

Metropolitan Board of Health of Nashville and Davidson County February 13, 2020, Meeting Minutes

Chair Alex Jahangir welcomed everyone and called the meeting to order 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. Rhonda Graham prepared the minutes of meeting.

Present

A. Alex Jahangir, MD, Chair
Tené H. Franklin, MS, Vice-Chair
Carol Etherington, MSN, RN, Member
David Frederick, MS, Member
Margreete Johnston, MD, MPH, Member
Sanmi Areola, PhD, Interim Director of Health
Jim Diamond, MBA, Director, Finance and Administration Bureau
Derrick Smith, JD, Metropolitan Department of Law
Rachel Franklin, MBA, Director, Communicable Disease & Emergency Preparedness Bureau
Brandon Dyce, Chair, Friends of MACC
J. Seth Montgomery, Vice-Chair, Friends of MACC
D'Yuanna Allen-Robb, Maternal Child and Adolescent Health Director
Kelly Gray, Chief Probation Officer, Metro Juvenile Court
Rasheedat Fetuga, President and CEO of Gideon's Army

Approval of the January 9, 2020, Regular Meeting Minutes

Ms. Franklin made a motion to approve the minutes of the January 9, 2020, Board of Health meeting as written. Mr. Frederick seconded the motion, which passed unanimously.

Approval of the February 7, 2020, Special Called Meeting Minutes

Ms. Franklin made a motion to approve the minutes of the February 7, 2020, Special called Board of Health meeting as written. Dr. Johnston seconded the motion, which passed unanimously.

Report of Chair and Discussion

Chair Jahangir stated that as a department we are at a time of change and he highlighted the following:

- The Board interviewed two candidates on Friday February 7th, and one candidate, Dr. Michael Caldwell stood out. Dr. Caldwell is an MD MPH and served for 20 years as the Commissioner of Health for Dutchess County New York. Dr. Caldwell has also served as president of NACCHO and has lived in the community for a year.
- Health equity continues to be a concern in our city. Forty percent of Nashvillians are people of color and 12% were not born in the United States. The Board would like to address health equity, and because of the importance of the issue, there will be discussion around creating a senior level position that will focus on racial and health equity in this department.
- Dr. Areola has submitted his resignation after serving this city for 17½ years. His last day is March 13th. Dr. Areola has been the backbone of the department during the hardest times and we are grateful to him. A reception will be held for Dr. Areola on March 12th from 2:30-4:00 p.m.

Report of Interim Director

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

- Dr. Areola thanked the board for the opportunity to work with them.
- He is looking forward to a good transition with the new director. Bureau Directors are ready to meet with new director and share with him the strengths, weakness, opportunities, and threats.
- STD cases are increasing (three reportable diseases chlamydia, gonorrhea, and syphilis).

- Opioids continue to be an issue.
- Coronavirus – Dr. Areola asked Rachel Franklin to give an update. Ms. Franklin reported that there are 15 cases in the US. In coordination with CDC and TDH, they are receiving names of travelers and staff are monitoring them for 14 days for symptoms. Currently, they are monitoring 10 Davidson County residents who are self-isolated.
- Accreditation – we are close to being done.
- Equity – Dr. Areola stated that it is hard to do public health without health equity. He believes that Sarah and the Health Equity Team had previously proposed a position at higher level.
- Did a presentation to the Mayor, staff, and department heads a few weeks ago that looked at life expectancy – 37208 and parts of Brentwood where life expectancy differs by 20 years. It will be a challenge to make decisions for allocation of resources – there are gaps in resources, high youth violence, not enough sidewalks, not enough police presence, etc.
- Woodbine Clinic may be getting a new building. There is not a lot of information to share. Tom Sharp and Laura Varnier will keep the board involved.
- Workforce Culture Team – Hugh Atkins and Dr. Shaw KaiKai will be leading those efforts.
- Budget – meeting with Mayor’s staff to defend our budget. Will not be televised. We were asked to make a \$609,000 cut. He has told them that the department can’t take any cuts to continue doing what we do. There will be no loss of positions.
- Dianne Harden has sent information downtown about one of our open positions to be converted to a bureau level position for Health Equity. She has not heard back from them as of today.
- A bureau is composed of multiple programs. The Charter reads that the organizational chart must be approved by Board of Health. There should be another bureau around Clinical Services which has been discussed before Dr. Long was on staff. If the Board elects to have a bureau based on health equity, he recommends that other programs be included in that bureau. He encourages the Board to allow the new Director to have input. He advised that 6 months may not be enough time to create position, hire, etc.
- Staff have given 4,997 flu shots as of February 7th.
- A few years ago, restaurant inspections became risk-based inspections. Congratulations to our team who performs the risk-based inspections. Recently the department has been approved for Standard 9 - FDA Code. FDA standardizes trainers locally who train field staff to identify risk factors to focus on foodborne illness outbreaks.

Approval of New Bureau Position

- Chair Jahangir stated that at the last meeting there was discussion of creating a new bureau. The position will be a bureau level position that will model other programs across the country.
- Ms. Franklin stated that she is pleased that we are moving in this direction and knows it will take time to make this happen. It is our responsibility to monitor this to make sure it doesn’t stall along the way, so we need to check on this as a board monthly to make sure we are moving forward. Just because we have this position does not mean that this work all revolves around one person this position will be responsible for ensuring that racial and health equity are infused throughout the department.

Ms. Etherington made a motion to approve the creation of a new Bureau of Racial and Health Equity. Ms. Franklin seconded the motion, which passed unanimously.

Approval of New Director Hire

- Chair Jahangir stated that the board interviewed two candidates and Dr. Caldwell was the most qualified candidate.
- Ms. Franklin stated that according to the charter this candidate meets the qualifications of the position; however, she is not 100% sure that the candidate meets the requirements and needs for the

department and the citizens of Davidson County at this time and place. She was hoping that the search would have yielded someone who had a demonstrated track record and is a champion of racial and health equity and it did not. With the proposed change to the charter, this would allow us to draw in a different pool of candidates that would open up the ability to draw in candidates that are more in line with addressing health equity. She stated that racial and health equity does not happen in a silo – it is all of our responsibility.

Mr. Frederick made a motion that the board authorize the Board Chair to extend an offer to Dr. Michael Caldwell to become the Director of Health of Davidson County. Dr. Johnston seconded the motion. The motion passed with one abstention.

- Chair Jahangir stated that he had talked with Mr. Smith about the contract and Ms. Hadley about the benefits and wanted to make sure that all were on the same page moving forward. The board had agreed on a salary amount at last meeting. He recommends the board frontloading 5 to 7 days of vacation and accrual every month which would give the new director 10 days extra of vacation and 12 days of sick leave per year.

Mr. Frederick made a motion that the board authorize the Board Chair to negotiate frontloading days off not to exceed 10 days and accrual as others do. Dr. Johnston seconded the motion. The motion passed with one abstention.

- Chair Jahangir asked for a motion to agree to a term limit on contract. He proposes a three-year contract. Mr. Frederick brought up the auto renewal part of the previous director's contract and he feels that not having a renewal process doesn't allow the board to go through the process like it should. After discussion, it was recommended that the contract be for 3 years with discussion to begin in 2½ years.

Mr. Frederick made a motion that the contract be for 3 years. Dr. Johnston seconded the motion, which passed unanimously.

- Chair Jahangir stated that he would talk with Wanda Hadley about what has been discussed and agreed upon. Ms. Hadley had told him that she proposes the start date be either March 9 or March 23 based on pay schedule. The contract must be signed within 24 hours to meet the deadline for Metro Council submission to be heard at Council meeting on March 5. Chair Jahangir will ask Dr. Caldwell if he can start March 9 so that some time with overlap before Dr. Areola leaves. He thanked Mr. Frederick for leading the work of the first round during the selection process.

Friends of MACC – Plan and Budget for 2020

Chair Brandon Dyce and Vice Chair Seth Montgomery gave an update on their budget and plans for future. (Attachment II) The Board thanked Friends of MACC for their presentation and for their work

Youth Violence Program Update

D'Yuanna Allen-Robb provided an update on the Youth Violence Program. In addition to giving her update, she invited Chief Probation Officer, Kelly Gray, with Metro Juvenile Court and President and CEO of Gideon's Army, Rasheedat Fetuga to speak as well. (Attachment III) The Board thanked all for their presentations and discussed a resolution being done by the board.

Approval of Grant Applications

Mr. Diamond presented two items for approval.

