

Metropolitan Board of Health of Nashville and Davidson County April 7, 2016 Meeting Minutes

The meeting of the Metropolitan Board of Health of Nashville and Davidson County was called to order by Chair Sam Felker 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

Sam Felker, JD, Chair

Carol Etherington, MSN, RN, Vice Chair

Thomas Campbell, MD, Member

Henry W. Foster, Jr., MD, Member

Margreete Johnston, MD, MPH, Member

William S. Paul, MD, MPH, FACP, Director of Health

Shoana Anderson, MPH, Director of Communicable Disease and Public Health Emergency Preparedness Bureau

Billy Reagon, Director of Tuberculosis Elimination Program

Peter Fontaine, Director of Administration and Finance Bureau

Jim Diamond, Assistant Director of Administration and Finance Bureau

John Finke, Director of Air Pollution Control Division

Leslie Robeson, Director of Human Resources

Josh Lee, JD, Metropolitan Department of Law

BOARD OF HEALTH

HEARING: Request for Variance from the Stage II Requirements of Metro Public Health Department, Pollution Control Division's Regulation No.7, "Regulation for Control of Volatile Organic Compounds"

Chairman Felker opened the hearing.

John Finke read the following statement into the record:

"This hearing is being held in accordance with the provisions of Section 10.56.130, "Variances – Hearing Procedures" of Chapter 10.56, "Air Pollution Control" of the Metropolitan Code of Laws. The purpose of this Public Hearing is to receive comments regarding a requested variance from the Stage II vapor recovery requirements of Regulation No. 7, "Regulation for Control of Volatile Organic Compounds." The requested variance would allow an existing Sunoco gasoline dispensing facility located at 227 Shelby Avenue to remodel the facility without re-installing Stage II vapor recovery equipment.

The intent of the hearing is not to debate the requested variance. The purpose of this hearing is to listen to the public's comments regarding the request. Anyone testifying at this hearing is requested to furnish a copy of their written testimony to the Chairman of the Board after completing their testimony.

Hearing no comment, Chairman Felker closed the hearing.

Ms. Etherington made a motion to approve the Request for Variance from the Stage II Requirements of Metro Public Health Department, Pollution Control Division's Regulation No.7, "Regulation for Control of Volatile Organic Compounds," allowing an existing Sunoco gasoline dispensing facility located at 227 Shelby Avenue to remodel the facility without re-installing Stage II vapor recovery equipment. Dr. Johnston seconded the motion, which passed unanimously.

Consent Agreement A-16-002

John Finke explained that in June, 2015, the Pollution Control Division (PCD) issued an asbestos removal permit for 810 Broadway, Nashville, Tennessee. Asbestos removal work was completed and the permit expired on July 8, 2015. On November 12, 2015, the PCD responded to an anonymous complaint of interior renovation activities that involved RACM at 810 Broadway, Nashville, Tennessee. PCD staff found that materials, identified in an existing asbestos survey, were being disturbed as part of the renovation activities. PCD staff conducted a thorough investigation and concluded that Curtis Construction, the contractor that was conducting the renovation activities, and Broadway/Nashville, LLC., the property manager, were aware of the original presence of asbestos and failed to ensure it was properly removed prior to commencing the renovation activities that prompted the original complaint. Mr. Finke requested that the Board approve a Consent Agreement A-16-002 and assess a Civil Penalty of \$7,000.00 to Curtis Construction, Inc. and Broadway/Nashville, LLC.

Dr. Foster made a motion to approve Consent Agreement A-16-002 and assess Curtis Construction, Inc. and Broadway/Nashville, LLC a civil penalty of \$7,000.00. Ms. Etherington seconded the motion, which passed unanimously.

Tuberculosis Elimination Update

Shoana Anderson presented an update on the Tuberculosis Elimination program (Attachment I).

Update on the Budget

Peter Fontaine presented an update on the FY 2016-17 Budget (Attachment II).

Public Investment Plans

Dr. Paul answered the Board's questions about the Public Investment Plans that the Department had presented to Mayor Barry on March 30, 2016. The three presentations had been on Mental Health, Food Systems, and Expanded School Health. An additional plan, on which the Department had collaborated, Animal Welfare, was presented by Nancy Whittemore, director of General Services.

Approval of Grant Applications

Peter Fontaine presented one application for approval:

Partnership Application with Pet Community Center to Best Friends Society
Term: April 2016 through July, 2017
Amount: \$50,000 (MPHD - \$0)

Ms. Etherington made a motion to approve the application as presented. Dr. Campbell seconded the motion, which passed unanimously.

Approval of Grants and Contracts

Peter Fontaine presented three grants and one contract for approval:

1. Grant from the State of Tennessee Department of Health – Healthy Start Home Visiting Program
Term: July 1, 2016 through June 30, 2018
Amount: \$380,000.00
2. Grant from the State of Tennessee Department of Health – Medical and Care Coordination for Children's Special Services
Term: July 1, 2016 through June 30, 2017
Amount: \$727,500.00

3. Grant from the State of Tennessee Department of Health – Health Promotion Services
Term: July 1, 2016 through June 30, 2017
Amount: \$116,000.00
4. Affiliation Agreement with the Meharry Medical College Master of Science Public Health program)
Term: upon execution of contract until July 31, 2021
Amount: NA

Dr. Foster made a motion to approve the grants and the contract as presented. Dr. Johnston seconded the motion, which passed unanimously.

Approval of March 10, 2016 Meeting Minutes

Dr. Johnston made a motion to approve the minutes of the March 10, 2016 meeting as written. Dr. Campbell seconded the motion, which passed unanimously.

