Narrative – – SEPT 29 2020 – ORGANIZATIONAL REALIGNMENT

I arrived for my orientation meeting at the Lentz building at 10AM on Tuesday March 3rd, the morning of the devastating tornado. Many neighborhoods were destroyed and two local Nashville residents were killed. As I approached the front door that morning, I was greeted by a sign that said that the Health Department was closed for the day due to the tornado, understanding that only "essential" workers were needed the day of such an event. This was disappointing to me as I believe that the public health department is essential to emergency response, especially in weather-related emergencies.

I requested permission to be an observer at the Office of Emergency Management (OEM) and in their Emergency Operations Center (EOC). I was pleased to see that our Public Health Emergency Preparedness (PHEP) program was incorporated and actively working with other Metro partner agencies at the EOC. I observed how the Health Department had much potential to be a stronger, more cohesive partner with disaster response efforts.

Later that week and over the next weeks, the COVID crisis quickly emerged. At the end of my first week, recognizing the imminent vacancy of the Deputy Director position, I reached out to my longtime professional colleague, Dr. Stephanie Bailey. Dr. Bailey had previously served as Director of the Nashville Public Health Department, and then went on to serve at the highest levels of the CDC overseeing the linkages and policy development of all local and state health departments in the US. Dr. Bailey initially took a 6-month leave of absence from Meharry Medical College to assist the Department and me with my orientation, assuring the smooth operations of the Department and assisting with our response to COVID. Dr. Bailey has agreed to stay on an additional 18 months, for the balance of my initial contract. She will continue to serve as Deputy Director and Deputy Chief Medical Officer and will help to guide the Department and me through this organizational realignment, our upcoming 5-year Strategic Planning process, and our continued application for accreditation through the Public Health Accreditation Board (PHAB).

Over the last six months I have worked diligently to familiarize myself with the inner workings of our many programs and services while also spending time in response to the COVID crisis. I have visited all our locations and have met most of our regular staff as well as our temporary emergency staff. I have seen what is working well and what needs improvement. The Health Department has seemingly unlimited potential to be a stronger, more coordinated and more cohesive force among our many partners inside and outside of Metro and across the community as a whole.

Over the last three months, it became immediately apparent that we needed to reconstitute two units that had previously been fundamental centers of the Departmental operations, the **Strategic Planning, Performance & Evaluation (SPPE) Unit** and the **Epidemiology (EPI) Unit**. These previously strong and central units had become decentralized and had lost their focus of operations resulting in a disconnected and disorganized reporting structure. These two units are now coalescing back to their previous roles and their leadership is in place and starting to prepare the Department to chart our course forward. Dr. Celia Larson is heading the SPPE unit and Dr. Rand Carpenter begins October 5th to lead our EPI unit.

Public Health Emergency Preparedness has been central in our response to the tornado and with the COVID crisis in multiple dimensions. This program needs to be transformed into a stronger, broader, more 24/7 operating structure to better suit our central role with COVID response as well as to better partner with

other local and state emergency response partners. **Public Health Emergency Preparedness/Response (PHEP/R)** will be moved to allow a more direct report process with our overall administrative infrastructure functions. It will work more closely with our EPI unit and will be a major focus of attention for our Strategic Planning efforts in the development of the 2021-2026 Strategic Plan. Emergency Preparedness needs to be more interoperable and aligned with our entire Departmental programs, staff and infrastructure. We have placed a new placeholder, higher level leadership position for PHEP/R, that will be clarified with the finalization of our next Strategic Plan.

There will be a **new position of Assistant Director**. Katie Stone JD, is on temporary loan in a position from a partnership with the Sheriff's Office. The position will be created and defined with the assistance of the Sheriff, the Mayor's Office as well as upgrading an existing vacant position within the Health Department. This position will improve the coordination, collaboration, and effectiveness of the important administrative functions of Finance/Administration, Human Resources, Information Technology, Communications, Policy/Legislation, and will develop and incorporate Human Rights/Health Equity into all our programs and operations throughout the Department. Like Emergency Preparedness, Human Rights/Health Equity will be an important focus of our 2021-2026 Strategic Plan and will become more integral in all our Department's work. We will achieve enhanced interoperability success throughout the Department with this new design. Our administrative connectivity internally and externally is not being realized to its full potential under the current organizational structure.

