

**Community Health Services Advisory Committee
CHIP | Health in All Policies Action Team
Meeting Minutes
April 6, 2022**

Members Present/Representation

- Hannah Fairman | Co District 1
- Alyssa Fritz | Co District 2
- Georgie Kinsman | Co District 3
- Ayah Mohammed | Co District 4
- Manoj Doss | Co District 5
- Pa Vang | Co District 6
- Jennifer Arnold | Co District 7
- Brady Johnson | County at Large
- Hongyi Lan | County at Large
- Erica Morris | County at Large
- Steve Nelson | County at Large
- Carol Thunstrom | County at Large
- Thomas Kottke | City of Saint Paul
- Hanna Getachew-Kreusser | City of Saint Paul
- David Muhovich | City of Saint Paul
- Sarah Osman | City of Saint Paul
- Regina Rippel | City of Saint Paul
- Kerri Elizabeth Sawyer | City of Saint Paul

SPRCPH Staff:

- Sara Hollie | Director
- Lynne Ogawa | Medical Director
- Cathy St. Michel | Support Staff

Guests:

- Julia Wolfe | Health Educator
- Kari Umanzor | Health & Racial Equity Liaison

The meeting was called to Order at 5:30 pm by Chair Carol Thunstrom. Everyone was welcomed to the meeting and introductions were made.

A motion was made by Thomas Kottke and seconded by David Muhovich to approve the minutes for February 2, 2022. Motion passed by affirmation of the committee.

Agenda item:	Speaker/Discussion:
COVID-19 Situation Update, Dr. Lynne Ogawa, Medical Director	Lynne shared the COVID-19 dashboard from the Ramsey County website. The transmission rate is considered low at this time. The CDC changed how they are looking at the data, and with the new numbers in mind, we are at a low community transmission level. Total cases spiked in January during the Omicron surge. Recently there has been a rapid slowdown. We saw a rise in re-infections during Omicron. Weekly case rates are around 50/100K. Percent positivity was relatively steady at 3% in March and April. We see case rates coming from MDH Vault sites, and positivity has risen from 3% to 5% to 7%, which indicates a surge. Increased viral loads in waste water is another indicator of a surge. We are monitoring

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	<p>variants in waste water and are seeing more Omicron BA-2, which indicates that we may see a rise in cases.</p> <p>The percentage of eligible individuals who have received vaccine is 81%. Children under five years old are not eligible yet, but we are hoping for approval in the next couple months.</p> <p>The use of monoclonal antibodies dropped off dramatically. The amount of antivirals available was much lower. Now that we have increased availability, we hope more people are receiving them. Overall, vaccines prevent severe disease better than antivirals.</p> <p>Regarding people who receiving different doses – Moderna vs. Pfizer, etc - there will be better data in MIIC eventually. Better T-cell response was reported from using mixed vaccines.</p> <p>Therapeutics will be the go-to treatment in the future. It will depend on people knowing what is available and having access to care. Increased access overall to therapeutics will help to prevent surges.</p> <p>SPRCPH tried to get MCA as a preventive in our Correctional Health facilities, but it was not approved. Other mitigation efforts were put in place, and the case levels did not rise.</p>
<p>TB Care and Case Management, Dr. Lynne Ogawa, Medical Director</p>	<p>The TB clinic is housed at 555 Cedar and is considered a referral-only clinic. We do not test for school- or work-related requirements. We treat folks who have tested positive elsewhere and have been referred to us for treatment. We treat latent and active TB and conduct contact investigation.</p> <p>Patients tend to be refugees and immigrants who were tested upon entry into the country, and health workers who need to be tested to work in the field.</p> <p>For every TB patient in the county, we have to provide observed therapy. We conduct contact investigation for active patients in Ramsey County. If a person lives in Hennepin County and works in Ramsey County, we do the investigation. The treatment for multidrug-resistant (MDR) TB is two years. Ramsey County is on the cutting edge and using a new treatment for MDR TB called BPAL. This regimen decreased a very difficult two-year treatment to a six-month treatment with fewer side effects. This past year we have had more TB patients than Hennepin County. Ramsey County is usually 25% of the cases in Minnesota.</p> <p>Lynne described statistics around active TB patients in Minnesota. Lynne believes it is likely that unsheltered individuals are underrepresented in</p>

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	<p>these statistics. Underlying health conditions make TB treatment more difficult. A quarter of patients have diabetes, and it is not well controlled. Recently, more TB patients are reporting a COVID diagnosis. We are concerned that something is triggered when a person has COVID, which are some of the components that keep latent TB in check. One to two months later, we are seeing active TB. It is being looked at by medical professionals in addition to Ramsey County. The number of MDR TB cases have dropped significantly, from 10-12 four years ago to three cases now.</p> <p>Is testing for TB a standard? Lynne has been hosting talks over the past three years around TB and recommending testing for latent TB. Some providers do not want to treat TB, so Ramsey County gets a lot of these cases.</p> <p>The nine-month treatment option is the most studied and is the 'gold standard.' Other treatments have to demonstrate that they are 'not less effective.' Some treatments are preferred due to the drugs being well-tolerated. The 3HP option is nine pills, once a week. Many patients do not want to do this option. We have a number of pediatric patients who are treated with medicated Oreos. Case managers work hard to make sure patients can tolerate the drugs – putting them in applesauce, brownies, cookies, pudding, etc.</p> <p>Our rate for Ramsey County is often between six and seven per 100K, due to our immigrant population. Ukraine has the 5th highest rate of TB among European countries. Because of the war they are worried about continuity of care. Some of the eastern bloc countries have high rates due to the breakdown of the Soviet Union. Patients were receiving partial care or lesser-quality drugs which triggered MDR cases.</p> <p>Taking care of TB patients is a group effort. Clinic staff conference every week to make sure patients are being treated adequately. The most common situations for high rates of contact exposure are students or day care patients. Household exposure can be high with multiple generations and/or multiple families sharing a home. We have good completion rates at the Cedar clinic. Lynne has adjusted how she presents latent TB to individuals around the risk of becoming active TB and passing TB to family/friends. Diabetes has the highest relative risk.</p> <p>On a side note, there is a prevention clinic working in targeted populations to prevent diabetes. Diabetes increases the risk of many other diseases. Having good data will be key to preventing and treating diabetes. The rise in obesity and diabetes totally offset the benefits of smoking cessation. People have to want to prevent disease. Fitbits and</p>

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	other monitoring devices can make a game out of prevention techniques.
Updates and Announcements, All	<p data-bbox="570 348 1138 380">Next Month – we return to in-person meetings!</p> <p data-bbox="570 422 1382 520">May is Mental Health Awareness month, and Kari would like this committee to review the proclamation. Kari Will email it to Cathy to distribute to the committee.</p> <p data-bbox="570 562 1398 699">Regarding SHIP grants and leadership for SHIP, Cathy will touch base with Pa Shasky about SHIP CLT meetings resuming. One concern is whether we will continue receive funds if there is no connection with this committee to the work.</p>

Minutes taken by Cathy St. Michel.

Motion to adjourn at 7:00 p.m. passed by affirmation of the committee.

Next meeting: May 4, 2022.