

**Metropolitan Board of Health of Nashville and Davidson County  
January 14, 2021, Meeting Minutes**

Chair Alex Jahangir called the meeting to order at 4:00 p.m. The meeting was held electronically. A recording of the meeting was to be posted at <https://www.nashville.gov/Government/Boards-and-Committees/Committee-information/ID/76/Health-Board-of.aspx>.

**Present**

A. Alex Jahangir, MD, Chair  
Tené H. Franklin, MS, Vice-Chair  
Carol Etherington, RN, MSN, Member  
Thomas W. Campbell, MD, Member  
David A. Frederick, MS, Member  
Calvin M. Smith III, MD, Member  
Tina Lester, MSN, RN, Interim Chief Administrative Director of Health  
Gill C. Wright, III, MD, Interim Chief Medical Director of Health  
Jim Diamond, MBA, Director of Finance and Administration Bureau  
John Finke, PE, Director of Air Pollution Control Division  
D'Yuanna Allen-Robb, Director of Child and Adolescent Health  
Celia Larson, PhD, Director of Strategic Planning, Performance and Evaluation  
Derrick Smith, JD, Metropolitan Department of Law

**Motion to Approve Conducting Meeting by Electronic Means**

**Vice-Chair Franklin made a motion to approve conducting of the meeting by electronic means (Attachment I). Ms. Etherington seconded the motion, which passed unanimously.**

Chair Jahangir conducted votes taken during the meeting by roll call.

**Consideration of Extension of Public Health Emergency**

**Mr. Frederick made a motion to extend the current declaration of public health emergency to April 30, 2021. Ms. Etherington seconded the motion, which passed unanimously.**

**Approval of December 10, 2020, Regular Meeting Minutes and December 11, 2020, Retreat Minutes**

**Ms. Franklin made a motion to approve the December 10, 2020, regular meeting minutes, and the December 11, 2020, Retreat minutes, as distributed. Dr. Smith seconded the motion, which passed unanimously.**

**Air Pollution Permit Fees for Calendar Year 2020**

John Finke presented the Air Pollution Permit Fee Schedule for Calendar Year 2020 (Attachment II) and requested Board approval.

**Ms. Etherington made a motion to approve the Air Pollution Permit Fee Schedule for Calendar Year 2020 as presented. Vice-Chair Franklin seconded the motion, which passed unanimously.**

**Nashville Strong Babies Update**

D'Yuanna Allen-Robb presented an update on the Nashville Strong Babies program (Attachment III).

**Consideration of Organizational Chart**

Ms. Lester referred to a draft of the organizational chart. The item was deferred until hiring for the Health Equity and Innovation bureau has been completed.

### **Approval of Grant Applications**

There were no grant applications.

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

Jim Diamond presented three items:

**1. Immunization Services Grant Amendment from the Tennessee Department of Health**

Term: July 1, 2019-June 30, 2021

Amount: \$479,600

**2. Healthy Start Home Visiting Grant from the Tennessee Department of Health**

Term: July 1, 2018-September 30, 2021

Amount: \$17,500

**3. FDA Southeast Regional Seminar Grant**

Term: January 1, 2021-December 31, 2021

Amount: \$2,000

**Mr. Frederick made a motion to approve the grants and contracts. Ms. Etherington seconded the motion, which passed unanimously.**

### **Report of Interim Directors**

Ms. Lester and Dr. Wright referred to the update provided in the Board packet (Attachment IV).

Dr. Wright gave a brief update on the assessment center hours, which would be adjusted for safety of those staffing the centers during extreme weather, and vaccine distribution. He also thanked HCA for their assistance in vaccinating first responders.

Dr. Wright applauded the extraordinary efforts of Laura Varnier in organizing the vaccination clinics, and the staff who had been involved in all aspects of operating the events.

### **Report of Chair and Discussion**

Chair Jahangir thanked Ms. Lester and Dr. Wright for assuming the Interim Directorships, and thanked Department leadership and staff for their hard work to operate the COVID vaccination clinic events. He expressed great optimism at the city's and Department's COVID response.

### **Review of Board Requests**

There were no requests.

## **CIVIL SERVICE BOARD**

### **Personnel Changes**

Jim Diamond presented the December 2020 Personnel Changes, which were unremarkable.

### **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 11, 2021 in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville, TN, 37209, if social distance restrictions are not in place.

The meeting adjourned at approximately 5:15 p.m.

A. Alex Jahangir, MD, MMHC, FACS


Chair

MOTION TO APPROVE CONDUCTING MEETING BY ELECTRONIC MEANS

I move that the items on the meeting agenda constitute essential business of this Board, meeting electronically is necessary to protect the health, safety, and welfare of Tennesseans considering the COVID-19 outbreak, and any conflicting with the Governor's Executive Order permitting electronic meetings be suspended.

## MEMORANDUM

TO: Tina Lester, R.N.  
Dr. Gill Wright

FROM: John Finke 

DATE: January 5, 2021

SUBJECT: Air Pollution Permit Fees for Calendar Year 2020

Title V of the Clean Air Act requires an operating permit program for major air pollution sources. The Act requires that sufficient funds be collected from these sources to cover the cost of the program. The fee schedule outlined in Section 10.56.080, "Permit and Annual Emission Fees" of Chapter 10.56, "Air Pollution Control" of the Metropolitan Code of Laws and Regulation No. 13, "Part 70 Operating Permit Program" follows the Clean Air Act guidelines which require an annual fee of \$25.00 per ton of allowable emissions of all regulated air pollutants, except carbon monoxide. The fee is adjusted upward each year by the increase in the Consumer Price Index since 1989. This methodology would result in a fee of \$53.81 per ton for 2020. For the past twenty-five years, the Board of Health has granted a variance from the provisions of Section 10.56.080(E)(1)(e) of Chapter 10.56 to all permitted sources. In 2004, the Board established a flat annual emission fee of \$28.00 per ton of regulated air pollutants, except for carbon monoxide. The Board has voted to maintain that same fee schedule for the past sixteen years.

For Metro's FY 2021 budget, MPHD projected the need to collect revenues, for the Title V permitting program and the general air pollution fund, of \$225,000 and \$130,000, respectively. Maintaining the \$28.00 per ton fee is projected to result in the collection of \$236,180 and \$120,860.

In conclusion, I am requesting that this matter be placed on the January 14, 2021, Board of Health agenda and I am recommending that the Board grant a one year variance from the provisions of Section 10.56.080 of the Metropolitan Code of Laws for all sources located in Nashville, Davidson County, Tennessee, by establishing an annual emission fee of \$28.00 per ton of regulated air pollutants, except for carbon monoxide, for calendar year 2020.

