



METRO NASHVILLE

ANIMAL CARE & CONTROL

March 2022

MACC's Mission

Metro Animal Care and Control (MACC) protects and promotes human and animal health and welfare.

- MACC is committed to:
 - Providing humane care to lost and homeless companion animals
 - Reuniting lost pets with their owners
 - Adopting pets to loving homes
 - Collaborating with other animal welfare organizations
 - Enforcing all Tennessee and Davidson County animal ordinances
 - Educating the public about humane treatment of animals



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METRO ANIMAL CARE AND CONTROL

Metro Animal Care and Control is the only taxpayer-funded, open-admission shelter in Davidson County that serves over 7,000 lost, stray, sick, injured, and relinquished animals each year. MACC's doors are open to all animals in need, regardless of species, breed, age, medical, or behavioral condition. To reduce the number of homeless pets, we ensure that all dogs and cats are spayed or neutered prior to adoption and perform nearly 2,500 surgeries each year. MACC fulfills its mission with the extraordinary efforts and compassion of 32 staff, key volunteers, and thousands of supportive citizens.



MACC's current vacancies

Field Dept. – 1 Field Supervisor

**Kennel Dept. – 6 full time Kennel Assistants
1 part time Kennel Assistant**

**Clerical Dept. – 1 Administrative Coor.
1 full time Administrative Assistant
1 part time Administrative Assistant**

**Medical Dept. – 1 full time Medical Director/Vet
1 part time Vet Assistant**

TOTAL: 13 vacancies



METRO NASHVILLE
ANIMAL CARE & CONTROL

Needed Resources

With our notable staffing crisis. We have cut facility hours, call response, community programs, etc.

- **Nashville is growing. The animal population is as well. Our facility is too small.**
- **ACOs have a vehicle shortage.**
- **ACOs do not have working radios.**
- **Additional staffing in all departments.**
- **Certified Behavior specialist needed, or euthanasia rate will increase.**
- **Social worker to better serve diversion program.**

These issues are preventing MACC from achieving its mission.



METRO NASHVILLE
ANIMAL CARE & CONTROL

MACC in essence is an agency full of talented and heart driven staff members. We need help supporting them, so that they may support the homeless animals of Davidson County.

We need help to support the growth that Nashville is seeing. This growth is also producing a greater need that MACC cannot support at the current level of staff and resources.

MACC needs the support to do better than just “maintain.” Without the needed support we fear our euthanasia rate increase. Staffing will continue to decrease. Community support will decrease.



METRO NASHVILLE
ANIMAL CARE & CONTROL

New Initiatives in Family Planning at MPHD

Clinical Services Bureau

The Team

Samantha Wank, Family Planning Administrator

Clinic Managers: Carline Fanfan (Woodbine),
Michelle Runnfeldt (Lentz 120), Christian Williams
(East)

4 Nurse Practitioners: Emily Davis, Amanda
Kralick, Karina Maza, Eterial Rucker

11 nurses; 10 clerical staff

Family Planning at MPHD

FY 2019-2020- 9,255 visits

- Highest method preference: **depo**, oral contraceptives, condoms, *IUD (closely followed by implant)*
- Pregnancy tests performed: **5,386**

2019–2020

FY 2021-2022 (through February 2022)- 5,020

- Highest method preference: **depo**, oral contraceptives, condoms, *implant/IUD*
- Pregnancy test performed: **2,978**

2021–2022

2020–2021

FY 2020-2021- 9,702 visits

- Highest method preference: condoms, **depo**, oral contraceptives, *implant (closely followed by IUD)*
- Pregnancy tests performed: **5,673**

Three family planning initiatives within the past 2 years

Positive Pregnancy
Pilot

Vanderbilt
collaborative clinic
for colposcopies and
women's health

A Step Ahead



Results

- 6-month pilot from **April 30, 2020** to November 2, 2020
 - 319 positive pregnancy test (16 refused blood testing)
 - HIV: 0 positives out of 303 tested
 - HCV: 5 positive antibody out of 303 tested; 0 of 5 tested positive for HCV RNA
 - Syphilis: 3 had positive RPRs
 - 2 were false positives
 - 1 was a positive early latent syphilis (completed full treatment course)
 - 13 positive chlamydia test
 - All were successfully treated

Takeaways

Extended pilot to include East and Lentz 120 starting October 4th, 2021 for an additional one year

- From October 4th to February 16th (4 months; aggregate data from all 3 preventive health sites): 233 positive pregnancy tests: 30 positive chlamydia, 2 positive gonorrhea, 6 positive RPR (will have 3 month follow up), 1 positive HCV

TDH STI and family planning program opted that evidence was convincing enough to change state protocols in February of 2022

- Protocol change made it standard practice to test all pregnant patients for HIV, Syphilis, HCV
- Also encouraged routine testing for **all** women requesting pregnancy testing

Dissemination of results

- Council of State and Territorial Epidemiologist 2022 Annual Conference

Vanderbilt Collaborative Clinic



Agreement with Vanderbilt Women's Global Health residents to offer colposcopies or women's health visits; establishment of community health clinical experience for Vanderbilt residents



Advantages to patients:

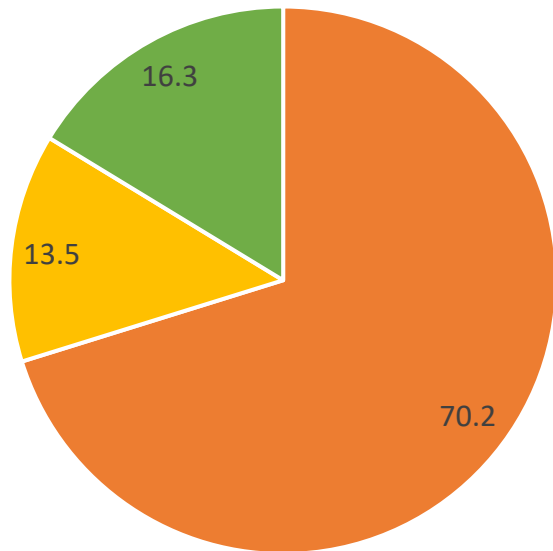
- Location
- Cost
- Timely services



Started August 9th: One PM clinic every other month

- Patients referred from MPhD nurse practitioners
- Added an additional colposcopy clinic during odd months
 - Includes labs and minor procedures
 - Enrolls women in BCS program if eligible

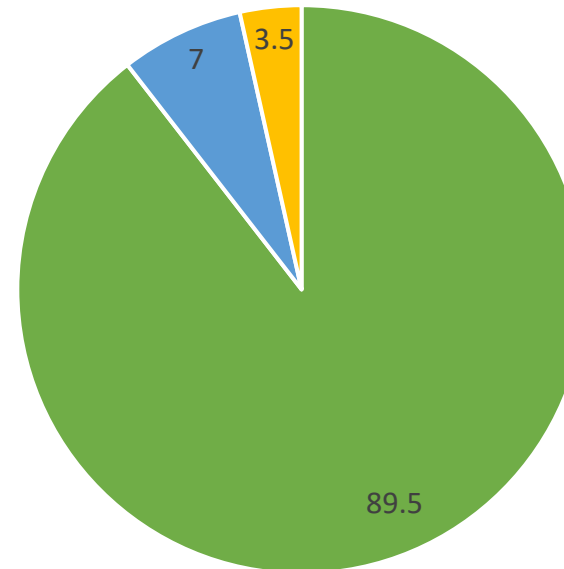
Services (%)



- Colposcopies
- Other GYN complaints
- IUD removals/replacements

Demographics

Race / ethnicity (%)




- Hispanic/latinx
- Black
- White

- Patients' ages range from 19 to 56
- Average age: 35
- Show rate: about 80%

Plans for the future / goals

- In-house colposcopies with referrals for treatment (Vanderbilt mentorship)
- Increase resident services



Quick mention: A Step Ahead

What does this program cover?

