Metropolitan Board of Health of Nashville and Davidson County
June 11, 2020, Meeting Minutes

Chair Alex Jahangir called the meeting to order at 4:05 p.m. The meeting was held electronically. A recording of the meeting was posted at https://www.nashville.gov/Government/Boards-and-Committees/Committee-information/ID/76/Health-Board-of.aspx.

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
Jim Diamond, MBA, Director, Finance and Administration Bureau
Keith Durbin, CMA, MS.PSM, Metro Chief Information Officer and Director of IT Services
Derrick Smith, JD, Metropolitan Department of Law

Motion to Approve Conducting Meeting by Electronic Means

Dr. Jahangir requested a motion to conduct the meeting electronically (Attachment I).

Chair Jahangir stated that each vote in the meeting would be conducted by roll call.

Ms. Etherington made a motion to approve conducting of the meeting by electronic means. Vice-Chair Franklin seconded the motion, which passed unanimously.

Statement from Vice-Chair to the Public Health Community

Vice-Chair Franklin read a statement into the record:

> "Given the conversations over the last couple of weeks and actually months and years, we're at an apex in how we talk about race and how we understand how race impacts our lives, and I see this very clearly in the public health community and so I want to offer a few comments and reflections, particularly about the intersection of public health and race because our workforce balances that daily. Over the last week I had an opportunity to speak with team members that were both Black and White here at the Health Department. A Black team member that I spoke with demonstrated the frustration, fatigue and anger that Black people deal with day-in and day-out regarding race. We talked about microaggression, macroaggression, implicit bias, stereotyped threats, and racial anxiety. We talked about how we deal with this daily as Black individuals. We spoke about the fear that we have for our Black children, as they embark in the world, we spoke about the difficulty of being in the type of work where you cannot take a break from conversations about race, because if we do, then our communities will continue to struggle. There is reticence on Black people in the Department gathering to support each other because of the concern of this not being understood by their White colleagues. The other conversation that I had was with a White person. When I spoke with this person, this person expressed a fear of saying the wrong thing or messing up. This person asked how they could contribute to the solution moving toward action to address racism and implicit bias, not only in the workplace but also in the community. Intellectually, there is an understanding of the broad issue of systemic oppression and racism, but this person was not sure how to proceed from here. Based on these two conversations that I had, I'd like to offer the following steps to consider for our public work force: Number one, Racial Affinity Group Spacing; oftentimes when we have to have conversations around race, and we're trying to process and we're trying to address, it makes sense to seek out individuals who might have more experiences than we

may have. To that end, Racial Affinity Group Spaces are not a foreign idea. It allows members of the Black community to come together to reflect, to ask questions of each other, and just to be. It also allows members of the White community to come together to reflect, ask questions, and just to be. At my job at Health Leads, we have Affinity Group Spaces for our African-American team members, White team members, Latin-X team members, and Asian-Pacific Islander team members. And after we break off into our affinity groups, we often come back and are able to be in dialogue with each other across Affinity Group Spaces. Number two, in November, I had the opportunity to participate in the Racial Equity Institute Save One training, that was put on by D'Yuanna Allen-Robb with the Nashville Babies Strong Project at the Health Department. We had an opportunity for community individuals and Health Department team members to come together to have a deeper understanding about the historical analysis of race in this country. When I was in the room, I looked around and I reflected that there weren't that many individuals from our Executive Leadership Team in the training. I think that was an opportunity for all of us to be in conversation together to better understand how racial equity plays a role in the work that we do in public health. To that end, my second suggestion is that we consider another Racial Equity Institute training, and we encourage and champion that our leadership at the Health Department, at the ELT level and above, be part of this training with community understanding historical analysis of race. The third consideration I'd like to offer is for our public health work force to reflect back on the Health Equity Resolution that we passed in March 2019. For me, this is a litmus test that we can use to make sure that we're asking the right questions, we're executing the appropriate policy and work plans better, that are not rooted in systemic racism or oppression, that help uplift our community and address health inequities by addressing racial equity. Through our conversation today in our meeting, I know what I'm going to do, what I always do, which is ask a lot of questions; my questions are often rooted from that racial equity lens because I feel passionate about making sure that our Black and brown communities, our vulnerable communities, are not harmed in the work that we're doing in public health and population health. I'm encouraged by the conversations I've have over the last couple of weeks with our team members because I know that they embody what other people in the Department are feeling and experiencing. I'd just want to say thank you to the Metro Public Health Department team members and staff for doing what you do every day. We appreciate you, and you make Nashville better for it."

