

## **Metropolitan Board of Health of Nashville and Davidson County November 14, 2019, Meeting Minutes**

The regular meeting of the Metropolitan Board of Health of Nashville and Davidson County was called to order by Chair Alex Jahangir 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**

A. Alex Jahangir, MD, Chair  
Tené H. Franklin, MS, Vice-Chair  
Thomas W. Campbell, MD, Member  
Margreete Johnston, MD, MPH, Member  
Sanmi Areola, PhD, Deputy Director  
D'Yuanna Allen-Robb, MPH, Director, Maternal, Child and Adolescent Health  
Hugh Atkins, REHS, Director of Environmental Health Bureau  
Sarah Bounse, MPH, Health Equity Coordinator  
Tracy Buck, MS, RDN, Director, Community Development & Planning Division  
Jim Diamond, MBA, Director, Finance and Administration Bureau  
John Finke, PE, Director, Air Pollution Division  
Celia Larson-Pearce, PhD, Director of Program Development  
Tom Sharp, Director of Policy and Governmental Liaison  
Alex Dickerson, JD, Metropolitan Department of Law

### **Approval of the October 10, 2019, Regular Meeting Minutes**

**Dr. Campbell made a motion to approve the minutes of the October 10, 2019, Board of Health meeting as written. Dr. Johnston seconded the motion, which passed unanimously.**

### **Approval of the November 1, 2019, Retreat Meeting Minutes**

**Ms. Franklin made a motion to approve the minutes of the November 1, 2019, Board of Health Retreat meeting as written. Dr. Johnston seconded the motion, which passed unanimously.**

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

Dr. Areola referred to his update provided in the Board packet (Attachment I).

Dr. Areola also provided brief updates on Accreditation, generator installation at Woodbine, Electronic Health Records, and STD Free 2.0. He asked Hugh Atkins to provide information about the animal program at McGavock High School; Tom Sharp to provide information about the Metro Budget and the state Comptroller's recent visit with Metro Council; and John Finke to elaborate on potential changes to the Vehicle Emissions Testing program.

Dr. Areola referred to the Racial Equity Training that had been held November 7-8, 2019. Tené Franklin recognized and thanked D'Yuanna Allen-Robb for helping to organize the training. She recognized and thanked staff who had attended, including Sarah Bounse, Tracy Buck, Fonda Harris, Dr. Michelle Pardue, Chemyeeka Tumblin, and Laura Varnier, among others. She expressed hope that additional staff and Board members could attend the training in the future.

### **Open Meetings Update**

Alex Dickerson shared an update to the Open Meetings presentation (Attachment II) and welcomed questions or comment from the Board. He invited the Board members to contact him directly if they had any questions in the future.

### **Community Partnership Fund Update**

Dr. Larson, Sarah Bounse, and Tracy Buck presented an overview of the Community Partnership Fund and the process of selection of recipients. Dr. Larson recognized Dianne Harden and Angie Thompson, who were members of the design team (Attachment III).

### **Approval of Proposed Changes to the Metro Charter**

Tom Sharp presented an updated draft of the proposed changes to the Metro Charter, as had been requested at the Board's November 1, 2019, Retreat meeting (Attachment IV).

**Dr. Campbell made a motion to accept the proposed changes to the Metro Charter as presented. Ms. Franklin seconded the motion, which carried with one abstention.**

### **Approval of Organizational Chart**

Dr. Areola presented the updated organizational chart for Board approval (Attachment V).

**Dr. Johnston made a motion to approve the organizational chart as presented. Dr. Campbell seconded the motion, which passed unanimously.**

### **Approval of Grant Application**

Jim Diamond presented one item for approval:

#### **Greatergood.org Antinol Supplement Application**

Term: NA

Amount: 1800 doses

**Dr. Johnston made a motion to approve the grant application as presented. Ms. Franklin seconded the motion, which passed unanimously.**

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

Jim Diamond presented eight items for approval:

- 1. Contract with the Tennessee Department of Health – Vital Records Issuance**  
Term: January 1, 2020-December 31, 2024  
Amount: \$6.50 per certificate
- 2. Grant from the Tennessee Department of Health - Family Planning Amendment #1**  
Term: July 1, 2017-June 30, 2022  
Amount: \$600,000
- 3. Grant from American Society for the Prevention of Cruelty to Animal – Rabbit Anti-Cruelty**  
Term: NA  
Amount: \$5,000
- 4. Memorandum of Understanding with the Department of Codes and Building Safety**  
Term: July 1, 2019-June 30, 2024  
Amount: NA
- 5. Contract with Prevent Child Abuse Tennessee**  
Term: Execution + 1 year  
Amount: \$102,809
- 6. Affiliate Contract with Vanderbilt University Master of Public Health**  
Term: Execution + 5 years  
Amount: NA
- 7. Contract with Greatergood.org – Partner Participation**  
Term: Execution + 5 years  
Amount: NA

## **8. Grant from the Diane & Bob Hoover Annual Innovation Award Contest**

Term: NA

Amount: \$10,000 + travel expenses to accept award

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

### **Report of the Chair**

Chair Jahangir congratulated Angie Thompson and staff on the All Children Excel (ACE) Award bestowed by United Way of Middle Tennessee.

Chair Jahangir expressed his appreciation that Friends of MACC had recently donated \$15,000 for sound barriers at the shelter. He said the ribbon cutting for its installation would be in the next couple of weeks.

Chair Jahangir said he looks forward to seeing the Department's Accreditation report and hoped that with a few more steps the Department would achieve Accreditation.

Chair Jahangir highlighted the significant uptick in Sexually Transmitted Infections and is pleased to see the work being done; he stressed the importance of public health education.

Chair Jahangir stated that six qualified individuals had applied for the Director of Health position thus far and the posting would remain open for a few more days. He said Board member David Frederick was working on a process and formulating questions for an interview process.

Chair Jahangir expressed his desire to focus the Board's attention on youth violence, citing Steven Shelton, an 18-year-old who was recently killed, and Zyshawn Lewis, the 15-year-old who had been arrested for Mr. Shelton's murder, causing both their families to have lost a child. He proposed the Board draft a resolution to highlight the problem of violence in our youth, and said he is committed to helping to bring the problem to the city's attention. He hopes the Board, the Department, the Mayor, and other community leaders will be brought on board. Dr. Campbell suggested identifying programs that would have the greatest impact on the issue, particularly programs that focus on early intervention. Tené Franklin spoke to violence as a public health issues, and the health equity issues involved. Dr. Johnston requested a moment of silence for the victims of the Saugus High School shooting in Santa Clarita, California, earlier in the day, which was observed. Dr. Areola suggested that D'Yuanna Allen-Robb present an update on Youth Violence and share historical context at the January 9, 2020, Board meeting.

**Dr. Campbell made a motion that the Board draft a Resolution dealing with the Crisis of Youth Violence. Dr. Johnston seconded the motion, which passed unanimously.**

## **CIVIL SERVICE BOARD**

### **Request to Schedule a Public Hearing Regarding Changes to the Pay Plan**

Jim Diamond requested the Board set a public hearing at the December 12, 2019, meeting, to hear comment on proposed changes to the Pay Plan. He briefly outlined the changes that were being proposed (Attachment VI).

