BACKGROUND ON NASHVILLE AND DAVIDSON COUNTY

Davidson County, which includes the city of Nashville, is the second most populous county in the Tennessee. About 535,000 residents live in the county, which represents about 10 percent of the state population. The majority (73%) of county residents are white; 25 percent are black.

Tennessee has a centralized state public health system. All local public health department staff are state employees; however, the four metropolitan areas of Chattanooga, Knoxville, Memphis, and Nashville have a high degree of autonomy.

REASONS FOR IMPLEMENTATION

• Metropolitan Nashville/Davidson County Health Department (MHD) leadership saw MAPP as a way to reconnect with the community and engage them in a sustainable process.
• The local Board of Health in Nashville had been concerned with MHD’s regulatory functions and believed that MAPP could refocus the department’s regulatory role.
• MAPP offered the Nashville public health community the opportunity to integrate the work of various coalitions into one process. MHD’s executive management hoped MAPP would provide overarching direction for all existing health improvement initiatives in the county.

PREVIOUS PLANNING AND ASSESSMENT EFFORTS

• In 1995, MHD had initiated a program called Healthy Nashville, a process similar to MAPP. Five coalitions were formed to implement an action plan. Between 1995 and 2001, little work had been completed because Healthy Nashville did not have enough community buy-in and lacked dedicated health department staff.
• MHD staff used APEXPH and reviewed APEXCPH, the precursor to MAPP. In 2001, MHD became a MAPP demonstration site.
• MHD’s leadership hoped MAPP would provide overarching direction for all existing health improvement initiatives in the county.

STAFFING AND FUNDING

• MHD hired a full-time MAPP coordinator to be responsible for the MAPP process. The MAPP coordinator worked closely with the director of the Division of Epidemiology, the assistant director of the Bureau of Community Assessment and Health Promotion, and an administrative assistant.
  • The MAPP coordinator had extensive experience with community development and a solid understanding of MAPP.

LESSON LEARNED: Although it took nearly seven months to hire a MAPP coordinator, MHD leadership felt strongly about taking the time to find someone who could devote herself fully to ensuring MAPP’s success.
Case Study
2001-2005  Nashville, Tennessee

PHASE 1: Organize for Success and Partnership Development

Preparing for the MAPP process

• During the MAPP coordinator’s first several months working at MHD, she learned about the MAPP process by navigating the online tool.
  • The MAPP coordinator created an implementation plan for the MHD MAPP process, which was subsequently reviewed and approved by the MHD Health Director and executive management staff.
  • Since MAPP was planned as an unfunded program in Davidson County, a budget was submitted for inclusion in MHD’s governmental budget to cover minimal costs.
  • The MAPP coordinator also spent the first six months of her tenure marketing the MAPP process to a variety of community stakeholders.
  • MHD staff were experienced in coalition and partnership building before implementing MAPP. Almost all the health promotion staff at MHD were involved in at least one community partnership.
  • Sixty people, including internal MHD staff and community partners interested in MAPP, were trained in skills necessary for effective community conversation and the MAPP process.

MAPP Planning Body

• The Healthy Nashville Leadership Council was created by Mayoral Executive Order to provide oversight to the community’s MAPP efforts.
  • The Council was composed of eighteen community representatives. MHD staff generated a list of potential Leadership Council members, and the mayor selected members to serve three-year terms.
  • The mayor’s office sent letters of invitation to prospective Leadership Council members.

Marketing MAPP Internally

MHD staff marketed MAPP to other staff to increase support for the process. Direct communication with and the involvement of other staff helped connect them to the MAPP process.

• Early in the process, the MAPP coordinator noted the expectations of nursing supervisors, environmentalists, and general staff for undertaking a MAPP process.
• In order to gain broad support and to develop awareness among MHD staff, they were invited to attend a community-wide reception at the health department celebrating MHD’s selection by NACCHO as a MAPP demonstration site.
• MHD staff were actively involved in creating a logo and a name for Nashville’s MAPP process, which became “Healthy Nashville 2010.” MHD staff liked this name because it emphasized that the process was specific to the Nashville community, and it implied that the MAPP process would build upon past successes and lessons learned from the 1995 Healthy Nashville process.
• MHD staff are regularly updated on developments in Health Nashville 2010 through articles in The Health Update, an internal monthly publication.
• As MAPP started to gain momentum in Nashville under the name Healthy Nashville 2010, an overview of the process was presented to all MHD supervisors, highlighting the anticipated MAPP schedule and the results of the process that might benefit them.
• MHD created a Web site for Nashville’s MAPP process, entitled Healthy Nashville 2010.

