

**Fulton County Department of Health and Wellness
Board of Health Meeting**

**Thursday, April 24, 2008
8:30 A.M.**

Official Minutes- Summary Report

MEMBERS PRESENT:

Phoebe Bailey, Ph.D., Chair [Board of Commissioners], Dr. Kim Turner [Department Interim Director], Lynne Meadows, RN, MS [Fulton County Board of Education], Monica Ryan, BS [City of Atlanta], Mary Long, RN [Chair of Board of Commissioners], Samantha Williams, Ph.D. [Atlanta City Council], Khaatim Sherrer El, [Board of Education].

Call to Order:

The Fulton County Board of Health meeting was called to order, Thursday, April 24, 2008 at 8:30 a.m. in the 4th Floor, Large Conference Room of the Fulton County Department of Health and Wellness. Dr. Phoebe Bailey, Chairperson of the Board was the presiding officer.

Dr. Phoebe Bailey

Please review the agenda and note any additions or corrections.

Dr. Kim Turner

Edit to include the Neighborhood Union Report under the Director's Report included in Christine Greene's Financial Report.

Approval of Agenda

Approval of Minutes

Christine Greene

The expenditure to budget comparison report for the period ending March 31, 2008 shows 75% of the year lapsed. Overall 67% of funds were expended. The area with the lowest expenditure at this point is equipment at 42% spent. Orders for things have been put in place and we are working on all these different projects in Administration including replacement of vehicles that we use for couriers and facilities staff. Some vehicles were sent for repair and the repair cost was greater than the value of the vehicles, and will not be returned to us. We will be replacing those. In Communicable Disease and Clinical Services, the equipment funds remaining are going to be used to purchase the Qmatic System for College Park Health Center and for Communicable Disease. That system is a system that you may have seen in the Department of Motor Vehicles when you got your Drivers License renewed. The numbers flash saying which client goes to which window. It has worked very well in our Tax office and some of the other district offices to speed things along. We are very excited to bring those things to our biggest centers and hopefully make the process faster for registering clients. Staff will use their equipment funds.

Monica Ryan:

Will the QMatic system be used for all the health clinics or just for the clinic that is located downstairs?

Christine Greene

At this point, the system has been ordered for downstairs and for College Park Regional because those two are our absolute busiest locations. If it truly works out, we will be able to expand it to some of our other locations. We have to get these funds spent by June 30th, so we would want to see that happens in the next couple of months. The process has begun as we have had the initial meetings where they come in and tell you how many computers, and put the orders in the system. In the Fee for Service report, 62.5% of our funds have been collected at 75% in the fiscal year. The lowest area of collections by percentage of what we would expect at this point with our Medicare, where we have collected roughly 28% of the amount for the year. The bulk of these collections will be in our flu billing.

Christine Greene continued

This is the first year that we have billed flu from the M&M system. We sent through our first test batch last week with the hopes that we will be able to do all of our billing that way. Collections will rise to 100% in Medicare if it is all successful. If anything fails with it, there is a backup plan that we used to do. No problems are anticipated. Everything looks good with our test batch. We continue to be low in Medicaid and higher than last year in individual fee collections as we see more and more uninsured patients and work less with Medicaid.

Dr. Phoebe Bailey

Was the issue with the payment because it is a new system? In Dental services we have 50% collected thus far?

Christine Greene

Last year we had slow payment because of the new formula. We had to determine how to bill each one of the CMO's and what their rules were not to mention that they were not going to pay for some of the services they paid for before. All of that combined is sort of the "perfect storm" which led to that. With regard to dental services, our biggest problem with Dental collections is that we do have two vacancies in the Dentist positions. We have filled at least one of those.

Dr. Phoebe Bailey

Why did we opt to make them temporary instead of permanent positions?

Christine Greene

We are definitely trying to recruit for permanent positions. It is a difficult and slow process getting a register for the Dental Manager and the Dental positions. It is to our advantage to put people into temporary pending registers so that we can get someone into the seat, into the job and working with patients while a register is pending.

