### Members Present:
Jason Bashura, Judith Chernoff, Audra Nixon, Emily Greenberger, Paul Nagy, Erica Martin, Stacey Bisnette, Melinda Kantsiper  

### Members Excused:
Matt Reber, Jill RachBeisel  

### Staff:
Maura Rossman, Health Officer; Antigone Vickery, Deputy Health Officer; Kandyce Hopkins, Management Associate  

### Guest:
Reena Rambharat  

### Public:
Skye Anderson  

<table>
<thead>
<tr>
<th>Topic/Agenda</th>
<th>Discussion</th>
<th>Action / Follow-up</th>
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<tbody>
<tr>
<td>Welcome and Call to Order</td>
<td>The meeting was called to order by J. Bashura at 6:08 p.m.</td>
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<td>Approval of Minutes</td>
<td>J. Bashura proposed January’s minutes for approval. Motion to accept November’s minutes by P. Nagy, second by E. Martin. Motion of approval was unanimous.</td>
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| The Health Officer’s Report| During the month of February there has been a decreasing COVID positivity rate as well as a decrease in new case rates, currently 11 per 200,000.  
Post-holiday season, potentially due to adhering to our non-pharmaceutical interventions, there has been favorable data.  
Approximately 15% of Howard county residents have received vaccination. There is possibly some correlation between increasing vaccination rates and decreasing COVID cases.  
Previously, the average age of individuals testing positive was 65. The average age is now 35. This could be due to the health department concentrating its vaccination efforts on older/vulnerable populations. Hospitalizations and fatalities are slowly down-trending. Schools are reopening on March 1st, appropriate facial coverings, social distancing, and hand washing are probably are the most effective secondary to vaccination and will hopefully prevent a surge in infection rates despite more people venturing into group settings. Several COVID strains have been detected in Maryland, including the Brazilian, South African, and UK variants and are not necessarily associated with travel. They do not appear be causing greater morbidity or mortality rates, but they are more communicable. | Continue current interventions and strategies, as well as vaccination efforts, masking and social distancing |
**Vaccine distribution updates:** The two currently authorized vaccines, Pfizer and Moderna are not a perfect deterrent against the variants. This highlights the necessity for quick & effective vaccination of the public to decrease the likelihood of continued mutations of the virus. These efforts are challenging due to limited availability of the vaccine. The federal government has slowly increased the vaccine supply to Maryland and in turn, the health department. We were allotted 1700 doses per week for the last few weeks. Our supply of 1700 doses are not adequate to vaccinate more than 250,000 people that have pre-registered. Demand for doses of the vaccine has outstripped the supply, which is causing frustration within Howard County and throughout Maryland. The state of Maryland is increasing the number of locations where people can get vaccinated other than just local health departments and the hospital, resulting in the expansion of mass vaccination sites, including the convention center, Six Flags, and several retail pharmacies. Many states’ vaccination efforts were impacted by the storms in the west and in the south. As a result, we did not receive our allotment of vaccine last week. The proposed authorization of the one dose, less difficult to store and manage Johnson & Johnson vaccine will hopefully relieve some of the vaccine shortage. We are continuing with contact tracing, case investigation, and enforcement initiatives and efforts.

**Staffing updates:** 35 employees have been hired at the health department for COVID response, with more to come. We're operating at least a two-shift operation, sometimes even three shifts, six or seven days a week in a structure that's typically funded for one shift. Special thanks extended to the Board for submitting written testimony in support of increasing core funding. When core funding is cut, local health departments are not adequately funded to complete the necessary tasks. Despite COVID, the health department continues, on a limited basis, to maintain our clinics for reproductive health, other immunizations, behavioral health programs, inspecting restaurants and childcare facilities, as well as disseminating birth and death certificates, and sustaining all other core functions.

**COVID Behaviors Research:** LHIC performed a survey regarding “COVID behaviors”, the results of which are being presented to Board by health department employee, Reena Rambharat who is responsible for quality improvement and evaluation. The survey was conducted in the fall of 2020. 400 responses were received between the period October 27th to November 9. The survey link was shared via the health department, social media, and through community partners. There was also a survey translated for our Spanish speaking constituents which received 11 responses. There were multiple choice answers provided.

Questions asked about actions over the past 14 days:
- Over the past 14 days, have you traveled outside of Maryland, whether domestically or internationally?
- Which of the following did you use to travel?
- Which of the following locations did you visit?
- In which of the following locations did you work?
- In which of the following settings with more than 10 people did you attend or participate?
- In which of the following facilities have you worked, resided, attended or visited?

