

## **Metropolitan Board of Health of Nashville and Davidson County June 13, 2017 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, RN, MSN, Vice-Chair  
Henry W. Foster, Jr., MD, Member  
Francisca Guzmán, Member  
Margreete Johnston, MD, MPH, Member  
Thomas W. Campbell, MD, Member  
William S. Paul, MD, MPH, FACP, Director of Health  
Sanmi Areola, PhD, Director of Environmental Public Health Bureau and Interim Deputy Director  
Jim Diamond, MBA, Assistant Director of Administration and Finance Bureau  
Peter Fontaine, CPA, MBA, Director of Administration and Finance Bureau  
Leslie Robeson, Director of Human Resources  
Josh Lee, JD, Metropolitan Department of Law

### **BOARD OF HEALTH**

#### **Other Business**

Chair Felker recognized Dr. Foster and noted that the meeting was Dr. Foster's last after serving on the Board 17 years. Dr. Foster received a standing ovation.

Dr. Paul introduced Dr. Gill Wright III, the new Civil Service Medical Examiner, and Claire Cobb, of the Occupational Health and Wellness Clinic, who provides support to the CSME.

#### **Population Health Bureau Presentation: Applied Epidemiology**

Raquel Qualls-Hampton, Ph.D. presented a PowerPoint, "Applied Epidemiology: Sharing and spreading the passion for population health data" (Attachment I).

#### **Strategic Priority: Community Collaboration**

Dr. Paul updated the Board on the Strategic Priority, Community Collaboration (Attachment II).

#### **Director's Report**

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

Dr. Paul thanked Dr. Foster for his support, and for being an inspiration, during Dr. Paul's time at MPH.

Dr. Paul provided an update on the scabies response. Dr. Campbell expressed concern about the interface between MPH and CoreCivic, and MPH's responsibilities in providing care, as well as the effectiveness of MPH's oversight. Dr. Paul and Jim Diamond explained briefly the contractual relationship of MPH, Correct Care Solutions, and Core Civic. The Sheriff's Office holds the contract with CoreCivic. Per that contract, an MPH employee monitors the care CoreCivic provides to the inmates per American Correctional Association and National Commission on Correctional Health Care standards.

Traditionally, inmates housed at the facility run by CoreCivic (formerly Corrections Corporation of America) have been locally sentenced felons serving terms of up to six years. With the construction of the new Criminal Justice Center downtown, the female inmates of Davidson County are currently being housed at the CoreCivic facility. MPHD holds the contract with Correct Care Solutions to provide healthcare to the inmates of Davidson County. Those inmates are pre-trial detainees and locally sentenced misdemeanants serving a term of less than one year. MPHD has an employee in place to ensure Correct Care Solutions adheres to ACA and NCCHC standards. Chairman Felker asked that a copy of the contract be provided to him. He also asked the process for an inmate to file a grievance if they feel they have not received proper medical care, and how inmates are informed about their rights to file a grievance.

### **Approval of Grant Applications**

Peter Fontaine presented three items for approval:

1. Grant Application to the National Association of City and County Health Organizations (NACCHO): Increasing the Capacity of Local health Departments to Prevent HIV and STDs in Adolescents (10-19 years old) through CDC-Developed School -Based Approaches for Health Education, Health Services, and Safe and Supportive Environments  
Term: September 1, 2017 through September 29, 2018  
Amount: \$20,000
2. Grant Application to Pet Smart Charities Intake Diversion Program- Metro Animal Care and Control  
Term: 1 year  
Amount: \$50,000
3. Grant Application to Tennessee Department of Health Mosquito Control Program  
Term: June 30, 2017 through June 30, 2018  
Amount: \$100,000

**Ms. Guzmán made a motion to approve the grant applications as presented. Dr. Foster seconded the motion, which passed unanimously.**

### **Approval of Grants and Contracts**

Peter Fontaine presented seven items for approval:

1. State of Tennessee Department of Health - Prenatal Presumptive Eligibility Expansion  
Term: July 1, 2017 through June 30, 2018  
Amount: \$206,600
2. State of Tennessee Department of Health - Grant in Aid  
Term: July 1, 2017 through June 30, 2018  
Amount: \$725,200
3. Memorandum of Understanding with Metropolitan Board of Public Education (MBPE)  
Term: July 1, 2017 through June 30, 2022  
Amount: \$4,600,000 per year
4. Receipt of Grant Donation to Metro Animal Care and Control (MACC) for Emergency Medical Care Services  
Term: NA  
Amount: \$15,000
5. Internship Agreement with Mississippi State College of Veterinary Medicine  
Term: February 1, 2017 through January 31, 2022  
Amount: \$0

6. Contract with Martha O'Bryan Center - Women, Infants and Children (WIC) services  
Term: June 1, 2017 through May 31, 2022  
Amount: \$0
7. Accreditation Agreement with Public Health Accreditation Board  
Term: NA  
Amount: NA

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

#### **Approval of the May 9, 2017 Regular Meeting Minutes**

**Dr. Campbell made a motion to approve the minutes of the May 9, 2017 regular Board of Health meeting as written. Dr. Johnston seconded the motion, which passed unanimously.**

#### **Report of the Chair**

Chairman Felker asked Dr. Paul to share information about the search for a Deputy Director, and who of Board would be participating as observer of the interviews. Dr. Paul advised that the hiring committee was in place and interviews would commence soon and invited any of the Board members to participate. Ms. Guzmán volunteered to attend the interviews.

Chairman Felker asked Mr. Lee if Metro Council had approved Dr. Paul's contract. Mr. Lee advised that the Council had approved the contract.

#### **Approval of the Director's Open Range Salary Increase**

**Dr. Foster made a motion to increase Dr. Paul's salary by an open range salary adjustment of 2%, at the standard described by Metro Human Resources. Dr. Johnston seconded the motion. Ms. Etherington abstained. The motion carried.**

#### **Election of Chair and Vice Chair**

Chairman Felker advised that he would complete his term as a Board member, his term expiring on July 9, 2018, but that he would step down as Board Chair.

Chairman Felker called for open nominations for Chair and Board Chair.

**Dr. Campbell made a motion that Carol Etherington be elected Board Chair. Dr. Foster seconded the motion.**

Ms. Etherington indicated her willingness to serve as Chair. She left the room to allow the other members to deliberate.

**The motion passed unanimously.**

Ms. Etherington returned to the meeting.

**Dr. Foster made a motion that Ms. Guzmán be elected Board Vice Chair. Dr. Campbell seconded the motion.**

Ms. Guzmán indicated her willingness to serve as Vice Chair, and left the room to allow the other members to deliberate.

**The motion passed unanimously.**

Ms. Guzmán returned to the meeting.

Mr. Felker passed the gavel to Ms. Etherington.

## **CIVIL SERVICE BOARD**

### **Open Range Merit Increase Distribution**

Peter Fontaine informed the Board of the plan the Department developed to distribute the funds approved by Metro Council as merit increases. (Attachment IV). Lengthy discussion was held, and the Board asked that staff be well informed about how the increase was structured.

### **Personnel Changes**

Peter Fontaine presented the personnel changes, which were unremarkable.

Chair Etherington closed the meeting.

### **Public Hearing: Proposed Changes to the Civil Service Rules**

After a break, Chair Etherington opened the hearing.

Leslie Robeson presented the proposed changes to the Civil Service Rules.

There was no comment.

Ms. Robeson requested that the Board approve the changes retroactive to May 20, as some of the changes coincide with the implementation of the Kronos timekeeping system.

Chair Etherington closed the hearing.

**Mr. Felker made a motion to approve the changes to the Civil Service Rules as proposed. Ms. Guzmán seconded the motion, which passed unanimously.**

Chair Etherington opened the meeting.

### **Exit Interviews**

Leslie Robeson presented the Exit Interview Report and answered various questions. The next report will be presented in December 2017.

Ms. Guzman asked that attention be devoted to ensuring cultural competencies among staff as the demographics of the city change.

Ms. Robeson also announced her retirement, her last day being July 31, 2017. The Board wished her well and thanked her for her service.

### **Next Regular Meeting**

The next regular meeting of the Board of Health is scheduled to be held at 4:00 p.m. on Thursday July 6, 2017, in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville TN 37209.

The meeting adjourned at approximately 6:50 p.m.

Respectfully submitted,

Carol Etherington, MSN, RN  
Chair

Attachment I



*APPLIED EPIDEMIOLOGY:*

*Sharing & spreading the passion for population health data*

**BOARD OF HEALTH MEETING**  
**JUNE 13<sup>TH</sup>, 2017**

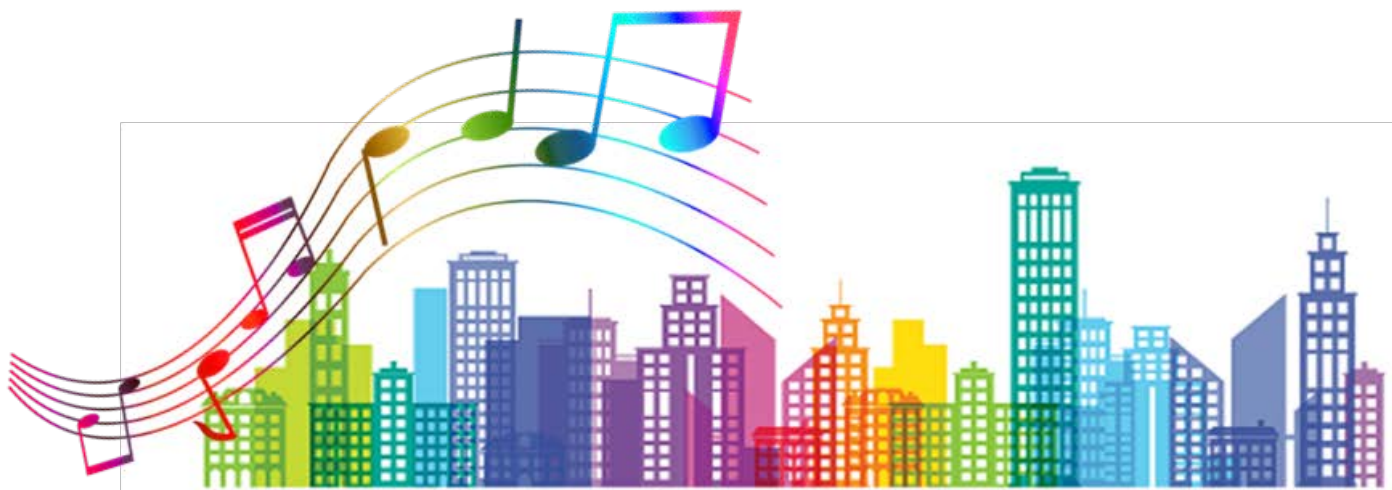
**Raquel Qualls-Hampton, PhD**  
Chief Epidemiologist & Division Director

