

Columbus County Board of Health

Minutes

Regular Meeting **Special Meeting**

August 26, 2020 6:00 P.M.

Columbus County Health Department, 304 Jefferson Street, Whiteville NC

Members Present	Pat Ray Dr. George Floyd Patty Hobbs Dr. Nicole Martin Dr. Darryl Diefes Drew Cox Shane Cartrette Dr. Christy Perdue
Members Absent	Dr. Randy Kirby, Charles McDowell, Frankye Boone Newkirk
Staff Members Present	Kimberly L. Smith, Yvonne Richardson, Patti Nance, Mindy Caines, Charlene Bush, Kristie Priest, Daniel Buck
Guests	

Quorum was present.

I. Call to Order

Pat Ray called the meeting to order at 6:01 p.m.

II. Welcome/Invocation

Pat Ray welcomed everyone to the meeting. Invocation was given by Pat Ray.

III. Approval of Agenda

Kim Smith stated she would like to add to the agenda C. Telemedicine Health. Motion to accept with additions made by Dr. Darryl Diefes seconded by Patty Hobbs and carried by the board.

IV. Public Comment

What is the meeting for tonight? Kim Smith answered it is our regular scheduled Board of Health Meeting. It is held the every other month, the last Wednesday of the month.

V. Approval of Minutes

Motion to accept was made by Shane Cartrette seconded by Dr. Nicole Martin and carried by the board.

VI. Financial Update

Charlene Bush, Budget Director stated the following:

A. Financial Statement June Annual

(Benchmark 33, Activity 33.6) (Benchmark 39, Activity 39.2)

- In your packet you received June’s Financial Report. Are there any questions?
- That was the end of the year.
- Next you’ll see the Year to Date review. We finished up at 11%. We were over 3% of what was budgeted, and under 3% of local appropriations. We are right at \$3,000.00 under budget.

Motion to accept Financial Statement for June was made by Patty Hobbs, seconded by Dr. Darryl Diefes, carried by the board.

B. Service Cost Update

(Benchmark 39, Activity 39.2) (Benchmark 33, Activity 33.6)

- These are our new rates. Medicaid went up during COVID. The only bad thing is if they are willing to pay us \$15 and we only charge \$10, then they will pay us \$10. So we bumped it up above what they will reimburse. That’s why we have all the new rates.
- They are temporary and they’ve backed them up until March.

Motion to accept the Service Cost Update was made by Dr. Darryl Diefes, seconded by Patty Hobbs, carried by the board.

C. 2020-2021 Budget Update

(Benchmark 31, Activity 31.6) (Benchmark 33, Activity 33.2) (Benchmark 39, Activity 39.2)

- You received the budget packet in our last meeting. There were no changes to our budget from the Finance office. The budget you received is the correct one for this fiscal year.

D. Funding Update

(Benchmark 33, Activity 33.6)

- I did not send this document to you. I updated it today.
- This is the funding we have received since July 1st, 2020. From then to August 26th, I carried over \$29,321.00 in COVID-19 funds, which showed on your last report at \$76,466.00. They let us carryover what we did not use.
- We also received COVID Cares Act funding of \$30,315.00.
- Our last COVID-19 Enhanced Detection Funding,

	<p>which is essentially going to be around \$300,000 spread out over the course of two years; we received \$149,742.00 for this year. Next year, we will receive the balance.</p> <ul style="list-style-type: none"> • We carried over Dental money. We did not finish paying off the bus, so they let us carry that over: \$7,905.00. • We received two WIC extra funding's: <ul style="list-style-type: none"> ○ \$5,375.00 for Plexiglas barriers ○ \$13,926.00 for Client's • We received a Rural Health Grant for \$78,596.00. We will use this for Dental and Women's Health. That is what we have received from July 1st until today. <p>E. Patient Counts June Annual <i>(Benchmark 33, Activity 33.6)</i></p> <ul style="list-style-type: none"> • You have both the 2018-2019 Patient Counts, and the 2019-2020. There is not that much of a difference, considering being in the middle of a pandemic. <p>F. Child Fatality, Environmental Health, Budget Reviews <i>(Benchmark 33, Activity 33.6)(Benchmark 39, Activity 39.2)</i></p> <ul style="list-style-type: none"> • Child Fatality is the same funding we got as last year \$649.00. I gave you a sheet that tells you what the deliverables have to be in order to use this money. • Environmental Health local county money was \$223,222.92. They took in \$111,985.39 for last year. The county had to supplement them with the \$223,222.92. County appropriated money for mosquito spraying was \$8,000.00, and we received their Food and Lodging Money which was \$16,798.00; this amount is based on inspections completed, and that was at 100%.
<p>VII. Nursing</p>	<p>Patti Nance, Nursing Director gave the following update:</p> <p>A. Flu Update</p> <ul style="list-style-type: none"> • Because of the COVID-19 pandemic, reducing the spread of respiratory illnesses, like flu, this fall and winter is more important than ever. CDC has worked with vaccine manufacturers to have extra flu vaccine available this flu season. Manufacturers have already begun distributing flu vaccine, we received our first shipment on Monday, August 24th. and a second shipment is expected Sept. 8th through the 11th. The CDC recommends getting a