cc: Hugh Atkins  
Dianne Harden

# Nashville Strong Babies

**Equitable Communities. Strong Families.  
From the Start.**

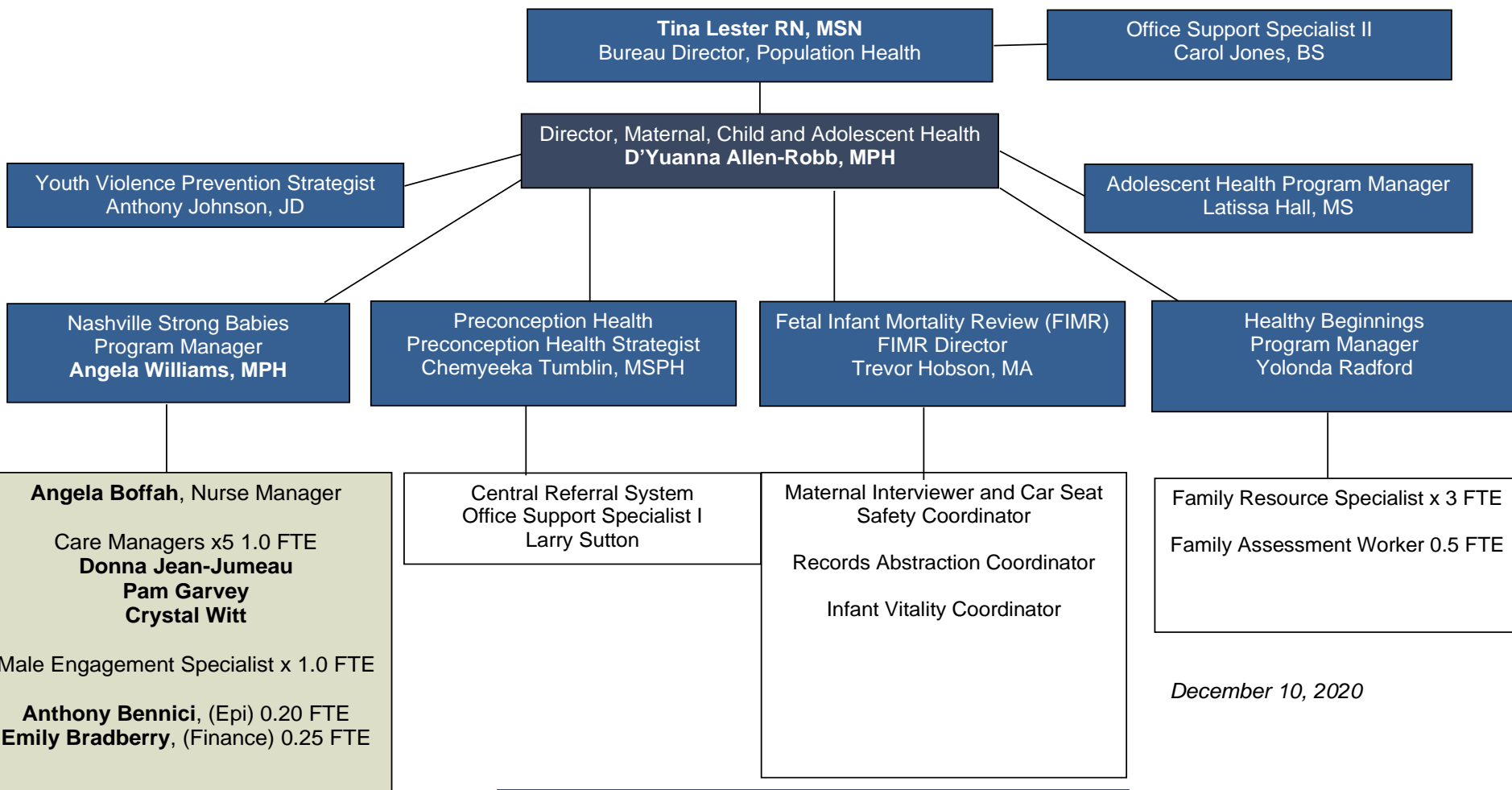
**Board of Health  
January 14, 2021**

D'Yuanna Allen-Robb, MPH  
Director, Maternal Child and Adolescent Health  
Metro Nashville Public Health Department  
Davidson County, Tennessee

# People: Maternal Child & Adolescent Health


## Maternal, Child, and Adolescent Health Division Organizational Chart

*Supporting families throughout their whole lives*



*December 10, 2020*

- 21 FTE (MSPH/MPH, JD, MA, RN, BS)
- \$7.0 million portfolio

A close-up photograph of a tree trunk with rough, textured bark and a prominent knot hole. The image is dark and moody, with the tree trunk occupying the left side of the frame. The bark is light-colored with dark, irregular patterns and a large, dark, circular knot hole. The right side of the image is a dark, solid background with white text.

***“Infant mortality  
is a community  
mirror, reflecting  
our collective  
capacity to  
promote and  
protect the health  
and well-being of  
our very youngest  
and most  
vulnerable.”***

(from City Lights, 9:2, p1)

# Nashville's Reflection: We All Lose...



42.9% decline in sleep-related deaths\*; **affordable housing driver**



3 kindergarten classes of babies die every year; **relatively no change since 2013; annual IMR 7.0/1,000**

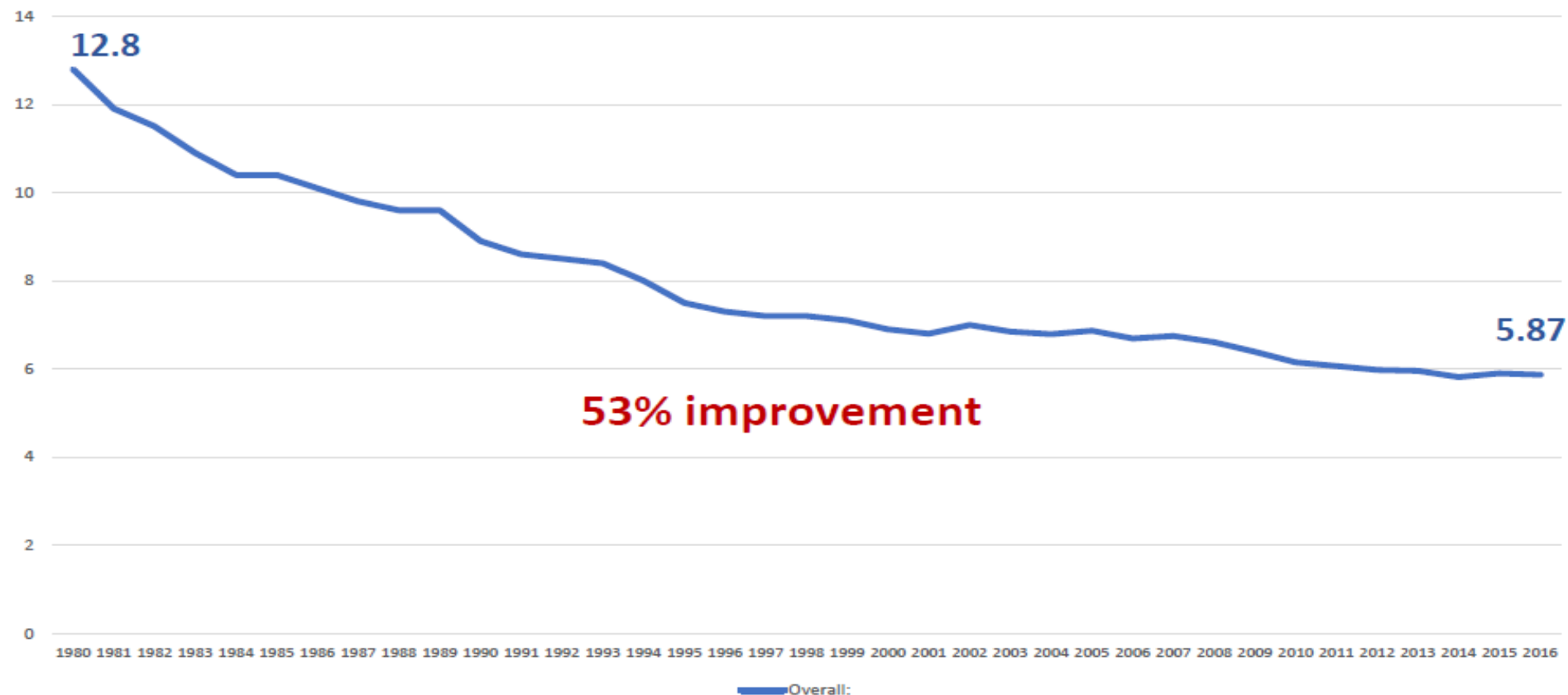
**D+** 1 out of 10 infants born too early (premature <37 wks. Gestation); **no change since 2014**



Average deaths due to prematurity was the **leading cause of infant death 2016 – 2018**, followed by congenital anomalies