2017

MAY 3RD, 2017

# Let's Talk Data!

*featuring*



500 Cities: Local data for better health



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

**NASHVILLE** Health

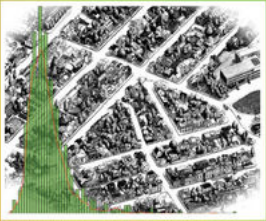
# DATA IS “THE NEW OIL”



Cowdrey, B. “Why data is ‘The New Oil’”. LinkedIn. Published September 27, 2016

Wiley Series in Survey Methodology

## Analysis of Poverty Data by Small Area Estimation



Editor: Monica Pratesi

WILEY

Wiley Series in Survey Methodology

## SMALL AREA ESTIMATION

Second Edition



J. N. K. Rao • Isabel Molina

WILEY

# Small Area Estimation (SAE)

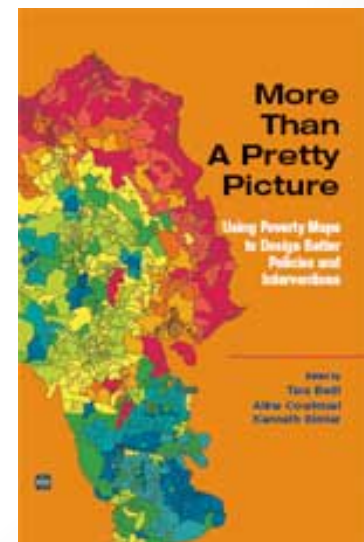
WILEY

## Small Area Estimation



J. N. K. Rao

WILEY SERIES IN SURVEY METHODOLOGY



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# 500 Cities Initiative



Robert Wood Johnson Foundation



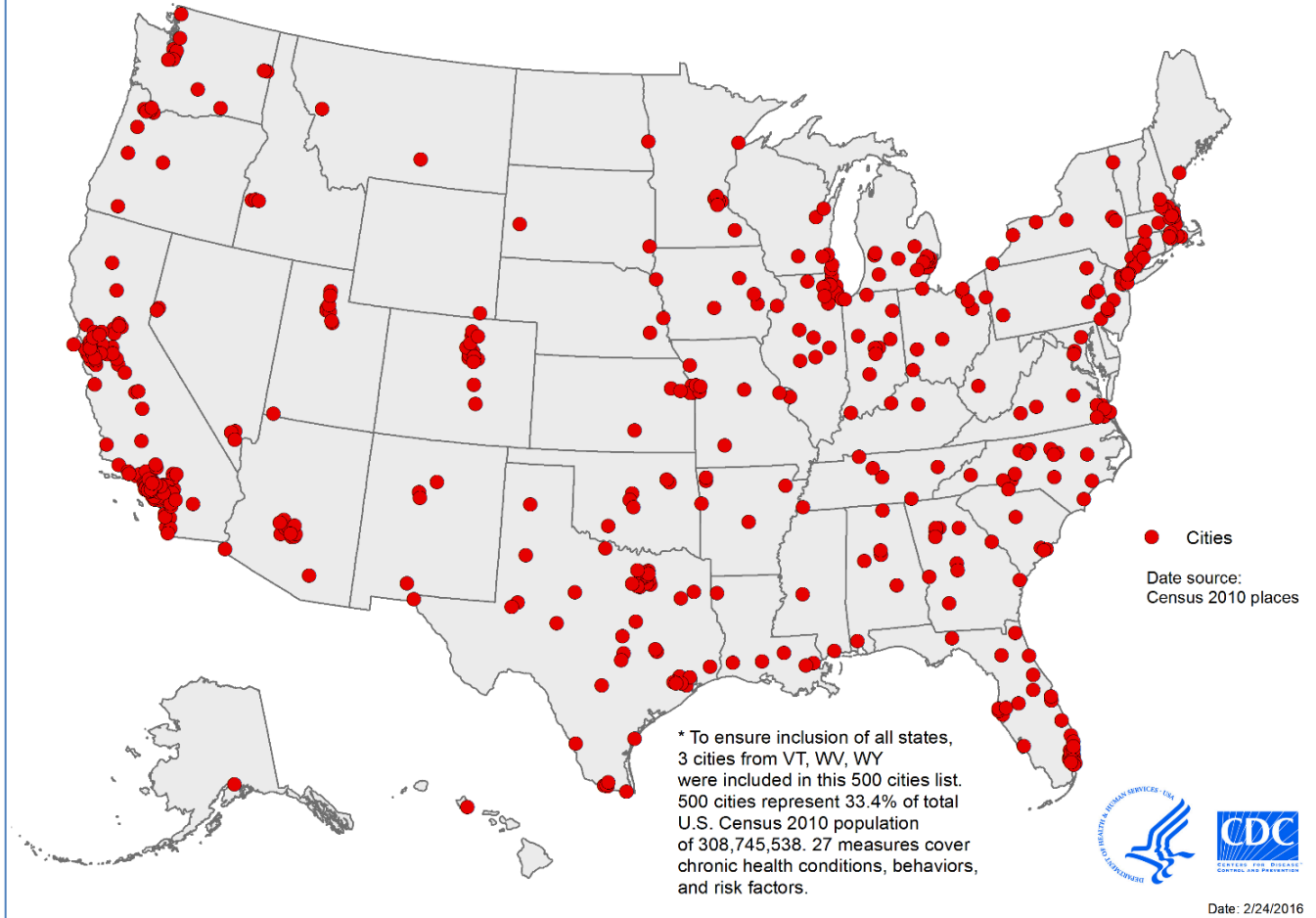
CENTERS FOR DISEASE  
CONTROL AND PREVENTION