**Dr. Campbell made a motion to set a public hearing regarding changes to the Pay Plan on December 12, 2019. Ms. Franklin seconded the motion, which passed unanimously.**

### **Request for Exception to Out-of-Class Pay Requirements**

Jim Diamond requested approval of an exception to out-of-class pay requirements for Grace Goodwin, who, if the exception were approved, would serve as a Nutritionist 2 in the current Nutritionist 2's planned

leave. Ms. Goodwin lacks meeting one of the minimum requirements – three years of paid experience in a public health nutrition-related area – by seven months.

**Dr. Johnston made a motion to approve the request to waive the out-of-class pay requirement for Grace Goodwin. Dr. Campbell seconded the motion, which passed unanimously.**

#### **Personnel Changes**

Jim Diamond presented the September 2019 Personnel Changes.

#### **Other Business**

Dr. Areola noted that Sarah Bounse, the Department’s Health Equity Coordinator, would soon depart MPH for Vanderbilt, and wished her the best of luck; the Board wished her well.

#### **Next Regular Meeting**

The next regular meeting of the Board of Health is scheduled to be held at 4:00 p.m. on Thursday, December 12, 2019, in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville, TN., 37209.

The meeting adjourned at 5:35 p.m.

Respectfully submitted,

A. Alex Jahangir, MD, MMHC, FACS  
Chair

## **Director's Update to the Board of Health November, 2019**

### **Protecting Health – Preventing the Spread of Infectious Disease**

#### **Fight Flu Tennessee**

Next Tuesday we will be opening nine points of dispensing (PODs) throughout the county to provide free flu shots as part of the statewide Fight Flu TN operation by the state Health Department. The PODs will be here and at the Southeast Nutrition Center, the East and Woodbine facilities, plus Metro Southeast, Bridges (for those with little or no hearing), The Next Door (a closed POD serving a population of vulnerable women), The Nashville Rescue Mission and our Occupational Health and Wellness Center for first responders. We are expanding the PODs this year to include more vulnerable and underserved populations in furtherance of our mission.

We will also be exercising the activation of our Regional Health Operations Center (RHOC) here at Lentz. The RHOC is headquarters for large, multi-sector operations.

### **Improving Health - Services to Individuals & Families**

#### **ACE Nashville**

All Children Excel Nashville was the inaugural recipient of the *United Way of Metropolitan Nashville Community Impact Award*, bestowed at the Center for Nonprofit Management's Salute to Excellence Awards. This award recognizes a cross-sector initiative working to alleviate poverty by impacting multiple dimensions of a system, including policy practices, power dynamics, and relationships. Our congratulations to Angie Thompson, Jen Trail and the entire ACE Nashville group.

#### **MACC Adoption Event**

MACC's MuttNation adoption event on October 12 was a big success, with 69 total pet placements. MuttNation Foundation was founded by Miranda and Bev Lambert in 2009. They are a non-profit organization that promotes the adoption of shelter dogs and spaying and neutering.

MACC partnered with Channel 2 and Williamson County Animal Center for the Twice as Nice adoption event during the weekend of October 18-20. All fees were sponsored at both shelters all weekend long. This collaboration resulted in the placement of 40 dogs, 31 cats, and one rabbit.

MACC also held the "Howl-O-Ween" Spooktacular adoption event in late October and placed 25 dogs and 21 cats.

### **Improving Health – Access & Care Coordination**

#### **Vaping Death**

Since your last meeting Nashville has seen its first death in the outbreak of severe pulmonary illness associated with the use of electronic cigarettes. We worked closely with TDH to investigate it, and continue to be on the lookout for these illnesses. As of last week we had six confirmed cases and the one fatality. We did not add any cases in the first week of November. The latest reporting period ended today (verbal update).

### **Improving Health – Community Partnerships**

#### **Opioids**

We continue to monitor the effects of opioids in the community, and are seeing an increase in fatalities involving fentanyl, a synthetic opioid. Through the first three quarters of the calendar year fentanyl-

related overdose deaths had reached the total from all of 2018. Fentanyl has become increasingly prevalent here since 2016. We are aggressively promoting awareness of the Tennessee REDLINE for people seeking referrals for help, and Naloxone training and availability.

## **Organizational Updates**

### **Woodbine**

We received word early last week that the mayor's office wanted to see our justification for requesting a replacement building for the Woodbine facility, which we provided to General Services last Wednesday. Woodbine has been in the Capital Improvements Budget for some time, but has yet to be funded. We are hopeful the combination of the demographic shifts in the county --- our clientele are increasingly to the south and east of Woodbine -- as well as the continued financial strain of repairs and maintenance at the old building will result in a replacement being included in the Capital Spending Plan as part of the FY21 budgeting process.

### **State Air Board**

The state Department of Environment and Conservation will hold a public hearing next week on possible changes to the state vehicle emissions testing program, which has implications for us. MPHD operates Metro's air pollution control program under a certificate of exemption from the state. That certificate of exemption includes vehicle emissions testing. If, after the public hearing, the Tennessee Air Pollution Control Board agrees that vehicle emissions testing is no longer required to keep Middle Tennessee in compliance with federal air quality standards, it will request that the Environmental Protection Agency remove it as a requirement for air pollution control in the state. If the EPA agrees, then the state of Tennessee is bound by a law passed last year in the Generally Assembly to stop vehicle emissions testing, for which the law allows four months.

The state law allowed Davidson County to keep control of its program, provided the Metro Council voted to do so, which it did. However, if the EPA requirements under which we have traditionally operated the program go away, we will have to amend our regulations to accommodate several features of the contracts we have in place currently.

### **Mayor**

Chairman Jahangir, Tom Sharp and I met a couple of weeks ago with Mayor Cooper and members of his staff. I would defer to the chairman for his assessment, but I thought it was a congenial meeting, a general discussion of our status and what we could do to help the mayor with his agenda. I would note that we did mention the need to replace the Woodbine building (see above).