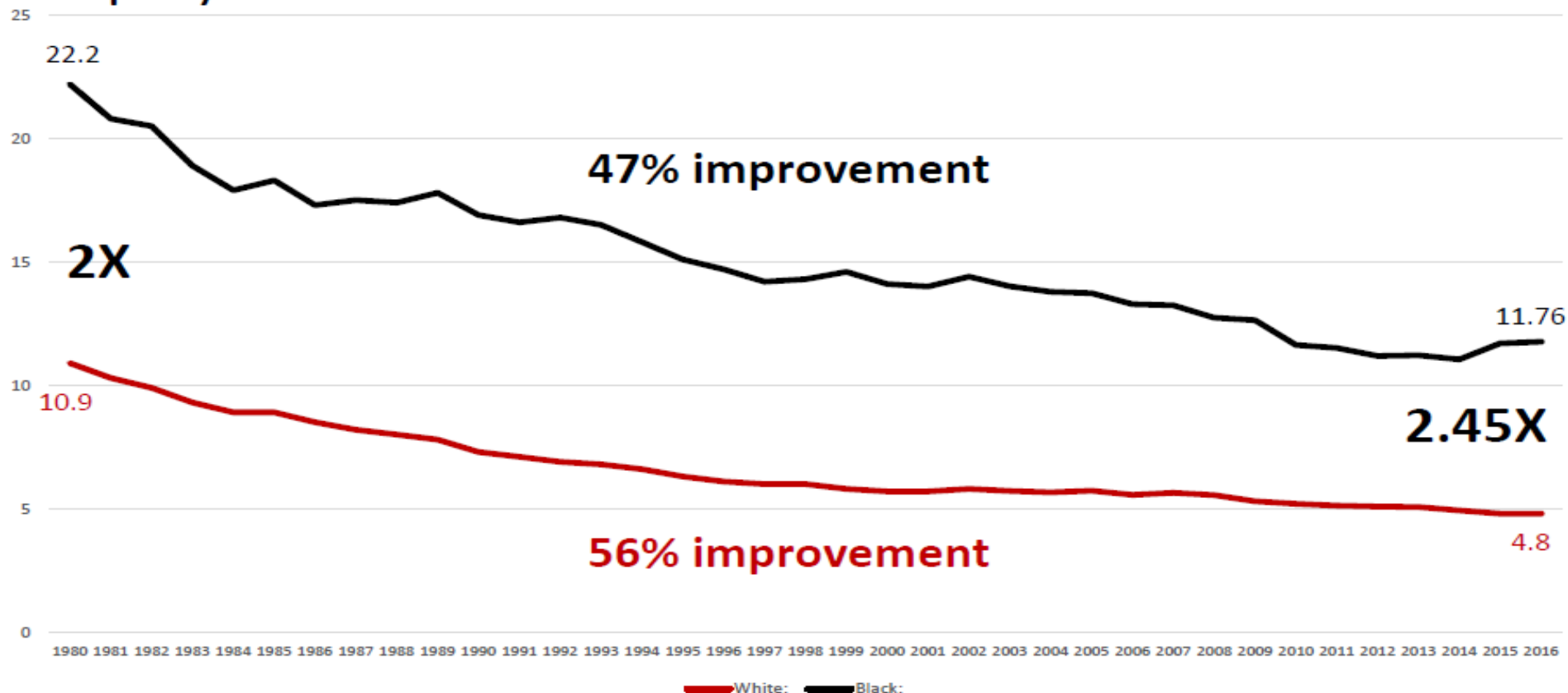
# Problem: 1980-2016: US Total IMR



# Problem: US IMR, 1980-2016: Race\*

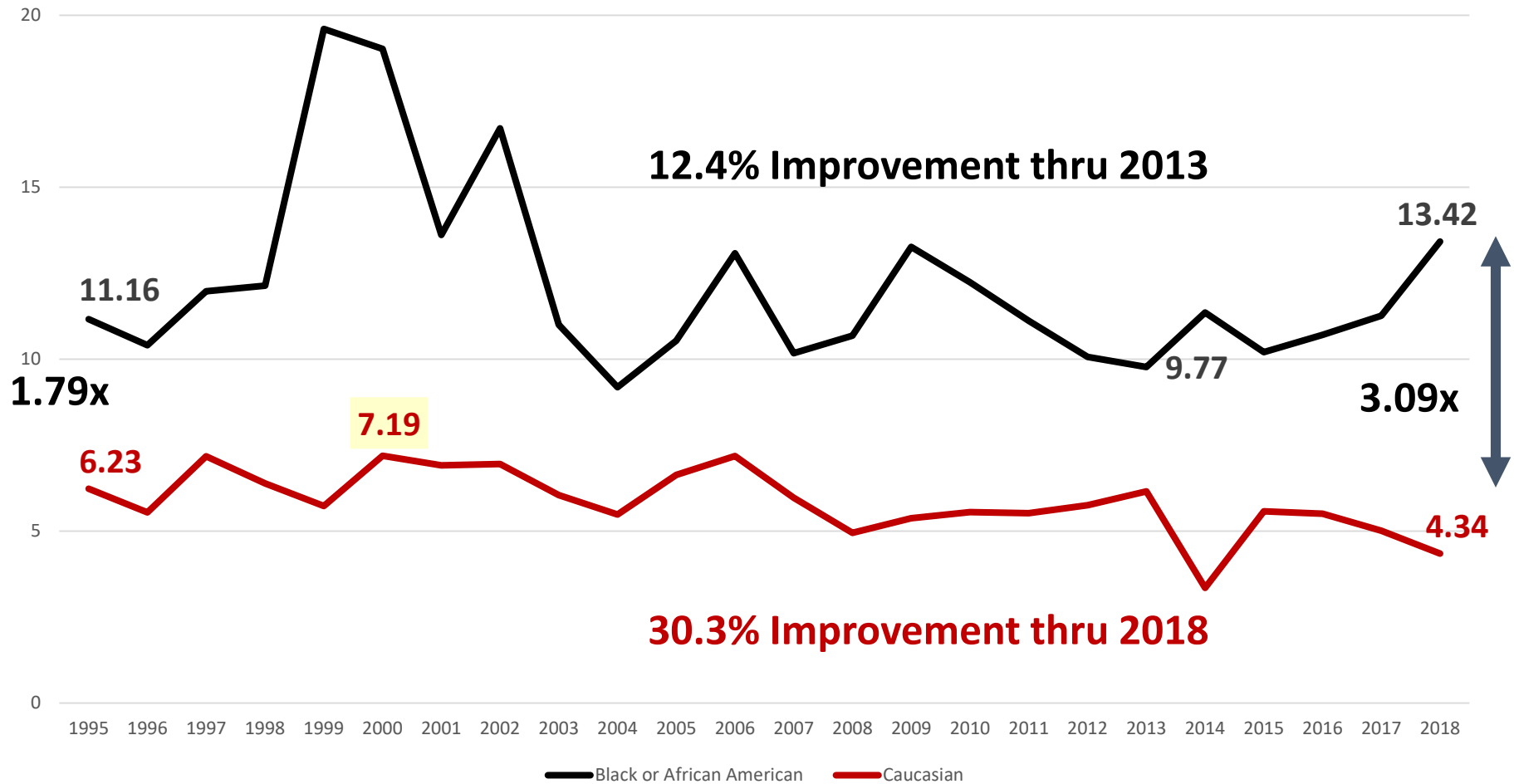
\*The intergenerational, generational, institutional lasting and current effects of race-based policy

## Disparity Ratio:



# Problem: Nashville IMR 1995-2018

The last year the C-IMR was comparable to the AA-IMR was **2000** @ 7.19. This pattern suggests a **13-year survival time-lag** if the AA rate wasn't steadily increasing. If this pattern persists, then it suggests AA babies in **Davidson County** will have to wait until the year **2032** to experience the same opportunity to celebrate their first birthday as Caucasian babies had in 2000...



# Problem: Gap(s) must be erased

## To eliminate the Disparity:

1. Improve AA-IMR @ faster pace than C-IMR;
2. Not compromise C-IMR



## To eliminate the Inequity caused by racism, we need to:

3. **Change our mental models**;
4. Create new conditions;
5. Replace deleterious race-based policies, practices, etc.

