Meeting Minutes
February 9, 2021

BUDGET/PUBLIC POLICY

Due to the State of North Carolina's Declaration of Emergency in response to the COVID-19 pandemic and per NCGS § 166A-19.24, the Mecklenburg County Board of Commissioners conducted a remote meeting using the WebEx application.

CALL TO ORDER

The Board of Commissioners of Mecklenburg County, North Carolina, met remotely for a Budget/Public Policy Meeting on Tuesday, February 9, 2021 at 2:30 p.m. with Vice Chair Elaine Powell presiding.

ATTENDANCE

Present: Commissioner Leigh Altman
Commissioner Patricia "Pat" Cotham
Commissioner Mark Jerrell
Commissioner Velma Leake
Commissioner Laura J. Meier
Commissioner Elaine Powell
Commissioner Susan Rodriguez- McDowell
Commissioner Ella Scarborough

Absent Until Noted: Chair George Dunlap

PLEDGE OF ALLEGIANCE

Vice Chair Powell led the Board in the Pledge of Allegiance to the flag.

21-6669: Elder Response Initiative – Critical Home Repair Program

Alesha Brown, Executive Director of For the Struggle, Inc., provided an updated presentation for the Elder Response Initiative - Critical Home Repair Program.

Chair Dunlap arrive at 2:48 p.m.

Ms. Brown answered Commissioners' questions and responded to comments.

A motion was made by Commissioner Leake, seconded by Commissioner Meier and carried unanimously to approve one-year pilot program and Authorize the County Manager to negotiate an agreement with Alesha Brown, Executive Director of For The Struggle, Inc. to provide critical home repairs to senior citizens homes in historically black communities.

COMMISSIONER REPORTS

21-6667: Commissioner Reports

Commissioner Cotham shared a story of a school principal, at a Title I middle school, having a 96% attendance rate with remote learning; when asked how that was being done, Commissioner Cotham was told that the janitorial staff and bus drivers helped to keep track of attendance and called students who were not online when the teacher started class to ensure the child joined class. Commissioner Cotham spoke about the creativity and drive of the principal leaders in the schools.

Commissioner Leake felt good because the Board stepped up to support the elder response initiative with a critical home repair program without waiting around or helping other agencies without looking at the needs of those in District 2. She implored young people and seniors to go get the COVID-19 vaccine.

Commissioner Jerrell provided visibility to the most recent Inter-governmental Relations Committee meeting stating they received information from My Brothers' Keeper and a report around crisis intervention with how policing could be changed as it related to crisis situations, along with the role the Board had to play within those situations.

Commissioner Rodriguez-McDowell informed everyone that this was Teen Dating Violence Awareness Month and a proclamation would be done at the next regular meeting. She said Friday the Jaime Kimble Foundation would host 2021 Teens for Courage – Dating in a Virtual World, which would be a virtual event. She asked if everyone could agree threatening teachers was not the way to get schools open again, as she was distraught about the harassment.

Commissioner Altman was glad to be appointed to serve on the Environmental Stewardship Committee.

Commissioner Meier spoke of a teacher who was being threatened outside of his house due to being outspoken about teachers going back to school in terms of their fears. She stated it was parents against teachers, and she believed everyone needed to try to understand the other side. She said she was proud that they passed a non-discrimination resolution.

