

Metropolitan Board of Health of Nashville and Davidson County August 10, 2017 Meeting Minutes

The meeting of the Metropolitan Board of Health of Nashville and Davidson County was called to order by Chair Carol Etherington at 4:02 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, Chair
Francisca Guzmán, Vice Chair
Thomas W. Campbell, MD, Member
Samuel L. Felker, JD, Member
Alex Jahangir, MD, MMHC, Member
Margreete Johnston, MD, MPH, Member
William S. Paul, MD, MPH, FACP, Director of Health
Sanmi Areola, PhD, Deputy Director and Interim Director of Environmental Public Health Bureau
John Finke, P.E., Director of Air Pollution Control Division
Peter Fontaine, CPA, MBA, Director of Administration and Finance Bureau
Joanna Shaw-KaiKai, MD, FACP, Infectious Disease Physician
Josh Lee, JD, Metropolitan Department of Law

BOARD OF HEALTH

Introduction of Board Member A. Alex Jahangir, M.D., MMHC

Chair Etherington introduced Dr. Alex Jahangir, whom Mayor Barry recently appointed and Metro Council confirmed to fill the Board seat vacated by Dr. Henry Foster. Dr. Jahangir offered a few brief details about himself his background, and expressed his appreciation at being appointed to serve the city as a Board of Health member.

Request to Set a Public Hearing – Columbia Gulf Transmission, LLC

John Finke requested that the Board set a public hearing on Wednesday, October 18, 2017 at 4:30 p.m. to allow comment on a natural gas compression station to be operated by Columbia Gulf Transmission, LLC at 984 Barnes Road, Antioch, Tennessee, and that the Board appoint a hearing officer to preside at the hearing (Attachment I).

Ms. Guzman made a motion to set a public hearing date on Wednesday, October 18, 2016 at 4:30 p.m. to allow comment on a natural gas compression station to be operated by Columbia Gulf Transmission, LLC. Dr. Campbell seconded the motion, which passed unanimously.

Dr. Campbell made a motion to appoint Dr. Paul as hearing officer. Dr. Johnston seconded the motion, which passed unanimously.

MACC's Managed Open Admissions Pilot Program

J. Seth Montgomery presented Metro Animal Care and Control's Managed Open Admissions pilot program (attachment II)

Strategic Priority: Advance Health Equity

Dr. Paul updated the Board on Advancing Health Equity as a Strategic Priority (Attachment III). Dr. Paul introduced the new Health Equity Coordinator, Sarah Bounce, who spoke briefly on the Department's plans to make operational progress on the tactics and objectives as stated in the Strategic Plan. At Mr.

Felker's request, Dr. Paul and Tom Sharp shared information about the Health Equity tool. Ms. Guzman asked that the Board be provided the Youth Report when finalized.

Approval of Grant Applications

There were no grant applications.

Approval of Grants and Contracts

Dr. Celia Larson-Pearce presented nine items for approval:

- 1. Contract with United Neighborhood Health Services Amendment 3**
Term: July 1, 2017 through June 30, 2018
Amount: \$355,200
- 2. Contract with Vanderbilt University Medical Center – Women, Infants and Children (WIC) Services**
Term: October 15, 2017 through October 14, 2022
Amount: \$0
- 3. Notice of Award from U.S. Environmental Protection Agency – 103 Air Pollution Grant**
Term: April 1, 2015 through March 31, 2018
Amount: \$67,435 this fiscal year; (total award to date: \$388,809; total budgeted amount: \$380,000)
- 4. Grant award from the National Association of City and County Health Organizations (NACCHO): Increasing the Capacity of Local Health Departments to Prevent HIV and STDs in Adolescents (10-19 years old) through CDC-Developed School-Based Approaches for Health Education, Health Services, and Safe and Supportive Environments**
Term: September 1, 2017 through September 29, 2018
Amount: \$20,000
- 5. Grant Award from the Tennessee Department of Health – Mosquito Control Program**
Term: July 1, 2017 through June 30, 2018
Amount: \$90,000
- 6. Amendment 7 Notice of Award from U.S. Environmental Protection Agency – 105 Air Pollution Grant**
Term: October 1, 2014 through September 30, 2018
Amount: \$206,764 (total award \$2,426, 393)
- 7. No-Cost Contract from the Tennessee Department of Health – Tobacco Prevention Program Services**
Term: September 1, 2017 through June 30, 2018
Amount: \$0
- 8. Grant Amendment from the Tennessee Department of Health – HIV/STD/Viral Hepatitis Prevention and Surveillance Services**
Term: September 1, 2017 through June 30, 2018
Amount: \$0
- 9. Grant from the State of Tennessee Department of Health – Tobacco Use Prevention and Control Services**
Term: October 1, 2017 through September 30, 2018
Amount: \$373,500

Ms. Guzmán made a motion to approve the grants and contracts as presented. To avoid the appearance of a conflict of interest, Dr. Jahangir recused himself from the vote on item 2. Dr. Campbell seconded the motion. The motion passed.

Approval of the July 6, 2017 Regular Meeting Minutes

Mr. Felker made a motion to approve the minutes of the July 6, 2017 Board of Health meeting as written. Dr. Campbell seconded the motion, which passed unanimously.

Director's Report

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

Report of the Chair

Chair Etherington announced that Dr. Johnston would present at the October meeting her report on her attendance at the National Association of Local Board of Health (NALBOH) annual conference, which was held August 3-6, 2017. Dr. Johnston expressed her appreciation at being offered the opportunity to attend the conference.

She reminded everyone that the Board and Dr. Paul would meet at 4:00 p.m. on Tuesday, August 29 to plan the fall retreat, and she would share an agenda in advance of the meeting, so that Board members could be prepared for the discussion.

CIVIL SERVICE BOARD

Hearing for Proposed Changes to Civil Service Rules

Dr. Areola explained briefly the proposed changes to 4.5(A) Promotion and Reclassification, and new section 5.17 Paid Family Leave (Attachment V).

Chair Etherington opened the hearing for comment on the proposed changes.

Mark Naccarato, representative of the Service Employees International Union Local 205, spoke in favor of the addition of 5.17 Paid Family Leave to the Civil Service Rules.

Chair Etherington closed the hearing.

Dr. Campbell made a motion to approve the proposed changes to the Civil Service Rules in regard to 4.5(A) Promotion and Reclassification, and new section 5.17 Paid Family Medical Leave. Dr. Johnston seconded the motion, which passed unanimously.

Personnel Changes

Dr. Areola presented the personnel changes.

Ms. Guzmán asked what efforts are made in hiring to attract bi-lingual applicants, and asked that Metro's Report on Diversity be shared with the Board.

Approval of Extension of Administrative Leave

Dr. Areola requested the Board grant 10 days of administrative leave in a pending disciplinary matter, allowing the hearing officer reasonable time to render a decision.

Mr. Felker made a motion to grant 10 days administrative leave in a pending disciplinary matter. Ms. Guzman 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 September 14, 2017, in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville TN 37209.


The meeting adjourned at approximately 6:50 p.m.

Respectfully submitted,

Carol Etherington, MSN, RN
Chair

MEMORANDUM

TO: Dr. Bill Paul

FROM: John Finke 

DATE: July 25, 2017

SUBJECT: Request to Set a Public Hearing Date – Columbia Gulf Transmission, LLC

The Pollution Control Division (PCD) has completed review of the air pollution permit application for a natural gas compression station to be operated by Columbia Gulf Transmission, LLC, at 984 Barnes Road, Antioch, Tennessee. The application and draft construction permits are subject to Chapter 10.56, "Air Pollution Control" of the Metropolitan Code of Laws and Board of Health Regulation No. 3, "New Source Review" which require a 30 day public comment period and provide for a public hearing, if requested. Due to the size of the facility, it will also be subject to Regulation No. 13, "Part 70 Operating Permit Program." This regulation applies to the operating permit that will eventually be issued after the facility has been constructed and operated for approximately six months. Regulation No. 13 requires a 30 day public comment period on the draft operating permit and provides for a public hearing, also. Following this process, EPA would have an additional 45 days to review the draft operating permit.

Due to the obvious public interest, I feel that a request for a public hearing is imminent. In an effort to save time and resources, PCD is proposing to conduct both comment periods and public hearings at the same time.

Regulation No. 13 states that all hearings shall be conducted in accordance with Section 10.56.110, "Rules and Regulations – Hearing Procedures" of the Code. This means that public notice shall be given at least thirty days prior to the scheduled date of the hearing by public advertisement on three consecutive days in a newspaper of general circulation. In addition, PCD will post this information on MPH's website, make followers aware through our social media outlets, and notify the Metro Councilperson for that district.

