

Metropolitan Board of Health of Nashville and Davidson County March 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

Carol Etherington, RN, MSN, Vice-Chair
Henry W. Foster, Jr., MD, Member
Francisca Guzmán, Member
Margreete Johnston, MD, MPH, Member
William S. Paul, MD, MPH, FACP, Director of Health
Pam Sylakowski, Director of Ryan White Part A Program
Sanmi Areola, PhD, Director of Environmental Public Health Bureau and Interim Deputy Director
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

Approval of Animal License Fee Adjustment

The matter was deferred.

Approval of Accreditation Letter of Support

Board members suggested changes to the letter to the Public Health Accreditation Board in support of the Department's efforts to achieve accreditation (Attachment I).

Dr. Foster made a motion to approve the letter with corrections as stated. Ms. Guzmán seconded the motion, which passed unanimously.

Approval of Grants and Contracts

Peter Fontaine presented five items for approval:

1. Award Amendment 6 from the Environmental Protection Agency 105 Air Pollution Program
Term: October 1, 2014 through September 30, 2018
Amount: \$50,385 (partial funding)
2. Grant Award from the Tennessee Department of Health: Administering Environmental Health Programs
Term: July 1, 2017 through June 30, 2022
Amount: \$7,500,000
3. Continuation Award from the State of Tennessee Department of Health – Letter of Agreement: Special Needs Funding (Tobacco Settlement)
Term: March 15, 2017 through December 31, 2017
Amount: \$50,000 (total amount - \$238,000)
4. Award from the State of Tennessee Department of Health – Tobacco Use Prevention and Control Services
Term: April 1, 2017 through March 31, 2020
Amount: \$127,500

5. Memorandum of Understanding with Metropolitan Nashville Hospital Authority (MNHA) – Women, Infants and Children (WIC) Services
Term: November 2016 through November, 2021
Amount: \$0

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

Approval of the February 9, 2017 Special Committee Meeting Minutes

Ms. Guzman made a motion to approve the minutes of the February 9, 2017 Special Committee meeting as written. Dr. Foster seconded the motion, which passed unanimously.

Approval of the February 9, 2017 Regular Meeting Minutes

Dr. Foster made a motion to approve the minutes of the February 9, 2017 regular Board of Health meeting as written. Ms. Guzmán seconded the motion, which passed unanimously.

CD-PHEP Bureau Presentation: Ryan White Part A Program

Pam Sylakowski presented an overview of the Ryan White Part A Program (Attachment II).

Board members were asked to assist in recruitment for the Ryan White Planning Council members.

Strategic Priority: Organizational Performance

Dr. Paul updated the Board on Organizational Performance as a Strategic Priority (Attachment III).

Report of the Vice Chair

Vice Chair Etherington expressed the Board's appreciation to Dr. Paul for his involvement in the recent Women's Heart Alliance event.

Vice Chair Etherington also invited other Board members to participate in a meeting of the Chair and herself with the Executive Leadership Team, which would be scheduled soon.

Vice Chair Etherington also noted that the National Association of Local Boards of Health's (NALBOH) Annual Conference would be held in Cleveland, OH August 2-4, 2017, and welcomed a Board member to attend if their schedule permitted.

Vice Chair Etherington asked for a report on immigrant use of the department's services at the April 13 or May 11 meeting. Dr. Paul advised that staff have been monitoring services levels and that some levels have declined.

Vice Chair Etherington asked that audits be provided to the Board members in the next two weeks, so that Board members would have time to review them prior to the April meeting.

Vice Chair Etherington referred to the January conversation regarding potential changes to the Affordable Care Act being discussed at a meeting of the Healthy Nashville Leadership Council (HNLC), and asked that a member of the HNLC be invited to update the Board at the May 2017 meeting about changes to the Affordable Care Act.

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 from the State Air Board's meeting that was held that morning, at which the Air Board approved the amendment to the Certificate of Exemption by a seven-to-five vote, and

declined the request to amend the State Implementation Plan to include the zoning change related to the Metro ordinance that was passed last summer.