Chair Dunlap stated he was sad to hear the Board was losing their Clerk, as he expected she would be around far longer than he would. He said she has made the decision to move on, and they had to respect that. Chair Dunlap stated the Board of County Commissioners hires at least four people directly: The Clerk to the Board; Tax Assessor; Attorney; and Manager, and no one was checking on their welfare, because they worked for them. He said in light of that and the text he received from Commissioner Cotham, they were trying to figure out a way to hear from their valued employees, and not at the time of exit, about their welfare and how they were doing and how Mecklenburg County was working with them. Chair Dunlap stated he would establish an Ad Hoc Committee to interview these persons to assess their physical and mental health and receive feedback on their work with Mecklenburg County. Chair Dunlap asked Commissioner Cotham to sit on that committee and would accept two others, and he as well would be a part of that. Chair Dunlap gave a shoutout to Debra Woolard with Block Love, in terms of the work they do with the homeless. Chair Dunlap said she was boots on the ground everyday working with the homeless community, particularly tent city and knew what was going on, what the needs were, and who was involved, and for anyone who wanted to help in that regard, he asked them to contact Block Love. Chair Dunlap stated he requested a meeting with the Manager and Vice Chairperson to meet with the Superintendent, and Chair and Vice Chair of the CMS Board to talk about what, if any, efforts they could put forth to assist teachers in getting vaccines. He said they knew they could not open schools when those who worked in them were not feeling comfortable. Chair Dunlap stated he believed everyone could agree that children do better in the classroom. He said they wanted everyone to feel comfortable being in the classroom and wanted to go back to the classroom so that the children they were concerned about, would go back to the classroom and get an education. He said they have lost nearly a year in terms of the educational value the children should have received, and with so many children behind, they could not afford for that to continue. He said maybe they could convince the Governor to have a Phase 2.5 or something to help the teachers.

21-6604: Roles and Responsibilities of Local Public Health Governing Boards

Gibbie Harris, Health Director, provided the annual public health continuing education training for the Board of Commissioners. This presentation meets one of the Public Health accreditation requirements for the Board serving as the Board of Health. She said Public Health was responsible for a number of things in the community, and there were a number of things that were direction provided from the national level as well as specific guidance from the state, most through general statute. She said they were just a few of the things that Public Health was involved in in the community. She said some things people did not think about was the roll they play in just promoting health in the community as well.

Ms. Harris said Public Health was an organized community effort aimed at the prevention of diseases and promotion of health, which linked many discipline and rests upon the scientific core of epidemiology. She said they focus on the data, and it helped to drive the work they did, but the focus was on prevention and promotion. She reviewed the 10 greatest health achievements of the 20th century, some of which some people did not think of them as things that public health drove in the Country, but public health was incredibly involved if not the instigator in the issues. On that list were the following items:

1. Immunizations
2. Motor vehicle safety
3. Workplace safety
4. Infectious disease control
5. Decline in deaths for heart disease and stroke
6. Safer and healthier food
7. Healthier moms and babies
8. Family planning
9. Water fluoridation
10. Tobacco control

She stated there was more work to do within those items but that they were continuing those efforts.

Ms. Harris reviewed some of the major challenges effecting the Nation which were current public health issues:

- Eliminating health disparities
- Responding to Emerging Infectious Diseases
- Making the Healthy Choice, The Easy Choice
- Cleaning up and protecting the environment
- Reducing the toll of violence in society
- Responding to rapidly changing health care landscape

Ms. Harris showed a wheel, which was used throughout the County and was considered to be exemplary of the 10, essential, public-health services in the United States. She said that equity was at the hub of everything they did, with that three main categories of Core functions and essential services of public health: assessment; policy development; and insurance.

- Assessment
    - Access and monitor population health
    - Investigate, diagnose, and address health hazards and root causes
        - Community Health Assessment
        - State of the County Health Reports (SOTCH)
        - Communicable disease reports

- Policy Development
    - Communicate effectively to inform and educate
    - Strengthen, support, and mobilize communities and partnerships
    - Create, champion, and implement policies, plans, and laws
    - Utilize legal and regulatory actions
        - Limited by state laws or county ordinances/policies
        - Give advice and help in decision making
- Assurance
    - Enable equitable access
    - Build a diverse and skilled workforce
    - Improve and innovate through evaluation, research, and quality improvement
    - Build and maintain a strong organization infrastructure for public health
        - Assures public health services and programs were in place and working
        - Anticipated trends likely to affect community health

- Approve policies for recruitment, retention, and workforce development

Ms. Harris introduced Public Health 3.0, an effort throughout the Country to look at the next role of public health in the communities. She said that many people thought of public health as the provider of the last resort and that they provide care for people and that was all they did. She said that was not true, but one thing that public health had been focused on for years was the issue of social determinants of health. She said it had a lot of attention over the last four to five years, and more people were starting to understand the impact that the issues had on the health of the community and how the health of the community had an impact on those issues and how productive the community could be as a whole. She said there was a lot of focus on public health with those issues and looking to provide some leadership in those areas that some people did not always consider related to public health. The social determinants of health were the conditions in which people were born, live, work, and age, such as: economic opportunity; housing; environment; education' food; safe neighborhoods and transportation.

