

## **Metropolitan Board of Health of Nashville and Davidson County August 11, 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 4:05 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

Carol Etherington, Vice Chair

Henry Foster, MD, Member

Thomas Campbell, MD, Member

Margreete Johnston, MD, MPH, Member

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

Peter Fontaine, Director of Administration and Finance Bureau

Dr. John Dreyzehner, MD, MPH, Tennessee Commissioner of Health

Josh Lee, JD, Metropolitan Department of Law

### **BOARD OF HEALTH**

#### **Tennessee Commissioner of Health Dr. John Dreyzehner**

Dr. Paul introduced Commissioner of Health Dr. John Dreyzehner. Dr. Dreyzehner shared his role at the state, a brief overview of the TDH and its structure, discussed topics of public health, and highlighted the importance of the Department's partnership with the Tennessee Department of Health (Attachment I).

#### **Approval of Grant Applications**

Peter Fontaine presented one grant application for approval:

1. U.S. Environmental Protection Agency – 105 Air Pollution Grant  
Term: October 1, 2016 through September 30, 2018  
Amount: \$1,467,406

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

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

Peter Fontaine presented one item for approval:

1. Amendment 4 Notice of Award from U.S. Environmental Protection Agency – 105 Air Pollution Grant  
Term: October 1, 2014 through September 30, 2016  
Amount: \$257,231

**Dr. Campbell made a motion to approve the grants and contract as presented. Dr. Johnston seconded the motion, which passed unanimously.**

#### **Approval of July 7, 2016 Meeting Minutes**

**Dr. Foster made a motion to approve the minutes of the July 7, 2016 meeting minutes as written. Ms. Etherington seconded the motion, which passed unanimously.**

### **Update on Hiring a Deputy Director**

Dr. Paul updated the Board on plans to hire a Deputy Director (Attachment II). He expressed his hope that filling the position would free him to be more active in the community and ensure that the Department has the capacity to serve as Nashville's Health Strategist. He said the position has been posted, many applications received, and panel interviews would be scheduled soon.

### **Update on Accreditation**

Dr. Paul updated the Board on Accreditation (Attachment III). He estimated that Accreditation could be accomplished by July 2017, depending on when the Department is able to fill the Accreditation Coordinator position. Chairman Felker urged that the position be filled as promptly as possible.

### **Report of the Director**

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

### **Election of Chair**

#### **Dr. Foster made a motion that Chairman Felker continue as Board Chair.**

Chairman Felker indicated his willingness to continue as Chair at minimum through the decision on the renewal of Dr. Paul's contract. He left the room to allow the other members to deliberate. Dr. Foster, Dr. Johnston and Dr. Campbell deliberated.

#### **Dr. Foster called for the question. The motion passed unanimously.**

Chairman Felker returned to the meeting.

### **Election of Vice Chair**

#### **Dr. Foster made a motion that Ms. Etherington continue as Board Vice Chair.**

Ms. Etherington indicated her willingness to continue as Vice Chair, and left the room to allow the other members to deliberate. Dr. Foster, Dr. Johnston and Dr. Campbell deliberated.

#### **Dr. Foster called for the question. The motion passed unanimously.**

Ms. Etherington returned to the meeting.

### **Report of the Chair**

Chairman Felker noted that the Personnel Committee had finalized the questionnaire to be for Dr. Paul's evaluation. He iterated his intent to adhere to the timeline the Committee had established for the process. Dr. Johnston requested that one of the meetings be rescheduled to evening hours. Chairman Felker suggested that the Tuesday, October 11 meeting begin at 6:00 p.m.

## **CIVIL SERVICE BOARD**

### **Personnel Changes**

Peter Fontaine 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, September 13, 2016, in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville TN 37209.

The meeting adjourned at 6:03 p.m.

Respectfully submitted,

Samuel L. Felker, J.D.  
Chairman



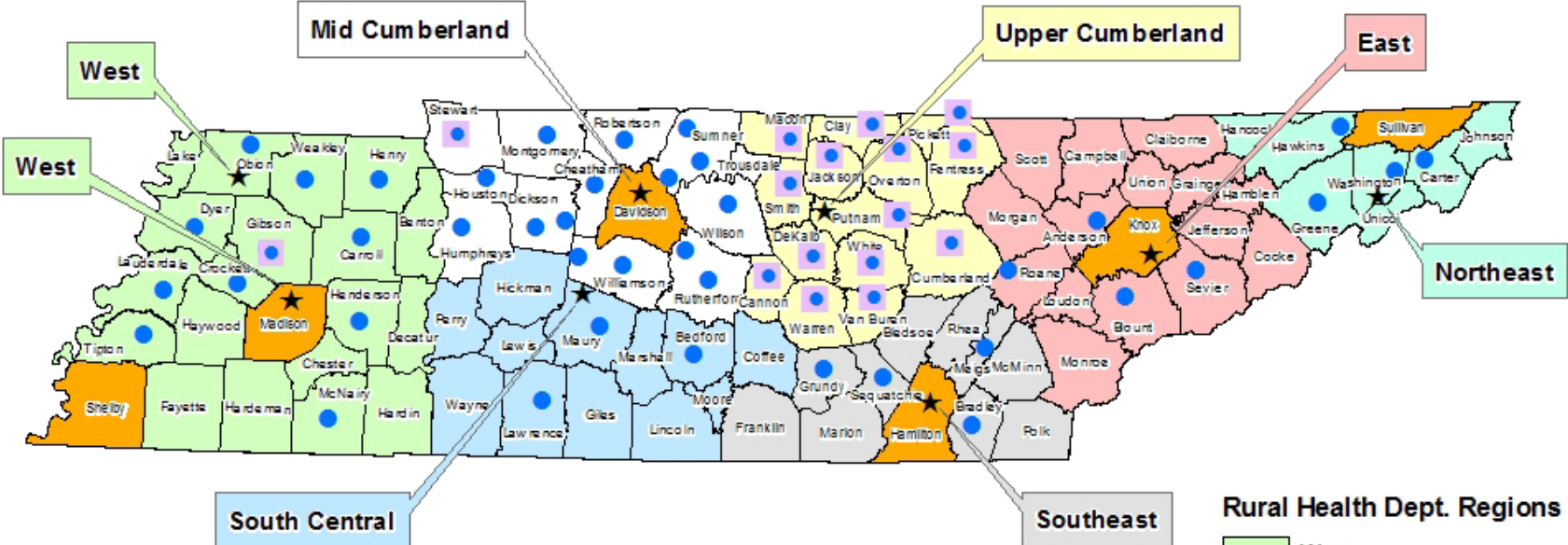
Department of  
**Health**

# NASHVILLE HEALTH

John J. Dreyzehner, MD, MPH  
Commissioner

August 11, 2016

# TDH Health Regions and Primary Care Locations



\*All 95 counties have a local Health Department site: 89 Rural, 6 Metro

- Local Health Department Primary Care Sites (40)
- FQHC's operated by TDH (16)
- ★ Rural Regional Offices (7)

