

Columbus County Board of Health

Minutes

Regular Meeting Special Meeting

February 26, 2020 6:00 P.M.

Columbus County Health Department, 304 Jefferson Street, Whiteville NC

Members Present	Dr. Randy Kirby Patty Hobbs Dr. George Floyd Frankye Boone - Newkirk Dr. Darryl Diefes Dr. Christy Perdue Pat Ray Dr. Nicole Martin Drew Cox
Members Absent	Shane Cartrette, Charles McDowell
Staff Members Present	Kimberly L. Smith, Yvonne Richardson, Patti Nance, Mindy Caines, Daniel Buck, Charlene Bush
Guests	Franklin Boone, Dr. Parr, Diana Matthews, Michael Pjetraj, Ernest Watts

Quorum was present.

I. Call to Order

Dr. Randy Kirby called the meeting to order at 6:28 p.m.

II. Welcome/Invocation

Dr. Randy Kirby welcomed everyone to the meeting. Invocation was given by Dr. Randy Kirby.

III. Swearing- In of New Member

Kimberly Smith, administered the Oath of Office to Frankye Boone Newkirk. Newkirk replaces Franklin Boone. Smith and board members welcomed her to the board.

IV. Approval of Agenda

A motion to accept was made by Dr. Darryl Diefes seconded by Pat Ray and carried by the board.

V. Public Comment

There were no comments from the public.

VI. Approval of Minutes

Motion to accept was made by Dr. George Floyd seconded by Drew Cox and carried by the board.

<p>VII. Methyl Bromide</p>	<p>Michael Pjetraj, Deputy Director, Division of Air Quality, NC Dept. of Environmental Quality stated the following:</p> <p>Methyl Bromide <i>(Benchmark 41, Activity 41.1)</i></p> <ul style="list-style-type: none"> • The Division of Air Quality in 2018 had received permit applications for some large facilities that wanted to emit greater than 10 tons of hazardous air pollutant. In this case, it was more than 10 tons of methyl bromide. One permit application we received, would have released 60 tons every quarter of the year, annually. The other, which was interested in locating in Columbus County, wanted to release a regular 140 tons per year. • Methyl bromide is used as a fumigate. It has been widely used for decades in agricultural applications; for instance, in tobacco and strawberry fields. Most all of those applications have been phased out due to the Montreal Protocol. Methyl bromide is also an ozone depleting substance. Under the Montreal Protocol, virtually all uses of methyl bromide have been phased out. • One carved out area that it is still used for, is called quarantine pre-shipment. Quarantine pre-shipment is when products come in to the country, or leave the country, and fumigation occurs in order to kill invasive species. • What we were presented with, was the fumigation of whole logs. The invasive species' live in the bark of these whole logs. Prior to shipping the logs to China or India, companies would need to fumigate these logs, before they can be sold and enter into the ports of these different countries. • There are different things the companies can do, such as debarking the logs. Fumigation, and getting the certificate that the products have been fumigated, is the sure fire way for them to transport the logs. • Just to be clear, I am not the business that is doing the log importation. We are a regulatory agency here in North Carolina, and we are trying to ensure the public's health is protected when any kind of facility is in operation. In this case, we are looking at a fumigation operation who wants to use methyl bromide. In North Carolina, we do not have any ambient standards associated with methyl bromide; like how many milligrams per cubic meter is it ok for a citizen to breathe in. What we wanted to do, once we were presented with these facilities, was develop standards. We have gone
-----------------------------------	--

through a rule making process to develop, what we call, an acceptable ambient level. We have around 90 toxic air pollutants that we have these acceptable ambient levels for. Therefore, we are trying to develop those levels for methyl bromide.

- Around the summer of 2019, we put out a public notice, and went out and did a couple of public hearings. What went out in public notice and to the hearings, was that a value acceptable ambient level of 0.005 milligrams, per cubic meter, on a 24-hour basis. From the feedback we received, we did get a lot of support for the magnitude value of the 0.005; this was based on an EPA study, IRA (Integrated Risk Assessment) value. We asked our Scientific Advisory Board (SAB) about the 0.005. They informed us that this number could be overly protective. They were also concerned that it should not be set at an annual level.
- We will have two additional public hearings, one in Raleigh on March 17th, and one on March 18th in Wilmington. That's to set two acceptable ambient levels. Facilities will have to comply with both; one is taking the 0.005 value and setting it at an annual average, and then dealing with the short term limit at 0.078 milligram per cubic meter. So that's what the SAB recommended to us.
- Last summer when we were at the comment period, we received numerous letters from New Hanover and Columbus County. Upon finding this information out, I called up Kim Smith to let her know where we were in the rule making process. Without these values, you have no way to regulate these facilities. By having these ambient values, we have a way to monitor the facilities through computer modeling to ensure they comply. Once we've ran the model, and know what they need to do to stay compliant, then we are able to take all of those operational limitations, and put them into the permit. By having these standards, we're able to manage the facility, and put conditions in the permit that they would have to comply with. This ensures compliance.

