

Metropolitan Board of Health of Nashville and Davidson County May 12, 2016 Meeting Minutes

The meeting of the Metropolitan Board of Health of Nashville and Davidson County was called to order by Chairman Sam Felker 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

Sam Felker, JD, Chair

Thomas Campbell, MD, Member

Francisca Guzman, Member

Margreete Johnston, MD, MPH, Member

William S. Paul, MD, MPH, FACP, Director of Health

Shoana Anderson, MPH, Director of Communicable Disease and Public Health Emergency Preparedness Bureau

Sanmi Areola, PhD, Director of Environmental Public Health Bureau

Peter Fontaine, Director of Administration and Finance Bureau

Muriel Hodgson-Vargas, MPA, Director of Community Health Bureau

Tina Lester, RN, MSN, Director of Population Health Bureau

Jim Diamond, Assistant Director of Administration and Finance Bureau

John Finke, Director of Air Pollution Control Division

Leslie Robeson, Director of Human Resources

Josh Lee, JD, Metropolitan Department of Law

BOARD OF HEALTH

Update on Public Hearing – Tennessee Gas Pipeline

John Finke stated that he was not requesting that the Board schedule a hearing for public comment on the Tennessee Gas Pipeline at this meeting because the EPA had that morning issued substantial new regulations that affect the proposed facility. The Air Pollution staff would require additional time to review the regulations and ensure that the draft permits, which would be presented to the public for review before a hearing, reflect accurately the rule changes.

The matter was deferred.

Request to Set a Public Hearing Date – Proposed Revisions to Regulation No.7, “Regulation for Control of Volatile Organic Compounds”

John Finke requested that the Board designate Dr. Paul as a hearing officer, and set a public hearing at 4:00 p.m. on Thursday, June 23, to receive comment on proposed Section 7-13: Gasoline Dispensing Facilities, Stage I and Stage II of Regulation No 7, “Regulation for Control of Volatile Organic Compounds” (Attachment I). He advised that the comments received at the hearing, and any received seven days following the hearing, would be compiled and presented to the Board prior the July Board of Health meeting.

Ms. Guzman made a motion to appoint Dr. Paul as a hearing officer, and to set a public hearing at 4:00 p.m. on Thursday, June 23, to receive comment on proposed Section 7-13: Gasoline Dispensing Facilities, Stage I and Stage II of Regulation No 7, “Regulation for Control of Volatile Organic Compounds.” Dr. Johnston seconded the motion, which passed unanimously.

Approval of Grants and Contracts

Peter Fontaine presented one Notice of Award for approval:

1. Notice of Award from the U.S. Environmental Protection Agency 103 Air Pollution Program
Term: April 1, 2015 through March 31, 2018
Amount: \$130,000 this fiscal year; award to date \$258,809 (total award \$390,000)

Dr. Campbell made a motion to approve the grant as presented. Dr. Johnston seconded the motion, which passed unanimously.

Approval of April 7, 2016 Meeting Minutes

Dr. Johnston made a motion to approve the minutes of the April 7, 2016 meeting minutes as written. Dr. Campbell seconded the motion, which passed unanimously.

Approval of Resolution to Ban Smoking at Ascend Amphitheater

Dr. Paul presented a resolution to ban smoking at Ascend Amphitheater (Attachment II). Board members requested several amendments to the resolution.

Dr. Campbell made a motion to approve the resolution to ban smoking at Ascend Amphitheater with changes as requested. Ms. Guzman seconded the motion, which passed unanimously.

Reports from Bureau Directors

Shoana Anderson, Dr. Sanmi Areola Peter Fontaine, and Tina Lester provided brief updates on their respective bureaus (Attachment III). Muriel Hodgson Vargas introduced herself to the Board and advised that she would provide an update at a future meeting, as she is still conducting a thorough baseline assessment of the Community Health bureau.

Update on the Budget

Dr. Paul and Peter Fontaine presented an update on the FY 2016-17 Budget (Attachment IV).

Search for Deputy Director

Dr. Paul updated the Board on the timeline for posting the Deputy Director position and the process for hiring.

Dr. Paul's Evaluation and Contract Renewal

Chairman Felker outlined the process for renewal of Dr. Paul's contract.

Chairman Felker appointed Ms. Etherington, Ms. Guzman to serve with him as members of a Personnel Committee for the purpose of evaluation and renewal.

Chairman Felker invited other members of the Board to participate if they desired to. Dr. Johnston recommended that a physician also serve on the personnel committee.

Report of the Chair

Chairman Felker stated that he was pleased to see that the Food and Drug Administration has passed regulations dealing with smokeless tobacco. He noted that the regulations are being challenged but the passage of the regulations is a positive move.

