



AITKIN COUNTY
EST 1857
HEALTH & HUMAN SERVICES
COUNTY BOARD MEETING MINUTES
July 28, 2020

Attendance

The Aitkin County Board of Commissioners met this 28th day of July, 2020, at 9:05 a.m. as the Aitkin County Health & Human Services Board, with the following members present: Commissioners J. Mark Wedel, Don Niemi, Anne Marcotte, and Laurie Westerlund. Others present included: H&HS Director Cynthia Bennett, Accounting Supervisor Carli Goble, Public Health Supervisor Erin Melz, County Administrator Jessica Seibert, and Assistant to the County Administrator Angie Sahr. AIK Community Health Board Administrator Maggie Rothstein, Riverwood Healthcare Center Chief Medical Officer David Taylor, and Riverwood Healthcare Center CEO Todd Sandberg who attended via video conference, and Jennifer Eisenbart, Aitkin Independent Age.

Agenda

Motion by Commissioner Wedel, seconded by Commissioner Westerlund and carried, all members present voting yes to approve the July 28, 2020 Health & Human Services Board agenda.

Minutes

Motion by Commissioner Marcotte, seconded by Commissioner Wedel and carried, all members present voting yes to approve the June 23, 2020 Health and Human Services Board minutes.

Bills

Carli Goble, H&HS Accounting Supervisor noted that there were no irregular items in the bills this month.

Commissioner Marcotte inquired into how many people we were paying for that are in adult treatment centers?

Carli replied that we had four individuals in the DHS-MSOP program.

Motion by Commissioner Westerlund, seconded by Commissioner Wedel and carried, all members present voting yes to approve the bills.

Review/Approval of Contracts/Agreements/Appointments

Motion by Commissioner Westerlund, seconded by Commissioner Marcotte and carried, all members present voting yes to approve the appointment of Jennifer Sheets, citizen of Commissioner District 2, to the Health & Human Services Advisory Committee.

Motion by Commissioner Westerlund, seconded by Commissioner Marcotte and carried, all members present voting yes to approve the appointment of Michelle Brodhead, citizen of Commissioner District 4, to the Health & Human Services Advisory Committee.

Motion by Commissioner Marcotte, seconded by Commissioner Westerlund and carried, all members present voting yes to approve the Delegation Agreement between Aitkin County and the Aitkin, Itasca, and Koochiching Community Health Board.

Health & Human Services Director Report, Cynthia Bennett, ACH&HS Director

Directors Update

Cynthia began by stating that her update focused on COVID-19.

She mentioned that there is no question that everyone is tired of COVID-19 and all that has accompanied it, but we cannot abandon our resolve to beat this disease. We cannot ignore it, wish it away, or pretend it is not happening we grow tired of winter and it still happens we need to deal with it and COVID too. Managing this disease will take moxy, grit, and fortitude. We are nearly six months into this pandemic with no end in sight. It will take tireless work from scientists, business leaders, politicians, as well as each and every citizen to beat it. She stated the facts: American's are getting sick, Americans are dying, and Americans are experiencing a drastic change in how they live their lives.

Cynthia relayed that from a scientific standpoint there are, basically, five things we need to do to manage this pandemic.

1. Slow the spread.
2. Produce and distribute enough personal protective equipment (PPE) so that everyone is protected.
3. Enhance our capacity for testing and utilize all viable resources for testing.
4. Place a strong emphasis on contact tracing because we need to understand the patterns of it, how it progresses, and how it impacts various population.
5. Develop and distribute a safe vaccine.

Cynthia went on to mention that There are a lot of varied opinions out there regarding how to manage this disease and right now we need to rely on the people who are our content experts, that includes epidemiologists, statisticians, infectious disease Dr.'s and virologists. We also need to look to trusted sources for information, CDC, MDH, our local health care providers, and Public Health.

She suggested we put this into perspective, we are required to wear a seatbelt when driving, not text while driving, smoking is not allowed in in public spaces and we need to dispose of our garbage in a specific manner. All behaviors to protect others and ourselves. We are not refusing to do these things, why we would refuse to do things like wearing a mask, social distancing, or limiting our time in a public space so we can help protect each other. She pointed out that we cover our cough and sneeze into our sleeve to stop the spread of germs and with COVID we are being asked to do something that is just a little more advanced in stopping the spread of germs.

Cynthia then turned the update over to Erin who introduced our guest speaker.

COVID-19 Update, Erin Melz, Public Health Supervisor

Erin began by welcoming Dr. David Taylor to engage in a question and answer session regarding COVID-19.