Section 10.56.110 also states that the hearing may be held before the Board or a hearing officer designated by the Board. Due to the anticipated number of participants and the potential length of the public hearing, I would like to suggest that the hearing be scheduled apart from a regularly scheduled Board meeting. I will leave it to the Board's discretion whether they feel it should be presided over by the Board or an appointed hearing officer. Once this issue has been determined, with permission from the Board, PCD will determine an appropriate date for the hearing that meets all of the regulatory and logistical requirements.

cc: Sanmi Areola
Josh Lee

MACC PET SAFETY NET PROGRAM

“Managed” Open Admissions Pilot

What is a Pet Safety Net Program?

Innovative programs to provide *alternatives* to pet parents who may otherwise surrender their pets to animal shelters.

Areas of focus vary, ranging from pet pantries to medical financial assistance, behavior modification to temporary housing for animals, etc.

These programs help improve live outcome for shelters by saving lives, decreasing avoidable euthanasia and helping strengthen the human – animal bond.

Progression Overview

MACC 2014

- **Euthanasia: 86%**
- **Length of Stay:**
 - Dogs - 12 days
 - Cats - 11 days
- **Disease: Est. 90%**
 - Upper Respiratory Infection (URI)
 - Kennel Cough
- **Leadership Structure:**
 - Lack of Protocols
 - Lack of Accountability
 - Less focus on Community Outreach

MACC 2016

- **Euthanasia: 14%**
- **Length of Stay:**
 - Dogs – 20 days
 - Cats – 15 days
 - Other – 11 days
- **Disease: 8-15%**
- **Field Operations:** 95% same day call of service.
- **Leadership Restructure:**
 - Talent
 - Protocols
 - Enrichment
- **Program Department:**
 - Volunteer/Events
 - Rescue/Foster
 - Public Relations – Marketing
 - Pet Safety Net – Intake Diversion

Intake Stats - 2016

January to December		
	Owner-Surrender (5 Days/Wk.)	Stray (7 Days/Wk.)
Quarter One:	675	560
Quarter Two:	889	889
Quarter Three:	1113	958
Quarter Four:	793	771
YTD:	3470	3178
Daily Average per Quarter		
Quarter One:	10	5
Quarter Two:	14	7
Quarter Three:	17	8
Quarter Four:	12	6
Average: 65 O/S days per Quarter vs. 122 Stray days per Quarter		

**51% of Intake – Owner
Surrenders**

ASPCA Five Freedoms

The Standard in Animal Welfare

1. FREEDOM FROM HUNGER AND THIRST

by ready access to fresh water and diet to maintain health and vigor.

2. FREEDOM FROM DISCOMFORT

by providing an appropriate environment including shelter and a comfortable resting area.

3. FREEDOM FROM PAIN, INJURY OR DISEASE

by prevention or rapid diagnosis and treatment.

4. FREEDOM TO EXPRESS NORMAL BEHAVIOR

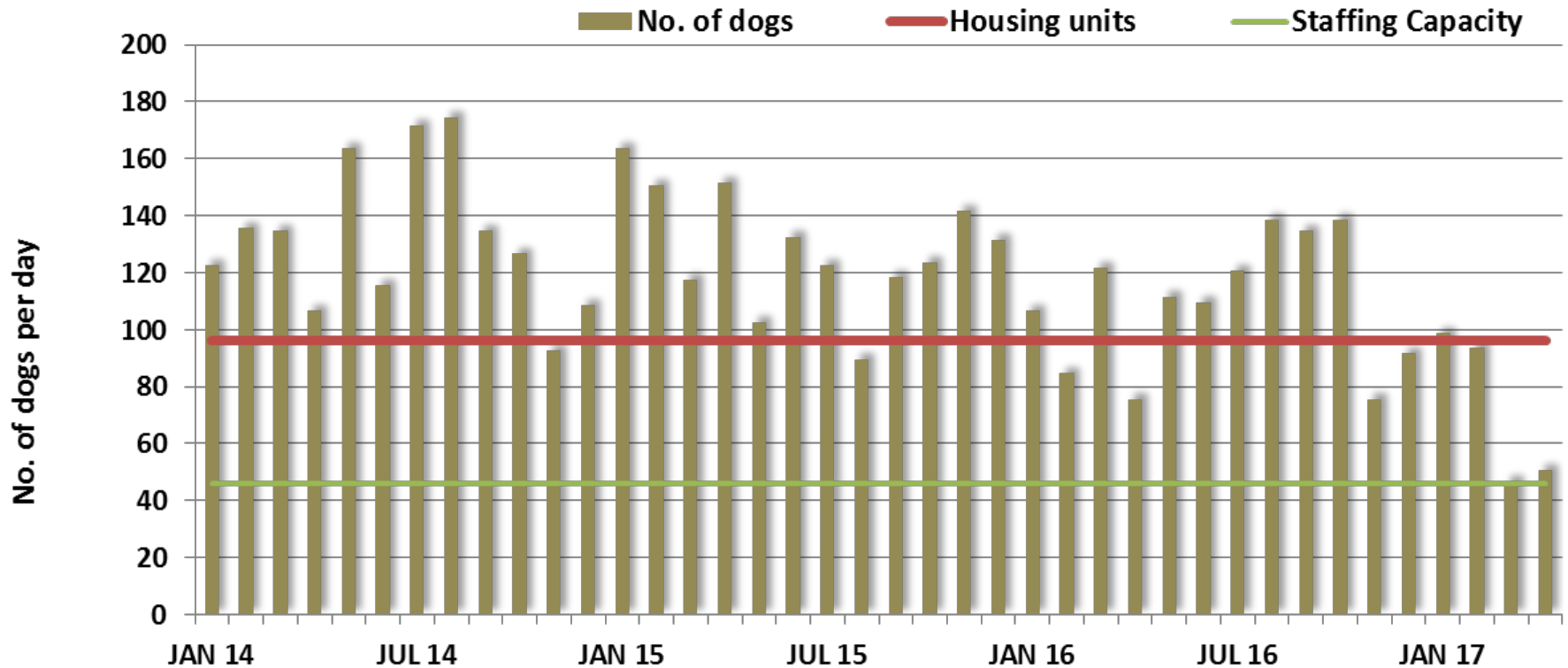
by providing sufficient space, proper facilities and company of the animal's own kind.

5. FREEDOM FROM FEAR AND DISTRESS

by ensuring conditions and treatment which avoid mental suffering.

