

Metropolitan Board of Health of Nashville and Davidson County November 10, 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
Carol Etherington, RN, MSN, Vice-Chair
Henry W. Foster, Jr., MD, Member
Francisca Guzmán, Member
Margreete Johnston, MD, MPH, Member
Thomas W. Campbell, MD, Member
William S. Paul, MD, MPH, FACP, Director of Health
Sanmi Areola, PhD, Director of Environmental Public Health Bureau
Rachel Majors, MBA, AEMT, Emergency Preparedness & Notifiable Disease Program Manager
Peter Fontaine, CPA, MBA, Director of Administration and Finance Bureau
Josh Lee, JD, Metropolitan Department of Law

BOARD OF HEALTH

Air Pollution Permit Fees for Calendar Year 2016

Sanmi Areola presented the Air Pollution Permit Fee Schedule for Calendar Year 2016 (Attachment I) and requested the Board approve the schedule.

Dr. Foster made a motion to approve the Air Pollution Permit Fee Schedule for Calendar Year 2016 as presented. Ms. Etherington seconded the motion, which passed unanimously.

Update on Domestic Violence Workgroup

Rachel Majors updated the Board on the formation and activities of the Domestic Violence Workgroup (Attachment II).

Environmental Public Health Bureau Presentation: Partnerships in Environmental Public Health Initiative

Dr. Areola informed the Board about the initiative to cultivate partnerships in Environmental Public Health (Attachment III).

Approval of Grant Applications

Peter Fontaine presented one grant application for approval:

1. Application to Best Friends Animal Society – Vet Visit Program
Term: January 1, 2017 through December 31, 2017
Amount: \$10,000

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

Approval of Grants and Contracts

Peter Fontaine presented three items for approval:

1. Contract with Louisiana Pacific Corporation - Worksite POD
Term: Date of contract execution for 5 years
Amount: \$0
2. Notice of Award from HRSA: Ryan White Part A HIV Emergency Relief Grant Program
 - a. Notice of Award issued to de-obligate \$94,665 from budget period 03/01/2015 -02/29/2016 to be carried over to budget period 03/01/2016-02/28/2017.
 - b. Notice of Award that authorizes the carryover of an unobligated balance in the amount of \$94,665 from budget period 03/01/2015-02/29/2016 into the current budget period 3/01/2016-02/28/2017.
Term: March 1, 2016 through February 28, 2017
Amount: \$94,665 (carry-over)

Dr. Foster made a motion to approve the grants and contracts as presented. Ms. Guzmán seconded the motion, which passed unanimously.

Approval of October 13, 2016 Meeting Minutes

Dr. Campbell made a motion to approve the minutes of the October 13, 2016 meeting minutes with correction as noted. Ms. Guzmán seconded the motion, which passed unanimously.

Approval of October 25 Personnel Committee Minutes

The matter was deferred to the December 8, 2016, regular meeting.

Approval of Personnel Committee Report

The matter was deferred to the December 8, 2016, regular meeting.

Discussion of Board Retreat Agenda

Ms. Guzmán presented a draft agenda for discussion (Attachment IV). Several comments were offered for consideration.

Report of the Chair

Chairman Felker reported that the Personnel Committee Report was near completion.

Chairman Felker also reported that the efforts to fill the position of Deputy Director had been renewed.

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

Peter Fontaine presented the personnel changes.

In reference to a complaint received by the Board, Mr. Fontaine advised he would speak with the employee to better understand and address their concerns.

Next Regular Meeting

The next regular meeting of the Board of Health is scheduled to be held at 4:00 p.m. on Thursday, December 8, 2016, in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville TN 37209.


The meeting adjourned at 5:25 p.m.

