

**Metropolitan Board of Health of Nashville and Davidson County
March 12, 2020, Meeting Minutes**

Chair Alex Jahangir welcomed everyone and called the meeting to order at 4:02 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
Thomas W. Campbell, MD, Member
David Frederick, MS, Member
Margreete Johnston, MD, MPH, Member
Michael C. Caldwell, MD, MPH, Director of Health
Sanmi Areola, PhD, Deputy Director
Jim Diamond, MBA, Director, Finance and Administration Bureau
Derrick Smith, JD, Metropolitan Department of Law

Approval of the February 13, 2020, Regular Meeting Minutes

Ms. Franklin made a motion to approve the minutes of the February 13, 2020, Board of Health meeting as written. Dr. Campbell seconded the motion, which passed unanimously.

Approval of the February 20, 2020, Special Called Meeting Minutes

Dr. Campbell made a motion to approve the minutes of the February 20, 2020, Special called Board of Health meeting as written. Dr. Johnston seconded the motion, which passed unanimously.

Approval of Resolution Honoring Dr. Sanmi Areola

Dr. Campbell made a motion to approve the resolution honoring Dr. Areola. Mr. Frederick seconded the motion, which passed unanimously.

Approval of Grant Applications

There were no applications this month.

Approval of Grants and Contracts

Mr. Diamond presented five items for approval:

1. **Community Health Access & Navigation in Tennessee Grant**
Term: July 1, 2020 – June 30, 2020
Amount: \$1,944,100
2. **Tobacco Prevention & Cessation Services Grant Amendment**
Term: July 1, 2018 – June 30, 2021
Amount: \$31,600
3. **Lipscomb University Affiliate Contract Amendment**
Term: January 1, 2017 – December 31, 2022
Amount: NA
4. **Meharry Medical College Affiliate Contract**
Term: Execution + 5 years
Amount: NA
5. **Baby & Me Tobacco Free Contract**
Term: July 1, 2020 – June 30, 2023
Amount: NA

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

Report of Chair and Discussion

- Chair Jahangir welcomed Dr. Caldwell to the first board meeting as Director of Health. He stated that Dr. Caldwell had started working before Monday due to the recent events.
- Chair Jahangir thanked the staff for their work during this time.
- Chair Jahangir thanked Dr. Areola for his leadership and wished him well in his new position.

Report of Director

Dr. Caldwell referred to his update provided in the Board packet. (Attachment I) In addition to the Director's Report in the packet, he discussed the following:

- Dr. Caldwell reported that he had spent the last few weeks getting to know the community and the different organizations in the area.
- He is grateful for the guidance from the board, department staff who are outstanding professionals working seamlessly and other metro departments. He is here to support them, be a leader, to help coordinate and make sure we are integrated with other areas of the Metro government.
- The OEM may switch from tornado relief to Coronavirus.
 - Ms. Franklin asked Dr. Caldwell what the health department is doing in playing a role in facilitating services in the community specifically for those experiencing primary and secondary trauma.
 - Dr. Caldwell reported that there is a public health section at OEM which includes James Tabor and him. He reported that he inquired about mental health support and was told that OEM would call them if needed. He notified Chief Swann that mental health was needed, and they were called. Mental Health Cooperative sent two staff members.
 - Dr. Caldwell stated that he had informed others at OEM that we needed five disaster community assistance centers –Germantown, North Nashville, Donelson, East Nashville, and Hermitage. Three centers were opened - Hadley, East Park, and Hermitage. The reason Mental Health support is at each location is because of his specific intervention and leadership in identifying the need. Ms. Franklin asked that the response not let up because North Nashville needs all the help they can get.
 - Our environmental health team has been working at the community centers offering assistance to the public – doing food safety, giving guidance on where they needed to call, etc.

COVID19 Discussion:

- Health department has a team that is working in the community and educating the public on how to protect themselves.
- In contact with TDOH and CDC daily.
- The department has helped with facilitating coordination in the city. Major hospital systems – HCA, Ascension, General Hospital, Vanderbilt, Tennessee Hospital Association, Tennessee Department of Health, NHC CEO, Tennessee Health Care Association, Metro Legal, Chief Swann. All the hospitals are communicating with each other.
- Specific programs which are being outlined – development of assessment centers, hotline, and a data center.
- Ms. Franklin asked that Tennessee Primary Care Association be a part of the group that convened of other major players in the community specifically United Neighborhood Health Services or Matthew Walker.
- Chair Jahangir reported that the meeting with hospital CEOs and others was a good meeting. Hospital CEOs were glad to hear from MPH and how they can coordinate efforts to take some of the burden away from the hospitals.

