

Wilkes County Board of Health Meeting Minutes

October 12th, 2020

The Wilkes County Board of Health held a regular business meeting Monday, October 12th, at 5:30 p.m. through a conference call & optional site attendance at the Wilkes County Agricultural Center due to COVID-19. Board of Health members in attendance were:

Mr. Carl Page (Conference)
Ms. Teana Compeau (Conference)
Ms. Deborah Britton
Dr. Robbins Miller
Ms. Susan Bachmeier
Dr. Gary Nash
Ms. Marcia Reynolds
Dr. Keaton Mash
Ms. Adina Watkins

Ms. Rachel Willard, Mr. Chad Shore, Ms. April Edwards & Mr. Jared Belk were also in attendance. Prior to the October 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: Ms. Susan Bachmeier, called the meeting to order at 5:30 p.m.

Adoption of Agenda: Dr. Robbins Miller made the motion to adopt the amended **Agenda** for the Board of Health meeting for October 12th, 2020; the motion was seconded by Dr. Keaton Mash; unanimously approved.

Approval of Minutes for June 8th, 2020 Meeting: Ms. Deborah Britton made the motion to approve the **Minutes** from August 10th, 2020; the motion was seconded by Dr. Gary Nash and unanimously approved.

****Ms. Adina Watkins was sworn in by Ms. April Edwards to be a member of the Board of Health.**

Old Business: Covid-19 Fee

****Ms. Deborah Britton – Are patients who are “self-pay” not charged a fee for COVID-19 testing? Ms. Rachel Willard responded that “right now we are not charging any insurance period because we are getting “federal dollars” to cover that; eventually, we will have to charge those with insurance, but we do not know when that will start.**

****Ms. Deborah Britton – Is there anything else that is handled that way for “self-pay” people are not charged for a service that those who are insured are charged? Ms. Rachel Willard stated that sometimes with flu shots, we will get a certain amount from the hospital and those are free until we run out then we would charge those patients.**

Ms. Rachel Willard stated that in regards to the COVID-19 Fee, we need to put this fee on our schedule so we can “cost settle” Medicaid at the end of the year when that comes up.

Committee Reports:

Ms. Rachel Willard stated that at the last BOH meeting we unofficially approved Dr. Sarah Miller-Wyatt to join the BOH to replace Dr. Robbins Miller who will be rotating off at the end of the year. Dr. Sarah Miller-Wyatt has

submitted her application form to the county, so we now need a “formal recommendation” for her to join the BOH when Dr. Robbins Miller rotates off.

Recommendation for Dr. Sarah Miller-Wyatt: Ms. Susan Bachmeier made the motion to accept the recommendation for Dr. Sarah Miller-Wyatt; the motion was seconded by Mr. Carl Page; unanimously approved.

New Business:

Annual Board of Health Training – Ms. Rachel Willard

Ms. Rachel Willard reviewed a PowerPoint on the Roles & Responsibilities of Board of Health Related to NCLHDA. The whole reason we do this is to verify the ability of local health departments to fulfill the 10 essential services of public health. The focus of North Carolina’s Local Health Department Accreditation (NCLHDA) is on the capacity of the local health department to perform at a prescribed, basic level of quality the three core functions of assessment, assurance and policy development and the ten essential services. It is linked and guided by state statute and administrative code as well as existing contractual and program monitoring requirements from DPH. At its core, it is informed and tied to the essential services of public health and current public health practice. There are 27 activities directly categorized under Governance, but also a number that are health department responsibilities, but involve the board to accomplish. *Health Director may serve, or be directed by the Board to serve, as the designee for the BOH for correspondence. There MUST be some sort of link between the Board and Health Director demonstrating that the Board was updated and thus involved and engaged in the activity. The Board role has five types of involvement. One, though the LHD may do the majority of the “work,” the Board must ensure that they have required policies, procedures and materials. Second, the Board must hear and review certain LHD reports that the Board should be aware of and knowledgeable of. Third, the Board must DISCUSS certain things such as service costs and the ongoing need for new or amended rules and ordinances. The accreditation language is very clear in these specific requirements that the Board must take an active stance and not only review and hear certain things from the LHD, but that they must discuss as a group and that discussion must be recorded in Board meeting minutes. Fourth, the Board must approve things like fees, budgets and Health Director Personnel components. Lastly, the Board must take other action or be involved in advocacy or communication efforts to ensure the health department has what it needs to ensure the ten essential services of public health. The Board must review financial reports, discuss service costs and approve agency fees and final annual budget. The Board must also advocate with a number of different funders to secure financial resources so that the health department can do its job. The Board must: Ensure input on community health improvement efforts. Hear reports on community health. Support partnership and coordination of resources. Educate and advocate with community leaders about community health issues and support for these issues. The Board has a number of responsibilities related to the Health Director and staffing. The Board must assess the Health Director position by reviewing the Health Director job description and performance evaluation, with sign-off on both. If the LHD has a current Health Director vacancy or has had a vacancy since the last site visit, the Board must demonstrate that they made plans and took effort to determine what the LHD needed as a leader as well as what credentials/qualifications the new Health Director had to have and that they recruited and hired accordingly. To ensure a competent and effective Board, there are a number of accreditation requirements regarding basic Board functions. First, new BOH members must undergo initial training within their first year of appointment, and all Board members must undergo continuing education training according to the agency schedule (at least once since last site visit). Both of these trainings must be related to the roles and responsibilities of Boards of Health. Additionally, the Board must have Operating Procedures (not By-laws), an annually updated handbook and a policy/procedure for Board training. The Board must have access to legal counsel and statutes, policies for rulemaking and appeals and demonstrate it is following said policies. Also, with the Local Health Director, evaluate the need for additional or amended rules and ordinances, and support the prohibition of tobacco within 50 feet⁶ of all Local health

