

The Fayette County Board of Health met on Tuesday, September 9, 2003 in the Public Meeting Room in the Fayette County Administrative Complex, 140 Stonewall Avenue, Fayetteville, Georgia.

Board of Health Members Present:

Dr. John DeCotis
Thomas Faulkner, MD
Lynette Peterson
Lyn Redwood
Dr. Michael Strain
A.G. VanLandingham

Staff Members Present:

Michael Brackett, MD
Laurie Cook
Merle Crowe
Rick Fehr
Cynthia Grant
Dennis Davenport, Attorney

CALL TO ORDER:

Ms. Redwood called the meeting to order at 7:39 a.m.

APPROVAL OF MINUTES FROM May 13, 2003:

Motion was made by Ms. Peterson to approve the minutes, seconded by Mr. VanLandingham. There was no discussion. The minutes were unanimously approved as written.

OLD / UNFINISHED BUSINESS / PUBLIC COMMENT:

There was no Public Comment.

SMOKING ORDINANCE: Ms. Redwood requested an update on the proposed Smoking Ordinance from Attorney Davenport.

Mr. Davenport said he had provided the board with an ordinance some weeks ago and that it was the same for all jurisdictions. He said it had been only been sent to the board and was not yet approved. Mr. Davenport explained that the ordinance, if approved, could be presented to Fayette County municipalities by mail or by presentation at official meetings. He said the method of presentation was up to the board. He said that the board should then decide on how to deliver these resolutions. Mr. Davenport said all recommendations by the board had been included. He offered to answer any questions.

Ms. Peterson made a motion to approve the resolution as presented.

Ms. Redwood seconded the motion.

The motion passed unanimously.

Discussion followed as how to deliver the resolution to all jurisdictions.

Mr. VanLandingham suggested that a board of health member present the resolution to town council meetings. Dr. DeCotis agreed.

Dr. Strain volunteered to present to the town councils in Woolsey and Brooks. Mr. VanLandingham said he would present it to the Fayette County Board of Commissioners. Ms. Redwood said she would present to Tyrone and Fayetteville. Dr. DeCotis volunteered to present to Peachtree City Council.

Dr. Strain requested that Ms. Crowe call to get the various board members on the Town Council agendas, and she agreed to do so.

NEW BUSINESS:

State Funds: Ms. Grant mentioned that the governor had asked state entities to reduce their budgets by 2.5% this year, with a 5% reduction for next year. She said Medicaid had also reduced its reimbursement for nutrition services by 40%. She said that as of April the Medicaid billing system had been changed, which caused mass chaos due to bugs in the system. She said payments were delayed or not made for these reasons but that Fayette County's billing staff had been able to get some billing to go through, although not all. She mentioned that the nutritionist had been bringing in about \$1500 monthly for her services, but that last month's amount was about \$459. She said the reduction was due to the above-mentioned Medicaid reimbursement funding cuts.

She said there had been a meeting with Ms. Redwood, Cathy Johnson from Mental Health, and health department directors to address the issue of office space need. She said that environmental health had been given Suite 205 upstairs, and expressed gratitude for that space. She said Ms. Johnson had brought a memo which delineated proposed state funding cuts. She mentioned that some were: Babies Born Healthy, which helps pregnant illegal aliens who are generally close to delivery, similar to emergency Medicaid; Family Planning, and Babies Can't Wait, which serves children who have already been identified as developmentally delayed. She said this program allows staff to then coordinate /manage that case and to do home visits to assess the needs of these children. She said those needs might be speech therapy, physical therapy, etc. She said another proposed funding cut was to Children's Medical Services, which serves children who are medically disabled or developmentally delayed and need appliances like braces or specialized wheelchairs. She said Dr. Brackett could further address this issue.

Dr. Brackett said there was an unofficial proposed cut of approximately 25% over a 2 year period, weighted towards the second year. He said a 10—15% cut had been expected, and that this cut threatened programs which affected other counties in District IV more than Fayette. He discussed the effects of the funding cut and quoted figures projected by district staff: an anticipated cut in Fiscal Year 2004 of \$15,000 (which might be due more to the effect of Medicaid reimbursement reductions), and a projected cut of \$45,000 in Fiscal Year 2005. He explained that these cuts could be absorbed by Prior Year Program Income (PYPI). He projected County Participating funding to remain stable; fees to stay stable; WIC funding would also remain stable; that Grant-in-Aid would be reduced; that Other Local funding would remain stable. He said overall budgeted funding was expected to gradually come down. He said expenses budgeted had been reduced by the FY 2004 proposed 2 new positions of part-time nurse and Environmental Health Specialist, which

