Kent City Health Department
414 E. Main Street
Kent, Ohio 44240

HEALTH BOARD MINUTES
January 10, 2017

Board Members Present	**Members Absent**	**Staff Present**
John Gwinn		Jeff Neistadt
Michelle Frederick		Tracy Radovic
Pam Ferguson		
Joan Seidel		
Doug Wagener		
Jack Amrhein		

Doug Wagener, Health Board President called to order the Health Board Meeting of January 10, 2017, at 5:30 p.m.

The minutes from the December 13, 2016 meeting were distributed and reviewed by the Health Board members prior to the meeting.

Motion: A motion to approve the minutes from December 2016, was made by Pam Ferguson and seconded by John Gwinn. With no objections, the motion passed. Jack Amrhein abstained from voting due to being absent at the meeting.

Open Comments - Two (2) NEOMED students attended the Health Board Meeting January 10, 2017. They introduced themselves and stated their major.

Statistical Report for December 2016 – no issues

Expenditures and Encumbrance Report for December 2016

Expenditures & Encumbrances December 2016			
12/1/2016	Treasurer, State of Ohio	Food Service Transmittal fees for vending	$12.00
12/1/2016	Div. of Real Estate	Burial Permit Transmittal fees for November	$152.50
12/5/2016	Bissler & Sons Funeral Home	Indigent services for Wolf.	$1,000.00
12/6/2016	Eric Gorczynski	Reimbursement for RS Exam fees	$165.00
12/6/2016	OEHA	Membership Dues for Neistadt, Kelly, & Smith	$180.00

Motion: A motion to approve the expenditures and encumbrances for the month of December 2016 was made by Joan Seidel and seconded by Jack Amrhein. With no objections, the motion passed.

Commissioner's Report

We are continuing our conversations with Kent State regarding the academic health department model. They are holding an internal meeting with their various public health staff members this week to determine which staff would like to work with us. Dr. Leahy and my goal is to have this up and running by the spring semester.

Our Food Safety Basics Class was held last Wednesday. We had a full house here in the basement. We plan on conducting this class quarterly in 2017.

We have received several inquiries on the Level 2 certification from restaurants in Kent as well as Portage County. Justin and Jeff are currently working out the administrative requirements of having this class as this is a new venture. Attendees who take this class will have to take a comprehensive exam after the two day course with a passing score of 70% or above. We are also planning on having this course done quarterly and would like to have the first class at the end of March if possible.

Housing and Urban Development (HUD) implemented a new smoke free policy effective July 1, 2019. All PMHA properties will need to be completely smoke free by that date. Jeff will be meeting with the interim director, Pam Nation, and her staff later this week to present some materials we have developed from last year's tobacco funding as well as example policies. In addition to being the Health Commissioner I will also will be our tobacco control project officer.

A reminder that today we started our quarterly CHIP meetings at the Portage County health Department. Today we covered Obesity, Access to Health Care, and Injury prevention. Tomorrow will be Mental Health and Substance Abuse.

Staff and I are going to be using the information developed by our intern that was presented at last month's board meeting to conduct our first quality improvement project for this year. Once staff and I have met to the information will then go to the Quality Improvement Committee to complete. Doug and Pam are currently on the committee to obtain the board's perspective.

We currently have no civil service coordinator in the City so there unfortunately have been some delays with the accreditation coordinator position. From my knowledge, even when we did have one last year the commissioner only had two meetings and one was cancelled. The position was posted over the holidays and we did get several applications. Testing was done last week so hopefully I will be able to interview folks soon.

As an FYI, Justin Smith is teaching a course at Kent State in their hospitality management program on food safety and I am going to be the guest lecture for some environmental health courses as well as modules on infectious diseases and emergency response.

And finally, Rose will be here next month to present the annual communicable disease report.

Discussion Items

A discussion ensued on the communicable disease report. Michelle Frederick stated that her and her students were discussing the report and they had come up with some ideas on prevention and forwarded them to the Health Commissioner. Michelle stated that some of the ideas brought up could be funded through grants if they are available. One of the issues discussed at length was Chlamydia. Michelle stated that it would be a great idea to seek out grant opportunities for the installation and maintenance of condom dispensers around Campus as well as in local restaurant and bar restrooms. Having access to condoms at the appropriate venues could significantly reduce Chlamydia as well as other communicable diseases.

Food Safety Violations 2013 – 2015

Our intern will be working on some trends and ratios regarding this data. There had been a noticeable spike in critical violations on this report in 2014. A little background on the Food Service Program, in 2013 we were more interested in educating operators; 2014 we began enforcing more of the code; 2015 was a combination education/enforcement. Also we added more operations than in previous years as well.

Level 2 Certification Food Safety Course

Class III and IV operators will need to be level 2 certified by the end of this year. We can charge 150 per person for the class. That should take care of course fees, time, etc.

Accreditation Support from CPHP

Kent and Portage County will be applying for Accreditation Support together. Currently we are putting our training needs together and we will submit that information to the state and regional training sessions will be decided.

