareness and utilization	100% of CDEP leadership and 50% of CDEP staff complete data literacy training.	Train appropriate CDEP staff on data analytics and interpretation for communicable disease trends.	CDEP
June 2026	June 2027	CDEP data training and reporting systems established	20% of data-driven projects are reviewed with designated CDEP staff for additional training purposes	Leverage existing MPHD epidemiologists and data-driven projects to strengthen staff familiarity and comfort level with data-driven decision making.	CDEP, ESPPE
June 2026	June 2027	Communicable disease incidence reduction – baseline measurement	High-incidence areas will be targeted as communicable disease trends are monitored	Target high-incidence areas with public health messaging, education, and potential partnerships.	CDEP, Comms
June 2027	December 2031	Communicable disease incidence reduction milestone	Progress report generated	Document created showing highlights, successes, areas for improvement and impacts seen in target populations	CDEP

Data-driven Decision Making
Impacted Area: TB, HIV, STI and Communicable Diseases
Lead Bureau, Office, or Program: Medical Services

Start	Finish	Strategy	Performance Metric	Activity	Responsible Party
In progress	September 2027	HIV testing optimization and monitoring	Year over year increases in percentage of Tuberculosis Elimination (TBE) patients with known HIV status	Increase percentage of patients that test post education and documentation of the communication of results, referral to EIS and treatment, and connection to resources	TBE Program, Ryan White Part A
In progress	December 2031	Increase HIV status known for patients receiving care in MPHD TBE	99% of TBE patients being aware of HIV status	Increased proportion of patients receiving HIV education from provider	TBE Program
June 2026	June 2027	HIV testing protocol expansion	93% of providers charting occurrence of HIV education during TBE clinic visits	Increase training and importance of consistent counseling and documentation of the counseling in patient health record.	TBE Program
September 2026	December 2027	Hepatitis C screening expansion	93% of providers charting occurrence of HCV education during TBE clinic visits	Increase training and importance of consistent counseling and documentation of the counseling in patient health record.	TBE Program
September 2026	December 2029	Hepatitis C treatment linkage scale-up	Year of year increases in percentage of TBE with known HCV status	Increase percentage of patients that test post education and documentation of the communication of results, referral to TDH HCV Navigator for referral to treatment and connection to resources	TBE Program
September 2026	December 2031	Increase Hepatitis C status known for patients receiving care in MPHD TBE	80% of TBE patients are aware of their HCV status	Increased proportion of patients receiving HCV education from provider	TBE Program

Data-driven Decision Making – Impacted Area: TB, HIV, STI and Communicable Diseases – Lead Bureau, Office, or Program: Clinical Services

Start	Finish	Strategy	Performance Metric	Activity	Responsible Party
September 2026	December 2029	Patient counseling and education on HPV vaccines	≥ 84% of eligible patients counseled on HPV vaccines	Increasing provider counseling and documentation of HPV vaccines	Clinical Services, Preventive Health
January 2027	December 2029	Coordination of services to deliver HPV vaccine to eligible patients	Assessment of the number of individuals in Patagonia (EHR), seen in the Sexual Health Clinic (SHC) without a complete HPV series	Increase the number of referrals from the Sexual Health Center to the Preventive Health clinic for HPV vaccines.	Clinical Services, Lentz 110 and 120
January 2027	December 2029	Increase syphilis testing for all women of reproductive age	95% of patients offered testing	Point of care (POC) testing for syphilis by all clinical programs for women of reproductive age.	Clinical Services, Preventive Health, and POC occurring with safety net partners.
January 2027	December 2029	Increase and expedite treatment of those who are pregnant and presenting to SHC for treatment	95% of pregnant patients receiving treatment for syphilis diagnosis	Fast-track visit for those that are pregnant and need treatment presenting to SHC.	Clinical Services, SHC and Preventive Health.

Data-driven Decision Making – Impacted Area: Environmental and Animal Control – Lead Bureau, Office, or Program: Environmental

Start	Finish	Strategy	Performance Metric	Activity	Responsible Party
July 2026	September 2026	Animal shelter population reduction	Increasing public outreach in the forms of signage, advertising, etc.	Identify funding and messaging. Create updated content semiannually.	MACC, Comms
July 2026	December 2027	Animal control enforcement to decrease shelter population	25% increase in Animal Control Officers (ACOs)	Increased officer numbers and retention lead to lower shelter populations	MACC
In Progress	December 2031	Improved shelter facility	Identification of new property and initiation of the financial and procurement processes	Progress will be measured by milestones, not a change indicator. Identification of land, acquisition of property, facility design, construction, migration, etc.	EHS, BD, MACC
In Progress	December 2026	Air quality enforcement	Implementation of Air quality system	Begin 2-year collection of violation tracking, identifying repeat offenders	Air Quality Division
June 2027	June 2029	Fines as a deterrent	Reduction in repeat offenders after 2 year data collection period	Review data and produce report to present to stakeholders	Air Quality Division

Data-driven Decision Making – Impacted Area: Maternal and Child Health (MCH) – Lead Bureau, Office, or Program: Population Health

Start	Finish	Strategy	Performance Metric	Activity	Responsible Party
June 2026	December 2026	Perinatal Periods of Risk (PPOR) data analysis	1 year of fetal deaths and infant birth death data compiled and analyzed	Complete Phase 1 analysis and produce report	FIMR and ESPPE
December 2026	June 2027	PPOR intervention planning	Annual review and quality improvement plan	Complete Phase 2 analysis and produce report	FIMR and ESPPE
October 2027	December 2027	PPOR program implementation	Completed internal review document for MCH strategies/services	Review and update of quality improvement plan	MCH Mission Teams
In progress	December 2031	PPOR outcome improvements achieved	Deliver Stakeholder presentation on data and strategies	Review Phase 1 and 2 analysis, update quality improvement and performance metric dashboards	MCH Mission Teams, WIC, CHANT
October 2027	December 2027	Improve internal MCH data awareness and utilization of insurance enrollment to guide outreach and access	100% of Health Access mission team members complete data analysis training.	Identify and obtain resources to train Health Access mission teams on data analytics and interpretation for health access trends.	Health Access Mission Teams
July 2027	June 2028	MCH data dashboard implementation	20% of MCAH and CHANT mission teams crossed trained on internal enrollment trend dashboard	Leverage ESPPE teams to strengthen staff familiarity with data-driven decision making	MCH Mission Teams, CHANT, ESPPE
In progress	December 2031	MCH data-driven policy improvements	Deliver report on policy improvements resulting from data awareness initiatives and cross-training	Convening with MCH Mission Teams, CHANT, Health Access, and ESPPE, to compile data and evaluate policy changes because of intervention	MCH Mission Teams, Health Access Mission Teams, CHANT, ESPPE
In progress	December 2026	Increase breastfeeding initiation rates	≥ 65% of mothers reporting breastfeeding	Increased promotion of breastfeeding to WIC program enrollees	WIC
July 2027	December 2029	Breastfeeding program expansion	Increase number of staff who complete breastfeeding courses in LMS	Identify who all would qualify based on job, how many already trained, and how many remaining to train.	Population Health supervisors, HR
July 2026	December 2028	Promotion of postpartum maternal care	≥ 37% postpartum visits within 12 weeks of giving birth	Postpartum maternal care is promoted by Nashville Strong Babies staff	NSB

