

Metropolitan Board of Health of Nashville and Davidson County July 12, 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
Samuel L. Felker, J.D., Member
Margreete Johnston, M.D., MPH, Member
Thomas Campbell, M.D., Member
Alex Jahangir, M.D., Member
William S. Paul, M.D., MPH, Director of Health
Sanmi Areola, PhD, Deputy Director
Celia Larson-Pearce, Ph.D., Grants Director
Jim Diamond, MBA, Assistant Director, Administration and Finance Bureau
Les Bowron, Esq., Director of Human Resources
Quan Poole, JD, Metropolitan Department of Law

BOARD OF HEALTH

Community Partnership Fund

Dr. Celia Larson presented an overview of the Community Partnership Fund and Community Health Grants (Attachment I).

Approval of Grant Applications

There were no grant applications presented.

Approval of Grants and Contracts

Jim Diamond presented 15 items for approval:

- 1. Certified Applications Counselors**
Term: June 2018-May 2020
Amount: NA
- 2. Middle Tennessee State University Affiliate Agreement**
Term: August 1, 2018-July 31, 2023
Amount: NA
- 3. Healthy Start Home Visiting**
Term: July 1, 2018-June 30, 2019
Amount: \$324,500
- 4. Air Pollution 105**
Term: October 1, 2014-September 30, 2018
Amount: \$228,008
- 5. Grant in Aid**
Term: July 1, 2018-June 30, 2019
Amount: \$725,200
- 6. Tuberculosis Trials Consortium**
Term: October 1, 2017-September 30, 2018

- Amount: \$26,590
- 7. Assess Environmental Tobacco Exposure of Pediatric Patients**
Term: November 17, 2015-November 16, 2020
Amount: \$284,631
 - 8. Medical Examiner**
Term: July 1, 2018-June 30, 2023
Amount: \$28,000,000
 - 9. Immunization Services**
Term: July 1, 2018-June 30, 2019
Amount: \$637,040
 - 10. Conexion Americas – Community Partnership Fund**
Term: July 1, 2018-June 30, 2019
Amount: \$50,000
 - 11. The Family Center – Community Partnership Fund**
Term: July 1, 2018-June 30, 2019
Amount: \$50,000
 - 12. Trevecca Nazarene University – Community Partnership Fund**
Term: July 1, 2018-June 30, 2019
Amount: \$50,000
 - 13. Walk Bike Nashville – Community Partnership Fund**
Term: July 1, 2018-June 30, 2019
Amount: \$50,000
 - 14. Best Friends Animal Society**
Term: July 1, 2018-June 30, 2019
Amount: \$100,000
 - 15. Mental Health Cooperative**
Term: July 1, 2018-June 30, 2019
Amount: \$440,400

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

Approval of the June 13, 2018 Meeting Minutes

Dr. Jahangir made a motion to approve the minutes of the June 13, 2018 Board of Health regular meeting as written. Ms. Guzmán seconded the motion, which passed unanimously.

Director’s Report

Dr. Paul referred to his update provided in the Board packet (Attachment II).

Dr. Paul provided an update on the response to the hepatitis A outbreak. Mr. Felker lauded the efforts of staff at the Pride festival, noting that at the time of his visit, 12 were staffing the Department’s booth.

Dr. Paul announced that he had attended the Annual Conference of the National Association of City and County Health Officials and praised department staff who had presented: Kyra Hood of WIC, and a team from Behavioral Health. He said he would provide an update on the conference at a future meeting.

Dr. Paul addressed the data incident that had been reported recently in the media. Board members expressed their serious concerns and Mr. Felker asked that a report be provided to the Board detailing:

- A root cause analysis of the incident;
- What happened and why, and why was the information left unattended for nine months;

- What efforts were being made to rebuild relationships with Ryan White partners;
- If there were an annual audit of data security practices;
- Why the tracking system was turned off;
- Why the data was moved, and why wasn't the person asked to review the data provided a SAS license; and
- Whether or not any individual can download SAS software to read the data.

Additionally, Dr. Jahangir asked that the Board be provided with details on how the Department would ensure that no similar incident would occur again.

Jim Diamond said that he would provide to Mr. Felker the report from the most recent HIPAA audit, which was conducted about a month prior, as soon as it was received.

