

A Regular Meeting of the Durham County Board of Health was held April 13, 2017 with the following members present:

Vincent Allison, DDS; Stephen Dedrick, R.Ph, MS; James Miller, DVM; F. Mary Braithwaite, MD, MSPH; Mary Ann Fuchs, DNP, RN, NEA-BC, FAAN ; Teme Levbarg, PhD, MSW; Dale Stewart, OD; Spencer “Spence” Curtis, MPA, BS; Arthur Ferguson, BS; and Commissioner Brenda Howerton

Excused Absence: Rosemary Jackson, MD, MPH, CCHP

Others present: Gayle Harris, Rosalyn McClain, Eric Ireland, Joanne Pierce, Cheryl Scott, Dr. Arlene Sena, Chris Salter, Jim Harris, Ph.D.; Marcia Johnson, Michele Easterling, Katie Mallette, Juma Mussa, Khali Gallman, Willa Allen, Natalie Rich, Cheryl Scott, and Mary Gillette

CALL TO ORDER: Chairman Vincent Allison called the meeting to order at 5:03pm with a quorum present.

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA: Ms. Harris requested the following addition:

- Legislative Update to be added as old business

Dr. Levbarg made a motion to accept the addition to the agenda. Mr. Curtis seconded the motion and the motion was approved unanimously.

REVIEW OF MINUTES FROM PRIOR MEETING/ADJUSTMENTS/APPROVAL:

Dr. Fuchs made a motion to approve the minutes for March 9, 2017. Commissioner Howerton seconded the motion and the motion was unanimously approved.

PUBLIC COMMENTS: There were no public comments.

STAFF/PROGRAM RECOGNITION:

Ms. Harris recognized National Public Health Month. The theme is Healthiest Nation in one Generation.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

- **ORANGE WATER AND SEWER AUTHORITY (OWASA) WATER EMERGENCY FEBRUARY 2017 (Activity 9.2)**

Mr. Salters presented the board with information about general municipal water treatment processes, distribution, and the subsequent consequences relative to system failure. This information could be applied to most water treatment plants (WTPs) located anywhere across the country. Mr. Salter also provided information specific to the February 2017 OWASA water emergency, the impacts, and consequences of this and other water emergencies.

[\(A copy of the PowerPoint presentation is attached to the minutes.\)](#)

QUESTIONS/COMMENTS:

Mr. Dedrick: Chris, where does Lake Michie fit into the water supply? Wasn't Lake Michie built years ago to be a water source for Durham?

Mr. Salter: That is my understanding. It was built in the '50s – long before I was here.

Mr. Dedrick: Is that what you call Little River Reservoir?

Mr. Salter: That's the other one.

Dr. Levbarg: We don't use Jordan Lake at all?

Mr. Salter: No. We don't use it.

Dr. Stewart: Do we have rights for water out of Jordan?

Mr. Salter: I don't know. I don't have an answer to that but we have Lake Michie and the Little River. If you're interested, there is a lot of good information on the City of Durham website about the water supply status.

Dr. Allison: Chris, you may not be able to answer this question but is there any type of bypass system? If you have an issue in one part of the system, can it be bypassed?

Mr. Salter: Absolutely.

Dr. Allison: So you don't have to shut down the whole system?

Mr. Salter: If a problem is suspected in an area, there is a mad dash to close valves, crank up the pressure in some areas, open fire plugs, and let the water flush to try to get rid of whatever contaminant is present. A lot of this process is automatic. Once this process starts, you have to start sampling. When you start sampling, you have to wait twenty-four hours before you have any idea what you are dealing with. If you get a positive sample, you have to sample it again.

Mr. Ferguson: If you have a break, you have to wait at least forty-eight hours before you can come back on line?

Mr. Salter: Well, that is if you get a positive sample, if you get a positive sample you have to re-sample. If you don't get a positive sample then you're okay. Now there's another aspect to that, when you start running samples and it changes colors and bubbles start to come off that sample, you know it's going to be positive but you can't make the official call until the process has been completed. The experienced operator will watch out for that and they will begin to follow the appropriate processes long before they make the official call.

Dr. Allison: So when you're riding around in the City and you see a fire hydrant opened up does that mean there's an issue somewhere?

Mr. Salter: No that doesn't mean that, there are a lot of areas where water just never gets used. It just lays there and never gets recirculated; so in order to flush that old rusty water out, they just open fire hydrants up periodically to clear that water out.