**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](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: 10/01/2019)	129	9	37	52	227
<b>Intake</b>					
Stray at large	217	20	56	92	385
Relinquished by owner	79	14	21	16	130
Owner requested euthanasia	1	0	3	1	5
Transferred in from agency	0	0	0	0	0
Other Intakes	10	6	1	0	17
<b>TOTAL INTAKE</b>	<b>307</b>	<b>40</b>	<b>81</b>	<b>109</b>	<b>537</b>
<b>Outcomes</b>					
Adoption	152	13	45	88	298
Returned to owner	91	7	6	0	104
Transferred to another agency	27	13	12	9	61
Other live Outcome	0	0	0	0	0
<b>TOTAL LIVE OUTCOMES</b>	<b>270</b>	<b>33</b>	<b>63</b>	<b>97</b>	<b>463</b>
Died in care	0	0	0	0	0
Lost in care (Physical inventory adjustments)	0	0	0	0	0
Shelter Euthanasia	33	0	4	7	44
Owner requested euthanasia	1	0	2	1	4
<b>TOTAL OUTCOMES</b>	<b>304</b>	<b>33</b>	<b>69</b>	<b>105</b>	<b>511</b>
<b>Ending Shelter Count (date: 10/31/2018)</b>	<b>151</b>	<b>9</b>	<b>42</b>	<b>51</b>	<b>253</b>
<b>SAVE RATE:</b>	<b>89.22%</b>	<b>100.00%</b>	<b>94.94%</b>	<b>93.52%</b>	<b>91.74%</b>



# METRO ANIMAL CARE AND CONTROL

## Trailing 12 Monthly – Data Report

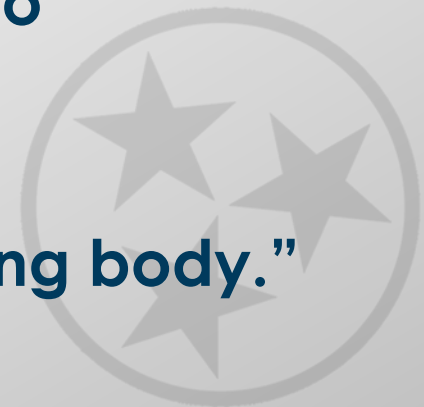
		Trailing 12 Month Average	
		October 2019	Ending October 31, 2019
Intake Total		578	546
Stray		391	401
Owner Surrender		133	110
Owner Request Euthanasia		5	11
Wildlife		32	40
Other		9	26
Adopted		308	264
Transfer		62	90
RTO		104	101
ORE Euthanized		4	11
Wildlife Euthanized		33	32
Euthanasia Total		45	82
Euthanasia %		8%	8%

Data Report Key
Intakes
Outcomes

# TENNESSEE OPEN MEETINGS ACT

## Tenn. Code Ann. § 8-44-101, *et. seq*

- ④ The formation of public policy and decisions is public business and shall not be conducted in secret.
- ④ Construed broadly in favor of the public.
- ④ Provides the right to attend, not the right to participate.
- ④ Applies to all “meetings” of any “governing body.”



# TENNESSEE OPEN MEETINGS ACT

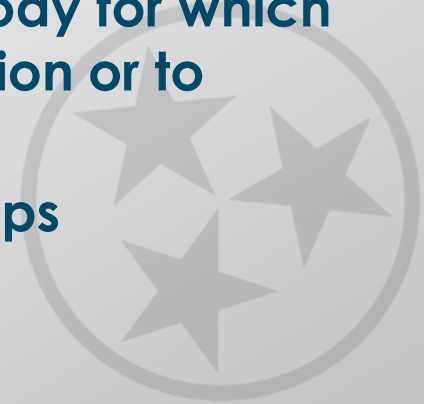
## What is a meeting of a governing body?

### “Governing Body”

- Members of a public body of 2 or more members with authority to make decisions for or recommendations to a public body on policy or administration.
- Includes certain non-profits

### “Meeting”

- Convening of a governing body of a public body for which a quorum is required in order to make a decision or to deliberate toward a decision.
- Doesn't include executive sessions or workshops



# TENNESSEE OPEN MEETINGS ACT

## TOMA Requirements

- ④ **“Meetings” must be open to the public**
- ④ **“Adequate Public Notice”**
- ④ **Meeting Minutes**
  - **Persons present**
  - **Motions, proposals and resolutions offered**
  - **Results of any votes**
- ④ **All votes by public vote, public ballot or public roll call**



# TENNESSEE OPEN MEETINGS ACT

## *“Adequate Public Notice”*

- ④ **Under the totality of the circumstances, does notice give interested citizens a reasonable opportunity to exercise their right to attend?**
  
- ④ **Regular Meeting: Only Time & Place of Meeting**
  
- ④ **Special Meeting:**
  - **Reasonably describe proposed actions to be taken or decisions to be made**
  - **Cannot discuss other matters during the meeting**



# TENNESSEE OPEN MEETINGS ACT

## *“Executive Sessions”*

- 🌟 **Meeting with Attorney**
- 🌟 **Informational Sessions/Workshops**
- 🌟 **Hospital Boards**
- 🌟 **School Safety Planning**
- 🌟 **Government Audit Committees**



# TENNESSEE OPEN MEETINGS ACT

## TOMA OOPS!

- 🇺🇸 **What if a governing body violates TOMA?**
- 🇺🇸 **Any action taken in violation of TOMA is null and void, except commitments affecting public debt.**
  - **Tenn. Code Ann. § 8-44-105**
- 🇺🇸 **Court has broad jurisdiction to issue injunctions, impose penalties and otherwise enforce purpose of TOMA.**
  - **Tenn. Code Ann. § 8-44-106**
  - **Court retains jurisdiction and governing body must report to the court semi-annually re TOMA compliance**

# Community Partnership Fund: Community Health Grant

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November 14, 2019



***Metro Public Health Dept***

Nashville / Davidson County

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Protecting, Improving, and Sustaining Health



# Agenda

- Background
- Eligibility
- MPHD Priority Goals
- Applicant Training Workshops
- Evaluation
- FY 2020 Awardees and Proposals
- FY 2019 Awardees and Accomplishments

# Background

- The Community Partnership Fund (CPF) is a competitive grant program for non-profits.
- The Metro total annual budget is \$1 million.
- The Metro CPF priority areas: community health, domestic violence, youth violence, financial security and literacy.
- Each Metro priority area is allotted \$200,000 and administered by the appropriate Metro Department.
- The Metro Public Health Department administers the Community Health priority funding.

# Metro Eligibility Requirements

- 501(c)(3)
- 1+ years in existence
- Must provide a copy of an audit conducted by a certified public accountant
- Non-profits applying for Direct Appropriations are ineligible

# MPHD Funding Goals: Community Health Improvement Plan

## ➤ Advance Health Equity

- Address the conditions in the places where people live, learn, work, and play, that affect a health risks and outcomes.
- Removes barriers and create opportunities to advance health equity for all.

## ➤ Maximize the Built and Natural Environment:

- Increase active transportation, i.e., walking or biking options and utilization.
- Improve and protect the quality of air, land and water

## ➤ Support Mental and Emotional Health:

- Provide individuals and families with the support necessary to maintain positive mental well-being
- Promote positive parenting and violence free homes

# MPHD Funding Priorities

- Policy, system and environmental (PSE) changes
- Cross-sector collaboration
- Sustainable and culturally competent

# Funding Levels

- Capacity Building Grants (up to \$25,000 each)
  - Assessment and Planning
  - Training and Technical Assistance
  
- Implementation Grants (up to \$50,000)

# Communication Strategies

- Posted on Metro Website
- List Serves
- Partner e-mails
- Two Training Workshops

# Applicant Training Workshops

- Call for Proposals
- Educational Workshop
  - Creating Policy, Systems and Environmental (PSE) Change
  - Advancing Health Equity



# Creating PSE Change

Approaches that seek to go beyond programming and into the systems that create the structures in which we work, live and play.

