

Metropolitan Board of Health of Nashville and Davidson County May 9, 2019 Meeting Minutes

The regular meeting of the Metropolitan Board of Health of Nashville and Davidson County was called to order by Chair Carol Etherington 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

Carol Etherington, MSN, RN, Chair
Alex Jahangir, MD, Vice Chair
Thomas W. Campbell, MD, Member
Margreete Johnston, MD, MPH, Member
Tené H. Franklin, MS, Member
David A. Frederick, MS, Member
Wendy J. Long, MD, MPH, Director of Health
Trevor Crowder, Director, Fetal Infant Mortality Review Program
Rachel Franklin, MBA, Interim Director, Communicable Disease and Public Health Emergency Preparedness Bureau
Hugh Atkins, REHS, Director, Environmental Health Services Bureau
Jim Diamond, MBA, Interim Director, Finance and Administration Bureau
Alex Dickerson, JD, Metropolitan Department of Law

Chair Etherington wished everyone a Happy Nurses' Week.

Director's Report

Dr. Long referred to her update provided in the Board packet (Attachment I).

Dr. Long provided an update on the Accreditation process.

Follow-up on Immunization Status Survey of 24-Month-Old Children

Rachel Franklin provided a follow-up on the survey regarding immunization status of 24-month-old children, regarding the rate of immunization refusals in Davidson County, and the Department's efforts to encourage vaccination.

Chair Etherington proposed that the Board develop a resolution encouraging vaccination and asked Tom Sharp to draft a proposed resolution.

Follow-up on All-In Event

Hugh Atkins provided a brief overview of the "All In Speaker Series: How Place Affects Health" event that had been held Thursday, May 2, at the City Winery, and hosted by NashvilleHealth.

Update on Fetal Infant Mortality Review Program

Trevor Crowder provided an update on the Fetal Infant Mortality Review program. She shared the program from the recent 10th anniversary celebration of the group's creation (Attachment II).

Approval of Grant Applications

There were no grant applications.

Approval of Grants and Contracts

Jim Diamond presented six items for approval.

1. Contract with Tennessee Department of Health – Tennessee Breast and Cervical Screening Program

Term: July 1, 2019-June 30, 2022

Amount: NA

- 2. Grant from Friends of Metro Animal Care and Control – Microchip Fund**
Term: NA
Amount: \$260
- 3. Notice of Award from the Environmental Protection Agency - Air Pollution 103 Amendment #6**
Term: April 1, 2015-March 31, 2020
Amount: \$130,000
- 4. Contract with Department of Human Services – Childcare Agency Immunization Audits Amendment #1**
Term: July 1, 2018-September 30, 2019
Amount: \$14,705.42 (\$45,224.42 new total)
- 5. Grant from the Tennessee Department of Health – Tobacco Prevention & Cessation Services Amendment #1**
Term: July 1, 2018-June 30, 2020
Amount: NA (\$97,500 total)
- 6. Grant from National Association of City and County Health Officials – NACCHO STD FAST TRACK CLINIC**
Term: July 1, 2019-June 30, 2020
Amount: \$30,000

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

Approval of the April 11, 2019 Meeting Minutes

Dr. Jahangir made a motion to approve the minutes of the April 11, 2019 Board of Health meeting with correction. Dr. Campbell seconded the motion, which passed unanimously.

Report of the Chair

Chair Etherington invited everyone to attend the Climate Network Breakfast Event on Tuesday, May 21, which would be open to the public and held at Lentz Center.

Chair Etherington asked Board members to hold the afternoon of Tuesday, June 4 for the Board Retreat but advised that dates in July would be proposed. [Recorder's note: subsequent to the May 9 meeting, the Board retreat was scheduled on Tuesday, June 4.]

Review of Board Requests

List of schools approached to participate and participating in the Air Quality Flag days was requested.

The demographics of immunization refusals were requested.

A draft resolution encouraging vaccinations was requested.

The regular meeting was closed and Chair Etherington passed the gavel to Vice Chair Jahangir.

CIVIL SERVICE BOARD

Public Hearing Regarding Changes to the Pay Plan

Vice Chair Jahangir opened the public hearing.

Jim Diamond presented the proposed changes to the Pay Plan (Attachment III).

Dr. Jahangir invited comments. There were no comments.

Vice Chair Jahangir closed the public hearing.

Dr. Campbell made a motion to approve the Changes to the Pay Plan as proposed. Dr. Johnston seconded the motion, which passed unanimously.

Approval of Out-of-Class Pay for Jim Diamond

Dr. Long requested the Board extend out-of-class pay for Jim Diamond, who is currently serving as interim director of the Finance and Administration bureau.

Dr. Johnston made a motion to extend Out-of-Class Pay for Jim Diamond. Dr. Campbell seconded the motion, which passed unanimously.

Modification to Pay Plan

Jim Diamond requested approval of Modification to the Pay Plan (Attachment IV), allowing the Board Chair to sign the final Pay Plan once it was approved by the Metro Council.

Ms. Franklin made a motion to approve the Modification to the Pay Plan as proposed allowing the Board Chair to sign the final Pay Plan once it was approved by the Metro Council. Dr. Campbell seconded the motion, which passed unanimously.

Approval of Layoff List

Jim Diamond requested the Board approve the proposed Layoff List (Attachment V), which was necessitated by a reduction to the Immunization grant from the Tennessee Department of Health.

Dr. Johnston made a motion to approve the Layoff List. Dr. Campbell seconded the motion, which passed unanimously.

Personnel Changes

Jim Diamond presented the Personnel Changes, which were unremarkable.

Public Hearing for Modification to Pay Plan

Alex Dickerson advised Vice Chair Jahangir that the item "Modification to Pay Plan" should have been heard in the public hearing.

Vice Chair Jahangir closed the meeting.

Vice Chair re-opened the public hearing and invited comment on the proposed Modification to Pay Plan.

There were no comments.

Vice Chair Jahangir closed the public hearing.

Ms. Franklin made a motion to approve the Modification to Pay Plan as proposed. Dr. Campbell seconded the motion, which passed unanimously.

Next Regular Meeting

The next regular meeting of the Board of Health is scheduled to be held at 4:00 p.m. on Thursday, June 13, 2019, in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville TN 37209.

The meeting adjourned at 5:31 p.m.

Respectfully submitted,

Carol Etherington, MSN, RN
Chair

Director's Update to the Board of Health May, 2019

Protecting Health – Preventing the Spread of Infectious Disease

Measles

There are five confirmed cases of measles in the state as of the beginning of this week, all of them in East Tennessee. We are taking several steps to prepare for the potential reappearance of the disease here. Public messaging regarding the measles vaccination has been increased, and messaging in response to our first confirmed case has been prepared for release when the time comes. Communication regarding signs, symptoms, diagnosis, etc. has been sent to more than a thousand local healthcare professionals. A draft Incident Command Structure has been approved and will be implemented upon the first confirmed case in Davidson County. We also are working with MNPS to assure a well-organized and coordinated response in any situation involving exposure in a school setting.

