

**Board of Health  
May 14, 2013  
12:00 Noon  
Rice Conference Room**

**Present:** Amy DiFabio, MD; Brooke Greenhouse; James Macmillan, MD, President; Patrick McKee; Michael McLaughlin, Jr.; Patricia Meinhardt, MD; 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; Frank Kruppa, Public Health Director; Jonathan Wood, County Attorney; and Shelley Comisi, Keyboard Specialist

**Excused:** Will Burbank; and William Klepack, MD, Medical Director

**Guests:** Steven Kern, Sr. Public Health Sanitarian; and Nina Saeli, Public Health Preparedness Coordinator

**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 12:03 p.m.

**Approval of April 9, 2013 Minutes:** Mr. Greenhouse moved to approve the minutes of the April 9, 2013 meeting as written; seconded by Dr. Morgan.

Dr. Meinhardt referred to her statement in the Medical Director's Report on page 2, paragraph 3, sentence 3, relating to the discussion on the H7N9 virus. At the April meeting, she had reported there was a 60-65% mortality rate. During the past month, organizations monitoring pandemic strains have revised the mortality rate to 35-40%. For accuracy, she would like the minutes to reflect the new information. Board members suggested an addendum to read: *(Addendum as of May 14, 2013: The data suggests the mortality rate currently may be between 35-40% and possibly changing.)*

The minutes, including the addendum, carried with Mr. McLaughlin abstaining.

**Financial Summary:** Ms. Grinnell Crosby distributed three pages of charts and graphs displaying financial information through April 2013. She explained the layout and meaning of the colors on the dashboard: green is good, yellow should be watched, and red needs further analysis. The graphs for the Mandate Accounts show the Department is currently under spending. Cumulative revenues look low; however, much of that revenue is tied up with Early Intervention and Preschool programs. Staff is still working on the 1<sup>st</sup> Quarter State Aid claim. The Non-Mandate Accounts are operational accounts that include staffing and are presented in

the same format. The Department is under budget on spending. Revenues did peak considerably due to grant claims.

**Comments/Suggestions/Ideas from the Group:**

- The graphs are a crisp and succinct presentation of information.
- Data comes from the County's financial system; areas designated yellow or red would be brought to the Board's attention.
- Executive summary comments reflected in the minutes are useful; having a subsequent copy of documents would be helpful for review.
- Information should be in a Portable Document Format (PDF) that can be saved and viewed on a computer.
- Display information onto the projection screen; could be accomplished using a laptop.
- Send the monthly Board of Health (BOH) packet electronically to members; note the size of the packet to avoid transmission difficulties.

**Administration Report:** Mr. Kruppa reported:

- The Community Health Assessment (CHA) survey consisting of five questions is available for community input. There was broad distribution through the media and Department website. 25 groups in and outside the human services arena were targeted to obtain as wide a response as possible. Survey responses will be compiled using the Health Planning Council as a sounding board. Ultimately the Board will see the results. The Community Health Improvement Plan (CHIP) will be the next step to prioritize and create action steps.
- The Department is excited to welcome Nina Saeli as the new Public Health Preparedness Coordinator. Mr. Kruppa asked her to speak about her background.

Ms. Saeli said she comes to the position with a background in planning, operations and exercises. She is a retired U.S. Army Medical Service Corps Officer. The majority of her career was spent in tactical medical units from running an ambulance service on the battlefield to managing a combat support hospital. She has been on the job for four weeks and is grateful for her mentors at the Department. Her focus is on writing three plans: Continuity of Operations Plan, an internal operating plan for the Department; Strategic National Stockpile (SNS) Plan for the County; and Medical Countermeasures Plan for dispensing prophylaxis. She looks forward to the work ahead.