Report of the Director

Dr. Paul referred to the Director's Update provided in the Board packet (Attachment V) and gave a brief summary of the report.

CIVIL SERVICE BOARD

Personnel Changes

Jim Diamond presented the 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, June 9, 2016, in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville TN 37209.

The meeting adjourned at 5:46 p.m.

Respectfully submitted,

Samuel L. Felker, J.D.
Chairman

MEMORANDUM

TO: Dr. Bill Paul

FROM: John Finke 

DATE: May 5, 2016

SUBJECT: Proposed Revisions to Regulation No. 7, "Regulation for Control of Volatile Organic Compounds"

On May 9, 2012, the EPA Administrator signed a final rulemaking determining that onboard refueling vapor recovery (ORVR) systems are in widespread use throughout the motor vehicle fleet. On November 12, 2015, the Tennessee Air Pollution Control Board adopted changes to their regulations to reflect EPA's determination. These revisions were signed by the Secretary of State in April and will have an effective date of July 14, 2016. In order to bring Metro's regulations in line with EPA and Tennessee, Section 7-13: Gasoline Dispensing Facility, Stage I and Stage II of Regulation No. 7, "Regulation for Control of Volatile Organic Compounds" must be revised.

Due to the extensive changes involved, I am proposing to delete the existing Section 7-13 in its entirety and substitute instead the attached Section 7-13: Gasoline Dispensing Facilities, Stage I and Stage II.

In accordance with Sections 10.56.090 and 10.56.110 of Chapter 10.56, "Air Pollution Control," no regulation shall be adopted or amended prior to a public hearing regarding the matter. Section 10.56.110 states that the hearing may be held before the Board or a hearing officer designated by the Board. If the Board is willing to designate a hearing officer and the public hearing can take place in late June, we have a unique opportunity for the Board to vote on approval at the Board meeting on July 14, 2016. This will give our revisions the same effective date as those promulgated by the State of Tennessee.

At this time, I am requesting the Metropolitan Board of Health to designate a hearing officer and set a public hearing at 4:00PM, June 23, 2016, to receive comments on proposed Section 7-13: Gasoline Dispensing Facilities, Stage I and Stage II of Regulation No. 7, "Regulation for Control of Volatile Organic Compounds."

cc: Sanmi Areola
Josh Lee

SECTION 7-13: Gasoline Dispensing Facilities, Stage I and Stage II

- (a) For the purpose of this Section, the following definitions apply:
- (1) **“Stage II vapor recovery system”** - means a system that transfers gasoline vapor from the motor vehicle to the motor vehicle fuel service station’s stationary storage tank(s) at least ninety five (95) percent by volume, of the gasoline vapors that are generated during motor vehicle refueling.
 - (2) **“Storage tank or storage vessel”** – means any stationary tank, reservoir or container used for the storage of a volatile organic liquid.
 - (3) **“Vacuum assist-type system”** – means the gasoline vapor recovery system that employs a vacuum generating device to effect transfer of gasoline vapor displaced in fueling a vehicle tank to a gasoline storage tank, vapor storage tank, or vapor processing unit.
 - (4) **“Volatile organic liquid”** - means any substance which is liquid at storage conditions and which contains volatile organic compounds.
- (b) The provisions of 40 CFR Part 63, Subpart CCCCCC (National Emission Standards for Hazardous Air Pollutants for Source Category: Gasoline Dispensing Facilities) are hereby adopted by reference as published in the July 1, 2014 edition of the Code of Federal Regulations (CFR), except as provided in subparagraphs (1) through (4) of this paragraph.
- (1) Any reference contained in 40 CFR Part 63, Subpart CCCCCC to the:
 - (i) Administrator shall instead be a reference to the Director;
 - (ii) Applicable EPA Regional Office shall instead be a reference to the EPA Region IV office; and
 - (iii) Delegated State Authority shall instead be a reference to the Metro Public Health Department of Nashville and Davidson County.
 - (2) If your gasoline dispensing facility (GDF) has a monthly throughput of less than 10,000 gallons of gasoline, you must also comply with the requirements in 40 CFR §63.11117(b) and (c).
 - (3) If your GDF has a monthly throughput of 10,000 gallons of gasoline or more, you must comply with the requirements in 40 CFR §63.11118.
 - (4) For any GDF claiming an exemption from subparagraph (3) of this paragraph based on monthly throughput, if the GDF has a monthly throughput of 10,000 gallons or more during any month, it shall be subject to the requirements of subparagraph (3) of this paragraph, even if its throughput later falls below the threshold. The owner or operator shall inform the Director within 30 days following the exceedance.
- (c) Stage II Vapor Recovery.
- (1) Any GDF with an existing Stage II vapor recovery system shall decommission and remove the system no later than July 14, 2019, and no GDF shall install a Stage II vapor recovery system on or after such date.

