

VISIONTEAMS

Imagining Allegheny County's Tomorrow

*Chip Babst &
Dr. Jeannette
South-Paul,
Co-Chairs*

Executive Summary

Currently, the Health Department has a bifurcated responsibility of both general public health and oversight of ensuring the highest standards for the environment. Due to this charge, the Public Health Vision Team opted to develop recommendations with respect to the two different missions.

With respect to public health, emphasis was given to elimination of health disparities. From an environmental perspective, the team crafted recommendations that focused on air quality, water pollution control and engineering, public drinking water, plumbing protocols, and food safety.

By the following recommendations, the team concluded that the highest standards for public health and the environment can be achieved and sustained:

- **Promote the General Public Health through realignment with community entities, a reconfiguration of prevention programs, and redesign of strategies for community engagement.**

Health Department Operations:

- Partner with other health-related organizations in the region (e.g., health care organizations, health science education organizations, foundations with health priorities) to identify areas of importance and prioritize and distribute health-related efforts among these interested organizations.
- Target and focus particular ACHD efforts and market these services to the public (e.g., surveillance and reporting of high risk conditions, health advocacy, etc.).
- Monitor data collected through the community health needs assessments implemented by local hospitals and facilitate and coordinate plans for remediating identified needs.
- Emphasize the importance of prioritizing and resourcing the ACHD for data acquisition, analysis, public reporting, and advocacy of County health status indicators.

Health promotion

- Establish a Pittsburgh Promise-like fundraising program to help support County health initiatives based in neighborhoods and communities.
- Assess and develop a plan to address structural racism and its impact on community health (e.g., lack of clinical providers in neighborhoods such as dentists, uneven availability of pharmacy services, disparities in availability of primary care).
- Increase the availability of community exercise and recreational programs through partnerships with private organizations such as the YMCA, YWCA, and local educational institutions and expansion of services through County-owned/managed resources (e.g., pools, parks, etc.).
- Establish a community health advisory committee that meets every 2-3 months (similar to the Air Advisory Committee) to provide regular interchange between the community and the County Executive regarding important health-related issues.

- Identify resources and implement opportunities for improving oral health, nutrition (e.g., breastfeeding, obesity), and tobacco cessation.

Prevention

- Establish and promote partnerships between community health workers and health care organizations to promote prevention and encourage primary health care assessments in community settings (already deployed in several community organizations).
 - Link mental health services with primary care services in communities – co-locating both types of services to promote broad utilization without stigma.
 - Enhance focus on injury monitoring and prevention through public service announcements and incentives for involvement by local health organizations, businesses, and community organizations.
 - Increase awareness of bullying and interpersonal violence through public awareness campaigns and enlistment of partnerships with schools, law enforcement, health providers, and community organizations.
 - Develop a multi-sectarian commission (community organizations, faith based community, legislative and county leadership) to focus on community violence prevention that assembles community recommendations, develops capacity-building strategies, and coordinates policy, advocacy, and implementation of interventions to combat violence in the County.
- **Manage Environmental Programs that Preserve Public Health Ensures Accountability, Accessibility, and Financial Sustainability**

Organizational

- Conduct an assessment of the renovations and upgrades needed for each building be developed, together with a schedule for implementing the suggested changes that prioritize deficiencies that compromise the daily function of the individual programs.
- Develop a Strategic Staffing Plan be developed to identify each program's needs and the steps required to attract and maintain the professional staff needed to perform program responsibilities; Consider hiring a professional with grant writing experience to aid the Environmental Programs within the ACHD.
- Perform a Technology Assessment s to identify technology needs within the individual Programs.
- Promote needed accountability by transferring full responsibility for fiscal management from the administrative branch of the ACHD to the Program Director.

Air Quality/Pollution Control Program

- Fully populate the Air Advisory Committee to form a qualified, balanced committee.
- Fully comply with the recommendations set forth in the 2009 Air Task Force Report, including formally adopting DEP permitting procedures, Annually assessing the permitting function, Completing a full revision of the appeals process, revising Article XXI to adopt State regulations by reference, and adopting a separate Article to contain local provisions that are more stringent than State law.

- Respond fully to all comments submitted on the draft Air Toxics Policy (ATP).
- Where appropriate, update or modify the draft ATP to reflect the Air Program’s legal authority to impose risk-based standards and to improve clarity, certainty for the regulated community, and to ensure adequate protection of public health.
- Pursue legal action that would force upwind sources of air pollution outside of Allegheny County and Pennsylvania to make more significant reductions than they have.
- Pursue opportunities that incentivize reductions from mobile sources.
- Maintain a public outreach program to discuss air quality in an objective and balanced manner.

Water Pollution Control and Engineering

Given that municipal feasibility studies will be submitted to the Health Department on or before July 31, 2013 in connection with the development of ALCOSAN’s Wet Weather Plan, it is recognized that significant analysis and planning must occur within the Department to enhance its ability to respond efficiently and effectively to this process. As such, it is recommended that the Department:

- Assess the resources that will be needed to review and comment on each Feasibility Study on or before December 31, 2012.
- Develop a written plan to address all perceived deficiencies identified on or before January 31, 2013.
- Evaluate and promote cost effective, green infrastructure alternatives for ALCOSAN municipal customers.
- Work with the State Department of Environmental Protection (DEP) to coordinate an approach for evaluating green infrastructure alternatives.

Public Drinking Water

- Develop a mechanism to ensure adequacy of water supply system interconnects.
- Develop a disciplined, equitable, achievable and comprehensive capital reinvestment policy.
- Develop objective metrics that will lead to merging older underperforming systems with more financially stable, professionally operated systems.

Plumbing

- Update the current plan/permit application and evaluate online options to increase efficiencies.

Food Safety

- Complete evaluation of alternative ranking systems for restaurants.
- Periodically review the manner in which restaurant inspection reports are available to the public to ensure that it is being presented in an understandable form.
- Revise current County Regulations to incorporate the new FDA Model Food Code and update inspection procedures to reflect the new regulations.
- Immediately begin to train replacement trainers for the certificate programs to ensure that this revenue stream is preserved.
- Review the current fee structure for the certificate programs, the licensing fee structure, and other services for which fees might be assessed to determine if more revenue could fairly be generated.

Vision Team Charge

The Public Health Vision Team is charged with looking at the responsibilities currently under the purview of the Department of Health, reviewing what is done by the Department and how it is done, whether there are ways to improve those services and recommendations, and to make recommendations if there are outside opportunities for some of these responsibilities.

Each vision team, within its charge and conversation, is expected to address sustainability, intergovernmental relations (recognizing existing relationships and identifying potential new ones) and diversity/inclusion. Each of these items should be folded into the recommendations and report made by the team. Additionally, for each recommendation that is made, the scope must be within one of three fields for which the county has a role: the county performs, or should perform, an administrative function related to the recommendation; the recommendation pertains to a financial interest or financial support of the county; and, the recommendation lends itself to advocacy by the county. Those recommendations that do not fit within one of those three fields should not be a focus of the vision team.

Findings & Recommendations

Subcommittee on Environmental Programs

INTRODUCTION

The Subcommittee on Environmental Programs began its review by evaluating existing Allegheny County Health Department (“ACHD”) program descriptions, reports, studies, plans, and data and researching available information regarding similar environmental programs in other urban areas. Interviews of Dr. Voorhees and managers and/or other key employees within each program were then conducted to develop the following summary of short and long-term recommendations.

AIR QUALITY/POLLUTION CONTROL PROGRAM

Overview

The ACHD Air Quality/Pollution Control Program has one EH Administrator III and approximately 50 positions with seven programs reporting to that position. They are as follows:

1. **Air Monitoring:** currently maintains 160 monitors in 22 locations for a number of pollutants.
2. **Planning & Data Analyses:** includes dispersion modeling, efforts to determine how such pollutants as PM 2.5 are specifically impacting Allegheny County, providing public outreach, and conducting voluntary programs, including diesel pollution reduction.
3. **Permitting:** responsible for authorizing existing, new, modified, reconstructed, and reactivated sources of air pollution in Allegheny County.
4. **Enforcement:** maintains a compliance program where inspections are conducted on over 1600 sources of air pollution at least twice annually.
5. **Abrasive Blasting/Asbestos:** maintains a program at the county level that is more stringent than the federal or state program.
6. **Legal:** one Assistant County Solicitor provides support to the program in all legal matters.
7. **Emergency Response/Indoor Air Quality:** provides support to the air program as appropriate within these categories, but is not operated within the program itself.

The ACHD’s Air Program has been granted its authority by the federal Environmental Protection Agency and the PA Department of Environmental Protection, and currently enforces the County air program under Article XXI of Allegheny County. The program does not rely on any funding from the County; it is self-sufficient.

A great deal of program description and evaluation of the Air Program was performed by the Environmental Air Quality Task Force, and is summarized in a December 2009 report issued by that group. A copy is provided with this report

because many of its recommendations remain as relevant today as they were in 2009. See Attachment I. While some important progress has been made since that report was issued, a number of key recommendations remain incomplete, and are described below. Additional challenges have arisen since that time, which also are enumerated below.

Immediate Challenges and Recommendations

1. Staffing

Challenge: Attracting and maintaining a high caliber staff within the program continues to be a daunting challenge. Salary increases have been budgeted annually, but not approved in many cases despite having adequate funding to address them. The majority of staff within the program is non-union (80%), which is different than most other programs within the ACHD. And while most union employees have seen modest increases in the recent past, other personnel have not. Some salary levels were adjusted in isolated cases during the previous administration, but the problem of high staff turnover and key positions going unfilled continues to plague the program. The Air Program Director has relied on contractors to fill some key roles, and has gone without some staff functions being fulfilled that are critical to an effective program, including a dedicated IT professional.

