

## **Metropolitan Board of Health of Nashville and Davidson County September 14, 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 4:30 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  
Alex Jahangir, MD, MMHC, Member  
William S. Paul, MD, MPH, FACP, Director of Health  
Sanmi Areola, PhD, Deputy Director and Interim Director of Environmental Public Health Bureau  
Sarah Bounce, MPH, Health Equity Coordinator  
Brian Todd, Public Information Officer  
Rebecca Morris, Public Relations Coordinator  
Celia Larson-Pearce, PhD, Grants Program Director  
Josh Lee, JD, Metropolitan Department of Law

### **BOARD OF HEALTH**

#### **Health Equity Update**

Sarah Bounce presented an update on Health Equity (Attachment I).

#### **Strategic Priority: Enhance Communications**

Dr. Paul updated the Board on Enhancing Communications as a Strategic Priority (Attachment II).

#### **Director's Report**

Dr. Paul referred to the Director's Update provided in the Board packet (Attachment III).

Dr. Paul announced that the state Program of the Year Award was presented to the Department's School-Based Dental Sealant Program at the Tennessee Public Health Association's Annual Conference.

Dr. Paul reminded the Board that the Department's All Staff meeting would be held November 1, 2017, at Trevecca Campus.

#### **Report of the Chair**

Chair Etherington thanked Dr. Jahangir for helping to secure correct solar eclipse viewing glasses on short notice before the eclipse.

Discussion was held about when a Board Retreat might be scheduled, and when available Board members would meet with the Department's Executive Leadership Team.

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

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

- 1. Application to Best Friends Animal Society to Participate in the Trap, Neuter, Vaccinate, and Return Community Cats Program**

Term: NA  
Amount: \$0

**2. Application to the Association of Food and Drug Officials Retail Program Standards Grant Program**

Term: January, 2018 through December, 2018

Amount: \$6,000 (includes Food Inspector training @ \$3,000 and Food Environmentalist Training @ \$3,000.

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

**Approval of Grants and Contracts**

Dr. Larson-Pearce presented three items for approval:

**1. Amendment 1 to Contract with Nashville Academy of Medicine for Purchase of Services**

Term: July 1, 2017 through June 30, 2018

Amount: \$3,300

**2. Grant Contract with Mental Health Cooperative – Public Investment Plan (PIP)**

Term: July 1, 2017 through June 30, 2018

Amount: \$427,537

**3. Grant Contract with Best Friends Animal Society – Public Investment Plan (PIP)**

Term: July 1, 2017 through June 30, 2018

Amount: \$100,000

**Dr. Jahangir made a motion to approve the grant applications as presented. Ms. Guzmán seconded the motion, which passed unanimously.**

**Approval of the August 10, 2017 Regular Meeting Minutes**

**Dr. Campbell made a motion to approve the minutes of the August 10, 2017 Board of Health Regular meeting as written. Dr. Campbell seconded the motion, which passed unanimously.**

**Approval of the August 29, 2017 Board Retreat Planning Meeting Minutes**

**Ms. Guzmán made a motion to approve the minutes of the August 29, 2017 Board of Health Retreat Planning Meeting as written. Dr. Jahangir seconded the motion, which passed unanimously.**

**CIVIL SERVICE BOARD**

**Personnel Changes**

Dr. Areola presented the July 2017 personnel changes, which were unremarkable.

**Next Regular Meeting**

The next regular meeting of the Board of Health is scheduled to be held at 4:00 p.m. on Thursday October 12, 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  
Chair

# Health Equity

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**Board of Health Meeting**

September 14, 2017

Sarah Bounce, Health Equity Coordinator



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

Protecting, Improving, and Sustaining Health

# MPHD's Strategic Plan (2015-2020)

Strategic organizational goals were developed and identified through a collaborative, department-wide process.

Goals serve as focal points for organizational change.



Goal 4  
Advance  
Health Equity



**Metro Public Health Dept**  
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Protecting, Improving, and Sustaining Health