- (2) On and after July 14, 2016, no GDF shall be required to install a Stage II vapor recovery system, and a GDF may decommission and remove any existing Stage II vapor recovery system.
- (3) Any GDF that decommissions and removes a Stage II vapor recovery system shall conduct the decommissioning and removal in accordance with Petroleum Equipment Institute (PEI) guidance, "Recommended Practices for Installation and Testing of Vapor Recovery Systems at Vehicle Fueling Sites, PEI/RP300-09" for removal, notification, and certification.
- (4) Any GDF that has a Stage II vapor recovery system must comply with all applicable provisions of subparagraphs (5) through (12) of this paragraph until the system is decommissioned and removed.
- (5) The Stage II vapor recovery system must be permitted pursuant to Section 10.56.020, "Construction Permits" and 10.56.040, "Operating Permit" of the Metropolitan Code of Laws.
 - (i) The construction permit application shall include at a minimum:
 - (A) A plan showing all underground piping;
 - (B) The manufacturer's plans and specifications;
 - (C) The manufacturer's maintenance requirements;
 - (D) The CARB Stage II system certification with all exhibits; and
 - (E) Information required by Section 10.56.020 of the Metropolitan Code of Laws.
 - (ii) Liquid blockage testing and leak check testing must be conducted on all new systems, when applicable, and results submitted to the Metro Public Health Department, Pollution Control Division before an operating permit can be issued in accordance with Section 10.56.040. Each affected facility must retest at least once every year or immediately after major system replacement or modification of the Stage II system. The Metro Public Health Department, Pollution Control Division must be notified at least two weeks prior to the conducting of any compliance tests.
- (6) The Stage II vapor recovery system shall be ninety five (95) percent efficient in the recovery by volume of vapors produced by motor vehicle refueling and include, at a minimum, the following components:
 - (i) A high hang coaxial hose equipped with a break-away to conduct the vapors displaced from the vehicular fuel tank to the gasoline dispensing facility storage tank and liquid removal system to evacuate liquid from the vapor passages of the hose if the mounting does not insure drainage of liquid during normal dispensing. The break-away must close off both the liquid and vapor lines;
 - (ii) A seal or a vacuum to prevent the escape of vapors into the atmosphere from the interface between the vapor recovery nozzle and the filler neck of the vehicular fuel tank;

- (iii) For Stage II systems with vapor recovery nozzles that seal to the vehicle inlet pipe, the vapor recovery nozzle shall include a built-in feature designed to automatically shut off the flow of gasoline when the gauge pressure in the vehicle fuel tank exceeds 2500 pascals (10 inches of water);
 - (iv) A vapor recovery nozzle equipped with a device that will automatically shut off the flow of gasoline when liquid in the fuel tank reaches the fill nozzle to prevent spillage and to prevent circulation of liquid gasoline back from the fill nozzle through the vapor hose to the motor vehicle fuel service station's storage tank(s);
 - (v) When required, a dispensing system must be equipped with a device designed to limit the dispensing of gasoline to a maximum rate (gallons per minute) that will not impair the attainment of at least ninety five (95) percent recovery efficiency; and
 - (vi) Maintain vapor tightness throughout the vapor recovery system, except during the facility storage tank loading, gauging or sampling.
 - (vii) There shall be no remote vapor check valves on Stage II systems.
 - (viii) For vacuum assisted systems the processor must be on when the dispensers are on. If the processor fails the dispenser should lock out.
- (7) All tank gauging and sampling sites or ports on the Stage II Vapor Recovery Collection System shall be vapor-tight so as to prevent emissions except when gauging or sampling takes place. All pressure and vacuum test ports shall be above grade but not more than thirty-six (36) inches above grade.
- (8) A daily visual inspection to verify that all equipment is present and maintains a certified system configuration and is in proper working order. The equipment includes but is not limited to, nozzles and nozzle parts (faceplate or facecone, bellows, springs, latches, check valves), hoses, hose hangers/retractors, flow limiters, swivels, collection units, control panels, system pumps, processing units, vent pipes, and any and all other system-related parts.
- (9) Operating Instructions.
- (i) The owner or operator of each affected gasoline dispensing facility shall conspicuously post operating instructions in the gasoline dispensing area for the system in use at the facility. The instructions shall clearly describe how to fuel vehicles correctly with vapor recovery system nozzles. The operating instructions shall include a warning that repeated attempts to continue dispensing fuel after the system has indicated that the vehicle fuel tank is full may result in spillage or recirculation of gasoline and is prohibited. The instructions shall also include a telephone number for the Metropolitan Health Department, Pollution Control Division office for the public to report problems with the system.
- (10) System Maintenance.
- (i) All systems shall be maintained in proper working order in accordance with the manufacturer's specifications to ensure the integrity and efficiency of the