Dr. Levbarg: And if you're at the end of a line, they'll do more there than in some other parts of the line. Basically for the same reason and it's routine. One of the other things that also happens as a consequence of this is it stirs up the anti-fluoride people all over again. OWASA dealt with them before we had to deal with them. There is a huge presence that's been popping up on Facebook to get everybody to come to the OWASA meeting to really get them about fluoride.

Dr. Allison: But if I remember, OWASA basically tabled it, they took it off the agenda. If I remember reading...

Dr. Levbarg: This time. Well, I don't know if they have for the meeting they are about to have.

Dr. Allison: I thought we got some e-mails right after this happened. It was on the agenda and they took it off.

Dr. Levbarg: I think, even if it's off the agenda, I can guarantee you they will be there in public comments making this a mess.

Mr. Salter: On official word, it was human error. I don't know exactly what happened. Whenever they have an advisory or when they're doing work over there, I get e-mails about it. Then I check to determine if we're going to be affected by anything. Other people within the county get these advisories as well.

Ms. Harris: Wasn't it about two years ago when we did that tabletop exercise related to a contaminated water supply?

Mr. Salter: It's been about two years now.

Ms. Harris: It was a really good opportunity. The state coordinated the exercise bringing together key staff from several counties and cities to talk about how we would respond if there was a water contamination situation. I don't think the City realized the role of public health in in a water contamination event. The facilitators made it very clear. Water Management and Public Health need to prepare and release joint notices to the community about boiling water and not using water.

Mr. Salter: Messaging is extremely important and we have templates that are already set up....pretty much plug and play. If this ever happens, we don't have to sit down and think about it a whole lot. We can just move forward with the plan.

Dr. Allison: Any other questions for Chris?

Dr. Miller: Just a comment, I think the Durham water crew responds really fast to comments or incidents. In front of my house, I had a water break with a tremendous amount of water coming out. I made one phone call and within an hour they were there handling it.

- **ADVERSE CHILDHOOD EXPERIENCE (ACEs) RESILIENCY PRESENTATION (Activity 41.2)**

Ms. Pierce presented the board with information about ACEs, community resiliency and the exploration to implement at the health department.

Ms. Pierce: A few months ago, Commissioner Reckhow expressed interest in convening a small group to discuss adverse childhood experiences as a result of seeing the documentary, "Resilience", a few months before at a conference. She wanted to see how we could utilize the information. The group has met a couple of times. Durham County Department of Public Health hosted and co-hosted two screenings of the documentary with facilitated discussion afterwards. Traumatic childhood events such as abuse, neglect, witnessing experiences such as crime, parental conflict, mental illness, and substance abuse can create dangerous levels of stress and derail healthy brain development—resulting in long-term effects on learning, behavior and health. The health department is developing approaches to identify and prevent adverse childhood experiences (ACEs) and mitigate their impact through building resilience.

A three-minute video, The Resilience Scale, produced by FrameWorks Institute was shown to the Board to summarize how resilient outcomes can be cultivated.

- **PUBLIC HEALTH VACANCY REPORT (Activity 37.6)**

The Board received a copy of the vacancy report through the end of March 2017 prior to the meeting. There were no questions about the report.

[\(A copy of the April 2017 Vacancy report is attached to the minutes.\)](#)

- **NOTICES OF VIOLATIONS (NOV) REPORT (Activity 18.2)**

The Board received a copy of the Environmental Health Onsite Water Protection Section NOV report through the end of March 2017 prior to the meeting. There were no questions about the report.

[\(A copy of the April 2017 NOV report is attached to the minutes.\)](#)

Dr. Levbarg: If Attorney Wardell was here I would like to know how many cases he's dealing with. It seemed like a lot of them on the list have been sent to him at this point.

Mr. Salter: We sat down with Bryan a few weeks ago and basically said this is enough. We need to send some NOV letters. So what was your question?

Dr. Levbarg: Well it seems like a lot of them have ended up with Bryan and it also seems like a number of them are in different parts of the county.

Mr. Salter: One thing I want to bring up, a few months back we briefly discussed the fact that the City can plug a municipal sewer and it can start blowing out...well that happened in a location where the sewer is blowing out in the neighbor's yard and we can't do anything. If we issue a NOV the process starts all over again. I have asked the City to do something different for this.

Ms. Harris: I also asked them if there is an alternative to plugging and they said no. We need to have a meeting to discuss options to remedy this public health issue.

Health Director's Report April 13, 2017

Division / Program: Nutrition/Health Promotion/DINE in Childcare

(Accreditation Activity 10.2 - The local health department shall carry out or assist other agencies in the development, implementation and evaluation of health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the community health assessment.)

