

Metropolitan Board of Health of Nashville and Davidson County August 16, 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 5:00 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
Jim Diamond, MBA, Assistant Director, Administration and Finance Bureau
Les Bowron, Esq., Director of Human Resources
Jane Madden, Jason Lusk, Wanda Hadley, and Russell Posten, Metro Human Resources
Quan Poole, JD, Metropolitan Department of Law

BOARD OF HEALTH

Dr. Jahangir made a motion to amend the order of the agenda to begin the meeting with the Update from Human Resources. Dr. Campbell seconded the motion, which passed unanimously.

Update from Metro Human Resources

Jane Madden, Wanda Hadley, Jason Lusk, and Russ Posten of Metro Human Resources provided an update on the search for a new Director.

NACCHO Conference Update

Dr. Paul shared information about the Annual Conference of the National Association of City and County Health Officials, which he attended in July (Attachment I).

Approval of Grants and Contracts

Jim Diamond presented six items for approval:

- 1. Pay It Forward Adoption Event**
Term: NA
Amount: \$10,000
- 2. Child Fatality Review Services**
Term: September 30, 2018-September 29, 2023
Amount: \$28,000
- 3. Capstone Pediatrics Audiology**
Term: 1 year from execution
Amount: \$NA
- 4. Adopt a Shelter Animal Sponsorship**
Term: NA
Amount: \$10,000
- 5. Immunization Services**

Term: July 1, 2018-June 30, 2019
Amount: \$10,000

6. Enfield Management – Mobile WIC

Term: Execution + 5 years
Amount: NA

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

Approval of the July 12, 2018 Meeting Minutes

Mr. Felker made a motion to approve the minutes of the July 12, 2018 Board of Health meeting as written. Dr. Jahangir seconded the motion, which passed unanimously.

Director’s Report

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

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 accomplished and was ongoing.

Chair Etherington asked for a brief overview of the Robert Wood Johnson Culture of Health Prize at the October meeting.

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.

Chair Etherington reminded the Board that the annual retreat would be scheduled soon.

Review of Board Requests

- Mr. Felker requested the numbers of hepatitis A vaccinations at LGBTQ-related venues.
- An update on Correctional Health and Mental Health could be scheduled at the November meeting
- An update on the Robert Wood Johnson Foundation’s Culture of Health Prize will be provided at the October meeting.
- Chair Etherington offered to re-send to Board members the job description for the director of health position the Board previously submitted to Human Resources.

CIVIL SERVICE BOARD

Approval of Extension of Administrative Leave

Les Bowron requested the Board approve an extension of administrative leave through the September 13 Board meeting for Pam Sylakowski while Metro Human Resources completes an inquiry and report.

Dr. Johnston made a motion to extend administrative leave for Pam Sylakowski. Ms. Guzmán seconded the motion, which passed unanimously.

Approval of Out-of-Class Pay

Les Bowron requested the extension of out-of-class pay for Emily Morse, serving as interim Director of Clinical Competencies, and Denise Stratz, serving as interim Director of Nursing, whose Director-approved out-of-class pay would expire prior to the next Board meeting.

Mr. Bowron offered to provide a monthly update on the positions.

Dr. Jahangir made a motion to extend out-of-class pay for Emily Morse and Denise Stratz. Ms. Guzmán seconded the motion, which passed unanimously.

Approval of Layoff List

Les Bowron presented the layoff list for the Commodity Supplemental Foods Program; the layoff was necessitated by the end of the grant.

Mr. Felker made a motion to approve the Commodity Supplemental Foods Program layoff list. Dr. Jahangir seconded the motion, which passed unanimously.

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, September 13, 2018, in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville TN 37209. The Board will hold an executive session prior to the regular meeting, at 4:00 p.m.

The meeting adjourned at 6:50 p.m.

Respectfully submitted,

Carol Etherington, MSN, RN
Chair

NACCHO Update

William S. Paul, M.D., MPH, FACP
Director of Health

August 16, 2018



Metro Public Health Dept

Nashville/Davidson County

Protecting, Improving, and Sustaining Health

1. Unleashing the Power of the Public Health Workforce

- Public health practice is changing
- Workforce is changing: many PH employees starting careers and many nearing retirement.
- Workforce Development—building the skills of the staff we have—is key
- Opportunities for those who are motivated to advance in the organization and build a career in public health.

Public Health WINS

Public Health Workforce Interests and Needs Survey

- Nationally representative data source of the governmental public health workforce
- Survey on key issues such as workforce engagement and morale, training needs, worker empowerment, emerging concepts in public health, and workforce demographics
- Partnership between the Association of State and Territorial Health Officials and the de Beaumont Foundation.