# Why?

**MPHD's Mission:** To protect, improve and sustain the health and well-being of all people in Metropolitan Nashville.

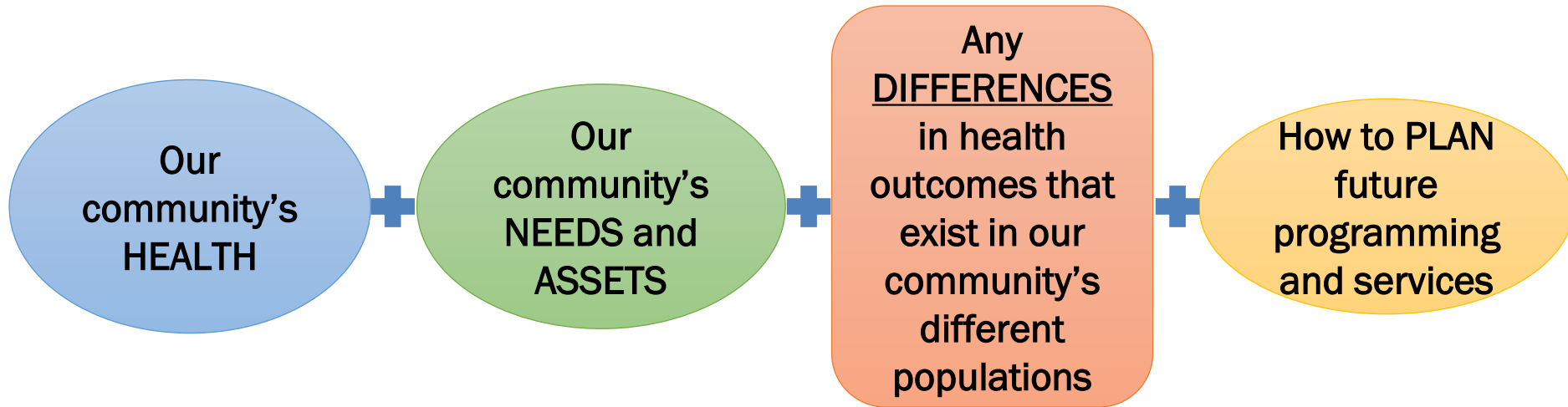


*MPHD's desire is to provide the most effective and high-quality services and programming to meet the needs of our community.*



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# Community Health Assessments: What do they tell us?



# Community Health Improvement Plan (CHIP)

The Healthy Nashville Leadership Council (HNLC) developed three priority areas based on data collected from the CHA.



Priority 1  
Advance  
Health Equity

# What is Equity?

“In the simplest terms, it means **fairness**, which is not necessarily the same thing as equality... It’s not about everybody getting the same thing. It’s about everybody getting what they need in order to improve the quality of their situation.”

– *Cynthia Silva Parker, Interaction Institute for Social Change*



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# In an equitable world, everyone has the *opportunity* to:

- Obtain education needed to support themselves and their family
- Find food that sustains health
- Live in safe and affordable housing
- Breathe clean air and drink clean water
- Actively participate in making decisions that affect their well-being\*



\* ACHIEVE Action Institute, Nicolas Freudenberg, "Making Health Equity a Reality: Approaches to Transforming Public Health Practice"

# Social Determinants of Health

These are factors that influence one's health that aren't our own personal decisions and genetics.

Social Determinants of Health are the conditions where we live, learn, work, worship and play – they impact our health.

They can be  
*influenced and  
changed.*



# Equity and Equality: What's the difference?

**Equity** involves trying to understand and guarantee people have *equal access* to opportunities to enjoy full, healthy lives.

**Equality** aims to provide everyone the *same resources* to enjoy full, healthy lives.

Like equity, equality aims to promote fairness and justice, but *equality can only work if everyone starts from the same place and needs the same resources.*



## EQUALITY

vs.

## EQUITY



**EQUALITY = SAMENESS**

**GIVING EVERYONE THE SAME THING**

**It only works if everyone starts from the same place**

**EQUITY = FAIRNESS**

**ACCESS TO SAME OPPORTUNITIES**

**We must ensure equity before we can enjoy equality**

# Health Equity...

...is achieved when every person has the

**opportunity** to achieve their full

potential for health.\*



*\*CDC's "Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health"*



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# Why is health equity important to public health?

- Public health seeks to protect and improve the health of entire communities.
- When specific populations have poorer health outcomes than other populations, our entire community suffers.

## Healthy Nashville

A healthy Nashville has a culture of well-being, where all people have the opportunity and support to thrive and prosper.

## MPHD

People Creating Healthy  
Conditions Everywhere

## Healthy People 2020

A society in which all  
people live long,  
healthy lives.

# What about the differences in health outcomes between different populations?

## Health Disparities:

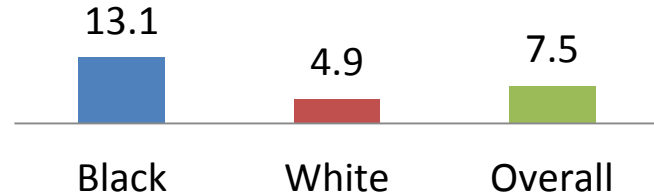
Any differences in health outcomes between groups of people.

Ex: Seniors have a higher risk of cancer as compared to younger populations.

