

Metropolitan Board of Health of Nashville and Davidson County January 11, 2018 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
Samuel L. Felker, JD, Member
Alex Jahangir, M.D., MMHC, Member
William S. Paul, M.D., MPH, FACP, Director of Health
Sanmi Areola, PhD, Deputy Director, and Interim Director of Environmental Public Health Bureau
Jim Diamond,
Peter Fontaine, CPA, MBA, Director of Administration and Finance Bureau
Josh Lee, JD, Metropolitan Department of Law

BOARD OF HEALTH

Approval of Grant Applications

Peter Fontaine presented two items for approval:

- 1. Centers for Disease Control – Public Health Associate Program – Immunizations**
Term: October 1, 2018-September 30, 2020
Amount: NA
- 2. Centers for Disease Control – Public Health Associate Program – Accreditation/Quality Improvement**
Term: October 1, 2018-September 30, 2020
Amount: NA

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

Peter Fontaine presented five items for approval:

- 1. Vanderbilt University – TB Epidemiology Studies Consortium**
Term: September 29, 2017 through September 28, 2018
Amount: \$75,605 (\$5,424 decrease)
- 2. Tennessee Breast & Cervical Cancer Screening Program**
Term: January 1, 2018-December 31, 2022
Amount: NA
- 3. Office of Family Safety Memorandum of Understanding**
Term: NA
Amount: NA
- 4. Environmental Protection Agency – 105 Air Pollution, Notice of Award #8 and #9**
Term: October 1, 2014-September 30, 2018
Amount: \$134,000

5. VSee Lab, Inc. – Business Associate Agreement

Term: January 1, 2018-December 31, 2023

Amount: NA

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

Staff Survey

Sanmi Areola presented the Workplace Culture Survey.

Chair Etherington requested a copy of the Workplace Conduct Policy and Ms. Guzmán requested a breakdown of length of service by bureau. Dr. Areola said he would provide both.

Approval of the December 14, 2017 Meeting Minutes

Ms. Guzmán made a motion to approve the minutes of the December 14, 2017 Board of Health regular meeting as written. Dr. Jahangir seconded the motion, which passed unanimously.

Director's Report

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

Dr. Paul gave a brief update on cold weather response in terms of animals being left out in the cold, and the department's participation in extreme weather response plans being formulated.

Dr. Paul referred to a list of engagement opportunities for Board members.

Dr. Paul shared information about the department's budget proposal for fiscal year 2019.

Dr. Paul, Shoana Anderson and Brian Todd responded to Dr. Jahangir's question regarding flu and the monitoring of regional hospitals' capacities for the increase in flu patients.

Report of the Chair

Chair Etherington reminded everyone of the work session to be held January 25 with Metro Human Resources.

Review of Board Requests

A report on billing and collections will be provided at the March meeting.

Ms. Guzmán requested a breakdown of length of service by bureau.

A copy of the Workplace Conduct Policy will be provided to Board members.

Chief health risk factors attendant to the rapid growth of the city was requested in the next four or five months.

CIVIL SERVICE BOARD

Personnel Changes

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

Other Business

Dr. Areola recognized Rebecca Morris' departure and strategies going forward related to her roles in communications and social media.

Next Regular Meeting

The next regular meeting of the Board of Health is scheduled to be held at 4:00 p.m. on Thursday February 8, 2018, in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville TN 37209.

The meeting adjourned at approximately 6:45 p.m.

Respectfully submitted,

Carol Etherington, MSN, RN
Chair

Director's Update to the Board of Health January, 2018

Improve and Sustain Family and Child Well-Being

Safe School Environments

The National Association of County and City Health Officials (NACCHO) awarded MPHD \$20,000 to partner with Metro Nashville Public Schools to identify and implement strategies to reduce HIV and STIs among adolescents through CDC-developed school-based approaches for health education, health services, and safe and supportive environments. We met for two days last month MNPS officials and representatives from other community organizations (Alignment Nashville, Nashville Cares, Tennessee Department of Health and others) in a planning retreat. The result was a strategic plan for health-specific approaches related to social emotional learning outcomes. According to the CDC Division of Adolescent and School Health, fostering safe and supportive environments in schools can be an effective approach to reducing absenteeism, bullying, sexual assault, and sexual harassment. This collaboration is led by D'Yuanna Allen-Robb, our Maternal Child and Adolescent Health Director, and Dr. Megan Lark-Cusson, MNPS' Executive Director of Counseling.

