



Public Health
Prevent. Promote. Protect.

**Transylvania County
Department of Public Health**

Transylvania County Board of Health

To improve and protect the health of all people in Transylvania County

**MINUTES
TRANSYLVANIA COUNTY BOARD OF HEALTH
February 8, 2011**

Board Members Present: Mr. Allen, Dr. Boatwright, Ms. Byrne, Dr. Cozart, Ms. Deppe, Dr. Folger, Ms. Schieve and Dr. Wells.

Board Members Absent: Mr. Creasman & Mr. Phillips.

Staff Members and Guests Present: Mr. Smith and Ms. Pepinsky.

Welcome and Announcements: Ms. Deppe welcomed all present. Mr. Smith stipulated that the February meeting constituted the annual organizational meeting for the board since they were unable to meet in January due to snow. Mr. Smith asked all board members present if they would allow Ms. Deppe to continue leading the meeting until the nomination/election of officers. All board members stated they wanted to proceed in that manner. Mr. Smith further recommended that the nomination and election of officers be addressed by the board as their first item of business.

Amendments to Agenda/Adoption of Agenda:

Ms. Deppe asked if there were any amendments or necessary changes to the agenda. Board members requested none. Dr. Wells made the motion to adopt the agenda as proposed with the stipulation that election of officers occur as the first item of business. Ms. Schieve seconded the motion and it passed by unanimous vote.

Approval of Minutes:

Board members reviewed and discussed the minutes from the October 12, 2010 and November 9, 2010 meetings. Dr. Boatwright made a motion to adopt the October 12, 2010 minutes as proposed and Ms. Byrne seconded. The motion passed by unanimous vote. Mr. Allen made a motion to approve the November 9, 2010 minutes as proposed and Dr. Boatwright seconded. The motion passed by unanimous vote.

Public Hearings: None.

Administrative Reports:

- A. Health Director's Report: Mr. Smith referenced the report developed for the January 11, 2011 meeting with emphasis on budget development and the requirement to submit the initial draft budget by January 27, 2011. The initial version was submitted with no changes to personnel or level of service given the guidance to "hold budgets flat". The submission on January 27th also emphasized that the board of health had not yet had an opportunity to review the budget and that their approval was required before it could be considered a valid budget document.

- B. Board of Health appointments: Board members that had terms expiring at the end of 2010 were advised that they had all been re-appointed for another term consistent with the board's recommendation to the board of commissioners. That roster included Dr. Wells, Ms. Schieve, Dr. Boatwright and Mr. Creasman. Their terms will now expire in December 2013.

Dr. Cozart made some additional comments expressing concern about the lack of participation on the board by the commissioner representative. He suggested that if the current commissioner representative is not available for meetings that some consideration regarding another commissioner appointee that might be able to participate on a more regular basis would be prudent. Mr. Allen stated that Mr. Phillips had called him just prior to the meeting and informed him of an unexpected conflict due to a business obligation. Dr. Cozart went on to say given the challenges ahead that the commissioner representative could add a lot to the dialogue and that it would be beneficial to the board to have more consistent representation.

- C. Proposal to expand water sampling: Board members were advised that the board of commissioners had declined the request to expand water sampling/analysis to existing wells. Several commissioners referenced their personal concerns with private sector interference and a preference for government to avoid expansion into areas that could be handled by private enterprise.

Committee Reports: None.

Unfinished Business:

- A. Vacant Board of Health position: Board members reviewed several pending applications for board of health membership given the outstanding vacancy for the optometrist position. Multiple solicitations to the three optometrists that currently reside in the county have been made and none are able to make any commitments for service in the near term. After general discussion about several of the candidates, board members developed a consensus for the application of Michael Becker. Dr. Cozart made a motion to recommend this applicant to the board of commissioners for appointment and Ms. Schieve seconded the motion. The motion passed by unanimous vote.
- B. Board of Health Training/Strategic Planning: Mr. Smith reminded the board that another planning session should be considered in the near future for updating the strategic plan and prioritizing current services in case substantial budget reductions become necessary. Board members agreed with this approach and wanted to digest some of the budgetary information being presented before setting a date and venue.

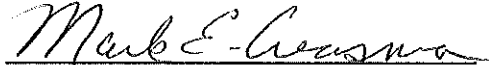
New Business:

- A. Nomination/election of 2011 officers: Ms. Deppe opened the floor to any nominations for Chairperson or Vice Chairperson. She further acknowledged that she would like to move out of the chairperson role for 2011 due to multiple commitments. Ms. Deppe also referenced a communication from Mr. Creasman indicating his willingness to serve in that capacity (chairperson). Ms. Schieve indicated her willingness to serve another term in the Vice Chairperson role. Board members discussed several options. Dr. Wells nominated Mr. Creasman to serve as chairperson for 2011 and Ms. Schieve to serve as Vice Chairperson for 2011. There being no other nominations, Ms. Byrne made a motion

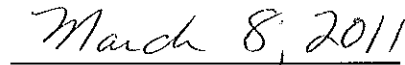
- to appoint Mr. Creasman as chairperson and Ms. Schieve as Vice Chairperson. Dr. Wells seconded that motion and the motion passed by unanimous vote.
- B. 2011 Meeting Schedule: Board members were presented with an annual meeting calendar that maintained the typical meeting schedule of meetings every month on the second Tuesday of the month at 7:00pm. The majority of the board expressed a desire to maintain this schedule. Ms. Byrne made a motion to adopt the meeting schedule as presented and Dr. Wells seconded the motion. The motion passed by unanimous vote.
- C. Blue Cross Blue Shield of NC Foundation grant for TRAIN: Board members were informed that due to a specific timetable for return of the grant agreement, the Executive Committee had been asked to approve the grant agreement and to authorize the current chairperson (Ms. Deppe) to sign the document and return it to BCBSNC Foundation. The issue was being brought to the full board per their current policy for Executive Committee decisions. Board members endorsed moving forward with the project as described. Dr. Cozart made a motion to approve the finalization of the grant agreement and Ms. Byrne seconded the motion. The motion passed by unanimous vote.
- D. Proposal to Board of Commissioners regarding flu vaccine: Board members were advised that a recommendation had been submitted to the Executive Committee to forward a request to the board of commissioners to allow all remaining flu vaccine to be provided free to the public during the final months of flu season. The request was based on the extraordinary amount of remaining vaccine (around 800 doses) and the very slow uptake by the public given substantial market saturation during the early portion of the season. The Executive Committee had provided their endorsement of the recommendation and the matter was now being presented to the full board. Board members were positive about the action and believed it was necessary to avoid wasting vaccine.
- E. FY 12 Budget proposal: Mr. Smith reviewed a number of documents related to the FY 12 proposal including classification of current services as mandated or essential and the line item format with expected changes for revenues and expenditures. The budget proposal held the local dollar demand "flat" with the exception of increased retirement withholding for all staff and a select number of staff that would receive salary adjustments for their transition from "work against" status to full qualification. The board was advised that reductions in funding were likely for FY 12 (local, state or federal) and that operating expenses simply couldn't be reduced any further for our current array of services (85% personnel and 15% operational). Board members expressed their endorsement of the budget proposal as presented and supported the necessity of prioritizing services if difficult decisions had to be made. Toward that end, Mr. Smith suggested that it might be helpful to have Mr. Wilson (county manager) present an overview of the county's fiscal challenges in FY 12 at the next board meeting. Board members agreed and asked the Director to invite Mr. Wilson to the March meeting.
- F. Performance Review for Health Director: Ms. Deppe made a motion to enter into closed session to discuss the summary report for the Director's 2010 performance review per NCGS 143-318.11(a)(6). Ms. Schieve seconded and the motion passed by unanimous vote. Mr. Smith and Ms. Pepinsky were excused from the meeting room. After the discussion, Mr. Smith and Ms. Pepinsky were invited back into the meeting room. Mr. Allen made a motion to leave the closed session and Ms. Byrne seconded. The motion passed by unanimous vote. Ms. Deppe informed Mr. Smith that his performance review was favorable and that an individual session would be scheduled in the immediate future with him to review the input regarding his performance. Mr. Smith thanked the board for taking the time to structure the performance review.

Informal Discussion and Public Comment: None.

Adjournment: Dr. Boatwright made the motion to adjourn and Mr. Allen seconded. The motion passed by unanimous vote.



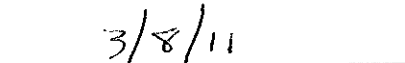
Mark Creasman, Chairperson



Date



Steve Smith, Secretary



Date



Public Health
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Transylvania County
Department of Public Health

Transylvania County Board of Health

To improve and protect the health of all people in Transylvania County

MINUTES TRANSYLVANIA COUNTY BOARD OF HEALTH March 8, 2011

Board Members Present: Mr. Allen, Dr. Boatwright, Ms. Byrne, Dr. Cozart, Mr. Creasman, Dr. Folger, Mr. Phillips, Ms. Schieve and Dr. Wells.

Board Members Absent: Ms. Deppe.

Staff Members and Guests Present: Mr. Smith and Ms. Pepinsky. Mr. Wilson, Transylvania County Manager, was also present.

Welcome and Announcements: Mr. Creasman called the meeting to order and welcomed everyone present. Mr. Creasman stated that he was appreciative of the board's confidence in him to serve as chairperson.

