COLUMBIA/BOONE COUNTY BOARD OF HEALTH MEETING MINUTES April 11, 2013

The Columbia/Boone County Board of Health met for a regularly scheduled meeting at 5:30 p.m., Thursday, April 11, 2013. The meeting was held at the Columbia/Boone County Department of Public Health and Human Services, 1005 W. Worley St. Public Health & Human Services Director Stephanie Browning represented the staff. Administrative Support Assistant Dawna Mavel recorded the minutes of the meeting.

<u>MEMBERS PRESENT:</u> <u>MEMBERS EXCUSED:</u> <u>MEMBERS NOT</u> EXCUSED

Jean Sax

Ilalyn Irwin
Dr. Colin Malaker
Dr. Sally Beth Lyon
Lynelle Phillips
Mahree Skala
Dr. Michael Szewczyk
Harry Feirman
Dr. Beth Hussey

CALL TO ORDER

Denise Stillson

Chair, Dr. Michael Szewczyk, called the meeting to order at 5:30 p.m.

APPROVAL OF AGENDA

The agenda was approved as written.

APPROVAL OF MINUTES

Dr. Szewczyk asked for a motion to approve the minutes from the March 14, 2013 meeting. Mahree proposed one correction to page 6, third paragraph. Part of the wording in that paragraph will be reworded to read "Mike Anderson noted that the concentration level of HFSA would be 50 gallons added to 10 million gallons of water. Based on this dilution; his department has calculated that the final concentration would be approximately 0.00007 ppm." The following statement will also be added: "Mr. Anderson also stated that it would take 5,500 ppm of arsenic in the HFSA to reach the MCL level for arsenic in the finished water." Motion was approved with the above changes added to the minutes.

REPORTS

Director's Report:

Stephanie Browning reported on the Healthy Babies program which is for high risk moms in the community. The program received an award this month from the Missouri Prevention Partners for being a 2013 leader in child abuse prevention in Missouri.

The county health rankings were recently released. Last year, Boone County was ranked 9th in the Missouri, this year it is ranked 6th in the state. St. Charles County ranked number one and has been number one since the ratings started. Mr. Feirman asked if our county got better or if other counties got worse. Ms. Browning said she was not sure, but felt that our county's data has not significantly changed which makes it seem as if others had fallen in other areas. Dr. Szewczyk asked if there were specific areas that contributed to Boone not being ranked number one. Ms. Browning said the tool used in the rankings allows a county by county comparison and if you put St. Charles County next to Boone, you would see a much more diverse population and a higher number of children and adults in poverty in Boone County. Both factors impact health. The access to care and number of providers in Boone County is excellent. Where Boone County usually falls short is in physical environment criteria (fast food restaurants, number of liquor stores, etc.). These are things associated with college towns. Ms. Browning said she would be happy to share further information about the study and would send the link for everyone to see. Ms. Lyon said the County's ranking was something to celebrate and congratulated Ms. Browning on the achievement.

Ms. Browning said the department is working on the 2014 budget and is not anticipating any major program changes, but continues to watch what is happening with federal and state level funding.

Ms. Browning said the department continues to work with a number of community partners in developing the Community Health Assessment and Community Health Improvement Plan. There will be a variety of ways to help and invited anyone interested to please contact any of the partners. Ms. Browning said she would email the group a list of partners the department is working with.

Ms. Phillips recalled an adolescent health survey the department had conducted previously. Ms. Phillips asked Ms. Browning if the department was doing anything new regarding adolescent health. Ms. Browning mentioned that the department is actively involved with the TOP program with the schools, which is a mentoring program. Dr. Szewczyk asked the Board if they would like to hear more on the topic of adolescent health. There was agreement to do so. Ms. Browning said that she could make arrangements for a speaker.

OLD BUSINESS

Dr. Szewczyk noted that the minutes from the January 24, 2013 Fluoride Subcommittee meeting needed approval. The minutes were approved as written.

Dr. Szewczyk noted that at the Board's last meeting it was agreed to vote on the fluoride issue. He asked the group if there was anything they would like to discuss prior to voting. None of the Board members raised any issues. Mr. Feirman mentioned that the Board also needed to vote on whether or not the City continues with HFSA or changes to a different chemical. Dr. Szewczyk noted that first we would vote on the issue of fluoridating the water and if the Board votes to continue fluoridation, we would

then consider what product to use. Ms. Lyon made a motion that the Board recommend to the City Council that Columbia continue fluoridation at the current level of 0.7 ppm. Ms. Phillip's seconded the motion. Dr. Szewczyk asked each board member to state their vote and give a brief explanation on why they voted such. Following are the results from the vote:

Denise Stillson – Voted No – Is concerned about health-related issues: cancer, arthritis, fluorosis, bone-related issues as well as issues we may not yet be aware of; she was also concerned about potential neuro-degenerative problems related to use.