1. Air Pollution 103

Term: April 1, 2020 – March 31, 2022
Amount: \$260,000

2. Return to Owner SNIP

Term: May 1, 2020 – April 30, 2021
Amount: \$15,000

Mr. Frederick made a motion to approve the grants and applications as presented. Ms. Franklin seconded the motion, which passed unanimously.

Approval of Grants and Contracts

Mr. Diamond presented three items for approval:

1. Emergency Medical Fund grant

Term: NA
Amount: \$10,000

2. Emergency Response and Planning MOU

Term: September 1, 2019 – July 31, 2024
Amount: NA

3. Overdose Data Sharing Agreement contract amendment

Term: April 1, 2019 – March 31, 2022
Amount: NA

Mr. Frederick made a motion to approve the grants and contracts as presented. Ms. Etherington seconded the motion, which passed unanimously.

Review of Board Requests

- Dr. Areola went over the Board's requests from last meeting and all requests have been met.
- The only request was to have Mr. Sharp draft a resolution on youth violence.

Request for Extension – Out-of-Class Pay

Mr. Diamond requested the Board extend out-of-class pay for Dr. Gill Wright, who is currently serving as interim Medical Director of the department until the new director is on board.

Ms. Etherington made a motion to approve the request for extension for out of class pay for Dr. Wright. Ms. Franklin seconded the motion, which passed unanimously.

Personnel Changes

Mr. Diamond presented the January 2020 Personnel Changes, which were unremarkable.

Next Regular Meeting

The next regular meeting of the Board of Health is scheduled to be held at 4:00 p.m. on Thursday, March 12, 2020 in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville, TN, 37209.

Adjournment

The meeting adjourned at 6:20 p.m.

Respectfully submitted,

A. Alex Jahangir, MD, MMHC, FACS
Chair

Metropolitan Board of Health of Nashville and Davidson County February 20, 2020 Special Session, Meeting Minutes

The special meeting of the Metropolitan Board of Health of Nashville and Davidson County was held on Thursday, February 20, 2020 at 4 p.m. The meeting was held in the Director's Conference Room, on the second floor of the Lentz Public Health Center, 2500 Charlotte Avenue, Nashville TN 37209. Rhonda Graham prepared the minutes of meeting.

Present

A. Alex Jahangir, MD, Chair
Tené H. Franklin, MS, Vice-Chair
Carol Etherington, MSN, RN, Member
Thomas W. Campbell, MD, Member
Margreete Johnston, MD, MPH, Member
Shannon Hall, Director, Metro Department of Human Resources
Wanda Hadley, Manager of Talent Acquisition and Training, Metro Department of Human Resources
Derrick Smith, JD, Metropolitan Department of Law

Chair Jahangir welcomed everyone at 4:00 p.m. and thanked everyone for coming on short notice.

Chair Jahangir reported that he had spoken with Dr. Caldwell by phone, in person, and through text. Mr. Smith has been talking with him and his counsel as well.

Contract – we had revised the contract that was used for Dr. Paul and Dr. Long to reflect the changes that this board wanted to make for the contract with Dr. Caldwell. After talking with Dr. Caldwell, he has suggested some edits that this board needs to approve or disapprove. They are as follows:

- Section 3. Compensation: Dr. Caldwell feels that with his experience and what he will be bringing to the department that a salary of \$235,000 would be more feasible than what the board had originally offered. Chair Jahangir told him that the board could offer him \$225,000.
- Section 3, item 4: The Director shall receive, upon execution of this Agreement ten (10) annual leave days.
- Section 4. Term: Dr. Caldwell would like to sign into a 2-year term agreement vs. a 3-year term previously approved by the Board.
- Section 5. Termination, item D: In the contract that we submitted for him to sign read "Failure to perform all of the duties appropriate to the scope of Director's employment to the satisfaction of the Board". Dr. Caldwell would like to propose that it read "Continued non-performance by the Director of his responsibilities hereunder which has continued for more than ten (10) business days following written notice of such non-performance from the Board".
- Section 8. Employment: Dr. Caldwell discussed with Chair Jahangir the possibility of him working outside of department. Chair Jahangir informed him that according to the charter, he is to devote his entire time to the duties of his office. Mr. Smith reiterated that this is Section 10.105 of the Charter.

If the board approves, the contract will then be given to Dr. Caldwell for his signature. Once signature is complete, it will be presented to the Metro Council for their approval at their next meeting. He recommends Dr. Caldwell start March 9 which overlaps with Dr. Areola before he departs.

Dr. Johnston made a motion to approve the contract as written. Ms. Etherington seconded the motion. The motion carried with one abstention.

Adjourn

The meeting adjourned at 4:24 p.m.

Respectfully submitted,

A. Alex Jahangir, MD, MMHC, FACS
Chair

Director's Update to the Board of Health February, 2020

Protecting Health – Preventing the Spread of Infectious Disease

Coronavirus

MPHD, in coordination with the state Health Department, continues to monitor the coronavirus outbreak that emerged recently in central China and has gradually migrated outward. Currently there are no confirmed cases, contacts of cases, or people under investigation in Davidson County. We are in contact with local hospitals, Nashville Fire/EMS, Metro Police and Metro Schools, providing guidance on risk categories and personal protective equipment. Public information is being coordinated through the state department's public information office. Our messaging focuses on making sure the community is aware that the flu is a bigger threat at this point, and that stopping the spread of germs (wash your hands!) protects against these and other illnesses circulating this time of year.

Improving Health - Services to Individuals & Families

Immunizations

In an effort to get ahead of the game somewhat, nurses at 31 middle schools currently are auditing 6th grade immunization records for missing immunizations as well as the missing Tdap required for 7th grade entry. We send letters home to parents encouraging them to get their students immunized now to avoid the summer rush.

In a related area, on March 28th MPHD and Matthew Walker Comprehensive Health Center will provide physicals to kindergartners registering for school. We are excited about the partnership with Matthew Walker. This addition is timely, as we expect stricter enforcement next fall of an existing requirement that kindergartners show records of a completed immunization schedule as well as a recent physical before being allowed to register.

Improving Health – Access & Care Coordination

Enrollment

Our four Certified Application Counselors (CACs) posted their best quarter since they started work two years ago in the fourth quarter of 2019, with 534 enrollments in TennCare or Cover Kids. The CAC's are an essential tool in getting pregnant women enrolled in health care prior to the birth of their child, or the child as quickly as possible. We added the counselors because, too often, the presumptive eligibility certificate was insufficient to receive care, and too many women could not or did not follow through with enrollment on their own. Now we do it for them, on the spot. Our previous best quarter was the first quarter of 2018, when we enrolled 454 people.

Improving Health – Community Partnerships

Trees

We have joined with Root Nashville to use a small grant from the state to plant trees in areas of town where they are needed. The allocation of the funding was guided by a consensus of our Health in All Policies group, a collaboration among numerous Metro Departments that strives to help them understand the decisions they make affect the health of the community, even when that may not be intuitive. We have chosen to direct our funds to cover the cost of trees for the Be A Helping Hand North Nashville neighborhood effort. We will also pay for 40 trees at the Hull Jackson Montessori property during this planting. More information about the event and partnership can be found on the Be a Helping Hand [website](#).

The planting is scheduled for this Saturday from 9 am-12 pm. All the information is available in the link. Bring a shovel and join us.

[Here is a link specifically for your side of the volunteering.](#)

ACE Nashville

Sixty-eight people were at the ACE Nashville quarterly meeting last month. The group's focus is on the *Seeds of Equity* training created by the Healthy Leadership Council. The feedback from participants indicated that they found the training increased their awareness of equity issues. The April meeting will look to begin moving this training from education to action.

Organizational Updates

Oral Health Services

We have added four new members to the Oral Health Services team and are fully staffed. We recently added three new school-based dental hygienists to place free sealants and fluoride, and one new dental assistant who works full time at Lentz.

Public Health Week

Public Health week is April 6-10. Our planning committee, under the guidance of Laura Varnier, is working on our plans now. For this year, the 25th anniversary of PH Week, the theme is "Looking back, moving forward." Daily themes include mental health, awareness of violence prevention, maternal/child health, environmental awareness, and education. Board members are welcome to participate in any of the scheduled activities, a menu of which will be available by mid-March.

