Metropolitan Board of Health of Nashville and Davidson County

Attachments to September 14, 2023 Minutes

**Metro Public Health Dept**
NASHVILLE/DAVIDSON COUNTY
**Protecting, Improving,** and **Sustaining** Health

# Resolution

**WHEREAS,** In her long and distinguished career Carol Etherington has received numerous recognitions, among them awards named after Clara Barton, Florence Nightingale and Martin Luther King, Jr.; and,

**WHEREAS,** We should all take a minute to let that Hall of Fame lineup sink in; and,

**WHEREAS,** Carol received her nursing degree at Catherine Spalding College in her hometown of Louisville, Ky., and began her remarkable work in eastern Kentucky coal country, specifically Leslie County, which nearly 50 years later still has barely 10,000 people living in it; and,

**WHEREAS,** Among her early specialties was training policy officers, and she was the founding director of the Victim Intervention Program for the Metro Nashville police department; and,

**WHEREAS,** She was on the Vanderbilt University School of Nursing Faculty from 1995 until taking emerita status in 2014, and served as faculty advisor to the school's International Health Coalition for much of that time; and,

**WHEREAS,** Carol took the 'international' part seriously; for more than 30 years she worked through the International Red Cross, the International Medical Corps, and Doctors Without Borders in Cambodia, Bosnia (twice), Poland, Honduras, Tajikistan, Kosovo (twice) Sierra Leone, Angola, Chad, Jordan, and Iraq, with the occasional busman's holiday with the American Red Cross aiding hurricane victims in Florida and earthquake survivors in Southern California; and,

**WHEREAS** All of this experience was the foundation for her role on the Metropolitan Board of Health for the past 14 years, including stints as chair and as vice-chair; and,

**WHEREAS,** Carol was reliably and consistently concerned that the staff of MPHD were heard and seen in their roles as servants of the public's health, but just as importantly as worthy individuals with lives, hopes, and dreams of their own; and,

**WHEREAS,** This intrinsic empathy made her a favorite among the staff; and,

**WHEREAS,** The time has now come for all of us to return the favor, and thank Carol for her kind heart and gentle nature and all they have meant to the people in this department, her colleagues on the Board, and the citizens Davidson County:

**NOW, THEREFORE BE IT RESOLVED** that the Metropolitan Board of Health of Nashville and Davidson County, on this 14th day of September, 2023, extends its sincerest thanks and appreciation to Carol Etherington for her 14 years of dedicated service to the Board of Health and to the people of Nashville and Davidson County, and wishes her the best of fortune in the next chapter of her exemplary life.

_____
Tené H. Franklin, MS, Chair

Calvin M. Smith III, M.D., Vice-Chair                    Lloyda B. Williamson, M.D.

Marie R. Griffin, M.D.                    Adriana Bialostozky, M.D.

Rebecca Anne Whitehead MBA                    Carol C. Ziegler APRN

**Metro Public Health Dept**
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# Resolution

**WHEREAS,** The very smart people who created the Charter of the Metropolitan Government of Nashville and Davidson County recognized the value of diverse backgrounds among members of the Board of Health by specifying that, into a sea of doctors and nurses, at least two of them would be chosen 'without reference to occupation, except that they not come from the medical profession;' and,

**WHEREAS,** One such member for the past four-plus years has been David Frederick, who came to the Board from the world of health care finance underpinned by a passionate advocacy for the treatment and prevention of HIV and AIDS; and,

**WHEREAS,** David never wavered from that commitment as a member of the Board, providing a keen interest and insight into the various programs and partnerships housed at the Department and geared toward those ends; and,

**WHEREAS,** As this work continues we recognize and appreciate that it has benefitted from David's efforts during his time on the Board; and,

**WHEREAS,** David did not limit his input to this one issue, stepping forward on the matter of pay equity in particular, among others; and,

**WHEREAS,** Life, as it is wont to do, has dictated that David must reluctantly part ways with the Board,

**NOW, THEREFORE BE IT RESOLVED** that the Metropolitan Board of Health of Nashville and Davidson County, on this 14th day of September, 2023, extends its sincerest thanks and appreciation to David Frederick for his years of dedicated service to the Board of Health and to the people of Nashville and Davidson County, and wishes him the best of good fortune in the future.

_____
Tené H. Franklin, MS, Chair

Calvin M. Smith III, M.D., Vice-Chair            Lloyda B. Williamson, M.D.

Marie R. Griffin, M.D.                                   Adriana Bialostozky, M.D.

Rebecca Anne Whitehead MBA                     Carol C. Ziegler APRN

# Violence As A Public Health Crisis

Presentation to the Board of Health

September 14, 2023

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# Current Status

- **Resolution RS2023-2295** was indefinitely deferred
  - Represented our due diligence regarding Metro's grant approval process
  - Each organization was required to meet standards embedded in the following approaches:
    - Detecting and Interrupting Potentially Violent Conflicts
    - Identifying and Helping Highest Risk Individuals
    - Community Mobilization/Change Behavior Norms
    - Continual Data Collection and Monitoring which includes having a MOU with MNPD
  - Only one of the recommended organizations met all of the standards
  - Work effectively paused
- **Resolution RS2023-2363** changed the requirement in RS2022-1307 from evidence-based community solutions to interpersonal violence.

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# MPHD Town Hall – Violence As A Public Health Crisis

- Objective is to engage and educate the North Nashville community regarding violence as a public health issue.
- September 18th, Lee Chapel A.M.E. Church, 6:00pm – 8:00pm
- Moderated by State Representative Harold Love, Jr.
- Agenda Features:
  - My Story by Talia Monget (was MPHD's employee of the month in November 2022)
  - Panel Discussion with Ron Johnson, Jamel Campbell Gooch, and Clemmie Greenlee
  - Opportunities for community engagement and participation

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# Youth Listening Sessions

- In June, Councilman Jeff Syracuse hosted a series of conversations regarding Community Safety in the aftermath of the Covenant School Mass Shooting.
- MPHD wants to add youth voice to that ongoing dialogue and we have reached out to all of MNPS' zoned high schools to schedule listening sessions with students across grades and their academies, respectively.
- The objective is to explore and understand how Nashville high school students perceive and experience community safety across multiple levels of influence, including individual, interpersonal, community, and societal factors.
- Conducted first session at Stratford High School.

# Other Events

- Stratford Stem Magnet's Academy of National Safety and Science of Teaching ("NSST") – NSST For Peace
  - September 14th, Martha O'Bryan Center, 12:00pm – 2:00pm
- Office of Family Safety, Interpersonal Violence Summit
  - October 27th, Sonny West Conference Room

# 24-MONTH SURVEY
# AND
# VACCINATION OUTREACH

Angelina Hooper, RN, BSN
Program Manager: Vaccine Preventable Disease

Chelsea Trumbull, RN
Regional Immunization Representative: Vaccine Preventable Disease

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# Presentation Objectives

- Overview of The 2022 Immunization Status Survey of 24-Month-Old Children in Tennessee (24 Month Survey)

- Davidson County Immunization Rates and Trends

- Increasing Childhood Immunizations in Davidson County

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# Immunization Status of 24-Month-Old Children in TN (24 Month Survey)

- Regional and statewide analysis of ~1,500 randomly selected children across TN
- Legislatively mandated report used to review and amend laws
- Allows state and national comparison to evaluate and adjust Healthy People objectives

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# Davidson County Immunization Rates of 24-Month-Olds (2022)



Figure B. NDR Attainment of HP2020 Objectives, by Vaccine, 2022
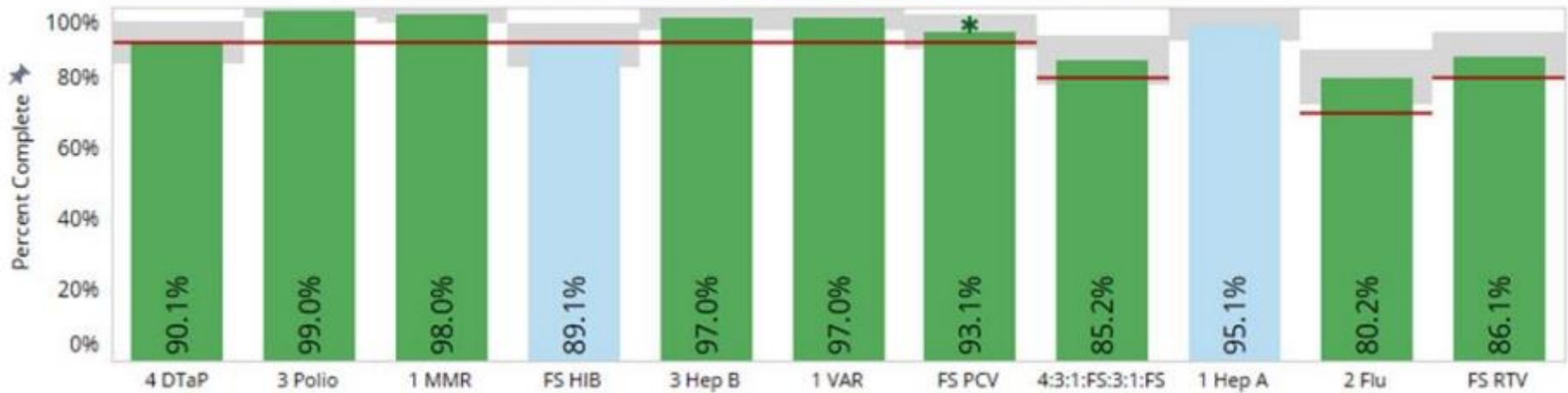
# Davidson County Immunization Trends of 24-Month-Olds (2017-2022)



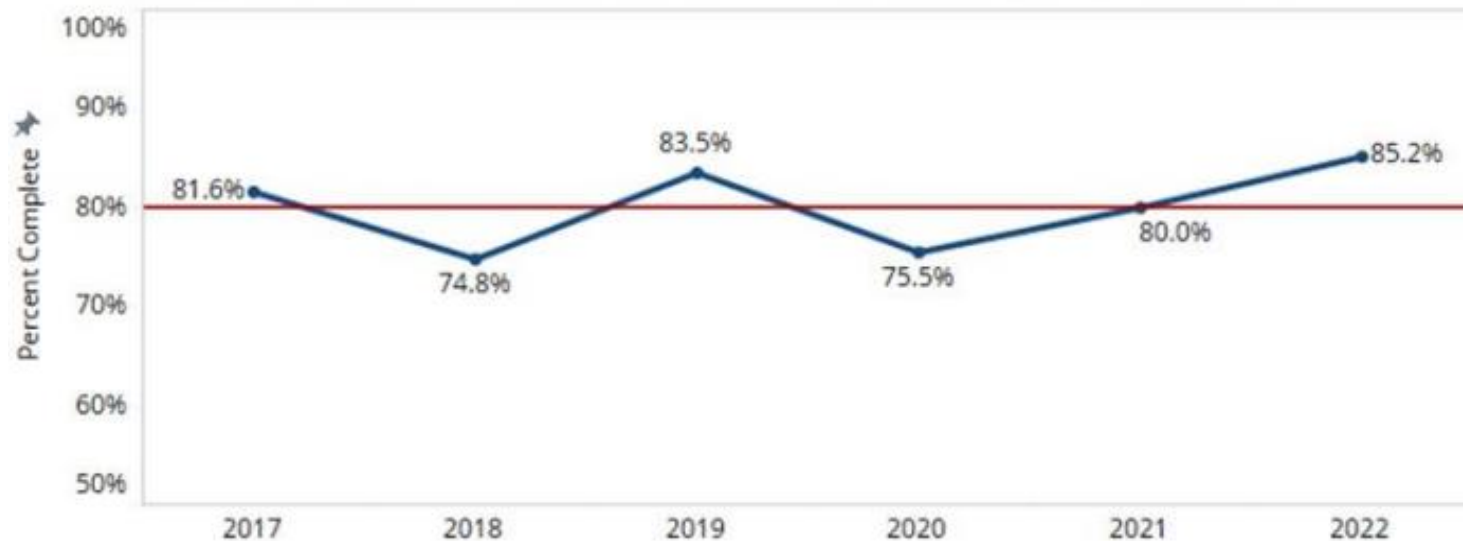Figure C. 4:3:1:FS:3:1:FS Immunization Rate Trend, NDR, 2017-2022

**Figure C**

— HP2020 Objective

# Comparison of Davidson County to TN Immunization Rates



Figure A. Comparison of NDR and Tennessee UTD Rate by Vaccine, 2022

# Improving Immunization Rates in Davidson County

Continuing equity-focused vaccination events across the county by leveraging community partnerships

