

**JEFFERSON COUNTY HEALTH DEPARTMENT**  
**405 Main Street, Hillsboro, MO 63050**  
**November 23, 2020**

**CALL TO ORDER**

Chairman Diehl called the annual meeting of the Board of Trustees of the Jefferson County Health Department to order at 3:05pm.

**ROLL CALL**

- Dennis Diehl, Chairman - Present
- Dr. Amber Henry, Vice-Chairman – Present
- James Prater, Secretary-Treasurer – Absent
- Tim Pigg, Member – Present
- Susan (Suzy) Davis, Member – Present

**OTHERS ATTENDING** (x indicates present)

- Kelley Vollmar, Director
- Richard Tufts, Assistant Director
- Steve Sikes, Operations Manager
- Jennifer Pinkly, Admin. Services Mgr.
- Steve Heinle, IT Manager
- Christi Coleman, Sandberg Phoenix
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Others in attendance:

Dr. Alexander Garza

**APPROVAL OF AGENDA**

Dr. Henry made a motion to move the Pandemic Task Force item to immediately following the approval of the agenda. Mr. Pigg seconded the motion. The motion carried unanimously, and Chairman Diehl announced it had passed.

**Pandemic Task Force--Dr. Garza**

Dr. Garza presented data that is used to strategically plan for the pandemic response.

- The data presented was from November 19, 2020.
- Every Thursday they run the data that they use for projections.
- The hospitalization numbers continue to increase. There are different sets of numbers that they look at—the two presented today were the admissions and census numbers.
  - The census number as of last Thursday were up to approximately 850; if the patients that are suspected of being positive for COVID are included, the number approaches a thousand within the metropolitan area.
  - If the number of cases continue to increase and the number of staff available to respond decreases this will impact the services that can be offered to accommodate this discrepancy.
  - More specifically, if the projection is accurate by the second week of December the hospitals will only be able to provide acute care for patients and all other services will be suspended.
  - This also means the hospitals will be unable to “flex up” or take in transfer patients from the outlying/rural areas.
- Time is of the essence. If we cannot decrease the transmission rate the hospitals are going to be overrun by patients in our health care system within a week.
- At this time, the service area for our hospitals have significantly increased, with patients coming to our facilities from as far away as Polk and Pettis County. On a per capita basis, from September to the present moment they are seeing more patients from outlying areas than St. Louis County and City.
- A comparison map was shown of the state’s with mask mandates versus the states without mask mandates. The state’s with mask mandates have a lower rate of cases as well as a lower mortality rate.

Mrs. Davis requested the opportunity to ask questions about the ICU capacity, and how that is calculated. To which Dr. Garza answered that the most valid way to calculate the capacity is by looking at the percentage of ICU beds that are full rather than averaging the number of beds per hospital because the smaller hospitals have fewer beds and may have already reached capacity while the bigger hospitals have more beds and may only be nearing capacity. The other factor that must be taken into consideration is that capacity is not just calculated by the number of beds available

but also by the number of staff available to care for patients and staff's ability to perform their tasks at their peak performance—which is a challenge to do with a nursing shortage that is causing strain and exhaustion for the workers. Because of these factors the number of available beds fluctuates daily.

Mr. Pigg asked if there were any other issues that are of concern for the future. Dr. Garza reported that there is concern that people are not coming into the hospital for their regular managed care because they are afraid of contracting COVID which in the future may have serious impact on their health, especially for those with at risk for strokes and heart attacks. The other concern is that patients from rural areas are not getting the tertiary or quaternary care that they need but cannot get from their local hospitals and health centers. It is believed that this will result in excess mortality over time.

### **October 22, 2020 MINUTES**

Dr. Henry made a motion to approve the 10/22/2020 minutes. Mr. Pigg seconded. Motion carried Chairman Diehl announced the motion had passed and the minutes were approved.

### **October 2020 EXPENDITURES**

Dr. Henry motioned to approve the October 2020 expenditures for \$229,506.09. Mr. Pigg seconded. Motion carried unanimously and Chairman Diehl announced the motion had passed.

