

Metropolitan Board of Health of Nashville and Davidson County March 14, 2019 Meeting Minutes

The regular meeting of the Metropolitan Board of Health of Nashville and Davidson County was called to order by Vice Chair Alex Jahangir 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, MSN, R.N., Chair
Alex Jahangir, M.D., Vice Chair
Thomas W. Campbell, M.D., Member
Margreete Johnston, M.D., MPH, Member
Tené H. Franklin, MS, Member
Sam Felker, JD, Member
David A. Frederick, MS
Wendy J. Long, MD, MPH, Director of Health
Sanmi Areola, PhD, Deputy Director
Michelle Pardue, D.D.S., Director, Oral Health Services Program and Interim Director, Community Health Services Bureau
Hugh Atkins, REHS, Director, Environmental Health Services Bureau
Jim Diamond, MBA, Interim Director, Finance and Administration Bureau
Sarah Bounce, MPH, Health Equity Coordinator
Tom Sharp, Governmental Liaison and Policy Director
Les Bowron, Esq., Director of Human Resources
Alex Dickerson, JD, Metropolitan Department of Law
Brandon Dyce, J. Seth Montgomery, Nicola Ritchie, and Jessica Howard, Friends of Metro Animal Care and Control

Introduction of New Director of Health Dr. Wendy Long

Chair Etherington welcomed Dr. Wendy Long to her first Board meeting and expressed enthusiasm and thanks to her for accepting the Director of Health position.

Introduction of New Board Member David Frederick

Chair Etherington welcomed David Frederick and offered congratulations on his appointment by Mayor David Briley, and confirmation by the Metro Council on March 5, 2019. His first meeting as a Board member will be April 11, 2019, and his term will expire July 9, 2023.

Update on Silver Diamine Fluoride and Women, Infants and Children (WIC)/Dental program

Dr. Michelle Pardue presented on Silver Diamine Fluoride and explained how the treatment has been incorporated into the WIC and Oral Health Services programs (Attachment I).

Presentation from Friends of Metro Animal Care and Control

Hugh Atkins introduced the four members of the board of Friends of Metro Animal Care and Control organization, who informed the Board about the organization and its plans to assist the MACC program (Attachment II).

Approval of Agreement with Friends of Metro Animal Care and Control

The matter was deferred to the April 11, 2019 regular Board meeting, when the organization was expected to have achieved designation as a 501(c)(3) entity.

Discussion of Health Equity Resolution

Sarah Bounce presented an updated draft Health Equity Resolution (Attachment III) for the Board's review. Several amendments were requested.

Mr. Felker made a motion to approve the Health Equity Resolution with amendments as requested. Dr. Campbell seconded the motion, which passed unanimously.

Approval of Grant Applications

Jim Diamond presented three items for approval.

1. Tennessee Department of Health – Chronic Disease

Term: August 1, 2019-June 30, 2023

Amount: \$151,500

2. Tennessee Department of Health – Access to Health thru Healthy Active Built Environments

Term: July 1, 2019-June 30, 2020

Amount: \$20,000

3. Centers for Disease Control and Prevention – Public Health Associate Program (PHAP) – HIV/STD

Term: July 1, 2019-June 30, 2022

Amount: NA

Dr. Campbell made a motion to approve the grant applications. Dr. Johnston seconded the motion, which passed unanimously.

Approval of Grants and Contracts

Jim Diamond presented six items for approval.

1. Grant Amendment from the Tennessee Department of Health – Breast & Cervical Cancer Screening

Term: July 1, 2017-June 30, 2020

Amount: \$28,500

2. Memorandum of Understanding with Siloam Family Health Center

Term: Execution-August 27, 2019

Amount: NA

3. Grant from the SAFE Coalition Safety Net

Term: October 1, 2018-May 30, 2019

Amount: \$5,000

4. Grant from the Tennessee Department of Health – TB Control and Prevention

Term: July 1, 2019-June 30, 2020

Amount: \$1,493,900

5. University of Florida Veterinary Affiliate Agreement

Term: March 1, 2019-February 29, 2024

Amount: \$25,000

6. Grant from the Tennessee Department of Health – Community Health Access & Navigation in Tennessee (CHANT)

Term: July 1, 2019-June 30, 2020

Amount: \$1,944,100

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

Approval of the February 14, 2019 Meeting Minutes

Ms. Franklin made a motion to approve the minutes of the February 14, 2019 Board of Health meeting. Dr. Johnston seconded the motion, which passed unanimously.

