

**HEALTH COMMITTEE
OF THE
SUFFOLK COUNTY LEGISLATURE**

Minutes

A regular meeting of the Health Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, 725 Veterans Memorial Highway, Smithtown, New York on Thursday, November 20, 2014 at 2 p.m.

Members Present:

Legislator William Spencer - Chair
Legislator Kate Browning - Vice-Chair
Legislator Rob Calarco
Legislator Robert Trotta
Legislator Monica Martinez

Also In Attendance:

Presiding Officer DuWayne Gregory - District #15
George Nolan - Counsel to the Legislature
Sarah Simpson - Assistant Counsel to the Legislature
Jason Richberg - Chief Deputy Clerk/Suffolk County Legislature
Michael Pitcher - Aide to Presiding Officer Gregory
Craig Freas - Budget Analyst/Legislative Budget Review Office
Bill Schilling - Aide to Legislator Calarco
Ali Nazir - Aide to Legislator Kennedy
Debbie Harris - Aide to Legislator Stern
Tom Vaughn - County Executive Assistant
Amy Keyes - County Executive's Office
Kerri Suoto - County Executive's Office
Carmen Chinaea - Chief Medical Officer/Hudson River HealthCare
Stephen Martinez - Resident of Huntington
Evan Martinez - Resident of Huntington
Sophia Martinez - Resident of Huntington
Kathy Pullows - Resident of Huntington
All Other Interested Parties

Minutes Taken By:

Alison Mahoney - Court Stenographer

(*The meeting was called to order at 2:14 P.M. *)

CHAIRMAN SPENCER:

Good afternoon. Thank you. For attending the Health Committee meeting. If we could all stand for a salute to the flag to be led by Legislator Martinez.

Salutation

Please remain standing for a moment of silence for those who are serving our country around the world.

Moment of Silence Observed

Good afternoon. Thank you. And we are in a short cycle, so we have a relatively brief agenda. I do have a couple of presentations. There's been a request, one of the Legislators who has an obligation that he needs to attend a funeral has asked if we could take our resolution out of order, so we're going to go to the agenda and then we're going to go to our presentations

So going to the agenda, **IR 1736-14** which is **Adopting Local Law No. -2014, A Local Law to ban the sale of personal care products containing microbeads in Suffolk County (Hahn)**. It needs to be tabled, the public hearing is still open. I'll make a motion to table.

LEG. BROWNING:

Second.

CHAIRMAN SPENCER:

Second by Legislator Browning. All those in favor? Opposed? Abstentions? **The motion is tabled (VOTE: 5-0-0-0).**

I have no other Introductory Resolutions. So as far as public comment, this afternoon I'm excited to have one of my constituents who's here, and instead of having him have a public comment, I'm going to invite him to come forward. His name is **Evan Martinez** and Evan is a 12-year old 6th grader at **Woodhull Intermediate Elementary School**. He's an avid reader of Rick Riordan books, he loves to build and take apart computers. He's a member of the Math Olympiates at his school. His favorite TV show is Doctor Who?, and he keeps busy with many things he's interested in. I also need to mention that Evan is a black belt in Tae Kwon Do.

So, Evan, I'd like to invite you to come forward with your parents, and you could have a seat at our table here. Evan has reached to me as a Legislator and he has an issue that he would like to discuss with us. Hi, Evan. Welcome. Thank you for taking the time to be here. Did you get a little time out of school today?

MR. MARTINEZ:

Yes I did.

CHAIRMAN SPENCER:

There's nothing wrong with that, huh?

MR. EVAN MARTINEZ:

Nope.

CHAIRMAN SPENCER:

This is what I would consider a very important educational opportunity, so you should, at the very least, have an excused absence. So anyway, thank you for being here, and please tell us anything that you would like.