These questions were designed in order to get a general sense of the behavior of residents.
### Committee Reports

**Outcomes of Research:** Demographic information, such as sex, race and ethnicity, was gathered to determine if there were any major associations detected. 80% of the respondents were female, 5.6% of respondents were Hispanic, the majority of the respondents were white, followed by Asians and African Americans. In terms of travel outside of Maryland, whether domestically, or internationally 11% of presidents indicated yes, 89% denied traveling. The most utilized form of travel was by car. In terms of the visited locations, most individuals participated in indoor retail shopping followed by outdoor recreation, doctor’s offices, and visits to friends and family. A large percentage of the people polled did not work outside of the home. The ones who did work outside of the home reported employment at schools, libraries, hospitals, medical facilities and offices. Most individuals did not attend any gatherings with more than 10 people, but 30% of individuals participated in outdoor events. People also reported visiting polling sites to vote.

**BOH Strategic Plan and Retreat Committee-**

P. Nagy reports that the committee came up with several items to help the relatively new Board members to become more engaged. Part of it is understanding the role of the Department of Health. Several years ago, 15-20 minutes of each board meeting, Dr. Rossman would describe different aspects of the vast scope of the Board of Health, the various roles and safety net programs, bringing in several different staff members to assist, and that was useful. The second item was the role of a board member and the ways they can contribute as an advocate, an expert in certain areas of health, or as a liaison to other areas, or boards within our community. Some other things typically done during Board retreats was to identify and rank strategic themes that should be the focus during Board meetings. E. Martin explained that there had also been a brief history of the board given; how it’s evolved over time and the accomplishments of past Boards and icebreakers for the board members to become better acquainted.

**Nominations Committee-**

Anthony Wisniewski, Esq. is seeking to become a member of the Board. Dr. Ball shared the resume of Atty. Wisniewski through constituent services and Dr Rossman then received it. J. Bashura shared it with J. Chernoff and J. RachBeisel. They are trying to determine the protocol behind receiving such requests. Bashura would also like to clarify the categories that each Board member represents. Dr. Rossman stated that it is not uncommon for her to receive resumes for consideration when there are vacancies on the Board.

**Current Board Composition:** There are 11 Board of Health positions, with each board member filling a specific designated slot. Dr Rossman suggested that it is possible to adjust the current alignment of Board members to each category to accommodate a new member, if necessary. A. Nixon inquired about the value of having an attorney on the Board. J. Chernoff explained that having an attorney, especially one knowledgeable in health laws would be extremely beneficial to the Board. Dr. Kantsiper suggested having the potential nominee send the Board a brief statement explaining his interests and intentions as it related to joining the Board.

**BOH Manual Update-**

K. Hopkins outlined the table of contents for the updated Board of Heath Manual.

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Section 1 -- Governance

Section 2 -- Public Health

Section 3 – HCHD Programs and Services

Section 4 – Inserts/General Information

Section 5 – Miscellaneous: Meeting Agendas, Past Meeting Minutes, etc.

NALBOH-
J. Bashura sent out the information about the National Association of Local Boards of Health again. This is a complicated situation, as it relates to funds that the Board doesn't have a budget for. Bashura believes that membership in NALBOH will be beneficial to the Board, because they represent the interests of Boards of Health nationwide. Dr. Rossman sought guidance from Office of Law and Constituent Services and was told that there is no budget for the Board of Health in our county. Howard County Health Department isn't allocated money to support the Board of Health. In essence, any funding that has been necessary for the Board of Health activities has come from HCHD’s budget. If the board were to fundraise, the funds go to the county. Dr. Rossman believes that the most reasonable course of action would be for health department to allocate funds specifically for Board activities. The Board must determine what the funding will be spent on. In the past, the precedent has been that the health department has paid for Board activities and necessities from food to a facilitator. A. Nixon proposed prioritizing the Board activities and voting on what potential funding should be spent on.

Since the summer, the bureau of Behavioral Health has been engaged with Dr Robert Evans, III on developing a series of videos highlighting difficult conversations concerning race. The videos will be shared with the Board members, with Dr. Rossman requesting feedback. The health department is working with Dr Evans to develop a facilitated discussion and webinar to accompany the video series, as well as moderation of a live discussion either through an African American roundtable or other collaborative partners. E. Greenberger suggested that HCHD advertisements more clearly indicate the social media platforms they can be followed on. Dr. Rossman indicated that the health department is using a program called Everbridge to facilitate more effective communication and correspondence with the community.

The meeting adjourned at 7:33 pm.

N/A

Board will put together a short prioritization list for funding consideration next month.

K. Hopkins will send out Difficult Conversations to Board members for
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<th>Next meeting is March 23, 2021.</th>
<th>their review and feedback.</th>
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<td>Dr. Rossman will consult with HCHD’s IT department and PIO regarding updating social media information.</td>
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