## ERIE COUNTY BOARD OF HEALTH

## **MINUTES**

## <u>MAY 1, 2018</u>

PRESENT:James Hoddick, D.D.S.<br/>Robert Free, Vice President, Food & Beverage, Buffalo Bisons<br/>Baseball/Canalside/Outer Harbor<br/>Diane Loomis, DNP, FNP<br/>Dennis Galluzzo, RPh.<br/>Maureen Montgomery, M.D.<br/>Matthew Dunaif, DVM<br/>Tim Callan, Chief of Staff, Erie County Legislature<br/>for Honorable John Bruso, Erie County Legislator

EXCUSED: Jonathan Daniels, M.D.

### ERIE COUNTY DEPARTMENT OF HEALTH

Gale Burstein, M.D., Commissioner of Health Kelly Asher, Coordinator, Community Wellness Ben Swanekamp, Executive Assistant Jennifer Delaney, P.E. Director, Environmental Health

## I. REVIEW OF MINUTES FROM MAY 1, 2018 MEETING

The minutes from the May 1, 2018 meeting were reviewed and accepted as written.

#### II. SANITARY CODE UDATE – ENVIRONMENTAL HEALTH

Ben Swanekamp said there is a problem with childhood lead poisoning here in Erie County. One of the sources of poisoning that the Health Dept. is encountering more recently is when renovations are done to a property not following EPA's lead safe work practices guidelines. New York State is unusual despite being a more regulatory state; NYS does not enforce lead safe work practices they leave that up to the Federal

government and the EPA. In all of America in 2016 the EPA did 123 enforcements all over the country. In NYS only 3 were conducted that all occurred in New York City. This is essentially unenforced. As it stands now the City of Buffalo cannot enforce lead safe practices nor can Erie County. The Community Foundation for Greater Buffalo put together an extensive report that goes over the issue that will be sent out to the BOH members. One of the recommendations of the reports is to possibly amend the Sanitary Code to give Erie County the ability to enforce lead safe work practices with modifications to article 9 of the Sanitary Code. A handout was distributed to the BOH members for lead related revisions. This will give inspectors who are already out in the field doing many lead inspections on a day to day basis, look at work sites to make sure that they are not creating additional lead hazards as renovations are being done; or in some cases create lead poisoning danger while lead paint remediation is being completed. There would be no additional cost element to the County, as we will be using existing manpower, i.e. inspectors on the job, that can be certified to complete the inspections. There would also be fines associated in the sanitary code.

Dr. Hoddick asked if this would involve more manpower and compensation, to which Dr. Burstein said that as we already have Sanitarians doing housing inspections, there would be follow up after work is completed to ensure compliance with lead safe practices. There will also be some extra training involved in interpreting the new rules and regulations in the sanitary code. Dr. Dunaif questioned if the inspectors would be required to wear the appropriate respirators, masks, and coveralls. Dr. Burstein answered that right now they are not inspecting work sites, if the amendments go through they would need to be fully garbed.

Dennis Galluzzo asked if this would apply only to work sites being renovated. Mr. Swanekamp answered that this would apply to renovations and remediation of lead hazards. He also said that we have ideas of where a lot of these worksites are, as our personnel are doing childhood lead visits or prevention investigations. There are requirements for landlords to disclose to tenants if a structure constructed before 1978 contains lead. Erie County has a new partnership with the City of Buffalo, specifically on the lead issue. Their city housing department would flag us when projects are being done. There will be an enforcement presence happening. Once contractors are aware that this is being checked for, it will send a message throughout the community. As far as dollar structure penalties are incurred we would look at other states that have imposed their own for lead practices regulations. This would probably be an escalating scale.

Tom Muscarella has been writing some changes, and Greg Kammer the ECDOH'S attorney would help to draft the finalized version of the updates for the BOH to review. Dr. Hoddick suggesting having a version ready for the BOH to go over before the next meeting. Possibly we could be the catalyst for this to go statewide. Mr. Swanekamp suggested getting a red lined copy to the BOH for the entire Sanitary Code with the proposed changes for their review. There will also be language cleanups throughout with outdated terms. This will also include new fees that will be required as they go to the EC Legislature for a vote. This will all be included in the package.

Jennifer Delaney said that NYS has a law proposed to permit tattoo facilities. Erie County has their own regulations. It would include things such as body branding, body modifications, suspension piercings and items related to these as being permitable facilities. One proposal would be for Erie County to update their tattoo code to ban these items from practice within Erie County. Another item that has come up recently is tattoo conventions. We do not have anything in our regulations regarding those, so we would look at the idea of adding something relating to tattoo conventions. Basically a group of tattoo artists come into the Buffalo Convention Center and will tattoo people in the convention center for a fee, instead of clients going to a local tattoo shop. There would have to be inspection procedures involving credentials for temporary licenses, similar to obtaining a temporary food permit. Dr. Burstein asked how other counties are accepting these new tattoo, body branding regulations? Ms. Delaney said that there has been a pushback from early 2017 on this subject. Even today there are pending regulations on the NYS website; they have not gone to public comment. She thought that maybe NYS was taking into consideration what the county health departments were sending back and are taking a second look at it.