MR. EVAN MARTINEZ:

Well, I wanted to tell Dr. Spencer that when we went to convenience stores like 7-Eleven and places like that, we would always go in, and I realized and it kind of bothered me that all of these cigarette ads and alcohol ads are always at about my height. And I found it very bothering because I feel like these big corporations are trying to target kids my age to get hooked on cigarettes and alcohol so that they get customers who want to buy their stuff. And I find it very, very bothering to me that they want to do that and I feel that they're doing it purposely.

CHAIRMAN SPENCER:

Well, I think that is a big concern. Have you seen this? Have you talked about this with any of your classmates, your friends?

MR. EVAN MARTINEZ:

I talked to it about a few of my classmates and a few of my teachers, including my health teacher, and she had the same -- she said the same thing.

CHAIRMAN SPENCER:

Now, when you see these ads, do you feel that when you look at the format of the ads, the pictures and things like that, are they utilizing, like, colors and pictures and cartoon characters that are attractive to kids, or are they still more appealing to adults? Are they appealing ads in your opinion?

MR. EVAN MARTINEZ:

I feel like they're a little bit more appealing towards adults, but there's still like something that maybe a kid would look at and they'd start getting kind of interested in it, and then who knows what would happen, you know.

CHAIRMAN SPENCER:

How old are you, Evan?

MR. EVAN MARTINEZ:

I'm 12.

CHAIRMAN SPENCER:

Twelve. Have you -- do you use energy drinks?

MR. EVAN MARTINEZ:

No, I don't.

CHAIRMAN SPENCER:

Do you smoke?

MR. EVAN MARTINEZ:

Nope.

CHAIRMAN SPENCER:

Oh, okay. All right. Well, I'm glad that you don't. Please don't start. And is this something that you noticed kind of on your own? Is it something you've discussed with your parents?

MR. EVAN MARTINEZ:

Well, I feel like last year we did some stuff about it in health class and I totally forgot about it, and then it kind of came back into my mind when we went last time and it was kind of just brought back into my mind, so I thought I would mention it to you.

CHAIRMAN SPENCER:

Sure. Evan, I like what you're talking about. Can you help us as Legislators? Because we have to debate these sorts of things. So I think we realize that, you know, there's nothing illegal against ads being displayed and we're trying to figure out a balance. Do you think that -- you know, sometimes as lawmakers, do you think -- well, first, do you have any suggestions for us? What should we consider doing?

MR. EVAN MARTINEZ:

I think that they should either make them -- they should make them adult height or they should make them put it adult height or higher. And also something else that bothered me was that there's big displays of cigarettes and alcohol, I thought maybe they could figure a way to put that in the back or something or cover it with like a curtain or something in that, you know --

CHAIRMAN SPENCER:

Sure, sure. Your father is here with you. How are you, Sir?

MR. MARTINEZ:

I'm very well. How are you?

CHAIRMAN SPENCER:

Good, thanks. How do we strike a balance between -- as Legislators, in your opinion, if you were kind of advising us. If you were a convenience store owner, would you appreciate that if your County said, *You can't display these ads at this particular height*. Do you think -- what's just your personal opinion? Is it nanny-state or is it, you know, protecting our kids? What's the balance?

MR. MARTINEZ:

Well, I mean, they're always going to sell cigarettes; I mean, that's not going to change. But, you know, having that it's so -- I mean, it's a subconscious thing where they put it really low, it's even like under the door handle when you walk in and it's the first thing. I mean, children, you know, they notice everything, and especially -- you know, if he walked around with a Go-Pro, it would look a lot different, the world, then for you and I to walk around with, you know, and the things that they see. And every time -- you know, I'll go in, I'll bring him to get coffee, you have to go to the counter, and then right behind the counter it's this huge advertisement of cigarettes. You know, I mean, that's where they have them, but it's essentially a huge display, you know? It's a huge advertisement, you know. And even the e-cigarettes, everything is low. You know, I think it's really something that they do on purpose to keep kids curious about it. You know, they see it in a movie, they see it here, they see older kids. Advertisement, you know, if a company wants to sell something to a 12-year old, you know, they make it so that an eight-year old or nine-year old is in the commercial because they're trying to reach out to being that old, you know what I mean? Always trying to be older, so if they see kids that are older smoking, you know? Everything is all that curiosity for them. And they do it -- it's all done on purpose, you know what I mean? So it's not like we're going to ever get them to stop selling cigarettes. I mean, CVS has stopped, which is awesome, but, you know, cigarettes are such a dangerous thing. You know, people make light of it or whatever, but it's horrible. You know, I had an aunt that just passed away from smoking her whole life, and this is a tough thing. And for teen-agers who get involved in it, it's not something that, you know, they really need to be involved in it. It's not adding anything to their lives, it's not giving them something extra, you know. All it is is degrading their quality of life, and they don't even realize it, but it's the truth. You know what I mean? And then as they get older, it's just not something that's easy thing to quit, you know, when you get involved with children, and they're just constantly curious over those things, especially things they can't do, you know?

