

Metropolitan Board of Health of Nashville and Davidson County November 19, 2021, Annual Retreat Meeting Minutes

The annual retreat meeting of the Metropolitan Board of Health of Nashville and Davidson County was called to order by Chair Tené Franklin at 9:35 a.m. in the Centennial Room, on the first floor of the Lentz Public Health Center, 2500 Charlotte Avenue, Nashville, TN 37209.

Present

Tené H. Franklin, MS, Chair
Calvin M. Smith III, MD, Vice-Chair
Carol Etherington, RN, Member
David Frederick, MS, Member
A. Alex Jahangir, MD, Member
Lloyda B. Williamson, MD, Member
Gill C. Wright, III, MD, Director of Health
Hugh Atkins, Environmental Health Bureau Director
Melva Black, Deputy Director
Jim Diamond, Finance and Administration Bureau Director
Rachel Franklin, Communicable Disease and Emergency Preparedness Bureau Director
Fonda Harris, Population Health Bureau Interim Director
Stephanie Kang, Health Equity Bureau Director
Tina Lester, Chief Advisor to the Director of Health
Michelle Pardue, Community Health Bureau Director
Tom Sharp, Policy and Legislative Liaison
Joanna Shaw-KaiKai, MD, Associate Medical Director, Communicable Disease Control
Brian Todd, Public Information Officer
Laura Varnier, Clinic Operations Bureau Director

BOARD OF HEALTH

Welcome, Practice Agreements and Icebreaker

Chair Franklin welcomed everyone to the annual retreat, presented a document, “How We Want to Work Together” ([Attachment I](#)), to establish practice agreements for the meeting, and conducted an icebreaker exercise.

Parade of Programs

Updates were presented by:

- Rachel Franklin on Communicable Disease and Public Health Emergency Preparedness
- Michelle Pardue on the Community Health Bureau ([Attachment II](#))
- Hugh Atkins on the Environmental Health Bureau ([Attachment III](#))
- Fonda Harris on the Population Health Bureau ([Attachment IV](#))
- Stephanie Kang on the Health Equity Bureau ([Attachment V](#))
- Dr. Joanna Shaw-KaiKai on TB and Ryan White Programs ([Attachment VI](#))
- Tina Lester on the Office of Strategic Planning Performance and Evaluation ([Attachment VII](#))
- Laura Varnier on the Clinical Services Bureau ([Attachment VIII](#))
- Rand Carpenter on the Epidemiology Division ([Attachment IX](#))
- Brian Todd on Communications

Organizational Chart Review

Dr. Wright presented a draft Organizational Chart and discussion was held.

Deep Dives

Dia Cirillo presented on Behavioral Health Investments ([Attachment X](#)).

Tom Sharp presented a legislative update ([Attachment XI](#)).

Stephanie Kang presented on Health in All Policies ([Attachment XII](#)).

Board Requests

- Behavioral Health and Opioid Response update

The meeting adjourned at 2:55 p.m.

Tené H. Franklin
Chair

How We Want To Work Together

Practice Agreements:

Be Present & Accountable

- Listen - feel no pressure to speak yet resist the temptation to only witness the dialogue

Be Brave, Be Inclusive

- Acknowledge the risk speakers take, and value the privilege to learn from one another
- Our values, cultural identities, and personal experiences matter
- Conflict is always possible, and conflict is OK

Take Space & Make Space

- Call attention to the unheard voices of people, ensuring that all individuals have space to participate fully

Address Racially Biased Systems and Norms

- Call out Power Dynamics in the room - be intentional of how you exercise your privilege (are you using a lot of emotional airtime? Is your silence palatable disengagement?)
- Remember, we all have bias. Biases are learned and can be unlearned
- Practice the ability to recognize personal biases, emotions, and triggers, considering how they might impact actions
- Avoid becoming defensive when Black, Brown or Indigenous people speak from lived experiences with racism; don't take things personally

Assume Positive Intent & Be Respectful

Respect Confidentiality

Civil Service Medical Examiner

Gill C. Wright, III, MD

Metro Employee Benefit Board (MEBB)/Civil Service Commission (CSC)

The Civil Service Medical Examiner (CSME) works with an assistant to prepare injury on duty (IOD) and early medical pension requests for recommendations to the MEBB on whether requests should be granted. They gather all pertinent medical records and prepare summaries on all new applicants and periodically on medical and IOD pensioners. The CSME works with the OHWC to make recommendations on requests from applicants to departments for waivers to the standards of departments as set by the department of the Metro Charter.

Occupational Health and Wellness Clinic (OHWC), 6 positions

The OHWC has two nurse practitioners, one receptionist and three nursing staff that perform pre-employment physicals and periodic fitness for duty exams. These are focused exams for safety sensitive positions in Metro government that focus on the individual's job functions and their ability to perform them. Exams include hearing testing, ECG, vision testing, review of the medical history and an exam. Some individuals will also have a spirometry (breathing test). They then make recommendations, if needed, about whether an individual is able to safely perform those functions and make recommendations for additional testing or care by the individuals PCP and/or specialist(s).

Correctional Health, 3 positions

Manager and two Contract monitors oversee the medical, dental and mental health care provided by our contract vendor for inmates in DCSO's facilities. This vendor contract is MPHD's largest line item. They work closely with DCSO to ensure that the care is provided according to national standards.

Bureau of Clinical Services

Laura Varnier, Director

45 positions

Breast and Cervical Screening Program, 2 positions

The goal of the Tennessee Breast and Cervical Screening program (TBCSP) is to provide breast and cervical screening and diagnostic services and education to women. All persons must meet the general eligibility requirements: be a Tennessee resident; be at or below 250% of the federal poverty level for family size; be uninsured or underinsured; and under age 65 (there are some circumstances where persons over 65 may qualify for screening and diagnostic services). Eligible clients receive these services at no cost.

Clinical Competency Coordinator/Quality Improvement Coordinator, 2 positions

The two nurses in the positions oversee the onboarding, training, annual competency checkoffs and overall compliance of clinics in providing safe, equitable, quality care. These two individuals also oversee CLIA compliance for all clinical areas.

Pharmacy, 2 positions

The pharmacist and pharmacy tech work to facilitate pharmacy services as both a retail pharmacy (Project Access Nashville medications) as well as a redistribution center for medications dispensed at the various

health department clinics. Project access clients receive medical services at local community clinics that serve uninsured residents of Davidson County based on income.

Preventive Health (East, Woodbine, Lentz 120), 29 positions

Three clinic Managers, four nurse practitioners, eleven clinic nurses and ten clerical staff provide family planning, immunization, sexually transmitted disease testing and treatment, newborn screening, and head lice checks to patients. Family planning operates under Title X, the federal program that allows uninsured or underinsured individual access to free and low-cost birth control, STD testing, pregnancy test and counseling, and other preventive reproductive care. Immunizations are provided through four main programs: vaccines for children, 317, patient assistance programs, or pay vaccines.

Sexual Health/PrEP clinic, 10 positions

The clinic manager, two nurse practitioners, three nurses, two program specialists and two administrative staff make up the Sexual Health Center which provides confidential testing, treatment, and counseling services for individuals who suspect they have or may have been exposed to gonorrhea, chlamydia, HIV, and/or syphilis. Additionally, the program now offers pre-exposure prophylaxis (PrEP) prescriptions for individuals at high-risk for exposure to HIV.

Bureau of Communicable Disease and Public Health Emergency Preparedness

Rachel Franklin, Director

STD Outreach Program, 14 positions

Responsible for ensuring all individuals with positive / abnormal HIV/ STI screenings in Davidson County Tennessee are investigated. This investigation includes ensuring all individuals with positive or abnormal STI tests result(s) are aware of their STI tests result(s), receive examination and treatment for their infection, understand the nature of their infection, understand how STIs are spread, signs and symptoms of infection, and where to go to seek additional examination and treatment if necessary.

Notifiable Disease Program, 4 positions

Responsible for follow-up investigation on all reports of communicable diseases in Davidson County, not including sexually transmitted infections, TB or vaccine-preventable diseases. Also responsible for identifying and mitigating food borne and vector borne outbreaks.

Vaccine Preventable Disease (VPD) Program, 10 positions

(previously known as Immunizations Program)

Responsible for investigating vaccine preventable diseases (measles, mumps, rubella, pertussis, Hep A and Hep B) in Davidson County and offering PEP where appropriate. Also responsible for auditing day cares for immunization status. Works with providers to assure VFC vaccine stored and administered appropriately.

Public Health Emergency Preparedness (PHEP) Program, 6 positions

Responsible for keeping updated plans/procedures for how our department responds to emergencies. Also oversees logistical details of emergency response. Serves as subject matter expert when MPHD

activates the Regional Health Operations Center (RHOC) and operates within the Incident Command System (ICS) during emergencies.

Bureau of Community Health

Michelle Pardue, DDS, Director

WIC, 70 positions

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a public health nutrition program federally funded under the USDA providing quarterly nutrition education, supplemental nutritious foods, breastfeeding support, and healthcare referrals for income-eligible women who are pregnant or post-partum, infants, and children up to age 5. WIC Davidson Co currently has over 19,000 participants enrolled with an 86% participation rate (meaning families with active benefits), representing about 13% of the state's WIC caseload and 15% of the state's WIC participation rate. WIC reaches families through 4 different clinic sites as well as a mobile outreach program that has formed partnerships with up to as many as 15 community sites. Additionally, we offer bedside service to new mothers and their infants at 4 local hospitals.

School Health Program, 133 positions

In 1993, the Metro Public Health Department (MPHD) first began providing skilled nursing services to the students in the Metro Nashville Public School (MNPS) system. Our MOU with the schools renews every five years, which will next occur in 2022.

Skilled nursing services are the management of diabetes, tube feedings, catheterizations and tracheostomy care among other things. The MPHD/MNPS contract covers 135 traditional schools. There are eight nurses assigned to Harris-Hillman school. Students at Harris-Hillman typically exhibit profound disabilities, which determine their educational placement at this school. In addition, these students are medically fragile and require several skilled nursing interventions during the day.

Prior to the pandemic our School Health Program was considered a "procedure-driven" program having just enough nurses to cover procedures. Nurse assignments were 2-3 schools/nurse. At the time the pandemic began our program was stalled amid expanding to one nurse in every high school and one nurse for every two schools. Since then, MNPS leveraged dollars from the CARES Act and ESSER (Elementary and Secondary School Emergency Relief) to complete an enhanced version of the planned expansion, which is a nurse in every traditional school.

Dr. Nicole Boyle is the Director of School Health Services at Metro Schools. There is close collaboration between Dr. Boyle and the School Health Program Manager at MPHD to ensure the health and safety of all students in MNPS.

Oral Health Services

- **WIC Dental:** Limited no cost oral health services are included in WIC appointments at Lentz and South Nashville WIC Nutrition Center locations only. Dental screenings, fluoride applications, toothbrushes and oral health education by a registered dental hygienist are available to children and expectant mothers during regularly scheduled WIC appointments.
- **Lentz Dental Clinic:** The Lentz Dental Clinic serves children under age 20 and provides limited emergency treatment for those over age 21. The clinic operates on a sliding fee scale based on income and the number of people in the family.

- **School Based Dental Prevention Program:** The School-Based Dental Prevention Program is a year-round dental program that provides preventive dental services to children grades K-8 at selected schools in Davidson County. The program offers dental sealants, fluoride, dental screenings, oral health education and more by our enthusiastic team of registered dental hygienists, dentists, and assistants.

Bureau of Environmental Health Services

Hugh Atkins, Director

94 total positions

Air Quality (pollution control), 13 positions

- Collection and validation of air monitoring data to be compared to EPA's National Ambient Air Quality Standards; these data are used for the daily Air Quality Index
- Issue permits and conduct inspections: air pollution emissions, construction and demolition projects
- Respond to complaints from the public regarding ambient air pollution
- Air Quality Flag Program in schools.

Environmental Engineering, 4 positions

- Subsurface sewage (septic systems): evaluation of building sites, system design and inspection, system evaluation, complaint and failure investigations
- Public swimming pool construction plan review and approval
- Evaluate requests for waivers in the pool program
- Radon testing in Metro buildings
- Legionella program

Food and Public Facilities, 26 positions

- Food Service Establishments
 - Commercial/Restaurants
 - School Cafeterias
 - Day Care Food Service
 - Temporary Food Service
 - Food Service Training
 - Foodborne Outbreak Investigations
- Public Swimming Pools
- Hotels/Motels
- Bed & Breakfast Establishments
- Child Care Facilities
- Schools
- Organized Campgrounds
- Body Art: Tattoo Parlors, Body Piercing Establishments
- TN Non-Smoker Protection Act

Metro Animal Care and Control (MACC) 41 positions

- Delivers humane and responsive animal care and control services to and for the residents and animals of Nashville-Davidson County.
- Works with individuals and organizations to help domestic animals find caring homes, decrease over-population of cats and dogs through spaying and neutering, support rabies vaccinations, and promote responsible pet ownership.

Pest Management, three positions

- Conducts on-site trapping of mosquitoes to identify West Nile Virus and St. Louis Encephalitis vector habitat
- Identifies genus and species of trapped mosquitoes
- Investigation and consultation on complaints related to mosquitoes, ticks, rats, and mice

Vehicle Emissions, four positions

- Works with a vendor to operate six inspection stations in Davidson County
- Mobile Test Vans at four sites
- Fleet testing
- “Referee” Lane at Lentz
- Reduces almost four tons of smog-forming emissions from vehicles every day

Epidemiology Division

Rand Carpenter, Director/Chief Epidemiologist

7 positions

The Epi Division provides department-wide support for data access and analysis, geospatial analysis and visualization, and project planning and evaluation. Work also includes leadership in several partnerships or initiatives, including the Nashville PrEP Coalition, Nashville Thrives Coalition, Youth Risk Behavior Survey, Partners in Care, and the Child Death Review process. The division recently published Nashville’s Health Equity Report and partners with the Healthy Nashville Leadership Council to support the Community Health Assessment and Improvement processes. The division responds to data and technical assistance requests from other departments and academia, and maintains data sharing relationships with other entities such as the Tennessee Department of Health and Metro Planning Department.

Bureau of Finance and Administration

Jim Diamond, Director

Finance & Administration provides administrative support and assistance with budget and financial responsibilities for all the programs encompassed by the Metro Public Health Department. The responsibility of coordinating, preparing, and maintaining an operating budget in excess of \$100 million for Fiscal Year 2022 inclusive of local, grant, and contractual obligations lies within the bureau.

Facilities, 15 positions

This division is responsible for maintenance, cleaning, and related services for all Health Department buildings. The Director of Facilities Services provides security training for Health Department staff and serves as the focal point in matters of security regarding staff, buildings, and equipment of the department. This division is responsible for all repairs to all Health Department facilities. They provide routine maintenance of all Health Department facilities, which includes preventive maintenance

procedures. They coordinate the security system for all Health Department facilities, including after-hours response to emergencies. They provide courier service for program activities. Inventory Control, Mail Room, Central Supply and Print Shop are part of the Facilities Services Division.

Inventory Control supplies every division of MPH D with operational forms, supplies, and equipment handling. Other components consist of fixed asset inventory, central shipping and receiving, and employee assigned equipment.

Facilities staff also provide set up and break down of meeting and conference rooms.

Finance, 14 positions

This division is responsible for providing budgeting and grants and contracts coordinating and tracking for the department. They are responsible for preparing payroll. They prepare requisitions for purchase, departmental vouchers, process purchase orders, and maintain records on expenditures for all divisions in the department. They are also responsible for patients accounts for services, and billing insurance companies for services rendered. The division handles petty cash reimbursement and processes travel and training requests.

Finance is responsible for monitoring the financial operations of the department and compliance with established Metro and departmental policies and procedures. This division also handles all processing of journal vouchers, refunds, credit card transactions, and all Medicare, TennCare, and private insurances corrections and resubmissions.

Finance is also responsible for administration of the contract with the Medical Examiner's Office.

Human Resources, 12 positions, includes interpreters

This division is responsible for processing applications for employment, schedules physicals for new employees, coordinates employee training, maintains personnel files and records for all MPH D employees. They also assure compliance with EEOC regulations. MPH D's Cultural and Linguistics program also resides in HR, providing voice interpretation and document translation services.

Information Systems, 5 positions

Information Systems is responsible for all systems (hardware and software) for the Department. In addition to purchasing, installing, and maintaining the computer hardware, this division provides administration of the Department's patient care management system (PCMS). Information Systems also maintains the department's Internet and Intranet sites. IS works in conjunction with Medical and Vital Records on privacy compliance, inclusive of administering security groupings and server permissions as a means of protecting the data and information housed within and accessed by the department.

Medical and Vital Records, 8 positions

Medical/Vital Records manages the Department's medical records and privacy compliance. They are also responsible for issuing birth and death certificates, cremation permits and medical records. Vital Records also provides Voluntary Acknowledgment of Paternity services.

Bureau of Health Equity

Stephanie Kang, Director

The HE Bureau will support and work with all MPH D Bureaus and programs and with local and national partners, to advance practices, strategies and policies that promote health equity in Davidson County.

This Bureau will serve as a vehicle to convene meaningful inside-outside partnerships and strategies in order to operationalize health equity and address disparities wholly and structurally. The Bureau will establish a bold and transformational vision and enact community-based, inclusive, city-wide initiatives and policies that enable all of us to live healthier and more fulfilling lives.

The Bureau has multiple multi-year federal grants and resources to address COVID-19 disparities through community health worker programming, messaging campaigns, and data reporting improvement projects; develop and coordinate a city-wide health equity coalition; facilitate intersectoral collaborations that center racial and health equity and sustainability across the development process of projects and policies that impact our communities (also known as a Health in All Policies framework).

Bureau of Population Health – Health Access

Fonda Harris, Interim Director

Division of Health Access

Health Access Division of MPHD encompasses four programs that address access to health services for many vulnerable persons in our community. Through our Health Access division, we are protecting, improving, and sustaining the health and well-being of women, men, children, and families in Metropolitan Nashville.

Community Health Access and Navigation in Tennessee (CHANT), 27 positions

CHANT is a new program that combines TennCare Kids Outreach, Help Us Grow Successfully (HUGS) and Children’s Special Services (CSS) into a single, integrated, service-delivery program to benefit children and families through care coordination, family engagement and service navigation. Referrals for CHANT are received through the Tennessee Department of Health (TDOH) Call Center, Metro Public Health Department Central Intake, hospitals, community organizations, and self-referrals.

Presumptive Eligibility Expansion Project, 4 positions

The Tennessee Department of Health has enlisted all health departments across the state, through an agreement with TennCare, to assist pregnant women who come to the health departments for TennCare presumptive eligibility, in applying for Medicaid through the HealthCare.gov Marketplace.

