

# HEALTH ADVISORY BOARD MEETING MINUTES

February 15, 2022 1:00 pm

## **Members Present:**

Mr. James McCoy  
Mr. Jaime Correa  
Dr. Paige LeMaster  
Dr. Robert Hawley  
Mr. Travis Craver  
Mr. Randy Williams

## **Staff Present:**

Ms. Annette Lerma  
Ms. Genea Warren  
Dr. Gary Goodnight  
Ms. Amelia Carnagey  
Ms. Summer Mitchell  
Ms. Hannah Gokingco  
Ms. Cari Waller  
Mr. Stanley Smith, City Attorney

## **CALL TO ORDER**

Mr. James McCoy called the meeting to order at 1:01 p.m. and Ms. Genea Warren recorded the minutes. A quorum of members was present, and the meeting proceeded.

## **APPROVAL OF MINUTES**

Mr. McCoy asked the board to review the minutes from the last meeting on November 16, 2021 and asked for a motion to approve the minutes as written. Dr. Hawley made the motion and Mr. Williams seconded. Motion passed unanimously and minutes were approved.

**The Board approved the minutes.**

## **AGENDA ITEMS & PUBLIC HEARINGS**

- 1.1 Mr. McCoy introduces Dr. LeMasters and asks her to share a little about herself.  
Ms. Lerma begins with saying how much she appreciates the advocacy of the members and having their input.  
Ms. Lerma recognizes Chris Timmons, Hannah Gokingco and Summer Mitchell for their “gift” in data analysis and Epidemiology and thanks them for their work during the COVID-19 pandemic response.
- 1.2 Update on COVID-19: Case and vaccination data trends for Taylor County and Texas  
–Annette Lerma, Director

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Ms. Lerma presents a PowerPoint presentation and discusses COVID-19 in Taylor County over time. She explains the second wave as having the most number of cases. The highest number of deaths occurred in the 2<sup>nd</sup> wave. “The most recent wave was half as long as Delta but has had 1400 more cases. There are many more cases per day in Texas with Omicron but doesn’t appear to be quite as deadly.”

Hospital Data- the highest number of hospitalizations have occurred in the second wave. The Delta phase was 13,000. With Omicron, there was not quite as many. The average number of hospitalizations were relatively the same.

Death trends- average age of death is 68.8 years. The range is from 72-77 with Delta. The second wave was the deadliest averaging 1.8 deaths per day. 70 + is 10% death rate.

Accounts for 65% of all COVID-19 deaths in Taylor County.

Dr. Hawley asks if deaths are actually due to pre-existing conditions. Dr. Goodnight explains how COVID is usually the “tip of the ice-berg” for those with pre-existing conditions in patients. COVID just pushes them over the edge.

Ms. Lerma encourages residents not to wait until they are sick to get vaccinated. Dr. LeMasters questions the doses and asks for clarification on being “fully vaccinated”. She asks if 2 doses or 3 doses is considered “fully vaccinated” Dr. Goodnight answers and explains that 2 doses of the Moderna or Pfizer or the Johnson and Johnson vaccine (without the booster) is considered being fully vaccinated. James McCoy mentions concerns of the community being “where does this end”, when referencing a 4<sup>th</sup> dose mentioned by the media. Ms. Lerma elaborates how some elderly community members who initially were excited for the original COVID vaccine did not come back for their booster as it had already started to become a political issue and views were separated by party lines.

## 1.3 Outpatient treatment and care options COVID-19 and prevention through vaccines. –Dr. Gary Goodnight, Health Authority/Medical Director

Outpatient COVID-19 management - vaccination with Booster Data. Texas is 99.9% Omicron. One sick person can infect four more people. If someone has 2 doses with the booster-97% less chance of being hospitalized. Oral anti-viral medication. Paxlovid and Molnupiravir (Merck) have had some success but have seen birth defects in pregnant women. There is not a good substitution other than vaccination. Sotrovimab (GALXO) IV INFUSION is difficult to obtain. Bebtelovimag (Lilly) is suppose to be very helpful against BA-2. Outpatient management. Recovery is 3-6 weeks moderate. Symptom Management- Acetaminophen or NSAIDS, deep breathing exercises, stay hydrated, cough suppressant.

