

## Wilkes County Board of Health Meeting Minutes

December 14<sup>th</sup>, 2020

The Wilkes County Board of Health held a regular business meeting Monday, December 14<sup>th</sup>, at 5:30 p.m. through a conference call due to COVID-19. Board of Health members in attendance were:

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

Ms. Rachel Willard, Mr. Chad Shore, Ms. April Edwards, Mr. Jared Belk, & Deana Billings 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** : Mr. Carl Page, called the meeting to order at 5:30 p.m.

\*\*Ms. Rachel Willard recognized Dr. Robbins Miller for his 9 years of service to the Board of Health and for his many contributions as a Board Member.

**Adoption of A genda** : Ms. Susan Bachmeier made the motion to adopt the amended **Agenda** for the Board of Health meeting for December 14<sup>th</sup>, 2020; the motion was seconded by Dr. Joe Fesperman; unanimously approved.

**Approval of Minutes for October 12<sup>th</sup>, 2020 Meeting** : Ms. Deborah Britton made the motion to approve the **Minutes** from October 12<sup>th</sup>, 2020; the motion was seconded by Ms. Teana Compeau and unanimously approved.

**Old Business**: None

**Administrative Reports**:

**Wilkes Public Health Dental Clinic Update: Ms. Deana Billings**

The Wilkes Public Health Dental Clinic operates as one unit but for budget and reporting purposes has divided the operations into three groups: The Fixed Site, The Mobile Clinic, and Duke Grant/School Based Program. However, our budget includes a 4<sup>th</sup> component, Fundraising. **Impact of COVID-19** - When COVID hit the general public and guidelines started to be developed, the dental clinic was already scheduled to be closed March 18-20 for a regional dental meeting that was cancelled. However, we remained closed that week. I then consulted with the dentists on staff to determine their wishes in continuing to provide dental

care. They felt that it was critical to keep individuals out of the Emergency Departments and Urgent Cares due to dental pain which these facilities have little resources to resolve. In addition, this would expose more individuals to COVID positive individuals and would add additional strain on the medical personnel. Therefore, we opened back up on March 23<sup>rd</sup> to provide emergency care and/or urgent dental procedures only. We continued this until the end of May. On June 1<sup>st</sup>, we starting operation with a normal schedule except the length of time for the appointments. More time was incorporated between patients. Fortunately for us, most of the recommendations that were given for dentistry we were already doing. There was only a couple of things that we added. Of course, COVID screening, limited individuals in the waiting area, and requiring staff to wear face shields. Some of the other recommendations had already been recommendations in our standard of care guidelines, but became requirements. We continue to do COVID screenings for both patients, individuals with the patients and our staff daily. We have battled a difficult schedule from more people calling than chairs to treat them in to half day schedules due to isolation orders. However, we have tried to be very strict on who is allowed to come to the appointments. We have managed to keep our production fairly steady since July. For the Mobile Clinic, we were shut down in the spring which left the Central District schools with no services for school year 2018-19. Therefore, we started the first of September in the Central District. We have finished most of the children in the Central and East Districts. We are starting with the North District. However, our concern this year is that the children fall into one of two groups, either just needing their check up and cleaning or having a mouth full of cavities. We feel that COVID and neglect are the contributing factors. The WDC Board has asked our public health dental hygienists to provide fluoride varnish to all children who request it in the 4 most-needy schools starting in January. We will be working with April Marr on this project. We have not been able to implement any services through the Duke Endowment School Based Portable program. **Staffing** - The staffing presently includes: 4 general dentists, 1 part-time dentist, 2 public health dental hygienists (one of which is the Assistant Director and Mobile Clinic Manager), one registered dental hygienist who is are working on her public health designation, and 8 certified dental assistants. We are also using a part-time certified dental assistant as a receptionist, interpreter, and clinical assistant. Administratively, we have 2 receptionists, 1 interpreter, Office Manager, and a part-time administrative assistant. We are currently looking to fill one dental assistant position. Two of our current dentists have a contract that ends this summer so we are working on recruitment and looking to interview for those positions. One of our Board members who has retired from his dental practice in Florida is our part-time dentist. He has extensive training in Oral Surgery and is helping with these cases. He is also serving as a mentor for our young docs which will be very helpful. **Summary of Patient Numbers** - For fiscal year 2019-2020, the Fixed Site treated patients starting at age 1 through age 96 for a total of 4,509 patients treated. The Mobile Clinic treated patients starting at age 1 through age 92 for a total of 793 patients for a total of 5,302. This number is down slightly from last year which I am sure is related to COVID-19. The percentage of children is 57.2% to adults at 42.8%. Our goal is for the percentage to be 65% children to 35% adults. But we have found a huge need among the 65 and older population that are on limited incomes. So changing this ratio is hard. **We currently have 19,926 active patients listed in our system. The total number of patients we have served since April 2000 is 21,543.** **Financial Status** - The largest percentages of our revenues, 71% come from Medicaid and NC Health Choice. Self-pay is 20% and private insurance is 9%. This is why our relationship with the county and the Health Department is so important because the amount of Medicaid that is billed through the HD. Our financial status is improving due to the compensation of the dentists being tied to production. Having 4 excellent dentists this year has really improved our financial position. However, this revenue helps with covering operational expenses but does not provide the extra income we need to cover large purchases of equipment when we have an item become non-functional. The Cost Settlement