Food Safety Class Results

Food safety class results were fantastic.

Community Health Assessment Results on Tobacco and Grant Info

We will receive a little over $37,500 for this grant from the state by CDC. The program is deliverable based. Actual work must occur with reimbursement of funds spent. We have approximately eleven (11) deliverables to work on. Some of which include: Inventory of smoke free policies; developing outreach plans; developing partnerships; presenting and handing out materials at housing complexes and events and adopting smoke free outdoor spaces, just to name several items the health department will be working on. Jeff presented to

the Board of Health, key findings identified in the recent health assessment for Adult Tobacco use and behaviors as well as Youth Tobacco use and behaviors. The presented documents are attached.

Action Items

Resolution 2017-001 Food Service License Fees 3rd & Final Reading – fee increases are based on our annual cost methodology. In addition, we are adding a new non-profit, non-commercial temporary license fee for the fund raising events in Kent that serve food. (i.e. the taste of Kent; Grill for Good, etc.). No Comments at all on the increase from any operators.

Risk Classification	Local Fee	State Fee	Total License Fee
Risk Class 1 <25,000 sq. ft.	$225.00	$28.00	$253.00
Risk Class 2 <25,000 sq. ft.	$250.00	$28.00	$283.00
Risk Class 3 <25,000 sq. ft.	$480.00	$28.00	$508.00
Risk Class 4 <25,000 sq. ft.	$600.00	$28.00	$628.00
Risk Class 1 >25,000 sq. ft.	$320.00	$28.00	$348.00
Risk Class 2>25,000 sq. ft.	$340.00	$28.00	$368.00
Risk Class 3>25,000 sq. ft.	$1200.00	$28.00	$1228.00
Risk Class 4>25,000 sq. ft.	$1300.00	$28.00	$1328.00
Mobile FSO/RFE	$225.00	$28.00	$253.00
Vending	$23.00	$6.00	$29.00
Temporary FSO/RFE (Commercial)	$90.00	$0	$90.00
Temporary FSO/RFE (Non-Commercial)	$45.00	$0	$45.00

Motion: A motion to approve the 3rd and final reading of a fee increase for Food Service licenses and the addition of a non-profit, non-commercial temporary license fee was made by Pam Ferguson and seconded by Jack Amrhein. With no objections, the motion passed by roll call vote: Amrhein, Aye; Ferguson, Aye; Seidel, Aye; Frederick, Aye; Gwinn, Aye; and Wagener, Aye.

Resolution 2017-002 Swimming Pool License Fees Increase 3rd and Final Reading – Fees have not been covering the costs to run the swimming pool program for several years. Our fee needs to be increased from $350 to $400 per pool.

Motion: A motion to approve the 3rd and final reading of a $50 fee increase for Swimming Pool licenses was made by Michelle Frederick and seconded by John Gwinn. With

no objections, the motion passed by roll call vote: Amrhein, Aye; Ferguson, Aye; Seidel, Aye; Frederick, Aye; Gwinn, Aye; and Wagener, Aye.

Executive Session

Motion: A motion at 6:41 p.m. to go into executive session to address a personnel matter was made by Joan Seidel and seconded by Jack Amrhein. With no objections, the motion passed by roll call vote: Amrhein, Aye; Ferguson, Aye; Seidel, Aye; Frederick, Aye; Gwinn, Aye; and Wagener, Aye.

Motion: A motion at 6:50 p.m. to return from executive session was made by Jack Amrhein and seconded by John Gwinn. With no objections, the motion passed by roll call vote: Amrhein, Aye; Ferguson, Aye; Seidel, Aye; Frederick, Aye; Gwinn, Aye; and Wagener, Aye.

During executive session, all Health Board Members agreed that for effort and performance, Jeff Neistadt, Health Commissioner and Secretary to the Board of Health, shall be granted an additional week of vacation effective immediately.

Being no further business to discuss, Doug Wagener asked for a motion to adjourn.

Motion: A motion to adjourn the Health Board meeting of January 10, 2017, was made by Joan Seidel and seconded by Jack Amrhein. With no further discussion the motion passed. Meeting adjourned at 6:55 p.m.

Approved:

Douglas Wagener, President

Jeff Neistadt, Secretary

Adult | TOBACCO USE

Key Findings

In 2015, 13% of Portage County adults were current smokers and 23% were considered former smokers. In 2015, the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of death worldwide, and is responsible for the deaths of approximately half of long-term users. Each year, tobacco use is responsible for almost 6 million premature deaths, 80% of which are in low-and middle-income countries, and by 2030, this number is expected to increase to 8 million (Source: Cancer Facts & Figures, American Cancer Society, 2015).

Adult Tobacco Use Behaviors

- The 2016 health assessment identified that nearly one-in-eight (13%) Portage County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoke some or all days). The 2013 BRFSS reported current smoker prevalence rates of 23% for Ohio and 19% for the U.S.

- Almost one-quarter (23%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke). The 2013 BRFSS reported former smoker prevalence rates of 25% for Ohio and the U.S.

