



Regular meetings of the Board of Health are scheduled on the second Thursday of each month.

PROPOSED AGENDA

BOARD OF HEALTH MEETING

Lentz Public Health Center

Board Room, on the third floor

2500 Charlotte Avenue, Nashville TN 37209

Thursday, February 10, 2022

4:00 p.m.

APPEAL OF DECISIONS FROM THE METROPOLITAN BOARD OF HEALTH

Pursuant to the provisions of § 2.68.030 of the Metropolitan Code of Laws, notice is hereby given that a contested case hearing before the Metropolitan Board of Health, acting as a Civil Service Commission, which affects the employment status of a civil service employee is appealable to the Chancery Court of Davidson County pursuant to the provisions of the Uniform Administrative Procedures Act. Any such appeal must be filed within sixty (60) days after the entry of the Board’s final order in the matter. A common law writ of certiorari is the appropriate appeal process of any decision of the Metropolitan Board of Health that does not involve a contested case hearing affecting the employment status of a civil service employee. This appeal must be filed within sixty (60) days of the action taken by the Board. You are advised to seek your own independent legal counsel to ensure that your appeal is filed in a timely manner and that all procedural requirements are met.

BOARD OF HEALTH

1. [Approval of January 13, 2022, Meeting Minutes](#)..... Franklin
2. Approval of Grant Applications* Diamond
3. Approval of Grants and Contracts* Diamond
4. Update from Friends of Metro Animal Care and Control Dyce
5. Update from Ryan White Part A Program Glaze-Johnson
6. Update on Pay Equity Study..... Diamond
7. [Report of Director](#) Wright
8. Report of Chair Franklin
9. [New Business / Review of Board Requests](#)..... Franklin

CIVIL SERVICE BOARD

1. [Approval of Changes to Bureau Director Job Description](#) Diamond
2. [Public Hearing to consider modifying or amending Board of Health Civil Service Rule 4.5A for purpose of expanding the pay range for hiring or promoting employees to open range positions](#)..... Diamond
3. Request to Schedule a Public Hearing for Requested Change to Nutritionist 2 Job Description Diamond
4. [Personnel Changes](#)..... Diamond

*Public Notice will be updated Monday, Feb. 7, and will include additional materials.

**Metropolitan Board of Health of Nashville and Davidson County
January 13, 2022, Meeting Minutes**

The regular meeting of the Metropolitan Board of Health of Nashville and Davidson County was called to order by Chair Tené Franklin at 4:05 p.m. in the Board Room, on the third floor of the Lentz Public Health Center, 2500 Charlotte Avenue, Nashville, TN 37209.

Present

Tené H. Franklin, MS, Chair
Calvin M. Smith III, MD, Vice-Chair
Carol Etherington, RN, Member
David Frederick, MS, Member
Gill C. Wright, III, MD, Director of Health
Michelle Pardue, DDS, Community Health Bureau Director
Rand Carpenter, DVM, Chief Epidemiologist
Jim Diamond, Finance and Administration Bureau Director
Angie Thompson, Director Behavioral Health and Wellness Division
Tom Sharp, Director of Policy and Legislative Liaison
Dr. Bob Vero
Derrick Smith, JD, Metro Legal

BOARD OF HEALTH

Approval of December 9, 2021, Meeting Minutes

Vice-Chair Smith made a motion to approve the December 9, 2021, meeting minutes, as distributed. Ms. Etherington seconded the motion, which passed unanimously.

Resolution Honoring Dr. Michelle Pardue

Chair Franklin read into the record a resolution honoring Community Health Bureau Director Dr. Michelle Pardue, who is retiring ([Attachment I](#)). Dr. Pardue thanked the board and expressed her gratitude for the opportunity to serve and said it had been an honor and privilege to work with the Department.

Approval of Grant Applications

There were no grants applications.

Approval of Grants and Contracts

Mr. Diamond presented four items:

- 1. Grant Amendment from the Tennessee Department of Health – Tobacco Prevention Promotion Services**
Term: July 1, 2019-June 30, 2023
Amount: \$10,000
- 2. Grant from the Nashville Predators Foundation**
Term: NA
Amount: \$5,000
- 3. Partners in Participation Shelter Program Contract Agreement from the Boehringer Ingelheim Animal Health USA Inc.**
Term: February 1, 2022-January 31, 2024
Amount: NA
- 4. Grant Amendment from the Tennessee Department of Health – Community Health Access & Navigation in Tennessee (CHANT)**
Term: July 1, 2021-June 30, 2023
Amount: \$2,026,600

Vice-Chair Smith made a motion to approve the grants and contracts. Mr. Frederick seconded the motion, which passed unanimously.

Behavioral Health Update

Angie Thompson provided an update on the Behavioral Health division ([Attachment II](#)). She recognized Dr. Bob Vero, founding chair of the Behavioral Health and Wellness Advisory Council and former CEO of Centerstone, who commented on the importance of community collaboration and coordination to address mental and behavioral health.

Update: Strategic Driver Dashboard

Dr. Wright referred to the proposed Strategic Driver Dashboard provided in the advance packet ([Attachment III](#)). He recognized Rand Carpenter and Matt Peters, who were instrumental in the draft's development. Board members offered suggestions.

Action to Waive Regulation No. 8 Regarding Vehicle Emissions Testing and to Require a Public Hearing on Rescinding It

Tom Sharp explained that emissions testing has been halted by Metro Council, the state vehicle emissions testing programs was to end January 14, and that the contract stipulates a 30-day termination notice. He requested the Board waive testing requirements until a resolution could be determined, which would require a hearing to comply with Metro ordinances.

Mr. Frederick made a motion to waive application of Regulation No. 8 regarding vehicle emissions testing from February 5, 2022, June 30, 2022, to and require a public hearing on rescinding it.

Vice-Chair Smith made a motion to waive Regulation No. 8, commencing on Feb. 5, 2022, and to delegate to Metro Public Health Department the responsibility of noticing, advertising, scheduling and conducting a public hearing on whether to rescind, repeal, or amend Regulation No. 8, then to report back to the Board on what comments were received, for the purpose of further consideration at a later Board meeting. Mr. Frederick seconded the motion, which passed unanimously.

Vice-Chair Smith made a motion to delegate to Dr. Wright the ability to appoint a hearing officer to consider Regulation No. 8. Ms. Etherington seconded the motion, which passed unanimously.

Discussion on Pay Equity Study

Jim Diamond sought clarity from the Board on their desire to have a Pay Equity Study conducted, considering the many layers of what might constitute equity. Chair Franklin explained that such a study is standard in the industry, and suggested engaging with Human Resources, and the Board if necessary, to propose how the study should be conducted. Mr. Diamond advised that any study apart from Metro's pay study, which might not encompass equity, would require funding. Chair Franklin and Mr. Frederick asked the department to share details about the Metro pay study and garner other resources.

Report of the Director

Dr. Wright referred to the update provided in the Board packet ([Attachment IV](#)) and highlighted a few topics therein.

Report of Chair

Chair Franklin asked Dr. Wright to convey to staff the Board's appreciation for their work in the pandemic while maintaining regular responsibilities.

Chair Franklin acknowledged the responsibility of the Board and Department to extol robust public health education and communications plan about stopping the transmission of the coronavirus.