continues to be important in meeting our operational cost especially if we have to replace a piece of equipment. The revenues have not increased to the point that they completely cover the expenses without the Cost Settlement. This is a concern knowing that eventually this extra revenue will go away. We are finishing our fundraiser for this calendar year. This year the fundraiser had to be a letter writing campaign instead of an event. The Health Foundation provided us with \$10,000 and we have raised about \$30,000. This is being used to purchase the most critical equipment that is needed to continue operations. We are working on grants that can assist us with the more expensive equipment needs. **General Information** - We continue to hold an emergency clinic for extractions on most Thursday morning each week. This is to reduce the number of ED visits and patients seeking narcotics for pain. We average about 5 to 6 patients. We ask for individuals to call ahead of time right now due to the COVID uncertainty. We are beginning a program in January with Wilkes Recovery Revolution to provide dental care to their clients. We are excited for this partnership.

Our number one need and the most serious ongoing issue the WPHDC faces is recruitment of dentists who are a good fit for our patient population. They cannot just want to work in public health, but they must have an understanding of the small community issues and how to work with these individuals. They are critical to continuing care in rural North Carolina.

### **WCHD Strategic Plan 2020-2021: - Ms. Jared Belk**

In the beginning, after COVID hit, everything really came to a stand-still, so we have been able to look at most of the services we provide and still try to meet our population, we had to do some modifications. When we look at **Mental Health & Substance Abuse** - MESH stopped going out to the schools in March when the schools closed, so since then, we have been able to offer "Telehealth" visits so school staff are still monitoring students and making referrals for those who may need mental health counseling through "Telehealth". In February, before COVID really took over everything, the Community Health Services & the Health Department were able to complete a "resiliency training". We had about 15-20 people who were trained. **Obesity & Chronic Disease** - we were able to start back our Prevent Type II Diabetes Program within the last month; it had been put on hold due to COVID. We were also able to finish up our "Brenner FIT" cohort within the last month; we had 5-6 families that completed that cohort. **WIC Participation Increase** - in our Strategic Plan we had wanted to increase it to 95%; however, since September of this year, we have been able to increase it to 115%, which is a wonderful accomplishment. Mr. Drew Hilton, Nutritionist, started seeing patients in August and has been working very diligently to increase caseloads. When it came to our Market Vouchers and COVID, we had to take a step back and figure out how we were going to distribute these and meet the needs of our community. We increased our "distribution sites"; we picked up the Health Department and Traphill Elementary School and the remainder of the schools who were already involved continued, but they did it on a modified basis. We had approximately 3,000 Market Vouchers that were redeemed this past season; overall transactions and sales, with Market Bucks, our increase from last year to this year was up almost 10%, so we went from last year at 22% through "Wilkes Fresh" to about 32%. In Traphill, they did a total of 89 new transactions, which was great for a new site and through those transactions, they had over \$860.00 worth of fresh fruit and produce sold.

