

The Cleveland County Public Health Board met on Tuesday, September 14, 2021 at 6:00 p.m.

Board members present: Marty Hamrick, Robert Miller, Tom Spurling, Kale Meade, Sara Karner

Board members present remotely: Randy Sweeting, Patti Alexander

Health Department staff present: Tiffany Hansen, DeShay Oliver, Anne Short, Nathan McNeilly, Debra Bidy

County Attorney's present: Tim Moore, and Martha Thompson (remote)

**CALL TO ORDER/WELCOME:**

Chair Spurling called the meeting to order at 6:00 pm and welcomed everyone.

Mr. Miller gave the invocation.

**CITIZEN RECOGNITION:**

No citizens requested to appear before the Board.

**APPROVAL OF AGENDA FOR SEPTEMBER 14, 2021, PUBLIC HEALTH BOARD MEETING:**

Chair Spurling presented the proposed agenda for the September 14, 2021, Public Health Board meeting for consideration of adoption.

**Motion: A motion was made by Robert Miller with a second by Sara Karner to adopt the agenda for the September 14, 2021 Public Health Board meeting as presented. The motion carried unanimously.**

**APPROVAL OF AUGUST 10, 2021 PUBLIC HEALTH BOARD MEETING MINUTES:**

Chair Spurling presented the August 10, 2021 Public Health Board meeting minutes for consideration of approval.

**Motion: Robert Miller moved that the minutes of the August 10, 2021 Public Health Board Meeting be approved as presented. Sara Karner seconded, and the motion carried unanimously.**

**FAMILY PLANNING, BCCCP, WISEWOMAN, & DIABETES PRESENTATION:**

DeShay Oliver introduced Debra Bidy, the health department's Family Planning, BCCCP, Wisewoman and Diabetes Supervisor. Ms. Bidy provided a presentation on all the clinics she supervises starting with Family Planning. The Family Planning Clinic is for residents of Cleveland County and surrounding counties. This is where patients can come in and receive a physical exam. Our main focus is birth control, but we also provide a pap smear, infection, and STD checks. Ms. Bidy presented a PowerPoint slide displaying the different forms of birth control that are provided in Family Planning. Our appointments are what we call Open Access which means patients are able to schedule same day appointments as long as there is availability. We have found this helps improve our appointment show rate and is what our patients prefer. The patient will receive an annual exam and then can be seen throughout the year if they need an infection check or wish to change their birth control method. We offer a sliding fee scale which is 101% to 250% of Federal Poverty Level so patient fees are based upon household income. Depending on income, services may be free or if income is low or mid-range, the patient may pay 20% or 40% of what the full cost is. Patients under the age of 18 are able to consent to confidential services in the Family Planning program under the Minor's Consent Law. We accept Medicaid, Medicare, Private Insurance, and those who do not have insurance. We never turn anyone away for Family Planning services because of their inability to pay. The Family Planning Clinic is open Monday-Friday from 8:00am – 5:00pm.

Mr. Spurling asked what a patient has to show for proof of income. Ms. Bidy stated they can bring in a pay stub or a W-2 from the previous year. Mr. Miller asked is there an age limit on the teenagers to receive these services in regard to being too young. Ms. Bidy stated that there is not a minimum age limit to participate, although we rarely have patients under the age of 18 who come in without a parent or legal guardian. The teenager must have mental and decisional capacity to provide their own consent. The youngest patient we have had is 12 and typically younger females come in for birth control to help regulate their menstrual cycle.

