

A Regular Meeting of the Durham County Board of Health, held May 14, 2015 with the following members present:

James Miller, DVM; Teme Levbarg, PhD, MSW; Commissioner Brenda Howerton; Arthur Ferguson, BS; Mary Braithwaite, MD; Mary Ann Fuchs, DNP, RN, NEA-BC, FAAN; Heidi Carter, MSPH; and Stephen Dedrick, R.Ph, MS.

Excused Absence: F. Vincent Allison; DDS and Dale Stewart, OD

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, Mel Downey-Piper, Attorney Bryan Wardell, Cathi Hines, Mason Gardner, Morgan Medder, Marissa Mortiboy, Ginger Wilborne, Katie Del Rosario, Nelly Woods, Kimberly Royster, Nikya Baxter, Roberto Rodriquez, Ponice Moore-Bryant and Rochelle Tally.

CALL TO ORDER: Chairman Jim Miller called the meeting to order at 5:11pm without a quorum present. All items requiring an “action” by the Board were delayed until a quorum was present.

PUBLIC COMMENTS: There were no public comments.

STAFF/PROGRAM RECOGNITION: Ms. Hattie Wood, Director of Community Health/Nursing Director recognized Cathi Hines, RN, Senior Public Health Nurse in the Communicable Disease Program for receiving the 2015 Communicable Disease Nurse Spirit Award at the 6th Annual Communicable Disease conference in Raleigh, NC on April 30, 2015.

Ms. Wood: Ms. Hines was recognized for her excellent work in communicable disease investigation and reporting. Specifically, it was noted that “her outbreak and communicable disease reports are thorough and accurate, reflecting the time and attention she gives to these important public health investigations.”

As the lead Communicable Disease nurse for the Durham County Department of Public Health, Ms. Hines investigates all cases of communicable diseases (including outbreaks) reported to the health department by providers, hospitals, laboratories, colleges, schools, universities, childcare centers, and other healthcare facilities and organizations; reports confirmed and suspected cases and outbreaks to the NC Division of Public Health; ensures that appropriate control measures are implemented as needed and as required by NC Public Health rules and laws; and educates the community (including healthcare providers, staff employed in facilities, organizations, and citizens) regarding all aspects of communicable disease control. She has worked in this position since March, 2013.

We are proud and pleased that the Communicable Disease Branch of the NC Division of Public Health has publically recognized Ms. Hines for her excellent work.

As planned during the last meeting, participants of the inaugural Public Health Leaders Academy were asked to attend the meeting. Ms. Joanne Pierce, deputy public health director, reminded the Board that the Public Health Leaders Academy is a series of workshops and experiences designed to develop leadership potential, cultivate leadership excellence; increase leadership competency. Ms. Pierce stated that the topics included on April 28 in the first session were: 1) Overview of the Department and the Statutory Requirements, 2) Fundamentals of Project Planning, 3) A

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Broader Prospective of Public Health: Past, Present and Future, and 4) What Makes a Great Leader. The participants have five remaining sessions and the opportunity, by the luck of the draw, to work on one of three projects: improving internal communications, improving external communications, and planning an all day, all staff-development day. Ms. Pierce asked each participant to stand and introduce themselves to the Board by giving their names and the division in which they work. The participants introduced themselves as: Mason Gardner, Environmental Health; Morgan Medders, Nutrition; Marissa Mortiboy, Health Education; Ginger Wilborn, Environmental Health; Katie Del Rosario, Environmental Health; Nelly Woods, Administration; Kimberly Royster, Laboratory; Nikya Baxter, Administration; and Roberto Rodriguez, Administration.

Ms. Harris acknowledged two additional staff members who were members of the inaugural Durham County Leadership Academy, Barbara Rumer and Kim Surlles. They have been very instrumental in the plan development phase of the Public Health Leaders Academy and in supporting the program participants.

The Board applauded those recognized.

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO

AGENDA: The following additions/adjustments were requested to be made to the agenda. (*The Board had a quorum at this point.*)

- Budget Amendments (New Business)

Mr. Dedrick made a motion to accept the addition/adjustment to the agenda. Dr. Fuchs seconded the motion and the motion was approved unanimously.

REVIEW OF MINUTES FROM PRIOR

MEETING/ADJUSTMENTS/APPROVAL: Dr. Fuchs made a motion to approve the minutes for April 9, 2015. Commissioner Howerton seconded the motion and the motion was unanimously approved.

ADMINISTRATIVE REPORTS/PRESENTATIONS:

- **HISTORY OF PUBLIC HEALTH PRESENTATION** (*Activity 36.3*)

Retirees Sue Guptill & Catherine Medlin volunteered to summarize the history of public health in Durham in order to obtain summary information of public health issues occurring during the tenure of previous superintendents/local health directors employed in Durham County. This information would be displayed beside the pictures of previous administrators in the first floor hallway. To gather the needed information, they read the Board of Health minutes from 1913 through early 2009 when the current health director was appointed. In addition to providing information for the department's history wall, Ms. Guptill and Ms. Medlin summarized more comprehensive historical information in more than 250 PowerPoint slides. They have used the information to make presentations during a session at the department's 2014 Public Health month celebration and at the April 2015 Staff Development Day. Efforts are underway to secure time at the Main Library for a presentation to the community.

Ms. Guptill provided the Board with an overview on "The History of Public Health in Durham County from a Board of Health Perspective."

Discussion Points:

1. Opening:

- a. Introductions
- b. Sources, language (using terms for time being described), how we chose what we chose

- c. All history is health history

2. What was it like to be a BOH member:

- a. Who could be on Board (white men only until 1974 when Howard Fitts and Linda Chandler were appointed). There was a proposal for women as members (perhaps tongue-in-cheek) in 1920. In 1958, Mayor E.J. “Mutt” Evans, a member of the Board, objected to the selection of only white members of the Board, and sent a telegram that said, “I feel Health Board should contain at least one Negro. If appointments cannot wait please announce that I was not in complete agreement.” (The Board went on to approve the all-white appointments).

- b. **Role of Board of Health:**

- i. Met as needed, scheduled once a month, but often much more frequently
- ii. Did all hiring, firing, granted leave time, etc. (All staff worked for the BOH, not the county)
- iii. Called violators to answer charges of violating the Sanitary Code—these were proprietors of grocery stores, soda fountains, and other unspecified businesses. The business owners all seemed to acknowledge the charge against them, and promise to do better, if they were only given another chance.
- iv. Prepared and submitted the budget
- v. Managed all finances (day-to-day writing checks, etc. delegated to health officer). Bank account was in the name of the Board of Health as a stand-alone agency.
- vi. Elected every three years at a joint meeting of the County Commissioners and City Council
- vii. Had no term limit, and Dr. S.D. McPherson, for example, served for at least 27 years, and as the chair for at least 19. (Note no resolution ever passed for him). Dr. Arthur London served for at least 30 years, and was chair for at least 5.
- viii. In 1970, Board Chair Dr. Arthur London while welcoming a new Board member: “...we consider Board membership a privilege rather than a burden; in fact, we are a bit egotistical about our position; for one thing, it directly enables us to better the health status of our community. ...”

- c. **How did Public Health start in Durham?**

- i. First Sanitary Code in 1909, produced under the auspices of a 5-member Board of Health comprised of J.M. Manning, MD, T.B. Fuller, H.E. Seeman, J.F. Wily, and Dr. C.A. Woodard. T.A. Mann was hired as part-time Health Officer, but had little authority and resigned after about a year.
- ii. City and County had separate Boards from 1909-1913, with occasional part-time health officers, but again had little authority or support from the community. J.H. Epperson, long-time Durham City-County Health Superintendent said, “*Not so many years ago the chief function of the Health Officer and whatever assistants he might have, if any, consisted of cleaning up a few back alleys, operating the garbage collection service, hauling off an occasional dead animal, removing small pox victims to the pest house and vaccinating a portion of the population if he could overpower them by aid of a few husky policemen.*”

- iii. In 1911, the NC General Assembly passed an act allowing for the official chartering of local Boards of Health by the State. Guilford County Health Department was chartered the same year.
- iv. In 1913, the first joint Board of Health of the City and County of Durham was established. This came about after a smallpox epidemic in 1912, and the resulting agitation by members of the City Board of Health. Having a joint Board allowed for hiring of a full-time Health Officer, the first in the state. The County Commissioners objected to the joint Board because it would require a larger financial investment from them than previously, but were eventually persuaded to agree. Durham City-County Health Department became the second chartered Health Department in the state.
- v. The agency remained the City-County Health Department until 1958, with the primary funding sources remaining as joint appropriations from the City and County, each contributing equally.
- vi. In about 1958, new legislation required all county governments in NC to maintain a Health Department, with membership on the BOH as specified in the legislation. Durham City-County Health Department was exempt from the legislation as long as they acted under their original charter; however, the City at that time decided to discontinue its funding, since the mandate was for County governments. As a result, the Board of Health disbanded and abandoned its charter, and re-formed as the Durham County Health Department, with a Board that met the new legislative requirements. (Finally—term limits!).

3. In the Beginning...

- a. Take the Board of Aldermen (City Council) to task because the law against “promiscuous spitting” was not being enforced. “During some of the tobacco ‘brakes’ the warehouse floors are as bad as the floors of the courthouse. There is no telling how many people suffering with tuberculosis are expectorating on the floors, and it is impossible to tell exactly what results from this carelessness.”
- b. Bathe “Greasy John” Scott, a resident of Edgemont who refused to bathe. Dr. Boyles [apparently an interim health officer] condemned his condition, and ordered sanitation officers to bathe him. This was done at the city guard house in a “nice tub of warm suds.” He was given new clothes, and his face was shaved and his hair cut. It is not clear whether “Greasy John” appreciated this effort or not.
- c. Put fly traps inside and outside the meat market: “With its flies and dirt, the old Municipal Market was a monstrosity at best. At the southern end of the building, fish odors vied with the stench from a large livery stable only a few yards away. There were more than 30 stalls in the stable and flies had the choice of many dishes in this block.” There was no mechanical refrigeration, just ice boxes and display boxes. Dr. Cheatham placed fly traps inside and outside the market. The catch totaled from one to two bushels a day.

4. What buildings has the agency operated from:

- i. A one-room office at the corner of E. Main and Church St. (1913-1916)

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- ii. A two-room office in the Geer Building on the corner of W. Main and Corcoran (1916-1917)
- iii. Much larger quarters on the third of the county courthouse (now the County Office Building in the HR area) (1917-1942)
- iv. A four-story brick building at 300 E. Main St. (Durham was one of the first, if not the first, in the State to be housed in a modern building to itself. "Over the years it has been the pride and showplace of the State Health Department, and has been visited by health officials from all over the world."). (1942-1976)
- v. "Old Sears Building" at corner of E. Main and Dillard. This building was known to be inadequate from the beginning, although it was much larger than the previous building. Health Director Ottis Ader, said, however, that advances in science, should, for example, lead to the control of venereal diseases, so that many offices and staff could be released for other areas of public health. (1975-2011)
- vi. Current Human Services Building at E. Main, Dillard, Ramseur, and Queen (2011-present)

5. How has the staff grown:

- a. In 1915 there were 5 staff positions: Health Officer, secretary, bacteriologist, two nurses. By 1922 there were twelve employees: Health Officer, City/County physician, Dentist, Director of laboratory and inspections, two sanitary officers, laboratory technician, TB nurse, chief clerk and office nurse, 2 visiting nurses (1 white and 1 colored), 1 county school nurse, 1 advisory health officer.
- b. Today: Staff of more than 200 employees including the following positions: nurses, public health nurse managers, public health nurse division director, community health assistants, processing/office assistants, social workers, human services coordinators, physician extenders (advance practice nurses), communicable disease control specialists, dentist, information and communications specialists/managers, dental hygienists, dental assistants, administrative assistants, deputy health directors, health director, administrators (dental, allied health, health education, nutrition) accounting technicians, billing and coding manager, data entry specialists, patient relations representatives, mail clerk, human services planner/evaluator, systems administrator, processing unit supervisors, senior systems analyst, Spanish interpreters, pharmacists, pharmacy technician, medical lab technician, medical lab assistants, environmental health director, environmental health program specialists, environmental health supervisors, public health preparedness coordinator, public health educators. Public health specialists, public health epidemiologist, nutrition program managers, nutrition specialists, community health workers, ,

6. What diseases would you have been worried about in 1913-1915?

- a. Tuberculosis
- b. Typhoid
- c. Smallpox
- d. Pellagra: Discuss
- e. Outbreaks of polio, scarlet fever
- f. Gastroenteritis, especially in children

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- g. Quotation from J.H. Epperson: “We looked for smallpox like we looked for winter and we looked for typhoid fever like we looked for summer. And we were never disappointed. Just how anybody lived is more than I can understand.”
7. **What about disparities in the early years? Jim Crow era**
- a. Personnel
 - i. Salaries (discrepancy between white and colored/Negro nurses until about 1958)
 - ii. Opportunities for advancement: Became apparent in a complaint and lawsuit beginning in 1974
 - b. Access
 - i. Dental services: First dental services for colored children proposed in 1922 by the white dentist (3 years after white dentist hired; not sure if a colored dentist was hired at this time)
 - ii. Very early school health
 - c. Treatment and attitudes
 - i. Names of white patients more likely to be protected in VD records
 - ii. 1939 article (author not given) describing lackadaisical attitude of negro patients with syphilis
8. **What legal issues have been important? Most laws were related to Environmental Health**
- a. First ordinances, passed in 1909 were called the “Sanitary Code,” and included regulations for indoor plumbing and privies, waste disposal, and communicable disease reporting. They also required reporting of births and deaths, beginning January 1, 1908, 5 years before the state had this requirement.
 - b. 1919: Two “prominent Durham druggists” appeared before the Board to protest the requirement that all soda fountains use paper cups. *[Note: This ordinance was passed because soda fountains did not have the capacity for sanitizing glasses that restaurants did].* One of the druggists, C.L. Haywood, stated that he agreed that it would be a mistake to “return to the old form of washing the glasses used at the Fountains in dish water without any attempt whatever at cleanliness or sterilization,” but he proposed that druggists be given the option of either using sanitary paper cups or using Sterilizer of an approved type. The other druggist, Fred Thomas, on the other hand, felt that druggists were being imposed on in requiring them to use any method other than ordinary dishwashing. “He felt that he was in no sense his brother’s keeper, and that he would be doing his full duty if he kept on hand a few paper cups so that the more careful and more fastidious would have the privilege of using them instead of the ordinary glass used at the Soda Fountain.” No action was taken at this meeting.
 - c. 1922: All privies had to be built and located so that users would not be exposed to the public
 - d. By 1925, smallpox vaccine was required in certain large schools in order to protect the adult population.
 - e. In 1962, the Board of Health endorsed fluoridation of Durham’s water supply.
 - f. In 1991, Durham City and County passed the first smoking ordinance, which prohibited smoking in retail stores and grocery stores, regulated smoking in work places, and required non-smoking areas of restaurants. In 2012, the current ordinance was passed, banning smoking in public places, including playgrounds, recreational facilities, bus stops, sidewalks, and at medical facilities.

