

## MINUTES

### DAVIDSON COUNTY BOARD OF HEALTH

July 12, 2011  
12:30 p.m.

#### BOARD MEMBERS PRESENT

Dr. Mark Hamrick  
Ms. Alice Gray  
Commissioner Don Truell  
Dr. Mark Davis  
Rev. Lamar Moore  
Mr. Keith Raulston  
Mr. Corey Buggs

#### STAFF PRESENT

Jen Hames  
Kim Frank  
Catherine Warren  
Barbara Jones  
Nancy Rosier

#### VISITORS PRESENT

Commissioner Fred McClure  
Kathie Johnson, President Thomasville Medical Center  
Sally Herndon, MPH Head, Tobacco Prevention & Control  
Elleveve Donahue JD Tobacco Control Attorney  
Dr. Michael Lanning  
Sandy Motley, Davidson Medical Ministries  
Jeannie Leonard, Davidson Co. Cooperative Extension  
Billy Freeman, Thomasville Recreation  
Angela Mauck, Thomasville Medical Center  
Mary Jane Akerman, Thomasville City Schools  
Charles Frye, County Attorney  
Michael Newby, Asst. County Attorney

#### WELCOME, INTRODUCTIONS AND ANNOUNCEMENTS

Dr. Mark Hamrick called the meeting to order, established a quorum, and welcomed everyone. Dr. Hamrick presented Dr. Mark Davis a gift of recognition for his nine years of service on the Board of Health.

Dr. Davis stated he has enjoyed his time on the board and has been involved in many changes, from accreditation, selling of home health, budget cuts, and hiring of the health director. Dr. Davis introduced Dr. Michael Lanning who is the recommended new Board of Health member to fill the dentist position.

#### MEETING AGENDA and CONSENT AGENDA APPROVAL

Dr. Hamrick asked for approval of the agenda and the consent agenda including the May 2011 minutes and the monthly and financial reports.

#### MOTION

Dr. Mark Davis made the motion to approve the items on the meeting agenda and consent agenda as presented. Keith Raluston seconded and the motion was approved.

#### HEALTH DIRECTOR'S REPORT

1. **Senate Bill 552 and Senate Bill 433** –At the last Board of Health meeting there was discussion around some legislative initiatives that will impact health departments across the State, they were Senate Bill 552 and Senate Bill 433. These bills have passed the Senate but were later pulled in the House. It is expected that they will be revisited in the short secession. Bill 552 is the regionalization of health departments and Bill 433 was human service consolation which basically gives commissioners the flexibility to merge human service agencies together and or pick up the function or role of the respective boards.
2. **CAP-C-** Parents are having some difficulty with paperwork transitions and in receiving services in a timely manner. I will follow up with the agencies to ensure they are doing what they are supposed to be doing as quickly as they can for the residents of Davidson County with children that have special needs.

3. **ACHIEVE grant** - Several of the guests in attendance today attended a conference in Baltimore to learn more about the ACHIEVE grant and how to implement a community obesity project. This is a very active and broad based group with representatives from the health department, both hospitals, Medical Ministries, all 3 school systems, all 3 recreation departments, cooperative extension, Lexington YMCA, county planning, and other community partners. We spent 4 days in Baltimore learning about policy development and working toward implementation of strategies to address the obesity issue.
4. **HIS** – Nothing really new to report at this point, I will be having conversation with the new Chief of Local operations in Raleigh and others as Technology Chair regarding things that are going on with HIS.
5. **State Funding for School Nurses** – I received notice via email, not as a result of things the Division of Public Health has done but as a result of legislative language, that the State money allocated for State nurses is still the same but has been reallocated. This has resulted in a ¾ position cut for the health department and the reallocation also directs for of the existing County nurses to go to Thomasville. I will be discussing with Raleigh to get more details on this issue.

## **NEW BUSINESS**

### **Collaborative Grant Proposal-Thomasville Medical Center-Kathie Johnson, President TMC**

Ms. Johnson requested approval from the Board of Health for the Health Department to join Thomasville Medical Center, Advance Home Care and Davidson Medical Ministries as partners in a Medicare grant “Community Base Care Transition Program” This grant opened in April and will continue to enroll participants until the money is no longer available later this year. This is a 3-year grant with potential to be expanded to a 5-year grant. To be eligible for consideration to participate in this grant program, you need to be identified by Medicare as a high readmission hospital for certain diagnosis. Thomasville Medical Center has been identified by CMS as a high readmission hospital for heart attack and pneumonia. At this time Thomasville Medical Center is the only hospital in Davidson County that is eligible for this program.