New Business / Review of Board Requests

Ms. Etherington noted that On November 16, 2021, the Clinic Operations team accepted the Frontline Award at the 2021 Nashville Project Cure Gala. The award was given to honor MPH nurses for their dedication to vaccine distribution at the months-long Music City Center vaccination clinic and several other locations. [Laura Varnier accepted the award for the nurses and team](#). Ms. Etherington and the Board thanked Ms. Varnier and everyone who was involved in the vaccination efforts.

Board Requests:

- Robust public health education communications plan about stopping the transmission of COVID
- Consider equity concerns with regard to geographical location for pop-up events, for children’s vaccines specifically
- Monthly update on the Equity Pay Study
- Final Strategic Plan by March
- Reinstatement of Director’s regular newsletter to staff and Board
- Chair Franklin asked Board members to express interest in areas of the Department.
 - She asked Mr. Frederick to serve as a liaison to human resources and finance divisions; he agreed to keep things moving along regarding the pay equity study in human resources. Mr. Frederick expressed interest in coordination around Ending the Epidemic, the Ryan White Consortium, the PrEP and STD clinics, and being aware of coordination across the department. Chair Franklin asked Dr. Wright to make sure Mr. Frederick was connected.
 - Vice-Chair Smith and Ms. Etherington had both expressed interest in Behavioral Health, and drug overdose response.
 - Dr. Wright asked Board members to let him know of specific areas of interest so that he could provide information and updates in an efficient manner.
 - Chair Franklin asked Board members to provide new business topics to Dr. Wright or the recording secretary so the topics could be placed on the meeting agendas.

Ms. Etherington made a motion to adjourn the regular meeting. Vice-Chair Smith seconded the motion, which passed unanimously.

CIVIL SERVICE BOARD

Chair Franklin opened the Civil Service Board meeting.

Chair Franklin closed the Civil Service Board meeting and opened the public hearing.

Public Hearing: Requested Changes to Bureau Director Job Descriptions

Mr. Diamond requested approval of the proposed change to Bureau Director 1 Job Descriptions ([Attachment V](#)).

Chair Franklin opened the floor to comments. There were no comments.

Vice Chair Smith made a motion to close the hearing. Ms. Etherington seconded the motion, which passed unanimously.

The matter will be presented for approval at the February 10, 2022, meeting.

Request to Schedule a Hearing Regarding Civil Service Rule 4.5A

Mr. Diamond requested the Board schedule a hearing to hear comments on proposed changes to Civil Service Rule 4.5A, Promotion and Reclassification. Mr. Smith explained the particulars of options available to the Board, and discussion was held.

Mr. Frederick made a motion to schedule a hearing on amending Civil Service Rule 4.5A, on a date to be determined by when proper notice and advertisement can be given. Vice-Chair Smith seconded the motion, which passed unanimously.

Personnel Changes

Mr. Diamond referred to the December 2021 Personnel Changes and noted a correction.

Ms. Etherington made a motion to adjourn the Civil Service Board meeting. Vice-Chair Smith seconded the motion, which passed unanimously.

The meeting adjourned at 5:50 p.m.

Next Regular Meeting

The next regular meeting of the Board of Health is scheduled to be held at 4:00 p.m. on Thursday, February 10, 2022 in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville, TN, 37209.

Tené H. Franklin, MS
Chair

Director's Update to the Board of Health February, 2022

Protecting Health – Preventing the Spread of Infectious Disease

COVID

Status

The current high rate of cases appears to have stabilized and may have even started to decline slightly from its peak on Jan. 4. Our new cases per day per 100,000 was 149.5 on Feb. 2. Testing across the city has decreased since a high during the week between Christmas and New Year's Day. The test positivity rate (attack rate) has decreased to 30.5 percent. While hospitalizations have been high, the number of cases needing ICU care or intubation has been steady and much lower than with previous variants.

Even though there is decline in new cases, the numbers are still higher (as of Feb. 2) than they were at the height of the Delta surge last summer. The attack rate of above 30 percent is still higher than the peak for any other surge period prior to this one, indicating high levels of transmission.

Within the context of this period of substantial transmission and disease burden, hospitalizations have been relatively stable, albeit at a high level. Even so, we have not surpassed our previous peak of hospitalizations as we feared at the start of the year we might. Teams are monitoring closely for signs of decreasing hospitalizations as cases continue to drop. Omicron has continued to prove less severe than previously circulating strains, so the influx of hospitalized patients with COVID is largely a function of the high number of cases.

Further evidence of the lesser severity of Omicron is that the all-time case fatality rate (CFR) has decreased by 25 percent since the Omicron surge began (from just over 1 percent mortality in the autumn to .75 percent now). This is likely due to a combination of Omicron's nature combined with increased levels of immunity in the population through vaccination and/or previous infection. Notable is the very low CFR among cases with specimen collection from December 15, 2021, to January 28, 2022. At the start of the Omicron surge the CFR topped out at .54 percent on December 18, reflecting cases that were largely still infected with and dying from the Delta variant. As the surge progressed the CFR dropped to a low of .12 percent and has since leveled out at .2 percent at the end of this time period—a nearly 80 percent decrease from the CFR during previous surges. While Omicron is still a deadly variant of COVID, the deaths from this variant are proportionally much lower.

Vaccines

American Biotechnology Company has submitted a licensing application to the FDA for Emergency Use Authorization (EUA) of their COVID vaccine, Novovax. Novovax was developed using older vaccine development technology that does not include mRNA. Additionally, Pfizer and Biontech have applied for an EUA for use of their vaccine in 6-month to 5-year-olds.

Vaccine uptake

Included in your packet is a list of the [most recent Strike Team vaccination events](#).

Planning for Endemicity

Conversations have begun among partners at multiple levels, including the CDC, about the post-Omicron period and planning for endemicity. The Council of State and Territorial Epidemiologists (CSTE), the Association State and Territorial Health Officers (ASTHO) and several other public health advisory groups

recently released a joint statement recommending cessation of universal case investigations. The COVID Response Team at MPHD is reviewing its current surveillance model to align with these new recommendations. These changes will be more sustainable as the nation and world move toward COVID endemicity management and will allow us to focus more on mitigation efforts in high-risk settings. The response team has had epidemiologists dedicated to these high-risk or high priority settings for over a year, so the ongoing work in these areas will be further supported with these changes. MPHD strike teams will continue to provide free testing and vaccination throughout the county for at least the remainder of 2022 as these are still key activities to prevent and reduce transmission. If you would like to read the joint statement from CSTE, ASTHO, et. al [click here](#).

FLU

We continue to offer flu vaccines for the 2021-2022 season. Flu vaccines remain free through the remainder of the flu season, typically until April or May. Any individual interested in a flu vaccine is encouraged to call and make an appointment at the preventive clinic that is most convenient for them (Lentz, East or Woodbine).

HIV/AIDS Awareness

Below is the poster from the CDC that we will be using as we recognize National Black HIV/AIDS Awareness Day. We've also included links for social media posts and event planning. For more information please contact Dr. Joanna Shaw-KaiKai or Beverly Glaze-Johnson.

