TOMPKINS COUNTY Whole Health

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Tompkins County Board of Health
Tuesday, September 23, 2025
12:00 Noon
Rice Conference Room and via Zoom

Minutes Approved
October 28, 2025

Present: Christina Moylan, Ph.D., President; Melissa Dhundale, MD, Vice-President; Edward Koppel, MD; Samara Touchton; and Frank Cantone

Staff: Brenda Grinnell Crosby, Deputy Public Health Director; Jessica Clark Mandeville, Director of Children with Special Care Needs; Rachel Buckwalter, Director of Community Health; Skip Parr, Director of Environmental Health; Dr. William Klepack, Medical Director; Elizabeth Cameron, Director of Environmental Health; Samantha Hillson, Director of Health Promotion Program; and Zoe Lincoln, Whole Health Planner; Jeremy Porter, Fiscal Administrator; Shannon Alvord, Public Health Communications Coordinator; Jianna Simcik, Health Promotion Program Intern; and Karan Palazzo, LGU Administrative Assistant

Excused: Dr. Andreia de Lima; Shawna Black; Ravinder Kingra; and Harmony Ayers-Friedlander, Deputy Commissioner of Mental Health Services

Guests: Brandi Remington, TST BOCES

Call to Order: Dr. Moylan called the regular meeting of the Board of Health (BOH) to order at noon.

Privilege of the Floor:

Approval of July 22, 2025, BOH Minutes: Ms. Touchton moved to approve the minutes from July 22, 2025, and Mr. Cantone seconded the motion. All were in favor of approving the minutes of July 22, 2025, as written; it was unanimous.

Dr. Moylan announced a change to the agenda to prioritize enforcement and administrative actions first because of the large number of enforcement actions.

ENVIRONMENTAL HEALTH
Enforcement Actions:

1. **Draft Resolution EH-ENF-25-0012 – Hanshaw Village MHP, Violations of Board of Health Orders and Part 17 of the New York State Sanitary Code & Article VI of the Tompkins County Sanitary Code (Mobile Home Parks/Sewage) (5 min).** Dr. Dhundale moved to accept the resolution as written; seconded by Mr. Cantone.

   Ms. Cameron explained that Hanshaw Village's sewage system has experienced ongoing issues, including surfacing sewage on individual lots. While larger infrastructure plans are being discussed (such as possible municipal sewer expansion with a CDBG grant involving the Town of Dryden), the current enforcement action concerns localized problems—mainly related to surfacing sewage, which necessitates corrective measures like installing fencing to limit access and prompt remediation. These issues are distinct from but related to broader water and sewage planning efforts in the area.

Environmental Health proposes a $2,500 penalty and requires prompt action to remediate surface sewage issues on affected lots. This includes installing fencing to limit access to contaminated areas whenever sewage is found above ground. These requirements are in response to specific issues and are outlined in the updated case summary and resolution adopted by the Board of Health.

All were in favor; the vote to approve the resolution as written was unanimous.

2. **Draft Resolution # EH-ENF-25-0013 – Newfield Estates - Operating without a Permit, Violation of Part 17 of the New York State Sanitary Code (Mobile Home Parks) (5min)** Mr. Cantone moved to accept the resolution as written; seconded by Ms. Touchtone.

   Ms. Cameron explained that the penalties are derived using a risk-based matrix that takes into account the nature and severity of the violation, the risk it poses, and the facility's history. EH proposes a standard penalty of $400.

   All were in favor; the vote to approve the resolution as written was unanimous.

3. **Draft Resolution # EH-ENF-25-0014 – McDonald's -Triphammer, Violations of Subpart 14-1 of the New York State Sanitary Code (Food Service) (5 mins.).** Ms. Touchtone moved to accept the resolution as written; seconded by Dr. Koppel.

   No discussion. EH proposes a $500 fine.

   All were in favor; the vote to approve the resolution as written was unanimous.

4. **Draft Resolution # EH-ENF-25-0015 – Little Venice Ristorante, Violations of Subpart 14-1 of the New York State Sanitary Code (Food Service) (5 mins.)** Dr. Koppel moved to accept the revised resolution as written; seconded by Mr. Cantone.

   Ms. Cameron explained that the revised Board of Health resolution for Little Venice changed its language to match the stipulation agreement signed by the owners. This adjustment made the resolution's terms specific to the actual situation at Little Venice—mainly focusing on equipment-related "holding violations"—so that the resolution accurately reflected what was agreed on and relevant to the incident.

   All were in favor; the vote to approve the revised resolution was unanimous.

5. **Draft Resolution # EH-ENF-25-0017 – Eta Pie, Violations of Subpart 14-1 of the New York State Sanitary Code (Food Service) (5 mins.)** Dr. Dhundale moved to accept the resolution as written; seconded by Mr. Cantone.