were not now to be filled. He said that within 5 years PYPI would be expended if this projection held true, and that one of two things would happen: either drastic cuts in services would be necessary or Fayette County Commissioners would have to provide more funding. He said the bottom line for Fayette County was that this was a survivable but unfortunate cut in funding. He said he had received word that these cuts would be made regardless of impact, and that some programs would have to be eliminated. He said the primary programs eliminated or at risk were: Children's Dental Sealant; Teen Pregnancy; Chronic Disease Treatment; Stroke and Heart Attack Prevention (SHAP); Youth Development, and possibly Sexually Transmitted Disease (STD). He offered to answer questions.

Mr. VanLandingham mentioned that he had attended Association of County Commissioners of Georgia (ACCG) meetings attempting to deal with this issue, particularly Medicaid funding cuts. He said Ms. Sue Nieman was attempting to get funding restored and that he hoped to take another Board of Health member and some figures from Fayette County to one of the meetings. He said that indigent care would require more funding as time goes on, and that current methods of dealing with this problem were not working. He said that the current administration was trying to deal with the problem. He said that the state mindset seemed to be that Fayette County was affluent and required no funding.

Dr. Brackett agreed with Mr. VanLandingham and mentioned that the Department of Public Health (GDPH) represented about 15% of the Department of Human Resources (DHR) budget but absorbed 40% of the current budget cuts. He said the Department of Family and Children Services (DFCS) got a \$25 million increase; it could almost be said that there was a realignment of public funds from Public Health to DFCS. He said people with experience had told him that if the programs that are being cut were ignored, the effect will be more people going to DFCS.

Mr. VanLandingham said that prevention was wiser than allowing people to get sick. He asked that someone go with him to the next meeting.

Dr. Brackett said he would be glad to help. He mentioned that budget cuts affected many programs, although Fayette County remained relatively unscathed. He said many programs and counties were devastated. He said that if the board was inclined to write a letter to state legislators that might be effective and helpful, and he felt that any change must come from that level. He felt that the good news was that the situation could not get worse; that some of the funding cuts were politically unpopular and apt to be reinstated.

Dr. DeCotis agreed that communication with state legislators was the right way to go. He said state legislators had seen this coming and chose to do nothing to address it.

Dr. Brackett agreed and said funding reductions had been an issue since he had been on board. He said staff had risen to the challenge and that District IV was probably in the best fiscal shape of any district in the entire state, due in large part to forward-thinking of front line staff.

Mr. VanLandingham made a motion for staff to formulate a letter to the state regarding funding reductions/needs for the board to sign and send.

Ms. Redwood seconded the motion. Discussion followed.

Ms. Grant wanted to make another point regarding the closing of West Central Hospital in Columbus and the Georgia Regional Hospital in Savannah. She said last year Mental Health had already collapsed many districts into one region. She said the central hospital then became West Central in Columbus. She said if West Central and Georgia Regional Hospitals were closed patients would be forced to go to Milledgeville. She said Fayette residents were already required to go out of county for day treatment which was a problem, and that closing those hospitals would possibly cause patients to wind up in jail rather than in treatment. She said this issue would impact public health, even though it was not a direct public health issue.

There was no further discussion. The motion passed unanimously.

STORM WATER DRAINAGE: Mr. Fehr said he had checked with Fayette County Engineer Ron Salmon at Ms. Redwood's request, to see if any additional environmental health responsibilities would be necessary to deal with storm water runoff. He said Mr. Salmons indicated there were none. He realized that sewage systems could add to storm water contamination and that environmental health would bear that responsibility.

Ms. Redwood said she understood that dealing with storm water drainage might be added to environmental health responsibilities and that she had wanted to explore this issue prior to that, should it happen. She was concerned about staff already being short one position and if the budget for next year would need to anticipate any addition of responsibilities. She requested that Dennis Chase add any information he might have.