Department facilities. As a Board Member you should attend meetings regularly, document your activities regarding community health and contribute to discussion during the meetings.

** Dr. Fesperman asked: What are the 10 essential services? Ms. Rachel Willard provided those services which are there are 3 core functions which are “Assurance, Acceptance, & Accuracy”:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

Core Services: Environmental Health, STD Clinic, Family Planning Clinic, Immunizations, & TB

Administrative Reports:

FY 2019-2020 Annual Report: Mr. Jared Belk – We have been dealing with COVID since the beginning of the year and it has had some effect on some of our programs. In the earlier part of the year, we were challenged with providing flu tests and flu vaccines, but also having to do COVID testing with that. We have had numerous community sites where we’ve done test/mass testing, and we continue to do testing every day. We are currently averaging about 40 people a day coming thru our testing center. Also, in the background, working with preparedness and trying to look at our plans and looking at when a vaccine is available, that we will be able to “mass vaccinate” when the time comes. Environmental Health is currently about 6 week’s behinds and through all of this, their number of septic permits have increased/Restaurant inspections are about the same. Chronic Disease Prevention and some of the programs we offer, we have had to some changing. We are looking at some of our programs and getting those back up and going; we did finish a cohort back in November which included 2 families that did complete our Brenner FIT Program. The Brenner FIT Program that we started at the Lincoln Heights location had about 16 families when we started, but after suspending the class due to COVID, only 8 families came back. We did continue with our “Market Bucks” program which we did have to revise the sites and we are able to continue that program. “How we served the community” numbers did not change too much. Our “SuperSNAP” Program has grown and 12 of our families did apply for this service.

**Dr. Joe Fesperman – *We have talked about the difficulty of follow-up for the second Hepatitis A vaccine; as part of the COVID-19 vaccine planning, have you begun to think about structure and being sure you get those people back in or reach out for that second vaccine and they start doing the children’s 2, 4, 6 month’s vaccines because adults and getting people back in for vaccines is very difficult; is that situation a part of your planning?* Mr. Jared Belk answered with “we are still planning to see exactly if it is going to be a one step or a two-step vaccine. Ms. Rachel Willard also responded with her concern is that “Pfizer” is making the one-two dose and “Merck” is making the one dose; you will not be able to go from one maker to another and the state is working on that. We are working internally to start our “just in time” training; we have purchased more “sharps” and tried to do as much preplanning as we can. We have a meeting this week to sign-up because we are hopeful to get some vaccine in November and Local Health Departments will get those first if any do come, so we want to make sure we are registered and ready. Jared and Brandon are working with our Communicable Disease Nurse very diligently to have the best plan we can. Dr. Joe Fesperman also stated concern for how the staff is holding up during this pandemic under all the stress and Ms. Rachel Willard stated there has been turnover with people taking jobs to work from home and the staff is tired.