Ryan White Part A Recognize National Black HIV/AIDS Awareness, February 7, 2022: *"Let's Stop HIV Together"*

Hashtags: #NBHAAD #StopHIVTogether



Director's Update, February, 2022 | Page 2

Planning a NBHAAD Event: <https://www.hiv.gov/events/awareness-days/black>

NBHAAD Resources: <https://www.hiv.gov/topics/blackawarenessday>

Post 1:

Today is Nat'l Black HIV/AIDS Awareness Day, a day to acknowledge progress in #HIV prevention and care among Black/African American people while recognizing the work still needed. To #StopHIVTogether, we must address #HIVstigma and barriers. <https://bit.ly/3r6BxM5> #NBHAAD

Post 2:

National Black HIV/AIDS Awareness Day is February 7 and is a day to address the impact of HIV on Black communities. When we work to overcome structural barriers to HIV testing, prevention, and treatment, we can #StopHIVTogether. <https://bit.ly/3GkAgra> #NBHAAD

Clinical Services

As you may recall, from June through November of 2020 Woodbine Preventive Health clinic conducted an STI pilot on all positive pregnant patients in their clinic, including the routine collection of blood testing for HIV, syphilis, and Hepatitis C. The results showed many cases of Hep C the patients were previously unaware of, as well as other STIs that could be treated before having any further impact on the health of the pregnancies. In October of '21 the East and Lentz 120 clinics joined Woodbine to conduct an additional year-long pilot. The data collected so far have led TDH to change the protocol for the rest of the state as of last week, making it standard clinical practice for all public health clinics to participate in opt-out blood testing on all positive pregnant patients.

Thanks to the work and collaboration with TDH, Carline Fanfan and Laura Varnier have been listed as co-authors on the article "Comprehensive Sexually Transmitted Infections Screening in Persons Diagnosed as Pregnant in an Urban Family Planning Clinic." This paper has been submitted for consideration to present at the Council of State and Territorial Epidemiologists' 2022 Annual Conference in June. Well done to Laura, Carline and their teams.

Organizational Updates

At MACC

The good news is Environmental Health has completed interviews for the MACC Director position. (We would like to publicly thank Brandon Dyce for participating in the interview process as chairman of Friends of MACC; and also thank a coalition of animal welfare groups for contributing their thoughts and concerns to us during the hiring process). HR has officially made an offer to the top candidate, who indicated during the interview it would take a month to transition from their current position to MACC.

And the bad news is that we must regretfully report that Dr. Staci Cannon has left MACC to join the faculty at the University of Georgia College of Veterinary Medicine. Dr. Cannon has served as the Medical Director at MACC since September 2015. We will miss her expertise and compassion. Dr. Cannon has agreed to continue to serve in a part-time capacity and assist with the transition as we recruit and hire a new shelter veterinarian.

COMMUNICATION

Chairlady Franklin has mentioned a desire for a “Robust public health education communications plan about stopping the transmission of COVID.” We have included in your packet [the communications plan](#) laid out by our Public Information Officer, Brian Todd, for your review, and welcome any input you might have. In addition to Brian’s outline, we regularly provide updates at Metro Council meetings. I have presented to the full council and to the Health Committee, and Tom Sharp provides updates to the Committee at each bi-weekly meeting. I also have weekly update phone calls with the Health and Safety Committee chairwoman, Erin Evans. As Brian mentioned we don’t communicate directly for other departments; they have their own public information officers. We stay in close contact with them and provide information for their use. In particular, we are in regular close contact with the school system on a number of fronts, including messaging.

Overdose Response Program (ORP) | Division of Behavioral Health and Wellness

GRANTS

- U.S. DOJ Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) Grant
- TDH-CDC High Impact Area (HIA) Grant
- NACCHO Grant
- The "Community Overdose Prevention and Empowerment" project will deploy community health educators and enhance surveillance through surveys and listening sessions so authentic community voice is incorporated into overdose prevention strategies, messaging, and materials.
- SAMHSA GAINS Center Sequential Intercept Model (SIM) Mapping Workshop Grant
- SIM Workshops are designed bring together a local, multidisciplinary group of key stakeholders from a particular jurisdiction to facilitate cross-system collaboration and to identify and discuss ways in which barriers in and between the criminal justice and behavioral health systems can be reduced through the development of integrated local strategic action plans.

INTERVENTIONS AND ACTIVITIES

Overdose Fatality Review (OFR) Panel

- Seeks to examine and understand the circumstances surrounding fatal drug overdoses occurring in Davidson County.
- Meetings occur monthly.**

ED Post-Overdose Discharge Protocol

- Initiative seeks to improve care through the use of peer recovery navigators, naloxone distribution, harm reduction strategies, and medically-assisted treatment (MAT).

Nashville Fire Department EMS Post-Overdose Follow-Up

- Implementation began in early January 2021.

Substance Use Linkage by ORP Social Worker

- Implementation began in November 2020. Activities include linking MPHD clinic patients with substance use disorder to available resources.

Data-to-Action with Local Prevention/Public Safety Partners

- Collaborating with prevention partners/public safety for targeted response to high-activity areas.

Data-to-Action with Local Homeless/Housing Partners

- Currently collaborating and implementing data-to-action activities with local homeless/housing partners surrounding the overdose crisis.

HIA Multidisciplinary Stakeholder Group

- Inaugural quarterly meeting held in July involving stakeholders from multiple sectors aimed at mitigating the local drug overdose crisis.

SAMHSA GAINS Center Sequential Intercept Model (SIM) Mapping Workshop

- Implementation is underway with initial planning meeting held in mid January.

****Public Health Emergency - Drug/Opioid Overdose Crisis in the U.S.****

On October 26, 2017, the drug overdose crisis was officially declared to be a public health emergency by President Trump. This determination was renewed by the Secretary of Health and Human Services, effective July 7, 2021.

<https://www.phe.gov/emergency/news/healthactions/phe/Pages/opioids-7July2021.aspx>

SPIKE ALERTS

- Since implementation in June 2021, the SPIKE Auto Text Program was utilized 6 times in 2021 (June 9, July 16, August 13, September 2, October 4, and December 4).

Monthly Drug Overdose Activity, January 2020-January 2022
Data reported for the last three months are provisional and subject to change.

Data and Surveillance

Suspected Fatal Drug Overdoses

- Fentanyl was detected in 75% of overdose-related toxicology reports in 2021 (78% in 2020).
- Monthly Average
2020: 51.8 suspected overdose deaths
2021: 58.4 suspected overdose deaths

