## Metropolitan Board of Health of Nashville and Davidson County February 9, 2017 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, RN, MSN, Vice-Chair
Thomas W. Campbell, MD, Member
Henry W. Foster, Jr., MD, Member
Francisca Guzmán, Member
Margreete Johnston, MD, MPH, Member
William S. Paul, MD, MPH, FACP, Director of Health
Michelle Pardue, DDS, Director of Oral Health Services Program
Sanmi Areola, PhD, Director of Environmental Public Health Bureau
Angela S. Williams, MPH, Accreditation Coordinator
Peter Fontaine, CPA, MBA, Director of Administration and Finance Bureau
Josh Lee, JD, Metropolitan Department of Law

### **BOARD OF HEALTH**

### **Community Health Bureau Presentation: Oral Health Services Program**

Dr. Michelle Pardue presented an overview of the Oral Health Services program's use of Silver Diamine Fluoride (Attachment I).

### **Accreditation Progress and Structure**

Dr. Paul introduced Angela S. Williams, who presented an update on the Department's progress in Accreditation (Attachment II).

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

Peter Fontaine presented nine items for approval:

 Grant Award from the Association of Food and Drug Officials Retail Program Standards Grant Program

Term: January 2017 through December 2017

Amount: \$6,000.00 total that includes:

1 Food Inspector Training award @ \$3,000.00

1 Food Environmentalist Training award @ \$3,000.00

2. Notice of Award from HRSA for the Ryan White Part A HIV Emergency Relief Grant Program

Term: March 1, 2017 through February 28, 2018

Amount: \$2,138,569.00 (partial funding)

3. Award Amendment 5 from Environmental Protection Agency 105 Air Pollution Program

Term: October 1, 2014 through September 30, 2018

Amount: Partial funding \$150,000.00; total award \$2,138, 269.00

4. Award Amendment from the Tennessee Department of Health – Child Fatality Review Contract (Sudden Death in the Young)

Term: Date of Amendment Execution through September 29, 2018

Amount: \$28,000.00

5. Grant from the State of Tennessee Department of Health – Medical and Care Coordination for Children's Special Services

Term: July 1, 2017 through June 30, 2018

Amount: \$727,500.00

6. Contract with Alive Hospice, Inc. – Worksite POD

Term: January 1, 2017 through December 31, 2022

Amount: \$0.00

7. Affiliation Agreement Contract with Lipscomb University Term: January 1, 2017 through December 31, 2022

Amount: \$0.00

8. Business Associate Agreement with Mental Health Cooperative

Term: 5 years upon execution

Amount: \$0.00

9. Business Associate Agreement with Centerstone

Term: 5 years upon execution

Amount: \$0.00

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

### Approval of the January 12, 2016 Special Committee Meeting Minutes

Dr. Foster made a motion to approve the minutes of the January 12, 2017 Special Committee meeting as written. Ms. Etherington seconded the motion, which passed unanimously.

### Approval of the February 2, 2017 Special Committee Meeting Minutes

Ms. Etherington made a motion to approve the minutes of the February 2, 2017 Special Committee meeting as written. Dr. Johnston seconded the motion, which passed unanimously.

### Approval of the January 12, 2017 Regular Meeting Minutes

Ms. Guzmán made a motion to approve the minutes of the January 12, 2017 regular Board of Health meeting as written. Dr. Campbell seconded the motion, which passed unanimously.

### **Consideration of the Special Committee Recommendation**

Chairman Felker thanked the Board members for their input in the effort to formulate a recommendation regarding the renewal of Dr. Paul's contract, and thanked Ms. Etherington and Dr. Foster for their service on the Committee. He presented the Committee's recommendation (Attachment III).

### The recommendation of the Special Committee was approved unanimously by voice vote.

Chairman Felker voiced the Board's full support of Dr. Paul over the next two years.

### 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.

Josh Lee provided an update on the State Air Board hearing held February 8, 2017. Mr. Lee stated that MPHD had presented two requests to the State Air Pollution Control Board: to amend Davidson County's Certificate of Exemption; and to amend the State Implementation Plan to include the zoning change related to the Metro ordinance that was passed last summer. He stated that the Board heard a presentation from the state's Air Pollution Control staff, who recommended approval of our stipulated

amendment exemptions; however the Board was not satisfied and will schedule a public hearing on the requests within 60 days. The Board also heard public comment on the State Implementation Plan request, and deferred that matter until after the public hearing on the Certificate of Exemption. The State Air Board will hold another meeting within 60 days in which they will make a determination. The review of and response to the voluminous number of public comment received by the MPHD Air Pollution Division are ongoing.