Dr. Kim Turner

It takes about 6 months to be fully credentialed. Once you are in the position, and fill out your Medicaid forms, it has to be approved by the CMO's. The whole process takes about 6 months. They are working in the position, but no services can be billed until they are fully credentialed.

Dr. Phoebe Bailey

If these are critical positions, we should at least be able to get the Commissioners or someone to speed up the process because these are positions that we need.

Dr. Kim Turner

The positions are actually open now and they are about to close. The two temporary Dentists are actually opened to everyone and they have applied for those positions. They will be closed soon. The paper work was started on them months back.

Christine Greene

Staff will transition from temporary to permanent. It will hopefully be seamless to the patient.

Dr. Kim Turner

We had a Dentist who was out on FMLA. There is a third person that impacts on the revenues being generated.

Phyllis Carter

I only wanted to clarify that the position is open. It has been opened for about two weeks. Department will ask for a register probably within the next week or so.

Christine Greene

The next report in the package showed the comparisons to the last fiscal year. It is much the same as far as obligations and expenditures in where we have actually collected a higher percentage of our fee revenue this year. That is simply mathematical because the budget was lowered for fee revenue after we did the budget crunch last year. The last report in the financial package is the grant report. The first thing is the REACH Phase II which ended March 31st. It closed at 100% spent. Congratulations to Larry Johnson and his program. That is excellent in federal programs. We have a new grant, the Scrap Tire Reduction Program. John Gormley of Environmental Health was able to secure this grant from the

Christine Greene Cont'd

Department of Natural Resources. It allows us to put the bins throughout the county for folks to recycle their tires. They have put in the orders for the bins so this one will be coming out shortly.

Dr. Kim Turner-The Neighborhood Union Health Center report was last so that C. Greene could go ahead and give an update on construction and all as well.

Christine Greene

The 12% seen in the report is what we reported as far as the approved drop down from last month. The draw downs that are now in process right now will bring the total to \$717,300. This is not on the report yet because this report obviously ended in March. The April activity which brings the total up to about 23% spent on the project. All the finishes have been selected for the interior. We have them on display over here on the easel. Any late start in construction, have now recovered and they are on schedule. All of the construction scheduled for the month of April is in progress. We do not anticipate any problems for the month of May. The wall framing in the existing building is already up and the concrete footing installation has happened for the new addition. Everything as far as actual construction is on correct schedule and proceeding as planned. The critical issues at this point with the project are coordinating utility service with the City of Atlanta requirements. The builder is working through that. An easement requirement might need to go through the Board of Commissioners. FCDHW is working with attorneys to see about that. There is some increase in costs such as gasoline. A meeting is scheduled with the contractor to see what the estimates are and to get exact figures for anything that might turn out to be an overage or an issue. The report will be available next month. The construction costs have increased beyond the initial estimate. As we are beginning to coordinate the design and display of the archival artifacts for the center, the interesting and fun part just begun.

Dr. Phoebe Bailey

I will wait to see what the increase is in terms of the percentage when the report is received.

Monica Ryan

I observed that the Ryan White Grant will also expire on April 30th and the rest of the funds are all at 92%.

Christine Greene

The 92% is how much of the grant has lapsed. Like, in medications, we have spent 100%. In the others such as mental health, substance abuse and primary care, there is some redistribution of costs that will occur in this last month. One of the things they allowed us to do with these funds where we had vacancies was to go ahead and charge back health dept. staff that had worked on the project. None of those charge backs has gone through yet and will go through in the final month once you get the totals for the work that those individuals contributed. We have worked very hard especially where they come out with equipment and such to get those items in and processed. Our Material Management Manager, Deirdre Chambers, has done an excellent job with pushing through everything that needed to be spent in this final month. We have done a lot of moving around of money this last couple of months. Affirms she is anticipating that it would all be spent.

Monica Ryan

I am concerned about the 92% but more so concerned about the percentage of the amount spent.

