

## MINUTES

### DAVIDSON COUNTY BOARD OF HEALTH

July 9, 2013  
12:30 p.m.

#### **BOARD MEMBERS PRESENT**

Mr. Corey Buggs  
Ms. Becky Daley  
Dr. Rick Gilliam  
Ms. Alice Gray, Vice-Chair  
Dr. Mark Hamrick, Chair  
Mr. Rod Kcuik  
Rev. Lamar Moore  
Mr. Keith Raulston  
Dr. Cathy Riggan  
Commissioner Don Truell

#### **STAFF PRESENT**

Janie Ange  
Darren Cecil  
Mary Lou Collettt  
Barbara Hedrick  
Nancy Rosier  
Nancy Stout  
Monecia Thomas

#### **VISITORS PRESENT**

Michael Newby, Asst. County Attorney  
Leslie Hash, 3<sup>rd</sup> year NCSU Vet Student

#### **WELCOME**

Dr. Mark Hamrick called the meeting to order, established a quorum, and welcomed everyone to the July Board of Health meeting. Dr. Hamrick introduced Leslie Hash a rising 3<sup>rd</sup> year veterinarian student at North Carolina State University. Ms. Hash will be interning with Dr. Hamrick for a couple of weeks.

#### **MEETING AGENDA and CONSENT AGENDA**

Dr. Hamrick proposed a change to the meeting agenda due to the Patagonia training scheduled for today. The change is to move “Community Child Protection Team/Child Fatality Prevention Team Annual Report” and “School Nurse End of Year Report” to the “Program Updates from Executive Management Team”. Dr. Hamrick asked for approval of the change to the meeting agenda, the items on the agenda and the consent agenda as presented.

#### **MOTION**

Rev. Lamar Moore made a motion to approve the change in the meeting agenda, the items on the meeting agenda and the consent agenda as presented. Dr. Cathy Riggan seconded and the motion was approved without dissent.

#### **PUBLIC COMMENTS**

None

#### **PROGRAM UPDATES**

- Dr. Hamrick stated Jen Hames is on vacation and that her update includes three items:
  1. Community Health Assessment Action Plans (Obesity and Tobacco) that she emailed to the Board last week. Once the Board approves the two action plans later in the meeting they will be sent to the State for approval.
  2. Community Transformation project – Monecia Thomas will provide report
  3. Healthy Communities Coalitions pertaining to Obesity, Tobacco and Access to care – Monecia Thomas will provide an update

### **Child Fatality Prevention Team**

- Director of Nursing Mary Lou Collett explained the Child Fatality Prevention Team. The team met and reviewed the following 16 childhood deaths in 2011.
  - Motor Vehicle Accidents (MVA) -- 1
  - Birth defect -- 4
  - SIDS --1
  - Suicide -- 0
  - Accident -- 3
  - Assault --0
  - Illness --6
  - Other -- 1

The Child Fatality Prevention Team meets jointly with the Community Child Protection Team during the year.

### **School Nurse End of Year Report**

Ms. Collett highlighted the Davidson County, Lexington City and Thomasville City Schools Health Report 2012-2013. Ms. Collett wanted to make the Board aware of the nurse to student ratios:

- Davidson County Schools (1) Nurse – *approximately* 4,000 students
- Lexington City Schools (1) Nurse – *approximately* 1,000 students
- Thomasville City Schools (1) Nurse – *approximately* 600 students

Today school nurses are dealing with diabetes, asthma, behavioral health issues and many more issues.

### **Patagonia**

Ms. Collett stated that she is excited about attending Patagonia Electronic Medical Records training and so far things are going well. The current state system has been very difficult to navigate. The practice management training is taking place now and DCHD will 'go live' in July. The clinical training with the nurses will take place at the beginning of September and the 'go live' date is scheduled for later in the month.

### **Measles**

Ms. Collett provided an update on the Measles outbreak with 23 cases; all quarantines are complete throughout the state. We are no longer providing state supplied vaccine to residents. Approximately 1500 doses have been given related to the measles outbreak.

### **TB Skin Testing**

We are no longer providing TB skin testing here at the health department because of the shortage of PPD. We are referring clients to other health departments, but it won't be long before their supply is short as well. A Tuberculosis screening document will be provided for all low risk clients.

- Division of Finance/Human Resources - Janie Ange reported that DCHD is starting a new fiscal year and she is closing out the last fiscal year.

Rev. Moore asked if there was any indication from the State on how we will fair financially for the next year.