Dr. Paul reiterated to the Board an invitation to the Nashville Regional HIV Planning Council Annual Meeting on Tuesday, February 21, 2017, at the Art Institute of Tennessee-Nashville.

Dr. Paul shared a brief update on the FY2018 Public Investment Plan process.

### **Other Business**

Ms. Guzman asked if there were an intake counselor on staff at MACC to assist those who are surrendering pets. Dr. Paul advised that Metro had funded a Safety Net Coordinator position beginning with the FY2017 budget.

### **CIVIL SERVICE BOARD**

### **Personnel Changes**

Peter Fontaine presented the personnel changes.

### **Next Regular Meeting**

The next regular meeting of the Board of Health is scheduled to be held at 4:00 p.m. on Thursday, March 9, 2017, in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville TN 37209.

The meeting adjourned at 5:37 p.m.

Respectfully submitted,

Carol Etherington, MSN, RN Vice Chair

### Attachment I

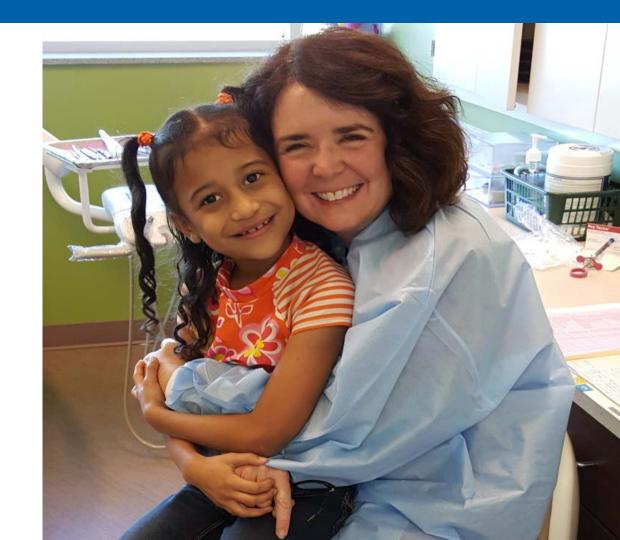
## Oral Health Services Silver Diamine Fluoride: Implications for Public Health

Michelle Pardue, DDS
Director of Oral Health
Michelle.Pardue@nashville.gov

**February 9, 2017** 



## Meet Perla



## What if Perla's teeth looked like this?



## **History of Silver Diamine Fluoride**

- Silver nitrate has been used globally for about 1,000 years
- NH3 was added in the 1960s to produce SDF
- Available in Japan, Australia, Brazil, Argentina, Cuba, and China since the 1980s
- G.V. Black used silver nitrate extensively treating children



## What is in this stuff?

- 25% silver Kills the germs
  - Will denature all proteins and breaks cell walls
- 8 % ammonia keeps it stable in solution
- 5% fluoride remineralizes teeth



## **How Does It Work?**

- Kills bacteria and deactivates enzymes that break down dentin (arrests dental caries)
- Blocks dentinal tubules to protect the pulp (decreases pain quickly)
- Prevents new dental caries directly and indirectly



## **Efficacy**

- Randomized Controlled Trials show 90% arrest with two applications per year
- 40-80% arrest with one application per year
- 70-80% prevention in children by application *only* to lesions



## **Side effects**

- Stains everything it touches
- The staining is harmless



## **Breakthrough therapy**

FDA recently designated SDF as a "breakthrough therapy" based on randomized clinical trials.

The FDA will expedite the development to treat serious conditions when a drug demonstrates substantial improvement over available therapies.



## **Paradigm Shift**

- SDF treats the infection
- Fillings do not treat the infection



## **Medical Management of Caries**

- Gastric Ulcers
- Managed with aggressive surgery
- H. pylori



## **Indications**

- Extreme Caries risk
- Uncooperative patients
- Handicapped patients and nursing home residents
- Treatment plans that require more than one visit to complete
- Patients without access to care
- Difficult to treat lesions
- Expectant mothers with active caries



## **Progression of Early Childhood Caries**



Healthy primary (baby) teeth



Mild decay



Moderate decay



Severe (rampant) decay



## **Anterior Crowns**





## **Contraindications, Concerns and Limitations**

- Silver allergy
- Aesthetic Concerns
- Staining
- Lack of parental consent and understanding
- Does not restore tooth form lost to decay
- Cavitated lesions still need to be restored for optimal function