Dr. Jahangir thanked Vice-Chair Franklin for her statement.

Motion to Approve Meeting and Special Called Meeting Minutes

Dr. Jahangir asked the Board to approve the previous sets of minutes if no changes were noted.

- March 12, 2020, Regular Meeting Minutes
- March 15, 2020, Special Called Meeting Minutes
- April 9, 2020, Regular Meeting Minutes
- May 14, 2020, Regular Meeting Minutes
- May 28, 2020, Special Called Meeting Minutes

Mr. Frederick made a motion to approve the March 12, March 15, April 9, May 14, and May 28, 2020, meeting minutes as submitted. Vice-Chair Franklin seconded the motion, which passed unanimously.

Deliberation of End Date of Declaration of Public Health Emergency

Dr. Jahangir proposed extension of the declaration of the public health emergency to July 31, 2020, and discussion was held.

Vice-Chair Franklin made a motion to extend the expiration date of the Declaration of Public Health Emergency to July 31, 2020. Dr. Campbell seconded the motion, which passed unanimously.

Approval of Grant Applications

There were no grant applications.

Approval of Grants and Contracts

Jim Diamond presented two items for Board review and approval, and addressed questions.

1. **Neighborhood Health Homeless Healthcare contract**
   Term: July 1, 2020-June 30, 2021
   Amount: $355,200
2. **HIV Aids Core Medical & Early Intervention Services grant from the Tennessee Department of Health**
   Term: April 1, 2020-March 31, 2021
   Amount: $54,700

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

Report of Chair and Discussion

Chair Jahangir thanked Dr. Johnston for her service, as the meeting would be her last, her term having ended May 30, 2020. He expressed his personal thanks for her leadership and mentorship on many public health issues.

Chair Jahangir provided brief details about the COVID Response and current case numbers.

Chair Jahangir and Vice-Chair Franklin requested the reinstatement of the "Board of Health Request Tracking Form" to the regular meeting agendas, in order to meet the Public Health Accreditation Board's Requirements.

Discussion of May 28, 2020, Special Called Meeting

Chair Jahangir reiterated the topics that had been agreed would be in weekly updates to the Board from Dr. Caldwell and it was noted the list was not all-inclusive. He also reiterated that Dr. Caldwell would have contact with each Board member between each regular Board meeting.

COVID Data Sharing Discussion

Chair Jahangir noted there were more than 30 e-mails received in response to the invitation to comment about the Department's sharing of COVID data with law enforcement in the public notice issued June 10. He particularly noted the letter from the Metro Council's Health and Hospitals Committee.

Dr. Caldwell explained how the process had been modified to limit the data shared as well as its retention, the data housed in and managed by the Health Department. He recognized Keith Durbin's efforts in leading the Technical Work Group. Mr. Durbin clarified the Technology Working Group's scope and time expectations.

Discussion was held.

An explanation or report of who provides and has provided training to first responders and employees and the protocol was requested.

Vice-Chair Franklin made a motion to cease data sharing with the first responders, and we confirm the cease and desist with an official communication, and a formalized official order. Mr. Frederick seconded the motion.

Vice Chair Franklin made a motion to cease data sharing with the first responders, and to confirm that with an official communication. Ms. Etherington and Dr. Johnston abstained; Dr. Campbell voted against; Vice-Chair Franklin, Mr. Frederick voted for; Chair Jahangir announced the motion carried.

