

**Metropolitan Board of Health of Nashville and Davidson County
June 17, 2021, Meeting Minutes**

The regular meeting of the Metropolitan Board of Health of Nashville and Davidson County was called to order by Chair Alex Jahangir at 4:00 p.m. in the Board Room, on the third floor of the Lentz Public Health Center, 2500 Charlotte Avenue, Nashville, TN 37209.

Present

A. Alex Jahangir, MD, Chair
Tené H. Franklin, MS, Vice-Chair
David 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
Celia Larson, PhD, Director of Strategic Planning, Performance and Evaluation
Tom Sharp, Legislative Liaison and Policy Director
Derrick Smith, JD, Metropolitan Department of Law

BOARD OF HEALTH

Approval of May 13, 2021, Meeting Minutes

Vice-Chair Franklin made a motion to approve the May 13, 2021, meeting minutes, as distributed. Dr. Smith seconded the motion, which passed unanimously.

Discussion of Extension of Public Health Emergency Declaration

Chair Jahangir announced that Governor Lee had extended the state's public health emergency declaration until the end of July. He recommended that the Board extend the city's public health emergency declaration as well, but noted that the state legislature had removed the Board's power to extend the public health emergency declaration unilaterally. The Board can still recommend the extension to the Mayor.

Chair Jahangir made a motion to recommend to Mayor Cooper that the Public Health Emergency Declaration be extended to July 31, 2021. Dr. Smith seconded the motion, which passed unanimously.

Discussion of Draft Strategic Plan

Chair Jahangir invited discussion of the draft Strategic Plan 2021-2025 that had been presented to the Board at the May 13, 2021 meeting, and several suggestions were made related to Behavioral Health, SWOT comments, funding for enrollment counselors, housing and its impact on public health, and talent retention.

Discussion of Director of Health Position

Chair Jahangir referred briefly to the proposed changes to the Metro Charter that the Board had approved in November 2019. He said the first realistic opportunity for the amendments to be presented in a referendum to voters would occur in August of 2022. In light of one of the proposed amendments being the removal of the medical license requirement for director of health, which would permit the Board to hire a qualified administrator with a strong public health background, and in order to provide stability to the Department, Chair Jahangir proposed he explore an arrangement in which Dr. Wright serve as director of health, and Ms. Lester serve as a senior advisor. He expected to have more details at the July meeting. The proposal was well received.

Discussion was held regarding the particulars of the referendum.

Approval of Grant Applications

Jim Diamond presented one application:

Healthy Start – Nashville Strong Babies Supplemental Grant

Term: July 2021-March 2024

Amount: \$125,000

Vice-Chair Franklin made a motion to approve the grant application. Mr. Frederick seconded the motion, which passed unanimously.

Approval of Grants and Contracts

Jim Diamond presented seven items:

- 1. Grant Amendment from the Tennessee Department of Health – Public Health Emergency Preparedness and Crisis Response**
Term: March 16, 2020-June 30, 2022
Amount: \$26,000,000 (new total \$26,086,400)
- 2. Grant from the Centers for Disease Control – National Initiative to Address COVID-19 Disparities in Nashville, TN Area**
Term: June 1, 2021-May 31, 2023
Amount: \$4,930,248
- 3. Grant Amendment from the Environmental Protection Agency – Air Pollution 105**
Term: October 1, 2019-September 30, 2021
Amount: \$347,473
- 4. Grant from the Tennessee Department of Health - Grant in Aid**
Term: July 1, 2021-June 30, 2022
Amount: \$725,200
- 5. Memorandum of Understanding with the Metropolitan Development and Housing Agency WIC**
- 6. Memorandum of Understanding with Nashville Public Library WIC**
Term: February 1, 2021-January 31, 2026
Amount: NA
- 7. Grant Amendment from the Tennessee Department of Health – Viral Hepatitis**
Term: January 1, 2020-June 30, 2022
Amount: \$93,100

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

A report on the budget of the \$26,000,000 amendment to the Public Health Emergency Preparedness and Crisis Response grant was requested at the July meeting.

Report of Interim Directors

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

Ms. Lester advised that Dr. Stephanie Kang had been offered and accepted the Diversity, Equity and Inclusion bureau director position and would join MPH July 26.

Ms. Lester advised that all Board members are invited to attend the National Association of Local Boards of Health's virtual annual conference, being held August 2-3, 2021. Information would be shared soon and Board members were invited to respond with their interest in being registered.

