Nashville Health & Well-being Leadership Council

Orientation Guide

Table of Contents

1. Contact Page 3
2. Overview 4
3. Executive Order 6
4. Mission, Vision, Values 10
5. Member Responsibilities 12
    a. Schedules
    b. Bylaws
    c. Committee and Task Force Guidance
    d. Member Recruitment
    e. Member Roster
6. Community Health Improvement Process 16
    a. Community Health Assessment
    b. Community Health Improvement Plan
        i. Workgroups
            1. Co-chair responsibilities
            2. Membership
7. Health in All Policies (HiAP) 18
8. Appendices 20

Any questions should be directed to

- Tracy Buck, Metro Public Health Department
  Tracy.buck@nashville.gov
  Office: 615-340-5321
  Cell: 615-651-5427

- Jeff Wamble, Metro Social Services
  Jeff.wamble@nashville.gov
  Office: 615-880-2648
  Cell: 615-479-7643

Overview

The Nashville Health and Well-being Leadership Council is responsible for drawing attention to important public health problems and encouraging ownership of their solutions. Community-wide action is required to improve health- including action by individuals, families, schools, employers and businesses, community groups, religious communities, and government.

The Nashville Health and Well-being Leadership Council continues the work of the Healthy Nashville Leadership Council, initially established by Mayor Bill Purcell in 2002 and renewed by each subsequent mayor. The current membership and work is in place through Executive Order 32 by Mayor Freddie O'Connell. The updated Executive Order adds Metro Social Services as a second backbone to the Council, sharing support responsibilities for the Council.

The current work of the council is outlined in the 2026-2028 Community Health Improvement Plan. This plan is a roadmap to align various initiatives, programs, and activities to improve the health of the Nashville community. This plan is the result of the 2024 community health assessment process to identify and prioritize community needs. This process and the identified data are described in the 2024-2025 Community Health Assessment report.

The NHWLC hosts information about the community health assessment and community health improvement plan on the webpage:
https://www.nashville.gov/departments/health/community-health-planning

Metro Public Health Department and Metro Social Services share responsibility for sharing information on the department's social media accounts:

MPHD:

https://www.facebook.com/MPHDNashville

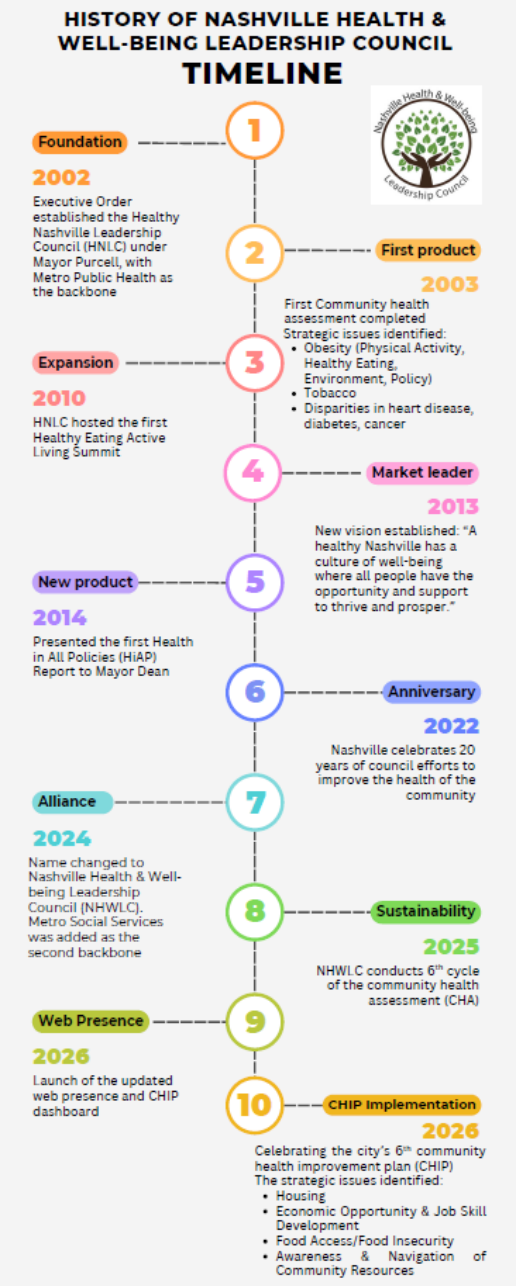
https://x.com/NashvilleHealth

https://www.instagram.com/nashvillepublichealth/

MSS:

https://www.instagram.com/NashvilleMSS/

A SharePoint site has been created for the members. This site functions as a repository for documents and materials. The CHIP Workgroups also have access to the folders within the SharePoint site. Tracy Buck is responsible for granting access.



History

The Nashville Health & Well-being Leadership Council continues the work of the Healthy Nashville Leadership Council (HNLC). The HNLC was established by Executive Order in 2002 by Mayor Bill Pucell. The HNLC began conducting community health assessments in 2003 using the Mobilizing for Action Through Planning and Partnership (MAPP), which is a community-driven strategic planning process for improving community health.