- Portage County adult smokers were more likely to:
  - Have been married (47%)
  - Have rated their overall health as fair or poor (36%)
  - Have incomes less than $25,000 (23%)
  - Have been between 30 to 64 years of age (18%)

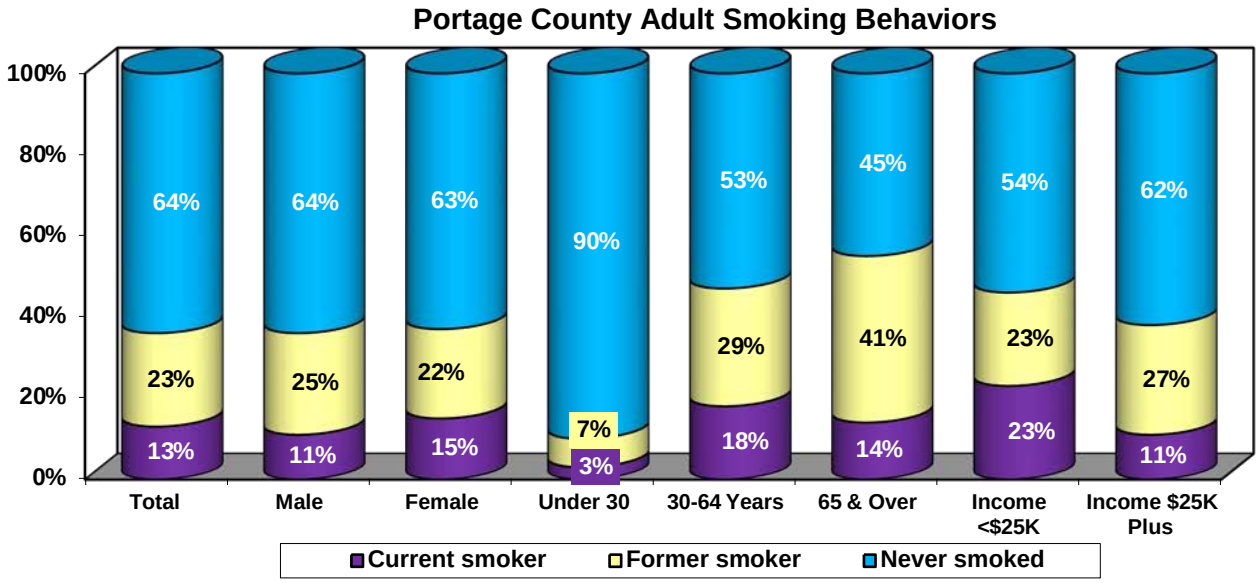
- Portage County adults used the following tobacco products in the past year: cigarettes (19%), e-cigarettes (11%), cigars (7%), Black and Milds (5%), hookah (4%), chewing tobacco (3%), snuff (1%), little cigars (1%), pipes (1%), and cigarillos (<1%).

- 52% of current smokers responded that they had stopped smoking for at least one day in the past year because they were trying to quit smoking.

- Portage County adults used the following methods to quit smoking in the past year: cold turkey (21%), e-cigarettes (12%), nicotine patch (6%), prescribed Chantix (4%), nicotine gum (3%), hypnosis (3%), Wellbutrin (1%), cessation classes (1%), support groups (1%), and substitute behaviors (1%).

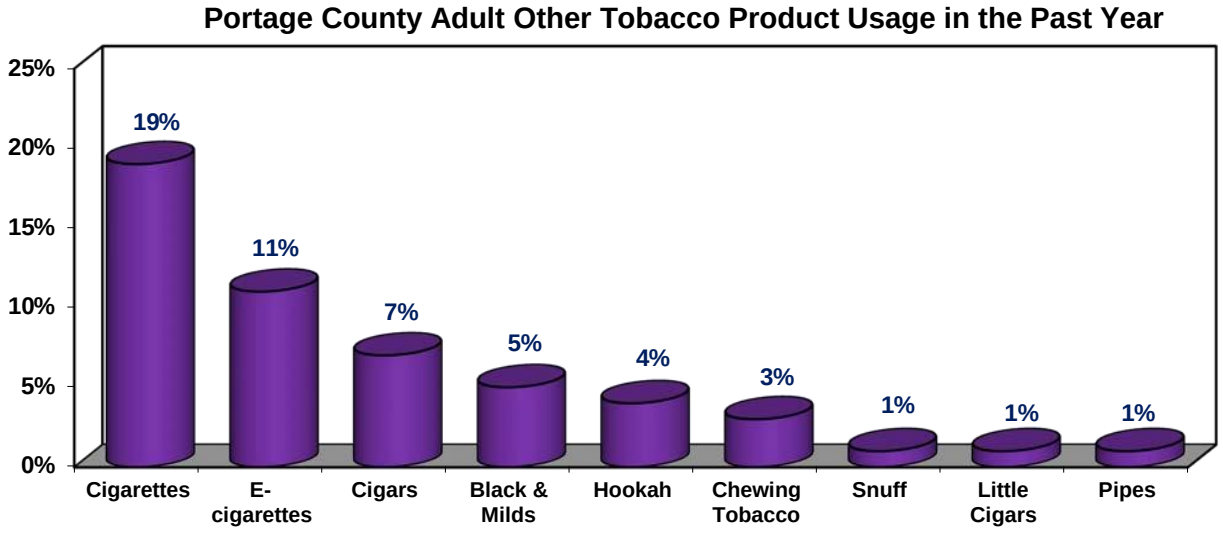
- Portage County adults reported they would support an ordinance to ban smoking in the following places: vehicle with a minor present (71%), college/university campuses (48%), parks or ball fields (47%), fairgrounds (44%), and other places (12%). 25% of adults reported they would not support an ordinance to ban smoking anywhere.
- Portage County adults reported the following rules about smoking inside their home: smoking was not allowed anywhere inside their home (80%), smoking was allowed in some places or at some times (7%), there were no rules about smoking in their home (7%), and smoking was allowed anywhere inside their home (5%).