   No discussion.

   All were in favor; the vote to approve the resolution as written was unanimous.

6. **Draft Resolution # EH-ENF-25-0018 – Jojo Cook, Violations of Subpart 14-1 of the New York State Sanitary Code (Food Service) (5 mins.)** Ms. Touchton moved to accept the resolution as written; seconded by Dr. Dhundale.

Ms. Cameron explained that the food service establishment matrix is a risk-based tool used by the Board of Health to determine penalty amounts for violations. It assesses both the severity of the infraction and the facility's compliance history. Usually, the matrix results in a $400 penalty for most violations, with higher penalties (e.g., $500) for intentional violations or those that pose greater risks. EH proposes a $500 penalty.

All were in favor; the vote to approve the resolution as written was unanimous.

ADMINISTRATIVE ACTIONS (5 MINS)
Other Administrative Actions:

1. **Inn at Taughannock Request for Waiver/Variance of Article 6.06(f)(1) for Use of Permanent Holding Tanks (5 mins.)** Dr. Dhundale moved to approve the waiver/variance request; seconded by Ms. Touchton.

Ms. Cameron explained that the waiver request for Inn at Taughannock concerns previously expanded and installed large holding tanks for waste instead of a permanent sewage solution. The earlier five-year waiver expired, so a new five-year waiver was requested. The new waiver includes conditions: the facility must submit a formal service contract for pumping waste and must notify the health department of any future facility or waste flow changes. The waiver is intended as a temporary solution until a permanent sewage system can be developed. Environmental Health recommends a five-year waiver with these conditions.

The BOH had concerns about holding tanks. Ms. Cameron stated that ensuring that the tanks are regularly and adequately pumped to prevent overflow or sewage issues; maintaining and monitoring to avoid environmental or health risks associated with waste accumulation; a formal service contract with a certified waste handler; and notifying the health department of any changes to the facility or its waste flows will help mitigate risks associated with using temporary holding tanks instead of a permanent sewage solution. The Inn at Taughannock is of a low level of concern, and EH supports the waiver request with conditions.

All were in favor; the vote to approve the resolution as written was unanimous.

Focus Points
Commissioner, Ms. Jennie Sutcliffe, explained that the new structure of Board of Health meetings involves dedicating every other month to a “deep dive” discussion on complex or collaborative topics where board members’ expertise and input are especially valuable. This is intended to foster more in-depth, discussion-driven, and solution-oriented sessions on key public health challenges. In alternating months, the meetings will return to the traditional format focused on program and division updates. This structure is designed to encourage collaboration and subject matter input from board members on pressing or evolving health issues.

Today's BOH meeting will include a discussion on youth vaping challenges and enforcement, which will continue into next month, requiring an executive session. Today's focus will be on prevention efforts, data, and enforcement.

Youth Vaping Challenges and Enforcement

Data - Brandi Remington, Youth Development & Substance Use Prevention Program Coordinator at TST BOCES, presents data from the Clyde survey, which tracks substance use among students in grades 7–12.

Key findings include a decrease in youth vaping since 2018, a higher prevalence among high schoolers compared to middle schoolers, and a significant number of students perceiving little or no risk in using nicotine vapes or cigarettes. She emphasizes the close connection between youth vaping of nicotine and cannabis, explaining that students often obtain both from the same sources. Her prevention efforts include education, reducing access, reporting data back to students, and using both quantitative data (survey results) and qualitative stories from students to inform strategies and improve local prevention initiatives.

Data from the Clyde survey of Tompkins County students in grades 7-12 include:

- 30-day use rates for youth vaping, showing trends from 2018 to 2023, with declines over time and higher rates among high schoolers than middle schoolers.
- Perception of risk data: percentages of students who believe there is no, or a slight risk associated with using nicotine vapes or cigarettes.
- Lifetime use rates for nicotine and cannabis vaping by grade level, showing that about one in five 12th-graders have vaped nicotine at least once.

Perception of Risk Data shows:

- About 25% (one quarter) of students in grades 7–12 believe there is "no risk" or only a "slight risk" in regularly using nicotine vapes.
- Approximately 18–19% of students think there is "no risk" or only "slight risk" in regularly using cigarettes.

These perceptions of risk statistics are important, as lower perceived risk is often associated with a higher likelihood of use in the future.

Youth nicotine and cannabis vaping cannot be easily separated because:

- Students often obtain both nicotine and cannabis vapes from the same sources or retailers.
- When discussing their habits, youth tend to refer to "vaping" generally, without distinguishing what substance is being used.
- Some vaporizers and vape products may contain both nicotine and cannabis in a single device or package.