Hep A

Our hepatitis A response continues, now 17 months into the outbreak. As of last week we had confirmed 202 cases – the same as the week before – and delivered 12,641 vaccines. We recently have added the emergency rooms at Vanderbilt Hospital and St. Thomas Midtown to the roster of sites receiving the free vaccine provided by the Tennessee Department of Health, delivered and monitored by our staff.

Protecting Health – Protection from Environmental Health Threats

Backyard Inspection Day

The 15th annual Backyard Inspection Day took place last Saturday in neighborhoods in Goodlettsville and East Nashville with the goal of reducing mosquito populations through education.

Our staff and volunteers went door-to-door offering free inspections to identify and reduce standing water areas that can be breeding grounds for mosquitos. In addition to the inspections, homeowners were taught how to protect themselves from being bitten.

The targeted areas were selected because each has a history of mosquito problems, and each previously has yielded positive tests for mosquitoes carrying West Nile Virus. We collect hundreds of batches of mosquitoes a year; in the past five years we have had between five and 133 WNV-positive batches. Over the same period we have had a total of 11 confirmed cases in humans, none of which has been fatal.

NFL Draft

In his State of Metro Address, Mayor Briley noted that 15 million people had visited Nashville in the previous 12 months, and joked that “all of them came back last weekend” for the NFL draft. It wasn't quite that many, but the NFL estimated 600,000 people attended over the three days of the draft. The eight Environmental Health Specialists from the Food and Public Facilities Division conducted inspections Thursday and Friday of the temporary food vendors and licensed food trucks set up for the event. EHS staff inspected and issued permits for 24 temporary food service operations and conducted 14 additional inspections of mobile trucks and food carts. Several members of the team wore fitness trackers, which indicated they walked approximately 10 miles during the first day of inspections.

Improving Health – Access & Care Coordination

Nashville Strong Babies

This week a press conference was held to announce MPHD's receipt of a federal grant totaling over \$5 million which will fund care coordination, home visitation and innovative clinical and community programs in Nashville neighborhoods that experience the highest rates of infant mortality. The goal is to reduce the disparities in infant deaths that exist today across racial and ethnic groups, assuring every family has the opportunity to celebrate the first birthday of their newborn.

Improving Health – Community Partnerships

Air Quality Awareness

Two more Metro Nashville Public Schools are flying brightly colored flags to help their students, staff and members of the community know the day's air quality status.

Students at Inglewood Elementary (a STEM Magnet school for Environmental Sciences) raised an air quality flag for the first time last Friday. We are participants in this enterprise, along with MNPS and the U.S. Environmental Protection Agency's Air Quality Flag Program.

Each morning participating schools will raise a flag based on the color of the Air Quality Index (AQI) to show the expected amount of air pollution for that day. (The AQI does not include pollen). By comparing the colored flags to the AQI, anyone who sees the flags can know what actions to take to protect their health. Green signals good air quality, yellow is moderate, orange means unhealthy for sensitive groups (like children and people with asthma), and red signals unhealthy air for everyone. A purple flag means the air quality is very unhealthy and sensitive groups should avoid all outdoor exertion while everyone else should limit it.

Inglewood and Croft Design Center Middle Prep launched their programs during Air Quality Awareness Week. Hillwood High School also plans to join. Haywood Elementary School began flying air quality flags at the beginning of the calendar year.

Organizational Updates

Mayor's Budget/Council Budget Presentation Update

A reminder that our budget presentation to the Metro Council is next Wednesday (May 15) at 5 p.m. in the main Council chambers at the Courthouse. Mayor Briley released his budget proposal last week. Neither of our expansion requests (for increased school nursing and additional staff for Animal Care and Control) was funded. Metro employees are slated to receive 3 percent cost of living adjustments, and funding amounting to 2 percent is allocated for open range and step increases. The Metro Council will now deliberate on the proposal. If it does not adopt an alternate version, the Mayor's budget automatically goes into effect on July 1.

NATIONAL FEDERATION OF HUMANE SOCIETIES
BASIC ANIMAL STATS MATRIX
(vrs 9-2012)

IMPORTANT NOTES FOR THE BASIC DATA MATRIX**Introduction to the Basic Matrix:**

This basic matrix was designed to serve as a tool for basic 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. Whether organizations already gather a great deal of data or have only gathered the basics, this matrix should facilitate the roll up or merging of data at the local, regional or national level by providing a common framework. This matrix does not reflect any preference in data analysis or the calculation of rates but is rather simply a tool for data collection.

Tracking by Species and Age:

The risks associated with being an adult dog, puppy, adult cat or kitten (or neonate of any kind) in a shelter environment will vary a great deal. To help shelters assess and understand the differing risks for these populations of animals, this basic animal stats matrix includes a break out by species and age. If tracking statistics broken out by species and age is beyond the capacity of an agency, simply tracking statistics by species would be a place to begin. This document defines puppy and kitten as under 5 months of age (see below: Determining Age). Again – given the differing level of risk – breaking age down further to include a neonate category for both dogs and cats can also be very informative.

Determining Age:

This basic matrix utilizes 5 months as the break point between puppy/kitten and adult. At or near 5 months of age there are changes in the teeth which can help guide trained staff regarding proper categorization of the animal. For cats, at 4-5 months of age permanent canines, premolars and molars are coming in (all in by 6 months of age). For dogs, at 5-7 months of age permanent canines, premolars and molars are coming in (all in by 7 months of age). Source: "How to . . . series" from Animal Sheltering, http://www.animalsheltering.org/resources/magazine/may_jun_1996/how-to-determine-a-dog-or.pdf or contact the National Federation of Humane Societies for a copy of the document.

Beginning and Ending Shelter Counts:

These numbers help frame the population of the animals sheltered and cared for by the organization. We are recommending that a shelter do a walk through – physically counting the animals sheltered within the organization, and not forgetting to count those animals who have been admitted but who are not currently within the shelter (foster care, in the care of a veterinary hospital, etc).

Defining Owner Requested Euthanasia:

Some shelters offer pet euthanasia to the public as a service whose cost may be subsidized and therefore more affordable than local veterinary clinics, thus ensuring access to this service. Defining when euthanasia should be recorded as "at the request of the owner", or not, is the subject of much discussion.

For the purposes of this document, we are choosing to define owner INTENDED euthanasia as the euthanasia of a pet whose owner brought the pet to the shelter for that service. In other words, the owner brought the pet in specifically for that service – it was their intent before arriving.

Any other definition of "owner requested" euthanasia leaves much up to interpretation and therefore a great deal of variation among organizations and their reporting. We believe the simplicity of this definition helps to ensure consistent application and record keeping.