- ✓ Metro Nashville Public Schools
- ✓ LEAD Schools
- ✓ Nashville International Center for Empowerment (NICE)
- ✓ Conexion
- ✓ Matthew Walker
- ✓ Faith-Based Communities
- ✓ Fifty Forward
- ✓ El Jefe
- ✓ Plaza Mariachi/Hispanic Family Foundation
- ✓ Neighborhood Health
- ✓ CHARM Foundation (Children are Magical)
- ✓ AMAC TN (American Muslim Advisory Committee)
- ✓ Room in the Inn
- ✓ Nashville Rescue Mission

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# PAY EQUITY STUDY SUMMARY

## September 14, 2023

Jim Diamond, MBA
Bureau Director Finance and Administration

# Pay Equity Study Timeline

- Funding requested as part of the Fiscal Year 2023 budget submission

- Funding was included in the Mayor's proposed budget and the Council's budget

- Deloitte under contract with Metro for this kind of work and they were engaged when funding was available around the beginning of August

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# Pay Equity Study Timeline

- Deloitte made their initial data request in late August and data response provided the second week of September

- Clarifying questions from Deloitte received late October

- Initial discussion of Deloitte's cohorting approach late November

- Preliminary report received in February, final report in July

Various *Independent* variables (data fields) were analyzed for their predictive power of pay and their appropriateness to include in the regression model.

| Independent Variables Included | | Other Independent Variables Considered but Excluded | |
|---|---|---|---|
| **Numerical Pay Grade w/in Each Pay Scale** | These variables provide a strong predictive power of pay, and alone can explain a <u>large majority</u> of an employee's pay within one cohort | **Education Level** | Too granular for regression analysis |
| **Time in Current Position** | | **Performance Score** | Incomplete (new hires and COVID operations) |
| **Gender OR Race/Ethnicity** | Study effects of these variables on pay after controlling for above | **Work Location** | Too granular for regression analysis |
| | | **Job Title** | Too granular for regression analysis |
| | | **Adjusted Service Date** | Potentially redundant with other variables |

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# Race Per IncluCivics Report
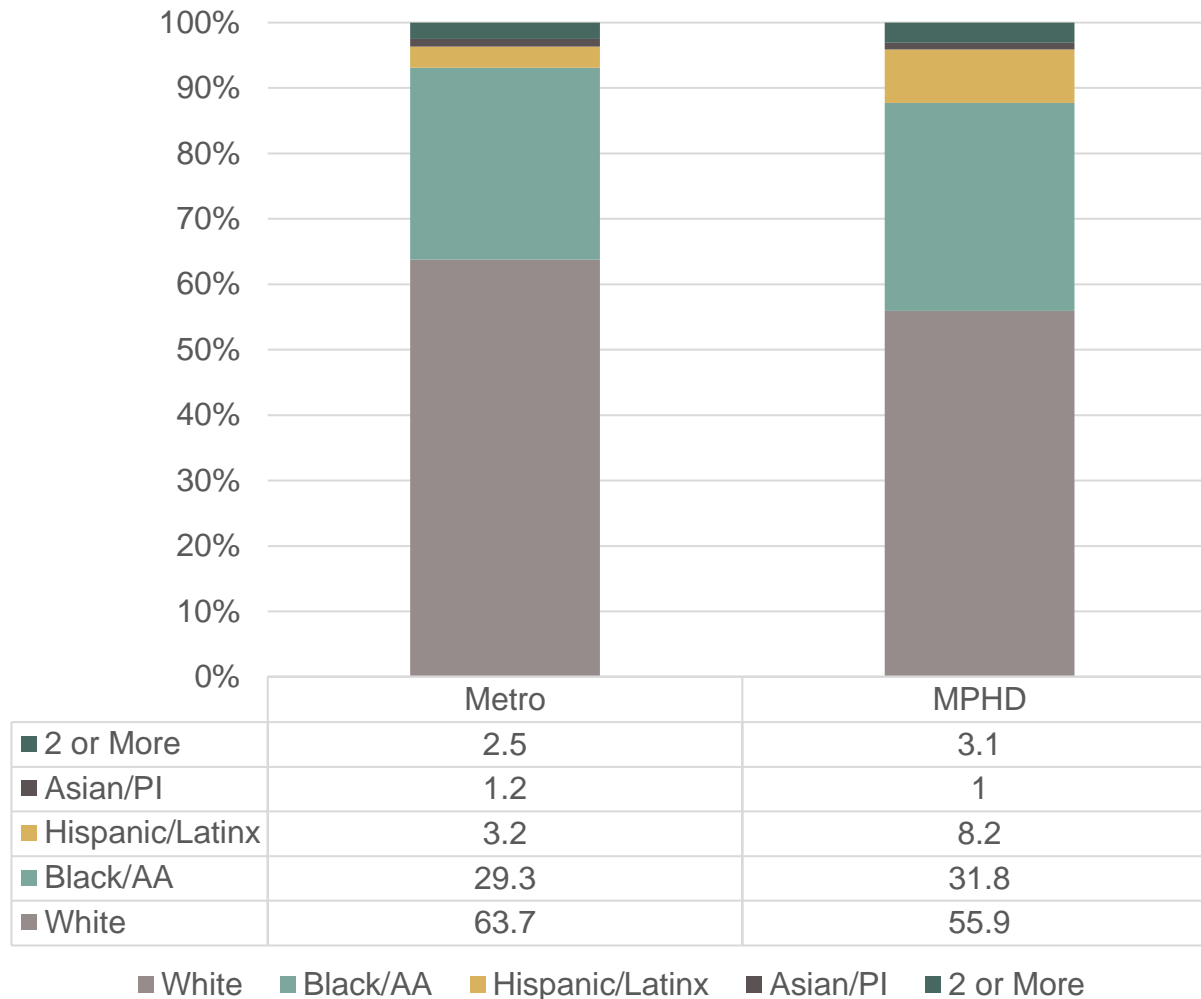
| | Metro | MPHD |
|---|---|---|
| ■ 2 or More | 2.5 | 3.1 |
| ■ Asian/PI | 1.2 | 1 |
| ■ Hispanic/Latinx | 3.2 | 8.2 |
| ■ Black/AA | 29.3 | 31.8 |
| ■ White | 63.7 | 55.9 |

■ White  ■ Black/AA  ■ Hispanic/Latinx  ■ Asian/PI  ■ 2 or More

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# Open Range (OR) Pay Analysis – Raw Pay Gap (1/2)

A raw pay gap (average salary between males/females or white/BIPOC[1]) is present for employees in the Open Range compensation structure. In OR, a female employee earns **$0.93**, on average, compared to their male counterparts and a BIPOC employee earns **$0.97**, on average, compared to their White counterparts.

## OR - By Gender - Raw Pay Gap
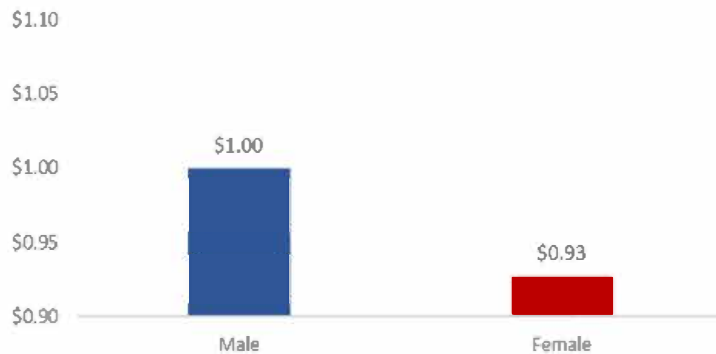
| Gender | Average Salary | Employee Count |
|--------|---------------|----------------|
| Female | $69,628 | 292 |
| Male | $75,129 | 55 |

## OR - By Race - Raw Pay Gap

| Race[2] | Average Salary | Employee Count |
|---------|---------------|----------------|
| Black or African American | $69,668 | 106 |
| Hispanic or Latino of Any Race | $62,789 | 18 |
| Two or More Races | $67,310 | 9 |
| BIPOC Total | $68,991 | 136 |
| White | $71,473 | 211 |

[1]Black, Indigenous, and People of Color (BIPOC) – This term is used to refer to historically marginalized racial/ethnic groups.
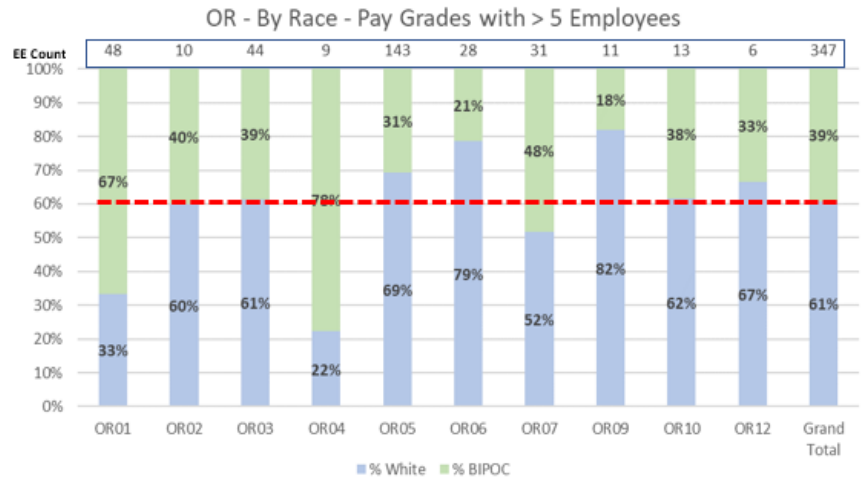
[2]Asian employees excluded due to low sample size and potentially individually identifiable information

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# Open Range (OR) Pay Analysis – Raw Pay Gap (2/2)

Further examination of the presence of the Raw Pay Gap uncovered that the difference is partially attributed to Male / White employees generally showing as concentrated at higher pay grades (and therefore higher pay – Average Pay increases from $49k at OR01 to $73k at OR06 to $127k at OR12).



OR - By Gender - Pay Grades with > 5 Employees



OR - By Race - Pay Grades with > 5 Employees

Female representation in the sum of the lower pay grades (01, 02, 05) is greater than their overall representation (84%) within the OR compensation structure, explaining the lower average salary for this demographic.

While the total population is 39% BIPOC, BIPOC employees comprise an even *higher* percentage of lower pay grades 01 and 04. Given 44% of the BIPOC workforce fall within 04 or below, their representation in lower job grades reduces the total average salary for this segment of employees.

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# Metro Gender Pay Gap (IncluCivics)