In 2010, the HNLC hosted the first Healthy Eating Active Living (HEAL) Summit. The HNLC continued to host Summits for the Nashville community annually through 2019.

Health in All Policies is defined by CDC as a collaborative approach that integrates and articulates health considerations into policymaking across sectors to improve the health of all communities and people. In 2014, the first Health in All Policies (HiAP) report was presented to Mayor Dean.

In 2024, the name was changed to Nashville Health & Well-being Leadership Council, and Metro Social Services was added as a secondary backbone organization. This change shifts the focus of the council to embrace the importance of career, social, financial, and community as aspects of well-being.

See the timeline for more information.

Executive Order

Mayor Freddie O'Connell Executive Order Number 032

Subject: Nashville Health and Well-being Leadership Council

WHEREAS, the Metropolitan Government desires to improve the health and the economic and social well-being of its residents by assessing resident's health status, the current economic systems, policies, and services available to support health and economic and social well-being, and potential forces of change affecting resident health and establishing strategic priorities for community health improvement; and

WHEREAS, much of the community's physical and mental health and its social and economic well-being are impacted by factors largely beyond an individual's control, including the cost of living, poor access to quality jobs, the displacement of historical communities, and institutional and structural racism both past and present, all of which can lead to inequitable access to resources; and

WHEREAS, community-wide action is necessary to improve health and well-being, including action by individuals, families, schools, employers and businesses, community groups, religious communities, and various agencies within government; and

WHEREAS, the Healthy Nashville Leadership Council has been successful in drawing community-wide attention to and encouraging ownership of important public health and well-being problems and their solutions and establishing the Nashville Health and Well-being Leadership Council to carry on in its place will further improve the health and economic and social well-being of Davidson County residents.

NOW, THEREFORE, I, Freddie O'Connell, Mayor of the Metropolitan Government of Nashville and Davidson County, by virtue of the power and authority vested in me, do hereby find, direct, and order the following:

1. Nashville Health and Well-being Leadership Council: There is a Davidson County council called the Nashville Health and Well-being Leadership Council (hereinafter "Council").
2. Council's duties: The Council shall be charged with:

   a. Assessing the health status and quality of life of Davidson County residents, assessing health systems that promote and support health, and assessing potential forces of change;

   b. Assessing and promoting an understanding of the forces affecting the economic and social well-being of residents;

   c. Establishing strategic priorities and mobilizing collaborative and effective community initiatives to achieve improvements in health and economic and social well-being; and

   d. Assessing and promoting the consideration of the health impacts of programs and policies across the Metropolitan Government, [i.e., Health in All Policies].
3. Council members: The Council shall be composed of eighteen (18) members appointed by the Mayor.

   a. One of the members shall be the Director of Health or her/his designee.

   b. One of the members shall be the Director of Social Services or her/his designee.

   c. One of the members shall be a member of the Metropolitan Board of Health.

   d. Other appointees to the Council shall include, but not be limited to, representatives of health care organizations, community organizations, and other interested community members.

   e. Members of the Council shall be appointed with a conscious intention of reflecting a diverse mixture with respect to race, ethnicity, gender, and age. Davidson residency is strongly preferred although non-residents may be considered if they are strongly invested in well-being, health, and equity for Davidson County residents.
4. Terms for Council members:

   a. Except for the Directors of Health and Social Services, the regular term of a member of the Council shall be three (3) years.

   b. However, of the initial membership of the Council, five (5) members will serve

one (1) year, five (5) members will serve two (2) years, and six (6) members will serve three (3) years so that the terms are staggered as to replace no more than one third (1/3) of the members each year. The Mayor will designate the term length for each initial Council member at the time of appointment.

c. Members of the Council shall continue in office until the expiration of the terms for which they were respectively appointed and until such time as their successors are appointed unless a member is administratively removed from the Council pursuant to section 10 below.

d. Metropolitan Departments/Commissions shall have six (6) non-voting appointments to the Council. These Ex officio members represent but are not limited to:

i. Metropolitan Parks and Recreation Department,

ii. Nashville Department of Transportation and Multimodal Infrastructure,

iii. Metropolitan Nashville Police Department,

iv. Metropolitan Nashville Fire Department,

v. Metropolitan Nashville Public Schools,

vi. Metropolitan Planning Department, or

vii. Metropolitan Department of Codes and Building Safety.

Ex officio members are permitted to appoint a designee to serve in their stead. These members do not count toward determining a quorum. Ex officio members will attend all meetings and provide program updates and support to the Council as needed and requested.

5. Vacancies: A vacancy shall be filled in the same manner as a regular appointment.
6. Compensation: Members of the Council shall not be compensated for services rendered.
7. Chair: The Mayor shall appoint a chair from among the members. Chair position must be occupied by a Davidson County resident.
8. Officers: The Council shall elect other officers as the Council finds necessary and appropriate.
9. Quorum: A quorum for approving decisions by the Council shall consist of a majority of the currently filled positions on the Council.