MACC Capacity – Canines

Canine Daily Census vs. Housing Units

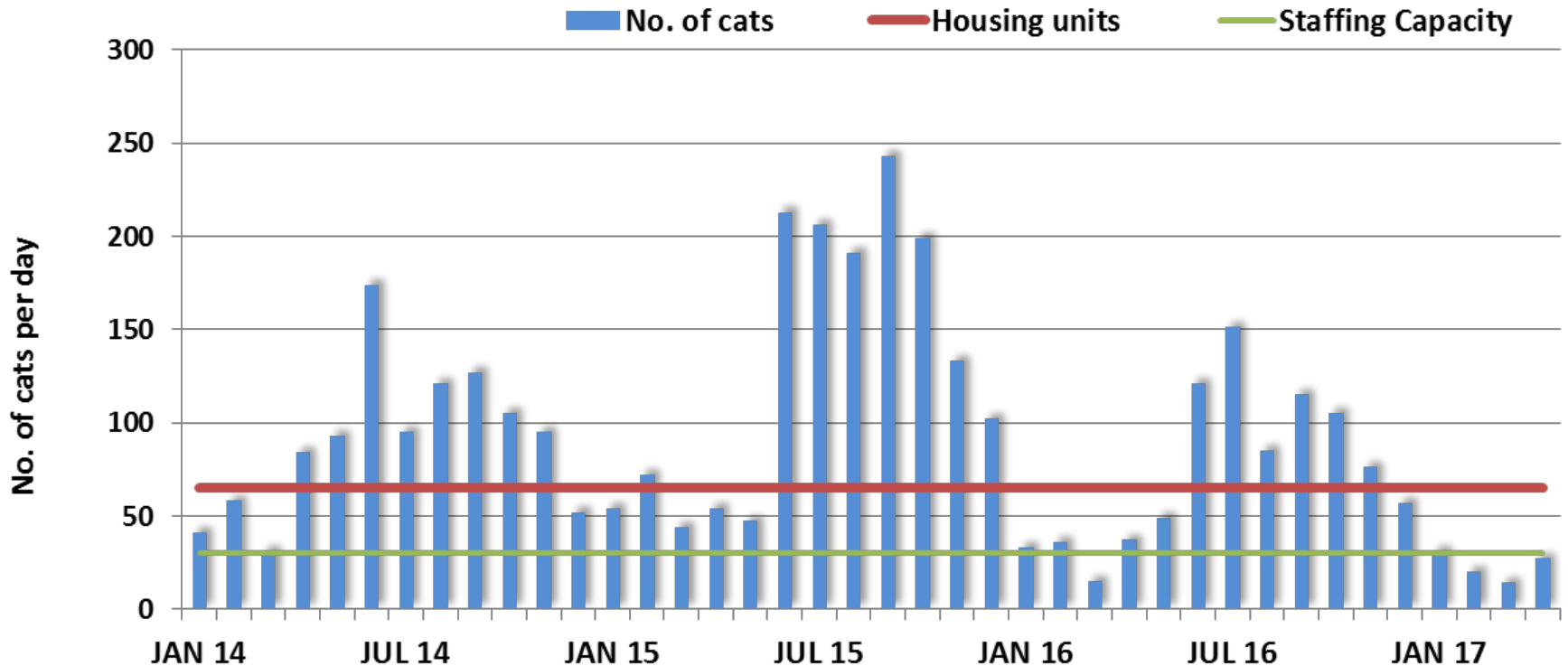


96 Housing units for dogs: Current capacity with 9 kennel staff is **76** animals, this includes space for 46 dogs.

National Animal Care & Control Association guidelines allocate **15** minutes for basic daily care **per** animal.

MACC Capacity – Felines

Feline Daily Census vs. Housing Units



65 Housing units for cats: Current capacity with 9 kennel staff is **76** animals, this includes space for 30 cats.

National Animal Care & Control Association guidelines allocate **15** minutes for basic daily care **per** animal.

Live Outcomes

“ We are the Voice of
the Voiceless”



2016

- **Intakes: 6,858**
- **Adoption: 35%**
- **Rescue: 23%**
- **Return to Owner: 22%**
 - This percentage is from stray animals being returned to owner – roughly 720 animals in 2016.
- **PCC Community Cats: 17%**

Objectives of “Managed” Open Admissions

✓ ***Gain more complete information:***

☐ Pet Owner Information

- Better serve the overall issues of humane education.
- Better serve the overall issues within demographics and financial needs.

✓ ***Gain more insight on pet needs:***

☐ Detailed Pet profiles

- Better serve pet owners with concerns they may be having with keeping pet(s)

☐ Humane Education

- Counseling owners more in-depth
- One-on-one scheduled counseling
 - Continued efforts to gain trust of Nashville community.
 - Increasing reputation and branding of MACC/MPHD.

Objectives of “Managed” Open Admissions

✓ ***Provide resources and alternatives to owners considering surrender:***

❑ Safety Net

- Using information and data from counseling

❑ Connecting owners to resource database

- Agencies/Organizations sharing same vision/mission
 - Assisting pet owner, animal, and MACC providing alternatives

❑ Decreased shelter intake

- Increase in capacity to provide ASPCA Five Freedoms
- Increased live outcomes
 - More attention to RTO (reclaims)
 - Increase in staff/volunteer collaboration to better enrich shelter animals to become “more adoptable”
 - Increased adoption events (MACC/external)
 - Continued efforts with Pet Community Center for TNR

□ Expansion of Humane Education Initiative

- Coalition
 - Mayor Advisory Council
- Coordinators
 - MACC
 - Other partner agencies (Crossroads Campus, Mars Pet Care, NHA, etc.)
- Youth and Adult Programs
 - Alignment with Volunteer Coordinator for youth education
 - Placing MPHD/MACC approved educational materials in Davidson County Elementary school libraries and public libraries for teachers and public to access
 - Conduct presentations in elementary schools, public libraries, Girl and Boy Scout programs, Parks and Rec
 - Renaming and restructure of curriculum of the Animal Offender class that is court ordered to align with ACO's
 - More focus on health care of animals, what pet ownership looks like, Spay/Neuter, Ordinances/Laws, Rabies and Bite Prevention.

“Collaboration is vital to sustain what we call profound”



WHY DO NASHVILLE FAMILIES SURRENDER THEIR PETS?

Details from the Best Friends GAP Analysis and reporting from MACC.

Medical Concerns



dreamstime.com

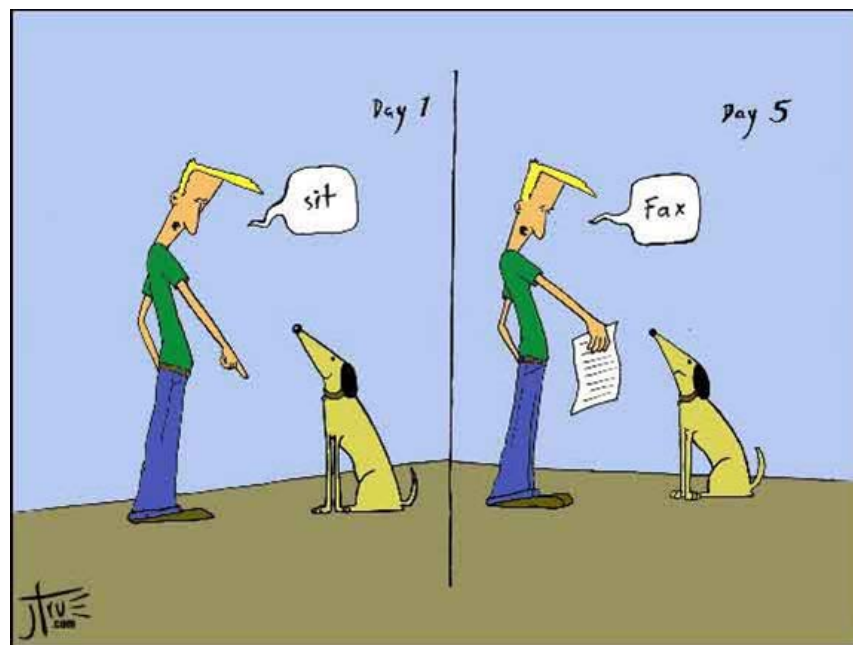
- Skin, Broken Bones /Extremities
- Chronic, Geriatric (Blind, Deaf, Arthritic)
- Spay/Neuter

Pets For Life

- **Pets for Life brings basic pet care to underserved communities by partnering with pet owners in innovative ways.**
- Nashville Pets For Life started in 2015 with partnership of **Humane Society of the United States** and funding from **PetSmart Charities** at **Pet Community Center** focusing on 37208 & 37218 zip codes.
- Data shows that these zip codes have a poverty rate of 39% and a median household income of roughly \$28,000. Within the first year of mentoring these communities , it was found that 70% of pets were unaltered, over half of them had never seen a veterinarian, and nearly 70% had never connected with an animal welfare agency.
- As of 04.19.17 PCC/Pets for Life have provided services to **547** clients, **888** pets and converted **70%** of unaltered pets to spay/neuter.

Behavior Issues

- Hyperactivity – Basic Obedience
- Urination (Marking, Outside Litterbox)
- Interaction of multiple animals (Dominance)



Housing – Life Changes

- Breed and/or Weight Restrictions
- Pet Deposits
- Displaced/Eviction



SO HOW WILL WE DO IT?

Scheduled Admissions and Counseling



Intake Process

- ✓ Currently Owner Surrenders are walk in basis. Tuesday- Saturday from 10 am – 4 pm, Mondays are case by case basis.
- ✓ Davidson County residents only – proof of residency required.
- ✓ New form with personality profile to learn as much as we can of animal and their needs.
- ✓ Started more open-ended dialogue in order to find out details to try and assist family and pet in late May.
- ✓ No fee's associated at this time with owner surrenders to MACC.
- ✓ Animals are then vaccinated, dewormed and then placed on to behavioral assessment, if passed then are scheduled to be altered and moved to adoption floor.

“Managed” Proposal

- Creation of Pet Safety Net email and direct phone line in. (Completed May 2017) Most diversion is happening before the animal is ever at the facility. Those who need extra counseling or to surrender will be scheduled.
- Scheduled Owner-Surrenders Tuesday-Friday starting at 10 am, with last appointment at 3:30 pm. Dogs are scheduled every hour and cats are placed in between. There will be slots per day for 10 animals. ***(This is highly flexible per the need of the season in regards to type of animals.)***
- Saturdays are an option for scheduling as needed, or for emergency surrendering.
 - **Emergency surrendering:** Domestic violence, displaced (fire, flood, etc.) Eviction, Incarceration, as well as medical concerns or hospice.
- Stray animals are to be taken during all business hours Monday-Sunday for members of the public who bring them to MACC.