- Mr. Frederick stated that he had heard that nationally testing is a problem and asked how people were being identified to be tested since there are a limited number of tests. Dr. Caldwell reported that CDC had created tests, but they were not good, so they have had to make again. Vanderbilt has their own test. TDOH doesn't have tests.
- Ms. Etherington asked if the need arises, could we bring back some of the retired nursing staff to help. Dr. Wright stated that we have a medial reserve of medical staff in the community that is ready to help if needed.
- Ms. Franklin stated that it would be beneficial if a volunteer could develop a message for the faith community.
- Tennessee Department of Health is not charging for the tests. Private hospitals and labs are charging. Metro employees that are tested will be covered by their insurance.

Review of Board Requests

- At the February meeting, it was asked that Mr. Sharp draft a resolution on youth violence. This has been put on hold for the time being.
- Keep board apprised on a regular basis of corona virus updates.
- Mental health updates regarding MNPS and MPHD collaboration in regard to COVID19 and tornado.

Personnel Changes

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

Other Discussion

- Ms. Etherington asked that Dr. Caldwell give an update at the monthly meetings: 1) on how he is doing as he learns what is going on in the department, 2) how do we support him as he is learning the department, 3) what he finds out during his orientation, 4) what strategy he will be taking to feel comfortable from bottom up as well as top down.
- Dr. Areola received Proclamations from the Board of Health, Representative Love, State of Tennessee, and the city of Nashville.

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 9, 2020 in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville, TN, 37209.

Adjournment

The meeting adjourned at 5:06 p.m.

Respectfully submitted,

A. Alex Jahangir, MD, MMHC, FACS
Chair

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

Protecting Health – Preventing the Spread of Infectious Disease COVID-19

Status

This is a rapidly developing situation. All information below is **as of March 4.**

Davidson County has seen no positive cases of COVID-19, the novel coronavirus that emerged in China late last year and has since spread widely, including to the United States. The initial guidance from CDC was to track all travelers who recently had been to China. CDEP and PHEP epidemiologists have been conducting public health monitoring on all travelers returning from there since late January, and anticipate that we will begin receiving information on and monitoring travelers from Iran once CDC completes its updated guidance. This expansion would be expected to add a low volume.

Since surveillance began, we have tracked 23 individuals, of whom 12 had passed their incubation period and were no longer under surveillance, while 11 remained under active monitoring.

We have reviewed and updated our pandemic response plan.

The Tennessee Department of Health's laboratory has COVID-19 test kits. The Metro Public Health Department has people trained to collect samples. One person in Davidson County has met the criteria to be tested. As of this date, per TDH, we have one presumptive case in Tennessee (Williamson County).

Media & Public Communication

We sent our initial press release regarding the coronavirus outbreak on Feb. 26. Others will be issued as events warrant. We have a robust social media presence that is ongoing. The news release is on our internet site and elsewhere.

We are working toward a web landing page specific to COVID-19 that will contain the latest local information as well as the most up-to-date guidance from CDC, the Tennessee Department of Health, and MPH. D.

TDH is in the process of modifying an existing telephone service (its Poison Control Hotline) to handle general calls from the public regarding this virus. We will make it a part of our messaging when it is available.

We have created, printed and provided links for at-home printing of messaging for businesses, medical providers and anyone else who needs it regarding the usual precautions everyone should take in an event such as this (cover your cough, wash your hands, stay home if you're sick, clean surfaces).

Partners

Our initial meeting with Metro partners was derailed last week by the tornado response and was reset for this week. We will ensure the Mayor's office, Metro agencies, health care providers, other partners and the general public are kept apprised of events and guidance.

Internal

We are following incident command policies and procedures, opened our Regional Health Operations Center (RHOC) on Feb. 27, and meet daily. Rachel Franklin is the Incident Commander. Clinic staff are apprised on the procedures for triage of patients presenting with flu-like symptoms; on our talking points for basic question from the public; and to whom questions should be escalated in certain instances.