Chair Etherington invited comment from the public regarding the data incident. None was offered.

Discussion was held on the transition to a new Director of Health as well as several staff vacancies.

Report of the Chair

Chair Etherington said that she had met with Dr. Larson-Pearce and Jason Stamm, who had updated her on the Department's efforts in workforce development in recent years. She assured the Board that impressive work had been done and was ongoing.

Chair Etherington announced that the posting for Director of Health would be issued in mid-August. Dr. Jahangir asked that the job description be shared with the Board prior to the posting.

Other Business

Dr. Johnston expressed concern about the quality of pediatric forensic exams and whether standards are being met. Jim Diamond offered to schedule a presentation from Dr. Li, CEO of Forensic Medical, LLC, the vendor for forensic medical examinations, for a future Board meeting.

CIVIL SERVICE BOARD

Personnel Changes

Les Bowron presented the personnel changes.

Next Regular Meeting

The next regular meeting of the Board of Health is scheduled to be held at 5:00 p.m. on Thursday, August 16, 2018, in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville TN 37209. The meeting was rescheduled due to an anticipated lack of quorum on August 9.

The meeting adjourned at 5:55 p.m.

Respectfully submitted,

Carol Etherington, MSN, RN
Chair

Community Partnership Fund: Community Health Grant

July 12, 2018

Celia Larson, Ph.D., Grants Director



Metro Public Health Dept

Nashville / Davidson County

Protecting, Improving, and Sustaining Health

Agenda

- Background
- Funding Goals and Priorities
- Funding Levels
- Eligibility Requirements
- Evaluation and Scoring
- Grant Award Recommendations
- Questions

Background

- The Community Partnership Fund (CPF) is a competitive grant program for non-profits.
- Total FY 2019 budget is \$1 million.
- CPF priority areas: community health, domestic violence, youth violence, financial security and literacy.
- Each priority area is allotted \$200,000 and administered by the appropriate Metro Department.
- This year, the Metro Public Health Department administers the Community Health priority funding.

Funding Priority Goals:

Community Health Improvement Plan

➤ Maximize the Built and Natural Environment:

- Increase active transportation, i.e., walking or biking options and utilization.
- Improve and protect the quality of air, land and water

➤ Support Mental and Emotional Health:

- Provide individuals and families with the support necessary to maintain positive mental well-being
- Promote positive parenting & violence free homes

➤ Advance Health Equity

- Social determinants of health (SDOH), the conditions in the places where people live, learn, work, and play, affect a wide range of health risks and outcomes.
- Addressing SDOH removes barriers and create opportunities to advance health equity for all.

Funding Priorities

- Policy, system and environmental (PSE) changes
- Cross-sector collaboration
- Sustainable and culturally competent

Funding Levels

- Capacity Building Grants (up to \$25,000 each)
 - Assessment and Planning
 - Training and Technical Assistance

- Implementation Grants (up to \$50,000)

Eligibility Requirements

- 501(c)(3)
- At least three (3) years in existence
- Total funding requested must not exceed 20% of total revenue
- Must provide a copy of an audit conducted by a certified public accountant
- Must have an updated profile in Giving Matters
- Non-profits applying for Direct Appropriations are ineligible

- Presentations required

Evaluation and Scoring

Section	Score
Responsiveness to the grant guidelines/ requirements	5
Purpose of the project and community partnerships	5
Identified community need to be addressed	10
Clarity of goals, objectives, activities and outcomes	20
Health equity	15
Evaluation	15
Management Plan	5
Monitoring Plan	10
Timeline	5
Sustainability	5
Budget	5
Total	100

Proposals Received

- 15 received: 2 capacity building; 13 implementation
- Maximize the Built and Natural Environment Goals:- 4 proposals
 - Increase active transportation (2)
 - Improve and protect the quality of air, land and water (2)
- Support Mental and Emotional Health Goals – 11 proposals
 - Provide individuals and families with the support necessary to maintain positive mental well-being (7)
 - Promote positive parenting & violence free homes (4)
- Advance Health Equity

Grant Award Recommendations

- **Conexion Americas:** “Increasing Walking and Bicycling for Transportation with Safer Infrastructure”
- **The Family Center:** “Creating a Trauma-Informed Juvenile Justice System”
- **Trevecca Nazarene University:** “Trevecca Urban Farm – TreeCycle Project”
- **Walk Bike Nashville:** “Healthy trips to school – Changing transportation behaviors at Nashville Schools”

Thank-you!