system. If the vapor recovery collection system or a component of the system contains a defect which could impair the effectiveness of the system to recover ninety-five (95) percent by volume of the gasoline vapors, the system shall be taken out of service. No person shall use or permit the use of that system or component until it has been repaired, replaced or adjusted. Any defect noted in Paragraph (iii) shall be deemed to significantly impair collection system efficiency. Minor defects, which do not significantly reduce the effectiveness of the system below ninety-five (95) percent vapor recovery, such as very small holes, cracks or gashes, must be repaired within seven (7) days.

- (ii) Defects which could significantly impair the effectiveness of the system shall be reported to the Metro Public Health Department, Pollution Control Division immediately.
- (iii) Equipment defects that require that the system be taken out of service are:
 - (A) Absence or disconnection of any component required to be used in the CARB Executive Order(s) that certified the system;
 - (B) A vapor hose which is crimped or flattened such that the vapor passage is blocked or the pressure drop through the vapor hose exceeds the system certified in the CARB Executive Order(s) applicable to the system or a torn coaxial hose;
 - (C) A nozzle boot which is torn in one or more of the following manner:
 - (I) Triangular-shaped or similar tear 1/2 inch or more to a side, or hole 1/2 inch or more in diameter; or
 - (II) Slit one (1) inch or more in length.
 - (D) Faceplate or flexible cone which is damaged in the following manner:
 - (I) For balance nozzles and for nozzles for aspirator and vacuum assist-type systems, damage shall be such that the capability to achieve a seal with a fill pipe interface is affected for 1/4 of the circumference of the faceplate (accumulated); or
 - (II) For nozzles for vacuum assist-type systems, more than 1/4 of the flexible cone is missing.
 - (E) Nozzle shutoff mechanisms which malfunction in any manner;
 - (F) Vapor return lines, including such components as swivels and underground piping, which malfunction or which are blocked or restricted such that pressure drops through the lines, exceeds by factor of two or more requirements specified in the CARB Executive Order(s) that certified the system;
 - (G) Vapor processing unit which is inoperative;
 - (H) Vacuum producing device which is inoperative;
 - (I) Pressure vacuum relief valve, vapor check valves, or Stage I dry breaks which are inoperative;

- (J) Any other defect which could impair the effectiveness of the system to recover ninety five (95) percent by volume of the gasoline vapors displaced; or
- (K) Any equipment defect which is identified in a CARB Executive Order certifying system pursuant to the Certification Procedures incorporated in *Section 94001 of Title 17 California Code of Regulations*, as substantially impairing the effectiveness of the system in reducing air contaminants.

(11) Test methods.

- (i) Determination of vapor-tightness for Paragraph (c)(3)(vi) shall be the method found in Appendix J.1, *Technical Guidance - Stage II Vapor Recovery Systems for Control of Vehicle Refueling Emissions at Gasoline Dispensing Facilities*, Volume II, EPA - 450/3-91-022B.

(12) Reporting and record keeping requirements.

- (i) The following data must be maintained on site and made available for inspection upon request:
 - (A) Permitting records and operating license; and
 - (B) Stage II operating instructions and maintenance schedules.
- (ii) The following records must be maintained and made available for inspection within seven (7) calendar days after request has been received for these records:
 - (A) Daily inspection records required by Paragraph (c)(5);
 - (B) Test report required by Paragraph (c)(2)(ii);
 - (C) Monthly records showing the quantity of gasoline dispensed each month at the facility; and
 - (D) A copy of all maintenance records.
- (iii) Except as noted, these records must be maintained for a minimum of three (3) years.
- (iv) Copies of the monthly throughput records must be submitted to the Metropolitan Health Department, Pollution Control Division, by March 31, of each year, for the previous calendar year.