Amendments to Agenda/Adoption of Agenda: Mr. Creasman asked if there were any amendments or necessary changes to the agenda. Staff requested that an update regarding fluoride be added as Item F. under New Business. Mr. Creasman proposed adding an agenda format change as Item G. under New Business. Dr. Wells made a motion to approve the agenda with the recommended additions. Ms. Schieve seconded the motion and it passed by unanimous vote.

Approval of Minutes: Board members reviewed and discussed the minutes for the February 8, 2011 meeting. Ms. Byrne made a motion for the minutes to be approved. Dr. Boatwright seconded the motion and it passed by unanimous vote.

Public Hearings: None.

Administrative Reports:

- A. Health Director's Report: Mr. Smith referenced the written report which included information about recent obesity prevention planning efforts with a stakeholder group, substance abuse prevention efforts and the department's ongoing involvement with TRAIN (Transylvania Resource, Access and Information Network). Mr. Smith added that he had recently been informed by the NC Immunization Branch that the county might be able to continue the FluMist campaign in the schools again next year.

Committee Reports: None.

Unfinished Business: None.


New Business:

- A. FY 12 Budget Considerations for Transylvania County – County Manager: Mr. Wilson shared a PowerPoint presentation with the board of health and provided a general overview of the county's current fiscal position and some of the challenges for the FY 12 budget process. He emphasized that the county had been responsible stewards of taxpayers dollars alluding to budget reductions that started back in 2002 due to the loss of major manufacturing industry employers. Mr. Wilson added that all departments had been actively engaged in doing their part to define efficiencies and streamline services which reduced overall operational expenses. Significant challenges for the next budget included potential cost shifts from the state to the county level and the proposed reductions to education funding. Mr. Wilson ended on a very positive note by saying that the county had faced major challenges in the past and is capable of managing these impacts with prudent planning and prioritization of services. Board members asked a variety of questions about fund balance, the potential of carry forward dollars and the Governor's proposed budget. Mr. Creasman summarized the input of many board members by stating that public health was willing to do its part during these difficult times, but still emphasized that current public health services were vital for many citizens. All board members thanked Mr. Wilson for his presentation and willingness to share some of the background fiscal information.
- B. Communicable Disease Reports: Mr. Smith reviewed the written report for communicable diseases. Board members discussed several elements of the report including the ongoing challenges with pertussis outbreaks and time dedicated to multiple active TB cases. It was noted that these unpredictable events impacted other service delivery because of the substantial time required for nursing staff and others to address.
- C. Governor's proposed budget: Mr. Smith shared the potential fiscal impacts of the proposed budget including the loss of substantial general aid to county dollars. That proposed cut was particularly harmful because the state currently only pays a minor portion of the true costs of mandated services and in some cases statutorily prohibits counties from acquiring revenues associated with these services. Communicable disease control was used as an example. This is a mandated service required by NC and the department currently receives about \$13,000 from the state to support the service. Communicable disease control efforts in this fiscal year are projected to be over \$115,000.
- D. School nurse monitoring report: Mr. Smith shared the summary report from the Regional School Nurse Consultant noting the exemplary performance of local school nurses in terms of establishing access to care for students and generating individualized health plans for children with significant health challenges or high risk health conditions. Mr. Creasman stated that he was very pleased to see tangible evidence and acknowledgement of the improved health outcomes generated by school nurses. Board members also stated their support of the school health program and noted that our local school nurse to student ratio is still less than the desired level of one nurse to every 750 students.

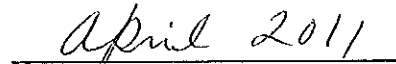
- E. NALBOH membership: Mr. Smith inquired if the board would like to continue their membership with NALBOH (National Association of Local Boards of Health). Members did not express any strong preference either way and left the matter to the Director.
- F. Fluoride: The board was informed that Brevard City Council had agreed with the city manager's proposal to develop a structured process with public health staff to acquire public input on the issue along with an evaluation of stated concerns. It appeared likely that the board of health would be the natural choice to hold that public hearing and were asked if they were receptive to the concept. Board members supported further development of the process which would hopefully incorporate a linkage to the Town of Rosman which currently does not fluoridate its water supply. Given that clarification, Dr. Folger made a motion for public health staff to proceed. Dr. Cozart seconded the motion and it passed by unanimous vote.
- G. Agenda format change: Mr. Creasman expressed his preference to reorganize the current agenda format so that standard business items could be addressed under a singular consent agenda to allow more time for discussion and pressing business matters. Board members supported this change. Mr. Phillips made a motion to make the agenda change. Dr. Boatwright seconded the motion and it passed by unanimous vote.

Informal Discussion and Public Comment: None.

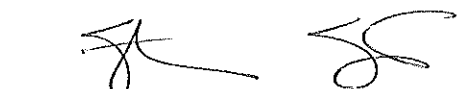
Adjournment: Ms. Schieve made the motion to adjourn and Dr. Boatwright seconded. The motion passed by unanimous vote.



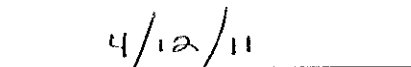
Mark Creasman, Chairperson



Date



Steve Smith, Secretary



Date



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Department of Public Health**

Transylvania County Board of Health

To improve and protect the health of all people in Transylvania County

**MINUTES
TRANSYLVANIA COUNTY BOARD OF HEALTH
April 12, 2011**

Board Members Present: Mr. Becker, Dr. Boatwright, Ms. Byrne, Dr. Cozart, Mr. Creasman, Ms. Deppe, Dr. Folger, Mr. Phillips, Ms. Schieve and Dr. Wells.

Board Members Absent: Mr. Allen.

Staff Members and Guests Present: Mr. Smith, Ms. Sheppard and Ms. Pepinsky were present as staff. Mr. Joe Moore, Brevard City Manager was in attendance to discuss a public input process related to fluoride. Dr. Jenkins was also present at the meeting with a stated interest in the fluoride topic.

Welcome and Announcements: Mr. Creasman called the meeting to order and welcomed everyone present. Mr. Creasman introduced Mr. Michael Becker (newly appointed board of health member) and asked other board members to introduce themselves. All present welcomed Mr. Becker and extended their appreciation for his willingness to serve.

Amendments to Agenda/Adoption of Agenda: Mr. Creasman asked if there were any amendments or necessary changes to the agenda. Staff requested that revised vaccine fees be added as Item G. and the vacant Public Health Nurse II position be added as Item H. (both under New Business). Staff further recommended that Mr. Becker be sworn in as a board of health member at the beginning of the meeting (Item A. under New Business) and that the board subsequently move to the community input process for fluoride (Item F. under New Business) as the second business matter to expedite the discussion with Mr. Moore and Dr. Jenkins. Dr. Wells made a motion to adopt the agenda with the proposed revisions and altered order of business. Ms. Byrne seconded the motion and it passed by unanimous vote.

Consent Agenda Items/Approval of Minutes & Health Director's Report: Board members reviewed and discussed the minutes for the March 8, 2011 meeting and the Health Director's report. Ms. Byrne made a motion to approve the consent agenda items. Dr. Wells seconded and the motion passed by unanimous vote.

Public Hearings: None.

Committee Reports: None.

Unfinished Business: None.

New Business:

- A. Oath of Office for Board of Health appointee Michael Becker: Mr. Becker stated the NC statutory and constitutional oaths to all present. Mr. Becker then signed the appropriate document and Ms. Sheppard (notary public) notarized the document for board records.
- B. Policy Reviews: Mr. Smith referenced two existing policies that were being presented to the board as part of their ongoing policy review cycle. The Policy on Policies and Delegation of Duties to the Health Director documents were reviewed and discussed by board members. Several members inquired about the statutory basis for some provisions and others inquired about the relationship of the policies to the accreditation process. After this broad discussion, board members did not request any substantive changes to either policy. Ms. Byrne made a motion to approve the Policy on Policies and Dr. Wells seconded the motion. The motion passed by unanimous vote. Ms. Byrne made a motion to approve Delegation of Duties to the Health Director and Dr. Cozart seconded the motion. The motion passed by unanimous vote.
- C. County Health Rankings: Mr. Smith showed a couple of slides from the recently released 2011 national county health rankings data. Transylvania County ranked favorably by placing 19th in health outcomes and 11th in health factors (in NC). Two aspects of health factors that were rated low for our jurisdiction included access to healthy foods and air quality indicators. The 2011 findings were similar to the data generated in 2010. Mr. Smith distinguished this national standardized model from the local community health assessment that is generated by the department every four years. Even with some questions about the validity of the data, board members believed it was a useful tool to compare public health status with other jurisdictions. Mr. Creasman made the important point that NC ranks 35th out of 50 states for health indicators and that being viewed favorably in comparison to other NC counties didn't negate the need to improve in all community health measures.
- D. Local Health Department Records Retention and Disposition Schedule: Mr. Smith discussed the substantial document for records retention and disposition which governed all types of documentation typical for public health operations. Additionally, the NC Government Records Branch recommended adopting the retention and disposition schedule as a best practice for local boards of health related to records management. After discussion about the document, Dr. Wells made a motion to adopt the schedule. Dr. Boatwright seconded and the motion passed by unanimous vote.
- E. Destruction of Records 2011: Mr. Smith referenced the memorandum developed to identify the types of records the department is destroying in 2011 relative to the guidance in the retention and disposition schedule. Staff explained that the formal action by the board provided documentation for any actions associated with records. Dr. Wells made a motion to approve the destruction of records as described and Dr. Boatwright seconded the motion. The motion passed by unanimous vote.
- F. Update on process for community input/fluoride: Mr. Creasman acknowledged Joe Moore, Brevard City Manager to present information to the board. Mr. Moore provided an overview of a proposed process to allow citizens (with a focus on individuals currently on the city water supply system) to share their views about fluoride. Mr. Moore shared his experience with a similar process used for the issue of roadside vendors and businesses. Board members asked a variety of questions about the process and ultimately agreed with the concept for utilizing the board of health for the public hearing portion of the process. Mr. Moore thanked the board for its time and with their direction

agreed to coordinate with public health staff to define the additional parameters necessary to proceed with the process. Dr. Jenkins was asked by the board if he believed this would be a practical approach to gauge public input about fluoride and he agreed that it would be worthwhile.