**Workforce Development** - We are training staff as appropriately as we can, a lot of it is contingent on COVID and things that have had to be rescheduled; we are modifying as we need to. Also, looking at our overall facility improvements, we have updated our key card security system, we have removed carpet from the Environment Health office and made it a safer environment by putting a counter in the customer entrance and this is safer for those who are

working over there. We have also gotten three new vehicles this year and this has come from COVID Funds; we had been trying to get some of our vehicles replaced for a while, so we have finally been able to accomplish that. We are working specifically on adding a section to our “Strategic Plan” for COVID, by including “Testing Case Investigation”, “Contact Tracing”, “Vaccinations”, & also Education/Community education.

### **Department Update - Ms. Rachel Willard**

As we had announced, we switched to another EMR called CureMD and we were supposed to go live this week; however, giving everything with COVID and some migration issues with Patagonia who have been very difficult to work with; we have pushed that to January 11<sup>th</sup> and that’s our new “go live” date. We are having a CureMD representative come onsite this Thursday and we are hoping to finish up everything on the clinical template piece. We are realizing that we have a long way to go; the team has worked really hard to make sure we are where we need to be so we can finalize the next steps this week, then move forward with our staff training and be ready for the “go live” date January 11<sup>th</sup>, 2021. We did hire a new provider, Brandon Ward who had worked with us before and came back. We did lose our Breast Feeding Peer Counselor which was a part-time position to a full time position at the hospital and we lost Chad Gambill, from Environmental Health/Food & Lodging Program Specialist who is going to the state to take a Regional Position. Chad is a considerable loss because he could do everything in Environmental Health and we are already at a 6 week turnaround time and we haven’t seen numbers in Environmental Health this high since 2008 and we’re even exceeding those numbers. We did reallocate a position from located at the Health Department to Environmental Health, but it is still proving to get someone hired and we are really struggling with our turnaround time right now. We have been working very hard to wrap things up for 2020; Dr. Stopyra and his team from Baptist came and did a “provider” training for all of our providers on our new Telemedicine Grant which we will be doing with EMS last week. We are trying to do everything we can to improve the health of the community in a new way.

**Medicaid Transformation** : We are actively working hard to make sure we are ready for the “go live” date of July 1, 2021. The general beneficiary enrollment starts in January; it’s still unclear if there will be someone “in house” at DSS to help enroll or if everything will be online (the state still has not clarified this). We will be ready by the “go live” date.

**FQHC:** We did announce in August or October that our “Site Visit” had been postponed due to COVID; they have moved all site visits to “virtual” and we have been notified that our visit will be the last week of April or the first week of May. We will be doing everything virtual so there will be no onsite piece, it will still take the same three days as it always has, it will just be more teleconferencing thru WebEx, and uploading all of our documents through a portal, but we will be ready. We did submit our NCC Grant in November and that is basically our annual progress report to talk about challenges and successes, revenue numbers for the government, etc.

### **COVID-19 Update: Chad Shore**

Our total positives for the county since March is 3,230 confirmed cases in the county, we have tested 3,370 individuals at the health department, we tested 53 today, which was above our average (we are running about 45-50 test daily). We have moved our testing time to the mornings at 10:00 a.m. instead of the afternoons just to give our teams more time to get information entered into the state system. Currently, we have 77 test results pending and the testing is not slowing down. At this point, we have five outbreaks in the county (nursing facilities) and five clusters that are still active. Currently, overall, we are at 8.7% as a county and for today, we are at 6%. Ms. Rachel Willard stated that we are “drowning”, tired, stressed,