In our first three months, our three preventive health programs have enrolled 46 patients into the program

- December 2021: 16 patients
- January 2022: 5 patients
- February 2022: 25 patients

Future: Accepting referrals from ASA call center to continue to reach all community members that can benefit.



Moving forward



Self-administered subcutaneous
Depo Provera pilot

Questions?

Thank you to the Clinical Services Team:

Carline Fanfan, Michelle Runnfeltdt, Christian Williams, Samantha Wank, Eterial Rucker, Emily Davis, Amanda Kralick, Madeline Johnson, Karina Maza, Emily Morse, leadership at MPHD, Vanderbilt Women's Global Health, A Step Ahead, TDH for it's support and many, many others.

Thank you for allowing us to present!



Woodbine Public Health Center, Nashville, TN

April 30, 2020–November 2, 2020

BACKGROUND

If a person living with HIV becomes pregnant, HIV can pass through the placenta and infect the fetus. At delivery, the risk of transmitting HIV to the infant increases given prolonged exposure to blood. For persons living with HIV, viral suppression must be achieved prior to delivery to reduce vertical transmission of HIV. Hepatitis C Virus (HCV) can also be vertically transmitted through pregnancy. For persons with HCV mono-infection the likelihood of vertical transmission is about 6%; however, this increases to 11% for persons living with both HIV and HCV. There is no medical intervention for HCV in pregnancy or at delivery. Vertical transmission of syphilis can cause miscarriage, stillbirth, or death of the infant following birth. Syphilis can be effectively treated with penicillin during pregnancy and pregnant persons with syphilis should be treated immediately and at least 30 days prior to delivery.

Due to increases in congenital syphilis cases and perinatal HCV exposures, Nashville Metro Health Department approached the Tennessee Department of Health (TDH) about conducting a 6-month pilot at the Woodbine Public Health Center to ascertain HIV, HCV, and syphilis serostatus in persons requesting a pregnancy test, in addition to routine chlamydia and gonorrhea testing. Individuals with positive results are treated early and clearly identified as being at high risk for re-infection during pregnancy. For this pilot, in addition to routine gonorrhea and chlamydia testing, the Woodbine Public Health Center began testing for HIV, HCV, and syphilis on an opt-out basis for anyone with a positive pregnancy test at the time of the test and data was reported.

PREGNANCY COHORT

319

persons with
positive
pregnancy
test at clinic

AGE RANGE:
13–45 years

MEAN: 28 MEDIAN: 28

20 persons (6%) < 18 years

4 persons 15 years

4 persons 14 years

1 person 13 years

RACE/ ETHNICITY:

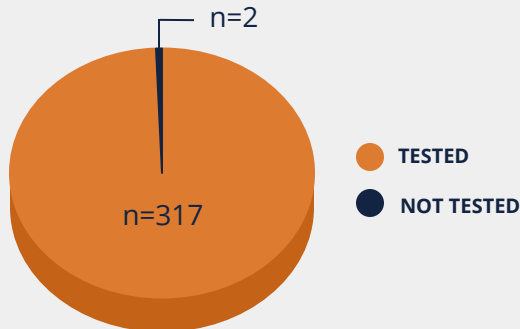
White, Hispanic = 255
White, non-Hispanic = 41
Black, non-Hispanic = 11
Black, Hispanic = 4
**Asian/Native Hawaiian/
Other Pacific Islander = 1**
Other (Arabic) = 6
Other (Nigerian) = 1

Self-disclosure
of risk
behaviors
was limited

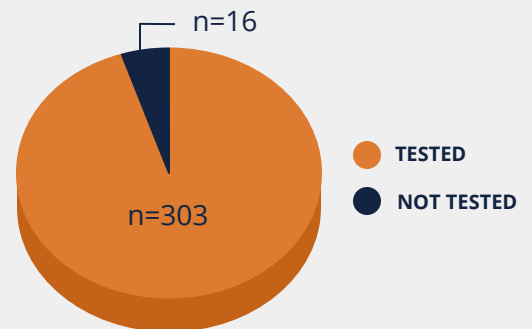
81.2%
(n=259)
Hispanic

HIV, HEPATITIS C VIRUS (HCV), AND SEXUALLY TRANSMITTED INFECTIONS (STIs) TESTING

CHLAMYDIA & GONORRHEA TESTING (URINE) n = 319



HIV, HCV, & SYPHILIS TESTING (BLOOD) n = 319



ADDITIONAL TAKEAWAYS:

1 person opted out of all testing

15 persons opted out of blood testing

1 person opted out of urine testing

HIV TEST RESULTS

0 positives out of the 303 persons tested

HCV ANTIBODY TEST RESULTS

5 antibody positives (2%) out of the 303 tested

older than overall pregnancy cohort
MEAN AGE: 35 yrs
MEDIAN AGE: 38 yrs

age in gestational weeks ranged from 5-7 weeks

HCV RNA TEST RESULTS

0 of the 5 persons who tested positive for HCV antibodies, tested positive for HCV RNA

SYPHILIS TEST RESULTS

3 persons had positive rapid plasma reagins, but **2** were biological **false positives**



1 was non-reactive to treponemal test and **1** had an autoimmune disorder which caused discordant treponemal positive and negative results

1 positive (<1%) test among 24 year old person



secondary syphilis case at time of pregnancy testing and was an **early latent syphilis** case in 2021 due to reinfection



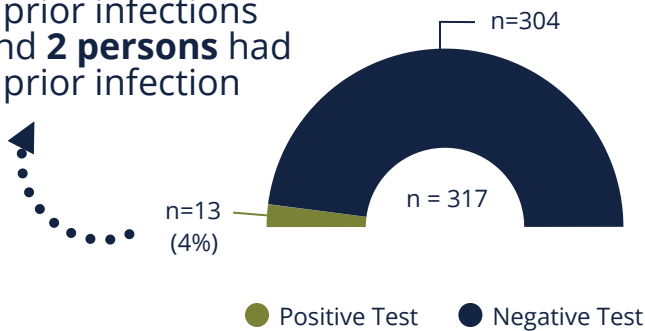
5 weeks **gestation** which allowed considerable time and opportunity for **early treatment**

GONORRHEA TEST RESULTS

0 positives out of the 317 persons tested

CHLAMYDIA TEST RESULTS

3 persons had 2 prior infections and **2 persons** had 1 prior infection



all 13 persons who tested **positive** were **treated successfully**

- persons who tested **positive** were **younger** than the overall pregnancy cohort