The idea behind this grant is to target Medicare geriatric patients over 65 years old with chronic illness. The grant specifically targets heart attack, pneumonia, COPD and our program has also added diabetic patients. Especially in patients that have difficult conditions, they face many barriers trying to manage their care at home after discharge and are not able to handle their care the way it was planned by the physician. Therefore, they end up returning and being readmitted to the hospital for treatment. The program identifies patients with a high risk diagnosis and other factors that would make them at high risk for readmissions. The grant will allow us to hire a case manager to follow these patients in the community. The case manager has a list of triggering factors, community resources and will follow up with the patient within 24 hours of discharge, and then every week or more frequently until they have an established plan of care. The grant would also hire a community health educator that is hired by the health department. The community educator would help link the community education sources in the county into a holistic approach. The third part of the grant is a pharmacy component that will review the medications prescribed to the patient and help ensure they have access to low cost medications and they are informed about the proper way to take their medications. This is an evidence based program as established by the Robert Wood Johnson Foundation and the National Institutes of Health.

The health department would be receiving the grant funds and would be reimbursing Thomasville Medical Center as they treat patients. Thomasville Medical Center would be responsible for submitting required reports, do accounting for what they do with the money, and patient follow up.

Mr. Long stated to the Board that while he believes this to be a good project for the community that as a health department he was concerned over remaining in a neutral position between the two hospitals.

However, as explained by Mrs. Johnson and as indicated in the grant TMC is the only hospital eligible to apply for the grant. Mr. Long further stated that the grant application is due tomorrow and if we received the grant then it will still need to go to the County Commissioners for acceptance.

## **MOTION**

Rev. Lamar Moore made a motion to approve this application and give the Board of Health's support to the Medicare grant application with TMC. Dr. Mark Davis seconded and the motion was approved.

### **You Quit Two Quit – Jen Hames**

Ms. Hames presented an overview of a research project the health department participated in with UNC-CH called "You Quit Two Quit". This project started in February 2009 and ended in March 31, 2011. The WIC team, Clinic team, Maternity Care Coordinators and Child Service Coordinators all participated as these programs work with smoking pregnant and postpartum clients already and encourage them to stop smoking. We were one of four counties across the state selected to participate due to our high rates of pregnant smokers. Out of all four counties, there were approximately 5,800 participants - 2,400 were in Davidson County which made us the largest participating county of the four counties. For the total of all the prenatal clients that participated, 56% were not smokers, 6% quit smoking before they became pregnant, 12% quit smoking after pregnancy, 21% smoked but did cut down the number of cigarettes smoked and approximately 5% remained the same during & after their prenatal care. For Davidson County, the rate was very similar with 55% never smoked, 5% quit before becoming pregnant, 12% quit after their pregnancy 23% smoked but did cut down the number of cigarettes smoked and approximately 5% remained the same during and after their prenatal care.

### **Regulating Smoking in the Community – Sally Herndon, MPH Tobacco Prevention & Control Branch DPH Elleveve Donahue, JD Tobacco Control Attorney**

Sally Herndon stated the main reason for this presentation was to give information on what authority the Board of Health and County Commissions have to regulate smoking in government buildings, grounds and public places. Ms. Herndon stated the Tobacco Prevention & Control Branch mission is to build capacity of diverse organizations and communities to reduce the health and economic consequences due to tobacco use in North Carolina. Smoking remains the leading preventable cause of death in the State, with approximately 11,000 deaths from tobacco related illnesses each year. For every single death approximately twenty more are sick which produces serious burdens on families and communities and also on the economics of our state with tobacco costing about 2.4 billion dollars in excess health care cost alone each year. This does not include the productivity cost which ends up being hundreds of millions of dollars to our Medicaid program. In addition we have documented that second hand smoke alone for people that don't smoke but are exposed to second hand smoke in the work place or public places cost the State 293 million dollars a year.