CDC FOUNDATION

Helping CDC Do More, Faster

## Largest 500 US Cities\*, by 2010 Population



Date: 2/24/2016

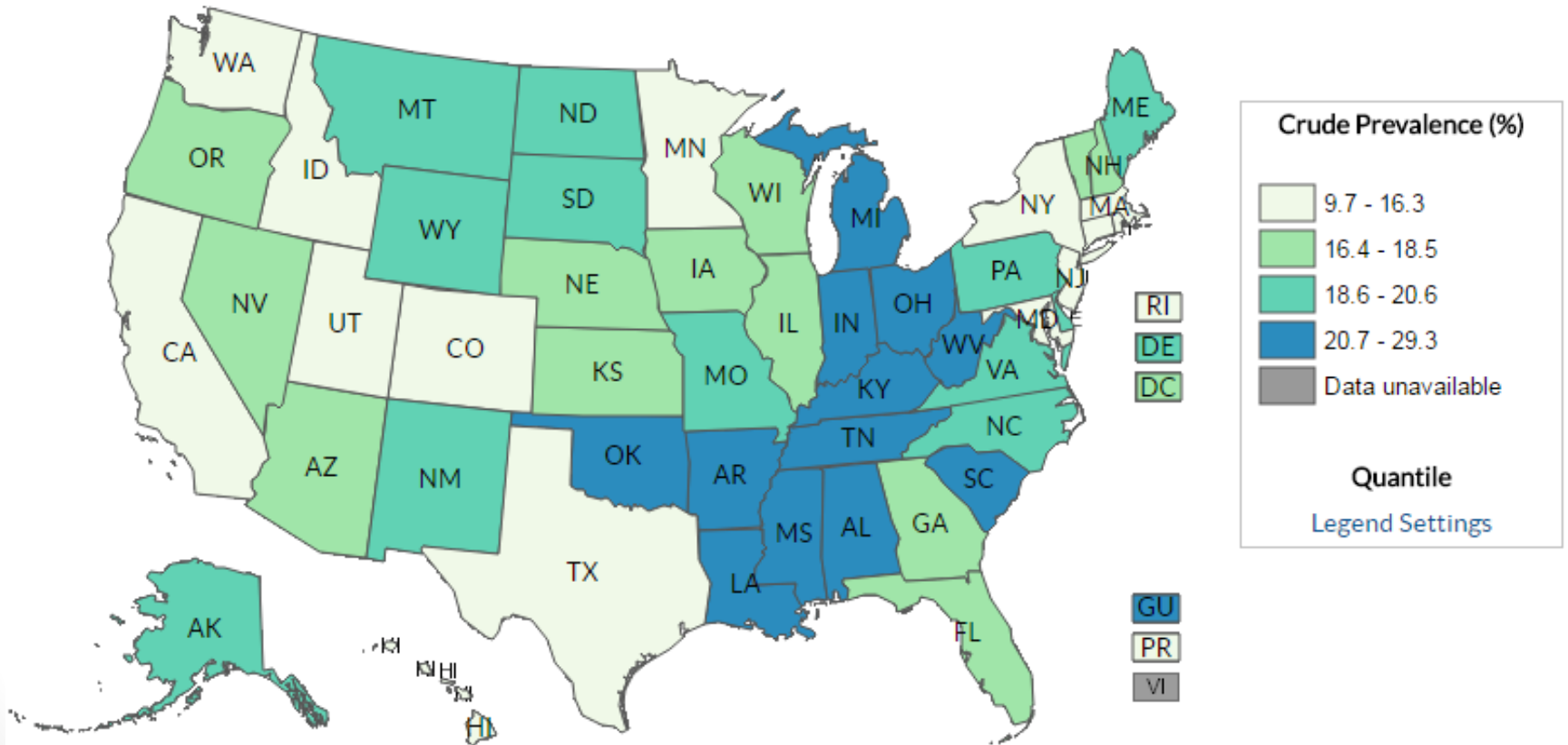


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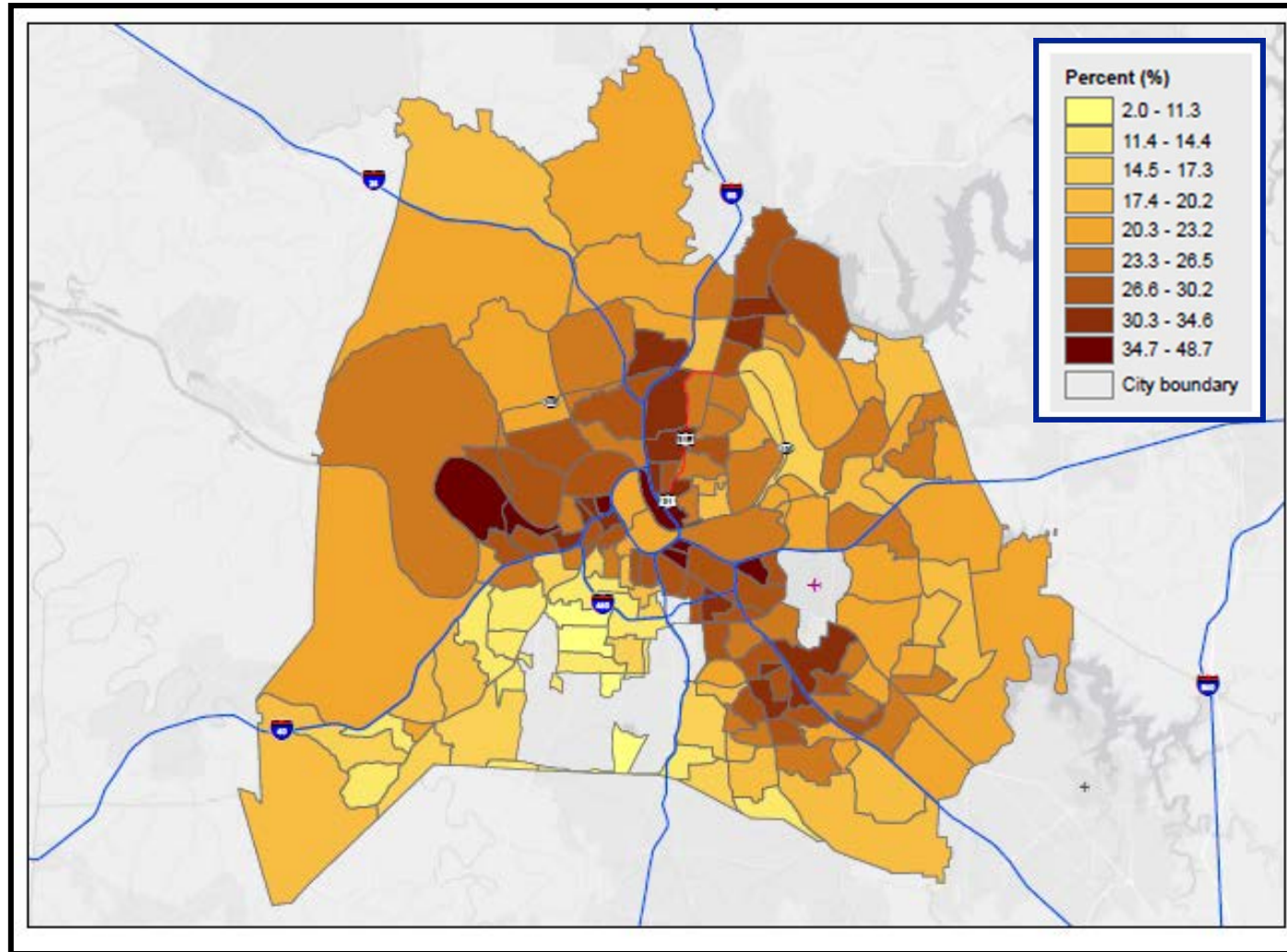
# From *this*.....

## Current smokers, Adults 18+ Behavioral Risk Factor Surveillance System, 2014 US & Tennessee

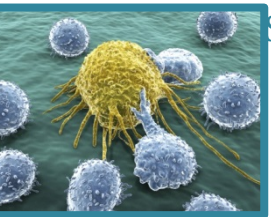


# To *this!*

## Current smokers, Adults 18+ by Census Tract 500 Cities Initiative, 2014 - Nashville/Davidson County



# 500 CITIES INITIATIVE



## Health Outcomes (13)

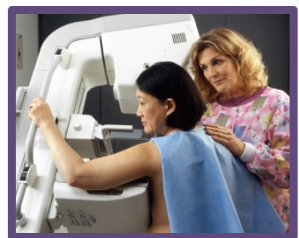
- Asthma
- High blood
- Diabetes
- Cancer
- High cholesterol
- Chronic kidney disease
- Chronic obstructive pulmonary disease
- Coronary heart disease
- Mental health
- Physical health
- All teeth loss
- Stroke

## Health Behaviors (5)

- Binge drinking
- Current smoking
- No physical activity
- Obesity
- Sleeping < 7 hrs.

## Prevention Measures (9)

- Lack of health insurance
- Routine check-up in the past year
- Annual dentist visit
- Taking medication for high blood pressure
- Cholesterol screening
- Mammography (women, aged 50-74)
- Pap smear (women, aged 21-65)
- Fecal occult blood test, sigmoidoscopy or colposcopy
- Older adults – up to date on clinical preventative services:
  - Men: Flu shot, PPV shot, colorectal screening
  - Women: same as above + Mammogram past 2 years



# Related to Existing Efforts..

## County Health Rankings & Roadmaps

Building a Culture of Health, County by County

The 2016 Health Rankings are coming on **March 16!**

#HealthRankings

  
Robert Wood Johnson  
Foundation



AMERICA'S  
**HEALTH  
RANKINGS**®  
UNITED HEALTH FOUNDATION®

## Chronic Disease Indicators (Vol. 64, No.1)

# MMWR

Morbidity and Mortality Weekly Report



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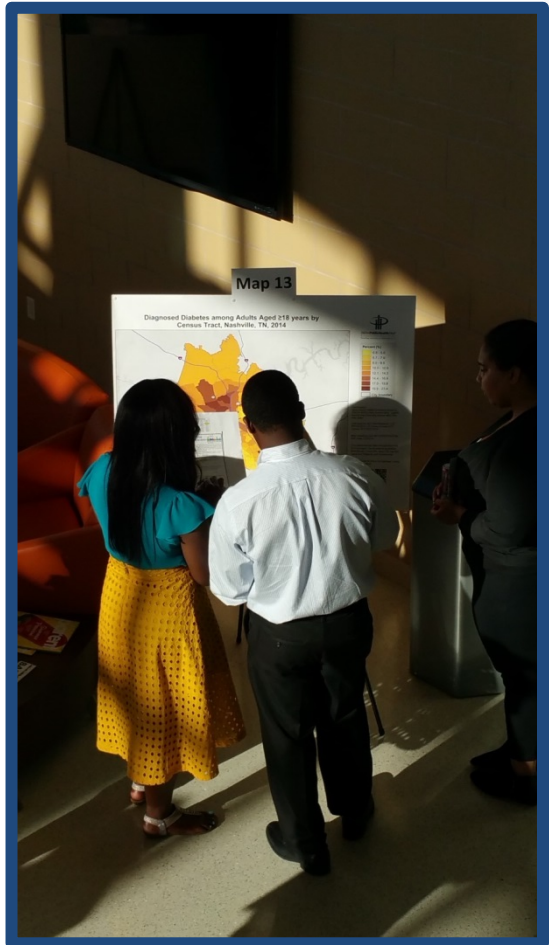
MAY 3RD, 2017

