

**Metropolitan Board of Health of Nashville and Davidson County
September 10, 2020, Meeting Minutes**

Chair Alex Jahangir called the meeting to order at 4:00 p.m. The meeting was held electronically. A recording of the meeting was to be 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 A. Frederick, MS, Member
Calvin M. Smith III, MD, Member
Michael C. Caldwell, MD, MPH, Director of Health
Jim Diamond, MBA, Director, Finance and Administration Bureau
Tina Lester, RN, MSN, Population Health Bureau Director
Lisa M. Nistler BSN, RN, NCSN, Director of School Health Program
Gill C. Wright III MD, Associate Medical Director
Derrick Smith, JD, Metropolitan Department of Law

Motion to Approve Conducting Meeting by Electronic Means

Vice-Chair Franklin made a motion to approve conducting of the meeting by electronic means and on (Attachment I). Mr. Frederick seconded the motion, which passed unanimously.

Approval of August 6, 2020 Regular Meeting Minutes

Vice-Chair Franklin made a motion to approve the August 6, 2020, regular meeting minutes with amendment. Mr. Frederick 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 the end of November, 2020, or December, 2020. Discussion was held, and it was noted that the declaration could be rescinded or prior to either date, or extended, if needed.

Mr. Frederick made a motion to extend the expiration date of the Declaration of Public Health Emergency to December 31, 2020. Ms. Etherington seconded the motion, which passed unanimously.

School Health Update

Lisa Nistler provided an update on the School Health Program (Attachment II) and invited Board members to “shadow” a school health nurse to learn more about their work.

Approval of Grant Applications

There were no grant applications.

Approval of Grants and Contracts

Jim Diamond presented seven items for Board review and approval. He and Tina Lester addressed questions.

1. Childcare Agency Immunization Audits Grant from the Tennessee Department of Human Services

Term: October 1, 2019-September 30, 2021
Amount: \$28,300

- 2. Healthy Start Home Visiting Grant from the State of Tennessee Department of Health**
Term: July 1, 2018-September 30, 2021
Amount: \$309,100
- 3. Fetal Infant Mortality Review Grant from the Tennessee Department of Health**
Term: July 1, 2020-June 30, 2024
Amount: \$955,800
- 4. Memorandum of Understanding with Metro Fire Department for Substance Abuse Reduction**
Term: December 1, 2019-August 31, 2021
Amount: \$146,981
- 5. Grant to Mental Health Cooperative Contract**
Term: July 1, 2020-June 30, 2021
Amount: \$440,400
- 6. Chronic Disease Prevention Grant Amendment from the Tennessee Department of Health**
Term: August 1, 2019-June 30, 2023
Amount: \$90,900
- 7. TB Trials Consortium Contract between Vanderbilt University and Metro Board of Health**
Term: October 1, 2015-September 30, 2020
Amount: \$53,296.29

Ms. Etherington made a motion to approve the grants and contracts. Vice-Chair Franklin seconded the motion, which passed unanimously.

Report of Director

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

Additionally, Dr. Caldwell noted:

- The passing of Marilyn Gregory, an employee of MPH D for over 42 years. He invited the Board to issue a letter of condolence to her family, and Dr. Jahangir asked that the letter be presented at the October meeting for approval. Ms. Etherington offered to draft the letter.
- The COVID numbers are lower than at the time of the previous Board meeting and are holding steady. Over Labor Day weekend, enforcement efforts intensified, and due to lax compliance, the Mayor had decided to conduct on Sunday a pilot test between 6-11 pm to close Broadway between Fourth and Fifth Avenues, which allowed enforcement vehicles to travel more efficiently. This would be attempted Friday and Saturday also. Other adjustments were made to ensure greater compliance.
- The Department continues to address at-risk populations with partners, including extra testing.
- In accordance with the Order, any group functions of 25 up to 125 people will be required as per order to submit application and be approved.
- The Astra-Zeneca COVID vaccine study has been paused; Clinical Research Associates also has the Pfizer study, and he and the other doctors will be reviewing the protocol that Dr. Caldwell had shared with Board members. He will provide updates.
- Dr. Wright provided an update on the vaccine, which may be available the first or middle part of November. He is already talking with Chief Swann (Nashville Fire Department) to discuss options for distribution at assessment centers, and with Steve Cain (Metro Human Resources) about how distribution would be tiered.
- After much discussion with staff, he will propose several adjustments to the organizational structure and plans to present the org chart at the October meeting for Board approval.
- He participated in the Census parade, and promoted WIC by driving the WIC van.