MEAN AGE: 23 years
MEDIAN AGE: 24 years

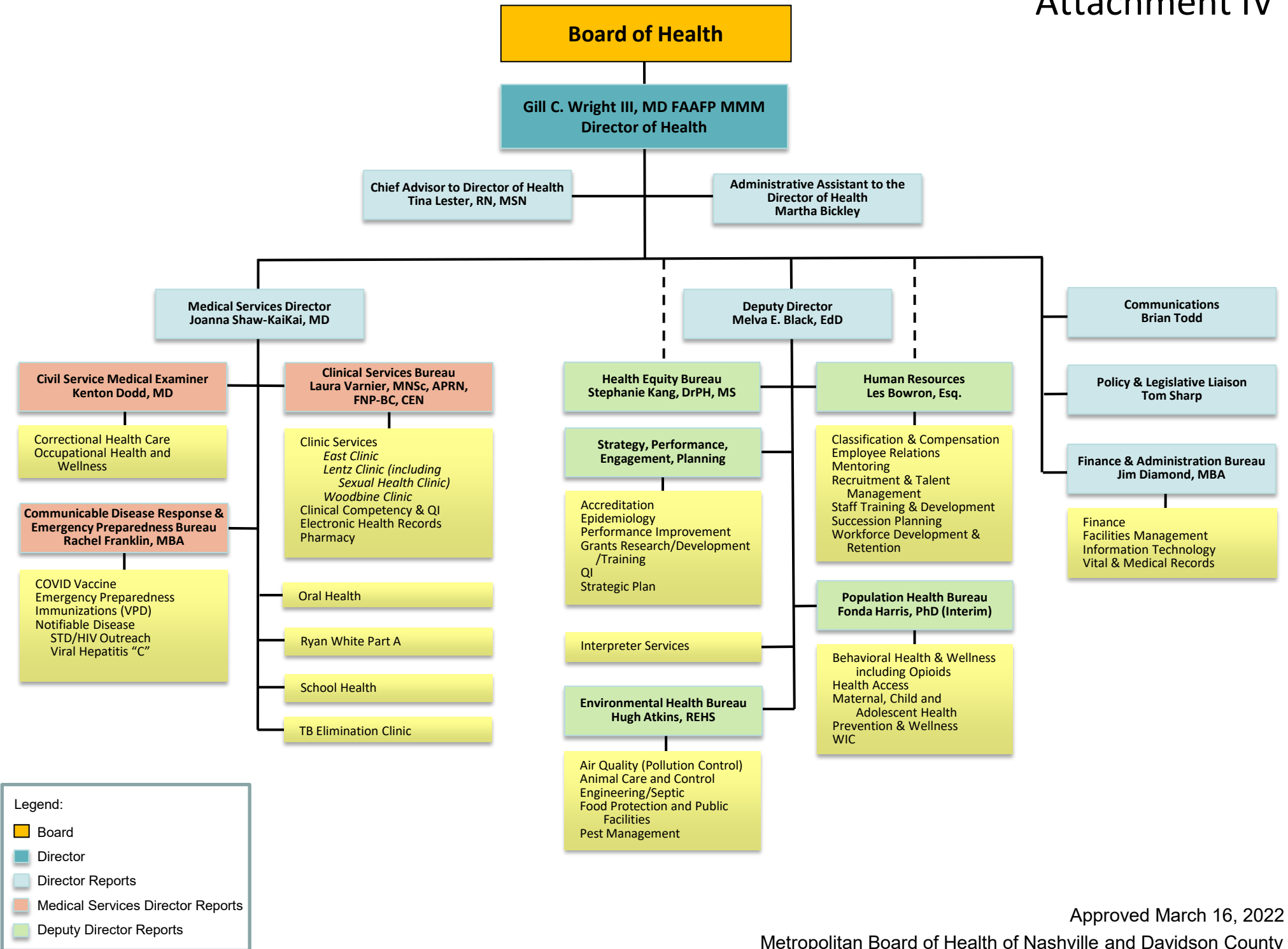
- 31% (n=4)** of persons who **tested positive** were **under 18 years of age** and **1 person** was **13 years of age**
- age in gestational weeks** ranged from **5-16 weeks**

CONCLUSIONS

Given that self-reported risk behaviors were limited, testing should be performed for anyone with a positive pregnancy test regardless of disclosure of risk.

The chlamydia and syphilis infections identified were identified early and able to be treated well ahead of delivery. The prior exposures identified provided merit for testing pregnant persons for HCV to serve as a proxy for maternal opioid use and an opportunity to ensure these women are linked to harm reduction resources.

This pilot was successful, staff buy-in and patient acceptance were high. The population that seeks care at the Woodbine Public Health Center is not representative of other Nashville Davidson County Health Department sites given the high proportion of Hispanic patients. Given rising STI rates in TN, TDH recommends a one year county-wide pilot to better assess case ascertainment at other sites with different populations and to determine the cost-effectiveness of such testing system wide in the future.



Legend:

- Board
- Director
- Director Reports
- Medical Services Director Reports
- Deputy Director Reports

CHAPTER 1. - PUBLIC HEALTH

Sec. 10.101. - Metropolitan board of health—Created.

There shall be a metropolitan board of health which ~~sometimes in this article may be called the "department of health" and sometimes called the "board."~~ The board shall ~~oversee administration of the Metro Public Health Department and control public health for the metropolitan government~~ as herein provided.

Sec. 10.102. - Same—Qualifications, term and selection of members.

The board shall be composed of ~~nine (9) six (6)~~ members. ~~One (1) three (3)~~ members shall be ~~a doctors~~ of medicine ~~or osteopathic medicine~~ certified for practice as such by the state board of medical examiners and licensed by the state licensing board for the healing arts, and ~~each of whom~~ shall have had not less than five years' experience in the active practice of his or her profession. ~~One (1) of said doctors of medicine member shall be a licensed mental health professional who shall have not less than five years' experience in the active practice of his or her profession. —shall also have had special training, practice and experience in the field of psychiatric medicine.~~ One member shall be a registered nurse. The two remaining members of the board shall be chosen without reference to occupation, except that they shall not come from the medical profession. Members of the board shall serve without compensation.

Four (4) members shall come from any of the following categories:

- A doctor of medicine or osteopathy certified for practice in Tennessee by the state Board of Medical Examiners;
- A practitioner in an allied health field with a back-ground in the practice of public health;
- An attorney licensed to practice law by the Tennessee Board of Law Examiners;
- A veterinarian licensed by the Tennessee Board of Veterinary Medical Examiners;
- A dentist licensed to practice by the Tennessee Board of Dentistry;
- A person with a background in environmental health practice or policy;
- A person with an advanced degree in public health;
- A person with a background as a Community Health Worker.

The members of the board shall be appointed by the mayor and confirmed by a majority of the whole membership of the council. They shall serve terms of five (5) years each. Any vacancy other than by expiration of term shall be filled for the unexpired term. The initial terms of additional board members added by this section may be staggered to ensure no more than four seats are vacated in a given year.

~~The members of the board shall be appointed by the mayor and confirmed by a majority of the whole membership of the council. They shall serve terms of five (5) years each. , provided that of the first five members, one shall serve for five years, one for four years, one for three years, one for two years and one for one year. The registered nurse shall originally be appointed for a term that coincides with that of~~

Commented [A1]: A note; After meeting with Dewey Branstetter, chairman of Metro's Charter Revision Commission, we deleted two changes proposed by the Board in its adoption of this proposal in November, 2019. Both proposed to change the phrase 'employees of the board of health' to 'employees of the department of health.' Mr. Branstetter recommended we leave it as was, since this board is also the Civil Service Board. He also suggested we reinsert language about staggering the terms of new members, which this document does.

