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

Protecting Health – Preventing the Spread of Infectious Disease

Influenza
We have already seen cases, at this time in the flu season, higher than they have been since the 2010-11 season. We anticipate a bad year for influenza cases based on data from the southern hemisphere and the first weeks of flu season here in the U.S. We are participating in the Fight Flu TN statewide event on Nov. 9. Flu shots on that day and after will be free here in Davidson County. We will be offering flu shots at our pop-up events starting on Nov. 12.

COVID
We continue to have a plateau in new cases per day. We are offering the bivalent booster at our Strike Team pop-up events and the initial series in all of our clinics.

Monkeypox
Monkeypox has continued at very low numbers of new cases per week. We continue to offer testing and vaccination for those who meet the risk criteria.

RSV
We are seeing cases of RSV in Nashville as is the rest of the country. RSV is another viral illness that mainly affects infants under 6 months and children with underlying health conditions. No vaccine is available. Symptoms are cough, mild fever, stuffy and/or runny nose, headache and sore throat. Severe symptoms include wheezing, shortness of breath, fever, severe cough.

Environmental Health

Air Pollution
Nicole Rondeau has been promoted to manager of the Air Quality Lab. Nicole came to MPHD in November of 2019 as an Environmental Health Specialist in the Food and Public Facilities Division. She transferred to the Air Pollution Control Division in August of 2021 and was serving as the Quality Assurance/Quality Control technician. In that position she worked closely with Gillian Walshe-Langford, the previous lab manager. During her final year of college, Nicole worked for Bridgestone Americas an Environmental Intern where she interpreted EPCRA and NPDES environmental regulations and permits, extracted, managed, analyzed, and performed QA/QC tasks on EPCRA Tier II and NPDES reporting data, and constructed a model Tier II report to be used by facilities during future reporting efforts to ensure compliance. This experience, coupled with her time working with the previous lab manager, prepared her well for her new role as the lab manager where she will provide oversight and direction to field personnel and perform data validation operations in the collection of legally defensible air quality monitoring data. During her interview, Nicole outlined some innovations she has in mind for the lab, including cross training of the field technicians to enable either of them to perform maintenance on both particulate monitors and ozone monitors.

MACC
Morgan Roberts has accepted a position as a Veterinarian Tech at MACC. Morgan has a degree in wildlife biology and worked as a seasonal employee in Pest Management where she set mosquito traps, identified genus of specimens, and prepared them to be sent to the lab for West Nile Virus and St. Louis Encephalitis testing. Morgan expressed an interest in remaining with MPHD and Environmental Health. She toured MACC, met with Ashley Harrington and Dr. Travis Beeler, interviewed, and accepted the position. During

her time as a seasonal employee, Morgan not only demonstrated a high level of competency, but also a strong work ethic. She should be a strong asset at MACC.

Health in All Policies
Note in your packet the report on our HiAP summit. We are hopeful the information gathered there will help us as we move forward to incorporate this way of thinking into the full range of Metro operations, and beyond in the community as well. Note the `Next Steps' slide is subject to revision by the HiAP Coordinators group.

Equity
The Health Equity Bureau is continuing its work with ASTHO's structural racism policy academy in conjunction with Dr. Black, Tom Sharp, Jim Diamond, and KaShawna Lollis. This team will present a final project to ASTHO in December, which will include working on a declaration draft.

The bureau continues its work with the civil service rules review process, working with 13 MPHD employees representing various programs in utilizing an equity lens to provide recommendations to policies.

The bureau also is conducting ELT interviews to inform the launch of its "Learning & Development Hub." The Hub will provide resources, trainings, and assistance in advancing health equity to all programs across MPHD. The interviews with ELT (and eventually other staff) will inform the Hub's approach and process. The bureau also has applied to participate in the Institute of Healthcare Improvement's Learning Network to gain access to other communities of practice who are engaged in advancing equity within their organizations, as well as free workshops such as REI's Groundwater training. We will be notified if we are a part of the Learning Network by December 5, 2022.

The bureau presented at the Juvenile Justice Center's Steering Committee meeting at Pearl-Cohn High School on October 26, 2022. The presentation updated steering committee members and participating youth about the Health in All Policies Pilot project and assessment. The presentation received positive feedback.

The Healthy Nashville Leadership Council has consolidated its equity work groups within the bureau's Health Equity Coalition structure. This will strengthen partnership with their "Seeds of Equity" (equity training) and non-profit collaborative work, while the Health Equity Coalition will serve to also provide a community and health equity approach to policy.

Improve and Sustain Family and Child Well-Being
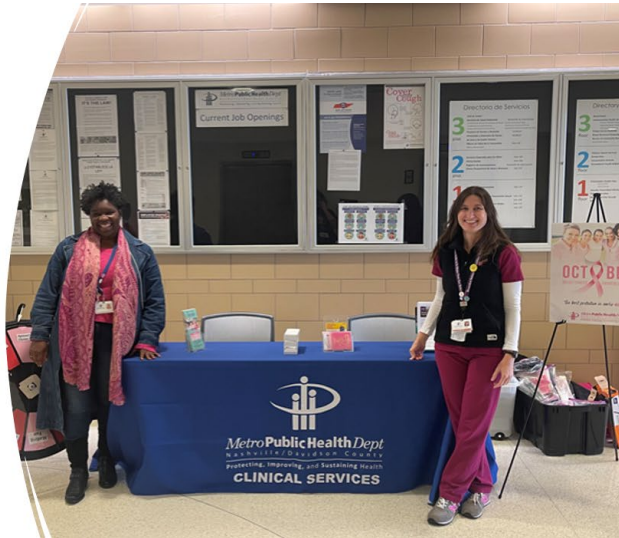
Breast Cancer Awareness Month
We had great participation at all MPHD locations (East, Lentz, Woodbine, South Nutrition, MACC) for Breast Cancer Awareness on Oct. 20. Also, a great event in combination with TDH and its Mid-Cumberland Regional Office at the Titans "Crucial Catch" game. (Pictures below)

Thank you to those who donated toward Breast Cancer Awareness Month. MPHD donated $970 to the Susan G. Komen Foundation and there was a matching gift offer that quadrupled our donation.

Thanks to Rhonda Graham, Carol Jones, Patricia Charlemagne, Emily Davis, Mary Ann Rivera, Kiana Radney, Carline Fanfan, Christian Williams, Regina Smotherman, and Laura Varnier for their work on the MPHD Breast Cancer Awareness Month Team.

Women's Health Navigation Team

- Emily Davis, NP
- Patricia Charlemagne, OSRS

Lentz

Woodbine Preventive Health

East Preventive Health

And in honor of Breast Cancer Awareness in practice: A note from Stephanie Clark at Woodbine

"I'm writing this brief testimonial to acknowledge the AMAZING staff at the Woodbine clinic. As a clerk one of my responsibilities is to answer the phone and clear voice messages. In doing so, a young lady left a message requesting a call back from Ms. (Eterial) Rucker. I call her back and she began to tell me how thankful she was for her experience during her last visit. She tells me that even though she lives in East Nashville, she continues to come to the Woodbine location because of the customer care we show to "Black" and "Brown" people. (Her words not mine). Again, she requests to speak directly to Ms. Rucker. I explain that Ms. Rucker was in with a client but if she would give me her name and date of birth, I would pull her chart and as soon as she could, Ms. Rucker will call her back. Now, as I was keying the information to find her chart number, she continues to tell me why it was so urgent for her to talk to Eterial. She said last year when she came for her annual exam she found Eterial to be very personable, how she made her feel comfortable, and during the breast exam how she took her time to thoroughly examine her. She said she noticed how Eterial's expression changed when she detected a small lump in her breast. The client stated that she didn't feel a real sense of alarm, because being a smoker she had been told that smokers have a higher risk for breast cancer but she didn't think she was really at risk because there was no family history. She said Eterial gave her a referral but urged her to make an appointment as soon as she could for a mammogram. She goes on to tell me that the mammogram revealed that she did have cancer, but it was in the early stages. She completed treatment and is now cancer free. **Now, let that sink in!** Great customer service that began with the clerks, a warm greeting from the first nurse, and an attentive clinician who took extra time to meet the need of a client, whose life would have been vastly different if her cancer wasn't detected during her annual exam. She simply wanted to thank us for all we did for her. Her story filled my eyes with tears. I passed her chart along to Eterial, who instantly called the client back, spoke to her, and was deeply moved by the client's words of thanks. Later, as I was putting another chart in the box, I see Eterial wiping away tears as she tries to compose herself before entering the exam room of her next patient. **PAUSE . . . . . AMAZING!!!** I am truly humbled knowing the small role we each played in the life of this one client was enormous! I would be remiss if I didn't let you know the caliber of nurses and staff that we have here at the Woodbine clinic**."**

Quarterly Drug Overdose Surveillance Update | 3rd Quarter 2022

Overdose Response Program - Metro Public Health Department of Nashville/Davidson County

The objective of this report is to provide education and increase awareness in the Nashville community about the local drug overdose epidemic.

