ORANGE COUNTY HEALTH DEPARTMENT MISSION STATEMENT: *To enhance the quality of life, promote the health, and preserve the environment for all people in the Orange County community.*

THE ORANGE COUNTY BOARD OF HEALTH MET ON January 27, 2016, at the Orange County Health Department, 300 West Tryon Street, Hillsborough, NC.

BOARD OF HEALTH MEMBERS PRESENT: Liska Lackey, Vice Chair; Nick Galvez – Vice-Chair, Commissioner Mia Burroughs, Barbara Chavious, Dan Dewitya, Susan Elmore, Jessica Frega, and Reena Mehta.

BOARD OF HEALTH MEMBERS ABSENT: Paul Chelminski, Sam Lasris and Timothy Smith.

STAFF PRESENT: Dr. Colleen Bridger, Health Director; Carmen Alvarez, Dental Office Assistant I; Coby Austin, Senior Health Public Educator; Alan Clapp, Environmental Health Director; Rebecca Crawford, Finance & Administrative Services Division Director; Brent Davis, Communications Specialist; Robin Gasparini, Nursing Supervisor; Carla Julian, Dental Clinic Manager; Donna King, Health Promotion & Education Services Director; Pam McCall, Public Health Nursing Director; Ashley Mercer, Healthy Carolinians Coordinator; Meredith Stewart, Public Health Program Manager; Allison Young, Health Informatics Manager and La Toya Strange, Administrative Assistant II.

GUESTS PRESENT: None.

I. Welcome

Liska Lackey, Chair, called the meeting to order. Dr. Bridger introduced new staff members: Carmen Alvarez, Dental Office Assistant I and Micah Guidon, (shared) Management Analyst.

II. Public Comment for Items NOT on Printed Agenda: None

III. Approval of the November 18, 2015 Agenda

Motion was made by Dan Dewitya to approve the agenda, seconded by Susan Elmore and carried without dissent.

IV. Action Items (Consent)

A. Minutes Approval of November 18, 2015 Meeting

Motion to approve Consent Agenda without corrections to the November 18, 2015 minutes was made by Barbara Chavious, seconded by Susan Elmore and carried without dissent.

V. Educational Sessions

A. State of the Science: E-Cigarette Aerosol

Dr. Johnathan Thornburg, Director of Exposure and Aerosol Technology, Research Triangle Institute International (RTI), began with a brief overview of electronic cigarettes. Electronic cigarettes, also known as e-cigarettes, are battery-operated products designed to deliver nicotine, flavor and other chemicals. They turn chemicals into an aerosol that is inhaled by the user. E-cigarettes were created in 2007 and have become a global health issue. They have attracted the attention of the World Health Organization but there still is very little information on them due to a lack of scientific evidence. They contain a wide range of additives, some of which can be transformed into carcinogens during the process of using the product. The engineering of e-cigarettes has rapidly evolved. In spite of this, there is still a risk of overheating if they are tampered with. E-cigarettes are the most prevalent tobacco product used by teenagers. Currently, there are about 450 companies in the United States with an estimated 7,500 different liquid flavors available for purchase. E-cigarettes liquids, which are comprised of propylene glycol and/or glycerin, are available with or without nicotine and can contain flavorings.

Dr. Thornburg also described the structure of an e-cigarette and noted that they generate a mixture of vapors and aerosols. He also detailed the composition of e-cigarette emissions by chemical class which included nicotine, glycerin and glycol, alkylated cyclic compounds and phenolic compounds based on their presence in the gas, aerosol or bulk liquid form. When speaking about emissions and health implications, he noted that the particle size of their emissions, which is very small, determines where the particles deposit in the lungs. He continued by stating that the concentration determines how many particles deposit in the lungs. Size and concentration determine the toxicity of the particles inhaled by the user and included in secondhand exposure. The health effects and toxicity of nicotine are well known. In addition, the toxicity of some ingredients, such as flavors with diacetyls and cinnaldehyde, is based on industrial hygiene inhalation toxicology. However, the toxicity of other ingredients, as well as the acute and chronic impacts that result from inhalation of high concentrations of many e-liquid ingredients, are still largely unknown. About 50% of what is inhaled is exhaled. Approximately 47% of inhaled emissions are deposited into the lungs. Dr. Thornburg also mentioned that exhaled e-cigarette vapors from a single user were detected indoors as far as 6 feet away; concentrations were 25 times lower than adjacent to the user. He also stated that the tertiary effects such as exposure to nicotine or other components of e-cigarette emissions that deposit on surfaces have not been investigated. Lastly, Dr. Thornburg commented that there is still much unknown as science has not kept up with technology; however, the Food and Drug Administration (FDA) is currently funding research on e-cigarettes.

