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

The regular meeting of the Metropolitan Board of Health of Nashville and Davidson County was called to order by 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**

Alex Jahangir, MD, Chair Tené Franklin, MS, Vice-Chair Thomas W. Campbell, MD, Member Carol Etherington, MSN, RN, FAAN, Member Margreete Johnston, MD, MPH, Member David Frederick, MS, Member Sanmi Areola, PhD, Deputy Director Jim Diamond, MBA, Director, Finance and Administration Bureau Tom Sharp, Director of Policy and Governmental Liaison Laura Varnier, MNSc, APRN, FNP-BC, CEN, Director of Nursing and Director of Clinic Operations Wanda Hadley, Manager of Talent Acquisition and Training, Metro Department of Human Resources Alex Dickerson, JD, Metropolitan Department of Law

### Approval of the September 12, 2019, Regular Meeting Minutes

# Dr. Campbell made a motion to approve the minutes of the September 12, 2019, Board of Health meeting as written. Ms. Franklin seconded the motion, which passed.

### **Discussion of New Director Search**

Alex Dickerson and Wanda Hadley shared information related to the search for a new director, amendment to the Metro Charter, and possible timelines for posting the position, and the Board held discussion.

Dr. Campbell made a motion to proceed with posting of the Director of Health position. Dr. Johnston seconded the motion, which passed with one objection.

Ms. Franklin made a motion to amend the Director of Health job posting with the following addition: "Engages in the legislative process and policy decision-making including work with elected officials and the general public. This includes policies that impact upon underlying inequities, approached within a framework of public health ethics." Dr. Johnston seconded the motion, which passed unanimously.

### **Approval of Grant Applications**

Jim Diamond presented two items for approval:

1. U.S. Department of Health and Human Services - Ryan White Part A and Minority AIDS Initiative Program

Term: March 1, 2020- February 28, 2021 Amount: \$4,257,674

2. Robert Wood Johnson Foundation in Partnership with the Center for Sharing Public Health Services and the Public Health National Center for Innovations - Cross Sector Innovation Initiative

Term: January 1, 2020-December 31, 2021 Amount: \$150,000 Mr. Frederick made a motion to approve the grant applications as presented. Dr. Campbell seconded the motion, which passed unanimously.

### **Approval of Grants and Contracts**

Jim Diamond presented seven items for approval:

- Image: Contract from TriStar Centennial Medical Center Mobile WIC

   Term:
   Execution + 5 years

   Amount:
   NA
- Contract from Centers for Disease Control Public Health Associate Agreement to Detail Term: October 15, 2019-October 24, 2021 Amount: NA
- **3.** Affiliate Contract with University of Tennessee College of Nursing Term: October 1, 2019-September 30, 2024 Amount: NA
- Contract with Nashville Academy of Medicine Charisma Salus Access Amendment #1
   Term: July 1, 2019-June 30, 2020
   Amount: \$3,800
- 5. Grant from the Tennessee Department of Health Tobacco Prevention & Cessation Services Amendment #2

Term: June 1, 2018-June 30, 2020 Amount: \$262,400

6. Site-based Grant from the Office of Justice at the US Department of Justice – Comprehensive Opioid Abuse

Term: October 1, 2019-September 30, 2022 Amount: \$1,040,371

Grant from the Tennessee Department of Health – Viral Hepatitis
 Term: January 1, 2020-June 30, 2021
 Amount: \$139,600

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

### **Interim Director's Report**

Dr. Areola referred to his update provided in the Board packet (Attachment I). He noted that 1,200 flu shots have been administered to date.

Dr. Areola presented an updated org chart for Board review and advised that it would be presented at the November meeting for approval, after which it would be presented to Metro Council.

Dr. Areola gave a brief recap of the Accreditation visit.

### **Report of the Chair**

Chair Jahangir thanked Ms. Etherington for her leadership during the Accreditation process, and the staff for their efforts. On behalf of the Board, he expressed confidence that the Department is in good hands.

Chair Jahangir expressed his desire that the Board retreat be scheduled on Friday, November 1, 2019, from 1:00-5:00 p.m. rather than 2:00-5:00 p.m.

