

ALAMANCE COUNTY BOARD OF HEALTH

Minutes

Regular Meeting of the Board of Health

April 21, 2015

The Alamance County Board of Health met at 6:30 p.m. on Tuesday, April 21, 2015, in the Professional Board Room of the Human Services Center located at 319-B North Graham-Hopedale Road, Burlington, North Carolina.

The following board members were present: Mr. Michael Venable, Chair; Dr. Karin Minter, Vice Chair; Dr. Annette Wilson; Dr. William Porfilio; Commissioner Bob Byrd; Ms. LaTina McGee; Mr. Kevin Bengel and Ms. Kathy Colville.

The following staff members were present: Ms Stacie Turpin Saunders, Mr. Carl Carroll, Ms. Gayle Shoffner, Ms. Janna Elliott, Ms. Ariana Lawrence, and Ms. Arlinda Ellison Ms. Magdalena Cabral.

The following guests were present: Mr. Craig Honeycutt, County Manager.

I. Call to Order and Introductions

Board of Health Chairman, Mr. Michael Venable called the meeting to order at 6:31 p.m. Those that were in attendance introduced themselves.

II. Public Comments

There were no public comments made.

III. Approval of the March 17, 2015 Board of Health Minutes

A motion was made by Dr. Karin Minter to approve the March 17, 2015, Board of Health minutes. The motion was seconded by Commissioner Bob Byrd and approved unanimously by the board.

IV. Administrative Reports

A. Personnel Report

Ms. Janna Elliott provided the Board with the Personnel Update.

PERSONNEL UPDATE

New Hires / Transfers / Resignations:

- Kathy Hinshaw has submitted her intent to retire from her position as Administrative Assistant – EH effective July 1, 2015.
- Tommy Martin has submitted his intent to retire from his position as Environmental Health Program Specialist – Lead Program Coordinator effective July 1, 2015.

Recruiting to fill the following positions:

- Administrative Assistant I – EH (appointment pending, to be effective July 1, 2015)
- Environmental Health Program Specialist – Lead Program Coordinator (conducting interviews)
- Public Health Nurse III – STD ERN/Coordinator (reviewing applications)
- Public Health Nurse I (reviewing applications)

Vacant positions:

- Processing Assistant III
- Quality Assurance Specialist I
- Public Health Nurse II (requesting reclassification to PHN Supervisor)
- Clinical Social Worker (cut two PA III positions to provide funding for this position effective July 1, 2015)

Commissioner Byrd asked if there are studies done to see if there are trends in turnover. Mr. Honeycutt answered that Human Resources does this and there are trends with Health Department and Department of Social Services staff. Most of the reasons for leaving the job are pay related and the employee transfers to another county (Guilford or Orange) because the pay is higher.

B. Budget Amendments

BUDGET ACCOUNT CODE	DESCRIPTION	TRIAL BALANCE	STATE BUDGET	COUNTY BUDGET
REVISION #	5		DEPT. NAME:	HEALTH
STATE BUDGET:			TRANSFER:	
			AMENDMENT:	X
Expenditures:				
110-5110-220	SUPPLIES - COMPUTER	\$ 5,265.00		\$ 5,265.00
110-5110-239	MEDICAL/SCIENTIFIC SUPPLIES	\$ 170.00		\$ 170.00
110-5110-241	SUPPLIES - SMALL TOOLS, EQUIP	\$ 500.00		\$ 500.00
110-5110-311	CONF/SCH/SEM/TRAINING - EXPENSE	\$ 2,000.00		\$ 2,000.00
110-5110-329	COMMUNICATIONS	\$ 575.00		\$ 575.00
110-5110-510	CAPITAL OUTLAY-EQUIPMENT	\$ 6,945.00		\$ 6,945.00
110-5110-540	CAPITAL OUTLAY-VEHICLES	\$ 21,522.00		\$ 21,522.00
Revenue:				
310-3511-319	ENVIRONMENTAL HEALTH	\$ 36,977.00		\$ 36,977.00
Explanation:				
The Alamance County Health Department was allocated \$36,977.00 by the N. C. Department of Public Health to be used for food, lodging and institution sanitation programs and activities. These are entirely state funds and do not require any local match or expenditure of any local funds.				

A motion was made by Dr. William Porfilio to approve budget amendment #5 for Fiscal Year 2014 - 2015. The motion was seconded by Dr. Karin Minter and approved unanimously by the board.

V. Environmental Health Update

Mr. Carl Carroll announced that Alamance County had its first confirmed case of rabies on April 3, 2015. A rabid raccoon fought with a dog that was not up to date on its rabies vaccine. The dog is being quarantined at a veterinary facility for six months. Mr. Carroll stated that over the past five years 46 dogs were euthanized and 4 were quarantined for six months after being exposed to rabid animals. He announced that Environmental Health will be hosting a rabies clinic on Saturday April 25 9am-1pm and the cost is \$5. In the beginning of May veterinary offices in the county will be offering \$5 rabies vaccines also. Dr. Wilson suggested that in future press releases regarding rabies, it should be mentioned that if a dog or cat that is up to date on their rabies vaccines comes in contact with a rabid animal they still must get a rabies booster shot. Mr. Carroll said that is usually written in the press release, but when the newspaper edits the release sometimes that is taken out, but he will make sure that information stays in for future releases.

Mr. Carroll reported that Environmental Health had their program reviews which happen every four years. Overall the reviews were good, and the onsite wastewater program has a few minor corrective action plans to address.

VI. Personal Health Update

Ms. Shoffner announced that Ms. Kathleen Daugherty and Ms. Karen Schwabrow, agency leaders for Electronic Medical Records (EMR), attended training this month in Pennsylvania regarding Centricity implementation and form development. The agency go live date has been adjusted and is now June 2015. Training will now occur in May 2015. Staff will be developing clinical forms that will be used in our EMR system.

Ms. Shoffner shared that currently there is recruitment to fill a vacant PHN I and PHN III (STD Coordinator/ERN) positions. Both applications have closed and interviews will begin very soon.

Ms. Shoffner provided the board with local disease incidence and trends report. Please see attachment A for all graphs.

HIV Graph: (Newly diagnosed HIV infections in Alamance County and North Carolina by selected demographics & year of Diagnosis 2010-2013)

The HIV data for newly diagnosed HIV infection revealed a slight decrease in 2012 (16 cases) followed by an increase in 2013 (23 cases). The Alamance County HIV Rate remains below the State rate. However, in 2013, the Alamance County rate increased to 17.9. The 2013 State rate is 18.7. (Alamance County Rates is based on the population in Alamance County. The State Rate is expressed per 100,000 populations.) The next graph indicates Alamance County HIV diagnosis rates among different age populations. You will notice the 25-29 year old group

having the most cases diagnosed. Data also shows an increase in HIV diagnosis for the 60-64 age groups for 2013. Gender: Data shows that more males are diagnosed than females.

Chlamydia Graph: (Newly reported Chlamydia in Alamance County and North Carolina by selected demographics/year of report 2010-2013)

Alamance County data revealed an increase in diagnosis in 2012 followed by a decrease in 2013. Alamance County Rates continue to be below those of the State and also reflect the decrease in disease for 2013. For disease incidence among different age categories, I used available percentage data. The actual reported case numbers were large and would make visualization on a graph more difficult. Percentages are based on the number of chlamydia cases reported for Alamance County. Alamance County data is consistent and shows the majority of Chlamydia disease is diagnosed between the ages of 15 to 25 years old. Data also indicates that more females are diagnosed than males.

Gonorrhea Graph: (Newly reported GC in Alamance County and North Carolina by selected demographics and year of report 2010-2013)

Reported case data reveals a decrease in Gonorrhea diagnosis from 2010- to 2013. Alamance County Rate compared to the State rate: Alamance County rate was above the State rate for years 2010-2012 but dropped below the State in 2013. Percent of newly diagnosed Gonorrhea among different age categories reveals that most GC disease is diagnosed between the ages of 15-25. The percent of GC Disease diagnosed per gender is greater for females.

Syphilis Graph: (Newly Diagnosed Early Syphilis {Primary, Secondary and Early Latent} in Alamance County and North Carolina by selected demographics and year of diagnosis 2010-2013)

Alamance County Data reveals an increase in syphilis cases for 2011 followed by a decrease for 2012 and 2013. Alamance County rates again are based on the population in Alamance County. State rates are expressed per 100,000 population. For the 2010-2013 reporting period Alamance County rates are consistently below the State rate. Age categories for Syphilis Diagnosis (again based on rates) show two age groups with increases for years 2010-2012. However, in 2013, newly diagnosed Syphilis is more evenly distributed between the ages of 20-44. Gender: Alamance County data reveal that more males are diagnosed than females.

PID Graph: (Newly reported Pelvic Inflammatory Disease in Alamance County and North Carolina by selected demographics/year of report 2010-2013)

Alamance County numbers for reported PID are very low. Data reveals and increase in 2012 (2 cases). Alamance County Disease rates are also very low compared to the State rate. (Rates are based on population) With the reported numbers so low, published data is unable to provide actual numbers for the age breakdowns. However, the report indicates that the ages affected consistently from 2010-2013 were 20-24 and 25-29 year olds. Data indicates in 2011 and 2012 the age 50-54 year olds were also diagnosed with PID.

NGU Graph: (Newly reported Non-gonococcal Urethritis in Alamance County and North Carolina by selected demographics/year of report 2010-2013)

Alamance County data reveal an up and down trend for NGU. The most recent year reports a decrease in disease with a reported count of 43 for 2013. During the 2010-2013 reporting period, Alamance County consistently has a rate lower than the State. Disease rate among different age categories were really wide spread ranging from 10-14 up to 55-59 for 2010-2013. Specific rates for age categories were not published and not available.

TB Graph:

5 year data 2009-2013 was available for TB and indicate active cases for Alamance and the State. Disease diagnosis is consistent for 2009-2010 followed by a decrease in 2011-2012. In 2014, Alamance County experienced an increase in active Tb cases but not above the levels seen in 09-10. The Alamance County rate, despite the low number of cases, is above the State rate with the exception of 2012. (In 2012 Alamance County had no reported active TB cases).

VPD Graph:

Available data from VPD reports indicate low numbers of Acute Hepatitis B. Chronic Hepatitis B remains consistent with the exception of an increase in 2011. Pertussis is the most active VPD clearly showing the very large outbreak from 2011-2012. In 2011 AC reported 55 Pertussis cases and in 2012, reported 120 cases. In 2013, Pertussis decreases to 16 follow by 10 in 2014. (Note: 2014 date will not be finalized until July/August of 2015. Available 2014 data may change slightly).

CD Graph:

Reviewed 2010-2013 and available 2014 with the BOH. Reports indicate a slight increase in legionellosis, Streptococcal group A, 1 < 18 year old flu death in 2014 and a slight increase in Rocky Mount Spotted Fever. Salmonellosis and Campylobacter remain the most common reported CD infections.

Ms. Colville commended Ms. Shoffner for putting together this data, and that it is really helpful to look at the numbers. There were questions regarding education materials that are targeted to specific sexual activities. Ms. Saunders reported that Ms. Arlinda Ellison is in the process of reviewing all Health Education material to be sure the educational information is age and culturally appropriate.