Live Admissions Only

For the purposes of this matrix we are tracking LIVE admissions only, i.e. animals who are alive when they come into an agency's possession. Animals who are dead when taken in to an agency's possession may be a data point to track, but that information is not tracked by this matrix.

What is Possession?

"Adoption" and "Transferred to another Agency" both make reference to possession. The primary concept here is one of ownership. For example, in foster care, the agency still has possession or ownership. If adopted or transferred to another Agency, possession is now with the new owner, or with another Agency.

Where are the "Others"?

This basic data matrix focuses on canines and felines. Many organizations also provide extraordinary services for other pets (pocket pets, rabbits, ferrets) and animals (wildlife), and that good work is not captured here.

Why a Basic Matrix?

This basic matrix was designed to serve as a tool for data collection. It is a simple matrix containing what many have agreed are the minimum data points an organization should consider gathering. By agreeing to this basic matrix - we hope organizations will gather AT LEAST this data, or if an organization all ready gathers a great deal of data, that they will consider rolling up their data into this format to help facilitate (if individual agencies are interested) data collection at a local, regional or national level, which would allow participating agencies to benchmark their work against similar agencies around their region or the nation. This matrix does not reflect any preference for the variety of live release rates used in animal sheltering and welfare. Most rates, other than full Asilomar which requires a conditions matrix, should be able to be calculated from the data points included.

NATIONAL FEDERATION OF HUMANE SOCIETIES
BASIC ANIMAL STATS MATRIX
(vrs 9-2012)

Species By Age	Canine		Feline		Total
	Adult	Up to 5 months	Adult	Up to 5 months	
Beginning Animal Count (date: 4/1/2019)	107	10	24	2	143
Intake					
Stray at large	165	24	57	44	290
Relinquished by owner	70	9	29	5	113
Owner requested euthanasia	5	0	5	0	10
Transferred in from agency	0	0	0	0	0
Other Intakes	9	0	6	0	15
TOTAL INTAKE	249	33	97	49	428
Outcomes					
Adoption	138	17	58	11	224
Returned to owner	72	2	7	0	81
Transferred to another agency	24	7	23	7	61
Other live Outcome	0	0	0	0	0
TOTAL LIVE OUTCOMES	234	26	88	18	366
Died in care	0	0	1	0	1
Lost in care (Physical inventory adjustments)	0	0	0	0	0
Shelter Euthanasia	22	0	8	1	31
Owner requested euthanasia	3	0	5	0	8
TOTAL OUTCOMES	259	26	102	19	406
Ending Shelter Count (date: 4/30/2018)	93	3	43	26	165
SAVE RATE:	91.06%	100.00%	90.22%	97.96%	92.38%

METRO ANIMAL CARE AND CONTROL

Trailing 12 Monthly – Data Report

	April 2019	Trailing 12 Month Average Ending April 30, 2019
Intake Total	521	569
Stray	297	329
Owner Surrender	113	119
Owner Request Euthanasia	10	18
Wildlife	86	36
Other	1	22
Adopted	228	240
Transfer	80	109
RTO	81	109
ORE Euthanized	8	18
Wildlife Euthanized	54	20
Euthanasia Total	100	87
Euthanasia %	7%	569

Data Report Key
Intakes
Outcomes



10th Anniversary Fetal Infant Mortality Review 2009 - 2019



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



All Babies Deserve a Chance to Soar
Fetal Infant Mortality Review



FIMR 10 Years of Selected Strategies and Accomplishments*

Previous Accomplishments

- **Over 500 Cases of Fetal and Infant Death reviews completed**
2010
- **100% of local Birth Hospitals now provide Postpartum Depression Screenings**
2011
- **Neonatal Transfer Guidelines with Metro Police Department and Metro Fire Department**
2013
- **Faith and Funeral Home Initiative**
2014
- **Memorial Tree Dedication in Centennial Park**
2014
- **Bereavement Skills Stakeholder training with the March of Dimes in Tennessee**
2015
- More than 80 professionals trained*
- **17 P Prematurity Risk and Awareness Systems Change**
2015
- More than 1,600 women screened*
- **Music City Babies Safe Sleep Campaign 2017**
2017
- Pack-n-Play Distribution; ▪ Floor Talkers Distribution to Retail and Service Provider locations*
- **Metro Transit Authority (*We Go*) Infant Safe Sleep Bus Campaign**
2018

Current Strategies

- **Case Review Team**
▪ **Community Action Team**
▪ **Infant Vitality Safe Sleep Team**
- **Behavior Wellness Committee (formerly the Mental Health Committee)**
- **Reduce and Eliminate Impact of Racial Inequities for African American Babies**
- **100% of Nashville's Birthing Hospitals engaged in the FIMR process**
- **Community Presentations**
▪ **Community Baby Showers**
▪ **Safe Sleep Ambassador Training**
- **Targeted Community Engagement with Metro Development and Housing Agency**
- **CityMatCH Equity in Birth Outcomes Movement**
- **Affordable Housing Advocacy for Expectant Families and Families with Infants**

Developing Strategies

- **Bereavement Skills Training for Local Frontline Birth Hospital Staff and Bereavement Team Collaboration**
- **Engaging Fathers in Safe Sleep Education**
- **Collaboration with Tobacco Cessation Programs**
- **Ongoing Monitoring (social determinants of health specific to the perinatal period and infant mortality reduction)**

**Not an exhaustive list*

Case Review Team Committee Members

Douglas Brown, MD
Colleen Chafatelli, RN, BSN
Debbie Cogswell, MSN, RN*
Sharron Denman, LMSW
Nichelle Foster, MMFT
Erin Havrilla, BSN, RN
Nancy Huguley, BSN, MEd, RN
Lisa Holzapfel, RN
Jennifer Jarvis, MDiv, BCC

Lindsay Leasure, MSN, MBA, RN
Sarah Loch, MPH
Melanie Lutenbacher, PhD, MSN, FAAN*
Anna Morad, MD
Caitlin Pugh, RN, MSN, RNC-NIC
Lauren Sanlorenzo, MD, MPH
Samuel Scales, LPC-MHSP
Julia Thompson-Christman, MD
Jennifer Weatherly, RN, BSN

Community Action Team Members

Brenda Barker, MEd
Jeanne Camp, BSN, RN
Debbie Cogswell, MSN, RN
Tamara Currin, MS, MCHES
Victoria DeVito, MD
Tonya Elkins, LAPSW, MSW*
Camille Farmer, BS
Rita Fleming, BS, MS
Nichelle Foster, MMT
Sara Fox, RN, FNP
Gianna Hanson, MSW
Rachel Hardaway, MPA
Erin Havrilla, BSN, RN
Rachel Heitmann, MS
Magdalena Hernandez, CLC*
Nancy Huguley, BS, MEd, RN

JoAnne Hunnicutt, LPN, HROB, CM
Marecha Jackson, BS, MSN
Joan Jenkins, BS
Carol Jones, BSHA
April Kincaid, MPH
Keith King, BA
Tina Lester, RN, MSN
Melanie Lutenbacher, PhD, MSN, FAAN
Cheryl Major, RNC-NIC, BSN*
Alex McCandless, LPC (*temp*), SRAS
Caroline Mgbeweke, RN
Denise Pepin, LCSW
Roletha Pillow, APRN
Carolyn Riviere, MSN
Chemyeeka Tumblin, MSPH
Purnima Unni, MPH, CHES
Jennifer Weatherly, RN, BSN

**Community stakeholders with continued service on the committee since 2009*

Today as we celebrate the 10th Anniversary of the Davidson County Fetal Infant Mortality Review (FIIMR) we are somberly reminded that there is yet work to do. The fetal death rate in Davidson county remains at 7.1; and the infant mortality rate remains at 7.0 per 1,000 live births. Prematurity and congenital anomalies are still the main contributors. Preventable infant deaths from unsafe sleep conditions continue to occur; also perinatal disparities especially among African American babies.