Dr. Darryl Diefes asked the following question:

- Can you tell us about the protocol for measuring; are there multiple sites, one site, and are you measuring air?

Michael Pjetraj stated the following:

- We do not use measurement out in the environment at the test site. We use modeling technology based off all the parameters of the facility; such as the height of the stack and how they plan on releasing, and the amount. All this is done through modeling. We take into account time of day, humidity and where the site is located, and what's around it.

	<p>Dr. George Floyd asked the following:</p> <ul style="list-style-type: none"> • If you are not measuring onsite, then how do you know they are doing what they say they are doing? <p>Michael Pjetraj stated the following:</p> <ul style="list-style-type: none"> • Our whole permitting process is based on modeling, and then we take the operational requirements and include them in the permit. Each of those requirements, the company is required to do record keeping, associated with it, and reporting. Currently all a reporting facility has to do is report to us how much methyl bromide they use on a monthly basis. Reason being, most facilities have chosen to get synthetic refinery permits, which take limitations to not go over 10 tons, and they have to report to us every month and we make sure it's at or below that. There are many other federal rules USDA and the NC Department of Agriculture. What we focus on is once it gets into the atmosphere, how it affects the public. <p>Dr. George Floyd asked the following:</p> <ul style="list-style-type: none"> • Does the ambient level help to determine if the chemical is effecting the ozone? <p>Michael Pjetraj stated the following:</p> <ul style="list-style-type: none"> • Unfortunately, the way the Clean Air Act is structured, protection of the ozone is not delegated to the state agency; that is done at the EPA's level. We are not delegated the authority to manage that program; none of the states are. Because methyl bromide is a hazardous air pollutant, that does fall into our realm of managing and regulating it. We are trying to get it listed as a toxic air pollutant. We've been reaching out to other states who have regulations on this. Due to the Montreal Protocol, the amount of methyl bromide being used, in general, has gone down tremendously over the past 15 years. <p>Kim Smith stated the following:</p> <ul style="list-style-type: none"> • I gave you an updated copy of the Resolution of Support. The only thing that changed was where I corrected the North Carolina Department of Environmental Control Division of Air Quality. <p>Motion to accept the Resolution of Support for the North Carolina Department of Environmental Control Division of Air Quality was made by Patty Hobbs, seconded by Dr. Nicole Martin, carried by the board.</p>
<p>VIII. E-Cigarette Epidemic</p>	<p>Ernest Watts, Region 8 Tobacco Control Manager presented the following:</p> <p>E-Cigarette Epidemic (<i>Benchmark 38, Activity 38.1</i>)</p> <ul style="list-style-type: none"> • I am the Tobacco Control Manager for the southeastern region of North Carolina. I have a PowerPoint I will be using to educate you a little more on vaping.

- The basic makeup of an e-cigarette contains the battery, atomizer and the pack or pod, which holds the e-fluid.
- The battery heats up the juice and turns it into a vapor.
- There are many different types.

Mr. Watts passed around different varieties to show; as well as presented some on the PowerPoint presentation.