Presumptive eligibility (PE) is a TennCare Medicaid category of coverage for pregnant women. The presumptive eligibility option encourages early entry into prenatal care for improved health outcomes for both the mother and the baby. A pregnant woman who qualifies for presumptive eligibility can begin receiving covered services on the day that she is approved for PE. The intent of the program is to offer her prenatal care at the earliest possible time during her pregnancy.

Project Access Nashville

The Presumptive Eligibility team also provides services to uninsured residents of Davidson County through Project Access Nashville (PAN). PAN connects the uninsured to primary care safety net clinics that serve patients based on their ability to pay. The network of providers offers an array of primary care services, which include disease management, treatment of acute episodic conditions, and access to pharmacy services. There are also specialty care services offered to those who qualify.

Ryan White Planning Council, 1 position

The Ryan White Planning council provides oversight to Ryan White funding and to improve the availability, accessibility and quality of healthcare services provided to the HIV/AIDS community.

Division of Maternal Child and Adolescent Health, 21 positions

The division of Maternal, Child and Adolescent Health (MCAH) works to eliminate maternal, child and adolescent health inequities related to infant mortality, child fatality and reproductive morbidity. The MCAH division supports 21 personnel with a total of 12 programs, projects and services including: Pregnancy Concierge Services; Fatality Review (Fetal, infant and child); Preconception Health; Youth Violence Prevention; Youth Equity in Sexuality; Sudden Child Fatality Prevention; Care Seat Program; Childhood Lead Prevention; Evidence-based home visiting; Central Referral System; Racial Health; and Youth Advisory Board. Program and service staff support 5 collaboratives: Nashville Strong Babies Community Transformation Network; FIMR Community Action Team; Health Beginnings Community Advisory Board; Youth Violence Prevention Collaborative, and Alignment Nashville Youth Equity in Sexuality Team (YES).

Division of Behavioral Health and Wellness, 12 positions

Behavioral Health and Wellness provides activities to integrate mental health as a holistic approach to health. The division is comprised of 12 employees who provide an array of services including, mental health screening and assessments, referrals to local counseling agencies, suicide education and prevention, opioid crisis response, drug overdose surveillance, and developing trauma informed practices across the department. Programs include Adverse Childhood Experiences (ACE) Prevention, Substance Abuse Screening, Referral and Education, CMHSI and BHWAC Councils, Suicide Prevention, and Opioid Overdose Prevention. The Behavioral Health and Wellness Division supports 12 personnel.

Division of Prevention and Wellness, 7 positions

Provides activities to mitigate the onset of or decrease the prevalence of disease. This division is comprised of 7 employees providing services through the following programs: health promotion activities, chronic disease prevention, tobacco prevention and control, End the HIV Epidemic Coalition, and Wise Moves.

CDC Community Health Workers for COVID Response and Resilient Communities (CCR)

Expands the use of Community Health Workers to provide social support, navigation, coaching, and advocacy to address the real-life issues that make it difficult from vulnerable communities to be healthy. *The project is currently being developed.*

Division of Ryan White Part A, Tuberculosis Elimination and Viral Hepatitis C Navigation Programs

Dr. Joanna Shaw-KaiKai, Director

The Ryan White HIV/AIDS Part A (RWPA) Program, 5 positions

This program covers the cost of outpatient healthcare and support services for people living with HIV/AIDS in Davidson County and 12 neighboring counties. The counties are referred to as the Nashville Transitional Grant Area (NTGA): Cannon, Cheatham, Davidson, Dickson, Hickman, Macon, Roberson, Rutherford,

Smith, Sumner, Trousdale, Williamson, and Wilson. The RWPA program is Health Resources and Services Administration (HRSA) funded and is a payer of last resort. The Ryan White Planning Council determines the allocation of the money. In the NTGA, overall decrease in rate of new cases of HIV and decrease in rate of people dying from HIV compare to statewide and national rates. Based on 2015-2019 reports, there has been an increase in the number of people living with HIV in Rutherford County; one of the reasons is that people are seeking more affordable housing. Next year's goal is to expand services in counties such as Rutherford in which there has been an increase in cases.

The Tuberculosis (TB) Elimination Program, 20 positions

Provides evaluation and treatment for people exposed to TB in Davidson County. Medication administration by health department staff via directly observed therapy (DOT) is mandatory for people with confirmed or suspected TB disease and children with TB disease or infection in Tennessee, also known as active TB and latent TB respectively. Video or electronic DOT (eDOT) is offered to patients who meet the eligibility criteria. The number of TB disease cases is decreasing, but the cases are more complex due to more comorbidities such as diabetes, mental health disorders, and substance use. The number of latent cases with comorbidities has increased also. Next year's goal is to increase outreach to providers in the community and encourage screening for latent TB infection per U.S. Preventive Services Task Force (USPSTF) guidelines.

Viral Hepatitis C Navigation Program

Identifies and refers to care people with acute Hepatitis C viral infection in Davidson County. The navigator links persons to care for viral hepatitis care and other services as necessary. The Navigator is a member of TN's Ending the Syndemic (HIV, Sexually Transmitted Infections, Substance Use Disorder, Viral Hepatitis) team and refers clients to harm reduction services. Next year's goal is to increase internal and external partners awareness about the Syndemic. Also, the navigator assists MPH's Vaccine Preventable Program with Hepatitis A vaccination outreach.

Office of Strategic Planning, Performance and Evaluation (SPPE)

Celia Larson, Director

The SPPE unit serves to provide administrative infrastructure to the department that facilitates organizational and community strategic direction, identifies performance metrics tailored to goals and objectives, provides the framework for evaluating performance through quality improvement tools, and coordinates the department's public health accreditation process. The unit strives to assure alignment of all activities. The unit is comprised of four positions.

Strategic Planning

Encompasses several functions. These include leading and facilitating public health system partner convenings such as the Healthy Nashville Leadership Council (HNLC), Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), the Metro Health in All Policies (HiAP) initiative; and developing and leading a Community of Practice to build capacity for facilitation within the department and among community partners.

Performance Measurement and Management

Include the following: guiding and facilitating identification of key metrics for each program; developing and implementing a dashboard of key metrics for tracking key operational and outcome indicators that highlight and focus on Equity and Inclusion; and customer wide customer satisfaction.

Evaluation

Activities include providing coordination and facilitation support to build the capacity of the department to evaluate and apply quality improvement tools and program evaluation processes for continuous quality improvement of performance metrics.

The unit engages in additional administrative activities as needed such as supporting workforce development and grant processes.

The major deliverables include the Community Health Assessment Plan, the Community Health Improvement Plan, the Performance Management System, the Quality Improvement Plan, and the documentation that will continue to meet the Public Health Accreditation Board standards.

Overview of the Bureau of Community Health

The mission of the Bureau of Community Health is to optimize the growth, development, health and well-being of Nashville's next generation. The bureau has three divisions, WIC, Oral Health and School Health made up of approximately 240 employees. Staff members include registered nurses, administrative professionals, dentists, dental hygienists, dental assistants, dieticians, nutrition educators and interpreters. Most funding is provided through grants and some local funds. All three divisions focus primarily on children and expectant mothers, although Oral Health does provide limited services to adults.

WIC

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a public health nutrition program federally funded under the USDA providing quarterly nutrition education, supplemental nutritious foods, breastfeeding support, and healthcare referrals for income-eligible women who are pregnant or post-partum, infants, and children up to age 5.

WIC Davidson Co currently has over 19,000 participants enrolled with an 86% participation rate (meaning families with active benefits) and represents about 13% of the state's WIC caseload and 15% of the state's WIC participation rate. Families can redeem their food benefits using an EBT card at any WIC-eligible store in TN, with 85 stores within Davidson Co. Current redemption rates for Davidson Co stores are around \$1,000,000 per month.

WIC Davidson Co reaches families through 4 different clinics sites as well as a mobile outreach program that has formed partnerships with up to as many as 15 community sites. Additionally, we offer bedside service to new mothers and their infants at 4 local hospitals. Our program boasts around a 54% breastfeeding rate compared to 44% statewide.

WIC Davidson Co employs just under 70 employees including 2.75 interpreters and 21 bilingual staff.

Metro Public Health Department School Health Program

In 1993, the Metro Public Health Department (MPHD) first began providing skilled nursing services to the students in the Metro Nashville Public School (MNPS) system. Our MOU with the schools renews every five years, which will next occur in 2022.

Skilled nursing services are the management of diabetes, tube feedings, catheterizations and tracheostomy care among other things. The MPHD/MNPS contract covers 135 traditional schools. There are eight nurses assigned to Harris-Hillman school. Students at Harris-Hillman typically exhibit

profound disabilities, which determine their educational placement at this school. In addition, these students are medically fragile and require several skilled nursing interventions during the day.

Prior to the pandemic our School Health Program was considered a “procedure-driven” program having just enough nurses to cover procedures. Nurse assignments were 2-3 schools/nurse. At the time the pandemic began our program was stalled amid expanding to one nurse in every high school and one nurse for every two schools. Since then, MNPS leveraged dollars from the CARES Act and ESSER (Elementary and Secondary School Emergency Relief) to complete an enhanced version of the planned expansion, which is a nurse in *every* traditional school.

Dr. Nicole Boyle is the Director of School Health Services at Metro Schools. There is close collaboration between Dr. Boyle and the School Health Program Manager at MPHJ to ensure the health and safety of all students in MNPS.

Finance:

- Funded primarily through a grant from MNPS
- Grant amount for the 2021-2022 school year is \$ 9,773,500
- Local funds due to Phase 1 of expansion about \$ 940,000

Overview of the Program:

- All school nurses are Registered Professional Nurses
- Provide skilled nursing services, as determined by their health care provider, to students who need such care in order to attend school.
- Identify students who have medical conditions such as asthma, seizure disorders and allergies. The nurses develop Emergency Care Plans (ECP) for each one of these students. The ECP to determines how to respond if the student is having an adverse event related to the identified condition.
- Assess students and staff for first aid needs and urgent and non-urgent complaints (headaches, stomachaches etc.) during the school day.
- Initial COVID-19 investigations/contact tracing for students, staff and families
- Other duties the school nurse may provide at the school level are:
 - Case management
 - Consulting services regarding immunization records
 - Promote health and wellness by teaching hand washing or other related wellness education

By the Numbers:

- Provide skilled nursing services to over 200 students daily in 75 schools
 - Over 600 individual skilled services daily to those students
- Last year completed over 48,000 Office Visits (unscheduled) for students

Staffing:

- 105 - .71 FTE positions (supplemented with agency personnel to achieve a nurse in every school)
- 4 - .8 FTE positions (supervisors)
- 7 - 1.0 FTE positions (supervisors, program manager/assistant manager and office support personnel)
- 17 non-civil service nurses in a substitute pool used on an as-needed basis

Oral Health Services

The Oral Health Services program is comprised of three branches; WIC Dental, the Lentz Dental Clinic, and the School Based Dental Prevention Program (SBDPP).

WIC Dental: Limited no cost oral health services are included in WIC appointments at Lentz and South Nashville WIC Nutrition Center locations only. Dental screenings, fluoride applications, toothbrushes and oral health education by a registered dental hygienist are available to children and expectant mothers during regularly scheduled WIC appointments.

Lentz Dental Clinic: The Lentz Dental Clinic serves children under age 20 and provides limited emergency treatment for those over age 21. The clinic operates on a sliding fee scale based on income and the number of people in the family.

SBDPP: The School-Based Dental Prevention Program is a year-round dental program that provides preventive dental services to children grades K-8 at selected schools in Davidson County. The program offers dental sealants, fluoride, dental screenings, oral health education and more by our enthusiastic team of registered dental hygienists, dentists, and assistants.





STRENGTHS

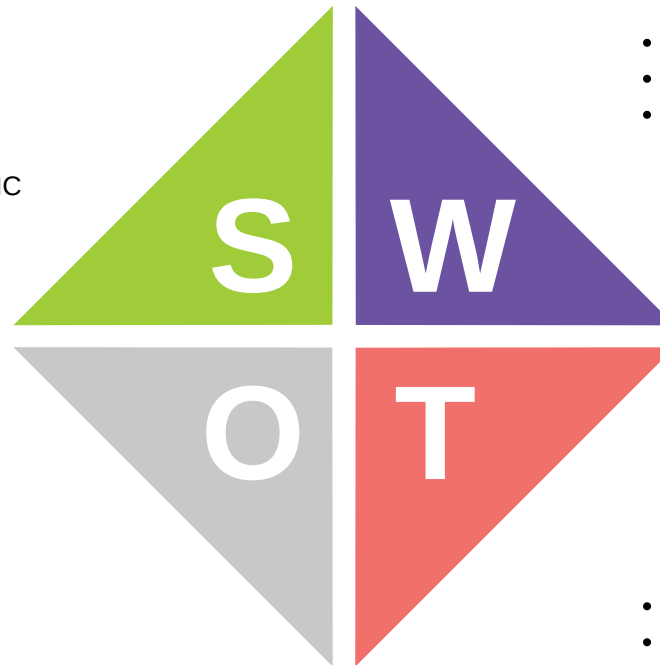
- Current Adequate Funding
- Established community partnerships
- Seasoned managerial staff
- Educated, committed, and culturally diverse workforce
- Strong candidates for open positions
- Highest breastfeeding rates among WIC in TN (17 Certified Lactation Counselors and 2 International Board Certified Lactation Consultants)
- WIC bedside services at four local hospitals
- Expanded community access to services through Mobile WIC
- Provides economic boost to the community - \$12 million+ in WIC foods redeemed in 85 grocery stores
- 14 of the 30 nutrition educators are RDNs
- Three well-maintained, family-friendly WIC facilities
- In-clinic resources/services (i.e. dental, immunizations, CHANT)
- Contract with Vanderbilt internship and Pediatric Residency

OPPORTUNITIES

- Recent change in WIC Director for both county and state
- Increase in collaborations with pediatric offices
- National advocacy efforts for change in WIC regulations
- Temporary monetary increases for fruits and vegetables
- Shopping App launched in Spring 2021 to improve shopping experience
- TNWIC allows for remote capabilities for staff and participants
- Significant increases in participation rates over last 2 years

WEAKNESSES

- Need for a WIC facility in Southeast Davidson County
- Aging facility at Woodbine WIC site
- Declining enrollment rates nationally and within Tennessee
- Lack of strong public transit system
- Limited promotion opportunities by non-RDN staff
- Limited qualified bilingual candidates applying for positions



THREATS

- Potential government shutdowns
- Federally funded grant through Discretionary budget
- Declining birth rates
- Future changes to Rule of Public Charge or other legislation limiting necessary access to WIC
- New hires expectation for flexible work capabilities

SWOT ANALYSIS

11.16.2021

S

STRENGTHS

- Staff School Nurses who love their jobs and working with children
- Engaged, experienced and enthusiastic School Health Management Team
- Low attrition rate
- Wealth of experience of both staff and supervisory personnel
- Nurse in every school plan being implemented

W

WEAKNESSES

- There are not enough nurses to place a nurse in every school
- Span of control for supervisors is approaching an excessive amount
- Due to recent expansion, we have many new nurses still learning the specialty of School Health nursing
- Depleted substitute pool

O

OPPORTUNITIES

- Funding needed to sustain a nurse in every school beyond the end of the school year 2023-2024
- Resuming Medicaid reimbursement may lead to the availability of funds to hire more nurses
- Increase the number of permanent Grant/Local funded positions
- Additional fringe benefits commensurate with a full-time metro employee

T

THREATS

- Nursing shortage makes it difficult to find nurses to staff our vision.
- Losing agency nurses over breaks will impact staffing. .Sustained funding is key for continued student access to a school nurse all day, every day.

ORAL HEALTH SERVICES: SWOT ANALYSIS 2021-2022 Q2

S

Strengths

- Knowledgeable, efficient staff
- Well funded and fully staffed
- Kid-friendly education
- Modern, clean facilities at Lentz
- High participation rates in sealant program
- Provides care to those with or without insurance
- Affordable services at Lentz, free services in schools benefit children
- Referral services
- Continuity of care from WIC dental to Lentz Dental Clinic through age 21
- Great relationships between schools and sealant program

W

Weaknesses

- Supplies difficult to attain at times due to supply chain issues
- Patients at Lentz often do not value the extensive, laborious, complex dental services we provide due to the extremely low copay of \$10
- Patients often have leftover balances at Lentz as only cash or check is accepted, and never end up paying
- School hygienists at times work in less-than-ideal spaces
- School program does not always have access to translators for language barriers

O

Opportunities

- Team up with school nurses to promote sealant/SDF program
- Fully staffed at Lentz will allow for increased production
- Fully staffed in sealant program will increase sealant placement and outreach
- WIC program can expand to include an assistant in the future

T

Threats

- COVID is still looming, can threaten the place our sealant program has in schools
- Lentz dental procedures create aerosols the staff works in all day long, can spread COVID
- Heightened social angst causing patients to be short tempered
- Hygienist safety in schools and neighborhoods on their own with travel

BUREAU OF COMMUNITY HEALTH SERVICES

Dr. Michelle Pardue – Bureau Director

Effective: 11-17-21

The mission of the Bureau of Community Health is to optimize the growth, development, health and well-being of Nashville's next generation.

Oral Health Services – Kimberly Smith, DMD, Director

The mission of the Division of Oral Health is to provide preventive, educational, clinical and outreach services to the citizens of Davidson County so that they can enjoy optimal oral health.

Clinical Dental Services - 4 FTEs, 1 PTE

This program provides clinical dental services at the Lentz facility. Comprehensive care is provided to children from birth through age 21. Adult emergency care is provided for those over 21. Patients must be residents of Davidson County and provide proof of income to qualify for the sliding scale. We are a TennCare provider, so patients with TennCare pay nothing out of pocket.

- Brenda Allen
- Carolyn Broyles
- LeAnna Lane
- Margaret Barber
- Dr. De'Ranae Davis-Dudley
- 1 Vacant DA Position

WIC Dental Services - 1 FTE

Preventive services including fluoride varnish, SDF, screenings and referrals and oral health education are provided at no cost to WIC participants. These services are provided in the WIC clinics at Lentz and South Nutrition for moms and children. Patients do not need an appointment.

- Sharna Lee

School-Based Preventive Services -11 staff members (5 FTEs, 6 at 71%)

The School-Based Dental program provides preventive services including sealants, SDF, fluoride varnish, screening and referral, and oral health education for grades K-8 in selected schools. Funding is provided through a grant with the State Health Department.