CHAIRMAN SPENCER:

Absolutely.

MR. MARTINEZ:

So yeah, getting rid of ads that are at that height level, that are geared for children to be looking at. You know, that's something -- I mean, they're not going to stop selling them, but that's something that, you know, you guys should consider discussing, you know?

CHAIRMAN SPENCER:

Evan, both you and your Dad, are there other places -- let me ask, like do you read comic books on the Internet when you're looking at different websites, on the cartoon channels? Are you seeing these ads in other places? Where do you feel -- like, are you familiar with caffeine Red Bull or things like that?

MR. EVAN MARTINEZ:

Yes.

CHAIRMAN SPENCER:

Where are you seeing most of the advertisements? And tell me, in your own opinion, like where do they kind of stick out in your mind that they're memorable?

MR. MARTINEZ:

Well, places like 7-Eleven, and not as much -- some places where you go that are at gas stations and convenient stores like that is where you kind of -- where I mostly see it. Sometimes you can see it other places, but where I see them is mostly at those stores.

CHAIRMAN SPENCER:

Well, I think that you're really brave, you show maturity beyond your years. I am so appreciate that you felt that you could ask me about this issue and that you took the time to come out and testify and to do your civic duty. Do I have any questions from any of my colleagues? Legislator Martinez has a question for you.

LEG. MARTINEZ:

Hi, Evan. What was your last name?

MR. EVAN MARTINEZ:

Martinez.

LEG. MARTINEZ:

Love it! Great last name you got there.

*(*Laughter*)*

*(*Presiding Officer Gregory entered the meeting at 2:25 P.M. *)*

But I just want to say that your parents and yourself should be very proud of you being here today. And especially today, in case you do not know -- and I apologize for my tardiness -- but today is the International Day of the Child, you know, whereas leaders of the world, you know, of countries around the world, we are committed to making your futures better.

It also starts with you and parents. And the fact that you're here today telling us how we can make your world better is very important. And the fact that you are engaging civically, okay, and accessing your rights as Americans and as a human being, you should be very proud of yourself. And don't stop. Don't let this be the first time that you come in front of a Legislature, okay. You need to continue, especially at the local level where everything really affects you as a resident. So you should be very proud of you -- of yourself, excuse me. And thank you for your information and your insights and we're going to make sure that we take what you said to us today and we do something for you and the rest of our children.

MR. EVAN MARTINEZ:

Okay. Thank you very much.

CHAIRMAN SPENCER:

Thank you. Evan, I just have one final question for you. Who's your favorite doctor; Doctor Who or Dr. Spencer?

*(*Laughter*)*

You don't have to answer.

MR. MARTINEZ:

Doctor Who.

*(*Laughter*)*

CHAIRMAN SPENCER:

Oh, all right. I'll take that.

LEG. BROWNING:

I need to know, which Doctor Who is your favorite?

LEG. TROTТА:

Is that because he's a Republican?

*(*Laughter*)*

MR. EVAN MARTINEZ:

Probably the pet doctor.

LEG. TROTТА:

Dr. Lou is a Republican, right?

LEG. BROWNING:

Say again?

MR. EVAN MARTINEZ:

Probably the Tenth Doctor, David Tennant.