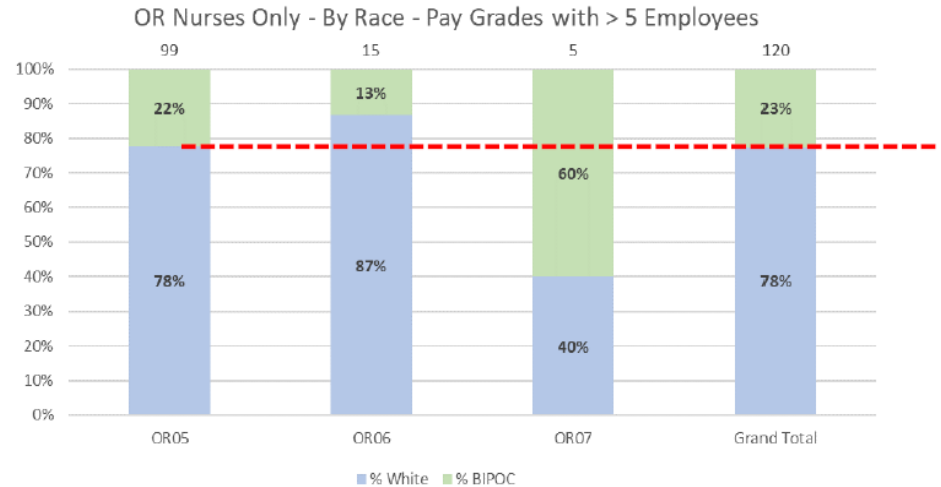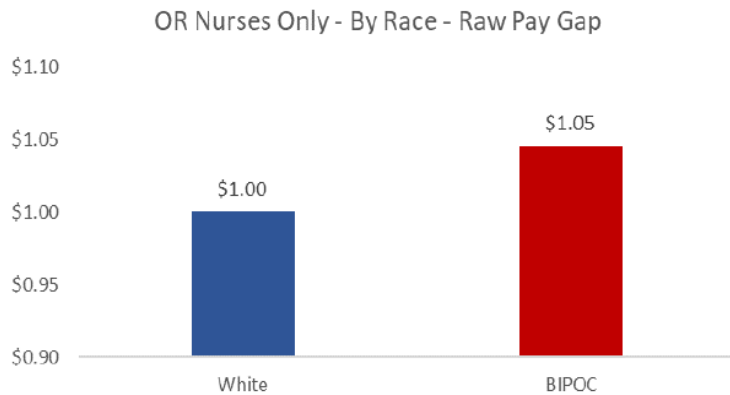Figure 10. Average Salary of FT Employees by Gender, 2015-2022
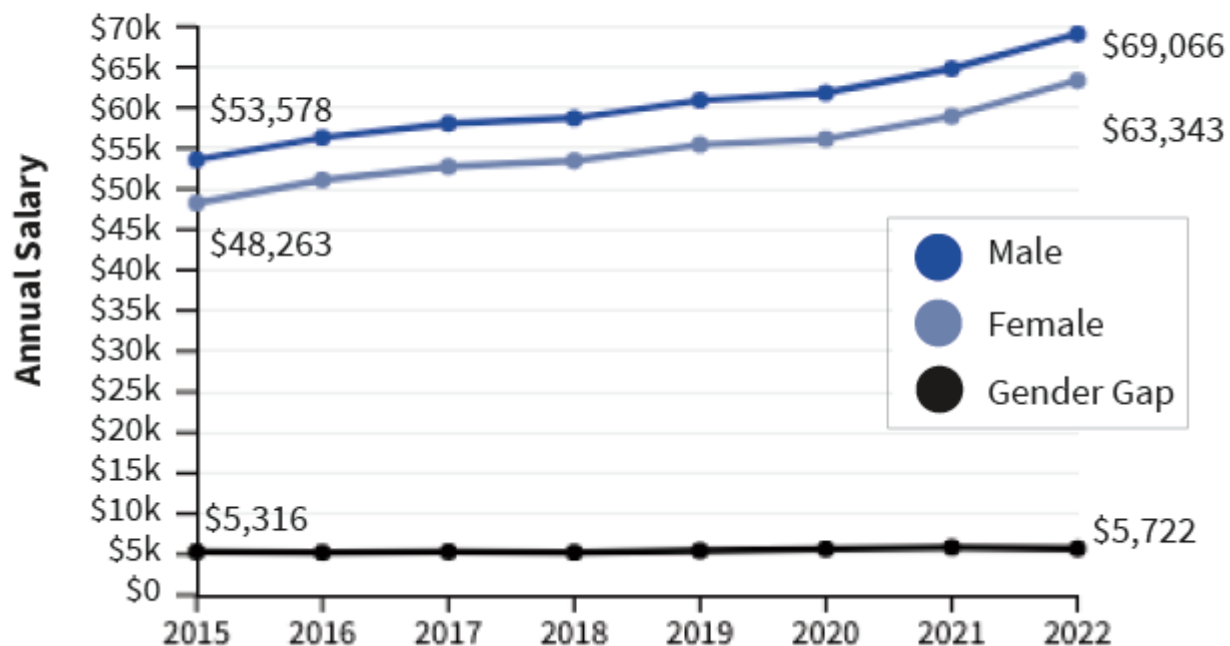
# Employees Excluded

- Of the 519 employees provided, Deloitte removed 4 employees in the HD Pay Scale as their jobs are fundamentally different from the rest of the population.

  - 1 Dentist (Female, Black/African American)
  - 1 Dental Services Director (Female, White)
  - 1 Medical Doctor (Male, Black/African American)
  - 1 Medical Services Director (Female, Black/African American)

- Average salary $183,910

# Open Range (OR) Pay Analysis – Nurses Only

A separate analysis was performed on the Public Health Nurse population given that this role makes up a significant subset of the employees in the OR compensation structure (120 employees). Note that there is only 1 Male, thus for the purposes of this analysis gender was not studied.



OR Nurses Only - By Race - Raw Pay Gap

OR Nurses Only - By Race - Pay Grades with > 5 Employees

BIPOC nurses earn, on average, $1.05 for every $1.00 earned by a White nurse. This appears to be due to the higher concentration of BIPOC nurses at OR07. Additionally, within each Pay Grade, BIPOC nurses appear to earn more than White nurses. This could be due to other legitimate factors, such as education level.

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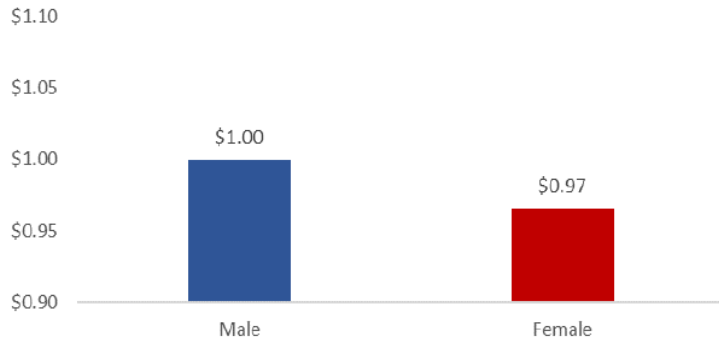# Nurse Practitioners Excluded From Nurse-Only Analysis

- 10 included in data submission

- All female

- 6 White
- 3 Black/African American
- 1 Hispanic/Latino
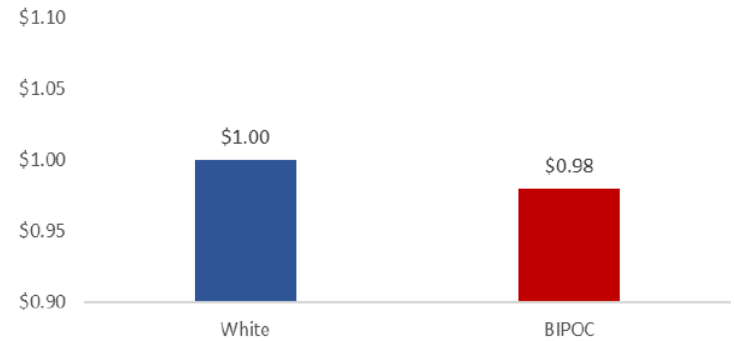
# Step Pay Scale (ST) Pay Analysis

For employees in ST, a narrow Raw Pay Gap (average salary between males/females or white/BIPOC) exists for both gender and race/ethnicity. On average, female employees earn **$0.97** when compared to their male counterparts and BIPOC employees earns **$0.98**, on average, compared to White employees.

## ST - By Gender - Raw Pay Gap



| Gender | Average Salary | Employee Count |
|--------|---------------|----------------|
| Female | $45,354 | 100 |
| Male | $46,954 | 39 |

## ST - By Race - Raw Pay Gap



| Gender | Average Salary | Employee Count |
|--------|---------------|----------------|
| Black or African American | $45,490 | 51 |
| Hispanic or Latino of Any Race | $44,586 | 22 |
| Two or More Races | $47,190 | 7 |
| BIPOC Total[1] | $45,417 | 82 |
| White | $46,358 | 57 |

[1]Asian employees excluded due to low sample size and potentially individually identifiable information

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# Step Pay Scale (ST) Pay Analysis

Part of the explanation for the presence of the Raw Pay Gap is that Males / White employees are generally concentrated at higher pay grades:



While the total population in ST is 72% female, females make up an even higher percentage at the **lowest** pay grade (ST06), explaining why there is a raw pay gap for female employees.



While the total population is 59% BIPOC, BIPOC employees make up an even higher percentage at the **lowest** pay grades (ST06, ST07), explaining why there is a raw pay gap for BIPOC employees.

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# Statistically Significant Findings

| US Ethnicity Pay Equity Statistically Significant Findings | | | | | |
|---|---|---|---|---|---|
| | | Base Pay | | | |
| Cohort Name | # of Employees | *Asian* | *Black* | *Hispanic* | *Two or More Races* |
| **All Open Range Employees** | 347 | 🔴 | | | |
| **Open Range Nurses Only** | 120 | | | | 🟢 |

| **Key** | 🟢 **Positive Statistical Significance** | 🔴 **Negative Statistical Significance** |
|---|---|---|

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# Summary of Findings

## KEY THEMES

**Regression Analysis on OR yielded no statistically significant results on Gender and two areas for further investigation on Race/Ethnicity**

- The Nurses only OR was not analyzed based on gender as there was only one male in this cohort. For this cohort, there was one statistically significant observation for employees identifying as Two or More Races
- Asian employees were found to have negative statistical significance for the all employee OR cohort.

**Representation analysis suggests that female and BIPOC employees are more concentrated at lower pay grades**

- Females and BIPOC have higher representation in grades below 5 for OR and ST06/07 for Step pay scales. This lowers the overall average salary for these demographics.

**Non-Salaried cohorts have limited risk of pay bias**

- Review and analysis of the employees in the NS compensation structure did not indicate risk of potential pay bias.

## OBJECTIVE JUSTIFICATION

**Both cohorts flagged for further review were determined to have non-discriminatory factors contributing to any pay differences**

- MNHD determined that any potential pay differences among the affected racial/ethnic groups with preliminary statistically significant observations were due to time in current role / years of experience. The objective justification review did not pinpoint any systemic bias in pay practices.

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Metro Nashville Health Department (MNHD)

# 2022 Pay Equity Study

**Final Report**

**July 2023**

**Deloitte.**

# Table of Contents

# Pay Equity Study Final Report – Executive Summary

# Project Scope and Objectives

--------------------------------- **Project Objective** ---------------------------------

Metro Nashville Health Department recognizes that achieving equity requires the removal of systemic and structural barriers in order to create conditions for optimal health and well-being for all. MNHD is on a journey to embed equity across the organization and has engaged Deloitte to conduct a pay equity study to identify whether pay disparities exist based on gender and race / ethnicity.

## Equal Pay Analysis

### Evaluate Equitable Base Pay
The project scope considers base pay comparisons by gender and race/ethnicity for the Metro Nashville Health Department workforce comprised of 519 employees. We conducted a statistical analyses in the assessment of equal pay to isolate areas of opportunity within the organization.

## Pay Gap Review

### Analyze Employee Pay Gaps and Representation
To further uncover potential risk of bias, we conducted a analysis of average pay between men and women as well as BIPOC and white employees. Both the raw pay gap (i.e., unadjusted) and adjusted pay gap were assessed to highlight potential talent access and workforce development challenges.

# Methodology and Key Outcomes

**PHASE 1**

**PHASE 2**

**Cohort Development Approach**

Collect/cleanse data and define appropriate methodology to develop Metro Nashville Health Department cohorts through interactive working sessions involving project stakeholders; ensure data privacy and secure data site

**Preliminary Equal Pay Analyses**

Build multiple variable regression model. Review and determine appropriate regression factors; Run regression model and conduct fisher exact tests, summarizing any preliminary pay disparity findings before the application of an objective justification review

**Objective Justification Review**

Conduct a thorough review into any identified negative pay disparities; update regression models and estimate minimum financial remediation opportunities

**Management Reporting of Findings/Recommendations**

Document specific findings from the equal pay analyses, calculate any financial remediation opportunities, and provide perspectives for targeted remediation strategies.

# Project Highlights

**3** **Distinct** cohorts **based on Pay Scale** developed to group employees and conduct the analysis: Open Range, Step, and Non-Salaried

**120** Nurses within the Open Range cohort were **studied separately** given that Nurses made up a large portion of the Open Range pay scale.

**514** Metro Nashville Health Department **employees** (99% of total population) **were studied** through one or more approaches in the pay equity analyses

**0** **Unexplained differences** for any preliminary findings based on the raw pay gap and equal pay (i.e., regression) analysis

# Pay Equity Study Final Report – Deep Dive

# Approach to Key Findings

Based on Metro Nashville's compensation philosophy and employee population, we leveraged the following approaches to perform the data analysis for the pay equity study cohorts.

## Multiple Variable Regression



### USE CASE

- Method used to measure pay equity controlling for bona fide job-related factors, such as job grade and time in position.

- MNHD workers in the **Open Range** compensation program will be studied using this method.