We believe that together with you, we can continue to reduce these tragic losses and the impact to our local families. It is our great privilege to walk alongside each of you, our local experts, who contribute time and talent to this endeavor.

We want to express our heartfelt appreciation to each and every person who has participated in FIMR during our 10 years as a program.

As staff of the Nashville Davidson County FIMR we are so pleased to serve in this capacity. We look forward to continuing our partnership with you as we pursue our goals to understand and lessen the impact of perinatal loss in our community.

MPHD Fetal Infant Mortality Team

E. Dawn Smith, RN
Medical Records Abstractor

Donna Jean-Jumeau, MS
Infant Vitality/Safe Sleep Coordinator

Alison Butler, RN, BSN
Maternal Interviewer

Trevor Crowder, MA
Program Director

Maternal Child and Adolescent Health Director

D'Yuanna Allen-Robb, MPH

Population Health Bureau Director

Tina Lester, MSN, RN

Director of Health

Wendy Long, MD, MPH

Summary of Proposed Changes to the Pay Plan of the Metro Public Health Department

1. Condense Custodian 1 – Health (Pay Grade ST04) and Custodian 2 – Health (Pay Grade ST05) into a new classification of Custodian (Pay Grade ST05)

Actions Requested: Delete Custodian 1 – Health and Custodian 2 – Health

Add: Custodian

Justification: Bring salaries for this position to a more competitive level and to comply with Mayor's effort to get all positions to at least \$15/hour.

Impact: MPHD has five employees in the Custodian 1 – Health classification. Upon approval of the Board of Health, these employees will be reclassified to the Custodian classification and be placed in the step in the ST05 range closest to their current salary without taking a decrease. All five employees in this classification will make more than \$15.00/hour after this reclassification.

2. Restore Research Analyst positions to the Pay Plan

Actions Requested: Add Research Analyst 1 and Research Analyst 2

Justification: MPHD's Chief Epidemiologist recognized a need for these positions within the division.

Impact: Allows Epidemiology division ability to hire employees into this classification.

3. Rename Bureau Director Position

Action Requested: Change name of Bureau Director position to Bureau Director 1

Justification: Requesting addition of Bureau Director 2 to the pay plan in item #4, so this will be consistent with other positions which contain multiple levels.

Impact: Only changing the name. The pay grade and job functions will remain the same.

4. Create Bureau Director 2 Position

Action Requested: Add position of Bureau Director 2 to the Pay Plan at the HD03 salary grade

Justification: Department is recognizing the benefit of having physicians/dentists in bureau director positions and to maintain a salary level commensurate with their education, experience, and licensure.

Impact: Gives the department flexibility to allow physicians or dentists the ability to function as a bureau director while also seeing patients and supervise medical/dental staff and clinics.

RESEARCH ANALYST 1
(SAS PROGRAMMER)

CLASS NUMBER: 7390
FLSA CATEGORY: Non-Exempt
EEO CATEGORY: Professional

SERIES OBJECTIVE

Performs professional duties involved in the design and implementation of data collection, management of data projects and databases, analysis and design of epidemiology projects related to public health surveillance, community health assessment and planning, program evaluation and health-related research studies. Performs methods for measuring efficiency and effectiveness of administrative and operational problems, programs or policies. Performs related duties as required.

JOB DESCRIPTION

Takes responsibility for data collecting, collating, and managing data from multiple sources. This often involves uploading and extracting data, creating, organizing, and updating data files and folders, and developing data dictionaries.

Performs data cleaning, assessing and verifying data quality and integrity, and performing basic statistical analyses based on specific project/program requests.

Performs data presentation and data visualization in formats that others can understand; Specific tasks might include preparing charts, graphs, assembling spreadsheets, and summarizing findings.

Assists in the design and performance of high quality statistical analysis and interpretation to evaluate the implementation and outcomes of projects that address public health problems, programs or policies.

Assists in preparing reports, detailing methods and data summaries, conclusions and recommendations; may present findings to management team.

Participates in the identification of data needed and determination of data collection methods including use of standardized data collection instruments.

Performs literature searches to address specific data and project needs.

Assists with the design, implementation and monitoring of quality assurance or management control procedures.

Performs related administrative duties such as scheduling meetings and coordinating logistical arrangements.

Attends meetings and workshops as needed.

SUPERVISION EXERCISED/SUPERVISION RECEIVED

This is a non-supervisory classification.

This classification receives general supervision and reports to a management-level supervisor or his/her designee, who is consulted on unusual or complex matters.

WORKING ENVIRONMENT/PHYSICAL DEMANDS

This classification works primarily in an office setting under generally favorable working conditions. Work is sedentary, however, there may be some walking, standing, bending, carrying of light items, etc. No special physical demands are required to perform the work.

The work environment involves the everyday risks or discomforts which require normal safety precautions typical of such places as offices, meeting and training rooms, etc. The work area is adequately lighted, heated, and ventilated. Some positions may be required to perform observations, studies, or related tasks in the field.

EMPLOYMENT STANDARDS

EDUCATION AND EXPERIENCE

Bachelor's Degree in Public Health, Statistics, Computer Science, Education, Psychology , Sociology or a related field of study from an accredited college or university and one (1) year of work experience in research and analysis techniques.

OR

Master's Degree in Public Health, Statistics, Computer Science, Education, Psychology , Sociology or a related field of study from an accredited college or university.

AND

At least 1 year of work experience in SAS programming based on multiple datasets, including but not limited to: population census, hospital discharge databases, survey data, birth records, and vital registration.

Experience conducting data cleaning and statistical analyses, particularly of large datasets, using a range of analytic tools and methodologies.

Knowledge of health care data collection methodologies, including their strengths and limitations is desirable.

Ability to self-motivate, operate with minimal supervision, prioritize workloads, manage time and collaborate with a highly-skilled team to deliver a portfolio of projects.

PERFORMANCE STANDARDS

Thorough knowledge of the principles and techniques of organizational management/efficiency studies.