Dr. Wright gave a brief update on COVID response and reminded the Board that the Department was no longer offering COVID vaccines at the Music City Center as of May 28. He recognized Laura Varnier and the staff's hard work. He also recognized James Tabor and the Public Health Emergency Preparedness

team for their support of not only Music City Center but also the many and varied community vaccination events.

Dr. Wright also stated that Back to School vaccination efforts would soon be underway.

Dr. Wright referred to the pilot project which had been announced by Mayor Cooper in which mental health providers would be riding with police officers in two precincts to respond to mental health emergencies. The related agreement between the MPHD and the Metro Nashville Police Department stipulates that MPHD will collect and analyze the data collected in order to help inform the project and gauge its effectiveness.

Dr. Wright unveiled an award that the Department plans to present to partners in recognition of efforts during the pandemic. He presented the first award to Chair Jahangir for his outstanding contribution and leadership as chair of the city's Coronavirus Task Force. Dr. Wright noted that Metro Finance Director Kevin Crumbo had stated at the most recent Benefit Board meeting that the Department's vaccination efforts, were one of the leading causes of the Nashville's economic rebound.

Report of Chair and Discussion

Chair Jahangir announced that Dr. Campbell's term on the Board of Health would expire soon but that he could continue to serve until a replacement was appointed and confirmed.

As three of four members present were aware of time conflicts on July 8, Chair Jahangir asked that the July meeting be moved from July 8, to July 15. The members present advised they would be able to attend July 15, ensuring a quorum.

Review of Board Requests

- Reschedule the July 8 meeting to July 15
- Continue pursuing previously approved changes to the Metro Charter
- Update on Accreditation at the July meeting
- Update on Allocation of \$26,000,000 grant budget/allocation at the July meeting
- Strategic Plan amendments, including update with Metrics and Workforce Development Plan at September meeting

CIVIL SERVICE BOARD

Personnel Changes

Mr. Diamond referred to the May 2021 Personnel Changes.

Chair Jahangir recognized and congratulated Laura Varnier on her promotion to bureau director.

Next Regular Meeting

The next regular meeting of the Board of Health is scheduled to be held at 4:00 p.m. on Thursday, July 15, 2021 in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville, TN, 37209. The meeting was rescheduled from the second Thursday of the month due to scheduling issues.

The meeting adjourned at 5:05 p.m.

A. Alex Jahangir, MD, MMHC, FACS

Chair

Directors' Update to the Board of Health

June, 2021

Protecting Health – Preventing the Spread of Infectious Disease

COVID

MCC

The vaccination operations at the Music City Center closed on May 28. Combined with the earlier operations at the East clinic prior to moving to MCC, we provided more than 117,000 COVID-19 vaccinations at those two sites. Congratulations and deep appreciation to everyone who helped in this effort, including OEM, Mayor's office, Music City Center, St. Thomas EMS, MPHD PHEP, Hands On Nashville, FEMA, US Forestry Department, Maxim staffing, MPHD Finance and Admin, and MPHD Clinical Services.

Community and Drive-Through

We continue offering vaccines at the drive-through site at the old K-Mart on Murfreesboro Road as well as a robust series of community events. There were 79 community events from May 1 to June 10 which provided a total of 16,265 vaccines. When the Johnson & Johnson vaccine was cleared to return to use we began offering it at these events; when both J & J and Pfizer are offered, the uptake is about 1:1. The drive-through clinic had given 4,442 vaccines through June 9.

Back to School Vaccinations

We remain concerned that the disruptions of the COVID year decreased the number of students who have received their required vaccines. We will extend hours as shown below to provide Back to School vaccinations.

- a. East: Wednesdays until 6:30pm (7/28, 8/4, 8/11, 8/18)
- b. Lentz: Tuesday and Thursday open until 6pm, last patient at 5:30pm
- c. Woodbine: Monday-Wednesday open until 5:30pm and Thursday until 6:30pm

Improving Health – Access & Care Coordination

School Nursing

We have 35 nurses working summer school, for which enrollment is the highest in MNPS history at about 15,000 students. There are 49 students requiring skilled nursing services.

We have COVID-related funding for additional nurses through the 2021-2022 school year. We continue looking for opportunities to solidify that funding into the future. It would move us very close to the goal of having a nurse per school.

Dental

The School-Based Dental Prevention Program is back in schools as well. The MNPS Promising Scholars Summer Program is at 68 sites in the county. Our dental sealant program is pilot that will help us determine whether other health programs (eye & ear) will be allowed back in schools this fall.

WIC

TN WIC approved the increase in cash for fresh and frozen fruits and vegetables for eligible WIC participants for benefits issued between June through September. In lieu of either \$11 or \$9 that participants were getting, each person now receives \$35 each month for these foods.

