

ALAMANCE COUNTY BOARD OF HEALTH

Minutes

Regular Meeting of the Board of Health

August 18, 2015

The Alamance County Board of Health met at 6:30 p.m. on Tuesday, August 18, 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, Commissioner Bob Byrd, Mr. Kent Tapscott, Dr. Annette Wilson, Ms. LaTina McGee, Ms. Kathleen Colville, Ms. Norma Thompson, and Mr. Kevin Bengel.

The following staff members were present: Ms Stacie Turpin Saunders, Mr. Carl Carroll, Ms. Gayle Shoffner, Ms. Ariana Lawrence, Ms. Arlinda Ellison, Ms. Becky Perkins

Guests: Ms. Mary Gillett, Regional Tobacco Prevention Manager.

I. Call to Order and Introductions

Board of Health Chairman, Mr. Michael Venable called the meeting to order at 6:33 p.m.

II. Public Comments

There were no public comments made.

III. Approval of the June 16, 2015 Board of Health Minutes

A motion was made by Mr. Kent Tapscott to approve the June 16, 2015, Board of Health minutes. The motion was seconded by Commissioner Bob Byrd and approved unanimously by the board.

IV. Tobacco Update

Ms. Saunders introduced Ms. Mary Gillett who is the regional tobacco prevention manager with the state. Ms. Gillett provided the board with a presentation titled "Understand Local Government Authority to Regulate Smoking and Tobacco Use" (See Attachment A for the full PowerPoint presentation). While discussing the topic of e-cigarettes, Ms. Gillett suggested that any written tobacco or smoke free policy should have the wording of electronic cigarettes so it is clearly defined in the policy, and it would help to enforce the policy. Ms. Kathy Colville stated that she has seen advertisements from Vape-Shops marketing that their product is safe. Ms. Gillett said that the only claim that e-cigarettes cannot use at this time is that e-cigarettes are a cessation device.

V. Administrative Reports

A. Personnel Report

Ms. Stacie Saunders provided the Board with the Personnel Update.

PERSONNEL UPDATE***New Hires / Transfers / Resignations:***

- Neal Floyd was appointed to the Soil Scientist position effective June 15, 2015.
- Amanda Marvin was appointed to the Licensed Clinical Social Worker position effective June 29, 2015.
- Naomi Holder was appointed to the Processing Assistant V – EH position effective July 1, 2015.
- Ashley Moore resigned from her position as Dental Assistant effective July 2, 2015.
- Meteea Garner was appointed to the Public Health Nurse III – STD ERN/Coordinator position effective August 1, 2015.
- Tara Hart was appointed to the Environmental Health Specialist Intern position effective August 13, 2015.

Recruiting to fill the following positions:

- Physician IIIA, replacing Isa Cheren (accepting applications)
- Environmental Health Program Specialist, replacing Elizabeth Ellmore (reviewing applications)
- Environmental Health Program Specialist, filling position re-established 07/01/15 (reviewing applications)
- Public Health Nurse I, replacing Christine Kellum (conducting interviews)
- Public Health Nurse I, replacing Meteea Garner (conducting interviews)
- Public Health Educator II, replacing Amanda Marvin (reviewing applications)

Vacant positions:

- Processing Assistant III
- Quality Assurance Specialist I
- Public Health Nurse II (requesting reclassification to PHN Supervisor)
- Community Health Assistant – WIC Breastfeeding Peer Counselor
- Dental Assistant

B. Budget Amendments

A motion was made by Ms. Kathleen Colville to approve budget amendments #1, 2 and 3 for Fiscal Year 2015 - 2016. The motion was seconded by Mr. Kent Tapscott and approved unanimously by the board.

BUDGET ACCOUNT CODE	DESCRIPTION	TRIAL BALANCE	STATE BUDGET	COUNTY BUDGET
REVISION # 1			DEPT. NAME:	HEALTH
STATE			TRANSFER:	
BUDGET:			AMENDMENT:	X
<u>Expenditures:</u>				

110-5110-646	EVD PREPAREDNESS & RESPONSE	\$ 20,000.00	\$ 20,000.00	
Revenue:				
310-3511-346	EVD PREPAREDNESS & RESPONSE	\$ 20,000.00	\$ 20,000.00	
Explanation: The Alamance County Health Department was allocated \$20,000 (see attached agreement addendum) by the N. C. Department of Public Health to be used for Ebola Preparedness and Response. During 2015, Ebola Virus Disease (EVD) became a top national priority of the CDC. The purpose of this funding is to enhance local public health emergency preparedness planning and operational readiness for EVD. These are entirely state funds and do not require any local match or expenditure of any local funds.				
BUDGET ACCOUNT CODE	DESCRIPTION	TRIAL BALANCE	STATE BUDGET	COUNTY BUDGET
REVISION # 2			DEPT. NAME:	HEALTH
STATE BUDGET:			TRANSFER:	
			AMENDMENT:	X
Expenditures:				
110-5110-647	IMPACT ALAMANCE	\$ 7,000.00		\$ 7,000.00
Revenue:				
310-3511-847	IMPACT ALAMANCE	\$ 7,000.00		\$ 7,000.00
Explanation: The Alamance County Health Department was awarded \$7,000 (see attached agreement) by Impact Alamance to be used for the Healthy Mothers, Healthy Babies Crib for Kids and Alamance Baby Closet programs. These funds will be used to purchase 60 Graco Pack-n-Play cribs and 50 car seats to be provided to Alamance County families in need of safe sleep and/or safe travel systems. These funds do not require any local match or expenditure of any local funds.				
BUDGET ACCOUNT CODE	DESCRIPTION	TRIAL BALANCE	STATE BUDGET	COUNTY BUDGET
REVISION # 3			DEPT. NAME:	HEALTH
STATE BUDGET:			TRANSFER:	
			AMENDMENT:	X
Expenditures:				
110-5160-241	SUPPLIES-SMALL TOOLS, EQUIP	\$ 1,710.00		\$ 1,710.00
Revenue:				

310-3516-801	NC DENTAL HEALTH ENDOWMENT	\$ 1,710.00	\$ 1,710.00
<p><u>Explanation:</u> The Alamance County Health Department was awarded \$1,710.00 (see attached agreement) by the NC Dental Health Endowment, a component fund of the North Carolina Community Foundation, to be used to purchase new dental equipment. These are entirely grant funds and do not require any local match or expenditure of any local funds.</p>			

VI. Environmental Health Update

Mr. Carl Carroll reported that Environmental Health has been very busy. There have been a lot of questions from the public regarding ticks, mosquitos and bed bugs. Environmental health staff are working hard to ensure all inspections are done for public pools before they're closed for the year. There have been quite a few requests for Healthy Homes for mold problems. and a lot of new building lots requests. Mr. Carroll shared that Environmental health staff have been working with clinical staff in transitioning some of the rabies control duties to communicable disease staff. Preparedness coordinator, health department staff, and staff in other county departments have been preparing a full scale exercise of testing our response to a scenario where Point of Dispensing sites (PODS) would need to be setup quickly to dispense medication. All 2,900 food and lodging facilities have been re-assigned to different environmental health specialists, which occurs every 24 months as part of our quality assurance program. Environmental Health has some new staff members and are still recruiting to fill two Environmental Health Specialists.

VII. Personal Health Update

Ms. Shoffner provided an Electronic Medical Records update. Most staff seems to be doing well adjusting to the continued learning curve. So far, the maternity clinic has encountered the largest challenges. This clinic provides the bulk of primary care offered in our agency and has the need to communicate this information to the delivering hospitals. Throughout July, weekly meetings were held with the prenatal staff to discuss and work through clinic flow and documentation issues. Clinic schedules are now at 90% with the exception of maternity which is at 60%.

Ms. Shoffner shared that Becky Rosso, preparedness coordinator, is holding trainings to prepare staff for their anticipated roles during the full scale preparedness exercise.

Ms. Shoffner discussed that the mandatory flu committee has met on three occasions during 2015. (February 12, July 21st and August 11th.) Many issues have been discussed and much effort and thought has been exercised by this group. The committee monitored the 2014 employee flu vaccine rates along with obtaining addition information on the reasons for declinations. Staff was educated, vaccine was made more available by administering vaccine onsite in specific sections, and the County Manger provided a 2 hour bonus time incentive for all HD staff that received the flu vaccine. Data at the end of the 2014-15 flu season show the agency had achieved an 80% flu vaccination rate. Out of 121 employee's, 97 had received the flu vaccine.

The flu committee met again on August 11th to review a proposed draft policy for volunteer employee flu vaccines with required PPE for those that declined the vaccine. Much discussion followed with the group agreeing on the following plan of action:

- Set a predetermined employee vaccine rate that is acceptable to all. This was determined to be at least 90%.
- For the 2015-16 flu season,

- strive to reach the 90% vaccine rate among staff,
- Make the suggested changes to the draft policy. The policy would remain a draft during the 2015-16 flu season, but educate the employees regarding the recommendation for the future years described below.
- Beginning in the 2016-17 flu season, after November 30th, if the employee vaccine rate is below 90%, the policy would be implemented.
- The committee suggested this be the acceptable plan for future years as well.
- Implement the proposed flu declination form this flu season, 2015-16

This plan will be taken to the leadership team for discussion and approval. If approved will be submitted for review and pending approval at a future BOH meeting.

Ms. Shoffner report that the CC4C program data was evaluated by the state and CCNC and found two performance benchmarks that were below the required level. Staff has developed and implemented improvement plans and has been meeting with regional consultants for further evaluation. On Monday August 18th, staff met with Regional CCNC and DPH Consultants to review actions taken and progress. Updated data and agency improvement plans were reviewed in detail. Regional staff was very complimentary on progress made and the performance improvement plan (PIP) was officially accepted as closed. We will receive a follow up closure letter in September to formally document closure.

Ms. Shoffner shared that in July we received word that data from the OBCM program were also below the required performance levels. Improvement plans have been developed and are currently in the implementation stages. We have a planned meeting with consultants for a mid-PIP progress review on Sept 1st and a final review scheduled 45 days later.

Ms. Saunders gave kudos to Ms. Gayle Shoffner, Ms. Angie Osborne and all staff for their hard work and completing the PIP.

VIII. Medical Director's Report

Dr. Shapley-Quinn reported that Centering Pregnancy is preparing for their re-accreditation which includes collecting statistics, employee satisfaction surveys, patient satisfaction surveys, and cost savings analysis. The Health Department is also undergoing re-accreditation on October 22-23. Randy Williams who is the Deputy Secretary of health from DHHS recently came to health department to look at our birth control services program, specifically IUD and Nexplanon. Dr. Shapley-Quinn stated that Nexplanon use with our clients is increasing from 7% to 11%.

