

QUARTERLY MEETING OF THE ARKANSAS STATE BOARD OF HEALTH
April 22, 2010

Members Present

Alan Fortenberry, PE, President
Susan Jones, MD, President-Elect
Paul Halverson, DrPH, Secretary
Miranda Childs Bebee, DDS
Lawrence Braden, MD
Glen Bryant, MD
Clark Fincher, MD
Larry Fritchman, DVM
George Harper
Anthony Hui, MD
William Lagaly, DO
Marvin Leibovich, MD
Jim Lambert
Lynda Lehing
John Page, PD
Alexander Rejistre, Sr., DC
Mary Beth Ringgold
Joe Thompson, MD
Peggy Walker, RN, MSN
Patricia Westfall, OD
Terry Yamauchi, MD

Guests Present

Mary Leath, Director of Administration
Jodiane Tritt, JD
Rick Hogan, JD
Reginald Rogers, JD
Jerry Jones, Branch Chief, Pharmacy Services
Jennifer Dillaha, MD, Health Advancement Director
Bob Bennett, Chief Financial Officer
Jerry Pack, Chief Information Officer
Robert Hart, Section Director, Engineering
Terry Paul, Environmental Health Director
James Joiner, Facility Engineer

Members Absent

Thomas Jones, RS
Anika Whitfield, DPM
Rev. Dwight Townsend

ARKANSAS STATE BOARD OF HEALTH QUARTERLY MEETING

April 22, 2010

Minutes

The Quarterly Meeting of the Arkansas State Board of Health was held on Thursday, April 22, 2010 in room 906 at the Freeway Medical Building in Little Rock, Arkansas. President Alan Fortenberry called the meeting to order at approximately 10:05 a.m.

APPROVAL OF MINUTES

President Fortenberry called for the approval of the minutes from the January 28, 2010 quarterly meeting. A motion was made and seconded to approve the minutes as written. The motion carried.

INTRODUCTION AND WELCOME OF NEW MEMBERS

Dr. Paul Halverson, on behalf of Governor Beebe, introduced three new members to the State Board of Health, Dr. Miranda Childs-Beebe, a dentist in Arkadelphia, who replaces Dr. Jack Porter; Mary Beth Ringgold, a restaurant owner, who replaces Don Phelan; and Dr. Alexander Rejistre, Sr., a chiropractor from Pine Bluff, who replaces Dr. Karen Konarski-Hart. Dr. Halverson acknowledged the good work done by the previous members who served in these positions and asked the Chairman and the Board to support a motion to formally acknowledge with a certificate of appreciation the work of Dr. Karen Konarski-Hart, who represented the Chiropractic Association and served as the Chair of the Board, Don Phelan of the Restaurant Association and served as Chair of the Board, and Dr. Jack Porter of the Dental Association who also served as Chair.

A motion was made to present certificates of appreciation. The motion was seconded and the motion carried.

Dr. Halverson asked the members to remain after the meeting for a group photo.

OLD BUSINESS

Adoption of Rules and Regulations Pertaining to Onsite Wastewater Systems

Mr. Terry Paul, Environmental Branch Chief, proposed the final adoption. He stated that there were no negative comments during the review period at two public hearings. The major change in onsite regulation was a further clarification regarding sub-divisions when there are areas inside the sub-

division that are not suitable soil areas. Under these circumstances they need to either be included in the law or somehow designated as green space or space that is not intended for residential construction.

Mr. George Harper asked about our involvement with wells. Mr. Paul responded that the Department of Health does not approve permits unless the septic systems and wells are properly located. Mr. Charles McGrew, who has served on the Water Well Commission, addressed the question. Mr. McGrew said that Arkansas is looking at soil composition and its history to determine what has happened with water in that soil over time so that you have evidence of what to anticipate. Most states are still using the percolation test and you can get around that if you know what time of year the soil will yield the best test results.

A motion was made to adopt the rules and regulations pertaining to onsite wastewater systems. The motion was seconded and the motion carried.

President Fortenberry acknowledged Dr. Halverson who introduced one of the new board members, Dr. Alexander Rejistre, Sr., and welcomed him to the board.

Adoption of the Rules and Regulations Pertaining to Drip Dispersal

Mr. Paul proposed the final adoption of the rules and regulations pertaining to drip dispersal. He said that this is a highly technical regulation and is not used every day, but, in our opinion, it beats surface discharge. It is used on residential construction and large scale developments.