- Metros
- Davidson
- Hamilton
- Knox
- Madison
- Shelby
- Sullivan

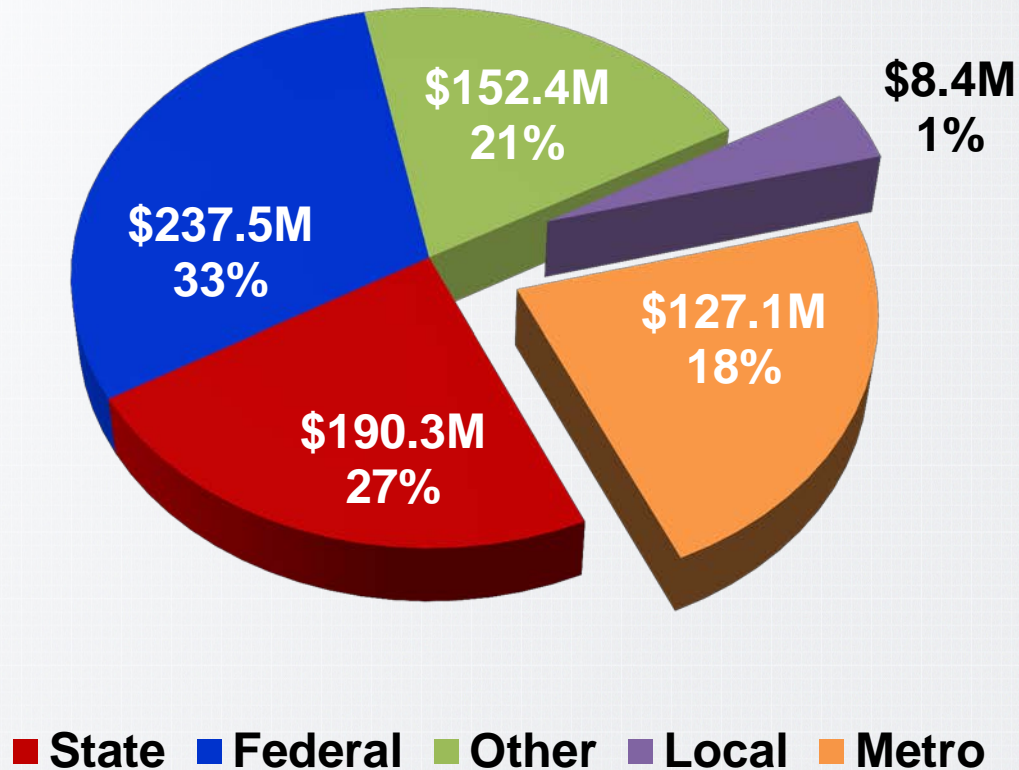
**Rural Health Dept. Regions**

- West
- Mid-Cumberland
- South Central
- Southeast
- Upper Cumberland
- East
- Northeast

Notes: TDH's 56 Primary Care Sites consist of the 40 LDH Primary Care sites plus 16 FQHC's operated by TDH. Metro Health Departments operated by local metro governments.



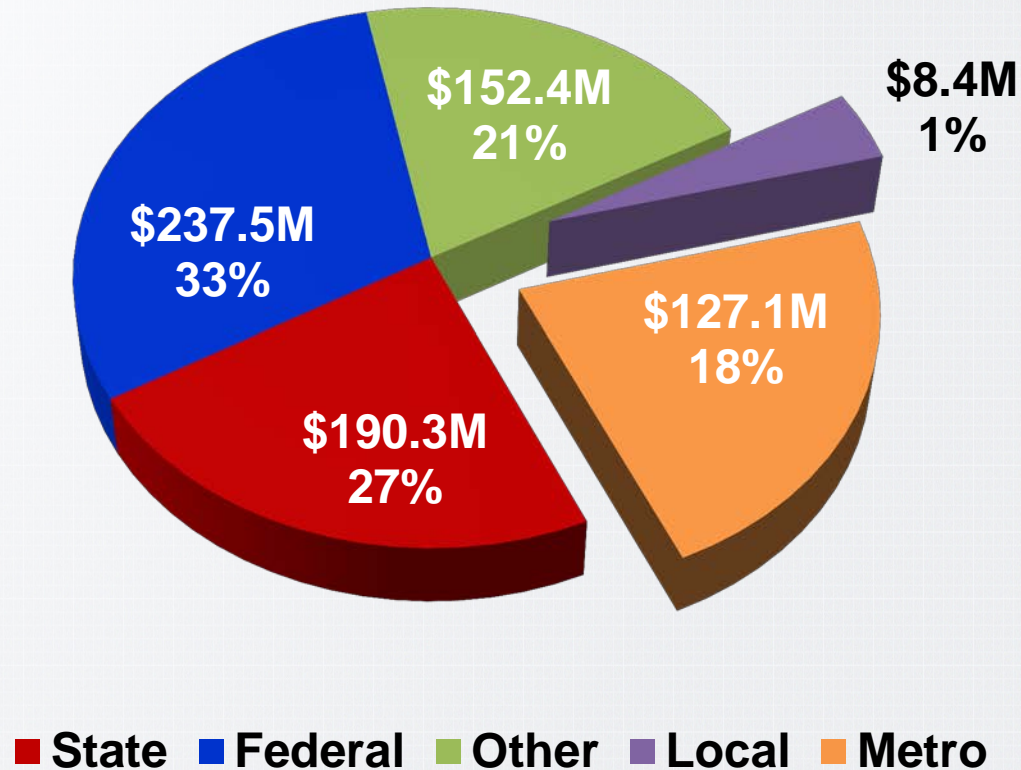
# FY2016: Current Public Health Funding



TDH's Current (FY16) Funding: **\$597,931,300**  
All TN Government Public Health (FY16) Funding: **\$814,106,687**



# FY2016: Current Public Health Workforce



**5,520 Total Positions**



# TENNESSEE'S "BIG 4"



Tobacco Use

47<sup>th</sup>



2015 – 46<sup>th</sup>

Obesity

36<sup>th</sup>



2015 – 47<sup>th</sup>

Physical Inactivity

42<sup>nd</sup>



2015 – 49<sup>th</sup>

Drug Deaths

40<sup>th</sup>




2015 – 40<sup>th</sup>





# Top Ten Leading Causes of Death in Tennessee and Big 4 Modifiable Risk Factors, 2014

| Cause                               | Number | Tobacco                       | Obesity             | Physical Inactivity |
|-------------------------------------|--------|-------------------------------|---------------------|---------------------|
| Heart disease                       | 15,197 | Strong evidence               | Strong evidence     | Strong evidence     |
| Cancer                              | 14,153 | Strong evidence               | Suggestive evidence | Suggestive evidence |
| Chronic lower respiratory disease   | 3,967  | Strong evidence               | Strong evidence     | Strong evidence     |
| Accidents (including motor vehicle) | 3,769  | <b><i>SUBSTANCE ABUSE</i></b> |                     |                     |
| Cerebrovascular diseases            | 3,322  | Strong evidence               | Strong evidence     | Strong evidence     |
| Alzheimer's disease                 | 2,666  | Suggestive evidence           | Suggestive evidence | Suggestive evidence |
| Diabetes mellitus                   | 1,724  | Strong evidence               | Strong evidence     | Strong evidence     |
| Influenza and pneumonia             | 1,599  | Suggestive evidence           | Suggestive evidence | Suggestive evidence |
| Kidney disease/failure              | 1,033  | Strong evidence               | Strong evidence     | Suggestive evidence |
| Suicide                             | 945    | <b><i>SUBSTANCE ABUSE</i></b> |                     |                     |



|  |                     |
|--|---------------------|
|  | Strong evidence     |
|  | Suggestive evidence |

Sources: Tennessee Department of Health, Mayo Clinic, World Heart Federation, National Institutes of Health, World Health Organization, Centers for Disease Control and Prevention