### **October 2020 APPROVAL ELECTRONIC PAYMENTS**

Mr. Pigg motioned to approve the electronic payments for October 2020 for \$428,880.88. Dr. Henry seconded. Motion carried unanimously and Chairman Diehl announced the motion had passed.

### **December 2020 PRE-APPROVAL ELECTRONIC PAYMENTS**

The list of vendors for pre-approved electronic payments for December 2020 was presented to the board with an estimated amount of \$489,913.25. Mr. Pigg motioned to pre-approve the December 2020 Electronic Payments. Dr. Henry seconded. Motion carried unanimously and Chairman Diehl announced the motion had passed.

### **DIRECTORS REPORT – KELLEY VOLLMAR**

- Retirement Recognition  
Ginger Vance was honored with a plaque for her 26 years of service at JCHD. She began as an Office Support Assistant to most recently working on the COVID-19 testing team. Ms. Vance vocalized that she loved working for JCHD, but she is leaving solely because of the actions and behaviors of the board.

- Pandemic Task Force
  - The lab PCR tests are over 30%
  - There is a significant increase in cases, especially after Halloween
  - Reproductive rate is 1.3
  - Mrs. Davis asked questions regarding the data Mrs. Vollmar reviewed. Mr. Pigg called a point of order requesting that Mrs. Vollmar be allowed to continue her presentation. Chairman Diehl gave the floor to Mrs. Vollmar.
- The lab PCR tests continue to be over the 30% level
- The weekly case counts continue to increase as do the rolling averages
- There has been a significant increase in new cases since Halloween
- The reproductive rate for Jefferson County aligns with the St. Louis Metropolitan area which is 1.3
  - Mrs. Davis requested clarification for the Reproductive Number (Re) slide to which Mrs. Vollmar explained that the slide does not consider total population, meaning St. Louis' numbers are going to look much worse than Jefferson County's numbers because they have a much larger population than Jefferson County has.
- Since the beginning of the pandemic to now Jefferson County has had 10,000+ positive cases
  - Mrs. Davis requested clarification on the Re noting it was higher in April, to which Mrs. Vollmar explained the numbers look different from April's numbers because of the increased capacity for testing. The rate of reproduction has not decreased, instead more people are getting tested which helps give a more accurate accounting of what is happening in the community.
  - Mr. Pigg noted the positivity rate is 31%. To which Mrs. Davis requested additional clarification regarding where the numbers were coming from and how it was being calculated. Mrs. Vollmar stated the figures are coming directly from the Missouri Hospital Association, and these numbers align with the data that is received from Missouri's Department of Health and Senior Services and the St. Louis Pandemic Task Force. "Regardless of the data source, Jefferson County has 1 in 3 tests that are positive. Community transmission is enormous, and it is not getting better."
  - Mrs. Davis requested information regarding the severity of illness for the positive cases. Mrs. Vollmar stated 1 out of 3 cases was hospitalized. Chairman Diehl instructed Mrs. Vollmar to continue presenting her report.
- The age-adjusted hospitalization predictions by the region shows from April to now Jefferson County has had a dramatic increase in hospitalizations, especially following Halloween.

