

**COMMUNITY HEALTH AND EQUITY
COUNCIL COMMITTEE SPECIAL MEETING
JUNE 3, 2020
VIDEOCONFERENCE**

Members Present:	Councilmember Ana Sandoval, Chair, <i>District 7</i> Councilmember Robert Treviño, <i>District 1</i> Councilmember Jada Andrews-Sullivan, <i>District 2</i> Councilmember Adriana Rocha Garcia, <i>District 4</i> Councilmember Manny Pelaez, <i>District 8</i>
Staff Present:	Dr. Colleen Bridger, <i>Assistant City Manager</i> ; Ed Guzman, <i>Deputy City Attorney</i> ; Fire Chief Charles N. Hood; Melody Woosley, <i>Director, Human Services Department</i> ; Dawn Emerick, <i>EdD, Director, Metro Health</i> ; Nancy Cano, <i>Office of the City Clerk</i>
Others Present:	None

Call to order

Chairwoman Sandoval called the meeting to order.

1. Approval of the Minutes for the February 17, 2020 Community Health and Equity Committee Meeting.

Councilmember Andrews-Sullivan moved to approve the Minutes of the February 17, 2020 Community Health and Equity Council Committee Meeting. Councilmember Gonzales seconded the motion. The motion carried unanimously by those present.

2. A briefing by the San Antonio Metropolitan Health District and the San Antonio Fire Department on the City’s COVID-19 Watch Expand Assure Plan [Colleen M. Bridger, MPH, PhD, Assistant City Manager; Charles N. Hood, San Antonio Fire Chief; Dawn Emerick, EdD, Director, Health]

Dr. Dawn Emerick acknowledged that COVID-19 was a deadly virus that we have all had to deal with over the past few months, but racism was clearly a public health issue that impacted all of our lives, especially our Black and Brown communities. She stated that she looked forward to addressing racial disparities in our health, our communities, our way of life, and within our institutions. She added that she looked forward to a dialogue to address racial disparity with this Committee, and as a City, to address this impactful health issue.

Dr. Emerick presented the Watch, Expand and Assure Plan (WEAP) operations plan of the Health Transition Plan (HTP):

- Watch – Monitor the COVID-19 epidemic as the community gradually re-opened
- Expand – Progressively expand daily testing and contact tracing; maintain COVID-19 self-screening website; launch bi-weekly community surveys for three months and analyze findings by August 2020; offer universal screening and testing; expand testing sites; she stated that 10 teams

would conduct a study of approximately 502 tests to determine the prevalence of asymptomatic infections and assess the rates, demographic characteristics and risk of transmission

- Assure – Educate the public, enforce the Emergency Orders, and ensure testing and contact tracing capacity

Dr. Emerick reported the Testing and Tracing Task Force (TTTF) was formed to execute WEAP through community corroboration with partnering agencies. She stated that lab testing capacity and adequate test supplies were crucial components to WEAP. She added that the TTTF was positioned well and met twice weekly.

Dr. Emerick reported that TTTF created five working groups to implement HTP recommendations:

- Indicator Monitoring Workgroup – Monitor key public health signs to determine the need to change social and physical distancing restrictions
- Testing and Lab Reporting Workgroup – Monitor all specimen collection and lab testing activity; expand testing capacity with an emphasis on marginalized communities and low-income communities
- Contact Tracing Workgroup – Monitor contact tracer staffing needs to ensure the appropriate number of contact tracers were available and that contract tracers were well trained
- Enforcement and Education Workgroup – Continuing education of local businesses on current Emergency Orders and COVID-19 prevention and testing
- Policy & Health Alerts Workgroup – Issue health alerts, advisories and local policy recommendations

Dr. Emerick presented COVID-19 Dashboard indicators. She stated that walk-up mobile sites were dispatched to one community in District 9 and one community in South West Bexar County (Somerset) where prioritized populations were experiencing barriers to testing sites. She reported a grand total of 3,480 COVID-19 tests were taken in both areas with 1,546 symptomatic patients and 1,934 asymptomatic patients.

Fire Chief Hood reported that SAFD was an all-hazards organization that was currently preparing for potential civil unrest and for next step best practices in response to the COVID-19 pandemic. He stated that SAFD was able to build and maintain and distribute a consistent flow of Personal Protection Equipment (PPE) for SAFD, all City Departments, and Nursing Homes.

Fire Chief Hood reported that SAFD was a Fit Testing Facility that provided respirators for SAFD, SAPD and Metro Health which complied with CDC and OSHA requirements. He added that SAFD established two decontamination sites to decontaminate multiple ambulances throughout the Region.

Fire Chief Hood reported that SAFD acquired an Assistant Medical Director and an Infection Control Nurse to enhance SAFD's COVID-19 response capacity and capability. He reported an increase in 9-1-1 calls for all levels of COVID-19 symptoms. He noted that in response, SAFD created Triage and Minor Emergency TeleHealth phone lines to coordinate pre-arrival emergent triage and to provide information to residents that did not require an ambulance or firetruck.

Fire Chief Hood reported that SAFD acquired specialized equipment for its EMS and Mobile Integrated Healthcare (MIH) units such as ultrasound equipment, EKG machines and equipment to perform state-of-the-art blood testing in the field. He added that SAFD acquired mobile testing equipment and supplies

with the ability to deploy large scale testing at congregate sites, or individual or small-scale testing at walk up sites. He noted that SAFD had collected over 10,000 COVID-19 test samples at all 67 regional nursing homes with all residents and staff tested over an eleven-day period.