| Determinants   | 2015         |           | NO. 1        | Weighting |
|--|--------------|-----------|--------------|-----------|
| Behaviors  | Value        | Rank      | State        | 25        |
| Smoking (Percent of adult population)                                  | 24.2         | 47        | 9.7          | 7.5       |
| Binge Drinking (Percent of adult population)                           | 11.6         | 2         | 10.3         | 2.5       |
| Drug Deaths (Deaths per 100,000 population)                            | 17.6         | 40        | 2.7          | 2.5       |
| Obesity (Percent of adult population)                                  | 31.2         | 36        | 21.3         | 5         |
| Physical Inactivity (Percent of adult population)                      | 26.8         | 42        | 16.4         | 2.5       |
| High School Graduation (Percent of incoming ninth graders)             | 86.3         | 11        | 89.7         | 5         |
| <b>Community and Environment</b>                                       |              |           |              | 22.5      |
| Violent Crime (Offenses per 100,000 population)                        | 590.6        | 47        | 121.1        | 5         |
| Occupational Fatalities (Deaths per 100,000 workers)                   | 4.9          | 32        | 2.0          | 2.5       |
| Infectious Disease (Combined score Chlamydia, Pertussis, Salmonella*)  | -0.22        | 18        | -1.09        | 5         |
| Children in Poverty (Percent younger than 18 years)                    | 26.2         | 45        | 10.6         | 5         |
| Air Pollution (Micrograms of fine particles per cubic meter)           | 9.1          | 30        | 5.0          | 5         |
| <b>Policy</b>  |              |           |              | 12.5      |
| Lack of Health Insurance (Percent without health insurance)            | 12.9         | 31        | 3.8          | 5         |
| Public Health Funding (Dollars per person)                             | \$78         | 21        | \$227        | 2.5       |
| Immunization—Children (Percent aged 19 to 35 months)                   | 71.9         | 25        | 84.7         | 2.5       |
| Immunization—Adolescents (combined value of HPV, MCV4, and Tdap)       | -0.75        | 38        | 1.31         | 2.5       |
| <b>Clinical Care</b>   |              |           |              | 15        |
| Low Birthweight (Percent of live births)                               | 9.1          | 44        | 5.8          | 3.75      |
| Primary Care Physicians (Number per 100,000 population)                | 126.4        | 18        | 206.7        | 3.75      |
| Dentists (Number per 100,000 population)                               | 50.0         | 39        | 81.2         | 3.75      |
| Preventable Hospitalizations (Discharges per 1,000 Medicare enrollees) | 64.8         | 43        | 24.4         | 3.75      |
| <b>All Determinants</b>  | <b>-0.32</b> | <b>42</b> | <b>0.67</b>  | ...       |
| <b>Outcomes</b>  |              |           |              | 25        |
| Diabetes (Percent of adult population)                                 | 13.0         | 48        | 7.1          | 3.125     |
| Poor Mental Health Days (Days in previous 30 days)                     | 4.8          | 50        | 2.7          | 3.125     |
| Poor Physical Health Days (Days in previous 30 days)                   | 4.7          | 46        | 2.9          | 3.125     |
| Disparity in Health Status (By educational attainment**)               | 23.1         | 6         | 14.9         | 3.125     |
| Infant Mortality (Deaths per 1,000 live births)                        | 7.0          | 36        | 4.2          | 3.125     |
| Cardiovascular Deaths (Deaths per 100,000 population)                  | 299.0        | 44        | 186.5        | 3.125     |
| Cancer Deaths (Deaths per 100,000 population)                          | 213.7        | 44        | 146.1        | 3.125     |
| Premature Death (Years lost per 100,000 population)                    | 9,088        | 43        | 5,414        | 3.125     |
| <b>All Outcomes</b>  | <b>-0.27</b> | <b>45</b> | <b>-0.33</b> | ...       |
| <b>Overall</b>   | <b>-0.59</b> | <b>43</b> | <b>0.89</b>  | 100       |

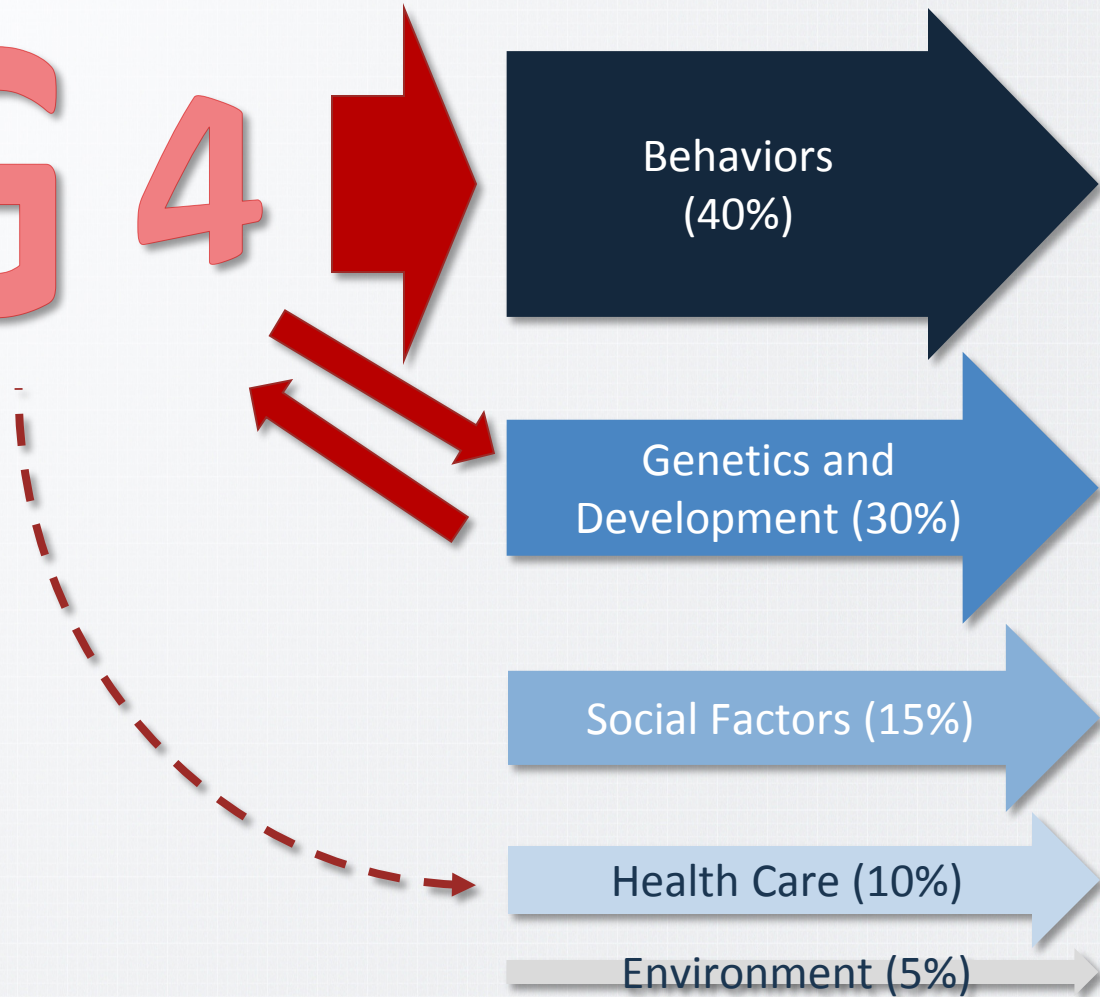


TN Rank:  
43  
The  
Big 4 influence  
nearly  
2/3  
of Tennessee's  
overall rank.



# The Big 4: Difficult to get to Health through Health Care

**BIG 4**



**Health  
&  
Prosperity**

# U.S. Health Care System Ranks Last Among Peers

## COUNTRY RANKINGS

|           |
|-----------|
| Top 2*    |
| Middle    |
| Bottom 2* |



|   | AUS     | CAN     | FRA     | GER     | NETH    | NZ      | NOR     | SWE     | SWIZ    | UK      | US      |
|---|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| <b>OVERALL RANKING (2013)</b>             | 4       | 10      | 9       | 5       | 5       | 7       | 7       | 3       | 2       | 1       | 11      |
| <b>Quality Care</b>                       | 2       | 9       | 8       | 7       | 5       | 4       | 11      | 10      | 3       | 1       | 5       |
| Effective Care                            | 4       | 7       | 9       | 6       | 5       | 2       | 11      | 10      | 8       | 1       | 3       |
| Safe Care                                 | 3       | 10      | 2       | 6       | 7       | 9       | 11      | 5       | 4       | 1       | 7       |
| Coordinated Care                          | 4       | 8       | 9       | 10      | 5       | 2       | 7       | 11      | 3       | 1       | 6       |
| Patient-Centered Care                     | 5       | 8       | 10      | 7       | 3       | 6       | 11      | 9       | 2       | 1       | 4       |
| <b>Access</b>                             | 8       | 9       | 11      | 2       | 4       | 7       | 6       | 4       | 2       | 1       | 9       |
| Cost-Related Problem                      | 9       | 5       | 10      | 4       | 8       | 6       | 3       | 1       | 7       | 1       | 11      |
| Timeliness of Care                        | 6       | 11      | 10      | 4       | 2       | 7       | 8       | 9       | 1       | 3       | 5       |
| <b>Efficiency</b>                         | 4       | 10      | 8       | 9       | 7       | 3       | 4       | 2       | 6       | 1       | 11      |
| <b>Equity</b>                             | 5       | 9       | 7       | 4       | 8       | 10      | 6       | 1       | 2       | 2       | 11      |
| <b>Healthy Lives</b>                      | 4       | 8       | 1       | 7       | 5       | 9       | 6       | 2       | 3       | 10      | 11      |
| <b>Health Expenditures/Capita, 2011**</b> | \$3,800 | \$4,522 | \$4,118 | \$4,495 | \$5,099 | \$3,182 | \$5,669 | \$3,925 | \$5,643 | \$3,405 | \$8,508 |

