

WCDHD Board of Health Agenda/Minutes

September 9, 2020

7:00 pm

7:00 pm 2020-2021 Budget Hearing

PHAB:

Roll Call/Meeting notices posted

12.3.2

Open Budget Meeting called to order by President S Gaites at 7pm. Open meeting notice posted.

Present: S Gaites, B Lanka, J Seeley, S Vanderheiden, B Lemon, G Waltemath, Dr E Jones, Dr D Woodburn, B Henry, C Rundback, R Haumann, J Seeley; Zoom: M Wilson, B Crisp

S Gaites Introducing Glen Waltemath and Jill Falcon at 7:04pm

Budget presented by Glen Waltemath, CPA- passing budget work form, largest changes are on page 4. Beginning and ending expenses with the end of the next fiscal year. We have listed all the different programs for this year 2020-2021. All contracts on page 4 are beginning new this year as well as the diabetes program on page 1 that is newly introduced to the budget.

Page 4- budgeted an amount for grants that may come in this year. We have accounted \$300,000 to our unknown expenses in case something comes through we will not have to amend the budget to make changes. Another change is that \$15,000 to pay down on the note for \$58,000 June 30. We have budgeted to replace the Ford Explorer this year, if possible. We have budgeted in a 3% increase in wages and salary. Payroll budget \$864,000—of that \$264,000 for new grants to be coming this year. Supply number for equipment expenditures—Ebola and HPP ended June 30th but there are some items ordered during the 2019/2020 FY that were back ordered and have not yet been expended and will be paid out this FY. MB Dental budget for outreach programs and for scholarship funds to help with dental care. Already included in monies we have.

Not budgeting on a fixed dental clinic, Dr Woodburn wants to discuss the need for our fixed clinic. We just didn't know which direction we would be able to go. NE Teeth Forever is always there. Dr Woodburn would like to have an option to fund a dentist if something should come up or we should get an interest from someone.

Calling for anything else on the budget? Hearing none

Budget Hearing Adjourned at 7:13pm CLOSED by President S Gaites

7:13 pm Open Quarterly Meeting- President Scott Gaites—Open Meetings Act, copy in our room and will be available for review. You may enter your questions and comments onto our Contact Us page for a 30-minute time period. We will not ready any derogatory comments or repeat an answer that has already been brought into. LB692- provided funding to local public health. The function of our health department is to improve on our public health and to prevent sickness. All DHMs were not put into place by WCDHD but rather put into order by the governor's office and guidance.

PHAB:

11.2.1

7:20pm Review-Approve 2020-2021 Budget

PHAB:

S Gaites asked if there were any additional questions regarding the 2020/2021 Budget as presented with no further questions; B Henry moved to approve the 2020-2021 Budget -totaling \$1,884,669.00 - Dr E Jones 2nd. With a motion and a 2nd Roll Call- 11 Yes and 1 Absent

12.3.2

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7:20 pm	Review-Approve May 2020 meeting minutes B Henry Move to pass motion 2: May 2020 Minutes-Dr E Jones 2 nd With a motion and a 2 nd Roll Call-11 Yes and 1 Absent	PHAB: 12.1.2
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Review-Approve 4th Qtr. Expenses

C Rundback Move to pass motion 3: 4th Qtr. Budget Expenses- totaling \$411,802.46 - B Henry 2nd
With a motion and a 2nd Roll Call- 11 Yes and 1 Absent

7:23 pm	Directors Report Shannon Vanderheiden, Executive Director <u>Standing Agenda Items</u>	PHAB: 12.1.1, 12.2.1
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Ron Hansen-NPPS- joined via zoom and spoke to being very grateful for the partnership between WCDHD and NPPS- many of the decisions made are focused on keeping the students and staffs safe and to keep our schools open. We will continue to do what's best for our schools and we will continue to follow the guidance of our local health department and their expertise guidance. PHAB: 12.3.1

Ryan Purdy—was unable to join via zoom but request a BOH member share is written comments. MPCC- sharing my appreciation for WCDHD, they have provided excellent guidance and have provided us the most detail to keep our campus' safe. They joined our covid staff team and helped answer questions. I have had the opportunity to network with other community colleges in our areas and discuss our reopening plans as well as safety planning. During the trying time when MPCC was forced to have classes from home we had excellent guidance from our local health department. We were the only campus to have staff over the summer closure and we were the 2nd community college to bring students back to campus. We are proud of the precautions and safety measures that our staff and students have been taking to stay in school. (see attached) PHAB: 12.3.3

Call for 5-minute break- PHAB: 12.3

Unmute and carry on at 7:40pm-

Q/A with the public- S Gaites opens by statement of BOH not being made up of "random people". Each county appoints a county commissioner and a spirited person. State statue also states the BOH must have a doctor and a dentist on the board.