Report of the Chair

Chairman Felker thanked all Department staff who helped prepare the Public Investment Plan presentations for Mayor Barry, and said their hard work was evident.

Chairman Felker thanked Dr. Paul for the book, “Shaping the Healthy Community: The Nashville Plan.” He reminded Board members that the book release event would be held on Wednesday, April 13, 2016 at 4:00 at Lentz, and encouraged them to attend.

Report of the Director

Dr. Paul referred to the Director’s Update provided in the Board packet (Attachment III) and gave a brief summary of the report.

Dr. Paul shared a copy of the Woodbine proposal with Board members and advised that appendices would be made available.

In light of recent news reports regarding lead levels in municipal water in Flint, Michigan, Chairman Felker asked if Nashville monitors the level of lead in the water. Dr. Sanmi Areola stated that Metro Water Services monitors water quality, and the Department is working with Metro Water Services to address the issue.

Other Business

Dr. Johnston referred to the March 9, 2016 letter to Board members concerning changes to the Rabies vaccination clinics. The Board requested that Dr. Paul draft a letter in response.

CIVIL SERVICE BOARD

Personnel Changes

Jim Diamond presented the personnel changes, which were unremarkable.

The Board requested that the Employment Separations be presented as “Voluntary” or “Involuntary” in future reports.

Next Regular Meeting

The next regular meeting of the Board of Health will be held at 4:00 p.m. on Thursday, May 12, 2016, in the Board Room (third floor) at 2500 Charlotte Avenue, Nashville TN 37209.

The meeting adjourned at 5:40 p.m.