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: 01/01/2020)	67	3	18	29	117
Intake					
Stray at large	238	27	50	9	324
Relinquished by owner	53	6	28	3	90
Owner requested euthanasia	3	0	1	0	4
Transferred in from agency	2	0	1	0	3
Other Intakes	10	0	1	0	11
TOTAL INTAKE	306	33	81	12	432
Outcomes					
Adoption	113	10	45	26	194
Returned to owner	98	1	7	0	106
Transferred to another agency	42	20	11	1	74
Other live Outcome	0	0	0	0	0
TOTAL LIVE OUTCOMES	253	31	63	27	374
Died in care	0	0	0	0	0
Lost in care (Physical inventory adjustments)	0	0	0	0	0
Shelter Euthanasia	25	0	3	2	30
Owner requested euthanasia	2	0	0	0	2
TOTAL OUTCOMES	280	31	66	29	406
Ending Shelter Count (date: 01/31/2020)	99	7	31	6	143
SAVE RATE:	91.78%	100.00%	96.30%	83.33%	93.02%

METRO ANIMAL CARE AND CONTROL

Trailing 12 Monthly – Data Report

	January 2020	Trailing 12 Month Average Ending January 31, 2020
Intake Total	458	546
Stray	328	354
Owner Surrender	90	103
Owner Request Euthanasia	4	7
Wildlife	15	41
Other	21	26
Adopted	198	262
Transfer	85	88
RTO	106	103
ORE Euthanized	2	6
Wildlife Euthanized	12	33
Euthanasia Total	45	77
Euthanasia %	7%	8%

Data Report Key
Intakes
Outcomes

Friends of MACC

2020 Goals

Board of Health Presentation
February 13, 2020



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!



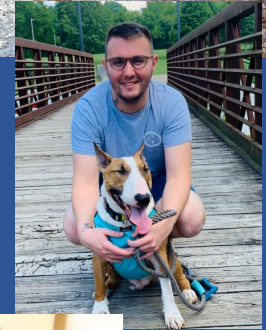
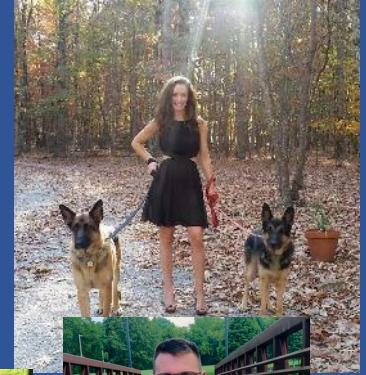
VISION Statement:

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

Founded in 2018
501(c)3 Organization

BOARD MEMBERS:

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



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 keep their pets healthy and safe and to 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!



2019 Highlights!



#givingcomfort

GIVINGTUESDAY



National ANIMAL CONTROL OFFICER Appreciation Week



LOTS OF EVENTS

HAPPY PEOPLE | ENRICHMENT & ENGAGEMENT

NAMASTE KITTY: MACC
CAT YOGA



PLAY YARD PILATES
WITH POOCHES



VALENTAILS!

MAY THE FOURTH BE WITH
YOU SPRING SPRUCE

CINCO DE PUPPO WITH
ROSEPEPPER'S CANTINA

DONELSON CHRISTMAS
PARADE





Hockey for Homeless Animals

TRUE FRIENDSHIPS
ENGAGEMENT





SUMMER 2019 CAMPAIGN!



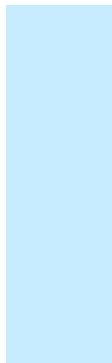
Not *That* Nashville Sound

HAPPY ANIMALS | ENRICHMENT

noise levels
often exceed

125

decibels in our
adoption rooms



raised \$15K to
install sound baffling

60%

reduction in
reverb noise

TRUE FRIENDSHIPS /
COMMUNITY ENGAGEMENT



SAFETY NET PROGRAM

Partnered with Nashville Safe Coalition
to provide \$20K in funding.



SPAY/NEUTER INCENTIVE PROGRAM

Partnered with Nashville Safe Coalition
to provide \$10K in funding.





2019 FINANCIAL IMPACT

2019 FINANCIALS

\$93,500
PROJECTED
FUNDRAISING



FOCUSAREA	TOTAL
Community Engagement	\$4,500
-- Free microchips, sponsored adoption fees, etc.	
Enrichment	\$24,000
-- Toys, treats, emergency medical funds, sensory stimulation supplies, etc.	
Play Yards	\$20,000
-- New fencing, drainage, landscaping, shading, etc.	
Sound Baffling	\$15,000
-- Sound baffling panels, installation, etc.	
Safe Coalition Grants*	\$30,000
-- Grants to support Safety Net Program and Spay/Neuter Incentive Program	
TOTAL	\$93,500

* These grants were approved separately from our initial budget presentation.