- Autumn Snyder
- Dawn Cater
- Deanna Lines
- Gia Sanders
- Millicent Robinson
- Misti Bragg
- Rachel Harlow
- Stacey McCormick
- Tammy Gutschall
- Vacant DH

- Supervised by Dr. Davis-Dudley
- Supervised by Dr. Smith
- Supervised by Gia Sanders

Budget:

Local: \$656,400 (Clinic and WIC Dental)

Grant: \$902,100 (School-based dental program)

Nutrition Services

TNWIC Clinical Services Director Clinic Manager – Kelly Whipker

The mission of the MPH D WIC program is to improve the health and well-being of eligible women, infants and children by providing nutritious food, nutrition education, breastfeeding promotion and support and referrals to health and other services.

Lentz WIC

Alicia White
Allison Rocus
Asha Carr
Edgar Williams
Lakeisha Foster
Lindsay Goben
Lohanny Garcia
Tamela Jackson
Troy White
Valerie Kolosiej
Yessenia Miranda

Breastfeeding Program Coordinator

Brooke Rhyne-Dawkins

TNWIC Specialist

Dusan Vlatkovic

Budget:

Local: \$0 / Federal WIC Grant: \$14,150,400 (10/2019 – 9/2022)

- Supervised by Lauren Cromer
- Supervised by Jose Cruz
- Supervised by Kyra Hood
- Supervised by Aimee Dorroll

Director of Nutrition Services – Lauren Cromer

WIC Clinical Services – 53 FTE

WIC provides nutrition education, breastfeeding support, and food benefits to pregnant and breastfeeding women, infants and children up to five years of age. Clinical services are provided at Lentz, East, and Woodbine Public Health Centers and South Nutrition Center.

East WIC

● Ryan Westbrook, Supervisor

Ana Quizphe
Antoinette Blair
Damaris Santana
Jacquelyn Acklin
Kashana Bellinger
Megan McCrary
Natasha Simmon-Crucher
Olivia Reagan
Shavonda Whitfield
Vacant NE

Woodbine WIC

● Keisha Craddock, Supervisor

Cherlinda Bassham
Elena Negrete
Eve Champagne
Clarisa Gomez
Flo Floyd
Kanetra Robinson
Krista Clements
Shonn Smith
Susanna Kwami
Vacant RD

South Nutrition Center

● Lori Volpe, Supervisor

Abigail Hitt
Amy Allen
Asia Larkin
Igor Mihic
Jamie Cooper
Jeffery Baugh
Luci Ferguson
Leslie Ryan
Marcella Dowell
Maria Bradford
Mary Ann Rivera
Nancy Del Val
Rhonda Upchurch
Semhar Meresie
Tamara Abdulhamed
Vacant BFPC 60%

WIC Vendor Management – 3 FTE

The vendor management program team oversees and trains 87 grocery stores that accept WIC benefits. They provide vendor training and conduct yearly site inspections to ensure WIC families receive exactly what is prescribed in their WIC benefits package.

- Marge Manuel, Coordinator
- Maggie Sanchez

WIC Outreach Services – 11 FTE

These two innovative programs reach out to the community to make vital WIC resources available to all who qualify.

Mobile Outreach Clinic – partners with 14 community agencies throughout Davidson County to provide WIC services on site. Mobile outreach helps to reduce barriers such as time, money and transportation restrictions to help residents obtain WIC benefits closer to home.

Hospital Bedside Service – partners with 4 area hospitals to provide WIC postpartum hospital certifications at the mother's bedside. When the family leaves the hospital, they have their eWIC card in hand and ready to shop for their WIC foods.

- Aimee Dorroll, Supv
- Brooke Rhyne-Dawkins
- Chloe Stiteler
- Laura Wasson
- Ivon Reyes
- Jamie Hardybala
- Kristy Gentry
- Vacant RD
- Magdalene Figueroa
- Tanja Ravlic
- Vacant OSR

School Health Services – **Lisa Nistler, RN, Director**

● **Swan Lin Baker**, Assistant Program Manager

● **Holly Crick**, Office Support Specialist

● Supervised by Lisa Nistler
● Supervised by Swan Lin Baker

School Health Services – 53.13 FTE (8 - full-time staff, 4 - 80%, 71 - 71% staff, 36 agency nurses).

Additionally, 14 part-time non-civil service, as needed employees. (Total 93)

84 employees are either APRNs or RNs.

The School Health Program is contracted by Metro Nashville Public Schools to deliver skilled nursing services to help enhance and support educational achievement. The nurses provide scheduled nursing procedures, first aid, care coordination develop emergency care plans, and numerous other activities to keep students in school, healthy and ready to learn.

The mission of the School Health program is to determine, develop, and implement strategies and provide services that promote student and staff health, wellness, and safety in order to maximize educational achievement.

● **Stacie Davis,** **Supervisor**

Amy Neufeld PRN
Ginny White
Giyonna Cummings PRN
Emily Lowery
Kathy Stevens-Boone
Kim Cox
Leslie Jarrett
Linda Tyler-Goins
Rebecca Doyle
Sarah Darden PRN
Sherry Maxwell
Tina Echols

● **Jennifer Cantrell,** **Supervisor**

Amethyst McClennan TA
Anne DeLeon
Brittany Duronslet TA
Cindy Hernandez PRN
Darricka Washington TA
Debra Carmam TA
Denise Sanchez TA
Karen Reid
Lydia Reed TA
Melissa Ingram TA
Nadeige Paulk PRN
Nancy Ashbaugh
Renee Ayers
Sami Durham PRN
Stacie Davis
Tracy Jones

● **Elizabeth Cook,** **Supervisor**

Amy Rudin
Deanna Shires
Donna Alessio
Jennifer Yoder
Kathy Appling PRN
Kalli Pistrang TA
Kathryn Chisholm
Katie Gormley
Mercedes Wirdzek
Mitzi Fawley
Pam Lynch PRN
Rachel Morin TA
Seongrim Park

● **Ashlee Lewis,** **Supervisor**

Abigail Wright TA
Jameria Southward TA
Jennifer Haper
Christy Kelly
Wendy Young-Austin

● **Lindsay Pettit,** **Supervisor**

Abigail Hagan
Aimee James PRN
Cathy Dunn
Estelle Duff
Hannah Baker
Jennifer Cash TA
Jocelyn Dobson T
Kathleen Armstrong PRN
Kaitlin Hicks TA
Michaela Root TA
Miranda Inscore TA
Nadine Kosanovich TA
Nicole Lamb TA
Tina Banks

● **Alicia Reese,** **Supervisor**

Abigail Niedemann PRN
Ann Roy
Christy Twining PRN
Deborah Myers, TA
Debra Small
Grace Putnam TA
Julia Hisrick PRN
Kathleen Collins TA
Kimberly Crosslin
Kutrina Murphy TA
Laura Allen TA
Martha Lennon
Mary McComb PRN
Michelle Cooper TA
Sondra Jill Smith
Susan Conyer
Tabitha Ford TA
Wendy Lipscomb

● **Jennifer Rowe,** **Supervisor**

Amy Evans TA
Angela Palwein-Prettner
Anne Moberly TA
April Dawn Jackson
Bridget Saroya PRN
Debra Kanter TA
Kelsey Pomeroy TA
Kimberly Brownlow PRN
Kimberly Spencer
Krista Pate
Laura Lockridge TA
Paige Passantino TA

● **Ricke Thompson,** **Supervisor** **Orientation & Training** **Coordinator**

Ariel de la Torre
Deania Dyer
Ebony Daniels
Erica Buchholz
Erika Townsend
Heather Land
Heather Parks
Jessica Trumble
Julie Belcher
Justin Martin
Katlyn Day
Karis Bates
Kristy Breshears
Lori Beck
Natalie Carlise
Nettie Fisher
Nicole Bouge Halpin
Peyton Leighton
Tina Roos
Wynne Empson

● **Cathryn Smith,** **Supervisor**

Ashley Fisher TA
Brian Semich TA
Carla Jenks
Elizabeth Eads TA
Jeanne Camp TA
Joye Zirkerta
Megan Mendes
Michelle Cole TA
Renee Ramos TA
Shakierra Davids TA
Timothy Bainter TA

● **Amber Wynne,** **Supervisor**

Amy Powell
Ashley Schrimpt TA
Brian Phelps TA
Carlee Pollock TA
Courtney Guiler TA
Deborah Behzadi TA
Jean-Marie Rettke
Madeline Locke PRN
Mary Beth West PRN
Miesha Hopkins
Sherry Rosiak TA
Tonia Williams TA
Vanessa Morton

Budget:

Local: \$871,100 / Grant: \$4,915,600

Bureau of Environmental Health

Hugh Atkins
Bureau Director

Revised September 2021

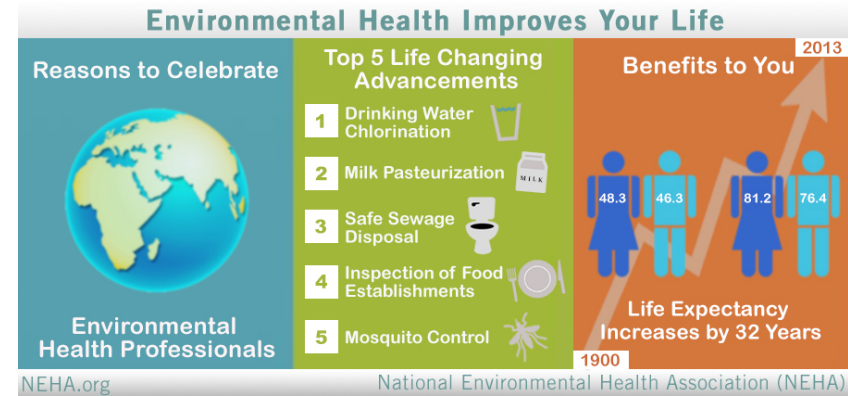
Board of Health November 19, 2021 Retreat Minutes



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

Environmental Health Programs

- Air Quality (Pollution Control)
- Environmental Engineering/Septic
- Food Protection & Public Facilities
- Metro Animal Care and Control (MACC)
- Pest Management
- Vehicle Inspection



Air Quality (Pollution Control)



Director: John Finke

- Collection and validation of air monitoring data to be compared to EPA's National Ambient Air Quality Standards
- Issue permits and conduct inspections: air pollution emissions, construction and demolition projects
- Respond to complaints from the public regarding ambient air pollution

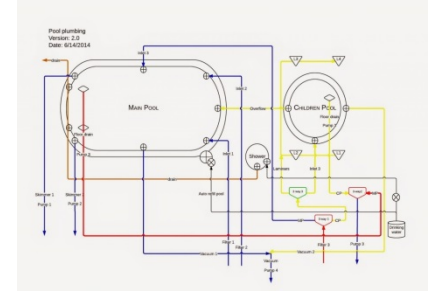
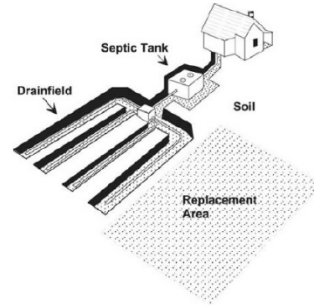


Air Pollution

- In conjunction with EPA, the American Lung Foundation, and Metro Nashville Public Schools, MPHD participates in the Air Quality Flag Program.
- Each day the school raises a flag that corresponds to how clean or polluted the air is.
- We currently have 24 schools enrolled in the program, with another eight signed up to join.



Environmental Engineering



Director: Chris Michie

- Subsurface sewage: evaluation of building sites, system design and inspection, system evaluation, complaint and failure investigations
- Public swimming pool construction plan review and approval
- Evaluate requests for waivers in the pool program
- Indoor Air Quality
- Legionella program



Food & Public Facilities

Director: Pam Wilson

- Food Service Establishments
- Organized Camp Grounds
- Swimming Pools
- Tattoos
- Hotels/Motels
- Body Piercing
- Bed & Breakfast Establishments
- TN Non-Smoker Protection Act
- Child Care Facilities
- Schools



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

Food Service Establishments

- Commercial/Restaurants
- School Cafeterias
- Day Care Food Service
- Temporary Food Service
- Food Service Training
- Foodborne Outbreak Investigations



Metro Animal Care & Control (MACC)

Director: Dr. Staci Cannon (interim)

- Delivers humane and responsive animal care and control services to and for the residents and animals of Nashville-Davidson County.
- Works with individuals and organizations to help domestic animals find caring homes, decrease over-population of cats and dogs through spaying and neutering, support rabies vaccinations, and promote responsible pet ownership.
- No-kill Shelter (90% save rate)



METRO NASHVILLE
ANIMAL CARE & CONTROL



Metro Public Health Dept
Nashville / Davidson County

Protecting, Improving, and Sustaining Health

Pest Management



Director: Chris Michie

- Conducts on-site trapping of mosquitoes to identify West Nile Virus and St. Louis Encephalitis vector habitat
- Identifies genus and species of trapped mosquitoes
- Investigation and consultation on complaints related to mosquitoes, ticks, rats, and mice



Vehicle Inspection



Director: Lewis Dubose

- Works with a vendor to operate six inspection stations in Davidson County
- Mobile Test Vans at four sites
- Fleet testing
- “Referee” Lane at Lentz
- Reduces almost four tons of smog-forming emissions from vehicles every day



Thank You

Hugh Atkins
Bureau Director
Hugh.Atkins@Nashville.gov



*Metro***Public Health***Dept*

Nashville / Davidson County

Protecting, Improving, and Sustaining Health



POPULATION HEALTH BUREAU

**Bureau: Population Health – Health Access
Fonda Harris, Interim Bureau Director**

Division of Health Access

Division Objective: Health Access Division of MPHD encompasses four programs that address access to health services for many vulnerable persons in our community. Through our Health Access division, we are protecting, improving, and sustaining the health and well-being of women, men, children, and families in Metropolitan Nashville.

Program/Section: Community Health Access and Navigation in Tennessee (CHANT)



Program Objectives: Community Health Access and Navigation in Tennessee (CHANT) is a new program that combines TennCare Kids Outreach, Help Us Grow Successfully (HUGS) and Children’s Special Services (CSS) into a single, integrated, service-delivery program to benefit children and families through care coordination, family engagement and service navigation. Referrals for CHANT are received through the Tennessee Department of

Health (TDOH) Call Center, Metro Public Health Department Central Intake, hospitals, community organizations, and self-referrals.

Strengths: This model of care coordination decreases infant mortality rates, eliminates redundancy in service delivery, creates mutual goals across programs, and have more measurable outcomes using an evidence-based approach to service delivery.

Weaknesses: Lack of staffing resources to handle unmanageable caseloads; no promotional opportunities; increased turnover.



Program/Section: Presumptive Eligibility Expansion Project

Program Objectives: Tennessee Department of Health has enlisted all health departments across the state, through an agreement with TennCare, to assist pregnant women who come to the health departments for TennCare presumptive eligibility, in applying for Medicaid through the HealthCare.gov Marketplace.

Presumptive eligibility (PE) is a TennCare Medicaid category of coverage for pregnant women. The presumptive eligibility option encourages early entry into prenatal care for improved health

outcomes for both the mother and the baby. A pregnant woman who qualifies for presumptive eligibility can begin receiving covered services on the day that she is approved for PE. The intent of the program is to offer her prenatal care at the earliest possible time during her pregnancy.

Strengths: Efforts allow more women to receive prenatal care at the earliest possible time to improve health outcomes for mothers and babies.

Weakness: There are often delays in getting coverage beyond the presumptive period.



Project Access Nashville – The Presumptive Eligibility team also provides services to uninsured residents of Davidson County through Project Access Nashville (PAN). PAN connects the uninsured to primary care safety net clinics that serve patients based on their ability to pay. The network of providers offers an array of primary care services, which include disease management, treatment of acute episodic conditions, and access to pharmacy services. There are also specialty care services offered to those who qualify.

Strengths: Long history with the safety net community.

Weaknesses: Challenges with patient data system; limited formulary; limited behavioral health resources.



Program/Selection: Ryan White Planning Council

Program Objectives: The purpose of the Ryan White Planning council is to provide oversight to Ryan White funding and to improve the availability, accessibility and quality of healthcare services provided to the HIV/AIDS community.

Strengths: All positions in the program are filled; seasoned program director.

Weaknesses: Need additional committed community members and people living with HIV to participate on the Planning Council and standing committees.

Division of Maternal Child and Adolescent Health



Division Objective: The division of Maternal, Child and Adolescent Health (MCAH) works to eliminate maternal, child and adolescent health inequities related to infant mortality, child fatality and reproductive morbidity. The MCAH division supports 21 personnel with a total of 12 programs, projects and services including: Nashville Strong Babies, Healthy Beginnings, Pregnancy Concierge Services, Fatality Review (Fetal, infant and child), Preconception Health, Youth Violence Prevention, Youth Equity in Sexuality, Sudden Child Fatality Prevention, Car Seat Program, Childhood Lead Prevention, Central Referral System, Racial Health, and Youth Advisory Board.

Program and service staff support 5 collaboratives: Nashville Strong Babies Community Transformation Network; FIMR Community Action Team; Health Beginnings Community Advisory Board; Youth Violence Prevention Collaborative, and Alignment Nashville Youth Equity in Sexuality Team (YES).

Strengths: Exceptional leadership and cohesive teams; great community partnerships; additional funds for doula support and training.

Weakness: Need for affordable housing to support families in all programs.



Division of Behavioral Health and Wellness

Division Objective: Behavioral Health and Wellness provides activities to integrate mental health as a holistic approach to health. The division is comprised of 12 employees who provide an array of services including, mental health screening and assessments, referrals to local counseling agencies, suicide education and prevention, opioid crisis response, drug overdose surveillance, and developing trauma informed practices across the department.

Programs: Adverse Childhood Experiences (ACE) Prevention, Substance Abuse Screening, Referral and Education, CMHSI and BHWAC Councils, Suicide Prevention, and Opioid Overdose Prevention. The Behavioral Health and Wellness Division supports 12 personnel.

Strengths: Building a systems approach to opioid crisis response.

Weaknesses: Need to look upstream and focus more on prevention; underutilized staffing resources.



Division of Prevention and Wellness

Division Objective: Provide activities to mitigate the onset of or decrease the prevalence of disease. This division is comprised of 7 employees providing services through the following programs: health promotion activities, chronic disease prevention, tobacco prevention and control, End the HIV Epidemic Coalition, and Wise Moves.

Strengths: Cohesive relationships; staff knowledgeable and passionate about their work.

Weaknesses: Transitions happening; vacancies in the division; limited funding resources and limited number of positions to address more chronic diseases.



