

Report to Mayor Freddie O'Connell

The Metropolitan Board of Health of Nashville and Davidson County

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Metro Public Health Dept

Nashville / Davidson County

Protecting, Improving, and Sustaining Health

Mayor's Report: Executive Summary

This report describes the activities of the Metro Public Health Department (MPHD) and is structured around MPHD's five Health Priority areas. The scope of work depicted includes the major MPHD successes, collaborations and partnerships, accomplishments, and opportunities within each health priority area and the approach to community health improvement.

Summary

Health Priority Area 1: Healthy Mothers, Children, and Families.

Major health indicators include measures of infant mortality, low birth, and children's oral health in the population.

Services provide access to resources that assure families, infants, children and youth have the necessary supports in place to achieve optimal health.

Collaborations address alignment between partners for support for school-aged children, vitality and mortality, and youth violence.

Accomplishments Tennessee and Davidson County consistently have more low-birth-weight babies than the national average. Davidson and Tennessee have for the last decade clustered around 9 percent of births at low weight; the national average has edged up slightly over that period to about 8.5 percent. Of particular concern to us is the persistent gap between Black and White infants. By 2001 the infant mortality rate declined in Non-Hispanic Whites to 3.4 per 1,000 live births, increased in Non-Hispanic Blacks to 15.7 per 1,000 live births, and changed little in Hispanics (7.5 per 1000 live births); total low-weight births fluctuated slightly but were essentially stable from 2012 to 2021. The Nashville Strong Babies program's doula-supported pregnancies had a 95 percent healthy birthweight outcome. We have had a notable increase in WIC participation from the 13,000 to 14,000 per month range in 2019 to between 17,000 and 18,000 so far in 2024. Our assessment of children's oral health is based primarily on data from school-based preventive services, the Lentz dental clinic and WIC dental. School-based services expanded to all Title I elementary schools and middle schools in 2001, at which time half the screened students had dental needs; by 2021 that had dropped to about 30 percent. We also pioneered the use of silver diamine fluoride in schools, a practice now adopted across the state. The Nashville Strong Babies program has contributed to a 4.5 percent decline in African American infant deaths in the NSB service area.

Opportunities to advance community health status include school nursing expansion and a new facility to serve the southeastern quadrant of the county.

Health Priority Area 2: Promote and Support Longer, Healthier Lives.

Major health indicators include measures of healthy weight and tobacco use in the population and mental health status.

Services support the prevention and control of tobacco use, and policy, systems and environmental changes in the community that promote good health across the life span.

Collaborations include partnerships that promote mental health and well-being at individual and organizational levels, breast-feeding, and access to healthcare.

Accomplishments The Body Mass Index we use includes the metropolitan statistical area and has risen from 67.7 percent of adults overweight or obese in 2011 to 69.4 percent in 2021. We address overweight by promoting healthy lifestyles via nutrition education, wellness challenges/events/webinars, and partnerships with organizations like TSU SNAPed and UT Agricultural Extension. We work with corporate partners to increase awareness and provide education. Internally, we address this issue through our Wise Moves program which enrolls about a fifth of the staff. Tobacco use has declined from

23 percent in 2011 to 18.5 percent in 2021 and we, along with the Metro Council, have banned smoking in 21-and-up establishments (2023) and continue to offer smoking cessation classes and counseling to residents of MDHA properties. We have seen an increase in access to breastfeeding particularly among our WIC clientele and in the Nashville Strong Babies service area. With self-reported mentally unhealthy days per month at 5.8 in 2021, up from 5.0 in 2018, we have increased clinical services in the Health Department and oversee both the Partners in Care and REACH projects in conjunction with MNP and MNFD to provide clinical responses to emergency calls involving behavioral issues.

Opportunities include strategies to build community resilience, and new efforts to engage in multi-sector and place-based strategies to reduce disparities in health and decrease chronic diseases.

Health Priority Area 3: Create Opportunities for and Promote Healthy Natural and Built Environments.

Major health indicators include measures of ambient air quality and pollution, food-borne illnesses, West Nile Virus in mosquito populations, radon in public buildings, and animal intake and euthanasia rates.

Services include protection and monitoring of air quality, food and public facilities, West Nile Virus in mosquito populations, radon in public buildings and animal care and control.

Collaborations include partnerships with public agencies (federal, state, and local) as well as nonprofits and community-based organizations.

Accomplishments include a decrease in ozone design values over time, inspection of ~7,000 establishment to minimize foodborne illness and safety risks in establishments, an annual census of mosquitoes testing positive for West Nile with subsequent larvicide treatment in problem areas. We continue to check (per MCL) all Metro buildings for radon gas and mitigate all findings above 4 pico curies per liter of air. The Animal Control operation has cut its euthanasia rate from greater than 60 percent in 2014 to as low as 9.8 percent in 2021; that number stood at 15.6 percent in 2023. We have seen a corresponding increase in adoptions, live release and return to owners. We help fund a non-profit spay-neuter partner.

Opportunities include addressing strategies to mitigate any negative effects on meeting regulatory requirements as a result of Davidson county's population and food establishment growth, and increasing community-wide humane education and spay-neuter efforts and funding.

Health Priority Area 4: Prevent and Control Communicable Diseases and Respond to Public Health Emergencies.

Major health indicators include measures of drug overdoses, sexually transmitted infections, and childhood immunization coverage; reportable disease response, including outbreak response for any disease above established CDC threshold such as Covid-19.

Services ensure access to immunizations, implementation of community-wide prevention strategies, surveillance of diseases and responding to community health emergencies.

Collaborations address ending the HIV epidemic, Ryan White Part A planning and resource allocation, collaboratively working together to address overdose response, and community wide emergency response planning.

Accomplishments Drug overdoses went from 330 in 2017 to a high of 754 in 2022, with a slight decline to 714 in 2023. The presence of fentanyl in OD deaths is a major concern. A proposal to use opioid response funding that comes directly to Metro plus funding from the state will go into operation this year under the aegis of our Behavioral Health and Wellness division. We also provide free Narcan to anyone who wants it. Sexually transmitted infections are rising here and nationwide. Ryan White (HIV/AIDS) providers' increase in quality of care is evidenced by clients' increased viral suppression. The CDC suggests multiple factors are at work in the STI increase, including drug use, poverty, stigma, and

unstable housing combined with cuts to STI programs. Childhood immunization coverage has remained excellent. For 2022 Davidson County had an immunization rate of 85.2 percent, second best in the state. Outbreak response since Covid has include Mpox, meningitis, and hepatitis. We continue working to get vaccines out to the community with mobile delivery where possible. For all reportable diseases we maintain constant surveillance and respond as necessary with prophylaxis, education, and additional resource referrals.

Opportunities include developing strategies to address the intersection of addiction and infectious disease, development of an overdose surveillance system, increasing community resilience and ending the HIV epidemic.

Health Priority Area 5: Increase Access and Connection to Care.

Major health indicators include the percentage of residents who are uninsured or underinsured.

Services include ensuring quality in care provided through management of health care contracts that serve the Davidson County Jail, and healthcare of the homeless. In addition, MPH D provides TennCare presumptive eligibility enrollment for pregnant women.

Collaborations include the Safety Net Consortium of Middle Tennessee, Middle Tennessee Oral Health Coalition and Get Covered Nashville

Opportunities include Medicaid expansion for maternal health and changes to Medicaid through the TN Block grant that may affect services and eligibility requirements, as well as the implementation of an electronic health records system to better connect clients to the services and care they need.

Accomplishments We facilitate enrollment in Affordable Care Act plans as well as TennCare. In 2023 this effort enrolled 184 people in an ACA plan, 233 people in TennCare, and connected 544 others to additional resources outside of health insurance. The families of the insurance plan enrollees account for 969 individuals. We do mammography screenings in-house, as well as breast and cervical cancer screenings. We have hired navigators who enroll women in TennCare the same day they receive a positive pregnancy test. We are making progress, with support from you and the Council, to replace the aging Woodbine Clinic with a new one more logically situated for the clientele.

Community Health Improvement.

MPHD leads the development of the Community Health Improvement plan that is updated every three years. This has resulted in strategic alignment of community collaborations in the areas of supporting mental and emotional health and maximizing the built and natural environments to optimize health status. In addition, MPH D has strengthened policies and procedures that build the capacity of the department to apply an equity lens to “all we do.”

Equity

Underlying and informing all of this work is a commitment to equity. ‘Equity’ is not a concept that can be adopted at the margins; it must be intrinsic to every-day operations, decisions, and behaviors. The MPH D Executive Leadership Team (ELT) has developed an equity statement as a cornerstone of our work and takes accountability for advancing equity throughout the department.

The statement is:

“The Metro Public Health Department is committed to equity as a foundational value and is driven by its mission to protect, improve, and sustain the health and well-being of all Nashvillians. MPH D acknowledges that historical inequities and injustices create avoidable disparities in health. The department strives to be a socially and culturally responsive organization committed to the highest level of health for all people.”

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Note: Statistics reported reflect the most current data available

Appendix 1, [MPHD By The Numbers](#)

Appendix 2, Community Health Profile, <https://www.nashville.gov/sites/default/files/2021-08/2021-Community-Health-Profile.pdf?ct=1627991656>

Appendix 3, Community Health Assessment, <https://www.nashville.gov/sites/default/files/2023-02/2021-Community-Health-Assessment-Davidson-County.pdf?ct=1676382552>

Appendix 4, Community Health Improvement Plan, <https://www.nashville.gov/sites/default/files/2023-02/2023-2025-Community-Health-Improvement-Plan.pdf?ct=1676382964>

Appendix 5, [Infant Mortality by Race and Ethnicity, 2004-2023](#)

Appendix 6, [Low Birth Weight, 2012-2021](#)

Appendix 7, [Air Pollution](#)

Appendix 8, [Ambient Air Quality](#)

Appendix 9, [West Nile, Radon in Public Buildings](#)

Appendix 10, [Metro Animal Care and Control Statistics](#)

Appendix 11, 24-Month-Old Immunizations, [Workbook: 24MOS DASH For Publication \(tn.gov\)](#)

Appendix 12, Drug Overdose Deaths, 3rd Quarter 2023, [Drug Overdose Report Quarter 4 2023.pdf \(nashville.gov\)](#)

Appendix 13, [Woodbine Statement of Need](#)

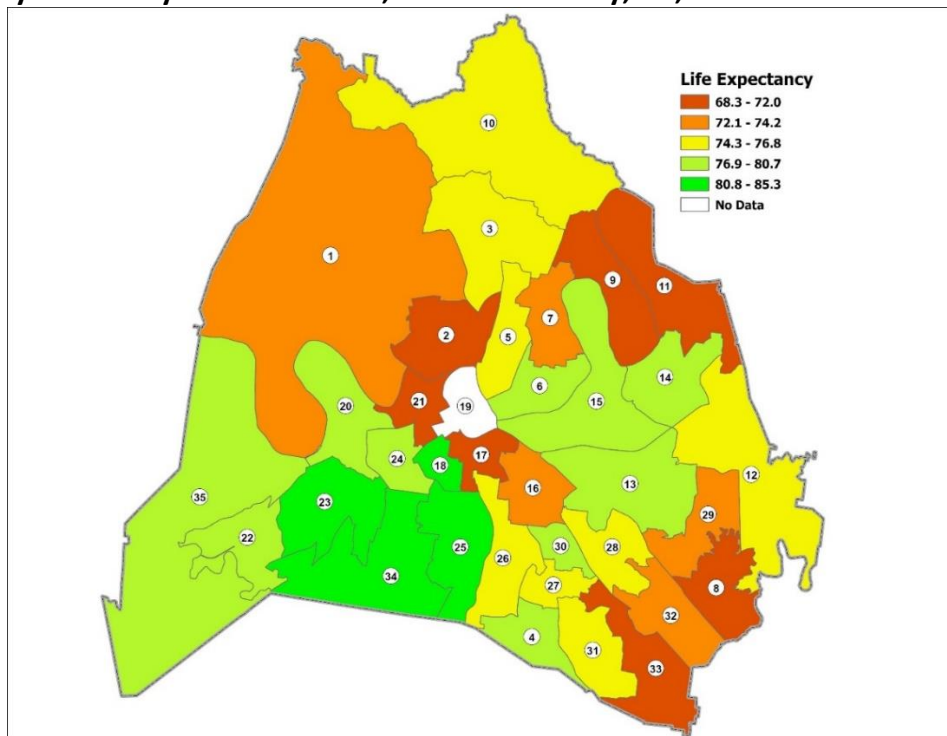
I. Examining Nashville's Health

Davidson County has improved in health status in recent years by some measures, but our health and well-being face significant challenges. According to the [2023 County Health Rankings](#), Davidson County is the 10th healthiest county in Tennessee, and Tennessee ranks 44th among the states.¹

Life expectancy decreased at the national, state and local levels. Nashville's life expectancy has declined from 77.0 in 2017 to 76.0 in 2021 and remains below the U.S. rate.² Any discussion of Nashville's health must recognize the profound inequities in health across our varied communities. For example, the gap between Metro Council Districts (Chart 1) with the highest and lowest life expectancy at birth is 17 years (85.3-68.3).

Health rests on a foundation of safety, economic security, education, and autonomy. However, many in Nashville are left behind when it comes to these fundamental social and economic determinants of health. While many areas in Nashville are thriving and prospering, 32.9 % of Nashville's children eighteen years old or younger live in poverty.³

Life Expectancy at Birth by Council District, Davidson County, TN, 2021



Map data source:

Death files, Vital Records, Tennessee Department of Health
Council District population estimates based on 2021 ACS 5-years estimate

¹ <https://www.americashealthrankings.org/explore/states/TN>

² CDC. National Center of Health Statistics. www.cdc.gov/nchs/data/vsrr/vsrr023.pdf;

Life expectancy 2018-2020 <https://www.countyhealthrankings.org> .

³ 2021 ACS 5yrs Estimate – table S1702, US Census Bureau

Nashville’s Health Indicators

To understand our collective health, we can look at a multitude of health indicators ranging from measures of medical care to measures of the social determinants of health. (Appendix 2, Community Health Profile; Appendix 3, Community Health Assessment; Appendix 4, Community Health Improvement Plan). Major indicators of community health are the conditions that shorten our lives. First, chronic diseases, including heart disease and cancer, account for most early deaths, the two leading causes of death in Davidson County from 2015-2019.⁴

Leading Causes of Death under age 75 in Davidson County		
Leading Causes of Death Under Age 75	Deaths	Rate per 100,000
Malignant neoplasms	1964	98.7
Accidents	1846	92.7
Diseases of heart	1719	86.4
COVID-19	697	35
Chronic lower respiratory diseases	399	20

Source: [CDC WONDER](#).

These diseases and deaths are often driven by tobacco use, lack of physical activity, and unhealthy diets.⁵ Policy, systems, and environmental changes that reduce tobacco use, facilitate and promote physical activity, and advance healthier diets are crucial to saving lives and closing disparities in illness and death.

Second, violent death (suicides and homicides) and accidental death (which includes drug overdoses and car accidents) kill fewer people than chronic disease; however, these preventable conditions have a profound impact on years of potential life lost for the younger population and can create long-lasting impacts on those who witness or are otherwise affected by these acts.⁶

Finally, as reported in Healthy People 2030 the Social Determinants of Health (SDOH) have a major impact on health. The inequities and health disparities created by the SDOH lead to the increased frequency of several health conditions, such as hypertension, diabetes and heart disease. SDOH can also lower life expectancy in the groups negatively affected by these disparities.⁷

⁴Community Health Profile. <https://www.nashville.gov/sites/default/files/2024-02/2021-Community-Health-Profile-Updated-Fall-2023.pdf?ct=1707232984>. P. 138

⁵ Nichols, et al. The evolution of the Steps program, 2003-2010: transforming the federal public health practice of chronic disease prevention. Prev Chronic Dis. 2012 Feb; 9:E50; Bauer, U.E., Briss, P.A., Goodman, R.A. and Bowman, B.A. (2014) Prevention of Chronic Disease in the 21st Century: Elimination of the Leading Preventable Causes of Premature Death and Disability in the USA. The Lancet, 384, 45-52.

⁶ CDC Center for Injury Prevention. 10 Leading Causes of Death by Age Group, United States – 2017.

https://www.cdc.gov/injury/wisqars/pdf/leading_causes_of_death_by_age_group_2017-508.pdf

⁷US Health and Human Services, Office of Disease Prevention and Health Promotion. Healthy People 2030, Social Determinants of Health—2023

<https://health.gov/healthypeople/priority-areas/social-determinants-health>
[2021 Community Health Profile](#)

II. Activities of the Metro Public Health Department

Why We Exist:

The Mission of the Department of Health is to protect, improve, and sustain health and well-being of all people in Nashville and Davidson County.

Our vision is “A community in which all people achieve their full potential for health and well-being.” This statement describes the core work of the department across our community. It also works to include all, understanding that each person’s full potential looks different from another’s. It also reflects a vision of people across Nashville creating healthy conditions in their homes, neighborhoods, schools, churches, workplaces, and one where our government and community routinely create healthier conditions through policies and practices. Finally, we envision MPHD and Metro as a healthy place to work.

Simply stated, we provide and connect people to public health services, we enforce health regulations, and we lead and participate in collaborative efforts to create healthy conditions for everyone in Nashville.

What We Do:

The work of the agency is guided by the 2022-2025 Strategic Plan and supports Five Foundational Health Goals:

- Improve and Sustain Family and Child Well-being
- Promote and Support Healthier Living
- Create Healthier Community Environments
- Prevent and Control Epidemics and Respond to Public Health Emergencies
- Increase Access and Connection to Clinical Care.

How We Work:

Four functions of the Department serve as “strategic anchors” to help us succeed in our mission:

Health Equity in Public Health Practice. We advance health equity by building the capacity of public health practice to address equity in how work is accomplished.

Experts in Nashville's Health. We understand the Nashville population, neighborhoods, people, their health, and what shapes it by providing the core functions of public health: Assessment, Policy Development, and Assurance.⁶

Unique, Essential Services. We provide essential services that protect, improve, and sustain health.

Community Health Strategist. We convene, facilitate, form partnerships, collaboratively develop and implement strategies for community health improvement.

Our work in public health is grounded in three basic principles:

- Based in data and evidence, using the best available science to inform our work
- Based on a thorough understanding of the community we serve
- Being engaged with and responsive to the community
- Focused on prevention and improving the 'upstream' factors that drive health and well-being.

Public health strategies that change the environment or change policies or systems are a significant focus in public health. Familiar examples include fluoride treatment of water, immunization systems and policies, and improving air quality. Newer examples include considering health in design of neighborhoods, roads, and buildings; increasing the availability of healthy foods; and creating smoke-free residential communities. All of these approaches are designed to help make the healthy choice the easy choice and to make people's default decisions healthy decisions.

⁶ Institute of Medicine. 1988. The Future of Public Health. Washington, DC: The National Academies Press. <https://doi.org/10.17226/1091>; 10 Essential Public Health Services, Core Public Health Functions Steering Committee, 1994

III. Health Priority Area 1: Healthy Mothers, Children, and Families

Thriving infants, and the health and well-being of our youth are key markers of our overall health as a community. Healthy children learn better, and people with higher educational attainment enjoy longer, healthier lives.

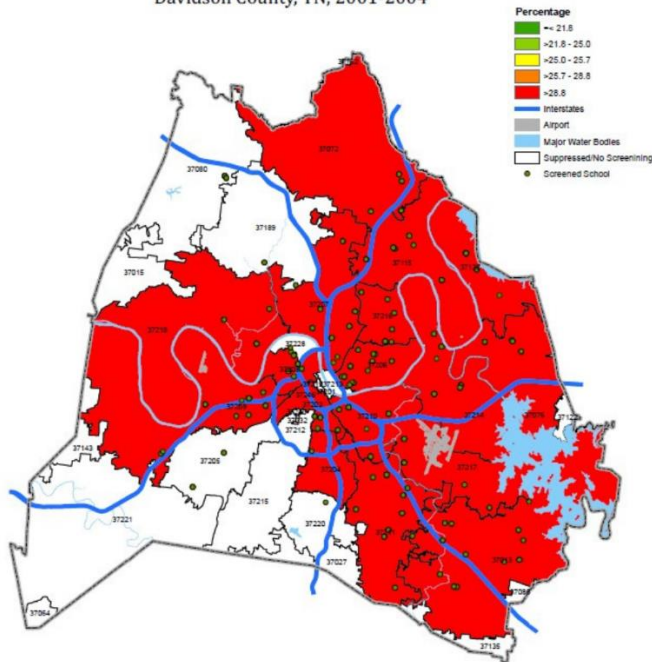
Indicators

Infant mortality and low birth weight. Infant mortality reflects overall community well-being and structural inequities. Most infant deaths in Nashville are preventable and are due to babies being born too soon (preterm), too small (low birth weight) and being placed in unsafe sleeping conditions (sleep-related). Most current data show that a decrease in infant mortality was observed. In 2021, there were 7.6 infant deaths per 1,000 live births which was a 21% increase from the previous year (6.0 per 1,000 live births in 2020) but even with 2019 numbers. Striking racial disparities continue to exist. The rate of death in the first year of life is twice as high for African American infants as it is for non-Hispanic Caucasian infants. The most important actions that can be taken include improving the health of women and families before pregnancy, improving access to and the responsiveness of health systems during and after pregnancy, and improving social and educational systems to address social determinants of health during early childhood and adolescence. Additionally, sleep-related infant deaths, which accounted for approximately 43% of infant deaths in 2020, are preventable by ensuring that every infant has a safe sleep environment: sleeping on their backs, in their own crib without items that could cause suffocation and in housing that is not overcrowded.¹

¹ [Child Death Review report](#)

Children’s Oral Health. The Oral Health Program is comprised of three programs – School-based dental, WIC dental, and the Lentz dental clinic. The school-based dental (SBD) prevention program expanded in 2001 to provide services at Title I elementary and middle schools in Davidson County. All students in these schools are eligible for services. Since the program’s expansion in 2001, the percentage of school children with dental needs at participating schools has improved from 51% of screened students showing no dental needs in 2001 to 71% of screened students presenting with no dental needs in the 2021-2022 school year. Last year, the SBD team placed more than 18,500 dental sealants. The Tennessee Department of Health selected Davidson County to pilot a program to provide Silver Diamine Fluoride (SDF) to students in schools to arrest tooth decay. The program was successful, and now all school-based dental programs in Tennessee provide SDF. Oral Health partners with the WIC program to provided preventive dental services in two of MPH’s WIC clinics; in the past year the Oral health team has provided screenings, fluoride treatment and dental health education to hundreds of families enrolled in the WIC program, totaling more than 4,000 procedures. The Lentz dental clinic performed more than 10,000 procedures during the 2022-2023 academic year.