2019 FINANCIALS

\$95,450

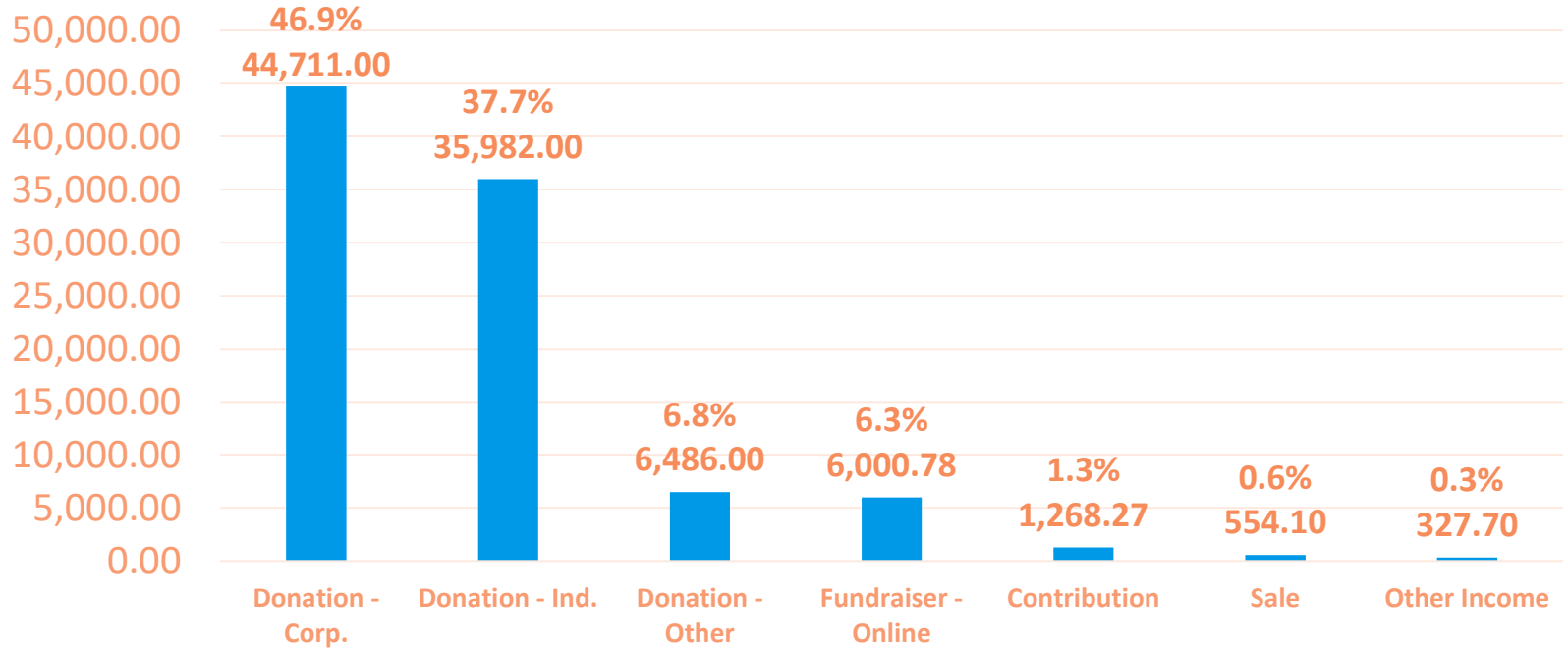
ACTUAL
FUNDRAISING
+2.1%

Type	AMOUNT
Income	\$95,449.85
Expense	(\$64,885.97)
Balance	\$30,597.88



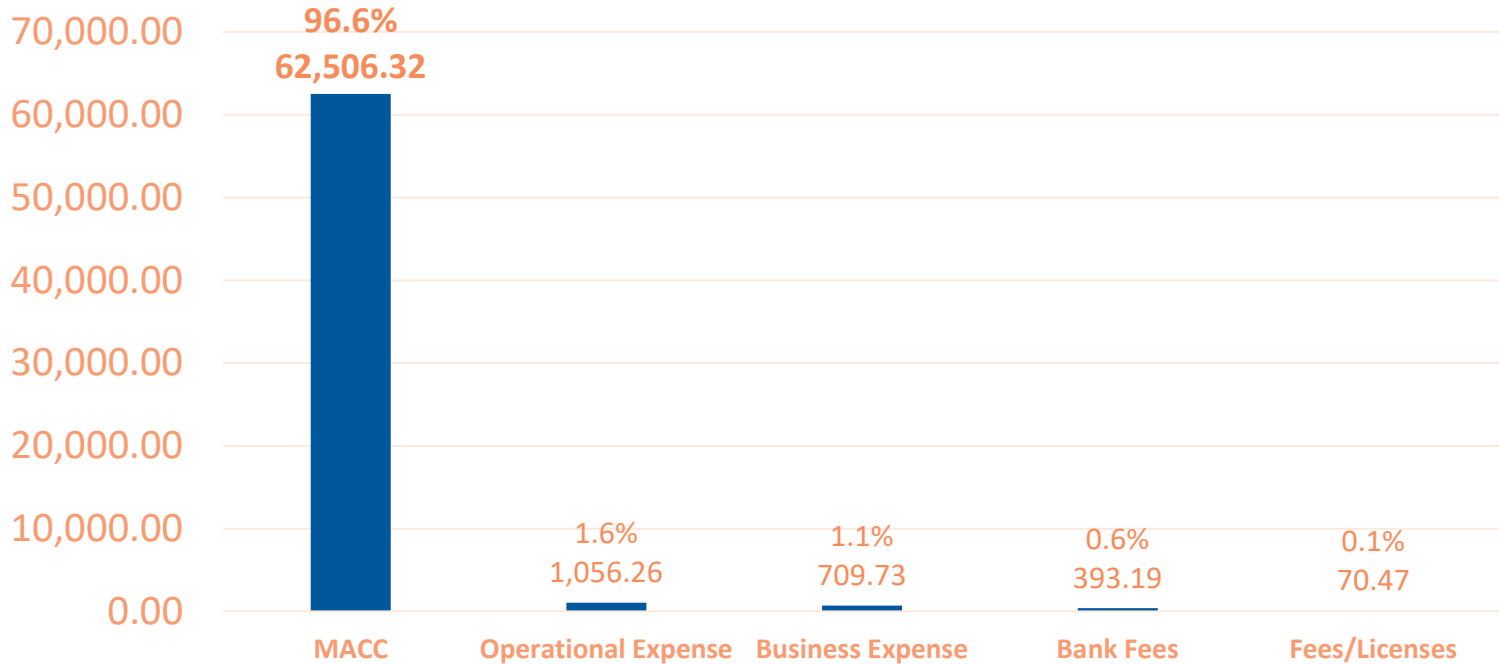
2019 FINANCIALS

Income by Type



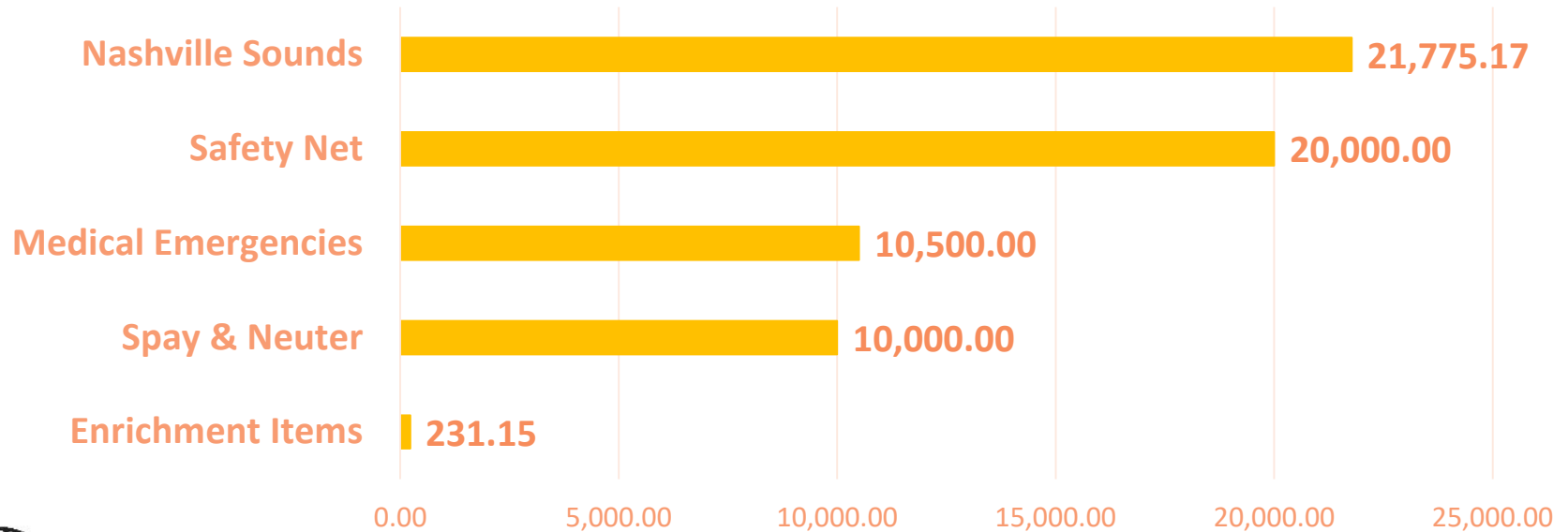
2019 FINANCIALS

Expenses by Type



2019 FINANCIALS

Contribution by Project





2020 GOALS & BUDGET

TOP 3 GOALS

1

**Playgroup Training /
Dogs Playing For Life**

2

**Play Yard Remodels /
Shelter Improvements**

3

**Marketing Campaign /
Messaging Support**



2020 EXPENSES

INITIATIVE	BUDGET
Dogs Playing for Life	\$15,000
Play Yard Improvements	\$75,000
Marketing Support	\$50,000
Enrichment Activities	\$10,000
Safety Net Program	\$35,000
Spay/Neuter Incentive	\$15,000
TOTAL	\$200,000

2020 FUNDRAISING INITIATIVES

INITIATIVE	BUDGET
ALL DONATIONS	\$85,000
Corporate, individual, and other types of donations	
ONLINE FUNDRAISERS	\$15,000
Social media fundraisers by the community	
EVENTS	\$50,000
Listening Room Café, Shelter Cup, Yeehaw Summer Kickoff	
GRANTS	\$50,000
Safe Coalition, Tito's Vodka, Ryan Animal Rescue Foundation	
TOTAL	\$200,000





THANK
YOU!

YOUTH VIOLENCE PREVENTION: PUBLIC HEALTH APPROACHES

Board of Health

February 13, 2020

D'Yuanna Allen-Robb, Maternal Child and Adolescent Health Director
Metro Public Health Department