LEG. BROWNING:

David Tennant? There you go. I grew up with Doctor Who. That was Saturday night TV when I was a kid.

MR. EVAN MARTINEZ:

(Laughter).

LEG. BROWNING:

And the Daleks are my favorite.

MR. EVAN MARTINEZ:

They're my favorite, too.

LEG. BROWNING:

(Laughter).

CHAIRMAN SPENCER:

I'm not insulted, I can't compete with Doctor Who. Evan, thank you so much for being here. We really appreciate you coming.

MR. EVAN MARTINEZ:

You're welcome.

Applause

CHAIRMAN SPENCER:

So thank you again. And he's here with his family, his Mom and his sister, so we really appreciate you guys being here. Thank you.

My second presentation is from Hudson River HealthCare and they are here to -- they've been working with us. They've been doing a great job, in my personal opinion, in helping us transition our County health centers and providing excellent care. And some of the things that we do with the public health, or public screenings on different topics was prostate cancer. And I have Alison DuBois who is the Chief Operating Officer who's here. Dubois or DuBois?

MS. CHINEA:

It's DuBois. She was not able to make it.

CHAIRMAN SPENCER:

She was not able to be here. So, Carmen? Carmen, thank you for being here, Carmen China. Did I pronounce your name correctly?

MS. CHINEA:

Yes.

CHAIRMAN SPENCER:

Okay. She's the Chief Medical Officer, and she wanted to discuss with us prostate cancer screening rules within Suffolk County and just policies that Hudson River is looking at for our clinics. So thank you and welcome.

MS. CHINEA:

Thank you for inviting us to come for a presentation. The County clinics have had a long history, more than 20 years of doing random prostate screenings for men once a year in collaboration with Stony Brook, and they would have a couple of hours once a year where they would do a blood test and a digital rectal exam and then send the results to the men who came for screening a letter allowing them to follow-up if there was an abnormality. We were asked by the County and Stony Brook if we would continue that program and we looked at it in-depth for multiple reasons.

Currently, Hudson River HealthCare follows what's called U.S. -- United States Preventive Task Force Guidelines. These guidelines come out every three years, it's a group of active admissions, and with the NIH who get together and look at all the evidence for recommendations on screening, health screening on an annual basis in all age groups. And in the last recommendation -- they also grade the recommendations from Grade A to D; Grade A means there is strong evidence recommending why this screening should be done, and the lowest screenings says -- it describes that there's not enough information for any recommendations to be done. And the last U.S. Preventive Task Force recommendations and Guidelines recommended that routine screening for prostate cancer is not recommended for men for multiple reasons, the most important being that elevated prostate testing, ASI, a blood test, leads to biopsies and many times surgeries which produce more complications than any actual improvement, immortality should prostate cancer be found later on in a man's life.

We have been following the U.S. Preventive Task Force recommendations for years as part of our organizational policy. And beyond that, a broader policy of our organization is that we really want to recommend comprehensive care and all cancer screening, all preventive screening for men and for women, and historically and statistically men in that age group are the least likely to go to a provider, a health care facility for preventive care and comprehensive care. Our approach would be, A, to follow the guidelines, but more importantly to engage with the community in a much stronger collaboration, to bring men in for comprehensive care, to check their blood pressure, which is still the greatest mortality rate in our country, check their blood sugar, again, called the glucose. High glucose and high blood pressure are the silent killers because people don't know that they have diabetes or hypertension, and to look at colon screening, which is recommended highly after 50-years old in every adult on an annual basis.

So our approach would be -- and I did have a long discussion with Dr. Adler who is the head of the prostate program at Stony Brook, and he acknowledges and is very aware of the new guidelines and recommendations and at this point was just following something that had been a ritual for a once-a-year program. But he -- and I discussed about a much more connection with Stony Brook, specifically for men who do have abnormal prostate evaluations and may not have insurance and need referrals for a urologist and working together with the clinics that they have to be able to evaluate all urological problems for men and not just do the screening once a year without comprehensive care.

