# Director's Update to the Board of Health July, 2022

# **Protecting Health – Preventing the Spread of Infectious Disease COVID**

Davidson County continues to have a moderate level of cases that has plateaued over the past several weeks. We currently are at 37.2 new cases per day per 100,000 population. Hospitalizations also have flattened. Vaccinations continue a slow growth, with 65.8 percent of the population fully vaccinated. We may see a bump in this number with the recent approval of vaccines for children under five years old.

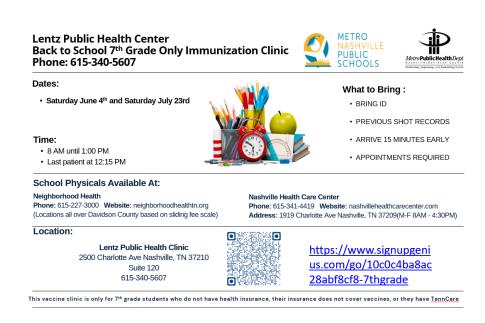
#### Monkeypox

MPHD continues to respond to the nationwide monkeypox outbreak. A multi-program team has been assembled to respond to suspected or positive MPX cases in Nashville. As of this writing, there has been one confirmed case among Tennessee residents, and it was here in Nashville. Confirmation was last week. MPHD programs working together on the response team include PHEP, TB Clinic, Vaccine Preventable Diseases, Notifiable Disease and Sexual Health Clinic.

TDH and the state lab also are partners in this effort.

#### **Back-to-School Vaccinations**

On Saturday, July 23 from 8am-1pm, MPHD will be offering 7th grade immunizations. This is in an effort to increase access to vaccination services and offer alternate times that may be more convenient to families. Please share with any community partners that may be able to spread the word about these events.



#### **Back to School Hours at Preventive Health Clinics**

From Aug. 1 through Aug. 26 all three preventive health locations (East, Woodbine, and Lentz 120) will offer extended back-to-school hours. Woodbine will extend hours Monday through Thursday from 7 a.m. to 5:30 p.m.; Lentz 120 will extend hours on Tuesdays and Thursday from 7:30 a.m. to 6 p.m.; and East will extend hours on Wednesdays from 8 a.m. to 6:30 p.m. This information has been shared with clinical

leadership throughout MPHD; additionally, the information has been posted on social media platforms, the TVs within Lentz and displayed inside the clinic locations themselves.

## Improve and Sustain Family and Child Well-Being

#### WIC

You are all aware of the issues around supplies of baby formula. To improve WIC participants' access, WIC in TN has given temporary approval to 105 additional formulas for redemption with WIC vouchers through the end of August. The supply of standard Similac products has been greatly improving and we have had very few calls from families searching for formula in recent days. Specialized infant therapeutic formulas that are ordered through pharmacies or ordered directly from the manufacturer continue to be limited in supply, specifically Neocate and Elecare which are amino-acid-based formulas. We do have the forms for healthcare providers to use if requesting Elecare from Abbott on a special needs basis. We also are seeing instability on ordering specific high-calorie toddler supplements such as Pediasure 1.5, Boost Kids 1.5 and Pediasure Peptide. Parents are not reporting concerns with finding Pediasure in the retail stores.

#### **Red Sand project**

On July 25 from 10:30 a.m. to 12:30 p.m. at Lentz, on July 27 from 2 p.m. to 3 p.m. at East, and July 29 from 10:30 a.m. to 11:30 a.m. at Woodbine, MPHD staff and TDH's Women's and Reproductive Health Team will participate in our fourth annual statewide Human Trafficking Awareness initiative to educate the public on both labor and sex trafficking in Tennessee. This community event works to bring awareness and education on these growing issues by spreading red sand into cracks in the sidewalks or parking lots, creating a visual representation of those society allows to "fall through the cracks" in terms of screening and referral to resources. We participate annually to raise awareness and promote conversations regarding ways in which our clinics are working to identify and connect those individuals to assistance. We would invite all board of health members to participate in any of the scheduled events.