Director's Report

Dr. Long referred to her update provided in the Board packet (Attachment IV).

Dr. Long advised that the Mayor's Budget Hearing with the Department would be held soon [March 28] and that the Department would seek improvements to expand the School Nurse program and additional staff at Metro Animal Care and Control. She looked forward to hearing the Mayor's plans for cost of living increases for employees at his State of Metro Address on April 30.

Report of the Chair

Chair Etherington advised that the findings of Listening Sessions with staff were being collected and invited Board members to participate in reviewing the findings. Ms. Franklin volunteered to participate.

Chair Etherington expressed her appreciation to Dr. Areola and the Executive Leadership Team for their hard work in the interim between Directors.

Review of Board Requests

There were no requests.

CIVIL SERVICE BOARD

Approval of Layoff List

Les Bowron requested Board approval of a layoff list.

Dr. Campbell made a motion to approve the layoff list. Ms. Etherington 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, April 11, 2019, in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville TN 37209.

The meeting adjourned at 5:40 p.m.

Respectfully submitted,

Carol Etherington, MSN, RN
Chair

Silver Diamine Fluoride and WIC/Dental at MPHD

Michelle Pardue, DDS
Director of Oral Health
Interim Director of Community Health
Michelle.Pardue@nashville.gov

March 14, 2019



Metro Public Health Dept

Nashville/Davidson County

Protecting, Improving, and Sustaining Health

Meet Leo



And Chloe



What if their teeth looked like this?



Progression of Early Childhood Caries



Healthy primary
(baby) teeth



Mild
decay



Moderate
decay



Severe (rampant)
decay

Anterior Crowns



Anesthesia



FDA Warning

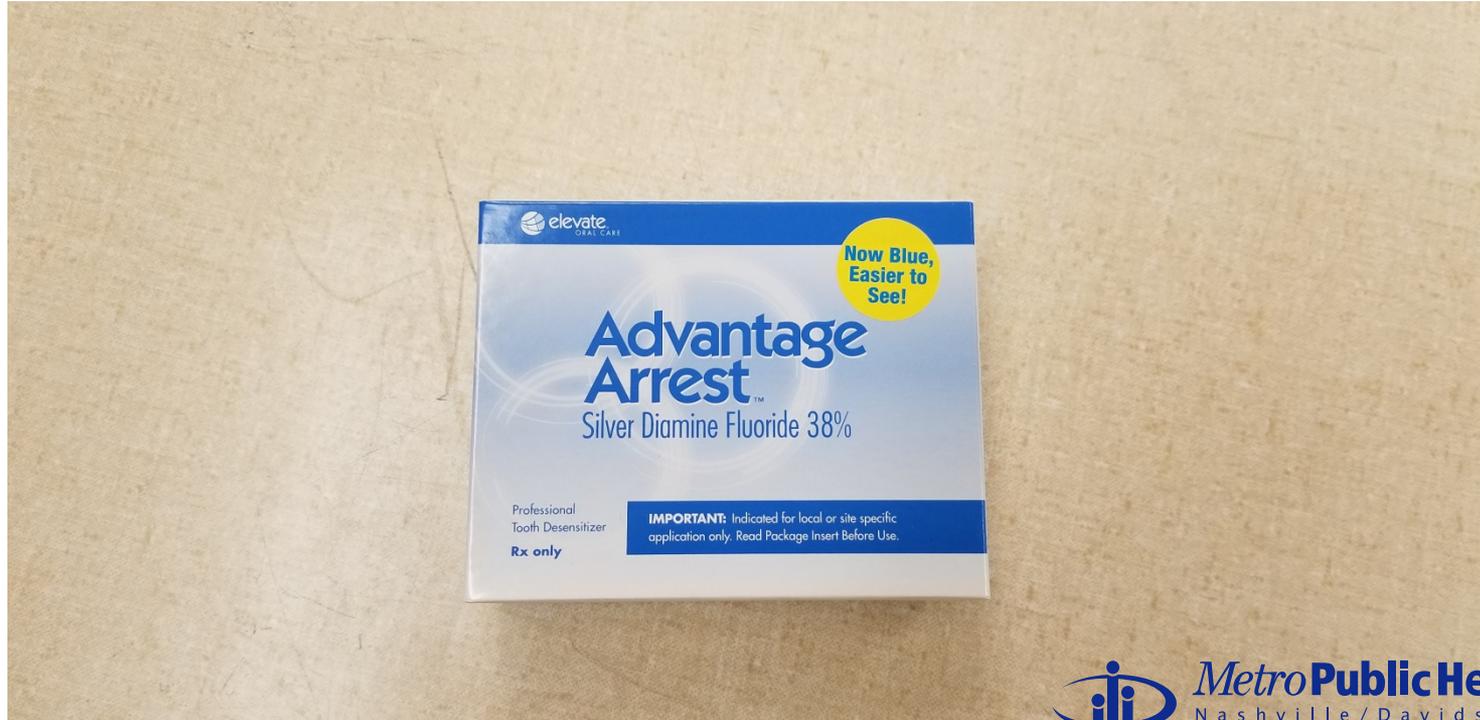
Repeated or lengthy use of general anesthetic and sedation drugs during surgeries or procedures in children younger than 3 years or in pregnant women during their third trimester may affect the development of children's brains.