Commented [A2]: For your consideration; We could make this a 7 member board by reducing the next section to 4 people from the list of categories.

Commented [A3]: If the total number of seats is reduced from 9 to 7, this should be 3 instead of 4.

~~the chairman of the board. Any vacancy other than by expiration of term shall be filled for the unexpired term.~~

• **Sec. 10.103. - Same—Functions.**

~~The board of health shall hire the director of health, as specified below, and oversee his or her direction of the department with respect to all administrative functions of the metropolitan government pertaining to:~~

~~The board of health, through its chief medical director, shall exercise all the administrative functions of the metropolitan government pertaining to:~~

1. The physical and mental health of the people.
2. The investigation and control of communicable diseases.
3. The regulation of publicly and privately owned institutions for the purpose of sanitation and public health.
4. The enforcement of reasonable rules and regulations promulgated as herein provided.
5. The collection, compilation, tabulation, analyzing and reporting of statistics and data concerning births, still births, deaths and such vital statistics.
6. The performance or the functions previously assigned by law to the health officers or the health departments of the City of Nashville and Davidson County, or such as hereafter may be assigned to city or county health officers or city health departments or county health departments in Tennessee.
7. The inspection of all charitable institutions, all jails and all institutions of the metropolitan government where sick, ~~mentally ill, insane,~~ destitute or other persons are confined. The board may cause any person convicted of violating any law or ordinance and who is confined, or who is on parole, to be examined as to the causes contributing to the delinquency and shall make and keep a record of such examinations.

Sec. 10.104. - Same—Duties.

In addition to the duties otherwise imposed by this Charter or by general law, it shall be the duty of the board of health to:

1. Determine and establish the policies to be followed in the exercise of its functions.
2. Establish within the department of health such divisions, branches, or subdivisions, and plan of organization as may be consistent with efficient administration, which organizational plan shall be submitted by the board to the council for approval by ordinance, and which organizational plan may be amended from time to time in like manner.
3. After public hearing adopt reasonable rules and regulations or amend rules and regulations previously adopted as necessary for the protection of the health of the people, which rules and regulations, among other things, shall set standards and procedures and requirements of conduct not less than as set out in regulations of the commissioner of public health of Tennessee. No such rule or regulation shall be contrary to any metropolitan ordinance.

4. Hear and act upon complaints of persons affected by decisions of the ~~chief medical~~ director of health and to amend or set aside such decisions as are contrary to policies or regulations of the board.

5. Cause to be submitted, with the aid of the department of law, for submission to the council for its consideration, a comprehensive Health Code which shall embrace all matters with relation to public health to which the powers and duties of the board extend, and which shall have as its purpose the preservation and promotion of the health of the people of the metropolitan government.

6. Submit to the mayor, within six months after the beginning of each new term of office, a report upon the activities of the ~~metropolitan board department~~ of health and a comprehensive program of public health and indigent medical care.

7. Conduct inquiries, make investigations and hold hearings for the purpose of investigating nuisances, preventing the creation of nuisances, taking other preventative steps to protect the health of the community and for other purposes herein set forth in connection with the powers, duties and authorities of the board. In conducting any such inquiry and mailing of any such investigation the board shall have and may exercise the same investigative powers as are vested by this Charter in other metropolitan agencies which are given investigative powers.

8. Contract with other governmental agencies, or with public or private institutions, subject to confirmation by the council by resolution for such services as will further the program and policies of the board.

9. Cause to be prepared by the ~~chief medical~~ director of health, subject to review and revision by the board, the proposed annual budget for the metropolitan board of health.

10. Cooperate with agencies of the United States and of the State of Tennessee in all matters of public health and sanitation and accept, receive and provide for the use of federal and state grants in aid, state aid and matching funds.

11. Cooperate with privately endowed or operated institutions, funds or foundations in all matters of public health and sanitation and receive and accept and provide for the use of grants from any such institutions, funds or foundations.

12. Exercise such other authority and perform such other duties as may be required by ordinance consistent with the general law and the provisions of this Charter.

- **Sec. 10.105. - Chief medical director of health—Appointment and qualifications.**

The board shall appoint a director of health and may enter into an employment contract with such person for a period not exceeding five (5) years, and at a compensation to be fixed by the board. Such compensation so fixed shall be subject to approval by the council by resolution. The qualifications for the director of health shall be established by the bBoard, subject to approval by the Metro Director of Human Resources.

If the director of Health is not a doctor of medicine or osteopathy, the director shall appoint a medical doctor who may be a member of the department staff to serve as the cChief mMedical oOfficer, which appointment is subject to bBoard approval. Any powers, duties, responsibilities or authorities vested in the dDirector of hHealth that require or imply that the dDirector is a licensed physician shall be

~~delegated to the cChief mMedical oOfficer. Any such delegation shall be made in writing and shall be filed with the Board.~~

~~The board shall appoint a chief medical director of health, herein sometimes called "chief medical director," and may enter into an employment contract with such person for a period not exceeding five (5) years, and at a compensation to be fixed by the board. Such compensation so fixed shall be subject to approval by the council by resolution. The chief medical director shall be a doctor of medicine certified for practice as such by the state board of medical examiners, and licensed by the state licensing board for the healing arts. He or she shall have had not less than ten years' previous experience in the active practice of his or her profession, or in the field of public health administration. He or she shall devote his or her entire time to the duties of his or her office.~~

Sec. 10.106. - Same—Powers and duties.

The ~~chief medical~~ director ~~of health~~ shall be the chief administrative officer of the board. He or she shall be responsible to the board for the administration and execution of its program and policies. Within the policies set forth by the board he or she shall have general management and control of any divisions of the department and such other administrative units as may be created by the board or by ordinance. With the approval of the board, pursuant to established personnel policies, and subject to the provisions of this article, he or she shall appoint and remove the heads of the divisions and other officers and employees of the board. He or she shall have such other powers and duties as may be authorized by general law, by this Charter or by ordinance.

Sec. 10.107. - Personnel rules and regulations of the board of health.

The metropolitan board of health, consistent with the standards of the merit system of the United States Public Health service, shall establish, adopt and make available for distribution, its rules, regulations and policy statement concerning its personnel policy, the manner and method of employing personnel, the requirements with reference to the qualifications of both professional and nonprofessional personnel, salaries, vacations, sick leave, job security, retirement policy, and other related terms and conditions of employment by the board.

The board shall constitute a civil service board with respect to employees of the board of health for the purpose of [section 12.09](#) of this Charter and for the purpose of investigating and hearing charges against any professional or nonprofessional employee, and for the purpose of dismissing, suspending or otherwise disciplining any such employee, or reviewing any decision of the ~~chief medical~~ director ~~of health~~ affecting the employment status of such employee. In the discharge of its duties as a civil service board, the board shall act pursuant to its rules and regulations governing personnel policies promulgated as hereinabove stated, and shall have the same investigative powers as vested by this Charter in other agencies of the metropolitan government in which investigative power is vested. Any employee of the board dismissed or discharged pursuant to the action of the Board after hearing, may have such discharge or dismissal reviewed in the same manner as is provided in this Charter for the review of

Sec. 10.108. - Budget of metropolitan board of health

The ~~director of health board~~ shall submit to the mayor, [with approval by the board and](#) through the director of finance, the budget for the metropolitan board of health. If the mayor shall make any change

- A veterinarian licensed by the Tennessee Board of Veterinary Medical Examiners;
- A dentist licensed to practice by the Tennessee Board of Dentistry;
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Sec. 10.108. - Budget of metropolitan board of health

The director of health shall submit to the mayor, with approval by the board and through the director of finance, the budget for the metropolitan board of health. If the mayor shall make any change therefrom

in the budget submitted by him or her to the council, it shall be his or her duty to inform the council with respect to such change and the original proposals of the board.