Thorough knowledge of statistics.

Ability to use database software such as Excel and Access.

Ability to use statistical software.

Working knowledge of the various types of analyses used in operational studies and the appropriate circumstances in which to use them.

Basic knowledge of the overall organizational structure of the department.

Basic knowledge of Civil Service and departmental rules, policies, and procedures.
Skill in working with the public.
Skill in collecting information from various types of research materials.
Ability to analyze administrative problems and recommend improvements.
Ability to develop policies independently.
Ability to use Microsoft Office suite programs.
Ability to design and conduct instructional programs.
Ability to coordinate a large number of activities.
Ability to evaluate situations effectively.
Ability to interpret statistical data.
Ability to communicate effectively, both orally and in writing.
Ability to train others.
Ability to establish and maintain effective working relationships.

GRADE LEVEL CRITERIA/ILLUSTRATIONS

The following examples illustrate some of the many combinations of situations, factors, and responsibilities in an ST-10 Research Analyst 1 position:

Performs work requiring different and unrelated processes and methods under general direction of upper level management, Guidelines are available for the work of the employee, but do not cover every possible situation.

Work involves treating a variety of conventional problems, questions, or situations in conformance with established criteria.

Personal contacts may be with individuals or groups within and outside of the government in a moderately unstructured setting.

LICENSES REQUIRED

Valid "Class D" Driver's License may be required for some positions in this classification.

Date Approved: 05/25/93

Date Effective: 07/01/93

Date Revised Metro: 07/01/01

Date Revised MPHD: 04/11/19

RESEARCH ANALYST 2

CLASS NUMBER: 07391

FLSA CATEGORY: Non-Exempt

EEO CATEGORY: Professional

JOB OBJECTIVE

Performs professional duties involved in the design, data collection, analysis, reporting, and program evaluation of public health projects at a high level of complexities, including but not limited to survey and questionnaire development, data collection, data base management, surveillance, needs assessments, descriptive and inferential statistical analysis and report development and dissemination. Performs methods for measuring efficiency and effectiveness of administrative and operational problems, programs or policies. Performs related duties as required.

JOB DESCRIPTION

Takes primary responsibility for data collecting, collating, and managing data from multiple sources. This often involves uploading and extracting data, creating, organizing, and updating data files and folders, and developing data dictionaries.

Performs data cleaning, assessing and verifying data quality and integrity, and performing basic statistical analyses based on specific project/program requests.

Performs data presentation and data visualization in formats that others can understand; Specific tasks might include preparing charts, graphs, assembling spreadsheets, and summarizing findings.

Assists in the design and performance of high quality statistical analysis and interpretation to evaluate the implementation and outcomes of projects that address public health problems, programs or policies.

Assists in preparing reports, detailing methods and data summaries, conclusions and recommendations

Presents findings to management.

Participates in the identification of data needed and determination of data collection methods including use of standardized data collection instruments.

Performs literature searches to address specific data and project needs.

Assists with the design, implementation and monitoring of quality assurance or management control procedures.

Performs related administrative duties such as scheduling meetings and preparing logistic arrangements.

Attends meetings and workshops as needed.

SUPERVISION EXERCISED/SUPERVISION RECEIVED

This classification may supervise the work of a support staff and/or other Research Analysts.

This classification receives general supervision and reports to a management-level supervisor or his/her designee, who is consulted on unusual or complex matters.

WORKING ENVIRONMENT/PHYSICAL DEMANDS

The work environment involves the everyday risks or discomforts which require normal safety precautions typical of such places as offices, meeting and training rooms, etc. The work area is adequately lighted, heated, and ventilated. Some positions may be required to perform observations, studies, or related tasks in the field.

This classification works primarily in an office setting under generally favorable working conditions. Work is sedentary, however, there may be some walking, standing, bending, carrying of light items, etc. No special physical demands are required to perform the work.

EMPLOYMENT STANDARDS

EDUCATION AND EXPERIENCE

Bachelors' Degree in Public Health, Statistics, Computer Science, Education, Psychology, Sociology or a related field of study from an accredited college or university and three (3) years' experience in research and analysis techniques.

OR

Master's Degree in Public Health, Statistics, Computer Science, Education, Psychology, Sociology or a related field of study from an accredited college or university and two (2) years' experience in research and data analysis techniques.

AND

At least 3 years of work experience in presentation and visualization of data using appropriate graphic designs and techniques.

At least 3 years of work experience in SAS/SQL/R programming based on multiple datasets, including but not limited to: population census, hospital discharge databases, survey data, birth records, and vital registration.

Experience in database management, conducting data cleaning and statistical analyses, particularly of large datasets, using a range of analytic tools and methodologies.

PREFERRED

Knowledge of health care data collection methodologies, including their strengths and limitations is desirable.

Demonstrated ability to communicate data-driven information to management and various audiences.

Ability to self-motivate, operate with minimal supervision, prioritize workloads, manage time and collaborate with a highly-skilled team to deliver a portfolio of projects.

PERFORMANCE STANDARDS

Thorough knowledge of the principles and techniques of organizational management/efficiency studies.

Thorough knowledge of statistics and graphic designs.

Ability to use database software such as Excel, Access, SQL.

Ability to use statistical software such as SAS, R.

Working knowledge of the various types of statistical analysis and the appropriate circumstances in which to use them.

Basic knowledge of the overall organizational structure of the department.

Basic knowledge of Civil Service and departmental rules, policies, and procedures.

Skill in working with the public.

Skill in collecting information from various types of research materials.

Ability to analyze administrative problems and recommend improvements.

Ability to develop policies independently.

Ability to use Microsoft Office suite programs.

Ability to design and conduct instructional programs.

Ability to coordinate a large number of activities.

Ability to evaluate situations effectively.

Ability to interpret statistical data.

Ability to communicate effectively, both orally and in writing.

Ability to train others.

Ability to establish and maintain effective working relationships.

GRADE LEVEL CRITERIA/ILLUSTRATIONS

The following examples illustrate some of the many combinations of situations, factors, and responsibilities in an OR-05 Research Analyst 2 position:

Work typically includes varied duties requiring many different and unrelated processes and methods.

Administrative policies and precedents are applicable but are stated in general terms.

Guidelines for performing the work are scarce or of limited use.

The work affects a wide range of departmental activities.

Personal contacts may be with individuals or groups within and outside the government in moderately unstructured settings, and each contact may be conducted under different ground rules and vary in content.

LICENSES REQUIRED

Valid "Class D" Driver's License may be required for some positions in this classification.