### III. FOOD POLICY COUNCIL

Rob Free and Kelly Asher said that the FPC did indeed receive a grant

from General Mills in the amount of \$42,600. In order for us to get the grant we had to be a 501C3; we went through the Wellness Institute of Buffalo to administer money from the grant for us. The grant is to be used for: \$35,000 for a consultant to assist us with a new strategic plan, policy and procedures guide; \$5,000 for member training; and \$2600 for the Wellness Institute for administration of the grant. Rob Free said that getting the consultant in for guidance in the FPC and for knowledge of what other FPC's are doing will help tremendously. United Way specifically wanted us to use a consultant from Milwaukee, but she was unavailable. The FPC will be putting out an RFP for this position that has FPC experience and is also located in an area that is similar to ours. The FPC has a working group that is assigned to looking at FPC's in two cities, with a matrix involved. Since there is now money involved, we need to revise the MOU. Kelly asked the BOH if a treasurer is needed or can we make our staff member a liaison person; should we state in the MOU that the person would provide financial oversight for the council by approving and signing all spending requests along with the chairperson. We would like to use Kelly Fletcher and the chair to be the dual signors to submit the spending requests to the Wellness Institute. Dr. Hoddick suggested that the BOH review the financials perhaps quarterly. He said that there should be some oversight. Due to the fact that the FPC has an uneven amount of members, Kelly Fletcher the staff liaison person, will not have voting privileges except in the event that the ECDOH representative (Kelly Asher) is absent. We are the only agency in the FPC that has two votes; we need an even number on the FPC including the chair. There were no objections to the issues raised.

Kelly Asher said that there were a lot of questions about signing letters of support for various initiatives; she asked if we can sign letters of support for agencies that may be lobbying the state for changes. Dr. Burstein suggested asking Greg Kammer from the County Attorney's office for advice. Kelly then went on to say that we could advocate instead of lobbying for the food system. It was suggested that e-mail votes not be done.

### IV. OPIOID EPIDEMIC

Dr. Hoddick mentioned that since we often have speakers at BOH meetings, he suggested John Bennet from Kids Escaping Drugs. He recently brought a resident from the program to a meeting that Dr.

Hoddick had attended. Everyone was in agreement to have the presentation at the next BOH meeting. Dr. Dunaif asked if all drug overdose deaths were recorded, to which Dr. Burstein responded yes. He also asked if the mortality rate had gone down in the last six months, to which Dr. Burstein said that yes it had, and it was significant. She said that our numbers in 2017 are going to be less than in 2016; there are still some outstanding cases that are pending confirmation. Even if they all rule in, the numbers will still be lower. Naloxone, prescribing behaviors, ER depts., expanding medication assisted treatment, raising awareness of opioid addiction are all attributed to this. We are training primary care providers, and opening adolescent medication assisted treatment facilities in the community. Dr. Hoddick asked if the numbers on overdoses themselves also going down. Dr. Burstein said that she thought so but we do not have complete data.

## V. <u>COMMISSIONER'S UPDATE</u>

Dr. Burstein said that the ECDOH is working with law enforcement to help Police Departments develop programs for overdose responses. The Town of Cheektowaga has been our first successful department where if an officer is called to resuscitate an overdose, after a 24 hour period they will work with a peer counselor to contact the victim that survived. The counselor will work with the victim to talk about getting into medication assisted treatment or different harm reduction options that are available in the community. We have had about a 50% success rate of getting people into treatment and we are working to follow up at 30, 60 and 90 days, to see if the individuals are in treatment. The participating police carry naloxone with them. The peer counselors are community peer counselors; some are supplied by Group Ministries.

Dr. Burstein said that we are working with the community ob/gyn's to train them in SBIRT (screening, brief intervention and referral to treatment) so that they will be able to identify women who need pre-natal or pre-conception care that are using substances; and providing them with motivational interviewing counseling, and possibly treatment.

Dr. Burstein said that regarding flu, it is decreasing as of the last NYS report from last week, but it is still categorized as widespread. She said that the numbers are trending down. Dr. Dunaif asked her if there had

been any e-coli salads issued, to which she replied there have been none in Erie County to her knowledge. Dr. Montgomery said that there are still cases presenting of RSV (respiratory syncytial virus).

# VI. OLD BUSINESS

Dr. Hoddick said that dentists have started screening for HIV. The School of Dental Medicine has supported the screenings. The study expanded to statewide and 13, 685 were done. In 887 about a 60% acceptance rate, there were 3 presumptive HIV infected people for .04 percent. Out of the 3 one was confirmed and two were false positives. The whole idea was for general dentists to screen in their offices. There were less than one tenth of one percent positive.

# NEW BUSINESS

Dennis Galluzzo said that his pharmacy has a kiosk for sharps containers, but people were dropping drugs into it. Through the Pharmaceutical Association they are trying to pass a bill to get the drug manufacturers to take responsibility for drug take-backs so that the kiosks could be maintained in the pharmacies. However the NYSDEC has been doing pilot programs, for first come, first served they will provide boxes and pay for the disposal of the medications for the next two years. There are many prerequisites such as the box must be low to the ground, inside the store; and the pharmacist has to unlock it before an individual can dispose of any medication. No liquids, injectables or vials. Only capsules or tablets that must be in containers. There is such a box in the Family Medicine Pharmacy. Covanta picks them up and converts them into energy.

The next meeting was scheduled for Tuesday, September 11, 2018. The meeting was then adjourned.