Ms. Bidy shared information about the Diabetes Clinic. The Diabetes Clinic is specifically for Cleveland County residents. You have to be 18 years of age or older and already have been diagnosed with diabetes. Patients come in once a year for their physical exam and then they are seen every three months for a follow up visit. In this clinic, the patient will also be treated for their hypertension and/or high cholesterol because normally that goes along with diabetes. The diabetes clinic does not provide primary care; it is specifically for treatment and management of diabetes. To be eligible for our diabetes clinic, patients must be a Cleveland County resident and meet income criteria at 200% of Federal Poverty Level. We take uninsured, Medicaid, Medicare, and insurance. Patients receive free one on one education with a nurse regarding diet, exercise, and medication. The diabetes clinic currently only operates on Thursday mornings, but patients are able to meet with a nurse on days the clinic is not open to receive education to help manage their diabetes. One of the great benefits of our patients coming to the Diabetes Clinic is they get to use our Pharmacy. They can typically get their medications at a much lower cost and we can help connect them to our Medication Assistance Program. We currently have 75-80 patients enrolled

in our Diabetes clinic. Mr. Miller asked if a person is not sure if they have diabetes if they can schedule an appointment in our Diabetes Clinic to be tested. Ms. Bidy stated those patients will come through our General Clinic where they will be able to get a diabetes screening. They will check their A1C to see if they have diabetes. If they do have diabetes, they could enroll in our clinic if they meet eligibility requirements. Mr. Miller asked is there a fee for the A1C diabetes screening test. Ms. Bidy stated there is a fee and it runs approximately \$15.00 - \$20.00.

Next, Ms. Bidy share information on the BCCCP (Breast and Cervical Cancer Control Program) and WiseWoman programs. Ms. Bidy stated that BCCCP is just a screening program for woman who are uninsured or underinsured between the ages of 21-64 who do not qualify for Family Planning services, which means they are out of the childbearing years, or they have either had a tubal or a full hysterectomy. BCCCP provides a screening for cervical cancer and breast cancer. The program is only able to serve about 130 woman a year based on funding. Woman will come for their pap and breast exam. If the patient needs a mammogram, the clinic will refer them out for a mammogram and the BCCCP program will cover the cost. This program is free for all of the ladies that come to the BCCCP clinic. If the patient needs a biopsy, BCCCP will pay for the biopsy, if it comes back that she has breast or cervical cancer, the patient will come back and meet with a nurse and will then apply for BCCCP Medicaid. BCCCP Medicaid will cover her treatment for the cancer. This is just a screening program, so if they have issues throughout the year, the BCCCP clinic does not treat the issues unless they have their mammogram and are told to follow up with a mammogram in 6 months. Mr. Miller asked if he understood correctly that women with Medicaid or Medicare Part B are not eligible for this program, so those women would need to go their regular doctor. Ms. Bidy confirmed that is correct; since they have insurance they could receive services from another healthcare provider. BCCCP is for people who have no other options or funds.

Ms. Bidy shared that the WiseWoman program is a screening program that helps reduce the risk of heart disease and stroke in women. We talk to women about their diet, and check their blood pressure, cholesterol, and A1C. We often identify women who have diabetes and do not know it. If we find something irregular or abnormal such as their blood pressure or cholesterol, we provide health coaching in the clinic and refer them to CLECO or Kintegra for treatment and medication. If they have diabetes, we refer them to our diabetes clinic. We follow-up with the patients to provide further health coaching and help them to set and accomplish goals such as weight loss to manage their conditions. To be eligible for the program, the patient has to be within 250% of the Federal Poverty Level. This program is for women 40-64 years old, who do not have Medicaid, Medicare, or insurance. The clinic can usually see around 60-70 women a year, and it is typically challenging to meet this threshold. Tom asked if the program was advertised enough to know about the WiseWoman program. A question was posed as to whether we advertise this program and if we have considered promoting to the women's homeless shelter. Ms. Bidy stated that brochures for the WiseWoman and BCCCP programs have been provided to the shelter. We run an annual ad in the newspaper in October for breast cancer awareness month. We receive a lot of referrals for BCCCP from Levine Cancer Institute. Mr. Miller asked if anyone has ever had to be turned away for any of the programs. Ms. Bidy stated this does sometimes happen because their income is above the eligibility requirements. Anytime we run into patients who are over income, the patient is referred to CLECO or Kintegra to see if the patient can get established there. A question was asked if Cleveland County Health Department does the mammogram here. Ms. Bidy stated that

we bring them in and do a breast exam and a pap smear and then we will refer them out for the mammogram. The patient is scheduled for the mammogram before they leave from their visit and the BCCCP program will cover the cost of the mammogram.