EXECUTIVE SUMMARY

Notable Trends

Suspected Fatal Drug Overdoses

Number of Overdose Deaths: During third quarter 2022, there were 160 suspected drug overdose deaths that occurred in the county, representing a 9.6% decrease compared to the same time period in 2021.

Fentanyl: Seventy-five percent of overdose-related toxicology reports in 2022 have detected the synthetic opioid fentanyl. This has been the main driver in the increased number of drug overdose injuries and deaths in Nashville. Other frequently detected substances among suspected overdose deaths in 2022 have been methamphetamine and cocaine.

Demographics: Seventy-five percent of suspected drug overdose deaths occurred among males. The largest percentage of deaths have occurred among 35-44 year olds (27%).

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

Number of Overdose-related ED Visits: During third quarter 2022, there were 660 suspected drug overdose-related ED visits captured by syndromic surveillance (definition on page 3), representing a 12% increase when compared to third quarter 2021.

Drug/Substance Category: Sixty-seven percent of overdose-related ED visits in 2022 involved non-heroin opioids followed by heroin (26%) and stimulants (7%). This finding indicates a continued shift away from heroin and towards synthetic opioids.

Demographics: Approximately 7 out of 10 drug overdose-related ED visits in Nashville were among males. By age group, 32% of drug overdose-related ED visits occurred among individuals 25-34 years old.

Suspected Drug Overdoses Requiring Response by Nashville Fire Department Emergency Medical Services (NFD-EMS)

(EMS data unavailable beyond 1st quarter 2022)

Number of Suspected Overdoses Requiring NFD-EMS Response: During first quarter 2022, there were 1,279 suspected drug overdoses requiring NFD-EMS response, representing a 1% decrease compared to first quarter 2021.

Naloxone Administration: Among suspected drug overdoses where naloxone was given, 30% of incidents during 1st quarter 2022 required multiple doses; during 4th quarter 2021, 34% of such incidents required multiple doses of naloxone.

Suspected Fatal Drug Overdoses by Quarter, 2016-2022 - Davidson County, TN
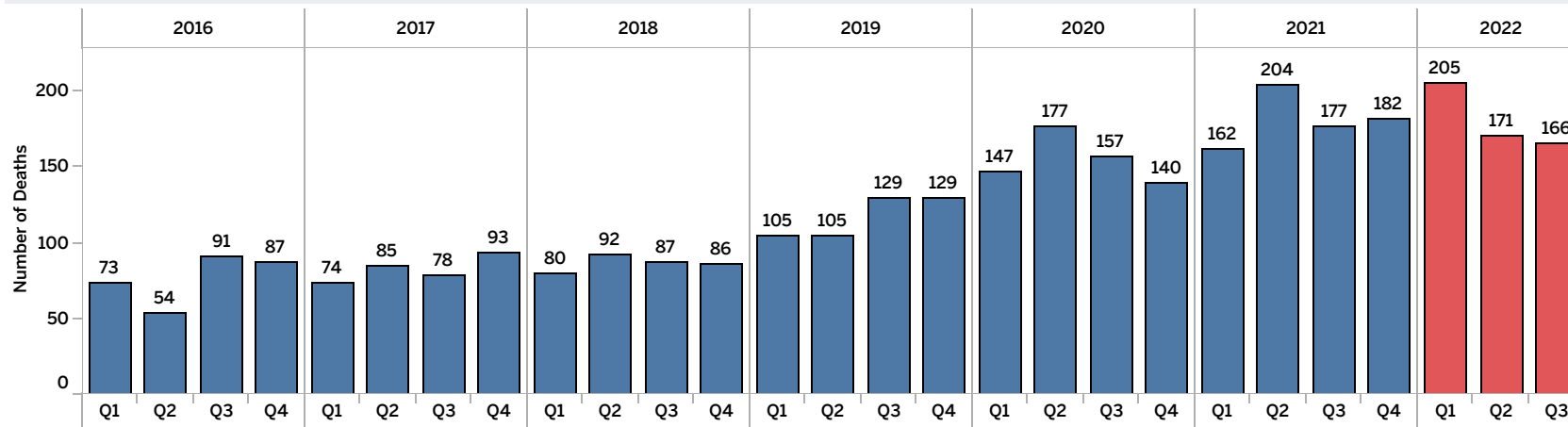
Note: These data represent Davidson county deaths accessed from the Death Investigation and Decedent Information Database that are suspected to be drug overdose-related and will be updated and finalized in subsequent reports. Data pertaining to suspected drug overdose deaths are not currently finalized for January-September 2022.

All data are provisional and subject to change Data sources can be found on Page 7

Quarterly Drug Overdose Surveillance Update | 3rd Quarter 2022

Overdose Response Program - Metro Public Health Department of Nashville/Davidson County

Suspected Fatal Drug Overdoses

2022 | July 1-September 30

Notable Trends

Overdose Deaths: During the third quarter of 2022, there were 160 suspected drug overdose deaths that occurred in the county, representing a 9.6% decrease compared to the same time period in 2021.
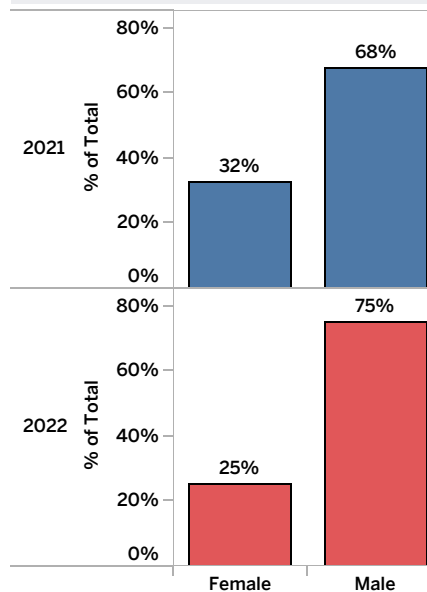
Fentanyl: Seventy-five percent of overdose-related toxicology reports in 2022 have detected fentanyl, a synthetic opioid pain reliever that has been the main driver in the increased number of drug overdose deaths in Nashville.

Polysubstance Epidemic: The most frequently detected substances in 2022 were fentanyl, methamphetamine, and cocaine.

Emerging Substances: Fluorofentanyl, a fentanyl analog with reported potency similar to fentanyl, was first detected in Davidson County in the 3rd quarter of 2020. Xylazine, a drug used in veterinary medicine as a pain reliever and muscle relaxant, has been increasingly detected among suspected overdose deaths over the last 2 years.

Demographics: Seventy-five percent of suspected drug overdose deaths were among males while the majority of deaths have occurred among 35-44 year olds (27%) and white individuals (65%).
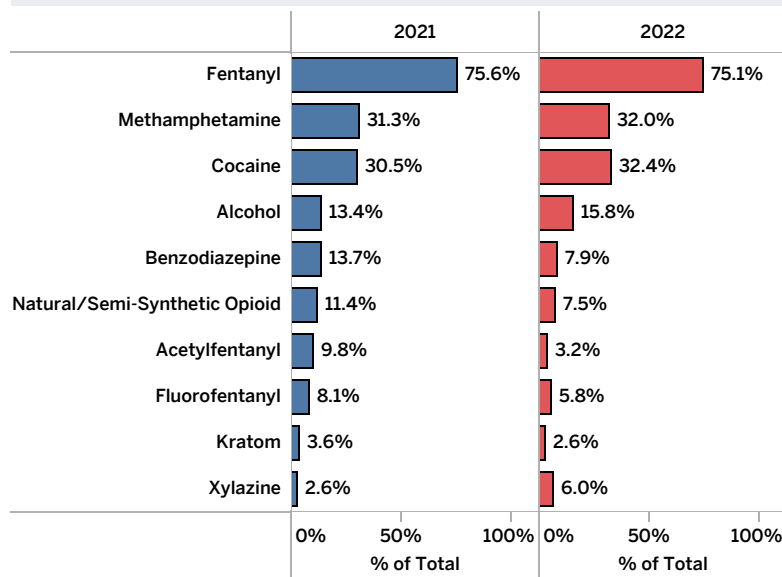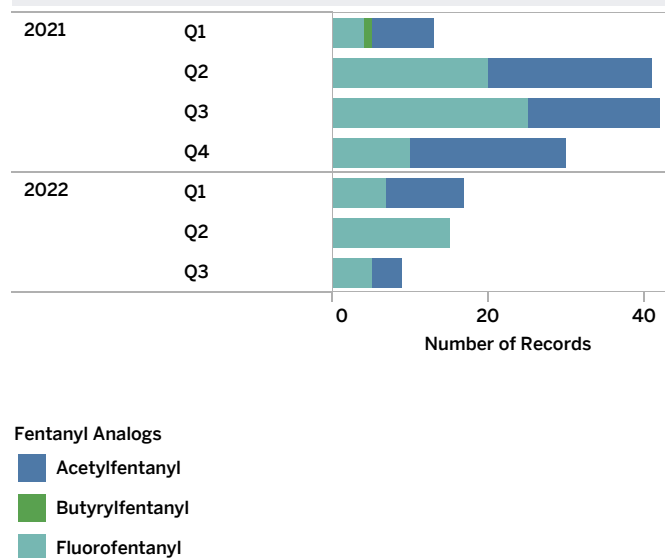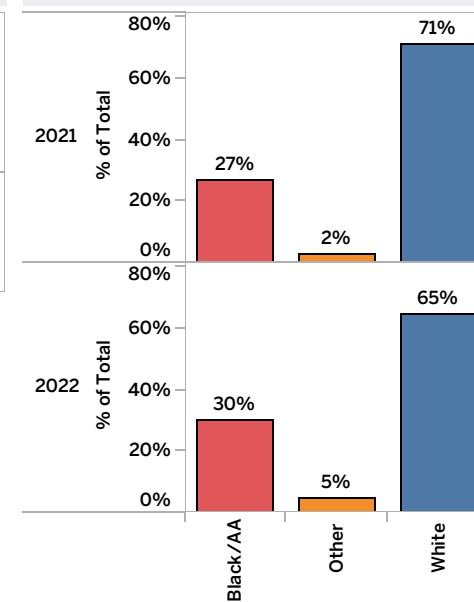
Sex, 2021-2022

