

LOUISVILLE METRO BOARD OF HEALTH
MINUTES OF MEETING
June 5, 2019

Voting Members Present: Dr. Karen Cost, Dr. Gerald Temes, Margaret Handmaker, Heidi Margulis, Dr. Maria Nota, Dr. Dwayne Compton, Dr. Erin Frazier

Advisory Board Members Present: Bill Wagner, Dr. Anthony Zipple, Sean Dennis, Dr. Craig Blakely, Dr. Monalisa Tailor

Others Present: Dr. Lori Caloia, Matt Rhodes, Connie Mendel, Kellie Monahan, T Gonzales, Dr. Billie Castle

Call to Order

The meeting was called to order at 8:00am

Approval of Previous Month's Meeting Minutes

- ***MOTION:*** *To approve the May 2019 meeting minutes*
- ***MOTION APPROVED***

Academic Health Department Update: Dr. Billie Castle

Last October Dr. Castle was brought onboard to start transitioning LMPHW to an Academic Health Department. An Academic Health Department is similar to a teaching hospital, but instead of a relationship between a hospital and a medical school, there is a relationship between a health department and a School of Public Health. LMPHW and UofL School of Public Health and Information Science have formed this relationship. Out of 3000 local health departments in the country, only 61 are Academic Health Departments, and 5 are in Kentucky. University of Kentucky has this relationship with several health departments. The benefits to schools are applied learning, shared appointments and accreditation. There is also an opportunity for translational research (using the teaching hospital model). LMPHW is a great practicum site, and a great opportunity for masters students to supervise undergrads within the department. There is a financial advantage for both LMPHW and UofL SPHIS, including expanded opportunities with grants.

LMPHW has implemented a cohort model for students at LMPHW and has started tracking students and student work. We have undergraduate and graduate students working on Capstone projects and practicums. We have social work students, medical students, community partners—all told about 25-30 students have rotated through since she started. She is also working with the Office of Performance Improvement on program evaluation and all LMPHW programs will have

evaluations in place by this summer. This will increase opportunities for funding. LMPHW has also had several academic presentations and posters accepted this year at professional conferences.

Sewage Variance Appeal

Mr. Gary Huntoon applied for a variance of the sewage ordinance that limits properties to one septic system per 5 acres. His variance was denied by LMPHW and he appealed the decision to the Board of Health.

LMPHW Assistant Director over Environmental Health, Connie Mendel: The Health Department enforces multiple state regulations. The relevant ordinance in this appeal is regarding onsite sewage systems, Chapter 3 Rule 8, the purpose of which is to protect the aquifer. This is an environmental health regulation to avoid public health nuisances or hazards. It requires that septic systems be the correct size for a home. The applicant is adding a garage with living space above it (a carriage house) which requires plumbing. His current system isn't adequate to handle the additional plumbing. Normally the carriage house would be considered a second residence, but he will create a portico to make it one residence with one roofline. The Environmental Committee reviewed his application and denied the request because he is requesting a second system where only one system is allowed. The committee considered potential future uses of the property, including future subdividing, in their decision.

Margulis: Have there been exceptions before?

Mendel: We receive about 10 variance requests per year, some have been granted in the past.

Margulis: Is this setting precedent?

Rhodes: Yes, but each case is fact dependent. Usually they would require expanding the existing structure rather than building a second system. The statute requires there to be room for a complete second system in case the first should fail.

Margulis: Is there a current variance where 2 systems exist on 5 acres with this same situation?

Rhodes: It has been seven years since we had an appeal. There may have been at some point.

Handmaker: Since this is not quite a 5-acre lot, was this grandfathered?

Mendel: It is 4.8 plus easements, so basically it is 5 acres.

Handmaker: Is this an expansion or a second system?

Rhodes: We would like for Mr. Huntoon to present, but our understanding is that it is a second system.

Temes: If the property were subdivided, say if he sold two acres, would they be allowed to put a system in?

Rhodes: No, we wouldn't allow them to subdivide as a buildable lot.