## Health Inequities:

Any systemic, *avoidable*, unfair and unjust health outcomes.

Ex: **Infant Mortality Rate by Maternal Race (2011)**



# What creates Health Inequities?

## ***Perception:***

- Poor individual choices
- (Only) a lack of access to health care

## ***Reality:***

Historical and current policies have affected (and continue to affect) specific communities' environments, access to opportunity and resources to thrive.





**Health Equity is more than  
any one single intervention...**



***It's a framework***

# MPHD's Health Equity Plan

The goal is to *institutionalize and operationalize health equity* within the health department as a whole, incorporating health equity in MPHD's policies, procedures, programs, personnel, workplans and additional outputs.

# How will we get there?



**Increase knowledge of health equity** and related concepts among all individuals working at MPHD.



**Develop and implement organizational processes** and **increase organizational capacity** to advance health equity at MPHD.



**Create and implement evaluation methods** to assess progress and impact of MPHD's health equity efforts.

# How can you get involved?



Continue to support MPHD's health equity work.



Take on health equity as a Board (i.e. attend trainings, facilitated conversations, etc.).



Incorporate health equity in your decision-making processes as a Board.



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# Questions and Feedback



## Contact:

Sarah Bounce, MPH

Health Equity Coordinator

615-340-0537

[sarah.bounce@nashville.gov](mailto:sarah.bounce@nashville.gov)



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# Strategic Plan: Enhance public health communication Update to the Board of Health

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

September 14, 2017



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

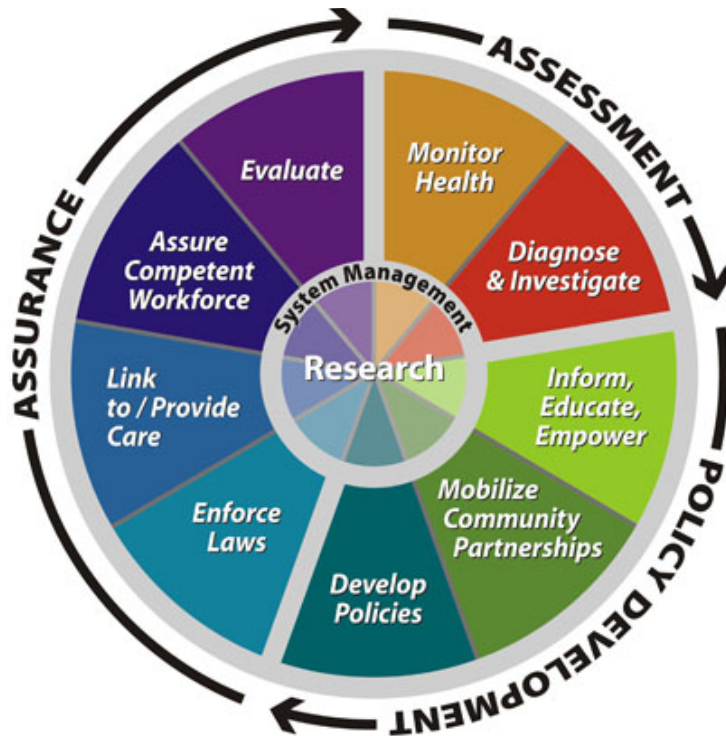
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# Today's Objectives

- Why communications?
- Overview of MPHD's Strategic Plan
- Status – Enhance public health communication

# Why Communication?

- One of the 10 essential services
- Influence policymakers
- Engage the media
- Educate the public
- Deliver calls to action
- Inspire behavioral change; promote health and wellness
- Communicate value of public health
- Relationships/visibility with media, policymakers, public.





# Format

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



# Enhance public health communication

- Objectives
  - Branding (5.1, 5.2)
  - Communications Trainings (5.3, 5.4)
  - Communications (5.5, 5.6)

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

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

#### **School Health**

The importance of school nurses received important recognition at the Health and Learning Summit held late last month. During a panel discussion MNPS CEO Dr. Shawn Joseph made very positive note of the partnership with MPHD, Alignment Nashville, and myself, along with the Mayor and Metro Council's commitment of \$885,000 to the MPHD budget for expansion of school nurses. Even given the valuable work they do, however, we all recognize they can't create healthy schools alone. Our work with Alignment Nashville and MNPS to update the Healthy Schools strategy, through the new School Health Advisory Committee, continues to explore what else can be done. Dr. Tony Majors and I are co-chairs of the committee; MPHD leaders D'yuanna Allen-Robb and Lisa Nistler will participate, as well as Bryan Curry, our new youth violence prevention strategist.