Ms. Harris said there was an emphasis, sort of an upgrade in public-health practice, which was coming out of the Institute of Medicine, looking at and emphasizing cross-sectorial environmental, policy- and systems-level actions to ensure there would be more systemic improvement in the social determinants of health. She reviewed public health 1.0 and public health 2.0. Key components for public health 3.0 were: leadership and workforce; essential infrastructure; strategic partnerships; data, analytics and metrics; and flexible and sustainable funding. She said if you looked at their strategic business plan they have worked to implement over the last couple of years, Public Health 3.0 was woven through that, and the roll they played throughout the community was also woven through that in terms of being an instigator of action as apposed to always being the provider.

Ms. Harris stated they depended on a large system, which included a lot of partners from all different parts of the community, and that there was no one agency that could affect public health in Mecklenburg County, in the State, or in the County but that it would take everyone working together to address the issues they have seen. She said they were focused on that system and not just the work they did through the department.

Ms. Harris spoke about the purpose of the Board of Health, stating there was more than one volume of books of statute around public health in North Carolina which spelled out the role of public health, role of the Board of Health, and role of the community in public health. She said there was a lot of statute around it, and she would focus on the board of health, because the Board of County Commissioners serve as the Board of Health in Mecklenburg County. She said a major part of their role was to be an advocate for public health. The legal authority for the Board of Health came from NCGS-130A-39, stating the Board of Health should have the responsibility to protect and promote the public health and the authority to adopt rules necessary for that purpose. She said that also required within those statutes were that the local health department had to ensure the 10 essential public health services, and the Board of Public Health had roles in policy making, rule making, and adjudicatory efforts for local public health agencies. She said that over the last number of years they have gone from specific health department with local boards of health to a broader perspective of looking at consolidated human services. She said that statutes had changed some to include that as an option for counties to have a consolidated human services agency under a consolidated human services board. She said that board assumed the powers and duties conferred by law upon a board of health. She said Mecklenburg County was the only county which did not have to meet that requirement, and it allowed the Board of Commissioners to serve in that role, so although there were consolidated human services agencies throughout a number of counties throughout North Carolina which had a board that specifically reported to the Board of County Commissioners in Mecklenburg County, that responsibility went to the Board of County Commissioners.

She said that the following roles fell under the Board of County Commissioners:

- Adopt local public health rules
- Adjudicate disputes about local rules or local fines

- Non-delegable accreditation activities:
  - Be trained in service as a public health board
  - Assure the development, implementation, and evaluation of local health services and programs to protect or promote health
  - Participate in the establishment of public health goals & objectives
  - Assure the resources to implement the essential public health services prescribed in law
- Advise on public health matters
- Accreditation activities (if delegated by commissioners):
  - Review community health assessment data and citizen input to plan & monitor progress toward health goals; assure that community members have the opportunity to participate in developing goals
  - Communicate with governmental and private entities in support of public health funding and programs, and community health improvement
  - Advocate for public health in the community
  - Promote community-based public health partnerships

Rule Making
- Not overly broad in scope
- Linked to legitimate public health goals
- Grounded in science
- Authority limited by statute (GS130A-39) and caselaw

Adjudication
- Hear appeals from citizens dissatisfied with decisions or interpretations of rules
- Procedures must follow statute GS130A-2

Administration
- Impose and approve fees for services, statute GS130A-39(g)
- Review budget

Ms. Harris stated that in 2008 Mecklenburg County used existing legal authority to create a consolidated human services agency (CHSA) governed directly by the board of commissioners. The BOCC assumed the duties of a board of health and then placed those duties under the Manager. A consolidated human services director was appointed and placed under the County Manager. The Manager under recommendations of Health Department Director makes recommendations to the BOCC for rules approval, changes, etc.

