



**Date:** July 7-10, 2020

**Subject:** CRAFT Team visit to Knoxville, TN

**PURPOSE OF SITE VISIT** – The purpose of the CRAFT team visit was to assess data, meet with County leadership and community groups to hear their concerns and determine possible root causes of the increase in cases, and assist Knox County leaders to identify key actions that could be taken to reduce the impact of the virus.

### **PARTICIPANTS**

#### **Federal assignees**

- Maureen Bartee (CDC), Robert Spence (FEMA), Lochlin Sturrock (ASPR)

#### **Key Personnel in Knox County**

- Knox County Health Department Staff
  - Dr. Martha Buchanan, Senior Director and Public Health Officer of Knox County
  - Mark Miller, Deputy Senior Director of Operations
  - Katherine Killen, Deputy Senior Director of Strategy
  - Charity Menefee, Director of Communicable and Environmental Disease and Emergency Preparedness
  - Dena Mashburn, Director of Nursing
  - Roberta Sturm, Lead Epidemiologist
- Political Leadership
  - Mayor Glenn Jacobs, Knox County
  - Mayor Indya Kincannon, City of Knoxville
- Knox County Healthcare Coalition
  - David Hall, Executive Vice President, The University of Tennessee Medical Center
  - Dr. James Shamiyeh, Senior Vice President and Chief Quality Officer, The University of Tennessee Medical Center
  - Dr. Keith Gray, Senior Vice President and Chief Medical Officer, The University of Tennessee Medical Center
  - Dr. Mark Rasnake, Hospital Epidemiologist and Infectious Disease Physician, The University of Tennessee Medical Center
  - Bruce Hartmann, Senior Vice President and Chief Community Relations Officer, The University of Tennessee Medical Center
  - Sean Schoolcraft, Executive Director of Perioperative Services, The University of Tennessee Medical Center
  - Clyde Wood, CEO, North Knoxville Medical Center, Tennova Healthcare
  - Steven Godbold, Vice President Operations, East Tennessee Children's Hospital
  - Dr. Mark Brown, Senior Vice President and Chief Medical Officer, Covenant Health
  - Jim VanderStee, President/CEO, Covenant Health

- Knoxville-Knox County Emergency Management Agency
  - Colin Ickes, Director
  
- Knoxville COVID-19 Faith Leaders Initiative
  - Cynthia Finch, CEO, New Directions Healthcare Solutions
  - Gwen McKenzie, Councilwoman and Vice Mayor
  - Dr. Keith Gray, The University of Tennessee Medical Center

**SITUATION SUMMARY**

Knox County is experiencing community transmission with rapid increases in cases since the beginning of July, especially among those under 65 years of age. The Knox County Health Department has an excellent understanding of the epidemiologic data, appreciates the urgency of the situation, and communicates this information to the public through regular media briefings (<https://stream.knoxcountyttn.gov/>). Many testing sites are available throughout the county (<https://covid.knoxcountyttn.gov/covid-test-sites.html>), both for walk-up testing and by appointment. Through contact tracing, clusters of cases have been identified among Kirundi-speaking refugees working in adult care homes and among transient Hispanic construction workers. The Health Department is conducting outreach to these communities and setting up testing sites in areas convenient for these populations. In addition, the Health Department participates in weekly calls with members of the Knoxville COVID-19 Faith Leaders Initiative and the Knox County Healthcare Coalition to share information, answer questions, and communicate key prevention messages. An indoor mask ordinance for Knox County went into effect on July 3, 2020, however, there is no statewide mask mandate and surrounding counties do not have similar ordinances. A lack of consistent messaging from federal and state officials is confusing the public about appropriate actions to take to mitigate the impact of the virus on their communities. Political and social context makes additional closing or capacity restrictions on business operations challenging at this time, making social distancing and the wearing of masks or face coverings the most important factors for stopping the increasing incidence.

**SUMMARY OF RECOMMENDATIONS**

1. **Increase use of masks and face coverings.** Encourage mask wearing as the most important way to keep the economy running while reducing SARS-CoV-2 transmission. Consistent messaging from all levels of the government – Federal, State, and Local – is needed to stem transmission. The message should be that it is important to protect the economy AND the health of our citizens (not either/or). Currently there is a county-wide indoor mask mandate in Knox County, but surrounding counties do not have mandates and are unlikely to pass them. A statewide mandate is needed.
  - A visit (or phone call if a visit cannot be arranged) to the Governor by a White House COVID-19 Task Force member to recommend passing a statewide mandate for masks to be worn in public.
  - Identify trusted and influential celebrities, such as Dolly Parton, Taylor Swift, Chris Blue, and University of Tennessee sports coaches to speak out with messages encouraging mask wearing.
  
