

MINUTES

Tompkins County Board of Health

December 5, 2017

12:00 Noon

Rice Conference Room

Present: Will Burbank; David Evelyn, MD, MPH; Brooke Greenhouse; Edward Koppel, MD; James Macmillan, MD, President; Michael McLaughlin, Jr.; Susan Merkel; and Janet Morgan, PhD

Staff: Karen Bishop, Director of Community Health; Liz Cameron, Director of Environmental Health; Brenda Grinnell Crosby, Public Health Administrator; Samantha Hillson, Director of Health Promotion Program; William Klepack, MD, Medical Director; Frank Kruppa, Public Health Director; Deb Thomas, Director of Children with Special Care Needs; Jonathan Wood, County Attorney; and Shelley Comisi, Administrative Assistant II

Guests: Sheila McEnery, Tompkins County Community Mental Health Services Board Member; Victor Nelson, Manager of Trip Hotel; Skip Parr, Senior Public Health Sanitarian; Robert Quackenbush, representative for Sunset Grill; Frank Rogan, owner/operator of Sunset Grill; and Marisa Thomas, Manager of Trip Hotel

Call to Order: Dr. Macmillan called the regular meeting of the Board of Health (BOH) to order at 12:03 p.m.

Privilege of the Floor – Trip Hotel: Victor Nelson appeared before the Board on behalf of Trip Hotel. He introduced Marisa Thomas who is the day-to-day manager at the hotel. Mr. Nelson assured the Board that the violations in the resolution have been addressed. Hotel management replaced some refrigerators to keep food at correct temperatures, instituted temperature logs, and initiated more training for employees.

Privilege of the Floor – Sunset Grill: Frank Rogan, owner/operator of the Sunset Grill, was not present at the restaurant during the inspections. His representative, Robert Quackenbush, spoke about the violations observed by TCHD staff. Mr. Quackenbush explained a refrigeration specialist was called after the initial violation and the cooler worked for a week or two. After the second violation, the refrigeration specialist returned to replace gaskets and install fan blades to circulate more air through the cooler. Sunset Grill staff checks temperatures in the cooler every

hour on a daily basis. To date, there has not been a problem. Pointing out the restaurant has never had this kind of problem; Mr. Quackenbush requested a reduction in the fine.

Remarks from Mr. Burbank: Due to another meeting requiring his attendance, Mr. Burbank informed the group he would not be present for the discussion on the Supervised Injection Facilities (SIFs) draft resolution. He advised it is early in the process so Board members should not feel under any compulsion to act at this meeting. The Legislature will appreciate recommendations as the discussion moves forward.

Holiday Luncheon: A break occurred in the meeting from 12:10 to 12:22 p.m. for the annual luncheon.

Recognition of Board Members: Mr. Kruppa presented certificates to two departing members in appreciation for their outstanding service and lasting contribution to the BOH and the Health Department.

- Noting this would be his last BOH meeting, Mr. Burbank reflected on his nine years on the Board as the representative from the County Legislature. It has been an incredible learning experience. He has enjoyed serving with the group and thanked them for their good work.
- Mr. Greenhouse, who is leaving the BOH after 20 plus years of service, also expressed his appreciation for the great work being accomplished locally for public health. He is excited about the number and quality of candidates applying for positions with the Health Department and BOH. It indicates an interest and respect for both groups which is nice to see.

Approval of October 24, 2017 Minutes: Dr. Koppel moved to approve the minutes of the October 24, 2017 meeting as written; seconded by Dr. Evelyn; and carried unanimously.

Financial Summary: Ms. Grinnell Crosby noted there are no significant issues to report at this time. High percentages in local share are due to the timing for filing grant claims. The Finance Department will be posting transfers and budget adjustments that will appear in the November report.

Administration Report: Mr. Kruppa referred to the list of BOH meeting dates for 2018 (Attachment 1). Ms. Comisi will email the dates to members.

Health Promotion Report: Ms. Hillson had nothing to add to the written report. She explained CCE is an abbreviation for Cornell Cooperative Extension.