Promote and Support Healthier Living

Tobacco

The Tobacco Prevention Program has partnered with MDHA to provide Freedom from Smoking (cessation) classes to residents, free of charge. All renovated and new MDHA properties are being converted to non-smoking spaces as they are renovated/re-opened. Classes will start next month. Also, "It's Quittin' Time in TN" events will be held the week of February 5-9. "It's Quittin' Time" is a statewide initiative to link smokers to cessation services. And a bit of good news from the state health department's most recent statewide Youth Risk Behavior Survey indicated that use of electronic nicotine delivery systems among Tennessee teen-agers dropped from 21.7 percent in 2015 to 11.5 percent last year.

Workplace Wellness

We have partnered with the American Heart Association to enroll in their Workplace Health Solutions program. This free program utilizes a continuous quality improvement framework to assess our health culture and supporting workplace environment, consultation resources to guide improvements, engagement of employees, and access reports to monitor progress and quality. The AHA also provides access to evidence-based resources, marketing materials and their community health director who will assist in providing improvement strategies and programs. To enroll, MPHD will need to complete an organizational assessment of our structure and process measures as it pertains to health and an employee health risk assessment. We have completed the institutional assessment and begin our employee assessment next week. Upon completion of the organization and employee assessments, MPHD will be recognized as a "gold, silver or bronze level" AHA workplace health organization. With only our institutional assessment completed, we are already at a silver level.

Create Healthier Community Environments

Cold Weather

The cold weather has prompted a flood of complaints to Animal Care and Control regarding animals being outside. As of early last week we had received more than 750 calls since Christmas, about half of them alleging abuse or neglect on account of the temperatures. Lauren Bluestone and her staff have

been working overtime to respond to the calls on a same-day basis and it has stretched them thin. There were enough volunteers for last weekend to expand our response to a more pro-active one as we tried to get the animals protected, as opposed to just responding to complaints. We also reached out to both traditional and social media outlets with messaging and tips on how to protect animals in these temperatures. The Mayor's office and Metro Council members also have contacted us on what would be needed to allay the community's concerns going forward. With respect to people, we have participated for the last two months on a revision of Metro's cold-weather response plan for the homeless population, our part of which primarily involves providing shelter for animals. Prior to New Year's we deployed the DART trailer a few times, but we have consistently argued that it would be better to open a shelter that allows pets to come inside with their owners. That approach is being tried now; a pet-friendly shelter opened for the first time on January 3.

Prevent and Control Epidemics and Respond to Public Health Emergencies

Harm Reduction

A change in state law last spring authorized Syringe Services Programs (needle exchanges) in Tennessee. A local non-profit called Streetworks has an application pending with the Tennessee Department of Health to provide such a program in Davidson County, and could start offering services as soon as February 1. Initially, Street Works proposes to have multiple sites served by mobile exchange van. Before approving the application, TDH has requested a meeting with MPHD and the Metro Police Department to review the proposal and explore any concerns we may have. Among those are appropriate disposal, suitability of mobile locations and public safety. This meeting should take place in the next week or so. We continue to explore the possibility of expanding an existing Metro contract for needle disposal to include those collected under the Street Works program.

Increase Access and Connection to Clinical Care

Nashville General Hospital Transition

I have spent a good deal of time the last month gathering information about the status and options for Nashville General Hospital (NGH) and the community's health care safety net, given Mayor Barry's stated intention of altering the services provided at the hospital. As I've mentioned before we have some direct connections to Nashville General (in-patient prisoner stays, in-patient TB stays, WIC services) as well as broader concerns for a systematic deployment of safety net services generally. The task force on the NGH transition, assembled by Meharry President Dr. James Hildreth and of which I am a member, held its first meeting on December 18. I have met with officials of local FQHCs, Nashville General, Meharry, and other safety net stakeholders in an effort to conceptualize what the safety net system could look like with a changed mission at NGH. The timeline for our recommendation is tight, and I have set aside a significant amount of time for the next several weeks to continue studying and working on this issue.

Organizational Updates

FY 18 Budget

See Budget Proposal Summary in your packet.

