Benton, Lincoln, Linn Regional Oral Health Coalition of Oregon (Regional Oral Health Coalition-ROHC) Joint Meeting with Benton County, Lincoln County and Linn County Oral Health Coalitions

Meeting Summary
Microsoft Teams
June 20, 2023
2:00 p.m. – 3:40 p.m.

Attendance: Maisa Athamneh, Christy Anderson, Shelagh Baird, Bryan Decker, Karen Hall, Jennifer Hanson, Carrie McHill, Molly Perino, JoAnn Miller, Savanna Sam, Paul Smith, and Shelley Hazelton

Guest: Brandan Kearney

Welcome:
JoAnn Miller welcomed everyone to the meeting and noted we are still looking for someone to Chair this Coalition.

Meeting Minutes:
The February 21, 2023, meeting minutes of the Benton, Lincoln, Linn Regional Oral Health Coalition of Oregon Joint Meeting with Benton County, Lincoln County, and Linn County Oral Health Coalitions was presented. **Bryan Decker made a motion and Molly Perino seconded the motion to approve the February 21, 2023, meeting minutes of the Benton, Lincoln, Linn Regional Oral Health Coalition of Oregon Joint Meeting with Benton County, Lincoln County, and Linn County Oral Health Coalitions as presented. The motion was voted upon and was unanimously approved.**

Financial Support/Partnerships:
JoAnn Miller led discussions around financial support and partnerships.

- East Linn County and Lincoln County have had dental voucher programs for clients.
- We are looking to ask Samaritan Health Services (SHS) to help with financial support for the dental clinic at Communities Helping Addicts Negotiate Change Effectively (C.H.A.N.C.E.).
- Bryan Decker at C.H.A.N.C.E. has been successful at getting a dental chair from Molly Perino and additional set up for the space to begin seeing patients in need of dental services in the Albany area such as the homeless and those suffering from substance use disorder (SUD).

- **Molly Perino** – Will plan to have a presence on Monday and have an Expanded Practice Dental Hygienist start at C.H.A.N.C.E. next month. Will drop in the first couple of visits and they can do assessments and cleanings the following week. Should also have mobile X-ray soon. Hope to have a dentist come once a month and do extractions and Silver Diamine Fluoride treatments. Has donated equipment to C.H.A.N.C.E. The next steps will be to get instruments for the dentist.
- **JoAnn Miller** – We have been working with Capitol Dental Care, Benton County Health Department-Community Health Centers of Benton and Linn Counties, and C.H.A.N.C.E to make this successful. Gave a preview to Daniel Keteri, CEO, Samaritan Albany General Hospital (SAGH) and Marty Cahill, CEO, Samaritan Lebanon Community Hospital (SLCH) who are responsible for the social accountability funding for the system for SAGH/SLCH. We had some funding left over and are currently supporting Benton County-Community Health Centers of Benton and Linn Counties, Love INC., and Strengthening Rural Families for Benton County residents with dental vouchers, oral health kits, education, dental vans, and appointment cost coverage for removable prosthetics for exceptional need patients.
    a. Did discuss offering vouchers as well. Can we get a dentist to come to C.H.A.N.C.E more than once a month? There was also discussion about InReach Services. InReach Services is a free clinic funded by SAGH and SHS donors. Looking at the possibility of sending some clients to C.H.A.N.C.E. and help with getting enrolled in the Oregon Health Plan and to get a voucher.
    b. Would like to recommend the ask of $25,000 this year to be given to C.H.A.N.C.E. to help support the dental clinic and another $25,000 for Year 2 and Year 3-depending upon SHS and our financial outlook. ***JoAnn Miller noted she would put together a proposal to submit for funding. She will send to Molly Perino and Bryan Decker to review.***
    c. We do want to make sure there are adequate instruments and staffing for the C.H.A.N.C.E. dental clinic.

Health Resources and Services Administration (HRSA) Rural Health Care Services Outreach Program Oral Health Grant - Co-location Project Update: Shelagh Baird provided an update on the Oral Health Grant – Co-location Project in Lincoln County placing an Expanded Practice Dental Hygienist (EPDH) in Samaritan North Lincoln Hospital (SNLH) and Samaritan Pacific Communities Hospital (SPCH).