Ms. Harris stated that under NCGS 130A-34.1
- All local health departments must obtain and maintain accreditation
- Aimed to ensure consistent quality of public health services across LHDs
- Focused on capacity to provide the essential public-health services

Achieved by:
- Meet a set of capacity-based standards
- Provided evidence of completion of prescribed activities, either directly or through

Ms. Harris said there was a national accreditation process for public health that was voluntary, and prior to that being implemented, the State of North Carolina worked with local health departments and local health directors in North Carolina to create an accreditation process for North Carolina. She states the general assembly decided to codify that in general statute and require it of every, local health department. She said for Mecklenburg County to not be accredited, it threatened their ability to access state and federal funds for local public health. She said the accreditation was put in place to make sure they had at least a basic infrastructure for local public health in every county in North Carolina. She said it focused on capacity to provide those essential services she spoke about earlier.

Ms. Harris said it was required, and at this point in time, all counties in North Carolina were accredited. She reviewed the accreditation process, stating the assessment consisted of 147 activities, which were divided into 41 benchmarks, then into three standards. She said the Board of Health Performance Standards was the one the Board

needed to pay attention to. She stated that seven of the 41 benchmarks were related to the Board of Health performance standards. She said that the following were roles required of the Board:

- Receiving reports as the Board of Health, such as annual communicable disease, SOTCH, fiscal reports, and other reports on topics of public health interest
- Receive orientation as newly elected board members and annual continuing education on BOH functions
- Approve policies for recruitment, retention, and workforce development
- Involve the public in planning for and support of community health improvement, such as sponsoring the Community Health Assessment
- Participate in a discussion session with site visitors during the accreditation visit
- Following state laws for Board of Health, as previously discussed with rule making, adjudication, and so on.

Ms. Harris reviewed the following activities and scoring requirements:

- Agency Core Functions and Essential Services
  - Assessment: Department must meet 26 of 29 activities
  - Policy Development: Department must meet 23 of 26 activities
  - Assurance: Department must meet 34 of 38 activities
- Facilities and Administrative Services
  - Department must meet 24 of 27 activities
- Governance
  - Department must meet 24 of 27 activities

Ms. Harris notified the Board that in 2019 they were reaccredited with honors, meeting all of the required activities. She said the Public Health Department's mission was to promote and protect the public's health, and the Mecklenburg County Health Department assured the health and safety of its diverse and changing community today and for future generations. Ms. Harris stated those were the requirements but that they continued to work to exceed the requirements in the department.

Ms. Harris mentioned that they had the following four, broad goals: protecting the health of the community by reducing preventable disease; promoting long and healthy lives for all by decreasing premature death and disability; providing exceptional services through highly engaged employee; and partnering to build a culture of health and wellness through innovative community collaborations.

Ms. Harris stated there were a lot of rules and regulations which guided public health, with these being the majority of them HIPPA; North Carolina General Statutes 130A; Medicaid; local public health ordinances; OSHA; federal; non-discrimination; Title X; ADA; NC Division of Public Health Policy. She said they were always working to be in compliance with all of them while they did their day-to-day work.

Ms. Harris said they had a consolidated agreement with the State of North Carolina, in which the County had to comply with the following:

- Comply with North Carolina Administrative Code
- Perform Activities in programmatic Agreement Addenda
- Report required data
- Administer and enforce all public health rules
- Provide County rules/ordinances to the State
- Maintain all appropriate policies
- Complete Community Health Assessment and Improvement Plans
- Provide formal training for BOH
- May not require identification for services
- Assure Maintenance of Effort (MOE) for some programs
- Retain records as required
- Comply with funding stipulations, fiscal control, personnel policies, confidentiality and civil rights requirements

- Maintain NC Public Health Accreditation
- Also, includes responsibilities of the State

Ms. Harris stated there were currently over 33 agreement addenda with the state, which were mostly programmatic addenda. She gave an example of that.

Ms. Harris said one of the requirements was that the Board was reported to either through the community health assessment or the SOTCH report annually. She said the assessment was one of ten essential services of public health, and part of that process included surveillance, description and trends reporting on a regular basis around the health of the community. She said they did that because it made a huge difference in how service would be provided throughout the community. She said many organizations in the County worked with them on the community health assessment, and many also used the data that was in the assessment for any number of ways, be it to write grants or make decisions about how to provide services and where to provide services. She said it was a very important report that was used for any number of reasons. She said they conducted their last one in 2019 and then reported to the State.