Ms. Saunders added that Dr. Williams was pleased with the visit and staff. Ms. Saunders thanked Nekaya Harrelson, Gayle Shoffner and Dr. Kathleen Shapley-Quinn for participating in Dr. Williams' visit.

Commissioner Byrd asked if medical information was printed and faxed to the hospital, or shared electronically. Dr. Shapley-Quinn answered that it is printed and faxed because the hospital is on a different electronic medical record system.

IX. Health Director's Report

Ms. Saunders reported that Dr. Roberta Osborn was appointed to the Board of Health as the Dentist representative on August 17, 2015.

Ms. Saunders updated the board on the performance management performance based budgeting (PMPBB) program. The Health Department is working on submitting their goals for 2015/2016. At the August 17, 2015 Board of County Commissioners meeting the PMPBB policy was changed. Bryan

Hagood presented the proposed changes to the policy to the commissioners. See Attachment B for the full PMPBB Program policy.

Ms. Saunders updated the board on Medicaid reform. House bill 372 amended and passed by the Senate. Senate version create new department for Medicaid called the Department of Health Benefits. Still uncertainty regarding what future of CCNC will be as passed version eliminates the state contract (not effective immediately). Ms. Saunders also discussed Medicaid cost settlement. Discussions are occurring between NCALHD and the NC DMA office regarding the top level statistic used to calculate the cost settlement payments that are issued to local health departments. Health departments are receiving their 10% holdback payments and tentative 2013 cost settlements during the discussions. Board discussed the allocation of cost settlement once it is received in the health department. Ms. Saunders stated that funds received through cost settlement are to be used in the programs in which they were incurred. Commissioner Byrd offered to talk to the Finance Department to make sure that all money is coming back to the health department that is supposed to.

X. Old Business

The board discussed the presentation that Mary Gillett provided. After some discussion, the Board of Health agreed to send a letter of recommendation to the Board of County Commissioners to revise the existing tobacco policy to include no use of e-cigarettes in county buildings.

Ms. Gillett suggested forming a workgroup to discuss the issue, and if the Board of Health wants to make a rule, how far does the board want to go with that rule. Mr. Tapscott asked Ms. Saunders about her opinion on this matter. Ms. Saunders answered that we are promoting health, and for that reason we should be tobacco free for all county buildings and grounds.

Ms. Saunders stated that she will have a discussion with county manager Craig Honeycutt or county attorney Clyde Albright and recommend a work group be formed. The board asked for a timeline of events up until this point about the tobacco conversations. The board would also like the tobacco survey to be sent out to them via email for review.

XI. New Business

No new business was discussed.

XII. Other

There was no other business to discuss.

XIII. Closed Session Pursuant To NCGS§143-318.11(a)(6)

The meeting went into closed session per N.C. General Statute 143-318.11 (a) (6) at 8:53 p.m. on a motion by Mr. Kent Tapscott for the purpose of discussing a personnel issue. The motion was seconded by Dr. Annette Wilson, and approved unanimously by the board.

The closed session adjourned into open session at 9:20 p.m. on a motion by Commissioner Byrd, and seconded by Ms. Kathleen Colville.

Chairman Venable announced that the Board conducted the Health Director's six month performance evaluation, and reviewed the Health Director's job description during the closed session.

XIV. Adjournment

With no further action or discussion, the meeting adjourned at 9:22 p.m.

ALAMANCE COUNTY BOARD OF HEALTH

Mr. Michael S. Venable, Chair

Ms. Stacie Turpin Saunders, Secretary

Understanding Local Government Authority to Regulate Smoking and Tobacco Use

A Presentation for Local Governments

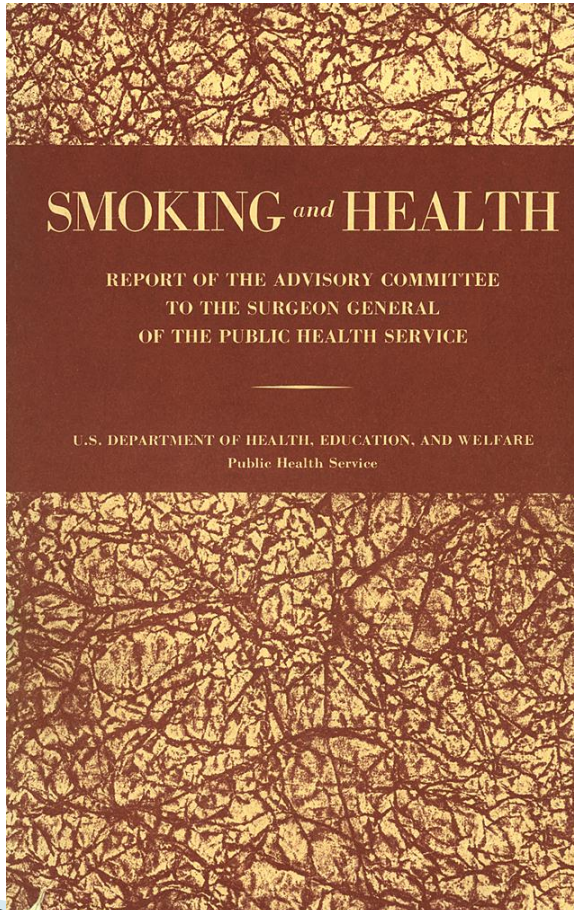
Rvsd 3/15



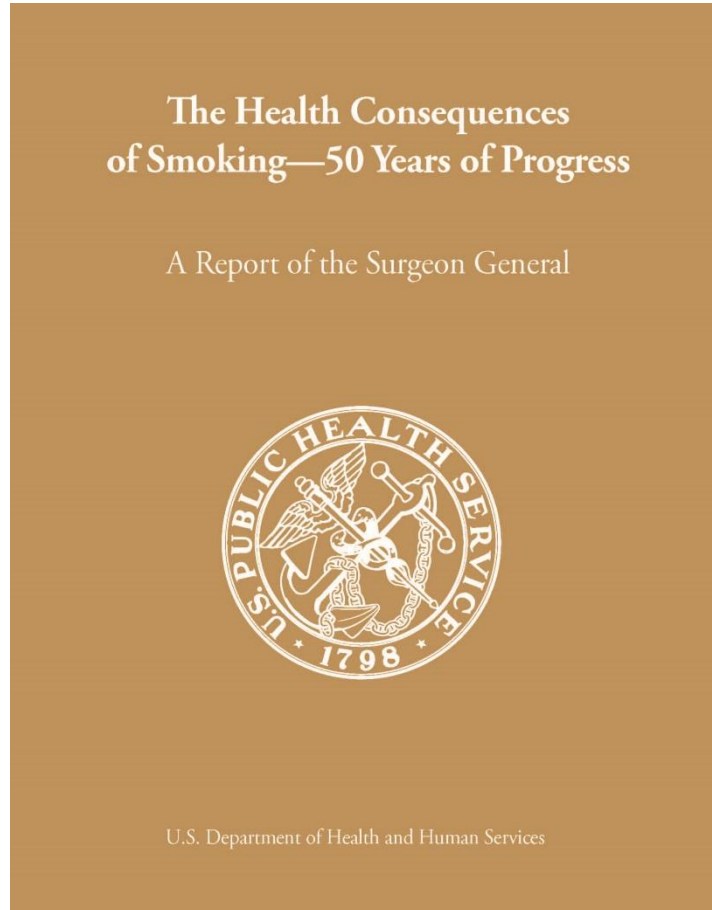
Significance of the Problem

The Health Consequences of Smoking: 50 Years of Progress

A Report of the Surgeon General

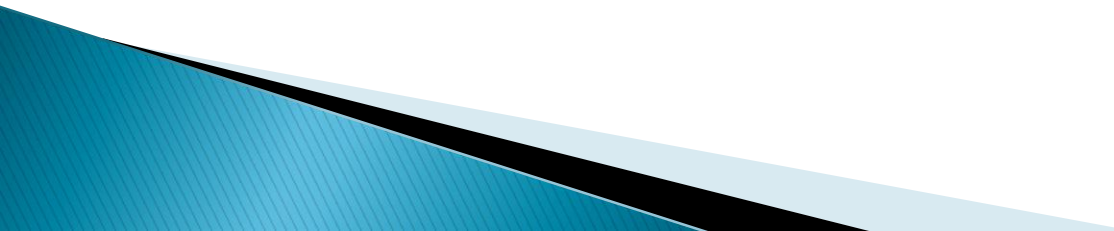


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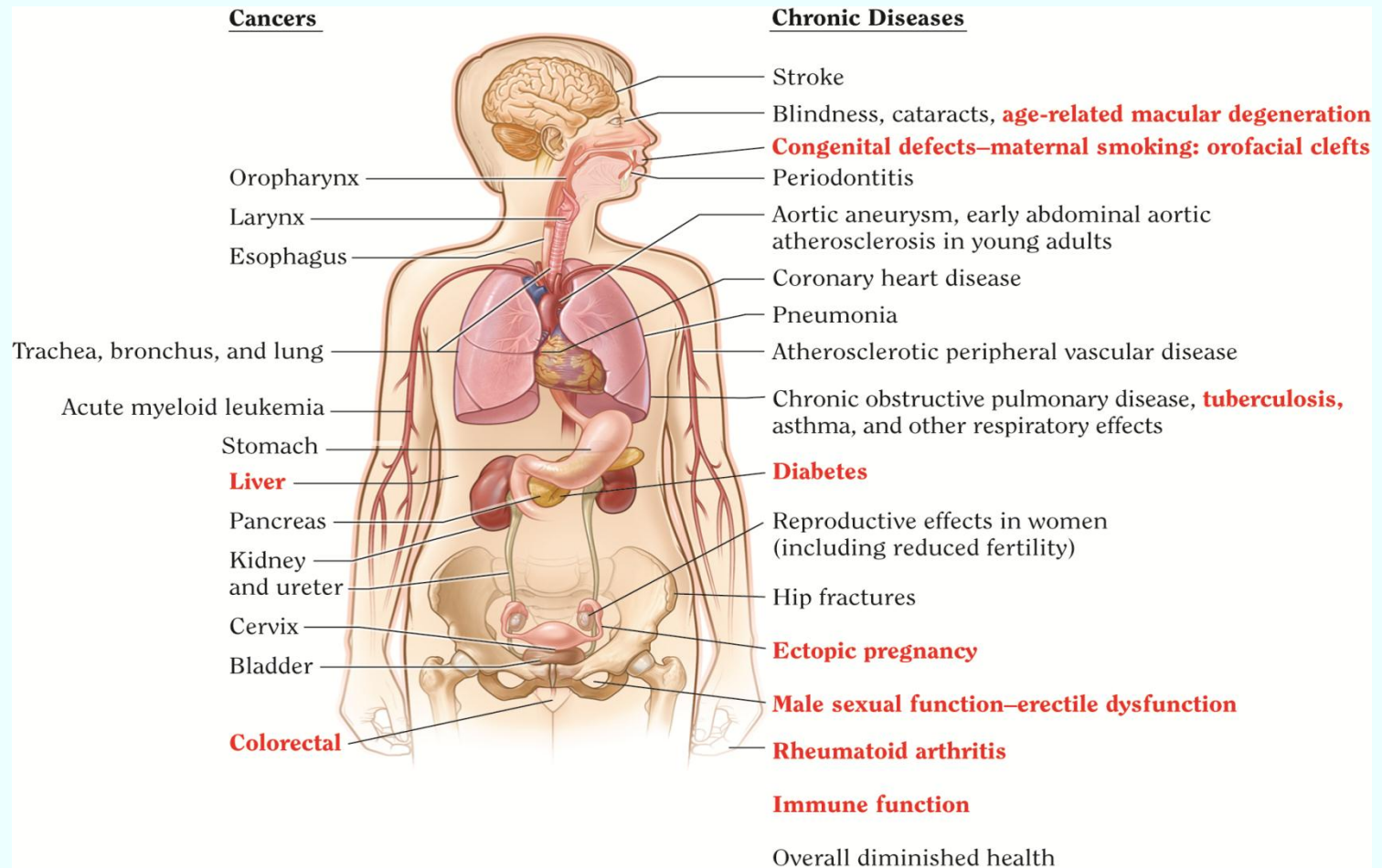