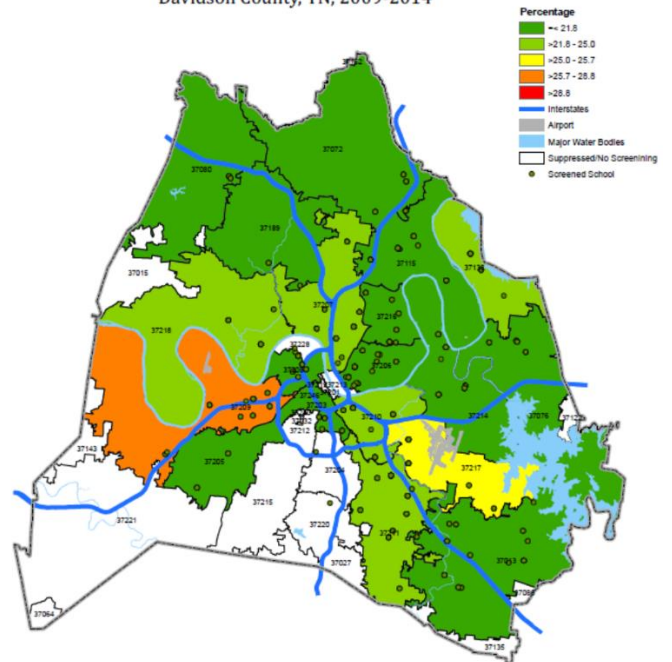
Figure 1a. Percentage of Screened School Children with Dental Needs, Davidson County, TN, 2001-2004



Created by the Division of Epidemiology, MPHID
December 2019

Data Sources:
Metro Planning Department - GIS Layers
Metro Public Health Department - Dental Program Screening Data

Figure 1c. Percentage of Screened School Children with Dental Needs, Davidson County, TN, 2009-2014



Created by the Division of Epidemiology, MPHID
December 2019

Data Sources:
Metro Planning Department - GIS Layers
Metro Public Health Department - Dental Program Screening Data

FY 2022-2023 Data Totals, School Based Dental Prevention Program									
Completed in	Program	General Screening	Referred for Tx	TN Care Urgent Referrals	Fluoride Varnish	#Children SDF	# Children Sealed	# Sealants Placed	Education
August	Wright	149	40	3	149	16	141	1426	700
Sept	Joelton	135	33	1	135	24	86	378	286
Sept	Glenview	329	149	3	328	98	220	994	600
Sept	Whitsitt	134	49	2	134	33	93	486	532
Oct	JE Moss	292	97	3	290	70	197	855	667
Oct	Rosebank	137	40	5	137	27	81	390	420
Nov	Stratford Middle	67	21	2	67	14	66	807	199
Nov	Plaza Mariachi Non Seal	18	9	0	18	8	0	0	18
Nov	Thurgood Marshall	176	29	1	176	21	173	1764	812
Nov	Carter Lawrence	66	21	6	66	14	35	178	187
Dec	McMurray	155	44	2	154	18	151	1426	648
Jan	Charlotte Park	171	64	3	171	48	112	581	516
Jan	Paragon Mills	215	111	5	215	82	133	529	566
Jan	Inglewood	36	9	0	36	5	22	96	240
Jan	Norman B	233	95	4	233	56	233	819	674
Feb	Lakeview	176	53	1	176	46	109	447	551
Feb	Gateway Elem	116	31	1	116	39	78	423	278
Mar	Haywood	213	105	1	213	171	125	537	600
Mar	Glenclyff	264	89	6	264	25	187	890	554
Mar	Stratton	151	78	4	151	58	122	582	155
Mar	Fall Hamilton	95	26	1	95	23	68	325	299
Apr	Dupont	100	22	3	100	15	74	353	375
Apr	Goodlettsville	123	27	3	123	19	87	442	406
Apr	Cockrill	95	51	4	95	28	67	333	285
April	Warner	121	36	5	121	25	85	374	400
May	Tusculum	331	142	5	331	92	217	877	595
May	Andrew Jackson	54	9	3	54	0	40	164	471
May	Hattie Cotton	89	39	5	89	30	68	351	242
May	Smith Springs	199	49	3	199	9	143	548	729
June	SE CC	40	3	0	40	1	33	175	40
Totals	30 programs completed	4480	1571	85	4476	1115	3246	17550	13045

Services

Car Seat Program. A state-funded initiative, the Car Seat Program utilizes trained and certified Car Seat Technicians to educate families on the proper installation of car seats for infants and children and provides car seats to Davidson County families who otherwise do not have the economic means to safely transport their child using a proper child restraint seat.

Central Referral System. The Central Referral System (CRS) serves as the home-visiting service coordination system for Davidson County residents. Referrals are received from hospitals, physician practices, health insurance agencies, etc. as means of connecting families to an appropriate home-visiting service and reducing duplication of services among agencies. CRS processes more than 1,400 referrals annually.

Family Planning. In the 2022-2023 financial year, our family planning clinics at three sites served more than 8,400 clients. The mission of the family planning program is to prevent unintended pregnancy and improve pregnancy planning and spacing. The program provides preventive health exams and counseling, pregnancy tests, STD and HIV testing, emergency contraception, sterilizations, and birth control, including implants and intrauterine devices.

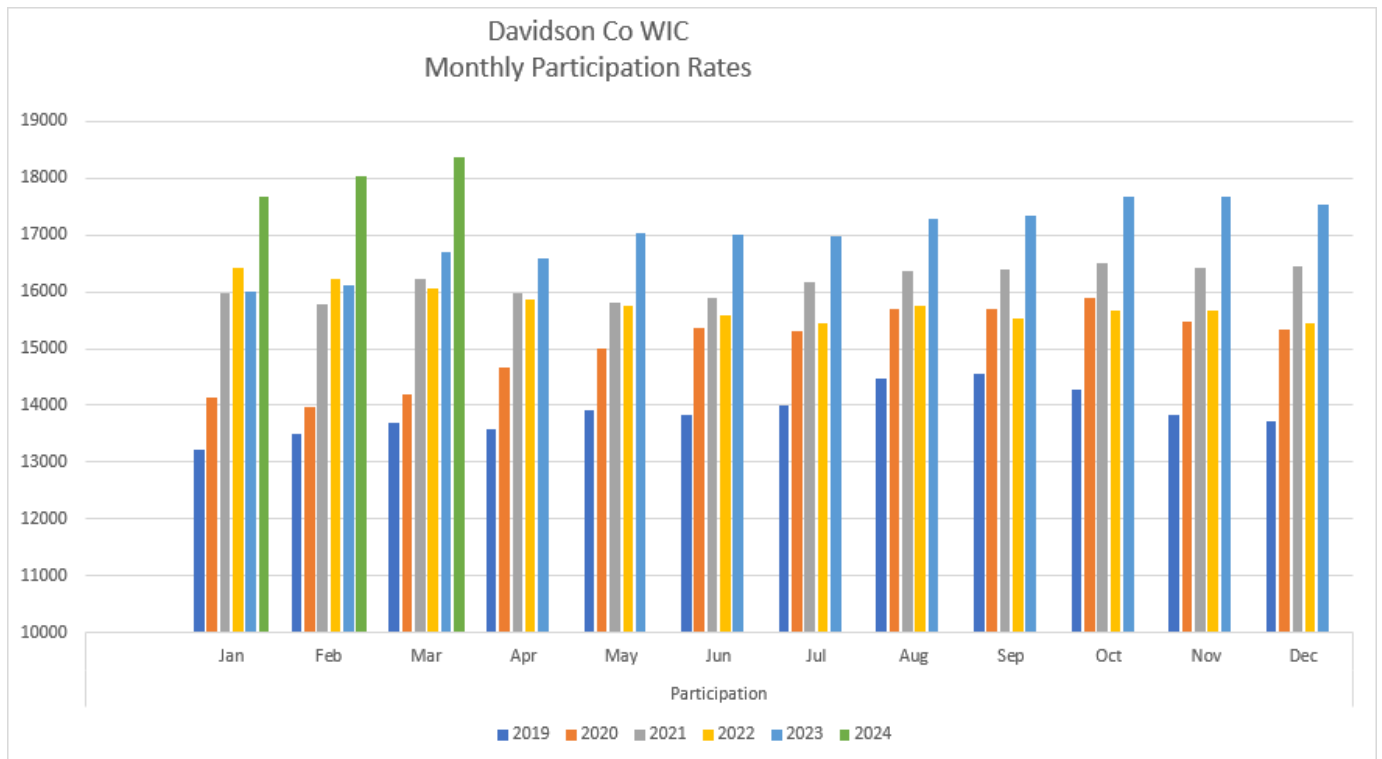
CHANT (Community Health Access and Navigation in Tennessee). The state-funded CHANT program provides referrals, outreach, and care coordination services to the most vulnerable residents, including pregnant and postpartum adolescents, women, and children including those with special health care needs. CHANT combines the services of several programs (Help Us Grow Successfully, Children's Special Services and TennCare outreach) which grew out of the need for a new model of care coordination due to the high infant mortality rate, redundant service delivery, mutual goals across programs and the need for more measurable outcomes using evidence-based models.

Nashville Strong Babies. Nashville Strong Babies Healthy Start Program was created in 2019 from a five-year \$5.47 million federal grant to increase health outcomes for families living in Nashville neighborhoods that experience the highest rates of infant mortality. NSB enrolls eligible pregnant women and individuals/families with infants up to 12 months of age. Families receive pregnancy and parenting services and resources which include individualized care plans, referrals and access to doula care, access to clinical and medical care, and other supplies.

School Health. The goal of the School Health Program is to promote student and staff health and wellness, which supports MNPS' efforts to improve academic achievement. The program currently comprises 122 registered nurses assigned to 135 schools. A nurse is assigned to each school in MNPS, with ten nurses assigned to Harris Hillman. Each high school has at least one nurse solely dedicated to the needs of that school, while nurses at smaller schools often split their duties throughout the day. A key priority for the nurses in MPH's School Health program is providing skilled nursing services (tube feedings, catheterizations, diabetes care) as determined by the child's medical provider. School Health Nurses also identify students with medical conditions such as asthma, seizure disorders and allergies and develop Emergency Care Plans (ECP) for each of these students, along with case management and disease

surveillance duties as assigned. As time allows, the nurses also assess incidental illnesses and provide first aid with the aim to return the student to class, if appropriate.

Women, Infants and Children (WIC). The WIC grant is among our largest, at a little over \$5 million a year. WIC is a national health nutrition program that serves more than 30,000 Nashville women, infants, and children under the age of 5 years each year. It provides nutrition education, breastfeeding promotion and education, monthly food prescriptions (packages), and referrals to additional health and social services. WIC operates out of four clinic locations throughout the county in addition to offering bedside certifications at four area hospitals. Participants purchase nourishing foods using WIC EBT cards and currently purchase around \$14 million in WIC foods at 88 approved vendors in Davidson County. For 2022, WIC participants purchased just under \$3 million in fruits and vegetables in Davidson County stores.



Collaborations

Alignment Nashville Children’s Health Initiative. Alignment Nashville exists to improve the education and health of our community’s youth by providing tools that bring the community together for more effective results than we could each accomplish alone. MPH D leads the Children’s Health Initiative, aligning education and health resources and strategies to maximize the learning potential of Nashville’s children and youth. Several action teams co-chaired by MPH D and Metro Nashville Public Schools staff focus on improving adolescent sexual responsibility and supports for pregnant/parenting teens to achieve post-secondary success as well as maximizing social-emotional learning.

Fetal Infant Mortality Review and Child Fatality Review. These state-mandated comprehensive reviews of the deaths of all Davidson County residents of less than 18 years of age include reviews of pregnancy loss and confidential family interviews. Findings of these reviews enable community members, health and social service providers, and policy makers to work together to improve systems of care and prevention for women, infants, children and families in Davidson County.

Nashville Maternal & Children Health Collective. Formed in 2022, consists of 100+ stakeholders representing businesses, hospitals, education, housing, public health and community members who have a shared vision to improve infant health outcomes, with a focus on reducing the racial and ethnic disparities in infant mortality. The partners have developed a results-driven comprehensive safe sleep campaign to educate residents, families and caregivers on safe-sleep practices to reduce infant deaths. The collaborative is committed to ensuring that Nashville is the best place for babies to be born and to thrive.

Accomplishments

In 2021, the Nashville Strong Babies Healthy Start Program's Doula Support Project was created from a two-year \$125,000 supplemental federal grant to recruit, train, and contract with up to 15 community-based doulas to increase health outcomes for 72 families living in Nashville neighborhoods that experience the highest rates of infant mortality. From 2022 to 2024, NSB supported the training of 15 community-based doulas, contracted with eight community-based doulas who served 77 NSB families. While 89 percent of Nashville Strong Babies participants-initiated breastfeeding, 100 percent of participants who also had doula support initiated breastfeeding and 96 percent of doula-supported participants experienced a healthy birth outcome.

The WIC program is the largest breastfeeding support program in the nation. While all staff working in the WIC program receive at least three hours of basic breastfeeding education, we currently have more than 14 staff within our program certified as either a Certified Lactation Counselor (CLC) or an International Board-Certified Lactation Consultant (IBCLC). Since 2020, WIC staff have helped to increase breastfeeding rates among our moms by 17 percent. Rates for breastfeeding among WIC mothers went from 53 percent in 2020 to 62 percent for 2023.

More than 5,000 children received **Oral Health Services** during school year 2022-2023. More than 13,000 children received oral health education at schools during the academic year and at community centers during the summer. More than 1,500 students were referred for treatment.

The Next 4 Years: Opportunities & Challenges

School Nursing Expansion. The American Academy of Pediatrics (AAP) recommends one full-time registered nurse in every school. Nurses have a measurable impact on school attendance

and can help coordinate strategies for health issues that contribute to disparities and gaps in school performance. In 2017 MPH and MNPS partnered to implement a phase-in process to increase the number of school health nurses. In Phase One, the School Health Program initially achieved the expansion goal of placing a full-time nurse in 12 of the 16 traditional high schools. Data showed a 72% increase in student-nurse encounters as well as decreased time spent traveling among schools thus improving nurse accessibility to students. Unfortunately, due to financial and political constraints, the expansion was deferred for 2018-2019 and 2019-2020 school years; therefore, the program was unable to continue to dedicate sole nurses to the high school population. The plan for a Nurse in Every School resumed in the 2020-2021 school year and the number of nurses recruited continues to increase. For the 2023-2024 school year, we have been able to provide nursing services in 134 public schools in Davidson County, with 15 nurses covering more than one school. Some schools with students with complex medical care and multiple procedures require more than one nurse per school. The student return-to-class rate was 90% in 2022-2023 school year. In the fiscal 2022-2023 year, more than 120,000 office visits were recorded. Having a nurse in a school has been shown to improve academic success by increasing students return to school rates. Ongoing financial support is needed to reach the goal of a nurse in each school.

Woodbine Replacement Facility. We have a need for a facility to replace the Woodbine Public Health Center. The nearly 100-year-old school building serves as our busiest site providing services to Davidson County residents, including preventive health, family planning and WIC services. We have developed a white paper that describes the need in more detail.

Violence Prevention. Violence is a public health issue that requires a public health approach and multi- sector collaboration. Youth violence, in particular youth homicide and youth suicide, has increased. Access to firearms increases the lethality of violent encounters among youth. Greater collaboration and community engagement will be needed to support young people in their neighborhoods and schools.

The Davidson County WIC program is collaborating with the Vanderbilt Pediatrics Primary Care Clinic on developing a model for partnerships between pediatric clinics and local WIC agencies. Through direct referrals from pediatric offices and monitoring of referral outcomes by the WIC program, it is hopeful that this model will reduce food insecurity when identified in pediatric clinics.

⁷ Tennessee Department of Health (TDH), Office of Vital Records and Statistics, Birth Statistical System. Prepared June 2018 by TDH, Division of Family Health and Wellness

IV. Health Priority Area 2: Promote and Support Longer, Healthier Lives

Nationally and locally, the top causes of chronic illness and death are unhealthy diet, physical inactivity, and tobacco use. Tobacco use is the number one preventable cause of death. Physical activity helps maintain a healthy weight and helps prevent many adverse health conditions. The 2018 Physical Activity Guidelines Advisory Committee Scientific Report suggests children and adolescents aged 6-17 should have an hour or more of physical activity daily while adults should do a minimum of 2½ hours of moderate-intensity aerobic activity weekly. Evidence also indicates health benefits of physical activity for children aged 3 to 5 years old. No public health target has been set but activities that facilitate bone health and avoidance of excess weight are recommended.⁹

Indicators

Breastfeeding Initiation. Breast milk is widely acknowledged to be the most complete form of nutrition for most infants, with a range of benefits for their health, growth, immunity, and development. The health benefits of breast milk also positively impact the mother as well by lowering risk of breast and ovarian cancers, type 2 diabetes, cardiovascular disease, and postpartum depression. This indicator shows the number of babies born in Davidson County who were ever breastfed. Community-wide breast-feeding initiation rates showed some improvement from 80.2% in 2016 to 89.3% in 2021.¹⁰

Healthy Weight. According to the 2019 Nashville Community Health + Well-being Survey, 66% of the Davidson County adult population is overweight or obese. These rates remain high among all Nashvillians regardless of education and income levels. However, when comparing the data by race/ethnicity classification, rates are higher among minorities, 55% White, 73% Hispanic/Latino and 78% African American.¹¹ The most recent Coordinated School Health data for Davidson County estimate that about 35.6 percent of school children were overweight or obese in 2014. Being overweight is a risk factor for chronic illnesses including hypertension and diabetes, as well as adverse events such as heart attacks and strokes.

Tobacco Use. According to the 2019 Nashville Community Health + Well-being Survey, 13.2% of Nashvillians report they are current smokers. The smoking rate varies greatly across the county with the smoking rate in the East Zone being double the county average at 26.3%. Usage among teens is about one in eight and greater in white and Hispanics than in African Americans. This rate continues to decline but does not represent the increasing use of electronic cigarettes. The reported use of e-cigarettes and vaping products is lower than combustible tobacco products at 6.6%; however, a higher percentage of 18–29-year-olds reported using vaping products than smoking at 13.7% compared to 12.2%.¹²

Services

The **Tobacco Control Program** includes the following activities:

- Grow Inside Free of Tobacco and Smoke (G.I.F.T.S.): A smoking cessation program created to reduce the burden of tobacco use on pregnant and post-partum women and their babies.
- Breathe Easy Campaign: Seeks to work together with landlords, tenants, and the community to voluntarily increase the number of smoke-free multi-unit housing properties in Nashville. Cessation services are also provided to communities that implement a smokefree policy.
- TN STRONG Ambassadors: A state-wide youth-led tobacco prevention advocacy effort that focuses in Davidson County on reducing cigarette litter through Metro Parks clean-up efforts and tobacco retailer assessments which engage youth to identify tobacco retailer strategies for marketing near schools and community centers.
- The tobacco prevention program coordinates with Metro Nashville Public school systems and Community Achieves to provide vaping prevention information to students and staff members. Also, coordinates with the school's sports teams to pledge to be nicotine free. Those teams that sign a pledge receives a banner for the school and incentive items with tobacco prevention messaging.
- Coordinates with treatment centers to provide cessation and prevention resources for residents and encourages implementation of a smokefree campus policy.
- Serves as a community partner on the Nashville Thrives coalition, which provides support and resources to the community to promote a smoke free community.

⁹ Physical Activity Guidelines for Americans. <https://health.gov/paguidelines/second-edition/report.aspx>

¹⁰ Community Health Profile. <https://www.nashville.gov/sites/default/files/2024-02/2021-Community-Health-Profile-Updated-Fall-2023.pdf?ct=1707232984>. P. 126

¹¹ <https://www.nashville.gov/departments/health/epidemiology-data-and-statistics/community-health-surveys>

¹² <https://www.nashville.gov/departments/health/epidemiology-data-and-statistics/community-health-surveys>

The Health Promotion grant uses a place-based framework to implement policy, system, and environmental change across the Nashville community to promote selected Healthy People 2030 goals that include creating social and physical environments that promote good health for all; and promoting quality of life, healthy development, and healthy behaviors across all life stages. Selected activities include:

- Partnering with external partners to raise awareness to expand learning gardens in communities with limited access to healthy nutrition and high rates of childhood obesity.
- Promoting the Healthy Parks Healthy Person (HPHP) reward system app to increase participation in outdoor and recreational physical activities at state and local parks.
- Promoting policy, systems, and environmental (PSE) projects focusing on built environment, safe walking spaces, and community walkability initiatives.
- Collaborating with internal and external partners to increase awareness and knowledge of the risk factors associated with obesity and providing opportunities for improved nutrition and/or increased physical activity.
- Establishing partnerships to promote access to healthy foods through local organizations and community partners.
- Collaborating with community agencies to implement sexual violence prevention initiatives.

Collaborations

Nashville has a long history of collaboration to promote healthier living.

ACE (All Children Excel) Nashville. This collaborative uses a collective-impact approach to advance awareness of the profound health impacts of Adverse Childhood Experiences, preventing ACEs, and advancing the practice of “trauma-informed care” in education, health, and social sectors. Trauma-informed care changes the conversation from “what is wrong with you?” to “what happened to you?” The work of the collaborative is organized into the following workgroups: Trauma Informed, Policy, and Parent and Community Education.

Alignment Nashville. For children (especially in MNPS) Alignment Nashville’s Student Nutrition team works to expand opportunities for children to eat healthy food and be active.

Behavioral Health and Wellness Advisory Council (BHWAC). Established by Executive Order by Nashville’s Mayor David Briley on May 4, 2018, the BHWAC is charged to advance the prioritization of making Nashville a safe, stable, and nurturing community with a behavioral health system that supports prevention, awareness, recovery and resilience and equitable access to holistic, comprehensive and affordable care. BHWAC is charged with identifying and promoting behavioral health priorities for Davidson County; moreover, BHWAC promotes alignment between ACE (All Children Excel) Nashville and Community Mental Health Systems Improvement (CMHSI), amplifying their work by providing a mechanism for making policy, practice, and alignment recommendations.

Community Mental Health Systems Improvement (CMHSI) Workgroup. The workgroup includes stakeholders in the mental behavioral health, health, advocacy and criminal justice systems. The mission of CMHSI is to redesign Nashville’s under-resourced and fragmented mental health “system” to address the unmet needs of individuals with behavioral health issues encountering the criminal justice system so that preventable incarcerations decline. ACE Nashville and CMHSI have aligned to shift cultural norms using trauma-informed philosophy, policies, programs and practices. This innovative partnership advance trauma-informed practices in the criminal justice system, and promotes systems change that prioritizes prevention, a two-generation approach, and treatment over punishment and/or entanglement with the criminal justice system.

Healthy Nashville Leadership Council. Responsive to the Mayoral Executive Order, this group assesses Nashville’s health and systems that support or suppress it; prioritizes key public health issues and recommends and facilitates implementation of strategies for improvement. Each of the strategic issues outlined in the CHIP have a work group led by HNLC members. See also section III, Community Health Improvement. The department’s Health Equity Coalition is now integrated into the HNLC for broader community engagement in city-wide health equity initiatives. It emphasizes building capacity, fostering collaboration, and providing learning opportunities to promote health equity among Davidson County residents.

Health in All Policies. At its heart an equity tool, the HiAP collaboration is facilitated by MPHD. The goal is to help all Metro departments focus on the health and equity implications of their policies and programs before making any final decisions. The HiAP Coordinators group is comprised of representatives of 12-15 departments and meets monthly. That group has developed a scoring tool for assessing the probable impacts of governmental actions. This tool was piloted with Juvenile Court during the design of their new building and the programming to go with it. We also are working to implement some version of this assessment tool into land-use decisions with the Planning Department, and welcome conversations originated by the Metro Council to apply a similar approach to assessing the non-financial costs and benefits of legislation.

Nashville Breastfeeding Coalition. This coalition, comprised of volunteers (doctors, parents, lactation consultants, nurses, nutritionists, and community advocates), focuses on change within the community to promote breastfeeding initiation and retention through education, removing hospital barriers, helping mothers during their initial days at home, reducing cultural barriers, and reducing return-to- work barriers. MPHD staff support the coalition through community engaged work that promotes positive breastfeeding outcomes.

Nashville Connector Steering Committee. The new Nashville Connector is a hub for employers and employees to plan a better commute option. This work connects with the CHIP effort to increase active transportation options and utilization.