2021: Female 32%, Male 68%
2022: Female 25%, Male 75%

Age Group (years), 2021-2022

2021: 0-17 1%, 18-24 6%, 25-34 21%, 35-44 29%, 45-54 21%, 55-64 19%, 65+ 2%
2022: 0-17 1%, 18-24 6%, 25-34 22%, 35-44 27%, 45-54 25%, 55-64 16%, 65+ 4%
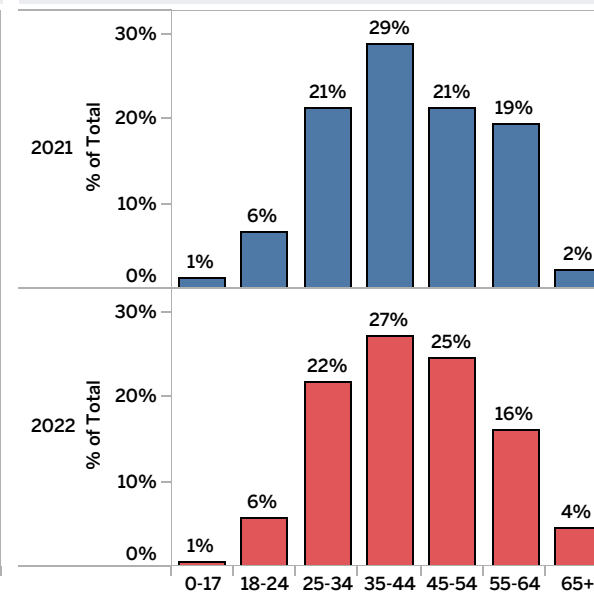
Substances Detected among Suspected Overdose Deaths, 2021-2022

Substance	2021	2022
Fentanyl	75.6%	75.1%
Methamphetamine	31.3%	32.0%
Cocaine	30.5%	32.4%
Alcohol	13.4%	15.8%
Benzodiazepine	13.7%	7.9%
Natural/Semi-Synthetic Opioid	11.4%	7.5%
Acetylfentanyl	9.8%	3.2%
Fluorofentanyl	8.1%	5.8%
Kratom	3.6%	2.6%
Xylazine	2.6%	6.0%

Fentaly Analog Detection by Quarter, 2021-2022

Fentanyl Analogs: Acetylfentanyl, Butyrylfentanyl, Fluorofentanyl

Race, 2021-2022

2021: Black/AA 27%, Other 2%, White 71%
2022: Black/AA 30%, Other 5%, White 65%

All data are provisional and subject to change

Quarterly Drug Overdose Surveillance Update | 3rd Quarter 2022

Overdose Response Program - Metro Public Health Department of Nashville/Davidson County

Suspected Nonfatal Drug Overdose-related ED Visits

2022 | July 1-September 30

Notable Trends

Overdose-related ED Visits: During third quarter 2022, there were 660 suspected drug overdose-related ED visits captured by syndromic surveillance (definition on page 3), representing a 12% increase when compared to third quarter 2021.

Drug/Substance Category: Sixty-seven percent of overdose-related ED visits in 2022 involved non-heroin opioids followed by heroin (26%) and stimulants (7%). This finding indicates a continued shift away from heroin and towards synthetic opioids.

Demographics: Approximately 7 out of 10 drug overdose-related ED visits in Nashville were among males. By age group, 32% of drug overdose-related ED visits occurred among individuals 25-34 years old. Among race groups, the majority of death werea among White individuals at 61% followed by Black individuals 25%.
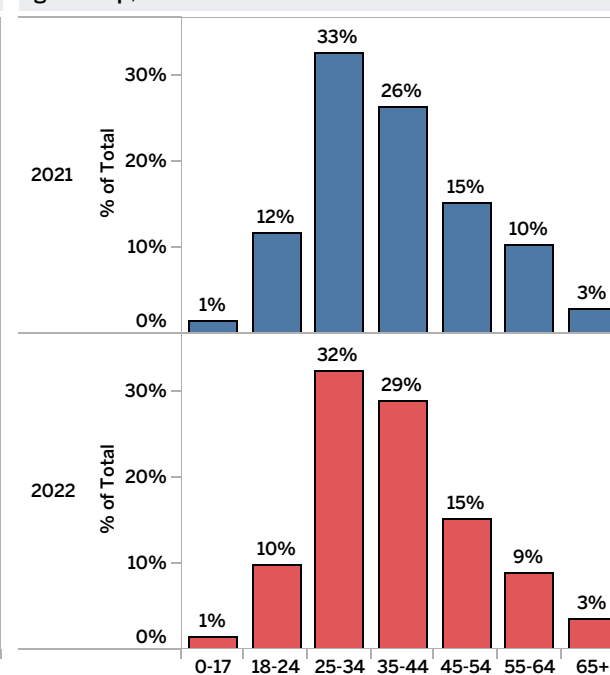
What is Syndromic Surveillance?

Data collected in syndromic surveillance consists of de-identified information from various health care facilities regarding chief complaints, diagnosis codes, and patient characteristics. These data are reported either to state and local health departments or Health Information Exchanges, which then contribute data to the national syndromic surveillance platform for assistance in identifying early trends in diseases and conditions.
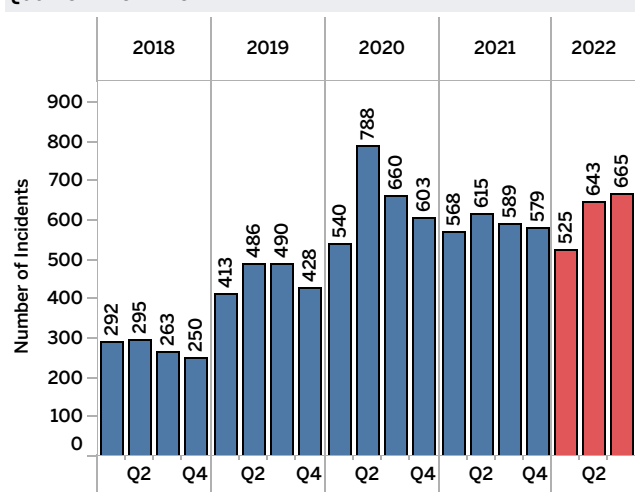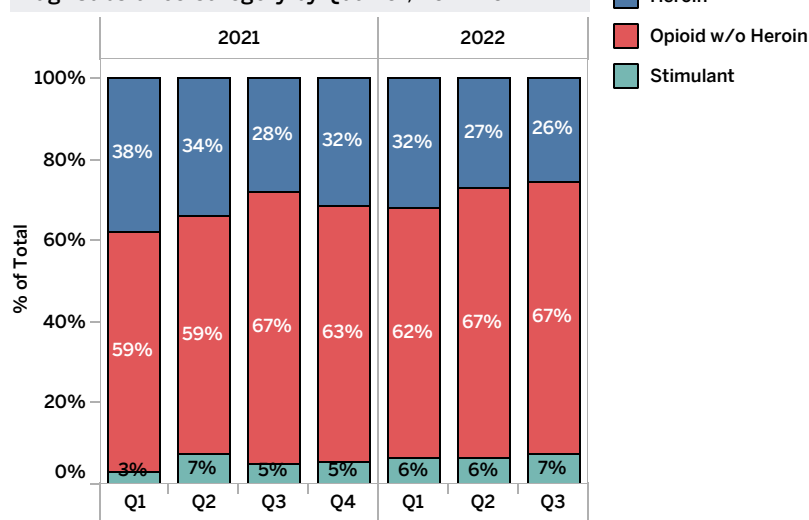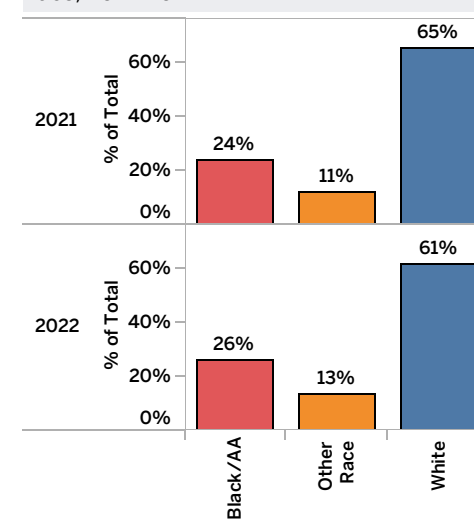
Sex, 2021-2022