2014

Key Findings from the Surgeon General's Report

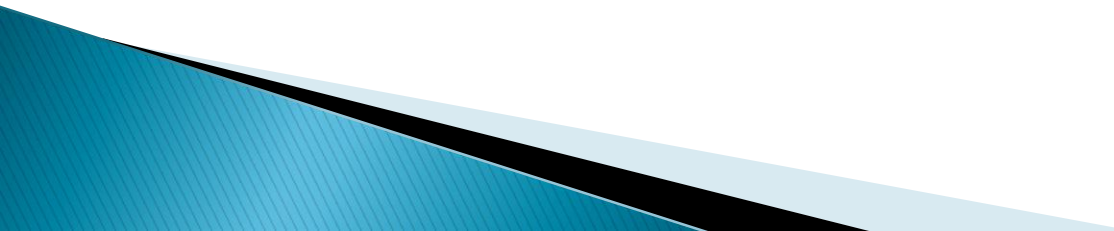
- ▶ Tobacco use is the number one preventable cause of premature death and disability.
 - ▶ Smoking causes heart disease, stroke, cancer and lung diseases (including asthma, emphysema, bronchitis and chronic airway obstruction) and diabetes.
 - ▶ For every person who dies from a smoking-related disease, 30 more people suffer with at least one serious illness from smoking.
- 

Smoking Damages Nearly Every Part of the Body



Key Findings from the 2014 Surgeon General's Report

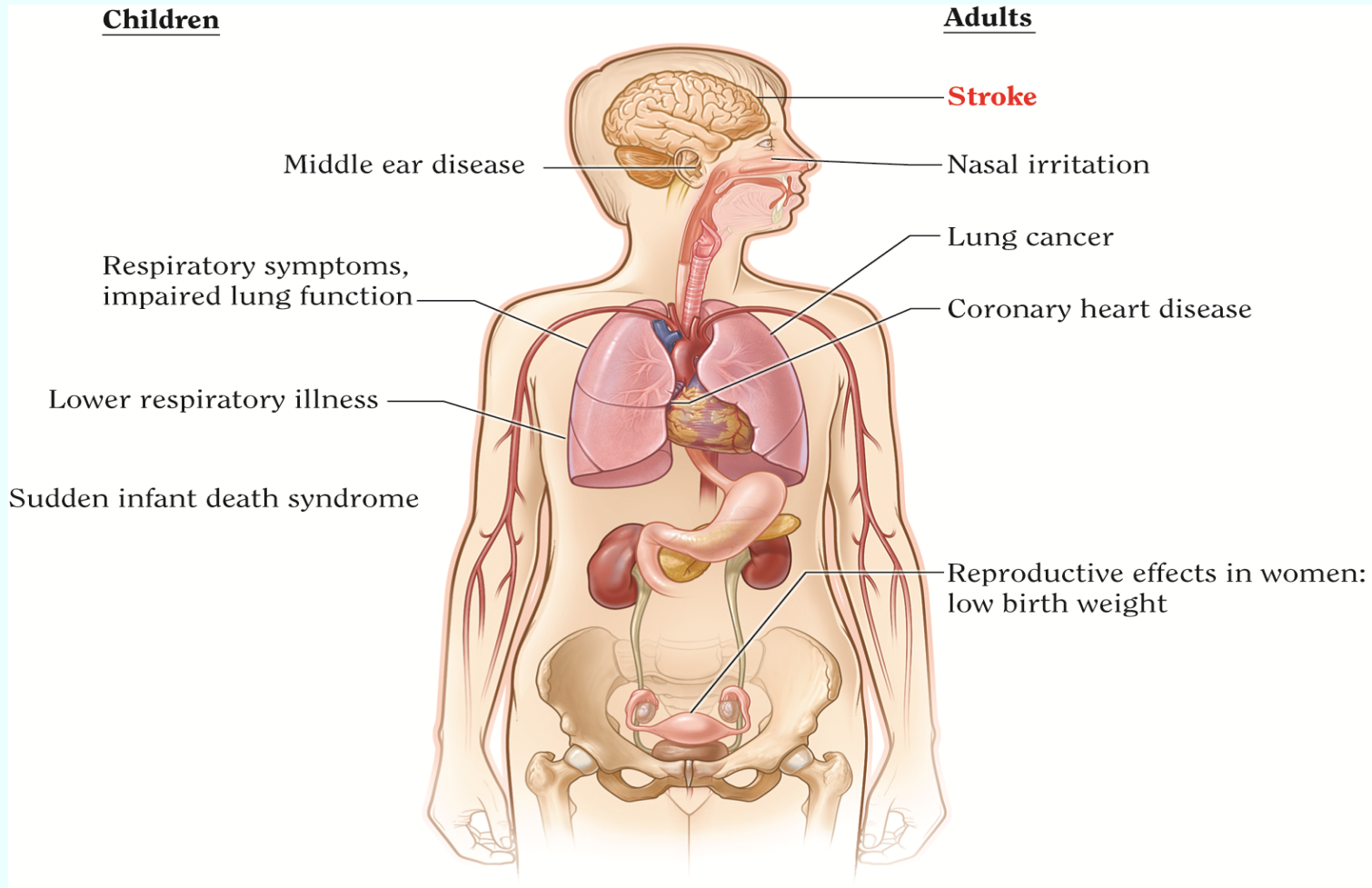
Between 2010 and 2014 smoking caused

- **Nearly half a million** premature deaths each year
 - More than **87%** of all lung cancer deaths
 - **61%** of all pulmonary deaths
 - **32%** of all heart disease and stroke deaths
- 

Key Findings from the U.S. Surgeon General Reports

- ▶ **Secondhand smoke (SHS) causes premature death and disease in non-smokers.**
- ▶ **Exposure of adults to SHS causes immediate adverse effects on the cardiovascular system and causes coronary heart disease, lung cancer and stroke.**
- ▶ **Children exposed to SHS are at an increased risk for acute respiratory infection, ear problems and asthma.**

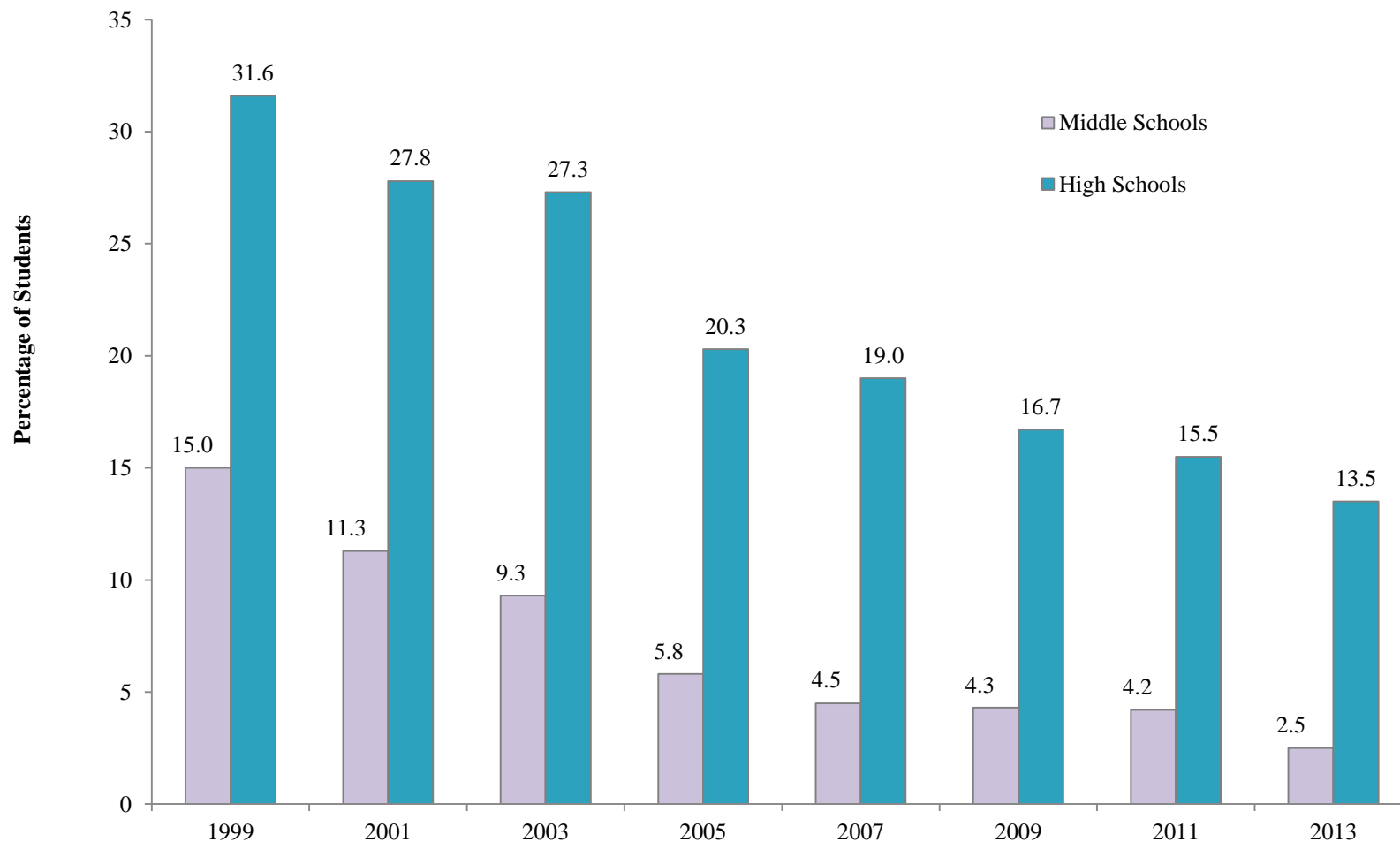
There is No Safe Level of Secondhand Smoke Exposure



