

Board of Health
October 9, 2012
12:30 PM
Rice Conference Room

- Present:** Will Burbank; Brooke Greenhouse; James Macmillan, MD, President; Patrick McKee; Michael McLaughlin, Jr.; Patricia Meinhardt, MD; and Janet Morgan, PhD
- Staff:** Sylvia Allinger, Director of CSCN; Steven Kern, Sr. Public Health Sanitarian; William Klepack, MD, Medical Director; Frank Kruppa, Public Health Director; Theresa Lyczko, Director of Health Promotion Program; Jonathan Wood, County Attorney; and Shelley Comisi, Keyboard Specialist
- Excused:** Amy DiFabio, MD; Liz Cameron, Director of Environmental Health; Sigrid Connors, Director of Patient Services; and Brenda Grinnell Crosby, Public Health Administrator
- Guests:** Ted Schiele, Planner/Evaluator; and Emily Cowan, Tobacco Program Education 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 1:05 p.m.

Approval of September 11, 2012 Minutes: Mr. McLaughlin moved to accept the minutes of the September 11, 2012 meeting as written, seconded by Mr. Greenhouse, and carried unanimously.

Financial Summary: Ms. Grinnell Crosby was not present for the meeting.

Presentation on the Tobacco Control Program by the Health Promotion Program:

Mr. Ted Schiele, Program Coordinator for Tobacco Free Tompkins (T-Free), introduced Ms. Emily Cowan, the Education Coordinator for the T-Free Program. Mr. Schiele reported the program is a Community Partnership involving Tompkins County and 34 other entities. In 2006, the T-Free Zone program with its logo began as a way to establish smoke-free entryways throughout the county. The program through its tobacco control ideas and initiatives is intended to be supportive rather than punitive. In 2007, the Legislature and the City of Ithaca adopted voluntary measures for smoke-free entryways using the T-Free Zone logo; other entities have since joined the effort. Community support for protecting public health has been valuable and worthwhile.

The proposed licensing of tobacco retailers in the City of Ithaca has been in the news lately. It started with the New York Tobacco Control Program's main goal of decreasing social acceptance of tobacco use; one objective being to reduce the impact of retail tobacco product marketing on youth. Studies have shown that the more youth are exposed to tobacco product marketing in stores, the more likely they are to begin smoking.

The goals of Tobacco Free Tompkins are keeping the air smoke-free, supporting smokers who want to quit, and helping teens beat the tobacco trap. Our focus is on retail sales of tobacco products from the standpoint of the number of retailers, density in a particular area, and proximity to schools and community centers. Another consideration is the actual visibility of tobacco products in the store and the massive tower walls of products which have been shown to be a direct influence on youth smoking initiation.

In a recent newsletter by Tobacco Free Tompkins, an article mentioned the ordinance passed in Haverstraw, New York, banning the display of tobacco products in local stores. This is law in several other countries such as Canada and the United Kingdom; however, this was the first time this type of law was passed in the United States. Tobacco companies and convenience stores filed a lawsuit against Haverstraw. The ordinance was later rescinded because village officials were not prepared to financially defend it.

Locally, the Downtown Ithaca Alliance (DIA) expressed concern about the number of head shops and roll-your-own shops in the City of Ithaca. Our Tobacco Free Tompkins program started working with DIA and Common Council to educate them on the idea of licensing local tobacco retailers. This resulted in a proposed ordinance by the Ithaca City Common Council. For additional information, there is a FAQ sheet included in the Board's packet. Enforcement could possibly be included in the Adolescent Tobacco Use Prevention Act (ATUPA) program in the Environment Health Division of the Health Department.

The main point is to keep our youth from starting to smoke; it is the only way to kick the tobacco problem from a public health standpoint.

Mr. Schiele answered questions from Board Members:

- The best statistics have come from the Clean Indoor Act. The prohibition of indoor smoking has had a major impact in reducing emergency room visits for heart conditions.
- Studies have shown it is easier to quit smoking when not surrounded by people who are smoking.
- Youth going to convenience stores often are more likely to start smoking than those who do not go often.
- In a community survey of smokers who quit within the past three years, there were a specific number of people who said the increased restrictions on outdoor smoking influenced their quitting. The survey consisted of a small number of people.
- In the United Kingdom where the law prohibits the display of tobacco products, surveys have shown lower youth initiation and no change in sales of tobacco products.
- There is evidence that the displays of cigarettes in a convenience store increase the incidence of youth smoking.

Administration Report: Mr. Kruppa updated recent discussions regarding health impact assessment grants/studies related to high-volume hydraulic fracturing:

- Seeking support for a grant application, the Center for Environmental Health (CEH) group was willing to personally meet with the Board; however, there was a timing issue that made it impossible. They understood and were supportive of the decision.

- With Dr. DiFabio's assistance, a presentation by Guthrie staff on the research project being planned with Geisinger Health System has been scheduled for the November BOH meeting.