So I wanted to present broadly the program that we have. And we have a Chief of Community Outreach who is putting together an entire program, going to everything from faith-based organizations to other community presentations, to put on -- we've put programs on in the past called *Every Man Should Know Their Number*, meaning their cholesterol number, their blood pressure number, their glucose number. *Real Men Check Under the Hood* is another program we did for a while, making sure that men understand, again, the age group that it's not coming in, is the least likely to come in for a regular preventive care visit, and to make sure that we do comprehensive care for these evaluations. And so that's basically what my presentation was.

CHAIRMAN SPENCER:

Thank you. And I appreciate the support and all you're doing with the comprehensive plan. So I wanted to talk to you a little bit about just public health and men and strategies, you know. And most of the time, I see it in my practice, that men, they usually get kicked out of the bedroom, their wife's saying, *You can't come back in until you go see the doctor*. It's hard enough, a lot of times it's not in their schedules, there's something that's felt to be less macho about going to the doctor, especially when you talk about something as a digital prostate examination.

So one of the concerns, and we had this discussion, I'm just curious. I understand that from -- my understanding is that you're not going to go with the Stony Brook Program and kind of go with your own program. The first question, this will be incorporated into each of the health centers in Suffolk County or, you know, in HRH as an organization in general?

MS. CHINEA:

So currently the recommendation is to discuss with each man what their risk factors are and their symptomatology. There are certain situations genetically, a family history where a man should be screened for prostate cancer, but men should discuss it with their provider to remember what the options are should there be an abnormality in the blood test, which would then lead to further procedures which may not be necessary. And so the recommendation now is to discuss prostate screening with the patient, identify high-risk factors and family history and then determine, both the provider and the patient, whether they want to proceed with any exam.

CHAIRMAN SPENCER:

Will this be a part of the intake procedure in all of our health centers for all male patients who are coming in? Will this automatically be kind of a -- a nurse or the doctor will initiate this discussion with everyone?

MS. CHINEA:

So we do do -- we absolutely routinely do all the recommended cancer screening for every single patient, automatically. So, for example, colon cancer, mammograms, that is all done by both the nurse and the doctor as a part of every single visit, it's in our electronic medical records. Patients that have not had their mammogram or their colon screening are called in because they haven't had it done. So that part -- the recommended guidelines for cancer screening we absolutely do with every single patient. The prostate cancer is a discussion that has to happen when the physician and the male come in for a regular routine visit.

CHAIRMAN SPENCER:

So if I come in for let's say an acute visit, I have a sore throat. I come in, you take a look at my throat; that's going to trigger whoever -- this is the directive of all of your providers, that someone during that visit will do a quick screen to assess your risk, right?

MS. CHINEA:

We'll look at family history, exactly, as part of the exam, and we'll look at what screening you have done and what screening you're due for, and that will be recommended automatically. The discussion, again, about the prostate depends on the age of the man and the family history.

CHAIRMAN SPENCER:

And --

MS. CHINEA:

And any other symptoms that he may or may not have.

CHAIRMAN SPENCER:

As far as from a patient's point of view, I came in for a sore throat, you start the screenings; are there additional copayments that would be associated if there is screening tests that are performed? Would I be told to come back? You know, if I came in, I'm 55-years old, I'm at high-risk but I have a sore throat. So you do the screening, you feel that there's a potential that I should be checked for prostate cancer, I need a digital rectal exam; will that exam occur right there on the spot? If I -- you know, now I've reached that threshold. Will I be rescheduled for another visit? Will I be charged another copay?

MS. CHINEA:

So, I'm not sure that if a man comes for a sore throat that they'll also get a digital rectal exam as part of the visit.