The BOH members had several questions that were addressed by Dr. Thornburg.

B. <u>E-Cigarettes: Trends and Policy Options</u>

Coby Austin, Senior Public Health Educator, opened her presentation by providing an overview of the trends in adult and youth use of e-cigarettes. Some of the data Ms. Austin covered included:

- About 16% of cigarettes smokers are “dual users” meaning that they may smoke cigarettes as well as e-cigarettes.
- About 22% of former smokers now use e-cigarettes.
- The percentage of long-term former adults who currently use e-cigarettes is 2.3%.
- Younger people are using e-cigarettes more than combustible, regular cigarettes.

- Combustible cigarette use is going down among North Carolina youth; however, tobacco use is increasing. That trend is driven by both e-cigarettes and hookah use.

Next, Alejandra Camargo, TRU Co-President, Carrboro High School, shared her perspective and observations on e-cigarette use among teens. Ms. Camargo stated that it is a growing fad with posts on social media including vaping memes. She continued by stating that many of her peers don't think it's harmful and consider it a better alternative than combustible cigarettes. She noted that there isn't a label on them stating their ingredients. The advertisement of the wide selection of appealing flavors such as cookies and cream and chameleon are enticing to youth. Ms. Camargo also mentioned that many youth and adults are smoking in places where they shouldn't such as while riding on the transit bus and in the classroom. She hopes that a policy on e-cigarettes is created to deter this from continuing.

Ms. Austin continued the presentation by providing an overview of the current governmental regulations. Only e-cigarettes that are marketed for therapeutic purposes are currently regulated by the FDA. The FDA has issued a proposed rule that would extend the agency's tobacco authority to cover additional products that meet the legal definition of a tobacco product, such as e-cigarettes, which would include requirements such as warning labels and for manufacturers to register with the FDA and seek the agency's review of new products. There are 8 states that include e-cigarettes in their smoke-free laws which mostly cover bars, restaurants and workplaces. Ms. Austin also noted that there is no statewide policy in North Carolina restricting e-cigarette use; however, there are more than 50 counties and municipalities in NC that prohibit e-cigarette use in or on government property.

Lastly, Ms. Austin reviewed the potential exposure in public places. Although there is not research on e-cigarettes use patterns, she mentioned our best indicator is to look at what the research told us about exposure to secondhand smoke before it was regulated. For example, restaurants were a primary place of exposure for adults and children, especially those from non-smoking homes. Secondhand smoke exposure experienced by servers and bartenders was also a concern as the highest concentrations of nicotine measured in public places was found in bars and lounges. Potential policy options were presented to the Board of Health. Staff recommended developing a policy to prohibit use of e-cigarettes in indoor areas of bars and restaurants.

The BOH members had several questions that were addressed by Ms. Austin and Dr. Bridger.

Motion to pass the resolution to develop a policy to prohibit use of e-cigarettes in indoor areas of bars and restaurants was made by Susan Elmore, seconded by Reena Mehta and carried without dissent.

C. 2nd Quarter Financial Reports and D. 2nd Quarter Billing Dashboard Reports

Rebecca Crawford, Finance & Administrative Services Division Director, gave a report on the 2nd quarter revenue and billing accuracy. Her report is as follows:

- Total Health Department Revenue: Average YTD monthly revenue in FY16 after the 2nd Quarter is $236k/month or $1.49 million YTD, representing 47.7% of our overall budgeted revenue for the year. This is an increase from an average of $218k/month in FY15. Expenses were in line with revenues at 46.41%.

- Total Billing Accuracy: Continuing with the goal of 90% billing accuracy set in FY 14-15, the average billing accuracy rate for medical halfway through FY 15-16 is 86% as compared to 92% in FY 14-15 and the average rate for dental for FY 15-16 is 97% as compared to 94% in FY 14-15.

- Dental Earned Revenue by Source: FY 15-16 average monthly revenue ($39k/month) is slightly below our budget projection ($45k/month) but still above our FY 14-15 average of $36k/month. FY 15-16 dental revenue totaled $471k at the end of the second quarter. Dental earned revenue will most likely continue to increase each month as our new dentist adds more clients to her schedule.

- Medical Earned Revenue by Source: Medical earned revenue is currently below the budgeted projection for FY 15-16. The monthly average after the second quarter ($45k/month) is lower than FY15 ($50k/y) and our budget projection ($50k/month). This is mainly due to holding Maternal Health encounters for Global Billing (billing multiple encounters at the end of the pregnancy) and holding multiple program encounters until we come to a resolution with Medicaid of an acceptable method to bill same day appointments, which we resolved in late December. FAS anticipates the monthly average will be closer to the budget projection in subsequent quarters.