Respectfully submitted,

Samuel L. Felker, J.D.
Chairman

MEMORANDUM

TO: Dr. William Paul

FROM: John Finke 

DATE: November 2, 2016

SUBJECT: Air Pollution Permit Fees for Calendar Year 2016

Title V of the Clean Air Act requires an operating permit program for major air pollution sources. The Act requires that sufficient funds be collected from these sources to cover the cost of the program. The fee schedule outlined in Section 10.56.080, "Permit and Annual Emission Fees" of Chapter 10.56, "Air Pollution Control" of the Metropolitan Code of Laws and Regulation No. 13, "Part 70 Operating Permit Program" follows the Clean Air Act guidelines which require an annual fee of \$25.00 per ton of allowable emissions of all regulated air pollutants, except carbon monoxide. The fee is adjusted upward each year by the increase in the Consumer Price Index since 1989, with a cutoff of 4,000 tons per year of any regulated air pollutant. This methodology would result in a fee of \$48.88 per ton for 2016. For the past twenty years, the Board of Health has granted a variance from the provisions of Section 10.56.080(E)(1)(e) of Chapter 10.56 to all permitted sources. In 2004, the Board established a flat annual emission fee of \$28.00 per ton of regulated air pollutants, except for carbon monoxide, up to 2,000 tons per year of any regulated air pollutant. The Board has voted to maintain that same fee schedule for the past eleven years. At this time, there is approximately \$618,000 in the reserve Title V fee account.

We are projecting Title V program expenses for FY2017 to be approximately \$370,000. Maintaining the \$28.00 per ton fee is projected to result in the collection of approximately \$220,000 from all of the sources associated with the Title V permitting program. Therefore, I am proposing to maintain the existing fee schedule of \$28.00 per ton which will result in a \$150,000 shortfall to be drawn from the reserve account. Due to decreases in emissions, Title V Permit Program revenues are continuing to decrease. Maintaining the same fee schedule will allow us to get the reserve account closer to where it should be.

In conclusion, I am requesting that this matter be placed on the November 10, 2016, Board of Health Agenda and I am recommending that the Board grant a one year variance from the provisions of Section 10.56.080 of the Metropolitan Code of Laws for all sources located in Nashville, Davidson County, Tennessee, by establishing an annual emission fee of \$28.00 per ton of regulated air pollutants, except for green house gases and carbon monoxide, up to 2,000 tons per year of any regulated air pollutant for calendar year 2016.

cc: Sanmi Areola
Jim Diamond
Dianne Harden
Josh Lee

Domestic Violence Workgroup Overview of Activities

Board of Health Meeting
November 10, 2016



Metro Public Health Dept

Nashville / Davidson County

Protecting, Improving, and Sustaining Health

Workgroup Logistics

- Formed March 2016
- Fourteen Members Total
 - 100% Volunteer
 - Male and Female Membership
 - All Bureaus and ELT Represented
- Meet Twice a Month (every other Friday)

Workgroup Goals

- To develop and implement an internal awareness campaign for MPHD employees and customers
- To establish training opportunities for supervisors and staff to respond appropriately to employee and customer needs

Awareness Activities

- Poster Campaign
 - YWCA and Jean Crowe Advocacy
 - “Tear-Off” Format
 - All Bathrooms; Lentz and Satellite Clinics
- Laminated Information Cards for Employees and Customers
- “Meet at the Bridge” Event
- MEND Campaign



Training Activities

- Partnership with Metro's Office of Family Safety (OFS)
- Overlaps with Awareness Goals
- Eight Trainings Total
 - Four at Lentz
 - SNAC, East, Woodbine and MACC
- Objectives
 - Increase knowledge and understanding of the dynamics of domestic violence
 - Understand victim and offender behavior in domestic violence/dating violence cases
 - Gain insight on how to provide effective advocacy support for domestic violence victims
 - Understand what victims consider to be a “successful outcome”

Fundraising Activities

- Bake Sale
 - October 13, 2016
 - Over \$400 Raised
- Dress-Down Day
 - November 7, 2016
 - Over \$280 Raised
- Sip 'N Shop
 - November 17, 2016



Moving Forward

- Lasting Partnership with YWCA and JCA
- Continuing Poster Campaign
- Ongoing Training
 - New Employees
 - Refresher Courses for Staff
- Evaluating Efforts and Activities
 - MPHD Staff and Customers



Questions?

Thank you

Partnerships for Environmental Public Health in Nashville

Sanmi Areola, PhD
Toxicologist and Director,
Bureau of Environmental Public Health

November 10, 2016



Metro Public Health Dept
Nashville / Davidson County

Protecting, Improving, and Sustaining Health

“An organization can make a difference. But when we work together, in partnership, we can achieve real change to advance public health. Partnerships in environmental health work together to engage in actions upstream that protect health downstream”

– APHA

Nashville

- Growing fast
- Changing demographics
- Changing environmental risks

- 15 Colleges and Universities
- Excellent public and private agencies
- Well-organized community organizations

Our Opportunity...