Root Nashville. Root Nashville is a public private campaign, led by Metro Nashville and the Cumberland River Compact, to plant 500,000 trees across Davidson County by 2050. This collaboration supports the CHIP effort to improve and protect the quality of air, land and water in Davidson County.

Safety Net Consortium of Middle Tennessee convenes safety net providers to communicate, coordinate efforts, and develop communitywide strategies for addressing gaps in the safety net.

Suicide Prevention in African American Faith Communities (SPA AFC). Reducing stigma related to mental illness and advancing trauma informed approaches is occurring in the faith communities through changes led by the Suicide Prevention in African American Churches Coalition. SPA AFC is a community-based public health approach to promoting mental wellness and preventing suicide, supporting the vision of a 'healthy Nashville' by aligning with initiatives of ACE (All Children Excel) Nashville and the Healthy Nashville Community Health Improvement Plan (CHIP). The coalition's membership consists of leaders of faith communities, not for profit organizations, consumer advocacy organizations and government agencies including the MPHD and the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS).

Accomplishments

MPHD continues to collaborate with other Metro departments and Nashville's largest employers to promote a "healthy workplace prescription" that establishes policies supporting physical activity, healthy vending and food service, tobacco-free workplaces, lactating mothers, and alternative transportation options.

ACE Nashville collective impact coalition received the 2019 *United Way of Metropolitan Nashville Community Impact Award* for their collective work to prevent and mitigate the lifelong impact of childhood adversity that will improve the safety, health and prosperity of our community. MPHD is one of 3 founding entities and conveners of ACE Nashville and has served in a leadership role since 2016.

Collective Social Support for Breastfeeding in Nashville: In 2017, the Tennessee Department of Health awarded the Bright Spot Award to the Metro Public Health Department for its work on improving community conditions for breastfeeding by placement of mobile lactation suites at local sporting venues. MPHD as part of the Nashville Breastfeeding Coalition, participates in the Global Big Latch On event to promote breastfeeding support in the community.

The Next 4 Years: Opportunities & Challenges

ACES Screening. The community wide adoption and implementation of screenings to develop strategies that will build resilience in the areas of mental health and addiction.

Health in All Policies. Progress in improving Nashville’s health by reversing the epidemic of chronic disease will require sustained efforts over many years. Attention to reducing race/ethnicity and income disparities and inequities in health risk is critical. The strategies implemented across the country incorporate multi-sector and place-based approaches. A multi-sector approach includes policies and programs spanning government and private sectors to increase availability of healthy food, safe opportunities for physical activity, resiliency in the face of climate change, equity and community impact measures of public policies and programs, and efforts to reduce the use of tobacco and e-cigarette products. Place-based strategies include focused efforts to create smoke free environments in multi-unit housing developments as well as reducing the head island effect and improve indoor air quality.

This approach could be enhanced by incorporating community impact assessments into Metro’s planning and policymaking. We take the financial costs of legislation into account; we can and should do the same for community impacts beyond the financial.

V. Health Priority Area 3: Create Opportunities for and Promote Natural and Built Environments

The Department provides a range of Environmental Public Health services including radon testing in public buildings, providing pest control/surveillance, and septic system consultation and regulation as well. This report focuses on three areas of strategic importance for Nashville: Air Quality, Food and Public Facilities and Animal Care & Control.

Air Quality

Clean, healthy air prevents asthma episodes, doctor and hospital visits, lost work and school days, and even deaths due to poor air quality. National Ambient Air Quality Standards (NAAQS) are developed by the Environmental Protection Agency (EPA) based on known and measurable health hazards from dirty air.

Indicators

Nashville's success in achieving clean air is measured by how ambient air concentrations compare to the NAAQS. In 2022, Davidson County was in compliance with all NAAQS, including the 2015 8-hour ozone standard of 0.070 ppm. Motor vehicle traffic and the weather are major factors in our ability to meet the EPA standards. Ozone, the pollutant that poses our biggest challenge and the one for which we most often exceed the level of the EPA standard, is created from vehicle exhaust during hot, dry summer weather.

Services

The Air Quality Program monitors ambient air quality, enforces air pollution regulations, provides compliance assistance to the regulated community, inspects and issues permits to new and existing air pollution sources, compiles emission inventories, provides public education and outreach, provides the Air Quality Index and Pollen Count for Davidson County, partners with TDEC to provide the Air Quality Forecast for Middle Tennessee, and formulates air pollution control strategies needed to attain and maintain compliance with the NAAQS.

Radon, a naturally occurring gas, is second to tobacco smoke as a cause of lung cancer. EPA publishes recommendations for measuring and mitigating exposure to radon in occupied buildings. Ordinance 088-526 requires MPH D to ensure that Metro buildings, including schools, are regularly tested for radon and that sites with levels above the action threshold are remediated. MPH D continues to conduct testing for Metro buildings according to the ordinance and is helping guide actions by Metro agencies to re-test and reduce radon levels in areas found to be above the EPA action threshold.

Collaborations

The Air Quality Program implements federal regulatory requirements in concert with state and regional partners. MPHD supports and aligns with other efforts to promote sustainability and a cleaner environment. MPHD works with the Department of General Services and the Mayor's Office to identify and implement reductions in Metro's greenhouse gas footprint.

Accomplishments

- Worked with TDEC, EPA and Council to sunset the vehicle emission testing and maintenance program without onerous offsets elsewhere.
- Worked with GNRC, General Services, and Mayor's Office to secure a \$1 million planning grant to pursue climate pollution reduction strategies.

The Next 4 Years: Opportunities & Challenges

The National Ambient Air Quality Standard for PM_{2.5} is currently set at a level of 12.0 µg/m³. EPA is in the process of reconsidering that standard. The new standard is 9.0 µg/m³. The middle Tennessee area, including Nashville, was at 9.5 µg/m³ in 2023.

Clean, healthy air prevents asthma episodes, doctor and hospital visits, lost work and school days and even deaths due to poor air quality. National Ambient Air Quality Standards (NAAQS) are developed by the Environmental Protection Agency (EPA) based on known and measurable health hazards from dirty air.

Food & Public Facilities

CDC estimates that each year 48 million people get sick from foodborne illnesses and that foodborne illnesses cause as many as 128,000 hospitalizations and 3,000 deaths annually in the United States alone. Aside from the impact on public health, foodborne illnesses have adverse economic implications associated with lost workdays, healthcare costs, lost business, removing food from shelves, and paying damages as a result of lawsuits. MPHD contracts with the Tennessee Department of Health to enforce state rules and standards, based on FDA Food Code, to permit and inspect food service establishments, with the goal of reducing the risk factors that contribute to foodborne illness outbreaks.

Included in that same contract with the Tennessee Department of Health are provisions for enforcing state rules in the public swimming pool, schools, daycare facilities, prisons, hotel/motel, tattoo, body piercing, and campground programs. The goal is to reduce the risk of health or safety risk factors at these types of public facilities.

Indicators

The Food Program attempts to minimize foodborne illness through regulatory compliance with applicable rules and regulations that provide safeguards and requirements designed to assure safe food sources, preparation, compliant equipment and facilities, employee health, demonstration of food safety knowledge among industry management, and acceptable levels of sanitation within retail and seasonal food establishments. This is accomplished through education, training, risk-based regulatory inspections, and enforcement.

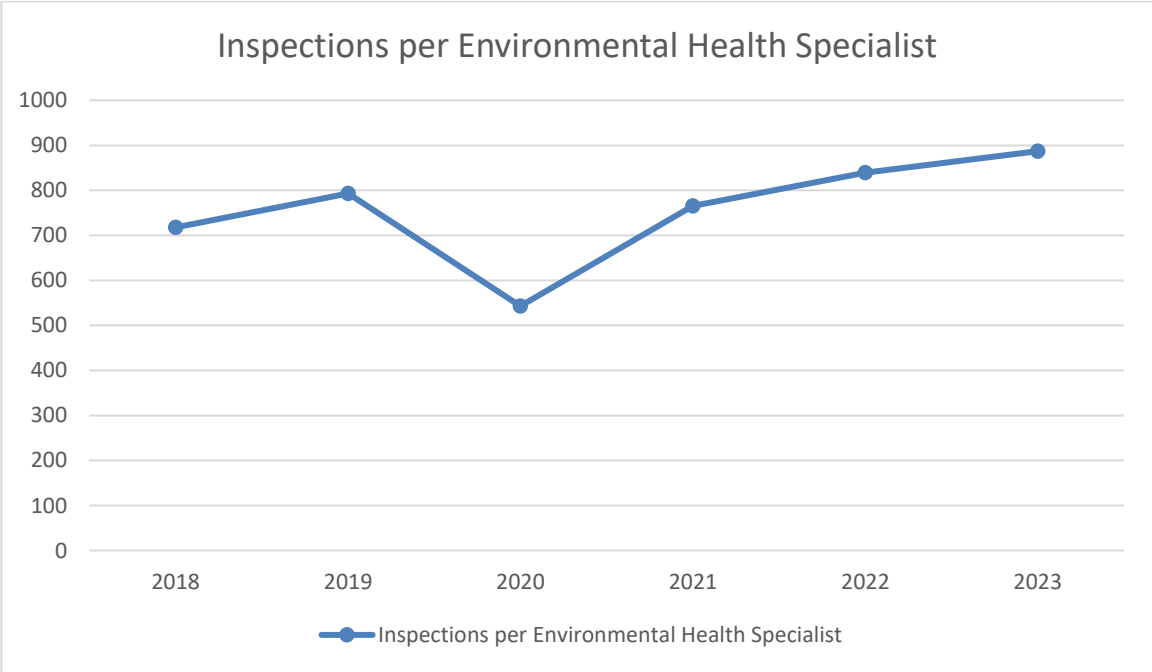
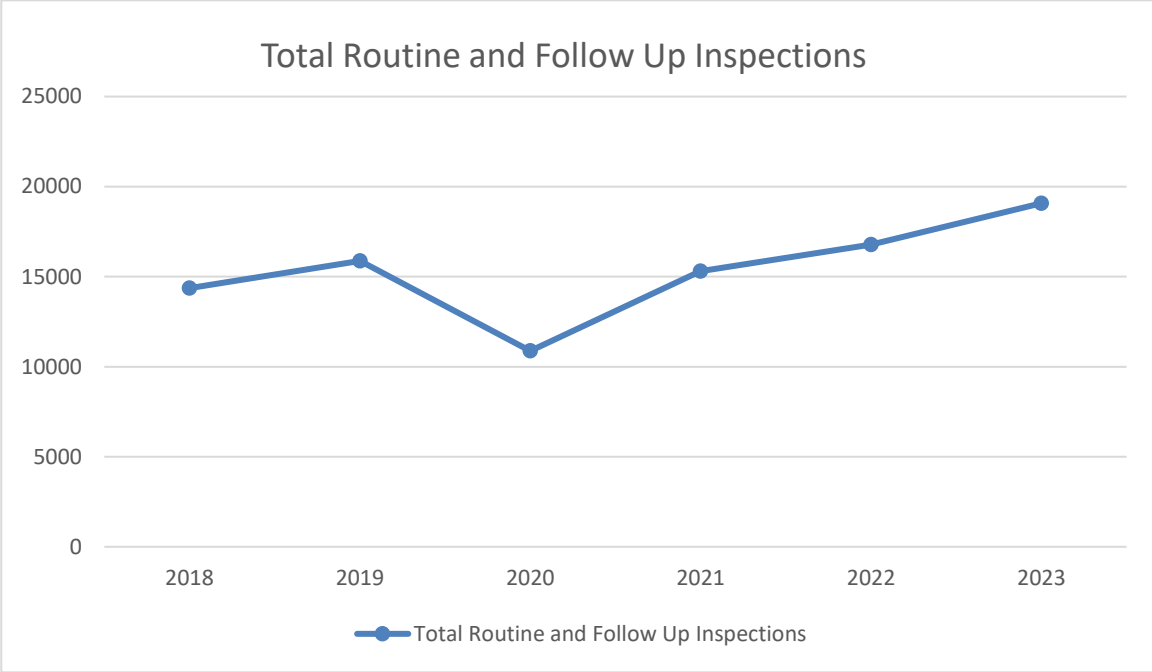
Inspections focus on the five risk factors most likely to lead to foodborne illness outbreaks: improper cooking temperatures, improper holding temperatures, cross contamination, employee health/hygiene, and obtaining foods from unsafe sources.

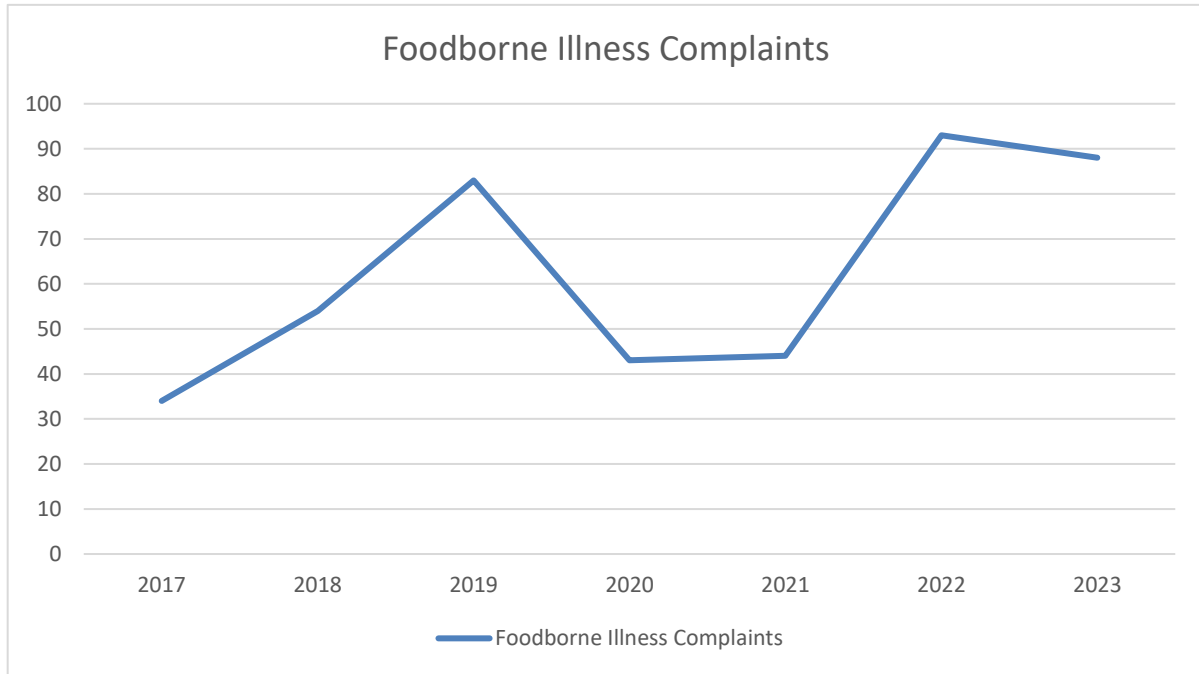
Similarly, the Public Facilities program exists to minimize the risk to the health and safety of the public at public swimming pools, hotels/motels, bed and breakfast establishment, tattoo and body piercing studios, daycares and campgrounds. This is accomplished through education, training, risk-based regulatory inspections, and enforcement. Inspections focus on general building safety, electrical hazards, plumbing cross connections, approved water sources, proper sewage and wastewater disposal, and proper sanitizing levels at recreational water venues.

The Food & Public Facilities program has access to an online database to inform the public of food establishment scores and for analyzing and tracking violations and risk factors.

Services

The Food & Public Facilities Program permits and inspects approximately 7,000 establishments in Davidson County; this total does not include inspections of temporary food establishments inspected at street fairs, festivals, and other temporary events. In addition to inspections, MPHD also offers free food service training to the industry each month. MPHD also offers to conduct specialized training onsite to meet the needs of specific food service operations.





Collaborations

The Food & Public Facilities Program partners with the Tennessee Department of Health, FDA, and CDC to implement state regulations and to train and standardize the Environmental Health Specialists working the program. The program also works closely with CDEP within MPHD on foodborne illness outbreak investigations. The program collaborates with the Tennessee Hospitality Association to ensure cooperation with the industry.

The Food and Public Facilities Division provides additional services that offer more protection to the community by providing educational programs. We offer Basic Food Handlers classes at no charge in English and Spanish monthly and have trained more than 2,500 workers since 2019. We partner with Metro Nashville Public School cafeteria workers at their yearly employee orientation and training seminar, and our inspectors provide additional training to the food service establishments whose permits may be in jeopardy of being revoked for repeated priority violations as well.

Accomplishments

The Food & Public Facilities Program represents a merger of two separate programs. In the past, Bureau of Environmental Health had separate food and public facility programs. Through a rigorous period of cross training, Environmental Health achieved a successful merger of the programs, resulting in a more efficient use of personnel resources. In the past, different programs would send inspectors to evaluate the hotel, the pools, or the restaurants. Now, all inspections can be conducted by the same inspector.

The Next 4 Years: Opportunities & Challenges

The greatest challenge facing the Food & Facilities Program is staffing. The unprecedented growth in Davidson County has led to a dramatic increase in the number of food establishments and public facilities to permit and inspect. Since 2015, there has been a 28.8% (3,705-4,772) in food service establishments alone in Davidson County. Each additional food establishment and public facility results in a minimum of two additional inspections. Pools are required to be inspected monthly. With no additional staff, it is increasingly challenging to complete the required regulatory inspections.

Animal Care & Control

Metro Animal Care and Control (MACC) is committed to the delivery of humane and responsive animal care and control services to and for the residents and animals of Nashville-Davidson County.

Indicators

MACC's success is measured by the positive community interactions and needs being met as tracked by shelter intake, adoptions, return to owner, volunteer/fosters, partnerships, calls for services and live outcomes.

Intake, Return to home, Adoption 2014-2024 YTD

2014 – intake 7912, return to home 552, adoption 1442
2015 – intake 5961, return to home 520, adoption 1972
2016 – intake 6518, return to home 716, adoption 2669
2017 – intake 6419, return to home 1207, adoption 2635
2018 – intake 6120, return to home 1328, adoption 2680
2019 – intake 5697, return to home 1201, adoption 2952
2020 – intake 3109, return to home 810, adoption 1063
2021 – intake 4030, return to home 971, adoption 1540
2022 – intake 4595, return to home 980, adoption 1666
2023 – intake 5009, return to home 1022, adoption 1966
2024 to date – intake 1547, return to home 309, adoption 525

All MACC animals are spayed or neutered prior to adoption. MACC partners with PCC to provide spay/neuter to community cats. MACC at this time is not able to operate a spay/neuter clinic in house due to staffing, space, and resources. MPHD has begun to brainstorm with PCC to add additional funding for spay and neuter, as well as other considerations.

Services

Services include but not limited to medical care/behavioral of shelter animals, spay-neuter, intake, adoptions, transfers, pet ownership education, responsible pet ownership resources, and 24-hour field service response.

Collaborations

MACC partners and collaborates with national and local organizations including foundations, nonprofits, community-based organizations as well as individuals across Nashville.

Collaborations are in place to help community animals find caring homes, get reclaimed, decrease over-population of cats and dogs through spaying and neutering, support widespread rabies vaccinations and responsible pet ownership as well as increasing the human and animal bond.

Accomplishments

Nashville and Metro Animal Care and Control have made significant progress in the last few years. Highlights include significant drop in animal intake, development of rescue partnerships and an increase in the live release rate.

- Recruited a new management team and a veterinarian trained in shelter medicine and population management.
- Established same-day service for priority field requests for service.
- Expanded a volunteer program with a full-time volunteer and event coordinator.
- Expanded foster program with a full-time foster and rescue coordinator.
- Developed and implemented a safety net program which includes managed admissions.
- Expanded the use of social media and earned media to build community goodwill and improve communication, with a substantial turn-around in public perception of MACC.
- Increased adoption events and promotions.
- Increase in Return to Owner as increase in efficiency was seen through technological advances.
- Established partnerships with transfer and rescue organizations.
- The live release has drastically increased in the past 10 years with MACC's near 90%

The Next 4 Years: Opportunities & Challenges

Nashville as a community has made great progress and is positioned for additional progress in animal welfare and animal control. We will collaborate to leverage and maximize public and private strengths and to better work together to achieve community goals. Selected opportunities for improvement from MACC's plan include:

- Change the Mission and Vision of Metro Animal Care and Control in response to the change in community demands as well as growth
- Strive towards socially conscious community efforts focusing on both animals and humans
- Focus on community wide humane education

- Increase resources and programing for safety net through public/private partnerships and creative solutions
- Continue to build a strong volunteer standing to include groups such as Friends of MACC therefore increasing the strength of shelter and community impact
- Development of stronger marketing and public relation actions to increase community effect

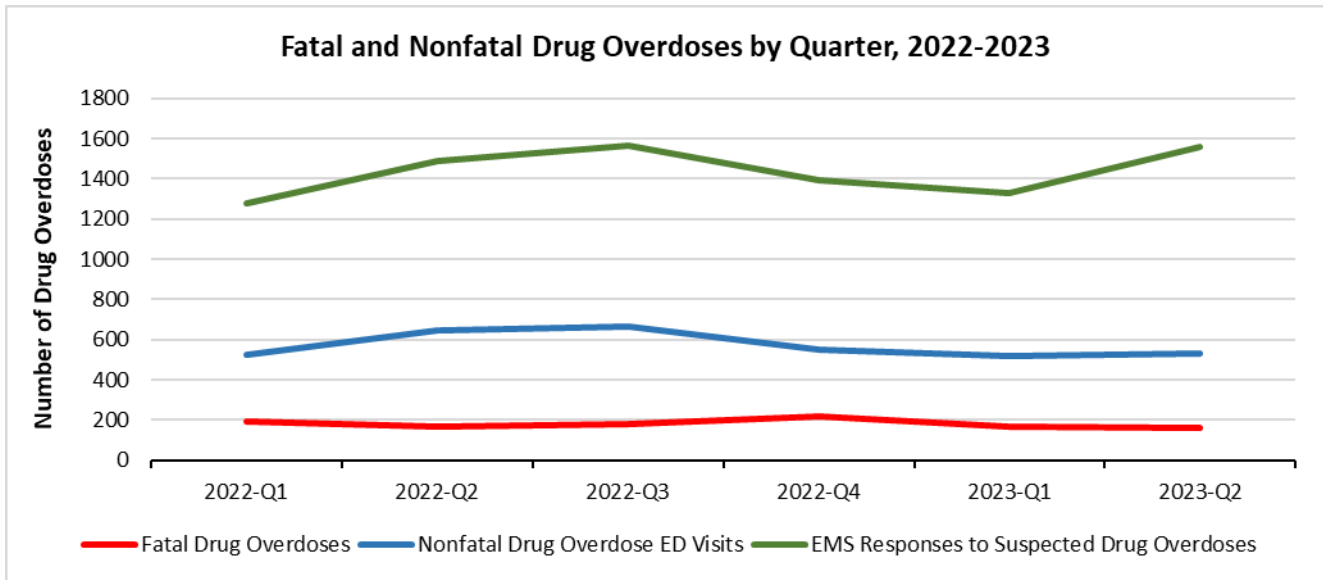
VI. Health Priority Area 4: Prevent and Control Communicable Diseases and Respond to Public Health Emergencies

Control and prevention of communicable diseases is a core public health function. Whether the threat is COVID-19, Ebola, pandemic influenza, an outbreak of food-borne illness, a tuberculosis case in a homeless shelter or an increase in Sexually Transmitted Infections among young people, MPHD must be ready and respond.