Source- U.S. Food and Drug Administration December 14, 2016



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Welcome Silver Diamine Fluoride



Efficacy

- Randomized Controlled Trials show 90% arrest with two applications per year
- 40-80% arrest with one application per year
- 70-80% prevention in children by application *only* to lesions



Side effects

- Stains everything it touches
- The staining is harmless



Breakthrough therapy

FDA recently designated SDF as a “breakthrough therapy” based on randomized clinical trials.

The FDA will expedite the development to treat serious conditions when a drug demonstrates substantial improvement over available therapies.



Shift From Surgical Management to Medical Management of Dental Caries

- Gastric Ulcers
- Managed with aggressive surgery
- *H. pylori*
- *Diabetes*



Clinical cases



After 6 months and cleft palate surgery



Lingual Anterior Lesions, January 2017



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Lingual Anterior Lesions, February 2017



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Lingual Anterior Lesions, August 2017



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Large carious lesion



Radiographic lesion



Large Posterior Carious Lesion



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Large Posterior Carious Lesion



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Large Posterior Carious Lesion



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90 Year Old Patient



WIC Dental Visits



WIC Dental Visits



Incipient Lesions



School-Based Prevention Program



Questions?



Michelle Pardue, DDS
Director of Oral Health Services
Michelle.Pardue@nashville.gov



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References

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Introducing ...

Friends of MACC

Happy Animals. Happy People. True Friendships!

WHO WE ARE!

"The only way to have a friend is to be one." — Ralph Waldo Emerson

Friends of MACC (FoM) is a group of volunteers — a group of friends — who wants to help change the lives of the animals in our community.

We believe the best way to do that is by rallying around MACC, so we can enrich their lives both during and after their stay in the shelter!



VISION Statement:

To build a dynamic, engaged community around MACC to enrich the lives of animals in Davidson County.

Founded in 2018
501(c)3 Organization
(In Process)