Ms. Herndon stated our job in Tobacco Prevention & Control Branch is first to keep children from starting to use tobacco products in the first place, trying to prevent initiating of tobacco use and work on eliminating exposure to second hand smoke because it is a serious health risk. Second hand smoke is commonly known to cause cancer and exacerbate asthma but new data coming out shows that even brief exposure of second hand smoke for a person with cardiovascular risk or cardiovascular disease can trigger a heart attack in an individual with just thirty minutes of second hand exposure. The CDC is saying that states that have passed comprehensive smoke free laws have seen approximately a 17% drop in heart attacks hospitalizations from passing those kinds of laws. We don't often get that kind of saving in chronic disease that quickly or that often, so it is a very effective intervention strategy.

Elleveve Donahue stated it has become a lot easier in North Carolina to prevent exposure to second hand smoke with the passage of the Smoke-Free Restaurant and Bars Law that has been in effect for a year and half. Part of that law allows local government to enact ordinances, regulations, and laws that are more restrictive than the State law. The local government includes any political subdivision of the State, which under North Carolina law includes the Board of Health.

Ms. Donahue stated e-cigarettes have been an issue that we have started to hear a lot about and where local governments can fit this in to their authority to regulate. Recently, the U.S. Court of Appeals held that e-cigarettes and other products made or derived from tobacco can be regulated as other tobacco products. Ms. Donahue stated the logical conclusion that the local the Board of Health could include these types of products in the regulations under their authority to regulate other tobacco products.

Ms. Donahue stated a local Board of Health may regulate local government buildings, grounds and vehicles. Public places are the big area where Board of Health has the authority to now regulate. These are any enclosed area to which the public is invited or in which the public is permitted. Enclosed under the law means it essentially has three walls and a roof. Ms. Donahue stated there are certain areas that the State law does not allow local government to regulate for example; private residence, private vehicle, cigar bar, private club, designated smoking guest room in a lodging establishment, actors on a motion picture, television set, theatre, or live production set.

Ms. Donahue explained there are tools a local Board of Health may use; rules, resolutions and polices. However, there is a slight difference in the smoke free law for any Board of Health regulation or policy if it is enacted after July 1, 2009; it has to be approved by the Board of County Commissioners through an ordinance. After the Board of County Commissioners approves the rule or policy, it has been the Division of Public Health's position the regulation applies throughout the county or district, towns including the incorporated and unincorporated areas. The procedures for enacting a local Board of Health rule; a 10 day public notice would be posted before the rule could be adopted and then the rule goes to the Board of County Commissioners for their approval. There are certain enforcement mechanisms set forth by the State law that have to be followed for any local ordinance or rule. The local health director is the only one who can impose administrative penalties which follows the same procedure as the State policy for the first violation, second violation written notices detailing the violation and future penalty. The third violation the local health director may impose up to \$200 for each day a violation occurs. Infractions cannot be more than \$50 and are imposed on an individual who continues to smoke in violation of the rule or ordinance. A misdemeanor is used only for those who use other tobacco products in violation of the rule or ordinance because the authority to regulate these products comes under your general authority to regulate for the public health any rule you would create the misdemeanor would be an option.

Ms. Donahue explained that Davidson County could start the smoke free process by the Board of Health making a rule that went for approval to the Board of County Commissioners could apply to all city and as well as unincorporated areas within the County. Even though there are internal policies you can make it clear by a blanket rule that smoking is prohibited inside all the government buildings, grounds, parking lots, sidewalks and parks which have become a large area of interest across the State. Ms. Donahue suggested that city and County government vehicles could be included as part of the ordinance and also emphasized to ordinances tobacco free rules not just smoke free.

## **MOTION**

Rev. Lamar Moore made a motion to appoint a committee with Mr. Long to pursue the smoke and tobacco free issues and discuss at the next Board meeting in September. Dr. Davis seconded and the motion was approved.

Smoking Regulations Committee: Dr. Mark Hamrick, Alice Gray, Layton Long and Don Truell

## **FUTURE BOARD MEETING DATES**

The Board of Health will meet Tuesday, September 13, 2011 at 12:30.

**MEETING ADJOURNED**

Respectfully submitted,

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**L. Layton Long, REHS, MSA**  
**Secretary to the Board**

This is a true and accurate copy of the July 12, 2011, Board of Health Minutes.

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**Dr. Mark Hamrick, Chair**