Program description

- "Eat Right Grow Strong: Nutrition and Physical Activity for Young Children" was presented by a DCoDPH nutritionist at a state-wide conference for child care providers.
- DINE in Childcare program provides services designed to strengthen the quality of nutrition and physical activity practices in child care settings.
- Child Care Services Association (CCSA) is a nationally recognized nonprofit working to ensure affordable, accessible, high quality child care for all families through research, services and advocacy.
- Advancing Skills and Knowledge (ASK) Conference is a yearly statewide early childhood conference for early childhood professionals given by CCSA.

Statement of goals

- To increase childcare directors' and teachers' knowledge on childhood obesity and its effects on healthy development of young children.
- To help child care directors learn how to incorporate proper nutrition and physical activity into all aspects of child care.
- To discuss the statistics about our children's weight and health status, and discuss how directors/teachers can help to promote nutrition and physical activity in their centers.

Issues

- **Opportunities**
 - DCoDPH Nutritionist had the opportunity to collaborate with CCSA.
 - DINE in Childcare Nutritionist had the opportunity to speak with early childhood educators from across the state about the unique role that they play in the development of healthy eating and physical activity practices.

Implication(s)

- **Outcomes**
 - Early childhood educators learned the importance of and need for proactive measures in child nutrition and physical activity.

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- Early childhood educators learned how they can model ways to support nutrition and physical activity in the classroom.
- Educators now have resources that support positive changes for the nutrition and physical activity environments in their centers.
- CCSA asked about other services that the Department of Public Health can provide for the early childhood education field.
- Comments from the workshop evaluation included:
 - ❖ “Very important subject and it was presented well.”
 - ❖ “I really enjoyed this session because she shared the best type of foods that children should be eating. She also shared with us how we as teachers can improve our students eating habits along with the family.”
- **Staffing**
 - Presentation conduct by DCoDPH Nutritionist.

Next Steps / Mitigation Strategies

- Follow up with CCSA for future collaborative efforts.
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Division / Program: Dental Software: Citrix Server to Enhance Dentrix Software

(Accreditation Activity 3.2: The local health department shall conduct an annual evaluation of the agency’s data system (hardware and software) and plans for upgrades to improve the accessibility, quality and utilization of health data.

Program description

- Citrix enables mobility through the secure delivery of apps and data to any device on any network.
- Because the Tooth Ferry serves patients in various locations, Citrix was originally designated for utilization on the unit as an application server to allow for instant access to digital images and patient records.
- After initial discussions/testing on the Tooth Ferry, it was decided to use the Citrix server for all Dentrix users.
- The Dental Division uses the Dentrix as its practice management software in the clinic, and on the Tooth Ferry. The Dentrix program includes numerous features, including imaging software.

Statement of goals

- To ensure that dental staff working on the Tooth Ferry would have access to digital images (x-rays) in real time.
- To allow dental staff to enter data at off-site location as opposed to having to write things down, and then enter notes, etc. in Dentrix when they arrive back at the Health Department.
- To make certain Dentrix upgrades are completed in a timely manner.

Issues

- **Opportunities**
 - Dentrix upgrades in the past have been difficult for IS&T since the Dentrix application resides on each individual’s computer. By using the Citrix server (with the Dentrix application residing there) IS&T will now only have to upgrade the application on the Citrix server and not all the individual computers.

Implication(s)

- **Outcomes**
 - Testing has been on-going in the Tooth Ferry, and in the dental clinic.
 - All dental staff have been introduced to Citrix, and are participating in the testing.
 - By updating Dentrix via the Citrix server, the process will be timely, less intrusive and the newer version of Dentrix is compatible with Windows 10.
 - Dental staff members working off-site on the Tooth Ferry will be able to view and transmit patient information in real time, and work more efficiently.
- **Staffing**
 - Dental auxiliary staff, front desk team, and Division Director have been engaged in process.

Next Steps / Mitigation Strategies

- Continuing testing and utilize Citrix server for improved proficiency.

Division / Program: Community Health Division/School Health Program/Mass Vision Screening
(Accreditation Activity 12.3-The local health department shall participate in a collaborative process to implement population-based programs to address community health problems.)