Questions received through WCDHD website link, during time allowed.

- **Question:** Since positive tests are reported as positive cases, what is the truth percentage of symptomatic individuals?
- **Answer S. Vanderheiden:** "Lab confirmed" cases are the only cases we consider positive cases. Data related to symptomatic vs asymptomatic can be found on the WCDHD interactive dashboard you can visit www.wcdhd.org for additional information.

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- **Question:** WHO (World Health Organization) says, asymptomatic transmission is extremely rare, why are we continuing down the path we have taken?
- **Answer Dr. E. Jones:** A study completed by the World Health Organization (WHO) states the actual number of asymptomatic individuals is actually very low. Studies reviewed as high as 84% of individuals originally thought to be asymptomatic were found to be symptomatic with very mild symptoms. E. Jones ask for clarification on "continuing down the path we have taken? Is it referring to use of mask in public place when people are asymptomatic? "We are dealing with the data that is in front of us"
Answer Vanderheiden: Regarding "continuing down the path", the path that we are taking is based on data and science. S. Vanderheiden revisited the purpose of the dashboard. Explained the dashboard is updated as data is received. Changes can be expected as information continues to be received.
- **Question:** CDC released a statement that masks are not effective in preventing infection in cases of prolong exposure (greater than 15 minutes) no matter who is wearing masks. Are you willing to change your position on wearing mask especially schools?
- **Answer Dr. E. Jones:** stated she had reviewed CDC and new evidence indicates mask are effective and evidence has shown mask are effective.
- **Answer S. Vanderheiden:** This is not an accurate statement- The United States did not have spread of covid-19 when CDC made comments related to use of mask. Therefore, community masks were not necessary at that time. There are several studies that indicate mask are effect at preventing spread. S. Vanderheiden requested specific source to the above question. There is no evidence that WCDHD has that indicates masks are not affect at decreasing spread (of COVID-19.) E. Jones questioned if the question was related to quarantining and exposure for greater than 15 minutes? E. Jones stated CDC stance might be that most of the general public is not well versed in putting on and taking off PPE and there is still a risk regardless of wearing of PPE with the general population. S. Vanderheiden spoke to studies that have shown long exposures with community masking and spread has been limited and showed no infections related to exposure due to wearing of mask.

QUESTION FROM THE ESU 16 Community ROOM:

- **Question: D. McClain** I am commending you for wearing your masks and provide yourself a show of the narrative in there. Have your masks been tested?
- **Answer from S. Gaites.** Stated the ESU 16 building requirements are being followed. E Jones: As a Doctor I wear the mask daily, so that I do not transmit to anyone.
- **Question: D. McClain:**– When you post on the numbers that do come up on your website, when you do post it, you posted 11 cases into the total, then you list them as under investigation. We are all trying to have school functions based your narrative.
- **Question: D. McClain:** You referenced the 13 factors that make up the risk dial and you are unable to show us, why is that?