Respectfully submitted,

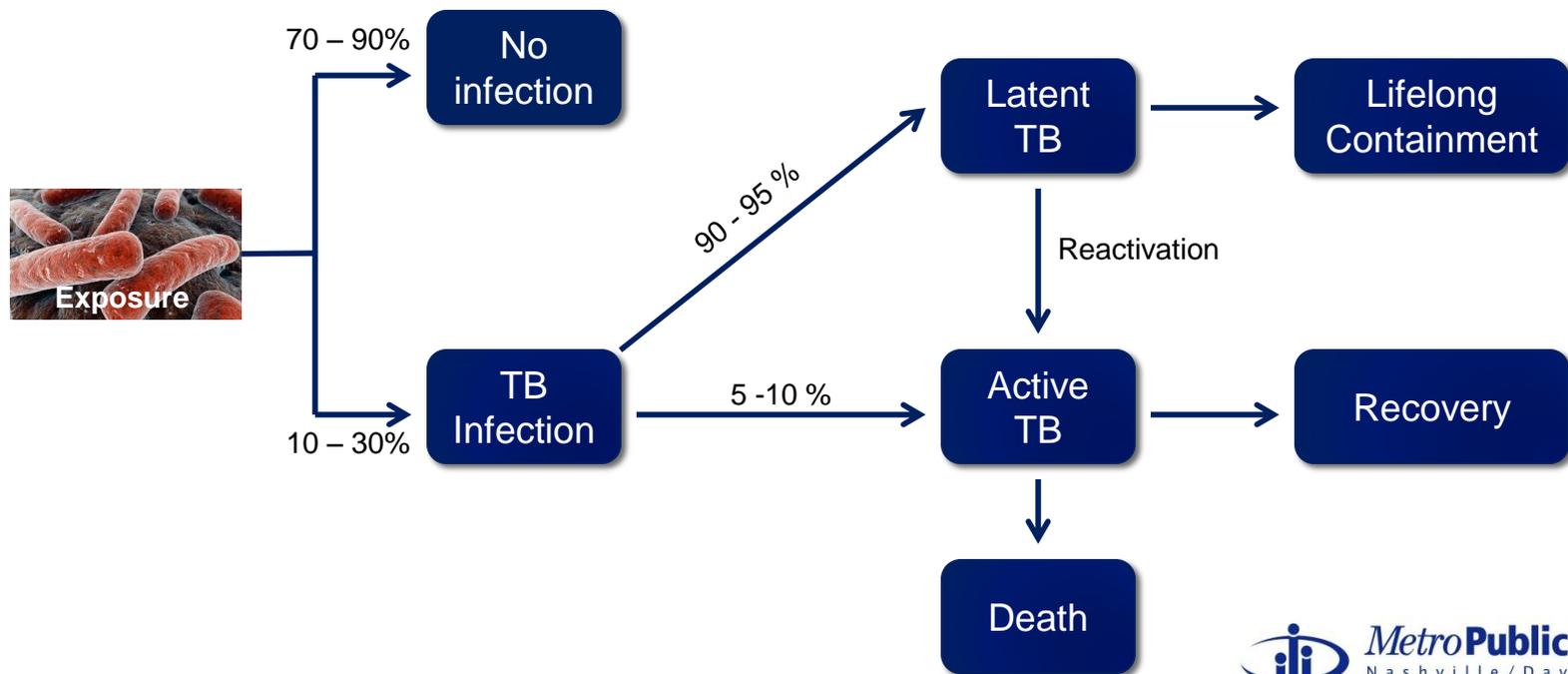
Samuel L. Felker, J.D.
Chair

TUBERCULOSIS ELIMINATION PROGRAM

Shoana Anderson, MPH

Update to the Board of Health
April 7, 2016

Natural History of Tuberculosis



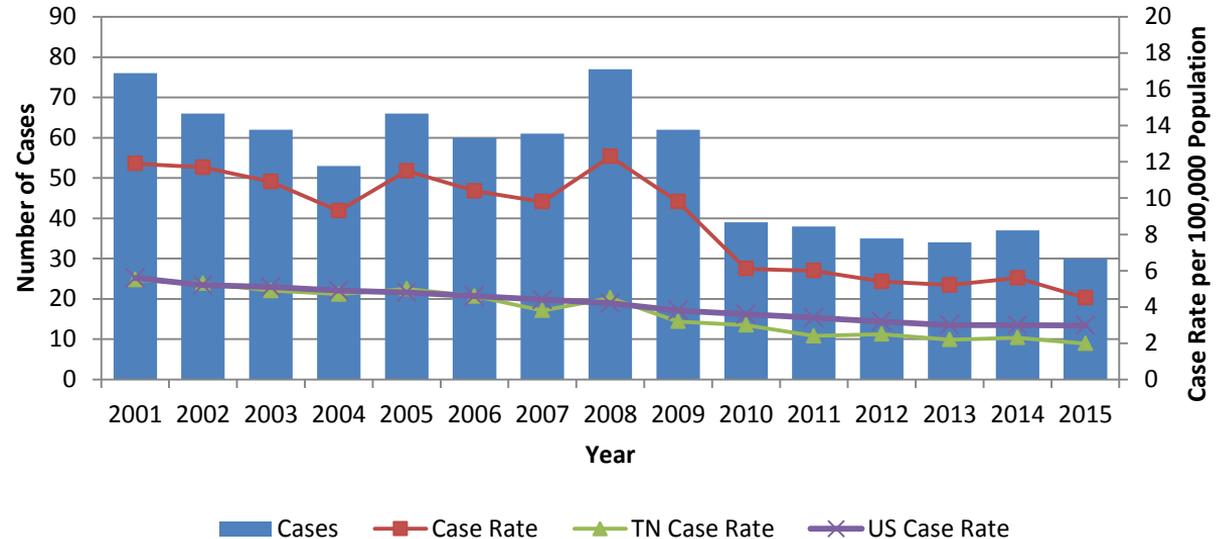
Tuberculosis (TB) Cases

Active disease:

- Mostly pulmonary; however, TB can affect all parts of the body

Many TB cases are infectious and can spread the disease to others

Tuberculosis Cases and Rates, Nashville/Davidson County, 2001-2015



Active TB Epidemiologic Profile

VARIABLE	Year				
	2015 N = 30	2014 N = 37	2013 N = 34	2012 N = 35	2011 N = 38
AGE (years)					
0-17	4 (13.4)	4 (10.8)	2 (5.9)	1 (2.9)	2 (5.2)
18-44	14 (46.6)	24 (64.9)	18 (53.0)	19 (54.3)	27 (71.1)
45-64	8 (26.7)	5 (13.5)	10 (29.4)	15 (42.9)	8 (21.1)
≥65	4 (13.3)	4 (10.8)	4 (11.8)	0	1 (2.6)
RACE					
Asian	8 (26.7)	10 (27.0)	7 (20.6)	6 (17.1)	9 (23.7)
Black or African American	13 (43.3)	16 (43.2)	21 (61.8)	16 (45.7)	13 (34.2)
White	9 (30.0)	11 (29.7)	6 (17.7)	13 (37.1)	16 (42.1)
U.S.-born					
No	22 (73.3)	27 (73.0)	14 (41.2)	16 (45.7)	24 (63.2)
HIV STATUS					
Positive*	3 (10.0)	4 (10.8)	3 (8.8)	6 (17.1)	5 (13.2)
EXCESSIVE ALCOHOL USE					
Yes	3 (10.0)	2 (5.4)	8 (23.5)	9 (25.7)	6 (15.8)
DRUG USE					
Yes	6 (20.0)	4 (10.8)	6 (17.7)	7 (20.0)	4 (10.5)
Diabetes Mellitus					
Yes	7 (23.3)	5 (13.5)	6 (17.7)	1 (2.9)	3 (7.9)

Latent TB (LTBI)

- Latent TB infection:
 - No signs or symptoms
 - Cannot spread TB
 - Lifetime risk of disease (5-10%)
 - Higher risk: new infections, immunocompromised
- Nashville identifies the highest number of LTBI patients in the state
 - 600 in 2015

Tuberculosis (TB) Disease:
Only the Tip of the Iceberg

There are **two** types of TB conditions:
TB disease and latent TB infection.

People with **TB disease** are sick from active TB germs. They usually have symptoms and may spread TB germs to others.

People with **latent TB infection** do not feel sick, do not have symptoms, and cannot spread TB germs to others.

But, if their TB germs become active, they can develop **TB disease**.

Millions of people in the U.S. have **latent TB infection**. Without treatment, they are at risk for developing **TB disease**.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

To learn more about TB, visit
www.cdc.gov/tb

Staff and Funding

Staff Members

- 25 staff: RNs (6), MA (1), LPN (1), Clerks (4), Supervisors (3), MD (1), NP (1), Disease Investigators (2), Outreach Workers (4), Program Specialists (2)
- Culturally diverse team: 8 different languages spoken



Funding

Local funding: \$657,700

State funding: \$1,593,876

Research funding: ~\$95,000



MetroPublicHealthDept
Nashville/Davidson County
Protecting, Improving, and Sustaining Health

Clinical Services



- No-cost screening for TB infection
- Perform chest x-rays to identify active disease
- Treat patients for disease and latent infection
- Collect laboratory specimens
- Refugee evaluations
- Participate in research studies to evaluate testing and treatment