CIVIL SERVICE BOARD

Personnel Changes

Peter Fontaine presented the personnel changes, which were unremarkable.

Appeal of Director's Decision

Josh Lee advised the Board of the options available to the Board in regard to an Appeal of the Director's Decision, and recommended that the Board refer the appeal to an Administrative Law Judge.

Ms. Guzman made a motion to refer an Appeal of the Director's Decision to an Administrative Law Judge. Dr. Foster seconded the motion, which passed unanimously.

Next Regular Meeting

The next regular meeting of the Board of Health is scheduled to be held at 4:00 p.m. on Thursday, April 13, 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



Megan Barry, Mayor

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

Board of Health

Samuel L. Felker, JD, Chair
 Carol Etherington, MSN, RN, Vice Chair
 Thomas W. Campbell, MD
 Henry W. Foster, Jr., MD
 Francisca Guzmán
 Margreete G. Johnston, MD, MPH

Attachment I

March 9, 2017

Chief Administration Officer
 Public Health Accreditation Board
 1600 Duke Street, Suite 200
 Alexandria, VA 22314

Dear Mr. Paepcke,

We are writing this letter to confirm the unwavering support and commitment of the Board of Health (BOH) to the Accreditation efforts of the Metro Public Health Department, Nashville, Tennessee. The BOH is the governing entity with authority over public health activities in Nashville. Our goal is to continuously enhance the capacity of the organization to consistently meet its obligations to protect, improve, and sustain health and well-being of all people in Metropolitan Nashville.

In spite of challenges and barriers that are typical of local health departments, the Metro Public Health Department is a proven leader and champion of health in Nashville. We are the lead health strategist for the city. And, we understand the need for continuous quality improvement as a department in one of the fastest growing cities in the country.

As a Board, we are fully committed to supporting the application and process, and will approve necessary resources and funds. We will participate in related activities, and commit to improving our own governing entity as detailed in Domain 12. We will continue to endorse appropriate staffing to implement successful programs, support needed trainings, and advocate for beneficial community partnerships.

Finally, we have been consistently involved and kept informed of activities related to the Department's Strategic Plan, as well as the Community Health Improvement Plan and multiple other activities. Thank you for your consideration.

Sincerely,

Samuel L. Felker, JD
 Chair

Carol Etherington, MSN, RN
 Vice Chair

Henry W. Foster, Jr., MD
 Member

Francisca Guzman
 Member

Margreete Johnston, MD, MPH
 Member

Thomas W. Campbell, MD
 Member

Ryan White Part A Program

Pam Sylakowski, Director

March 9, 2017



Metro Public Health Dept

Nashville/Davidson County

Protecting, Improving, and Sustaining Health

Since 2010, major advances have transformed the response to HIV:

1. HIV **prevention toolkit** has expanded
 - Increase routine HIV testing
 - Quicker results from HIV testing
 - Pre-Exposure Prophylaxis (PrEP)
2. **“Treatment as Prevention”** National guidelines recommend providing HIV medications earlier. Risk of transmission is reduced by 96% for those who start early treatment and are virally suppressed. Also, lowers risk of developing AIDS.
3. National guidelines to **achieve health outcomes & reduce health disparities.**
 - National HIV/AIDS Strategy
 - Continuum/Cascade of Care
4. **Access to health care & meeting** primary medical care needs of PLWH



CHALLENGE: Continue local efforts to move forward

MPHD Ryan White Part A Fast Epidemiology Facts 2015 in Middle Tennessee

HIV Prevalence

- From 2011-2015, 17.4% increase in number of people living with HIV.
- 78% are men; 53% MSM, 48% Black, 20% under the age of 34.

HIV Incidence

- 28% decrease in "rate" of new HIV infections. (11.4/100,000)
- Of new cases in 2015, 27% were between the ages of 15-24.

Late Diagnosis

- In 2013, 33% of newly diagnosed living with advanced disease. US average is 24%.

Misc.