Mr. Chase commented that there was tremendous overlap in state programs dealing with storm water runoff, waste-water treatment, and overall water availability. He said these all impacted the environment and environmental health in general. He said eventually a set of ordinances would be implemented to deal with this issue. He said one of three plans in the works dealt with watershed issues, which would overlap with septic systems and impact on environmental health. He said the state was changing how it deals with wastewater treatment and solids; that treated water would be re-used over and over and that even with a higher level of treatment there are materials that remain untreated. He said a wide scan of viruses are not treated, and that research from Europe had proven that many pharmaceuticals pass through sewage treatment. He said a sample taken from Line Creek in Fayette County showed levels of estrogen that were off the chart, and that heart medication, aspirin, caffeine, and chemotherapy drugs were also found. He said the danger was to immune-compromised people and that healthy people would probably not be affected. He said these residuals came from human waste. He said he was on the Flint River Advisory Council at Greg Dunn's request.

He said consultants working on this issue had made recommendations that were simplistic and would not work: for example, to put every household on sewage treatment. He said that would entail adding about 200 miles of sewage treatment line, which was obviously cost-prohibitive and impossible. He said this approach was one answer fits everything. He said the current proposed requirement was for every septic system to be pumped out every 5 years, with absolutely no suggestion as to how that would be managed. He said counties would be told simply to handle it. He said he asked how this was to be accomplished without the wherewithal to do it, and he recommended that local environmental health

departments be consulted. He asked Mr. Fehr if anyone from the state had contacted him; Mr. Fehr replied no.

Mr. Chase said the most recent recommendation was to allow $\frac{1}{2}$ acre lot sizes for any home with a septic system, which ignored the soils that might be unsuitable for the required primary and backup sites for sewage systems. He said when apprised of this problem, State District staff's attitude was that counties must accept their requirements. He said that even if every septic system could be pumped every 5 years, there was no place to treat the sewage. He summarized the situation, saying that the state is mandating procedures to be enforced without providing the wherewithal to do so and without realizing that the procedures to do so are nearly impossible. He wondered how the county would compel homeowners to pump their septic tanks every 5 years and how environmental health staff would be able to handle the increased workload. He said if the state did pass one of the proposed plans the county would be compelled to implement it.

Mr. VanLandingham said he had little faith in the state's experts because they were asking for things they could not and would not get. He said Fayette County would never approve $\frac{1}{2}$ acre lots and he agreed with the septic tank pumping schedule. He said he felt that it could be worked out. He said that dealing with storm water and septic system issues became so complex that to fix one hurt the other. He said some subdivisions in Fayette County were 10—20 years old and many calls were received due to water drainage and septic system problems. He said it was not possible to change the natural flow of water or go on private property without permission. He said future subdivision building must allow for solutions to these type of problems. He said the county was limited in what could be done in retrofit.

Mr. Chase said there were gaps in the plan whereby smaller treatment plants were not included, and that when state personnel were made aware of this problem their attitude was "just handle it." He said no state help was offered: neither money nor authority to streamline current regulations. He said this situation was handled like 5 other ordinances that came from the state: either implement them or face being put at the bottom of the list for future state funding.

Mr. VanLandingham mentioned that he had participated in a tour of Cobb, Clayton, and Gwinett county water treatment plants and felt that these counties were planning on extensive future growth. He said water issues would only become worse in the future.

Dr. Faulkner asked if any county had been able to work with the Environmental Protection Agency (EPA) to get decent results.

Mr. Chase said the usual example quoted was the Los Angeles county's successful water conservation programs. He said they had grown by a million people over a 10-year period but kept their water usage at the same level. He said Fayette County was ahead of most counties. He felt that once storm water drainage programs were actually working they would be of tremendous benefit to the environment, because proper retention ponds do filter out most pollutants before they get back into the environment.

Mr. Fehr said this year's above-average rainfall had led to increased sewage system failures. He mentioned that Ms. Cook had further information in the form of a handout (Attachment 1).

Ms. Cook explained that she had compiled some data from across the district. She said the data covered a window of 3 years: all systems installed during that time period and premature failures of those systems. She said one major concern was longevity of sewage systems. She said the EPA had once considered on-site systems a temporary measure, but now they were considered permanent. She mentioned that the data covered 3 system categories: chamber, gravel and alternative. She said the reason it was gathered this way was because the state classifies systems in this manner. She explained that several different systems were combined under the alternative heading. She further explained that the data included systems that were installed and failed during the 3-year period in question. She said Dr. Brackett had taken the information to other medical directors and it had been presented to state staff, who were planning to gather state-wide data. She said some state-wide data had previously been gathered, but not in necessary detail. She said District IV had a computer program that would allow more detailed data in the future. She said some information might not be complete since not all counties had computer programs that allowed easy compiling of the data. She gave credit to Dr. Brackett for getting behind the state and getting them motivated. She offered to answer questions.

