

ERIE COUNTY BOARD OF HEALTH
Meeting Minutes
January 16, 2018

PRESENT:

James Hoddick, D.D.S., President BOH
Dennis Galluzzo, RPh.
Maureen Montgomery, M.D.
Jonathan Daniels, M.D.
Robert Free, Director, Food Operations, Buffalo Bison's Baseball
Dianne Loomis, DNP, FNP

EXCUSED:

Matthew Dunaif, DVM via teleconference

ERIE COUNTY DEPARTMENT OF HEALTH:

Gale Burstein, M.D., Commissioner, Erie County Dept. of Health
Kelly Asher, Coordinator, Community Wellness

I. REVIEW OF MINUTES FROM SEPTEMBER 12, 2017 MEETING

The minutes from the September 12, 2017 meeting were reviewed and accepted as written.

II. MEDICAL EXAMINER'S PRESENTATION WAS RESCHEDULED TO MAY BOH MEETING

III. FOOD POLICY COUNCIL

Kelly Asher spoke regarding the Food Policy Council. She passed out copies of the grant application for Building Capacity for a Stronger Regional Food System with the United Way. We are applying for \$100,000.00 for education, professional development, strategic planning and for community events. This would include focus groups within the community. Rob Free said this would be a community outreach attempt to let people be aware of the FPC. Everyone on the council is a volunteer, so this grant would enable it to hire a consultant to bring events to fruition. This could include partnering with perhaps the Massachusetts Avenue Project. These funds could also assist the FPC with being the facilitating group for other organizations. Kelly Asher said this would assist with food sovereignty and food justice; to get people in the community involved and in control of their food system. The money came from General Mills in the amount of one million dollars and the United Way is the organization who will decide how the grants will be dispersed. The FPC has sent a letter of intent to the United Way. There were thirty- seven applications, but this has been vetted down to 17 that were actually invited to apply. The United Way encouraged the FPC to apply for funds. The grant awards will be announced in March. The funding would also allow the FPC to observe what has been successfully done in other cities' Food Policy Councils such as Minneapolis, Pittsburgh and Detroit.

IV. OPIOID EPIDEMIC

Dr. Burstein said that we are averaging a little under a suspected overdose death per day. We slowed down at the end of the year in 2017. There are 193 confirmed and 123 suspected overdose deaths for 2017. The suspected reports will not be available until the spring. The

toxicology testing slows the process down. In other jurisdictions there are huge increases in overdose death rates, the rate of rise in Erie County is significantly decreasing. Dr. Burstein went on to say that between 2014 and 2015 we had a 100% increase, between 2015 and 2016 we had an 18% increase. Into the present year we will probably only have a 5% increase in deaths. This is significant given the varied dangerous toxic drugs out. Everything is spiked with fentanyl. When Central Police services does analysis on the content on drugs confiscated from crime scenes everything, even pills has fentanyl in it. Anyone that is using is at a significant risk for overdose death. We are looking at objective data; we are able to look at our Medicaid prescription data for Erie County. Hydrocodone has dropped from number one prescribed drug to number five. Ibuprofen is now number one. She went on to say that we are now getting more people into medication assisted treatment with buprenorphine and there will be two methadone clinics opening up. We are also getting more people into medication assisted treatment in the city. Best self-behavioral health is opening in Orchard Park, and Catholic Health is opening a facility in Amherst. We also have more prescribers for buprenorphine. Dr. Burstein said that more offices are getting on board with SBIRT (Screening Brief Intervention Referral to Treatment). This is meant for a health care system to be able to have a standardized approach to identify individuals who are struggling with any type of addiction. There are validated tools out there for different substances, substances in general, teens, and pregnant women. This is the screening part, if someone screens in then the brief intervention is basically motivational interviewing counselling, this would be anywhere from five to twenty minutes depending on the severity of the substance abuse and the time available for the provider who could be an MD, or nurse or even a social worker. The RT is referral to treatment, for someone who needs a higher level of care beyond the motivational interview counselling. The patient could then be referred to a substance abuse treatment clinic. Our addictions hotline could also be utilized to assist.