Chair Jahangir iterated that the Board needed to be extremely involved in the formulation of the Strategic Plan and Organizational Chart. He stressed that implementation of either should occur only with Board oversight, and his expectation was that the org chart would be presented and approved at the October meeting. He expected that some changes he and Dr. Caldwell had discussed could be implemented prior

to the presentation and approval of the org chart in October. Chair Jahangir highlighted that the Metro Charter mandates the Board to approve changes to the org chart and then present to Metro Council via ordinance.

Chair Jahangir lauded the city's work in mitigating the threat of COVID and increased testing, and asked that relationships and critical partnerships such as with Siloam, Conexion, Tennessee Immigrant and Refugee Rights Coalition (TERRC) and others, particularly in southeast Davidson County, be developed at a more strategic and long-term level.

Report of Chair and Discussion

Chair Jahangir reported that the Charter amendment process is moving forward and he will discuss further with Councilmember Jeff Syracuse, the new Chair of the Council Charter Amendment Committee, soon.

He expressed his pride in the city's efforts to mitigate the spread of COVID.

The vaccine plan Dr. Wright had discussed was very important, and Chair Jahangir and Dr. Caldwell had met with Tennessee Commissioner of Health Dr. Lisa Piercey and her team a week earlier about plans for vaccine distribution.

As the vaccine trial goes forward, Chair Jahangir asked for a clean bookkeeping of Dr. Caldwell's time as related to clinical services and COVID enforcement activities.

Chair Jahangir asked that an update on Accreditation be provided.

Review of Board Requests

- The Department will present a letter of condolence to the family of Marilyn Gregory, drafted by Ms. Etherington, at the October meeting.
- Dr. Caldwell will present a draft organizational chart for Board approval at the October meeting; a draft Strategic Plan will be presented at a future meeting.
- Dr. Caldwell will regularly communicate with partners in Southeast Davidson County and inform the Board.
- Clean bookkeeping of the director's time on the vaccine trial.
- Updates on Ending the HIV Epidemic (October), Fetal Infant Mortality Review (November) and Nashville Strong Babies (November).
- Vice-Chair Franklin asked for the Department's plan on recruitment of African-American and Latinos in the vaccine clinical trials, as had been referred to by Dr. Caldwell.
- Ms. Etherington asked how MPHD interfaces with other agencies on narcotics and drug enforcement, especially fentanyl.
- Ms. Etherington asked about MACC owner-requested euthanasia and what causes it.

Election of Board Chair and Vice-Chair

Derrick Smith presented a process of officer elections and presented a slate of nominations for both positions: Dr. Jahangir for Chair, and Tené Franklin and David Frederick for Vice-Chair.

Chair Jahangir noted that the terms are one-year terms and opened the floor for nominations.

Dr. Smith nominated Dr. Jahangir to continue as Board Chair. Chair Jahangir called the vote, which passed unanimously.

Chair Jahangir nominated Ms. Franklin as Vice-Chair. Chair Jahangir called the vote, which passed unanimously.

CIVIL SERVICE BOARD

Approval of Salary Above Midpoint for Chief Epidemiologist

Jim Diamond requested approval of salary above midpoint for Rand Carpenter, DVM as Chief Epidemiologist.

Chair Jahangir made a motion to approve the salary above midpoint for Rand Carpenter, DVM, as Chief Epidemiologist. Ms. Etherington seconded the motion, which passed unanimously.-

Personnel Changes

Jim Diamond presented the August 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, October 8, 2020 in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville, TN, 37209, if social distance restrictions are not in place.

The meeting adjourned at approximately 6:05 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.

