

TOOELE COUNTY BOARD OF HEALTH MEETING

November 10, 2020

151 N. Main Street Tooele, Utah

PRESENT:

Board: Brent Marshall, Anthony Howes, Tom Tripp, Linda McBeth, Pam Bennett (via Zoom), Devan Clevenger (via Zoom), Michael Wells (via zoom), Brian Johnson (via Zoom)

Staff: Jeff Coombs, Kristy Drummond, Tracy Beckett, John Contreras (via Zoom), Brad Gillies, Bryan Slade, Tracy Frailey (via Zoom and in person)

Public: None

TOPIC	DISCUSSION/FINDINGS	RECOMMENDATIONS/ ACTIONS
Welcome- <i>Chair</i>	Brent Marshall called the meeting to order at 6:30 p.m. and welcomed everyone.	
Approval of September 22, 2020 Meeting Minutes. (Action Item) <i>Chair</i>	Brent asked for a motion to approve the Sept 22, 2020 meeting minutes.	Devan Clevenger made a motion to approve the Sept 22, 2020 meeting minutes. Linda amended the motion to correct the Board Member Assignment Report section that stated “State Board meeting was postponed” it was actually the Utah Association of Local Board of Health, not State Board. Devan made a motion to approve the minutes with the correction. Anthony Howes seconded the motion, all voted in favor, motion approved.

<p>Board Member Assignment Reports (Information Item)</p> <p><i>Chair</i></p>	<p>Tom Trip is following the opioid lawsuit and reported it has moved to the next tier.</p> <p>Linda said no other updates because meetings have been postponed due to COVID-19.</p>	
<p>Health Officer's Report COVID-19 Update (Information Item)</p> <p><i>Jeff Coombs</i></p>	<p>Jeff shared that one of the COVID-19 deaths in the county was Dennis Rockwell, who previously worked for the Health Department and served on this board. The Health Department sent flowers to his family and received a thank you card from his wife, Maria.</p> <p>Kyle Memmott has had to step down from his position on the Board of Health. According to his HR department it is a conflict of interest as a judge in the juvenile system to serve on community committees. That position will need to be filled, and it will be advertised by the next Board of Health meeting. Direct anyone interested in applying to submit their application on the county website at www.tooeleco.org.</p> <p>Jeff presented current COVID-19 numbers for both the state and Tooele County. We're entering some dark times right now and things are getting dire. The state has over 140,000 case now, 6,358 hospitalization to date, and 681 fatalities. Daily positive cases have almost doubled in a week. Our numbers increased significantly in Tooele County, especially in the last week. We had 61 new positive cases today and that's the highest we've ever had. We're averaging 50 cases a day right now, which will probably continue to go up. We have 706 active cases in Tooele, which is probably around 2,100 people infected since it's usually triple the amount that get tested. That's about 1% of our population.</p> <p>Pam asked about her daughter being tested up at the University of Utah and whether that result would be counted towards Salt Lake numbers, or Tooele. Tracy Frailey explained that the test result is reported to the county where the person tested lives.</p> <p>Jeff explained that looking at the EPI curve we are in what's called an acceleration phase. The percentages are rising really fast, the rise is similar to the Utah's overall, but ours might be even more pronounced. Our test positivity rate for the state right now is at 23.46%, which is 9th highest in the nation. Tooele is at 20.52%, which is the highest we've ever been. Our greatest concern is the increase in hospitalizations. In the beginning of September, we had 121 hospitalizations for the state, even at the previous peak 210 was the</p>	

highest number. Currently we are at 444 hospitalizations, so we're nearing capacity. Over 81% of ICU beds are occupied, and in some areas, they are over capacity. Our local hospital is doing pretty well and has some ICU beds open, but they tend to send the more serious people onto the larger hospitals. They are starting crisis of care in many hospitals, which means they have to cancel elective surgeries. If things continue to get worse, they may have to start prioritizing treatment based on survivability.