Improving Health – Community Partnerships

SPIKE -- How the Program Works

In your packet is a copy of the flyer for the new SPIKE program that will be available to the public. The idea is that whenever we detect overdose spike events via our surveillance system, OORRP epidemiologists will activate the acute overdose response plan to determine response and communication strategies (if necessary). In an event where community-wide notification is necessary, people who opted into the program will receive a text indicating an overdose spike in the county. Within the text message, there will be a link to the Health Department's Twitter account where more information about the event and resources (<https://www.nashville.gov/Health-Department/Drug-Overdose-Information.aspx>) will be posted. As always, the amount of information shared regarding the overdose event ultimately will be governed by data security and confidentiality guidelines. It is important to note that this is a pilot program, and our program will be evaluating its efficacy and impact throughout implementation.

Health Equity

MPHD has been awarded a \$4.9 million grant from the Centers for Disease Control to implement COVID-19 response health equity strategies to accelerate progress towards reducing COVID-19 disparities and achieving health equity. The 24-month grant will focus on underserved communities, including underserved Black or African American, Hispanic or Latino, immigrant, and refugee communities in North and South/Southeast Nashville. The strategies will include an expanded community health worker program, improved infrastructure support for testing, contact tracing, vaccination and wrap-around services, a health literacy informed communications campaign, increased data collection and reporting and the establishment of a coalition and workgroups that mobilize partners and collaborators to advance health equity and address the social determinants of health.

Organizational Updates

Budget

The Metro Council's proposed substitute budget generally mirrored the Mayor's original proposal, which we have outlined previously (it still includes funding for electronic health records). The biggest difference proposed in the Council's substitute was a larger increase in salaries. The Council was to vote on Tuesday. (VERBAL UPDATE).

DEI Bureau Director

As we announced last week, we have selected a Director for the Bureau of Diversity, Equity and Inclusion (DEI) Dr. Stephanie Kang has accepted our offer and will come on board July 26th.

Dr. Kang is a native Nashvillian and serves as a board member of Metro Nashville's Community Oversight Board and a fellow of the New Leaders Council Nashville. She received her Doctor of Public Health at Harvard T.H. Chan School of Public Health. She is currently serving as the Health Policy Director for Rep. Pramila Jayapal (D-WA) in the U.S. House of Representatives.



Overdose Spike Alert Text Program

Description

Starting in June 2021, the Metro Public Health Department of Nashville/Davidson County is partnering with [Partnership to End Addiction](#) to implement an auto text program that will alert those who opt-in about spikes in overdose activity occurring in the county.

Parents, caregivers, medical professionals, first responders, community groups and those struggling with substance use in Davidson County can **sign up** for the Partnership's SPIKE Auto Text Program.

Davidson County residents can receive free, direct notifications of overdose spike activity on their mobile device, which can help prevent local overdose deaths.

How to Join

- 1. Text SPIKE to 855-963-5669**
2. Confirm participation
3. Self-identify as one of the following:
 - a. Person using substances
 - b. Parent/caregiver
 - c. Community professional
 - d. Community member
4. Enter your ZIP Code and ZIP Code of loved one
5. (Optional) Can also opt-in to receive Help & Hope Messages sent by the Partnership to End Addiction

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 or contact the National Federation of Humane Societies for a copy of the document.

Beginning and Ending Shelter Counts:

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

Defining Owner Requested Euthanasia:

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

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

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

Live Admissions Only

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

What is Possession?

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

Where are the "Others"?

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

Why a Basic Matrix?

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

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

Species By Age	Canine		Felilne		Total
	Adult	Up to 5 months	Adult	Up to 5 months	
Beginning Animal Count (date: 5/01/2021)	61	14	33	21	129
Intake					
Stray at large	145	20	24	50	239
Relinquished by owner	22	1	23	4	50
Owner requested euthanasia	1	0	0	0	1
Transferred in from agency	0	0	0	0	0
Other Intakes	12	0	3	0	15
TOTAL INTAKE	180	21	50	54	305
Outcomes					
Adoption	70	2	22	11	105
Returned to owner	61	2	0	0	63
Transferred to another agency	39	8	10	29	86
Other live Outcome	0	0	0	0	0
TOTAL LIVE OUTCOMES	170	12	32	40	254
Died in care	0	0	0	0	0
Lost in care (Physical inventory adjustments)	0	0	0	0	0
Shelter Euthanasia	12	2	8	4	26
Owner requested euthanasia	1	0	0	0	1
TOTAL OUTCOMES	183	14	40	44	281
Ending Shelter Count (date: 5/31/2021)	74	6	28	45	153
SAVE RATE:	93.30%	90.48%	84.00%	92.59%	91.45%

**Opioid/Overdose Response and Reduction Program
Division of Behavioral Health and Wellness**

Grants

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

Interventions/Activities/Collaborations

Overdose Fatality Review (OFR) Panel

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

ED Post-Overdose Discharge Protocol

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

Nashville Fire Department Post-Overdose Follow-Up

- Implementation began in early January 2021.