Regarding schools, MNPS reported that all middle schools are 100% compliant with the 7th grade immunization requirement—though one middle school is still determining whether a small number of absent students without shot records are enrolled elsewhere.

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

#### **Breastfeeding**

We had an outstanding event at First Tennessee Park for the ribbon-cutting of the MAMAVA breastfeeding pod, a result of another of the PIPs we were involved in this past winter and spring (along with the Nashville Sports Authority, the Nashville Sounds and the Tennessee Titans). It was the first ribbon-cutting for a PIP project. Amanda Ables led our efforts and spoke at the event. There also will be a pod in Nissan Stadium and, during periods when neither stadium is in regular use, the pods can be moved to large public events in the community.

#### **Tobacco**

The tobacco program is working to expand the Baby & Me Tobacco Free program designed for pregnant women. Quitting smoking is the most important thing a woman can do for her health and that of her baby. The program includes four individualized prenatal sessions and monthly sessions for the first twelve months of their baby's life. We also have begun offering, free of charge, Freedom from Smoking cessation classes in association with the American Lung Association. The program provides information to prepare to quit smoking, helps in setting goals and plans, and offers the support to quit.

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

#### **Opioids**

Our effort to coordinate and catalyze the community's response to the opioid epidemic continues to move forward. At the time of writing, we were very close to selection of the opioid coordinator. . Our MPHD team set aside all of last Friday morning to work on a strategic map for the community's response. The sense of urgency is shared by the state Health Department, which has conveyed the intense interest of Gov. Haslam and the Legislature to make progress.

To date we have a workgroup molding our response to acute large-scale spikes in overdoses; another group is focused on data sharing; we have developed a surveillance system to detect and monitor overdoses, and to identify partners for harm reduction and prevention strategies; and the mental health systems group will include substance abuse treatment in its scope of work.

Included in your packet is a one-pager from TDH on opioid trends and numbers for the state and county.

## **HIV**

MPHD along with the office of Mayor Barry, community partners and people affected by HIV have begun a new initiative to create and implement a plan to end the epidemic of HIV and AIDS in our community. We are bringing together a diverse group of stakeholders to announce this initiative and begin drafting the framework for the plan during a summit around World AIDS Day ([December 1](#)). The goals of the summit will be to build community understanding that reducing new infections of HIV is possible, to identify strategies and barriers to reducing transmission, and to develop methods and measures for monitoring progress. The End the Epidemic group has formed a steering committee and three subcommittees that are working to draft the agenda, determine event logistics, and communicate with and engage partners.

## **Harvey**

Five MPHD nurses and the PHEP Team responded to the need of a mass vaccination clinic for first responders deploying to assist in Hurricane Harvey recovery efforts. In a joint partnership with the Mid Cumberland Region, a vaccination Point of Dispensing (POD) was activated and tetanus vaccines were administered to over 70 Middle TN first responders within the span of just a few hours. MPHD nurses Tarah Amling, Lisa Fenton, Jessi Lott, Rebecca Moore and Cindy Woodard, accompanied by PHEP Team members Todd Baker, Tyler Means, James Tabor and Rachel Majors, were stationed at TEMA for eight hours and helped prepare fire, EMS, law enforcement and emergency management personnel from 20 city, county and state jurisdictions for the important work they will be doing in Texas.

## **Preparedness**

The MPHD Public Health Preparedness Program will host Preparedness Day at the Park at Centennial Park on October 1 from 10 until 2. The event designed to educate residents on the importance of being prepared in the wake of an emergency, whether it be a fire, tornado, flood, or act of terrorism, a particularly timely reminder in light of recent events on the Gulf Coast.

There will be 12-plus federal, state, and local organizations participating, including the Office of Emergency Management, Vanderbilt LifeFlight, Tennessee National Guard, American Red Cross, Davidson County Sherriff's Office, SWAT, and others. Each organization will showcase some of their most valuable assets for emergency response, such as a mobile booking unit, command operations center, and a mass care shelter.

This event offers residents and opportunity to talk to each organization and learn more about their response capabilities. Each participant will leave with the knowledge to plan ahead for a disaster, thereby minimizing the effects of an emergency event. The first 250 guests to register to be a Medical Reserve Corps (MRC) volunteer will receive a free weather radio (limit one per household). MRC

volunteers assist in strengthening public health and improving emergency response capabilities to build community resiliency. Volunteers may be called upon to assist in community preparedness and emergency events.

This year we will be featuring a special kid's zone making this a great, fun-filled Sunday. There will also be a helicopter landing, food trucks, additional giveaways, and a visit from some of our fur friends over at Metro Animal Care and Control.