- Savanna Sam is now at SPCH and covers SNLH as well. She is averaging about 120 patients per month.
- Have rolled out the media campaign with promoting oral health and overall health. Savanna Sam and Dr. Lesley Ogden did a video. Shelagh Baird shared the video with members present. It was completed in connection with the Eugene Company helping with the media campaign and is embedded in our Coast to Cascades Community Wellness (CCCWN) website.
    a. **Bryan Decker** – This video looks great!

- **Savanna Sam** - Has been keeping busy and working at providing a dental voucher program for emergency follow up visits. She has been contacting dentists to see if they would like to be part of the program. Dr. Heather Flowers (private dentist) has agreed to be part of the program. Is trying to get another dentist from Lincoln County on board.
- At the last CCCWN Steering Committee approved increasing the reimbursement amount for the voucher to $300.
- **Savanna Sam** - Has been brainstorming on outreach to the community and finding ways to be more creative in the hospital settings. She plans to meet with different providers in Newport. Have we heard any more on dental kits for the Women's Center.
    a. **Shelagh Baird** – Does have some money from the grant. ***Will follow up with Savanna Sam and Linda Mann.***
- **JoAnn Miller** – Please keep us updated on dentists that come on board as we get the voucher program going. We do have one dentist that has said, "yes." The hope is to get another dentist on board.

Strategic Plan for Oral Health in Benton, Lincoln, and Linn Counties Update:

Brandon Kearney led discussions around the Strategic Plan for Oral Health in Benton, Lincoln, & Linn Counties – 2023 Progress Report and Update.

- Outcomes with medical integration and diabetic program – Britny Chandler has some of this information.
- **Plan Overview (Pending):**
    a. **Priority Area 1: Infrastructure**
    Objective a – The tri-county region's oral health infrastructure delivers better care, better health, and lower costs.
        - Outcomes – Selected measures and target dates – Develop new measures and targets with coalition if still viable.
- **Executive Summary:**
    a. Although we have made considerable progress, the tri-county region still faces major disparities and inequities in access and outcomes, especially with regard to race/ethnicity, age, income, insurance, geographic isolation, gender identity/expression, and English language skills. There is an urgent and growing need to expand care to seniors, the unhoused, people who are undocumented, people with special needs, and people living in foster homes and long-term care facilities, as well as those who have experienced identity-based stigma, trauma, and discrimination within the health system. Expanding care also includes maintaining community water-fluoridation, which is a safe, equitable, and cost-effective method for improving community oral health.
    b. Do we have a sense of how many people there are that deal with institutional trauma – Those that do not feel safe or comfortable going into facilities?
    c. We need to look at ways to make more inclusive for those left out of the process.
- **Oral Health in the Tri-County Region** – Pages 2-5 – Oral health has improved significantly in the tri-county region since 2015.

However, too many tri-county residents of all ages, regions, and background still lack access to timely, affordable, and appropriate dental care and prevention services.

1. In, 2015, the Benton, Lincoln, Linn Regional Oral Health Coalition of Oregon produced a strategic plan for oral health in the tri-county region. This plan identified three priority areas: Infrastructure, Prevention and Systems of Care, and Workforce Capacity.
2. We have had great collaboration and cooperation, but there is always the need for more.
3. **Infrastructure** - In 2017, a majority of stakeholders identified data collection and sharing as the region's most important need, not just to allocate resources and improve outcomes, but also to demonstrate the success of interventions. Major data gaps included an inventory of services and providers, a survey of cultural attitudes toward oral health, and follow-up tracking of Emergency Department (ED) and Urgent Care (UC) visits for oral health problems.
4. **Infrastructure** - We have made great strides toward medical-dental integration since 2015, stronger coordination and greater capacity are still pressing needs, particularly as more patients gain access to oral health services. Too often, expanding nominal access to care has not increased utilization due to a lack of providers, long wait times, excessive costs, lack of transportation, and/or prevalence of fear, mistrust, and stigma among specific populations. Also, it is likely that during the pandemic, patients with moderate dental needs deferred care will accordingly present with more advanced oral disease requiring more urgent, costly, or drastic treatment.
5. **Prevention and Systems of Care** – Oral health efforts in the tri-county region have focused primarily on prevention and systems of care, especially for pregnant women and children. Many innovative and effective efforts have targeted this population since 2015 including:
    a. Expanded services through Head Start, WIC, and Boys & Girls Clubs.
    b. Health Navigators at OB/GYN clinics.
    c. Expanded school sealant program, which reached all schools in Benton and Linn Counties that were listed as a priority by Oregon Health Authority (OHA).
    d. Dental screenings with school vision and hearing tests.
6. Is the Health Navigators at OB/GYN clinics ongoing? ***Brandon Kearney will follow up with Christy Anderson***. Might be part of public health and working with Maternal/Child Health Team, and with Lincoln County as well.
7. The adult service gap is especially problematic for seniors. In all three counties, seniors topped the list of people most likely to have oral health problems since 2017. Stakeholders expressed the serious concern about high cost of dentures and the loss of dental benefits as seniors move from Medicaid to Medicare.