- 14% are unstably housed.
- 64% live at or below 100% of federal poverty.
- 39% have no health insurance, 14% have Medicaid and 17% have Medicare.

The South faces unique challenges; Tennessee ranks 17th for the lifetime risk of HIV diagnosis

MPHD Ryan White Part A Fast Facts 2015 in Middle Tennessee



5,341 PLWH + *an additional 923 people who do not know they are HIV+* (6,264)



Of the people who know they are HIV+, 4 out of 5 received at least 1 Part A service



Of the people who know they are HIV+, **1 in 4 did not see an HIV medical provider last year** (“unmet need”)

Of Persons Receiving Care in Middle Tennessee from Part A (2015) *Cascade of Care*

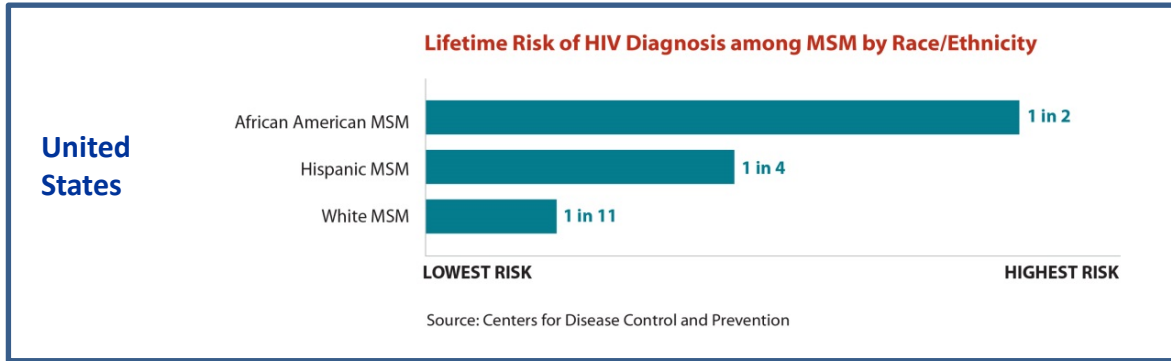
35% Of newly diagnosed see a doctor
within 30 days (“link”)

49% Attend routine HIV medical care
 (“retention”)

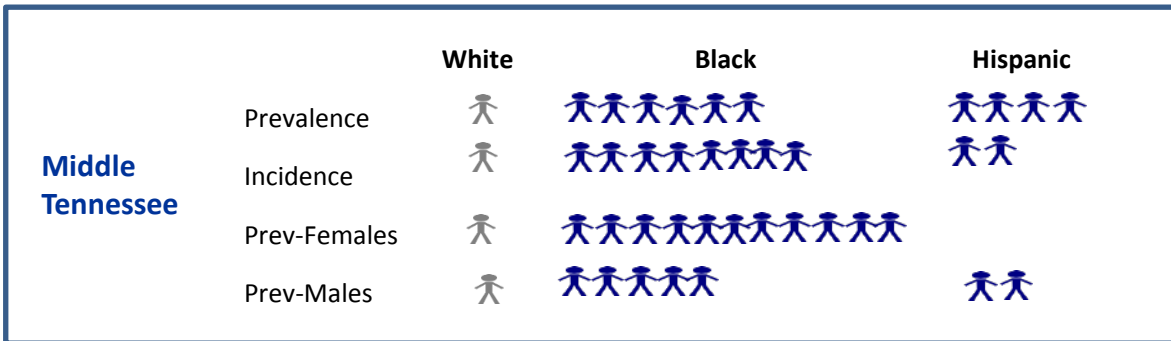
83% Of those in care are virally suppressed
 “Undetectable” = “Untransmittable”