**Medical Director's Report:** Dr. Klepack was absent from the meeting.

**Division for Community Health Report:** Ms. Connors provided an update on a new program in the Health Promotion Program (HPP). The 16 week course will be starting in June for 10-12 people who have been diagnosed as pre-diabetic or who consider themselves at-risk for diabetes. The evidence based program is from the Centers for Disease Control and Prevention (CDC). Two staff members have attended training and are now certified. It is exciting to offer this course. The same course is supported by the Health Planning Council of the Human Services Coalition with a grant from Excellus. At some point in 2014, insurance companies may start to pay for this type of service.

Mr. McLaughlin asked if instructors would be available to an organization looking to sponsor a class in its community. He sees potential that organizations and employers would be willing to sponsor a preventive program like this one. Ms. Connors said the challenge is training is offered once a year to receive certification and there is a time commitment that could be a challenge to sustain. Hopefully the program will expand with other providers. Currently, the Health Planning Council is offering the program through the Dryden Family Medicine practice; physicians are seeing good results. The local YMCA also attended the training and is planning to offer courses.

**Children with Special Care Needs Report:** Ms. Allinger reported:

- On April 1<sup>st</sup>, changes in the Early Intervention (EI) program began. The New York Early Intervention System (NYEIS) database is still not producing any reports and there have been challenges with the billing. To date, none of the service providers have been paid by the State so there is concern.
- The shift in administrative responsibilities away from the County has resulted in the State issuing a new tool kit that has significantly added responsibilities to service coordinators.
- The nurse who was hired in January resigned last month, reducing the number of service coordinators to three. The Department is in the process of posting to hire.
- The graphs she distributed depict some notable trends. The number of cases in Preschool Special Education has remained fairly steady; rising a little during the school year, but falling off in July and August. In Early Intervention, the number of cases has seen an increase of 75 more children over the previous two years. The April referrals are significant, complex cases. The main concern is the average number of cases for the service coordinators. The situation is already challenging with 68 cases assigned to each nurse, but that number will be increasing with the new referrals.

Highlights from a lengthy discussion:

- Tompkins County has about 100 less children in Preschool than EI. The goal is to identify children early and help them gain functional skills before they go to preschool. The Preschool program is more expensive than the EI program so having nurses as service coordinators helps keep the costs down in EI.
- While there are some micro preemies, there are a lot of children affected by their social and economic situation. They have unusual, medically complicated diagnoses. The culture of poverty is having an impact on programs.
- The CDC is looking at poverty as another risk factor for children's health.
- The Community Health Assessment survey could be directed to the population served by CSCN for their input.
- Since the transition, there has been a loss of 10 of the 46 private providers so there are children waiting for services.
- The County has deposited funds in an escrow account so money is available to pay providers; the State just has to set up the fiscal agent.
- Previous regulations set 45 as the benchmark for the number of caseloads; her staff is in the upper 60s.
- Pediatricians are being encouraged to screen children more aggressively. The caseloads will only increase as there is more emphasis on developmental screening.

- There is communication with the State about issues related to the changeover. CSCN's goal is to become fully staffed to determine the needs for administering programs before requesting additional resources. TCHD is monitoring the situation.
- The Board wants to be instrumental in seeking additional resources if there is a need.

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

**Environmental Health Report:** Ms. Cameron reported:

- Carol Chase, the Senior Public Health Sanitarian in charge of the food program, will be retiring next month after 24 years of service. She will be missed.
- Mr. Crispell was under BOH Orders to move chicken manure piles to meet required separation distances by April 1, 2013, which he has not done. On April 9th, there was a rain event that caused runoff. Staff tested the neighbor's well and the water runoff near the manure piles for nitrates. Both had very low detectable levels: surface runoff was 0.128 mg per liter and the well was 0.02 mg per liter. Since the drinking water standard is 10 mg per liter, staff does not feel there is a basis for taking additional enforcement action. The results have been reported to the complainants, but they have not requested further action at this point. In the future, the well could be retested if there is a concern.