9. Can't we all just get along?

- a. In 1918, the Board of Health asked Mrs. Clyde Dickson, the white district nurse to resign (i.e., they fired her), "because it was alleged that she was out of harmony with not only certain members of the board but was also not working in harmony with the doctors of the city, and her policies were not in harmony with the board of aldermen and the board of county commissioners." The Superintendent, Dr. Cheatham strongly opposed her dismissal, and this apparently led to a very tense meeting. *This was not in the minutes.*
- b. In 1919, the County Commissioners started a movement to oust Superintendent Arch Cheatham, and several board members who were up for re-election. Commissioner Fred Thomas [*Note: appears to be same person who didn't want to sterilize his soda fountain glasses*] advocated electing women instead of re-electing the board members, because there needed to be some "house cleaning," and that would best be left to "the ladies." The commissioners thought that "some changes" were needed at the department, and that it "was unlikely the present members of the board of health would care to make changes." Ultimately, one board member withdrew his name from re-election and was replaced; the remaining members were re-elected, and Dr. Cheatham remained in his position.
- c. In 1920, there was an influenza epidemic, and the Health Department and school systems chose not to close schools. This led to much controversy, and the newspaper wrote an editorial questioning the decision. The Superintendent of Schools wrote a letter to the editor explaining the decision, saying that the outcry of people wanting to close schools came from those who either:
 - Are careless in their ideas of school attendance and to whom the loss of six weeks of school mean nothing
 - Admire drastic action of some kind whether it is really effective in accomplishing the desired result or not.
 - Assume that taking the children out of school means effective segregation and therefore tends to decrease the spread of the epidemic.He goes on to explain why closing schools actually tends to spread the disease more (as appeared to have happened in 1918), as children played together more, with mothers and children visiting one another as freely as during holidays. Streetcars were crowded, and the children were in less contact with teachers and nurses who noticed that they were getting sick.
- d. In 1920, in response to a budget request that included increasing the number of food inspectors, one commissioner said, "The health department had too many employees, and favoring doing away with the food inspectors entirely," with Alderman Carpenter saying, "If the food inspector is worth a continental, I don't know it." (In 1922, however, the Health Department budget was adopted amid words of praise heaped upon the Directing Officers).
- e. In 1948, there was a polio epidemic, leading to the "spray Durham" campaign to spray the city with DDT to kill flies and prevent polio. This was opposed by the Superintendent and Board, with many articles, editorials, and even poems castigating them for their decision.
- f. Beginning in 1974, and for several years after that, several black nurses filed complaints and eventually a lawsuit

against the health department for unfair and unjust treatment. The Durham Human Relations Commission investigated, and the result, including a negotiated settlement with some of the nurses, was that there were policy changes related to the process for performance appraisals and communication of employment opportunities and other information.

- g. Most of the 1980's and early 1990's were devoted to environmental health conflict, as the desire for community growth and economic progress came up against limitations caused by poor soil quality and new soil science technology. Meetings were heated!
- h. There was also conflict during this time within the Environmental Health Division, as described by Darryl Poe in his remarks last year at the centennial celebration.

10. How have historical events affected the Health Department:

- a. 1918-1919: WW I (staff shortages), Influenza epidemic (isolation and quarantine, house-to-house surveys, data collection, curtailing public gatherings: "All children should be stopped from school when influenza exists in their home or showed symptoms themselves." Moving picture shows, Sunday schools and indoor public gatherings in the city and sanitary districts of East and West Durham were closed. Soda fountains were required to use sanitary cups and spoons. During October-December there were approximately 6000 cases and 112 deaths from flu and pneumonia, with a cost to the county and city of \$8,954.84 [\$119,282 in 2013 money]. [It appears that Dr. Cheatham believed the flu impact could have been much worse, had it not been for the excellent cooperation between the health department and city and county governments].
- b. 1930's: Depression (major budget cuts, increased demand for services. Staff took 10% pay cut, worked more hours) (Could include resolution by BOH)
- c. 1942-1946: WW II (staff shortages; supply and equipment shortages; milk shortage; rat control efforts; new ordinances related to trailer camps, boarding houses, and new buildings; increased demand for VD services; increased demand for restaurant inspections, since soldiers were "frequenting beer establishments in Durham.")
- d. 1963-1975: Civil Rights movement (recognition of need for staff equity, more focus on access issues for black residents)
- e. 2001: 9/11 terrorist attack (growth of Public Health Preparedness)

11. What else has happened: (Misc. topics)

- a. In 1923, the Board of Health proposed opening a Tb Hospital for Durham County residents. This was finally opened in 1943, and was closed in 1953, when the City withdrew its financial support.
- b. In 1961, the State had presented concerns about the practice, then current, of using "Common Syringe Technique" in immunization clinics, and the risk of "syringe hepatitis." Immunization clinics (including ours) typically used the same syringe three to five times without sterilizing, unless the vaccinee appeared unhealthy. To switch to the use of individual syringes [meaning sterilizing syringes between each use] would be expensive and inefficient. Board member Arthur London, MD, advised that the incidence of serum hepatitis is so low, and its association with common syringe use so infrequent, especially if the operator does not pull back on the plunger,

that he saw no reason to change techniques. The Board voted to continue to use common syringe technique.

- c. On November 19, 1970, The Board passed an Air Pollution Control ordinance, which among other things regulated open air burning. It was recognized that part of this ordinance would be controversial, “as all public health laws are.” (From this time on, the Board also served as the Air Pollution Control Board, and part of each meeting was set aside to review compliance issues in general and to address specific complaints, violations, and requests for waivers). This lasted for four years, and was abandoned when the State took over this function.

12. Has Public Health made a difference in Durham:

- a. In 1913, pellagra was a significant cause of death and disease; by the 1930’s, it did not exist.
- b. In 1913, the overall infant mortality rate was 135; in 1953, it was 22; in 2013, it was 6.2. (Across years, though, the disparity between White and African American rates has varied from 2 to 4 times as high).
- c. In 1922, there were 257 cases of diphtheria and 15 deaths; in 1953 there were none.
- d. In 1922, smallpox, typhoid fever, and enteritis were prevalent; in 1953, they were not seen at all.
- e. In 1922, there were 180 deaths per 100,000 people from tuberculosis; in 1953, there were 10; in 2013, there was 1.
- f. 1913 and 1953, there were no cases or deaths from AIDS; in 2013, there were 12 deaths.

13. Some closing thoughts about history repeating itself:

- a. In a crisis, there are always some who “admire drastic action of some kind whether it is really effective in accomplishing the desired result or not.” This has been true in regard to:
 - i. School closings in 1920 during a flu epidemic
 - ii. DDT spraying in 1948 during a polio epidemic
 - iii. Closing borders of West Africa and isolating unsymptomatic health workers in 2014 during an Ebola epidemic
- b. When economics and health knowledge clash, there is an instinct to ignore or disbelieve the health facts. This has been true in regard to:
 - i. Recognizing the nutritional causes of pellagra in the early 20th century
 - ii. Objecting to sanitize drinking glasses in soda fountains in 1918
 - iii. Deciding that sterilizing needles between patients was not worth the expense in 1961
 - iv. Insisting that smoking could not cause cancer or lung disease because that would ruin the economy of NC in the 1970’s
 - v. Angrily protesting building restrictions when they interfered with growth in the 1980’s and 1990’s
 - vi. Declaring that global warming does not exist in the 21st century
- c. Our greatest successes have come when there was strong teamwork among other health care providers, public agencies, governmental bodies, etc.

14. Closing Quote: Edward McGavran, Dean Emeritus, UNC School of PH, Dec., 1953: “What is Public Health? Public Health is the scientific diagnosis and treatment of health needs and status of communities, the body politic. You have been warned of the implications and dangers of accepting this definition. If you are interested in maintaining the status quo, avoid it. If you want to

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live dangerously and challenge the health establishment, if you want to threaten the insecure physician, the lethargic public, the health agencies, the educational institutions for health science, the academicians in their ivory towers, indeed the entire health establishment, this is your 'meat.' If you want to make personal sacrifices, so that our children and children's children will have less disease and illness, will live longer and have happier lives, and if you want healthier communities in years ahead, this is your 'torch.'"

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

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

The Durham County Board of Health received a copy of the April 2015 vacancy report which included a cumulative total of 30.0 FTEs. (3 new positions, 15 resignations, 3 transfer, 2 retirement, 2 dismissal and 5 promotions). The number of the vacancies for last month was added to the bottom of the report. Ms. Harris stated at the end of the April 2015 there were 16 vacant positions and that is a vacancy rate of about 7%. Ms. Harris stated that the vacant Durham Diabetes Coalition positions will be eliminated in the FY15-16 Budget.

(A Copy of April 2015 vacancy report is attached to the minutes.)

NOTICES OF VIOLATIONS (NOV) REPORT (Activity 18.2)

The Board received copies of the Environmental Health Onsite Water Protection Section NOV reports for March and April 2015 prior to the meeting. Both reports were included because the information presented at the last meeting only included violations that had been brought into compliance. This oversight was due to a change in the report format. *(Copies of March and April 2015 NOV reports are attached to the minutes)*

Attorney Wardell stated that the County Attorney's Office is currently working to resolve a total of 8 violations.

- **FINANCIAL REPORT (3RD QUARTER) PRESENTATION (Activity 39.2)**

Mr. Will Sutton, Public Health Finance Officer provided the Board with a financial overview that covered the 3rd quarter (January through March) expenditures and revenues for Public Health as well as fiscal year-end concerns.

Discussion Points:

I. FY2015 Budget

A. FY 2015 Budget Overview

1. FY 15 Approved Amounts as of July 1, 2014
 - a. Total Expenditure Budget = 21,841,914
 - b. Funding via Grants, Fees, Insurances (including Medicaid) = 6,122,241 (28%)
 - c. County funded portion = 15,719,673 (72%)

B. FY 2015 Current

1. As of March 31, 2015 (Third Quarter)
2. Total Expenditure Budget = 23,378,129
3. Funding via Grants, Fees, Insurances (including Medicaid) = 7,170,772 (31%)
4. County funded portion = 16,207,357 (69%)

C. Cost Settlement Funds

1. 150,000 EMS Facilities Study
2. 156,916 EMS Vehicle

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3. 300,000 Detention Center Meds
4. 475,000 Tooth-Ferry Replacement

II. 3rd Quarter Expenditures 66% Usage Overall

- A. 15% (Breast and Cervical Cancer Control Program (5100622600) –provider hired late in the year, currently out on leave
- B. 29% Positive Parenting Program (Triple P) (5100624200) – Prepaid registrations from prior fiscal year
- C. 36% DINE (5100621900) – Vacancies
- D. 42% Diabetes Coalition (5100622900) – Vacancies
- E. 54% Durham Connects (5100623800) – Decrease in patients seen
- F. 55% Child Health – Care Coordination for Children (5100623300) – Vacancies, retirements, 100K reserved funds carry over
- G. 58% Pharmacy (5100622400) – ADAP savings, inmates bring their own meds, use of generic

III. 3rd Quarter Revenues 58% Collection Overall-- Originally included cost settlement – revised to exclude

- A. 20% Durham Connects (5100623800) - Decrease in patients seen
- B. 26% Administration (5100621100) – Revenue posting error from 6212 Departmental
- C. 29% Positive Parenting Program (Triple P) 5100624200 - Prepaid registrations from prior fiscal year
- D. 218% Family Planning (5100622500) – 50K Medicaid budgeted, 109K collected
- E. 151% Aids Control 5100622700 – Hepatitis C Grant – Revenue collected

IV. Revenue Type Comparison – Excludes Medicaid Cost Settlement

- A. Grants - 2.1 million versus 1.7 last fiscal 3rd quarter
- B. Medicaid - 1.4 million versus 1.1 last fiscal 3rd quarter
- C. Service Charges - 183K versus 226K last fiscal 3rd quarter

V. FY 15 Fiscal Year Concerns – Same each year

- A. Deadlines for Purchasing – Cutoff May 22 fast approaching
- B. Approaching Grant End Deadlines – May 31 for State grants
- C. Unanticipated Year-end Expenditures – Nothing major thus far

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

Comments/Questions: *(Durham Connects Medicaid Billing)*

Mr. Sutton stated that the Medicaid billing for Durham Connects was significantly lower this year than compared to last year *(FY14--71% collected versus FY 15--20% collected)*.

Ms. Harris: Durham Connects is a program operated by the Center for Child and Family Health. The program offers home visits to new moms. Due to some restructuring at Duke Regional, the staff does not have access to the moms in the hospital. So, the contacts are not being made. We have a contract with the Center for Child and Family Health through which Durham County provides \$250,000 per year to support the service model intended to provide universal home visits to new moms. During the visits

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the nurses will do postpartum and new born assessments. The staff submits the documentation of the visit findings to the health department so that the services can be billed to Medicaid. Without making contact with the moms while they are hospitalized, fewer home visits have been made and the early identification of family needs (i.e., identifying post-partum depression, domestic violence, addictions, etc.) and making the connections to those resources have not been achieved. The program's staff have been working very hard to identify alternative ways to connect with the moms.

Dr. Fuchs: Do you understand what the road block is?

Ms. Harris: It is my understanding that there was a policy change that prevented non-Duke staff from meeting with the moms while they are hospitalized.

Dr. Fuchs: We can talk about this off-line.

Ms. Harris: I will follow-up with you.

**Health Director's Report
May 14, 2015
April 2015 Report**

Division / Program: Nutrition/DINE for Life / Junior Iron Chef Durham

(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

- DINE for LIFE is a school- and community-based nutrition education program targeting SNAP-eligible Durham families.
- DINE's Junior Iron Chef Durham Program partnered with Durham County's South Regional Library to provide a three week workshop to middle school and high school students. The focus was on teaching students the basics of nutrition and essential culinary techniques.