## First application



## **Second application**



## Large carious lesions



## Radiographic lesion



## **First Application**



## **Second Application**



## Thank you!

## **Questions?**

Michelle Pardue, DDS | Director of Oral Health Services Michelle.Pardue@nashville.gov



### Attachment II

## Public Health Accreditation



Angela S. Williams, MPH Accreditation and Quality Improvement Coordinator

**February 9, 2017** 



## What is Accreditation?

- The measurement of health department performance against a set of nationally recognized, practice-focused and evidencebased standards.
- The issuance of recognition of achievement.
- Guides the continual development, revision, and distribution of public health standards.





# Public Health Accreditation Board Domains



## **Example of Documentation Alignment**

Standard 5.3: Develop and implement a health department organizational strategic plan.

### **MEASURE**

### Measure 5.3.2 A

Adopted department strategic plan

#### **PURPOSE**

The purpose of this measure is to assess the health department's completion and adoption of a department strategic plan.

### SIGNIFICANCE

A strategic plan defines and determines the health department's roles, priorities, and direction over three to five years. A strategic plan sets forth what the department plans to achieve as an organization, how it will achieve it, and how it will know if it has achieved it. The strategic plan provides a guide for making decisions and allocating resources to pursue its strategies and priorities.

### REQUIRED DOCUMENTATION

1. Health department strategic plan that includes:

### GUIDANCE

1. The health department must provide a strategic plan.

If the health department is part of a super health agency or umbrella agency (see PHAB Acronyms and Glossary of Terms), the health department's strategic plan may be part of a larger organizational plan. If that is the case, the plan must include a section that addresses the health department and includes the required elements of the plan specific to the health department. Submitted documentation should include only the section(s) of the larger plan that addresses the health department and not the entire plan. If the plan of the super health agency or umbrella agency does not include the required elements for the health department, then the health department must document that it has conducted an internal health department planning process and adopted a health department specific strategic plan.

Some health departments may have shorter planning timeframes and, for example, may produce a strategic plan every three years. Some of the goals in the plan may be for a longer time period than five years, but the plan must have been produced or revised within the last five years.

There is no required or suggested format for the strategic plan. There is no required or suggested length of the strategic plan.

The health department may call the plan something other than a "strategic plan," but it must include the items listed in a through g.

### NUMBER OF EXAMPLES

1 strategic plan WITHIN 5 years

DATED





### Recommendation

The Special Committee recommends that the Board of Health approve Director William Paul, MD's request and proposal for a two year contract, commencing on July 1, 2017. Metro Legal will negotiate the specific terms for approval by the Board of Health. Dr. Paul outlined for the Special Committee several important initiatives for the Department in the coming year, including accreditation, updating the CHIP and assimilating new executive committee members. The Special Committee believes it is in the best interests of the Department and Metro Nashville for Dr. Paul to lead these efforts as Director. We anticipate the search for a new Director of Health will commence approximately July 1, 2018.

February 9, 2017

Paned by

Sam Felker, Dr. Henry Foster and Carol Esherington

## Director's Update to the Board of Health February, 2017

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

### Equity

A discussion on "Identifying and Responding to Health Inequity: A Health Department and Community's Challenge" was sponsored last week by the Meharry-Vanderbilt Alliance, part of a number of events featuring Dr. Karen Hacker, director of the Allegheny County Health Department in Pennsylvania. These included a lecture at Vanderbilt and an event here at Lentz. Her presence reflects the enduring interest in this department and community in addressing health inequities in Nashville.

### **Promote and Support Healthier Living**

### **Community Advisory Group**

The Community Health bureau is starting a volunteer Community Advisory Group, with the first meeting scheduled for next month. This group will meet quarterly to provide feedback on health services, patient educational materials and special programs offered by MPHD. The group is expected to consist of about a dozen customers of our programs, as well as professionals knowledgeable about community needs.