**BEHAVIORAL HEALTH AND MAT PARTNERSHIP:**

DeShay Oliver shared information about a new behavioral health and medication assisted treatment (MAT) program that has been established during a time when substance use and mental health treatment is needed more than ever due to COVID-19. We have partnered with Kintegra, a Federally Qualified Health Center currently present in 9 counties in our area with two satellite locations now established in Cleveland County in Kings Mountain and Boiling Springs. They provide primary care to individuals who are uninsured or underinsured, similar to CLECO. Kintegra has a pretty robust behavioral health program and they have recently received a grant that is allowing them to partner with us to provide behavioral health services to our patients and clients that we see within the health department. It is primarily a Medication Assisted Treatment program for pregnant women in our Maternity Clinic who have an opioid use disorder. We will be able to connect them with medication assisted treatment and behavioral health counseling during their pregnancy to help them get off opioids and prevent babies from being born with an addiction to opioids, causing painful withdrawal symptoms, or neonatal abstinence syndrome. Through this grant, Kintegra will be able to provide a therapist here on site within the health department two days a week starting on Monday September 20, 2021. The therapist will be on site on Mondays and Thursdays to begin with. As we see patients within our Maternity Clinic or within any of our clinics or programs here at the health department, we can refer them directly to the therapist. When she is onsite, it will be a warm hand off. On days she is not on site, we can have the patients complete a release of information to refer them to the therapist and she will follow up with scheduling an appointment. This program is not limited to our maternity clinic and can be for any mental health or substance use issue. We are really excited about this opportunity and think it will be really great for the patients we serve. Mr. Spurling asked if the program is primarily education and counseling or if it is actually treatment. Ms. Oliver stated that is a comprehensive approach that can provide education and counseling in addition to treatment that can include prescribing and managing medications as indicated.

**COVID-19 UPDATE:**

Tiffany Hansen provided a COVID-19 update to the Public Health Board. Ms. Hansen stated our current daily case counts for COVID-19 are similar to where we were in December and January when we were under Executive Orders and there were mass gathering limitations, mask mandates, and many restrictions in place. The CDC's COVID transmission map was shown indicating all of North Carolina is in a high level of transmission based on cases and positivity rate. Over the last two weeks, we have seen our cases averaging between 95-100 cases each day and have had 266 deaths. Based on current trends, 1 out of every 59 people in Cleveland County that get COVID-19 will die. Currently we have 51 people that are Cleveland County residents hospitalized and our present positivity is 17.6% for Cleveland County and 13% for the State. Our case rate is highest in our 0-17 and 25-49 age group. Ms. Hansen stated that a major reason why this is very concerning is the fact that some of the people get very sick and require hospitalization, which places a great

deal of stress on our medical system. The Charlotte Metro area Health Systems had 933 patients that were hospitalized for COVID19, of those 91% of them were unvaccinated, 126 patients on life support and 122 of those patients were unvaccinated. Atrium Cleveland has 20 patients in ICU and all 20 of the patients are on ventilators. 40% of all available beds are taken by patients with COVID19. Ms. Hansen stated that vaccination remains the number one prevention strategy. 52% of Cleveland County residents 12 years old or older are vaccinated with one dose and 47% for two doses. Those 18 and above, are at 55% and full vaccinated at 49%. As more people in each age group are vaccinated then we see a lower number of cases in that age bracket. Ms. Hansen stated there is a connection between high vaccination rates, and lower case counts/percent positivity within the County. Orange County has 78% of their total population vaccinated and they had 227 cases per 100,000 people in the last 7 days. Cleveland County has 40% of our total population that have been fully vaccinated and 732 cases per 100,000 in the last 7 days. Ms. Hansen stated that our unvaccinated residents are at the greatest risk. They are 5 times more likely to get COVID19, 15 times more likely to die from COVID19 according to recent NC data. The CDC just released a MMWR, late last week validating those same things on a national level. Ms. Hansen stated that the vaccine is working, and we are seeing those benefits in reduced severe illness and hospitalization.