29,224 services provided in 2015
56% of LTBI completed treatment



Metro Public Health Dept
Nashville/Davidson County
Protecting, Improving, and Sustaining Health

Case Management

- Manage all active cases to ensure treatment is completed
- Address issues with compliance
- Monitor infectiousness and symptoms



100% of active cases completed treatment

Contact Investigations

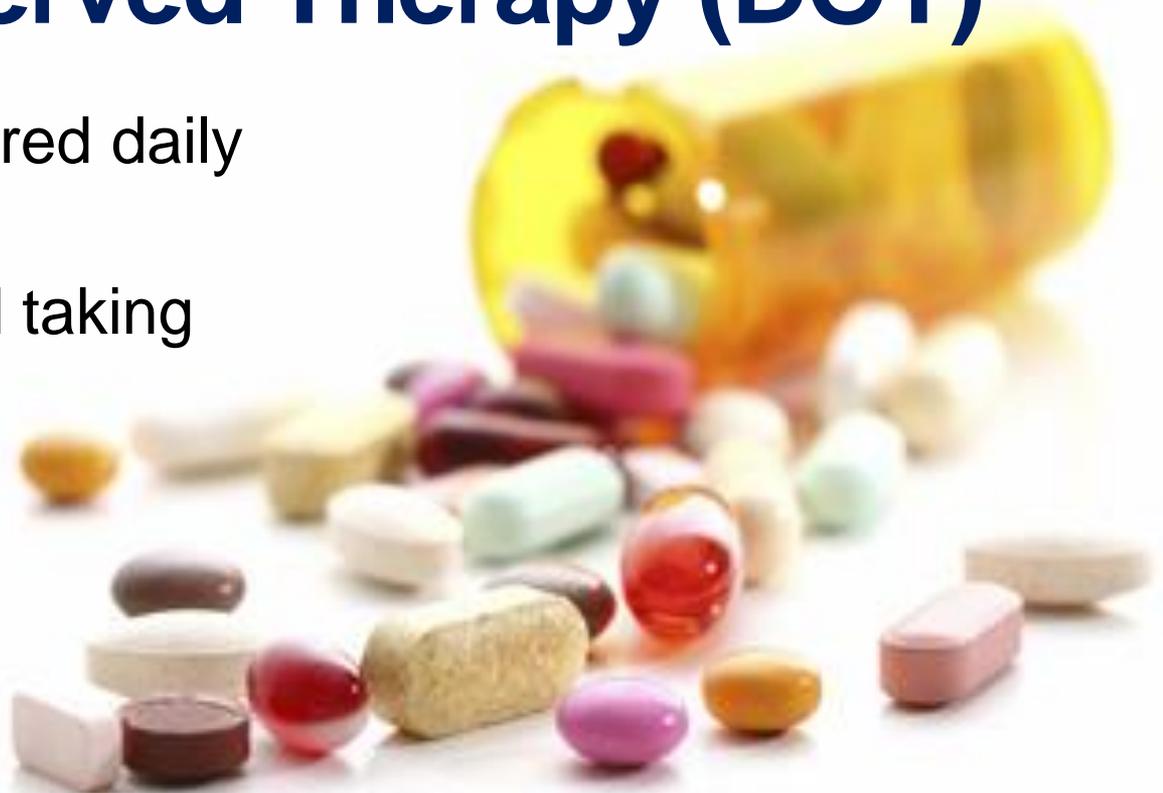
- Interview all cases to identify contacts
- Screen and treat contacts
- Test at high-risk sites



223 contacts were screened in 2015

Directly Observed Therapy (DOT)

- TB treatment is delivered daily by 4 MPHD staff
- Patients are observed taking all doses
- Treatment for TB typically takes 6-12 months



11,392 DOT visits in 2015

Successes and Opportunities

- High treatment completion rates
- Implementation of new testing and treatment methods
 - 3HP regimen shortens treatment time by 6 months
- Increasing collaborations with partners
- Improved contact investigation indicators



World TB Day 2016

UNITE TO → END
TB

Thank you to the Metro Nashville Public Health Department for hosting a wonderful event on World TB Day!



Challenges

- Short staffing
 - Program still has 3 major vacancies
- Increased complexity of cases
 - Comorbidities which impact both health and treatment efficacy
 - 3 multi-drug resistant (MDR) cases
 - Requires increased DOT and experimental medications
- Latent TB is not reportable



Thank you



Metro Public Health Dept
Nashville / Davidson County

Protecting, Improving, and Sustaining Health

FISCAL YEAR 2016-17 BUDGET UPDATE

April 7, 2016

Peter Fontaine, CPA, MBA
Director of Administration and Finance



MetroPublicHealthDept
Nashville/Davidson County
Protecting, Improving, and Sustaining Health