# Let's Talk Data!

*featuring*



500 Cities: Local data for better health

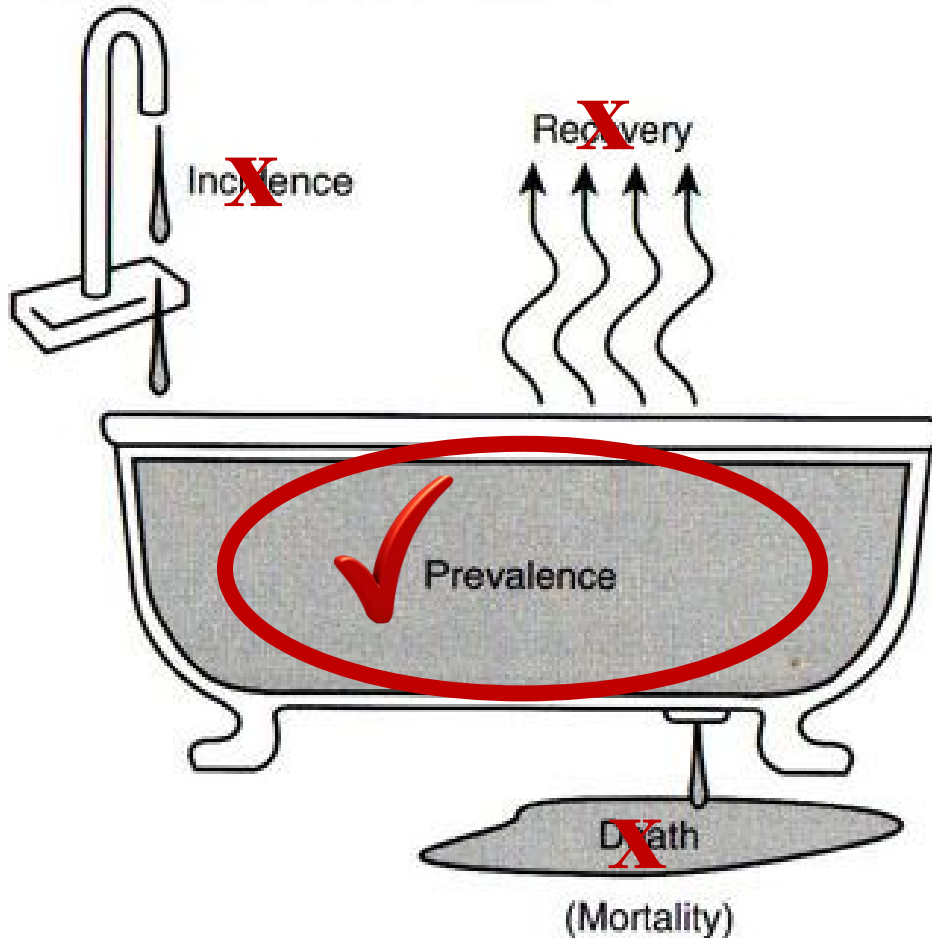








# LIMITATION #1



**Figure 6-1** The epidemiologist's bathtub



# LIMITATION #2

Trendlines Example Line Chart

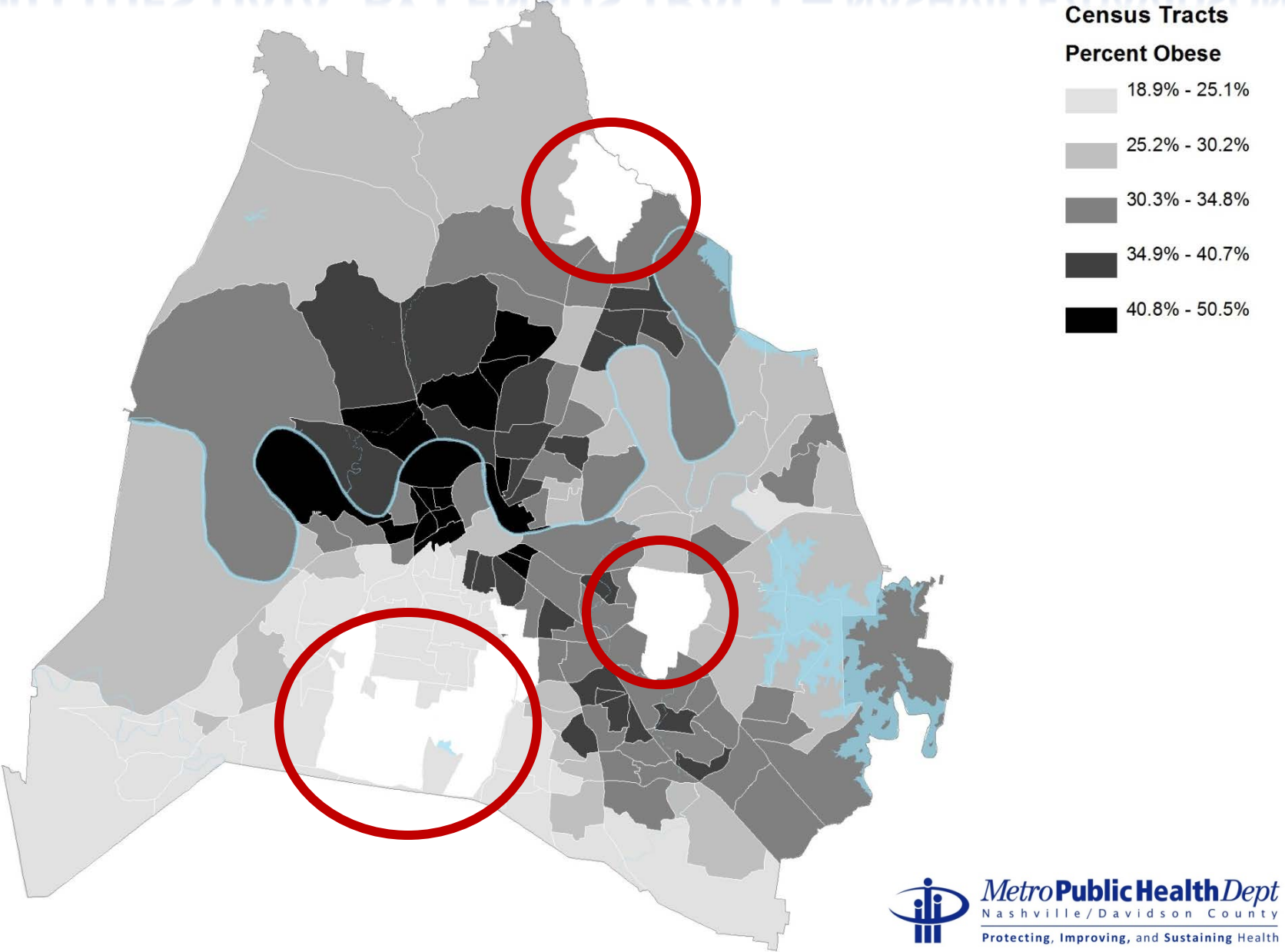


# Nashville Examples

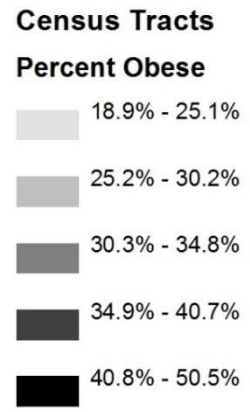
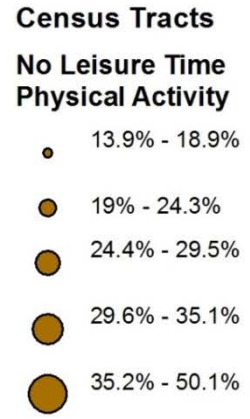
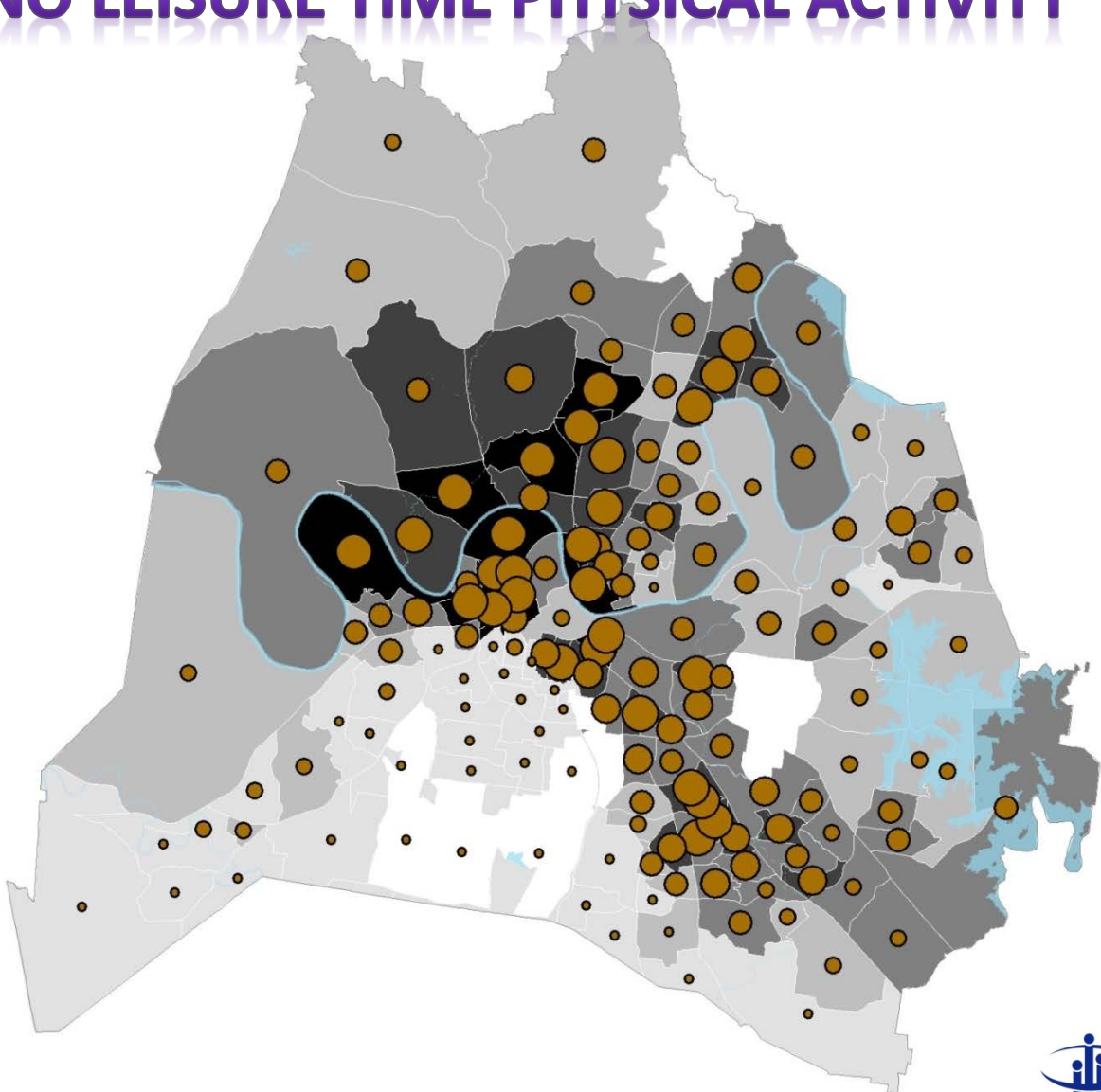


# PREVALENCE OF OBESITY AMONG ADULTS (18+)

## 500 CITIES DATA, BY CENSUS TRACT – NASHVILLE/DAVIDSON



# PREVALENCE OF OBESITY AMONG ADULTS (18+) 500 CITIES DATA, BY CENSUS TRACT – NASHVILLE/DAVIDSON W/NO LEISURE TIME PHYSICAL ACTIVITY