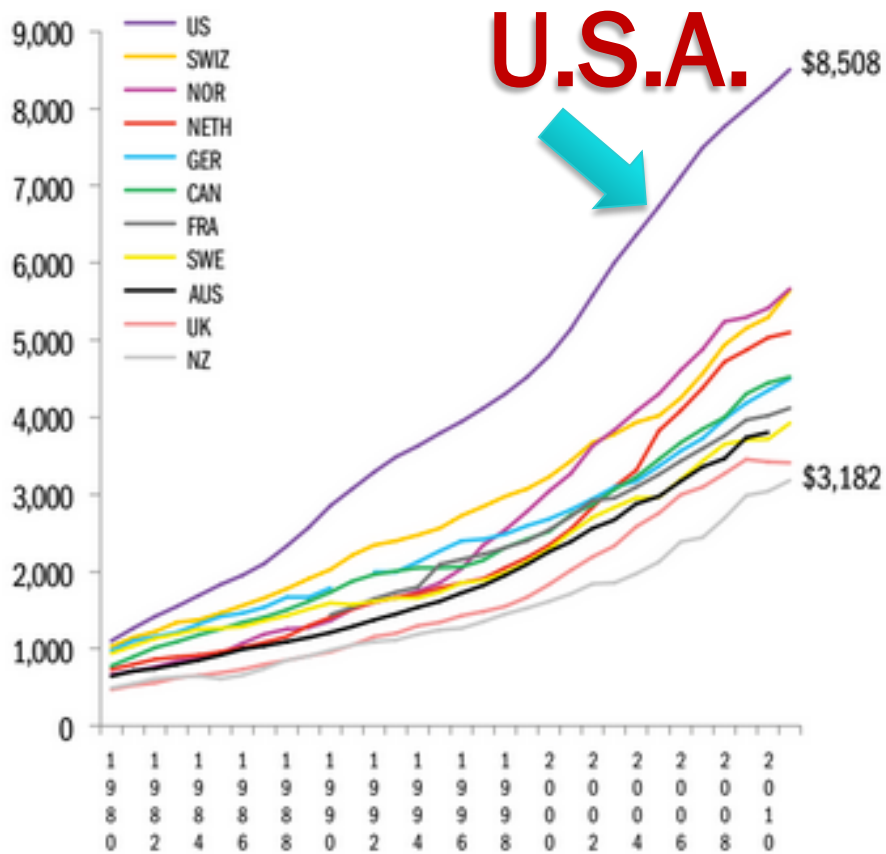
Notes: \* Includes ties. \*\* Expenditures shown in \$US PPP (purchasing power parity); Australian \$ data are from 2010.

Source: Calculated by The Commonwealth Fund based on 2011 International Health Policy Survey of Sicker Adults; 2012 International Health Policy Survey of Primary Care Physicians; 2013 International Health Policy Survey; Commonwealth Fund *National Scorecard 2011*; World Health Organization; and Organization for Economic Cooperation and Development, *OECD Health Data, 2013* (Paris: OECD, Nov. 2013).

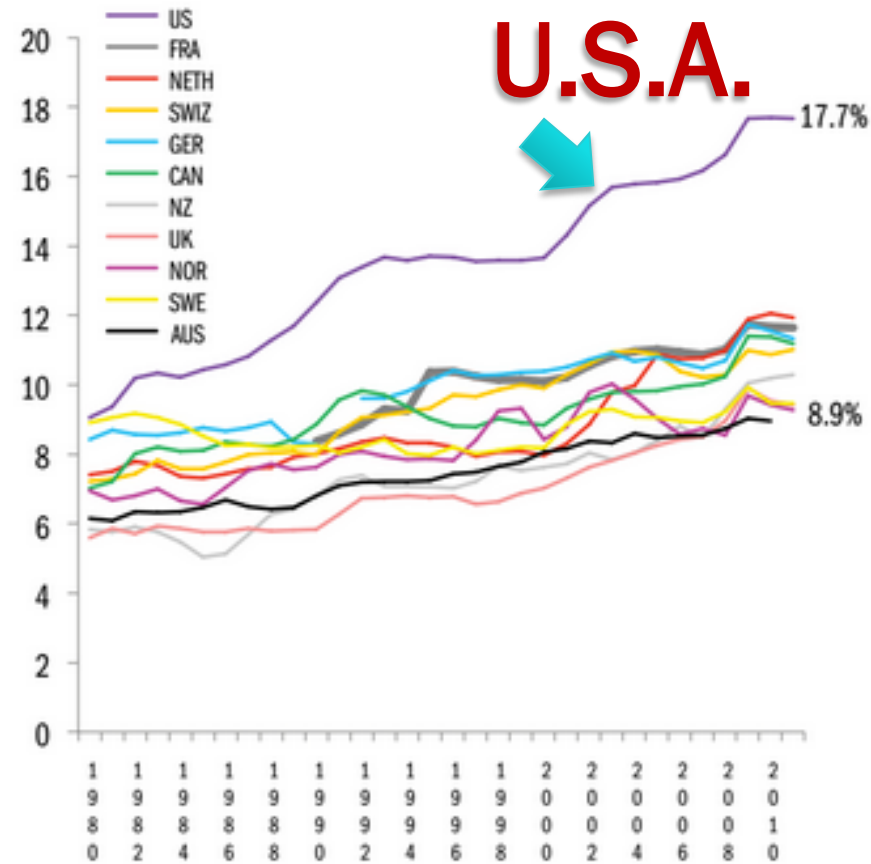


# U.S. Health Care System More Expensive than Peer Counties

Average spending on health per capita (\$US PPP)



