

Nashville Health & Well-being Leadership Council

2026-2028 Nashville Community Health Improvement Plan (CHIP)



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Community Health Improvement Plan (CHIP) Approval and Revision

Initial Approval October 21, 2025

Date	Section Affected by Revision
2/17/2026	Objectives 4.1-4.4; added the confirmed lead organizations for each listed objective

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

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

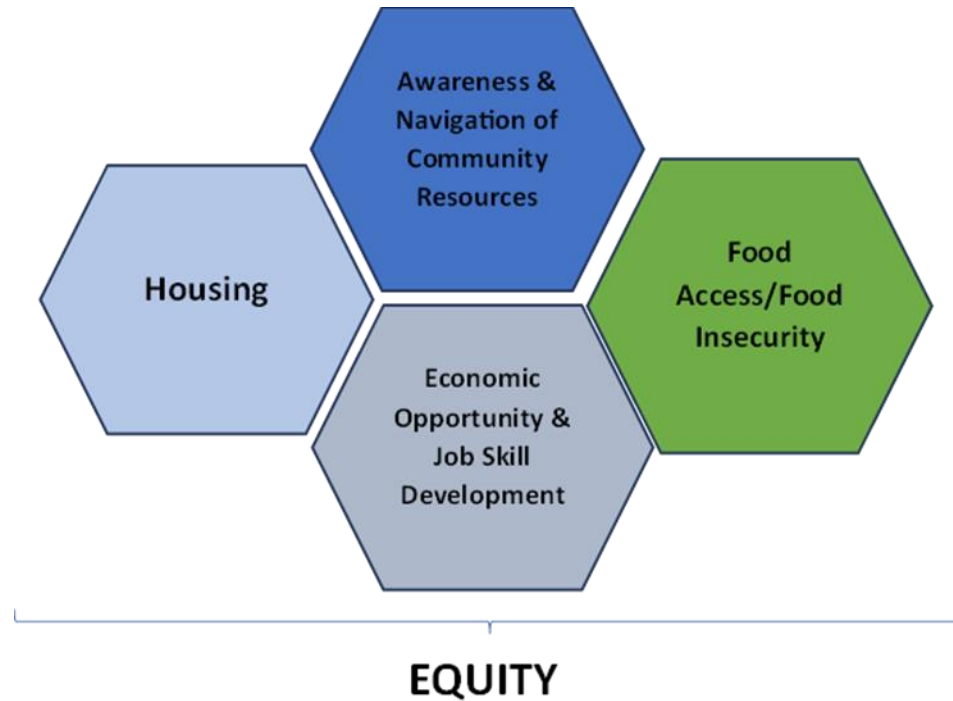
Vision statement: A healthy Nashville recognizes all residents equitably and facilitates investments in the well-being of all.

Adopted Values:	community involvement	empathy/compassion
	positive intent	accountability
	equity	integrity

The 2026-2028 Nashville CHIP presents four key systems issues for the community to address during the next three years. Additionally, equity was adopted as a cross-cutting need that is both integrated into the work of the prioritized needs and with select independent actions. These issues were elicited from a rigorous community health assessment process using the modified MAPP 2.0 (Mobilizing for Action through Planning and Partnerships) framework for community health improvement. The MAPP 2.0 process utilized the mayoral-appointed Nashville Health & Well-being Leadership Council (NHWLC) as the advisory body, and the Metro Public Health Department served as the lead agency, convening and guiding the process in close partnership with Vanderbilt University Medical Center Office of Community Health, Ascension Saint Thomas, and Metro Social Services.

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2024-2025 Community Health Assessment Strategic Issues



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Housing

Definition: Accessibility, availability, affordability, and adequacy of housing with an emphasis on gentrification displacement in Nashville and education for housing purchase.

Goal: By December 2028, use the Unified Housing Strategy (UHS) as a roadmap to identify immediate low-barrier actions to improve equitable health outcomes for vulnerable populations.

Objectives	Lead Organization(s)
1.1 Create a comprehensive health & housing analysis through a collaborative data and mapping working group.	Alliance for an Affordable Nashville
1.2 Facilitate conversations with the healthcare and public health community regarding investing in programs that help keep homeowners stably housed through home repairs and accessibility modifications.	Rebuilding Together Nashville
1.3 Create housing and infrastructure for wheelchair bound individuals on transit corridors.	Metro Planning -Housing Division
1.4 Prioritize new income-restricted housing for vulnerable residents (e.g., families with children, older adults, persons with disabilities and justice-impacted persons). (UHS-C18) [policy-level]	Metro Planning -Housing Division

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Relevant Data Indicators

Cost-burdened homeowners- the percentage of mortgaged owners who are spending 30% or more of their household income on housing costs and utilities

Cost-burdened renters- the percentage of renters who are spending 30% or more of their household income on rent and utilities

Severe housing problems (housing quality)- the percentage of households with at least one of the following four housing problems: overcrowding, high housing costs, lack of a kitchen, or lack of plumbing facilities

Accessible housing availability (ADA compliance)-[to be determined if available-Census website is not currently operational]

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Economic Opportunity and Job Skill Development

Definition: Support for sufficient income to sustain a high quality of life with advocacy for education and skill development for the Nashville workforce, with a specific focus on long-term Davidson County residents.