VII. Medical Director's Report

No report.

VIII. Health Director's Report

Ms. Saunders announced that the Dentist on the board, Dr. Kary Dodd has excused himself from the Board of Health. Ms. Lawrence will update the website to reflect the vacancy and add the link to the board application. Ms. Saunders also announced that on the health department website the Board of Health has a page that includes the meeting schedule, members, agenda and access to the general statutes.

Ms. Saunders informed the board that the four health partners have been chosen for the Elon-Alamance Health Partners post-graduate fellows program. Shelby Smith is the Elon graduate who will be working for the Health Department.

Ms. Saunders announced that on April 16 she presented the budget to the Board of County Commissioners. She commended Ms. Janna Elliott for her hard work in preparing the budget. Mr. Honeycutt announced that the budget approval and public hearing would be the second meeting in June. Ms. Colville asked Mr. Honeycutt for an updated on the pay and class study. Mr. Honeycutt said that it is a very large figure that has been recommended from the study, and details are still being discussed with the county commissioners.

Ms. Saunders provided an update on the Community Health Assessment. The CHA is wrapping up and presenting information. Access to care, education, economic and poverty issues are the priority areas.

Ms. Saunders discussed House Bill 847 which moves to amend the medical treatment to minors which has been in place since 1977. Minors can receive treatment for sexually transmitted diseases, communicable disease, treatment for abuse for drugs and alcohol, behavioral health, and pregnancy. If this bill passed, it would require a notarized written consent from the parent or legal guardian to allow for treatment. Ms. Saunders explained that minors may not seek preventative care if this bill is passed. Ms. Saunders will share more information at a future meeting.

IX. Old Business

A. Tobacco Survey Results

Ms. Glenda Linens provided the board with the results from the Tobacco survey. (see attachment B for survey results) The board reviewed the responses and additional comments that employees submitted. Dr. Porfilio asked Mr. Byrd about the hospitals experience with going to a tobacco free campus. Mr. Byrd explained that going tobacco-free was an accreditation standard. He explained that the rule had a positive impact on employees, and a lot of employees quit smoking because of it. Dr. Porfilio added that the rule improves the perception of the facility. Ms. Colville added that at ARMC, it is a dress code violation to smell like cigarette smoke. Ms. Colville discussed that according to the survey results, there is strong support throughout the campus to go smoke/tobacco free. Ms. Saunders discussed that there is a policy for no smoking or tobacco use inside the county buildings that was adopted by the county commissioners. Ms. Saunders discussed that the Department of Public Health defines e-cigarettes as a tobacco product, but there is no legislation that supports that definition. That policy could be revised to include e-cigarettes in the rule. She also discussed that if the Board of Health adopted any rule, it would have to go to the Board of County Commissioners for final approval. Ms. Saunders suggested that the regional tobacco prevention consultant, Mary Gillette, could come to a Board of Health meeting to figure out the next steps. The board was in favor of this suggestion.

X. New Business

A. Request for Approval of the 2014 State of the County Health Report

Ms. Arlinda Ellison presented the SOTCH to the board members. She highlighted the priority areas and progress in those areas, demographics, emerging issue, morbidity and mortality, new initiatives and annual performance numbers.

A motion was made by Ms. Kathleen Colville to approve the 2014 State of the County Health Report. The motion was seconded by Dr. William Porfilio and approved unanimously by the board.

B. Request to Approve Changes to Formulation of Policies and Procedures

Mr. Carl Carroll presented the proposed changes to the Children's Environmental Health Programs policy.

A motion was made by Commissioner Bob Byrd to approve the proposed changes to the Children's Environmental Health Programs policy. The motion was seconded by Dr. Karin Minter and approved unanimously by the board.

XI. Other

Ms. Lawrence asked the board members to keep their Board of Health Handbooks at the health department after this meeting. There will be updated items in the packet; newly approved Board of Health operating procedures and the by-laws as well as the requested frequently asked questions section. They will be given out at the next board meeting.

XII. Adjournment

With no further action or discussion, the meeting adjourned at 8:28 p.m.

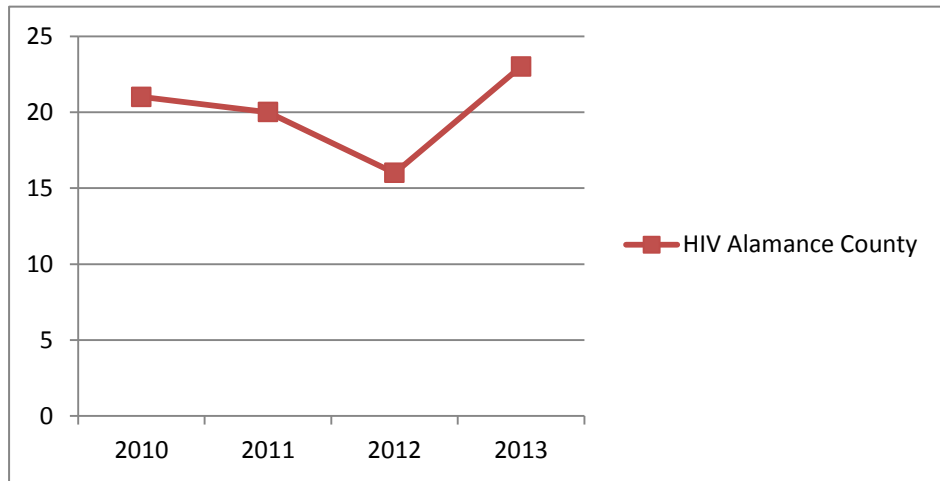
ALAMANCE COUNTY BOARD OF HEALTH

Mr. Michael S. Venable, Chair

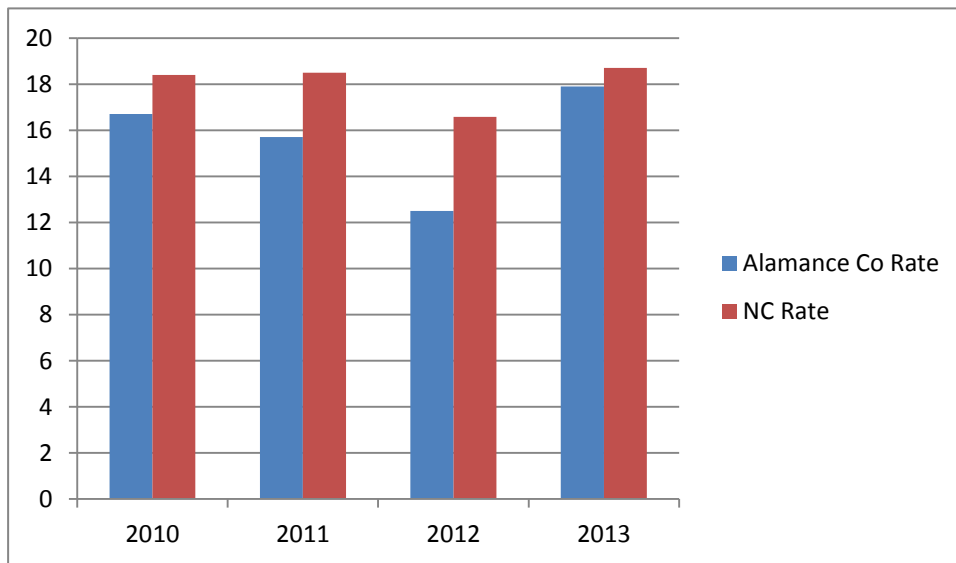
Ms. Stacie Turpin Saunders, Secretary

HIV Infection
Alamance County/North Carolina

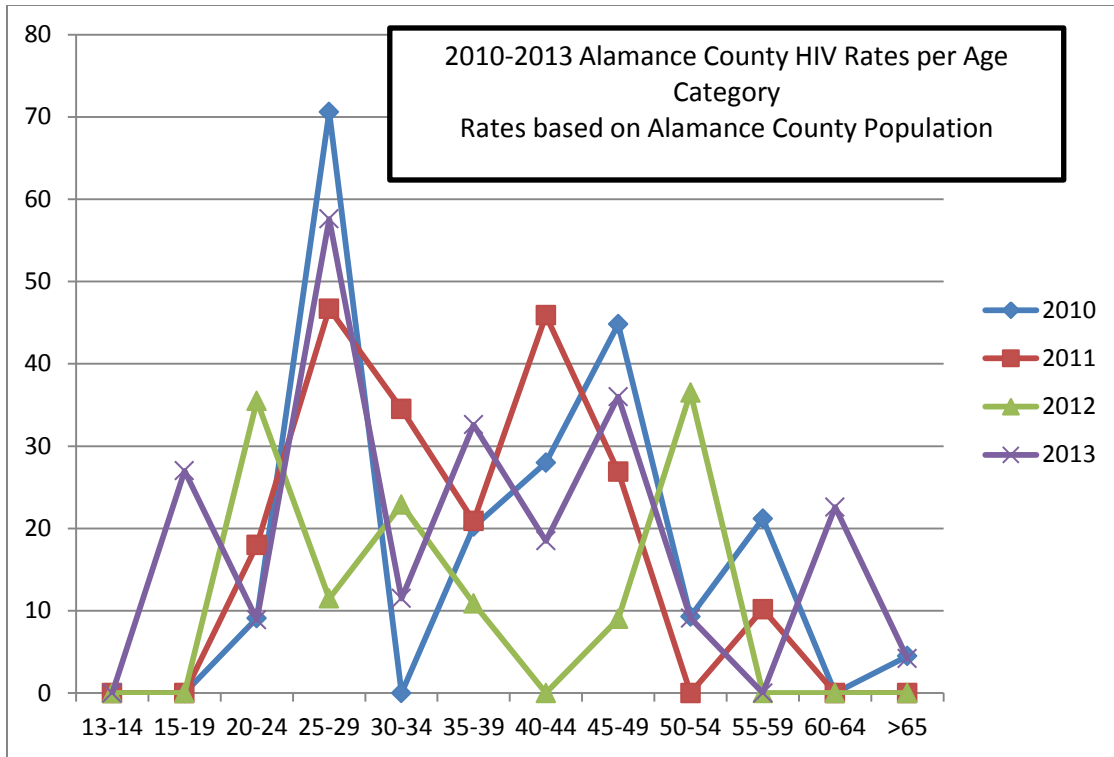
	2010	2011	2012	2013
HIV Alamance County	21	20	16	23
NC	1457	1481	1337	1513
Alamance Co Rate	16.7	15.7	12.5	17.9
NC Rate	18.4	18.5	16.58	18.7



