

Metropolitan Board of Health of Nashville and Davidson County September 12, 2019, Meeting Minutes

The regular meeting of the Metropolitan Board of Health of Nashville and Davidson County was called to order by Chair Carol Etherington at 4:00 p.m. in the Board Room, on the third floor of the Lentz Public Health Center, 2500 Charlotte Avenue, Nashville, TN., 37209.

Present

Carol Etherington, MSN, RN, Chair
Alex Jahangir, MD, Vice Chair
Tené Franklin, MS, Member
Margreete Johnston, MD, MPH, Member
David Frederick, MS, Member
Wendy J. Long, MD, MPH, Director of Health
Sanmi Areola, PhD, Deputy Director
Jim Diamond, MBA, Director, Finance and Administration Bureau
Tom Sharp, Director of Policy and Governmental Liaison
Brian Todd, Communications Officer
Michelle Pardue, DDS, Director, Community Health Bureau
Rachel Franklin, MBA, AEMT, Director, Communicable Disease and Emergency Preparedness Bureau
Laura Varnier, MNsc, APRN, FNP-BC, CEN, Director of Nursing and Director of Clinic Operations
Wanda Hadley, Manager of Talent Acquisition and Training, Metro Department of Human Resources
Alex Dickerson, JD, Metropolitan Department of Law

Chair Etherington recognized Alisa Haushalter, DNP, RN, in the audience, and invited her to introduce herself. Dr. Haushalter is currently the Director of the Shelby County Health Department and had previously been employed by MPH for 30 years.

Director's Report

Dr. Long referred to her update provided in the Board packet (Attachment I).

Approval of Transition Date

Mr. Frederick made a motion to set Dr. Long's last day of employment as September 30, 2019. Ms. Franklin seconded the motion, which passed unanimously.

Approval of Interim Director

Dr. Jahangir made a motion to appoint Sanmi Areola, PhD as Interim Director as of October 1, 2019, with the understanding that he would appoint a physician to serve as interim Chief Medical Officer. Mr. Frederick seconded the motion, which passed unanimously.

Discussion of Amendment to the Metro Charter

Tom Sharp requested that the Board authorize the Department to negotiate with members of the Metro Council for potential amendments to the Metro Charter regarding the Board of Health (Chapter 1, Public Health Section 10 et seq.) and suggested the Board plan to vote on proposed changes at the December 2019 or January 2020 regular meeting for the changes to be voted on by Metro Council and then in August 2020 presented to voters in a referendum.

Wanda Hadley presented information regarding the professional and educational requirements of health directors of similarly-sized cities.

Dr. Jahangir made a motion to authorize the Department to begin the process of potentially amending the Charter. Mr. Frederick seconded the motion, which passed unanimously.

Approval of Grant Applications

There were no grant applications.

Approval of Grants and Contracts

Jim Diamond presented three items for approval:

- 1. Grant from Health Resources and Services Administration – Federal Healthy Start, Nashville Strong Babies**
Term: April 1, 2019-March 31, 2020
Amount: \$22,899
- 2. Grant from the Department of Health Tennessee Immunization Program – Immunization Services**
Term: July 1, 2019-June 30, 2020
Amount: \$305,800
- 3. Affiliate Contract with Vanderbilt University Medical Center – Resident Clinical Education**
Term: July 1, 2019-June 20, 2024
Amount: NA

Dr. Jahangir made a motion to approve the grants and contracts as presented.

Discussion was held regarding item 3.

Mr. Frederick seconded the motion, which carried. Dr. Jahangir, Mr. Frederick and Chair Etherington voted to approve; Dr. Johnston and Ms. Franklin voted not to approve.

Approval of the August 8, 2019, Regular Meeting Minutes

Dr. Johnston made a motion to approve the minutes of the August 8, 2019, Board of Health meeting with amendment to note that Ms. Franklin’s presentation on the 2019 NALBOH Annual Conference had been postponed to a later date. Ms. Franklin seconded the motion, which passed unanimously.

Approval of the August 9, 2019, Meeting Minutes

Mr. Frederick made a motion to approve the minutes of the August 9, 2019, Board of Health meeting as written. Dr. Johnston seconded the motion, which passed unanimously.