10. Removal of Members: A member who fails to attend three (3) or more meetings in a calendar year will cease to be a member absent a vote of retention by the Council.
11. The Council shall conduct meetings in accordance with its bylaws.
12. Staff: The Metropolitan Public Health Department and Metropolitan Social Services Department shall share staff support responsibilities for the Council.

Ordered, Effective and Issued: January 17, 2024

Freddie O'Connell

Metropolitan County Mayor

Mission, Vision, Values

Mission

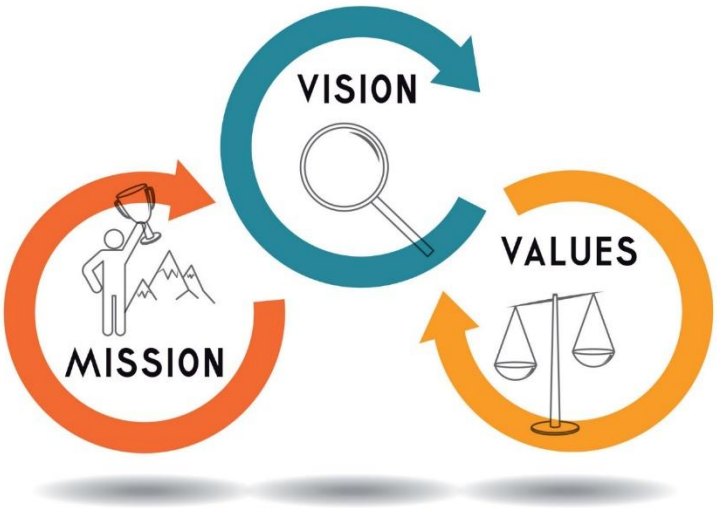
The Nashville Health & Well-being Leadership Council collaborates with communities to improve health and well-being in Nashville/Davidson County.

Vision

A healthy Nashville recognizes all residents equitably and facilitates investments in the well-being of all.

Values

community involvement
positive intent
equity
empathy/compassion
accountability
integrity



By-Laws

The purpose of the by-laws is to establish procedures for organizing the business of the Nashville Health & Well-being Leadership Council, hereafter referred to as the NHWLC, in executing its duties and responsibilities.

The full bylaws document is available in the Appendices and the member SharePoint site.

Meeting Calendar

- 3rd Tuesday of the month at 1 pm.
- In-person meetings twice per quarter. Virtual meetings once per quarter.
- Virtual meetings will be one-hour sessions (1- 2 p.m.), and in-person meetings will be two-hour sessions (1- 3 p.m.).
- Virtual meetings will be conducted using the Webex virtual platform.
- In-person meetings will be held at the Lentz Public Health Center unless space is unavailable. We will provide notice of the alternate in-person location as soon as possible.

2026	2027
January 20- virtual	January 19- in person
February 17- in-person	February 16- virtual
March 17- in-person	March 16- in person
April 21- in-person	April 20- virtual
May 19- virtual	May 18- in person
June 16- in-person	June 15- virtual
July 21- virtual	July 20- in person
August 18- in-person	August 17- virtual
September 15- in-person	September 21- in person
October 20- in-person	October 19- virtual
November 17- virtual	November 16- virtual
December 15-in person	December 14- in person

Member Roles and Responsibilities

The Nashville Health & Well-being Leadership Council is charged with assessing the health status and quality of life of Davidson County residents. This includes assessing health systems for essential services, identifying potential drivers of change, and establishing strategic priorities to mobilize community initiatives and improve health. The following are the roles and responsibilities for the Officers and general membership of the Nashville Health & Well-being Leadership Council (NHWLC).

Officers

Chair

• The Mayor appoints the position

• Responsible for presiding at all meetings

• Will work with department staff to set agendas and establish work plans for the council

• Responsible for signing all documents related to action taken by the NHWLC

• Term is for one year and may serve for only two (2) consecutive one (1) year terms

• May call additional meetings as necessary

Vice-Chair

• Position elected by the general membership

• In the absence of the Chair, will exercise the powers and perform duties of the Chair

• Will succeed the Chair in the event of a vacancy in that office based on Mayoral approval

• Term is for one year and may serve for only two (2) consecutive one (1) year terms

Members

• Meet a minimum of six (6) times per year

• Establish a regularly scheduled meeting time

• Attendance at meetings is expected

• Three (3) absences from regular NHWLC meetings in one year may result in forfeiture of the remainder of the member's term

• General members have one vote; Ex Officio members do not have voting rights

• Quorum will consist of a majority of the voting members

• May determine additional officer positions for the NHWLC (e.g., Secretary) by majority vote