maxed out, but we are managing and anytime anyone is asked to do something, we still get it done. Ms. Willard stated she had asked Wilkes County Manager, John Yates, for some assistance from other departments to help with case investigations and we were over at the Sheriff's office in our EOC on Tuesdays, Wednesdays, & Friday mornings and we have help from about five other areas in the county and they come over and help "case investigate" which is a huge help. It does take some off of our team and helps us to get caught up over the weekend, so that our staff are not so overwhelmed. Our call volume on a daily basis is about 2,000 calls a day and we have about three people answering the phones. Currently, everything is routed through our switchboard and what we are going to do is create two different "call groups"; tomorrow, we are going to redo our recording and menu options, so starting Wednesday we'll have an option to schedule a COVID Test, COVID questions, and then additional options will follow. We are hoping this will help, but it's a real challenge because while you are listening to one message, many more are already in the Que. We need more staff, but we literally have anywhere to put them. We did report our 66<sup>th</sup> death today; we reported 11 deaths in the last 7 days, which is a really striking number; I anticipate, as we move forward into the holidays that we will continue to see that trend. These were older people, who had underlying health conditions; at least 5 of those were on hospice care, so the numbers can be a little misleading.

\*Dr. Miller - How is the hospital situation currently? Ms. Susan Bachmeier - For the past month, we have had anywhere between 11-15 COVID patients which is really anywhere from 15-30% of our patients. Right now, we are tired, short staffed, but getting by...we have plans to expand beds in one of our areas so we do have some open positions we are trying to hire for...we're managing. Our ICU has been at capacity for about 2 months, but that's the only place in our hospital we are in that state.

\*Mr. Carl Page - Susan, are you also sending patients out to Winston-Salem, or any other hospitals? Ms. Susan Bachmeier - No, unless there is a comorbidity for which we don't have specialty services, we're keeping everyone unless we do not have a critical care bed.

**Vaccine: Ms. Rachel Miller** - We know very little about what is going to happen in regards to the vaccine. We are working diligently here at the local health department; we have a county group that meets every week to discuss where, when, and how, once this comes, but internally, we continue to meet every day to discuss an advanced planning. We know that the Pfizer authorization has been approved and the hospitals have their vaccine, which is great. We know that Moderna will be going to the FDA for approval with anticipation of a quicker turn around authorization simply because it was in operation "warp speed" and we also know that they have more vaccine to distribute, so this week in North Carolina, we received 85,800 doses of the Pfizer vaccine, we are anticipating getting about 146 doses of the Moderna. We do know that the state has outlined who the tiers are going to be and Tier A includes the hospital and within that, we have Dentist, Morticians, EMS, Public Health Responders, Environmental Health Services, anyone who is critical to responding to the initial vaccine administration, falls into that Tier 1-A along with our long term care facilities. Currently, as of today, we know that the Wilkes County Health Department will get at least 100 doses of the Moderna vaccine. We do suspect it might be more than that, but we know for certain a 100 doses. The hospital is going to vaccinate their staff, the health department is responsible for all the other people in Tier 1-A minus long term care facilities. We were told today to that the first thing we have to do before we move forward is give our vaccine to the long term care agencies who did not sign up through the CVS/Walgreens Partnership. We did send out a survey to practices that fall into 1-A to see how many employees in your practice would like the vaccine if you're eligible in the first round so we

could get a better sense of where in the community is ready so we could have a list and reach out to those individuals. Initially, we had planned to go to River's Edge for the 1-A, but we are now looking at a closed POD vs. open POD since it is going to be so limited in the beginning. Eventually, we will move to River's Edge as we grow in the number of vaccines we will initially start to receive. We are working closely with the Sherriff's Dept., EMS, the County Office, the Garage, every major player who will play a part; we did find out from WCC that they have 30 nurses that they are willing to send to us that they can count their time vaccinating as clinical time, so we are going to recruit them as we move through the phases. Also, we are initiating communication with the Board of Nursing to see if we could utilize them with testing as well. Ms. Susan Bachmeier wanted to add that Wilkes Medical Center has a very small skilled nursing facility which is also licensed for long-term care and those residents will be receiving the vaccination along with our employee campaign, which we anticipate to happen next week. Ms. Rhonda Jones stated that CVS has pharmacies lined up which are trying to do 2 nursing home per day when they get the vaccine in. Mr. Rachel Willard did want to state that children under the age of 12 will not qualify for the vaccine; it has not been approved. Also, pregnant women are a concern for adverse effects. Also, if an individual is symptomatic while present to get the vaccine, they will not be eligible.