Substance Use Linkage by OORRP Social Worker

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

Data-to-Action with Local Prevention Partners

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

Data-to-Action with Local Homeless/Housing Partners

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

Fentanyl Test Strip Distribution (May 2021)

- Through recognizing the value of harm reduction from using fentanyl test strips and via collaboration with the Office of the District Attorney and Metro Nashville Police Department, possession of fentanyl test strips (FTS) will not be prosecuted as a drug paraphernalia charge unless possession is accompanied with possession of additional drugs in Davidson County. This will also allow for distribution of FTS by local prevention partners.

****Drug Overdose Monitoring and Surveillance Consulting**

- Program epidemiologists were consulted by the Drug Overdose Surveillance Program at the Rhode Island Department of Health to assist with drug overdose monitoring and surveillance methodology and acute overdose response planning.

Media

****FOX 17 WZTV: ADDICTED: Nashville EMS takes extra steps to fight the opioid epidemic - May 2021**

<https://fox17.com/news/addicted/addicted-nashville-ems-takes-extra-steps-to-fight-the-opioid-epidemic>

****FOX 17 WZTV: ADDICTED: 'There's no vaccine for addiction' drug misuse trends show no slow down - May 2021**

<https://fox17.com/news/addicted/addicted-theres-no-vaccine-for-addiction-drug-misuse-trends-show-no-slow-down-drug-addiction-opioid-epidemic-coronavirus-covid-pandemic-health-nashville-tennessee>

****Mix 92.9 Radio Interview - June 2021**

- Program director and epidemiologist discussed current drug overdose climate in Nashville, community interventions, and where the public can find resources.

****Social Media Panel - June 2021**

- Panel will include subject matter experts to interface with the community and discuss the drug overdose crisis.

Update: Drug Overdose Epidemic in Davidson County, TN June 2021



Data and Surveillance

Suspected Fatal Drug Overdoses

- Through May 22, there have been 282 suspected drug overdose deaths in 2021 (+11% compared to the same time period last year).
- Fentanyl has been detected in 75% of overdose-related toxicology reports in 2021 (77% in 2020).

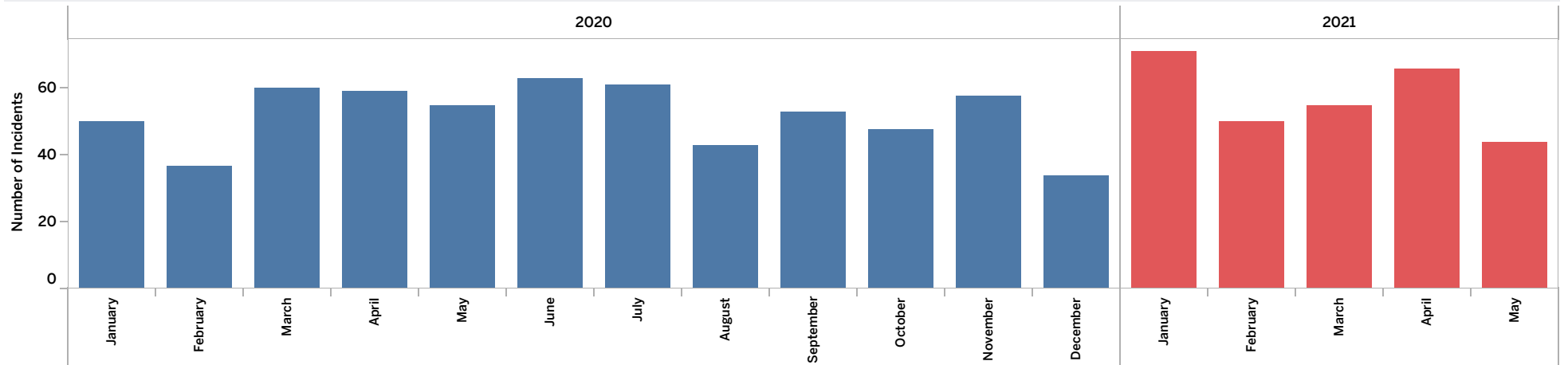
Drug Overdose-related Emergency Department (ED) Visits

- There have been 1,007 overdose-related ED visits at local hospitals in 2021 (+3% compared to the same time period last year).