• Any subcommittee established by the NHWLC must be chaired by a NHWLC member

• Will not be compensated for services rendered

Committee and Taskforce Guidance

As a chair or co-chair of an NHWLC committee and task force, use the following guidance to ensure the agreed-upon values of the NHWLC are represented in the work. As the leader of a work group, you are empowered to figure out the best way to operate in daily practices. If you need additional resources or help, please contact Tracy Buck, tracy.buck@nashville.gov, or Jeff Wamble, jeff.wamble@nashville.gov

1. Approach work and discussions using data and promising evidence.

2. Set up a regular feedback loop with leadership and participants, so you have a continuous improvement mindset.

3. Regularly report progress and challenges to NHWLC.

4. Use a health equity lens.

5. Seek diverse perspectives and opinions.

6. Build a culture that focuses on relationships and builds trust.

7. Agree on how success will be measured and shared with stakeholders.

The CHIP work groups meet on the following schedule:

- Housing 2nd Monday, 1-2 pm
- Awareness & Navigation of Community Resources 4th Tuesday, 11 am-12 pm
- Food Access/Food Insecurity 4th Tuesday, 1-2:30 pm
- Economic Opportunity & Job Skill Development 2nd Wednesday 10:15-10:45 am

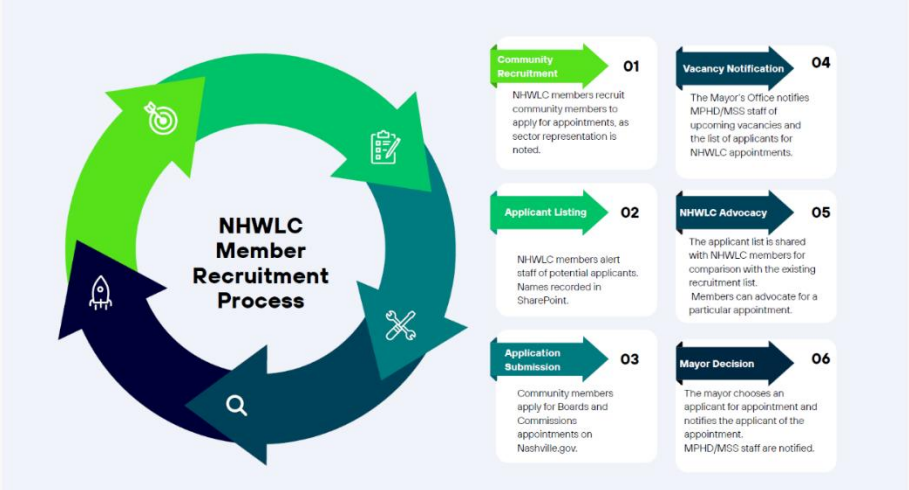
The roster of work group members is found on the webpage.

Sources:

- Collective Impact Forum, https://collectiveimpactforum.org/
- Guide for Using the Racial Equity Approach [full document found in the Appendices]

Member Recruitment

1. **Community Recruitment**
   a. NHWLC members recruit community members to apply for appointments, as sector representation is noted.
2. **Applicant Listing**
   a. NHWLC members notify MPHD/MSS staff of the community members who agree to apply.
   b. A list will be posted on the SharePoint site for NHWLC members to view.
3. **Applicant Submission**
   a. Community members apply for Boards and Commissions appointments at https://www.nashville.gov/departments/government/about-boards-and-commissions, using the ***Apply Now*** link.
4. **Vacancy Notification**
   a. As vacancies are upcoming, the Mayor's Office notifies MPHD/MSS staff. Mayor's Office staff has agreed to share the list of applicants for NHWLC appointments with MPHD/MSS staff. MPHD/MSS staff will share this list with NHWLC members for comparison with the existing recruitment list.
5. **NHWLC Advocacy**
   a. This sharing will allow for advocacy for a particular appointment.
6. **Mayor Decision**
   a. Mayor's Office staff meet with the mayor weekly and bring the applications for discussion regarding vacancies. The mayor chooses an applicant for appointment. The applicant is appointed and receives notification from the Mayor's Office.
   b. MPHD/MSS staff are notified of the appointment.



2026 Member Roster

Areola, Sanmi
Zak, Kristen (Proxy for Sanmi Areola)
Brady, Alfred
Davidson, Haley
Franklin, Tene
Friedman, Elisa
Goodrich, Sarah
Harris, Vickie
Hatchett, Khalela
Keys, John
Jones, Paigean
Molnar, Kimberly
Moore, Sandra
Mouser, Mary Kate
Peacock, Charlotte
Pratt, Renee
Price Neff, Amy
Robinson, Robert
Yancy, Mark

Ex Officio Members

Knowles, Catherine-MNPS
McCaig, Anita-Planning
Odom, Monique-Parks
Miller Jr, Randall-Parks Proxy
Suggs, Sharon-Metro Action
Thomas, Curtis-MDHA
Wilson, Sheronda-MDHA Proxy