Indicators

Drug Overdoses. Currently, the Overdose Monitoring and Response team in the Epidemiology Division at MPHD is conducting surveillance activities to monitor and inform responses to the ongoing drug overdose epidemic occurring in Davidson County. Part of these response efforts include monitoring three primary outcomes: suspected fatal drug overdoses, nonfatal overdoses presenting to local emergency departments (EDs), and overdoses requiring response by the Nashville Fire Department/Emergency Medical Services (NFD/EMS).

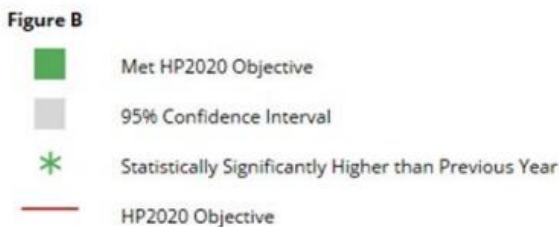
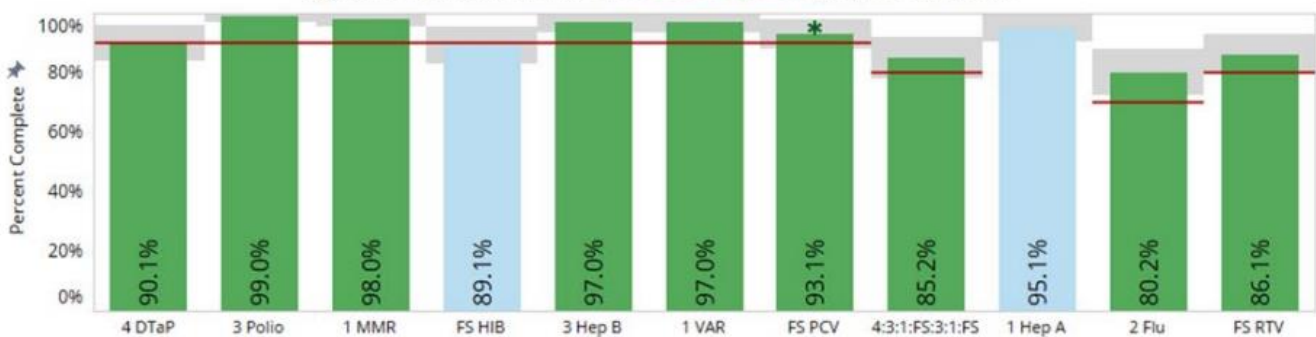
- **Fatal Drug Overdoses** – By the end of the second quarter of 2023, there were 332 suspected fatal drug overdoses that occurred in Davidson County. Compared to quarters 1 and 2 of 2022, the county experienced a 7% decrease in fatal drug overdoses. Notably, more than 75% of drug overdose deaths in 2023 involved fentanyl, a synthetic opioid pain reliever. Most recent cases of fentanyl-related deaths are linked to illicitly manufactured fentanyl (IMF). In 2023, males accounted for approximately 70% of fatal drug overdoses. Those aged 45-54 years experienced the highest proportion of fatal overdoses (27%) closely followed by those aged 35-44 years (25%).
- **Nonfatal Drug Overdose ED Visits** – By the end of the second quarter of 2023, there were 1,048 suspected nonfatal drug overdose ED visits reported in Davidson County. Compared to quarters 1 and 2 of 2022, there was a 10% decrease in nonfatal drug overdose ED visits in Davidson County. In 2023, the majority of all drug overdose ED visits have been reported among males (67%) and those in the 25-34 years age group (31%), closely followed by the 35-44 years old age group (26%). Among race groups, the majority of ED visits were among White individuals at 59% followed by Black individuals at 30%. Non-heroin opioids were involved in nearly three-quarters of overdose-related ED visits.
- **Suspected Drug Overdoses** – By the end of the second quarter of 2023, there were 2,883 suspected drug overdose events requiring an EMS response. Compared to quarters 1 and 2 of 2022, there was a 4% increase in EMS responses to suspected drug overdoses. In 2023, nearly two-thirds of responses involved males, and 31% of responses involved people in the 25-34 years age group.



Source: Suspected Fatal drug overdoses – Davidson County Medical Examiner; Nonfatal drug overdose ED visits – ESSENCE; EMS responses – NFD-EMS

Vaccine-Preventable Diseases. The VPD Program investigates all cases of diseases that are vaccine preventable. The VPD Program also serves in a regulatory capacity, ensuring that healthcare professionals providing Vaccines for Children (VFC) vaccine are doing so according to protocol. Coverage rates of on-time, fully immunized 24-month-old children in Davidson County have fluctuated over the last four years. The Tennessee Department of Health’s (TDH) Vaccine-Preventable Diseases and Immunization Program (VPDIP) completes an annual survey to track progress toward achieving the national Healthy People objectives for immunization coverage with routinely recommended early childhood vaccines.

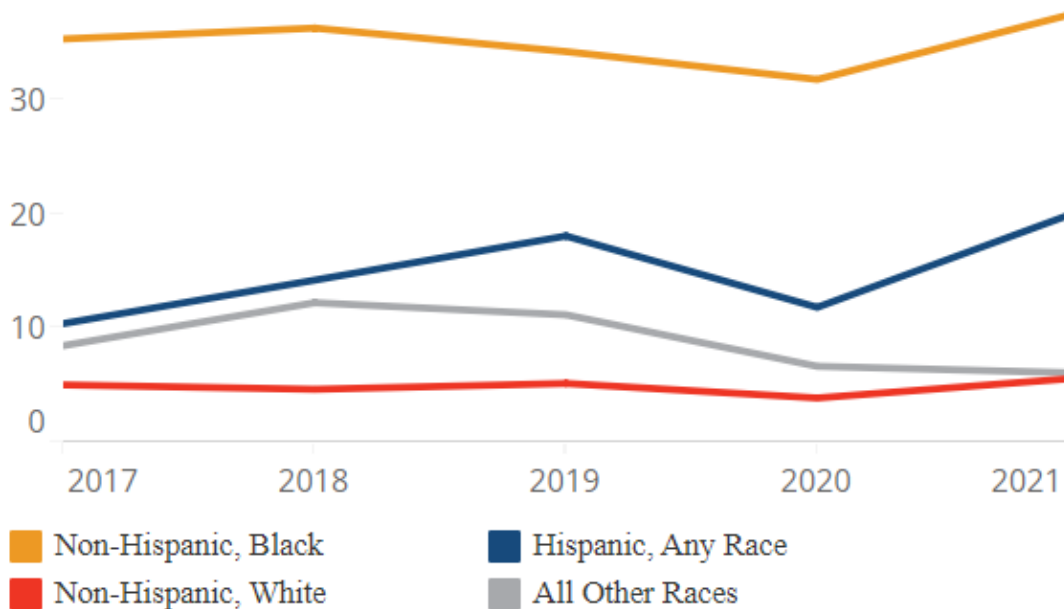
Figure B. NDR Attainment of HP2020 Objectives, by Vaccine, 2022



Sexually Transmitted Infections (STI). MPHD screens for chlamydia, gonorrhea, syphilis and HIV/AIDS. Rates of chlamydia, gonorrhea and syphilis have increased over the past several years. MPHD investigates each positive STI in Davidson County, aiming at stopping the chain of transmission. MPHD clinical staff connect patients who test positive for an STI to treatment.

HIV/AIDS. In 2020, there were 5,789 people living with HIV (PLWH) in the 13-county Ryan White Part A Nashville Transitional Grant Area (TGA) of which 213 were new HIV diagnoses. Rate of new diagnoses were highest among non-Hispanic Black and Hispanic populations. Since 2016, there has been an 8% increase in PLWH in the Nashville TGA and 10% statewide. Since 2015 the number of deaths due to any cause in PLWH has decreased by 18%.

Rate per 100,000 Persons Newly Diagnosed with HIV by Race and Ethnicity among Cisgender Females & Cisgender Males, Tennessee, 2017–2021



Tuberculosis Elimination Program. Nashville’s TB disease incidence rate remains higher than those for Tennessee as a whole and the U.S., although it is comparable to other major Metropolitan areas. The incidence rate for TB disease in 2022 was 4.3 cases per 100,000 people. Treatment completion for noncontagious TB infection, also known as latent infection, is the best way to prevent activation of the TB bacteria. Nashville’s treatment completion rates among those who began treatment for latent infection remain high with estimated 70% of patients completing their treatment regimen in 2022.

Services

Immunizations Program. The Immunizations Program conducts vaccine-preventable disease case investigations and reporting, provides oversight for and auditing of the Vaccines for Children Program in Davidson County, and conducts annual surveys to determine vaccine coverage for the county in partnership with the Tennessee Department of Health. The program also conducts community outreach to identify unvaccinated children and provide education to these families to encourage on-time vaccination. The community can obtain vaccine records from this program.

Notifiable Disease. MPHD works with health care facilities, labs and clinicians to collect and investigate reports of notifiable diseases in Davidson County. These diseases are required to be reported as set by the Centers for Disease Control and Prevention and the Tennessee Department of Health. The Notifiable Disease Program investigates all notifiable diseases outside of those that are vaccine-preventable, sexually transmitted, or tuberculosis infection and disease. MPHD also provides education to patients, providers, and the public to prevent the spread of disease in the county.

Public Health Emergency Preparedness. The division maintains overall preparedness for public health threats and emergencies, which is routinely assessed after emergencies and exercises. MPHD has tested its Point of Distribution (POD), CHEMPACK, and Biohazard Detection System plans. The Public Health Emergency Preparedness division served as a key team throughout the COVID-19 pandemic. All staff is required to complete training in emergency response and incident command as part of the onboarding process when hired. Additionally, each program in the Bureau of Community Disease and Emergency Preparedness (Immunizations, STD/HIV, TB, and Notifiable Disease) ensures disease clusters detected through surveillance have been reported to the PHEP program for outbreak detection and investigation.

Ryan White program provides funding for medical providers in the community to provide comprehensive care to individuals living with HIV. Unlike other programs within the Health Department, the Ryan White Part A Program monitors HIV-positive people and the care they receive in a 13-county area in Middle Tennessee, not just in Davidson County. MPHD receives \$4 million per year directly from the federal government for the Ryan White HIV Program. We are one of fifty U.S cities that receive these funds due to the large number of people living with HIV disease (PLWH) and the number of new infections that occur each year in our community. Despite COVID-19 pandemic, in the Nashville Transitional Grant Area in 2020 compared to 2018, there was a 3% to 4% increase in the number of people linked to care within one month. Davidson County residents account for 53% of PLWH in this region.

HIV Pre-Exposure Prophylaxis (PrEP) Clinic. In 2019, MPH D established a new PrEP clinic to improve access to PrEP and Post Exposure prophylaxis (PEP) which also meets one of the objectives of Ending the HIV Epidemic (EtE) initiative. Our PrEP clinic provides care coordination through our program specialist and dedicated nurse practitioner. We currently offer Descovy, Truvada, and Apretude based on clinical picture and patient-centered decision making. PrEP is the medication that protects individuals from becoming infected with HIV and was approved for HIV prevention by the FDA in 2012 as a front-end prevention approach.

TB Elimination Program. MPH D works to reduce the number of cases of TB disease and TB infection in Davidson County by providing testing and treatment through the TB Clinic, contact tracing and testing, data collection and reporting, and community outreach for both of these conditions. The program works closely with the Tennessee Department of Health and Vanderbilt University to manage complicated and drug-resistant cases that reside in Davidson County. The TB program refugee liaison works closely with community partners and health centers to ensure a rapid and efficient process for diagnosis and treatment of TB infection in this population.

Viral Hepatitis C Navigation Program. The VHCN services is provided by an experienced and knowledgeable public health nurse. The nurse counsels and refers to care and support services persons diagnosed with chronic hepatitis C. The program expanded July 2023 to provide counseling and education to mothers and caregivers of babies born to mothers with active hepatitis C. The baby's medical care is followed for at least 18 months. Harm reduction education and referral to rehab and support services are provided to MPH D patients and people in the community identified to be at risk for acquiring hepatitis C infection.

Post-COVID/Infrastructure

Among the fallout from the COVID period was a nationwide recognition of the need for a more robust public health infrastructure. One outcome of that was our receipt of a \$10.5 million (over five years) infrastructure grant from the CDC. The three strategic pillars of the grant are Workforce, Foundational Capabilities, and Data Modernization. The grant's key principles include data and evidence-driven planning and implementation; partnerships; and resources directed so as to support diversity and health equity. Each activity within this grant is aligned with our 2022-2025 Strategic Plan. The grant is providing support across 15+ divisions and programs.

Collaborations

Ending the HIV Epidemic (EHE) is a countywide initiative established in 2018, led by MPHD and the Mayor's office that seeks to eradicate the HIV epidemic in Nashville. An Ending the HIV Epidemic Advisory Council was created in May 2019 to implement the community plan. This oversight body is appointed by the mayor and is charged with serving in an advisory capacity to the Administration.

Nashville Regional HIV Planning Council. Planning and prioritization of the HIV care resources in Nashville are performed by this group. Also called the Ryan White Part A Planning Council, this formal body is appointed by the mayor. MPHD is responsible for collaborating with the planning council and ensuring that they complete activities under the federal requirements.

Tennessee Highland Rim Healthcare Coalition. This public-private coalition works to ensure that all government, business, health care systems, organizations, and the public are prepared for large scale epidemics and emergencies. MPHD participates in emergency planning with many partners, including the Metro Office of Emergency Management, the Tennessee Emergency Management Agency, Tennessee Department of Health, American Red Cross, Metro Police and Fire departments, hospitals and other managed-care agencies. MPHD plays a strong leadership role in this coalition to coordinate planning across all entities.

Accomplishments

MPHD's Public Health Emergency Preparedness Program led the county through the COVID-19 pandemic, from coordination of testing and mitigation techniques to vaccination. The program did what it constantly trains to do and has implemented processes for this response that are the product of ongoing drills, tabletop exercises and practice. Additionally, the most recent federal assessment, technical review ratings for the Cities Readiness Initiative, a regional plan for response to a bioterrorism event, rated Nashville as passing.

As The number of comorbidities in people with TB disease and infection have increased locally and nationwide the **TB Elimination Program** staff have partnered with internal and external programs to ensure patients have the appropriate medical, mental health, and support services necessary to help with successful completion of TB disease.

The **Viral Hep C Navigation Program** provided education, counseling, and linkage to services to 90 clients and 90 families caring for babies with perinatal hepatitis C exposure in 2022. Due to the quality of services that MPHD has provided, MPHD was asked by TDH to take on the harm reduction program Spring 2023.

The Ryan White program, in 2021, provided services to 3,045 clients. The quality of care delivered by contracted providers is improving; in 2020, 67% of program clients achieved viral load suppression compared to the national average of 65%. This improves the health of the patient and protects the entire community by decreasing the likelihood of a person acquiring HIV disease.

Overdose Response. The Overdose Response Plan was developed in 2019 as a partnership between the MPHD and the Tennessee Department of Health. The surveillance and response tool is a protocol for how the community responds to overdose activity.

In 2019, MPHD successfully competed and was awarded a 3-year federal grant, the Comprehensive Opioid Abuse Program (COAP) funded by the Department of Justice, in the amount of \$1.2 million to begin in January 2020. The funds have been used to build a community wide overdose surveillance and response system which in 2023 continues to involve public health and safety agencies and community based and led prevention organizations.

In addition, plans are under way to revise the fatal overdose review panel which was created and implemented in 2020 through 2022. MPHD collaborates with Tennessee Department of Health to maintain a site for the Department of Justice sponsored Overdose Detection Mapping application program (ODMAP) which ensure near real-time surveillance of suspected overdose by public safety agencies in Davidson County and the Mid-Cumberland High Impact Area (HIA).

The Tennessee Department of Health High Impact Area (HIA) grant continues to enhance overdose response efforts to cover a six-county region (Cheatham, Dickson, Montgomery, Rutherford, Wilson, and Davidson). The focus of the HIA grant is linking those at risk to appropriate care.

The Next 4 Years: Opportunities & Challenges

The overdose crisis continues to be a major problem locally and nationally. Collaborations with MNPD and NFD/EMS will continue to play a big role in addressing the acute problem of overdoses while work upstream is done to prevent future problems. A pilot program through MPHD will increase access to treatment and recovery resources. Continued funding through opioid settlement funds will help sustain the program and allow MPHD to adapt the program to fit the needs of the community.

Increasing community resilience and preparedness for emergencies at the household and neighborhood level, particularly in vulnerable and underserved populations is essential. The preparedness program is also working to address mental health issues during emergencies and ensure that operations can continue during major emergencies.

The national **Ending the HIV Epidemic** movement is receiving attention because there are new treatments available that can make the elimination of HIV a reality. There is a national commitment of

\$291 million to fund communities over the next 10-years. The initial 5-years of funding target 57 jurisdictions that are identified as HIV Hot Spots which excludes Davidson County from being eligible to apply. However, with the local plan in place and significant community momentum there may be greater likelihood for funding in the next five years.

VII. Health Priority Area 5: Increase Access and Connection to Care

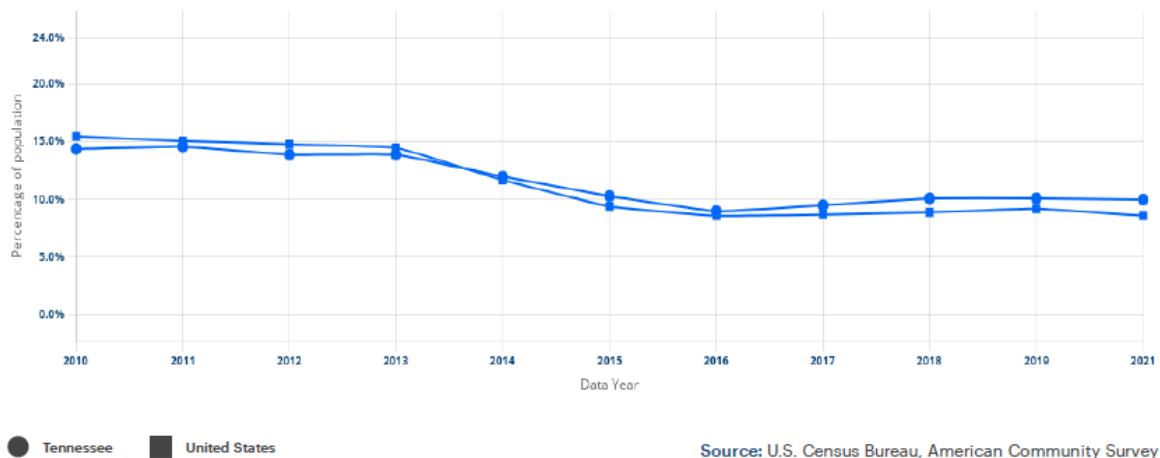
MPHD is not a provider of traditional primary care services, but it is our goal to increase access and connection to care.

Indicators:

According to the 2021 America's Health Rankings, published by the United Health Foundation using multiple sources, 10.1 percent of Tennessee's total population was uninsured in 2021, compared to 9.2 percent nationally. Tennessee ranked 37th among the 50 states for the percentage of the population that is uninsured. Affordability remains the top-cited reason for failing to obtain health insurance, and approximately 78 percent of households in the higher-income and lower income brackets cite affordability as a reason for failing to obtain health insurance according to the impact of TennCare report. Further, health insurance.org reports 22,052 Tennesseans enrolled in private health plans through the Tennessee exchange during the open enrollment period for 2021 coverage.

[Uninsured Trends](#)

Percentage of population not covered by private or public health insurance



Services

Correctional Health Care. MPHD manages health care at the county jail via contract, currently with WellPath.

Homeless Health Care. Metro continues to invest in health care for the homeless through a contract with Neighborhood Health, who is Nashville's health care for the homeless grantee.

Project Access Nashville. This program plays a role in connecting uninsured patients in Nashville to a network of primary care safety net clinics that serve patients based on their ability to pay.

Project Access Nashville also interfaces with MPHD pharmacy to provide retail medications to clients who have registered through the Project Access Nashville program. These clients receive medical services at local community clinics that serve uninsured residents of Davidson County based on income. This pharmacy has a limited formulary for patients and the cost for a 30-day supply of each filled prescription has a maximum cost of \$7.

The pharmacy is licensed as a retail pharmacy for Project Access Nashville medications as well as a redistribution center for medications dispensed at the various Health Department clinics. The clinic pharmacy is responsible for procurement, storage, and distribution of medications for the Lentz Clinic, East Clinic, STD Clinic, Lentz Dental Clinic, TB Clinic, Woodbine Clinic and also assists other Metro Departments in drug procurement. It also participates in the TB drug study trials with Vanderbilt University and the Centers for Disease Control and Prevention.

Presumptive Medicaid Eligibility. We have trained certified application counselors through the insurance marketplace and the Tennessee Eligibility Determination System to fill a gap in the insurance eligibility system. All pregnant citizens are eligible for TennCare up through delivery and slightly beyond. We often see these women early in their pregnancies and can provide "presumptive eligibility," which provides TennCare coverage for 62 days, during which time they are expected to enroll formally. Too often they do not follow through and enroll and they lose health insurance coverage at a critical time for them and their babies. Our staff will walk them through the process.

Collaborations

MPHD is active in the **Safety Net Consortium of Middle Tennessee**, which convenes safety net providers to communicate, coordinate efforts, and develop communitywide strategies for addressing gaps in the safety net.

Adult emergency dental care remains a prominent need. In 2014, local dental advocates, including MPHD, formed the **Middle Tennessee Oral Health Coalition** to advocate, build capacity, collaborate, and coordinate service efforts to improve the oral health of the dentally underserved. In the last budget cycle, we increased our ability to fully utilize the dental clinic at Lentz, adding a part-time dentist, to help meet this need.

Get Covered Nashville Coalition is a collaborative effort to help enroll people through the Federally Facilitated Marketplace. MPHD has made space available for enrollment days and special events at the Lentz Public Health Center.

To **improve systems for mental health services** in Nashville, more efficient and effective use of mental health and criminal justice system resources has begun to improve the alignment of services with needs through jail diversion, and emphasis on resiliency and recovery. Over \$3M in grants established a 24/7 crisis treatment center (CTC) at the Mental Health Coop. This center improves capacity and crisis treatment services by providing a secure site for those in need and allow officers to be released of long wait times at emergency departments by the availability of 24/7 medical services at CTC. Since implementing new protocols, police have seen significantly reduced wait time with persons in crisis.

The Next 4 Years: Opportunities & Challenges

The strength and significance of health care in Nashville for the uninsured and underinsured is largely due to the combination of safety net primary care clinics who serve patients on a sliding fee scale, volunteer specialist who donate their services for a nominal cost, and hospital systems that are willing to serve everyone. The combined capacity of these services has grown significantly in the last 5 years and is expected to continue to grow. These systems are trying to find ways to work together in a more coordinated systems approach. An expansion of the TennCare program under the Affordable Care Act would be a great help.

TennCare for Pregnant Women. Nationally, an estimated seven hundred women in the United States die each year as a result of pregnancy or pregnancy-related complications despite improvements in health care. Statewide, majority of postpartum deaths occur between 43 days and one year after a woman gives birth. Research shows Medicaid expansion increases access to preventive care, reduces adverse health outcomes before, during and after pregnancies, and reduces maternal mortality rates. Based on this data, the state has issued a plan to expand Medicaid coverage from sixty days postpartum to one year. This would expand coverage to nearly 6,000 new mothers statewide and could dramatically decrease maternal deaths.