The following graph shows the percentage of Portage County adults who used tobacco. Examples of how to interpret the information include: 13% of all Portage County adults were current smokers, 23% of all adults were former smokers, and 64% had never smoked.



Respondents were asked: "Have you smoked at least 100 cigarettes in your entire life? If yes, do you now smoke cigarettes every day, some days or not at all?"

11% of adults had used e-cigarettes in the past year.

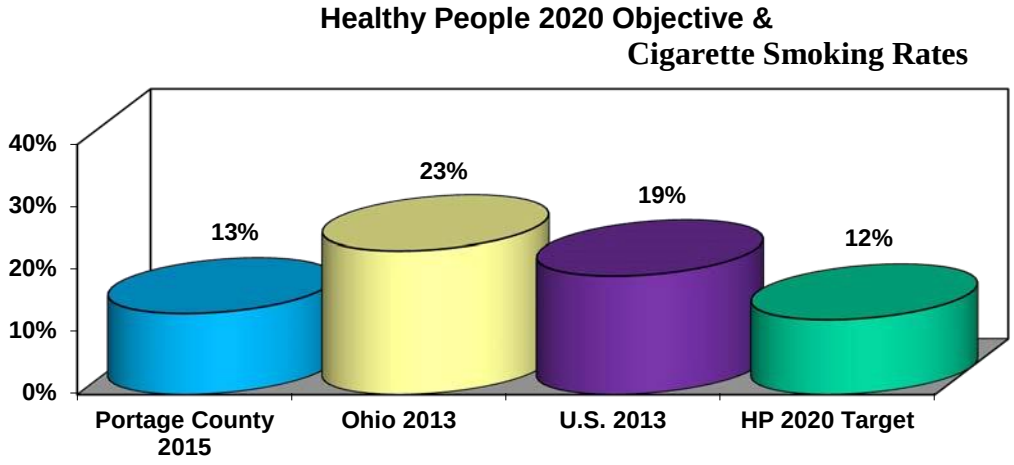


ADULT TOBACCO

Adult Comparisons	Portage County 2015	Ohio 2013	U.S. 2013
Current smoker	13%	23%	19%
Former smoker	23%	25%	25%

The following graph shows Portage County, Ohio, and U.S. adult cigarette smoking rates. The BRFSS rates shown for Ohio and the U.S. were for adults 18 years and older. This graph shows:

- Portage County adult cigarette smoking rate was lower than the Ohio and U.S. rates, and higher than the Healthy People 2020 Goal.



(Source: 2016 Portage County Health Assessment, 2013 BRFSS and Healthy People 2020)

23% of Portage County adults indicated that they were former smokers.