#### **Promote and Support Healthier Living**

## **Behavioral Health**

We have requested freeze releases on all open positions in the Behavioral Health unit, with plans to fill all available positions. Dr. Harris has submitted a suggestion for an interim director to Dr. Black. Dr. Harris also is meeting with Kristen Zak at TDH to discuss the opioid response transition plan and working with Dr. Carpenter to produce the regular weekly/biweekly opioid reports.

We also are awaiting the final strategy assessment from the Mosaic group, which will help inform future planning for the division.

Of note is that the Davidson County overdose monitoring and alerting (SPIKE alerts) system is active. Additional essential reporting such as the weekly surveillance report (see attached) and prescribed grant reporting has been resumed while working toward identifying and hiring new staff for the overdose program.

#### **STARS**

MPHD's partnership with STARS around youth substance misuse prevention has allowed us to leverage our strengths in grant-seeking, epidemiology, and program evaluation to promote community-wide ecigarette and substance misuse prevention efforts. The experience, strengths, and programming efforts of other partners, including Oasis Center, Big Brothers Big Sisters, and Nashville Prevention Partnership, has led to the formation of a larger coalition that supports cooperation and wide community coverage. This unique approach, using a Strategic Prevention Framework, is reported in more detail in the packet.

## **Create Healthier Community Environments**

#### **Mapping MACC Field Activity**

As a follow-up to questions in the May board meeting regarding the geographic distribution of MACC's field activity, MACC and Epidemiology worked together to map by ZIP code the number of stray dogs retrieved by Animal Control Officers (the full map is in your packet). Information is presented for 2019 through 2021. The maps are colored to approximate the volume of strays picked up in each zip code. One map also displays the volume of stray retrievals compared to the number of county residents in each zip code. The bar chart provides some information about how the work varied during the three years, and a pie chart demonstrates that the total intake stream is primarily divided between field captures and over-the-counter surrenders at MACC. Animal control officers are dispatched to pick up strays only after MACC receives a call or complaint about a stray dog.

#### **MACC Budget**

Your heard earlier this year from MACC Director Ashley Harrington about staffing issues at MACC. In the FY23 budget, MACC received six new positions: three Animal Care Assistants, two Animal Control Offices, and an Animal Behaviorist. We look forward to getting these positions filled to relieve the workload and stress on existing staff.

The Animal Behaviorist will assist with matching pets to appropriate homes, which is a crucial aspect of a successful rehoming program. Potential pet owners must be fully aware of the problems they will be managing and capable of following treatment guidelines. We are hopeful that by having an in-house Animal Behaviorist we can reduce the number of pet surrenders and return, while also increasing the number of animals deemed suitable for placement.

While we are fortunate to add the new Animal Control Officers, there is a significant delay in obtaining the corresponding vehicles for the new staff. The field trucks must be outfitted with additional climate control capability and proper stainless steel storage space. The air conditioning requires special additional wiring that is added at the factory. Once the vehicles are delivered, they then are sent for the installation of animal transport accommodations. Unfortunately, this process can take anywhere from six months to a year to complete.

#### **MACC's New Veterinarian**

Dr. Travis Beeler officially joined MACC on July 5 as the new shelter veterinarian. Dr. Beeler previously served as a relief veterinarian at multiple local clinics. He worked as a vendor for MACC during the month of June in order to spend some time with Dr. Staci Cannon, our outgoing shelter vet (and we wish her well). We are hopeful that his will contribute to a smooth transition in this vital area of shelter operations.

#### **Food & Public Facilities**

The Food and Public Facilities Division received three new Environmental Health Specialist positions in this year's budget. With continued growth in Nashville, we are seeing an increase in the number of facilities this group is required to permit and inspect; in the month of June alone we added 51 new facilities. Once hired and trained, the additional positions will somewhat lighten the workload for existing staff. This coupled with an increased starting salary should help with staff retention.

## **Organizational Updates**

#### **General Budget**

Fiscal Year 2023 began July 1. In late June, Metro Council passed an amended FY23 budget that differed slightly from the Mayor's proposal. The most notable change was approving a cost of living raise of 4.5%, which was half of a percentage point higher than the COLA included in the Mayor's budget.

MPHD's FY23 local budget is approximately \$31.1 million, an increase of \$3 million over FY22. This increase includes funding for 23 new positions. Factoring in the four positions that were subtracted due to the discontinuance of the vehicle inspection program, the department has a net increase of 19 local positions in FY23.

