

STATE OF KANSAS                    )  
WYANDOTTE COUNTY            )) SS  
CITY OF KANSAS CITY, KS )

SPECIAL SESSION, THURSDAY, APRIL 16, 2020

The Unified Government Commission of Wyandotte County/Kansas City, Kansas, met in Special Session, Thursday, April 16, 2020, with eleven members present via video: Bynum, Commissioner At-Large First District; Burroughs, Commissioner At-Large Second District; Townsend, Commissioner First District; McKiernan, Commissioner Second District; Ramirez, Commissioner Third District; Johnson, Commissioner Fourth District; Kane, Commissioner Fifth District; Markley, Commissioner Sixth District; Walters, Commissioner Seventh District; Philbrook, Commissioner Eighth District; and Alvey, Mayor/CEO presiding. The following officials were also in attendance: Doug Bach, County Administrator; Ken Moore, Chief Legal Counsel; Bridgette Cobbins, Unified Government Clerk; Melissa Sieben, Alan Howze, Emerick Cross; Assistant County Administrator's; Terri Garrison, Interim Director of Public Health; Dr. Erin Corriveau, KU Medical Center; Elizabeth Groenweghe, Chief Epidemiologist; Janell Friesen, PIO for the Health Department; Juliann Van Liew, Manager of Planning & Operation Division in the Health Department; and Dr. Allen Greiner, Local Health Officer.

**MAYOR ALVEY** said before I call the meeting to order, I want to announce that due to COVID-19 we have individuals attending by way of conference call. All participants joining by phone should mute their phones when not speaking to avoid background noise and during the meeting please make sure that you announce yourself by name and title every time you speak so the public participating knows who is speaking. This is critical given the number of remote participants and is current guidance from the Kansas Attorney General.

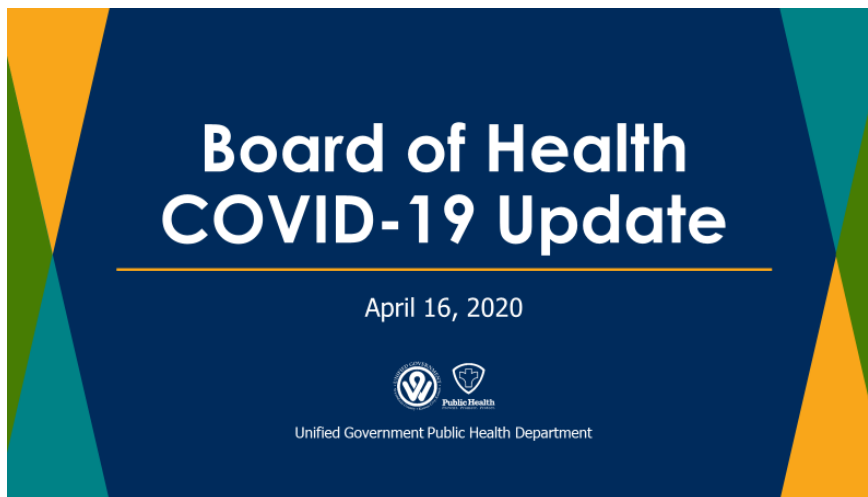
**MAYOR ALVEY** called the meeting to order.

**ROLL CALL:** Markley, Walters, Philbrook, Bynum, Burroughs, Townsend, McKiernan, Ramirez, Johnson, Kane, Alvey.

**AMENDED NOTICE OF SPECIAL MEETING** of the Unified Government of Wyandotte County/Kansas City, Kansas, to be held Thursday, April 16, 2020, at 5:00 p.m. for a Board of

Health Update. Due to COVID-19 the public will be able to observe or listen to the meeting live on YouTube or UGTV; or through ZOOM.

**CONSENT TO MEETING** of the governing body of Wyandotte County/Kansas City, Kansas, accepting service of the foregoing notice, waiving all and any irregularities in such service and in such notice, and consent and agree that we, the governing body, shall meet at the time and place therein specified and for the purpose therein stated.



**Mayor Alvey** said tonight we have an update from the Board of Health and, of course, that's extremely important now and I will turn the meeting over to Administrator Bach.

**Doug Bach, County Administrator**, said earlier we had planned to come forward with an update from the Board of Health as we've been doing these bi-yearly. They come through and update us to everything, all the activities that are going on. As this approached on the calendar, obviously, we have a lot more going on with the Health Department activities than we have previously or, I will say, a lot of additional folks and attention going on with the activities in the Health Department. Today they're going to come forward and give an update of where we are with COVID-19 and then talk about a few other matters in the Health Department. With that, I'm going to turn this over to, I believe, our Interim Director Terrie Garrison.

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## AGENDA

- Situational update
- COVID-19 strategies implemented to date
- Disparities related to COVID-19
- Needs among the community and health department
- Next steps



**Terrie Garrison, Interim Director of Public Health Department,** said welcome to our Board of Health meeting. We're happy you're here. We have a lot of good information that we would like to share with you. It's been a very, very busy month and a half and a lot has been going on. We've had a lot of great help and a lot of collaboration with many of the activities that we've been doing in response to our COVID-19 pandemic nationally as well as locally.

The agenda for tonight is we're going to talk about the situational update, give you some updated information and statistics. We also are going to talk about the strategies that we have implemented to date. Several things to try to help squelch some of the infections that are going on. We are also going to give some disparities related information regarding COVID. We've been looking into our race ethnicity disparities within our county especially as it relates to the COVID pandemic. We're also going to talk about needs among the community as well as needs here at the Health Department as well. Then, our next steps, how we move forward from this. So, those are our agenda items for today and obviously we'll have questions and answers during the presentation or even afterwards.

## COVID-19 Update

| INDICATOR                                           | KANSAS | JOHNSON COUNTY | KANSAS CITY, MO | WYANDOTTE COUNTY |
|-----------------------------------------------------|--------|----------------|-----------------|------------------|
| Positive cases                                      | 1,494  | 343            | 371             | 377              |
| Deaths                                              | 76     | 22             | 12              | 31               |
| Rate (per 100,000)                                  | 51.36  | 58.58          | 77.06           | 229.4            |
| Surveys submitted via the Symptoms Self Report Form |        |                |                 | 443              |
| Presumptive positives from surveys                  |        |                |                 | 206              |



The first update that we would like to give is, of course, just our case counts. To date, Wyandotte County has 377 positive cases. We have experienced 31 deaths in our county. When we look at that across the metropolitan area as well as across the state of Kansas, it's very significant to that. Kansas has had 1,494 positive cases with 76 deaths, but when you put that into a rate per 100,000 population, it equals 51.36 cases per 100,000.

For our neighbors next-door, they have had 343 cases with 22 deaths which equals to 58.5 cases per 100,000 population. Their population is about four times more than what ours is here in Wyandotte County. It's a much larger population and they've had less cases as well as less deaths than what we have experienced in Wyandotte County.

Kansas City, MO, again, a much larger population than what we have in Wyandotte County. They have less cases, positive cases, at 371 and less deaths at just 12 deaths, so that gives them a rate per 100,000 population at 77 per 100,000. When you compare that to Wyandotte County, we have approximately 165,000 population and we've had 377 positive cases and we've had 31 deaths, that gives us a rate of 229 cases per 100,000 population. We know that Riverbend has been our largest outbreak within our community. Even if we extract the 113 cases that Riverbend has added in, we still come up with approximately 150 cases per 100,000 rate, so it's still very significant for our community and much more so than the surrounding communities with us.

We've also had—as many of you know, we placed a self-reporting survey on our website for individuals to be able to go on and self-report. Especially early on, the testing was not as readily available, so we placed the self-reporting form on the website so individuals could go there and would get a return phone call from a health professional to talk with them about their symptoms, how that related to the COVID infection and what they needed to do to protect

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themselves and their families. To date we've had 443 individuals go to that self-reporting site and do the survey. Of those, about 206 of them we have determined to be what we call probable cases. Some of those have escalated into positive cases because now that testing is a little more readily available, we have, in fact, tested some of those probable cases and moved them into the positive. We've not yet tweaked those out as yet, but we do plan to as we keep looking at our data.

## Strategies

- Testing
- Contact Tracing
- Communications
- Community engagement
- Social Distancing



As we go on we're going to talk about the strategies that the Health Department has been using, again, to help us with seeing where the county is within the COVID infection and helping to help to, again, squelch further infections within our county.

There have been several different strategies that we have utilized. The first is, of course, testing and Dr. Corriveau will talk more about that in a few slides, but we have done testing—we started out with a Safety-Net provider who stepped up right away and set up her community testing site. Then, we here at the Health Department have also stepped up and started doing a testing site as well.

Contact tracing; Elizabeth, our Chief Epidemiologist, I think later on in some slides will continue to talk about how we are doing our contact tracing, the information that has provided to us and continues to provide to us as we try to work through the different outbreaks that we have experienced.

Communication; we have Janell who is our PIO and communications person here at the Health Department along with Dave Reno, the UG Information & Communication person. They have done a wonderful job in doing several different communication efforts in trying to get

information out to the public in multi different formats and in different ways to different populations. That's been a huge, huge help and Janell will talk more about that.

Community engagement; I believe Dr. Greiner will talk about the community engagement, some of the disparities this county experiences and the things that we're trying to put in place regarding those disparities.

