

Metropolitan Board of Health of Nashville and Davidson County December 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 4:05 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, Chair
Francisca Guzmán, Vice Chair
Thomas Campbell, M.D., Member
Alex Jahangir, M.D., 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
Les Bowron, Director, Human Resources
John Finke, PE, Director, Pollution Control Division
Peter Fontaine, CPA, MBA, Director of Administration and Finance Bureau
Corey Harkey, JD, Metropolitan Department of Law

BOARD OF HEALTH

Introduction of Les Bowron, Director of Human Resources

Chair Etherington recognized the Department's new Human Resources Director, Les Bowron, and asked him to introduce himself. Mr. Bowron shared a few details about himself and expressed enthusiasm for his new position.

Air Pollution Permit Fees for Calendar Year 2017

John Finke presented the Air Pollution Permit Fee Schedule for Calendar Year 2017 (Attachment I) and requested the Board approve the schedule.

Dr. Jahangir made a motion to approve the Air Pollution Permit Fee Schedule for Calendar Year 2017 as presented. Ms. Guzmán seconded the motion, which passed unanimously.

Approval of Grant Applications

Peter Fontaine presented one item for approval:

Office of Minority Health – Youth Health Equity Model of Practice Fellowship

Term: June – August 2018

Amount: NA

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

Approval of Grants and Contracts

Peter Fontaine presented six items for approval:

1. Tennessee Department of Health – Women, Infant & Children Grant Amendment #3

Term: October 1, 2014 - September 30, 2018

Amount: \$20,270,000 (\$231,600 decrease)

2. Association of Food and Drug Officials – Food Environmentalist Training Grant

Term: January 1 – December 31, 2018

Amount: \$3,000

3. Association of Food and Drug Officials – FDA Southeast Region Seminar Grant

Term: January 1 – December 31, 2018

Amount: \$3,000

4. Petsmart Charities – Intake Diversion Grant

Term: January 1 – December 31, 2018

Amount: \$25,000

5. CDC Public Health Associate Program Agreement to Detail

Term: October 2 – September 30, 2019

Amount: NA

6. Tennessee Department of State – Administrative Law Judges

Term: January 1 2018 – December 31, 2022

Amount: NA

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

Approval of the November 9, 2017 Meeting Minutes

Dr. Campbell made a motion to approve the minutes of the November 9, 2017 Board of Health regular meeting as written. Dr. Johnston seconded the motion, which passed unanimously.

Director’s Report

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

Dr. Paul advised the Board of his involvement on the work group to address the proposed transition of Nashville General Hospital. The work group is being chaired by Dr. James Hildreth of Meharry Medical College, and the first meeting would be held December 18, 2017.

The success of recent events related to the Fetal Infant Mortality Review program and the Opioid Crisis was noted.

Report of the Chair

Chair Etherington noted that the annual Season to Remember memorial service, to commemorate those who have died by violence, would be held later the same evening. The service is an annual event sponsored by Metro police’s Victim Intervention Program, the District Attorney’s Office, Tennessee Voices for Victims, and the United States Attorney’s Office, at the Children’s Garden in Centennial Park.

Review of Board Requests

Dr. Paul will provide regular updates on the Nashville General Hospital Transition meetings.

A list of engagement experiences for Board members will be provided at the January meeting.

CIVIL SERVICE BOARD

Exit Interviews

Dr. Areola presented the Exit Interview Report for Board review.

Approval of Extension of Administrative Leave

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

Dr. Jahangir made a motion to grant an extension of administrative leave in a pending disciplinary matter. Ms. Guzmán seconded the motion, which passed unanimously.

Personnel Changes

Dr. Areola presented the 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, January 11, 2018, in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville TN 37209.


The meeting adjourned at approximately 5:10 p.m.