Dr. Beth Hussey – Voted Yes – Questioned whether 0.7 ppm is the current CDC-recommended level. Ms. Skala stated that 0.7 ppm is the level recommended in the DHHS proposed rule from 2011.

Lynelle Phillips – Voted Yes – Felt the epidemiology concerning the benefits of fluoride was more rigorous and compelling than the studies that claimed cause and effect relationships between fluoride and various health effects; strength of association between public water supplies which fluoridate and dental caries was compelling; continuing fluoridation is particularly important in this community where we have some significant dental access issues for our low income population – fluoridation serves as a safety net for our most vulnerable children in the community.

Harry Feirman – Voted Yes - Based on studies completed in the U.S. and a comprehensive study completed in Australia which was a review of multiple other studies looking at fluoridation (both pro and con). The Australian study considered the methodologies of these studies. He also considered the recommendations of international organizations and U.S. scientific organizations.

Dr. Colin Malaker – Voted No – Sees Columbia Medicaid children in his practice every day. The kids with caries and cavities don't brush their teeth. He believes fluoridation helps to a certain extent, but it is negligible. If the funds used for fluoridation would instead be used for school dental health programs in K-8th grades, we would not see the caries rate we see today. He also sees some mild fluorosis in the kids from his practice. The biggest reason he is voting "no" is that he doesn't feel the board has the power to determine for the public what should be in their water supply; instead, he feels it should be a public ballot issue. He feels the City Council should consider this as a public ballot issue also.

Dr. Sally Beth Lyon – Voted Yes – Agreed with Ms. Phillip's comments. She believes there is evidence of the effectiveness in reducing caries along with the literature stating that water fluoridation is a successful strategy in reducing the gaps in dental health associated with lower socio-economic status. She quoted from an article indicating that even when dental services are provided free of charge, they tend to be under used by lower socio-economic individuals. As an example, she stated there is stark and disturbing evidence of this in the collaboration efforts between the Department of Health and the school system to provide free flu vaccinations to all children. She noted that the

vaccination rate is much higher in the affluent schools than in the low socio-economic schools, despite the vaccine being free and being given on-site.

Ilalyn Irwin – Voted Yes – The peer-reviewed journal articles are compelling that we should continue to fluoridate. She also felt there should be on-going discussion on the issue as new data is presented.

Mahree Skala – Voted Yes – The evidence has been reviewed by a number of national and international bodies whose opinion she trusts. They are in favor of water fluoridation. She also felt the evidence of cost effectiveness of water fluoridation compared to other programs designed to improve oral health is well documented. The cost to the community is very small, compared to the overall budget for Water and Light. She has not seen any evidence that an educational program to try to teach children to brush their teeth would have nearly the same effect for the same amount of money.

Dr. Michael Szewczyk – Voted Yes – Struggled with the libertarian issues raised by Dr. Malaker. However, as a physician, he understands the role of government in providing basic services to improve public health. There is overwhelming evidence that fluoridation can make a difference. More importantly, in his research, he did not find the evidence against fluoridation at the 0.7 ppm level to be compelling. While too much fluoride could lead to problems, too much of most anything can cause illness. Overall he felt it important to trust the experts and he did not feel the bar had been met for the Board to overrule CDC, the American Academy of Pediatrics, the American Dental Association and dozens of other respected organizations.

Dr. Szewczyk summarized the results as 7 to 2 in favor of the motion. Ms. Sax did send an email noting that she was in favor of fluoridation. Since proxies are not allowed, her vote could not be part of the official vote. However Dr. Szewczyk felt it was important to share with the group her thoughts. She stated in her email, "I will be out of town for the April meeting. For what it is worth on fluoride issue, my vote is no change to current policy. All I have read and the people I interviewed did not give reason to substantiate a change".

Dr. Szewczyk noted that Harold Stearley was not at the meeting, having resigned his position as Vice Chairperson of the Board of Health. He did so because of potential conflict of interest with his new job as an attorney for the Missouri Supreme Court.