Goal: By December 2028, ensure every Nashvillian can achieve long-term economic stability for a higher quality of life.

Objectives	Lead Organization(s)
2.1 Advocate for changes to the benefits cliff.	Beyond the Cliff
2.2 Ensure alignment with and grow stakeholders for Urban Institute's Upward Mobility Framework .	Community Foundation of Middle Tennessee
2.3 Develop and share a policy to incentivize small business job creation. [policy-level]	NOAH & Nashville Area Chamber of Commerce
2.4 Map, coordinate, and streamline Economic Opportunity & Job Skill Development resources.	United Way of Greater Nashville & UpRise Nashville

Relevant Data Indicators

People living below poverty level-the percentage of people living below the federal poverty level

High school graduation- the percentage of students who graduate high school within four years of their first enrollment in the 9th grade

Youth not in school or working- the percentage of youth, aged 16 to 19, who are not enrolled in school and not working

Small Business-[to be determined if available from Nashville Chamber of Commerce]

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Food Access/Food Insecurity

Definition: Accessibility, availability, affordability, and adequacy of healthy foods with a focus on improving the local food system and educating people on the purchasing and preparation of healthy food on a budget.

Goal: By December 2028, coordinate collaborative opportunities to address accessibility, affordability, availability, and adequacy of healthy foods in the current food system to improve nutrition security in Nashville/Davidson County.

Objectives	Lead Organization(s)
3.1 Identify all points of food/nutrition security in Davidson County (i.e., community gardens, community meals, etc.) available in a publicly accessible nutrition directory/hub.	Second Harvest Food Bank of Middle Tennessee
3.2 Complete the USDA Food Store Survey across Davidson County food deserts.	TSU College of Social Work
3.3 Identify organizations implementing promising culturally relevant nutrition education practices to cross-generational, underserved communities.	Food Access/Food Insecurity WG
3.4 Identify existing, local Best and Promising practices in food access and nutrition education to inform local policy development. [policy-level]	Food Access/Food Insecurity WG

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Relevant Data Indicators

- *Households receiving SNAP*
 - With children (ages 0-17)-SNAP participants
 - Without children -SNAP participants
- *Food Insecurity Index*-a measure of socioeconomic and household hardship correlated with poor food access
- *Food Insecurity Rate*-the percentage of the population that experienced food insecurity at some point during the year
- *Limited Access to Healthy Foods*- % of low-income and does not live close to a grocery store
- *Public Transit Access*-% of residents living within a ¼ mile of a transit stop

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Awareness and Navigation of Community Resources

Definition: The systems in place that support finding, navigating, and coordinating programs and resources that uplift the health & well-being of the Nashville community.

Goal: By December 2028, increase the use of local resources through innovative integration and alignment of assets that improve population health and well-being for underserved and vulnerable populations.

Objectives	Lead Organization(s)
4.1 Convene leaders from open loop systems and key community stakeholders to assess the effectiveness of current referral systems, identify barriers to collaboration, and develop actionable strategies to create a simplified, user-friendly closed loop referral system (CLRS) that improves access to resources for underserved populations.	United Way and Momentum Hub
4.2 Assess community points of entry to determine capacity to get people connected.	United Way and Momentum Hub
4.3 Streamline access to resources within the provider network by increasing use of consumer-facing assistance providers [i.e., community health workers (CHW), case managers, navigators, social workers, etc.].	Tennessee Community Health Worker Association (TNCHWA), Medical Foundation of Nashville, Vanderbilt University Medical Center (VUMC), Ascension Saint Thomas (AST)
4.4 Increase access by simplifying and broadening eligibility criteria to receive resources. [policy-level]	Tennessee Community Health Worker Association (TNCHWA), Medical Foundation of Nashville, Vanderbilt University Medical Center (VUMC), Ascension Saint Thomas (AST)

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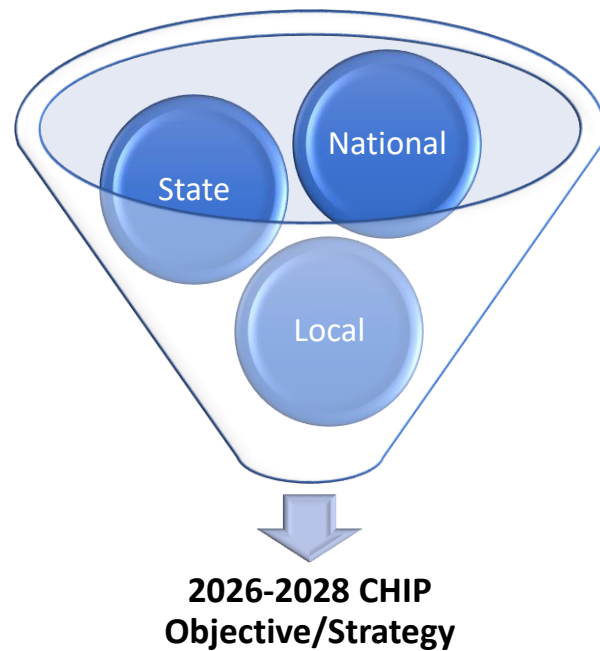
Relevant Data Indicators