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

### **Community Mental Health Systems Improvement**

Our work on the Community Mental Health Systems Improvement plan continues to pay dividends. The Mental Health Co-Op recently received a \$2.6 million infrastructure grant from the state, an application which benefitted significantly from the \$427,000 Metro already had agreed to invest through our Public Investment Plan. The co-op tells us the presence of local matching funds was crucial to their grant application.

### **Enrollment**

Our efforts to enroll pregnant women in health insurance continue to grow. For the quarter ending in June we enrolled 422 women in either TennCare or Cover Kids. This number has increased every quarter since we committed resources to it. For the year ending in June we enrolled 1,547 pregnant women through this effort.

## **Organizational Updates**

### **TPHA**

A reminder that the Tennessee Public Health association's annual conference is Sept. 13-15 at the Cool Spring Marriott. We are involved in numerous ways, including several poster presentations from members of the Epidemiology unit.

### **Service Awards**

We held our Service Award recognition ceremony last month, recognizing employees on the anniversary of their employment in five-year increments. The longevity champion was Ray Huffines from Environmental Health, who celebrated 45 years of service to MPH and the citizens of Davidson County. All told there were 51 honorees with a combined 815 years of service. Thank you!

# Metro Animal Care and Control

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Monthly Report

August 2017



**METRO NASHVILLE**  
ANIMAL CARE & CONTROL

# August 2017 Intakes

	Kitten	Adult Cat	Puppy	Adult Dog	Other	Wildlife	Total
Owner Surrender	33	59	29	152	19	0	<b>292</b>
Request for Humane Euthanasia	0	6	1	23	0	0	<b>30</b>
Stray	96	43	24	212	10	11	<b>396</b>
<b>Total</b>	<b>129</b>	<b>108</b>	<b>54</b>	<b>387</b>	<b>29</b>	<b>11</b>	<b>718</b>

**Kitten/Puppy:** 0 weeks old to 5 months old

**Adult Cat/Dog:** 6 months or older

**Other:** Includes Livestock, small animals

# August 2016 to 2017 Intakes

	2016				2017			
	Cats	Dogs	Other	Total	Cats	Dogs	Other	Total
Owner Surrender	169	167	9	<b>345</b>	92	181	19	<b>292</b>
Request for Humane Euthanasia (Owner Surrender)	19	46	2	<b>67</b>	6	24	0	<b>30</b>
Stray	147	210	9	<b>366</b>	139	236	21	<b>396</b>
<b>Total</b>	<b>335</b>	<b>423</b>	<b>20</b>	<b>778</b>	<b>237</b>	<b>441</b>	<b>40</b>	<b>718</b>

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

# August 2017 Outcomes\*

	Kitten	Adult Cat	Puppy	Adult Dog	Other	Wildlife	Total
Adopted	83	37	27	149	9	0	305
Transferred to Rescue Agency	28	8	20	38	11	2	107
Returned to Owner	0	8	6	109	6	0	129
Community Cats Program	12	28	0	0	0	0	40
Humanely Euthanized	18	24	11	88	10	0	151
<b>Total</b>	<b>141</b>	<b>105</b>	<b>64</b>	<b>384</b>	<b>36</b>	<b>2</b>	<b>732</b>

**Kitten/Puppy:** 0 weeks old to 5 months old

**Adult Cat/Dog:** 6 months or older

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

# August 2016 to 2017 Outcomes\*

	2016				2017			
	Cats	Dogs	Other	Total	Cats	Dogs	Other	Total
Adopted	87	165	4	<b>256</b>	120	176	9	<b>305</b>
Transferred to Rescue Agency	16	110	9	<b>135</b>	36	58	13	<b>107</b>
Returned to Owner	4	54	0	<b>58</b>	8	115	6	<b>129</b>
Community Cat Program	82	0	0	<b>82</b>	40	0	0	<b>40</b>
Humanely Euthanized	39	67	1	<b>107</b>	42	99	10	<b>151</b>
<b>Total</b>	<b>228</b>	<b>396</b>	<b>14</b>	<b>638</b>	<b>246</b>	<b>448</b>	<b>38</b>	<b>732</b>

\*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	
		Aug-17	Ending August 31st, 2017
A	Intake Total	718	632
B	Stray	396	300
C	Owner Surrender	292	247
D	Owner Req. Euth	30	82
E	Wildlife	11	12
F	Other	29	24
G	Adopted	305	211
H	Transfer	107	143
I	RTO	129	86
J	ORE Euthanized	28	39
K	Wildlife Euthanized	8	7
L	Euth Total	151	122
M	Euth %	16%	12%

### Data Report Key

Intakes

Outcomes