Dr. Szewczyk then moved on to the second question before the board which is whether or not to switch from HFSA to another fluoride product or a pharmaceutical grade fluoride. Ms. Skala moved that we continue to use HFSA. Ms. Phillip's seconded the motion. Dr. Malaker suggested the motion be amended to say that the Board felt it would be better to use pharmaceutical grade fluoride but consideration needed to be given to its cost effectiveness. Ms. Phillips said she would like the motion to stand as is. Ms. Phillips asked Ms. Skala to amend her motion to say that we recommend using HFSA because it is the safest and a cost effective method. Ms. Skala agreed. Ms. Lyon seconded the amended motion. Dr. Szewczyk called for a vote. All votes were "yes" to continue the current practice of using HFSA.

Dr. Szewczyk asked if there was anything else that needed to be discussed. Dr. Malaker mentioned that there is not a single dental product that has fluoride in it that has HFSA. He felt the decision should be made by public referendum. Ms. Phillips noted that we fortify grains in cereals to prevent pellagra, put vitamin D in milk to prevent rickets, iodize salt to prevent Graves' disease, pasteurize milk to kill bacteria and chlorinate water to prevent exposure to bacteria. There are no referendums on any of these. She felt it would be a bad precedent to have a referendum each and every time we do a large population based public health intervention and that this would undermine our ability to do public health. Dr. Malaker said he understands that, but the difference is that people have a choice in what kind of milk they buy and what kind of cereal they buy, but a lot of low income people don't always have that choice to buy bottled water or put in a reverse osmosis system. Ms. Phillips noted the evidence is that fluoridation benefits low income people who cannot afford dental care. She also mentioned that the water on campus is naturally fluoridated to 1 ppm and nobody seems concerned about that. Ms. Lyon mentioned for the record that she appreciated and endorsed all of Ms. Phillips' thoughts above.

Dr. Szewczyk said he will prepare a report to the City Council based on the Board's recommendations. Mr. Feirman recommended adding to that report the information that Ms. Skala presented at the last meeting summarizing the multitude of articles and documents reviewed by the Board. Mr. Feirman also asked that Dr. Szewczyk send the report to the board members for review and comments prior to sending to the City Council. Mr. Feirman suggested that we might also mention that funds be made available for dental health and education programs using some the surplus funds it has available. Dr. Malaker agreed. There was discussion. It was agreed that we keep the focus on the two issues at hand. Mr. Feirman asked if the City Council would want the Board of Health Chair to speak at a meeting and Dr. Szewczyk said he would be available to do that.

NEW BUSINESS

With Mr. Stearley leaving the Board, Mr. Feirman made a motion to nominate Ms. Skala as the Board's new Vice Chairperson. Ms. Phillips seconded the motion. No other nominations were offered. Ms. Skala accepted.

Mr. Feirman suggested the Board consider putting together a subcommittee to continue to explore the dental health issues discussed, including why children are not brushing their teeth. He recommended Dr. Malaker lead that subcommittee. Ms. Phillips, Ms. Lyon and Ms. Stillson agreed to serve on the subcommittee. Dr. Malaker mentioned that he has to write prescriptions for students to brush their teeth after lunch at school. Ms. Lyons felt that school children were able to brush their teeth at school and would be happy to offer whatever information she could.

Mr. Feirman told the group that a couple of months ago, towards the end of 2012, following the demise of the Mental Health Board, he and Ms. Sax were approached by Kathy Richardson. She set up an advisory board to the public administrator to look at

various mental health issues from a broad perspective. Ms. Richardson is both the Conservator and Guardian for individuals who are deemed not competent to run their own affairs. She has an immense number of clients who have mental health issues and there are very few services available to them. This board has brought in a number of representatives from Columbia Public Schools, Veteran's Hospital, Columbia Police Department, MU Hospital, etc. to help them. Mr. Feirman and Ms. Sax offered to be part of that advisory board and will serve as liaisons between it and the Board of Health.

Dr. Szewczyk brought up the question of how, in general, the Board of Health handles public comment. He brought up the issue of scheduled versus unscheduled public comment and whether or not to have either or both at each meeting or just certain meetings, perhaps quarterly. A short discussion led to Ms. Skala recommending the idea be tabled and discussed at a future meeting. Ms. Browning said she would share some details on how other boards handle public comment at the next meeting.

ADJOURN: There being no additional business there was a motion to adjourn the meeting at 7:30 p.m.

NEXT MEETING DATE May 9, 2013