As a result, prevention education and access strategies must address both nicotine and cannabis vaping together, since they are frequently linked in youth behavior, experience, and access.

Prevention - Ms. Amber Munlyn, Health Educator, works with the Tobacco Free Zone and Healthy Neighborhoods Program. Her role centers on youth engagement, policy education, school and community partnerships, and advancing tobacco and vape prevention locally.

Ms. Munlyn focuses on changing risk perception because many youth underestimate the dangers of vaping and smoking, which makes them more likely to try or regularly use these products. By correcting these misconceptions and educating students about the real health risks, she aims to prevent youth from starting to vape or smoke. Shifting risk perception helps redefine social norms, making it less likely that vaping is seen as "safe" or commonplace, ultimately reducing youth initiation and use. She carries out her health education and prevention work in various local settings, primarily in local high and middle schools, where she presents during health classes and free periods. She also presents in libraries, recreation centers, and pediatric offices (where prevention campaign materials are shared with parents). In collaboration with William George Agency, a video was produced documenting the tobacco cleanup effort in Dryden. (A clean up is an organized activity where youth and community partners identify and help remove tobacco-related litter—like cigarette butts and vape product waste—from public spaces such as parks and playgrounds.

- Delivers interactive presentations to students about the health effects and risks of vaping.
- Runs educational activities (like "spot the vape") to help both students and teachers recognize different vaping products.
- Engages youth in prevention advocacy through programs like Reality Check, supporting youth-led policy efforts and community projects.
- Provides prevention resources and leading campaigns (e.g., "Blurred Image, Blurred Focus") that use social norms and creative messaging to deter vaping.
- Supports restorative practices in schools, encouraging supportive interventions rather than strictly punitive responses for students using nicotine.

Actions to combat the impact of tobacco retail density include:

- Enforcing Tobacco 21 (T21) laws to raise the minimum sales age to 21, reducing youth access.
- Implementing retailer licensing, which regulates how many and where outlets can sell tobacco and vape products.
- Using compliance checks to ensure products are properly placed and not directly accessible, and that relevant signage is posted.
- Educating the public and policymakers about the risks associated with high tobacco retail density and its influence on youth.
- Utilizing settlement funds (such as those from the settlement fund) to support prevention programs, enforcement, research, and cessation support.

These combined strategies aim to limit youth exposure and access by reducing the number and visibility of tobacco/vape outlets in the community.

Enforcement - Alex Dunn, Environmental Health Specialist, is responsible for enforcing tobacco and vape sales regulations under the Adolescent Tobacco Use Prevention Act (ATUPA). Main duties include:

- Conducting compliance inspections at retail locations to ensure they follow tobacco and vape sales laws.
- Organizing and supervising underage purchase attempts using minor inspectors.
- Overseeing enforcement actions when violations occur, such as issuing notices, tracking penalties, and managing increased inspections for non-compliant retailers.

- Educating retailers about legal requirements regarding product placement, signage, and registration.

Alex Dunn's work helps prevent illegal sales of tobacco and vape products to minors and supports community health goals.

Enforcement-related data, including:

- Trends in retailer non-compliance rates for underage tobacco and vape sales, illustrated by a graph spanning from 1998 to the present (noting rises after the flavored vape ban and slight decreases afterward).
- Data on the number of registered retailers for tobacco and vape products in the area over time, also shown in a time series chart (with numbers declining since 2000).

Policies for tobacco and vape products include:

- All products must be kept behind the counter or in locked display cases and sold only in original, sealed packaging (no loose cigarettes).
- Retailers may not offer promotional deals on tobacco or vape products (e.g., buy-one-get-one-free).
- Mandatory display of Department of Health signage regarding under-21 restrictions and vaping regulations.
- Retailers must have an active tobacco/vape registration from the Department of Taxation and Finance.
- Environmental Health conducts at least two compliance inspections per facility per year, including underage purchase attempts.
- Enforcement actions are taken for illegal sales to minors, flavored vapes containing nicotine, and products not meeting packaging or display rules.
- Flavored synthetic nicotine products are not currently enforceable under ATUPA, though this presents a regulatory challenge.
- Cannabis products are regulated separately and cannot be sold by tobacco/vape retailers holding a cannabis license, and vice versa.

These policies aim to restrict youth access, ensure safe retail practices, and maintain compliance with state and local regulations.