VIII. Community Health Improvement in Nashville

Our health is shaped by the places we live, learn, work, play, and worship, and rests on a foundation of social determinants such as education, economic stability and opportunity, safe and secure housing, social support, history of racial discrimination, and other factors. Collective community action to advance health (often called Community Health Improvement) has become a standard approach through cross-sector collaboration and environmental, policy, and systems-level actions to advance and sustain efforts that make it easier for people to live long and healthy lives.

The Healthy Nashville Leadership Council (HNLC) serves as Nashville’s strategic planning body for community health improvement.

Non-profit hospitals Vanderbilt and Saint Thomas Health/Ascension are required by the Affordable Care Act to conduct a community health needs assessment and participate in community health improvement efforts. The HNLC completed a Community Health Assessment in 2021. This Community Health Assessment (CHA) led to the identification of strategic priority areas for Nashville’s health, and we are currently in implementation of Nashville’s first Community Health Improvement Plan (CHIP). The 2023-2025 CHIP identifies five areas of focus for concerted community action and spells out goals and objectives for each:

- Housing/Transportation
- Whole Health
- Economic Opportunity and Job Skill Development
- Food Access/Food Insecurity
- Awareness and Navigation of Community Resources

Underscoring the five strategic issues is equity, ensuring equity is embedded across the plan. These five priority areas have aligned well with the building blocks for a healthier city that includes schools, infrastructure, affordable housing, economic development and opportunity and quality of life.

Housing/Transportation

The HNLC identified accessibility, availability, affordability, and adequacy of housing and transportation systems as key factors in the improvement of Nashville’s health. Emphasis was placed on displacement due to gentrification in Nashville and transportation infrastructure that connects residents to jobs and grocery stores.

Outputs of an improvement of the community's health by way of improved Housing and Transportation were outlined as:

- More connection between affected populations and existing services
- Greater connection between organizations supporting affected populations to build an integrated approach for the issue.
- Identifying gaps in services and proposals for solutions to fill each identified gap.
- Identify existing available resources to support identified populations.

Economic Opportunity and Job Skill Development

HNLC cited support for living wage jobs that provide sufficient income to support a high quality of life as a key consideration in Nashville's health. Support for education and skill development for the workforce was identified as key to improving Nashville's health.

Outputs that would suggest a strong improvement of Nashville's health through this area of focus include:

- Identify gaps in services and available resources to address those gaps.
- Greater connection between affected populations and existing services.
- Greater awareness around the issue and of existing services.

Food Access/Food Insecurity

This priority area aims to address the accessibility, availability, affordability, and adequacy of healthy foods in the community.

CHIP actions related to this priority include:

- Mapping of resources for food insecurity and barriers to accessing fresh nutritious foods and identifying linkages and gaps present to community members.
- Identify stakeholders, community groups and other resources groups to create a space for collaboration and community involvement.
- Advocate for improved food waste reduction and recovery practices and policies

Whole Health

This priority area aims to address the interconnectivity of physical, mental, cognitive, behavioral, spiritual, and financial health by promoting, supporting, and advocating for greater availability, accessibility and affordability of information and services.

CHIP actions related to this priority include:

- Addressing structural inequities that create barriers and challenges for affected populations to ensure equitable access to whole health services.
- Greater awareness and utilization of existing services
- Increased knowledge of gaps and areas in need of improvement with potential solutions driven by community involvement.

Awareness and Navigation of Community Resources

This priority area aims to honor the broad and rich local resources available while acknowledging that these resources are confusing to find, navigate, and coordinate.

CHIP actions related to this priority include:

- Increase alignment and collaboration of referral organization using a community-building systems approach.
- Increase coordination of services to better align and maximize capacity.
- Identify and implement mechanisms to better community culturally appropriate available resources to all communities.

The Metro Public Health Department By the Numbers

Clinical Operations

# of unduplicated patients (FY 22-23)	Clients Served	Family Planning	Immunization Visits	Immunizations by Cosite	LARC Data (FY22-23)			Family Planning (FY22-23)	
					Site	Implant (Nexplanon)	IUD (Liletta or Paragard)	Oral Contraceptive	Vagina Ring
Location	#	#	#	#	# of Insertions				
East Health Center	2,476	2,262	1,686	3,592	East	130	38	Contraceptive Patch	37
Lentz Health Center	3,041	1,535	2,772	6,338	Lentz	155	122	Hormonal Injection	1,187
Sexual Health Center	4,403	n/a	318	318	Woodbine	244	87	Contraceptive Implant	691
Woodbine Health Center	5,469	4,633	3,931	11,087	Total	529	247	IUD	482
Total	15,389	8,430	8,707	21,335				Condoms	1,104
								Total	4,310

Age/Gender Total # of Unduplicated Clients (FY22-23)				Primary Language in Unduplicated Patients (FY22-23)					Income Status (FY22-23)			
Age	Gender			Site	Primary Language				Site	Zero Pay		
	F	M	Total		English	Spanish	Arabic	Total		No	Yes	Total
0-1	200	235	435	East	1,008	1,188	10	2,206	East	386	2,090	2,476
2-4	374	348	722	Lentz	1,600	858	50	2,508	Lentz	645	2,396	3,041
5-12	1,101	1,142	2,243	Sexual Health	2,822	138	6	2,966	Sexual Health	192	4,211	4,403
13-18	921	711	1,632	Woodbine	678	4,192	296	5,166	Woodbine	1,079	4,390	5,469
19-64	6,962	3,187	10,149	Total	6,108	6,376	362	12,846	Total	2,302	13,087	15,389
65+	104	104	208									
Total	9,662	5,727	15,389									

Community Health

WIC	Calendar 2022	WIC average monthly participation July 1, 2022 through June 30, 2023	
		Location	Participants/month
Total Clients Enrolled per month	19,237 (based on monthly average)	East WIC	3,100
Benefit redemptions per month	\$1,168,673.70	Hospital bedside	1,836
Vendors	86	Lentz WIC Clinic	3,417
School-Based Dental Program	July 1, 2022—May 31, 2023	Outreach WIC Mobile Clinic	420
Sealants placed	18,500+	Woodbine WIC Clinic	3,147
Students referred for treatment	1,500+	WIC South Nutrition Center	4,167
Students Given Oral Health Education	13,000+	Total	16,087
School Nursing	2022—2023 School Year	Value of WIC Vouchers redeemed	\$15,893,243
Office Visits	123,826		
Scheduled Procedures	117,003		
Return to Class Rate	90%		

Finance and Administration

GSD General Fund	
2021-2022	\$28,202,200
2022-2023	\$33,149,900
2023-2024	\$39,258,000
Grant Allocations (Special Purpose Fund)	
2021-2022	\$61,298,100
2022-2023	\$62,803,700
2023-2024	\$59,444,600
Total Budgeted Positions	
2021-2022	632
2022-2023	642
2023-2024	663

Communicable Diseases and Emergency Preparedness

Vaccination Strike Team (July 23-Sept. 23)	
COVID-19 vaccination clinics offered	71
COVID-19 vaccines administered	161
Childhood vaccination clinics offered	46
Childhood vaccinations administered	1521
Community events requested	150

Ryan White Part A at MPH	
Clients using at least one Part A service	3,045
Gender	
Cis Males	76%
Cis females	22%
Trans persons	2%
Race	
NH Black	52%
NH White	35%
Age	
Between age 25-64	88%
Residence	
Davidson	75%
Rutherford	11%
Other	14%
RW Care Continuum	
Linked to care in 30 Days	71%
Retained in care	46%
Virally Suppressed	67%

Ryan White Disease Burden (TGA)	
Incidence	
New HIV diagnoses	213
Classified as Stage 3 or AIDS	11%
Prevalence	
Living with diagnosed HIV Infection	5,789
Classified as Stage 3 or AIDS	46%
% of Tennessee HIV Population	30%

Environmental Health

Metro Animal Care and Control (Calendar 2022)	
# of Phone Calls to MACC	113,323
Animals taken in	4,597
Live Outcomes	3,929
Stray/At Large intakes	3,743
# Site visits/ # calls responded to	22,465
Save Rate	88%
Adoptions	1,666

Restaurants /schools/day cares inspected (2022-2023)	
Retail food inspections	11,523
Bars inspected	1,387
Follow-up inspections	4,616
Hotels Inspections (total)	760
Hotels Inspected (x2)	265
Follow-up inspections	130
Pool Inspections (total)	4,516
Seasonal Pools (x5)	791
Annual Pools (x12)	167
Follow-up inspections	307
Tattoo Parlor Inspections (total)	328
Air Program Permits Issued	993
Inspections	928
% of potential air data collected	96.5%

Clinical Services

OHWC #s for Calendar 2022	
Evaluations performed (physicals and associated testing)	5,855
Metro Employee Benefit Board Recommendations	134

Pharmacy #s for Oct. 2022-Sept. 2023	
Bulk orders for Metro Clinics	1,105
Nashville patients	309



Note: The appendices on this page are links only

Appendix 2, [2021 Community Health Profile Report | Metro Nashville Public Health](#)

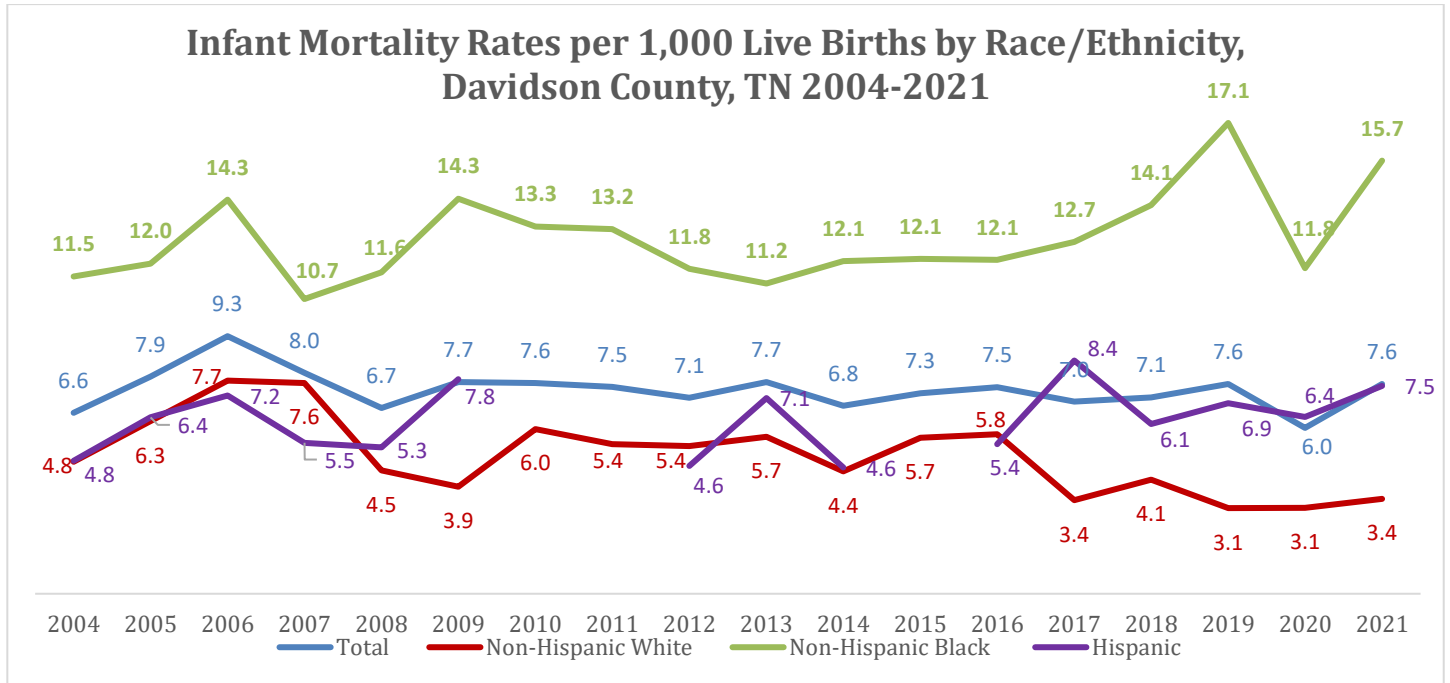
Appendix 3, [2021-2022 Nashville Community Health Assessment](#)

Appendix 4, [2023-2025 Nashville Community Health Improvement Plan \(CHIP\)](#)

Appendix 11, 24-Month-Old Immunizations, [Workbook: 24MOS DASH For Publication \(tn.gov\)](#)

Appendix 12, Drug OD Deaths, Q3 2023, [Drug Overdose Report Quarter 4 2023.pdf \(nashville.gov\)](#)

Appendix 5, Infant Mortality by Race and Ethnicity, 2004-2023



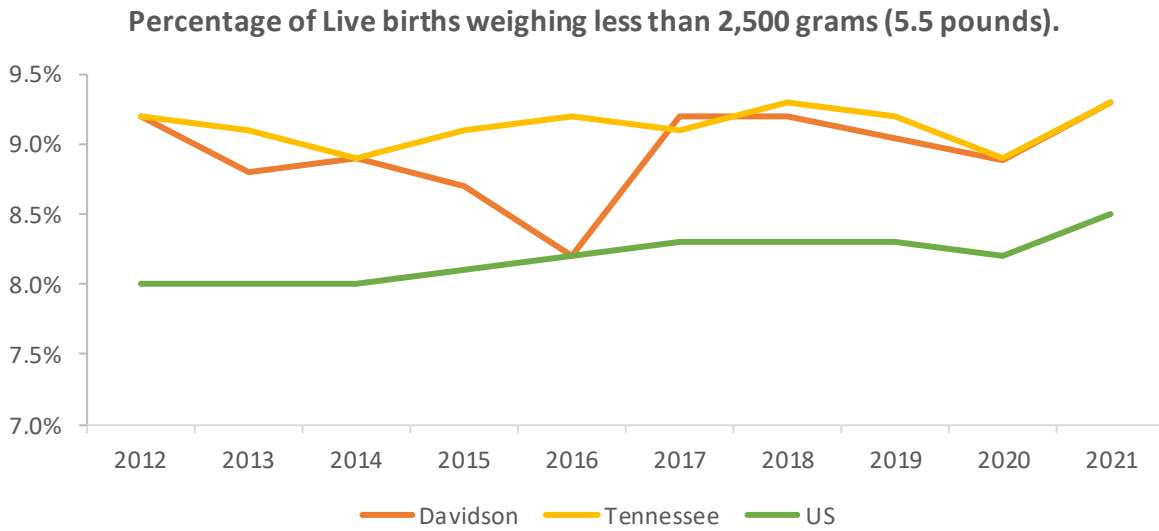
Source: Tennessee Department of Health, Birth and Death Files, 2004-2021.

Note: Rates are suppressed when the number of events is <6. Suppressed data for Hispanics impacts interpretation of long-term trends.

Interpretative Notes:

- Between 2004 and 2021, total infant mortality rates increased 15.2%. Rates for Non-Hispanic Blacks (NHB) increased 36.5%. Rates for Non-Hispanic Whites (NHW) decreased 29.2%. Rates for Hispanics (H) increased 56.3%.
- In 2004, the NHB infants died at a rate 2.4 times higher than NHW infants, and H infants died at the same rate as NHW infants. In 2021, the disparity for both increased with NHB rates 4.6 times higher and H rates 2.2 times higher. The widening of the gap appears to be due to improved outcomes among NHW infants.

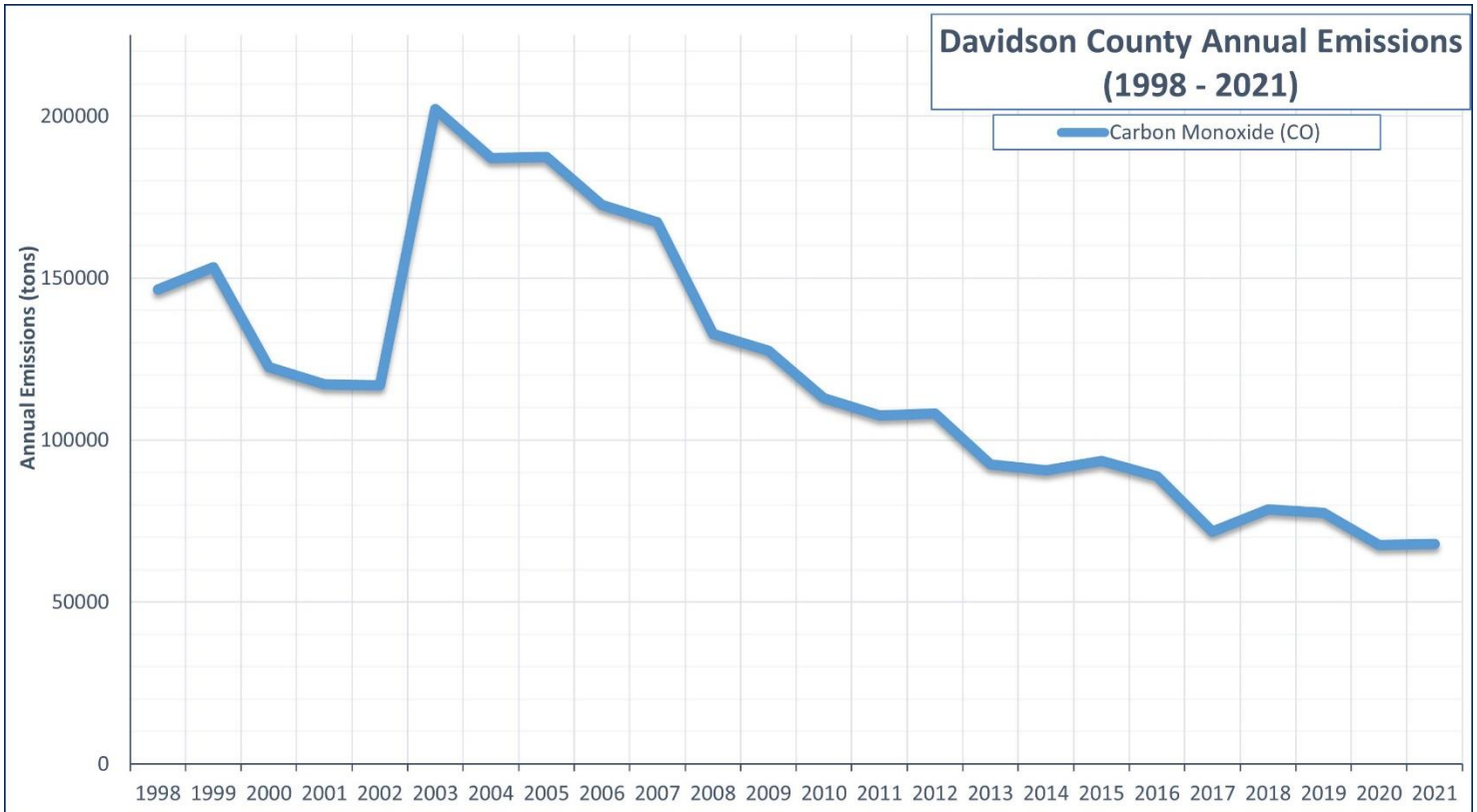
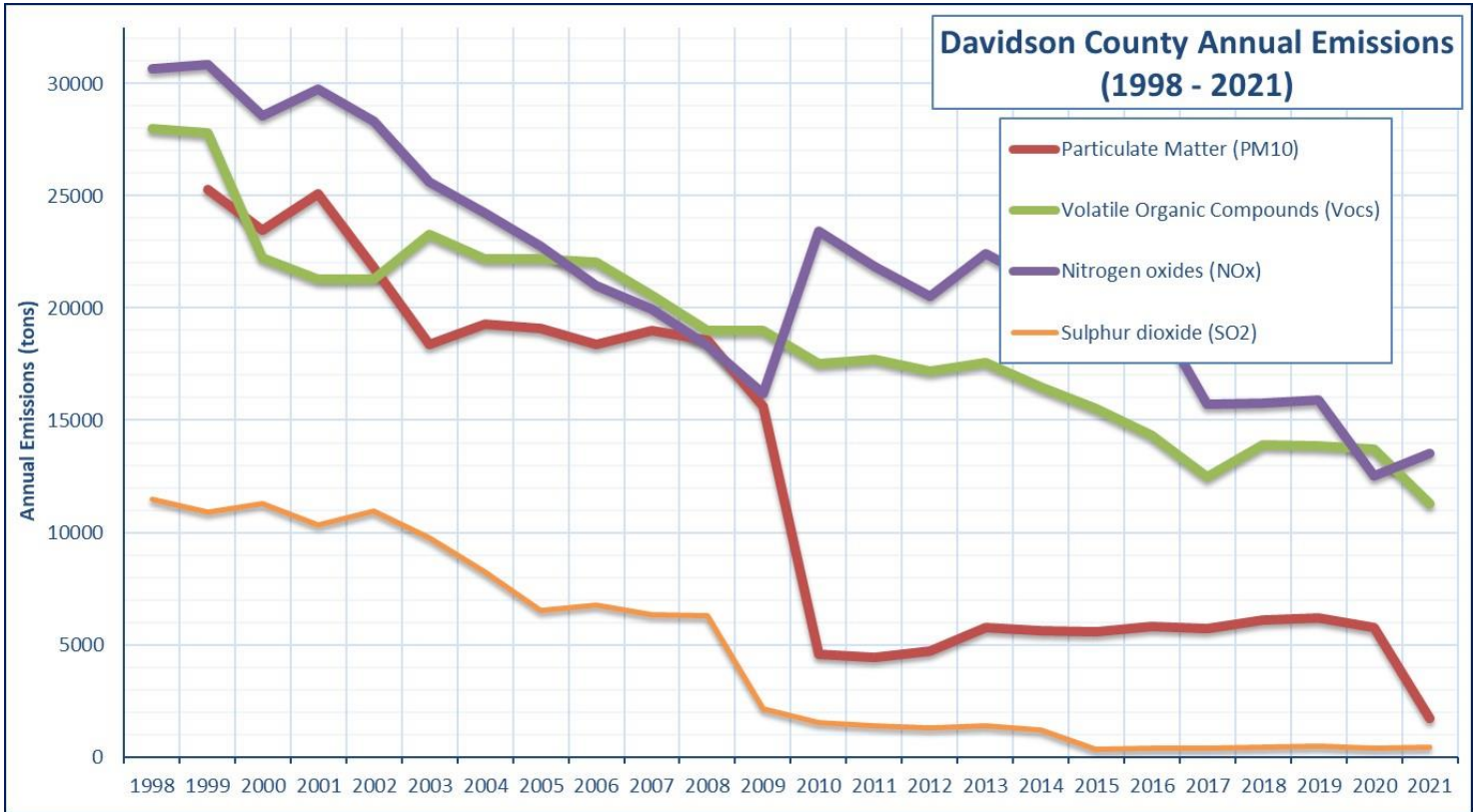
Appendix 6, Low Birth Weight



Source: Kids Count Data Book, Annie E. Casey Foundation. Last updated April 2024. Retrieved April 22, 2024