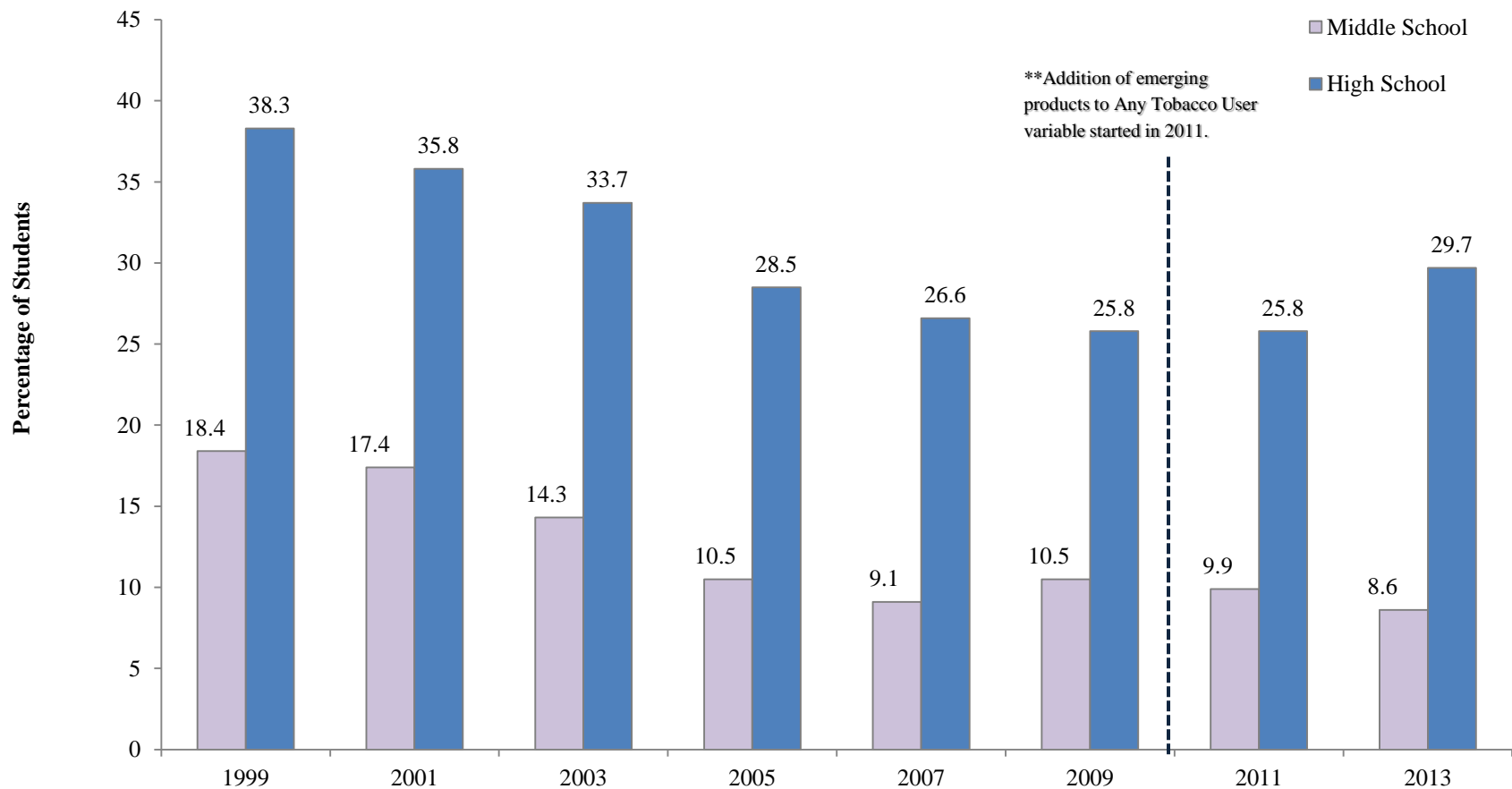
Tobacco's Toll in North Carolina

Adults who smoke (BRFSS 2013)	20.2%
High school students who smoke (YTS, 2013)	13.5%
High school students who use any tobacco products (YTS, 2013)	29.7%
Deaths caused by smoking each year (CDC Best Practices, 2014)	12,500
Annual health care costs directly caused by smoking (CDC Best Practices, 2014)	\$3.81 billion
Annual health care costs from secondhand smoke (<i>NC Medical Journal</i> , 2010)	\$288.8 million

NC Middle & High School Current* Smoking Prevalence: NC YTS, 1999–2013

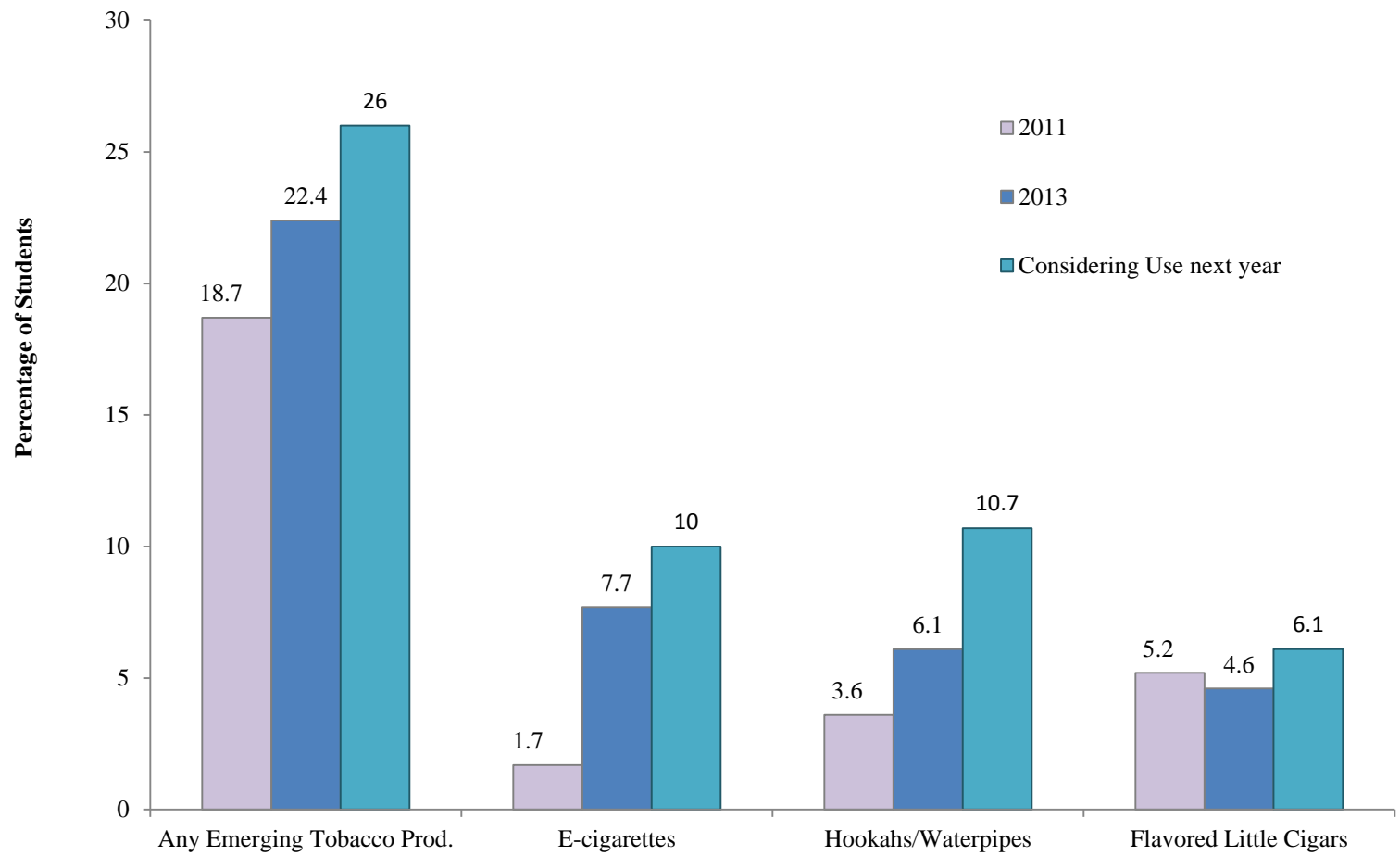


NC Middle & High School Current* Users of Any Tobacco Product**: NC YTS, 1999-2013

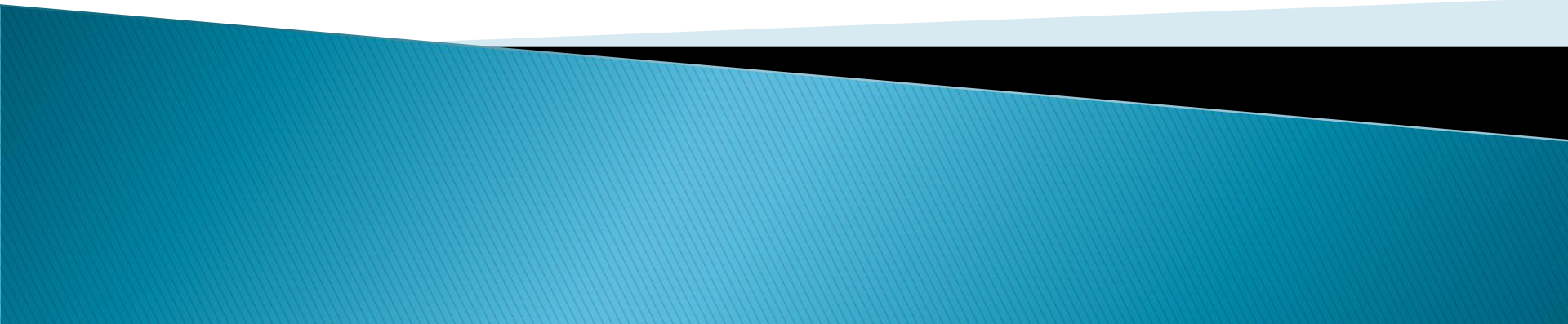


*Current use is defined as using on one or more of the past 30 days. **Beginning in 2011, NC YTS began including an item for use of emerging tobacco products. Emerging tobacco products include electronic cigarettes, clove cigars, dissolvable tobacco products, flavored cigarettes, flavored little cigars, hookahs or waterpipes, roll-your-own cigarettes, and snus. Data on emerging tobacco product use prior to 2011 is not available.