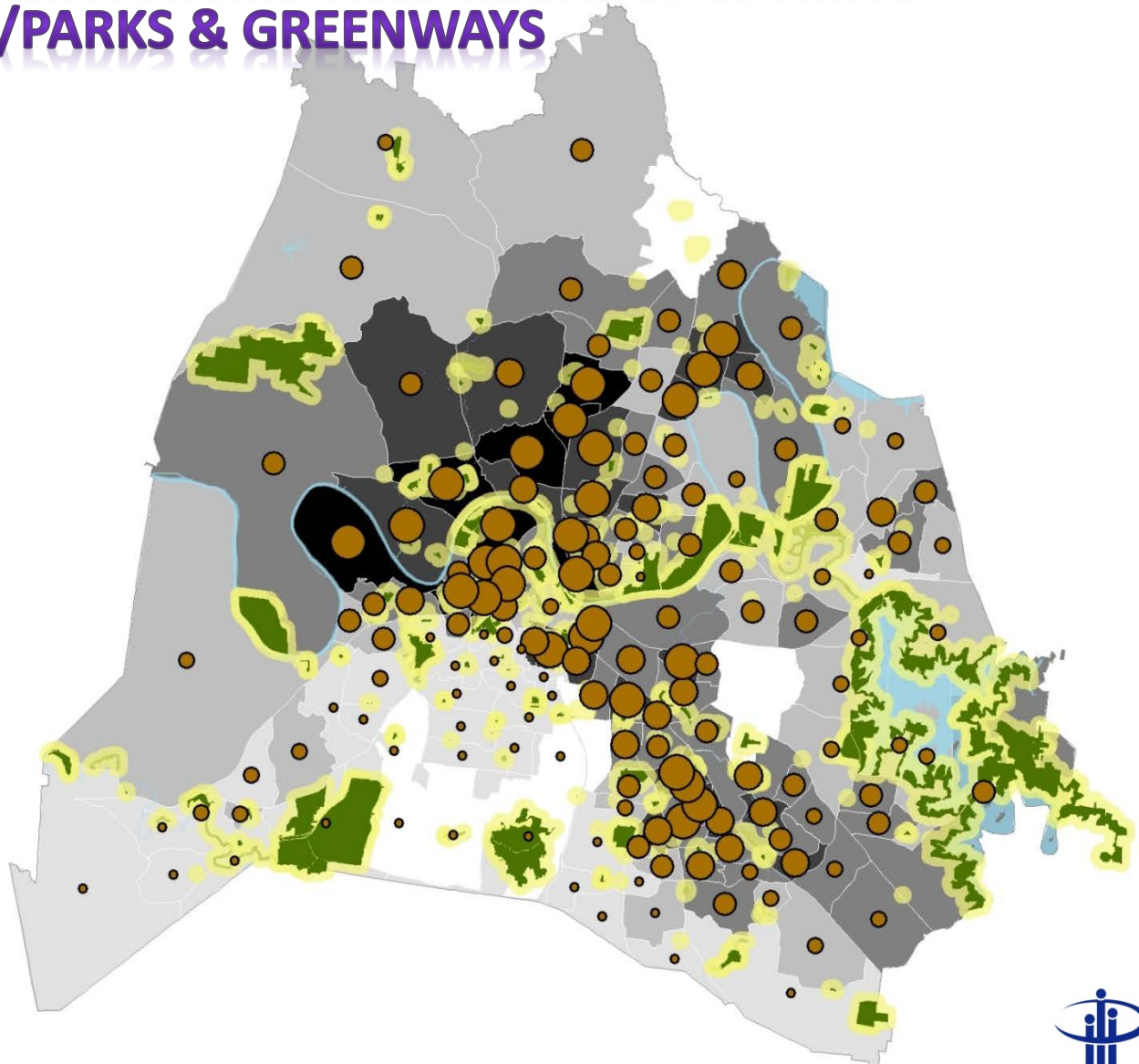


# PREVALENCE OF OBESITY AMONG ADULTS (18+)

## 500 CITIES DATA, BY CENSUS TRACT – NASHVILLE/DAVIDSON

### W/NO LEISURE TIME PHYSICAL ACTIVITY

### W/PARKS & GREENWAYS



**Census Tracts**

**No Leisure Time Physical Activity**

- 13.9% - 18.9%
- 19% - 24.3%
- 24.4% - 29.5%
- 29.6% - 35.1%
- 35.2% - 50.1%

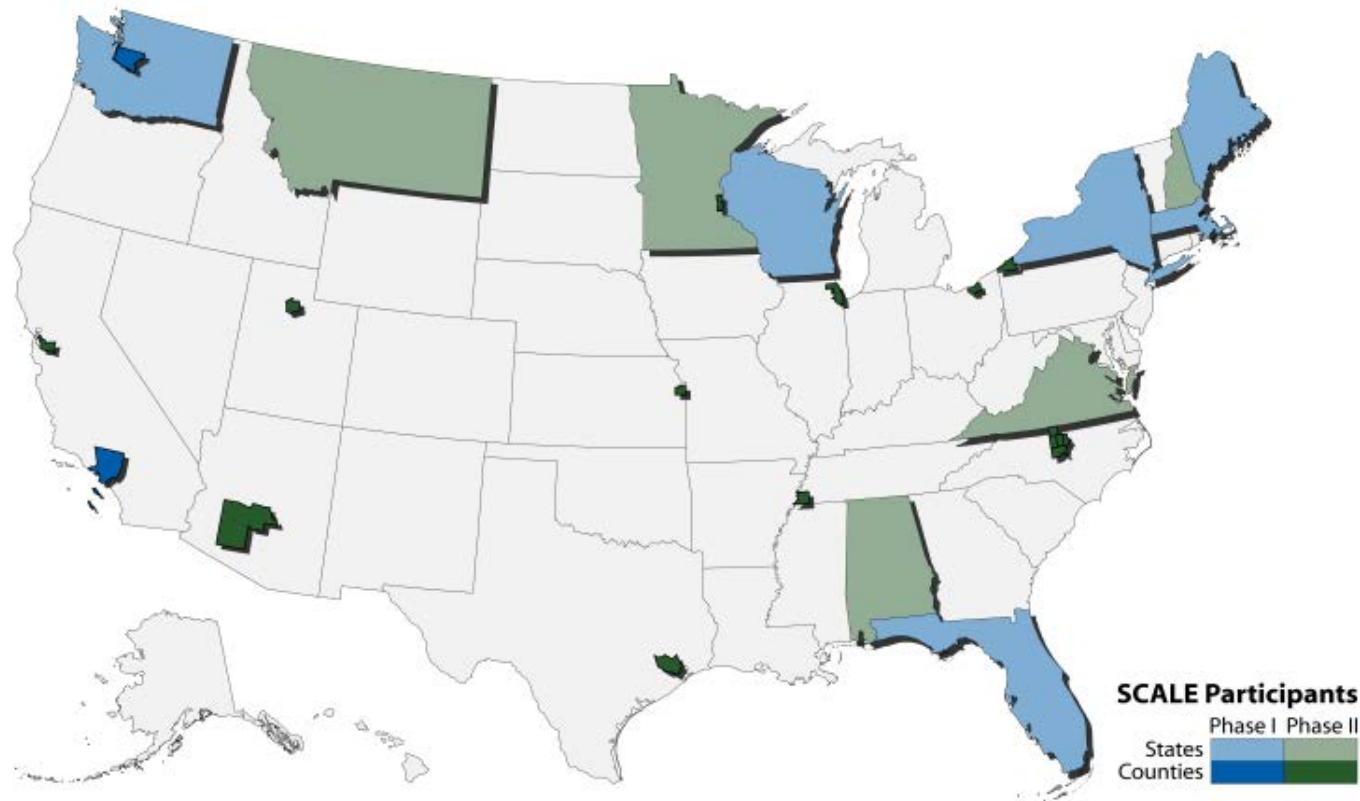
**Census Tracts**

**Percent Obese**

- 18.9% - 25.1%
- 25.2% - 30.2%
- 30.3% - 34.8%
- 34.9% - 40.7%
- 40.8% - 50.5%

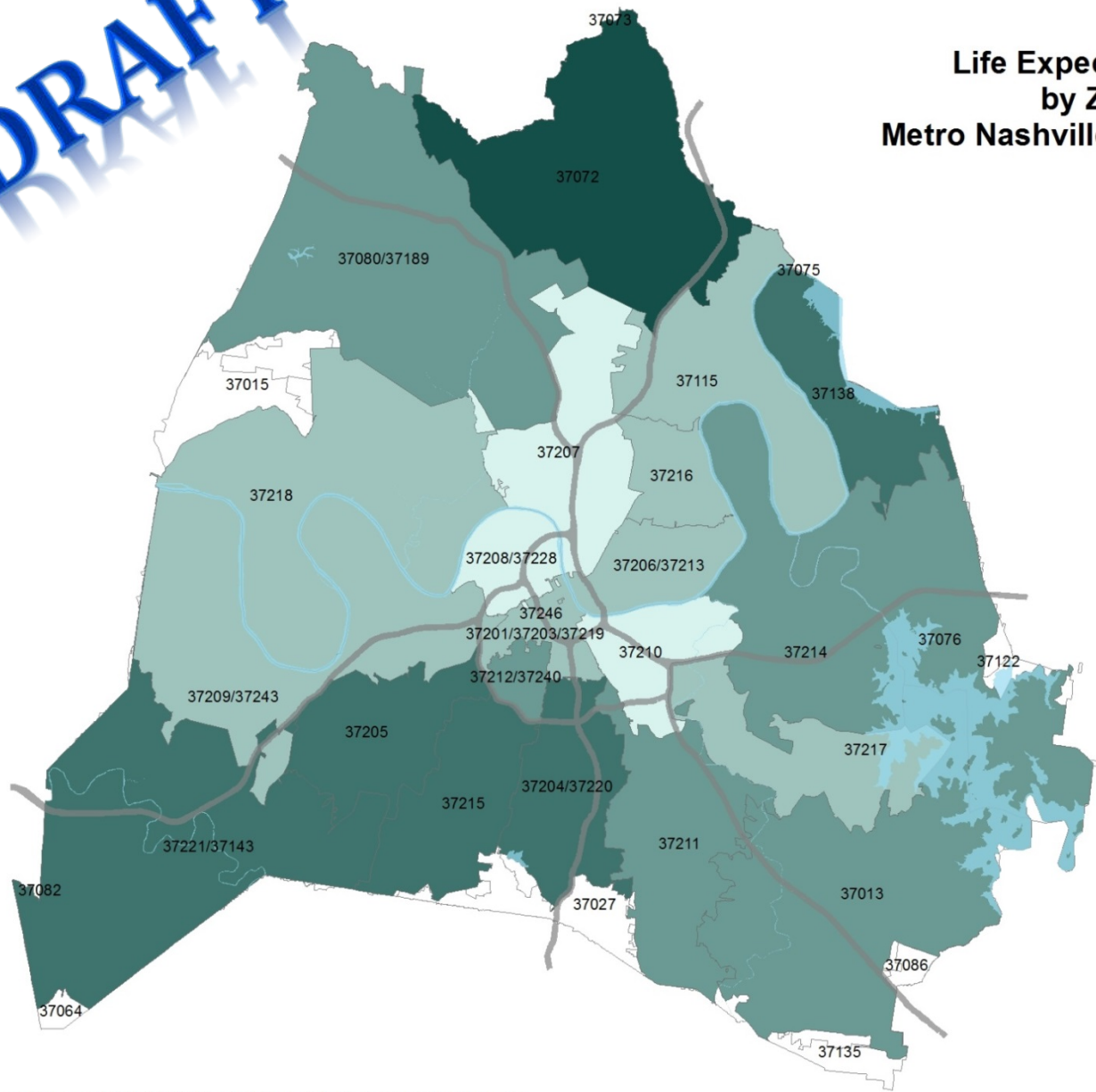
# SCALE PROJECT

Sub-County Assessment of Life Expectancy Project



**DRAFT**

## Life Expectancy at Birth by ZIP Code Metro Nashville-Davidson County



### Life Expectancy at Birth

- 71.1 - 76.2
- 76.3 - 79.9
- 80.0 - 85.9
- 86.0 - 92.4
- 92.5 - 98.0
- Data Suppressed
- Interstates
- Major Water Bodies

Data Sources: 2011-2015 Death Files, TN Department of Health;  
2015 American Community Survey 5-yr Estimates, U.S. Census Bureau

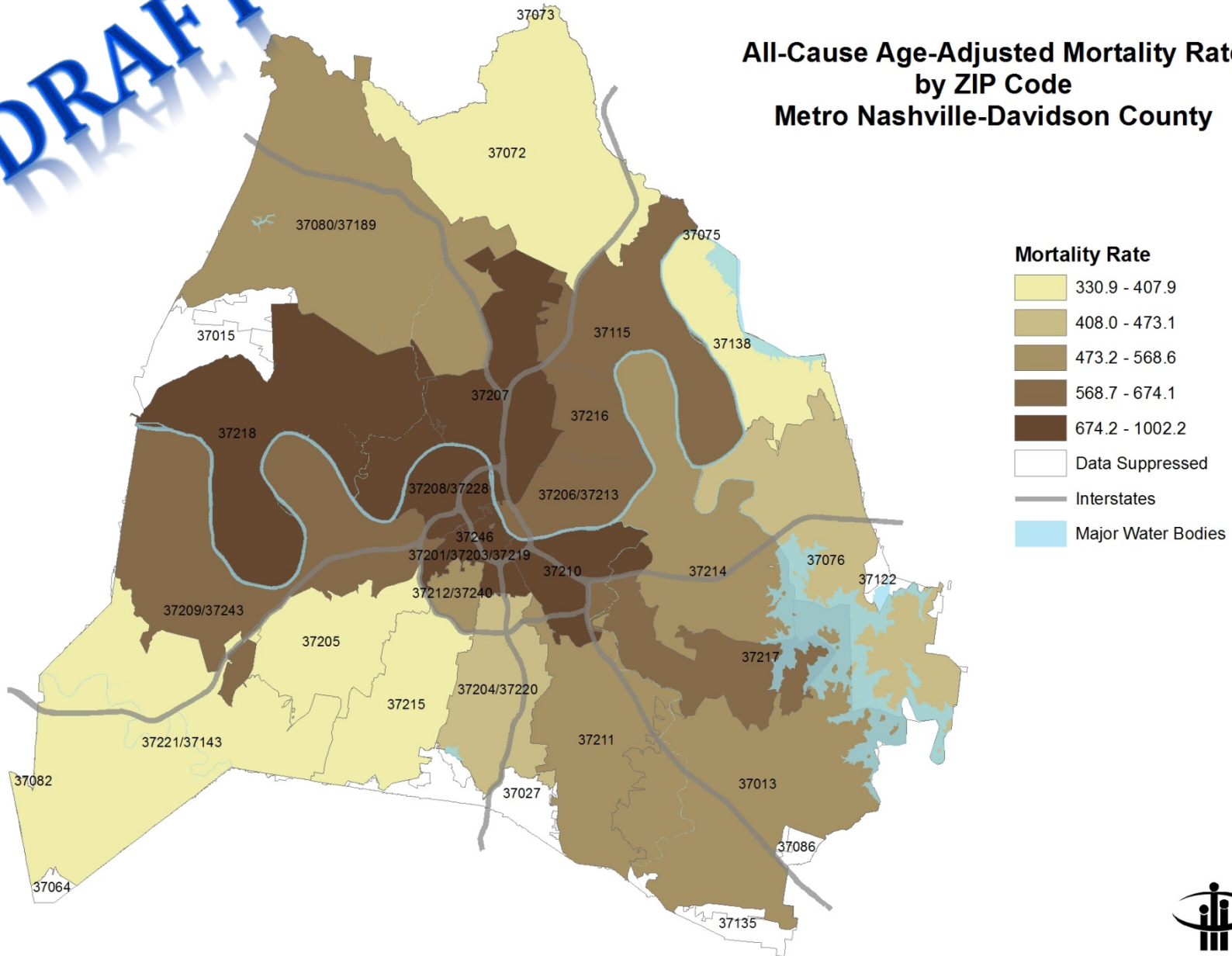


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Promoting and Protecting Health