The enforcement process for tobacco and vape regulations includes these steps:

1. **Compliance Inspections:** Environmental Health conducts at least two inspections per retailer each year—one for general compliance and one for underage purchase attempts using minor inspectors.
2. **Violation Detection:** If an illegal sale to a minor or another infraction is observed, the facility is issued a notice of violation.
3. **Resolution Options:** The retailer can sign a stipulation agreement or request a hearing to resolve the violation.
4. **Board of Health Orders:** Upon violation, the Board of Health may place the facility under special oversight, requiring three inspections (and purchase attempts) per year for three years.
5. **Point System:** Each minor sale usually results in two points against the retailer (one point if the staff completed a state-approved sales training). Accumulating three or more points within three years triggers referral to the State Department of Taxation and Finance for possible suspension of the retailer's tobacco/vape registration.

6. **State Collaboration:** If the retailer also sells lottery tickets and is found in violation, the case is referred to the Gaming Commission for potential suspension of their lottery license.
7. **Penalties:** Financial penalties are imposed—$1,500 for a first underage sale, $2,500 for subsequent sales, $100 per unit for flavored vapes, plus surcharges.

This enforcement process is designed to deter violations, promote compliance, and protect youth from illegal access to tobacco and vape products.

Retailers wishing to sell tobacco or vape products must obtain registration from the Department of Taxation and Finance. Key details include:

- Separate registrations are available for tobacco products and for vapor products, or a retailer may hold both.
- Registration is valid for one year and must be actively renewed to maintain the right to sell these products.
- Retailers must display their active registration and comply with all other legal requirements, such as proper signage and product placement.
- Retailers with a tobacco or vape registration may not also hold a cannabis sales license (and vice versa).

Maintaining a valid registration is essential for legal sales and for passing compliance inspections. It was noted that Environmental Health needs minor inspectors (typically ages 18–19) to assist with underage purchase attempts as part of compliance checks on retailers.

It was explained that the discrepancy in risk perception is that more youth tend to see vaping as less risky than cigarette smoking. This is partly because public health campaigns have long highlighted the dangers of cigarettes, making those risks well-known. In contrast, vaping is newer, often marketed as safer, and sometimes presented as a harm-reduction tool for adults. As a result, many students underestimate the risks of vaping—even as both products carry significant health dangers. This lower perceived risk may contribute to higher experimentation and use among youth.

Ms. Sutcliffe thanked everyone for their hard work on the presentation. Next month's meeting will continue the discussion on youth vaping, with a particular focus on the challenges related to enforcement.

Administration Report: Ms. Sutcliffe focused on departmental resilience, responsiveness to COVID-19 changes, team accomplishments, and positive budget prospects. She reported the following updates:

- Continue to meet with department staff and county leaders to build connections.
- Praised the team’s fast, effective response to changes and confusion around COVID-19 vaccine guidance, including creating an FAQ to address community questions.
- The upcoming county budget hearing presents no significant cuts to the health department’s funding, citing strong legislative support.
- The inclusion of an epidemiologist position in the county budget, which will benefit future projects, was highlighted.
- An environmental health water specialist was recommended/requested due to the growing workload, even though it wasn’t included in the tentative budget.

Financial Summary: Mr. Porter had nothing to add to his written report included in the packet.

Medical Director's Report: Dr. Klepack had nothing to add to his written report included in the packet. He plans to report on Mr. Kennedy's performance on health issues from last night in next month's written report. He urges reliance on science, evidence-based practices, and New York State guidance. He mentioned that a counterpart (Northeast Public Health Consortium) to the Advisory Committee to the CDC, which will help states provide coordinated, science-based vaccine recommendations, is in the works.

Division for Community Health Services (CHS) Report: Ms. Buckwalter had nothing to add to her written report included in the packet. To improve vaccine access, the health department is creating and updating resources to provide clear vaccine information to the community, mobilizing community clinics for both COVID-19 and flu vaccines at multiple sites, managing and distributing their allocations of private-pay COVID-19 and flu vaccines, while awaiting the arrival of public program (VFC/BFA) COVID-19 vaccines. They are working to ensure equitable and convenient access for all residents, despite some supply and allocation uncertainties.

Health Promotion Program (HPP) Report: Ms. Hillson had nothing to add to her written report included in the packet.

Children with Special Care Needs (CSCN) Report: Ms. Clark Manderville had nothing to add to her written report included in the packet.

Environmental Health (EH) Report: Ms. Cameron will retire this Friday, September 26th and expressed her appreciation for working with such great individuals who commit their time and effort.

She clarified that recent boil water notices mainly affect private (not municipal) water supplies regulated by Environmental Health.

On behalf of the Board of Health, Dr. Moylan thanked Ms. Cameron for her many years of dedicated work, highlighting their pivotal role in addressing complex community health and environmental challenges, and expressing personal gratitude for the learning and insightful conversations shared. The Board wished her well and expressed appreciation for her longstanding commitment and service.

The meeting adjourned at 1:25 pm.

The next meeting is on Tuesday, October 28, 2025, at noon.