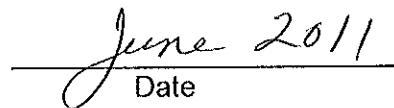
- G. Vaccine Fee proposals: Mr. Smith referenced the handout provided to board members which detailed a variety of information regarding the need to establish or increase fees for private vaccine supplies. This change is necessary related to the state's recent decision to become a Vaccine for Children (VFC) only immunization program. The change means that families and children with insurance must be billed/charged for immunizations. Co-pay amounts and underpayments by insurance companies along with the inability to accept debit/credit cards were listed as problems with this new model. Board members reviewed the information and posed questions about the development of the fee proposals. Staff stated that the proposed fees related directly to costs and were typically a multiplier associated with the base cost and/or related Medicaid rate.
- H. Public Health Nurse II position: Mr. Smith advised the board that all vacant positions had recently been discussed by the board of commissioners related to budget deliberations. Staff stated that the nurse position had been represented as critical since it related to the delivery of mandated services.

Informal Discussion and Public Comment: Board members talked about several other current topics including potential legislation to consolidate or regionalize public health services. Board members were also advised about the 11th anniversary of the Healthy Smiles program with Bridgett Masters as the program coordinator. Members signed a card congratulating Bridgett on the program's accomplishments over the years. Board members also received an updated membership roster (including Mr. Becker) and information about an upcoming training opportunity for boards related to rules of procedure.

Adjournment: Dr. Boatwright made the motion to adjourn and Dr. Wells seconded. The motion passed by unanimous vote.

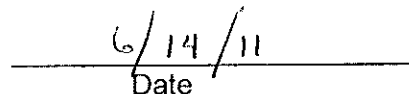


Mark Creasman, Chairperson


Date



Steve Smith, Secretary


Date



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Department of Public Health**

Transylvania County Board of Health

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**MINUTES
TRANSYLVANIA COUNTY BOARD OF HEALTH
June 14, 2011**

Meeting Location: Public Safety Center – Emergency Operations Center

Board Members Present: Mr. Allen, Mr. Becker, Dr. Boatwright, Dr. Cozart, Mr. Creasman, Ms. Deppe, Dr. Folger and Ms. Schieve.

Board Members Absent: Ms. Byrne, Mr. Phillips and Dr. Wells.

Staff Members and Guests Present: Mr. Smith, Ms. Pepinsky, Ms. Hyatt (WIC/Nutrition) and Ms. Lowe (Emergency Services) were present as staff.

Welcome and Announcements: Mr. Creasman called the meeting to order and welcomed everyone present. Mr. Creasman acknowledged the presence of Ms. Hyatt and Ms. Lowe and noted their support of the board meeting with information components.

Amendments to Agenda/Adoption of Agenda: Mr. Creasman asked if there were any amendments or necessary changes to the agenda. Hearing none, Mr. Becker made a motion to adopt the agenda as proposed and Ms. Schieve seconded. The motion passed by unanimous vote.

Consent Agenda Items/Approval of Minutes & Health Director's Report: Board members reviewed and discussed the minutes for the April 12, 2011 meeting and the Health Director's report. Mr. Allen made a motion to approve the consent agenda items and Ms. Deppe seconded. The motion passed by unanimous vote.

Public Hearings: None.

Committee Reports: None.

Unfinished Business: None.

New Business:

- A. Overview of Emergency Services/Emergency Operations Center: Ms. Lowe provided a general description of the role of Emergency Services in the county including its relationship with public health. She also provided examples of the benefits of the enhanced Emergency Operations Center and how it would benefit any large scale response effort in the community. Board members asked a variety of questions about types of scenarios and how that would influence our local response effort. Board members thanked Ms. Lowe for the information and the work she had accomplished for public health preparedness.

- B. World Breastfeeding Week: Ms. Hyatt provided the basic details of the recent art contest that WIC had initiated with local students to portray the positive aspects of breastfeeding. Breastfeeding has always been an important part of nutrition strategies and is an integral part of our obesity prevention efforts. Board members were asked to rank (by virtue of voting with their "dots") the submissions based on their message and creativity. After voting for their preferences, Ms. Hyatt informed the board that WIC staff would calculate the votes and the highest ranked piece of art would be featured on a local billboard with a reference to the artist. This will take place in conjunction with World Breastfeeding Month (August).
- C. Senate Bill 552 – Regionalization/Consolidation of Public Health: Mr. Smith referenced several legislative bills (House and Senate) that were discussed in the NC General Assembly during the past session. Although none had been approved to date, Mr. Smith stated that it was important for the board to be aware of these efforts since it was likely that some form of regionalization and/or consolidation would be revisited for public health and human services in the near term. This has been a common theme among many government services with the underlying premise that it would be more effective and efficient. Board members asked about the delivery of services with concerns about citizens having to travel elsewhere to receive public health services. Mr. Smith responded that most services would still have to be delivered locally, but it was impossible to anticipate many of the details that might be associated with the final implementation guidance. Board members agreed to remain vigilant about these issues and to evaluate the impact of any legislation once it is passed. It was noted that mental health reform incorporated similar initiatives and that effort has created chaos and inefficiency over a ten year period.
- D. Budget update: Mr. Smith informed the board that the Board of Commissioners had approved a final budget for FY 12 in June. Even though that action has occurred, the department was still facing uncertainty with some funding levels because state and federal legislative guidance was still being processed by the NC Division of Public Health and funding formulas and other decisions about how to achieve mandated reductions weren't yet finalized. Mr. Smith indicated that the board would be updated about funding amounts as soon as a final determination was made by the involved agencies.
- E. Consent Agenda – Agenda Format: Mr. Creasman reviewed this issue with board members. Dr. Folger had mentioned the issue at a previous meeting and expressed a preference for a format which segregated the approval of minutes and the health director's report. Mr. Creasman stipulated that the format change for the board agenda was based on a desire to focus more time on direct business matters, but agreed that discussion was important. Mr. Creasman solicited the opinions of board members for their preference. After further discussion, Dr. Folger made a motion to revert to the previous format and Ms. Schieve seconded. The motion passed by unanimous vote.
- F. July meeting: Mr. Smith informed the board that there was no substantive business anticipated for the July meeting. Given that circumstance, board members were asked if they wanted to proceed with a July meeting. After discussion, Dr. Boatwright made a motion to cancel the July meeting and Dr. Cozart seconded. The motion passed by unanimous vote. Mr. Smith commented that the typical legal notices for the cancellation would be distributed to the community.

Informal Discussion and Public Comment: Board members discussed a variety of issues including the increasing complexity of the budget process, hardships evidenced in the community due to economic pressures and the specific challenges for public health.

Adjournment: Mr. Allen made a motion to adjourn and Dr. Boatwright seconded. The motion passed by unanimous vote.



Mark Creasman, Chairperson



Date



Steve Smith, Secretary



Date

[June minutes approved 8/9/2011](#)



Public Health
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**Transylvania County
Department of Public Health**

Transylvania County Board of Health

To improve and protect the health of all people in Transylvania County

**MINUTES
TRANSYLVANIA COUNTY BOARD OF HEALTH
August 9, 2011**

Meeting Location: Department of Social Services Conference Room

Board Members Present: Mr. Becker, Ms. Byrne, Dr. Boatwright, Dr. Cozart, Mr. Creasman, Ms. Deppe, Dr. Folger, Ms. Schieve and Dr. Wells.

Board Members Absent: Mr. Allen and Mr. Phillips.

Staff Members and Guests Present: Mr. Smith, Mr. Sagar (President of the Free Clinic Board), Mr. McLachlan (Vice President of the Free Clinic Board) and Mr. Kendrick (Executive Director of the Free Clinic).

Welcome and Announcements: Mr. Creasman called the meeting to order at 7:00pm and welcomed everyone present. Mr. Creasman specifically thanked the representatives from the Free Clinic for being available for the board meeting.

Amendments to Agenda/Adoption of Agenda: Mr. Creasman asked if there were any amendments or necessary changes to the agenda. Staff recommended advancing to the Free Clinic discussion as a first item of business since representatives were available. Ms. Deppe made a motion to adopt the agenda as presented and Dr. Boatwright seconded with the acknowledgement that the Free Clinic would be advanced in the order of business. The motion passed by unanimous vote.