MLK Day

We are working to have a contingent at this year's MLK Day Freedom March and you are welcome to join us. The march starts 10 a.m. Monday, January 15, at Jefferson Street and 28th Ave. North, just a few

blocks from here. The march will continue west until it reaches the Howard Gentry Complex at Tennessee State University, a walk of less than half a mile.

Workforce Development

Our Strategic Plan identifies “Empowering the Workforce and Building Leaders” as a strategic priority for the Department. Among the objectives identified was an MPH Mentorship Team, which was formed in October. Its first order of business was the creation of a Mentorship Manual to guide our program going forward. This manual is in the draft stages and should be in effect soon.

HVAC Issues at East

On January 2, the temperature in the clinical services section at the East clinic fell to 41 degrees. Building maintenance received an alarm that the temperature was out of range around 1:30 a.m. and responded. A heater was placed in the pharmacy, and later, space heaters were placed in staff areas. The temperature reached normal range within several hours. Drugs that were exposed to temperatures below manufacturer’s requirements were returned to the manufacturer for partial reimbursement. Replacement drugs were ordered from the pharmacy and were expected to arrive by late last week. The temperature drop in the pharmacy was due to a failure of a relay switch in the control system, which has been temporarily by-passed and will be replaced when the new part arrives. Immunization services were not impacted. Family planning annual exam appointments were not impacted. Patients requiring birth control were given condoms, the option to go to another clinic for a different birth control method, or they could postpone their visit until replacement drugs arrived at East.

NATIONAL FEDERATION OF HUMANE SOCIETIES
BASIC ANIMAL STATS MATRIX
(vrs 9-2012)

IMPORTANT NOTES FOR THE BASIC DATA MATRIX**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.

Tracking by Species and Age:

The risks associated with being an adult dog, puppy, adult cat or kitten (or neonate of any kind) in a shelter environment will vary a great deal. To help shelters assess and understand the differing risks for these populations of animals, this basic animal stats matrix includes a break out by species and age. If tracking statistics broken out by species and age is beyond the capacity of an agency, simply tracking statistics by species would be a place to begin. This document defines puppy and kitten as under 5 months of age (see below: Determining Age). Again – given the differing level of risk – breaking age down further to include a neonate category for both dogs and cats can also be very informative.

Determining Age:

This basic matrix utilizes 5 months as the break point between puppy/kitten and adult. At or near 5 months of age there are changes in the teeth which can help guide trained staff regarding proper categorization of the animal. For cats, at 4-5 months of age permanent canines, premolars and molars are coming in (all in by 6 months of age). For dogs, at 5-7 months of age permanent canines, premolars and molars are coming in (all in by 7 months of age). Source: "How to . . . series" from Animal Sheltering, http://www.animalsheltering.org/resources/magazine/may_jun_1996/how-to-determine-a-dog-or.pdf or contact the National Federation of Humane Societies for a copy of the document.

Beginning and Ending Shelter Counts:

These numbers help frame the population of the animals sheltered and cared for by the organization. We are recommending that a shelter do a walk through – physically counting the animals sheltered within the organization, and not forgetting to count those animals who have been admitted but who are not currently within the shelter (foster care, in the care of a veterinary hospital, etc).

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.

Live Admissions Only

For the purposes of this matrix we are tracking LIVE admissions only, i.e. animals who are alive when they come into an agency's possession. Animals who are dead when taken in to an agency's possession may be a data point to track, but that information is not tracked by this matrix.

What is Possession?

"Adoption" and "Transferred to another Agency" both make reference to possession. The primary concept here is one of ownership. For example, in foster care, the agency still has possession or ownership. If adopted or transferred to another Agency, possession is now with the new owner, or with another Agency.

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 ANIMAL STATS MATRIX
 (vrs 6_13_2011)