CDC Community Health Workers for COVID Response and Resilient Communities (CCR)

Project Objective: Expand the use of Community Health Workers to provide social support, navigation, coaching, and advocacy to address the real-life issues that make it difficult from vulnerable communities to be healthy. **This project is currently being developed.**

SWOT ANALYSIS

BUREAU OF HEALTH EQUITY

S

- Talented, diverse, and adaptive team
- Distributive leadership
- Flexible work schedule
- Collective work culture
- Collaborative internal partners
- Emergent/adaptive strategy

W

- Blindspots
- Grant funding
- Lack of institutional knowledge to navigate partnerships and buy-in
- Limited # of collaborative partners established
- Emergent/adaptive strategy
- Building capacity/stretching ourselves thin

O

- Momentum and resources
- Movement for internal reform-->Organizational & Policy change
 - Aligning responsibility across staff towards health equity
 - Building capacity t/o department to scale processes across programs/divisions
 - Community Partnerships
- Cross-agency collaborations

T

- Health Equity "trend"
- Fixed mindset-->growth mindset
- Sustainable funding/scaling
- Siloes/lack of communication & coordination
- Shifting focus from downstream to upstream



Division of Ryan White Part A, Tuberculosis Elimination and Viral Hepatitis C Navigation Programs

The **Ryan White HIV/AIDS Part A (RWPA) Program** covers the cost of outpatient healthcare and support services for people living with HIV/AIDS in Davidson County and 12 neighboring counties. The counties are referred to as the Nashville Transitional Grant Area (NTGA): Cannon, Cheatham, Davidson, Dickson, Hickman, Macon, Roberson, Rutherford, Smith, Sumner, Trousdale, Williamson, and Wilson. The RWPA program is Health Resources and Services Administration (HRSA) funded and is a payer of last resort. The Ryan White Planning Council determines the allocation of the money. In the NTGA, overall decrease in rate of new cases of HIV and decrease in rate of people dying from HIV compare to statewide and national rates. Based on 2015-2019 reports, there has been an increase in the number of people living with HIV in Rutherford County; one of the reasons is that people are seeking more affordable housing.

- Strengths
 - Improved relationships with internal and external groups, community stakeholders, and other governmental officials
 - Fully funded program and received COVID-19 response CARES Act funds
 - Implemented a pilot rideshare program in 2020
 - Hardworking and dedicated team with years of experience in HIV case management, finance, program planning, program management, and awareness of HRSA funding requirements
- Weaknesses
 - Internal staff and HRSA Project Officer transitions have been frequent
 - COVID-19 has created challenges with engaging providers and stakeholders

The **Tuberculosis (TB) Elimination Program** provides evaluation and treatment for people exposed to TB in Davidson County. Medication administration by health department staff via directly observed therapy (DOT) is mandatory for people with confirmed or suspected TB disease and children with TB disease or infection in Tennessee, also known as active TB and latent TB respectively. Video or electronic DOT (eDOT) is offered to patients who meet the eligibility criteria. The number of TB disease cases is decreasing, but the cases are more complex due to more comorbidities such as diabetes, mental health disorders, and substance use. The number of latent cases with comorbidities has increased also.



Tuberculosis (TB) Elimination Program continued

- **Strengths**
 - Culturally diverse team – 8 languages spoken among staff
 - Knowledgeable staff with many years of experience working in TB
 - Staff - cross-trained
 - Infectious diseases physician and nurse practitioner onsite daily
 - Often asked by state TB Program to train staff from other TB programs in TN (pre-COVID)
 - Provide consultations in Davidson County
 - Despite COVID-19, both patient care evaluations by TN Dept of Health were without negative findings
 - Ability to perform chest x-rays onsite
 - Successful in-person and electronic directly observed therapy (eDOT) program
 - Partnership with TN Dept of Health and surrounding counties
 - Partnership with Siloam Family Health Center
- **Weaknesses**
 - A lot of time spent on redundant documentation
 - Vacancies

The purpose of the **Viral Hepatitis C Navigation Program** is to identify and refer to care people with acute Hepatitis C viral infection in Davidson County. The navigator links persons to care for viral hepatitis care and other services as necessary. The Navigator is a member of TN's Ending the Syndemic (HIV, Sexually Transmitted Infections, Substance Use Disorder, Viral Hepatitis) team and refers clients to harm reduction services. Also, the navigator assists MPH's Vaccine Preventable Program with Hepatitis A vaccination outreach.

- **Strengths**
 - Strong relationship with internal and external partners
 - Hardworking and knowledgeable staff
- **Weaknesses**
 - 1 staff member

Office of Strategic Planning, Performance and Evaluation (SPPE)

The SPPE unit serves to provide administrative infrastructure to the department that facilitates organizational and community strategic direction, identifies performance metrics tailored to goals and objectives, provides the framework for evaluating performance through quality improvement tools, and coordinates the department's public health accreditation process. The unit strives to assure alignment of all activities.

Strategic Planning encompasses several functions. These include leading and facilitating public health system partner convenings such as the Healthy Nashville Leadership Council (HNLC), Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), the Metro Health in All Policies (HiAP) initiative; and developing and leading a Community of Practice to build capacity for facilitation within the department and among community partners.

Performance Measurement and Management include the following: guiding and facilitating identification of key metrics for each program; developing and implementing a dashboard of key metrics for tracking key operational and outcome indicators that highlight and focus on Equity and Inclusion; and customer wide customer satisfaction.

Evaluation activities include providing coordination and facilitation support to build the capacity of the department to evaluate and apply quality improvement tools and program evaluation processes for continuous quality improvement of performance metrics.

The unit engages in additional administrative activities as needed such as supporting workforce development and grant processes.

The major deliverables include the Community Health Assessment Plan, the Community Health Improvement Plan, the Performance Management System, the Quality Improvement Plan, and the documentation that will continue to meet the Public Health Accreditation Board standards.

Staff and primary areas of focus:

Celia Larson, PhD – Director and currently serving as PHAB Coordinator- (Administrative planning and oversight, Performance Metrics, Quality Improvement, Evaluation, Strategic Planning, Discretionary grants development and writing, contract writing)

Tracy Buck, M.S., RDN (Facilitation, Community Engagement, CHIP, CHA, HNLC, HiAP, Strategic Planning, Quality Improvement)

KaShawna Lollis, MSPH (Performance Management, Customer Satisfaction, Quality Improvement, Facilitation, Strategic Planning)

PHAB Coordinator (to be hired)

Accomplishments during first year of existence: Unit was established in October 2020.

- Successfully obtained Public Health Accreditation for the Department
- Facilitated and created the MPH Strategic Plan document

- Conducted a pilot to assess customer satisfaction in 4 administrative areas (met a PHAB requirement).
- Established a blueprint for the processes to collect and report performance metrics and establish a dashboard (internal/external) in partnership with Metro IT.
- Wrote and procured three CDC discretionary grants (\$8.9 mil) devoted to reducing systemic barriers and increasing access to health services and vital resources among the county's highest risk communities including Blacks or African Americans, Hispanics or Latinos and Immigrants and Refugees
- Staff received training in leadership development, facilitation and "train-the-trainer."

Strengths:

- Staff are skilled, knowledgeable, and experienced in each respective areas of focus.
- The unit is grounded in a model of management and collaboration that promotes individual leadership and a team-based approach.

Weaknesses:

- Transitions in executive leadership affect workflow, projects, and products.
- Work deadlines and volume of work produced are potentially compromised due to not having office support staff assistance for clerical and administrative tasks.

Bureau of Clinical Services

Mission: To improve access, provide education and deliver effective, safe, and patient-centered care to all people in Metropolitan Nashville through family planning, immunizations, breast and cervical screening, pharmacy, and sexual health services.

Values: Integrity, Transparency, Cultural competency, Patient-centered approach, Equity, Excellence, Accessibility, Communication, Innovation

Preventive Health (East, Woodbine, Lentz 120): comprised of family planning, immunization, sexual health services

Family planning:

- For any individual desiring family planning services; no state restriction
- Family planning operates under Title X, the federal program that allows uninsured or underinsured individual access to free and low-cost birth control, STD testing, pregnancy test and counseling, and other preventive reproductive care.
- Offers a wide variety of methods including non-hormonal, IUD's, implants, and state-funded sterilizations (including tubals and vasectomies)
- Fees based on sliding scale per self-reported income
 - o 100% FPL or below, the client cannot be charged
 - o 101-250% FPL- sliding scale based on patient's stated income
 - o 250% + of FPL- client must be charged fees that are based on reasonable cost
 - o Fees can be waived for any group if the clinic determines that there is good cause that the client is not able to pay for services (Good Cause Waiver)

Family Planning Initiatives:

- Increase in male family planning numbers (currently one of the highest in the state)
- Increase participation in program with additional Title X funding in 2020 (added additional NP and RN position); continue to seek additional funding opportunities such as A Step Ahead
- Change in Title X program rules have changed nursing counseling for abortion and adoption (Planned parenthood removed from all education information)
 - o Rule to change back to 2019 rule in November of 2021
- Six-month positive pregnancy pilot at Woodbine March 2020-October 2020
 - o Have expanded to all clinic locations as of October 4, 2021
- Continue outreach initiatives and collaborations with Mending Hearts, Grace Empowered, jail outreach, Red Sand project, etc.
- Collaboration with Vanderbilt residents for monthly colposcopy program
- Continue to offer sterilization services through Centennial Surgery Center (tubals) and recently started collaboration with University Physicians Knoxville (vasectomies)

- Third party billing to ensure program sustainability

Locations:

Lentz Public Health Center; 2500 Charlotte Avenue - Suite 120; 615-340-5607; 615-340-8542
Fax

Lentz Center Hours: Monday-Friday, 7:30 a.m.-4:00 p.m.; Closed for staff meeting the 3rd
Thursday from 2-3pm

East Nashville Public Health Center; 1015 East Trinity Lane; 615-862-7916; 615-880-2127 Fax

East Center Hours: Monday-Friday 7:30 a.m.-4:30 p.m., Closed for staff meetings on the 2nd
Wednesday of the month, 11 a.m.-12:30 p.m.

Woodbine Public Health Center; 224 Oriel Street; 615-862-7940; 615-880-2194 Fax

Woodbine Center Hours: Monday-Friday, 7 a.m.-4:30 p.m.; Closed for staff meetings on the 2nd
Wednesday of the month, 11 a.m.-12:30 p.m.

Immunizations:

- 3 programs: VFC, 317, pay, Merck Patient Assistance Program, GSK Patient Assistance Program, COVID-19 vaccine
 - o VFC: Less than 19 years of age, Medicaid, underinsured, American Indian/Alaska native, uninsured
 - o 317: individuals 19 years of age and older that are uninsured
 - o Pay vaccines
 - o Merck Patient Assistance Program- Gardasil only (Gardasil available up to age 45 for men and women- will use on individuals over 19); vaccines given at 0, 1-2, 6-month schedule

You may be eligible for the program if all 3 of the following conditions apply:

→ You reside in the United States and are 19 to 45 years of age*

AND

→ You have no health insurance coverage (some examples of health insurance coverage include private insurance, HMOs, PPOs, college health plans, Medicaid, veterans' assistance, or any other social service agency support)

AND

→ You have an annual household income less than[†]:

- o \$49,960 or less for individuals
- o \$67,640 or less for couples
- o \$103,000 or less for a family of 4.

Individuals who do not meet the insurance coverage criteria may still qualify for the vaccine program if the patient has special circumstances of financial and medical hardship.

* You do not have to be a US citizen. Residents of the United States, including US Territories, are also eligible.

[†] For income limits in Alaska and Hawaii, please call 1-800-727-5400.

- GSK Patient assistance program-Shingrix (Zoster vaccine); adults age 50 and older; 2 doses separated 6 months apart

To qualify for the GSK Patient Assistance Program:

For a vaccine, you must:

- Have no third party coverage for Vaccines OR be enrolled in a Medicare Part D Prescription Drug Plan and have spent at least \$600 on prescription medicines through your Medicare Part D Prescription Drug Plan during this calendar year
- Be an adult, age 19 or older
- Live in one of the 50 states, District of Columbia or Puerto Rico
- Not be eligible for Puerto Rico's Government Health Plan Mi Salud or have applied and been denied
- Have a household income within program eligibility criteria:

Household Size	Maximum Monthly Gross Income			
	48 states and D.C.	Alaska	Hawaii	Puerto Rico
1	\$2,683.33	\$3,352.08	\$3,087.50	\$2,000.00
2	\$3,629.17	\$4,535.42	\$4,175.00	\$2,500.00
3	\$4,575.00	\$5,718.75	\$5,262.50	\$3,000.00
4	\$5,520.83	\$6,902.08	\$6,350.00	\$3,500.00
For each additional person, add	\$945.83	\$1,183.33	\$1,087.50	\$500.00

- We do not have private insurance contracts outside of TennCare, Medicare
- Flu vaccines offered free at certain point in the flu season (typically November); available earlier for VFC, 317 and pay
- Hep A vaccines continue to be offered free to individuals that are high risk:
 - High risk sexual activity, IV drug user, Clinical discretion
- COVID-19 vaccines offered at all three clinic sites (J&J or Pfizer) during clinic hours on a walk-in basis

Immunization Initiatives:

- K-readiness fair to increase earlier uptake of vaccines prior to kindergarten enrollment (participated in 2019, cancelled in 2020)
- Streamlined nurse on-call for excursions to one individual (DON) in Spring 2019
- Contract with third party private insurances to increase patient access (current process requires payment up front and submission of reimbursement to insurance company)

Sexual Health Clinic (SHC):

Location: The Sexual Health Center is located at: Lentz Public Health Center, 2500 Charlotte Avenue, Suite 110, Nashville, TN 37209; By appointment only: call 615-340-5647 to schedule an appointment.

Hours: Monday: 8 a.m.–4:30 p.m.; Tuesday: 8 a.m.–6 p.m. (last walk-in accepted at 4 p.m.); Wednesday: 9 a.m.–4:30 p.m.; Thursday: 8 a.m.–4:30 p.m.; Friday: 8 a.m.–4:30 p.m.

- Confidential testing, treatment, expedited partner therapy (chlamydia only) and counseling for any individual requesting testing
- \$10 flat fee, can bill TennCare
- STD testing also occurs at all 3 preventive health locations

PrEP clinic (started October 2019): Pre-exposure prophylaxis for any individual that is at high risk for HIV transmission but is currently HIV negative

Patient identified as high risk of acquiring HIV infection:

- Anyone diagnosed with an STI within the past 12 months (especially syphilis or rectal gonorrhea or rectal chlamydia)
- MSM or TGWSM who
 - o has had any sex without condoms (receptive or insertive) in past 12 months; or
 - o is in an ongoing sexual relationship with an HIV-positive partner
- Man or woman who
 - o uses condoms inconsistently during sex with partner(s) of unknown HIV status; or
 - o is in an ongoing sexual relationship with an HIV-positive partner
- Patient that reports IV drug use:
 - o has shared injection or drug preparation equipment in the past 12 months;
 - o has risk of sexual acquisition

- Dedicated APRN (Madeline Johnson) and program specialist (Catya Campbell)
- Referral form on Intranet-PHN protocols- Section VII: MPHDP PrEP clinic protocols
- Send referrals to: MPHDPPrEPClinic@nashville.gov.

Sexual Health Initiatives:

- Expanding Hep C testing to Woodbine, East and Lentz 120 (completed)
- Adding an additional nurse to SHC; greatly improved number of individuals that can be seen (completed)
- Ensure that all individuals that are pregnant are screened in clinic for HIV and syphilis (unless outside lab is available and recent)
- Increasing patient case load of PrEP clinic (as of 11/16/2021, currently at 82 patients)
- Continue to participate in activities to promote sexual health services (Nashville PRIDE; outreach at local colleges- FISK, TSU; Grace Empowered; World AIDS day; Red Sand Day)

Breast and Cervical Screening program (program changing to Women's Health program in July 2022)

- Must be a Tennessee resident; uninsured or uninsured (if patient has TennCare, they are not eligible for the program); at or below 250% FPL (self-reported)
- Eligibility: Breast (men can also qualify if meet certain criteria and are symptomatic/ + on an exam): 40 and older; 40-49: personal hx of breast cancer, first degree relative; age 50-64- eligible; age 65 + eligible if they do NOT have Medicare Part B; Cervical-age 40-64- eligible for pap if patient still has her cervix or if she has had a hysterectomy for cervical cancer or precancer; <40 and unable to have children (if so, would fall into FP program); >65, not recommended
- Determines eligibility for screening mammogram and/or pap smear
- If additional diagnostic imaging is needed- through BCS program, the imaging cost will be covered; if treatment is needed, patient will be enrolled in TennCare at MPHD

BCS Initiatives:

- Continue outreach at areas with low screening rates per epidemiologic data
- Continue to educate screening sites on program requirements and importance of turning in data sheets on time so that claims can be paid
- Continue to partner with St. Thomas Mammography Bus as available with COVID restrictions
- Continue robust evidence-based outreach: preventive health clinics, Nashville Titans game, local hospitals, etc.
- Program transitioning to Women's Health navigation in 2022

Pharmacy

- Retail pharmacy for Project Access Nashville clients; serves uninsured residents of Davidson County; 30-day supply of medications for \$7 (typical medications for blood pressure, diabetes management, cholesterol management and treatment of depression).
- Also, there is a formulary option for homeless patients- medications filled one month at a time
- Dispenses all medications to health department clinics; orders placed on Fridays and couriered to sites
- Participation in TB drug study trials
- Pharmacy hours: T, Th, Friday 9am to 3pm; 615-340-5323

Pharmacy Initiatives:

- Increase communication with providers of pharmacy offerings
- Continue to fill order within week's request (current supply chain issues making things difficult)