Dr. Taylor began by giving an overview on the status of COVID-19 in Aitkin.

He said we have not had a serious surge in the state or in the county. It is a very contagious disease, more than the seasonal flu, but not as deadly as previous coronaviruses we have seen such as SARS. Coronavirus is a very common virus and actually is responsible for common colds and is the second most common cause of colds behind the rhinovirus. We have encountered this virus a lot, but this particular strain is new to the world.

They have discovered many treatments for the disease, but not a cure yet. The treatments have improved the survivability rate for the disease if people react strongly to the disease.

Erin began asking her questions.

1. Erin asked if masks are really effective in prevention, if they were unsanitary, or if there were any risks with wearing masks?

Dr. Taylor admitted being skeptical of wearing masks at first because of a 2015 British medical journal article related to the flu that stated masks caused increase infection. When they began looking, in the March-April time frame, at what to do about masking and whether it would help with COVID-19 they looked to different countries where masking is more prevalent and that seemed to help in areas such as Tokyo, where there is a denser population, to prevent the spread of the disease.

Masking itself is not dangerous to citizens in day to day activities. We have occupations where people wear more restrictive masks all day at work and they don't suffer any ill effects from it.

2. How does COVID-19 compare to infectiousness and severity with other common respiratory infections like the flu? Can we assume everyone will become infected at some point?

This is not a seasonal flu. There are other flus that have been as dangerous or have historically killed more people, such as the Spanish Flu. In 1919 the seasonal flu killed 40-60,000 people, but that was over the whole course of a year. On April 1st we had seen around 5,000 deaths due to COVID-19 and by June 1st we had over 105,000 deaths, 100,000 people died in two months.

It is not the seasonal flu, but it also is not Ebola, where if you get it there is a very low risk of survival from it. It is more selective in how it affects underlying health issues and that is what makes it so dangerous.

The real issue, beyond the death toll, is how it bogs down the healthcare systems. If someone gets the seasonal flu and needs to be hospitalized from it, they usually, even in severe cases, only spend a few days in the hospital and possibly a couple of days in the ICU. A person who needs hospitalization from COVID-19 spends, on average 12-14 days in just the ICU, on top of the other days in a regular hospital room. By having patients in the ICU's for so long it causes those resources to not be available to others, without COVID-19, to not be able to use them. It is, however, very important to remember that even at 0.05% mortality rate we are talking about a death rate of 500-700,000 deaths in the US. Those are numbers we have not seen since WWII.

We are not sure about whether COVID-19 will infect everyone in some form at this time or not. The problem is we do not know enough about it yet. We don't know how long immunity lasts once you have contracted the disease and recovered. It could be 3-6 months and even then we don't know if it will just be a milder version of it or if it will be full blown COVID-19 again. The biggest thing we can hope for is a vaccine to be developed. But along with that we also don't know how the vaccine will work, whether it will be like a Polio vaccine and keep you from contracting the disease at all for as long as you live or if it will be like the seasonal flu vaccine that you have to get every year and still doesn't guarantee you will not get the disease, but that it will be a milder case if you do.

3. Will we help build our immunity if we don't wear a mask and is there anything we can do to raise our immunity to the disease?

It could be possible to build your immunity by not wearing a mask, but you are kind of playing a game of Russian roulette, in that you can't control how much of the disease you are exposed to at one time and that you don't know how your body will react to it. You could be risking hospitalization or even death if you do this.

The other part of immunity that we don't talk enough about is the things we can do to help us from possibly getting a more severe case of COVID-19 is things like eating well, Vitamin-D, getting well rested, and exercising can all help our bodies be prepared to fight the disease better.

4. What signs and symptoms are you seeing most frequently and how have they changed over time. Is this consistent around a region or a state and is Riverwood, specifically, seeing more people presenting with COVID-19 like symptoms?

At Riverwood, we are seeing an increase in numbers of people with symptoms but that he thinks that is due to a couple of other viruses that are out there right now, but he foresees having the same issues when the seasonal flu season arrives this fall.

The symptoms still include fever, shortness of breath, loss of smell, and loss of taste. We are now also seeing some diarrhea, cough, fatigue, and muscle aches presenting themselves.

5. What is positivity rate and why is this an important metric in monitoring COVID-19 activity?

If you did 10,000 test per day and always did 10,000 tests per day you could just go by the numbers, but since the testing rate has changed over time and continues to change you really need to go by what percentage of your total tests are you doing that turn positive. When a low number of tests are

positive it means it's not really in your community or state. When the rate starts to increase it gives you a good idea that you are starting to see it more around in your communities and state.

