

A Regular Meeting of the Durham County Board of Health, held April 9, 2015 with the following members present:

James Miller, DVM; Teme Levbarg, PhD, MSW; Commissioner Brenda Howerton, F; Vincent Allison; DDS; Arthur Ferguson, BS; Mary Braithwaite, MD; and Dale Stewart, OD; Bergen Watterson, MSCP, BA; and Mary Ann Fuchs, DNP, RN, NEA-BC, FAAN.

Excused Absence: Heidi Carter, MSPH and Stephen Dedrick, R.Ph, MS

Others present: Gayle Harris, Eric Ireland, Joanne Pierce, Rosalyn McClain, Dr. Arlene Sena, Dr. Miriam McIntosh, James Harris, PhD; Chris Salter, Melissa Martin, Eric Nickens, Michele Easterling, Marcia Johnson, Hattie Wood, Will Sutton, Attorney Bryan Wardell, Sally Herndon, Ann Milligan-Barnes and Michael Scott.

CALL TO ORDER: Chairman Jim Miller called the meeting to order at 5:09pm with a quorum present.

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA: The following additions/adjustments were requested to be made to the agenda.

- Budget Amendment (New Business)
- Public Health Leaders Academy (Administrative Reports)

Dr. Fuchs made a motion to accept the additions/adjustments to the agenda. Dr. Levbarg seconded the motion and the motion was approved unanimously.

REVIEW OF MINUTES FROM PRIOR

MEETING/ADJUSTMENTS/APPROVAL: Dr. Levbarg made a motion to approve the minutes for March 12, 2015. Commissioner Howerton seconded the motion and the motion was unanimously approved.

PUBLIC COMMENTS: There were no public comments.

STAFF/PROGRAM RECOGNITION: Chairman Miller recognized Bergen Watterson, Board of Health Public Member for her service and dedication to the Board and the citizens of Durham County. Ms. Watterson will be moving from Durham County. Her last day on the Board of Health was April 9, 2015. Ms. Watterson will receive a plaque for her service on the Board of Health.

Ms. Harris stated that Ms. Watterson resignation was sent to the Clerk to the Board to begin advertisement for the position.

Chairman Miller recognized journalism students from Duke University that were attending the meeting.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

• **CENTERING PROGRAM PRESENTATION (Activity 22.2)**
Ms. Ann Milligan-Barnes, Senior Public Health Nurse, Maternal Health Clinic and coordinator for the Centering Program provided the Board a brief overview on the Centering Program. The following information was presented.

Objectives were to:

- Provide the history of the Durham County Department of Public Health (DCoDPH) Centering program
- Present Outcome Data from DCoDPH Centering program
- Explain Site Approval

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- Provide responses from patients, staff, and providers on the Centering program at DCoDPH.
- Present some of the highlights and successes of Centering

Summary Information:

The DCoDPH Centering program started in 2004 with two groups of pregnant women, an English-speaking group and a Spanish-speaking group. These groups met monthly for four sessions and then every two weeks for a total of 10 sessions. By 2014, the program had 18 groups. Some of the outcome data from the program reflect a decrease in the number of low birth weight babies being born and a decrease in the number of babies born before 37 weeks gestation.

The DCoDPH Centering program received approval as a Centering pregnancy site from the Centering Healthcare Institute in January 2008. This approval denotes that the program demonstrates fidelity to the model of care and assures quality care according to the Centering Healthcare Institute. Responses about the program from patients, staff, and providers have all been positive.

(A copy of the PowerPoint presentation is attached to the minutes)

COMMENTS/QUESTIONS:

Dr. Allison: Is there any bridge between your program and the Department of Social Services to help support some of these women?

Ms. Milligan-Barnes: Good question and the answer to that is “no”. I try to make sure they are in linked with Social Services especially since the services are located in this building.

Dr. Allison: Do you think it would be a good idea to get the two departments together and work on that.

Dr. Levbarg: Well my guess would be that the Baby Love Program [Pregnancy Care Management] would follow them.

Ms. Milligan-Barnes: They can only follow them for eight weeks.

Dr. Levbarg: But they are doing a great job with follow-up.

Ms. Watterson: This is not a question but more of a comment. I did centering, not here but I am so glad to hear that it is being done here.

- **PERFORMANCE MEASURES PRESENTATION (Activity 39.3)**

Ms. Harris provided the Board with an overview of the 2014 Performance Measures included in the department’s budget document. Ms. Harris stated that the department will be working closely with the Managing for Results project. A copy of “Managing for Results” white paper created by County Manager Wendell Davis was provided to each board member.

(A copy of the PowerPoint presentation is attached to the minutes)

- **PUBLIC HEALTH LEADERS ACADEMY**

Ms. Joanne Pierce, Deputy Public Health Director stated that the department officially launched the Public Health Leaders Academy on April 8, 2015. The Public Health Leaders Academy was designed for non-supervisors so that they can expand their public health knowledge and understand how we all are connected. We have 12 inaugural participants. Their first activity was a meet and greet with the facilitator on April 8, 2015. They are so excited about the opportunity to come together as a cohort and learn together. Ms. Pierce provided the Board with an overview of topics and activities of what the candidates will experience over a 6 month period beginning April 28, 2015.

(A copy of the activity schedule is attached to the minutes)

- **PUBLIC HEALTH VACANCY REPORT (Activity 37.6)**

The Durham County Board of Health received a copy of the March 2015 vacancy report which included a cumulative total of 31.0 FTEs. *(4 new positions, 15 resignations, 3 transfer, 2 retirement, 2 dismissal and 5 promotions)*. As of March 31st, 18 positions remained vacant.

(A copy of March 2015 vacancy report is attached to the minutes)

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COMMENTS/QUESTIONS:

Dr. Levbarg: I have a question about the vacancy report. The number seems sort of large.

Ms. Harris: Remember we have five Durham Diabetes positions that we are not filling because the grant funding is ending.

Commissioner Howerton: Are you saying that you will not be moved to fill them?

Ms. Harris: We had two sources of funding for the Durham Diabetes Coalition through Duke; one from the Centers of Medicare and Medicaid Services (CMS) and the other from Bristol Myers Squibb (BMS) Foundation. The funding from CMS ends June 30th. We will eliminate those positions during the budget process.

NOTICES OF VIOLATIONS (NOV) REPORT (Activity 18.2)

The Board received a copy of the Environmental Health Onsite Water Protection Section NOV report for March 2015 prior to the meeting. However, the report only included violations that had been brought into compliance. The full report will be distributed with information for the next meeting.

Health Director's Report

April 9, 2015

March 2015 Activities

Division / Program: Give Kids a Smile Event (Free Dental Clinic)

Division / Program: Community Health/School Health

(Accreditation Activity 22.1-When the local health department determines that there are compelling unmet health care needs in the community, the local health department shall develop a plan with community leaders and providers to meet the unmet needs, which may include the establishment and provision of such services by the local health department if the department has the authority, capacity and resources to address the unmet needs.)

Program description

- The Child Health Assessment and Prevention Program (CHAPP) will provide well-child assessments in five (5) Durham Public Schools elementary schools: E.K. Powe Elementary School, George Watts Montessori Magnet Elementary School, Glenn Elementary School, Merrick-Moore Elementary School and Oak Grove Elementary School.
- Students and/or siblings age birth to eighteen (18) are eligible for well-child assessment services.
- Students and or their sibling presenting for well child health assessments are evaluated by Child Health Enhanced Role Nurses (CH-ERNs) utilizing interviews, screening procedures, observations, physical assessments, health record reviews, parent conferences and health care provider consultations.
- CH-ERNs establish a system of referral and follow up of health problems through care coordination and make referrals to reconnect clients to their medical home or to establish a new medical home.
- Two (2) sites opened on March 5, 2015: Glenn Elementary School and Oak Grove Elementary School. Client appointments at these sites will begin April 6, 2015.
- Medicaid, self-pay (sliding scale) and Blue Cross Blue Shield (immunizations only) are the accepted forms of payment.

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Statement of goals

- Take a leadership role in collaborating with parents/guardians and community agencies to identify and provide services to meet the physical and mental health needs of children and families.
- Manage a well-child screening program within a school setting.

Issues

- **Opportunities**
 - An additional point of health care access to attain and maintain the optimal health status of students in order to maximize the benefit from their educational experience.
 - Early identification and referral for health conditions (chronic and acute).
 - Medical home referrals for families without a primary health care provider.
 - Promotion and development of positive health practices and attitudes among students and families to promote lifelong wellness.
 - Potential for decreased Medicaid costs.
- **Challenges**
 - Child Health Enhanced Role Nurse (CH-ERN) and physician clinical advisor licensing and documentation requirements for program services.
 - Child Health Enhanced Role Nurse (CH-ERN) training and competency requirements.
 - Health Check Billing and Coding requirements.
 - North Carolina Immunization Program requirements.
 - Development of CHAPP program policies and procedures.
 - Coordinating DCoDPH and Durham Public Schools Information Services and Technology on-site services.
 - Agency agreements for staffing, services and equipment.

Implication(s)

- **Outcomes**
 - Students and siblings from age birth to eighteen (18) will have access to additional well-child health care services in the community.
- **Service delivery**
 - Child Health Enhanced Role Nurses received specialized training in child health care and will provide comprehensive well child assessments on site in five (5) elementary schools.
- **Staffing**
 - Two (2) CH-ERNS are providing services at this time. One (1) additional CH-ERN is scheduled to begin providing services later this year.
- **Revenue**
 - Medicaid
 - Blue Cross Blue Shield (immunizations only)
 - Self-pay (sliding scale)

Next Steps / Mitigation Strategies

- Durham County Department of Public Health, Durham Public Schools and Duke University Department of Community and Family Medicine will continue to plan strategies to increase public awareness of CHAPP services and activities that promote the health and well-being of students and their siblings, from age birth to eighteen (18).

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Division / Program: Community Health Division/ School Health
(Accreditation Activity 12.3-The local health department shall participate in a collaborative process to implement population-based programs to address community health problems.)

Program description

- Durham Public Schools (DPS) Board of Education recognizes and supports the need for additional nurses to staff one nurse per school. Eighteen (18) Public Health School Nurses provide traditional school nurse services and exceptional children's services in the general population classrooms in forty-nine (49) of the fifty-five (55) traditional and year-round Durham Public Schools.
- An article summarizing a Durham Public Schools Board of Education committee meeting presentation regarding school nurse services was written in The Herald-Sun on March 10, 2015.
- The National Association of School Nurses (NASN) featured The Herald-Sun article on it's website on March 12, 2015 under the "School Nurses in the News" section.

Statement of goals

- Obtain support for achieving the recommended NASN student: nurse ratio of 1:750 to student learning.

Issues

- **Opportunities**
 - Local and national recognition and support for increasing the capacity to assign a school nurse to each Durham Public School.
- **Challenges**
 - The recommended nurse: student ratio recommended by the state of NC and the National Association of School Nurses is 1:750. The current ratio is approximately 1:1225 in Durham County. Currently, seventeen (17) Public Health School Nurses provide general school health services for forty-nine (49) Durham Public Schools.

Implication(s)

- **Outcomes**
 - Community agencies/citizens were made aware of the need for increasing the number of school health nurses to provide school nurse services in Durham Public Schools.
- **Service delivery**
 - The School Health Program works closely in collaboration with DPS, families and community partners to implement and manage student school health services.
- **Staffing**
 - Public Health School Nurses

Next Steps / Mitigation Strategies

- The School Health Program staff will:
 - Continue to provide and participate in school site and community based services/activities that promote the health and well-being of students, their families and school staff, and
 - Continue to garner support for the provision of additional school nurses to provide these services.
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Division / Program: Community Health Division/Parenting Program-Triple P

(Accreditation Activity 12.3-The local health department shall participate in a collaborative process to implement population-based programs to address community health problems.)

Program description

- The Triple P – Positive Parenting Program is widely regarded as one of the world's most effective parenting programs. The program has been strategically designed to allow a public-health, population approach to parenting support and it is one of the few based on evidence from ongoing scientific research.
- Christian Barfield, BSW, MSW, Triple P Coordinator for Durham County Public Health, was interviewed March 16, 2015 on *My Carolina Today* in honor of Parent Awareness Month.

Statement of goals

- Provide an awareness and understanding of the clinical and practical benefits of the Triple P Parenting Program.
- Promote education and resources for developing parenting skills,

Issues

- **Opportunities**
 - To provide a forum to discuss this evidence based, population-based approach to parenting to the community.
 - To demonstrate Durham County Department of Public Health's commitment to making meaningful changes in family resilience, family functioning and emotional and behavioral outcomes for children throughout the Durham community.
- **Challenges**
 - Destigmatizing requests from parents for assistance is one challenge faced by Triple P. The Triple P Coordinator for Durham County is in the process of developing and implementing the Stay Positive media campaign utilizing materials to raise awareness of parenting issues, including seeking assistance. Banners, public service announcements, parent newspapers, Facebook, Twitter and a local website are strategies to promote this media campaign.

Implication(s)

- **Outcomes**
 - At the most recent count, 1,730 contacts were made to public health's Facebook page to visit the Triple P, *My Carolina Today* segment. This number of contacts is more than any other number of Facebook contacts ever made to public health's website.
 - The *My Carolina Today* generated interest from parents and providers in the community at large requesting additional information about this parenting program's interventions and service delivery.
- **Service delivery**
 - Durham County's Triple P Coordinator will work closely with Durham County Public Health's Information and Communications Manager to implement the Triple P Stay Positive Media campaign.
- **Staffing**
 - Durham County's Triple P Coordinator

Next Steps / Mitigation Strategies

- Durham County Triple P will continue to offer different levels of Triple P trainings to ensure a range of intensities is offered to

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accommodate all parents' needs. A range of different delivery types (one-on-one, seminars, groups and online) will support the individual preferences of the parent community and practitioner base.

- Durham County Triple P will continue to train a range of practitioners who have regular interactions with parents. These could include family workers, social workers, psychologists, doctors, nurses, school counselors, mental health providers, teachers and clergy.

Division / Program: Community Health Division/Communicable Disease Program/Adult Health STD Clinic

(Accreditation Activity: Activity 10.3-The local health department shall employ evidence-based health promotion/disease prevention strategies, when such evidence exists.)