## Pay Equity Study Findings
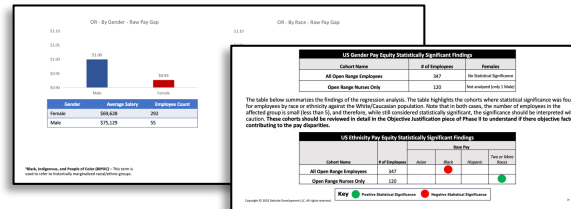


**The proposed approach will leverage leading practices to provide MNHD with:**

- **Higher-quality statistically valid results**. Given the limited risk of bias in step compensation programs, analyses beyond the multiple variable regression are needed to assess the potential for other types of inequities that could influence pay

- Key areas of opportunity to proactively remove barriers to equal opportunity at MNHD

- Data insights to support desired level of communication of findings to MNHD stakeholders
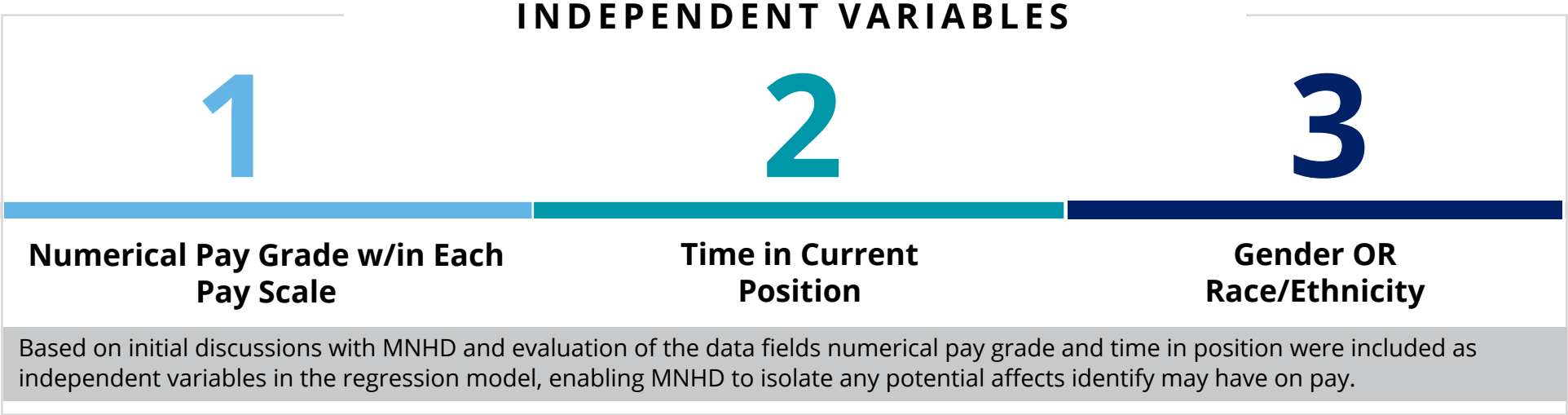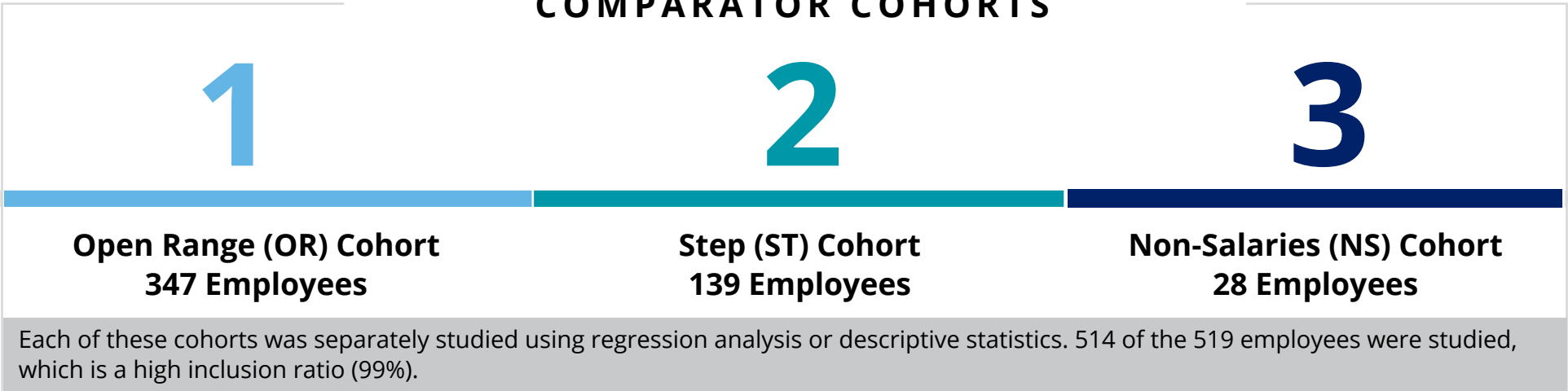
## Descriptive Statistics
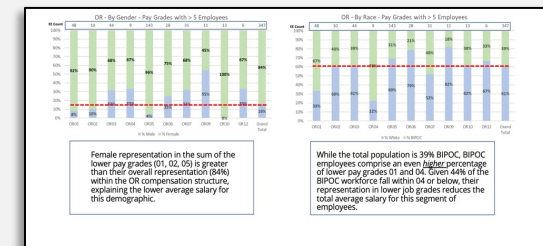


### USE CASE

- Analysis of workforce data to understand any trends or summaries based on MNHD employee population. This analysis will provide data visualizations to help determine where bias may be impacting job equity.

- MNHD workers in the **Open Range** (partial)**, Step and Non-Salaried** compensation programs will be studied using this method.

# Employee Cohorts and Regression Model Variables

For the analysis, employees were grouped together based on their compensation structure for comparative purposes. Comparator cohorts are those jobs (people) that perform similarly situated work.

## COMPARATOR COHORTS

| 1 | 2 | 3 |
|---|---|---|
| **Open Range (OR) Cohort**<br>**347 Employees** | **Step (ST) Cohort**<br>**139 Employees** | **Non-Salaries (NS) Cohort**<br>**28 Employees** |

Each of these cohorts was separately studied using regression analysis or descriptive statistics. 514 of the 519 employees were studied, which is a high inclusion ratio (99%).

## INDEPENDENT VARIABLES

| 1 | 2 | 3 |
|---|---|---|
| **Numerical Pay Grade w/in Each Pay Scale** | **Time in Current Position** | **Gender OR Race/Ethnicity** |

Based on initial discussions with MNHD and evaluation of the data fields numerical pay grade and time in position were included as independent variables in the regression model, enabling MNHD to isolate any potential affects identify may have on pay.

# Summary of Findings

MNHD's pay gap narrows for both gender and race/ethnicity when considering pay grade, however there is still an opportunity to increase diverse representation at higher pay grades

## KEY THEMES

**☼ Regression Analysis on OR yielded no statistically significant results on Gender and two areas for further investigation on Race/Ethnicity**

- The Nurses only OR was not analyzed based on gender as there was only one male in this cohort. For this cohort, there was one statistically significant observation for employees identifying as Two or More Races
- Asian employees were found to have negative statistical significance for the all employee OR cohort.

**✕ Representation analysis suggests that female and BIPOC employees are more concentrated at lower pay grades**

- Females and BIPOC have higher representation in grades below 5 for OR and ST06/07 for Step pay scales. This lowers the overall average salary for these demographics.

**☼ Non-Salaried cohorts have limited risk of pay bias**

- Review and analysis of the employees in the NS compensation structure did not indicate risk of potential pay bias.
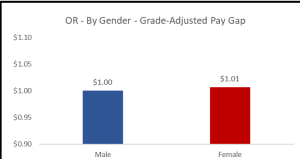
## DATA SPOTLIGHT

### Preliminary Findings: Statistically Significant Cohorts

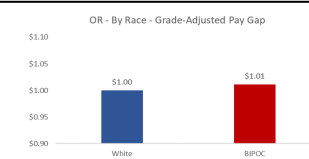| | | Base Pay | | | |
|---|---|---|---|---|---|
| Cohort Name | # of Employees | Asian | Black | Hispanic | Two or More Races |
| All Open Range Employees | 347 | 🔴 | | | |
| Open Range Nurses Only | 120 | | | | 🟢 |

🟢 Positive SS        🔴 Negative SS

### Open Range – Adjusted Pay Gap Analysis

OR - By Gender - Grade-Adjusted Pay Gap

| Gender | Average Salary | Employee Count |
|---|---|---|
| Female | $69,326 | 292 |
| Male | $68,868 | 55 |

OR - By Race - Grade-Adjusted Pay Gap

| Race[1] | Average Salary | Employee Count |
|---|---|---|
| Black or African American | $69,957 | 106 |
| Hispanic or Latino of Any Race | $69,449 | 18 |
| Two or More Races | $69,944 | 9 |
| BIPOC Total[1] | $69,731 | 136 |
| White | $68,946 | 211 |

**<1%** Pay gap between males/females or white/BIPOC when adjusting for Grade

## OBJECTIVE JUSTIFICATION

**☼ Both cohorts flagged for further review were determined to have non-discriminatory factors contributing to any pay differences**

- MNHD determined that any potential pay differences among the affected racial/ethnic groups with preliminary statistically significant observations were due to time in current role / years of experience. The objective justification review did not pinpoint any systemic bias in pay practices.

# Path Forward

In order to continue to drive equitable outcomes for its workforce, Metro Nashville Health Department should continue to track and measure pay equity, in addition to qualitative talent process evaluations

**1** **Qualitative Review of Talent Processes**

Metro Nashville Health Department has communicated its commitment to embed equity across organizational processes and policies. There is an opportunity to continue to **explore the role of DEI across the talent lifecycle** and expose opportunities for bias.

**2** **Continue to Measure Pay Equity**

**Continuing to test for pay equity** and sharing the results and/or actions taken with MNHD employees and other stakeholder groups can **promote accountability, support a culture of trust, and enhance MNHD's employer brand.**

**3** **Deeper Dive Employee Rewards Review**

Instituting a **greater focus on measurable change to advance equity for the MNHD workforce can expand beyond pay** with an assessment of benefits or other rewards programs.

# Appendix

# Job Equity Dashboards
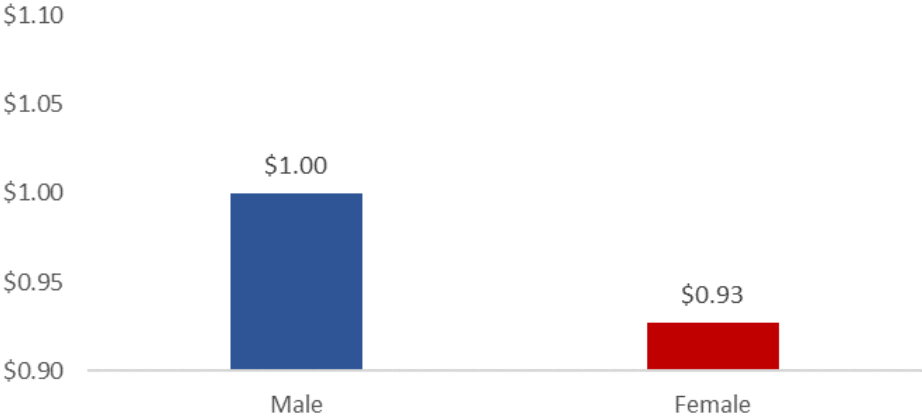
# Job Equity Dashboard Summary

- As part of our efforts to provide a comprehensive equal pay review for MNHD, Deloitte has provided an analyses of *job representation* across the MNHD business. This data may be the first predictor of equal pay issues which may exist within the MNHD organization. The dashboards presented on the subsequent slides provide a high-level review of job representation by both gender and race/ethnicity across the various levels within MNHD.

- In addition, the forgoing tables provide a review of the calculated *'raw pay gap'* which simply compares the difference in **average annual salary** of male in comparison to female and comparison of racial/ethnic groups by job levels, career tracks and pay grades in the workforce data provided by MNHD.
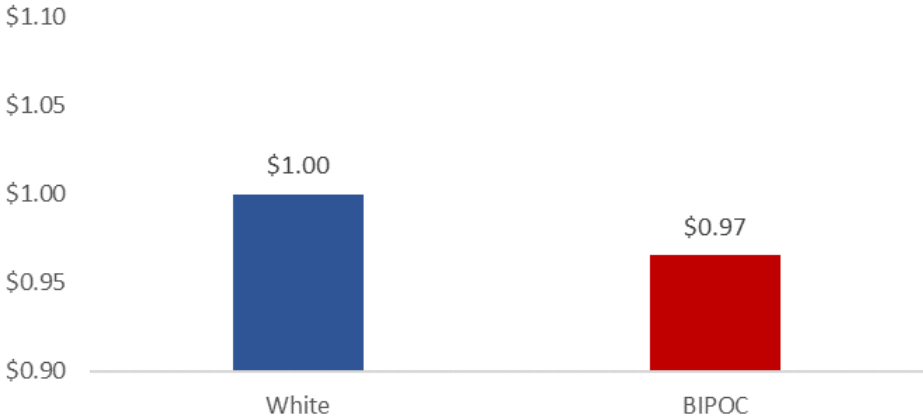
# Open Range (OR) Pay Analysis – Raw Pay Gap (1/2)

A raw pay gap (average salary between males/females or white/BIPOC[1]) is present for employees in the Open Range compensation structure. In OR, a female employee earns **$0.93**, on average, compared to their male counterparts and a BIPOC employee earns **$0.97**, on average, compared to their White counterparts.