flu vaccination in September or October but getting vaccinated anytime during the flu season can help protect you.

- We will be carrying the Fluzone Quadrivalent vaccine, we will have a total of 440 doses. We will also have the Fluzone High Dose for those aged 65 & older, total doses being 500. We will also have Flublok for those aged 50 – 64, total of 100 doses..
- We will begin administering flu vaccines on Monday September 14th by appointment only. Citizens may start calling to schedule their appointments @ 910-640-6615. We are requiring appointments in an attempt to alleviate overcrowding in our lobby.
- Yes. It is possible to have the flu, as well as other respiratory illnesses, and COVID-19 at the same time. Health experts are still studying how common this can be.
- Some of the symptoms of flu and COVID-19 are similar, making it hard to tell the difference between them based on symptoms alone. Diagnostic testing can help determine if you are sick with flu or COVID-19.

B. COVID-19 Update

- As of 12:15pm the state updates their case counts.
- NC Case counts as of 12:15 are as follows:
 - Lab Confirmed – 158,985
 - Completed Tests – 2.1 million
 - Currently Hospitalized – 1,004
- In Columbus County we currently have:
 - Deaths – 51
 - Current Total Identified Cases – 1,075
 - Recoveries – 891
 - Currently Hospitalized – 4 (Atrium in Charlotte, New Hanover, and Columbus Regional)
 - Isolation - 129
 - Quarantine - 387
- Demographics compiled up to case #1000 on August 18th, 2020 is as follows:

Gender	# of Cases	% of Total Cases
Male	441	44.10%
Female	559	55.90%
TOTAL	1000	100.00%

- Race and Ethnicity is as follows:
 - White 501

- Black 372
- Hispanic or Latino 103
- Asian or Asian American 1
- American Indian or Alaskan Native 16
- Other 1
- Unknown 6
- Total 1000

Pat Ray stated that they read in the paper there are two identified cases at East Columbus and Old Dock. Are there anymore that have been reported at other schools. Patti Nance stated to be honest it has not come back to me that there are anymore. Ms. Smith can probably answer this better than me. Kim Smith stated the following:

- Since school has started, I've been in contact with the County, City and Charter schools and talked with someone from the Christian Academy as well as the Seventh Day Adventist School. All are doing the proper thing, checking temps and doing their questioners. Sometimes the schools will call and tell us of a positive before it comes through our system. The parents and teachers are doing well at notifying everyone if there is a positive.
- They are doing good and making sure the kids are keeping their mask on and social distancing. Cases are going to happen because it is out there.

C. Telemedicine

- One of the barriers to care in our county is transportation or being able to get to an appointment in general. Through a grant, we are targeting maternity; because some folks do not come due to lack of transportation.
- One of the strategies the state has developed is to come up with telehealth services. This will help us to monitor some of these chronic conditions, provide education, advance, teach them to self-manage and provide specialty consultation services. This will allow them access through a smart device.
- Under funding received from the Health Resources and Services Administration Maternal and Child Health Bureau, local health department's will be provided funds to purchase equipment and provide staff training to augment and strengthen the states maternal health system of care through the implementation of telehealth services around the state. The goal is to build local health department capacity to provide telehealth services and increase