### **Create Healthier Community Environments**

### State Air Board hearing

The Tennessee Department of Environment and Conservation was scheduled yesterday to hear Metro's request to amend the State Implementation Plan. We requested the Board to incorporate changes to the Metro Code adopted last summer by the Metro Council. The changes grant us authority to request additional documentation or information from a permit applicant, and add conformity with local zoning restrictions as a prerequisite for permits under our Clean Air Act authority. If approved by the Air Pollution Control Board, the requested amendment then would be forwarded to EPA for its consideration. (Verbal update on APC Board meeting)

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

### Mumps

On January 25, MPHD staff identified a case of mumps in a female college student. The student was exposed over the holiday break after spending time with a friend who had symptoms of mumps and is attending a university in another state where there is an ongoing mumps outbreak. The student was promptly isolated and close contacts were identified and vaccinated. The health department will monitor close contacts and clinic visits at the Nashville university through the end of the incubation period to promptly detect and isolate cases in order to prevent spread. At this time, no additional cases have been identified.

### **Ryan White Dinner**

A reminder that the Ryan White Planning Council's annual dinner is Feb. 21 from 4:30-7 p.m. at the Art Institute of Tennessee. You are all invited. The guest speaker is scheduled to be Khafre Kujichagulia Abif from the Southern AIDS Coalition. He also will present the annual collaboration award to a member of the community and a 'diamond award' to a Planning Council member for outstanding work over the past year.

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

(See budget attachment)

### **Organizational Updates**

### **Culture of Health**

The 2017 Sharing Knowledge to Build a Culture of Health conference will be held in Louisville Feb. 22-24. Louisville was a recipient of a Robert Wood Johnson Culture of Health Prize in 2016 for, among other things, its use data to combat health inequities. I plan to attend.

### **NACCHO**

I will be in Washington later this month for NACCHO's annual Day on the Hill visits with our Congressional members. I would expect the implications of repealing the Affordable Care Act to be a topic of conversation. There is some Prevention and Public Health Fund money is this department. We are working with the Tennessee Department of Health to identify exactly how much that is, and where it is programmed.

## Metro Animal Care and Control

**Monthly Report** 

January 2017



### January 2017 Intakes

	Kitten	Adult Cat	Puppy	Adult Dog	Other	Wildlife	Total
Owner Surrender	15	60	27	110	10	0	222
Request for Humane Euthanasia	0	3	1	21	2	0	27
Stray	15	21	28	193	2	9	268
Total	30	84	56	324	14	9	517

Kitten/Puppy: 6 weeks old to 11 months old

Adult Cat/Dog: 1 year or older

Other: Includes Livestock, small animals

## January 2016 to 2017 Intakes

	2016				2017			
	Cats	Dogs	Other	Total	Cats	Dogs	Other	Total
Owner Surrender	62	146	12	220	75	137	10	222
Request for Humane Euthanasia (Owner Surrender)	5	29	0	34	3	22	2	27
Stray	54	204	9	267	36	221	11	268
Total	121	379	21	521	114	380	23	517

**Other**: Includes Livestock, small animals and wildlife

### January 2017 Outcomes\*

	Kitten	Adult Cat	Puppy	Adult Dog	Other	Wildlife	Total
Adopted	10	37	17	109	9	0	182
Transferred to Rescue Agency	11	23	33	39	6	3	115
Returned to Owner	1	6	12	78	0	0	97
Community Cats Program	2	3	0	0	0	0	5
Humanely Euthanized	0	15	1	63	2	5	86
Total	24	84	63	289	17	8	485

Kitten/Puppy: 6 weeks old to 12 months old

Adult Cat/Dog: 1 year or older

Other: Includes Livestock, small animals and wildlife

## January 2016 to 2017 Outcomes\*

	2016				2017			
	Cats	Dogs	Other	Total	Cats	Dogs	Other	Total
Adopted	69	153	14	236	47	126	9	182
Transferred to Rescue Agency	10	68	4	82	34	90	9	115
Returned to Owner	3	70	1	74	7	90	0	97
Community Cat Program	15	0	0	15	5	0	0	5
Humanely Euthanized	20	61	3	84	15	64	7	86
Total	117	352	22	491	108	352	25	485

<sup>\*</sup>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.

### **Metro Animal Care and Control**

### Trailing 12 Month - Data Report

			Trailing 12 Month Average		
		Jan-16	Ending Jan 31st, 2016		
Α	Intake Total	517	583		
В	Stray	268	276		
С	Owner Surrender	222	245		
D	Owner Req. Euth	27	48		
Е	Wildlife	9	10		
F	Other	14	17		
G	Adopted	182	203		
Н	Transfer	115	101		
- 1	RTO	97	64		
J	ORE Euthanized	22	39		
K	Wildlife Euthanized	3	4		
L	Euth Total	86	115		
М	Euth %	12%	12%		

### **Data Report Key**

Intakes Outcomes

### 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 –

L - (J+K)

A