**DRAFT**

## All-Cause Age-Adjusted Mortality Rate by ZIP Code Metro Nashville-Davidson County

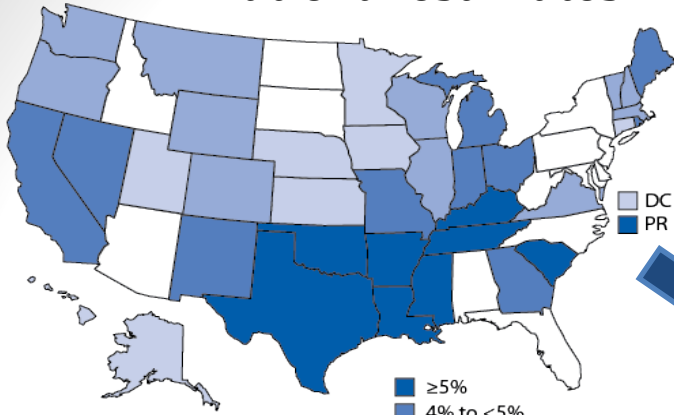


Data Sources: 2011-2015 Death Files, TN Department of Health;  
2015 American Community Survey 5-yr Estimates, U.S. Census Bureau



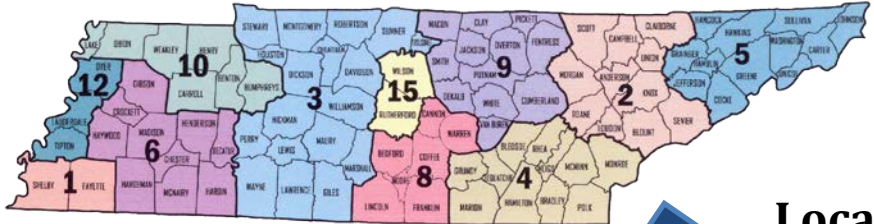
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Promoting and Protecting Health

# National estimates

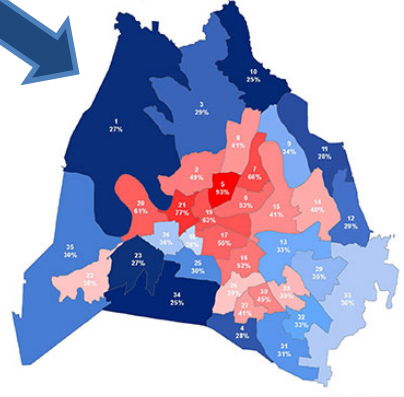


- ≥5%
- 4% to <5%
- 3% to <4%
- <3%
- No data

# State estimates



# Local estimates



# Small Area Estimation

# Questions/Comments...

## DIVISION OF EPIDEMIOLOGY

Population Health Bureau

Dr. Raquel Qualls-Hampton, Director

[Raquel.Qualls-Hampton@nashville.gov](mailto:Raquel.Qualls-Hampton@nashville.gov)

(615) 340-8623



**Metro Public Health Dept**

Nashville / Davidson County

Protecting, Improving, and Sustaining Health

# Strategic Plan: Community Collaboration

## Update to the Board of Health

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

June 13, 2017



*Metro* **Public Health Dept**

Nashville/Davidson County

Protecting, Improving, and Sustaining Health

# Strategic Organizational Goals

1. Strengthen and support the public health workforce
2. Strengthen organizational performance
- 3. Develop and strengthen community collaboration**
4. Advance health equity
5. Enhance public health communication



# Features

- Cascading Objectives and Tactics (2015 – 2020)
- Mostly on track
- Operational Index
  1. Completed
  2. In progress
  3. To be completed



# Develop and Strengthen Community Collaboration

- **Scope (Objectives)**
  - Community Health Improvement Plan (3.1, 3.2)
  - Community Health Assessment (3.3, 3.4)
  - Community Collaboration (3.5, 3.6)

# Develop and Strengthen Community Collaboration – Community Health Improvement Plan

- **Objective 3.1** – By December 2015, develop a monitoring and evaluation plan for the current Community Health Improvement Plan (CHIP).
- **Status:** Completed. Overall objective has been met. CHIP progress towards the goals are being tracked.



# Develop and Strengthen Community Collaboration – Community Health Improvement Plan

- **Tactic 1:** By December 2015, Healthy Nashville Core Indicator Set will be displayed on the Healthy Nashville community portal.
- **Status:** Completed. (<http://www.healthynashville.org>).

# Develop and Strengthen Community Collaboration – Community Health Improvement Plan

- **Tactic 2:** Draft annual report on CHIP progress.
- **Status:** Completed.
- **Tactic 3:** Beginning in December 2017, update Community Health Profile every three years.
- **Status:** To be completed



# Develop and Strengthen Community Collaboration

## – Community Health Improvement Plan

- **Objective 3.2** – By July 2019, convene partners and community members to develop a new Community Health Improvement Plan.
- **Status:** *In Progress.*



# Develop and Strengthen Community Collaboration

## – Community Health Assessment

- **Objective 3.3** – By July 2018, align community health assessment processes with community partners.
- **Status:** *In Progress.*



# Develop and Strengthen Community Collaboration – Community Health Assessment

- **Tactic 1:** Establish a committee to identify data gaps.
- **Status:** [In Progress.](#)
- **Tactic 2:** Committee to recommend strategies for addressing those gaps.
- **Status:** [In Progress.](#)
- **Tactic 3:** By July 2018, develop and implement a process for primary data collection to fill data gaps.
- **Status:** [In Progress.](#)

# Develop and Strengthen Community Collaboration

## – Community Assessment

- **Objective 3.4** – By July 2018, convene partners and community members to complete Community Health Assessment.
- **Status:** *In Progress*. *Commenced January 2017.*
- **Tactic 1:** By December 2017, conduct a process evaluation of previous CHA and use to inform the development of a work plan.
- **Status:** *To be completed.*

# Develop and Strengthen Community Collaboration

## – Community Collaboration

- **Objective 3.5** – By July 2019, build staff capacity to engage and collaborate with the community.
- **Status:** *In Progress.*
- **Tactic 1:** By July 2017, inventory existing partnerships with MPHD programs and external partners.
- **Status:** *In Progress.*

# Develop and Strengthen Community Collaboration

## – Community Collaboration

- **Tactic 2:** By December 2017, conduct 360 assessment of partnerships.
- **Status:** **To be completed.**
- **Tactic 3:** By July 2018, develop recommendations for improving MPHD partnerships.
- **Status:** **To be completed.**
- **Tactic 4:** By December 2018, provide training to staff on methods of community collaboration.
- **Status:** **To be completed.**



# Develop and Strengthen Community Collaboration

## – Community Collaboration

- **Objective 3.6** – By July 2018, create and implement protocols for improving internal and external data usage and sharing.
- **Status:** *In Progress.*
- **Tactic 1:** By December 2015, identify and catalog data sets.
- **Status:** *Completed.*

# Develop and Strengthen Community Collaboration

## – Community Collaboration

- ***Tactic 2:*** By December 2017, develop internal and external protocols for data management to address use of common language, confidentiality, storage, sharing and access.
- **Status:** *To be completed.*

# New Collaborative Efforts led/co-led by MPHD

- Nashville Infant Vitality Initiative
- Community Mental Health Systems (PIP)
- Sexual Assault Forensic Examinations
- School Health Advisory Committee  
(with MNPS & Alignment Nashville)
- ACE Nashville



# Resources for Collaboration--Examples

- ACE coordinator—FY 17 budget
- CMHSI coordinator—repurposed position
- Health equity coordinator—repurposed position
- Population Health QI position—repurposed
- Opioid/Opiate coordinator—FY 18 budget proposal

## **Director's Update to the Board of Health June, 2017**

### **Promote and Support Healthier Living**

#### **Health in All Policies**

Our Health in All Policies work continues to grow and is beginning to produce results. The coordinators group is making connections across departments, identifying gaps and issues of common interest, and learning how to address them collectively. The Leadership Roundtable heard a detailed presentation on substantial changes under way at the Metro Housing Development Agency as it shifts toward mixed-income developments, starting with Envision Casey. Such developments have potential for significant positive health impact: for example, pharmacies and grocery stores as part of a "complete neighborhood" concept.

### **Prevent and Control Epidemics and Respond to Public Health Emergencies**

#### **Scabies**

Our investigation of and response to the scabies outbreak at the CCA facility and the A.A. Birch building is in progress. The most up-to-date news (verbal update from Dr. Paul and staff).

#### **Opioids**

The Tennessee Department of Health shared recent statewide trends in opioid overdoses, including county specific trends, and said they are in the early stages of preparing a publicly available "dashboard" so people can see the most recent trends for opioid use and abuse. TDH has asked us to provide input on which data would be most useful to local health departments. Our team is reviewing Davidson County opioid related deaths in more detail and we intend to present information to the public and the Board in July.

#### **COOP Exercise**

The PHEP team led a Continuity of Operations (COOP) tabletop exercise with the ELT. Having a robust and comprehensive Continuity of Operations Plan is essential to ensuring that vital functions and operations continue in emergencies or other unforeseen circumstances. The scenario for this exercise posed a situation where the Lentz Public Health Center was out of commission for at least 30 days. Key objectives included developing a communications plan for both the staff and the public, prioritizing services under constrained circumstances, and maintaining essential functions. The exercise will result in some revisions to the plan.