Program description

- HIV pre-exposure prophylaxis, or HIV PrEP, is a way for people who do not have HIV but who are at substantial risk of getting it, to prevent HIV infection by taking a pill every day.
- The pill (brand name Truvada) contains two medicines (tenofovir and emtricitabine) that are used in combination with other medicines to treat HIV.
- When someone is exposed to HIV through sex or injection drug use, these medicines can work to keep the virus from establishing a permanent infection.
- When taken consistently, PrEP has been shown to reduce the risk of HIV infection in people who are at high risk by up to 92%.
- PrEP is a powerful HIV prevention tool and can be combined with condoms and other prevention methods to provide even greater protection than when used alone.
- People who use PrEP must commit to taking the drug every day and seeing their health care provider for follow-up every 3 months. (CDC)

Statement of goals

- Identify clients at high risk for HIV infection who receive services through the Adult Health STD Clinic; clients at high risk include
 - Men who have sex with other men (MSM) and engage in unprotected anal intercourse
 - Individuals in a sexual relationship with a partner known to have HIV infection
 - Transgender individuals engaging in high-risk behaviors
 - Individuals who trades sex for money, drugs, or housing
 - Injection drug users who shares injection
- Provide individualized behavioral risk-reduction counseling to high risk clients
- Provide general information about PrEP, and to determine client eligibility for PrEP
- Provide referral to a PrEP provider (LCHC Primary Care, UNC, Duke)
- Provide follow-up testing as needed, if client presents for that service

Issues

- **Opportunity**
 - To collaborate with community partners and others to offer a high impact prevention strategy which can significantly reduce the risk of HIV transmission.

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- To serve as a pilot HIV PrEP referral site for the NC Communicable Disease Branch.
- **Challenges**
 - To integrate the HIV PrEP screening and referral process into the busy Adult Health STD clinic with minimal disruption.
 - To develop materials to effectively advertise and explain the PrEP option to clients.

Implication(s)

- **Outcomes**
 - HIV PrEP referrals will be implemented in mid-April 2015.
 - Data will be collected and submitted to the state for analysis.
- **Service delivery**
 - Clients at high risk for HIV who present for STD services will be referred by the clinic providers to clinic counselors for further risk screening, education, counseling, and referral.
- **Staffing**
 - The Registration staff, STD clinic admin support staff, STD clinic providers and counselors work together to provide this service.
- **Revenue**
 - Clients are not billed for HIV PrEP referrals.
- **Other**
 - Materials have been created and will be posted within DCoDPH, on the DCoDPH website, and in other locations to advertise HIV PrEP.

Next Steps / Mitigation Strategies

Continue to monitor and review data to enhance and improve the service.

Division / Program: Dental Division: Staff Training in Helping Children with Autism

(Accreditation Activity 24.2-Assure competent public and personal healthcare workforce)

Program description

- The Dental Division has been participating in training programs that highlight on helping children with Autism.
- As Autism is one of the fastest growing developmental disabilities in the United States (a 2014 CDC report notes that 1 in 58 children in North Carolina are identified with an Autism Spectrum Disorder), staff members received treatment-specific strategies to assist children on the spectrum.
- These disorders contribute to difficulties in repetitive behavior and social and communication issues.

Statement of goals

- Provide staff members learning opportunities to enhance their abilities to effectively interact with children diagnosed with Autism.

Issues

- **Opportunities**
 - The training provided opportunities for the dental team to receive an overview on the Autism Spectrum Disorder (presented by Dr. Nigel Pierce, NCCU), and Autism and Nutrition (Diane Ritchie, RD, DCoDPH).

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- **Challenges**

- Because the Division has been understaffed, and lost days due to inclement weather, trainings had to be scheduled to accommodate clinic operations.

Implication(s)

- **Outcomes**

- The team enjoyed the training and are more comfortable in their knowledge of Autism. In addition, the training highlighted Asperger's Syndrome (differs from Autism Spectrum Disorders by preservation of linguistic and cognitive development), and encouraged the team to use their understanding of communication styles in their work with all patients.

- **Service delivery**

- The training has provided the team with a basic understanding of the autism spectrum, reducing stigmas and misperceptions, which will enhance service delivery.
- The clinic is planning to host a day to treat youth with Autism and Asperger's in April. The presiding faculty member during the session will be Dr. Thomas McIver (UNC School of Pediatric Dentistry), who hosts clinics to treat youth on the spectrum.

- **Staffing**

- All Dental Division staff members participated in the training.

- **Revenue**

- N/A

Next Steps / Mitigation Strategies

- Due to the effectiveness of the training, future sessions have been scheduled with Dr. McIver.

Division / Program: Health Education/Nutrition/Durham Diabetes Coalition/Diabetes Day at Healing with CAARE, Inc.

(Accreditation Activity 10.2 -The local health department shall carry out or assist other agencies in the development, implementation and evaluation of health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the community health assessment.)

Program description

- The Durham Diabetes Coalition (DDC) holds a weekly educational session/food pantry at Healing with CAARE, Inc. (CAARE, Inc.) aimed at high-risk diabetes patients.

Statement of goals

- Improve health outcomes and quality of life for diagnosed and undiagnosed adults living with Type 2 diabetes in Durham County
- Address food insecurity in Durham County, while providing education and support to high risk DDC patients

Issues

- **Opportunities**

- Location provides patients with the opportunity to connect with other community resources that might help with overall health and wellbeing.
- Ability to recruit participants from weekly meeting to other events, increasing the likelihood of greater attendance for future DDC events.
- Patients are able to connect with one another and provide mutual support in managing their diabetes.

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- Patients are able to connect with food resources to decrease food insecurity and increase diet quality.
- Patients are able to receive clinical care while attending sessions.
- **Challenges**
 - Attendance is limited to patients who are able to access transportation.
 - No guidelines have been established to determine participant eligibility.
 - Food is limited to donations from local stores; quality of donations is not always high.

Implications

- **Outcomes**
 - Weekly sessions consist of educational presentations and activities performed by health educators or nutritionists. Educational sessions cover topics pertaining to diabetes awareness and management, such as blood glucose testing and healthy cooking demonstrations.
 - To address high rates of food insecurity within the patient population, attendees are given a bag of healthy food to take home each week.
 - An average of 6 participants attend each session.
- **Service delivery**
 - Diabetes Day is held at CAARE, Inc., 214 Broadway Street, from 1-3 pm every Wednesday.
- **Staffing**
 - Staffed collaboratively by 2 Health Educators and 1 Nutritionist funded by the DDC, 1 physician partially funded by the DDC, 1 Nurse Practitioner partially funded by the DDC, and 1 Senior Project Manager funded by the DDC.
- **Revenue**
 - None

Next Steps / Mitigation Strategies

- Continue to offer the Diabetes Day on weekly basis at CAARE, Inc. as a pilot project.
- Conduct evaluation to assess sustainability and future directions of this program.

Division / Program: Administration / Communications and Public Relations

Program description

- The Communications and Public Relations program provides accurate, timely, and relevant information to the residents of Durham County on key health issues as well as informing the public about department programs and services availability. Information is disseminated in many forms, included broadcast, print, and multimedia (web-based).

Statement of goals

- Increase the public's awareness and understanding of important health information and the Department of Public Health's programs and services availability
- Increase the public's utilization of the Department of Public Health's programs and services.
- Become the main, trusted and dependable choice for journalists seeking information and assistance to develop compelling and balanced stories on Public Health issues.

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Issues

- **Opportunities**
 - With staff dedicated to communications and public relations, the Department of Public Health can provide more information to the public on health issues
 - Media/reporters are eager to use information provided to them by the Department of Public Health for their viewers/readers. Television and radio announcers often request follow-up information and interviews.
- **Challenges**
 - Prioritizing the topics to publicize.
 - Staff balancing external media requests with internal needs to review/revise/develop new media to promote programs and services.

Implication(s)

- **Outcomes**
 - Communication surrounding various health issues and department programs and services are being publicized in a timely, organized manner and with greater frequency.
 - Visibility of public health information from the department has substantially increased.
- **Service delivery**
 - As of March 27, three (3) media advisories/releases were disseminated and staff responded to three (3) direct (unsolicited) inquiries from reporters. A total of 16 media pieces featuring or mentioning the Department were aired (television), printed in the news, or were posted to the web by local media during the month. This included coverage of activities including this month's *My Carolina Today* segment on Triple P, County Health Rankings (1), National Nutrition Month, the expansion of school nurse coverage within Durham Public Schools, and restaurant inspection scores. Of note, the *My Carolina Today* segment on Triple P broke an all-time record on the Department's Facebook page, reaching a total of 1,777 people (to date). (**Accreditation Activity 5.3- Health Alerts to Media, 9.1- Disseminate Health Issues Data, 9.5- Inform Public of Dept. / Op. Changes, 10.2- Health Promotion –Disease Prevention, 21.2- Make Available Information About LHD Programs, Services, Resources**)
 - On March 7, the department hosted a film production team working with the North Carolina Department of Public Instruction (NCDPI) is collaborating with FOX 50, Durham Public Schools and the NC HIV Prevention and Care Branch to create a training video for school nurses and social workers to encourage them to refer students to local health departments for HIV testing and other sexual health needs. Staff involved in the production were Earline Parker, RN, and Dr. Arlene Sena. The video will tentatively make its debut later this spring, and will be shared with all 115 Local Education Agencies (LEAs) throughout the state. (**Accreditation Activity 10.2- Health Promotion –Disease Prevention, 21.2- Make Available Information About LHD Programs, Services, Resources**)

Next Steps / Mitigation Strategies

- Continue building/developing various communication channels as well as the Department of Public Health's delivery of information and communications.

Division / Program: Health Education / Partnership for a Healthy Durham

(Accreditation Activity 1.1 – The local health department shall conduct a comprehensive community health assessment every 48 months)

Program description

- The Community Health Assessment (CHA) is systematic collection, analysis, and dissemination of information about the health of the community. The CHA is performed every three years in partnership with the local hospital system, Duke Medicine.

Statement of goals

- Understand health concerns that affect residents
- Identify factors that affect the health of a population
- Determine resources available to address these factors

Issues

- **Opportunities**
 - Share results with community members across the county
 - Use results as conversation starters regarding health priorities and factors that affect health
 - Use results to develop community health improvement plans for Durham
 - Work with community partners and community members to develop strategies for addressing health priorities in Durham
- **Challenges**
 - Ensuring that the results are shared with all areas of Durham County
 - Getting guidance from the state on action plans

Implication(s)

- **Outcomes**
 - The CHA is made of 50 sections in 13 chapters with a total of 720 pages. Topics range from determinants of health, lifestyle behavior factors, chronic disease, acute illnesses, reproductive health, injury and violence, oral health and environmental health.
 - A new chapter on older people and people with disabilities was added to the 2014 assessment.
- **Service delivery**
 - Authors were given a chapter framework to update with more recent data. Duke Medicine and the Durham County Department of Public Health worked together to review and edit chapters, write the executive summary and compile the final document.
- **Staffing**
 - The Health Education Division Director and Partnership for a Healthy Durham Coordinator facilitated the process and received support from Duke Medicine Division of Community Health and community partners.
- **Revenue**
 - Last fiscal Duke Medicine (\$10,000), City of Durham (\$3,500), and United Way of Greater Triangle (\$1,000) contributed funds to support the community health assessment and survey. Duke Medicine also provided in-kind contributions by designating a staff person to assist with listening sessions and the document.

Next Steps / Mitigation Strategies

- The 2014 CHA was submitted to the North Carolina Division of Public Health on March 2.

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- The executive summary will be translated into Spanish and copies of the English and Spanish versions will be distributed to the community.
- The electronic version of the CHA will be posted on the Partnership for a Healthy Durham website at www.healthydurham.org by April 1.
- A press release, social media postings and community presentations will follow the release of the electronic version of the report.
- Committees will complete Community Health Improvement Plans by June 2015.

OLD BUSINESS:

- **STRATEGIC PLAN/IMPLEMENTATION PLAN UPDATE (Activity 15.1)**

Mr. Ireland provided the Board with an update on FY 14 Strategic Plan elements. *(A document containing the full report was sent to the Board prior to meeting.)*

Goal 1: Workforce Development Strategies FY 14

(Aligns with Durham County Strategic Planning Goal 1 - Community and Family Prosperity and Enrichment and Goal 5 - Accountable, Efficient and Visionary Government)

Goal Performance Benchmarks

- 1) 10% increase annually in the number of employees meeting the minimum Durham County training requirements, DCoDPH required trainings, training requirements by discipline (e.g., Environmental Health Specialist, Registered Nurses and Registered Dieticians) and pursuing additional trainings.
 - Baseline: 100% of DCoDPH Staff met the DCoDPH training requirements for FY 2014.
 - 92% of employees (185 out of 201) met annual required trainings through our mandatory quarterly staff updates.
 - 6.9% of employees (28 out of 201) who had to make up trainings.
 - 100% of the 28 who had to make up the trainings/completed the trainings.
 - 6 of employee promotions
 - 2.9% of employees (6 out of 201) attained career advancement.
 - Two (2) staff successfully completed the inaugural Durham County Leadership Academy.
 - Three (3) staff left employment to pursue advanced degrees.
 - Three (3) staff left the organization for career advancement.
- 2) Successfully meet 100% of the workforce development requirements for the 2013 accreditation process.
 - Baseline: 100% of the requirements met for accreditation.

Indicators:

- % of employees who meet annual required trainings.
- % of employees who attain career advancement.

Budget FY 14: \$94,103.00

Goal 2: Communications and Marketing Strategies for 2014

(Aligns with Durham County Strategic Planning Goal 1 - Community and Family Prosperity and Enrichment and Goal 5 - Accountable, Efficient and Visionary Government)

Goal Measurement Benchmarks

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- 1) Ensure that 90% of staff can clearly explain the array of DCoDPH services and events by the end of fiscal year 2014.
 - Baseline:
 - Baseline: To be established by the end of FY2013 but moved to the end of FY 2015. Need to develop and deploy staff survey to capture this data and establish a benchmark. Currently in development for roll out.
- 2) Increase the percentage of Durham County residents who see DCoDPH as a credible and accessible source of health information and services to 15% by 2014.
 - Baseline: To be established by the end of FY 2013 based on the results of community and customers surveys.
 - Baseline established at 81.08% of 259 (for FY2013) county residents who participated in the 2011 Community Health Assessment survey and responded to this survey question.

Indicators:

- Number of visits to website.
- Documented media coverage/exposure (including social media).
- Documented community outreach efforts including health fair participation.

Budget FY 14: No specific budget

Goal 3: Technology Strategies for Fiscal Year for 2014

(Aligns with Goal 5 - Accountable, Efficient and Visionary Government)

Goal Performance Benchmarks:

- 1). Increase the number of employees who are trained on and proficiently use the computer programs that apply to their positions to 100%.
 - Baseline: Data gathering to begin with the launch of the new Electronic Health Record (EHR) and Practice Management System and training of staff, and this new system will interface with numerous software systems already in use, which will impact training.
 - Patagonia Health System training began in July 2013 with Patagonia Practice Management System.
 - Patagonia Electronic Health Record System training to begin in January 2014. Training to continue throughout 2014 as interfaces with Patagonia Health and existing software are put in place.
 - Patagonia Health System go live occurred in November 2013.
 - FY 2014: 100% of staff who use Patagonia Health System, Orchard/Harvest Laboratory Management System, QS/1, Dentrix, CDP and Vital Records Software System have been trained in its use and are proficient in its use)
- 2). Increase the number of software programs that work as needed to 100%.
 - Patagonia, Orchard/Harvest, QS/1, Dentrix, CDP and Vital Records, are working as needed. Interfaces for Orchard/Harvest and QS/1 with Patagonia are being tested with anticipated go live mid-February 2015.
 - Baseline: Data gathering to begin with the launch of the new EHR and Practice Management System as this system will interface with the numerous software systems already in use by DCoDPH.
 - EHR implementation occurred in January 2014.