Christine Greene

I am confident that the department is going to come in on this grant. It is just imperative that the funds stay here for this whole metro area. We are very committed to making that happen. Next month will be a better report.

Dr. Phoebe Bailey

Ms. Meadows are there any updates from Fulton County Schools?

Lynne Meadows

None.

Monica Ryan

I am on the program committee (referring to document circulated) who are trying to re-nominate Dr. Rogers for one of the four NALBOH awards. I am also seeking the Southeast Regional Director position.

Dr. Phoebe Bailey

I have received the Local Board of Health National Profile packet, and will complete it. I will be probably checking with Ms. Robinson to help gather some of this data for the profile. Dr. Yancey may be able to help with organizing the narrative for the nomination of Dr. Rogers with his work with the Medical Reserve Corp.

Dr. Arthur Yancey

Yes. I agree.

Monica Ryan

Oliver will you assist us with this? The deadline for submission is May 1st.

Dr. Kim Turner

The responsibilities and duties of the Board of Health have been re-directed to Janet Adams. There are some departmental operational grant responsibilities due at the same time. Janet Adams could very well do this project. Oliver's is really on a deadline right now. Taking on the responsibility of completing this would really take him off the task for what he has to do for the FCDHW by April 30th.

Janet Adams

I will coordinate the response. I will get with Oliver and make sure we have information from last year. I will get with the BOH and get whatever is requested so that we will have one coordinated response. It will be sent out to make sure you have everything you wanted.

Dr. Phoebe Bailey

Thanks Ms. Adams. I would like to extend appreciation to Oliver Delk for all that he contributes. The BOH is aware that grants are a specialty and is critical.

Dr. Samantha Williams

I visited Gateway Services. They provide services for the homeless. During my visit there, I was under a different capacity than as a board member. They were quite enamored with the services that the Fulton County Health system provided and wanted information on what kind of services that the county can provide that could be accessible to those persons affected by homelessness. I recommend an inquiry as to the possibility of some type of visit. The visit would be made by maybe someone here at FCDHW to Gateway so that they can actually talk about how referrals can be made from Gateway to other services at the health department.

Dr. Kim Turner

FCDHW has an outreach team. Who is the contact person? Juliet can you assist us with this?

Juliet Cooper

I will provide the contact information.

Dr. Phoebe Bailey

Thanks Dr. Williams for your input.

Dr. Kim Turner

We have provided accomplishments and highlights of the department. It is not all inclusive, but it is enough to provide information. Highlighted in the bold area, it should be the HIV TB branch accomplishments. There were 999 clinic visits in TB alone for the month of March. There were 1,649 visits in the STD clinic and 902 clinic visits in the HIV primary clinic. And most disturbing, 388 teens, clients less than age 21, are seeking service in the STD clinic. So it is an epidemic in Fulton County. Points out there are very capable outreach staff that are going out in the communities doing a lot of prevention and education programs. Fortunately they are coming to our clinic for service. FCDHW is trying to remove the No. 1 status of STD from Fulton County. We are more involved in trying to do more grants and grant projects. We have recently submitted a CDC apprenticeship grant that was due this week. A lot of hard work came from Larry Johnson, Jamie

Howgate and Oliver Delk. They have been working at a supersonic speed. It was a team effort to make this happen. Population Health is a growing division and a lot of services we need to get secured falls under Population Health. Good

Dr. Kim Turner continued

things will happen in the future. We are in the process of restructuring. We are strengthening our infrastructure, moving staff a little bit differently, and changing job descriptions to meet goals. There is a little shifting around to strengthen programs in order to move forward with some other goals. The BOH folders contain an invitation for the Nurses Week Celebration. Mary Long will be the keynote speaker. Please RSVP. BOH and other staff members are urged to participate. There are 107 nurses on our team and once a year we take the time to honor them. The programs would not go forward without the nursing team. They are the frame work and the backbone of public health.

Dr. Samantha Williams

Does the Health Department do the testing as well? Do these numbers include the testing that is done out in the field?