Total expenditures on health as percent of GDP

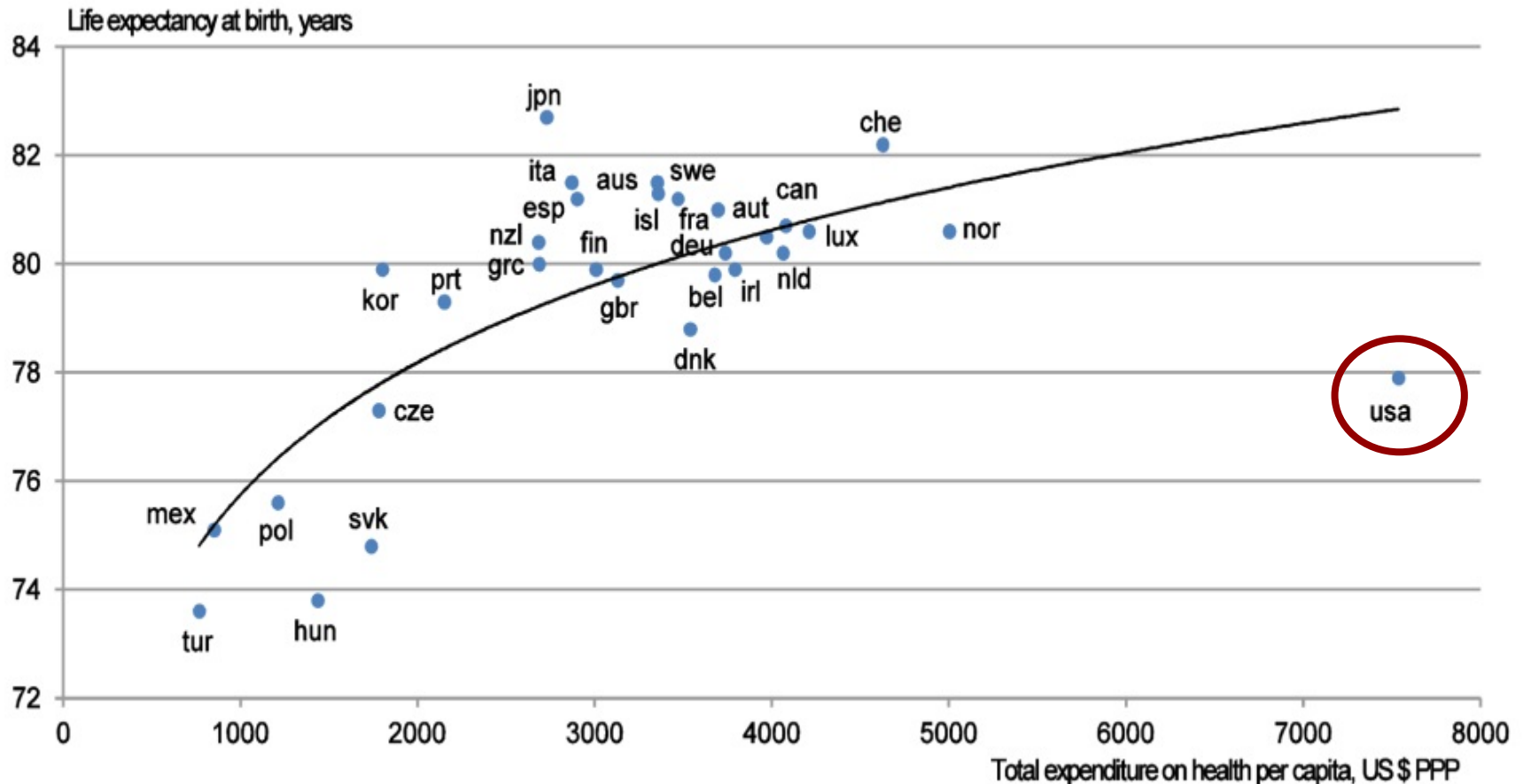


Note: \$US PPP = purchasing power parity.

Source: Organization for Economic Cooperation and Development, OECD Health Data, 2013 (Paris: OECD, Nov. 2013).

# U.S. Health Care System Doesn't Achieve Expected Value per Spending Level

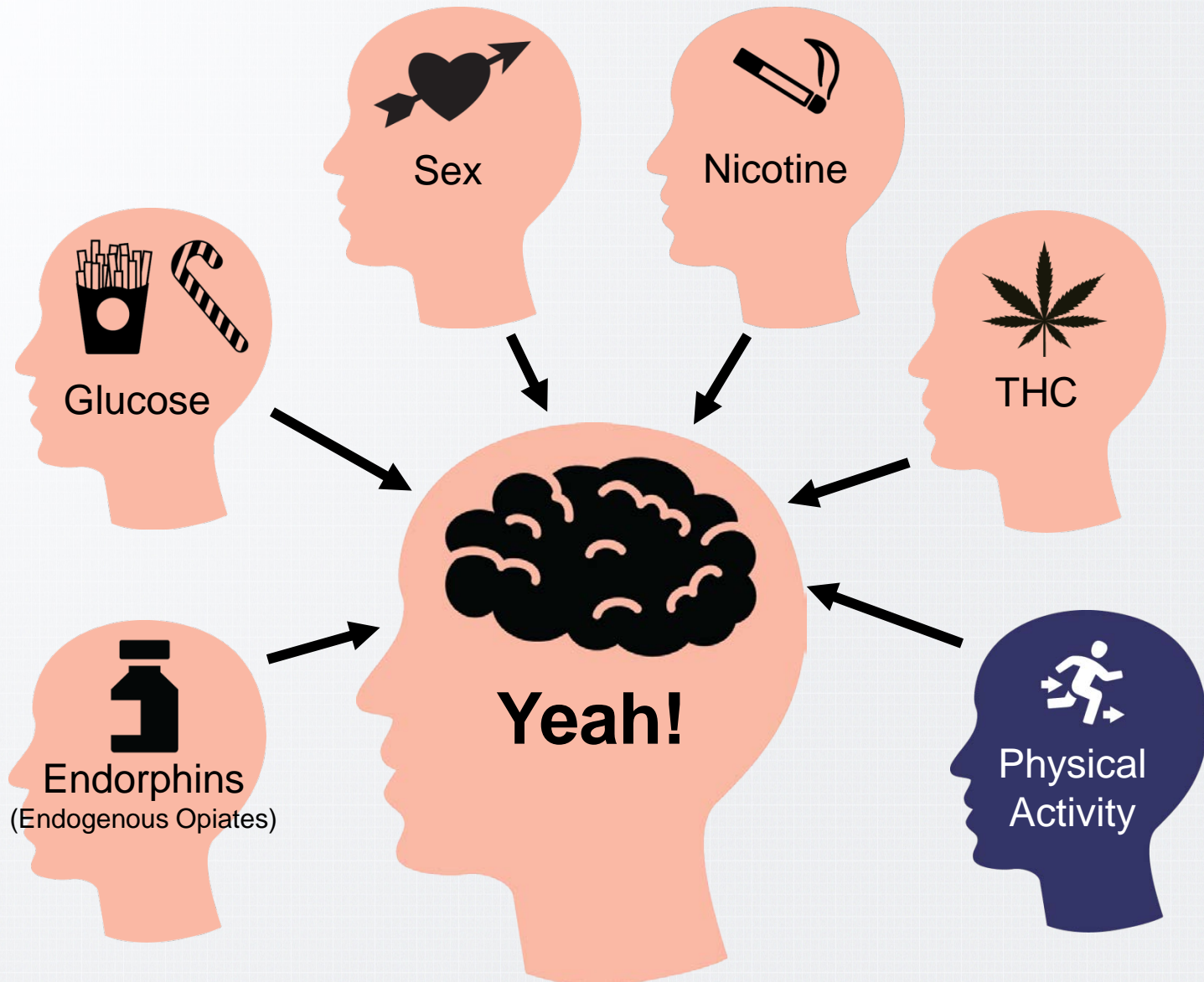
Figure 1. There are large differences in life expectancy and health care spending across OECD countries 2008<sup>1</sup>



1. Or latest year available.

Source: OECD Health Data 2010.

# The Dopaminergic Reward Center







Department of  
**Health**

**THANK YOU**



# Deputy Director Position

## Board of Health

August 11, 2016

Bill Paul MD, MPH



*Metro***Public Health***Dept*  
Nashville / Davidson County  

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Protecting, Improving, and Sustaining Health

# Foundational Goals: What do we do?

1. Improve and Sustain **Family and Child Well-Being**
2. Promote and Support **Healthier Living**
3. Create **Healthier Community Environments**
4. Prevent and Control **Epidemics** and Respond to **Public Health Emergencies**
5. Increase **Access and Connection to Clinical Care**



# Strategic Goals: How will we succeed?

- 1: Strengthen and support the public health workforce.
- 2: Strengthen organizational performance
- 3: Develop and strengthen community collaboration
- 4: Advance health equity
- 5: Enhance public health communication



# Strategic Direction 2016-2018

- Spectacular, welcoming customer service
- Nashville's Health Strategist
- Results: Measurably improving health



# Deputy Director Functions:

## Recent History

- Before 2007—Bob Eadie
- 2007-2012 no deputy
- ‘Chief Performance Officer’ 2012-2014
  - HR policies and practices; supported managers
  - led accreditation, performance management, & strategic plan
- 1/2014--4/2015—Ashley—Mayor’s designee
- Medical Services Director position cut FY 2015 budget



# Opportunity to Accelerate

- 7/2014-3/2016—5 new bureau directors
- 2015-2020 strategic plan
- Accreditation; Quality Improvement; Performance Management



# Job Description-1

Approved July, 2015

- Partners with the Director and leadership team in essential leadership, strategic planning, and organization development activities
- Directs the Department in the absence of the Director
- Leads and coordinates administrative management of public health programs and operations, and works with senior managers as needed to address day to day problems and issues related to operations, finance, human resources, grants, contracts, and audits and compliance.
- Leads and facilitates completion of projects related to various health department operations as required to improve customer service, meet organizational goals and obligations, establish and maintain explicit, clear, fair, and customer-friendly processes, and comply with applicable rules, regulations, and requirements.
- Supports Department efforts to meet key result measures, implement its strategic plan, and achieve and maintain accreditation under the Public Health Accreditation Board.
- Serves as the Director's principal liaison with Mayor's office for day to day concerns and communications. Liaises with other Metro Departments as required. Attends and leads other meetings as requested by the Director.