8. Stakeholders also reported a growing concern about migrant populations, especially those with limited English skills and those whose sole primary language is Mam. Historically, these community members have shown a certain degree of anxiety and mistrust about accessing programs. Since 2017, this anxiety has increased to the point where many will no longer seek care at community sites. This is also true of stigmatized community members such as the unhoused, people of color, LGBTQ+, people with substance use disorder, and people with a low socioeconomic status.
9. Navigation is a long-standing problem. In areas where services are more widely available, the difficulty of navigating the health care system remains a common barrier to access. There is more need for navigation and culturally and linguistic appropriate services.
10. Cost, lack of transportation, and lack of childcare also pose persistent barriers to access.
11. Mobile dentistry is effective, however a lack of dental van volunteers pose an obstacle to expanding mobile services further.
12. The lack of community water fluoridation effectively constitutes a lack of access to preventive care for the most vulnerable community members. Due to the amount and volume of misinformation and disinformation about fluoride, advocates have primarily focused on defending existing fluoridation programs.
13. Charts are listed on pages 4-5 on SHS dental encounters at Emergency Departments, Urgent Cares, and Express Care and dental encounters at all SHS sites for patients self-identifying as non-white/non-Caucasian.
14. Do we want to include information from our integration and co-location projects at Samaritan Lebanon Community Hospital, Samaritan Pacific Communities, and Samaritan North Lincoln Hospital.
    a. **Karen Hall** – "Yes," it would be good to include that information. Can we get information along with Carrie McHill has? Do we want to pull data from the hospital side. Has dental hygienist encounters information.
    b. **Shelagh Baird** – Gets monthly Epic reports. Data is more specific and can look at unique encounters. Does not have data from Samaritan Lebanon Community Hospital. May want information from the Expanded Practice Dental Hygienists spread sheets as well. ***Can follow up with Karen Hall, Carrie McHill, JoAnn Miller, Linda Mann, and Savanna Sam.***
15. **Priority 1: Infrastructure (Page 7):**
    a. Starts out with local infrastructure and coalitions.
    b. The Regional Oral Health Coalition should continue to provide leadership, coordination, and information to local coalitions while also engaging public health organization and advocates as allies. Specific recommendations include:
        - Request regular reports on how local coalitions are moving toward self-sustainability and what can be done to help them.

- Mobilize marginalized and stigmatized community members, along with their advocates and care providers, to ensure inclusive input into CCOs, DCOs, public health policy, and regional health transformation efforts.
- Create one or more regional subgroups to provide local, community-focused expertise on evidence-based dental care.

c. Medical/dental integration talks about advances made and how the online Smiles for Life oral health curriculum and medical/dental co-location projects are vital elements of this strategy.
d. InterCommunity Health Network CCO (IHN-CCO) has made major strides toward medical/dental integration and is currently encouraging dental professionals to sit on all boards. The Dental/Medical Integration for Diabetes pilot program is also noteworthy. This is where we can get data from Britny Chandler. IHN-CCO and Capitol Dental Care are partnering on a project that integrates diabetic testing within the dental office setting, a dental van outreach effort for people recovering from substance use disorder, and dental professionals participating on the Dental Health Advisory Committee, Diabetes Taskforce, and the Quality Management Council.
e. Page 8 talks about the hospital co-location projects and Capitol's EPDH outreach team going to the Samaritan Treatment and Recovery Services (STARS) program in Lebanon for clients with substance use disorder who need dental services and navigation. A similar project is planned for C.H.A.N.C.E. clients. Have contract with dental van going over once a month to STARS. Carrie McHill is trying to get involved with the intake process.
f. Collecting and using oral health data – Data collection helps quantify progress and manage limited resources. Crucial data gaps include:
    - **Service and provider inventory** – What services are available in which areas?
    - **Use of language services** – How many times were language services (e.g., interpretation, translation, or the Language Line service) provided during patient encounters (waiting on stats from Molly Perino)?
    - **Survey of cultural attitudes and competence** – How do people view prevention and treatment options and the competence and caring of providers?
    - **ED/UC follow-up data** – Where are ED/UC patients referred? Did they go? Did the care resolve their condition?
    - **OHP providers and patients** – How many youths and adults are served under OHP, and by which provider?

