



JEFFERSON COUNTY BOARD OF HEALTH
Wednesday, February 10, 2021 - 5:00 p.m.
Via Telephone Conference

Present on call: Sylvie Stacy, MD, Hernando Carter, MD, Kenny Murray, MD, Susan Walley, MD, Iris Fancher, MD, and Commissioner Jimmie Stephens

Others Present

On Call: Mark Wilson, MD, David Hicks, DO, Senitra Blackburn, Kim Cason, Rodney Holmes, Bryn Manzella, David Maxey, Esq., Denisa Pridmore, and Terrie Hartley

Call to Order

The meeting was called to order by Dr. Carter, Chair.

Minutes of the January 13, 2021 meeting were approved as distributed.

December 2020 and January 2021 Financial Statements

Dr. Carter noted that the December 2020 and January 2021 Financial Statements were included in the Board package. Rodney Holmes, CPA, Director of Finance, answered questions from the Board.

Board of Health Self-Evaluation Summary

Bryn Manzella, MPH, Quality Improvement Officer, reviewed the results of the Board's Self-Evaluation for 2020.

Contracts

On the motion of Dr. Walley, and seconded by Dr. Fancher, the following contracts were approved:

A new contract with Environmental Biological Services, LLC (payee) to provide leak resistant containers to dispose of infectious waste. Contractor will also collect and dispose of medical waste from COVID-19 testing site located at Legion Field for a cost of \$30.10 per COVID-19 box from September 30, 2020 through March 31, 2021.

A new contract with HHH Sanitation, Inc. (payee) to provide fresh water and holding tanks for mobile unit at the Guy M. Tate building for an amount not to exceed \$14,000 from December 22, 2020 through June 30, 2021.

Renewal of a contract with Alton Harville (payee) to provide security services to JCDH for a rate of \$28 per hour or not to exceed \$56,000 from October 1, 2020 through September 30, 2021.

A new contract with Fikes of Alabama, LLC (payee) to provide air freshener and sanitizing drip services to JCDH facilities for a cost not to exceed \$6,500 from January 1, 2021 through December 31, 2021.

Renewal of a contract with Spain-Gillon, LLC (payee) to provide legal services to JCDH at a rate of \$160 to \$225 per hour for legal services and \$95 per hour for paralegal services from March 1, 2021 through February 28, 2022.

A new contract with The Bloom Group, Inc. (payee) to provide consulting and government relations services to JCDH for a rate not to exceed \$41,000 from February 1, 2021 through January 31, 2022.

A new contract with Harvard University Center for AIDS Research (payor) to build the foundation for Electronic Health Record (EHR) based decision support for Pre-exposure prophylaxis (PrEP) that incorporates an HIV prediction model to improve PrEP use and to scale up PrEP in the south for a rate not to exceed \$30,886 from February 1, 2020 through July 31, 2020.

An amendment to the Harvard University Center for AIDS Research (payor) listed above to extend the terms and reimbursement for an amount not to exceed \$30,544.95 from August 1, 2020 through July 31, 2021.

A new contract with the Jefferson County Commission (payor) whereby Contractor will donate funds to support the Household Hazardous Waste Day Event sponsored by JCDH, Storm Water Management Authority, Inc., City of Bessemer Storm Water Program, and the Jefferson County Storm Water Program for an amount not to exceed \$7,500 from January 20, 2021 through April 24, 2021.

Renewal of a contract with Lamar Outdoor Advertising (payor) whereby Contractor will provide three poster billboards and production of promotion for the Household Hazardous Waste Day Event on April 24, 2021 for an amount not to exceed \$1,550 from April 12, 2021 through April 25, 2021.

Renewal of a contract with the Alabama Department of Public Health/Bureau of Family Health Services (payor) to provide Maternal and Child Health Services to JCDH clients at a rate not to exceed \$217,544.50 from October 1, 2020 through September 30, 2021.

Racism as a Public Health Problem

The Board discussed a proposed resolution for Racism as a Public Health Problem. Concerns were expressed on the current language. A motion to table the resolution and continue to work on the language was made by Commissioner Stephens. No member seconded the motion so it failed.

After further discussion a motion was made by Dr. Fancher to adopt the current resolution and Dr. Walley seconded the motion. Dr. Murray and Dr. Carter voted yes, Commissioner Stephens and Dr. Stacy were opposed. The resolution passed.