Dr. Joe Fesperman also asked if there was anything the health department needs or that the BOH could do to help? Ms. Susan Bachmeier asked is there an opportunity entice the retirement workforce to come and help for a temporary time to help give the staff some relief? If someone was remote enough, they may feel okay about assisting for a set time because there must be a lot of talent around that could really be of help. Ms. Rachel Willard stated that we had explored that option, especially on the nurse front and we have not have very much interest and if you're not in the "daily grind" of everything, it is really difficult to rotate others into that and we are very much supporting staff to take time when they feel they are "maxed" out. Mr. Carl Page asked if there is anything where we are capturing the COVID testing and activities associated with COVID-19. Ms. Rachel Willard stated that we are and we can follow up with that information; we were planning on including that info in the Annual CD Report, but we can communicate that out to the board. Mr. Carl Page also asked about the grants that we have currently in place; based on all of the testing, all that's going on with COVID, is it possible that we will not be able to meet all the goals associated with those grants and are we in jeopardy with those grants or are they offering relief in regards to COVID as to not meeting certain goals with those grants? Ms. Rachel Willard responded with "right now know specifically with our Office of Rural Health and our FQHC, some of those deliverables have been waived while we still more than understand we are not going to meet them, but we have worked with both of those funders to adapt and our Health Foundation Grant are working with us, either to extend it or modify it, send the money back, whatever we choose to do, so currently, I do not feel we are in jeopardy for another year. I do think at some point, we will have to get back to delivering on those deliverables, but we are not there yet. Dr. Joe Fesperman stated he saw no TB patients in the Annual Report which was confirmed that we had no TB patients.

Departmental Updates: We do have our "Antigen Testing" machine and we have our COLA inspection at the end of this month, so we want to get through our COLA inspection before we roll that out because we don't necessarily have all our policies up to date in order to have that approved. We have three machines and are planning on rolling those out in November, so we are planning on putting one of those on our "sprinter van" which should be delivered in November with a key goal to go out into the community and do "rapid testing" quickly if there is a cluster or a population at risk that we need to test. We did one set aside for the school system; the school guidance just updated last week to say that an antigen test that is negative would not suffice to have that child to go to school that day, so that will have to be re-evaluated, however, we will be able to capture positive's and provide that testing to the schools that want that testing. One of the machines will stay at the Health Department specifically just for our patients so we can screen them and get them through the doors. We are going live with CureMD on December 16th and we start training Wednesday, October 14th, so hopefully, we will have everything ready and have all of our data from Patagonia which will be the biggest holdup down and over and we will be able to go live December 16th, so what we'll do is probably have a "blackout" period of about two weeks where we reduce our patient load and then when we go live we will reduce our patient load to ensure that we have everything ready and we can handle the system. We anticipate being back up to full speed on January 1st, 2021. We did have to separate with a provider, so we are currently looking for one right now, we felt like it was in the best interest and Dr. Stopyra agreed. We have had a few resignations to go do "remote" work from "COVID-19 Fatigue" and we've already talked a lot about how Environmental Health is behind, so we took that opportunity to take one of our positions and reallocate that position to EH, so now EH is now looking for an "Onsite Inspector" to help with the wells and septic's and we are going to cross train them to do some other "food and lodging" type activities. We are out to a six week waiting period for wells and septic's and we have not seen numbers like this since 2008 and we are down to three inspectors. We did hit 100% compliance with our "Food & Lodging" inspections with this quarter which was a huge accomplishment. WIC participation is also up to 116% which is awesome because we were down back in April down at 92%; our new Nutrition Director is doing a great job and this has really increased our numbers. Wake Forest Baptist Medical Center's Medical Director technically has got the grant, but we will be working with the hospital & EMS to deliver "Telehealth" cardiovascular visits. We would be doing "point of care" testing for that patient when EMS brings them to the Health Department; the goal is to keep that patient from going to the "ED" and trying to reduce that cardiovascular risk long term as well. That would not only help us keep patients out of the "ED", but also increase patient volume at the Health Department as well. The hospital has merged with Atrium, so I have sent an email to "Chad Brown" to discuss what that means for us locally around patient assistance, contracts, grants, etc.