Vice Chair Franklin made a motion that any further plan that is considered for data sharing be vetted by the Board of Health, the Community Oversight Board, Metro Human Relations Commission, and Meharry Medical College, representatives from those entities, and that we have the agreed upon protocol before it goes into policy and everyone has to agree on the protocol before moving forward into data sharing policy, being convened by the Health Department.

Vice Chair Franklin made a motion that Metro Public Health Department present any data sharing protocols to an advisory committee for approval before it goes into policy. This committee should include the Board of Health, Community Oversight Board, Metro Human Relations Commission, and representatives from Meharry Medical College.

Vice Chair Franklin made a motion that Metro Public Health Department convene a committee to approve a data sharing policy. Committee members should include the Board of Health, Community Oversight Board, Metro Human Relations Commission, Meharry Medical College, and any other representative group or agency that the Metro Health Department sees fit. Mr. Frederick seconded the motion. Mr. Frederick, Dr. Campbell, Vice-Chair Franklin and Ms. Etherington voting for, Dr. Johnston against, the motion carried.

Mr. Durbin stated his understanding of the Technology Working Group's scope and expectations.

Dr. Campbell agreed to chair the committee within the next week to draft a data sharing policy to be presented at the July 9 Board of Health meeting.

Dr. Jahangir left the meeting and Vice-Chair Franklin chaired the remainder of the meeting.

Report of Director

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

Additionally, Dr. Caldwell announced:

- Dr. Gill Wright had taken on the role of Interim Director for COVID Response and over 20 additional staff would be hired temporarily to support him in COVID response, and that the Department will be hiring specific support staff, including administrative, testing coordinator, staffing coordinator, and logistics coordinator, as staff who had been filling COVID-related positions would be returning to their regular duties. Also focusing on vulnerable populations, the Department will be hiring for the following areas: homeless population, ageing and 65+ population, behavioral health. Dr. Caldwell and Mayor Cooper have asked the Behavioral Health and Wellness Advisory Council to develop a behavioral health COVID-response plan. Two specific staff for racial and ethnic diversity, one focused on the African-American population, and the other on Hispanic and other multi-cultural communities that makeup the South corridor and others throughout the community to help coordinate and expand a lot of the work being done to focus on Southeast. Additionally, an entire Testing Strike Force Team would be hired to expand testing and complement the Testing Strike Force Meharry Medical College has developed.
- The face masks that had been given out by the State of Tennessee had been reviewed by the Environmental Protection Agency as well as the Tennessee Department of Health and with additional review, the face mask distribution would likely proceed the following week.
- The Technical Advisory Support Team on Reopening being led by Tom Sharp and Hugh Atkins are having a Call Center to field complaints from the HUB Nashville regarding non-compliance, which will

be investigated. Dr. Caldwell said he would work with Mr. Durbin and his team for GIS mapping to overlay the Assessor's Office data with heat map data to refocus efforts to reach those businesses in specific areas in a more pro-active way.

- Racial and Health Equity - Dr. Caldwell has been working with Tina Lester and Dr. Harris and others on staff, as well as Dr. Derek Griffith at Vanderbilt and Dr. Hildreth at Meharry, to review all the evaluations that were done toward the end of last year as well as to see how to implement some of the recommendations as quickly as possible and enhance training of staff.
- Positive West Nile Virus mosquito pools have been collected recently, and the Department will be working with the Red Cross and Joel Sullivan, the Executive Director of the Red Cross, to look at some emerging technology, including possibly drone mapping to identify standing water.
- The Medical Reserve Corps program is being reviewed.
- He had participated in the Minority Caucus on June 1; helped to put together the COVID Minority Caucus Webinar; participated in a webinar organized by Dr. Griffith at Vanderbilt regarding racial disparities of COVID-19; and in a media event in the Hispanic community sponsored by Fabian Bedne, and he looks forward to continuing his involvement there.
- He recently visited the Forensic Medical Examiner's offices and met with Dr. Feng Li and staff. He noted the tremendous challenges with overdoses in the community.
- He is pleased with partnerships with Meharry Medical College and their oversight of the testing centers and their engagement with churches and MHDA to increase testing, which was well-received.
- He has completed Public Health Accreditation Board training, and he will be focusing on the Strategic Plan and how to implement his vision and plan for accomplishing specific objectives over the next two years. He has identified two specific components: 1) with Dr. Bailey's assistance, to create a division to house the Accreditation and Strategic Planning process to provide quality oversight and performance measures over time to help measure the Department's success. The three overarching goals are to increase the Department's visibility and value to the community; to assure the infrastructure for the Department and assure COVID activities are strong and continue to expand; and to focus on our role in Emergency Preparedness. 2) to unify the epidemiological and data center by creating a unit of the epidemiological team. He hopes to provide more specifics at a future meeting.
- There has been an introduction in Metro Council regarding smoke free parks.