#### And, Lastly, a Thank-you Note

(As we do every June, MPHD had a presence at the Nashville's PRIDE festivities. We could give you some numbers, but thought the thank-you note from Sherronda Broughton to the team would say it much better. Here it is.)

"Thanks to each one for your time and efforts in completing the task of making the STD/HIV Sexual Health booth a relevant part of the PRIDE experience.

The fact that you all weathered the heat is evidence of your dedication to Public Health and it is appreciated. Those that served as Volunteers, Other Staff, Nurses/ Phlebotomist, Recruiters, Runners and Information Specialist, you did not disappoint and thank you for your attention to the patients and their needs and to time.

Mr. Ed Watkins and Emily Morse thank you for wisdom and knowledge, it was greatly appreciated in a time of need. Tyrone Stewart and Tony Dotson, thank you for always being there in a pinch. Mark Sturgis and the Security staff thank you for your quick action and making sure access was in place for staff.

Rachel, Dr. Shaw Kaikai, and Norman, thank you for the extra efforts made to ensure the word got out for participation, the T-shirts, hydration and not to mention your time in the heat. **Just amazing!** 

Jim thank you for the Prep information and sign and filling in wherever needed. Kecia, Christine, Rachel, Tina Lester, Lillian, Sheldon, **wow is all I can say!** Thank you for the contributions made for this effort.

I love our Public Health Village and how it came together for the community. Jarrah, Khalid, Loretha, Antrion, Tracey, Lily, Alexis, Carol, Hannah, Regina, Jacelyn your recruitment efforts paid off. Samantha thank you for setting up and having the Family Planning table on Saturday, the information was vital with everything happening in the world, hopefully next year we can have it both days of the event. Shellia, Taylor, Christy, and Shawanna thank for your special attention to providing screening and information to those tested. Talia and Lily thank you both so much for always being willing to help wherever needed, from encounter entry to set up and organizing, you ladies are **AMAZING!** 

Todd Baker, the fans, tents and other much needed supplies made our booth the talk of Pride and made our tent were all the poplar kids wanted to hang out, LOL.

Ray Sr., RJ, Jay, CJ my heroes, my heavy hitters, always dependable, I am beyond grateful for your support and how you all believe in me and my drive to provide the very best to the community. Thanks for always being there.

Until Next Year I am Proud to be part of Public Health,

Sherronda"