Associate Medical Director, Dr. Gill Wright will oversee Population Health & Community Partnerships. This will, in part, encompass the work of the current bureau of Population Health with a focus on building and enhancing external partnerships. The Department has a leadership role as a convener of our community organizations and partners to lead strategic discussions around many public health issues. As the opioid crisis deepens, our role continues to grow and our voice for the community needs more recognizable focus and recognition. **Behavioral Health/Wellness** will be pulled out into a distinct unit with our expanding work. This unit will also strengthen our connectivity to reach vulnerable at-risk populations, including the Aging, the Disabled and our Veterans, all with a focus to connect more deeply with diverse racial, ethnic and multicultural populations. The Tobacco Use Prevention & Control Program will also be included within Behavioral Health. Finally, Dr. Wright will continue and enhance his responsibilities overseeing our Occupational Health/Wellness Program, Correctional Health Care, the Medical Examiner Program as well as to continue to lead and help to coordinate our COVID Response efforts.

Associate Medical Director, Dr. Joanna Shaw-KaiKai will oversee the constellation of our clinical services programs which will include the current Bureaus of Communicable Disease Control, Public Health Nursing, and Community Health. The clustering of these programs and services will enable more creative alliances and coordination with internal and external partnerships. It is important for our Department to be sensitive to the "patient journey" as they make their way to and through our many programs and services available to them across our Health Department as well as to be better strategically allied and coordinated with our community partner programs and agencies. Our 2021-2026 Strategic Plan will focus on our clinical services and our current and future potential connectivity with the larger community.

Mr. Hugh Atkins will continue as the Director of Environmental Health, and he will expand their role in our COVID monitoring and response efforts. The Technical Advisory Support Team on Reopening will continue to be developed and will evolve into a more strategic community integrative interface between community operations, events and public health education, guidance and oversight.

In the new organization, each of the currently existing bureaus, divisions, units and programs will continue to operate mostly as they currently do. There will be no significant downstream effects to the ongoing program operations and performance at the frontline employee level and no significant changes to how the community interfaces with our programs and staff. The proposed organizational realignment will enable the Director/Chief Medical Officer to manage in a more effective, timely, and responsive way than is currently possible. **The members of the Director's Cabinet** will be able to work more regularly, cohesively and in a more unified way which will streamline program operations, communications and decision-making effectiveness throughout the organization. It will be a more effective, responsive and communicative team that will be much more substantive and nimbler than the current organizational structure allows, and this will allow for much more effective utilization of time.