**\*Dr. Joe Fesperman - Has anyone been approached to give an update to the newspaper about where we are with vaccines?** Ms. Rachel Willard stated she has been in touch with the newspaper several times and "Jule Hubbard" has also spoken with the hospital several times about the vaccine and COVID and an article is set to come out very soon. **\*Dr. Joe Fesperman - As we begin to receive more vaccine that is available to the public, are we working on public service announcements ?** Ms. Rachel Willard stated that "yes" the state is working actively on providing us with those announcements; we do not have the necessary information to craft those types of announcements currently. As we have more information available about the adverse reactions, who does or does not need the vaccine, we will approach those announcements.

**\*Ms. Deborah Britton - I would very much like to see if it would be possible for the Board to send cookies, treats, etc. just to let the staff know that we are aware of their sacrifice and thinking of them?** Ms. Rachel Willard stated that we are having several different things dropped off and the staff is very appreciative of everything; it really does help morale. **Ms. Deborah Britton also mentioned helping with the PSA 's with other Board Members who are known and trusted in the community when the time arrives** . Ms. Rachel Willard welcomed the offer and stated that would be something hopefully, to do in January, 2021.

\*Mr. Carl Page stated that anything that the Board would like to do could easily be done via email/phone.

#### **Committee Reports:**

**\*Mr. David Gambill, Jr. stated this would probably be his last meeting as sitting Commissioner for the Board due to a possible restructuring by the Board of Commissioners. The Board Members thanked him for his 10 years of dedicated service.**

#### **Nominating Committee - Electing Officers for 2021**

\*Ms. Susan Bachmeier nominated for Board Chair 2021

\*Ms. Marcia Reynolds nominated for Vice Chair 2021

Dr. Joe Fesperman made the motion to close the nominations; the motion was seconded by Mr. David Gambill, Jr.; all members approved unanimously

**\*Motion to accept the following Nominees as Officers for the year 2021: Ms. Susan Bachmeier, Board Chair & Ms. Marcia Reynolds, Vice Chair:** Dr. Joe Fesperman made the motion and Dr. Keaton Mash seconded; all members approved unanimously.

**New Business:**

**Ms. Rachel Willard** - I am proposing to the board to waive the Bad Debt Write-Off that we would normally do at the last 6 months of the year, due to the economic hardships for families and residents throughout the county. Rather than writing the debt off, we thought we might could waive it for six months and give our patients a little more time to pay their debts down and then in August, 2021, come back to the Board with the write off which would essentially be a year; other health departments across the state are adopting to do this and we would still bring the dollar amount to the board at the February, 2021, meeting to see what it would look like.

**\*Motion to waive Bad Debt Write Off until reviewed in February, 2021:** Dr. Robbins Miller made the motion and Dr. Joe Fesperman seconded; all members approved unanimously.

**Public Concerns :** None

**Next Meeting Date :** The next board of health meeting will be on February 8th, 2021 at 5:30 p.m. Location or Conference pending due to COVID-19.

**Adjournment :** Dr. Joe Fesperman made the motion to adjourn the meeting; the motion was seconded by Ms. Marcia Reynolds; all members approved unanimously.

The meeting was adjourned at 6:35 pm.

Minutes respectively submitted by,

April Edwards, Administrative Assistant  
Secretary to Board of Health

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Ms. Susan Bachmeier, Vice Chair