Goals of WINS

- Shape investment in workforce
- Identify trends
- Learn cross-cutting training needs & skill gaps





Boston Health Commission used WINS data for quality improvement project

PH | WINS

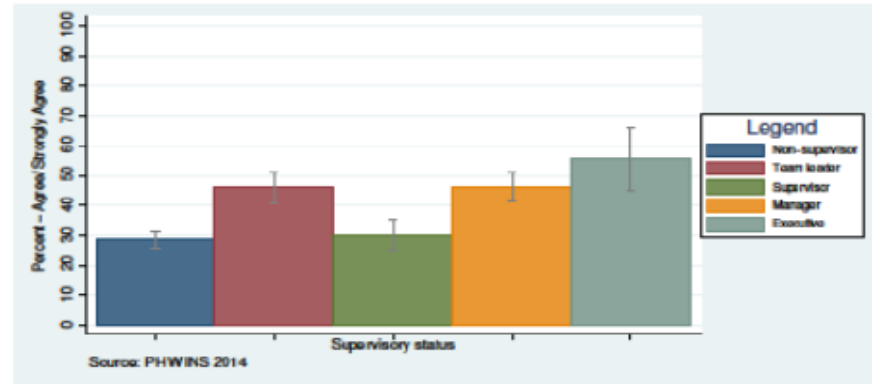
Public Health Workforce
Interests and Needs Survey

Results of the 2014 Public Health Workforce
Interests and Needs Survey for
Boston

A report prepared by the staff at the Association of State and Territorial Health
Officials and the de Beaumont Foundation
February, 2015

18.2 Communication Between Senior Leadership And Employees Is Good In My Organization By Supervisory Status



This chart represents the proportion of staff by supervisory status who “Strongly agree/agree” with the statement: Communication between senior leadership and employees is good in my organization.

Supervisory status	Boston and other BCHC Estimates						Total		
	Boston Estimate			Other BCHC			%	95%	CI
	%	95%	CI	%	95%	CI	%	95%	CI
Non-supervisor	29%	[26%- 31%]		46%	[45%- 47%]		45%	[44%- 45%]	
Team leader	46%	[41%- 51%]		42%	[41%- 44%]		43%	[41%- 44%]	
Supervisor	30%	[25%- 35%]		45%	[44%- 47%]		44%	[43%- 46%]	
Manager	46%	[41%- 51%]		50%	[48%- 53%]		50%	[48%- 52%]	
Executive	56%	[45%- 66%]		46%	[36%- 56%]		51%	[43%- 58%]	
Total	35%	[33%- 37%]		46%	[45%- 47%]		45%	[44%- 45%]	

Source: PH WINS 2014

This estimate IS statistically significantly different compared to the national average

2. Unleashing the Power of Policy

- **Tobacco21** San Antonio, Texas passed [Tobacco 21](#) legislation last year.
- **The [CityHealth](#) initiative**
 - City focused
 - Evidence based policies
 - Public recognition
 - Some resources available.
 - Davidson County has not earned a medal yet.
 - State preemption is an issue

CityHealth Policies

- Earned Sick Leave
- High Quality Universal Pre-K
- Affordable Housing/Inclusionary Zoning
- Complete Streets
- Alcohol Sales Control (retail outlet density)
- Tobacco 21
- Smoke Free Indoor Air
- Posting Restaurant Inspection Rating
- Healthy Food Procurement

- **Bold=Nashville Medal; Red = TN state preempts local policy**

3. Unleashing the Power of Local Public Health

- NACCHO/ASTHO president's challenge: "Building Healthy and Resilient Communities."
 - "community-led"
 - "place-based"
 - Investment & support from health organizations, government, businesses, and others
- This is health equity strategy

MPHD at NACCHO



◀ *A Systems Approach to Public Behavioral Health in Nashville*
from left:
Simone Sibley,
Julie Thacker,
Jen Trail, and
Angie Thompson

WIC in the Library - Kyra Hood ▶



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

More Innovation in Oral Health: Silver Diamine Fluoride

As you may recall from Dr. Michelle Pardue's presentation to the Board in February 2017, Silver Diamine Fluoride (SDF) has been added as a service to the School-Based Dental Program. SDF has been on the market since 2015, and has been designated by the FDA as breakthrough therapy and proven to be extremely effective in arresting dental caries. We have been providing SDF therapy here at the Lentz Dental Clinic for two years, and it has helped many of our patients avoid extensive dental treatment and general anesthesia. Because of our unique experience with SDF, the state has asked us to pilot the implementation of this treatment in the school-based program. It has the potential to help many children who experience dental disease but have little access to care.

Suicide Prevention Efforts: Media, Mayor

Nichelle Foster with MPHD's Behavioral Health and Wellness Division was invited to be a guest on the weekly segment of HealthWatch: A Pathway to Healthier Living which airs on WFSK 88.1. Pamela Wood, a Life Coach/Parenting Specialist/Family Mediator was also a guest on the show. They were invited to talk about Suicide Prevention Awareness. This was a two-part series presented on Thursday July 12 and 19, at 6:00pm. The first segment focused on signs and symptoms as well as veteran statistics. The second segment focused on prevention strategies and resources available in the community.

