



COUNTY OF ERIE

MARK C. POLONCARZ
COUNTY EXECUTIVE

GALE R. BURSTEIN, MD, MPH
COMMISSIONER OF HEALTH

April 22, 2013

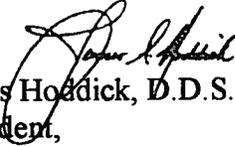
Dear Board of Health Member:

The next Board of Health meeting is scheduled for Tuesday, May 21, 2013 at 3:30 P.M. The meeting will be held at the Rath Building, Room 904, 95 Franklin Street, Buffalo, New York.

The minutes from the January 22, 2013 meeting as well as an agenda for the May meeting are enclosed for your review.

Please make every effort to attend the meeting. If you are unable to attend, notify Marcia Amadori Crosby at 858-7226. Thank you.

Sincerely,


James Hoedick, D.D.S.
President,
Erie County Board of Health

Encl.
JH/mac

ERIE COUNTY BOARD OF HEALTH

ROOM 904 RATH BUILDING

MAY 21, 2013

AGENDA

1. Review of Minutes from January 22, 2013 meeting
2. Food Policy Council
3. Board of Health members tenure
4. Bird Flu/E Coli Outbreak
5. Public Health Accreditation
6. Old Business

ERIE COUNTY BOARD OF HEALTH MEETING

MINUTES

JANUARY 22, 2013

PRESENT: James Hoddick, D.D.S.
Carolyn Montgomery, PhD, NP-C
Dennis Galluzzo, R.P.H.
Nathaniel Webster, M.D.
Gail Polanski, RN, BSN
Matthew Dunaif, D.V.M via telephone conferencing

EXCUSED: Krista Van Wagner, Curly's Bar & Grill
Maureen Montgomery, M.D.
Lynn Marinelli, Erie County Legislator

ERIE COUNTY DEPARTMENT OF HEALTH

Gale Burstein, M.D., Commissioner of Health
Cheryll Moore, Medical Care Administrator
Joanne Paxon, Medical Care Administrator
Ben Swanekamp, Executive Assistant

GUEST

Sean Mulligan, Councilman Rivera's Office for Food Policy Council

I. REVIEW OF MINUTES FROM OCTOBER 16, 2012 MEETING

Dr. Hoddick asked if anyone had any suggestions, additions, or deletions to the minutes, there were none. Dr. Dunaif motioned to approve the minutes as written, Gale Polanski, seconded the motion.

II. FOOD POLICY COUNCIL

Sean Mulligan addressed the BOH members regarding the Food Policy Council. He asked that a decision be made to house the Food Policy Council at the Board of Health as a subcommittee. He mentioned that the County Attorney is looking into how this can be accomplished. Cheryll Moore spoke with Greg Kammer, who said that there are two options. He is looking for some wording in the Sanitary Code that states that there could be a subcommittee, or arm that alludes to it. If not it would be changing the State Sanitary Code. Ms. Moore said the BOH in this case would be a leader in the State. Dr. Burstein asked how long this would take. Ms. Moore said that there would be a time frame involved in accomplishing this. The proposal would

provide a format for all the other counties in the State. Mr. Mulligan said there is a strong movement going on across the counties in New York, where there is networking regarding the food policy council. Mr. Mulligan is traveling to Saratoga County with a physician from the UB School of Planning to present to the Food Policy Council Forum for the State. Dr. Hoddick said that if it is able to be done locally, we must be up and running so that at the next meeting we can schedule a public hearing before the Board meeting so it can be approved. Ms. Moore said she would advise Dr. Hoddick when a determination is made regarding the sanitary code status.

Ms. Montgomery mentioned that at the University of Buffalo there is a developing interdisciplinary educational group; it involves the School of Pharmacy, School of Dentistry, the School of Public Health, and the School of Nursing. She mentioned the Food Policy Council to them. They said that they would like to find ways to get the students involved in this endeavor. This could involve community gardens, coming out to different areas to speak about sustainability and how to get students involved in the community.

Mr. Mulligan went on to say that in terms of the membership composition they are recommending seventeen seats. There would also be subcommittees made up of non-board members. There will be numerous opportunities for people to be involved. Ms. Montgomery went on to say that students need education working as a group doing something for the community; and that this would be a wonderful project for them. Dr. Hoddick asked if there was anything the BOH needed to do, aside from the Sanitary Code revisions. Ms. Moore asked that someone from the BOH be identified for a seat on the Food Policy Council that would be the liaison between the subcommittee and the BOH. Dr. Hoddick asked when they met, Ms. Moore replied that they would meet the same time as the BOH. Mr. Mulligan said that they would meet on a quarterly basis. Dr. Hoddick agreed to be the liaison; Dr. Burstein mentioned that we should advise Krista Van Wagner as Dr. Hoddick thought that she might be interested. Dr. Hoddick will speak to Ms. Van Wagner regarding this. Mr. Mulligan thanked the BOH for their support.

