

Wilkes County Board of Health Meeting Minutes

April 20th, 2019

The Wilkes County Board of Health held a regular business meeting Monday, April 20th, at 5:30 p.m.; due to COVID-19 guidelines, this meeting was held by a conference call. Board of Health members in attendance were:

Mr. Carl Page
Ms. Susan Bachmeier
Dr. Joe Fesperman
Ms. Teana Compeau
Ms. Marcia Reynolds
Dr. Keaton Mash
Dr. Robbins Miller
Ms. Deborah Britton
Mr. David Gambill, Jr.
Dr. Gary Nash

Ms. Rachel Willard, Mr. Chad Shore, Ms. Nancy Moretz, & Ms. April Edwards were also in attendance. Prior to the April meeting, packets containing the materials to be discussed were mailed to each Wilkes County Board of Health member for review and sent via email.

Meeting Called to Order: Mr. Carl Page, Chair, called the meeting to order at 5:35 p.m.

Adoption of Agenda: Ms. Deborah Britton made the motion to adopt the **Agenda** for the Board of Health meeting for April 20th, 2020, the motion was seconded by Dr. Joe Fesperman, and unanimously approved.

Approval of Minutes for February 10th, 2020, Meeting: Ms. Teana Compeau made the motion to approve the Minutes from February 10th, 2020; the motion was seconded by Ms. Marcia Reynolds and unanimously approved pending correction of adding Dr. Mash & Ms. Marcia Reynolds to the attendance list and add Dr. Mash's induction into the Board of Health.

Old Business: None

Administrative Reports: Mr. Chad Shore

COVID-19 Update – As of today, we did have a positive case reported within the county; that test was done at the local hospital and we have been instructed that person is at home in self-isolation which brings our count to five cases. We have tested a total of 83 people as of this afternoon, we have three pending results, we have thirty-one state lab kits available to us, so we have 19 for the “general public” and we are holding back 12 of those in the event of an “outbreak”, we have 12 Sentinel kits and 12 LabCorp kits. Mr. Shore asked the board if the updates that have been provided are meeting their needs/expectations (we can't disclose names, etc.). Dr. Joe Fesperman wanted to applaud the Wilkes County Health Department for working so hard to run down contacts; that is very crucial to this process. (Q) What is the significance of the three different types of tests listed in the daily updates? Mr. Chad Shore stated that it is just to show where the test are being done; the Sentinel Kits are dual kits which can be used as a flu or COVID-19 swab. (Q) What is the turnaround time on kits? (A) These vary, but most of the time we are in the 2-3 day range. (Q) Are the people we are doing the testing on at the health department put on “self-isolation” pending results? (A) They are; they will come thru our tented area outside, get tested, and given instruction sheets about