Data-driven Decision Making – Impacted Area: Maternal and Child Health (MCH) – Lead Bureau, Office, or Program: Population Health Continued

Start	Finish	Strategy	Performance Metric	Activity	Responsible Party
In progress	December 2030	Smoking cessation in pregnant population	65% reporting smoking cessation	Ensure that all pregnant women are screened for tobacco use and are referred cessation services such as GIFTS or the TN Tobacco Quitline when visiting MPHD clinics or enroll in one of the MPHD home visiting programs.	Tobacco Prevention Program Coordinator, WIC, Reproductive Health, and Home Visiting Programs

Data-driven Decision Making – Impacted Area: Department-wide – Lead Bureau, Office, or Program: Epidemiology, Strategic Performance, Policy, and Evaluation (ESPPE)

Start	Finish	Strategy	Performance Metric	Activity	Responsible Party
In progress	September 2028	Department-wide data training development and implementation	100% ELT pilot data literacy training	ELT provides feedback and approval timeline for launch	ESPPE, ELT, Learning and Development manager
In progress	December 2026	Data capacity, use and understanding needs assessment	100% of bureau staff assessed on understanding and use of data in decision-making	Conduct Bureau-level assessment	ESPPE
April 2026	December 2029	Department-wide facilitation training and implementation	10% of staff are trained in facilitation	Increase the % of staff who have received facilitation training	Senior Health Strategist
June 2027	December 2028	Data dashboards and reporting systems implemented	30% of supervisors/managers are data stewards across MPHD	Increase % of supervisors/managers, and data stewards who have received training	ESPPE
In progress	December 2028	Routine program performance review process established	25% of programs have identified at least 1 initiative or process for quality improvement	QI Coordinator will conduct training with staff on how to use PMS system for QI, update QI Project Form for documentation, and conduct training on documenting QI Projects	QI/PMS Coordinator, MPHD program managers and staff

Data-driven Decision Making – Impacted Area: Department-wide – Lead Bureau, Office, or Program: Director's Office

Start	Finish	Strategy	Performance Metric	Activity	Responsible Party
December 2028	December 2029	Data governance policies adopted	Data governance body established	Identify participants and create charter, determine meeting cadence and responsibilities	MPHD Director, ESPPE, Clinical Services, CDEP, Pop. Health, Environmental and Medical Services, IT
June 2028	December 2030	Department decision-making routinely guided by analytics and epidemiological trends	90% compliance of documentation of data rationale and health equity metrics in programmatic decision-making	Coordinate with managers and supervisors for training on documenting.	Health Strategist, ELT, ESPPE

Connection to Our Mission, Vision, and Values

By prioritizing evidence-based interventions and continuous quality improvement, these efforts ensure that decisions are grounded in measurable community health needs and outcomes. This approach directly advances the mission to protect, improve, and sustain health by targeting interventions where they are most effective. It also supports the vision of creating healthy conditions everywhere by enabling equitable, data-informed responses across all populations. Data-driven practices increase accountability and ensure that health improvements are both strategic and sustainable.

Public Health Services

Interventions and preventive measures to improve population health. This includes services such as disease prevention, health promotion, maternal and child health, and environmental health. The focus is on accessibility, responsiveness to community needs, and evidence-based delivery. Effective public health services prioritize equity and ensure all populations benefit from support. These services are foundational to a healthy and thriving community.

Impacted Area: Maternal and Child Health (MCH)
Lead Bureau, Office, or Program: Communicable Disease And Emergency Preparedness (CDEP)

Start	Finish	Strategy	Performance Metric	Activity	Responsible Party
August 2026	June 2027	Childhood immunization program expansion	Improve vaccination rates among Davidson County children.	Utilize partnerships to expand messaging and education regarding vaccine efficiency and safety	CDEP, Comms, PHIG Partnership Coordinator
June 2027	December 2028	Community outreach and immunization promotion scaling	Increase vaccination education and access through mobile services.	Increase opportunities for mobile health services by establishing a Clinical Services Mobile Health Unit	Clinical Services, CDEP
In progress	June 2027	Reduce incidence of congenital syphilis	Increase syphilis and congenital syphilis education within the community.	Utilize community partners and community healthcare professionals to strengthen education and awareness of congenital syphilis	CDEP, Communication Division
In progress	December 2026	Congenital syphilis prevention initiatives expanded	Work with healthcare providers to increase testing for syphilis during pregnancy.	Healthcare providers in Davidson County that report STI infections to MPHD will be contacted to encourage multiple testing of pregnant patients	CDEP, Clinical Services

Public Health Services – Impacted Area: Maternal and Child Health (MCH) – Lead Bureau, Office, or Program: Medical Services

Start	Finish	Strategy	Performance Metric	Activity	Responsible Party
July 2026	June 2028	Improve childhood immunization of pediatric patients	Increased percentage of pediatric patients referred for vaccination in TB and dental clinics.	Obtain TennIIS access for clinic staff to allow for data retrieval and subsequent referral for vaccination	Oral Health Services, TBE Program, Preventive Health Program

Public Health Services – Impacted Area: Maternal and Child Health (MCH) – Lead Bureau, Office, or Program: Population Health

Start	Finish	Strategy	Performance Metric	Activity	Responsible Party
In progress	December 2026	Reductions in food insecurity	1a. WIC program enrollment and participation rates are maintained or increased over next 3-5 years	As funding allows, all eligible people are enrolled in the WIC program. Increase education in eligibility criteria.	WIC
In progress	September 2027	Utilization of WIC Benefits	WIC redemptions for food benefits increase.	1b. For 2024, families redeemed $4.2 million on fruits and vegetables and $7.4 million on other WIC foods in Davidson County stores. (Does not include formula redemptions)	WIC
July 2026	June 2028	Improve referral tracking and rates across MPHD	Increase the number of Population Health programs that refer to SNAP and other food assistance programs.	Coordination with Population Health program managers and supervisors to identify current referral processes and rates, identify gaps and opportunities for process improvement and connection to eligible persons.	WIC, Population Health managers and supervisors
In progress	December 2029	All eligible referrals for families are accepted by a home visiting service.	Processing and assigning rates are maintained or increases as compared to 2025.	Identify the % of the referrals that were submitted that are eligible and ineligible for home visiting or behavioral health services.	WIC, CHANT, ESPPE

Public Health Services – Impacted Area: Health Access – Lead Bureau, Office, or Program: Clinical Services