Dr. Kim Turner

No. Actual clinic visits.

Dr. Samantha Williams

Is it possible that some of the clinic visits are due to outreach work or work that the DIS is doing as well?

Dr. Kim Turner

No. There should be a separate number for outreach.

Dr. Samantha Williams

Where is that listed in report?

Dr. Kim Turner

Not sure if everything was included. Is Ms. Ruby Hardy or a member of the team here to answer the question? We will get back to you in order to provide those numbers.

Dr. Samantha Williams

388 teens for a particular month clinic visits, is significant, but it could be that you are reaching more out in the field than are actually reached in the clinic. I wanted to give credit to work that is being done.

Dr. Phoebe Bailey

We want to let people know that a massive amount of contact is managed by a particular staff so that when other kinds of reports come out, we can show the gaps caused if you are expecting this workforce to impact this type of solution to these areas. That is something we want to have included. Are minutes still going to the Board of Commissioner's at the end of meetings? I would like to make sure that they have received the highlights and the status report is included. The information that Dr. Williams spoke of can be included in the accomplishments and highlights. Create the whole addendum and send it to us again in an email. Send it with the minutes to the commissioner's. This is the kind of information that will serve them as they go to their communities.

Dr. Samantha Williams

They really need to understand the enormous amount of work it takes to get people to the clinic. There is a lot of outreach being done just to educate people about A, your services, about B, about what their risks are and C, their need to come in and seek those services. If the commissioners do not know how much your work force is needed not only in the clinic but also out in the field, then they may not be able to give you the adequate budget that you need.

Monica Ryan

The same would be for REACH as well. Just highlighting these areas is good but we need some numbers. I am aware that REACH does an awesome job out in the field. We want to give strength to areas because we know that the Fulton County Commissioner's have proposed a budget to cut for a lot of areas. Put those numbers in there. It matters a whole lot.

Dr. Samantha Williams

Unless they have some sort of health care seeking behavior, then what they need are people out in the field who are essentially telling them about what risk they may be at for TB, HIV, STD's or any other health issue and why it is important to use this or any of these facilities in the county.

Lynne Meadows

The other thing is that the numbers do not represent the number of cases where the TB staff is actually going out in the community. The education piece and staff getting people to come to the clinic is just one facet. I have specifically worked with them in the last two months and the number of people that have actually received PPD's is incredible and that number is not here. It takes resources and people. That number is not reflected. These numbers just reflect the work in the clinic when the work is far more reaching.

Dr. Kim Turner

All of the numbers are collected and entered into the system. For briefness of the report which would be a lot thicker, the more pressing things for that particular month are selected from the highlights. In the future, outreach numbers can be included. We are moving toward making sure that we have performance measures. Dr. Turner states she is looking for numbers and what we are doing. With regards to the Board of Commissioners report, they get a report that is very similar to this. The difference is its district specific. Information is provided to them already but in a different format. They are concerned about their districts more than the overall picture of it.

Dr. Phoebe Bailey

I trust Dr. Turner's wisdom that she knows what the commissioner's want. You don't want to inundate them with paper just for the sake of them getting paper. We want to make sure that they know the scope of the work.

Dr. Samantha Williams

That is key. Just making sure those that do a significant amount of work in the field are recognized for their work. This work also contributes to the work that is getting done in the clinic as well as the community level work. I yield to your better judgment but I think it is important.

Dr. Kim Turner

We will include that in there because you would be surprised at the numbers. FCDHW has over 40 outreach workers that go out in one division every single day making sure they service communities and families. We will just make sure that you see those numbers as well.

Dr. Phoebe Bailey

This is a new reporting mechanism that is used with all the data from all departments. There is a need to continue looking at what is important.