School Health Program

Board of Health Meeting

September 10, 2020

Lisa M. Nistler BSN, RN, NCSN

School Health Program Manager



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

School Health Program

- History
 - Contract began in 1993
 - 2016 Public Improvement Plan (PIP)
 - 2017 Funding for first phase of expansion
 - 2017 Medicaid reimbursement pilot
 - 2019 First year of full Medicaid reimbursement

School Health Program

- Serve 135 traditional schools for MNPS
- Harris-Hillman School
 - 125 Exceptional Education students with multiple handicaps and Pre-K classes

School Health Program

- Personnel Breakdown
 - 77 School Nurses
 - 16 PRN nurses
 - 7 Supervisors
 - 1 Office support person

School Health Program

- Emergency Care Plans
 - Nearly 10,000 plans developed in 2019-2020
- Office Visits
 - Nearly 43,000* students were seen
 - Rate of return to class was ~ 85%

* At the interruption of the school year was on track to have a 17% increase over last year

School Health Program

2020-2021 School year

"I am still your school nurse"

- Emergency Care Plans (ECPs)
- Logistical planning
- Initial investigations
- Immunization appointments
- Drive-bys
- Navigators
- Virtual visits

School Health Program

Key Dates

- 9/9/2020 – Contracted day schools
- 9/16 – Special Day Schools
- 9/23 - Exceptional Education
- After fall break- Pre-K, K, 1 and 2

School Health Program

Management Team

- Supporting Nurses
 - Rolling out information
 - WebEx
 - In-services
 - Trauma informed care
 - Using data to support students
- Medication training

School Health Program

- Returning to the New “Normal”
 - Care coordination/case management
 - Education
 - First Aid
 - Illness Surveillance
 - 7th grade immunization initiative
 - Supporting students and staff

School Health Program

- A Nurse in Every School
 - Ready to start
 - Fast track orientation
 - Staged assignment of nurses using data profiles

Keep students healthy so they can come to school and be ready to learn.



Every child deserves a school nurse.

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

Protecting Health – Preventing the Spread of Infectious Disease

COVID

Hotline

The MPHD Covid-19 hotline began on March 25 to provide assessment of symptoms and direct callers to the Assessment Centers for testing. To date, we have received over 22,000 calls and have referred more than 7,000 individuals to the Assessment Centers. After five months of operation, our calls have decreased from over a 1,000 a week to fewer than 300, with less than 30 on the weekends. Due to the decreased usage we will transition the hotline to hubNashville so that our staff can return to their normal jobs. The phone number and hours of operation will remain the same. The was scheduled to take place on Tuesday.

Results line

The results line will be transferred to a company called Xtend, the same company assisting with some of our contact tracing needs. We have a contract but have not set a date for the transfer. MPHD will staff the results line until at least September 18.

Dental

The dental clinic is providing care to patients here at Lentz with enhanced sterilization protocols including aerosol mitigation, additional PPE, social distancing in the waiting area, and the addition of a new sterile technician. The school-based dental team is not able to see students in person so they are partnering with schools to provide and distribute oral health care kits for students. They are also creating lesson plans to provide oral health education virtually.

School Nurses

The school nurses have completed contact tracing training and are serving as the COVID liaisons for their schools. When a case is reported, the school nurses take the first steps to protect their school communities and engage the contact tracing system. As MNPS begins a phased return to in-person learning, our school nurses are preparing to serve their students with special needs in person once again.

Vaccine

We held our first planning yesterday to begin planning for the arrival of an approved COVID-19 vaccine for distribution and administration in Metro Nashville. The first doses received will be for individuals at high risk due to their job duties and/or personal risk factors. Dr. Jahangir, Dr. Caldwell and Dr. Wright met with TDH on Monday Aug 31st for an update on what they know and expect at this time about COVID vaccine. We will be using that information as part of our planning process. We will be meeting on a regular basis until we start receiving and giving a vaccine.

Flu

Flu clinics will start at all three preventive health clinics by mid-month. Flu vaccines are available through three programs: Vaccines for Children, 317, or self-pay. As in past years, we will have a flu truck available for MPHD staff to receive a free flu shot on September 22 and 23 at Lentz. Woodbine, East, South Nutrition and MACC, also have their own set day to provide flu vaccines to staff. We will continue to offer flu vaccines to all Metro employees in a drive-through fashion October 5-8 (locations are being finalized through General Services approval). Finally, Fight Flu TN is set for November 19, 2020, where free flu vaccines will be available to all citizens of Davidson County at all MPHD clinic sites from 9 a.m. to 3 p.m.

Organizational Updates

In Memoriam

It is with great sadness that we learned from Marilyn Gregory's family that she passed away August 7, 2020. Marilyn was a dedicated Health Department employee for more than 40 years and a friend to many of us. She will be remembered by all who knew her as a selfless, giving, and caring woman. Our thoughts are with her family and friends.