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- Training will be needed as interfaces are put into place through 2014 and into 2015.
- (Interfaces (QS1, Orchard/Harvest interfaces are currently being tested with implementation due December 1, 2014. Other interfaces are being developed and a new GIS app is under development).

Indicators:

- Technology Plan finalized and implemented. Finalized March 2013.
- EHR and Patient Management System(s) successfully launched. January 2014.
- % of staff trained to use software to do their jobs (100%).
- Increase use of data collected internally to evaluate DCoDPH services.

Budget FY 14: \$700,000.00 (budgeted late in FY 13 and carried forward into FY14) for replacement of our EHR and Practice Management System, along with needed interfaces and the development of needed apps.

Goal 4: Access to Medical and Dental Care Strategies for Fiscal Year 2014

(Aligns with Durham County Strategic Planning Goal 1 - and Family Prosperity and Enrichment and Goal 2 - Health and Well-being for All)

Goal Measurement Benchmarks

- 1) Increase the number of unique (unduplicated) patients seen in our medical clinics by 25% by the end of FY 2015.
 - Baseline: In Fiscal Year 2013 the medical clinics served (11,816) unique and unduplicated patients.
 - In FY14 13,824 unique and unduplicated patients were seen in our medical clinics.
- 2) Increase the number of unique (unduplicated) patients seen in our dental clinics by 25% by the end of FY 2015.
 - Baseline: There were 2,832 unduplicated patients seen in the Dental Clinic in FY13.
 - In Fiscal Year 2014 the dental clinics served 2,765 unique and unduplicated patients, 708 new patients would have needed to be seen in the Dental Clinic in FY 2014 to reach the benchmark of 25% increase. (Enrolled 873 new patients in FY14). An upgrade to Dentrix 8.0 and required training as a result of the upgrade resulted in the scaling back of appointments.
 - By the end of FY 15 the dental clinic will need to have served 3,540 (708 increase/25%) unique and unduplicated patients.
- 3) Increase the percentage of uninsured Durham County residents who receive care at the DCoDPH by 10% by the end of FY15.
 - Baseline: In FY 12, 58% of residents who received services from the medical and dental clinics were uninsured.
 - In FY13, 10,833 patients who received care in the medical clinics were uninsured which is 74% of the patients served in the medical clinics. The number of

uninsured would need to increase by 1083 by end of FY15.

- In FY13, 1252 patients who received care in the dental clinic were uninsured which is 44.2% of the patients served. The number of uninsured would need to increase by 125 by end of FY15.
- In FY14, 11,324 patients who received care in the medical clinics were uninsured, which is 71% of the patients served in the medical clinics. The number of uninsured would need to increase by 1132 by the end of FY2015.
- In FY14, of the 2700 patients who received care in the dental clinic, 1248 were uninsured which is 46.0% of the patients served.

Indicators:

- % patients assisted in applying for Medicaid, Health Choice and the Marketplace.
- Number of people referred for behavioral or mental health services. Insight did not have this as a function. This is to be captured in Patagonia
- Number of patients receiving services from multiple clinics within the DCoDPH.
- Strategies developed to improve access to DCoDPH services are implemented.
- Number of patients who are referred from one clinic to another clinic within DCoDPH. To be a function in Patagonia.

Budget FY14: \$15,285,831.50 (Community Health-\$14,289,086.53 and Dental \$996,745.00)

Goal 5: Obesity and Chronic Illness Strategies for Fiscal Year 2014
(Aligns with Durham County Strategic Planning Goal 1 - Community and Family Prosperity and Enrichment and Goal 2 Health and Well-being for All)

Goal Measurement Benchmarks

1) Increase the percentage of adults getting the recommended amount of aerobic physical activity to 54.4% by 2015.

- Baseline: 52.2% (CI 43.6-60.6) (2011, BRFSS)
- **Because of changes in BRFSS data collection, data from 2011 and later are not comparable to previous years. Data collection through the use of cell /smart phones are now being captured (therefore a much younger demographic is being captured). Capture the recent BRFSS numbers.**
- Current data: 46.7% (CI 39.3 – 54.3) (2013, BRFSS) *Note – even though this decreased, it’s still in the confidence interval and there has not been a statistically significant decrease.
- We don’t think we could go up as high as 60.7% next year, which is just outside the CI from baseline.

2) Increase the percentage of adults who report they consume fruits and vegetables five or more times per day to 25% by 2015.

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- Baseline: 19%, (2011, BRFSS). **Because of changes in BRFSS data collection, data from 2011 and later are not comparable to previous years. Data collection through the use of cell /smart phones are now being captured (therefore a much younger demographic is being captured).**
- 3) Increase the utilization of DCoDPH programs and services that promote healthy lifestyles by 10% by 2015.
- Baseline: Departmental data better gathered after launch of new patient management software system. Community surveys will be used to determine if this benchmark is met.
 - Development of Patagonia apps for Health Education and Nutrition for Community Outreach will be developed during Phase IV of the Patagonia implementation.

Indicators:

- % increase in number of customers from baseline who use programs/services (e.g., health education webinars, chronic disease and diabetes self-management programs, worksite wellness programs).
- Percentage of adults getting the recommended amount of physical activity (BRFSS <http://www.schs.state.nc.us/schs/brfss/2009/durh/topics.html>).
- Percentage of adults who report consuming fruits and vegetables five or more times per day (BRFSS).

Budget FY14: \$2,419,763

Goal 6: Education Strategies for Fiscal Year 2014

(Aligns with Durham County Strategic Planning Goal 1
Community and Family Prosperity and Enrichment)

Goal Performance Benchmarks:

- 1) Increase the number of students in Durham Public Schools (DPS) who have medical homes by 10% by 15.
 - Baseline: School Health initially established the Goal Performance Benchmarks for Goal 6: Education prior to the beginning 2012-2013 school year.
 - **FY 2014: 2130 children with known medical homes.**
 - The following data will be collected to determine if a student has secured a medical home:
 - School Health has a secured care rate which is tracked. Each nurse is given a benchmark of 75% they must reach.
 - Each nurse achieved this benchmark. The secured care rate for the overall School Health Team is 75%.
(793 referrals/594 secured care)
 - The number of referrals for health services and the number of referrals that secured care from a health service provider (excluding urgent care and emergency departments).
 - **2014: 1019 referrals/894 secured care 88% Secured Care Rate**
 - The number of care plans signed by parents and returned to the school nurses (Care plans for identified health conditions are sent home for parents/guardians' acknowledgement/signatures with requests to return signed

plans to the school nurse. A question asking if the student has a regular health care provider will be added to the care plans.)

2014: 884 Care Plans

- The number of students known to have special health conditions/chronic illnesses and identification of the student's health care provider.

2014: 2130 Students known to have special health conditions/chronic illnesses and identification of student's health care provider

- 2) Increase the number of students who can show a clear understanding of health education and health promotion by 10% by 2014.

- Baseline: To be determined based on the FY 2013 school year.
- **Each school nurse had different methods of capturing this data, they have met to develop a more consistent way of capturing and reporting this data, to be in place by the end of this school year.**
- **SY 2014 Baseline established: 49% (Total 2793 students/1369 indicated increased knowledge per pre/posttests.)**

Explanation for 2014: Pre-Post testing conducted for educational presentations. Piloted with Growth & Development (G&D) and Hygiene classes. Growth & Development classes are offered to each DPS 5th grader. The parent must provide consent for students to participate in this class. SY 2014, 2516 students were in 5th grade classes in Durham Public Schools (DPS); 2378 5th grade students attended the G&D class-total 824 classes. SY 2014, 136 Hygiene classes were provided with 415 students participating.

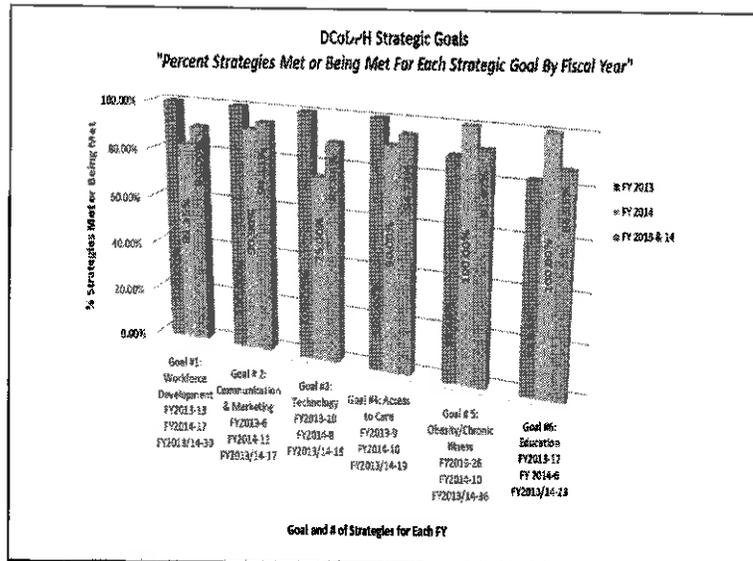
- 3) Increase the number of students and families who recognize the school health program as a valuable program and source of health information by 10% by 2014.

- Baseline: To be determined based on the FY 2013 school year.
- **Each school nurse had different methods of capturing this data, they have met to develop a more consistent way of capturing and reporting this data, to be in place by the end of this school year.**
- **SY2014: 300 families**
Program will evaluate this goal based on number of students/families who attend community events that include school health program participation.
- **Approximately 300-400 families connected with the Public Health School Nurses and received information on school nurse services. Eight (8) to ten (10) families discussed and received information on specific health concerns.**

Indicators:

- % of students with secured care.
- Nurse visibility and participation in school and system wide DPS events.
- Pre/post tests and evaluations for school health program classes/groups.

Budget FY 14: \$1,588,246



- **UPDATE ON LEGISLATIVE AGENDA ITEM-G.S.115C-81 (e1) (9) of Article 8: GENERAL EDUCATION: (Activity 40.2)**

Ms. Harris stated that the last time we spoke Senate Bill 254 Contraceptives in School-Based Health Clinics was Durham specific and it went to the Rules Committee. Since that time Senators Woodard and McKissick were told by the bill writers that the constitution did not allow local bills about health to be introduced. Senator Woodard reintroduced the bill, Senate Bill 484, as a statewide bill. It has been sent to the Rules Committee. Ms. Harris stated that she spoke to Senator McKissick on Tuesday, April 7, 2015. He suggested that any correspondence from members of the board regarding the bill should be sent to Senator Tom Apodaca, Chair, Rules & Operations of the Senate Committee. Senator McKissick indicated that he would start conversation with Senator Apodaca about moving the Senate Bill 484 forward. Ms. Harris stated that additional senators signed on to Senate Bill 484. Ms. Harris stated that she will send an e-mail to the Board on April 10th that will include: the contact information for Senator Apodaca, a position paper that describes the need for the proposed legislation, and the spreadsheet that shows Medicaid costs for a 16 year old who enters prenatal care at three months into the pregnancy and remains on Medicaid and Supplemental Nutrition Assistance Program (SNAP) until the child becomes 5 years old. Ms. Harris stated that members could use the document as talking points when speaking with Senator Apodaca or his staff.

- **E-CIGARETTES UPDATE (Activity 34.5)**

Ms. Sally Herndon, Branch Head Tobacco Prevention and Control Branch Division of Public Health provided the Board with an update on the latest research and trends related to e-cigarettes and provided policy strengthening recommendations for the BOH Smoking Rule. The following information was provided to the Board.

The Durham County BOH Smoking Rule went into effect in August 2012 and do not cover e-cigarettes. Since that time, e cigarettes have become more prevalent. E-cigarettes are tobacco products which are battery-powered devices that provide doses of nicotine and other additives to the user in an aerosol, often referred to as vapor. More research has been done on e-cigarettes now, but significant questions remain regarding their safety and impact on the patterns of traditional tobacco use.

(A copy of the PowerPoint Presentation is attached to the minutes)

COMMENTS/QUESTIONS:

Dr. Stewart: Do some of these devices have an increasing dose of nicotine to wean them off? Is that how that should be used?

Ms. Herndon: Yes. I mean the patches do...

Dr. Stewart: I know the patches do. Is that how we are using it, as a cessation product?

Ms. Herndon: Some of them are saying that you are no longer smoking because this is not a cigarette, some of them are saying “you quit”

Dr. Stewart: Then are they safer than regular cigarettes?

Ms. Herndon: They are safer than regular cigarettes, they do have less toxin but what we look at from a public health perspective are the public health consequences of their use and not just the individual. If I was trying to get someone to stop smoking, I would try to get them to stop smoking through an FDA approved therapy. In looking at the population approach, what we are seeing is people are using a little of both, cigarettes and e-cigarettes.

Dr. Levbarg: Are e-cigarettes more expensive than the conventional type?

Ms. Herndon: They vary in price, there are some that are quite a bit cheaper. There are the products that you can buy that are pricier but they are being advertised as being cheaper.

Dr. Stewart: Any idea how much in milliliters is in an e-cigarette?

Ms. Herndon: I don’t know but I can get back to you on that.

County Commissioner Howerton: How is that this rule is narrowly focused and not everywhere?

Ms. Harris: We don’t have statutory authority to make everywhere smoke-free - only on governmental property. There are rules that limit the smoking in outside spaces of restaurants if they have what...three walls?

Ms. Herndon: Yes. We had to clarify the rule for the smoke-free restaurants and bars to define an outdoor space. Remember when we didn’t have the smoke-free restaurants and bars we did campaigns saying “I like your restaurant but not the smoke, I would come back more often if it was smoke-free” well we are getting ready to launch a similar campaign for the outdoors areas of restaurants and bars. Durham would be a great place to do this because you have some success to show already. Gayle, I don’t know if you would consider doing this but Dr. Marrow from Pitt County wrote a letter to all restaurant owners giving restaurant managers the reasons why they should ban electronic cigarettes from restaurants and bars. It was a well worded letter and he is happy for other health departments and Boards of Health to revise it and send it out in their counties, too.

Ms. Harris: Can you send that to us?

Ms. Herndon: I can send that to you. Sure can.

Ms. Harris: In counties that have included the e-cigarettes, did they have to redo their rule?

Ms. Herndon: Counties that have included e-cigarettes did it as they were doing their rule. I think it would take a process to go back and insert e-cigarettes except for the tobacco free locations which I think would just be an educational effort. We are happy to help you with that.

