

Moore County Board of Health
July 13, 2020

Members Present: William Mang, PharmD, Chair
Mark Brenner, MD
Betty J. Goodridge, MHA, CMA
Louis Gregory
Warren Lewis
Max Muse, RN, ME
Kamron Monroe, DDS
Sharon Odom, RT
Leo Santowasso, PE, PLS, Vice Chair
Robert R. Wittmann, MPH, Secretary to the Board

Members Absent: Michele Keel, OD

Call to Order and Introductions:

The meeting of the Board of Health was held via Webex and dial-in. Chair Bill Mang called the meeting to order at 6:04 p.m. Health Department staff present were: Teresa Forrest, Administrative Officer; Tammie Fox, Dental Hygienist; Melissa Fraley, Nursing Director; Miriam King, Health Educator; and Jennifer Wallace, Administrative Officer. Dawn Gilbert, County Human Resources Director, was present for the meeting. Board member had roll call and introductions were made of staff present.

Invocation: Robert Wittmann gave the invocation.

Secretary to the Board: Robert Wittmann read the following statement: *Does any Board Member have a conflict of interest concerning agenda items the Board will address in this meeting?* None were noted.

Approval of, and/or Adjustments to, Agenda: Max Muse made a motion to approve the agenda, seconded by Warren Lewis. All were in favor and the motion carried.

Public Comments: Robert Wittmann read the following three public comments.

- From Cheryl Christy-Bowman:
"Moore County declared a state of emergency on March 13th due to the Coronavirus pandemic. Since that time, there has been little to no progress in dealing with the pandemic in Moore County. Only two of our nursing homes have been tested. There is still no plan to target any response to our most at risk populations. The communication from the Health Department to the public has been atrocious.

Since the Health Board supervises the Director of Public Health and since he cannot or will not answer these questions from the public, I request that the Board of Health demand answers on our behalf.

1. What is the plan for conducting testing in all of the MoCo nursing homes? What's the realistic timeline for when we can expect this to be done?
2. Have you had a chance to ask our local infectious disease experts about the reliability of the testing being done at CVS (as you promised to do after your Facebook live event)?
3. Are there any plans to set up testing in the Northern part of MoCo (since it is one of our most hard hit areas). If so, what is the expected timeline for having it up and running?
4. Why has a public statement not been released regarding the "miscommunication" made at the FB live event regarding the disproportionate impact of Covid-19 on our communities of color?
5. When can we expect the promised tutorial on using the dashboard? Are there any plans to make it more user friendly?
6. Why is the health department not coordinating with our local media every day regarding our numbers and data? Why is the dashboard now being updated AFTER "The Pilot's" 5:00 p.m. daily briefing?
7. Is the Health Department involved in planning to re-open MoCo schools? Has it been in touch with the BoE? Has it provided any guidance whatsoever to our individual schools?"

- From Sarah Grant:

To whom it may concern,

Please answer the following questions in the Department of Health meeting today at 6pm:

1. Will you correct dashboard information re: number of active cases and estimated recovered in "Cases by County" (red dot map) & general Active/Estimated Recovered portion? Please see attached.
2. When will you be making a video tutorial on Facebook as promised?
3. Will you classify the non-white or unknown confirmed cases into a particular racial group on dashboard so data is more accurate? Dashboard has 224 "unknown" cases and 88 "other" confirmed cases. Please explain what that means.
4. Please consider updating the top portion of your Coronavirus page with the latest orders from the governor regarding what phase we are in and any guidance. Your website claims that the state orders will end June 26th, but nothing afterwards.
5. What are the long term health complications which may arise as a result of infection?
6. Is there a timeline for health department to conduct testing in all of the nursing homes?
7. Will you provide any training for testers, to ensure accuracy of results or provide directions to testers in the form of flyers in Spanish?
8. Would you consider updating local news sources every day before 5pm so that the public has the most up to date information?
9. What are you doing to work with the NAACP?
10. Please clarify your misleading statement regarding the limited affects of the virus on the Black and Hispanic communities.

Thank you so much for your time and consideration. I hope you have a wonderful day and the meeting goes well!

- From Angela Rue:
 1. Is it true Black people and Hispanic people aren't being affected by the virus as much as white people? I heard you said something different last week but the papers are saying something else.
 2. Why isn't the top of your Coronavirus updates webpage being updated?
 3. How many people who have recovered are experiencing complications and what kinds of complications? Should I be watching my grandma or my cousin for any changes in behavior or something?
 4. Can you update the case numbers by the time The Pilot updates the public at night, especially on the weekends so people will get with the program before running off to have maskless parties by the pool?
 5. Are you actually working with the NAACP and how?
 6. When will you be making a video tutorial for the Dashboard on Facebook? It's really confusing and not all the data is syncing up for some reason. It is really cool to have though.
 7. How come there are so many cases listed as unknown or other? Is it possible there are a whole bunch of Black or Hispanic people who have had the virus in those groups but aren't being counted right?
 8. Can you distribute flyers with directions in Spanish to testers and information about the virus in Spanish on your Facebook page? The testers at CVS did not seem to know how to explain to this one guy how to do the nose swab right and I'm wondering if that will help.