2021
- Female: 30%
- Male: 70%

2022
- Female: 33%
- Male: 67%

Age Group, 2021-2022

2021
- 0-17: 1%
- 18-24: 12%
- 25-34: 33%
- 35-44: 26%
- 45-54: 15%
- 55-64: 10%
- 65+: 3%

2022
- 0-17: 1%
- 18-24: 10%
- 25-34: 32%
- 35-44: 29%
- 45-54: 15%
- 55-64: 9%
- 65+: 3%
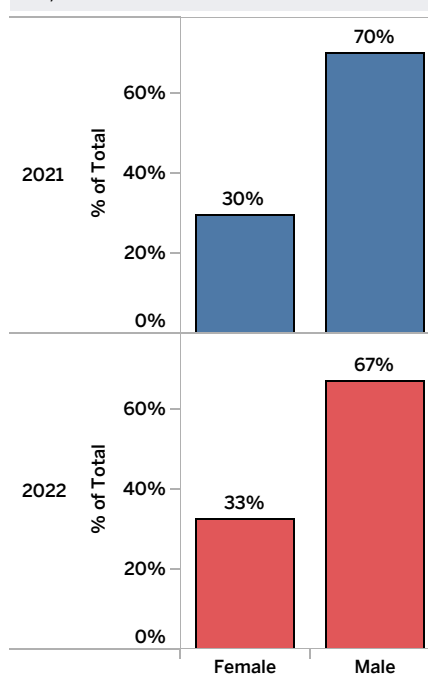
Suspected Nonfatal Drug Overdose-related ED Visits by Quarter - 2017-2022

Year		Number of Incidents
2018		292, 295, 263, 250
2019		413, 486, 490, 428
2020		540, 788, 660, 603
2021		568, 615, 589, 579
2022		525, 643, 665

Drug/Substance Category by Quarter, 2021-2022

Legend: Heroin, Opioid w/o Heroin, Stimulant

2021
- Q1: Heroin 38%, Opioid w/o Heroin 59%, Stimulant 3%
- Q2: Heroin 34%, Opioid w/o Heroin 59%, Stimulant 7%
- Q3: Heroin 28%, Opioid w/o Heroin 67%, Stimulant 5%
- Q4: Heroin 32%, Opioid w/o Heroin 63%, Stimulant 5%

2022
- Q1: Heroin 32%, Opioid w/o Heroin 62%, Stimulant 6%
- Q2: Heroin 27%, Opioid w/o Heroin 67%, Stimulant 6%
- Q3: Heroin 26%, Opioid w/o Heroin 67%, Stimulant 7%

Race, 2021-2022

2021
- Black/AA: 24%
- Other Race: 11%
- White: 65%

2022
- Black/AA: 26%
- Other Race: 13%
- White: 61%

All data are provisional and subject to change

Quarterly Drug Overdose Surveillance Update | 3rd Quarter 2022

Overdose Response Program - Metro Public Health Department of Nashville/Davidson County

Resources for the Public

Community Overdose Response Team

For those seeking treatment for drug addiction, the Community Overdose Response Team (CORT) can help. CORT is a free and confidential resource to help find drug and alcohol treatment for individuals who are at risk of an overdose. The service is offered free of charge regardless of health insurance status. The team works with an individual to determine the appropriate level of care (e.g., detox, residential, or outpatient treatment, etc.).

To make a referral or learn more about this resource for our community, **call CORT at 615-687-1701**.

Tennessee REDLINE

The purpose of the Tennessee REDLINE is to provide accurate, up-to-date alcohol, drug, problem gambling, and other addiction information and referrals to all citizens of Tennessee at their request even if you do not have health insurance.

- **Phone: 1.800.889.9789** (toll free 24 hours/7 days)
- **Website:** https://www.tn.gov/opioids/treatment/how-to-get-help.html

<u>Additional Information</u>

Naloxone Training
- **STARS Nashville, Call 615-393-6980 or visit** https://starsnashville.org/rops/.
- **Red Cross visit** https://www.redcross.org/

Overdose Signs
- Person is not responsive
- Fingertips or lips turn blue or grey
- Breathing is slow, shallow, or has stopped
- Person is gurgling or making snoring noises

What can you do if you see an opioid overdose?
- Call 911
- If you have naloxone, give the person naloxone and perform rescue breathing
- If no response after 2-3 minutes, give a second dose of naloxone
- Do not leave the person alone (help will arrive)
- If the person starts to breathe or becomes more alert, lay the person in the recovery position: put the person slightly on the left side so that their body is supported by a bent knee with their face turned to the side and bottom arm reaching out to stabilize the position

SPIKE Auto Text Program

Metro Public Health Department is collaborating with Partnership to End Addiction to implement the SPIKE Auto Text Program in Davidson County. The program will alert you when spikes in drug overdoses occur locally.

Text SPIKE to 855-9-OD-KNOW (855-963-5669) and follow the steps to get messages on your phone when overdose spikes occur. This service is FREE. You can learn more at **https://drugfree.org/spike/.**

Overdose Response Program – Drug Overdose Information
- **Website:** https://www.nashville.gov/departments/health/drug-overdose-information
- Contains various resources in English, Spanish, and Arabic.

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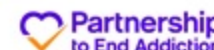
Quarterly Drug Overdose Surveillance Update | 3rd Quarter 2022

Overdose Response Program - Metro Public Health Department of Nashville/Davidson County

Footnotes and Supplemental Information

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

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

Technical Notes

There may be additional fatal/nonfatal drug overdoses reported over this time period in subsequent reports as incidents that occurred between July-September 2022 are not yet finalized. Percent change where the cumulative total is less than 20 were not included due to the instability of calculations.

Suspected Fatal Drug Overdoses

- Suspected fatal drug overdose data were accessed from the Death Investigation and Decedent Information (DIDI) database and ranged from 0/01/2016-09/30/2022. **Data represent deaths accessed from DIDI that are suspected to be drug overdose-related. Further, these deaths have occurred within Davidson County; cases are included in this total regardless of resident status.** This particular mortality indicator is utilized in order to demonstrate the overall burden on first response/healthcare/forensic science efforts involved in addition to the overall magnitude of the overdose epidemic. As such, counts reported for this metric will likely differ from overdose death counts provided by other agencies which typically report deaths among county residents.

Suspected Nonfatal Drug Overdose-related ED Visits

- Nonfatal drug overdose data were extracted from ESSENCE-TN and ranged from 01/01/2017-09/30/2022.
- Nonfatal drug overdose ED visits were captured by syndromic surveillance (ESSENCE-TN) by the following hospitals:
  - Nashville General Hospital, Saint Thomas Midtown Hospital, Saint Thomas West Hospital, TriStar Centennial Medical Center, TriStar Skyline Medical Center, TriStar Southern Hills Medical Center, TriStar Summit Medical Center, and Vanderbilt University Medical Center.
- Updated query language was utilized to capture nonfatal drug overdoses reported to ESSENCE in August 2020. This query was retroactively applied to previous time periods.
- ICD-10-CM diagnosis injury codes, in addition to chief complaint keyword queries, were used to capture nonfatal drug overdoses:
  - Opioid: T40.0, F11.1, F11.2, F11.9
  - Heroin: T40.1
  - Other opioid: T40.2
  - Methadone: T40.3
  - Other synthetic narcotic: T40.4
  - Cocaine: T40.5
  - Other/unspecified narcotic: T40.6
  - Amphetamine: T43.62
- Drug Category (page 3)
  - Opioids excluding Heroin: T40.0, T40.2-T40.4, T40.6, F11.1, F11.2, F11.9
  - Heroin: T40.1
  - Stimulant: T40.5, T43.62

Suspected Drug Overdoses Requiring NFD-EMS Response - (EMS data unavailable beyond 1st quarter 2022)

- Suspected drug overdose data were provided by the Nashville Fire Department EMS Database and ranged from 01/01/2016-03/31/2022.