Medical Director's Report: Dr. Klepack mentioned there is an increase in pertussis cases which Ms. Bishop will address in her report.

Division for Community Health Report: Ms. Bishop reported:

- There is an uptick in pertussis cases. There have been 21 cases this year of which nine have occurred in the last month. Most cases have occurred in children ages 14 to 17. Staff is actively investigating each of those nine cases, working with the school districts affected by the disease, and trying to eliminate ongoing transmission. TCHD also put out a press release to the community.
- The grant application for the Excellus BlueCross BlueShield Community Health Improvement Initiative to improve local lead testing rates among providers was approved.

Questions from Board members:

- To Ms. Merkel's inquiry regarding vaccination requirements, Ms. Bishop replied New York State requires children to receive the DTaP (diphtheria, tetanus, and pertussis) vaccination before they enter school. They also are required to receive the Tdap vaccination when they are older (as young as 10 years of age).
- Responding to Dr. Macmillan's question, Ms. Bishop explained most of the individuals with pertussis had been vaccinated. Three out of the 21 cases were not vaccinated; those three cases were not necessarily school age children.

Children with Special Care Needs Report: Ms. Thomas had nothing to add to the written report.

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

Environmental Health Report: Ms. Cameron had nothing to add to the written report.

Dr. Morgan commented she was pleased to see an EH staff member had prepared food safety signs for Spanish speaking restaurant workers. She asked if there were plans to create signs in other languages. Ms. Cameron responded the signs written in Spanish were made by one of our division's food inspectors. Those informal signs are helpful since the kitchen staff is often Hispanic, even in Asian restaurants. Creating signs in other languages is a larger project requiring a translation service. Nevertheless, it is under consideration.

Blueprint for Better Bicycling: In his report, Mr. Kruppa mentioned the New York State Energy Research and Development Authority (NYSERDA) awarded a grant to Ithaca Carshare/Bike Walk Tompkins to develop a plan to increase cycling in Tompkins County. A steering committee was created to help community planners talk through some ideas such as cycling paths, signage, ways to make the road design safer, etc. The goal is to double cycling in this area.

Report on the Community Services Board (CSB) Meeting: Dr. Macmillan was honored to attend the CSB meeting held on December 4th. He thought it was an interesting discussion with CSB board members expressing a variety of concerns about supervised injection facilities. So far the data on these facilities is for urban areas whereas Ithaca is a small city. It is the beginning of the process for community input. The CSB was not at a point to support a resolution.

BOH Nominating Committee Recommendation: Mr. Kruppa explained the Legislature will appoint a new liaison to fill the vacancy resulting from Mr. Burbank's departure. As for the at-large vacancy created by Mr. Greenhouse's departure, there were five highly qualified candidates who applied for the position. At the end of the discussion regarding candidates, the Nominating Committee of Dr. Macmillan, Mr. McLaughlin, and Mr. Greenhouse recommended Christina Moylan.

Dr. Koppel moved to recommend Christina Moylan for the at-large member position on the BOH; seconded by Ms. Merkel; and carried unanimously.

During the interview process, Mr. Greenhouse mentioned there were several candidates who spoke about increasing opportunities for community outreach and publicity regarding the Health Department. They described ideas related to an open forum or topical discussion once or twice a year. He suggested the BOH consider opportunities for increasing our public presence.

Community Health Quality Improvement Committee (CHQI) Appointment: Ms. Bishop nominated Kathy Taves, a retired nurse from TCHD, for the vacated member seat on the committee. Ms. Taves brings enthusiasm and years of community health expertise to the committee.

Dr. Morgan moved to approve Kathy Taves for the member seat on the CHQI Committee; seconded by Dr. Macmillan; and carried unanimously.