NC High School Students Current Users of Emerging Tobacco Products*: NC
YTS, 2011-2013**



Evidence-Based Solutions



Tobacco Use Prevention Program Goals

1. Prevent the initiation of smoking and tobacco use
 2. Eliminate exposure to secondhand smoke
 3. Help tobacco users who want to quit
 4. Identify and eliminate tobacco-related health disparities
- 

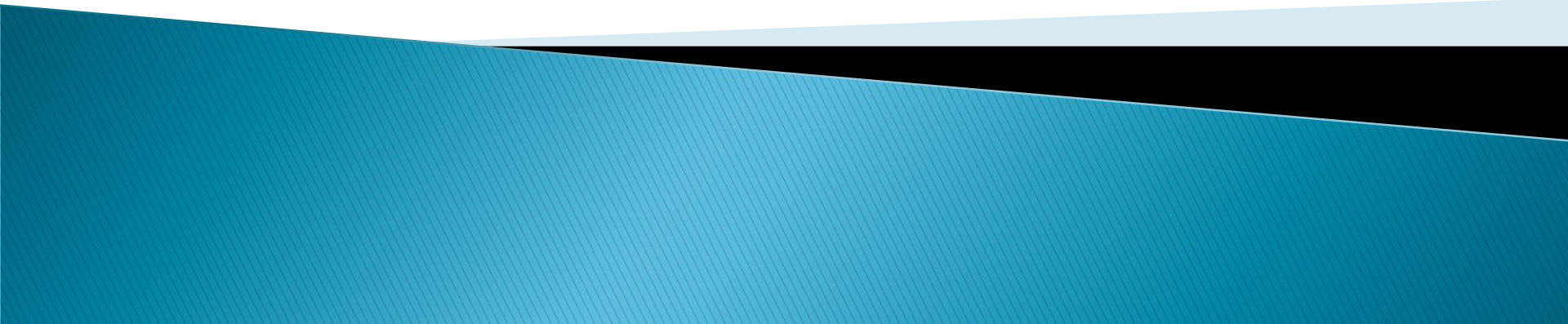
The **Community Preventive Services Task Force** recommends smoke-free policies to

- ▶ Reduce exposure to secondhand smoke
- ▶ Reduce the prevalence of tobacco use
- ▶ Increase the number of tobacco users who quit
- ▶ Reduce the initiation of tobacco use among young people
- ▶ Reduce tobacco-related morbidity and mortality, including acute cardiovascular events
- ▶ Reduce healthcare costs substantially
 - Evidence shows smoke-free policies do not have an adverse economic impact on businesses, including bars and restaurants.

<http://www.thecommunityguide.org/Tobacco/smokefreepolicies.html>



Brief N.C. History



Brief History of Smoke-free Regulations in N.C.

- ▶ Floor of House of Representatives, 2003
- ▶ Floor of Senate, 2005
- ▶ Entire General Assembly, 2006
- ▶ State Government Buildings and Vehicles; local government authority expanded to government buildings and vehicles, 2007
- ▶ Smoke-Free Restaurants and Bars Law, 2009
 - local government authority under G.S.130A-498 further expanded to government grounds and enclosed public places

United States 100% Smokefree Air Laws

American Nonsmokers' Rights Foundation

As of October 1, 2014

Note: American Indian and Alaska Native sovereign tribal laws are not reflected on this map.

Territories and Commonwealths

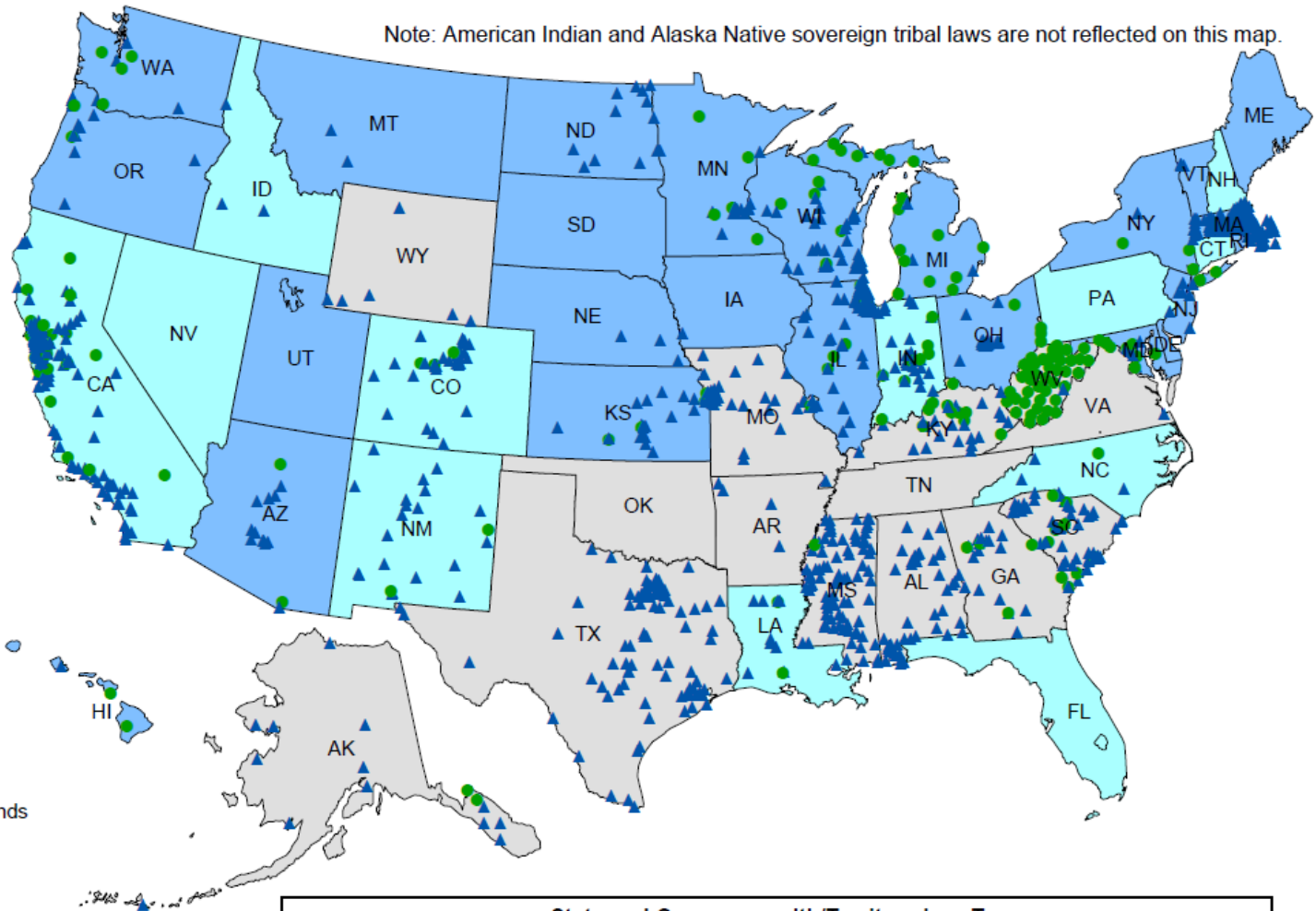
Commonwealth of Northern Mariana Islands

Guam

American Samoa

Puerto Rico

U.S. Virgin Islands



State and Commonwealth/Territory Law Type

- 100% Smokefree in Non-Hospitality Workplaces, Restaurants, and Bars
- 100% Smokefree in one or two of the above
- No 100% Smokefree State Law

Locality Type with a 100% Smokefree Law

- City
- County

Progress in Tobacco-free Environments in North Carolina

Hospitals

All 127 acute care hospitals in North Carolina have 100% tobacco-free campus wide policies.

- Tobacco-Free community hospital behavioral health units means more consumers treated in tobacco-free environments



State Operated Healthcare Facilities

All 14 State Operated Mental Health, Developmental, Alcohol and Drug Abuse Treatment Centers are 100% tobacco-free campus-wide

Prisons

State law prohibits any person from using tobacco products inside or on the grounds of a state correctional facility. There may be an exception for authorized religious purposes.



Community Colleges

Community Colleges may prohibit smoking and all tobacco product use in their buildings and on their grounds. (Currently, 36 of 58 community colleges have tobacco-free campus policies)



Public Schools K-12

State law requires local boards of education to adopt policies prohibiting the use of tobacco at all times:

- In school buildings,
- In school facilities,
- On school campuses,
- In or on any other property owned by the local school administrative unit, and
- At school-sponsored events at other locations when in the presence of students or school personnel.



Local Government Authority to Regulate Smoking and Tobacco Use



Local Government Authority to Regulate Smoking

A local government may adopt and enforce ordinances, board of health rules, and policies restricting or prohibiting smoking that are more restrictive than state law and that apply to:

- Local Government Buildings
 - Local Government Grounds
 - Local Government Vehicles
 - Enclosed Public Places
- 

Areas A Local Rule of Ordinance may Cover

Local Government Buildings

- ▶ **Defined as:** A building owned, leased or occupied by a local government G.S. §130A-492(8)

- ▶ **Can include:**
 - Health Department Buildings
 - Courthouses
 - Police Departments
 - County Libraries
 - Other government facilities



AREAS A LOCAL RULE OR ORDINANCE MAY COVER

Local Vehicles

- ▶ **Defined as:** A passenger-carrying vehicle owned, leased, or otherwise controlled by local government
G.S. §130A-492(9)
- ▶ **Can include:**
 - County and municipal vehicles,
 - buses, etc.