III. FLU UPDATE

Dr. Hoddick asked Dr. Burstein for a flu update. Dr. Burstein gave handouts to the BOH members regarding the 2012-2013 Influenza Season Activity in Erie County. She went on to say that this year we are seeing more flu earlier than we usually do. It is categorized throughout New York State as widespread. We are seeing higher numbers a month earlier than usual. There is a particular influenza A strain that is circulating the community. The good news is that we are on target with the vaccine, it is covering this predominant strain. The bad news is that the strain is extremely virulent and it makes people really sick. We have had more hospitalizations in New York State, so far this year than we did all of H1N1 season. The vaccine efficacy is about 62%, which is what we would hope for in a flu vaccine. For children the nasal spray live attenuated influenza virus vaccine is about 83% effective. There is some partial protection, you will not become as ill if you have been vaccinated compared

with if you have not been vaccinated. There have been three pediatric deaths reported so far in New York State, none of them have been in Erie County. There is no shortage of vaccine, some offices have however run out because the demand is greater than it was last year. There are distributors that have every type of vaccine available. For adults they can be vaccinated at their pharmacy, with last week's governor's proclamation of a flu public health emergency, Pharmacists are able to also vaccinate children. Dr. Burstein asked Mr. Galluzzo how that was going. He responded that last week they did 20-30 shots every day. However that has dwindled down. At his particular pharmacy they are phoning people through computer records to remind them to have a flu shot; they have vaccine available for nine year olds and up. Dr. Dunaif asked if there were other illnesses going around that looked like the flu, that people think they have had the flu when they actually do not. And would benefit from getting a flu shot. Dr. Burstein said that yes there is parainfluenza, RSV, and other bugs that can cause influenza like illness. Unless you have a lab test that says you have influenza, you do not actually know that you have it. There are three viruses in the vaccine, if you did not actually have influenza you might have had one strain but not the other two. The benefits greatly outweigh the risks. Joanne Paxon puts out health alerts to which the media then responds. There was a separate press release on the nurovirus, and we explained the differences between stomach flu and influenza. We also talked about the common other viruses that exist in the community that mimic flu symptoms, so that the point is well taken to continue to go and get the flu shot. Just because you experienced an illness, doesn't mean that you actually had the flu. Mr. Galluzzo said that since Pharmacists' have standing orders, he has 80 doses of vaccine available. Dr. Birkhead of the New York State Department of Health, said that the numbers were continuing to go up. Dr. Hoddick asked if there were any numbers on what percentage of people are vaccinated. Dr. Burstein said that the CDC has information on their website nationally on penetration of flu vaccine. She thought that it was about 40%. Dr. Burstein said that it is usually higher in the older population. Dr. Burstein went on to say that New York State organized a flu redistribution system where they created a website and made it legal for entities that have excess flu vaccine they can enter data on the website. Entities that need to purchase flu vaccine can go on the website to see who has excess that they want to get rid of. They can contact them and either purchase it, or get it for free depending on the site.

Dr. Burstein explained that the graph on the handout was surveillance data showing that there is a lot of influenza A. These were the number of positive lab tests recorded to us; so it is not based on how much flu is out there, but who is doing actual testing. It is not the absolute number of flu cases but trends.

IV. HYDROFRACKING

Dr. Hoddick asked Mr. Galluzzo if he had anything to comment on regarding the video that had been viewed by some of the board members. Ms. Montgomery said that she had checked it out on Fact Checker and said that the New York Times had reviewed

it. They found that some of the claims had been slightly exaggerated, but for the most part they were on the mark. It was discussed that a lot of water is used in the fracking process. Tanker trucks full of water are being extracted from local water supplies, which affects the water levels of the lakes. The water needs to be recycled after the fracking process; some sort of purification process needs to be instituted. Mr. Galluzzo asked the Board of Health to make a statement against the fracking process. Dr. Dunaif agreed with this.

