

Metropolitan Board of Health of Nashville and Davidson County December 8, 2016 Meeting Minutes

The meeting of the Metropolitan Board of Health of Nashville and Davidson County was called to order by Chairman 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

Sam Felker, JD, Chair

Carol Etherington, RN, MSN, Vice-Chair

Francisca Guzmán, Member

Margreete Johnston, MD, MPH, Member

Thomas W. Campbell, MD, Member

William S. Paul, MD, MPH, FACP, Director of Health

D'Yuanna Allen-Robb, MPH, Director of Division of Child and Adolescent Health

Peter Fontaine, CPA, MBA, Director of Administration and Finance Bureau

Josh Lee, JD, Metropolitan Department of Law

BOARD OF HEALTH

Population Health Bureau Update: Infant Health Initiatives

D'Yuanna Allen-Robb presented an update on Infant Health Initiatives (Attachment I).

Approval of Grant Applications

There were no grant applications.

Approval of Grants and Contracts

Peter Fontaine presented two items for approval:

1. Approval to sign Mars Vendor Business Profile (MVB) form
Term: NA
Amount: \$9,870.00
2. Contract with Vanderbilt University (TB Epidemiologic Studies Consortium (TBESC)
Term: September 29, 2016 through September 28, 2017
Amount: \$81,029 (\$1,589.00 increase)

Dr. Johnston made a motion to approve the grants and contracts as presented. Ms. Guzmán seconded the motion, which passed unanimously.

Approval of October 25, 2016 Personnel Committee Minutes

Ms. Guzman made a motion to approve the minutes of the October 25, 2016 meeting of the Personnel Committee as written. Dr. Campbell seconded the motion, which passed unanimously.

Approval of November 10, 2016 Meeting Minutes

Ms. Etherington made a motion to approve the minutes of the November 10, 2016 meeting as written. Ms. Guzmán seconded the motion, which passed unanimously.

Approval of the November 21, 2016 Board Retreat Minutes

Ms. Etherington made a motion to approve the minutes of the November 21, 2016 Board Retreat as written. Dr. Campbell seconded the motion, which passed unanimously.

Approval of Personnel Committee Report

Chairman Felker shared the Personnel Committee Report with the Board members. He thanked the Board members for their diligence in formulating the report, and thanked Dr. Paul for his input.

Dr. Campbell made a motion to approve the Personnel Committee Report as written. Ms. Guzman seconded the motion, which carried on a voice vote.

Report of the Chair

Chairman Felker congratulated the Department and Animal Care and Control program on the November euthanasia rate, which was nine percent. He noted that MACC is moving under the Director's office, and thanked everyone for their hard work and Jim Diamond especially for his prior oversight of the program.

Chairman Felker and Ms. Etherington recognized Becca Morris for her work on the spirited video encouraging adoption.

Chairman Felker noted that an op-ed by Dr. Paul, "Gas compressor approval process will be closely watched," was published in *The Tennessean* on November 15, 2016.

Report of the Director

Dr. Paul referred to the Director's Update provided in the Board packet (Attachment II) and gave a brief summary of the report.

Dr. Paul proposed a schedule for updates on the Strategic Plan priorities and Community Health Improvement Plan goals. Chairman Felker asked for additional information on how the Strategic Plan and the Community Health Improvement Plan correlate. Dr. Paul advised that would be shared at the January 2017 regular Board meeting.

Dr. Paul provided a brief update on the hiring of the Health Equity Coordinator and the Deputy Director. He recognized Dr. Sanmi Areola, who is serving as Interim Deputy Director.

Other Business

Chairman Felker stated that he would appoint a personnel committee to undertake the process of determining whether the Board will renew Dr. Paul's contract and make a recommendation to the full Board. He asked for volunteers and noted that the other Board members would be welcome to participate as they were able. Dr. Johnston and Dr. Campbell volunteered to serve with Chairman Felker on the committee.

Ms. Etherington noted that later in the evening the 22nd Annual "Season to Remember" ceremony would be held at the Children's Garden in Centennial Park. The event is held by Metro Government for families of homicide victims to lean on each other for support and honor their loved ones.

CIVIL SERVICE BOARD

Personnel Changes

Peter Fontaine presented the personnel changes, which were unremarkable.

Approval of Facilities Maintenance Technician Classification Addition

Peter Fontaine presented the Facilities Maintenance Technician job description and asked the Board to reintroduce the position to the Pay Plan (Attachment III).

Ms. Etherington made a motion to include the Facilities Maintenance Technician position in the Pay Plan. Dr. Campbell seconded the motion, which passed unanimously.

Exit Interview Report

Leslie Robeson presented the Employee Exit Survey Results June 2016-November 2016 (Attachment ④).

Next Regular Meeting

The next regular meeting of the Board of Health is scheduled to be held at 4:00 p.m. on Thursday, January 12, 2017, 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.
Chairman

INFANT HEALTH INITIATIVES UPDATE

Board of Health

December 8, 2016

D'Yuanna Allen-Robb, MPH
Director, Division of Child and Adolescent Health



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

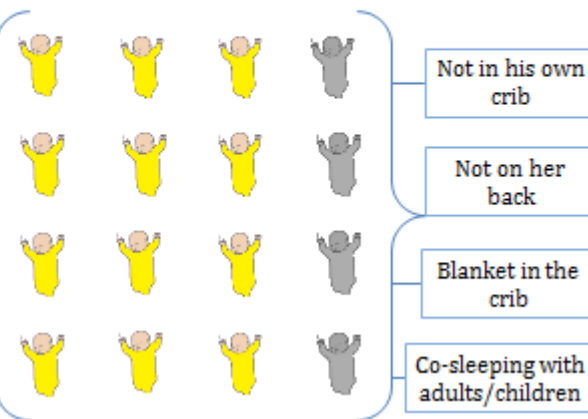
Infant Safe Sleep Update

In Nashville, an infant dies every 5 days;
that equals 3 kindergarten classes of
babies every year

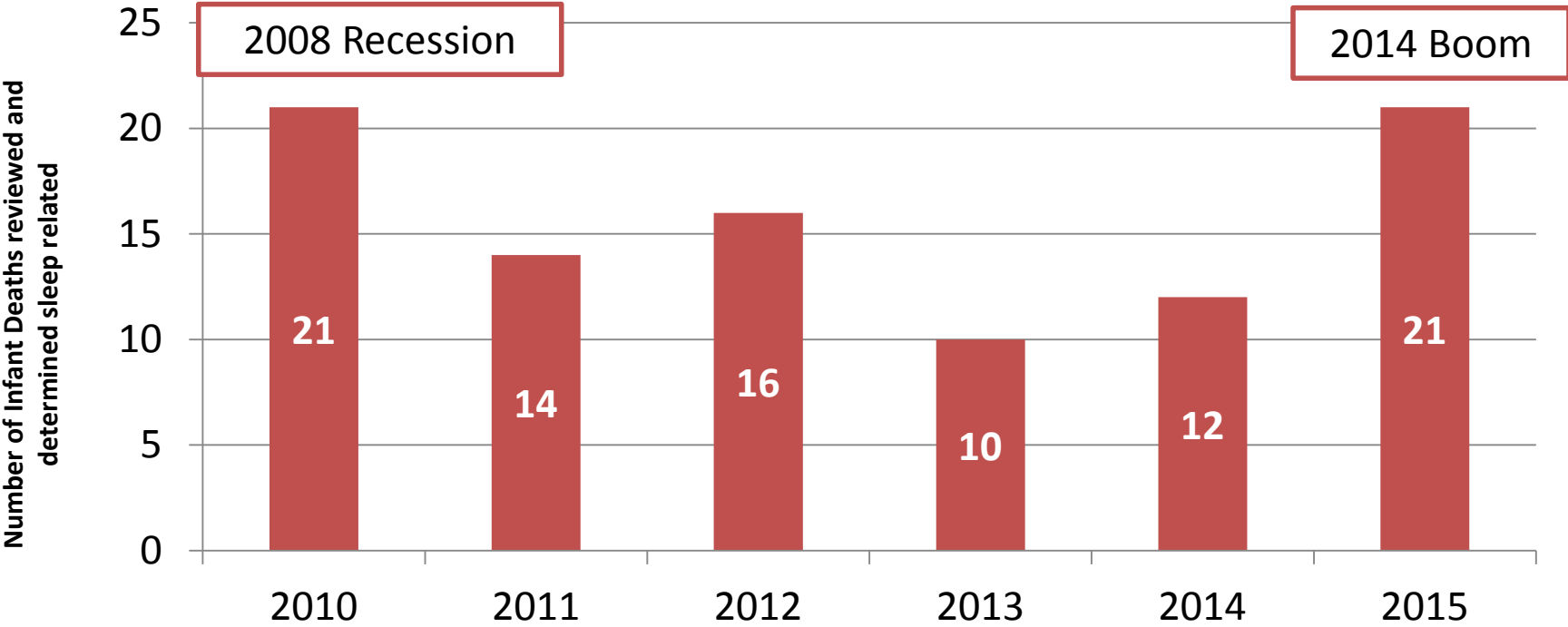


1 in 4 infants who die, do so because they
are placed in an unsafe sleep environment

