

**COLUMBIA/BOONE COUNTY BOARD OF HEALTH
MEETING MINUTES
January 10th, 2013**

The Columbia/Boone County Board of Health met for a regularly scheduled meeting at 5:30 p.m., Thursday, January 10th, 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.

MEMBERS PRESENT:

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

MEMBERS EXCUSED:

**MEMBERS NOT
EXCUSED**

CALL TO ORDER

Chair Ilalyn Irwin called the meeting to order at 5:30 p.m.

PRESENTATION:

Ms. Irwin welcomed the newest Board member, Dr. Beth Hussey, DVM. Dr. Hussey introduced herself as a small animal veterinarian in Columbia and a member of the Vicious Dog Advisory Board. She previously served on the Board of Health several years ago.

APPROVAL OF AGENDA:

The agenda was amended to include information provided from the Energy and Environment Commission.

APPROVAL OF MINUTES:

The minutes from the October 2012 meeting were approved as written.

ELECTION OF OFFICERS:

Ms. Irwin requested nominations for chairperson of the Board of Health. Ms. Lyon nominated Dr. Szewczyk to serve as Chair. No other nominations were made. Dr. Szewczyk accepted. Ms. Irwin then asked for nominations for Vice Chair. Ms. Sax

nominated Mr. Stearley. No other nominations were made. Mr. Stearley accepted. The new chair and vice chair were approved by acclamation.

NEW BUSINESS:

Ms. Browning introduced Jason Wilcox and Rachael Young who were reporting on the Health Impact Assessment (HIA) completed in 2012 looking at the local Transit system in Columbia. This was the first HIA done locally, and one of the few done in the state. Mr. Wilcox is the Health Impact Assessment Coordinator for the Columbia/Boone County Public Health and Human Services. Ms. Young serves as the Communications Coordinator for HIA. The information on the assessment will be presented to the City Council on February 4, 2013.

Mr. Wilcox mentioned that the HIA project has been going on for about a year. A copy of the executive summary was handed out for Board members as well as a PedNet document which was used as a secondary data source. This document summarized meetings held last year in four City wards where community members were invited to discuss transit issues. The HIA project was funded by two grants: one from the Missouri Foundation for Health provided to Central Missouri Community Action and a Robert Wood Johnson Foundation Roadmaps to Health Grant given to the PedNet Coalition. This was one of 12 such grants given nationwide and the only one in Missouri.

The eight member HIA partner team was formed with members from the Columbia/Boone County Public Health department and members from various local community and advocacy organizations. Mr. Wilcox provided background information about the transit system in Columbia. He noted that it came close to exhausting a reserve fund in the summer of 2011. It has been relying on the reserve fund since 2007 to run daily operations and this is unsustainable. This resulted in a fare increase for student and non-student riders as well as planned service reductions. The system does not run on Sunday and has limited hours Monday through Thursday.

Ms. Young mentioned this particular HIA assessment was conducted to research the potential health effects, positive or negative that would result from expanding transit services in Columbia. The HIA recognizes that policies made in different domains such as transportation, education and planning influence health even if health is not considered in the specific policy making process. The purpose of the HIA is to provide systematic evidence based research to explore what the potential health effects may be if specific policy parameters are modified. For example, an HIA was conducted in Kansas to determine health effects of building a Casino. The evidence showed there were both positive and negative health effects. The casino would provide more jobs with access to healthcare. Shift work and smoking could both result in negative health impacts.

Ms. Young mentioned the best time to do an HIA is during the discussion period for a proposed policy, program or plan. The handout given shows the specific details and

process used in conducting the Transit HIA assessment along with the objectives and results. Click [here](#) to view a more detailed look at the assessment.

The Columbia Transit HIA noted that some people who lacked their own vehicle had difficulty getting to health appointments and work. Many of these folks were bus riders. People who rely on the bus service struggled because there was limited availability of times. Students had difficulty getting to and from evening classes. During the discussion after the presentation, Board members noted literacy concerns with schedules which were hard to read, poor conditions of some of the bus stops, and many of the stops not being well marked. The HIA did find that adding more bus stops would actually increase rider's activity as more people would be walking to the stops.

Dr. Szewczyk asked if there were any other cities similar to the size of Columbia in the United States who has a system that works well and makes money. Ian Thomas, a consultant from the PedNet Coalition, mentioned that he knew of three that seemed to be working very well: Champaign, IL, Ames, IA and Lawrence, KS. All three had a different operational model and funding sources.

New Business:

Dr. Szewczyk led the discussion on the fluoridation issue. The goal was not to settle the issue tonight but to determine the process we would use to arrive at a recommendation to give to Council.