# Event/Program vs. PSE Change

Characteristics of Event or Program	Characteristics of PSE Change
One time	Ongoing
Additive: often results in only short-term behavior change	Foundational: often produces behavior change over time
Individual level	Community/Population level
Not part of ongoing plan	Part of an ongoing plan
Short term	Long term
Non-sustaining	Sustaining

# Policy Change

- Creating or changing a written statement of an organizational position, decision, or course of action. Can occur in all sectors and at various levels.
- Workplace rules, agreements, decisions, agreed upon ways of doing business or standards.

# Example: MPHD Wise Moves Policy

## Summary

The Metro Public Health Department (MPHD) understands and acknowledges that health is a state of physical, mental, and social wellbeing. Modifiable lifestyle changes such as nutrition, stress management, weight control, tobacco use and sleep habits are significant influences on health. Improving employees' health requires a broader view of wellness. Mental health is an important part of health, as it influences how people handle stress, relate to others, and make choices. Mindfulness and meditation are practices that use breathing, quiet contemplation or sustained focus on something to reduce stress and anxiety, lower blood pressure, manage depression, improve cognition and reduce distractions. Regular physical activity increases quality of life through improved endurance, strength, flexibility and balance. Healthy employees reportedly incur fewer medical expenses, have increased productivity, improved morale, use fewer sick days, and have fewer health risks and work-related injuries. By taking a holistic approach to wellness, employees will have more opportunities to improve their overall health and well-being.

## Policy

When MPHD employees engage in wellness activities, they act to model and achieve the mission of MPHD to “protect, improve and sustain the health and well-being of all people in Metropolitan Nashville.” Therefore, MPHD adopts the following *Wise Moves Wellness Time* policy to encourage and support employees to practice wellness during the workday.

# Systems Change

- Focuses on changing infrastructure within or between a setting(s) or organization(s) that institutes processes or procedures at the system level.
- Can be unwritten, ongoing, decisions or changes
- Procedures between or within organizations such as personnel, resource allocation, programs, processes.
- Can occur in settings such as schools, parks, worksites or healthcare and others.

# Examples:

Trauma Informed School Practices  
Fall Hamilton Elementary School

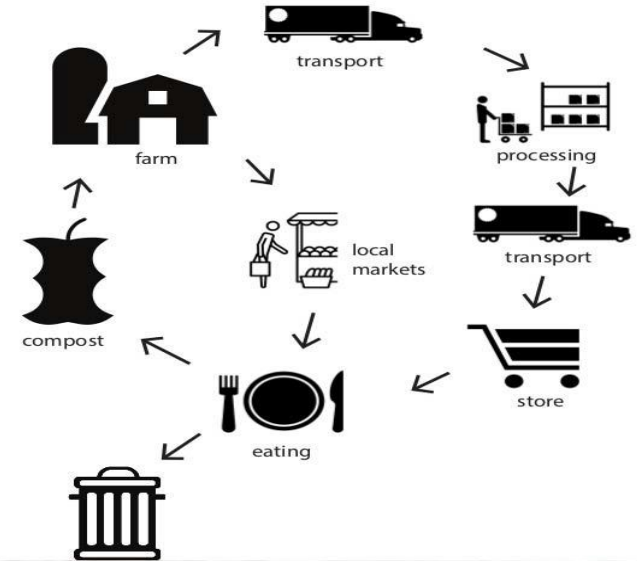
The school implemented a  
**SOCIAL AND EMOTIONAL LEARNING**  
curriculum,  
  
adapted the **PHYSICAL SPACE**,  
  
and built strong **ONE-TO-ONE**  
relationships with students.

edutopia

1:16 / 8:12



## FOOD SYSTEM DIAGRAM



APPENDIX 1B

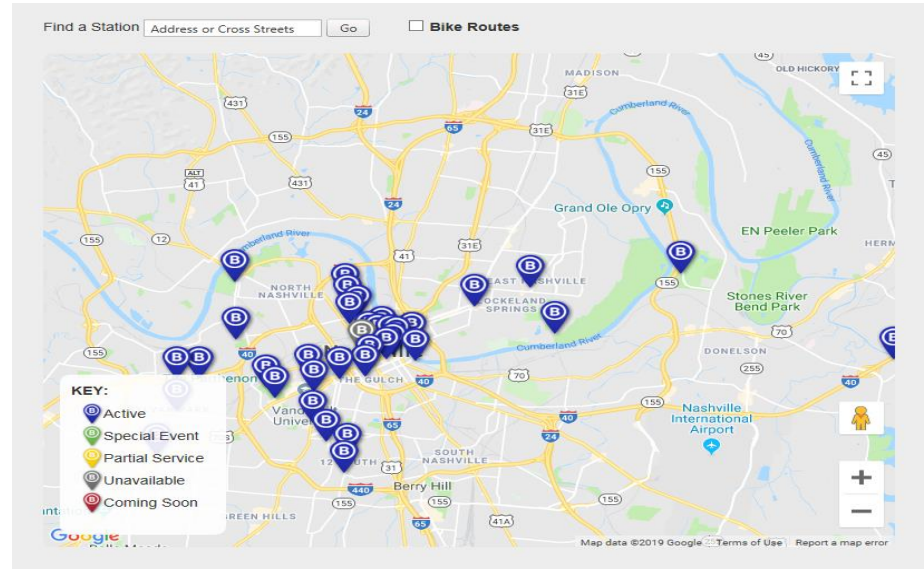
[www.campuskitchens.org](http://www.campuskitchens.org)



# Environmental Change

- A change made to the environment through physical, social, and economic factors that influence people's practices and behaviors.
  - Physical - Structural changes or programs or service.
  - Social - A positive change in attitudes or behavior about policies that promote health or an increase in supportive attitudes regarding a health practice.
  - Economic - Presence of financial disincentives or incentives to encourage a desired behavior.

# Example: Nashville B-Cycle





# Advancing Health Equity

- Definitions
- History of Health Inequities and Discrimination
- Levels of Equity/Inequity
- Examples:
  - Equity in Practice
  - Equity in Policy
  - Equity in the Environment
  - Equity in Systems

# Health Equity Definitions

The societal and systematic understanding and appreciation of differences among individuals and populations; where everyone is valued and has the opportunity to achieve optimal health and well-being (2015 Health Equity Recommendations Report).