- The Lady Q is made to look like a lipstick case.
- The Juul is about 60% of the products that are out there.
- About 1/3 of your High School students are using this, and around 10% of Jr. High School students, and 2% of elementary.
- In your county you have a vape shop that is within walking distance to your high school.
- As of December, all tobacco products can only be purchased if you are 21 years of age or older; but, if you have a family Amazon account or Ebay account, you can purchase on the family account.
- There is also a vaping hoodie. I purchased this one (held it up) from a vape shop in Bladen County for \$35. You see kids walking around with their hoodie strings in their mouths all the time. Well this is how you vape using this hoodie.
- You have 17 vape shops in this county.
- With a Juul, you are getting the same amount of nicotine as you would a cigarette. The problem with nicotine is it produces dopamine. Dopamine depletes so quickly, that it creates the addictive element.
- 63% of users think that it's vape, no nicotine. They do not realize all e-cigarettes have nicotine.
- Nicotine is more addictive than heroin, alcohol, cocaine, or marijuana.
- They make it appealing to the youngsters because if they can get them addicted at age 16, then you have a customer for the next 40 years.
- The juices come in a variety of flavors.
- These juices are made up of nicotine, and propylene glycol; that is food coloring. It is ok to ingest but it damages the lining of the lungs itself. This can also spread through second hand inhalation.
- These are invisible gases; just because you don't see them does not mean they are not there. These are second hand gases. Not only are they invisible by sight, but they tend to attach themselves to fibrous materials:
 - Hair
 - Skin
 - Clothing, etc.

	<ul style="list-style-type: none"> • This was in the News Observer. A man by the name of Akram Abdel-Aziz was selling vape liquid with a cannabis product that sickened dozens of people who used the substance. https://www.newsobserver.com/news/local/crime/article208861144.html • The substance was sold as a liquid vaporizer product at vape shops in Onslow, Craven, Wilson, Cumberland, New Hanover and Pamlico counties. He had a psychotropic drug in this because the FDA could not regulate what was in it. Over 100 military personnel fell ill, and had to be dishonorably discharged. It effected about 20 kids. • People are mixing drugs with these vaping system juices. An 11th grade girl, in Greenville, was having convulsions and later discovered she was mixing her Juul with fentanyl. There are videos online showing people how to mix different ingredients with your juice. • Remember the differentiation of a Smoke Free Policy and a Tobacco Free Policy. If you have a Smoke Free Policy then you can have someone come in with an e-cigarette and use it. • The Attorney General has filed a lawsuit against the eight e-cigarette companies. • As I stated earlier, you’ve got a vape shop right by one of your high schools; and that wasn’t by accident. <p>Mr. Watts left material for the board to review, including educational materials.</p>
<p>IX. Nursing</p>	<p>Patti Nance, Director of Nursing gave the following update:</p> <p>A. Nursing Staff Update (<i>Benchmark 37, Activity 37.6</i>)</p> <ul style="list-style-type: none"> • No staff turnover at this time. • We are expecting our new to us Nurse Mid-Wife on March 9th. She will be in the Women’s Health Clinic working with Maternity and Family Planning. • To remain rostered as a STD ERRN, each RN must complete a minimum of 50 STD visits and a minimum of 10 hours of STD-specific education. Our three STD ERRNs met this goal and remain rostered for the calendar year 2020. <ul style="list-style-type: none"> ○ Elizabeth Kinlaw ○ Emily Lee ○ Renee Pridgen • To remain rostered as a Children’s Health (CH) Enhance Role Registered Nurses (ERRN), each RN must have 100 clinical hours, with a minimum of 50 well child checks, and 10 hours of approved education each year. Our two CH ERRNs, met this goal, and remain rostered for the CY 2020. <ul style="list-style-type: none"> ○ Lynn Strickland ○ Tammy Lovett • Isabelle Reynolds, the Regional Immunization Nurse Consultant, will be here Tuesday, April 7, 2020 the NC

Immunization program compliance visit.

- IQIP – Immunization Quality Improvement for Providers. The Healthy People 2020 immunization goal is to achieve and maintain effective vaccination coverage levels of 90% for the following vaccines: DTaP, Polio, MMR Hep B, Varicella, and Pneumococcal, among 24-35 months of age for an average of 80%. The cohort for this Annual Immunization Assessment were extracted from NCIR on October 1, 2019 and had birthdates of 10/02/2016 – 10/01/2017.
 - 40 clients were assessed
 - 2019 – 2020 Goal was 90%
 - 88% of these clients met the Benchmark, the statewide average was 83%
 - The overall county rate is 64%
 - 2020 – 2021 Goal is 88%
- Communicable Disease Branch 2020 Program Alert dated 2/05/2020 -- case definition changes for Pertussis and Legionellosis. Rocky Mountain Spotted Fever is now named Spotted Fever Rickettsiosis, and also has a change in case definition.
- Varicella – hopefully will become a reportable disease by the end of 2020

B. New Program-Car Seat Checking Station

(Benchmark 12, Activity 12.3)

- We are now an official car seat checking station. We have two individuals that are certified.
- Columbus County residents can stop by to have their car seats checked any time. We encourage appointments, but will check the seat if they walk in.
- We have car seats to give out, if the person comes for a car seat check and we find that the current car seat is not appropriate for size, age, deemed unsafe, or expired. We cannot let anyone leave knowing they are out of compliance.
- The plan is to have a drive through car seat safety check, in conjunction with others in the county.

