

Metropolitan Board of Health of Nashville and Davidson County December 11, 2014 Meeting Minutes

The meeting of the Metropolitan Board of Health of Nashville and Davidson County was called to order by Chair Sam Felker at 4:00 p.m. in the Board Room, on the third floor of the Lentz Public Health Center, 2500 Charlotte Avenue, Nashville TN 37209.

Present

Samuel L. Felker, JD, Chair
Carol Etherington, MSN, RN, Vice Chair
Henry W. Foster, Jr., MD, Member
Francisca Guzmán, Member
Ruth Stewart, MD, Member
William S. Paul, MD, MPH, FACP, Director of Health
Ashley Daugherty, JD, Deputy Director of Health
Stan Romine, Director of Finance and Administration Bureau
Rachel Majors, Director of Public Health Emergency Preparedness Program
Leslie Robeson, Director, Human Resources
Josh Lee, JD, Metro Department of Law

Public Health Emergency Preparedness Program Update

Rachel Majors updated the Board on the Public Health Emergency Preparedness (PHEP) program (Attachment I).

Ms. Majors recognized PHEP staff members Todd Baker, Volunteer Coordinator and Community Events Specialist; Cindy Woodard, Epidemiological Nurse and Foodborne Outbreak Investigator; James Woulfe, Communities Readiness Initiative (CRI) Coordinator and Training and Exercise Coordinator; and James Tabor (not present), Regional Hospitals Coordinator.

Strategic Plan 2015-2020

Dr. Paul presented a draft of the Strategic Plan 2015-2020 (Attachment II) and recognized Tracy Buck, Julie Fitzgerald, and Jason Stamm, who, with Keri Kozlowski, were the primary authors of the plan.

Chairman Felker asked that the Plan be revisited at future meetings once Board members have had opportunity to review it.

Tracy Buck shared the Community Health Improvement Plan (CHIP) (Attachment III). Chairman Felker asked that an overview of the document be presented at the January 8, 2015 meeting, with new MPH commitments in the CHIP being identified.

Approval of Grant Application

There were no grant applications.

Approval of Grants and Contracts

Stan Romine referred to the Grants and Contracts, which were submitted to Board members for their review. The grants and contracts were as follows:

1. Notice of Award from U.S. Environmental Protection Agency Cooperative Agreement, Air Pollution Control Program Support. Term: October 1, 2014 through September 30, 2016. Amount: \$1,470,297.00;
2. Notice of Award from HRSA: Healthy Start Initiative-Eliminating Health Disparities Compensation: Extension;
3. Agreement with Vanderbilt University for Pediatric Resident Clinical Training. Term: November 1, 2014 through June 30, 2019. Compensation: None; and
4. Budget Amendment to Memorandum of Understanding with Metropolitan Board of Public Education. Term: August 1, 2012-June 30, 2017. Amount: \$4,051,960 with \$163,455 increase.

Dr. Stewart made a motion to approve the grants and contracts as presented. Dr. Foster seconded the motion, which passed unanimously.

Approval of November 13, 2014 Meeting Minutes

Ms. Etherington made a motion to approve the minutes of the November 13, 2014 meeting as submitted. Ms. Guzmán seconded the motion, which passed unanimously.

Report of Chair

Chairman Felker recognized and welcomed Dr. Adele Lewis, Deputy Chief Medical Examiner for Metro Nashville/Davidson County, and President and Chair of the Board of the Nashville Academy of Medicine.

Dr. Foster congratulated Dr. Paul on his selection as a member of the 2015 Nashville Health Care Council Fellows.

Chairman Felker also mentioned that the National Association of Local Boards of Health will host its annual conference in Louisville in August of 2015, and that he had asked Ms. Etherington if she were interested in attending. Ms. Etherington said she was and that she welcomed ideas for an abstract to present.

Report of Director

Copies of the Director's Update to the Board were provided to Board members (Attachment IV). Dr. Paul gave a brief summary of the report.

Dr. Paul noted that Bradley Thompson had recently been hired as the Grants Coordinator.

He also drew attention to the paperweights that were presented to the Board members, which were pieces of the Tennessee Pink Marble that Mr. Romine had reclaimed from the lobby at the original Lentz Center.

CIVIL SERVICE BOARD

Personnel Changes

Stan Romine presented the personnel changes, which were unremarkable.

Intern Update

Leslie Robeson shared an update on internships (Attachment V).

Next Meeting

The next regular meeting of the Board of Health will be held at 4:00 p.m. on Thursday, January 8, 2015, in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville TN 37209.

The meeting adjourned at 5:25 p.m.

Respectfully submitted,

Samuel L. Felker, J.D.
Chair

PUBLIC HEALTH EMERGENCY PREPAREDNESS

Board of Health Presentation
December 11, 2014



Metro **Public Health** *Dept*

Nashville / Davidson County

Protecting, Improving, and Sustaining Health

PHEP Overview

- Since 2002
- Brings Public Health Planning Aspects to Overall Emergency Response
- Piece of a Much Bigger Pie
 - Big Piece: Hurricanes Katrina and Gustav, 2009 H1N1 Outbreak, 2012 Fungal Meningitis Event
- “Seat at the Table”



Program Details

- Five Staff Members – Each with Different Job Aspects and Responsibilities
- 100% Grant-Funded Through Three Separate Grants
- Currently in Third Year of Five-Year Grant Cycle
- Program Services and Activities Based on “Grant Deliverables” Defined by TDH
- Grant Deliverables Centered Around 15 Capabilities
- Program Now Focusing on “All Hazards Approach to Emergency Preparedness”



Capabilities

- Community Preparedness
- Community Recovery
- Emergency Operations Coordination
- Emergency Public Information and Warning
- Fatality Management
- Information Sharing
- Mass Care
- Medical Countermeasure Dispensing
- Medical Material Management and Distribution
- Medical Surge
- Non-Pharmaceutical Interventions
- Public Health Laboratory Testing
- Public Health Surveillance and Epidemiological Investigation
- Responder Safety and Health
- Volunteer Management



Focus on Community Preparedness

- Home Emergency Kit
- Shelter in Place
- Preparedness for Residents with Special Needs
- Inclusion of Mental Health Aspects
- Community Partnerships
 - Metro Agencies
 - Hospitals
 - Non-Profits
 - Faith-Based Organizations



Key Result Measures and Activity Highlights FY14

- **100%** of CDC Emergency Preparedness standards were achieved. (State audit of Grant Deliverables, August 2014)
- Technical Assistance Review (TAR) Score of 99 out of 100;
Highest Score in State for POD Capability and Readiness
- 229 Volunteers Recruited
- Reached over 5,000 Davidson County residents at 82 community events



Key Result Measures and Activity Highlights FY14

- Three Foodborne outbreaks investigated and reported to the CDC
- Weather Radio Campaign: **3000+ Davidson County Residents**; focus on special populations; deaf and hard of hearing campaign
- Mental Health Pocket Guide Project: Middle TN specific, partnership with BHS, Red Cross and Centerstone; 2,000+ guides distributed; focus on First Responders and Schools
- Preparedness Day at the Park – April 2014



Daily PHEP Activities

- Achieving Grant Deliverables
- Representing Public Health in all aspects of Preparedness Planning
- Plan Review and Revision
- Community Events
- Exercise Development and Coordination
- Inventory/Equipment Upkeep and Needs
- Budget Analysis



Successes and Challenges

- Successes
 - United Team with Common Goals and Objectives
 - Department “Buy-In”
 - Communitywide Credibility
 - Strengthened Partnerships, Environment of Trust
- Challenges
 - Reaching Special Populations
 - Evaluating Successes
 - Exercise Realism vs. Simulation



Thank you for your
support and oversight of
Public Health Emergency
Preparedness

Questions?

2015-
2020

Strategic Plan



*Metro***Public Health***Dept*
Nashville/Davidson County

Protecting, Improving, and Sustaining Health

A Message From the Director

“A community health program cannot remain static. It must grow and develop with the civilization it serves and its function must be to meet, and if possible anticipate, the health needs of the people it strives to serve.”

-John Lentz, M.D., Director of Health, 1950

Dear Colleagues and Community Members:

As your local public health department, we are always working to protect, improve, and sustain health for everyone in Nashville. Echoing the words of Dr. Lentz, as Nashville grows and changes, our public health needs change, and our health department must grow and develop to serve our community's needs. Our new headquarters, completed in 2014, is symbolic of this change. This Strategic Plan reflects our commitment to the growth and change that we must accomplish in order to best serve our mission.

To improve the health status of our community, we need to have a broad view of health and well-being and a consistent focus on prevention. Our health is shaped by determinants well beyond health care that include safety, education, economic stability and opportunity, access to healthy food and places to be active. Opportunities for healthy living need to be everywhere--woven into the very fabric of our city.

Improving community health is not something any organization can do alone. To that end, Nashville has two linked strategic plans for better health. In addition to the MPHD strategic plan, Nashville's Community Health Improvement Plan (CHIP), defines our community's strategic health priorities and sets forth a plan of action for MPHD and community partners. We have identified several key principles that we will use to focus our efforts in this plan:

- **Partnerships and Collaboration:** MPHD must cultivate and nurture trusted partnerships that bridge the gap between the health department and the community to improve public health.
- **Excellence:** We have many mandates, but federal, state, local and MPHD rules serve as minimum requirements. To succeed we must go beyond mandates and achieve excellence.
- **Evidence-Based:** MPHD must do “what is needed” based on data, and implement “what works” based on evidence. If evidence-based best practices are not clear, we should develop evidence around the actions we take. Further, we must routinely and systematically evaluate our work.
- **Communication:** We must be clear and persuasive communicators, to reach all of Nashville's communities. Effective external *and* internal communication is vital to our success.

Alongside our community partners, we work every day to ensure that residents have the opportunity to live, work, learn and play in a safe and healthy place. We are grateful for your support and commitment to a healthier Nashville!

Sincerely,



William S. Paul, MD, MPH, FACP
Director, Metro Public Health Department

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1. About the Metro Public Health Department

The Metro Public Health Department of Nashville/Davidson County (MPHD) serves 624,496 residents throughout Davidson County. The Lentz Public Health Center is the main campus, but the department also has five outlying sites that offer services to the public. MPHD's workforce is comprised of approximately 500 highly diverse and skilled employees working in 46 programs. The organization is divided into a Director's Office and five bureaus (Finance and Administration, Community Health, Environmental Health, Communicable Disease and Emergency Preparedness and Population Health).

A quick snapshot of the organization show many internal changes including a physical move and a step toward Public Health Accreditation. The main campus of MPHD recently moved into a 106,000-square-foot, environmentally-friendly facility designed with features that support sustainability, and promote physical activity and healthy lifestyles. The new health center is on a dedicated bus line, and has a ¼ mile outdoor walking track that is available to employees and community members.

A full Organizational Chart can be found in Appendix A.

2. About the Strategic Plan

As the role of public health continues to evolve, so do the opportunities and challenges to provide essential health services to the community. Many external factors were considered during the organization's planning process: the size, population, and diversity of the County, our role in the Affordable Care Act, and challenges with funding. This plan accounts for those external issues, while also focusing efforts on improvements in quality and performance and promoting greater accountability and transparency.

The strategic plan provides direction and focus to the organization while linking to the broader Community Health Improvement Plan (CHIP). The strategic plan will be complemented by an operational plan that aligns the department's programs to the plan. The operational plan will reflect what programs and groups within MPHD will do to achieve the Strategic Plan's goals and how success will be measured.

This updated strategic plan is one of three prerequisites to applying for accreditation from the Public Health Accreditation Board (PHAB), a nonprofit organization working to promote and protect the health of the public by advancing the quality and performance of all public health departments in the United States. As MPHD prepares for Public Health Accreditation, the organization will be challenged to stretch beyond its traditional thinking about improving public health practice.