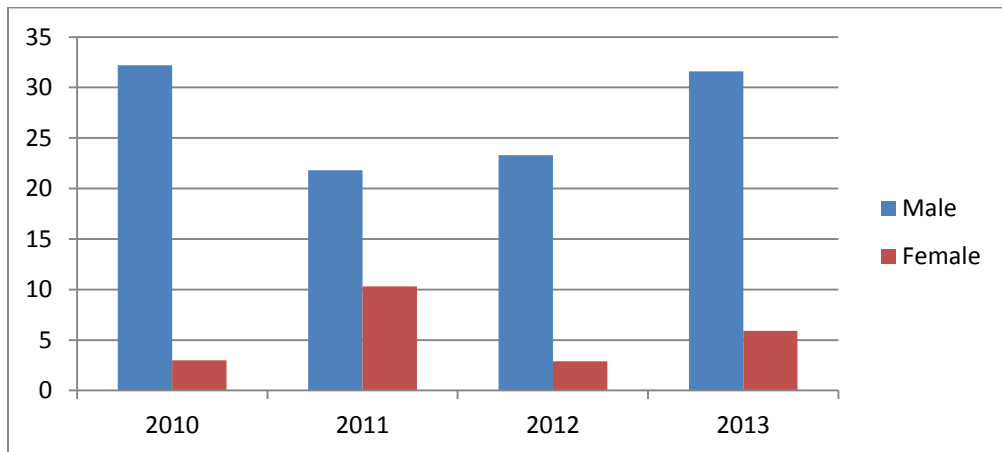
2010-2013 Alamance County HIV Infections, by the year of first diagnosis, regardless of the stage of infection, 4 year trend



2010-2013 Alamance County HIV Rates based on Alamance County population, NC HIV Rates expressed per 100,000 population

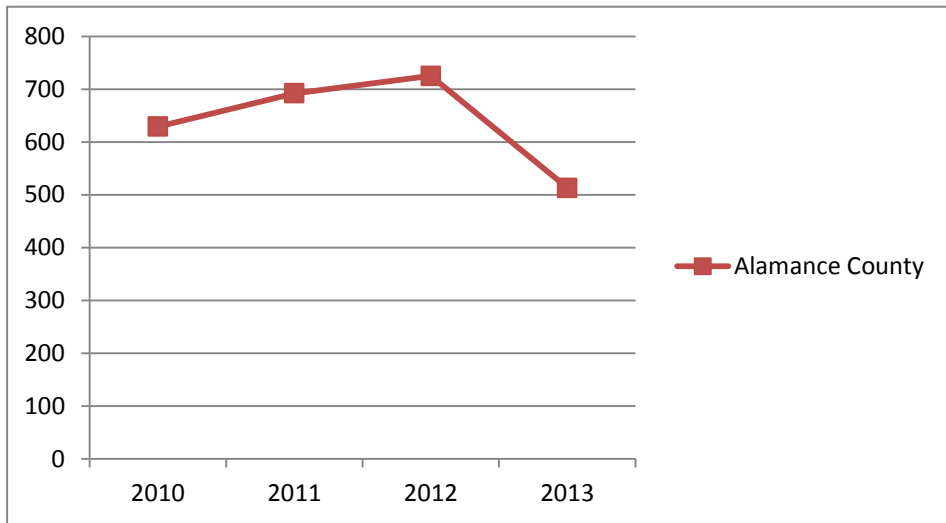


2010-2013
Rate per Gender (rate based on Alamance County Population)
Source: HIV/STD Surveillance Unit

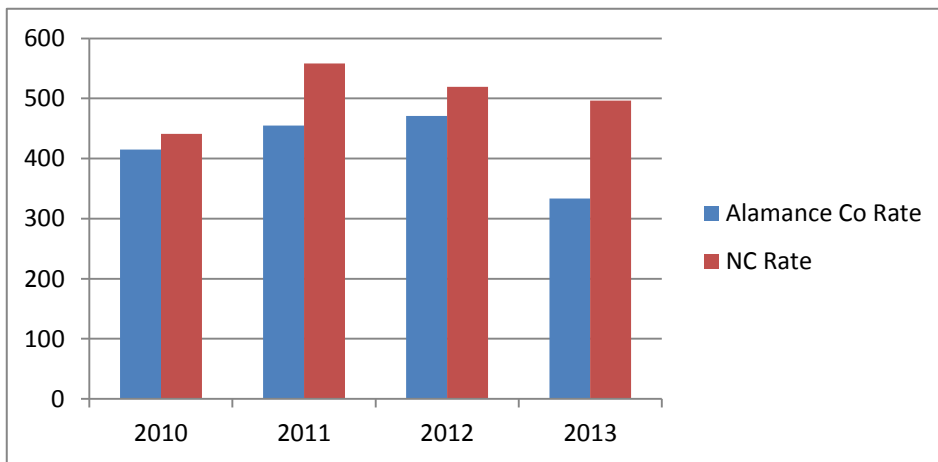


Chlamydia Infection
Alamance County/North Carolina

	2010	2011	2012	2013
Alamance County	629	692	725	513
North Carolina	42167	53854	50621	48417
Alamance Co Rate	415.1	454.8	471	333.3
NC Rate	441.1	558	519.1	496.5



2010-2013 Chlamydia Cases , 4 year trend
(Source: NCDHHS HIV/STD Surveillance Unit)

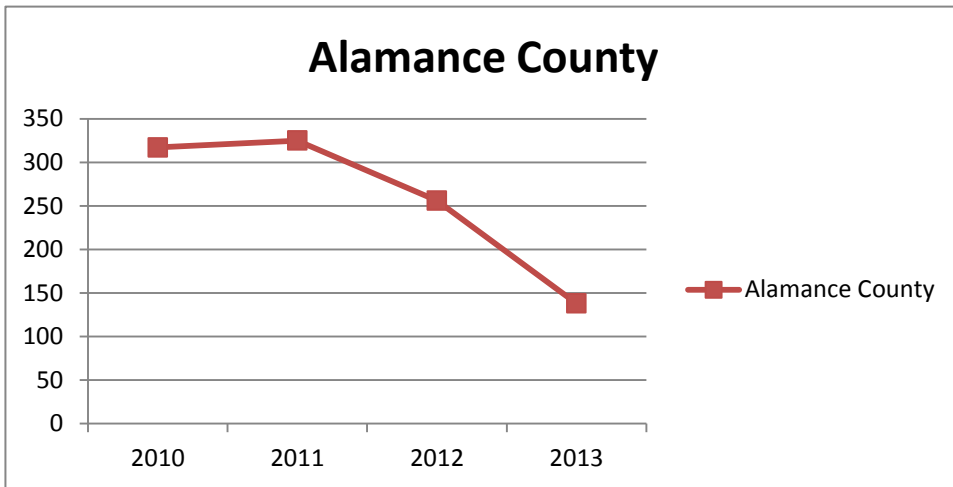


2010-2013 Alamance County Chlamydia Rates based on
Alamance County population,
NC Chlamydia Rates expressed per 1000,000 population
Source: NCDHHS HIV/STD Surveillance Unit)

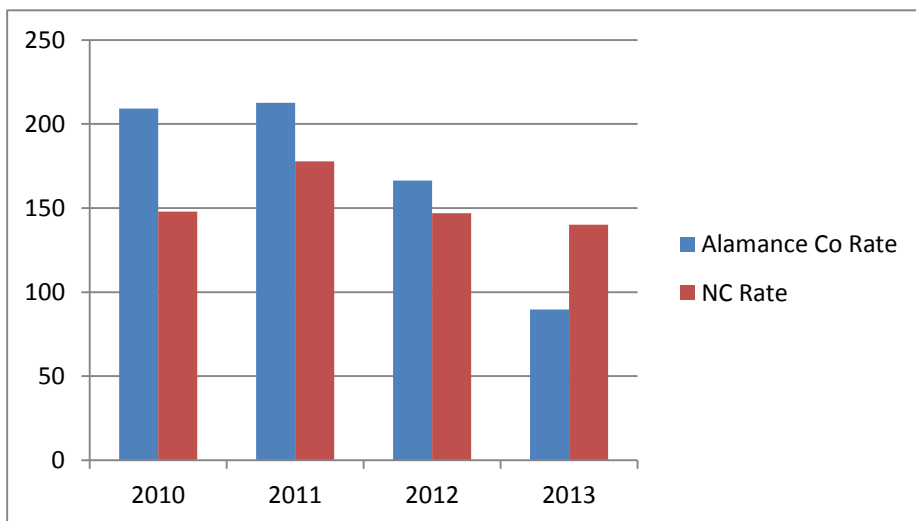
Gonorrhea

Alamance County/North Carolina

	2010	2011	2012	2013
Alamance County	317	325	256	138
North Carolina	14153	17158	14324	13665
Alamance Co Rate	209.2	212.7	166.3	89.7
NC Rate	148	177.8	146.9	140.1

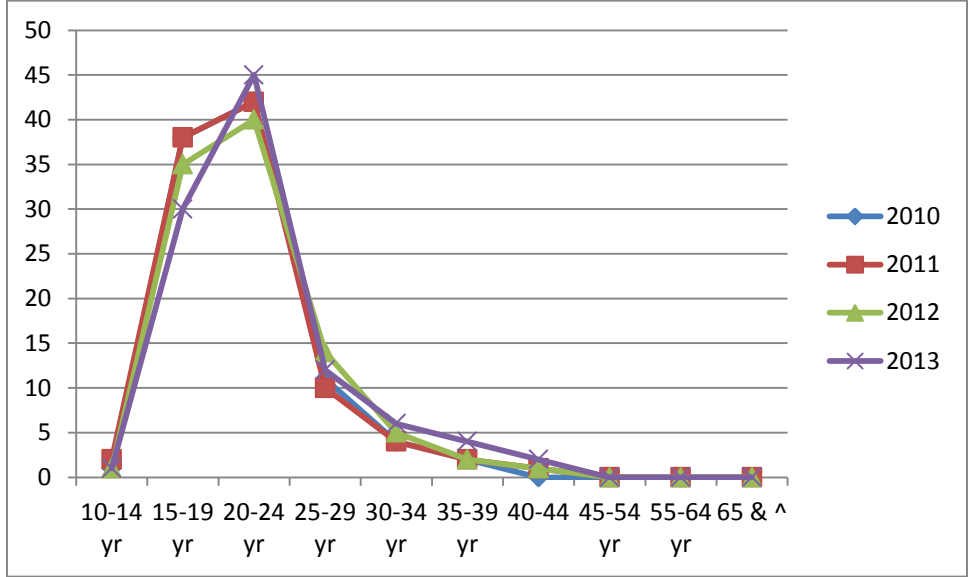


2010-2013 Alamance Gonorrhea Infections
4 year trend
(Source: NCDHHS HIV/STD Surveillance Unit)