Areas A Local Rule or Ordinance May Cover

Local Government Grounds

- ▶ **Defined as:** An unenclosed area owned, leased or occupied by local government G.S. § 130A-492(6)

- ▶ **Can include:**
 - Grounds and parking lots next to city or county government buildings
 - Parks
 - Sidewalks maintained/controlled by the city or county
 - Bus stops
 - Other outdoor facilities



Areas a Local Rule or Ordinance May Cover

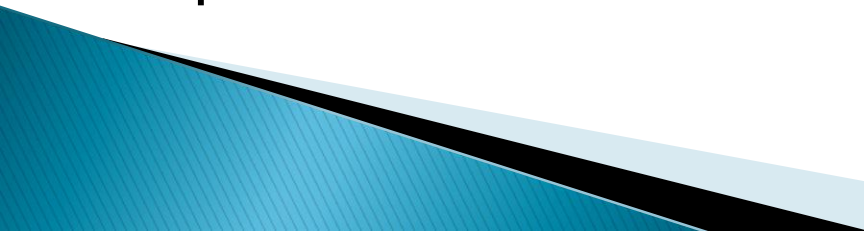
Public Places

- ▶ **Defined as:** An enclosed area to which the public is invited or in which the public is permitted G.S. §130A-492(14)

- ▶ **Can include:**
 - Grocery stores
 - Shopping centers
 - Banks
 - Gaming facilities
 - Bowling centers
 - Movie theaters
 - Other places where the public is permitted



What areas may NOT be covered by a local regulation?

- ▶ Private residence
 - ▶ Private vehicle
 - ▶ Tobacco shop (*as defined by State Law*)
 - ▶ All premises, facilities and vehicles owned, operated or leased by any tobacco products processor or manufacturer, or any tobacco leaf grower, processor, or dealer
 - ▶ Cigar bar, (*as exempted and approved under State law*)
 - ▶ Private club, (*non-profit, as defined by State Law*)
 - ▶ Designated smoking guest room in a lodging establishment
 - ▶ Motion picture, television, theater, or other live production set
- 

Who May Regulate?

Board of County Commissioners

- May adopt an ordinance that applies to unincorporated areas
- If city agrees, ordinance may apply within incorporated areas

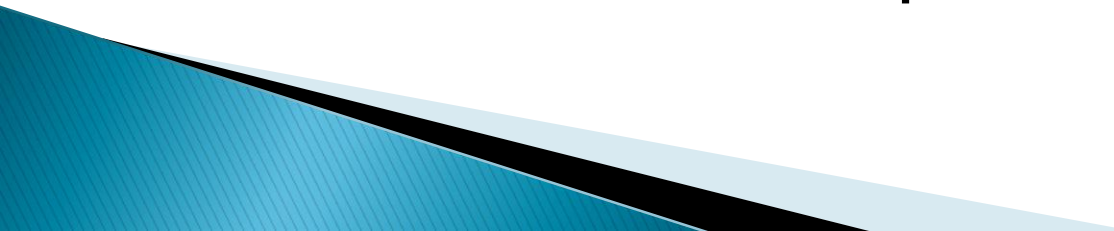
Municipal Governing Board

- May adopt an ordinance that applies within the city limits
- May pass a resolution agreeing to have county ordinance apply within the city

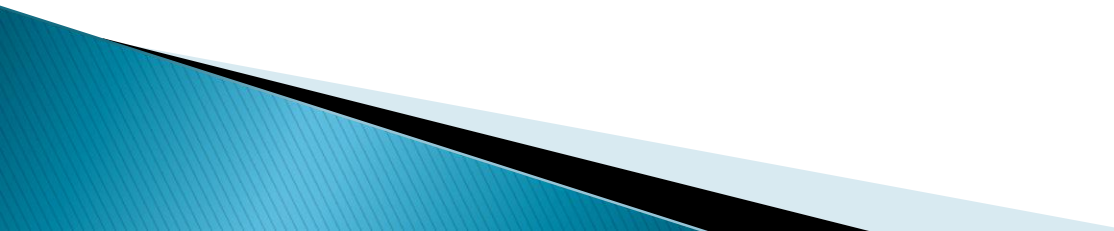


Who May Regulate?

Local Board of Health / District Board of Health

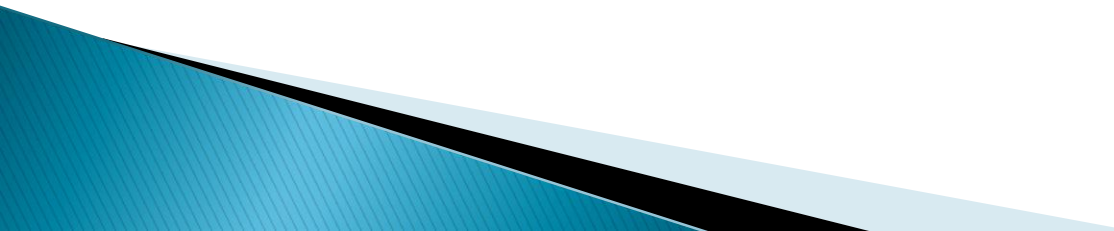
- ▶ Rules apply throughout the county or district
 - ▶ Rule must be approved by an ordinance adopted by the Board of County Commissioners (BOCC)
 - ▶ After BOCC approves the rule by ordinance, it applies throughout the county
 - ▶ No additional action or approval of city or town councils is required
- 

Once a Board of Health rule banning smoking is approved by an ordinance of the BOCC, is the rule converted into a county ordinance and thus only applies to unincorporated areas of the county?

- ▶ It is the opinion of the NC Attorney General's Office and of lawyers from the NC School of Government that the BOCC is merely "approving" the rule of the Board of Health.
 - ▶ The Board of Health rule remains a rule after it is approved by the BOCC and applies to the county and the municipalities.
- 

What About OTHER Tobacco Products?

Background

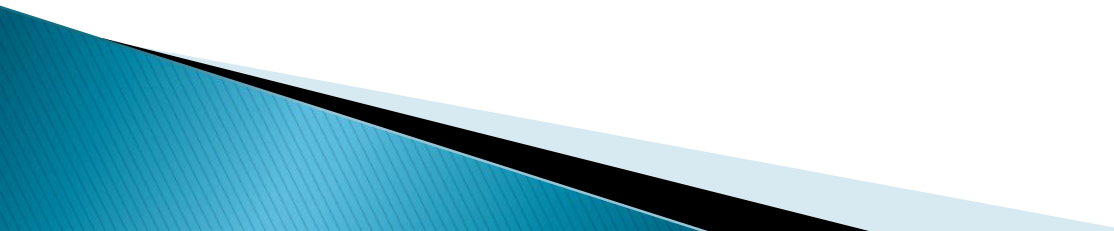
- ▶ Prior law preempted local governments' authority to regulate *smoking*
 - ▶ There was no pre-emption related to local authority to regulate the use of other tobacco products
 - ▶ 2010 changes removed the preemption related to smoking; still no preemption for other tobacco products
- 

E-cigarettes



Image courtesy of Wake Forest Baptist Medical Center

What about E-Cigarettes?

- Allowing use:
 - Creates potential enforcement confusion and sends mixed health message
 - Implies acceptance of addiction to unregulated nicotine delivery products, conflicting with health department's mission
 - Encourages dual use (cigarettes and e-cigs) in lieu of cessation in some individuals who might otherwise quit
- 

Can local governments ban the use of e-cigarettes?

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

Nicotine Delivery

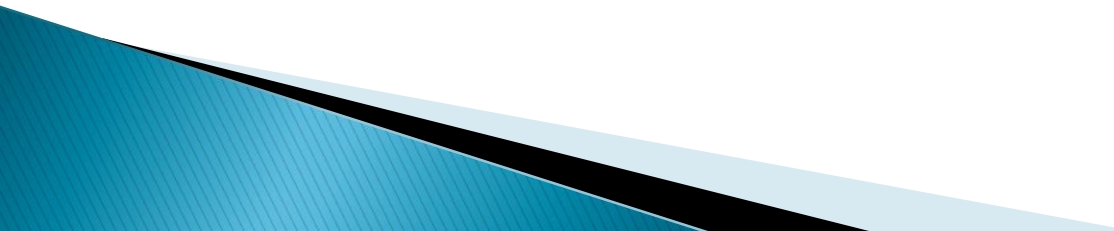
- ▶ Potential to deliver nicotine directly to pulmonary system for rapid absorption
- ▶ Less nicotine is delivered than conventional cigarettes (Bullen et al., 2010)
- ▶ Nicotine delivery varies
 - By sub-type and across products
 - Experience with the product
 - Learn to take longer puffs to increase nicotine delivery

What's in the vapor?

- ▶ Perception of harmlessness “water vapor”
- ▶ Some harmful toxins have been found, but at lower levels than conventional cigarettes (Goniewicz et al., 2013)
- ▶ Exhaled air contains (Schripp et al., 2012)
 - Nicotine
 - Volatile organic compounds (VOCs)
 - Ultrafine particles



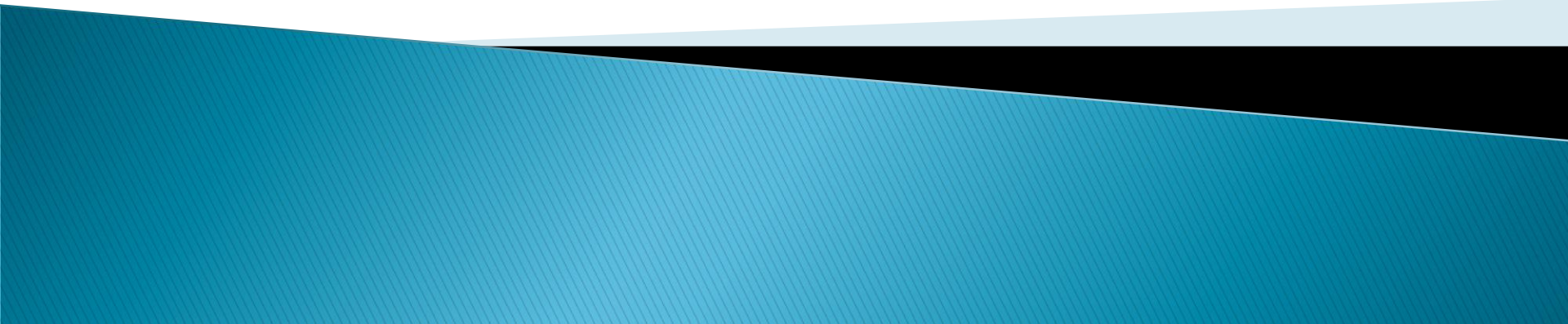
Public Health Issues

- ▶ Appeal to youth
 - Flavorings
 - Using “Brand Managers” for social media promotion
 - ▶ Introduction of nicotine
 - Potential for addiction and graduation
 - ▶ Dangers of the secondhand aerosol
 - ▶ Delay quitting among smokers
- 