Dr. Kim Turner

The feedback is invaluable. Urges board to continue sharing how you want this report to look ultimately. May 12-16 is National Women's Health Week. The department is planning to do the 50 million pound challenge. Most churches have been involved with that. Anyone who wants to lose 3 or more pounds, please participate. It will begin May 13, 2008 at College Park, 10:00 am until 1:00 p.m. This is a kick-off program and is open to everyone. The Department of Community Health recently published a health inequities initiative. A minority report of 159 counties of several parameters. We were made aware of this on Friday at a press conference. We were not asked to make any contributions prior to the report and did not know the information that was going to be submitted at the press conference. It was very new information to us. Jamie Howgate was there. Dr. Turner noted she was also present. One of the leading reporters, Andy Miller was front row. They did use different counties that passed and did not pass. Fulton County along with 14 other counties, received an F grade in our minority report. It really talked about health inequities. Subsequently on Saturday morning, there was a newspaper article talking about health disparities among African Americans in Georgia and Fulton County. For all of us in the health field, we were not surprised and we are very transparent. That is the reason why our work is so valuable. We know there are health disparities. That is why we have programs like REACH and other prevention programs to get to those communities. They made it front and center. Refers to packages where there is a copy of Fulton County's report. In May at the BOH retreat, members will receive a CD disc of this entire book so that you will have all of the information regarding all counties. It is taking a minute to make all of those copies so you do not have them today. You will have them at the BOH retreat. At that time, she will go into further detail discussing the methodology used.

Dr. Kim Turner continued

There were some flaws in the methodology. Dr. Turner and Jamie Howgate have a telephone conference with one of the principal researchers discussing the health report. Fulton received a grade that was not really flattering about the equities of white physicians versus black physicians in Fulton County. Obviously, we have a lot of African American physicians in Fulton County but the ratio is actually out of alignment because there is an excess of white physicians in Fulton County so therefore our ratio looked very bad and our score was not that great. Some of the things they scored us on, public health has no direct control over. We were held responsible for the number of hospital emergency room visits in Fulton County. Fulton County is not responsible for that, but we are putting measures in place to try to alleviate the emergency room visits. In the report, there was we had a problem with the grading. It was not actually standardized. We received an F, C and a D. Unfortunately, F is bad and no matter how you look at the methodology. We know there are some health disparities and so we are in the process of looking at some other things to try to make some improvements. If you want to change healthy outcomes, you have to change unemployment rates. You need to change joblessness, education, graduation rates in high school. All of that impacts overall outcomes of health especially in disadvantaged groups. More information is forthcoming. We will try to have copies for the board of the newspaper article. This is a tool. This really is a great opportunity for our platform in the future when we try to get more funding for REACH and other prevention programs. This is really in our favor when we go to the Governor and talk about why we need to have certain grants approved so that we can go to these communities. Also this is the opportunity to change how we do things. We are changing some of our strategies. Outreach workers are being trained to be more invasive in health delivery which is the new approach. Diane Morris who is the leader of Health Outreach Workers is proctoring in New Mexico. So we are really spending a lot of time in developing the work force so that we can really go to the next level where we need to be with what we are trying to accomplish. During the BOH retreat I will have a strategic plan. All members will have input. This will be the frame work of where we should be heading in the next 5 years. The fact remains that everything is different. Healthcare is different. You have more people that have jobs that do not have insurance, who are seeking services here which is reflected in Christine's report saying that our fees have increased. This is because people are out there hurting. The economy is bad now. There are employees who are hurting to get to work because the gas is so expensive and they live a distance away. So, we have to be mindful of how we even staff our employees so that we make it a win for them as well. It is a lot of restructuring and a lot of rethinking on how we are used to doing things. This is considered the best opportunity we have had in 20 years to really get our message across and really get to the people who need to know the services that we provide. There is more to come on that. Thank you.

Dr. Phoebe Bailey

I attended a seminar at the Andrew Young School of Policy Studies, which was a tribute to the work of Jean Childs-Young. One of the statistics discussed was that 42% of girls in the State of Georgia drop out of high school and do not graduate. That is staggering.

Dr. Kim Turner

That affects health outcomes.