Electronic Cigarette Facts

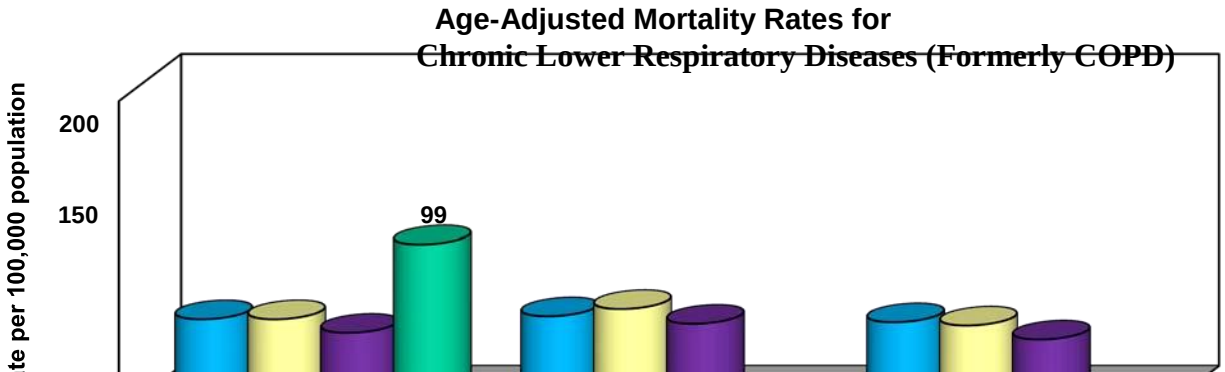
- Electronic cigarettes (e-cigarettes) are a type of electronic smoking device, resembling cigarettes. They can also look like pipes, pens, or USB memory sticks.
- E-cigarettes cost approximately $30-60, and refill cartridges cost $7-$10. More recently, disposable e-cigarettes that "last up to two packs" are being sold for under $10 in local and national convenience stores.
- Cartridges generally contain 10-20 mg of nicotine. However, as e-cigarettes are unregulated by the Food and Drug Administration (FDA), their contents and the level of these contents can be highly variable.
- Ever use of e-cigarettes is highest among current cigarette smoking adults in the U.S. and increased from 9.8% in 2010 to 21.2% in 2011 to 32% in 2012.
- Early studies by the FDA found varying levels of nicotine and other potentially harmful ingredients, including cancer-causing substances and di-ethylene glycol, which is found in anti-freeze. However, these substances were found at much lower levels than in traditional cigarettes.
- The awareness and use of electronic cigarettes are increasing. In 2011, 6 of 10 U.S. adults were aware of electronic cigarettes with 21% of smokers having ever used an electronic cigarette.
- Nicotine is found in both inhaled and exhaled vapor of electronic cigarettes. Studies have also found heavy metals, silicates, and cancer-causing compounds in exhaled e-cigarette vapor.

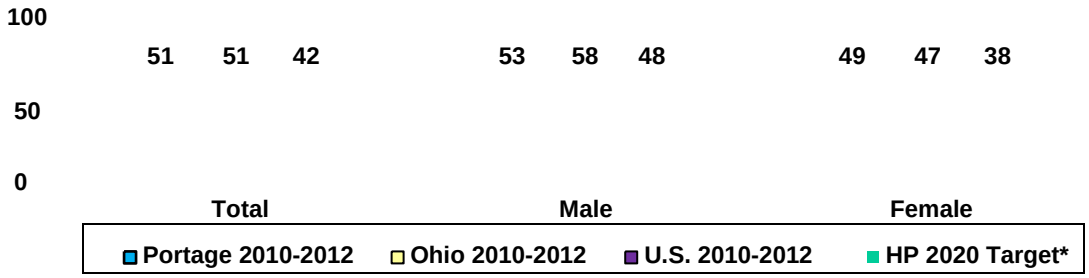
(Source: Philadelphia Department of Public Health, "Electronic Cigarette Fact sheet," published February 2014, from: http://www.smokefreephilly.org/smokfree_philly/assets/File/Electronic%20Cigarette%20Fact%20Sheet_2_27_14.pdf & Legacy for Health, Tobacco Fact Sheet, May 2014, from: http://www.legacyforhealth.org/content/download/582/6926/file/LEG-FactSheet-eCigarettes-JUNE2013.pdf)

The following graphs show Portage County, Ohio, and U.S. age-adjusted mortality rates per 100,000 population for chronic lower respiratory diseases (formerly COPD) in comparison with the Healthy People 2020 objectives and the percentage of Portage County and Ohio mothers who smoked during pregnancy. These graphs show:

- From 2010-2012, Portage County's age-adjusted mortality rate for Chronic Lower Respiratory Disease was equal to the Ohio rate, and higher than the U.S. rate, but lower than the Healthy People 2020 target objective.

- Disparities existed by gender for chronic lower respiratory disease mortality rate. The 2010-2012 Portage County male rates were higher than the Portage County female rates.





(Source: ODH Information Warehouse and Healthy People 2020)
** Healthy People 2020's target rate and the U.S. rate is for adults aged 45 years and older.*
***HP2020 does not report different goals by gender.*

Smoke-free Living: Benefits & Milestones

According to the American Heart Association and the U.S. Surgeon General, this is how your body starts to recover:

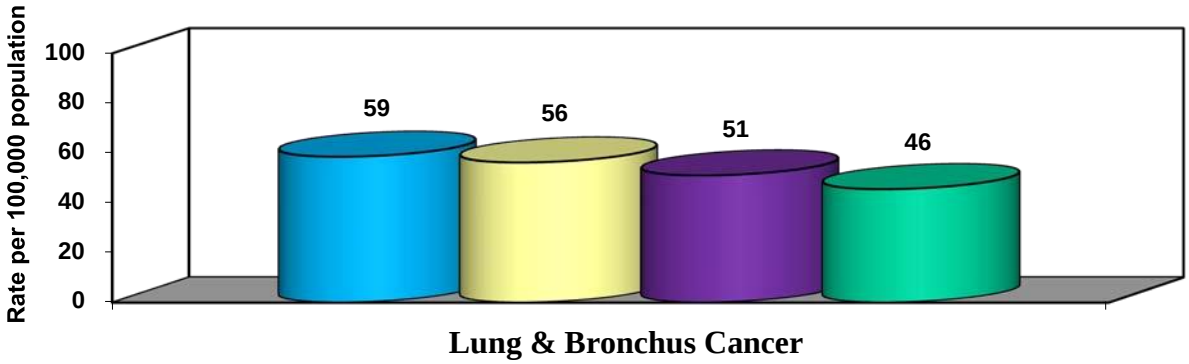
- In your first 20 minutes after quitting: your blood pressure and heart rate recover from the cigarette-induced spike.
- After 12 hours of smoke-free living: the carbon monoxide levels in your blood return to normal.
- After two weeks to three months of smoke-free living: your circulation and lung function begin to improve.
- After one to nine months of smoke-free living: clear and deeper breathing gradually returns as coughing and shortness of breath diminishes; you regain the ability to cough productively instead of hacking, which cleans your lungs and reduce your risk of infection.
- One year after quitting smoking, a person's risk of coronary heart disease is reduced by 50 percent.
- Five to 15 years after quitting smoking, a person's risk of stroke is similar to that of a nonsmoker.
- After 10 years of smoke-free living, your lung cancer death rate is about half that of a person who has continued to smoke. The risk of other cancers, such as throat, mouth, esophagus, bladder, cervix and pancreas decreases too.

(Source: AHA, Smoke-free Living: Benefits & Milestones, 2015, from: http://www.heart.org/HEARTORG/GettingHealthy/QuitSmoking/QuittingSmoking/Smoke-free-Living-BenefitsMilestones_UCM_322711_Article.jsp)

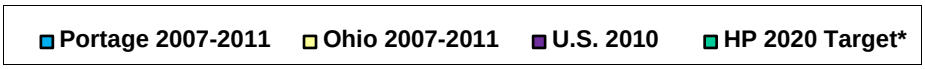
The following graphs show Portage County, Ohio, and U.S. age-adjusted mortality rates per 100,000 population for lung and bronchus cancer in comparison with the Healthy People 2020 objectives and Portage County mortality rates by gender. These graphs show:

- Disparities existed by gender for Portage County lung and bronchus cancer age-adjusted mortality rates. The 2007-2011 Portage male rates were substantially higher than the Portage female rates.