C. 2019 Novel Coronavirus now knowns as 2019-nCoV

(Benchmark 40, Activity 40.1)

- As of 10:53am, there were 81,245 confirmed cases – of these 30,311 have recovered and 2,770 have died according to the Johns Hopkins GIS and data map.
- US – there are 57 confirmed cases with six recovered and no deaths according to the Johns Hopkins GIS and data map. 36 are from the Diamond Princess Cruise Ship
- NC – no confirmed cases, nor in the states that border NC
- According to the CDC, this virus likely emerged from an animal source but now seems to be spreading from person-to-

person.

- The DHHS website is now reporting community spread, where individuals are infected and not sure how they became infected. Human coronaviruses most commonly spread from an infected person to others through:
 - The air by coughing and sneezing
 - Close personal contact, including touching and shaking hands
 - Touching your nose, mouth or eyes before washing your hands.
- Symptoms are similar to the flu and typically cause mild to moderate respiratory illness. Common symptoms include cough, fever and shortness of breath.
- COVID-19 is an emerging disease and there is more to learn about its transmissibility, severity, and other features and what will happen in the United States.
- The WHO has not declared a pandemic as of yet, but it is expected.
- In an email dated February 17th, the CDC had sent COVID-19 testing kits to the state lab so that testing could be done at the state level. During the verification process, the test was giving invalid results. The CDC has determined that this was a manufacturing problem. New manufacturing is being done. It was anticipated that testing kits would be shipped to states the following week – no further directive has been received this email. As of now, all testing is to be packaged at the local level, couriered to the state, then couriered to the CDC.
 - Sputum
 - Nasopharyngeal swab
 - Oropharyngeal swab
- Isolation masks, N95 masks, gowns, and face shields are all on allocation by vendors.
- Something as simple as ear loop mask, we can only get two to three boxes per month.
- On yesterday's call from the state, they stated that if the vendors are tightening down on us, then we needed to do the same with our supplies.

Dr. George Floyd stated the following:

- We are having the same issue at the hospital. Also, we are having an issue with the diabetic test strips. Apparently, the strips are manufactured in Wuhan.

Patti Nance continued:

- Last week's call mentioned there were 26 counties in NC with PUIs (People Under Investigation). This was not mentioned in the call this week. These calls take place on Tuesdays @ 1pm

	<ul style="list-style-type: none"> • Remdesivir for the treatment of COVID-19: clinical trials have begun at the University of Nebraska Medical Center. The trial is to evaluate the safety and efficacy of the investigation antiviral remdesivir in hospitalized adults diagnosed with COVID-19. The study is sponsored by the National Institute for Health. The first recipient is an American who was quarantined on the diamond Princess Cruise ship that had docked in Yokohama, Japan. This drug was tested in humans with Ebola virus disease and has shown promise in animal models for treating MERS (Middle Eastern respiratory Syndrome) & SARS (Severe Acute Respiratory Syndrome) • Clinical trials are also ongoing in China. <p>Kim Smith asked Dr. Darryl Diefes if he has had any trouble with obtaining mask? Dr. Darryl Diefes replied:</p> <ul style="list-style-type: none"> • Not that I know of. Our sales representative was in today and nothing was mentioned; so no issues that I am aware of.
<p>X. Social Work</p>	<p>Mindy Caines, Social Work Director gave the following update:</p> <p>A. Update – Care Coordination For Children (CC4C) <i>(Benchmark 39, Activity 39.3)</i></p> <ul style="list-style-type: none"> • I’m going to update you guys on the past six months; from August to January. These are for children aged 0-5. <ul style="list-style-type: none"> ○ August 2019 30 ○ September 2019 20 ○ October 2019 17 ○ November 2019 13 ○ December 2019 32 ○ January 2020 26 • These numbers give you a total of 138 referrals in a 6-month period. We currently received 24 for the month of February 2020 • Current caseload is 96 cases among the two CC4C Case Managers • Cases currently being managed have increased since the previous 6-month period • Completed 22 home visits • Completed 90 face-to-face encounters • 333 phone calls completed (these numbers do not include unsuccessful attempts to reach clients) <p>B. Update - Pregnancy Care Case Manager <i>(Benchmark 39, Activity 39.3)</i></p> <ul style="list-style-type: none"> ○ August 2019 45 ○ September 2019 22 ○ October 2019 34 ○ November 2019 22