Juliann will speak to our social distancing and things that we've done regarding social distancing and our next steps; I believe Dr. Greiner might be speaking to that. (**Someone** was inaudible). **Ms. Garrison** said okay, I got that backwards. Anyway, those are the strategies and that is kind of the team that will be speaking to you throughout this evening.

## Testing at the Health Dept.



- Personnel: UG clinical staff + KU Medical Residents
- PPE: Supplies from state
- Test kits: Purchasing individual materials to put kits together



**Dr. Erin Corriveau, KU Medical Center**, said I'm really happy to report that we are in full swing, two full weeks now, of testing here at the Health Department in the parking lot. We've got it down to a pretty well-oiled machine at this time. We're combined with some of our UG clinical staff and we also have several Resident Physicians from the KU Family Medicine Department who have come to help us and are swabbing some noses for us and supplying us some work, so that's great.

I'm happy to report that we've got adequate PPE from the State. I feel like our supply is good there. Regarding test kits; we have about 500 test kits that are made and ready to go. I think by tomorrow or possibly Monday we'll have about 2,000 kits ready, so we've been doing this in an effort to really ramp up our testing capacity.

## Testing at the Health Dept.

### Testing Monday – Friday, 1 – 5pm

- Results within 24 hours
- Free to Wyandotte residents (currently paid for by \$50,000 provided by Unified Government)
- Prioritize first responders and those exposed to known positives
- 150 tests performed to date
- 37 positive test results (25% positive)

**COMING  
4/20/20:  
Accepting  
Walk-Ups**



As you can see here, we're testing Monday thru Friday and the hours are 1 – 5 p.m. We have partnered with a local lab called Sinochip Diagnostics. They're fantastic. We have been able to turn our test results around within 24 hours from day one. We appreciate the funding from the UG which has allowed us to purchase these tests and we're offering the tests free of charge for any of our community members who may need to be tested.

We have really relaxed our criteria. There has been a bit of a change of who we are testing. Certainly, we're continuing to prioritize our first responders and those people who we know have been exposed to positive cases and that number is growing. We've relaxed our criteria in general such that anyone in Wyandotte County if they have symptoms that may be related to COVID can be tested if they've had those symptoms within the last 48 hours.

To date we've done 150 tests and we're seeing about 25% of those tests are coming back positive and they're interesting. The lab has spoken to us about that and they said you guys are really screening well and they feel that we're using the resources very well. They feel that's a pretty good rate of positives for our tests.

## Testing: Next Steps

- Pop-up testing sites in the community
  - Co-branded with Vibrant Health
- Asymptomatic testing (mass testing)
  - Considering representative sample in WyCo



I'm very excited to announce that we're thinking about next steps as far as testing. Juliann and Dr. Greiner and the team here are going to get into some of the health equity work that I think is some of the most important work that we're doing right now. In concert with that, we're quite worried that we need to reach out beyond the parking lot of the Health Department and beyond the lot for our partner/provider Dr. Sharon Lee, to really get out into other neighborhoods in Wyandotte County. This has been a suggestion from some of our community leadership and they've offered a few different sites at this point although we haven't settled on where we might do our pop-up testing. I think that's going to come about by this coming Monday, so we're going to be, again, out in the community partnering with Vibrant Health Care in doing some pop-up testing at community sites. We hope that will help us get more of our community engaged in this process and we're especially interested in reaching out for our Latino community members in that way.

We are considering as a team here, if we were to have a number of tests available to us, what could we do with them? We've been reaching out to several private companies and still trying to get our hands on more and more tests. We're hoping that we can start to do some testing of our Asymptomatic community members in that we could try to understand how wide spread this virus is in Wyandotte County. We're thinking about this in terms of creating a stratified sample of the community and hoping that we can go there within maybe the next week or two.

With that, I'm going to turn things over.



## Contact Tracing

All positive cases receive a call from the UGPHD

- Collect info of people they came in contact with
- Require isolation and quarantine
- Team of 24 investigators (KU medical students and UGPHD employees)



**Elizabeth Groenweghe, Chief Epidemiologist**, said I'm going to talk a bit about the contact tracing that we've been doing here at the Health Department. Any positive cases in Wyandotte County get reported to the Health Department and then they receive a call from the Unified Government Public Health Department. We have a team of contact investigators that call each and every positive case, yes, all 376 cases that we've had, we do a contact investigation on, so we collect and follow about other people that they came into contact with and might have been exposed to the virus. We require that they isolate at home so that they don't risk spreading the infection to other people in the community and then any of those contacts that we identify are going to be required to quarantine at home for 14 days from their exposure in case they develop the virus so that they don't spread it within the community.

Contract tracing is a proven method that is used all across the country to prevent and try to control the spread of COVID. Right now, we have a team of 24 investigators that are working every single day to do contact tracing and they include some Unified Government employees at the Health Department that we've repurposed to do COVID investigations along with a really fantastic team of KU Medical students that have been trained to do contact investigation. We're really thankful for that partnership with the KU Medical students. That has really enabled us to do contact investigations for all the cases that we have in Wyandotte County.

## COVID-19 Clusters

### Riverbend Post-Acute Rehabilitation

- UGPHD first notified of this outbreak on April 2
- Currently a total of 116 cases have been identified
  - 92 residents
  - 24 employees/staff
- 19 deaths associated with this outbreak and a number of residents still currently hospitalized
- UGPHD and KDHE continues to work with Riverbend on this outbreak



I also wanted to talk about some clusters or outbreaks that we've identified. Each day at the end of the day all of the contact investigators have a meeting where we discuss common exposure place to common workplace, things like that to try to identify clusters or outbreaks within our community. That's another way we can control the spread is by identifying new cluster outbreaks. Of course, the biggest cluster or outbreaks that we've identified is Riverbend Post-Acute Rehabilitation, which you've probably seen in the news and things like that. This is actually the largest outbreak identified in the state of Kansas. We were first notified of this outbreak on April 2<sup>nd</sup> and currently there is a total of 116 cases that have been identified as part of the outbreak including 92 residents that live at Riverbend Post-Acute Rehab and 24 employees that have also tested positive. We've been working closely with Riverbend to continue to test any employees that develop symptoms so that we can identify cases and conduct contact investigation.

Unfortunately, there has also been 19 deaths among residents associated with this outbreak. This is a very vulnerable population. A lot of them are elderly. They have other (inaudible) and chronic health conditions that have left them very vulnerable to COVID. It is unfortunate that we have thus far seen 19 deaths with this outbreak, and we do have a number of residents that are still currently in the hospital that we're continuing to monitor.

We do continue to work with Riverbend on a regular basis, having regular conference calls and getting updates from them on a daily basis. In addition, the Kansas Department of Health & Environment, their Epidemiologists, are also working with us and Riverbend to monitor this outbreak.

## COVID-19 Clusters

### Eastern Kansas Minister's Conference at Miracle Temple Church (March 16-22)

- 44 cases across Kansas
- 16 cases that reside in Wyandotte County
- 5 deaths across Kansas associated with this outbreak

### Rising Star Baptist Church Gala (March 14)

- 7 cases
- 1 death



We've also identified some clusters among churches in our community. One of the biggest outbreaks that we've identified is associated with the Eastern Kansas Minister's Conference that took place at Miracle Temple Church on March 16-22. With this outbreak we've identified 44 cases across Kansas, among different counties in Kansas. This was a big ministers event where people from all over the state of Kansas came to Wyandotte County to attend and 16 of those cases reside in Wyandotte County. Unfortunately, across the state of Kansas there has also been 5 deaths associated with this outbreak.

In addition, there was a gala that occurred on March 14<sup>th</sup> at Rising Star Baptist Church that we identified 7 cases and, unfortunately, one passed associated with this.

**Mr. Bach** said before we move too much further, Elizabeth, Commissioner McKiernan has a question. I think he might had it on a slide or two back.

**Commissioner McKiernan** said I'm sorry to interrupt at this point, but it was going back to Dr. Corriveau. I had a couple of questions about testing in the community. I was just curious if we know at what number of tests—and this presupposes that we can get sufficient test kits, but at what number of tests will we be reasonably satisfied that we have a representative sample of Wyandotte County and that we have wrapped our brains around how deeply this has penetrated into the county? **Dr. Corriveau** said that's a good question and I'm working with one of our PHD Public Health colleagues at KU to help identify a sure number. I think we're dreaming about kind of a 10% sample, 10% of the population size; that would be pretty big. I will have more information about that, I think, within the next day or two. **Commissioner McKiernan** said so, if we had to

guess at what percent of the population that we've tested so far, less than a percent, less than half a percent? **Dr. Corriveau** said that is a very good question. It's hard to know. **Someone** was inaudible.

**Commissioner McKiernan** said then I guess another question would be, do we believe there is the availability of sufficient test kits to test deeply enough to get that broad representation or not? **Dr. Corriveau** said yes, we do believe that, and in fact, we have a couple leads on that, that would be some private investors in the city that have been very interested in this and we're working with some of our insurers as well to help get our hands on those. I think this is going to be a reality and as soon as we get those numbers I think we will be able to ask for more specifics in terms of number of cases.

**Commissioner McKiernan** said this last question will be totally speculatively, but I'm curious if we have any idea how long it might take us to reach that number of tests. **Dr. Corriveau** said that is a very good question. I think that working alongside our Equity Group and many of our community leads and organizations would be a step in that direction. I think that we would have to say alright, we're going to blast this out and we're going to test it, you know, as much as we can based on our stratified plan here for the next couple of weeks and go from there. I don't know, Dr. Greiner may want to give some more insight. **Someone** was inaudible.