Fire Chief Hood reported that SAFD had expanded its MIH capabilities. He stated that an additional 200 SAFD personnel were trained in MIH COVID-19 testing and that the role of MIH was expanded to provide in-home care to prevent the need of hospital admissions for COVID-19 patients.

Dr. Emerick reported on the expansion of contact tracing. She stated that Metro Health developed a Contact Tracing 70-15-90 population-based rule to recruit, train, and deploy 175 case tracers as new positive cases increased over a period of time beginning on June 1, 2020. She explained that whenever 70 new COVID-19 tests were reported, an additional 15 Contact Tracers would be acquired and trained, and 90 Contact Tracers would be deployed to investigate new cases. She added that Metro Health contracted a community organization to recruit, train and deploy Contact Tracers. She announced that by June 30, 2020, Metro Health would deploy a 30-day pilot program with EMOCHA Mobile Health, Inc. to monitor COVID-19 positive patients daily through a mobile phone application.

Dr. Bridger reported that the City's Development Services Department and SAPD would inspect 10 businesses weekly to educate or administer warnings or citations for violations of Emergency Declaration Orders beginning June 1, 2020. She stated that the multi-agency Community Health & Prevention Team would canvas neighborhoods biweekly to educate and promote testing locations through March 2021. She added that Metro Health's COVID-19 Community Hotline would answer and provide critical information to over 45,0000 residents by December 31, 2020. She reported that Metro Health's Health Authority would provide 20 TeleTown Hall education sessions by December 31, 2020.

Dr. Emerick reported that CARES Act funding provided the opportunity for Metro Health to appropriate \$1 million towards participatory community research and development of an impactful, long term COVID-19 legacy plan for the City. She stated that the goals of the research included: 1) Leverage COVID-19 conditions disproportionately affecting our marginalized communities to find a long-term solution; 2) Evaluate current COVID-19 treatment plans to lead the nation in evidence-based, best practice COVID-19 treatment plans; and 3) Evaluate underlying hypertension and diabetic conditions seen in severe COVID-19 cases.

Councilmember Andrews-Sullivan asked if home-based care facilities were treated as a congregate setting or an in-home setting and how was COVID-19 testing coordinated for home-bound facilities. She asked if there was a follow-up protocol in place for COVID-19 patients that had made a recovery. She asked if Metro Health was still recruiting medical professionals for the COVID-19 response. Dr. Emerick replied that if there was a need for testing in a home-bound setting, that MIH would make the facility a priority. Dr. Emerick reported that Metro Health's role was to follow up with patients until they met the definition of recovery. She stated that she was unaware of any patient that had recovered from COVID-19 that returned back into the COVID-19 testing system again. She said she would provide follow-up information. Dr. Emerick stated she would provide follow-up information about Metro Health recruitment status.

Councilmember Gonzales asked for an itemized breakdown of positive results collected from walk-up sites. She inquired if the testing screening process would indicate if patients were uninsured which could help determine if more testing sites were needed. Dr. Emerick replied that screening questions were

sometimes limited in an effort to eliminate barriers to testing and to encourage more participation. She stated that she would provide the available data.

Councilmember Cabello Havrda asked how future COVID-19 spikes would be managed. Dr. Emerick clarified that the aggregate data on the COVID-19 Dashboard would indicate a sustained spike in positive cases, not just one indicator. She reported that the Indicator Monitoring Group updated the COVID-19 Dashboard weekly and provided a weekly summary to Dr. Emerick and City Manager Erik Walsh. She stated that City Manager Walsh distributed the summary to City Council. Dr. Emerick proposed a process that would distribute the weekly summary initially to the Community Health and Equity Council Committee.

Chairwoman Sandoval asked if homeless encampments were treated as congregate settings. She asked if homeless individuals would be directed to homeless shelters. Dr. Bridger stated that the Centers for Disease Control and Prevention (CDC) did not recommend homeless persons from encampment settings to be moved en masse to homeless shelters. She stated the CDC's current recommendation was to prevent smaller encampments from growing into larger ones.

Chairwoman Sandoval requested that this Committee be kept informed of Metro Health's research and development initiatives and funding proposals. She requested that the proposal framework be provided within the City Manager's Report. She asked if this Committee could provide a recommendation for an RFP to City Council. She requested that her team and City staff create a list of recommendations to present to City Council. Dr. Emerick stated Metro Health would implement a community-based participatory approach and that a proposal framework would be submitted to the Testing Task Force very soon. Deputy City Attorney Andy Guzman confirmed that a recommendation to City Council would be sufficient.

Councilwoman Cabello Havrda moved to approve and forward a recommendation of the ratification of the Health Transition Plan to City Council. Councilwoman Andrews Sullivan seconded the Motion. The Motion carried unanimously by those present.

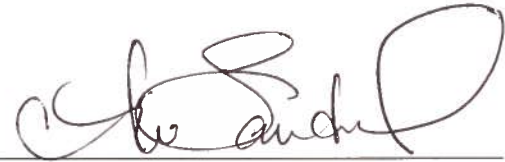
At this time Councilmember Treviño entered the meeting.

Future Agenda Items

- Comprehensive Communications Plan
- Briefing on how delegate agencies are mobilized in response to Covid-19
- Watch Expand Assure Budget Report – Line item reporting of Metro Health initiatives and SAFD initiatives

Adjourn

There being no further discussion, the meeting was adjourned at 11:39 a.m.



Ana Sandoval, Chair

Respectfully Submitted



Nancy Cano
Office of the City Clerk