Thanks again for doing this, Angela

Board of Health Education/Staff Reports:

Department's Fourth Quarter Activity Report: Robert Wittmann reviewed the activity report with the Board. Kamron Monroe asked why there was no Communicable Disease Program information. Robert Wittmann stated that there were no outbreaks other than COVID-19. While it is a communicable disease, it is not reported on this format. Bill Mang asked about the absence of WIC numbers. Robert Wittmann stated that, with the pandemic, there were no in-house visits. WIC screening, consultation and voucher issuance is being done by phone. Louis Gregory asked about funding for the COVID-19 response and asked for a report on how the money has been spent. Dawn Gilbert stated that Tami Golden would supply a breakdown of grants received and expended to Louis Gregory. Robert Wittmann stated that he would share this with the rest of the Board of Health. He noted that he makes requests, the County Manager approves or denies the requests, and the Finance Office oversees the process.

FY 20 Third Quarter Fiscal Report: Robert Wittmann reviewed the fiscal report with the Board and noted that the Department closed the year in the black.

Department's Performance Measures: After review of the performance measures, Bill Mang asked about obstacles for the patients who delivered with no prenatal care. Robert Wittmann stated that, from information given by the Department's Care Coordination Program, no barriers to care have been identified in this area. Some people believe they don't need prenatal care and they don't want it.

Epidemiological Update on COVID-19: Robert Wittmann stated, in March, the Health Department activated their Pandemic Flu Response Plan. In May, it was modified to include the current COVID-19 response guidelines, to include the CDC identifying the elderly as an at-risk population. The Health Department's response goals are to prevent deaths, slow the spread of the disease, and ensure that pressure on local providers does not exceed their capacity to provide quality medical services. Moore County has a population of 25% aged 65 years or older. We also have a significant number of residents in the other CDC identified high risk categories. Our priorities are to stay informed and educate the public; ensure information is shared with partner agencies; ensure State guidance, laws and orders are being followed; perform advanced planning and response such as testing and contact tracing. For at-risk populations, the most vulnerable are residents of nursing homes and incarcerated individuals. Other at-risk individuals are those in assisted living; those with underlying health conditions; minority populations; and those in high risk occupations. The Health Department has offered free test kits, processing and consultation to encourage Moore County long term care facilities (LTCF) to participate in testing for their residents and staff. NC DHHS (Department of Health and Human Services) has changed its criteria for testing in skilled nursing facilities from two or more cases to one or more cases. To date, seven LTCF facilities have conducted testing in Moore County. For reporting and tracking purposes, an outbreak still remains two or more cases. NC DHHS has stated that they will test all residents and staff in skilled nursing facilities and they will be working directly with the skilled nursing facilities. FirstHealth of the Carolinas continues to operate their drive-through testing site. They also offer testing at the Whispering Pines and Pinehurst convenient care centers. In addition, CVS in Aberdeen and Fast Med Urgent Care also offer COVID-19 testing. Currently, COVID-19 deaths are .015% of the population. With the phased easing of restrictions, we can expect an increase in the number of positive cases. We are increasing our case investigation capability to address the local increase. When this capacity is in place, the Department will shift focus on skilled nursing and other LTCF to address other at-risk populations as well. Each resident must strictly adhere to the three W's. First, wear a mask when outside your home and interacting with others. Second, wait six feet or more away from others. Third, wash your hands often, with alcohol-based hand sanitizers when it is not possible to wash your hands. Each of us has control over our own destiny in regards to getting COVID-19. Melissa Fraley, Nursing Director, updated the Board on case investigations. Currently, we are receiving about fifteen new COVID-19 cases a day. Results time has increased from about 1-3 days to around 5-7 days. We are seeing a shift to positives in the 25-49 age group, as well as more in the 19-24 age group. We currently have five part-time/resource employees that are working on case investigations. Each takes an average of 20-30 minutes per person. During the investigation, we interview the positive COVID individual or their representative and we ask questions on a 3-page document called a 'Part 2' form from the CD Branch. We ask the positive individual to identify their contacts, from two days prior to illness onset or two days prior to test date if they were asymptomatic. We ask the person to create a list with the phone number and birth date (if they know it) of their contacts and then the contact tracing team reaches out to the individual contact. From that point, it goes to Tammie Fox's contact tracing group. Tammie Fox, Dental Hygienist and Contact Tracing Project Incident Commander, gave an update. Once a case has been investigated and contacts identified, the case is placed in a queue for our local people to pick up. We have six staff