- **Transient populations** – How many transient people live in each county, and what are their oral health needs?

g. **Molly Perino** – Have bilingual staff on site. Does not seem fair if underutilize and do not use language services because of staff on site.
h. **Brandan Kearney** – Meant to include onsite staff as well. May want to also say, "Availability and utilization of language services**."**
i. **JoAnn Miller** – Does the Health Department fall under the use of certified/qualified medical health care interpreters?
j. **Molly Perino** – Interpreter appointment and scheduling for treatment use service - They use Language Line and Linguava if billing. Do use certified/qualified. Staff are not certified.
k. Specific purpose where data is gathered and missing – Could say, "available in some facilities."
l. **Bryan Decker** – Start when bilingual services not available – How many times offered – Could reword some? Also, with transient populations they do a yearly count and go into camps.
m. **Brandan Kearney** – Unfortunately, COVID-19 complicated or interrupted data collection for many providers and institutions; this include OHAs collection of CCO performance metrics for oral health, which was suspended in 2020 and scaled back in 2021.
n. **Improving transportation options** – Focusing on those historically excluded. Can expand the availability and use of transportation vouchers and volunteer services for low-income and uninsured patients.
o. **Alternatives to emergency care** – Reducing the use of EDs and UCs for nontraumatic dental pain reduces costs, improves outcomes, and helps connect high-risk patients with a dental home. ***Will gather updated numbers.***
p. Addressing workforce shortages and lack of provider diversity – The region has existing shortage of dental providers, staff departures, and the lack of new, qualified providers who might fill these gaps. The Oregon Dental Association is supporting the following legislative responses:
    - House Bill (HB) 2996 – Would remove the current requirement that dental assistant must demonstrate an understanding of radiation safety.
    - HB 2979 and Senate Bill (SB) 441 would ask the state for $2 million to create online modules for on-the-job training.
    - **Karen Hall** – HB 2996 – You still have to take the course. It removes the requirements from the Oregon Board of Dentistry and you do not need to take the test, but you still need to take the course.

- **Brandan Kearney _ *Will reword this section and follow what HB says and remove requirement of examination not course. Brandan Kearney noted he would follow up with Karen Hall regarding this.***

q. Increasing recruitment and education efforts, especially among historically marginalized, underserved and under-resourced populations, is an alternative approach that has the potential to attract new enrollees while also helping to address the region's long-standing lack of culturally and linguistic appropriate providers and create a dental workforce that better reflects the region's shifting population. Capitol Dental is pursuing this approach with support from an IHN-DST grant to "Develop a Diverse Dental Workforce," which centers on an on-the-job training program for dental assistants from diverse backgrounds.

r. **Infrastructure: Successes since 2015:**
   - Local oral health coalitions are more diverse and engaged and include more dental professionals.
   - Coalition plan for data monitoring and dissemination.
   - Dental professionals on all IHN-CCO Boards.
   - Dental/medical integration in diabetes pilot program.
   - Tracking ED/UC visits for dental pain allows DCOs to guide high-risk patients toward a dental home.
   - ED/UC visits declined from 3.635 in 2014 to XXX in 2023 ***(need to fill in number).***
   - Oral health co-location projects in Lebanon. Lincoln City and Newport SHS hospitals.

16. Page 10 – **Priority Area 1: Infrastructure** – Lists the objectives and strategies. Worked on culturally specific and appropriate services.
17. **Priority 2: Prevention and Systems of Care:**
    a. **Community water fluoridation**:
       - Map areas in the three-county region that currently lack water fluoridation — i.e., those that have no community-based fluoridation or depend on wells — and determine strategies for making fluoridation possible.
       - Normalize the public conversation about fluoridation by reinforcing its health benefits and cost-effectiveness. Because even the most reputable sources can lack credibility or reach in some communities, it may be useful to disseminate this messaging in partnership with culturally specific organizations (CSOs) and other nonprofits/advocates that community members know and trust.
       - Deliver clear messaging comparing data from fluoridated and non-fluoridated communities with information on oral wellness versus the consequences of oral disease.