Ms. Thomas stated there are two main areas she would like to mention. One of the state budgets removes funding from the Oral Health section which could impact Davidson County receiving a new

Dental Hygienist who is scheduled to start on July 1<sup>st</sup>. The previous Dental Hygienist for the Davidson County area retired in December, but because the state budget is not settled, they are now estimating the new Dental Hygienist will start in August. The second area Ms. Thomas mentioned is the Maternal and Child Health section. Typically, the 85 health departments receive several million dollars, but one of the budgets deducts a little over one million dollars and divides it amongst four different programs so health departments are at risk of losing funding from the Maternal and Child Health block grants. Ms. Ange and Ms. Thomas were advised to start the fiscal year on July 1<sup>st</sup> and the monies received would be retroactive for July.

- Environmental Health Director Darren Cecil explained the LDO/Arc View Field Mapping has been a four year project and Phase I is currently being tested. Basically, the LDO program records points on a GPS map and creates a site plan indicating the location of the septic system. Hopefully, at the next Board meeting Mr. Cecil will be able to have a demonstration.

Mr. Cecil made the Board aware that a new staff member was hired. Gregory Gartner replaced Hank Sowers who recently retired. Greg comes to Davidson County from Forsyth County. He has some rabies experience and is authorized in Food & Lodging Inspections. Greg is working on obtaining authorization in Institutions (Daycares, Hospitals, etc.).

Mr. Cecil shared highlights from the Revenue Chart dated 2004 through 2013. The jump in revenues in 2006 was due to a fee increase. 2013 has shown an increase in revenues compared to 2012. It is still too early to tell if this is starting a trend of recovery from the recession; but it is the first upward movement since 2008.

- WIC Director Barbara Hedrick stated that WIC had received the “green light” from the State to start issuing Farmers’ Market coupons which will give eligible women coupons equal to twenty four dollars’ worth of products that can be purchased at any Farmers’ Market in North Carolina.

The WIC participation rate across the state is a little low and all WIC programs are required to maintain a participation rate of 97% to maintain funding. The average participation rate for last year was 96.74% which means DCHD has to develop outreach plans and report them to the State. One method of outreach is to get to the schools that are serving the summer lunch program and meet with parents who bring their children to insure that they are also participating in WIC, if eligible. Also if funding is available, we may consider doing a mass mailing to targeted zip code areas.

### **East Carolina Learning Center**

- Health Director Monecia Thomas provided an update on the East Carolina Learning Center. Ms. Thomas spoke with the Fuquay Solutions Consultant and Dr. Michael Scholtz, Director of the Community Outreach Programs for East Carolina. They wanted us to know that things are still progressing very well. On June 10<sup>th</sup> they held an Open House in Elizabeth City. In Davidson County, the bidding process is complete and construction will start soon. The current DCHD dental clinic is still looking to hire another Dental Assistant because one Dental Assistant retired so we are trying to keep things in place meeting the needs for the children with Medicaid until the ECU dental clinic opens.  
Davidson Medical Ministries received a \$100,000 grant so they will have a dentist one day a week. As a community partner, the DCHD provided a letter of support for the grant.

### **Community Transformation Project**

- Davidson County was well represented at a recent Community Transformation Project meeting. Davidson County Planning Director Guy Cornman and representatives from both hospitals, the school systems and Cooperative Extension were present. At the meeting, we were informed of the projects that had been selected. Davidson County selected the Lake Thom-A-Lex Environmental Education Trail. The goal is to design six miles of educational trail and get the trail “shovel ready” for bidding for construction. The Community Transformation grant does not actually pay for construction but funding does cover the planning for construction. The trail should provide educational sites, campsites and recreational opportunities. The next meeting is scheduled for July 15<sup>th</sup> and 16<sup>th</sup>. Ms. Thomas shared a draft Health by Design booklet. The Community Transformation Grant also provides funding for Ms. Hames and Ms. Thomas to attend national conferences. Ms. Hames plans to attend the Southern Obesity Summit in November in Tennessee and Ms. Thomas is attending the National Association of Local Boards of Health (NALBOH) conference in Utah in August.

