

Attendees:

Members (marked box indicates Present):

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|---|--|
| <input type="checkbox"/> Angela DeOtis (Absent) | <input checked="" type="checkbox"/> Dr. Jennifer Ray-Mader |
| <input type="checkbox"/> Ann Bajari (Excused) | <input type="checkbox"/> Dr. Kim Tjaden (Excused) |
| <input type="checkbox"/> Bonita Bryant (Vice Chair) (Excused) | <input type="checkbox"/> Linda Carlson (Absent) |
| <input checked="" type="checkbox"/> Brad Gangnon | <input type="checkbox"/> Marlene Kittock (Absent) |
| <input type="checkbox"/> Cheryl VonBerge (Excused) | <input checked="" type="checkbox"/> Melissa Pribyl |
| <input type="checkbox"/> David Nelson (Absent) | <input checked="" type="checkbox"/> Mona Volden |
| <input checked="" type="checkbox"/> Jeanne Holland | <input checked="" type="checkbox"/> Toni Seroshek (Chair) |

HHS Staff Attendees:

Jacob Anson	Samantha Brau
Jami Goodrum	Sarah Grosshuesch
Patty Malecek	Shelley Layer

Guests/Other:

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1. Call to Order—The meeting was called to order at 9 a.m. by Chair, Toni Seroshek
 2. Introductions were made.
 3. Approval of the Agenda and the January Minutes
 - a. As there was no quorum the minutes were not approved. This will be carried over to the next meeting in March.
 4. Presentation and Discussion Items
 - a. COVID Recovery-*Jacob Anson*
 - During our COVID response we received some federal dollars that were split into two different buckets. One was for vaccination efforts, so everything for vaccines, supplies, staff time, etc. The other was for disease surveillance portion that we really weren't able to do a ton of work due to how the response was going. But now that portion of money can be used for COVID recovery. Internally we have started working on COVID recovery about three months ago. There is a team of 5-6 individuals who are on working on it, trying to look both at how we help internal staff (Wright County employees) as well external community partners with COVID recovery. The term COVID Recovery according to this grant is very broad so we are trying to figure out how to best work through that. Some of things that we are doing, and have action plans around are educational campaigns around respiratory illness regarding those 60+. We have to include some language in there about COVID, but we can also cover all respiratory illnesses because we know that is a need especially already prepping for the fall flu season and getting that stuff ready. Some of things that we are looking at is mental wellbeing efforts for both the community and for internal staff. We have a Mental Wellbeing Health Promotion Coordinator, Keith Bennett, who is part of the team and working on some of those assessments and looking at things that we can do to help both our staff recover and the community to get to a new normal or figure out what their needs

are. One other portion we are looking at and this COVID funding helps us with is After Action Review, so looking at how our COVID response went, looking at how we can improve things for the future for the next response and then implementing what those changes are. Some of those things might be trainings, some might be communication tools. One of things we are looking at doing is updating our inventory system. Also making sure staff feel comfortable and confident with future responses. One of the other big portions of COVID recovery as it pertains to this is grant is around assessments, whether it is our Community Health Needs assessment and building that out some more or looking at identifying specific communities to assess. Within our county we have some organizations that are currently contracted with the state called COVID Community Connectors (CCCs) that work with specific communities across the county. We are looking to partner with them to try and identify needs within those specific populations. Each CCC works with a specific population and specific region. We have a CCC that is very active in Monticello and works with the Hispanic population and we also have a CCC that works within Wright County with those who have any sort of disability, making sure they have access to things they need for vaccinations and other COVID mitigation efforts. This grant goes through June of 2024 so there's options for it to expand if need be.

b. Disease Prevention & Control (DP&C)/Refugee Health-*Shelley Layer/Samantha Brau*

- DP&C-One of our main focuses is Tuberculosis (TB) and how it takes a good portion of our time is if somebody is LTBI, which means Latent TB Infection. We help provide medications for them. We don't necessarily so directly observed therapy with them. They get visited once a month to see how things are going. We bring the medication with. Make sure they aren't having any side effects to the medication and not presenting with any symptoms of TB versus our active TB cases, which take a little more time because they get directly observed therapy Monday through Friday and it usually looks like us either going to their house, which is a regular DOT, or video DOT, which is where we schedule a meeting and they kind of work us through just like we were in the house; they just show us that they are taking their medication and we mark them off for the day. We also make sure they aren't having any new symptoms or side effects to the medication. We also do prophylactic therapy for anybody younger than 5 or if they have increased risk of developing TB disease, would just have to meet certain standards and usually a physician would give the go ahead for that.
- As well as TB, we will be adding Varicella and Pertussis so we will be the main contact for Wright County Varicella and Pertussis cases, so reporting will come to us. We will be doing contact screening. We will be finishing up training for that this week. It will consist of contact investigation and encouraging them to get tested to make sure that that is what they have before we provide treatment.
- We, also perinatal Hep B, which Shelley does. Whenever there is a mom who is positive for Hep B then we send her and her clinic letters kind of explaining and sharing information as to why it is important to get the baby vaccinated. It is a series of 4-5 shots for baby at certain intervals and then serology testing afterwards to make sure the therapy worked, and that baby is safe from Hep B.
- We had one measles exposure last year, a baby, and we followed that family for a period of four weeks. The state gives us some guidelines on what to ask and what to look for. We've had two TB exposure in the workplace and one exposure on an airplane. So, we have been checking in with them and making sure they are ok and suggesting getting tested.

- Refugee Health: Minnesota Refugee Health Report 2021 from MDH handout shared.
 - (a) With refugees when we follow up with them, they are usually getting their first initial screening/vaccination. They don't necessarily have to have the screening and vaccine, but United for Ukraine does require them to get their TB test, their Polio and Measle vaccines and first part of the COVID series. They also must have another health screen just to go over things once more. We help them with this process. We get in contact with them and help them get in touch with a clinic to do the initial testing and then we talk with their sponsor and then facilitate the conversation of getting them to the initial appointment. We really try to refer everybody to the Hennepin County Public Health Clinic because they know what testing needs to be done because MDH talks to them frequently and informs them on what testing is required. We can refer them to have these tests done but it is up to them whether they choose to have them done or not.
- 5. New Business
 - a. Election of Officers
 - As there was no quorum Election of Officers will be carried over to the next meeting in March.
- 6. Old Business
- 7. Other
 - a. Sarah Grosshuesch received the 2022 Employee of the Year award. Congratulations to Sarah.
 - b. Carol Schefers, former Public Health Director, passed away.
- 8. Agenda Items for the next meeting, March 13, 2023
 - a. Environmental Health
- 9. Adjourn
 - a. Adjourned at 10:07 a.m.

pl/sg