- Develop strong relations with legislators. Whenever a bill is introduced at the local or state level, a broad coalition must be ready with effective public health messages.
- **JoAnn Miller** – Would love to see a strategy to reach out to elected local officials and be proactive with water fluoridation. Anti-fluoridation people are targeting cities that have water fluoridation. Would love to see our coalition be more proactive with new City Councilors such as providing them a packet of information on water fluoridation. ***Can we add this into our plan – Create information packet to send out on water fluoridation? Strategy to be proactive with new elected city officials and provide facts on water fluoridation from a variety of experts.***
- **Brandan Kearney** – Can they be introduced to a liaison from the group?
- **JoAnn Miller** – Would be happy to be the liaison. Gary Lahman would be a good liaison or Kurt Ferre, DDS. ***We could come up with a point person for each county such as Gary Lahman could be asked to Lincoln County, etc.***

b. **Preventive care in nondental settings** - All SHS clinics implemented First Tooth training in 2010. Since 2015, this training expanded to all family and pediatric health care providers in the tri-county region, as well as to Head Start and WIC staff. First Tooth has since been supplanted by the online *Smiles for Life* training curriculum; ongoing outreach and training efforts should be guided by the Coalition's data surveys. In addition, basic oral health literacy and preventive services should be promoted at every facility serving children and their parents, including schools, childcare centers, and social service agencies.

c. **Karen Hall** – Oregon Oral Health Coalition dissolved, but she is still doing First Tooth trainings with Britny Chandler and Carrie McHill.

d. **Underserved and high-risk adults** – ***Will connect with Bryan Decker and update with C.H.A.N.C.E. information.***

e. **Seniors and their caregivers** – The population of tri-county residents 65 and older is growing rapidly so this will result in a greater need for accessible dental resources, especially for low-income and mobility-challenged patients. Monthly or quarterly tele-dentistry and mobile services should be extended to homebound seniors as well as to long-term care and nursing home facilities, senior centers, veteran's homes, and other provider sites.

f. **Patients with intellectual and developmental disabilities** – With funding from IHN-DST, Capitol Dental care will pair an EPDH with a dental community health worker (DCHW) who will help people with intellectual and developmental disabilities (IDD) to receive and maintain oral care, including through in-home services.
g. **Karen Hall** - Did you talk with Linda Mann on the wording of this?
h. **Brandan Kearney** – "Yes." Special training with oral health and no board certification.
i. **Karen Hall** – Please confirm with Linda Mann. They do have training.
j. **Communities of color** - The diversity of our region's population is increasing, but culturally and linguistically appropriate dental care for communities of color and non-English-speaking families is not keeping pace with this demographic shift. Addressing this problem requires systemic engagement, inclusion and relationship-building with community groups and advocates who serve specific communities of color and who understand their cultural attitudes, oral disease risk factors, and trusted knowledge sources.
k. This is especially important for migrant and undocumented community members, many of whom have been avoiding health and social services due to fear of arrest and deportation. To overcome these concerns, it will be necessary to bring services directly to these communities in concert with trusted advocates and/or culturally competent organizations.
l. **Overcoming barriers to access** – Each county has a large medically underserved population, most of whom are either geographically isolated or concentrated in a handful of urban high-poverty hotspots. Provider office hours and the availability of transportation and childcare play a major role in determining accessibility for these patients. The system lacks the capacity to meet needs, especially in Lincoln County. This has resulted in long wait times, making people less likely to seek care. On the provider side, high no-show rates for dental appointments are a significant problem that results in higher unreimbursed costs and lower revenues while also complicating staff and patient scheduling. The Coalition's efforts to reduce barriers to access should therefore include consideration of education, community engagement and incentive options that might encourage patients to keep scheduled appointments. Dental vans is an effective way to reach disadvantaged and geographically isolated populations. ***Will update this section with number of patients receiving care.***

m. **Navigation and awareness of resources** – Despite education and outreach efforts, many tri-county residents reman unaware of local oral health resources, making it difficult for them to understand and weigh their options. Age-appropriate information should be targeted culturally and linguistically and led by culturally specific organization. Ongoing oral health training is also important for those working with high-risk patients.

n. **Oral health literacy and risk awareness** – Culturally specific messaging should help all communities understand their options and to connect with providers. Two projects exemplifying the value of this include:
    - Coast to Cascades Community Wellness Network Smiles of Life campaign promotes good oral health through an HRSA-funded grant.
    - MTI is surveying adults about barriers to dental care in order to create an adult information program.