MPHD's Strategic Planning Process

MPHD utilized the National Association of County and City Health Officials (NACCHO) model to develop the strategic priorities for the department. This model supports the alignment of MPHD's strategic plan and planning process to the Public Health Accreditation Board (PHAB) Accreditation requirements.

The Strategic Planning Process began in January 2014 and concluded in November 2014. Facilitated discussions were conducted with staff from executive level to front line. This process allowed for thoughtful discussions and created buy-in and support for the plan.

At a Glance: Strategic Planning Activities

- February 21, 2014: Development of MPHD's Strengths, Weaknesses, Opportunities and Threats (SWOT) document. The complete SWOT Analysis can be found in Appendix B.
- March 7, 2014: A follow-up dialogue was held that reviewed the department's SWOT and identified the four Strategic Issues that are the focus of the department's new strategic plan.
- March 13, 2014: MPHD staff met with Board of Health members to provide an update on the plan and gather input from the Board members.
- April 11, 2014: MPHD's Strategic Planning Committee developed potential goals and strategies for each of the Strategic Issues identified.
- June 2014: All MPHD staff were surveyed and asked to rank each potential strategy in order of importance.
- July 2014: Program managers were surveyed to garner feedback on how their work unit (division/program) could address the strategies that supported the Strategic Plan's Goals.
- April through October 2014: MPHD's Strategic Planning Team facilitated eleven strategic planning sessions with leadership and staff to refine the goals and develop strategies, objectives and tactics for each goal.

Strategic Plan Participants

MPHD's Strategic Planning Team was tasked with coordinating the development of the plan. The team consisted of Tracy Buck (Director of Prevention and Wellness), Julie Fitzgerald (CHA/CHIP Coordinator), Keri Kozlowski (Chief Performance Officer), and Jason Stamm (Accreditation Coordinator).

MPHD's Strategic Planning Committee was responsible for developing the strategic issues, goals and objectives for the plan. The committee consisted of MPHD's Leadership Team, supervisors and front line staff. A full list of staff that participated in strategic planning can be found in Appendix C.

3. Vision, Mission and Values

An organization's vision, mission, and values statements are important components of strategic planning. MPHD's vision and mission statements are future focused and direct the organization's accomplishments in the long term. MPHD's core values reflect behaviors that guide the actions of employees as they work to achieve the mission and vision.

MPHD Vision

People Creating Healthy Conditions Everywhere

MPHD Mission

The mission of the Metro Public Health Department is to protect, improve and sustain the health and well-being of all people in Metropolitan Nashville.

MPHD Core Values

We Take **PRIDE** in Our Core Values:

Professionalism: We are well trained, knowledgeable, capable, and focused. We strive for excellence and innovation. We are accountable.

Respect: We listen. We care about our customers. We care about one another. We are courteous, friendly, attentive, prompt, and effective in serving our customers, our partners and one another.

Integrity: We are honest, trustworthy and consistent. We are good stewards of the public resources in our care.

Dedication: We are passionate about providing excellent service. We are always available to protect the health and well-being of our customers and community.

Equality: We value diversity in our managers, team members, customers, and partners. We treat our customers, our partners, and one another with fairness and impartiality. We accommodate the special needs of our customers. We strive to eliminate disparities and aim for equity and justice in health.

4. About the Strategic Priorities

The strategic priorities are the cornerstones for this strategic plan. The priorities were developed in response to the SWOT (see Appendix B) and guided the development of the goals and strategies within this plan.



5. Organizational Goals and Strategies

The goals of the strategic plan describe what the organization is committed to do to address the strategic priorities. The strategies define how to enhance organizational processes in order to better serve the community.

A list of SMART Objectives and Tactics that support these goals and strategies can be found in Appendix D.

GOAL 1: Consistently recruit, select, and retain diverse and talented employees, build their knowledge and leadership skills, and plan for succession.

- 1.1 Implement hiring practices that optimally recruit candidates with the skills and competencies necessary to perform the duties of the positions.
- 1.2 Promote a culture of mutual respect, collaboration, inclusive communication and transparency in decision making.

- 1.3 Develop and implement appropriate trainings for all levels of public health professionals to strengthen their understanding of the organization and public health.
- 1.4 Develop leaders at every level within MPH D to meet goals and position MPH D for the future.

GOAL 2: Maximize organizational effectiveness and efficiency.

- 2.1 Align MPH D decisions, programs, and internal and external communications with the Strategic Plan.
- 2.2 Stabilize and improve the department's funding by improving performance in billing and grants management and by leveraging donations where appropriate.
- 2.3 Increase use of current technology and identify emerging technology to enhance productivity and meet customer needs.
- 2.4 Create and support a culture of quality improvement and innovation.

GOAL 3: Successfully collaborate with the community, as a trusted partner, leader, and source of population health information to improve health outcomes.

- 3.1 Create opportunities to utilize common data across sectors.
- 3.2 Continually engage with partners and the community to assess, plan, implement and evaluate community health improvements.
- 3.3 Integrate prevention and population health improvement into medical care.

GOAL 4: Advance equity to improve health outcomes.

- 4.1 Educate staff about health equity and the social determinants of health.
- 4.2 Engage multiple sectors of the community to prioritize health equity issues.

GOAL 5: Effectively communicate the value of public health to policy makers, decision-makers and the public using media and other communication channels.

- 5.1 Provide proactive communication on public health matters to the community.
- 5.2 Develop culturally competent messages targeting all communities, including those experiencing disparities in health outcomes and access to care.
- 5.3 Enhance web and social media presence.

6. Community Health Goals and Strategies

The Community Health Improvement Plan (CHIP) was developed in collaboration with local public health department staff, community stakeholders, and community residents. The CHIP presents three key strategic issues for the community to address from 2015-2019. These issues were elicited from a rigorous community health assessment, conducted in 2013-2014, using the Mobilizing for Action through Planning and Partnerships (MAPP) framework for community health improvement. Thousands of Nashville residents participated in the visioning, assessment and strategy development processes that resulted in this CHIP. The MAPP process utilized the mayoral appointed Healthy Nashville Leadership Council (HNLC) as the advisory body, and the MPHD served as the lead agency, convening and guiding the process.

Collective impact, a model for collaboration that emphasizes broad cross-sector coordination, is a key strategic lens that will be applied throughout the implementation of the CHIP. In addition to the goals and objectives included in the CHIP, the HNLC and MPHD will continue to seek opportunities to partner, convene and participate in initiatives that support the three priority issues for the community.

| |
|--|
| Issue: Advance Health Equity |
| Goal 1: Develop better systems to support all individuals to achieve their optimum level of wellness |
| Goal 2: Ensure a strategic focus on communities at greatest risk for health inequities |
| Issue: Maximize Built & Natural Environments |
| Goal 1: Increase active transportation options and utilization |
| Goal 2: Improve and protect the quality of air, land and water |
| Issue: Support Mental & Emotional Health |
| Goal 1: Provide individuals and families with the support necessary to maintain positive mental well-being |
| Goal 2: Promote positive parenting and violence free homes |

See Appendix E for the objectives supported by MPHD in the CHIP.

7. Accountability

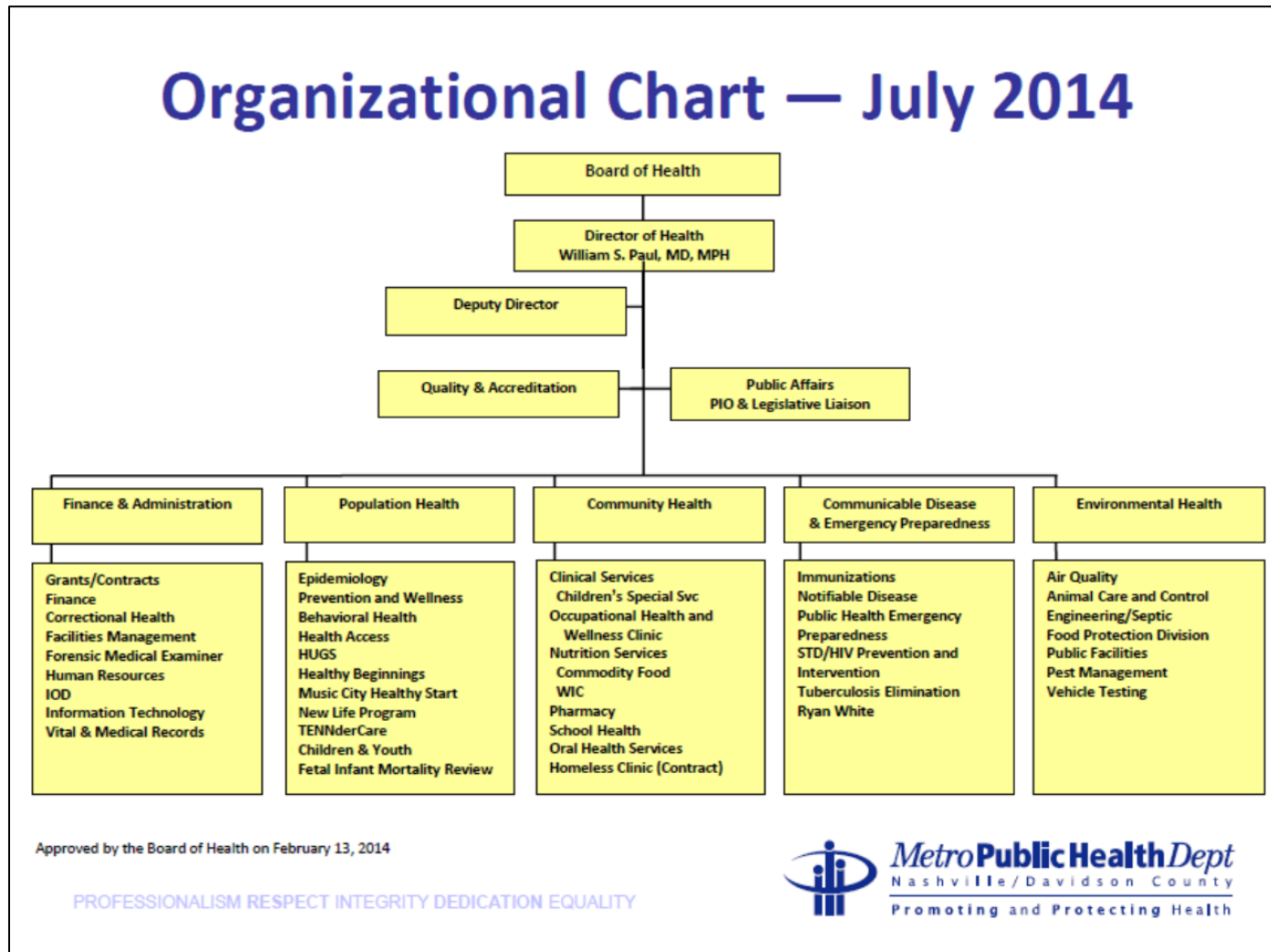
Accountability should be approached as a mindset—one that shapes our goals and actions and moves our organization to achieve excellence. Accountability is a cornerstone and guiding principle for our organization.

The following tools will be utilized to provide accountability and continual communication as well as to evaluate the department's progress towards achieving the plan's goals.

- Strategic Dashboard – Progress will be monitored via a dashboard of measures pertaining to the plan.
- Quarterly Review – The plan will be reviewed quarterly by the Strategic Planning Team and updates will be provided to MPHD Leadership.
- Annual Report – MPHD's annual report will summarize and capture progress on the Strategic Plan. It will also contain any necessary revisions and the rationale behind those revisions. The annual report will be shared with the Board of Health and all MPHD staff
- March Through the Programs (MTTP) – MTTP is the annual programmatic review used by the Director of Health to examine the work of programs, their outcomes, barriers, and to elicit feedback from staff at all levels to identify opportunities for improvement. In addition to the information above, MTTP will also focus on the implementation of the strategic plan, alignment of programs with the plan and provide accountability for the goals and strategies within the plan.
- Quality Improvement Plan – MPHD is committed to establishing and maintaining a culture of Quality Improvement (QI). Opportunities for improvement identified through the implementation of the Strategic Plan and MTTP will be utilized by MPHD's QI Team to determine viable and needed QI projects for the department.