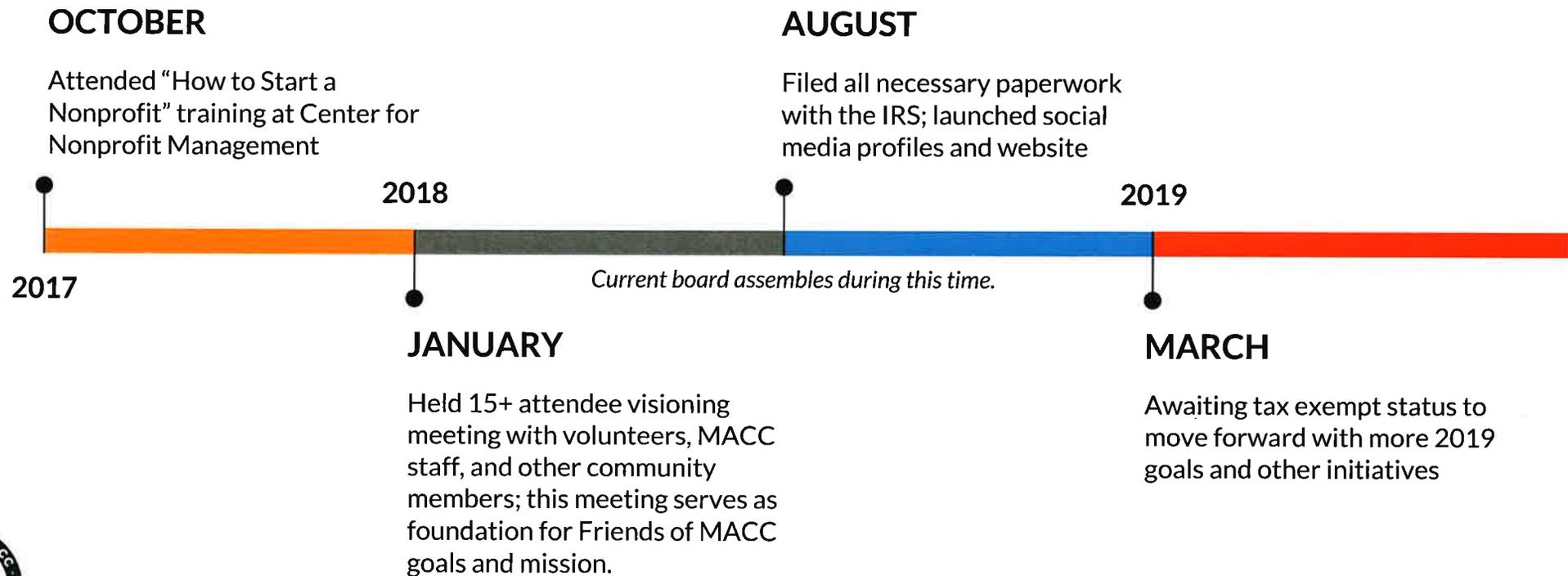




BOARD MEMBERS:

- **Brandon Dyce, Chair**
Communications Director, Computer Services, Inc
- **J. Seth Montgomery, Vice Chair**
National Training Specialist, Best Friends Animal Society
- **Nicola Ritchie, Treasurer**
Board Certified Behavior Analyst
- **Nikki Burdine**
Good Morning Nashville Co-Ancor, WKRN News 2
- **Jessica Howard, Secretary**
Vice President, Account Director, Dalton Agency
- **Sara Weedman**
Manager of Real Estate Compliance, Southern Land Company

A Brief Timeline of Events ...



Why We're Rallying Around MACC

MACC saves nearly 7,000 animals each year, many of them the most vulnerable in our community.



Lynette and her new brother! (2018)

ABOUT MACC

Metro Animal Care and Control (MACC) is Davidson County's only open intake shelter serving all 684K residents.

MACC helps nearly 7K animals annually. If there's an animal in need — regardless of species, breed, age, or how many animals already in its care — MACC's doors are always open.

MACC is our community shelter!



10 Community-Improvement Programs



\$400

Cost for MACC to care for one animal while at the shelter



150-200

Number of animals in MACC's care on any given day



~7,000
Animals entering the shelter annually

90%
SAVE RATE

60
Number of animals available for adoption on any given day

Limited Staff / Limited Resources / Unlimited Needs

3.5
Medical Staff

14
Kennel Staff

9
Admin Staff

24.5K Calls from community to MACC for help in 2018

10
Field Officers

245
Active Volunteers

618
Monthly Hours



500 Pounds of laundry washed per day



What We're All About!

HAPPY ANIMALS

Animal Enrichment

By providing resources to MACC, we can help shelter animals reach their true potential and become the amazing pets they were born to be!

HAPPY PEOPLE

Animal Enrichment / Community Engagement

By supporting MACC's work, we can help people get access to the resources they need to establish stronger bonds with their pets and be more engaged pet owners!

TRUE FRIENDSHIPS

Community Engagement

By working together, we can build dynamic friendships between not only people and their pets, but also MACC and the entire Davidson County community!





2018 Accomplishments

- Raised more than **\$20K in six months** through various events
 - Implemented community “scholar-chip” fund, providing **60+ free microchips** to pets in our community
 - Launched “**Namaste Kitties: MACC Cat Yoga**,” hosting four sessions and nearly 50 yogis at MACC
 - **Purchased a new upright freezer** to add capacity for enrichment treats
 - Facilitated “Mulch Madness,” securing **160+ donated bags of wood chips and 80 hours of volunteer time** to improve unusable play yards
 - Co-hosted the **Paw Classic, which raised over \$1200**, by providing media and volunteer support for the event
 - Filed for our 501(c)3 and launched our social media networks and FriendsOfMACC.org splashpage
-

2019 Goals (and Beyond!)

2019

- Install sound barriers in adoption rooms (\$14K)
- Co-host Shelter Cup fundraiser (\$8K)
- Install play yard improvements (\$20K)
- Implement Memorial Path program (\$TBD)
- Launch complete FoM website (\$0)

- Host first-ever Fur Ball (\$10K)
- Publish Celebrity Friends of MACC calendar (\$2K)
- Launch "Phone a Friend" program for adopters
- Launch mobile adoptions/transport (\$TBD)
- Achieve Mutt Nation status (\$TBD)

2020



FoM COMMITTEES

DEVELOPMENT

The development committee seeks to build meaningful relationships with local businesses and corporate partners.