Program description

- School nurses are responsible for the assessment, planning, and maintenance of safe and effective medical and nursing management of students with acute and chronic health conditions.
- School nurses also provide case management for chronic illnesses and education about diabetes, medication administration, and other skilled procedures.
- Working collaboratively with pediatric practices ensures that Durham's youth are able to receive the needed health care in the school setting and are ready to learn.
- For the 2016-2017 school year, the school health program began planning to provide Mass Vision Screenings with follow-up referrals as necessary for Durham Public Schools' first grade students.
- Mass vision screenings for first grade students have the ability to identify additional vision issues that may need referral and evaluation by an eye care professional. Adequate vision is closely tied to an ability to access educational activities for students.
- Students whose parents declined to participate in the Mass Vision Screenings were not included in the total number of screenings.

Statement of goals

- 100% of eligible Durham Public Schools first grade students will participate in the district's Mass Vision Screenings for First Grade students.
- 100% of students who fall outside of normal parameters will be referred to a health care professional for further evaluation.

(**For the purposes of this project, eligible is defined as a current student in Durham Public Schools and parents/guardian agree to allow their child to be screened.)

Issues

- **Opportunities**
 - Students' eyes continue to develop up to age six.
 - Amblyopia, a common childhood vision problem that may cause blindness in one eye, can be detected and corrected during this stage of development.
- **Challenges**
 - To assure each eligible student participated in the Mass Vision Screenings.

Implication(s)

- **Outcomes**
 - There were 2,557 students enrolled in DPS first grade classrooms. Of that number 99% of the children were screened.
 - 91% (2,327) had vision screenings that were within normal limits.
 - 8% (214) of the students required vision referrals to a licensed optometrist or ophthalmologist.
 - 1% (16) of the students had parents who declined the screenings.
- **Service delivery**
 - 100% (14) of Durham County School Health Program nurses coordinated the planning and implementation of Mass Vision Screenings for Durham Public Schools' first grade students.
 - Each student received a copy of their vision screening results.
 - If a student did not pass the screening, a letter with recommendations for further evaluation from an eye doctor was attached to the screening results.
- **Staffing**
 - Durham County School Nurses (Durham County Public Health and Durham Public Schools)

Next Steps / Mitigation Strategies

- Each school nurse will follow-up on student referrals at each individually assigned schools to determine secured care for vision screenings.

Division / Program: Administration / Communications and Public Relations

(Accreditation Activity 5.3- Health Alerts to Media, 9.1- Disseminate Health Issues Data, 9.5- Inform Public of Dept. / Op. Changes, 10.2- Health Promotion –Disease Prevention, 21.2- Make Available Information About LHD Programs, Services, Resources)

Program description

- The Communications and Public Relations program provides accurate, timely, and relevant information to the residents of Durham County on key health issues as well as informing the public about department programs and services availability. Information is disseminated in many forms, included broadcast, print, and multimedia (web-based).

Statement of goals

- To increase the public’s awareness and understanding of important health information and the Department of Public Health’s programs and services availability
- To increase the public’s utilization of the Department of Public Health’s programs and services.
- To become the main, trusted and dependable choice for journalists seeking information and assistance to develop compelling and balanced stories on Public Health issues.

Issues

- **Opportunities**
 - Being present at events allowed for our work to be captured for historical purposes. Putting more updated material on the website increases viewership.
 - Sending press releases more frequently allows for more familiarity with media and increases our chance of exposure.
- **Challenge**
 - Event photography and videography requests at multiple events at the same time

Implication(s)

- **Outcomes**
 - Communication surrounding various health issues and department programs and services are being publicized in a timely, organized manner and with greater frequency.
 - Visibility of public health information from the department has substantially increased.
- **Service delivery**
 - Press Releases
 - Stay Connected with March DCoDPH Activities – 3/2/2017
 - Rabid Skunk Found Near Little River Regional Park – 3/3/2017
 - “Put Your Best Fork Forward” When Dining Out – 3/16/2017
 - Over 2,500 Students Provided Free Vision Screenings – 3/29/2017
 - Website Updates
 - All Press Releases Added to Website
 - March Events Added to ‘Upcoming Events’ page
 - Operation Medicine Drop Announcement Added to Home Page
 - Community Connections eNewsletter sent on March 2.
 - Media Archives
 - Durham County Gets 3 Rabies Cases in One Month – 3/8/2017 (News & Observer)

Next Steps / Mitigation Strategies

- Disseminating consistent & timely content
- Engaging the public on social media to increase page likes and followers
- Increasing the number of monthly eNewsletter subscribers

COMMITTEE REPORTS:

There were no committee reports.