8. Appendix

Appendix A: MPHD Organizational Chart



Appendix B: MPHD SWOT Analysis Documents



Appendix C: List of MPHD Strategic Planning Participants

| DIRECTOR'S OFFICE | | COMMUNITY HEALTH | |
|--------------------------|---------------------------------|-------------------------------|----------------------------------|
| William S. Paul MD, MPH | Director of Health | Chris Taylor | Bureau Director |
| Keri Kozlowski, JD, MPH | Chief Performance Officer | Michelle Bell, DDS | Supervisor, Oral Health |
| Tom Sharp | Legislative Liaison | Sanjana Stamm | Director, Preventative Health |
| Brian Todd | Public Information Officer | Teresa Thomas | Director, WIC |
| Jason Stamm | Accreditation Coordinator | Tatum Johnson | Supervisor, Clinical Services |
| Rebecca Morris | Public Relations Coordinator | Ashley Barker | Registered Nurse |
| POPULATION HEALTH | | Sarah Taylor | Registered Nurse |
| Tina Lester | Bureau Director | Susan Warner, MD | Medical Director |
| Tracy Buck | Director, Prevention & Wellness | Stephanie Blansett | RN, School Health |
| Julie Fitzgerald | CHA/CHIP Coordinator | Kelly Whipker | Supervisor, WIC |
| Latissa Hall | Coordinator, YAB | Lisa Nistler | Director, School Health |
| David Campbell | Director, TENNdercare | Mary Koob | Supervisor, CSS |
| Cara Freeman | Supervisor, TENNdercare | COMMUNICABLE DISEASE AND PHEP | |
| Whitney Lowe | Supervisor, TENNdercare | Shoana Anderson | Bureau Director |
| Dr. Fonda Harris | Director, Healthcare Access | Dr. Deidra Parrish | Medical Director, TB Elimination |
| Dr. Sandra Thomas-Trudo | Director, Epidemiology | Pam Sylakowski | Director, Ryan White |
| Angie Thompson | Director, Behavioral Health | Todd Baker | Coordinator, PHEP |
| Nichelle Foster | Counselor, Behavioral Health | Rachel Majors | Director, PHEP |
| Amanda Hoover | Wise Moves Coordinator | Trevor Henderson | Quality Coordinator, Ryan White |
| Dr. Michael Rickles | Epidemiologist | Lisa Waszkiewicz | Community Liaison, Ryan White |
| Amanda Holley | Epidemiologist | Diedra Freeman | TB Elimination Program |
| Justin Gatebuke | Epidemiologist | Kim Douglass | Director, STD/HIV |
| Dr. John Vick | Epidemiologist | FINANCE AND ADMINISTRATION | |
| Brook McKelvey | Epidemiologist | Stan Romine | Bureau Director |
| Burns Rogers | Epidemiologist | Dianne Harden | Director, Financial Management |
| Yolonda Radford | Director, HUGS Program | Jim Diamond | Assistant Bureau Director |
| Lillian Maddox-Whitehead | Tobacco Control Program | Dr. Celia Larson-Pearce | Director, Grants |
| Thoris Campbell | Breast & Cervical Screening | Leslie Robeson | Supervisor, HR |
| ENVIRONMENTAL HEALTH | | Renee Day | HR Analyst |
| Dr. Brent Hager | Bureau Director | Tonya Foreman | Supervisor, Medical Records |
| Dr. Sanmi Areola | Toxicologist | Holly Rice | Financial Analyst |
| Steve Crosier | Director, Food Protection | Michelle Birdsong | Coordinator, HR -Title VI |
| Chris Michie | Engineer, Septic Services | Erica Silverboard | Coordinator, Animal Control |
| John Finke | Director, Air Pollution | | |
| Spencer Hissam | Supervisor, Engineering | | |

Appendix D: MPHD Strategic Plan's SMART Objectives and Tactics

GOAL 1: Consistently recruit, select, and retain diverse and talented employees, build their knowledge and leadership skills, and plan for succession.

1. By July 2015 and ongoing, 100% of MPHD supervisors will utilize MPHD Human Resources' guides for hiring, development and retention of employees.
 - Tactic 1: By July 2015, 100% of MPHD supervisors will utilize MPHD Hiring Practices Manual and its process when hiring new employees.
 - Tactic 2: By July 2015, MPHD supervisors will utilize the MPHD Onboarding Manual to engage and develop new employees.
 - Tactic 3: By July 2016, create and implement a Performance Evaluation Guide based on best practices that emphasizes honest conversations about employee performance.
 - Tactic 4: By July 2016, develop a guide for promotions and merit increases that is compatible with core MPHD values and leadership competencies.
 - Tactic 5: By July 2017, develop a succession planning guide that establishes a fair and unbiased process.
2. Starting July 2015 and ongoing, 100% of bureau directors will meet with their programs and staff at least quarterly to share and receive information about program operations.
3. Starting July 2015 and ongoing, 100% of programs will meet at least monthly to enhance two-way communication to improve program and departmental performance.
4. By July 2016, and every 3 years at minimum, MPHD will assess the work environment for employee engagement, innovation and morale.
5. By July 2016, develop a transparent process for filling MPHD committee vacancies.
6. By July 2016 and ongoing, 100% of all staff will attend at least one General Staff Meeting annually.
 - Tactic 1: Quarterly general Staff Meetings will be designed to inform staff on departmental issues and to engage staff to share programmatic updates, ideas, concerns and suggestions for improvement.
 - Tactic 2: Utilize the MPHD suggestion box to inform agenda of the quarterly General Staff meetings.
7. By January 2017, form an MPHD Mentorship Team to define mentorship responsibilities, encourage employees to seek mentorship opportunities and to host quarterly mentoring (education) sessions.
8. By December 2017, develop and implement an annual employee in-service day to include organizational and public health information that is driven by public health initiatives at the local, state and national level.
9. By 2019, fewer than 30% percent of staff will rate overall internal communication as fair or poor.
 - Tactic 1: Starting in 2016 and recurring bi-annually, MPHD will assess staff's perceptions of internal communication.

- Tactic 2: By 2015, create a communication template for communicating programmatic and departmental decisions to staff, including three parts of communication: What staff need to know about decision; how leadership arrived at the decision; and, how decision impacts staff, organization and/or community.
10. By 2019, 100% of MPHD supervisors will participate in three-tier supervisor training series.
- Tactic 1: By July 2016, develop tier-one trainings on MPHD specific tools and processes (including Kronos, purchasing and budgeting and documentation, values/mission, and ethics).
 - Tactic 2: By July 2017, develop and begin implementing Tier Two of supervisor training (including IOD/FMLA/Reasonable Accommodation, hiring/onboarding, project management, time management for supervisors, program planning and evaluation, and the emotional nature of supervisory role)
 - Tactic 3: By July 2018, develop and begin implementing Tier Three of supervisor training (including communication skills, active listening/conflict management/bullying and developing self/others to include motivation/mentoring/managing up/down/self-assessment and development/emotional intelligence/supervising peers).
11. By 2019, 100% of MPHD staff will participate in Public Health 101 and 102 trainings.
- Tactic 1: By January 2016, develop and implement a Public Health 101 training, with topics including the history of public health, public health ethics, an introduction to MPHD programs, and public health core functions.
 - Tactic 2: By January 2017, develop and implement a Public Health 102 training to include: policy, systems and environmental change (PSE), the spectrum of prevention, evidence-based decision-making, determinants of health and cultural competency

GOAL 2: Maximize organizational effectiveness and efficiency.

1. By July 2015, 90% of grants applications will use established processes for assessing grant opportunities for benefits, risks, and fit to the strategic plan and securing departmental commitment to proceed.
2. By July 2015 and ongoing, annually adopt a departmental Quality Improvement plan to support QI and innovation.
 - Tactic 1: Establish an Innovation Forum that meets at minimum of once per quarter that is open to any staff member to attend for sharing innovative ideas, receiving feedback, and assessing risk.
 - Tactic 2: Utilize project charters to formalize proposals for innovative ideas.
 - Tactic 3: Evaluate and report on the development and implementation of innovative programs/initiatives to understand successes and opportunities for future improvement.
3. By December 2015 and annually, develop and disseminate a comprehensive report of MPHD's progress toward achieving the strategic plan.

4. By July 2016, develop a plan for identifying and selecting new grant opportunities.
5. By July 2016, become an in-network provider to at least five major insurance plans.
6. By July 2016 and ongoing, annually offer at least five trainings on MPHD software and technology to staff.
 - Tactic 1: Assess staff for needed trainings related to technology and software.
 - Tactic 2: Develop tools (manuals and user guides) and trainings on technology and software frequently used by staff.
7. By 2016 and ongoing, 100% of those responsible for managing grants will receive the tier-two grant management training.
 - Tactic 1: Develop (or identify) and implement a tier-two training to educate staff on Metro government and MPHD grant management processes and policies.
 - Tactic 2: Offer annual grant writing workshops.
8. By 2017 and ongoing, 100% of grant funded staff will receive tier-one grant management training.
 - Tactic 1: Develop and implement a tier-one training to educate staff on Metro government and MPHD grant management processes and policies.
9. By July 2017, create policies/procedures regarding how organizations interested in financially supporting the work of MPHD or one of its programs can do so (subject to appropriate approval by Legal, the Board, etc.).
10. By July 2017, implement a plan to enhance our billing capacity.
 - Tactic 1: By July 2016, develop a plan to enhance our billing capacity.
11. By July 2017, 90% of active grants management activities will use established process for monitoring and evaluation.
 - Tactic 1: By July 2016, develop a process for monitoring and evaluating grants.
12. By July 2017, complete a technology assessment and use to develop a Technology Plan in support of the strategic plan.
 - Tactic 1: By December 2014, create team to identify gaps and best practices in public health and administrative technology usage.
 - Tactic 2: By December 2015, assess costs for utilizing document management tools.
 - Tactic 3: By July 2016, identify SharePoint training needs and develop and implement a plan for training appropriate staff.
 - Tactic 4: By December 2016, increase use of digital storage for department contracts, grants, HR files, monthly reports, reimbursement requests, and travel documentation.

GOAL 3: Successfully collaborate with the community, as a trusted partner, leader, and source of population health information to improve health outcomes.