Respectfully submitted,

Carol Etherington, MSN, RN
Chair

MEMORANDUM

TO: Dr. William Paul

FROM: John Finke 

DATE: December 5, 2017

SUBJECT: Air Pollution Permit Fees for Calendar Year 2017

Title V of the Clean Air Act requires an operating permit program for major air pollution sources. The Act requires that sufficient funds be collected from these sources to cover the cost of the program. The fee schedule outlined in Section 10.56.080, "Permit and Annual Emission Fees" of Chapter 10.56, "Air Pollution Control" of the Metropolitan Code of Laws and Regulation No. 13, "Part 70 Operating Permit Program" follows the Clean Air Act guidelines which require an annual fee of \$25.00 per ton of allowable emissions of all regulated air pollutants, except carbon monoxide. The fee is adjusted upward each year by the increase in the Consumer Price Index since 1989. This methodology would result in a fee of \$49.85 per ton for 2017. For the past twenty-two years, the Board of Health has granted a variance from the provisions of Section 10.56.080(E)(1)(e) of Chapter 10.56 to all permitted sources. In 2004, the Board established a flat annual emission fee of \$28.00 per ton of regulated air pollutants, except for carbon monoxide, up to 2,000 tons per year of any regulated air pollutant. The Board has voted to maintain that same fee schedule for the past thirteen years.

Based on Metro's FY2017 budget, MPHD projected revenues for the Title V permitting program and the general air pollution fund to be \$220,000 and \$130,000, respectively. Maintaining the \$28.00 per ton fee is projected to result in the collection of \$224,802 and \$119,814. The discrepancy in the general air pollution fund projection is based on facility closures throughout the calendar year.

In conclusion, I am requesting that this matter be placed on the December 14, 2017, Board of Health Agenda and I am recommending that the Board grant a one year variance from the provisions of Section 10.56.080 of the Metropolitan Code of Laws for all sources located in Nashville, Davidson County, Tennessee, by establishing an annual emission fee of \$28.00 per ton of regulated air pollutants, except for carbon monoxide, for calendar year 2017.

cc: Sanmi Areola
Josh Lee

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

Improve and Sustain Family and Child Well-Being

Infant Mortality

We reported to you last month a 14 percent decrease in sleep-related infant deaths in 2016, as compared to the previous year. Since that time the numbers have been finalized and the news is even better than we first thought. The rate actually dropped by 29 percent. It is the first annual decrease in this important metric in the last three years. As you know we lead a city-wide campaign "The ABCs of Safe Sleep" (Alone, on their Back, in a Crib). We have been pursuing this approach since 2012 after we identified, through a variety of assessment tools, that sleep-related deaths were a substantial and preventable cause of infant deaths in our community. Congratulations to our staff who work every day to drive this number as low as possible. Thanks to Dr. Johnston for her support of our press event last Thursday.

Promote and Support Healthier Living

Mamava

Last week we received the state Health Department "Bright Spot" Award in a ceremony at Nissan Stadium recognizing our role in getting portable breastfeeding pods purchased and installed for use during events at that venue.

Mental Health

I attended a two-day gathering in New York for the Cities Thrive effort headed by NYC First Lady Chirlane McCray. The Cities Thrive focus is on better and more systemic care for mental health issues being driven, as the name suggests, via large urban centers. Our work here continues, with the CMHSI work group convening regularly. We took an in-depth look last week into the operation of Judge Melissa Blackburn's Mental Health Court and Veteran's Court. The group is now researching a systemic way to better address the needs of "chronic consumers," particularly those who have resisted treatment options as they traditionally have been offered or configured.

Prevent and Control Epidemics and Respond to Public Health Emergencies

Opioids

The Metro Council's Budget & Finance Committee and its Health, Hospitals & Social Services Committee held a special joint hearing last night on the status of the opioid situation in Davidson County. We had a team there.

In addition, Trevor Henderson, our Opioid Response Coordinator, last month convened the first meeting of a community-wide stakeholders group to begin identifying assets and gaps, and mapping out a community-wide response. The meeting overflowed all three Centennial rooms downstairs. I also attended a statewide collaborative designed to improve the provision of pain management, a central issue in efforts to combat opioid abuse.

Ending the HIV Epidemic

The Ending the Epidemic Summit was held two weeks ago. The purpose of the event was to launch a planning process that will map a pathway to ending the epidemic of AIDS in our community. Thanks to Board Chair Carol Etherington for attending the full day. Speakers spoke about scientific advancement in HIV, local data, collective impact, and social justice dimensions, and a panel of people affected by HIV provided essential perspectives. Breakout sessions started the planning process on several key planning

areas, which will be followed up on as the plan is formulated in coming months. Kristen Zak demonstrated commitment of Mayor Barry's office in a major way by leading the coordination and planning for the event.