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- **Answer Dr. E. Jones/ S Gaites:** It is on the website. Each variable is explained and how they are averaged out. S. Vanderheiden, range of each section is also listed on our website. All health directors across the state of Nebraska are not sharing the specific data but do explain the rationale and purpose of each variable. When first developing the risk dial other models such as the Utah risk dial and later the Lincoln Lancaster dial were used as a reference and model for our risk dial process. We have worked with all health departments across the state in developing our risk dial and process. Examples provided how the health departments are similar in their risk dial. Vanderheiden noted that the specific information being requested was taking away from the contract tracing and from our community who needs our focus. S. Vanderheiden noted a significant amount of information was being shared with the community.
 - **Question D. McClain:** is the risk dial number an arbitrary number? Are you saying the risk dial information is secretive?
 - **Answer Dr. E. Jones:** It is in the document (understanding the risk dial document). This document talks about each measure and how they average out.
 - **Question from S. Gaites to the community:** of the 13 measures are there any that you think are not accurate or skewing the dial ?
 - **Answer: D. McClain** hard to know because we don't know what those numbers are.
 - **Question female:** Risk dial was released on June 30th according the NP Telegraph. Never posted until July 30th. The risk dial dictates whether our students must wear mask.
 - **Answer Dr. E. JONES:** They are asking for the data that is behind the factors and where the numbers came from. They are asking for each category rating individually. They feel that it is a reasonable ask as a community. They are concerned about the masks for their students and a lot does depend on the dial.
 - **S KELLER-** We have spoken to the numbers before on the calls. We share the numbers with the PHCC each week. We did release the dial to the public immediately following its completion. We release information as it is received. We do list the weekly average- We do list the data range in the understanding the data document.
 - **Question:** (unidentified): Why did we go to a 3-week average and what changed?
 - **Answer: S KELLER-**We have always used the 3-week average and highlighted this information in one of our updates.
 - **Question:** (unidentified): I am a numbers person and I am interested in knowing how that would come about. I think the public will understand if the metrics are released for their own interpretation.
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- **Answer: S KELLER** all 13 metrics are weighted equally. 5 large categories. But they are all weighted the same. Each category may have more variables, but their average will average in just the same. - variables are not weighted. The data used to within the dial is not "secret" and data is there.
 - **Question D. McClain:** when GP takes on from other districts, does that go against our risk dial?
 - **Answer Dr. E. Jones:** GPH is not currently taking patients from outside of our district or haven't for a long time. We want to ensure that we have enough capacity for our own people.
 - **Question (unidentified):** Asked what Dr Freitas, our infectious disease Dr, say about masks and children going back to school?
 - **Answer: Dr. E. Jones** talked about a commercial that came out with a lot of our local doctors and staff showing that they are in support of masks for themselves and for their own children.
 - **Question D. McClain:-** what is the protocol for determining recovery? Why do we have "spurts" of recoveries?
 - **Answer S. Gaites:** spoke to number of positives coming in at one time.
 - **Answer Dr. E. Jones:** stated it goes back to DHM, addressed how quarantine and isolation goes back to DHM
 - **Answer S. Vanderheiden:** provided explanation of how WCDHD defines recovery as defined on the dashboard. S. Vanderheiden also explained wcdhd's process on how recoveries are recorded when individuals are not being tracked through the state electronic system.
 - **Questions (unidentified):** Are you tracking those patients from the beginning to 3 weeks later to make sure they are recovered?
 - **Answer E Jones:** they are asked to report their symptoms to an electronic database system.
 - **Question (unidentified):** Do they all report?
 - **Answer Dr. E. Jones** Not everyone. Some people just won't. I ask sick patients to get tested and they will might tell me no. I may clinically diagnose them, but they can tell me no.
 - **Question D McClain:** If you clinically diagnose someone do, we count them as a case?
 - **Answer Dr. E. Jones-**We can clinically diagnose them with COVID. They are counted as a case when it is a lab confirmed case. If someone We do not count clinical diagnoses in our numbers. We require a PCR.
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- **Question: S. Klein-** Talking quarantine. I would like to ask about non-essential or essential employees in North Platte? Being told that essential workers can work with a mask on.
 - **Answer Dr E. Jones:** The governor gives her (S.Vanderheiden) that authority through the DHM.
 - **Answer S. Vanderheiden-** The State of Nebraska is one of a few States that does not follow federal essential workers guidance, nor does Ne have a State guidance that outlines who is essential. Quarantine and isolation are determined at a local public health level. We always look at EPI link related to the exposure and do not work in silos. We work closing with our public health partners, state epidemiologist and other health departments.
 - **Question S. Klein-**Do you determine that?
 - **Answer S. Vanderheiden:** yes, we do at a local level as a health department duty.
 - **Answer Dr. E. Jones:** Emphasized there is a clause about teachers but there is no outline of essential or non-essential. I think that goes back to the CDC's definitions but that does not apply to Nebraska
 - **Questions S. Klein:** I was told that I could not work as a non-essential worker as a negative.
 - **Answer S. Vanderheiden:** I will not discuss personal cases in a public meeting.
 - Repeating Question inaudible: **Dr E Jones:** Did the board give Shannon the power to quarantine anyone? No, the Governor gives them the power through a DHM
 - **Answer S Vanderheiden-** we will not discuss personal cases during our public meeting.
 - **Question:** (unidentified): Asking about CDC guidance that speaks to the 6% of deaths being covid deaths. Not covid deaths but are being reported as so.
 - **Answer Dr. E. Jones—**Discussing death certificated. Primary cause of death is the first line on their death certificate and the second line is as a result of. With any illness there is an immediately cause of death. I did not do those 3 specific but likely to be respiratory failure or pneumonia as a result of covid. Jones referenced the 6% people that were completely healthy they had nothing else that caused their deaths, which is a concern that no other factor played into the death.
 - **Question: D McClain:** What is a "soft positive"—? individual that is going to be anonymous has spoken to me about
 - **Answer Dr. E. Jones -** stated she had never heard of this term before—Jones stated she has told patients their symptoms are consistent with covid-19 and even if their test is negative, I am certain they have covid and treat as if they have covid-19. We do see a good number of
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false negatives I still direct my patients with symptoms to quarantine and stay away from anyone due to their symptoms.

- **Question:** (unidentified) how are we treating covid locally?
- **Answer: Dr. E. Jones-** spoke with Infectious Disease—there isn't any sort of treatment but there are a lot of studies that are trying to help with outpatient treatment- isolate in your own space at home- if truly wheezy they may get a steroid. There is not truly a way to treat this currently on outpatient basis.