Long Term Effects



Policy Trends



☐ No Written Regulation or
Less than 100% Written Regulation

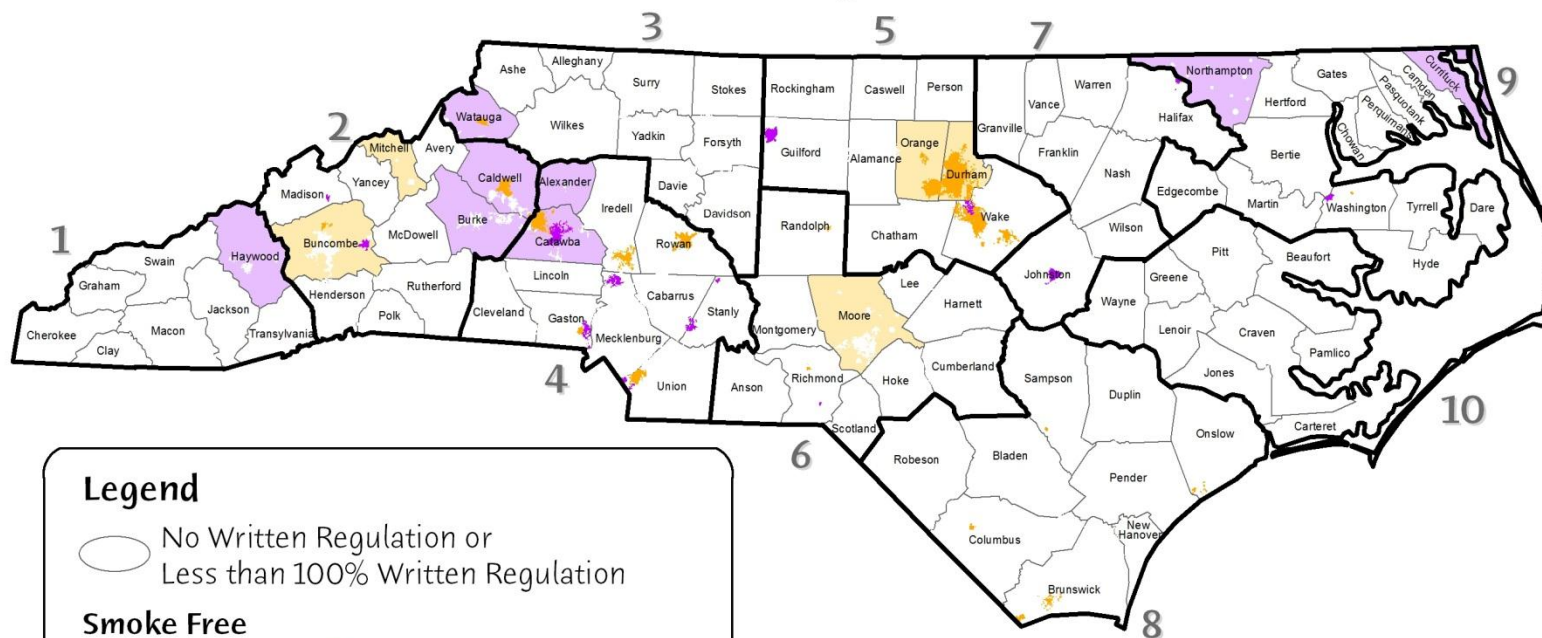
Counties Municipalities

 Counties  Municipalities

 CTG Regions
 County Boundaries

North Carolina

Counties and Municipalities Reporting 100% Written Regulations Smoke-Free or Tobacco-Free Written Regulations on Government Grounds



Legend

○ No Written Regulation or
Less than 100% Written Regulation

Smoke Free

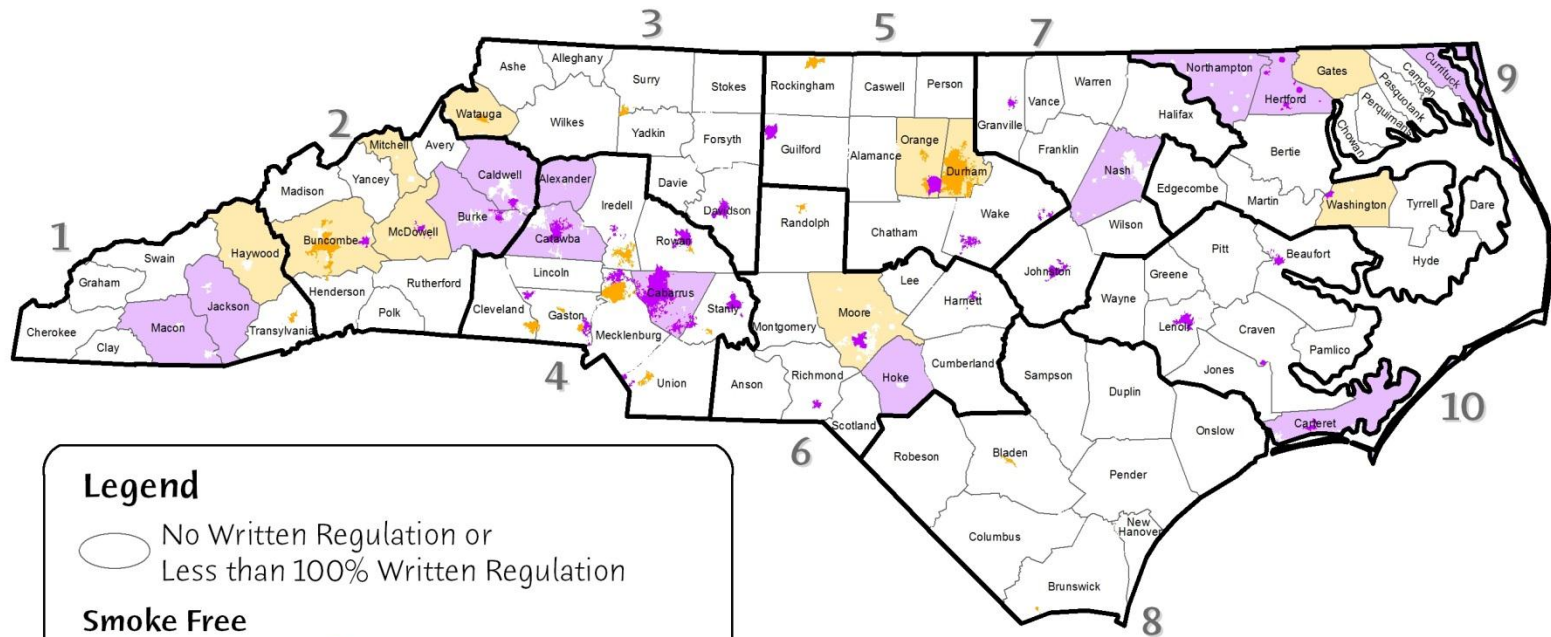
○ Counties ● Municipalities

Tobacco Free

○ Counties ● Municipalities

~ CTG Regions ~ County Boundaries

North Carolina Counties and Municipalities Reporting 100% Smoke-Free or Tobacco-Free Written Regulations in Parks



Legend

○ No Written Regulation or
Less than 100% Written Regulation

Smoke Free

○ Counties ○ Municipalities

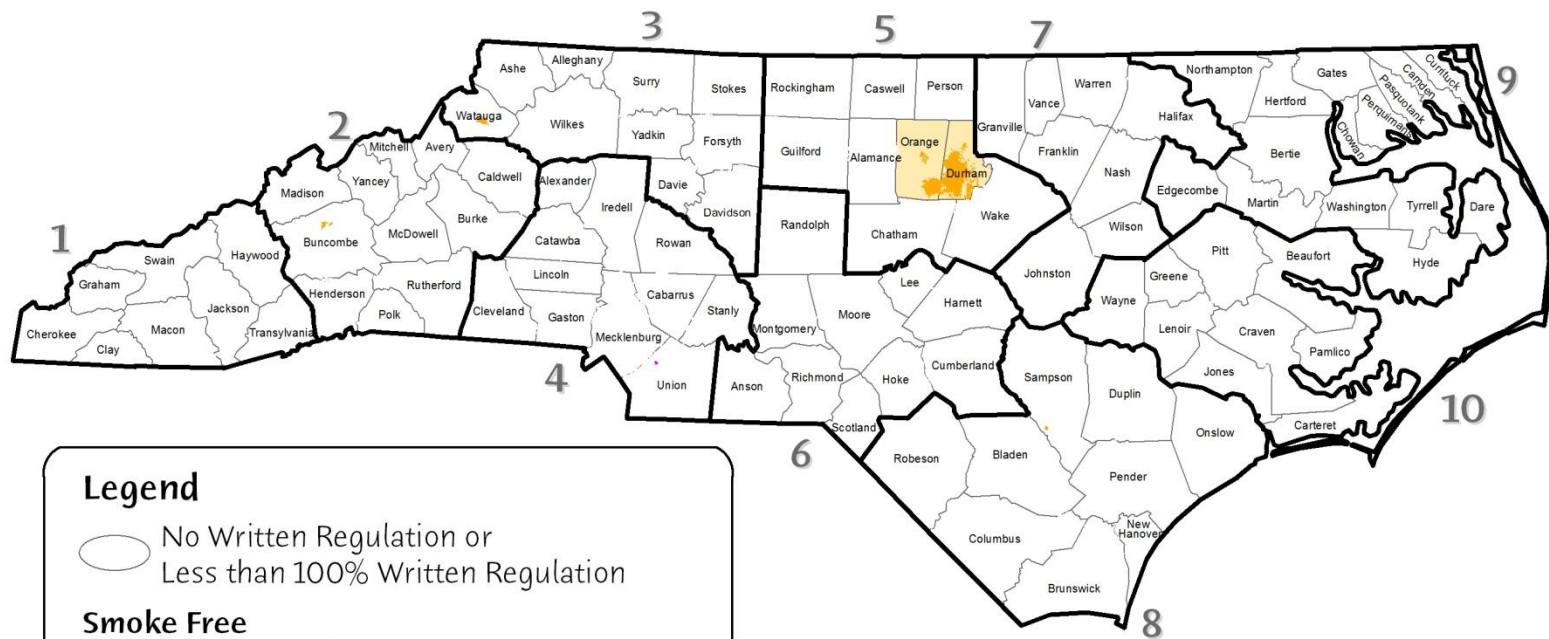
Tobacco Free

○ Counties ○ Municipalities

~ CTG Regions ~ County Boundaries

North Carolina

Counties and Municipalities Reporting 100% Smoke-Free or Tobacco-Free Written Regulations in Public Places