All data are provisional and subject to change

Overdose Response Epidemiology and Surveillance Update
Davidson County, TN | Update: 10/28/2022

Suspected Fatal Drug Overdoses, 2021-2022

Average Number of Weekly Incidents
Suspected Fatal Drug Overdoses
2021 yearly average: 13.7 deaths per week
2022 yearly average: 13.4 deaths per week

Suspected Nonfatal Drug Overdose Emergency Department (ED) Visits
2021 yearly average: 44.4 incidents per week
2022 yearly average: 46.1 incidents per week

Cumulative Number of Incidents: Weeks 1-43 | January 1-October 22
Suspected Fatal Drug Overdoses
2021:   604
2022:   577   (471 completed and 106 pending cases, -3.15%)

Suspected Nonfatal Drug Overdose Emergency Department (ED) Visits
2021:   1,983
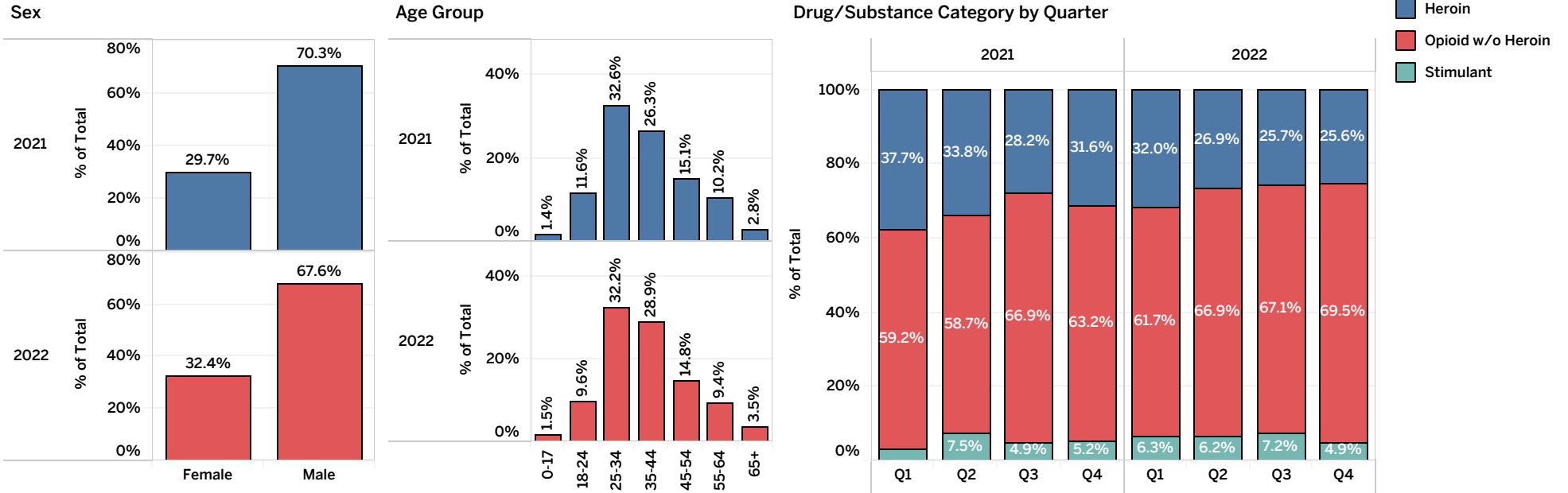2022:   1,981   (-0.1%)

Suspected Nonfatal Drug Overdose-related ED Visits, 2021-2022
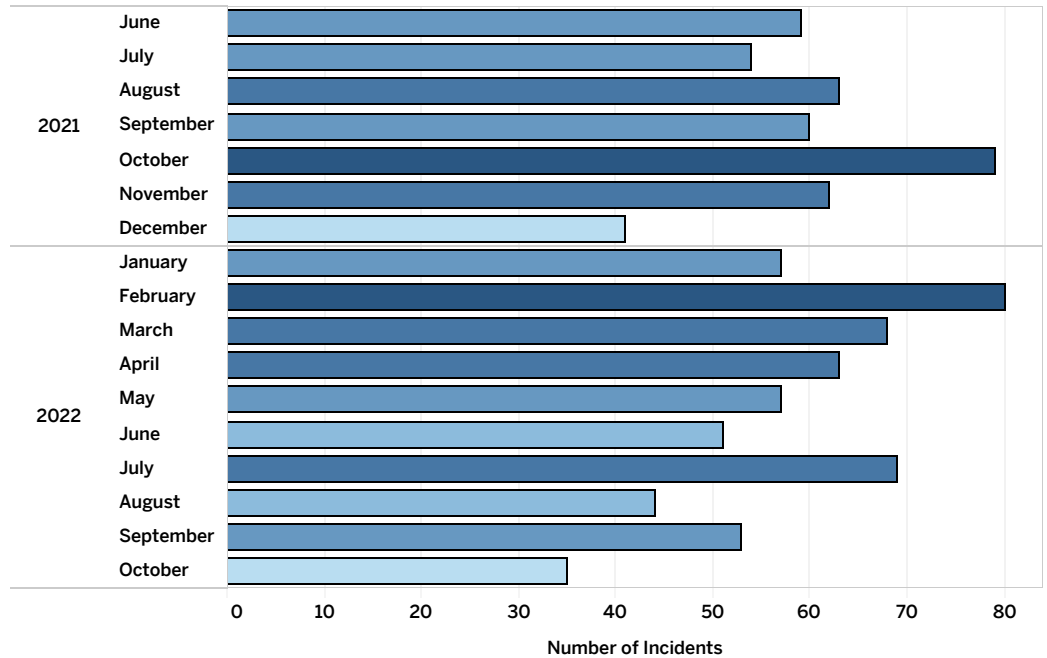
ALL DATA ARE PROVISIONAL, SUBJECT TO CHANGE, AND NOT FOR PUBLIC/MEDIA DISTRIBUTION
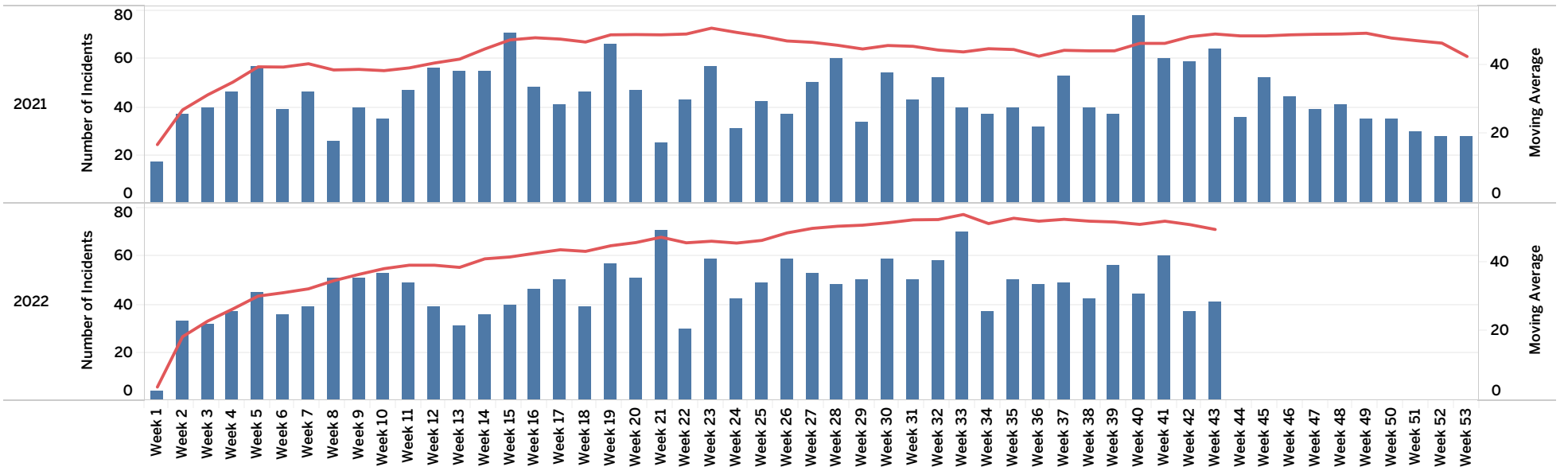Prepared by the Overdose Response Program - Metro Public Health Department of Nashville/Davidson County
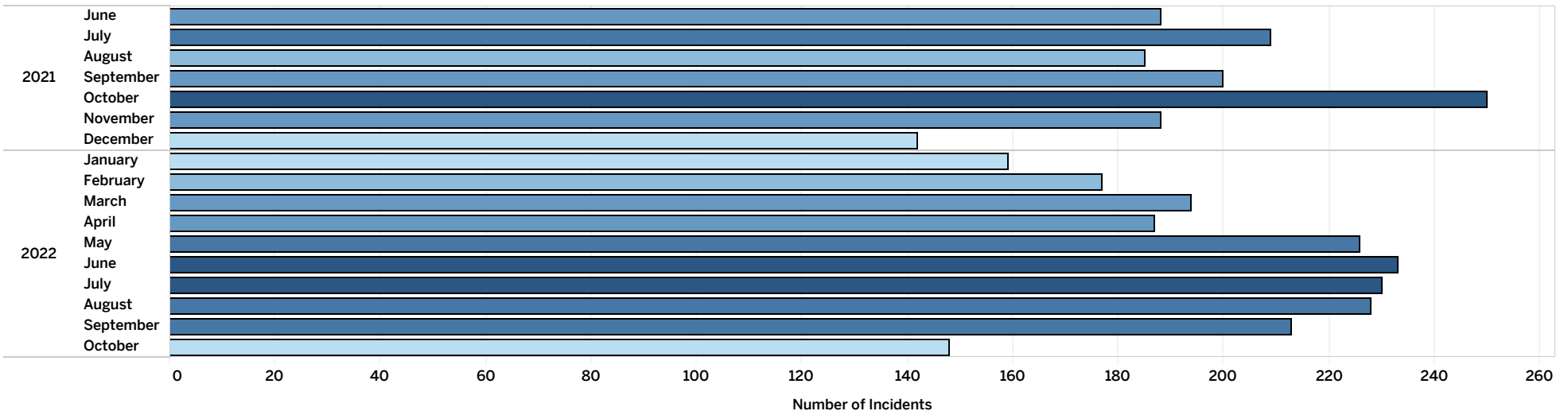
Overdose Response Epidemiology and Surveillance Update