# 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.



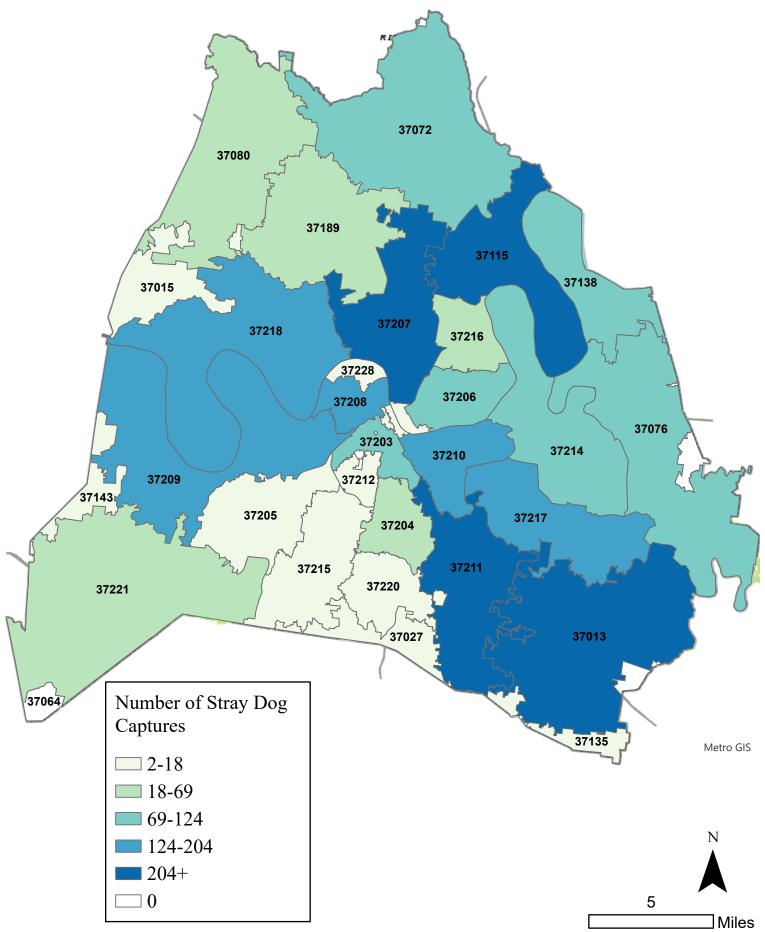
# **NFHS Basic Data Matrix**

06/01/2022 and 06/30/2022

| ANIMAL CARE & CONTROL                   |  | Species |                   |                |                  |        |                   |                |        |        |
|---|--|---------|-------------------|----------------|------------------|--------|-------------------|----------------|--------|--------|
|   |  | Canine  |                   |                | Canina           | Feline |                   |                | Feline | 1      |
|   |  | Adult   | Up to 5<br>Months | Unknown<br>Age | Canine<br>Totals | Adult  | Up to 5<br>Months | Unknown<br>Age | Totals | Totals |
|   | Beginning Animal Count<br>as of 06/01/2022 | 121     | 6                 | 2              | 129              | 28     | 81                | 3              | 112    | 241    |
|   | Otron /At Larra                            | 405     | 00                |                | 040              | 10     | 104               |                | 404    |        |
| L                                       | Stray/At Large                             | 185     | 22                | 5              | 212              | 48     | 131               | 2              | 181    | 393    |
| N<br>T<br>A                             | Transferred in from<br>Municipal Shelter   | 0       | 0                 | 0              | 0                | 0      | 0                 | 0              | 0      | 0      |
|   | Transferred in from<br>Other Rescue Group  | 0       | 0                 | 0              | 0                | 1      | 0                 | 0              | 1      | 1      |
| K                                       | Owner Requested<br>Euthanasia              | 1       | 0                 | 0              | 1                | 1      | 0                 | 0              | 1      | 2      |
| S                                       | Relinquished by Owner                      | 28      | 5                 | 0              | 33               | 9      | 6                 | 0              | 15     | 48     |
|   | Other Intakes                              | 23      | 7                 | 0              | 30               | 3      | 0                 | 0              | 3      | 33     |
|   | Total Intakes                              | 237     | 34                | 5              | 276              | 62     | 137               | 2              | 201    | 477    |
|   |  |         | <b>V</b> .        |                |                  | V=     | 101               | _              |        |        |
|   | Adoptions                                  | 71      | 7                 | 0              | 78               | 21     | 50                | 0              | 71     | 149    |
|   | Returned to Home                           | 77      | 3                 | 4              | 84               | 10     | 1                 | 0              | 11     | 95     |
| 0                                       | Transferred to                             | -       |                   |                |                  |        |                   |                |        |        |
| U                                       | Rescue Group                               | 51      | 14                | 0              | 65               | 23     | 70                | 0              | 93     | 158    |
| T                                       | Other Live Outcomes                        | 1       | 0                 | 0              | 1                | 0      | 0                 | 0              | 0      | 1      |
| 0                                       | Return to Field                            | 0       | 0                 | 0              | 0                | 0      | 0                 | 0              | 0      | 0      |
| М                                       | Total Live Outcomes                        | 200     | 24                | 4              | 228              | 54     | 121               | 0              | 175    | 403    |
| E ·                                     | Died in Care                               | 0       | 1                 | 0              | 1                | 1      | 3                 | 0              | 4      | 5      |
| "                                       | Lost in Care                               | 2       | 3                 | 0              | 5                | 3      | 0                 | 0              | 3      | 8      |
|   | Euthanasia                                 | 35      | 0                 | 3              | 38               | 4      | 5                 | 1              | 10     | 48     |
|   | Owner Requested<br>Euthanasia              | 1       | 0                 | 0              | 1                | 0      | 0                 | 0              | 0      | 1 1    |
|   | Total Other Outcomes                       | 38      | 4                 | 3              | 45               | 8      | 8                 | 1              | 17     | 62     |
|   | Total Outcomes                             | 238     | 28                | 7              | 273              | 62     | 129               | 1              | 192    | 465    |
|   |  |         |                   |                |                  | · -    | 1                 |                |        |        |
| Ending Animal Count<br>as of 06/30/2022 |  | 125     | 7                 | 0              | 132              | 29     | 88                | 4              | 121    | 253    |
|   | Save Rate                                  | 84.32%  | 88.24%            | 40.00%         | 84.00%           | 87.10% | 94.16%            | 50.00%         | 91.54% | 87.18% |
|   |  |         |                   |                |                  |        |                   |                |        |        |