FUNDRAISING & EVENTS

The fundraising and events committee plans and executes events in order to raise money for MACC and FoM initiatives. It also coordinates our volunteer roster.



COMMUNICATION

The communication committee oversees the FoM website and our social media networks, as well as coordinates PR efforts for FoM events.



Accountability & Communication

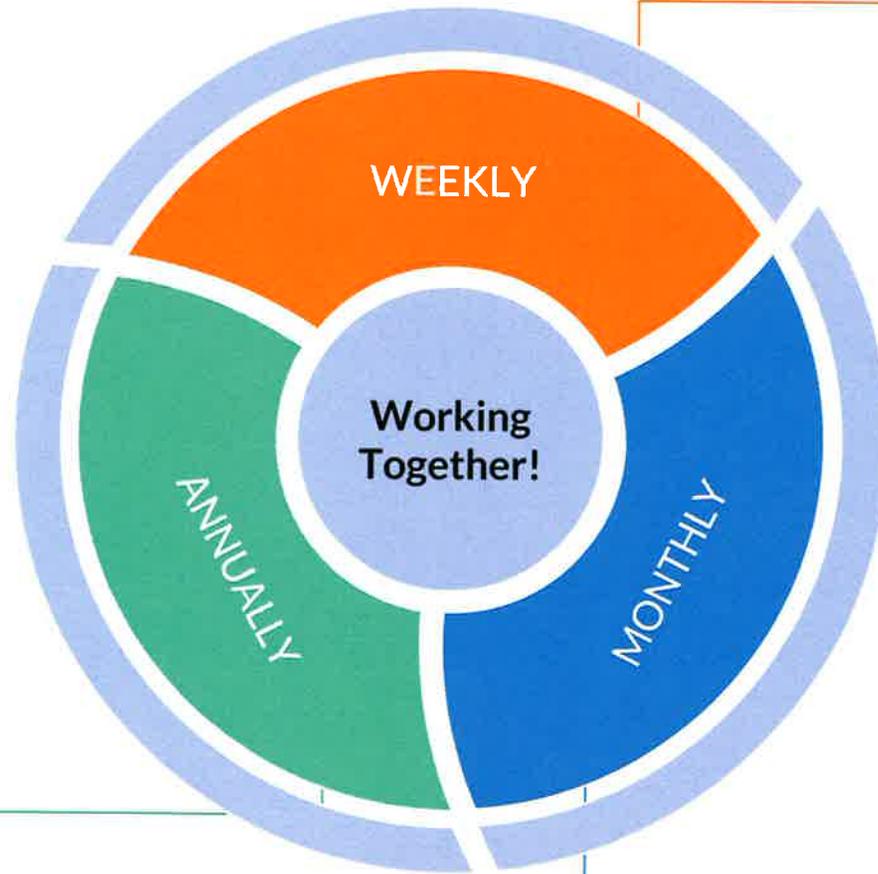
How we are ensuring alignment and consistent communication with MACC and MPHD



Kari and Honey Butter Biscuit! (2019)

Our plan is to set goals each year that align with MACC's needs and vision. We will **begin each year with a goal-setting meeting**, like we did this year, to ensure we have total alignment.

Also, per the MOU, we will **present annually to the Board of Health**.



On average, we have board representation with at least **10 volunteer hours per week in the shelter**, which allows us to see MACC operations firsthand and meet with staff regularly.

Our board meets monthly, and those are open meetings. MACC staff are invited to address specific agenda items; **all meeting minutes are shared with MACC and MPHD leadership**



Q&A

Questions and answers!



Barry and Sugar Bear!
(2019)



Facebook & Instagram

@friendsofmaccnashville

Email:

friendsofmaccnashville@gmail.com

Online:

www.friendsofmacc.org



Metro Public Health Dept

Nashville / Davidson County

Protecting, Improving, and Sustaining Health

Resolution

- WHEREAS,** The mission of the Metro Public Health Department is to protect, improve, and sustain the health and well-being of all people in Metropolitan Nashville; and,
- WHEREAS,** It is clear that health and well-being are not found in equitable measure among the population MPHD serves; and,
- WHEREAS,** There are geographic areas in Davidson County where the life expectancy at birth is more than 20 years¹ less than the life expectancy a short distance away, and the same level of inequity can be found in the health and well-being of citizens in those areas while they live; and,
- WHEREAS,** Not all of these differences in health are based on individual behaviors; evidence suggests that inequities, defined as differences that are “not only unnecessary and avoidable but, in addition, are also considered unfair and unjust;”² are also to blame;³ and,
- WHEREAS,** Many of these inequities are grounded in systemic and institutionalized racism, resulting in behaviors, assumptions and biases that have over time been institutionalized broadly in the United States and in Nashville and Davidson County; and,
- WHEREAS,** The practice of public health is not without blame for taking advantage of marginalized communities, as in the infamous United States Public Health Service’s syphilis study of African-American men at Tuskegee Institute in the mid-20th century,⁴ and the forced sterilization of Native American women in the 1960s-70s,⁵ among other examples; and
- WHEREAS,** Nashville and Davidson County are not exempt from this harm, as in the construction of I-40 in the 1960s through North Nashville’s predominantly African-American community, resulting in the demolition of 620 homes, 27 apartment houses, six churches and the separation of community members from their local businesses, schools and churches;⁶ and,
- WHEREAS,** As the solutions to inequities contain elements of social justice reform, the specification of something as an inequity conveys a moral judgment;² it is therefore essential that the cause “be examined and judged to be unfair in the context of what is going on in the rest of society;”² and,
- WHEREAS,** Public health has a history of involvement in and support of social reform movements, a legacy it stepped away from as biomedical advances came to refine and largely define its practice;⁷ and,

- WHEREAS,** The persistence of health inequities, despite years of dedicated, science-based, data-driven interventions, reveals the need for public health to make its voice heard in realms that are removed from clinical intervention;⁷ and,
- WHEREAS,** The participation of public health in such movements operates on a continuum from data provision, to collaboration, the provision of healthcare, health education and leadership;⁷ and,
- WHEREAS,** Integrating public health into the world of social justice reform requires a thorough understanding of the context in which inequities occur, of their form and expression, and of possible responses; and,
- WHEREAS,** The Metro Public Health Department began this work several years ago through efforts like the 2010 Racial Healing Project,⁸ focusing on building the capacity for local public health leaders to engage in racial healing efforts, as well as the 2015 Health Equity Summit⁹ and corresponding report,¹⁰ which provided recommendations to advance health equity in Nashville; and,
- WHEREAS,** This understanding by the Metro Public Health Department should manifest itself internally, by valuing and respecting all people who interact with MPHD, including interactions between and among its employees; and,
- WHEREAS,** The Metro Public Health Department understands that health is impacted by social inequities of many types, involving age, class, race, ethnicity, nationality, religion, ability-level, housing access, gender identity and sexual orientation and the intersection of these identities; as well as the institutional practices that, intentionally or not, preserve inequities created by various biases, customs and assumptions; and,
- WHEREAS,** The Metro Public Health Department seeks to be a socially and culturally responsive organization that acknowledges and addresses historical and current inequities in our community; and,
- WHEREAS,** The Metropolitan Board of Health of Nashville and Davidson County recognizes the imperative of addressing systemic and institutional forms of oppression that lead to health differences in Davidson County that are not only unnecessary and avoidable but unfair and unjust; and,
- WHEREAS,** The Board expects a level of commitment and understanding of health inequity from the Metro Public Health Department sufficient to make equity a key consideration in any discussion, policy or program that has the potential to eliminate or diminish health inequities in Davidson County, regardless of the forum:

NOW THEREFORE BE IT FURTHER RESOLVED by the Metropolitan Board of Health of Nashville and Davidson County, on this 14th day of March, 2019, that this commitment and understanding shall be incorporated into the policies, practices and programs of the Metro Public Health Department, and that the Department shall report to the Board annually on the same.

Carol Etherington, MSN, RN, Chair
Metropolitan Board of Health of Nashville/Davidson County