****Dr. Joe Fesperman –** It was advertised in the local paper that Tyson was talking about opening a facility for their employees. Is that going to adversely affect patient numbers and/or is it a possible chance to provide some of the health department's services, specifically the Diabetic Education services to work with Tyson to get our people to work in their facility? Ms. Rachel Willard stated that the way the service was described to us is that it is going to be more of an "Urgent Care" type clinical service, then they're going to do all of the chronic disease management health counseling is going to be their focus. It doesn't appear that we will be working with them; Marathon Health will be providing these services. We do not feel it is going to take away from our primary care.

COVID-19 Updates-Mr. Chad Shore: There have been 1,455 positives in Wilkes County since the pandemic started. As of this afternoon, our positivity rate is 15% which is high, overall, there are about 8.6% and that's up about 5.9%. We have tested 1,999 individuals, have around 41 pending results and those come back within 2-3 days. Our testing numbers have doubled in the last month and it is fairly consistent. We are still trying to do appointments and we also have people who drive up. It does take a little extra time to get those through the line because of the paperwork and test kits are not ready and labeled. We have become very efficient in our process; in about 15-20 minutes, we are pushing those through. We begin testing at 2 p.m.; they start lining up from 12:30 till testing time. We do have 2 current outbreaks and 3 clusters. The facilities we are working with are Westwood Hills and Accordias. We still have the cluster at North Wilkes High School and we are still working with them. We trying to build awareness; we have added some billboards, done radio interviews, but we restaurants are being a challenge to educate, but those are being handled by Environmental Health. We are getting bumper stickers with the 3 "W's" to encourage "mask use". We do receive several calls about not wearing masks which we can only report to local law enforcement.

****Ms. Deborah Britton –** *Congratulated the Health Department for all they have accomplished during these difficult and challenging times, but also wanted to address the issue of mask wearing within other county offices is very "cavalier". I have been informed that the Directors of some departments are very "cavalier" to the extent that there was a "state training" on zoom where everyone was brought to one room to do the training and some of the employees were objecting due in compliance of mask wearing orders, so those employees were put in a smaller room with their mask, so it has occurred that as the Board of Health of the Health Department that we might be another "voice" to be heard in promoting a common sense and good public health. I feel maybe a "Letter to the Editor" from the Board of Health" might help by explaining all the right reasons for complying with "Safety Suggestions" in regards to the 3 "W's". If the board would be in favor of this action, I would be glad to craft this letter. Also, maybe prepare a packet to deliver to local businesses encouraging them to follow the safety suggestions for their sake as well as their employees. Ms. Susan Bachmeier supported and shared the same idea and was willing to assist; she feels that as a board, it is our best interest to find some way to engage with the public and educate. We need to engage with the public and give them more encouragement about wearing their masks and sanitizing their hands because we are also now getting into the flu season. All board members were in agreement. Ms. Susan Bachmeier also asked about the town ordinances that are currently in place. Ms. Rachel Willard stated they had been either in line with the state or stricter than the state; she would verify that information and send it to the board. Mr. Joe Fesperman stated he was disappointed about the county office situation and would like more information from Mr. David Gambill, Jr., who is the Commissioner Representative on the BOH on how strongly the Commissioner's stand is on mask enforcement. Ms. Rachel Willard stated that each department is handling mask enforcement differently.*

FQHC – Ms. Rachel Willard: We have spent almost all of our Federal COVID Funds and one of the main ways we spent that is we purchased a new MESH unit. We signed our contract about two weeks ago, we went through our proper procurement policies and we took that to the FQHC Board to approve and they did, so we will have a new MESH unit in about 200 days and the old one will go to the Sheriff's Department. We also used those funds for testing, PPE, cleaning supplies, disinfectant.

HRSA – Ms. Rachel Willard: We did have a HRSA site visit scheduled for September, but we got a call, we did not qualify for a "virtual site" site visit so we will have a site visit with the Federal Government next year sometime which is to be determined.

Non-Competing Continuation Submission Grant – Ms. Rachel Willard: This is due in November and is where we update our budget for the next year and provide updates on our “Quality Improvement Measures”.

Public Concerns: None

Next Meeting Date: The next board of health meeting will be on December 14th, 2020, at 5:30 p.m. Wilkes County Agricultural Center conference room pending COVID-19.

Adjournment: Dr. Joe Fesperman made the motion to adjourn the meeting; the motion was seconded by Dr. Gary Nash; all members approved unanimously. The meeting was adjourned at 6:55 pm.

Minutes respectively submitted by,

April Edwards, Administrative Assistant
Secretary to Board of Health

Ms. Susan Bachmeier, Vice Chair