MPHD 2016-17 Budget

Main Operating Budget

**March
4**

- Budget submitted

**March
16**

- Vetted with Metro Finance

**March
30**

- Presented to Mayor

Pay Plan Revision

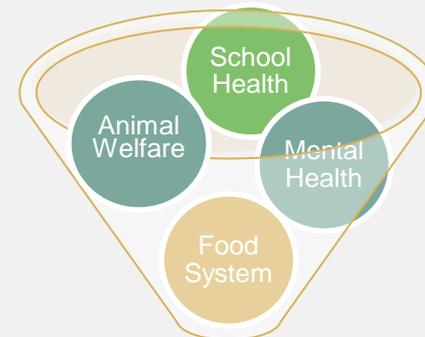
• Board of Health
Approved

Done

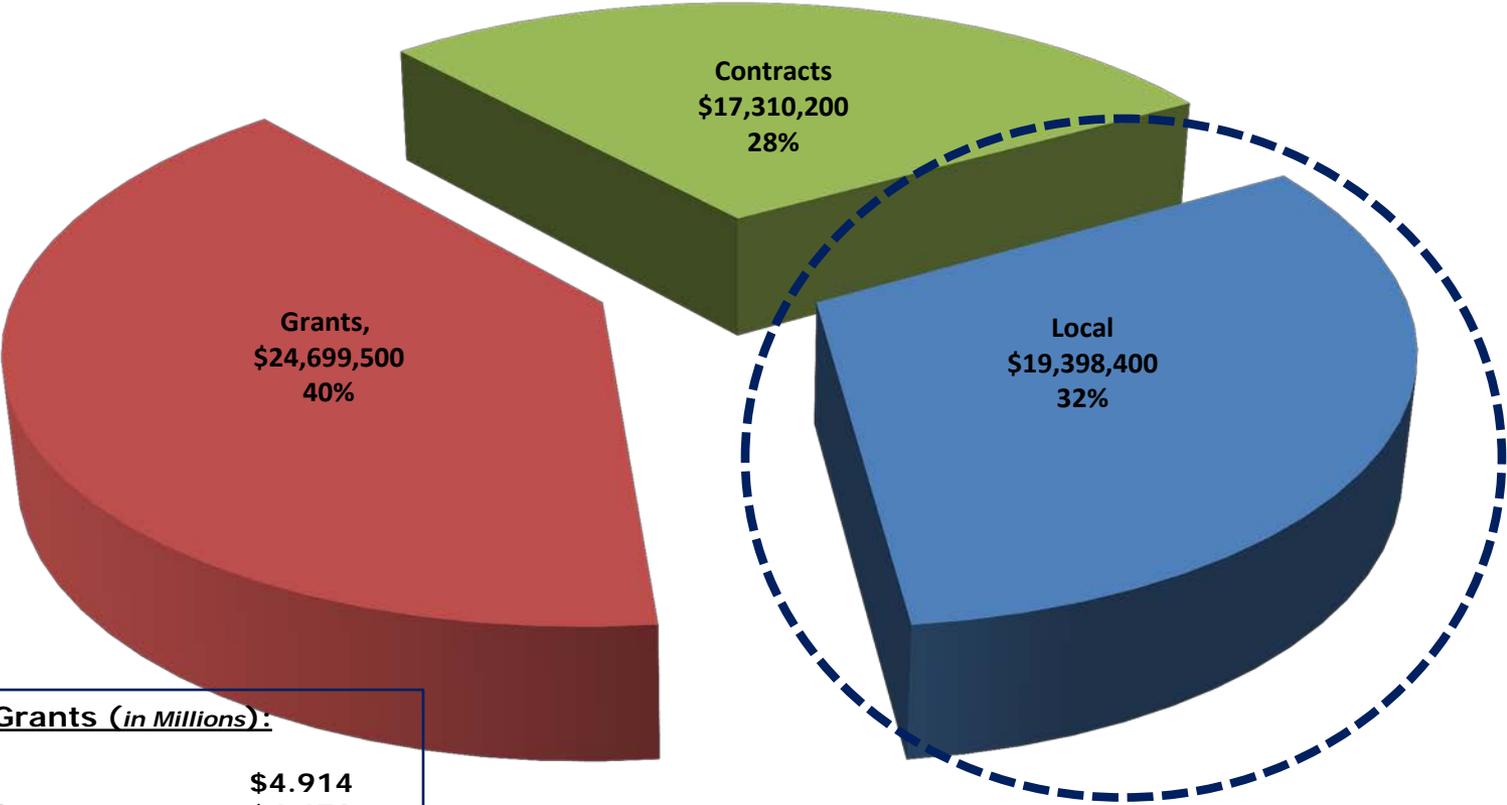
Pending

- Approval of:
- Metro Civil Service Commission AND
 - Metro Council

Public Investment Plans