**Mr. Bach** asked, Dr. Greiner, we're you going to add anything to that? **Dr. Allen Greiner, Local Health Officer**, was inaudible. **Mr. Bach** said if we can move on, we've got a few more questions.

**Commissioner Bynum** said with regard to the testing and Commissioner McKiernan's question of what percentage has been tested so far, the numbers on your earlier slides of tests completed, do those not take into account tests from private physicians or they do? **Dr. Corriveau** said that is correct. They do not take those into account. Numbers are only what we can report from our Health Department testing.

**Commissioner Bynum** said so private physicians in Wyandotte County providing testing are not reporting those completed test numbers anywhere? **Dr. Corriveau** said well, of course, the positives we know about but they're not reporting, or it is not necessary that they report, for instance, to us the number of tests they have completed. I will say that there is a move within the community and actually we're speaking a lot with Dr. Lee about this who has also opened

community-based testing in Wyandotte, about keeping a list of all of the patients within our community who have been tested. We do feel that it is a need to understand this better, so we're trying to set that up as quickly as we possibly can, and I think we have some parcel information although it's incomplete and we didn't feel that we could present that. **Commissioner Bynum** said okay. Just to the point that if the other physicians in the county that are providing testing are not reporting those numbers to any one place, then we really are going to have a difficult time ever knowing to Commissioner McKiernan's question, what the penetration is of testing of Wyandotte County residents. I mean, based on the numbers that you've presented against the population of the county, that's obviously a fraction of a percent.

My second question is simply this, at some point during this presentation, could you just share for the public the components that are needed in order to complete a test and what I mean by that is, you need a mask, you need PPE, you need a test. If you could just walk us through all the different components that are needed in order for testing to occur. Obviously, you need personnel. **Dr. Corriveau** said yes, I could do that now. We need a person first of all who knows how to obtain a nasopharyngeal swab which is different than just a regular nasal swab, so skilled personnel. They need to be dressed in full PPE which means a gown and gloves. They need to have an N95 mask and then on top of the N95, we're having our personnel place a surgical mask there. They need to have a face shield as well.

Terrie is going to take us back to the slide and show our volunteers there. You can see all of our volunteers are dressed in the full face shield and masks. After a person has been identified for testing, they are given an appointment to come to the drive-thru, they drive up and we have a swab and then a small tube of either saline or what we call viral media. That person is asked their birthdate and name and once that's identified and is correct, then usually the resident physician would then swab their nasal fairings and then would place that back into the tube and then we go ahead and place that in a bag and keep all of our paperwork straight then. Does that give a better idea of the components? After that, the test would go over by a courier at the end of the day to the lab and that would be run immediately. That lab has to have the capacity to run that test. That includes the reagents to do that and also the machinery to make that possible. We think that our lab has more capacity now than the test that we're completing which is a good thing so that we can ramp up our testing. That's certainly not a bottleneck. By the next late afternoon or

evening, we have the results back. **Commissioner Bynum** said yes, that's very helpful. Thank you so much for taking the time to walk us through that.

**Commissioner Kane** asked, can you go back to the Riverbend slide please. First, I want to start out that a constituent has asked that the northeast area have one of those pop-up deals so that we can test down there. That was brought up to me yesterday and I think that's an excellent idea. Then I want to talk about communication because I know these folks are doing a pretty good job except 30% maybe to 35% of the people don't have access to a computer. I know we're going to send out the *Citizen* fairly quick, but I believe we need to send a letter to all the homes, all the apartments, all the businesses and everybody and say here's what we're doing. That might be expensive, but the community—I'm getting more calls now saying we don't anything about what's going on. I guarantee you; my in-laws don't have a computer and it's frustrating for me when I keep saying we need to communicate with everybody.

There are a whole lot of people that are my age that don't look at a computer and they would rather see something that says here's what's going on in Wyandotte County. It would be a lot better doing something like that then we put all this stuff on the computer, which is great, and I get the information except not everyone gets it and we're in a time right now where people want to know what we're doing, what we've done, what we're doing now and what we're going to do in the future. Part of that is this next thing, the reason I brought this up, give us an example, maybe four or five examples, of what you guys have done at Riverbend.

**Janell Friesen, PIO for the Health Department**, asked would like us to start by talking about communication strategies or go ahead and jump into the Riverbend question. **Commissioner Kane** said you pick which one you want to talk about. **Ms. Friesen** said I can speak a little bit to the communications. I will let my colleagues speak to Riverbend though I can jump in if needed because we did recently put together a report about that.

You're right that we need to continue to work on more communications for folks who don't have regular access to the internet or don't have a computer. That's something we have done a bit of, but we are looking at other potential strategies for that. You mentioned direct mail, we do have the *Citizen* going out soon and we've talked about the potential of doing some other kind of mailers, something that would hit people's mailbox with information. We also did have some flyers and posters that were printed about the stay-at-home orders when that was pretty new that

was distributed to a lot of local—essential businesses that could remain open or other organizations where people would see those things.

We do have a number of flyers and such that we've shared electronically, but we've shared them with some partners of community leaders who are able to then share that information with the folks that they're in touch with. I think that partnerships are going to be really, really crucial for us to get the word out as well because it's not just about the format in which we are sending out the information. It's about who's providing that information and sometimes people want to hear that from a trusted community leader in their neighborhood, so that's going to be a really crucial part of our communications as well.

We also have also moved to make many of our resources available by calling 3-1-1 if going to a website isn't an option or if someone is not comfortable with that. So, to ask general questions about COVID-19, to report symptoms, to ask for food assistance, to volunteer or donate, you can call 3-1-1 rather than going to the website.

**Commissioner Kane** said the problem—which is a great idea except how does somebody know that has no access to a computer that they can call 3-1-1 and that's why I think it's crucial that we send letters out maybe every week until we cover the entire community to say if you've got a problem, call 3-1-1. I really think that's a good idea, but we're not reaching enough of the community because I'm telling you, it doesn't matter where I go, people are saying what are you doing and what are you hiding from us. I'm also being told we're not doing enough. I want us to start where we're at now, but I'm going to push this letter thing because it has to be done. We can't sit there and tell the folks wait until your *Citizen* gets here because that only comes out quarterly and I think it's huge when we tell people we're working, well give me an example. That's why when we get done here I want to do the Riverbend thing.

If we don't start communicating to the people, they're already upset, and it upsets me because I get it. I don't look at a computer at night but we have got to get better at communicating to the folks that we represent so we can let them—give them the best information possible, so they understand here's what you guys are doing, here's what the Health Department is doing, here's what the doctor is doing and working in conjunction with the Governor, we're working with the Mayor, we're working with all the entities, but they don't know this. I get frustrated because I want the people to know as much as possible and they deserve that right to know as much as possible.

**Ms. Friesen** said thank you for sharing what you're hearing from your constituents. It tells us what else we need to be doing and what we can be doing better, so that's something that helps inform our work. I know we have a great communication team, as Terrie mentioned. Dave Reno, our Interim Public Information Officer for the UG, who I work with closely as well as Alan Howze has been working with us a lot on our communication, the stage communication folks that we have worked with to help us. I think we can revisit some of the discussion now that most of the stuff that is in motion for the *Citizen* we can move toward looking at other mail options. I think we need to continue to push things out to local media because we know from our community survey that one of the main ways people gets news about local government in their community is through traditional news media, our local news outlets. That's something we've put out, many news releases and been in touch with a lot of reporters and that's something we'll continue to do. I think we just need to continue, again, working with community partners and listening to the feedback that we get so that we know what we're missing and what we need to work on.

**Ms. Groenweghe** said I can talk about some of the actions that we've taken in Riverbend with the investigation. As was previously mentioned, we did publish today a report about Riverbend that kind of outlines the timeline and the actions that have been taken. Janell, where can people find that Riverbend report. **Ms. Friesen** said if you go to [KCK.org/COVID-19](https://kck.org/COVID-19) there is a release flash encode tab. That's where you can find all of our press releases, all of our health orders, and one of the recent things posted on there is this Riverbend update. That's something that we will post updated reports along the way. I believe I got a message during this meeting that's like here's something to add to your timeline, so it will be something that we update as we have further information as well.

**Ms. Groenweghe** said just to kind of outline some of the stuff that we've taken; from the time that we were notified of this outbreak, we have regular conference calls with myself, Dr. Greiner, our Medical Officer; and some of the Epidemiologists, the Kansas Department of Health & Environment. We've had regular conference calls with administration at Riverbend to provide guidance. Things like separating well residents from sick residents to try to contain the spread, having the staff wear masks, screening staff, screening residents, taking temperatures; all of those different things that we recommend to try to control the outbreak. We've also provided them PPE when necessary. Things like masks and face shields if they didn't have enough of those. We've



been testing any employees that develop symptoms. We've worked them into our drive-thru clinic usually within the next day so they can get tested and we can identify additional cases.

Dr. Greiner has been working very closely to providing medical guidance on caring for the residents, when employees can return back to work, things like that. So, those are just some of the steps that we've taken during this Riverbend outbreak and I would encourage people to report for us as well a complete timeline of everything that we've done.

We've also worked to try to get some more staff because they had issues with staff quitting and being short-staffed, getting them connected with cleaning companies to come help provide those services as they had employees quitting. Those are some of the steps that we've taken.