	<p>patient access to medical and specialty care, especially during and around the time of pregnancy.</p> <ul style="list-style-type: none"> • This grant has provided us with \$7,500.00. To get started in telehealth we needed to get equipment and training or to provide patients with data cards to put data on their phones. Since we do not have the equipment, we are going to use the money to purchase laptops with microphones and cameras and to train our staff in the maternity clinic. <p>Kim Smith added:</p> <ul style="list-style-type: none"> • This has to be done very quickly because the money has to be spent by the end of September. <p>Drew Cox asked if the telehealth appointments would continue after the COVID pandemic. Patti Nance stated yes.</p>
<p>VIII. Environmental Health</p>	<p>Kristie Priest, Supervisor stated the following:</p> <p>A. Food and Lodging Report <i>(Benchmark 4, Activity 4.2)</i></p> <ul style="list-style-type: none"> • For the Fiscal year we completed 464 Food and Lodging Inspections. This number is lower than the previous year due to the pandemic. We were on track in March for 100% of our inspections. We were reduced and that was for all counties in NC and we did reach our 100% goal. <p>Motion to accept the Food and Lodging Report was made by Dr. Darryl Diefes, seconded by Shane Cartrette, carried by the board.</p> <p>B. Well Sampling Report <i>(Benchmark 4, Activity 4.2)</i></p> <ul style="list-style-type: none"> • Not a lot of changes in the numbers from last year. • We conducted 134 new well sites, and repairs; and we conducted 85 new well water samples. <p>Motion to accept the Well Sampling Report was made by Dr. Darryl Diefes, seconded by Patty Hobbs, carried by the board.</p> <p>C. Onsite Waste Report <i>(Benchmark 4, Activity 4.2)</i></p> <ul style="list-style-type: none"> • We issued 281 Improvement Permits, 220 Construction Authorization Permits and 197 Operation Permits. • When the pandemic started in March, we did not see a decrease in the number of Improvement Permits. Although we reduced Food and Lodging, we did not have to do so with Improvement permits for septic inspections. <p>Motion to accept the Onsite Water Report was made by</p>

	<p>Patty Hobbs, seconded by Shane Cartrette, carried by the board.</p> <p>D. Child Lead Report (Benchmark 4, Activity 4.2)</p> <ul style="list-style-type: none"> • This is a new report this year. These Investigations were for elevated lead levels in children under the age of six. Environmental Health conducted two of these for elevated lead levels. They were conducted based on the request of the parent or the guardian of the child. • These investigations are conducted with our regional Environmental Health Specialist, out of Raleigh; we were the assisting agency with them. <p>Dr. Darryl Diefes asked what initiated the parents concern in order to request a check. Kristie Priest responded:</p> <ul style="list-style-type: none"> • Usually it is a blood draw from the Health Department of the child's pediatrician. Depending on the amount 5-9 micrograms per deciliter, they can request an Environmental Health investigation; it is not mandatory. Anything over 10 micrograms per deciliter, this is a mandatory Environmental investigation; they do not have a choice. With these two children, they were in the 5-9 range and requested the investigation. <p>Dr. Darryl Diefes stated the following:</p> <ul style="list-style-type: none"> • So the parents were notified by a healthcare provider that the blood levels of lead were noticeably higher than they should be, so they wanted to follow through. <p>Kristie Priest responded yes. Motion to accept the Child Lead Report was made by Dr. Darryl Diefes seconded by Drew Cox, carried by the board.</p>
<p>IX. Health Education/Promotion</p>	<p>Daniel Buck, Health Promotion gave the following updates:</p> <p>A. Community Health Assessment (CHA) (Benchmark 9, Activity 19.1) (Benchmark 38, Activity 38.2)</p> <ul style="list-style-type: none"> • We didn't have an Corrective Action Plans for this and I plan on doing a brief PowerPoint overview and get that sent out to you all; so you can have something in writing you can look at. • If you go on the Health Department's website you can see the link to it there, where you can view the full document. • The Community Health Assessment is conducted every four years; last one was done 2015.