Next Steps:

1. Guidance about what language needs to be included about e-cigarettes.
2. Consider the same strategy that Dr. John Marrow used in Pitt County.
3. E-mail letter to Board from CDC on all the science/evidence that has been pulled together on the negative effects of e-cigarettes for background information.
4. Revisit next Board meeting.

NEW BUSINESS:

• **BUDGET AMENDMENT**

The Durham County Department of Public Health request approval to recognize \$19,735.00 from the Epidemiology/PH Preparedness & Response Branch of NC DHHS, Division of Public Health to support the

development and implementation of active monitoring activities of travelers in North Carolina who may have been exposed to Ebola.

Exposure to Ebola poses a real threat to North Carolina. Public Health Preparedness and Response has identified systematic approaches to strategically assist public health with the reduction of threats, responsiveness to travelers' needs, and a response system to better protect those potentially exposed individuals and the state of North Carolina.

Commissioner Howerton made a motion to approve the budget amendment in the amount of \$19,735.00. Dr. Levbarg seconded the motion and the motion was unanimously approved.

- **BUDGET RATIFICATION**

The Durham County Department of Public Health request approval of funding in the amount not to exceed \$475,000 for replacement of the Tooth-Ferry Mobile Dental Unit with the funding source of Public Health Medicaid Cost Settlement Funds received in the current fiscal year.

The Durham County Department of Public Health has been providing dental services to youth in Durham's public elementary schools for over a decade. Much of the work is completed aboard a specialized mobile treatment unit called the Tooth-Ferry. The unit is a 2000 Spartan Motorhome with a diesel engine. The Tooth-Ferry visits elementary schools with the highest number of free and reduced hot lunch recipients. Failure to prevent dental problems has long-term adverse effects that are consequential and costly. In particular, unchecked dental disease compromises children's ability to learn, to develop positive self-esteem, to eat and speak.

Since May, 2014, the Tooth-Ferry has spent an inordinate amount of time out-of-service for repairs. The major repair involved a cracked cylinder block. Due to the age of the vehicle, Advance Maintenance has anticipated additional repairs causing more out-of-service time over the following years. In the last 4 years, annual appointments have plummeted from 1,397 in FY 12 to less than 300 as of February 2015.

Dr. Allison made a motion to approve the budget ratification in the amount of \$475,000. Dr. Fuchs seconded the motion and the motion was unanimously approved.

- **LIFE EXPECTANCY MAPS (*Activity 40.2*)**

Ms. Harris shared information on the Robert Wood Johnson Foundation Life Expectancy Maps project that will be launched on April 20, 2015 in several areas across the nation. The University of Virginia used death certificate data for the last 10 ten years from the State Center for Health Statistics to create the North Carolina map that show the life expectancy in Eastern North Carolina. Data by zip codes were used to create the maps. Ms. Harris stated that she will continue to update the Board on the project and the dialogue about how important it is to look at where people live, issues impacting health outcomes, address those issues as we continue to create a culture of health.

• **SIDEWALK ISSUES IN UNINCORPORATED AREAS OF THE COUNTY (Activity 40.2)**

Ms. Harris apprised the Board that the County Commissioners (BOCC) are talking about installing and maintaining sidewalks in the unincorporated areas of the County. Ms. Harris provided the summary sheet from the Agenda Action Form that provides the essence of their conversation. Ms. Harris stated that during the discussion the Board of Health's support for Complete Streets was discussed. The focus of this conversation is the work that NC DOT is preparing to do in an area near ForestView Elementary School. NC DOT is willing to install the sidewalks but the County has to agree to maintain the sidewalks. If the BOCC agrees to accept responsibility for the sidewalk, the decision would set a precedent for sidewalks surrounding/near schools in other areas of the county. The other issue is that the County does not maintain sidewalks.

Attorney Wardell: From a legal standpoint counties are not in the sidewalk business because the business of sidewalks is typically that municipalities build and maintain sidewalks. They have Public Works departments and that is their responsibility. In the very few cases where the counties have actually gotten into building sidewalks, counties have to have a relationship with the municipalities to maintain the sidewalks. There has to be a separate contract in order to make sure that when it snows the crews come out to shovel the snow on the sidewalks and so forth and so on. There are a number of ways to deal with the maintenance issue. If you are building a subdivision in the County, you can require the homeowners association to take over maintaining the sidewalks. Some counties have what is called a "payment withdrawal plan" where there is money that can be used to maintain the sidewalks. Durham County doesn't have that plan. The big issue is liability. We are of the few counties that are uninsured. Municipalities typically have some type of insurance to cover incidents/accidents. If an incident/accident occurs on a County maintained sidewalk and we are uninsured there will be legal issues around governmental immunity. That is typically why counties don't get into building sidewalks.

Commissioner Howerton: The other issue is that all county schools are needing sidewalks. I have heard from several areas already, the phone calls have come in asking "why are you guys considering sidewalks for one and not for others." My concern is how do we account for that? All are citizens' dollars. How do we do your community and not another? The fairness for all citizens is a concern and the County Commissioners are listening to that concern.

AGENDA ITEMS MAY 2015 MEETING

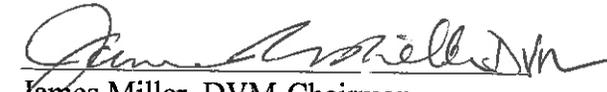
- Public Health History Presentation
- Follow-up e-cigarettes and Durham County Smoking Rule
- Board of Health Training-August 13, 2015

INFORMAL DISCUSSION/ANNOUNCEMENTS:

Ms. Harris reminded the Board member to register for 2015 NALBOH Conference.

Commissioner Howerton made a motion to adjourn the regular meeting at 7:30pm. Dr. Fuchs seconded the motion and the motion was unanimously approved.

23 A Regular Meeting of the Durham County Board of Health, held
April 9, 2015.



James Miller, DVM-Chairman



Gayle B. Harris, MPH, Public Health Director



**DEPARTMENT OF PUBLIC HEALTH
CENTERING PREGNANCY PROGRAM
2012-2014**

April 9, 2015

Ann Milligan Barnes, RN

Centering Pregnancy Program



Centering Pregnancy Program Overview

1. History of Centering at DCoDPH
2. Outcome Data
3. Site Approval
4. What our patients, staff and providers say about Centering
5. DCoDPH Centering Highlights



History of Centering

- Began in 2004 on a small scale of two groups
- English and Spanish Group
- Monthly Meetings for Four Sessions
- Next every two weeks for a total of ten sessions.
- 2010 10 Groups
- 2011 11 Groups
- 2012 15 Groups
- 2013 16 Groups
- 2014 18 Groups



Centering Data

	2012-2013 (2 yrs)	2014 (1 yr)	Durham Co 2010	NC 2013
#groups completed	24	17		
#patients	208	151		
% babies born <37wks	6%	6%	13.1%	12%
% babies born LBW	7%	9%	8.5%	8.8%
%NICU admission	4%	7%		
%BF at discharge	88%	69%		CDC, 2011 77.3%
%vaginal birth	73%	70%		
%VBAC	2%	7%		
%cesarean	25%	29%		2011 - 31%
Very satisfied with care		100%		



Centering Pregnancy Program Number of groups started each year

Year	Number of Groups
2010	10
2011	11
2012	15
2013	16
2014	18

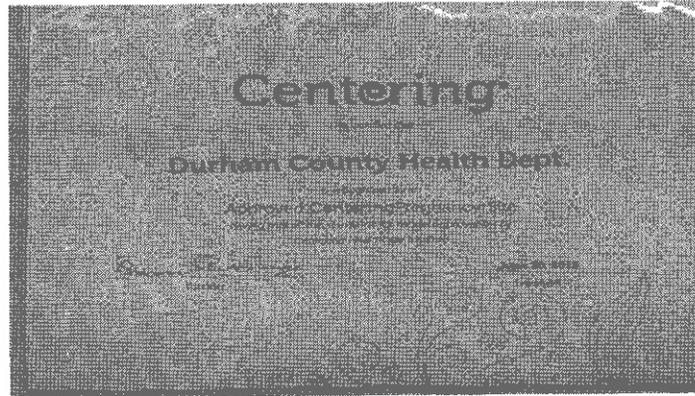


CHI Site Approval

- A quality assurance activity
- Provides the expertise, support and guidance to strengthen Centering.
- Site has demonstrated fidelity to the model of care
- Assures quality care
- Eligible to contribute to CHI minimal data set for national comparison .



Centering Pregnancy Program



Centering Pregnancy Program



Centering Pregnancy Program

	DCHD CP	DCHD CP	Durham Co	NC
Year	2012-2013	2014	2013	2014
#groups completed	24	17		
#patients	208	151		
Very satisfied with care		100%		



Centering Pregnancy Program



Centering Pregnancy Program What our patients are saying about Centering:

- oIt's amazing...wish it could continue...loved it!
- oGood, accurate information other women may experience new things which can help
- oThe care was great. Nothing could have been better.
- oIt was the best thing that happen to me. You don't have to wait and we asked many questions and got many answers.
- oGreat attention and very good recommendations for whatever the situation
- oYou feel as if you are part of a family
- oI had fun, I learned a lot and you relax more
- oIt was beautiful because you share ideas with and get to know other women
- oI no longer feel sad and I made a lot of friends



Centering Pregnancy Program



Centering Pregnancy Program

What our staff are saying about Centering:

- oI love getting to know all about the ladies...their cultures, traditions, stories and the relationships they build with one another
- oThe women love it! They love the attention, getting to know one another , the baby shower and getting to know each other's babies.
- oI love the way Centering has empowered the women and families.
- oOur patients feel very special.
- oWomen are able to share their experiences. They leave the groups feeling empowered not only with their care but with their babies.
- oThe patients love it and recommend it to others.
- oCentering patients are more relaxed and informed about the birthing process. They are very positive.



Centering Pregnancy Program



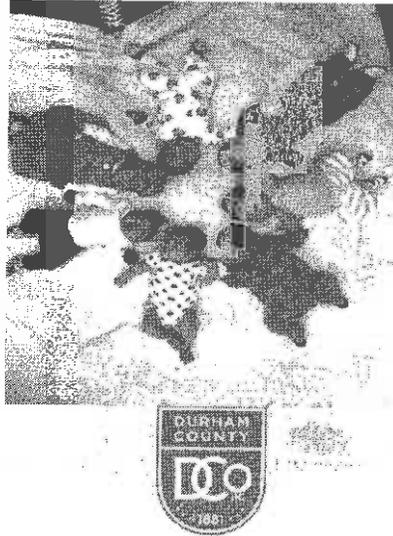
Centering Pregnancy Program

What our providers have to say about Centering:

- o Women love being part of a group with a built in support system. They love having a person to call as a contact that they know.
- o Really getting to know and build relationships with patients and seeing how positively they respond to the education and fellowship.
- o I feel like our clients are so happy with their care.
- o Getting to know patients better
- o It's fun
- o They (patients) love it! And feel like they learn a lot.
- o I have better job satisfaction because of Centering
- o One provider sent a text after her first Centering reunion that read: "Those were easily the best three hours of my career!"



Centering Pregnancy Program



Centering Pregnancy Program

Highlights of the Durham County Department of Public Health Centering Program

- CHI Service Agreement enables DCHD staff to receive training for minimal cost (materials only)
- Two Basic Workshops in Fall 2014 with 3 staff trained
- Strong volunteer workforce (>100 people since 2004)
- Durham County Department of Public Health facilitators from multiple departments (Jacquie Melvin, Debbie Farb, Kim Surlis)
- Duke L&D nurses (11 have volunteered to date with 5 taking on multiple groups)
- AWOHNN presentation planned May 1, 2015
- Partnership with Duke School of Medicine Primary Care Leadership Track Program since 2010 (8 students/year)
- Received Centering Breastfeeding Grant in collaboration with Durham County Department of Public Health and the NC Breastfeeding Support Network for 30K over two years
- Received a grant to supplement purchases of Veggie Boxes containing local, seasonal items
- Involvement of various Durham County Department of Public Health programs including Dental Program, OBCMs, Nutrition



Centering Pregnancy Program



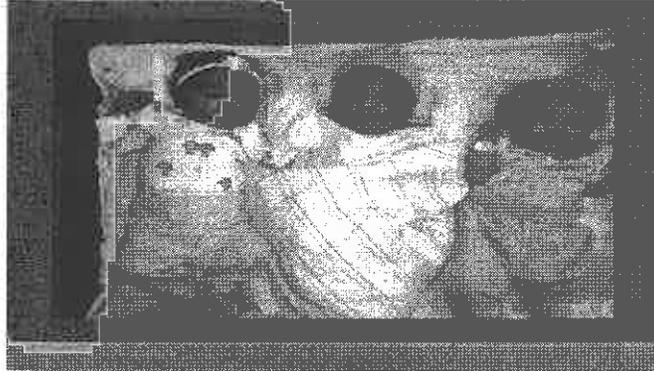
Centering Pregnancy Program

Demonstrated Success of Centering Pregnancy at Durham County Department of Public Health

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Decreased Preterm Birth 2. Increased Breastfeeding rates at time of discharge 3. Decreased ER visits 4. Decreased cesarean section rates 5. Decreased low birth weights 6. Increased appointment adherence and compliance 7. High patient satisfaction 8. Empowers the mom with education, nutrition, dental, and overall health status 9. Fathers, partners, and family members are more engaged 10. Diverse community with various ages, race, | <p>education levels, cultures, and sexualities</p> <ol style="list-style-type: none"> 11. Community building, including referrals to numerous community resources 12. Increased job satisfaction for staff and providers 13. Strong involvement of multiple community partners and volunteers (Duke L&D nurses, NCCU nursing students, high school students, health educators, lactation consultants) 14. Outstanding learning experiences and partnerships (Duke School of Medicine, Duke School of Nursing, Duke and UNC undergraduates and PhD candidates, UNC MPH students, midwifery, NP and PA students, etc). |
|--|--|



Centering Pregnancy Program





SAMPLE OF PERFORMANCE MEASURES

April 9, 2015 / Gayle B. Harris

As part of the FY 15-16 budget process, departments were asked to provide two to three useful performance measures being tracked to assess and improve an agency's or program's performance. In addition to monitoring customer satisfaction, Public Health program managers submitted performance measures that relate to some of the department's statutory requirements found in NCGS 130A-1.1(b). These include:

- Monitor health status to identify and solve community health problems.
- Diagnose and investigate health problems and health hazards in the community.
- Enforce laws and regulations that protect health and ensure safety.