Start	Finish	Strategy	Performance Metric	Activity	Responsible Party
July 2026	October 2026	Increase number of school nurses	100% of MNPS schools have a nurse assigned	Evaluate retention strategies and funding opportunities	Program leadership, HR, Comms
September 2026	December 2026	Improve appointment availability	Next available clinic appointment for FP/IMM within 2 weeks; SHC routine within 2 weeks; SHC high priority within 48 business hours.	Generate Patagonia appointment schedule and reports from lead clerical staff members on next available.	Clinical services
September 2026	June 2027	Clinic scheduling and workflow improvements implemented	At least three walk-in slots available at each clinic, per day.	Increase the number of walk-in slots based on clinic/staff availability as well as patient demand.	Clinical services

Public Health Services – Impacted Area: Health Access – Lead Bureau, Office, or Program: Clinical Services Continued

Start	Finish	Strategy	Performance Metric	Activity	Responsible Party
March 2028	June 2028	Mobile clinic initiatives launch	Number of completed encounters on mobile services appointments.	Establish baseline of patients served with evaluation done at least annually to improve outreach and delivery of care.	Clinical services
June 2028	December 2029	Mobile clinic service expansion across priority communities	Number of completed events in which the team was set up to provide services to individuals within the community.	Establish baseline of patients served with evaluation done at least annually to improve outreach and delivery of care.	Clinical services, ESPPE, PHIG Community Mapping

Public Health Services – Impacted Area: Community Safety – Lead Bureau, Office, or Program: Director's Office

Start	Finish	Strategy	Performance Metric	Activity	Responsible Party
August 2026	March 2027	Complete Community Safety Task Force Assessment and Recommendations Report	Final report completed and submitted to Mayor's Office by March 2027	Collect, analyze, and synthesize task force findings, stakeholder input, community data, and recommendations into a formal report for leadership review and adoption.	Director's Office, ESPPE
January 2027	June 2027	Develop implementation framework for Community Safety Task Force recommendations	Implementation plan approved by MPHD leadership and Mayor's Office	Establish performance measures, and resource requirements for implementation of a community safety taskforce data infrastructure	Director's Office, ESPPE
July 2027	December 2028	Launch coordinated implementation monitoring process	Quarterly implementation progress reports produced and shared with stakeholders	Develop performance dashboards and reporting mechanisms to track implementation progress and outcomes associated with Community Safety Task Force recommendations.	Director's Office, ESPPE
January 2028	December 2031	Evaluate impact of Community Safety initiatives on priority outcomes	Annual evaluation report completed and disseminated	Monitor community safety indicators and assess effectiveness of implemented recommendations to inform continuous improvement efforts.	Director's Office, ESPPE

Public Health Services – Impacted Area: Opioid Overdose Prevention and Response – Lead Bureau, Office, or Program: Population Health

Start	Finish	Strategy	Performance Metric	Activity	Responsible Party
January 2027	December 2031	Expand overdose education and naloxone awareness efforts	Annual increase in number of individuals receiving overdose education and targeted naloxone distribution	Develop and deliver overdose prevention education, naloxone training, and resource materials to priority populations and community organizations.	Population Health, Communications
July 2027	December 2031	Increase community partner engagement through data-informed overdose prevention activities	At least two community data-sharing and education sessions conducted annually	Increase access through community partners to support coordinated response efforts.	Population Health, ESPPE, Community Partners

Public Health Services – Impacted Area: Department-wide – Lead Bureau, Office, or Program: ESPPE

Start	Finish	Strategy	Performance Metric	Activity	Responsible Party
April 2026	December 2031	Increase use of evidence for development and implementation of public health services	Increase number of MPHD programs and Metro agencies that use the Metro Health Lens Tool (HLT) to embed equity and health for all	Expand awareness, education, and coordination internally and across Metro gov't of the HLT	Health Equity Coordinator, Senior Strategist
August 2026	June 2027	Evidence-informed decision frameworks adopted	Creation of a protocol for standardized QI process	Conduct training on the use of the PDSA process for QI projects within the department as a standardized tool	ESPPE
March 2027	December 2028	Department-wide program evaluation integration	≥ 10% compliance SOP desktop procedures within the department.	Train and support bureau divisions and programs on desktop SOP guidelines and documentation	HiAP Coordinator
March 2028	December 2031	Department performance outcomes evaluated	20% of MPHD bureaus, divisions and programs will have evaluation plan	Establish an evaluation system, based on the CDC Framework, to assess effectiveness, efficiency, and impact of MPHD programs	ESPPE

Connection to Our Mission, Vision, and Goals

By increasing outreach, enhancing care coordination, and addressing barriers to services, these initiatives ensure that all residents can benefit from essential public health programs. This directly fulfills the mission by actively protecting and improving population health through timely and effective interventions. Furthermore, the emphasis on equity and accessibility aligns with the vision of ensuring healthy conditions for everyone, regardless of geography or circumstance. Collectively, these strategies strengthen the foundation of a healthier, more resilient community.

Organizational Culture

Shared values, beliefs, norms, and practices that shape employee behavior and workplace interactions. It influences morale, collaboration, and the overall atmosphere within the department.

A healthy culture promotes respect, inclusivity, recognition, and mutual support. It also enables adaptability, innovation, and sustained motivation. Improvements in culture often bolster a unified and positive workforce.

Impacted Area: Department-wide
Lead Bureau Office, or Program: Director's Office

Start	Finish	Strategy	Performance Metric	Activity	Responsible Party
June 2026	June 2027	Improve cross-bureau collaboration	≥5 joint initiatives formally documented	Chief Health Strategist (CHS) coordinates with bureau leadership to identify opportunities and in progress instances of collaboration to expand staff and stakeholder awareness	CHS, ELT, PMS/QI Coordinator
January 2027	June 2028	Expand leadership development	90% of managers/supervisors and ELT receive leadership training	ELT, managers and supervisors register and attend Leading Edge or other leadership training	MPHD Director, ELT, HR, Finance
November 2028	January 2029	Identify drivers of staff dissatisfaction	Creation and implementation of internal customer service survey	Coordinate with HR to identify best practices and evidence-based tools available for conducting a workforce analysis	CHS, HR, ELT
January 2027	January 2028	Expand mentorship and career pathways	≥30 active mentorship pairs	Reintegrate previous mentorship program	Director of Health, ELT, HR, Clinical Services

Connection to Our Mission, Vision, and Values

By fostering a culture of QI, collaboration, mentorship, and process improvement, the department enhances morale and builds a more unified and effective workforce. A strong internal culture enables staff to deliver higher-quality services, directly contributing to the mission of improving and sustaining community health. Additionally, an engaged and supported workforce is better equipped to innovate and respond to emerging health needs. This alignment between workforce well-being and service excellence supports the vision of creating healthy conditions for everyone.

Infrastructure and Operational Efficiency

Systems, technology, and physical resources that enable public health departments to operate effectively. It includes digital modernization, streamlined workflows, adequate facilities, and resource allocation that support core functions. Operational efficiency focuses on minimizing delays and resource waste while maximizing service delivery. A strong infrastructure ensures that staff have the tools they need and that the public receives timely, coordinated services. Continuous improvements in this area strengthen organizational resilience and responsiveness.