**Commissioner Kane** said you know what, I think the thing we need to do right now is get a flyer and send it out within a half mile of that place, to every house that's there, even if we have to walk it and put it on their door to let them know what we're doing because people that live by there are afraid they're going to get sick. That's a starting point but people are like I just live right down the street, what if the wind blows this way, wind blows that way. They see people walking in there with no mask, they see family people in the parking lot waving at their loved ones with nothing on. **Ms. Groenweghe** said that's not really a way the virus would be transmitted from person to person at such long distance contact. It really needs to be within 6 ft. of the infected person for 10 minutes or longer. **Commissioner Kane** said you and I know that, but surrounding community doesn't.

**Ms. Groenweghe** said that is a good point. I know another concern of some community members have raised as well are these infected staff members going to the same Quik Trip as me in the area or going to the same grocery store down the road as me; those kind of things. All of the staff that has been tested positive, and in fact, anyone in Wyandotte County that's been tested positive, does get a phone call from the Health Department instructing them to isolate so they shouldn't be going to the grocery store, Quik Trip, or anything like that.

**Ms. Friesen** said another thing we heard that people were concerned if they were living in the area around Riverbend and that's something in that report there is a letter from Dr. Greiner, and he does address that concern a little bit in there and it's something that we could talk about further. It could

be something that a letter could get printed off and shared in the area, so there's some different options for how we could share that information.

**Mr. Bach** said good series of questions and I think that really does challenge us to think about our users that can't get to the access points where we have a lot of information posted on our website and then, of course, it is just a public education component when it comes to those around the Riverbend area that I can see could have a lot of—it might be misinformation, but it causes them to have concern and we can work on ways to get to them.

I think we have three questions up now and I'm going to call on them and then I'm going to ask when we conclude those questions if we can maybe move through the rest of our presentation because we may answer some of your additional questions as we go through that. Of course, then we can go back to it as needed as we go through that.

**Commissioner Townsend** said just two quick questions. I'm happy to see the increase in testing sites but could one or both of the doctors address again for the public the protocol for going to get testing. Can anyone just walk up to any of these or if you have a personal physician must you go there first for testing?

Secondly, and this tags onto the issue brought up by Commissioner Bynum, say for instance my personal physician is out of Wyandotte County, if I were to test positive for COVID, must my doctor who is out of Wyandotte County report that to the Wyandotte County Health authorities?

**Dr. Corriveau** said as far as how to get tested, we have a few different ways. If a person does have a primary care physician or a doctor who they see regularly, we have had calls with all those doctors and they have gotten our referral sheet for testing, that is an online referral. They have been encouraged and welcomed to fill that out. Once they do that, it comes directly to our Health Department here and then we reach out directly to the patient in order to get them scheduled so they can come to our drive-thru testing site.

Another way would be if somebody would like to self-report their symptoms online, they're welcome to do that. At that point and time, they would receive a call directly from us here at the Health Department and we would set them up for testing, usually even that day or the next afternoon.

We also have connected with 3-1-1 so that if somebody were to call 3-1-1 and ask about how to get tested, they would be connected also to us here at the Health Department and scheduled for testing.

Something new that's going to be happening starting tomorrow is that we're going to be accepting walk-up or drive-up folks who would like to be tested. We're still requiring that those people have experienced symptoms of Coronavirus within the last 48 hours, but if that is the case we will go ahead and get them tested.

**Ms. Groenweghe** said the other question about if you got tested at your provider somewhere else besides Wyandotte County like let's say you're primary care physician is in Kansas City, MO or Johnson County, that does still get reported to us. All positive tests are reported to the Kansas Department of Health & Environment and then from there the Kansas Department of Health & Environment funnels those positives to the local health department, but we do receive all tests regardless of where they were tested.

**Commissioner Ramirez** said with the *Citizen*, is that sent to every single person or do you just have to sign up for it? **Ms. Friesen** said I believe it's every residential address. **Mr. Bach** said we send it out to 63,000 different households, so it goes to owner occupied, rental housing all across the community. We try to redo our list every time we send it out. **Commissioner Ramirez** asked, is that going to be put in Spanish as well. I know you had mentioned in the past that a lot of this *Citizen* is going to be mainly focused on COVID and a lot of information, is that going to be put in Spanish as well? **Mr. Bach** said yes. We were able to put quite a few of the articles, not every article, but I believe everything that we did related to COVID-19 does have a Spanish section as well.

**Commissioner Ramirez** said I know this will be probably be something you will do, but I'm going to ask it anyway, that any communication that either be it online or on paper also have a Spanish component with it. You know my district, a big portion, is Hispanic and that helps lower the inequity in our community when we're able to effectively communicate with everybody in that community. So, that's all I ask, is that any communication that's put out is also put out in Spanish as well. **Ms. Friesen** said we have been working to get our materials available in both English and Spanish. I think the large majority of what we put have put out there has been in both

languages. There were a couple of things that we were having a little trouble getting Spanish translation if it was like a legal document like some of the public health orders, there was a bit of a delay in getting some of those translations for instance, but something we're looking at. We're also looking at getting more materials in additional languages beyond English and Spanish. We do have some materials in some additional languages, but that's something that we need to continue to increase.

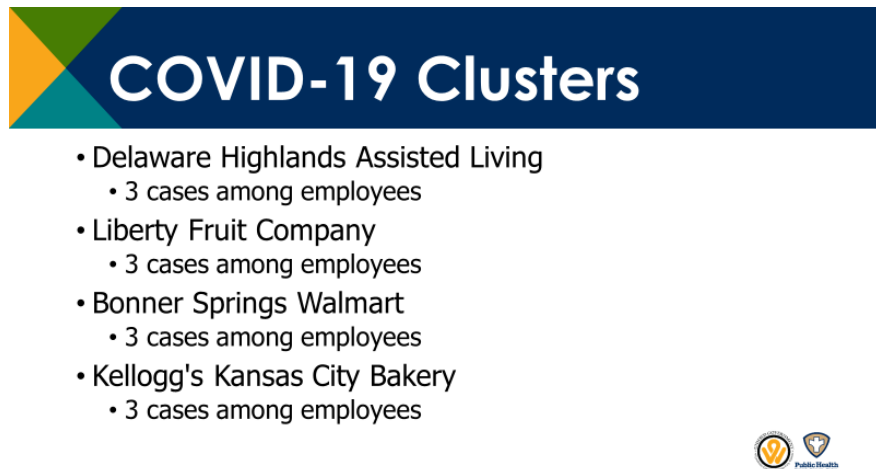
**Commissioner Burroughs** said I know you want to get moving. My question goes back to Commissioner Kane's comments in reference to communication. I know the Mayor had a contact with all of the local faith-based community's. That might be a way to start rolling out the information on every other process or an everyday process so they can communicate as quick as they possibly can to their followers. We should be engaging our local school districts. They are doing at-home teaching and it may be an opportunity for our school districts to help put this communication out into the districts. That would cover the entire district with most families that are struggling with this health crisis. **Ms. Friesen** said I think there has been some communication with school partners, with some of our contacts with school districts, but that's something a partnership and resource we could tap into a bit more. I'm going to make a note about that one.

**Mayor Alvey** said I have to say they're all linked into our website and can push people there. I would also say I understand a lot of people don't have laptops, but most people have phones and are able to access that way. I would have to say also with the faith-based community, even though there are 400 churches, a lot of those churches have not submitted to us email addresses or telephone numbers, so that's been problematic. We're trying to build that database. All those things—this crisis has, once again, revealed some of the lack of challenge of communication that we have.

My final comment would be in terms of using mail, in this crisis at least things change not even from week to week, not even from day to day, but frankly, hour to hour and moment to moment. So, the danger is to put information out there that changes just in the last week the different initiatives that the Health Department has launched. If we had reported what was being done last week, that would not be up-to-date now so there's always problems. It's not just lack of communication, sometimes it's communicating inaccurate or past due communication and we

have to be very cautious with that. **Ms. Friesen** said agreed. Thank you for bringing that up. That is an ongoing challenge of how quickly the information is changing.

**Mr. Bach** said, Elizabeth, why don't we go back to where you were with the presentation and let you all continue on.



**COVID-19 Clusters**

- Delaware Highlands Assisted Living
  - 3 cases among employees
- Liberty Fruit Company
  - 3 cases among employees
- Bonner Springs Walmart
  - 3 cases among employees
- Kellogg's Kansas City Bakery
  - 3 cases among employees



**Ms. Groenweghe** said some other clusters that we've identified here in Wyandotte County, Delaware Highlands Assisted Living we've identified 3 cases among employees. Liberty Fruit Company we've also identified 3 cases among employees and also at Bonner Springs Walmart. Most recently at Kellogg's Kansas City Bakery in Kansas City, KS we've actually identified additional cases since this presentation was put together. They are now reporting 6 employees that tested positive at Kellogg's Kansas City Bakery.

With all of these clusters at work places, when we identify them, we reach out to the work place. We usually reach out HR or to a manager at the workplace so that we can make sure they are aware that these employees who have tested positive that they're putting control measures into place, that they are communicating with their employees to let their employees know that people have tested positive at their workplace. We're also requiring that any people that have come into contact with positive employees at these workplaces be quarantine for 14 days to try to prevent the spread within it.