Sec. 10.110. - Civil service medical examiner; civil service examinations.

The director of health shall designate a qualified professional member of his or her medical staff as civil service medical examiner to conduct physical examinations for civil service personnel, including applicants for appointments, to conduct examinations for persons in retired status and applicants for retirement benefits, and to conduct periodical examinations for drivers of vehicular equipment of the metropolitan government. In addition, the civil service medical examiner shall conduct physical examinations when requested by any board or agency of the metropolitan government but solely for metropolitan government purposes; or as provided by ordinance.

Director's Update to the Board of Health March, 2022

Protecting Health – Preventing the Spread of Infectious Disease

COVID

Active cases continue to decline, along with new hospitalizations, ventilator use and ICU stays. Active cases were 3,609 on Feb. 27. New cases per 100,000 per day are down to 18.7, the first time they have been below 20 in almost three months. Currently 69.4 percent of Nashville residents have received at least a first dose of a vaccine, and 64.7 percent are fully vaccinated. We continue to follow the numbers closely but expect this trend to continue for the near future.

AIDS

National Women/Girls HIV/AIDS Awareness Day is today, and National Youth HIV/AIDS Awareness Day is March 20th. For both we will post information and video on MPHD's social media platforms. The Ryan White Part A (RWPA) Program is now fully staffed and is hosted a virtual meeting for RWPA service providers last week to give an update on the RW Program, status of people living with HIV/AIDS (PLWHA) in the Nashville Transitional Grant Area, and obtain feedback from the providers.

TB

World Tuberculosis (TB) Day is March 24. On March 19 and 22, TB Elimination (TBE) staff members will appear on radio stations such as 760 AM and El Jefe radio to educate the community about TB and the TBE program. March 24, there will be a press release about World TB Day and the Korean Veterans Memorial Bridge will be lit in red in recognition. A display table with educational materials will be in the lobby of Lentz for internal and external customers. From March 21-24, staff will make in-person deliveries of informational packets to providers in the community, and encourage them to "think TB" when screening and evaluating patients. From March 21–25, informational material, including an animated video and PowerPoint presentation, will be posted on MPHD's social media platforms.

Improving Health - Services to Individuals & Families

Family planning

Family planning dollars can be used to cover sterilizations, such as tubal ligations and vasectomies. This past grant funding year (which ends this month), our nurse practitioners were able to screen, evaluate, schedule, and have successful procedure completions for 54 women to have tubal ligations and seven men to have vasectomies. This, in a year when the pandemic forced the cancelation of many elective procedures and in which we couldn't establish a vasectomy provider until June. Kudos to our family planning administrator, Samantha Wank, and the work of our family planning nurse practitioners, Eterial Burrell, Emily Davis, Amanda Kralick, and Karina Maza.

MACC Director

The Bureau of Environmental Health Services is pleased to announce that Ashley Harrington is the new Animal Care and Control Manager. Ashley's appointment was effective February 19. Ashley has been at MACC since December, 2016, and became the Field Supervisor for Animal Control Officers in January 2019. Ashley had prior experience with Metro before joining MACC; she worked for the Davidson County Sheriff's Office from January 2008 until September 2011. During her time at MACC, Ashley has demonstrated a great passion for animals and has been a steadying influence in a highly stressful work

environment. She already has a good working relationship with several members of the Metro Council, the media, and many independent animal welfare organizations that support our efforts at MACC.

March Muttiness

MACC is promoting “March Muttiness,” in which they will waive fees for the month of March for all adoptable pets. The animal population at MACC is very high, and we are hopeful this promotion will provide good homes for the animals while reducing the number of animals in the shelter.

Prevention and Wellness

- The Tobacco Prevention Program has received an additional \$10,000 to promote the TNSTRONG Campaign. This money will be used to create a PSA and digitals to encourage local youth to become TNSTRONG Ambassadors and messages on preventing the use of tobacco/vaping products.
- The Baby and ME Tobacco Free Program had its first Spanish speaking participant to graduate from the program. This is a great example of the importance of our interpreter and language line services.
- The Workplace Wellness Coordinator has partnered with two additional daycares to plant gardens this week. The gardens will be planted at A Brighter Day on Ewing Lane and Leaps & Bounds on Trinity Lane.

Improving Health – Community Partnerships

A Thank-you to our COVID Partners

The Metro Public Health Department is hosting a “Partnership Appreciation Event” on Thursday, April 14, at 2 p.m. in the Centennial Rooms at Lentz. This event is to recognize the more than 100 federal, state, and local organizations and community members for their contribution in our fight against the COVID-19 pandemic. Their contributions were enormous and very greatly appreciated. Board Members are invited to a meet-and-greet prior to the April Board of Health meeting. Light refreshments will be served, and partners will receive a memento of appreciation.

Overdoses

Josh Love and Angie Thompson presented at the Middle Tennessee Donors Forum on the Hidden Pandemic of Overdoses in February 2022. Members of the Middle Tennessee Donors Forum represent the leading foundation and corporate donors in Middle Tennessee. Program officers, Foundation CEOs, Trustees, CSR directors and other leaders in the philanthropic community come together to share ideas, discuss their work, and collaborate in problem solving.

FIMR

The Fetal Infant Mortality Review (FIMR) was one of five teams selected to participate in the National Child Fatality Review Program’s pilot of the “Health Equity: Diversity, Equity, and Inclusion Assessment Guide for Multidisciplinary Teams.”

The goal of the Guide is to equip team leaders to identify and act on growth opportunities within the team and community contexts and support a shared understanding of the multidisciplinary team's commitments to DEI and advancing health equity in the community. The FIMR team piloted the guide with their multidisciplinary case review team and partnered with the MPHD Health Equity bureau for support and guidance.

The pilot consisted of DEI assessment questions for MPHD and the case review team. The team was taken through a series of DEI-focused conversations which led to the development of strategies to prioritize the community in the case review process. Our partnership with the Health Equity Bureau was invaluable

during this pilot, providing resources, feedback on our review process and a customized equity training by Anthony Johnson.

As a result of the pilot, The FIMR team developed an equity plan for the next year. The teams' goals are to:

- 1) Build more diverse team including representation from organizations who work with immigrant and refugee populations, substance use disorder care expertise, and representation from the Hispanic/LatinX community;
- 2) Provide ongoing health equity training; and
- 3) Develop a FIMR report for dissemination to Davidson County stakeholders, specifically those who work directly with the community.

Organizational Updates

Vehicle Emissions

As you may recall, at the January meeting we asked you to do two things with reference to the vehicle emission testing program in light of Metro Council action ordering that program's cessation. The first was to continue the provisions of Regulation #8 through Feb. 5, which we did. The second was to authorize a public hearing on that regulation going forward, which we held two days ago. Mr. Atkins was the hearing officer and will be happy to provide a report. We will bring you a revised version for your consideration at the April meeting.