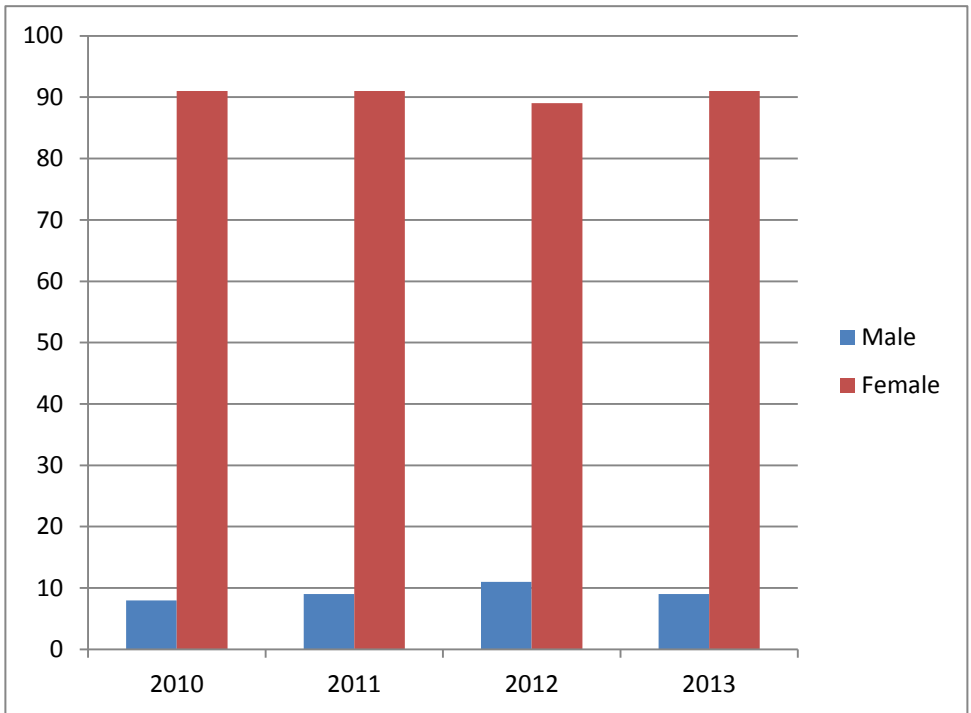


2010-2013 Alamance County Gonorrhea Rates based on
Alamance County population
North Carolina Rates expressed per 100,000 population
(Source: NCDHHS HIV/STD Surveillance Unit)

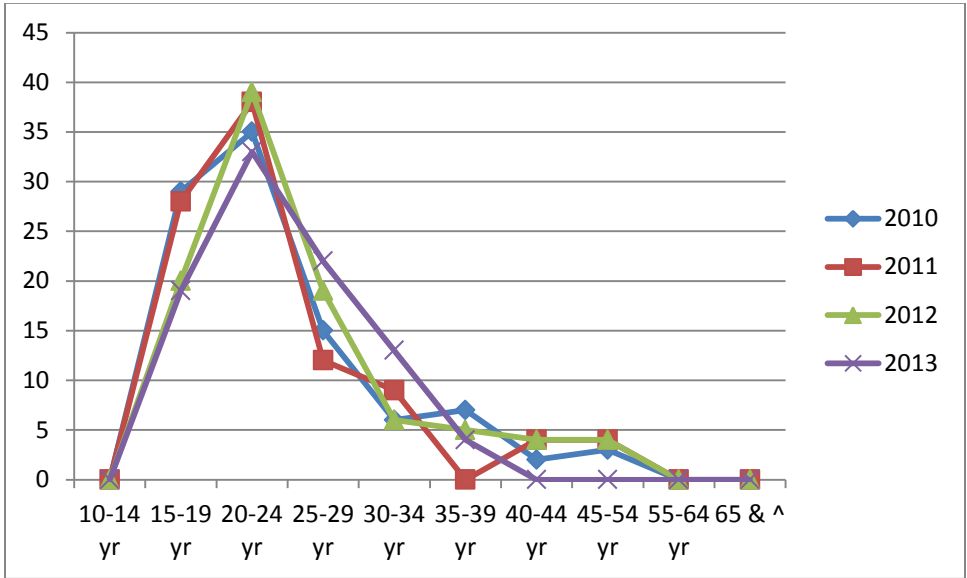
2010-2013 Alamance County Chlamydia, Percent per Age
 Source: HIV/STD Surveillance Unit



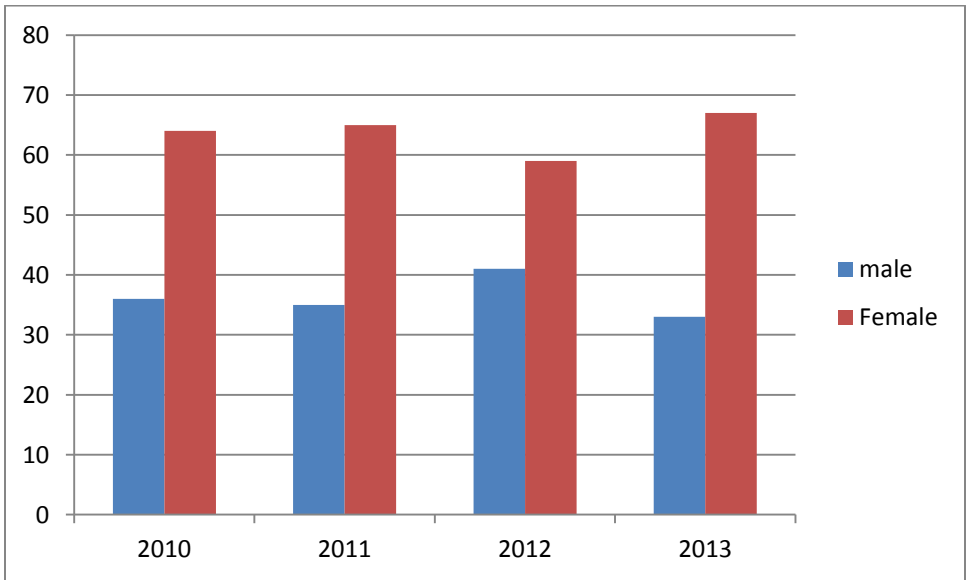
2010-2013 Alamance County Chlamydia, Percent per Gender;
 Source: NC HIV/STD Surveillance Unit



2010-2013 Gonorrhea
 Percent per Age Category
 Source: NC HIV/STD Surveillance Unit

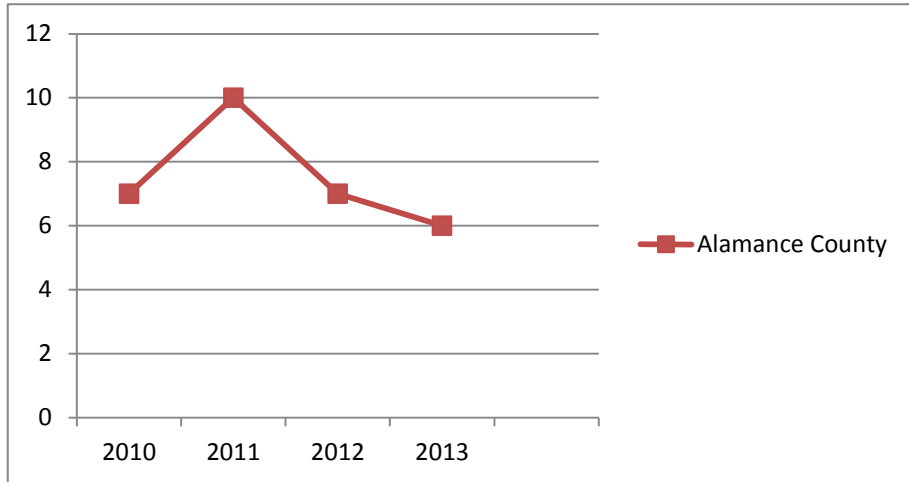


2010-2013 Gonorrhea
 Percent per Gender
 Source: NC HIV/STD Surveillance Unit

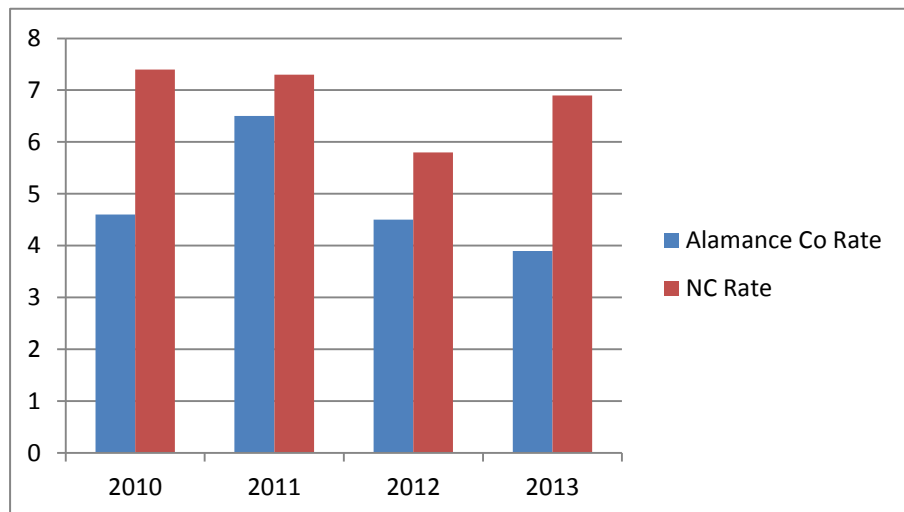


**Syphilis Infections
Alamance County/North Carolina**

	2010	2011	2012	2013
Alamance County	7	10	7	6
North Carolina	708	708	561	677
Alamance Co Rate	4.6	6.5	4.5	3.9
NC Rate	7.4	7.3	5.8	6.9

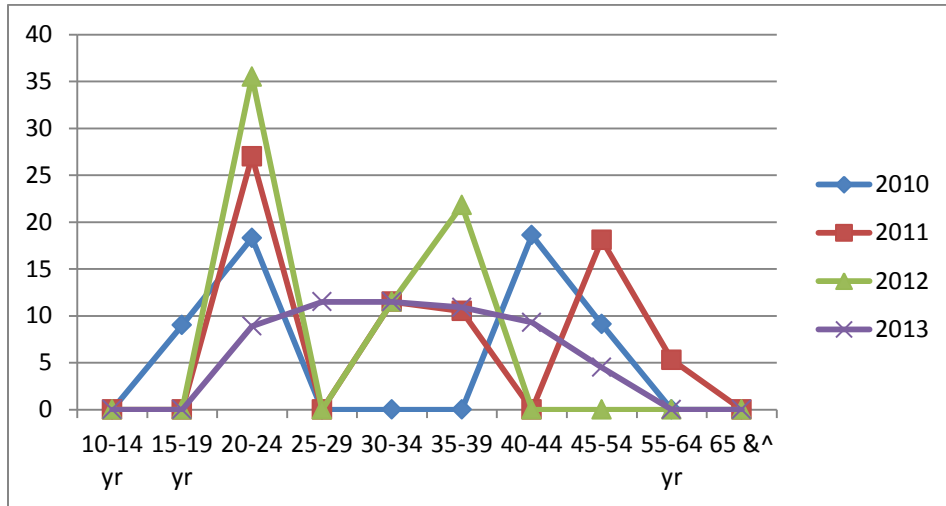


2010-2013 Alamance County Syphilis Infection
4 year trend
(Source: NCDHHS HIV/STD Surveillance Unit)