Statement of goals

- Provide the DINE nutrition and culinary training program, Junior Iron Chef Durham, in selected middle, high schools, and after-school programs.
- Empower students to take ownership of their lifestyles at home and at school by giving them needed skills and knowledge.

Issues

- **Opportunities**
 - Students could learn and ask questions about food, nutrition, and healthy lifestyles and practice the skills learned.
 - Students were able to work with peers to learn the basic skills of cooking including reading recipes, measuring ingredients, basic knife work, and cooking techniques.
 - Workshops served as promotion for future library-based events, increasing the likelihood of higher attendance at future culinary workshops sponsored by the DINE team and Durham County Libraries.
- **Challenges**
 - Attendance was limited by maximum occupancy.
 - Other after-school activities taking place in the library during this time competed for student participation.

Implications

- **Outcomes**
 - Three classes over three weeks consisted of nutrition education and guided cooking lessons performed by a DINE nutritionist. Educational sessions covered topics including Rethinking your Drink, MyPlate, and Healthy Snacks. Foods made by students included Smoothies, Chicken Teriyaki Bowls, and No Bake Cookies.
 - These classes addressed obesity rates among middle school and high school students by improving overall knowledge about healthy lifestyles.
 - Classes provided students with basic culinary knowledge and skills, empowering them to prepare healthier foods and make healthy lifestyle changes at home and at school.
 - An average of 13 students attended each session.

- **Service delivery**
 - Classes were carried out at the Durham County South Regional Library Afterschool Program, 4505 S. Alston Avenue, Durham, North Carolina 27713
- **Staffing**
 - Staffed by one nutritionist.

Next Steps / Mitigation Strategies

- Conduct summer culinary workshops for summer programs at Durham County South Library and Stanford L. Warren Library.
- Continue to offer culinary workshops to Durham County Library After-School programs as requested.
- Increase the number of partnerships between the Durham County Department of Public Health and other entities in Durham County.

Division / Program: Nutrition / DINE Friday Clubs at YE Smith Elementary

(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

- DINE is a school- and community-based nutrition education program targeting SNAP-eligible Durham families.
- DINE school nutritionists provide a series curriculum of nutrition lessons at 13 qualifying elementary schools throughout Durham, and participate in additional wellness initiatives and programming such as school gardens, health fairs and afterschool programs.
- One school that participates in DINE, YE Smith Elementary, has a Friday Clubs program, through which students select an elective for each quarter of the school year. This year, a DINE nutritionist, in collaboration with a representative from the East Durham Children's Initiative (EDCI) led an "International Cooking Club" as part of this Friday Clubs program.
- Cooking-based nutrition education was provided to 4th and 5th grade students each Friday afternoon during the third quarter of the 2014-2015 school year.

Statement of goals

- To increase the nutrition knowledge and basic cooking skills of elementary school students.

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- To work with students to develop and practice food preparation techniques, reading directions and teamwork.
- To encourage simple behavior changes towards healthier eating habits and lifestyles.

Issues

- **Opportunities**
 - The afternoon elective program provided an opportunity to reach additional students not taught through the regular DINE school nutrition curriculum.
 - The club format also allowed for some variation on the traditional lesson topics and offered some extra opportunities for food exploration.
- **Challenges**
 - Sometimes the time allocated for the Friday Clubs varied due to other things occurring at the school. This made it difficult to adequately plan enough time for the lessons, cooking and eating.

Implication(s)

- **Outcomes**
 - From January through March, eight cooking and nutrition sessions were provided by DINE as part of YE Smith's Friday Club Program.
 - Twelve students not previously taught by DINE participated in these sessions.
 - The lessons focused on international cuisines, and the students had the opportunity to learn about food traditions from countries such as Greece, Mexico, China, France, Japan, Italy, India and Peru. The students prepared and tasted recipes including Tzatziki, Black Bean Tacos and Guacamole, Dumplings, Crepes, Veggie Sushi, Pizza, Mango Lassi and Quinoa.
- **Service delivery**
 - Each of the eight sessions included a brief lesson on a specific country and its associated cuisine, a nutrition concept and a cooking technique, followed by the students working together to prepare a recipe. After cooking, the students ate together and were given a copy of the recipe to take home.
- **Staffing**
 - Nutrition education was provided by a DINE nutritionist, in collaboration with an EDCI staff member.
- **Revenue**
 - No revenue is generated through this educational outreach.

Next Steps / Mitigation Strategies

- DINE will continue to deliver programming at YE Smith Elementary School and collaborate with EDCI to promote healthy eating for students and families in Durham. Nutrition programs are already being planned for the upcoming summer at both YE Smith and EDCI.

Division / Program: Nutrition Division / DINE for LIFE / Partnering with American Heart Association for Healthy Eating Classes

(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.)

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Program description

- DINE for LIFE is a school- and community-based nutrition education program targeting SNAP-eligible Durham families.
- “Simple Cooking with Heart” is a cooking demonstration program developed by American Heart Association to help participants learn how to prepare easy, affordable, and tasty meals.
- DINE nutritionists partnered with American Heart Association and the Durham Housing Authority to bring a series of two “Simple Cooking with Heart” classes to two Housing Authority sites in March and April 2015.

Statement of goals

- Increase the nutrition knowledge of Housing Authority residents by providing nutrition and health information, budgeting techniques, and recipes.
- Encourage simple behavior changes towards healthier food selection, cooking, and eating habits.

Issues

- **Opportunities**
 - The partnership with the Durham Housing Authority allows DINE nutritionists the opportunity to expand their reach to SNAP participants.
 - American Heart Association provides the funding for the cooking demonstration ingredients.
- **Challenges**
 - Attendance at one of the Housing Authority sites for this and other programs has been low.

Implication(s)

- **Outcomes**
 - One class was held in March 2015 at JJ Henderson Housing Center and Oldham Towers for a total of 18 participants. The recipe demonstrated was Black-eye pea, Corn, and Rice Salad.
 - One class was held in April 2015 at JJ Henderson Housing Center and Oldham Towers for a total of 19 participants. The recipe demonstrated was Chickpea Salad with Tomatoes and Cucumber.
- **Service delivery**
 - Each session included talking points about the nutritional benefits of the ingredients, ways to tailor the recipe to the participant’s liking, and budgeting tips.
 - Food safety and cooking techniques were also discussed.
 - After cooking, the participants were able to taste the dish and take the recipe home.
 - American Heart Association provided a reusable grocery bag to each participant.
- **Staffing**
 - The cooking demonstrations were staffed by the DINE Community Nutritionist.

Next Steps / Mitigation Strategies

- DINE staff will continue to be available to partner with the Durham Housing Authority and American Heart Association in order to bring more events like this to other Housing Authority sites.

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Division / Program: Nutrition Division / Clinical Nutrition Team / Collaboration with City of Durham

(Activity 21.2- The local health department shall make available complete and up-to-date information about local health department programs, services and resources.)

Program description

- A DCoDPH clinical nutritionist collaborated with organizers of the City of Durham's Administrative Staff Appreciation Day to offer presentations on eating habits for improved health and to market agency nutrition services.

Statement of goals

- Educate attendees of the event about the nutrition services provided by the DCoDPH.
- Provide evidence based nutrition recommendations to attendees.

Issues

- **Opportunities**
 - The event provided a new opportunity/target population to market the DCoDPH nutrition services and provide nutrition education programming.
- **Challenges**
 - Attendance was limited to administrative staff employed by the City of Durham.

Implications

- **Outcomes**
 - The nutritionist provided presentations during two sessions on April 21 and 22.
 - An average of 60 participants attended each of the two education sessions.
 - Participants learned about nutrition recommendations to improve or maintain a healthful diet to decrease the likelihood of developing chronic diseases such as diabetes and heart disease.
 - Nutrition resources available at the DCoDPH were provided.
- **Service delivery**
 - The presentation was offered at the Durham County Human Services building.
- **Staffing**
 - The presentation was offered by a Registered Dietitian of the Clinical team of the Nutrition Division.

Next Steps / Mitigation Strategies

- The Nutrition Clinic processing assistant and nutritionist will monitor the rate of medical nutrition therapy appointments requested by attendees of the meeting to determine whether marketing efforts were effective.

Division / Program: Nutrition Division / Clinical Nutrition – Nutrition Presentation White Rock Baptist Church Preschool

(Accreditation Activity 21.3: The local health department shall develop and implement strategies to increase use of public health programs and services.)

Program description

- On April 14, a nutritionist from the DCoDPH Nutrition Clinic, in celebration of “Week of the Young Child”, presented to children and teachers of White Rock Baptist Church Preschool.

Statement of goals

- To increase awareness in the community of services available at the health department.
- To improve the health of children in our community by providing medical nutrition therapy and assessment to children and their families.
- To begin, as early as preschool age, to teach children the importance of good nutrition.

Issues

• **Opportunities**

- The presentation to children and staff of White Rock Baptist Preschool provided an opportunity to increase awareness of nutrition resources available through DCoDPH and provide education to a preschool age group.
- Building relationships with school staff and parents has the potential to improve use of and access to DCoDPH nutrition services.

Implication(s)

• **Outcomes**

- The presentation, “What is a Nutritionist and why is she eating a Kiwi?” was delivered to 25 preschoolers and 5 teachers.
- Children had the opportunity to ask questions of a nutritionist and to learn about the role of fruit in a healthy diet. Kiwi was tasted and each child was given a kiwi to share at home.
- Preschool staff were made aware of resources available at DCoDPH for nutrition assessment and counseling. Parents were sent a printed brochure regarding the DCoDPH Nutrition Clinic and services available.

• **Service delivery**

- The Nutrition Clinic is open for clients by appointment and for consultations during normal business hours of DCoDPH. Home visits are scheduled for children as needed.
- Targeted medical nutrition therapy for children of all ages is available in the Nutrition Clinic and in the home by pediatric nutrition specialists.

• **Revenue**

- MNT is a billable service and is covered for children with Medicaid up to age 21. The DCoDPH is a provider for BCBS and Medicaid. Clients not covered under either plan are covered under a Special Nutrition Grant from the NC DPH.

Next Steps / Mitigation Strategies

- The DCoDPH Nutrition Division will continue to collaborate with schools and other community organizations to market and promote availability and use of the nutrition resources and education offered by DCoDPH.

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

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

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**
 - During the month of April, three (3) media advisories/releases were disseminated and staff responded to three (4) direct (unsolicited) inquiries from reporters. A total of 14 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 school immunization changes, Kick Butts Day partnership with Keep Durham Beautiful, department closure for staff development, Veggie Van expansion to Lincoln Community Health Center, start of the department's Naloxone kit program, and restaurant inspection scores.
 - **(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)**

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- A radio and web media campaign to promote changes to immunization requirements for kindergarten and rising 7th Grade students began on April 15, currently airing on FOXY 107.1/104.3 (WFXC-FM/WFXK-FM), K97.5 (WQOK-FM), and The Light 103.9 (WNNL-FM), along with the respective station websites. The campaign will conclude on May 15. **[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)]**

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: Community Health Division / Communicable Disease Program / Immunization Clinic

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

(Accreditation Activity 11.2- The local health department shall participate in a collaborative process to identify strategies for addressing community health problems.)

Program description

- On May 14, 2014 the North Carolina Commission for Public Health approved new vaccine requirements and changes to existing requirements as documented in North Carolina Administrative Code 10A NCAC 41A .0401 *Dosage and Age Requirements for Immunization*. The changes were made to more closely align NC requirements with the current Advisory Committee on Immunization Practices (ACIP) recommendations. The new vaccine requirements and changes to previous vaccine requirements will become effective **July 1, 2015**.
- Revisions made to vaccine requirements will affect school-age children
- Documentation of a valid medical or religious exemption will exempt an individual from the requirements.

Statement of goals

- To develop a communication plan to promote awareness of the new and revised NC immunization rules and requirements.
- To effectively communicate the changes in vaccine requirements to a targeted audience of parents, schools, pediatricians, and affected others, through a wide variety of media and methods
- To obtain a Durham County completion rate of 75% for vaccines required by children entering Kindergarten and 7th grade for the 2015-2016 school year.

Issues

- **Opportunity**
 - To collaborate with community partners to promote awareness of the new and revised NC immunization rules and requirements
 - To increase the vaccination completion rate of required vaccines among Durham County children entering Kindergarten and 7th grade

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- **Challenges**

- To develop one clear message for a diverse audience; the message must be delivered to a multicultural, multilingual targeted audience of varied educational and socioeconomic levels
- To effectively use a variety of media to deliver the message
- To enlist community partners to participate in delivering the message (Head Start, 4 largest pediatrician offices in the county, Durham Public Schools, Durham County Department of Public Health (DCoDPH) school nurses)
- To establish and maintain a project timeline

Implication(s)

- **Outcomes**

- 75% of Durham County children entering Kindergarten or 7th grade for the 2015-2016 school year will receive the vaccines required by revision to 10A NCAC 41A.0401

- **Service delivery**

- The DCoDPH Immunization Clinic will administer all required and recommended vaccines to children who present for services

- **Staffing**

- The DCoDPH Immunization Clinic nurses and school nurses will work together to provide vaccinations to school age children

- **Revenue**

- Financial eligibility is determined for each client and fees charged accordingly

- **Other**

- Handouts, flyers, radio spots, email communication, direct face to face meetings, phone communication, and a video presentation will be used to deliver the message regarding revisions and changes to NC immunization rules and requirements

Next Steps / Mitigation Strategies

- Determine percentage of Kindergarten and 6th graders in Durham County who obtained required vaccines over the past 5 years
- Determine percentage of Kindergarten and 7th graders in Durham County who obtained new required vaccines for the 2015-2016 school year
- Continue to deliver message to the community regarding the importance of vaccination for all ages

Division / Program: Health Education / Roadmaps to Health Prize
(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 County was one of six national winners of the prestigious 2014 RWJF Culture of Health Prize awarded by the Robert Wood Johnson Foundation (RWJF). The prize honors communities that are harnessing the collective power of leaders, partners, and stakeholders to help residents live healthier lives.

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- Since that time, communities across the country have reached out to learn more about Durham's successes.

Statement of goals

- To serve as a national ambassador for health and share Durham's best practices and lessons learned.
- To gain recognition and publicity for the effective community partnerships around health projects in Durham.

Issues

- **Opportunities**
 - Share lessons learned and successes with other communities.
 - Content generated for presentations and site visit itineraries can be replicated.
 - Several cities in Virginia have contacted Durham independently; they have been connected and attended the various organized events.
- **Challenges**
 - Each opportunity to share and celebrate Durham's successes has taken a substantial amount of time.