OLD BUSINESS:

• **SURGEON GENERAL’S REPORT-E-CIGARETTES (*Activity 14.1*)**

Ms. Rich presented the Board with information on the findings from the most recent Surgeon General’s Report, entitled “[E-cigarette Use among Youth and Young Adults](#)” and discussed the Call to Action included in the Surgeon General’s Report

Highlighted Information:

- E-cigarettes are a rapidly emerging and diversified product class. These devices typically deliver nicotine, flavorings, and other additives to users via an inhaled aerosol. These devices are referred to by a variety of names, including “e-cigs,” “e-hookahs,” “mods,” “vape pens,” “vapes,” and “tank systems.”
- E-cigarettes are now the most commonly used tobacco product among youth, surpassing conventional cigarettes in 2014. E-cigarette use is strongly associated with the use of other tobacco products among youth and young adults, including cigarettes and other burned tobacco products.
- E-cigarette use among youth and young adults has become a public health concern. In 2014, current use of e-cigarettes by young adults 18-24 years of age surpassed that of adults 25 years of age and older.
- The use of products containing nicotine poses dangers to youth, pregnant women, and fetuses. The use of products containing nicotine in any form among youth, including in e-cigarettes, is unsafe.
- E-cigarette aerosol is not harmless. It can contain harmful and potentially harmful constituents including nicotine. Nicotine exposure during adolescence can cause addiction and can harm the developing adolescent brain.
- E-cigarettes are marketed by promoting flavors and using a wide variety of media channels and approaches that have been used in the past for marketing conventional tobacco products to youth and young adults.
- Action can be taken at the national, state, local, tribal and territorial levels to address e-cigarette use among youth and young adults. Actions could include incorporating e-cigarettes into smoke free policies, preventing access to e-cigarettes by youth, price and tax policies, retail licensure, regulation of e-cigarette marketing likely to attract youth, and educational initiatives targeting youth and young adults.

[\(A copy of the PowerPoint presentation is attached to the minutes.\)](#)

QUESTIONS/COMMENTS:

Dr. Levbarg: When it states one puff or three puffs, is that from the e-cigarette?

Ms. Rich: Yes. This is actually a measurement of a conventional cigarette but it’s meant to illustrate nicotine; so the blue is nicotine receptors that show the flooding of the nicotine receptors to the brain so we would expect to see a similar affect with e-cigarettes because it contains nicotine.

Mr. Ferguson: Over what period of time?

Ms. Rich: That I don’t know but the source of this graphic is noted at the bottom and should be included in the PowerPoint that you all received prior to this meeting, if you wanted to look that up. Great question.

Dr. Stewart: How much secondary exposure is there in e-cigarettes in the aerosol and is it equal to a cigarette?

Ms. Rich: This idea of second hand exposure especially to aerosol in e-cigarettes, there isn’t a lot of research of this to be honest with you. What we know is that the aerosol contains fewer toxic chemicals than you would find in a conventional cigarette. However, we know that it’s not water vapor so the aerosol even second hand, contains nicotine. So if it’s breathed in secondhand by say a pregnant women she is still going to be getting nicotine in her body. It also contains all those other compounds like the flavorings and triglycerides and things that we know can cause adverse health effects. So while there is not a lot of robust research about that, we can say, that it wouldn’t be good for folk to be breathing it in.

Dr. Levbarg: Natalie, isn’t one of the problems is that it’s not regulated? So there could be anything in any of those liquid basins.

Ms. Rich: Right.

Dr. Levbarg: And, part of this research, is that you don’t have a level playing field to be looking at what’s in there.

Ms. Rich: Yes, that’s part of the reason why the FDA has deemed it as a tobacco product and they are currently working on regulating or at least requiring manufacturers to list what’s in the e-liquid on their products. They currently don’t have to do that but that’s still something that we are waiting to happen.

Dr. Stewart: Are there different levels of nicotine too?

Ms. Rich: Yes. There are also different levels of nicotine. One of the findings indicated that there are times when the e-liquid label says it doesn’t contain nicotine, it actually does. The FDA is trying to figure out the best way to regulate what’s in the e-liquid. Those are great questions.

Commissioner Howerton: Where are they buying these? Are they buying them just at regular stores?

Mr. Ferguson: Anywhere.

Dr. Allison: Yes. That was going to be my question. Being that the FDA has deemed it a tobacco product, does it now fall into the state...I think it's the state law; that says you have to be 18 or older to buy any tobacco product. So does that automatically throw this into that law?

Ms. Rich: It absolutely does, so as of now, you have to be 18 to purchase an e-cigarette, device or product. However, to your question, I think that one of the things we see with these products is that they are marketed and sold on-line.