Do NOT forget basics such as handwashing, keeping hands away from face, eyes, and mouth, wear gloves and masks. Antibiotics are not indicated unless there is an underlying infection.

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Dexamethazone is helpful, Albuterol is helpful. DO NOT use nebulized medications around others. Take your usual medications.

Therapies that are not recommended...Nebulized and inhaled peroxide. Hydroxychloroquine alone or with Azithromycin, QT drugs interrupt cardiac rhythm. Ivermectin – not recommended. There are no studies supporting Ivermectin. Poison control centers are handling an increase in call volume related to Ivermectin misuse. However, Duke University is doing a study and Texas Tech has signed up to be a study facility to analyze the impact Ivermectin has had on those that have taken it. More to come in the future after those studies have concluded.

Hospital Management-some patients and families of patients are saying Redemsiwere caused the death of their loved one. Dr. Goodnight explains, “COVID overwhelms your system. You can develop Accute Respiratory distress. Redemsiwere doesn’t cause kidney failure or respiratory failure. Long COVID-19 Concerns: It comes with a lot of problems. Arises after acute infection up to 2-3 months later, shortness of breath, fatigue, and brain fog.

Randy Williams says he didn’t see effectiveness of people who have been infected and how auto immunity plays a role. Dr. Goodnight says it’s uncertain how long those antibodies stay in your body.

Randy Williams questions about Dr. groups treating COVID and using a certain protocol using vitamins, with the outcome being no hospitalizations and no deaths.

Dr. Goodnight mentions the possibility of the physicians only seeing healthier patients.

Dr. LeMasters says it’s a continuous study. It depends on the size of the study. Randy Williams says people just want whatever will work if infected. Dr. Goodnight discussed patients getting COVID before vaccines and how supportive care was the only option and how they treated with extra vitamins, rest and hydration. Randy Williams asks, “as a health department, do we not tell people what we know is helpful for prevention? Do we encourage the basic prevention methods?” Ms. Lerma discusses the importance of improving population health to combat future pandemics. People who start from a healthier baseline will be much better prepared to combat disease and sickness. People who are in poor health and have chronic diseases fare much worse. We have some things we are working on to improve baseline health as a community.

## 1.4 Dental Program Proposal: Community effort to provide acute dental services for those in need- Annette Lerma, Director

Annette, James, and Robert briefly discuss the dental program. Annette mentions the goal of implementing the dental program and ways we can do that through the Community

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Foundation, United Way, the Medical Care Mission, and a few other stakeholders. She has requested \$59,000 just to pull teeth to relieve pain for patients. The goal is to get 12 dentists on board to assist in providing these services. There will be a \$150.00 re-imbusement fee per patient. We are looking to prioritize this and still need 2 dentist on board.

- 1.5 Obesity prevention project: Rebuild Health Presentation of a draft website and how this fits into grant goals. –Amelia Carnagey, Media Specialist

Amelia introduces the health district's vision of the new Public Health website called Rebuild Health. The obesity prevention grant work plan is to promote overall wellness, offering support and resources. The goal is to cultivate a culture of wellness and change. We are integrating local and state data, education and resources to support better health choices. We want this to be as interactive as possible and used as a tool not only for residents but for stakeholders and medical providers to refer their patients to for chronic disease management and education. Randy Williams wants to know if we could embed this website onto the Taylor County website as well.

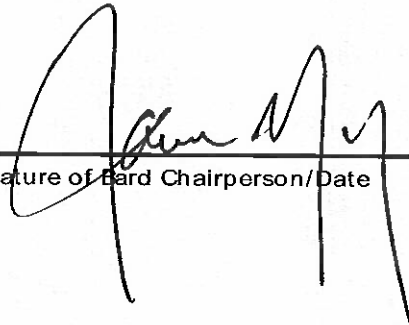
Planned Integration: We want to reach all demographics and are embedding this into social media platforms, and a newsletter. James McCoy states, "This is the most exciting thing I've seen on this board." Mr. Craver mentions reaching the different demographics. Annette Lerma explains we have hired a CHW to build connections and trust with communities we are trying to reach. Travis says he will offer some names for these positions. He says that HSU has a software program that separates demographics.

## ADJOURNMENT

Mr. McCoy adjourned the meeting at 2:07 p.m. the next Board of Health meeting will be May 17, 2022, at 1:00 PM

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Signature of Board Chairperson/Date