A. Alex Jahangir, MD, MMHC
Vice Chair

Margreete G. Johnston, MD, MPH
Member

Thomas W. Campbell, MD
Member

Tené H. Franklin, MS
Member

David A. Frederick, MS
Member

References

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- ⁵ Lawrence, J. (2000). “The Indian Health Service and the Sterilization of Native American Women.” *American Indian Quarterly*, 24(3), 400-419. Retrieved from https://www.jstor.org/stable/1185911?mag=the-little-known-history-of-the-forced-sterilization-of-native-american-women&seq=1#metadata_info_tab_contents.
- ⁶ “Highway to Inequity: The Disparate Impact of the Interstate Highway System on Poor and Minority Communities in American Cities.” David Karas. University of Delaware. Accessed on March 5, 2019, via https://www.nashville.gov/Portals/0/SiteContent/Planning/docs/trans/EveryPlaceCounts/1_Highway%20to%20Inequity.pdf.
- ⁷ “Expanding the Boundaries: Health Equity and Public Health Practice.” (2014). National Association of County & City Health Officials. Accessed on Dec. 12, 2018, via https://nnphi.org/wp-content/uploads/2016/09/Expanding-the-Boundaries-Final_508-091814.pdf.
- ⁸ “The Nashville Racial Healing Project: Exploring the Connections between Race, Place and Health.” 2018. D. Allen-Robb. Board of Health. Accessed on March 5, 2019, via <https://www.nashville.gov/document/ID/b3ff468b-543e-4440-87d2-7e24a8514453/Minutes-December-13-2018>.
- ⁹ “Health Equity in Nashville.” 2015. J. Vick, S. Thomas-Trudo, M. Cole, A.D. Samuels. Metro Nashville Public Health Department Division of Epidemiology and Research and RWJF Center for Health Policy at Meharry Medical College. Accessed on Feb. 1, 2019, via <https://www.nashville.gov/Portals/0/SiteContent/Health/PDFs/HealthData/MetroNashvilleHealthEquityReport2015.pdf>.
- ¹⁰ “Health Equity Recommendations for Nashville.” 2015. Metro Nashville Public Health Department and RWJF Center for Health Policy at Meharry Medical College. Accessed on Feb. 1, 2019, via <https://www.nashville.gov/Portals/0/SiteContent/Health/PDFs/HealthData/CommunityHealthStatus/HealthEquityRecommendationsReport2015.pdf>.

**Director’s Update to the Board of Health
March, 2019**

Healthy Mothers, Children & Families

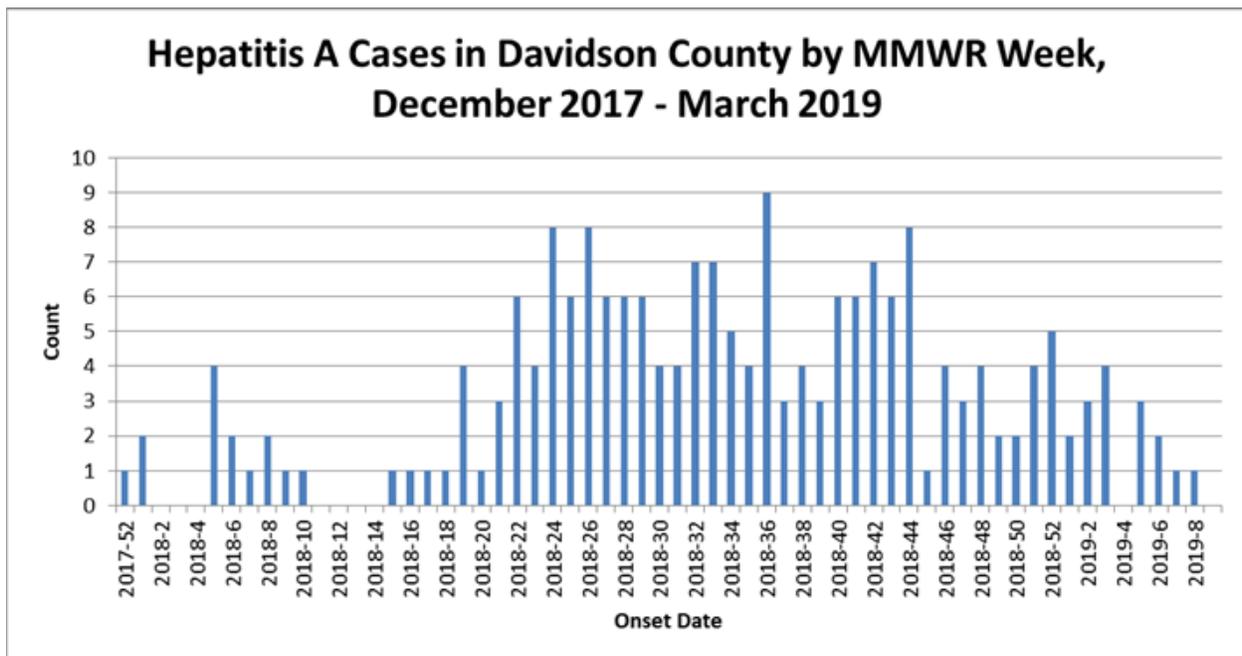
Kindergarten Readiness Fair

The Kindergarten Readiness Fair 2019 was held here on March 2. This combined effort by MNPS and MPHD provides a “one-stop shop” to enroll kindergarten students and assist families in applying for Pre-K. MNPS provided enrollment specialists, and we provided staff to fill out immunization records, vaccinate children, and provide birth certificates as needed for school entry. There was a good turnout, with 514 total attendees and 174 families served (up from 127 last year). We provided 49 immunizations, 27 immunization certificates and 17 birth certificates.