Approval of Minutes: Board members reviewed and discussed the June 14, 2011 minutes. Dr. Folger made a recommendation to include the meeting location as part of the minutes since this is also documented on meeting agendas. Dr. Boatwright made a motion to adopt the minutes with the noted revision to add the meeting location and Ms. Byrne seconded the motion. The motion passed by unanimous vote.

Public Hearings: None.

Administrative Reports:

- A. Health Director's Report – Mr. Smith referenced the handout which provided current information on a variety of public health efforts including dental health, strategic national stockpile plan review, Healthy Living for a Lifetime mobile health screening unit, WNC Health Network discussions and the Free Clinic.

Committee Reports: None.

Unfinished Business:

- A. Fluoride/Public Input Process – The board was not able to discuss this item given the time dedicated to the Free Clinic discussion.

New Business:

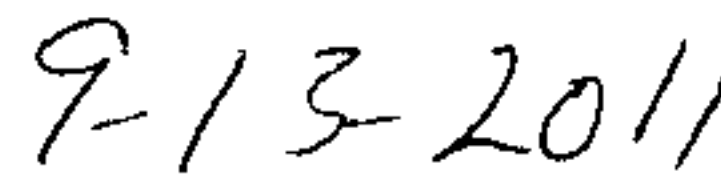
- A. Free Clinic of Transylvania County/Status and next steps – Mr. Creasman began the discussion by complimenting the Free Clinic and its representatives for the tremendous work that had been accomplished for the uninsured and medically underserved in our county. Mr. Creasman also relayed that a small ad hoc group from the Board of Health had previously met to identify strategies and opportunities to support that ongoing mission in light of the recent news that Blue Ridge Community Health Services would not be able to provide services in the near term if the New Access Point funding wasn't awarded to them. Mr. McLachlan replied that they were appreciative of the board's support and that the Free Clinic board had been meeting often to structure contingency plans for their operations. Mr. Sagar added that they would be eliminating or reducing paid staff positions to minimize overhead and would revert toward their original model which relied more heavily on volunteer support. The community pharmacy component would be terminated soon, but prescription assistance was expected to continue if a local pharmacist could be engaged for dispensing. All Free Clinic representatives stipulated that they were impressed with the recent community response given the predicament and that multiple individuals were stepping forward to ensure some level of service for the current Free Clinic patients. Transylvania Christian Ministry has also agreed to provide space free through December 2011 to provide more time for the clinic transition. Several board members recommended that the board create a formal document of support for the mission of the Free Clinic. After some discussion, Mr. Creasman requested that the Health Director draft a resolution of support for the Free Clinic so it could be shared with the Board of Commissioners and the community. Board of Health members thanked the Free Clinic representatives for their time and willingness to share information.
- B. Media Review Committee - Mr. Smith explained that the Board of Health typically appoints the Media Review committee members to review information and education materials related to Title X funding. Since the department was currently without a health educator (this position coordinated the committee), committee members had not been appointed for this cycle and there was a need to proceed with the review of three educational items. These included the Depo-Provera advisory, Calcium (Why do I need it?) notice and Healthy Habits for Life booklet. The information from each item was discussed and elements like the reading level and needs of the target population were also considered. Given the discussion, all board members were satisfied that the informational items were appropriate for the intended use. Board members signed the media review documentation necessary to approve the materials. Mr. Smith added that a new slate of media review committee members would be presented in the near future for the board's consideration.
- C. Adult Medicine – This is listed as a separate agenda item, but it ultimately relates to the Free Clinic discussion under Item A.
- D. Accidental deaths – This item was not reviewed completely due to time constraints. Board members expressed concern about a recent waterfall related death and other trends for unintentional injuries.

Informal Discussion and Public Comment: Board members agreed that the discussion about the Free Clinic had been worthwhile and that they felt a strong commitment toward efforts to continue this important service. Board members agreed to address any unfinished agenda items as necessary at the next meeting.

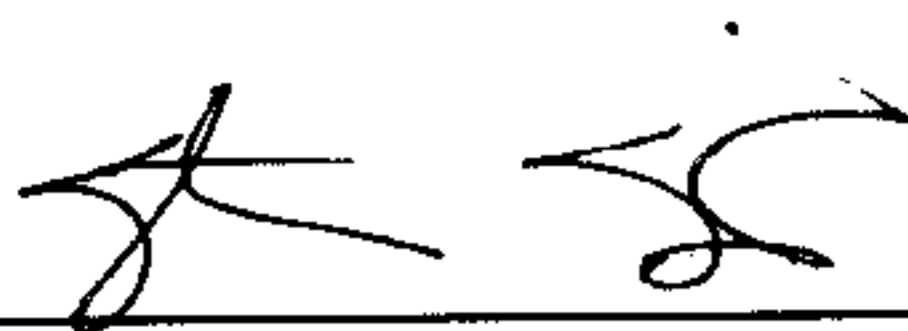
Adjournment: Ms. Deppe made a motion to adjourn and Ms. Schieve seconded the motion. The motion passed by unanimous vote.



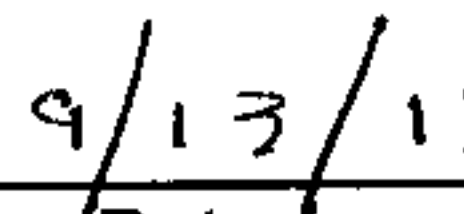
Mark Creasman, Chairperson



Date



Steve Smith, Secretary



Date



Public Health
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**Transylvania County
Department of Public Health**

Transylvania County Board of Health

To improve and protect the health of all people in Transylvania County

MINUTES TRANSYLVANIA COUNTY BOARD OF HEALTH September 13, 2011

Meeting Location: Department of Social Services Conference Room

Board Members Present: Mr. Allen, Ms. Byrne, Dr. Boatwright, Dr. Cozart, Mr. Creasman, Dr. Folger, Mr. Phillips, Ms. Schieve and Dr. Wells.

Board Members Absent: Mr. Becker and Ms. Deppe.

Staff Members and Guests Present: Mr. Smith, Ms. Cameron (TCDPH Nursing Director), Ms. Cooper (PCM Nurse) and Ms. Lambert (CC4C Nurse).

Welcome and Announcements: Mr. Creasman called the meeting to order at 7:00pm and welcomed everyone present.

Amendments to Agenda/Adoption of Agenda: Mr. Creasman asked if there were any amendments or necessary changes to the agenda. Dr. Folger asked if an update about local influenza vaccinations could be included. Mr. Creasman proposed to add this topic as Item C. under Unfinished Business since influenza had been a general topic of discussion during recent meetings. Staff recommended forwarding to the Pregnancy Medical Home agenda item (in terms of sequence) since staff were present for that portion. Ms. Byrne made a motion to approve the agenda as amended and Dr. Folger seconded. The motion passed by unanimous vote.

Approval of Minutes: Board members reviewed and discussed the August 9, 2011 minutes. Dr. Folger noted needed corrections under Administrative Reports (removing a duplicate "provided") and clarifying language under New Business, Item A. changing "until December 2011" to "through December 2011". Dr. Folger made a motion to approve the minutes with the requested revisions and Ms. Byrne seconded. The motion passed by unanimous vote.

Public Hearings: None.

Administrative Reports:

- A. Health Director's Report – Mr. Smith referenced the handout which covered basic details of the recent Healthy Living mobile screening effort, metabolic clinic, dialysis center, waterfall accidents and the ongoing wellness task force. Mr. Smith also shared the memorandum to the Board of Commissioners which requested the ability to provide free flu vaccine to the uninsured (including the Free Clinic). That request was approved by the Board of Commissioners.

Committee Reports: None.

Unfinished Business:

- A. Fluoride/Public Input Process – The board was informed that the Library Rogow Room was not available for any regular board of health meeting dates in the near term. Board members were advised about the available dates in November which fell on a Tuesday or Thursday. Board members agreed to hold the public hearing on November 15, 2011 with this time also serving as their regular meeting date.
- B. Free Clinic of Transylvania County – The board was informed of ongoing discussions by Transylvania Regional Hospital, the Community Foundation of Western NC, the Free Clinic, United Way of Transylvania County, Department of Public Health, Kate B. Reynolds Charitable Trust, Blue Ridge Community Health Services and the Office of Community Care and Rural Health regarding strategic steps to serve the uninsured. Many challenges remain, but it seems likely that supporting the Free Clinic for the near term is the best strategy until we can determine the potential for BRCHS to acquire new access point funding in the future.
- C. Dr. Folger inquired about the status of community access for flu vaccinations. Mr. Creasman commented that the hospital was covering most of the long term care facilities, hospital staff and home care patients. Mr. Smith added that the department was covering county employees and walk in traffic into the clinic. The other priority was completing the FluMist vaccination campaign in the school system. Pursuant to the strategic discussions last year and the widespread availability of flu vaccine at many retail centers, a decision was made to stop holding general community vaccination clinics which are no longer necessary.