### **Project Lazarus**

The Board previously received an email from Ms. Thomas on Project Lazarus and the community meeting on June 27<sup>th</sup>. Following the meeting, the decision was made to apply for UNC-Chapel Hill’s Injury-Free NC Academy. The Academy accepts a team of 3-5 individuals and helps them develop an implementation plan. The purposed team of five includes; Ms. Thomas (Health Department) Kathy Hitchcock (DSS), Lisa Childress (Lexington City Schools), Coordinator TBD, and Chad Stage (Northwest Community Care Chronic Pain Initiative Coordinator). We will be notified in July if Davidson County is accepted. Ms. Thomas noted that an email asked for approval from Dr. Hamrick or Ms. Gray. Each team member had to submit a commitment to the project and a second statement from their supervisors.

### **Budget**

Ms. Thomas presented updates on the budget. The Dental Hygienist, as previously mentioned, had hoped to start in August. We hope that the individual will be able to come on board. She has an office here and she is an experienced regional Dental Hygienist. The Maternal and Child Health block grant’s total allocation is 8.5 million and four other agencies could be funded at 1.6 million, so the state is expecting that if this part of the budget passes, health departments could be at risk of losing an overall cut of 1.3 million. From the emails Ms. Thomas and Ms. Ange received, it seems that the state is anticipating things will work out in the budget that is passed.

Ms. Thomas made the Board aware that the “Davidson County Health Department” signage on the back of the building was purchased with funding from the past fiscal year. Also the small sign at the employee parking lot entrance that states “Davidson County Human Resources” is misleading and the County is removing it.

## **VI. Old Business**

### **Davidson County Board of Health Handbook**

- Dr. Hamrick stated that updates were made to the Board of Health Handbooks. These updates include an addition of a Table of Contents in the front and updated documents throughout the handbook.

Ms. Thomas distributed the Board of Health Handbook Table of Contents to the Board and gave an overview. Nancy Rosier, Nancy Stout and Monecia Thomas’ goal was to make sure all of the information was updated and that the Board had what they needed for accreditation purposes.

- At the front is the Board of Health 2013 Meeting Schedule approved in January

- Tab 1- revised Board of Health Members List and the 6 Functions of Public Health Governance from NALBOH. At the last meeting the Board voted to include this in the handbook and use it for guidance
- Tab 2 –Davidson County Health Department Organizational Chart is on two pages with the majority of the health department on one page and Environmental Health on the second page
- Tab 3- Davidson County Health Department Pamphlet - Ms. Hames will take the lead updating this document in the near future and the Program Plan Outlines are routinely updated in September of each year. Members of the Executive Team are working on their program plan outline and an updated version will be provided.
- Tab 4- Budget Worksheets 2013- 2014
- Tab 5 – Executive Summary was added to the Strategic Plan to summarize our focus for the next fiscal year
- Tab 6 – updated the Department Policy Index to include all of the Department-wide policies and which policies have to be approved by the Board of Health
- Tab 7 – Added the Community Health Assessment powerpoint to give the Board a nice summary
- Tab 8 Local Rules and Ordinances updated to include the signed versions

## **VII. New Business**

### **Annual Customer Service Report**

- Quality Improvement Coordinator Nancy Stout explained that the data for the Customer Service report is gathered from cards filled out by clients that ask specific questions about the services they received, how they were treated, did they have any concerns, etc. There is also a space for comments or if they would like someone to contact them. The data is collected once per quarter for a week and so far this year we have had 849 surveys that were completed through Personal Health (WIC and Clinical Services). The survey also includes additional programs like, Care Managers, but just like Environmental Health, it is sometimes difficult to get a good response rate from clients who are not physically in the department. Overall we have a 99.9% positive customer satisfaction rate with only two negative comments. These two comments specifically named individuals, so the concerns were handled as personnel issues. Comparing the current Customer Service report to last year's report indicates that Integrated Services has helped reduce wait times and there are fewer complaints about the length of the visit. There are also fewer complaints about the lack of privacy since we moved to Patient-Centered rooms. It should be noted that any complaint about privacy is a problem, so we are looking into a sound system to eliminate privacy concerns.
- The community surveys are distributed at health fairs, blood pressure clinics, etc. The response is usually low because people are interested in participating in an event, not completing a survey. Of the surveys received, 20% stated the health departments 8:00-5:00 hours would hinder them from receiving services, so this is definitely something we intend to look at in the future, but for now we are having some issues with current staffing.

Dr. Hamrick commented that the 99.9% positive response rate is pretty impressive.

### **Local Health Department Records Retention Schedule Amendment**

- Ms. Stout explained that General Statute 121 (The North Carolina Archive and History Act) and General Statute 132 (Public Records Law) determines the retention and disposition schedule of records for local health departments and their impact on Tuberculosis (TB) records. Each health department must acknowledge and agree to comply with the schedule. The Tuberculosis Amendment specifies that records related to a negative TB test can be destroyed after one year.