Recommendations: The following recommendations are not for basic overall improvement to the quality of work product or professionalism of the staff, but rather recommendations on tools and resources. As is consistent with other areas within the ACHD, an overall strategic staffing plan is needed. This plan should address:

- Fill all vacant positions currently existing, and ensure adequate salary and benefits are being provided.
- Implement a Performance Review System that includes annual reviews, career pathway support, and transition plans for all core positions to assure sustainability.
- Consider implementing a Performance Based Bonus System within the existing system.
- Conduct a review of the union system and all other employee positions, and ensure that there is parity in terms of salary increases and benefits.

2. Funding

Challenge: The Air Program has significant funding available to it through Title V permit fees and the Clean Air Fund, but those funds are restricted. Despite being self-sufficient, the Air Program has had to go through the ACHD Director's office for all purchasing decisions, no matter how insignificant. This often results in delays and, historically, decisions have at times been arbitrary.

Recommendation: Promote needed accountability of the Air Program Director by transferring full responsibility for fiscal management from the administrative branch of the ACHD to the Bureau of Air Quality.

3. Scope

Challenge: The ACHD has been successful in attracting some additional grant support for its work, but is unable to devote the time and resources it would like to administering grants. The grants are time-consuming and difficult to pursue without dedicating staff resources to that area of development. Moreover, grants are often

expensive to administer. As such, very little new funding and expansion of the scope of the Air Program's work into new areas has occurred.

Recommendations: Hire a professional with public sector grant writing and administration experience to aid the Environmental Programs within the ACHD. Ensure that appropriate program management and staffing resources are available to expand the depth and scope of the Air Program's capabilities in accordance with a completed ACHD Strategic Plan.

4. Facilities

Challenge: The October 1, 2009 Report of the Air Quality Task Force included the following findings regarding Building No. 7 in the ACHD's eight-building campus in Lawrenceville.

- In reviewing the physical conditions of the Air Bureau, the Task Force concluded that the current facility is challenged by numerous technological and health and safety issues.
- The facility, while targeted for renovation, currently does not reflect the professional ambiance that generally is experienced in many offices charged with these types of activities.
- More importantly, while efforts have been made to address fundamental health and safety issues, challenges remain in the areas of routine maintenance of the facility, adequate and reliable fire and safety equipment, emergency lighting, and updated and reliable telephone systems.

The other ACHD programs located in the Lawrenceville campus suffer from similar facility deficiencies that negatively impact program performance on a number of fronts, including the ability to attract and maintain high quality employees and to efficiently perform the work needed to carry out the functions and goals of each program.

Recommendation: Recognizing the high level of professionalism that exists within the programs located in the Lawrenceville campus, it is recommended that an assessment be made of renovations and upgrades needed for each building, and that a plan be developed to address the needed changes. Aspects of the facility that compromise the daily functioning should be addressed immediately. Such changes not only would cure fundamental technological and health and safety deficiencies, they would promote a level of professionalism required for such activities.

5. Resources and Tools

Challenge: All resources and tools need to be reviewed and updated.

Recommendations:

- All software should be reviewed and tracking systems updated. All equipment needs to be on a maintenance and replacement plan.
- A dedicated IT professional that is not shared within other programs of the ACHD should be hired, as the demands of this program are highly technical in nature.

6. Governance

Challenges: The Air Advisory Committee was designed to play a key role in advising and approving recommendations and policies for the Air Program. However, although the Committee is authorized to include nineteen (19) members, for years the Committee has consisted of less than ten (10) members. The lack of appointed members dilutes the potential value of the Committee.

The Committee recently was by-passed in considering and commenting on the proposed Air Toxics Policy, further calling into question the purpose and value of the Committee.

The interface between subcommittees of the Committee can also be a source of delay and confusion.

Recommendations:

- Minimum standards for Committee membership and participation should be established and made public.
- To the extent possible, open seats should be filled as soon as possible, in order to maintain a diverse, qualified, and balanced Committee.
- Maintain a publicly-accessible list of all subcommittees, their scope, current members, and an application form/process for all open committee seats.
- An annual board, committee and staff retreat that reviews strategic goals and provides board and committee training should be considered.
- Processes and procedures of the various subcommittees should be made public.

7. Permitting

Challenge: The Air Bureau's permit program, at a minimum, lacks procedures to consistently ensure prompt processing of permits and lacks the level of transparency that is available under the State program. The absence of any timelines for processing installation permit applications is a detriment for encouraging the construction of new sources and the modification or reconstruction of existing sources in Allegheny County, and the lack of transparency prevents meaningful public involvement and in-put.

Recommendations:

- The Air Program should adopt DEP permitting procedures designed to promote efficiency and transparency (i.e., Money-Back Guarantee Program). Although the Air Program Director maintains that such a system is informally in place, it is not possible for the regulated community or the public to track the permitting process with any certainty, and the causes for delay in permitting are not always readily apparent.
- The use of outside contractors should be terminated once any permitting backlog is cleared.
- Evaluation of the permitting function should be assessed annually by the ACHD and the County Executive. Inability to remain current with at least 90% of all major and minor source operating permits and all installation permits and Requests for Determination should be deemed unacceptable, absent extenuating circumstances.

8. **Appeals**

Challenge: The County's appeals process is set forth in Article XXI of the ACHD Rules and Regulations. The process differs significantly from the appeals processes adopted by the State. These differences result in a process that is more difficult to access and less transparent, and provides less certainty in terms of timing and results. The ACHD reportedly has been working since the recommendations of the Environmental Air Quality Task Force (2009) were released to update the appeals process. There is a recognition that the time for filing appeals should be extended to 30 days (rather than 10 as laid out in Article XXI) and that the appeals should not go directly to the ACHD Director, but rather a neutral arbiter with experience in these legal matters. The Environmental Air Quality Task Force recommended that efforts be made in Harrisburg to modify existing state law to allow appeals to go directly to the Environmental Hearing Board ("EHB"). However, changing the appeals process for the Air Program apparently has raised a perceived need to do so uniformly throughout all areas the ACHD maintains jurisdiction.

Recommendations:

- Complete the full revision of the appeals process as soon as possible, to ensure that the appeals go to a balanced and objective board of at least three members, with legal and technical expertise in the areas covered by the ACHD. Update Article XXI to reflect the changes, and to inform the public what the processes and timelines are for appeals.
- Continue efforts to modify state law to enable Air Program appeals to go directly to the EHB.

9. **Air Toxics Guidelines**

Challenge: The existing Air Program Air Toxics Guidelines are believed by many to be outdated and have been under review by a Committee appointed by the former County Executive for a number of years. Certainty for the regulated community and adequate protection of public health are important objectives for the final guidelines to achieve.

Recommendations:

- Any guidelines presented to the ACHD for approval should be clear, legally defensible, and should, at minimum, comport with all conditions of the authority granted to the County under the PA Air Pollution Control Act.
- Air Program staff should respond in full to all public comments submitted on the draft guidelines, and all viewpoints and arguments should be thoroughly reviewed and considered before any action is taken by the ACHD.
- Where appropriate, the guidelines should be updated or modified to reflect changes that reflect the Bureau's legal authority and improve clarity, certainty for the regulated community, and ensure adequate protection of public health.

Short-Term Goals

1. Regulations

Challenge: The existence of separate sets of State and County air quality regulations creates burdens for the regulated community and the public to deal with in connection with construction and operating permitting and in determining what is required for purposes of maintaining a compliant facility. The lack of a cross-referenced document to guide the regulated community, the absence of a delineation of County regulations that substantively differ from State regulations, and the lack of a defined process to ensure compliance with both standards may, in some cases, create a burden which results in permit delays and causes uncertainty in determining compliance. The County's ability to adopt regulations that are more stringent than State standards based upon a need to meet the public health requirements of the County is a recognized element of the County's air management program that should not be undermined. However, consistency wherever possible and clarity in all cases is essential.

Recommendations: The Environmental Air Quality Task Force recommended in 2009 that Article XXI be revised to adopt the State regulations at 25 Pa. Code, Sections 121-129 and 131-145 by reference; and that a separate Article be adopted that would contain County provisions that are more stringent than State requirements. The Air Program has maintained that this recommendation is onerous and unnecessary, and has instead worked to adopt state regulations by reference wherever possible. Program staff believe that the comparative guide would require too much staff time and that there are areas where legal interpretations are very difficult.

- A comprehensive evaluation designed to implement the recommended change should be contracted to a third party, which should be followed by a public hearing and public comment period before being submitted to DEP for approval.
- One of the important objectives of this process would be to ensure that this restructuring of the County regulations would not result in "backsliding," as that term is defined by USEPA.

Long-Term Goals

1. Compliance Standards

Challenge: Stricter health-based standards for air pollution will likely be put into effect within the next few years for a variety of pollutants. Continued compliance with those standards will be a significant challenge for Allegheny County. This is due, in part, to the stringency of the standards, the concentration of sources in the county, but also due to the unique topography of the area.

Recommendations: A number of potential approaches may be necessary to help demonstrate compliance with new standards. These could include:

- Pursuit of legal action that would force upwind sources of air pollution outside Allegheny County and PA to make more significant reductions than they have (i.e. a Section 126 petition to the EPA under the federal Clean Air Act). This strategy is something that the regulated community and the public interest community have had joint interest in pursuing in the past, and EPA may be more inclined to consider such a petition than it has in the past.
- Dealing with mobile sources of pollution, which are currently not regulated by the ACHD would help to decrease local sources of pollution that contribute to levels of pollution in the county. The County

should pursue opportunities that incentivize reductions from mobile sources, despite the Air Program's lack of authority to regulate them. A number of policy approaches and enhancements are possible. Expertise in this region exists, and a comprehensive strategy could help to cut pollution, improve public health, and create a number of important economic opportunities.

2. Public Education and Environmental Health

Challenge: The ACHD currently does little to integrate its public health focus areas and public education around the environmental connections to public health. Being better positioned to do so will require additional resources, expertise, cooperation between departments and with organizations and institutions outside the Department. However, the public health impacts of doing so could yield many positive results, both quantifiable and intangible.