WHEREAS, race is a social construct with no biological basis (1); and

WHEREAS, racism is a system of assigning value to people and structuring opportunity for people based on phenotype (“race”), that unfairly disadvantages some individuals and communities while giving advantages to others, and thereby undermines realization of the full potential of the whole society (2); and

WHEREAS, racial health disparities have been created through unequal access to health care, and unequal care within the health care system (2); and

WHEREAS, racism has been institutionalized through structures, policies, practices, and norms resulting in differential access to the goods, services, and opportunities of society by “race,” and its manifestations are often inherited (2); and

WHEREAS, racism causes persistent discrimination and disparate outcomes in many areas of life, including several social determinants of health, including housing, education, employment and criminal justice; and an emerging body of research demonstrates that racism itself is a social determinant of health (3) (4); and

WHEREAS, Birmingham and other parts of Jefferson County, along with other communities throughout the United States, have a legacy of racially discriminatory policies and actions which have had long term impacts on social determinants of health and resulting health disparities (5) (6) (7); and

WHEREAS, Birmingham and Jefferson County have embraced and celebrated the legacy of local citizens who played a pivotal role in the Civil Rights Movement, and have in many ways taken steps to confront and mitigate the vestiges of racial discrimination, positioning itself to further advance the cause of racial justice and equity, including health equity; and

WHEREAS, a review of hundreds of published studies has shown racial and ethnic differences in access to and use of healthcare services including the use of diagnostic and therapeutic technologies, even when controlling for income, age, health conditions, and insurance status (8); and

WHEREAS, personal experiences of racism have been associated with increased biomarkers of stress, which can in turn lead to a variety of health problems (9); and

WHEREAS, the United States has persistent racial disparities in health coverage, chronic health conditions, mental health, and mortality (10);

THEREFORE, BE IT RESOLVED that the Jefferson County Board of Health declares that racism is a public health problem.

FURTHERMORE, BE IT RESOLVED that the Board of Health:

1. Reaffirms the Jefferson County Department of Health (JCDH) “Health Equity Guidelines” approved by the Executive Management Team on September 25, 2018 (see ATTACHMENT), and urges the leadership and staff of the JCDH to maintain its commitment to put these guidelines into practice; and
2. Reaffirms JCDH’s commitment to health equity in its strategic plan; and
3. Urges the Department to maintain its emphasis on health equity in future strategic plans; and
4. Reaffirms the priority given to Advancing Health Equity in the current Jefferson County Community Health Improvement Plan; and
5. Values and encourages diversity and inclusion among the staff and leadership of JCDH, and among its own members; and
6. Encourages the JCDH Executive Management Team to assure that JCDH management and staff receive training in equity, diversity and inclusion; and
7. Affirms existing efforts and encourages future efforts by other organizations and individuals to confront racism and its adverse effects on health, and to promote equity in health care and in the various social determinants of health.

References:

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2. Jones, CP. Confronting institutionalized racism. *Phylon*. 2002; 50(1/2):7–22. Accessed at <https://unnaturalcauses.org/assets/uploads/file/Jones-Confronting-Institutionalized-Racism.pdf>
3. Flynn, A., Holmberg S., Warren D., and Wong, F. Rewrite the Racial Rules: Building an Inclusive American Economy. Roosevelt Institute, 2016. Accessed at <https://rooseveltinstitute.org/wp-content/uploads/2016/06/RI-RRT-Race-201606.pdf>
4. Smedley, BD, Stith AY, Nelson AR, editors. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care Institute of Medicine (US) Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care. Washington (DC): National Academies Press (US); 2003. Accessed at <https://www.ncbi.nlm.nih.gov/books/NBK220344/>
5. Downing, Jared. Old Birmingham map outlined 'Negro Concentrations,' then shunned them. *Birmingham News/AL.com*; Posted Jun 30, 2015; Updated Jan 13, 2019. Accessed