A motion was made to adopt the rules and regulations pertaining to drip dispersal. The motion was seconded and the motion carried.

Adoption of the Rules and Regulations Pertaining to Outdoor Mass Gatherings

Mr. Paul proposed the final adoption of the rules and regulations pertaining to outdoor mass gatherings. Mr. Paul said that this is an update to the 1973 regulation that pertains to mass gatherings. The name has been changed to Outdoor Mass Gatherings. Several sections of the health department convened and updated the guidelines for outdoor events, and this regulation mainly deals with events that pop up in the woods that last for over 24 hours.

Mr. Harper asked what number of people would be considered an outdoor mass gathering. Mr. Paul said that 1000 or more on the site for more than 24 hours. This does not apply to coliseums or public venues or places with facilities that are designed to handle that many people. This is aimed to be sure that there are enough portable toilets, food facilities, and water facilities for that number of people.

It was asked why the number of hours was changed from 12 to 24 and Mr. Paul said that it was discussed and determined that it was more relevant to have a 24 hour time frame.

Mr. Paul was asked if this was doable for someone experienced in these events. Mr. Paul stated that part of the consternation was that you have to have a physician or a nurse on the site and a physician and hospital backup.

He was asked how difficult this is to enforce and Mr. Paul said that the penalty for this regulation is \$250 and enforcement is mostly voluntary. Most people who put on this type of event that lasts for several days realize that there are requirements and they come to us.

It was discussed by the board that we have over a thousand people at War Memorial Stadium for football games and we do not require that they have a certain amount of toilets or that EMS be stationed there. Concern was expressed that if we have a law that fines you \$250 and there may be 10,000 people coming, people may opt to pay the fine of \$250. It seems discriminatory because we are not going to fine people who go to congregate at football games and stay over 24 hours, but not allow other groups to do the same without enforcement.

Mr. Charles McGrew answered that one of the issues with these types of gatherings is that they are generally in rural areas and in some cases that makes it a potential for injury. If you are at a football game in Little Rock you are going to have EMS readily available. The definition is such that we will only be dealing with a small number of events and the authority to enforce our rules and our authority to impose a penalty. If someone was injured at one of these events and the event was not in compliance with the Health Department rule, it would be likely that a lawsuit would be filed against the organizers of the event and I believe they understand that. Even though we are not able at this point to impose a large fine, I believe it is unlikely they would take a chance of being out of compliance and have something happen.

There was discussion as to the amount of the fine to be imposed and Mr. Robert Brech stated that these rules were passed in 1976 so the penalty could be raised to \$2000 if we so desired.

There was further discussion related to the people who camp out for football games at War Memorial Stadium and the sanitary problems on the grounds, as well as possible injury. It was stated that perhaps we should include all gatherings of 1000 people or more or not do this. Mr. Paul stated that Little Rock has ordinances and other regulations to regulate health issues and we are trying to give deference to those when we can.

Dr. Clark Fincher moved that the rules and regulations be adopted as written. The motion was second and the motion carried with nay votes.

Proposed Revision to the Rules and Regulations for the Hospital Discharge Data System

Ms. Lynda Lehing presented the rules and regulations for the hospital discharge data system for final approval. Ms. Lehing explained that the guide is distributed to all hospitals and gives instructions on

how to send inpatient discharge data to the agency. There was a comment period and there were no comments and no objections to these rules and regulations and there were no problems with legislative committees.

Dr. Terry Yamauchi asked about hospital acquired infections. Is there an easy way that this data can be retrieved? Mr. Robert Brech answered that there is a specific statute that deals with hospital acquired infections. It was passed in 2007 and is voluntary at this time.

Dr. Halverson said that he and Dr. Yamauchi both co-chair a committee of the Health Department on hospital infections and he reinforced Dr. Yamauchi's concern and their consternation on the fact that it is extremely difficult to get this information and believe it is important. He stressed the importance of having this information available and he believes that ultimately legislation on the federal level will require that these infections and events be reported.

Dr. Yamauchi reported that there is a monetary issue. Insurance companies, third party payers, Medicaid and Medicare, are denying payment for those infections that are occurring in hospitals, and when we look at some of the scan data available, these are huge numbers monetarily. Two or three days of hospital stay because of pneumonia or urinary tract infection that occurred during the course of a hospital stay can add up. Mr. Yamauchi stated that he believes that there will be problems with failure to report, because if they are not reported as an infection, the government will have to pay. Setting up guidelines for this process is ongoing.

