

The Fayette County Board of Health met on Tuesday, July 13, 2004 in the Public Meeting Room in the Fayette County Administrative Complex, 140 Stonewall Avenue, Fayetteville, Georgia.

**Board of Health Members Present:**

Lynette Peterson  
Lyn Redwood  
Judi-ann Rutherford  
A.G.VanLandingham

**Staff Members Present:**

Michael Brackett, MD  
Merle Crowe  
Rick Fehr  
Cynthia Grant  
Carl Knapp  
Robert Kurbes  
Rodney Hilley  
Dennis Davenport, Attorney

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**CALL TO ORDER:**

Ms. Redwood called the meeting to order at 7:41 a.m.

**APPROVAL OF MINUTES FROM MAY 11, 2004:**

Motion was made by Ms. Peterson to approve the minutes, seconded by Mr. VanLandingham. There was no discussion. The minutes were approved as written.

**OLD / UNFINISHED BUSINESS / PUBLIC COMMENT:**

Ms. Redwood requested an update on the proposed Peachtree City Smoking Ordinance.

Ms. Rutherford replied that two public hearings had been held. She said a working draft was created at the first meeting and the second meeting dealt with the proposed final draft. She said that business with alcohol comprising 60% of total sales would be designated as bars and would be allowed to have smoking on the premises. She said no one under the age of eighteen, staff or patrons, would be allowed inside those premises. She said all other businesses would be smoke free. She said defining businesses in this manner got a unanimous vote, and that the final vote would be on the August 5<sup>th</sup> agenda. She said further that hotels would be smoke free, except for designated rooms.

**ENVIRONMENTAL HEALTH PROPOSED FEE CHANGE:**

Mr. Fehr commented that follow-up information after the last meeting had been sent to the board and offered to expound on it if necessary. He said the fee increase proposal was open for the board's consideration.

Mr. VanLandingham had a question about the listing comparing fees from different counties for charges to review swimming pool plans.

Mr. Fehr said that fees from several different counties were listed under the item *Initial Plan Review and Permitting*. He said initial reviews covered review of submitted proposed plans for public swimming pools, to determine if they complied with current regulations. He said if

any items were noncompliant applicants were then notified, and new plans could then be submitted. He said if the new plan was acceptable, staff then would make a preliminary inspection of the site, and another inspection as construction went on; with a final inspection prior to opening of the pool to the public. He said this process was not for residential pools, but for city, county, and subdivision pools. He said the fees were only for new pools, not for existing facilities.

Ms. Redwood clarified that the \$300 fee covered initial review of the plan; site visits during and at completion of construction, and that the \$75 fee was an annual site inspection visit.

Motion was made to approve the fees by Ms. Rutherford, seconded by Ms. Peterson. The motion carried unanimously.

**PUBLIC COMMENT:** There was no public comment.

**NEW BUSINESS:**

**GEORGIA PUBLIC HEALTH ASSOCIATION (GPHA) MEMBERSHIP FOR BOARDS OF HEALTH:**

Ms. Grant said that Ms. Ayers, District Director of Clinical Services, encouraged presentation of eligibility to GPHA for board members. She said the cost of one year of membership for the board as a whole was \$245. She said Dr. Brackett had pointed out that one of the benefits of membership was a vote in health issues affecting Georgia. She mentioned that GPHA had a yearly three-day conference each September, wherein attending members would hear various speakers, and that there was a yearly leadership institute, which was very helpful to board of health members. She said people from Georgia and other areas came to discuss various public health issues. She said that she had given the board a handout about the 2004 conference, which included the first few pages of the 12-page agenda. She said she had attended a GPHA meeting just after being hired, to learn what public health was about, and that she had found it to be very beneficial. She said there presentations would include both scientific information and front-line issues. She said she planned to attend this September's meeting. She said that much information about public health methodology used in Georgia, as well as other states, and health issues in Georgia would be provided. She pointed out that it was also helpful to know what was going on in public health legislation. She said she wanted to present the information for the board's consideration.

Ms. Rutherford commented that membership would allow the board legislative access. She said that such access had been a big part of the state-wide smoking ordinance legislative effort.

Ms. Peterson wondered if all seven members would have individual votes. She noticed that a list of members should be attached to the application sent with the fee.

Dr. Brackett commented that the board could be as active or non-active as it desired. He said he was not sure how or when member's votes were cast.