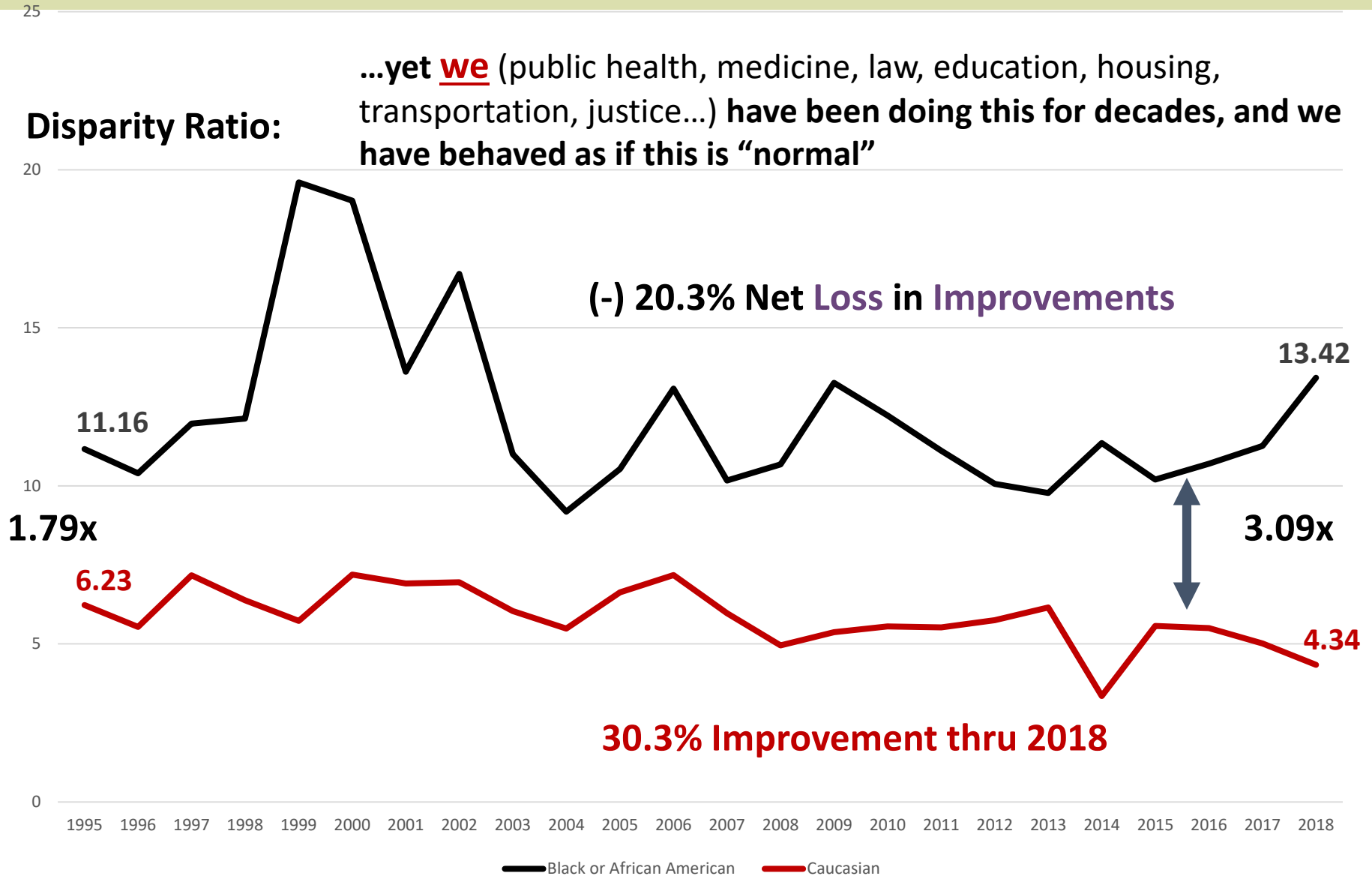
# Problem: Gap(s) must be erased

The thought of striving to improve the rate of survival for one group at a faster pace than for another group **BOTHERS** many people...they complain that doing so would be immoral, unfair, unjust...

# Problem: Nashville IMR 1995-2018

...yet **we** (public health, medicine, law, education, housing, transportation, justice...) have been doing this for decades, and we have behaved as if this is “normal”

**Disparity Ratio:**



# FULL STOP

- Actions have to **match** our “words” related to equity
- **Demand** differently of ourselves (institutions) and others (partner institutions)
- Dedicate resources (time, effort, funds, etc.) towards **closing the opportunity gap** while maintaining gains
- We are **accountable** to our customers, clients, community

# Process & Partners...

**2013-2015 Target Population Infant Deaths & Infant Mortality Rate (1,000 live births)**

7.1 IMR Davidson County

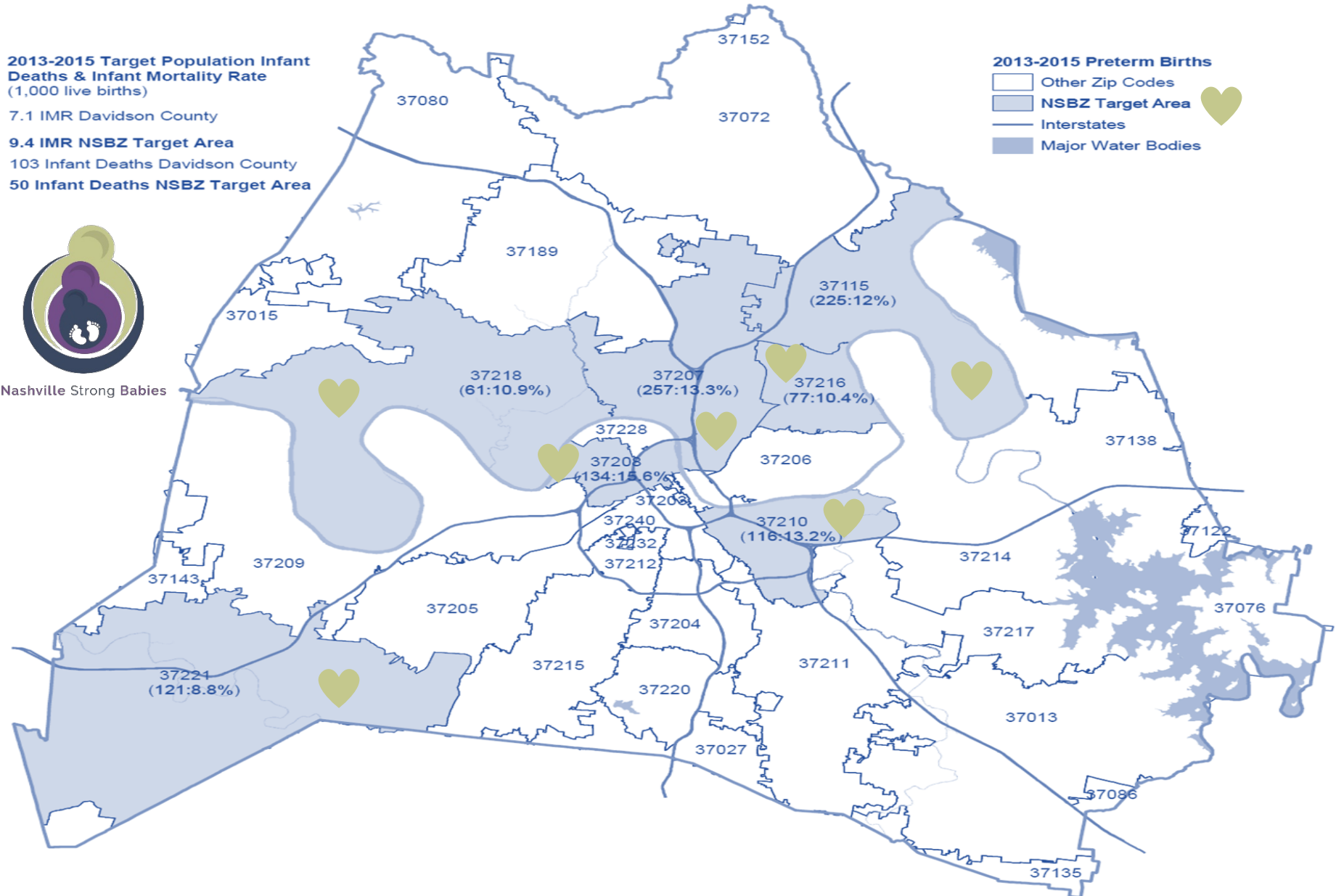
9.4 IMR NSBZ Target Area

103 Infant Deaths Davidson County

50 Infant Deaths NSBZ Target Area



Nashville Strong Babies





# Nashville Strong Babies

**STRONG BABIES.  
STRONG NASHVILLE.**



- Socio-ecological framework to support birthing people and families
- Partner with entities demonstrating equity approaches
- Use practice-based evidence & evidence-based practices
- Equity innovation lab
- <http://nashvillestrongbabies.org>

# Nashville Strong Babies: Innov♥tion

## Meharry Medical College



Group prenatal care benefits all pregnant women, (especially AA) to deliver healthy babies

Group pediatric care benefits all babies and families (especially AA) to remain strong and healthy

Telemedicine visits and health coaching

## New Life Center



Parenting, relationship, employment, health care management, etc.