The Governor issued what's called a "hard restart", saying we've got to do some serious things here, we've got to change some behaviors and flatten this a little bit. An emergency alert went out on Friday and some steps that we can take that are reasonable. We know the things that work the best: wearing a mask and distancing. So, in the health order the Governor took the big step and issued a statewide mask mandate and that's for anywhere that you're with people outside your household and you're within six feet, indoors or outdoors. That order does not have an end date on it, that's just until things improve. There are three additional steps that they took, one was to only meet with people in your own household, basically not have family gatherings for a couple weeks. What started this recent spike were young people, ages 15 to 25, having parties after school and off campus, They were getting infected and not taking it very seriously. But then when they go to their homes, they would affect family members. So now we're seeing the greatest spreads among households. As citizens we each need to make those personal sacrifices. I think we all have ancestors that made great sacrifices to get over to this country and to start the lives that we enjoy now. And I think what we're being asked to do, comparatively, is pretty small. We need to get behind these things and realize we all need to sacrifice and chip in in order to make a difference. There's a show called The Good Doctor, and it just started a new season. And it's showing what's really happening with COVID and showing what's going on with the patients and how they're handling it, the stress upon the staff. Even small case numbers can have a huge ripple on a family, or community, and we're seeing that. We also don't know what lasting effects will come from this. They don't have the numbers for how many people are still struggling from side effects from COVID, including those who have experienced lung damage. Even amongst some of our staff it's taking longer than they thought it would take to get over this. It often can take months to get over, if you're lucky, some are affected permanently. It will take years to discover the lasting effects.

In Norway some marathon skiers were seeing a difference in their run times. Some testing was done, and they found out they had lung damage from COVID, and they had no outward

symptoms. They are hoping to get over it and that the lungs will return to regular capacity again, but we don't know.

The group shared stories of those they know about who have been affected by COVID and the symptoms they are still experiencing even months after becoming infected. They also noted that at the beginning not many in the room knew of someone personally who had the virus or who had died from it, but at today's meeting that had increased.

Linda asked what responsibility the Health Department has to see that the rules are carried out, especially the businesses that haven't been very diligent in the past. Jeff said when the complaints come in, we try to work with the businesses, and most will come into compliance. If they don't, it can be reported to the labor commission, and they can issue a penalty against the business. Hopefully, we don't get to that, but that would be the recourse.

Bryan said he had a call today that one of our grocery stores here in town is refusing to obey the mask order. Linda said she has been to Lucky's sometimes and the man in the meat department never wore a mask. Bryan said that the complaint he received today was about Lucky's. A customer called, she was concerned because there were several people, patrons and staff that were not wearing masks. The manager told her that it's only a recommendation and not enforcing it. So, Bryan will make a call to the corporate office and tell them we're going to fine them \$10,000 if they don't comply.

Brent emphasized that the numbers are growing rapidly in Utah and being 9th in that nation made the national news, and then the group discussed the governor's executive order.

Jeff said it will take about two weeks before we know if it makes a difference. We're continuing to work with businesses and institutions, anyone wanting to hold an event has to submit an event template to be reviewed and approved. But often they don't abide by it, we hear of people that wear masks to get in and then once inside they take it off and put it back on again. Well, if that happens now both the property owner and the event organizers will be fined.

Jeff said there is some good news to report. Pfizer has had positive results so far on the vaccine, 90% efficacy, that is almost up to the standard of measles and smallpox. It is shipped in cold storage, minus 70 Celsius, which is below 100 degrees Fahrenheit. In the

	<p>next couple of weeks, they'll start shipping them out to five different hospitals in Utah that have freezers cold enough to hold them. U of U, LDS, IHC, IHC Provo, and IHC St. George. Once the FDA gives an emergency use authorization, they can immediately start giving the vaccines. It requires two shots, 21 days apart, it takes about a week to start seeing efficacy. It's an RNA vaccine which causes your body to start developing proteins that fight and develop immunity to the virus. This may be one of the biggest improvement's in vaccinations in 100 years.</p> <p>Bryan mentioned that it won't be available to the general public until at least next summer. Jeff agreed that probably March at the soonest, they'll only have 25 million doses by the end of the year. Plus, we have another vaccine produced by Moderna coming online next, then after that is Johnson & Johnson. The vaccine by Johnson & Johnson is only one dose. Now, on the scary side, in Denmark they are having to put down all their minks, 19,000 minks because they are carriers, a mutated version of COVID. We don't know if that will transfer to humans yet, so heaven forbid, COVID part two.</p>	
<p>Mass Vaccination Plans (Information Item) <i>Tracy Frailey</i></p>	<p>Tracy Frailey discussed the mass vaccination flu clinic held on Friday, November 6th. It was used as a practice for when we get the COVID vaccine. It was held at Desert Peak, and it was very successful. This clinic and the future COVID clinic will go all the way around the perimeter of Desert Peak to accommodate long lines, about a mile long. We only had about 45 people come through the line. We learned a lot, we learned some things that we need to change, but that is the model that we're going to use for COVID. We've ordered six tents from Tent Craft that we have received them already. And lucky for us, we ordered them early because now everybody is trying to get these tents for their drive thru clinics. We are ready to go just as soon as we have the vaccine for the public.</p> <p>Tracy explained that those coming to get the vaccine will be asked to stay in their car, this makes it safer and more efficient. The vaccine will only be offered to those 18 years of age or older at this event. The school nurses have already completed the flu clinics in the schools. And since children are not as susceptible to the virus as adults are, adults will be offered the COVID vaccine first. Jeff stated that for the youth we will follow our flu plan, where we go into the schools and do the majority of the youth in the schools. And those that can't get it at school will make appointments to come to the health department. That's what we'll implement for COVID when we get to the point to vaccinate the youth.</p>	