MPHD 2016-17 Budget Base Three Funds

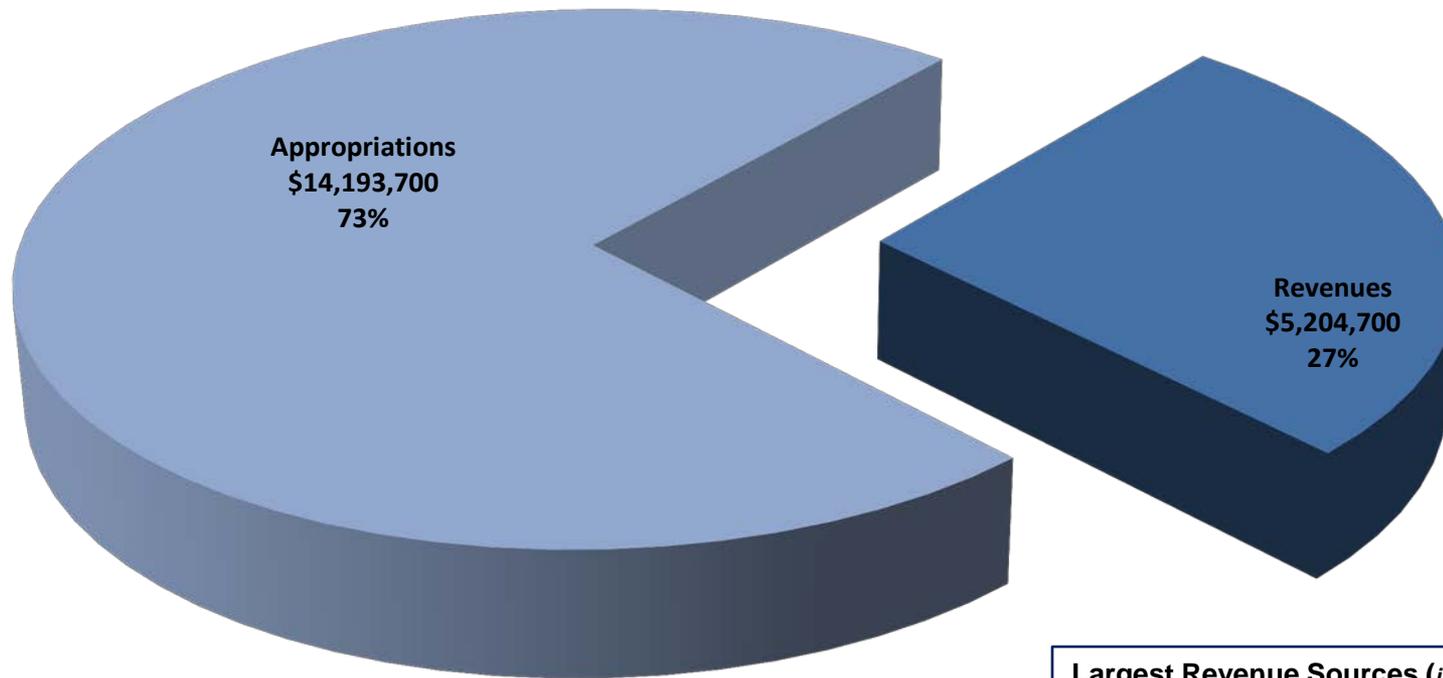


Largest Grants (in Millions):

WIC	\$4.914
Ryan White	\$4.470
School Health	\$4.215
TB Outpatient	\$1.531
Family Planning	\$.941
CSS Care Coord.	\$.728

MPHD 2016-17 Budget Base

Local Budget Funding = \$19.4M

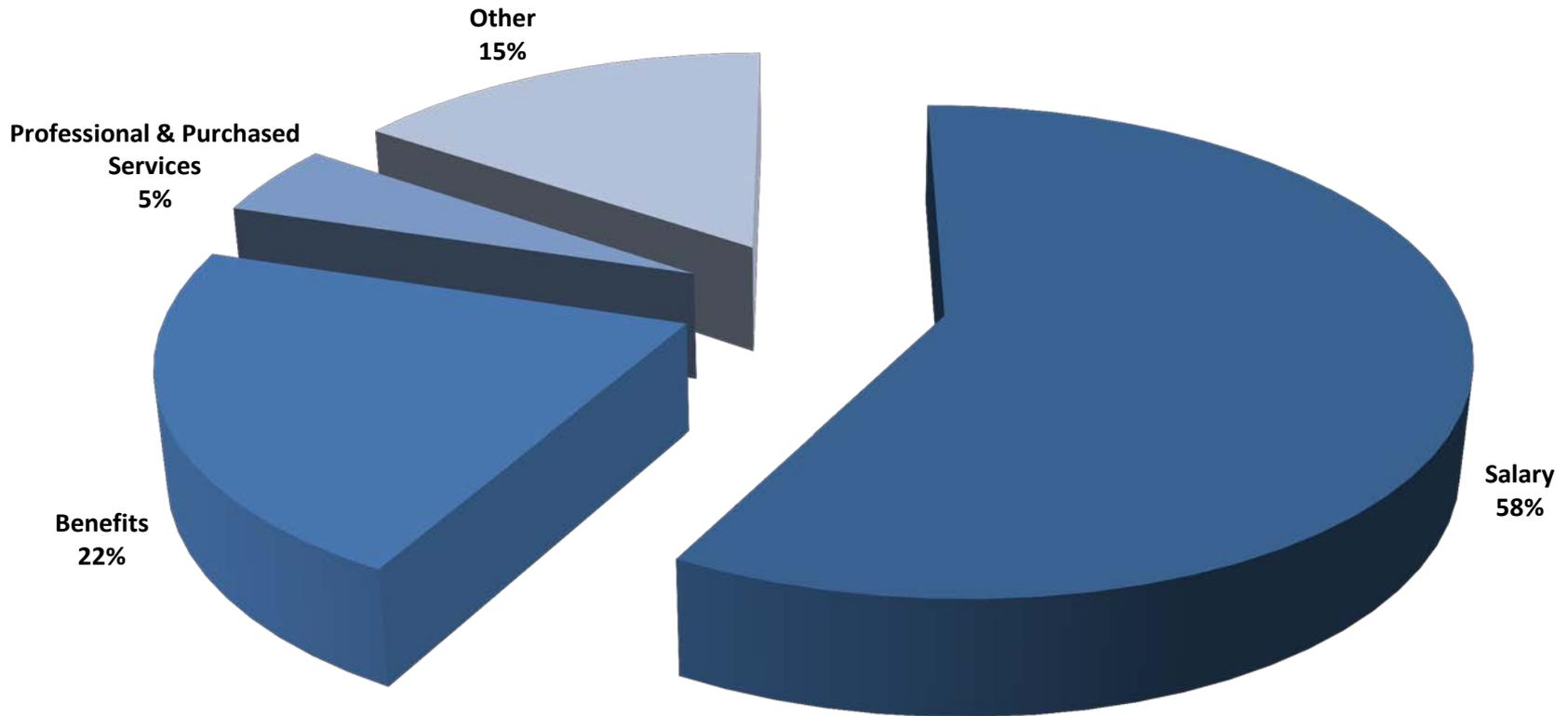


Largest Revenue Sources (in thousands):