100%
Preventable
Deaths



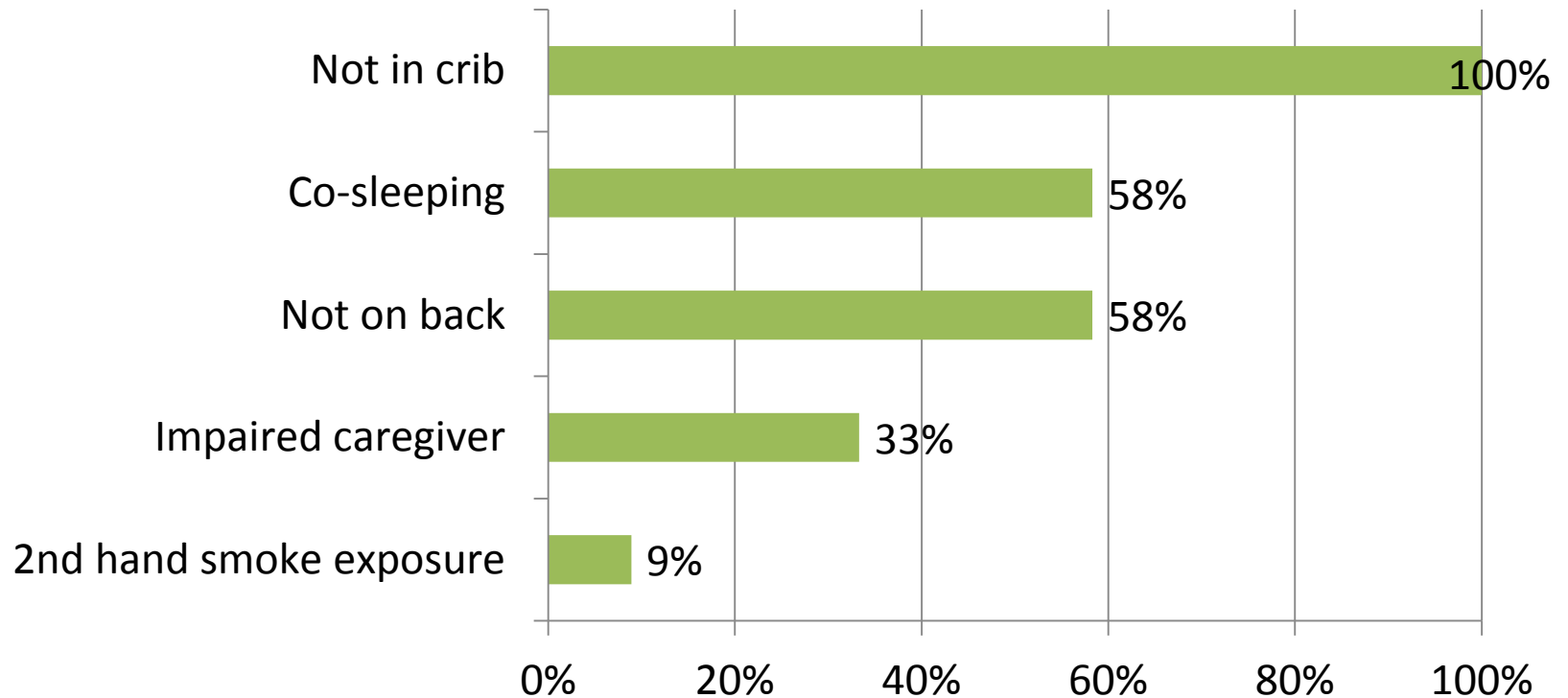
Davidson County Sleep-Related Infant Deaths, 2010 – 2015*



*

Source: MPHD, Davidson County Child Fatality Review Reports: Data for 2015 preliminary

2014 Davidson County Contributors to sleep-related infant deaths



Current Safe Sleep Approach: ABC's of Safe Sleep

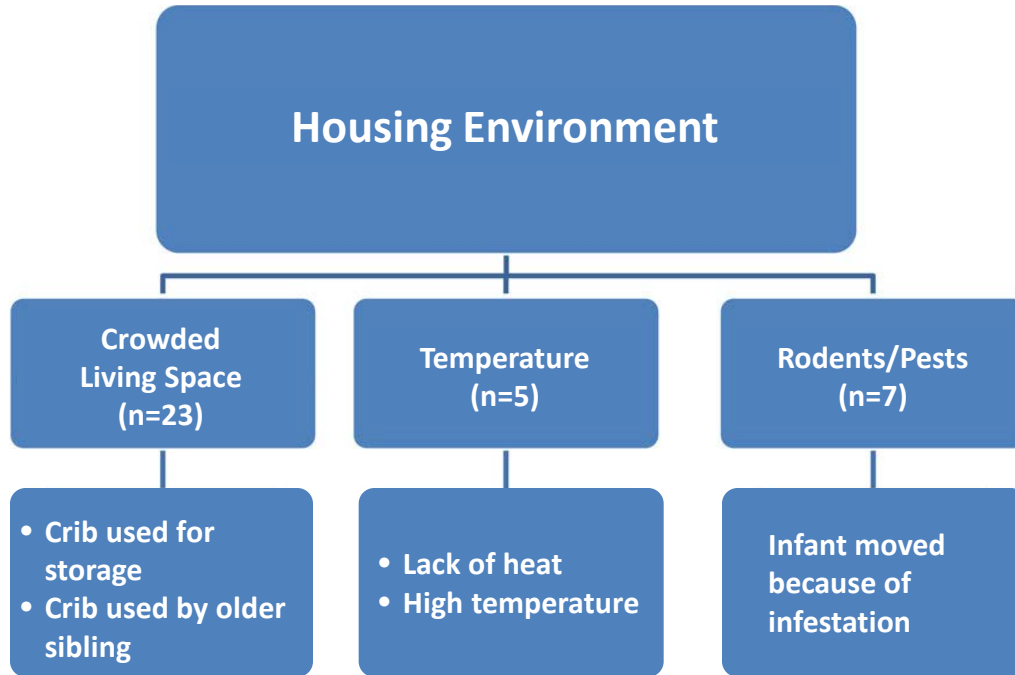
Policy/Systems

- Tennessee Hospital Safe Sleep project (2014)
- Pack and Play Distribution
- Safe Sleep referrals for emergency home-visiting

Health Promotion

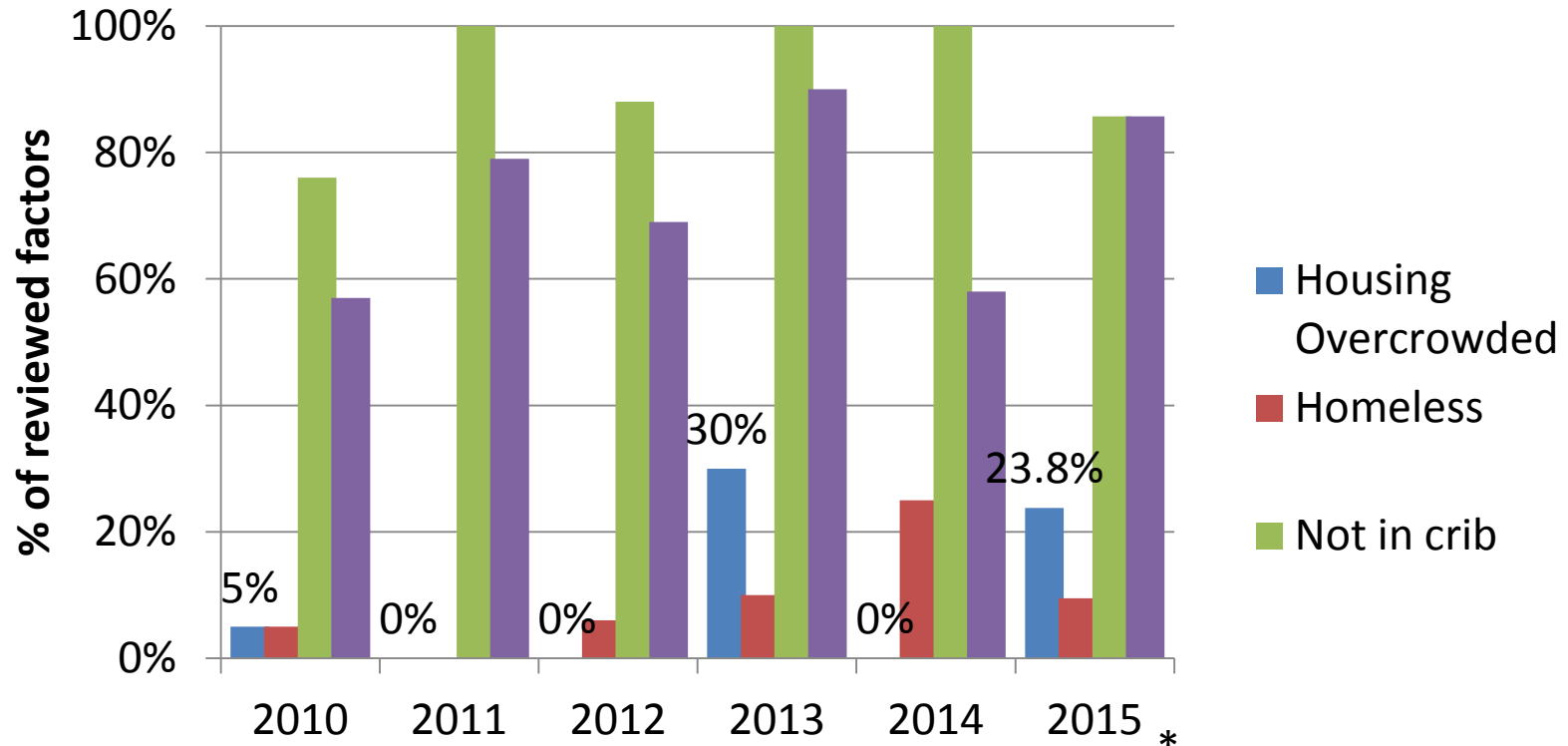
- Babies R Us Expectant Parent education (bi-monthly)
- Senior Citizen education
- Incredible Baby Shower