Ms. Redwood said that individual members could join for \$40, and the joint membership would break down to \$35 each. She was unsure if the board should join jointly or individually. She asked if the membership fees were included in the budget.

Ms. Crowe replied that they were.

Mr. VanLandingham asked how close district staff related to the Association of County Commissioners of Georgia (ACCG). He said he was on the board of ACCG and did not remember ever hearing any interest in lobbying for public health, outside of hospitals, treatment centers, etc. He wondered if ACCG could be harnessed to work with public health at budget time.

Dr. Brackett said that one reason to organize was for service entities to come together for the benefit of both. He said there were areas where it would be good to have interaction between service organizations, and some where no interaction was necessary. He said meetings such as those held by GPHA would help determine those areas of optimal interaction. He hoped that district directors could work to make such interaction between public health and ACCG a reality.

Mr. VanLandingham stated that he had hoped to bring health department staff to ACCG meetings, at Ms. Sue Nieman's urging, but that scheduling conflicts had made this impossible. He said the next meeting was overnight and that he might not be able to attend; but felt that it was a good thing to have someone from public health attend the next day-long meeting with him.

Dr. Brackett said the idea of getting Board of Health members to join GPHA was a relatively new one. He said the thrust to do so was for two reasons: much overall information on public health was presented, and that GPHA was a political advocacy group. He said that covered information could include the history of public health, funding sources, and the flow of power in state government. He said in the role of political advocacy, members of GPHA or ACCG could speak out on public health issues, where public health members could not. He said that governor's office policies could not be addressed by himself or any other public health employee, but that representatives of ACCG and GPHA could do so. He gave an example: Paul Wiesner, as a District Medical Director, could not speak out, but as Director of GPHA at last year's meeting he gave a scathing speech to Commissioner Martin. He said if a group of active board of health members saw GPHA as a viable political entity and joined, then political partnerships could be formed.

Mr. VanLandingham said a liaison should be formed between ACCG and GPHA. He said board members would need to be ones who know what is going on with public health, and who were really interested in public health.

Dr. Brackett agreed. He said he had heard good reports from board of health members who had taken time from their private lives to attend a GPHA meeting. He said members' costs were usually borne by local health departments.

Mr. VanLandingham said indigent care was one area of public health that had been discussed at ACCG meetings. He said the opening of the door to indigents by the Federal Government meant increased local costs.

Ms. Rutherford said that GPHA was the board's entrance into the legislative process, if that was an issue of interest to the board; for example: if the state had made a decision on the smoking resolution, local boards would not have to struggle with that issue. She commented that if part of the board's goal was to be more effective in public health, then the more voices heard the more support that would be available. She said the information available alone at GPHA would be valuable. She said that joining would support the state-wide organization for public health and send a much clearer message that the board was concerned and willing to

do the work involved. She said that if there was a budget line to provide the registration fees, then the board should move forward. She made a motion to join GPHA. Mr. VanLandingham seconded the motion, and it passed unanimously.

**STAFF REPORTS:**

Ms. Grant gave a brief staff report. She told the board that she had applied for a grant from the Women's Health Initiative for portable massage tables, to be used as exam tables when staff goes off-site to Health Fairs. She said the grant was approved and two tables were purchased. She said the nurses did thirty-two breast exams in four hours at the *Hispanic Health Fair* at Holy Trinity Church in Peachtree City. She said patients were referred to the *BreasTEST & More Program* for mammograms and for follow-up to physicians, etc. She said two nurses preformed breast exams, and that she herself did at least forty hearing exams. She said another Health Fair and flu clinics were planned for next year, and that the tables would be used to support that effort.

She said nursing staff was also partnering with Head Start. She said a head-to-toe physical was required prior to a child's entry into Head Start, but due to transportation or work related-problems some parents were not able to get their child's physical preformed. She said the part-time nurse would be sent to perform the physicals, thus solving that problem, and getting more use from the portable tables.

She mentioned that five applications had been received for the open LPN position, which was approved by the county commissioners since it remained open after the previous LPN resigned.

There were no other staff reports.

**ADJOURNMENT:**

Motion was made to adjourn by Ms. Peterson, seconded by Mr. VanLandingham. The motion carried unanimously.

The meeting was adjourned at 8:10 am.

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Michael Strain, MD, Chair

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Merle Crowe, Secretary