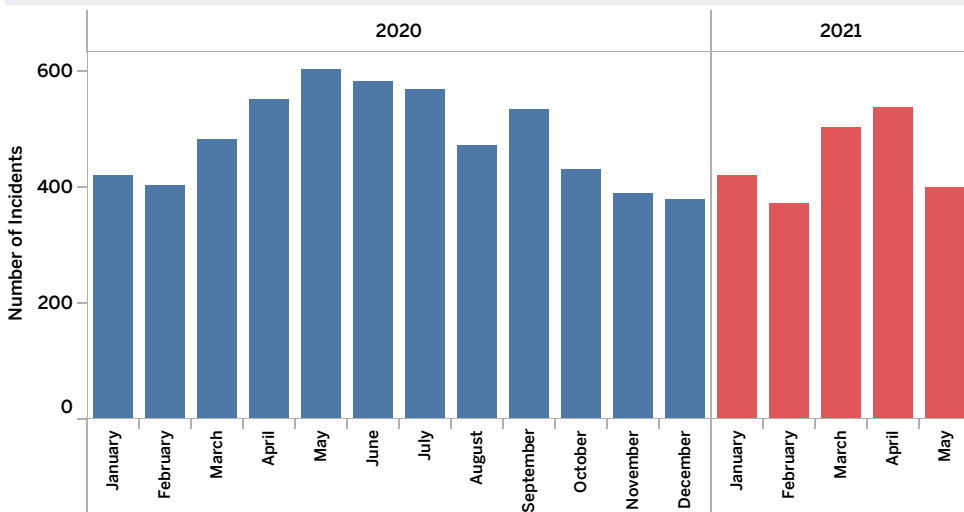
Suspected Drug Overdoses Requiring EMS Response

- There have been 2,183 suspected overdoses requiring EMS response in 2021 (-3% compared to the same time period last year).

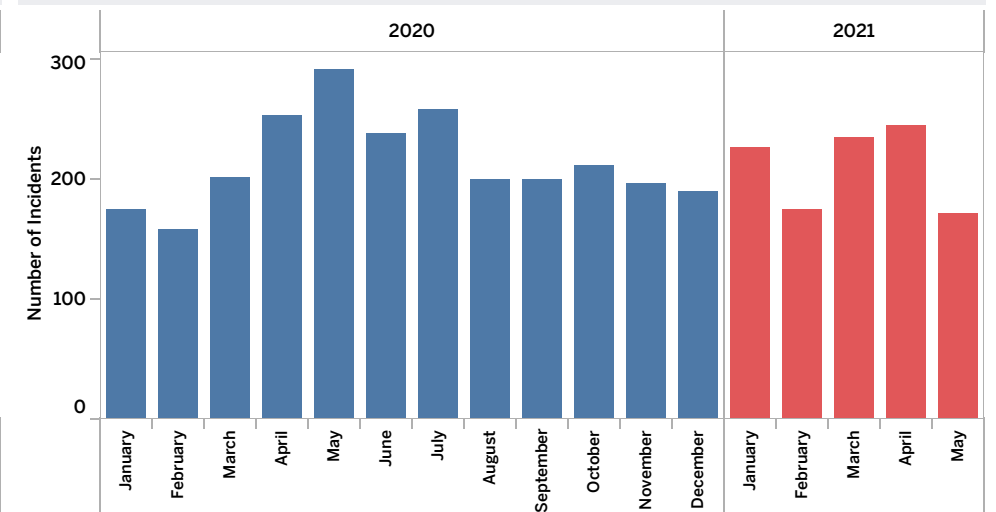
Suspected Fatal Drug Overdoses



Suspected Drug Overdoses Requiring EMS Response



Drug Overdose-related ED Visits



Update: Drug Overdose Epidemic in Davidson County, TN June 2021

Opioid/Overdose Response & Reduction Program Staff

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Metro Public Health Department Website

Drug Overdose Information

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

Data Sources

Suspected Fatal Drug Overdoses

Davidson County Medical Examiner (DCME)

Nonfatal Drug Overdose ED Visits

ESSENCE-TN

Suspected Drug Overdoses Requiring EMS Response

Nashville Fire Department Emergency Medical Services (NFD-EMS)

Notes

Data presented in this report were extracted on May 26, 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 March 2021-May 2021 are not yet finalized. Suspected drug overdose deaths reported by the DCME represent deaths under DCME jurisdiction and do not necessarily indicate Davidson County residency status of the decedent.

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

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