Equity Grid for Strategic Plan

The Strategic Plan Team (Dr. Stephanie Kang and Anthony Johnson, HE Bureau; Dr. Celia Larson, Tracy Buck, and KaShawna Lollis) have designed "The Equity Grid," a framework to embed equity and inclusion into MPH's strategic plan. The grid uses an equity roadmap and five strategic levers.

Five key questions:

- 1) What is the problem?
- 2) What is the cause/who is responsible?
- 3) What is the solution?
- 4) What is the action needed?
- 5) What values are highlighted?

The five strategic levers include:

- 1) Workforce Development & Transformation
- 2) Community Partnerships
- 3) Strategic Collaborations
- 4) Organizational Performance & Policies
- 5) Sustainability & Systems Change

The preliminary "Equity Grid" identified a response to each of the questions within the levers, and outlined a series of actions for each lever that embed equity and inclusion through:

- 1) Being Explicit

- 2) Being Consistent
- 3) Being Proactive

The draft “Equity Grid” was then sent to all ELT members for their review. Two facilitators from the Strategic Plan Team sat with each ELT Member for a 1.5-hour interview to receive the ELT member’s feedback on both the current draft of the strategic plan and the equity grid. A summary of the responses received from the ELT members regarding the “Equity Grid” are:

- 1) Most ELT members felt their work was expressed in the grid
- 2) Grid is understandable, clear, and user friendly
- 3) Better define who is responsible for actions being done
- 4) Some statements could improve in framing

The feedback was recorded in writing and sent back to each ELT member for their approval. Based on the feedback, several revisions were made to the “Equity Grid” to incorporate each ELT members’ priorities. The responses and revisions were then presented to the Director and Deputy Director for their approval.

The “Equity Grid” is in near-final stages of being integrated into the Strategic Plan. The last steps to be completed throughout March 2022 include:

- 1) Present to ELT and gain explicit buy-in on the final version of the Equity Grid
- 2) Present the Equity Grid at the next Supervisor’s Meeting
- 3) Make any final edits/revisions to the grid and Strategic Plan by ELT
- 4) Final approval by the Director of Health

Overdose Response Program (ORP) | Division of Behavioral Health and Wellness

GRANTS

- U.S. DOJ Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) Grant
- TDH-CDC High Impact Area (HIA) Grant
- NACCHO Grant
- The "Community Overdose Prevention and Empowerment" project will deploy community health educators and enhance surveillance through surveys and listening sessions so authentic community voice is incorporated into overdose prevention strategies, messaging, and materials.
- **SAMHSA GAINS Center Sequential Intercept Model (SIM) Mapping Workshop Grant**
- SIM Workshops are designed bring together a local, multidisciplinary group of key stakeholders from a particular jurisdiction to facilitate cross-system collaboration and to identify and discuss ways in which barriers in and between the criminal justice and behavioral health systems can be reduced through the development of integrated local strategic action plans.

****Public Health Emergency - Drug/Opioid Overdose Crisis in the U.S.****

On October 26, 2017, the drug overdose crisis was officially declared to be a public health emergency by President Trump. This determination was renewed by the Secretary of Health and Human Services, effective July 7, 2021.

<https://www.phe.gov/emergency/news/healthactions/phe/Pages/opioids-7July2021-asp.aspx>

INTERVENTIONS AND ACTIVITIES

Overdose Fatality Review (OFR) Panel

- Seeks to examine and understand the circumstances surrounding fatal drug overdoses occurring in Davidson County. **Meetings occur monthly.**

ED Post-Overdose Discharge Protocol

- Initiative seeks to improve care through the use of peer recovery navigators, naloxone distribution, harm reduction strategies, and medically-assisted treatment (MAT).

Nashville Fire Department EMS Post-Overdose Follow-Up

- Implementation began in early January 2021.

Substance Use Linkage by ORP Social Worker

- Implementation began in November 2020. Activities include linking MPHD clinic patients with substance use disorder to available resources.

Data-to-Action with Local Prevention/Public Safety Partners

- Collaborating with prevention partners/public safety for targeted response to high-activity areas.

Data-to-Action with Local Homeless/Housing Partners

- Currently collaborating and implementing data-to-action activities with local homeless/housing partners surrounding the overdose crisis.

HIA Multidisciplinary Stakeholder Group

- Inaugural quarterly meeting held in July involving stakeholders from multiple sectors aimed at mitigating the local drug overdose crisis.

SAMHSA GAINS Center Sequential Intercept Model (SIM) Mapping Workshop

- Implementation is underway with initial planning meeting held in mid January.

Media

February 6 - News Channel 5

<https://www.newschannel5.com/news/metro-reports-multiple-drug-overdose-incidents-over-the-weekend>

February 9 - The Tennessean

<https://www.tennessean.com/in-depth/news/2022/02/10/fentanyl-drug-overdose-deaths-rising-louisiana-tennessee-arkansas-us-south/9259406002/>

February 13 - The New York Times

<https://www.nytimes.com/2022/02/13/opinion/addiction-overdose-covid-church.html#after-bottom>

February 17 - News Channel 5

<https://www.newschannel5.com/news/drug-overdose-deaths-continue-to-soar-amid-pandemic-rise-of-fentanyl>

February 18 - News 4

https://www.wsmv.com/news/drug-more-potent-than-fentanyl-detected-in-tennessee/article_db66bbe-9102-11ec-86d7-97ca5af98ef4.html

SPIKE ALERTS

- Since implementation in June 2021, the SPIKE Auto Text Program has been utilized 7 times:

2021

June 9, July 16, August 13, September 2, October 4, and December 4

2022

February 5

Monthly Drug Overdose Activity, January 2020-February 2022
Data reported for the last three months are provisional and subject to change.

Data and Surveillance

Suspected Fatal Drug Overdoses

- Fentanyl was detected in 75% of overdose-related toxicology reports in 2021 (78% in 2020).
- Monthly Average
2020: 51.8 suspected overdose deaths
2021: 58.8 suspected overdose deaths