Medical Director's Report: Dr. Klepack reported:

- *Tompkins Weekly* printed an article about 2 veterinary professors studying the impact of petroleum extraction on the health of animals. They concluded there needs to be further assessment about the health impacts of hydraulic fracturing. The best study was conducted on one farm with 2 cohorts of animals geographically isolated; one was near the petroleum extraction site and the other was not. The rates of stillbirth, reproductive failure, and disease were different for the 2 cohorts. In his next report, he will include the link to the study available online.

Highlights from a lengthy discussion on hydraulic fracturing:

- Mr. Kruppa spoke to New York State Department of Health (NYSDOH) staff after the announcement that the NYSDOH will conduct a health impact review of hydraulic fracturing. They are unsure what that review will look like. He added the State is not providing information about its timetable for a decision on gas drilling.
- Dr. Meinhardt noted the only way to know whether the water has been impacted is to have pre-drilling baseline water quality data. She suggested geologists at Syracuse University, conducting Southern and Central Tier baseline water sampling, could possibly test some areas in Tompkins County.
- Mr. Kern reported that once the State has regulations in place, the NYSDOH will announce a list of parameters for water sampling. At their expense, homeowners can have laboratories analyze samples for those contaminants; however, that does not address the baseline sampling necessary for comparison. One option is that the drilling companies may be responsible for baseline and post-fracturing sampling. Nothing is set yet.
- Dr. Meinhardt commented it is very expensive to run those tests. Perhaps the Department could contact the SU researchers to see about partnering with them in their study to develop baseline data for Tompkins County. If several homeowners responded, that data could be developed.
- Mr. Greenhouse asked whether the Environmental Health Division could offer to collect a water sample and place it in a sealed container so the homeowner would have a record. A fee could be charged to cover the costs. Mr. Kern responded the shelf life of water samples is not long.
- Mr. McLaughlin stated there may be landowners willing to pay the expense of water sampling. The Department could be the facilitator by handing out a fact sheet providing information about water sampling and laboratories.
- Mr. Kern reported the Water Resources Council has been working on fact sheets for baseline sampling, but it does not have the necessary information to know what contaminants to list.
- Mr. Wood observed that he has participated in a number of water contamination lawsuits; if the baseline data is not close in time and proximity, it is useless.
- Mr. Burbank mentioned the impact drilling would have on the community; therefore, he would like to have baseline data.

- Mr. McLaughlin agreed there needs to be a baseline. If the community is prepared, then the gas drilling companies will take notice in considering whether to come here or not.
- Dr. Meinhardt suggested that kind of preparation would attract companies with best practices.
- Mr. Burbank wondered if the costs for a baseline study of neighboring wells could be included in the permit fees of the potential drilling company.
- Mr. McLaughlin said the State maintains it has the exclusive right to issue permits; permitting fees would come under that structure, but it is uncertain whether there will be a baseline study.
- Dr. Macmillan does not think it is unreasonable to structure our opinion that a baseline study is necessary.

Division for Community Health Report: Ms. Lyczko, representing Ms. Connors, had nothing to add to the written report.

Dr. Morgan asked if there was any data on the redemption rate of WIC clients using their checks at the Farmers Market. Ms. Lyczko said she would contact the WIC Program Director for the information.

Children with Special Care Needs Report: Ms. Allinger noted the moratorium for the New York Early Intervention System (NYEIS) has been extended to December 1st which has been helpful to her Division. There will not be any further extensions.

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

Environmental Health Report: Mr. Kern, substituting for Ms. Cameron, reported there was a final fluridone pellet drop last week because concentrations of fluridone were decreasing to low levels. Pellets were dropped at the lighthouse area, mouth of the inlet, marina launch site, and behind the big box stores. The treatment effort is going well with injectors slated to be turned off and removed on October 31st.

Discussion regarding the Strategic Planning process: Mr. Kruppa explained the goal is to have a strategic plan completed by the end of the calendar year. Throughout October, the facilitators will compile data received from an online survey of various stakeholders and from the input of 5 focus groups composed of staff, Board of Health members, and Legislators. In November, the data will be presented to an internal Steering Committee of 5 Senior Leadership staff and 10 other departmental staff members to review and draft a plan having outcomes and measures. In early December, there will be a "knowledge audit" to look at identified goals and determine what exists internally to achieve those goals. The plan will be completed by the end of December and updated every 5 years. Each Division will then go through a similar process to create goals and objectives within its area. Ultimately, the process will reach the employee level.

Questions/discussion from Board Members:

- Mr. Kruppa stated the survey has been targeted to different groups: Health Department, BOH, Legislature, County Department Heads, Human Services Coalition Listserv, CMC, Health Planning Council, and the general public through the Department's website.
- Mr. McKee asked if the strategic plan needs to be approved by anyone. Since the Department is a public agency, he believes there should be a review.

- Mr. Greenhouse suggested presenting the plan to the Board which would allow members to review the draft document. He commented the plan may provide good guidance for the Board and could be helpful for identifying some metrics to track.
- Mr. McKee remarked a strategic plan is a living document that will be “finalized” when it is implemented. He emphasized that he supports the concept of the plan, but would like to have some input before implementation.
- Mr. Kruppa said his goal in this process has been to keep it as open and transparent as possible so he welcomes input.

Adjournment: At 1:59 p.m. Dr. Macmillan adjourned the meeting.