Approval of the September 4, 2019, Meeting Minutes

Ms. Franklin made a motion to approve the minutes of the September 4, 2019, Board of Health meeting as written. Dr. Jahangir seconded the motion, which passed unanimously.

Discussion of Potential Board Retreat Topics and Identifying a Retreat Date

Chair Etherington distributed a list of potential topics for the Board retreat and asked Board members to submit suggestions. She advised that members would be polled for a mutually agreeable date.

Report of the Chair

Chair Etherington noted that Dr. Long’s tenure would soon end, and thanked Dr. Long for her service and wished her the very best in her new endeavor.

Chair Etherington expressed her desire to learn about communication within the Department.

Review of Board Requests

- Jim Diamond will explore the possibility of amending the language in the Resident Clinical Education Affiliate Agreement from “therapeutic formula” to “infant nutrition.”

- Ms. Franklin's report on the National Association of Local Boards of Health's annual conference, which was originally slated to be on the September 12, 2019, regular meeting agenda, will be presented at the Board retreat.

Election of Board Chair and Vice-Chair

Ms. Etherington withdrew from the slate of nominations for Chair.

Alex Dickerson presented a process of officer elections and presented a slate of nominations for both positions.

Mr. Frederick made a motion to approve the process of elections as proposed by Alex Dickerson. Ms. Franklin seconded the motion, which passed unanimously.

Alex Dickerson read the nominations for chair. As Ms. Etherington had withdrawn, Dr. Jahangir was the sole nominee.

Dr. Jahangir exited the room for the discussion.

Dr. Jahangir returned to the meeting.

Dr. Johnston made a motion to elect Dr. Jahangir Board Chair. Mr. Frederick seconded the motion, which passed unanimously.

Dr. Jahangir read the nominations for Vice-Chair: Dr. Johnston, Ms. Franklin, and Ms. Etherington. He invited each nominee to share their reasons for standing for Vice-Chair.

Dr. Jahangir made a motion to elect Ms. Franklin Board Vice-Chair. Receiving four votes, Ms. Franklin was elected Vice-Chair.

New Business

Dr. Areola referred to a letter sent to Dr. Long and Ms. Franklin and advised that the concerns in the letter would be addressed and the Board would be kept informed.

CIVIL SERVICE BOARD

Approval of Out-of-Class Pay for Interim Director

Jim Diamond explained that prior interim directors had received out-of-class pay at a rate of 12 percent greater than their regular salary.

Mr. Frederick made a motion to approve Out-of-Class pay for Dr. Areola as Interim Director at 20 percent greater than his regular salary. Dr. Jahangir seconded the motion, which passed unanimously.

Personnel Changes

Jim Diamond presented the Personnel Changes. Ms. Franklin requested explanation about Shawanda Motlow's termination, as the Board had previously approved the extension of Ms. Motlow's probationary period. Laura Varnier provided a brief explanation.

Next Regular Meeting

The next regular meeting of the Board of Health is scheduled to be held at 4:00 p.m. on Thursday, October 10, 2019, in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville, TN., 37209.

The meeting adjourned at 6:03 p.m.