	<ul style="list-style-type: none"> ○ December 2019 44 ○ January 2020 39 • For a total of 206 referrals in 6-month period (currently received 29 in February 2020) • Current caseload is 97 cases among the three OB Case Managers • 25 of these cases are considered priority patients/high risk • Cases currently being managed have increased since the previous 6-month period.
<p>XI. Health Education / Promotion</p>	<p>Daniel Buck, Health Educator gave the following update:</p> <p>A. Community Health Assessment (CHA) 2020 <i>(Benchmark 11, Activity 11.1)</i></p> <ul style="list-style-type: none"> • The Community Health Assessment is a four-year process. • The document is due to the state March 2, 2020. We are doing finishing touches on the document now. • It outlines the primary data that we've collected from across the county to determine what the public's health concerns are. • We also look at data that's been collected over the past several years to see what our strategic action plan would be. • We will not receive approval until possibly April or May; that it looks good. If they say there are corrective actions then we will modify, change, and resubmit for approval. • Once we receive approval, we will come back to the board and do a full presentation. <p>Kim Smith made the following statement:</p> <ul style="list-style-type: none"> • One of our Health Educator's, Jamika Lynch, has been asked to attend and speak at the Association of Black Sexologist and Clinicians. This will be in April. She will be going to the U.S. Virgin Islands for this conference. • This is a big opportunity for her. Her topic is "Sex in the Sticks".
<p>XII. Financial Update</p>	<p>Charlene Bush, Budget Director stated the following:</p> <p>A. Financial Statement November, December and January <i>(Benchmark 33, Activity 33.6)</i></p> <ul style="list-style-type: none"> • For the Financial Statement, you should have November, December and January. Are there any questions for the expenditures and revenue? • In Dental we had a couple of tough months. We've actually redone a lot of stuff, so it is looking better. • As of February we have right at \$22,300 out of Child Health that's the free dental. <p>Motion to accept Financial Statement for November, December and January was made by Dr. Darryl Diefes, seconded by Dr. Nicole Martin, carried by the board.</p> <p>B. Service Cost Update <i>(Benchmark 39, Activity 39.3)(Benchmark 33, Activity 33.6)</i></p>

- We've got an increase in Adacel from \$68.00 to \$72.00 and Prevnar from \$230.00 to \$247.00.

Motion to accept the Service Cost Update was made by Pat Ray, seconded by Dr. Darryl Diefes, carried by the board.

C. Patient Count November, December and January

(Benchmark 33, Activity 33.6)

- There is always a drop in December due to the holidays.

Dr. George Floyd mentioned that TB cases are showing up in the hospital quite a bit; what is it looking like here?

Kim Smith replied:

- We do have a lot of TB cases right now, stemming from one that we incarcerated a year or so ago. The individual gave us no contacts at the time and now we know why. We have three generations from one family that are all being treated right now. Unfortunately, they did present at the ER, before they came to us. Usually that is how it goes; an individual has issues and goes to the ER then when it's discovered they have TB then they are sent over to us.

Dr. Christy Perdue asked if there was outbreak of TB in the High Schools? Do we know how many there are?

Kim Smith answered:

- There is an outbreak of TB in the High Schools in Robeson County. We do not know the numbers on that situation.

D. Funding Update *(Benchmark 33, Activity 33.6)*

- We are looking pretty good. Our numbers are as follows:
 - State Funding 62%
 - Local Appropriations 58%
 - Total Expenses 60%
- Our expenses are at this number, due to budgeting for the dental bus.
- Funding changes from July 1, 2019 to December 31, 2019, are as follows:
 - BCCCP received an additional \$5,100.00
 - Health Promotion Adult Health had a deduction of \$4,529.00
 - WIC Peer Counselor (Breastfeeding) received \$10,000.00
 - WIC Special Allocation of \$1,729.00
 - Collaborative Learning Grant \$46,674.00
 - Family Planning \$16,607.00
 - Rural Health Grant \$ 47,612.00
- This is additional money we've got since July 2019.

Kim Smith stated the following:

- There are also two grants that we have not heard from yet.