OR - By Gender - Raw Pay Gap

OR - By Race - Raw Pay Gap



| Gender | Average Salary | Employee Count |
|--------|----------------|----------------|
| Female | $69,628 | 292 |
| Male | $75,129 | 55 |

| Race[2] | Average Salary | Employee Count |
|---------|----------------|----------------|
| Black or African American | $69,668 | 106 |
| Hispanic or Latino of Any Race | $62,789 | 18 |
| Two or More Races | $67,310 | 9 |
| BIPOC Total | $68,991 | 136 |
| White | $71,473 | 211 |

[1]**Black, Indigenous, and People of Color (BIPOC)** – This term is used to refer to historically marginalized racial/ethnic groups.
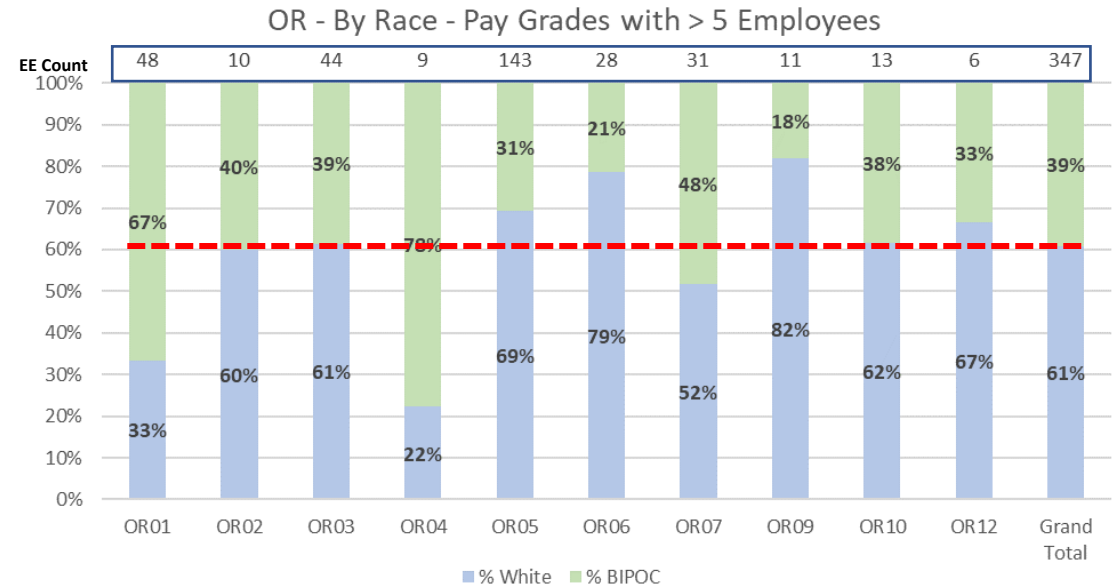
[2]Asian employees excluded due to low sample size and potentially individually identifiable information

# Open Range (OR) Pay Analysis – Raw Pay Gap (2/2)

Further examination of the presence of the Raw Pay Gap uncovered that the difference is partially attributed to Male / White employees generally showing as concentrated at higher pay grades (and therefore higher pay – Average Pay increases from $49k at OR01 to $73k at OR06 to $127k at OR12).



OR - By Gender - Pay Grades with > 5 Employees

OR - By Race - Pay Grades with > 5 Employees

Female representation in the sum of the lower pay grades (01, 02, 05) is greater than their overall representation (84%) within the OR compensation structure, explaining the lower average salary for this demographic.
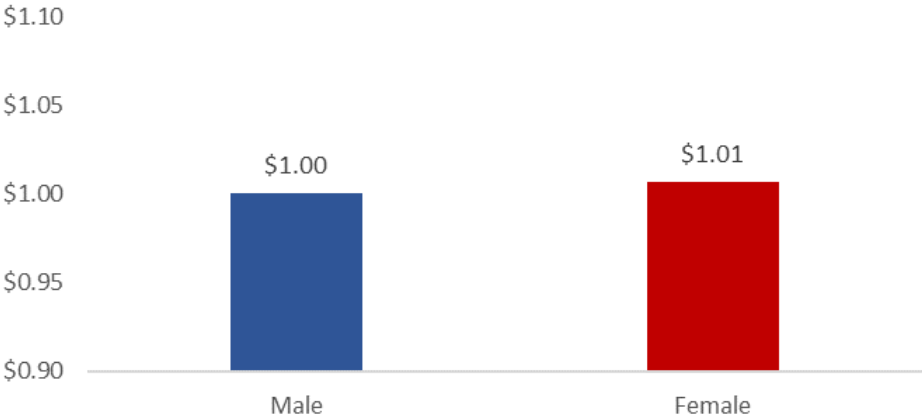
While the total population is 39% BIPOC, BIPOC employees comprise an even _higher_ percentage of lower pay grades 01 and 04. Given 44% of the BIPOC workforce fall within 04 or below, their representation in lower job grades reduces the total average salary for this segment of employees.

# Open Range (OR) Pay Analysis – Adjusted Pay Gap

While adjusting for Pay Grade eliminates the differences as shown in the Raw Pay Gap analysis for both gender and race/ethnicity - both female and BIPOC employees earn **$1.01** for every $1 earned by a Male or White employee when factoring grade into the pay gap - there is still an opportunity to increase diverse representation at grades 05 and above.

### OR - By Gender - Grade-Adjusted Pay Gap

| Gender | Average Salary | Employee Count |
|--------|---------------|----------------|
| Female | $69,326 | 292 |
| Male | $68,868 | 55 |

### OR - By Race - Grade-Adjusted Pay Gap
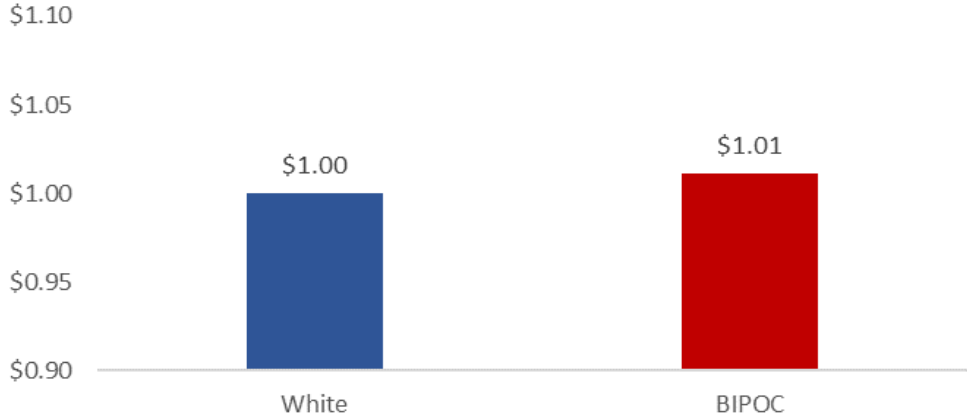
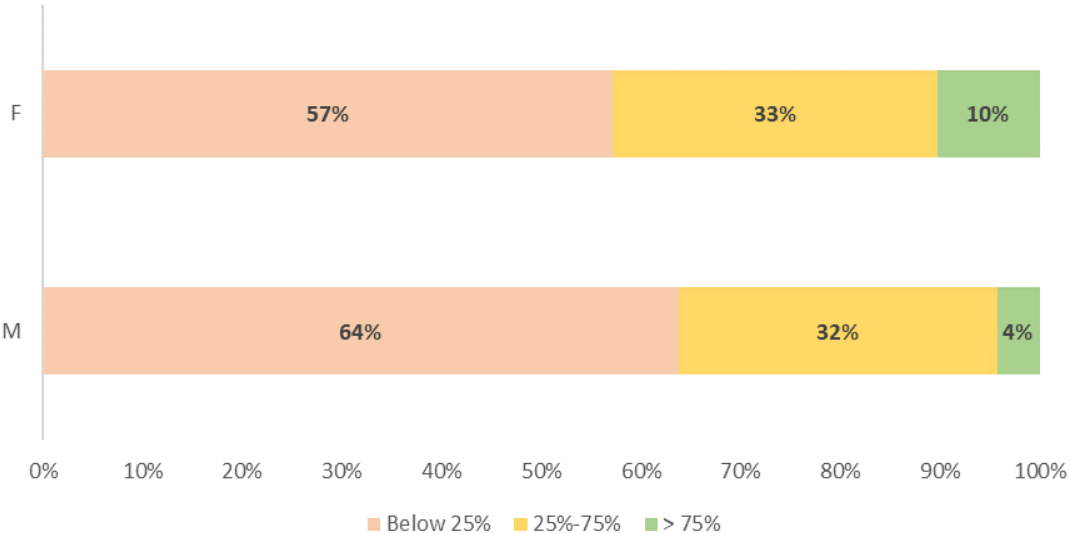| Race[1] | Average Salary | Employee Count |
|---------|---------------|----------------|
| Black or African American | $69,957 | 106 |
| Hispanic or Latino of Any Race | $69,449 | 18 |
| Two or More Races | $69,944 | 9 |
| BIPOC Total[1] | $69,731 | 136 |
| White | $68,946 | 211 |

Adjusting for grade in this analysis standardizes pay based on the pay grade with the highest employee population

[1]Asian employees excluded due to low sample size and potentially individually identifiable information
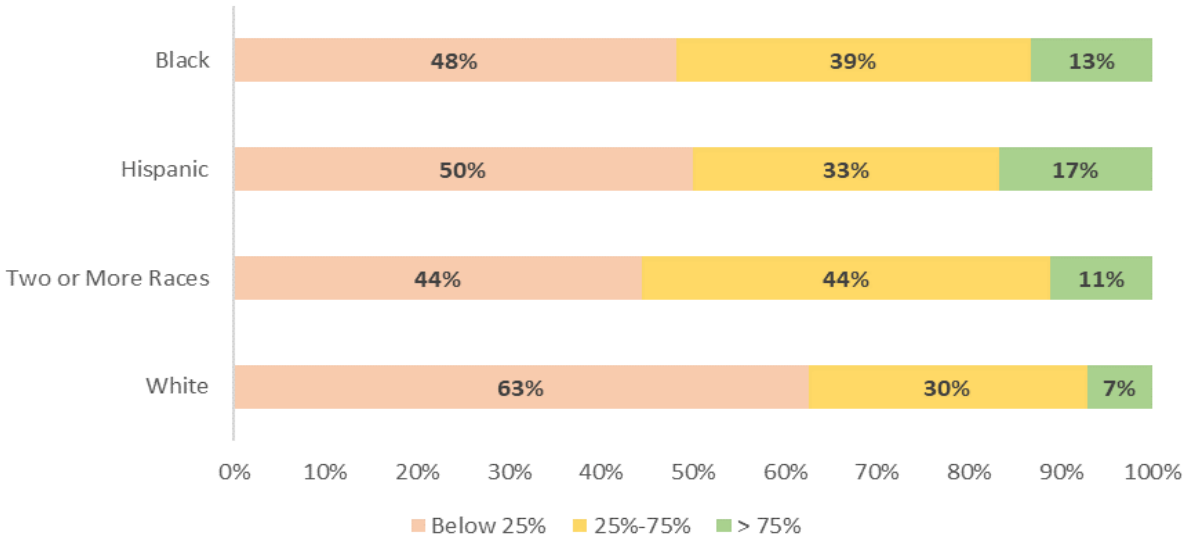
# Open Range (OR) Pay Analysis

The following graphs show the distribution of the "Range Penetration", which is where an employee's actual salary falls within the FY2023 Open Range Pay Table. Range Penetration is calculated as follows: (Actual Salary – Range Minimum) / (Range Max – Range Min). For example, if OR01's minimum is $43,657 and maximum is $56,740 and an employee is paid $50,000, the Range Penetration would be **48%**.