New Business:

- A. Pregnancy Medical Home/Pregnancy Care Management (also Care Coordination for Children/CC4C) – Ms. Cooper and Ms. Lambert (lead public health nurses for PCM and CC4C respectively) provided information about the newly remodeled case management programs for pregnant women and children. Dr. Barrow of Sylvan Valley OB/GYN provided comments about the PCM model via a digital recording. Several success stories were relayed by both nurses and the Nursing Director, Ms. Cameron. Both models integrate the roles of private sector providers, public health and Community Care of WNC to achieve the best outcomes for patients by incentivizing proactive efforts by all participants. All stakeholders to date had a positive impression of the program and were actively engaged with achieving the expected deliverables.
- B. Child Fatality Prevention Team 2010 Annual Report - Mr. Smith explained that the annual report (see attachment) had been delayed due to ongoing discussions about a problematic case review that started in 2010 and carried forward into 2011. Direct discussions have occurred with the involved stakeholders and the concerns were forwarded to the State Child Fatality Prevention Team for review. There were no system deficiencies identified for the other 3 cases that were reviewed in 2010. Multiple opportunities were identified for improved education and outreach surrounding parenting, substance abuse and risk taking behavior. Dr. Wells made a motion to accept the annual report and Mr. Byrne seconded. The motion passed by unanimous vote.


- C. Community Child Protection/Child Fatality Prevention Team appointment – The board was advised that they had the statutory responsibility for appointing a local health care provider to this local team. Dr. Wells has served in this capacity for years, but needed to dedicate his time to some additional work demands associated with his practice. Dr. Wells recommended Dr. Ann Farash as a potential appointee for the board to consider. Her professional accomplishments include a strong medical pediatric background and similar obligations for death investigations while serving in the military. Ms. Byrne made a motion to appoint Dr. Farash as the board's appointee to the team and Dr. Cozart seconded. The motion passed by unanimous vote. Board members thanked Dr. Wells for his extended service on the team and his efforts to protect children.
- D. Debt reconciliation (bad debt write off) – Mr. Smith informed the board that accounts information from the antiquated Health Information Services (HIS) database and the current Health Services Information System (HSIS) were not able to be reconciled prior to the board meeting. Mr. Smith stated that this information should be available for review and consideration at the next board meeting.
- E. Board of Health 2012 membership roster – Mr. Smith reminded board members about terms of service with 3 members having terms that expire in December 2011. The timeline was referenced since the board of health would need to forward any recommendations for appointments to the board of commissioners during November 2011.

Informal Discussion and Public Comment: Board members discussed the metabolic clinic and the need to sustain the supports being provided to that population. It was agreed that more exploration was needed for the most cost effective way to provide insulin and test strips for those that could not afford them. Board members also reiterated their desire to develop a resolution or similar document of support for the Free Clinic since the mission of public health was aligned with addressing these kinds of needs.

Adjournment: Ms. Schieve made a motion to adjourn and Dr. Boatwright seconded. The motion passed by unanimous vote.



Mark Creasman, Chairperson



Date



Steve Smith, Secretary



Date



Public Health
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Transylvania County Board of Health

Transylvania County
Department of Public Health

To improve and protect the health of all people in Transylvania County

MINUTES TRANSYLVANIA COUNTY BOARD OF HEALTH October 11, 2011

Meeting Location: Department of Social Services Conference Room

Board Members Present: Mr. Allen, Mr. Becker, Dr. Boatwright, Ms. Byrne, Mr. Creasman, Dr. Folger, Ms. Schieve and Dr. Wells.

Board Members Absent: Dr. Cozart, Ms. Deppe & Mr. Phillips.

Staff Members and Guests Present: Mr. Boyer (Environmental Health Supervisor), Ms. Pepinsky and Mr. Smith.

Welcome and Announcements: Mr. Creasman called the meeting to order at 7:00pm and welcomed everyone present.

Amendments to Agenda/Adoption of Agenda: Mr. Creasman asked if there were any requested changes or additions to the agenda. Hearing none, Mr. Allen made a motion to adopt the agenda as proposed and Ms. Schieve seconded the motion. The motion passed by unanimous vote.

Approval of Minutes: Board members reviewed the September 13, 2011 minutes. There were no requested corrections. Ms. Byrne made a motion to approve the minutes and Ms. Schieve seconded the motion. The motion passed by unanimous vote.

Public Hearings: None.

Administrative Reports:

- A. Health Director's Report – Mr. Smith referenced the written report which updated members about the pending dialysis facility, waterfall accidents, requested reports from county administration and staffing updates.
- B. Free Clinic of Transylvania County - Board members were briefed on the most recent discussions regarding the Free Clinic and potential transition of services to Blue Ridge Community Health Services in the future. BRCHS scored well with their initial grant submission and remained hopeful that they would be eligible for funding in the FY 13 funding cycle.

Committee Reports:

- A. Mr. Creasman solicited participants for the performance review process for the health director. Ms. Schieve and Ms. Byrne volunteered to participate with that process.
- B. Nominating Committee formation – The board reviewed the current applicants for board of health appointments since Dr. Folger and Ms. Deppe would be ending their terms in December 2011 (served maximum term limits). Board members were impressed with the caliber of candidates. Since the board was not familiar with some of the individuals, they requested that the health director forward an invitation to each to attend the upcoming November 15, 2011 meeting to afford an opportunity for everyone to meet each other and to witness the work of the board.

Unfinished Business:

- A. Fluoride/Public Input Process – The board was asked for their input on the public hearing notice which would be shared with local media and the proposed special order for the process to be followed. Board members endorsed the public hearing notice and decided to limit each speaker's comments to 3 minutes. The board also stipulated that the total time dedicated to the public hearing would be one hour. Dr. Wells made a motion to adopt the proposed special order with the decisions outlined above and Dr. Boatwright seconded the motion. The motion passed by unanimous vote. Mr. Smith added that it was difficult to predict how many people might attend or desire to speak. Board members were positive about the opportunity and hoped to bring some closure in the near future to the issue of fluoridation. Everyone complimented the Brevard City Council on the collaborative process that had been structured for the community.

New Business:

- A. Debt Reconciliation (Bad Debt write off) – Board members reviewed the bad debt information presented by Ms. Pepinsky (Administrative Officer). The total requested write off was \$5,435.95 with \$4,191.57 eligible for the NC Debt Setoff Program, \$698.08 deemed as bad debt with amounts that were less than those accepted by the NC Debt Setoff Program (less than \$50 each) and \$555.30 deemed as uncollectible due to lack of current contact information or valid social security number. Ms. Pepinsky explained that the debt doesn't disappear, it's simply an accounting measure to prevent perpetual accumulation of debt on accounts and is consistent with department policy. Any debt is re-activated once the individual presents again for a service. The period for this requested bad debt write off is July 1, 2009 through June 9, 2010.

Board members were also advised that per policy, bad debt write off should be accomplished on an annual basis. The board was reminded that this information was not presented last year because the information in the old Health Services Information System (HSIS) could not be reconciled with the report functions from the system (HSIS is an antiquated DOS based system). The time period for debt write off is usually consistent with the fiscal year, but was truncated on the earlier date (June 9, 2010) because this was the "crossover" date from HSIS to the newer Health Information System (HIS). The next bad debt write off cycle will start with June 10, 2010 and will end with June 30, 2011. This write off request makes the department current with its bad debt obligations per policy. Board members asked several questions including the

process for informing clients and patients of their payment obligations and associated collection efforts. These processes were reviewed.

Board members also asked if there were any strategies that might improve collections. Staff responded that acceptance of credit and debit cards would facilitate collections at the time of service. Dr. Boatwright made a motion to recommend the bad debt write off as presented and to forward it to the Transylvania County Board of Commissioner for approval with language referencing the desire to implement acceptance of debit and credit cards. Dr. Folger seconded the motion and it passed by unanimous vote.

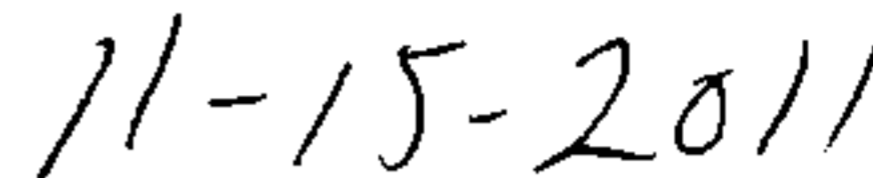
- B. Draft resolution of support for Free Clinic of Transylvania County—Board members agreed that much of the language in the resolution reflected their prior discussions about the Free Clinic and its inherent connection to public health. Dr. Folger recommended changing one phrase from “individual health” to “personal health” and adding the word “help” to the phrase “...meet the medical and health needs...”. Mr. Becker made a motion to approve the resolution with the revised wording and Ms. Byrne seconded the motion. The motion passed by unanimous vote.
- C. Succession plan for Department of Public Health – The board was advised that a succession plan draft for key positions had been requested by the county manager and that a copy of that draft would be shared with the board when available. This type of analysis and review is also consistent with the board’s obligation to review findings promulgated through the department’s workforce development plan on an annual basis. This draft plan was referenced as an evaluation that could serve as a major discussion item for that policy’s obligations as the board prepares for the FY 13 budget process.
- D. Environmental Health update – Mr. Jim Boyer (Environmental Health Supervisor) spoke to the board about current demands for the environmental health group and how that related to the monthly report format provided to the board. A central topic was the reduced demand for well and septic system permits which has been replaced with additional consulting demands for projects and additional efforts to improve the compliance rating for food, lodging and institutional inspections. That compliance rating has moved from approximately 57% in FY 08 to around 98% in FY 10. Environmental health staff have also been involved with other core public health efforts including communicable disease control, preparedness and Epi Team efforts. Staff are currently preparing for a transition to an FDA inspection model that will be substantially different from current practice.
- E. Board of Health 2012 membership roster – This element was previously discussed under the Nominating Committee formation discussion above. Board members decided to delay any specific recommendations to the board of commissioners until they had the opportunity to meet interested applicants at the November 15, 2011 meeting. Board members agreed to revisit the issue of recommendations at this same meeting if time allowed.