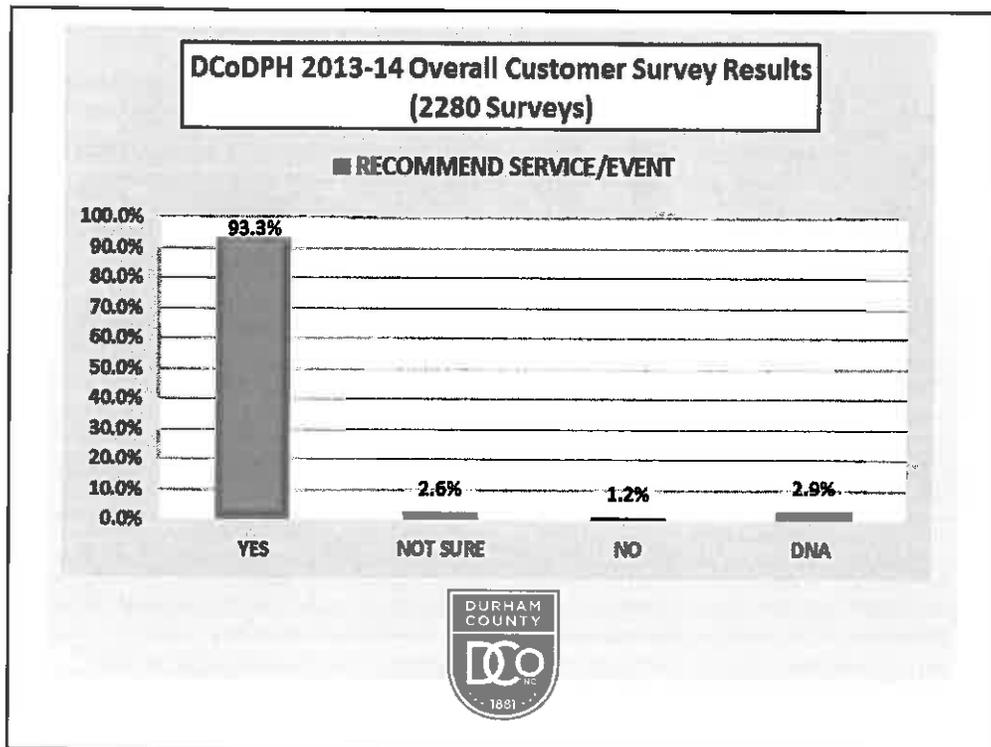
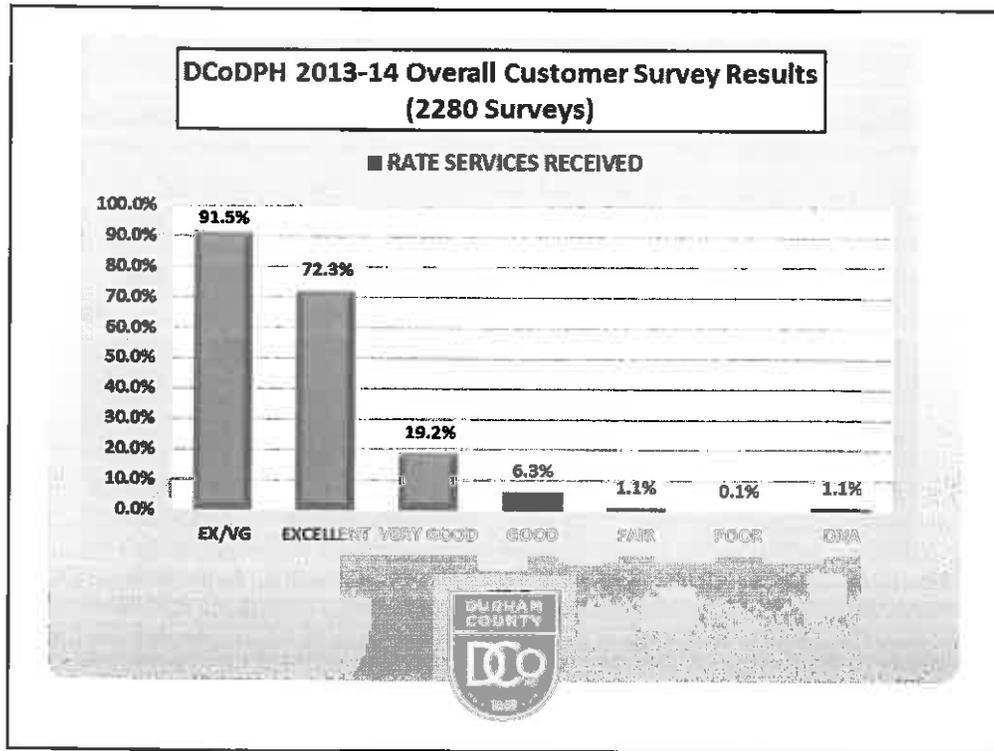
Departments were also asked to provide performance measures for requests classified as either new or expansion. Measures were identified for:

- Child Health Assessments and Prevention Program (CHAPP)
- Immunization Clinic
- Durham Diabetes Coalition
- Hepatitis C Virus (HCV) Program



Customer Satisfaction

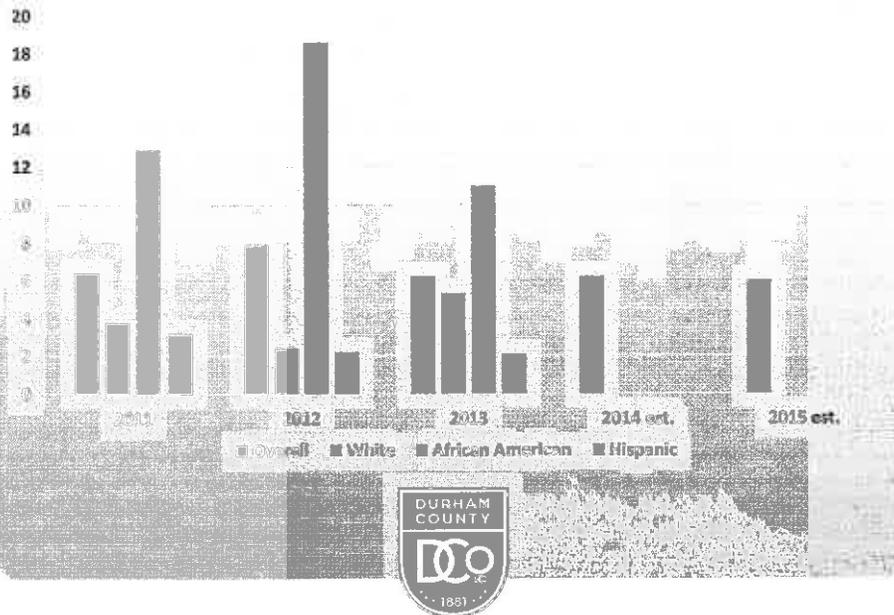


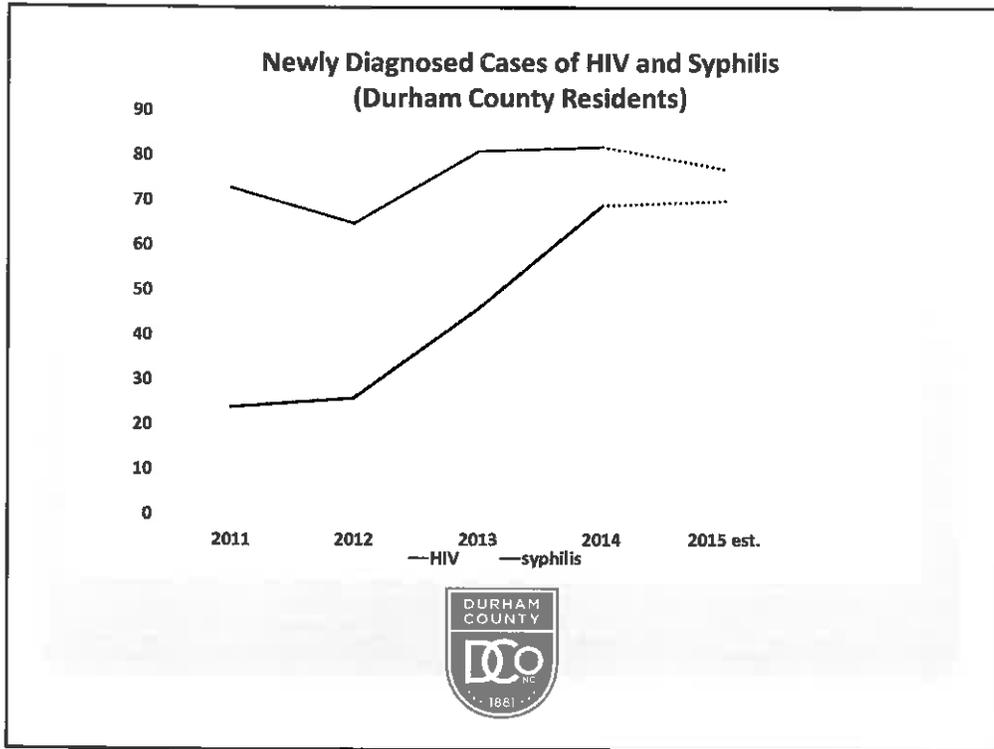


Monitor health status to identify and solve community health problems



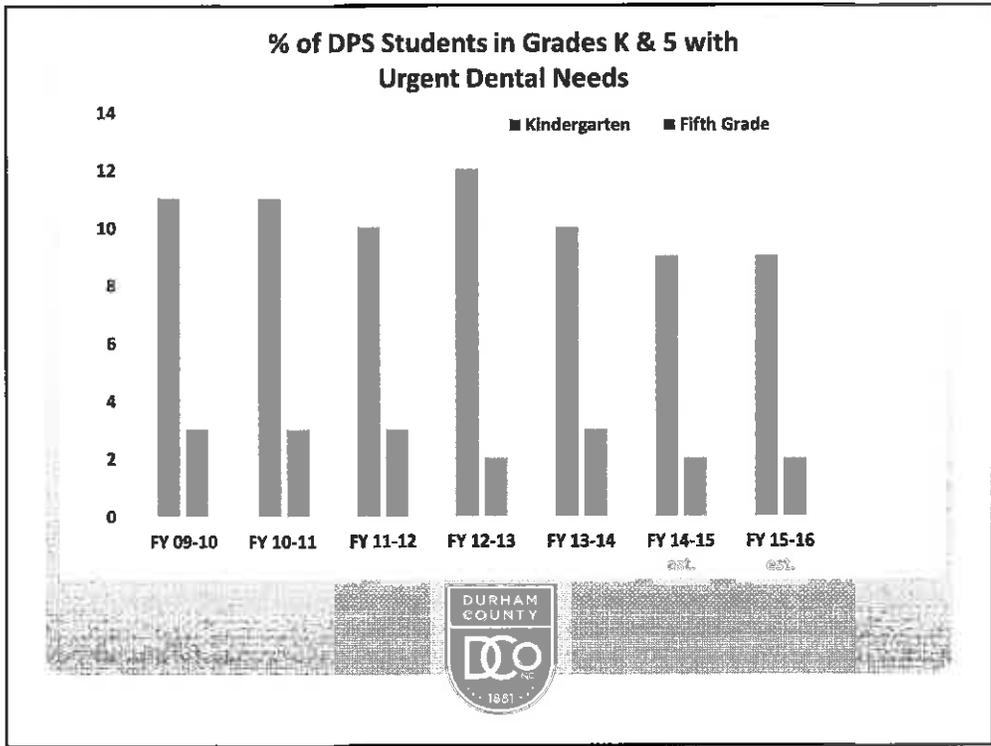
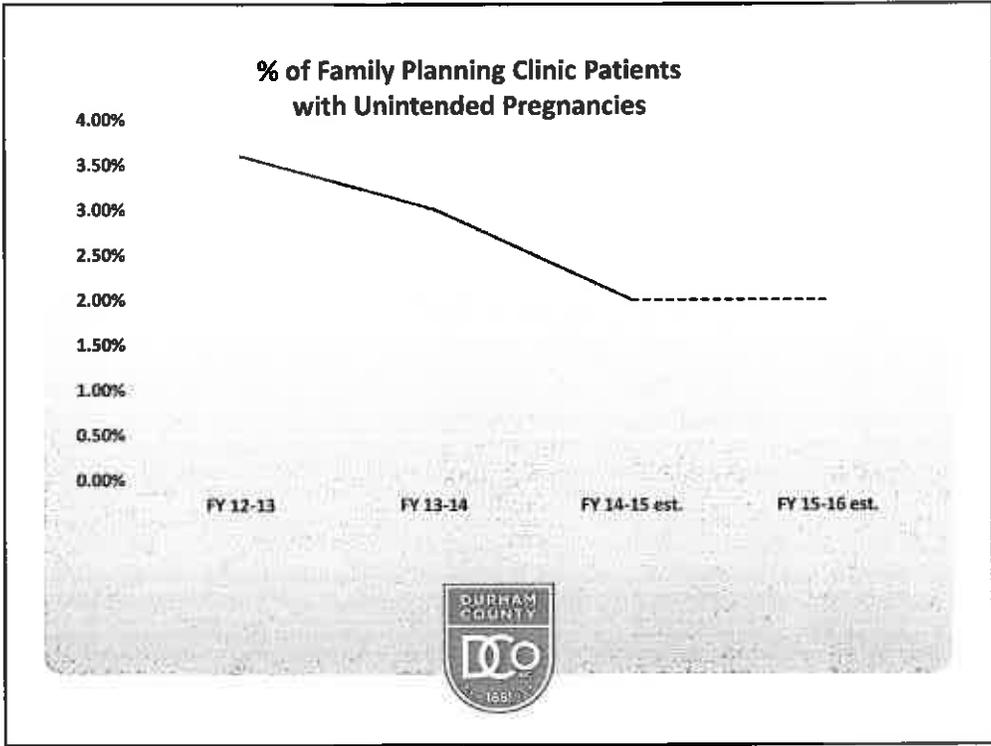
Durham County Infant Mortality Rates
(per 1,000 live births)