1. By 2015, develop a monitoring and evaluation plan for the Community Health Improvement Plan (CHIP).

- Tactic 1: Healthy Nashville Core Indicator Set will be displayed on the Healthy Nashville community portal.
 - Tactic 2: Complete and disseminate an annual report on CHIP progress.
 - Tactic 3: Update Community Health Profile at a minimum of every three years.
2. Starting in 2015, create a succinct Community Collaboration Guide (CCG) for MPHD to use when serving as convening agency for community initiatives.
 - Tactic 1: Include ToP Facilitation methods in CCG.
 3. By 2016, incorporate health equity as a component of Health in All Policies (HiAP) efforts, highlighting opportunities for Metro agencies to consider health equity in their policies and processes.
 4. By 2016, establish a committee to identify data gaps, recommend strategies for addressing those gaps, and aligning community health assessment processes.
 - Tactic 1: Develop and implement a process for original data collection.
 5. Starting in 2017 and ongoing, utilize data and mapping tools to demonstrate public health achievements and needs to decision-makers, partners and community.
 - Tactic 1: Use as tool to advocate for funding from city council, BOH, and other stakeholders.
 6. By June 2017, 20% of staff will receive training on using data for decision-making.
 - Tactic 1: Identify available methods and tools to educate staff about data and integrating data into program planning and implementation
 7. By 2018, convene partners and community members to complete Community Health Assessment.
 - Tactic 1: Conduct a process evaluation of previous CHA and use to inform the development of a work plan.
 8. By 2019, convene partners and community members to establish a new Community Health Improvement Plan.
 9. By 2020, create and implement protocols for improving internal and external data usage and sharing.
 - Tactic 1: By 2015, identify and catalog data sets.
 - Tactic 2: By 2017, develop protocols for data management to address use of common language, confidentiality, storage, sharing and access.
 10. By March 2015, inventory existing linkages between primary care and MPHD Population Health
 - Tactic 1: By July 2015, summarize, report, and communicate about existing inventory as well as evidence-based best practices.
 - Tactic 2: By September 2015, establish regular public health communication with primary care physicians on primary care and public health topics
 11. By July 2016 and ongoing, access, identify, and implement evidence based practices to address gaps in the linkages between primary care and MPHD Population Health

- Tactic 1: By July 2017 implement at least one new evidence-based public health-primary care integration practice.
- Tactic 2: By July 2017, implement at least one new evidence-based public health intervention using a health care system or payer as partner.

GOAL 4: Advance equity to improve health outcomes.

1. Starting in 2015 and updated a minimum of every three years, research and draft a report on the state of health equity and social determinants of health in Nashville.
 - Tactic 1: By 2016, develop a report on health equity issues of Nashville youth with recommendations for addressing youth equity issues.
 - Tactic 2: By 2017, host community listening sessions to learn about community perceptions of health equity issues and how they can be addressed.
2. By 2015, convene community partners to release the report on the state of health equity and social determinants of health in Nashville at the 6th annual Healthy Nashville Summit.
 - Tactic 1: Utilize community presence at Summit to begin prioritizing health equity issues for Nashville.
 - Tactic 2: Utilize community presence at Summit to develop a common language for discussing health equity and use to inform educational activities.
3. By December 2017, each bureau will identify, develop and implement a minimum of one annual quality improvement (QI) project addressing a health equity topic.
 - Tactic 1: By 2015-16, identify best practices based on research and what other communities are doing to address health equity with their staff and community.
 - Tactic 2: By July 2016, utilize Health Equity Report to develop a MPHD Health Equity Playbook to inform incorporating equity into program planning (including success stories).
4. By 2017, develop and implement a health equity training plan to deliver to all employees.
 - Tactic 1: By July 2016, identify and implement training for MPHD leadership regarding public health leadership and health equity.
 - Tactic 2: By July 2016, identify and implement a health equity training for all new MPHD employees.
 - Tactic 3: By December 2016, annually identify and provide a minimum of one education session using outside speakers/organizations to talk about health equity issues regarding cultures and populations in Nashville.
 - Tactic 4: By December 2017, host facilitated discussions to develop common understanding of health equity and social determinants definitions and how they apply to public health work.
5. By 2020, develop and implement an annual equity-based fieldwork job shadow opportunity for EMT and staff.

GOAL 5: Effectively communicate the value of public health to policy makers, decision-makers and the public using media and other communication channels.

1. Starting July 2015 and ongoing, annually adopt and implement a departmental Communications Plan.
 - Tactic 1: By end of 2016, develop a speaker's bureau of internal and external public health experts willing to speak to the community about their area of expertise.
 - Tactic 2: By July 2015, adopt a social media communication plan to be included in the department's communication plan.
 - Tactic 3: Starting in July 2015, annually review and edit MPHD website for accuracy, content and strength of health messages.
2. By July 2015, adopt and implement a social media policy.
3. By 2016 and ongoing, deliver health literacy trainings to increase cultural competence and develop effective public health messages.
4. By July 2017, at least 25% of staff will receive training on public health communications.
 - Tactic 1: Training to include a guide for public health messaging and a checklist on what is newsworthy.

Appendix E: Community Health Improvement Plan Crosswalk of Objectives

Priority Issue: Advance Health Equity

| Goal 1: Develop better systems to support all individuals to achieve their optimum level of wellness | |
|---|---|
| Goal 2: Ensure a strategic focus on communities at greatest risk for health inequities | |
| Objective | Organization(s) |
| Objective 2.2: By 2015, research and draft state of health equity and social determinants of health in Nashville report to be updated bi-annually. | Metro Public Health Department |
| Objective 2.3: By 2015, convene community partners to launch the state of health equity and social determinants of health in Nashville report at the 6th annual Healthy Nashville Summit. | Metro Public Health Department and community partners |
| Objective 2.4: By 2019, increase from baseline the number of Metro departments considering health equity in their policies and processes. <ul style="list-style-type: none"> Sub-Objective 2.4.1: By 2016, add health equity as a component of HiAP efforts, highlighting opportunities for Metro agencies to consider health equity in their policies and processes. | Metro Public Health Department |
| Objective 2.5: By 2019, a minimum of five decision making bodies (e.g. Metro Council, Metro Boards, Metro Departments) will adopt equity impact review tool for decision-making. <ul style="list-style-type: none"> Sub-Objective 2.5.1: By 2017, research, identify and develop an implementation plan for an equity impact review tool, which will be used to describe impacts of proposed policies and programs on historic patterns of inequity. | Metro Public Health Department |

Priority Issue: Maximize Built and Natural Environments

| Goal 3: Increase active transportation options and utilization | |
|--|---|
| Objective | Organization(s) |
| Objective 3.2: By 2019, meet with top ten employers in Nashville to learn about the barriers to the use of alternatives to single occupancy automobile travel and to promote the physical and environmental health benefits of these alternatives. | Healthy Nashville Leadership Council and Metro Public Health Department |
| Objective 3.3: Beginning in 2015 and ongoing, convene partners to promote the safe use of bicycles in Nashville. | YMCA of Middle Tennessee and Metro Public Health Department |
| Objective 3.4: By 2017, provide hands-on training on the use of public transportation in Nashville to a minimum of ten Metro agencies. | Metro Public Health Department |
| Objective 3.5: By 2017, provide at least three education activities on the safe use of bicycles in Nashville. | Metro Public Health Department and YMCA of Middle Tennessee |

| Goal 4: Improve and protect the quality of air, land and water | |
|---|--|
| Objective | Organization(s) |
| <p>Objective 4.1: By 2018, develop and present regulatory, policy and systems change recommendations to improve and protect the quality of air, land and water to appropriate decision-making bodies.</p> <ul style="list-style-type: none"> • Sub-Objective 4.1.1: By 2015, research environmental benefits of vanpools, carpools, and telecommuting. • Sub-Objective 4.1.2: By 2017, research and prioritize best practices for improving and protecting the quality of air, land and water in similarly sized urban settings and compare with current regulations. | Metro Public Health Department, Metro Planning Department, Healthy Nashville Leadership Council and partners |
| <p>Objective 4.2: By 2017, begin implementation of plan for monitoring air quality impacts on vulnerable populations. Monitoring will be on-going.</p> <ul style="list-style-type: none"> • Sub-Objective 4.2.1: By 2016, develop data collection/analysis plan for indoor air quality (e.g. radon) in Metro Government owned buildings. | Metro Public Health Department |
| <p>Objective 4.3: By 2018, submit report on air quality impacts on vulnerable populations with recommended interventions to Board of Health and other relevant decision-making bodies.</p> | Metro Public Health Department |
| <p>Objective 4.4: Present environmental educational materials a minimum of 10 times (at community events, as presentations to organizations, etc.).</p> <ul style="list-style-type: none"> • Sub-Objective: 4.4.1: Develop education campaign aimed at educating the community about protecting and improving the environment. | Metro Public Health Department and partners |

Priority Issue: Support Mental and Emotional Health

| Goal 5: Provide individuals and families with the support necessary to maintain positive mental well-being | |
|---|---|
| Objective | Organization(s) |
| <p>Objective 5.2: By 2017, increase employee understanding of and use of EAP program from baseline and continue to increase every two years.</p> <ul style="list-style-type: none"> • Sub-Objective 3.2.1: By 2015, Integrate mental wellness and promotion of EAP into Metro employee wellness program(s), including content in Metro-wide Intranet server, Inside Metro. • Sub-Objective 3.2.2: By 2015, integrate employee wellness activities into annual National Public Health Week | Metro Public Health Department |
| <p>Objective 5.3: By 2019, a minimum of five educational activities supporting positive parenting and positive mental well-being will be delivered to Local Public Health System partners and the community.</p> <ul style="list-style-type: none"> • Sub-Objective 5.3.1: Starting in 2015, Coalesce Alignment Nashville wellness committees to expand Alignment | Alignment Nashville, Metro Public Health Department, Metro Nashville Public Schools, United Way of Middle Tennessee, and other community partners |

| | |
|---|---|
| <p>Nashville Behavioral Health resource guide to support mental well-being, including the connection between good nutrition and physical activity and improved mental well-being.</p> <ul style="list-style-type: none"> • Sub-Objective 5.3.2: By 2016, include wellness activities in student and adult tracks of annual Social Emotional Learning Conference. | |
| Goal 6: Promote Positive Parenting & Violence Free Homes | |
| Objective | Organization(s) |
| <p>Objective 6.2: Starting in 2015, increase delivery of Adverse Childhood Experiences training to MPHD public health staff and local public health system partners.</p> | <p>Exchange Club Family Center, Metro Public Health Department and partners</p> |
| <p>Objective 6.3: Starting in 2015, convene partners to begin planning the 2016 Healthy Nashville Summit to advance positive parenting and violence free homes in Nashville.</p> | <p>Exchange Club Family Center, Metro Public Health Department and partners</p> |

Healthy Nashville



Community Health Improvement Plan

2015-2019



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



Acknowledgements

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YMCA of Middle Tennessee

Dr. John Harkey
Community Representative

Dr. Arthur Lee
Community Representative

Nancy Lim
Saint Thomas Health

Councilwoman Sandra Moore (Vice-Chair)
Metro Council

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Edgehill Family Resource Center

Vice-Mayor Diane Neighbors
Metro Council

Dr. Freida Outlaw
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Tracy Buck, CHIP Project Director
Julie Fitzgerald, CHIP Coordinator

Introduction from the Chair, Healthy Nashville Leadership Council

On behalf of the Healthy Nashville Leadership Council, I am pleased to present the Healthy Nashville Community Health Improvement Plan (CHIP): 2015-2019.

The Healthy Nashville CHIP presents three key systems issues for the community to address during the next five years. These issues were elicited from a rigorous community health assessment process using the Mobilizing for Action through Planning and Partnerships framework for community health improvement. Thousands of Nashvillians participated in the visioning, assessment and strategy development processes that resulted in this CHIP. The MAPP process utilized the mayoral appointed Healthy Nashville Leadership Council as the advisory body, and the Metro Public Health Department served as the lead agency, convening and guiding the process. The Community Health Assessment for Nashville Report details the assessment process, and its results, and can be found in a complementary document.

Collective impact, a model for collaboration that emphasizes broad cross-sector coordination, is a key strategic lens that will be applied throughout the implementation of the CHIP. In addition to the goals and objectives included in the CHIP, the Healthy Nashville Leadership Council and Metro Public Health Department will continue to seek opportunities to partner, convene and participate in initiatives that support the three priority issues for the community.

This CHIP supports the vision of a healthier Nashville, and I am excited to see the results of its implementation.