Implication(s)

- **Outcomes:**
 - Health Education Director was invited by Virginia Commonwealth University (VCU) School of Medicine and Department of Epidemiology to visit to Richmond, Virginia as a speaker for their seminar series on April 21, 2105. Three one-on-one meetings were held with professors, one presentation entitled *2014 Community Health Assessment: Methods, Health Priorities and Interventions* was given to all Epi department staff, faculty and students. A second presentation was given to the 7th District Health and Wellness Initiative community coalition entitled *Building and Sustaining Effective Community Solutions*.
 - A colleague at Active Living by Design in Chapel Hill worked with the Health Education Director to organize a site visit in Durham on April 23, 2015 for a different group of 20 individuals, including city planners, public health professionals and community advocates from Virginia to learn about physical activity initiatives. The group visited three sites, including the Durham Public School (DPS) Hub Farm, where a DCoDPH nutrition program manager spoke about DCoDPH's role in collaborating with the farm and the sidewalk advocacy project.
- **Service delivery:**
 - Presentations and conversations
- **Staffing :**
 - Health Education Director, Mel Downey-Piper went to Richmond, VA.
 - Nutrition Program Manager, Kelly Warnock spoke at the DPS Hub Farm

Next Steps / Mitigation Strategies

- Ongoing relationship with VCU
-

Division / Program: Health Education/ Durham Diabetes Coalition
(Accreditation Activity 10.1: The local health department shall develop, implement and evaluate population-based health promotion/disease prevention programs and educational materials for the general public.

Program description

- In observance of Diabetes Alert Day, Tuesday, March 24, 2015, the Durham Diabetes Coalition (DDC) provided a day focused on distributing diabetes risk tests and a health fair the following day. The health fair was designed to provide follow-up screenings and counseling for those who are at risk for type two diabetes.

Statement of goals

- To bring awareness of type 2 diabetes by having community members complete the American Diabetes Association's Diabetes Risk Test.

Issues

- **Opportunities**
 - DDC partnered with Lincoln Community Health Center, The Durham VA Medical Center, Duke Outpatient Clinic and Healing with CAARE, Inc. to provide risk tests and diabetes information for Diabetes Alert Day.
 - DDC also partnered with the American Diabetes Association and Healing with CAARE, Inc. to provide a health fair following on Wednesday, March 25, 2015 2:00pm-6:00pm in efforts to reach individuals who may be unable to participate in events during the work week
 - The diabetes health fair at Healing with CAARE, Inc. included diabetes risk tests, A1C and blood pressure screenings, information on nutrition, physical activity, smoking cessation, diabetes complications and a cooking demonstration.
 - Hosting the health fair at Healing with CAARE, Inc. allowed for convenient participant outreach
 - Local partners participated and promoted alert day activities
- **Challenges**
 - The health fair event location had very limited parking
 - Attendance was limited
 - Less advertising time than anticipated
 - Public traffic flow in the health department was limited for outreach on Diabetes Alert Day
 - Collaboration in planning from American Diabetes Association was limited
 - Tracking of outreach and the amount of participation at other sites was challenging

Implication(s)

- **Outcomes**
 - 31 community members completed the diabetes risk rest at the DCoDPH and Healing with CAARE, Inc. sites.
 - 33 participants were reached at the Health Fair the next day
- **Service delivery**
 - DDC utilized social media (Facebook and Twitter) and its website to promote and provide type 2 diabetes information and update the community on coalition activities.
 - A press release was sent out informing the public about the upcoming events

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- Flyers were distributed to local partners during various community meetings
- **Staffing**
 - DDC Health Education Specialists from the neighborhood intervention team led the event planning and staffed the events along with assistance from the DDC clinical team, health promotion and wellness staff and community partners.
 - DDC staff were located at both the Health and Human Services building and Healing with CAARE, Inc. to distribute risk tests
 - Representatives from American Diabetes Association, Healing with CAARE, YMCA, Grocers on Wheels, Project Access of Durham County for the Affordable Care Act, United Way, and the Department of Insurance exhibited at the health fair.

Next Steps / Mitigation Strategies

- Neighborhood outreach will continue in targeted neighborhoods.
- For next year's activities, planning will begin further in advance in order to notify the public more effectively about Diabetes Alert Day. This will hopefully increase the number of people that will take the diabetes risk test and increase the participation of the health fair.

Division / Program: Health Education / Health Promotion and Wellness

(Accreditation Activity 10.1: The local health department shall develop, implement and evaluate population-based health promotion/disease prevention programs and educational materials for the general public.)

Program description

- Kick Butts Day- national day of activism to raise awareness of the problem of tobacco use
- Members The Durham County Department of Public Health, Go Durham (formerly Durham Area Transit Authority), Keep Durham Beautiful Inc., Duke Hospital, and students from North Carolina Central University combined to take part in a day of education and service which included a cigarette butt clean-up at sites in Durham County including the Go Durham station, Duke Hospital at Erwin Rd. bus stop, and the campus of North Carolina Central University.
- Members also educated citizens about the Board of Health (BOH) Smoking Rule, cessation options and the negative consequences of cigarette litter

Statement of goals

- To perform cigarette waste cleanup at specified sites in Durham
- To educate smokers that cigarette butts are litter and harm the environment
- To provide information about smoking cessation resources for those who wish to quit
- To raise awareness of the BOH smoking rule

Issues

- **Opportunities**
 - Reduce cigarette waste and improve appearance on the grounds of bus station, Duke, and NCCU
 - Create opportunity for future efforts with Go Durham, Duke and NCCU
 - Educate the community about the BOH Smoking Rule

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Implication(s)

- **Outcomes**
 - A total of approximately 6,738 cigarette butts were collected
 - Dozens of pocket ashtrays dispersed
- **Service delivery**
 - Staff from Health Department, Keep Durham Beautiful Inc., Go Durham, and Duke partnered to organize and implement a successful day of service and education
- **Staffing**
 - Michael Scott along with volunteers from Keep Durham Beautiful, Go Durham, Duke, and students from NCCU
- **Revenue**
 - None

Next Steps / Mitigation Strategies

- This was a one-time event, but Kick Butts Day is an annual opportunity to conduct awareness, education, and environmental preservation.

Division / Program: Health Education/Health Promotion& Wellness program: Compression Only CPR

(Accreditation Activity 12.1 – The local health department shall participate in a collaborative process to identify strategies for addressing community health problems)

Program description

- Studies have shown that being trained in hands only CPR can make a lifesaving difference when someone suffers a cardiac arrest. In support of Strategic Plan Goal 3, the Health Promotion & Wellness program teamed up with Duke Heart Center to offer a train-the-trainer hands only CPR event for faith-based organizations in preparation for a community event to occur approximately a month later.

Statement of goals

- To train as many Durham residents in hands only CPR.

Issues

- **Opportunities**
 - The opportunity to attend the train-the-trainer event was announced at the November 2014 Durham County Health Ministry Network meeting. As a result, four faith-based organizations expressed interest in attending the event and one volunteered to host.
 - Health Promotion Program Manager collaborated with Duke Heart Center to offer the training and take the lead for the train-the-trainer event which was intended to train coaches for the next event. Duke Heart Center took the lead on the community event.
 - A segment on My Carolina Today featured Willa Allen demonstrating the hands only CPR technique and served as promotion for the community event.
 - Duke Heart Center developed the marketing for the Save-A-Life event and registered participants via phone and electronically. DCoDPH currently does not have the capacity to do this.
 - Having the event in the Human Services Building gave community members the opportunity to see the facility for the first time. Several community members voiced a sense of pride in the facility and looked at it as “money well spent.”

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- **Challenges**

- Inclement weather forced the cancellation of the original community event on February 21, 2015. The event was rescheduled for March 28, 2015.
- Since the Duke Heart Center registered the participants for the community event, DCoDPH was unable to assist with contacting residents in a timely manner.
- Information about the rescheduled date and time was not included in the cancellation message to registered participants.

Implication(s)

- **Outcomes**

- The train-the-trainer event was held at Beacon Light Missionary Baptist Church, where 13 were trained reaching five faith-based organizations.
- The rescheduled community event was held on March 28, 2015, reaching 32 participants. This number is about 1/3 of the number originally registered for the February 21, 2015 event.

- **Service delivery**

- Marketing for the train-the-trainer started in November for the January 2015 event. Marketing for the February event started December 1, 2014.
- Many residents commented on how easy it was to get to the Human Services Building and that parking was not a problem in comparison with many of the hospital facilities. Also, this training is typically held in Wake County as opposed to Durham.

- **Staffing**

- For the train-the-trainer event, Duke Heart Center provided four volunteers and DCoDPH provided two staff members and two undergraduate intern students.
- For the community event, DCoDPH provide one staff member and two undergraduate intern students; Duke Heart Center provided four volunteers; two faith-based organizations volunteered as coaches.

- **Revenue**

- Duke Heart Center paid the costs associated with using the large meeting rooms for the Save-A-Life community event.

Next Steps / Mitigation Strategies

- Although February appears to be the optimal time to hold CPR related events due to American Heart Awareness month, North Carolina is likely to receive inclement weather during the month. If held again, we will build in inclement weather dates ahead of time within the marketing.
- Next time the DCoDPH website should be utilized to market this and other community events and increase attendance.

OLD BUSINESS:

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

Ms. Harris stated that the bill was not referred to a Senate Committee from the Senate Rules and Operations Committee. Therefore, it did not cross over to the House. She said that she was told that the Adolescent Pregnancy Prevention Campaign of North Carolina was considering recognizing individuals/entities responsible for introducing this legislative item for their 2015 Impact Award.

Ms. Harris stated that Senator McKissick is on the Rules and Operations Committee so she spoke with him several times about progress of the bill. However, Senator Woodard also sponsored the bill. Ms. Harris has not

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spoken with him. She will call him to thank him for his efforts and to talk about how the bill can be re-introduced and suggestions to garner additional supporters of the bill. With the Board's permission she will continue to work on this legislative change.

Ms. Harris stated that at the same time the draft wording for this legislative agenda item was being developed she was introduced to the Executive Director of the AJ Fletcher Foundation by the President and CEO of East Durham's Children's Initiative (EDCI). The Fletcher Foundation funds programming in EDCI. Reducing teenage pregnancies is a priority for the leadership and funders of EDCI. Ms. Harris stated that she shared articles provided by Commissioner Wendy Jacobs that documented the success Denver, Colorado has had in lowering teen age pregnancy rates using foundation funding to purchase long acting reversible contraception (LARC) for teens in their community. Ms. Harris has been invited to a meeting at EDCI to continue the conversation with the ED of the Fletcher Foundation, President and CEO of EDCI and the Medical Director of Lincoln Community Health Center. She will keep the Board apprised of the work of the group.

Ms. Carter stated that this should be added as an action item for the Health Task Force of the Mayor's Poverty Reduction Initiative. Ms. Carter stated that it really fits perfectly.

- **FOLLOW-UP E-CIGARETTES (Activity 34.5)**

Ms. Harris stated that the following information provided by Ms. Sally Herndon, Branch Head Tobacco Prevention and Control Branch Division of Public Health was sent to the Board as part of the board packet for this meeting:

1. Guidance about what language needs to be included in the smoking rule about e-cigarettes.
2. Letter from CDC regarding all of the science/evidence that has been pulled together on the negative effects of e-cigarettes for background information.

She added that the letter developed by Dr. John Marrow, health director in Pitt County, to educate restaurant owners about their rights to prohibit the use of e-cigarettes in their establishments was revised, placed on Durham County letterhead, signed by both the Board Chair and Health Director and mailed to the owners of the more than 700 restaurant in Durham County.

(Copies of the three documents are attached to the minutes.)

Ms. Harris asked the Board if they would like to form a committee or discussion amongst the full board in order to make changes to the Smoking Rule.

COMMENTS/DISCUSSION:

Commissioner Howerton and Dr. Levbarg liked the suggested language changes for the Board of Health Smoking Rule. The Board agreed with Dr. Levbarg that the discussion should be a Board discussion rather than a committee. Attorney Wardell is to review the recommended changes to the smoking rule and discuss at the next meeting.

NEW BUSINESS:

- **BUDGET RATIFICATION**

The Durham County Department of Public Health requested approval to recognize additional funds in the amount of \$3,000 from the Wilkes County Health Department for the Durham County Department of Public Health's Diabetes Self-Management Education (DSME) Program.

The funds will be used to address the high incidence of diabetes in North Carolina, the NC Division of Public Health (DPH) has become an

"umbrella" recognized program with the American Diabetes Association to provide diabetes self-management education. The purpose is to increase access in all areas of the state for people with diabetes to get needed self-management training. DPH has contracted with five local health departments/health districts to provide Regional Consultants who provide additional technical assistance and training to health departments operating diabetes self-management education program under the DPH umbrella. For SFY 14/15 these five health departments/districts, Halifax County Health Department, Jackson County Department of Public Health, Wilkes County Health Department, Toe River District Health Department and Martin-Terrell-Washington District Health Department were awarded additional funds to be distributed to all counties operating under the NC Diabetes Education Recognition Program (DERP). Durham County Department of Public Health operates its DSME program under the NC DERP program and is being awarded \$3,000 from Wilkes County Health Department for staff development, training, and purchase of educational materials.

Mr. Dedrick made a motion to approve the budget ratification in the amount of \$3,000. Commissioner Howerton seconded the motion and the motion was unanimously approved.

- **BUDGET AMENDMENT**

The Durham County Department of Public Health requested approval to recognize funds in the amount of \$3,284 from the NC Department of Health and Human Services Division of Public Health to support a community coalition that addresses the overdose opioid epidemic and conduct epidemiologic surveillance of drug overdoses seen at hospitals.

Dr. Levbarg made a motion to approve the budget amendment in the amount of \$3,284. Commissioner Howerton seconded the motion and the motion was unanimously approved.

- **BOH RESOLUTION TO RESCIND TOBACCO PREEMPTION (*Activity 34.5*)**

Ms. Harris stated that Colleen Bridger, PhD, health director in Orange County, asked all North Carolina health directors to ask their boards of health to join her board by adopting a resolution requesting that North Carolina General Assembly rescind the preemption of Tobacco Regulation including e-cigarettes and restore tobacco regulation to local control. *(A copy of the resolution is attached to the minutes.)*

Ms. Harris asked the Board if they too would like to adopt the resolution to extend their rule-making authority regarding tobacco control.