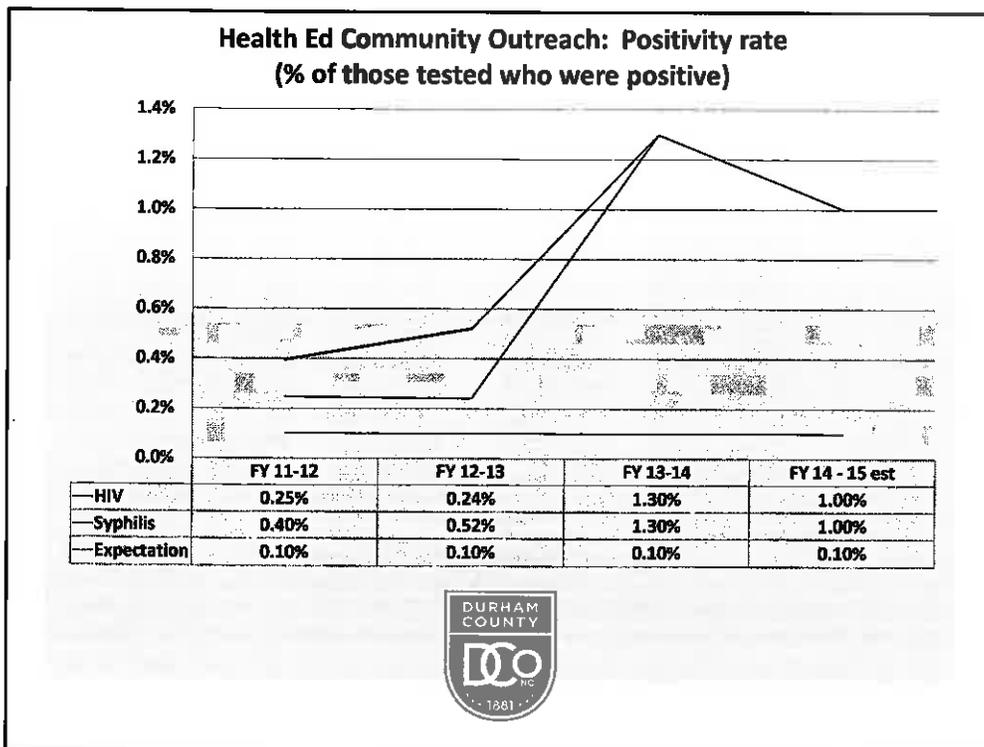
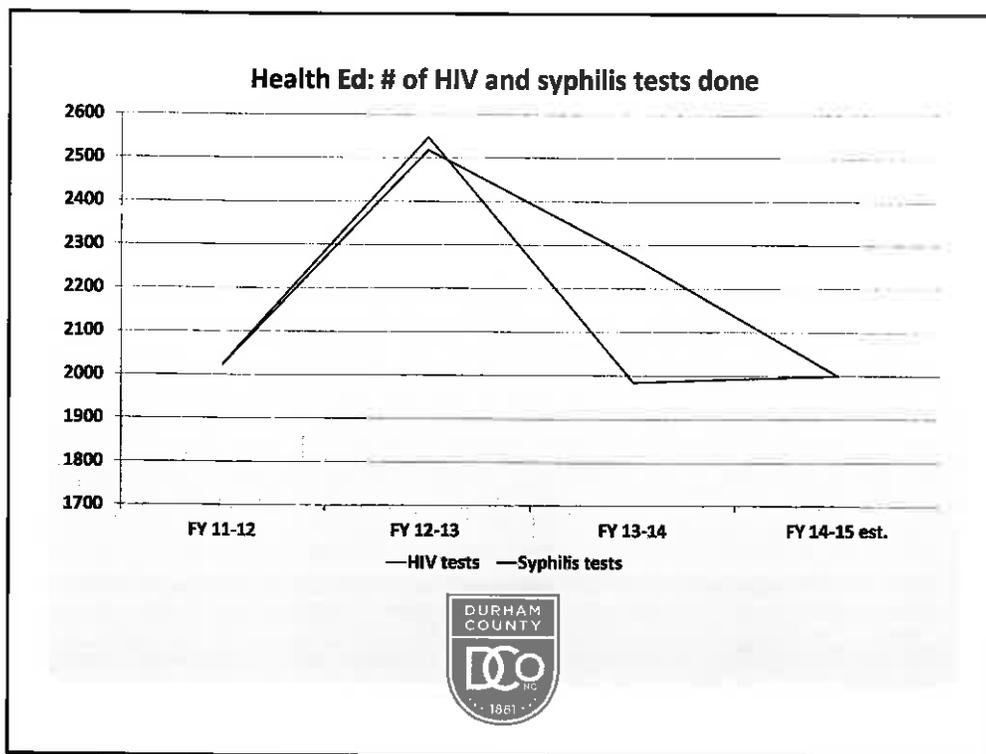




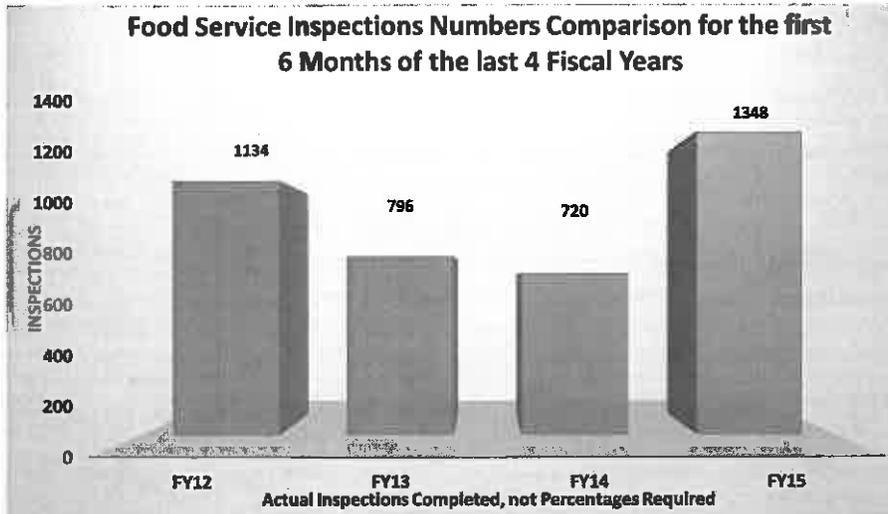
Diagnose and investigate health problems and health hazards in the community.

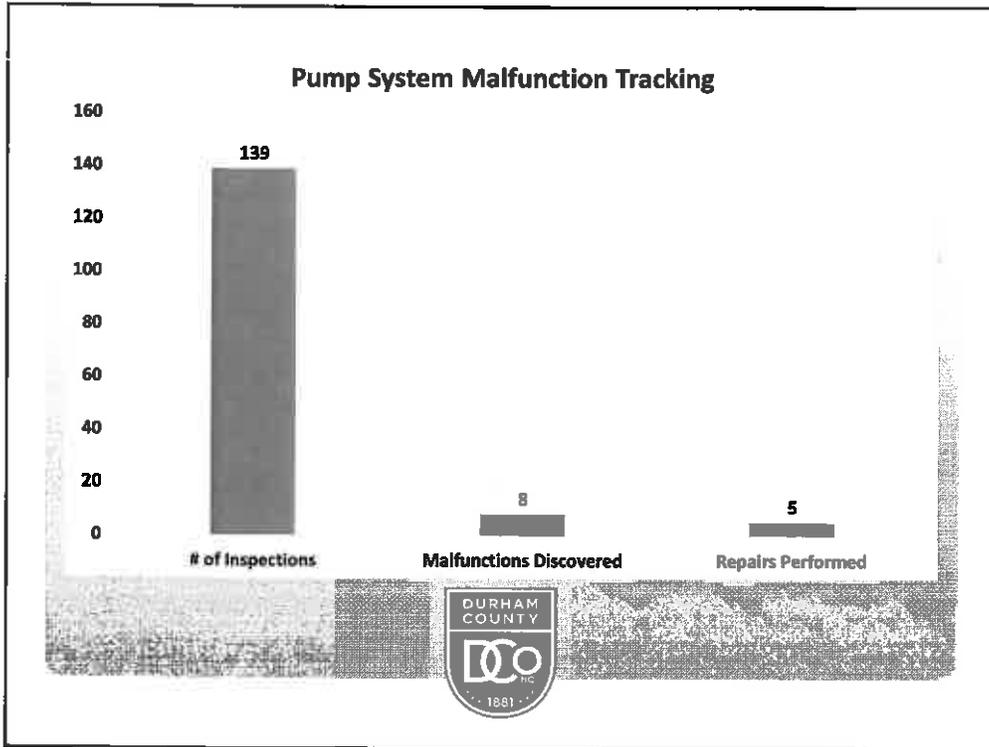






Enforce laws and regulations that protect health and ensure safety.





Performance Measures for Expansion Items

This section is currently blank, serving as a placeholder for performance measures related to expansion items. It includes the Durham County logo at the bottom center.

CHAPP

- **Workload measures:** number of catchup well-child assessments completed and the number of vaccinations given
- **Efficiency measures:** TBD (will perform two well-child assessments at each site at start up to establish benchmarks)
- **Effectiveness measures:** percentage of children receiving well-child assessments and vaccinations and securing care after referrals are made



Immunization Clinic

- **Workload measure:** number of vaccinations given,
- **Efficiency measure:** percentage Increase in the numbers of services delivered in the clinic; decrease in registration wait times
- **Effectiveness measure:** increased vaccination rates



Durham Diabetes Coalition

- **Workload Measure:** number of evidenced based workshops provided.
- **Efficiency Measures:** number of evidence-based interventions or strategies used in the Durham Diabetes Coalition.
- **Effectiveness Measures:** improvements in exercise, cognitive symptom management, communication with physicians, self-reported general health, health distress, fatigue, disability, and social/role activities limitations.
Healthcare utilization: fewer days in the hospital, fewer outpatient visits and hospitalizations.



Hepatitis C Virus Program

- **Workload Measures:** number of individuals referred to Coordinator for services; number of meetings with community partners regarding HCV activities
- **Efficiency Measures:** number of HCV- infected persons linked to care
- **Effectiveness Measures:** expansion of HCV care options for Durham County residents; increased provider knowledge regarding management of HCV infections



Questions



**DURHAM COUNTY PUBLIC HEALTH DEPARTMENT
LEADERS ACADEMY
OVERVIEW AND GUIDELINES**

The Durham County Public Health Leaders Academy is a curriculum of workshops and experiences designed to cultivate leadership excellence. The workshops help students to enhance their leadership competencies as well as develop their leadership potential. A group project is also required.

Objectives of the Public Health Leaders Academy

- Promote leadership succession within Durham County Public Health Department
- Improve organizational effectiveness, efficiency and equity
- Promote individual leadership self-awareness, growth, and change
- Retain talent within organization

Requirements of the Public Health Leaders Academy

In order to receive certification from the Leaders Academy, participants must complete the following:

Six Required Workshops to Include Topics Such as:

- Change Management
- Communication Skills
- Conflict Resolution
- Cultural Competency and Equity
- Delivering Effective Presentations
- Ethics
- Leadership Theory
- Project Planning
- Public Health: Past, Present and Future

Session Schedule (8:30 a.m-4:30 p.m.):

- Session #1: Tuesday, April 28, 2015
- Session #2: Tuesday, May 26, 2015
- Session #3: Tuesday, June 23, 2015
- Session #4: Tuesday, July 28, 2015
- Session #5: Tuesday, August 25, 2015
- Session #6: Tuesday, September 22, 2015

Group Project Component

Participants will complete a group project assignment that integrates instruction and reflection to enrich the learning experience for all.

Required Reading

Sanborn, M. (2006). *You don't need a title to be a leader: How anyone, anywhere, can make a positive difference*. New York: Doubleday.

Kouzes, J. M., & Posner, B. Z. (1995). *The leadership challenge: How to keep getting extraordinary things done in organizations*. San Francisco: Jossey-Bass.

**DURHAM COUNTY PUBLIC HEALTH DEPARTMENT
LEADERS ACADEMY
SESSION 1
Tuesday, April 28, 2015
8:30 a.m. – 4:30 p.m.**

TIME	TOPIC
8:30 a.m. – 9:00 a.m.	Welcome and Introductions
9:00 a.m. – 10:15 a.m.	Overview of Durham County Department of Public Health Gayle Harris, Durham County Public Health Director
10:15 a.m. – 10:30 a.m.	BREAK
10:30 a.m. – 12:00 p.m.	Fundamentals of Project Planning Greg Marrow, Durham County Chief Information Officer
12:00 p.m. – 1:00 p.m.	LUNCH
1:00 p.m. – 2:15 p.m.	Public Health: Past, Present, and Future Lori Carter Edwards, Research Associate Professor UNC Gillings School of Global Public Health
2:15 p.m. – 3:30 p.m.	What Makes a Great Leader? Tammy Baggett, Durham County Library Director
3:30 p.m. – 3:45 p.m.	BREAK
3:45 p.m. – 4:15 p.m.	Literature Review
4:15 p.m. – 4:30 p.m.	Wrap up and Session Evaluation

**DURHAM COUNTY PUBLIC HEALTH DEPARTMENT
LEADERS ACADEMY
SESSION 2
Tuesday, May 26, 2015
8:30 a.m. – 4:30 p.m.**

TIME	TOPIC
8:30 a.m. – 9:00 a.m.	Service Learning Projects Overview
9:00 a.m. – 11:30 a.m.	Team Process and Leadership Development <ul style="list-style-type: none"> ▪ Building Trust and Motivating Others ▪ Conflict Resolution Stephen Orton, Senior Investigator UNC Gillings School of Global Public Health
11:30 a.m. – 12:30 p.m.	LUNCH
12:30 p.m. – 4:00 p.m.	Cultural Diversity and Using a Racial Equity Lens Racial Equity Institute (REI) Bayard Love, Trainer
4:00 p.m. – 4:15 p.m.	Literature Review
4:15 p.m. – 4:30 p.m.	Wrap up and Session Evaluation

**DURHAM COUNTY PUBLIC HEALTH DEPARTMENT
LEADERS ACADEMY
SESSION 3
June 23, 2015
8:30 a.m. – 4:30 p.m.**

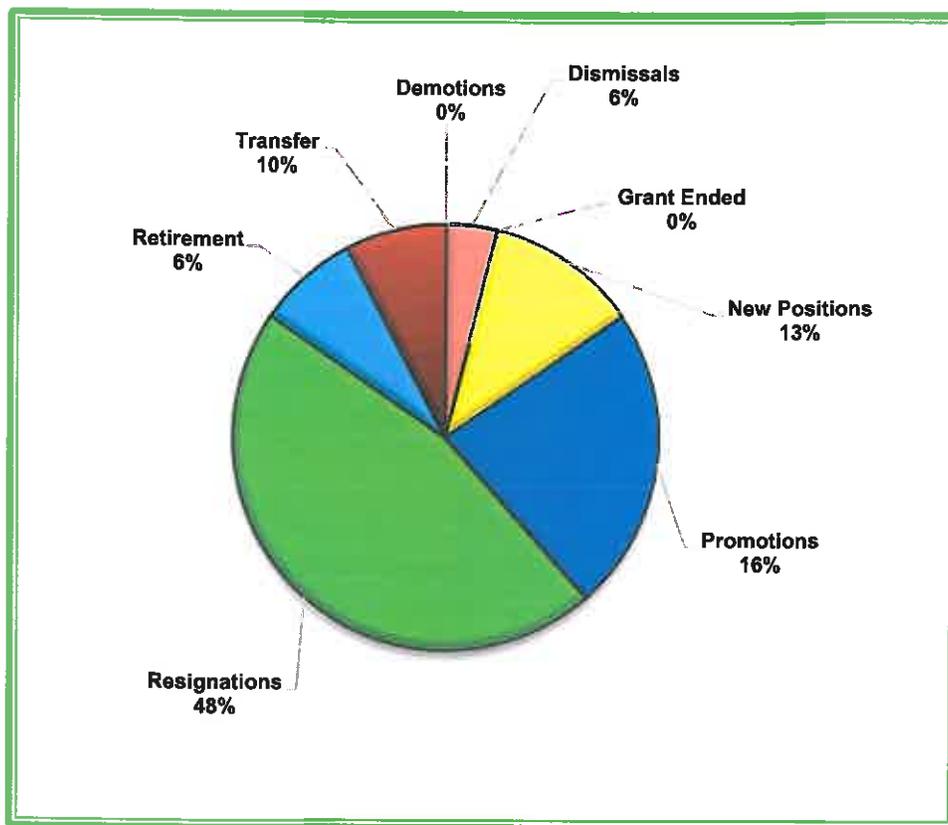
TIME	TOPIC
8:30 a.m. – 9:45 a.m.	Listening and Giving Feedback Jim Harris, Durham County Dental Division Director
9:45 a.m. – 10:00 a.m.	BREAK
10:00 a.m. – 12:00 p.m.	Team Process and Leadership Development <ul style="list-style-type: none"> ▪ Effective Communication Skills ▪ Business Writing Stephen Orton, Senior Investigator UNC Gillings School of Global Public Health
12:00 p.m. – 1:00 p.m.	LUNCH
1:00 p.m. – 2:00 p.m.	Project Work
2:00 p.m. – 3:30 p.m.	Durham County Department of Public Health Strategic Plan Eric Ireland, Durham County Deputy Public Health Director Community Health Assessment and State of the County Health Report Mel Downey-Piper, Durham County Health Education Division Director
3:30 p.m. – 3:45 p.m.	BREAK
3:45 p.m. – 4:15 p.m.	Literature Review
4:15 p.m. – 4:30 p.m.	Wrap up and Session Evaluation