It was asked if the Board has the authority, based on the 2007 statute, to require reporting independent of the voluntary program. Mr. Brech answered no.

It was discussed that the data needs to be streamlined so that hospitals do not have to report to three different agencies. This requires staff and ultimately becomes very costly.

Dr. Halverson clarified for the Board that the committee for hospital infections has adopted the CDC hospital criteria and reporting, and it requires a lot of training and expertise, but long term it is the right decision to make. No hospital has refused, but it is a matter of getting the training and data on line. The department has a strong interest in this issue but does not believe that this is the right data base to collect this information.

A motion was made to adopt the rules and regulations for the Hospital Discharge Data System. The motion was seconded and the motion carried.

NEW BUSINESS

Summary of RSI Data Collection

Dr. Timothy Calicot, MD, presented the Summary of RSI Data Collection bi-annual report. He reported that 2½ years ago the EMS Advisory Council recommended that we ask the Board for approval of rapid sequence intubation for paramedics. The board approved and the program began

in January 2008. The program was set up to have paramedics attend a class and learn airway, medications, and various other things. A QA/QI and data collection program was also set up to evaluate the paramedics training and ability. It was not a scientific study.

So far, 248 rapid sequence intubations have been performed by our paramedics between the period of January 1, 2008 and April 4, 2010. A total of 18 Arkansas licensed EMS services are approved to provide this optional skill for paramedics. A total of 152 paramedics have completed training and have witnessed two intubations performed by licensed physicians from January 1, 2008 to April 4, 2010.

To date, 248 intubations of patients using RSI technique have been performed since inception of the program. Of those patients, 163/248 (68.8%) were intubated on the first attempt, 207/248 (87.4%) were intubated on the second attempt, 225/248 (92%) were intubated by the third attempt, and 233/248 (95.4%) by the fourth attempt. There were 236/248 (95.8%) intubated by the 5th attempt. There were 24/248 (9.6%) of the patients who could not be endotracheally intubated but were successfully ventilated with a bag valve mask or had a rescue airway device placed. All 248/248 (100%) of the patients were either endotracheally intubated or ventilated by a rescue airway device. There were no failed airways.

To date there have been no reported deaths due to the RSI procedure. The outcome of patients after they are sent to the hospital is not included in this evaluation because EMS cannot get these data after they are dropped off at the hospital. There have been no failed airways and there have been few reported complications, 9 of 248 (3.6%).

Dr. Calicott stated that the use of RSI is proceeding appropriately and will eventually show a lower mortality rate. In the future, he would like to make this a scientific study.

This will be a good research project for the trauma system, and we can follow these patients and get outcome status.

The Division of EMS and Trauma Systems would like to extend this skill to include all patients, as well as those less than 8 years of age. We would like the Board to give us approval to start the process for setting up this research and the pediatric additions. We will determine among those involved what age group is involved and come back to the Board.

Dr. Joe Thompson stated that we are authorizing the EMT's to paralyze the patient before they intubate the patient, and that EMT's have open process to intubate all patients if they find an unconscious patient of all ages; so the real action is to paralyze. We are authorizing to take away the patient's ability to breathe on their own and if the EMT is not successful the patient will expire. He expressed concern for the rate of success.

Dr. Marvin Leibovich stated that he has some of the same concerns that Dr. Thompson expressed. So far the data looks encouraging and that in a hospital or an emergency department, it would not be uncommon to make more than one attempt to intubate a critical patient using rapid sequence

induction. We have a study that is an interesting study, but is a study without great scientific validity. UAMS has talked with Tim and we want to get better information so we can say whether mortality was better because they did or did not receive RSI. I believe that will help calm some of the concern. I think that what I see is impressive and I would like for us to accept Tim's report, and I think the second part of the report on decreasing the age limit should be accepted pending their final protocols at the next Board of Health meeting.

Dr. Susan Jones asked how the number compares to other states and how do you decide on the number of times to attempt intubation. Dr. Calicot responded that each crew member (usually 2) is allotted two attempts and then you go with the rescue so that is how the number of five came about. There is not data available for other states.

Dr. Halverson asked for clarification as to who is authorized to perform this procedure and Dr. Calicot responded that only those that have specific training.

Dr. Leibovich moved to accept the RSI Data report and the recommendation that we develop protocols to be approved at the next meeting. Dr. Fincher seconded. The motion carried.