Impacted Area: Department-wide
Lead Bureau Office, or Program: ESPPE

Start	Finish	Strategy	Performance Metric	Activity	Responsible Party
In progress	December 2030	Improve accessibility of MPHD data by modernizing data systems and processes	Number or percentage of qualifying manual data processes automated	Work with program managers, supervisors, and Metro ITS to identify manual data processes that are eligible for automation	ESPPE, ITS
In progress	December 2028	Programmatic integration of business intelligence (BI) tools	Increase % of programs that have access to their data via BI tools	Coordinate with programs to identify those with and without access to BI tools, implement and train as needed	ESPPE, ITS
In progress	December 2026	Informatics workgroup	Establish formal workgroup with cross-departmental representation	Identify participants through ELT and bureau managers and supervisors, Procure consultants with informatics workgroup oversight	ESPPE, Finance, Clinical Services, ELT
June 2026	December 2030	Informatics comprehensive assessment	Data systems assessment completed	Comprehensive assessment of current systems and processes	ESPPE, Finance, consultant
January 2027	June 2028	Informatics strategic improvement plan	Informatics improvement strategic plan completed	In coordination with the informatics workgroup and consult: draft a strategic plan for review by the ELT and stakeholders across the department	Informatics Workgroup, ESPPE, consultant

Connection to Our Mission, Vision, and Values

By reducing inefficiencies and enhancing coordination across departments, the organization can deliver services more effectively and responsively. These improvements help the department achieve healthier outcomes by equipping staff with the tools and systems they need to perform at an elevated level. This operational strength is essential to achieving the mission, as it supports consistent and reliable public health actions. In turn, efficient and well-coordinated systems contribute to the vision by ensuring that healthy conditions are maintained across all communities.

Plan Alignment

Community Health Improvement Plan (CHIP) Alignment

MPHD's Strategic Plan and the 2026–2028 Nashville Community Health Improvement Plan (CHIP) are intentionally designed to ensure coordination between internal departmental priorities and broader efforts to improve the health of the community. The CHIP focuses on improving community-wide systems determinants of health issues, including housing, economic opportunity, food access, and resource navigation. MPHD's Strategic Plan concentrates on strengthening the internal capacity required to effectively support and sustain this work. The Strategic Plan also addresses specific public health issues of current significance that are impacted by the issues being addressed in CHIP.

The Strategic Plan supports CHIP implementation by improving MPHD's ability to coordinate partnerships, use data to inform decisions, and operate efficiently across programs and bureaus. Internal priorities related to data systems, workforce capacity, and organizational performance directly support MPHD's role as lead agency and convener for CHIP activities.

MPHD collaborated closely with CHIP partners, including the Nashville Health and Well-being Leadership Council and other community stakeholders, during both the community health assessment and improvement planning processes. This coordination helps avoid duplication of effort and ensures that internal improvements within MPHD enhance but not replace community-driven initiatives.

By clearly distinguishing between internal organizational priorities and community health outcomes, this Strategic Plan strengthens MPHD's ability to contribute meaningfully to CHIP goals while maintaining accountability for internal performance and improvement.

Performance Management System (PMS) and Quality Improvement (QI) Alignment

To ensure linkage to our performance management system, MPHD created a crosswalk to outline how the strategic plan addressed in Domain 10 of the PHAB reaccreditation guide and performance management/quality improvement in Domain 9 will align.

We first identified all the required standards, measures, and elements where performance management and the strategic plan overlap most explicitly. The following color-coded table outlines that alignment:

Standard of Alignment	Measure of Alignment	Element of Alignment

Measure	Required Document	Elements
9.1.1A	Performance Management System	(a) Performance management goals and associated objectives with time-framed measurable targets.
		(b) A description of how the performance management system operates, including the process for how staff will:
		(c) Linkages between the performance management system and strategic plan. (If the linkages are not evident in the example, they could be indicated in the Documentation Form
	Narrative description of the implementation of the performance management system. The example must include customer feedback	
9.1.2A	Quality Improvement (QI) Plan	(a) List and description of key quality terms
		(b) Key elements of QI structure, which must minimally include a description of roles and responsibilities of those responsible for the QI plan's implementation.
		(c) Description of QI learning opportunities offered to all levels of department staff
		(d) Description of the process for identifying, prioritizing, and initiating QI projects
		(e) Goals and objectives with time-framed targets, related to the department's QI plan implementation. (Note: these ARE NOT the same as the department objectives. This is specific to rolling out
		(f) Description of how implementation of the QI plan is monitored.
		(g) Communication strategies used to share with stakeholders about QI activities conducted by the health department.

9.1.3A	Implement quality improvement projects	(a) How the opportunity for improvement was identified.
		(b) The measurable and time-framed objectives (s) for how the project aims to address the opportunity for improvement.
		(c) Use of a QI method (i.e., PDA, DMAIC, rapid cycle improvement, etc.)
		d) Use of QI tools to better understand or make decisions
		(e) A description of outcomes of the QI project, including progress toward the measurable objective(s) established in requirement
9.1.4A	Nurture a culture of quality across the health department	
9.2.1A	Base programs and interventions on the best available evidence	
	Foster Innovation	

After these areas of alignment were identified, a visual representation of the feedback loop between the strategic plan and performance management/quality improvement was drafted:

Domain 9	Document Number	Element(s)
9.1.1A	1	**(a)** Performance management goals and associated objectives with time-framed measurable targets
		(c) Linkages between the performance management system and strategic plan. (If the linkages are not evident in the example, they could be indicated in the Documentation Form)
9.1.2A	1	**(a)** List and description of key quality terms.
		(d) Description of the process for identifying, prioritizing and initiating QI projects
9.1.3A	1	**(a)** How the opportunity for improvement was identified
		(b) The measurable and time-framed objectives (s) for how the project aims to address the opportunity for improvement
		(e)A description of outcomes of the QI project, including progress toward the measurable objective(s) established in requirement element (b). The description must include data used to determine whether the project's objective(s) was met and identify next steps resulting from the project.

Putting the Plan into Action

Governance and Accountability

Executive Oversight

- Director of Health
- Executive Leadership Team (ELT)

Strategic Coordination

- Chief Health Strategist
- Bureau of Epidemiology, Strategic Performance, Policy, and Evaluation

(ESPPE) Operational Implementation

- Bureau Directors
- Program Managers and Supervisors
- Cross-functional program teams

Implementation Timeline

Across the department, the start and duration of strategic goals and targets for achieving performance metrics will vary. However, structurally, they have been designed to follow a basic outline:

- Strategic launch, baseline assessments, staff orientation to the strategy and metrics
- Initial program implementation and system improvements
- Enhancement of services, partnerships, and operational improvements
- Program optimization
- Outcome evaluation and performance improvements
- Sustainability planning and preparation for the next strategic cycle

Performance Monitoring and Reporting

- Performance Monitoring
  - o Strategic indicators uploaded to PMS and tracked by CHS
  - o Bureau-level progress reviews
  - o Integration of data dashboards and program metrics
- Quality Improvement
  - o Use of structured improvement methods (e.g., PDSA cycles)
  - o Identification of operational improvement opportunities
  - o Continuous learning across programs
- Reporting Schedule
  - o Progress updates to leadership
  - o Annual strategic plan progress report
  - o Regular updates to the Board of Health (BOH)