Ms. Thomas wanted to make the Board aware of the Tuberculosis Amendment and that Dr. Hamrick was signing it on behalf of the Board to become compliant with the State.

### **Community Health Assessment Action Plans**

- Ms. Thomas explained the Community Health Action Plans (Obesity and Tobacco). Both were provided via email to the Board and members were given a week to review and follow-up with Ms. Hames with questions or concerns.

Dr. Rick Gilliam asked if the YMCA participation was free.

Ms. Thomas responded that she thought the program was free for participants.

### **MOTION**

Dr. Cathy Riggan made a motion that the Board of Health approves and supports the Obesity and Tobacco Community Health Action Plans developed by the Davidson County Health Department in cooperation with the community and providers to address the unmet health care needs in the community. Dr. Gilliam seconded and the motion was approved without dissent. Dr. Hamrick commented the Community Health Action Plans will be provided to the State.

### **Tobacco Workgroup/Tobacco Control Rule Development Committee**

Dr. Hamrick stated that Jim Martin and Pamela Diggs of the Tobacco Control and Prevention Branch will join the Board meeting by telephone. Dr. Hamrick refreshed the Board's memory on the history:

The Davidson County Healthy Communities Coalition Workgroup originally met in January 2012 and recommended that Layton Long (former Health Director) present to the Board of Health that the group is in favor of pursuing tobacco free grounds, buildings, vehicles and parks. The Board of Health met in March 2012. At that meeting, it was determined that a Public Hearing would be held on March 26 to discuss the tobacco issue. At the May 2012 Board of Health meeting- following the Public Hearing that included 6 speakers - the issue was tabled due to the resignation of the Health Director. So, we are now ready to revisit the issue again.

Ms. Thomas distributed the powerpoint presentation so the Board could follow along with the presentation.

It was noted that Orange County and Durham County have passed very rigorous smoke free regulations.

Jim Martin and Pam Diggs – presented a powerpoint entitled *Smoke-Free/Tobacco-Free Local Government Regulations: Understanding Local Authority*. Mr. Martin mentioned that the health community is aware that the debate is over – people recognize the seriousness of premature death and disease from secondhand smoke to nonsmokers.

Mr. Martin reviewed the presentation. Here are highlights:

- There is a relationship between the Smoke-Free Restaurants and Bars Law and the reduction in heart attacks.
- Children are especially vulnerable to exposure to secondhand smoke and are at increased risk for acute respiratory infections, ear problems and asthma. Mr. Martin mentioned there are over 7,000 chemicals and about 70 known carcinogens that people are breathing in from secondhand smoke.
- The benefits of having a smoke-free and tobacco-free environment:
  - Reduce Exposure to secondhand smoke
  - Reduce the prevalence of tobacco use

- Increase the number of tobacco users who quit – 8 out of 10 adults would like to quit and having a tobacco free environment motivates them to quit
  - Tobacco-free environments set up new social norms for our youth and creates a pro-health environment that promotes nonsmoking and adds a prevention component
  - Substantial reduction in healthcare cost as it relates to direct smoking as well as exposure to secondhand smoke which leads to a healthier community and better health, morale and productivity in the worksite setting.
- North Carolina Smoke-Free Restaurants and Bars Law has been in effect for 3½ years. The law not only prohibited smoking in restaurants and bars all across North Carolina, but also expanded local governments’ authority to regulate smoking on government grounds and enclosed public places.
- A local government has the authority to adopt and enforce ordinances, board of health rules, and policies restricting or prohibiting smoking that are more restrictive than state law and that apply to:
  - Local Government Buildings
  - Local Government Grounds
  - Local Government Vehicles
  - Enclosed Public Places

Ms. Diggs explained who can adopt rules and ordinances and where they can be applied:

- Local Board of Health/District Board of Health
  - ▶ Rules apply throughout the county or district
  - ▶ Rule adopted after July 1, 2009 must be approved by an ordinance adopted by the Board of County Commissioners (BOCC)
  - ▶ After BOCC approves the rule by ordinance, it applies throughout the county or district
  - ▶ No additional action or approval of city or town councils is required
  - ▶ NC Attorney General issued Advisory Letter in Feb. 2013 confirming these principles

Ms. Diggs commented that as for products other than lighted tobacco products - there has never been a preemption to regulate smokeless tobacco products (chewing tobacco, snuff, dip or some of the newer dissolvable products on the market). Ms. Diggs reminded the Board that local governments are able to create rule and ordinances about smokeless products as well.