U=U

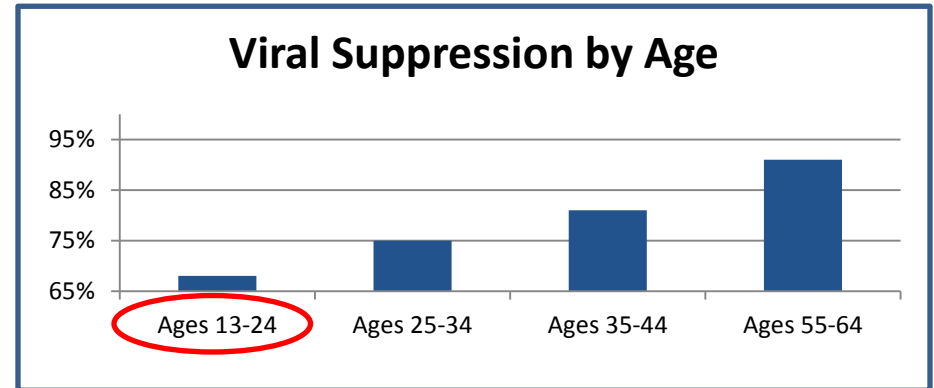
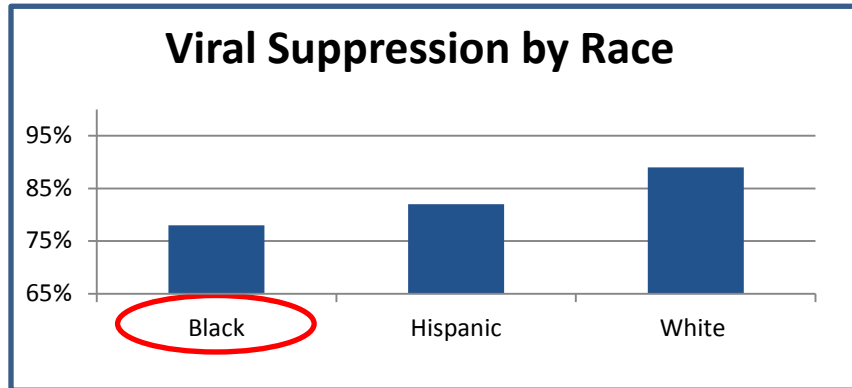
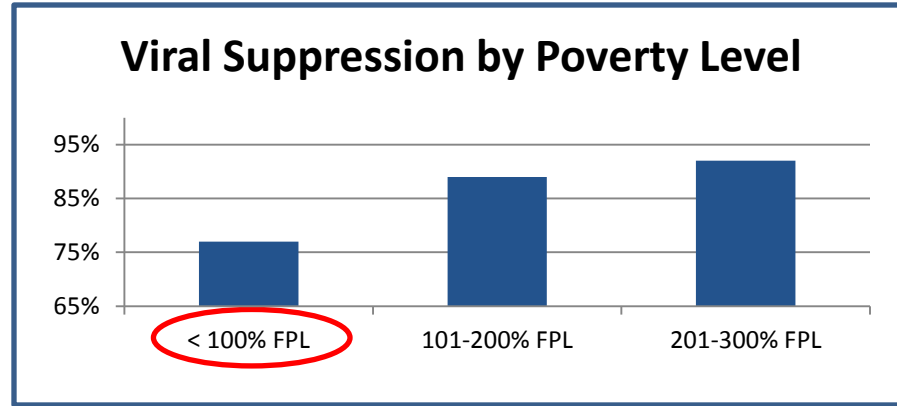
Example Health Disparities



- Blacks 6 times more likely to be HIV+, Hispanics 4 times.
- Blacks 8 times more likely to be newly infected, Hispanics 2 times.
- Black women 11 times more likely to be HIV+
- Black men 5 times more likely to be HIV+, Hispanic men 2 times.



Example Health Disparities



Local efforts to move forward, or *Get to Zero*

Improve Outcomes

- **Better data** to report client outcomes.
- **Use data** for decision making and monitoring.
- **Target funding** to high risk populations, use **best practices**.

Eliminate Disparities

- **Engage, reflect & respond** to needs of those communities most impacted.
- Identify and fund interventions **designed to reduce disparities**.

If not addressed, the HIV epidemic will continue for the entire community.