Vehicle Emissions	\$1,900
Food Protection Services	\$ 923
Animal Control	\$ 596
Records Mgmt.	\$ 400

MPHD 2016-17 Budget Base

Local Budget Expenses = \$19.4M



MPHD 2016-17 Budget Requests

Three Categories:

- Keeping up with Nashville's Growth
- Children's Health / Clinical
- Miscellaneous Improvements

MPHD 2016-17 Budget Requests

Keeping up with Nashville's Growth

- Food Protective Services – 2 Restaurant Inspectors and 1 Clerk
- Public Facilities – 1 Inspector
- Community Health Planner

- Total: 5.0 FTEs
- Cost: \$285,500
- Projected Revenue: \$226,100

MPHD 2016-17 Budget Requests

Children's Health/Clinical

- Float Nurse
- ACEs Program Manager
- Part-time Audiologist

- Total: 2.5 FTEs
- Cost: \$208,000
- Projected Revenue: \$10,000

MPHD 2016-17 Budget Requests

Miscellaneous Improvements

- Metro Employee Flu Vaccine - \$40,000
- Private Stock Vaccine - \$80,000
- Family Planning Supplies - \$75,000
- Vital Records - \$400,300, inclusive of 1 FTE (Reflects State fee increase and is revenue neutral)

- Total: 1.0 FTE
- Cost: \$595,300
- Projected Revenue: \$480,300

MPHD 2016-17 Budget Requests

Totals:

- FTEs: 8.5
- \$1.1 M Expense Impact
- \$716 K Increased Revenue Impact

Net \$372 Increased Expense = 1.9% total General Funds / Local Budget

Budget Process: Next Steps

- Metro Finance and Mayor's Office will prepare Mayor's budget – submitted to Metro Council May 1st
- Metro Council will hold hearings with MPHD leadership to discuss our proposed budget
- Council can either adopt or change Mayor's budget



Director's Update to the Board of Health

April 2016

Improve and Sustain Family and Child Well-Being

Summit

The 7th Annual Healthy Nashville Summit is Friday, April 22 from 8-3 at Trevecca Community Church. For the "Building Healthy Brains" summit we've received 441 RSVPs for 450 slots. The keynote speaker is noted author and researcher Dr. David Williams, a professor of public health as well as African and African American Studies at Harvard.

Mayor Megan Barry is scheduled to speak between 2:30 and 3 p.m., and CDC Director Tom Frieden will provide a taped message. Metro 3 will cover the event. Sponsors include Healthy Nashville Leadership Council, HCA Foundation, Meharry Medical College, Metro Public Health, Our Kids, Monroe Harding, The Family Center, NAMI-Davidson County, Tennessee Voices for Children, & Tennessee Coalition to End Domestic & Sexual Abuse.

Promote and Support Healthier Living

Shaping the Healthy Community

"Shaping the Healthy Community: The Nashville Plan" has been published. There is a book release event here on April 13th (beginning at 4 p.m.) to which we have invited Mayor Barry. The book was published under the auspices of the Nashville Civic Design Center and is authored by Gary Gaston and Christine Kreyling, with the first chapter on Nashville's health by Dr. Paul. This has been a long time coming and we are pleased to see it released.

Create Healthier Community Environments

MACC Response to Dogfighting Operation

MACC staff were alerted at 6AM by police that they had searched a house on a drug warrant and found 21 dogs (11 adults, 10 puppies) that were obviously part of a dog fighting operation. MACC was called to take them, and many members of the MACC team played important roles in the response. All of the dogs, some with serious wounds, had to be processed, evaluated and treated before being settled into the shelter. And with the shelter already at capacity, a plan was put into motion to waive adoption fees to make space for the new arrivals, which as evidence in a potential criminal prosecution may be with us for a while. The adoption event began two days later, and the traffic of potential adopters was strong. These situations are not easy on anyone; but the MACC staff rose to the occasion with professionalism and compassion.

Prevent and Control Epidemics and Respond to Public Health Emergencies

Backyard Inspection Day

Health Department employees and community volunteers will hold Backyard Inspection Days in four neighborhoods this year to reduce mosquito breeding, and to educate communities on how to avoid

bites. We anticipate heightened interest because of publicity surrounding the Zika virus. This year's events will be on April 23 and April 30, consecutive Saturdays, from 9 a.m. until noon. The four neighborhoods were selected because each has had a history of high infestation. On the 23rd we'll be in Bellevue and Hermitage. On the 30th we'll be in Bordeaux and Glencliff. In addition to the inspections, community members are invited to participate in family activities at a central location in each area, where we offer snacks, drinks and education on how to reduce mosquito breeding and avoid bites.

Increase Access and Connection to Clinical Care

Sexual Assault

I've been asked to convene meetings on our hospitals' community response to sexual assault. Hospitals in Nashville currently send sexual assault victims to Nashville General Hospital for forensic examination and collection of evidence by trained nurses. While this guarantees the exams are done competently, it seems less than victim-centered. It could be a significant barrier for victims who have sought care at one hospital to be sent to another. We will be exploring options for hospitals to make qualified exams available on site for victims who present there.