Communication and Engagement

- Regular internal updates to staff and leadership
- Progress reporting to the Board of Health
- Strategic updates incorporated into department communications
- Collaboration with community partners and CHIP stakeholders

List of Acronyms

Acronym	Definition
ACO	Animal Control Officer
BD	Bureau Director
BOH	Board of Health
CDEP	Communicable Disease and Emergency Preparedness (in org chart/table)
CHANT	Community Health Access & Navigation in Tennessee
CHIP	Community Health Improvement Plan
EHS	Environmental Health and Safety
ELT	Executive Leadership Team
ESPPE	Epidemiology, Strategic Performance, Policy and Evaluation
FP	Family Planning
HCV	Hepatitis C Virus
HiAP	Health in All Policies
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
HR	Human Resources (seen in org chart)
ITS	Information Technology Services
LMS	Learning Management System
MACC	Metro Animal Care and Control
MNPS	Metro Nashville Public Schools
MPHD	Metro Public Health Department
PESTLE	Political, Economic, Social, Technological, Legal, Environmental
PHAB	Public Health Accreditation Board
PHIG	Public Health Infrastructure Grant
PMS	Performance Management System
QI	Quality Improvement
RACI	Responsible, Accountable, Consulted, Informed
SHC	Sexual Health Clinic
SOP	Standard Operating Procedures
SPC	Strategic Planning Committee
STI	Sexually Transmitted Infection
SWOT	Strengths, Weaknesses, Opportunities, Threats
TBE	Tuberculosis Elimination
TBE	Tuberculosis
TDH	Tennessee Department of Health
WFD	Workforce Development (referenced in SWOT/strategic context)
WIC	Women, Infants and Children Supplemental Nutrition Program

Resources

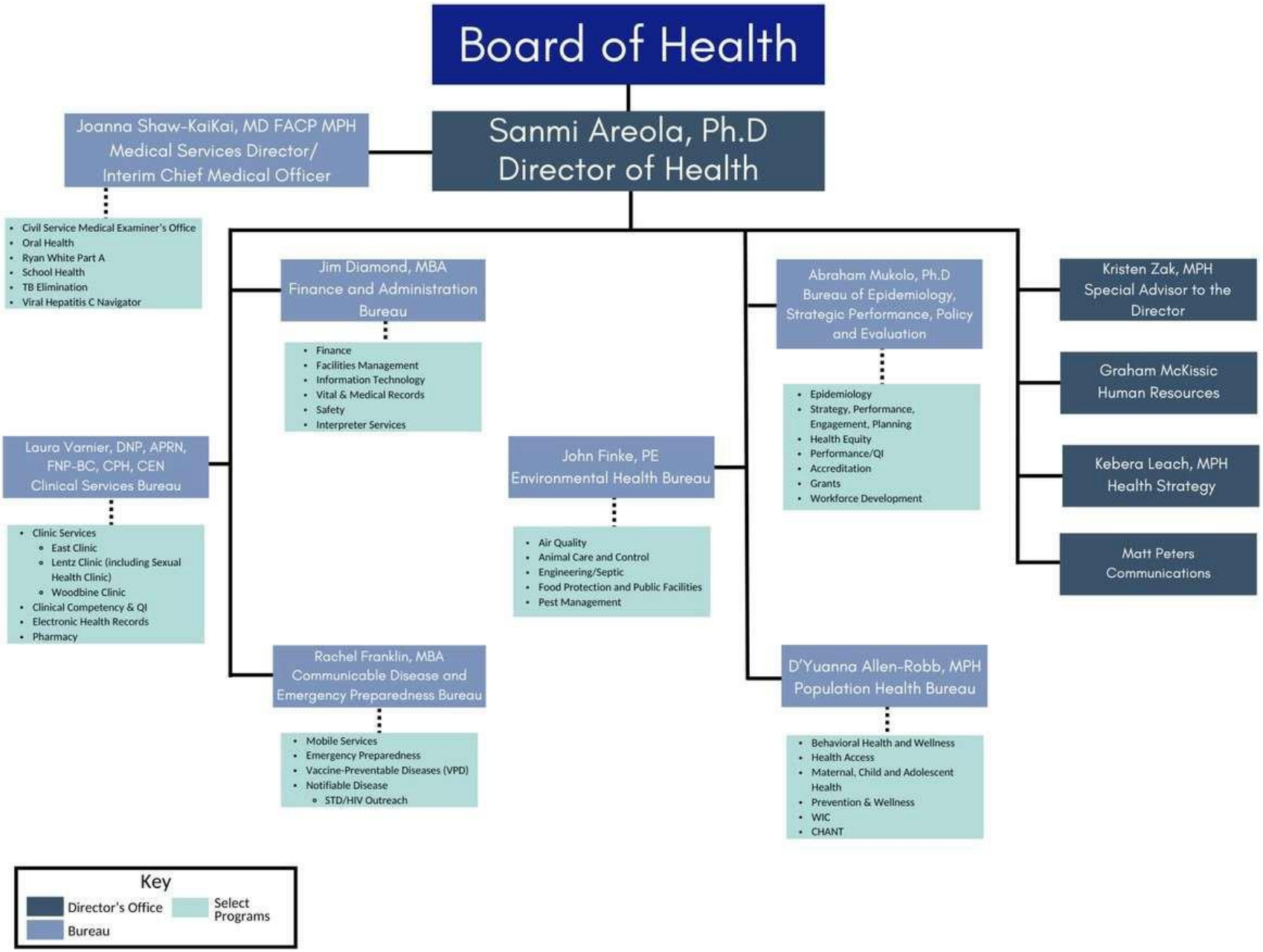
PHAB Strategic Plan Template https://phaboard.org/resource-library/strategic-plan-template/

NAACHO - Developing a Local Health Department Strategic Plan: A How-To Guide https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/StrategicPlanningGuideFinal.pdf

2026-2028 Community Health Improvement Plan https://www.nashville.gov/sites/default/files/2026-02/2026-2028-CHIP-Approved-Revision-Feb2026.pdf?ct=1771622638

2024-2025 Community Health Assessment https://www.nashville.gov/sites/default/files/2025-07/Community-Health-Assessment-Report-2025.pdf?ct=1752666100

Appendix A - Detailed MPHD Organizational Chart



Executive Summary

This presentation outlines the results of a two-round strategic planning survey conducted to gather insights from key stakeholders across the department. The purpose of the survey was to identify priorities, challenges, and opportunities that will inform the next phase of the department's strategic planning process.

Round One focused on leadership and subject-matter experts. These individuals form our Strategic Planning Committee (SPC). A total of 17 participants contributed, including a BOH member, the ELT and representatives from Strategic Planning and Engagement, Health Equity, and Epidemiology. This round emphasized high-level perspectives on the department's strategic direction, capacity, and alignment with public health goals.