Resolution #EH-ENF-17-0031 – Blue Moon Events, T-Ulysses, Violation of Subpart 14-2 of the New York State Sanitary Code (Temporary Food): Ms. Cameron reported the operator of Blue Moon originally had a catering business in Tompkins County which required a food service permit. When the permit expired for the catering business, the operator applied for a temporary food service permit. It is essentially the same operation but under a different regulatory classification. Under the sanitary code, prior history can be considered when TCHD issues permits. In this case, the operator of the Blue Moon was under previous BOH Orders. Due to the operator's prior history, the recommended fine is \$750 based on \$250 for the first violation and \$500 for the next violation.

Mr. McLaughlin moved to accept the resolution as written; seconded by Dr. Morgan. The vote: Aye – 5; No – 1 (Dr. Macmillan); carried.

Resolution #EH-ENF-17-0035 – Finger Lakes GrassRoots Festival, T-Ulysses, Violation of Subpart 7-4 of the New York State Sanitary Code (Mass Gathering): Ms. Cameron summarized TCHD staff encountered a number of violations during the festival. There were issues with security and also the location of flammable materials in the camping areas. Due to

the severity of the violations, the fine for each of the five violations is \$400 totaling \$2,000 in fines. Representatives of Finger Lakes GrassRoots Festival have been cooperative and are implementing significant changes.

Dr. Morgan moved to accept the resolution as written; seconded by Dr. Macmillan; and carried unanimously.

Resolution #EH-ENF-17-0039 – Luna Street Food Downtown, C-Ithaca, Violation of Subpart 14-1 of the New York State Sanitary Code (Food): Ms. Cameron confirmed this food establishment is located downtown on Aurora Street.

Dr. Morgan moved to accept the resolution as written; seconded by Ms. Merkel; and carried unanimously.

Resolution #EH-ENF-17-0040 – Moosewood, C-Ithaca, Violation of Subpart 14-1 of the New York State Sanitary Code (Food): Dr. Koppel moved to accept the resolution as written; seconded by Dr. Morgan; and carried unanimously.

Resolution #EH-ENF-17-0041 – Four Seasons, C-Ithaca, Violation of Subpart 14-1 of the New York State Sanitary Code (Food): Dr. Morgan moved to accept the resolution as written; seconded by Dr. Macmillan; and carried unanimously.

Resolution #EH-ENF-17-0042 – Trip Hotel, V-Lansing, Violation of Subpart 14-1 of the New York State Sanitary Code (Food): Mr. Nelson addressed the BOH earlier in the meeting to explain the corrective measures taken by Trip Hotel.

Dr. Morgan moved to accept the resolution as written; seconded by Dr. Macmillan; and carried unanimously.

Resolution #EH-ENF-17-0045 – Sunset Grill, T-Ithaca, Violation of Subpart 14-1 of the New York State Sanitary Code (Food): Mr. Quackenbush appeared before the BOH earlier in the meeting requesting a reduction in the fine.

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

Discussion related to food service establishments: Ms. Cameron noted a case summary for a food service establishment provides the last five years of its history. If there are two repeat violations within the same year, then the establishment is brought to the BOH for enforcement action. A higher penalty is recommended when there are previous BOH Orders.

Resolution #EH-ENF-17-0046 – Country Inn and Suites, T-Ithaca, Violations of BOH Orders #EH-ENF-16-0006 and Subpart 14-1 of the New York State Sanitary Code (Food) : Dr. Morgan moved to accept the resolution as written; seconded by Dr. Macmillan.

Questions/comments from Board members:

- Mr. McLaughlin asked about potential steps TCHD could take to help facilities with repeat violations. According to Ms. Cameron, those steps include increasing training requirements, requiring temperature logs, and recommending fines. With repeat violations, those requirements are increased. Mr. Parr also mentioned TCHD is looking to add the conditions stated in BOH Orders to permits. Staff will be able to check a permit before leaving for an inspection.
- Referring to previous BOH Orders, Mr. Greenhouse pointed out the Country Inn and Suites was required to have at least one food service worker who had completed the food safety training course. Mr. Parr explained the facility violated BOH Orders because the food service worker's certification had expired. In response, Mr. Greenhouse recommended a second employee or manager should be trained in food safety. Ms. Merkel felt the manager would benefit from taking the training course. Staff turnover can be a challenge but the person at the top needs to understand the importance of food safety training.