Safe Sleep and Housing Factors: 2015 New York Department of Health and Mental Hygiene



The improvement of living conditions in the populations that are most vulnerable in urban communities such as NYC.

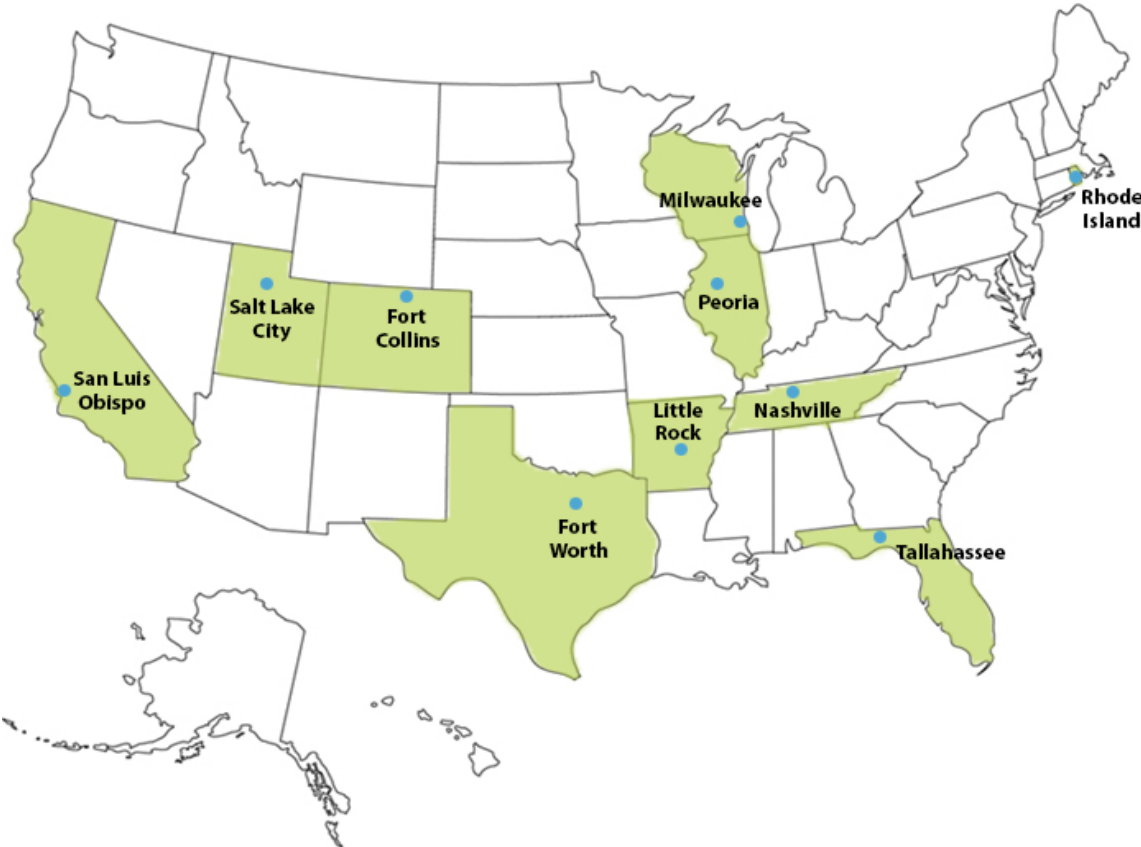
Davidson County Sleep Related Infant Death Reviewed Factors



1. MPHD Child Fatality Review 2010 – 2015; 2015 data preliminary

2. Reviewed factors are not mutually exclusive 3. Change in reporting variables for year 2013

CityMatCH Collective Impact Learning Collaborative/CityMatCH Equity in Birth Outcomes



Equity in Birth Outcomes

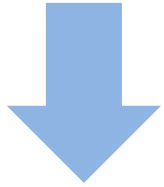
- Kent County
- Louisiana
- New Mexico
- Solano County
- St. Louis
- St. Paul
- Nashville

Informed Process

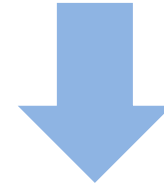
National
Support
CityMatCH

National
Expert Panel
on Infant
Mortality

2 Stakeholder
meetings;
100
attendees



NASHVILLE *Health*



Evidence and Practice Informed Collective Impact Approach

Collaborative Efforts (abbreviated list)

Collective Impact Learning Collaborative

Reconvene stakeholders in January/February 2017 to determine strategic priorities

TN Department of Human Services, TN Department of Health

Amended safe sleep attire for licensed child care facilities

Fetal Infant Mortality Review

Red Cross Babysitter training

Safe Sleep Awareness Campaign

- Metro Transit Authority bus bench & shelter ads (542,000 views)
- Grocery/pharmacy safe sleep floor talker education displays

Direct On Scene Education (DOSE)

Metro Development and Housing Agency resident association and maintenance staff

Give Your Baby Some Space

Share the room. Not the bed.



 [fb.com/MPHDNashville](https://www.facebook.com/MPHDNashville)

 [@NashvilleHealth](https://twitter.com/NashvilleHealth)

Questions?

Thank you for your support!

Contact: dyuanna.allen-robb@nashville.gov



Metro Public Health Dept

Nashville / Davidson County

Protecting, Improving, and Sustaining Health

Director's Update to the Board of Health December, 2016

Improve and Sustain Family and Child Well-Being

Gun Violence

You may recall that Police Chief Steve Anderson and I presented our assessments on youth gun violence in the community last month to the Metro Council, at the invitation of Vice Mayor Briley. Our follow-up work shows an opportunity to better understand this issue, thus to inform efforts to lessen its occurrence and impact. The epidemiology section is drafting a proposal to retrospectively examine and track local gun violence and assess its causes. Mirroring the current CDC methodology for the state-based National Violent Death Reporting System, the proposal will include collaboration and data sharing with the Medical Examiner's Office and the Metro Police Department. Vice Mayor Briley has repeatedly requested information on what resources would be needed to fight this problem.

Holiday Celebration

We held a holiday celebration for 46 children from two day care centers here on Tuesday. The staff sponsored gifts for the children, and they were provided music and games and lunch, and Santa Claus. Most of them were three or four years old. This had been a tradition at the old building, but this was our first such celebration since we moved here.

Promote and Support Healthier Living

Promise Zones

The Health in All Policies group convened a joint meeting of the Leadership Roundtable, composed on department directors, and the departmental Coordinators group to hear a presentation from Erik Cole of the Mayor's Office of Economic Opportunity and Empowerment. Mr. Cole discussed the recent designation by the federal government of 46 square miles of the city as a "Promise Zone." The designation conveys an advantage to those seeking grants from any of several federal agencies to do work in the designated area. The grants are intended for programs that create jobs, leverage private investment, increase economic activity, expand educational opportunities, or reduce violent crime.

Equity

Four representatives from a variety of MPHD bureaus Mayor's Barry's policy assistant, Anne Havard, last month attended "Advancing Racial Equity: The Role of Government," a day-long convening in Atlanta, hosted by the Government Alliance on Race and Equity (GARE). The central message was that racial inequities and health disparities are not random, but have been created and sustained over time and therefore will also not disappear on their own. A growing field of practice is available for local governments to pursue in working toward racial equity. Building capacity for this work has two principle components: training and infrastructure. Collaboration continues with colleagues in Seattle and Washington, D.C., to make preparations for our equity coordinator within MPHD, and as we finalize our work with Metro Planning and the Mayor's Office to incorporate equity consideration into planning for the Capital Improvements Budget.