Improving Health - Services to Individuals & Families

Tornado Response

We have had a presence at the Emergency Operations Center (primarily James Tabor) since the tornado hit town early Tuesday morning of last week. All Metro offices were closed on that Tuesday. All our operations resumed on Wednesday, although they had to be altered somewhat at the East Clinic due to an outage of both telephone and internet connectivity. The clinics and WIC made do with laptops as best they could, although obviously no one could call in to make an appointment. We were getting out the message that appointment calls should be made to either Lentz or Woodbine in the meantime. We do not yet have an estimate for how the outage is expected to last. Our focus on that Tuesday of the storm was to ensure that shelters for displaced people included kennels and supplies for their pets, if the shelters allowed pets.

None of our buildings was damaged nor, except for East, lost power or connectivity. The Air Pollution Control division did lose four ambient air monitors, two monitor shelters, and associated electronics, all of which were on the roof of Lockeland Elementary School in East Nashville. Our initial estimate is about \$150,000 in losses. It will take at least two weeks to repair the roof, according to MNPS, and two months or so to get replacement equipment. We are in contact with TDEC, EPA and our laboratory contractor regarding this situation.

Improving Health – Community Partnerships

Opioids

As of last week, there had been 462 confirmed fatal drug overdose deaths in Davidson County for 2019, as compared to 331 for 2018. That is an increase of nearly 40 percent. And that may not be the final number, pending further results from the Medical Examiner's office.

On Feb. 6 the Opioid/Overdose Response Program co-hosted at MPHD, along with the Nashville Prevention Partnership, a meeting of community stakeholders focused on preventing both non-fatal and fatal overdoses. Among the more than 50 attendees were representatives of Nashville Fire/EMS, Metro Police, recovery programs, airport security, university police, homeless service programs and prevention specialists. The aim was to share information on the distribution of naloxone, changing drug trends and updated numbers from MPHD overdose surveillance.

On Feb. 24 the same group, this time in conjunction with Vanderbilt Psychiatric Hospital, convened a group of "Emergency Department overdose champions." This group consisted of representatives from several hospitals that had expressed concerns and willingness to coordinate efforts related to overdose arrivals at their emergency departments.

Each hospital shared its perspective on what issues are most concerning at their location. Dr. David Marcovitz, Assistant Professor of Psychiatry and Behavioral Sciences at Vanderbilt Psychiatric Hospital, shared resources available through his work and the Vanderbilt Bridge Clinic. This group will continue to meet, looking for opportunities to better connect overdose patients with treatment, address associated infections, and coordinate efforts.

Organizational Updates

Budget

The Mayor's State of Metro address and budget release are scheduled for March 31 in the main council chamber at the Courthouse. The event begins at 10:30. The \$1 million included in the Mayor's Capital Spending Plan for planning a new Woodbine replacement clinic, which is a related but separate piece of legislation, remains in the plan through the first round of Metro Council review.

Director

Hi.

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: 03/01/2020)	99	7	31	6	143
Intake					
Stray at large	186	15	25	2	228
Relinquished by owner	42	2	23	1	68
Owner requested euthanasia	3	0	0	0	3
Transferred in from agency	0	0	0	0	0
Other Intakes	17	2	2	0	21
TOTAL INTAKE	248	19	50	3	320
Outcomes					
Adoption	103	8	32	4	147
Returned to owner	95	3	0	0	98
Transferred to another agency	46	4	14	0	64
Other live Outcome	0	0	0	0	0
TOTAL LIVE OUTCOMES	244	15	46	4	309
Died in care	1	0	0	0	1
Lost in care (Physical inventory adjustments)	0	0	0	0	0
Shelter Euthanasia	16	0	2	1	19
Owner requested euthanasia	3	0	0	0	3
TOTAL OUTCOMES	264	15	48	1	332
Ending Shelter Count (date: 02/29/2020)	83	8	33	7	131
SAVE RATE:	93.06%	100.00%	96.00%	66.67%	93.69%

METRO ANIMAL CARE AND CONTROL

Trailing 12 Monthly – Data Report

	February 2020	Trailing 12 Month Average Ending February, 2020
Intake Total	362	536
Stray	238	354
Owner Surrender	70	98
Owner Request Euthanasia	3	7
Wildlife	30	40
Other	21	27
Adopted	156	256
Transfer	68	88
RTO	98	103
ORE Euthanized	3	6
Wildlife Euthanized	23	33
Euthanasia Total	47	74
Euthanasia %	6%	8%

Data Report Key
Intakes
Outcomes