

**Board of Health**  
**July 9, 2013**  
**12:00 Noon**  
**Rice Conference Room**

**Present:** Will Burbank; Brooke Greenhouse; James Macmillan, MD, President; Patrick McKee; and Janet Morgan, PhD

**Staff:** Sylvia Allinger, Director of CSCN; Liz Cameron, Director of Environmental Health; Sigrid Connors, Director of Patient Services; Brenda Grinnell Crosby, Public Health Administrator; William Klepack, MD, Medical Director; Jonathan Wood, County Attorney; and Shelley Comisi, Keyboard Specialist

**Excused:** Amy DiFabio, MD; Michael McLaughlin, Jr.; Patricia Meinhardt, MD; and Frank Kruppa, Public Health Director

**Privilege of the Floor:** No one was present for Privilege of the Floor.

Dr. Macmillan called the regular meeting of the Board of Health to order at 12:09 p.m.

**Approval of June 11, 2013 Minutes:** Dr. Morgan moved to approve the minutes of the June 11, 2013 meeting as written; seconded by Mr. Greenhouse; carried unanimously.

**Financial Summary:** Ms. Grinnell Crosby did not have a report for the month but should have one prepared for August.

**Administration Report:** Mr. Kruppa was absent from the meeting.

It was noted the Board will be meeting the fourth Tuesday of the month beginning in August; the next meeting to be held August 27th. An updated schedule of meeting dates will be sent to members.

**Medical Director's Report:** Dr. Klepack invited questions and/or comments regarding his written report that included an article discussing a 5-tier health impact pyramid as a framework for public health action.

Dr. Morgan noted there was no mention of gun violence as a public health issue and thought it was a glaring omission.

Dr. Klepack commented the pyramid is an important hierarchy to begin thinking about public health interventions. Most physicians are involved at the level of providing information to the individual in an attempt to persuade the person to make changes. It is challenging when dealing with strongly rooted cultural behaviors such as the current epidemic of obesity.

Dr. Macmillan referred to the base of the pyramid representing socioeconomic variables. These variables include poverty and education levels which are social determinants of health. Data from developing countries supports the idea that educating the population will improve economic viability. In the United States, there is a financial burden on students wanting to obtain additional education and/or training. It is important to address the issue and encourage education in a cost-effective way. Another policy issue to consider is how public health can impact behaviors that are not within the traditional purview of public health. There is a need to be thinking “outside the box” while trying to be efficient with financial resources.

Mr. Greenhouse thought the article was fascinating but wondered how the concept could be implemented. Dr. Klepack responded local and state health units can float ideas. If there is public reaction, then it must be determined whether there is political support for regulation. Society must decide what is tolerable in the discussion of individual choice versus regulation.

Dr. Klepack stated the hydrofracking issue is an example of the Board of Health enacting the pyramid’s hierarchy. After reviewing the matter, the Board issued a statement in an effort to assist New York State Department of Health (NYSDOH) prepare its health impact assessment of hydrofracking. Based on that assessment, the New York State Department of Environmental Conservation (NYSDEC) may modify regulations governing the process that will result in the public health risk being eliminated or reduced.

Mr. McKee thought the health impact pyramid promotes a broader view of public health. Unemployment and education are public health issues to be considered. The fact that resources directed at the top of this pyramid have the least impact suggests the need for setting public health policy.

Dr. Macmillan noted traditionally efforts have been directed toward the top of the pyramid. Some of the emphasis is turning away from clinical care delivery; however, access to medical care is not universal. There will be individuals dependent upon someone caring about their needs. Taking a broader view makes sense but empowering the public health sector to have some impact on policy remains a concern.

**Division for Community Health Report:** Ms. Connors had no additions to her written report.

**Children with Special Care Needs Report:** Ms. Allinger had nothing to add to her report.

**County Attorney’s Report:** Mr. Wood stated he had nothing to report.

**Environmental Health Report:** Ms. Cameron reported the application of endothall for treating hydrilla in Cayuga Inlet is scheduled for July 16th.

**Approval of Licensed Home Care Services Agency (LHCSA) policy and procedure revisions:** Ms. Connors explained the following three policies provide direction to the LHCSA program.

1. **Admission, Plan of Care and Discharge for Maternal-Child, MOMS Clients:** Covers the admission, plan of care and discharge procedures for clients.
2. **Client Services:** Outlines the kind of services to be provided.
3. **Medical Orders:** Describes the process and timelines for medical orders.

Mr. Greenhouse moved to accept the three policies as written; seconded by Dr. Morgan.

Mr. Greenhouse noted the second sentence of the first policy states clients will not be denied service based on an inability to pay. He asked if there are mechanisms in place to help clients obtain financial assistance. As a part of the billing process, Ms. Connors replied staff refers clients to any programs for which they may be eligible. Although clients will not be denied service, they may be asked to pay according to a sliding-fee scale or payment plan.

Dr. Morgan referred to the first policy “Plan of Care Procedure” that includes a list of assessments and wondered whether it should include goals and implementation interventions. Ms. Connors responded the MOMS program gives specific direction to each of those areas in a separate policy in the MOMS manual. Since there must be separate manuals for the MOMS program and the LHCSA, she is matching the standards of each to avoid creating duplicate policies. For clarity, she could add the specific policies to the “References” section on page two.

Dr. Morgan noticed the need for palliative care appears in blue font under the “Plan of Care Procedure” section in the first policy. To obtain the LHCSA license, Ms. Connors explained the policies went through an internal review followed by a NYSDOH review. New regulations were passed so this requirement was added. The blue font indicates the tracking of edits.

The time requirement in the third policy states medical orders shall be authenticated by an authorized practitioner within 30 days. Ms. Connors added if that medical authorization is not obtained within the timeframe of the insurance company, the claim cannot be submitted. After 90 days, the Health Department cannot bill.

The vote to approve the three policies, as written, carried unanimously.

**Adjourn to Executive Session:** At 12:30 p.m. Mr. Burbank moved to adjourn to Executive Session for the purpose of discussing a personnel matter related to the 2014 budget; seconded by Mr. McKee; and carried unanimously.

**Out of Executive Session:** At 1:00 p.m. Mr. Greenhouse moved to adjourn from Executive Session, seconded by Dr. Macmillan, and carried unanimously.

**Adjournment:** At 1:07 p.m. Dr. Macmillan moved to adjourn the meeting; seconded by Mr. Greenhouse; and carried unanimously.