Chair Jahangir shared that he, Dr. Areola and Tom Sharp would be meeting within the next few weeks with Mayor Cooper.

### **Review of Board Requests**

- The Board will vote on the Organizational Chart at the November meeting.
- The Department will present an update on the Opioid Response Program at the November or December meeting.
- Board members will receive notice of their Friday, November 1, 2019 Retreat, to be held in the Board room from 1:00-5:00 p.m.
- Dr. Areola will provide details about the Equity training to be held November 7-8.
- Dr. Areola will provide the Board's Report to Mayor John Cooper.
- Dr. Areola will provide the link to the Nashville Community Health + Wellbeing Survey as well as his summary of key points.

### **CIVIL SERVICE BOARD**

### **Approval of Extension of Administrative Leave**

Jim Diamond requested approval of extension of administrative leave with pay for Michele Guerrier, whose disciplinary hearing would be held October 16, 2019. He asked the Board to approve leave through such time as the hearing officer would issue a decision letter, which would be in excess of the 10 days' administrative leave the Director may grant.

# Mr. Frederick made a motion to approve extension of administrative leave with pay for Michele Guerrier through the issuance of a decision letter. Ms. Franklin seconded the motion, which passed unanimously.

### Personnel Changes

Jim Diamond presented the September 2019 Personnel Changes.

At Mr. Frederick's request, Dr. Areola and Mr. Diamond provided brief explanation of the Medical Administrative Assistant classification.

Dr. Jahangir noted that Judith Byrd, who previously served as the Mayor's Senior Advisor on Health and Wellness Policy, is now stationed at Lentz as a result of the change in administrations.

### Next Regular Meeting

The next regular meeting of the Board of Health is scheduled to be held at 4:00 p.m. on Thursday, November 14, 2019, in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville, TN., 37209.

The meeting adjourned at 5:35 p.m.

Respectfully submitted,

A. Alex Jahangir, MD, MMHC, FACS Chair

### Director's Update to the Board of Health October, 2019

### **Improving Health - Services to Individuals & Families**

### **Flu Shots**

Flu season officially began on October 1. Since then MPHD nurses have provided flu vaccines to several hundred Metro Employees. The "Flu Crew" vaccinated staff at Lentz, MACC, South Nutrition, Metro Southeast, Vinny Links Golf Course, Fulton Campus and the Courthouse. Final numbers are being counted still, but more than 700 shots were administered, with 190 given at Lentz alone. In addition, flu shots are now being offered at each of our three preventive health clinics. Going forward, we will use the Sentinel Provider Network to monitor flu numbers throughout the county. The SPN is a group of seven local healthcare providers that update MPHD Immunizations Program each week with flu case-count numbers. We use these weekly counts to gauge the trend of flu cases countywide. Flu deaths are reportable to the Immunizations Program.

### Family Planning Increase in funding

We were notified Sept. 30 by the state Department of Health's family planning program that an additional \$200,000 would be allocated to us to assist in offering additional family planning services to clients. The MPHD family planning program plans to add a staff member to see additional patients. The TDH grant also recognizes the efforts being made by MPHD to begin male family planning visits

### Improving Health – Access & Care Coordination

### Breast Cancer Awareness is More Than October and Pink

October National Breast Cancer Awareness Month is a national campaign to bring awareness to the disease and raise awareness about the benefits of early detection. Most of us have been touched by breast cancer in some way, either through a family member, friend, co-worker or our through our work in the community. Breast cancer continues to be the most frequently diagnosed cancer, other than skin cancer, among women. It is the second leading cause of cancer death in women (after lung cancer). Even though breast cancer occurs mainly in women, men can get it too. For over fifteen years, the Metro Public Health Department has hosted breast health events for health department staff and the public which focuses on the importance of screening and early detection. In addition, fund-raising activities, such as walks, runs, and dress down day help to bring awareness to this disease. Every month of the year MPHD coordinates the Tennessee Breast and Cervical Screening Program (TBCSP) which helps makes it easy to get the breast cancer screenings recommended by healthcare providers. The screenings through this program are available year round and are free for those who meet program eligibility requirements. There are several TBCSP sites located throughout the county.