### **Increase Access and Connection to Clinical Care**

#### **Mental Health**

As previously reported, the Mayor funded the Mental Health Public Investment Plan and that work continues. I'm pleased to report that MPHD has been named Collaborative Nonprofit Partner of the Year by one of our allies in this effort, Mental Health America of Middle Tennessee. There will be an awards luncheon on June 19. We were selected for our work with pre-arrest diversion, which is the focus on the PIP; the Safety Net Consortium, suicide prevention and Nashville Health. Also, Angie Thompson, the director of our Behavioral Health and Wellness Division, was a panelist at the at the 2017 Collective Impact Convening in Boston last month. She discussed the evolution of ACE Nashville, highlighting ties to

the Community Health Improvement Plan (CHIP), participation in Collaboration College, and the subsequent growth of ACE Nashville to include 112 organizations across the spectrum of the community. Joanne Pulles -- the Director of Community Relations for HCA and President of the HCA Foundation -- participated with Angie in this event.

## **Organizational Updates**

### **Dr. Foster**

A reminder that we are all gathering to recognize Dr. Foster for his many contributions to the public health enterprise in Nashville, and his dedicated service to this board and this department on June 19 at 4:30 here in the board room.

### **Budget**

Our budget hearing with the Metro Council on May 18 went well. We were asked whether our various fees pay the cost of programs, which most do not (vehicle emissions and food and public facility inspections being exceptions), and about the role of our new opioid response coordinator. Additional funding for expanding the school nurse program is not in the budget as of this writing, but I want to thank in particular Chairman Felker for writing letters of support to both the Board of Education and the Metro Council, as chairman of the Board of Health, in support of expanded funded for school nursing. The funding did not make it into the revised Board of Education budget recommendation, but we have been approached by several Council members interested in possibly trying to fund it through some other mechanism.

Also, the initial capital spending plan proposed by Mayor Barry did not include funding for a Woodbine replacement. However, depending upon tax receipts over the course of the year there is a possibility there will be a second round of capital spending recommendations. We will continue to work to get the replacement funded, whether in that round or the next. Our fiscal year starts July 1.

### **Kronos**

The long-awaited implementation of the Kronos electronic time-keeping system began for MHPD on May 20. There is a learning curve for everyone, but so far the implementation has been relatively smooth. My thanks to the staff in HR, in particular Leslie Robeson, for their work on this project.

# Metro Animal Care and Control

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Monthly Report

May 2017



**METRO NASHVILLE**  
ANIMAL CARE & CONTROL

# May 2017 Intakes

	Kitten	Adult Cat	Puppy	Adult Dog	Other	Wildlife	Total
Owner Surrender	65	46	55	113	7	0	<b>286</b>
Request for Humane Euthanasia	0	5	7	41	8	0	<b>61</b>
Stray	86	30	41	172	8	24	<b>361</b>
<b>Total</b>	<b>151</b>	<b>81</b>	<b>103</b>	<b>326</b>	<b>23</b>	<b>24</b>	<b>708</b>

**Kitten/Puppy:** 6 weeks old to 6 months old

**Adult Cat/Dog:** 7 months or older

**Other:** Includes Livestock, small animals

# May 2016 to May 2017 Intakes

	2016				2017			
	Cats	Dogs	Other	Total	Cats	Dogs	Other	Total
Owner Surrender	112	155	32	<b>299</b>	111	168	7	<b>286</b>
Request for Humane Euthanasia (Owner Surrender)	19	16	0	<b>35</b>	5	48	8	<b>61</b>
Stray	143	148	30	<b>321</b>	116	213	32	<b>361</b>
<b>Total</b>	<b>274</b>	<b>319</b>	<b>62</b>	<b>655</b>	<b>232</b>	<b>429</b>	<b>47</b>	<b>708</b>

**Other:** Includes Livestock, small animals and wildlife



# May 2017 Outcomes\*

	Kitten	Adult Cat	Puppy	Adult Dog	Other	Wildlife	Total
Adopted	6	25	39	83	7	0	160
Transferred to Rescue Agency	22	13	32	50	2	13	132
Returned to Owner	1	3	8	81	1	0	94
Community Cats Program	0	12	0	0	0	0	12
Humanely Euthanized	13	19	2	81	10	9	134
<b>Total</b>	<b>42</b>	<b>72</b>	<b>81</b>	<b>295</b>	<b>20</b>	<b>22</b>	<b>532</b>

**Kitten/Puppy:** 6 weeks old to 6 months old

**Adult Cat/Dog:** 7 months or older

**Other:** Includes Livestock, small animals and wildlife

# May 2016 to May 2017 Outcomes\*

	2016				2017			
	Cats	Dogs	Other	Total	Cats	Dogs	Other	Total
Adopted	29	167	12	<b>208</b>	31	122	7	<b>160</b>
Transferred to Rescue Agency	34	49	16	<b>99</b>	35	82	15	<b>132</b>
Returned to Owner	1	52	0	<b>53</b>	4	89	1	<b>94</b>
Community Cat Program	22	0	0	<b>22</b>	12	0	0	<b>12</b>
Humanely Euthanized	49	57	4	<b>110</b>	32	83	19	<b>134</b>
<b>Total</b>	<b>135</b>	<b>325</b>	<b>32</b>	<b>492</b>	<b>114</b>	<b>376</b>	<b>42</b>	<b>532</b>

\*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

		Trailing 12 Month Average	
		May-17	Ending May 31st, 2017
A	Intake Total	708	638
B	Stray	361	286
C	Owner Surrender	286	257
D	Owner Req. Euth	61	87
E	Wildlife	24	10
F	Other	23	22
G	Adopted	160	204
H	Transfer	132	138
I	RTO	94	76
J	ORE Euthanized	50	41
K	Wildlife Euthanized	9	5
L	Euth Total	134	115
M	Euth %	11%	11%

### Data Report Key

Intakes

Outcomes

# Open Range Merit Increase Distribution

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**June 13, 2017**

Peter Fontaine, CPA, MBA  
Director of Administration and Finance

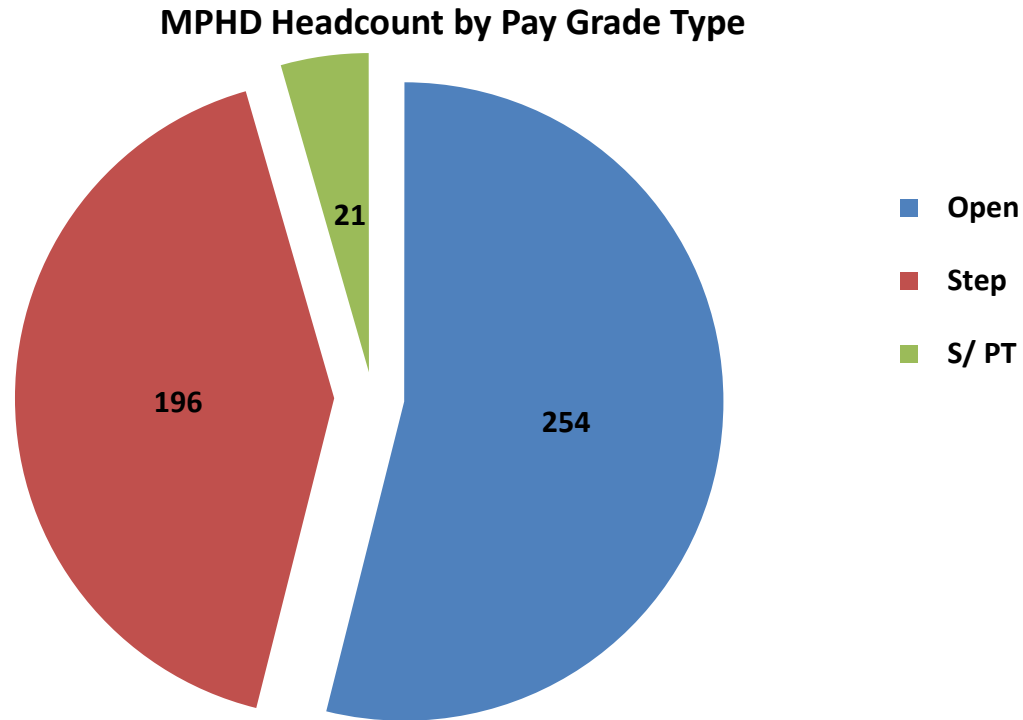


*Metro* **Public Health Dept**  
Nashville/Davidson County  

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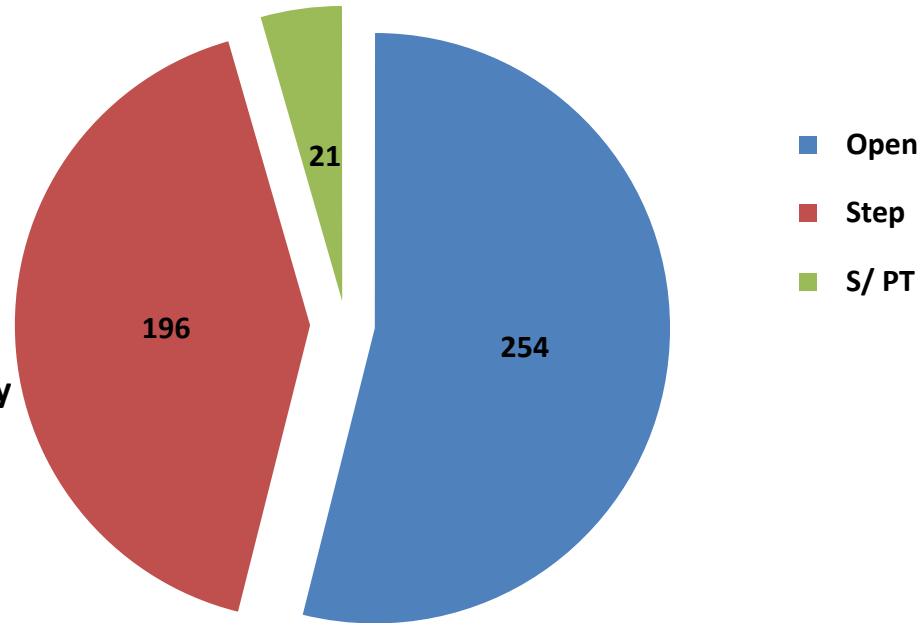
Protecting, Improving, and Sustaining Health