Suspected Nonfatal Drug Overdose-related Emergency Department (ED) Visits

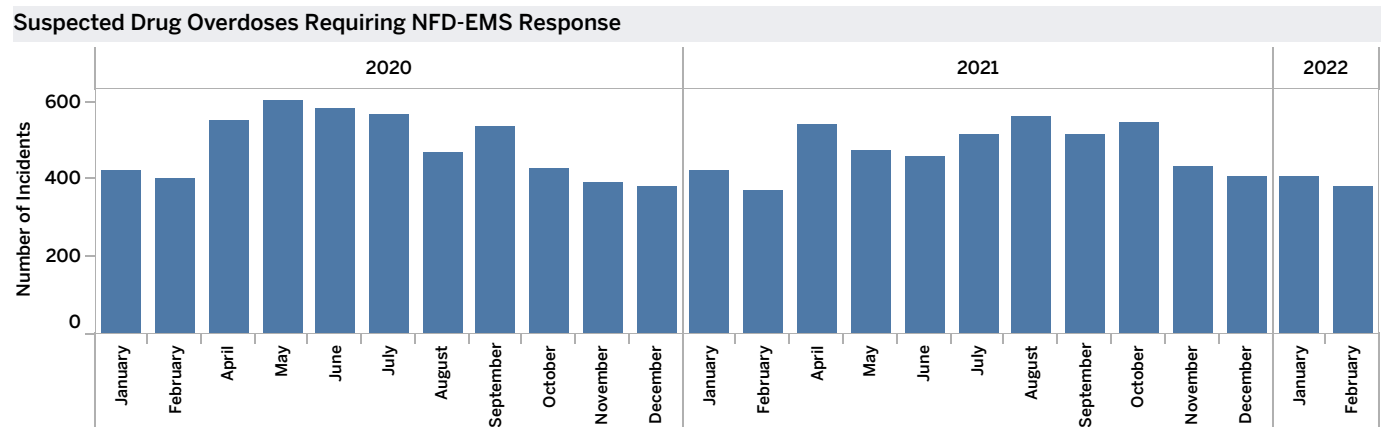
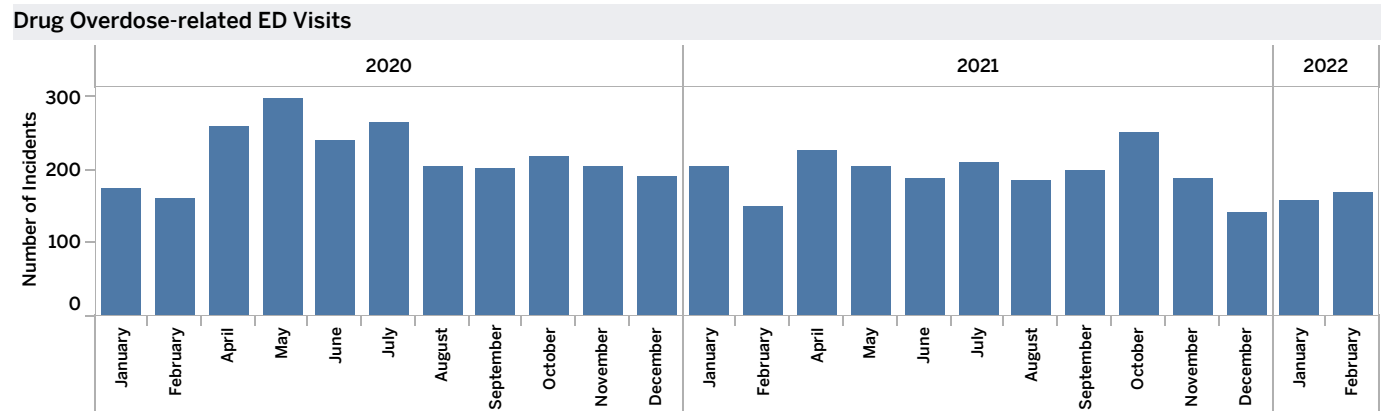
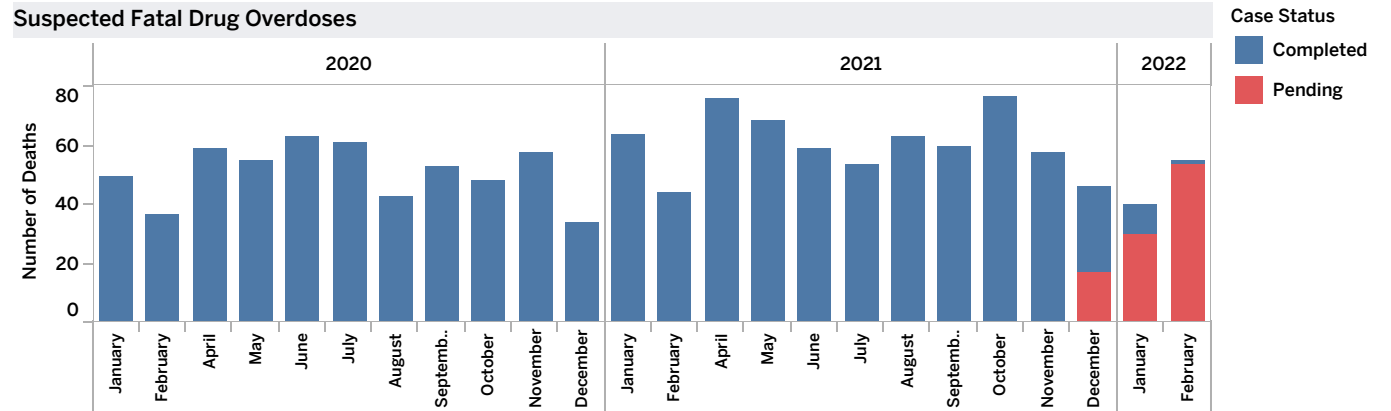
Monthly Average
2020: 213.8 overdose-related ED visits
2021: 214.9 overdose-related ED visits

Suspected Drug Overdoses Requiring NFD-EMS Response

Monthly Average
2020: 484.9 suspected overdoses
2021: 478.8 suspected overdoses

Syringe Containers Collected in the Community

- In 2021, there were **1,877 syringe containers collected** by the Metro Public Health Department in 2021, representing an **76% increase** compared to 2020 (each syringe container is estimated to collect between 400 and 430 1cc syringes).
- Monthly Average
2020: 88.7 containers
2021: 156.4 containers



Prevention Categories for Activities/Interventions Implemented or Supported by ORP

The Overdose Response Program is involved in both actively implementing and supporting a multitude of community activities and interventions aimed at addressing all levels of prevention (primary, secondary, and tertiary). This ensures our program is applying a comprehensive approach which involves mitigating the currently burgeoning local drug overdose crisis while aiming to prevent substance use/addiction before it ever occurs.

Implemented by ORP

Overdose Fatality Review (OFR) Panel - primary, secondary, tertiary

ED Post-Overdose Discharge Protocol - primary, secondary, tertiary

HIA Multidisciplinary Stakeholder Group - primary, secondary, tertiary

Nashville Fire Department Emergency Medical Services Post-Overdose Follow-Up - primary, secondary, tertiary

Substance Use Linkage by ORP Social Worker - primary, secondary, tertiary

Data-to-Action with Local Prevention Partners - primary

Data-to-Action with Public Safety Partners - primary

Data-to-Action with Local Homeless/Housing Partners - primary

SPIKE Auto Text Program - primary, secondary

Drug Overdose Monitoring and Surveillance - primary, secondary, tertiary

Syringe Services Program (SSP) - primary, secondary

(Note: MPH D receives syringe containers from organization implemented the SSP for disposal as medical waste)

Supported by ORP

Fentanyl Test Strip Distribution (as a means of harm reduction) - primary, secondary

Definitions

Primary Prevention: "upstream" measures that prevent the onset of illness before the disease process begins. Immunization against infectious disease is a good example.

Secondary Prevention: measures that lead to early diagnosis and prompt treatment of a disease. Breast self-examination is a good example of secondary prevention.

Tertiary Prevention: involves the rehabilitation of people who have already been affected by a disease, or activities to prevent an established disease from becoming worse.