In response to some recent high-profile suicides and a national increase in suicides, Mayor Briley is working with MPHD and the Tennessee Suicide Prevention Network to provide QPR (question, persuade, refer) training to all Metro employees. QPR is a brief training for lay people in how to respond when someone might be contemplating suicide.

Behavioral Health and Wellness Advisory Council

The Behavioral Health and Wellness Advisory Council (BHWAC) was established by Mayor David Briley by executive order on May 4, 2018. Twenty diverse representatives were appointed to the Council, including persons with lived experience, advocates, hospital representatives, behavioral health providers, justice system representatives, Metro Schools, and public health. BHWAC was charged with lessening the impact of mental illness and addiction on the people of Nashville and Davidson County. The Council will do this by:

- Advancing the prioritization of making Nashville a safe, stable, and nurturing community with a behavioral health system that supports recovery and resilience by ensuring access to holistic, comprehensive and affordable care
- Promoting collaboration among Metropolitan Government departments and non-governmental partners to address the priorities of the Council
- Serving as a resource to Metro Government
- Disseminating findings widely

In addition to their advisory role to the Mayor, the Council is expected to align and amplify the work of existing groups affiliated with the BHWAC, including ACE Nashville and the Community Mental Health Systems Improvement Workgroup. This will help these groups, which have worked for years and had several successes, take their work to the next level. Finally, the BHWAC will establish new behavioral health systems priorities in response to need, opportunity, energy and capacity.

The BHWAC meets bi-monthly and has met twice so far. The next meeting is on October 4, 2018 in the Board Room at Lentz Public Health Center.

Hepatitis A

MPHD continues to respond to the county's hepatitis A outbreak. As of Friday, August 10, there have been 74 confirmed cases of hepatitis A in Davidson County. Response priorities include continued vaccination of at-risk populations and identified contacts. In the last several weeks, MPHD has conducted vaccine outreach events at seven LGBTQ entertainment venues. Two restaurant-related immunization outreach events have also been conducted, as well as equipping our jail health vendor, CCS, to sustain efforts for Davidson County Sheriff's Office inmates. Efforts continue to reach those who use drugs, including a partnership with Street Works to provide vaccinations once a week to their clientele. Outreach to people experiencing homelessness is ongoing, and MPHD is in the process of setting up a routine vaccination schedule with our partners at the Rescue Mission and Room in the Inn through the next several months. In addition to expanding vaccination activities, MPHD is also expanding its internal response workforce to mitigate burnout and to ensure fresh energy and ideas are brought to the planning table. Identification and training of additional MPHD staff is currently in process.

Nashville General Hospital and the Health Care Safety Net.

As you know, there have been many discussions around the city regarding Nashville General Hospital and the current safety net system of health care in Nashville. Several committees have formed to strategize about the health care safety net system should look like in our community. One of these committees is the Models of Care (MoC) committee, which is a subcommittee of the Indigent Care Stakeholder Work Group convened by Dr. James Hildreth. The charge to the Stakeholder Work Group is *to arrive at a new, integrated model for indigent care in the city of Nashville that leaves no one behind.* The MoC committee was asked to evaluate existing models of indigent care in Nashville and other communities, and to make a recommendation to the Work Group regarding a path forward. With this in mind, the MoC committee held two half-day facilitated meetings. We assessed assets, challenges and opportunities within our current systems of care, explored best practices and other models of care in other communities, and developed a high-level recommendation regarding a path to a more coordinated, integrated, and inclusive system of care. The MoC team's recommendations identify essential priorities and incremental changes to the current system that would strengthen Nashville's health care safety net.

Our next steps include getting input from the Safety Net Consortium members on August 15 and reconvene as a subcommittee on August 22 to share and discuss input from Safety net and finalize MoC committee consensus on the recommendations. If no major issues arise, I think the MoC recommendation will be ready to present to the Stakeholder Group on September 19.

CSFP Transition

As we communicated to the Board in January and in February, the CSFP program (often called "commodity food boxes") is being transitioned from MPHD (Metro Southeast) to Second Harvest Food Bank beginning on October 1. As a reminder, TDH will no longer contract with us, but is contracting with Second Harvest.

We believe these changes will make the program more convenient for customers. Instead of having just one place to pick up food boxes there will be four pick-up locations around the city. Second Harvest Food Bank of Middle Tennessee will have the food boxes at those locations. Second Harvest has served

Davidson County since 1978 and is the local expert in food distribution. They are excited to be able to provide this service beginning October 1.