Ms. Redwood asked for clarification on numbers of installed chamber systems in the data. She wanted to know if the data reflected the total number installed in the 3 year period.

Ms. Cook replied that the total number was the 11,085 figure on the data sheet. She said the reason these data were compiled was to determine what type of system had a premature failure rate. She said premature failure was within 3 years of installation. She said it was hoped that systems would last 20—30 years before having problems. She pointed out the various failure rates of different systems. She described the various systems and said Coweta County had put a moratorium on alternative systems. She explained why they put the moratorium on alternative systems (included in Attachment 1) saying that anaerobic drip systems were the main problem and that these systems were still allowed by the state. She felt that this might be reversed soon. She said ½ acre lots were allowed in some of District IV counties, but not in Fayette. She felt that Fayette was much better off in this regard.

Ms. Redwood thanked Ms. Cook and asked that the board be kept apprised of this situation.

Ms. Peterson requested clarification on chamber systems.

Ms. Cook explained that chamber contractors would add 150 linear feet to the existing system and then if the homeowner had a problem the allotted second site is compromised.

Dr. Brackett pointed out that these were documented premature failures and were the tip of the iceberg. He felt that the majority of failures were unreported, and that in effect these were brand new systems failing within 3 years. He said often the pressure was on to develop less-desirable land. He said situations develop where \$150,000—200,000 homes were built on ½ acre lots; the system would then fail and there would be no secondary septic system site, so the house then would become uninhabitable. He said the citizen then was left holding the bag, because the developer would wash his hands of it; the engineer had followed the minimum state standards; the buyer had no clue, and the health department would be powerless to offer a solution. He said that was why this was a real problem.

Ms. Cook said Act 280 outlined the 6 duties of Boards of Health regarding septic systems, making it difficult for boards to make unpopular decisions, such as banning alternative systems. She said placing alternative systems on smaller lots was being called into question. She said she understood that boards of health also had the authority to specify septic systems placement on lot sites.

Mr. VanLandingham felt that boards should be able to specify septic system location on a lot. He also felt that lot size should be at least 1 or 2 acres, and that 5 acres was best.

Ms. Redwood asked if it would be possible to enforce use of the identified primary site for installation of the septic system.

Mr. Davenport said unintended consequences could be a problem in that instance; that boards of health would become guarantors that systems would work if they specified which of 2 sites must be used (primary or secondary). He said if the required location did not work the board would then have liability exposure. He said it was better to allow the builder the choice of placing the system in either the primary or secondary site.

Dr. Brackett commented that there was little science in this process, saying that it was descriptive instead, and that it was his goal to introduce more science. He said the statistics used to change the law and allow chamber systems were provided by the vendors, who were also on the regulatory committee. He wondered how chamber producers managed to change the conductivity of soil to accommodate the shorter system. He said the science did not support this premise and that he hoped the state would eventually disallow use of this system.

Dr. DeCotis asked if the gravel system, which used more space, was the traditional one.

Ms. Cook replied that was correct; that was why developers wanted to use chamber systems which used about half the space and took less time to install. She said it was a big concern for environmental health. She thanked Dr. Brackett and the board for their support.

Mr. Fehr added his appreciation as well.

STAFF REPORTS:

MS.GRANT: Ms. Grant handed out brochures designed by Ms. Crowe (attachment # 2). She commented that she had worked with the Human Services Council (HSC) as secretary and that one goal of both the HSC and the health department was to provide information resources to parents. She commented that one way to deal with budgetary issues was to partner with other agencies in this manner. She said the HSC would pay to mass produce this brochure.

She said Dr. Betsey Horton hoped to start a free clinic in Fayette County. She said Dr. Horton had applied for and received 501(C)3 status and would be a resource for patient referral. She said the hope was to partner with Dr. Horton. She said Fayette County had a larger population of working poor than was generally believed. She said the Hispanic population was increasing by leaps and bounds, and this was one of the populations that Dr. Horton hoped to help. She mentioned that this population generally did not realize that

care could be provided at health departments and clinics rather than emergency rooms. She said she felt this partnership would work well.

ADJOURMENT:

Motion was made to adjourn by Mr. VanLandingham, seconded by Ms. Redwood. The motion carried unanimously.

The meeting was adjourned at 9:00 am.

Michael Strain, Chair

Merle Crowe, Secretary