Commissioner Howerton: Because I don't see them behind the counter with the regular cigarettes.

Dr. Allison: You may not recognize them.

Commissioner Howerton: Are these sold primarily in low-income communities?

Mr. Ferguson: No. They are being sold everywhere.

Dr. Stewart: Are they taxed the same as regular cigarettes?

Mr. Ferguson/Dr. Levbarg: No and not as expensive.

Ms. Rich: The way that they are taxed is separate from tobacco because the taxes are on cigarettes and again as far as the way they are sold, you're right there are vape shops that are entirely dedicated to the selling of e-cigarettes. They are sold also in other tobacco stores and gas stations and again they are sold on-line as well. Even though you have to be 18 to buy them, on-line you just check a box saying "I certify that I am 18". We see that young people are able to get a hold of them in that way because it's pretty easy for them to get them online.

Ms. Harris: And one of the key things is that you can substitute e-liquid with other products.

Ms. Rich: That reminds me of something that I didn't mention is that the e-liquid is that we have seen a big rise in poisonings among toddlers and very young children when it comes to the e-liquid because of the flavorings; they smell really sweet and yummy and they end up getting nicotine toxicity and that is also something to be aware of.

Dr. Allison: Any other questions?

Ms. Harris: Tonight, we wanted Natalie to update you on the Surgeon General's Report. When we were looking at the recommendations from the Gillings Capstone Students, we decided to hold off on implementing some of the components until we heard more about what was happening with e-cigarettes and there was the House Bill 2 issue related to local rules. We want to put up new signs. Right now the rule does not comply consistently on our sidewalks...you can't smoke here but you can smoke in the next block. We need to create a seamless environment so that people know that they are not supposed to smoke on the downtown sidewalks, those abutting the school grounds, etc. We want to broaden the rule to include all public spaces. We would like to recommend that the sub-committee reconvene to review the rule and bring back a recommendation with adjusted language.

Dr. Levbarg: I have a concern. What is the timeline for the subcommittee to get back together and for the board to hold a public hearing?

Ms. Harris: I have an aggressive timeline. The subcommittee needs to meet between now and the next Board meeting. That would put us on track for the Board to review the proposed language changes during the May meeting. Changes would be made to the rule and a notice for public comments on the rule changes would be advertised two weeks before the June 8, 2017 Board meeting. During that meeting, the Board will vote on the revised rule after receiving and considering the public comments. If the rule is approved, we will present the revised rule to the County Commissioners during the August worksession because there is only a one meeting scheduled in July and it is a regular session meeting on July 31st.

- **LEGISLATIVE UPDATE (Activity 40.2)**

Ms. Harris informed the Board that the State Appropriations Committee is considering allocating \$7.5 million to fund a communicable disease nurse in each county. If approved, each county will receive \$75,000 to support the position. Ms. Harris requested that board members contact our local delegation requesting that the Appropriations Committee support adding these funds into the budget. Ms. Harris stated that she would send the Board the names of and contact information for the local legislative delegation and a listing of all the bills that would impact public health.

NEW BUSINESS:

- **AGENDA ITEMS MAY 2017 MEETING**
 - Proposed Revised Smoking Rule
 - Budget Update

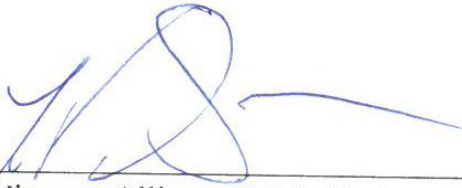
INFORMAL DISCUSSION/ANNOUNCEMENTS:

Ms. Harris discussed the release of the State of Durham County's Children Report. The report will be released on April 21, 2017. She will secure invitations for the Board of Health for the event.

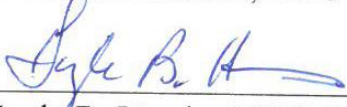
Chairman Allison made a motion to adjourn into closed session pursuant to N.C.G.S. 143-381.11 (A) (3) to discuss the Health Director's 2017 Performance Evaluation. Commissioner Howerton seconded the motion and the motion was unanimously approved.

Chairman Allison made a motion to reconvene into regular session Dr. Miller seconded the motion and the motion was unanimously approved.

Mr. Curtis made a motion to adjourn the regular meeting at 7:21pm. Commissioner Howerton seconded the motion and the motion was unanimously approved.



F. Vincent Allison, DDS-Chairman



Gayle B. Harris, MPH, Public Health Director