Other Business

Ms. Etherington asked for a presentation from one of the Department's partners, specifically Amy Richardson with Siloam Health.

Dr. Campbell requested a monthly report regarding overdoses.

Chair Jahangir returned to the meeting, adjourned the regular meeting and opened the Civil Service Board.

CIVIL SERVICE BOARD

Approval of Hazard Pay Policy

Jim Diamond referred to materials provided in the Board packet regarding the proposed policy for Hazard Pay (Attachment III).

Mr. Frederick made a motion to approve the Hazard Pay policy as presented. Ms. Etherington seconded the motion, which passed unanimously.

Personnel Changes

Jim Diamond presented the May 2020 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, July 9, 2020 in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville, TN, 37209, if social distance restrictions are not in place.

Adjournment

The meeting adjourned at approximately 6:20 p.m.

A. Alex Jahangir, MD, MMHC, FACS
Chair

MOTION TO APPROVE CONDUCTING MEETING BY ELECTRONIC MEANS

I move that the items on the meeting agenda constitute essential business of this Board, meeting electronically is necessary to protect the health, safety, and welfare of Tennesseans considering the COVID-19 outbreak, and any conflicting with the Governor's Executive Order permitting electronic meetings be suspended.

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

Protecting Health – Preventing the Spread of Infectious Disease

COVID

Much of our effort continues to focus on the community response to the COVID-19 outbreak. As you know we have remained in Phase 2 based on the case numbers we've seen over the last week or so. The Phase 3 order and guidance are ready when the data indicate it is time to move to the next stage. We continue to screen all employees and visitors daily with temperature checks. The hotline and results line continue. Through June 5 the Hotline had received 14,228 calls and referred 4,671 of those individuals for testing. Through May 29 the results line had conveyed 10,108 results. We continue to work through responding to complaints of violations and have added six people in the Environmental Health Bureau to help with that effort. As I relayed to you earlier this week we are working on a refined system to allow first responders to query and data base housed in a secure MPHD server and receive a simple `yes/no' answer as to whether there is a positive case at a given address to which they have been summoned. We have expanded to 97 case investigators/case monitors/contact monitors.

Improving Health - Services to Individuals & Families

WIC

The WIC program continues to provide services over the phone and plans to do so through the end of this month. Clients are being served in even greater numbers due largely to the flexibility of our staff. These services are needed more than ever during this difficult time.

Improving Health – Access & Care Coordination

Electronic Health Records

There is $500,000 for an Electronic Health Record (EHR) included with the current Capital Improvements Budget before the Metro Council. It is important to note that the CIB is largely a wish-list and includes billions of dollars of potential spending, only a fraction of which will be funded in any given year. The actual funding is delineated in the Mayor's Capital Spending Plan, which will not be issued until after the start of the new fiscal year on July 1.

Woodbine

The story is much the same for a Woodbine replacement building, with the positive difference being that $1 million for planning and design has been approved and budgeted. Thereafter the story is the same as for the electronic records request. There is an additional $15 million for construction in the CIB, but again the actual appropriation of that money can be made only in the Capital Spending Plan, which we will not see for some months.

The Mayor said in his budget presentation he intends to slow capital spending compared to years past in order to delay bond issuance.

Overdoses

Overdoses continue at an elevated level. For the year to date through May 30, Metro EMS reported suspected overdoses had increased by 39 percent over the same period in 2019; hospital ERs reported a

similar increase of 40 percent. Fatalities for this period have not yet been finalized through the Medical Examiner's office.