6. What criteria is Riverwood using to consider testing individuals?

It has changed so much as we now have more access to tests than we did when this first started, but right now we will test anyone who has symptoms. It will be the sent out test that goes to another lab to do the testing, but they will get tested. There just are not enough of the rapid, 45 minutes to an hour, tests around. He wishes they could test everyone who wants one but they still do not have the testing kits available to do that.

7. We know that masking is not a replacement for social distancing, but if social distancing is recommended and works why do we also need to wear masks?

There are a couple of reasons. Social distancing is really an educated guess that comes from this idea that if you cough or sneeze that droplets are thrown out of your mouth. These droplets can only travel so far before gravity and air resistance force them to the ground, which is where the six feet came from. Now it is looking like this disease is more spread by aerosols, microscopic droplets, floating around in the air which makes the six feet distance not as effective as was initially thought. The best way to be really safe, of course, is to not interact with others, but that puts us back to sheltering in place and shuts the economy back down and we do not want to do that if we don't have to. So we have added the mask to lessen our chances of these microscopic droplets making it to us.

Commissioner Niemi thanked Dr. Taylor for taking time out of his busy schedule to attend today and asked about how COVID-19 deaths are reported and if the hospital receives more if it is reported as a COVID-19 death versus another cause of death?

Dr. Taylor responded that no they do not receive any more money than normal for a death that is related to COVID-19 compared to one that is not. The thing he had heard was that the insurance companies were not requiring patients to pay anything for COVID-19 related hospitalizations, that they were covering the bill 100%. The hospital gets the same amount either way it is just a matter of who is paying for it.

He added that he finds it very concerning that it is being reported that hospitals are over reporting COVID-19 deaths and that is most certainly not true and that the numbers may actually be under reported due to testing reliability and other factors.

Commissioner Wedel asked about what necessitates the use of a ventilator with COVID-19?

Dr. Taylor responded that it has a very unique effect on your lungs and affects the oxygenation throughout your systems. With COVID-19 he has seen patients with a 70-80% oxygen saturation (O₂) rate, which is normally in the high 90's or 100%, that are up and walking around without feeling any effects from that when they should be light headed or feeling faint. But the lower O₂ rates are causing damage to their bodies and lungs. The ventilator is a last resort to help the lungs get a rest and repair themselves by taking much of the load from them.

Commissioner Wedel followed up by asking about the supply of ventilators at Riverwood specifically.

Dr. Taylor said that Riverwood is sitting ok with ventilators for our size of hospital. We have two state of the art ventilators, much like you would find at HCMC or the Mayo and along with that they have many other basic ventilators to handle a worst case scenario for a little while until they were able to move people to a higher level of care facility.

Commissioner Marcotte said that she had heard a federal official state that if you die from something other than COVID-19 but test positive after death for it that you are marked as having died from the disease and wondered if this was true.

Dr. Taylor remarked that he rejects that idea, although admits he could be wrong, however he finds it very hard to believe, ethically, that any doctor would report the cause of death as anything other than the actual cause.

Carli went through her financial report PowerPoint presentation.

Commissioner Marcotte inquired into the lower travel and insurance costs and was wondering if it was due to the video and telehealth visits we are now doing and if so if we would try to continue these practices post COVID-19?

Carli responded that most of that is due to waivers we were granted from DHS and that they will be in place until June 30, 2021. Inevitably it will be up to DHS if they allow us to continue those practices or if we will be required to meet face to face again. She also added that the numbers in that column are also so low as to the fact that we are not charged for our annual motor pool usage until the end of the year, so that will make it go up at that time.

Committee Reports

H&HS Advisory Board Update

There was no meeting but Commissioners Wedel and Westerlund inquired into whether we would be meeting again soon.

Cynthia remarked that we would be having another meeting on August 5, 2020 and that we hoped to have it in the Board room.

CARE Board Update

Commissioner Westerlund said that they had met and went through their planning process with Beth Leif. She also mentioned that they were having a produce distribution on July 30th and gave Shawn Speed a pamphlet to be distributed via email to those who would benefit from it to get the word out.

Lakes and Pines Update

Commissioner Niemi mentioned that they did meet but he was having some trouble connecting to the meeting but they discussed their state audit and that if there was anything else he would brief the board at the next meeting.

The meeting was adjourned at 10:29 a.m.

Next Meeting – August 25, 2020