Marketing MAPP Externally

MHD also marketed MAPP to the community, members of the local public health system, state health department staff, and elected officials.

• MHD received strong support from Nashville’s mayor for implementing MAPP. The mayor’s commitment to the MAPP process was based on experience from previous partnerships with MHD.
• MHD worked closely with the mayor’s office and gave the mayor authority to appoint a council to lead Healthy Nashville 2010. Shared ownership of the MAPP process solidified political support for
Healthy Nashville 2010 and helped community members recognize the MHD-Mayor partnership represented by the initiative.

- The Nashville MAPP process became Nashville’s New Year’s Resolution. The Mayor supported Healthy Nashville 2010 as an initiative that would involve the entire community.
  - The media publicized the Mayor’s support for Healthy Nashville 2010 and ways in which community groups and individuals would be involved in the initiative.
  - An MHD staff member spoke to external partners about Healthy Nashville 2010 as a community-based, community driven process that would identify and undertake strategies to improve the health and quality of life of Nashvillians by the year 2010 and beyond.
  - MHD held a citywide reception to announce Nashville’s selection by NACCHO as a demonstration site and to inform the community about the MAPP process.
    - MHD invited community members to the MAPP reception by placing an advertisement in a local newspaper.
    - At the reception, interested residents learned more about the process and about how they could get involved.
    - Nearly 70 people attended the reception, including representatives from NACCHO, the MDH Board of Health, the mayor’s office, and the Youth Advisory Board of Health, as well as community members.

LESSON LEARNED: Nashville’s strength in partnership development created challenges to MAPP implementation. Many of the existing partnerships focused on particular health projects or issues, and the coalitions were not well integrated.

PHASE 2: Visioning

- The goal of MAPP was to make Nashville a healthier city, with improved quality of life for residents. This initial goal, which was developed by the mayor’s office and MHD staff, served as a vision for the initiative.
- The vision was further refined through a series of community dialogues that also served as the Forces of Change Assessment of MAPP.

PHASE 3: The Four Assessments

- The Healthy Nashville Leadership Council met regularly during the assessment phase of MAPP.
- The Council developed a one-year timeline for the Healthy Nashville activities and shared it with the community. Action teams of community members were assembled to complete the four MAPP assessments.

LESSON LEARNED: The timeline helped community partners and residents understand their roles in Health Nashville 2010, and outlined what would be required of them throughout the process.

LESSON LEARNED: Due to a concentration on Organizing for Success and Partnership Development at the beginning of the MAPP process, Nashville was able to conduct all four assessments simultaneously. This gave the Council the opportunity to review recommendations from all four assessments simultaneously as well.

Community Health Status Assessment (CHSA)

Nashville started working on the CHSA before the Healthy Nashville Leadership Council was established.

- MHD Epidemiology staff compiled data for their Community Health Assessment Report Plan 2002. The report contained the most current Davidson County-specific data for the following categories:
  - demographics and the environment
  - physical environment
  - life expectancy
  - lifestyle and behavioral risk factors
  - health care systems
  - community health status
  - maternal and infant health
  - mortality
  - morbidity
Case Study
2001-2005 Nashville, Tennessee

• A Health Status Action Team was convened to review and analyze the health status data in The Community Health Assessment Report Plan 2002. The team met regularly for seven months.

Community Themes and Strengths Assessment
• MHD staff created two surveys to assess Health Status and Quality of Life.
• The surveys were created using the templates for a Generic Health Survey and Quality of Life Questions, located on the MAPP Web site.
• MHD staff distributed the surveys throughout the community. Each of Nashville's 339 neighborhood associations was asked to participate in the survey.
• MHD staff received and analyzed approximately 1700 surveys from community residents.