To ensure as a city - *through actions and policies* – that interactions of our citizens with the environment (air, water, land, food) result in positive rather than negative health outcomes.

Metro Public Health Department

- Wants to work with partners to engage our communities to **identify** and **prioritize** environmental public health concerns, and define **feasible solutions** from the perspectives of individual communities
- We want partners - local universities, decision-makers and community organizations - to work together to enhance Nashville's capacity to address environmental health concerns
- Enhance the community-driven focus of the Metro Public Health Department

Benefits of the Partnership

- Facilitate community ownership in identifying solutions to environmental health concerns
- Help communities understand and articulate environmental issues
- Help policy makers understand environmental issues
- Explore opportunities to maximize existing resources and identify new ones
- Better understand our communities
- Better understand what factors are important to our communities and refine our assumptions to truly reflect the situation and needs in our communities

Benefits of the Partnership

- To build the capacity of the community members and leverage their combined resources in order to achieve environmental public health goals
- Ensure that public and environmental health impacts are considered when policies are made
- Share research findings with community members and legislators and have the community members help with disseminating those findings throughout their communities
- Hear community concerns and life impacts from actual members of the communities and elevate those stories/concerns to policy-makers and the scientific communities

Benefits of the Partnership

- Opportunity to discuss and collectively address environmental public health issues facing our communities
- Opportunity to transmit skills, share news and successes, and promote collaboration among communities
- Opportunity to use credible science as the basis for environmental public health advocacy
- Obtain funding and leverage partner resources in order to sustain project activities

Community Advisory Group

We pulled a group together to...

- Help map out details of the initiative
- Be a resource to the community
- Help with implementation
- Evaluation and documentation

Next steps...

- A longer brainstorming session to work out logistics
- Subgroups
 - To identify community organizations
 - To draft logistics/approach
 - Evaluation and documentation

Input 1

- *What will you like to see in regards to environmental public health in Nashville?*

Input 2

- *From your perspective, what things are needed to mitigate the effects of environmental exposures on public health in Nashville?*

Input 3: Goals

- *What do you see as goals for partnerships in environmental public health?*

Logistics

Based on what you have heard, how do you see this playing out?

Sessions

Description	Number of Sessions	Comments
Introduction and Trainings	1-2	
Identification and prioritization of Environmental Concerns	3-4	
Identification and prioritization of Solutions	5-6	
Matching and Typing Resources	7-8	
Sustainability	9-10	

Resources

- Online portal for projects/progress and for environmental public health for the community
- Knowledge – Training needs for the community and policy makers
- Time
- Funding
- Others?

Thank you!

Via E-mail Tuesday, October 25, 2016

Good morning fellow Board Members,

As you may know we have our Board Retreat coming up on November 21. Given that there is always more information than time in which to get to everything, I'd appreciate your feedback to ensure that we cover information relevant to carrying out our duties as Board members.

Agenda Structure

As you may recall, I structured my NALBOH presentation around the six governing principles of a Board of Health (as defined by NALBOH). I would like to guide the development of the agenda around those same principles to ensure that we are addressing each area of our roles. That said, please take a moment to rank the six principles based on which ones you think are most relevant to you and to the initiatives before the Metro Health Department.

- Policy Development: Understanding MPHD/BOH role in Public Health System and how to engage within it
- Resource Stewardship: Ensuring that there is adequate funding for our public health infrastructure
- Legal Authority: Understanding of responsibilities, what actions BOH can take
- Partner Engagement: How to maximize the effectiveness of collaboration to reach public health goals
- Continuous Improvement: Accreditation, Instituting Health in All Policies
- Oversight: How do we balance day-to-day activities v. mission/vision activities

Possible Topics:

Below is a brainstorming of possible topics that can be covered related to the principles above. These are just ideas, and not all topics might be covered given the time. I am researching outside resources/videos from NLABOH and other resources to use as possible either for us to read/view beforehand or to engage in during the day. Please feel free to suggest other topics/speakers.