Community Health Improvement Process

Community Health Assessment

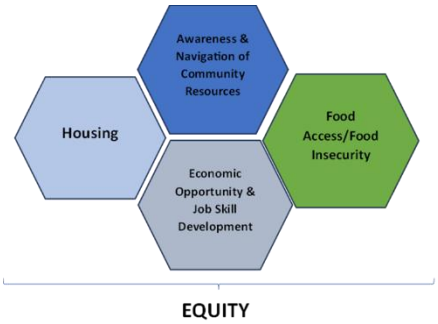
A Community Health Assessment (CHA) is a comprehensive, systematic process that examines the health status and needs of a specific community. The findings are typically compiled into a publicly available report that informs community members, public health practitioners, and policymakers. A CHA draws on both primary and secondary data sources, including community demographics, environmental scans, stakeholder and community feedback, socioeconomic conditions, available community resources, and other key determinants of health. Ultimately, the CHA is used to identify priority health issues and guide strategic planning and action to improve community health outcomes.

Section 2 a.-b. of Mayor O'Connell's Executive Order 32 provides the authority for the duties to perform the CHA process for Davidson County.

NHWLC completed the 2024-2025 CHA in collaboration with the following organizations:

- Metro Public Health Department (MPHD)
- Metro Social Services (MSS)
- Imagine Nashville
- Vanderbilt University Medical Center (VUMC)
- Ascension Saint Thomas
- Sycamore Institute

MPHD worked closely with VUMC and Ascension Saint Thomas to design and conduct the CHA. MPHD, VUMC, and Ascension Saint Thomas have partnered on the previous three CHAs in Davidson County and enjoy a close relationship on many of the activities that took place to connect on community engagement and input, data analysis, prioritization of needs, and responses to the community health council.



The 2024-2025 prioritized needs adopted by the NHWLC are as follows:

- Housing
- Economic Opportunity and Job Skill Development
- Food Access/ Food Insecurity
- Awareness and Navigation of Community Resources

Additionally, equity was adopted as a cross-cutting need integrated into the work of the above-prioritized needs and into select independent actions.

Community Health Improvement Plan

A Community Health Improvement Plan (CHIP) is a strategic, action-oriented plan developed to address the priority health needs identified through the Community Health Assessment (CHA). The CHIP focuses on the most urgent community health issues and outlines evidence-based strategies, roles, and actions to address these priorities. Typically implemented over three years, the CHIP is reviewed and updated regularly. Effective CHIP development and implementation rely on strong collaboration among community partners, organizations, and other stakeholders.

Section 2 c. of Mayor O'Connell's Executive Order 32 provides the authority for the duties to develop and implement the CHIP process for Davidson County.

The 2026-2028 Nashville CHIP presents four key systems issues for the community to address during the next three years. Additionally, equity was adopted as a cross-cutting need that is integrated into the work of the prioritized needs and with select independent actions. These issues were elicited from a rigorous community health assessment process using the modified MAPP 2.0 (Mobilizing for Action through Planning and Partnerships) framework for community health improvement.

Every strategic issue is backed by a dedicated work group. These work groups consist of both NHWLC members and engaged community participants. The CHIP work groups focus on addressing health priorities, ensuring that our initiatives are coordinated and impactful. They convene monthly, concentrating on the goals, objectives, and activities specified in the annual work plans. The roster of work group members is found on the webpage. The work plans are located on the NHWLC SharePoint site and on the webpage: https://www.nashville.gov/departments/health/community-health-planning

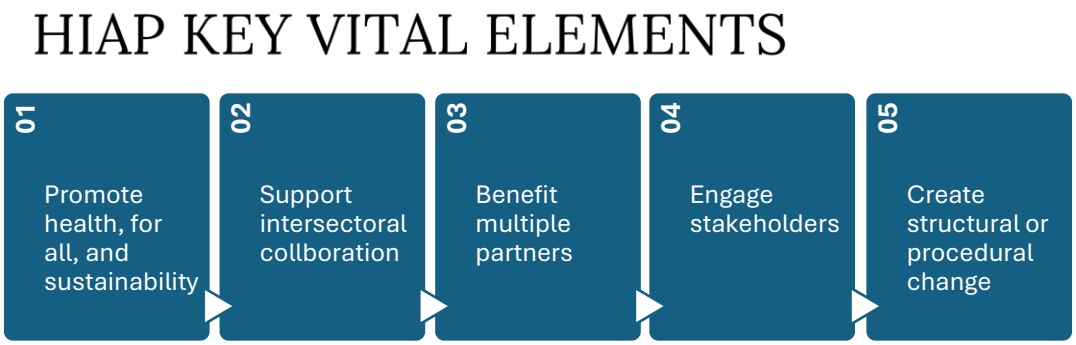
The NHWLC has partnered with Vanderbilt Health to establish a CHIP dashboard to track population-level data indicators associated with the CHIP strategic issues. The dashboard is hosted on the Conduent platform supported by Vanderbilt Health. The dashboard includes a summary of the Nashville CHA/CHIP work. The CHIP Workgroups chose the data indicators that are reflective of the issue. The CHIP dashboard can be accessed using the Community Dashboards icon at this web address: https://www.vumc.org/communityhealthimprovement/community-health-data-resources

Health in All Policies (HiAP)

Centers for Disease Control and Prevention defines Health in All Policies (HiAP) as "a collaborative approach that integrates and articulates health considerations into policymaking across sectors to improve the health of all communities and people."