BASIC DATA MATRIX

Species By Age		Canine		Feline		Total	
		Adult	Up to 5	Adult	Up to 5		
A	Beginning Animal Count (date: 12/01/2017)	60	15	16	25	116	Age at Intake Should include animals in shelter and animals admitted but currently in foster care or other offsite facility.
Intake							
B	Stray/At Large	207	29	42	30	308	Admitted through animal control/stated to be unowned or freeroaming
C	Relinquished by Owner	45	8	14	3	70	Admitted by owner
D	Owner Requested Euthanasia	14	2	6	4	26	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	0	0	0	0	0	An admission from another agency - for adoption, large scale seizure support, etc.
F	Other Intakes	10	3	2	0	15	Impounds for cruelty cases & protective custody. Also, pets born while in care, and others types of admission not captured above.
G	TOTAL INTAKE	276	42	64	37	419	Sum of B, C, D, E and F
Outcomes							
H	Adoption	110	15	33	58	216	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	80	1	3	0	84	Stray or Owner Relinquished animal returned to their owner
J	Transferred to another Agency	20	22	19	4	65	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	211	38	55	62	366	Sum of H, I, J and K
M	Died in Care	0	0	0	0	0	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	28	1	7	2	38	All euthanasia other than that performed by the definition below as Owner Requested Euthanasia.
P	Owner Requested Euthanasia	13	2	2	2	19	Limited to this definition: Euthanasia of pets whose owner brought the pet to the shelter with the INTENT of requesting euthanasia
R	TOTAL OUTCOMES	252	41	64	66	423	Sum of L, M, N, O and P
Q	Ending Shelter Count (date: 12/31/17)	89	7	27	13	136	Should include animals in shelter and animals belonging to the shelter but in foster

SAVE RATE:	89.35%	97.50%	88.71%	94.29%	90.50%
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NATIONAL FEDERATION OF HUMANE SOCIETIES
 BASIC ANIMAL STATS MATRIX
 (vrs 6_13_2011)

BASIC DATA MATRIX

Species By Age		Canine		Feline		Total	
		Adult	Up to 5	Adult	Up to 5		
A	Beginning Animal Count (date: CY 2017)	63	22	22	18	125	Age at Intake Should include animals in shelter and animals admitted but currently in foster care or other offsite facility.
Intake							
B	Stray/At Large	2304	321	414	694	3733	Admitted through animal control/stated to be unowned or freeroaming
C	Relinquished by Owner	1018	247	444	344	2053	Admitted by owner
D	Owner Requested Euthanasia	283	14	109	19	425	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	18	16	6	13	53	An admission from another agency - for adoption, large scale seizure support, etc.
F	Other Intakes	172	40	34	0	246	Impounds for cruelty cases & protective custody. Also, pets born while in care, and others types of admission not captured above.
G	TOTAL INTAKE	3795	638	1007	1070	6510	Sum of B, C, D, E and F
Outcomes							
H	Adoption	1406	246	412	585	2649	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	1113	49	42	3	1207	Stray or Owner Relinquished animal returned to their owner
J	Transferred to another Agency	503	277	300	282	1362	Transferred out of the Agency's possession to another entity
K	Other Live Outcome	0	0	0	0	0	Returning cats to the field, barn cat programs, etc
L	TOTAL LIVE OUTCOMES	3022	572	754	870	5218	Sum of H, I, J and K
M	Died in Care	17	3	23	23	66	Animals who die while sheltered
N	Lost in Care (Physical Inventory Adjustments)	1	0	0	0	1	Animals whose outcome is unknown (may have escaped the shelter, outcome was not recorded and unknown)
O	Shelter Euthanasia	536	16	141	125	818	All euthanasia other than that performed by the definition below as Owner Requested Euthanasia.
P	Owner Requested Euthanasia	247	8	121	27	403	Limited to this definition: Euthanasia of pets whose owner brought the pet to the shelter with the INTENT of requesting euthanasia
R	TOTAL OUTCOMES	3823	599	1039	1045	6506	Sum of L, M, N, O and P
Q	Ending Shelter Count (date: 12/31/2017)	85	3	26	5	119	Should include animals in shelter and animals belonging to the shelter but in foster
SAVE RATE:		84.39%	96.98%	81.49%	85.81%	85.51%	

METRO ANIMAL CARE AND CONTROL

Trailing 12 Month – Data Report

		Trailing 12 Month Average	
		Dec-17	Ending Dec. 31st, 2017
A	Intake Total	431	616
B	Stray	309	348
C	Owner Surrender	73	213
D	Owner Req. Euth	26	72
E	Wildlife	6	13
F	Other	17	23
G	Adopted	219	220
H	Transfer	435	164
I	RTO	87	102
J	ORE Euthanized	19	34
K	Wildlife Euthanized	1	7
L	Euth Total	59	111
M	Euth %	9%	12

Data Report Key
Intakes
Outcomes