

Chautauqua County Board of Health  
MINUTES

**Meeting Date/Time:** Thursday, April 19, 2018 @ 6:00 p.m.  
**Location:** HRC Bldg., 4<sup>th</sup> floor conference room, Mayville  
**Scribe:** Sherri Rater

**ATTENDANCE:**

BOH Members	P/A		P/A	Others Present	Title
Tom Erlandson	P	Mark Tarbrake	P	Dr. Berke	County Physician
Dr. Tallett	P	Dr. Ney	P	Christine Schuyler	Public Health Director/Secretary
Dr. Hewes	P	Dr. Khan	P	Bill Boria	Environmental Health, Senior Water Resource Specialist
Natasha Souter	A	Elisabeth Rankin	A	Breeanne Agett	Epidemiology Manager
				Sherri Rater	Administrative Assistant to Public Health Director

<b>Call to order</b>	The meeting was called to order by President Tom Erlandson at 6:02 p.m.
<b>Privilege of the Floor</b>	None
<b>Approval of Minutes from January 18, 2018</b>	Minutes were approved by Dr. Hewes, 2 <sup>nd</sup> by Dr. Ney, all in favor.
<b>Agreements to Settle</b>	Bill Boria reviewed the agreements to settle. Most of the agreements to settle are for failure to undertake a water sewage survey when a property transfer transaction takes place as required by our County Sanitary Code. All have settled with the exception of one, which we will discuss under hearing officer recommendations. Lastly, a restaurant was operating without an updated permit. The restaurant has settled and paid a fine for that. The current list of violators is short due to recent staff turn over and training new staff which has created a backlog.
<b>Hearing Officer Recommendations</b>	The Respondent, Brian Carlson, was in violation for failure to undertake a water sewage survey when a property transfer transaction took place. Respondent had an opportunity to settle by paying a \$100 fine and applying for the permit. Respondent did not respond to the settlement opportunity. Upon service, the Respondent failed to appear for the hearing. The Board reviewed the Hearing Officer recommendations and agreed to the following:

	<ul style="list-style-type: none"> <li>• Respondent ordered to pay a penalty of \$1,000 for the violation within sixty (60) days of the date of this Order</li> <li>• Respondent shall submit an application, along with required fees, for the inspection of the water supply and the sewage disposal system within 10 days of the issuance of this Board of Health Order.</li> <li>• Respondent must make any repairs, improvements and installations necessary to receive the required certification within 60 days of this Board of Health Order.</li> <li>• Respondent may reduce Board of Health fine by \$500.00 if the respondent obtains the required water and sewer certification within 45 days of the order of the Board of Health.</li> <li>• Respondent shall disinfect the water supply serving 685 Creek Road and maintain chlorine residual acceptable to the Director of Environmental Health Service in accordance with New York State standard until such time that the certification of the water supply is issued.</li> </ul> <p>A motion was made to approve the order by Mark Tarbrake, 2<sup>nd</sup> Dr. Ney. All in favor. An order will be prepared and served upon the Respondent.</p>
<p><b>Harmful Algae Blooms (HAB)</b></p>	<p>Bill Boria reports that \$65M of the Governor’s budget was set aside for harmful algal blooms (HAB). Chautauqua Lake is one of the 12 lakes that have been named to receive funds. On March 26<sup>th</sup> Tom Erlandson and Bill Boria, among others, attended the HAB Summit in Rochester. On March 28<sup>th</sup> NYSACHO held an Environmental Health Summit in Albany. This summit included participants from local, regional and state health department staff. Similar presentations were presented at each event with the NYSACHO Summit geared more towards public health. Today Chautauqua Lake HABs steering committee coordinated by DEC met as a follow up to the March 26<sup>th</sup> meeting in Rochester to move forward with the Governor’s plan.</p> <p>The take away messages that were brought back from these meetings are that there is a lot that we don’t know about HABs and many presenters indicated that HABs are complicated. HABs are not algae, but cyanobacteria. Different cyanobacteria can emit different toxins, which creates public health risk. The EPA has issued some health advisories for drinking water. Handouts were distributed to meeting participants.</p> <p>Mr. Erlandson indicates that two individuals from Ohio have been working closely with our New York group. These individuals work with western end of Lake Erie, which is known for having HAB issues. One of the ways to reduce HABs is to reduce nutrients flowing into the lake. There are a lot of nutrients trapped into the settlement of the lake which creates HABs making this a difficult problem to solve. The County is working in many ways to address the problem such as modifying sewage treatment plants, extending public sewers in Stow and our mandatory sewer inspection program.</p> <p>If you see a visible bloom stay out of the water as the bloom could be harmful.</p> <p>Although it is not required to report HAB illness cases, the CDC has been tracking illness surveillance. In 2017 they received 39 HAB complaints. Of the 39 complaints, 14 human and two canine cases were linked to HABS. One was a confirmed case that resulted in a rash to a child that lasted about three weeks. 11 cases were probable and three were suspect.</p>
<p><b>Director’s Report</b></p>	<p>-County Legislature approved the appointment of Elisabeth Rankin to the County Board of Health. Elisabeth is the chairwoman of the Health and Human Services Committee. Elisabeth will join us for the July meeting.</p> <p>-Pursuant to the last meeting, Schuyler was to prepare a letter to the County Executive from the Board of Health</p>

recommending that Health Department staff be maintained and not decreased. Since then, all of our refill requests have been approved; therefore a letter was not drafted.