Dr. Phoebe Bailey

That affects health and educational outcomes. Notes the earlier study said that the educational attainment is correlated through the education of the mother and the income of the father. Those are the two highest predictors. If the mother in the home is not able to have conversations with the child, it fosters a particular attitude towards education, not to mention rates they stopped even counting when they are 16. That is absolutely frightening, 42%.

Lynne Meadows

Was the number of black males counted?

Dr. Phoebe Bailey

No.

Dr. Kim Turner

That is why it is so important to have collaborations with 100 Black Men, 100 Black Women and people who are actually doing things that try to target males particularly. They have a program called Project Success where they have monitored students and paid for their college education. They have been mentors to them. There are other organizations as well. Public Health's role has really expanded. Forewarned the BOH members, they would be asked to roll up their sleeves, be spokespersons and speak the message of public health.

Dr. Samantha Williams

There are two significant discourses when we talk about health disparities right now. Number one is the impact of social determinant. If you look at the social determinant, even the neighborhood is very much tied to income and all of that.

Dr. Samantha Williams cont'd

Those things have such profound impact on health disparities. Number two, is how health disparities are measured. We measure them right now so we compare the referent group on whites and whites are to have considered to have the best health outcome. And then there is everybody else. The challenge with that is that even with Healthy People 2010 the referent group are actually Asian Pacific Islanders and not white people. If you were to do that, then we would have huge health disparities. What they try to do is to keep it within the confounds of our county so they use white as the referent. If you were to use it with an international referent, then blacks, whites, hispanics, asians would look much worse across the board.

Dr. Kim Turner

Copies will be made for the Board of Health.

Dr. Samantha Williams

The DVD would be great because it makes the information in the role of social determinants and health inequities really digestible for people where they can't look at it and say there is something that black people do that make them more at risk. They try to make it more of a racial issue where the bottom line is that even when you take immigrants from other countries where they are impoverished, they have a better health outcome in their country of origin than when they come here as a resident. After two years they look just as bad as everyone else. So there is something about our country and the way that we value health and everything else that impacts and relates to health that actually creates those inadequacies.

Dr. Phoebe Bailey

“We need to talk about those things rather than letting them slide and hoping they will go away. We should be embarrassed about our grade, but we have to do something about it. We know that homelessness and poverty are a part of not just what the health dept does. A lot of groups are involved. We need to be connected as people who live in this community.

Dr. Samantha Williams

I appreciate the prospective of this being a lesson learned because the bottom line is that often times Fulton County becomes the place that people who can not find services in other counties come here for service. We look much worse off than we actually are because this is where people can find services. This is also the place where many counties would prefer that those folks find those services. Also, when looking at homelessness and people that come to Atlanta that are homeless, they come specifically to Atlanta because of the services that they can get right here. It makes the county look as though we are not doing our job. Whereas it may be the other counties that surround us and other states that are surrounding Fulton County and Georgia not doing their job and turning a blind eye. They are not providing services and the people have no choice.

Dr. Kim Turner

I met with Dr. Hoffer who is the Health Director in Gwinnett County because he had an “A” on his map. He mentioned they would probably not get this grade much longer due to demographic changes as well. As a government, they have no homeless shelters in Gwinnett County. Dr. Turner states these are just numbers. They do not talk about what is behind the numbers. More information will be gathered to share with BOH. There is great leadership with the new County Manager. The Social Determinants of Health Committee was established in February. Christine, Jamie and I are on the committee. All different Government agencies to include Library Services and Housing are on it. DFACS will soon be included. A workshop facilitated by Dr. Camara Jones of CDC will be held in May. We are moving in the direction where we will look at health not only from the number of outreach visits are provided but environmental, education and the social system. We need a higher graduation rate. We have to include businesses. We will need a lot of support. Dr. Turner encourages BOH to be actively involved in the input. The board will be provided with a copy of the CD which has been ordered and is phenomenal.