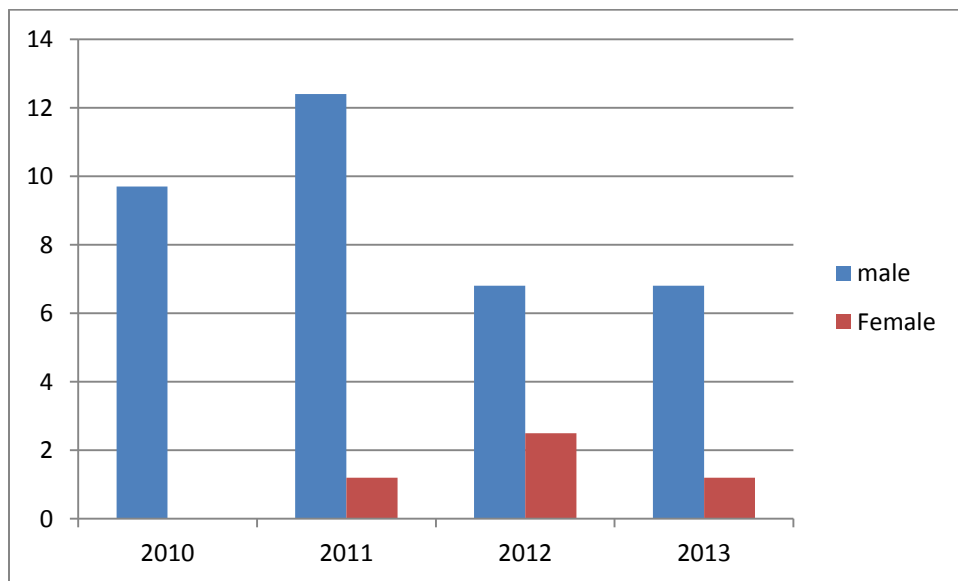


2010-2013 Alamance County Rates based on population in Alamance County,
North Carolina Rates expressed per 1000,000 population
(Source: NCDHHS SYD/HIV Surveillance Unit)

2010-2013 Syphilis
 Rate per Age Category (Rate based on population of Alamance County)
 Source: NC HIV/STD Surveillance Unit

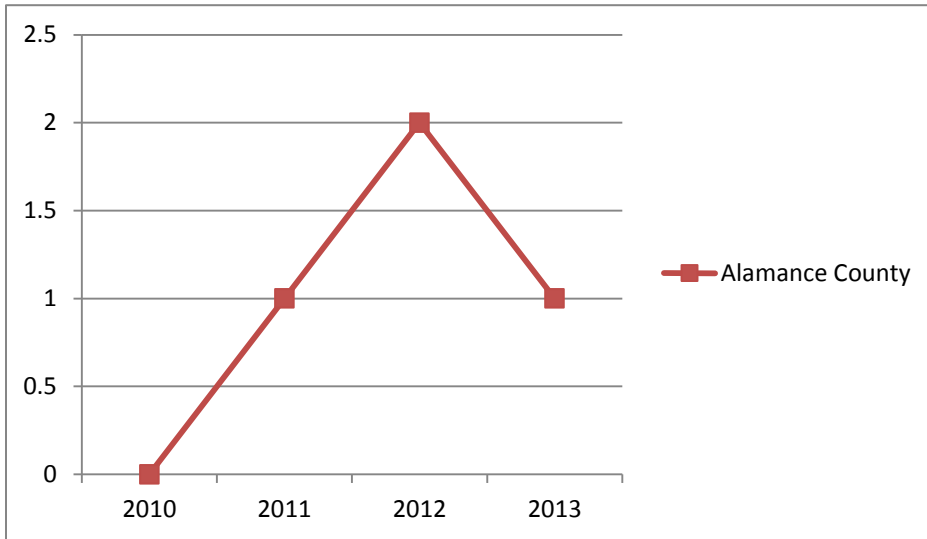


2010-2013 Syphilis
 Rate per Gender
 Rate based on population in Alamance County
 Source: NC HIV/STD Surveillance Unit

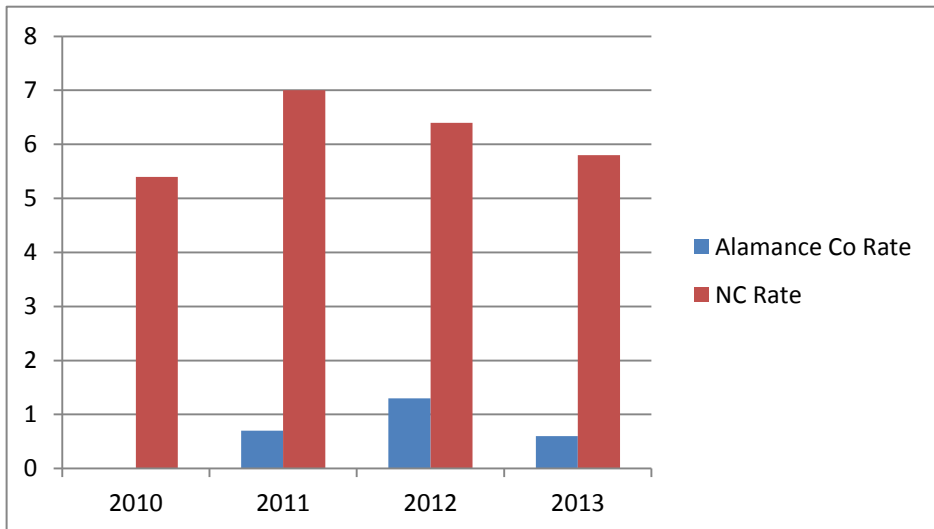


**PID Infection
Alamance County/North Carolina**

	2010	2011	2012	2013
Alamance County	0	1	2	1
North Carolina	512	676	625	567
Alamance Co Rate	0	0.7	1.3	0.6
NC Rate	5.4	7	6.4	5.8



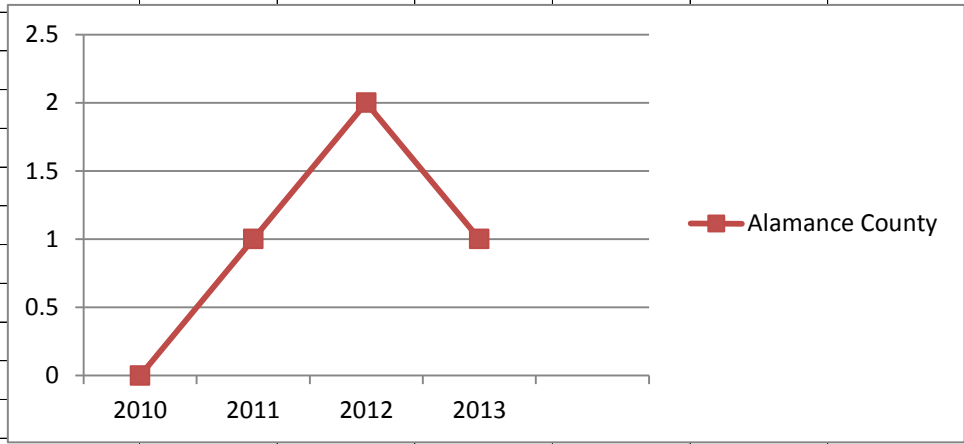
2010-2013 Alamance County PID Infections,
4 year trend



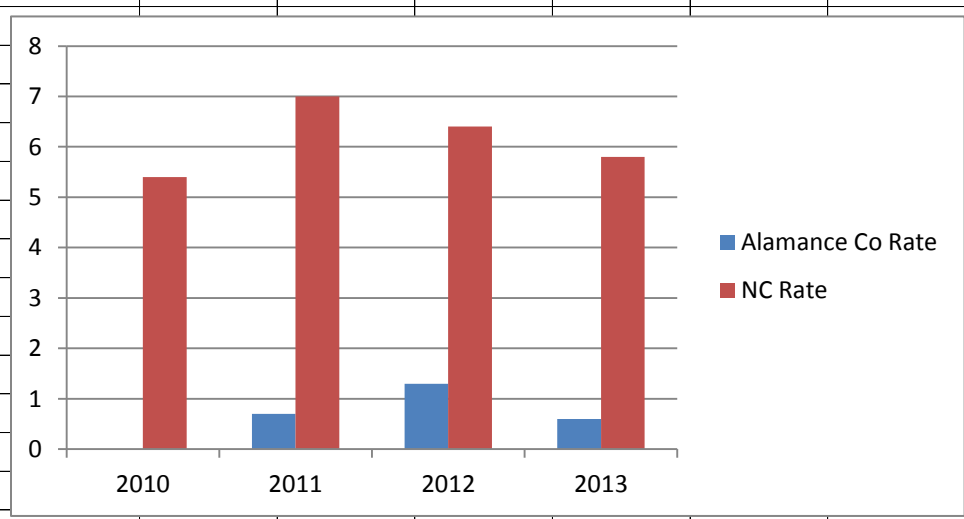
2010-2013 Alamance County PID Rates based on Alamance
County population,
North Carolina PID Rates expressed per 100,000 population

**NGU Infection
Alamance County/North Carolina**

	2010	2011	2012	2013			
Alamance County	0	1	2	1			
North Carolina	512	676	625	567			
Alamance Co Rate	0	0.7	1.3	0.6			
NC Rate	5.4	7	6.4	5.8			



2010-2013 Alamance County NGU Infections
4 year trend
(source: NCEDSS HIV/STD Surveillance Unit)

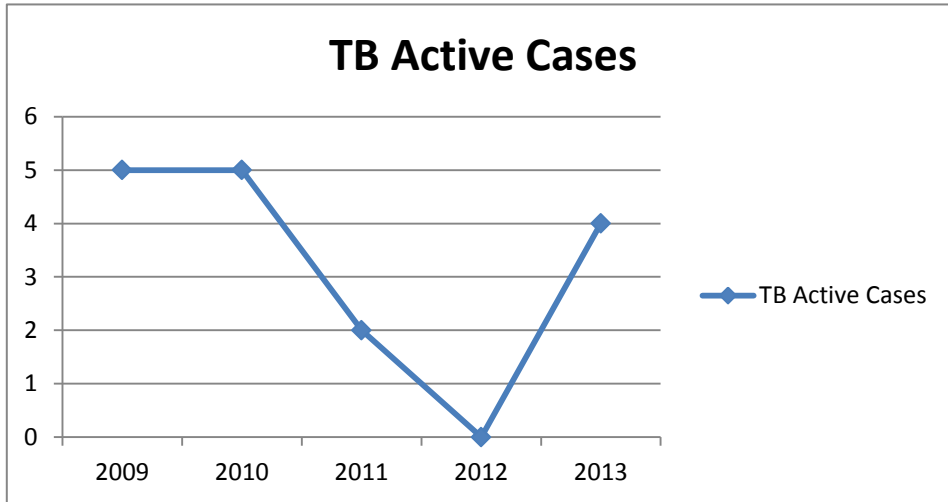


2010-2013 Alamance County NGU Rates based on population in
Alamance County,
North Carolina NGU Rates expressed per 1000,000 population
(Source: NCDHHS HIV/STD Surveillance Unit)