Soft Opening Success

Diversions	June	July
Total Surrendered:	227	207
Total Diverted:	23	79
% Diverted	10%	38%

Please note soft opening started mid June – Above stats are for whole month of June & July.

“In order to reach people who haven’t been [reached] before, we have to do a lot of listening, not just a lot of telling.”

-Myles Chadwick

VP, Consulting & Training – EMANCIPET

Q & A



Creator & Presenter:
J. Seth Montgomery
August 2017

Strategic Plan: Advance Health Equity

Update to the Board of Health

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

August 10, 2017



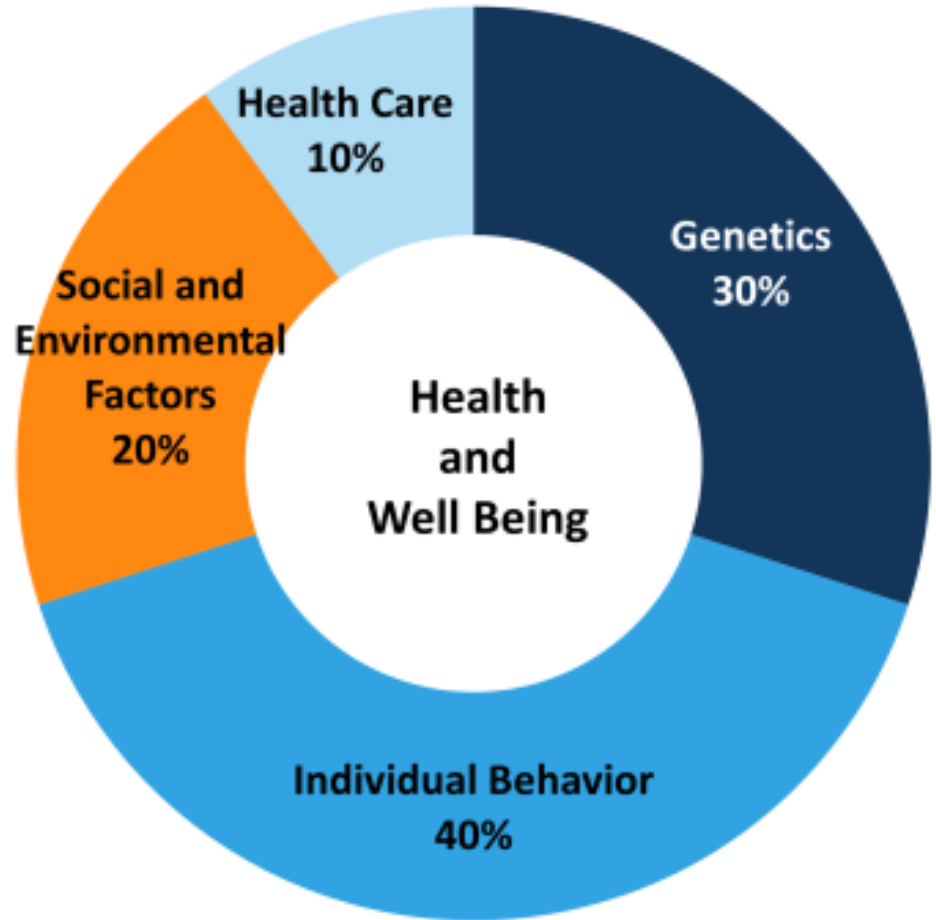
Metro **Public Health Dept**
Nashville / Davidson County

Protecting, Improving, and Sustaining Health

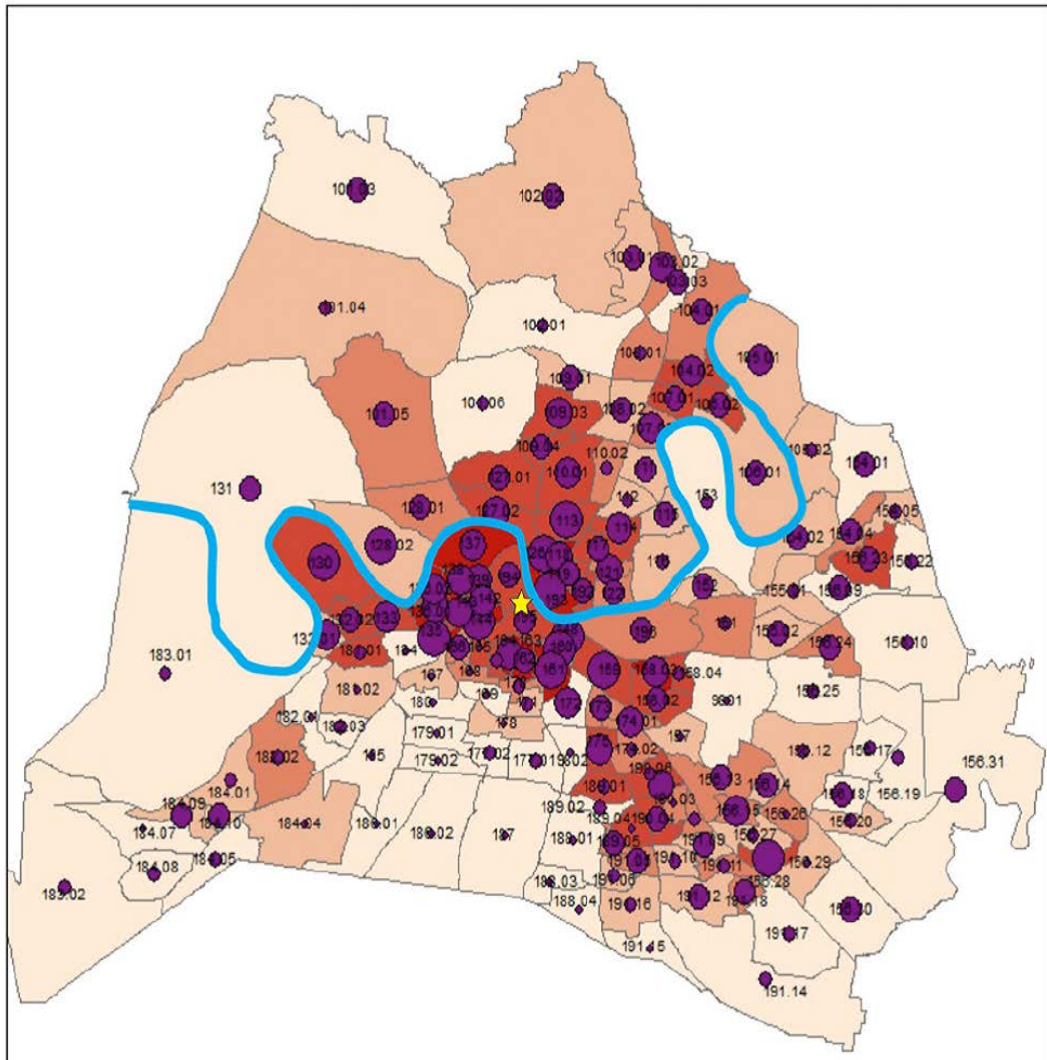
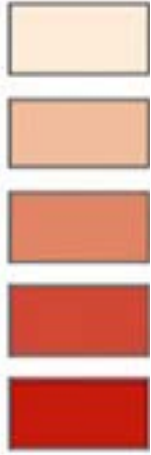
Today's Objectives