Organizational Updates

Racial and Health Equity

(Verbal update).

Data discussion

See above under COVID, and any additional verbal update.

Clinical Services

From February to May 2019 of last year we had 2,983 family planning visits from 2,457 patients. In the same period this year we had 2,979 visits from 2,487, evidence of the continuance of standard public health services even during a disruptive pandemic.

Acceditation

We are currently working on our action items that are listed within the PHAB Committee's Accreditation Committee Action Requirement for MPHD. This means that the accreditation decision has been deferred until additional work has been completed by the health department on the listed measures and documentation of conformity with the measure is submitted by the health department and reviewed by PHAB site visitors. Due to the COVID-19 response, MPHD has been given a 90-day extension and required documentation is now due February 25, 2021.

The Accreditation Committee requires that the following 11 measures must be addressed by MPHD:

PHAB Measure	Status
Measure 2.1.2 L: *Capacity to conduct an investigation of an infectious disease*	🟡
Measure 2.2.2 A: *A process for determining when the All Hazards Emergency Operations Plan (EOP) will be implemented*	🟡
Measure 4.1.2 L: *Stakeholders and partners linked to technical assistance regarding methods of engaging with the community*	🟡
Measure 6.3.4 A: *Patterns or trends identified in compliance from enforcement activities and complaints*	🟡
Measure 6.3.5 A: *Coordinated notification of violations to the public, when required, and coordinated sharing of information among appropriate agencies about enforcement activities, follow-up activities, and trends or patterns*	🟡
Measure 7.1.3 A: *Identification of gaps in access to health care services and barriers to the receipt of health care services identified*	🟡
Measure 9.1.2 A: *Performance management policy/system*	🟢

Measure 9.1.3 A: *Implemented performance management system*	
Measure 9.1.4 A: *Implemented systematic process for assessing customer satisfaction with health department services*	
Measure 9.2.2 A: *Implemented quality improvement activities*	
Measure 12.3.2 A: *Actions taken by the governing entity tracked and reviewed*	

MPHD must score “Largely Demonstrated” or “Fully Demonstrated” on measures 9.1.2, 9.1.3, and 9.2.2 that address foundational work on which other work of the Department is grounded.

NATIONAL FEDERATION OF HUMANE SOCIETIES

BASIC ANIMAL STATS MATRIX

(vrs 9-2012)

Species	Canine		Felilne		Total
By Age	Adult	Up to 5 months	Adult	Up to 5 months	
Beginning Animal Count (date: 5/01/2020)	43	3	28	4	78
Intake					
Stray at large	82	10	13	30	135
Relinquished by owner	8	0	3	0	11
Owner requested euthanasia	0	0	0	0	0
Transferred in from agency	0	0	0	0	0
Other Intakes	14	1	7	1	23
TOTAL INTAKE	**104**	**11**	**23**	**31**	**169**
Outcomes					
Adoption	14	0	13	1	28
Returned to owner	37	1	6	0	44
Transferred to another agency	21	11	2	5	39
Other live Outcome	0	0	0	0	0
TOTAL LIVE OUTCOMES	**72**	**12**	**21**	**6**	**111**
Died in care	0	0	0	0	0
Lost in care (Physical inventory adjustments)	0	0	0	0	0
Shelter Euthanasia	9	0	4	2	15
Owner requested euthanasia	0	0	0	0	0
TOTAL OUTCOMES	**81**	**12**	**25**	**8**	**126**
Ending Shelter Count (date: 5/31/2020)	**58**	**11**	**25**	**27**	**121**
SAVE RATE:	**91.35%**	**100.00%**	**82.61%**	**93.55%**	**91.12%**

NATIONAL FEDERATION OF HUMANE SOCIETIES

BASIC ANIMAL STATS MATRIX

(vrs 9-2012)