18. **Priority Area 2 – Prevention and Systems of Care**

    Objective 1 – Evidence-based preventive strategies across the lifespan of every community member

    a. Strategy 2 – c – Train laypeople, caregivers to screen for basic oral health problems and to provide appropriate referrals as needed.
        - **Brandan Kearney** - We want to look at rephrasing this section. Do we want to say train "program staff or caregivers and trained program staff?"
        - ***Members agreed to change to "trained program staff or program staff."***

    b. Strategy 4 – c – Develop an oral health voucher program for cancer patients.
        - Is this still needed?
        - **Molly Perino** – We have not had an ask in a long time.
        - **Carrie McHill** – Trying to get in Oncology at Samaritan Lebanon Community Hospital. They seem excited and wants her to be a part. Ideally she would see patients before cancer treatment. This is still in progress.
        - **Brandan Kearney** – Is there no one screening these patients that are undergoing treatment?
        - **Carrie McHill** – There is no oral health provider to evaluate the mouth. They may say they see a dentist before treatment.
        - **Molly Perino** – We need a better relationship with Oncology and what is recommended and any counter indication.
        - **Brandan Kearney** – Could state, "working on better relationship with Oncology."

19. **Carrie McHill** – Is there a dental voucher program in Lebanon?

a. **Molly Perino** – Last she heard there was no longer funding to distribute vouchers. They have a sliding scale at the River Center and if you reach out to Love, INC in Benton County there is the potential for a voucher.
b. **JoAnn Miller** – Has been trying to connect with Dennis Stoneman now for a long time about the program. We still have funding for vouchers. Been waiting to see what dentists are still there and wanting to be involved in the program.
c. **Carrie McHill** – She has had success when she sends a cc to Warren Stroup at the River Center. Patients in Lebanon do not seem to have anywhere to go with no IHN. Had heard Dr. Adam Kirkpatrick, private dentist, had some bad experiences and stopped being part of the program.
d. **Molly Perino** – Patients can be seen at the River Center. They do have a sliding scale for payment. Michael Couch with Crossroads would love to help.
e. **JoAnn Miller** – ***Will follow up with Molly Perino.***
f. **Jennifer Hanson** – There is a Love, INC. for Linn County. They are separate than the Benton County one. You may want to follow up with them.
g. **JoAnn Miller** – ***Can look at setting up a meeting with Linda Mann, JoAnn Miller, Molly Perino, Carrie McHill, and Jennifer Hanson.***

20. **Priority Area 2 – Prevention and Systems of Care:**
    a. Strategy 4 – Integrate oral health education into the training for all care providers.
        - Do we want to include mental and behavioral health?
        - Strategy 4 – c – "Support the development of culturally appropriate oral health curricula for all providers." How do we support this and by whom? Do we include "culturally and medical appropriate?"
        - Strategy 4 – a – "Promote activities that foster interdisciplinary collaboration between the primary care team and oral health care providers." Collaboration with primary care and specialty like Oncology. Would make sense to add there.
        - Are there any other points we want to look at?
        - **Molly Perino** – This should be a long-term goal.
        - **Bryan Decker** – Develop resources to include in staff training – Promote that.
        - **Karen Hall** – Identify or develop appropriate curricula or identify and promote.

- Members were encouraged if there were any further changes they would like to suggest to the Strategic Plan for Oral Health in Benton, Lincoln, and Linn Counties to connect with Brandan Kearney.

Next Meeting:
The next meeting of the Benton, Lincoln, Linn Regional Oral Health Coalition of Oregon Joint Meeting with Local Oral Health Coalitions is scheduled for August 15, 2023, at 2:00 p.m.

Adjourn:
With no further business to discuss, the meeting adjourned at 3:40 p.m.

Respectfully Submitted
Shelley Hazelton
Community Health Promotion
Department Assistant