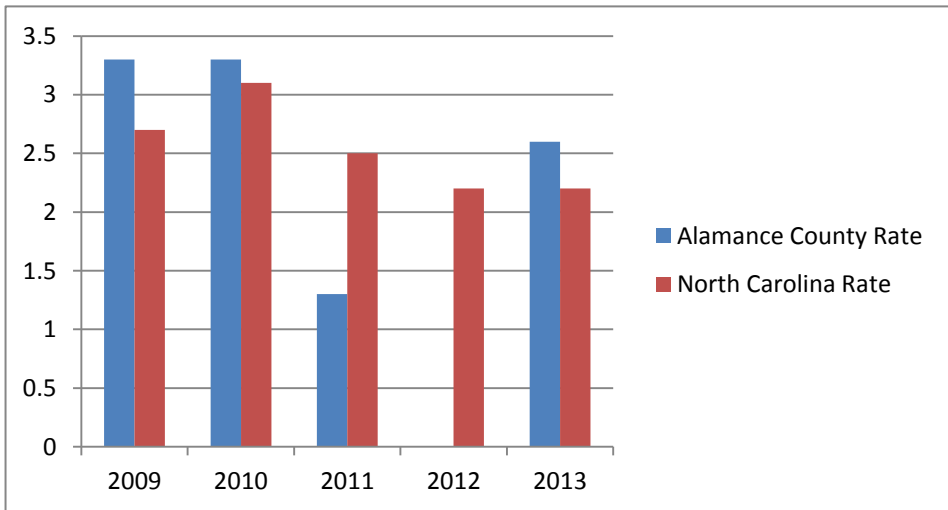
TB
Alamance County/North Carolina

	2009	2010	2011	2012	2013
TB Active Cases	5	5	2	0	4
Alamance County Active cases					

Alamance County Rate	3.3	3.3	1.3	0	2.6
North Carolina Rate	2.7	3.1	2.5	2.2	2.2



2009-2013 Alamance County Active TB Cases
5 year trend
(Source: NC EDSS TB Surveillance Demographic Data report. Rates per 100,000 population)

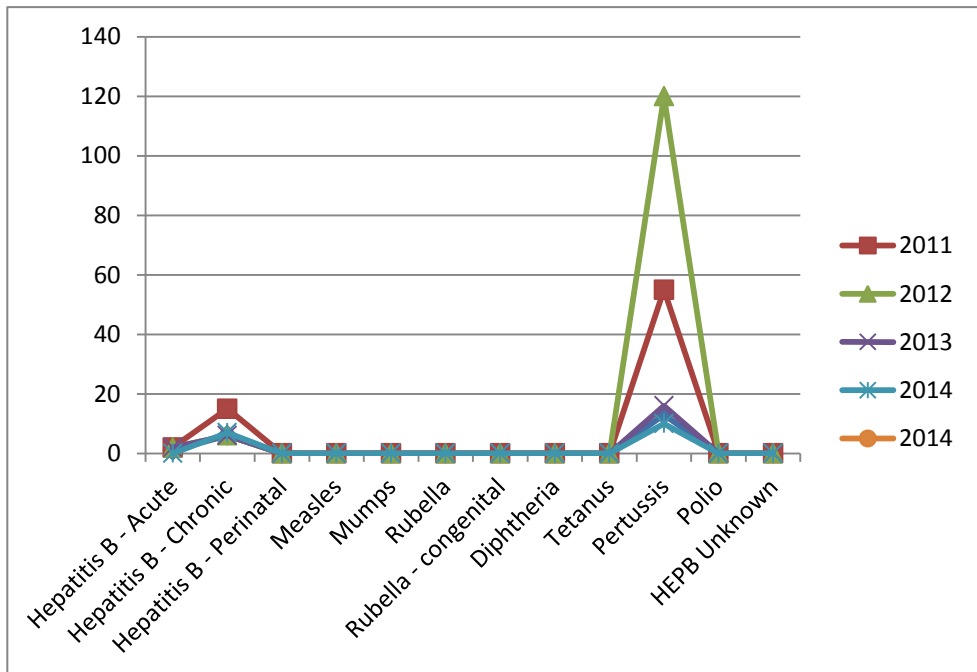


Alamance County TB rates per 100,000 population,
North Carolina rates per 100,000 population
(Source: NC EDSS TB Surveillance, Demographic Data Report)

Reported Case Counts Vaccine Preventable Diseases
 Source: NC EDSS TATP Reports

2010 2011 2012 2013 2014

	Number of records					
Hepatitis B - Acute	1	2	2	2	0	
Hepatitis B - Chronic	6	15	6	6	7	
Hepatitis B - Perinatal	0	0	0	0	0	
Measles	0	0	0	0	0	
Mumps	0	0	0	0	0	
Rubella	0	0	0	0	0	
Rubella - congenital	0	0	0	0	0	
Diphtheria	0	0	0	0	0	
Tetanus	0	0	0	0	0	
Pertussis	13	55	120	16	10	
Polio	0	0	0	0	0	
HEPB Unknown	0	0	0	0	0	
Total	20	72	128	24	17	



Source: TATP Reported Case Counts Vaccine Preventable Disease
 NC EDSS Reporting System

TATP Reported Case Counts Communicable Disease

2010

2011

2012

2013

2014

Disease

Classification	Number of Records				
Hepatitis A	0	3	0	3	0
Hepatitis C - Acute	0	0	0	0	0
Haemophilus influenzae	4	2	2	3	3
Pneumococcal meningitis	0	0	0	0	0
Meningococcal	0	0	0	0	1
Streptococcal infection Group A, Invasive	4	0	5	4	7
Toxic Shock Syndrome, streptococcal	0	0	0	0	0
Toxic Shock Syndrome, non-streptococcal	0	0	0	0	0
Influenza death (<18 years old)	0	0	0	0	1
Influenza, NOVEL virus infection	0	0	0	0	0
Legionellosis	0	1	1	2	4
Cryptosporidiosis	2	1	0	0	1
Leptospirosis	0	0	0	0	0
Brucellosis	0	0	0	0	0
Creutzfeldt-Jakob Disease	2	0	1	1	0
Monkeypox	0	0	0	0	0
Psittacosis	0	0	0	0	0
Q Fever	0	0	0	0	0
Hantavirus	0	0	0	0	0
Rabies - Human	0	0	0	0	0
Ehrlichia	0	0	0	0	0
Ehrlichia, HGE	1	1	3	0	1
Ehrlichia, HME	2	2	4	1	2
Rocky Mountain Spotted Fever	10	12	33	12	18
Eastern Equine Encephalitis	0	0	0	0	0

TATP Reported Case Counts Communicable Disease

West Nile Infection	0	1	0	0	0
Lacrosse (California)	0	0	1	0	0
Arboviral Other	0	0	0	0	0
Malaria	0	1	0	0	1
Dengue	0	0	0	0	0
Yellow Fever Virus	0	0	0	0	0
Shigellosis	3	1	2	4	5
Typhus	0	0	0	0	0
Lyme disease	0	0	1	2	2
Anthrax	0	0	0	0	0
Plague	0	0	0	0	0
Tularemia	0	0	0	0	0
Botulism - foodborne/wound	0	0	0	0	0
Botulism - infant	0	0	0	0	0
SARS	0	0	0	0	0
Vaccinia	0	0	0	0	0
Smallpox	0	0	0	0	0
Hemorrhagic Fever Virus infection	0	0	0	0	0
Leprosy (Hansen's Disease)	0	0	0	0	0
Staphylococcus aureus - VRSA	0	0	0	0	0
Salmonellosis	44	33	28	20	33
Campylobacter Infection	12	15	32	33	43
Cyclosporiasis	0	0	0	0	0
E Coli	2	6	2	5	3
HUS	0	0	0	0	0
Listeriosis	0	0	1	0	1
Trichinosis	0	0	0	0	0
Cholera	0	0	0	0	0
Vibrio Infection, Other	0	0	0	0	0
Vibrio Vulnificus	0	0	1	0	2
Typhoid acute	0	0	0	0	0
Typhoid carrier	0	0	0	0	0
C. perfringens	0	0	0	0	0
Staphylococcal	0	0	0	0	0

TATP Reported Case Counts Communicable Disease

Foodborne Other	0	0	0	0	0
Foodborne Poison	0	0	0	0	0
Foodborne Hypothesis	0	0	0	0	0
Influenza, Adult Death (18 years of age or more)	1	2	0	0	0
Chikungunya	0	0	0	0	0
Middle East Respiratory Syndrome (MERS)	0	0	0	0	0
Total	87	81	117	90	128

TATP Reported Case Counts Communicable Disease

Tobacco Policy Worksite Survey

Total of 370 employees offered the survey

Total of 209 employees completed the survey

	HSC-Health	Environ. Health	Dental Health	HSC-DSS	Soil/Coop. Ext.	Plan/Inspection
Number of Employees	85	18	12	227	16	12
Number that took survey	63	9	7	112	12	6

1. Please indicate the extent to which you are bothered by secondhand smoke.
 - Frequently Bothered-59- 28.2%
 - Occasionally Bothered-52- 24.8%
 - Seldom Bothered- 41- 19.6%
 - Never Bothered-58- 27.8%

2. If you are bothered by secondhand smoke at work, in what way are you bothered? (Check all that apply)
 - Eye, Nose and Throat Irritation-108
 - Headaches-50
 - Concern for your long term health-78
 - Pregnancy related concerns-7
 - Interference with job performance-10
 - Other-74 (see comments on next page)

3. What is your opinion of secondhand smoke?
 - Definitely harmful-138- 65.7%
 - Probably harmful-39- 18.5%
 - Not Harmful-13- 6.1%
 - Not sure-20- 9.5%

4. Do you currently smoke any lighted tobacco product (cigarettes, pipe, cigar, little cigars)?
 - Every day-17- 8.1%
 - Some days-4- 1.9%
 - Not at all-181- 86.6%
 - Do not wish to answer- 7- 3.3%

5. Do you currently use any smokeless tobacco product (snuff, dip, chew, snus, or dissolvable products)? (this does not include any FDA approved cessation products such as nicotine replacement gum, patch, or lozenge)
 - Every day- 2- 0.9%
 - Some days-0
 - Not at all- 201- 96.1%
 - Do not wish to answer-6- 2.8%

6. Do you currently use electronic cigarettes, hookah, or any electronic vapor products?

Every day- 0

Some days-1- 0.4%

Not at all-201- 96.1%

Do not wish to answer-7- 3.3%

7. What is your opinion of smoking policy for this workplace?
Worksite premises, including the grounds, should be tobacco-free-94- 44.9%
Limited grounds should be available for tobacco use-115- 55%
8. Would you support the implementation of a tobacco free policy for this workplace?
Yes-125- 59.8%
No-50- 23.9%
Not sure-34- 16.2%
9. If tobacco use was prohibited on worksite grounds, how would this affect the amount you currently smoke?
It would not affect it-26- 19.1%
I would smoke more at home-4- 1.9%
I would smoke less-1- 0.4%
I would try to quit smoking-0
I do not currently smoke-178- 85.1%
10. Would you be likely to take advantage of any of the following worksite-sponsored tobacco use cessation programs (check all that apply):
Information on free quit coaching provided by Quitline-0
Cessation classes offered in the worksite during lunch hours-1
Referral to community resources (such as classes or counseling)-0
Printed literature available at work-3
I am not likely to take advantage of any of these options-22
I am not a tobacco user- 183
11. If your worksite was a tobacco-free campus, would this affect your desire to be employed here?
Yes-39- 18.5%
No-171- 81.4%
12. Is there anything else you would like us to know about how you feel about tobacco use at or on your work premises? (see attached comments)

Health/HSC Comments for Number 2

Smell-4

N/A -2

no concerns at all

doesn't bother me-5

If outside and not close to me I do not mind.