When you look at these workplaces, you can see that one of the things that a lot of them have in common is they are working closely with either each other in like a factory type of environment or they're working with the public which does kind of put them at an increased risk

of COVID versus a workplace where maybe they're more separated in separate offices or things like that. We do continue to monitor these clusters within the workplaces in Wyandotte County.

I'm going to go ahead and transition to Janell and she is going to talk a bit about some of the communication strategies that we've used for COVID.



**Communications**

**Some of our key communications focus areas:**

- Religious gatherings
- Riverbend
- Stay At Home
- Testing
- Health equity
  - Including discussion on race/ethnicity data

**COVID-19**

**STAY AT HOME**  
for the health of all

**QUEDATE EN CASA**  
por la salud de todos

Public Health

**Ms. Friesen** said I know we have covered communications already, but I want to talk about a few other aspects of that. I wanted to start first by some of the main things we've been communicating about recently and then how we've been doing that. Some of the main focus areas, and this past weekend, a lot of the focus was getting information out about religious gatherings. There had been things coming from the State and locally with guidance on what people could do from a safe—and recommending that people hold religious services remotely when possible. There is also the option of like parking lot services and we were providing specific guidance on that. I know there were some things in the local media about that, there were things that we were putting online and sharing with many of our community partners and the faith leaders in the area.

There has been a lot about Riverbend. We're getting lots of questions from the media about Riverbend as well as concerned community members. We've been posting updates about the Riverbend numbers and that sort of thing almost daily on our social media and, again, I know there's been a lot of news stories about that recently and, again, we have this report that we mentioned earlier.

Of course, the Stay-at-Home order, that's a pretty big thing right now since there was the extension at the State level and then discussion regionally about what that looks like as well and then there was a press release that went out about that earlier. That's something we will continue

to communicate about to try to clarify what are essential activities, what are essential businesses and what are not.

Testing I think is huge. That's going to be a big push right now especially as we're ramping up and looking at other testing sites and the current ways people can access testing, making sure we're getting the word out about that so people know how they can get tested and what they need to know about that, so they will feel comfortable going and doing that.

There's a lot about health equity right now especially in light of the fact that we released data on race/ethnicity which we're going to talk about more in a little bit. We're talking about how we're partnering with some other organizations in the area on that. There is a health equity group, a taskforce that has recently been formed, to try to come up with strategies. Again, that's something we will talk about in more detail later, but that's just factoring in to some of our communications right now.

## Communications

**How we're communicating:**

- The Citizen newsletter and ENews
- News media
- Website and social media
- Flyers and posters for print or web
- Most materials in English and Spanish; some in additional languages
- Working with community partners – more messaging from community leaders

The infographic is titled "COVID-19: Stay-At-Home Order". It is divided into two sections. The top section, labeled "Allowed", shows icons for a doctor, a shopping cart, a person walking, a car, and a house. The bottom section, labeled "Not Allowed", shows icons for a group of people, a restaurant, a travel bag, and a person at a desk. A large red 'X' is drawn over the "Not Allowed" section. At the bottom, it includes the website "wycokk.org/COVID-19", the phone number "3-1-1", and the hashtag "#STAYHOMEKC".

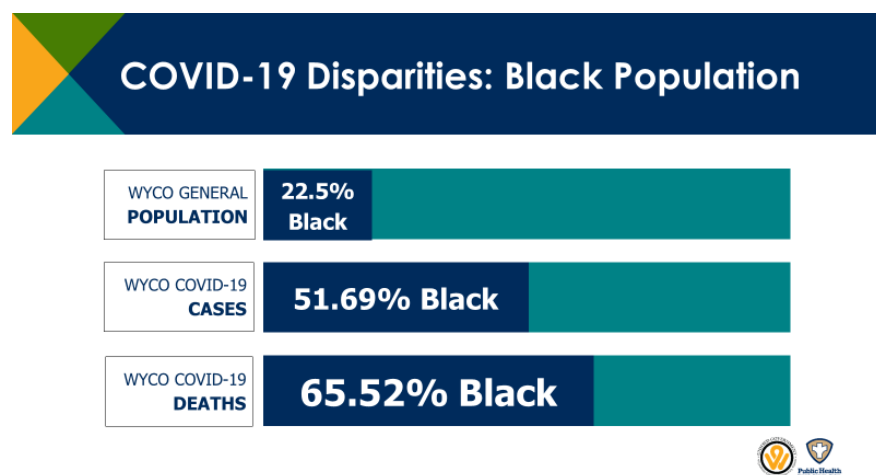
How we're communicating; the *Citizen* is going to be going out very soon. I believe it should start hitting mailboxes early next week is what I last heard on that. We've been putting out a lot of special editions of the ENews and the *Citizen* is a special edition where it's largely focused on COVID-19. There are a few other stories in there, but that's the primary focus of most of it. We also, of course, have had many stories in the news media. Many local reporters are interested in getting messaging out around COVID-19, around things like testing. We, of course, know there are the access issues with web content, but we have been using our website and continuing to add more resources. We have our dashboard on there where you can see updated data. People can

report symptoms, request for food if they're in quarantine and can't go to the grocery store, something along those lines.

Our social media, we know as someone mentioned earlier that a lot of people even if they have a computer, they have a phone where they might be using Facebook and get updates that way. We have flyers and posters we mentioned. Some that we got professionally printed and shared and others we shared with partners for them to print and share, however it makes the most sense for the people they're trying to reach. We have most of the materials in English and Spanish and we're working on more that are in additional languages or that have very little text like the example that's shown on the slide here. It is one we really tried to minimize the text, but still get the information across.

As I've mentioned a few times, working with community partners is going to be really crucial because it's not just about the message, but it's about the messenger, who you're hearing that message from. If it's someone you know and trust in your community, who is sharing that message and you're hearing it from multiple different places and multiple different people, that's really going to sink in. That's something that we're going to continue to work on.

I'm going to hand it off now to talk about the race ethnicity data.



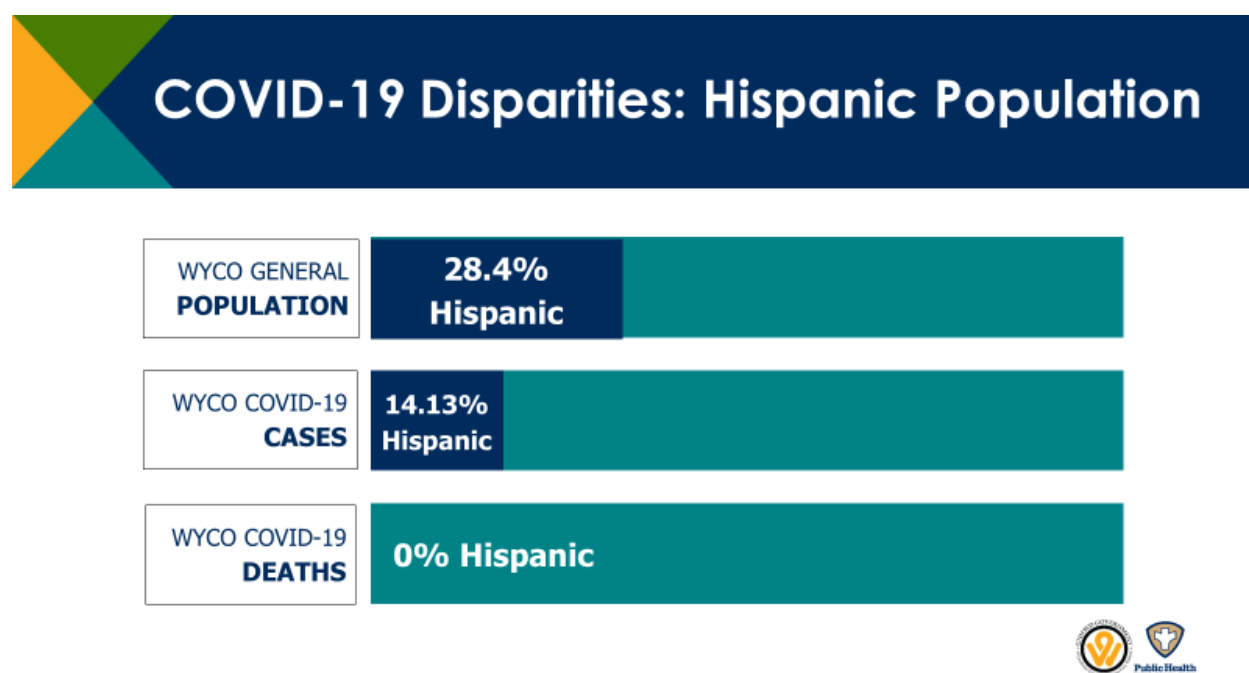
**Juliann VanLiew, Manager of Planning & Operations Division in the Health Department,** said I hear a lot of you have been seeing in national news as well as in the metro some of the information that is coming to light around disparities that relates to COVID. It has taken us a little bit of time because our State Health Department does not require that race ethnicity be reported for positive cases of COVID or any reportable disease. We've had to kind of backtrack and collect



that information ourselves. We now have about 80-85% of that data back. What I'm going to report to you tonight represents that data.

First, for our Black population and this really mirrors what we're seeing nationally, in Wyandotte County about 22.5% of our population identifies being Black and, unfortunately, to date of the data that we have 52% of our positive cases of COVID are from those who are identify as Black and 65.52% of our deaths. Obviously, this is incredibly shocking and concerning to all of us though not surprising. Unfortunately for all of you on the line and us in the room, these are obviously disparities that are very entrenched and have been for a long time in our community and in a time like this and a time like a pandemic, those things only seem to intensify.