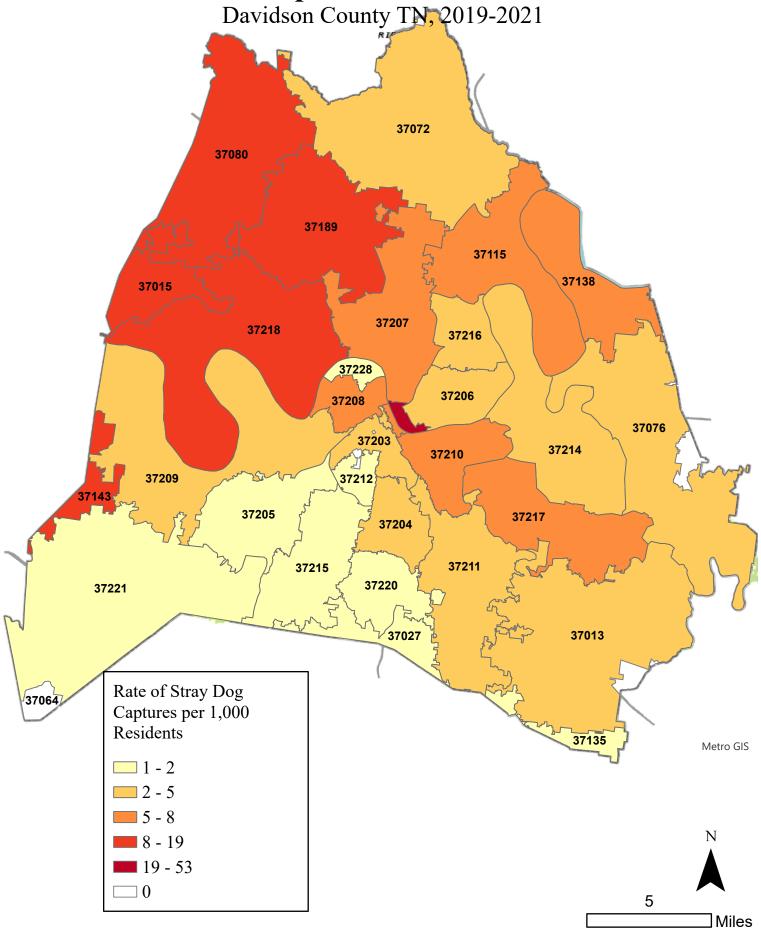
# Stray Dog Field Captures by Zip Code

Davidson County TN, 2019-2021

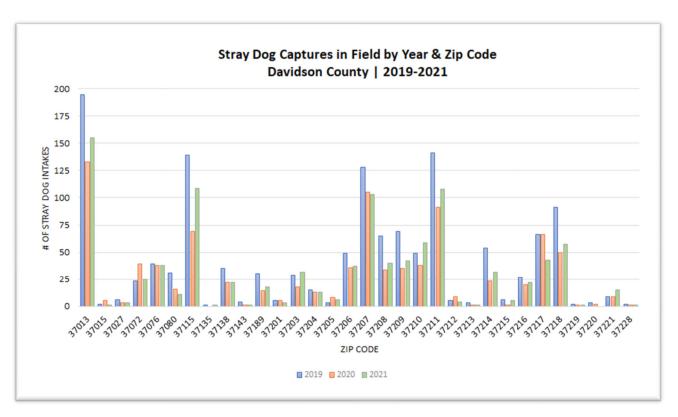


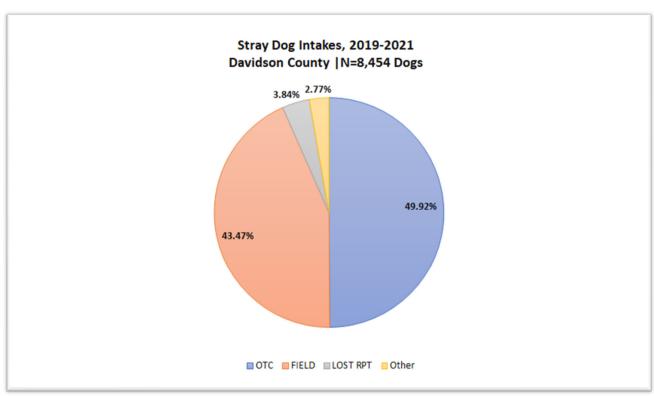


# Stray Dog Field Captures by Zip Code and Population









## "NASHVILLE THRIVES" YOUTH SUBSTANCE ABUSE COALITION

# A SAMHSA-supported project employing the Strategic Prevention Framework 2020

In 2020 MPHD partnered with STARS Nashville (STARS) to establish a substance misuse prevention coalition. The initiative aims to strengthen community capacity to prevent and reduce youth e-cigarette and other substance misuse and is funded through a 5-year Strategic Prevention Framework (SPF) grant from SAMHSA. Rather than initiating new programming, the framework facilitates a process of assessing the public health problems and existing program directions and strengths, and maximizing collective impact through strategy alignment, networking, and coordinated intervention planning, delivery, and evaluation.

STARS manages the grant and convenes community partners with support from an interagency advisory board comprised of representatives from Metro Public Health Department, Oasis Center, Big Brothers Big Sisters of Middle Tennessee, STARS, and Nashville Prevention Partnership. MPHD provides technical assistance in program planning, evaluation, and developing the infrastructure for data management and sharing. Additionally, MPHD's "Know the Risk" program (Prevention & Wellness) is one of 5 evidence-based programs in the current strategy mix. MPHD's guidance in the implementation of the SPF and data management capacity building has facilitated the creation of the Nashville Thrives Coalition, currently comprised of 30 youth-serving organizations and 3 community members representing schools, law enforcement, healthcare, media and communications, substance misuse prevention, local/state government, faith communities, and youth development services. The process has fostered new interagency relationships and a greater understanding of collective strategies for positive youth development and substance misuse prevention.