ACHD is encouraging patients to stop smoking, but is allowing employees to smoke on campus. That seems to be a double standard.

also smoke can be smelled in nurse clinic. There is a window unit above the smoking area and sometimes you can smell smoke in the med room. I also think it's unprofessional to need someone (employee) to come and speak with a patient and the employee stinks of smoke. I am actually embarrassed as an employee of this agency that, I have to use that person for their services at that time. Do not smoke.

concern for our patients - especially prenatal patients and children.

Smoky smell on co worker's clothes.

Makes me cough due to asthma. Even if I am not directly breathing it but get in contact with it in the air I will cough.

I am not bothered by smoke, 1st hand or 2nd hand.

DSS/HSC comments to Number 2

Not bothered-18

No physical effects per se, just smells and will make you cough.

Am not bothered but am bothered by non smokers visiting the smoke area and then complaining about the smoke.

NONE/N/A-6

asthma

On occasion coming through an entrance to the building.

I used to be bothered frequently when smokers were permitted to smoke outside of the EMS entrance.

Since that has changed I am hardly ever exposed. I have asthma and it would choke me coming to and fro, but no longer. I'm sure some folk were upset changing where they can smoke, but I have tremendously appreciated it!

Coming in the building and leaving is "breathtaking".

does not affect me and if it did I would not go around that area that is designated for smokers

If someone is bothered by second hand smoke, they should not go to the outdoor smoking section.

People that drink alcohol and overeat have health concerns also but they are not told to quit.

I don't want to be near that and have my clothes smell

Cancer patient. Do not want to be anywhere around smoking of any type, electronic cigarettes included.

cigarette smoke smell gets on clothing & in hair upon entering & exiting the bldg as smokers tend to congregate at the entrances/exits

Repulsed as many smokers just throw their butts on the ground and in parking lot.

Can smell smoke on their clothing -5

A nuisance to breath, even occasionally when near or around smoking areas.

NEVER AROUND IT -3

I have allergies and the secondhand smoke bothers me awfully, coughing, sneezing, eyes watering/burning

HOWEVER, I DO NOT VISIT THE SMOKING AREA SO THE SECOND HAND SMOKE HERE DOES NOT BOTHER ME.

Lots of exposure to secondhand cigarette smoke in the field.

Cooperative Extension/Soil and Water Comments to #2

not bothered

I also have asthma and other lung issues. The tubes and lungs are irritated also.

No one smokes at our office

Dental Clinic Comments to Number 2

None

Environmental Health Comments to number 2

never had any problem with second hand smoke at work
not bothered

Very rarely do I encounter secondhand smoke at work. Mainly, I just can't stand the smell.

Planning/Inspections Comments to number 2

no one at my workplace smokes
lingering odor

Comments from Each Department about Tobacco Survey

Comments from Cooperative Extension

- I feel we should support the rights of the public to smoke if they want to in a designated area
- No/None-4
- I think there should be an area close to the building for tobacco smokers. We work with Tobacco Farmers and they make their livelihood growing this legal product. It does pay a lot of county taxes and keeps our farm economy strong. It is sad that more effort is not made against alcohol products. I would much rather meet someone that smokes on the highway than someone that is drunk. Not to mention all of the family abuse that goes on with family members that get drunk or high, Smokers have to go outside and stand under a tree even in their own homes to smoke, at the hospital they have to walk across the street, doesn't that make them feel like a second class citizen? We often forget that tobacco was the first and biggest product that made the American colonies successful, it also founded many great civic places such as Duke University, therefore I think some consideration should be given to the importance of this product for the heritage it reminds us of in the great state of North Carolina.
- people smoke due to stress----my word is the County shouldn't be so stressful to work for -- dealing with the public in general is enough to stress most people out without the County adding to that stress level on a regular basis. The County should be paying for alternatives to relieve stress and maybe some people would quit smoking if it bothers a lot of people. Do I like smoke - no- but I don't like to drink either and all I have to say to that is my poor family that takes the brunt of my stress. Workers across the board feel unappreciated and def. underpaid.....now tell me who that doesn't stress out!
- I guess if limited grounds need to be provided, I request that entry ways not be included. When employees and customers enter buildings, they walk through the smoke are still impacted greatly.
- It should not be used inside the buildings.
- I think that smokeless tobacco should be allowed in the workplace, as long as it does not affect worker performance (answering phones, working/talking to people when they come in). While I know that smoking tobacco products will have to be done outside of the building, it should be allowed on work grounds. Using tobacco products, whether cigarettes, smokeless tobacco, etc. may offend some people, however, I don't think that tobacco users should be shunned for using said products just because a handful of people do not like it, or find it unacceptable.
- Cigarette butts are nasty, even in an open, provided container, though not all butts make it into the container.
- We have smokers attend some of our educational classes and having them smoke outside during class breaks has not been a big problem.

EH Comments

- No/None- 7
- make smoking locations on grounds so that people entering the building do not have to walk thru smoking area
- I believe smoking hazardous to your health and I am not a smoker or tobacco user so I don't want to be exposed to secondhand smoke.
- love the idea of tobacco free campus
- Should be banned because it's an annoyance and can even affect someone's health.

Planning/Inspections comments

None/No-6

DSS comments

N/A/No/none- 18

- I would support any efforts put into place.
- Some people seem like they are more concerned with taking that smoking break than giving assistance to clients or co-workers.
- As a former smoker, I understand both sides. I do not like to be around smoke. I hate walking through it. With that said, smokers will find some way to smoke and that will cause loss of productivity.
- Smokers take more breaks than non-smokers & therefore spend more time not working.
- As long as the smokers only smoke in the designated area, there should not be a problem. The problem that I am observing is non-smokers utilizing the smoking area. A non smoker does not understand how addictive tobacco is and how calming nicotine can be to a smoker. I personally think that a smoker is more productive if allowed to have a cigarette on a regular basis. I have heard for years how much time smokers are away from their desk but if it was taken into account how much time non-smokers waste by playing on their iPhones, visiting in other offices, walking - I think you would find that there is not that much difference.
- Due to the amount of stress involved in some job I feel just enforce a designated smoking area for smokers.
- I support smoke-free workplace.
- There are some smokers that take several smoke breaks daily.
- Takes a lot of time with staff.
- Being married to a former smoker and after a period of time being highly affected by the second hand smoke as well as some other environmental issues such as mold, I would like to see no one smoke, however I do realize how hard it is to stop this dreadful habit and how most people who smoke don't feel that the smoke should be bothering anyone. Because of the reasons listed above I would support a designated area away from where most any other employees usually are as a smoking area
- I am not a smoker, but I respect the decisions of other adults to smoke if they wish. If I am affected by smoke, I do not need to go to the designated smoking areas such as the back loading dock. Picnic tables in OTHER AREAS that are not designated smoking areas can be used by non smokers.
- I DO NOT MIND CO-WORKERS SMOKING BECAUSE THERE IS A DESIGNATED AREA THAT IS AWAY FROM THE DOOR. HOWEVER WHEN WALKING IN THE FRONT DOOR AND A CLIENT IS SMOKING LESS THAN FIVE FEET AWAY FROM THE DOOR, IT'S BOTHERSOME DUE TO THE FACT THAT THERE ARE PARENTS OF CHILDREN COMING AND GOING AND SOME PARENTS DO NOT WANT THEIR CHILDREN OR THEMSELVES FOR THAT MATTER AROUND THE SMOKE.
- I feel it is a person's right to smoke and it as long as it is done in a designated area there should be no issue to other employees. We don't judge their right to do things on their breaks as we could. Smokers are all in all very respectful of nonsmokers and we just ask the same respect. People try to take away the rights of smokers and they love doing that until the rights of those people start being tampered with as well.
- I believe the privilege to take smoke breaks is abused on a daily basis.
- There have been a few studies which assert smokers tend to be more productive than non-smokers due to the frequent brain breaks for smoking; whereas workers working straight through without breaks slow down their productive time. Just saying!

- Would definitely improve productivity for many employees that abuse the privilege.
- It's bad when I come on the premises and a lot of workers are gathered smoking. The smell is awful and I do not like the second hand smoke. I'm concerned that it will effect my health. I vote for smoke free environment.
- I dont know that I would be opposed to a smoke free enviroment in a private business but this is a govt. agency that will never be able to well due to the nature of what we do so I would suggest to allowing people to continue smoking in designated areas outside. If you went to a smoke free facility you would have to require the same standards on those visiting DSS.
- If smoking is permitted on the grounds please do not allow smoking at the entrances to the building. People should not have to pass smokers to come into the building.
- We currently have a designated area for smokers that is away from the public or affecting any other employees.
- I feel there is a bigger health concern with all the roaches roaming the building and black stuff coming out of vents.
- I think there should be a designated smoking area like we have now.
- I am a non smoker and have severe allergies. It would be nice to be able to enter any entrance and not have someone close by smoking.
- I believe secondhand is very harmful. I have lost people in my life that did not smoke and were exposed to secondhand smoke. Our work environment should not be hazardous to our health. When people smoke in the designated areas the smoke comes with them into our buildings it does not remain outside. Thank you.
- I feel smoking on Government property causes a decline in the professionalism we strive to portray. We have many children who frequent our building that are exposed to the smoke as well. Additionally, we should be setting an example to the community by putting our healthy foot forward and not allowing this.
- I agree with the idea that the entire grounds should be kept entirely smoke free.
- To each its own, but please do so away from the public eye, and as far away from an entrance/exit door as possible. Also, excessive smoke breaks should not be tolerated; some colleagues abuse the amount of smoke breaks they are allotted.
- I do not think that smoking should be allowed on our campus.
- I think there are some who already abuse the current policy, if they were to have to actually leave the premise to smoke, it would just take them away from their desk even longer. Also even as a non-smoker, I do beleive that smokers have their rights as well. This is a habit they have and is not easily broken. I do wish it was not right where cars are parked. If you go outside to those picnic tables you smell the smoke and I don't like that but I don't know where else they could go. that is a covered area where they are not going to get wet when its raining or snowing. Again even as a non-smoker, i don't feel it is right to tell them they can't smoke at work. I am overweight and that would be like telling me I could not eat.
- Current policy is fine with me.
- As employees we are allowed 2-15 minutes breaks daily. It is only my opinion that "some" smokers (not all) take advantage of this priviledge by taking numerous smoke breaks as I witness their activity throughout the work day. If you are being paid overtime for coming in early, should you really take your smoke breaks as early as 7am here?
- there will be more healthy people/ no too much use of breaks to smoke
- I would like to appreciate the rights of smokers, but would prefer that the smoking areas not be in areas that employees and customers have to walk through to enter the bldg. Also the "break area" (picnic tables, etc) seem to be taken over by smokers & the non-smokers aren't able to make use of the area(s);also there is no enforcement of the policies-like not smoking w/in a certain # of feet from the bldg.