Age-Adjusted Mortality Rates for

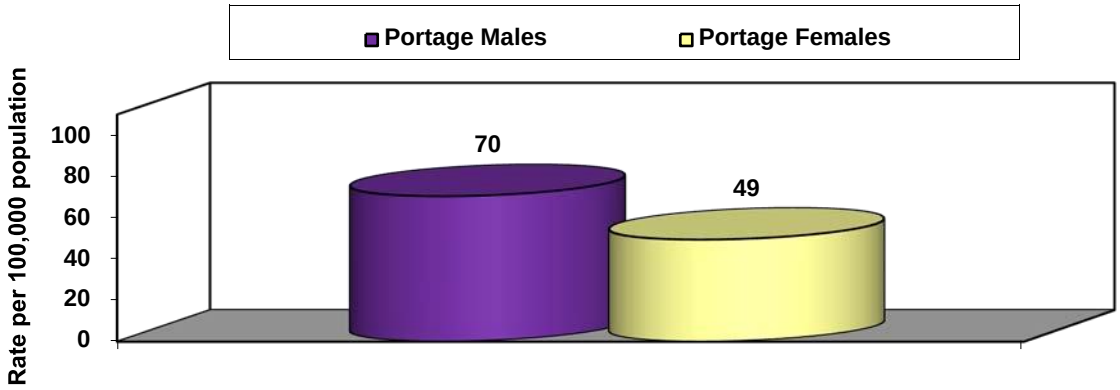


Lung & Bronchus Cancer



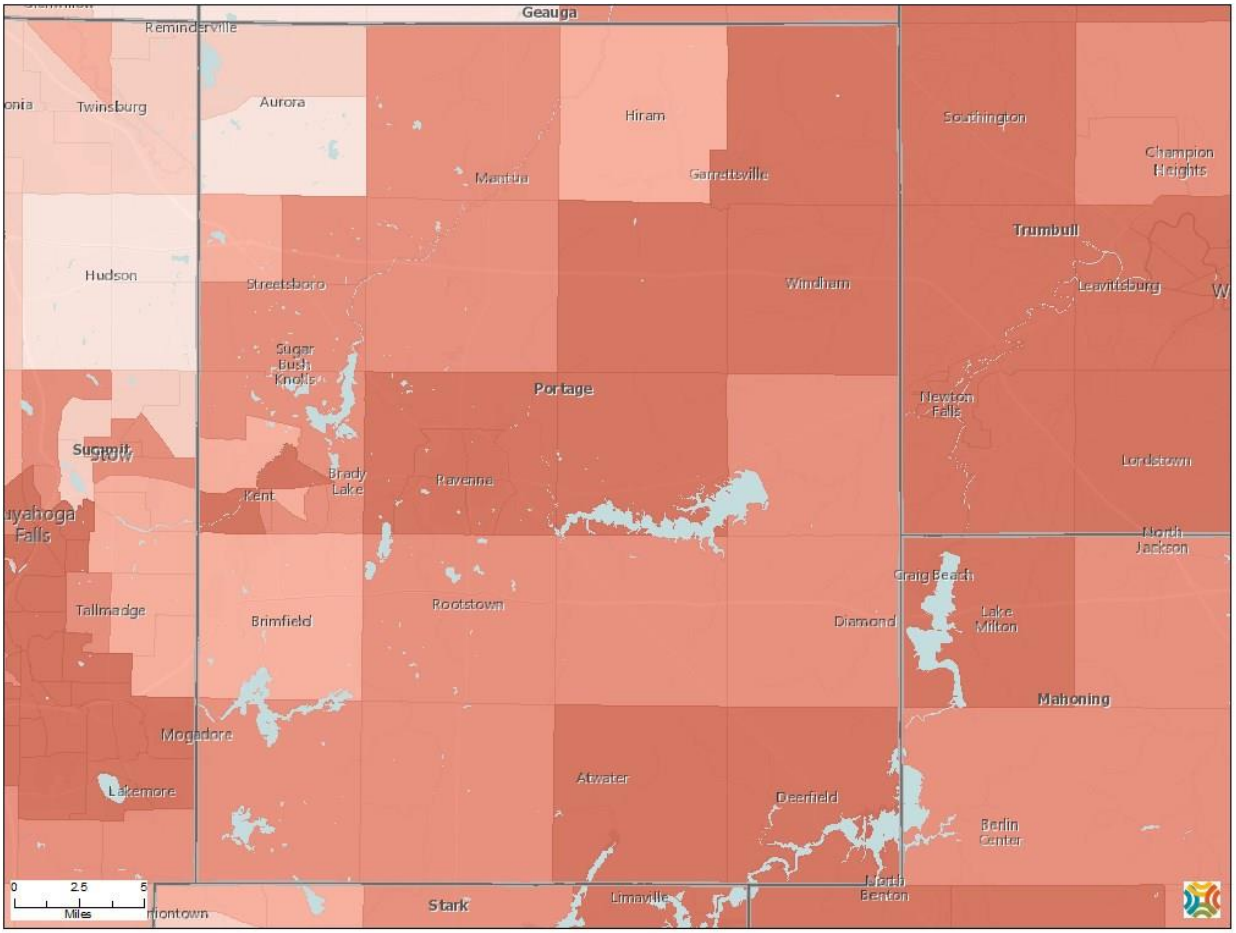
**Healthy People 2020 Target data is for lung cancer only*
(Sources: Healthy People 2020, National Cancer Institute, ODH Information Warehouse, updated 2014)

Age-Adjusted Mortality Rates by Gender for Lung & Bronchus Cancer



(Source: ODH Information Warehouse, updated 2014)

ADULT TOBACCO



(Source: Community Commons, updated 4/9/2015)

Cigarette Expenditures, Percent of Total Expenditures, National Rank by Tract, **Nielsen 2014**

Youth | TOBACCO USE

YOUTH TOBACCO

Key Findings

The 2016 Health Assessment identified that 6% of Portage County youth in grades 6-12 were smokers, increasing to 10% of those ages 17 and older. 17% of youth vaped e-cigarettes in the past year.