Dr. Hoddick thought that we should wait for the DEC report to see if fracking can be regulated. He felt that if it cannot we should compose a letter, if it can ask for the best way of disposing of the water involved in the process. Mr. Galluzzo reiterated that as a board we should relate out concerns to the public. Ms. Montgomery that we should be proactive and try to stop what is happening before it hits our local area. Dr. Hoddick agreed that we should develop a letter that voices our concerns; Dr. Burstein thought that the letter should go out under Dr. Hoddick's signature. Ben Swanecamp commented that the DEC is doing an additional review to an outside consultant, he thought that since this is a health issue, the most appropriate person to send the letter to would be the DOH. Before the letter is sent out it will be forwarded to the board members for comments. Everyone agreed to this.

V. PUBLIC HEALTH ACCREDITATION

Joanne Paxon told the board members that she is a Medical Care Administrator under Dr. Burstein. Public Health Accreditation is a project that she is working on. She gave out a powerpoint handout. She has had experience in accreditations. She is looking to improve the ECHD's performance at the management level, leadership, as well as how we interact with our community. Ms. Paxon said that it is an opportunity to document what we do. The process looks at the ten essential public health services. Accreditation not only gives us credibility but it speaks to our ability to assess our strengths and weaknesses and what can be done to improve the services that we provide to our community and to improve health in the community in general. Over the past several years the Public Health Accreditation Board has been developed to oversee the accrediting process. They have developed the standards and measures that they use to assess our compliance in what they have established as the standards. These did go through a thorough process of being looked at by a variety of professionals to see if the standards are too stringent, or not stringent enough. We are currently working with version one, there will be a version two and three etc. The standards and measures are the required level of achievement. There are twelve domains that we will be held accountable to. The ten essential public health services, domain eleven is management and administration, domain twelve addresses governments. She discussed the twelve domains as presented in the handout. Ms. Paxon thought that perhaps the department could develop on-going education and training; providing more opportunities for staff to have education and staff development as well as organizational training.

The current status is that of mid-November the Public Health Accreditation Board had received 106 applications of letters of intent. This is on a national level. Locally

approximately 15 to 20 counties in New York State that have either expressed interest or are pursuing accreditation. CDC has funded the New York State Public Health Association to provide some financial support for health department's to develop those areas where they are lacking. For example we have training and education for our staff, but we need a concrete, comprehensive plan indicating how we are training our staff; what the appropriate opportunities are, and do we get together and really look at and develop the plan. This needs to be done. There are opportunities to get some funding. We also need a strategic plan established. The funding would provide a consultant to us to assist us with this process. Accreditation for a health department of our size is between \$32,000 and \$33,000 approximately; once every five years.

Dr. Burstein said that she has spoken to agencies that are going through the process and said that it was really helpful and that it has changed the culture of the health department. Dr. Hoddick asked regarding the makeup of the accreditation board. Ms. Paxon said that she would bring more information on exactly how they came to be, and who is involved. From her initial research she has found that these are leaders in public health across the nation that got together and founded the public health board. She said that they are a not for profit entity; for their onsite reviewers, they are looking for volunteers from health departments to go into other health departments to assess them. CDC funds them as well as Robert Wood Johnson Foundation. Ms. Paxon said that from the time the letter of intent is submitted to the time you take to get your organization ready to apply can take up to two years. Ms. Polanski asked if it was an onsite review, Dr. Burstein said that it was a combination of them reviewing your documents then doing an onsite visit. Dr. Hoddick asked Ms. Paxon to update the board on the process as it goes along. She also said that she would provide Ms. Crosby a link to the website for the board members.

Cheryll Moore had handouts regarding the Western New York Cancer Coalition. The Cancer Services Program, that is a grant of the Health Department, services about 1600 people a year of uninsured and underinsured people. We have a high positivity rate for finding cancers; breast, cervical and colorectal as well as prostate cancer. This program is potentially on the chopping block in the State budget (which is coming out today). Ben Swanekamp said according to the Governor, currently the DOH operates nine separate awareness and prevention programs. The existing contracts will be reevaluated and will be competitively awarded new funding. All awards will have the opportunity to compete annually for new funding based upon ability to better identify health outcomes. The budget will consolidate these separate programs into six competitive pools to achieve current health outcome goals. Ms. Moore said that we are currently at the end of our five year time frame, we are waiting for the RFA. She asked the BOH to compose a letter to our local delegation stating to keep our funding levels where they are right now, so that we can at least screen the same amount of people. Dr. Hoddick agreed that a letter would be composed.

The next meeting was scheduled for Tuesday, May 21, 2013. The meeting was then adjourned.

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