Species	Canine		Felilne		Total
By Age	Adult	Up to 5 months	Adult	Up to 5 months	
Beginning Animal Count (date: 6/01/2020)	58	11	25	27	121
Intake					
Stray at large	97	16	17	53	183
Relinquished by owner	9	0	5	3	17
Owner requested euthanasia	3	0	0	0	3
Transferred in from agency	0	0	0	0	0
Other Intakes	13	0	0	4	17
TOTAL INTAKE	**122**	**16**	**22**	**60**	**220**
Outcomes					
Adoption	18	1	12	30	61
Returned to owner	47	0	2	0	49
Transferred to another agency	43	15	5	2	65
Other live Outcome	0	0	0	0	0
TOTAL LIVE OUTCOMES	**108**	**16**	**19**	**32**	**175**
Died in care	0	0	0	2	2
Lost in care (Physical inventory adjustments)	0	0	0	0	0
Shelter Euthanasia	12	0	4	5	21
Owner requested euthanasia	3	0	0	0	3
TOTAL OUTCOMES	**123**	**16**	**23**	**39**	**201**
Ending Shelter Count (date: 6/30/2020)	**55**	**11**	**21**	**53**	**140**
SAVE RATE:	**89.92%**	**100.00%**	**81.82%**	**88.33%**	**89.40%**

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

MPHD Policy - Hazardous Duty Compensation

Policy Name:	**Hazardous Duty Compensation**	
Category:	**MPHD Policies**	
Effective Date:		**Last Reissue/Revision Date:**
Responsible Program or Bureau:	**Human Resources**	**Review-By Date:**
Contact:	**HR Manager Les Bowron**	**Phone Number:** 615-340-8526

I. Policy:

MPHD recognizes that both exempt and non-exempt employees may have to work significant overtime to ensure that services vital to the community's health, safety and welfare are being delivered during a declared national, state or local emergency. Beginning with the Metro Government's first response to a declared emergency, MPHD employees who perform essential services during the actual emergency declaration period shall, if deemed necessary by the Director, be required to work. In addition, the Director may also require employees who perform essential services to work during actual or impending extreme emergency situations or conditions (weather, hazard, etc.), not declared as a "state of emergency."

Beginning with the MPHD's first response to an emergency, declared or otherwise, the Director may authorize and approve payment of hazardous duty compensation, pursuant to a Director-approved differential schedule, to those employees necessarily working to restore or maintain vital health services to the citizens served by the Metropolitan Government of Nashville and Davidson County. Approval of hazardous duty compensation is dependent on the availability of funds.

II. Definitions:

A. *Duty involving physical hardship* means duty that may not in itself be hazardous but could potentially cause extreme physical discomfort or distress and is not adequately alleviated by protective or mechanical devices.

B. *Hazardous duty* means duty performed under circumstances in which an accident could result in serious injury or death, such as duty performed on a high structure where protective facilities are not used or on an open structure where adverse conditions such as darkness, lightning, steady rain, or high wind velocity exist. Hazardous duty also means employee exposure to virulent biologicals, (viruses) which is defined as work with or in close proximity to materials of micro-organic nature which when introduced into the body are likely to cause serious illness, disease or fatality and for which protective devices do not afford complete protection. MPHD employees whose work requires then to go into the community and be in close and prolonged contact with clients of the Department with no opportunity for social distancing shall also be considered eligible to receive hazardous duty compensation.

C. *Hazardous pay differential* means additional pay for the performance of hazardous duty or duty involving physical hardship.

III. Eligibility:

Persons covered by this policy include MPHD full and part-time or seasonal employees, working in the field or any MPHD workplace location. To be eligible for the hazard pay differential, the Director must determine that the employee is exposed to a qualifying hazard through the performance of his or her assigned duties and that the hazardous duty has not been taken into account in the classification of the employee's position. A hazard pay differential is not payable if safety precautions have reduced the element of hazard to a less than significant level of risk, consistent with generally accepted standards that may be applicable.

IV. Internal Revenue Service Regulations Observed:

Internal Revenue Service (IRS) regulations consider hazardous duty compensation as taxable income. All compensation paid to an employee pursuant to this Rule will be included on the employee's W-2.