members who have been trained and assigned the task of reaching out to positive cases and obtaining phone numbers and dates of birth for as many close contacts as the case can think of. Our data entry team consists of: Betsey Bailey, Medical Office Assistant; Connie Lowe, LPN; Edwina Brisbon, Jeanette Ellorda, Sharon Boone and Dina Viburs, Processing Assistants. Once the contact information is given, it is added to the COVID-19 Community Team Outreach Tool (CCTO). This is a web-based data tool set up by DHHS and the NC State Contact Tracing Collaborative to track and trace the contacts of positive cases. The State contact tracers work from their homes. Our data entry team assigns the contacts to Yolanda Massey, Regional Supervisor. Ms. Massey assigns the contacts to the State's trained contact tracers. They reach out to the contacts to let them know of their exposure, discuss quarantine, testing sites, and any resources they may need. The contact can respond daily in an app or the contact tracer will call them to check in. The CCTO team are staffed from 7 am to 7 pm, seven days a week to provide the follow-up on a daily basis. Moore County started utilizing this tool on June 19th. To date, 246 contacts have been entered into the tool. Of those, 125 people are in a monitoring status. In addition, 40 of those have either completed monitoring or opted out. There are currently two contact tracers assigned to Moore County but a request has been submitted for a case investigator, a field investigator and a data entry person, which we are expecting to have filled within a week. Robert Wittmann stated that, after the pilot counties had finished and the tool opened to all counties, Moore was among the first in the State to train and go live. As cases continue to ramp up, we will need to add more nurses to do case investigations. We have a request in now for a contract to provide additional nurses. Miriam King, Health Educator, gave a report on the Health Department's community information efforts. There is a daily snapshot available on the Health website, which is a condensed, simple version of the dashboard. Weekly situation reports are on our website and are posted to our Twitter and Facebook accounts. Our news releases, reports and updated information are posted on our website. We did a Facebook live and are planning another on the first week of August. Zip code information is available on the snapshot. Robert Wittmann stated that we have been working to make it easier to access the dashboard and other information. Warren Lewis stated that there was a lot of positive feedback from Miriam King's Facebook live and asked why we are waiting before we do it again. Robert Wittmann stated that we will look at doing another one before August. He noted that all staff are also doing duties in addition to the COVID-19 response, supporting our clinics and other regular operations. Matt Garner is our PIO (Public Information Officer) and Miriam King is the backup. However, that is not their only job.

Health Department FY 2021 Budget Update: Robert Wittmann stated that the Board of Commissioners had approved the budget for fiscal year 2021. He thanked them for financial support for the Health Department. The County opened a previously frozen public health nurse position and reinstated a full-time WIC nutritionist position (which had been previously reduced to part-time).

Nursing Director's Report: Melissa Fraley said that there is a new STD/CD nurse, Carrie Emery. She is working through program orientation and is helping with CD activities, as well as COVID response. The remaining two full-time nurses are actively working clinic. Robert Wittmann noted that the Department has not ceased clinic activities, while working on the COVID response.

Health Director's Report: Robert Wittmann stated that there are two vacant public health nurse full-time positions, as well as a vacant administrative assistant, and a WIC nutritionist. There will be a vacant Social Work Supervisor position, as Torrie Furr is retiring this month with thirty years of service. Robert Wittmann noted that press releases are available on the Health Department website. Matt Garner is sending out daily updates and press releases for each death.zzzzz

Approval of Consent Agenda: Consent agenda included minutes for the May 4, 2020 meeting. Sharon Odom made a motion to approve the minutes. B.J. Goodridge seconded the motion. All were in favor and the motion carried.

Old Business: There was no old business.

New Business: Bad Debt Write Off FY 2020: Robert Wittmann asked the Board of Health to approve the Bad Debt Write Off in the amount of \$409.18. He stated that, if approved, this would go to the Board of Commissioners for their review at their next available meeting. Bill Mang asked if there was any progress in speaking with the local NAACP. Robert Wittmann stated that, once we have our infrastructure in place to handle the increased case investigations, we will work with them and with local leaders in the Hispanic community. At the moment, the Department can not set up testing for at-risk communities until more nurses are brought in via contract. In June, the Department received two contract tracers from the State to further the tracing effort. However, the Department also needs more case investigators to handle an increase in testing. Max Muse made a motion to approve the Bad Debt Write Off and forward it to the Board of Commissioners. Leo Santowasso seconded the motion. There were none opposed and the motion passed.

Closed Session: Robert Wittmann noted that the Board would go into closed session, with the following statement: Pursuant to NCGS 143-318.11(a)(3) to preserve the attorney-client privilege and (a)(6) to consider the qualifications, competence, performance, character, fitness, and conditions of appointment, or conditions of initial employment of an individual public officer or employee or prospective public officer or employee. Leo Santowasso made a motion to go into closed session, seconded by Warren Lewis. All were in favor and the closed session began at 7:24 pm. At 8:37 pm, Max Muse made a motion to end the closed session and resume the open session, seconded by Leo Santowasso. All members were in favor and the closed session ended. Chair Bill Mang noted that no action was taken, only discussion.

Adjourn: Leo Santowasso made a motion to adjourn, seconded by Warren Lewis. All were in favor and the motion passed. The meeting adjourned at 8:38 pm.