Dr. Phoebe Bailey

I was listening to the situation in Texas of the 400 children who have been taken from the compound and sent into foster care. I do not remember a bunch of people waiting to take children into foster care. Asks what happens to families. When we speak of being more invasive, what are our structures for keeping families intact?

Dr. Phoebe Bailey

Is it better for a child to be in foster care which is a questionable structure, possibly to move a child to foster care than to see that the child can remain with the parents with support?. What can we do in the system to strengthen families? Many times children are mentored individually apart from the family. The first child may be mentored into a particular program. Is there an influence that will allow a parent to take a path with less outside support for a younger child? It seems overwhelming.

Mary Long

The more children women have, the more likely the women and children may move into poverty. There are a lot of programs out there that the health department may not be connected to. The Genesis Shelter who takes newborns. Maybe it is really re-looking and putting together some cadre of what is available.

Monica Ryan

Many of the things that were mentioned are those programs that are available within the City of Atlanta. If someone comes to me for the program information, I can provide the information if needed because my shop does that.

Dr. Phoebe Bailey

The biggest thing is that there are a lot of good efforts but it is patch work. We do not have handle on it. I regret we did not continue with the intent when we went two summers ago to Summit for a Healthy Georgia. Even at that moment, did not seem to have the Governor's support because the Governor's representative suddenly was not available. We have a summit. Maybe that is something that we in the community can advocate for. The health of women has deteriorated. The death rate looks like it was 50 years ago. Not just people who are impoverished.

Dr. Kim Turner

Fulton County Department of Health and Wellness is trying the wholistic approach. It would be nice to have an opportunity for outreach workers go to a home, make the assessment and have a computer or blackberry there. Not only assess the health linkages within and outside the county but that you have what the family needs. Our outreach workers will eventually be the most trained forces out there. We are going to be linking all the services and gathering the list that we probably do not have and get them computerized. We can press a button and it will come up. We can link services and not just give a pamphlet.

Khatim Sherer El

What is the name of the concept?

Dr. Kim Turner

The concept is called Social Determinants of Health. Fulton County has started already and it has been going on for sometime. One of the premier counties in Seattle, King County has formulated what we are trying to do which is having government involved with health. An example would be zoning and planning. We are working with some organizations and groups to try and get there. I will forward the information.

Dr. Phoebe Bailey

There may be a place on the web site that it can be available to other people who need to use the data. Maybe on FGTV there can do a push for your voices to be heard and known.

Acar Nazli

On the FCDHW home page there is a section called reports and publications. That is where we have some of the info from the CD that Dr. Turner mentioned.

Dr. Phoebe Bailey

I was thinking of outreach. The average client that comes in for services is also in a crisis. There are key words that they give you. We have to learn to recognize what they are. It is a unique skill requiring critical thinking. It is important that all staff be trained to pick up on what the real issues are. There is some critical thinking that one has to do in order to be able to assess that. A lot of people come in with the sort of issue “not to beat a dead horse”, which was the basis of the Critical Conversations training. Staff would have the ability to hear the unspoken. That may be re-visited in the future. This is what the program fostered in the areas where it was successful.

Lynne Meadows

Once you get everybody on the playing field as within the school system, our health department is able to view the risk. We need to look at the entire family. We must have the tools and resources in order to begin addressing the issues. Times have changed and we can not do business as we have done.

Dr. Kim Turner

We will have a new Department of Health and Wellness in years to come. We are moving from healthcare models to the health transformation model which is all-inclusive. We received a proclamation from Commissioner Emma I. Darnell for our National Public Health Week. The theme this year is Climate Change in the Balance of Health and Wellness. This involves, conserving water, pollution. All that affects overall health. There is an impact award. This month it is presented to Mr. Acar Nazli.

BOH Folder Inserts

1. Agenda
2. March Minutes
3. Fiscal Report
4. Payment Letter
5. Clinical Services Division Highlights
6. STD Calendar
7. Health Disparities Report
8. National Nurses Week Awards Ceremony Invitation

Meeting Adjourned.