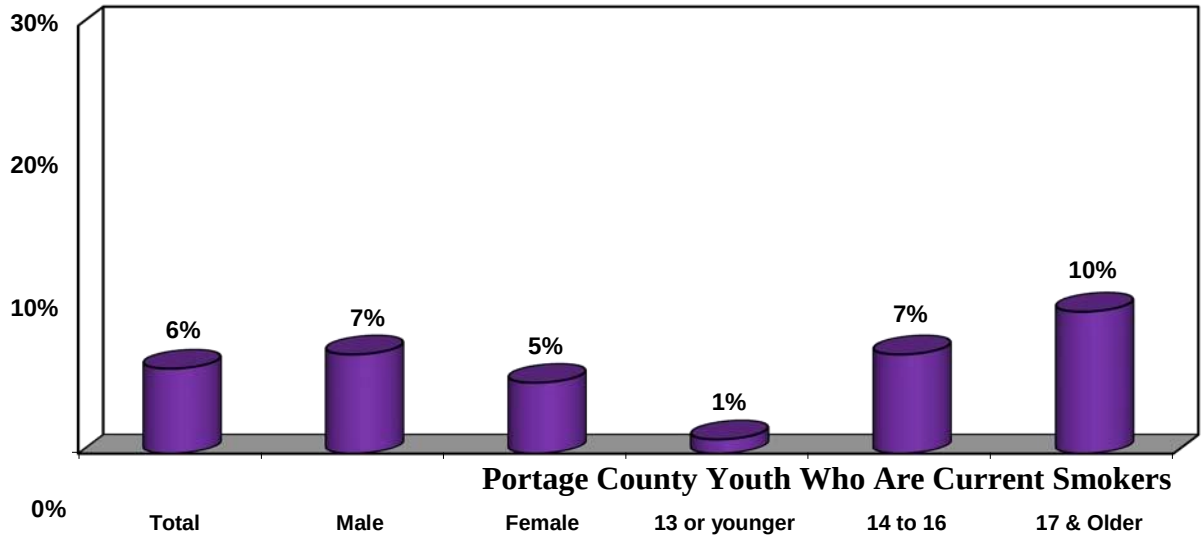
Youth Tobacco Use Behaviors

- The 2016 Health Assessment indicated that 26% of Portage County youth had tried cigarette smoking (2013 YRBS reported 41% for the U.S.).
- 17% of those who had smoked a whole cigarette did so at 10 years old or younger, and another 26% had done so by 12 years old. The average age of onset for smoking was 12.8 years old.
- 8% of all Portage County youth had smoked a whole cigarette for the first time before the age of 13 (2013 YRBS reported 9% for the U.S.).
- In 2015, 6% of Portage County youth were current smokers, having smoked at some time in the past 30 days (2013 YRBS reported 15% for Ohio and 16% for the U.S).
- 21% of current smokers smoked cigarettes daily.
- 1% of all Portage County youth smoked cigarettes on 20 or more days during the past month (2013 YRBS reported that 7% of youth in Ohio smoked cigarettes on 20 or more days during the past month and 6% for the U.S).
- Over three-fifths (63%) of Portage County youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.
- 63% of youth smokers borrowed cigarettes from someone else, 38% took them from a family member, 33% gave someone else money to buy them cigarettes¸ 29% indicated they bought cigarettes from a store or gas station (2013 YRBS reported 18% for the U.S.), 21% said a person 18 years or older gave them the cigarettes, 4% took them from a store and

13% got them some other way. No one reported getting them from the internet, or a vending machine.

- Portage County youth used the following forms of tobacco the most in the past year: ecigarettes (17%), cigarettes (11%), hookah (8%), Black and Milds (8%), swishers (6%), chewing tobacco or snuff (6%), cigars (5%), cigarillos (3%), flavored cigarettes (3%), snus (2%), little cigars (1%), dissolvable tobacco products (1%) and bidis (<1%).

The following graph shows the percentage of Portage County youth who smoke cigarettes. Examples of how to interpret the information include: 6% of all Portage County youth were current smokers, 7% of males smoked, and 5% of females were current smokers.



8 % of all Portage County youth had smoked a whole cigarette for the first time before the age of 13.

Behaviors of Portage County Youth

Current Smokers vs. Non-Current Smokers

Youth Behaviors	Current Smoker	Non-Current Smoker
Have had sexual intercourse	77%	24%
Participated in extracurricular activities	75%	88%
Have had at least one drink of alcohol in the past 30 days	63%	15%
Have been bullied in the past 12 months	63%	42%
Have used marijuana in the past 30 days	50%	8%
Misused prescription medications in the past 30 days	38%	6%
Attempted suicide in the past 12 months	38%	7%

Current smokers are those youth surveyed who have self-reported smoking at any time during the past 30 days.

Youth Comparisons	Portage County 2015 (6th-12th)	Portage County 2015 (9th–12th)	Ohio 2013 (9th–12th)	U.S. 2013 (9th–12th)
Ever tried cigarettes	26%	36%	52%*	41%
Current smokers	6%	9%	15%	16%
Smoked cigarettes on 20 or more days during the past month(of all youth)	1%	2%	7%	6%
Smoked a whole cigarette for the first time before the age of 13(of all youth)	8%	9%	14%*	9%

* Comparative data YRBS data for Ohio is 2011

Electronic Cigarettes and Teenagers in the U.S

- The percentage of U.S. middle and high school students who tried electronic cigarettes more than doubled from 2011 to 2012.
- E-cigarettes look like regular cigarettes, but they are operated by battery. An atomizer heats a solution of liquid, flavorings, and nicotine that creates a mist that is inhaled.
- The percentage of high school students who had ever used e-cigarettes rose from 4.7% in 2011 to 10% in 2012. In the same time period, high school students using ecigarettes within the past 30 days rose from 1.5% to 2.8%.
- The percentage of middle school students who had ever used e-cigarettes also doubled from 1.4% to 2.7%.
- Altogether, as of 2012 more than 1.78 million middle and high school students in the US had tried e-cigarettes.
- 76% of current young e-cigarette users also smoked regular cigarettes. Some experts fear that e-cigarettes may encourage children to try regular cigarettes.
- Nicotine is a highly addictive drug. Many teens that start with e-cigarettes may be condemned to struggling with a lifelong addiction to nicotine and conventional cigarettes.

(Source: CDC, Press Release, September 5, 2013, http://www.cdc.gov/media/releases/2013/p0905ecigarette-use.html & ACS, Electronic Cigarette Use Doubles Among Teenagers, September 9, 2013, http://www.cancer.org/cancer/news/electronic-cigarette-use-doubles-among-teenagers)