**Resolution #13.40.8 – Rite Aid Pharmacy #4716, C-Ithaca, Violation of Article 13-F of the New York State Public Health Law (ATUPA):**

**Resolution #13.40.8 – Pete's Grocery and Deli, C-Ithaca, Violation of Article 13-F of the New York State Public Health Law (ATUPA):**

Ms. Cameron requested both enforcement actions of the Adolescent Tobacco Use Prevention Act (ATUPA) be considered together. She noted compliance checks are conducted twice a year. The fine for each violation is \$450 with a \$50 State mandatory surcharge.

Mr. McLaughlin moved to accept both resolutions as written; seconded by Dr. Morgan; and carried unanimously.

**Resolution #13.19.5 – Rogue's Harbor Inn, T-Lansing, Violation of Article VI of the Tompkins County Sanitary Code (Sewage):** Ms. Cameron reported staff observed what appeared to be a failed sewage system. There were discussions with the property owner who believed a water main leak was contributing to the problem. She was granted additional time to investigate the situation. Once she was convinced the problem was the sewage system, she complied with Health Department Orders and the sewage system has been fixed.

Mr. Greenhouse moved to accept the resolution as written; seconded by Mr. McLaughlin; and carried unanimously.

**Review and Approval of Use of Animal Repellent Policy:** Ms. Cameron explained a previous policy was written for the Division for Community Health. It was adopted by the Board in 2001, revised in 2010, but not used in a number of years. There have been incidents concerning Environmental Health (EH) staff; most instances involved staff checking on potentially rabid animals. Staff wants to be prepared and thought the existing policy should be expanded.

Ms. Cameron stated the Oleo-Resin Capsicum (O.C.) spray being proposed is less potent than the spray used by police agencies. Three types of animal repellent that staff may use include: (1) a sonic device; (2) citronella spray; and (3) O.C. spray. None of these are 100

percent effective; however, the O.C. spray causes a physical reaction and tends to be the most effective.

In developing the policy, Ms. Cameron contacted other EH Departments in the State. Oswego County had the most complete information. She used that information and the Department's existing policy to write the draft.

Dr. Morgan moved to approve the policy as written; seconded by Mr. Greenhouse.

Discussion regarding the animal repellent policy:

- Dr. Morgan asked if the previous policy would be replaced by this new one and was advised that it would. Mr. Kruppa added there was in-depth discussion with Senior Leadership to ensure the new policy was acceptable to all Divisions that go out in the field. A separate County policy exists for handling incident reports.
- In response to Mr. McLaughlin's question about who would provide the device, Ms. Cameron said the Department, not the employee, would purchase the device that meets the requirements.
- When Dr. Macmillan asked if dogs are sensitive to the pepper spray, Ms. Cameron answered it is not fatal; it is an irritant that lasts about 15 minutes.
- Mr. Greenhouse suggested the title of the policy should also reflect the discussions regarding staff training and general self-protection contained in the policy. His recommendation: *Policy & Procedure for **Animal Protection and Use of Animal Repellent***. He also recommended a modification to the wording in "Purpose 1.b" to ensure that the policy is implemented to "*Provide training for staff **that may have animal contact***." Ms. Cameron agreed the wording provides clarity and she would make both revisions.
- In "Policy 2.b," the language says "...upon approval of the Public Health Director or designee." Mr. Kruppa noted that means a Division Director or higher needs to make the decision to authorize use of repellent. This is standard language.
- Mr. Greenhouse stated the policy is well-written. He asked whether staff is directed to call the Sheriff's Department in certain situations. Ms. Cameron responded it was written in the policy that staff can make arrangements for assistance during a rescheduled visit if concerned about safety. Ms. Connors added new staff safety orientation covers instructions on how staff members should protect themselves and that includes calling 911.

The vote to approve *Policy & Procedure for Animal Protection and Use of Animal Repellent* was unanimous.

**Adjournment:** At 1:24 p.m. Dr. Macmillan moved to adjourn the meeting; seconded by Dr. Morgan; and carried unanimously.