# Nashville Strong Babies: Innov♥tion

## Homeland Heart Birth and Wellness Collective



Complimentary doula support services (prenatal, L&D and 6 months postpartum)

Complimentary lactation support services

## SurgPrep



Perinatal medical devices (breast-pumps and supplies, compression hoses, etc.)

## Be a Helping Hand



Awarded Barnes Funds (2019) to build family housing for enrolled families; Spring 2021



# Nashville Strong Babies: Transform♥tion



Enrolled NSB families are **prioritized** for available **affordable family housing units** through use of the Barnes Funds - for pregnant and recently delivered families



Working with institutions/perinatal systems to support African American birthing people and families in the provision of services that are **culturally responsive** and **unbiased**



Developing a **Community Transformation Network** to support families: childcare, transportation, employment, etc.





Nashville Strong Babies

Jan. 1, 2020 to Oct. 31, 2020...

233 participants served

## Nashville Strong Babies: C♥re Management

- ♥ Educate prenatal moms starting in 3<sup>rd</sup> trimester about the benefits of breastfeeding (PHB)
- ♥ Connect moms to **SurgPrep** for breast pump and supplies
- ♥ Refer moms to **Homeland Heart** for doula support
- ♥ Connect moms to **WIC** for lactation counseling
- ♥ **Encourage** mom and dad through the **New Life Center!!!**
- ♥ **Celebrate** mom and dad!!! (August: Breastfeeding Awareness Month; Black Breastfeeding Week)
- ♥ **Support** medical care at **Meharry** and **Nashville General Hospital** and reinforcement of supportive community...

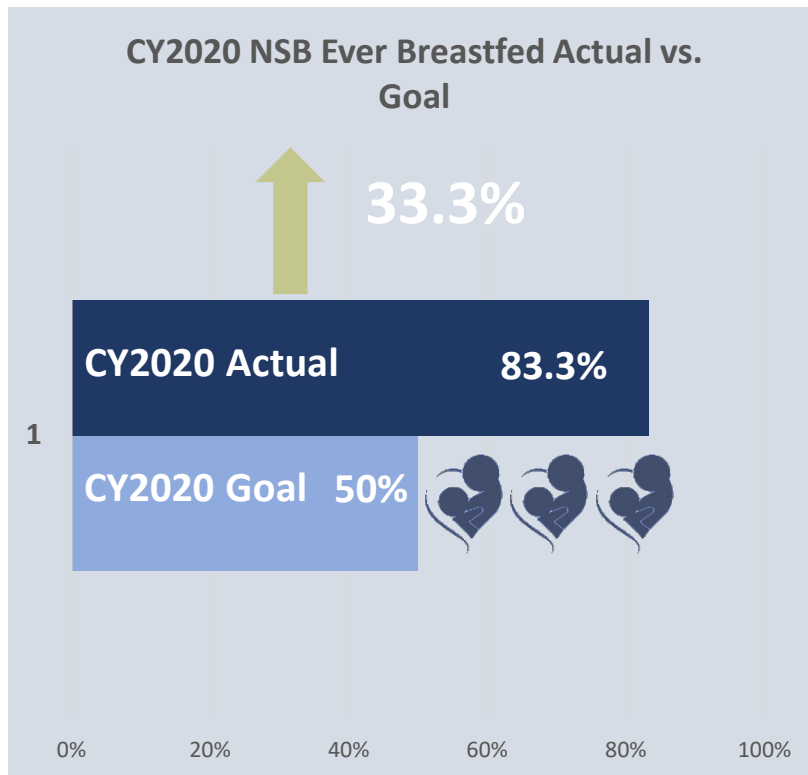


Nashville Strong Babies

# Jan. 1, 2020 to Oct. 31, 2020... Enrolled infants < 12 months of age

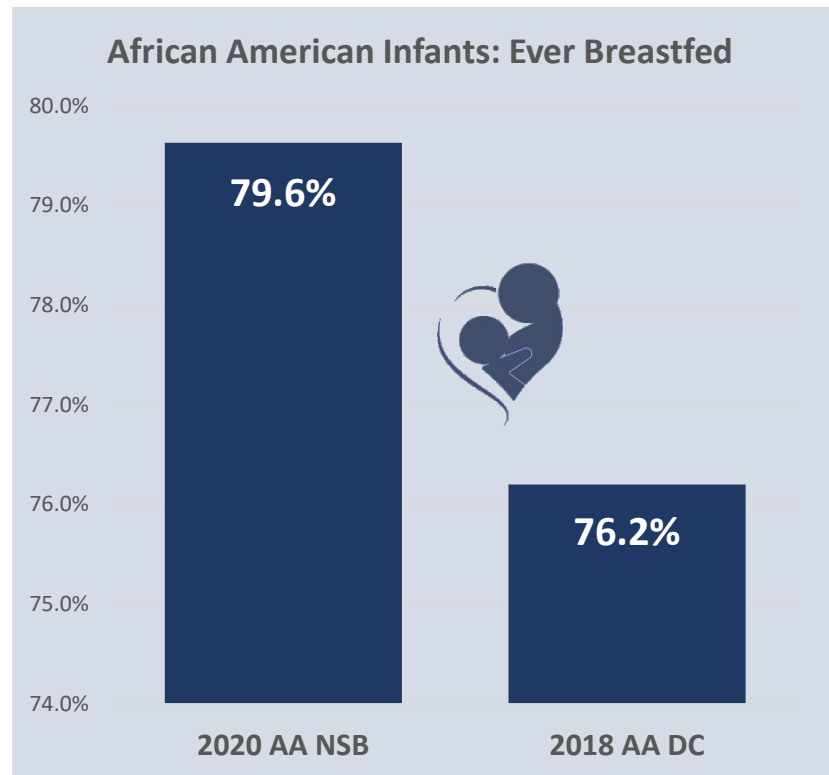
## Performance Indicator Example

NSB Infants whose parents enrolled prenatally or at the time of delivery who were ever breastfed.



Source: NSB 2020 Program Data; Self-report ever breastfed, HRSA Parent-Child Form.

African American NSB infants ever breastfed compared with African American Davidson County infants every breastfed.



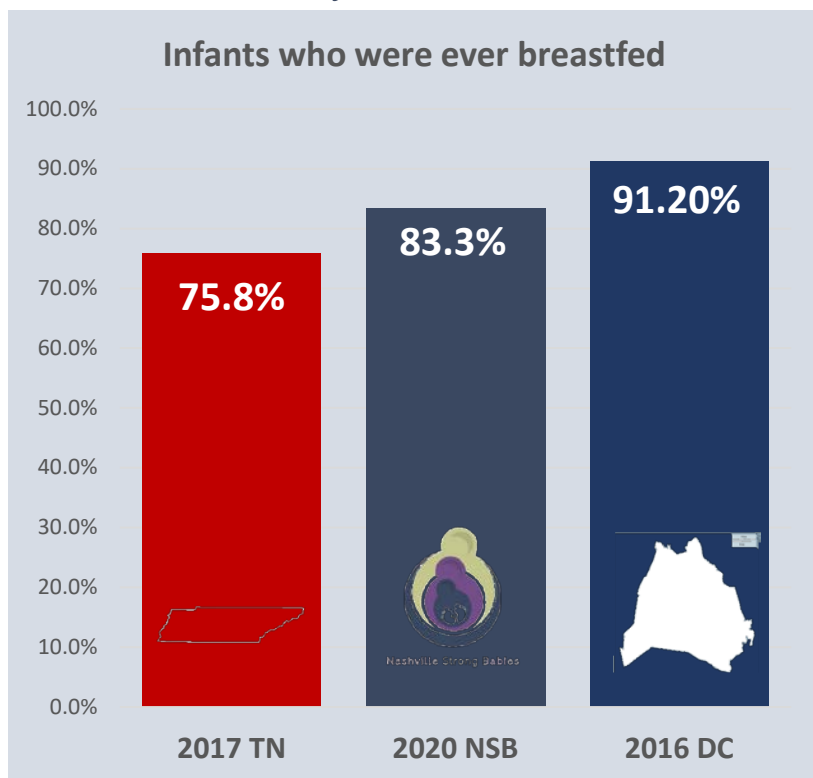
Sources: 1). NSB 2020 Program Data; HRSA Parent-Child Form. 2). Tennessee Department of Health, Office of Vital Records & Statistics; Hospital discharge, 2018. Last Accessed 1.7.2021.