- Why Health Equity?
- Overview of MPHD's Strategic Plan
- Strategic Goal Status – Advance Health Equity
- Future goals

health happens
outside of
medical care



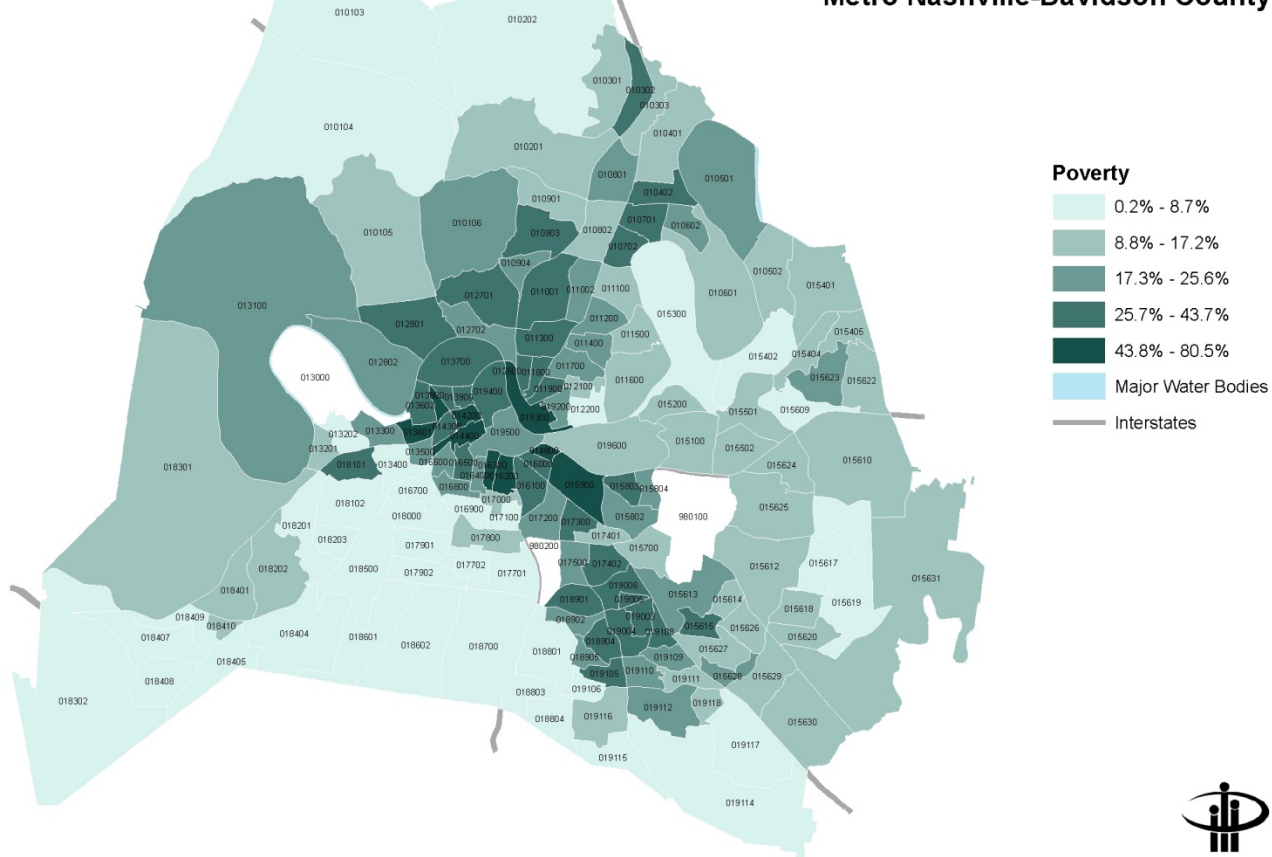
poorer
people



die
earlier



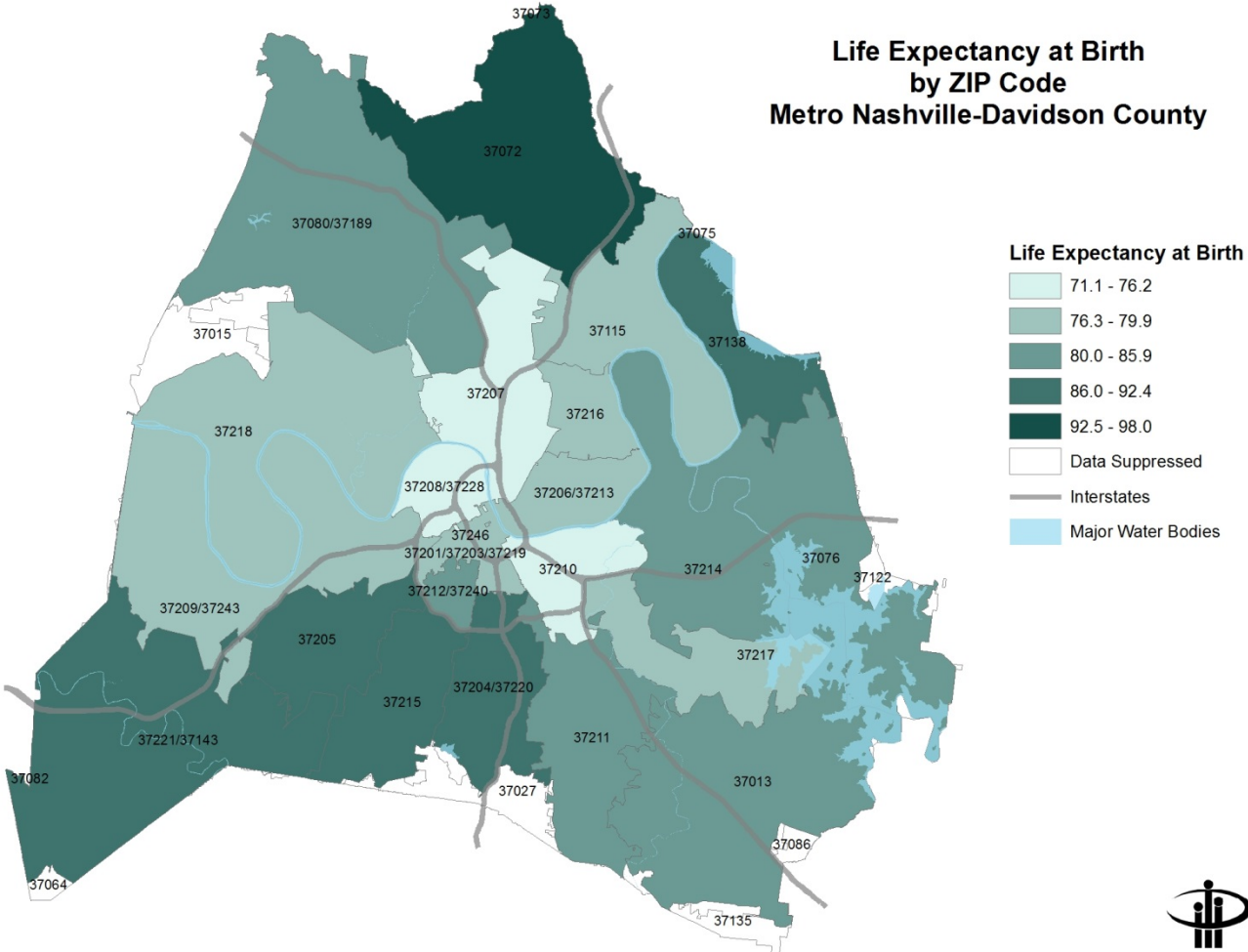
Percent Below the Poverty Level by Census Tract 2015 Metro Nashville-Davidson County



Data Source: 2015 American Community Survey 5-yr Estimates, U.S. Census Bureau
Cartography: John Vick, Division of Epidemiology, Metro Nashville Public Health Department