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6. PLACE MATTERS FOR HEALTH IN JEFFERSON COUNTY, ALABAMA: The Status of Health Equity on the 50th Anniversary of the Civil Rights Movement in Birmingham, Alabama. Prepared by The Jefferson County PLACE MATTERS Team in Conjunction with The Joint Center for Political and Economic Studies, September, 2013. Accessed at <http://media.al.com/spotnews/other/Place%20Matters%20for%20Health%20in%20Jefferson%20County%20Alabama.pdf>
7. Community Health Equity Report, 2018. Health Action Partnership, Jefferson County, AL. Accessed at https://static1.squarespace.com/static/5d3088821cf3b600019229ad/t/5d52b82e3fd9d00001678a08/1565702205414/JeffcoHealthEquityReport_2019.pdf
8. Davis, Bridgette A. Discrimination: A Social Determinant of Health Inequities. Health Affairs, February 25, 2020. Accessed at <https://www.healthaffairs.org/doi/10.1377/hblog20200220.518458/full/>
9. Gee, Gilbert C. (UCLA Fielding School of Public Health). Racism as a Social Determinant of Health Inequities. Presented at a Robert Wood Johnson Foundation Convening titled “Leveraging the Social Determinants to Build a Culture of Health,” Philadelphia, PA, June 1-2, 2016. Accessed at <https://healthequity.globalpolicysolutions.org/wp-content/uploads/2016/12/RacismasSDOH.pdf>
10. Carratala, S., Maxwell C., Health Disparities by Race and Ethnicity. Center for American Progress, May 7, 2020. Accessed at <https://www.americanprogress.org/issues/race/reports/2020/05/07/484742/health-disparities-race-ethnicity/>

See Attachment

ATTACHMENT:



Serving Jefferson County Since 1917

**Jefferson County Department of Health
Health Equity Guidelines**

Approved by the Executive Management Team on September 25, 2018

Definition of Health Equity:

Everyone has the opportunities needed to attain their highest level of health.

Staff Education

JCDH staff and Board of Health members will be educated on health equity as follows:

- 1) How efforts to achieve health equity assure that all people in Jefferson County have the opportunity to achieve optimal health and improve the health status of the overall community so that everyone benefits.
- 2) How health is determined by a variety of factors, including socioeconomic status, health behaviors, genetics, environment, and access to health care.
- 3) How various forms of oppression have had and continue to have an impact on health.
- 4) How health equity should be considered in various educational activities, presentations, and topics of discussion within the Department and at Board meetings.

Programs, Services and Grants

The work of JCDH will be guided by the following health equity principles and practices:

- 1) Staff shall examine existing programs and services to assure these are accessible and sensitive to the needs of populations experiencing barriers to attaining optimal health. Staff shall seek input from those populations as needed.
- 2) When planning or implementing new programs, initiatives, or public health information campaigns, staff should consider seeking input from the various populations to be served.
- 3) When pursuing grants or when funding community public health projects, look for opportunities to promote health equity among communities or populations that experience barriers to attaining optimal health.

Community Education and Outreach

JCDH will incorporate health equity into its health promotion messages and outreach efforts as follows:

- 1) Information campaigns and community outreach efforts shall include activities designed to promote health equity.
- 2) Staff will tailor health messages and means of communication for various audiences across the life course to optimize effectiveness.
- 3) Where possible, staff will incorporate health equity messages into external presentations and publications.

Collaborations and Partnerships

JCDH, as an organization, will seek and develop collaborations and partnerships with individuals and organizations involved in the following work to promote health equity:

- 1) Social services, human rights, civil rights, social advocacy and environmental justice.
- 2) Other social determinants of health such as education, economic development, healthy food access, public health policy, natural and built environment, transportation, and public safety.

Monitoring, Surveillance and Evaluation

JCDH will use data to promote health equity:

- 1) Staff will utilize local, state, and national data to increase awareness of health disparities.
- 2) Data will be used to help the Department identify opportunities to improve health equity.
- 3) Data will be used to plan, implement and evaluate the impact of efforts to improve health equity in Jefferson County.

Report of the Health Officer

Dr. Wilson provided an update on activities at JCDH during the past month. A more detailed summary will be included in the final minutes.

The next Board of Health meeting is scheduled for Wednesday, March 10, 2021 at 5:00 p.m. in Conference Room A/B or via telephone conference (announcement will be made prior to the meeting date.) There being no further business, the meeting adjourned at 6:43 p.m.

Iris Fancher, MD, Secretary

Approved:

Hernando Carter, MD, Chair