There are a lot of things at play here. There a lot of years of racism, but there are also we know this community experiences higher rates of morbidities which puts them at greater risks. They are also less likely to have health insurance which puts them at higher risk for having delayed access to health care and a number of other reasons. We will speak a little bit about what we're doing about it, but that's kind of the data we have for the Black community.



Interestingly, it's the inverse with the Hispanic population that we're seeing. Hispanics make up about 28.4% of our general population and yet are only about 14.13% of our positive cases. Now, we don't think that this is because it's actually a lower rate among the Hispanic population. We

actually think it's due to lack of access to testing and some trust issues with where testing is being offered potentially, a failure on our end to reach those community's with our messaging and ensure that they have the access they need. This is, again, one of those areas where we know we need to do better. We know that this disease—it did not—we're not predispose by the race ethnicity to this disease from a biological perspective, so all of the things that we're seeing here are the results of the (inaudible) that we have in place and the behaviors you're undertaking on a daily basis.

## COVID-19 Disparities: POSITIVE CASES

| RACE & ETHNICITY | Count | Percent of total cases | Race or Ethnicity-specific Rate (per 100,000) |
|------------------|-------|------------------------|-----------------------------------------------|
| Black            | 153   | 51.69%                 | 413.31                                        |
| Other*           | 18    | 6.08%                  | 84.27                                         |
| White            | 125   | 42.23%                 | 76.06                                         |
|                  |       |                        |                                               |
| Hispanic         | 40    | 14.13%                 | 85.58                                         |
| Non-Hispanic     | 243   | 85.87%                 | 206.62                                        |



This is the data in a little bit different format. What's important here is the farthest right column. Terrie alluded earlier to we typically use in public health rates which basically means we're comparing apples to apples in looking at any particular group based on 100,000 individuals. You can see here that our Black specific rate is significantly higher than for our other races or the White race and Hispanics significantly lower. This is for positive cases.

## COVID-19 Disparities: DEATHS

| RACE & ETHNICITY | Count | Percent of total deaths | Race or Ethnicity-specific Rate (per 100,000) |
|------------------|-------|-------------------------|-----------------------------------------------|
| Black            | 19    | 65.52%                  | 51.33                                         |
| White            | 10    | 34.48%                  | 34.48                                         |
| Hispanic         | 0     | 0%                      |                                               |
| Non-Hispanic     | 28    | 100%                    | 23.81                                         |



Then, here again, for deaths. The Black rate having a significantly higher rate and our Hispanic rate being zero of having any deaths. Kind of the highlights of the day is that we will be continuing to collect that day and hope that eventually we will have 100% of race ethnicity reported for all of our positive cases and deaths and we will continue to put that data out to the media. We really feel strongly that we need to be transparent about this. There is nothing to cover up here. This is not news to a lot of us, but we need to make sure that conversation is ongoing.

## COVID-19 Disparities: Next Steps

- COVID Health Equity Taskforce convened by UGPHD
  - Representation from high-risk populations
- Strategies:
  - Pop-up testing in community (churches, community centers, etc.)
  - Support non-governmental communication and testing
  - Incentivize testing with giveaways
  - Include COVID-19 messaging in census encouragement calls
  - Launch health care/COVID info line and link to community resources/CHW programs/service providers



One of the ways we're trying to keep that conversation ongoing is we've created here, not within the Health Department, but kind of run by the Health Department, a Health Equity Taskforce. We've tried to be very purposeful in our selection of members who really represent these populations that we know are of highest risk and who are having poorer outcomes. We've put together a group of gatekeepers and stakeholders who can really speak to the needs and experiences

of those population and provide us with kind of that context that some of here in the Health Department are lacking quite frankly.

We had our first meeting of this taskforce earlier this week and it was, we feel, quite productive. We got a lot of good ideas kind of generated both about why we're seeing what we're seeing and then also about what to start to do about it.

Some initial strategies that have come out of that group, first really identifying that need for pop-up testing for a couple of reasons. One is because geographically the Southwest Blvd. Clinic and Health Department are kind of in one area of the county, so we need to make sure that geographically they were getting out is in other locations. But then, two, being sure there is more testing (inaudible) local government. We know there is some unease for some populations in terms of accessing government services generally and health related services specifically, so really trying to get out, as Erin mentioned, we're hoping to have a pop-up testing site as early as Monday. We're hoping to have that location nailed down tomorrow actually and to do a lot of media push this weekend about that.

Also, we've heard a lot from folks in that group about the need to support non-governmental communication. We've put out a ton of materials in the last several weeks. We know we need to do better at that. There has been a lot of conversation on this call, but we've also heard that we need to provide organizations with these materials that are unbranded by the local government so that they can brand them themselves and really pass on the message and be those gatekeepers and the trusted kind of sources of information that they are. We're working on getting unbranded materials to others to brand on their own and to kind of carry those messages forward for us.

We're also working on incentivizing testing, especially for high-risk population with giveaways and what we mean there is kind of identify some N95 masks. We're trying to get our hands on hand sanitizer so giving away some things that might help people come for testing (inaudible).

We've also worked with More Squared, an organization that is actively making census encouragement calls to get our local Wyandotte residents engaged in participating in the census so that when they make those calls people are also hearing messaging about COVID, about the availability of testing and about what they need to do to keep themselves safe. Just another example of partnership.

Lastly, something really strongly spoken to by both the Health Equity Taskforce and just a lot of folks who come to the Health Department is our need to launch a health care kind of COVID info line. We haven't done this to date at the Health Department. There's a lot of optics you can imagine to getting something like this up and going and staffed and really functioning at a high level. This line would not only be able to answer COVID related calls, clinical COVID related calls, but also we're hopeful to have the chance for folks to connect with a community health worker or promotor or any other person in the community who can connect them with social resources. Obviously, COVID, the clinical part is only one little piece of how this is affecting our community, especially those at highest risk, so we need to make sure we're connecting people with job opportunities, with insurance, with a whole list of other things at this time.

These are the strategies originally identified by this group. We're taking on all of these at this time trying to move forward on all of them and we can report out, hopefully, in the coming weeks on some of the successes they're having. We want it to be known that we're really trying to listen to the communities that are giving us feedback and get better as we go. (Inaudible).

**Mr. Bach** said as you guys are changing sections here, I'm going to go ahead and have Commissioner Ramirez ask his question because I think it was probably pertinent to that area.

**Commissioner Ramirez** said my question may be answered in time with the Health Taskforce you just mentioned, but what—this was mentioned earlier, what are we doing or what is being planned to do to help with that fear of the Latino community? You know with everything nationally there's a lot going on and they may be afraid to ask questions, get help, and also it goes along with the communication piece, you know, getting that information out. I hope this Health Taskforce finds very good strategies to do that because it's very important that we get all the data information that we can. **Ms. VanLiew** responded but was inaudible. **Mr. Friesen** said I think there are some audio issues. **Mr. Bach** said I think we hear you now Janell or we did. **Ms. Friesen** said on my end I couldn't hear what she was saying. **Mr. Bach** asked, did we lose the audio in the Health Department. **Someone** said yes.

**Mayor Alvey** said while we get that back, I would like to respond to Commissioner Ramirez. Commissioner Ramirez, I have been on several podcasts, Facebook Live, with Spanish Facebook Live sites. I have been on Univision twice now. I've also been on a Christian Spanish radio; I've been interviewed I think three times. They have been reaching out to me and I have been trying to stay in contact with them, so they are doing a great job actually in getting the word out. They will call me and ask if there are any updates. That's been happening on a regular basis, so we're really trying to reach out and let them know and trying to keep them safe. Hopefully, maybe the communication is back.

**Ms. VanLiew** asked can you hear us now. **Mr. Bach** said yes, we can.

**Ms. VanLiew** said I just want to make one other comment in regard to that. **Mr. Bach** said we lost you again. **Ms. VanLiew** asked, how about now. **Mr. Bach** said okay. **Ms. VanLiew** said your question is appreciated. That's why we're partnering with Vibrant to do the pop-up testing rather than having the Health Department out there doing it. For those unfamiliar, Vibrant Health, about 80-90% of the time they serve our Hispanic and Spanish speaking and so they are very trusted as far as healthcare providers go in the Hispanic community. They also have agreed to put together mailers, physical mailers out to all of their clients in relation to their pop-up testing. We're just trying to use the partners that we know that can get into these communities in ways that we can't.

**Dr. Corriveau** said, Commissioner, we've also partnered with JUNTOS which is an organization out of KU charged with ensuring health for Latino's in our community and we've worked closely with Mariana Ramirez who has helped us with multiple interviews. She's also doing many of our translations for us and her team is helping to direct us especially regarding some of the questions and concerns in the Latino community. It's been very helpful for us to understand those concerns so we can respond appropriately. **Commissioner Ramirez** said thank you.

## Social Distancing

Kansas Stay at Home Order remains in affect until May 3, 2020

- Compliance remains high
  - PD: visited 4 business more than once
  - Most calls have been cleared up through conversations with PD (visited only once)
- PD calls for non-compliance: fewer than 5 calls per day
- Strong communication, coordination, and response from law enforcement
- 1 staff member in the jail confirmed positive; 0 inmates positive to date



**Dr. Greiner, Local Health Officer,** said I'm going to talk a little bit about social distancing and a few other things and then I think that will wrap us up. I believe everyone is aware that Governor Laura Kelly announced yesterday that the state of Kansas would be extending their Stay-at-Home order until May 3<sup>rd</sup> and that order actually supersedes our Stay-at-Home order although our Stay-at-Home order runs until, I believe, the 24<sup>th</sup> of this month. So, we will be under the Governor's order until May 3<sup>rd</sup>.