Temes: Has any thought been given to building a new system to replace the old system?

Rhodes: We will defer to Mr. Huntoon.

Gary Huntoon (homeowner) & Jim Peterson (builder): Mr. Huntoon clarified that when he and his wife purchased the property in 2000 it was over 9 acres, and they plotted out the 5 acres to the back, to comply with the 5 acres rule. There is a deed restriction that says they may no longer subdivide. They would never want to subdivide. There is plenty of room for a lateral replacement system. Originally, they had a barn which they replaced. This new structure is about the same footprint. They originally didn't plan to finish it and were hoping MSD would come through and put in sewers, but they didn't. He made a hasty application the first time, and when he got denied he put some time into the appeal. The septic system they have today pumps to a field that drains to a lake to a creek. The proposed system should drain mostly into a field. There is ample room, $\frac{3}{4}$ of an acre, in the event the first one fails. The other solution is pressurizing the effluent into the current system, which would require a 540-foot line under utilities and driveways, versus straight out 20 feet to a new tank, with no pump and no disruption to the driveway and utilities. This addition will be a single bedroom, intended for one occupant. They intend for it to be a single employee to help them age in place, not for a family. It will be connected by the roofline with a covered area. The rest of the house is fully expanded and the only way to add is new construction. Why go the expense to expand the current system?

Rhodes: To clarify, if effluent was going into the lake, we would put on a cease and desist order, that is not happening. The effluent stays in the field.

Temes: Does it make any sense to abandon the current unit and build a new one?

Peterson: The new system would be on uphill side of property, on diagonal opposite side of property. Would have to pump effluent uphill. Also, this system has 20-30 more years in it at least.

Temes: Which way is less risky to the environment?

Rhodes: Neither option currently presents a significant risk, we were considering the potential future use. This could be a multi-family property at some point, and the proposed system would then be inadequate. With the current residents the risk is negligible.

Huntoon: We have the deed restriction. We aren't allowed to subdivide.

Cost: We would like to discuss this and come to a mutually acceptable solution.

Handmaker: What is the cost difference?

Huntoon: \$8k for the variance option, \$18k for the non-variance option.

Handmaker: It's unfortunate that you weren't better advised at the outset.

Huntoon: Doesn't think this request is unreasonable. They are going to do this one way or the other, either expand or have a second system. He doesn't see the ecological benefit of expanding the current. He would prefer to do it the simpler, cheaper way. No one wants to harm the environment.

Temes: The plan makes sense.

Cost: Is there a motion to approve?

- **MOTION (Temes):** *To approve Mr. Huntoon's variance appeal*
- **SECONDED (Margulis)**

Cost: Is there further discussion?

Handmaker: I'm inclined to support the department, as there is a reason we have these regs, and this isn't too burdensome.

Blakely: The amount of effluent will be same either way, the environmental impact is negligible. The policy is a good policy, but this exception makes sense.

Mendel: If you approve, we would want a detailed plan and that no additional systems are ever added. We request confirmation of deed restriction be provided. The soil report also needs to be provided.

- **CALL FOR A VOTE (Cost):** *To Approve Mr. Huntoon's appeal under the conditions that he provide evidence of the deed restriction, he provide a detailed plan, the property is never subdivided and the soil report is provided.*
- **MOTION APPROVED** *6 Yeas to 1 Nay. Yeas are Frazier, Nota, Margulis, Cost, Compton, Temes. Nay is Handmaker. There are no abstentions.*

LMPHW Director's Report Highlights: Dr. Caloia (full report attached)

There is still a hold on hiring, even for grant funded positions, and we are suffering higher than average resignations due to the added burden on staff. We were able to hire summer pool workers. We had one food inspector position attritted, which means 1000 fewer inspections per year. Louisville opens 400 new restaurants per year and close 250 per year, so there is yearly net increase of 150 and now we have fewer inspectors. The Environmental division is already at work on mosquito control, and there will be some cuts there as well. We will be putting responsibility back on organizations like LGE and JCPS to treat their own property and we will equitably distribute our remaining resources. The lab is having ongoing issues with environmental control, the HVAC is aging and needs frequent repairs. We have had to send out specimens because of the lab temperature being out of range.