Suspected Nonfatal Drug Overdose-related Emergency Department (ED) Visits

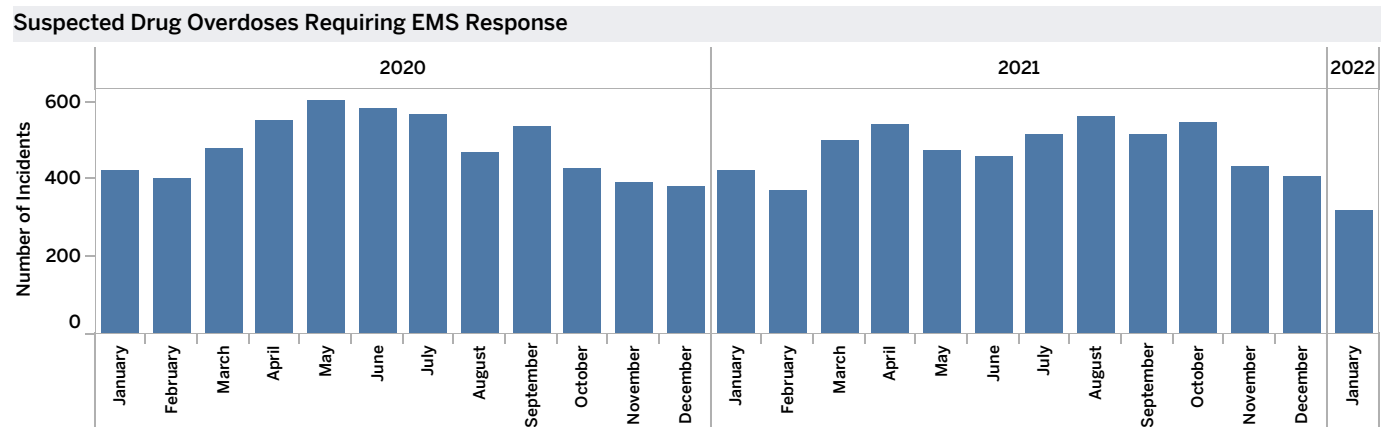
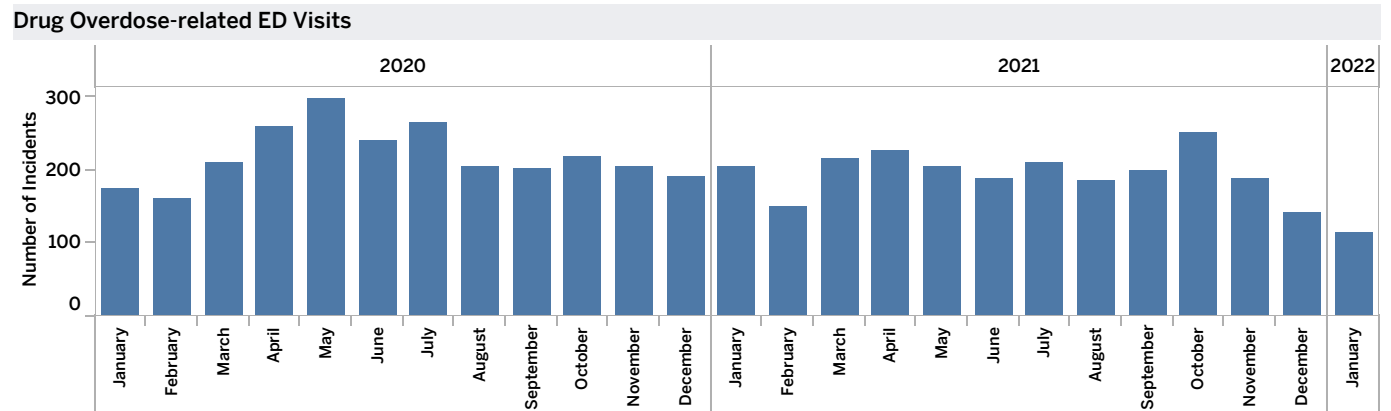
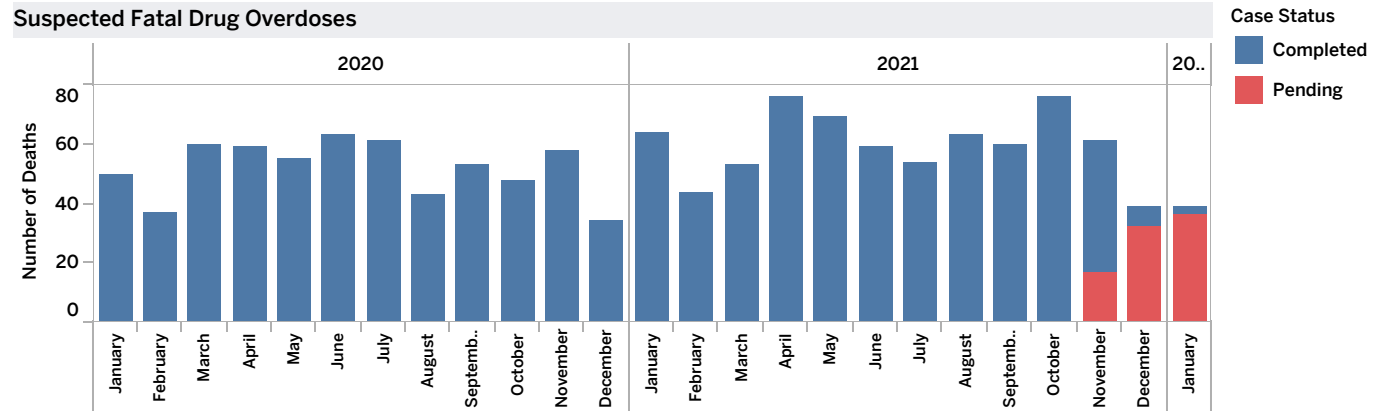
Monthly Average
2020: 213.8 overdose-related ED visits
2021: 214.9 overdose-related ED visits

Suspected Drug Overdoses Requiring NFD-EMS Response

Monthly Average
2020: 484.9 suspected overdoses
2021: 478.8 suspected overdoses

Syringe Containers Collected in the Community

- In 2021, there were **1,714 syringe containers collected** by the Metro Public Health Department in 2021, representing an **75% increase** compared to 2020 (each syringe container is estimated to collect between 400 and 430 1cc syringes).
- Monthly Average
2020: 88.7 containers
2021: 156.4 containers



Prevention Categories for Activities/Interventions Implemented or Supported by ORP

The Overdose Response Program is involved in both actively implementing and supporting a multitude of community activities and interventions aimed at addressing all levels of prevention (primary, secondary, and tertiary). This ensures our program is applying a comprehensive approach which involves mitigating the currently burgeoning local drug overdose crisis while aiming to prevent substance use/addiction before it ever occurs.

Implemented by ORP

Overdose Fatality Review (OFR) Panel - primary, secondary, tertiary

ED Post-Overdose Discharge Protocol - primary, secondary, tertiary

HIA Multidisciplinary Stakeholder Group - primary, secondary, tertiary

Nashville Fire Department Emergency Medical Services Post-Overdose Follow-Up - primary, secondary, tertiary

Substance Use Linkage by ORP Social Worker - primary, secondary, tertiary

Data-to-Action with Local Prevention Partners - primary

Data-to-Action with Public Safety Partners - primary

Data-to-Action with Local Homeless/Housing Partners - primary

SPIKE Auto Text Program - primary, secondary

Drug Overdose Monitoring and Surveillance - primary, secondary, tertiary

Syringe Services Program (SSP) - primary, secondary

(Note: MPH D receives syringe containers from organization implemented the SSP for disposal as medical waste)

Supported by ORP

Fentanyl Test Strip Distribution (as a means of harm reduction) - primary, secondary

Definitions

Primary Prevention: "upstream" measures that prevent the onset of illness before the disease process begins. Immunization against infectious disease is a good example.

Secondary Prevention: measures that lead to early diagnosis and prompt treatment of a disease. Breast self-examination is a good example of secondary prevention.