Both the absence of systemic obstacles and the creation of opportunities for all to be healthy. (MPHD)

# Health Equity

Everyone has a **fair and just opportunity to be as healthy as possible.**

This requires removing obstacles to health such as *poverty, discrimination, and their consequences*, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

# Health Inequities Exist and Persist:

➤ Inequity has been most commonly associated with those that have suffered from discrimination related to their:

- Race
- Ethnicity
- Gender
- Sexual Orientation
- Nationality
- Language
- Religion
- Neighborhood
- Education
- Income
- Ability Level

The **unequal distribution of power, money and resources** has led to **fundamental inequalities** in the **distribution of social determinants of health**

# Equity in Practice

- Community/stakeholder engagement
- Use data to select a community/population that is experiencing inequities
- Focus on root causes of inequities (racism, sexism, classism, etc.) within policies and practices
- Sharing power and resources with communities most affected by issue
- Partner with community members and organizations that are of and from affected community
- Examine which SDOH are most connected to particular community's health inequities

## Example: Equity in Policy

- Nashville Metro Arts Commission – Historically, only major arts institutions were able to obtain funding from their grants program
- Policy change allowed for individual artists to receive grant funding from Metro Arts

**Created equity** by **reallocating resources** from large arts institutions to individual artists through a **policy change**

## Example: Equity in Systems

- Requires a combination of equitable practices, policies and environments
- Also requires cross-sector and community collaboration, sustainability and cultural humility/competency

## Example: Equity in the Environment

- Construction of I-40 interstate isolated North Nashville
- Construction of 28<sup>th</sup> /31<sup>st</sup> Avenue Connector reconnected North Nashville and West Nashville

**Created equity by allocating funds and resources to build an environmental change**



# Scoring Criteria

Section	Score
Responsiveness to the grant guidelines/ requirements	5
Purpose of the project and community partnerships	5
Identified community need to be addressed	10
Clarity of goals, objectives, activities and outcomes	20
Health equity	15
Evaluation	10
Management Plan	5
Monitoring Plan	5
Timeline	5
Sustainability	15
Budget	5
Total	100

# Evaluation and Selection

## Scoring Panel

Amanda Ables

Sarah Bounse

Tracy Buck

Latissa Hall

Celia Larson

Rajeev Mavath

KaShawna Parker

Jason Stamm

Angie Thompson

Jennifer Trail

# Monitoring & Feedback

- All grant contracts are monitored by our Grants and Contracts Coordinator
- Monitoring occurs quarterly
  - Grantees' reports and invoices are
  - Includes updates on scope and expenditures

# 2020 Grant Awardees

- **The Oasis Center** – “Urban Cycling” project  
The project seeks to create a safe, off-road space in Watkins Park for community members to ride bicycles.
- **The Nashville Food Project** – “Mill Ridge Community Farm” project  
The project seeks to increase access to land acreage in Southeast Nashville to allow sustainable community agriculture and how-to training on gardening for local residents.
- **Trevecca Nazarene University** – “Treecycle” project  
The project seeks to engage active participation of teens living in the Chestnut Hill, Napier and Sudekum neighborhoods by teaching them to plant gardens and trees and providing them with bicycles for local travel.

# 2020 Grant Awardees

- **Martha O'Bryan** – “Healthy Families Forward” project.  
The project seeks to train, implement and disseminate family-centered coaching to MBOC employees as well as its partners and providers that will advance the integration of two-generational service delivery across the cradle to career continuum in education, employment and family stability.
- **Siloam Health** – “Advancing Health Equity in Nashville’s Immigrant and Refugee Populations” project.  
The project will expand the community health workers reach to immigrants and refugees to ensure equal access and quality of care for all.

# 2019 Grant Awards and Accomplishments

- **Conexion Americas:** “Increasing Walking and Bicycling for Transportation with Safer Infrastructure”
- **The Family Center:** “Creating a Trauma-Informed Juvenile Justice System”
- **Trevecca Nazarene University:** “Trevecca Urban Farm – TreeCycle Project”
- **Walk Bike Nashville:** “Healthy trips to school – Changing transportation behaviors at Nashville Schools”

**CURRENT**

- **CHAPTER 1. - PUBLIC HEALTH**
- **Sec. 10.101. - Metropolitan board of health—Created.**

There shall be a metropolitan board of health which sometimes in this article may be called the "department of health" and sometimes called the "board." The board shall administer and control public health for the metropolitan government as herein provided.

**PROPOSED**

- **CHAPTER 1. - PUBLIC HEALTH**
- **Sec. 10.101. - Metropolitan board of health—Created.**

There shall be a metropolitan board of health which shall oversee administration of the Metro Public Health Department as herein provided.

***This proposal differentiates between the "board of health" and the "department of health."***

- **Sec. 10.102. - Same—Qualifications, term and selection of members.**

**CURRENT**

The board shall be composed of six (6) members. Three (3) members shall be doctors of medicine certified for practice as such by the state board of medical examiners and licensed by the state licensing board for the healing arts, and each of whom shall have had not less than five years experience in the active practice of his or her profession. One of said doctors of medicine shall also have had special training, practice and experience in the field of psychiatric medicine. One member shall be a registered nurse. The two remaining members of the board shall be chosen without reference to occupation, except that they shall not come from the medical profession. Members of the board shall serve without compensation.

The members of the board shall be appointed by the mayor and confirmed by a majority of the whole membership of the council. They shall serve terms of five (5) years each, provided that of the first five members, one shall serve for five years, one for four years, one for three years, one for two years and one for one year. The registered nurse shall originally be appointed for a term that coincides with that of the chairman of the board. Any vacancy other than by expiration of term shall be filled for the unexpired term.

**PROPOSED**

- **Sec. 10.102. - Same—Qualifications, term and selection of members.**

The board shall be composed of nine (9) members. One (1) member shall be a doctor of medicine or osteopathic medicine certified for practice as such by the state board of medical examiners and licensed by the state licensing board for the healing arts, who shall have had not less than five years' experience in the active practice of his or her profession. One (1) member shall be a licensed mental health professional who shall have not less than five years' experience in the



active practice of his or her profession. One (1) member shall be a registered nurse.

Four (4) members shall come from any of the following categories:

- A doctor of medicine or osteopathy certified for practice in Tennessee by the state Board of Medical Examiners;
- A practitioner in an allied health field with a background in the practice of public health;
- An attorney licensed to practice law by the Tennessee Board of Law Examiners;
- A veterinarian licensed by the Tennessee Board of Veterinary Medical Examiners;
- A dentist licensed to practice by the Tennessee Board of Dentistry;
- A person with a background in environmental health practice or policy;
- A person with an advanced degree in public health;
- A person with a background as a Community Health Worker.

The two (2) remaining members of the board shall be chosen without reference to occupation, except that they shall not come from the medical profession. Members of the board shall serve without compensation.

The members of the board shall be appointed by the mayor and confirmed by a majority of the whole membership of the council. They shall serve terms of five (5) years each. Any vacancy other than by expiration of term shall be filled for the unexpired term.

