

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

Present: Will Burbank; Amy DiFabio, MD; James Macmillan, MD, President; Patrick McKee; Patricia Meinhardt, MD; and Janet Morgan, PhD

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

Excused: Brooke Greenhouse; Michael McLaughlin, Jr.; and Sylvia Allinger, Director of CSCN

Guests: Steven Kern, Sr. Public Health Sanitarian

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 12:04 p.m.

Approval of February 12, 2013 Minutes: Dr. Morgan moved to approve the minutes of the February 12, 2013 meeting as written; seconded by Dr. DiFabio; and carried unanimously.

Financial Summary: Ms. Grinnell Crosby submitted the financial summary in a new format consisting of two pages of graphs. She stated there is not much to report. Staff will be working on the 1st Quarter Claim at the end of the month.

She noted the new format was presented for the Board's consideration. There are many ways to display financial information so the samples were selected as possibilities for graphically reporting that information.

On the first page, Ms. Grinnell Crosby explained the blue bar in both graphs represents the 2013 Budget; 1/12th for each month. The graphs show cumulative appropriations and revenues through March 2013. Looking at the information presented, the Department is under budget and revenues are down.

Ms. Grinnell Crosby referred to the second page displaying a comparison of appropriations and revenues for three years, 2011 through 2013. The graph shows spending is down in 2013; however, in 2011 and 2012 there were Certified Home Health Agency (CHHA) expenditures affecting the numbers.

The graphs provide the overall financial picture for the Department including mandates and non-mandates; however, it may be useful to separate that information. Reports could also be

created for the individual functional units. Ms. Grinnell Crosby stated she is open to suggestions from the Board about the content of future reports.

Discussion/comments regarding the new format for financial information:

- Dr. Macmillan appreciated having a report he could visualize easily.
- Ms. Cameron suggested utilizing one budget line for 2013.
- Dr. Meinhardt asked why appropriations were below budget. Ms. Grinnell Crosby responded there are expenditures that may be quarterly or annually; therefore, 1/12th of the budget would not be spent every month.
- Mr. McKee commented it was a little thin but a nice start. He thought it would prove useful over time.
- Dr. Macmillan asked about revenues falling in April. Ms. Grinnell Crosby suggested possibilities: (1) a quarterly claim may have been filed, (2) there were significant annual revenues from the CHHA in 2011, and (3) some preschool claims could potentially have been filed and posted in April.
- Dr. Meinhardt suggested changing the graph color of “Revenues” from red to green to clearly differentiate “Appropriations” and “Revenues.” Both are currently in red on the graphs.

Administration Report: Mr. Kruppa stated he would defer his time to the Strategic Plan presentation and discussion occurring later in the meeting.

Medical Director’s Report: Dr. Klepack reported the latest concern is the influenza A (H7N9) virus detected in China. Currently the virus is not known to transmit from human to human. All cases have been human/animal contact with the usual suspect being poultry. There have been some deaths in China. The major threat to this community comes from people who may acquire the virus while traveling to and from China.

Dr. Klepack and Karen Bishop, Community Health Nurse Supervisor at the Department, have discussed the matter with Dr. Douglas MacQueen, infectious diseases physician at Cayuga Medical Center. Together they have concluded that travelers to China should consult with their personal physician for advice. As for people who are traveling to this area from China, practitioners should have it on their “radar screen.” The Centers for Disease Control and Prevention (CDC) does presuppose that antiviral drug treatment would be effective. Ms. Bishop sent a fax to local practitioners about the CDC guidelines. In the coming weeks, information will be modified with any new developments.

Mr. Burbank asked why this virus is worrisome. Dr. Klepack responded that human beings have acquired the virus from animals; the possibility of genetic recombination could lead to a pandemic strain. Dr. Meinhardt added there is a high mortality rate of 60-65%. (*Addendum as of May 14, 2013: The data suggests the mortality rate currently may be between 35-40% and possibly changing.*) She heard the CDC is starting a seed vaccine and wondered if the New York State Department of Health (NYSDOH) had notified the Department about the possibility of a vaccine. Dr. Klepack stated he has been in contact with the regional NYSDOH office but there is no new information. Ms. Connors said staff is putting links on the Health Department website to the CDC and World Health Organization (WHO) for more information.

Dr. Klepack reported he recently spoke on the topic of influenza during a program on WHCU radio. He advised that when communicating with the public, health care professionals should encourage people to think “outside the box” regarding the effectiveness of vaccines. The

“box” refers to people believing that a vaccine is either a success or a failure depending on whether or not they contract the disease after vaccination. It should be emphasized to people that they may become ill; however, the vaccination modified their disease and reduced their risk of hospitalization and/or death.

Division for Community Health Report: Ms. Connors distributed statistics for the WIC program. She noted there has been improvement in the “No Show Rate.”

Children with Special Care Needs Report: Ms. Allinger was absent due to a previously scheduled meeting. On her behalf, Ms. Grinnell Crosby reported the Early Intervention billing transition started April 1st so providers had until March 31st to submit their bills and documentation for processing by the County. She added Ms. Allinger expressed kudos to staff for working through a significant number of bills in two days.

Mr. Kruppa stated the company PCG has been identified as the state fiscal agent. Local health departments have expressed some concern about the choice because of experiences working with this fiscal agent in the preschool program that did not go smoothly. He added Ms. Allinger and her staff will be working with providers to ensure the transition is as seamless as possible.