WIC enrollment is up slightly but there are continuing issues with staffing due to the hiring freeze. We lost a WIC employee who passed away, Deneene Murrell. It was an incredible loss to the department and we allowed staff to attend the funeral. One HIV position will be attritted, but we think we'll get state funding to hire that position. We have zero staff in HIV prevention right now due to resignation and illness. There was also a resignation in SEP, and we have no ability to rehire. Immunizations also had a resignation, so we only have one immunization nurse for Jefferson County. We have had to deny community education requests. The MORE center is still looking for a site, there may be some KORE funding available. There are challenges locating a

site. Our new STD supervisor has increased the number of patients seen, but we are losing a nurse and a lab tech to budget cuts and moving to express model. We have had several new HIV positive tests and the rates are not going down. We have not had any measles reports yet. We have 16 active TB cases and 15 active contact investigations. Locally, Hep A is at a very low level, but across the state it is higher.

The market value of our staff is higher than what we can pay, so they are being recruited away. We can't backfill positions, and we may be reaching a tipping point where we'll start having mass resignations. T Gonzales is presenting to Council today to the Health and Education committee about what cuts to CHE would mean to the community. He will talk about how we use the HER to implement change, including Health Impact Assessments (HIAs), Racial Equity Assessments (RIAs), Participatory Budgeting, the Health Equity fund, and helping community partners to increase equity.

LMPHW's Budget hearing is on June 10th at 3:45.

Cost: What can the Board do to support?

Caloia: You can attend for moral support.

Friends of Board the of Health: Dr. Caloia

We became aware of a potential grant for Healthy Start but it requires a 501c3 to deposit into, and the question was asked if Friends of the Board of Health is available. Friends of the BOH incorporated about 13 years ago, primarily for money for education. It was used at the time the ACA was implemented to get the ACA Enrollment Committee going and expand ACA enrollment. Over time the money dwindled and the remaining money was used for the 2018 BOH retreat.

Temes: Interest has dissipated and Board involvement has waned, but it used to be active. Now is the time we need Friends most. We need an advocacy group to communicate to the community.

Family Health Centers Update: Bill Wagner

The Marine Hospital consultants made a presentation and will report to full FHC board in July. They will present to the BOH at some point. There is less steam with the budget issues but the process is moving. FHC's budget hearing is also on June 10th. About \$700,000 of FHC's budget is a line item from LMPHW. FHC is looking at 10% cuts. The ACA Committee is scheduled to meet July 8th, although there is not a lot of activity.

Chair Update: Dr. Cost

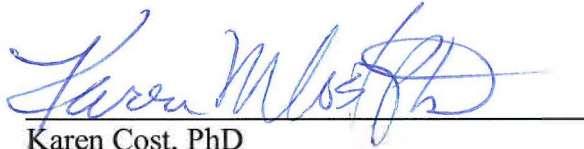
- The July 3rd meeting is very important, we will elect new officers and members, and we will really need a quorum. Do we need to move the date? Most members are able to attend on July 3rd. Dr. Frazier isn't sure. Amanda will ask Kate Probst.
- Near the end of May, Dr. Cost sent a letter on the Board's behalf to request the denial of a liquor license in an area of west Louisville that already has a high concentration of liquor stores.

- The Board will have two open positions with Dr. Temes rotating off and Dr. Riley resigning. Dr. Zipple has applied and former Chair Babbage has encouraged another dentist, Jolene Zirnheld to apply.

Next BOH meeting is July 3rd.

There being no further business, the meeting was adjourned at 9:30.

RESPECTFULLY SUBMITTED

A handwritten signature in blue ink, appearing to read "Karen Cost, PhD", written over a horizontal line.

Karen Cost, PhD
Chairperson