Tertiary Prevention: involves the rehabilitation of people who have already been affected by a disease, or activities to prevent an established disease from becoming worse.

Overdose Response Program

Bridget Del Boccio | Coordinator
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Madelynne Myers, MPH | Coordinator
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Josh Love, MPH | Epidemiologist
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Haley Hershey, MPH | Epidemiologist
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Metro Public Health Department Website

Drug Overdose Information
<https://www.nashville.gov/departments/health/drug-overdose-information>

Data Sources

Suspected Fatal Drug Overdoses

Death Investigation and Decedent Information (DIDI) Database (maintained by the Davidson County Medical Examiner (DCME))

Suspected Nonfatal Drug Overdose-related ED Visits

ESSENCE-TN

Suspected Drug Overdoses Requiring NFD-EMS Response

Nashville Fire Department Emergency Medical Services (NFD-EMS)

Notes

Data presented in this report were extracted on January 31, 2022 and are provisional. There may be additional fatal/nonfatal drug overdoses reported over this time period in subsequent reports as incidents that occurred from November 2021-January 2022 are not yet finalized. Suspected drug overdose deaths captured in the DIDI database represent deaths under DCME jurisdiction and do not necessarily indicate Davidson County residency status of the decedent.

If you have information on unusual overdose activity, please contact the Overdose Response Program:

Opioid.Response@nashville.gov | 615-340-0498



SPIKE Alerts by Text
Information that can save lives
Get alerts about overdoses in your community



Partnership to End Addiction is working with organizations in your community to alert you when spikes in drug overdoses occur locally. This knowledge can help you take action to engage and protect your loved ones struggling with addiction.

Why it matters: Spike alerts can prompt families and community members to:

- 1 Have discussions about seeking treatment and/or using substances more safely
- 2 Protect people you care about by getting naloxone and learning how to use it
- 3 Talk to friends or loved ones who are not using substances about the risks of use
- 4 Advocate for and support efforts in your community to prevent overdoses

Text SPIKE to
855-9-OD-KNOW
(855-963-5669)

and follow the steps to
get messages on your
phone when overdose
spikes occur.

How it works: Health and law enforcement officials can release a "spike alert" to the media in response to a pattern of drug overdoses within a community. Partnership to End Addiction's SPIKE Alerts by Text program informs you when these alerts are issued.



Learn more:
drugfree.org/spike
or scan QR code to sign up now

Partnership to End Addiction is a nonprofit working to transform how our nation addresses addiction. Learn more at drugfree.org.



081021

Date	Location	Number Vaccinated
2/1/2022	Coleman Community Center	7
2/1/2022	Casa Azafran	76
2/1/2022	Cumberland View	4
2/2/2022	TSU	4
2/2/2022	El Jefe at N Nuestra Senora De Guadalupe	169
2/3/2022	EL Office	4
2/3/2022	East End Prep	56
2/3/2022	Plaza Mariachi	26

Metro Public Health Department COVID Communications Report

Mission: Follow the National Incident Management System’s incident command communications process. Communications efforts have and will continue to focus on providing accurate and timely COVID information to protect the health of all people in Metropolitan Nashville/Davidson County.

Communications Goals: Goals focus on effective proactive and reactive communication to provide information for EVERYONE to make an informed decision on taking steps to protect themselves with particular focus on:

- Foster increased trust as Covid experts
- Consistently push benefits of handwashing, wearing masks, staying home if ill, getting tested and getting vaccinated
- Identifying new and emerging Covid risk factors such as new variants of the virus.
- Be Nashville’s go-to resource for questions about Covid.

Communication **goals** include:

1. *Effective communication with all audiences*

- timely
- accurate
- focused on the overall health of those we serve
- defined audiences for all messages
- reaching all communities in multiple languages in Nashville/Davidson County

2. *supporting operational initiatives*

- developing efficient messaging strategies
- delivering effective messaging materials
- assistance with development/evolution/analysis
- communication counsel

3. *liaison activities with key external stakeholders*

- media
- elected officials
 - Mayor’s office
 - Metro Council
 - Board of Health
- Community partners
 - Volunteer organizations
 - Private sector businesses and organizations

- Metro Government Department PIOs (Mayor’s office, Metro Schools, OEM/Fire and Police)
- Tennessee Department of Health
- Community Partners
- Visitors

Objectives and Tactics:

1. Proactive communications

- Maintain an updated email list of media, elected officials, and other key contacts.
- Monitor updates and push messages based on the latest information confirmed by CDC.
- Publish MPHD epi report on Covid19.nashville.gov (M,W,F).
- Align communications strategies with community partner organizations’ initiatives to maximize impact of Covid response – testing and vaccine events within the community.
- Produce materials and messaging in multiple languages.
- Raise awareness through the use of social media platforms
- Hold press briefings to provide information and take media questions. (initially daily, seven days a week for the first four months, moved to three times a week, then twice, once a week, and now as needed.
- Announce public health orders in news releases, website, and social messaging.
- Strengthen relationships with new media representatives.
- Build and strengthen relationships with new and existing trusted community partners.

2. Reactive communications

- Respond to media requests and interviews.
- Monitor media coverage and correct misinformation.
- Assess social media comments and messaging and response.
- Respond to community requests or questions.

**METRO PUBLIC HEALTH DEPARTMENT
COVID-19 Response**

Primary avenues of communication include:

**Regional Health Operations Center staff (Leslie and her crew).
HUB Nashville (311)
Nashville Media
COVID19.nashville.gov
MPHD Website
Community Partners' Websites and Social Media Platforms
Nashville.gov
Social Media Platforms (Facebook , Twitter, Instagram)
Employee Health Announcement Email
MPHD Supervisor Meetings
Speaker's Bureau
Booth at Special Events
Round Table Discussions
Information at public health centers, community centers...**

Communication Roles:

Mayor's Office took the lead in the overall response. We operated from OEM's war room the first few months of the pandemic to coordinate initial communications and response efforts among Metro agencies/Metro Schools/health care/hospitals/businesses/neighborhood organizations/universities.

Metro Public Health Department focused on pushing information out to key audiences (especially those listed in this report) and responding to requests from local and national media, elected officials, community members, and community partners. This included press briefings, nightly reports the first year of the response (see below), news releases, social media posts, community events (see below), health department locations, Metro agencies, Metro government buildings, business community, professional organizations, health care institutions, faith-based organizations, and universities (PLEASE ADD TO THE LIST BECAUSE I'M SURE I LEFT OUT AT LEAST ONE). MPHD Staff were in the community as ambassadors for awareness and enforcement. Hugh Atkins and his team spent most nights responding to complaints about establishments that were out of compliance with public health orders.

Metro's Covid-19 Taskforce was led by Dr. Jahangir at Mayor Cooper's request. Dr. Hildreth has been a critical member of the taskforce. Both were counted on to communicate key messages through press conferences, media interviews, social media posts, and speaking engagements throughout the community.

Office of Emergency Management/Nashville Fire Department – lead response efforts to provide the logistical needs, including Metro’s ongoing testing and vaccination effort.

Metro Nashville Network broadcasted press briefings.

HUBNashville/311 operated the community covid hotline to answer questions, concerns, and provided callers with information.