Informal Discussion and Public Comment: Board members discussed general items affecting community health with the central theme of constant change. There were several references about the requirements associated with the Affordable Care Act legislation and the substantial demands and costs for medical/dental practices to meet these expectations. Several members acknowledged the difficult economic environment and the hardships created for many families in our community. All agreed that public health played an important role for the community and that every effort must be made to address local needs.

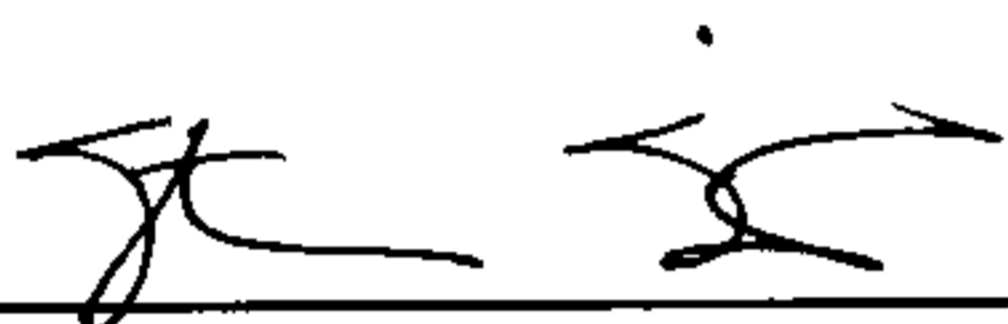
Adjournment: Dr. Wells made a motion to adjourn and Dr. Boatwright seconded. The motion passed by unanimous vote.



Mark Creasman, Chairperson



Date



Steve Smith, Secretary



Date

October 11, 2011 minutes approved 11/15/2011



Public Health
Prevent. Promote. Protect.

Transylvania County Board of Health

**Transylvania County
Department of Public Health**

To improve and protect the health of all people in Transylvania County

MINUTES TRANSYLVANIA COUNTY BOARD OF HEALTH November 15, 2011

Meeting Location: Transylvania County Library – Rogow Room

Board Members Present: Mr. Becker, Ms. Byrne, Dr. Cozart, Mr. Creasman, Ms. Deppe, Mr. Phillips and Ms. Schieve. Mr. Allen joined the meeting at approximately 7:00pm.

Board Members Absent: Dr. Boatwright, Dr. Folger and Dr. Wells.

Staff Members and Guests Present: Ms. Nolan, Ms. Pepinsky and Mr. Smith as staff.

Welcome and Announcements: Mr. Creasman called the meeting to order at 6:15pm and welcomed everyone present. The chairperson also explained that the primary purpose of the meeting was to hold the public hearing in order to hear perspectives about fluoridation of drinking water. Mr. Creasman then asked fellow board members to introduce themselves to the general public.

Amendments to Agenda/Adoption of Agenda: Mr. Creasman asked if there were any requested changes or additions to the agenda. Hearing none, Mr. Becker made a motion to adopt the agenda as proposed and Dr. Cozart seconded the motion. The motion passed by unanimous vote.

Approval of Minutes: Board members reviewed the October 11, 2011 minutes. Ms. Deppe noted that she was not listed as absent. Mr. Becker made a motion to approve the minutes with the noted correction for Ms. Deppe. Ms. Byrne seconded the motion and it passed by unanimous vote.

Public Hearings: Mr. Creasman opened the public hearing on the topic of fluoridation. *See November 2011 Public Hearing transcript. Mr. Creasman closed the public hearing on the topic of fluoridation.

Administrative Reports:

- A. Health Director's Report – Mr. Smith referenced the written report which updated members about the pending dialysis facility, Transylvania Resource, Access and Information Network (TRAIN), staff training, development of horizon issues for the department and the pending transition to a Medicaid waiver model for our region related to the delivery of mental health, substance abuse and developmental disabilities services.

Committee Reports: None.

Unfinished Business:

- A. Board of Health membership – Board members thanked several Board of Health candidates for attending the meeting and their interest in public health. Mr. Smith reminded the board that they did not have to make any recommendations to the Board of Commissioners regarding 2012 appointments if they so chose. Since Mr. Allen had expressed a willingness to serve another term as engineer, board members agreed to recommend him for another term appointment. Ms. Byrne made a motion to forward that request to the Board of Commissioners and Dr. Cozart seconded the motion. The motion passed by unanimous vote. Board members thanked Mr. Allen for his service and willingness to support the board for another term. After some general discussion about the other two general public member positions that would be open on the board in 2012, board members agreed to table the matter without developing any specific consensus. Mr. Smith stipulated that he would relay the board's discussion to the Board of Commissioners and would incorporate the recommendation for re-appointment of Mr. Allen.

New Business:

- A. December 13, 2011 Board of Health regular meeting – Board members were advised by the secretary that no pressing business was anticipated for the December meeting. Given that circumstance, Ms. Byrne made a motion to cancel the December 2011 meeting and Ms. Schieve seconded the motion. The motion passed by unanimous vote. Mr. Smith assured the board that the appropriate legal notices would be made to inform the public of the meeting cancellation.
- B. Board of Health Meeting Schedule–Board members were asked by Mr. Smith if they wanted to continue their general meeting orientation for the second Tuesday of each month with the meeting beginning at 7:00pm Board members reviewed the 2012 calendar with those dates highlighted and supported that traditional schedule for 2012. Dr. Cozart made a motion to approve the 2012 meeting schedule as proposed and Ms. Deppe seconded the motion. The motion passed by unanimous vote.
- C. Department Quarterly Financial Statement (July-September 2011) – The board was presented with a department financial statement for the first quarter of the fiscal year. Total revenues were at 24% of annual budget projections and expenditures were at 21%. Typical revenue and expenditure targets for the first quarter of the fiscal year are 25%. Ms. Pepinsky stated that revenues and expenditures were on track and there were no significant deviations to report. Ms. Deppe inquired about the total income to date based on the revenue detail. Mr. Smith referenced the total income of \$209,938 which was 24% of the projected total. Mr. Smith also referenced the report as a very condensed version of the budget which has dozens of revenue and expenditure line items. Board members were advised that they could request more detail about the overall budget or individual programs at any time. The purpose of the quarterly financial statement was to provide assurance of overall budget conformance.

D. Chairperson's Presentation – Mr. Creasman asked Ms. Deppe to stand and then presented her with a Certificate of Appreciation from the board for her faithful service from 2003 until 2011. The certificate stated "in recognition of exemplary service to the Transylvania County Board of Health and its public health mission to improve and protect the health of all people in Transylvania County". Mr. Creasman specifically acknowledged Ms. Deppe's past service as chairperson for the board, her volunteer efforts for the Free Clinic of Transylvania County and her strong advocacy for many community health issues. Board members and members of the audience gave Ms. Deppe a strong round of applause. Ms. Deppe thanked everyone for the recognition and pledged that she would remain involved on many different fronts in the community. Mr. Creasman also mentioned Dr. Folger, a long time Board of Health member that was ending his term and was not available for the November meeting. Board members expressed their desire to have Dr. Folger attend a future meeting so he could be thanked for his service.


Informal Discussion and Public Comment: Mr. Becker inquired if the individual that worked for Gaia Herbs (that spoke at the public hearing) was speaking for the company or for herself. No one was sure. Mr. Creasman stated the speakers did a good job presenting information. Dr. Cozart commended the Brevard City Council and the Brevard City Manager for structuring an objective process and coordinating with the Board of Health. Mr. Smith mentioned the support demonstrated by Mr. Phillips at a recent Board of Commissioner's meeting to rehire the now vacant Expanded Food and Nutrition Education Program (EFNEP) coordinator position. The Board of Health contributes to the salary support of this position (from the public health budget) as part of its strategic effort to increase healthy lifestyles and reduce obesity rates.

Board of Health members asked some additional questions which focused on several issues including the difference between topical and systemic fluoride effects, various forms of fluoride and the effects of fluorosis on children. Dr. Cozart provided responses to these questions. Ms. Deppe asked if all of the speakers were from within the city. Board members expressed some uncertainty about some of the addresses. Mr. Creasman prompted the board about next steps. Mr. Smith replied that the board had no specific timetable for the evaluation of comments and subsequent response to Brevard City Council. Mr. Smith suggested that board members could start defining those parameters at the January 2012 meeting.