*(*Laughter*)*

If they do not have any symptoms, have any prostatic symptoms, if they don't have any symptoms of prostate problems or are not requesting or asking anything about prostate screening. I think the EMR automatically triggers that we have no colon results, colon cancer, and that person is due for a colon cancer screening and they will be handed information on doing a fecal test, a stool test, so they will walk away with that. The discussion will probably be that the person has not come in for a comprehensive exam, checking everything meaning lipids, which should be checked, glucose. And so the discussion would be, *You came for your sore throat, but you really have not had your glucose checked, your cholesterol checked, your lipids, your colon cancer screening, so we need to assess all of that. Do you want to start doing that right now and we'll start some of it now and we'll come back for a more comprehensive visit.* I think the goal is always to have the person come back for a comprehensive visit and then we will assess absolutely everything that needs to be done.

CHAIRMAN SPENCER:

And if I choose, you know, to participate in this particular program, I understand that covers me from the standpoint of people who are already in the clinic. So we're looking at Stony Brook now that's done this for over 20 years, and so we definitely respect the opinion of looking at going in a different direction. Will Stony Brook continue to be a partner in this effort, even though you're not utilizing their current program? They will -- have they discussed, are they a willing partner? Are they looking at this as their programs being rejected or are they still a working partner with you on this?

MS. CHINEA:

So Dr. Adler and I discussed that. Since the guidelines have been updated in the past 20 years since the program started, he recognized the need for comprehensive care and the discussion between a patient and a provider, and he recognized that there were some limitations to just doing an exam without having a discussion, along with sending a letter without any follow-up. One of the strengths and strong policies of our organization is that anything that's abnormal has to be -- the loop has to be closed. So if there's an abnormal assay of the prostate or of anything else, we have to make sure that, A, the patient comes back and is known about that result, understands it, has a referral, has transportation, goes to the referral and the note comes back to us. And Dr. Adler and I discussed closing that loop, so that we want to be assured that if we do have abnormal PSAs in the patients that we screen and that we evaluate, we can not only have immediate access to their clinics for a referral, but that those physicians will know who we are to return the consult notes and the loop is closed between both providers speaking.

That was a communication that was not there routinely. And we discussed even perhaps in the future bringing in a urologist, for example, once a month to the health center to then treat patients that do have symptomatic prostate problems and currently don't go because they can't afford to go to Stony Brook to a specialist or don't have the time or don't have the transportation. And so the collaboration of both the urology department and our health care center was discussed as becoming even a much stronger collaboration.

CHAIRMAN SPENCER:

And when does this new policy go into effect? Is it already in place, at the beginning of the year; when do you plan to start?

MS. CHINEA:

So when you say policy --

CHAIRMAN SPENCER:

Comprehensive screening.

MS. CHINEA:

We do that now. I think what we're trying to put together, and we met with the Community Advisory Board last week to learn about where are the largest groups of communities that we can sit down and start to put together a program, a comprehensive program in the next year to visit the churches and visit where people gather to start explaining a preventive visit to the clinic, a comprehensive visit to the health center. So we're already starting to work on that and meeting with the Community Advisory Board.

CHAIRMAN SPENCER:

Thank you so much. I really appreciate what you're doing. You know, please let us know, again, if there's ways that we can help you with that outreach. You know, we definitely could be a resource in that area. Do I have any other questions from any of my colleagues? No. Thank you for taking the time.

MS. CHINEA:

Thank you.

CHAIRMAN SPENCER:

I hope you -- you drove down from Peekskill?

MS. CHINEA:

(Nodded head yes).

CHAIRMAN SPENCER:

You did? Well, I hope you have a safe drive back. We'll get you on the road before rush hour traffic at least.

MS. CHINEA:

Thank you.

CHAIRMAN SPENCER:

Thank you. We appreciate your time.

Okay. With that, is there any other business before the committee today? Does the Administration have any concerns; Tom, you're good?

MR. VAUGHN:

We're good.

CHAIRMAN SPENCER:

Okay. Seeing no other business, I'm going to make a motion to adjourn.

LEG. BROWNING:

Second.

CHAIRMAN SPENCER:

Thank you. All those in favor? Opposed? There are none. We are adjourned. Thank you.

*(*The meeting was adjourned at 2:44 PM*)*