*Appointment to the Arkansas Drinking Water
Advisory and Operator Licensing Committee*

Mr. Robert Hart presented the request for appointment to the Arkansas Drinking Water Advisory and Operator Licensing Committee. He stated that the Engineering Section is seeking its annual State Board of Health appointment to the Drinking Water Advisory and Operator Licensing Committee. The Committee oversees the water operator licensing program for public water systems and provides input on program matters to the Section's public drinking water program. This year's Committee appointment under statutory language is for an engineer on the teaching staff of any state-supported institution of higher education who shall be a sanitary engineer, civil engineer, environmental engineer, or chemical engineer with expertise in the drinking water field. Mr. Hart reported that nominations were solicited from applicable state higher education institutions, as well as water industry organizations, and one nomination was received for Findlay Edwards, Ph.D., P.E. at U of A, Fayetteville. Mr. Hart said that he is well qualified for the appointment and referred the Board to his resume.

Dr. Thompson made a motion to appoint Dr. Edwards to the position. Dr. Anthony Hui seconded and the motion carried.

Trauma Systems State Fiscal Year 2011 Budget

In compliance with Act 393 of 2009, Mr. Donnie Smith requested review and approval from the Board of the allocation of funds for the Arkansas Trauma System. He reported that they have worked closely with the Governor's Trauma Advisory Committee and that body met earlier this week and unanimously supported this budget.

Dr. Eddie Bryant asked what injury prevention includes. Mr. Smith answered that injury prevention includes a variety of activities. We want the provision of hospitals that are designated to have intervention programs, expanding programs for injuries in certain communities, i.e., ATV's, if that is a serious problem, education and outreach programs, working with hometown health coalitions, and media work. As we are able to provide better injury data that is specific to individual communities, we hope to identify those best practice programs that CDC has identified and evaluated that can be implemented.

Dr. Halverson said that the leading injury mortality is related to falls, particularly in the elderly, so there are a number of evidence-based programs that are aimed at developing increased flexibility and reduction in falls that have been very successful. Issues of child maltreatment brings up a whole host of issues. Arkansas has among the highest fire mortality rates in the country and there are issues of smoke detectors and other strategies related to reduction of fires, residential fires in particular. It is a very long neglected area in our state in terms of injury prevention.

Dr. William Lagaly stated that we do not have a requirement for Advanced Trauma Life Support (ATLS) courses and we have a shortage of course availability in the state. He asked if there is any mechanism to address training and education to get ATLS certification.

Mr. Smith answered there was discussion regarding training. The recognition of the need for training will increase as hospitals understand the training requirements, particularly for nursing or assistant staff that may be new and have not taken the training. Part of the strategy has to be how to make it more regionally accessible.

Dr. Lagaly asked if there are budgetary allowances to help pay for the training.

Mr. Smith said that part of the overall state operating budget can be used to help sponsor courses. There is also help for providing these courses in level one facilities and this year another category has been added for a problem that doesn't fit into one of the other categories.

Dr. Thompson stated that with health reform passage, regardless of whether you are for or against it, in four years there will be three billion new dollars thrown into the state and will potentially eliminate the uninsured issue here, and the trauma system is one vehicle that we can use to make sure that those new funds are utilized in a coordinated way. We started last year to entice hospitals to come in because it was the right thing to do and participate. In four years, I believe you will have hospitals desiring to be in because it will be paid for, and I believe that the Trauma Advisory Council should anticipate that at some point it will shift from having to ask hospitals for participation to hospitals demanding participation and having to determine how to keep them out when you do not need them.

Dr. Marvin Leibovich asked if the call center development and contract on the call center communications is the same. Mr. Smith answered that it is two separate items that total seven million dollars.

Dr. Leibovich asked about salaries. Mr. Smith answered that we have three major areas. One is the overall program administration with Branch Chief, Bill Temple; a section chief for trauma; and approximately six support staff that primarily will be individuals who will work with contracts, agreements, hospitals, and ambulance services. There will be three nurses. Another area funded is the trauma registry with a staff of three individuals. The third area is injury prevention.

Dr. Leibovich asked what is anticipated in operating expenses. Mr. Smith answered that the operating expenses support all three of the activities. Travel will be separate because of state appropriations and this will relate to conferences, training expense, and large training programs done as a conference.

Dr. Leibovich asked if \$50,000 for travel is reasonable. Mr. Smith answered that seven or eight positions are a professional level that continued training and participation in meetings at the national level are important. The Medical Director, Dr. Todd Maxson, would incur expenses for training and traveling.