Davidson County, TN | Update: 10/28/2022

Suspected Nonfatal Drug Overdose ED Visits

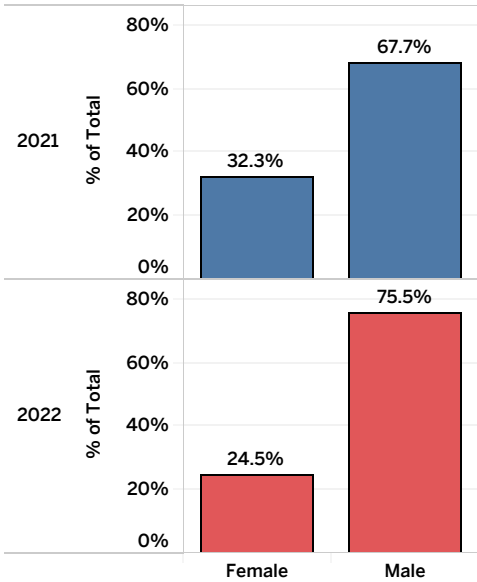Nonfatal Drug Overdose ED Visits by Week of Incident with 90-Day Moving Average

ALL DATA ARE PROVISIONAL, SUBJECT TO CHANGE, AND NOT FOR PUBLIC/MEDIA DISTRIBUTION
Prepared by the Overdose Response Program - Metro Public Health Department of Nashville/Davidson County

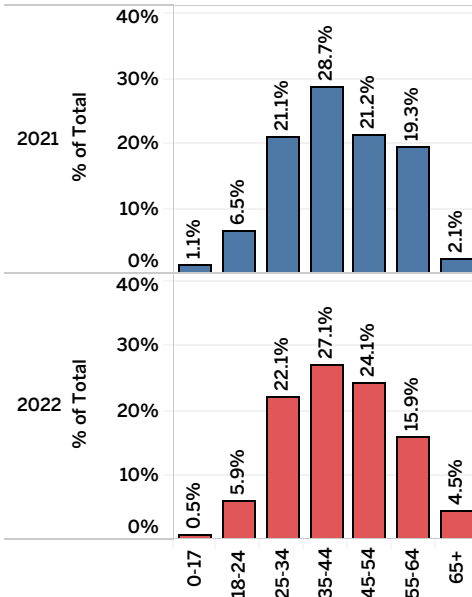# Overdose Response Epidemiology and Surveillance Update

Davidson County, TN | Update: 10/28/2022

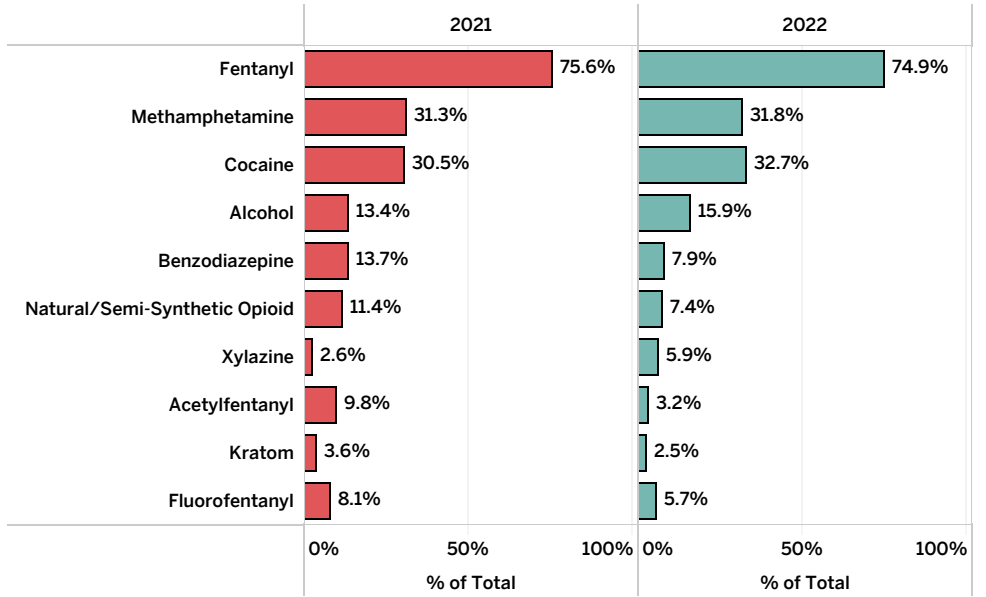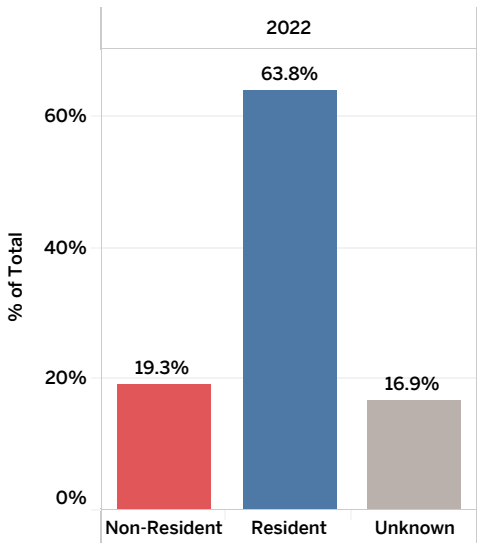## Suspected Fatal Drug Overdoses

Sex

Age Group

Substances Detected among Suspected Overdose Deaths

Substance	2021	2022
Fentanyl	75.6%	74.9%
Methamphetamine	31.3%	31.8%
Cocaine	30.5%	32.7%
Alcohol	13.4%	15.9%
Benzodiazepine	13.7%	7.9%
Natural/Semi-Synthetic Opioid	11.4%	7.4%
Xylazine	2.6%	5.9%
Acetylfentanyl	9.8%	3.2%
Kratom	3.6%	2.5%
Fluorofentanyl	8.1%	5.7%

Decedent Residency Status

2022

Non-Resident 19.3% | Resident 63.8% | Unknown 16.9%

Suspected Fatal Drug Overdoses by Week of Incident with 90-Day Moving Average
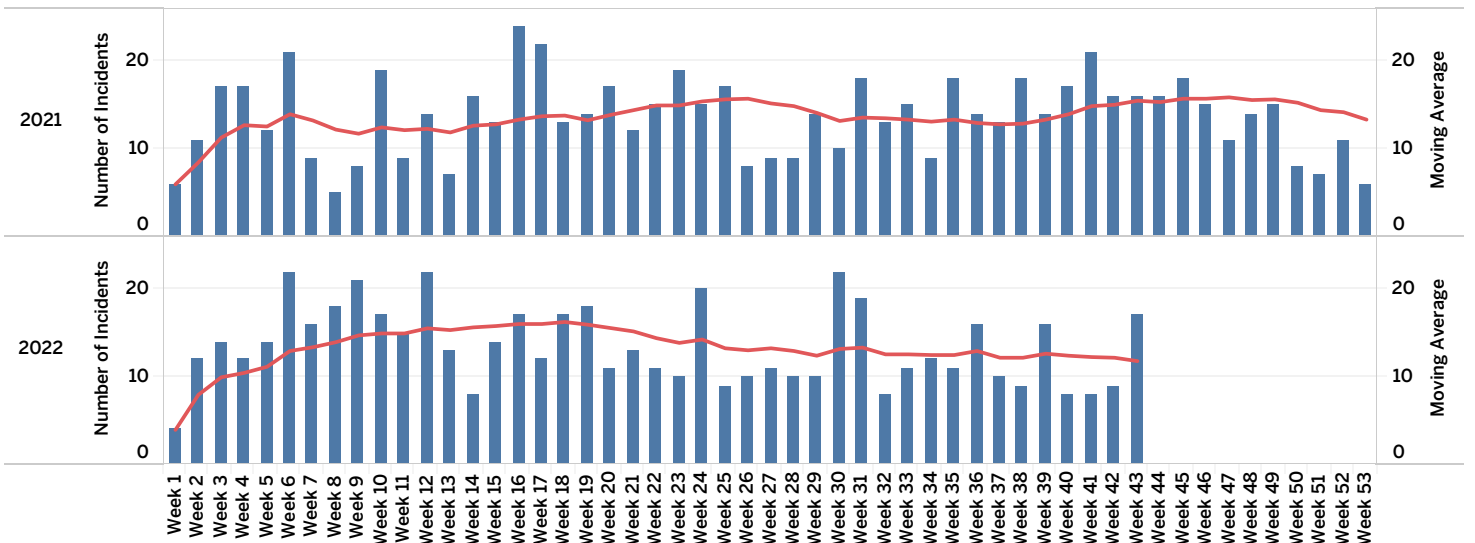
ALL DATA ARE PROVISIONAL, SUBJECT TO CHANGE, AND NOT FOR PUBLIC/MEDIA DISTRIBUTION
Prepared by the Overdose Response Program - Metro Public Health Department of Nashville/Davidson County