Section 2 d. of Mayor O'Connell's Executive Order 32 provides authority for the duties to assess and promote the health impact of programs and policies for Metro Government.

HiAP is a comprehensive framework for reducing health disparities by addressing the root causes through integrated policymaking.



The HiAP process addresses the links between inequity and poor health outcomes and enables the breaking down of silos and increased government efficiency. Use of this process creates co-benefits and win-wins for the partners involved. Engaging stakeholders encourages robust engagement and ensures work is responsive to community needs to create meaningful and impactful change. Over time, this creates permanent changes in how agencies relate to each other and how government decisions are made.

The outcomes related to instituting these elements include tailored solutions, increased effectiveness, and reduced disparities.



The Metro HiAP initiative has adopted the Metro Health Lens Tool (HLT) as one of its resources. The HLT is intended to associate potential changes in social, environmental, and economic circumstances with their likely health impacts. The HLT is a REDCap survey and is available at
https://redcap.health.nashville.gov/redcap/surveys/?s=R8WMYNRA49N4HNYT

HEALTH LENS TOOL (HLT) GUIDE

SUMMARY OF HEALTH LENS TOOL

•The HLT helps identify potential health impacts resulting from changes in these conditions, such as improved access to healthcare, reduced exposure to pollution, or increased opportunities for physical activity.
•For each identified condition, the HLT specifies the direction of the health impact—positive, negative, mixed, none, or unclear. It also highlights populations that may be disproportionately affected, such as low-income communities or those with limited access to resources.
•Addressing potential health impacts requires collaboration across sectors. The HLT recommends evidence-based actions that align with findings and avoid negative consequences.

WHY USE THE HEALTH LENS TOOL

Identify Impacted Populations and Stakeholders: Engage communities, partners, and collaborators to assess how decisions may affect different groups, especially those at higher risk for poor health.
Evaluate Social, Economic, and Environmental Conditions: Review how proposed changes may impact these conditions, such as access to resources, employment opportunities, or environmental quality.
Assess Health Impacts: Analyze how changes in these conditions could affect the health of residents, particularly vulnerable populations.
Recommend Evidence-Based Actions: Provide actionable recommendations to address potential health impacts and improve outcomes for all communities.

POTENTIAL TOPICS FOR HLT

•**Social:** Housing, housing code enforcement policies, access to healthcare, education, and community resources.
•**Economics:** Planning & zoning, pedestrian transportation, employment opportunities, income levels, housing affordability, and Vacant lot redevelopment.
•**Environmental:** Air and water quality, green space availability, and pollution levels. Community development, Waterfront revitalization, or bike share programs.
•**Tax and Budget:** Food taxes, low-income housing tax credits, utility fee for transit development

FREQUENTLY ASKED QUESTIONS

When should the Health Lens Tool be used?

The health lens tool can be used to inform decision-making for proposals that may appear to be unrelated to health, such as housing, transportation and land use.

Cross-Sector Collaboration:

Addressing potential health impacts requires collaboration across sectors. The HLT recommends evidence-based actions that align with findings and avoid negative consequences.

Glossary of Terms:

Additional terms related to the HLT, such as "social drivers of health" and "health impact score," are included in the glossary to ensure clarity for all users.

Email Address:
HIAPTeam@nashville.gov

Prepared for:
HiAP Coordinators
Internal Staff and Partners within MPHD
Services/Programs within MPHD

Appendices

1. Bylaws, pages 21-24
2. Guide for Using the Racial Equity Approach, pages 25-33
3. NHWLC One-Pager 2026, page 34

1. **Bylaws,** pages 21-24

Metropolitan Government of Nashville and Davidson County

Nashville Health & Well-being Leadership Council
Rules of Procedure and Bylaws

By-Laws Introduction

The purpose of these by-laws is to establish procedures for organizing the business of the Nashville Health & Well-being Leadership Council, hereafter referred to as the NHWLC, in executing its duties and responsibilities.

Membership of the Committee

1. The NHWLC shall consist of a maximum (18) voting members and a maximum of (6 non-voting ex officio members). The Director of Health and the Metro Social Services Director or appointee(s) shall be appointed to the Council. The Board of Health and the Social Services Commission shall each have at least (1) voting representative. Metro Departments/Commissions shall have six (6) non-voting appointments to the NHWLC.