Metro Public Health Dept Nashville / Davidson County

Protecting, Improving, and Sustaining Health

RESOLUTION

WHEREAS, Tobacco use remains the single largest preventable cause of disease, disability, and death in the United States, with 443,000 deaths per year from smoking or exposure to secondhand smoke; and,

WHEREAS, Since the 1964 Surgeon General's Report on the harmful effects of smoking 2.5 million non-smoking adults have died due to secondhand smoke, which can cause heart disease, lung cancer, and stroke in adults who have never smoked; and,

WHEREAS, There is no risk-free level of exposure to secondhand smoke; and,

WHEREAS, Babies and children who breathe secondhand smoke are more prone to bronchitis, pneumonia and ear infections, and at elevated risk of sudden, unexplained death; and,

WHEREAS, Breathing secondhand smoke can trigger an attack in children with asthma that can be severe enough to cause death; and,

WHEREAS, The Metropolitan Government of Nashville and Davidson County owns the Ascend Amphitheater; and,

WHEREAS, Non-smokers of all ages and vulnerabilities attend events there; and,

WHEREAS, The Metropolitan Council is considering ordinance BL2016-205 to ban smoking at the Ascend Amphitheater; and,

WHEREAS, The mission of the Metro Public Health Department is to promote, protect and sustain the health of all people in Metropolitan Nashville:

NOW, THEREFORE, BE IT RESOLVED that the Metropolitan Board of Health of Nashville/Davidson County supports and encourages passage of BL2016-205 as being in the best interests of the health of the citizens of Nashville and Davidson County.

Samuel L. Felker, J.D., Chairman
Metropolitan Board of Health of Nashville/Davidson County

BOARD OF HEALTH

May 12, 2016 Meeting

Bureau Update: Administration and Finance Bureau, Peter Fontaine, CPA, MBA

Successes:

- Finance: Completed compilation and presentations of the FY 2016 / 17 Budget, concluding with Metro Council Budget Hearing on May 10
- Billing and IT: After months of effort, we have finally straightened out all of our barriers to billing Medicare.
- Human Resources: Jason Stamm was selected to fill the Training/ Intern Coordinator position following the retirement of Michelle Birdsong.
- Facilities: Renovation and upgrades:
 - Woodbine: Renovated two spaces for new office space to be dedicated to (1) Presumptive Eligibility for ACA and (2) pilot of TB Clinic outreach. Also created storage space enabling clean out of tornado shelter area
 - East: Installation of blinds to enhance patient privacy, lighting and ceiling upgrades
 - SNaC: Front entrance and lobby renovation
- Facilities: Received Team of the Month Award

Current Projects:

- Human Resources and Finance: Pay plan implementation process in conjunction with Metro
- Grants & Contracts Management: Establishing a roadmap for continuously improving processes to include the following work streams:
 - Grant seeking and application development processes
 - Internal approval process for all grants and contracts
 - Grant management support (training and infrastructure development)
 - Internal Monitoring processes (pre-application and risk assessment)
- Facilities: Camera System to be installed at East, Woodbine, and MACC
- Medical / Vital records: Annual purge of records from clinics and programs to Metro Records
- Finance: FY 2016 / 17 Budget input and final monthly phasing of expenditures
- Facilities: Auto answer tree evaluation, adjustment, and inclusion of Spanish language option
- MACC and Facilities: Cat room renovation
- Grants: State Audit of 17 programs in process

Challenges:

- Finance and Human Resources: Evaluation of funding options for budget pay increases. There are three compensation adjustments to be considered: Pay Plan Revision, Cost of Living Adjustment, and Merit increases. We have 221 positions included within Local Budget, 304 positions within Grant Budget. Only Local Budget positions' increases are funded through Metro Budget increase.
- Various: Recruitment difficulty often stems from two issues
 - Identification of suitable, stable, and conscientious colleagues at low salary levels
 - Candidates having required combinations of skill sets (i.e. Nursing and supervision experience or medical coding and operations)
- IT: PTBMIS which is archaic legacy system required by State. State is supposed to be working on a newer version that contains an electronic medical record, but that project appears to have stalled. System is not user friendly and learning/working with it has a large learning curve.
- Procurement: Processes through Metro are cumbersome

Communicable Disease and Emergency Preparedness Bureau Update, Shoana Anderson, MPH

May 12th Board Meeting

Recent Successes:

- Day to day successes: responding to daily cases and disease reports
- New positions for communicable diseases
 - Hepatitis Hero, Communicable Disease RN, Communicable Disease Investigator
 - Building cross-training and coverage – particularly for heavily impacted shortage areas

Strengths:

- Filled some key roles
 - STD Clinic Charge Nurse
 - DOT is fully staffed for the first time in a year
 - Epi – data driven decisions
 - Ability to move towards evidence based practices and to target initiatives
 - Quality improvement: medication monitoring and DOT mapping for staff allocations
- Implementation of 3HP – shortening treatment times and striving to increase treatment completion (~20% of patients now)