Commissioner Howerton made a motion to adopt the resolution requesting that North Carolina General Assembly rescind the preemption of Tobacco Regulation including e-cigarettes and restore local control. Ms. Carter seconded the motion and the motion was unanimously approved.

Ms. Harris stated a signed copy of the resolution will be sent to the director of the Orange County Health Department. She also asked the Board if they would like to have the resolution presented to the Board of County Commissioners for their support at the August worksession.

Dr. Levbarg made a motion to allow the health director to present the resolution requesting that North Carolina General Assembly rescind the preemption of Tobacco Regulation including e-cigarettes and restore local control to the Board of County Commissioners for their information/support at the August worksession. Commissioner Howerton seconded the motion and the motion was unanimously approved.

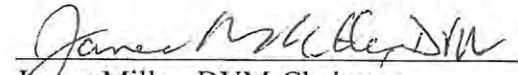
AGENDA ITEMS JUNE 2015 MEETING

- Follow-up e-cigarettes and Durham County Smoking Rule
- Presentation from Environmental Health —(*Turnover analysis of the workforce and potential market*)

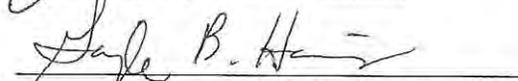
INFORMAL DISCUSSION/ANNOUNCEMENTS:

Chairman Miller and Commissioner Howerton will attend the 2015 NALBOH conference in Louisville, Kentucky.

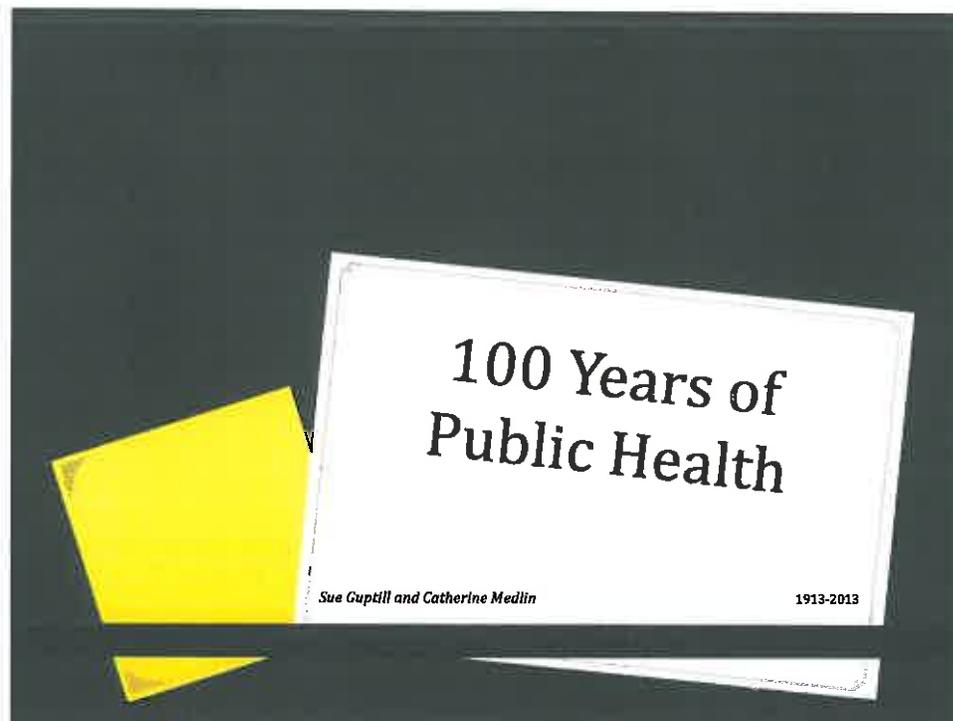
Dr. Fuchs made a motion to adjourn the regular meeting at 7:33pm. Mr. Dedrick seconded the motion and the motion was unanimously approved.



James Miller, DVM-Chairman



Gayle B. Harris, MPH, Public Health Director



100 Years of Public Health

To Be a Board of Health Member...

100 Years of Public Health

In the Beginning...



Durham City Market, 1925

100 Years of Public Health

Where we were...

100 Years of Public Health

You would have met in:
A one-room office at the corner of E. Main and Church
(1913-1916)



Corner E. Main and Church (1920)

100 Years of Public Health

A two-room office in the Geer Building on the corner of
W. Main and Corcoran
(1916-1917)



Corner of W. Main and Corcoran: Geer Building (1915)



Laboratory area, 1915

100 Years of Public Health

Much larger quarters on the third floor of the
courthouse (now the County Office Building)
(1917-1942)



Courthouse
1921

100 Years of Public Health

A four-story brick building at 300 E. Main St.
(Corner of E. Main and Roxboro)
(1942-1976)



300 E. Main St.

100 Years of Public Health

**“Old Sears Building” at the corner of E. Main and Dillard
(1976-2011)**



**“Old Sears Building”
414 E. Main St.**

100 Years of Public Health

Human Services Building at E. Main, Dillard, Ramseur,
and Queen
(2011-present)



Human Services Building
414 E. Main St.

100 Years of Public Health

Who we were...

100 Years of Public Health

Positions: 1915

- Health Officer
- Secretary
- Bacteriologist
- Two nurses

Positions: 1922

- Health Officer
- City/county Physician
- Dentist
- Director of Laboratory and inspections
- Two Sanitary officers
- Laboratory technician
- Chief clerk and office nurse
- Four Nurses
- Advisory health officer

100 Years of Public Health

Today:

About 200 employees:

Health Director and Deputy Health Directors, Medical Director, Environmental Health Specialists, Physician Extenders, Public Health Nurses, Community Health Assistants, Lab Director and Lab Techs, Phlebotomists, Administrative Assistants and Data Entry Staff, Dentist, Dental Hygienists, Dental Assistants and Dental Director, Health Educators, Nutritionists, Social Workers, Finance Officer, IT Specialists, Public Health Preparedness Coordinator, Quality Assurance Manager, and Communications Director

100 Years of Public Health

What worried us in 1913...

(Audience participation!)

100 Years of Public Health

- Tuberculosis
- Typhoid
- Smallpox
- Pellagra
- Outbreaks of polio and scarlet fever
- Gastroenteritis, especially in young children

100 Years of Public Health

“We looked for smallpox like we looked for Winter and we looked for typhoid fever like we looked for Summer. And we were never disappointed. Just how anybody lived is more than I can understand.”

--J.H. Epperson, talking about the earliest years of Public Health in Durham

100 Years of Public Health

*Disparities and Discrimination
(The Jim Crow era and beyond)*

100 Years of Public Health

What we enforced...

100 Years of Public Health

Can't we all just get along?

100 Years of Public Health

*Historical events, the world, and us
(Audience participation!)*

100 Years of Public Health

1918-1919
(2 things)

100 Years of Public Health

1930's

100 Years of Public Health

1942-1946

100 Years of Public Health

1963-1975

100 Years of Public Health

2001

100 Years of Public Health

What else?



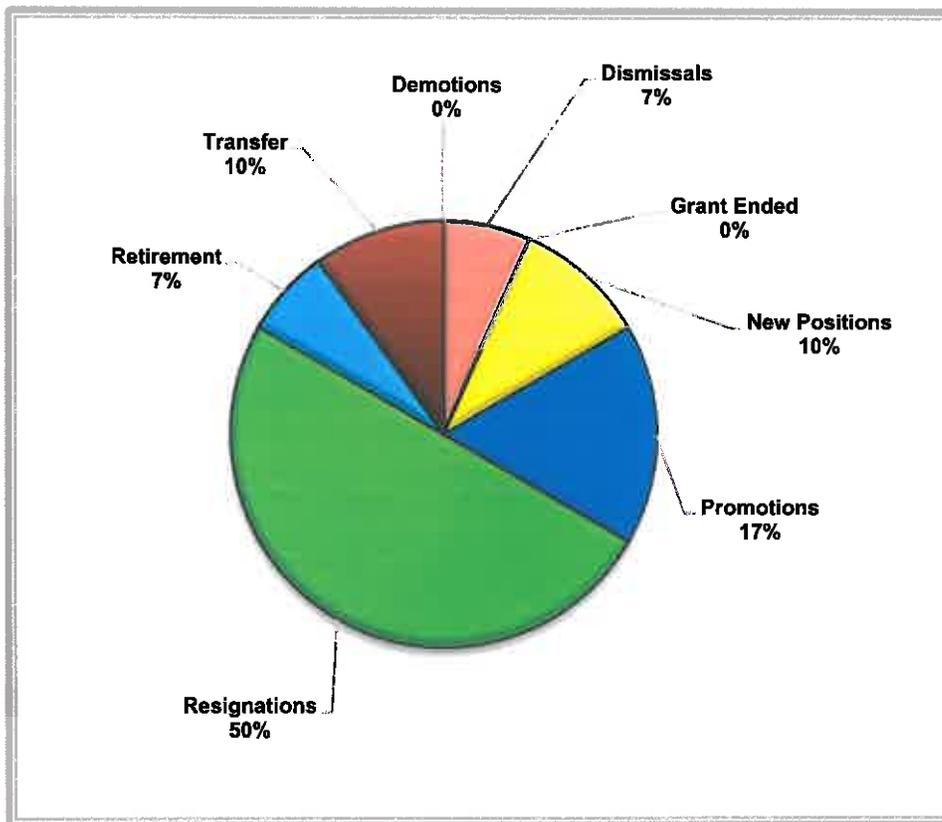
TB Hospital
Broad St., 1946

100 Years of Public Health

We've made a difference...

PUBLIC HEALTH VACANCY REPORT
July 1, 2014 through June 30, 2015
Month Ending 4/30/2015

<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	7%
Grant Ended	0	0	0	0%
New Positions	0	3	3	10%
Promotions	0	5	5	17%
Resignations	0	15	15	50%
Retirement	0	2	2	7%
Transfer	0	3	3	10%
	0	30	30	100%



*All positions have been filled from FY 13/14

**FY 14/15 vacancies are cumulative

1 position(s) became vacant in April FY 14/15

16 positions were vacant out of 219 employees as of April 30, 2015

VACANT POSITIONS in FY 2014/2015
Month Ending 4/30/2015

Cost Center	Position Title	Notes	Position Number	Leave Date	Start Date
CH/School Health	Sr PH Nurse		40007629	7/20/13	7/21/14
CH/School Health	Sr PH Nurse		40001138	10/13/13	2/2/15
Health Education	PH Education Spec		40007078	10/13/13	7/7/14
Nutrition	Nutritionist		40005377	10/27/13	7/7/14
CH/Adult Health	Physician Extender		40001119	10/31/13	7/21/14
CH/OBCM	Social Worker II		40001342	10/31/13	7/7/14
*Nutrition	Nutrition Specialist		40008050	12/19/13	9/1/14
*Nutrition	Nutrition Specialist		40008051	12/19/13	4/13/15
CH/School Health	PH Nurse Specialist		40007500	12/22/13	7/21/14
CH/Adult Health	Physician Extender		40001057	1/22/14	8/21/14
Admin/Services	Processing Assistant		40001031	2/21/14	11/24/14
Admin/Services	Processing Assistant		40000947	3/14/14	8/18/14
Admin/Services	Office Assistant		40002020	4/27/14	9/15/14
Admin/Lab/Pharm/Support Svc	Pharmacist		40001042	4/30/14	9/2/14
CH/School Health	Sr PH Nurse		40007632	5/23/14	1/5/15
CH/CC4C	HS Coord II		40001100	5/30/14	8/18/14
Nutrition	Nutrition Prog Mgr		40005361	5/30/14	8/18/14
Env Health	Env Health Specialist		40001164	6/20/14	11/10/14
CH/School Health	Sr PH Nurse		40001139	7/20/14	1/5/15
School Health	Sr PH Nurse		40001140	7/20/14	12/8/14
CH/School Health	Sr PH Nurse	VACANT	40007528	7/25/14	
*Env Health	Env Health Specialist		40008250	7/28/14	2/16/15
*Env Health	Env Health Specialist		40008251	7/28/14	2/16/15
Nutrition	Clinical Soc Wrk		40007577	8/4/14	4/27/15
Dental	Dental Assistant	VACANT	40006775	8/8/14	
Nutrition	Comm Hlth Assist	VACANT	40007576	8/13/14	
CH/CC4C	Social Worker II		40001099	8/15/14	3/2/15
Nutrition	Nutrition Specialist		40005364	8/15/14	11/24/14
Nutrition	PH Project Mgr	VACANT	40007894	8/15/14	
Comm & Information	Comm & Info		40007828	8/22/14	3/2/15
Nutrition	Nutritionist		40005378	8/29/14	3/30/15
Health Education	Sr PH Educator		40007403	9/2/14	10/13/14
Admin/Lab/Pharm/Support Svc	Sr Med Lab Assist		40001013	9/11/14	1/5/15
Comm & Information	Comm & Info	VACANT	40007076	10/10/14	
Nutrition	Clinical Soc Wrk	VACANT	40007476	10/10/14	
DDC/Nutrition	Nutrition Specialist	VACANT	40007477	11/4/14	
Nutrition	Nutrition Specialist		40005369	11/6/14	4/13/15
Nutrition	Nutritionist		40005376	11/23/14	3/16/15
Administration	Asst Health Dir		40007954	12/31/14	12/15/14
Env Health	Env Health Specialist	VACANT	40001153	1/15/15	
CH/School Health	Sr PH Nurse	VACANT	40007626	2/18/15	
CH/CC4C	Social Worker II	VACANT	40001097	2/27/15	
Health Education	PH Educator	VACANT	40004426	3/2/15	
*Nutrition	Processing Assistant	VACANT	40008525	3/3/15	
CH/TB Screening	Sr PH Nurse	VACANT	40001035	3/27/15	
Env Health	Sr Proc Assistant	VACANT	40001161	3/27/15	
CH/School Health	Sr PH Nurse	VACANT	40001139	4/24/15	
Health Education	Epidemiologist	VACANT	40006525	7/25/14 2/16/15	