- County COVID Report:
- For the period 10/31/2020 to 11/14/2020 the lab confirmed cases for Jefferson County were 2,658 cases of which 769 cases accessed one of the task force hospital system.
  - This amounts to 1 in 3 people accessed the hospital system.
  - Of those individuals 1 in 5 were admitted for inpatient care.
  - 34% of those individuals accessed the Emergency Department
  - 46% accessed an outpatient facility such as urgent care or their physician
  - The numbers in Jefferson County and the St. Louis region are moving in the wrong direction
  - Mrs. Davis requested hospital data for Jefferson County for today, to which Mr. Pigg stated it was unrealistic to expect Mrs. Vollmar to have today's hospital data available on demand. Mrs. Vollmar stated she would provide the information as soon as she had access to it. Chairman Diehl instructed Mrs. Vollmar to continue presenting her report.
- For the period April through November 21<sup>st</sup>, Jefferson County's mortality rate compared to other counties in our region Jefferson County is number 11.
  - Mrs. Davis requested clarification on how to read the graph presented in the PowerPoint. Clarification was provided by Mrs. Vollmar who went on to explain Jefferson County's morbidity rate is higher than the other counties around us—in summary Jefferson County has more people dying faster than other counties.
  - Mrs. Davis asked a question pertaining to which sector of the population was experiencing the highest mortality rate. Chairman Diehl instructed Mrs. Vollmar to continue with her presentation. Mrs. Vollmar proceeded to explain data pertaining to the hospitalization rates for Jefferson County.
- The information being presented came from the Harvard Global Health Institute and the White House Pandemic Task Force.
  - Mrs. Vollmar explained the chart and graph which shows a drastic increase in COVID cases. Additionally, she provided information to show that there has been a significant increase in positive cases within the 4 to 24 years old age ranges with high school and college students having the biggest increases in cases.
  - The 0 to 17 age group has the highest increase in positive cases, while the 70 and 80+ age groups have the fewest positive cases.
  - Mrs. Davis requested information regarding how sick the youth are that are positive. Mr. Pigg interjected to prevent the possibility of HIPPA violations in trying to answer Mrs. Davis' question. Chairman Diehl instructed Mrs. Vollmar continue with her presentation.
  - As of Friday, November 13<sup>th</sup> all the age groups were in the red. The 15 to 19 years old were four times the threshold for classified as level red, with

- the 20 to 24 years old nearly as high. The 25 to 34 and the 35 to 44 age groups were both higher than four times the threshold for level red.
- Mrs. Davis voiced her opinion regarding the data to which Mr. Pigg stated what Mrs. Davis noted was not supported by the data, and for Mrs. Vollmar to continue.
  - For a county to be considered level red they must have above 101 per 100,000 cases and a test positivity rate at or above 10%.
  - Jefferson is ranked number 5 in the list of top 12 counties in Missouri with the highest number of new cases in the past 3 weeks.
  - Out of 114 counties in Missouri Jefferson County ranks number 5 for new cases per the President's Pandemic Taskforce.
  - Jefferson County is 7<sup>th</sup> highest in the country.
  - For the week of November 2<sup>nd</sup> through November 8<sup>th</sup> 45% of long-term care facilities (LTCF) had at least one new staff COVID case, 27% of nursing homes had at least on new resident COVID case, and 8% had at least one new resident COVID death.
  - The White House Provided the following statements and recommendations:
    - There is now aggressive, unrelenting, expanding broad community spread across the country, reaching most counties, without evidence of improvement but rather, further deterioration. Current mitigation efforts are inadequate and must be increased to flatten the curve to sustain the health system for both COVID and non-COVID emergencies.
    - The spread in Missouri is exponential and unyielding with hospitalizations increasing week over week. Increases from the past two weeks correlate with Halloween and related activities. With Thanksgiving and upcoming holidays, Missourians must understand the COVID-19 situation statewide.
    - Serious messaging and action are needed from the state leadership; recommending Missourians wear masks in public settings communicates the current risk level.
    - Proactive testing must be part of the mitigation efforts inclusive of mask wearing, physical distancing, hand hygiene, and immediate isolation, contact tracing, and quarantine. Start testing to identify and isolate asymptomatic silent spreaders—those who have the virus, feel fine, and are unknowingly spreading it.
    - Within the past week, there has been an over 30% increase in new admissions, with most of these in among people over 40 years but across all age groups.
    - Continuously monitor testing and contact tracing capacity in all counties to ensure rapid turnaround of test results (within 48 hours) and that all cases are immediately isolated and full contact tracing is conducted (within 72 hours of testing). The labs are getting backed up again, it looks like it is taking up to 5 days for test results to be available.