	<p>Brent asked about the order in which the vaccine will be distributed to the different groups. Jeff stated that the first will be the hospital personnel. Then first responders and other medical personnel and will vaccinate themselves. The third group will be long-term care facilities, senior centers, and their staff. And that will be done by CNS nursing and Walgreens. Then high-risk individuals, and then the general public. Tents won't be set up until probably March, we won't put them up until we know that we're getting the vaccine for the general public.</p> <p>Jeff emphasized what an outstanding job Tracy did organizing this. There were a lot of logistics, radios, traffic, getting from one station to another. It included most of our staff, probably 80% of the staff from both Health and Aging. We had the transportation staff picking up seniors and drive them in to receive the vaccination. If they can't drive, we'll go pick them up and bring them in. We are going to do a hot wash Thursday and go through what worked really well and where we need to improve. We came together really good as a department it was really a group effort.</p> <p>Brent asked if we're looking at outside areas, like Wendover or Ibapah? Tracy stated that yes, the tribes will go before the mass vaccination clinics. A flu clinic was held on Saturday in Wendover, and they've been testing for COVID as well.</p>	
<p>Aging Services Budget Update (Information Item) <i>Tracy Beckett</i></p>	<p>Tracy referred to the handout titled Tooele County Aging Services. The first column on there shows our pre COVID budget for 2020. This was before COVID, before we had to deal with it, we had in \$2.2 million budget. 1.4 million came from state and federal grants and you can see the breakdown for the other areas. But after COVID hit our aging population is the high risk, so we were able to have Cares Act funding through the county and also through the state to help us with different programs. It helped us make sure that we can feed our seniors, that they don't have to go out. So, our budget has jumped to \$2.9 million by the end of the year because of the Cares Act funding to help us with these additional programs we've added.</p> <p>We've just entered our request for 2021, it's still in the approval process. We do not have guaranteed Cares Act funding for next year. Hopefully, we'll be able to continue to take care of and feed our seniors so they can be protected as much as possible. But we are requesting 2.4 million for next year. Some of the ways that this funding has helped our senior population are home delivered and Meals on Wheels. These services have increased, we're</p>	

serving about 190 to 200 hot meals each day, being delivered Monday through Friday. We also have about 150 people come through our drive thru lines in Tooele and Grantsville combined to pick up a hot meal. And then we also have frozen meals to the outlying areas, Wendover, Rush Valley, Vernon, those areas where we can't get drivers out to them each day, they receive 10 frozen meals once every two weeks. So the Cares Act funding has really helped with that.

We've also purchased two new vehicles for our home delivered meals. Because of the increase in the number of meals the driver's routes were so long, so once received these vehicles will be a great help. We've also hired some people through contract work to help deliver these additional meals, so the Cares Act Funding has helped with that. We've also been able to provide a grocery delivery bag once a month to seniors both through home delivered meals and pick-up meals. The bags contain groceries, meal items, toilet paper, some different items for the homebound seniors.

One of the things we worry about most is the isolation and the loneliness with our seniors. So, we have been working to create some virtual ideas, and ways to help seniors connect virtually. In December, we are starting to reach out to older adults in this new way. And some of our funding has been able to buy tablets that they can use in their homes to connect and not be so lonely. So, these are some of the things we're doing with our funding and our budget. We just keep adjusting, as everyone is, with COVID. We see what we need to handle and try to help people the best we can.

Linda had a question while looking at the 2020 pre-COVID budget and the 2021 request, there's about a \$200,000 increase approximately, what would that increase would be for? Tracy stated that at the beginning of this year our meals were about half of what they are now. So, we've increased how many home delivered meals we're delivering, how many meals we're making, and the increased cost of that, so that increases our meals budget.