OR - By Gender - Range Penetration

| | Below 25% | 25%-75% | > 75% |
|---|---|---|---|
| F | 57% | 33% | 10% |
| M | 64% | 32% | 4% |



OR - By Race - Range Penetration

| | Below 25% | 25%-75% | > 75% |
|---|---|---|---|
| Black | 48% | 39% | 13% |
| Hispanic | 50% | 33% | 17% |
| Two or More Races | 44% | 44% | 11% |
| White | 63% | 30% | 7% |

Males tend to have a slightly **lower** Range Penetration than Females, with 64% of Males having a Range Penetration lower than 25%.
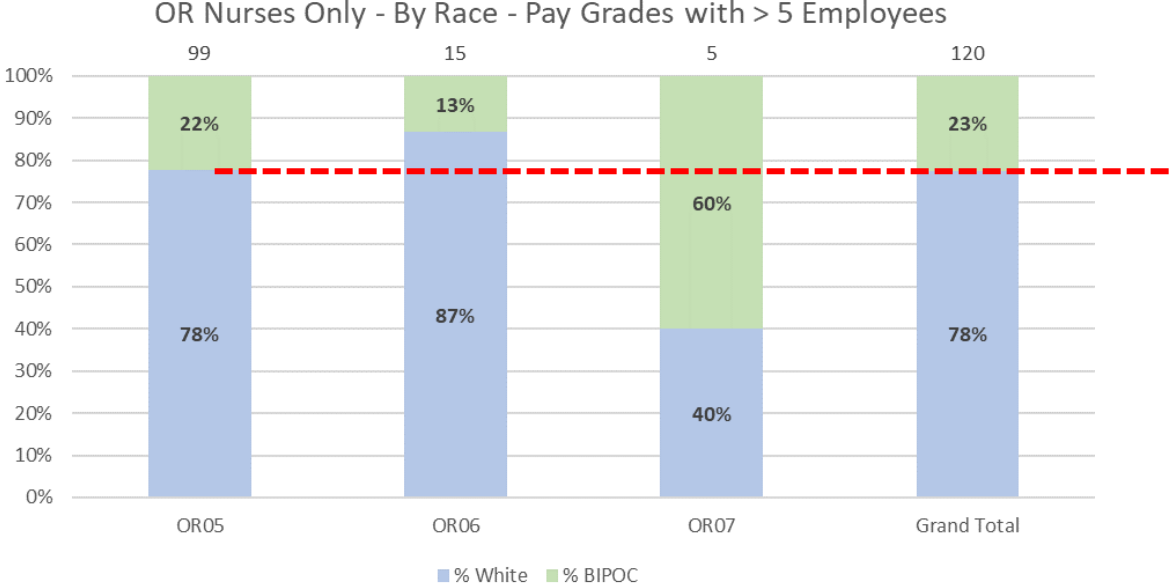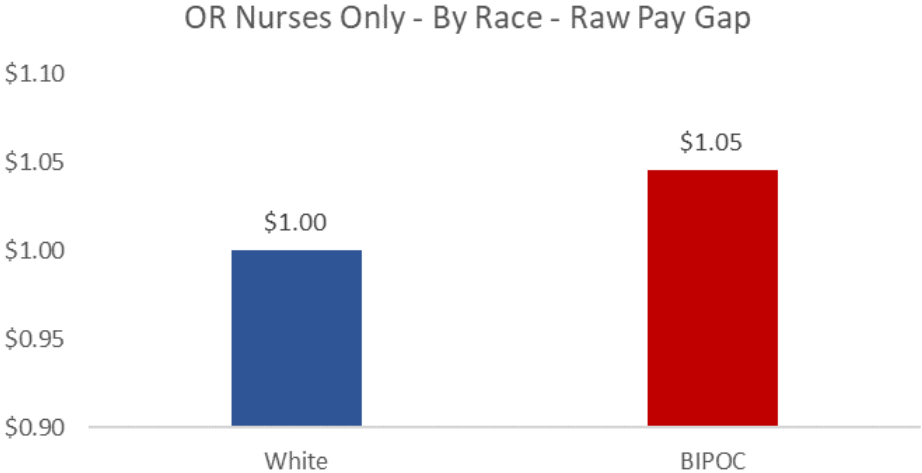
White employees tend to have a **lower** Range Penetration than other Races.

Asian employees are excluded due to low sample size and potentially individually identifiable information.

**Range Penetration Analysis does not indicate risk of pay bias based on the distribution of range targets for gender or race/ethnicity**

# Open Range (OR) Pay Analysis – Nurses Only

A separate analysis was performed on the Public Health Nurse population given that this role makes up a significant subset of the employees in the OR compensation structure (120 employees). Note that there is only 1 Male, thus for the purposes of this analysis gender was not studied.



OR Nurses Only - By Race - Raw Pay Gap
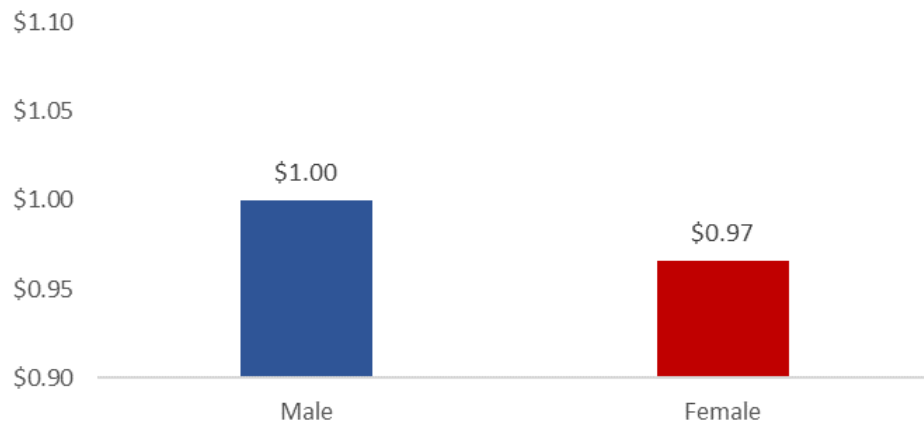


OR Nurses Only - By Race - Pay Grades with > 5 Employees

BIPOC nurses earn, on average, $1.05 for every $1.00 earned by a White nurse. This appears to be due to the higher concentration of BIPOC nurses at OR07. Additionally, within each Pay Grade, BIPOC nurses appear to earn more than White nurses. This could be due to other legitimate factors, such as education level.

# Step Pay Scale (ST) Pay Analysis

For employees in ST, a narrow Raw Pay Gap (average salary between males/females or white/BIPOC) exists for both gender and race/ethnicity. On average, female employees earn **$0.97** when compared to their male counterparts and BIPOC employees earns **$0.98**, on average, compared to White employees.

### ST - By Gender - Raw Pay Gap

| Gender | Average Salary | Employee Count |
|--------|---------------|----------------|
| Female | $45,354 | 100 |
| Male | $46,954 | 39 |

### ST - By Race - Raw Pay Gap

| Gender | Average Salary | Employee Count |
|--------|---------------|----------------|
| Black or African American | $45,490 | 51 |
| Hispanic or Latino of Any Race | $44,586 | 22 |
| Two or More Races | $47,190 | 7 |
| BIPOC Total[1] | $45,417 | 82 |
| White | $46,358 | 57 |

[1]Asian employees excluded due to low sample size and potentially individually identifiable information

# Step Pay Scale (ST) Pay Analysis

Part of the explanation for the presence of the Raw Pay Gap is that Males / White employees are generally concentrated at higher pay grades:
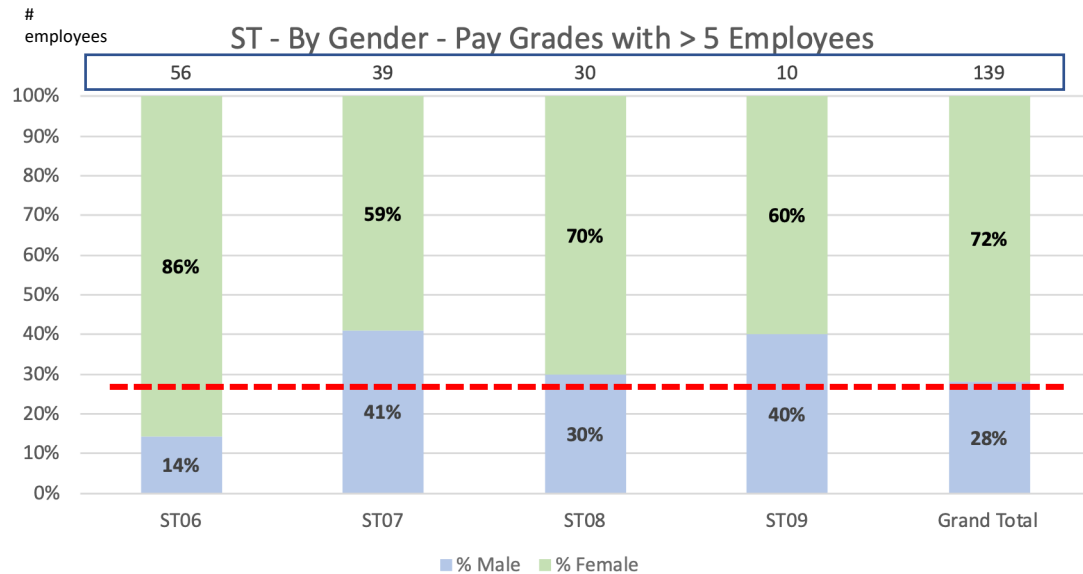


While the total population in ST is 72% female, females make up an even higher percentage at the **lowest** pay grade (ST06), explaining why there is a raw pay gap for female employees.
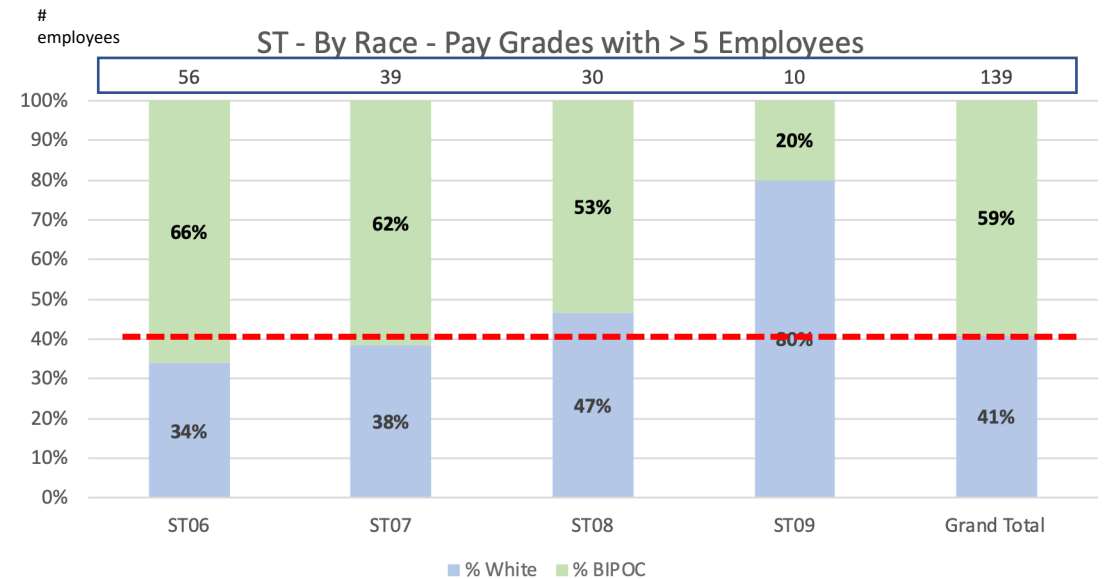
While the total population is 59% BIPOC, BIPOC employees make up an even higher percentage at the **lowest** pay grades (ST06, ST07), explaining why there is a raw pay gap for BIPOC employees.

# Step Pay Scale (ST) Pay Analysis

Adjusting for Pay Grade closes the pay gap when assessing average salary between males/females and White/BIPOC employees. When considering pay grades, there is no difference in pay across gender and BIPOC employees earn **$1.01** for every $1 earned by their White counterparts.