Communicable Disease & Emergency Preparedness

Hepatitis A

As of last week we had recorded 191 hepatitis A cases in Davidson County since the outbreak was first observed here 15 months ago, having added just one case in the preceding week. This continues a trend of adding a handful or fewer cases a week that we’ve seen recently (see graph). We and our community partners had provided 11,225 vaccines as of last week. The largest percentage of confirmed cases remains in the risk group of people who use drugs (133, or almost 70 percent).



World TB Day

We are hosting our 5th annual World TB Day Celebration on Friday, March 22. Dr. Ritu Banerjee, a pediatric infectious disease physician at Vanderbilt, will be the featured speaker. Jason Cummins, the Tennessee Department of Health’s TB Elimination Program Manager, will discuss both the TB skin test and the blood test, Interferon Gamma Release Assay (IGRA). There also will be two patients who had TB disease on the program to tell us about their experiences with the disease and their treatment. This

event follows a good cohort review in February from the Tennessee Department of Health of our TB Elimination Program. It was the 6th consecutive cohort review in which there were no findings of programmatic issues or systematic concerns.

TB X-Rays

We are processing an agreement between MPHD and Siloam Health that will allow one of our staff members to take chest X-rays at Siloam's clinic and transmit the X-ray to our contract vendor, Premier Radiology, for assessment of TB status. Siloam is the initial health care provider for many of the refugees who are resettled into Davidson County, a population with a relatively high incidence of TB. The process to date has been for suspected cases to be referred to Lentz for X-ray, but TB staff were concerned that too many patients were failing to make the transition here for whatever reason, and an opportunity to get them into treatment on the timeliest basis was thus being lost.

Access & Connection to Clinical Care

Enrollment

Our Certified Application Counselors (currently 4.5 FTEs) enrolled 397 clients in either TennCare (139) or CoverKids (258) in the last quarter of 2018. That was down slightly from the previous three quarters; we think the clinical appointment system we implemented in October, 2018, may have contributed to this decline.

Organizational Updates

Accreditation

As you recall we submitted our accreditation documentation to the Public Health Accreditation Board last fall. The first site visit is scheduled for Sept. 18 and 19. We will have three "peer reviewers" from different health departments around the country; they will interview members of the staff, some members of the Board of Health, and community partners. This group will provide recommendations to PHAB, which will then decide whether we're ready for accreditation; if not, we have a year to correct any deficiencies.

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: 02/01/2019)	67	3	21	4	95
Intake					
Stray at large	194	24	56	9	283
Relinquished by owner	71	11	37	8	127
Owner requested euthanasia	7	0	4	1	12
Transferred in from agency	0	0	0	0	0
Other Intakes	20	0	3	0	23
TOTAL INTAKE	292	35	100	18	445
Outcomes					
Adoption	143	18	49	11	221
Returned to owner	94	1	6	0	101
Transferred to another agency	22	10	24	0	56
Other live Outcome	0	0	0	0	0
TOTAL LIVE OUTCOMES	259	29	79	11	378
Died in care	0	0	0	0	0
Lost in care (Physical inventory adjustments)	0	0	0	0	0
Shelter Euthanasia	27	0	7	0	34
Owner requested euthanasia	5	0	4	1	10
TOTAL OUTCOMES	291	29	90	12	422
Ending Shelter Count (date: 10/31/2018)	68	6	17	27	118
SAVE RATE:	90.59%	100.00%	92.71%	100.00%	92.18%

METRO ANIMAL CARE AND CONTROL

Trailing 12 Monthly – Data Report

	February 2019	Trailing 12 Month Average Ending February 28, 2019
Intake Total	488	557
Stray	285	337
Owner Surrender	129	120
Owner Request Euthanasia	12	21
Wildlife	38	25
Other	6	22
Adopted	221	230
Transfer	61	111
RTO	102	112
ORE Euthanized	10	21
Wildlife Euthanized	29	11
Euthanasia Total	81	82
Euthanasia %	8%	10%

Data Report Key
Intakes
Outcomes