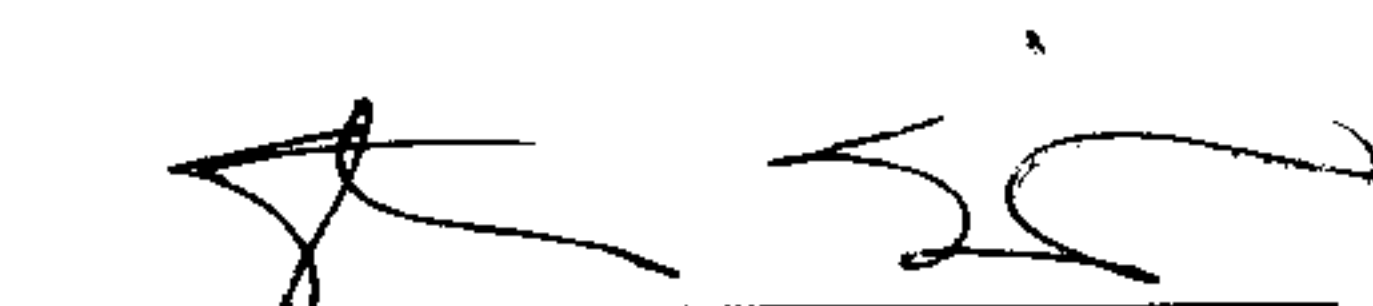
Adjournment: Ms. Deppe made a motion to adjourn and Mr. Phillips seconded. The motion passed by unanimous vote.



Mark Creasman, Chairperson



Approved Date



Steve Smith, Secretary



Approved Date

November 15, 2011

Board of Health – Public Hearing on Fluoridation

Transylvania County Library Rogow Room

Reference: Transylvania County Board of Health – November 15, 2011 Minutes & Attachments

**Comments reflected below are derived from a digital recording of the public hearing. Although this document is referenced as a transcript, it is not represented as a verbatim text. Poor sound quality for portions of the recording and background noise compromised the ability to capture each spoken word. We have typically used parentheses and a (?) in any portions of the text where the words spoken are in question.. Time increments noted in the text correspond with the digital recording.*

Note: Mark Creasman is the current chairperson for the Transylvania County Board of Health.

Mark Creasman: We'll now open the public hearing on the topic of fluoridation. We have instructions on what to do...I'd like to read those for you. (Mr. Creasman reads the special order for the public hearing with the noted revision to allow 5 minutes per speaker given the limited number of speakers present – see attachments for the special order provisions).

That said, we'll progress to our first speaker which is Jim Null who resides at 69 Grove Circle, Brevard.

Jim Null: Could I pass for now?

5:30

Mark Creasman: Yes sir. The next one signed up is Kathleen Barnes...Sunny Acre Lane in Brevard.

Kathleen Barnes: Hi.

Mark Creasman: Hello Ms. Barnes.

Kathleen Barnes: I'm Kathleen Barnes. I'm an author of health books. I've written 16 books on various health subjects. I'm also a member of the Transylvania Wellness Alliance and I'm also a health advocate. I think that the issue of fluoride is very serious and one that should be given serious consideration and I'm going to present to you tonight some scientific evidence against fluoride and the fluoridation of water...and perhaps suggest to you that fluoride is...that the health risks associated with fluoridated water are sufficiently intense that we should look at other sources of fluoride for the prevention of dental caries. In July 2005, the Environmental Working Group said over the last ten years, a large body of peer reviewed science has raised concerns that fluoride may present unreasonable health risks particularly among children at levels routinely added to tapwater in American cities. The U. S. Environmental Protection Agency in 2001 said...in summary we hold that fluoridation is an unreasonable risk. The U.S. National Research Council in 2006 said carefully conducted studies of exposure to fluoride and emerging health parameters of interest in terms of endocrine effects and brain function should be performed in

populations in the United States exposed to varying concentrations of fluoride. And finally, a thing I think that's really important to look at here is the various risks that fluoride presents, one of them is dental fluorosis. Now the Centers for Disease Control and Prevention says that 32% of all American children now have some level of dental fluorosis with 2-4% of those children having moderate to severe stages. And according to Dr. Hardy Limeback who is the head of preventive dentistry at the University of Toronto...it is illogical to assume that tooth enamel is the only (issue?) affected by low daily doses of fluoride ingestion. Also, fluoride has some pretty dramatic effects on various other bodily systems including the kidneys. The fluoride which is accumulated in the skeletal system can cause or exacerbate renal osteodystrophy, a bone disease commonly found among people with advanced kidney disease and I suggest that in an aging population in this county that should be a concern. Also fluoride in the brain (?) has the ability to damage the brain...represents one of the most active areas for fluoride research...fluoride toxicity research today. Concern about fluoride's impact on the brain has been fueled by 18 human studies from China, Mexico, India and Iran. Reported IQ deficits in little children exposed to excess fluoride by 4 human studies indicated that fluoride can enter and damage the fetal brain. And a growing number of animal studies find damage to brain tissues in levels as low as 1 ppm...impairment of learning and memory among fluoride treated groups. According to the U.S. National Research Council, it's apparent that fluorides have the ability to interfere with functions of the brain. Fluoride and bone disease...excessive exposure to fluoride is a well known cause of a bone disease called skeletal fluorosis and especially in its early stages, it's a difficult disease to diagnose and can be readily confused with various forms of arthritis including osteoarthritis and rheumatoid arthritis and as we know in our society today we're finding very high levels of these diseases. In advanced stages, fluorosis can resemble a multitude of bone and joint diseases. In individuals with kidney disease, fluoride exposure can contribute to it or exacerbate renal osteodystrophy. Fluoride and cancer..according to the National Toxicology Program, the preponderance of evidence from laboratory *in vitro* studies indicates that fluoride is a mutagenic compound. Many substances which cause mutagenic damage also cause cancer. Fluoride has been found to cause bone cancer (osteosarcoma) in government animal studies and rates of osteosarcoma among young males living in fluoridated areas have been found to be higher than young males living in unfluoridated areas. Osteosarcoma, while rare, is a very serious cancer and carries with it a high probability of death. It is true from the 1930's and 40's when fluoridation of water became very common in American public water systems as well as around the world, it did slow the level of dental caries...of cavities...mostly in children, but also adults. I suggest to you that these negative effects of fluoride can be easily prevented by simply using fluoridated toothpaste. Studies over and over say that ingested fluoride does not really protect the teeth from dental caries. It is topically applied and topically applied can be as simple as fluoridated toothpaste which is a much simpler and safer alternative and I strongly suggest that we keep the fluoride out of our water in Brevard. Thank you.

11:35

Mark Creasman: Thank you. Our next speaker is Alvaro Lopez from Broad Street.

Alvaro Lopez: Hello my name is Alvaro Lopez ...I'm a dentist here in Brevard. After hearing the (?) we just heard, I noticed a few things missing. What I take issue mostly with is the

concentration of fluoride and the effects that are being noticed. 1 ppm which is what's recommended in drinking water will not have the impact that's been suggested. Another thing is that these studies remain unnamed. I think if we're going to give this due consideration, we'd have to look at those studies and their completion to see what it is exactly they say rather than taking bits and pieces of them to support one point or another. My main concern is that keeping fluoride out of the water will definitely result in an increase in caries among children. That aside from the discomfort, pain and negative impact on health...will also have an impact on the mostly young families who have the young children who would be drinking this water. It would also have an impact on how much the state spends in programs like Medicaid and NC Health Choice that tend to pay for those services. So from my point of view, fluoride belongs in our water. Thank you.

13:43

Mark Creasman: Thank you very much. Our next speaker is Ann Buchman from Riversedge Road.

Ann Buchman: Thank you. Hi...I'm Ann Buchman, I'm a 6 year resident of Brevard. This board because of your composition obviously has been educated on the medical issues associated with the ingestion of fluoride. I kind of want to draw some distinctions between ingestion and topical including the negative effect on teeth through fluorosis. You also probably learned that the supportive evidence about fluoride for tooth protection is related to topical application. I've done my own research as well and I support the position that fluoride does not belong in the water supply and I'll leave any more medical conversation about it to the medical experts. What I will expand on tonight that is in my area of expertise which is the impact this decision could have on Brevard business. I am a marketing executive at Gaia Herbs which is a national wellness company that is located here in Brevard and its part of my job to follow the trends in health and wellness that are important to consumers. In the last week alone there have been 3 national news agencies that have released stories about the negative effects of fluoride on municipal drinking water. These reports are seen by tens of thousands if not millions of individuals, many of whom already live here and many more that may look to Brevard as their home or place of business. Continual coverage of this issue is educating the public about the negative effects associated with having this chemical waste product added to our water and the impact it has on their health. So why does adding fluoride to our water supply make Brevard less attractive to the public and who stands to lose? And I say the first is families and children. The ADA and the CDC have now recommended that infants not receive fluoridated water for drinking nor for making their formula since fluoridated water contains 250 times more fluoride than mother's milk. The specific quote was that research evidence suggests that mixing powdered/liquid infant formula concentrate with fluoridated water on a regular basis may increase the chances of child developing enamel fluorosis. Furthermore families will now need to pay the additional expense to buy bottled water so they won't have to contribute to their children's tooth decay.....something that's particularly difficult for low income families. The second was tourism. The largest market for Brevard is tourism and it's a health conscious consumer that is that target. They come here for (spirits?) and for recreation. Knowing there is fluoride in the water that they drink while exploring Brevard goes against the image of Brevard being a clean and sustainable town in the mountains. Third...non-profit assistance

