

Metropolitan Board of Health of Nashville and Davidson County January 10, 2019 Meeting Minutes

The regular meeting of the Metropolitan Board of Health of Nashville and Davidson County was called to order by Chair Carol Etherington at 4:00 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, R.N., MSN, Chair
Thomas W. Campbell, M.D., Member
Margreete Johnston, M.D., MPH, Member
Alex Jahangir, M.D., Vice Chair
Samuel L. Felker, J.D., Member
Sanmi Areola, PhD, Interim Director
Hugh Atkins, REHS, Director, Environmental Health Bureau
Lauren Bluestone, Director, Metro Animal Care and Control
Jim Diamond, MBA, Interim Director, Finance and Administration Bureau
Les Bowron, Esq., Director of Human Resources
Alex Dickerson, JD, Metropolitan Department of Law

Friends of MACC Update

Hugh Atkins presented an update on the partnership with the Friends of MACC organization (Attachment I). Mr. Atkins advised that the group would be invited to present to the Board at the March meeting as the Board's agenda would permit.

Approval of Grant Applications

Jim Diamond presented one grant application for approval.

NACCHO Strong Systems, Stronger Communities for Local Public Health Departments

Term: January 11, 2019-December 31, 2019

Amount: NA

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

Approval of Grants and Contracts

Jim Diamond presented three grants and contracts for approval.

1. University of Tennessee Knoxville College of Social Work Affiliate Agreement

Term: July 1, 2018-June 30, 2023

Amount: NA

2. Tennessee Department of Health – TennCare Oral Health Grant Amendment

Term: July 1, 2018-June 30, 2020

Amount: \$11,600 (\$1,804,200)

3. Vanderbilt University – TB Epidemiologic Studies Consortium (TBESC) Contract Amendment

Term: August 1, 2012-September 28, 2019

Amount: \$77,117 (\$483,836)

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

Approval of the December 13, 2018 Meeting Minutes

Dr. Jahangir made a motion to approve the minutes of the December 13, 2018 Board of Health meeting as amended. Mr. Felker seconded the motion, which passed unanimously.

Interim Director's Report

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

Discussion was held on the impact of the federal government shutdown on programs that are funded by federal contacts or grants.

Report of the Chair

Chair Etherington thanked Dr. Areola and the Department staff for the ongoing work of the Department in the transition between directors.

Chair Etherington announced that facilitated listening sessions for staff were being planned to help improve work environment and delivery of services.

Chair Etherington announced that Tene Franklin's appointment by Mayor Briley had been confirmed by Metro Council, and she anticipated that the Board could welcome Ms. Franklin at the February 14, 2019 regular meeting.

Chair Etherington announced that Vice Chair Jahangir would chair the February 14, 2019, regular meeting in her absence.

Chair Etherington announced that the March 14, 2019, regular meeting would be Mr. Felker's final meeting, as he had submitted his resignation from the Board to Mayor Briley. Mr. Felker shared that he had been committed to seeing the transition to a new director completed, and that he had a great deal of confidence in the future of the Department.

CIVIL SERVICE BOARD

Approval of Salary Above the Midpoint for Lead Epidemiologist

Les Bowron requested that the Board approve the hiring of a lead epidemiologist at a salary above the midpoint due to the challenges of attracting an applicant with requisite experience in epidemiology.

Dr. Jahangir made a motion to approve the proposed salary above the midpoint for the Lead Epidemiologist. Dr. Campbell 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 4:00 p.m. on Thursday, February 14, 2019, in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville TN 37209.

The meeting adjourned at 4:55 p.m.

Respectfully submitted,

A. Alex Jahangir, MD, MMHC
Vice-Chair

Friends of MACC

Board of Health Meeting

January 10, 2019

Hugh Atkins, Bureau Director



Metro Public Health Dept
Nashville / Davidson County
Protecting, Improving, and Sustaining Health

Friends of MACC (FoM)

- Volunteer-based, nonprofit organization supporting MACC
- Founded in 2018 and is a 501(c)3 organization
- Four-member Board of Directors
- Brandon Dyce serves as Chair



Friends of MACC

- **Vision Statement:** To build a dynamic, engaged community around MACC to enrich the lives of animals in Davidson County.
- FoM intends to partner with MACC in the same manner as other groups partner with other Metro organizations (Friends of the Library, Friends of Warner Park, etc.).



Friends of MACC

- **2018 Activities:**
 - Launch Facebook page and FoM website
 - Provide 200 free microchips (\$2K)
 - Cat Yoga
 - Shelter Cup and Paw Classic (charity hockey tournaments)



Friends of MACC

- **Planned 2019 Activities:**
 - Install sound barriers in adoption rooms
 - Host Shelter Cup fundraiser with MACC
 - Publish Celebrity Friends of MACC calendar
 - Implement Memorial Path program at MACC
 - Launch “Phone a Friend” program for MACC adopters



Friends of MACC

- Link on their website for donations with all funds going to sponsor MACC activities or improvements.
- To date, FoM has made three donations to MACC (\$500, \$300, \$260).



Friends of MACC

- MPHD currently has no policy for entering into an agreement with outside organizations of this nature.
- Met on Jan. 4 to discuss development of a policy
- Finalizing draft policy to present to the Board in the near future
- FoM to present to the Board (Feb. or March)



Director's Update to the Board of Health January, 2019

Longer, Healthier Lives

Healthy Nashville Summit

A reminder that tomorrow is a big day for the Community Health Assessment. The Community Health Assessment will form the foundation of our Community Health Improvement Plan and thus guide a great deal of work for MPH and its partners over the coming three years. Our partners in the assessment itself are Vanderbilt, St. Thomas/Ascension, the city's three Federally Qualified Health Centers, and Metro Social Services.