Ms. Harris said for the Mecklenburg Community Health Assessment Process they started with data, as they always did in public health, and went through a process with the community to prioritize the fundings out of the data. She said they communicate those findings on a regular basis to the community, and there was action planning around the priorities that came out of that. She said they were required by the State of North Carolina to do a Community Health Assessment every four years and moving forward it would be done every three years.

Ms. Harris said that a couple of years ago the federal government implemented Obama Care, and part of the law required hospitals, which were non-profits, to do a community-needs assessment. She said it was tied to their internal revenue reports. She stated they were required to do that every three years, and Mecklenburg County's was required every four years. She said they decided the last time to go to a three-year cycle so it could be done jointly with the healthcare systems rather than doing multiple community health assessments in Mecklenburg County. She said there were good reasons for doing that, such as: to eliminate survey fatigue; declare a foundation for shared work; and to exchange duplication of efforts for efficiency, collaboration, and collective impact. She said that they came together in 2019, with two more years before needing to do a community-health assessment, and Mecklenburg County just repackaged theirs, looking at the data again and doing a little bit of extra work. She said the State accepted it from them and knew they would being doing this every three years moving forward. She reviewed the things they did within the refresh from 2017-2018, such as:

- Allowed all entities to move to same schedule and still meet organizational requirements
- Public Health moves from a 4-year to a 3-year cycle; next CHA in 2022
- Existing data updated
- New information added
- Health concerns retained from 2017
- Health priorities retained from 2017
- Action plans from 2018 being refresh

Ms. Harris said that in looking at the data, they looked at health indicators; social determinants of health; geographic locations; and census demographics. She stated the data from community assessment came from a lot of different data sets and information that was packaged in a way that the community could use them to make decisions about priorities.

Ms. Harris said in terms of health concerns prioritized by the community, the three methods used were:

- Community health opinion survey: 1,793 responses
- Priority setting event :125 attendees

- Priority setting “in a box” presentations: nearly 300 responses

Ms. Harris showed results from the priority-setting event:

1. Mental Health
2. Access to Care
3. Chronic Disease Prevention
4. Violence Prevention
5. Substance Use Disorder
6. Environmental Health
7. HIV and STDs
8. Healthy Pregnancy
9. Injury

Ms. Harris said State guidance was to focus on the top four, which were mental health; access to care; chronic disease prevention; and violence prevention. She said that the State required there were action plans developed around the top two, and they were called a community health improvement plan. She said they were working on those plans through the community violence initiative that she had been informing the Board about, and the mental health work was happening as they worked in the County with all the other partners around mental health there were many issues there. She said they would continue to work on those plans and work to put them into place. She said they were continuing to focus on the other two, top priorities, working carefully with Novant and Atrium, as well as the safety net free and low-cost clinics to improve access to care. She said they did a lot of work from their department on chronic disease prevention but were also working with other partners who were doing that work as well. She stated the 2019 Community Health Assessment Report could be found online.
Ms. Harris reviewed Mecklenburg County’s communicable disease statistics, and the report was done monthly. She said they report the final report to the Mecklenburg County Board of County Commissioners annually. She said their report for calendar year 2020 should be completed within the next couple of weeks and would be sent out to the Board. She reviewed the following groups of data reported: counts of reported cases; six major disease categories; and tracking of bioterrorism agents.

Ms. Harris reviewed the 2020 update on communicable diseases, during January 2020 to November 2020:

- Sexually transmitted infections, like gonorrhea, chlamydia and syphilis increased by roughly 13%.
- HIV infections have decreased, partially due to decreased testing during COVID-19 response.
- Foodborne illnesses, like E. coli and salmonella, decreased, beginning to rebound as residents eat out more frequently.
- Tuberculosis cases increased slightly, related to an outbreak in March/April.

Ms. Harris answered Commissioners’ questions and responded to comments.