Challenges:

- Hiring: Total = 11 openings: TB (2) ; STD (4); Immun (3); PHEP (2)
 - Supervisory vacancies in STD and Immunizations
 - Nursing vacancies continue to be hardest to fill
 - Finding candidates with the right competencies
- Training – new staff and new managers
 - Not only on program processes and procedures, but management and leadership succession
- Emerging Diseases
 - Getting new staff up to speed, ensuring coverage with vacancies, and being constantly “on”
- Ryan White:
 - Lessons learned from transition to Metro Procurement
 - Newly merged contracts to assist in creating rapid budget changes
 - Need to build time to initiate contracts and more monitoring of activities
 - Planning Council
 - Balance community input with evidence based needs

Roadmap/Future Directions:

- Building excellent customer service
 - Held all-bureau meeting to gather input – need to create dashboard, prioritize, and monitor progress
 - Predict, measure, and respond to customer needs
- Outcome driven results
 - Building staff activities based on public health outcomes – building vision and accountability for the work we do each day (ex: bringing STD contact index to 1.5)
 - Identifying areas for community engagement and areas to integrate program activities – substance abuse

Population Health Bureau , Tina Lester, RN, MSN
Update to the Board of Health, May 12, 2016

The Population Health Bureau implements interventions fundamentally focused on improving and sustaining family and child well-being, promoting and supporting healthier living and increasing access and connection to clinical care.

Improve and Sustain Family Child Well-Being

Nashville has been selected as 1 of 10 cities nationwide to participate in a federally funded Collective Impact Learning Collaborative (CILC) organized by CityMatCH. Led by our Division of Child and Adolescent Health in partnership with Senator Frist's new initiative, NashvilleHealth and Tennessee State University, Collective Impact Learning Collaborative will focus on using a collective impact framework to reduce infant mortality disparities in the next 5 years. The first community stakeholder meeting is scheduled for Thursday, June 16. (FYI – the funding provides travel support and on-going technical assistance from CityMatCH).

The ACE Nashville Initiative continues to grow and garner community support. The 2016 Healthy Nashville Summit held on April 22nd was focused on ACEs and engaging the community to learn more about ACES, ACE Nashville and how they can engage with this effort. Over 450 participants attended this year's Summit and heard presenters including Dr. David Williams from Harvard University, a taped message from Dr. Thomas Frieden, Director of the CDC and Melissa Merrick, Ph.D. a behavioral scientist with the Surveillance Branch in the Division of Violence Prevention at CDC's National Center for Injury Prevention and Control. Mayor Barry concluded the conference with the call to action to translate what had been learned to improve the lives of youth in our community.

The 4th Annual Nashville Breastfeeding Coalition Sip and See took place on Sunday, April 24th, 2016 at the Fontanel. This event is funded because we present breastfeeding messaging and resources based on United States Breastfeeding Committee (USBC)'s Continuity of Care Connections project. Approximately 40-50 people attended this event from multiple sectors (retail, birthing centers, WIC, RNs, etc.). This event is our opportunity to educate on evidence-based messaging (don't say "Send your baby to the nursery so you can get some rest" for example) and all of the great resources Davidson County and surrounding offers to moms and babies.

Promote and Support Healthier Living

Nashville has been selected among five cities nationwide where Secretary DeSalvo, US Dept. of Health & Human Services Acting Assistant Secretary for Health, will share the Public Health 3.0 vision by showcasing collaborative partnerships for prosperous, livable and healthy communities on June 14, 2016.

The newest project launched under the Tobacco Settlement Initiative is Baby and Me Tobacco Free. Home visiting and FIMR staff have been trained to provide education and incentives to pregnant women and their families who agree to stop smoking. The other programs administered under this Initiative are Teens against Tobacco Use (TATU), Smoke-free Multi-unit Housing and Clinical Efforts Against Secondhand Smoke Exposure (CEASE). To date, we have trained 8 pediatric practices in the CEASE program and have 3 multi-unit apartment communities that have gone smoke free.

Increase Access and Connection to Clinical Care

This year we have added Presumptive Eligibility Expansion to our array of services. Tennessee Department of Health has enlisted all health departments across the state, through an agreement with TennCare, to assist pregnant women who come to the health departments for TennCare presumptive eligibility, with completing the Medicaid application process through the federal Health Care Marketplace. MPH has 11 staff members from Community Health and Population Health bureaus who are trained Certified Application Counselors (CACs) who assist in the Marketplace enrollment process. The process began January 1, 2016. For the first quarter, we have enrolled over 160 women through the Marketplace.