Strengthen System

- **Build capacity** of the Ryan White Planning Council.
- Address **stigma**.
- Build **capacity at provider agencies**, particularly smaller & minority owned/focused entities.
- Strengthen **collaboration** between local & state HIV prevention & treatment.
- Continued support from the Director of Health & the BOH – help **recruit Planning Council members** & continue work to **address health inequities**.
- Continued support from Metro & MPHD Finance to support needs of system.

Thank you!

Questions?

Pam Sylakowski

Director, Ryan White Part A Program

Pam. Sylakowski@nashville.gov



Metro Public Health Dept

Nashville / Davidson County

Protecting, Improving, and Sustaining Health

Strategic Plan

Update to the Board of Health

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

March 9, 2017



Metro Public Health Dept

Nashville / Davidson County

Protecting, Improving, and Sustaining Health

Strategic Goals

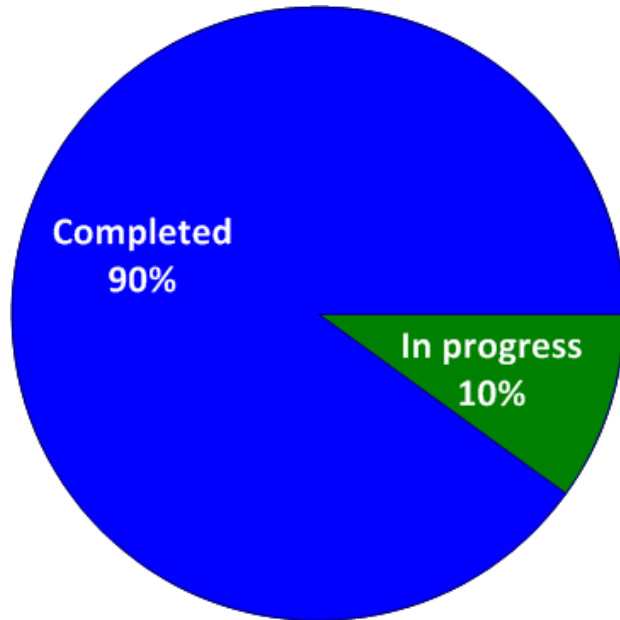
1. Strengthen and support the public health workforce
2. **Strengthen organizational performance**
3. Develop and strengthen community collaboration
4. Advance health equity
5. Enhance public health communication

Strengthen Organizational Performance

- **Scope (Objectives)**
 - Grants (2.1, 2.2, 2.3, 2.4)
 - Revenue (2.5, 2.6, 2.7)
 - Technology (2.8)
 - Quality Improvement (2.9 and 2.10)
- **Phased Objectives and Tactics (2015 – 2020)**



Strengthen Organizational Performance - Grants



Overall Status – On track



Strengthen Organizational Performance - Grants

- **Objective 2.1** - By July 2016, develop a plan for identifying and selecting new grant opportunities.
 - *Tactic 1: Make grant writing workshops available to staff as applicable.*
- Objective Status: **Completed**. Overall objective has been met.
- Tactic Status: **In Progress**.
 - *Project Charter is being developed, content/PowerPoint needs to be vetted, and we need to define who attends.*
 - *We may benefit more from training staff on how to put grant applications together and on writing tips.*



Strengthen Organizational Performance - Grants

- **Objective 2.2** - By July 2016, all grants applications and contracts will use established processes for monitoring and assessing risks of grant opportunities.
- Objective Status: **Completed**. Overall objective has been met.

Strengthen Organizational Performance - Grants

- **Objective 2.3** - By July 2017, all active grants and contracts will use established processes for monitoring and evaluation of activities.
 - *Tactic 1: Conduct monthly financial monitoring of grant funds and programmatic reviews of grant activities per contract/grant guidance.*
- Objective Status: **Completed**. Overall objective has been met.
- Tactic Status: **Completed**