2. **Decrease turnaround time for SARS-CoV-2 testing and increase capability to test more specimens.** Recent trends in daily case numbers indicate an increased need for SARS-CoV-2 testing capacity for the foreseeable future. Increased testing has caused the turnaround time for laboratory results to rise from approximately 4 days to 7-8 days.

- Increase availability of testing supplies to commercial and non-commercial labs and ensure the reliability of the supply chain. Hospital administrators were frustrated by the lack of reliability of supply orders due to the federal government diverting supplies to state labs.
  - Explore the possibility of using University laboratories for some testing. Share examples from other States that are using University laboratories to increase testing capacity.
  - In the absence of rapid testing, reconsider weekly testing of LTCF workers and continue emphasizing increased infection prevention and control measures.
  - Consider if additional testing sites are needed in areas experiencing rising case numbers (hotspots within the hotspot).
3. **Release funding from State Health Department to Knox County Health Department.** The County Health Department has not yet received CARES Act funds and is funding all COVID activities with their regular budget.
- Work with State officials to determine bottlenecks and timeline for releasing CARES Act funding to County.
  - Determine if changes can be made to federal cooperative agreements to allow partial distributions directly to large counties, such as Knox, rather than waiting a significant time for full allocation of resources.
  - Provide information to the County Health Department on how funding levels were determined for metro areas that did not receive direct CARES funds. Also, provide information on whether additional funding is available and how the County can advocate for additional funds.
4. **Consider ways to support hospitals with surge staffing while allowing them to operate other essential services.** Currently emergency surge staffing support requires hospitals to cease non-emergency functions before obtaining federal support.
- Due to the protracted nature of the COVID-19 emergency, explore the possibility of supporting surge staffing for hospitals without them having to stop all non-COVID activities. Determine if a contract could be put in place to be exercised when the County reaches a specific threshold.
  - Explore ways to help hospitals pay for additional staff needed to conduct screening upon entry to facilities.
5. **Engage Voluntary or Community Organizations Active in Disasters (VOAD/COAD) to help relief pressure on stressed or overworked county health departments.** A VOAD is an association of organizations that mitigate and alleviate the impact of disasters. The Knoxville-Knox County EMA leverages the East Tennessee VOAD through the ESF14 lead in the EOC. The VOAD has many different skill sets that can assist the county in their COVID response. This resource is primarily utilized during normal disaster operations and should be leveraged to help with the ongoing response efforts in the Health Department.
6. **Explore the development of a Long-Term Community Recovery (LTCR) Group.** LTCR is the process of establishing a community-based, post-disaster vision and identifying projects and project funding strategies best suited to achieve that vision and employing a mechanism to implement those projects. Each community's LTCR program is shaped by the community itself, the damage sustained, the issues identified, and the community's post disaster vision for the future. The Knoxville-Knox regional area should begin the process of exploring the establishment of a LTCR. FEMA has various guidance documents and a LTCR toolbox

available for download at [fema.gov](https://www.fema.gov). However, these may need to be tailored to the current challenges that are presented from this pandemic.

7. **Follow-up actions for the CRAFT Team.** During discussions, the Knox County Health Department requested resources to assist with the issues listed below. CDC will follow up with resources as available.
  - Homeless population – how to manage COVID positive persons
  - Staff resiliency – how to deal with extra stress, fatigue, burnout, and frustration
  - School reopening – summary of strategies that have worked or not worked in other countries or other parts of the US that could be used to guide decision-making
  - Kirundi language resources – staff or culturally appropriate resources for Kirundi-speaking refugee population
  - Upcoming Federal audits – additional information about the authority to temporarily reassign staff to COVID duties when paid through other Federal grants and leniency with deadlines for upcoming audits
  - Remdesivir – information on the anticipated cost of Remdesivir and how hospitals will be able to access it. They would also like clarification that the drug will be supplied to hospitals directly and the Health Department will not be responsible for distribution.