-NYSDOH conducted an audit of our vaccine for children programs. We passed 100%. Kudos to Julie Swanson, RN, who is in charge of the immunization program.

-Results were received for our Environmental Health performance measures which are related to electronic filing for the E-hips program and we were at 100%. We are on track to get a little incentive money if we can keep up with that.

-The County Executive has developed a CAER initiative taskforce for the opioid epidemic. It is important that we remain focused on that. The County Executive is looking at the opioid crisis as a public health emergency and will be looking for us to take over the leadership of response. There is an education/treatment group and a law enforcement group. Schuyler attends both.

-County Jail Medical is going to start using Vivitrol on inmates. Vivitrol is a monthly injectable medication used as part of a Medication Assisted Treatment program for substance abuse. The goal is to give an inmate an injection before release making sure that the follow up process is in place. Ideally, MAT would be started after detox and continue through the incarceration. The company that makes Vivitrol supplies one free injection per patient in jail and it is very expensive to purchase. Vivitrol studies have shown that it takes about 8 weeks for cravings to decrease. We would like to see patients on the medication for 8 weeks before they are discharged which will be a challenge because of cost and because we do not always know when inmates are leaving the jail.

-BOCES got state education approval for an additional Co-Ser, Community School Resources, which will enable BOCES to contract with community agencies and providers to increase medical, mental health, and supportive services such as Parents as Teachers, within the school setting. Approval of school based health centers must be done through the Certificate of Need process with the NYSDOH and are not part of this Co-Ser. There is one school based health center in Chautauqua County which is located in Jamestown and administered by The Resource Center. Bree Agett and Schuyler are working closely with BOCES on this project. The first piece of the co-ser that they are planning to roll out is the medical director piece. The idea is that BOCES would contract for shared medical directors and then the school districts can use them through BOCES without having to obtain a separate contract and the service becomes eligible for NY State Aid because of the BOCES pass through. Seventeen out of eighteen schools districts are now part of the ICE-8 co-ser. Falconer is the only one not signed on but their inclusion is promising. There are significant mental health needs in our schools.

-Health Department is licensed by the NYSDOH as an Article 28 diagnostic and treatment center and an Article 36 licensed home care services agency. Schuyler is working with NYSACHO to draft and legislation that would create a new designation in public health law for Local Health Departments as Municipal Limited Healthcare Services Facilities. There is currently a great deal of administrative burden under article 28 and article 36. LHDs have to follow same regulations as hospitals and as the visiting nurses association. We don't really do homecare. We are mandated to provide services such as direct observation for Tuberculosis, to go into a home and get a newborn PKU screen that the hospital missed, and to follow up on high lead levels in the home. As soon as we cross the threshold of a home we have to have to follow article 36 guidelines. We do fewer treatments and procedures than any doctor's office which are not required to be licensed under article 28 so we are asking that we are exempt from following the same rules for normal immunizations and STD testing. We have asked for increased public health state aid and have been turned down. If the state won't increase our aid then we are asking to decrease the administrative burden. Is the board willing to write a letter of support of such legislation to present to the county legislature in the hopes that they will lend that support to the state

legislature? Unless the legislative changes are made in the New York Public Health Law codes and rules and regulations this is never going to change. The NYSDOH is making an exception for 11 or 12 Health Departments across the state that provide any direct service except children's immunizations. These Departments will be exempt from article 28 regulations. We are moving in the right direction. This new exception does not include Chautauqua County as we are the recipient of Title 10 Family Planning grant and one of the requirements is to be an article 28 diagnostic & treatment center. Dr. Tallet made a motion that CCBOH support the amendment to article 28 and 36 of the Public Health law to designate municipal limited healthcare services facilities and encourage the county legislature to push for such amendments in Albany. Dr. Ney second the motion. All in favor. Schuyler will draft a letter.

-Maternal, Infant & Child Health program funding has been extended for two more years.

-Nurse Family Partnership Catholic Health System funding has been extended through 2020.