Ms. Hansen shared an update on additional doses vs. booster doses. The additional dose is the only one that is currently under FDA/EUA for those that are moderately or severely immunocompromised. The booster dose for Pfizer will be reviewed by the FDA advisory committee on Friday. As we have seen COVID19 cases rise in the County, we have also seen an increase in the demand for testing. In early July we were doing about 600 tests a week in the County, now we are doing about 4,000 tests a week. Testing is in high demand. In order to meet that need, we are working on a couple of opportunities. The State has made available home test kits, called Ellume, which we are hoping to get this week. Our plan is to try and utilize those for people that need screenings, for those that are going to concerts, or those that need testing for work. Star Med will be doing every other weekend testing from October through the end of the year. We are also very thankful to Kintegra Health who has been willing to do some mobile testing for us as well. They were out on Saturday and did nearly 400 tests here at the health department. Lastly, in an effort to meet testing demands, we have been assessing our internal capacity and what ability we have to expand testing and what that may look like in order to really help the community. The question was posed that as the new OSHA regulations with weekly testing for companies roll out, how do you support that? Ms. Hansen stated that we have been strategically assessing what our internal capacity is to meet these needs. We have really been encouraging companies that are going to need testing to start talking internally about what capacity they may have; especially some of our larger employers, like the schools, Greenheck and Clearwater. If they have nurses on staff, or people that can do their testing for them that would be optimal. Ms. Hansen stated that she knows that Atrium has been exploring what capacity they have as well. Everyone is trying to remobilize and re-strategize around testing because everyone shifted their focus away from testing to vaccination over the summer, hoping we were on the tail end of the pandemic. Mr. Spurling asked will the test kits be at a cost to the person getting them. Ms. Hansen stated that the at home test kits are completely free. The question was asked if you have had Moderna for your 2-dose series, do you have to have Moderna for other doses. Mrs. Hansen stated that the clinical recommendation is to continue to receive the 2<sup>nd</sup> dose in whatever series you had for your initial doses. If the vaccine

your received is unavailable, you can choose to receive the other vaccine for your additional dose and it will still build the antibodies. This is based on clinical recommendations from ACIP based on the 2-dose series.

Mr. Miller asked if Atrium has completed a practice process, where if all of the units are completely filled and one has to make a decision between this patient or that patient which one will receive the care or not. Marty Hamrick shared that Atrium has not reached that point as of this time. They are starting a hospital at home program. There are some patients that can have a community paramedic go to their home every day and try to decompress the hospital. The Doctor has to recommend them. Atrium has been on EMS diversion several times, in which case, if you were picked up by EMS, they could not bring you to Atrium-Cleveland. They had to go to another facility. Ms. Hansen stated that Dr. Sanchez (EMS Medical Director) shared that he has been with Atrium Cleveland for about 25 years, and he has only seen them on diversion a handful of times. With our current COVID status, within the 5-county radius, we have been on diversion every day at some point in time. EMS is having to transport 90 minutes one way to get people to other hospitals. Ms. Oliver shared EMS typically has 11 ambulances running in the County on a given day and there have been days they have only had 1 ambulance to cover the entire County, because of being on diversion to other counties.

A question was asked about the Health Department having a very strong recommendation to the School Board to protect students who are not old enough to get vaccinated yet. Ms. Hansen stated that she and Brian Epley will be meeting with the School Board starting tomorrow to talk with them about where their numbers are, where our county numbers are and trying to figure out what may be the most appropriate direction. Ms. Hansen stated we have been encouraging them to align with the NC StrongSchools Toolkit. The question was asked if it would make sense to be in a hybrid learning model over being at full capacity without being able to social distance in schools, even though there is a mask recommendation. Ms. Hansen stated that if we look at numbers and metrics from the Spring 2021 when we did have the ability to social distance, we will see those metrics are lower; we had less cases and less contacts. Ms. Hansen stated when we can do that it is absolutely beneficial from a transmission level.