Dr. Fonda Harris Promoted to Assistant Bureau Director for Population Health.

Dr. Harris has been an integral contributor to the Metro Public Health Department, Bureau of Population Health and the Division of Health Access since 2005. When Dr. Harris joined the Population Health Bureau, she provided direct supervision to Project Access Nashville, Breast and Cervical Screening and the Affordable Care Act work of the department. In the past three years, Children's Special Services and Presumptive Eligibility Expansion Program have been added to her division. She is an active member of the Safety Net Consortium of Middle Tennessee and was successful in her participation in the Mayor's Office of Innovation – Ideas to Reality and Collaboration College, both of which yielded financial awards.

Due to added responsibilities of the Director of Population Health, Dr. Harris will assume the responsibilities of TennCare Kids, Newborn Outreach and the liaison to the Ryan White Program Council. Acquiring these programs will also mean leading two programs through the Community Health Access and Navigation in Tennessee (CHANT) transition in the following year. Additionally, she is also completing the contract development to manage a partnership with Capstone Pediatrics Audiology Program that will be housed in the health department. She continues her work with the Safety Net Consortium of Middle Tennessee and has taken on the recent role of co-chair of the Pharmacy Improvement committee. Further, she is playing an essential role is assisting with the strategic work of developing a safety net system in Davidson County.

Equity

Health Equity is a strategic priority for Nashville's health per the Community Health Improvement Plan, as well as a strategic priority for the Department. With our equity coordinator and equity team, we are on a path that fits a public health approach (Assessment, Policy Development, Assurance) and we recognize that truly supporting equity will require long-term commitment and culture change in how MPH D works as an organization and how we work in the community.

As one step in this process, the Equity Committee and the Executive Leadership Team propose to change the Core Value of Equality to Equity. Since the mission, vision, values and Strategic Plan are Board policy, we will recommend at next month's meeting that the board adopt this change to the core values, and the department would like to help the Board draft a policy on equity for the Department going forward.

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 months	Adult	Up to 5 months	
A	Beginning Animal Count (date: 07/01/2018)	74	6	25	55	160
Intake						
B	Stray/At Large	232	30	46	112	420
C	Relinquished by Owner	53	9	26	30	118
D	Owner Requested Euthanasia	18	2	7	0	27
E	Transferred in from Agency	0	0	0	0	0
F	Other Intakes	17	3	0	0	20
G	TOTAL INTAKE	320	44	79	142	585
Outcomes						
H	Adoption	120	30	23	112	285
I	Returned to Owner	112	3	6	0	121
J	Transferred to another Agency	45	9	31	31	116
K	Other Live Outcome	0	0	0	0	0
L	TOTAL LIVE OUTCOMES	277	42	60	143	522
M	Died in Care	2	1	1	3	7
N	Lost in Care (Physical Inventory Adjustments)	0	0	0	0	0
O	Shelter Euthanasia	37	0	10	7	54
P	Owner Requested Euthanasia	14	1	5	0	20
R	TOTAL OUTCOMES	330	44	76	153	603
Q	Ending Shelter Count (date: 7/30/2018)	61	3	36	61	161
SAVE RATE:		87.25%	97.67%	85.14%	92.96%	89.20%

METRO ANIMAL CARE AND CONTROL

Trailing 12 Month – Data Report

			Trailing 12 Month Average
		Jul-18	Ending July 31, 2018
A	Intake Total	633	544
B	Stray	435	338
C	Owner Surrender	121	136
D	Owner Req. Euthanasia	28	30
E	Wildlife	29	16
F	Other	19	21
G	Adopted	291	232
H	Transfer	142	124
I	RTO	121	112
J	ORE Euthanized	29	29
K	Wildlife Euthanized	14	7
L	Euthanasia Total	101	92
M	Euthanasia %	9%	12%

Data Report Key

Intakes

Outcomes

**2018 Proposed Lay Off List
as of 08-16-18
Presented for Approval by MNPB Board of Health
August 16, 2018 Meeting**

Attachment III

All listed employees work under the Commodity Supplemental Food Program (CSFP).

Name / Continuous Service Date	Classification / Salary Grade Program	Lay-off Date	2 year Recall Ends	Status
Garrison, Michael	Equipment and Supply Clerk 2	9/30/18	9/30/20	CSFP Grant Terminates 9/30/18
Whitaker, Cavell	Warehouse Worker	9/30/18	9/30/20	Same
Grimes, Terry	Warehouse Worker	9/30/18	9/30/20	Same
Pritchett, Keith	Warehouse Worker	9/30/18	9/30/20	Same
Ballard, Sonya	Office Support Rep 3	9/30/18	9/30/20	Same

lay-off rescinded
accepted HUGS Public Health Nurse 2
Voluntary Reduction in Salary Grade –
05-10-14 with no cut in pay