- Many of the testing sites are requiring people to have symptoms or a note from their doctor to get a test to save the tests for the people who are sick. Ideally, we would test everyone to stop the spread.
- Another community testing event is being held on December 12<sup>th</sup> in Hillsboro at the Civic Center from 9am to 3pm. Those interested in participating may go online to sign-up for testing. After this event it is unclear if there will be additional resources for continued testing at that level.
- Governor Parson's Order
  - Mrs. Vollmar reviewed the State of Missouri Public Health Warning from Governor Parsons. Within the warning the following Personal Behavior Advisory was listed:
    - Wear a mask at all times in public and other settings outside your home where social distancing is not possible.
    - Maintain social distance of at least 6 feet whenever possible, and limit close contacts with other individuals to less than 15 minutes.
    - Wash hands multiple times a day.
    - Stay home when sick or if you have symptoms. Self-isolate from other family members.
    - As much as possible, limit your regular interactions to a small group (less than 10) of family members, friends, and/or co-workers if living in a Category 1 or 2 community.
- The following are Governor Parsons' Business Advisory:
  - Modify physical workspaces to maximize and maintain social distancing.
  - Develop and infectious disease preparedness and response plan, including policies and procedures for workforce contact tracing when an employee tests positive for COVID-19.
  - Monitor workforce for indicative symptoms. Symptomatic people should not physically return to work until cleared by a medical provider.
  - Develop, implement, and communicate about workplace flexibilities and protections, including encouraging telework whenever possible, working in phases or split shifts, limiting access to common areas where personnel are likely to congregate, and ensuring that sick leave policies are flexible and consistent with public health guidance.
- The following are Governor Parsons' Travel Advisory:
  - Minimize travel outside of Missouri. If traveling outside of the state, please follow all guidance and requirements for your destination. Upon return, take as many precautions as possible, wear a mask, and monitor symptoms.
  - If planning travel for gatherings during the holidays, especially those including individuals at high risk, encourage all people to self-isolate or isolate as family units as much as practicable in advance of any such gathering.

- Do not attend any gatherings, family or otherwise, if you have any symptoms.
- Mrs. Vollmar reviewed the Local Government Advisory which outlined the criteria for each of the colors in the color-coded level system, as well as the safety recommendations for each level. Beginning with red being “Extreme Risk” and with the more restrictive recommendations, orange “Critical Risk” and yellow “Serious Risk” with the least restrictive recommendations.
  - Communities can move down in risk category after two consecutive weeks of meeting the lower category’s criteria.
  - Mrs. Davis requested clarification to which Mrs. Vollmar stated she would provide the requested information when she concluded her presentation. Additionally, Mrs. Vollmar re-explained that there were delays in reporting at the state level which accounted for some of the perceived discrepancies that had been questioned. Chairman Diehl requested Mrs. Vollmar continue.
  - Mrs. Vollmar reviewed a chart comparing the rolling 7-day average new cases per 100,000 from March 1<sup>st</sup> to October 31<sup>st</sup> based on areas with mask mandates, with partial mask mandates, and with no mask mandates. Those with mask mandates had a lower rolling average as well as a lower death rate than those without a mask mandate.
  - Additional slides were presented that further compared the counties with mask mandates to those without mask mandates. Consistently the counties with mask mandates fared better than those without a mask mandate. Mr. Pigg asked where the data came from to which Mrs. Vollmar stated the St. Louis Pandemic Taskforce and St. Louis University.
  - Mrs. Vollmar reported that frequently people will assume that the people most impacted by COVID are 80+ with comorbidity; however, 18.6% of Jefferson County’s residents have an underlying health condition (that is almost 1 in 5 residents). For those 65+ it is only 6.2%, which shows the younger populations are just as at risk for this disease.
  - The next set of data presented was a comparison of projected community spread and death rates based on no, partial, and complete mask mandates, and other mitigation measures. If for the next 6 months Jefferson County implemented the strictest mitigation measures including a mask mandate it is estimated there would be 730 positive cases, 204 hospitalizations, and 26 deaths. If Jefferson County implemented partial mask mandates and moderate mitigation measures the numbers would increase to 129,473 positive cases, 36,125 hospitalizations, and 3,830 deaths over the next 6 months. And, If Jefferson County does absolutely nothing over the next 6 months the numbers are anticipated to reach 201,479 positive cases, 56,263 hospitalizations, and 5,962 deaths.