Ms. Diggs explained that the Community Transformation Project (CTP) is helping the initiative. The CTP is funded by the Centers for Disease Control and Prevention. North Carolina received funding to address three strategy areas. One of the strategy areas is tobacco-free living:

The three goals within the tobacco-free living strategic direction include:

1. Increasing the number of people provided with smoke-free or tobacco-free environments in local government buildings, on local government grounds, and in indoor public places
2. Increasing the number of people protected by smoke-free policies in multi-unit housing
3. Increasing the number of people protected by 100% tobacco-free policies on community college campuses and on state and private university/college campuses

Ms. Diggs thought part of the reason we are seeing a lot of momentum in this area is because the State has funding in ten designated regions to provide assistance and funding in this area. Davidson County is located in Region Three with staff at the Watauga County Health Department that serve the entire region. Ms. Diggs wanted the Board to know that there is assistance in our region and funding for signage and media once the Rules are implemented. There are also great resources online in the local government

smoke-free implementation toolkit located on the Tobacco Prevention and Control website that shows model policies, press releases and tips for policy adoption and implementation.

Mr. Martin and Ms. Diggs opened the sessions for questions.

Ms. Thomas asked about the Board making a decision after receiving feedback from over 800 people. How did the Board receive the abundance of feedback?

Ms. Diggs stated that before working for the State, she was the Health Promotion Coordinator in Orange County and she worked on the adoption and implementation of the Orange County Smoke-Free Public Places Rule, so she is very familiar with the process. Ms. Diggs explained that an online survey was created using Survey Monkey and it promoted everywhere (including on the County and Municipality websites). Flyers were created with information on how people could give their input about the smoke-free public places rule. People were able to send an email to a designated email address or a voicemail to a designated hot-line, or write a letter to the health director. A public hearing was held the night the Board of Health voted on the rule (six people attended - five in favor and one opposed to the rule). They also had youth at schools take the survey and they set up laptops at targeted events in the county to reach people that may not have access to computers at home. Ms. Diggs mentioned that they were very happy with the response and for nearly all the areas that were surveyed, 80% or higher supported the Smoke-Free Public Places Rule which supported the Board of Health's decision to move forward. It was very important in Orange's and Durham's cases to have discussions with the municipalities before anything came to a vote. Ms. Diggs recommends talking with your municipalities to see how they feel about smoke free and tobacco free rules.

Mr. Martin echoed Ms. Diggs comments and stressed the importance in the rule making process for the Board of Health to talk with the municipalities. The cooperation of the municipalities is important for implementation with regards to signage, communication and education within the community.

Another lesson learned has been a confusing point because it is somewhat a new process for a Board of Health. This is the only Rule that is required to go to the Board of County Commissioners to get approval. This has caused confusion because the municipalities think this is similar to other processes and that when a Board of County Commissioners passes an ordinance they can opt out. But a Board of Health Rule is still a Rule and this applies to all municipalities.

Ms. Thomas asked about the amount of time involved for Orange and Durham Counties.

Ms. Diggs stated that the Orange County Rule went into effect January 2013. Ms. Diggs explained that there was a rich history in Orange County and Durham with the tobacco prevention movement with both counties being funded by the now abolished Health and Wellness Trust Fund. Both were involved in the Tobacco Prevention and Control Branch and had years of working with youth on tobacco related programs. When the Board of Health was first introduced to the idea – it was similar to what Davidson County is doing now. About a year before, a work group was established to consider recommendations about pursuing tobacco-free efforts. The information was shared with the Board of Health during the Community Health Assessment process. The Board formed a subcommittee and had presentations by the State Tobacco Branch. It was approximately four or five months before the Rule passed in October.

Mr. Martin explained that it was the same for Durham - about six to eight months of having lots of meetings and discussions about it.

Another lesson learned is for the Board of Health to take their time and come to an agreement about what should go in the Rule. The Branch has model language in the toolkit. Once the Rule is actually adopted, enough time should be allowed for the community to adjust, for communication and for clear signage to be placed. Both Orange and Durham Counties allowed an education period to truly educate the community about the Rule and to promote the benefits of quitting and to help with resources to quit smoking. It is during this time that we saw a big increase in the number of people who really want to quit smoking.