Create Healthier Community Environments

Gas Compressor Station Permit

As of this writing, the staff at the Tennessee Department of Environment and Conservation was working to include on the Tennessee Air Pollution Control Board's Dec. 14 agenda our request to amend the

State Implementation Plan. The request is to include into the SIP changes adopted in July by Metro Council. The changes grant us authority to request additional documentation or information from a permit applicant, and add conformity with local zoning restrictions as a prerequisite for permits under our Clean Air Act authority. If approved by the Air Pollution Control Board, the requested amendment would then be forwarded to EPA for its consideration.

500 Cities Project

The National Association of County and City Health Officials, with the Centers of Disease Control and Prevention, were scheduled to reveal at a meeting in Dallas yesterday a new initiative to provide local-level chronic disease data. The 500 Cities Project, a partnership between the CDC's Division of Population Health and the Robert Wood Johnson Foundation, will provide data for the 500 largest cities in the United States (including Nashville), at the city and census tract level. The level of data is important to public health funding allocations and effective program planning. Chief epidemiologist Dr. Raquel Qualls-Hampton was scheduled to represent MPH D at the event.

Social Services' Community Needs Assessment

Metro Social Services annually compiles national and state data on social, demographic and socioeconomic need in Davidson County. Social Services requested a section on health equity. We have agreed to collaborate in this effort and develop the "Health" section of their Annual Needs Assessment. Our section of the assessment should be completed by year's end.

Prevent and Control Epidemics and Respond to Public Health Emergencies

3-year Rabies Vaccine

The 3-year dog license ordinance goes into effect on Jan. 1. The ordinance was approved by Metro Council in July. It requires the rabies clinics at MACC, and allows any private veterinarians who so choose, to issue a 3-year license to match the 3-year rabies vaccine. We are working on an amendment to the Animal Control Fee Schedule to reflect that the license fee is on a per annum basis, as opposed to a flat fee, and will request that the fee be increased to \$8 per year from the current \$6 per year. A change in the fee schedule requires approval by this Board and by the Metro Council. The additional \$2 is to recoup the initial and ongoing costs of software to create an electronic database of licenses issued in Davidson County, and to enter into that database the licenses sold at private veterinarians' offices, for which our vendor charges us 79¢ per entry. The fee was last raised from \$4 to \$6 in 2013 to fund new positions at MACC. We believe this electronic records system will be substantially more efficient than the current paper-based system for us, private veterinarians and lost dogs.

Black Friday Adoption Event

Our annual Black Friday adoption event at MACC was the day after Thanksgiving. The event was cosponsored this year by Zappos.com and Best Friends Animal Society and called "Home for the Pawlidayz." Eighty animals were adopted.

Increase Access and Connection to Clinical Care

Cities Thrive

ThriveNYC is a significant initiative of Mayor Bill DeBlasio and First Lady Chirlane McCray to use a public health approach to address mental health issues in New York City. As a part of that, NYC has aimed to form a coalition of cities working on similar goals. The Cities Thrive conference brought together mayors and city representatives to learn about ThriveNYC and share best practices for mental health innovation and reform in cities.

The 6 organizing principles of their work are listed here.

- Change the Culture (reducing stigma, reducing criminalization, increasing treatment & recovery)
- Act Early (primary prevention, addressing ACES and School environment)
- Close Treatment Gaps
- Partner with Communities
- Use Better Data
- Strengthen Government's Ability to Lead

Subsequent to my trip to New York City for the Cities Thrive conference last month, Nashville received an invitation to join the Cities Thrive Coalition seeking mental health reforms. I believe the Coalition's aims align with our efforts in the Mental Health PIP, the Community Health Improvement Plan and other efforts in Metro.

Organizational Updates

Acting Deputy Director

Dr. Sanmi Areola has agreed to serve as Acting Deputy Director of the department. He began his new role last week. Metro Animal Care and Control was transitioned from the Administration and Finance Bureau and report to the Deputy Director on Monday. I would like to express appreciation of Jim Diamond's role overseeing MACC during a challenging transitional time. MACC has achieved many things during that time period, and Jim's leadership was especially helpful in helping stabilize the workforce and reduce staff turnover.

Reports

This month we have provided a status report providing an overview of the Strategic Plan, prepared by our Performance Monitoring team. We will make available the entire updated operational plan, but would like to suggest that we plan a monthly update where we cover one goal per month in more detail for the strategic plan or community health improvement plan. This will allow a deeper dive for strategic discussion of one topic at a time.

Training

The entire MPHD staff has completed training on domestic violence prevention, and our supervisors and managers received two trainings at their most recent meeting on managing difficult personalities, and conflict management.

Metro Animal Care and Control

Monthly Report
November 2016



METRO NASHVILLE
ANIMAL CARE & CONTROL

November 2016 Intakes

	Kitten	Adult Cat	Puppy	Adult Dog	Other	Wildlife	Total
Owner Surrender	30	58	34	80	15	0	217
Request for Humane Euthanasia	8	42	0	31	3	0	84
Stray	53	43	19	139	6	9	269
Total	91	143	53	250	24	9	570

Kitten/Puppy: 6 weeks old to 11 months old

Adult Cat/Dog: 1 year or older

Other: Includes Livestock, small animals

November 2015 to November 2016 Intakes

	2015				2016			
	Cats	Dogs	Other	Total	Cats	Dogs	Other	Total
Owner Surrender	86	124	16	226	88	114	15	217
Request for Humane Euthanasia (Owner Surrender)	6	15	0	21	50	31	3	84
Stray	62	150	8	220	96	158	15	269
Total	154	289	24	467	243	303	33	570

Other: Includes Livestock, small animals and wildlife

November 2016 Outcomes*

	Kitten	Adult Cat	Puppy	Adult Dog	Other	Wildlife	Total
Adopted	29	46	18	89	1	0	183
Transferred to Rescue Agency	18	6	9	32	7	2	74
Returned to Owner	0	1	1	53	3	0	58
Community Cats Program	9	25	0	0	0	0	34
Humanely Euthanized	11	60	0	55	3	7	136
Total	67	138	28	229	14	9	485

Kitten/Puppy: 6 weeks old to 12 months old

Adult Cat/Dog: 1 year or older

Other: Includes Livestock, small animals and wildlife

November 2015 to November 2016 Outcomes

	2015				2016			
	Cats	Dogs	Other	Total	Cats	Dogs	Other	Total
Adopted	98	105	0	203	75	107	1	183
Transferred to Rescue Agency	23	49	17	89	24	41	9	74
Returned to Owner	4	38	3	45	1	54	1	58
Community Cat Program	3	0	0	3	34	0	0	34
Humanely Euthanized	49	79	5	133	71	55	10	136
Total	177	271	25	473	205	257	23	485

*Outcome Data will rarely match Intake Data due to the fluidity of the shelter census. Animals are constantly being moved through the "Animal Flow Through" process.

***Not Yet Outcomed refers to animals that are still in the shelter or foster care.

Metro Animal Care and Control

Trailing 12 Month - Data Report

		Nov-16	Trailing 12 Month Average Ending Nov 30, 2016
A	Intake Total	570	567
B	Stray	269	262
C	Owner Surrender	217	240
D	Owner Req. Euth	84	48
E	Wildlife	9	9
F	Other	24	16
G	Adopted	183	195
H	Transfer	74	102
I	RTO	58	58
J	ORE Euthanized	75	40
K	Wildlife Euthanized	7	4
L	Euth Total	136	119
M	Euth %	9%	14%

Data Report Key

Intakes

Outcomes

Metro Animal Care and Control Data Report – Summary

Metro Animal Care and Control uses the National Federation of Humane Societies – Basic Animal Stats Matrix as a tool for data collection.

This basic matrix was designed to serve as a tool for data collection. It is a simple matrix containing what many (including Asilomar, ASPCA, National Federation, American Humane, UC Davis, Maddies Fund, PetSmart Charities and HSUS) have agreed are the minimum data points (along with definitions) an organization should gather. By using the basic matrix - we will have the opportunity to benchmark the work at MACC against similar agencies around the region or the nation.

Additionally, MACC prepares a Trailing 12-Month Report monthly. This reports includes the monthly Euthanasia Percentage. The Euthanasia Percentage is calculated using the recommended standards for an animal shelter.

Euthanasia Percentage Formula –

$$\frac{L - (J+K)}{A}$$

A



Metro Public Health Dept

Nashville / Davidson County

Protecting, Improving, and Sustaining Health

Series Title: Facilities Maintenance Technician	Fair Labor Standards Act (FLSA): Non-exempt
Salary Grade: ST06	Approval Date: Effective Date:

Objective:

Performs a variety of maintenance, repair and alteration work on buildings, mechanical systems, and structures. Participates in custodial services work activities. Performs related duties as required.