Amy Bremer gave a presentation on her concerns about fluoride's impact, specifically on children and her concerns about handling and using hydrofluorosilicic acid (HSFA) in Columbia's drinking water. She mentioned studies in the past have shown that it can include arsenic and lead. Mosaic is the company that supplies HSFA and Ms. Bremer tried to contact them three times to get further details regarding any other contaminants that may be in HSFA. She did not get a call back. Ms. Bremer was concerned about total dosage of fluoride and how much a child or adult should consume to have the benefit but to avoid dental fluorosis and other risks. For further details on Ms. Bremer's presentation go to the online Agenda for this meeting and open document attached.

Dr. Szewczyk noted that many well respected organizations support the use of fluoride in drinking water. The "ruling on the field", by the CDC, the American Dental Association, the WHO, the American Academy of Pediatrics and many others, is that fluoride in the drinking water makes sense. He felt that in order for us to overturn this recommendation, we need substantial evidence that it is the wrong position and Columbia should do otherwise. That said, he felt that the information provided did raise valid concerns and he had some reservations regarding the use of fluoride. He noted that the literature and articles available supporting fluoride were old and that many consumer products now contain fluoride. He opened the discussion asking the Board to determine what methodology the group will use to examine the issue.

Ms. Skala suggested the group consider looking at a source of information called the Guide to Community Preventive Services. It is a set of recommendations developed by expert panels that review all the literature on a wide variety of topics and generate recommendations that are graded in their strength. Community water fluoridation is recommended by this body, but it might be helpful to understand the process of what they went through to come to this recommendation. It might be good to hear from someone from that group to find out about the process that was used.

Dr. Malaker said he believes that topical fluoride is far better than ingested fluoride. If you brush your teeth with fluoride toothpaste and have good oral health habits there is no need for water fluoridation. If you don't brush your teeth, having it in the water won't necessarily prevent cavities. One concern is the daily oral brushing habits of our young population. He noted that orthodontic patients are not allowed to brush their teeth at school after they eat. Dr. Malaker mentioned studies that show the overall trend in communities who don't have fluoride in their water is that they have about the same rates of dental caries as those communities that do fluoridate. Dr. Malaker felt it was very important the group study the issue further and offer a session for public comment.

Ms. Phillips asked if dental fluorosis can be used as a biomarker of excess fluoride exposure and do we have it in Columbia. Dr. Malaker said yes and that just about every teenager he sees in Columbia has at least a mild fluorosis. It is not caused by toothpaste. He mentioned that fluorosis is caused by the fluoride interacting with the tooth during enamel formation. Ms. Lyon felt it was important to collect data on this issue before making any further judgment.

Ms. Skala says there is good evidence over the last few decades the number of cavities in children has gone down. The stakes are high in terms of underprivileged population who may not have access to dental care or other forms of fluoride that are available. We can't lose sight of this.

Ms. Lyon asked the group to refocus on what the group's process should be in looking at the fluoride issue. She asked what exactly is the council requesting from the group. Ms. Browning said they did not specify exactly what they wanted, but based on public comment at the council meetings, the question is whether or not Columbia should be adding fluoride to the drinking water.

Ms. Lyon recommended that if our purpose is to make a recommendation to the council regarding the appropriateness of fluoridation, then it cannot be about general dental health. Dr. Szewczyk noted that Columbia's water supply is already has a fluoridation level of .3 mg/L. Ms. Phillips pointed out that what we really need to do is determine if there is substantial evidence to make a change from .7 mg/L to .3 mg/L rather than choose between the two.

Mr. Feirman recommended a subcommittee be set up to further discuss the issue at hand.

Motion was made by Ms. Phillips that the subcommittee examine the available evidence and determine if there is substantial evidence to change from .7 mg/L to .3 mg/L. In addition, if the subcommittee determines that fluoridation at .7 mg/L should continue, then the subcommittee should determine which product, Sodium Fluoride or HFSA, should be used. The motion carried.

Dr. Szewczyk asked for a show of hands on who would like to participate on the subcommittee and asked who might want to lead the group. Ms. Sax recommended Ms. Skala be the chair of the subcommittee. All agreed and Ms. Skala kindly accepted. A date will be picked and a meeting notice will be sent out to all Board members and will be posted on the website.

Ms. Irwin discussed information sent by the Energy and Environmental Commission (EEC) regarding homeowner radon exposure and their recommendation regarding home construction standards. It was unclear what, if anything, the EEC was requesting from the Board of Health. It was agreed that if the City Council would like us to review the issue, we would be happy to do so.

NEXT MEETING DATE February 14, 2013

ADJOURN: There being no additional business; the meeting was adjourned at 7:30 p.m.