- Mrs. Davis objected to this data to which Chairman Diehl intervened so Mrs. Vollmar could finish her presentation.
- Mrs. Vollmar read an email she received in which the sender granted permission for her story to be shared. In summary, the sender explained that she was older, had health issues, and was raising her young grandchildren. She stated her daughter (the children's mother) requested she raise her children upon her death to which the sender agreed. The sender pleaded for the JCHD to implement mask mandates and other mitigation measures so that she would have a better chance of staying healthy and fulfilling her promise to her daughter. She pleaded the board consider how her illness and/or death would impact her grandchildren, especially after already losing their mother.
- Mrs. Davis objected to Mrs. Vollmar sharing that email. Chairman Diehl called for order, and then a short break.
- Upon returning from break Mr. Pigg requested clarification on the difference between isolation and quarantine.
  - Quarantine is what is done when someone has been exposed to a positive case, but s/he is not showing symptoms. The person will quarantine for 14 days during which JCHD will check to see if the person has developed symptoms. If they have, they will be tested. If the test is positive, then s/he would go into isolation. Isolation is for people who test positive for COVID-19 regardless of whether s/he is showing symptoms. Isolation lasts for 10 days or until the person has gone 24 hours without a temperature and without the use of medicine. There also must be an improvement in their symptoms before they can be released.
  - Mr. Pigg clarified that people who should be in isolation and are not adhering to the isolation instruction are spreading the virus. While people who are quarantined have the potential to spread the virus because they may or may not become positive. People can be contagious two days before they develop symptoms or test positive, so they may not know they have COVID and inadvertently pass it on.

## **OLD BUSINESS**

## **NEW BUSINESS**

1. Approval of 2021 Holiday schedule
  - Chairman Diehl asked Mrs. Vollmar if there were any changes from the present Holiday schedule, to which she replied there was not. Dr. Henry moved to approve the 2021 holiday schedule. Mr. Pigg seconded the motion. The motion carried unanimously, and Chairman Diehl announced it had passed.
2. Preliminary 2021 Budget

- Chairman Diehl clarified that the 2021 preliminary budget needed to be passed before the end of December. Mrs. Vollmar clarified that the budget that is being reviewed at this meeting is a draft, and the board will not vote on the budget until the December board meeting. Mr. Pigg requested a detailed budget showing line items so that they had a better understanding of how the money will be used.
  - Chairman Diehl noted that an audit had been completed last month and the results will be presented at the next meeting.
3. Assign Custodian of Records
- A Custodian of Records needs to be assigned. This person will be listed on the website and will be responsible for providing the public with requested information. In the past Mrs. Vollmar served in this capacity; however, Mrs. Vollmar recommended Mrs. Jennifer Pinkley to be assigned Custodian of Records. Dr. Henry made a motion to appoint Mrs. Pinkley as the Custodian of Records. Mr. Pigg seconded. Chairman Diehl raised the question if the appointee should be named by position or by person to which Counsel advised by person. The motion unanimously carried, and Chairman Diehl announced the motion passed. This goes into effect immediately.
4. Discussion of COVID-19 benchmarking for determination of zone placement and potential adoption of benchmarking institutions (10 minutes allotted for Ms. Davis to advocate for a change in current practices, and reasonable time thereafter for the Board to discuss options)
- Mrs. Vollmar reviewed the current practices as follows:
    - JCHD has been operating with the COVID-19 Guidance Indicators from the Harvard Global Health Institute and the White House Pandemic Task Force for the past several months. Harvard Global Health indicators align with CDC's indicators and recommendations regarding community spread. The latter looks at all the indicators listed on JCHD's colored charts each week. The White House Pandemic Task Force's original metrics only had 3 levels. Within the past couple of weeks, the metrics have been updated to 5 levels (a light green and an orange level were added to the green, yellow, red levels. The state of Missouri is also using the White House's pandemic thresholds on their website. Mrs. Vollmar explained the method used to determine the thresholds, specifying that the White House does not go by everything having to be red. Instead, they must report above 101 positive cases per 100,000 people and have a test positivity rate at or above 10%. Mrs. Vollmar reviewed multiple graphs showing the cases have been increasing and recommends mitigation measures be considered.
  - Mrs. Davis presented the following opposing perspective pertaining to the pandemic:

- The positivity rate is going to increase due to flaws in the PCR testing, specifically the samples are being overexamined. If there is a change in JCHD's approach it will change the positivity rate and alleviate the pressure placed on local businesses and the community. Mrs. Davis stated that the health care system is not overwhelmed to which Mr. Pigg rejected that statement as untrue. Mrs. Davis presented data that she gathered, to which Mrs. Vollmar objected because the information was not appropriately vetted. Mrs. Davis opposed the use of Harvard's color scale. Mrs. Vollmar and Mr. Pigg took issue with the information that was being presented as well as how it was being presented stating the information was inaccurate and misleading. Mrs. Davis continued her presentation explaining how she calculated the data she was presenting. Mrs. Davis recommended that JCHD use the White House's and CDC's benchmark metrics, stop providing PCR testing, provide "point of contact testing" to schools, LTCF, etc. so that they can test and receive rapid results. Mr. Pigg made a request for the discussion to come to a close. Mrs. Davis continued stating the contact tracing and investigations were needless. Mr. Pigg motioned to end the discussion. Dr. Henry seconded the motion. Mrs. Davis stated her time was not up to which Chairman Diehl stated it was. Mrs. Davis stated she had another point to make and had questions for Mrs. Vollmar. Mr. Pigg made a point of order that a motion was on the floor that required a vote. Mrs. Davis objected to ending the discussion. Chairman Diehl stated a discussion was needed to address the inaccuracy of Mrs. Davis' methodology. Mrs. Davis objected that statement and stated JCHD needed to go by the White House's and CDC's metrics to which Chairman Diehl clarified the information Mrs. Vollmar presented was based on the White House, CDC, in addition to Harvard. Mrs. Davis continued to object. Chairman Diehl put to vote the motion on the floor (which was end the discussion). Mr. Pigg, Dr. Henry, and Chairman Diehl all approved. Mrs. Davis dissented. The motion passed, and Chairman Diehl moved on to the next agenda item.

5. Adoption of benchmarking institutions for COVID-19 tracking

- Mrs. Vollmar reiterated that the measures used by JCHD is what the White House Pandemic Task Force, CDC, and Harvard Global Health use (all of which align). Mrs. Davis objected. Mrs. Vollmar continued requesting "the Board reaffirm that the chosen method to determine the color status of Jefferson County continue to be The White House Pandemic measures, that have been used these past several months." Chairman Diehl asked if there was a motion. Dr. Henry made a motion that JCHD continue to use the measures already in place as benchmarks. Mr. Pigg seconded the motion.

Chairman Diehl stated there had already been enough discussion on this and put the motion to vote. Mr. Diehl, Dr. Henry, and Chairman Diehl voted in favor of accepting the motion. Mrs. Davis expressed her objection to how the data is calculated and used. The motion passed.

**Closed Session 610.021 (1), 610.021 (2), 610.021 (13)**

Mr. Pigg motioned to go into closed session referencing 610.021 sections 1, 2, and 13. Dr. Henry seconded the motion. A vote by roll call was taken:

Mr. Pigg: Aye

Mr. Prater:

Dr. Henry: Aye

Chairman Diehl: Aye

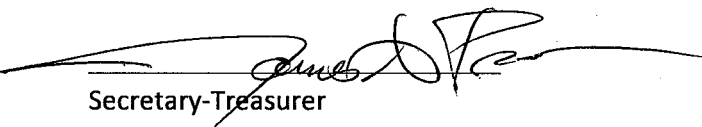
Mrs. Davis: Aye

Mr. Pigg motioned to go into open session. Dr. Henry seconded the motion. The motion carried unanimously, and Chairman Diehl reopened the meeting.

Mr. Pigg motioned to schedule a special board meeting for Wednesday, November 25<sup>th</sup>, at 4pm with the agenda to be finalized by JCHD's counsel. Dr. Henry seconded the motion. Mrs. Davis called for a discussion. Mr. Pigg called point of order that JCHD's counsel advised them not to discuss the special meeting's purpose at this time. Mrs. Davis requested clarification from Counsel to which she was again advised not to disclose information at this time referencing the Governor's Executive Order. Chairman Diehl put the motion to vote, the motion unanimously passed.

**ADJOURN**

Mr. Pigg motioned to adjourn the meeting. Dr. Henry seconded. Motion carried unanimously and Chairman Diehl announced the motion had passed. Meeting adjourned at 6:08 PM.

  
Secretary-Treasurer