Forces of Change Assessment
Nashville conducted the Forces of Change assessment through a series of community dialogues, called Nashville Talks Health, which also served to enrich the Healthy Nashville 2010 vision.
• The meetings followed a set of questions and prompts developed by MHD staff to discuss quality of life in Nashville. The three major questions discussed in the dialogues were:
  • What is the ideal picture of a Healthy Nashville?
  • What are the most important issues that Nashville needs to address to reach the ideal?
  • What are the threats to accomplishing this ideal?

Local Public Health System Assessment (LPHSA)
• A Local Health Systems Action Team was convened to determine whether Nashville’s health system was performing the Ten Essential Public Health Services sufficiently to protect the health of its residents.
• The Action Team simplified the National Public Health Performance Standards (NPHPS) local survey instrument using non-technical language to make it usable for the general public.

Phase 4: Identify Strategic Issues
• One meeting of the Healthy Nashville Leadership Council was devoted to reviewing reports and recommendations from all four assessments; a second meeting was used to blend the information from the assessments and to prioritize key strategic issues.
  • The Community Themes and Strengths Action Team recommended addressing obesity, tobacco use, and disparities in death rates among certain populations.
  • The Forces of Change Action Team envisioned improved quality of life; access to health care for all; removing economic disparities; people making healthy choices; appropriate and quality health education; and a safe environment for Nashville.
  • The Local Health Systems Action Team recommended increased emergency preparedness with an emphasis on mental health issues; decreased barriers relating to language and culture; provision of quality health education; and joint community collaborations.
• Ultimately, the Leadership Council chose to focus on the three strategic issues upon which they felt they could make the most impact: (1) overweight, obesity, and fitness; (2) disparities in disease and death; and (3) tobacco use.

Phase 5: Formulate Goals and Strategies
• To address their strategic issues, the Healthy Nashville Leadership Council formed work groups to develop and implement action plans addressing the key concerns.
• The Leadership Council decided to address their strategic issues one-by-one, staggering their efforts to address each issue.
PHASE 6: Action Cycle

Obesity, overweight, and physical activity

- The MHD began a body mass index awareness campaign to address obesity, overweight, and physical activity.
- To promote the campaign, the Leadership Council partnered with BMI, a local music industry organization. Together they encouraged community residents to “watch their BMI” and take 10,000 steps each day.
- The Leadership Council started a Healthy Nashville Steps pilot program, which was marketed and affiliated with Tennessee On The Move. The pilot sites served as model physical activity programs.
  - Because the Leadership Council was affiliated with Tennessee On The Move, Nashville residents gained access to the national program’s Web site, where community residents were able to track their steps walked online.
- The Leadership Council partnered with Coca Cola on a “Shape it Up” campaign to provide pedometers and incentives to the public school system.
- The Leadership Council also developed a strategic plan to ensure that sidewalks are built where they are needed.

Disparities in Disease and Death

- The Healthy Nashville Leadership Council co-hosted a two-day conference to discuss disparity issues in Nashville with community partners. Fifteen coalitions in the city participated in the conference.
- A data conference including the same community participants will be held in the future to determine what data exist and what additional data are needed to better understand local disparities in disease and death according to race, gender, education, and socioeconomic status.

Tobacco Use

- As of early 2006, work on this issue had not yet begun, but the intention is for efforts to begin soon.

MAPP OUTCOMES AND BENEFITS

- The Healthy Nashville 2010 initiative has been successful in sustaining community interest in improved health for Nashville residents. Since the Mayor’s announcement of the initiative, political support and strong momentum have sparked interest from a broad segment of the Nashville community.
- The MAPP process has given local public health system partners in Nashville the opportunity to collaborate and to coordinate their programs. Although organizations did not always fold their activities into Healthy Nashville 2010, duplication and competition among programs has decreased.
- A significant outcome of MAPP in Nashville has been rebuilding public health policy efforts. For example, Nashville’s strategic plan for building sidewalks helped the Leadership Council foster relationships with other governmental agencies.

REFERENCES

For copies of tools and resources MHD developed for the MAPP Process, visit the MAPP Clearinghouse at www.naccho.org/topics/infrastructure/MAPP/clearinghouse.cfm.

For additional information, please visit http://healthweb.nashville.org/HealthyN2010.

This publication was supported by Cooperative Agreement No. 302718 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.