Quality Improvement and Clinical Competency

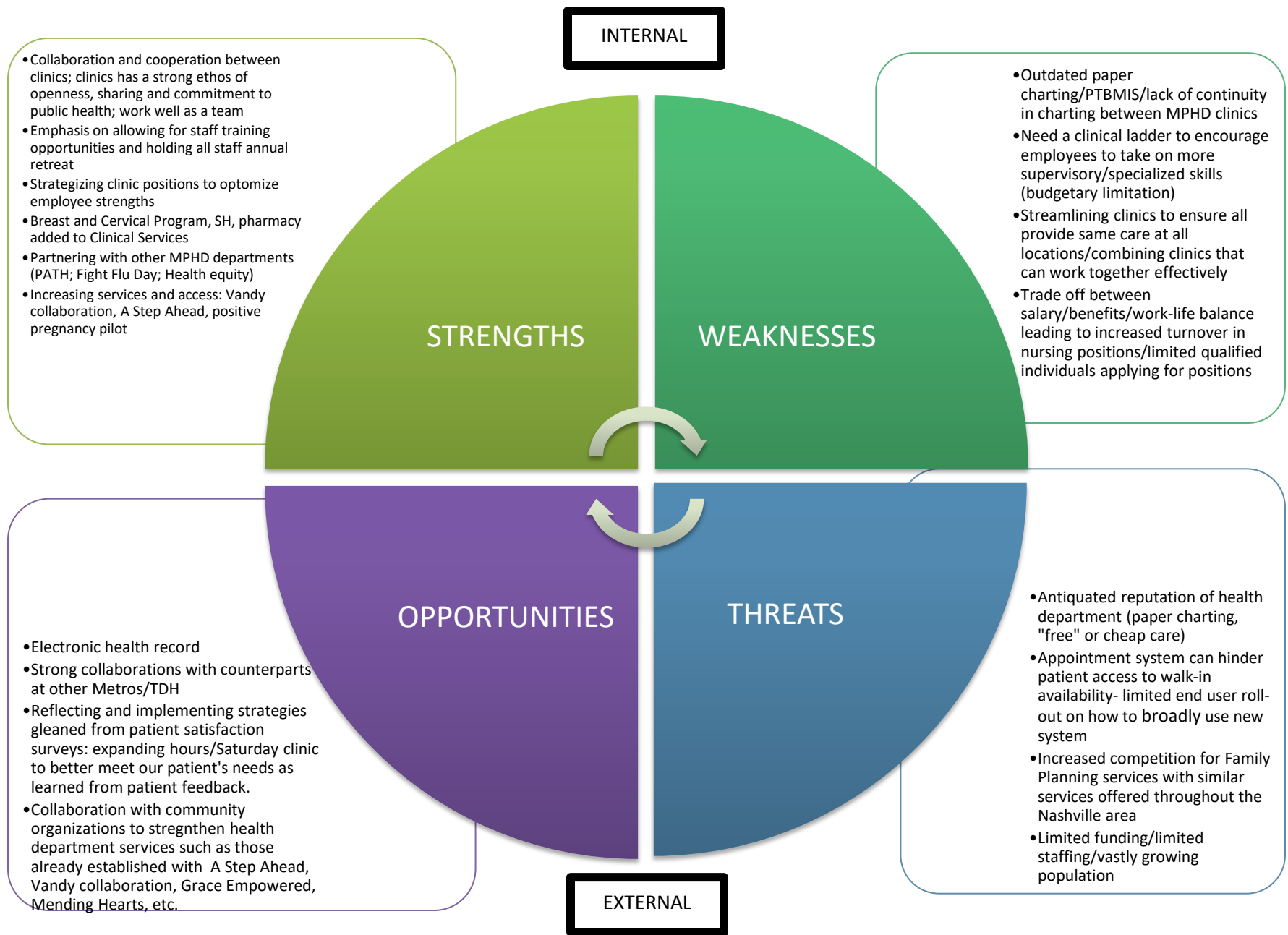
- Universal facility checks
- BLS/First Aid courses
- Graduate and Undergraduate clinical student placement
- Dr. HEART
- Lab Manual/Infection Control Manual
- QI chart audits
- Staff/Patients satisfaction surveys
- Annual competency checks for nurses/CLIA requirement
- RN orientation in all other programs outside of School Health
- Metro and MPHD Employee flu clinics

QI and Clinical Competency Initiatives:

- Continue offering monthly BLS classes; expand number of BLS instructors at MPHD
- Annual Dr. HEART drills to ensure team feels comfortable responding to emergencies
- 100% compliance to not have any expired medications in clinics
- Goal of new RN orientation within 3 days of onboarding
- Leveraging electronic health record to assist with audit reports and not having to complete manual audits in-person at all different clinical sites
- Continue student clinical rotations given COVID climate

Bureau Wide initiatives:

1. Innovation: Implementation of an electronic health record
2. Innovation: Start of Vanderbilt collaboration and colposcopy program (completed)
3. Quality Improvement: Zero loss of vaccine yearly goal (in progress)
4. Access: Same day/within the week availability for all services (ensuring adequate staffing and staff needs)/increasing access during back to school; continuing late night clinics in SHC
5. Outreach: Continuing community collaboration and outreach through Mending Hearts, Grace Empowered, jail outreach, FISK University, TSU, Belmont, Nashville PRIDE, Joe C. Davis Foundation
6. Patient-centered/Access: change FTEs of pharmacy staff to allow for expanded pharmacy hours and access for patients.
7. Leadership: Continue to address priority areas on patient and staff satisfaction surveys.
8. Continuing education: continue to ensure annual staff training are completed; seek out opportunities for additional training for nurse practitioners and staff; planning for third Clinical Services staff retreat in March 2022



Bureau Wide Data:

Clinical Health Services		Age/Gender Breakdown of total number of Unduplicated Clients (FY 2019-2020)							Primary Language in Unduplicated Pati 2020-2021							
Clients Served (number of unduplicated patients)		Age							Language							
Clinic Site	FY 2020-2021	Gender	0-1	2-4	5-12	13-18	19-64	65+	Grand Total	East	Lentz	Woodbine	Sexual Health	Woodbine	TOTAL	
East Health Center	2,865	F	5,628	193	437	419	3,927	22	10,626	English	1,555	2,274	3,615	1,241	8,685	
Lentz Health Center	3,817	M	3,804	192	457	287	1,575	39	6,354	Spanish	1,116	436	170	4,059	5,781	
Sexual Health Center	4,142	Grand Total	9,432	385	894	706	5,502	61	16,980	Arabic	4	37	6	558	605	
Woodbine Health Center	6,156									TOTAL	2,675	2,747	3,791	5,858	15,071	
TOTAL PATIENTS	16,980															
Family Planning Visits		Family Planning Method							Income Status (FY2020-2021)							
Clinic Site	FY 2020-2021	Condoms	LARC Data FY 2020-2021				Number of Insertions by Site				Clinics Zero Pay					
East Health Center	2,394	Hormonal Injection	1,407					East	Lentz	Woodbine	TOTAL	NO	YES	Grand Total		
Lentz Health Center	1,934	Oral Contraceptive	1,339					51	106	270	427	East	432	2,433	2,865	
Woodbine Health Center	5,395	Contraceptive Implant (Nexplanon)	1,288					34	63	137	234	Lentz	589	3,228	3,817	
TOTAL VISITS	9,723	Contraceptive Implant (Nexplanon)	550					IUD (Liletta or Paragard)				Sexual Heal	153	3,989	4,142	
		IUD	498					TOTAL	85	169	407	661	Woodbine	371	5,785	6,156
		Other/Unknown	202									TOTAL	1,545	15,435	16,980	
		Vaginal Ring	58													
		Contraceptive Patch	43													
			5,385													
Primary DX - Top Primary Reason for Visit		Immunization Visits		Breakout of Vaccine Type (All HD sites/pods)				Race by Hispanic Unduped Patients								
Z23 Immunization	6,551	Clinic Site	FY 2020-2021	Vaccine	FY 2020-2021	Race	Hispanic	N	Y	U	Grand Total					
Z113 Screen for Infections	2,082	East Health Center	1,925	HEP A	2,452	Native American			5		5					
Z0149 Gyn Exam (general)	1,133	Lentz Health Center	3,194	MMR	2,134	ASIAN		227	7		234					
Z3201 Pregnancy Test	940	Sexual Health Center	0	HPV	2,020	BLACK		5,778	33	2	5,813					
Z3042 Surveillance of injectible contraceptive	627	Woodbine Health Center	4,292	DTAP	1,939	OTHER		869	1,337		2,206					
Z712 Explanation of Test Findings	604	TOTAL VISITS	9,411	TDAP	1,827	PACIFIC ISLANDER		3	5	1	9					
Z289 Immunization Not Carried Out	424			VARICELLA	1,813	UNKNOWN		26	19	1	46					
A5601 Chlamydial cystitis	272	Immunizations by Cosite		MENINGOCOCCAI	1,689	WHITE	1	3,336	5,327	3	8,667					
		East Health Center	3,909	HEP B	1,448	Grand Total	1	###	6,733	7	16,980					
		Lentz Health Center	7,244	POLIO	989											
		Sexual Health Center	0	PNEUMOCOCCAL	965											
		Woodbine Health Center	10,586	TETANUS	584											
		TOTAL IMMUNIZATIONS:	21,739	HAEMOPHILUS	375											
				ROTAVIRUS	295											
				RABIES	25											
				ZOSTER	14											

Pharmacy:

Filled a total of 493 prescriptions and served about 250 patients from July 2020 to August 2021.

BCS:

Increase in minority outreach: increased the number of Black/AA women receiving breast cancer screenings through TBCSP by 29% statewide (two of the largest centers were within the Davidson County region)

- Davidson – Matthew Walker; 51% increase within their organization; Accounted for 10% of the total increase in screening
- Davidson – Nashville General; 289% increase within their organization; Accounted for 14% of the total increase in screening

Overall: TBCSP Quarterly Report FY (July 1, 2010 – March 31, 2021), Davidson County had provided services to 997 unique patients. As of June 21, 2021, fifty-seven (57) were enrolled in PE TennCare after a breast or cervical cancer diagnosis (precancerous or to rule/out).

Epidemiology Division Metro Board of Health Retreat November 19, 2021

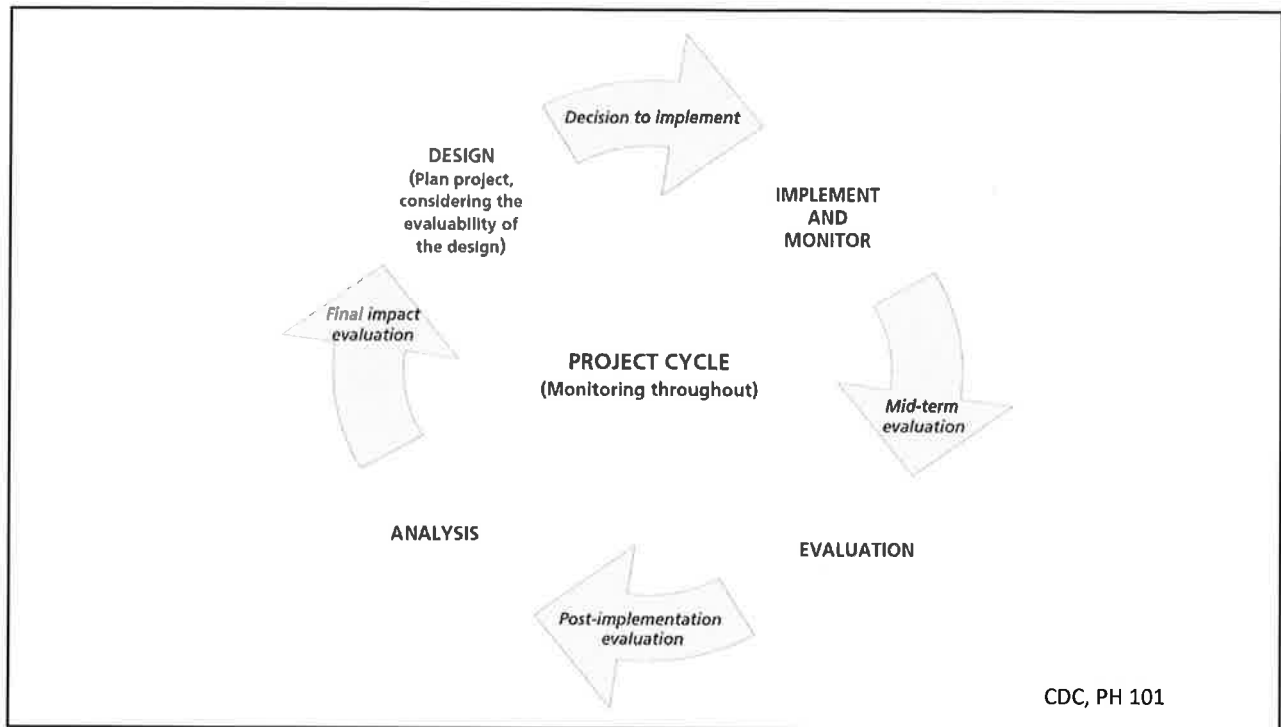
**Rand Carpenter, Director/Chief Epidemiologist
Rand.Carpenter@Nashville.gov 615-340-8623**

1

Epidemiology Division Staff

- **Brook McKelvey**
- **Justin Gatebuke**
- **Abraham Mukolo**
- **Katie Schlotman**
- **Autumn Ganis**

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5

Issues for SWOT Analysis

- **Data awareness and capacity**
- **Partnerships and relationships**
- **Visualization and geospatial analysis**
- **2020 Census**

6

Metro Public Health Department
July 2021 – June 2022 Communications Plan

Mission: To provide accurate and timely information and materials that protects and improves the health and well-being of all people in Metropolitan Nashville/Davidson County.

Communications Goals: Each goal focuses on continually strengthening proactive and reactive communication efforts that supports all MPHD programs and services, driving improvements to protect and improve the lives of Nashville residents and visitors, with particular focus on:

- preventing and/or limiting the spread of disease
- promoting healthy lifestyles and activities to improve lives in all communities
- emphasizing benefits of healthier residents and employees in all communities
- communications guidance on the management of current and new and emerging emergencies/health crisis issues affecting public health
- fostering increased awareness about the need for personal emergency preparedness plans

Communication **goals** include:

1. *effective communications with all audiences*

- timely
- accurate
- focused on the overall health of those we serve
- defined audiences for all messages
- reaching all communities in multiple languages in Nashville/Davidson County

2. *supporting*

operational initiatives in all MPHD program areas

- developing efficient messaging strategies
- delivering effective messaging materials
- assistance with program development/evolution/analysis
- communication counsel during routine/crisis situations

3. *liaison activities with key external stakeholders*

- media
- elected officials
 - Mayor's office
 - Metro Council
 - State Legislators that represent Davidson County

- Metro Government Department PIOs
- TDH and County Health Departments
- Community partners
- Volunteer organizations
- Private sector businesses and organizations
- Residents and visitors

Objectives and Tactics:

1. Strengthen proactive communications across the Metro Public Health Department, stimulating greater awareness of programs and services affecting all residents and visitors. Focus areas include:
 - Raise awareness of MPHD's responsibilities/achievements to foster public support
 - Support MPHD staff when promoting and pursuing local awareness opportunities with the use of media training, news releases, community presentations and advice/counsel.
 - Align communications strategies with MPHD and key partner organizations' campaigns and initiatives to maximize impact on population health
 - Strengthen relationships with new media representatives
 - Raise awareness for MPHD program's initiatives and public health response through the use of social media platforms

2. Strengthen reactive communications processes among MPHD leadership and staff with elements that include:
 - Ongoing communications training for key staff members to ensure competencies in dealing with the media -- and to develop increased knowledge of MPHD programs, policies, services and initiatives
 - Practice exercises for responding to significant challenges
 - Assess media coverage
 - Assess social media comments and messaging and respond

3. Enhance performance capabilities of all MPHD programs with integral communications methodologies that enable:
 - focus on customer impact/service
 - increased morale and ownership

METRO PUBLIC HEALTH DEPARTMENT
July 2021 – June 2022 Calendar of Events, News Releases and Announcements

The Metro Public Health Department’s communications calendar identifies planned internal and external communication activity from July 2021 – June 2022. The calendar allows flexibility to accommodate new activity, issues, and topics throughout the year.

Primary avenues of communication include:

Media

MPHD Monthly Employee Newsletter

MPHD Website

MPHD Intranet site

Community Partners’ Websites and Social Media Platforms

Nashville.gov

Social Media Platforms (Facebook , Twitter, Instagram)

Employee Health Announcement Email

MPHD Supervisor Meetings

MPHD Staff Meetings

HUB Nashville

Speaker’s Bureau

Booth at Special Events

Round Table Discussions

Information Table at public health centers

Paid Advertising

July 2021

MPHD Monthly Employee Newsletter

COVID-19 updates

COVID-19 website updates

Smart TV messaging

4th of July Cookout Safety

Back-to-School vaccinations

Board of Health program presentation review

COVID-19 vaccinations for children

Public Health Accreditation (TBD)

Overdose update (6-month comparison/trends...)

Behavioral Health Pilot Project update

Epi reports

ACA registration

Tick Safety

Mosquito protection messaging
Picnic food safety tips
Rabies vaccinations and microchip clinics at MACC
Rabies awareness (skunks, bats...)
Heat safety people and pets (reminder Metro Ordinance on Heat Safety and Pets
Ask a Vet on Channel 2
WNV update
Air Quality Alerts (when issued)
High and Low Food Scores
PHEP Public Health Awareness Signage at BNA
MACC Adoption Events
Pets of the Week
July 4th Pet Safety and lost pets
Updates for Public Health/COVID Grant

August 2021

MPHD Monthly Newsletter
COVID Updates
Board of Health program presentation review
Smart TV slide updates
Back to School Shots
Air Quality Alerts (when issued)
World Breastfeeding Week is August 1-7 -- Big Latch On event
Opioid Response Info/Activity
Tobacco Control social media campaign
Ryan White update
Epi Reports
ACA registration reminders
Channel 2 "Ask a Vet" segment with Dr. Cannon
WNV awareness (media updates, social media, smart tvs)
Pets of the Week
High and Low Restaurant Scores
MACC adoption promotions
Rabies awareness (skunks, bats...)
Rabies Vaccination and Microchip Clinic at Shelter
PHEP Public Health Awareness Signage at Airport
National Immunization Awareness Month (NIAM)

September 2021

MPHD Monthly Newsletter
COVID updates
Updates for Public Health/COVID Grant Update
Board of Health Meeting – review presentations to the Board
Update website reminder to ELT members
Smart TV slide updates

Infant Mortality remembrance event
Flu shot campaign begins (media, social media, smart TV messaging)
Tobacco Control social media campaign
Ending the Epidemic – HIV activity
Tailgate Food Safety
School Health Nurse spotlight
Opioid Response Info/Activity
Board of Health Meeting – review internal presentations to the Board
Update website reminder to ELT members
Social Media Calendar planning meeting
Pets of the Week
Channel 2 “Ask a Vet” segment with Dr. Cannon
MACC Adoption Events
High and Low Restaurant Scores

October 2021

MPHD Monthly Employee Newsletter
COVID updates
Board of Health Meeting – review presentations to the Board
Updates for Public Health/COVID Grant Update
Smart TV slide updates
Flu Shots Health Department Clinics
Epi Reports
Opioid Response Info/Activity
Tobacco Control social media campaign
Channel 2 “Ask a Vet” segment with Dr. Cannon
Pets of the Week
MACC Pet Adoption with Channel 2
High and Low Food Scores

November 2021

MPHD Monthly Employee Newsletter
COVID-19 Updates
Updates for Public Health/COVID Grant
Public Health Accreditation announcement
Board of Health Meeting – review presentations to the Board
Smart TV slide updates
Holiday meal food safety
Great American Smoke-out event activities
Opioid Response Info/Activity
Ending the Epidemic – HIV activity
Channel 2 “Ask a Vet” segment with Dr. Cannon
Pets of the Week promo to Channel 2
MACC Black Friday Adoption Event
Microchip Clinic

Tobacco Control social media campaign
Cold weather safety reminders for people and pets
High and Low Food Scores

December 2021

MPHD Monthly Employee Newsletter
COVID-19 Updates
Epi reports
Public Health Grant/COVID
Board of Health Meeting – review presentations to the Board
Update website reminder to ELT members
Smart TV slide updates
World AIDS Day event/activity
Tobacco Control social media campaign
Opioid Response Info/Activity
Reminders about Metro Ordinance on outdoor pet safety when temperatures are expected to drop below freezing.
Flu Shot Free to the public
Holiday meal food safety
Channel 2 “Ask a Vet” segment with Dr. Cannon
Pets of the Week promotion with Channel 2
MACC Adoption Events
Cold Weather Safety for People and Pets
High and Low Food Scores
PHEP Public Health Awareness Signage at BNA

January 2022

MPHD Monthly Employee Newsletter
Board of Health Meeting -- budget issues
Flu season update – severity and impact on Nashville
COVID-19 Updates
Tobacco Control Social Media Campaign
Updates for Public Health/COVID Grant
Epi reports
ELT reminder to update website
Opioid Response Info/Event
Channel 2 “Ask a Vet” segment with Dr. Cannon
Pets of the Week promotion with Channel 2
MACC Adoption Events – shelter at capacity is a trigger for adoption promos
Cold Weather Safety Awareness for People and Pets
State Legislative issues (public health topics)
High and Low Restaurant Scores
Social media reminders about Metro Ordinance on nights expected to drop below freezing.
PHEP Public Health Awareness Signage at BNA
Cold Weather Emergency Shelters

February 2022

Director of Health's Employee Newsletter
Board of Health Meeting -- budget issues
HUB Nashville request response
Flu Season Updates
National Black HIV/AIDS Awareness Day
Heart Month and Dental Care Connection to Heart Disease
Children's Dental Health Month
Updates for Public Health/COVID Grant
Tobacco Control social media campaign
Channel 2 "Ask a Vet" segment with Dr. Cannon
Friends of MACC event activity
Pets of the Week promo with Channel 2
MACCademy Awards Adoption Event (Academy Awards)
High and Low Food Scores
Commissioner's Newsletter article
Rabies Vaccination and Microchip Clinic at Shelter
Extreme Cold Weather Safety for People – emergency shelter
Cold Weather Reminders --Metro Ordinance on outdoor pet safety when temperatures are expected to drop below freezing.