Respectfully submitted,

A. Alex Jahangir, MD, MMHC, FACS
Chair

Director's Update to the Board of Health September, 2019

Protecting Health – Preventing the Spread of Infectious Disease

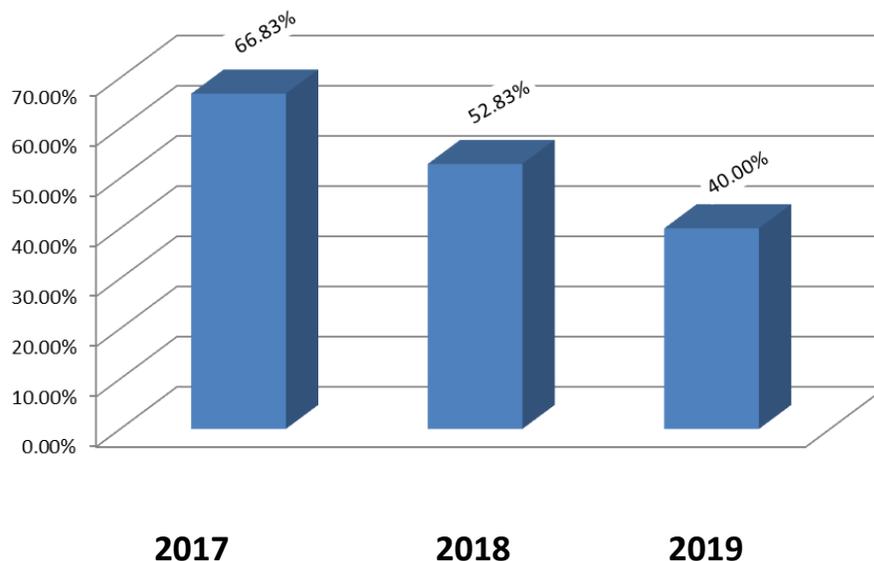
Immunizations

In 2010 a Tdap (tetanus, diphtheria, pertussis) booster was added as an immunization requirement for students entering 7th grade. Predictably, it was an adjustment for parents, and in the first year many students showed up at school without either the shot or the needed documentation. Less predictably, that number did not diminish substantially over the next few years. We tried various things to lower it: Partnering with community organizations, community messaging, messaging from MNPS, asking pediatricians to send notices to rising 7th graders. None achieved the desired results.

So, in 2017, the School Health Program and MNPS took a different tack. In February the nurses began a very time-consuming audit of each 6th grade immunization record. They sent home letters specific to the individual student about needing a Tdap booster to enter 7th grade. They included other required immunizations the student might have missed, as well as encouragement for non-required but recommended vaccines such as meningococcal and HPV.

It has been a notable success. Nicole Boyle, the Director of Health Services at MNPS, recently sent her thanks for lowering the initial non-compliance rate to below 50 percent for the first time in her tenure there, along with the following suggestions for the school nurses: "Please let them know they *ROCK!!*"

**7th Grade Immunization Reporting
Non-Compliant Students at the Start of the
School Year**



Improving Health - Services to Individuals & Families

Vaping-related Pulmonary Disease

We are on the lookout for cases of a vaping-related pulmonary disease that has cropped up recently across the country. The CDC, U.S. Food & Drug Administration (FDA), and public health agencies are investigating a multi-state outbreak associated with e-cigarette products. No cause has been identified as yet, but all reported cases have a history of e-cigarette use. The CDC had reported 450 cases in 33 states through the end of last week, with three deaths. Two weeks ago the Tennessee Department of Health issued a Health Alert urging local hospitals to report potential cases. Our Notifiable Disease (CDEP Bureau) team will investigate any cases reported in Davidson County. Nashville had seen no reported cases that fit the case definition as of last week.

Child Car Seats

In conjunction with the national observance of Child Passenger Safety week (September 15-21), all six vehicle emissions testing stations will provide brochures to inform drivers of the best practices for usage of child safety seats. The logistics of distributing the brochures was a coordinated effort between Allison Butler with the Fetal and Infant Mortality Review Program and Lewis DuBose, Director of the Vehicle Testing program. Allison originally targeted one station; Lewis contacted our contract vendor and the upshot was the vendor agreed to provide the brochures, in English and Spanish, at all six stations and to cover the printing costs. The testing stations began giving out the brochures this week, and there will be a media event at the Antioch testing station tomorrow.

Improving Health – Access & Care Coordination

Ryan White

The Ryan White Planning Council has completed its Priority Setting and Resource Allocation (PSRA) process and approved its budget for the year. Highlights include:

- A funding increase to medical transportation for creating and evaluating a pilot program using ride share services;
- Increased funding to medical case management and psychosocial services;
- Decreased funding to outpatient ambulatory services, based on review of previous year's provider expenditure and HRSA's desire to ensure Ryan White is payer of last resort. (These resources can be shifted back if the need arises).