Date Approved: 05/25/93

Date Effective: 07/01/93

Date Revised Metro: 07/01/01

Date Revised MPHD: 04/11/19



Metro Public Health Dept

Nashville / Davidson County

Promoting and Protecting Health

Class Title: Management Series	Fair Labor Standards Act (FLSA): Exempt
Salary Grades: M1:OR05; M2:OR07; M3:OR09; BD1:OR12; BD2:HD03	Revision Date: Effective Date:

Series Objective:

Leads, manages, organizes, directs, and coordinates service delivery of one or more programs. Supervises staff. Provides strategic and operational planning for program(s). Plans, implements, and evaluates services provided and delivers continuous quality improvement. Prepares reports, proposals, and applications. Plans and provides for cost-effective operational use of resources and participates in budget preparation. Establishes, implements, and modifies strategies, policies and procedures consistent with program and departmental needs and goals.

Major Responsibilities:

- Leads and manages a program, programs, office or bureau. Takes responsibility for program outcomes as well as effective fiscal and personnel management.
- Interviews, hires, coaches, and trains new employees. Evaluates and reviews employee performance in a timely fashion; approves leave requests; counsels and corrects employees as needed; identifies staff development needs and facilitates training and learning opportunities.
- Reviews financial statements, activity reports, and other performance data to measure productivity and goal achievement and to determine areas needing cost reduction and program improvement.
- Develops and executes program plans and operations in coordination with appropriate stakeholders in the department and the community. Maximizes community benefit by taking a systems approach to service delivery.
- Practices quality improvement, data analysis, program planning and program evaluation.
- Establishes and implements departmental policies, goals, objectives, and procedures in a fair and impartial manner.
- Prepares regular progress reports. Communicates with internal and external stakeholders as needed for visibility and success of the program. Takes initiative to identify and solve problems.
- High verbal and written communication skills and strong problem solving abilities.
- Demonstrates MPHD’s core values of Professionalism, Respect, Integrity, Dedication, and Equality (P.R.I.D.E.) when interacting with the public and employees of the Metropolitan Government.
- Supports and participates in departmental response to disaster/emergency events.
- Regular, reliable and predictable attendance; and
- Performs other duties as assigned.

Classification	Distinguishing Characteristics (Responsibilities and Competencies are Cumulative)
<p>Health Manager 1</p>	<p>Manages a program or a few small programs. Is expected to also be able to perform the duties in the classification series predominantly managed. Primary focus is on program success. May or may not be qualified to manage other departmental programs that focus on a different subject matter.</p> <p>Promptly evaluates staff and addresses performance/disciplinary issues as needed. Maintains knowledge of core public health functions and their application. May include grant management, which includes financial oversight of grant funds and contracted dollars and delivery of specific grant and contract results and reports.</p> <p>Graduation from an accredited college or university and two (2) years of progressively responsible full-time paid employment in related field required. One (1) year within the past two (2) years in a public administration/supervisory capacity preferred. Completed graduate degree in a directly related field may be substituted for one (1) year of the required experience. Possess required competencies upon hiring.</p> <p>The position has supervisory responsibilities. May report to a Manager or Bureau Director.</p> <p>Required Competencies:</p> <ul style="list-style-type: none"> • Task-Relevant Knowledge: Knowledge of standard practices and procedures necessary to accomplish tasks. • Strategic Task Management: Matching the appropriate people and resources in the organization to maximize task performance. Maintaining task performance through times of turbulence. • Designing Work Systems: Designating the responsibilities of individual jobs and structuring the work of groups in organizations. • Reinforcing Success: Measuring and tracking progress toward goals to evaluate individual and group performance and provide feedback. Rewarding positive work behavior to reinforce activities that are aligned with the goals of the work group and the organization. • Multi-Tasking: Working on a variety of tasks simultaneously and shifting one's resources between multiple systems when needed. • Managing Personnel Policies: Developing and monitoring policies, programs, and procedures related to work practices and compensation. • Instituting and Following Fair Procedures: Instituting and applying rules and procedures in a consistent, unbiased, accurate, and correctable

	<p>fashion so that subordinates know that fair rules are being used.</p> <ul style="list-style-type: none"> • Financial Ethics: Understanding and following ethical financial management and accounting principles. • Work-Place Ethics: Understanding and following ethical guidelines at one’s work place. • Eliminating Barriers to Performance: Identifying roadblocks and redundancies in work processes. Promoting improvements in task performance. • Follow Through: Maintaining that one’s promises are realized in behavior; doing what one said one would do. • Being Accountable: Accepting responsibility for the effects of one’s own actions. • Honesty and Integrity: Behaving in an honest and ethical manner. • Coaching, Developing, Instructing: Coaching, teaching, and advising others to help them develop their knowledge and skills. Creating individual development plans. Selecting appropriate training courses to address developmental needs. • Personnel Decision Quality: Making good personnel decisions by identifying and assessing the knowledge, skills, and experiences needed to successfully perform a role in the organization. • Seeking Improvement: Constantly looking for ways that one can improve one’s organization.
<p>Health Manager 2</p>	<p>In addition to the previous responsibilities and competencies:</p> <p>Manages a sizable program or programs in terms of: number of employee, budget, subject matter complexity and/or operational risk to the organization or the public. Has sufficient training and experience at the time of hiring to lead in the program’s area of focus. Uses data, knowledge of best practices in the program’s area of focus, and uses community stakeholder input to modify program design, improve efficiency or effectiveness, achieve improved program results, and/or promote policy or systems change. Leads continuous quality improvement efforts. Regularly leads a program to operational success, but also serves as a publicly recognized leader in the field and in the community and/or as a leader furthering the goals and strategic plan of the department. May or may not be qualified to manage other departmental programs that focus on a different subject matter.</p> <p>Work at this level usually involves active participation in conferences, meetings, hearings, or presentations involving problems or issues of considerable consequence or importance. May actively and collaboratively participate on the Leadership Team.</p>

Graduation from an accredited college or university and three (3) years of progressively responsible full-time paid employment in related field required. Two (2) years must have been in a public administration/supervisory capacity. Completed graduate degree in a directly related field may be substituted for one (1) year of the required experience. Demonstrated success as a manager, administrator and team builder. Possess required competencies upon hiring.

The position has primary supervisory responsibilities. May report to a Manager or Bureau Director.