Overdose Response Program

Bridget Del Boccio | Coordinator

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Josh Love, MPH | Epidemiologist

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Metro Public Health Department Website

Drug Overdose Information

<https://www.nashville.gov/departments/health/drug-overdose-information>

Data Sources

Suspected Fatal Drug Overdoses

Death Investigation and Decedent Information (DIDI) Database (maintained by the Davidson County Medical Examiner (DCME))

Suspected Nonfatal Drug Overdose-related ED Visits

ESSENCE-TN

Suspected Drug Overdoses Requiring NFD-EMS Response

Nashville Fire Department Emergency Medical Services (NFD-EMS)

Notes

Data presented in this report were extracted on March 2, 2022 and are provisional. There may be additional fatal/nonfatal drug overdoses reported over this time period in subsequent reports as incidents that occurred from December 2021-February 2022 are not yet finalized. Suspected drug overdose deaths captured in the DIDI database represent deaths under DCME jurisdiction and do not necessarily indicate Davidson County residency status of the decedent.

If you have information on unusual overdose activity, please contact the Overdose Response Program:

Opioid.Response@nashville.gov | 615-340-0498



SPIKE Alerts by Text
Information that can save lives
Get alerts about overdoses in your community



Partnership to End Addiction is working with organizations in your community to alert you when spikes in drug overdoses occur locally. This knowledge can help you take action to engage and protect your loved ones struggling with addiction.

Why it matters: Spike alerts can prompt families and community members to:

- 1 Have discussions about seeking treatment and/or using substances more safely
- 2 Protect people you care about by getting naloxone and learning how to use it
- 3 Talk to friends or loved ones who are not using substances about the risks of use
- 4 Advocate for and support efforts in your community to prevent overdoses

Text SPIKE to
855-9-OD-KNOW
(855-963-5669)

and follow the steps to
get messages on your
phone when overdose
spikes occur.

How it works: Health and law enforcement officials can release a "spike alert" to the media in response to a pattern of drug overdoses within a community. Partnership to End Addiction's SPIKE Alerts by Text program informs you when these alerts are issued.



Learn more:
drugfree.org/spike
or scan QR code to sign up now

Partnership to End Addiction is a nonprofit working to transform how our nation addresses addiction. Learn more at drugfree.org.



081021

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.



METRO NASHVILLE
ANIMAL CARE & CONTROL

MACC Basic Data Matrix

02/01/2022 and 02/28/2022

		Species							Totals	
		Canine			Canine Totals	Feline				Feline Totals
		Adult	Up to 5 Months	Unknown Age		Adult	Up to 5 Months	Unknown Age		
Beginning Animal Count as of 02/01/2022		99	2	0	101	21	4	0	25	126
I N T A K E S	Stray/At Large	192	21	2	215	26	10	0	36	251
	Transferred in from Municipal Shelter	0	0	0	0	0	0	0	0	0
	Transferred in from Other Rescue Group	0	0	0	0	1	0	0	1	1
	Owner Requested Euthanasia	3	0	0	3	0	0	0	0	3
	Relinquished by Owner	28	10	0	38	30	5	0	35	73
	Other Intakes	12	0	0	12	6	0	0	6	18
Total Intakes		235	31	2	268	63	15	0	78	346
O U T C O M E S	Adoptions	48	9	0	57	27	0	0	27	84
	Returned to Home	85	6	1	92	2	0	0	2	94
	Transferred to Rescue Group	69	9	0	78	25	7	0	32	110
	Other Live Outcomes	0	0	0	0	0	0	0	0	0
	Total Live Outcomes	202	24	1	227	54	7	0	61	288
	Died in Care	0	0	0	0	0	0	0	0	0
	Lost in Care	0	0	0	0	0	0	0	0	0
	Euthanasia	29	0	1	30	3	0	0	3	33
	Owner Requested Euthanasia	3	0	0	3	0	0	0	0	3
	Total Other Outcomes	32	0	1	33	3	0	0	3	36
Total Outcomes		234	24	2	260	57	7	0	64	324
Ending Animal Count as of 02/28/2022		101	8	0	109	29	10	0	39	148
Save Rate		87.50%	100.00%	50.00%	88.68%	95.24%	100.00%	0.00%	96.15%	90.38%

NUTRITIONIST 2

CLASS NUMBER: 03238
FLSA CATEGORY: Exempt (P)
EEO CATEGORY: Professional

JOB OBJECTIVE

Provides nutrition assessment and counseling; may supervise professional and support staff; and performs related duties as required.

JOB DESCRIPTION

MAJOR JOB RESPONSIBILITIES

Provides diet assessment, nutrition counseling and evaluation.

- Provides case management.

- Advocates lactation for breastfeeding promotion.

- Interprets patient's immunization status.

- Develops nutrition education materials.

- Provides group instruction and individual counseling to clients in clinic or home.

- Coordinates nutrition services with the other public health programs.

- Collects participant measures (height, weight, and hemoglobin) as required.

- Works with community agencies and groups in promoting an integrated nutrition program.

- Makes appropriate referrals within the department and to community agencies.

- Conducts dietary surveys and analyzes menus.

- Completes documentation in participant records.

- Audits records for nutrition and program compliance.

Keeps abreast of current nutritional practices and developments related to program.

- Incorporates new methods and program changes into activities.

Assists in planning and participates in various training programs.

Prepares and delivers lectures as needed.

Organizes and participates in health fairs and other events.

Utilizes the community process of assessment, planning, implementation, and evaluation to develop interventions related to nutrition and general health.

May supervise professional and support staff.

- Monitors staffing levels and adjusts accordingly.

- Conducts performance evaluations and other required assessments according to program protocol.

- Consults with staff to promote resolution of conflicts and issues.

- Resolves disciplinary issues and recommends further action when warranted.

- Identifies program needs and recommends changes and / or expansion of services.

Maintains inventory of nutrition equipment and supplies.

Keeps records and prepares reports.

SUPERVISION EXERCISED/SUPERVISION RECEIVED

May supervise professional and support staff.

Nutritionist 2

Page 2

This classification works under the supervision of a program supervisor or division manager who defines overall objective and priorities of the work and is consulted on unusual or complex matters.

WORKING ENVIRONMENT/PHYSICAL DEMANDS

The work environment involves the everyday risks or discomforts which require knowledge and use of universal safety precautions typical of such places as offices, clinics, meeting and training rooms, etc. The work area is adequately lighted, heated, and ventilated.

This classification works primarily in an office or clinic setting under generally favorable working conditions. Work is sedentary, however, there may be some walking, standing, bending, carrying of light items, etc. No special physical demands are required to perform the work.

EMPLOYMENT STANDARDS

EDUCATION AND EXPERIENCE

Graduation from an accredited (4) four-year college or university with a major in foods and nutrition; Master's degree in nutrition and dietetics or completion of an approved dietetic internship; and three (3) years of full-time paid employment in public health nutrition or a related area.

PERFORMANCE STANDARDS

Knowledge of the principles and practices of dietetics and nutrition and its relationship to health and disease control.

Knowledge of program planning, evaluation, and implementation.

Knowledge of local organizations and available resources related to public health.

Knowledge of the principles and practices of public health administration.

Skill in obtaining clinical measures of participants.

Skill in oral and written communication.

Ability to utilize problem solving techniques.

Ability to analyze statistical data.

Ability to establish and maintain effective working relationships.

LICENSE REQUIRED

Registration in the American Dietetic Association; licensed as a Registered Dietitian by the State of Tennessee in accordance with program guidelines; and valid class "D" driver's license.

Date Approved: September 9, 2003