Metro Nashville Public Schools worked closely with Dr. Jahangir/Metro’s Covid Response Taskforce, Leslie Waller’s epi team, MPHD leadership and school nurses to obtain and provide information to student families and staff.

Community Partner Organizations have had a critical communications role because they are trusted by the community they serve. They shared MPHD information about covid, distribution of masks, testing and vaccinations within underserved communities. The effort has been particularly strong in areas where Covid hot spots were first identified. The organizations helped reach those identified as essential workers such as construction workers, restaurant workers, food processing employees among others.

NASHVILLE CONVENTION AND VISITOR’S CORP provided information to the business community.

Tennessee Department of Health has and will continue to be responsible for ensuring covid information is available on their website, social media, and media interviews.

Communication Examples



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

MPHD Daily COVID-19 Update for February 27, 2021

Metro Public Health Department officials announced today 84,480 confirmed cases of coronavirus disease (COVID-19) in Nashville/Davidson County.

There have been 36 new probable cases in the past 24 hours.

Probable cases refer to those that have supporting epidemiological and clinical evidence that a COVID-19 infection has occurred, regardless of test result. If a person is a close contact of a COVID-19 case and has a clinically compatible illness, he or she can meet the criteria to be a probable case. Additionally, a positive result of an antigen test from a respiratory specimen can meet the criteria to be a probable case. If a health care provider diagnoses a person with clinically compatible illness with COVID-19, this person meets the probable case criteria.

Including both confirmed and probable cases, MPHD officials announced a total of 89,753 cases, an increase of 155 in the past 24 hours.

The cases range in age from 1 month to 107 years.

No new probable deaths have been reported in the past 24 hours.

When the health care provider who signs the death certificate determines COVID-19 disease was the cause of death or a significant condition contributing to death, this person meets the probable case criteria and would be considered a probable death.

There has been one new confirmed death reported in the past 24 hours, a 74-year-old woman with underlying health conditions.

A total of five hundred ninety-four (594) people in Davidson County have died after a confirmed case of COVID-19. Including both confirmed and probable cases, 633 deaths have been attributed to COVID-19.

87,454 individuals are now labeled inactive/recovered after having the virus previously.

New cases per 100,000 people: 14.1

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New cases per 100,000 people: 14.1

Seven-day percent positive of COVID-19 tests: 7.7

Available Middle Tennessee hospital beds: 14 percent

Available Middle Tennessee ICU beds: 10 percent

The MPHD COVID-19 Hotline received 1,119 calls on Friday, February 26, 2021.

Total number of cases: 89,753

Cases reported in the past 24 hours: 155

Cases by sex

Male: 42,532

Female: 46,451

Unknown: 770

Cases by age

Unknown	142
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0-10	4,269
11-20	9,196
21-30	25,002
31-40	17,408
41-50	11,891
51-60	10,077
61-70	6,604
71-80	3,280
81+	1,884
Total	89,753
Inactive/Recovered	87,454
Deaths	633
Total active cases	1,666

Total number of tests conducted	Total positive/probable results	Total negative results	Positive results as percentage of total
1,011,411	102,364	909,047	10.12%

Health officials remind everyone to take steps to stop the spread of germs like COVID-19. These include:

- Practice social distancing as defined by the CDC (6 feet of distance from others).
- Gatherings are recommended to be kept at 8 people or fewer, to the extent possible. Intimate gatherings are the most high-risk setting for transmission of COVID-19.
- Wear a cloth face covering when in a community setting, especially in situations where you may be near people. These face coverings are not a substitute for social distancing.
- Stay at home as much as possible. People over 65 years of age or whose health is at risk should remain at home if possible.
- Wash your hands often with soap and water. Use alcohol-based hand sanitizer if soap and water are not available.
- Cover your mouth and nose with a tissue when coughing or sneezing.
- Avoid touching your eyes, nose, or mouth.

METRO COUNCIL COMMUNICATIONS

What follows is an example of Leslie Waller an update that Leslie Waller has provided to Metro Council members.

September Council Update

Waller, Leslie (Health)
To: Council Members: Sharp, Thomas (Health); Eagles, Benjamin (Mayor's Office); Hassan, Mohamed (Mayor's Office)
Cc: Wright, Gill (Health); alexjahangir@Vanderbilt.Edu; Todd, Brian (Health); Franklin, Rachel (Health)

Reply Reply All Forward Thu 9/16/2021 10:15 AM

- FullyVaccinated_091321_CouncilSummary.pdf 227 KB
TotalCasesPer1000_Council_Summary_09132021.pdf 221 KB
TotalCasesPer1000_Aug15_Sep12_CouncilSummary_09132021.pdf 221 KB
COVID_Vaccine_Rates 09152021.pdf 522 KB
COVID_Metro_Council 09142021.pdf 416 KB

Hello Councilmembers,

Please see attached for this month's COVID data update. The most recent vaccine demographics report for the county is also attached.

Note that, as always, we are still keeping the event calendar up-to-date, and that we still encourage you to share it broadly. There is still a handy QR code as well as tiny URL (tinyurl.com/mphdvaccines) for easy sharing. The QR code remains on the Safe Nashville website. These are the same link and QR code we've shared for several months now, so no bookmarks should have to change if you've previously saved them somewhere.

If you are looking at the calendar, you can see we are still actively vaccinating throughout the county—if you know of an interested host site or want to see more events in your district then please feel free to reach out and connect us to any potential sites.

If you have any other questions don't hesitate to reach out,

Leslie A Waller, MPH
Epidemiologist | Communicable Disease and Emergency Preparedness
Metro Public Health Department
2500 Charlotte Pike
Nashville, TN 37209
Desk: 615-940-5379 | Cell: 615-712-1784
leslie.waller@nashville.gov

COVID19.Nashville.gov

The website was used as a focal point for all things COVID. This includes the latest info on Metro's testing and vaccination centers and a calendar of MPHD pop up testing and vaccination events in the community.

Nashville COVID-19 Response
Keeping Nashville Safe & Healthy
The Drive-Thru testing and vaccine clinics, located at 2491 Murfreesboro Pike (former Kmart), and at 28th Ave. and Charlotte Ave. (350 28th Ave. North) offer free PCR COVID tests and both Pfizer and Johnson & Johnson vaccines. Drive-Thru clinics are open from 8 a.m. until 2 p.m., Monday – Friday.
Operations can change due to weather.
Click here to for up-to-date hours of operation from Nashville's Emergency Operations Center.
Metro Public Health Department also hosts pop-up testing and vaccination sites around the city. Click here to find a COVID-19 community site near you.
The Pfizer vaccine is available for anyone five years old and older.
The Johnson & Johnson vaccine is available to anyone 18 years old and older.
REMINDER: The COVID-19 Vaccine is FREE to everyone.
Navigation menu: HOME, REFER TO WIN!, VACCINE Q&A, COVID-19 TESTING RESOURCES, ARCHIVED UPDATES FROM THE MAYOR'S OFFICE, ARCHIVE OF PUBLIC HEALTH ORDERS



Metro Public Health Dept

Nashville / Davidson County

Protecting, Improving, and Sustaining Health

Board of Health Request Tracking Form

Meeting Date: _____

Request(s):

Assignments & Due Dates per each request:

Outcomes:

Response Filed in Board packet of _____ (date)

Summary of Proposed Changes to Job Descriptions of the Metro Public Health Department

1. Change Reporting Language in Bureau Director 1 Job Description

Action Requested: Change language in the Bureau Director 1 job description from current, “Reports to the Director of Health,” to Reports to the Director of Health, Interim Director, or Director’s designee.