Chair Dunlap asked what the difference was between Consolidated Human Services and the Board of Health.

Ms. Harris responded that there was a DSS Board requirement and as she understood it, in Mecklenburg County, the Board of County Commissioners assumed both of the requirements instead of creating a consolidated HHS Committee or Board. She said those fell under the Board of County Commissioners. She said a lot of the role was delegated to the Manager. She said Mecklenburg County was the only county allowed to do that because of statutes in place at the time it was done.

Tyrone Wade, County Attorney said that was in 1973, and Wake County created a consolidated human services board, and Mecklenburg County created a consolidated human services agency and vested all of those authorities under the County Manager, who could operate on a day-to-day basis, and if there was a consolidated human services board, the statute would require certain people to be a part of that board, which in affect

would pull in various disciplines, but Mecklenburg County decided to maintain the control and vest it with the County Manager, because not every county had a County Manager to run day-to-day operations of the public health department.

Chair Dunlap said he got consolidated board of health mixed up with consolidated human services agency for some reason. He asked what percent of counties had a consolidated board of health versus those with a board of health and mental health board.

Mr. Wade said that mental health was carved off when they revised the statute. He said he knew a good percentage of counties that had consolidated services agencies [inaudible] consolidated human services board.

Commissioner Altman spoke about the lives that could have been saved if they had national leadership that listened to the science from the go. She believed it was important for people to understand, that while in a declared state of emergency, the Public Health Director, had limited authority in what she could order across the whole county. She stated in a perfect world, she would have loved for the Health Director with the expertise on staff to manage an airborne pandemic, which has been going on for a year, to have been able to make a unified response in terms of masking and closures across the entire county, but that was not the way the law was right now, and she did not have that authority, as there was buy in from the Towns. She felt the community would have prioritized schools over everything. She said they were limited in their ability to effectuate a county-wide response, by statute. She asked when was the last time that the Manager used her authority to make recommendations for the Board to approve.

Ms. Harris responded that they have done some work on cleaning up some of the ordinances that they had.

Mr. Wade responded that there have been recommendations made to the Board at-large for fees for the Board to approve, and he believed they have dealt with the issue of smoking, so there were different things that went before the Board that the Board had to opine on and to pass that were unique to Mecklenburg, although it was state sanctioned. He clarified that because they were under a declared state of emergency, it brought a different statutory mandate, so you had different statutes molded together, and under that statute, NCGS 166-A The Emergency Management Act, the County did not have the authority except where the law gave that authority, which was why they had to get the buy-in from the local jurisdictions, including the City and six towns.

Commissioner Cotham expressed her frustration for not having a Board of Health that the Commissioners could call in a time of need. She stated the team of Ms. Harris, the Manager, and staff have risen to the occasion in the work they have done in these difficult times and deserved the praise and accolades of the Board of County Commissioners.

Commissioner Powell requested history on why it switched and what the advantage was other than saving money, that the Board of Health wanted, because she had a constituent who felt strongly that they needed medical professionals on the Board of Health, and there was some merit to that.

Chair Dunlap responded that the County Attorney would get back to her with that, since they did not have time to receive the answer. He said they had been dealing with that for eight years and that they had reaffirmed their position on it, and it was not up for debate again. He said if she had one constituent out of 1.1 million citizens that he was okay with that.

A motion was made by Commissioner Rodriguez-McDowell, seconded by Commissioner Meier, and carried unanimously to extend the meeting past 5:00 p.m. to hear the COVID-19 update.

Commissioner Jerrell asked for clarification relative to having already affirmed their position. He asked if that meant the Board of Health discussion was something that could not be reviewed again.

Chair Dunlap said they have voted on it several times but that if there was a commissioner with two commissioners agreeing with them to change the structure, that would be how it gets back on the agenda.

Commissioner Rodriguez-McDowell asked if the community felt that equity was what the Board's focus was on.

Ms. Harris responded that when the County was doing programming and thinking about the populations they needed to work with and thinking about what kind of programing would meet specific needs they were trying to target, yes equity was right at the center of that discussion. She stated there were times when things were happening quickly and the data lagged a little bit, and it went unrecognized, like with testing. She said they knew that would be the case, but part of it was that they were vaccinating. She said they were making efforts around it and that yes, there was always room for improvement.