Major Responsibilities:

- Performs preventative maintenance on environmental systems.
 - Replaces or cleans filters.
 - Performs routine maintenance on HVAC systems.
 - Cleans and/or repairs vents and ducts.
 - Maintains and/or replaces thermostats.
- Assist with repairs and maintains building fixtures, furniture, electrical, and plumbing systems.
 - Diagnoses failures in equipment and initiates necessary repairs.
 - Repairs and maintains toilets, sinks, water fountains, and drainage pipes.
 - Replaces or repairs electrical switches, fixtures, and related systems.
 - Replaces parts in any motorized or electrical machinery.
- Replaces or installs doors, locks, windows, and related hardware.
- Monitors elevators and requests maintenance and repairs as needed.
- Ensures that all buildings safety features are operational.
 - Checks alarm and/or sprinkler systems.
- Assists in maintaining building security system and procedures.
 - Checks for and reports signs of vandalism, theft, or break-ins.
- Participates in custodial services work.
 - Assists with cleaning activities.
 - Assists in inspecting and evaluating physical condition of establishment.
 - Inspects and maintains equipment.
- Maintains grounds of various facilities and related equipment.
 - Keeps simple records and makes reports.

Supervision Exercised/Supervision Received

This is a non-supervisory classification.

Reports to the Facilities Maintenance Leader who defines overall objectives and priorities and is consulted on unusual or complex matters.

Minimum Qualifications:

High School Diploma or GED and two (2) years of skilled maintenance and/or repair work on electrical, environmental, or mechanical building systems. Some experience in participating in custodial work preferred.

More specific education, certification, and experience requirements may be included on the position announcement as vacancies occur.

- Knowledge of electrical circuits and devices related to building maintenance.
- Knowledge of plumbing, electrical, and carpentry methods.
- Knowledge of the equipment, materials, and methods used in custodial work.
- Ability to repair and maintain environmental control systems, plumbing, and electrical systems.
- Ability to repair and maintain furniture, doors, windows, and related hardware.
- Ability to use hand and power tools, safety equipment, and related maintenance equipment.
- Ability to read, writes, and do math at the 12th grade level.
- Ability to give and follow instructions.
- Ability to assist in coordinating maintenance and custodial assignments and projects.
- Ability to participate in maintenance and custodial work.
- Ability to establish and maintain effective working relationships.
- Ability to work outside of scheduled shift or on call as the need arises.
- Valid class "D" driver's license, use of personal vehicle, and maintenance of valid personal vehicle insurance as required by Tennessee Law.

The following competencies are required for this position:

Competency	Definition
<i>Multi-Tasking</i>	Working on a variety of tasks simultaneously and shifting one's resources between multiple systems when needed.
<i>Active Listening</i>	Listening intently to what others are saying and asking for further details when appropriate.
<i>Attention to Detail</i>	Placing focus on the details of the task to be accomplished.
<i>Analytic Thinking</i>	Using existing information to logically evaluate situations and solve problems.
<i>Decision Making</i>	Quickly prioritizing and evaluating the relative costs and benefits of potential actions needed to complete a task.

<i>Problem Identification</i>	Pinpointing the actual nature and cause of problems and the dynamics that underlie them.
<i>Technological Savvy</i>	Understanding and utilizing technology to improve work processes and to solve problems.
<i>Honesty and Integrity</i>	Behaving in an honest and ethical manner.
<i>Being Accountable</i>	Accepting responsibility for the effects of one's own actions.
<i>Time Management</i>	Making good use of time by organizing, prioritizing and scheduling tasks.
<i>Maintaining Safety</i>	Minimizing potential safety hazards and maintaining compliance with company policies, safety laws, and regulations.
<i>Self-Control</i>	Controlling one's emotions even in difficult or challenging situations.
<i>Initiative</i>	Initiating tasks and taking on new challenges.

Working Environment/Physical Demands:

May be required to travel to various locations to perform assigned duties. Work involves moderate risks or discomforts involved with working in and around public buildings which require special safety precautions, e.g., working under extreme outdoor weather conditions, working around moving parts, carts or machines, or with a variety of cleaning or other chemicals, etc. Employees may be required to use protective clothing or gear such as masks, coats, goggles, gloves, or shields.

Work requires some physical exertion such as lifting 50 lbs. or more, walking, climbing, bending, stooping, stretching, or similar activities.

NOTE: This job description is not intended to be all-inclusive. This job description has been designed to indicate the general nature and level of work performed by employees within this classification. Employee may perform other related duties as needed to meet the ongoing needs of the department.

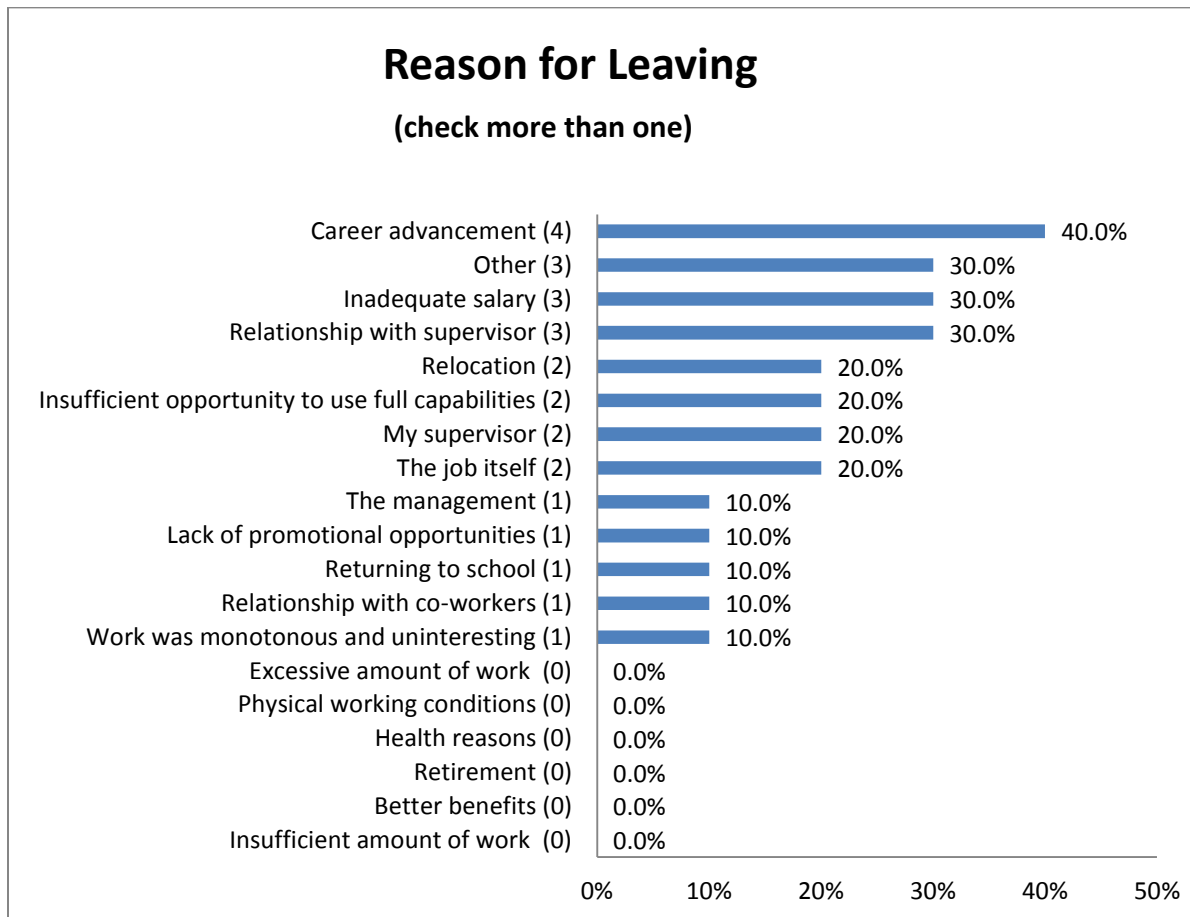
Employee Exit Survey Results

Time- Frame: June 2016 – November 2016

Number of Surveys Sent: 25

Number of Surveys Returned: 10

Participation Rate: 40%



The number of employees who responded to the question is shown in parenthesis ().