Ms. Thomas was happy Mr. Martin mentioned the toolkit. The Board of Health has received a packet in the mail with materials and the Tobacco and Control Branch provided a sample Resolution and a sample Rule. It was suggested that the Board review the information and share their thoughts.

Dr. Hamrick echoed Mr. Martin's and Ms. Diggs' statements. Throughout the whole process we have all realized the worst thing the Board could do is to rush through this process and present a Rule or Ordinance to the Commissioners without a coalition of people in the community who support and back the recommendation. Dr. Hamrick felt that the best option would be to allow Ms. Thomas time to meet with the leaders in the municipalities and community groups throughout the county to see what kind of support we can receive for different Rules and then we will revisit this in September to discuss how to proceed.

Commissioner Truell asked is there a difference between a Rule and an Ordinance.

Mr. Martin explained that a Board of Health Rule applies to the incorporated areas and unincorporated areas within the jurisdiction of the County, but an Ordinance is typically the language used for the regulation by a Board of County Commissioners or the city or town councils. An Ordinance by the County Commissioners would be applied to the County but the municipalities could have an opportunity to vote on whether they want to be a part of that Ordinance or not (opt in or out).

Orange and Durham Counties clearly state that the Board of County Commissioners approves the Board of Health Rule and these Rules apply to the municipalities. In Orange County, there was some confusion and so the State Attorney General provided his opinion and he wrote an advisory letter that an approval process by the County Commissioners is basically procedural but that it is required by statute. It does not mean the County Commissioners approval turns the Board of Health Rule into an Ordinance that the municipalities can opt out of.

Ms. Thomas shared the Attorney Generals' letter with the Board and she stated the letter does specifically say; it is in the power of the county Board of Health to adopt the Rule to prohibit smoking in county and town buildings, vehicles and grounds and in public places in that county and the towns within that county.

Mr. Martin mentioned that this echoes the importance of reaching out to municipalities in advance to ensure that everyone is operating together and to avoid being in a position where a municipality is adamantly opposed to what you are trying to do. Taking the time to have discussions to make sure people understand the process in advance is really important.

Commissioner Truell mentioned a question regarding the powerpoint slide that stated:

Local Governments that will most likely create smoke-free or tobacco-free ordinances or rules:  
City Council, Board of County Commissioners, Local Board of Health and District Board of Health.

Mr. Martin clarified that City Councils and Board of County Commissioners pass Ordinances, but Boards of Health pass Rules. Distinguishing the language is really important, especially when those

words are used interchangeability so we try to be very clear in our language that Town or City Councils or Boards of County Commissioners pass Ordinances but a Board of Health passes a Rule.

Ms. Becky Daily commented that she remembered the previous discussions we had about this in the public hearing. She asked if the information was shared with the municipalities or was that step delayed.

Ms. Thomas stated that she could only speak from what she had read. In March 2012 during the Board of Health meeting it was determined to set a public hearing later that month. In March 2012, Layton Long met with the Lexington City Council and he presented an informational session. In the minutes, it was noted that he had previously met with the City Manager and Assistant City Manager. She did not think he had done the same for Thomasville.

Ms. Diggs commented that Lexington has smoke-free buildings and parks and recreational facilities. Thomasville has the smoke-free skate park. According to the documentation from the Tobacco Control Branch, Lexington and Thomasville both have Ordinances.

Mr. Martin stated that this provides an opportunity to build on what is already in place by the municipalities.

Ms. Thomas thanked Mr. Martin and Ms. Diggs for the great discussion and said she would be back in touch to keep them and Donna Parks-Hill posted.

Dr. Hamrick summarized that Ms. Thomas would make connections with the municipalities and try to build a coalition. Dr. Hamrick also suggested that all Board members go to their workplaces, community groups and families, present the argument for smoke-free areas, engage people and start the discussions to encourage them so that when the time comes, they will be advocates for an initiative.

Dr. Hamrick stated Corey Buggs had to leave the meeting early. Mr. Buggs apologizes to the Board, but his court session did not recess until 12:45 and then he had to be in Winston Salem for a federal court issue.

#### **BOARD MEETING DATES**

The Board of Health will meet Tuesday, September 10, 2013 at 12:30.

#### **MEETING ADJOURNED**

Respectfully submitted,

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Monecia R. Thomas, MHA  
Secretary to the Board

This is a true and accurate copy of the July 9, 2013, Board of Health Minutes.

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Dr. Mark Hamrick, Chair