The Healthy Nashville Summit will be at West End Community Church from 8 a.m. to 1 p.m. Any board members who can attend would be more than welcome. Participants will review the work of the four assessments we have done over the course of the last year and set the strategic priorities for the coming years. The church is at 235 White Bridge Pike.

Communicable Disease & Emergency Preparedness

Hepatitis A

As of Jan. 4, there are 171 confirmed cases of hepatitis A in Davidson County since the outbreak began just over a year ago. Due to a confirmed case in a food service worker at an Outback Steakhouse Restaurant just before Christmas, we opened a special free clinic for anyone who dined at that location on Dec. 22 through the 24th. We vaccinated 248 individuals who were potentially exposed at the restaurant by 2 p.m. on Jan. 4; those vaccinations continued through Jan. 7.

More than 70 percent of the 171 confirmed cases have been people who use drugs (PWUD), which has consistently been our most common risk factor (the other risk groups remain people experiencing homelessness, and men who have sex with men). More than half of our cases have been hospitalized with hepatitis A-related problems. There have been no reported deaths. We are in the process of expanding our provision of free vaccine to hospital emergency rooms, based on new guidance from the Tennessee Department of Health that the federally provided vaccine may be used in this manner. We expect the first ER on board later this month.

Since the outbreak began through last Friday, MPH and our partners had delivered 9,171 vaccines.

Access & Connection to Clinical Care

Mental Health Crisis Center

You have received an invitation to the grand opening of the newly expanded Mental Health Cooperative's crisis center on Jan. 29. This is a direct outgrowth of the Community Mental Health Systems Improvement Plan we have been working on for the past three years. We are excited to see this infrastructure come on line. The grand opening is from 10 a.m. to 11 a.m. at the Co-Op at 275 Cumberland Bend in Metro Center.

BHWAC

The Mayor's Behavioral Health and Wellness Advisory Council, of which our Angie Thompson is co-chair and for which we provide staff support, provided its initial recommendations to Mayor Briley earlier this week.

Organizational Updates

Management

We are in the process of filling the Chief Epidemiologist position, and expect soon to post the Finance & Administration as well as the Community Health bureau director's positions. We will fill those as expeditiously as possible.

Dr. Long

We are planning a welcome reception for Dr. Long on March 4 from 2 p.m. to 4 p.m. You are invited to join us as we welcome her to the department.

Federal Government Shutdown

We have not so far been affected to any large extent by the shutdown of the federal government, as most Health and Human Services programs already had been funded in September. However, if the shutdown continues past the end of February there could be issues with funding streams for WIC and other programs.

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 9-2012)

Species By Age	Canine		Feline		Total
	Adult	Up to 5 months	Adult	Up to 5 months	
Beginning Animal Count (date: 12/01/2018)	110	7	44	55	216
Intake					
Stray at large	194	15	39	20	268
Relinquished by owner	65	0	18	15	98
Owner requested euthanasia	16	0	8	0	24
Transferred in from agency	0	0	0	0	0
Other Intakes	11	0	2	0	13
TOTAL INTAKE	286	15	67	35	403
Outcomes					
Adoption	146	4	50	82	282
Returned to owner	84	0	4	1	89
Transferred to another agency	52	8	14	3	77
Other live Outcome	0	0	0	0	0
TOTAL LIVE OUTCOMES	282	12	68	86	448
Died in care	1	0	1	0	2
Lost in care (Physical inventory adjustments)	0	0	0	0	0
Shelter Euthanasia	27	1	9	1	38
Owner requested euthanasia	10	0	7	0	17
TOTAL OUTCOMES	320	13	85	87	505
Ending Shelter Count (date: 10/31/2018)	83	5	40	13	141
SAVE RATE:	89.86%	93.33%	83.33%	97.14%	89.64%

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

Species By Age	Canine		Feline		Total
	Adult	Up to 5 months	Adult	Up to 5 months	
Beginning Animal Count (date: CY 2018)	86	1	22	9	118
Intake					
Stray at large	2507	303	502	876	4188
Relinquished by owner	683	83	303	294	1363
Owner requested euthanasia	198	3	46	3	250
Transferred in from agency	10	2	8	9	29
Other Intakes	219	30	51	13	313
TOTAL INTAKE	3617	421	911	1195	6143
Outcomes					
Adoption	1347	221	418	701	2687
Returned to owner	1221	40	58	8	1327
Transferred to another agency	533	101	261	318	1213
Other live Outcome	0	0	0	0	0
TOTAL LIVE OUTCOMES	3101	362	737	1027	5218
Died in care	5	1	5	10	21
Lost in care (Physical inventory adjustments)	0	0	0	0	0
Shelter Euthanasia	385	4	108	80	577
Owner requested euthanasia	148	1	38	3	190
TOTAL OUTCOMES	3639	368	888	1120	6006
Ending Shelter Count (date: 10/31/2018)	83	5	42	12	142
SAVE RATE:	88.76%	98.81%	87.06%	92.45%	89.95%

METRO ANIMAL CARE AND CONTROL

Trailing 12 Monthly – Data Report

		Trailing 12 Month Average
	December 2018	Ending December 31, 2018
Intake Total	418	548
Stray	264	357
Owner Surrender	99	119
Owner Request Euthanasia	24	21
Wildlife	15	22
Other	7	24
Adopted	279	231
Transfer	75	111
RTO	89	111
ORE Euthanized	24	21
Wildlife Euthanized	12	10
Euthanasia Total	77	80
Euthanasia %	10%	10%

Data Report Key
Intakes
Outcomes