Chair Dunlap said this Board is also the Board of Health and anytime you have concerns about decisions the Board of Health makes, you need to bring it to this Board, because we can make those decisions.

Commissioner Rodriguez-McDowell felt like the Board did not have decision-making powers of any kind, as they were basically taking in the information after the fact. She felt there were things they could do better, and it seemed they have to catch up after the fact. She wanted to know how that instilled faith within the community that the Board was being equitable.

Ms. Harris responded that they did have a strategic business plan that spoke to this. She asked the Board to hold them accountable for what was in the strategic business plan and stated it was before the fact instead of after.

The presentation is on file with the Clerk to the Board.

21-6666: COVID-19 Response Update

Gibbie Harris, Health Director, gave an update to COVID-19 response stating the County's metrics were continuing to decrease slowly and that they were now at over 90,000 cases and over 800 deaths. She said the one metric that was not doing what they wanted was the outbreaks in congregate living sites; Mecklenburg County was at 69. She said that was high for Mecklenburg County. She said things were moving in the right direction very slowly, so they were cautiously optimistic. She said in terms of vaccines that 78,726 first doses were administered, and that was unfortunately only 7% of the population. She stated there was a long way to go. She said the demographics were not what they wanted them to be. She said 72% of those doses have gone to whites; 17% to blacks; and 4% to Hispanics, so there was a lot of work to do in that area. She said that almost 64% of the doses had been for those 65 and older. She went over the recent events the Health Department hosted at Inlivian sites and said through the community events they were trying to ensure they got to the populations who needed the vaccine. She mentioned that both hospital systems were doing the same by having events as well. She said the Federal government announced that they were going to increase their vaccine distribution again for the next three weeks and did not exactly know by how much or what it would mean for Mecklenburg County. She informed the Board about a new program which would provide vaccine directly to federally-qualified health centers. She stated they were putting out two data reports a week since March and started those reports because the data was not putting anything out, then when they started to, it was not accurate. She said they continued those two reports every week, and what has changed was the State now had a good reporting system that is updated daily. She said there were few things in their two, weekly reports that were not available on the State's website. She said her staff recommended to her go to one report a week to avoid duplication and to allow better data analysis.

Commissioner Altman requested that Ms. Harris addressed priority for Group 3.

Ms. Harris responded that there were multiple sub-groups in Group 3 and that it was a very large group, and depending on who you were talking to, anyone of those groups should be the priority. She stated they were working with their vaccination partners to put together a plan on how to address this and making sure they made it available on an equitable basis and will look to create some points of access for all of the different groups so they could get the vaccine as soon as it was available. She stated they were not looking to particularly prioritize any subgroup as it was a hard thing to do.

Commissioner Altman asked for confirmation that they were still bound by the North Carolina Department of Health and Human Services and asked if she knew when they would have enough supply to get to Group 3.

Ms. Harris responded they moved into Group 2 before they finished Group 1, so she believed the state would move to Group 3 before Groups 1 and 2 were finished. Her assumption was that it would happen within the next several weeks.

Commissioner Meier asked if CMS were hiring contact tracers and if the County should be paying for it.

Ms. Harris explained the process and stated they decided instead of having school staff to do it, that they would hire contact tracers which would work with the County. She said it was her understanding that there was funding to the school system that was available to them to pay for this.

Chair Dunlap requested a COVID-19 update from CMS.

Dena Diorio, County Manager, said they never got a comprehensive report on the first round of money they received, and they were just appropriated $135 million in additional CARES north funding. She said the County has asked for an overview in terms of how they would spend that money. She said they were told that CMS has not made any decisions yet. She said she would bring more information back to the Board once it is received.

ADJOURNMENT

A motion was made by Commissioner Leake, seconded by Commissioner Scarborough, and carried unanimously to adjourn the meeting.

The meeting adjourned at 5:19 p.m.

Emily A. Kunze

Emily A. Kunze, Clerk to the Board

George Dunlap

George Dunlap, Chair