agencies...we've got several safe houses, shelters and clinics in the county that are set up to serve the health and safety needs of the population. The inclusion of a chemical waste product in one of the staples that is provided...food, clothing and shelter... is inconsistent with the mission of these organizations. And last, but not least...local business. The Chamber membership is filled with restaurants and bakers and coffee brewers and caterers...many who focus on organic and sustainable food choices and other businesses that have heavy water use. And I invite this group to think about...how do you think the newly committed Brevard Brewing Company who is finally putting to use a large in town storefront that's been vacant for up to 2 years that the water in their craft brewed beer will be tainted with fluoride. And how will the parents ...considering the more than one dozen summer camps in Brevard that have been there for years... feel about their children drinking fluoridated water during their stay? I say that this will impact their business. I may not be privy to the economics behind the issue, but I would hope the city is not considering fluoride inclusion because of the size of the subsidies that are traditionally paid to communities who do so. I hope that the small profit that the county might make for putting this chemical waste product in our water stream would not be worth more than the health of our current and future residents and business owners. If the Council ultimately makes the unacceptable choice, in my opinion, to put fluoride back into our drinking water, those of us that have already been committed to Brevard will feel duped and disrespected for a potential profit making venture that would gain the Water Department some subsidies..perhaps to our demise. For those that are considering coming to Brevard for home or business, I say that this will now give them one more reason to look elsewhere. So on a positive note, I want to say how about some out of the box thinking about this? And I'm one that believes by being a citizen of the United States that I actually get a choice about my health care. And automatic fluoridation of water in our municipal supply ...it takes away my choice. And instead of this, I propose that we gather the great minds of Brevard together and look instead at broad reaching action...like this... in the water...but we focus on focused solutions. Perhaps we could see grants for it or contribute to a fund that would allow the City to buy fluoride toothpaste to pay for the topical fluoride treatments that are needed and would provide funding needed to cooperate with local dentists for providing a fluoride treatment service to those who chose it. Thank you.

19:29

Mark Creasman: Thank you. Next is Mary Douglas Kimble...Franklin Street.

Mary Douglas Kimble: I'm going to approach it from a different point of view. I think we all do have choices, but the choices that you are making for children who are underprivileged and often don't have resources to pay for this is something that we really have to consider. You know places like the brewing company she was talking about...filters can be put on their water if that's a problem. I bought my property here in Transylvania County before you took the fluoridation out of the water. It was here when I purchased my property so I certainly would not be opposed to it going back in, but the real consideration is the very people who can not afford to have the fluoridation treatments or to afford the high priced toothpaste or don't brush their children's teeth at all.....are the very children that we need to address. I'm a social worker...a hospice social worker, but I was in a home recently that the child had totally black teeth and every tooth that wasn't black was covered in silver. She was 4 years old. You know I have grandchildren. I am concerned about the children of people who do not have the resources to provide.....and I think

this is a very simple way....anybody can put a filter on their water supply if they don't want it, but you can't go into every one of these homes and take care of their teeth. Thank you.

21:20

Mark Creasman: Thank you. Next is Joe Cowart from Lambs Creek Road.

Joe Cowart: Thank you. I'm Joe Cowart..I'm a local dentist and I've been here for 32 going on 33 years. When I first came here I saw a lot of dental decay. As a matter of fact, Dr. Folger and I used to team up on these little kids that had gross decay and he'd put them to sleep and I'd take all of their teeth out. You'd see multiple abscesses which was a serious issue. And you know as far as inside the city of Brevard...the water was fluoridated, I didn't see as much of that...I don't see as much of that now either although it seems to be coming back. Bridgett Masters is our hygienist, our public health hygienist and one of the more interesting things that you can research in Raleigh is that when we took fluoride out of the water, Henderson County put it in and if you look at the numbers they have collected what you see of course is the decay rate in Transylvania County is going up, decay rate in Henderson County is going down. Fluoride is a very abundant element...it's the (13th?) most abundant element around so everybody gets fluoride. It's in everything that we eat and everything that we drink. Just amounts of it...vary from food to food. The biggest problems that you see with foods is like apple juice from Washington state which is loaded with fluoride. Chewing tobacco is loaded with fluoride. Tea is loaded with fluoride. So it's not a matter of how much you're going to get, you're going to get some. The idea is to get the optimal amount. Too much fluoride is bad. There are some studies to indicate that not enough fluoride can be bad too because it inhibits bone development. So that also is a problem. From my standpoint, I think since fluoride is everywhere, it's practically in everything ...the idea would be to make sure the children have the right amount of fluoride so they don't have problems with decay. Thank you.

23:43

Mark Creasman: The next speaker is Stewart Trimble...Morningside Drive.

Stewart Trimble: Hey. Thanks for allowing (?). I've been here in Brevard since 2006 ...and for several working years prior to that (?). I am a physician, but I'm speaking more just from the perspective of a citizen. I think fluoride...if its doing good for kids, then we ought to focus more perhaps on their diet and getting junk food out of schools and out of reach at home. That would benefit more than their teeth. And as far as fluoride in the water...I consider that involuntary medication from my point of view. It would probably do good to put Prozac and aspirin and Lipitor in the water supply too and I'm sure it would do a lot of folks a lot of good and we'd see some health bills go down, but I don't think anyone would agree to do that. I do admire and respect the perspective the dentists bring forth ...that they have seen the incidence of dental caries rise and fall inversely with the amount of fluoride that's been in the water, but I think there's a healthier approach to address their concerns, especially in children. Thank you.

25:01

Mark Creasman: OK, our last speaker is Martha Ingram, Ecusta View Drive.

Martha Ingram: Well as you guys can see...a very controversial issue here and research is divided on this. There is definitely research for and against. As I remember my college statistics class, you can massage the data to get whatever statistics you want...so that's neither here nor there. I'd just like to talk kind of from my own personal experience as a doctor of natural health. When you take something in systemically as in fluoride ingested through the water supply ...you can not assume logically that it's only going to affect the enamel producing cells of the teeth. That is going to have a systemic effect on the organism just as chemotherapy does ...its meant to attack fast growing cancer cells, but it also attacks all the fast growing cells of the body ...the (?), the hair follicles, That's the side effects. So anything you take systemically has systemic effects. There are no long term studies because fluoride is a chemical that accumulates in your body and we can have a short term savings and say...oh there were no health effects, but since it is something that does accumulate we really don't exactly know. The studies are clear that too much fluoride increases the risk of dental fluorosis. And I'm concerned about the infants...the American Dental Association's position is that infants under 6 months should be exclusively breastfed and should continue to be breastfed until 12 months because there is very little fluoride in mother's milk. However, especially low income moms who are receiving government assistance through WIC...they are provided free of charge with a powdered formula. They are not provided any bottled water or any of the ready to feed formula with low fluoride. So therefore, these infants are receiving a far greater dose than would be healthy for them. And the theory that it needs to be ingested...is now, since 1999 has shown that the topical use is really where it is at after the teeth have erupted vs. giving this high dose and they're more likely to get the dental fluorosis when they're getting it at such a young age and a high dose for their body weight. And I'd like to address as far as the low income population...that is a big concern, they have very limited access to dental care and there's a lot of dental decay in these children in the low income bracket. However, there is little evidence to suggest that fluoridation has really helped this group because dental decay is at epidemic levels in the low income groups in communities that had fluoridated water for over 50 years. So something else is at play here because in addition to poor dental access they also do not have access to healthy food. We all know that oral health reflects your general health. And those with poor nutrition are more likely to have dental decay as well as fluorosis. They just don't have the vitamins and minerals the body needs to provide healthy bone structure...healthy teeth structure. There is a (Tufts?) study from 2005 showing that soft drinks and fruit flavored drinks have replaced white bread as the number one calorie source in America. Now, none of these things are good for our nutrition...they all are very processed foods and are poor in nutrients. So we see that our (kids?) are malnourished, particularly in this low income bracket. The studies of Weston Price, a dentist who traveled around the world...he noticed that cultures that were eating the traditional diet of whole food ..in game and fish and vegetables and fruits they gathered had very excellent bone structure, facial structure, teeth structure. And when they were introduced to white flour, white sugar, vegetable oils...the tooth decay was the first outward sign that we saw that their health was declining. This had effects that first manifested in the mouth and then became apparent with their overall general health. So in my opinion we really need to focus on improving the health of the children in Transylvania County which will provide much stronger teeth that are resistant to decay. And in my opinion the addition of fluoride to our water besides the fact that its not been shown to provide the benefit of topical toothpaste fluoridated provides.....its also unethical to

medicate an entire population on something (?)...this benefit ratio is still questionable. And by the way water filters do not remove fluoride unless it is an expensive reverse osmosis filter which most households do not have or can not afford. So thank you very much.

30:03

Mark Creasman: Mr. Null do you want to speak?

Jim Null: Pass.

Mark Creasman: OK. Thank you. That concludes our speakers. You are all welcome to stay and watch the rest of our presentation and our board meeting. Appreciate your input and we'll have to digest this at a future time. What we wanted to do tonight was to bring in the information so we could have that discussion. I do appreciate all of the input that we've gotten tonight.

(This represents the close of the public hearing portion of the agenda.)

30:47

Audience member (sounds like Stewart Trimble): Hey Mark. What's the easiest way for us to track this conversation?

Mark Creasman: What's the next step Steve?

Steve Smith: We'll post minutes from this meeting on the Health Department website and then you'll also see future agendas.