***This proposal adds three members to the board of health, raising the number from six to nine.***

***It reduces the number of required doctors of medicine from three to one, and specifies that doctor may be a doctor of osteopathic medicine as opposed to***

***specifically an M.D. It removes the requirement for a doctor of psychiatric medicine and replaces it with a licensed mental health professional, which could be a doctor of psychiatric medicine but need not be. It maintains requirements for one registered nurse, and for two members of the general public chosen without reference to occupation, except that they may not be in the medical profession. It specifies that the remaining four members shall be chosen from a list of professions or backgrounds pertinent to the operations of the department of health (medicine, including osteopathic medicine; allied health professions, law, dentistry, environmental health or policy, public health, and community health).***

### **CURRENT**

- **Sec. 10.103. - Same—Functions.**

The board of health, through its chief medical director, shall exercise all the administrative functions of the metropolitan government pertaining to:

1. The physical and mental health of the people.
2. The investigation and control of communicable diseases.
3. The regulation of publicly and privately owned institutions for the purpose of sanitation and public health.
4. The enforcement of reasonable rules and regulations promulgated as herein provided.
5. The collection, compilation, tabulation, analyzing and reporting of statistics and data concerning births, still births, deaths and such vital statistics.
6. The performance or the functions previously assigned by law to the health officers or the health departments of the City of Nashville and Davidson County, or such as hereafter may be assigned to city or county health officers or city health departments or county health departments in Tennessee.
7. The inspection of all charitable institutions, all jails and all institutions of the metropolitan government where sick, insane, destitute or other persons are confined. The board may cause any person convicted of violating any law or ordinance and who is confined, or who is on parole, to be examined as to the causes contributing to the delinquency and shall make and keep a record of such examinations.

### **PROPOSED**

- **Sec. 10.103. - Same—Functions.**

The board of health shall hire the director of health, as specified below, and oversee his or her direction of the department with respect to all administrative functions of the metropolitan government pertaining to:

1. The physical and mental health of the people.
2. The investigation and control of communicable diseases.
3. The regulation of publicly and privately owned institutions for the purpose of sanitation and public health.
4. The enforcement of reasonable rules and regulations promulgated as herein provided.
5. The collection, compilation, tabulation, analyzing and reporting of statistics and data concerning births, still births, deaths and such vital statistics.
6. The performance or the functions previously assigned by law to the health officers or the health departments of the City of Nashville and Davidson County, or such as hereafter may be assigned to city or county health officers or city health departments or county health departments in Tennessee.
7. The inspection of all charitable institutions, all jails and all institutions of the metropolitan government where sick, mentally ill, destitute or other persons are confined. The board may cause any person convicted of violating any law or ordinance and who is confined, or who is on parole, to be examined as to the causes contributing to the delinquency and shall make and keep a record of such examinations.

***This proposal clarifies in its opening paragraph that the board of health hires the director of health and oversees his or her direction of the administrative functions of the metropolitan government in the areas specified below, as opposed to exercising those administrative functions directly.***

***The enumerated functions are not changed except to replace the term “insane” with the term “mentally ill” in function number 7.***

**CURRENT**

• **Sec. 10.104. - Same—Duties.**

In addition to the duties otherwise imposed by this Charter or by general law, it shall be the duty of the board of health to:

1. Determine and establish the policies to be followed in the exercise of its functions.
2. Establish within the department of health such divisions, branches, or subdivisions, and plan of organization as may be consistent with efficient administration, which organizational plan shall be submitted by the board to the council for approval by ordinance, and which organizational plan may be amended from time to time in like manner.
3. After public hearing adopt reasonable rules and regulations or amend rules and regulations previously adopted as necessary for the protection of the health of the people, which rules and regulations, among other things, shall set standards and procedures and requirements of conduct not less than as set out in regulations of the commissioner of public health of Tennessee. No such rule or regulation shall be contrary to any metropolitan ordinance.
4. Hear and act upon complaints of persons affected by decisions of the chief medical director and to amend or set aside such decisions as are contrary to policies or regulations of the board.
5. Cause to be submitted, with the aid of the department of law, for submission to the council for its consideration, a comprehensive Health Code which shall embrace all matters with relation to public health to which the powers and duties of the board extend, and which shall have as its purpose the preservation and promotion of the health of the people of the metropolitan government.
6. Submit to the mayor, within six months after the beginning of each new term of office, a report upon the activities of the metropolitan board of health and a comprehensive program of public health and indigent medical care.

7. Conduct inquiries, make investigations and hold hearings for the purpose of investigating nuisances, preventing the creation of nuisances, taking other preventative steps to protect the health of the community and for other purposes herein set forth in connection with the powers, duties and authorities of the board. In conducting any such inquiry and mailing of any such investigation the board shall have and may exercise the same investigative powers as are vested by this Charter in other metropolitan agencies which are given investigative powers.

8. Contract with other governmental agencies, or with public or private institutions, subject to confirmation by the council by resolution for such services as will further the program and policies of the board.

9. Cause to be prepared by the chief medical director, subject to review and revision by the board, the proposed annual budget for the metropolitan board of health.

10. Cooperate with agencies of the United States and of the State of Tennessee in all matters of public health and sanitation and accept, receive and provide for the use of federal and state grants in aid, state aid and matching funds.

11. Cooperate with privately endowed or operated institutions, funds or foundations in all matters of public health and sanitation and receive and accept and provide for the use of grants from any such institutions, funds or foundations.

12. Exercise such other authority and perform such other duties as may be required by ordinance consistent with the general law and the provisions of this Charter.

**PROPOSED**

• **Sec. 10.104. - Same—Duties.**

In addition to the duties otherwise imposed by this Charter or by general law, it shall be the duty of the board of health to:

1. Determine and establish the policies to be followed in the exercise of its functions.
2. Establish within the department of health such divisions, branches, or subdivisions, and plan of organization as may be consistent with efficient administration, which organizational plan shall be submitted by the board to the council for approval by ordinance, and which organizational plan may be amended from time to time in like manner.
3. After public hearing adopt reasonable rules and regulations or amend rules and regulations previously adopted as necessary for the protection of the health of the people, which rules and regulations, among other things, shall set standards and procedures and requirements of conduct not less than as set out in regulations of the commissioner of public health of Tennessee. No such rule or regulation shall be contrary to any metropolitan ordinance.
4. Hear and act upon complaints of persons affected by decisions of the director of health and to amend or set aside such decisions as are contrary to policies or regulations of the board.
5. Cause to be submitted, with the aid of the department of law, for submission to the council for its consideration, a comprehensive Health Code which shall embrace all matters with relation to public health to which the powers and duties of the board extend, and which shall have as its purpose the preservation and promotion of the health of the people of the metropolitan government.
6. Submit to the mayor, within six months after the beginning of each new term of office, a report upon the activities of the metropolitan department of health and a comprehensive program of public health and indigent medical care.
7. Conduct inquiries, make investigations and hold hearings for the purpose of investigating nuisances, preventing the creation of nuisances, taking other preventative steps to protect the health of the community and for other purposes herein set forth in connection with the powers, duties and authorities of the board. In conducting any such inquiry and mailing of any such investigation the

board shall have and may exercise the same investigative powers as are vested by this Charter in other metropolitan agencies which are given investigative powers.

8. Contract with other governmental agencies, or with public or private institutions, subject to confirmation by the council by resolution for such services as will further the program and policies of the board.

9. Cause to be prepared by the director of health, subject to review and approval by the board, the proposed annual budget for the metropolitan board of health.