## ST - By Gender - Grade-Adjusted Pay Gap
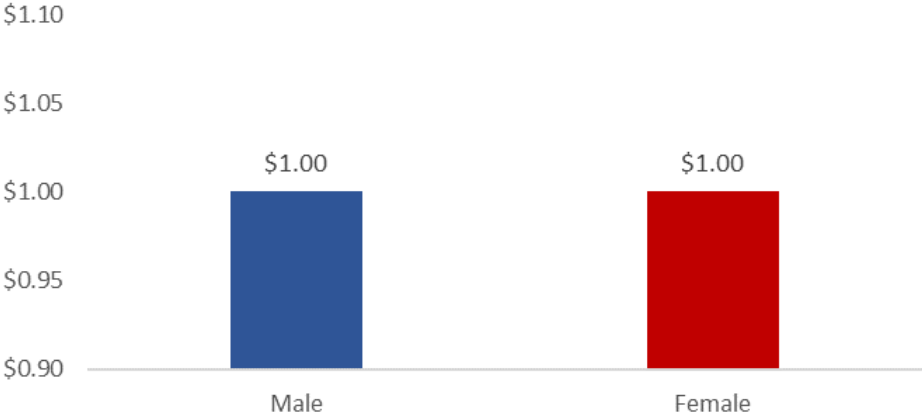


| Gender | Average Salary | Employee Count |
|--------|----------------|----------------|
| Female | $42,169 | 100 |
| Male | $42,149 | 39 |

## ST - By Race - Grade-Adjusted Pay Gap
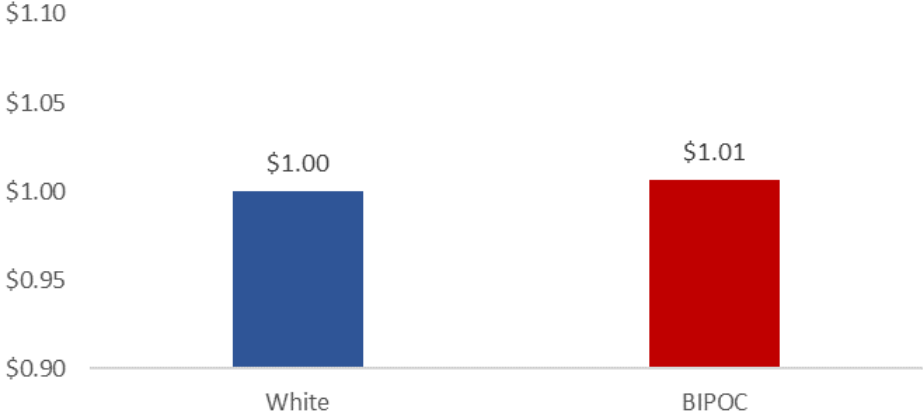


| Gender | Average Salary | Employee Count |
|--------|----------------|----------------|
| Black or African American | $41,903 | 51 |
| Hispanic or Latino of Any Race | $42,082 | 22 |
| Two or More Races | $44,338 | 7 |
| BIPOC Total[1] | $42,271 | 82 |
| White | $42,009 | 57 |

[1]Asian employees excluded due to low sample size and potentially individually identifiable information

# Non-Salaried (NS) Pay Analysis

There are **28** employees in total aligned to the NS compensation structure. While analysis is limited due to sample size and low variability within the group, we have several observations:



NS - Gender - Distribiton of Hourly Rates

NS - Race - Distribiton of Hourly Rates
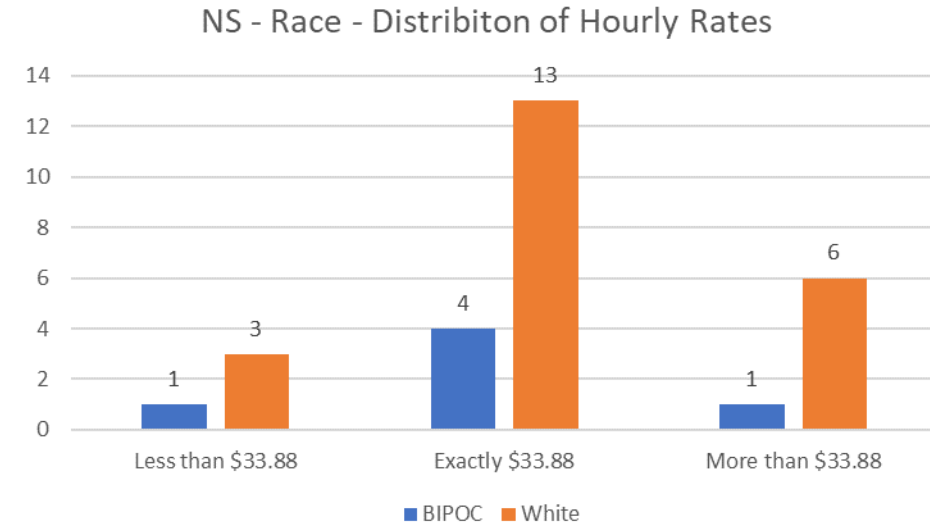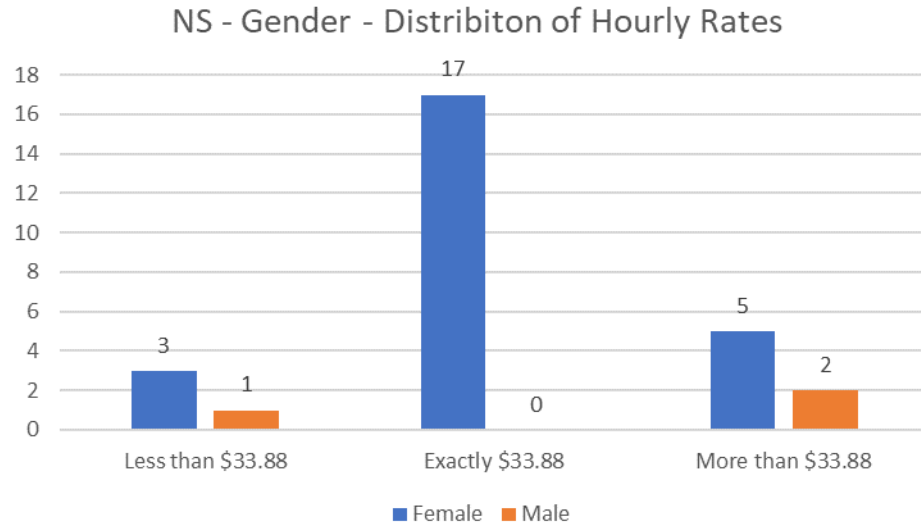
- 17 employees earn exactly $33.88/hour, with 4 earning less and 7 earning more. The spread of hourly rates by gender or race **does not indicate a significant risk of pay bias** (note: caveats for limited sample size are considered).

- The two highest earners in this compensation structure are (including Chief Medical Officer) both White Males.

# Preliminary Regression Analysis Findings

# Understanding the Results of the Regression Analysis

Below is an example of how to interpret statistically significant results from the regression analyses.

| Pay Equity Statistically Significant Findings | | | |
|---|---|---|---|
| **Cohort Name** | **# of Employees** | **Cohort Type** | **Base Pay** |
| | | | 🔴 |
| | | | 🟢 |
| | | | 🔴 |
| | | | 🟢 |

**What is Statistical Significance and why is it important**?
Statistical significance is described as when an **outcome can be attributed to more than just chance**. While our assumption is there is no bias, statistical significance is essential to determining where differences in pay may be driven by unintended consequences.

**Statistical Significance can be either negative or positive**
- When results are described as having a positive statistical significance results        are above / higher/ more than expectations
- When results are described as having a negative statistical significance results        are below / lower / less than expectations

**Hypothetical Example**
Hypothetically, there are 500 men and 500 women who were who were **exactly the same in all of their compensable factors**. If the men were paid $50,000 and the women were paid $40,000, it would be very unlikely that outcome was due to only chance.

🟢 **Positive Statistical Significance**

Females were found to be paid **_more_** than male counterparts in base pay when controlling for other variables**.**

🔴 **Negative Statistical Significance**

Females were found to be paid **_less_** than male counterparts in base pay when controlling for other variables**.**

For cohorts with no statistical significance, females / and BIPOC employees were found to **not conclusively be paid** any differently than male / White counterparts.

# Regression Analysis Finding – Open Range

The table below summarizes the findings of the regression analysis. The table highlights the cohort where statistical significance was found for employees by gender, when assessing against the male population.

| US Gender Pay Equity Statistically Significant Findings | | |
|---|---|---|
| **Cohort Name** | **# of Employees** | **Females** |
| **All Open Range Employees** | 347 | No Statistical Significance |
| **Open Range Nurses Only** | 120 | Not analyzed (only 1 Male) |

The table below summarizes the findings of the regression analysis. The table highlights the cohorts where statistical significance was found for employees by race or ethnicity against the White/Caucasian population. Note that in both cases, the number of employees in the affected group is small (less than 5), and therefore, while still considered statistically significant, the significance should be interpreted with caution. **These cohorts should be reviewed in detail in the Objective Justification piece of Phase II to understand if there are objective factors contributing to the identified pay disparities.**

| US Ethnicity Pay Equity Statistically Significant Findings | | | | | |
|---|---|---|---|---|---|
| | | **Base Pay** | | | |
| **Cohort Name** | **# of Employees** | *Asian* | *Black* | *Hispanic* | *Two or More Races* |
| **All Open Range Employees** | 347 | 🔴 | | | |
| **Open Range Nurses Only** | 120 | | | | 🟢 |

**Key** 🟢 **Positive Statistical Significance**   🔴 **Negative Statistical Significance**

# Glossary of Terms

# Glossary of Pay Gap Terms

| Term | Definition | Use in Pay Equity Analysis |
|------|-----------|---------------------------|
| **Unadjusted / Raw Wage Gap** | Comparing average salaries without consideration of other variables. For example: average male employee pay vs. average female employee pay or average White employee pay vs. average BIPOC employee pay. | High level employee statistic that may help diagnose broader questions at MNHD around representation. |
| **Adjusted Wage Gap** | Comparing average salaries with consideration of other variables (e.g., geographic differentials). For example: removing geographic differentials from base salaries or analyzing wage comparisons at specific pay grades. | |
| **Pay Equity Analysis** | Comprehensive analysis that leverages data science to reveal data trends, identify outliers within a pay system, and analyze multiple compensable factors simultaneously (e.g., job family group, career band, job grade, location). This type of analysis compares employee pay for similar roles while acknowledging differences in employee pay based on legitimate factors to determine if statistically significant differences in pay are present and detect any unjustifiable pay differences. | Statistical analysis used to understand if MNHD employees are being compensated fairly for their job profile, time in role, time at the company, and experiences. |
| **Equal Pay** | Compensating employees who perform the similar work with a similar salary or wage rate, regardless of experience, skills, and / or training. This methodology is in line with the | Not applicable. |

# Director's Update to the Board of Health
## September 2023

## Protecting Health – Preventing the Spread of Infectious Disease

### Covid

We have recently seen a small uptick in the number of cases within Davidson County along with Tennessee and the US. There is expected to be an updated COVID booster available sometime in the next month. The CDC is expecting a moderate surge with a peak in late 2023 or early 2024.

With the introduction of the new booster, it is expected that the vaccine will no longer be free and instead will cost us in excess of $100/dose. The new booster will be covered for those under 18 by the Vaccine for Children Program but we have not heard if there will be any federal program(s) that will provide reduced or free COVID vaccine for adults.

### Flu

We are currently receiving our flu vaccine and we do have it available in our clinics. On November 1st MPHD, will be participating in the annual "Fight Flu TN" event. On that date and after we will be providing flu vaccines free as we have in the past. The CDC has predicted an early peak in flu this year with an average number of cases.

### RSV

The CDC doesn't have the same long-term data for RSV as it does for flu, but projects and average year for RSV. They did not have a prediction on when or if a peak would occur.

### Ryan White

You may remember that a year ago the state notified us the Ryan White Part B (RWPB) program would begin phasing out funding to the five agencies that provide HIV treatment and/or support services in the Ryan White Part A (RWPA) program in the Nashville-Davidson County Transitional Grant Area (TGA). The TGA consists of Davidson County and 12 surrounding counties. The first phase was to decrease funding to each agency by 10 percent in fiscal year 2023. The second phase was to have been a decrease by 90 percent in FY24.

Last week, the state health department notified us that the cut in funding to those agencies has been halted. TDH also assures us the RWPA AIDS Drug Assistance Program (ADAP) and the Insurance Assistance Program (IAP) will remain intact with no changes.

## Improving Health - Services to Individuals & Families

### Breast Cancer Awareness events in October

The Tennessee Breast and Cervical Screening team is working on several things to highlight breast cancer awareness in October. Below are some events they are working on (more details on time/place to come):

- "Día de la Mujer", The Hispanic Family Foundation's community women's health event 10/14
- Titans "Crucial Catch" home game (date TBD)
- Screening mammogram event co-hosted with the Breast Center at Nashville General Hospital 10/20
- Making Strides Against Breast Cancer walk 10/21
- Outlying clinic and Lentz events (aiming for 10/24, 10/25, and 10/26)

### WIC

WIC is setting up a Mother's Tent at the Nashville Fair, from Sept 8-17. There will be a private space to nurse, change a diaper, or just take a break. WIC is donating diapers, but also working with Nashville

Diaper Connection to provide free diapers and wipes.  Staff also will be providing information about WIC, breastfeeding, and other topics related to young children and infants.

**Creating Healthier Community Environments**

Kudos to our clinical services staff who have been busy with back-to-school vaccinations. From July 31 to August 25, dedicated as our "Back to School" time, Preventive Health staff provided 4,879 vaccines to children aged 18 and younger.