Legend

○ No Written Regulation or
Less than 100% Written Regulation

Smoke Free

○ Counties ● Municipalities

Tobacco Free

○ Counties ● Municipalities

~ CTG Regions ~ County Boundaries

NC Counties and Municipalities that **Specifically** Prohibit Use of E-Cigarettes

Counties

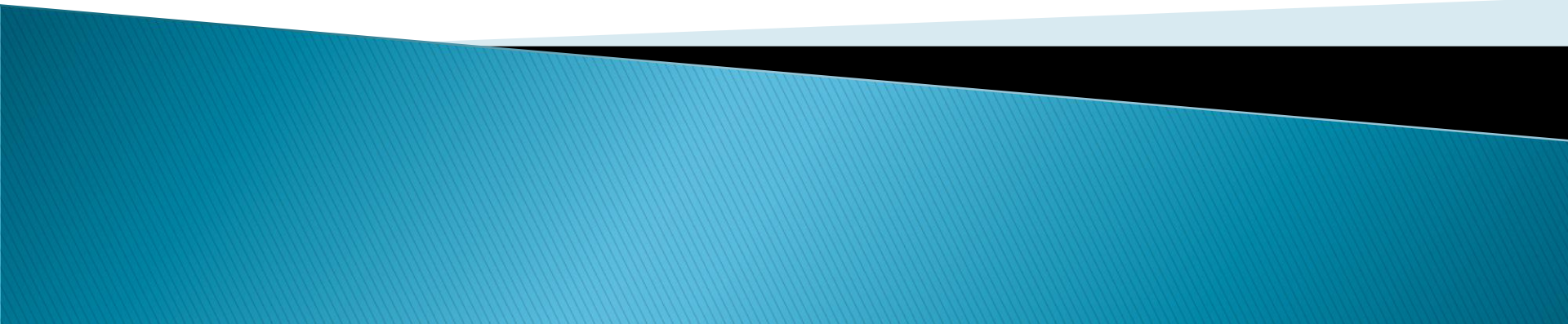
- ▶ Catawba
- ▶ Beaufort
- ▶ New Hanover
- ▶ Transylvania
- ▶ Hyde
- ▶ Pender
- ▶ Rutherford
- ▶ Pitt
- ▶ Mecklenburg
- ▶ Haywood
- ▶ Granville
- ▶ Vance
- ▶ Clay
- ▶ Henderson
- ▶ Chatham
- ▶ Person

Municipalities

- ▶ Brookford
- ▶ Chapel Hill
- ▶ Catawba
- ▶ Saluda
- ▶ Wilmington
- ▶ Waynesville
- ▶ Butner
- ▶ Canton
- ▶ Creedmoor
- ▶ Henderson
- ▶ Kittrell
- ▶ Lewis
- ▶ Middleburg
- ▶ Oxford
- ▶ Stem
- ▶ Stovall
- ▶ Roxboro
- Granite Falls
- Elon

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

Resources and Tips for Implementation



Education and Implementation

- ▶ Education about the local law will facilitate compliance
- ▶ Educate about cessation resources, including QuitlineNC
- ▶ QuitlineNC 1-800-QUIT-NOW
 (1-800-784-8669)
Spanish: 1-800-Dejelo-Ya (1-800-335-3569)

www.quitlinenc.com



How Do We Enforce?

- “*Enforcement*” is really a misnomer – What you want is compliance
- Most people comply with policies, **provided** they are informed
- Public awareness and clear communication are key elements
- If violations occur—provide further education, warnings, and if needed, impose penalties



Local Government Smoke-Free Implementation Toolkit

<http://www.tobaccopreventionandcontrol.ncdhhs.gov/lgtoolkit/index.htm>

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Tobacco Prevention and Control Branch

Local Government Smoke-Free Implementation Toolkit

The 2009 House Bill 2 was signed into law (see [Session Law 2009-27](#), commonly known as North Carolina's [Smoke-Free Restaurants and Bars Law](#)) on May 19, 2009. The law went into effect January 2, 2010, giving local government agencies clear authority to further regulate smoking on local government grounds and in enclosed public places.

A local government may adopt a local law restricting or prohibiting smoking that is more restrictive than the state law. In other words, the local law can place more restrictions on smoking or prohibit smoking in more places than is currently provided for in the state law. The local law may not reduce or take away restrictions and prohibitions provided for in the state law. This local authority extends to the following locations:

- Local government buildings,
- Unenclosed areas owned, leased, or occupied by the local government,
- In passenger-carrying vehicles owned, leased, or otherwise controlled by local government and assigned permanently or temporarily by local government to local government employees, agencies, institutions, or

Guidance from the UNC School of Government

[Regulating Electronic Cigarettes in North Carolina, Part 2: Local Regulation](#)

Further Information or Assistance

- Jim D. Martin, MS, Director of Policy and Programs; (919) 707-5404; [email](#)
- Pamela S. Diggs, MPH, Director of Local Program Development

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Mary Gillett, MS

Region Five Tobacco Prevention Manager

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mgillet@co.guilford.nc.us

Alamance County, NC

Performance Management Program Policy

The purpose of the Alamance County Performance Management Program is to provide good service to the public and other County departments, create efficiencies, and ensure Alamance County Government remains open and responsive to its citizens. As set forth by the terms of this approved Performance Management Program policy, Alamance County departments will set goals to track and report on regularly and, based on the success of these goals and the County's financial health, be able to retain percentages of any general fund savings realized at the end of the fiscal year.

Performance Management Goals

1. Alamance County Departments must submit an annual budget, set goals, and report results regularly to participate in the Performance Management program including the savings component. Alamance County Management is authorized to remove a County department from this program if the department is not meeting the guidelines of this policy.
2. Proposed goals will be reviewed by a committee of County employees and the public before being presented to the County Manager for his review.
3. The County Manager will review all proposed goals and may add or changes goals as deemed appropriate.
4. All proposed Performance Management goals will be presented to the Board of Commissioners for review and approval in July of the budget year being measured.
5. Goal outcomes will be reported to the County Manager by the 20th day of the month following the end of the month being reported.
6. Goal measurement results will be posted on the County's website monthly.
7. The final department reports will be due by July 20th.
8. The Annual Performance Management Program report will be presented by the County Manager or his/her designee to the Board of County Commissioners once the annual financial audit for the measured year has been completed.
9. Department Heads have the flexibility to use a weighted average for his/her measured outcomes. The weighted averages for measured outcomes must be declared before the end of the first quarter and approved by the County Manager.

Performance Management Savings and Expenditures

Savings:

1. Only Alamance County funds will be considered as savings for the Performance Management Program.
2. Savings from this program can only be banked to the extent that revenue exceeds expenditures for the entire Alamance County General Fund budget.
3. General fund savings will be confirmed upon completion of the audit.
4. All general fund savings will be appropriated to fund balance until the unassigned fund balance reaches seventeen (17) percent.
5. Once the unassigned fund balance reaches seventeen (17) percent, then twenty-five (25) percent of the general fund savings will automatically be appropriated to fund balance.
6. Once the unassigned fund balance reaches twenty (20) percent then the program will be fully implemented as per this policy.
7. *(Landfill Fund)*: The following shall be applicable to the landfill department: (a) all provisions of this policy shall apply with the exception of items 1, 2 & 3 of the Implementation section, (b) landfill employees shall not be eligible for bonuses until the unassigned fund balance for the general fund reaches fifteen (15) percent, and (c) application of this policy shall not violate any closure and post-closure funding rules and regulations.
8. Departments shall have the ability to bank 100% of their calculated percentage of savings generated annually.
9. Departments will be allowed to retain up to 8% of the total department budget in savings for the current measured year.

Expenditures:

1. Departments must submit spending plans for their banked savings to the County Manager when their savings balances reach 8% of the departmental budget for the current measured year.
2. The County Manager will have authority to approve use of Performance Management Program savings for approved expenditures up to the amount of \$5,000.
3. All approved purchasing and budgetary rules and restrictions apply to the expenditure of Performance Management savings.
4. Any Performance Management funds approved for spending that remain unspent or unencumbered at year end will revert to the Department's savings balance.

5. Departments' savings may be used to fund the following:
 - new equipment
 - vehicles
 - capital improvements
 - buildings
 - training opportunities and travel costs
 - paid interns/special grant positions
 - strategic planning efforts
 - technology projects
 - employee bonuses
6. Expenditures greater than \$5,000 will be presented to the Board of Commissioners for approval on a quarterly basis in September, November, March and May.
7. Savings will be banked on the following sliding scale: 69% and less goal achievement = 50% of possible annual savings, 70% to 79% goal achievement = 60% of the possible annual savings, 80% to 89% = 70% of the possible annual savings, and 90% or above = 100% of the possible annual savings.

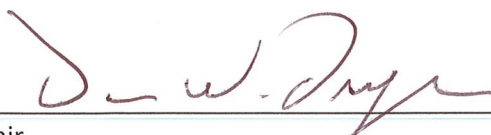
Employee Bonuses:

1. The available bonus amount will be calculated and determined after the yearly accounts have been settled by the finance department based on the annual financial audit.
2. Employee bonuses can be a maximum of \$500 before taxes.
3. All employee bonus checks will be issued one time per year as determined by the County Manager and the Finance Director.
4. Employees must be employed at the time the checks are issued and must have been employed on January 15th of the year of the budget being measured.
5. Departments participating in the Performance Management Program must accomplish at least 75% of their proposed goals for the measured year in order to qualify to use banked savings for employee bonuses.

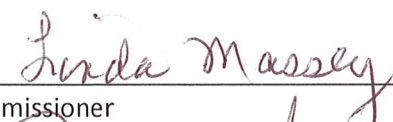
This policy takes effect upon its adoption by the Alamance County Board of Commissioners. Any changes to this policy, other than technical corrections, will require approval by the Board of Commissioners.

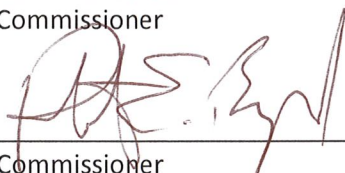
Approved this, the 17th day of August, 2015.


Tory Frink, Clerk to the Board


Chair


Vice Chair


Commissioner


Commissioner

Commissioner