Dr. Leibovich made a motion to approve the trauma budget. Dr. Jones seconded. The motion carried.

Local Grant Trust Fund

Ms. Mary Leath presented the recommendations of the Local Grant Trust Fund Subcommittee that met on March 18 to look at applications by various local health units. Ms. Leath expressed appreciation for the efforts of Dr. Karen Konarski-Hart and Mr. Don Phelan while serving on the LGTF Subcommittee.

She reported changes in ADH staff. Mr. Terry Brumbelow, who served as point person at the Department of Health on LGTF recommendations, retired in December and Mr. James Joiner, ADH Facility Engineer, has been asked to assume this duty.

There were eight local health units that requested monies from this fund source. As you recall, it comes from a maintenance fee that is assessed against a client who walks into our local health unit and \$600,000 of those revenues are dedicated to help us to maintain our local health units. Some of the requests were not ready for total consideration so the Subcommittee recommended funding for Cleburne County, Van Buren County, and Sebastian County. They asked that ADH work with the Arkansas Department of Economic Development on funding a new clinic in Desha County. They asked that we support a small grant in the amount of \$2,000 to Jackson County that does not have to come before the State Board of Health for approval, but the Subcommittee has given their recommendation.

Dr. John Page made a motion to approve the recommendations of the Sub Committee. Dr. Jones seconded and the motion carried.

Order and Notice of Hearing

Mr. Robert Brech told the Board that Freda M. Smith, Anita S. Motton and Bertha Ann Miller would be omitted because they were hearings that were conducted by the Medical Ionizing Radiation Licensure Committee. Mr. Brech presented the first consent decree, Ed Sac dba Box Hound Marina. This is a second violation of the Arkansas Clean Indoor Air Act of 2006 and he did agree to a consent decree and agreed to pay a \$350.00 fine.

Dr. Hui made a motion to adopt the consent decree. Dr. Fincher seconded and the motion carried.

Mr. Brech presented a second consent decree, Donna Collins d/b/a Chuckwagon Restaurant. Ms. Collins was allowing children in the kitchen area and this is a second offense. She did agree to a consent decree and she has been warned that if there are further violations she will have to appear before the Subcommittee. She agreed to a \$250.00 fine.

Dr. Page made a motion to adopt the consent decree. Ms. Peggy Walker seconded and the motion carried.

Dr. Fortenberry asked Mr. Brech if the amount of fines is ever re-calculated since we always say "that in accordance with the guidelines set forth" in a particular code. Mr. Brech said there could be up to a \$1,000 fine for a violation as established by law and repeated violations can lead to losing their license.

County Health Officer Approval

Mr. Brech presented the recommendation and request for approval of James D. Russell, MD, as County Health Officer for Mississippi County.

A motion was made to approve the request for approval of James D. Russell, MD as County Health Officer for Mississippi County. It was seconded and the motion carried.

OTHER BUSINESS

Flu Vaccine Program

Dr. James Phillips reported that the fear of the epidemic did not materialize as anticipated. In seasonal influenza, 90% of the deaths are in individuals over 65 years of age, but the mean average of age of death with this virus was reduced into the 40's. Other things different about this virus was that obesity was found to be a risk factor and approximately a third of the individuals infected had significant gastrointestinal symptoms, and it was the first virus recovered in stool samples other than

the H5N1 Avian Influenza in Southeast Asia. There was a larger percentage of people without fever with this virus than with previous viruses. He discussed the distribution of the vaccine based on priority groups.

Based on CDC tracking of the vaccine distribution to priority groups by state, in the six month to age 18 group, 90.5% of the vaccine in Arkansas was administered in the first five weeks while nationally it was 52.8%. The second report from the CDC was the vaccinations through January of this year (2010). In the six month to age 18, 50% of the Arkansas population was immunized. Only five other states exceeded the 50%. Overall, vaccination of the entire Arkansas population over six months of age was a little over 27% and only 11 states exceeded that.

Dr. Thompson commended the entire team for the immunization success.

Dr. Phillips then discussed immunization for Pertussis. Vaccine for Pertussis is not lifelong, so by age 10 to 19 you see a slight increase in the number of cases. In 2006, the vaccine called Tetanus, Diphtheria and Acellular Pertussis (TDAP) was licensed and the Advisory Committee for immunization Practices (ACIP) recommended that states immunize seventh graders with this new vaccine to try to eliminate the surge in this age group. He said that we adopted this practice last year and are now in the process through schools and local health units, as well as other mechanisms, to get our seventh graders immunized with the new vaccine, TDAP.