Recommendations:

- Improving the ACHD and Air Program's ability to expand its scope through additional grant funding will help to increase resources needed to expand into this area. Formal, strategic partnerships with institutions of higher learning and fuller, active participation in board committees and subcommittees may also serve to help in this area.
- The ACHD also should maintain a public outreach program to discuss air quality in an objective and balanced manner, acknowledging challenges, but also recognizing improvements and progress.

WATER POLLUTION CONTROL AND ENGINEERING

Overview

The Allegheny County Health Department (ACHD) Division of Public Drinking Water and Waste Management have one EH Administrator III and approximately 48 positions with six programs reporting to that position. They are:

- Operators Section
- Recycling Program
- Engineering Section
- Plumbing Section
- PH Administrator III
- EH Compliance Officer

Within those six areas there are eight programs or offices:

- Drinking Water and Solid Waste
- Water Pollution
- On Lot Sewage
- Clack Office Plumbing Inspection
- Clack Office Plans Examiner / Plumbing
- Carnegie Office Plumbing
- McKeesport Office Plumbing
- Sprinkler Systems

The Water Pollution Control Section has one EH Supervisor and 4 staff positions, three EH Specialist II and one clerk Typist II. The Engineering Section has an EH Engineer III and an EH Engineer II. The two sections partner on projects.

The Water Pollution Control Section is responsible for the inspection and oversight of all sewage treatment plants and sewage collection and conveyance systems in Allegheny County. These plants process raw sewage, then discharge the effluent into a waterway for which they have received a National Pollutant Discharge Elimination System (NPDES) permit from the Pennsylvania Department of Environmental Protection (DEP). Many of these discharges are to the Ohio, Allegheny, Youghiogheny and Monongahela Rivers, although some are to streams, creeks, or tributaries. Ninety percent of all drinking water in Allegheny County is drawn from the three rivers. There are 67 sewage treatment plants and 208 pump stations under this section's jurisdiction. In addition to conducting regular inspections of permitted treatment facilities, program staff investigates water quality complaints pertaining to stream pollution, malfunctioning on-lot sewage systems, and public sewer problems. Combined sewer overflow requirements are also evaluated in 4 NPDES permits for combined sewer communities. All combined systems are maintained by the Department of Environmental Protection Agency (EPA) and all On-Lot Systems general issues are monitored by the On-Lot Section.

INSPECTIONS

Each of the 67 permitted sewage treatment facilities are inspected annually, during which time all aspects of the operation are checked for compliance with the federal, state, and country regulations governing them. During these inspections, samples of treated effluent are taken for analysis. In addition, approximately 70 of the 208 pump stations are inspected annually to determine compliance with the applicable regulations governing them. The facilities are provided a written copy of the conditions noted and, if violations are noted, are given a specified amount of time in which they must achieve compliance. If upon reinspection, the violations are still found, further action will be taken to enforce the regulations.

CSO EVALUATIONS

Staff evaluate CSO control requirements in 4 NPDES permits for combined sewer communities, identify areas of non-compliance, and ensure that non-complying communities meet permit requirements.

PLANNING MODULE REVIEW

Planning modules for land development by public sewerage or on-lot sewage disposal systems are reviewed and a recommendation is made for approval or rejection and then sent to DEP for approval.

PERMIT REVIEW

Permit amendments, variance requests, or exemption requests are sent to this office for review and comment, and then forwarded to DEP for final approval.

SELF-MONITORING REPORT REVIEW

All of the 67 permitted sewage treatment facilities are required to submit monthly self-monitoring reports. These reports provide information on effluent quality and quantity. Any level that significantly or chronically exceeds the permitted levels could be cause to issue orders for corrective action.

COMPLAINTS

In the course of a year, between 200 to 300 complaints are received and handled by the Water Pollution Control Section. Most of the complaints concern sewer overflows, sewer line breaks or blockages, odors from permitted facilities, sewage backups into home, stream pollution, drainage from an unknown source, and malfunctioning on-lot sewage systems. While most complaints are resolved quickly, approximately 15% require long-term effort to abate.

ON-LOT SEWAGE SYSTEMS

These are individual sewage systems, also known as septic systems, located on a piece of property and serving a specific structure. Permitting activities are carried out by the Public Drinking Water & Waste Management's Plumbing Section.

TRAINING (OUTSIDE OF DISCUSSION)

Training is provided, on request, to wastewater industry personnel and municipal officials on topics such as laboratory analysis methods, confined space entry, treatment technologies, and any other relevant subjects. Technical assistance is also provided to aid in the development of a variety of plans needed to operate and maintain the wastewater facility.

EMERGENCY RESPONSE

Emergency situations actually or potentially affecting one or more wastewater facilities are investigated on a 24-hour basis. Emergencies involving the failure of a plant or pump station will take precedence over all other activities.

SPECIAL PROJECTS

A limited number of special projects are undertaken each year. These projects include stream surveys centered on sampling and analysis with identification of pollutant sources, and intensive work with other regulatory agencies and municipalities to solve severe or wide-ranging problems with specific sewerage collection and conveyance systems.

The major special project that the engineering section has taken on is the oversight on the EPA Consent Orders for the ALCOSAN area watershed. This includes working with ALCOSAN on their Long Range Treatment Plan and the 55 separate municipal Consent Orders. The ACHD Engineer's Section deals with all municipalities with Separate Sewer Systems while DEP oversee all the Combined Sewer System Consent Orders. All Administrative Consent Orders (ACO) are tracked for compliance with the schedule included therein. In addition the Section must assure that all submittals from the Consent Decree with ALCOSAN entered into with USEPA, PADEP and ACHD regarding ALCOSAN's sewage treatment and conveyance system are reviewed, commented, and a recommendation determined.

ENFORCEMENT

A variety of enforcement tools are used to achieve compliance with the regulations. These enforcement tools include issuing notices of violation, the filing of criminal complaints, execution of Consent Order & Agreements, and instituting equity actions.

APPLICABLE LAWS AND REGULATIONS

Pennsylvania Clean Streams Law; Pennsylvania Sewage Facilities Act; Pennsylvania Department of Environmental Protection Rules and Regulations, Chapters 71, 72, 73, 92, 94, and 95; and the ACHD Rules and Regulations Article XIV, "Sewage Management," as amended are all laws the ACHD must adhere to.

Challenges and Recommendations

1. Staffing

Challenge: The Health Department has experienced difficulty in maintaining qualified employees to fill the numerous positions that it must maintain and has not developed succession plans to address the foreseeable retirements of key personnel. The Department needs to review the reasons for staff leaving for the private sector or prepare for those facing retirement.

Recommendations: The recommendations for the Section are not for basic overall improvement to the quality of work products or professionalism of the staff but rather recommendations on tools and resources. An overall strategic staffing plan is needed. This plan should:

- Fill all vacant positions currently existing.
- Ensure that all current positions provide adequate salary and benefits.
- Explore new positions based on work load and changing needs.
- Performance Review Systems – All employees should have annual reviews and their career paths should be discussed and supported by upper management.
- Creating a Transition Plan for all positions to assure sustainability within the Section.
- Consider a Performance Based Bonus System and see how it could be integrated with the existing system.
- Review the union system and all other employee positions to ensure each position is adequately funded.

2. Administrative Consent Orders (ACOs)

Challenges: The Allegheny County Sanitary Authority (“ALCOSAN”) currently is required under a federal Consent Decree to develop and implement a Wet Weather Plan that will eliminate all sanitary sewer overflows (“SSOs”) by 2026, control combined sewer overflows (“CSOs”) consistent with U.S. EPA’s Combined Sewer Overflow Policy by 2026, and accommodate anticipated growth through 2046. As part of the process to develop the Wet Weather Plan, ALCOSAN’s customer municipalities are required, by July 31, 2013, to submit Feasibility Studies to either the ACHD (SSO Systems) or the Pennsylvania Department of Environmental Protection (“DEP”) (CSO Systems) that evaluate a range of alternatives for addressing this regional water pollution issue.

Because the local municipalities are the entities to enforce flow-reduction green infrastructure programs, the ACHD could play an important role in evaluating the environmental benefits and financial viability of green infrastructure alternatives. To its credit, the Public Drinking Water and Waste Management Program published a Feasibility Study guidance document on April 27, 2012 that recognizes and encourages green infrastructure projects. See p. 6, paragraph 12.

Recommendations:

- Because of the short period of time between the July 31, 2013 due date for the Feasibility Studies and the scheduled approval of the final Wet Weather Plan (January 31, 2014), on or before December 31, 2012, the ACHD needs to assess the resources that will be needed to review and comment on each study in a coordinated fashion with DEP's review of the CSO municipalities.
- A written plan to address all perceived deficiencies identified in the assessment should be developed on or before January 31, 2013.
- The ACHD should work with the DEP to coordinate an approach for evaluating green infrastructure alternatives.

3. Training / Mentoring

Challenge: An overall strategic training/mentoring plan is needed to address the needs of current employees and any additional employees added to the work force.

Recommendations: The overall strategic training/mentoring plan should address:

- What is the current level of training and mentoring provided for all staff?
- What training/mentoring is needed for technical aspects, supervisory, and transition?
- Succession planning for all key positions, with immediate focus on those positions currently held by people who are likely to retire in the next 5 years.

4. Budget

Challenge: The overall budget system needs to be reviewed and updated.

Recommendations: The Division Chair needs to be involved in the creation of the budget and the monitoring of the budget. The Division Chair needs to be able to control the budget once assigned to the section. Additional funding is needed for staff salaries and benefits.

5. Facilities

Challenge: The October 1, 2009 Report of the Air Quality Task Force included the following findings regarding Building No. 7 in the ACHD's eight-building campus in Lawrenceville.