Update: Drug Overdose Epidemic in Davidson County, TN September 2020

In 2019, Davidson County observed the highest number of fatal drug overdoses (468) on record.

In 2020, there have been 410 fatal drug overdoses at the time of this report.

Fatal Drug Overdoses

- Compared to the same time last year, fatal drug overdoses have increased by 39% and are on pace to eclipse 600 drug overdose deaths in 2020.
- Fentanyl is the primary driver for increase and is present in 80% of toxicology reports this year.

Nonfatal Drug Overdose Emergency Department (ED) Visits

- Compared to the same time last year, nonfatal drug overdose ED visits have increased by 29%.

Suspected Drug Overdoses

- Compared to the same time last year, suspected drug overdoses requiring response by the Nashville Fire Department EMS have increased by 42%.
- The number of doses of naloxone per patient has increased in recent months.

II. Interventions/Activities/Collaborations

U.S. Department of Justice Comprehensive Opioid Abuse Site-based Program (COAP) Grant

- Program Coordinator position has been filled with imminent start date.

TDH-CDC High Impact Area (HIA) Grant

- Program is preparing to interview Epidemiologist 1 and Program Coordinator positions
- Grant will also fund positions with the Nashville Fire Department EMS and Mental Health Cooperative for post-overdose follow-up interventions

Public Health and Safety Advisory

- Advisory developed in conjunction with multiple partners and publicly released on August 25, 2020.

CDC COVID-19 Response

- Partnering with CDC on project that seeks to provide targeted technical assistance and support related to ODMAP usage to jurisdictions impacted by the drug overdose crisis and COVID-19 pandemic.

Acute Overdose Response Plan

- Plan has been developed and will be tested before implementing.

Overdose Detection Mapping Application Program (ODMAP)

- Daily spike alert set in July 2020 that will allow for rapid communication of an abnormal increase in drug overdose activity.

Appalachian High Intensity Drug Trafficking Area (HIDTA)

- Collaborating with this group to identify additional resources and potential drug trends/seizure data

Nashville Drug Overdose Surveillance System

- Currently identifying additional data sources through collaboration with external partners.

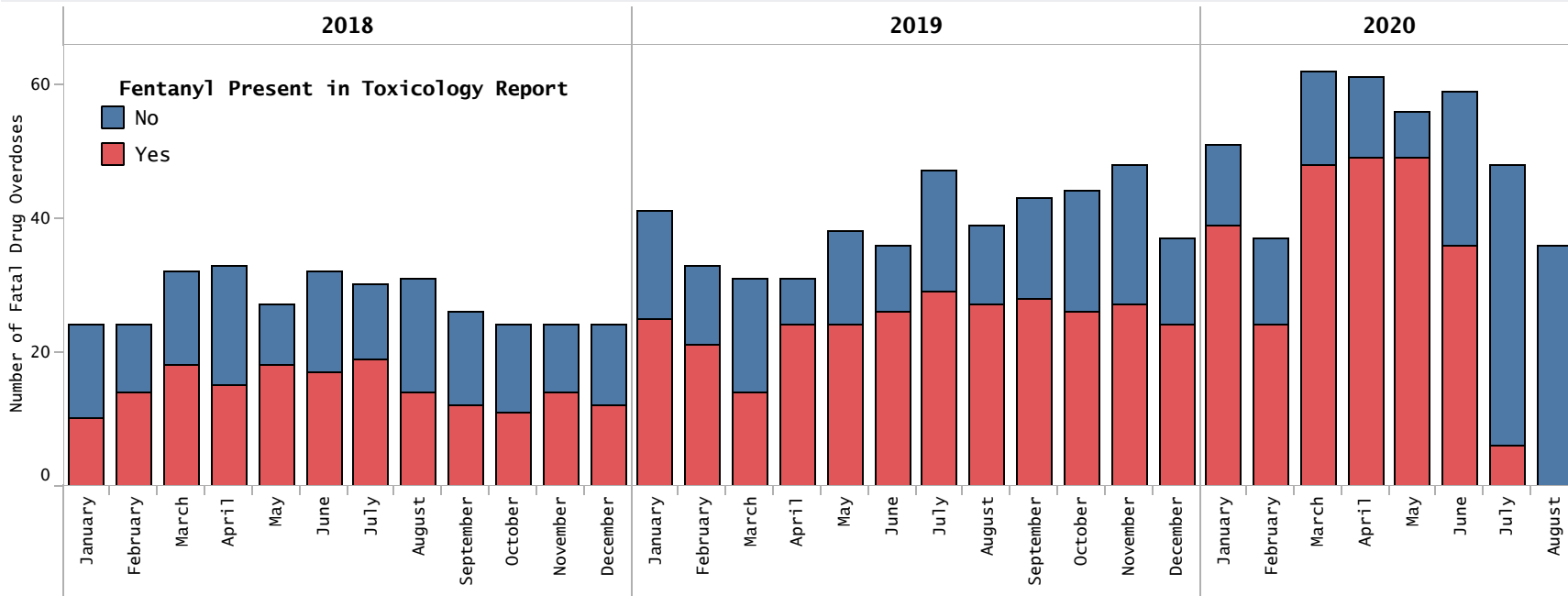
Fatal and Nonfatal Drug Overdoses by Month, 2019-2020