Justification: Allows more flexibility within the reporting structure.

2. Change Reporting Language in Bureau Director 2 Job Description

Action Requested: Change language in the Bureau Director 2 job description from current, “Reports to the Director of Health,” to Reports to the Director of Health, Interim Director, or Director’s designee.

Justification: Allows more flexibility within the reporting structure.

4.5 PROMOTION, RECLASSIFICATION, DEMOTION, VOLUNTARY REDUCTION IN GRADE, AND TRANSFER

A. PROMOTION AND RECLASSIFICATION

When an employee is promoted, the employee's rate of pay will be increased to reflect the additional duties and responsibilities of the new classification. Employees who are promoted within the open range (OR and HD) salary grades will receive a five percent (5%) to seven and one-half percent (7.5 %) increase in pay or the minimum salary of the new classification, whichever is greater. Employees on a step (ST) salary grade will be promoted by first determining the employee's promotional step by moving forward two steps in the current range. The new pay rate is established by slotting the employee into the step in the new range that is closest to, but not less than, the employee's promotional step. If an employee is promoted to a higher classification within ninety (90) calendar days of his or her increment, the employee shall receive the one step increase plus the promotional increase. Employees on a step (ST) salary grade being promoted to an open range (OR and HD) salary grade will receive the promotional step or the minimum salary of the new classification, whichever is greater. An employee may be promoted to a supervisory position and be compensated at a lesser rate than a direct subordinate, if the maximum salary in the subordinate's classification overlaps the minimum salary in the supervisor's classification. When this situation occurs, it shall not be grounds to request a salary adjustment for the supervising employee. Reclassifications normally do not result in an increase in pay unless the nature of the reclassification and any changes in duties warrant an increase (as provided by the Reclassification policy approved by the Board).

POLICY: 5.10-I HIRE ABOVE BASE, BONUSES, INCREMENT ADVANCES, AND EQUITY ADJUSTMENTS

GENERAL

Generally employees are hired at the base rate and receive increments according to the appropriate pay plan. In some cases however, there may be justification for hiring employees at higher steps in the range, rewarding employees with a lump-sum monetary incentive or advancing step increases. The following guidelines apply for both situations:

1. Written justification must be submitted to the Human Resources Department for their review.
2. Such actions require approval by the Civil Service Commission, based upon recommendation from the Human Resources Department.
3. The Mayor or any Administrative Board of Metropolitan Government having authority to appoint a Director or Agency Head may, without further approval, designate the pay step to which such appointment is made so long as it is within the range of the classification.

HIRE ABOVE BASE

An Appointing Authority may request approval to hire above base if at least one of the following criteria is met:

1. The applicant possesses special qualifications necessary for the job, which exceed those of other applicants, such as highly specialized training or skills.
2. Appointment is being made to a specific position, which is hard to fill. In this case, the Appointing Authority should be able to show that:
 - a. Metro's hiring rate is below the prevailing entry salary in the area.
 - b. The department cannot recruit qualified applicants at the base rate.

The Appointing Authority must document the problem cited, providing items such as salary surveys. Such requests will be requested prior to announcing the exam, and approval will be for the Appointing Authority to hire within a specific range. If such a request is approved by the Civil Service Commission, the Human Resources Department shall conduct a classification/salary review to determine if adjustments should be proposed.

3. Non-Civil Service employees appointed from an entrance register who transition to Civil Service in the same classification may be hired at the same step to which they have progressed provided they were originally employed at the base rate and have progressed to their current step according to the pay plan (i.e., have not received any early increments).

LIVING WAGE ADJUSTMENT

A living wage adjustment is a method to insure that all full-time employees receive at least a Living Wage. Effective July 1, 2010, current full-time employees below the living wage rate (as approved by the Commission) will be slotted to a step in their current pay grade that is closest to the living wage rate without it being less. An employee's increment date will be set in accordance with Civil Service Rule Section 5.4.

New full-time employees will be hired at a step in the pay grade that is closest to the living wage rate without it being less if the base rate for the classification is below the Living Wage rate. The Human Resources Director will periodically conduct a review of the Living Wage rate and recommend adjustments to the Civil Service Commission.

INCREMENT ADVANCE

An employee, other than Sworn Police and all Fire Department employees, may receive an early increment advance of one or more steps. Sworn Police and all Fire Department employees may receive one early increment advance in a three year period. The specific actions which warrant the advance must be documented. Justification for granting such increase must show that an employee's work performance results in factors such as:

- a. improvement in efficiency, productivity and quality of work or service
- b. cost efficiency
- c. timeliness of performance
- d. improvements in the work unit, especially when the employee involved is a supervisor

EMPLOYEE BONUSES

Bonuses are a way to grant employees a pay increase without permanently increasing base pay. The Civil Service Commission may authorize bonuses for employees up to the maximum allowed in the pay plan. From time to time, the Human Resources Department may propose bonus programs consistent with the needs and goals of the Metropolitan Government. Other departments may propose bonus programs through the Director of Human Resources. Such bonus programs shall require approval by the Civil Service Commission.

EQUITY ADJUSTMENTS

Equity adjustments may be requested by the appointing authority or Department of Human Resources and approved by the Civil Service Commission to correct obvious errors or aberrations in pay administration. Requests for equity adjustments should therefore be rare.

Requests for equity adjustments will be evaluated on a case-by-case basis. An equity adjustment may include a change in an employee's classification, pay step, increment due date, or other changed deemed necessary by the Civil Service Commission based on the details of the case. The Human Resources Department shall review each request for an equity adjustment, and the Human Resources Director shall recommend an appropriate course of action to the Commission.

Examples of situations where an equity adjustment may be appropriate include:

1. An unintended consequence of implementing a new pay plan is that less senior employees make more than long-term employees in the same classification. The adjustment could bring the long-term employee equal to or above the less senior.
2. An employee should have been granted an increment, but due to administrative error was not. The adjustment would give back the missing increment.
3. An employee should have been moved up through targeting but due to administrative error was not. The adjustment would place the employee in the proper class and step.

Equity adjustment may not be used to as an alternative to the increment advance policy, to circumvent the pay plan design, or to adjust situations that were not clearly errors. Examples of situations where an equity adjustment would not be appropriate include:

1. A new pay plan provides smaller or less frequent increments than an employee expected when hired.
2. An employee would have been financially better off if he/she had been promoted earlier or later (unless this creates an equity situation in relation to others in that classification).
3. The appointing authority thinks an employee deserves more money, but there is not equity issue involved.