- In reviewing the physical conditions of the Air Bureau, the Task Force concluded that the current facility is challenged by numerous technological and health and safety issues.
- The facility, while targeted for renovation, currently does not reflect the professional ambiance that generally is experienced in many offices charged with these types of activities.
- More importantly, while efforts have been made to address fundamental health and safety issues, challenges remain in the areas of routine maintenance of the facility, adequate and reliable fire and safety equipment, emergency lighting, and updated and reliable telephone systems.

The other ACHD programs located in the Lawrenceville campus suffer from similar facility deficiencies that negatively impact program performance on a number of fronts, including the ability to attract and maintain high quality employees and to efficiently perform the work needed to carry out the functions and goals of each program.

Recommendation: Recognizing the high level of professionalism that exists within the programs located in the Lawrenceville campus, it is recommended that an assessment be made of renovations and upgrades needed for each building, and that a plan be developed to address the needed changes. Aspects of the facility that compromise the daily functioning should be addressed immediately. Such changes not only would cure fundamental technological and health and safety deficiencies, they would promote a level of professionalism required for such activities.

6. Resources and Tools

Challenge: All resources and tools need to be reviewed and updated.

Recommendations: All software should be reviewed and tracking systems updated. All equipment needs to be on a maintenance and replacement plan.

PUBLIC DRINKING WATER

Overview

The Public Drinking Water Division (PDW) is responsible for the inspection and oversight of 78 public water systems in Allegheny County, which serve 99% of the County's residents. Systems regulated include facilities such as the City of Pittsburgh Water Treatment Plant, to small systems serving less than 50 people, to water vending machines. All of these facilities are regulated under the Pennsylvania Safe Drinking Water Act, the primary purpose of which is to assure that proper water treatment is being performed and to reduce the threat of biological and chemical pollutants through proper treatment and monitoring.

The public water systems are permitted by the state and inspected by PDW. All public water systems receive an annual comprehensive inspection. All equipment and components of the facility are visually examined and water samples from various stages of treatment are collected for analysis. Additional investigations throughout the distribution and storage facilities may also be conducted to evaluate construction activities, respond to a complaint, or for other specialized investigations

Sanitary information is collected as it pertains to the infrastructure, which comprises the larger water systems and is a tool that may aid in identifying potential problems. Inventories include both drawings and narrative information such as population served, treatment schematics, locations of storage and treatment facilities, distribution network, and location of valves, hydrants, and emergency interconnects as well as other pertinent information that describes that water system.

The Environmental Protection Agency (EPA) continues to promulgate new regulations, which subsequently require public water suppliers to perform additional monitoring, reporting, and may require additional treatment modification.

Emergencies are handled on a 24-hour basis and take precedence over routine inspections and monitoring.

Immediate Challenges and Recommendations

1. Staff Retention

Challenges: This is a continuous challenge for the PDW. This challenge has three basic components, Compensation, Workload and Training.

- Compensation - Because of the existing salary structure the PDW hires staff who are entry level thus commanding lower salaries which are not competitive with those offered by other regulatory agencies (PADEP and EPA), the private consulting sector or in some cases the regulated providers.
- Workload - The PDW is currently staffed by 1 supervisor and 3 staff. As stated in the overview, this number of staff is inadequate to fulfill the mission of the PDW especially since their duties require a fairly high degree of technical competence which the staff can only gain through rigorous training and actual hands on experience. The field staff also has little or no back office support to assist them with data analysis and management.
- Training/Continuously changing regulatory landscape - The inspection and regulation of public water systems is increasingly complex due to the constantly changing regulatory landscape. Staff is required to understand and implement these regulations for their client systems. This adds to staff workloads and also affects the PDW's ability to keep staff that is highly trained, experienced and competent.

Recommendations:

- Compensation – The ACHD will need to make salaries and benefits more competitive with other government agencies (PADEP and EPA) in order to improve retention. The ACHD should evaluate its staff structure and develop a strategic compensation plan that includes a formalized performance evaluation system that sets clear performance metrics. High performing staff needs to be recognized and incentivized. The ACHD should clearly communicate this plan to staff, which would instill confidence and improve overall morale, thus reducing turnover.
- Workload - Increase field staff size from 4 staff to 5 staff to better balance work load. Add 2 back office staff to assist in data management and analysis of inspection results.
- Training – The ACHD should develop agreements with local engineering and environmental schools to provide low or no cost training to ACHD staff to keep them abreast of regulatory requirements . This would also act as a budget offset that could be rolled into a compensation incentive package.

2. Current budgetary practices do not facilitate efficient operations

Challenge: PDW has little or no budgetary input or flexibility. PDW has had to go through the ACHD Director's office for all purchasing decisions, no matter how insignificant. This often results in delays and, historically, decisions have at times been arbitrary.

Recommendation: Increase budgetary flexibility and accountability. Promote needed accountability and responsibility of the PDW by transferring full responsibility for fiscal management from the administrative branch of the ACHD to the PDW.

Intermediate Challenges and Recommendations-2-5 years

Background

As stated in the overview, Allegheny County has 78 systems regulated by the ACHD/PDW, and they are a mixture of large (several hundred thousand customers) and small (fifty customers) systems. They also are a mix of old and often underperforming systems and newer more professionally managed ones. The water sources for these systems are primarily surface water intakes (about 90%) which are potentially at risk due to a variety of causes (oil spills, sanitary overflows, floods, etc.) The remaining 10% are groundwater systems primarily in the Allegheny and Ohio River basins. These systems are at some potential risk as well, but, according to the Allegheny County Wellhead Supply plan, are less likely to be subject to immediate compromise in the event of a man made or natural disaster.

In 1987 there was a large oil spill in the Monongahela River that corrupted many of the intakes for numerous water systems along the Monongahela and Ohio Rivers. This spill coincided with a major winter storm hampering containment efforts. The situation resulted in many residents of Allegheny County having to be reliant on containerized water. It also became apparent that the series of interconnects between systems was inadequate. As a result of this event, the Pittsburgh District of the U.S. Army Corps of Engineers (“USACE”) and the Allegheny County Planning Department created a “skeletonized” model of the County’s water systems in order to better understand how the interconnects could and should function. Unfortunately, that project was never fully realized.

In the early 1990s, the Allegheny County Planning Department undertook another initiative by developing a Comprehensive County Water Supply Plan. This plan, while useful in providing a detailed descriptions of the numerous systems within the County, fell short in proscribing solutions to the numerous problems that plague many of our underperforming systems, specifically in the area of rate normalization, unaccounted for water, and water loss.

3. Interconnects are still inadequate, especially in terms of emergencies

Challenge: System interconnects need to be identified, exercised, actively managed, and maintained. Inter-municipal agreements are often out of date or non-existent, with many dating back to the 1930s. System managers and owners are reluctant to share information due to security concerns.

Recommendations: Develop a mechanism to ensure adequacy of water supply system interconnects.

- There are many professional organizations comprised of engineers, planners, and legal and financial experts that could be approached to act in an advisory manner to the County to set up an objective mechanism to oversee this project and recommend management alternatives.
- Concurrently, the ACHD should reach out to the USACE as a local sponsor (thus reducing the overall cost to the County) to recover as much of the 1987 interconnect study as possible, and then rebuild, test, and validate the “skeletonized” model. The ACHD/PDW, in conjunction with the regulated systems, should review all existing inter-municipal agreements and bring them current.
- At the conclusion of these steps, the ACHD should then implement the recommendations of the advisory group in terms of interconnect management.

4. Uneven performance of client systems/ Aging Infrastructure

Challenge: Many of our systems are over 100 years old. Thus, there is a dire need for infrastructure capital investment. However, as is widely recognized, funds for these types of projects are limited and the environment for securing low-cost loans and grants is extremely competitive. Additionally, there are some systems that underperform so badly that they need to be combined or merged with larger more efficient systems. Otherwise, the issues of water loss, unaccounted for water (unmetered or lost), and non-uniformity of rates will continue. The issue of rates is especially important to the poorer communities who often have the highest rates due to system inadequacies.

Recommendation:

- Develop a disciplined, equitable, achievable and comprehensive capital reinvestment policy.
- Develop objective metrics that will lead to merging older underperforming systems with more financially stable, professionally operated systems. Use those metrics as a guide for recommending funding support (PennVest, RUS, etc.).
- Update the existing Countywide Comprehensive Water plan to prioritize funding recommendations.

PLUMBING

Overview

The Plumbing Section of the ACHD is responsible for permitting and inspecting all new and modified plumbing installations in residential and commercial structures within Allegheny County; administering a licensing program for plumbers; accepting and investigating complaints, and enforcing the County plumbing code.

- Inspections: Approximately 40,000 inspections are conducted on an as-requested basis each year.
- Plans/Permits: A plumbing plan/permit application must be submitted to the ACHD for any plumbing that is to be installed or altered prior to commencing plumbing work. Once the plan is approved and a permit obtained, plumbing work can proceed with inspection(s) conducted as work proceeds. A final inspection is required of all plumbing plan/permits issued. Approximately 13,000 plan permit applications are filed, reviewed, and issued annually.
- Licensing of Plumbers: Apprentice Plumber Cards, Journeyman Plumber Licenses, and Master Plumber Licenses are issued by the ACHD.
- Complaints, Referrals, and Service Requests: Complaints, referrals, and service requests are handled by the ACHD, and notices of violation are issued and enforcement actions are initiated, where necessary, to ensure that plumbing violations are corrected and abated.
- Applicable Laws and Regulations: Allegheny County Health Department Rules and Regulations, Article XV, "Plumbing" and the Pennsylvania Uniform Construction Code Act (Act 45 of 1999).

Challenges and Recommendations

1. Facilities

Challenge: The October 1, 2009 Report of the Air Quality Task Force included the following findings regarding Building No. 7 in the ACHD's eight-building campus in Lawrenceville.

- In reviewing the physical conditions of the Air Bureau, the Task Force concluded that the current facility is challenged by numerous technological and health and safety issues.
- The facility, while targeted for renovation, currently does not reflect the professional ambiance that generally is experienced in many offices charged with these types of activities.
- More importantly, while efforts have been made to address fundamental health and safety issues, challenges remain in the areas of routine maintenance of the facility, adequate and reliable fire and safety equipment, emergency lighting, and updated and reliable telephone systems.