Strengthen Organizational Performance - Grants

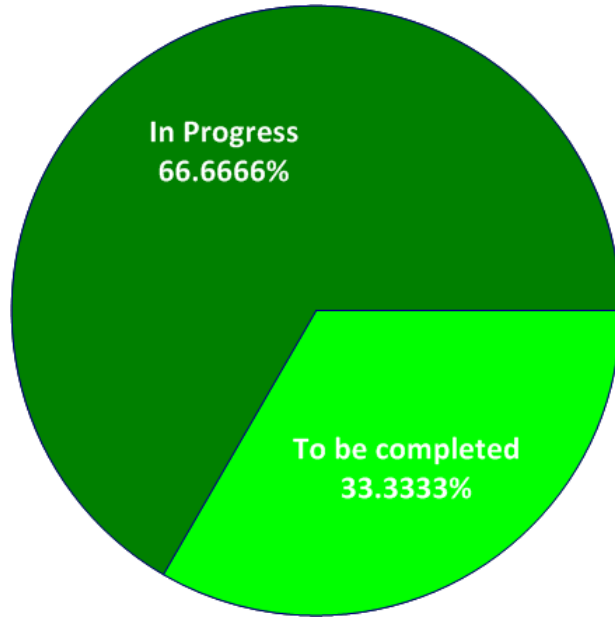
- **Objective 2.4** - By July 2016 and ongoing, 100% of grant program managers will receive grant management training.
 - *Tactic 1: Train to educate program managers on Metro government and MPHD grant management processes and policies.*
- Objective Status: **Completed**. Overall objective has been met.
- Tactic Status: **Completed**.
 - *Project Charter on a short course for internal training has been developed. Expected to be used for training beginning June 2017.*



Strengthen Organizational Performance - Grants

- *Next Steps* –
 - Evaluation and assessment are underway
 - A QI Roadmap is underway to include proposed improvement strategies for grant seeking.
- Additional Information – Other departments are following our blueprint to grant seeking/management.

Strengthen Organizational Performance - Revenue



Overall Status – On track

In Progress: Objectives 2.5 and 2.6

To be completed:
Objective 2.7 2018 - 2020



Strengthen Organizational Performance - Revenue

- **Objective 2.5** - By July 2019, implement a plan to enhance our billing capacity.
 - *Tactic 1: By July 2017, develop a plan to enhance our billing capacity.*
- **Objective Status:** [In Progress.](#)
 - *In October of 2016, we started billing for applicable TB services. The process to become an in-network provider for private insurance has begun. We are working with Blue Cross/Blue Shield first and are currently working with them on language in their provider agreement.*
 - *Once BC/BS is in place, we will proceed with others using the State's agreements as starting points.*
- **Tactic Status:** [In Progress.](#)

Strengthen Organizational Performance - Revenue

- **Objective 2.6** - By July 2017, become an in-network provider to marketplace insurance.
- Objective Status: *[In Progress.](#)*
 - *See previous slide. Metro Legal review needed to respond back to initial inquiry re: BC/BS. Timeline may be adjusted, as legal issues are being resolved.*

Strengthen Organizational Performance - Revenue

- **Objective 2.7** - By July 2020, establish appropriate partnerships with philanthropic organizations that support public health strategies in Nashville.
 - *Tactic 1: By July 2018, create policies/procedures regarding how organizations interested in being a “friends of” organization of MPHD (as a department or for a specific program) can get involved (subject to appropriate approval by Legal, the Board, etc.).*
 - *Tactic 2: By July 2018, facilitate the development of partnerships that provide financial support for public health initiatives.*
- Objective Status – **To be completed**
- Tactic Status – **To be completed**



Strengthen Organizational Performance - Technology

- **Objective 2.8 -**
- *Tactic 1: By December 2016, assess technology needs of staff to identify gaps (equipment, software, and/or trainings) and develop a plan to enhance public health services and administrative technology usage.*
- Tactic Status: **In Progress.**
 - *Recent conversations were held with bureau directors for necessary improvements to hardware or software used. Trainings can be set up for users to increase, improve knowledge, usage of things like SharePoint.*
- *Other technology projects underway:*
 - *The Intranet is currently being completely redesigned.*
 - *Reorganizing of the S Drive in order to make the stored files contained within better organized and more user-friendly.*