- Sunshine Law Refresher: Josh
- Funding Platform Strategy: Celia Larson
- Accreditation—an update (I understand that this process is on hold, but I think it would be good for all members to understand where we are in the process and BOH role for when it does pick up again)
- PIP Process—SWOT from this year; looking ahead at next year re: mission/vision objectives
- Customer Service—how do our clients view us
- Bureau Updates
- Frist Group—would this be appropriate? Invite someone from the group to meet with us. Informal conversation
- Collaboration Highlight
- Environmental Health—not sure specifically, but given the two items that have come up, I think this is an area where increased BOH knowledge may be helpful

As always, happy to hear any other ideas for how to make this a meaningful learning experience for all.

Thanks!
Francisca

Director's Update to the Board of Health

November, 2016

Improve and Sustain Family and Child Well-Being

Onerderful Birthday Celebration

The "Onerderful" Birthday Celebration here on October 29 was attended by 39 of the program's infant clients and more than 220 additional family members. The event celebrates the first birthday of infants born into high-risk circumstances. The Welcome Baby Community Outreach Initiative screens infants at birth for mortality risk factors and connects the children and families to the appropriate services. We receive a list of 45 to 80 high-risk births per week. Our outreach workers visit homes to assess what is needed. At the inception of the program three "touchpoints" were required for each family in the first year; a home visit, a telephone consultation, and a second home visit on the child's first birthday. The Onerderful Birthday was created as a working event to capture the third touchpoint with a touch of celebration for the families. My thanks and congratulations on a successful event to Demetria Kimbro and the entire MPH team.

Promote and Support Healthier Living

Public Health 3.0

I was invited to sit on a panel in Washington last month for the release of the Department of Health and Human Services' recommendations for implementing Public Health 3.0. A key component of the recommendations is summarized in Acting Assistant Secretary for Health Karen DeSalvo's cover letter for the report: "For Public Health 3.0 to succeed, local and state public health leaders must step up to serve as Chief Health Strategists for their communities, mobilizing community action to strengthen infrastructure and form strategic partnerships across sectors and jurisdictions." This concept provides an important frame for our work here.

Create Healthier Community Environments

Gun Violence

Vice Mayor David Briley invited me and Police Chief Steve Anderson to a meeting in the Council chambers to discuss gun violence in the community. VM Briley expressed then, and has reiterated since, that the Council is willing to consider an investment of resources in programs designed to reduce the impact of this problem on our community. We are assessing what recommendations we can make to promote a public health-oriented response. A community meeting on this subject is scheduled for the Napier Community Center this coming Saturday.

NOAH

I spoke at a public hearing convened by NOAH (Nashville Organized for Action and Hope) along with Mayor Barry and VM Briley on October 30 at which some 1,700 people were in attendance. NOAH's issues frequently intersect with public health issues, in this case regarding the incarceration of the mentally ill. The group also focuses on affordable housing and economic equality.

Gas Compressor Stations

I've submitted an Op-Ed to The Tennessean outlining the department's roles and responsibilities regarding the regulation of natural gas compressor stations in light of the public interest generated by permit applications for stations in the Joelton and Cane Ridge areas. We were told the tentative publication date was sometime this week (may need verbal update).

Green Buildings

Dr. Areola and I presented to the Green Building subcommittee of the Mayor's Livable Nashville Committee, a successor to the Green Ribbon Committee on Environmental Sustainability begun under the previous administration. Of particular note is the recent announcement that Nashville is one of five cities chosen to receive technical assistance from the National League of Cities' Mayors Institute on Housing Hazards & Health. Nashville will send a delegation to the institute next month.

Cities Thrive

I've accepted an invitation from New York Mayor Bill De Blasio, via Mayor Barry's office, to serve as Metro's representative at the Cities Thrive Mental Health Conference in New York next week. The focus of the conference is pertinent to the work we are doing with the Mental Health Public Investment Plan and otherwise to improve and strengthen mental health services and delivery here.