Required Competencies:

- **Enhancing Task Knowledge:** Involving the group in discovering methods to enhance task performance and redirecting the group to achieve better task completion
- **Developing and Building Teams:** Managing inertia and conflict during the formative stages of group functioning. Enhancing the performance of a group and the satisfaction of its members by promoting cooperation, trust, and confidence in the group.
- **Adaptability:** Adapting to changing or dynamic situations.
- **Developing External Contacts:** Developing portfolio of external contacts within the professional community.
- **Communicating with the Community:** Communicating organization's intentions and activities to the public (e.g., local press, radio, television) and representing the organization in community affairs and public activities to promote awareness and foster goodwill.
- **Analyzing Data:** Summarizing and making inferences from information through the application of statistics and qualitative analyses.
- **Problem Identification:** Pinpointing the actual nature and cause of problems and the dynamics that underlie them.
- **Creative Problem Solving:** Using novel ideas to solve problems as a leader.
- **Openness to Ideas:** A willingness to listen to suggestions from others and to try new ideas.
- **Research Orientation:** Observing the behavior of others, reading extensively, and keeping your mind open to ideas and solutions from others. Reading and talking to people in related fields to discover innovations or current trends in the field.
- **Valuing Diversity:** Encouraging a wide range of viewpoints among team members in order to avoid groupthink and create more culturally sensitive solutions.
- **Stress Tolerance:** Remaining effective even when situations become

	stressful.
Health Manager 3	<p>In addition to the previous responsibilities and competencies:</p> <p>Manages a sizable program or programs in terms of: number of employee, budget, subject matter complexity and/or operational risk to the organization or the public and/or a program or office requiring highly specialized education or experience. Demonstrated performance achievement in strategic and systems leadership required. Has the training and experience to lead in the program's area of expertise. May or may not be qualified to manage other departmental programs that focus on a different subject matter.</p> <p>May actively and collaboratively participate on the Leadership Team.</p> <p>Graduation from an accredited college or university and four (4) years of progressively responsible full-time paid employment in related field required. Three (3) years must have been in a public administration/supervisory capacity. Completed graduate degree in a directly related field may be substituted for one (1) year of the required experience. Masters or doctoral degree or other specialized credentials in a specific or related field and/or significant leadership and management ability may be required for some positions. Demonstrated success as a manager, administrator and team builder required. Possess required competencies upon hiring.</p> <p>The position has supervisory responsibilities. Generally reports to a Bureau Director.</p> <p>Required Competencies:</p> <ul style="list-style-type: none"> • Coordinating Work Activities: Coordinate the work-related activities necessary for task completion of all relevant constituents (both inside and outside of the group/organization). Adjusting one's own plans in light of how others are acting or how the environment is changing. • Managing Information Resources: Understanding information needs and providing access to efficient tools for project management, data analysis, strategic planning, and process controls. • Maintaining Quality: Evaluating materials and information produced against a set of standards through the use of measures of quality in order to track system and/or group progress. • Benchmarking: Facilitating communication outside of the organization to identify and integrate the best practices in task design and performance. • Generating Ideas: Coming up with a variety of approaches to problem solving. • Collaborating: Working with others and seeking the opinions of others to

	<p>reach a creative solution.</p> <ul style="list-style-type: none"> • Open-Door Policy: Promoting a climate of openness and trust. Allowing individuals who are upset about an aspect of the organization to voice displeasures without retribution or repercussions. • Nurturing Relationships: Building positive and cooperative working relationships with others. Maintaining relationships over time. • Assessing Others: Evaluating the strengths and weaknesses of others' efforts at learning or performing tasks. • Inspiring: Convincing others to believe in the organization's values and to act in accordance with those values. • Self-Awareness: Assessing one's success in learning or working activities and being honest about said judgments. Knowledge of one's strengths and weaknesses and knowledge of one's boundaries and limits. • Challenging the Status Quo: Willingness to act against the way things have traditionally been done when tradition impedes performance improvements.
<p>Bureau Director 1</p>	<p>In addition to the previous responsibilities and competencies:</p> <p>Directs a departmental bureau as defined by the Director of Health. Bureaus provide administrative homes for major organizational units or lines-of-business of the department. May or may not be qualified to manage other departmental bureaus that focus on a different subject matter.</p> <p>Expected to be able to articulate and communicate a clear vision, be a role model in management and development of personnel, regularly practice networking, relationship building and partnership development, and be politically astute. Role models public health leadership. Builds and supports capacity department-wide to facilitate accomplishment of the department's strategic plan. Communicates regularly and effectively with internal and external stakeholders.</p> <p>Utilizes assessments, data, epidemiological or other evaluation processes to do strategic planning and influence the overall direction of the bureau within the department and the larger public health system. Evaluates, prepares and disseminates reports on the effectiveness of programs within bureau. Monitors trends related to bureau activities and makes decisions using quality improvement methods and feedback from the Director of Health, the Executive Management Team, and staff collaboration.</p> <p>Work typically is conducted within a framework of largely undefined issues and elements requiring extensive probing and analysis to determine the nature and scope of the issues and how to effectively problem solve. Strong department-wide</p>

team mentality and an ability to prioritize what is best for the organization, over what is best for the Bureau or its staff members is required. Consults with other agencies and funding sources and provides grant oversight in pursuit of bureau and departmental goals.

Directs the various aspects of strategic planning, key results metrics and essential job functions for the bureau and assures quality in the outcomes and services provided. Collaborates with other Bureau Directors to provide leadership to the department and support for the Director of Health.

Represents the Director of Health and the department at meetings with other departments, regions, agencies, groups and individuals as designated by the Director of Health.

Actively and collaboratively participates on the Executive Management Team (EMT) and Leadership Team.

Graduation from an accredited college or university and five (5) years of progressively responsible full-time paid employment required. Four (4) years must have been in a public administration /supervisory capacity. Completed graduate degree in a directly related field may be substituted for one (1) year of the required experience. Demonstrated success as a manager, administrator, leader and team builder required. Possess required competencies upon hiring.

The position possesses full supervisory responsibilities. Reports to the Director of Health.

Required Competencies:

- ***Visioning:*** Developing an image of an ideal working state of an organization.
- ***Perceiving Systems:*** Acknowledging important changes that occur in a system or predicting accurately when they might occur.
- ***Political Savvy:*** Knowledge of the political climate and how decisions will be affected by the organization's culture.
- ***Managing the Future:*** Evaluating future directions and risks based on current and future strengths, weaknesses, opportunities and threats.
- ***Reinforcing Change:*** Encouraging direct reports to come up with innovative solutions. Recognizing and rewarding those who take initiative and act in a creative manner. Facilitating the institutionalization of change initiatives.
- ***Resolving Conflicts/Negotiating:*** Dealing with complaints, resolving conflicts and grievances of others. Encouraging others to come together and reconcile differences.