Round Two expanded the lens, engaging 33 individuals from all bureaus. Participants were selected by bureau heads to ensure diverse representation of operational roles and perspectives. Respondents included managers, supervisors, frontline staff, and individuals responsible for core processes. This round captured more ground-level insights about organizational strengths, barriers to progress, and areas needing coordination or investment.

Appendix B – Strategic Planning Survey Results

Executive Cont'd

Together, these two rounds provided a layered view of strategic priorities—linking leadership vision with operational realities.

The presentation will walk through key findings, cross-cutting themes, and initial implications for the strategic planning process. The results serve as both a diagnostic and a foundation—helping leadership and staff move forward with a shared understanding of where the department stands and what is needed to move ahead effectively.

These insights will directly inform the next steps in building a strategic plan that is inclusive, data-informed, and actionable.

SWOT Definition

A SWOT analysis is a tool used to assess an organization's internal and external environment. It stands for **Strengths**, **Weaknesses**, **Opportunities**, and **Threats**.

Strengths are internal advantages the organization can leverage—such as skilled staff, strong partnerships, or effective programs.

Weaknesses are internal challenges that may limit performance or progress, like gaps in capacity, outdated systems, or communication breakdowns.

Opportunities are external trends or developments the organization could take advantage of—such as funding availability, policy changes, or emerging community needs.

Threats are external risks or pressures that could negatively impact the organization, like budget cuts, workforce shortages, or shifting political landscapes.

Strengths - Major Themes and Definitions

The combined results reaffirm the department's human capital and organizational capacity as core strengths.

- Workforce Commitment and Culture (17 mentions) remains the single most recognized asset, emphasizing the dedication, resilience, and passion of staff.
- Community Orientation and Engagement (14 mentions) highlights MPHD's connection to residents and its responsiveness to local needs.

Strengths	
Theme	**Short Definition**
Workforce Commitment and Culture	Reflects the dedication, motivation, and retention of employees committed to public service.
Community Orientation and Engagement	Captures the organization's visible, mission-driven service and active presence in the community.
Diversity, Inclusion, and Representation	Highlights the presence and value of a diverse, inclusive, and culturally responsive workforce.
Organizational Infrastructure and Leadership	Encompasses internal systems, leadership stability, and structural clarity that support operations.
Strategic Practices and External Relations	Focuses on the use of data, continuous improvement, and collaboration with external partners.

Weaknesses - Major Themes and Definitions

The combined weaknesses reveal significant internal barriers.

- Organizational Communication Breakdown (21 mentions) stands out as the most critical challenge, pointing to transparency gaps, leadership disconnects, and communication silos.
- Structural and Operational Inefficiencies (18 mentions) highlight fragmented systems, rigid workflows, and obstacles to adaptability.
- Workforce Strain and Instability (17 mentions) reflects issues of burnout, staff turnover, and capacity limitations.

Weaknesses	
Theme	**Short Definition**
Organizational Communication Breakdown	Persistent internal communication failures, lack of transparency, and disconnects between leadership and staff hinder alignment and effectiveness.
Structural and Operational Inefficiencies	Fragmented structures, siloed teams, and resistance to change limit organizational adaptability and productivity.
Workforce Strain and Instability	Low morale, inadequate support, and limited career pathways contribute to employee burnout and turnover.
Financial Constraints and Dependency	Heavy reliance on grants and limited budgeting flexibility restrict programming and staff capacity.
Technological and Data Infrastructure Gaps	Outdated or absent informatics systems impede modernization and efficient service delivery.
Weak Community Engagement and Public Trust	Ineffective outreach and declining public trust undermine community connection and organizational impact.

Opportunities - Major Themes and Definitions

The opportunities data show strong potential for organizational reform and external positioning.

- Expanding and Deepening Community Engagement (11 mentions) reflects the chance to strengthen trust, broaden outreach, and reach underserved populations.
- Workforce Development and Leadership Continuity (11 mentions) emphasizes succession planning, professional growth, and knowledge transfer.
- Internal Reform and Organizational Clarity (10 mentions) signals appetite for governance and process improvements.

Opportunities	
Theme	**Short Definition**
Expanding and Deepening Community Engagement	Enhancing visibility, trust, and responsiveness through stronger ties with residents and community groups.
Strategic Partnerships and Cross-Sector Collaboration	Building and reactivating partnerships with external organizations to increase capacity and impact.
Innovation, Informatics, and Technology Modernization	Modernizing systems and services through digital tools, data infrastructure, and tech-enabled practices.
Workforce Development and Leadership Continuity	Leveraging new hires and retirements to build talent, preserve knowledge, and foster leadership stability.
Responsive Public Health Programming	Expanding services to address the needs of a growing and diverse population with targeted public health efforts.
Internal Reform and Organizational Clarity	Improving internal structures, transparency, and equity to create a more effective and supportive workplace.

Threats - Major Themes and Definitions

The threats are dominated by external instability and internal fragility.

- Political and Financial Instability (42 mentions) is by far the greatest concern, overshadowing all other categories. This reflects reliance on volatile funding streams and exposure to policy shifts.
- Organizational Culture and Resistance to Change (9 mentions) and Workforce Burnout (8 mentions) represent internal risks that compound external volatility.
- Distrust, Misinformation, and Public Perception (7 mentions) adds another external challenge, pointing to reputational and credibility threats.

Threats	
Theme	**Short Definition**
Political and Financial Instability as Structural Threats	Interference and instability in politics and funding compromise organizational planning and sustainability.
Organizational Culture and Resistance to Change	Cultural rigidity and resistance to change stifle innovation and reinforce outdated practices.
Public Health System Strain and Workforce Burnout	Limited resources and increasing demands lead to staff stress, burnout, and operational fatigue.
Distrust, Misinformation, and Public Perception	Public skepticism, misinformation, and alienation challenge trust and engagement.
Digital Gaps and Technological Lag	Technological stagnation and poor digital communication hinder public engagement and internal efficiency.
Leadership Clarity and Strategic Focus	Lack of clear leadership direction and internal cohesion undermines strategic alignment.

PESTLE ANALYSIS

PESTLE Definition

A PESTLE analysis is a tool used to examine the external factors that can impact an organization. It stands for **Political, Economic, Social, Technological, Legal**, and **Environmental** factors.

Political factors include government policies, regulations, and political stability.

Economic factors cover things like inflation, funding availability, and economic trends.

Social factors relate to demographics, public attitudes, and cultural shifts.

Technological factors look at innovation, digital infrastructure, and emerging tools.

Legal factors involve laws, regulations, and compliance requirements.

Environmental factors consider climate, sustainability, and ecological challenges.

PESTLE is often used in strategic planning to help organizations anticipate and respond to external changes that may affect their operations or priorities.

Politics - Major Themes and Definitions

The combined political factor responses show funding, ideological tension eroding trust in public health as major contributing factors:

- The political landscape is dominated by instability and volatility in public health funding (15 mentions), highlighting a chronic vulnerability tied to shifting federal, state, and local priorities.
- Organizational and community tensions stemming from political dynamics (10) further illustrate the stress caused by misalignment between political directives and local health needs.