POLICY: 5.10-II COMPENSATION ON OPEN RANGES

GENERAL

1. The salary range for certain positions, designated by the Civil Service Commission, will consist of the minimum and maximum salary only. Employees may be compensated anywhere in the range, commensurate with experience, performance level, skills, and abilities. Evaluations will be conducted on all eligible employees on an annual basis, in June of each year. Open Range increases may be granted effective July 1 of each year based on performance reviews and other criteria relevant to the position. "Upon approval of the Human Resources Department, departments may elect alternative Open Range evaluation and increase dates for budget or other practical reasons. Request for alternative Open Range evaluation and increase dates should be submitted with proper justification and explanation to the Human Resources Department with their overall open range plan each year." Departments that see a need to have traditional step increases for certain positions assigned to an open range pay grade may request to do so in their Open Range Plan submitted to the Human Resources Department. The Human Resources Department upon approval of such a request will provide step schedules for the pay grade requested. For any such position the requesting department will follow the Civil Service Rules and Policies applicable to regular step increase classifications. Including performance evaluation rules and policies, above base requests, appeals, delay of increments, etc.

A. Funding

1. Departments will receive a lump sum Open Range fund in accordance with budget procedures based on a percentage of the salaries of current Open Range positions.
2. Any adjustments to the pay ranges will be included with the Open Range budget.
3. If employees are to be given an across the board pay increase this same increase may be given to employees on Open Range.
4. Departments will submit a plan to the Human Resources Department outlining how they will allocate open range money. For instance, departments may divide this open range budget proportionally between divisions and further by sections within divisions. If the money is not being allocated in a way that enables employees to have an equal opportunity for raises, the department shall provide a reasonable business-based explanation for their allocation.

B. Open Range Increases

1. Increases per employee may range from 0% to 15%. For FY18, FY19, and FY20, open range increases will be capped at 5%, 6%, and 6%, respectively.
2. In allocating merit raises, departments should consider the following factors:
 - The employee's performance evaluation, as given by the immediate supervisor
 - The employee's duties and level of responsibility
 - Newly acquired skills, licenses, certifications, or similar credentials
 - The employee's position in the range (e.g., employees base pay may not be less than the minimum or more than the maximum for their salary grade).

3. The total dollar amount of increases granted should not exceed the total dollar amount of the department's open range budget without approval of Human Resources and Budgets.
4. If there are funds left over in the open range budget after raises are granted, this balance may be used for lump-sum bonuses throughout the year for employees in the Open Range.
5. Employees who are at the range maximum may not receive an open range raise. They may be granted a performance bonus, consistent with this policy and the policy addressing bonuses.
6. Departments should be able to justify increases based on the factors outlined above. Employees may appeal their evaluation using the process for performance evaluation appeals under the Civil Service Rules. Employees carry the burden of proof in such appeals.

C. Hire Above Base, Promotions, and Class Changes

1. For "replacement positions" departments may hire new employees or promote current employees up to the salary of the employee who left, up to the 75th percentile. For employees in the Open Range who are promoted, a "normal increase" is between 5 and 10% and requires no additional explanation. A letter of explanation should accompany increases outside the "normal range" from the appointing authority.
2. If the position is not a replacement, the department may hire up to the 50th percentile (midpoint) without Civil Service approval. Departments will include justification and criteria documentation with their new hire request.
3. The department may hire beyond these control points with justification presented to and approved by the Civil Service Commission.
4. Reclassifications as a result of a position audit or lateral transfer should involve a minimal increase, usually 0%, unless the nature of the reclassification and any recent change in duties warrant an increase in pay.

D. Out-Of-Class

1. Out-Of-Class compensation, if needed, will be handled in accordance with the Civil Service Rule regarding Out-Of-Class pay. (Employees will be paid at the rate they would receive if promoted.)

Covered Classifications

On July 1, 2016, the SR pay schedule will be separated into ST, for employees compensated on steps, and OR, for employees compensated on open ranges. All classifications SR12 or above,

as well as certain professional classifications SR8 or above, will be moved onto the OR schedule. All other SR classifications will be placed on the ST schedule.

A list of classifications compensated on the OR pay schedule will be maintained by the Department of Human Resources.

APPROVED: 06/4/1997

REVISED: 05/11/1999, 06/8/1999, 03/14/2000, 06/12/2001, 06/14/2016, 07/01/2017

EFFECTIVE: 07/1/1997, 07/1/2001, 02/11/2003, 06/10/2003, 08/12/2003, 05/10/2005, 07/01/2016

PERSONNEL CHANGES

January 2022

NEW HIRES

Zacnite Vargas, Public Health Administrator 1, 01/03/2022, \$60,869.82 (Health Equity)
Kenton Dodd, Medical Doctor, 01/08/2022, \$195,000.00, (Occupational Health & Wellness)
Jaeun Jeong, Seasonal/Part-time/Temporary, 01/08/2022, \$32.417 per hour (School Health - PRN)
Kera Krews, Research Analyst 2, 01/08/2022, \$60,869.82 (Health Equity)
Brooklyn Rainwaters, Public Health Nurse 1 (71%), 01/08/2022, \$41,626.66 (School Health)
Michaya Reeves, Program Specialist 2, 01/08/2022, \$41,767.04 (FIMR)
Margaret Reilly, Nutrition Educator, 01/08/2022, \$41,767.04 (WIC)
Ann Roy, Public Health Nurse 1 (71%), 01/08/2022, \$41,626.66 (School Health)
Meredith Tarkington, AC&C Kennel Assistant 1, 01/08/2022, \$32,206.37 (MACC)
Priscilla Beaty, Seasonal/Part-time/Temporary, 01/09/2022, \$32.417 (School Health-PRN)
Michael Abella, Environmental Health Specialist 1, 01/12/2022, \$41,767.04 (FPFP)
Maria De Los Angeles Contreras, AC&C Office Assistant, 01/22/2022, \$35,121.46 (MACC)
Emily Gibson, Public Health Administrator 1, 01/28/2022, \$60,869.82 (PHEP)

TERMINATIONS (VOLUNTARY)

Dawn Cater, Dental Hygienist 1 (71%), 01/06/2022, resigned (Oral Health Services)
Tim Hartman, Vehicle Inspector, 01/07/2022, dept. transfer to Metro Codes (Vehicle Inspection)
Detra Major, Human Resources Analyst 1, 01/07/2022, dept. transfer to Metro Clerk's Office (HR)
Kathleen Armstrong, Seasonal/Part-time/Temporary, 01/18/2022, resigned (School Health - PRN)
Brigid Vingan, Program Specialist 3, 01/21/2022, resigned (Behavioral Health)
Ophelia Foster, Office Supp. Rep. Sr., 01/24/2022, dept. transfer to Deputy Clerk's Office (RM)
Jean Marie Rettke, Public Health Nurse 1 (71%), 01/26/2022, resigned (School Health)
Melinda Smith, Public Health Nurse 2, 01/28/2022, resigned (TB Elimination)
Brittany Hodge, Public Health Nurse 1, 01/31/2022, resigned (East Public Health Center)

STATUS CHANGE

Christy Twining, Seasonal/Part-time/Temporary – School Health (PRN), began working 71% effective 01/22/2022

CLASS CHANGE

LaTonya Ensley, Communicable Disease Investigator – STD/HIV/Sexual Health, position change to Program Specialist 2 - NSB effective 01/22/2022

PROMOTION

Suzy Tangchitrong, Info Sys Applications Analyst 3 – Information Technology, promoted to Public Health Administrator effective 01/22/2022

VOLUNTARY REDUCTION IN SALARY GRADE

Alex Childress, AC&C Kennel Assistant 3 – MACC, position change to AC&C Vet Technician effective 01/22/2022