We believe that social distancing is having impact based on the data that we are seeing and especially the hospital utilization data. If we were going to have the kind of exponential rise in cases where cases were doubling, tripling over a couple three days, we would be seeing a lot more hospital utilization than we are seeing where there has been stability although it's still a little unclear where the statistics are going on this. We are really in favor of this continuing and probably continuing on beyond May 3<sup>rd</sup>. We'll talk a little bit more about that here in a minute.

We feel like compliance has been very good with these orders. The Police Department has only had to visit four businesses more than one time. They are taking an educational approach by and large, so most of the time they are able to go out, have a conversation, provide some education and the businesses that are deemed nonessential are complying. They're getting fewer than five calls a day. We've had, what we think is excellent coordination, with the Police Department, Sheriff Department, we're having calls everyday communicating on a regular basis.

We've only had one positive case that's connected to our jail system. That was a staff member. We've had no positive inmates and we will continue to monitor all of that closely as well.

April 16, 2020

## Social Distancing: Next Steps

- Stay at Home Order: UGPHD recommends an extension to May 15, 2020
- Criteria for determining when to relax the order:
  - Consistent decline in cases and deaths (at least two weeks)
  - Health system ability to manage severe cases (beds, staff, vents, etc.)
  - Community-wide testing
  - Health Department ability to widely contact trace and quarantine



Next Steps; you may have seen yesterday and last evening that the local health officers across the Kansas City metropolitan area—we had a meeting day before yesterday on Tuesday, late in the day. We all agreed looking at the scientific data, we feel like May 15<sup>th</sup> might be a good extension point for our Stay-at-Home orders. That's basically because in the Kansas City metropolitan area we believe the peak of cases, the days on which we will have the most new cases reported, will probably be April 28<sup>th</sup> or 29<sup>th</sup>. Then, our sort of working hypothesis, and again, we are working with hypothesis kind of constantly with this pandemic and it does make it difficult, but we feel like with the incubation period maximum timeframe being a 14-day window, so even though the average incubation period for this disease appears to be five days, some people don't show any symptoms until they get to 14 days. We were thinking we need to go beyond that peak for a full 14-day time period so that we can feel assured that curve of new cases and the numbers per day is actually going down. Now, say a Kansas peak is estimated to be potentially before that 28<sup>th</sup> and 29<sup>th</sup> and I believe that's why she issued her order for May 3<sup>rd</sup> release of those Stay-at-Home orders.

We're going to get a lot more data in the next 7 to 10 days. Our governmental entity is not ready to call a date on this. The health officers did call a date in our press release and many of you know Kansas City, MO went ahead and made an announcement about their governmental approach, but we're not ready to do that. We're working very closely with the hospitals in the county. We've got multiple researchers at KU Med Center that are meeting on a daily basis, redoing models, crunching numbers, trying to figure out exactly how we ought to time this. We do have to see that decline in deaths. We want to see a decline in the number of total patients hospitalized, the number of total patients in ICU's, the number of patients on ventilators which are



those machines that help people breathe when they are having very significant lung disease and pneumonia.

We believe by expanding our community testing, as we've talked about already, that will help us have a better sense of what's going on out there and plan the educational approaches and the tracing of all approaches that we need to reduce spread. We plan to continue that. We do not want to back off of that contact tracing and the quarantine and isolation recommendations that go along with that.

## Social Distancing: Next Steps

- Ideal threshold of mass testing before re-opening:
  - Goal: 2-3% of county population (~4,500 people)
  - Tested group should mirror the county demographically and geographically
  - Requires ramping up to 180+ tests per day to get that done in 25 days of testing
- Reopening should be done gradually
  - Ex: start with businesses with less than 10 people, etc.
- Preparation for second wave
  - Network of partners for testing and messaging, large group of contact tracers, standing up call-in line 

Commissioner McKiernan asked the excellent question earlier about what would be ideal and yes, it would be ideal if we could test 10% of the population. I actually put this together last night thinking a little more on sort of the feasibility side. If we could test 2-3% of our population, which is around 4,500 people, I feel like that we could get a reasonable estimation of what's going on out there. We would have to do it though in a way that sort of mirrors our demographics and gets us out across the full county geographically in terms of tests. To do that would require doing about 180 tests a day and if we were doing that five days a week, that would take about 25 days to complete that. Again, this is a little bit of a pipedream because everything is a moving target.

We do believe that we will have partners coming online soon that will offer us free test kits and free test processing. We're thankful for the \$50,000 that the UG has allowed us to utilize to get our testing started, but we believe partners from the University of Kansas Medical Center as well as some local business partners have put together a program that will allow us to expand testing without any cost.

Back to social distancing; we believe that reopening and changing ordinance there will need to be gradually completed. We don't have the full plan in place for that yet, but we have a team working on that as well trying to find best practices and develop that plan. There may be things such as determining what size of businesses could reopen. There may be things like trying to determine whether some activity that's taking place out of doors is less risk than something that's taking place indoors. We'll be putting that together and reviewing that both internally as well as with a number of stakeholders.

We've also got to be prepared for a second wave. We know that's possible. With the SARS epidemic from the previous decade, we actually did see in Canada, we saw some second wave problems where things changed and then they had almost as big of a second wave as they had with their first wave of cases. We want to have a plan in place in case that does occur, and we might have to go back on some of the changes we make and reinitiate some policies and restrictions should that occur.

## FAQ's

- Should residents be wearing face masks?: UGPHD recommends wearing fabric face masks, if possible, when residents leave their homes
- What financial and social support is available?:
  - Many orgs ramping up efforts – see UG COVID website for updated list of resources
  - UG working to identify additional sources of capital to support our small businesses (more to come at 7pm session)
- What is the estimate of the actual infection rate?: Approximately 100 to 130 times the number of tested positives (36,000- 46,800)



Some frequently asked questions; we just want to review quickly; we now for the last six days have had a CDC recommendation that individuals wear fabric face masks if at all possible when out and about leaving their homes especially when they will be in environments where they might be within 6-feet distance from another individual. This is mostly recommended so that individual who's wearing the mask is actually less likely to transmit the virus to somebody else they're around. We do think it's best practice at this point, so we're recommending that to everyone and trying to weave that into our messaging and trying to work with our Health Equity Taskforce as

well as other groups to structure that and get that word out in a way that's accepted and understandable.

What do we need in terms of financial support? I did mention the \$50,000 and I think it's on our next slide too, that's been a huge help. There's lots and lots of organizations stepping up and contributing to the efforts around COVID. We do have a lot of the resources noted on our website. We're also, as we've talked about, trying to work closely with 3-1-1 on these things, but we've got to keep improving our communication strategies so that people know.

Partners like Crosslines, he's doing a lot of food distribution. Of course, USD 500 is doing food distribution to some of families through the schools. We've got major organizations like the University of Kansas Medical Center that's supplying us with a lot of volunteers as well as we hope soon free testing. Those are just to name a few. There literally are scores and scores of individuals stepping up.

We do think that we need additional sources of capital to support our small businesses in the county and I believe that's something you all will be talking about later.

What's the estimate of the actual infection rate? We don't know for sure, but the signs we've seen in early published reports suggests that if you have a community, especially with limited testing, you probably have 100 to 130 times the number of infected people of what you're seeing in your positive tests. So, you can see there, that would put us in the 30,000-40,000's in our county alone of positive individuals. Now, many of those individuals may be completely asymptomatic or have very mild symptoms that they don't even recognize as COVID, so we've seen reports of up to 86% of those that are infected have no symptoms or very mild symptoms. A lot of those people may not even need to be testing, but they do need to practice the universal precautions that we're talking about these days.

Back up to the masks; one of the reasons for having people wear the masks, they may not know they're infected, but they may be and so they're protecting everybody else by doing that.

## Health Department Needs

- Support to set up a COVID call-line to answer both clinical COVID questions and link people to resources
  - Project manager
  - Nurse and CHW staff or volunteers
- Additional funding to allow for mass testing



Needs; again, I mentioned the monetary input that's allowed us to get the testing going, we have not at the Health Department gone back to the Unified Government and said here's a request, here's some things we need right now, but we may do that. These are some of the things we're thinking about. We mentioned in the earlier slide the call-in line that we would like to put in place and that we've heard from the community and the Health Equity Taskforce that would be a very valuable thing. We believe we will probably need a strong Project Manager for that, and we will need a team of nurses or community health workers to be involved in answering questions and potentially doing some of the resource related follow-up.

We are not sure on the mass testing. As I mentioned, we may have local partners that come forward and can help us, but we are going to need other resources to do this. We have the personnel. Some of that can be volunteer, but some of it will need to be paid staff. We've got to have various supplies. If we're out doing pop-up clinics, we may have transportation costs, we may need tents. We're definitely going to need more PPE. We think we're okay right now, but that could be an additional concern. We've got printing and IT needs, of course, as well.



Again, this is evolving every single day, sometimes every single hour, and so we're glad to get these great questions and we're happy to take more. I know we've probably gone over time by quite a bit, but we just want to thank everybody for their time and listening to what we're doing.