Politics	
Theme	**Short Definition**
Instability and Volatility of Public Health Funding	Precariousness of funding streams for public health departments, often contingent on shifts in political leadership - elimination of grants, sudden funding reallocations
Politicization of Public Health and Science	How public health discourse and practice are increasingly influenced or undermined by political agendas - erosion of scientific authority and credibility, misinformation or politicized communication from federal entities that disrupt public trust.
Impact of Partisan Governance on Local Health Practices	How the ideological orientation of state and federal governments constrains or redirects public health operations - changes in political administration destabilize long-term planning and service delivery.
Organizational and Community Tensions Due to Political Climate	Internal and external tensions created by politically polarized environments - ideological misalignments within the workforce, reduced safety for marginalized communities.

Economic - Major Themes and Definitions

The combined results for economic factors demonstrates a strain on both programmatic functions, public health resources, and the public health workforce:

- Pressures are most evident in volatility in funding sources (27), reinforcing the sector's dependence on uncertain grants and appropriations.
- Rising costs and inflationary pressures (17) compound operational challenges, while workforce economic strain (10) reflects the difficulty of retaining skilled staff amidst increasing living costs.

Economics	
Theme	**Short Definitions**
Volatility in Funding Sources	Unstable and at-risk funding sources hinder program sustainability and planning.
Rising Costs and Inflationary Pressures	Inflation and cost of living increases strain organizational and community resources.
Workforce Economic Strain	Economic conditions challenge salary adequacy, retention, and recruitment.
Mismatch Between Population Growth and Resource Allocation	Population growth outpaces funding, straining services and public health efforts.

Social - Major Themes and Definitions

The combined social factors responses highlight division, misinformation, public engagement, and views around SDoH:

- Division and polarization (8) have emerged as the most cited theme, limiting consensus on health measures.
- Distrust and disengagement from public health institutions (6), combined with challenges in community and cultural engagement (6), demonstrate how credibility gaps hinder uptake of services.
- Broader social determinants of health (6)—such as housing, poverty, and aging—remain constant drivers of inequity, while the role of social media (3) contributes to the spread of misinformation.

Social	
Theme	**Short Definitions**
Distrust and Disengagement from Public Health Institutions	Widespread mistrust, misinformation, and fear weaken participation.
Social Division and Polarization	Political and ideological rifts hinder unified public health action.
Cultural and Community Engagement Challenges	Cultural divides and weak cohesion reduce connection and engagement.
Role of social media	Public trust and behavior are heavily shaped by social media.
Broader Social Determinants of Health	Social conditions like housing and aging affect health equity.
Public Health's Role in Social Reassurance	MPHD must reassure communities and counter misinformation actively.

Technological - Major Themes and Definitions

The combined technological factor responses emphasize gaps in the department infrastructure and a need to adapt and adopt new technologies to improve service and efficiency:

- Lagging infrastructure (10) and disparities between public and private sectors (5) highlight the systemic underinvestment in health technology. At the same time, adoption of AI and emerging technologies (10) shows enthusiasm for modernization, even as concerns remain about challenges of adoption (6) and data protection (4).

Technological	
Theme	**Short Definition**
Lagging Technological Infrastructure	Outdated systems slow down services and operations.
Adoption of AI and Emerging Technologies	AI tools offer benefits, but adaptation is a challenge.
Cybersecurity and Data Protection Concerns	Digital risks require robust security and compliance efforts.
Technological Disparities Between Public and Private	Private sector outpaces public health in tech investment.
Technology as a Tool for Service Improvement	Effective tech use improves service quality and efficiency.
Challenges of Technological Change and Adoption	Rapid tech change strains MPHD's capacity to keep up.

Legal - Major Themes and Definitions

Combined responses on factors in the legal environment reflect increasing strain on flexibility and responsiveness:

- Political volatility and legal instability (9) are the most frequently cited issues, echoing concerns in the political category.
- Regulatory and compliance burdens (8) add further administrative strain, while contractual and operational legal complexities (5) slow procurement and service delivery.

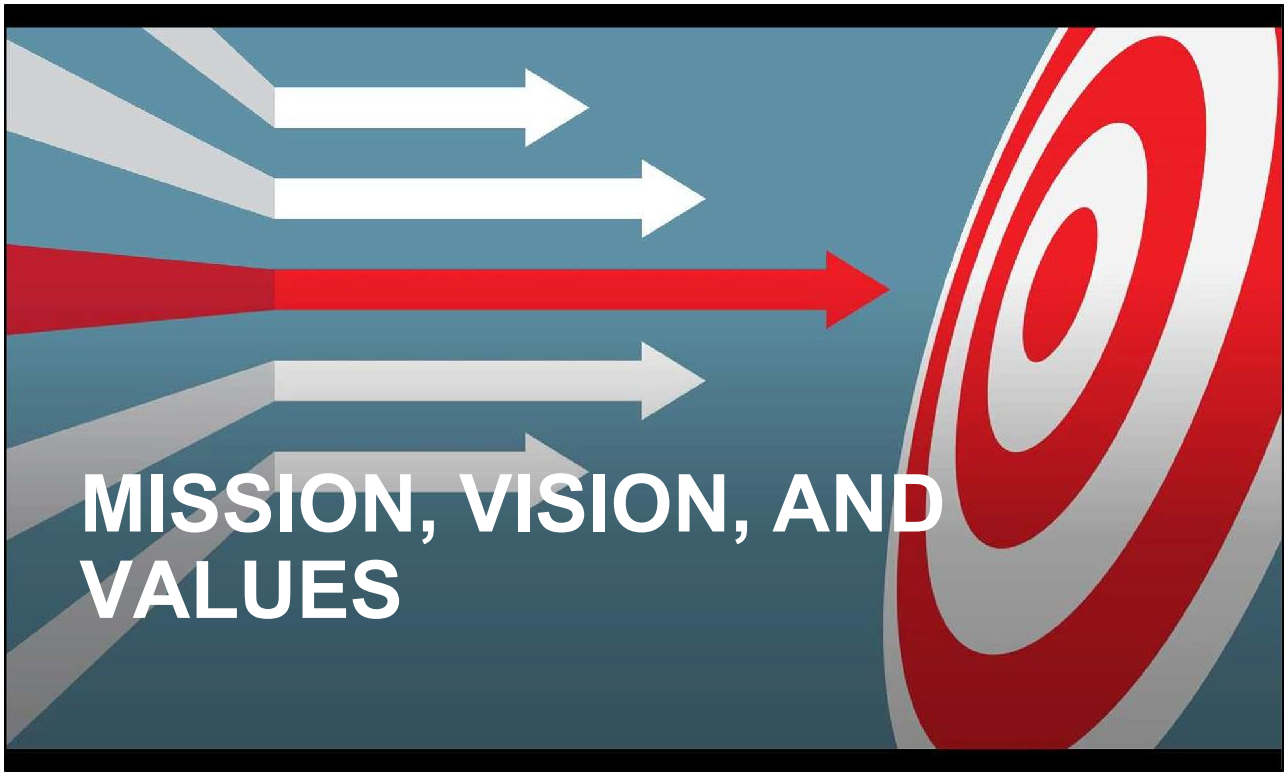
Legal	
Theme	**Short Definition**
Regulatory and Compliance Burdens	Expanding legal rules limit flexibility and increase risk.
Legal Instability and Political Volatility	Political shifts cause inconsistent legal environments.
Access, Equity, and Legal Constraints	Laws may limit services and access for marginalized groups.
Contractual and Operational Legal Complexities	Bureaucratic and legal hurdles delay and complicate health programs.
Internal Ethics and Legal Vulnerabilities	Ethical lapses internally threaten financial and reputational stability.
Balancing Public Health and Legal Boundaries	Navigating legal boundaries complicates service delivery.