ENVIRONMENTAL HEALTH
Onsite Water Protection Notices of Violation
April 2015

NOV DATE	SUBJECT PROPERTY ADDRESS	TYPE OF VIOLATION	NOV EXPIRATION DATE	FORWARDED TO CO. ATTY?	COMPLIANCE STATUS (YES/NO)	COMPLIANCE DATE	NOTES
11/26/2013	3823 Hanford Dr	Illicit Straight Pipe	12/26/2013	Y	N		12/6/2013 House was previously unoccupied. Mr. Durham has moved back in. He has been made aware of the straight pipe, informed to keep the tanks pumped until the issue is resolved and instructed to pursue a discharging permit with DWR. 6/2/2014 - House remains occupied, verified by site visit. NOV forwarded to County Attorney's Office. Mobile home has no wastewater system
3/12/2014	7001 Herndon Rd	Surface discharge of effluent	4/10/2014	N	N		3/10/2014 - Site visit, confirmed surfacing effluent. Municipal sewer available. 6/1/14 Owner has applied for sewer connection and is awaiting tap installation. Property has completed the annexation process. 4/20/2015- Public Works Engineering states no application has been received for connection to sewer. 10 day letter needed.
3/20/2014	913 Cartman	Surface discharge of effluent onto neighbor's yard	4/20/2014	Y	N		3/20/2014 - The complaint is valid. Issued NOV 4/29/2014 - Return visit made by EH, course of action to remedy failure communicated to owner. NOV forwarded to County Attorney's office 8/14/2014 Owner has stated he will not repair the system.
6/11/2014	209 Bacon	Collapsed Tank	7/11/2014	Y	N		Collapsed septic tank. NOV forwarded to County Attorney's office 8/14/2014. Has undergone change of ownership, no longer bank owned. Marion Chambers is new owner. Does original NOV still apply or do we need to issue a new one?
11/6/2014	2800 Ferrand	Surface Discharge of effluent & building addition over septic tanks	12/6/2014	N	N		Surface discharge of effluent. An unapproved two-story deck addition previously built over septic tanks. Lot is non-repairable, municipal sewer is available. 2/25/2015-Property has been sold and acquired by a real estate company. Agent has stated they will pursue connection to municipal sewer.
11/10/2014	2810 Old Oxford Hwy	Surface discharge of effluent	12/10/2014	N	N		Surface discharge of effluent. Repair permit issued for a replacement system. Needs 10 day warning letter. Discharging onto state park
12/17/2014	3500 Interworth	Surface discharge of effluent	1/19/2014	N	N		Discharging via a culvert pipe. 3/1/15-Owner is seeking a NPDES permit from NC Div. of Water Resources.
12/17/2014	5126 Leesville Rd	Collapsing septic tank	1/19/2014	N	N		Collapsed septic tank. Revised NOV 1/28/2015. House is unoccupied, existing system is non-repairable, owner referred to NC Div. of Water Resources for an NPDES permit.
12/23/2014	402 Mare	Effluent discharging to ground surface	1/23/2015	N	N		Failing at the first dam. 4/20/2015 - Owners have just recently returned to United States and have indicated they will act immediately to arrange repair.
12/31/2014	4129 Guess Rd	Septic tank structurally unsound, building addition over septic tanks	1/31/2015	N	N		Heavy root intrusion in tank, deck footing on tank, probable unpermitted gravel conventional line added at some point, sandfilter on property. Unoccupied house. Owner referred to NC Div of Water Resources for NPDES permit. 4/20/2015 - House remains unoccupied
12/10/2014	2612 Cooksbury	Sewer disconnection	1/10/2015	N	N		Sewer disconnected 4/20/2015 - House is unoccupied

12/18/2014	2109 Winkler Rd	Unpermitted expansion of bedrooms in house, building addition over septic tanks	1/18/2015	N	N		Building foundation is partially on septic tank, at some point a bedroom was added to the house; system is currently for 2 br. SFD. Expansion permit has been issued for 3br Controlled Demonstration Low Profile system.	3/31/2015 - House remains unoccupied
1/2/2015	2714 Red Valley Dr	Surfacing effluent in 3rd line	2/2/2015	N	N		Repair permit issued 1/13/15, no contact from owner since	
2/12/2015	1302 Thompson	Effluern surfacing at start of drainfield	3/12/2015	N	N		Surfacing effluent	
3/2/2015	501 Goodwin	System is under garage	4/3/2015	N	N		Sustem is under garage.	3/26/2015 - Repair permit issued.
3/10/2015	3912 Swarthmore	collapsing tank	4/10/2015	N	N		Old septic tank is collapsing and needs to be properly abandoned. House served by sewer since 1978.	
3/18/2015	12804 Summerwind	Surfacing effluent	4/20/2015	N	N		Surfacing effluent, needs repair	
3/26/2015	6903 Iron Gate	Surfacing effluent	4/27/2015	N	N		Surfacing effluent	3/26/2015 - Non-repairable lot. Owner referred to NC DWR for NPDES permit.
4/9/2015	2515 E Club Blvd	Surfacing effluent	5/11/2015	N	N		Surfacing effluent	Called, is going to rent another place and vacate
4/16/2015	826 Colonial Height	Surfacing effluent	5/18/2015	N	N		Surfacing effluent	5/16/2015 - Non-repairable lot. Owner referred to NC DWR for NPDES permit.
4/16/2015	1015 Junction	Surfacing effluent	5/18/2015	N	N		Backing up and surfacing over tank, also there is a wash line piped to the street.	
4/29/2015	1324 Pennock	Surfacing effluent	5/29/2015	N	N		Lift station to manicipal sewer is not functioning.	
4/23/2015	3 Trappers Ct	Building setbacks	5/23/2015	N	N		Septic tank lies under gazebo, washline box is under deck footing, washline and portion of drainfield lie under garage. 4/30/15 Owner notified EH Division that she is proceeding with connection to sewer.	

ENVIRONMENTAL HEALTH
 Onsite Water Protection Notices of Violation
 Compliant Status—NOV

NOV DATE	SUBJECT PROPERTY ADDRESS	TYPE OF VIOLATION	NOV EXPIRATION DATE	FORWARDED TO CO. ATTY?	COMPLIANCE STATUS (YES/NO)	COMPLIANCE DATE	NOTES
4/29/2014	5677 Kemp	Surface Discharge of effluent	6/29/2014	Y	Y	5/1/2015	Sewage is ponding over the drainfield. Landscape position has been changed to a toe slope due to significant imported fill. System is serving an office and 2 bedroom trailer, but is permitted only for the office. 5/29/2014 - Owner is deceased. 30 day extension for NOV granted at the request of estate executor. NOV forwarded to County Attorney's office 8/14/2014. **Mobile home disconnected from barn/office system.**
3/24/2015	3207 Gibson	Effluent Backing Up	4/23/2015	N	Y	4/30/2015	Sewage backup. **Repaired 4/30/2015**
1/23/2015	3610 Bivins Rd	System crosses property lines, surfacing effluent	2/23/2015	N	Y	4/27/2015	LPP has had caps removed and is surfacing effluent at caps, system crosses onto 3602 Bivins Rd. 3/11/15 - Repair permit issued. **System replaced 4/27/2015**
1/27/2015	6021 Burgundy	Break in the supply line	2/27/2015	N	Y	4/27/2015	There is a break in the supply line. 4/27/15 Met with home owner septic contractor, probed out supply line, issue is unrelated. **Confirmed no break in supply line.**
4/16/2015	9919 Wilkins	Surfacing effluent	5/18/2015	N	Y	4/27/2015	Surfacing effluent **Confirmed that issue was due to drainage and surface water, not sewage. 4/27/2015**
12/12/2014	1313 Olive Branch	Surfacing effluent, system crosses property lines	1/12/2015	N	Y	4/21/2015	System is surfacing effluent, drainfield totally saturated. Also crosses property lines; repair permit issued and easement recorded, have had preconstruction. **Repair system
3/12/2015	3511 Duke Homestead	Surfacing effluent	4/13/2015	Y	N	4/20/2015	Connected to sewer
8/28/2014	310 N Mineral Spring	Surface Discharge of effluent	9/29/2014	Y	Y	4/20/2015	Sewage discharging due to nonoperational lift pump. House is connected to municipal sewer but is outside the City limits. Forwarded to County Attorney's office 10/20/2014. 10 day demand letter mailed to owner by County Attorney's office 10/30/2014. **Verified pump is functional 4/20/2015**
3/25/2015	13110 Meadowridge	Pump is not working	4/23/2015	N	Y	4/9/2015	10 warning was issued. 2/29/15 - Tenant acquired new pump but has not yet installed. Sewage backup. **Pump repaired**

2/2/2015	108 Thorngate	Sewer disconnection	3/2/2015	N	Y	4/1/2015	Sewer disconnected **City of Durham verified reconnection 4/1/2015**	
1/22/2015	4201 Redwood Rd	Non-permitted system installed	2/22/2015	N	Y	3/30/2015	Application has been made for permanent pump and haul. Permit issued 2/2/15 **PUMP & HAUL Operation Permit Issued 3/30/2015**	
9/24/2014	5000 Glenn	No Subsurface Operator	10/24/2014	N	Y	3/30/2015	No subsurface wastewater system operator. **Owner has hired a certified operator**	
2/10/2015	5517 Inverness	Effluent is surfacing over lpp	3/10/2015	N	Y	3/23/2015	Surfacing effluent, **Repaired 3/23/2015**	
2/10/2015	5438 Reese Rd	Effluent ponding over line 1 and clean out	3/10/2015	N	Y	3/10/2015	Surfacing effluent, **Repaired 3/10/2015**	
2/10/2015	115 Belk	Back up.	3/10/2015	N	Y	3/1/2015	Pump not working **pump repaired**	
2/10/2015	2602 Sherbrooke	Back up.	3/10/2015	N	Y	3/1/2015	Pump not working **pump repaired**	
6/9/2014	4324 Trenton Rd	No Subsurface Operator	7/9/2014	Y	Y	3/1/2015	No Subsurface Operator. NOV forwarded to County Attorney's office 8/14/2014. **Owner has hired a certified operator**	
12/23/2014	1013 Variform	Effluent discharging to ground surface System crosses property lines, failing, not permitted, excavated original permitted system	1/23/2014	N	Y	3/1/2015	Failing LPP, Homeowner has contracted with McFarland as ORC. Will attempt change flow in order to eliminate failure. 1/28/2015 **System is under active management by a certified operator**	
1/27/2015	6206 Russell Rd	Effluent backing up	2/27/2015	N	Y	2/16/2015	Application has been made for repair; repair permit issued 1/29/15 ** REPAIR INSTALLED 2/16/2015**	
1/27/2015	6625 Russell Rd	Pump is not working	2/27/2015	N	Y	2/8/2015	Pump is not working, effluent is backing up and surfacing around the tank. ** MALFUNCTIONING CONTROL FLOAT REPLACED**	
12/23/2015	18 Thistle Trace	Effluent backing up	1/23/2015	N	Y	1/28/2015	Control panel does not work. **REPAIRED**	
7/31/2014	3629 Freeman	Backing up and ponding over septic tank	9/1/2014	N	Y	1/2/2015	Failing septic system. Non-repairable. Owner is attempting to gain access to municipal sewer line. City Council approved sewer connection on October 6 2014. Property owners are working with the City to facilitate the connection. **Connected to municipal sewer 1/2/15**	
3/26/2015	4609 Redwood	Building setbacks	4/26/2015	N	N		as post for porch stairs, and violates setbacks to screened in porch footprint. ** 4/1/2015 Revisit by OSWP Supervisor, house footing is not on top of septic tank. None of the screen porch pillars are on septic tank. House addition approved by City/County Building Inspections department without EH approval. Owners notified of septic setback encroachment per guidance from NC DHHS Regional	Repair permit issued 3/26/15



DURHAM COUNTY
1881

Public Health
100 Years of Service • 1913-2013

FY 2015 3RD QUARTER FINANCE REPORT

DEPARTMENT OF PUBLIC HEALTH

FY 2015 BUDGET OVERVIEW

■ FY 15 Approved Budget 21,841,914	■ FY 15 Current Budget 23,378,129
■ County Funding 15,719,673	■ County Funding 16,207,357
■ Other Funding 6,122,241	■ Other Funding 7,170,772

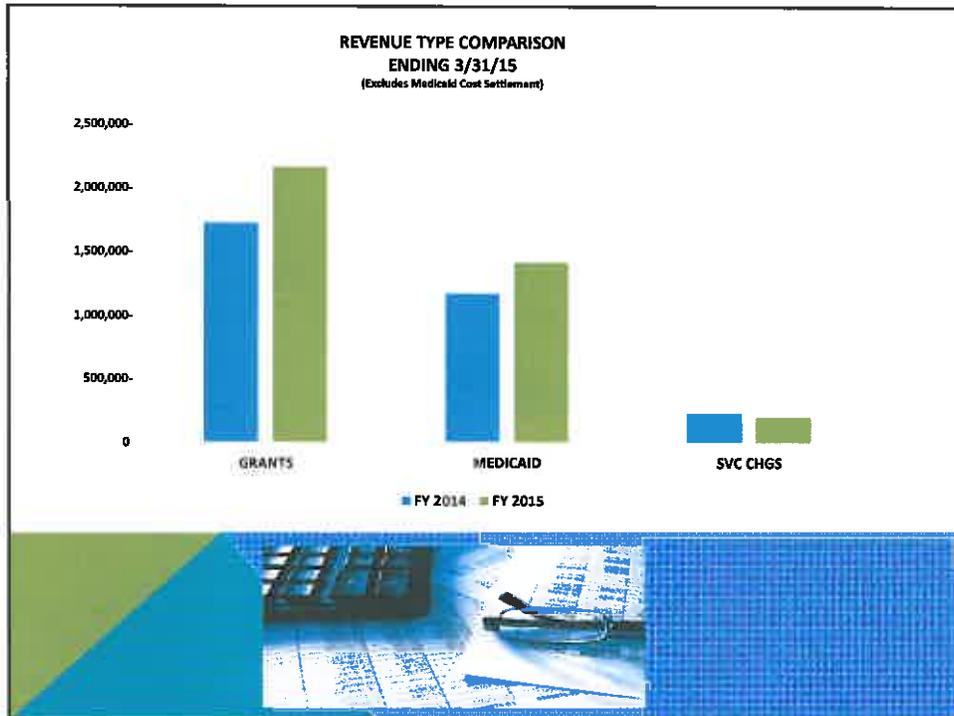


**3RD QUARTER EXPENDITURES
ENDING 3/31/15**

Prior Fiscal Year Comparison Cost Center/Description	Expenditures	
	3RD Qtr FY 14 % Expended	3RD Qtr FY 15 % Expended
5100621100 ADMIN	70%	73%
5100621200 DEPARTMENTAL	76%	75%
5100621500 NUTRITION	58%	68%
5100621600 HEALTH EDUCATION	65%	65%
5100621700 LABORATORY	62%	66%
5100621800 DENTAL	65%	69%
5100621900 DINE	N/A	36%
5100622100 ADULT HEALTH	66%	71%
5100622200 IMMUNIZATION	74%	67%
5100622300 TUBERCULOSIS SCREENING	75%	72%
5100622400 PHARMACY	70%	58%
5100622500 FAMILY PLANNING	57%	72%
5100622600 BCCCP	41%	15%
5100622700 AIDS CONTROL	49%	62%
5100622900 DIABETES COALITION PROJ	50%	42%
5100623100 GENERAL NURSING	75%	74%
5100623200 MATERNAL HEALTH	67%	75%
5100623300 CHILD HEALTH	67%	55%
5100623500 JAIL	79%	79%
5100623600 SCHOOL HEALTH	60%	65%
5100623800 DURHAM CONNECTS	54%	54%
5100623900 BABY LOVE PROGRAM	59%	60%
5100624100 GENERAL INSPECTIONS	62%	67%
5100624200 PARENTING PROGRAMS	8%	29%
5100624400 WATER & WASTE INSPEC	59%	68%
5100624500 LOCAL PUBLIC HEALTH	62%	63%
OVERALL	66%	66%