Board members recommended the following edits to BOH Orders:

- Mr. Greenhouse offered a friendly amendment to the fifth Order: “Ensure that at least **two** food service workers attend and successfully complete a food safety training course...”
- Dr. Macmillan suggested adding language to specify the hours of operation covered in the sixth Order: “Maintain one food service worker who has successfully completed the food safety training course on-site during hours of **food service** operation...”

Both Dr. Morgan and Dr. Macmillan accepted the edits. The vote in favor of the resolution, as edited, was unanimous.

Supervised Injection Facilities (SIFs) – Draft Resolution Discussion: Mr. Kruppa referred to the proposed resolution regarding SIFs. The question under consideration is whether Tompkins County should be spending energy and resources on a SIF in the county. The Health and Human Services (HHS) Committee will be discussing the issue at their meeting on December 18th. This is an opportunity for the BOH to discuss and possibly take a position as an advisory board to the Legislature. The Board can decide whether or not to take action or to continue the discussion at a future meeting. He thanked Dr. Klepack for drafting the resolution. It includes multiple options from the “be it resolved” standpoint but they are not the only options. They simply provide a starting point for discussion. Since Mr. Kruppa had to leave for another meeting, he turned the discussion over to Dr. Klepack.

With respect to SIFs, Dr. Klepack explained he began researching this topic after Mayor Svante Myrick presented *The Ithaca Plan*. In his information gathering efforts, he tried to provide objective data about SIFs. This is the beginning of a community conversation about the concept as it brings together community members with diverse expertise. Dr. Klepack reminded the Board that part of the Health Department mission is to address gaps in healthcare. It is not

always possible to close those gaps but it is important to explore an opportunity to close a gap and to consider its practicality.

Dr. Klepack addressed some of the questions and concerns he has heard from the community:

- *Will a SIF bring in outside users to use the facility?* Global data does not show this to be an issue. The demographic information for people using injection facilities indicates they are some of the most disadvantaged people in society. They are likely to be homeless; to have limited disposable income; unable to afford transportation beyond the bus system; and in need of social services. They do not fit the profile of people who would travel far distances to use a facility every day.
- *Would people move to our area?* There is urban data but the question is whether it transfers to rural areas. The usage data from urban areas indicates people who are nearby will come to a facility. They are likely to be people who have overdosed in the past so they are fearful of that experience. They tend to use heroin and cocaine fairly frequently. They come because they want to avail themselves of STD and communicable disease care. Often these facilities have a medical treatment component. Trained staff recognizes significant illnesses before an emergency room visit or hospitalization is needed; therefore, healthcare dollars are deflected by early intervention. One concern expressed by someone who works in narcotics law enforcement is the possibility that drug dealers would move here because there is a population needing injectable drugs to use in the facility.
- *Is this a long-term strategy or a hasty crisis intervention reaction?* Thirty years of experience with facilities in Europe would argue it is a long-term strategy.
- *Is the individual recognized as a user or as a whole person?* The range of services provided and attempts to develop long-term relationships with clients indicate the individual is being recognized as a whole person. It is possible to include peers when staffing these facilities to ensure it is relevant to clients at the facilities.
- *What is this doing about the supply of drugs on the street?* There are concerns regarding crimes, dealers, and the supply of addictive substances. According to global data, crime rates do not go up. The concern about the potential increase in crime rates is understandable but Dr. Klepack believes that concern lacks data. No one would say the facility has a direct impact on the supply of drugs. Society rather than the facility needs to identify the root causes behind drug use. Other approaches to reduce the need for these drugs are important.
- *What about the allocation of resources?* There is a need for intervention resources like counseling and rehabilitation.

In his summary, Dr. Klepack emphasized this is not an easy topic. Our small community is trying to mitigate opioid addiction, death, and disease. Although there is global data, there is also a need to begin crunching some numbers pertaining to the local community. It would be helpful to determine how many people will use the facility; how many deaths will be prevented; how many hospital admissions will be deflected. That type of analysis needs to be completed by individuals with backgrounds in epidemiology or public health policy. The cost benefit ratio to a community depends on prevalence of drug use; prevalence of overdosing; prevalence of HIV, Hepatitis C, etc. That is a technical analysis that is not his expertise.