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

# Job Description-2

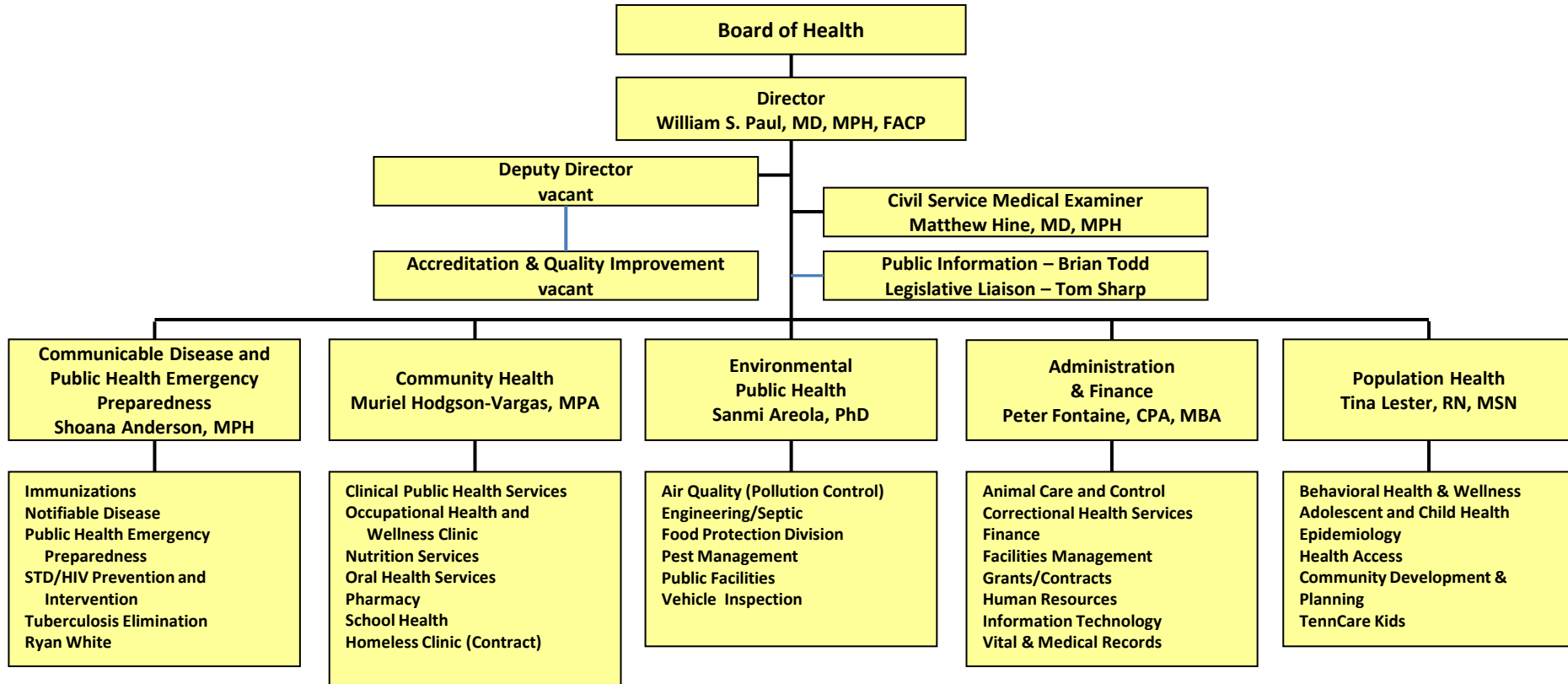
Approved July, 2015

- Assists in the development of major contracts and the annual budget. Manages Departmental preparation for board meetings and public hearings.
- Drafts Civil Service Rule revisions and serves as Director's Hearing Officer.
- Assists staff with mentoring and coaching; is visible and approachable as a sounding board and resource to managers
- Supports MPHD organizational goals and strategies by modeling its core values, actively supporting department wide strategic planning and quality improvement efforts, and collaborating with other managers and leaders to improve service to the public.
- Meets regularly with the Director to ensure alignment of priorities and activities;
- Demonstrates MPHD's core values of Professionalism, Respect, Integrity, Dedication, and Equality (P.R.I.D.E.) when interacting with the public and employees of the Metropolitan Government.
- Supports and participates in departmental response to disaster/emergency events.
- Performs other duties as assigned.



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

# Organizational Chart



Board approved, March 2016—minor modifications August 2016



# Job Description - Summary

- Board Approved 7/1/2015
- Senior leader and manager
- Supports day to day management & administration
- Oversees Accreditation, Quality Improvement & Performance management, facilitates strategic planning and tracks follow through on Strategic Plan
- Strategic initiatives & projects
- Directs the Department in absence of the Director



# Ideal Candidate: Summary

- a seasoned public health or government leader and manager
- a strategic thinker & problem solver
- demonstrated ability to follow through on tasks and manage projects
- excellent verbal and written communication skills
- good with people: approachable, emotional intelligence
- competencies and experience in quality improvement and performance management
- competencies and experience in facilitation and strategic planning



# Accreditation Update

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Board of Health  
August 11, 2016  
.....



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

# Accreditation Update

- What is an Accreditation?
- Why Accreditation?
- Current status at MPHD
- Next Steps



# What is Accreditation?

- National voluntary program, started in 2011
- Measures performance against accepted national standards
- Public Health Accreditation Board (PHAB).
- Documents and communicates capacity to deliver
  - Core Functions of public health
  - Ten Essential Public Health Services.
- Advances standardization, quality and performance of public health nationally
- Helps identify performance improvement opportunities





# National Accreditation Activity

*As of July 1, 2016*

| <b>Distribution of Health Departments</b>    | <b>Accredited</b> | <b>In Progress</b> | <b>Total in e-PHAB</b> |
|--|-------------------|--------------------|------------------------|
| <b>Local</b>                                 | 115               | 157                | 272                    |
| <b>State</b>                                 | 19                | 14                 | 33                     |
| <b>Tribal</b>                                | —                 | 4                  | 4                      |
| <b>Centralized States Integrated System*</b> | 1/67              | —                  | 1/67                   |
| <b>Multi-Jurisdictional</b>                  | —                 | 8                  | 8                      |
| <b>Total Number of Health Departments</b>    | 134 + 1 system    | 183                | 318                    |
| <b>Population (Unduplicated)</b>             | 167,183,267       | 63,876,938         | 231,060,205            |

# Why Accreditation?

- Promotes high performance & Continuous quality improvement
- Recognizes high performers that meet nationally accepted standards
- Illustrates public accountability
- Increases visibility and public awareness of governmental public health
- Leads to greater credibility and public trust.
- Clarifies public expectations



# PHAB's Steps to Accreditation

1. Pre-application
  - Coordinator hired, assess department readiness, and begin identifying documentation
2. Application
  - Submit Statement of Intent, Application Fees
  - Must have completed CHA, CHIP, SP, WFD and QI Plans.
3. Document Selection and Submission
4. Site Review *(2 day site visit from PHAB Site Reviewers)*
5. Accreditation Decision
  - Accredited, Not Accredited or Action Plan
6. Annual Reports
  - Annual reports describe how the health department has addressed areas identified by the Accreditation Committee as priority areas for improvement
7. Reaccreditation *(every 5 years)*