The other ACHD programs located in the Lawrenceville campus suffer from similar facility deficiencies that negatively impact program performance on a number of fronts, including the ability to attract and maintain high quality employees and to efficiently perform the work needed to carry out the functions and goals of each program.

Recommendation: Recognizing the high level of professionalism that exists within the programs located in the Lawrenceville campus, it is recommended that an assessment be made of renovations and upgrades needed for each building, and that a plan be developed to address the needed changes. Aspects of the facility that compromise the daily functioning should be addressed immediately. Such changes not only would cure fundamental technological and health and safety deficiencies, they would promote a level of professionalism required for such activities.

2. Plumbing Plan/Permit Applications

Challenge: Approximately 13,000 plumbing plan/permit applications are filed each year using forms and procedures that have not been updated in many years. A thorough review of the information needs for processing applications and the potential for increased online options should be considered.

Recommendation: Update the current plan/permit application and evaluate online options to increase efficiencies.

FOOD SAFETY

Overview

The ACHD's Food Safety Program conducts a comprehensive surveillance, monitoring, and complaint investigation program. Facilities regulated by this program include restaurants, retail markets, food processors, caterers, warehouses, mobile vendors, and temporary food establishments. All such facilities must obtain an ACHD permit prior to operating in the County.

The focus of the inspection program is to prevent the occurrence of conditions that pose the greatest risk of causing a foodborne illness. Food facilities are prioritized and surveillance and monitoring activities are heightened for those which pose the highest risk.

The Food Safety Program also is responsible for investigating consumer complaints, including foodborne illness and emergencies affecting food facilities such as fires, flooding, or utility shutoff, and to educate operators on important food safety issues.

Another important part of the Food Safety Program is to review construction and modification plans submitted by regulated food facilities and to issue permits for approved plans.

Challenges and Recommendations

1. Staffing

Challenge: The Food Safety Program has experienced difficulty in recent years maintaining qualified employees. For example, the Department's approved staffing for inspectors contemplates sixteen (16) full-time equivalents ("FTEs"). Currently, there are only twelve (12) FTEs, and only seven (7) have more than two (2) years' experience.

Recommendations:

- An internal study should be conducted to determine the factors contributing to the Department's inability to retain qualified inspectors, and to identify steps that can be taken to address this concern.
- See Plumbing recommendation 1.2.

2. Ranking System

Challenge: Over the past year, the ACHD has debated whether to adopt a new "A-B-C" or numerical rating system for restaurants. The challenge in developing such a system is to address the need for adequate consumer information without imposing impractical and burdensome standards that do not reflect the condition of the restaurant or the attitude of the owner. Whatever system is adopted, it is important that the general public is provided with an adequate understanding of the system and that the ACHD website provides access to ranking results and background information.

Recommendations:

- The Food Safety Program currently makes inspection results available on the ACHD webpage. The manner in which the data is provided should be periodically reviewed to ensure that it is being presented in an understandable form.
- Revise current County Regulations to incorporate the new FDA Model Food Code and update inspection procedures to reflect the new regulations.

3. Revenue Generation Options

Challenge: The Food Safety Department maintains a Manager Certificate Program and a Food Protection Certificate Program. These certificate programs generate income of \$150,000+ per year. Two experienced employees currently run the programs, one of whom is retiring, and the other recently announced that she also is considering retirement. Currently there is no one trained to replace these individuals.

Recommendations:

- Immediately begin to train replacement trainers for the certificate programs to ensure that this revenue stream is preserved.
- Review the current fee structure for the certificate programs, the licensing fee structure, and other services for which fees might be assessed (*e.g.*, re-inspection charges, sampling lab fees, etc.) to determine if more revenue could fairly be generated for Food Safety services.

HOUSING & COMMUNITY ENVIRONMENT

Overview

The ACHD monitors housing and community environment in three critical areas: tenant complaints, community environment complaints, and planned programs.

1. Tenant Complaints

Challenge: Tenants who feel they are being subjected to slum-like conditions can call the ACHD and file a complaint. This is largest area of ACHD's Housing and Community Environment department. ACHD responds to an average of 2,300 tenant complaints per year. The issues ACHD may address in a tenant complaint range from major water or plumbing deficiencies, a lack of heat or animal and pest control.

Currently ACHD feels it is meeting its requirements on tenant complaints in a timely and efficient manner. ACHD does not foresee issues in tenant complaints in the future that the department is unable to handle.

Recommendation: None.

2. Community Environment Complaints

Challenge: ACHD also responds to health issues or complaints from homeowners. ACHD receives about 1,400 of these types of complaints per year. These include vector and pest control, standing water and mosquito control, waste and garbage issues, and unlawful dumping.

The recent expansion of the threat of West Nile Virus has required the county to adopt the short-term goal of addressing standing water and mosquito control on a larger level than in years past. Currently, ACHD feels it is meeting its requirements on community environment complaints in a timely and efficient manner. ACHD does not foresee issues in community environment complaints in the future that the department is unable to handle.

Recommendation: None.

3. Planned Programs

Challenge: ACHD also operates a number of planned programs out of the Housing and Community Environment Department. These programs include inspections of pools, bathing houses, nursing homes, and hotels. Currently, small rooming houses and nursing homes are considered a priority and these types of establishments are inspected on a yearly basis. Larger hotels and national chains are inspected every three years.

Currently ACHD feels it is meeting its requirements on its planned programs in a timely and efficient manner. ACHD does not foresee issues in planned programs in the future that the department is unable to handle.

Recommendation: None.

Subcommittee on Public Health

INTRODUCTION

This report responds to the charge from the County Executive, Rich Fitzgerald, to assess the state of public health in Allegheny County, Pennsylvania. In order to gather the maximal input from as many of those most knowledgeable about behavioral and physical health in the region in the short 4 months the committee was together, we followed a process of interviewing key leaders in the community, gathered available data from academic and municipal sources, and discussed key issues with our diverse, experienced, and knowledgeable health subcommittee. A separate subcommittee assessed environmental health issues and the structures and processes in place to ensure maximum protection of County citizens. Thus, this report represents a discussion of the prominent issues contributing to the health of Allegheny County residents and presents recommendations to improve the health status of the region.

1. Status of Health and Health Care Services in Allegheny County in Comparison to its Peers

Allegheny County, PA was one of the 34 counties of greater than 1,000,000 whose health status was compared to peer counties in 11 categories and reported in the Community Health Status Indicators (CHSI) report. The CHSI analyzed population health data according to life stage, injury, cancer, adult behaviors, preventive services, environment-food, and health care access, all-cause mortality, average life expectancy, health status, and unhealthy days (Kanarek N, Tsai HL, Stanley J. Health ranking of the largest US counties using the community health status indicators peer strata and database. J Public Health Management Practice 2011;17(5):401-405) and found health disparities in a number of areas.

The National Association of County and City Health Officials (NACCHO) periodically surveys local health departments to assess the availability of public health activities and services at the local level. The 2010 questionnaire examined 87 separate activities in the following groups: immunization services; screening for diseases and conditions; treatment for communicable diseases; maternal and child health services; other health services; epidemiology and surveillance activities; population-based primary prevention services; regulation, inspection, and licensing activities; other environmental health activities; and other public health activities (http://www.naccho.org/topics/infrastructure/profile/resources/2010report/upload/2010_Profile_main_report-web-pdf). (Figures 7.1, 7.2, 7.4, 7.5, 7.6, 7.7, 7.8, 7.9, 7.10, 7.11, 7.12 from the NACCHO report are attached at

the end of this report). Although, no single factor emerged as reflecting overall county health, Allegheny County ranked consistently below its peers.

Chronic diseases substantially influenced by personal behaviors constitute the epidemic of modern times – in contradistinction to the burden of infectious diseases that were largely controlled in the 20th century. Municipal approaches to health – usually implemented through health departments – have tended to focus on infectious diseases. Most attention to infectious disease in recent times has focused on HIV/AIDS. In this region, the bulk of HIV testing is done by the Allegheny County Health Department (ACHD), through funding two local agencies to manage HIV/AIDS patients – Allegheny General Hospital and UPMC – Infectious Disease Division in Oakland. There is currently no overall Infectious disease surveillance done – only case-by-case monitoring.

In addition to physical health, oral health has also gained more prominence as a poorly addressed public health issue. A recent analysis of utilization of dental care in the US revealed the downward trend in use of services related not to the economic downturn, but rather to an earlier decline from 2003 to 2008 (Wall TP, Vujicic M, Nasseh K. Recent trends in the utilization of dental care in the United States. *J Dent Educ.* 2012;76(8):1020 – 1027). The growth in utilization among children coincided with a shift away from private insurance to enhanced public coverage and a significant drop in uninsured children. Utilization among non-elderly adults has been declining since 1997 among all groups except the most wealthy. In the case of these adults, the decrease in utilization seems to coincide with the decrease in private insurance coverage and an increase in public coverage. These declines in adult utilization of dental services are likely to continue.

Following recognition that approximately 30% of children have untreated dental disease, the ACHD became involved in delivering dental services to a number of communities in the County. They employ 1 ½ dentists and 2 dental hygienists and rotate through all the schools in the County approximately once every three years.

2. 2009–2010 ACHS: Measuring the Health of Adult Residents

The most detailed analysis of specific acute and chronic diseases in the County is available through The Allegheny County Health Survey (ACHS). The ACHS is a telephone survey that is done every few years to assess the health of citizens in the County (Documet PI, Bear TM, Green HH. Results from the 2009-2010 Allegheny County Health Survey (ACHS): Measuring the Health of Adult Residents. ACHD. University of Pittsburgh, Graduate School of Public Health, the Evaluation Institute. 2012). The recent data obtained from the 2009 -2010 survey clearly demonstrated that health disparities persist and confirm what had been suggested through the national studies mentioned above.

