OBSERVER CORPS REPORT

BOARD OF HEALTH – October 15, 2025
Hybrid Meeting - Recorded
LWVM Observer: Tom Krueger

Members in Attendance: Andrew Petty, Tom McMahon, Tom Massaro, Amanda Ritvo

CAHM Health and Wellness Survey: Dr. Massaro reported that the CAHM committee had a meeting today and outreach was going well, but still they were trying to let more people know about the survey. He noted that although the postcards about the survey went out on Monday, 9/29, many did not receive them until the end of the week. So far there have been ~1400 responses. The challenge is to get more responses from the 18-30 age group; the 30-39 age group response is also not as robust as expected. The hope is to get a number of responses that is at least equal to the turnout for 3A at last town meeting.

Newspaper Columns: Dr. Massaro noted the two public health articles that have appeared in the newspapers. There is much confusion about public health both locally and nationally. The plan is to continue to publish articles on a regular basis to clarify issues for the residents. He would like to hear from readers about topics they would like to be covered.

One column that appeared in the MHD Weekly was coauthored by Dr. Massaro and Kristin Erbetta of the MCC about mental health issues in town. It noted the BOH involvement is for town wide public mental health, not individual therapy. Dr. Massaro spoke about mental health conditions that are a chronic disease, and the ages it affects most are the younger age groups: other chronic disease, such as, cardiac, pulmonary, kidney, cancers, peak after the age of 50, whereas MD issues peak at 40 or younger. He pointed out that investing in the younger group would give a much larger "payback". Dr. Massaro then presented a number of slides:

1. Mental health conditions although don't count for more deaths that other CD, the years of disability are much longer; 2. The goals of public mental health: to prevent mental health problems from occurring, reduce their consequences, and promote mental health wellness and resilience in the community; 3. Mental health problems arise when the social determinants of health (SDOH) - where people live, learn, work, play, etc. - are negative; 4. Programs that may increase the SDOH across the life span; 5. A recommendation that the various committees, etc. of MHD work on common problems, with the BOH as a valued consultant. This effort would need extra resources, perhaps grants, etc. As an example of collaboration, the school department might need further research on a topic that the BOH could provide. Or, another example, might be working with the Park and Rec about how to encourage more "free play" for kids which is an excellent learning experience of winning, losing, etc. on an informal basis.

In a forthcoming article/column, Dr. Massaro wanted to present the research he has found about the autism and acetaminophen controversy. He noted that back in 1998 an article in the medical journal Lancet first started the controversy of autism and a link to a cause. In that case it was the MMR vaccine. The gastroenterologist who proposed this link was found to be fraudulent, he wanted to sell his own vaccine, and he was subsequently sanctioned and lost his license. Many studies, both domestic and foreign (at great cost) disproved his claim.

As background, autism as a diagnosis was first coined in 1908 to describe social withdrawal in schizophrenics. The clinical features with changes over the years were included in various editions of the DSM (Diagnostic and Statistical Manual of Mental Disorders.) In 2013 the guidelines were widely expanded to Autism Spectrum Disorder which covered many conditions related to brain development. (This nomenclature is now becoming "neurodiversity.)

The most recent controversy concerns acetaminophen (during pregnancy) and autism. Here it is difficult to conduct a gold standard study, a random clinical trial study whereby in advance one group takes acetaminophen and another does not. Because of this researchers use other approaches. In one such study, Swedish researchers, combed 2.5 M records, and found families where there were at least 2 children, one of whom was exposed to acetaminophen in pregnancy and the other not. They found once genetic were discounted, there was no link. Another slide showed that there has been almost no rise (2% to 3%) in profound autism over a 16 year period, whereas not-profound went from 4% to 14% in the same time period, a result of this broadening of guidelines. Other slides he presented showed linkages of certain genes to "early" versus "late" diagnosed cases.

Waste Management: Mr. McMahon reported on the committee formed after the recent tragic death in MHD, and their ideas for prevention. These ideas include: hiring Arrive Alive simulator for students, more education, perhaps a parental "requirement" to adhere to for pre-prom and social hosting parties, perhaps stricter consequences from the athletic department about substance abuse, etc. He also said that parents should serve as better role models. Parents need to "step up" and tell others "It is not okay."

Regarding the upcoming trash and recycling contracts, he and Mr. Petty plan to have public meetings for comments and questions. As for Mr. Petty, he discussed the options again for curbside pickup: 1) regular - limiting trash to a70 gallon or 2 x 35 gallon containers, and a like amount for recycling. Note that curbside collection is paid for by the town, but the transfer station sticker sales amounts to ~ $600K and covers this. 2) automated - here the barrels would need to be standardized so that 65-gallon totters would be purchased for each residence, but the overall cost would be less as only one person is needed per truck. The costs for the containers at bulk would be ~$50 versus ~$100 is bought individually. This would mean the purchase of 16,000 containers. Clearly the costs need to be compared between the various options.

As for the next steps, an RFP will have to be put out this fall. Mr. Petty has talked to the finance committee. They are aware, but also cognizant of the town's finances. The costs of the containers may well have to come from the transfer station's revolving fund.

Community Health: Dr. Ritvo gave an overview of influenza that she will share in a column in the papers. She noted that flu tends to peak here in December - February, the strains of flu vary every year, as does the severity. Last season was a severe one with hospitalizations 1.8-2.8 times higher, 288 childhood deaths, and of these patients 89% were not vaccinated. She reviewed flu symptoms and spread (droplet) via respiratory as well as on surfaces. The flu vaccine via injection is an inactivated one or just a protein, so it can not cause flu. The nasal flu vaccine is live but very attenuated and effective. It is for those 2-49 year old, can be self-administered and is cover by insurance. As for side effects, most are mild and temporary. Severe cases are very rare. The best time to get the flu vaccine is September - October. It takes about 2 weeks to develop immunity.

Directors Report: Mr. Petty reported on the progress with the transfer station's renovations. All is proceeding well. There will be down time with the compactor with no "weigh and pay" during that time. It is a 90-day contract and most of the work will be done in that time period. Paving, etc. will have to wait until spring. Residential use will not be affected or only minimally so.

As mentioned in the last report (9/9/25), BLOOM web-based app for mental health, parenting, elder care, etc. services have been purchased for use by all MHD residents and employees. To sign up, go to the MHD website where a QR code will soon be posted.

In regard to MHD beaches, a sign will be posted at Riverhead that the waters there are not tested for contamination as well as other wording that it is not a bathing beach.