**DURHAM COUNTY PUBLIC HEALTH DEPARTMENT
LEADERS ACADEMY
SESSION 4
July 28, 2015
8:30 a.m. – 4:30 p.m.**

TIME	TOPIC
8:30 a.m. – 10:15 a.m.	Delivering Effective Presentations Mel Downy-Piper, Durham County Public Health Education Administrator Melissa Martin, Durham County Public Health Administrator, Laboratory and Pharmacy
10:15 a.m. – 10:30 a.m.	BREAK
10:30 a.m. – 12:00 p.m.	TBD
12:00 p.m. – 1:00 p.m.	LUNCH
1:00 p.m. – 2:30 p.m.	Ethics Lee Worley, Deputy County Manager
2:30 p.m. – 3:30 p.m.	TBD
3:30 p.m. – 3:45 p.m.	BREAK
3:45 p.m. – 4:15 p.m.	Literature Review
4:15 p.m. – 4:30 p.m.	Wrap up and Session Evaluation

PUBLIC HEALTH VACANCY REPORT
July 1, 2014 through June 30, 2015
Month Ending 3/31/2015

<u>Vacancy Reasons</u>	<u>FY 13/14 *</u>	<u>FY 14/15**</u>	<u>Total</u>	<u>%</u>
Demotions	0	0	0	0%
Dismissals	0	2	2	6%
Grant Ended	0	0	0	0%
New Positions	1	3	4	13%
Promotions	0	5	5	16%
Resignations	0	15	15	48%
Retirement	0	2	2	6%
Transfer	0	3	3	10%
	1	30	31	100%



*1 vacancy exists from FY 13/14

**FY 14/15 vacancies are cumulative

4 position(s) became vacant in March FY 14/15

16 = Total # of vacancies as of March 31, 2015

VACANT POSITIONS in FY 2014/2015
Month Ending: March 31, 2015

Position Number	Position Title	Leave Date	Recruit Began Date	Recruit End Date	Start Date	Notes
40007629	Sr PH Nurse	7/20/13	11/25/13 & 4/24/14	2/28/14 & 5/8/14	7/21/14	
40001138	Sr PH Nurse	10/13/13	1/6/14, 8/11/14	2/7/14, 8/29/14	2/2/15	
40007078	PH Education Spec	10/13/13	11/25/13	12/13/13	7/7/14	
40005377	Nutritionist	10/27/13	12/16/13	2/14/14	7/7/14	
40001119	Physician Extender	10/31/13	4/21/14	5/2/14, 5/16/14	7/21/14	
40001342	Social Worker II	10/31/13	9/16/13	10/4/13	7/7/14	
40008051	Nutrition Specialist	12/19/13	1/13/14, 6/30, 10/14	4/25/14, 8/15, 2/6/15		VACANT-Req to HR 1/6/14
40008050	Nutrition Specialist	12/19/13	1/13/14	4/25/14	9/1/14	
40007500	PH Nurse Specialist	12/22/13	1/6, 4/18, 5/5/14	2/17, 5/2, 6/13/14	8/18/14	
40001057	Physician Extender	1/22/14	2/17/14, 4/21/14	4/4/14, 5/16/14	8/21/14	
40001031	Processing Assistant	2/21/14	6/30/14	7/11/14	11/2/14	
40000947	Processing Assistant	3/14/14	5/26/14	6/6/14	8/18/14	
40002020	Office Assistant	4/27/14	5/26/14	6/6/14	9/15/14	
40001042	Pharmacist	4/30/14	5/5/14	5/24/14	9/2/14	
40007632	Sr PH Nurse	5/23/14	5/26/14, 6/23/14	6/6/14, 7/11, 8/1	1/5/15	
40001100	HS Coord II	5/30/14	6/16/14 internal	6/20/14	8/18/14	
40005361	Nutrition Prog Mgr	5/30/14	5/26/14, 6/23	6/20/14, 7/18	8/18/14	
40001164	Env Health Specialist	6/20/14	7/7/14, 8/11	7/25/14, 8/22	11/10/14	
40001139	Sr PH Nurse	7/20/14	8/11/14	8/29/14	1/5/15	
40007628	Sr PH Nurse	7/25/14	8/11/14, 3/13/15	8/29/14, 9/5/14, 3/27/15		VACANT
40008250	Env Health Specialist	7/28/14	8/11/14, 11/17/14	8/22/14, 12/5/14	2/16/15	
40008251	Env Health Specialist	7/28/14	8/11/14, 11/17/14	8/22/14, 12/5/14	2/16/15	
40007577	Clinical Social Wrk	8/4/14	8/7/14, 12/22/14	11/14/14, 1/2/15	4/27/15	VACANT
40006775	Dental Assistant	8/8/14	6/23/14, 10/13, 1/16	8/1/14, 12/19, 1/30		VACANT
40007576	Comm Hlth Assist	8/13/14	8/29/14, 11/17/14	12/5/14		VACANT
40001140	Sr PH Nurse	8/15/14	8/25/14	9/28/14	12/8/14	
40005364	Nutrition Specialist	8/15/14	9/8/14, 10/12	9/26/14, 10/31	11/24/14	
40001099	Social Worker II	8/15/14	9/1/14	9/28/14	3/2/15	
40007894	PH Project Manager	8/15/14	8/4/14	8/29/14		VACANT
40007828	Info & Comm Spec	8/22/14	9/22/14, 10/27	11/28/14	3/2/15	
40005378	Nutritionist	8/29/14	9/8/14, 10/12	9/26/14, 10/31	3/30/15	
40007403	Sr PH Educator	9/2/14	8/25/14 internal	9/5/14	10/13/14	
40001013	Med Lab Assistant	9/11/14	9/22/14, 10/14/14	10/10/14, 10/31/14	1/5/15	
40007476	Clinical Social Wrk	10/10/14	10/13/14	11/14/14		VACANT
40007076	Info & Comm Spec	10/12/14	10/27/14	11/28/14		VACANT
40007477	Nutrition Specialist	11/4/14				VACANT
40005369	Nutrition Specialist	11/6/14	12/15/14	1/9/15		VACANT (Job Share - 48%)
40005376	Nutritionist	11/23/14	12/15/14	1/30/15	3/16/15	
40007961	Assist Health Director	12/31/14	8/4/14	9/5/14	12/15/14	
40001153	Env Health Specialist	1/15/15	1/12/15	1/30/15, 2/6/15		VACANT
40006525	PH Epidemiologist	2/16/15	3/16/15	3/27/15		VACANT-reclass eff 2/16/15
40007626	Sr PH Nurse	2/18/15				VACANT
40001097	Social Worker II	2/27/15	3/9/15	3/13/15		VACANT
40004426	PH Educator	3/2/15	3/16/15	3/27/15		VACANT
40008525	Processing Assistant	3/3/15	3/16/15	3/27/15		VACANT
40001035	Sr PH Nurse	3/27/15				VACANT
40001161	Processing Assistant	3/27/15				VACANT
40001048	PH Nurse	5/8/15	3/9/15	3/27/15		

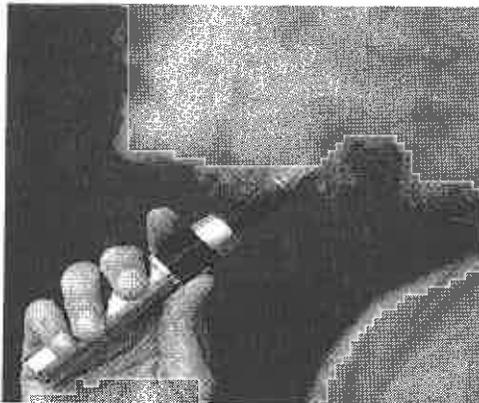
*New Position Total # of vacancies as of March 31, 2015 = 18

Exploring the Landscape of New Tobacco Products: Electronic Cigarettes

**Durham County Board of Health
April 9, 2015**

Sally Herndon, MPH, Branch Head
Tobacco Prevention and Control Branch
Division of Public Health

Electronic Cigarettes (Also Known as Electronic Nicotine Delivery Systems (ENDS) or E-cigarettes)



© 2013

What is an E-Cigarette?

- ▶ E-cigarettes are battery operated products that heat a liquid solution, normally containing nicotine, to produce an aerosol inhaled by the user.
- ▶ Some e-cigarettes use cartridges that can be refilled with a liquid solution (e-liquid).

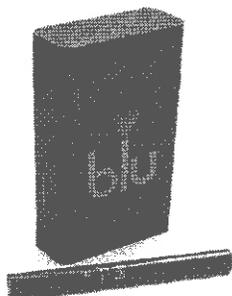
Terms for Various Electronic Cigarettes

- ▶ E-cigarettes
- ▶ Cigalikes
- ▶ E-cigars
- ▶ E-pipes
- ▶ E-Hookah
- ▶ Vape Pens
- ▶ Hookah Pens
- ▶ Personal Vaporizers
- ▶ Mods

Types of E-Cigarettes



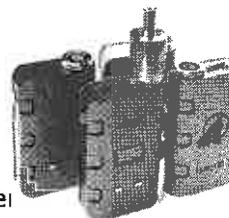
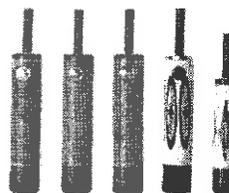
Disposables



Rechargeable – Replacement Cartridges



Rechargeable – Refillable Tank System



Mods

Image Source: Wake Forest Baptist Health; ecigarette2c.com

Spin-Off Devices

Cigarette



e-Cigarette



Pen

Red case: Pen



Box

Pen

Pen comes in a variety of "brand" prices

e-Mods



Imperial Health

Chlanders, Magenta

Label: usable "looking content"



Grape Apple

Mag. e-cigarette

Style: Apple

Label: says "The smoothest smoking e-cigarette" and also "no nicotine"



Logic Health

Redberry

Label: reads "Natural flavor" and "Nicotine-free e-cigarette"



Dualhit E-Cig

Black

The inclusion of nicotine comes with warning label stating "Nicotine is highly addictive"

Vape Pens



These come in a variety of shades and designs and can be "rechargeable" or "disposable." The particular device is advertised as an "e-cigarette" and "features a push-and-charge."

Image Source: NY Times March 4, 2014

Other E-cigarette Products

- ▶ **E-liquid** – A liquid product, usually contains nicotine, that is intended to be heated and inhaled using an e-cigarette.
- ▶ **E-liquid Container** – A bottle or other container of e-liquid.

Flavors and Brands

- ▶ Over 460 brands (Zhu et al., 2014)
- ▶ 7,764 unique flavors

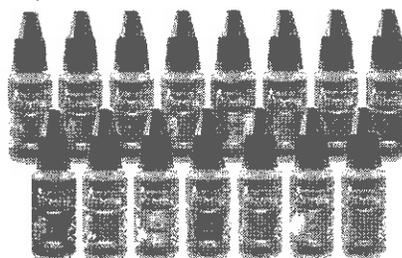
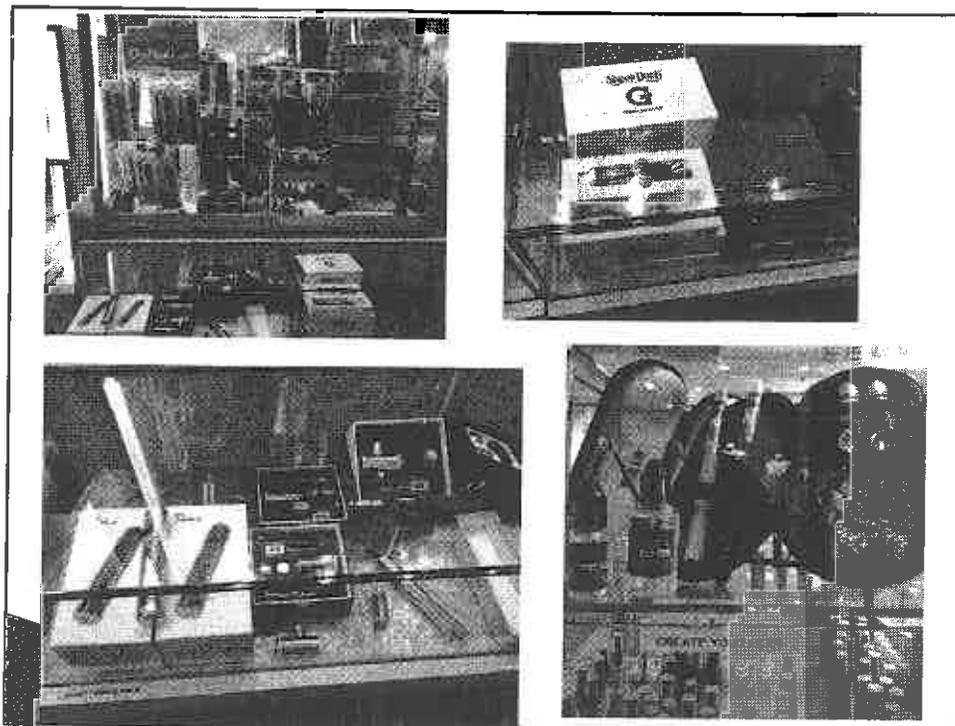


Image Sources:
www.ecigarettereviewed.com



Marketing

- ▶ Largely resemble cigarette marketing from the past and present
 - Television, radio, print, billboards, brand managers, social media, direct to consumer, sponsorship

Significance of the Problem

Nicotine Delivery

- ▶ *Potential* to deliver nicotine directly to pulmonary system for rapid absorption
- ▶ Newer products can deliver as much, or more nicotine than conventional cigarettes (Talih et al., 2014)
- ▶ Nicotine delivery varies by
 - Product design (voltage, heating element, nicotine solution)
 - Puffing behavior (volume, velocity, intervals)

What's in the Aerosol?