# Accreditation Cost

| <b>Health Department Category</b>  | <b>Initial Accreditation Review Fee*</b><br><i>Effective July 1, 2016-June 30, 2017</i> | <b>Annual Accreditation Services Fee*</b><br><i>Effective July 1, 2016-June 30, 2017</i> |
|--|---|--|
| Category 1<br><i>Health Departments with populations of 100,000 or fewer</i>                 | \$ 14,000   | \$ 5,600   |
| Category 2<br><i>Health Departments with populations greater than 100,000 to 500,000</i>     | \$ 21,000   | \$ 8,400   |
| Category 3<br><i>Health Departments with populations greater than 500,000 to 1,000,000</i>   | \$ 28,000   | \$ 11,200  |
| Category 4<br><i>Health Departments with populations greater than 1,000,000 to 5,000,000</i> | \$ 35,000   | \$ 14,000  |
| Category 5<br><i>Health Departments with populations greater than 5,000,000</i>              | \$ 56,000   | \$ 22,400  |

**\*Fees are subject to review for potential annual expense adjustments to take effect on July 1st of each year. Any changes to the fee amount will be announced in January of that same year.**

# The 12 Domains of Accreditation

- Domain 1: Conduct assessments focused on population health status and public health issues.
  - Example: Community Health Assessment (CHA)
- Domain 2: Investigate health problems and environmental public health hazards
  - Examples: Investigation of infectious or communicable diseases (including processes)
- Domain 3: Inform and Educate about public health hazards
  - Examples: Public information and Risk Communication Plan
- Domain 4: Engage the community to identify and address health problems.
  - Examples: Engage with community, governing entities, advisory boards, and elected officials about policies and/or strategies that will promote the public's health.
- Domain 5: Develop Public Health Policies and Plans
  - Examples: Community Health Improvement Plan (CHIP) and Strategic Plan and
- Domain 6: Enforce Public Health Laws
  - Examples: Procedures and protocols for conducting enforcement activities.





# The 12 Domains of Accreditation

- Domain 7: Promote strategies to improve access to health care services.
  - Examples: Collaborative process to establish strategies to improve access to health care services.
- Domain 8: Maintain a competent public health workforce.
  - Examples: WFD Plan,
- Domain 9: Continuously improve processes, programs and interventions.
  - Examples: Quality Improvement Plan and Performance Management System
- Domain 10: Contribute to and apply the evidence base of public health.
  - Examples: Document use of applicable evidenced-based and/or promising practices when implementing processes, programs and/or interventions.
- Domain 11: Maintain administrative and management capacity.
  - Examples: Finance and HR systems and procedures, HIPAA
- Domain 12: Maintain capacity to engage the public health governing entity.
  - Examples: Provide the governing entity with information about important public health issues and/or the recent actions of the health department.



# Current Status & Next Steps

- 60-80% complete. Coordinator transition.
- Affirm Board of Health Support
- Hire Coordinator
- Establish Revised Timeline
- Reduce Gaps/Plan for Barriers
- Submit Statement of Intent to the Public Health Accreditation Board (PHAB)
- Upload documentation to PHAB
- Site Review
- Get Accredited!!!



# **Director's Update to the Board of Health**

## **August, 2016**

### **Improve and Sustain Family and Child Well-Being**

#### **School Nurses**

A revised Public Investment Plan to expand the school nursing has been submitted. The proposal has been revised to involve a consultant to look at different models around the country.

### **Create Healthier Community Environments**

#### **Vehicle Emissions Testing**

We have received bids for the vehicle emissions testing program and expect to proceed soon to contract award. The contract will come before this board and the Metro Council. The current contract expires in June of next year.

#### **Gas Compressor Hearing**

We held a public hearing here on July 27 to hear from community members concerned about the potential health impacts of a proposed natural gas compressor station in Joelton. We used all three of the Centennial rooms downstairs and had a capacity crowd, including Ms. Etherington, a representative from Congressman Jim Cooper's office, and two members of the Tennessee General Assembly. We heard from the applicant, Tennessee Gas Pipeline LLC. Fifty members of the community spoke in opposition. The public comment period ended August 3, and we have received an additional 100 or so written comments.

Our next steps include:

- The audio recording of the hearing is being transcribed for the record.
- All verbal and written comments are being compiled into a comment record.
- All comments that specifically address the draft air pollution permits will be reviewed, necessary changes will be made to the draft permits, and a "response to comments" document will be provided to the Environmental Protection Agency for their consideration while they review the application and draft permits.
- The remaining health-related comments will be reviewed by the Metro Public Health Department and a similar response document will be generated. In some cases, the Metro Public Health Department may seek input from, or refer a comment to, another regulatory entity.

All responses will be made available as public documents.

### **Prevent and Control Epidemics and Respond to Public Health Emergencies**

#### **Legionnaires' Disease**

Named after an outbreak of pneumonia among people attending an American Legion convention in Philadelphia in 1976, Legionnaires' disease can cause severe, and sometimes fatal, lung infection. About 5,000 cases of Legionnaires' disease and at least 20 outbreaks are reported to the Centers for Disease

Control and Prevention (CDC) every year. The disease is caused by inhaling aerosolized water droplets containing Legionella bacteria, most often found in man-made water systems and cooling towers. Wet cooling towers are common in the HVAC systems of hospitals, hotels, and apartment complexes. Risk factors include lack of proper maintenance, poor design, inadequate control, and equipment failure. We are collaborating with Scott Potter, director of Metro Water Services, to build a culture of public health inspections of wet cooling systems at high-risk sites in Nashville. MWS is funding a position to be housed at MPH within the Bureau of Environmental Public Health. We will work collaboratively to develop and implement a water management program to reduce a building's risk for growing and spreading Legionella.

## **Zika**

We have had five travel related cases of Zika in Nashville through last week. For each case, Health Department staff responded with extensive public educational activities and environmental inspections. The first cases of locally acquired Zika virus in the continental U.S. recently were reported in Miami area. There are no indications of local transmission in Nashville or Tennessee thus far.

We continue mosquito control and surveillance activities while preparing for an appropriately escalated response if and when we have local transmission. The human surveillance and response has been updated by CDC to include travel history to Miami, and we have updated our responses accordingly.

## **Three-year Licenses for Dogs**

The Metro Council recently approved an ordinance allowing us to provide three-year licenses for dogs, which will align the duration of the licenses with the three-year rabies vaccines offered at our clinics and improve convenience for the owners. The change will take effect on January 1 of next year. The change will be mandatory at the rabies clinics sponsored by the Health Department, but optional for private practice veterinarians. It will require an update to the computer system we use to track animal data, and an amendment to the fee schedule to reflect that the license fee is on a per annum basis. The Metro Code previously specified that the licenses had to be annual.

## **Increase Access and Connection to Clinical Care**

### **Presumptive Eligibility**

In January we expanded our presumptive eligibility program to help pregnant women gain access to health care insurance coverage, via an agreement with the state Health Department and TennCare. We now have nine staff members from the Community Health and Population Health bureaus trained as Certified Application Counselors (CACs). Because of the complexity of the training process, we did not start enrolling people until February. For the first quarter, Davidson County enrolled 161 women. During this second quarter, we enrolled 319 women. As all staff currently trained as CACs have other primary job functions, we have decided to dedicate two staff members to this work. The other trained CACs will serve as back-ups when needed.

## **Organizational Updates**

### **NACCHO**

I attended the annual NACCHO national conference in Phoenix in mid-July. The theme of this year's conference was Health Equity.

### **Board of Health**

Dr. Campbell, who as you will remember originally was appointed to this board to fill the unexpired portion of Dr. Batson's term, was nominated by Mayor Barry for a full five-year term. The nomination was unanimously approved by the Metro Council at its Aug. 2 meeting.

### **Civil Service Medical Examiner**

Dr. Matthew Hine will be transitioning to part time as the Civil Service Medical Examiner. He will be on-site on Fridays and continue to attend the Benefit Board meetings.