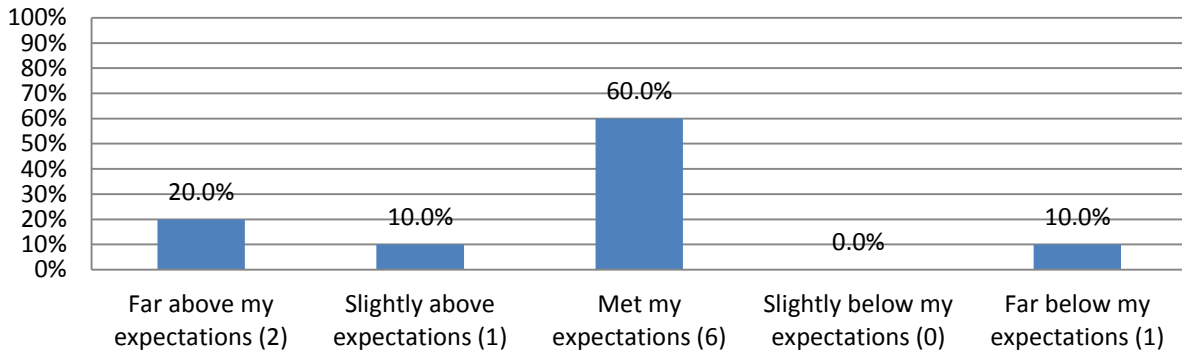
Other Reasons for Leaving (Respondent's Comments)

I keep the holy days in the bible, and I have found it difficult the last two years getting time off for the Feast of Tabernacles. In fact this year, I am looking at the same situation. I was given off every day for the holy days but three: October the 12, 20, and 21. I was told when I asked off for the first time, 2 years ago, for the Feast that if I went and did not have the time off I would be fired. I had to find my own coverage, I could not use the PRN nurse pool, and it was stressful. Knowing that I am commanded by God to be at His Feast days, and my work tells me I will be fired if I do not find my own coverage is a stressful situation.

I am wanting a change in my career and am also starting my own business.

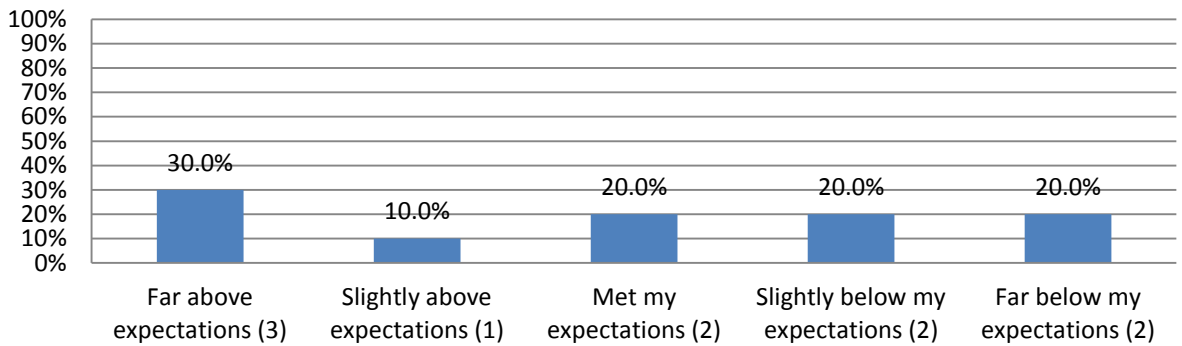
Position was temporary and seasonal. Concluded the tenure of the job.

My overall experience at MPHD was:



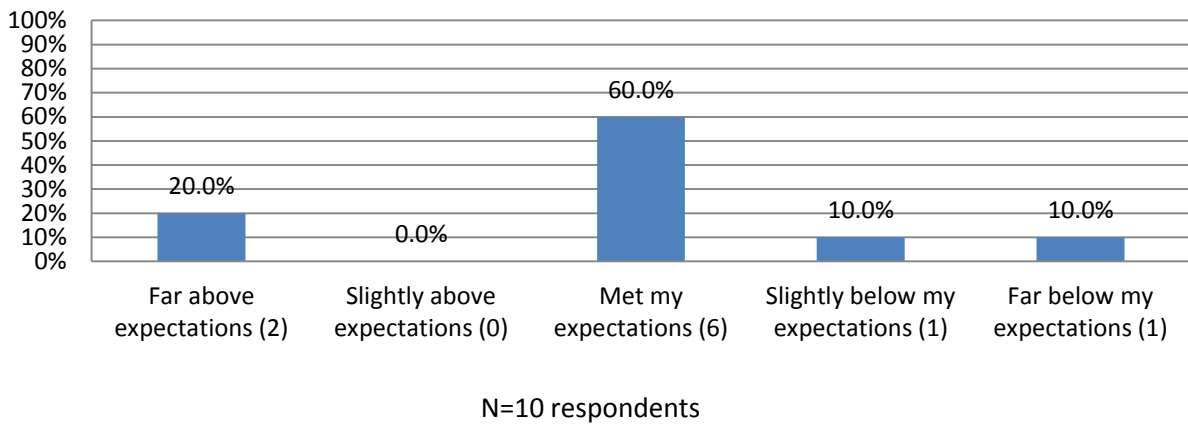
N=10 respondents

Quality of leadership provided by supervisor was:

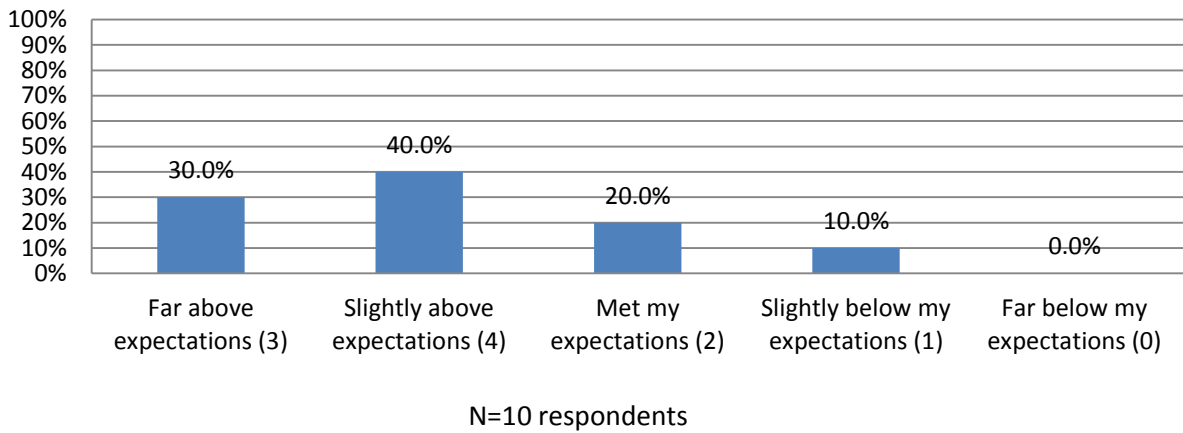


N=10 respondents

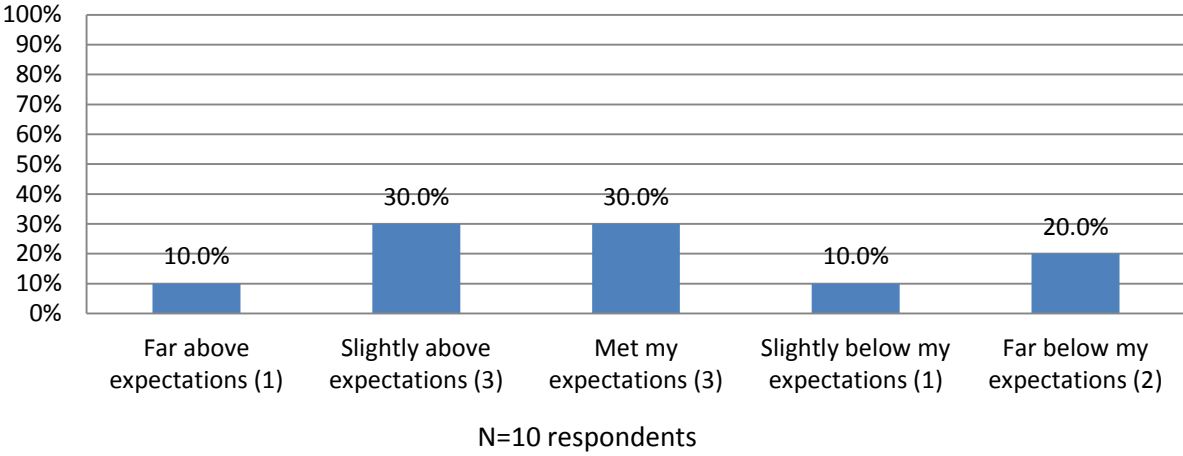
Interest shown in me and my work was:



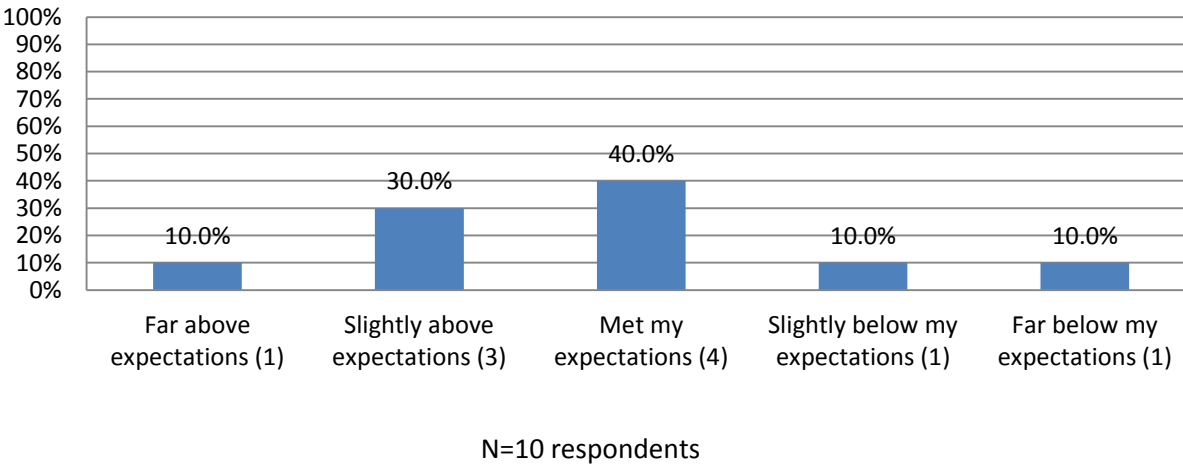
Relationship with general staff was:



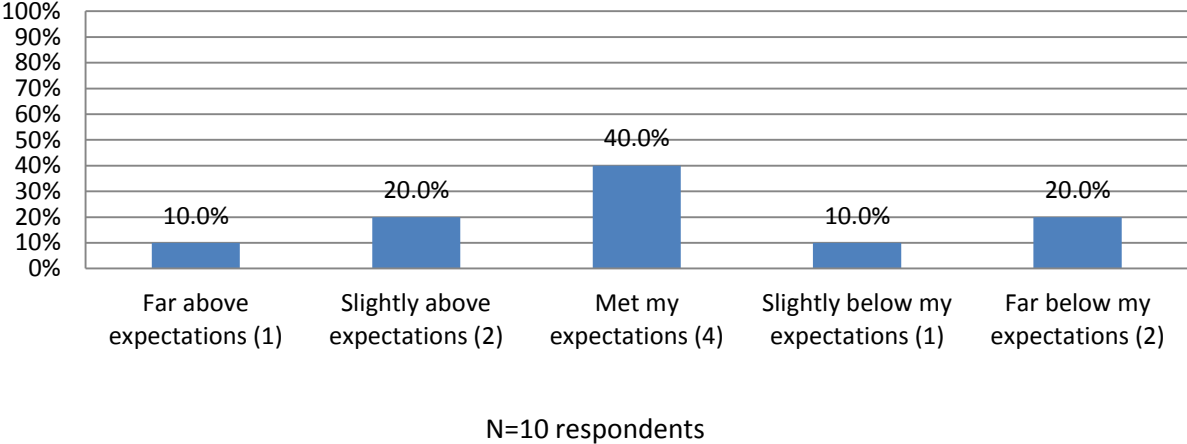
Morale in my location was:



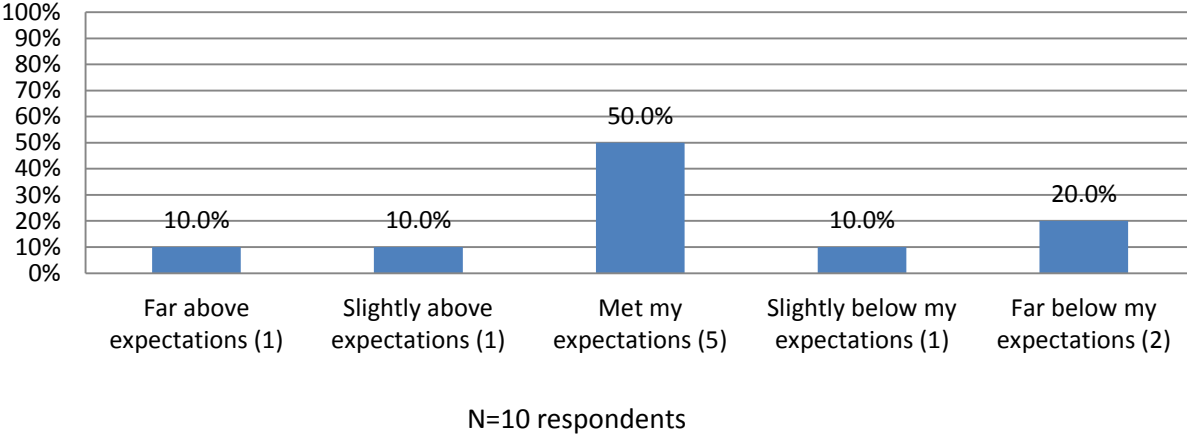
My motivation this year was:



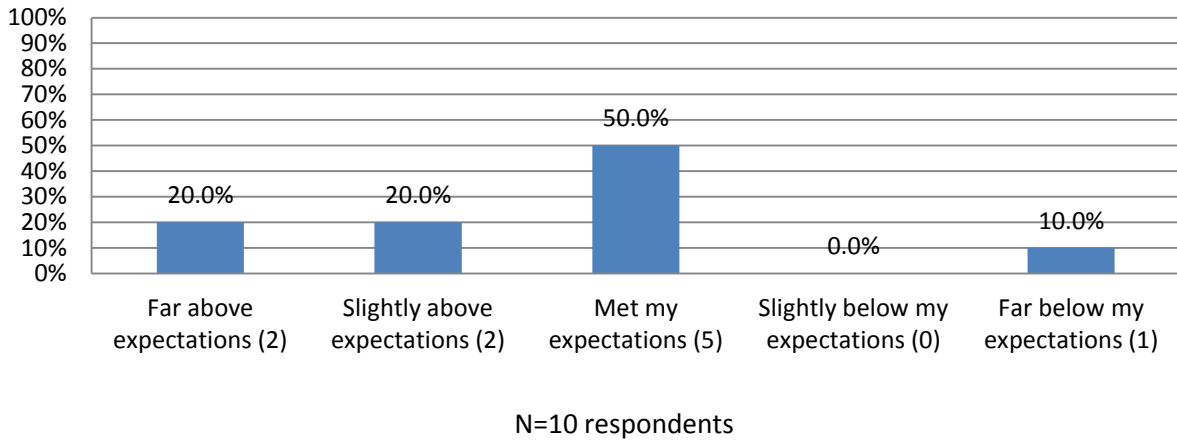
The enforcement of rules was:



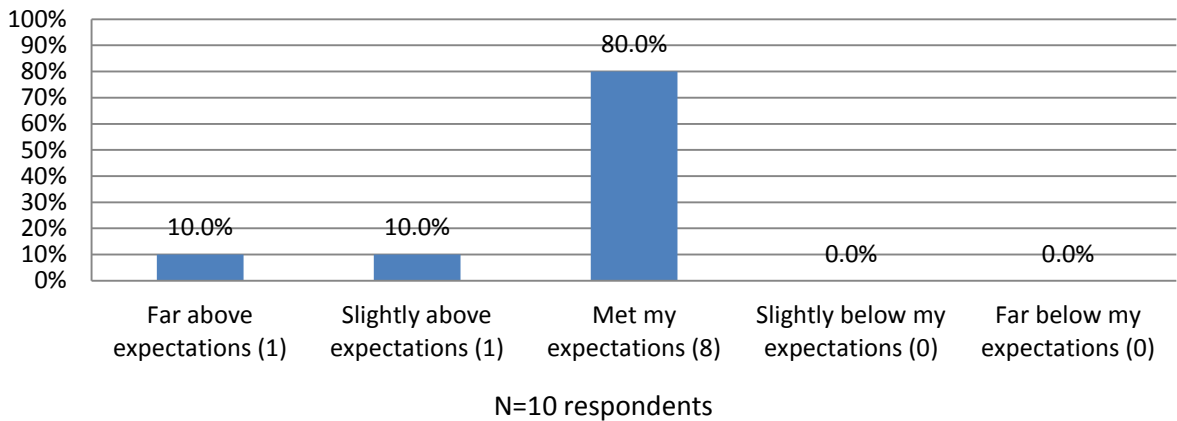
Pay and Merit System



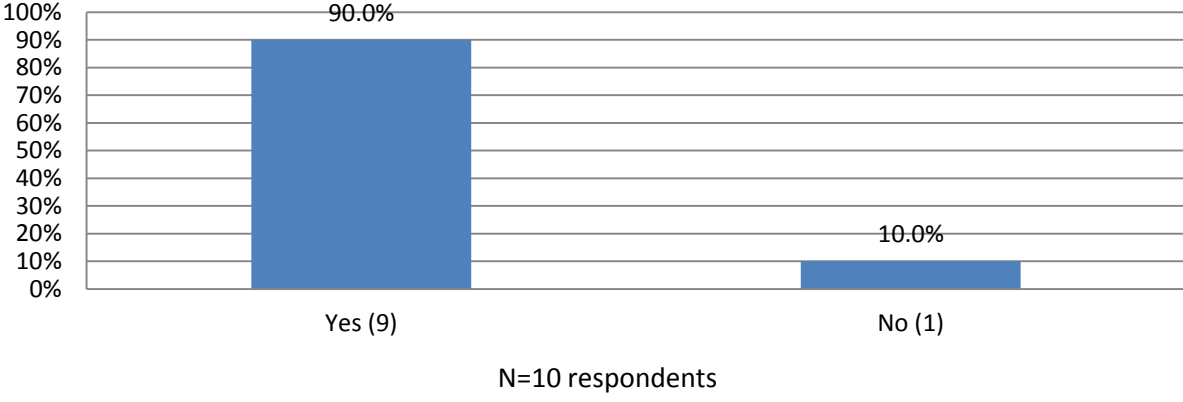
Demonstrates Ethics and Policies



The position for which I was hired was accurately represented during the interview