Overdose Response Epidemiology and Surveillance Update
Davidson County, TN | Update: 10/28/2022

If you have any questions, please contact:

Giovanni Gama, MPH | Epidemiologist
Division of Epidemiology
Metro Public Health Department of Nashville/Davidson County
Email: giovanni.gama@nashville.gov
Phone: 615-340-5603

MPHD Website – Drug Overdose Information
https://www.nashville.gov/departments/health/drug-overdose-information

<u>Data Sources</u>
Suspected Fatal Drug Overdoses
Death Investigation and Decedent Information (DIDI) Database (maintained by the Middle TN Regional Forensic Center)

Nonfatal Drug Overdose ED Visits
ESSENCE-TN (maintained by the TN Department of Health)

Suspected Drug Overdoses (Not Currently Available)
Nashville Fire Department Emergency Medical Services (NFD-EMS) Database

<u>Notes</u>
Data presented in this report were extracted on October 26, 2022 and are provisional. There may be additional fatal/nonfatal drug overdoses reported over this time period in subsequent reports as incidents that occurred during recent months are not yet finalized. Drug overdose death data were accessed from the DIDI database by the Overdose Response Program and represent deaths suspected to be drug overdose-related. Further, these deaths have occurred with Davidson County; cases are included in this total regardless of resident status.

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

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

2022 Health in All Policies Summit: Collaborations for Better Health

Post-event summary
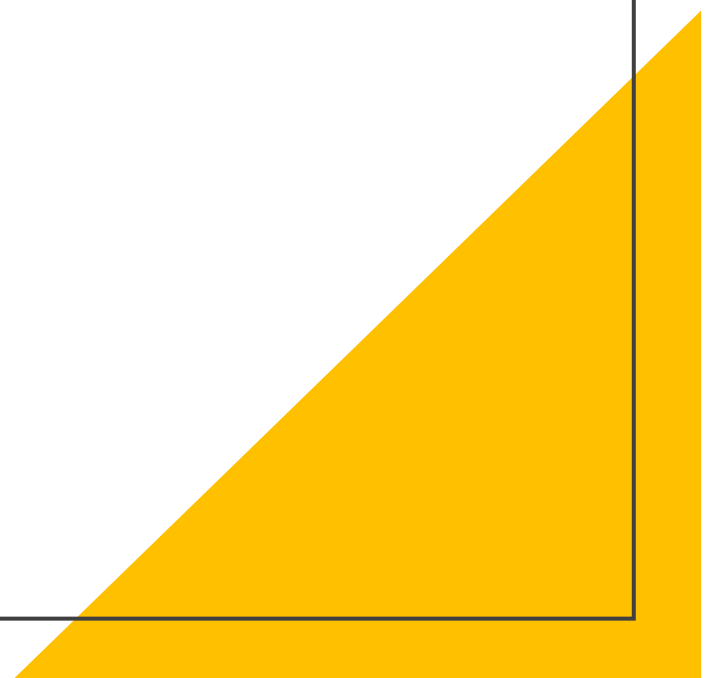
Overview

Collaborations for Better Health provided community partners with a learning opportunity to inspire action towards strengthening current collaborations and establishing new partnerships across sectors to improve the health of Nashville residents.

- Date: September 9, 2022
- Venue: Downtown Nashville Library in Nashville, Tennessee
- Attendance: 86 attendees from public, private and academic sectors

Post-event survey results

The 11-questions survey captured the participants' valuable feedback on the event.
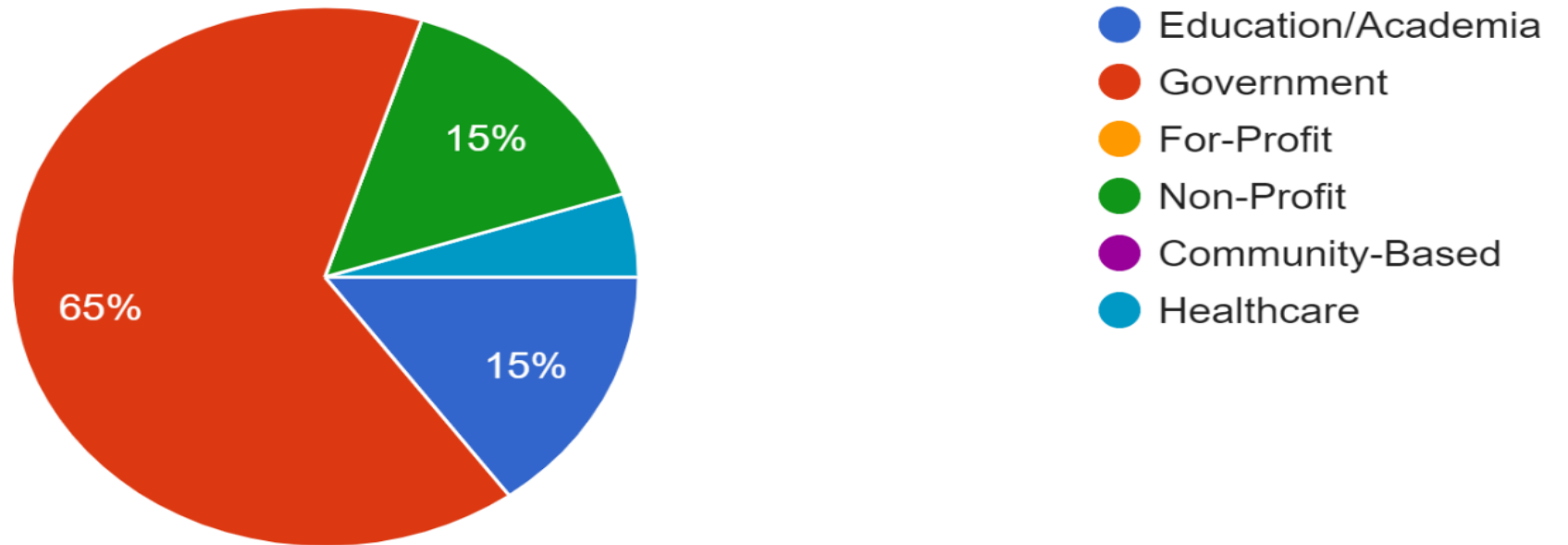
Total respondents: 20

Sector or Industry

Which sector or industry best describes the nature of your work?