Questions/comments from Board members:

- Dr. Morgan asked for clarity regarding Dr. Klepack's earlier comment that the concern about increased crime lacks data. Dr. Klepack answered the data does exist for urban areas. Law enforcement members from our community visited Vancouver and came away reassured regarding their questions about the issue. He plans to provide the BOH and CSB some key references in the literature along with images of SIFs.
- Before deciding on this issue and formalizing it in a resolution, Dr. Koppel wondered where the County Legislature currently stands in thinking about this issue. Dr. Klepack responded the HHS Committee is interested in pursuing the discussion so at some point he believes they will be interested in hearing whether the BOH has a position.
- Ms. Merkel shared she is supportive of humanizing users and believes these injection facilities serve that purpose. She agrees the community needs all modes of treatment and needs to look at costs. It would be helpful to have some estimates of benefits for a town this size. She wondered if moving in this direction would take services away from other areas. When considering ways to address the issue, she felt it was important to turn to the experts in the field to assess the impacts of those efforts. She is in favor of the BOH making a statement of support for injection facilities so that the conversation continues allowing more information to be gathered about them.
- Dr. Macmillan proposed making a general statement of support with further discussion to follow. As more details emerge, the BOH could make a final statement or recommendation to the Legislature later in the process. The key is to welcome and bring people to a support system despite their addiction. There will be people who use the facility but whether these facilities will serve most intravenous drug users in our community is unknown. Local data acquisition needs to be encouraged.
- After considering the in-depth reporting on this issue, Mr. Greenhouse supports this idea on a number of different levels. He raised the question of how many people would be helped when resources are limited.
- Mr. McLaughlin stated he has spent hours, perhaps 100 to 200, looking into this problem and presented his thoughts/findings:
 - It is difficult to use data collected in a major urban area and try to apply the results to a rural county.
 - There needs to be changes to state and federal laws and support from local law enforcement. Currently, this activity would be illegal in New York State. Retired Ithaca City Police Chief John Barber indicated the police would not turn a blind eye to illegal drug use. It seems there is not that local support.
 - The populations in major cities like Vancouver are different than in Tompkins County. Unlike Vancouver, Ithaca is an affluent community with significant college populations.
 - Some questions that have not been raised are how often people use these facilities for a first-time, relapse or binge use. These facilities might be facilitating these activities because they are safe places.
 - Studies that he believes were done by some solid analytics noted some weaknesses in the test because of the nature of the people they were testing. For instance, homeless people did not always come back.

- The *New England Journal of Medicine* talked about solving the epidemic problem. In two articles, the authors felt the problem stemmed from large pharmaceutical companies and drugs being overprescribed by doctors.
- Dr. Robert DuPont, former director of the National Institute on Drug Abuse, believes SIFs are a terrible use of taxpayer money; alternatives like rehabilitation centers and detox centers are a better use of taxpayer dollars.
- Mr. McLaughlin is proud the BOH has not taken positions on issues without data to support them. Our major purpose is to promote community health. There has been a great call for a detoxification center. He feels any advantages from a SIF could be accomplished in a detoxification center. He also expressed concern the SIF could fail and that failure in Tompkins County would be cited.
- As a result of his research, Mr. McLaughlin suggested an option six for the resolution to read: “There is no data to support the results found in SIFs in urban settings that could be duplicated in Tompkins County. The data would suggest that it would most likely not work the same in a rural community. Tompkins County should focus on its resolve to expand and enhance existing treatment and education efforts including a detoxification facility and rehabilitation.”
- Dr. Klepack appreciated Mr. McLaughlin’s comments and requested a written copy of them.

Due to the hour, there was no objection to Dr. Koppel’s request to table the discussion.

Adjournment: At 2:22 p.m. Dr. Macmillan adjourned the meeting.