	<ul style="list-style-type: none"> • Explaining Decisions in a Respectful Manner: Explaining decisions that affect direct reports thoroughly and in a manner that demonstrates dignity and respect for direct reports. • Supporting Ethical Behavior of Direct Reports: Instituting, training, and reinforcing policies to maintain that direct reports treat each other and the organization fairly and with respect and dignity. Disseminating information about laws and regulations to direct reports and make sure that they follow laws and regulations by overseeing, monitoring, and auditing behavior. Disciplinary action should be taken against those who do not comply with laws and regulations. • Distributing Rewards Fairly: Supporting that pay, recognition, and other rewards are distributed in a fair manner, with clear guidelines and enforcement of those guidelines. • Responsibility for Others: Willingness to be responsible for the behavior of direct reports in one’s organization and correct their unethical behaviors.
<p>Bureau Director 2</p>	<p>In addition to the previous responsibilities and competencies:</p> <p>Directs a departmental bureau as defined by the Director of Health while concurrently serving in one or more clinical areas which require the services of a licensed physician or dentist. These activities may involve seeing and treating patients and supervision of clinics or clinical personnel, including but not necessarily limited to nurses, nurse practitioners, dental assistants, and dental hygienists.</p> <p>Graduation from an accredited School of Medicine or School of Dentistry with an M.D., D.D.S, or D.M.D Degree with 5 years of experience in either a generalized or specialized public health program.</p> <p>Possession of a license to practice medicine or dentistry in the State of Tennessee or eligible for licensure.</p> <p>Demonstrated success as a manager, administrator, leader and team builder required. Possess required competencies upon hiring.</p> <p>The position possesses full supervisory responsibilities. Reports to the Director of Health.</p>

Minimum Qualifications:

- Bachelor's degree required. Graduate degree preferred. Some positions may require specific advanced degrees.
- Valid class "D" driver's license, use of personal vehicle, and maintenance of valid personal vehicle insurance as required by Tennessee Law.
- Possess required competencies upon hiring.
- Skill in oral and written communication
- Ability to establish and maintain effective working relationships

Working Environment/Physical Demands:

- Work environment generally involves the everyday risks or discomforts that require normal safety precautions typical of such places as offices, meeting and training rooms, etc.
- Works primarily in an office setting. Work is generally sedentary, however, there may be some walking; standing; bending; carrying of light to medium weight items.
- Specific positions may have higher safety and/or physical requirements, in such cases the requirements will be disclosed in the position announcement as vacancies occur.
- Organizing, Planning, and Prioritizing Work

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 series. Employee may perform other related duties as needed to meet the ongoing needs of the department.

RESOLUTION NO. RS _____

A resolution adopting a new pay plan for employees of the Metropolitan Board of Health, effective July 1, 2019.

WHEREAS, the Metropolitan Board of Health, acting in its official capacity as a Civil Service Commission has, pursuant to Sections 12.09 and 12.10 of the Metropolitan Charter, assigned each employment classification to a salary grade as of July 1, 2019, with such assignments being equitably related to each other; and,

WHEREAS, the Board of Health's Civil Service Commission has adopted the salary ranges for each grade; and,

WHEREAS, the Director of Personnel for the Board of Health has recommended, after the Commission's approval, desirable salary ranges for each grade to the Director of Finance; and,

WHEREAS, pursuant to RS2018-1248, a one-year pay plan was approved by the Metropolitan Council to go into effect on July 1, 2018; and,

WHEREAS, the pay plan that was adopted pursuant to RS2018-1248 included increment pay increases that are earned at various time intervals; and,

WHEREAS, it is the desire for these increment increases to continue; and,

WHEREAS, it is further the desire that employees who are paid pursuant to open pay ranges be eligible, at the discretion of the employee's Appointing Authority, to receive merit pay increases; and,

WHEREAS, the Board of Health's Civil Service Commission recognizes that the pay scales included in the pay plan adopted pursuant to RS2018-1248 should be modified by applying a cost of living increase as of July 1, 2019; and,

WHEREAS, the Board of Health's Civil Service Commission recommends that the pay scales be increased by 3.0 % as of July 1, 2019; and,

WHEREAS, pursuant to Sec. 12.10 of the Metropolitan Charter the Board of Health, sitting as a Civil Service Commission, has created the new employment classification of Bureau Director 2, necessitating the need to amend the pay plan adopted pursuant to RS2018-1248 by adding this classification and reinserting the classifications of Research Analyst 1 & 2 into the pay plan; and,

WHEREAS, the Board of Health, sitting as a Civil Service Commission, determined the need to make changes to their Custodial classification series; and,

WHEREAS, pursuant to Sections 12.09 and 12.10 of the Metropolitan Charter, the recommendations of the Board of Health's Civil Service Commission were forwarded to the Director of Finance for her consideration; and,

WHEREAS, the Director of Finance has approved the recommendations of the Board of Health's Civil Service Commission and forwarded the same with a statement of full budgetary implications to the Mayor for his approval; and,

WHEREAS, the Mayor has approved the plan presented to him by the Director of Finance and recommends its adoption by the Metropolitan County Council.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:

Section 1: The pay plan adopted pursuant to RS2018-1248 and which went into effect on July 1, 2018, for employees of the Metropolitan Board of Health, from and after July 1, 2019 shall be as provided in Exhibit "A". Exhibit "A" reflects a salary increase in the amount of 3.0 % and the continuation of step increment adjustments. Exhibit "A" is incorporated into this Resolution as if fully set out herein.

Section 2: The pay plan adopted pursuant to RS2018-1248 and which went into effect on July 1, 2018, from and after July 1, 2019 shall be as provided in Exhibit "A" and include the positions of:

- Bureau Director 1 – Class #10386 – Grade OR12
- Bureau Director 2 – Class # 11049 - Grade HD03
- Research Analyst 1 – Class # 7390 – Grade ST10
- Research Analyst 2 – Class #7391 – Grade OR5
- Custodian – Class #10832 – Grade ST05 (The positions of Custodian 1 – Health and Custodian 2 – Health are deleted from the pay plan.)

Section 3: Additional funding shall be provided to the Metropolitan Department of Health in the amount of 2 % of that department's total annual open range salary budget so that employees in Open Range pay classifications will have the opportunity to receive merit based salary increases, at the discretion of the Appointing Authority, as reflected in Exhibit "A". Eligibility for Open Range salary increases for FY20 will become effective as of July 1, 2019.

Section 4: Upon the adoption of the pay plan attached as Exhibit "A" and upon it becoming effective, the pay plan adopted pursuant to RS2018-1248 is hereby repealed.

Section 5: This Resolution shall take effect on July 1, 2019, the welfare of The Metropolitan Government of Nashville and Davidson County requiring it.

RECOMMENDED BY:

INTRODUCED BY:

Les Bowron, Director of Personnel
Metropolitan Health Department

Carol Etherington, MSN, RN, FAAN
Chair, Metropolitan Board of Health

APPROVED AS TO AVAILABILITY
OF FUNDS:

Talia Lomax O'dneal, Director
Metropolitan Department of Finance

APPROVED AS TO FORM
AND LEGALITY:

Metropolitan Attorney

APPROVED AND RECOMMENDED TO THE
METROPOLITAN COUNTY COUNCIL FOR
ADOPTION:

David Briley
Mayor

2019 Proposed Lay Off List #2
as of 05-09-19
Presented for Approval by MNPB Board of Health
May 9, 2019 Meeting

Name / Continuous Service Date	Classification / Salary Grade Program	Lay-off Date	2 year Recall Ends	Status
Guerrier, Michele	Outreach Worker	6/30/19	6/29/21	Immunizations Program, CDEP
Boyce, Carolyn	Warehouse Supervisor	6/30/19	6/29/21	Dental Program/Grant In Aid, Comm. Health