Kelly Gray, Chief Probation Officer
Juvenile Court

Rasheedat Fetuga, President and Chief Executive Officer
Gideon's Army



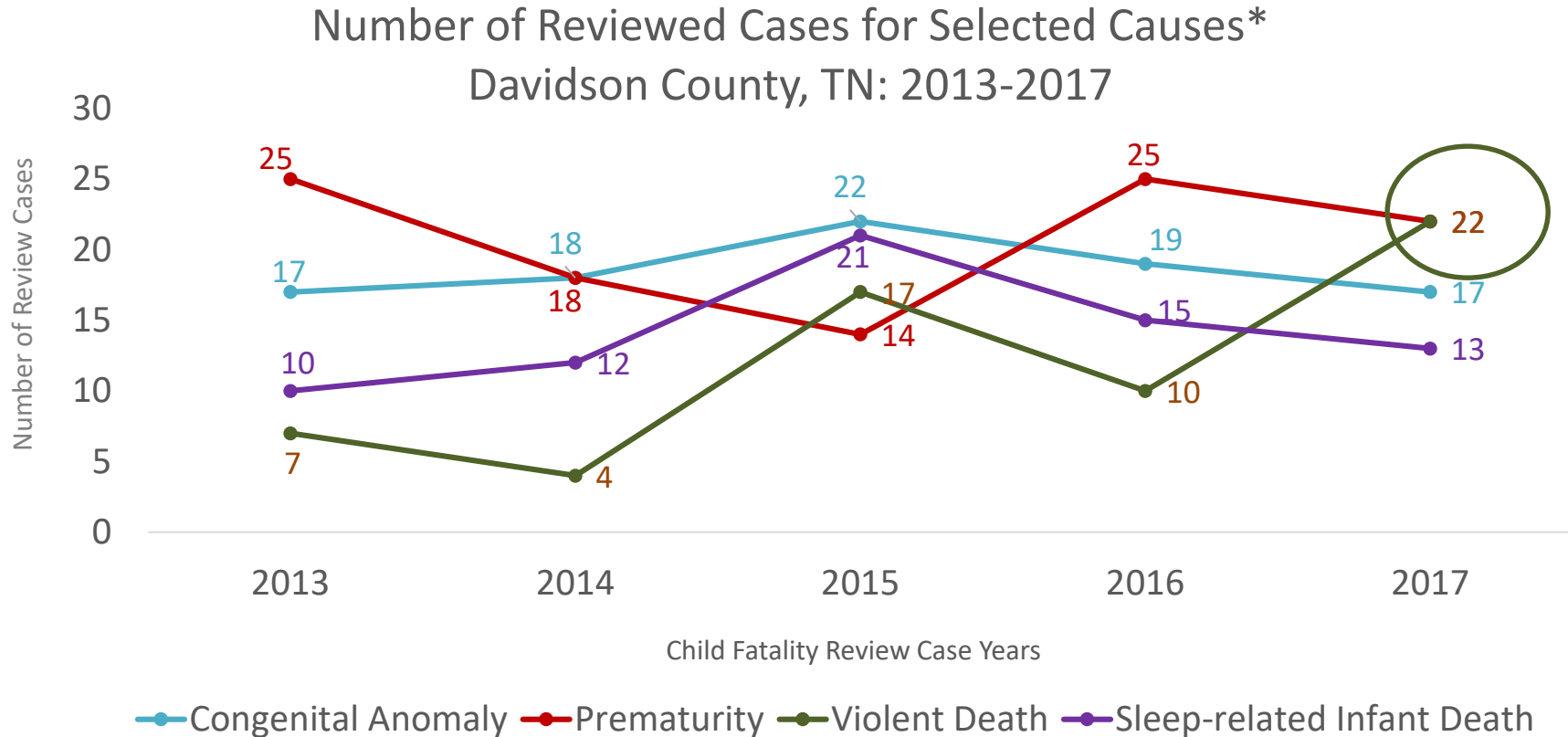
What is “VIOLENCE?”

“The intentional use of physical force or power threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.”

– *World Health Organization*

- **Assault, Bullying**
- **Suicide**
- **Intimate Partner Violence**
- **Hate Crimes** (Unjust policing practices)
- **Gun Violence** (Injurious visits to the Emergency Department)
- **Homicide**
- **Emotional Abuse**
- **Child Abuse**
- **Child Neglect**

Child Fatality Review: 2013 - 2017



Violence: Public Health Iceberg

Immediate Effects



- Death, Physical injury
- *Psychological trauma*

Lasting Effects

- Family disruption; change in structure
- Household income
- Access to benefits
- Health care costs
- Chronic Diseases
- Criminal Justice Involvement

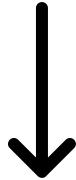
Multi-Generational Effects

- Violent Norms
- *Epigenetics*
- Cycles of Poverty/Rooted Inequities

Preconception, Loss and Infant Mortality



Experiences loss of child, spouse/partner or parent from 6 months **prior to conception***



Stress hormones pass to fetus throughout pregnancy



- Preconception stress predicted infant mortality (**OR=1.53**)
- Prenatal stress in 2nd trimester associated with increased risk of preterm birth & SGA (small for gestational age)

1.*Loss can be the period of 6 months prior to conception and through birth

2. Source: QA Class et al., Psychological Science 2013

Violence: Social Determinant of Health

HP 2020 Social Determinants



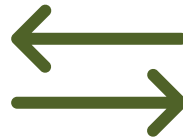
Economic Stability



Education



Health & Health Care



Neighborhood & Built Environment



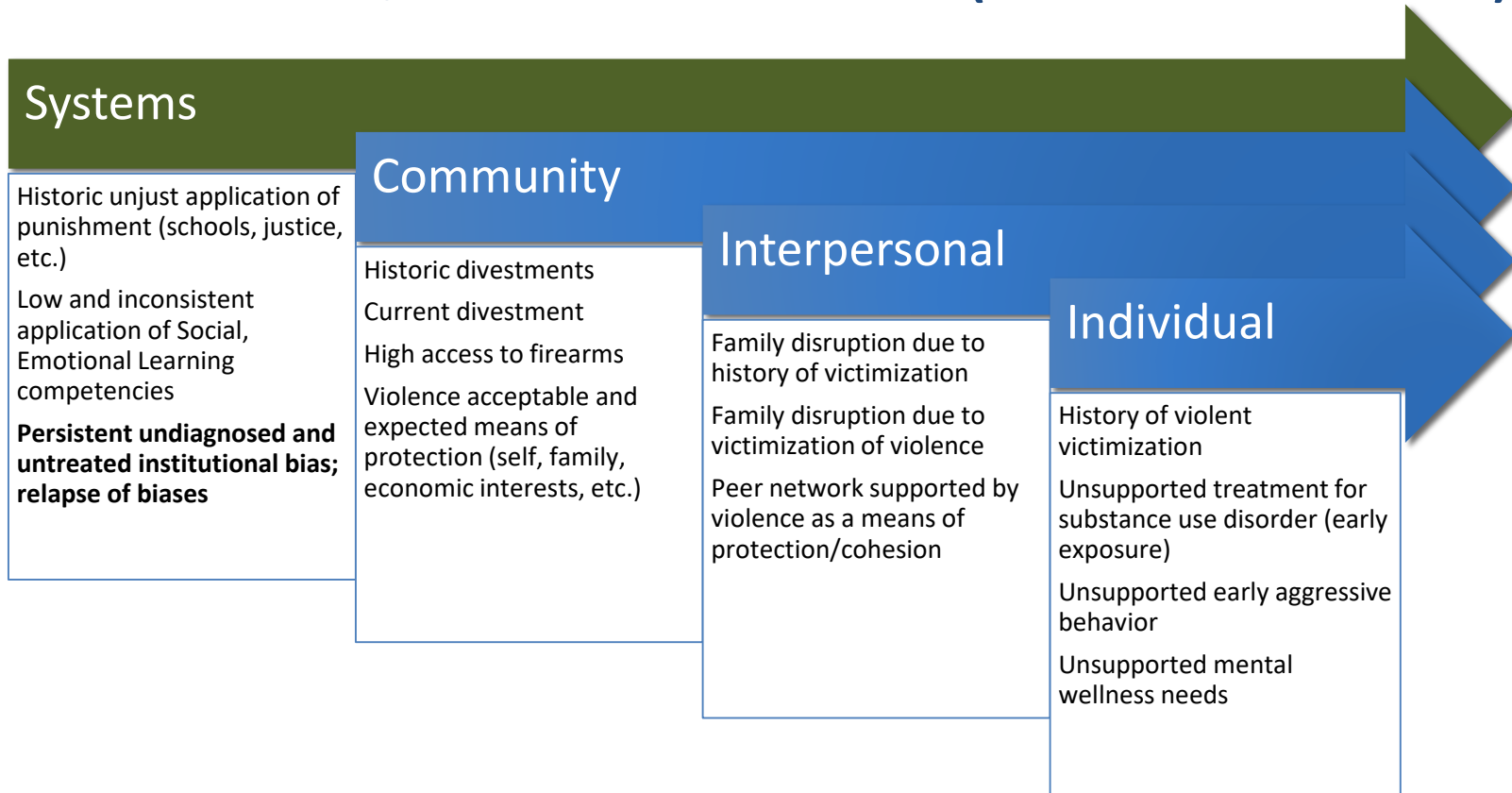
Social & Community Context

Violence Social Determinant

- Disrupts individual/family earning potential
- Hinders & Prevents learning/educational attainment
- Driver of high costs for all (physical, mental, emotional, etc.)
- Disrupts neighborhood investment/promotes health disruption
- Disrupts feelings of safety, connectedness, engagement

Violence: Our Public Health Issue

Modifiable/**Malleable** Risks (not exhaustive)



Source: Adapted from the Centers for Disease Control and Prevention, Violence Prevention Strategies.

<https://www.cdc.gov/violenceprevention/youthviolence/riskprotectivefactors.html>. Last accessed February 10, 2020.