what they need to do, symptoms, etc. (Q) How are we doing with our PPE? (A) We are doing fairly well, we are still getting some in each week; we are not at a critical level (good at this point). Ms. Rachel Willard stated that we were going through PPE a lot quicker, but changed our process for testing patients, so now we are only testing in the afternoons or around the same time frame, rather than using possibly 6 we would only use 2. The Health Foundation has collected and done their drives for the last 3 Saturdays and we have been able to get some things from them. (Q) Do you think you might be driving people away from being tested by limiting testing hours? (A) We haven't seen that to be a problem for anybody and if someone needed to come in at a different time, we would certainly do that; it seems to be more convenient for people to come in the afternoons. Dr. Joe Fesperman stated that it is great that the Health Department is participating with the state in the asymptomatic surveillance; that is going to be so important when that starts (we are ready when we get the notification). (Q) How many are you getting each week? (A) The goal is to get 10 a week and it's strictly for Health Department patients that are asymptomatic; the biggest concern now is that there is no guidance or clarity on how long this person should be isolated because everything is around those that are symptomatic and when their symptoms are resolved. (Q) When doing the contact tracing on the positive tests, are you coming up with a lot of contacts? (A) It depends on who the contact is, it varies, one time it was one person and then another there were 15-20, and now we having to go back 48 hours prior to symptoms with one case, but it did not change how many contacts the person had. We have been able to reach all our contacts and follow them and actually go past the state guidance and keep up with their monitoring and symptoms, even with other counties. (Q) Have any of them had symptoms or been tested...any of the contacts? (A) Yes, but none have tested positive. (Q) How long do you have to stay in touch with the contacts? (A) 14 days unless they came back positive, then it would be 7, but we are following up with them anywhere from 14-18 days depending on when we actually contacted them. (Q) Have we had the personnel to adequately handle the contacting? (A) We have; we have pulled some employees from other areas, but have been able to make our contacts within 4-5 hours. (Q) Dr. Joe Fesperman to Ms. Susan Bachmeier – would you feel comfortable with providing information about COVID-19 from the hospital's perspective? (A) To date, the hospital has had 5 positive patients, none of them required ICU, all of them have been discharged, one person under investigation currently, and one death. (Q) The patients that have been tested, were they showing the same type of symptoms. (A) Most had a cough, there was one from out of state that lost her smell and taste, 2 had GI symptoms, and all have had a fever. (Q) How do we put our data in context with the overall flow of this disease or is it even possible? Is there any modeling or projecting that says it's going to miss us and stay like this or in time we're going to see a wave? (A) Currently, we do not have "one" specific" for Wilkes County, the state has just moved over to how we might monitor the "Flu", so those type models are just now starting to rollout and we have just now launched the NC Detect portion of that which looks at ED rates and diagnostic codes; it's a little too early to answer that question. We are hearing that the "peak" is probably going to be early to mid-May and that's based off of hospital bed surge, not necessarily number of cases. The way that we have been looking at it from a public health standpoint is by the hospital surge. (Q) The "contact tracing" appears to be very time consuming, so if we were to have a surge and a need for that activity seems that volunteers would be very useful; is there any protocol for training to do that work possibly from home? (A) The state is looking to partner with BCBS to do hiring for this particular "workforce" to help health departments to do that work (85 of 100 health departments stated they would need help if cases were to increase in their counties). (Q) The tests that are "negative"; have any of the patients developed anymore symptoms or became "positive"? (A) We do not get "negative" test results unless we tested them ourselves, so by law, those results do not have to be reported to us, so it is difficult to fully answer that question. One of our cases was tested was negative, then in two days they tested positive. Mr. David Gambill, Jr. wanted to add that the Wilkes County Health Department have done a great job in keeping the board and commissioners up to date and if there was a need for anything, please do not hesitate to let the commissioners know. (Q) There was a concern about assisted living and nursing home facilities and how we are manning those? (A) We have been working diligently and Angie Rhodes and her Environmental Health team have done a phenomenal job to educate the long-term care facilities; they hold a weekly call every Tuesday with each other to walk through things and in Wilkes County, we had already developed visitor logs, staff taking temperatures and not "moonlighting" at other facilities, and Physical Therapist not treating at more than one facility, so we had that in place and Angie has been really good to work with each of them weekly if an issue comes up. We have also been working really closely with the jail/prison in the county and Tyson has been a great partner through this, so I feel we

have done a really good job through our “partnership” program; we have a weekly call and it has made our partnership even stronger with response and readiness.

Health Foundation: Ms. Rachel Willard – We did get our “Health Foundation Challenge Grant” of \$10,000.00; they did waive the “Letter Writing Campaign”; we could get that money now, but we have told them we would like to wait because we are going to have to carry money forward.

Office of Rural Health Grant: Ms. Rachel Willard – This funds our “Care Managers” for the Adult Health Clinic and we were awarded that grant for \$150,000, so we will now go back to year one of a three year grant cycle. This is a very competitive grant and this is our third round with the grant.