Nashville Strong Babies

# Jan. 1, 2020 to Oct. 31, 2020... Performance In Equity (PIE) Indicator(s)

**Infants who were ever breastfed:**  
Tennessee, Nashville Strong Babies and Davidson County.



**PIE Dashboard:** Infants who ever breastfed.  
a). Movement within African American group;  
b). Movement towards equity

Ever Breastfed	a). In-Group Difference	b). Population Difference
% Difference	+3.4%	9.1%
Indicator Movement	↑	→
	Increase in indicator <b>within</b> African American population	Approaching(closing the gap) county population indicator <b>equity</b>

Sources: 1). Tennessee Department of Health; Office of Vital Records & Statistics; Prepared June 2018. Last Accessed 1.7.2021.  
2). NSB 2020 Program Data; HRSA Parent-Child Form.

\*Data Note: Data slides to be updated when comparable data years for state, county and program comparison are available.

# Plans and Petition

*If nothing stood in your way, what would you do?*

- Universal home-visiting/care coordination referral to the Central Referral System
  - **Rationale: HV improves outcomes;** Shift from “risk-based” to “health benefit”
  - “Opt-out” process for every clinical service (WIC, Dental, etc.)
  - MPHD Services: Sexual health clinic, Presumptive Eligibility
  - ***On-board at least 3 more OB providers for universal referral***
- The Magnolia Mother’s Trust Project (Jackson, MS)
  - CEO Aisha Nyandoro at [TEDx Jackson 2019](#);
  - Universal basic income; no “strings attached”
  - Honor people’s dignity





# New Narrative: Infant Vitality Is...

*“our community **North Star**, demonstrating our collective capacity to promote and protect the health and well-being of our very youngest and most vulnerable through equity.”*

Multi-factorial. Rates reflect a society’s commitment to the provision of:

- **High quality** health care and **public health**
- Adequate food and good nutrition
- \*Safe, stable, **affordable** housing
- A healthy psychological and physical environment
- \***Equitable wealth building opportunities**

“Our ability to **have thriving infants is** a barometer of Metro Nashville’s commitment to the health and well-being of all women children and families.”



# Action Accepted

D'Yuanna Allen-Robb, MPH  
Director, Maternal Child and Adolescent Health  
[dyuanna.allen-robb@nashville.gov](mailto:dyuanna.allen-robb@nashville.gov)

## Director's Update to the Board of Health January, 2021

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

#### COVID

##### Vaccinations

We gave 759 vaccinations in the first four days of last week at the CORE site, and an additional 195 the first two days of the week at two Department of Intellectual and Developmental Disabilities (DIDDs) sites in the county. We had our first clinic for those 75 years old and older at Lentz on Saturday and Sunday, and an additional on-site clinic for adults with disabilities who live at home, as well as their caretakers. (Verbal update on later numbers)

##### Orders

The current order was finalized and went into effect on New Year's Eve. It maintains the status quo from the month of December, essentially, with minor tweaks to account for the resumption of NHL games in Bridgestone Arena, and to homogenize the allowable party size at tables between the two geographic areas specified in Order 10 and the rest of the country. It is set to expire at the end of January.

As you know the Order currently requires any gathering of more than eight individuals to file an application with us. Since this process began in September, Chris Michie and his team have processed more than a thousand of these requests.

##### Testing

##### School Health

School Health has hired 43 agency nurses, and six more were scheduled to start on Monday. We currently have only 22 schools that are sharing a nurse with another school. We held a job fair on January 7<sup>th</sup> and hope to fill more positions as a result. MNPS is conducting classes virtually until at least the Martin Luther King holiday.

##### Outreach

Today we met with community partners to further plans to educate vulnerable populations, including communities of color, about COVID-19 vaccines.

### Improving Health – Access & Care Coordination

#### Enrollment

Open enrollment period for the Affordable Care Act this year was Nov. 1 through Dec. 15, or six weeks. Previous enrollment periods were twice as long. Even so, preliminary data from the Centers for Medicare and Medicaid Services (CMS) show that 8.2 million people selected plans during this enrollment period, which is nearly as high as the previous year's enrollment of 8.3 million. Year-over-year trends show plan selections this year increased by 6.6% from 2020, 6.3% from 2019, and 2.2 from 2018.

In Tennessee, preliminary data show there were 211,474 cumulative independent applications and plan selections made through the Marketplace during open enrollment. Metro Health Department has participated in ACA enrollment annually since the launch of ACA by housing volunteer enrollment assisters to enroll participants through the HealthCare.gov marketplace. Because of the coronavirus pandemic,

enrollment was done by phone and electronically this year. Our volunteers facilitated 192 enrollments during this period; 125 in ACA plans and 67 in TennCare/CoverKids.

## **Improving Health – Community Partnerships**

### **Organizational Updates**

#### **Strategic Planning and Accreditation**

Although we experienced an unanticipated delay in our strategic planning process, we are midway in the five phases to completion. We have used a participatory process for decision-making by establishing a core team of over 30 diverse staff from different bureaus, work locations, and tenures of employment with MPHD to lead the development of the plan, and are gathering input from all staff at various points throughout the process. Currently, we are progressing on updating the Vision, Mission and Values where the Mission statement is finalized, and we are working to finalize the Vision statement by gathering input from all staff. In addition, we have identified the Values and a team of staff members are working to create the Values statements. We are working to complete the strategic issues and establish the goals based on the SWOT analysis and prioritization throughout January and February. It is anticipated the Strategic Plan will be completed in April 2021.

The Accreditation work is on track. Of the 11 measures that were reopened for revision or additions, we have identified needed documentation for nine measures and currently are gathering or developing the necessary documentation. We are continuing to explore our documentation options for two measures. It is anticipated that we will submit the requested revisions prior to the August 2021 deadline with a goal of submitting by the end of June.

#### **Data Sharing Test**

Audit reports from by the police (MNPd) and emergency communications (ECD) departments regarding use of the COVID positive data-sharing mechanism are shared on a monthly basis with MPHD. For ECD, the system was fully implemented on December 1, with automatic queries for all 911 and nonemergency calls. During the testing phase Nov. 13-16, there were 10,536 queries, with COVID positive locations identified in 339. For a variety of reasons, in some situations repeat queries were made for the same address at the same time, sometimes due to multiple calls for the same event or the need to verify results. After eliminating duplications there were 6,630 unique queries, with 151 unique COVID positive locations. In December, the automated dispatch system queried the database 90,369 times. This resulted in identification of 4,434 COVID health risk notifications. When duplicates are removed, there were 61,035 unique queries with 2,301 positive results.

MNPd audited the first 18 days of official sharing (Nov. 13-30). These queries are performed by the officer when needing to transport someone to booking, medical facility, mental health facility, and so forth. There were 13 practice queries the first two days, and two instances of officers running queries outside of agreed purposes. Both instances are being investigated and likely will result in official reprimand. Only two other queries were run, both prior to transport for booking, and neither resulted in a COVID positive response. MNPd also provided MPHD with examples of training materials and department-wide communication that resulted from the two instances of misuse. A December update is pending.

# Update: Drug Overdose Epidemic in Davidson County, TN January 2021



## I. Data

### Suspected Fatal Drug Overdoses

- In 2020, there were 611 suspected overdose deaths making it the deadliest year on record.
- Compared to 2019, fatal drug overdoses have increased by 31%.
- Fentanyl is the primary driver for increase and is present in 75% of toxicology reports this year.

### Nonfatal Drug Overdose Emergency Department (ED) Visits

- Compared to 2019, nonfatal drug overdose ED visits have increased by 29%.

### Suspected Drug Overdoses Requiring EMS Response

- Compared to 2019, suspected drug overdoses have increased by 35%; the average administrations of naloxone treated by EMS is 2.3 per patient.

## II. Interventions/Activities/Collaborations

### Grants

- U.S. DOJ Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) Grant
- TDH-CDC High Impact Area (HIA) Grant

### Overdose Fatality Review (OFR) Panel

- Establishing OFR panel members and planning inaugural meeting.