March 2022

MPHD Monthly Employee Newsletter
COVID-19 2-year mark
MNPS K-Readiness Fair at Lentz Health Center
Healthy Nutrition WIC Recipes – National Nutrition Month
Board of Health Meeting presentation review – possible budget discussion
Metro Budget Updates
World TB Day event
Tobacco Control social media campaign
Opioid Response Info/Activity
Updates for Public Health/COVID Grant
Ending the Epidemic – HIV activity
Channel 2 "Ask a Vet" segment with Dr. Cannon
Pets of the Week
MACC Adoption Events
Rabies Vaccination and Microchip Clinic at Shelter
High and Low Restaurant Scores
PHEP Public Health Awareness Signage at BNA

April 2022

MPHD Monthly Employee Newsletter
Board Meeting -- presentation review
Public Health Week activity
Earth Day Event activity

COVID-19 Update
Smart TV slide updates
Opioid Response Info/Activity
Updates for Public Health/COVID Grant
Ending the Epidemic – HIV activity
Tobacco Control social media campaign
Mosquito prevention awareness
Channel 2 “Ask a Vet” segment with Dr. Cannon
Pets of the Week promo with Channel 2
MACC Adoption Events
Rabies Vaccination and Microchip Clinic at Shelter
High and Low Food Scores
PHEP Public Health Awareness Signage at BNA
Community Health Bureau internal newsletter

May 2022

Director of Health’s Employee Newsletter
Hepatitis Awareness Month
Board Meeting -- presentation review and budget review
Nurses Week – Thank you to our nurses
Metro Budget Update to employees
Smart TV slide updates
Opioid Response Info/Activity
Tobacco Control social media campaign
Updates for Public Health/COVID Grant
Ending the Epidemic – HIV activity
Air Quality alerts – triggered when air forecast is to be in unhealthy for sensitive groups
Mosquito Prevention Awareness Activities (Backyard Inspection Day)
Mosquito Trapping Begins
MPHD Pool Inspections
Channel 2 “Ask a Vet” segment with Dr. Cannon
Rabies Vaccination and Microchip Clinic at Shelter
Pets of the Week
MACC Adoption Events
High and Low Food Scores
Recreational water safety
PHEP Public Health Awareness at BNA
National Women’s Health Week is May 11-17

June 2022

MPHD Newsletter
MPHD Monthly Employee Newsletter
Mosquito safety
Tick Safety
MACC Adoption Events

Updates for Public Health/COVID Grant
Outdoor Recreation Safety (drowning)
Heat Safety Awareness for People and Pets
Opioid Response Info/Activity
Air Alerts
Update Websites
Pets of the Week
Channel 2 “Ask a Vet” segment with Dr. Cannon
Rabies Clinic at Shelter
High and Low Food Scores
Mosquito protection messaging at CMA Fest
PHEP Public Health Awareness Signage at BNA
Community Health Bureau internal newsletter

July 2022

New Board Member Announcement
Weekly MPHD Employee Newsletter
Public Health Accreditation Update
Board of Health Meeting – review presentations to the Board
Smart TV slide updates
Back to School Shots long lead promotion
Updates for Public Health/COVID Grant
Opioid Response Info/Activity
Tobacco Control social media campaign
Ending the Epidemic – Update
Heat Safety Awareness for People and Pets
4th of July outdoor grilling and picnic safety
Mosquito Awareness Updates
Reminder about Metro Ordinance on Heat Safety and Pets
Pets of the Week promotion with Channel 2
Channel 2 “Ask a Vet” segment with Dr. Cannon
Rabies awareness (skunks, bats...)
MACC adoption events -- 4th of July MACC adoption promotion
Microchip Clinic at MACC Shelter
Lost Pets from Fireworks news release
Quarterly reminder to update website pages
PHEP Public Health Awareness Signage at BNA

Behavioral Health Investments

Friday, November 19, 2021
Presentation to Metro Nashville Board of Health
Prepared by Dia Cirillo, Senior Policy Advisor
Office of the Mayor John Cooper





Principles

2

Behavioral health is public health

No wrong door

Investments in crisis response and connections to care



Mayor's 2021 Investments in Behavioral Health

3

FY22 Budget (6/21)

- \$2 million to expand support for the 24/7 Crisis Treatment Center and the Crisis Stabilization Unit (Mental Health Co-Op)
- \$1.4 million to MNPS for advocacy centers to support all elementary school children

American Rescue Plan (5/21)

- \$562,000 to launch the MNPD Co-Response Pilot / Partners in Care

Re-allocated State Grant Monies (3/21)

- \$1 million for the Behavioral Health Crisis Response Initiative

Behavioral Health Crisis Response Initiative

- \$1 million in one-time funds from state grant monies
- Recommended for MPHD Division of Behavioral Health and Wellness

50/50 Split

Capacity Building

Behavioral Health Needs Assessment of Davidson County will assess the current capacity of behavioral health services across the county. BHNA will also gauge the level of behavioral health equity by identifying the presence of practitioners of color.

Investment in two epidemiologists to understand the population in mental health/substance use crisis that presents to first responders, the criminal justice system and emergency rooms and how best to fill gaps in the continuum of care to ensure connections to and persistence in care

Pilot Projects

- New approaches to crisis response that address overdoses, mental health crises and youth in crisis
- Serve to divert from involvement with the criminal justice system and facilitate immediate connections to appropriate care



Nashville Partners in Care

MNPD – Pilot Host

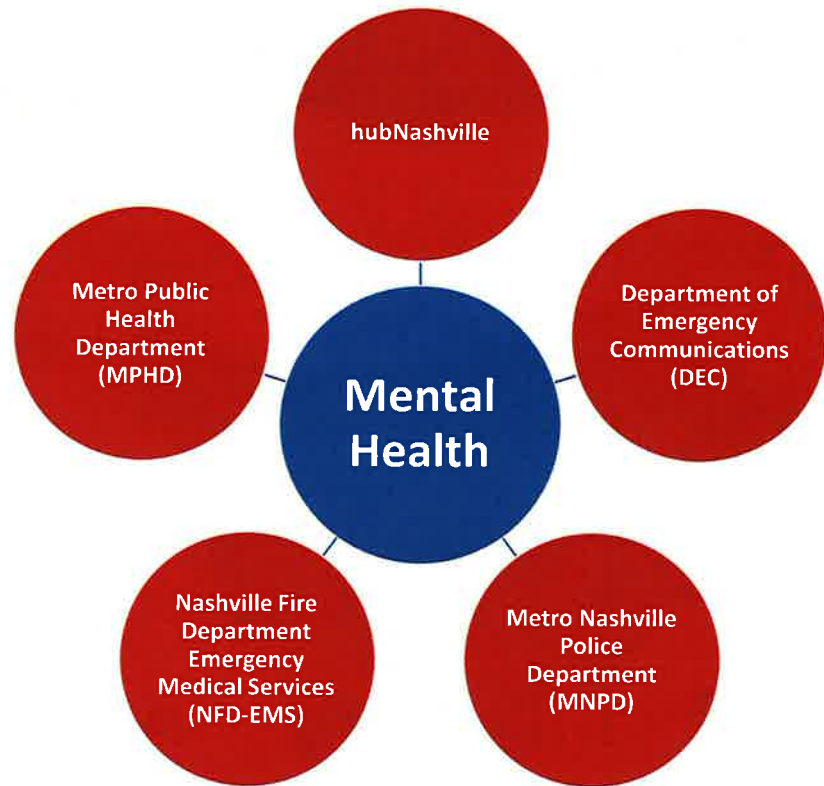
Mental Health Co-Op – Service
Provider and Data Contributor

DEC – New Call Structure

MPHD – Data Analysis and Project
Evaluation

Fire-EMS – Data Contributor

HubNashville – Call Referral to DEC
and Data Contributor



Source: Division of Behavioral Health and Wellness
Metro Public Health Department of Nashville/Davidson County

Partners in Care Pilot Program | Quarter One Snapshot | November 4, 2021

Data reflect a snapshot of the Partners in Care Pilot Program's first quarter (June 28, 2021 - September 28, 2021).

All data are provisional, subject to change, and sourced through Metro Nashville Police Department (MNPD) and Mental Health Cooperative.

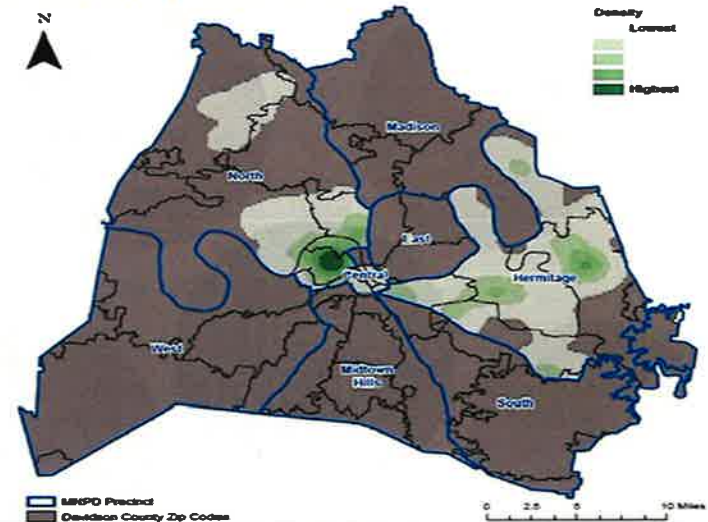
Total Partners in Care Events

Total Events	542
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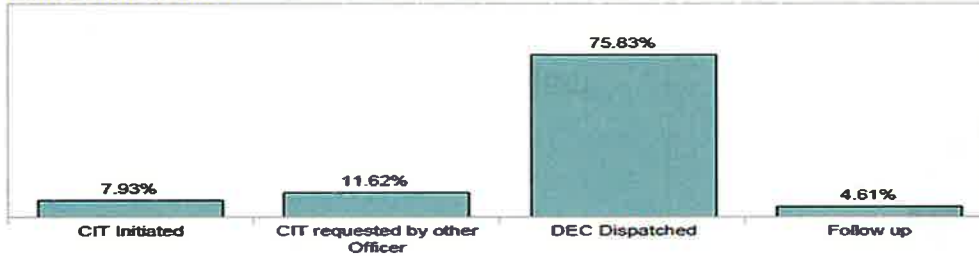
Percent of Total by Division

Hermitage Precinct	57.56%
North Precinct	42.44%

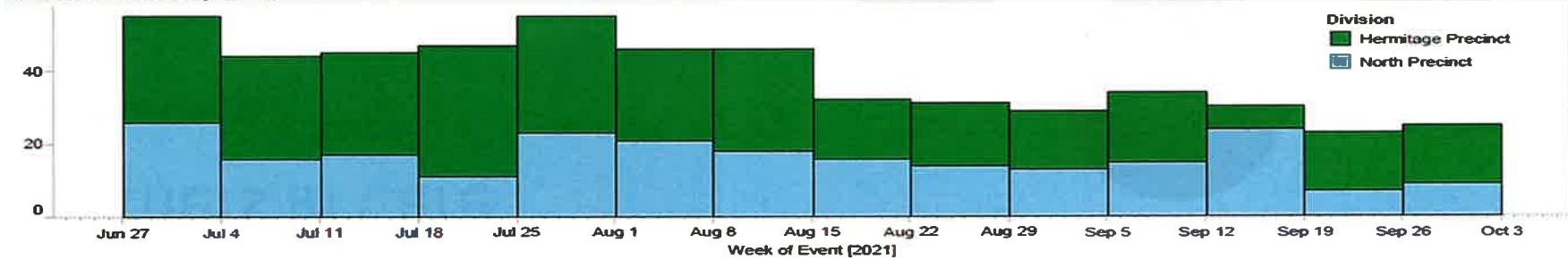
Events Mapped by MNPD Precinct



Notification Method



Number of Events by Week



All data are provisional and subject to change

Metro Public Health Department of Nashville/Davidson County



THANK YOU

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**Conference Committee Report on
House Bill No. 9076 / Senate Bill No. 9013**

The House and Senate Conference Committee appointed pursuant to motions to resolve the differences between the two houses on House Bill No. 9076 (Senate Bill No. 9013) has met and recommends that all amendments be deleted.

The Committee further recommends that the following amendment be adopted:
by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Title 68, Chapter 2, Part 6, is amended by adding the following as a new section:

(a) Notwithstanding any law to the contrary:

(1) For the purposes of effectively mitigating the impact of a pandemic, upon declaration of a pandemic by the world health organization and a subsequent declaration of a state of emergency by the governor indicating that the pandemic impacts this state, and until such pandemic ceases to exist, the governor has exclusive jurisdiction to issue executive orders and directives with respect to each county health department in this state, including a county health department created by private or public act prior to July 1, 1985, or by action of a county legislative body; and

(2) The commissioner of health and a local health department, board, entity, county mayor, or official shall not supersede, vacate, contradict, or refuse to comply with such executive order or directive of the governor issued pursuant to subdivision (1).

(b) For purposes of subsection (a), a pandemic ceases to exist when the governor terminates the state of emergency or allows the declaration of the state of emergency to expire upon finding that the pandemic no longer significantly impacts this state.

SECTION 2. Section 4 of Chapter 550 of the Public Acts of 2021, as codified in Tennessee Code Annotated, Section 68-2-609, is amended by deleting subdivision (4).

SECTION 3. Tennessee Code Annotated, Section 68-2-603(a), is amended by deleting subdivision (6) and substituting instead:

(6) When the commissioner appoints a county health director pursuant to this subsection (a), the appointment shall be made in writing by the commissioner in concurrence with the county mayor of the county for which the appointment is made. The mayor shall submit a slate of not more than three (3) nominees to the commissioner for consideration within ten (10) days of a request for nominees by the commissioner. The commissioner may appoint a health director from the list of nominees or request additional nominees.

SECTION 4. Tennessee Code Annotated, Section 68-2-601(i), is amended by deleting the subsection and substituting instead the following:

(i) A county health department or board of health of a county in existence prior to July 1, 1985, remains in existence after the effective date of this act. The regulations of such departments and boards remain in full force in effect to the extent such regulations do not conflict with this part 6.

SECTION 5. Tennessee Code Annotated, Section 68-2-609(1), is amended deleting the subdivision and substituting:

(1) Except as provided in Section 1 of this act, the quarantine of any place or person, if the county health officer finds that quarantine is necessary to protect the public health from an epidemic;

SECTION 6. Tennessee Code Annotated, Section 68-2-603(c), is amended by deleting the first sentence and substituting instead:

The commissioner may appoint a county health officer responsible for providing medical direction, including medical enforcement actions with the approval of the commissioner or the county mayor.

SECTION 7. Tennessee Code Annotated, Section 68-2-601, is amended by designating subsection (f) as subdivision (f)(2) and adding the following new subdivision (f)(1):

(1) Except as provided in Section 1 of this act, under advisement of the county board of health under subdivisions (f)(2)(B) and (C), the county mayor has the power to issue orders as are necessary or appropriate to protect the general health and safety of county residents.

SECTION 8. This act takes effect upon becoming a law, the public welfare requiring it.

Senator Becky Massey, Chair

Representative Kevin Vaughan, Chair

Senator Ed Jackson

Representative Patsy Hazlewood

Senator Paul Rose

Representative John Mark Windle

Senator Sara Kyle

Representative Rusty Grills

Senator Todd Gardenhire

**Conference Committee Report on
House Bill No. 9077 / Senate Bill No. 9014**

The House and Senate Conference Committee appointed pursuant to motions to resolve the differences between the two houses on House Bill No. 9077 (Senate Bill No. 9014) has met and recommends that all amendments be deleted.

The Committee further recommends that the following amendment be adopted:

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, is amended by adding the following as a new title:

Title 14 – COVID-19

Chapter 1 – General Provisions

14-1-101. Definitions.