**3RD QUARTER REVENUES
ENDING 3/31/15**

Prior Fiscal Year Comparison Cost Center/Description	Revenues	
	3RD Qtr FY 14 % Collected	3RD Qtr FY 15 % Collected
5100621100 ADMIN	71%	67%
5100621200 DEPARTMENTAL	56%	86%
5100621500 NUTRITION	29%	98%
5100621600 HEALTH EDUCATION	58%	59%
5100621700 LABORATORY	0%	-
5100621800 DENTAL	47%	87%
5100621900 DINE	N/A	43%
5100622100 ADULT HEALTH	66%	109%
5100622200 IMMUNIZATION	58%	141%
5100622300 TUBERCULOSIS SCREENING	94%	154%
5100622400 PHARMACY	-	33%
5100622500 FAMILY PLANNING	50%	213%
5100622600 BCCCP	69%	42%
5100622700 AIDS CONTROL	15%	151%
5100622900 DIABETES COALITION PROJ	26%	32%
5100623100 GENERAL NURSING	100%	0%
5100623200 MATERNAL HEALTH	54%	-
5100623300 CHILD HEALTH	76%	71%
5100623500 JAIL	53%	110%
5100623600 SCHOOL HEALTH	95%	76%
5100623800 DURHAM CONNECTS	71%	20%
5100623900 BABY LOVE PROGRAM	74%	77%
5100624100 GENERAL INSPECTIONS	55%	59%
5100624200 PARENTING PROGRAMS	5%	29%
5100624400 WATER & WASTE INSPEC	57%	54%
5100624500 LOCAL PUBLIC HEALTH	54%	69%
OVERALL	50%	74%



- ### FISCAL YEAR 15 CONCERNS
- Deadlines for Purchasing
 - Approaching Grant End Dates
 - Unanticipated Year-end Expenditures
-



Questions/comments



DURHAM COUNTY
100
1881

Public Health
100 Years of Service • 1913-2013

Suggested Language Changes—Board of Health Smoking Rule

Added WHEREAS Statements:

WHEREAS, in 2015, the Centers for Disease Control and Prevention (CDC) stated that emitted e-cigarette aerosol is not just water vapor, but contains nicotine and can contain additional toxins, making it less safe than clean air and e-cigarette use has the potential to involuntarily expose children and adolescents, pregnant women, and non-users to aerosolized nicotine and, if the products are altered, to other psychoactive substances. Therefore, clean air—free of both smoke and e-cigarette aerosol—remains the standard to protect health; and

WHEREAS, because some e-cigarettes are designed to mimic smoking, allowing e-cigarette use in places where smoking is prohibited could complicate enforcement of smoke-free policies and renormalize tobacco use; and

Source: Letter of Scientific Evidence Regarding Electronic Nicotine Delivery Systems (ENDS; including e-cigarettes) from Tim McAfee, MD, MPH, Senior Medical Officer, Office on Smoking and Health, U.S. Centers for Disease Control and Prevention (April, 2015).

Added Definitions:

E-cigarettes: Any electronic oral device that employs a mechanical heating element, battery, or electronic circuit regardless of shape or size and that can be used to heat a liquid nicotine solution or any other substances, and the use or inhalation of which simulates smoking. The term shall include any such device, whether manufactured, distributed, marketed, or sold as an e-cigarette, e-cigar, e-pipe, e-hookah or under any other product name or descriptor.

Nicotine Replacement Products: Any tobacco treatment product approved by the U.S. Food and Drug Administration for medical purposes. This includes gum, patches, lozenges, inhalers that are not considered tobacco products. These products are excluded from this policy.

Sections III. Smoking, including e-cigarettes

Section IV. All Tobacco Use Prohibited, including e-cigarettes.

Section VI.

- (a) State in English that smoking, including e-cigarettes, is prohibited and include the “No Smoking and No E-cigarettes” symbol.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30341-3724

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U.S. Centers for Disease Control and Prevention
4770 Buford Highway
MS F-79
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Sally Herndon, MPH
N.C. Department of Health and Human Services
Head, Tobacco Prevention and Control Branch
Chronic Disease and Injury Section
Division of Public Health
5505 Six Forks Rd., Raleigh, NC 27609

Dear Ms. Herndon,

Per your request, I am submitting this statement of scientific evidence regarding electronic nicotine delivery systems (ENDS; including e-cigarettes), including the health effects of ENDS aerosol. For the record, I am not submitting this statement for or against any specific legislative proposal.

Please note that I will use the term ENDS throughout this letter, except where I am referring to study results that looked at surveillance survey results for a particular product, such as e-cigarettes.

Current Status of ENDS Market and Product Regulation

E-cigarettes are part of a class of products also referred to as electronic nicotine delivery systems (ENDS), which are battery-powered devices that provide doses of nicotine and other additives to the user in an aerosol.¹ There are currently multiple types of ENDS on the U.S. market, including e-cigarettes, e-hookahs, hookah pens, vape pens, e-cigars, and others. Some of these products are disposable varieties, while others can be refilled or recharged for repeated use.

ENDS that do not make therapeutic claims, including e-cigarettes, are currently not regulated by the U.S. Food and Drug Administration (FDA) under the Family Smoking Prevention and Tobacco Control Act (FSPTCA), although FDA issued a proposal in April 2014 to regulate them under its tobacco product authorities.² If finalized as written, the rule would establish, among other provisions: restrictions to prevent sales to minors, to prohibit free samples, and to prohibit vending machine sales, unless in a facility that never admits minors.² Additional provisions, such as establishing a product standard prohibiting flavors could require additional rule-making.²

Furthermore, FDA regulation does not address certain key policy interventions related to ENDS, such as use in public places.² Section 916 of the Federal Food, Drug, and Cosmetic Act preserves the authority of States and localities to enact, adopt, promulgate, and enforce laws, rules, regulations or other measures with respect to tobacco products that are in addition to, or more stringent than requirements established under Chapter IX of the Food, Drugs, and Cosmetics Act, including laws, rules, regulations, or other measures relating to or prohibiting the sale, distribution, possession, exposure to, access to, advertising and promotion of, or use of tobacco products by individuals of any age, information reporting to the State, or measures relating to fire safety standards for

tobacco products.³ Section 916, however, prescribes that no State or political subdivision of a State may establish or continue in effect with respect to a tobacco product any requirement which is different from, or in addition to, any requirement under the provisions of Chapter IX of the Federal Food, Drug, and Cosmetic Act relating to tobacco product standards, premarket review, adulteration, misbranding, labeling, registration, good manufacturing standards, or modified risk tobacco products.³

Additional national and—to the extent not preempted by federal law—state policies addressing retailer licensing, Internet sales, taxation, and marketing could further prevent youth use of ENDS and other tobacco products.⁴

The current landscape of ENDS—including product design and availability, sales, marketing, use, and related legislation—is one of rapid change and high variability. Significant questions remain regarding ENDS’ toxicity and impact on patterns of conventional tobacco use. This testimony summarizes the available scientific literature regarding ENDS, including surveillance data on experimentation and recent use; the health effects of ENDS, including toxicant exposure to users and non-users and impacts on patterns of conventional tobacco use; effectiveness of ENDS for quitting conventional smoking; ENDS marketing; smokefree policies and ENDS; and evidence-based strategies to prevent and reduce tobacco use.

Current Patterns of ENDS Use

To date, surveillance questions on the use of ENDS have focused primarily on e-cigarettes. National surveys show rapid increases in adult and youth use of e-cigarettes. Results from the HealthStyles survey suggest that U.S. adult e-cigarette ever use nearly doubled from 2010 (3.3%) to 2013 (8.5%).⁵ Data from the National Youth Tobacco Survey show ever use increased in U.S. middle and high school students from 2011 to 2013 (3.3% to 14.9%) and current e-cigarette use (use at least 1 day in the past 30 days) increased from 1.1% to 5.6%.^{1,6} More recent survey data from Monitoring the Future suggests an even more dramatic rate of current e-cigarette use among high school students in 2014: 17% among twelfth graders—higher than the use of tobacco cigarettes.⁷

From 2011 to 2013, U.S. middle and high school students who had never smoked cigarettes but who had ever used an e-cigarette increased over three-fold, from approximately 79,000 to over 263,000.⁸ Furthermore, intention to smoke conventional cigarettes was 43.9% among U.S. middle and high school students who had ever used e-cigarettes, whereas only 21.5% of students who had never used e-cigarettes reported intending to smoke conventional cigarettes.⁸

These surveillance data also suggest that the majority of adults and youth who use e-cigarettes also use conventional cigarettes.^{1,9,10}

Health Effects of ENDS

A discussion of the health effects of ENDS should consider the consequences of toxicant exposure for ENDS to both users and non-users, as well as potential impacts on patterns of use of other tobacco products.

I. Toxicant Exposure to Users

Since ENDS that do not make therapeutic claims are not yet regulated as tobacco products under the FSPTCA, we have very little information about the ingredients of liquids (purity, impurities or stability), or the approximate exposure to harmful and potentially harmful constituents when using ENDS over the short-term or long-term. To date, manufacturers are not required to publish what chemicals are in the ENDS solution, or to perform or reveal results from systematic testing. Studies have demonstrated wide variability in design, operation, and contents and emissions of carcinogens, other toxicants, and nicotine from ENDS.¹¹ Depending on the brand, ENDS cartridges typically contain nicotine, a component to produce the aerosol (e.g., propylene glycol or glycerol), and flavorings (e.g., fruit, mint, or chocolate).¹² Chemicals that pose health risks have also been documented in some ENDS, including tobacco-specific nitrosamines, aldehydes, metals, volatile organic compounds, phenolic compounds,

polycyclic aromatic hydrocarbons, and tobacco alkaloids, but at much lower levels than in conventional cigarettes.¹³ Furthermore, some ENDS manufacturers claim that the use of food flavorings is safe because they meet the FDA definition of “Generally Recognized as Safe (“GRAS”).¹⁴ However, GRAS status applies to additives for particular food uses, and does not apply to products that are not food.

Although nicotine exposure in the absence of combustion is less hazardous than exposure to combusted conventional tobacco products, nicotine itself is not without risk.^{15,16} Nicotine is addictive.¹¹ Nicotine exposure during certain periods of development can impair the development of brain circuits and neurons, changing the way the brain works.^{11,17} Pregnant women can transfer nicotine to their developing fetus, which can be toxic to the fetus, leading to adverse pregnancy and infant outcomes.¹¹ The evidence is also suggestive that nicotine exposure during adolescence may have lasting adverse consequences for brain development, including cognitive maturation and effects on working memory and attention.^{11,18,19,20} For non-smokers, nicotine is an acute irritant, potentially causing headache, nausea, and discomfort; for former smokers, nicotine exposure can trigger cravings, jeopardizing their abstinence.^{21,22}

Because of the risks associated with nicotine, the 2014 Surgeon General’s Report concluded that “the evidence is sufficient to provide cautionary messages to pregnant women and women of reproductive age as well as adolescents about the use of nicotine-containing products such as [...] electronic cigarettes, and newer forms of nicotine-containing tobacco products, as alternatives to smoking.”¹¹

II. Toxicant Exposure to Non-Users

The health effects of ENDS may not be limited to users.^{23,24,25} ENDS aerosol is not “water vapor.” It contains nicotine and can contain additional toxins, and thus, it is not as safe as clean air.²⁶ Although some ENDS have been shown to emit volatile organic compounds and dangerous toxins such as acetaldehydes, including acrolein, these are generally emitted at much lower levels than by cigarettes.¹⁵ However, because there are hundreds of manufacturers and no manufacturing standards, there is no way to ensure that all ENDS have acceptably low levels of toxicants. Furthermore, some ENDS can be modified to deliver marijuana and other psychoactive substances.²⁷ Therefore, air containing ENDS aerosol is less safe than clean air, and ENDS use has the potential to involuntarily expose children and adolescents, pregnant women, and non-users to aerosolized nicotine and, if the products are altered, to other psychoactive substances.

All ENDS have the potential to involuntarily expose children and adolescents, pregnant women, and non-users to aerosolized nicotine. In addition, FDA does not regulate the use of ENDS use, particularly in public places, and the issue of involuntary exposure among bystanders to ENDS aerosol.

III. Additional Hazards

ENDS use can result in accidents and other potential health hazards. CDC recently reported that the number of calls to poison centers in the 50 states, the District of Columbia, and U.S. territories involving e-cigarettes rose from one per month in September 2010 to 215 per month in February 2014, and 51.1% of these e-cigarette-related poisonings were among young children ages 0–5.²⁸ In the U.S., e-cigarettes account for a small proportion of total tobacco product sales, but were involved in nearly 42% of combined monthly cigarette and e-cigarette poison center calls in February 2014.²⁸ Health-care providers; the public health community; e-cigarette manufacturers, distributors, sellers, and marketers; and the public should be aware that e-cigarettes have the potential to cause acute adverse health effects and represent an emerging public health concern.

An increasingly popular method of ENDS use is to self-mix the e-liquid—both the nicotine content and the flavorings—prior to use. In this way, individuals can produce a customized ENDS product. There are also reports in the news media about the potential for e-cigarettes to be altered to deliver other psychoactive substances such as THC, the active ingredient in marijuana.^{29,30} Importantly, the health risks of secondhand exposure to such self-mixed concoctions are unknown.