- Essentially we get the primary data from community members. Collecting the data was a joint effort between the Health Department and Columbus Regional. Our findings were similar to 2015 such as the following:
 - Lack of access to healthcare
 - Funds to pay for medical services
 - Chronic Diseases like:
 - Heart Disease
 - Cancer
 - Stroke
 - Diabetes
 - Issues with Obesity
 - Impact on Individuals dealing with weight management
 - Illegal drug use
 - Prescription drug use
 - Lack of safe places for recreational exercises.
- This was approved. Our Action Plan Team will come together and decide on an action plan based on the key priorities we pick, now that we know what the current concerns are. This was delayed due to the pandemic, because the state was delayed on giving us our approval guide. Usually we receive it around April or May and this year, it wasn't until July.
- We also have a breakdown of how many surveys were answered in each city, community and/or town. It's good to have around 500 for good data and that's exactly what we collected.
- Lastly what we'll do next is look at going forward for the next coming year by focusing on three health priorities, between now and time for the next assessment. Those three are as follows:
 - Chronic Disease Prevention
 - Drug Abuse Prevention
 - Obesity
- Again this looks very similar to the 2015 CHA. If this was done a few months later, I'm sure we would have seen COVID-19 in there; which it will probably be listed on the next one.

Motion to accept the Community Health Assessment (CHA) was made by Patty Hobbs seconded by Dr. Nicole Martin, carried by the board.

X. Chairman's Forum

Pat Ray, Vice-Chairman gave the following update:

	<ul style="list-style-type: none"> • First of all I think we should thank Kim and the staff for being diligent during this COVID-19 pandemic. <p>Kim Smith stated it's like Patti stated, it takes all of our staff. Our Communicable Disease nurse, Emily, was use to doing other duties and now that she's concentrated on COVID, the other two Adult Health nurses have had to fill in for her.</p> <ul style="list-style-type: none"> • Please participate in Take the Lake. It is virtual this year. You can sign up online at TakeTheLake.org. I hope some of you will sign up, you can set your own goals, do it on your own time.
<p>XI. Director's Forum</p>	<p>Kim Smith, Health Director gave the following updates:</p> <p>A. Bad Debt Write-Off (<i>Benchmark 33, Activity 33.7</i>)</p> <ul style="list-style-type: none"> • This year (July 2019 – June 2020) we have \$3,620.53. This is the debt that we are unable to collect. <p>Dr. Darryl Diefes asked what was the variance from year to year? Kim Smith stated comparing this year to last year, we are at \$2,000.00 more than last year.</p> <p>Motion to accept the Bad Debt Write-Off was made by Dr. Darryl Diefes, seconded by Drew Cox, carried by the board.</p> <p>B. Debt Set-Off (<i>Benchmark 33, Activity 33.7</i>)</p> <ul style="list-style-type: none"> • Debt Set-Off is when we notify them that we are going to submit their debt to the State of North Carolina's Department of Revenue, \$50.00 or more. Therefore, if they receive a refund from their taxes, what they owe us, will be deducted. Then they'll get what is left. If they can come up with what is owed, within 30 days, then we'll cancel that. • This year, the Debt Set-Off amount, we were able to recover, was \$ 4,265.72. • Last year we collected \$ 3,141.66. <p>Motion to accept the Debt Set-Off was made by Dr. George Floyd, seconded by Dr. Darryl Diefes, carried by the board.</p> <p>C. New / Revised Policies (<i>Benchmark 15, Activity 15.5</i>)</p> <ul style="list-style-type: none"> • This morning you received another email that has to do with new and revised policies. What you received is all of our new and revised policies from August 17, 2019 to August 12, 2020.