	2019		2020		
	Number of Records	% Difference from Previous Year	Number of Records	% Difference from Previous Year	
Fatal Drug OD	January	41	70.8%	51	24.4%
	February	33	37.5%	37	12.1%
	March	31	-3.1%	62	100.0%
	April	31	-6.1%	61	96.8%
	May	38	40.7%	56	47.4%
	June	36	12.5%	59	63.9%
	July	47	56.7%	48	2.1%
	August	39	25.8%	36	-7.7%
	Total	296	27.0%	410	38.5%
Nonfatal Drug Overdose ED Visit	January	94	40.3%	131	39.4%
	February	119	142.9%	100	-16.0%
	March	101	42.3%	141	39.6%
	April	101	119.6%	169	67.3%
	May	104	65.1%	212	103.8%
	June	156	81.4%	174	11.5%
	July	138	112.3%	155	12.3%
	August	102	72.9%	99	-2.9%
	Total	915	80.8%	1,181	29.1%
Suspected Drug OD	January	349	8.7%	421	20.6%
	February	333	15.2%	404	21.3%
	March	349	-4.1%	481	37.8%
	April	349	15.9%	551	57.9%
	May	359	12.9%	603	68.0%
	June	405	8.9%	584	44.2%
	July	378	1.9%	569	50.5%
	August	317	-8.4%	406	28.1%
	Total	2,839	5.9%	4,019	41.6%

Note: Data presented in this report were extracted on August 27, 2020 and are provisional. There may be additional fatal/nonfatal drug overdoses reported over this time period in subsequent reports as incidents that occurred during the month of August 2020 are not yet finalized.

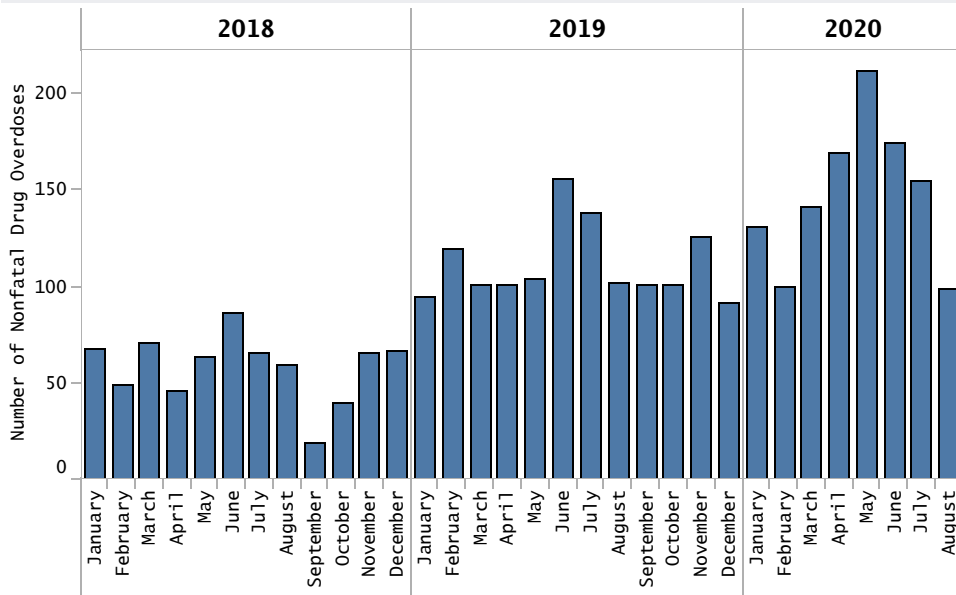
Update: Drug Overdose Epidemic in Davidson County, TN September 2020