Increase Access and Connection to Clinical Care

Nashville General Hospital

On the day of our November Board of Health meeting Mayor Barry announced that Meharry Medical College had made an agreement with TriStar Southern Hills Medical Center for training, rather than relying solely on Nashville General Hospital as has been the arrangement for some years. The Mayor also announced her intention, in light of Meharry's decision, to submit a proposal that would shift NGH away from the provision of in-patient services to an ambulatory care model. The Mayor subsequently asked Meharry President Dr. James Hildreth to form a task force to inform that proposal. I have been asked to serve on this group. MPH has the following direct intersection with General; it is the hospital for prisoners who cannot be cared for at the county jail; it is home to the team of nurses that provides forensic examinations after sexual assault (rape kits); it provides isolation for TB patients when necessary; and as a maternity hospital, we are on site enrolling families in WIC. My participation on the task force will be from a wider perspective-- as Nashville's public health director, I will aim to bring a systems approach and focus on the health needs of the whole population, particularly those most vulnerable. Part of the group's task will be to identify additional stakeholders, and I will advocate for input from safety net clinic leaders, and from consumers.

The task force, whose membership is still evolving, initially also included: Dawn L. Alexander, chief nursing officer at NGH; Judy Cummings, a registered nurse and pastor; Lemuel L. Dent, chief medical officer at NGH; Hospital Authority member Sara Finley (Richard Manson is the HA alternate member); Metro Finance Director Talia Lomax-O'dneal; State Rep. Harold Love Jr.; Freda Player, political director of SEIU Local 205; A. Dexter Samuels, director of the Robert Wood Johnson Foundation Center for Health Policy at Meharry; Metro Council member Tanaka Vercher; and an alternate from the Council not yet identified.

Jonathan B. Perlin, chief medical officer for HCA Healthcare and a Meharry Medical College trustee, originally was asked to chair the group but subsequently has withdrawn from the task force.

The initial meeting of the task force is scheduled for next Monday afternoon at Meharry. I will keep you apprised as this important work develops.

Organizational Updates

Human Resources

Les Bowron has started as our HR manager. Les is an attorney who has held elected office in the past, and has extensive experience in Metro Government's HR division. He is a trained and experienced trainer and mediator, and we look forward to his help in building the capabilities of our workforce to accomplish our mission.

Employee Survey

I have shared with you a synopsis of a survey we conducted to get feedback from our employees on culture and engagement. The response was excellent and the feedback was generally very positive, but our purpose was to identify areas where we can improve. We will use these results to help us identify strengths that need to be sustained as well as areas where we need to do better.

December

The team at MPH wishes you and yours a bright and joyful holiday season. See you in 2018!

National Federation of Humane Societies

Basic Data Matrix – Information Sheet

Introduction to the Basic Matrix:

This basic matrix was designed to serve as a tool for basic 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. Whether organizations already gather a great deal of data or have only gathered the basics, this matrix should facilitate the roll up or merging of data at the local, regional or national level by providing a common framework. This matrix does not reflect any preference in data analysis or the calculation of rates but is rather simply a tool for data collection.

Defining Owner Requested Euthanasia:

Some shelters offer pet euthanasia to the public as a service whose cost may be subsidized and therefore more affordable than local veterinary clinics, thus ensuring access to this service. Defining when euthanasia should be recorded as “at the request of the owner”, or not, is the subject of much discussion.

For the purposes of this document, we are choosing to define owner INTENDED euthanasia as the euthanasia of a pet whose owner brought the pet to the shelter for that service. In other words, the owner brought the pet in specifically for that service – it was their intent before arriving.

Any other definition of “owner requested” euthanasia leaves much up to interpretation and therefore a great deal of variation among organizations and their reporting. We believe the simplicity of this definition helps to ensure consistent application and record keeping.

Where are the "Others"?

This basic data matrix focuses on canines and felines. Many organizations also provide extraordinary services for other pets (pocket pets, rabbits, ferrets) and animals (wildlife), and that good work is not captured here.

Why a Basic Matrix?

This basic matrix was designed to serve as a tool for data collection. It is a simple matrix containing what many have agreed are the minimum data points an organization should consider gathering. By agreeing to this basic matrix - we hope organizations will gather AT LEAST this data, or if an organization all ready gathers a great deal of data, that they will consider rolling up their data into this format to help facilitate (if individual agencies are interested) data collection at a local, regional or national level, which would allow participating agencies to benchmark their work against similar agencies around their region or the nation. This matrix does not reflect any preference for the variety of live release rates used in animal sheltering and welfare. Most rates, other than full Asilomar which requires a conditions matrix, should be able to be calculated from the data points included.