General – To Date:

- Central Referral – 699 referrals
- HUGS Programs – 2277 home visits serving 348 families
- Healthy Beginnings – received their recertification accreditation through 2020. Served 50 families and completed 472 home visits.
- Welcome Baby completed 547 home visits and facilitated the distribution and education of 88 pack n plays.
- TennCare Kids made 41,834 face to face contacts promoting TennCare services, and coordinated the delivery of 304 EPSDT exams.
- Children Special Services – successful contacts – 850 home visits and 3162 phone calls .

**Bureau of Environmental Public Health
Update to the Board of Health, May 12, 2016**

Sanmi Areola, PhD

Environmental Public Health (EPH) – Implements interventions fundamentally focused on preventing diseases and creating healthy, supportive environments.

Premise - An estimated 80% of major diseases are significantly affected by the environment. A large proportion could be prevented by cost-effective interventions such as clean air and basic safety measures. EPH programs are part of the public health strategy to prevent and address the increase in diseases that are predicted to cost the U.S. health care system \$4.2 trillion annually. ***A recent study showed a correlation between higher local health department spending on food safety and facility sanitation activities and a lower incidence of restaurant related foodborne illness in Washington and a lower incidence of facility inspection-related waterborne disease in New York (Bekemeier et al., 2014).***

Key Initiative I – Working on incorporating certification requirements (REHS/RS or CP-FS) for staff through National Environmental Health Association into promotional guidelines and job requirements.

Key Initiative II - Food Protection Services and Public Facilities Program – To meet the demands created by increase in number of establishments and complexities of pools, restaurants, and, to improve overall effectiveness and to ensure a culture of continuous quality assurance, the programs are being combined and reorganized.

- 3 of 4 requested positions are in the proposed Mayor's budget.
- Staff will be cross-trained. 4 Lead Environmentalists will oversee each quadrant (Northeast, Northwest, Southeast and Southwest). Each Lead Environmentalist will oversee the works of 5-6 environmentalists I and II. The additional roles of the lead environmentalists (they have to still conduct their own inspections) include: conducting unannounced inspections (6-10 per quarter) immediately after inspections by other environmentalists (Quality Assurance); overseeing follow-up inspections; overseeing environmental investigations of foodborne outbreak and complaint investigations; and, leading other quality assurance activities.
- *Timeline* - Classroom training sessions (June); paired practical training sessions ((July – December); New territories role out (January 2017).
- *Permit Renewal fees* – handled in house now and retaining 100% of the fees. Timely collection and better handle on data.

Pollution Control - Gas compressor station issues; Improvement in staffing

Vehicle Inspection - Request for Proposal ongoing, dealing with the challenges; free diagnostic service for citizens (615-340-5657)

Pest Management - Zika preparation; West Nile virus; Rodents; Bed bugs

General - Lead in drinking water; Legionella control from public health perspective; Community Engagement activities, being more responsive to the needs of citizens, working with neighborhood groups and organizations to address area-specific environmental issues.

Director's Update to the Board of Health

May, 2016

Improve and Sustain Family and Child Well-Being

Healthy Nashville Summit

The Seventh Annual Healthy Nashville Summit was April 22. It was well attended and enthusiastically received. The primary subject was a community response to Adverse Childhood Experiences (ACEs), with the call to action provided by Mayor Barry. Thanks to the Healthy Nashville Leadership Council, ACE Nashville, our Community Development and Planning division and all their partners for pulling this event together. The ACE Nashville Committee has scheduled strategy group meetings in the coming weeks to continue moving the work forward. The Community Education group will be here on May 18 and the committee's quarterly meeting is scheduled for here on July 26.

Create Healthier Community Environments

Vehicle Emissions

Bids for the new iteration of the vehicle emissions inspection program were due this past Monday. We've received a second protest from one of the potential bidders that may cause further delay in the procurement process. (Update).

Healthier Built Environment

We hope you've had a chance to look through your copy of "Shaping the Healthy Community: The Nashville Plan." The book release and signing event was here April 13, also attended by Mayor Barry.

Prevent and Control Epidemics and Respond to Public Health Emergencies

Backyard Inspection Day

Dr. Areola, environmental health staff and volunteers held Backyard Inspection days at four sites over two weekends in late April. They visited almost 800 sites to mitigate mosquito breeding conditions and educate people on how to minimize them in future, as well as how to protect themselves from bites. A Channel 5 reporter followed staff in Bordeaux for a lead story on that afternoon's news. An AP reporter also interviewed Dr. Areola. Thanks to everyone who participated. The emergence of the Zika virus has increased the importance and urgency of mosquito control and protection measures. We are having regular internal meetings to insure we are prepared to respond should it occur here.