Strengthen Organizational Performance - Technology

- *Tactic 2: By July 2017, implement Kronos timekeeping system.*
- *Tactic Status: [In Progress.](#)*
 - *Delayed due to HR staff availability. Must implement by May 2017 or next window of opportunity will be in two years due to Metro IT working on another project.*



Director's Update to the Board of Health March, 2017

Improve and Sustain Family and Child Well-Being

Combating the Effects of Childhood Trauma

Ahead of the 8th Annual Healthy Nashville Summit on April 28, we're encouraging local leaders to see "Resilience," a film exploring the impact of childhood trauma and the tools being developed by pediatricians, educators and social welfare workers around the country to lessen it. The film will be screened for the community at the Belcourt Theatre on Thursday, April 6, and twice here (today and on March 30) for youth leadership groups from across the community. The theme of this year's summit is "Nurturing Healthy Brains for a Thriving Community" and focuses on national practitioners of community-based strategies to combat the effects of childhood traumas. Information on the Belcourt screening at: <https://www.facebook.com/events/207702356369266/>

Promote and Support Healthier Living

Building a Culture of Health

I reported in Friday Notes from Louisville a couple of weeks ago from the Robert Wood Johnson Foundation's Sharing Knowledge to Build a Culture of Health Conference. A strong case was made by many presenters for local community health improvement actions during a time when federal and state policy makers are facing a number of challenges, and for considering health and prosperity together rather than separately. Several attendees had visited Nashville -- for Public Health 3.0, for Healthy Nashville Summits, for NashvilleHealth site visits -- and had complimentary things to say about our collaborative work in Nashville to promote a culture of health.

500 Cities Project

In December the CDC and Robert Wood Johnson Foundation launched a data project called 500 Cities to provide small area estimates for chronic disease risk factors, health outcome and clinical prevention services. We are one of six Tennessee cities chosen. In addition to modifiable data files, maps were created for over 100 indicators for each city. The interactive map site was launched on March 2.

Small area estimates can be useful, particularly as most population-based data are available only at the state level. Small-area estimates allow local health departments and stakeholders to create and implement targeted programs and identify emerging health problems.

While we are enthused about this development, we offer a word of caution about potential interpretations of these data for Nashville. We have discussed the methodology with the principal investigator and would note that, unlike our standard data sets, these are predicted or statistically modeled estimates derived from Behavioral Risk Factor Surveillance Survey data. Also, the estimates for Nashville exclude incorporated areas (Belle Meade, Forest Hills, Oak Hill, Berry Hill and, at the time, Lakewood). This method creates estimates that may differ from what we would expect based on county-wide data. We hope to craft our own message and educate individuals on what this tool is and how to use it.

Create Healthier Community Environments

State Air Board

The state Air Board was scheduled today to hear our request to include into the State Implementation Plan recent changes made to the Metro Code of Ordinances regarding the air quality permitting process. The board took hours of comments on this request at its February meeting.

Prevent and Control Epidemics and Respond to Public Health Emergencies

Ryan White

The Ryan White Nashville Regional HIV Planning Council held its Annual Meeting February 21 at the Art Institute of Tennessee-Nashville. This year's theme was strengthening community collaboration and addressing health disparities, two key aspects for positive outcomes both within the HIV population and the community as a whole. The 2017 Partnership Award was presented to Lauren Beach, PhD., JD, a researcher into LGBTQ health issues whose work has made a great impact on the council. The keynote speaker was Khafre Kujichagulia Abif from the Southern AIDS Coalition, who emphasized the need to have members of the affected communities involved in continued collaboration to address disparities around HIV.

Increase Access and Connection to Clinical Care

Enrollment

A year ago we added insurance enrollment to the services we offer to pregnant women. The state Department of Health has enlisted all local health departments, through an agreement with TennCare, to help pregnant women enroll by completing the Medicaid application through the federal Health Care Marketplace. MPH/D started this process in February, 2016, with nine Certified Application Counselors (CACs) from the Community Health and Population Health bureaus who were trained to assist in the enrollment process. Through the end of the year we had enrolled 1,191 women into TennCare or the CoverKids program.