Environmental - Major Themes and Definitions

Combined, environmental pressures are both immediate (severe weather) and systemic (sustainability and infrastructure), requiring proactive integration into public health planning:

- Climate change and extreme weather events (16) dominated concerns.
- Environmental health inequities (6) emphasize that marginalized communities face disproportionate risks.

Environmental	
Theme	**Short Definition**
Climate Change and Extreme Weather Events	More severe weather events increase health risks and service disruption.
Environmental Health Inequities	Disadvantaged groups face the worst environmental hazards.
Infrastructure and Population Growth Pressures	Urban growth stresses infrastructure and public health systems.
Public Health's Role in Environmental Protection	MPHD must act on environmental risks and promote health protections.
Built Environment and Long-Term Planning	Poor planning weakens environmental health strategies.
Perceptions of Limited Impact or Knowledge	Some staff lack awareness or perceive minimal environmental issues.

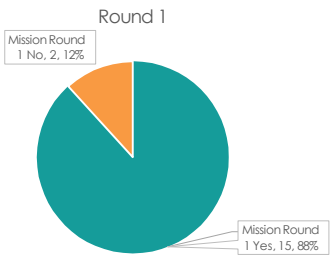


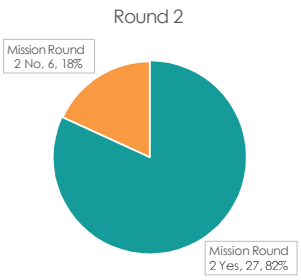
MPHD CURRENT MISSION STATEMENT:

"Protect, Improve and Sustain the health and well-being of all people in Nashville and Davidson County.

QUESTION:

Do you agree that this mission statement is still serving the department well? Is it conveying what you believe our purpose and identity to be?





"No" Highlights

- The mission emphasizes sustainability and protection, the department is not actively improving or expanding its services.
- Services are seen as fragmented rather than integrated, highlighting a disconnect between the mission's intent and the department's tangible outcomes

"Yes" Highlights

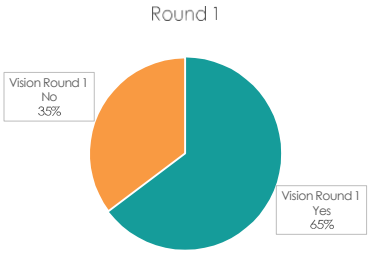
- The statement is inclusive, succinct, and aligned with broader public health principles.
- It addresses the full spectrum of public health work—prevention, equity, protection, and service to all residents of Nashville.
- It represents an aspirational and unifying vision that reflects the department's commitment to improving community health and maintaining public trust.

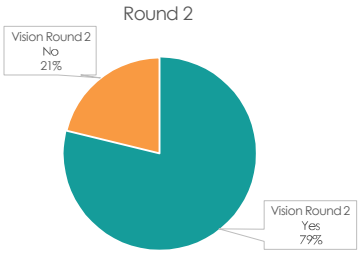
MPHD CURRENT VISION STATEMENT:

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

QUESTION:

Do you agree that the vision statement is still serving the department well? Does it actually describe what the goals and aspirations of the organization should achieve?





"No" Highlights

- overly broad, abstract, and aspirational nature
- should better reflect tangible goals, specific public health functions
- vague, difficult to operationalize, and disconnected from the department's actual scope and services

"Yes" Highlights

- inclusive, aspirational, and aligned with the department's overarching goals.
- focus on outcomes tailored to individual potential, rather than one-size-fits-all solutions
- recognition of implementation challenges, but the vision was viewed as a compass for the department's values and future actions

MPHD CORE VALUES

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.

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.

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

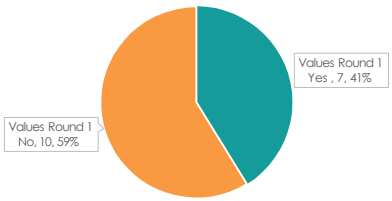
Equity: We value and leverage diversity in our team, customers, and partners. We treat the communities we serve, our customers, our partners, and one another with fairness and impartiality. We strive to eliminate disparities and aim for access and justice in health.

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

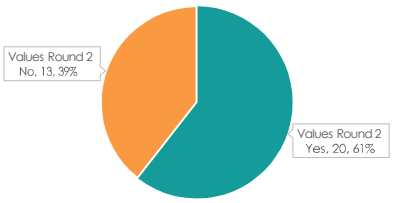
QUESTION:

Do you believe that our current core values are meaningful and are having a positive impact on the department's culture?

Values Round 1



Values Round 2



"No" Highlights

- skepticism about the real-world application and impact of the department's core values
- significant disconnect between these stated ideals and daily practices
- culture is marked by mistrust, poor accountability, and limited transparency
- inconsistent integration into meetings, decision-making, and interactions both internally and externally
- suggestions to revise or expand the values, to better reflect employee needs and organizational realities
-

"Yes" Highlights

- core values are meaningful, aspirational, and appropriate for public service
- reflective of the department's mission, promoting fairness, respect, and service to underserved communities
- while optimism and endorsement of the values were strong, there was a recurring call for more visible implementation, accountability, and clarity in how the values are lived out across all levels of the organization.

Appendix C

R – Responsible
A – Accountable
C – Consulted
I – Informed
RA – Responsible and Accountable

Task/Stakeholders	Directo's Office/ELT	Population Health	Clinical Services	Medical Services	CDEP	ESPPE	Finance
Transparent and Accountable Leadership	RA	C	C	C	C	C	C
Data-driven Decision-making	RA	R	R	R	R	R	R
Public Health Services	A	R	R	R	R	R	C
Organizational Culture	RA	C	C	C	C	C	C
Infrastructure and Operational Efficiency	A	C	C	C	C	R	R

Record of Revisions

Revision	Section/Progress	Date	Responsible
Opioid and Community Safety Goals	Priority 3	6/9/2026	Director's Office, ESPPE, and Pop. Health
Organizational chart updated	Agency Overview	8/6/2026	CHS, Communications Director
ADA Compliance Check and Reformatting	Whole Document	8/9/2026	CHS