Data shows significant health disparities for many indicators by education, household income, and race, including: general health, disability, emotional and mental health, health care access, physical activity, diabetes, cholesterol awareness, hypertension, and cigarette smoking. African American residents, as well as those with lower household incomes or less education fared worse on these indicators.

The health of Allegheny County adults has improved in several factors.

- A significantly larger proportion of adults 65 and older reported having received recommended flu and pneumonia immunizations in 2009–2010 than in 2002.
- Across all population subgroups, there were significant decreases in the proportion who said they were physically inactive, and who said they were current tobacco smokers.

- There was a significant increase in reported colorectal cancer screening, especially among women.

However, the health of Allegheny County adults has worsened in other ways.

- The proportion of people who said they had a disability increased significantly.
- A significantly larger proportion of women were determined to be overweight or obese.
- The proportion of adults who had been told they had diabetes increased significantly, as did the proportion who had been told they had asthma. The increase in asthma was especially high for African American adults.
- A significantly smaller proportion of adults said they had been tested for HIV. The percentage of HIV tests decreased most among whites and women.
- The proportion of women who said they had a clinical breast exam or mammogram also decreased significantly.
- Significantly more adults reported having had no routine checkup in the past year and not being able to see a doctor because of cost.

The well-being of Allegheny County adults was assessed for several new indicators.

- Cancer survivorship: 11% of adults said they had been told by a health care provider they had cancer.
- Caregiver status: 41% of adults said they were caregivers of a friend or family member.
- Financial distress: 27% of adults said they were worried about their ability to pay their rent or mortgage, and 19% worried about buying nutritious food in the past year. Significantly higher proportions of women, blacks, and people with less education said they worried.
- Unemployment: 7% said they were unemployed; significantly more blacks (16%) than whites (6%) reported being unemployed.
- Adverse childhood experiences: 13% of adults said they had suffered physical, mental, or sexual abuse during childhood. Additionally, 16% said there was domestic violence in their home, and 33% said an adult with mental illness or substance abuse was there.

The results of this survey highlight health disparities in our region and can be used to guide prioritization and implementation of interventions to address these disparities.

3. Health Disparities

The Pittsburgh Urban League and the University Center for Social and Urban Research of the University of Pittsburgh joined efforts in 2000 to publish the first analysis of health disparities related to race (focusing on African Americans) in Allegheny County and called the *Black Papers*. Since that publication, significant disparities

in health between African American and Caucasian American citizens persist. Recognition of the specifics of those health disparities has spurred projects to better describe why there are disparities and to pilot programs to eliminate them. The second edition of these analyses, now entitled *Allegheny County in Black and White*, included additional conditions in an attempt to understand where progress has been made and where the disparities have persisted or even widened. The National Institutes for Health defines health disparities as “the differences in the incidence, prevalence, mortality and burden of disease and other adverse health conditions that exist among specific population groups in the United States” (<http://www.achd.net/biostats/pubs/Gabe/disparities.html>). In 2007, George Kaplan described health status as having much more to do with how we live—with the social and economic conditions that shape our lives—than with the medical care we receive or with what public health authorities do to control contagious disease (http://www.wilsoncenter.org/index.cfm?topic_id=116811&fuseaction=topics.event_summary&event_id=224806). Furthermore, David Williams, professor of African and African American Studies, Public Health, and Sociology at Harvard University, has said, “race does matter” when looking at health disparities. The income disparities between races, exposure to social and economic adversity over the life course and experiences of discrimination and institutional racism can affect the health of minority groups in multiple ways. Although some Americans believe racism is a thing of the past, racial disparities do exist and have been persistent over time, as can be seen when viewing disparities between 1950 and 1998 (http://www.wilsoncenter.org/index.cfm?topic_id=116811&fuseaction=topics.event_summary&event_id=224806). Both the influence of living conditions and socioeconomics as well as aspects of health and health care services are explored in this new edition of the Black Papers.

The African American population in Pennsylvania grew by 12.4 percent between 1990 and 2000 to reach more than 1.2 million. By 2007, the Black population numbered 1,328,630, which is 8.5 percent higher than the 2000 figure. The overall result is a net growth of 21.9 percent between 1990 and 2007 (<http://www.dsf.health.state.pa.us/health/cwp/view.asp?A=175&Q=240950>). In 2006, in this time of population growth, the age-adjusted rate for total deaths in Pennsylvania was almost 30 percent higher for African Americans (1,083.1) compared to Whites (837.8). The mortality rate for HIV/AIDS among African American residents (15.8) was over 10 times higher than the rate for Whites (1.5). The homicide rate was over 14 times higher for African American residents compared to Whites. Furthermore, the homicide rate with firearms for African American residents (29.2) was 20 times higher than Whites (1.4). The death rate for viral disease among African American residents (19.5) was over six times higher than the rate for Whites (3.2). The death rate for prostate cancer among African Americans (61.9) was more than twice the rate among Whites (25.0) (<http://www.dsf.health.state.pa.us/health/cwp/view.asp?A=175&Q=240950>).

Allegheny County in Black and White focuses on many of the conditions in which dramatic racial and ethnic disparities in outcomes are seen. Overall, African Americans are less likely to have health insurance—and less likely to access health care services—than White Americans in the U.S. African Americans face health challenges that are complex and multi-layered and superimposed upon a core of misunderstandings and lack of recognition of cultural influences that influence responses to these issues.

Child and adolescent health disparities in Allegheny County are evidence that the health issues facing our population begin as early as during infancy (R. Hanson). From birth, African American children in the United States and Allegheny County fare worse than their white counterparts. According to 2005 data, in Allegheny County, the percentage of African American babies with low birth rate is roughly double that of white babies.

Disparities are also seen relative to diabetes mellitus in African Americans in Allegheny County (Siedel, Bettencourt, and Zgibor). Projections for diabetes indicate that approximately 29 million people will be affected by the disease by the year 2050 [5]. The largest increase in prevalence is expected to occur in African American males +363% (2000-2050) and females +217% (2000-2050). The lifetime risk of developing diabetes is even higher among minority populations where non-Hispanic blacks and Hispanics have a 2 in 5 chance of developing diabetes as opposed to a projected rate of 1 in 3 among whites [6].

The socio-demographic factors of education, race, and socioeconomic status (SES) have been shown to directly impact the mortality rates of a population. Minorities have higher mortality rates for multiple reasons, most notably because of adverse social conditions hindering access to health care, disparities in educational attainment and poverty (Woolf, 2007). Irrespective of race, individuals from a lower SES experience a higher prevalence and mortality from cancer than individuals from a higher SES (Siminoff, 2005). Cancer is the second leading cause of death in Pennsylvania. Progress has been made in reducing the numbers of individuals who die from cancer yearly, however in Pennsylvania the mortality rate is higher than for the nation as a whole. In addition, there is a marked disparity between the death rates for African Americans and whites in the state. As the number of cancer survivors increases, resuming normal routines remains a significant challenge for a growing number of cancer survivors and their families in Pennsylvania. The 2003 cancer incidence rate for African Americans was 7.1 percent higher than the rate for whites, and 5% higher than the rates recorded by the National Cancer Institute's SEER Program.

Obesity in Allegheny County largely mirrors national trends (G. Rao). In 2002, 69% of African American adults (men and women combined) were either overweight or obese, compared with 58% of whites. That same year, 70% of African American adults in Pennsylvania, and 69.8% of African American adults nationwide were either overweight or obese.

African Americans are again disproportionately represented among people living with HIV/AIDS in Allegheny County (Deb McMahon). From 2000 to 2005, black non-Hispanics, ranged from 44% to 46% of people living with AIDS in Allegheny County despite representing only 12% of the population. Whites in the county accounted for 49% of all AIDS cases compared to their share (75.6%) of Allegheny County population.

When reflecting on the substantial burden of disease seen in African Americans, primary care remains the foundation of health for every citizen, but remains of utmost importance to the most vulnerable citizens in the nation – children, the disabled, racial/ethnic/social minorities, the poor, and the medically uninsured (South-Paul, Yonas, et al). Publically funded clinics remain a major component of primary care in the United States. The so-called federally-qualified health centers (FQHCs) are designed to have one of five areas of focus – community health centers, migrant health centers, homeless health centers, school-based clinics, or public housing health centers. They are non-profit, community-directed clinical entities designed to provide care by serving communities which otherwise confront financial, geographic, language, cultural and/or other barriers (National Association of Community Health Centers. Pennsylvania Health Center Fact Sheet 2007.

4. Violence in Allegheny County and Impact on Health

More than one third of high school students reported being in a physical fight during the previous 12 months. Almost one third of children between 6th and 10th grades report being bullied. More Americans were murdered in the US in one year than American soldiers in Iraq and Afghanistan combined. (Byrdsong TR. *A public health approach to mitigating interpersonal violence and institutional structural impediments for the city of Pittsburgh and Allegheny County*. July 10, 2011.)

Community violence has become a major public health concern in the United States and within many urban, impoverished communities of color. An essential element to effectively addressing and preventing community violence is the use of strategic intervention and prevention activities in the local area. The chapter (Dalton, Yonas et al) illustrates the characteristics of community violence in Allegheny County, Pennsylvania and specifically examines the racial disparity of this public health epidemic. Although homicides and drive-by shootings tend to receive the most media coverage, they occur far less frequently than aggravated assaults with firearms. Pittsburgh's murder rate (4.8 per 100,000 in 2005) is lower than the national average and that of many benchmark cities like Detroit, St. Louis, Baltimore, and Richmond. However, examination of violence trends among different demographic groups shows that, in particular, Pittsburgh's young African American men are at risk of homicide victimization; the homicide rate for this group was 284.2 per 100,000 – 60 times the city-wide average and more than 50 times the national average. Thirty percent of homicide victims reside in just 5 percent of Pittsburgh's neighborhoods, 67 percent of which are designated as severely distressed according to the Annie E. Casey Foundation distressed neighborhood criteria.