## **PERSONNEL CHANGES**

### **July 2016**

#### **NEW HIRES**

Britney Sebolt, Animal Care & Control Officer 1, 07/11/2016, \$35,387.03 (Animal Care & Control)  
Haley Woodard, Animal Care & Control Officer 1, 07/11/2016, \$38,590 (Animal Care & Control)  
Kristin Gentry, Nutritionist 2, 07/16/2016, \$46,483.73 (WIC)  
Mary Rys, Environmental Health Specialist 1, 07/16/2016, \$38,590 (Food & Public Facilities Protection)  
Chemyeeka Tumblin, Program Specialist 2, 07/16/2016, \$38,590 (TB Elimination)  
Rebecca Moore, Public Health Nurse 1, 07/22/2016, \$52,723.27 (Notifiable Disease)  
Kimberly Crosslin, Seasonal/Part-time/Temporary, 07/30/16, \$29.947 per hour (School Health-PRN)  
Amanda Frank, Public Health Nurse 1, 07/30/2016, \$38,523.82 (School Health-71%)  
Cathryn Smith, Public Health Nurse 1, 07/30/2016, \$37,433.52 (School Health-71%)  
Dana Stovall, Animal Care & Control Kennel Assistant 1, 07/30/2016, \$29,756.57 (Animal Care & Control)

#### **DEPARTMENT TRANSFER**

Gustavo Perez, Animal Care & Control Officer 1, 07/30/2016, \$35,387.03 (Animal Care & Control)

#### **TERMINATIONS (VOLUNTARY)**

Lynn Harbison, Public Health Nurse 3, 07/15/2016, service pension (TB Elimination)  
Ellen Schwert, Animal Care & Control Office Assistant 1, 07/27/2016, resigned (Animal Care & Control)  
Kathy Carter, Public Health Nurse 1, 07/29/2016, service pension (School Health-71%)

#### **B/U TRANSFERS**

Victoria Dye, Public Health Nurse 1-Woodbine Public Health Center, transferred to Notifiable Disease effective 07/16/2016  
Adam Kincaid, Public Health Nurse 1-East Public Health Center, transferred to Immunization effective 06/04/2016

#### **STATUS CHANGES**

Nancy Ashbaugh, Seasonal/Part-time/Temporary-School Health (PRN), position change to Public Health Nurse 1 (71%) effective 07/30/2016  
Rehana Hashimi, Dental Hygienist 1 (100%)-Oral Health Services, position change to Dental Hygienist 1 (71%) effective 07/30/2016  
Matthew Hine, Medical Doctor (80%)-Occupational Health & Wellness, position change to Seasonal/Part-time/Temporary effective 07/30/2016  
Sara Hopewell, Dental Hygienist 1 (100%)-Oral Health Services, position change to Dental Hygienist 1 (71%) effective 07/30/2016



# NFHS Basic Data Matrix

07/01/2016 and 07/31/2016

|   |  | Species    |                |             |               |           |                |             | Totals     |               |
|---|--|------------|----------------|-------------|---------------|-----------|----------------|-------------|------------|---------------|
|   |  | Canine     |                |             | Canine Totals | Feline    |                |             |            | Feline Totals |
|   |  | Adult      | Up to 5 Months | Unknown Age |               | Adult     | Up to 5 Months | Unknown Age |            |               |
| Beginning Animal Count as of 07/01/2016 |  | 106        | 12             | 1           | 119           | 43        | 164            | 1           | 208        | 327           |
| I<br>N<br>T<br>A<br>K<br>E<br>S         | Stray/At Large                         | 157        | 22             | 1           | 180           | 22        | 73             | 22          | 117        | 297           |
|   | Transferred in from Municipal Shelter  | 6          | 0              | 0           | 6             | 0         | 0              | 0           | 0          | 6             |
|   | Transferred in from Other Rescue Group | 1          | 0              | 0           | 1             | 0         | 0              | 0           | 0          | 1             |
|   | Owner Requested Euthanasia             | 19         | 1              | 0           | 20            | 13        | 2              | 2           | 17         | 37            |
|   | Relinquished by Owner                  | 107        | 30             | 0           | 137           | 44        | 103            | 4           | 151        | 288           |
|   | Other Intakes                          | 12         | 3              | 1           | 16            | 1         | 0              | 0           | 1          | 17            |
| <b>Total Intakes</b>                    |  | <b>302</b> | <b>56</b>      | <b>2</b>    | <b>360</b>    | <b>80</b> | <b>178</b>     | <b>28</b>   | <b>286</b> | <b>646</b>    |
| O<br>U<br>T<br>C<br>O<br>M<br>E<br>S    | Adoptions                              | 127        | 24             | 0           | 151           | 40        | 111            | 0           | 151        | 302           |
|   | Returned to Owner                      | 67         | 0              | 2           | 69            | 5         | 3              | 0           | 8          | 77            |
|   | Transferred to Municipal Shelter       | 35         | 6              | 0           | 41            | 14        | 75             | 19          | 108        | 149           |
|   | Transferred to Other Rescue Group      | 31         | 0              | 0           | 31            | 6         | 15             | 0           | 0          | 52            |
|   | Other Live Outcomes                    | 0          | 0              | 0           | 0             | 0         | 0              | 0           | 0          | 0             |
|   | <b>Total Live Outcomes</b>             | <b>260</b> | <b>30</b>      | <b>2</b>    | <b>292</b>    | <b>65</b> | <b>204</b>     | <b>19</b>   | <b>288</b> | <b>580</b>    |
|   | Died in Care                           | 2          | 5              | 0           | 7             | 1         | 11             | 2           | 14         | 21            |
|   | Lost in Care                           | 0          | 0              | 0           | 0             | 0         | 0              | 0           | 0          | 0             |
|   | Euthanasia                             | 43         | 1              | 1           | 45            | 19        | 14             | 1           | 34         | 79            |
|   | Owner Requested Euthanasia             | 18         | 0              | 0           | 18            | 12        | 2              | 2           | 16         | 34            |
| <b>Total Other Outcomes</b>             | <b>63</b>                              | <b>6</b>   | <b>1</b>       | <b>70</b>   | <b>32</b>     | <b>27</b> | <b>5</b>       | <b>64</b>   | <b>134</b> |               |
| <b>Total Outcomes</b>                   |  | <b>323</b> | <b>36</b>      | <b>3</b>    | <b>362</b>    | <b>97</b> | <b>231</b>     | <b>24</b>   | <b>352</b> | <b>714</b>    |
| Ending Animal Count as of 07/31/2016    |  | 98         | 19             | 0           | 117           | 36        | 101            | 5           | 142        | 259           |
| Save Rate                               |  | 84.15%     | 89.29%         | 50.00%      | 84.80%        | 70.59%    | 85.80%         | 88.46%      | 82.22%     | 83.66%        |

## Metro Animal Care and Control

Data Report – Summary

Metro Animal Care and Control uses the National Federation of Humane Societies – Basic Animal Stats Matrix as a tool for data collection.

This basic matrix was designed to serve as a tool for 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. By using the basic matrix - we will have the opportunity to benchmark the work at MACC against similar agencies around the region or the nation.

Additionally, MACC prepares a Trailing 12-Month Report monthly. This reports includes the monthly Euthanasia Percentage. The Euthanasia Percentage is calculated using the recommended standards for an animal shelter.

Euthanasia Percentage Formula –

$$\frac{L - (J+K)}{A}$$



**METRO NASHVILLE**  
ANIMAL CARE & CONTROL

# Metro Animal Care and Control

Trailing 12 Month - Data Report

|   |                                |        | Trailing 12 Month Average |
|---|--------------------------------|--------|---------------------------|
|   |                                | Jul-16 | Ending July 31, 2016      |
| A | Intake Total                   | 670    | 540                       |
| B | Stray                          | 297    | 246                       |
| C | Owner Surrender                | 314    | 234                       |
| D | Owner Request Euthanasia (ORE) | 32     | 35                        |
| E | Wildlife                       | 14     | 10                        |
| F | Other                          | 13     | 15                        |
| G | Adopted                        | 290    | 209                       |
| H | Transfer                       | 59     | 99                        |
| I | RTO                            | 77     | 53                        |
| J | ORE Euthanized                 | 30     | 33                        |
| K | Wildlife Euthanized            | 10     | 5                         |
| L | Euth Total                     | 118    | 135                       |
| M | Euth %*                        | 12%    | 18%                       |

### Data Report Key

|          |
|----------|
| Intakes  |
| Outcomes |

New Material: Page 12

\*Please see attached summary for the formula used to calculate euthanasia percentage.