# Estimated Headcount



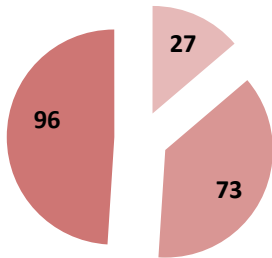
# Estimated Headcount

MPHD Headcount by Pay Grade Type



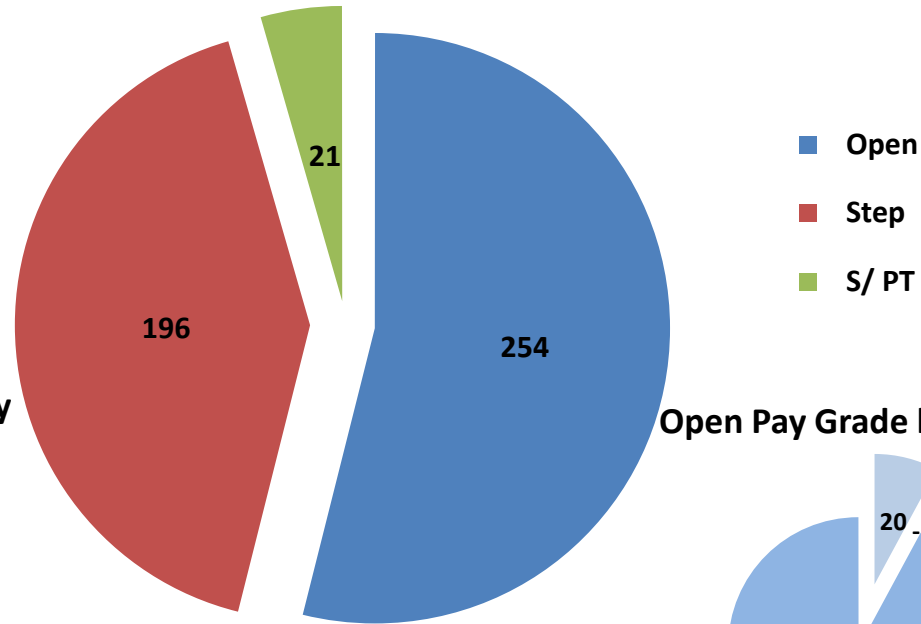
Step Pay Grade by FY2018 Eligibility

- At Max
- Not Eligible
- Net FY2018 Eligible

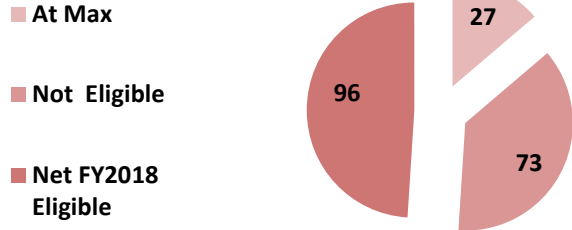


# Estimated Headcount

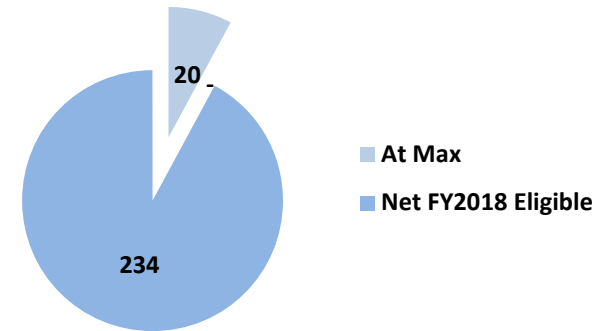
## MPHD Headcount by Pay Grade Type



## Step Pay Grade by FY2018 Eligibility



## Open Pay Grade by FY2018 Eligibility



# Performance Evaluation

OVERALL PERFORMANCE RATING SCALE			
Rating	Rating #	Total Score	Performance Rating Definitions
Outstanding	5	4.5 - 5.0	Consistently exceeds expectations and position requirements and is recognized by peers and supervisors as a leader who shows initiative and is a positive example for others.
Above Expectations	4	3.5 - 4.49	Consistently meets and occasionally exceeds expectations and position requirements.
Meets Expectations	3	2.5 - 3.49	Consistently meets expectations and position requirements.
Partially Meets Expectations	2	1.5 - 2.49	Occasionally fails to meet expectations and position requirements.
Does Not Meet Expectations	1	1 - 1.49	Consistently fails to meet expectations and position requirements and a performance improvement plan (PIP) is required (unless a PIP, reprimand or disciplinary action already occurred during the year under review and the employee now meets performance expectations).

# Salary Adjustments for FY2018

- “Across the Board” 2% increase for all salary ranges (COLA)
- Merit Increases:
  - Performance Evaluation rating of “Meets Expectation” or better
  - Step Pay Grades:
    - A pool of funds is provided to award step increases according to employee’s date of next increment
      - Generally annual to 5<sup>th</sup> step, biannual thereafter
      - Each step is pre-determined, but approximates a 3% increment
- Open Range Pay Grade:
  - Must have been hired by August 1, 2016
  - A pool of funds equivalent to 2% of salaries is provided for open range salary adjustments



# Open Range Pay Adjustment Distribution

- Pool is “fixed” at 2% of base of colleagues that are eligible
- ELT recommends:
  - ❖ distribution considering Performance Evaluation rating
  - ❖ pools by Bureau rather than overall Department
    - Roles / responsibilities vary dramatically within same pay grades from Bureau to Bureau (i.e. OR4 = Dental Hygienist 2, Environmental Engineer 1, IS Applications Analyst 2, Nutritionist 3, Public Health Nurse 1)
    - More manageable scope for conformity
    - Will create inconsistency of % increases per rating across Bureaus
      - but will be consistent within most comparable peer group

# Mathematical Weighting Model

## Open Range Merit Increase Distribution

Name	Current Salary	Assumed COLA 2.00%	Post COLA Salary	PE Score	Rating	Earning Merit Increase	Weighting	Calculated Merit Increase	Merit % Increase
A	\$ 35,000.00	\$ 700.00	\$ 35,700.00	2.45	-	-	-	\$ -	0.00%
B	\$ 40,000.00	\$ 800.00	\$ 40,800.00	3.30	3.00	CAPPED	-	\$ -	0.00%
C	\$ 25,000.00	\$ 500.00	\$ 25,500.00	3.20	3.00		76,500	\$ 444.50	1.74%
D	\$ 50,000.00	\$ 1,000.00	\$ 51,000.00	3.00	3.00		153,000	\$ 888.99	1.74%
E	\$ 65,000.00	\$ 1,300.00	\$ 66,300.00	3.60	4.00		265,200	\$ 1,540.92	2.32%
F	\$ 75,000.00	\$ 1,500.00	\$ 76,500.00	3.25	3.00		229,500	\$ 1,333.49	1.74%
G	\$ 30,000.00	\$ 600.00	\$ 30,600.00	3.45	3.00		91,800	\$ 533.39	1.74%
H	\$ 55,000.00	\$ 1,100.00	\$ 56,100.00	4.70	5.00		280,500	\$ 1,629.82	2.91%
I	\$ 95,000.00	\$ 1,900.00	\$ 96,900.00	4.00	4.00		387,600	\$ 2,252.11	2.32%
J	\$ 45,000.00	\$ 900.00	\$ 45,900.00	3.75	4.00		183,600	\$ 1,066.79	2.32%
			\$ 525,300.00				1,667,700	\$ 9,690.00	

### CALCULATION:

Total Base Salary	\$ 525,300.00
Less: Individuals At Range Maximum	\$ (40,800.00)
Base Salary	\$ 484,500.00
Merit Rate (Assumption for illustration)	2.0%
Merit Pool \$	\$ 9,690.00
Merit Pool \$	\$ 9,690.00
Divided by: Weighting Total	1,667,700.00
Pool \$ Distribution per weighting point	\$ 0.005810398

### OVERALL PERFORMANCE RATING SCALE

Rating	Rating #	Total Score	Performance Rating Definitions
Outstanding	5	4.5 - 5.0	Consistently exceeds expectations and position requirements and is recognized by peers and supervisors as a leader who shows initiative and is a positive example for others.
Above Expectations	4	3.5 - 4.49	Consistently meets and occasionally exceeds expectations and position requirements.
Meets Expectations	3	2.5 - 3.49	Consistently meets expectations and position requirements.
Partially Meets Expectations	2	1.5 - 2.49	Occasionally fails to meet expectations and position requirements.
Does Not Meet Expectations	1	1 - 1.49	Consistently fails to meet expectations and position requirements and a performance improvement plan (PIP) is required (unless a PIP, reprimand or disciplinary action already occurred during the year under review and the employee now meets performance expectations).

# Different PE Score = Different Results

## Open Range Merit Increase Distribution

Name	Current Salary	2.00% Assumed COLA	Post COLA Salary	PE Score	Rating Earning Merit Increase	Weighting	Calculated Merit Increase	Merit % Increase	PE Score	Rating Earning Merit Increase	Weighting	Calculated Merit Increase	Merit % Increase
A	\$ 35,000.00	\$ 700.00	\$ 35,700.00	2.45	-	-	\$ -	0.00%	2.45	-	-	\$ -	0.00%
B	\$ 40,000.00	\$ 800.00	\$ 40,800.00	3.30	3.00	CAPPED	\$ -	0.00%	3.30	3.00	CAPPED	\$ -	0.00%
C	\$ 25,000.00	\$ 500.00	\$ 25,500.00	3.20	3.00	76,500	\$ 444.50	1.74%	3.60	4.00	102,000	\$ 603.74	2.37%
D	\$ 50,000.00	\$ 1,000.00	\$ 51,000.00	3.00	3.00	153,000	\$ 888.99	1.74%	3.00	3.00	153,000	\$ 905.61	1.78%
E	\$ 65,000.00	\$ 1,300.00	\$ 66,300.00	3.60	4.00	265,200	\$ 1,540.92	2.32%	3.60	4.00	265,200	\$ 1,569.72	2.37%
F	\$ 75,000.00	\$ 1,500.00	\$ 76,500.00	3.25	3.00	229,500	\$ 1,333.49	1.74%	3.25	3.00	229,500	\$ 1,358.41	1.78%
G	\$ 30,000.00	\$ 600.00	\$ 30,600.00	3.45	3.00	91,800	\$ 533.39	1.74%	3.45	3.00	91,800	\$ 543.36	1.78%
H	\$ 55,000.00	\$ 1,100.00	\$ 56,100.00	4.70	5.00	280,500	\$ 1,629.82	2.91%	4.30	4.00	224,400	\$ 1,328.22	2.37%
I	\$ 95,000.00	\$ 1,900.00	\$ 96,900.00	4.00	4.00	387,600	\$ 2,252.11	2.32%	4.00	4.00	387,600	\$ 2,294.21	2.37%
J	\$ 45,000.00	\$ 900.00	\$ 45,900.00	3.75	4.00	183,600	\$ 1,066.79	2.32%	3.75	4.00	183,600	\$ 1,086.73	2.37%
			\$ 525,300.00			1,667,700	\$ 9,690.00				1,637,100	\$ 9,690.00	

### CALCULATION:

Total Base Salary	\$ 525,300.00
Less: Individuals At Range Maximum	\$ (40,800.00)
Base Salary	\$ 484,500.00
Merit Rate (Assumption for illustration)	2.0%
Merit Pool \$	\$ 9,690.00
Merit Pool \$	\$ 9,690.00
Divided by: Weighting Total	1,667,700.00
Pool \$ Distribution per weighting point	\$ 0.005810398

### CALCULATION:

Total Base Salary	\$ 525,300.00
Less: Individuals At Range Maximum	\$ (40,800.00)
Base Salary	\$ 484,500.00
Merit Rate (Assumption for illustration)	2.0%
Merit Pool \$	\$ 9,690.00
Merit Pool \$	\$ 9,690.00
Divided by: Weighting Total	1,637,100.00
Pool \$ Distribution per weighting point	\$ 0.005919003

Thank You!