As used in this title, unless the context otherwise requires:

(1) "Adverse action" means to:

(A) Discriminate against a person by denying the person employment, privileges, credit, insurance, access, products, services, or other benefits; or

(B) Discharge, threaten, or otherwise discriminate against an employee in any manner that affects the employee's employment, including compensation, terms, conditions, locations, rights, immunities, promotions, or privileges;

(2) "Applicant" means a person who has applied for employment with an employer;

(3) "Arising from COVID-19" means caused by or resulting from the actual, alleged, or possible exposure to or contraction of COVID-19, or caused by or resulting from services, treatment, or other actions in response to COVID-19, including, but not limited to:

(A) Implementing policies and procedures to prevent or minimize the spread of COVID-19; however, "arising from COVID-19" does not include implementing policies and procedures that violate this title;

(B) Testing;

(C) Monitoring, collecting, reporting, tracking, tracing, disclosing, or investigating COVID-19 exposure or other COVID-19-related information;

(D) Using, designing, manufacturing, providing, donating, or servicing precautionary, diagnostic, collection, or other health equipment or supplies, such as personal protective equipment;

(E) Closing or partially closing to prevent or minimize the spread of COVID-19;

(F) Delaying or modifying the schedule or performance of any medical procedure; or

(G) Providing services or products in response to government appeal or repurposing operations to address an urgent need for personal protective equipment, sanitation products, or other products necessary to protect the public;

(4) "COVID-19" means the novel coronavirus, SARS-CoV-2, and coronavirus disease 2019, commonly referred to as COVID-19, including any variant of SARS-CoV-2 or COVID-19;

(5) "COVID-19 vaccine" means a substance used to stimulate the production of antibodies and provide protection against COVID-19, prepared from the causative agent of COVID-19, its products, or a synthetic substitute, and treated to act as an antigen without inducing a COVID-19 infection;

(6) "Employer" means a person, private business, or governmental entity employing one (1) or more persons within this state;

(7) "Face covering" means a protective covering designed to be worn over the nose and mouth to reduce the spread of COVID-19, but "face covering" does not include an industry required mask;

(8) "Governmental entity":

(A) Means a state department, agency, or political subdivision, including a city, town, municipality, metropolitan government, county, utility district, public building authority, housing authority, emergency communications district, county board of health, a development district created and existing pursuant to the laws of this state, or an instrumentality of government created by one (1) or more local governmental entities;

(B) Does not include a school or LEA, as defined in § 49-1-103;

(C) Does not include an airport authority;

(D) Does not include a Medicare or Medicaid certified provider, but only to the extent such provider is subject to a valid and enforceable Medicare or Medicaid condition of participation that imposes a requirement contrary to this title, except a person in a position covered by the definition of emergency medical services personnel in § 68-140-302;

(E) Does not include an entity operating on property owned, managed, or secured by the federal government, but only to the extent such entity is subject to a valid and enforceable federal requirement contrary to this title;

(F) Does not include a healthcare provider enrolled in Medicare or Medicaid that is subject to fines or penalties for nonadherence to federal rules and regulations, but only to the extent such provider is subject to a valid and enforceable Medicare or Medicaid condition of participation that imposes a requirement contrary to this title; and

(G) Does not include an assisted-care living facility, a home for the aged, a nursing home, or a residential hospice, as those terms are defined in § 68-11-201;

(9) "Healthcare provider" means a healthcare practitioner, person, or facility licensed, authorized, certified, registered, or regulated under title 33, title 63, title 68, federal law or order, or an executive order of the governor, including but not limited to any employees, agents, or contractors of such a practitioner, person, or facility, and residents, interns, students, fellows, or volunteers of an accredited school or of such school's affiliated teaching or training hospitals or programs in this state;

(10) "Industry required mask" means a face covering, protective cover, or prophylactic device designed to be worn over the nose and mouth for a particular industry that may prevent the spread of COVID-19, but that would be used in the particular industry regardless of the risk of exposure to COVID-19;

(11) "Legal guardian" means a person or entity that has the legal authority to provide for the care, supervision, or control of a minor as established by law or court order;

(12) "Minor":

(A) Means a person who has not attained eighteen (18) years of age;

(B) Does not include a person who has been emancipated pursuant to title 29, chapter 31; and

(C) Does not include a person who is seventeen (17) years of age and is enlisted in the military;

(13) "Monoclonal antibodies" means bamlanivimab plus etesevimab, casirivimab plus imdevimab, sotrovimab, or any other anti-COVID-19 monoclonal antibody products that target the spike protein of COVID-19 and are approved or authorized by the federal

food and drug administration for use as a treatment or prophylaxis for a COVID-19 infection;

(14) "Person" means an individual;

(15) "Private business" means a person, sole proprietorship, corporation, limited liability company, partnership, trust, association, nonprofit organization described in § 501(c) of the Internal Revenue Code that is exempt from federal income taxation under § 501(a) of the Internal Revenue Code (26 U.S.C. § 501(a)), or any other legal or non-governmental entity whether formed as a for-profit or not-for-profit entity engaged in business or commerce in this state, but does not include:

(A) A school;

(B) A Medicare or Medicaid certified provider, but only to the extent such provider is subject to a valid and enforceable Medicare or Medicaid condition of participation that imposes a requirement contrary to this title, except a person in a position covered by the definition of emergency medical services personnel in § 68-140-302;

(C) A healthcare provider enrolled in Medicare or Medicaid that is subject to fines or penalties for nonadherence to federal rules and regulations, but only to the extent such provider is subject to a valid and enforceable Medicare or Medicaid condition of participation that imposes a requirement contrary to this title; or

(D) An assisted-care living facility, a home for the aged, a nursing home, or a residential hospice, as those terms are defined in § 68-11-201;

(16) "Proof of vaccination" means physical documentation or digital storage of a person's receipt of a COVID-19 vaccine;

(17) "Quarantine" means:

(A) The limitation or restriction of a person's freedom of movement or isolation of a person, or preventing or restricting access to premises upon which the person or the cause or source of COVID-19 may be found, for a period of time to prevent the spread of COVID-19; and

(B) Limiting or restricting the operation of a private business to prevent the spread of COVID-19;

(18) "School" means:

(A) A public elementary or secondary school operated by a local education agency or by the state with public funds, including a charter school;

(B) A publicly-operated child care agency, as defined in § 71-3-501; child care program, as defined in § 49-1-1102; preschool; or nursery school; and

(C) A public postsecondary educational institution;

(19) "School property" means all real property, improvements to real property, and facilities used for school purposes; and

(20) "Severe conditions" means:

(A) The governor has declared a state of emergency for COVID-19 pursuant to § 58-2-107; and

(B) A county has an average rolling fourteen-day COVID-19 infection rate of at least one thousand (1,000) new known infections for every one hundred thousand (100,000) residents of the county based on the most recent data published by the department of health. For purposes of this subdivision (20)(B), the number of new cases per one hundred thousand (100,000) persons within the last fourteen (14) days is calculated by adding the number of new cases in the county in the last fourteen (14) days divided by the population in the county by one hundred thousand (100,000).

14-1-102. Findings.

The general assembly finds that:

(1) Setting forth the rights of people in the context of COVID-19 restrictions in a statute assists the citizens of this state in the enforcement and protection of their rights and creates a safe harbor for those desiring to avoid litigation;

(2) Tennessee, as a great southern state within our federal system of government, is free to enact laws to protect the health and safety of its citizens under the police powers inherent to all states of a federal system of government;

(3) The United States Constitution does not prohibit the states from regulating health and medical practices, nor does it require any person to consent to any form of medical treatment, directly or indirectly, in relation to COVID-19;

(4) The right at common law to personal security and the liberty to be free from an unwanted touching of one's limbs and body was retained by the people of this state, and that right includes rights and duties with respect to medical treatment administered by other persons, such as through COVID-19 vaccinations;

(5) Informed consent between patients and healthcare practitioners protects the rights at common law of persons and all such consent must be voluntary and not given under duress, coercion, misrepresentation, or fraud; and

(6) Consistent with our constitutionally recognized and inalienable right of liberty, every person within this state is and must remain free to choose or to decline to be vaccinated against COVID-19 without penalty or threat of penalty.

14-1-103. Broad construction to safeguard liberty.

The purpose of this title is to safeguard the constitutional rights and liberty interests of persons during the COVID-19 pandemic. This title must be construed broadly to effectuate the purpose described in this section.

14-1-104. Construction with other laws.

(a) Notwithstanding any other law to the contrary, a governmental entity or public official shall not suspend any provision of this title, regardless of whether there is a state of emergency. This subsection (a) does not prohibit the governor from suspending a provision of this title pursuant to title 58, chapter 2, if the governor has declared a state of emergency.

(b) This title is in addition and supplemental to all other provisions of state law; wherever the application of this title conflicts with the application of other provisions of state law, this title prevails.

Chapter 2 – Uniform Standards

14-2-101. COVID-19 vaccine mandates by governmental entities.

A governmental entity, school, or local education agency shall not mandate that a:

- (1) Person receive a COVID-19 vaccine; or
- (2) Private business or school require proof of vaccination as a condition to access the private business's or school's premises or facilities or to receive the benefits of the private business's or school's products or services.

14-2-102. COVID-19 vaccine status.

(a) A private business, governmental entity, school, or local education agency shall not compel or otherwise take an adverse action against a person to compel the person to provide proof of vaccination if the person objects to receiving a COVID-19 vaccine for any reason.

(b) Allowing a person to voluntarily provide proof of vaccination or proof of COVID-19 antibodies instead of a negative COVID-19 test in order to gain admission to a place of entertainment, as defined in § 47-25-512 is not a violation of this subsection (a).

(c) Notwithstanding subsection (a), a person is not prohibited from requiring another person to provide proof of vaccination as a condition to entering that person's personal residence for purposes of providing products or services.

14-2-103. Face coverings generally.

(a) Notwithstanding any law to the contrary and except as otherwise provided in subsection (c) and (e):

(1) A governmental entity shall not require a person to wear a face covering as a condition to access the governmental entity's premises or facilities, or to receive the benefits of the governmental entity's products or services, unless severe conditions exist and the requirement is in effect for no more than fourteen (14) days; and

(2) An employer that is a governmental entity shall not require an employee to wear a face covering as a term or condition of employment, or take an adverse action against an employee for failing to wear a face covering, unless severe conditions exist at the time the requirement is adopted and the requirement is in effect for not more than fourteen (14) days.

(b) A governmental entity may renew its face covering requirement for additional fourteen-day periods if severe conditions continue to exist each time the face covering requirement is renewed. If, at the end of a fourteen-day period, severe conditions no longer exist, then the governmental entity shall not renew its face covering requirement or otherwise require a person to wear a face covering as a condition to access its premises or facilities; to receive the benefits of its products or services; or as a term or condition of employment.

(c) Notwithstanding subsection (a), a governmental entity shall not require a person to wear a face covering if the person provides documentation from the person's healthcare provider that wearing a face covering is contraindicated for the person, or if the person objects to wearing a face covering because of the person's sincerely held religious belief.

(d) This section does not authorize a person to access the premises or facilities of a governmental entity, or to receive the benefits of a governmental entity's products or services, if the person is otherwise prohibited from accessing its premises or facilities, or from receiving the benefits of its products or services.

(e) This section does not apply to state or local correctional facilities housing inmates in a congregate living arrangement.

14-2-104. Face coverings for schools.

(a) Notwithstanding title 49 or any other law to the contrary and except as otherwise provided in subsection (c), a school or a governing body of a school shall not require a person to wear a face covering while on school property unless:

(1) The principal or president of the school submits a written request to the school's governing body for the adoption of a policy requiring all persons on school property to wear a face covering;

(2) Severe conditions exist;

(3) The school's governing body adopts such a policy on a school-by-school or campus-by-campus basis and only:

(A) For the school for which a request is submitted by the principal or president pursuant to subdivision (a)(1);

(B) If all other conditions or requirements of this subsection (a) exist at the time the policy is adopted; and

(C) If the policy is in effect for no more than fourteen (14) days;

(4) The school provides face coverings for persons twelve (12) years of age and older that meet the U.S. National Institute for Occupational Safety and Health N95 classification of air filtration, meaning that the face covering filters at least ninety-five percent (95%) of airborne particles, including droplets containing COVID-19; and

(5) The school provides age-appropriate face coverings for persons under twelve (12) years of age, but over five (5) years of age, that provide air filtration similar to the face coverings described in subdivision (a)(4).

(b) A principal or president of a school may submit a written request to the school's governing body to renew the face covering requirement for the school for an additional fourteen-

day period if the requirements of subsection (a) exist at the time the face covering requirement is renewed. If, at the end of a fourteen-day period, one (1) or more of the requirements or conditions of subsection (a) no longer exist, then a school shall not renew the school's face covering requirement or otherwise require a person to wear a face covering on school property.

(c) Notwithstanding subsection (a), a school shall not require a person to wear a face covering if the person provides documentation from the person's healthcare provider that wearing a face covering is contraindicated for the person, or if the person objects to wearing a face covering because of the person's sincerely held religious belief.

(d) Notwithstanding subsection (a):

(1) A school shall, to the extent practicable, provide a reasonable accommodation pursuant to the Americans with Disabilities Act (42 U.S.C. § 12101 et seq.) to a person who provides a written request for a reasonable accommodation to the principal or president of the school. If the person requesting a reasonable accommodation under this subsection (d) is a minor, then the person's parent or legal guardian must provide the written request on the minor's behalf.

(2) The principal or president of the school shall evaluate the request on behalf of the school and, to the extent practicable, provide a reasonable accommodation. The principal or president shall issue a decision approving or denying the request in writing. If the principal or president denies the request, then the grounds for denial must be provided in the principal's or president's written decision. If the principal or president approves the request, then the school shall place the person in an in-person educational setting in which other persons who may place or otherwise locate themselves within six feet (6') of the person receiving the reasonable accommodation for longer than fifteen (15) minutes are wearing a face covering provided by the school that:

(A) For persons twelve (12) years of age or older, meets the U.S.

National Institute for Occupational Safety and Health N95 classification of air

filtration, meaning that the face covering filters at least ninety-five percent (95%) of airborne particles, including droplets containing COVID-19; and

(B) For persons under twelve (12) years of age, but over five (5) years of age, is age-appropriate and provides air filtration similar to the face coverings described in subdivision (d)(2)(A).

(e) The governing body of a school shall not use state funds to mandate or require students to wear face coverings in violation of this section. If a school's governing body violates this subsection (e), then the commissioner of education may withhold future distributions of school funds from a local education agency in the amount of the state funds used in violation of this section, or the attorney general and reporter may initiate legal proceedings to recover all state funds used in violation of this subsection (e).

(f) This section does not authorize a person to access a school's property or to receive the benefits of a school's services if the person is otherwise prohibited from accessing the school's property, or from receiving the benefits of the school's services.

Chapter 3 – Unemployment Benefits Relative to COVID-19

14-3-101. Unemployment benefits.

(a) The disqualification from receipt of unemployment benefits provided in § 50-7-303(a)(1)(A) does not apply to a claimant who left employment because the claimant's employer, as defined in § 50-7-205, required its employees to receive a COVID-19 vaccine and the claimant failed or refused to receive a COVID-19 vaccine.

(b) Unemployment benefits shall not be reduced or denied under title 50, chapter 7 to an otherwise eligible claimant who left employment due to the claimant's failing or refusing to receive a COVID-19 vaccine.

(c) This section entitles an otherwise eligible claimant to a retroactive payment of unemployment benefits if the claimant was denied benefits on grounds that the claimant's

separation from employment for failing or refusing to receive a COVID-19 vaccine was insufficient for benefits.

Chapter 4 – Healthcare Standards of Practice

14-4-101. Sole authority to quarantine.

(a) Notwithstanding any law to the contrary, the commissioner of health has the sole authority to determine quarantine guidelines for:

(1) A person if the person tests positive for COVID-19. The quarantine of a person must be lifted if the person receives a negative antigen detection test result or a negative molecular diagnostic test result at any time during the quarantine period; and

(2) A private business or school for purposes of closing the private business or restricting the operation of the private business for purposes of COVID-19. The quarantine of a business must be lifted as soon as practicable after the commissioner is satisfied that the conditions at the business do not present a serious public health or safety threat with respect to the spread of COVID-19.

(b) A local health entity or official, mayor, governmental entity, or school does not have the authority to quarantine a person or private business for purposes of COVID-19.

(c) The commissioner may only establish quarantine guidelines by rules promulgated pursuant to the Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

14-4-102. Monoclonal antibodies.

Notwithstanding any guidance or advice received from a governmental entity to the contrary, a healthcare provider shall exercise independent professional judgment when determining whether to recommend, prescribe, offer, or administer monoclonal antibodies to a patient as a treatment or prophylaxis against COVID-19.

14-4-103. Mature minor doctrine.

(a) Except as provided in subsection (b), a healthcare provider shall not provide a patient who is a minor with a COVID-19 vaccine without first obtaining written consent from the minor patient's parent or legal guardian.

(b) Subsection (a) does not apply if a healthcare provider, in the provider's independent professional judgment, suspects that the minor may be subjected to abuse, as defined in § 37-1-102, by a parent or legal guardian, or may be a dependent and neglected child, as defined in § 37-1-102. If the exception provided in this subsection (b) applies, then the common law applies to the minor's capacity to consent to receiving a COVID-19 vaccine.

14-4-104.

Notwithstanding title 63 or 68 to the contrary, any disciplinary process, or action taken pursuant to such process, that is implemented by a health-related board regarding the dispensing or prescribing of medication for COVID-19 must be promulgated as a rule pursuant to title 4, chapter 5.

Chapter 5 – Liability

14-5-101. Clear and convincing standard for liability.

(a) Except as otherwise provided in this title, there is no claim against a person for loss, damage, injury, or death arising from COVID-19, unless the claimant proves by clear and convincing evidence that the person proximately caused the loss, damage, injury, or death by an act or omission constituting gross negligence or willful misconduct.

(b)

(1) In any claim alleging loss, damage, injury, or death arising from a COVID-19 infection, the claimant must file a verified complaint pleading specific facts with particularity from which a finder of fact could reasonably conclude that the alleged loss, damage, injury, or death was caused by the defendant's gross negligence or willful misconduct.

(2) In any claim alleging loss, damage, injury, or death based on a COVID-19 infection, the claimant must also file a certificate of good faith stating that the claimant or claimant's counsel has consulted with a physician duly licensed to practice in this state or a contiguous state, and the physician has provided a signed written statement that the physician is competent to express an opinion on the contraction of COVID-19, and, upon information and belief, believes that the alleged loss, damage, injury, or death was caused by an alleged act or omission of the defendant or defendants.

(3) The failure of a claimant to satisfy the requirements of subdivisions (b)(1) and (2), if required by subdivision (b)(2), makes the action subject to dismissal with prejudice upon motion of the defendant.

(c) This chapter does not:

(1) Create a cause of action;

(2) Eliminate a required element of any existing cause of action;

(3) Affect workers' compensation claims under the Workers' Compensation Law, compiled in title 50, chapter 6, including the exclusive application of such law; or

(4) Amend, repeal, alter, or affect any immunity, defense, limitation of liability, or procedure available or required under law or contract.