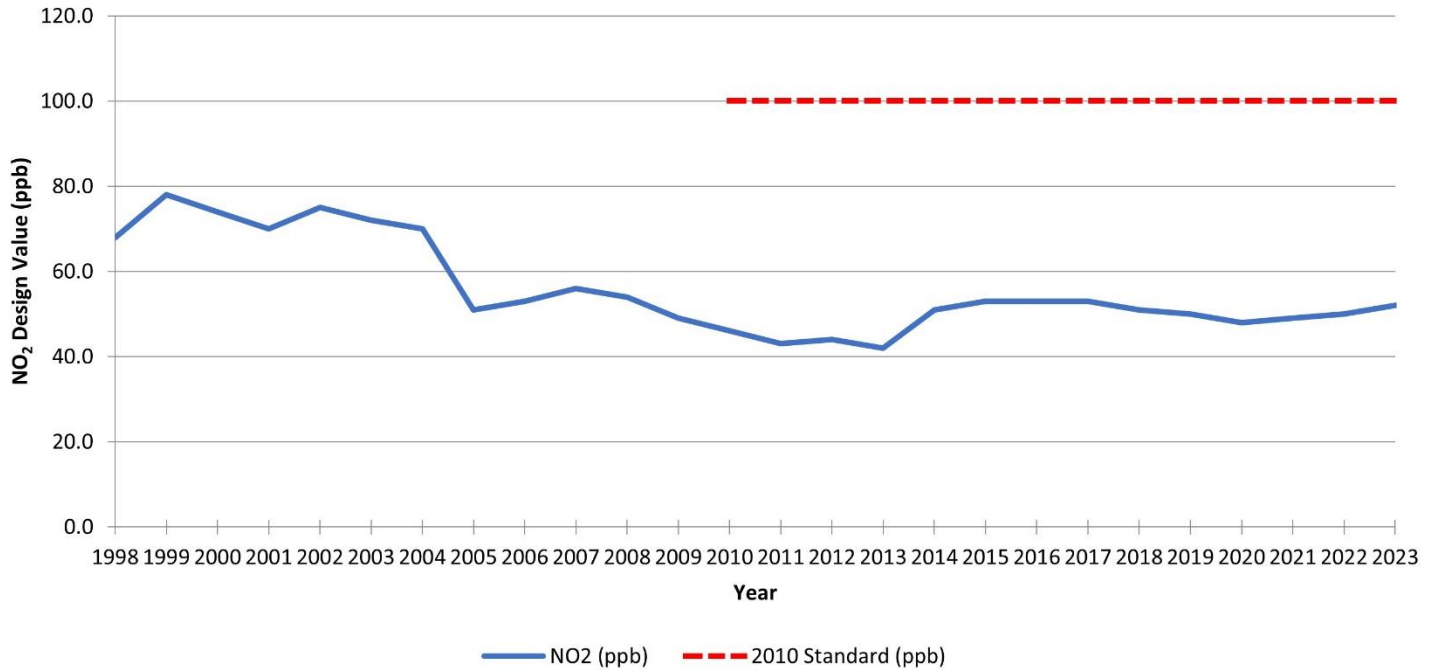
[Annie E. Casey Foundation](#)

Appendix 7, Air Pollution

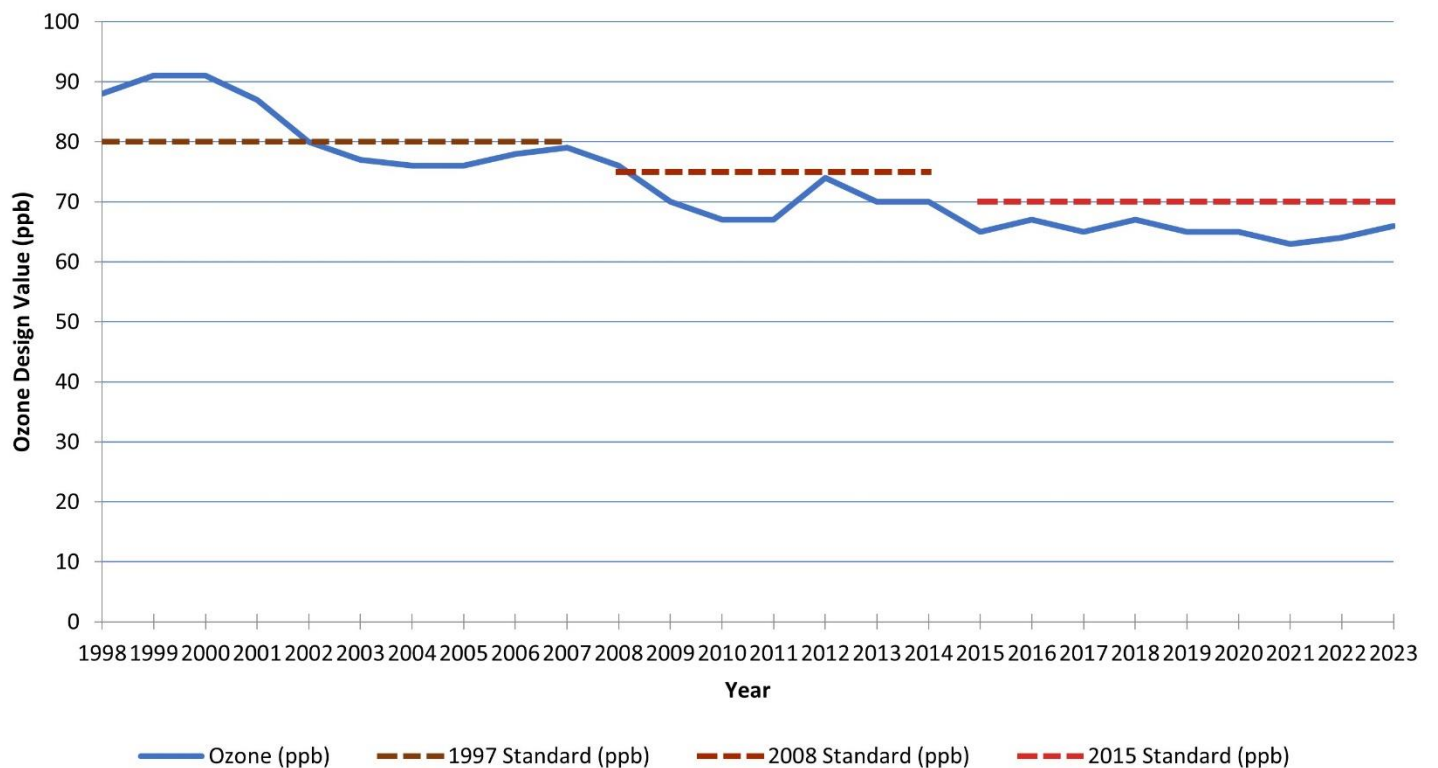


Appendix 8, Ambient Air Quality

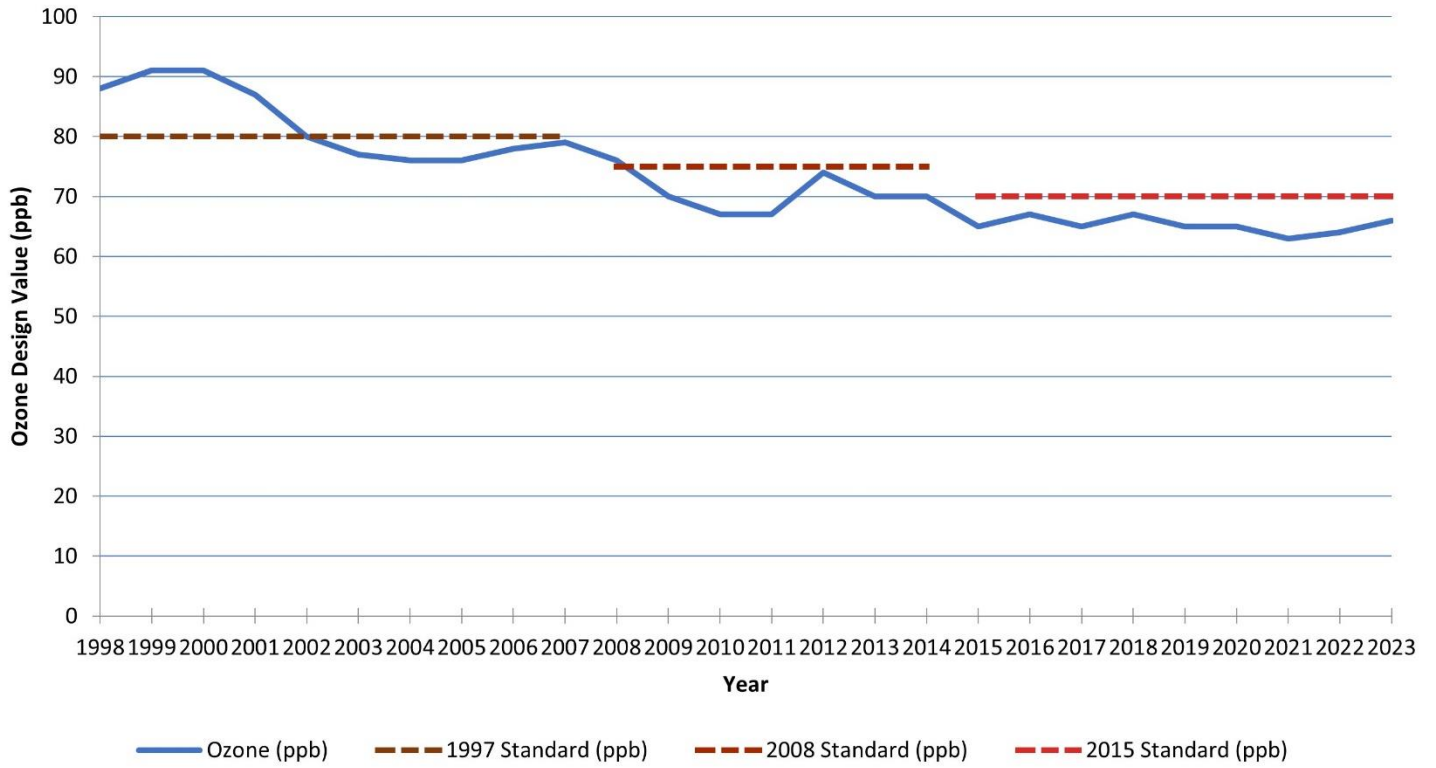
Davidson County Nitrogen Dioxide (NO₂) Pollution



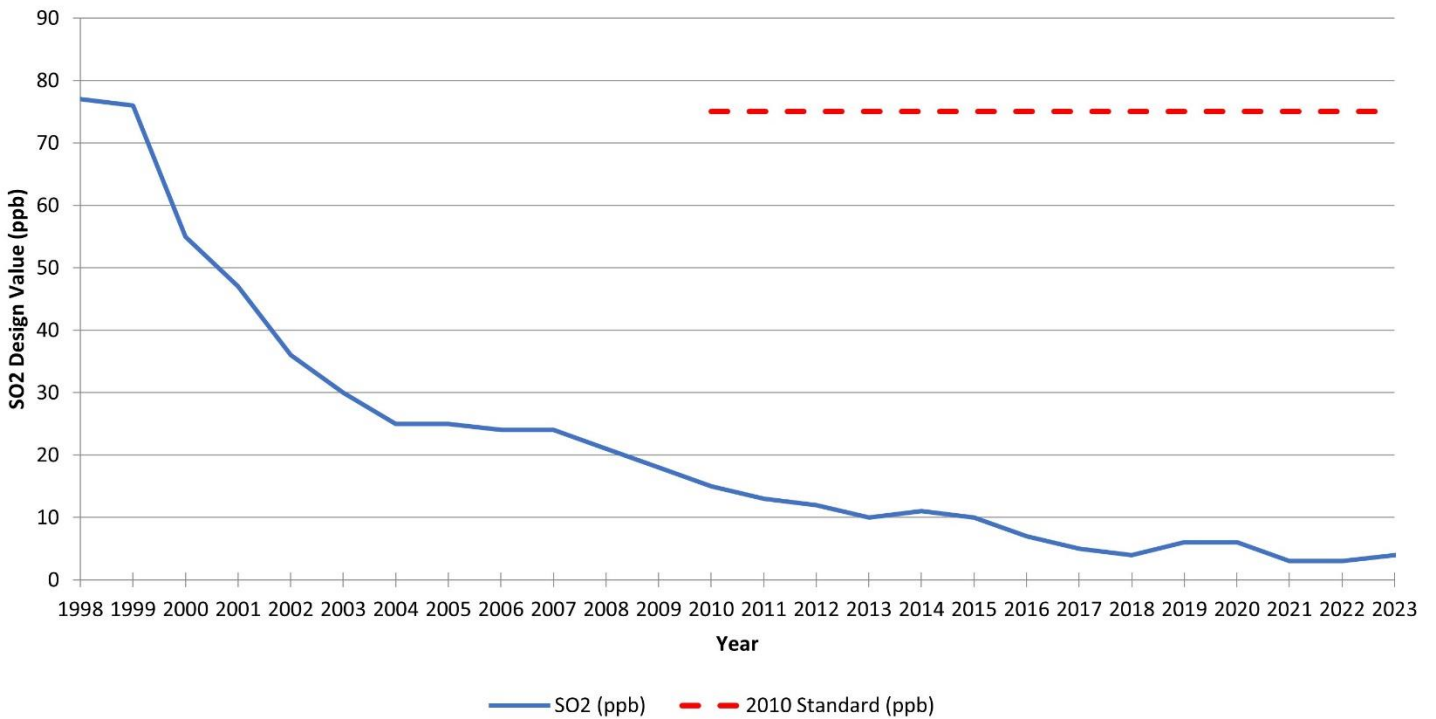
Davidson County Ozone Pollution



Davidson County Ozone Pollution



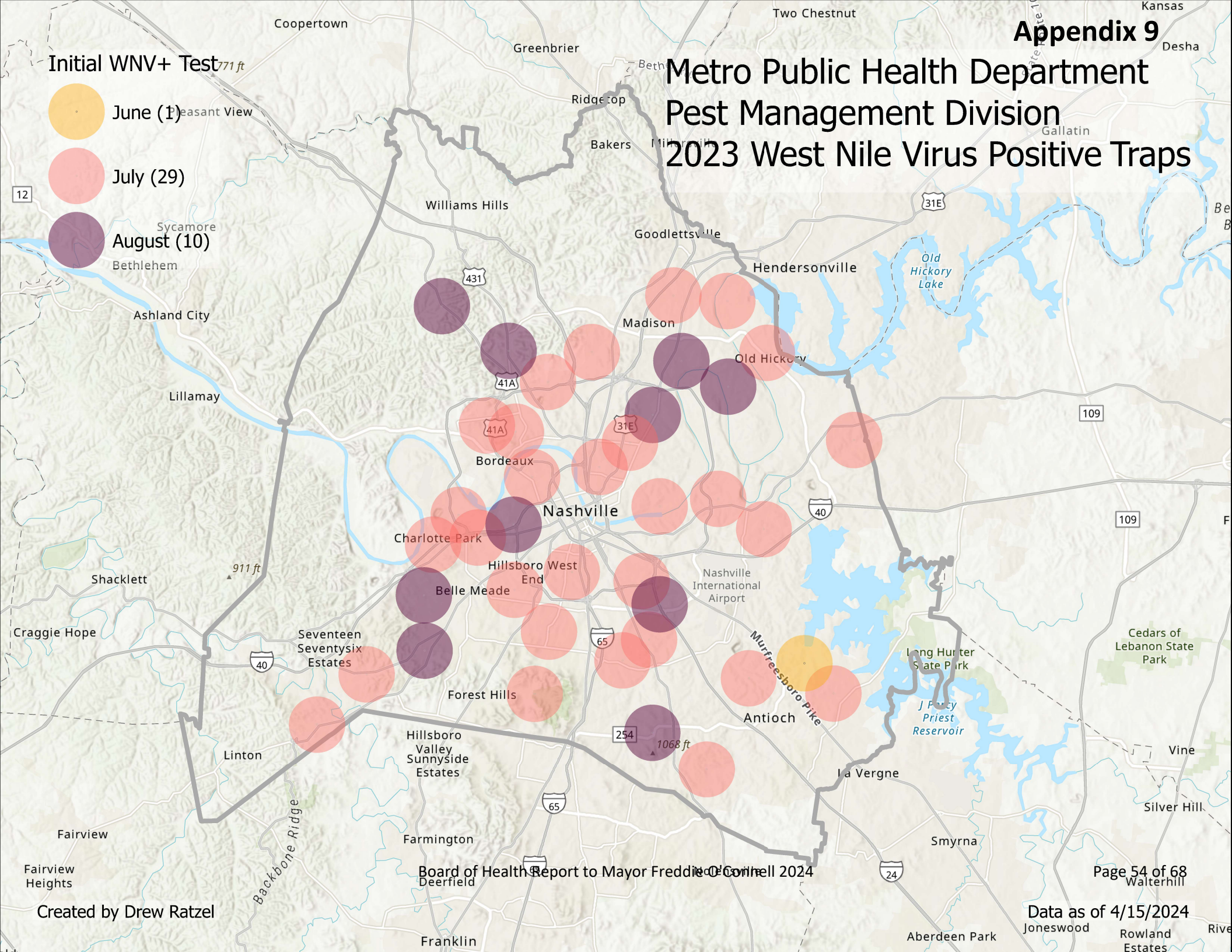
Davidson County Sulfur Dioxide (SO₂) Pollution



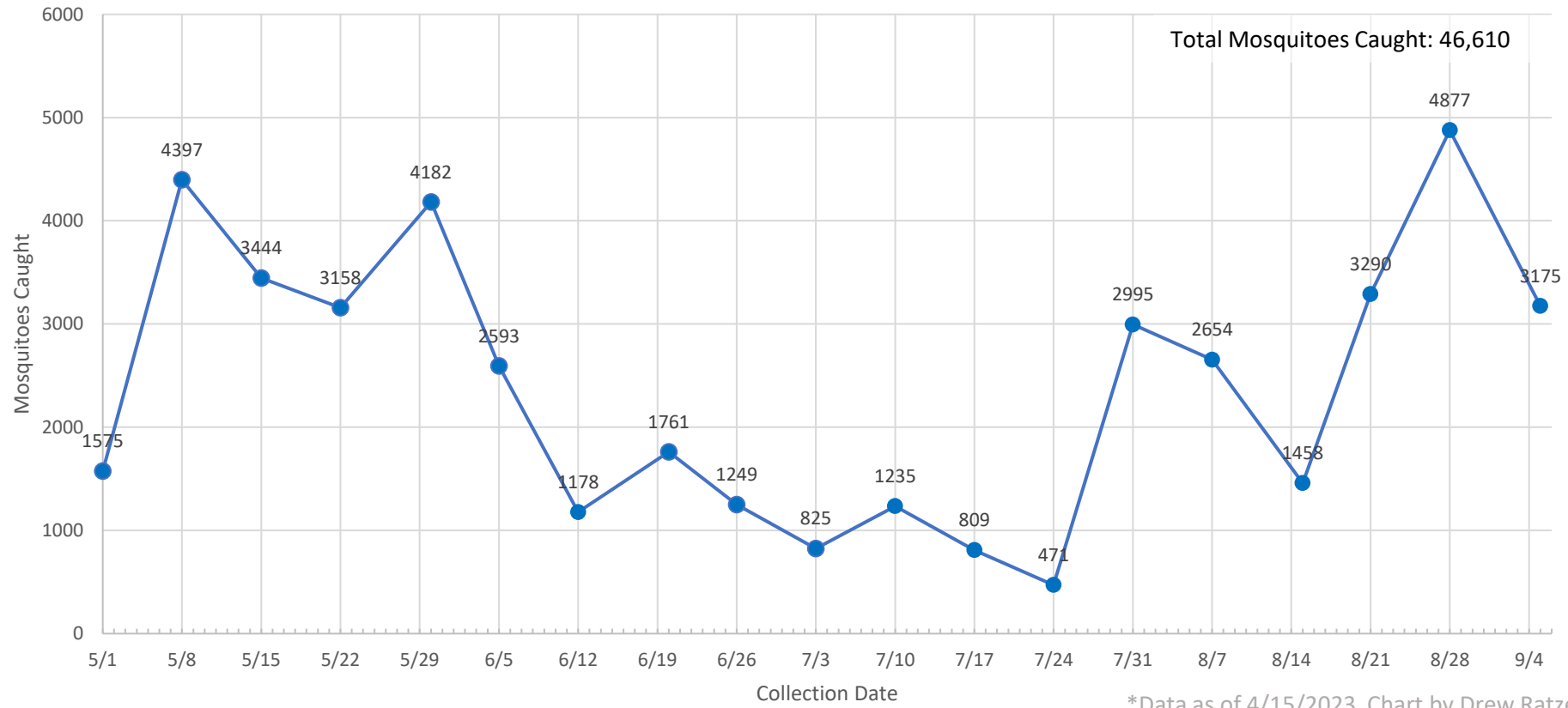
Metro Public Health Department Pest Management Division 2023 West Nile Virus Positive Traps

Initial WNV+ Test



- June (1)
- July (29)
- August (10)