10. Cooperate with agencies of the United States and of the State of Tennessee in all matters of public health and sanitation and accept, receive and provide for the use of federal and state grants in aid, state aid and matching funds.

11. Cooperate with privately endowed or operated institutions, funds or foundations in all matters of public health and sanitation and receive and accept and provide for the use of grants from any such institutions, funds or foundations.

12. Exercise such other authority and perform such other duties as may be required by ordinance consistent with the general law and the provisions of this Charter.

***This proposal changes duty number 4 to specify “director of health” instead of “chief medical director,” as these may be different individuals in the future if these changes are enacted, and this duty is most properly assigned to the director.***

***It changes duty number 6 to clarify that the required report to the mayor is on the activities of the department of health, as opposed to the board of health.***

***It changes duty number 9 to, again, specify that the budget is prepared by the director of health as opposed to the chief medical officer, because those may in future be different people; and that the board will approve the budget, as opposed to revise it; any revision is more properly the duty of the director.***



### **CURRENT**

- **Sec. 10.105. - Chief medical director of health—Appointment and qualifications.**

The board shall appoint a chief medical director of health, herein sometimes called "chief medical director," and may enter into an employment contract with such person for a period not exceeding five (5) years, and at a compensation to be fixed by the board. Such compensation so fixed shall be subject to approval by the council by resolution. The chief medical director shall be a doctor of medicine certified for practice as such by the state board of medical examiners, and licensed by the state licensing board for the healing arts. He or she shall have had not less than ten years' previous experience in the active practice of his or her profession, or in the field of public health administration. He or she shall devote his or her entire time to the duties of his or her office.

### **PROPOSED**

- **Sec. 10.105. - Director of health—Appointment and qualifications.**

The board shall appoint a director of health and may enter into an employment contract with such person for a period not exceeding five (5) years, and at a compensation to be fixed by the board. Such compensation so fixed shall be subject to approval by the council by resolution. The qualifications for the director of health shall be established by the Board, subject to approval by the Metro Director of Human Resources.

In the event that the director of health is not a doctor of medicine or of osteopathic medicine, the director shall appoint a medical doctor to serve as the chief medical officer. Any powers, duties, responsibilities or authorities vested in the director of health that require or imply that the director be a licensed physician shall be delegated, in writing, to the chief medical officer.

***This proposal removes the specific qualifications for the director of health position from the Charter and leaves the specification of those qualifications to***

***the board of health, with approval by the metro director of human resources. This is to allow for the possibility of the director holding professional qualifications other than an M.D., which is currently specified by the Charter. This change will not preclude the possibility of the director of health holding an M.D.***

***This proposal also specifies that if at any time in the future the director is not an M.D., then the director shall appoint an M.D. to be the chief medical officer, and that the duties of the chief medical officer shall be delegated in writing.***

### **CURRENT**

- **Sec. 10.106. - Same—Powers and duties.**

The chief medical director shall be the chief administrative officer of the board. He or she shall be responsible to the board for the administration and execution of its program and policies. Within the policies set forth by the board he or she shall have general management and control of any divisions of the department and such other administrative units as may be created by the board or by ordinance. With the approval of the board, pursuant to established personnel policies, and subject to the provisions of this article, he or she shall appoint and remove the heads of the divisions and other officers and employees of the board. He or she shall have such other powers and duties as may be authorized by general law, by this Charter or by ordinance.

### **PROPOSED**

- **Sec. 10.106. - Same—Powers and duties.**

The director of health shall be the chief administrative officer of the board. He or she shall be responsible to the board for the administration and execution of its program and policies. Within the policies set forth by the board he or she shall have general management and control of any divisions of the department and such other administrative units as may be created by the board or by ordinance. With the approval of the board, pursuant to established personnel policies, and subject to the provisions of this article, he or she shall appoint and remove the heads of the divisions and other officers and employees of the department. He or she shall have such other powers and duties as may be authorized by general law, by this Charter or by ordinance.

***This proposal replaces “chief medical director” with “director of health” in the first sentence, as these may in future be different people and the duty specified here more properly lies with the director of health.***

***It changes the third sentence to reflect that employees are “employees of the department,” rather than “employees of the board.”***

## ***CURRENT***

- **Sec. 10.107. - Personnel rules and regulations of the board of health.**

The metropolitan board of health, consistent with the standards of the merit system of the United States Public Health service, shall establish, adopt and make available for distribution, its rules, regulations and policy statement concerning its personnel policy, the manner and method of employing personnel, the requirements with reference to the qualifications of both professional and nonprofessional personnel, salaries, vacations, sick leave, job security, retirement policy, and other related terms and conditions of employment by the board.

The board shall constitute a civil service board with respect to employees of the board of health for the purpose of [section 12.09](#) of this Charter and for the purpose of investigating and hearing charges against any professional or nonprofessional employee, and for the purpose of dismissing, suspending or otherwise disciplining any such employee, or reviewing any decision of the chief medical director affecting the employment status of such employee. In the discharge of its duties as a civil service board, the board shall act pursuant to its rules and regulations governing personnel policies promulgated as hereinabove stated, and shall have the same investigative powers as vested by this Charter in other agencies of the metropolitan government in which investigative power is vested. Any employee of the board dismissed or discharged pursuant to the action of the Board after hearing, may have such discharge or dismissal reviewed in the same manner as is provided in this Charter for the review of

## ***PROPOSED***

- **Sec. 10.107. - Personnel rules and regulations of the board of health.**

The metropolitan board of health, consistent with the standards of the merit system of the United States Public Health service, shall establish, adopt and make available for distribution, its rules, regulations and policy statement concerning its personnel policy, the manner and method of employing personnel, the requirements with reference to the qualifications of both professional and

nonprofessional personnel, salaries, vacations, sick leave, job security, retirement policy, and other related terms and conditions of employment by the board.

The board shall constitute a civil service board with respect to employees of the department of health for the purpose of [section 12.09](#) of this Charter and for the purpose of investigating and hearing charges against any professional or nonprofessional employee, and for the purpose of dismissing, suspending or otherwise disciplining any such employee, or reviewing any decision of the director of health affecting the employment status of such employee. In the discharge of its duties as a civil service board, the board shall act pursuant to its rules and regulations governing personnel policies promulgated as hereinabove stated, and shall have the same investigative powers as vested by this Charter in other agencies of the metropolitan government in which investigative power is vested. Any employee of the board dismissed or discharged pursuant to the action of the Board after hearing, may have such discharge or dismissal reviewed in the same manner as is provided in this Charter for the review of actions of the civil service commission under certain conditions.

***This proposal changes “employees of the board of health” to “employees of the department of health” in the first sentence of the second paragraph.***

***It changes “chief medical director” to “director of health” in the same sentence, as in future these may be two different people and the review referenced here would be specific to action by the director of health.***

**CURRENT**

- **Sec. 10.108. - Budget of metropolitan board of health**The board shall submit to the mayor, through the director of finance, the budget for the metropolitan board of health. If the mayor shall make any change therefrom in the budget submitted by him or her to the council, it shall be his or her duty to inform the council with respect to such change and the original proposals of the board.