(d) Unless otherwise prohibited by the United States or Tennessee Constitution, this chapter applies to claims arising from COVID-19 except those for which, on or before August 3, 2020:

(1) A complaint or civil warrant was filed;

(2) Notice of a claim was given pursuant to § 9-8-402; or

(3) Notice was satisfied pursuant to § 29-26-121(a)(3) or § 14-5-101(b).

(e) As used in this section, "person" means an individual, healthcare provider, sole proprietorship, corporation, limited liability company, partnership, trust, religious organization, association, nonprofit organization described in 501(c) of the Internal Revenue Code that is

exempt from federal income taxation under 501(a) of the Internal Revenue Code, 26 U.S.C. 501(a), or any other legal entity whether formed as a for-profit or not-for-profit entity.

14-5-102. Termination date.

This chapter terminates on July 1, 2022, but continues to apply to any loss, illness, injury, or death occurring before July 1, 2022, to which none of the exceptions listed in § 14-5-101(d) apply.

Chapter 6 – Miscellaneous

14-6-101. Anti-commandeering.

(a) Except funding for emergency rules already in effect and until the emergency rule expires, public funds of this state, or any political subdivision of this state, shall not be allocated for the implementation, regulation, or enforcement of any federal law, executive order, rule, or regulation that mandates the administration of a COVID-19 countermeasure.

(b) Except for emergency rules already in effect and until the emergency rule expires, personnel or property of this state, or any governmental entity of this state, shall not be allocated for the implementation, regulation, or enforcement of any federal law, executive order, rule, or regulation that mandates the administration of a COVID-19 countermeasure.

(c) As used in this section, "countermeasure" has the same meaning as "covered countermeasure" as that term is defined in the Public Readiness and Emergency Preparedness (PREP) Act, codified at 42 U.S.C. § 247d-6d

14-6-102.

(a) A provision of chapter 2 or 6 of this title does not apply to a private business, governmental entity, school, or employer that submits notice in writing to the comptroller of the treasury that compliance with a provision chapter 2 or 6 of this title would result in a loss of federal funding, to the extent such an exemption is necessary to conform to federally awarded or amended contracts, subcontracts, or postsecondary grants as a condition to receipt of federal funds. The comptroller of the treasury shall create

guidelines as to what information is required in the notice. The comptroller shall review a notice submitted by a private business, governmental entity, school, or employer and, if the comptroller finds that compliance would result in a loss of federal funding, then the comptroller shall notify the private business, governmental entity, school, or employer in writing of its exemption. Section 14-6-103 does not apply to a violation of chapter 2 of this title committed by a private business, governmental entity, school, or employer if compliance with the violated provision has been exempted by the comptroller.

(b) After one (1) calendar year from the date on which the comptroller exempts the private business, governmental entity, school, or employer from a provision of chapter 2 or 6 of this title, the private business, governmental entity, school, or employer must submit notice in writing to the comptroller to have the exemption renewed for no more than one (1) additional one-year period. A private business, governmental entity, school, or employer shall notify the comptroller within fourteen (14) days if the conditions or justifications for the comptroller granting the exemption no longer exist.

14-6-103. Remedies.

A person injured as a result of a violation of chapter 2 or § 14-4-103 of this title is entitled to maintain a private right of action for injunctive relief and to recover compensatory damages and reasonable attorneys' fees against an alleged violator.

14-6-104. Termination Date.

This title, except for chapter 5, terminates on July 1, 2023.

SECTION 2. Tennessee Code Annotated, Section 9-8-307(j), is amended by adding the following language to the end of the subsection:

This subsection (j) terminates on July 1, 2022, but continues to apply to any loss, illness, injury, or death occurring before July 1, 2022, to which none of the exceptions listed in § 14-5-101(d) apply.

SECTION 3. Tennessee Code Annotated, Sections 9-8-307(j), 29-20-205(10), 29-20-310(f)(1), 49-7-159, are amended by deleting the language "29-34-802(a)" and substituting instead the language "14-1-101".

SECTION 4. Tennessee Code Annotated, Sections 9-8-307(j), 29-20-205(10), and 49-7-159, are amended by deleting the language "29-34-802(c)" and substituting instead the language "title 14, chapter 5".

SECTION 5. Tennessee Code Annotated, Section 29-20-205(10), is amended by adding the following language to the end of the subdivision:

This subdivision (10) terminates on July 1, 2022, but continues to apply to any loss, illness, injury, or death occurring before July 1, 2022, to which none of the exceptions listed in § 14-5-101(d) apply.

SECTION 6. Tennessee Code Annotated, Section 29-20-310(f), is amended by adding the following language as a new subdivision:

This subsection (f) terminates on July 1, 2022, but continues to apply to any loss, illness, injury, or death occurring before July 1, 2022, to which none of the exceptions listed in § 14-5-101(d) apply.

SECTION 7. Tennessee Code Annotated, Title 29, Chapter 34, Part 8, is amended by deleting the part.

SECTION 8. Tennessee Code Annotated, Section 49-7-159, is amended by adding the following language to the end of the section:

This section terminates on July 1, 2022, but continues to apply to any loss, illness, injury, or death occurring before July 1, 2022, to which none of the exceptions listed in § 14-5-101(d) apply.

SECTION 9. Tennessee Code Annotated, Section 50-7-303(a)(1), is amended by adding the following as a new subdivision:

(C) The disqualification provided in subdivision (a)(1)(A) does not apply to a claimant who left employment because the claimant's employer required its employees to receive a COVID-19 vaccine, as defined in § 14-1-101, and the claimant failed or refused to receive the immunization or vaccination.

SECTION 10. Tennessee Code Annotated, Section 50-7-303(c), is amended by adding the following as a new subdivision:

(4) Benefits shall not be reduced or denied under this chapter to an otherwise eligible claimant for separation from employment due to the claimant's failure or refusal to receive a COVID-19 vaccine, as defined in § 14-1-101.

SECTION 11. Tennessee Code Annotated, Title 68, Chapter 5, Part 1, is amended by deleting §§ 68-5-115 - 68-5-117.

SECTION 12. Tennessee Code Annotated, Title 68, Chapter 11, Part 2, is amended by adding the following as a new section:

(a) As used in this section:

(1) "COVID-19" means the novel coronavirus, SARS-CoV-2, and coronavirus disease 2019, commonly referred to as COVID-19, including any variant of SARS-CoV-2 or COVID-19;

(2) "Family member" means a spouse, parent, grandparent, stepmother, stepfather, child, grandchild, brother, sister, half-brother, half-sister, adopted child, or spouse's parent; and

(3) "Hospital" has the same meaning as defined in § 68-11-201.

(b) Notwithstanding any law to the contrary, during a period in which a disaster, emergency, or public health emergency for COVID-19 has been declared, a hospital shall not restrict a patient from having at least one (1) family member present with the patient during the stay in the hospital as long as the family member tests negative for

COVID-19 and is not exhibiting symptoms of COVID-19 or another virus or communicable disease.

SECTION 13. The headings to sections, parts, and chapters in this act are for reference purposes only and do not constitute a part of the law enacted by this act. However, the Tennessee Code Commission is requested to include the headings in any compilation or publication containing this act.

SECTION 14. If any provision of this act or its application to any person or circumstance is held invalid, then the invalidity does not affect other provisions or applications of the act that can be given effect without the invalid provision or application, and to that end, the provisions of this act are severable.

SECTION 15. This act takes effect upon becoming a law, the public welfare requiring it, and except as otherwise provided in § 14-5-101, this act applies to acts occurring on or after the effective date of this act.

Senator Jack Johnson

Representative Jason Zachary

Senator Mike Bell

Representative William Lamberth

Senator Bo Watson

Representative Bryan Terry

Senator Paul Bailey

Representative Robin Smith

Senator Dawn White

Representative Tim Rudd

Senator Raumesh Akbari

Representative Chris Todd

Senator Jeff Yarbro

Representative Bill Beck

Representative Johnny Shaw

Metro Public Health Department
Health in All Policies Team

Health Lens Pilot Program

Tracy Buck, Thomas Sharp, Dr. Rand Carpenter,
Dr. Stephanie Kang



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Part 1	What is “Health in All Policies”?
Part 2	Health Lens Pilot Goals
Part 3	Health Lens Pilot Roadmap
Part 4	Questions



Health in All Policies (HiAP)

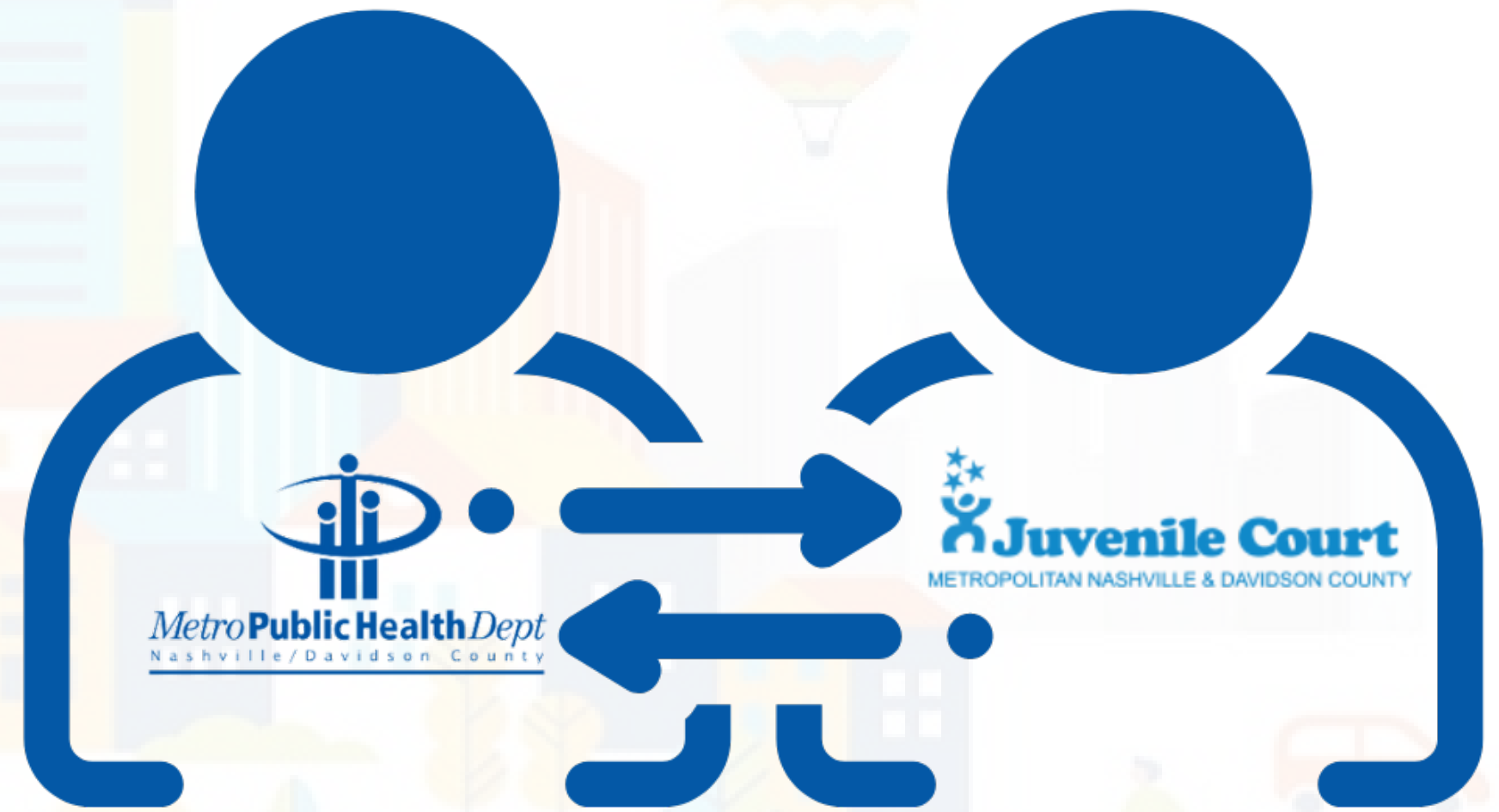
Recognizes our greatest challenges and all the environments we live, work, and play have a tremendous impact on our health

Centers a HEALTH LENS into decision-making processes and supports intersectoral collaboration

Leverages multiple partners and values co-benefit to advance health, sustainability, and equity

How do we make HiAP a reality?

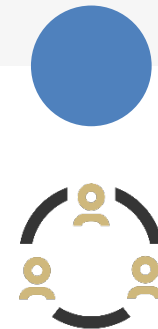
Implement A
HEALTH LENS PILOT
PROGRAM for the
NYCE Campus
building expansion
project



Health Lens Pilot Program Shared Goals



Promote the health, equity,
and sustainability of
improved juvenile justice
services in the future NYCE
Campus



Engage identified
stakeholders and the
community in conversations
on advancing equitable
outcomes and health impact
of the NYCE Campus project



Pilot a structured system
review process to implement
a Health Lens approach for
possible use with future
projects and other Metro
departments

Roadmap to the Health Lens Approach

The HiAP Toolkit is a multi-stage facilitated process to integrate a health lens across decision-making and program considerations

1

ESTABLISH A PROCESS PLAN

Determine trainings needed and how often assessments will be performed

Initiated in early planning stages of project

2

INITIAL SURVEY: HEALTH LENS CHECKLIST

Completed with a HiAP Facilitator

Completed in early planning stages of project

3

COMPREHENSIVE SURVEY: HEALTH LENS ASSESSMENT

Completed with a HiAP Facilitator

Administered at the beginning, intermediate, and conclusion of project (at minimum)

4

EVALUATE THE PROCESS

Assess/document usefulness of Health Lens approach

Conclusion of the project and other intermediate points determined in Step 1

Step 2:

Health Lens Checklist

*Administered during
planning stage of project*

1

Capture the **GOALS AND INTENDED OUTCOMES** of the NYCE project

2

Begin assessment of **COMMUNITY PARTNERS/STAKEHOLDER** perceptions and process for engagement

3

Determine plan for establishing **A SYSTEM OF ACCOUNTABILITY AND REVIEW** throughout project

Step 3:

Health Lens Assessment

*Administered at beginning,
intermediate, and end*

1

Assess the project's **IMPACTS ON SOCIAL, ECONOMIC, AND ENVIRONMENTAL** conditions

2

Establish continuous **AUTHENTIC COMMUNITY ENGAGEMENT** and participation

3

Evaluate the progress on **IMPLEMENTATION OF THE ACCOUNTABILITY AND REVIEW** structures

Roadmap to the Health Lens Approach

The HiAP Toolkit is a multi-stage facilitated process to integrate a health lens across decision-making and program considerations

1

ESTABLISH A PROCESS PLAN

Determine trainings needed and how often assessments will be performed

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COMPREHENSIVE SURVEY: HEALTH LENS ASSESSMENT

Completed with a HiAP Facilitator

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4

EVALUATE THE PROCESS

Assess/document usefulness of Health Lens approach

Conclusion of the project and other intermediate points determined in Step 1

Summary

- HiAP promotes health, equity, and process change across sectors and institutions.
- The Health Lens Pilot incorporates health considerations across decision-making of the NYCE building expansion project
- The Metro Public Health Department will provide a trained facilitator to build capacity within the Juvenile Court team to implement a health lens.
- The pilot will provide meaningful lessons to scale the use of health lens in future Metro projects and policy changes.

Health Lens Assessment

Social, Economic, and Environment Conditions

Indicate which social, economic, or environmental conditions could potentially be **POSITIVELY** impacted by your project (with respect to staff, clients, general public):

Economic Stability	Neighborhood & Physical Environment	Education
<input type="checkbox"/> Employment opportunities	<input type="checkbox"/> Housing Quality	<input type="checkbox"/> Early Childhood Education & Development
<input type="checkbox"/> Income/livable wages	<input type="checkbox"/> Transportation	<input type="checkbox"/> High School Graduation
<input type="checkbox"/> Housing instability	<input type="checkbox"/> Environmental Conditions (i.e. water, air, and soil quality)	<input type="checkbox"/> Higher Education
<input type="checkbox"/> Food Insecurity	<input type="checkbox"/> Access to Healthy, Affordable Food	<input type="checkbox"/> Language
<input type="checkbox"/> Poverty	<input type="checkbox"/> Safety	<input type="checkbox"/> Literacy
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Health Lens Assessment

What methods were used to engage stakeholders and community partners?

	One meeting/ webinar/ workshop	Held 2+ meetings	Invitation for input	Indicated buy-in	Established continuous engagement process	Other method	Not engaged
Cultural & Recreational Institutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith-based Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Care Organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing/Homelessness Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQ+ Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local small & medium business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Government Agencies (not MPHD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Racial Justice Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Universities & Educational institutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Advocacy Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe the various feedback/comments received, which groups gave the comments, and the status of addressing each concern:

Feedback	Group Name(s)	Status of Feedback
<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div>	<div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>	<div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>

Expand

HEALTH IN ALL POLICIES: HEALTH LENS TOOLKIT FACILITATOR'S GUIDE

Developed by the MPHD HiAP Team


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Process Plan Worksheet

Process Plan Worksheet	Date Completed: / /
Introduction	
<ul style="list-style-type: none"> - Introductions: Go around the room and have each person introduce themselves. Record their names and the name of the organization they represent in the first box. - Purpose-setting: Give a brief overview of the purpose of the Health Lens Tool and the benefit of centering health in decision-making. Remind the group the process plan is the first step in preparing for the use of the Health Lens tool. Iterate the purpose of the process plan is to outline the project's needs, timelines, and the various points in which the health lens tool can be administered. It will also help determine what tools, training, and additional support the group needs to administer the tool successfully. - Norm-setting: Ask the group if they already have set norms for discussion. If so, ask if for this process plan, the group can add to the list of norms already defined. If not, ask the group to list out norms they would like to be part of the expectation and process for the plan. 	
Basic Project Details	Responses
Q#. Who is participating and what organization do they represent?	Attendees: <input type="text"/>
Q1. What is the name of the project?	Project Name: <input type="text"/>
Q2. What is the purpose of the project?	Purpose: <input type="text"/>
Q3. What are the intended goals and outcomes of the project?	Goals: <input type="text"/>

Sample Facilitator Guide

	<p>Best Practice: Go through each stakeholder and ask if the specific group will be either directly or indirectly affected.</p>
Communities Affected	Additional Comments
<ul style="list-style-type: none"> <input type="checkbox"/> Who might be impacted the most or least? <input type="checkbox"/> Which communities or stakeholders are partners for this project? <input type="checkbox"/> Which communities are members of the target population? <input type="checkbox"/> Are the impacts on each community negative or positive? <input type="checkbox"/> Is there any stakeholder not included on this list that should be? 	

Metro Public Health Department- Health in All Policies Team
Health Lens Pilot Program

Questions?