National Federation of Humane Societies Basic Data Matrix

| Species | | Canine | | Feline | | Total | Age at Intake |
|-----------------|--|------------|----------------|------------|----------------|------------|--|
| | | Adult | Up to 5 months | Adult | Up to 5 months | | |
| By Age | | Adult | Up to 5 months | Adult | Up to 5 months | | |
| A | Beginning Animal Count (date: 11/01/2107) | 68 | 9 | 33 | 60 | 170 | Should include animals in shelter and animals admitted but currently in foster care or other offsite facility. |
| Intake | | | | | | | |
| B | Stray/At Large | 216 | 23 | 28 | 47 | 314 | Admitted through animal control/stated to be unowned or freeroaming |
| C | Relinquished by Owner | 59 | 4 | 27 | 33 | 123 | Admitted by owner |
| D | Owner Requested Euthanasia | 23 | 1 | 35 | 7 | 66 | Limited to this definition: Admission of pets whose owner brought the pet to the shelter with the INTENT of requesting euthanasia |
| E | Transferred in from Agency | 1 | 0 | 1 | 9 | 11 | An admission from another agency - for adoption, large scale seizure support, etc. |
| F | Other Intakes | 16 | 0 | 2 | 0 | 18 | Impounds for cruelty cases & protective custody. Also, pets born while in care, and others types of admission not captured above. |
| G | TOTAL INTAKE | 315 | 28 | 93 | 96 | 532 | Sum of B, C, D, E and F |
| Outcomes | | | | | | | |
| H | Adoption | 126 | 15 | 36 | 83 | 260 | Final adoptions only, having permanently left the Agency's possession. For example, it does not include animals placed in foster care or on overnight 'trial' stays. |
| I | Returned to Owner | 110 | 1 | 4 | 0 | 115 | Stray or Owner Relinquished animal returned to their owner |
| J | Transferred to another Agency | 35 | 0 | 16 | 17 | 68 | Transferred out of the Agency's possession to another entity |
| K | Other Live Outcome | 1 | 0 | 0 | 0 | 1 | Returning cats to the field, barn cat programs, etc |
| L | TOTAL LIVE OUTCOMES | 272 | 16 | 56 | 100 | 444 | Sum of H, I, J and K |
| M | Died in Care | 0 | 0 | 1 | 0 | 1 | Animals who die while sheltered |
| N | Lost in Care (Physical Inventory Adjustments) | 0 | 0 | 0 | 0 | 0 | Animals whose outcome is unknown (may have escaped the shelter, outcome was not recorded and unknown) |
| O | Shelter Euthanasia | 33 | 0 | 8 | 13 | 54 | All euthanasia other than that performed by the definition below as Owner Requested Euthanasia. |
| P | Owner Requested Euthanasia | 17 | 1 | 43 | 4 | 65 | Limited to this definition: Euthanasia of pets whose owner brought the pet to the shelter with the INTENT of requesting euthanasia |
| R | TOTAL OUTCOMES | 322 | 17 | 108 | 117 | 564 | Sum of L, M, N, O and P |
| Q | Ending Shelter Count (date: 11/30/17) | 61 | 14 | 21 | 42 | 138 | Should include animals in shelter and animals belonging to the shelter but in foster |

| | | | | | |
|-------------------|---------------|----------------|---------------|---------------|---------------|
| SAVE RATE: | 88.93% | 100.00% | 82.00% | 85.87% | 88.22% |
|-------------------|---------------|----------------|---------------|---------------|---------------|

November 2017



METRO NASHVILLE
ANIMAL CARE & CONTROL

Metro Animal Care and Control

Trailing 12 Month - Data Report

| | | Trailing 12 Month Average | |
|---|---------------------|---------------------------|------------------------|
| | | Nov-17 | Ending Nov. 30st, 2017 |
| A | Intake Total | 541 | 623 |
| B | Stray | 317 | 322 |
| C | Owner Surrender | 155 | 225 |
| D | Owner Req. Euth | 66 | 73 |
| E | Wildlife | 3 | 13 |
| F | Other | 6 | 23 |
| G | Adopted | 260 | 221 |
| H | Transfer | 68 | 134 |
| I | RTO | 115 | 101 |
| J | ORE Euthanized | 65 | 35 |
| K | Wildlife Euthanized | 3 | 7 |
| L | Euth Total | 123 | 113 |
| M | Euth % | 10% | 12 |

Data Report Key

Intakes

Outcomes

November 2017