E. Care Coordination for Children Financial Update

(Benchmark 33, Activity 33.6)

	<p>Pregnancy Care Management (<i>Benchmark 33, Activity 33.6</i>)</p> <ul style="list-style-type: none"> • Mindy spoke about Care Coordination and Pregnancy Care. • We do get a little bit of state funding for Care Coordination, \$692.00. This is for children up to five years of age. The Medicaid funding we get on average is based on \$4.56 per child. Which comes to \$10,561.61 average per month. • Pregnancy Care Management, this is for at risk pregnancies. We receive \$14,678.06 / monthly average from Medicaid. Funding is based on the population of childbearing women in our county. • This money has begun to drop due to population changes.
<p>XIII. Chairman's Forum</p>	<p>Dr. Randy Kirby, Chairman, gave the following update:</p> <p>A. Election of Chair and Vice-Chair</p> <ul style="list-style-type: none"> • I've asked if anyone else would like to take on the role of Chairman and Vice. Is there anyone who would like to be nominated for Chairman for the coming year? • I'll be happy to continue on and during my absences, if Ms. Ray is not opposed to carrying on another year? <p>Pat Ray stated that she thinks things are working out well, if no one else would like to run.</p> <p>Motion to accept Dr. Randy Kirby as Chairman and Pat Ray as Vice-Chairman was made by Dr. Nicole Martin seconded by Dr. Christy Perdue, carried by the board.</p>
<p>XIV. Director's Forum</p>	<p>Kim Smith, Health Director gave the following updates:</p> <p>A. Health Directors' Job Description Review (<i>Benchmark 37, Activity 37.4</i>)</p> <ul style="list-style-type: none"> • In your packet you received a copy of my current job description. • There are no changes that have been made to it since my evaluation in December. <p>Motion to accept the presented Health Directors' Job Description was made by Dr. Nicole Martin, seconded by Patty Hobbs and carried by the board.</p> <p>B. Health Directors' Activities for 2020 (<i>Benchmark 37, Activity 37.4</i>)</p> <ul style="list-style-type: none"> • You also received in your packets the Health Directors' Activities for the 2020 year. These are the committees, councils, and coalitions that I sit on. According to my job description, I serve as a liaison, and a Board of Health representative, to these different organizations. <p>C. BOH Handbook Update (<i>Benchmark 36, Activity 36.1</i>) (<i>Benchmark 37, Activity 37.2</i>)</p> <p>Operational Procedures (<i>Benchmark 34, Activity 34.1</i>)</p> <ul style="list-style-type: none"> • Page 3 & 4: Record of Changes. You can go back and review the changes, at your leisure. • Page 18: 2020 BOH Meeting Schedule

	<ul style="list-style-type: none"> • Page 19: Updated BOH Members information • Page 20: County Attorney's Job description <p>Dr. George Floyd stated he would provide his cell phone number. Kim Smith also brought to attention we needed to get our new Board of Health members email address.</p> <p>Patty Hobbs informed us that the business number listed for her was no longer needed.</p> <ul style="list-style-type: none"> • Page 22: BOH Operating Procedures. There are no changes to that. When we vote on the book, we will also be voting to approve the Operating Procedures. • Page 25: Board of Health Training Policy • Page 28: instructions on how to access the NC General Statutes for Public Health • Page 47: health department's Confidentiality Policy. When you came in to sit down tonight, in front of you is the yearly Confidentiality Policy and Conflict of Interest for you to sign. • Page 70: Public Appeals Policy for the Public. • Page 85: Updated Management Team Members • Page 86: Update in staff on "Organizational Chart" for the Health Department. • Page 96: Director's Performance review <p>Motion to accept updated Board of Health Handbook and the Operational Procedures was made by Pat Ray seconded by Patty Hobbs, carried by the board.</p> <p>Kim Smith brought to everyone's attention the following:</p> <ul style="list-style-type: none"> • On the table in front of you, you'll find the "Healthy NC 2030". So for the next 10 years they've gave us 21 health indicators. They start on page 18. The indicators are on the left hand side. This is where the state is currently and what our target is for 2030. <p>Dr. Randy Kirby welcomed Frankye Boone Newkirk to the Board of Health and thanked Diana Matthews from the News Reporter for coming.</p>
--	--

Next Meeting Date

April 29, 2020 at 6:00 pm

Meeting Adjourned

Respectfully submitted: *Gemberley R Smith* Secretary 062420
 Signature Date