- I think if there was no smoking on the premises it would cause employees to go offsite to smoke which would require them to be away from their work for longer periods of time & I think it would also lower employee morale.
- I feel it is someone's right to smoke. It does need to be limited to specific areas though.
- Clients also smoke in front of the entrance doors. I would like for the entire campus (workers and clients) to be tobacco free!
- If people are going to smoke they do not need to force others to smell their odor and face 2nd hand smoke.
- Only some people are bad about smoking and smelling. Not everybody is bad about it.
- I am not a tobacco user and do not plan to start.
- THE ONLY PROBLEM I COULD SEE WOULD BE WORK PERFORMANCE. IT IS POSSIBLY BEING TAKEN ADVANTAGE OF, BY SOME, AND MORE THAN 2 15 MINUTE BREAKS ARE TAKEN IN DAY FOR TO HAVE A CIGARETTE. I DO NOT USALLY GO INTO THE SMOKING AREA SO THE SMOKE DOES NOT BOTHER ME. IF I GO OUT WITH MY CO-WORKERS THAT SMOKE TO TAKE A BREAK WITH THEM, I AM CERTAINLY NOT GOING TO COMPLAIN ABOUT THE SMOKE. THAT IS MY CHOICE TO GO.
- As long as smokers have a designated area outside of a public entrance then they should be able to smoke if they choose to. There is no way anyone can stop clients from smoking on the premises.
- I THINK SMOKING IN THE WORKPLACE IS VERY UNPROFESSIONAL AND DOES NOT PROVIDE A GOOD IMAGE FOR THE AGENCY.
- I think we all have very difficult jobs working with the public and have different ways of coping. I think there would be many other issues if smoking were forbidden. The current smoking area is located away away from the public and most employees and shouldn't be a harm to anyone. There are even non-smokers who come to the smoking area in order to social on their breaks and even gain work-related knowledge from their co-workers. There are many wonderful people I may never have met if not for the chance to take smoking breaks with them. Sometimes those people are just what it takes to get through the day. There is always laughter, which really is the best medicine. Thank you for your consideration.
- I believe that there should be a designated smoking area available for those individuals who smoke.
- We are a Health Department and it should be taken very seriously. We are here to show people the right things to do. If insurance companies are charging more for tobacco users, we should do something too...because we give medicaid out! I wouldn't want to see any worker that smells like smoke!
- DO NOT HAVE A PROBLEM WITH SMOKERS
- I'm not a smoker but I feel that others that do smoke should be punished for smoking. People do different things to relax, whether smoke, drink or eat. What others do does not affect me, I don't go in the smoking area so I'm not bored.
- Many organizations, universities and business establishments are smoke free. I feel this is the right thing. Concern also for the job productivity of smokers as it's factual they tend to have more down time and take more breaks.
- I personally know several employees who take 15-20 minute breaks every hour to go to the smoking area to get their "fix" and gossip. It causes resentment among non-smokers. It would be nice to see smokers be more productive and not get extended benefits because they have a bad habit. Several other large employers in the county (ie: the hospital and LabCorp) have embraced a no-tobacco campus and I think this a great move in the right direction. Thank you for considering our opinions.
- Have no feelings about it really. not a smoker and not around smoke
- don't use this survey as a means to limit those who adhere to the existing smoking policy. don't take away what little pleasure they have.

- I am not a smoker - but I worry about a tobacco free campus only because we have a ton of customers who sometimes have to wait and may need to take a smoke break.
- I think when you have worker who are hooked on tobacco, you should not make it hard for them. They are already under a lot of pressure being a smoker, give them a break .
- As long as the smoking area is away from public areas where non smokers are or could be bothered by it I see no issue.
- I am not bothered by people smoking on work premises. I never see them
- I think you would have employees standing on the streets in order to smoke.
- I think that making our worksite smoke free would be excellent for those of us that have allergies, asthma, breathing problems, and those who just do not want to be forced to walk through the smoke clouds outside.
- IF YOU PROHIBIT THE EMPLOYEES FROM SMOKING HERE, YOU WILL HAVE TO PROHIBIT THE CUSTOMERS/PEOPLE THAT VISIT OUR BUILDING FROM SMOKING AS WELL. WOULD NOT BE FAIR TO ELIMINATE ONE AND NOT THE OTHER.
- I think it looks very unprofessional to have groups of people sitting outside smoking in common areas.
- This is a place that promotes good health and to have the workers smoking does not show support of good health.
- Executive leadership has already made changes to limit my exposure to cigarette smoke on the ACDSS campus. If any additional changes are made to limit or stop smoking on campus, I would hope that there are comprehensive plans to help smokers quit or reduce tobacco usage during the day.
- Even if we were to promote and try to stop workers from doing this on grounds---our clients would not respect the policy and would still smoke close to the doors inside of areas marked do not smoke just as they do now. I simply have to hold my breath as I walk past them to avoid getting sick to my stomach.
- It does not matter to me.
- I feel that those who smoke are taking more breaks than those of us who do not smoke. I do not agree with this policy.
- I think smoking should be allowed if there was only one area on the premises
- I just don't like to have to walk through it to get inside. Otherwise, it is an individual's choice/preference.
- Would WHOLEHEARTEDLY support this place and the grounds being tobacco free. It would likely help employees who do smoke to do so less and possibly even quit. Which would be good for them and the employer-less sick time, less health concerns.
- I feel in addition to health problems, there is less productivity in general from smokers versus non-smokers
- I see no problem having designated areas for smokers.
- It is disgusting and non smokers should not be forced to smell/inhale it anywhere near our workplace.

Health Department/HSC Comments

No-18

N/A-1

- If there is an area for people to smoke, it should be totally away from the building in excess of 50ft.
- I do not like tobacco
- If it became a tobacco-free campus then employees will be finding another place to smoke and more than likely on the streets or sidewalks. Even though I don't smoke, I used to and I feel like the smokers should have a designated area.

- I feel that as a public health facility there should not be any accommodation for smoking on the premises.
- As the leaders of health/wellness for our community, I feel that we should model the behavior we would like to see happen community-wide.
- this is a health department. no smoking on the premises
- everyone should have equal rights
- i do not smoke regularly. I may go a month without smoking or 6 months without smoking. Either way, if im smoking or not, i believe that there should a place designed for smokers to go and smoke. As long as the area is kept clean, no butts out in the yard or around the building taking away from the appearance, then a smoking section should be provided. If you do not wish to be around smokers or the smoke, then you shouldnt gather in the designed smoking area.
- Not sure how you would handle patients who smoke and come to this facility
- It should not be allow
- It is hard to make this a tobacco free campus since the public will continue to smoke. We need defined and easily accessible smoking areas for those who are ADDICTED to smoking. This probably would be more viable. Who would inforce a smoke free campus? People do not smoke inside so the enforcer would need to be outside most of the time patrolling the parking and outside areas. Probably not duable.
- definetly certain areas for smoking non smoker have just as much right as smokers
- We are Public Health, it is very contradictory that we allow smoking on our grounds or have co-workers that smell of smoke when they come back into work after taking a break. Not a great image or example for our clients.
- People that smoke seem to take more than the required break times.
- I use to be a smoker here at ACHD but I did go to some smoking classes and i think if I had been made to go off of the property or in my private car it would have helped me quit smoking alot earlier than I stopped also back in the day you were only allowed a morning lunch and afternoon break to smoke but now some employees go out every hour and that adds up to alot of time the county is paying for also when there are clients here to be seen you can not reach a employee if they are outside Thanks
- I am happy that we are tobacco free at every entrance to the building
- I support all County offices going smoke free but I dont think it should just be HSC.
- As a former smoker, I feel that employees should have a place to smoke. I also think a tobacco cessation program would be nice.
- I believe if we as an agency are promoting a healthy lifestyle, we should start with our employees/campus. The local parks are smoke free, ARMC/Cone Health has their employees cross the street (off campus) to smoke. The current location for ACHD smokers is not promoting a healthy lifestyle as a whole. The smoke rises and can be smelled on the floor where children and adults are getting services, it is also in view of an elementary school where the community is trying to discourage substance abuse. I feel we need to start healthy lifestyles on our own front porch first.
- There should be a designated area for smoking for county employees and or clients. I have been tobacco free for 3 years now, and i am not going to be hypocritical about anything. Just because someone smokes i do not view them as bad or wrong. Thats why i say there should be an area for smokers. I do not drink but i dont think it should be outlawed, even though i have had friends killed by drunk drivers. I have also had many family members die of emphysema, but they also worked in rock quarries. I dont believe rock quarries should be outlawed. I think that as a society we are given enough rules, when to eat, how to sleep, in what way to go to the restroom. It is ridiculous sometimes, kind of like children on a playground, "he pulled my hair!" Okay then he can no longer play here! We are all adults so people need to not be nit picky and childish!

- Smoker's cost our health insurer more money. I think smokers should pay more for their coverage (or, better yet, non-smokers should get a discount.)
- Yes, we are a health department and we are trying to implement health. Having people hang out and smoke at some areas gives a bad reputation to our department. I believe that by having a tobacco-free campus many of our employees might consider stop smoking.
- I don't like institutions policing personal choices but yet their smoking shouldn't be around me!
- People who smoke keep taking "breaks" to smoke more often. I do not take breaks.
- im not bother at all by smokers
- The HD should abide by the same rules they enforce in the community
- I think that smokers have a very hard time at the work place. When you are addicted to nicotine it is hard to quit and you have many side affects. I feel that smokers could go to their cars and smoke in there own enclosed space. They should be given a special parking space away from the building. Example: Lower parking lot or graveled parking lot. That will keep the coworkers and clients from breathing it and also helps the smokers to have a smoke break. In the spring and summer, it is hard to go outside without being exposed to the smoke and chemicals.
- I feel it should not be allowed on government property and working time
- I am a smoker and if you make this a tobacco free campus then I feel that you are discriminating against me and infringing on my rights as a smoker. I smoke in the designated area, not around other who do not smoke.
- not at this time
- We are a health facility . Not only should we limit /stop smoking on the grounds we should encourage and praise workers /employees and clients to exercise on the grounds . Every employee should be able to take either 3(10 min) or 2 (15) min breaks to exercise. This would improve workplace health and efficiency .
- let them smoke somewhere away from the doors.
- I wish there was a way to address employee's that have a smoking odor on their clothes.
- the smell gets in your clothes like you just had one
- it makes the building stink from wind/drafts bringing it inside. Also employees stink and that doesn't look well with patients.
- supportive of tobacco free policy
- I think it is a personal choice and i do not feel i have a right to tell someone wheather to smoke or not smoke. I think smokers should be given a place away from the immediate building to smoke if they wish to do so.
- Since we are promoting health, I don't think it's appropriate that we allow tobacco use on this campus.
- Making this a tobacco-free campus will help us promote true public health.
- There is at least one employee that consistently has the scent of heavy smoke in her clothes and she then attempts to mask the smell with cologne. It is very nauseating.
- People do not always follow the policy regarding the allowed smoking locations.If employees do not go to designated sites to smoke, non smokers have to endure second hand smoke at times such as entering and exiting the building.Also, there are times when employee bathrooms smell very smoky, where people have went in and smoked a cigarette....especially in winter months.
- Second and third hand smoke are health hazards in the workplace. We are protected against many other health hazards such as mold. Why would we question strict tobacco policies in areas where adults and CHILDREN frequent? This is a no brainer!!
- I feel that smokers have rights also. If I want to smoke that is my business.