- *Adults who have had a routine checkup*- the percentage of adults who report having visited a doctor for a routine checkup within the past year
- *Poor physical health days*- the average number of days that adults reported their physical health was not good in the past 30 days
- *Poor mental health days*- the average number of days that adults reported their mental health was not good in the past 30 days
- *Preventable ED visits* [this indicator is under review to determine if the data is available for public reporting]

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Alignment Efforts

The Objectives chosen for CHIP implementation were done specifically to address the identified needs and have been screened against local, state and national priorities. This screening is an important step to link the local effort to a larger effort to address health at the population level. This screening is reflected in the following chart.



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Chart of Alignment

CHIP Objective/Strategy	Local	State	Healthy People 2030
1.1 Create a comprehensive health & housing analysis through a collaborative data and mapping working group.	UHS A2 Increase capacity and expertise of Metro agencies either internally or through external partners F32 Maintain and monitor a countywide database of all deed restricted affordable units and create strategies to minimize housing loss		
1.2 Facilitate conversations with the healthcare and public health community regarding investing in programs that help keep homeowners stably housed through home repairs and accessibility modifications.	UHS B7 Explore new dedicated local and state funding sources for affordable housing and homelessness services B9 Attract mission-motivated capital and corporate partners B10 Build strategic partnerships with philanthropic sector D27 Support programs that help keep homeowners stably housed through home repairs, accessibility modifications, and opportunities to create passive income		
1.3 Create housing and infrastructure for wheelchair bound individuals on transit corridors.	UHS A3 Invest in infrastructure that supports affordable housing and safe communities		DH-04 Increase the proportion of homes that have an entrance without steps

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	C15 Leverage publicly owned land portfolio by advancing infill development, co-location, and policy changes to ensure strong management of land assets C19b Continue funding the Connecting Housing and Infrastructure Program (CHIP) and identify how it can support the viability of deeply affordable projects		
1.4 Prioritize new income-restricted housing for vulnerable residents (e.g., families with children, older adults, persons with disabilities and justice-impacted persons). (UHS-C18) [policy-level]	UHS C18 Prioritize new income-restricted housing for vulnerable residents (e.g., families with children, older adults, persons with disabilities and justice-impacted persons) C19 Prioritize the development of deeply affordable housing within existing programs C19a Offer deeper incentives for deeply affordable housing in locally subsidized affordable housing tools, including Barnes funded rental projects C19b Continue funding the Connecting Housing and Infrastructure Program (CHIP) and identify how it can support the viability of deeply affordable projects		SDOH-04 Reduce the proportion of families that spend more than 30% of income on housing
2.1 Advocate for changes to the benefits cliff.			SDOH-01 Reduce the proportion of people living in poverty

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2.3 Develop and share a policy to incentivize small business job creation.			SDOH-02 Increase employment in working-age people
3.3 Identify organizations implementing promising culturally relevant-nutrition education practices to cross-generational, underserved communities.		SHP Goal 1.1. Reduce childhood food insecurity while supporting programs and policies that increase access to nutritious food. SHP Goal 3.1. Reduce food insecurity among adults and older adults.	
3.4 Identify existing, local Best and Promising practices in food access and nutrition education to inform local policy development. (Policy level)			NWS-01 Reduce household food insecurity and hunger
4.2 Assess community points of entry to determine capacity to get people connected.			AHS-07 Increase the proportion of people with a usual source of care AHS-08 Increase the proportion of adults who get recommended evidence-based preventive health care ECBP-D07 Increase the number of community organizations that provide prevention services

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4.3 Streamline access to resources within the provider network by increasing use of consumer-facing assistance providers [i.e., community health workers (CHW), case managers, navigators, social workers, etc.].		SHP Goal 8.2. Enhance and strengthen Tennessee's health professional workforce, including community health workers, nurses, and supportive care staff. SHP Goal 2.1. Improve maternal and infant health by increasing health care access and care coordination for women of reproductive age. SHP Goal 5.1. Support and empower formal and informal caregivers of older adults.	
4.4 Increase access by simplifying and broadening eligibility criteria to receive resources. [policy-level]		SHP Goal 3.1. Reduce food insecurity among adults and older adults. SHP Goal 2.1. Improve maternal and infant health by increasing health care access and care coordination for women of reproductive age.	AHS-01 Increase the proportion of people with health insurance

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UHS- [Nashville Unified Housing Strategy](#)

SHP- [2024-2026 Tennessee State Health Plan](#)

HP 2030- [Healthy People 2030](#)

- AHS- Access to Health Services Workgroup
- SDOH- Social Determinants of Health
- NWS- Nutrition and Weight Status Workgroup
- DH- Disability and Health Workgroup
- ECBP- Educational and Community-Based Programs Workgroup

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Acknowledgements

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