Prevent and Control Epidemics and Respond to Public Health Emergencies

Opioids

In view of the increasing opioid addiction and large-scale overdose issues in other cities, MPHD has formed a workgroup to identify current trends and practices in opiate overdoses and develop a response and communication plan for the department. We hosted community partners including hospitals, police, fire, and community-based organizations to identify opportunities for collaboration and improvement. The department is currently reviewing strategies for prevention and harm reduction, including providing naloxone at the health department and conducting training sessions on its use to save lives during overdoses, and discussing syringe exchange programs. We also are conducting sentinel surveillance for opiate overdoses by monitoring emergency department visits at four local hospitals daily. Surveillance data will assist the department in identifying an increase in overdoses in the community; however, data on overall opioid abuse and overdoses in Nashville/Davidson County is not available at this time.

Increase Access and Connection to Clinical Care

ACA Enrollment

The open enrollment period for health care coverage under the Affordable Care Act began last week with an event at the East Park Community Center featuring Mayor Barry and April Washington, Public Affairs Specialist for the HHS regional office in Atlanta. Open enrollment runs through the end of January. In the past year we have substantially upgraded our in-house ability to help get people enrolled in Medicaid, primarily, as well as the Marketplace plans in some circumstances. We have added dedicated Certified Application Counselors at each site, and have additional certified counselors who can assist with enrollment as needed. They have enrolled a total of 828 people through the first three quarters of the year. We also continue our efforts to assist the larger Get Covered Nashville efforts by providing space for volunteers two days a week throughout the enrollment period.

Metro Animal Care and Control

Monthly Report
October 2016



METRO NASHVILLE
ANIMAL CARE & CONTROL

October 2016 Intakes

	Kitten	Adult Cat	Puppy	Adult Dog	Other	Wildlife	Total
Owner Surrender	53	45	22	83	11	0	214
Request for Humane Euthanasia	2	8	12	40	1	0	63
Stray	59	23	15	146	5	6	254
Total	114	76	49	269	17	6	531

Kitten/Puppy: 6 weeks old to 11 months old

Adult Cat/Dog: 1 year or older

Other: Includes Livestock, small animals

October 2015 to October 2016 Intakes

	2015				2016			
	Cats	Dogs	Other	Total	Cats	Dogs	Other	Total
Owner Surrender	133	127	10	270	98	105	11	214
Request for Humane Euthanasia (Owner Surrender)	7	19	1	27	10	52	1	63
Stray	77	185	6	268	82	161	11	254
Total	217	331	17	565	190	318	23	531

Other: Includes Livestock, small animals and wildlife

October 2016 Outcomes*

	Kitten	Adult Cat	Puppy	Adult Dog	Other	Wildlife	Total
Adopted	36	41	21	125	1	0	224
Transferred to Rescue Agency	21	8	24	49	11	3	116
Returned to Owner	0	4	3	44	0	0	51
Community Cats Program	8	15	0	0	0	0	23
Humanely Euthanized	22	19	6	83	2	5	137
Total	87	87	54	301	14	8	551

Kitten/Puppy: 6 weeks old to 12 months old

Adult Cat/Dog: 1 year or older

Other: Includes Livestock, small animals and wildlife

October 2015 to October 2016 Outcomes

	2015				2016			
	Cats	Dogs	Other	Total	Cats	Dogs	Other	Total
Adopted	165	162	1	328	77	146	1	224
Transferred to Rescue Agency	28	53	15	96	29	73	14	116
Returned to Owner	1	50	0	51	4	47	0	51
Community Cat Program	9	0	0	9	23	0	0	23
Humanely Euthanized	91	92	4	187	41	89	7	137
Total	294	357	20	671	174	355	22	551

*Outcome Data will rarely match Intake Data due to the fluidity of the shelter census. Animals are constantly being moved through the "Animal Flow Through" process.

***Not Yet Outcomed refers to animals that are still in the shelter or foster care.

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 report 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	
		Oct-16	Ending Oct 31, 2016
A	Intake Total	531	559
B	Stray	254	257
C	Owner Surrender	214	240
D	Owner Req. Euth	63	43
E	Wildlife	6	9
F	Other	17	15
G	Adopted	224	196
H	Transfer	116	103
I	RTO	51	57
J	ORE Euthanized	46	35
K	Wildlife Euthanized	5	4
L	Euth Total	137	119
M	Euth %	16%	15%

Data Report Key

Intakes

Outcomes



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