Martha Thompson asked if there has been an uptick recently because of the Delta Variant regarding vaccines. Ms. Hansen stated there really has not been an increase in demand for the vaccine. We did see a significant increase in the month of August when the State was offering the \$100.00 vaccine incentive. The State's program ended August 31<sup>st</sup>. She went on to share that since the State program has ended, many patients are not showing up for the second dose appointment.

Ms. Thompson stated she is working on gathering more insight regarding the President's mandate that he made last Thursday. She explained private employers who have more than 100+ employees regardless of location will be expected to adhere and there will be some exceptions. Martha stated there is still an outstanding question as to whether or not it applies to public sector employers and if this would apply to local government. Ms. Thompson stated that she will let Tiffany know as she gets some further information about that.

Ms. Oliver shared that we will be hosting COVID19 vaccine clinics once again at our middle schools and high schools next week and parental consent forms will be going out this week. The question was asked how the Health Department morale is. Ms. Hansen stated that on Friday we did an All Staff Meeting and recognized that people are stressed, so we did a short video about the Cleveland County Fair. We captured anyone who was willing to participate on video, sharing what their favorite part about the fair was or their least favorite part about the fair. We had about 80 people take part in the video. We did a “popcorn and a movie” event, and distributed individual bags to everyone, so they could participate virtually. Ms. Oliver stated that she received a lot of positive feedback about the meeting and video. Nathan McNeilly mentioned great feedback as well. Ms. Oliver stated the difference between our COVID response now and when this all first started is it is not brand new, so we do not have to figure out all the processes and the logistics on a daily basis. However, the physical burnout that comes from doing this work nonstop weighs on the team. Overall, staff are enduring well and are keeping a positive attitude, but it is tough.

### **BUDGET AMENDMENTS:**

Leslie McSwain presented the budget amendments.

### **ITEM NUMBER ONE**

Cleveland County Health Department received \$115,000.00 from NCDHHS and then a \$1.5 million dollar funding that will help us increase staffing in our schools and we are going to do that by utilizing a staffing agency that will provide RN’s, LPN’s, and CNA’s that will help with contact tracing, testing, and making appointments. We will then purchase the necessary supplies for those individuals and that will be budgeted into our School Health Department.

### **ITEM NUMBER TWO**

Cleveland County Health Department will be receiving a \$30,000.00 funding from Partners Behavioral Health to help support tobacco retailer education and training with the goal of reducing sales of tobacco products to underage customers. We have requested these funds to be budgeted in our CODAP Department.

**A motion to recommend the budget amendments to the Board of Commissioners was made by Kale Meade with a second by Robert Miller. The motion carried unanimously.**

### **MISCELLANEOUS BUSINESS:**

Ms. Oliver raised the question, as we move forward do we continue to meet in-person due to the current status of COVID19 cases and our metrics or do we revert to a virtual format. DeShay stated that she feels comfortable meeting in person with having preventive strategies in place, including the ability to social distance, and wear mask when we are not able to social distance. If we continue to meet in person, we will continue to also offer the virtual option, but just wanted everyone’s input. Sara stated that this is one of the safest meetings she has had as far as the individual areas,

and she personally feels comfortable meeting in person, but having the virtual option as well. Hybrid model works for everyone right now, in person and virtual. DeShay stated that we will be monitoring our metrics and if we see some type of substantial increase or reason to believe that this is not an appropriate model moving forward then we can revisit that. Otherwise, we will continue to move forward the way we are.

**ADJOURN: 6:59 pm**

There being no further business, Chair Spurling called for a motion to adjourn.

**Motion: Randy Sweeting moved, with a second by Sara Karner that the Cleveland County Public Health Board meeting be adjourned. The motion carried unanimously.**

RESPECTFULLY SUBMITTED,

Tiffany Hansen, Secretary  
Cleveland County Public Health Board  
/jl