S Gaite ending the Q AND A section at 8:28pm—thank you for your questions and concerns. There are ever changing details that come to light every day, but we need to be patient with each other and try to get on board with the new way of things. As our goal, we want to keep the people in our district safe. We appreciate the social distancing and mask wearing. The goal to keep our numbers low, keep our schools open, keep doing what we are doing.

Program/Services Review – Shannon Vanderheiden Director's Report QTR 4

PHCC—spoke about the hard work that the members have put in during this time. They have been an amazing partnership to have. They work hard in each of their own facilities to mitigate the spread.

Page 3 outlines state statutes that give us power in regard to communicable spread disease

Speak to rules and regs on pages 5-6 that speaks to our statues and laws. All entities are required by law to report to the local health department for any communicable disease. Page 6 is about DHM- DHM 8 right now-order 20-20-wcdhd-008 continues through the 13th of September. They have not released a new phase or update for past that date right now. Page 7 speaks to the event planning and what we have done to approve 30 events. According to the DHM they are required to submit their plans prior to events. I have been asked multiple times if an event has been approved or not and in all cases the events have all moved forward. There have been events that submitted and chosen not to go forward but not any that we have denied.

Risk Dial—13 measures- Page 8 There isn't any one factor that weighs heavier than the others.

Vanderheiden spoke to the role of PHCC members. There is representation from each county where collaborative discussions on pandemic events occur, critical information to key stakeholders is shared. Partnerships include: mayor, fire chief. Law enforcement, hospital, schools, EM, and college We had decided to have the Emergency Manager as a representative for the commissioners but in hindsight we could have used a commissioner from each county. We do this so we are not working in silo and feedback from the PHCC is considered when making decisions.

Regarding what the community is asking for with the risk dial: The community is looking for the actual number of the risk rating for each category. I think we can provide the data and the new changes for the public; it doesn't seem like an impossible ask.

S Keller- we can do it but the reason we haven't is due to the time it takes. The information is not secret, the PHCC sees the info each week.

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We can try to share the info but need to discuss how. Each risk factor number each week? We will provide risk dial page image includes each measure, weekly numbers (based on 3 week average), and what category they fall under, by using the table that list subjective and objective numbers. (Reflective of example table within the "understanding the risk dial document located on WCDHD's website.)

Test Nebraska- We have provided over 1082 tests to date. We offer testing Monday, Wednesday, and Friday mornings. We are also offering one day a month as a massive test site for our community. CMS has request testing up to 2 times a week in LTCF, based on positivity rate. Quality of life is being affected in these small LTCF.

WEEKLY MEETINGS with PHCC- slowed down from twice a week but there are a lot of members who are playing a large role in our discussions weekly that are very instrumental in keeping our community safe.

QTR 4- working on strengthening our staff and resources during this pandemic.

MHI-diabetes in our minority population, requires an A1C of 6.5 or higher. Maria Lein has received her certification for medical interpreter. We hired Kelly Stoddard for our MHI team to be the nurse guiding them in their new program and contact tracing. We also hired Meghan Trevino who plays a MAJOR role in testing, contact tracing, and partnerships with our providers. We have hired Sara Ningen for our Public Health Clinic to assist with vaccines and contact tracing and Jennifer Marchlewski, disease surveillance lead.

Health Services - Vaccine Update: Since early March, we there has been a significant impact within most if not all WCDHD programs. Local public health funding is limited, we operate on a skeleton crew. Early March we moved away from all normal operations and into incident command to handle the pandemic at a local level.

TOOTH TOUR- Nebraska Teeth Forever- our objective is to be in our schools and LTCF- we have been working with partners to try and get a public health hygienist after covid.

FLU- we are taking appoints for flu vaccine appoints. We are also offering off sight flu clinics as well.

PG 25- Due to the pandemic WCDHD's normal operations have had significant negative financial impact especially our health services with a decline of revenue of 66%.

Legislature 2020 – (bills to watch) LB 1008—was passed for 2 million dollars to public health. There will be 1.5 million to be spread out across the state. We will receive \$120,000 per year at a local level x 2 years, allowing for a full time contact tracer for 2 years.

Legislative Resolutions – none currently

Strategic Plan with S Vanderheiden

-Directors report is formatted around WCDHD's strategic plan

9:00 pm

Possibly Executive Session - to protect and assure confidentiality about sensitive matters.
roll call to go into executive session-11 and 1 answer
M.Wilson and B. Crisp need a new ZOOM connection for executive session.

PHAB:
11.2.1,
11.2.3

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Board came out of Executive Session at 10:03pm

discussion that WCDHD will not allow comments on Facebook, if anyone has questions, they can ask on the Monday community meetings, via phone or through our website link for questions.

Meeting adjourn 10:04pm-All in favor


Upcoming Meeting dates – November 4, 2020

Submitted by,

Jessica Shore



Lana Watson, BOH Secretary



Date

APPROVED 11/4/2020

