

CITY/COUNTY BOARD OF HEALTH

February 25, 2016

Present were Commissioner Mark Peck, Commissioner Greg Larson, Commissioner Mike Cole, Eureka via Vision Net, Peggy Williams, Doug Roll, Dr. Brad Black, Jennifer McCully, Nick Raines, Kathi Hooper, Clerk and Recorder Robin Benson and Allan Payne via telephone conference.

Public Health/Jennifer McCully:

Four confirmed cases of influenza. Currently looking for someone to hire as a consultant to conduct a Community Health Assessment through data analysis.

County Health Nurse Micki Carvey is working on a suicide prevention conference to be held in Eureka.

STD Case Study Discussion-Jennifer led a discussion about a party where adult and minors together (ages 13-22) were involved in drinking, prescription drug use, IV drug use and sex. There were arrests made for fights but nothing for alcohol, drug use or minors. Many have been treated for STD's, however, the ring leader, a 22 year old male, has not been seen Jennifer asked the board members if we as a City/County Board of Health are prepared for this kind of situation and what would we do. What are the legal options under Title 50? What laws are being broken? Where does the BOH have legal authority? Some suggestions were to potentially report to law enforcement that a person is known to be infected and is still having sexual relationships. The person in the case was not known to be positive, so this is not an option. Possibly an undercover investigation would be feasible since there are minors involved in this case study. Public health concern might be able to be resolved if the male individual was investigated for statutory rape if minors are involved. Alert the county attorney's office. The BOH's main concern should be the spread of disease in this case, regardless of the ages of the victims or the other laws broken.

Commissioner Peck said the good news is that the younger kids are coming in and visiting with Jennifer so she can intervene and educate them about drug use and STD's. Jennifer is not allowed statutorily to talk to the minors parents.

Kathi Hooper/Environmental Health:

Kathi discussed the Cottage Food Program. This allows certain food items to be produced in a home kitchen and sold to the general public. Cottage Food Operators in Montana must specifically meet requirements about sanitary food preparation, market only from an approved food list, create compliant labels, sell directly to the consumers face to face, and register with the local Environmental Health Agency.

Nick Raines/Asbestos Resource Program:

Nick said that EPA signed and finalized the ROD for the Libby Site approximately two weeks ago. This is a big milestone for our community.

The short version of the remedy selected is very similar to how EPA has been conducting clean up over the past few years. Now is the discussion of implementing the Institutional Controls. EPA took initial information from the earlier public meetings.

EPA will be in Libby tentatively on March 21 and would like to know how the community group would participate in IC development. How do we want to form a group?

Ideas and suggestions were as follows:

- Advertise and accept letters of interest. Only a maximum of 5 to 7 members. Need one person with expertise (Nick) as technical advisory. No members of BOH to sit on committee. Dr. Black offered to help as a liaison. Minimum requirement equal to experience and longevity in Lincoln County that shows basic understanding of the history of EPA in Libby. Commitment of time. A lot of public involvement.

Interviewing process needs to be further discussed. First, collect letters to see what kind of interest is out there before discussion of the interview process.

What is the role and responsibility of the community group? There should be some type of charter showing expectations and limited authorities.

Commissioner Larson suggested advertising and asking for letter of interest. Mayor Roll commented that he thought the BOH would be doing the IC's and ARP as the technical advisor.

The committee would provide EPA with direction or vision and guidance. Those recommendations would be brought to the BOH. Ultimately it will come from the authority of the BOH.

The committee needs to be defined first and it will take work. It will be a time intensive process. It was suggested that committee members be made up of people that have some cognitive level to understand the science, and also regular community folks combined. Need to have an interview process to make sure people understand the commitment and involvement.

EPA would like to begin discussions with this group as soon as possible.

Allen Payne commented that this is an EPA process out of which recommendations will come from. The BOH has to be very aware it cannot pre-decide about IC's without hearing from the public. The community group is not speaking for the BOH. The BOH has to keep in mind not to make any commitments or have minds made up until the public has had its opportunity to have input. There can be no impression that decisions are made without the public process.

The community group could develop a draft IC Program and then visit with the BOH, followed by open public hearings.

Nick will put together an advertisement and send it to the rest of the BOH members.