Improving Health – Community Partnerships

Strong Babies Project

We expect an announcement soon by Mayor Briley that families enrolled in the Strong Babies Project, administered by MPH, will be a prioritized special population in the upcoming round of Barnes Housing Trust Fund housing allocations. The special designation will provide eligible mothers and families with additional points on the scoring matrix used to allocate Barnes Fund housing. Most infant deaths in Nashville are due to babies being born too soon and/or too small, or being placed in unsafe sleeping conditions. Most of these deaths are preventable. Providing pregnant women and new mothers families with infants with safe housing is a significant tool to improve those outcomes. While there have been modest improvements in Nashville's infant mortality rate (7.5 infant deaths per 1,000 live births in 2016 decreased to 7.0 infant deaths per live births in 2017), striking racial disparities persist. The Nashville

Strong Babies Project is the result of the \$5.47 million in federal Healthy Start funds awarded to the city by the U.S. Health Resources and Services Administration this spring. Nashville Strong Babies is designed to provide access to medical care, case management, home-visitation services and education during pregnancy and through a child's first 18 months of life.

Organizational Updates

Accreditation, Accreditation, Accreditation

We are in the stretch run of our initial accreditation process with the Public Health Accreditation Board (PHAB). The PHAB site visit is on Wednesday and Thursday of next week. You have a schedule provided in your packet.

For context, we have provided about 500 documents with thousands of pages of information, an effort that has taken years and a lot of work by a lot of people. The basic initial goal is to prove to PHAB, and ourselves, that we have the capacity to carry out the 10 essential health services, manage an effective department, and maintain strong and effective communications with you and other Metro governing agencies. The process should point out to us where we are strong and where we could improve, which is the larger point.

Executive Order

Last week Mayor Briley issued Executive Order No. 011 (<https://www.nashville.gov/Metro-Clerk/Legal-Resources/Executive-Orders/Mayor-David-Briley/db011.aspx>) regarding contact between federal immigration law enforcement officials and Metro employees. The order requires each Metro department to designate someone to be notified "if an employee or agent receives a request to support or assist in an immigration enforcement operation." Tom Sharp is our designated contact person. If he hears of any such request made to an MPH D employee or agent (an employee of an MPH D contractor) the executive order requires him to report it to me and, within three business days, to the Mayor's Office of New Americans.

NATIONAL FEDERATION OF HUMANE SOCIETIES
BASIC ANIMAL STATS MATRIX
(vrs 9-2012)

IMPORTANT NOTES FOR THE BASIC DATA MATRIX

Introduction to the Basic Matrix:

This basic matrix was designed to serve as a tool for basic data collection. It is a simple matrix containing what many (including Asilomar, ASPCA, National Federation, American Humane, UC Davis, Maddies Fund, PetSmart Charities and HSUS) have agreed are the minimum data points (along with definitions) an organization should gather. Whether organizations already gather a great deal of data or have only gathered the basics, this matrix should facilitate the roll up or merging of data at the local, regional or national level by providing a common framework. This matrix does not reflect any preference in data analysis or the calculation of rates but is rather simply a tool for data collection.

Tracking by Species and Age:

The risks associated with being an adult dog, puppy, adult cat or kitten (or neonate of any kind) in a shelter environment will vary a great deal. To help shelters assess and understand the differing risks for these populations of animals, this basic animal stats matrix includes a break out by species and age. If tracking statistics broken out by species and age is beyond the capacity of an agency, simply tracking statistics by species would be a place to begin. This document defines puppy and kitten as under 5 months of age (see below: Determining Age). Again – given the differing level of risk – breaking age down further to include a neonate category for both dogs and cats can also be very informative.

Determining Age:

This basic matrix utilizes 5 months as the break point between puppy/kitten and adult. At or near 5 months of age there are changes in the teeth which can help guide trained staff regarding proper categorization of the animal. For cats, at 4-5 months of age permanent canines, premolars and molars are coming in (all in by 6 months of age). For dogs, at 5-7 months of age permanent canines, premolars and molars are coming in (all in by 7 months of age). Source: "How to . . . series" from Animal Sheltering, http://www.animalsheltering.org/resources/magazine/may_jun_1996/how-to-determine-a-dog-or.pdf or contact the National Federation of Humane Societies for a copy of the document.