Organizational Updates

Budget

First, on the standard operating budget: In order to keep up with the growing demand of a growing city, we requested:

- An increase of 3 FTE in food inspections, to be offset by projected increase in revenue
- 1 FTE for public facilities inspections, to be offset by a projected increase in revenue
- 1 FTE as a community health planner
(Subtotal: 5 FTEs costing \$285,500 with a revenue offset of \$226,100).

In the category of Children's Services, we requested:

- 1 FTE as a float nurse in the clinics
- .5 FTE for an audiologist
- 1 FTE for an ACEs program manager.
(Subtotal: 2.5 FTEs at a cost of \$208,000 with a revenue offset of \$10,000).

In miscellaneous improvements we requested:

- \$40,000 for flu vaccine (increased cost)
- \$80,000 for private stock vaccine (to purchase vaccine for which we now charge and collect payment)
- \$75,000 for family planning (increased cost of supplies)
- 1 FTE plus \$400,300 for vital Records
(Subtotal: 1 FTE at a cost \$595,300 with revenue offsets of \$480,300. The vital records request is based on a state fee increase and is revenue neutral)

Total Request: 8.5 FTEs. Expense impact \$1,088,800. Revenue impact \$716,400. Net overall improvement: \$372,400

PIPS

MPHD was the lead agency on three Public Investment Plans.

- 1) **School Nursing:** To expand the school nursing program over four years to include a nurse in every school. I presented along with Lisa Nistler, our director of school nursing, and Tony Majors of MNPS. We outlined a program that would grow from its current \$4 million to about \$12 million over the period and provide every MNPS school with a nurse on site.
- 2) **Mental Health:** To create an improved system to care for people with mental illness that does not default to incarceration. Mayor Barry requested this one and a large number of partners, including elected officials, Metro departments, and nonprofit organization leaders supported the process and the proposal. It would start with enhancements to the Mental Health Coop operation and Nashville General, and staff to support ongoing collaboration with MPHD in the convening/coordinating role.
- 3) **Food Systems Development:** To purchase a regional food system assessment and then institutionalize food as an issue within the Metro government. We presented along with the Nashville Farmer's Market and other interested parties.

There was a fourth PIP in which we were involved regarding animal welfare, for which the lead agency was General Services. The request of that PIP was mainly to increase community funding for spay/neuter and TNVR programs.

Mayor's State Of Metro Speech And Budget Presentation

Mayor Barry's inaugural State of Metro speech and budget presentation is scheduled for 11:30 a.m. on Friday, April 29th at the Ascend Amphitheater downtown. Board members are invited—let us know if you did not receive an invitation.

Mayor's Report

We submitted the Report to the Mayor you reviewed last month on Thursday, March 24.

Metro Animal Care and Control

Monthly Report

March 2016



METRO NASHVILLE
ANIMAL CARE & CONTROL

March 2016 Intakes

	Kitten	Adult Cat	Puppy	Adult Dog	Other	Wildlife	Total
Owner Surrender	6	35	42	134	0	0	217
Request for Humane Euthanasia	0	7	1	21	0	0	29
Stray	14	43	25	139	3	11	235
Total	20	85	68	294	3	11	481

Kitten/Puppy: 6 weeks old to 11 months old

Adult Cat/Dog: 1 year or older

Other: Includes Livestock, small animals

March 2015 to 2016 Intakes

	2015				2016			
	Cats	Dogs	Other	Total	Cats	Dogs	Other	Total
Owner Surrender	74	131	7	212	41	176	0	217
Request for Humane Euthanasia (Owner Surrender)	15	13	16	44	7	22	0	29
Stray	51	138	39	228	57	164	14	235
Total	140	282	62	484	105	362	14	481

Other: Includes Livestock, small animals and wildlife

March 2016 Outcomes*

	Kitten	Adult Cat	Puppy	Adult Dog	Other	Wildlife	Total
Adopted	2	37	30	105	2	0	176
Transferred to Rescue Agency	0	11	14	46	1	5	77
Returned to Owner	0	6	10	58	1	0	75
Community Cats Program	4	32	0	0	0	0	36
Humanely Euthanized	0	31	2	73	0	7	113
Total	6	117	56	282	4	12	477

Kitten/Puppy: 6 weeks old to 12 months old

Adult Cat/Dog: 1 year or older

Other: Includes Livestock, small animals and wildlife

March 2015 to 2016 Outcomes*

	2015				2016			
	Cats	Dogs	Other	Total	Cats	Dogs	Other	Total
Adopted	27	44	3	74	39	135	2	176
Transferred to Rescue Agency	22	67	3	92	11	60	6	77
Returned to Owner	2	55	0	57	6	68	1	75
Community Cat Program	0	0	0	0	36	0	0	36
Humanely Euthanized	68	92	33	193	31	75	7	113
Total	119	258	39	416	123	338	164	477

Other: Includes Livestock, small animals and wildlife

**Outcome Data will rarely match Intake Data due to the fluidity of the shelter census. Animals are constantly being moved through the "Animal Flow Through" process.*

Trailing 12- Month Averages

	Mar-16	Ending January 31, 2016	Ending February 29, 2016	Ending March 31, 2016
Intake Total	481	541	535	535
Stray	235	256	251	251
Owner Surrender	217	248	246	246
Owner Req. Euth	29	37	38	37
Adopted	176	166	172	181
Transfer	113	105	102	104
RTO	75	44	44	46
Euth Total	113	198	187	180
Euth %*	17%	26%	24%	23%

*Percentage does not include owner surrender for euthanasia or wildlife.