Life Expectancy at Birth by ZIP Code Metro Nashville-Davidson County

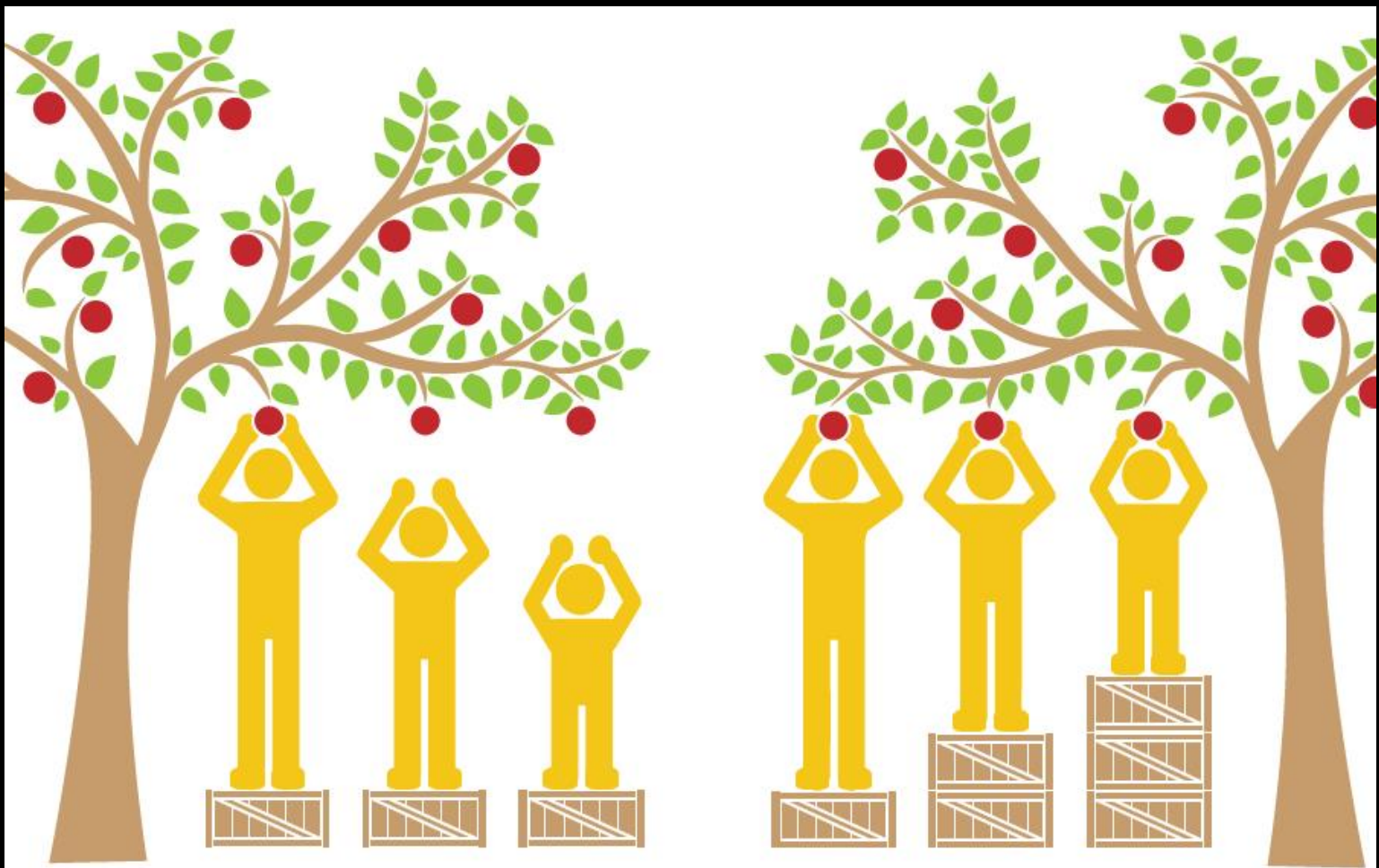


Data Sources: 2011-2015 Death Files, TN Department of Health;
2015 American Community Survey 5-yr Estimates, U.S. Census Bureau



“Our history is written in our bodies: a cascade of advantage for some, a pile-up of risk for others.”

--Nancy Krieger



Equality

doesn't mean

Equity

The Plans

Community Health Improvement Plan (CHIP)

- The public health system's strategy for tackling priority health issues
- Community owned and focused
- Responsive to Community Health Assessment

Strategic Plan

- MPHD's strategy for achieving its mission
- MPHD owned and focused
- Responsive to organizational assessment

Strategic Organizational 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



Elements

- Cascading Objectives and Tactics (2015 – 2020)
- Mostly on track
- Operational Index
 1. Completed
 2. In progress
 3. To be completed



Advance Health Equity

- Objectives
 - Health Equity Trainings (4.1)
 - Health Equity at MPHD (4.2)
 - Health Equity Report (4.3, 4.4)
 - Health Equity in Metro (4.5)

Advance Health Equity – Health Equity Trainings

- **Objective 4.1** – By July 2018, develop and implement a health equity training plan to deliver to all employees.
- **Status:** **To be completed**

Advance Health Equity – Health Equity Trainings

- ***Tactic 1:*** By July 2018, identify and implement training for MPHD leadership regarding public health leadership and health equity.
- ***Status:*** ***To be completed***
- ***Tactic 2:*** By July 2018, identify and implement a health equity training(s) for all MPHD employees.
- ***Status:*** ***To be completed***



Advance Health Equity – Health Equity Trainings

- **Tactic 3:** By July 2018, annually identify and provide a minimum of one education session using outside speakers/organizations (e.g. Hispanic Chamber of Commerce, etc.) to talk about health equity issues regarding cultures and populations in Nashville.
- **Status:** To be completed
- **Tactic 4:** By July 2018, host facilitated discussions to develop common understanding of health equity and social determinants definitions and how they apply to public health work.
- **Status:** To be completed



Advance Health Equity – Health Equity at MPHD

- **Objective 4.2** – By December 2018, develop and implement health equity plan.
- **Status:** *In Progress*.

Advance Health Equity – Health Equity at MPHD

- **Tactic 1:** By July 2016, establish a department health equity team with a representative from each bureau.
- **Status:** Completed.
 - *Team established February 2016. Some new staff recently added to the team.*

Advance Health Equity – Health Equity at MPHD

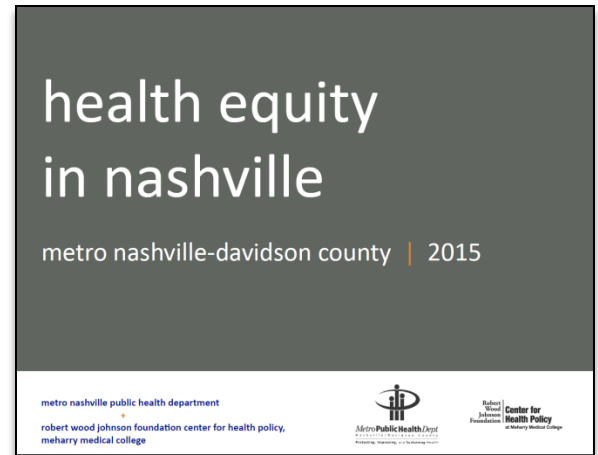
- **Tactic 2:** By July 2017, health equity team to assess and make recommendations to ELT.
- **Status:** Completed.
 - *Recommendations written and submitted to ELT.*
 - *Health Equity Coordinator position hired.*

Advance Health Equity – Health Equity at MPHD

- **Tactic 3:** By July 2018, identify and implement a health equity review tool to assess MPHD policy and programs.
- **Status:** [In Progress.](#)
 - *Team reviewed tools for assessment*
 - *Plan to do survey of staff to establish baseline ongoing. Health Equity Fellow position assigned to MPHD for 10 weeks in Summer 2017.*

Advance Health Equity – Health Equity Report

- **Objective 4.3** – By December 2015 and updated a minimum of every three years, publish a report on health equity and social determinants of health in Nashville.
- **Status:** Completed.
 - *Next report is due by December 2018.*



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

Advance Health Equity – Health Equity Report

- **Tactic 1** – By July 2017, publish a report on health equity issues of Nashville youth with recommendations for addressing youth equity issues.
- **Status:** [In Progress.](#)
 - *Latissa Hall is coordinating this effort with the Youth Advisory Board (YAB). Project is complete; awaiting final report.*
 - *This photovoice project will document things in the community that either strengthen or weaken the health of the Nashville residents through the eyes of our youth.*



Advance Health Equity – Health Equity Report

- **Tactic 2** – By December 2018, host community listening sessions to learn about community’s perceptions of health equity issues and how they can be addressed.
- **Status:** *To be completed*

Advance Health Equity – Health Equity Report

- **Objective 4.4** – By December 2015, convene community partners to launch the state of health equity and social determinants of health in Nashville report at the 6th annual Healthy Nashville Summit.
- **Status:** *Completed.*



Advance Health Equity – Health Equity Report

- **Tactic 1** – By December 2015, utilize community presence at Summit to begin prioritization of health equity issues for Nashville.
- **Status:** Completed.

- **Tactic 2** – By December 2015, utilize community presence at Summit to develop a common language for discussing health equity and use to inform educational activities.
- **Status:** Completed.

Advance Health Equity – Health Equity in Metro

- **Objective 4.5** – By July 2019, incorporate health equity as a component of Health in All Policies (HiAP) efforts, highlighting opportunities for Metro agencies to consider health equity in their policies and processes.
- **Status:** *In Progress.*



Advance Health Equity – Health Equity in Metro

- **Tactic 1:** By July 2016, identify an equity impact review tool to describe impacts of proposed policies and programs on historic patterns of inequity.
- **Status:** *In Progress.*
 - *A tool from the Seattle-King Co was identified and reviewed. A portion of the tool was tweaked and incorporated into the Capital Improvements Budget process for Metro Nashville under leadership by Metro Planning. MPHD HiAP team participated in the process.*
 - *Health Equity Coordinator and the Equity team are further identifying and refining additional tools and developing a path for MPHD use.*

Advance Health Equity – Health Equity in Metro

- **Tactic 2:** By July 2017, develop a process for testing and fully implementing equity impact review tool.
- **Status:** *In Progress.*
 - *Health Equity Coordinator and Equity team are working on this.*

Advance Health Equity – Health Equity in Metro

- ***Tactic 3:*** By July 2019, advocate to a minimum of five decision making bodies (e.g. Mayor's office, Metro Council, Metro Boards, Metro Departments) use of an equity impact review tool for decision-making. [note: MPHD will identify and implement health equity impact review tool]
- **Status:** *In Progress.*

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

Improve and Sustain Family and Child Well-Being

Back to School

This is the time of year our immunization clinics have been exceedingly busy, while school nurses and school-based dental programs are gearing up for the beginning of school. The School Health Program has been hiring new nurses. One of the first changes anticipated with the school nurse expansion will be assignment of a dedicated nurse for each of the 5 traditional high schools.