### Improving Health – Community Partnerships

### **Opioid Response**

The U.S. Department of Justice Office of Justice Programs has approved our application for funding under the FY19 Comprehensive Opioid Abuse Site-based Program (COAP). The award is for \$1,040,371 over three years. Awards under COAP are to be used to improve collaboration and strategic decision-making of regulatory and law enforcement agencies and public health officials to address prescription drug and opioid misuse, save lives and reduce crime. This grant will be used to enhance our surveillance of overdose activity, an overdose review team and ongoing collaboration with law enforcement and first responders.

### **Organizational Updates**

### Accreditation

We made it through our Public Health Accreditation Board site visit last month, and my thanks to Carol for her participation in one of the sessions. We had over 60 staff members participate from all across the department. There were also 20 community partners represented in our community partners meeting.

At the exit conference, the three site visitors noted the following:

### Strengths

- MPHD has variety of community partners, which demonstrates a great working relationship with our community.
- MPHD has done significant work and has dedication to improving health equity.
- MPHD has demonstrated an excellent connection between and integration of the Community Health Assessment, Community Health Improvement Plan, and the Strategic Plan.

### **Opportunities for Improvement**

- Improvement of documentation of the value of employees to the health department and to the community
- Continue performance improvement development (quality improvement and performance management)
- Continue more active involvement of consumers in development of messages, materials and programs

### **Impressions**

- MPHD has a very impressive facility with wonderful hospitality.
- MPHD's leadership has demonstrated a notable commitment to continuous quality improvement.

### Next Steps:

We are awaiting an accreditation decision. The site visit team will report its recommendation and visit notes to the PHAB Accreditation Committee and MPHD within six to eight weeks. MPHD's application will be placed on the committee's agenda in either November or, possibly, in February. We'll keep you posted.

### Metro Charity Campaign

The Metro Makes a Difference Campaign (formerly MECCC) has kicked off at MPHD and will continue through the month of October. Employees are encouraged to donate to their favorite charity, as well as participate in events scheduled throughout the month. Events include a bake sale, chili cook-off, employee yard sale and costume contest.

### 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	C	anine	Fe	lilne	Total	
By Age	Adult	Up to 5 months	Adult	Up to 5 months		
Beginning Animal Count (date: 09/01/2019)	134	11	59	54	258	
Intake						
Stray at large	188	34	38	95	355	
Relinquished by owner	33	1	12	14	60	
Owner requested euthanasia	5	0	2	0	7	
Transferred in from agency	0	0	0	0	0	
Other Intakes	14	2	1	0	17	
TOTAL INTAKE	240	37	53	109	439	
Outcomes       Adoption	105	15	45	63	228	
Returned to owner	91	7	<u>+5</u> 1	3	102	
Transferred to another agency	35	11	22	28	96	
Other live Outcome	0	0	0	0	0	
TOTAL LIVE OUTCOMES	231	33	68	94	426	
Died in care	0	0	0	2	2	
Lost in care (Physical inventory adjustments)	0	0	0	0	0	
Shelter Euthanasia	25	0	6	5	36	
Owner requested euthanasia	5	0	1	0	6	
TOTAL OUTCOMES	261	33	75	101	470	
Ending Shelter Count (date: 10/31/2018)	129	9	37	52	227	
				,		
SAVE RATE:	89.36%	100.00%	88.46%	93.58%	91.22%	

### METRO ANIMAL CARE AND CONTROL

Trailing 12 Monthly – Data Report

		Trailing 12 Month Average	
	September 2019	Ending September 30, 2019	
Intake Total	475	549	
Stray	364	401	
Owner Surrender	60	111	
Owner Request Euthanasia	7	13	
Wildlife	26	39	
Other	18	27	
Adopted	234	262	
Transfer	101	97	
RTO	102	101	
ORE Euthanized	7	11	
Wildlife Euthanized	22	31	
Euthanasia Total	63	87	
Euthanasia %	8%	8%	

Data Report Key	
Intakes	
Outcomes	