Public Health Approach: Violence Reduction and Prevention



Examine and understand the problem with those affected
(Iceberg)



Change narrative (from *individuals* to systems; “both/and” thinking (systems change and grassroots efforts))



Convene collaborators (social justice & collective impact)



Leverage resources to amplify what’s currently working; implement new strategies; champion success of our collective efforts

Youth Violence Prevention Collaborative: Design Partners & 60 organization stakeholders



Violence: Our Public Health Approach Update

Systems

Feb. 2019: Investing in youth engagement

Connected to *Passage* with Metro Nashville Public Schools

Connected to Dr. Maury Nation's *Nashville Longitudinal Study for Youth Safety and Well-Being*

CDC 1807 cooperative agreement with MNPS (equity and adolescent health outcomes); 2019 YRBS data

Racial Equity Institute Training (Nov. 2019)

Collaborative Activities

- Jul. 2017: 1.0 FTE *new*
- Apr. 2018: 1st YVPC established
- Apr.-Oct. 2018: YVPC establishes norms/guidelines/listening sessions with youth; framework for approach with focus on youth engagement strategies
- Sept. 2018: [NPT Town Hall “Youth Violence”](#)

SYSTEMS APPROACH

Kelly Gray, Chief Probation Officer

Juvenile Court

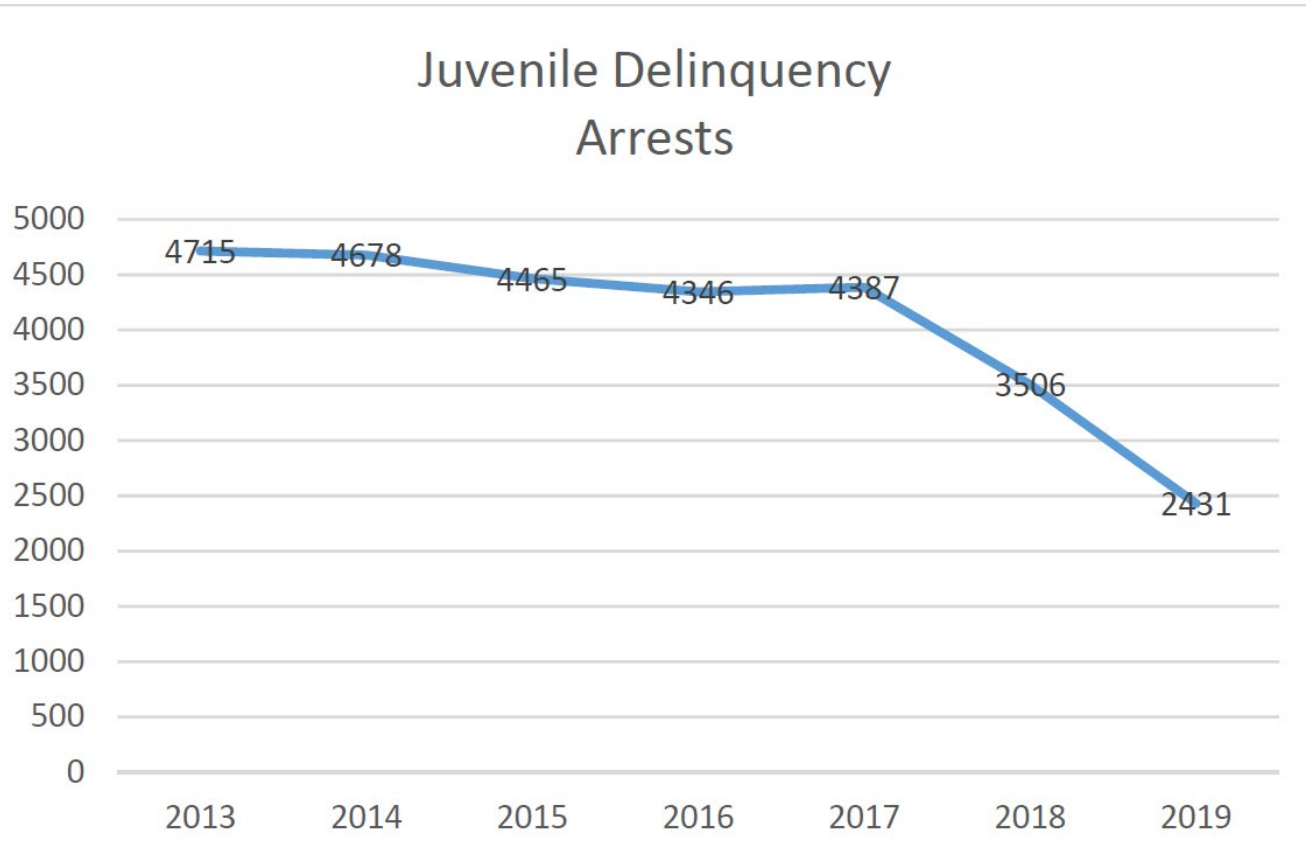
Metropolitan Nashville-Davidson County Juvenile Crime Arrest Data: 2013 - 2019

JUVENILE CRIME ARREST DATA 2013-2019

Year	Juvenile Delinquency Arrests*	Percent Decrease from Prior Year	Percent Decrease from 2013	Actual Date of Data
2013	4715	N/A	N/A	12/28/2013
2014	4678	-0.78%	-0.78%	12/27/2014
2015	4465	-4.55%	-5.30%	12/26/2015
2016	4346	-2.67%	-7.83%	12/31/2016
2017	4387	0.94%	-6.96%	12/30/2017
2018	3506	-20.08%	-25.64%	12/29/2018
2019	2431	-30.66%	-48.44%	12/21/2019

*Excludes truancy and curfew arrests

Metropolitan Nashville-Davidson County Juvenile Delinquency Arrests: 2013 - 2019



What's Working

- Development of strong relationships between the Court, Police Department, Schools and community partners – See us as a united front.
- Identifying the root issue of the problem and addressing it through evidence based programs
- Using a therapeutic approach when dealing with the youth
- Recognizing the trauma and how it effects the development of healthy brains and healthy relationships
- Health Providers and community partners trained in ACEs (Adverse Childhood Experiences)
- Bringing people to the table to discuss the issue

Areas of Improvement

- Recognizing this as a public health issue and what role **everyone** plays in the success of our youth
- Parental involvement: court ordered services and treatment plans
- Transportation for youth and families is a huge barrier
- Community involvement
- Team approach across all providers – recognizing the issue and getting the right people involved
- Increasing opportunities for young people outside the boundaries of their neighborhoods
- Increase parental awareness regarding Adverse Childhood Experiences (ACEs)
- Increase the communities knowledge of the Juvenile laws

GRASSROOTS APPROACH

Rasheedat Fetuga, President and Chief Executive Officer
Gideon's Army

BOTH AND APPROACHES

- [Gideon's Army Presentation](#)

Questions?

Thank you for your support!



*Metro***Public Health***Dept*

Nashville / Davidson County

Protecting, Improving, and Sustaining Health

GIDEON'S ARMY



Working together to bring peace and healing to families in North Nashville.