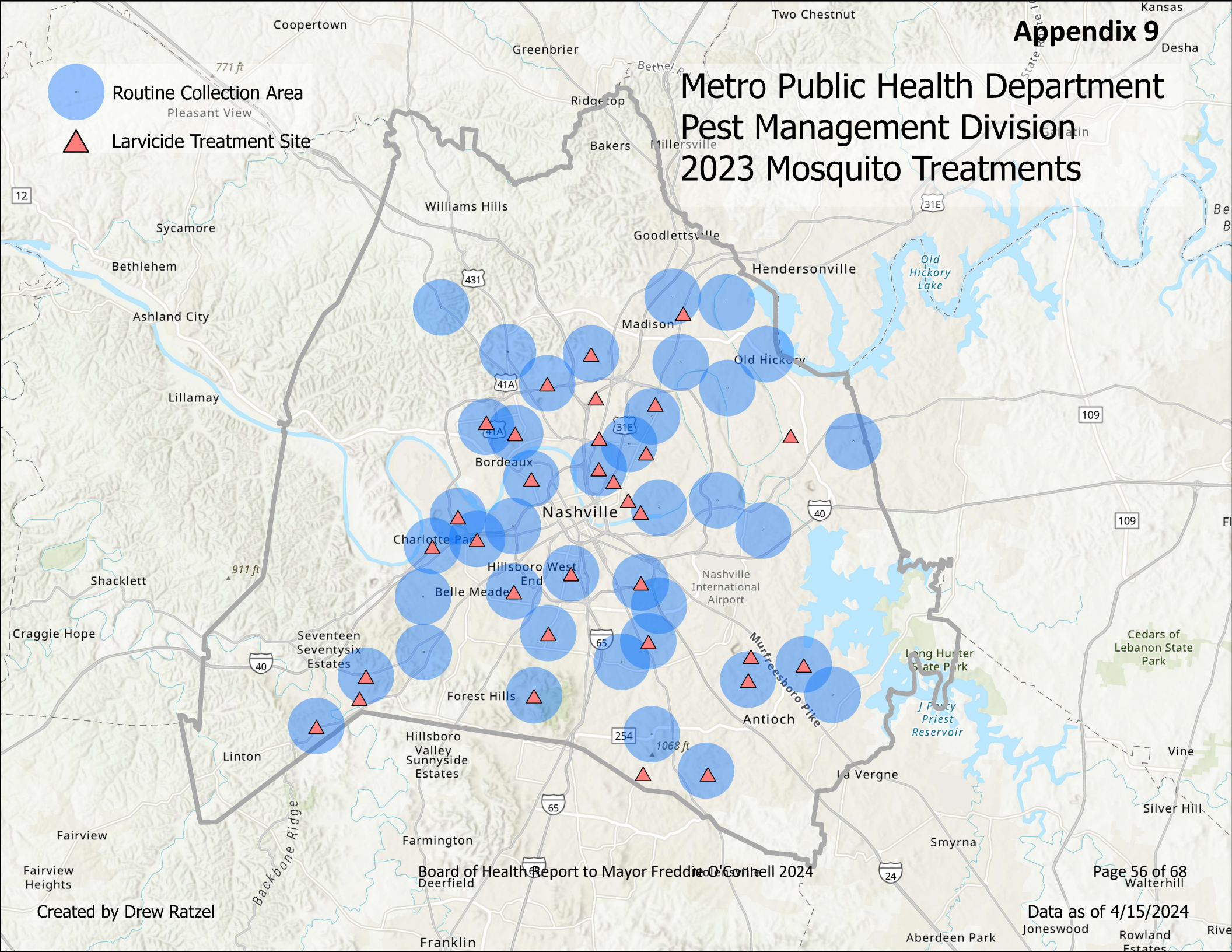


2023 Davidson County Mosquito Monitoring

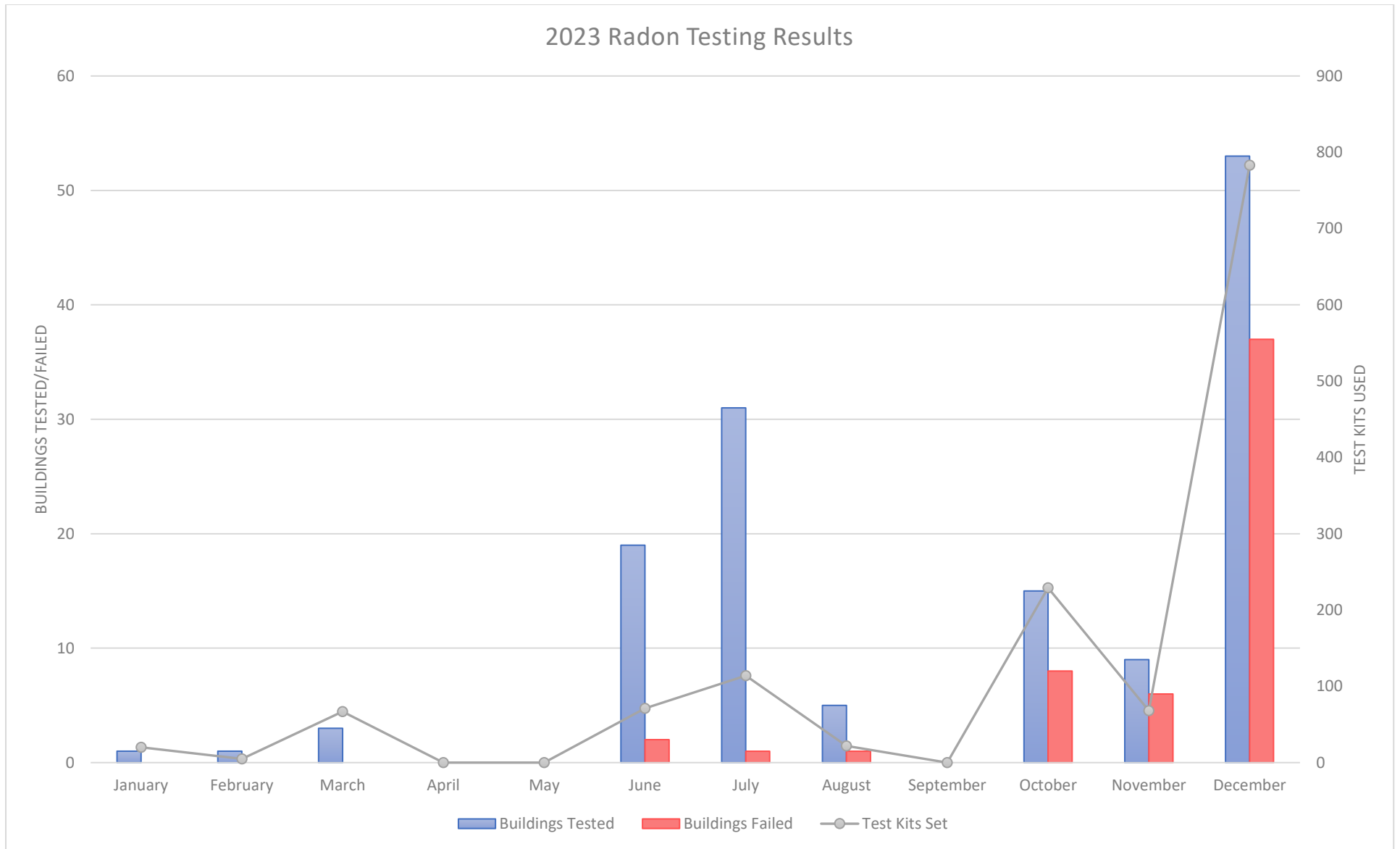


Metro Public Health Department Pest Management Division 2023 Mosquito Treatments

-  Routine Collection Area
-  Larvicide Treatment Site



Board of Health Report to Mayor Freddie O'Connell 2024





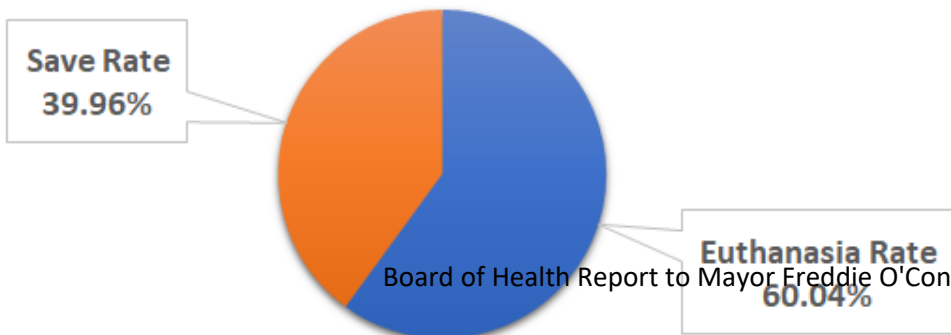
NFHS Basic Data Matrix

01/01/2014 and 12/31/2014

Appendix 10, Animal Care and Control Statistics

		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 01/01/2014		100	24	6	130	30	6	0	36	166
I N T A K E S	Stray/At Large	1	1	0	2	1	4	0	5	7
	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	0	0	0	0	0	0	0	0	0
	Relinquished by Owner	1	0	0	1	0	0	0	0	1
	Other Intakes	3206	966	223	4395	1729	1561	219	3509	7904
Total Intakes		3208	967	223	4398	1730	1565	219	3514	7912
O U T C O M E S	Adoptions	504	440	11	955	250	229	8	487	1442
	Returned to Home	462	20	37	519	23	8	2	33	552
	Transferred to Rescue Group	619	243	53	915	128	97	6	231	1146
	Other Live Outcomes	0	0	0	0	2	0	0	2	2
	Return to Field	0	0	11	0	0	0	0	0	0
	Total Live Outcomes	1585	703	101	2389	403	334	16	751	3142
	Died in Care	14	4	5	23	14	32	2	48	71
	Lost in Care	38	2	3	43	35	40	7	82	125
	Euthanasia	1651	187	118	1956	1301	1103	194	2598	4554
	Owner Requested Euthanasia	0	0	0	0	0	0	0	0	0
Total Other Outcomes	1703	193	126	2022	1350	1175	203	2728	4750	
Total Outcomes		3288	896	227	4411	1753	1509	219	3481	7892
Ending Animal Count as of 12/31/2014		88	27	2	117	51	18	0	69	186
Save Rate		46.91%	80.04%	43.50%	54.02%	21.97%	24.92%	7.31%	22.37%	39.96%

1/1/2014 and 12/21/2014



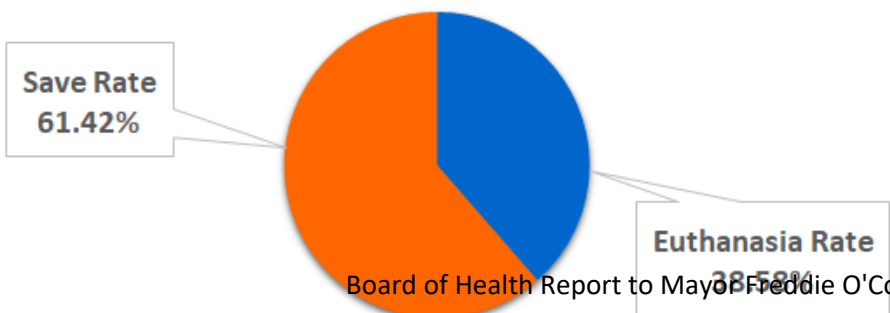


NFHS Basic Data Matrix

01/01/2015 and 12/31/2015

		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 01/01/2015		87	28	2	117	51	18	0	69	186
I N T A K E S	Stray/At Large	266	46	17	329	63	73	10	146	475
	Transferred in from Municipal Shelter	10	1	0	11	0	0	0	0	11
	Transferred in from Other Rescue Group	1	1	0	2	0	0	0	0	2
	Owner Requested Euthanasia	26	1	1	28	12	9	1	22	50
	Relinquished by Owner	158	46	4	208	111	99	1	211	419
	Other Intakes	2396	511	123	3030	938	943	93	1974	5004
	Total Intakes	2857	606	145	3608	1124	1124	105	2353	5961
O U T C O M E S	Adoptions	866	244	11	1121	384	453	14	851	1972
	Returned to Home	427	26	34	487	26	5	2	33	520
	Transferred to Rescue Group	512	242	38	792	132	200	26	358	1150
	Other Live Outcomes	2	0	0	2	1	0	0	1	3
	Return to Field	0	0	11	0	0	0	0	0	0
	Total Live Outcomes	1807	512	83	2402	543	658	42	1242	3645
	Died in Care	28	15	7	50	28	52	16	96	146
	Lost in Care	7	1	0	8	5	4	0	9	17
	Euthanasia	1027	60	56	1143	571	362	44	977	2120
	Owner Requested Euthanasia	25	1	1	27	10	6	1	17	44
Total Other Outcomes	1087	77	64	1228	614	424	61	1099	2327	
Total Outcomes	2894	589	147	3630	1157	1082	103	2342	5972	
Ending Animal Count as of 12/31/2015		92	3	0	95	61	17	2	80	175
Save Rate		62.50%	87.44%	56.25%	66.46%	45.78%	62.61%	42.31%	53.68%	61.42%

1/1/2015 and 12/31/2015



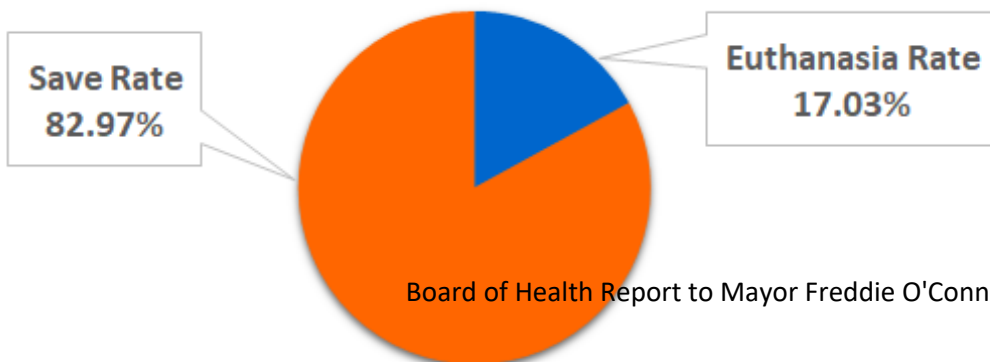


NFHS Basic Data Matrix

01/01/2016 and 12/31/2016

		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 01/01/2016		91	4	0	95	54	24	2	80	175
I N T A K E S	Stray/At Large	1661	312	50	2023	276	684	124	1084	3107
	Transferred in from Municipal Shelter	19	19	0	38	12	13	0	25	63
	Transferred in from Other Rescue Group	1	0	0	1	2	3	0	5	6
	Owner Requested Euthanasia	322	26	12	360	121	42	55	218	578
	Relinquished by Owner	1130	283	10	1423	570	532	16	1118	2541
	Other Intakes	142	40	14	196	20	2	5	27	223
Total Intakes		3275	680	86	4041	1001	1276	200	2477	6518
O U T C O M E S	Adoptions	1403	284	1	1688	425	555	1	981	2669
	Returned to Home	608	41	27	676	29	4	7	40	716
	Transferred to Rescue Group	557	242	8	807	284	436	112	832	1639
	Other Live Outcomes	2	2	1	5	2	1	2	5	10
	Return to Field	0	0	1	0	0	0	0	0	0
	Total Live Outcomes	2570	569	37	3176	740	996	122	1853	5034
	Died in Care	22	18	3	43	15	76	16	107	150
	Lost in Care	1	0	0	1	0	0	0	0	1
	Euthanasia	483	15	35	533	194	139	10	343	876
	Owner Requested Euthanasia	268	12	11	291	107	35	53	195	486
Total Other Outcomes	774	45	49	868	316	250	79	645	1513	
Total Outcomes		3344	614	86	4044	1056	1246	201	2503	6547
Ending Animal Count as of 12/31/2016		68	24	0	92	30	23	1	54	146
Save Rate		83.17%	95.06%	49.33%	84.61%	76.62%	82.68%	82.31%	80.28%	82.97%

1/1/2016 and 12/31/2016



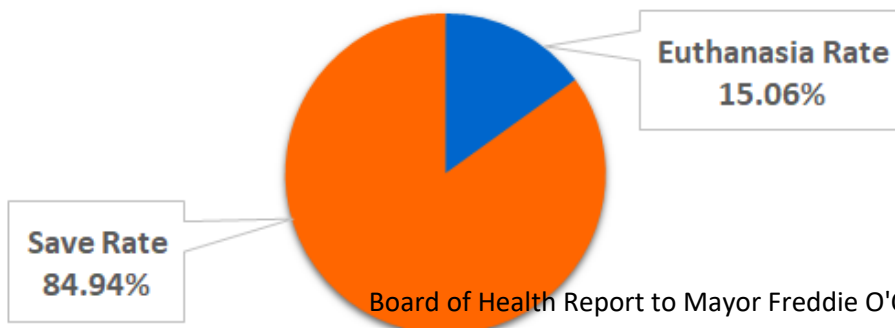


NFHS Basic Data Matrix

01/01/2017 and 12/31/2017

		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 01/01/2017		67	25	0	92	23	30	1	54	146
I N T A K E S	Stray/At Large	2255	321	45	2621	382	694	34	1110	3731
	Transferred in from Municipal Shelter	18	16	0	34	1	4	4	9	43
	Transferred in from Other Rescue Group	0	0	0	0	1	9	0	10	10
	Owner Requested Euthanasia	276	14	4	294	106	19	3	128	422
	Relinquished by Owner	1008	246	7	1261	433	342	4	779	2040
	Other Intakes	169	42	1	212	29	0	4	33	245
Total Intakes		3726	639	57	4422	952	1068	49	2069	6491
O U T C O M E S	Adoptions	1390	252	0	1642	413	580	0	993	2635
	Returned to Home	1085	52	25	1162	39	3	3	45	1207
	Transferred to Rescue Group	492	274	11	777	269	283	29	581	1358
	Other Live Outcomes	3	0	0	3	0	0	0	0	3
	Return to Field	0	0	0	0	0	0	0	0	0
	Total Live Outcomes	2970	578	36	3584	721	866	32	1619	5203
	Died in Care	16	3	1	20	19	29	4	52	72
	Lost in Care	4	2	0	6	2	0	1	3	9
	Euthanasia	520	17	16	553	146	131	11	288	841
	Owner Requested Euthanasia	241	7	4	252	98	16	2	116	368
Total Other Outcomes	781	29	21	831	265	176	18	459	1290	
Total Outcomes		3751	607	57	4415	986	1042	50	2078	6493
Ending Animal Count as of 12/31/2017		90	9	0	99	22	23	0	45	144
Save Rate		84.51%	96.52%	67.92%	86.12%	80.44%	84.79%	65.96%	82.44%	84.94%

1/1/2017 and 12/31/2017



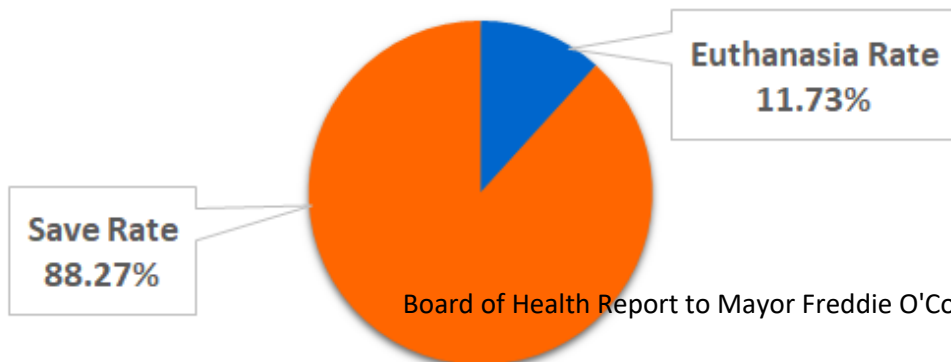


NFHS Basic Data Matrix

01/01/2018 and 12/31/2018

		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 01/01/2018		90	9	0	99	22	23	0	45	144
I N T A K E S	Stray/At Large	2450	310	48	2808	461	869	42	1372	4180
	Transferred in from Municipal Shelter	10	2	0	12	5	0	0	5	17
	Transferred in from Other Rescue Group	0	0	0	0	3	9	0	12	12
	Owner Requested Euthanasia	189	3	2	194	45	3	1	49	243
	Relinquished by Owner	675	83	3	761	294	298	2	594	1355
	Other Intakes	206	31	12	249	50	13	1	64	313
Total Intakes		3530	429	65	4024	858	1192	46	2096	6120
O U T C O M E S	Adoptions	1337	224	0	1561	417	702	0	1119	2680
	Returned to Home	1167	46	49	1262	57	8	1	66	1328
	Transferred to Rescue Group	525	102	7	634	240	318	21	579	1213
	Other Live Outcomes	0	0	0	0	0	0	1	1	1
	Return to Field	0	0	0	0	0	0	0	0	0
	Total Live Outcomes	3029	372	56	3457	714	1028	23	1764	5222
	Died in Care	7	1	0	8	9	39	5	53	61
	Lost in Care	2	0	0	2	0	4	0	4	6
	Euthanasia	386	9	6	401	116	92	17	225	626
	Owner Requested Euthanasia	168	2	2	172	39	2	1	42	214
Total Other Outcomes	563	12	8	583	164	137	23	324	907	
Total Outcomes		3592	384	64	4040	878	1165	46	2089	6129
Ending Animal Count as of 12/31/2018		76	6	1	83	34	18	0	52	135
Save Rate		88.25%	97.66%	90.48%	89.33%	84.74%	88.66%	51.11%	86.27%	88.27%

1/1/2018 and 12/31/2018



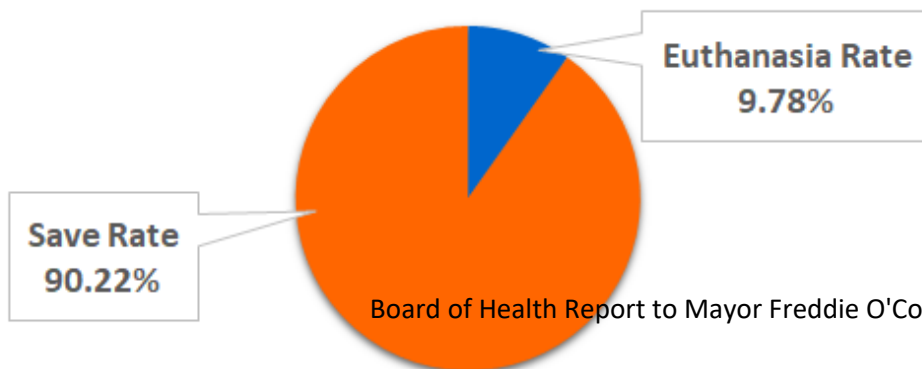


NFHS Basic Data Matrix

01/01/2019 and 12/31/2019

		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 01/01/2019		76	6	1	83	33	19	0	52	135
I N T A K E S	Stray/At Large	2404	356	32	2792	503	816	34	1353	4145
	Transferred in from Municipal Shelter	5	1	0	6	8	4	0	12	18
	Transferred in from Other Rescue Group	1	0	0	1	0	0	0	0	1
	Owner Requested Euthanasia	64	1	0	65	24	2	0	26	91
	Relinquished by Owner	652	84	4	740	301	146	1	448	1188
	Other Intakes	149	25	0	174	59	16	5	80	254
Total Intakes		3275	467	36	3778	895	984	40	1919	5697
O U T C O M E S	Adoptions	1545	225	0	1770	526	656	0	1182	2952
	Returned to Home	1066	42	20	1128	58	15	0	73	1201
	Transferred to Rescue Group	362	146	7	515	224	174	20	418	933
	Other Live Outcomes	0	0	1	1	0	0	2	2	3
	Return to Field	0	0	0	0	0	0	0	0	0
	Total Live Outcomes	2973	413	28	3414	808	845	22	1673	5089
	Died in Care	2	2	1	5	6	26	3	35	40
	Lost in Care	1	0	0	1	1	3	0	4	5
	Euthanasia	299	4	8	311	104	74	15	193	504
	Owner Requested Euthanasia	59	1	0	60	21	2	0	23	83
Total Other Outcomes	361	7	9	377	132	105	18	255	632	
Total Outcomes		3334	420	37	3791	940	950	40	1930	5721
Ending Animal Count as of 12/31/2019		67	3	0	70	19	22	0	41	111
Save Rate		90.61%	98.71%	75.00%	91.47%	87.30%	89.51%	55.00%	87.76%	90.22%

1/1/2019 and 12/31/2019



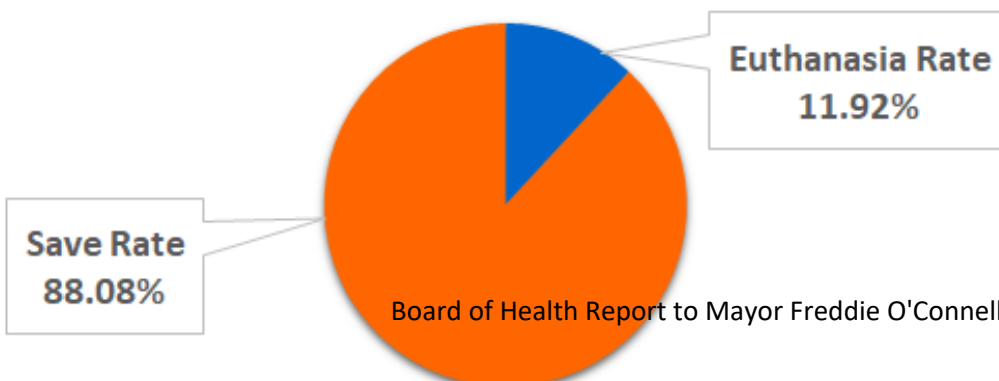


NFHS Basic Data Matrix

01/01/2020 and 12/31/2020

		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 01/01/2020		67	3	0	70	17	24	0	41	111
I N T A K E S	Stray/At Large	1619	186	18	1823	257	338	15	610	2433
	Transferred in from Municipal Shelter	3	0	0	3	0	0	0	0	3
	Transferred in from Other Rescue Group	0	0	0	0	2	0	0	2	2
	Owner Requested Euthanasia	21	1	0	22	3	0	0	3	25
	Relinquished by Owner	258	12	1	271	114	29	0	143	414
	Other Intakes	143	10	0	153	66	7	6	79	232
Total Intakes		2044	209	19	2272	442	374	21	837	3109
O U T C O M E S	Adoptions	568	37	1	606	215	242	0	457	1063
	Returned to Home	736	23	14	773	35	2	0	37	810
	Transferred to Rescue Group	576	129	1	706	92	83	15	190	896
	Other Live Outcomes	0	0	0	0	1	0	0	1	1
	Return to Field	0	0	1	0	1	0	0	1	1
	Total Live Outcomes	1880	189	16	2085	344	327	15	684	2771
	Died in Care	5	1	0	6	9	10	0	19	25
	Lost in Care	4	1	1	6	0	0	0	0	6
	Euthanasia	184	3	2	189	102	40	6	148	337
	Owner Requested Euthanasia	18	1	0	19	2	0	0	2	21
Total Other Outcomes	211	6	3	220	113	50	6	169	389	
Total Outcomes		2091	195	19	2305	457	377	21	855	3160
Ending Animal Count as of 12/31/2020		37	0	0	37	16	7	0	23	60
Save Rate		90.47%	97.60%	84.21%	91.08%	74.77%	86.63%	71.43%	80.00%	88.08%