The BOH members had questions that were addressed by Ms. Crawford and Dr. Bridger.

VI. Action Items (Non-Consent)

A. Safe Syringe Initiative

Meredith Stewart, Public Health Program Manager, and Robin Gasparini, Nursing Supervisor, provided an overview of the OCHD Safe Syringe Initiative (SSI) and its benefits. As a result of the BOH's Substance Abuse & Mental Health subcommittee action step to research methods to reduce infections passed through drug misuse and abuse, an educational presentation on syringe exchange programs was provided to the Board by Tessie Castillo of the NC Harm Reduction Coalition in June 2015. Ms. Stewart and Ms. Gasparini's presentation is the result of a request from the Board directing staff to investigate the practicality and design to provide Orange County residents with access to safe syringes and disposal of used syringes.

Ms. Stewart stated that some of the individual and community health benefits based on research and anecdotal evidence include decreasing the transmission of hepatitis C. Another benefit would be removing potentially infectious syringes from the community. The SSI would also provide syringes to diabetics patients that reuse syringes due to the cost and availability which in turn can decrease the incidences of needle breakage, lipodystrophy and tissue micro trauma. The initiative would also assist those that wish to purchase syringes but are unable due to some pharmacists' unwillingness to sell syringes. She also stated that it is very important to have local stakeholders on board with this initiative and mentioned that formal support from the district attorney and local law enforcement has been received.

Ms. Gasparini reported on the four open sessions held to allow questions and feedback from clinical staff. Below are the highlights:

- About 25 staff attended with 100% supporting this initiative

- Staff favored a simple hand-off process without need to collect demographic data
- Staff stressed the desire to publicize the program with community partners in Orange County
- Staff expressed an interest in having a refresher on sharps and biohazard procedures

Ms. Stewart concluded the presentation with the SSI operating procedures including the disbursement of the SSI kits. The operating procedures would be modeled after the way that condoms are presently dispersed which involves anonymity, allowing any person who asks to receive one. The SSI kits will be available at the front desk of both clinics. A safe syringe disposal will also be available at both clinics. Ms. Stewart also expressed that, following approval by the Board, the SSI will be operational no later than April 1, 2016 which would allow time for staff training and the supply provision.

The BOH members had questions that were addressed by Ms. Stewart, Ms. Gasparini and Dr. Bridger.

Motion to approve the implementation of the Safe Syringe Initiative was made by Jessica Frega, seconded by Nick Galvez and carried without dissent.

VII. Reports and Discussion with Possible Action

A. Innovation Grant Update

Each year, staff submit innovative proposals to provide better care, better health and reduced healthcare costs for Orange County residents. The Board was provided a copy of the 2015 End of Year Report and the 2016 Grant Awards. Meredith Stewart mentioned that there were 24 new submissions out of which 10 projects were funded. She briefly reviewed some of the projects.

The BOH members did not have any questions.

B. Health Director Report

In addition to the Health Director's report, Dr. Bridger briefly spoke about the Zika virus and the suggested actions that the Centers for Disease Control and the American Congress of Obstetricians and Gynecologists are recommending in regards to pregnant women who have traveled to any of the countries during any time of their pregnancy.

The BOH members had questions that were addressed by Dr. Bridger.

C. RWJF Culture of Health Nomination

Dr. Bridger informed the Board that Coby Austin took the lead on phase one of the application process which the OHCD successfully passed. Phase two required a 4 minute video that offers a full picture of health improvement efforts and provides a visual introduction to Orange County. The video was shown to the Board. Dr. Bridger stated that Bonnie Hammersley, County Commissioner, has been asked to share the video with the BOCC. Phase three involves a site visit from the RWJF.

The BOH members did not have any questions.

D. Media Items

Media items were in the packet which focused on Orange County's events and our involvement in various efforts.

VIII. Board Comments

Liska Lackey, Chair, commended staff for incorporating so much information within a 2 hour timeframe.

IX. Adjournment

A motion was made by Susan Elmore to adjourn the meeting at 8:59 p.m., was seconded by Barbara Chavious and carried without dissent.

The next Board of Health Meeting will be held February 24, 2016 at the Orange County Health Department, 300 West Tryon Street, Hillsborough, NC at 7:00 p.m.

Respectfully submitted,

Colleen Bridger, MPH, PhD
Orange County Health Director
Secretary to the Board

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