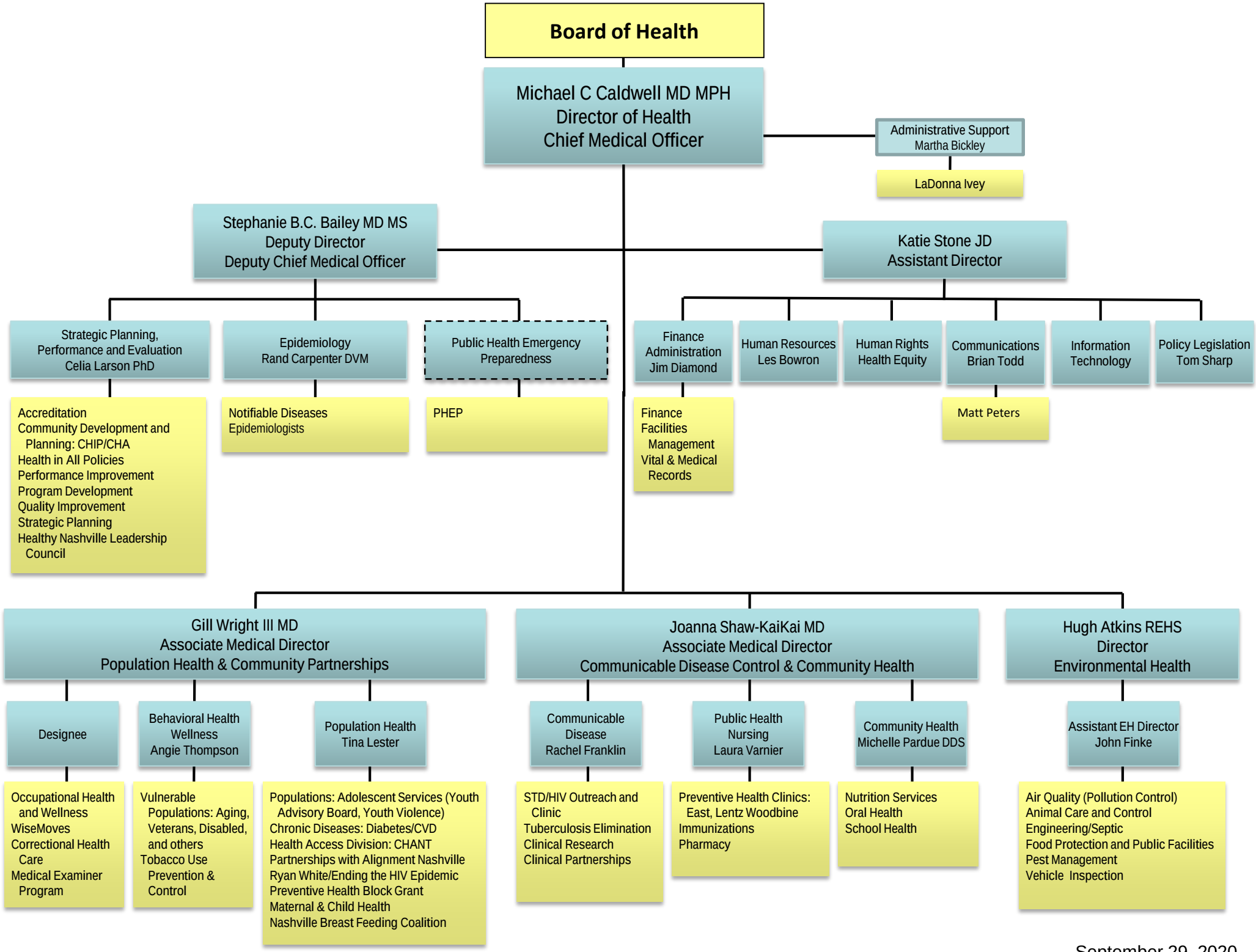
Realigning the Organization to enhance Infrastructure, Process, Coordination, Communication and Value

There are thirteen current direct reports to the Director/Chief Medical Officer of Public Health. The average number of direct reports to the other bureau and unit directors is between three and six. The new proposed Departmental Organizational Structure will have six direct reports (five plus one admin) to the Director/Chief Medical Officer.

There are several best practices which note that the ideal number of direct reports or span of control would be within this range. The National Incident Management System (NIMS) guidelines details that "the **span of control** of any individual with incident **management** supervisory responsibility should range from 3 to 7 subordinates, with 5 being optimal." *The proposed Public Health Departmental Organization will now have a Director's Cabinet composed of five direct reports plus administrative staff support.*

The Director's Cabinet will be a strategic alignment of all the operations of the Department in a more coordinated, cohesive and manageable structure. There will be improved and more timely communication, management, oversight and cross-coverage than can be achieved under the current structure. The Cabinet will facilitate more regular and coordinated communications with Senior Leaders, Supervisors, Program Managers and all frontline staff. This design will free up the Director to be more involved and integrated in more of the programs and services throughout the Department. This will allow for greater observations and will result in more detailed insights being shared with to the Cabinet for discussion, evaluation, and to determine strategic direction.

The Senior Leaders' Group will be composed of the 15-16 senior departmental leaders who will be reporting directly to the members of the **Director's Cabinet.** This will allow more coordination, collaboration, and effectiveness, resulting in improved interoperability. The Director will meet at least weekly with the Cabinet and at least biweekly with the Senior Leaders' Group. In addition, there will be a **Supervisors & Program Managers Group** which will meet at least quarterly with the Director.



September 29, 2020