1/1/2020 and 12/31/2020



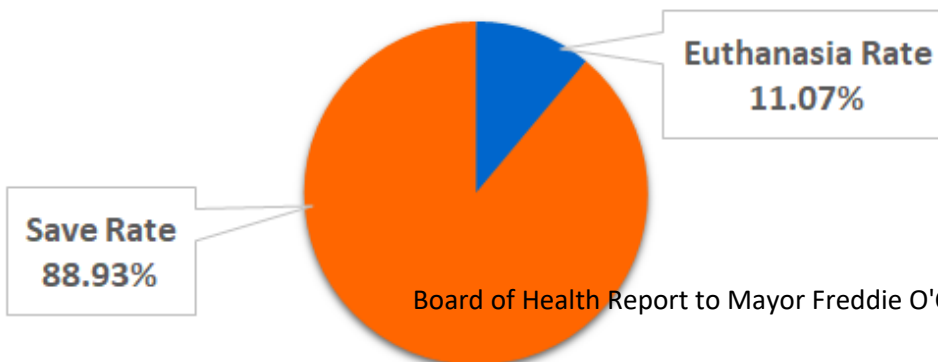


NFHS Basic Data Matrix

01/01/2021 and 12/31/2021

		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 01/01/2021		37	0	0	37	15	8	0	23	60
I N T A K E S	Stray/At Large	2000	274	15	2289	377	523	15	915	3204
	Transferred in from Municipal Shelter	5	0	0	5	0	0	0	0	5
	Transferred in from Other Rescue Group	1	0	0	1	3	3	0	6	7
	Owner Requested Euthanasia	24	0	0	24	5	0	0	5	29
	Relinquished by Owner	275	56	6	337	128	89	1	218	555
	Other Intakes	136	13	3	152	68	10	0	78	230
	Total Intakes	2441	343	24	2808	581	625	16	1222	4030
O U T C O M E S	Adoptions	782	91	0	873	278	389	0	667	1540
	Returned to Home	865	38	10	913	56	2	0	58	971
	Transferred to Rescue Group	488	158	11	657	162	156	11	329	986
	Other Live Outcomes	1	0	0	1	0	0	0	0	1
	Return to Field	0	0	0	0	5	0	0	5	5
	Total Live Outcomes	2136	287	21	2444	501	547	11	1054	3503
	Died in Care	4	1	1	6	4	8	0	12	18
	Lost in Care	18	21	1	40	1	12	1	14	54
	Euthanasia	232	6	1	239	95	33	4	132	371
	Owner Requested Euthanasia	22	0	0	22	5	0	0	5	27
	Total Other Outcomes	276	28	3	307	105	53	5	163	470
Total Outcomes	2412	315	24	2751	606	600	16	1222	3973	
Ending Animal Count as of 12/31/2021		91	3	0	94	17	6	0	23	117
Save Rate		89.50%	91.84%	87.50%	89.77%	82.64%	91.52%	68.75%	87.02%	88.93%

1/1/2021 and 12/31/2021



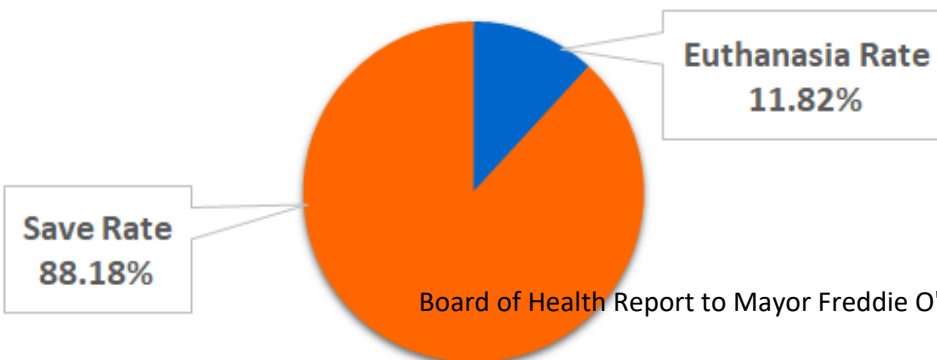


NFHS Basic Data Matrix

01/01/2022 and 12/31/2022

		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 01/01/2022		91	3	0	94	15	8	0	23	117
I N T A K E S	Stray/At Large	2336	347	48	2731	401	597	12	1010	3741
	Transferred in from Municipal Shelter	0	0	0	0	0	0	0	0	0
	Transferred in from Other Rescue Group	0	0	0	0	4	0	0	4	4
	Owner Requested Euthanasia	49	0	1	50	6	0	0	6	56
	Relinquished by Owner	280	32	2	314	161	59	2	222	536
	Other Intakes	141	16	3	160	83	14	1	98	258
Total Intakes		2806	395	54	3255	655	670	15	1340	4595
O U T C O M E S	Adoptions	844	129	0	973	329	364	0	693	1666
	Returned to Home	873	30	24	927	51	2	0	53	980
	Transferred to Rescue Group	640	200	2	842	198	233	5	436	1278
	Other Live Outcomes	1	0	1	2	0	0	0	0	2
	Return to Field	0	0	0	0	3	0	0	3	3
	Total Live Outcomes	2358	359	27	2744	581	599	5	1182	3929
	Died in Care	5	3	0	8	10	9	1	20	28
	Lost in Care	13	1	0	14	6	2	1	9	23
	Euthanasia	348	4	26	378	67	33	8	108	486
	Owner Requested Euthanasia	46	0	1	47	5	0	0	5	52
Total Other Outcomes	412	8	27	447	88	44	10	142	589	
Total Outcomes		2770	367	54	3191	669	643	15	1327	4518
Ending Animal Count as of 12/31/2022		155	3	0	158	23	13	0	36	194
Save Rate		86.74%	97.97%	50.94%	87.53%	87.23%	93.43%	33.33%	89.74%	88.18%

1/1/2022 and 12/31/2022



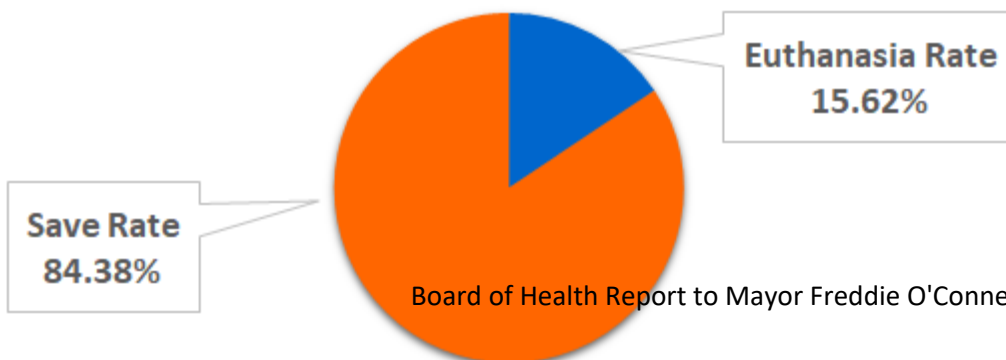


NFHS Basic Data Matrix

01/01/2023 and 12/31/2023

		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 01/01/2023		155	3	0	158	17	19	0	36	194
I N T A K E S	Stray/At Large	2606	385	77	3068	402	728	27	1157	4225
	Transferred in from Municipal Shelter	0	0	1	1	0	1	0	1	2
	Transferred in from Other Rescue Group	0	1	0	1	0	0	0	0	1
	Owner Requested Euthanasia	83	1	3	87	8	0	0	8	95
	Relinquished by Owner	196	27	7	230	88	75	7	170	400
	Other Intakes	170	48	17	235	32	17	2	51	286
Total Intakes		3055	462	105	3622	530	821	36	1387	5009
O U T C O M E S	Adoptions	913	211	0	1124	287	555	0	842	1966
	Returned to Home	874	42	44	960	50	7	5	62	1022
	Transferred to Rescue Group	677	154	27	858	128	129	11	268	1126
	Other Live Outcomes	2	0	0	2	0	1	0	1	3
	Return to Field	6	0	0	6	1	0	0	1	7
	Total Live Outcomes	2472	407	71	2950	466	692	16	1172	4124
	Died in Care	6	0	1	7	4	35	1	40	47
	Lost in Care	6	1	0	7	1	0	0	1	8
	Euthanasia	541	7	30	578	66	50	19	135	713
	Owner Requested Euthanasia	80	0	3	83	8	0	0	8	91
Total Other Outcomes	633	8	34	675	79	85	20	184	859	
Total Outcomes		3105	415	105	3625	545	777	36	1358	4983
Ending Animal Count as of 12/31/2023		146	9	0	155	25	40	0	65	220
Save Rate		81.41%	98.27%	69.61%	83.27%	86.40%	89.65%	44.44%	87.24%	84.38%

1/1/2023 and 12/31/2023



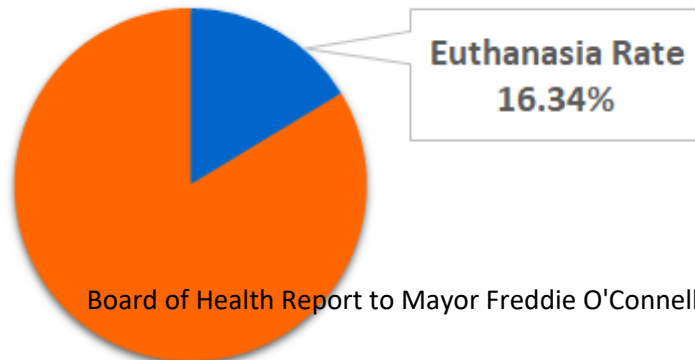


NFHS Basic Data Matrix

01/01/2024 and 04/22/2024

		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 01/01/2024		146	9	0	155	22	43	0	65	220
I N T A K E S	Stray/At Large	851	144	7	1002	165	99	11	275	1277
	Transferred in from Municipal Shelter	0	0	0	0	0	0	0	0	0
	Transferred in from Other Rescue Group	1	9	0	10	0	0	0	0	10
	Owner Requested Euthanasia	29	0	1	30	0	0	0	0	30
	Relinquished by Owner	71	11	2	84	41	5	6	52	136
	Other Intakes	65	21	0	86	4	4	0	8	94
Total Intakes		1017	185	10	1212	210	108	17	335	1547
O U T C O M E S	Adoptions	275	80	0	355	111	59	0	170	525
	Returned to Home	282	8	2	292	16	0	1	17	309
	Transferred to Rescue Group	230	58	0	288	50	53	7	110	398
	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	787	146	2	935	177	112	8	297	1232
	Died in Care	6	6	2	14	9	6	4	19	33
	Lost in Care	9	1	0	10	0	3	1	4	14
	Euthanasia	163	5	4	172	25	2	2	29	201
	Owner Requested Euthanasia	28	0	1	29	0	0	0	0	29
Total Other Outcomes	206	12	7	225	34	11	7	52	277	
Total Outcomes		993	158	9	1160	211	123	15	349	1509
Ending Animal Count as of 04/22/2024		182	24	1	207	25	24	2	51	258
Save Rate		82.00%	93.51%	33.33%	83.43%	83.81%	89.81%	58.82%	84.48%	83.66%

1/1/2024 YTD



Metro Public Health Department

Woodbine Public Health Center Replacement—Statement of Need



Overview of Proposed Project

The Metro Public Health Department is proposing a new Public Health Center offering services in the southeastern part of Davidson County. The development of the new Public Health Center should be a high priority for the county. The need to replace existing unsafe, aged, inefficient and undersized facilities is urgent, and the demand for health services in Davidson County is increasing; specifically in Southeastern Davidson County.

A study commissioned by Metro and completed by Heery International in 2002 recommended a new location near the intersection of Thompson Lane and Nolensville Road. A review of more recent data on users of MPH services in recent years shows that that an optimal location would be further south and east. The new public health site should be on a bus line, have ample parking, and expansion possibilities. Additional office space to locate other program staff, such as food services and public facility staff would improve our ability to serve clients in that part of the county. The space needed is estimated at approximately 15,000 square feet.

To maintain the current service volumes, the building would include space for the following

- 12 Examination Rooms
- 7 Nutrition Counseling Rooms
- 2 Sub-Waiting Areas
- 1 Breastfeeding Peer Counselor Room
- 1 Lactation Room
- 1 Consultation Room
- 2 Classrooms
- Cubicle Space to accommodate staff
- 3 Lab Spaces (1 large, 2 mini)
- 1 Medication Room
- Registration Area and File Room
- Storage Room
- 10 Clerical Stations
- 1 Staff Conference Room

The listing above is essentially a one-to-one replacement for what exists at the current location. Much of that service delivery has been determined by the idiosyncrasies of the current building. We would not recommend duplicating the extant services. A more strategic version of the building also would include:

- Additional cubicle spaces (including room for: Interpreter services, as English is not the first language for a high percentage of Woodbine clients; Certified Application Counselors for

enrollment in TennCare and Cover Kids; food service inspectors who work in that quadrant of the county).

- Additional office space for a clinic manager, a clerical supervisor, a WIC supervisor and a nurse practitioner.
- WIC demonstration space and two labs.
- A suite of three offices, conference room and file storage for the WIC vendor management group, currently working out of the Metro Southeast facilities.
- An exam room and consultation room for the TB Elimination program. Many of our TB patients live in the 37211, 37013, and 37217 Zip codes. A retrospective study of patients showed that the further a patient lived from Lentz the less likely they were to complete treatment. Interventions have helped decrease barriers, but distance matters. Only patients who have been assessed at Lentz as non-infectious for TB would be seen at the new site.
- Lab space for pest inspectors.

COMMUNITY ROOMS

The enormous popularity of the community meeting rooms at the Lentz Health Center indicates a substantial community need. In the last year we have hosted dozens of meetings for community groups, including a host of Metro departments and agencies, state government agencies and partners (See Appendix A). In the first 10 months of this calendar year we had more than 5,200 visitors for meetings at Lentz, and that does not include the numerous community groups that we convene, such as the Community Mental Health Systems Improvement group, the Behavioral Health and Wellness Advisory Council, the Healthy Nashville Leadership Council (and its subcommittees), the ACE Nashville collaborative, the Ryan White Advisory Council (twice a month), Health in All Policies, and others.

We would strongly recommend a similar arrangement at the Woodbine replacement facility. Each of the meeting rooms at Lentz is 600 square feet, which can be arranged as one, two or three rooms with up to 1,800 square feet of meeting space.

Why is a New Public Health Center Needed?

The current Woodbine Clinic facility was built in 1927 as a school building. Cosmetically, it has deteriorated and does not send a positive and respectful message to our clients. Functionally, it is obsolete: the limitations of the current building cause operational problems with patient flow and program efficiency. Further, the building suffers from maintenance issues that cost the county more than \$100,000 a year, and are getting worse. In calendar years 2018 and 2019 we had the following expenses:

Sprinkler pipe repair	\$44,448
Generator	\$53,840
Radon remediation	\$14,190
Bailer loop replacement pump	\$2,565
Water loop replacement	\$11,840
Cooling tower replacement	\$95,109
HVAC replacement-gym area	\$6,032
Repair of HVAC	\$2,840
Circulating pump replacement	\$2,425
Filtration unit	\$1,825
(Pending) HVAC unit	\$10,000
TOTAL past 24 months	\$245,114

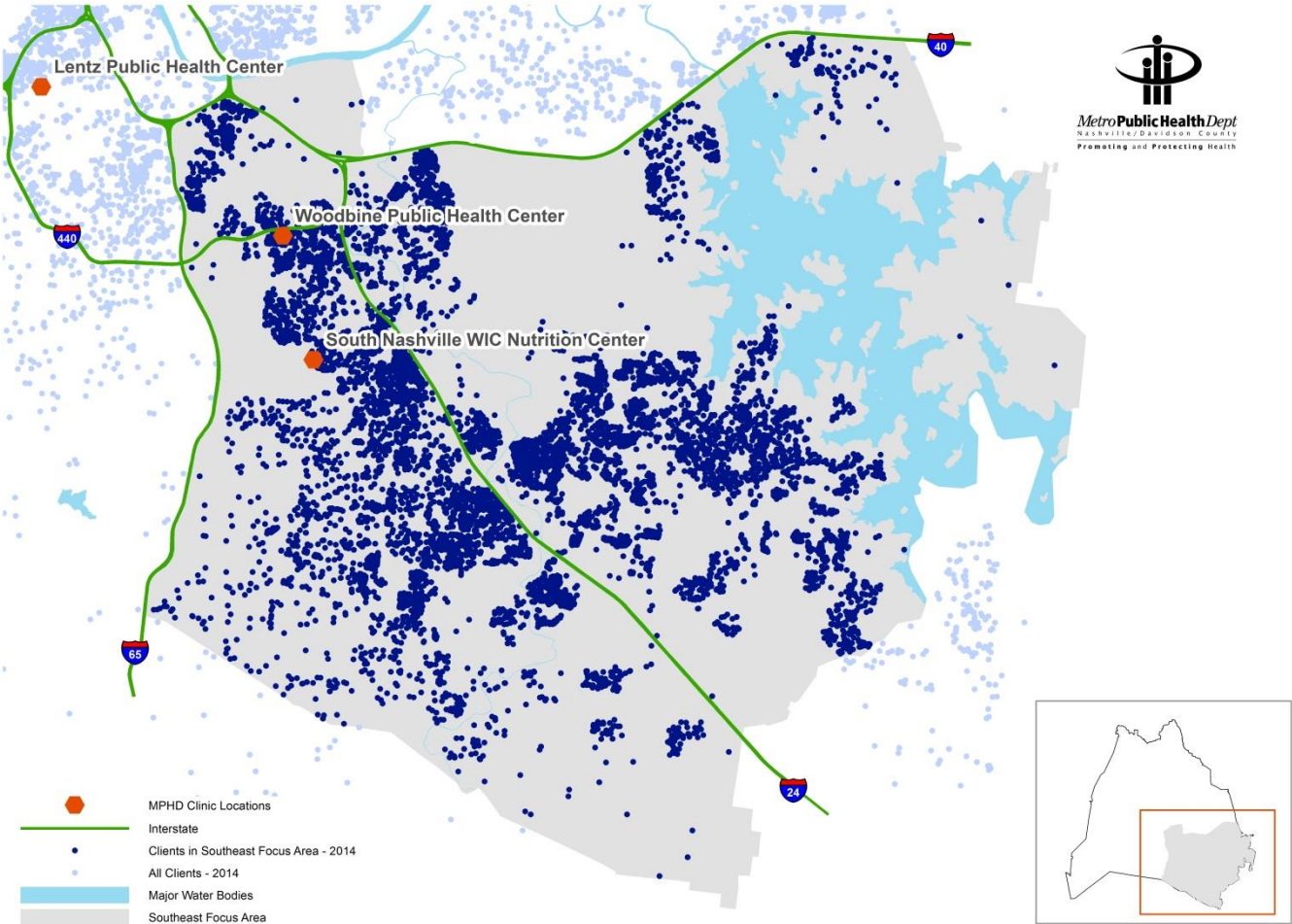
See Photo Gallery in Appendix A to view building damage.

Additionally, with the changing demographics of Nashville, the Woodbine Health Center has become on par with Lentz for volume of business, serving **10,462** residents annually, with more than **29,000** total visits in fiscal year 2018. Over 50% of these visits are WIC; 17% are immunizations, and 20% are family planning.

In 2014, 46% of all Health Department clients lived in southeastern Davidson County. (See maps below).

Woodbine Public Health Clinic Visits:
1989: 1,241
2018: 29,780

46% of Health Department Clients in 2014 Lived in Southeast Davidson County



2002 Study Recommended Replacement of Woodbine in 2004.

In 2002, the Heery International group was commissioned by Metro Government to conduct an evaluation of the Metro Public Health Department’s current and future space requirements. The stated purpose of the study was to identify construction projects to accommodate future space needs.

All existing Metro Public Health buildings were evaluated, including the Woodbine facility. After evaluation of the Woodbine site and program operations, the planning team came to the conclusion the facility should be replaced with a new building. It was recommended that new construction begin in 2004, but funding was never allocated.

In addition, the Metro Planning Commission’s newly revamped strategic assessment of the Capital Improvements Budget, begun for the FY18 year, has for two consecutive years found that replacing Woodbine should be one of Metro’s top priorities. The Commission’s assessment aligns CIB requests with the strategic priorities of Nashville Next and other community-driven plans, assesses safety and maintenance issues, and includes an opportunity score reflecting service to traditionally underrepresented citizens or geographic areas of the county.

Services Provided - Woodbine Public Health Center

Preventive Health Care Centers

The Health Center in Woodbine provides a variety of preventive health services to citizens of Davidson County on a sliding fee scale basis. Services include immunizations for children and adults, family planning services, STD testing and treatment, head lice evaluations, and pregnancy testing and referral.

Women, Infants and Children (WIC)

WIC is a supplemental nutrition program that provides nutrition education, breastfeeding promotion and support and healthy food vouchers to participants of the program. This program is available to pregnant and postpartum women, infants, and children up to the age of five who meet certain income requirements. WIC has four locations in Davidson County.

The Table below provides a count of customer visits at the Woodbine Public Health Center over three recent fiscal years. Approximately 32% of all visits to MPHD for these services occur at Woodbine.

	FY2016	FY2017	FY2018	3-Year Total
Family Planning	5,580	5,634	5,796	17,010
Immunization	4,228	4,678	5,187	14,093
Other	1,826	2,249	2,601	6,676
WIC	18,407	16,218	16,196	50,821
Total	30,041	28,779	29,780	88,600
% Total HD visits at Woodbine	31 %	31%	32%	32%

Innovations and Alternatives

Outreach WIC

In 2012, in an effort to address the need for WIC services in the southeastern part of Davidson County, MPHD developed a Mobile WIC program. The program provides convenient access to services through partnerships with numerous organizations throughout the county such as MDHA, churches, Metro Parks and Nashville Public Libraries. For example, Mobile WIC has fostered coordination of services with the Nashville Public Library to link WIC with story time and literacy development.

While Mobile WIC enhances the clients' access to services, the program only *partially* eliminates the need for WIC clients to visit a health department clinic. To fulfill program requirements, the client must return to a health department clinic twice a year. Last fiscal year the Mobile WIC program had approximately 4,025 visits; whereas the entire WIC program provided over 76,000 service visits.

With WIC impacting the lives of around half the babies born in Davidson County, MPHD is eager to capitalize on opportunities that co-locate services with other departments and agencies that also serve children and families.

Conclusion

The development of a Health Department location in southeastern Davidson County should be a high priority project for the County. The need to replace existing unsafe, aged, inefficient and undersized facilities is urgent, and the demand for health services in Davidson County is increasing; especially in southeastern Davidson County.