### 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).

### Regional Stakeholder Group

- Currently assembling group; will include partners from surrounding counties.

### Acute Overdose Response Plan

- Davidson County plan operational since July 2020.

### Overdose Surveillance & Reporting

- Conducting routine surveillance and reporting activities; geographic scope has expanded to include Cheatham, Davidson, Montgomery, Rutherford, and Wilson.

### Nashville Fire Department Post-Overdose Follow-Up

- Implementation began in early January 2021.

### Substance Use Linkage

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

### Overdose Detection Mapping Application Program (ODMAP)

- Operational since July 2020 in Davidson County; planning to implement in surrounding counties (Cheatham, Montgomery, Rutherford, and Wilson).

### Data-to-Action with Local Prevention Partners

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

## Fatal and Nonfatal Drug Overdoses, 2019-2020 (Last 6 Months)

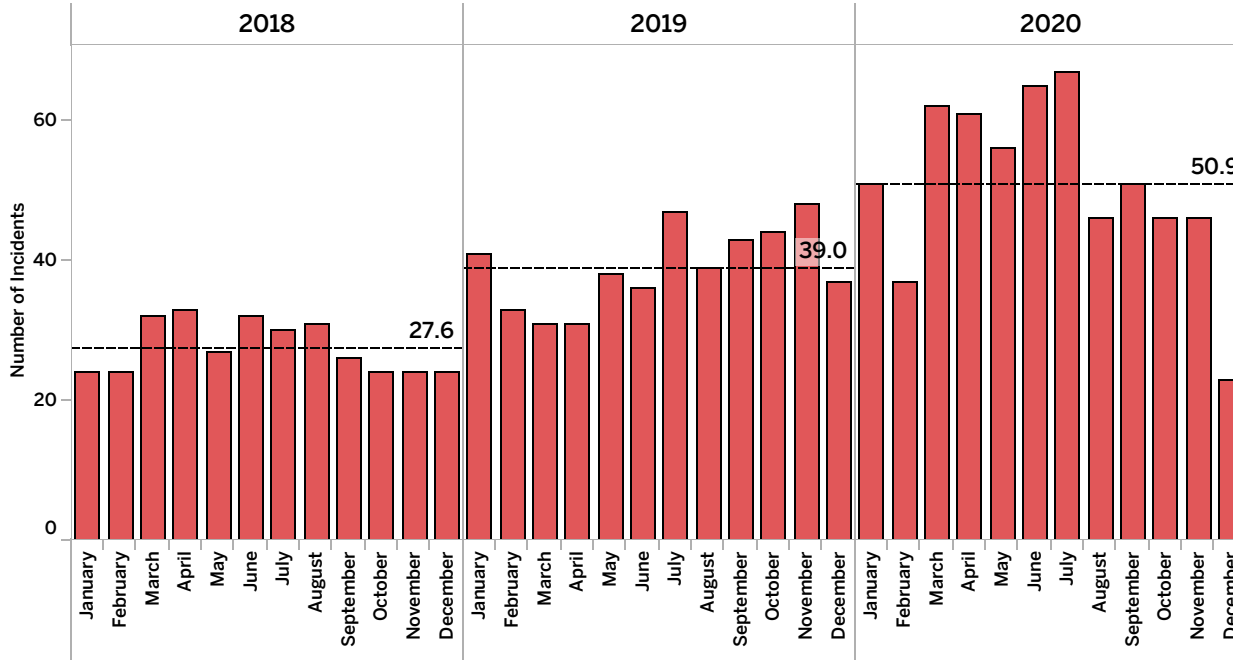
Annual counts represent incidents that occurred between January 1 and December 31 in each respective year.

	2019		2020		
	Number of Records	% Difference from Previous Year	Number of Records	% Difference from Previous Year	
<b>Nonfatal Drug OD ED Visit</b>	July	206	71.7%	258	25.2%
	August	158	37.4%	199	25.9%
	September	176	198.3%	199	13.1%
	October	156	95.0%	210	34.6%
	November	168	52.7%	196	16.7%
	December	153	45.7%	185	20.9%
	<b>YTD Total</b>	<b>1,980</b>	<b>58.0%</b>	<b>2,561</b>	<b>29.3%</b>
<b>Suspected Drug OD Requiring EMS Response</b>	July	378	1.9%	569	50.5%
	August	317	-8.4%	471	48.6%
	September	410	31.8%	534	30.2%
	October	402	30.5%	490	21.9%
	November	398	24.0%	457	14.8%
	December	378	33.6%	393	4.0%
	<b>YTD Total</b>	<b>4,427</b>	<b>13.4%</b>	<b>5,958</b>	<b>34.6%</b>
<b>Suspected Fatal Drug OD</b>	July	47	56.7%	67	42.6%
	August	39	25.8%	46	17.9%
	September	43	65.4%	51	18.6%
	October	44	83.3%	46	4.5%
	November	48	100.0%	46	-4.2%
	December	37	54.2%	23	-37.8%
	<b>YTD Total</b>	<b>468</b>	<b>41.4%</b>	<b>611</b>	<b>30.6%</b>

# Update: Drug Overdose Epidemic in Davidson County, TN January 2021



Suspected Fatal Drug Overdoses with Monthly Average, 2018-Present

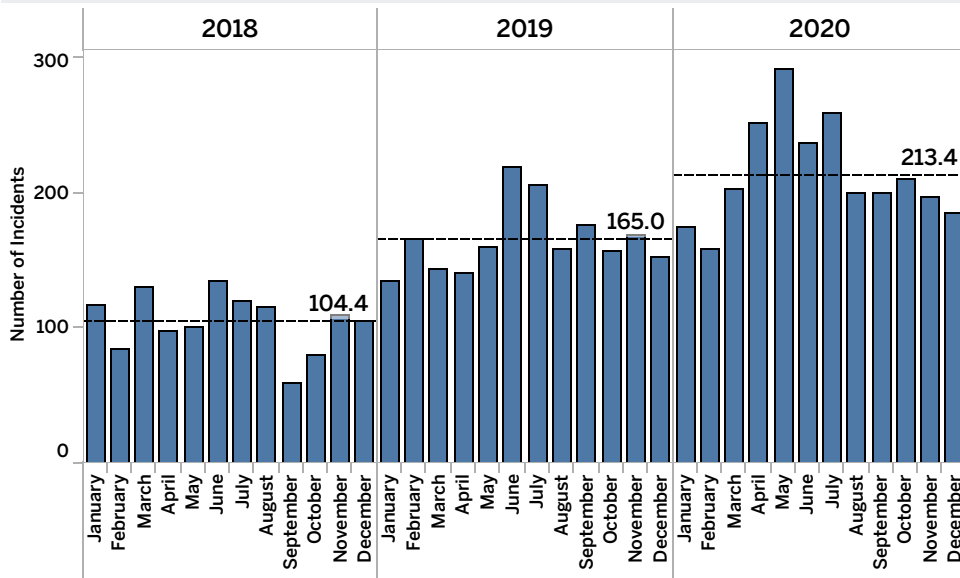


Suspected Fatal Drug Overdoses by Presence of Fentanyl in Toxicology Report January 2019-September 2020