- ▶ Perception of harmlessness “water vapor”
- ▶ Several harmful toxins have been found, but at levels lower than conventional cigarettes (Goniewicz et al., 2013)
 - Depends largely on device voltage
- ▶ Fine and ultrafine particles delivered are *similar* to conventional cigarettes (Grana et al., 2014)

Secondhand Aerosol and Gases

- ▶ Exhaled air contains (Schripp et al., 2012 and RTI 2015, CDC Letter of Evidence, 2015)
 - Nicotine
 - Volatile organic compounds (VOCs)
 - Dangerous Toxins
 - Ultrafine particles

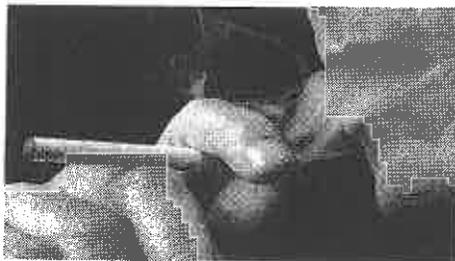
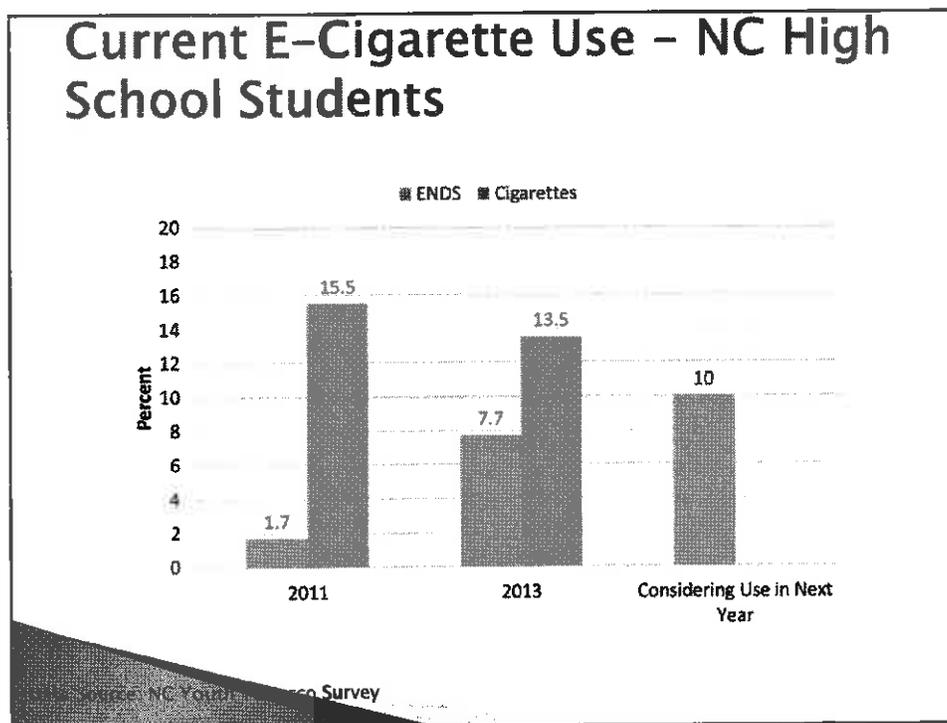
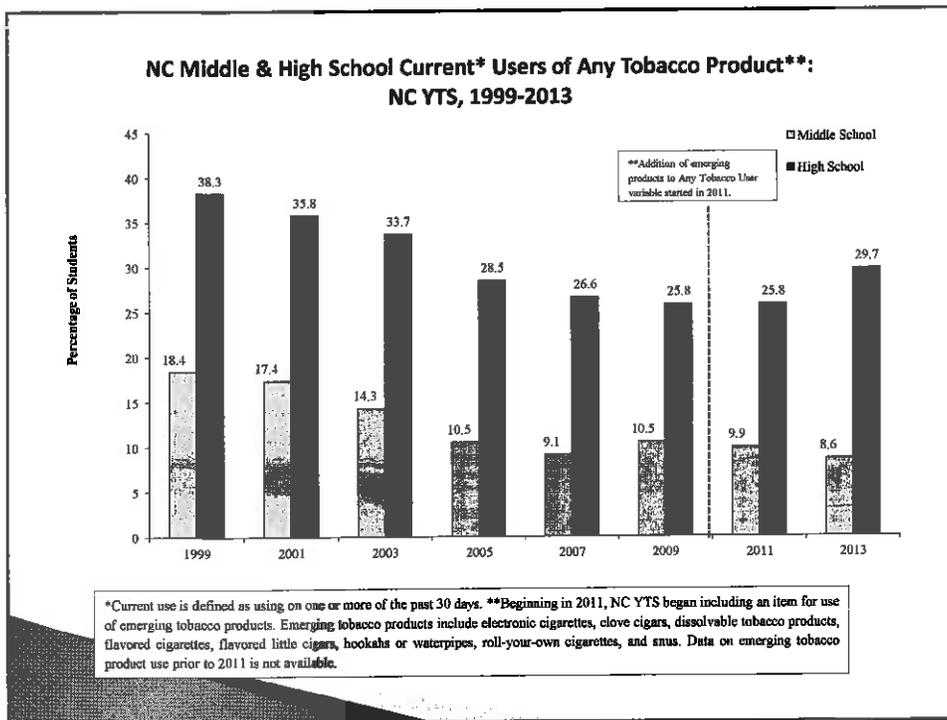
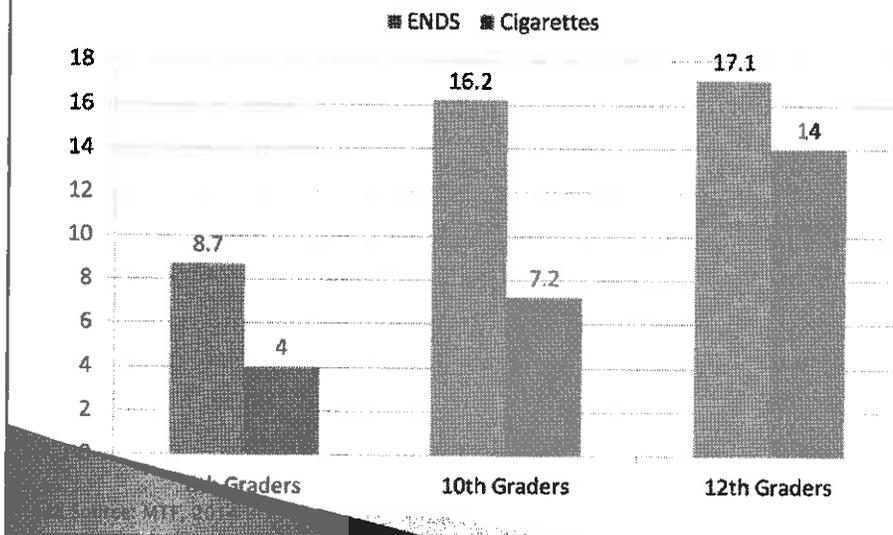


Image Source: NY Times Oct. 26, 2013



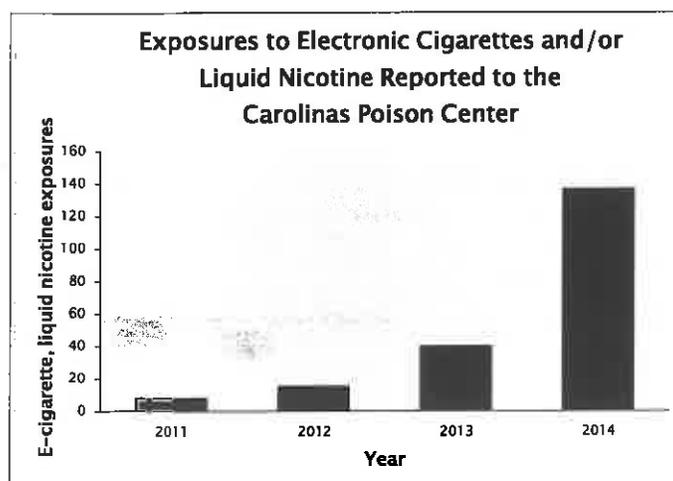
Current E-cigarette Use - National Data



Cessation

- ▶ There are 7 products approved by the FDA for cessation....these products have gone through clinical trials and have shown that when used in combination with cessation counseling double the chances for cessation
- ▶ E-cigarettes are commonly used along with cigarettes ..dual users (undermining true cessation attempts)
- ▶ FDA has sent warning letters to e-cigarette manufacturers regarding false cessation claims

Nicotine Poisoning



Source: Carolinas Poison Center, 2015

Public Health Concerns

- ▶ Appeal to youth
 - Flavorings
 - Using social media promotion
- ▶ Introduction of nicotine
 - Potential for graduation
 - Harmful to adolescent brain development
- ▶ Toxic Exposure to Users
- ▶ Renormalization of smoking
- ▶ Delay quitting among smokers
- ▶ Exposure to secondhand aerosol and gases
- ▶ Child poisoning from nicotine e-liquid

Tips from Former Smokers

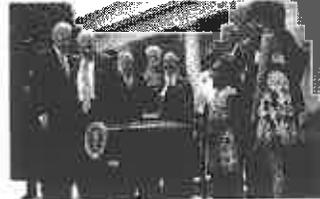


Current Federal, State and Local Government Regulations on E-Cigarettes

The Family Smoking Prevention and Tobacco Control Act of 2009

Provides FDA authority to regulate:

- ▶ cigarettes,
- ▶ cigarette tobacco,
- ▶ roll-your-own tobacco,
- ▶ smokeless tobacco, and
- ▶ any other tobacco products that the Agency by regulation deems to be subject to the law.



E-cigarette Regulations

- ▶ E-cigarettes are not currently regulated by the FDA.
- ▶ States have the authority to take action to prevent youth E-cigarette use, and many are doing so.
 - Regulations:
 - Sale
 - Marketing
 - Price
 - Use
 - Packaging

2014 FDA Proposal Provisions

- Require disclosure of ingredients and documents related to health
- Prohibit the introduction of new or changed products without prior FDA review
- Prohibit manufacturers from claiming a tobacco product is less harmful or will expose a consumer to fewer harmful substances without first providing the FDA with scientific evidence
- Authorize the FDA to set standards governing the content of tobacco products.

The FDA proposed rule does not include:

- ▶ Ban flavorings in cigars or e-cigarettes that may appeal to youth or curtail any of the marketing for e-cigarettes.
- ▶ Restrict marketing that appeals to kids.
- ▶ Require packaging for e-cigarettes that addresses the recent surge in nicotine poisoning cases related to e-cigarettes.
- ▶ Restrictions on online sales

NC Law—Youth Access

- ▶ The NCGA passed Senate Bill 530 / S.L. 2013-165 in 2013 to prohibit e-cigarette sales to minors.
- ▶ This law defines e-cigarettes as “tobacco products” and includes in the definition any product that contains tobacco and is intended for human consumption.

NC Tobacco-free Schools

- ▶ Since August 2008, G.S. 115C-407 has required that every North Carolina school district have a written 100% tobacco-free school policy that prohibits the use of all tobacco products on campus and at school-related events for students, staff and visitors at all times.

CDC Recommendations on Smoke-Free Policies and E-Cigs (electronic nicotine delivery systems):

- ▶ Air containing electronic nicotine delivery systems (ENDS) aerosol is less safe than clean air, and ENDS use has the potential to involuntarily expose children adolescents, pregnant women, and non-users to aerosolized nicotine, toxic substances and, if the products are altered, to other psychoactive substances.
- ▶ Therefore, clean air—free of both smoke and ENDS aerosol—remains the standard to protect health.

Source: Letter from Tim McAfee, MD, MPH, Director, Office on Smoking and Health, Centers for Disease Control and Prevention, March 2015

NC Tax on E-cigarettes

- ▶ The 2014 NC General Assembly passed a new tax of 5 cents per milliliter of e-liquid.
- ▶ The tax goes into effect June 1, 2015

NCGA Bill to Regulate the Sale of E-Liquid Containers

- ▶ **SENATE BILL 286: Regulate the Sale of E-Liquid Containers**
- ▶ **Sponsors: Senators Bingham, D. Davis (Primary Sponsors); Bryant and Waddell**
- ▶ **Referred to: Rules and Operations of the Senate on March 16, 2015**
- ▶ **BILL TO BE ENTITLED: AN ACT PROHIBITING THE SALE OF E-LIQUID CONTAINERS WITHOUT CHILD-RESISTANT PACKAGING AND SAFETY WARNING LABELS.**

Can local governments ban the use of e-cigarettes?

- ▶ **The NC General Assembly has never passed legislation preempting local governments from regulating the use of e-cigarettes (or smokeless forms of tobacco), which are not lighted.**
- ▶ **Therefore, local governments can pass such regulations under their basic authority to pass regulations to protect the health and welfare of the community.**
- ▶ **If a regulation for government buildings and/or grounds covers all “tobacco products”, then our interpretation is that e-cigarettes are included within that definition.**
- ▶ **Guidance from the UNC School of Government, <http://canons.sog.unc.edu/?p=7788>**

NC Counties and Municipalities that Have Adopted Specific Regulations to Prohibit the Use of E-Cigarettes

Counties	Municipalities
<ul style="list-style-type: none"> ▶ Catawba ▶ Beaufort ▶ New Hanover ▶ Transylvania ▶ Hyde ▶ Pender ▶ Rutherford ▶ Pitt ▶ Mecklenburg ▶ Haywood 	<ul style="list-style-type: none"> ▶ Brookford ▶ Chapel Hill ▶ Catawba ▶ Saluda ▶ Wilmington

Source: Information compiled from ongoing reporting and documentation collected by the NC Tobacco Prevention and Control Branch. Updated April 2015.

Signage Helps Educate and Education increases Compliance



Summary on the Rationale to Regulate E-Cigarettes

- If treated differently, implies acceptance of addiction to nicotine delivery products, complicating health department's mission
- Permitting e-cigs encourages dual usage (cigarettes and e-cigs) in lieu of cessation in some individuals who might otherwise quit
- Exposes children, adolescents and pregnant women to nicotine and other toxins in e-cigarette aerosol
- Creates potential confusion regarding rules and mixed health message