20 responses
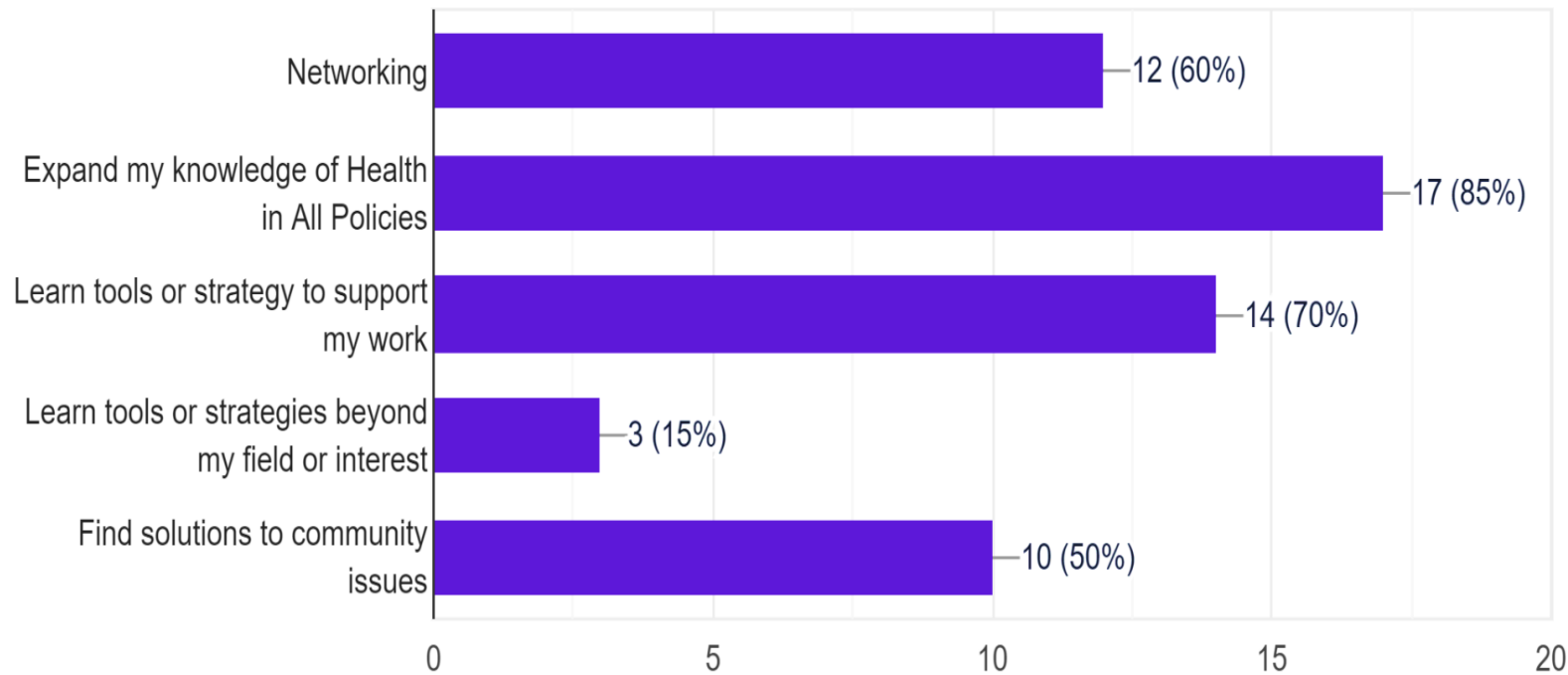
Reason for attending

What was your primary reason for attending this event? Select all that apply.
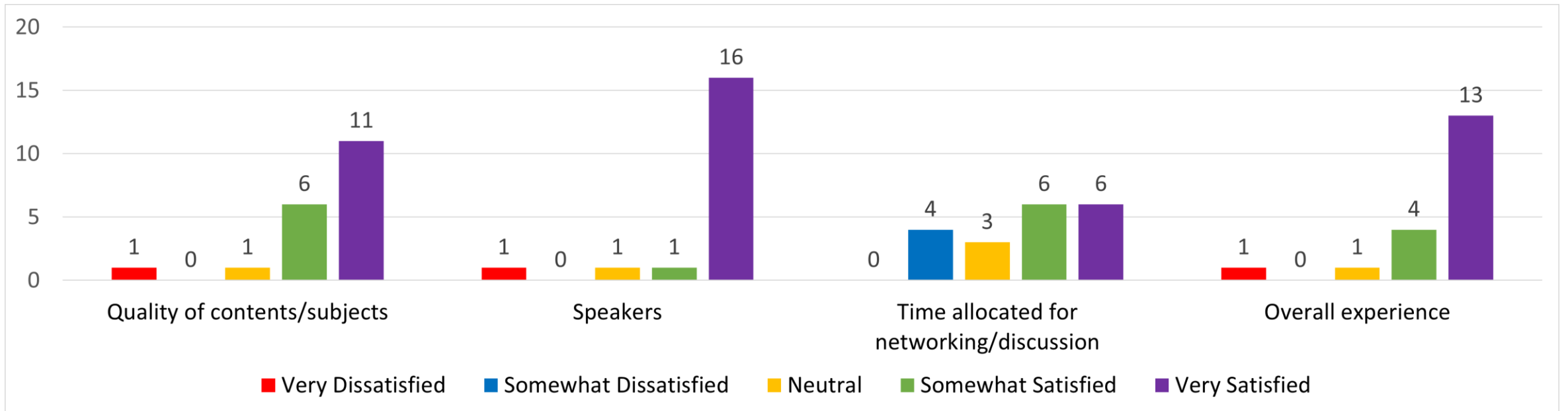
20 responses

Was your primary goal or reason for attending this event fulfilled?

- Yes- 85%
- No- 0%
- Unsure- 15%

Overall Satisfaction

Please indicate your overall satisfaction with the following aspects of the event:

Takeaways

What was your biggest takeaway from the event?

14 responses

Themes	Responses
Collaboration/ Opportunities for Collaborations	• Collaborating with others to advance goals • Others are doing HIAP all over country & region • We are in it together • Opportunities abound • The Breakout Sessions in reference to working together to look at the needs of the community
Learning	• Overall learning about Health and Equity in All Policies and how to apply it. Content was very interesting and engaging. • Great examples shared • This was my first experience with Health in All Policies, and I was very excited to hear about the intersectional work that is being done nationwide. • I was unaware of the Nashville Root Project and was happy to hear that Nashville was taking an initiative to save as well as replace trees. City hot spots should be everyone's concern. • How to frame conversations about health & equity
Health and Equity	• Need for diversity in leadership • How to frame conversations about health & equity • Appreciation for ALL people; honoring ALL voices; valuing community input
Systems thinking	• Systems Thinking as means of problem solving • The systems thinking iceberg that was presented.

Improvements

How do you think this event could have been improved?

12 responses

Themes	Responses
Improving time allocation/ Better timekeeping	• Time allocation and timing of lunch • Earlier lunch and coffee provided • I think the timing of breaks and lunch could have been better scheduled. It was a long time to sit without more than 1 short break. May consider offering more breaks in the future. • Very late lunch, few breaks to stretch legs • There was no coffee, and because of lack of time-keeping, lunch was late. There was no food or beverage allowed in the presentation area where we spent over 3 hours watching content.
Diverse speakers	• More diverse panel speakers • I'm medical, so more community based medical speakers. Clinics which are nonprofit and are serving the needs of the under privileged, like us here at the health department.
General improvements	• Possibly having a networking activity to help people meet each other and maybe having name tags that say what sector/organization a person is representing. • Better knowledge of attendee org, mission, goals prior to event • Clear instructions about our table numbers/ where to sit, more participants! • Vegetarian option that is not just a salad but contains protein, clear instructions about our table numbers/ where to sit, more participants! • The panel was okay but slides and timekeeping should have been required. After no coffee and being quite hungry, it felt like my brain was melting, and I got very little out of that presentation.

Future support

How can we support your efforts to incorporate Health in All Policies strategies and/or tools into your organization's policies and practices?

11 responses

Themes	Responses
Developing community partnerships/ Opportunities for collaboration	• Collaborating with our organization • Collaboration, share opportunities, equity initiatives, community engagement • I think we are already doing a lot of the work, but perhaps sharing a list of organizations and contact information with the attendees would be helpful for future collaboration. • Help identifying people/sectors to collaborate with on projects. Help identifying practices that impact health. • I have learned more about my resources for assistance in the future. • Continued communication
Advocacy/ Community support	• Get Dr Wright & the mayor's office to champion HIAP to other metro department heads • Advocate with all depts & leadership at Metro outside of health dept • Continued communication
Learning Materials/ Tools	• Tool kits • Educational Flyers and updates

Next Steps*

- Develop an understanding of the intersection(s) between Health in All Policies, Health Equity, and Community Health Improvement Plan (CHIP)

- Integrate Metro Government, HiAP initiatives, and community organizations into the CHIP implementation work

- Create and promote collaboration spaces

- Develop and share resources such as toolkits

*NB: Subject to change based on HiAP Coordinators conversation

Photo Gallery

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

10/01/2022 and 10/31/2022

		Species							
	Canine			Canine Totals	Feline			Feline Totals	Totals
	Adult	Up to 5 Months	Unknown Age		Adult	Up to 5 Months	Unknown Age		
Beginning Animal Count as of 10/01/2022	140	15	0	**155**	49	60	2	**111**	**266**
INTAKES									
Stray/At Large	213	34	5	**252**	29	41	1	**71**	323
Transferred in from Municipal Shelter	0	0	0	**0**	0	0	0	**0**	0
Transferred in from Other Rescue Group	0	0	0	**0**	0	0	0	**0**	0
Owner Requested Euthanasia	8	0	1	**9**	0	0	0	**0**	9
Relinquished by Owner	23	0	0	**23**	6	1	2	**9**	32
Other Intakes	15	0	0	**15**	8	0	1	**9**	24
Total Intakes	**259**	**34**	**6**	**299**	**43**	**42**	**4**	**89**	**388**
OUTCOMES									
Adoptions	97	10	0	**107**	42	29	0	**71**	178
Returned to Home	72	3	1	**76**	2	0	0	**2**	78
Transferred to Rescue Group	51	26	0	**77**	8	15	2	**25**	102
Other Live Outcomes	0	0	0	**0**	0	0	0	**0**	0
Return to Field	**0**	**0**	**0**	**0**	0	0	**0**	**0**	**0**
Total Live Outcomes	**220**	**39**	**1**	**260**	**52**	**44**	**2**	**98**	**358**
Died in Care	2	0	0	**2**	0	1	0	**1**	**3**
Lost in Care	2	0	0	**2**	1	1	0	**2**	**4**
Euthanasia	29	0	4	**33**	7	4	1	**12**	45
Owner Requested Euthanasia	5	0	1	**6**	0	0	0	**0**	**6**
Total Other Outcomes	**38**	**0**	**5**	**43**	**8**	**6**	**1**	**15**	**58**
Total Outcomes	**258**	**39**	**6**	**303**	**60**	**50**	**3**	**113**	**416**
Ending Animal Count as of 10/31/2022	146	5	0	**151**	40	44	3	**87**	**238**
Save Rate	87.01%	100.00%	20.00%	87.37%	81.40%	85.71%	75.00%	83.15%	86.39%