Safe Schools

We have been awarded a modest (\$20,000) planning grant from NACCHO to work with MNPS on fostering safe and supporting school environments. Planning grants are rare and this opportunity is a clear example of the department using a collective impact approach to focus upstream on the connection between safe environments and the healthy, whole development of youth, 10 to 19 years of age. We will work with the schools and other community groups to produce a strategic plan that addresses evidenced-based ways to create safe and equitable environments for students.

School Health Strategic Plan

Children's health is crucial to academic success, but the school system does not have the resources or capacity to meet all of the health needs of its students. Nashville is a center of health care expertise and resources, yet the health of our children has much room for improvement. Alignment Nashville proposes to convene a strategy-level group for one year to develop a community-wide strategic plan to identify educationally relevant health disparities and outline strategies to align resources to meet those needs. I am co-chairing this group along with Dr. Tony Majors from MNPS. We intend to have the strategic plan completed by next March.

Promote and Support Healthier Living

Breastfeeding & Immunizations

The annual "Big Latch On" event to promote breastfeeding was last week as part of World Breastfeeding Week. We promoted it along with our partners in news releases and on our social media platforms. We and the school system also worked to push out information about vaccination requirements for students, and as always saw substantially increased traffic in the immunization clinic ahead of the resumption of MNPS classes on Aug. 7.

Create Healthier Community Environments

Mosquitoes

Our communications office continues to push messages about prevention and protection from mosquito-borne illnesses. Dr. Areola has done television appearances and other staff members have been interviewed in response to positive West Nile Virus tests in the Waverly neighborhood. Messaging will continue through mosquito season.

Prevent and Control Epidemics and Respond to Public Health Emergencies

Opioid Coordinator

According to data from the medical examiner's office there were 99 opioid-related overdose deaths in Davidson County through July 3 of this year. There were 245 such deaths in 2016. As you know we requested funding for an opioid response coordinator which was included in the FY18 budget. We have posted the position and hope to have it filled soon. This individual will coordinate response activity for the department, in conjunction with community partners, with the aim of preventing opioid use and abuse; we will work to expand the availability of naloxone as a harm reduction strategy, and enhance surveillance efforts to help in targeting resources and measuring the impact of prevention and harm-reduction. Clearly the health department cannot tackle an issue like this alone; our goal is to lead and facilitate an effective multi-agency, multi-sector response.

HIV

Due to significant scientific advances and tools for HIV prevention and treatment, there is a national movement for states and cities to create a plan to "End the Epidemic." To date there are six states and six cities that have developed formal plans. We convened a meeting here last month with MPHD, the Mayor's Office and community stakeholders to assess whether Nashville is interested in and ready to develop a plan. If this plan is developed it will include aspects of the current Ryan White strategic plan, but expand stakeholder involvement. Nashville is well positioned to achieve this goal and this is an opportunity to create a community where new HIV infections are rare.

Scabies

The last new cases at the CoreCivic facility were reported on June 13. We will continue enhanced activity for case detection until 12 weeks (two maximum incubation periods) have passed without a case. We are now conducting a thorough review and assessment of the processes used both by MPHD, as contract monitor, and CoreCivic. The review will identify systems that need to be improved or reinforced to prevent, detect, and respond to future outbreaks or other problems, and formally communicate with CoreCivic any corrective actions that are needed.

Organizational Updates

Audits

A Board of Health SharePoint site has been established to provide Board members direct access to the audit reports. Within the next week you should receive an e-mail invitation to join the site. Once you are registered, you will receive an e-mail listing of the audit reports with a corresponding link that will take you directly to the report. We will send you a step-by-step description of this process and Dr. Larson's contact information for any questions or problems you may encounter.

All-Staff Meeting Rescheduled

We originally chose Aug. 21 as the date for our all-staff meeting because we wanted the school nurses there, and that was a scheduled day off for them. Subsequently, the Board of Education accommodated a request from the Mayor to hold school that day, the day of the full solar eclipse, making it a workday for the nurses. We have therefore rescheduled the all-staff meeting for Wednesday, Nov. 1. It still will be at Trevecca Community Church on Murfreesboro Pike from 8 a.m. until noon.

Regarding the eclipse: We handed out 500 pairs of eclipse viewing glasses to the general public last week _ they were gone in about 2 ½ hours _ and will provide them to all MPHD employees as well.

Clinical Director

We have hired Julia Lehnert as the new Director of Clinical Services. She is a Registered Nurse with a Master of Public Health degree and comes to us from Seattle. She has a broad range of experience in clinical nursing in both hospital and community settings, public health principles, LEAN methodology, program and policy implementation and evaluation, and evidence-based nursing practice. We are looking forward to welcoming her to the MPHD family next Monday.

NACCHO

I attended the NACCHO Annual meeting in July, in combination with a NACCHO Board of Directors Meeting. The theme of the meeting was bridging clinical medicine and population health. Pervasive themes included: 1) Addressing health equity and the social determinants of health. 2) Cross-sector partnerships to advance community health. 3) Importance of Policy in creating conditions for good health. As a reminder of our [Public Health 3.0](#) conversation, here is a slide from one of the sessions that summarizes the currents we as a Department are now swimming in and our emerging role as Community Health Strategist.



Accreditation

We submitted our application for accreditation to the Public Health Accreditation Board in late July. The application started the clock ticking; our goal is to be accredited by the end of 2018.

Equity

We have hosted a Health Equity Fellow this summer from the Office of Minority Health. She is surveying our staff on its knowledge, perception and attitudes regarding health equity and related concepts. The assessment is using a sample of staff. The results assessment will serve as a baseline as we move forward with our health equity efforts. MPH's next steps are to increase knowledge of health equity through various educational means. After the initial educational sessions are completed, a follow-up assessment will be conducted.

Heart Association

I have agreed to serve on the Middle Tennessee Board of Directors for the American Heart Association. The AHA is a natural ally of public health, particularly in the arena of tobacco regulation and smoking prevention.

Organizational Updates

With Dr. Areola's promotion to Deputy Director, we have begun a search for a new Bureau Director in Environmental Public Health. In the meantime, Sanmi continues to support his previous role as well as the critical functions that he took on in his Acting Deputy Director role, including Accreditation and Quality Improvement, Health Equity, and MACC. With Leslie Robeson's departure, we are looking to enhance the capabilities of HR as a Department-wide resource. This will include recruiting the HR manager at a higher grade and moving HR to be a

stand-alone office under the Director's office, which a change that I have been considering for some time. Dr. Areola has put together a panel and begun the search process for HR Manager. We anticipate having proposed revisions to the organizational chart for the Board's consideration in September.

Metro Animal Care and Control

Monthly Report

July 2017



METRO NASHVILLE
ANIMAL CARE & CONTROL

July 2017 Intakes

	Kitten	Adult Cat	Puppy	Adult Dog	Other	Wildlife	Total
Owner Surrender	58	36	42	120	13	0	269
Request for Humane Euthanasia	0	5	3	26	0	0	34
Stray	80	30	30	203	22	9	374
Total	138	71	75	349	35	9	677

Kitten/Puppy: 0 weeks old to 5 months old

Adult Cat/Dog: 6 months or older

Other: Includes Livestock, small animals

July 2016 to 2017 Intakes

	2016				2017			
	Cats	Dogs	Other	Total	Cats	Dogs	Other	Total
Owner Surrender	154	160	6	320	94	162	13	269
Request for Humane Euthanasia (Owner Surrender)	17	15	0	32	5	29	0	34
Stray	117	180	21	318	110	233	31	374
Total	288	355	27	670	209	424	44	677

Other: Includes Livestock, small animals and wildlife

July 2017 Outcomes*

	Kitten	Adult Cat	Puppy	Adult Dog	Other	Wildlife	Total
Adopted	123	32	21	123	11	0	310
Transferred to Rescue Agency	19	1	34	43	7	6	110
Returned to Owner	0	2	2	94	1	0	99
Community Cats Program	10	20	0	0	0	0	30
Humanely Euthanized	27	19	0	77	0	12	135
Total	179	74	57	337	19	18	684