Ms. Grinnell Crosby noted the Department signed an escrow agreement to deposit money into a bank account for the fiscal agent; however, the State has not sent the instructions for making the first payment.

County Attorney’s Report: Mr. Wood reported the lawsuit regarding the flooring installed at the Health Department has been settled. There are no other pending lawsuits against the general contractor.

Environmental Health Report: Ms. Cameron reported:

- The Conference of Environmental Health Directors had submitted a letter to the Department of Environmental Conservation (DEC) regarding gas drilling with concerns about the Supplemental Generic Environmental Impact Statement (SGEIS), the regulations and estimated resource needs of local health departments. Commissioner Joseph Martens of the DEC responded in his letter that Department of Health Commissioner Nirav Shah recently requested an extension of time for the health impact review. A copy of Commissioner Martens’ letter was distributed to the Board. Essentially, the letter stated no decision would be made until the health impact review was completed and regulations would have to be reissued since the deadline had passed. Ms. Cameron commented there is more optimism about having the health impact review and concerns of local health department being considered as the process moves forward.
- Under BOH Orders, Mr. Crispell had an April 1st deadline to move the chicken manure piles away from his neighbor’s well; however, he did not comply. Staff contacted the complainant and offered to sample the well for nitrates, but the neighbor did not want the well tested at that time. This morning the complainant called to say there is runoff from the manure pile flowing past the well. Staff is attempting to collect samples from the well and from the runoff. After evaluating the results, staff will make recommendations to the Board.

Questions/discussion regarding gas drilling:

- Dr. Meinhardt asked what criteria/studies Commissioner Shah is basing his decision upon for the health review.
- Ms. Cameron replied there is no information other than the Commissioner requested an extension of time for the review.
- Dr. Meinhardt observed the Geisinger study could take 2 to 4 years for the results, so she wondered if the Commissioner had ruled out the Geisinger study.
- Dr. Klepack stated he believes there are two Geisinger studies: (1) the Marcellus Shale Initiative involving Geisinger, Guthrie and Susquehanna Health, and (2) an asthma-related study Geisinger is conducting on its own. Commissioner Shah may be looking at the asthma study which would be farther along than the Marcellus Shale Initiative.
- Mr. Wood noted the gas industry has filed several lawsuits against municipalities that banned fracking within their borders, but he is not aware of any lawsuits against Governor Cuomo.

Approval of new policy and procedure – Use of Abbreviations in Community Health

Services Documentation: Ms. Connors stated the list of abbreviations assures standard usage in program documentation.

Dr. Morgan moved to approve the policy and procedure as written; seconded by Dr. Macmillan.

Dr. Macmillan suggested adding “HNP = Healthy Neighborhoods Program” to the list of approved abbreviations.

Dr. Morgan asked about the use of “qd” and “qid” as she believes health care providers are avoiding their usage and have moved to writing out the appropriate words. Dr. DiFabio agreed and noted the “Q or q = every” is still appropriate but should be followed by a word like daily or weekly. Ms. Connors will delete “QD or qd = every day” and “QID or qid = four times per day” as recommended by Board members.

The new policy and procedure, *Use of Abbreviations in Community Health Services Documentation*, as amended, carried unanimously.

Presentation and discussion on the Tompkins County Health Department Strategic Plan:

Mr. Kruppa referred to the two documents distributed in the packet: (1) a summary of the strategic plan process, and (2) a spreadsheet listing objectives, actions, and timelines. The purpose of the strategic plan is to make the Department an effective organization by focusing on strengthening the organization. By becoming a strong organization, public health goals can be achieved. The work that staff does on a daily basis fits into one of the three goals that will lead to achieving public health outcomes in the future. Those health outcomes will be a part of the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) process which is currently ongoing and separate from this process. The plan began April 1, 2013 with some actions already underway.

Dr. Meinhardt commented the plan provides a clear vision. It is challenging, but the timeframe of 5 years is realistic.

In the discussion about marketing the Department, Mr. Burbank was concerned about applying “brand” to the public sector. He acknowledged it refers to coherent identity, but he believes it is inherently linked to commerce and competing companies. Mr. Kruppa explained “brand” is a term he uses to indicate awareness and understanding about the public health services provided in the community. The public should know the Department is a trusted, reliable source. Although not competing in the private sector definition of the word, there is

competition for limited resources in the County budgeting process. It is important to show decision makers and the community the need for public health services and why their dollars should support programs. Mr. Burbank favored the word “identity” which is a change Mr. Kruppa found acceptable.

Dr. Macmillan was concerned about staff “volunteering” for the task forces as it suggests an extra activity. It needs to be a part of their work lives and a value of their time. Mr. Kruppa agreed it is important to invest the resources to make this project successful and that resource is staff time. This plan gives staff the authority to think about services and programs and to work on a task force that may affect a change in procedure or policy. It is a volunteer commitment, but Senior Leadership will help people self-identify who has the skills and interests for a particular task force.

Dr. Morgan agreed the plan is clear and comprehensive. She wondered where the Board fits into the plan. Mr. Kruppa responded there will be opportunities for the Board to give input wherever task forces are mentioned with the Board having direct impact and involvement in policies created. Hopefully, there will be an electronic method for communicating information about what is happening in the process. As a part of the Health Department, the Board’s input is welcomed.

Adjournment: At 1:20 p.m. Dr. Macmillan moved to adjourn the meeting, seconded by Dr. Meinhardt, and carried unanimously.