We continue to see comparable unique patient numbers over the last few years. (Note: we anticipate the increase in patients from year 2021 to 2022 to be related to multiple primary care provider options being closed during the pandemic.) Great work and thanks to the preventive health clinical staff.

| AGE_YEARS | Year 20-21 | Year 21-22 | Year 22-23 | Year 23-24 | Total |
|---|---|---|---|---|---|
| 0 | 304 | 253 | 94 | 114 | 765 |
| 1 | 244 | 211 | 177 | 191 | 823 |
| 2 | 115 | 126 | 138 | 74 | 453 |
| 3 | 98 | 157 | 143 | 128 | 526 |
| 4 | 334 | 420 | 334 | 383 | 1,471 |
| 5 | 540 | 643 | 404 | 380 | 1,967 |
| 6 | 76 | 282 | 159 | 195 | 712 |
| 7 | 68 | 154 | 112 | 238 | 572 |
| 8 | 58 | 164 | 112 | 155 | 489 |
| 9 | 85 | 111 | 83 | 171 | 450 |
| 10 | 68 | 138 | 115 | 138 | 459 |
| 11 | 404 | 404 | 362 | 373 | 1,543 |
| 12 | 1,041 | 1,260 | 1,047 | 837 | 4,185 |
| 13 | 188 | 325 | 255 | 261 | 1,029 |
| 14 | 144 | 360 | 187 | 241 | 932 |
| 15 | 104 | 300 | 215 | 145 | 764 |
| 16 | 215 | 375 | 397 | 260 | 1,247 |
| 17 | 142 | 482 | 411 | 289 | 1,324 |
| 18 | 141 | 168 | 134 | 121 | 564 |
|  | 4,369 | 6,333 | 4,879 | 4,694 | 20,275 |

**Infant Mortality Awareness**
September is Infant Mortality Awareness month. Locally, we focus on infant vitality. The Nashville Strong Babies team and partners will be hosting a community 1st Birthday Party to celebrate all the NSB babies who made to their first birthday and beyond. The celebration and education event is Saturday, October 7 at the Northwest YMCA from 9 a.m. to 2 p.m.

**Community Health Workers**
Two weeks ago (Aug. 28 – Sept. 1) was National Community Health Worker Awareness Week.  Our CHW Initiative, led by Chemyeeka Tumblin and Michaya Reeves, hosted a "Brunch and Learn" session with MPHD teams to learn more about the vital role of Community Health Workers and to introduce our new CHW team members to staff.

**Suicide Prevention Week**

The Behavioral Health and Wellness group is participating in multiple events in recognition of Suicide Prevention Week. See flyer of events below.

# NFHS Basic Data Matrix

08/01/2023 and 08/31/2023

| | Species | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | Canine | | | Canine Totals | Feline | | | Feline Totals | Totals |
| | Adult | Up to 5 Months | Unknown Age | | Adult | Up to 5 Months | Unknown Age | | |
| **Beginning Animal Count as of 08/01/2023** | 162 | 15 | 0 | **177** | 22 | 98 | 0 | **120** | **297** |
| **INTAKES** | | | | | | | | | |
| Stray/At Large | 243 | 40 | 19 | **302** | 40 | 102 | 0 | **142** | **444** |
| Transferred in from Municipal Shelter | 0 | 0 | 1 | **1** | 0 | 0 | 0 | **0** | **1** |
| Transferred in from Other Rescue Group | 0 | 0 | 0 | **0** | 0 | 0 | 0 | **0** | **0** |
| Owner Requested Euthanasia | 9 | 0 | 0 | **9** | 0 | 0 | 0 | **0** | **9** |
| Relinquished by Owner | 18 | 1 | 0 | **19** | 4 | 10 | 0 | **14** | **33** |
| Other Intakes | 14 | 0 | 10 | **24** | 4 | 1 | 0 | **5** | **29** |
| **Total Intakes** | **284** | **41** | **30** | **355** | **48** | **113** | **0** | **161** | **516** |
| **OUTCOMES** | | | | | | | | | |
| Adoptions | 78 | 26 | 0 | **104** | 21 | 68 | 0 | **89** | **193** |
| Returned to Home | 82 | 1 | 9 | **92** | 3 | 0 | 0 | **3** | **95** |
| Transferred to Rescue Group | 68 | 12 | 11 | **91** | 7 | 4 | 0 | **11** | **102** |
| Other Live Outcomes | 0 | 0 | 0 | **0** | 0 | 0 | 0 | **0** | **0** |
| Return to Field | **3** | **0** | **0** | **3** | 0 | 0 | **0** | **0** | **3** |
| **Total Live Outcomes** | **231** | **39** | **20** | **290** | **31** | **72** | **0** | **103** | **393** |
| Died in Care | 0 | 0 | 0 | **0** | 0 | 2 | 0 | **2** | **2** |
| Lost in Care | 0 | 1 | 0 | **1** | 0 | 0 | 0 | **0** | **1** |
| Euthanasia | 41 | 1 | 4 | **46** | 9 | 11 | 0 | **20** | **66** |
| Owner Requested Euthanasia | 9 | 0 | 0 | **9** | 0 | 0 | 0 | **0** | **9** |
| **Total Other Outcomes** | **50** | **2** | **4** | **56** | **9** | **13** | **0** | **22** | **78** |
| **Total Outcomes** | **281** | **41** | **24** | **346** | **40** | **85** | **0** | **125** | **471** |
| **Ending Animal Count as of 08/31/2023** | 166 | 14 | 6 | **186** | 35 | 121 | 0 | **156** | **342** |
| Save Rate | 85.09% | 95.12% | 86.67% | 86.42% | 81.25% | 88.50% | 0.00% | 86.34% | 86.39% |

| | | Species | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Canine | | | Canine Totals | Feline | | | Feline Totals | Totals |
| | | Adult | Up to 5 Months | Unknown Age | | Adult | Up to 5 Months | Unknown Age | | |
| | Beginning Animal Count as of 08/01/2023 | 0 | 0 | 0 | **0** | 0 | 0 | 0 | **0** | **0** |
| **I N T A K E S** | Stray/At Large | 0 | 0 | 0 | **0** | 0 | 1 | 0 | **1** | **1** |
| | Transferred in from Municipal Shelter | 0 | 0 | 0 | **0** | 0 | 0 | 0 | **0** | **0** |
| | Transferred in from Other Rescue Group | 0 | 0 | 0 | **0** | 0 | 0 | 0 | **0** | **0** |
| | Owner Requested Euthanasia | 0 | 0 | 0 | **0** | 0 | 0 | 0 | **0** | **0** |
| | Relinquished by Owner | 0 | 0 | 0 | **0** | 0 | 0 | 0 | **0** | **0** |
| | Other Intakes | 0 | 0 | 0 | **0** | 0 | 0 | 0 | **0** | **0** |
| | **Total Intakes** | **0** | **0** | **0** | **0** | **0** | **1** | **0** | **1** | **1** |

**Metro Public Health Dept**
N a s h v i l l e / D a v i d s o n   C o u n t y
**Protecting**, **Improving**, and **Sustaining** Health

| | |
|---|---|
| Position Title: Communicable Disease Investigator | Fair Labor Standards Act (FLSA):  Non-Exempt |
| Salary Grade: OR01 | Effective Date:  07/01/1993<br>Revision Date: 08/10/2023 |

## Position Objective:

Under general direction, performs surveillance and / or intervention activities involving communicable diseases; participates in community outreach; and performs related duties as required.

## Major Responsibilities:

- Conducts counseling and epidemiological investigations.
- Counsels patients on preventative measures, test results, program services, and procedural guidelines.
- Interviews patients for potential contacts to initiate partner notification and contact tracing through fieldwork.
- Reviews medical records of various health care facilities to abstract communicable disease data.
- Encourages and reinforces the specific health care plans initiated by medical professionals.
- Transports patients for testing and treatment as needed.
- Compiles and submits statistical and other related reports.
- Collects data, conducts statistical analyses, and enters data on surveillance activities.
- Completes State and Centers for Disease Control reports on all positive results.
- Creates computer databases.
- Promotes program objectives and services with various community groups.
- Prepares for and participates in health fairs.
- Organizes and conducts mass screenings in the field.
- Provides educational lectures to schools and various community groups.
- Performs testing procedures.
- Collects laboratory specimens.
- Performs skin testing.
- Performs chest x-rays.
- Performs general clerical duties.
- Records specimens in laboratory log.
- Tracks status of laboratory specimens.
- Provides back up for other general clerical duties.
- Attends conferences and in-services.
- Performs related duties as required.

## Supervision Exercised/Supervision Received

This classification may lead clerical support staff and assist in the training of a new Communicable Disease Investigator.
This classification reports to an immediate supervisor who reviews job duties and is consulted on unusual or complex matters.

**PERFORMANCE STANDARDS**

Knowledge of the laws, rules, and regulations applicable to public health agencies.
Knowledge of community organizations and resources applicable to program needs and objectives.
Skill in written and oral communication.
Ability to work independently.
Ability to interview, counsel, and communicate effectively with patients.
Ability to establish and maintain effective working relationships.

## Minimum Qualifications:

**EDUCATION AND EXPERIENCE**

Bachelor's degree in the Social Sciences, Public Health, or related field.

**LICENSURE**

Valid class "D" driver's license.

## Working Environment/Physical Demands:

The work is sedentary. Typically, the employee sits comfortably to do the work. However, there is some walking, standing, carrying of light items, or driving an automobile. No special physical demands are required to perform the work.

The work environment involves moderate risks or discomforts, which require special safety precautions, e.g., visiting residences in a high crime area, working under poor weather conditions, exposure to contagious diseases, etc. Employees may be required to use protective clothing or gear such as masks, coats, or gloves.

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

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

| Position Title: Records Management Analyst | Fair Labor Standards Act (FLSA): Non-Exempt |
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| Salary Grade: OR02 | Effective Date: 07/09/2002<br>Revision Date: 08/10/2023 |

## Position Objective:

Coordinates the acquisition, restoration, retrieval, scanning, indexing, storage, disposal, and purging of paper and electronic records, and documents for the Metro Public Health Department.

## Major Responsibilities:

- Researches, retrieves, and maintains records information requested from clinics and other internal customers.
- Tracks inventory by routinely scheduling visits to all locations where records are housed and maintained for retrieval and or destruction.
- Performs annual records purging project.
- Processes requests for destruction of inactive records in accordance with the State of Tennessee and Metro Government Archives Public Record Commission, by use of the Records Disposition Authorizations (RDA).
- Coordinates with contracted vendor for pick-up and final destruction of records.
- Obtains all required documentation to support a recommendation for the proper disposition of records.
- Performs scanning and indexing of birth, death, and other specified record types into the Questys System, and completes daily quality monitoring of all scanned and indexed documents.
- Provides professional and timely customer service to the public, both walk-ins and telephone customers, and directs them to appropriate service.
- Appropriately models and promotes the values of the Department in all interactions with other employees and with the public.

## Supervision Exercised/Supervision Received

Leads and/or trains clerical and administrative support personnel engaged in records management.
Works under the supervision of the Director of Medical/ Vital Records, Privacy Officer who defines overall objectives and priorities of the work and is consulted on unusual or complex matters.

**PERFORMANCE STANDARDS**

Thorough knowledge of local, state, and federal records management standards.

Knowledge of records scheduling and disposal procedures.
Knowledge of records center storage procedures.
Knowledge of standards for records transfer.
Knowledge of microfilming procedures.
Knowledge of forms management program.
Knowledge of file management.
Knowledge of electronic record keeping standards.
Demonstrated knowledge of Excel, Access, Questys System, and PTBMIS.
Excellent written and oral communication skills.
Demonstrated exceptional organizational skills.
Ability to coordinate multiple projects.
Ability to use various office equipment.

## Minimum Qualifications:

**EDUCATION AND EXPERIENCE**

Bachelor's degree in Records Management, Archives Management, Health Information Management, or a related field from an accredited college or university and three (3) to five (5) years' experience in Records Management, Archives Management, Health Information Management, or related field.  Two (2) years of supervisory experience preferred.

**LICENSURE**

Valid class "D" driver's license.
Association of Records Managers & Administrators (ARMA) and Certified Records Manager (CRM) certifications preferred.

## Working Environment/Physical Demands:

The work environment involves the everyday risks or discomforts associated with retrieving and re-filing records.  Normal safety precautions typical of records rooms, offices, meeting and training rooms, and transporting of records are required.  The work area is adequately lighted, heated, and ventilated.

This classification works primarily both within an office setting and a records room setting under generally favorable working conditions.  Work is not usually sedentary and involves lifting, bending, pulling, carrying boxes that weigh on average 35lbs or more.  Must have the physical capacity to bend and lift 35lbs.

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