Beginning and Ending Shelter Counts:

These numbers help frame the population of the animals sheltered and cared for by the organization. We are recommending that a shelter do a walk through – physically counting the animals sheltered within the organization, and not forgetting to count those animals who have been admitted but who are not currently within the shelter (foster care, in the care of a veterinary hospital, etc).

Defining Owner Requested Euthanasia:

Some shelters offer pet euthanasia to the public as a service whose cost may be subsidized and therefore more affordable than local veterinary clinics, thus ensuring access to this service. Defining when euthanasia should be recorded as "at the request of the owner", or not, is the subject of much discussion.

For the purposes of this document, we are choosing to define owner INTENDED euthanasia as the euthanasia of a pet whose owner brought the pet to the shelter for that service. In other words, the owner brought the pet in specifically for that service – it was their intent before arriving.

Any other definition of "owner requested" euthanasia leaves much up to interpretation and therefore a great deal of variation among organizations and their reporting. We believe the simplicity of this definition helps to ensure consistent application and record keeping.

Live Admissions Only

For the purposes of this matrix we are tracking LIVE admissions only, i.e. animals who are alive when they come into an agency's possession. Animals who are dead when taken in to an agency's possession may be a data point to track, but that information is not tracked by this matrix.

What is Possession?

"Adoption" and "Transferred to another Agency" both make reference to possession. The primary concept here is one of ownership. For example, in foster care, the agency still has possession or ownership. If adopted or transferred to another Agency, possession is now with the new owner, or with another Agency.

Where are the "Others"?

This basic data matrix focuses on canines and felines. Many organizations also provide extraordinary services for other pets (pocket pets, rabbits, ferrets) and animals (wildlife), and that good work is not captured here.

Why a Basic Matrix?

This basic matrix was designed to serve as a tool for data collection. It is a simple matrix containing what many have agreed are the minimum data points an organization should consider gathering. By agreeing to this basic matrix - we hope organizations will gather AT LEAST this data, or if an organization all ready gathers a great deal of data, that they will consider rolling up their data into this format to help facilitate (if individual agencies are interested) data collection at a local, regional or national level, which would allow participating agencies to benchmark their work against similar agencies around their region or the nation. This matrix does not reflect any preference for the variety of live release rates used in animal sheltering and welfare. Most rates, other than full Asilomar which requires a conditions matrix, should be able to be calculated from the data points included.

NATIONAL FEDERATION OF HUMANE SOCIETIES
BASIC ANIMAL STATS MATRIX
(vrs 9-2012)

Species By Age	Canine		Feline		Total
	Adult	Up to 5 months	Adult	Up to 5 months	
Beginning Animal Count (date: 08/01/2019)	80	11	31	119	241
Intake					
Stray at large	255	33	44	111	443
Relinquished by owner	69	9	25	19	122
Owner requested euthanasia	4	0	1	0	5
Transferred in from agency	0	0	0	0	0
Other Intakes	17	1	22	0	40
TOTAL INTAKE	345	43	92	130	610
Outcomes					
Adoption	154	22	46	135	357
Returned to owner	106	1	5	1	113
Transferred to another agency	29	19	22	16	86
Other live Outcome	0	0	0	0	0
TOTAL LIVE OUTCOMES	289	42	73	152	556
Died in care	0	0	0	0	0
Lost in care (Physical inventory adjustments)	0	0	0	0	0
Shelter Euthanasia	24	0	6	3	33
Owner requested euthanasia	3	0	1	0	4
TOTAL OUTCOMES	316	42	80	155	593
Ending Shelter Count (date: 10/31/2018)	134	11	59	54	258
SAVE RATE:	92.98%	100.00%	93.41%	97.69%	94.55%

METRO ANIMAL CARE AND CONTROL

Trailing 12 Monthly – Data Report

		Trailing 12 Month Average
	August 2019	Ending August 31, 2019
Intake Total	655	563
Stray	459	401
Owner Surrender	122	116
Owner Request Euthanasia	6	13
Wildlife	26	39
Other	42	28
Adopted	375	265
Transfer	92	99
RTO	113	105
ORE Euthanized	5	12
Wildlife Euthanized	23	30
Euthanasia Total	63	88
Euthanasia %	5%	8%

Data Report Key
Intakes
Outcomes