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

WIC and Dental Services

Since last July we have had funding for a dental hygienist to serve our WIC population in the clinical setting. This service has gone well at the WIC sites here and at the South Nutrition Center. Because of the popularity and success of the clinical program, we decided to link the dental prevention program with WIC Mobile to provide preventive dental services at their locations. We had our first joint event at the Southeast Library last week and more are planned for the summer.

Nashville Community Health + Wellbeing Survey

Our contract to fund a portion of the Nashville Community Health and Wellbeing Survey has been approved by the Metro Council. NashvilleHealth will oversee the survey, which will be used to inform the Community Health Assessments and subsequently the Community Health Improvement Plan. We are pleased to have this specific local data as part of the process. A rollout event to raise awareness of the survey is tentatively scheduled for July 24. We will provide details as they are confirmed.

Behavioral Health & Wellness, WIC staff present at Annual NACCHO Conference

I will be at the annual NACCHO Conference next week, and I will have company. Our Behavioral Health and Wellness team (Simone Sibley, Julie Thacker, Angie Thompson, and Jen Trail) will be presenting at the conference on "A Systems Approach to Public Behavioral Health in Nashville." The presentation will highlight Nashville's efforts to transform its fragmented and under-resourced behavioral health system through innovative, consensus-driven and replicable public-private partnerships. MPH D convenes three such partnerships: All Children Excel (ACE) Nashville, Community Mental Health Systems Improvement (CMHSI), and Suicide Prevention and the African-American Faith Community Coalition (SPA AFCC). Using evidence-based, consensus-generating, and replicable processes has allowed us to leverage our status as neutral conveners to frame a community response. I am pleased the team's work is being recognized at a national level.

Also, Kyra Hood will be presenting about WIC in the library.

Opportunity Now Intern

Kian Garcia, an Opportunity Now Intern, has been working with the Suicide Prevention and African American Faith Communities Initiative. One component of his internship has been developing awareness material for Minority Mental Health Month, which is this month. The material is being shown on the large screen TV's in the lobby downstairs, and has been forwarded to the Mayor's office for further distribution.

MACC Adoption Event

We participated in Best Friends Animal Society's "10,000 Pets in 10 Days" national adoption event that ran through July 3, in which adoption fees were waived for the adoptive families. The fees were covered by donations from Best Friends. We had 116 animals adopted from the shelter.

Shout Out to TB Program

I would like to say that the Health Department has a wonderful team of professionals on board in the TB Elimination department. I have not experienced such a devoted and caring group of medical professionals in about 20 years of my 25 year nursing career. They have treated me as one of their own for the past

5 weeks. I will truly miss and very much remember each and everyone. This group of fine people is what anyone should encounter especially in a medical setting. I can see the devotion and respect given and received in each person in the department since the first day I arrived. I have sincerely come to love and respect each one because I have also been treated as if I was a permanent participant in this department. An experience I shall never forget and always share with anyone I encounter in my life. Please trust me in what I have said because I have traveled as a nurse for 11 years throughout the country and never found such human respect and decency amongst a group of employees. I have been an employee of a few hospitals and clinics here in Nashville area but never stayed more than 3-4 months because in most places I worked a majority of the staff exhibited the opposite treatment amongst the department staff where I have been. This department, TB Elimination, is the UTOPIA that all manners of employment in the U.S.A. should strive to be like.