Sincerely,



Ted Cornelius

Chair, Healthy Nashville Leadership Council
Vice President of Health Innovation, YMCA of Middle Tennessee



Priority: Advance Health Equity

Goal 1: Develop better systems to support all individuals to achieve their optimum level of wellness

| Objective | Organization(s) |
|--|--|
| Objective 1.1: By 2019, present policy recommendations for advancing economic policies that promote health equity to a minimum of three influential bodies (e.g. Nashville Chamber of Commerce). | Healthy Nashville Leadership Council, United Way of Middle Tennessee, and other partners |

Goal 2: Ensure a strategic focus on communities at greatest risk for health inequities

| Objective | Organization(s) |
|---|---|
| Objective 2.1: By 2015, research and draft state of health equity and social determinants of health in Nashville report to be updated bi-annually. | Metro Public Health Department |
| Objective 2.2: By 2015, convene community partners to launch the state of health equity and social determinants of health in Nashville report at the 6th annual Healthy Nashville Summit. | Metro Public Health Department and community partners |
| Objective 2.3: By 2016, disseminate position statement on health benefits of mixed-income housing to Nashville community through a minimum of three mediums. <ul style="list-style-type: none"> Sub-Objective 2.3.1: By 2015, review the health benefits of mixed-income housing to inform Healthy Nashville Leadership Council position statement. | Healthy Nashville Leadership Council, Metro Planning Department, United Way of Middle Tennessee, and other partners |
| Objective 2.4: By 2019, increase from baseline the number of Metro departments considering health equity in their policies and processes. <ul style="list-style-type: none"> Sub-Objective 2.4.1: By 2016, add health equity as a component of HiAP efforts, highlighting opportunities for Metro agencies to consider health equity in their policies and processes. | Metro Public Health Department |
| Objective 2.5: By 2019, a minimum of five decision making bodies (e.g. Metro Council, Metro Boards, Metro Departments) will adopt equity impact review tool for decision-making. <ul style="list-style-type: none"> Sub-Objective 2.5.1: By 2017, research, identify and develop an implementation plan for an equity impact review tool, which will be used to describe impacts of proposed policies and programs on historic patterns of inequity. | Metro Public Health Department |
| Objective 2.6: By 2019, identify and conduct a minimum of five educational activities related to addressing health inequities. | Healthy Nashville Leadership Council |

Indicators to Measure: Decrease Income Inequality; Decrease % Low-Income Renters who Spend more than 30% of Income on Rent

Indicators to Track: Severe Housing Problems; Homelessness Count; #of Metro Nashville Public School Students who are Homeless; Disparities in Health Outcomes and Social Determinants of Health

Priority: Maximize Built & Natural Environments

| Goal 3: Increase active transportation options and utilization | |
|--|--|
| Objective | Organization(s) |
| Objective 3.1: Beginning in 2015 and ongoing, convene partners to promote the safe use of bicycles in Nashville. | YMCA of Middle Tennessee and Metro Public Health Department |
| Objective 3.2: By 2016, develop and present policy recommendations promoting active transportation options to Metro Council, Board of Health and other policy-making bodies as appropriate. | Healthy Nashville Leadership Council and Bicycle Pedestrian Advisory Committee |
| Objective 3.3: By 2017, provide hands-on training on the use of public transportation in Nashville to a minimum of ten Metro agencies. | Metro Public Health Department |
| Objective 3.4: By 2017, provide at least three education activities on the safe use of bicycles in Nashville. | Metro Public Health Department and YMCA of Middle Tennessee |
| Objective 3.5: By 2019, meet with top ten employers in Nashville to learn about the barriers to the use of alternatives to single occupancy automobile travel and to promote the physical and environmental health benefits of these alternatives. | Healthy Nashville Leadership Council and Metro Public Health Department |
| Goal 4: Improve and protect the quality of air, land and water | |
| Objective | Organization(s) |
| Objective 4.1: By 2017, begin implementation of plan for monitoring air quality impacts on vulnerable populations. Monitoring will be on-going. <ul style="list-style-type: none"> Sub-Objective 4.1.1: By 2016, develop data collection/analysis plan for indoor air quality (e.g. radon) in Metro Government owned buildings. | Metro Public Health Department |
| Objective 4.2: By 2018, develop and present regulatory, policy and systems change recommendations to improve and protect the quality of air, land and water to appropriate decision-making bodies. <ul style="list-style-type: none"> Sub-Objective 4.2.1: By 2015, research environmental benefits of vanpools, carpools, and telecommuting. Sub-Objective 4.2.2: By 2017, research and prioritize best practices for improving and protecting the quality of air, land and water in similarly sized urban settings and compare with current regulations. | Metro Public Health Department, Metro Planning Department, Healthy Nashville Leadership Council and partners |
| Objective 4.3: By 2018, submit report on air quality impacts on vulnerable populations with recommended interventions to Board of Health and other relevant decision-making bodies. | Metro Public Health Department |
| Objective 4.4: By 2019, Present environmental educational materials a minimum of 10 times. <ul style="list-style-type: none"> Sub-Objective: 4.4.1: Develop education campaign aimed at educating the community about protecting and improving the environment. | Metro Public Health Department and partners |
| Indicators to Measure: Increase % of population walking, bicycling and/or using public transportation to get to work; decrease annual number of high ozone days | |
| Indicators to Track: # of B-Cycle trips, # of riders in Annual Bike Count, pedestrian death rate, ratio of miles of sidewalks to streets; ratio of miles of bike lanes to streets; bicycle related injury/death; land used for farming | |

Priority: Support Mental & Emotional Health

Goal 5: Provide individuals and families with the support necessary to maintain positive mental well-being

| Objective | Organization(s) |
|--|---|
| <p>Objective 5.1: By 2017, increase employee understanding of and use of EAP program from baseline and continue to increase every two years.</p> <ul style="list-style-type: none"> Sub-Objective 5.2.1: By 2015, Integrate mental wellness and promotion of EAP into Metro employee wellness program(s), including content in Metro-wide Intranet server, Inside Metro. Sub-Objective 5.2.2: By 2015, integrate employee wellness activities into annual National Public Health Week. | Metro Public Health Department |
| <p>Objective 5.1: By 2018, present policy recommendations for increasing access to mental health resources, including employee assistance programs (EAP), regardless of economic status, to at least three decision making bodies.</p> | Healthy Nashville Leadership Council |
| <p>Objective 5.3: By 2019, a minimum of five educational activities supporting positive parenting and positive mental well-being will be delivered to Local Public Health System partners and the community.</p> <ul style="list-style-type: none"> Sub-Objective 5.3.1: Starting in 2015, coalesce Alignment Nashville wellness committees to expand Alignment Nashville Behavioral Health resource guide to support mental well-being, including the connection between good nutrition and physical activity and improved mental well-being. Sub-Objective 5.3.2: By 2016, include wellness activities in student and adult tracks of annual Social Emotional Learning Conference. | Alignment Nashville, Metro Public Health Department, Metro Nashville Public Schools, United Way of Middle Tennessee, and other community partners |

Goal 6: Promote positive parenting & violence free homes

| Objective | Organization(s) |
|---|--|
| Objective 6.1: Starting in 2015, increase delivery of Adverse Childhood Experiences training to MPH public health staff and local public health system partners. | Exchange Club Family Center, Metro Public Health Department and partners |
| Objective 6.2: Starting in 2015, convene partners to begin planning the 2016 Healthy Nashville Summit to advance positive parenting and violence free homes in Nashville. | Exchange Club Family Center, Metro Public Health Department and partners |
| Objective 6.3: By 2018, research, prioritize and present recommendations for addressing violence in homes to appropriate decision-making authorities. | Healthy Nashville Leadership Council |

Indicators to Measure: Decrease child abuse rate; decrease domestic violence rate

Indicators to Track: Dependence or abuse of illicit drugs and/or alcohol, death rate due to drug poisoning, mental health provider rate

For more information on the Community Health Assessment and the Community Health Improvement Plan, please visit HealthyNashville.org

For any questions on the Healthy Nashville CHA/CHIP, including how you or your organization can get involved in its implementation, e-mail healthy.nashville@nashville.gov

Additional Resources and Links:

For more information on the Healthy Nashville Leadership Council, please visit: <http://hnlc.nashville.gov/>

For more information about the Metro Public Health Department, please visit: <http://nashville.gov/health>

For more information on collective impact, please visit: <http://collectiveimpactforum.org/>

Director's Update to the Board of Health

December, 2014

Ensure cleaner air and a safer environment

Radon

We have taken a significant step forward in our efforts to include radon resistant new construction (RRNC) techniques into new construction in Davidson County. Codes Department Director Terry Cobb has agreed to include International Residential Code 2012 Appendix F in an update of Metro's building codes. That appendix requires radon resistant building techniques in all new construction of residential one- and two-family dwellings, not an uncommon standard for Radon Zone 1 areas such as ours. Dr. Hager has provided encouragement and technical assistance in this effort, and we appreciate Mr. Cobb's willingness to include the appendix. The code update will be opening for public comment within the next few weeks and is expected to go before the Metro Council within the next month or two. Further, Dr. Hager continues to work with the Metro Nashville Public Schools on a set of standards for all new school and Metro office building construction which we hope to have adopted in the coming months.

Improve access to preventive, medical and behavioral health services

Affordable Care Act

We were pleased to host U.S. Secretary of Labor Thomas Perez here on November 19 during his tour to encourage enrollment in the Affordable Care Act insurance plans. Mr. Perez took a brief tour of the building and lauded the efforts our community has made so far to get people signed up for this important benefit. We also heard from navigator who provides enrollment assistance, and from a gentleman named William Ward Allen, who told a poignant story of how access to insurance under the ACA saved his life. We continue to work with volunteers from Get Covered Nashville in their enrollment efforts here.

Management and accountability

CHIP

The Healthy Nashville Leadership Council this week adopted its Community Health Improvement Plan. Our thanks to Dr. Batson for her leadership in this effort, and to our staff, particularly Tracy Buck and Julie Fitzgerald, for theirs. (Copy of report attached). The CHIP, compiled with input from thousands of community members, will help guide Nashville's efforts to improve its community-wide health over the next five years. The three broad issues identified through the process were:

- Advance Health Equity
- Maximize the Build and Natural Environments
- Support Mental and Emotional Health

The document identifies goals within each of these issues, and objectives within each goal, with timelines and the core support organization for each.

HiAP

The Health in All Policies process is in its second year. The year two survey was due back from all Metro departments late last week. One of the recommendations for year one was the creation of a core group of department heads within the government to steer the effort going forward. That group has been identified and will have its inaugural meeting on January 21. (Dr. Paul is chairman). This year's survey focused on inward-looking efforts for each department to consider, such as wellness teams, active transportation and healthy foods and beverages. The Leadership Roundtable will begin identifying more outward-looking practices the government can pursue.

Grants Coordinator

We are pleased to welcome Bradley Thompson as the Grants and Contracts Coordinator. He will be joining Dr. Celia Larson, Grants Director in the Bureau of Finance and Administration. His responsibilities will include grants and contracts management, monitoring and training. With eight years of experience in the Metro Division of Grants Coordination he will be a valuable asset to the organization.

Guide to Internship Experiences



Metro* Public Health *Dept
N a s h v i l l e / D a v i d s o n C o u n t y

Protecting, Improving, and Sustaining Health

INTERNSHIPS AT METRO PUBLIC HEALTH DEPARTMENT

Types of MPHD Internship Experiences

The student internship experience at the Metro Public Health Department (MPHD) is designed to provide meaningful, real world public health experiences for both undergraduate and graduate level students. We seek to provide opportunities for students in a variety of health related disciplines including Public Health, Environmental Health, Nursing, Medicine and Business. We also offer volunteer experiences for people wishing to assist with special projects within our health department.

Interns are students from accredited educational institutions who need public health experiences to fulfill specific curriculum requirements for graduation. Our ultimate goals for all internship experiences are for student interns to have an opportunity to expand on their interests and academic training and receive additional hands-on preparation from MPHD professionals. Student interns have the opportunity to work side-by-side with public health personnel and have the opportunity to provide meaningful input into new and ongoing MPHD projects. This hands-on approach allows interns to become more experienced with methods, processes and practices used by public health organizations.