Fatal Drug Overdoses by Presence of Fentanyl, 2018-Present

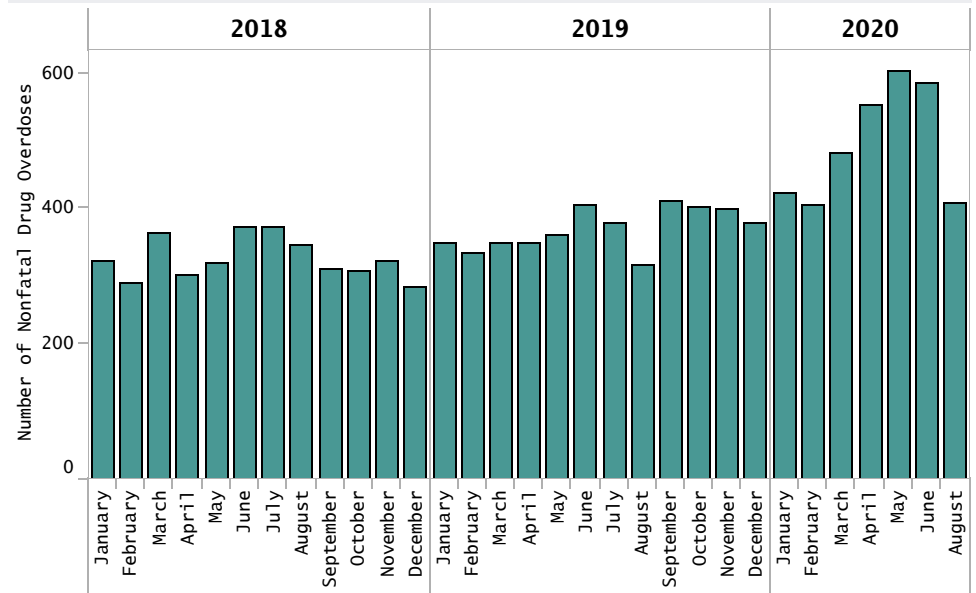


Note: Data obtained from toxicology reports (including drug type) for deaths that occurred over the last several weeks (July, August) are still incomplete and will be updated in subsequent reports.

Nonfatal Drug Overdose ED Visits, 2018-Present



Suspected Drug Overdoses, 2018-Present



Update: Drug Overdose Epidemic in Davidson County, TN
September 2020

If you have any questions, please contact:

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Josh Love, MPH | Epidemiologist
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MPHD Website - Drug Overdose Information

<https://www.nashville.gov/Health-Department/Drug-Overdose-Information.aspx>

Data Sources

Fatal Drug Overdoses

Davidson County Medical Examiner

Nonfatal Drug Overdose ED Visits

ESSENCE-TN

Suspected Drug Overdoses

Nashville Fire Department EMS

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: 8/01/2020)	61	8	34	46	149
Intake					
Stray at large	137	19	27	58	241
Relinquished by owner	25	0	18	5	48
Owner requested euthanasia	1	0	0	0	1
Transferred in from agency	1	0	0	0	1
Other Intakes	13	3	1	1	18
TOTAL INTAKE	177	22	46	64	309
Outcomes					
Adoption	42	1	14	39	96
Returned to owner	61	3	2	2	68
Transferred to another agency	52	15	8	9	84
Other live Outcome	0	0	0	0	0
TOTAL LIVE OUTCOMES	155	19	24	50	248
Died in care	0	0	1	0	1
Lost in care (Physical inventory adjustments)	0	0	0	0	0
Shelter Euthanasia	13	1	5	6	25
Owner requested euthanasia	1	0	0	0	1
TOTAL OUTCOMES	169	20	30	56	275
Ending Shelter Count (date: 8/31/2020)	75	4	41	63	183
SAVE RATE:	92.61%	95.45%	86.96%	90.63%	91.56%