Respectfully submitted by,
Robin A. Benson
Clerk & Recorder

02/25/2016 STD Case Study:

County X Public Health and I had been working together on some cases that were positive for both chlamydia (CT) and gonorrhea (GC). There were partners named in each county. Further investigation pointed to a 'party house' as a common denominator. On December 4th, 2015 there was a very large party. Stories were told of drinking, prescription drug use, IV drug use and sex. There were arrests made for fights but nothing for alcohol, drug use or minors

Several partners and names were coming up more than once from this party. The names given were both male and female, ages 13 – 22. Most tested positive for both diseases.

County X and I were able to find most of the names given. However, there was one name in particular that we could not get a hold of.

The leader of the party house was Bob. Bob resided in County X and his name had come up several times in investigations. Rumor has it that Bob's current partner resides in Lincoln County and has already been tested and treated for multiple STDs in the last few months. Bob's name had also been given to County X as a partner for positive GC and CT cases from other counties.

What should public health do? Bob needed to be treated. He was obviously engaging in sexual activity with multiple people. Several of which had already been treated, were they getting re-infected?

County X Public Health went to the Health Officer (HO) to stress that something needed to be done.

County X Public Health went to the Police Departments to see if they could help in anyway. Yes, there had been arrests made for fighting, however, nothing for alcohol, drug or sex with minors. The youngest in the group (13, 14) did not name any of the 17+ year olds as partners.

Finally, the HO drafted and signed a letter to Bob. The letter stated that Bob had 2 days to make contact with or come into the health department to set up testing and treatment. Consequences for failing may or may not have been relayed to Bob.

The letter was given to the Sheriff's Office (SO) to deliver to Bob. It took 2 weeks for the letter to be served to Bob. The issue remains unresolved. Bob never contacted the Health Department. The HO continues to state that he will take care of it. The SO has nothing to go on to bring him in. Is County X Public Health a laughing stock? Is it known that you can be threatened by them with no consequences?

- **Are you prepared to take care of this situation?**
- **Are there any laws broken?** The young people did not name Bob. Bob has not had a positive test therefore; he is not spreading the disease knowingly.
- **What would we do in this situation?**

As of October 1, 2015, Montana implemented a Cottage Food Program. This allows certain food items to be produced in a home kitchen and sold to the general public. Cottage Food Operators in Montana must specifically meet the following requirements:

- 1) **Implement sanitary food preparation operations.** Items need to be produced in a kitchen that is clean and has restrictions on eating, drinking, and using tobacco during packaging of cottage foods, and the access of household pets during production. Cottage food products must be sold directly to the consumer within the State of Montana.
- 2) **Only market cottage foods on the approved food list.** This includes:
 - a) Baked good products that may be cooked in an oven including:
 - i) Loaf breads, rolls, biscuits, quick breads, and muffins
 - ii) Cakes
 - iii) Pastries or scones
 - iv) Cookies or bars;
 - v) Crackers
 - vi) Cereals, trail mixes or granola
 - vii) Nuts and nut mixes
 - viii) Snack mixes
 - ix) Pies (except that custard style pies, pies with fresh fruit that is unbaked or pies that require refrigeration after baking)
 - b) Dried fruits
 - c) Standardized Jams, Jellies, Preserves and Fruit Butter
 - d) Recombining and Packaging of Dry Herbs, Seasonings, or Mixtures (dry soup, teas, coffees, spice seasonings)
 - e) Popcorn, popcorn balls, or cotton candy
 - f) Fudge, candies or confections that require a cook step and do not require refrigeration after cooking
 - g) Molded chocolate using commercial chocolate melts
 - h) Honey
 - i) Other products may be approved on a case by case basis by the department in consultation with the local health authority.
- 3) **Create compliant labels.** Products must be labeled with basic information on the product, common allergens, and a statement to inform the public that it is produced in a home kitchen that does not fall under the regulations of a regular retail food facility.
- 4) **Sell directly to consumers.** A face-to-face transaction with the consumer is required. They may be delivered to the purchaser, sold at Farmers' Markets, flea markets, craft bazaars, fairs, etc. Cottage food products cannot be sold to restaurants, distributors, wholesale or by e-mail or mail order.
- 5) **Register with the local Environmental Health Agency.** The application fee is a one-time registration fee of \$40.00. However, if the location of the operation moves, or additional recipes and labels are submitted, the operator will be required to re-register. For those Native Americans living on Montana's reservations, contact your tribal environmental health office to determine what agency will be reviewing and registering Cottage Food Operations.