Dr. Burstein said that we are starting to roll this out. Drs. Montgomery and Daniels said that they were attending a training on Saturday. CAP PC and child and adolescent psychiatry and primary care programs are involved. Many of their faculty were trained and were certified in pediatric SBIRT training by the Boston Children's folks who are the experts in adolescent addictions. The CAP PC sent people from Rochester and Syracuse. Trainers (were trained by the people in Boston) the trainer then go around to the primary care people. Dr. Daniels asked if the number of overdoses as a total number was the same. More people are getting into treatment, there are also more naloxone saves (these however have also slowed down). There is a multidisciplinary strategy so that everything combined with what we are doing is helping out. There is a new grant from the Bureau of Justice Assistance that is funding us to train police departments so that if naloxone resuscitation is done, the next business day a police officer will go out with a peer counselor to the person's house and talk to them about getting into treatment; and also other harm reduction options. We have just recently received funding for this program. We piloted with the Alden Police Dept. and about half of those people agreed to go into a treatment program. We also have a grant from the HHS Office of Women's Health to allow SBIRT in Ob/Gyn offices; hopefully this will identify women struggling with addictions and will assist with the number of neonatal abstinence syndrome or their severity. Sometimes pregnant women who are already on medication assisted treatment still have their newborn develop neonatal abstinence syndrome, hopefully it would not be as severe, and then CPS will not remove the child from the home as the mother will already be in treatment. We are working on these initiatives and also working closely with UB to have them start an initiative in their Emergency Department where they are already training clinicians and residents to get them

certified to prescribe buprenorphine. So that when someone comes in with an opiate related problem, they can be started on buprenorphine. Then with follow-up with a substance abuse treatment agency. Catholic Health is also willing to participate in this also. We are trying to work with Emergency Depts. To get them to have drug disposal kiosks in the ED's.

V. FLU UPDATE

Dr. Hoddick mentioned the flu vaccine efficacy being only 10 or 20%. His patients were asking if they should get the flu shot next season, to which he responded in the affirmative. Dr. Burstein said that the CDC has not yet published effectiveness data for the US. She said that one strain in Australia from their flu season was only 10% effective; this does not mean that the same can be true of all the flu strains in the US. She said that this was the press misinterpreting what this statement was saying. If enough people get immunized we will get some herd immunity going and protect more people. However if you are not 100% protected against an influenza like illness, if you are immunized and get the flu, your course will be more benign compared to those who are not immunized. Dr. Hoddick thought that a better job needs to be done in educating the public on vaccines; as the vaccine is marketed as a preventive measure in contracting the flu. Mr. Galluzzo also said that he has patients saying that the vaccine is not very effective so why get a shot. To which he replies the herd immunity issue etc. He mentioned that more people should be immunized.

Dr. Daniels said that as soon as there is an infant mortality from the flu, parents are then more willing to have themselves and their children immunized. He also said that in speaking with his patients they have the fear that the vaccine will give them the flu. This myth needs to be dispelled.

VI. NEW/OLD BUSINESS

Dr. Montgomery asked about staffing issues at the Medical Examiner's office. To which Dr. Burstein said that the Medical Examiner's at the end of last year was given funding to spend on increasing the staffing so that we could be faster with getting the investigations in dealing with the toxicology lab. In this year's budget, additional funding was approved for staff so that we are getting people hired and trained. We also have two full time medical examiners and one position that is vacant. We should have four medical examiners. One has accepted a position, and will be able to start in July. We were courting another person, but she has since turned down the position. We have a part-time fee for service person that lives in Rochester but comes in for us. He also works as a Medical Director in our Public Health Lab. We have a toxicology lab in the ME's office and a separate Public Health Lab. The toxicology lab has also been funded through capital projects for significant renovations, including electronic equipment that will streamline data.

There was discussion regarding Dennis Galluzzo's reappointment and a replacement for Legislator Lynne Dixon.

There was no other new business. The next meeting of the EC Board of Health will be held on May 1, 2018 at 3:30 P.M. The meeting was then adjourned.

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