IV. Impact of ENDS on Patterns of Tobacco Use

There are a range of potential beneficial and harmful impacts of ENDS on patterns of use of cigarettes and other combusted tobacco products. The Surgeon General has stated that cigarettes and other combusted tobacco products are the “overwhelming cause [of] the burden of death and disease from tobacco use in the United States” and recommends that “rapid elimination of their use will dramatically reduce this burden.”¹¹ The 2014 Surgeon General’s Report notes that ENDS—in combination with rigorous surveillance and aggressive strategies to end combusted tobacco use—could help complement strategies to eliminate combusted tobacco use by allowing complete nicotine substitution among cigarette smokers.¹¹

In the current context, cigarettes and other combusted tobacco products are widely available, heavily marketed, inexpensive, and appealing to young people.¹¹ In this context of widespread marketing and availability of cigarettes and other combustible tobacco products, there are a number of potential adverse consequences of ENDS on tobacco use patterns.¹¹ Among youth, risks include: (1) aforementioned concerns about nicotine addiction and consequences of nicotine on brain development, (2) initiation of the use of cigarettes or other combusted tobacco products as a result of introduction to inhalation of nicotine delivered via ENDS, (3) exposure to ENDS marketing and use that normalizes a behavior that looks very similar to smoking, and (4) use of combusted and noncombustible tobacco products at the same time (“dual use”).^{11,31} The potential for ENDS to renormalize tobacco use is of concern, because adolescents are particularly vulnerable to visual cues to smoke and to social norms.^{4,31} Again, a recent study found that among never-smoking youth who had ever used an e-cigarette, their intention to smoke conventional cigarettes was 22.4% higher than among youth who had never used e-cigarettes (43.9% v. 21.5%, respectively).⁸ To advance the public health goal of preventing youth initiation of tobacco use, youth should not be able to purchase or be exposed to marketing for any tobacco products, including ENDS.^{4,31}

Among adults, potential adverse consequences include: (1) initiation of nicotine addiction among non-tobacco users and potential for progression to combusted tobacco use; (2) long-term dual use among current smokers, which may result in delayed quitting; and (3) relapse of smoking among former smokers.¹¹

As noted above, current evidence shows that the majority of adults and youth who are using e-cigarettes are also using conventional cigarettes; among current e-cigarette users, the proportion of current cigarette smokers was 72% during 2010/2011 and 76.8% during 2012/2013.^{1,5} This is of concern because only cutting down on the number of cigarettes smoked does not significantly reduce tobacco-related health risks.^{32,33}

Evidence of Effectiveness for Quitting Smoking

To date, no ENDS, including e-cigarettes, have been approved as a smoking cessation aid by the Food and Drug Administration’s Center for Drug Evaluation and Research, and there is limited research on their effectiveness as a cessation aid.²² There is currently no conclusive scientific evidence that ENDS promote long-term cessation, especially at the population level.^{34,35,36,37,38,39,40} Currently, seven types of FDA-approved prescription and non-prescription smoking cessation products are available, including nicotine replacement therapies. These products have been scientifically shown to be effective for smoking cessation, approved by the FDA for this use, and are safe when used as directed. ENDS marketed as smoking cessation aids must be approved for such use by the FDA Center for Drug Evaluation and Research.

ENDS Marketing

Although conventional tobacco products have been banned from television advertising for decades, ENDS are now marketed on television and other mainstream media channels. Like the products themselves, marketing claims for ENDS vary widely. The 2014 Surgeon General’s Report observed that ENDS marketing “has included claims of safety, use for smoking cessation, and statements that they are exempt from clean air policies that restrict smoking.”¹¹ Moreover, some ENDS marketing uses tactics which the Surgeon General has found lead to youth smoking, including: candy-flavored products; youth-resonant themes such as rebellion, glamour, and sex; and celebrity endorsements and sports and music sponsorships.³¹ This is of concern because the Surgeon General

has found that “many changes in tobacco product form and marketing have been documented as efforts by the tobacco industry to contribute to tobacco use and addiction by fostering initiation among young people; making products easier and more acceptable to use; making and marketing products so as to address health concerns; and making and marketing products to perpetuate addiction through the use of alternate products, when smoking is not allowed or is socially unacceptable.”¹¹

Smokefree Policies and ENDS

As mentioned earlier, air containing ENDS aerosol is less safe than clean air, and ENDS use has the potential to involuntarily expose children and adolescents, pregnant women, and non-users to aerosolized nicotine and, if the products are altered, to other psychoactive substances.⁴¹ Therefore, clean air—free of both smoke and ENDS aerosol—remains the standard to protect health.

The majority of e-cigarette users also smoke cigarettes.¹⁻¹⁰ Permitting ENDS use in public places could perpetuate combusted tobacco use and, therefore, tobacco-related morbidity and mortality. For example, ENDS use in public places could make it easier for smokers to sustain their nicotine addiction in public places, without switching completely away from combusted tobacco use. There is no evidence to support any claim that policies that allow ENDS use in public places result in smokers switching to ENDS completely. Additionally, because some e-cigarettes are designed to mimic smoking, allowing ENDS use in places where smoking is prohibited could complicate enforcement of smokefree policies and renormalize tobacco use.⁴²

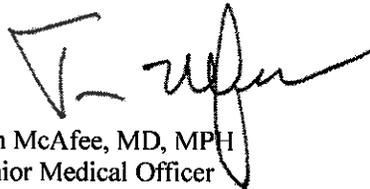
Conclusion

ENDS have a range of potential impacts on individual and population health, and significant questions remain regarding their toxicity and impact on patterns of conventional tobacco use. In contrast, considerable and conclusive evidence exists on the health harms of cigarettes and other combusted tobacco products among both users and non-users. Moreover, the scientific literature supports the safety and effectiveness of FDA-approved cessation aids when used as directed.

Given what we know about the harms of cigarettes and other combusted tobacco products, we should not lose sight of the importance of tobacco prevention and control. However, given what we also know about nicotine addiction, the harms of nicotine exposure—especially to the adolescent brain—and the fact that ENDS that do not make therapeutic claims are not currently regulated, the scientific evidence supports a public health approach to first “do no harm.” Ensuring children and youth do not have access to ENDS, preventing ENDS use among children and youth, reducing the appeal of ENDS to children and youth, protecting nonusers from involuntary exposure to ENDS aerosol, and ensuring smokers who want to quit have access to proven cessation methods are all ways we can promote public health and protect vulnerable populations from potential harms.

Thank you for your attention to this important public health issue.

Sincerely,



Tim McAfee, MD, MPH
Senior Medical Officer
Office on Smoking and Health
Centers for Disease Control and Prevention
U.S. Department of Health and Human Services

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Public Health

April 20, 2015

Dear Restaurant Owner/Manager,

Thank you for your help in protecting the public's health by restricting smoking in your facility. The NC smoke-free restaurants and bars law has been in effect since 2010 and we have already seen significant improvements in disease such as the decreased number of emergency room visits by North Carolinians experiencing heart attacks.

The sale of electronic cigarettes (e-cigarettes) has recently increased significantly in the U.S.A. There are many questions about the safety of these devices and there are currently scientific studies being done to answer these questions. The U.S. Food and Drug Administration (FDA) has announced its intention to regulate e-cigarettes as tobacco products, but these regulations have not yet been issued. In September, 2013, top law enforcement officials from 41 states, including NC, urged the FDA to promptly issue these regulations. Because electronic cigarettes are not currently regulated, the ingredients of the chemicals they use are mostly unknown, as are the health effects caused by them.¹ It is known that exhaled vapor from some of these e-cigarettes contains hazardous chemicals and particles that can collect on surfaces and potentially pose a risk to humans and pets.²

As the owner/manager of your restaurant, you have the legal authority to not allow people to use these e-devices on your property. Until more information is available about the safety and health effects of these chemicals on your customers and your staff, the Durham County Board of Health encourages you to prohibit the use of e-cigarettes or any similar devices on your property.

Sincerely,

Gayle B. Harris, MPH, RN
Public Health Director

James M. Miller, DVM
Chairman, Board of Health

1 U.S. Food and Drug Administration. (2009). *FDA and Public Health Experts Warn About Electronic Cigarettes*. Retrieved on February 10, 2014 from <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm173222.htm>

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**ORANGE COUNTY
HEALTH DEPARTMENT**

Improving health. Inspiring change.

**RESOLUTION REQUESTING THAT THE NORTH CAROLINA GENERAL ASSEMBLY RESCIND
PREEMPTION OF TOBACCO REGULATION, INCLUDING ELECTRONIC CIGARETTES, AND
THEREFORE RESTORE LOCAL CONTROL OVER TOBACCO POLICIES**

WHEREAS, the health consequences of smoking are staggering, and there is irrefutable evidence that tobacco use causes cancer, respiratory and cardiac diseases, infertility, negative birth outcomes, irritations to the eyes, nose and throat (U.S. Department of Health and Human Services, 2014); and

WHEREAS, the economic losses in health care expenditures are equally important and the use of tobacco products cost the U.S. as much as \$170 billion in health care expenditures each year (Xu, Bishop, Kennedy, Simpson, & Pechacek, 2014); and

WHEREAS, nearly 90% of all smokers begin smoking before the age of eighteen (Centers for Disease Control and Prevention, 2014); and

WHEREAS, in North Carolina, 1 in every 10 middle school students is a current tobacco user and 3 in every 10 high school students is a current tobacco user; and

WHEREAS, in North Carolina, 8,676 middle school students currently smoke cigarettes; and 55,688 high school students currently smoke cigarettes; (North Carolina Tobacco Prevention and Control Branch); and

WHEREAS, there is supportive evidence that increasing the minimum legal age of purchase to 21 will save more lives, reduce initiation among adolescents and young adults, and immediately improve the health of adolescents, young adults and young mothers who would be deterred from smoking, as well as their children (Institute of Medicine, 2015); and

WHEREAS, we believe in the need to educate and empower youth about the harmful effects of tobacco use and prohibit these incidences of purchase until the conscious age of 21 years; and

WHEREAS, penalties included in G.S 14-313 Youth access to tobacco products, tobacco-derived products, vapor products, and cigarette wrapping papers would remain the same; and

WHEREAS, in recognition of the damaging effects of preemption and the importance of community tobacco control policies, both the Healthy People 2010 and the Healthy People 2020 objectives, which are developed by the Department of Health and Human Services to set the national public health agenda for each decade, include an objective calling for the elimination of all state laws that preempt local tobacco control policies (U.S. Department of Health and Human Services, 2013).

THEREFORE BE IT RESOLVED, the Orange County Board of Health requests that the North Carolina General Assembly restore local control over tobacco policies by rescinding preemption; therefore, granting Orange County the legal authority to protect residents from known public health threats by enacting innovative, evidence-based policies such as an increase in the minimum sale age of tobacco products from 18 to 21. The lifting of preemption reinstates local capacity to develop public policy and revitalizes community debate, education and empowerment.

FURTHER BE IT RESOLVED, that we also call on other Boards of Health to request the restoration of local control over tobacco policies so as to better help prevent youth initiation.



Susan Elmore, Chair
Orange County Board of Health



Colleen Bridger, MPH, PhD
Orange County Health Director

References

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- North Carolina Tobacco Prevention and Control Branch. (n.d.). *North Carolina Youth Tobacco Survey: Middle and High School Fact Sheet*.
- U.S. Department of Health and Human Services. (2013, April 5). *State Preemption of Local Authority to Engage in Evidence-Based Tobacco Control Policies*. Retrieved March 17, 2015, from NC Alliance for Health:
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- Xu, X., Bishop, E. E., Kennedy, S. M., Simpson, S. A., & Pechacek, T. F. (2014). Annual Healthcare Spending Attributable to Cigarette Smoking. *American Journal of Preventative Medicine*, 48(3):326–33.

McClain, Rosalyn

From: Harris, Gayle
Sent: Thursday, April 30, 2015 4:26 PM
To: Jim Miller; Teme Levbarg
Cc: McClain, Rosalyn
Subject: Fwd: [NChealthdirectors] BOH resolution to rescind tobacco preemption
Attachments: ATT00001.htm; ATT00002.htm; ATT00003.htm; ATT00004.htm; ATT00005.htm; ATT00006.htm; ATT00007.htm; Resolution Rescinding Preemption Tobacco Reg.pdf; ATT00008.htm

Jim and Teme,
See the request below. Do you want this to be an agenda item for our next meeting?
Gayle

Sent from my iPad

Begin forwarded message:

From: "Colleen Bridger" <cbridger@orangecountync.gov>
To: "Local Health Directors (Nchealthdirectors@ncapha.org)" <Nchealthdirectors@ncapha.org>
Cc: "Herndon, Sally" <sally.herndon@dhhs.nc.gov>, "Coby Austin" <caustin@orangecountync.gov>
Subject: [NChealthdirectors] BOH resolution to rescind tobacco preemption

Fellow Health Directors,

The Orange County Board of Health passed a resolution (attached) at our last regular meeting asking the GA to rescind preemption on tobacco policies and restore local control. Is your BOH willing to pass a similar resolution so we can get some momentum on this in NC?

Why now? In March, an IOM report showed that increasing the minimum legal sale age to 21 would reduce youth initiation and save lives. More than 58 communities in 12 states have increased the minimum sale age, and Hawaii is poised to be the first state to do so. Multiple opinion polls show popular support for raising the tobacco sales age to 21. Counties in NC don't currently have this option under preemption.

A little background... As you probably know, local communities in NC were preempted on most tobacco control policies related to the retail environment (e.g., price, promotion, minimum sale age, taxation, licensing) almost two decades ago when the Youth Access Law was passed. That law was recently modified to extend preemption to e-cigs as well. To regain local control, we would have to modify this statute.

What else could we do if we regained local control? If preemption were lifted, localities may also have the ability to institute local tax and non-tax strategies to increase price, adopt retailer licensing laws (which would enable restrictions on density and placement of retailers, helping to prevent tobacco swamps and reducing proximity to schools), pass restrictions on advertising/promotion and many other possible regulations such as those outlined in this Point-of-Sale Strategies report. This letter from CDC highlights the public health reasons why preemption should be lifted.

Please let me know if you'd consider working on a resolution with your BOH. We want to keep track of which counties are taking similar actions so we can pool our efforts and create statewide change. It may take a couple years to achieve our end goal, but it won't happen if we don't start someplace.

Signed,
Your friendly, rabbleroising Orange County Health Director!

Colleen Bridger, MPH, PhD
Orange County Health Director
Phone: 919.245.2412 / Cell: 919.612.2053