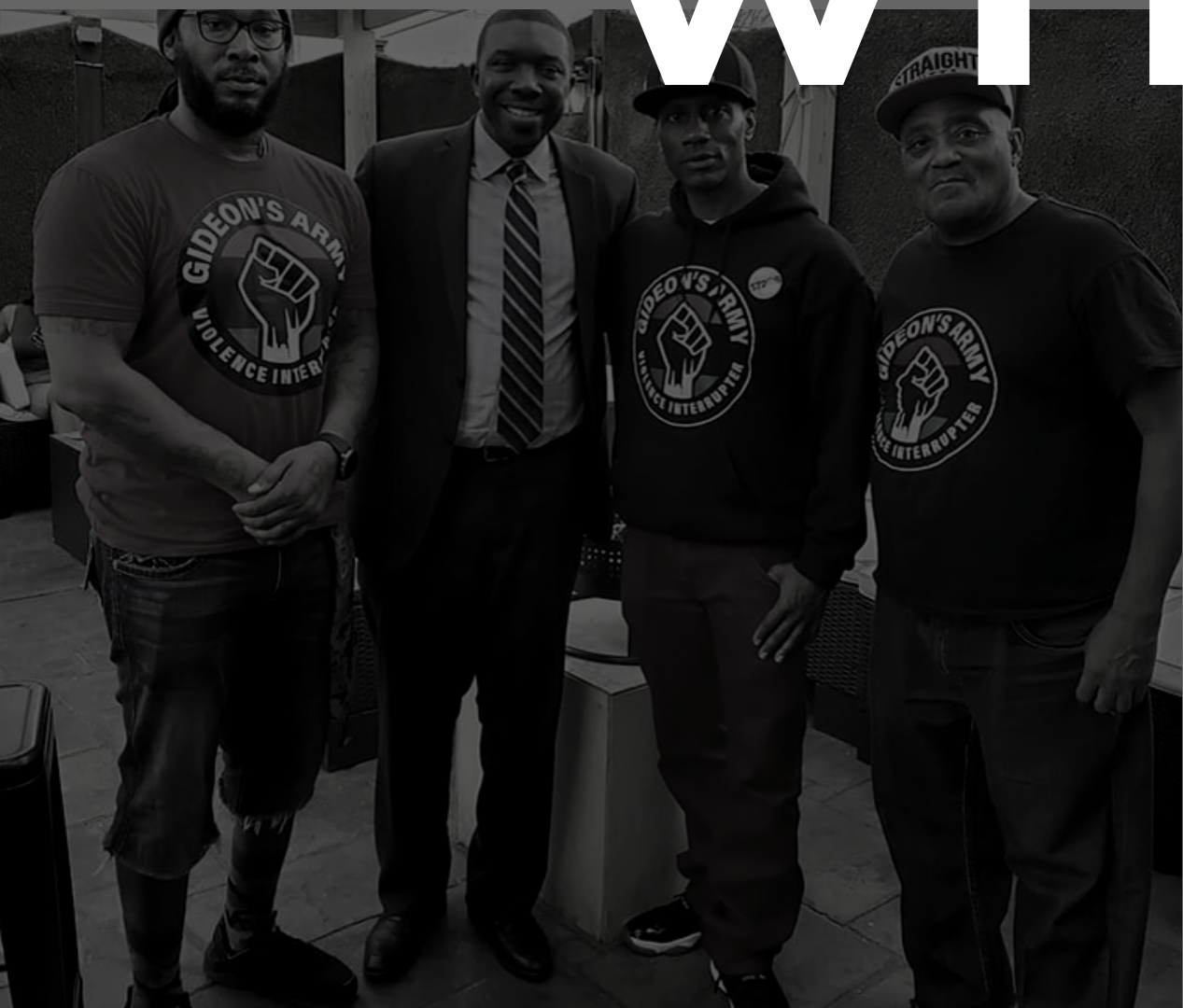


LAMAR HUGHES

SEPTEMBER 5, 2010



WHO WE ARE



- Schools
- Courts
- Policing
- Community

RESTORATIVE JUSTICE

A philosophy and way of life built on a foundation of community caring, relationship building, and culture change that focuses on how to create healthy systems and communities.

A focus on collective healing, rebuilding of trust, deep care, and rehabilitation when harm is committed.

2015 Nashville experienced a surge in violence between 14 and 25-year-olds, primarily in the North Nashville, Cayce, and Sudekum-Napier communities.



There were over 16,000 incidents of violence involving Nashville youth ages 25 and under in the last six years. 39 of those cases were youth homicides.



A total of 78 people were killed that year, making young people 50% of all murder victims in the city.

Youth were not only harmed by being casualties of violence, 55% of those who committed the murders were also youth, ages 25 or younger.



**Violence in Nashville
is an epidemic.**

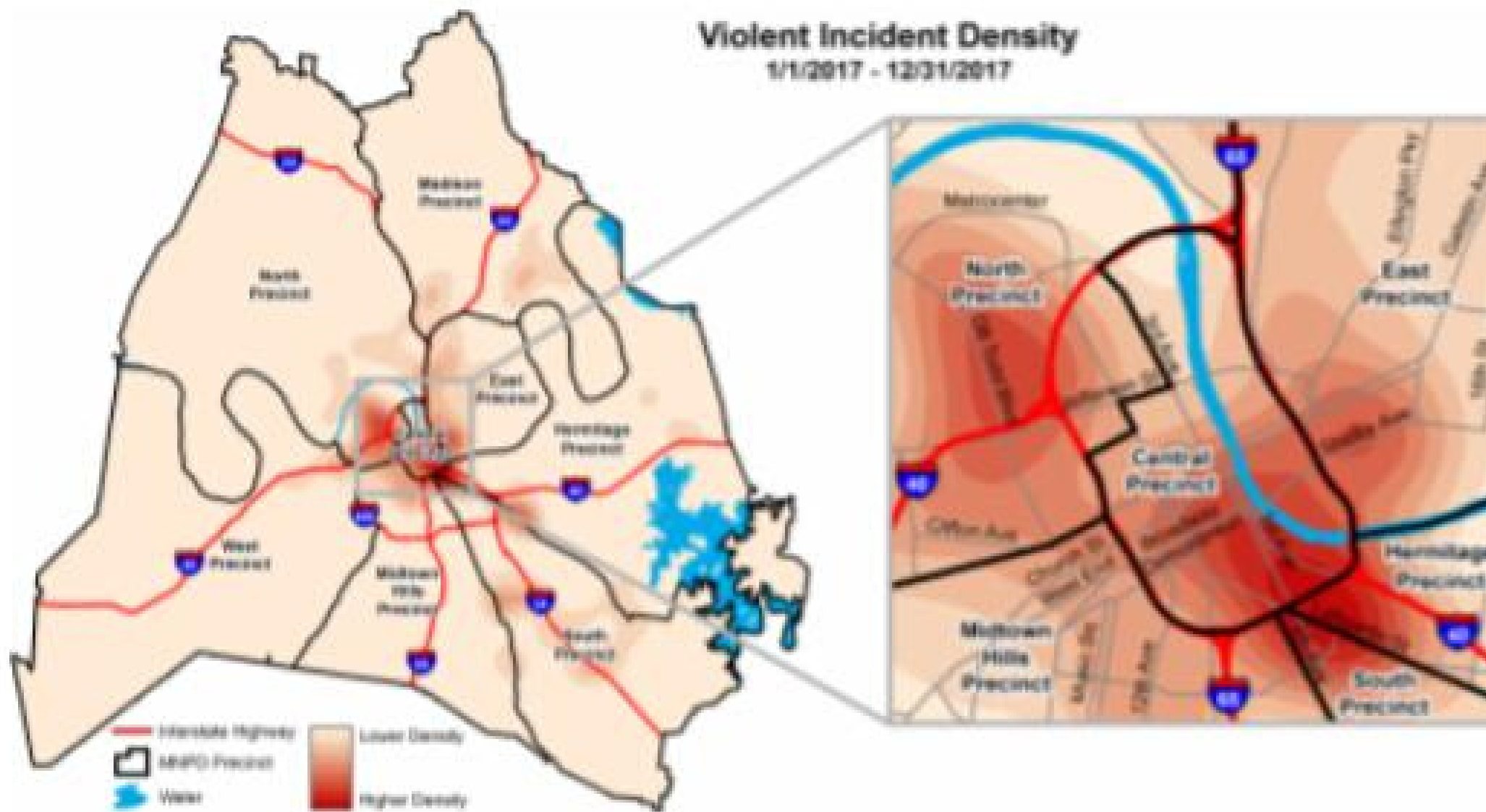
**It needs to be
treated like a Public
Health Issue.**



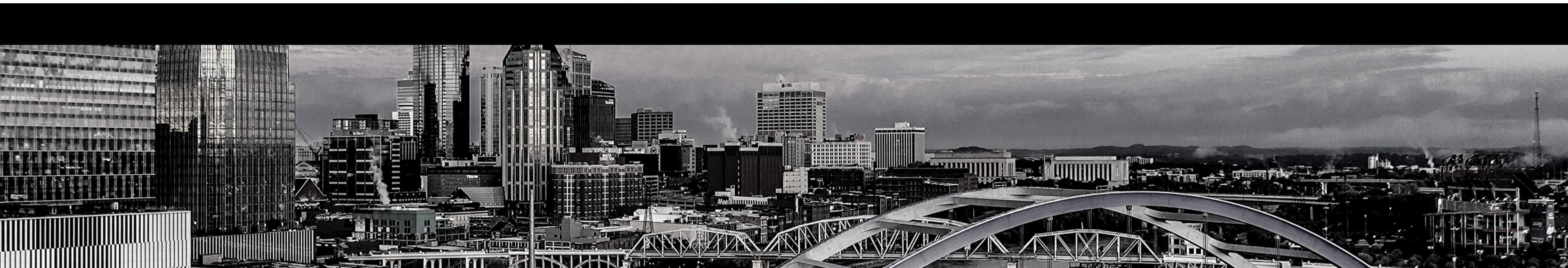
**Violence behaves like a contagious
(communicable) disease.**