Students seeking exposure to public health can participate in a **Shadow Op** where they spend one day working with an experienced public health professional to develop insight into the responsibilities and scope of practice involved in working for a large public health department. These Shadow Ops are restricted to 8 hours or less. Our **Immersion Experiences** are designed to provide a more comprehensive exploration of public health practice, competencies, processes and policy issues. Immersion Experiences are defined as greater than 8 hours. **Volunteers** are individuals who receive no pay from the Metro Public Health Department for their time working at our health department. Usually these persons are not pursuing a specific curriculum requirement for a degree but typically volunteer to gain additional experience or for reasons of personal satisfaction. An example of a volunteer experience would be working at our Animal Control facility. However some universities provide a stipend to their students to do internships or occasionally through a public health experience grant, paid internship opportunities exist in our health department. The distinction being they are not paid by MPHD but by a third party.

Anyone participating in a paid experience will be treated as an employee in a seasonal/part-time/temporary classification. A good example of when an intern would be treated as an employee would be a grant based arrangement like the CDC Public Health Associate program. These interns are CDC employees working in our facility. The hiring requirements for a CDC associate and for any similar internship program would be to treat this kind of intern as a Metro employee. These experiences are not coordinated through the Internship Coordinator but are processed through the MPHD Human Resources Office. To reiterate, all volunteer experiences and regular internships at MPHD are unpaid positions.

Even though internships are unpaid, we are glad to work with colleges and universities to provide an experience designed to meet the academic expectations, competencies and requirements of the institution. It is important to note the details regarding academic credit requirements need to be worked out before the internship begins.

Categories

Clinical Internships

Internships are also divided into clinical and non-clinical categories. **Clinical internships** involve students with a nursing, nutrition, or medical focus working directly with or providing care to our clients. Prior to a clinical internship at MPHD an affiliate agreement must be in place with the academic institution with which the student is associated. These agreements are essentially a contract between the MPHD and the academic institution outlining the contractual obligations of each organization. Because development and execution of an affiliate agreement is an arduous process, we currently only maintain agreements with a limited number of colleges and universities most of which are local to the Nashville area. All prospective clinical interns need to check and see if there is an existing agreement in place with their school. Current Metro Public Health Department employees are not eligible for clinical rotations within the department due to concerns with Fair Labor Standard Act (FLSA). Active employees would likely not be defined as trainees.

Non-Clinical Internships

Non-clinical internships involve students or individuals whose academic focus is on public health, environmental health, epidemiology, health related business programs, or programs with a health policy emphasis. These non-clinical experiences do not require an affiliate agreement.

Internship Program Goals

Our internship experiences are designed to provide assignments and deliverables that adds value to MPHD while at the same time providing the student with a learning environment in which they can gain valuable work experience. We see our internships as mutually beneficial experiences for the participating intern and for our organization. Interns working at MPHD benefit in several ways:

- Actual career related experience regarding Public Health practice
- Expanded knowledge base
- Exploration of Public Health career opportunities
- Gain valuable work experience and integrated on-the job training which can be included on resumes
- Potential to earn academic credit to meet course requirements
- Increased self-confidence and self-awareness
- On-the-job learning environment and new learning methods
- Letter of recommendation from internship supervisor
- Occupational contacts and potential references from co-workers

Most importantly, interns have the opportunity to apply knowledge and skills they have studied in school in a real world health department.

The MPHD also benefits from the internship experience. Being students, interns often are very excited and energetic to have the opportunity to contribute. As part of their experience at MPHD, interns are often assigned to both new and ongoing projects. Having an intern adds capacity to a project and frequently brings new prospective, ideas, viewpoints and creativity. Later once the internship is over,

students who have had valuable experiences can be effective public relations ambassadors for the Metro Public Health Department which can help recruit future employees. Occasionally interns may choose to join our organization and we have the added benefit of understanding their skills and work style. Working with local colleges and universities also helps strengthen MPH D's ties to the community and frequently can lead to future partnerships with those institutions. Finally precepting students help fulfill board recertification requirements for our professional staff.

As an organization we strive to provide a very structured approach for all of our interns. The following six criteria are to be modeled:

- The internship, even though it includes actual operation of our facility, is similar to training which would be given in an educational environment;
- The internship experience is for the benefit of the intern;
- The intern does not displace regular employees, but works under close supervision of existing staff;
- MPH D as the training agency derives no immediate advantage from the activities of the intern; and on occasion our operations may actually be impeded;
- The intern is not necessarily entitled to a job at the conclusion of the internship;
- MPH D and the intern understand that the intern is not entitled to wages for the time spent in the internship.

Interns will not replace paid employees and will be closely monitored and supervised. We will provide frequent feedback during their time with our organization. All internships will be educational in nature and not strictly administrative type work.

Expectations for Students Interning at MPH D

In all academic fields, coursework provides the theoretical framework and foundation for future practice. Important competencies learned while in college become more tangible once applied. Thus the primary benefit to students interning with our Public Health Department will be the opportunity to apply knowledge learned in school in a real world work environment. With this goal in mind it is essential to define the internship experience on the front end. Depending on the type of experience the plan may be fairly simple and straight-forward or more complicated and developed. For example, those students doing a single day shadow experience may have a simple plan for their time at MPH D. Often shadow experiences only require the student to write a summary of their experience. A typical shadow assignment might ask the student to answer questions about what they learned:

1. What health problem(s) is the bureau/department you visited supposed to impact?
2. Are the activities done by this unit primarily primary, secondary or tertiary prevention?
3. How is the impact of this bureau/department measured? (Examples: air quality, rates of food borne illnesses, rates of communicable disease.)
4. What links, direct or indirect, does this unit have to your profession?

On the other hand a multi-week or several months long internship would likely be more complex.

These plans would include the expectations the student has coming into the internship as well as the expectations and deliverables the MPHD bureau precepting the intern has for the experience.

Application for our immersion internship program is a competitive process and interns are selected based on their application and/or resume.

Process for Acquiring a New Intern

As an organization MPHD's plan to provide a meaningful opportunity for individuals and students involves defining specific project goals and deliverables on the front end of the internship and allowing students to enter into the program knowing ahead of time what is expected. The acquisition process will differ depending on the type of experience requested.

For Shadow Op Experiences

For individuals doing a shadow type assignment and coming from an institution where an affiliated agreement is already in place, the only requirements is for the student to sign the MPHD [Intern Confidentiality Agreement](#) and the [Intern Waiver for Unpaid Workers](#). These Clinical assignments are coordinated through university advisors who request assignments on behalf of their students. Once the forms are completed the students or in the case of a volunteer, the individual will be assigned to a health department employee who will assist with their experience. The vast majority of our shadow experiences are for nursing and nutrition students who spend time in our clinics, school health program, or with our environmental division. These experiences have a standard routine for what the students will be doing and observing and as such do not require a new project plan each time. These shadow experiences will have fixed objectives for the experience. Shadow experiences are limited to eight (8) hours.

For Immersion and Volunteer Experiences

Managers who desire to precept individuals for an immersion type public health experience must complete an [Internship Project Description Form](#) which details the scope of the project including an estimated length of the project and outlines the specific qualifications required for the applicant. This form must be approved by the manager's Bureau Director. Upon receiving the Project Description Form, the Internship Coordinator will post the opportunity on the MPHD internet site for a period of two weeks. Interested interns must complete the [Application for Internship](#) and if required by the bureau also include a copy of their resume. We encourage potential intern candidates to take time to develop an effective resume which will be important when they enter the job market after graduation.

At the end of the posting, applications will be forwarded by the Internship Coordinator to the respective preceptor for review. If multiple individuals apply for the internship the preceptor will interview a minimum of two people for each position posted. These interviews can be by phone or in-person. If only one person applies for the project the preceptor will determine if that person has the necessary academic preparation and/or qualifications for the project and make a determination if they would be appropriate. After the final candidate is selected, the preceptor will advise the Internship Coordinator.

Background Screening and Pre-Internship Requirements

The Internship Coordinator will contact the final candidate to coordinate a background screening at the intern's expense. The candidate's educational institution may assume financial responsibility for the background screening. A background screening is required for any student whose public health experience exceeds eight (8) hours. Interns are not allowed to report until satisfactory results of the background screening are received.

Upon receiving satisfactory screening results, the Internship Coordinator will contact the intern and provide the following forms to be completed and returned to the coordinator:

- Intern Confidentiality Agreement
- Intern Waiver for Unpaid Workers

The candidate will be directed by the Internship Coordinator to contact the preceptor directly to confirm the specific start and end date of the assignment. On the first day of report, the preceptor will take the prospective intern to the HR Office to have a photo ID made. During the first week of the assignment, the intern must complete the following training and sign the associated acknowledgement forms:

- Basic Security Awareness Training (BSAT)
- HIPAA Training
- Title VI Training
- Acceptable Use of Information Assets Policy
- Global Harmonization Training
- Acknowledgement of Diversity, Sexual Harassment and Substance Abuse policy

Rather than having interns/volunteers attend formal training sessions, they will be required to read and sign the ***Mandatory Coverages for Interns*** documents (located at the end of this manual) acknowledging an understanding for each subject.

If the internship experience includes use of MPH D computer assets the preceptor must fill out the ***Metro ITS New Employee Checklist*** form designating this person as an intern and that they will be using an existing computer location. It will be the duty of the preceptor to find an acceptable computer location in which to work. It is also important to note this should be done prior to the first day the intern starts as there is often a delay in receiving ITS approval.

Once on-board it is important to spend adequate time at the beginning of the internship orienting the new individual or student to both the department and the project(s) they will be working on. The goal is to get the new person up and running with their project as quickly as possible but also making sure they have the thorough understanding of our expectations from the beginning of their experience. MPH D acknowledges educational institutions often have specific requirements for their students doing an internship. Frequently students are asked to document objectives they want to accomplish during their internship program or certain competencies they should accomplish. Often

interns have the opportunity to take advantage of other training or become involved in MPHD activities during their time here. As an organization MPHD will work with interns to make sure any extra requirements of the internship experience or other opportunities that arise are met. We also acknowledge that having documented objectives which are “action” based on what the student will actually be doing to accomplish the objective are more predictive of a successful experience.

Timekeeping and Evaluation

Since evaluation is one of the keys to improvement it is important for MPHD to evaluate the internship program. In order to track some outputs from the program, on the last day of each month, the preceptor will provide the Internship Coordinator with the number of hours the intern has worked. It is recommended MPHD staff use the internship timesheet (yellow timesheet) as the best method to track time on the job. This sheet can be tallied by departmental administrative staff and sent to the Internship Coordinator each month. This information is included in a report that is provided to Human Resources, Finance and the Director’s Office. In addition to tracking the amount of time spent working on projects the intern will be evaluated on their skills. This evaluation will give interns some feedback on things like their interpersonal and team skills, problem solving ability, creative thinking, and work habits. This feedback should be helpful as the intern enters the job market. Often schools have an institution specific evaluation form and those forms can be used to assess the student’s experience. If no evaluation tool is provided by the school the **Supervisor Evaluation of Student Internship** form should be used and that form will be completed and then review with the student by his/her preceptor.

Also at the conclusion of the internship the individual or student will have an opportunity to evaluate their experience at MPHD and their preceptor. The **MPHD Internship Evaluation** form will be given to the intern by his/her preceptor and they will have an opportunity to review both their experience and their preceptor. This information will be used to improve our internship program.

The preceptor will advise the Intern Coordinator by e-mail of the last date of the intern’s experience. If computer access has been granted to the intern, Metro ITS should also be notified when the interns experience has ended. Finally at the end of their experience at MPHD the intern must return the photo ID card to the preceptor or HR office.