-Cancer Services Program grant is changing. Our current award ends in September and the NYSDOB RFP is a regional application. Our region includes Chautauqua, Cattaraugus, Allegheny and Stueben Counties. We are not applying for the grant. St. James Mercy Hospital in Hornell has applied for the grant. We will no longer be the lead agent for the Cancer Services Program. We will still benefit from the outreach; we just won't be the holder of the grant.

-April is child abuse awareness month. Chautauqua County recently had five cases of severe abuse in one week. It is a complex multifactorial issue, including poverty, lack of education, single family households, kids taking care of kids, opioid addiction, and mental health issues. It takes a community to raise a child. So many people look at CPS and think that CPS can protect all children and then blame CPS when abuse and neglect occur. Dr. Kahn indicated that some time ago their office was performing a couple of child abuse exams a month and now it is a couple a week. CPS is extremely short staffed and burnt out. This is in part due to a lapse in the civil service hiring process. A request was recently submitted for an increase in salaries for our caseworkers in the hopes to lessen the employee turn over rate and people moving to probation or another department that offers a higher wage. We currently have just over 100 kids in foster care and 51 of them are less than five years old.

-County coroner program: There is a pending change which will be voted on next month by the legislature to move the coroners program from under the direct supervision of the County Legislature to the Executive Branch under Health and Human Services which will mean this board of health will have more of a say. We have interviewed for two new coroners that will hopefully be approved at next week's legislative meeting as well. The prospective coroners are both nurses from UPMC WCA and work in the ER. Dan Tyler is an ER supervisor and Desiree Sundquist is the other. Desiree seems bright and may be interested in public health work in addition to coroner duties. Public health law dictates what cases coroners have jurisdiction over. They do not have jurisdiction over a death in a nursing home or hospital unless there is something suspicious in nature or related to an accident such as a fall. Additionally, if someone dies unattended but has been under the care of a physician within a reasonable length of time, coroners do not have jurisdiction. Our coroners have traditionally been going to every death in nursing homes, hospitals and patients under hospice/palliative care. Since this process has recently stopped, it has decreased our coroner cases by 66%. We need a top notch coroner program. Our coroners need to be on their game and equipped with the tools needed to complete proper death investigations such as suicides, murders, drug overdoses. Death investigations and death reporting are extremely important for public health morbidity and mortality data tracking purposes. Dr. Ney made a motion that the board of health is in support of moving the coroner program the supervision of the Legislature to Health and Human Services. Dr. Tallett 2<sup>nd</sup>. All in favor.

	<p>-Dunkirk water main break: There was a big water main break in the city of Dunkirk on March 28<sup>th</sup> at the plant. The break affected a 20 foot deep line stretching from the clear well in the plant to the other side of the pumps that pressurize the system. Bill Boria, Paul Snyder, Natalie Whiteman and others from Environmental Health staff really pulled together to work with the City. Subsequently the Mayor sent a letter commending Paul Snyder and our staff for their work in what could have been a much larger issue.</p>
<b>County Health Rankings</b>	<p>-Bree Agett gave a presentation on County Health Rankings. In 2011 Robert Wood Johnson Foundation in partner with the University of Wisconsin Population Health Institute started a county health rankings program based on the idea that your zip code is a better determination of your health than your genetic code. Where you live, work, play and what you have access to contribute to your health. Health outcomes look at how is our health is right now verses health factors which look at how our health is going to look 20 years from now. The categories are as follows:</p> <p>Health Behaviors (30%) tobacco use, diet and exercise, alcohol and drug use, sexual activity  Clinical Care (20%): Access to Care, Quality of Care  Social and Economic Factors (40%)(55 out of 62): Education, employment, income, family and social support and community safety  Physical Environment (10%): air and water quality, housing and transit</p> <p>Out of 62 counties in NYS, Chautauqua County ranked 58 for Health Outcomes. Health factors we ranked 57 out of 62. Since 2011, the most improvement was seen in health environment and we have consistently done well with clinical care. Chautauqua County ranked 55 out of 62 in social and economic factors. We ranked 62 out of 62 in health behaviors. This is mainly due to our 24% adult smoking rate and 34% adult obesity rate. We have a high teen birth rate. Not necessarily a high teen pregnancy rate, but of our teen pregnancies more result in births than other counties. This is probably in part because we do not have an abortion clinic in the county.</p> <p>Areas for improvement were:</p> <p>We have fewer people going to college than the rest of the state - 58% compared to 67% average in NYS  Unemployment - 5.8% compared to 4.8% average in NYS  Children in poverty - 29% compared to 21% average in NYS  Our premature death rate (ages 35-64 years) due to cardiovascular disease is high.</p>
<b>2018 Board meeting dates</b>	<p>Future Board of Health Meetings are July 19 and October 18.</p>
<b>Adjournment</b>	<p>Motion to adjourn by Dr. Tallett, 2<sup>nd</sup> by Mark Tarbrake @ 8:05 p.m.</p>