2. The eighteen (18) voting members of the NHWLC shall be composed of individuals representing the public health system, social services system and interested community members with a stake in community health and well-being as reflected in the community health improvement plan (CHIP). Suggested membership of the NHWLC should include appointments of individuals representing authorities as follows, but not limited to:

- Metro Public Health Department (MPHD)
- Metro Social Services (MSS)
- Community Representatives
- Mayor's Office Representative
- Metro Council member
- Board of Health Representative
- Metro Social Services Commission Representative
- Social Services
- Mental Health/Substance Abuse
- Medical
- Education
- Criminal Justice/Law
- Faith Community
- Business Community
- Environmental (including environmental agencies, built environment, parks & open space)
- Youth
- Senior
- Media
- Non-Profit
- Coalitions
- Advocacy

3. In the event that the pool of applicants' representative of the identified categories is insufficient to fill any one of the categories, then the mayor may appoint individuals who have demonstrated expertise and/or experience in that category.

4. Six representatives from Metro Departments/Commissions shall serve as ex officio members of the NHWLC.

These members shall have no vote and shall not be counted in determining a quorum.

Officers

The mayor shall appoint a Chair and the NHWLC may elect a Vice-Chair and Secretary or fill other offices as it may find necessary. No member may serve as Chair for more than three (3) consecutive one (1) year terms. Officers shall serve one (1) year terms commencing the month following their election. Only voting members are able to serve as an Officer.

Chair

The NHWLC Chair shall preside at all meetings and shall sign all documents relative to action taken by the NHWLC. The Chair shall work with the MPHD and MSS staff to set agendas and establish work plans for the council.

Vice-Chair

In the absence of the Chair, the Vice-Chair shall exercise the powers and perform the duties of the Chair. The Vice-Chair shall succeed the Chair in the event of vacancy in that office based on approval from the Mayor's Office.

Vacancy

If the appointment of the Vice Chair should be terminated, a replacement shall be elected from the membership at the next regularly scheduled meeting following the announcement of termination.

Compensation

Appointed members of the Council shall not be compensated for services rendered.

Meetings

Regular Meetings

The NHWLC shall meet at least six (6) times per year and shall establish a regularly scheduled meeting time. NHWLC meetings will be conducted in-person once per quarter at a regularly scheduled location. The remaining monthly meetings will occur in a virtual space shared by the MPHD and MSS staff.

Notification of the meetings will be publicly posted via the Metro Boards and Commissions page on the Nashville.gov website.

Minutes

The NHWLC shall keep permanent minutes of its meetings. The minutes shall include the attendance of its members and its resolutions, findings, recommendations, and other actions. Following approval of minutes by the NHWLC, the minutes will be posted on the Nashville.gov website (https://www.nashville.gov/departments/health/boards/healthy-nashville-leadership-council) with the posted agenda.

Quorum and Voting

A quorum shall consist of a majority of the voting members of the NHWLC. All actions shall be decided by a majority vote of the voting members in attendance, a quorum being present. If a quorum is present and the early departure of a member results in the lack of a quorum, the member should notify the Chair of the need to depart early before the meeting starts.

Attendance
It is expected that members appointed to the NHWLC will regularly attend its meetings. A member may forfeit the remainder of his/her term and may be replaced if he/she has three (3) unexcused absences from regular NHWLC meetings within a one-year time period. When the NHWLC finds that a member has become disqualified for membership, the staff shall notify the appointing authority so that a new member may be appointed for the remainder of the unexpired term. An unexcused absence is defined as an absence from a regularly scheduled meeting with no advance notice given to the Chair, Vice-Chair, or staff. It also includes no proxy being appointed for that meeting.

Absences
A member who will be unable to attend a regular meeting of the NHWLC must contact the Chair, the Vice-Chair, or staff at least twenty-four (24) hours before the scheduled meeting. Earlier notification is encouraged. (Twenty-four-hour notification is important to allow the staff/Chair of the NHWLC to know whether a quorum will be present in sufficient time to cancel the meeting if necessary.)

Proxy Appointee
A proxy is defined as having the authority or power to act for another. In the event of a known absence, members may delegate their voting power to another voting member. It is the responsibility to the absent member to seek out a proxy appointee and notify the Chair and staff of the proxy transfer.

Conduct of Business
All members of the NHWLC are subject to Metro Nashville Ethics Policy.

In situations that involve a non-profit or private organization for which a NHWLC member is an officer or board member, he or she shall be required to publicly disclose that association and shall not take part in any vote concerning the stated situation.

Committees
The NHWLC may establish such committees as it deems necessary for the conduct of the business. These committees may include additional community members as associates. NHWLC members are encouraged to serve on at least one committee so that he/she/they becomes more knowledgeable about the work of the NHWLC. There is no cap on the number of members on each committee.

Public Participation in NHWLC Meetings
Community members are invited to make comments at regular and special called meeting and are not limited to items on the meeting agenda. Speakers should submit requests in writing via email to NHWLC@nashville.gov within 24 hours prior to the start of the meeting. Comments are limited to two minutes each and a total of five speakers.