Public Health Internship Application

If you are applying for a project listed on our website - please list project title: _____

Name: _____

Address: _____
Street City State Zip

Telephone () _____

Email: _____

Volunteer / School or University Affiliation: _____

If student - Degree Currently Pursuing: _____

Classification: ____ Fr. ____ So. ____ Jr. ____ Sr. ____ MS ____ Dr. /PhD. ____ Other

Concentration (Major): _____

Is an internship a requirement for graduation: ____ Yes ____ No Total number of Hours required: ____ hrs.

Request length of internship: ____ hrs. Proposed Start Date: ____ End Date: ____

Area of Interest: _____

Brief statement regarding reason you are pursuing this internship opportunity and expectations of a Public Health experience:

Personal Information:

Have you ever been convicted of a crime other than a minor traffic offense? _____ Yes _____ No

(If **yes**, state the nature of the offense(s), city, state, and disposition. Note: A conviction will not always be considered grounds for disqualification, but will be weighted relative to the position.)

Are you able to provide your own transportation to/from various worksites? _____ Yes _____ No

Provide professional Licensure (RN, MD, etc.) or Registration Numbers and Expiration Dates you currently possess:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

List any special skills related to this internship position (i.e. computer skills, second language, etc.)

List relevant work experience beginning with the most current:

Advisor Name: _____

Telephone number: (_____) _____

Advisor email address: _____

Electronic Signature: The information listed above is true and correct to the best of my knowledge. I understand that any falsified, misrepresented, incomplete or omitted information may disqualify me from consideration.

Electronic Signature (Name) _____

Internship Project Description Form

Internship Project Title: _____

| | | |
|--------------------------------|--|--|
| Bureau: | Division: | |
| Site Intern Supervisor Name: | | |
| Site Intern Supervisor Phone: | Office Location: _____ Building _____ Room # _____ | |
| Site Intern Supervisor E-Mail: | | |
| Start Date: _____ | Intern hours per week: _____ | Number of intern positions available for this project: _____ |

Project Description and Deliverables:

Scope of duties: To maximize the internship experience the intern's duties will include:

(Example Duties)

1. Participate in group and individual health education in the clinics / community.
2. Design and/or implement community engagement strategies to successfully include hard to reach populations for health promotion.
3. Report project assessments and recommendations to project staff for continued program improvement.
4. Develop, implement, and/or assess community benefit programs or activities in collaboration with community stakeholders within the framework of ASACB (Advancing the State of the Art in Community Benefits) Core Principles.
5. Attend and participate on the Community Benefit Initiative Committee.
6. Provide support to the Family Focus Center Youth Health Council as it takes ownership of community health issues.
7. Obtain indirect and direct exposure to patient care, assist with prevention strategies that include nutrition, exercise and chronic disease risk factor management, done under the direct supervision of a clinical supervisor.

Intern Requirements: - Actual requirements will be specified by intern supervisor

(Example reqs)

1. Fourth year student in BS in Public Health, or MPH candidate, enrolled in DrPH educational preparation
2. Knowledge of Excel and MS Access
3. Fluent in SAS or SPSS

Time Commitment:

Supervision:

Approval Signatures:

| | |
|--------------------------------|-------|
| _____ | _____ |
| Site Intern Supervisor/Manager | Date |

Bureau Director

INTERN ATTENDANCE AGREEMENT

When running more than 15 minutes late, please call your assigned supervisor. Excellent attendance is an expectation of all interns. When you need to be absent or if you need to modify your schedule, please notify your supervisor as soon as possible.

| | |
|----------------------|--|
| Start Date | |
| End Date | |
| Total Hours Per Week | |
| Work schedule | |

Intern Signature

Date

Supervisor Signature

Date

Please provide a copy to the intern. Keep a copy for your records and return the completed form to the department's Internship Coordinator.

Form to be completed by Intern

MPHD Internship Evaluation

Department/Division _____

Date _____

Intern's Name _____

Semester of Internship: Fall Spring Summer Year: _____

Intern's Supervisor _____

What resources did you use to find your internship? (Check all that apply)

Career Services Office/Internship Coordinator Faculty Internet Site Family Friend

Other: _____

Please rate the following aspects of your Internship placement on the basis of this scale:

- Excellent (Consistently exceeds expectations)
- Good (Sometimes exceeds expectations)
- Average (Meets expectation)
- Poor (Rarely meets expectations)
- N/A (Not Applicable to this internship experience)

Select **one** evaluation level for each area by marking an "X" under the level that represents the internship

| | Excellent | Good | Average | Poor | N/A |
|--|-----------|------|---------|------|-----|
| Work experience relates to my area of study | | | | | |
| Adequacy of employer supervision | | | | | |
| Helpfulness of supervisor | | | | | |
| Acceptance by fellow workers | | | | | |
| Opportunity to use my training | | | | | |
| Opportunity to develop my Public Health skills | | | | | |
| Provided levels of responsibility consistent with my ability and growth | | | | | |
| Opportunity to develop communication skills | | | | | |
| Opportunity to develop my creativity | | | | | |
| Opportunity to problem solve | | | | | |
| Opportunity to develop critical thinking skills | | | | | |
| Provided orientation to the organization | | | | | |
| Attempt to offer feedback on my progress and abilities | | | | | |
| Effort to make it a learning experience for me | | | | | |
| Gave me a realistic preview of my field of interest | | | | | |
| Adequate training | | | | | |
| I feel I am better prepared to enter the world of work after this experience | | | | | |

| | | | | | |
|---|--|--|--|--|--|
| I felt I was productive for the department | | | | | |
| Through this internship I had the opportunity to use and develop my: | | | | | |
| Interpersonal/human relation skills | | | | | |
| Oral communication/presentation skills | | | | | |
| Creativity | | | | | |
| Problem solving abilities | | | | | |
| Critical thinking skills | | | | | |
| Writing skills | | | | | |
| My Internship experience: | | | | | |
| Confirmed my interest in a career in this line of work | | | | | |
| Has made me decide to pursue a different career path | | | | | |

| | | | | |
|--|-----------|------|------|------|
| Overall Internship experience (check one) | Excellent | Good | Fair | Poor |
|--|-----------|------|------|------|

Comments: _____

Would you work for this agency again? Yes No Uncertain

Would you recommend this agency to other students? Yes No Uncertain

Why or why not?

Intern's Signature: _____ Date: _____

Thank you very much for completing this evaluation of your internship. We take your comments very seriously. Please return this evaluation to the FAX number or address listed below:

Fax - (615) 340 - 5375 Voice - (615) 340 - 0547

Form to be completed by Supervisor

Supervisor Evaluation of Student Internship

Department/Division _____

Date _____

Intern's Name _____

Semester of Internship: Fall Spring Summer Year: _____

Intern's Supervisor _____

What resources did you use to find your internship? (Check all that apply)

Career Services Office/Internship Coordinator Faculty Internet Site Family Friend

Other: _____

Please rate the following aspects of your Internship placement on the basis of this scale:

- Excellent (Consistently exceeds expectations)
- Good (Sometimes exceeds expectations)
- Average (Meets expectation)
- Poor (Rarely meets expectations)
- N/A (Not Applicable to this internship experience)

Select **one** evaluation level for each area by marking an "X" under the level that represents the internship

| | Excellent | Good | Average | Poor | N/A |
|---|-----------|------|---------|------|-----|
| Ability to learn | | | | | |
| Observes and/or pays attention to others | | | | | |
| Asks pertinent and purposeful questions | | | | | |
| Seeks out and utilizes appropriate resources | | | | | |
| Accepts responsibility for mistakes and learns from experiences | | | | | |
| Open to new experiences; takes appropriate risks | | | | | |
| Reading/Writing/Computation Skills | | | | | |
| Reads/comprehends/follows written materials | | | | | |
| Communicates ideas and concepts clearly in writing | | | | | |
| Works with mathematical procedures appropriate to the job | | | | | |
| Attention to accuracy and detail | | | | | |
| Listening & Oral Communication Skills | | | | | |
| Listens to others in an active and attentive manner | | | | | |
| Comprehends and follows verbal instructions | | | | | |
| Effectively participates in meetings or group settings | | | | | |
| Demonstrates effective verbal communication skills | | | | | |
| Creative Thinking & Problem Solving Skills | | | | | |
| Seeks to comprehend and understand the " big picture" | | | | | |
| Breaks down complex tasks/problems into manageable pieces | | | | | |
| Brainstorms/develops options and ideas | | | | | |
| Respects input and ideas from other sources and people | | | | | |

| | | | | | |
|--|--|--|--|--|--|
| Demonstrates an analytical capacity | | | | | |
| Interpersonal & Teamwork Skills | | | | | |
| Relates to co-workers effectively | | | | | |
| Manages and resolves conflict to a team atmosphere | | | | | |
| Supports and contributes to a team atmosphere | | | | | |
| Controls emotions in a manner appropriate for work | | | | | |
| Demonstrates assertive but appropriate behavior | | | | | |
| Basic Work Habits | | | | | |
| Reports to work as scheduled | | | | | |
| Is prompt in showing up to work and meetings | | | | | |
| Exhibits a positive and constructive attitude | | | | | |
| Dress and appearance are appropriate for this organization | | | | | |
| Character Attributes | | | | | |
| Brings a sense of value and integrity to the job | | | | | |
| Seeks to serve others | | | | | |
| Refrains from gossip/respects the privacy of others | | | | | |
| Behaves in an ethical manner | | | | | |
| Respects the diversity (religious/cultural/ethnic) of co-workers | | | | | |

| | | | | |
|---|-----------|------|------|------|
| Overall performance of the intern (circle one) | Excellent | Good | Fair | Poor |
|---|-----------|------|------|------|

Comments: _____

Would you supervise this intern again? Yes No Uncertain
 Would your agency host this intern again? Yes No Uncertain
 Would you recommend this student to other organizations? Yes No Uncertain
 Why or why not?

____ I have ____ I have not discussed this assessment with the intern.

Evaluator's Signature: _____

Date: _____

Title/Position: _____

Telephone: _____

Thank you very much for completing this evaluation of your intern. We take your comments very seriously. Please return this evaluation to the FAX number or address listed below.

Fax - (615) 340 - 5375

Voice - (615) 340 - 0547

2500 Charlotte Avenue, Nashville, TN 37203

Mandatory Coverages for Interns

Summary of Substance Abuse Policy

It is the policy of Metro Government to maintain a work place that is free from the effects of drug and alcohol use. Employees (and interns) are prohibited from using illegal controlled substances on or off duty. It is prohibited for an employee (or intern) to use alcohol or legal substance in a manner that might interfere with the performance of their duties.

To comply with the Drug Free Workplace Act, employees (and interns) are required to report drug and alcohol convictions occurring in the workplace.

The Substance Abuse policy is available and accessible in its entirety on the Metro internet page thru the link listed below:

<http://www.nashville.gov/Metro-Clerk/Legal-Resources/Executive-Orders/Mayor-Karl-Dean/kd011.aspx>

I hereby acknowledge that I am aware of the Metro Nashville Government Substance Abuse Policy.

I also understand that disregard for this policy will subject me to termination of my public health experience.

Name (Please print): _____

Signature: _____

Signature of Preceptor: _____

Date: _____

Summary of Sexual Harassment Policy

Sexual harassment is a form of sex discrimination that violates Title VII of the Civil Rights Act of 1964.

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance, or creates an intimidating, hostile, or offensive work environment.

Sexual harassment can occur in a variety of circumstances, including but not limited to the following:

The victim as well as the harasser may be a woman or a man. The victim does not have to be of the opposite sex. The harasser can be the victim's supervisor, an agent of the employer, a supervisor in another area, a co-worker, or a non-employee.

The victim does not have to be the person harassed but could be anyone affected by the offensive conduct.

Unlawful sexual harassment may occur without economic injury to, or discharge of, the victim.

The harasser's conduct must be unwelcome.