Where did violence occur?

- Violence was heavily concentrated in specific neighborhoods in the City of Pittsburgh, as well as in municipalities bordering yet outside the city limits, such as Penn Hills, Wilkinsburg, West Mifflin, and McKeesport.
- Within the City of Pittsburgh, 75 percent of homicides were clustered in just 25 neighborhoods. Homewood, the Hill District, and the North Side had the highest levels of victimization.
- Nearly all communities with high homicide rates have higher-than-average concentrations of African American residents and of residents living in poverty.

In the city of Pittsburgh, over 8,000 violent crimes annually impact citizens. In the first nine months of 2010, the total number of homicides exceeded the total for the entire 2009 – a 41% increase. Adults reporting exposure to violence as children showed an increased prevalence of chronic diseases, to include heart disease (2.2X), cancer (1.9X), stroke (2.4X), chronic obstructive lung disease (3.9X), diabetes (1.6X), and hepatitis (2.4X). Furthermore, those who have been exposed to interpersonal violence are more likely to engage in behaviors that contribute to chronic illnesses, such as smoking, eating disorders, substance abuse, and decreased physical activity.

A coalition of community advocates have encouraged the development of a public health approach to reducing interpersonal violence for the city of Pittsburgh and Allegheny County (Byrdsong TR. *A public health approach to mitigating interpersonal violence and institutional structural impediments for the city of Pittsburgh and*

Allegheny County, July 2011, Pittsburgh). This coalition promotes and intervention process of (1) community leadership and partnership development; (2) capacity building; (3) surveillance; (4) research; and (5) communication.

5. Poverty in the County and Impact on Health

There is a close link between socioeconomic status and health. Socioeconomic status is a critical factor to consider when assessing the status of public health in a region because of the impact of both personal and neighborhood poverty on individual health. Neighborhood poverty is associated with wear and tear on physiological systems and is mediated through psychosocial stress (Schulz AJ, Mentz G, Lachance L, et al. Associations between socioeconomic status and allostatic load: effects of neighborhood poverty and tests of mediating pathways. *Am J Public Health* 2012;102:1706-1714. Doi:10.2105/AJPH.2011.300412).

The recent recession has contributed to the current level of poverty seen in Allegheny County and the region. In 2010, 1 in 8 residents (12.1% or 280,000 people) in Pittsburgh region had incomes below the federal poverty line [DeVita CJ, Pettijohn SL, Roeger KL. *Understanding Trends in Poverty in the Pittsburgh Metropolitan Area*. Urban Institute. May 12, 2012 – now referred to as the Poverty Report]. This number represents an 8.5% increase above the number seen in 2007 when the recession began. Although demographic factors such as new immigrants and the growth of single-parent households are present, this increase in poverty largely relates to changes in the economy. The robust labor force in Pittsburgh (20% of whom are employed in the health care and education sectors) has helped mitigate the effects of the national economic downturn in this region. In 2010 Allegheny County had the largest number of people in poverty (150, 600) compared to the adjacent counties – Westmoreland, Fayette, and Beaver counties. The populations at greatest risk for living in poverty are children under 18, women heading households, the elderly and the near poor.

The Pittsburgh Poverty Report notes that the seven county Pittsburgh region has 1450 non-profit organizations that provide services in the health and human services sector and which have provided extensive services to the public for many years, augmenting services provided by governmental agencies and for profit entities. Those focusing on health provide mental health treatment and pregnancy support, among other services. Approximately 2 in 5 non profits operate with budgets less than \$250,000 per year and have been significantly affected by the recession. Revenues in these smaller non profits began to decline in 2010 signifying the beginning of a struggle with the national economic downturn. Between 2009 and 2010, two thirds of non profits in the health and human services sector experienced increased numbers of clients seeking services. During the past two years all of these non profits noted serving 85,800 clients – comprising approximately 30% of the region's poor. Thirty-six percent of the region's nonprofits noted in a recent survey that 75% or more of their revenues come from governmental resources. Another sixteen percent of nonprofits note that more than half of their revenues come from governmental funding. Thus, anticipated declines in governmental funding are likely to directly impact the ability of nonprofits to delivery services to citizens in southwestern Pennsylvania.

Furthermore, the percentage of children living in poverty has increased in the County as the overall poverty level has increased. These increases in poverty have resulted in increased numbers of children enrolled in Medicaid and the State Children's Health Insurance Program (S-CHIP). Both of these programs have reduced the number of uninsured children (increasing children's enrollment from 19% to 32% between 1999 and 2009) and increased access to primary care physicians (Patrick SW, Choi H, Davis MM. Increase in federal match associated with significant gains in coverage for children through Medicaid and CHIP. *Health Affairs* 2012;31(8):1796-1802).

6. Care of the Medically Underserved – Poor, Disabled, Mentally Ill, Rural

Although only 2.7 percent of the population in Allegheny County has been diagnosed with mental illness, in 2007, a high number of people with mental illnesses were incarcerated in the Allegheny County Jail (ACJ). Twenty-eight perc., Engberg, J., Greenberg, MD, Turner, S, DeMartini, C, Dembosky, J. W. (2007). Justice, Treatment, and Cost: An Evaluation of the Fiscal Impact of Allegheny County Mental Health Court. RAND Technical Report. Retrieved April 2, 2007 from http://www.rand.org/pubs/technical_reports/TR439/. ACJ partnered with the Department of Human Services, the court system and other municipal organizations to identify and develop alternatives to using the jails and prisons to manage this population, many of whom had been arrested for minor crimes (Sniffen, M. J. (Sept 6, 2006). Prisons Lacking Mental Health Treatment. Washington Post. Retrieved April 2, 2007 from www.washingtonpost.com/wp-dyn/content/article/2006/09/06/AR2006090601629.html).

7. Tobacco and Health

“At a time when all eyes are focused on health care reform, escalating medical costs and child obesity, cigarette smoking remains by far the most common cause of preventable death and disability in the United States.” (Schroeder S, Warner K. Perspective Don’t Forget Tobacco. N Engl J Med July 8, 2010)

The negative impact of tobacco use on health has been well described for many years. In spite of substantial efforts to educate the public regarding the dangers of tobacco, many citizens continue to smoke. Those who continue to smoke are largely those in the lowest socioeconomic groups and with the least education, the chronically and persistently mentally ill, and substance abusers (Data compiled by Cindy Thomas of Tobacco Free Allegheny).

According to the CDC, smoking rates are higher among people under age 65 with Medicaid insurance (31%) and those without any health insurance (32%) than among US adults overall (19%) (www.cdc.gov/nchs/data/series/sr_10/sr10_252.pdf). Thus, efforts to reduce tobacco use among these two populations could significantly reduce health care spending. States that have carefully monitored investments in tobacco cessation programs (California, Washington, and Massachusetts) have demonstrated a return on investment of between \$3 and \$50 for every \$1 invested in tobacco control (Does curbing tobacco use lower health care costs? Health Policy Snapshot: Public Health and Prevention. August 2012. Robert Wood Johnson Foundation. www.rwjf.org/healthpolicy).

Available BRFSS data for Allegheny County compare 2002 and 2009. For all adults the smoking rate dropped between 2002 and 2009 - from 26.1% to ~18%. The biggest decrease (~10%) was among individuals with some college education and among higher income earners. The decreases were smaller in the lower income levels and among those with less education. In 2009, adult men smoked at a slightly higher rate (18.2%) than women (17.6%). Those in the lowest education and income categories smoke at rates between 36-38% as compared to those in the highest level categories where the rate is less than 8%. Smoking rates for African Americans are 26.3%, for Whites are 17.2%, and for Asians are 6% (2009 Allegheny County BRFSS data analyzed by Christopher

Damiano and Sarah Felter). Nationally - Allegheny County does better than the national median, but is worse in the lowest SES and among African Americans.

8. Teen Smoking

The Pennsylvania Youth Tobacco Survey (done biennially in the even years) measures smoking/tobacco use behaviors, access, knowledge and attitudes, media influence, and secondhand smoke. The 2010 Survey Results were largely unchanged from 2008 and showed that:

- 3% of middle school students smoked cigarettes (unchanged from 2008).
- 19% of high school students smoked (also unchanged statistically since 2008).
- Roughly 2% of middle school and 8% of high school students used smokeless tobacco.

A fairly dramatic decline in usage of tobacco products was seen from 2002 to 2008 and a leveling off of the decline – at approximately the time when funding for prevention activities in schools declined and then ceased completely in October 2009.

9. Allegheny County Health Department

The Pennsylvania Department of Health provides direct health services to approximately 60% of the state's population. The Local Health Administration Law (Act 315) allows counties and municipalities to establish semi-autonomous health departments. The Board of Health has the authority to appoint the Director, advise the Director and exercise rulemaking with the concurrence of County Council. The responsibilities of the ACHD are divided between human health and environmental health.

A major value of having a vibrant local health department relates to the prevention, surveillance, and health promotion functions originating from the department. The surveillance of acute and chronic diseases is a critical municipal health function that is at the core of ensuring the health of the community.

A large component of the human health program focuses on infectious disease management – immunizations, surveillance and tuberculosis control, HIV/AIDS testing and surveillance, sexually transmitted disease monitoring and control, chronic disease prevention, injury prevention, childhood lead poisoning prevention, and dental program. Additional programs are the maternal and child health programs, the Women, Infants, and Children's program (nutritional support and breastfeeding promotion) and the child death review.

Pittsburgh Health Corps (Americorps) and the Allegheny County Correctional Health Services also fall within the health programs managed by the ACHD. Prison health – specifically at the Allegheny County Jail – is contracted out to a separate organization (Allegheny Correctional Health) in an attempt to limit the ACHD's involvement in direct clinical care as well as to limit the financial liability such services bring to the overall ACHD budget. The total ACHD budget is \$36 million + an additional \$12 million devoted to this subcontract.