This model of drawing on community partners' core competencies and field-tested strategies adds to MPHD's efforts to strengthen the local community of practice and has been key to assembling this cross-sector collaborative. Instead of creating new interventions and new program staff, the approach focuses on identifying and accentuating existing evidence-based/informed interventions and prevention capacities to maximize both effectiveness and efficiency, and cover gaps in public health programming.

# **Goals & Objectives**

**Goal 1:** Increase stakeholder capacity to prevent and reduce youth e-cigarette & other substance misuse

- Develop infrastructure for interagency communication, strategy coordination & data sharing
- Provide SPF training & TA support
- Facilitate sustainability planning

Goal 2: Implement a comprehensive strategic prevention approach

- Create a project logic framework/model
- Implement a strategic mix of Evidence-Based Programs (EBP)
- Monitor & assess collective outcomes & impact

**Goal 3:** Develop & deliver a community-wide messaging campaign

- Create a comprehensive messaging plan (universal & targeted strategies)
- Engage stakeholders in developing and disseminating prevention messages
- Collect and analyze impact data

## **MPHD Roles & Functions**

Pre & Post Grant Award Technical Assistance (Strategic Planning, Performance and Evaluation Division)

- · Grant Identification, Writing & Rollout Guidance
- Compliance Guidance & Monitoring
- Frameworks for Strategic Thinking & Planning
- Resource Leveraging Assistance

Epidemiologic Technical Assistance & Support (Epidemiology Division)

- Frameworks for Strategic Thinking & Planning
- Data Infrastructure Development
- Data Collection, Analytics & Reporting
- Training & Technical Assistance
- Project Monitoring & Evaluation

"Know The Risk" Program
(Prevention & Wellness Division)

- Direct Evidence-Based Program (EBP) Delivery
- Train-the-Trainer
- Secondary EBP Delivery (School Health Nurses)