It is helpful for the victim to inform the harasser directly that the conduct is unwelcome and must stop.

In 2009 Chapter 11.20 of the Metro Code, was amended to prohibit to discrimination on the basis of sexual orientation or gender identity through its employment practices.

The Sexual Harassment policy can be found in its entirety on the Metro Government internet page accessible accessed thru the link below:

<http://www.nashville.gov/Metro-Clerk/Legal-Resources/Executive-Orders/Mayor-Karl-Dean/kd009.aspx>

I also understand that disregard for this policy will subject me to termination of my public health experience.

Name (Please print): _____

Signature: _____

Signature of Preceptor: _____

Date: _____

Summary of Diversity Policy

Mayor Karl F. Dean's Executive Order No. 009 requires all employees of Metro Government to complete Diversity Awareness and Sexual Harassment Prevention training that shall be conducted under the direction of the Metropolitan Department of Personnel. It holds every department and its leadership responsible for attendance and completion.

Diversity means that an organization creates a workplace climate which is inclusive, respectful and supportive of each employee. This climate should be enhanced by the different resources brought by each employee.

Inclusion is the essence of a workplace where everyone has the opportunity to fully participate in its function and is valued for the distinctive skills, experiences and perspectives each employee brings.

Behaviors that are critical for successfully integrating diversity in the workplace include equitable communication and skill building for a more productive, creative, compatible and motivated workforce.

The Diversity Harassment policy can be found in its entirety on the Metro Government internet page accessible accessed thru the link below:

<http://www.nashville.gov/Metro-Clerk/Legal-Resources/Executive-Orders/Mayor-Karl-Dean/kd009.aspx>

I also understand that disregard for this policy will subject me to termination of my public health experience.

Name (Please print): _____

Signature: _____

Signature of Preceptor: _____

Date: _____

Summary of Title VI Policy

Title VI prohibits discrimination on the basis of race, color, or national origin.

“No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

In an effort to provide services to clients who have limited English proficiency (LEP), we offer language assistance through written translations and interpreter sessions (through face-to-face sessions and over-the-phone interpreter sessions).

The Title VI Policy for the Metro Public Health Department is posted on the official bulletin boards within our clinics and/or general boards for outlying locations. Our Title VI Coordinator is Michelle Birdsong who can be reached at 340-8624 if you have questions or need additional information.

I also understand that disregard for this policy will subject me to termination of my public health experience.

Name (Please print): _____

Signature: _____

Signature of Preceptor: _____

Date: _____

Summary of Global Harmonization

Employees have a need and a right to know the hazards and identities of chemicals they are exposed to while working. They have a need to know how to protect themselves from adverse effects of chemicals. The Global Harmonization System is based on Standard 29 CFR 1910.1200, 1956.59, and includes the Tennessee Right to Know Law.

Everything is a chemical. Every chemical can be "hazardous". "Hazardous" means there is scientific evidence that the chemical causes harmful effects during normal use. Harmful effects range from irritation to cancer. Hazardous chemicals are of great value and most can be used safely.

The standard requires a chemical list, a written program, labels, safety data sheets, and training. The chemical list is an inventory of chemicals, containerized and non-containerized. If it's not hazardous, it's not covered. The written program is the site specific implementation of our hazard communication program. All chemicals must be labeled by the manufacturer. The labels must include a product identifier, signal word, hazard statement, pictogram, precautionary statement, and name, address, and phone number of manufacturer. Safety Data Sheets are required for each chemical in the workplace. The safety data sheets must be kept in the same place the chemicals are kept. The standard requires 16 elements for the safety data sheets. Training is required before the employees are exposed and annually thereafter.

Our Global Harmonization Trainer is Judi Grimes who can be reached at 340-5344-if you have questions or need additional information.

I also understand that disregard for this policy will subject me to termination of my public health experience.

Name (Please print): _____

Signature: _____

Signature of Preceptor: _____

Date: _____



Metro **Public Health Dept**

Nashville / Davidson County

Protecting, Improving, and Sustaining Health

Intern/Student/Volunteer Program for MPHD

The student internship experience at the Metro Public Health Department (MPHD) is designed to provide meaningful, real world public health experiences for both undergraduate and graduate level students. We seek to provide opportunities for students in a variety of public health disciplines including Prevention and Wellness, WIC, Public Health, Environmental Health, Nursing, Medicine, etc. We also offer volunteer experiences for individuals wishing to assist with special assignments/projects.

Specific information regarding our program is outlined in our departmental *“Guide to Internship Experiences”* which is available on our intranet site in the *Supervisors’ Toolbox*.

In the past, the MPHD required affiliate agreements for all public health experiences. However, under guidance from Metro Legal, we now only require agreements for clinical experiences to ensure appropriate indemnification and insurance protections.

Upon receiving a request from an academic institution for a clinical affiliate agreement, the supervisor/Bureau Director for the program completes a Review for Approval of Internship Contract and a Risk Assessment. These completed forms are submitted to Dr. Celia Larson, Director of Grants, who convenes a meeting of the Grants Review Team. The team evaluates the purpose of the request, the capacity of the supervisor and/or program to accommodate the request, and conducts an assessment to evaluate the risk and burden upon our department. Upon approval of the application, the request is forwarded to the Internship Coordinator who coordinates the processing of the affiliate agreement with the school under the guidance of the Bureau Director and Attorney Josh Lee.

We currently have affiliate agreements for clinical assignments in place with the following educational institutions:

Aquinas College – Associate Degree Nursing Program - Students are provided 8 hours of clinical experience at Harris-Hillman School under the supervision of their instructor as they provide “hands-on” care and medication to students with special needs.

Belmont School of Nursing -- (BSN Program) Each semester 40 - 45 students “shadow” employees in various MPHD programs for 2 hours. Additional BSN students are assigned to Harris-Hillman School for a period of 4 hours for observation only; no hands-on experience is provided.

(MSN Program) Students program typically gain 50 hours of clinical experience. These assignments are most often in the Family Planning Clinic and the STD clinic.

Belmont School of Pharmacy – The original affiliate agreement with Emergency Preparedness included a pharmaceutical aspect to mass prophylactic. Since moving to a more “all-hazards” approach, the program will not be using pharmacy students for specific tasks, i.e. repackaging medications after an event, but will handle assignments with staff within the program. Consequently, no pharmacy students have been assigned for public health experiences under this agreement.

Columbia State Community College – Veterinary Tech Program – Although an affiliate agreement is currently in place, students from this program have not recently requested assignments at Animal Care and Control due to our requirement for a background screening for which they must pay themselves.

Meharry Medical College - School of Medicine – The Grants Review Team is scheduled to review this affiliate agreement on Tuesday, December 9. If approved, it will be presented before the Board of Health during the December meeting. No specific clinics receive these students but the agreement will provide a multitude of options for experiences for their students. No students are scheduled for assignments at this point.

Meharry Medical College Residency Program – The Grants Review Team has reviewed and approved this Affiliate Agreement. It will be presented before the Board of Health for approval during the December meeting. Experiences are provided to 5 residents per year. Their assignments are 20 hours per week for 4 weeks within the TB Clinic under the direction of Dr. Deidra Parrish. A request has been received for a rotational assignment from January 1 – 31, 2015.

Remington Dental School (Dental Hygiene Program) – If the Grants Review Team approves the application, an affiliate agreement will be processed. These students are expected to gain experience in the Dental Sealant Program and the Dental Clinic.

St. Thomas Hospital/UT-Memphis -- Internal medicine residents are assigned 15 – 25 hours within the STD Clinic as a component of the residents’ rotational assignment.

Vanderbilt BSN/MSN Program – Although an affiliate agreement is in place, no Vanderbilt nursing students were placed during FY 2014.

Vanderbilt Dietetic Program – Students learn the role of a nutritionist by “shadowing” in the WIC clinics, hospital WIC facilities and mobile WIC outreach sites. We typically provide 16 students with 8 hours of experience each year.

Vanderbilt University Medical Center – School of Medicine -- Thirty residents from Vanderbilt Pediatrics are provided 4 hours of clinical experience in the WIC program addressing nutritional issues.

Vanderbilt University Medical Center – Infectious Disease Fellows – Five physicians under the supervision of Dr. Tim Sterling/Dr. Deidra Parrish are provided rotational assignments in the TB Elimination Program for 4 hours per week for 6 weeks with an ending date of June 30, 2017.

Below is a list of Affiliate Agreements That Were Approved for Non-clinical Assignments Prior to the Updated Procedures:

Benedictine University – MPH Program (no public health experiences assigned during 2014)

East Tennessee State University – School of Public Health (Patrick Franklin – 5/20 – 8/16/2013)

Vanderbilt University - School of Public Health/Global Health (NOTE: Amma Bosompem is currently assigned a public health experience from 6/2 – 12/19/2014 to Dr. Deidra Parrish in the TB Elimination program.

Although affiliate agreements are in place for these schools, our recently updated procedures no longer require affiliate agreements for non-clinical experiences. When the manager of a program desires to precept an intern for an assignment, a Project Description form is completed outlining the details of the assignment, qualifications needed, timeframe for the assignment, etc. The opportunity for the public health experience will be posted on our internet site so that interested individuals can apply and be considered competitively. Currently, we are working on a project description for an internship opportunity to be posted for the Epidemiology program.

We have provided experiences for individuals who are interested in volunteering within our department; the majority of whom were assigned to Metro Animal Care and Control. These volunteers provide 300 – 400 hours of assistance to the program per month.

During the FY 2014 year, we provided 7,616 hours of public health experience for interns, students and volunteers.

So far, during the FY 2015 fiscal year (through October), we have provided 2,628 hours of public health experience. The reduction in hours is due to our suspension of internship experiences during the move period.

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Name of Grant/Contract: _____

MPHD INTERNSHIP APPLICATION RISK ASSESSMENT

This assessment will indicate the risks the agency faces from both external and internal sources. "Yes" indicates risk.

Recommendation to establish agreement: Yes No

Comments: _____

Total Risk Score (Total number of "yes" answers below): _____ Date: _____

General Assessment

1. Is the supervisor new to managing students or residents?

YES NO Not Applicable

Comments: _____

2. Does MPHD anticipate a change in management in this area?

YES NO Not Applicable

Comments: _____

3. Is the number of people to be supervised beyond our capacity?

YES NO Not Applicable

Comments: _____

4. Does the department work unit have high visibility? e.g. public or political interest

YES NO Not Applicable

Comments: _____

5. Are there subgrantees or subcontractors involved?

YES NO Not Applicable

Comments: _____

6. What are the objectives?

7. What are the consequences if MPHD does not meet the objectives?

Notes:

Name of Grant or Contract: _____

MPHD Review for Approval of Internship Contracts

Signatures

Approved-Bureau Director _____

Approved-Director of Health _____

Not Approved-Justification _____

Proposal Data

Date: _____ MPHD Contact Person: _____

Bureau/Division: _____ Telephone: _____

Name of the requesting organization/institution: _____

Name of the project: _____

Is this an Amendment or Renewal of existing contract? no yes

Terms of Grant/Contract

Years/Months/Weeks: _____ Start Date: _____ End Date: _____

Number of hours per week/month: _____ Number of total hours: _____

Type of Grant/Contract [Check all that apply]:

Clinical Interns/Externs/Residents from a University or Medical School

Nonclinical Interns/Externs from a University or Medical School

Associates or Fellows from an Organization or Academic Institution

Other: [Describe]

How many interns can you accommodate at any one period of time? _____

Are multiple bureaus involved? no yes Please Describe:

Who will provide supervision? Please describe.

Amount of direct supervision time (% or hours per week or month): _____

Can the supervisor(s) handle the additional supervisory workload and responsibilities? . yes no

Please describe:

Are workspace, office supplies and equipment required and/or needed? yes no

Explain:

List or describe the benefits of this contract.

List or describe the risks associated with this contract.