Kitten/Puppy: 0 weeks old to 5 months old

Adult Cat/Dog: 6 months or older

Other: Includes Livestock, small animals and wildlife

July 2016 to 2017 Outcomes

	2016				2017			
	Cats	Dogs	Other	Total	Cats	Dogs	Other	Total
Adopted	95	172	23	290	155	144	11	310
Transferred to Rescue Agency	12	41	6	59	20	77	13	110
Returned to Owner	8	69	0	77	2	96	1	99
Community Cat Program	78	0	0	78	30	0	0	30
Humanely Euthanized	48	58	12	118	46	77	12	135
Total	241	340	41	622	253	394	37	684

*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	
		Jul-17	Ending July 31st, 2017
A	Intake Total	677	637
B	Stray	374	297
C	Owner Surrender	269	252
D	Owner Req. Euth	34	85
E	Wildlife	9	12
F	Other	35	24
G	Adopted	310	207
H	Transfer	110	142
I	RTO	99	80
J	ORE Euthanized	34	40
K	Wildlife Euthanized	9	6
L	Euth Total	135	119
M	Euth %	14%	11%

Data Report Key

Intakes
Outcomes



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

Proposed Metro Board of Health

Civil Service Rule Changes

4.5 PROMOTION, RECLASSIFICATION, DEMOTION, VOLUNTARY REDUCTION IN GRADE, AND TRANSFER

A. PROMOTION AND RECLASSIFICATION

Current rule

When an employee is promoted, the employee's rate of pay will be increased to reflect the additional duties and responsibilities of the new classification. Employees who are promoted within the open range (OR and HD) salary grades will receive a seven and one-half percent (7.5 %) increase in pay or the minimum salary of the new classification, whichever is greater. Employees on a step (ST) salary grade will be promoted by first determining the employee's promotional step by moving forward two steps in the current range. The new pay rate is established by slotting the employee into the step in the new range that is closest to, but not less than, the employee's promotional step. Employees on a step (ST) salary grade being promoted to an open range (OR and HD) salary grade will receive the promotional step or the minimum salary of the new classification, whichever is greater. An employee may be promoted to a supervisory position and be compensated at a lesser rate than a direct subordinate, if the maximum salary in the subordinate's classification overlaps the minimum salary in the supervisor's classification. When this situation occurs, it shall not be grounds to request a salary adjustment for the supervising employee. Reclassifications normally do not result in an increase in pay unless the nature of the reclassification and any changes in duties warrant an increase (as provided by the Reclassification policy approved by the Board).

Proposed Rule

When an employee is promoted, the employee's rate of pay will be increased to reflect the additional duties and responsibilities of the new classification. Employees who are promoted within the open range (OR and HD) salary grades will receive a seven and one-half percent (7.5 %) increase in pay or the minimum salary of the new classification, whichever is greater. Employees on a step (ST) salary grade will be promoted by first determining the employee's promotional step by moving forward two steps in the current range. The new pay rate is established by slotting the employee into the step in the new range that is closest to, but not less than, the employee's promotional step. **If an employee is promoted to a higher classification within ninety (90) calendar days of his or her increment, the employee shall receive the one step increase plus the promotional increase.** Employees on a step (ST) salary grade

being promoted to an open range (OR and HD) salary grade will receive the promotional step or the minimum salary of the new classification, whichever is greater. An employee may be promoted to a supervisory position and be compensated at a lesser rate than a direct subordinate, if the maximum salary in the subordinate's classification overlaps the minimum salary in the supervisor's classification. When this situation occurs, it shall not be grounds to request a salary adjustment for the supervising employee. Reclassifications normally do not result in an increase in pay unless the nature of the reclassification and any changes in duties warrant an increase (as provided by the Reclassification policy approved by the Board).

- **This statement was part of the MPHD Civil Service Rules prior to all employees transitioning to an Open Range pay plan**
- **This statement should have been added when the Step pay scale was implemented in July 2016**
- **The first occurrence of this was just prior to July 1, 2017 and the employee's promotion was calculated based upon our previous practice**

Paid Family Leave -- New Section

5.17 – PAID FAMILY LEAVE

Full-time employees who have been employed with Metro for at least six (6) months are eligible for up to thirty (30) work days of Paid Family Leave (approximately six business weeks) for the birth or adoption of a child and/or to provide care for a spouse, parent, or child as defined by the Federal Family and Medical Leave Act (FMLA). The Paid Family Leave program will be administered within the guidelines of the FMLA Policy Handbook maintained by Human Resources and publicly available to all employees. Paid Family Leave time will run concurrently with time designated as FMLA leave.

- **Adoption of this rule and its related policy mirror that of Metro Government.**
- **Paid family leave was developed as a result of the Mayor's budget proposal to fund this benefit.**



Paid Family Leave

Policy Name:	Paid Family Leave	
Category:	Personnel	
Effective Date	July 11, 2017	Last Reissue/Revision Date: August 2017
Responsible Program or Bureau:	Administration & Finance	Review-By Date: July 2021
Contact:	Human Resources Manager	Phone Number: 615-340-8526

I. Policy Summary

Under the conditions specified below, MPHD employees are eligible for 30 days of Paid Family Leave.

II. Policy

Full-time employees who have been employed with Metro for at least six months are eligible for up to 30 work days of Paid Family Leave for the birth or adoption of a child and/or to provide care for spouse, parent or child as defined by the federal Family and Medical Leave Act (FMLA). The Paid Family Leave program will be administered within the guidelines of the FMLA Policy Handbook maintained by Metro Human Resources and publicly available to all employees.

III. Applicability

Full-time employees who are eligible (based upon six months of continuous service) may be granted up to 30 work days of leave, designated as Paid Family Leave, for the following purposes:

- A. The birth of your child in order to care for the child.
- B. The placement of a child with you for adoption.
- C. To care for your spouse, son, daughter, or parent who has a serious health condition.

V. Procedure

Paid Family Leave will be administered pursuant to the Metro FMLA Policy Handbook with the following specific direction:

- A. The leave may not be taken for the employee’s own serious health condition.
- B. For the purposes of this policy, “spouse” means a husband or wife as defined or recognized in the state or place where the individual was married and includes individuals in a lawfully recognized same-sex marriage.
- C. In the case of birth or adoption, Metro Paid Family Leave will be available starting with the date of birth, date of adoption, or date that legal custody is granted, provided that the date is on or after July 11, 2017.
- D. The leave shall run concurrently with, and be counted as, regular FMLA leave (if the employee is eligible for FMLA leave). An employee who has exhausted all FMLA leave during the current 12-month FMLA cycle will not be eligible for Paid Family Leave until the next FMLA cycle.

E. Employee eligibility is dependent upon six months of continuous, full-time employment (32 hours per week or more). Part-time, seasonal and probationary employees are not eligible for Paid Family Leave.

F. If an employee has Short Term Disability insurance offered through the Metropolitan Government, Paid Family Leave will be treated as paid sick leave so that employees may not receive paid Short Term Disability benefits and Paid Family Leave for the same time period.

G. A total of 30 Paid Family Leave days may be taken. Paid Family Leave commences on the first date leave is taken and must be concluded no later than 12 months from that date. Any Paid Family Leave not taken during the 12-month period just described shall not carry over to any subsequent FML year or need for leave.

H. For spouses who are both employed by Metro, as discussed at Sec. I (6) of the Metro FMLA Handbook, each spouse shall be entitled to 30 days of Paid Family Leave.

I. The Tennessee Maternity Leave Act (T.C.A. 4-21-408) shall apply to Paid Family Leave. An employee may begin childbirth or bonding leave by using Paid Family Leave for 30 days and may follow such leave by using regular FMLA leave (paid or unpaid depending on their individual accrued leave balances). The combined leave just described may not exceed 12 workweeks of leave pursuant to the FMLA. The employee may then use an additional four weeks of paid or unpaid leave, provided they are determined eligible to take leave under the Tennessee Maternity Leave Act.

IV. Related Links and Information

- **MPHD Civil Service Rules: MPHD Intranet → All Policies**
- **Metro HR's FMLA Handbook:**
- <http://www.nashville.gov/Human-Resources/Personnel-Services/FMLA-.aspx>
- **Request Paid or Family Leave form:**
[Regular FMLA Request Form](#)
- **Tennessee Maternity Leave Act:**
- <https://www.lexisnexis.com/hottopics/tncode/>
- **Executive Order No. 38 :**
<http://www.nashville.gov/Metro-Clerk/Legal-Resources/Executive-Orders/Mayor-Megan-Barry/mb038.aspx>