Mr. Fortenberry asked if there was any opposition of the immunization program and Dr. Phillips said there are a few groups who oppose for various reasons, but there is no surge of opposition.

Dr. Halverson said that one of the things that was in the Governor's package and was ultimately approved by the legislature is the continuing program for children, and as Dr. Thompson pointed out, we were well poised to be able to deliver the vaccine because of the Governor's leadership in supporting vaccine for children. We had over 1200 school-based clinics in our state and we were in some of those schools twice because of the booster shot. We plan to be in all those schools every year, certainly public schools and private schools that want us to be there, to make vaccines available. This will create a tremendous level of protection. Dr. Halverson acknowledged Dr. Phillips' leadership, along with the staff and the department, for the work they did. He said that CDC has come to us wanting to study how we did it.

K-2

Mr. Charles McGrew told the Board he would like for them to read the material that Mr. Brech handed out regarding this substance. He told the board that there was written material that they need to read because we anticipate that in the near future that the Board will be asked to allow the Executive Committee of the Board to permit the Department to move forward with the rule making process. Mr. McGrew then introduced Mr. Jerry Jones to present an overview of K-2.

Mr. Jones' said that health care providers should be aware of signs and symptoms reported among some users of "K2", a synthetic marijuana product that is legal and readily obtainable in Arkansas. Use of this substance, alone or in combination with other substances, may cause symptoms including anxiety, coupled with agitation, tachycardia, elevated blood pressure, pallor, vomiting, tremors, hallucinations, and possibly seizures.

"K2" – also known as "K2 Spice", "Spice", "K2 Summit", "Genie", "Zohai" and various other names is an unregulated mixture of dried herbs that are sprayed with a synthetic cannabinoid-like substance and sold as incense. The product is typically burned and the smoke is inhaled for effect. The cannabinoid-like substance in this product acts on the same brain receptors as does marijuana. "K2" and similar products do not test positive as marijuana or as any other illicit substance when subjected to urine drug testing.

"K2" is sold legally in Arkansas and it is available for purchase from retailers in many parts of the state. The product is also widely available on the internet.

Dr. Halverson told the Board that this is at the intersection of both science and policy and this presentation was to bring to the Board what we know about the science and for potential policy development. There are states that have already taken action to schedule this drug. It is the responsibility of the Board to hear the information and to make judgment, and at this point the staff is recommending that we continue to study it, keep you informed, and give you our first draft of a potential policy intervention. This is a circumstance where there is no clear answer and we need to continue to pursue this. We do have one municipality that has taken action to outlaw the sale of this substance in Arkansas and others are considering the same action.

Mr. Fortenberry told the Board that this matter will be followed and the Board should be prepared to look at it seriously.

Mr. Fortenberry acknowledged the new Board Members and his appreciation for the service of the members that preceded them. He referred the board members to the roster with contact information and a 2010 committee roster with his appointees and that he would appreciate their service. He said that if there are any extenuating circumstances, please let the council know and they will work on it. He again stressed the importance of the FOI booklet. He expressed appreciation for the tremendous job that the Department of Health does for the State of Arkansas.

Dr. Halverson told the Board that there was a need to move the annual meeting to November 4th and 5th at Mt. Magazine due to further scheduling problems.

Dr. Halverson made the motion to set the date for the annual meeting to November 4th and 5th. It was seconded and the motion carried.

He announced the retirement of Charles McGrew, who has served for 41 years in public health in an admirable way. Charles has served as Deputy Director and Chief Operating Officer and has served in many capacities over the years. He will be retiring on the 1st of June. Dr. Halverson recommended to

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the Board that it resolve in its official business session to thank Mr. McGrew for his leadership, dedication, support of public health in our state, and the great contributions that have been made under his leadership to the benefit of the health of our state.

Dr. Halverson made a motion that the Board resolve in its official business session to thank Mr. McGrew. Dr. Page seconded and the motion carried.

Mr. McGrew expressed to the Board that it has been his pleasure to serve with them and his appreciation for their contribution to public health in Arkansas.

Dr. Halverson announced the appointment of Dr. Nate Smith as Deputy for Public Health Programs and State Epidemiologist and asked that the Board acknowledge Dr. Smith's change in role effective June 1.

With no further business, the meeting was adjourned.