Violent Incident Density 1/1/2017 - 12/31/2017



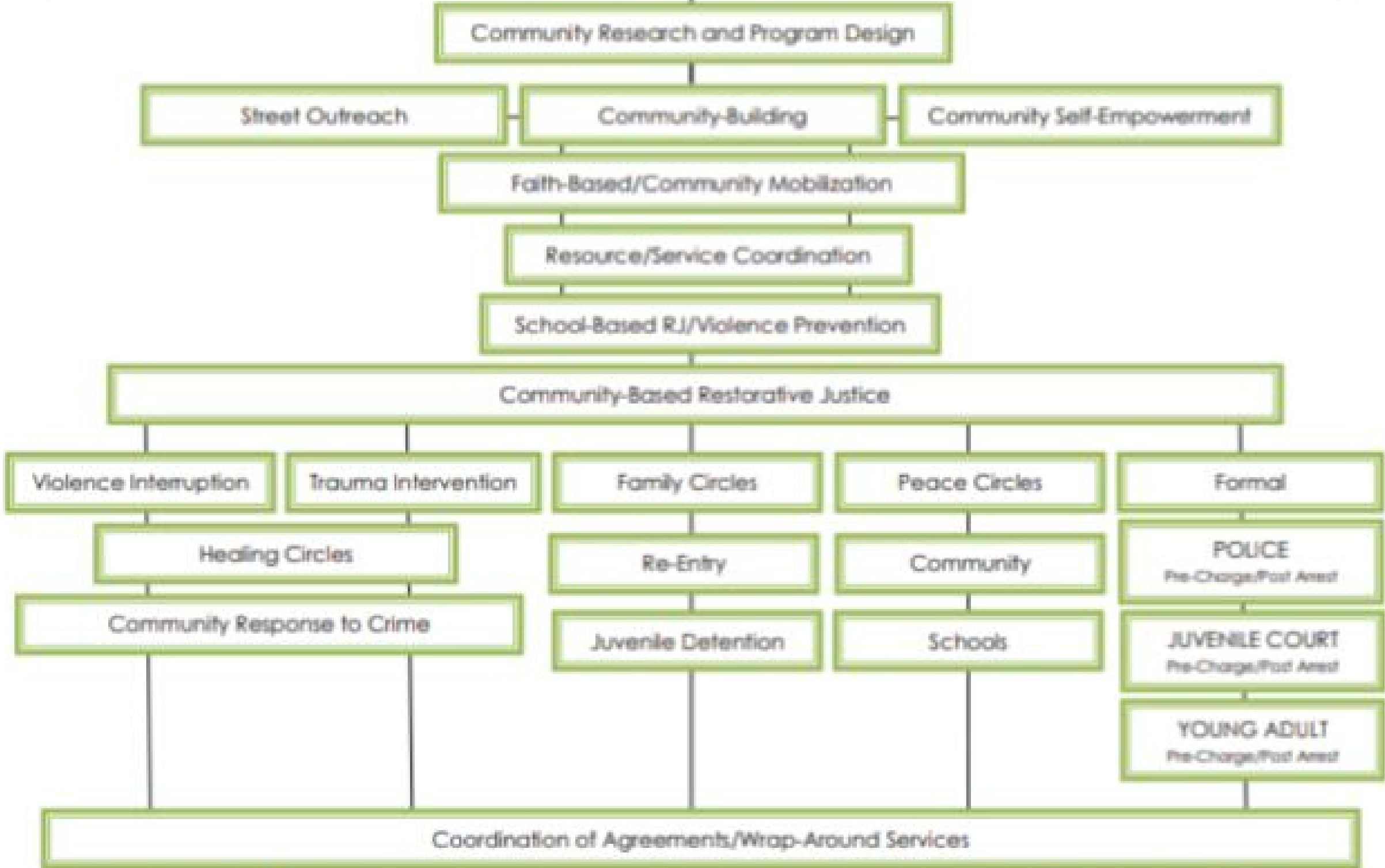
Violent Incident Density and Victim / Suspect Demographics



Multiple Contributors to Violence - *Modifiable* Risk Factors Exist



Gideon's Army: Grassroots Army for Children Restorative Justice Center



"Restorative justice is a process to involve, to the extent possible, those who have a stake in an offense and to collectively identify and address harms, needs and obligations, in order to heal and put things right as possible."
 - Howard Zehr, PhD, *The Little Book of Restorative Justice*, 2002





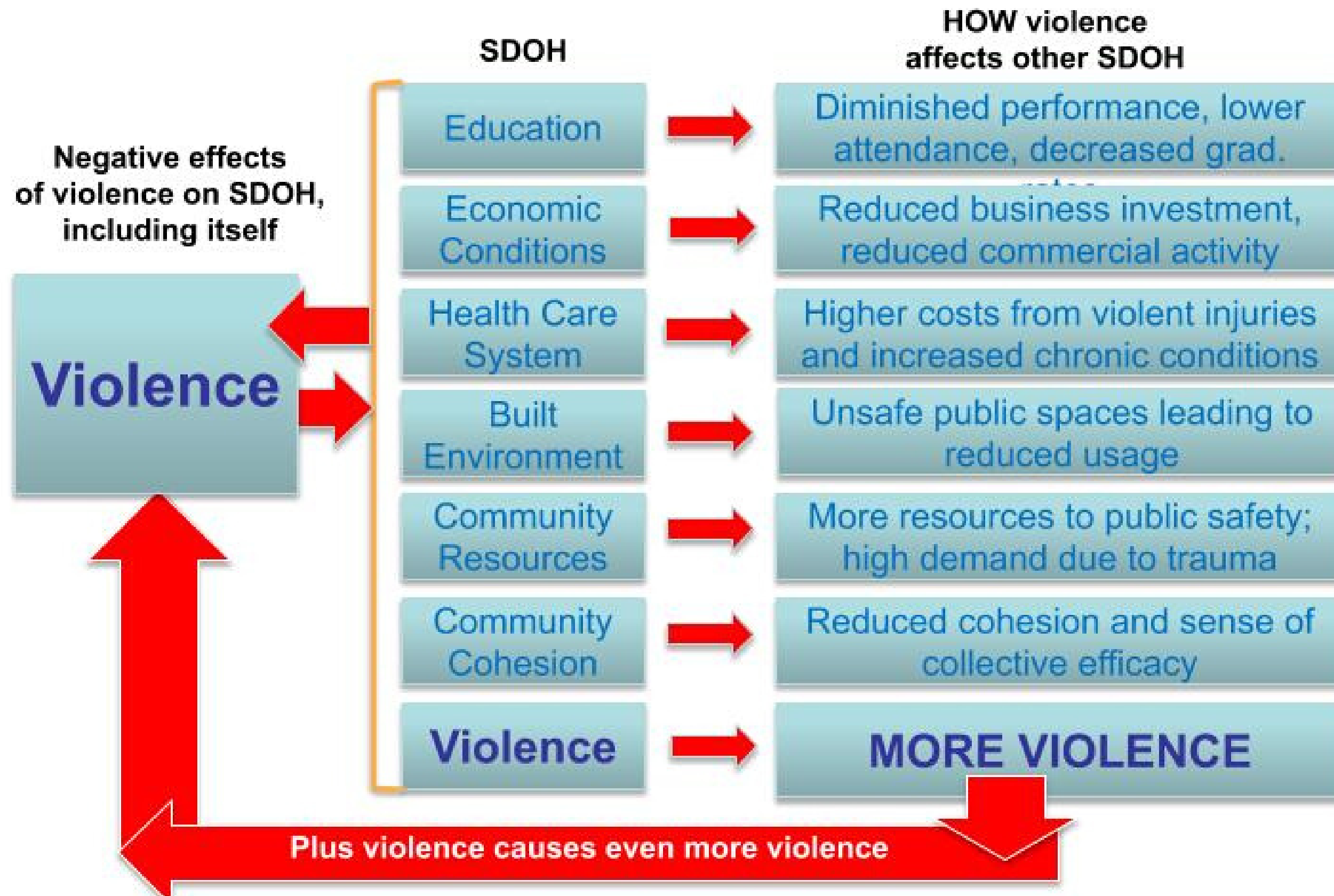
Community-Based Violence Prevention/ Intervention Program

The diversion program is community-led and functions in four (4) parts:

1. Community Building
2. Violence Interruption
3. Community Conferencing (a Restorative Justice model for addressing crime and conflict), and
4. Community Self-Empowerment(Neighborhood Organizing).



VIOLENCE AS A SOCIAL DETERMINANT OF HEALTH





SUCCESSSES



www.gideonsarmyunited.org