Earth Day

The air pollution control division took the lead for our booth at the Earth Day celebration in Centennial Park. We provided information on Air Alert days and how individuals can minimize their impacts on the quality of our air. We also had educational information regarding the Zika virus and how to avoid mosquito bites.

Organizational Updates

Budget

Mayor Barry released her budget on April 29. Of our request, it funds:

- 3 FTEs in food inspection;
- Half an FTE in children's audiology;
- 1 FTE for an Adverse Childhood Experiences position;
- An appropriation of \$80,000 to recoup fees generated by the provision of private stock vaccines;
- An appropriation of \$400,000 for 1 FTE in vital records and to reflect the increase records fee remitted to the state.

Items requested by not funded included an additional facilities inspector, employee flu vaccine, family planning supplies, and a community health planner.

We were involved in four Public Investment Plans. Two of them, Mental Health and School Nursing, were not funded but the response letter for each indicated an ongoing level of interest in retooling the proposals for additional consideration. A small amount was appropriated to purchase a community food system assessment (a collaboration with the Nashville Farmer's Market), and an additional \$100,000 was included for increased low-cost spay/neuter programs via an appropriation to General Services.

Our budget hearing before the Metro Council was on Tuesday. (Update).

TB Doctor

Joanna Shaw-KaiKai has agreed to join the staff June 1, 2016, as our new Infectious Diseases physician. Dr. Shaw-KaiKai comes to us from Meharry Medical College where she has served for seven years. Her MD degree and Internal Medicine training are from the University of Buffalo, NY, and her Infectious Disease training is from the University of Texas Southwestern Medical Center in Dallas, TX.

Metro Animal Care and Control

Monthly Report

April 2016



METRO NASHVILLE
ANIMAL CARE & CONTROL

April 2016 Intakes

	Kitten	Adult Cat	Puppy	Adult Dog	Other	Wildlife	Total
Owner Surrender	24	49	29	73	14	0	189
Request for Humane Euthanasia	0	2	0	13	0	0	15
Stray	51	33	18	119	6	12	239
Total	75	84	47	205	20	12	443

Kitten/Puppy: 6 weeks old to 11 months old

Adult Cat/Dog: 1 year or older

Other: Includes Livestock, small animals

April 2015 to 2016 Intakes

	2015				2016			
	Cats	Dogs	Other	Total	Cats	Dogs	Other	Total
Owner Surrender	89	119	4	211	73	102	14	189
Request for Humane Euthanasia (Owner Surrender)	30	21	8	59	2	13	0	15
Stray	62	156	53	271	84	137	18	239
Total	180	296	65	541	159	252	32	443

Other: Includes Livestock, small animals and wildlife

April 2016 Outcomes*

	Kitten	Adult Cat	Puppy	Adult Dog	Other	Wildlife	Total
Adopted	8	18	36	92	11	0	165
Transferred to Rescue Agency	23	16	14	31	6	7	97
Returned to Owner	0	0	3	51	0	0	54
Community Cats Program	0	19	0	0	0	0	19
Humanely Euthanized	2	14	3	38	0	4	61
Total	33	67	56	212	17	11	396

Kitten/Puppy: 6 weeks old to 12 months old

Adult Cat/Dog: 1 year or older

Other: Includes Livestock, small animals and wildlife

April 2015 to 2016 Outcomes*

	2015				2016			
	Cats	Dogs	Other	Total	Cats	Dogs	Other	Total
Adopted	48	121	3	172	26	128	11	165
Transferred to Rescue Agency	25	70	17	112	39	45	13	97
Returned to Owner	3	24	1	28	0	54	0	54
Community Cat Program	0	0	0	0	19	0	0	19
Humanely Euthanized	88	111	47	246	18	41	4	61
Total	164	326	68	558	100	268	28	396

Other: Includes Livestock, small animals and wildlife

Trailing 12- Month Averages

	Trailing 12-Month Averages				
	April 2016	Ending 1/31/16	Ending 2/29/16	Ending 3/31/16	Ending 4/30/16
Intake Total	443	541	535	535	526
Stray	239	256	251	251	249
Owner Surrender	189	248	246	246	244
Owner Euth. Request	15	37	38	37	33
Adopted	165	166	172	181	180
Transfer	97	105	102	104	102
Return to Owner	54	44	44	46	48
Euth. Total	61	198	187	180	165
Euth. %	10%	26%	24%	23%	22%

*Percentage does not include owner surrender for euthanasia or wildlife.