Linda also asked if we anticipate after the COVID crisis is over if the number of meals will stay where they are at now? Tracy said she believes the number will go down, so the amount of funding we need for the meals on our budget line item, we've increased that line item. Once COVID is over and we can resume normal activities, a lot of people won't need to come pick-up meals. We're trying to keep the high risk, older adults in their home as much as possible. Once they have received the vaccine and are able to go out, they probably

	<p>won't need to do that as much. Meals is a big driving force in the increase in our budget.</p> <p>Jeff stated that we received some new contract funds to increase our social services. We have added a new social worker/case manager, so that's part of that increase as well. We hope there will be some additional Cares Act funding the first of the year, of course, we can't budget that in until we know it's there. We also have money in reserve funds that, if needed, we could request use of.</p> <p>Tracy added that the county contribution line in 2020 asked the county for around \$234,000 and next year \$698,000. The reason for that in is that in 2019 our county contribution line was \$708,000. This year the county asked us to pay part of that from our fund balance and that's why there is a difference, but she added that in future years we could go back up to the level we did, so this is just a one-time reduction.</p>	
<p>Budget Update (Information Item) <i>Brad Gillies</i></p>	<p>Brad referred to the handout titled Actual vs Budget as of October 31, 2020, which is 83% of the year. Revenues from contracts are about 73% of the budget. Due to COVID we are not able to bill against many of our regular contracts. Time is spent by staff on the COVID situation instead. We are still receiving immunization and environmental fees as budgeted. Expenses for our regular operations are only about 60% of budget. Most of this is due to not charging staff's wages and benefits to contracted programs within the divisions. Any time being spent on COVID related items is being paid out of COVID funds, so it is not going against the operating budget.</p> <p>We have received almost \$1.2 million in COVID funding. We have received \$450,000 general funding from the state and about \$500,000 from County Cares funding. We have also received a grant for about \$165,000 specific for contact tracing. We are using these funds for 12-15 contracted contact tracers, in addition to some employee time for contact tracing. We also received grant funding for an epidemiologist that we have hired. There is also a Community Partnership grant, that we have used to hire two community health care workers that get information out into the community. We also received COVID funds through the WIC program. These specific grants amount to about \$250,000 of the \$1.2 million in funding for COVID related expenses. As of October 31, COVID related expenses have been about \$900,000, with about \$650,000 of that being wages and benefits paid to employees. These normally would have been funded through our regular contract programs</p>	

	<p>and fees.</p> <p>At our last meeting we approved a proposed 2021 budget to present to the commissioners. Since that time, we have had a couple of adjustments and had an additional state COVID grant come through for about \$450,000 for next year. These funds are specific for the vaccination administration and more contract tracing. That funding was not included in the original budget but has since been submitted to the commissioners as an adjustment. In addition, we are also requesting a COVID Contingency line in the amount of \$500,000 be added to our 2021 budget. These funds will come from our accumulated fund balance. If during the year we receive additional grant funding, we will submit these as budget adjustments during the year.</p> <p>Brent stated that he knows from working on the municipality side of things, it's not very cheap or easy, it's a been costly virus.</p> <p>Brad stated that the COVID situation has not just been costly in terms of money, but our staff has spent a lot of extra time on this and mentally it has taken its toll, but everyone is hanging in there and doing the best they can.</p>	
<p>Board Member Comments and/or Concerns</p>	<p>Devan asked about the COVID tests administered in Wendover. Are there any updates on how many might have been positive from those tests? Jeff stated that the last report showed 77 tests were completed but at this time we do not know the number of positives cases. Once numbers are confirmed they will be reported to Wendover City.</p> <p>Tracy Frailey will follow-up on the test results.</p> <p>Linda wanted to make a comment to Jeff and the rest of the Health Department what a great job is being done and we're lucky to have you.</p> <p>Jeff said it is taking its toll among his peers, four other Health Officers have announced their retirement between now and the first of the year. Probably two more will announce retirement before March, so six of the 13 will be turned over by March or April. The State Health Officer is retiring as well.</p>	

	<p>Devin asked if they are going to be doing another testing out in Wendover again?</p> <p>Tracy Frailey said that every two weeks, either on a Tuesday or a Wednesday. She'll send the dates to Devin.</p> <p>Devin also wanted to thank everyone for what they do and expressed her appreciation for the testing being done in Wendover.</p>	
Public Comments and/or Concerns	<p>Mike Wells also wanted to congratulate and express gratitude for everyone, the hard-working county health workers.</p> <p>Brent asked Jeff to pass on his appreciation to the staff.</p>	
Meeting Adjourn	<p>Brent entertained for motion to adjourn.</p>	<p>Linda McBeth made a motion to adjourn the meeting at 7:28 pm, Mike Wells seconded the motion, meeting adjourned.</p>

Attachments: Tooele County Health Department Actual vs Budget ended Oct 31, 2020, Aging Services Budget overview 2020 and 2021