**Commissioner Johnson** said, Dr. Greiner, I want to again to be appreciative of all the work that you and Terrie and all the folks over at the Health Department are doing right now. With regard to health disparities, I'm looking for strategies in terms of how we can better engage communities that have been most affected particularly the African/American community. With the percentages being so high, and I know it's been said that's expected, but to me when you're talking about 50-60% in terms of testing positive and even the death rate, that seems an alarming amount, percentage rather, of those things that are happening within the African/American community.

To me it seems that we need to really consider an aggressive approach in terms of how we deal with that particularly as those percentages are so high. The data that we are collecting, can we pinpoint specifically where those persons live in terms of their address and begin to look at maybe going into those particular areas to do more testing? I heard it mentioned, the northeast area, but the African/American community lives throughout the entire county of Wyandotte County. Unless someone confirms that there is a higher level of positive test to have it in the northeast, I don't know that we can just assume that. It seems to me that we would need to have a much more aggressive approach in dealing with that particularly with those percentages being so high.

**Dr. Greiner** said we agree. It's alarming and really unacceptable what we're seeing in that regard and I think some of us have worked these kind of health disparity issues in other

instances and conditions. We are mapping the cases, so we do have the ability to do that. The mapping department and others in the UG are helping us with that process, so we will be trying to target some of the pop-up testing activities. Although part of the pop-up testing work also is to build trust because I think we feel like we need to build trust and in some cases there are good reasons why citizens might not have trust in us as entities working for the government or those of us that are health care. We've seen that lots of times with other things as well, so we're working hard to build trust. We have a whole group of pastors and faith leaders involved in activities. We had a very, very large faith leaders call this morning, but within our Health Equity Taskforce we have some folks that we really think are key influential leaders that can help us grasp what we're doing appropriately.

I've always felt like, and I do believe, that we have had some momentum in recent years here in Wyandotte County that the best way to address health equity problems is to deeply partner with the community's affected and just keep working to deliver as much service and as many programs and projects as you can. Now, sometimes it doesn't look super strategic to do that, but I do think, for example, if you look at our Community Health Improvement Plan and what's going on with that, for example, the Steering Committee that's involved in that and some of those folks are also helping with the health equity work. That group is a proactive group and have chosen some issues with our Community Health Improvement Plan that are sort of non-traditional for health care and even public health, but by showing the community that we're willing to work on non-traditional things such as housing or job creation, I think you create a different culture over time. It takes time but this is one where we don't have a lot of time, so we really are going to try to be innovative and aggressive and have things going.

You've heard some of the presentation where we're talking about well tomorrow this is going to happen or Monday this is going to happen. We keep sitting here saying we needed to have done this yesterday and I don't think any of us who are here are going to stop that kind of approach. There will be times we have to redirect I think and correct some actions and take other pathways, but we want to do as much as we can, and I honestly would like to see us be a national model for how we attack this issue and reverse it as quick as we can.

**Commissioner Johnson** said I certainly agree with that and when we get down in terms of—we don't have time to talk about it now, but in terms of specific actions that can be done, I certainly would be happy to be a part of those conversations. Like you say, we have to turn this

thing on a dime right now. This thing is really striking home. This a maniacal virus that we're dealing with right now. I don't know about others that are a part of my colleagues there, but for me it's hitting real close to home right now and we're losing people almost on a daily basis.

Whatever specific things that can be done, I would be happy to be a part of that conversation. You were part of the pastor conversation this morning. I think we need to continue to try to maximize on that, but if there are other things, I think we need to be very aggressive with that, so I'll stop for now.

**Commissioner Bynum** said I have three questions and I will enumerate them all and then you can answer. The first one is with regard to enforcement of our order. We know that we have segments of our population where our law enforcement relationships are fragile, and I wonder if we can say with confidence that when we must respond on a possible enforcement of the order that we are responding only for that and for no other reason.

Second question is with regard to all of our public safety and first responders, do we have plans in place for priority testing for those employees.

My last question is I guess more of a suggestion, as we look toward reopening our community and our economy, can we look to the businesses that have been open, for example, the grocery stores for some safety measures that can be taken as we look to reopen other segments. I think maybe our grocery stores might be showing us some ways that other retail operations could potentially open.

With that, I will let you answer and just conclude by saying a sincere thank you to every single Unified Government employee because I, frankly, think you all are amazing and you're making me very proud.

**Dr. Greiner** said I think your last suggestion is a great suggestion in terms of involving businesses that have stayed open. In fact, we were just talking this afternoon about mechanisms to have a planning group to work on the reopening issues. That's a great idea that I think we will incorporate.

On the second issue, absolutely, first responders are prioritized for testing. We can do that here. KU Med Center has been doing that throughout the epidemic, so even though they mostly restricted their testing to patients that are hospitalized, there at the hospital they also allowed us to shuttle first responders there. That's not going to change and that will continue.

To the first point, I think the PD and Sheriff's Office could speak to this probably better than we can, but we did hear today that I believe crime is down 15%. I know that they are not pursuing certain cases and not trying to arrest individuals that would then end up in jail for crimes that they see as sort of lower level crimes. Again, they could probably provide more details, but that has radically reduced the population in the justice system in the last few weeks which I think is really good because we're very nervous about that population in close quarters. They've taken a fully educational approach with all of this and really work with all of us closely on that. I think they realize that they have to be engaged just like we do in the trust building work and try to help people understand that some of these things that we're recommending and putting into law are really for people's own safety and the safety of their friends, neighbors, and families and elderly relatives who are the ones that are at super high-risk.

I think all of us here have been really happy with that collaboration. Dr. Corriveau and I went over to PD, it's been a week and a half I think now and did a whole townhall with the entire force on tele video and I'm sure we will be doing that again soon. We're really working together closely.

**Ms. Garrison** said on the first responders we have also—though most of our testing we have kept for the Wyandotte County residents, in Bonner and Edwardsville many of their first responders do not necessarily live in Wyandotte County so we expanded to include them in the availability of the testing even if they're not Wyandotte County residents.

**Commissioner Ramirez** said thank you to everyone at our Public Health Department who is doing everything they can. You guys are doing amazing work. There are some things we may not know what's happening in the background and we thank you for that. Just a couple of questions. My first one is—and, again, this could probably go back to the Health Taskforce that was just created, but what are we doing to target our homeless population. They are citizens as well and they should have the right as every other Wyandotte Countian to receive any and all resources that everyone else is receiving. **Ms. Garrison** said absolutely, and I know—I don't know if Gordon Criswell is on the call at all, but he has been working tirelessly trying to set up some sheltering that's available for if and when we need to have that available for our homeless that test positive or even just need to quarantine because they've been exposed and things like that. They have the availability to



come and that's one of the things about getting rid of, not getting rid of, but having a walk-up where they can walk-up and have testing because obviously many of them do not have vehicles to come and get tested through the vehicle and things like that. That's a piece in making sure that we have the walk-in available, that the homeless can come up and get tested as well.

**Commissioner Ramirez** said my second question, and this is more geared towards I would say Mr. Bach and Mayor Alvey, if there would be a possibility where—this question came from what Dr. Greiner just mentioned, I believe it was Dr. Greiner who talked about the policing, going back to Commissioner Bynum's question about policing, is there a way as commissioners we could have a meeting with the Chief of Police and Sheriff so they can go over with us their revised protocol and patrol during this time so that when constituents ask us questions, we'll have better answers of what their protocol is for right now during this time. **Mr. Bach** said we could do that, and I know weekly we're trying to do some updates, Commissioner, and we can include them in one of our weekly meetings. That might be a good opportunity for them to come in and answer some direct questions or talk about how they're handling that. We'll look to coordinate something like that in the coming week or so.

I do want to add on what Terrie said about Mr. Criswell. He has been working on opening site facilities for our homeless population should we get a higher outbreak of those that need to go into some type of quarantine type facility. He has identified several different ones, ones of much larger scale that we can move on versus ones that, you know, could take 7 or 8 different individuals in at some given time. We are putting ourselves in a position that we are ready to move on that as the time happens.

**Commissioner Kane** said first of all I want you all to know Riverbend is my area and that area is concerned and so am I and I know you're working your tails off, but we just need more communication.

When we have the Police Department there I would like to have the Fire Department and Sheriff Department let us know what they're doing as well. **Someone** spoke but was inaudible. **Mr. Bach** said we will work on a coordinated session where we can hear from our Public Safety people as we go through our updates.

**Mr. Bach** said I don't see any other Commissioner or questions coming on at this time. As I turn this back over to Mayor Alvey I did want to make a comment. I appreciate several of you came in and made comments and thanked the Health Department and everyone for the work that is being done. I really appreciate that. I'm going to add to it. The staff that is here tonight along with many others in the Health Department are working very long days. I think they're 12-14 hour days has kind of fallen into the norm for them seven days a week. I really appreciate all the work they're doing. Long hours and going against something that's unknown, so what they're doing from the health side of it, the communication side of it, along with many other Unified Government employees who have stepped in to help out. Some of have transferred over to help out in those areas, but these individuals are doing a fantastic job for us.

**Mayor Alvey** said thank you to all the members of the Health Department that have worked so hard.

**MAYOR ALVEY ADJOURNED**  
**THE MEETING AT 6:41 p.m.**

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Bridgette D. Cobbins  
Unified Government Clerk

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April 16, 2020