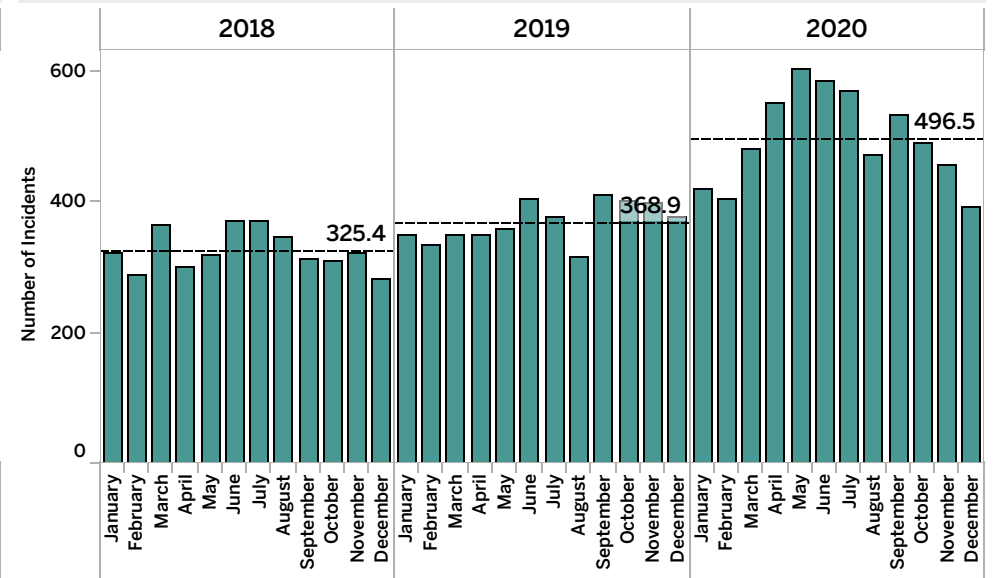
	Presence of Fentanyl		
	Detected	Not Detected	
2019	Q1	57.1%	42.9%
	Q2	70.5%	29.5%
	Q3	65.1%	34.9%
	Q4	59.7%	40.3%
	<b>Total</b>	<b>63.0%</b>	<b>37.0%</b>
2020	Q1	74.0%	26.0%
	Q2	81.3%	18.7%
	Q3	68.9%	31.1%
	<b>Total</b>	<b>75.0%</b>	<b>25.0%</b>

Note: Data obtained from toxicology reports (including drug type) for deaths that occurred over the last several weeks (November-December) are still incomplete and will be updated in subsequent reports.

Nonfatal Drug Overdose ED Visits with Monthly Average, 2018-Present



Suspected Drug Overdoses Requiring EMS Response with Monthly Average, 2018-Present



## Update: Drug Overdose Epidemic in Davidson County, TN January 2021



If you have any questions, please contact:

### **Trevor Henderson | Director**

Opioid/Overdose Response & Reduction Program  
Metro Public Health Department of Nashville/Davidson County  
Email: [trevor.henderson@nashville.gov](mailto:trevor.henderson@nashville.gov)  
Phone: 615-340-0392

### **Bridget Del Boccio | Coordinator**

Opioid/Overdose Response & Reduction Program  
Metro Public Health Department of Nashville/Davidson County  
Email: [bridget.delboccio@nashville.gov](mailto:bridget.delboccio@nashville.gov)  
Phone: 615-340-8614

### **Josh Love, MPH | Epidemiologist**

Opioid/Overdose Response & Reduction Program  
Metro Public Health Department of Nashville/Davidson County  
Email: [josh.love@nashville.gov](mailto:josh.love@nashville.gov)  
Phone: 615-210-2171

### **MPHD Website – Drug Overdose Information**

<https://www.nashville.gov/Health-Department/Drug-Overdose-Information.aspx>

### **Data Sources**

#### **Suspected Fatal Drug Overdoses**

Davidson County Medical Examiner

#### **Nonfatal Drug Overdose ED Visits**

ESSENCE-TN

#### **Suspected Drug Overdoses Requiring EMS Response**

Nashville Fire Department EMS

### **Note**

Data presented in this report were extracted on January 6, 2021 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-December 2020 are not yet finalized.

**\*\*If you have information on unusual overdose activity, please contact the Opioid/Overdose Response & Reduction Program\*\***

**[Opioid.Response@nashville.gov](mailto:Opioid.Response@nashville.gov) | 615-340-0498**

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

**IMPORTANT NOTES FOR THE BASIC DATA MATRIX**

**Introduction to the Basic Matrix:**

This basic matrix was designed to serve as a tool for basic data collection. It is a simple matrix containing what many (including Asilomar, ASPCA, National Federation, American Humane, UC Davis, Maddies Fund, PetSmart Charities and HSUS) have agreed are the minimum data points (along with definitions) an organization should gather. Whether organizations already gather a great deal of data or have only gathered the basics, this matrix should facilitate the roll up or merging of data at the local, regional or national level by providing a common framework. This matrix does not reflect any preference in data analysis or the calculation of rates but is rather simply a tool for data collection.

**Tracking by Species and Age:**

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

**Determining Age:**

This basic matrix utilizes 5 months as the break point between puppy/kitten and adult. At or near 5 months of age there are changes in the teeth which can help guide trained staff regarding proper categorization of the animal. For cats, at 4-5 months of age permanent canines, premolars and molars are coming in (all in by 6 months of age). For dogs, at 5-7 months of age permanent canines, premolars and molars are coming in (all in by 7 months of age). Source: "How to . . . series" from Animal Sheltering, [http://www.animalsheltering.org/resources/magazine/may\\_jun\\_1996/how-to-determine-a-dog-or.pdf](http://www.animalsheltering.org/resources/magazine/may_jun_1996/how-to-determine-a-dog-or.pdf) or contact the National Federation of Humane Societies for a copy of the document.

**Beginning and Ending Shelter Counts:**

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

**Defining Owner Requested Euthanasia:**

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

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

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

**Live Admissions Only**

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

**What is Possession?**

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

**Where are the "Others"?**

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

**Why a Basic Matrix?**

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



**NATIONAL FEDERATION OF HUMANE SOCIETIES**  
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Species By Age	Canine		Feline		Total
	Adult	Up to 5 months	Adult	Up to 5 months	
Beginning Animal Count (date:12/01/2020)	121	8	52	36	217
<b>Intake</b>					
Stray at large	138	17	12	12	179
Relinquished by owner	21	1	5	1	28
Owner requested euthanasia	1	0	1	0	2
Transferred in from agency	0	0	0	0	0
Other Intakes	16	0	10	0	26
<b>TOTAL INTAKE</b>	<b>176</b>	<b>18</b>	<b>28</b>	<b>13</b>	<b>235</b>
<b>Outcomes</b>					
Adoption	40	0	16	1	57
Returned to owner	74	0	4	0	78
Transferred to another agency	64	17	7	9	97
Other live Outcome	0	0	0	0	0
<b>TOTAL LIVE OUTCOMES</b>	<b>178</b>	<b>17</b>	<b>27</b>	<b>10</b>	<b>232</b>
Died in care	0	0	0	0	0
Lost in care (Physical inventory adjustments)	0	0	0	0	0
Shelter Euthanasia	18	0	13	3	34
Owner requested euthanasia	1	0	1	0	2
<b>TOTAL OUTCOMES</b>	<b>197</b>	<b>17</b>	<b>41</b>	<b>13</b>	<b>268</b>
<b>Ending Shelter Count (date: 12/31/2020)</b>	<b>97</b>	<b>14</b>	<b>42</b>	<b>31</b>	<b>184</b>
<b>SAVE RATE:</b>	<b>89.71%</b>	<b>100.00%</b>	<b>51.85%</b>	<b>76.92%</b>	<b>85.41%</b>

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Species By Age	Canine		Feline		Total
	Adult	Up to 5 months	Adult	Up to 5 months	
Beginning Animal Count (date: CY 2020)	109	14	40	31	194
<b>Intake</b>					
Stray at large	2444	358	547	827	4176
Relinquished by owner	665	80	304	152	1201
Owner requested euthanasia	68	1	29	0	98
Transferred in from agency	3	0	8	0	11
Other Intakes	119	16	58	15	208
<b>TOTAL INTAKE</b>	<b>3299</b>	<b>455</b>	<b>946</b>	<b>994</b>	<b>5694</b>
<b>Outcomes</b>					
Adoption	1560	223	531	666	2980
Returned to owner	761	20	35	3	819
Transferred to another agency	564	121	106	71	862
Other live Outcome	0	0	0	0	0
<b>TOTAL LIVE OUTCOMES</b>	<b>2885</b>	<b>364</b>	<b>672</b>	<b>740</b>	<b>4661</b>
Died in care	2	1	5	6	14
Lost in care (Physical inventory adjustments)	0	0	0	0	0
Shelter Euthanasia	183	1	75	32	291
Owner requested euthanasia	17	1	2	0	20
<b>TOTAL OUTCOMES</b>	<b>3087</b>	<b>367</b>	<b>754</b>	<b>778</b>	<b>4986</b>
<b>Ending Shelter Count (date: 12/31/2020)</b>	<b>109</b>	<b>10</b>	<b>30</b>	<b>21</b>	<b>170</b>
<b>SAVE RATE:</b>	<b>91.27%</b>	<b>99.20%</b>	<b>78.66%</b>	<b>88.63%</b>	<b>90.04%</b>