	<ul style="list-style-type: none"> • At any time you would like to view any of these policies, we can email or mail them to you. I need to point out that we do have some new policies. <p>D. Staffing During COVID <i>(Benchmark 39, Activity 39.2)</i></p> <ul style="list-style-type: none"> • We do have two individuals COVID has affected. One is our Dental Assistant Shana Skinner. Due to COVID the school system, where she lives, is 100% virtual, and her and her husband had to make the decision for her to resign so she can help their children. • Swiyyah our Certified Nurse Midwife, has school aged children, and she has a family member who is able to help Monday – Thursday. So she is unable to come in on Friday’s, but she is on call those days. • Our Nurse Practitioner is out on Maternity leave and she has a small child and as of yet, we do not know what her plan is, for her older child.
<p>Comments-Board of Health</p>	<p>Dr. Darryl Diefes stated he is amazed at the lack of progress, we as a community / county, are making. My wife and I went in to a local restaurant, and was served by someone who did not have a face covering; over our food. When I inquired about that, she stated the owner did not enforce this. Employers are showing irresponsibility. I see pictures of our residence, in local newspapers, of people clustered together, and our numbers are going up daily. What level of consciousness, as a community, do we need to reach, where we start wearing mask to keep this pandemic from increasing every week? What can the Board of Health, or the Health Department do, to get people to comply? Is there any feedback from the Board?</p> <p>Dr. Nicole Martin stated natural leadership, that would be a start.</p> <p>Dr. Darryl Diefes added that if we are not getting it from there, what can we do on a local level.</p> <p>Dr. Christy Perdue stated that it’s going to take an entire community effort. It’s got to be church’s doing the right thing, businesses and the communities. It’s going to take teeth from someone in government, and law enforcement. I have been other places, and when the local government is pushing them, they are complying; like when a ticket is involved. There are other communities, that aren’t that far away from us, who have successful mask wearing policies and procedures; that if the public doesn’t follow them then they have to go home. If we had that sort of support, then I</p>

think we can be more successful in Columbus County. Dr. Darryl Diefes agreed and stated that would be extremely helpful. When it comes down to folks saying it's their right, it is not their right to risk my health. Their rights stop when they jeopardize the rights, safety and well-being of any community member. I think to have a recommendation from authorities, and no follow through, and no enforcement, and a public statement from law enforcement that they are not going to enforce this.

Pat Ray stated that she supports Dr. Diefes.

Patty Hobbs stated that she feels the same way.

Pat Ray asked what are other Health Departments and Boards of Health doing.

Kim Smith stated she had a conversation with another health director, and he had visited the Outer Banks; and the folks up there insisted that you wear a mask. If you walked in and didn't have one, they provided you with one.

Dr. Darryl Diefes stated there have been a number of letters to the editor. Maybe I could write one along with other board members.

Dr. Christy Perdue added, I think it will take time and a shifting of our communities thinking, and the best place to get someone's attention, is in their pocket book.

Dr. Christy Perdue asked Kim to see if she could find out what Health Department's in Raleigh and Durham are doing.

Dr. Darryl Diefes requested to Kim Smith, to also ask if they are working with law enforcement.

Kim Smith stated she had a discussion, last Thursday, with our team, and a couple of epidemiologist from the state.

The call was conducted due to our cases being higher than what they anticipated. We are the 9th highest testing county in the state of North Carolina. They really didn't have any recommendations for us to do any different. I know that New Hanover's Sheriff, and Wilmington PD, are very much behind wearing a mask and issuing tickets. I haven't heard anything about Brunswick. Bladen County's law enforcement is not as diligent as New Hanover's, but I will be glad to get in touch with Wake and Durham County.

Dr. Darryl Diefes asked if there were any figures on our per capita ranking with COVID, just in the state.

Kim Smith replied she has not seen anything as that.

Dr. Christy Perdue responded that she thinks you can find that info on the Department of Health and Human Services webpage.

Kim Smith added that there are websites that have

information, and I can send those out. Some compare North Carolina to other states, and then you can look at your own county.

Drew Cox asked Kim Smith if he understood correct, that we were ninth in the state for our numbers of test.

Kim Smith replied yes, the number of test completed.

Drew Cox added I know the average age in the county is higher, and I wonder if there is a correlation between the numbers of test we are getting, also considering the average age of the population of the county.

Dr. Darryl Diefes asked what the comparison rating for the per capita test was. Kim Smith stated that our positive rate is 7% and we are in line with everyone in our region.

Robeson I believe is at 15%.

Drew Cox stated that you could not help but wonder if with the pockets in the county, if economic distress is a factor. Are we really so much worse than other rural areas.

Dr. Christy Perdue responded that she had an answer for Dr. Diefes on per capita; 190 cases per 10,000 residents.

Not as high as Robeson but higher than Brunswick. All this information is on the Department of Health and Human Services (DHHS) website. We are higher than a lot of other counties, and I do think this has a lot to do with socioeconomics.

Pat Ray thanked everyone for the discussion.

Next Meeting Date

October 28, 2020 at 6:00 pm

Meeting Adjourned

Respectfully submitted: *Kimberly R Smith* Secretary 102820
 Signature Date