Amendment of Rules of Procedures and Bylaws
These Rules of Procedures and Bylaws can be amended at any regular NHWLC meeting by a majority of voting members, provided that the amendment has been submitted in writing to the NHWLC members with the notification of the meeting. The proposed amendment should be submitted to the MPHD and MSS staff members ten (10) days prior to the scheduled meeting.

**Any operational procedures not identified in this document will follow Robert's Rules of Order*

2. **Guide for Using the Racial Equity Approach**, pages 25-33

Healthy Nashville Community Health Improvement Plan Development Process

The Healthy Nashville Leadership Council (HNLC) is responsible for managing the community health improvement plan (CHIP) process. The development of the CHIP will utilize a facilitated process. The following documents will be used in the development process:

- HNLC Health Equity Language and Concepts document
- HNLC Guide for Using Racial Equity Approach
- HLNC Guide for Using Racial Equity Approach Worksheet
- CHIP Template document
- 2022 Community Health Assessment data sheets

The HNLC will invite subject matter experts to join the conversation for the development of the CHIP.

The assembled groups will use the datasheet for the strategic issue to answer the equity framing questions in the HNLC Guide worksheet. These framing questions will help to address the existing inequities within the strategic issues. The responses will be transferred to the CHIP template.
The framing question responses correlate to the CHIP template:

a) SMARTIE[i] goals
    i. What is the problem?
    ii. What is the cause?
b) SMARTIE Objective/Strategy
    i. What action is needed?
c) Organization/Partners
    i. Who are the right partners?
d) Values Highlighted
e) The HNLC will review the "Collaboration Points" section for prioritization of action. Collaboration efforts should be reflective of the data and best practices identified.
f) CHA data will be included in the indicator's sections for evaluation purposes.

The CHIP process will utilize the new SMARTIE format, which is Specific, Measurable, Achievable, Realistic, Timebound, Inclusive, and Equitable. Setting SMARTIE goals and objectives aid in embedding equity into the processes and foster an equity-forward approach.

Healthy Nashville Leadership Council
Guide for Using Racial Equity Approach

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 adapted 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?

   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.

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: • Food deserts • Income inequity • Racial redlining in transit • Zoning for green space • Disinvestment in communities of color • Residential segregation

What/who is responsible?	Individuals	Businesses, policy makers, multiple institutions, and unfair systems

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	• Food security in all communities • Economic investment in low-income communities and communities of color • Accessible and affordable healthy foods in all communities, particularly those of color

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	• Food access policies that target inequity roots: • economic policies that invest in communities of color • partnerships across sectors and with community residents

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 Personal responsibility Choice Individual freedom	• Equity • Justice • Fairness • Shared responsibility

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[iii] that speak to this. Indicators are available at the zip code and census tract level.

HNLC Guide for Using Racial Equity Approach Worksheet

Framing Element	Probing Questions to consider	Additional Action Steps
What is the problem?	▪ 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?	Notes/Comments:
What is the cause? (What/who is responsible?)	▪ 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?	Notes/Comments:

Framing Element	Probing Questions to consider	Additional Action Steps
What is the solution?	▪ How do you address the root causes identified? ▪ What is the link between SDoH governmental policies? ▪ Are organizational policies contributing to the problem?	Notes/Comments:
What action is needed?	▪ 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?	Notes/Comments:
What values are highlighted?	▪ What values are highlighted in our solutions and actions? ▪ What are the values of the work group 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 work group's values align with those of the solutions and action steps?	Notes/Comments:

Framing Element	Probing Questions to consider	Additional Action Steps
How will we know if our actions are resulting in change that advances equity? **Are indicators measuring progress at the structural and systemic level?**	**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.	Notes/Comments:

[i] The Management Center. SMARTIE Goals Worksheet. https://www.managementcenter.org/resources/smartie-goals-worksheet/ Accessed April 26, 2022.

[ii] Racial Equity Data Road Map, Commonwealth of Massachusetts. https://www.mass.gov/service-details/racial-equity-data-road-map Accessed May 19, 2022.

[iii] VUMC Office of Health Equity, Community and Population Health Data and Resources website, https://www.vumc.org/healthequity/community-health-data-and-resources, Accessed May 27, 2022.

3. NHWLC One-Pager 2026

The NHWLC has produced a one page flyer that describes the community health improvement plan (CHIP) process and the strategic issues outlined in the 2026-2028 CHIP, which include:

- Housing
- Economic Oppportunity and Job Skill Development
- Food Access/Food Insecurity
- Awareness and Navigation of Community Resources

Community members are invited to attend the monthly meetings on the third Tuesday of the month. Use this link to sign up for meeting updates: https://www.nashville.gov/departments/health/boards/healthy-nashville-leadership-council

The flyer is available in the NHWLC webpage Resources section: https://www.nashville.gov/departments/health/community-health-planning