Organizational Updates

Budget and PIPs

Our budget conversation with Mayor Barry is scheduled for March 14 at 1:30 p.m. in the media room on the first floor of the Courthouse. You are welcome to attend. It's scheduled for 30 minutes.

In addition to the budget improvements you've already seen, we are still involved with several Public Investment Plans, or PIPs. We will have Year 2 proposals for the Mental Health, School Nursing and Food System Development PIPs, and are serving as a consultant for a new PIP led by the Nashville Sports Authority to provide lactation pods at the First Tennessee baseball park and Nissan Stadium, with the flexibility to use them for large public events during the off-seasons for the sports teams (4th of July celebration, marathon, etc.)

NACCHO

NACCHO's annual board meeting was last week. As in prior years, the meeting is combined with a Hill Day to educate our elected representatives about local public health. I met with staffers for Senators Alexander and Corker and Congressman Cooper. As chair of the Senate Committee on Health, Education, Labor, and Pensions, Senator Alexander is a key influencer of budget decisions in this area. He has been a strong supporter of immunizations. His staff expressed interest and support regarding our concerns about the Prevention and Public Health Fund.

Metro Animal Care and Control

Monthly Report
February 2017



METRO NASHVILLE
ANIMAL CARE & CONTROL

February 2017 Intakes

	Kitten	Adult Cat	Puppy	Adult Dog	Other	Wildlife	Total
Owner Surrender	3	27	36	163	41	0	270
Request for Humane Euthanasia	0	5	2	25	0	0	32
Stray	3	20	24	102	6	6	161
Total	6	52	62	290	47	6	463

Kitten/Puppy: 6 weeks old to 11 months old

Adult Cat/Dog: 1 year or older

Other: Includes Livestock, small animals

February 2016 and February 2017 Intakes

	2016				2017			
	Cats	Dogs	Other	Total	Cats	Dogs	Other	Total
Owner Surrender	61	128	11	200	30	199	41	270
Request for Humane Euthanasia (Owner Surrender)	9	20	0	29	5	27	0	32
Stray	23	143	4	170	23	126	12	161
Total	93	291	15	399	58	352	53	463

Other: Includes Livestock, small animals and wildlife

February 2017 Outcomes*

	Kitten	Adult Cat	Puppy	Adult Dog	Other	Wildlife	Total
Adopted	2	24	24	80	7	0	137
Transferred to Rescue Agency	9	9	26	53	35	3	135
Returned to Owner	0	0	4	80	0	0	84
Community Cats Program	0	3	0	0	0	0	3
Humanely Euthanized	0	14	2	54	0	3	73
Total	11	50	56	267	42	6	432

Kitten/Puppy: 6 weeks old to 12 months old

Adult Cat/Dog: 1 year or older

Other: Includes Livestock, small animals and wildlife

February 2016 and February 2017 Outcomes

	2016				2017			
	Cats	Dogs	Other	Total	Cats	Dogs	Other	Total
Adopted	27	101	1	129	26	104	7	137
Transferred to Rescue Agency	26	51	1	78	18	79	3	135
Returned to Owner	3	52	1	56	0	84	0	84
Community Cat Program	6	0	0	6	3	0	0	3
Humanely Euthanized	21	60	2	83	14	56	3	73
Total	83	264	5	352	61	323	13	432

*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

Trailing 12 Month - Data Report

		Trailing 12 Month Average	
		Feb-17	Ending February 28, 2017
A	Intake Total	463	588
B	Stray	161	275
C	Owner Surrender	270	252
D	Owner Req. Euth	32	50
E	Wildlife	6	10
F	Other	47	20
G	Adopted	137	203
H	Transfer	135	105
I	RTO	84	67
J	ORE Euthanized	23	39
K	Wildlife Euthanized	3	4
L	Euth Total	73	114
M	Euth %	10%	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 –

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

A