Do you think you would ever seek re-employment at the Metro Public Health Department



What did you like best about your job?	What did you like least about your job?	What is your overall evaluation of your division?	What suggestions do you have to improve the performance of the duties of your job and the functions of your division?	Employee Comments:
<p>My favorite part of my job was getting to help the participants I worked with. It was so rewarding seeing participants succeed in meeting their goals for breastfeeding and being able to help them reach the goals. I also enjoyed the opportunity for growth in my position</p>	<p>Since working at Vanderbilt Hospital WIC, I have missed the community I experienced at an actual WIC clinic. Some days can be lonely and monotonous.</p>	<p>I have enjoyed working for the director of WIC, Teresa Thomas and the innovation in our program that she feels so passionate about. I believe the WIC program in Davidson County is an excellent program and excels in comparison to other similar programs.</p>	<p>The program can always benefit from better communication and collaboration with other departments.</p>	<p>I feel very blessed and grateful for the years I have been at MPHD. It has been a joy to work here.</p>
<p>Working with the HNLC</p>	<p>Not working with the general public</p>		<p>N/A</p>	<p>Thank you for the opportunity.</p>
<p>I really enjoyed going out in the community and talking to people where they live. Our public health message was more effectively conveyed when we could speak with people face to face.</p>	<p>My direct supervisor made it difficult for me to do my work due to her negativity.</p>	<p>I enjoyed working in my division overall. My team members and I were always supportive and encouraging of each other.</p>	<p>It would be wonderful to cultivate a more positive and supportive culture within the office setting at MPHD. I know we can't be happy all of the time, but there has to be way to implement daily practices that keep morale up as much as possible.</p>	<p>I am very grateful for the opportunities that I have received while being employed with the Metro Public Health Department. I am now a life-long fan of community-based health initiatives. When we can actively engage our constituents in an ongoing, face-to-face dialogue, we can not only learn about the challenges they face towards achieving strong and healthier outcomes, but we can also educate them about how to make better decisions that will benefit them individually and their families.</p>

What did you like best about your job?	What did you like least about your job?	What is your overall evaluation of your division?	What suggestions do you have to improve the performance of the duties of your job and the functions of your division?	Employee Comments:
<p>being able to educate and keep healthy my patients and inform them about how to get help in the community</p>	<p>How some coworkers didn't follow clinic and health department policies and the manager was aware and didn't do anything about because they are her friends. Also, I didn't like how patients were treated by this two specific nurses and the manager was aware and let them work doing the same to the patients.</p>	<p>poor</p>	<p>upper management needs to investigate and interview workers at the clinics and ask their opinions about how clinics are running including nurses, security personnel, clerks and janitors.</p>	<p>Upper management needs to investigate and get the facts about how some clinics are running and how some workers make their own schedule and leave work without taking annual or sick leave time. Also how patients that don't speak English don't get the adequate service they deserve.</p>
<p>I think over all this is the best job that I have ever had, I would be staying if I had not been given such hard time with getting time off to attend God's holy days.</p>	<p>The time off book, I think the system needs to be revised. I was told that obeying Gods commands to keep His holy days held the same importance as someone who was attending a wedding, going on a cruise, and/or trip.</p>	<p>I will truly miss working with this group of well educated nurses.</p>	<p>Place a school nurse in every school. It will improve the overall health of the community. I also think that School-Based health centers should be implemented.</p>	<p>I am sad about leaving, I wish it were not the case., but I must obey my Father in heaven and I can not work under the treat of losing my job every time the Fall Holy Days come around. Thank you so much for your time.</p>

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I really enjoyed my team of nutritionists. I felt that we worked really well together, and I also had a great supervisor.	I felt underappreciated by clients. I did not like the way I was treated and lack of respect given by some clients. I also get queasy around blood and do not like checking hemoglobin. I became a dietitian and not a nurse because of that reason.	This position has been a great one with the clinic. I have had great nutritionists coworkers and a wonderful supervisor, but I feel that I need a change.		
Great supervisor and training.	nothing	Great people and great leadership. Steve Crosier is an amazing leader who is fair and honest and never says a bad thing about anyone.		Thank you MPH for an amazing experience. I am forever grateful for the opportunity and professional development
The fact that it allowed me the opportunity to communicate directly with the public and render help in the area of offering pest management services and public health education.	It is seasonal	Excellent	To place more emphasis on prevention and hence public health education rather than on curative measures to pest control problems.	I had a wonderful experience working with the pest control team. It provided me an opportunity to learn, develop my skills and have greater insight into how collective efforts from the various units within the department contribute to creating healthy conditions for residents of Davidson county.

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Active participation with community associated with infectious disease.	politics in middle management	I was not in a position to evaluate my division however, my bureau director was outstanding and my department functioned in an above average manner	Supervision with clinical background	The new facility has a very nice atmosphere. Parking is excellent for Nashville and benefits are very good. My bureau director is, in my opinion, undervalued and worthy of accolade. I believe direct supervision of my former position is in need of review. Most co-workers were very friendly and ready to assist - I found Metro a good place to work with limited advancement potential in my area of interest
I enjoyed going out and meeting people and protecting the public.	My supervisor.	The Environmental division has undergone several manager changes in the past few years and I cannot say any of them have been for the better. Merging Public Facilities and Food was a terrible decision and has pushed several people away and WILL continue to do so. Forcing people to do jobs they didn't sign up for will make people seek employment elsewhere. The favoritism in the	Provide Metro vehicles or reimburse employees for damage done to their car while on duty. Replace managers with people who actually know how the department functions. Less experience is required to be a manager than a lead environmentalist, yet a lead environmentalist is under the manager...	There are insufficient opportunities for advancement within the health department. When I started working for Metro it was great for about the first three years. After that I realized that all the hard work I put in was for nothing. I see other employees doing less than I do and getting the same raises. When I'd ask about promotions/raises I was told they weren't available. Why bust your butt and take on more responsibility when other people slack off and get the same? Evaluations are worthless. Doesn't matter if you get high scores or just 3's the end result is the same...Nothing. It didn't get to be unbearable until my supervisor left and they hired someone from outside who knows nothing about what we do. That person has shown no respect or trust in a department that has been functioning great for years. The constant lies and

		<p>division is astounding. Hiring managers from outside the health department is a terrible idea, ESPECIALLY WHEN THEY DON'T KNOW WHAT THE DEPARTMENT DOES. Jon Snow knows more than my supervisor. When you can take regulations and law and show it to your supervisor and be told we're not going to do that... What the hell are we supposed to be doing? We're here to enforce the laws and regulations not someone's idea of what we should be doing. Even when I went to my supervisor's supervisor about the blatant disregard for the law and regulations he took my supervisor's side EVEN THOUGH IT WAS IN BLACK AND WHITE. My supervisor has constantly questioned my judgment on inspections and</p>		<p>overriding inspectors inspections has been terrible. The complete disregard of policies, regulations, and laws on their part is atrocious, but yet no one seems to care. Not interviewing qualified candidates for jobs is a terrible practice. This has happened numerous times. Jobs should go to the best person able to do the job. How can you tell someone they can't do something if the interview NEVER happens. Recently some promotions did go through for few candidates, but the interview process was a sham. I was surprised to hear they weren't getting raises for the promotions. No one up the totem pole cared that they didn't get a raise. In fact they were told that it's okay they didn't get a raise, see here you are eligible for the raises everyone else gets because you aren't topped out anymore. It's clearly stated in the civil service rules a promotion requires a raise. It went weeks before anything happened. Nothing would have happened if they hadn't went to HR. The managers and on up don't care about us. They don't know us. They don't have any desire to do so. My fellow co-workers are the only reason I've stayed for as long as I have. I hope they can get out of here as I've done!</p>
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