10. Community Health Needs Assessments

Analysis is needed to determine areas of greatest morbidity and mortality for the County and to provide accurate surveillance of these conditions to drive policy and resource allocation. The Patient Protection and Affordable Care Act now requires hospitals to conduct a community health needs assessment every three years,

identify gaps in health, and then prescribe and implement interventions. The National Association of County and City Health Officials (National Association of County & City Health Officials (NACCHO)) survey also assessed implementation of community needs assessments and noted that sixty percent of respondents reported that a community health assessment had been completed in the last five years.

Preliminary results from the community health needs assessment being conducted by the Graduate School of Public Health on behalf of UPMC reveal the top causes of mortality in Allegheny County are consistent with those seen in the state and the nation – heart disease, cancer, stroke, and chronic lung disease. There are greater numbers of mothers on Medical Assistance, smoking mothers, and unmarried mothers in Allegheny County than is seen in the state or the nation. Infant mortality rates for African Americans in the County are more than three times that seen for whites and a greater disparity than is seen in the state.

Several committee members noted the distrust of the community towards outside groups coming in to assess community needs without also reporting the findings to or collaborating with the communities that have been studied. Rather, using community-based participatory evaluation methods to engage the community at the beginning of such processes promotes the engagement of the assets communities bring to such endeavors and respects the communities.

Recommendations

When considering policies that impact the health of the public, the approach must be balanced by what is most cost-effective. Preventive care that decreases costs is cost-saving (e.g., many childhood immunizations) (Cohen JT, Neumann PJ). The cost savings and cost-effectiveness of clinical preventive care. The Synthesis Project: New Insights from Research Results. Research Synthesis Report #18. September 2009. RWJ Foundation. www.policysynthesis.org. The interventions are cost-effective if the benefits are sufficiently large compared to the costs – even if they do not save money. Cost-saving measures may slow the growth of health care costs, but may not be large enough to outweigh other cost increases. Some cost savings may be sufficiently large to reverse health care cost growth. Furthermore, cost-effective preventive care measures that do not save money may still be worthwhile because confer of the health benefits that result.

The National Commission on Prevention Priorities (NCP) directed an update to a 2001 ranking of clinical preventive services using recommendations up to December 2004. The three highest ranking services were (1) discussing aspirin use with high risk adults, (2) immunizing children, and (3) tobacco use screening and brief intervention – the last two of which are better implemented when supported by public health initiatives (Maciosek MV, Coffield AB, Edwards NM, et al. Priorities among effective clinical preventive services: results of a systematic review and analysis. Am J Prev Med 2006;31(1):52-61).

Recommendations:

a. Allegheny County Health Department

(1) Partner with other health-related organizations in the region (eg health care organizations, health science education organizations, foundations with health priorities) to identify areas of importance and prioritize and distribute health related efforts among these interested organizations.

(2) Target and focus particular ACHD efforts and market these services to the public – e.g., surveillance and reporting of high risk conditions, health advocacy, etc.

(3) Monitor data collected through the community health needs assessments implemented by local hospitals and facilitate and coordinate plans for remediating identified needs.

(4) Emphasize the importance of prioritizing and resourcing the ACHD for data acquisition, analysis, public reporting, and advocacy of County health status indicators.

b. Health Promotion Efforts in the County

(1) Establish a Pittsburgh Promise-like fundraising program to help support county health initiatives based in neighborhoods and communities.

(2) Assess and develop a plan to address structural racism and its impact on community health – e.g., lack of clinical providers in neighborhoods such as dentists, uneven availability of pharmacy services, disparities in availability of primary care.

(3) Increase the availability of community exercise and recreational programs through partnerships with private organizations such as the YMCA, YWCA, and local educational institutions and expansion of services through the County-owned/managed resources – e.g., pools, parks, etc.

(4) Establish a community health advisory committee that meets every 2-3 months – similar to the Air Advisory Committee – to provide regular interchange between the community and the County Executive regarding important health-related issues.

(5) Identify resources and implement opportunities for improving oral health, nutrition (e.g. breastfeeding, obesity), and tobacco cessation.

c. Prevention Efforts in the County

(1) Establish and promote partnerships between community health workers and health care organizations to promote prevention and encourage primary health care assessments in community settings – already deployed in several community organizations.

(2) Link mental health services with primary care services in communities – co-locating both types of services to promote broad utilization without stigma.

(3) Enhance focus on injury monitoring and prevention through public service announcements and incentives for involvement by local health organizations, businesses, and community organizations.

(4) Increase awareness of bullying and interpersonal violence through public awareness campaigns and enlistment of partnerships with schools, law enforcement, health providers, and community organizations.

Members

Chip Babst (Co-Chair)
Babst Calland Clements & Zomnir, PC

Dr. Jeannette South-Paul (Co-Chair)
University of Pittsburgh & UPMC

Rashad Byrdsong
Community Empowerment Association

Jeff Cohen
Cohen & Associates

Dan Connolly

The Honorable Jay Costa
Senate of Pennsylvania

The Honorable Dan Deasy
PA House of Representatives

The Honorable John DeFazio
Allegheny County Council

The Honorable Tony DeLuca
PA House of Representatives

David French
L. Robert Kimball

Paul Gitnik
Keevican Weiss

Leon Haynes
Hosanna House

Elsie Hillman
Hillman Family Foundations

Chris Masciantonio
United States Steel Corporation

Peg McCormick-Barron
West Penn Allegheny Health System

Beth Mikus
SEIU 668

Rhonda Moore Johnson, MD
Highmark Blue Cross Blue Shield

Ruthann Omer
Gateway Engineers

Wilford Payne
Primary Care Health Services

The Honorable Jan Rea
Allegheny County Council

Heather Sage
PennFuture

Cindy Thomas
Tobacco Free Allegheny

Andrew Urbach, MD
Children's Hospital of Pittsburgh

Cheryl Walker
Manchester Youth Development Center

Factors Influencing Public Health

Factors influencing Public Health – fraction of mortality by age graph: [LHD = Local Health Department]

Variable	Percent of LHDs
LHDs providing Adult/Child Immunization Services	N=260
Adult Immunizations	94%
Child Immunizations	88%

LHDs providing Screening for Select Diseases/Conditions	N ranged from 248-259
HIV/AIDS Screening	67%
Other STDs Screening	62%
Tuberculosis Screening	77%
Cancer Screening	45%
Cardiovascular Screening	38%
Diabetes Screening	43%
High Blood Pressure Screening	68%
Blood Lead Screening	64%

LHDs Providing Treatment for Select Communicable Diseases	N ranged from 256 to 257
HIV/AIDS Treatment	23%
Other STDs Treatment	58%
Tuberculosis Treatment	67%

LHDs Providing Select MCH Services	N ranged from 247 to 258
Family Planning	50%
Prenatal Care	26%
Obstetrical Care	13%
WIC	39%
MCH Home Visits	54%
EPSDT	27%
Well Child Clinic	42%

LHDs Providing Select Other Services	N ranged from 248 to 254
Comprehensive Primary Care	5%
Home Healthcare	19%
Oral Health Services	25%
Behavioral/Mental Health Services	14%
Substance Abuse Services	14%

Variable	Percent of LHDs
LHDs Providing Select Epidemiology and Surveillance Activities	N ranged from 252 to 261
Communicable/Infectious Disease Surveillance	98%
Chronic Disease Surveillance	46%
Injury Surveillance	25%
Behavioral Risk Factors Surveillance	37%
Environmental Health Surveillance	88%
Syndromic Surveillance	60%
Maternal and Child Health Surveillance	58%

LHDs providing Select Population Based Primary Prevention Activities	N ranged from 247 to 257
Injury Prevention	41%
Unintended Pregnancy Prevention	42%
Chronic Disease Programs Prevention	62%
Nutrition Promotion	66%
Physical Activity Promotion	53%
Violence Prevention	26%
Tobacco Prevention	68%
Substance Abuse Prevention	34%
Mental Illness Prevention	15%

LHDs Providing Select Environmental Health Activities	N ranged from 249 to 258
Indoor Air Quality Activities	45%
Food Safety Education Activities	81%
Radiation control Activities	18%
Vector control Activities	65%
Land Use Planning Activities	24%
Groundwater Protection Activities	56%
Surface Water Protection activities	52%
Hazmat Response Activities	28%
Hazardous Waste Disposal Activities	16%
Pollution Prevention activities	37%
Air Pollution Control Activities	31%
Noise Pollution Control Activities	33%
Collection of Unused Pharmaceuticals Activities	10%

Variable	Percent of LHDs
LHDs Providing Select Regulation/Inspection and/or Licensing Activities	N ranged from 249 to 259
Mobile Homes Regulation	41%
Campground and RVs Regulation	62%
Solid Waste Disposal Sites Regulation	28%
Solid Waste Haulers Regulation	30%
Septic Systems Regulation	78%
Hotels/Motels Regulation	62%
Schools/Daycares Regulation	85%
Children's Camps Regulation	83%
Cosmetology Businesses Regulation	18%
Body Art Regulation	59%
Public Swimming Pools Regulation	89%
Tobacco Retailers Regulation	51%
Smoke-Free Ordinances Regulation	86%
Lead Inspection Regulation	66%
Food Processing Regulation	35%
Milk Processing Regulation	20%
Public Drinking Water Regulation	49%
Private Drinking Water Regulation	72%
Food Service Establishments Regulation	89%
Health-Related Facilities Regulation	45%
Housing Inspections Regulation	38%

LHDs Providing Select Other Public Health Activities	N ranged from 249 to 254
Emergency Medical Services	6%
Animal Control	29%
Occupational Safety and Health	29%
Veterinarian Public Health Activities	28%
Laboratory Services	24%
Outreach and Enrollment for Medical Insurance (including Medicaid)	41%
School-based Clinics	32%
School Health	30%
Asthma Prevention and/or Management	23%
Correctional Health	10%
Vital Records	53%
Medical Examiner's Office	9%