**PROPOSED**

- **Sec. 10.108. - Budget of metropolitan department of health.**

The director shall submit annually to the mayor, with approval by the Board and through the director of finance, the budget for the metropolitan department of health. If the mayor shall make any change therefrom in the budget submitted by him or her to the council, it shall be his or her duty to inform the council with respect to such change and the original proposals of the board.

***This proposal specifies that the director of health, as opposed to the board of health, submits the department's budget request to the mayor, with the approval of the board of health. This change is to reflect the actual practice of the metropolitan government's budgeting process.***

### **CURRENT**

- **Sec. 10.110. - Civil service medical examiner; civil service examinations.**

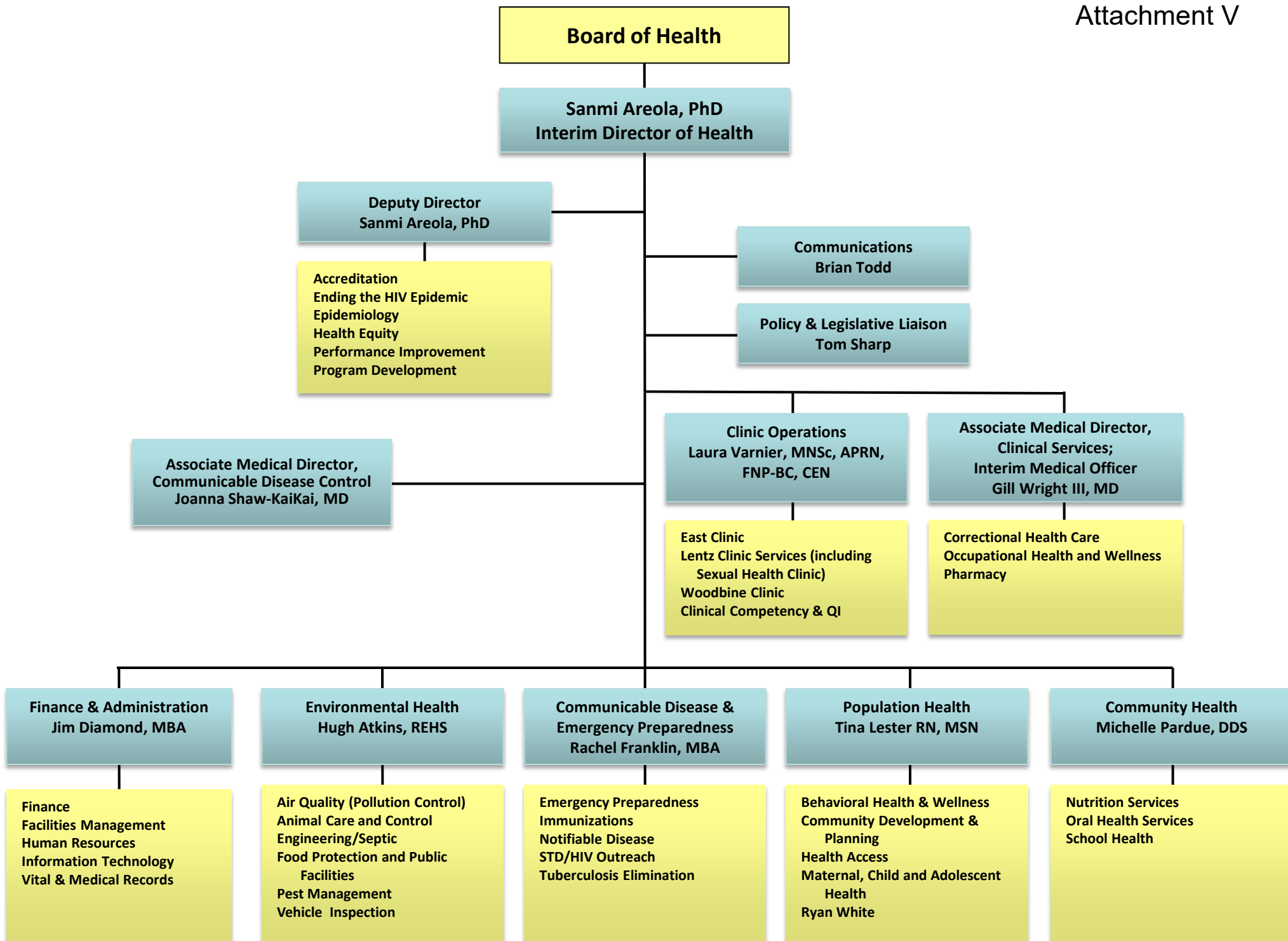
The chief medical director shall designate a qualified professional member of his or her medical staff as civil service medical examiner to conduct physical examinations for civil service personnel, including applicants for appointments, to conduct examinations for persons in retired status and applicants for retirement benefits, and to conduct periodical examinations for drivers of vehicular equipment of the metropolitan government. In addition, the civil service medical examiner shall conduct physical examinations when requested by any board or agency of the metropolitan government but solely for metropolitan government purposes; or as provided by ordinance.

### **PROPOSED**

- **Sec. 10.110. - Civil service medical examiner; civil service examinations.**

The director of health shall designate a qualified professional member of his or her medical staff as civil service medical examiner to conduct physical examinations for civil service personnel, including applicants for appointments, to conduct examinations for persons in retired status and applicants for retirement benefits, and to conduct periodical examinations for drivers of vehicular equipment of the metropolitan government. In addition, the civil service medical examiner shall conduct physical examinations when requested by any board or agency of the metropolitan government but solely for metropolitan government purposes; or as provided by ordinance.

***This proposal changes “chief medical director” to “director of health” in the first sentence, as in future these may be different people and this authority most properly lies with the director of health.***





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

## 1. Change Pay Grade of Administrative Assistant – Health from ST08 Pay Grade to ST09 Pay Grade

**Action Requested:** Change Pay Grade for Administrative Assistant – Health classification from current Pay Grade of ST08 to Pay Grade ST09

**Justification:** Administrative Assistant job classification exists in the General Government pay plan, and the job description is nearly identical to the Administrative Assistant – Health job description.

**Impact:** MPHD has one employee in the Administrative Assistant – Health classification. Upon approval of the Board of Health, this employee will be placed in the step in the ST09 range closest to their current salary without taking a decrease.

## 2. Change titles of the Medical Administrative Assistant series

**Actions Requested:** Change title of Medical Administrative Assistant 1, Medical Administrative Assistant 2, and Medical Administrative Assistant 3 positions

**Justification:** Current titles could be misleading and are not reflective of level of work employees in these functions perform. Job-seeking individuals may be passing over opportunities if just looking at the job title.

**Impact:** No financial impact, employees will remain in their existing pay grades at their current salaries. Current pay grades are:

Medical Administrative Assistant 1 – OR05

Medical Administrative Assistant 2 – OR07

Medical Administrative Assistant 3 – OR09