*Thank you,
Mark Staup, RN*

Hepatitis A

As of a week ago we were up to 41 confirmed hepatitis A cases in Davidson County. We have had on-site vaccine dispensing at the PRIDE event in late June; at Room in the Inn; the Nashville Mission; at homelessness encampments (on July 4th, in fact), and at other homeless outreach organizations; and at the Women's Mission as well as the YWCA's shelter for women. We have delivered vaccine refrigerators and coordinated training for the medical staff at the Hill Detention Center downtown, and at the Core Civic jail facility on Harding Road, in an effort to vaccinate those who originally declined the vaccination or have been incarcerated since we were on-site at the jail. The Hill Detention Center is the main intake point for the Davidson County Sheriff's Office; the goal is to vaccinate inmates there before they are transferred anywhere else if possible. We are working closely with the Homeless Commission on our outreach to that population, and with Vanderbilt's Shade Tree clinic for the groups of homeless individuals they see, many of whom are considered shelter-averse. Beginning this weekend we will start on-site vaccination efforts at night clubs favored by the LGBT community. Four bars are confirmed for July and we are awaiting confirmation from three others for August. Also, the state has increased funding through the immunization grant, as you saw in the grants and contracts portion of your agenda earlier today, to assist us with our response efforts. The additional money has been budgeted for temporary nursing and clerical staff, as well as supplies.

Organizational Updates

Transitions

As I mentioned in a recent Friday Notes, we have responded to changes in three bureau director positions, and the professionalism and resilience of the department have been impressive. As we move forward our focus is, first, on supporting our mission; but a secondary focus is identifying opportunities for the new Director to build a team. In some cases where we can leave positions open for my successor to fill without compromising mission or hurting the department, we are doing so.

One vital area getting special attention is our clinical services. As you know, Tina Lester has taken on responsibility for our preventive health clinics and Denise Stratz is in an acting capacity as Director of Nurses while recruitment of a permanent DON is in process. I have started convening a Clinical Leadership Team of Tina, Denise, Dr. Gill Wright, and Dr. Joanna Shaw-KaiKai to maximize communication, address issues in our clinical enterprise, and help maximize quality, efficiency, and customer satisfaction.

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 of Humane Societies, PetSmart Charities and HSUS) have agreed are the minimum data points (along with definitions) an organization should gather. Whether organizations already gather 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 calculate 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 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 capabilities of a shelter, a neonate category 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, 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 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 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_ju 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 count 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 veterinarian, 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 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 – 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. 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 at the time of admission are 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 animal is 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 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 gather to this basic matrix - we hope organizations will gather AT LEAST this data, or if an organization already gathers a great deal of data, that they will consider rolling up (if individual agencies are interested) data collection at a local, regional or national level, which would allow participating agencies to benchmark their work against other organizations. 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 rates, are 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 months	Adult	Up to 5 months	
A	Beginning Animal Count (date: 06/01/2017)	63	12	39	100	214
Intake						
B	Stray/At Large	231	32	43	104	410
C	Relinquished by Owner	57	12	18	36	123
D	Owner Requested Euthanasia	19	0	1	0	20
E	Transferred in from Agency	0	2	0	0	2
F	Other Intakes	27	3	2	0	32
G	TOTAL INTAKE	334	49	64	140	587
Outcomes						
H	Adoption	133	29	42	88	292
I	Returned to Owner	105	2	6	0	113
J	Transferred to another Agency	38	13	15	46	112
K	Other Live Outcome	0	0	0	0	0
L	TOTAL LIVE OUTCOMES	276	44	63	134	517
M	Died in Care	0	0	1	2	3
N	Lost in Care (Physical Inventory Adjustments)	0	0	0	0	0
O	Shelter Euthanasia	38	2	12	9	61
P	Owner Requested Euthanasia	20	1	2	1	24
R	TOTAL OUTCOMES	334	47	78	146	605
Q	Ending Shelter Count (date: 6/30/2017)	53	6	33	126	218

SAVE RATE:	87.90%	95.83%	79.03%	92.09%	88.63%
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METRO ANIMAL CARE AND CONTROL

Trailing 12 Month – Data Report

		Trailing 12 Month Average	
		June-18	Ending June 30, 2018
A	Intake Total	639	547
B	Stray	420	338
C	Owner Surrender	123	148
D	Owner Req. Euthanasia	20	30
E	Wildlife	40	15
F	Other	34	22
G	Adopted	320	227
H	Transfer	133	122
I	RTO	113	110
J	ORE Euthanized	24	29
K	Wildlife Euthanized	17	7
L	Euthanasia Total	69	95
M	Euthanasia %	11%	12%

Data Report Key

Intakes

Outcomes