Annual Child Fatality Report: Ms. Rachel Willard – This is presented to the board every year and comes from a “closed meeting” and we do have various sectors of the population and services come and represent that and the team members are listed. We did have Dr. Ila Baughm who was the physician on the team retire after 25 years and now Dr. Julie Koch holds that position. This meeting is held every quarter and we did have all of those meetings, we reviewed 6 fatalities this past year; we were down a death compared to 2018, 4 of which occurred in infants, (1 extreme prematurity, 1 undetermined, & 2 related to birth defects, and 1 teenage death related to malignancy, and one case that has been carried over to this year due to litigation) One of the goals of this task force is to look for system issues and make recommendations to the appropriate representatives. We have worked really hard to increase our communication across sectors and agencies.

Departmental Updated: Mr. Chad Shore – We did hire a new nurse in the clinic that started April 6th, Kathy McClelland and is going through the orientation system and doing very well. Dr. Curl resigned his position and we are working diligently on that and expect to have a new Medical Director in place by the end of the week. (Q) What is the status on Diabetic Education? (A) We have had 2 interviews and working through the state process to see if they qualify, so we are making some progress; we are looking possibly at the middle of May to get that position filled. Registered Dieticians are very difficult to find.

Committee Reports: None

New Business:

FY 2020-2021 Budget – Ms. Nancy Moretz – This is our proposed budget for Fiscal Year 2021 which will begin in July, 2020 and our Total Revenue is \$4,563,437, we have received some increases with some of our state funded programs, Family Planning & Breast Feeding Peer Counseling received an increase, there was a slight decrease in WIC state funding, and we reduced our Medicaid Revenue in anticipation of Medicaid Transformation next year (expecting approximately a 20% decrease). This is in comparison to last year’s which was \$5,070,270. Ms. Rachel Willard stated that the way we budgeted Environmental Health is going to play a part in the budget as well because we have taken those fees out of Revenue and putting those in Expenses. Projected Expenses – Our General Total Expenses are \$2,040,425 and this is where we reduced our budget overall by approximately 14% at the request of the county; originally, we had budgeted some capital equipment and included was 2 cars and a new EMR system, so those items have been deleted (the County has informed us that we should not consider any capital equipment at this time). Program Expenses are budgeted at \$4,293,872, so our total projected expenses for Fiscal 2021 is \$6,334,297 and that leaves a total of County appropriations of \$1,770,860.

Environmental Health Fee Increase: Ms. Rachel Willard – Noted that the county did ask all departments to make reductions to all their budgets, not just the Health Department. We would like to adopt a fee of \$250 for a “Mobile Food Unit Plan Review”; we are not charging anything currently and this takes approximately three days for an Environmental Health Specialist to review those plans and approve them. (Q) This would actually be a new line item on our Fee Schedule? (A) Yes. Angie Rhodes did her county comparison and it ranged anywhere from \$100 to \$400 depending on the county and how many they do, so we decided on a fee that would be in the middle. (Q) What is the difference between a Food Stand and a Mobile Unit (A) Pending - We will have to get back to the board with the answer for that question.

Approval of FY 2020-2021 Budget and Environmental Health Fee Increase: Ms. Susan Bachmeier made the motion to adopt the **FY 2020-2021 Budget and Environmental Health Fee Increase**; the motion was seconded by Dr. Joe Fesperman, and unanimously approved.

Dr. Joe Fesperman asked Mr. David Gambill, Jr. (Commissioner) if he could speak to the Budget Cut Request. Mr. David Gambill, Jr. stated that they are projecting about a 30% sales tax loss & Covid-19, so they are looking at having to cut across the board. He did have a preview with Wilkes County Manager John Yates and Financial Manager Chris Huffman and this is how it's looking. They are expecting a difficult budgets this year and next, but if we are not impacted as anticipated, we will be able to give back.

Public Concerns: None

Next Meeting Date: The next board of health meeting will be on June 8th, 2020, at 5:30 p.m. and we may have to conference again depending on where we are with COVID-19.

Adjournment: Mr. David Gambill, Jr. made the motion to adjourn the meeting; the motion was seconded by Ms. Marcia Reynolds; all members approved unanimously. The meeting was adjourned at 7:00 pm.

Minutes respectively submitted by,

April Edwards, Administrative Assistant
Secretary to Board of Health

Dr. Carl Page, Chair