

ALLEGHENY COUNTY BOARD OF HEALTH

MINUTES

July 8, 2015

Present: Lee Harrison, MD, Chair  
Karen Hacker, MD, Secretary  
Edith Shapira, MD  
Kotayya Kondaveeti, MD  
Ellen Stewart, MD  
Anthony Ferraro (via phone)  
Caroline Mitchell  
Joylette Portlock, PhD  
Absent: William Youngblood, Vice Chair  
Donald Burke, MD

1. **Call to Order**

The meeting was held at the ACHD Administrative Office, 542 Fourth Avenue. Dr. Harrison called the meeting to order and announced that an executive session had been held to discuss personnel matters.

2. **Approval of Minutes from May 6, 2015**

Dr. Harrison asked if there were any comments on the minutes. There were none. Dr. Harrison then asked for a motion to approve the minutes.

**Action:** Dr. Portlock moved to approve the minutes, Dr. Shapira seconded the motion.

**Motion passed unanimously.**

3. **Public Comments on Agenda Items**

There were no public comments on agenda items.

4. **Old Business**

**A. Update on Standing Order for Naloxone**

Dr. Hacker stated since the last Board meeting, she had issued a standing order for pharmacies to be able to issue naloxone. Abby Wilson, Deputy Director of Public Policy and Community Relations, stated that the Health Department's role in reducing overdoses includes increasing epidemiological surveillance, providing technical assistance, convening stakeholders in crisis, and engaging partners in evidence-based strategies.

Dr. LuAnn Brink, Chief Epidemiologist, reported that hot spots in Allegheny County for overdoses are the city center and also the North Side. She reported that there were 151 fatal overdoses thus far in 2015, and that 94% of those overdose victims had an opioid in their system, most frequently heroin. Ms. Wilson stated that the situation is worse in Pennsylvania's neighboring states Ohio and West Virginia.

Ms. Wilson informed the Board that ACHD's immunization clinic will be dispensing naloxone. She also reported that six community pharmacies have dispensed six naloxone kits under Dr. Hacker's standing order. The community pharmacies are required to distribute an educational pamphlet when distributing naloxone under Dr. Hacker's standing order. Ms. Wilson stated that the affordability of naloxone remains an issue, as the price of naloxone has doubled since the end of 2014. Dr. Harrison asked what the price of naloxone was. Dr. Hacker reported that the cost was \$44 for a two-dose kit.

Dr. Hacker reported that she was invited to speak to Pittsburgh City Council, where she will be discussing this issue as well. She reported that the Department of Human Services is also very busy addressing this issue. She stated that ACHD must be in this for the long haul, as opioid overdoses had recently surpassed motor vehicle accidents as the leading accidental cause of death in the state. She reported that ACHD's naloxone strategy is an evidence based strategy, and that ACHD is hopeful to soon gain access to additional 911 data.

Dr. Kondaveeti expressed concerns about supplying naloxone every week and asked if ACHD will be distributing repeated doses of naloxone. Dr. Hacker stated that if it is purchased, it will absolutely be sold. She stated that ACHD is not paying for the naloxone, but is selling it from the clinic at cost, and that the purchasers' insurance company is paying for it. Dr. Kondaveeti expressed concern about continuing drug use. Dr. Hacker stated that this is a harm reduction strategy, to keep people from dying from overdoses. She stated that ACHD's colleagues at DHS are working on treatment strategies and acknowledged that this is a difficult issue.

Dr. Portlock asked what is being done with prevention. Dr. Hacker stated that there is a section of the Plan for a Healthier Allegheny dedicated to prevention. Dr. Hacker felt that more work needs to be done in schools. She stated that one of ACHD's challenges is limited data in this area. She reported that she was in discussion with schools regarding surveys, which could yield more data about drugs. Dr. Kondaveeti felt that educating school students about drugs was very important.

#### **B. Update on Community Health Assessment, Plan for a Healthier Allegheny, Strategic Plan, and community open houses**

Dr. Hacker reported that the Community Health Assessment was completed several months ago. The Assessment was over two hundred pages long and represented a compilation of data. The Plan for a Healthier Allegheny was the result of the work of ACHD's advisory coalition, comprised of over seventy members. The PHA has two major themes and five areas of

focus. She reported that ACHD has held three community meetings to present the PHA, with an additional meeting scheduled to be held. She stated that the PHA is a living document, and that ACHD plans to continue coalition workgroup meetings and annual public reporting.

Dr. Hacker reported that the Strategic Plan identified major areas of necessary internal work for ACHD. Some of the necessary work includes infrastructure development, to encompass management, future workforce development, technological savviness, and policy work. Dr. Hacker intends ACHD to be a policy work leader within the state. Community engagement was another area identified in the Strategic Plan. Dr. Hacker reported that this work has already begun, with the series of community meetings that ACHD has held, the Air Advisory Board, the reinvigorated Plumbing Advisory Board and communication strategies. Dr. Hacker presented these to the Board for their endorsements.

**Action:** Dr. Stewart moved that the Board of the ACHD endorses the Strategic Plan, the Community Health Assessment, and the Plan for a Healthier Allegheny as written, and supports the initiatives described in the documents. Dr. Kondaveeti seconded the motion.

**Motion passed unanimously.**

Dr. Hacker thanked the Board and ACHD's community partners for their support.

#### **C. Update on grants received and Allegheny County Health Survey progress**

Dr. Hacker reported that many of the grants ACHD has received addressed chronic diseases issues that had been under-resourced. She reported that the Richard King Mellon Foundation awarded a large grant to help address food deserts and to assist communities with designing active transportation. The Jefferson Foundation also awarded a grant to help enable ACHD to focus efforts on communities in the Mon Valley. She also stated that ACHD put in a grant to the Jewish Healthcare Foundation for youth development work. Dr. Harrison stated that these updates were fabulous.

#### **D. Update on Live Well**

Dr. Hacker stated that there are eleven current Live Well communities, with four communities in the process of attaining Live Well status. Two schools are currently Live Well schools, with three considering action. ACHD is in the process of preparing Live Well Workplace criteria, and is conducting preliminary discussions regarding Live Well restaurants.

Dr. Hacker reported that ACHD is working with a PR firm on branding and graphics for Live Well. This work is funded by a grant previously received from the Hillman Foundation. Hannah Hardy, Chronic Disease Prevention Program Manager, presented the Board with several examples of posters and other printed materials that have been developed.

Dr. Hacker recognized the need for ACHD to be good role models. She pointed out to the Board that ACHD's Administrative Office at 542 Fourth Avenue now had recycling bins and that ACHD also had an employee Wellness Committee. Dr. Portlock asked if a bike rack was installed at the building, Dr. Hacker said there was one in the rear of the building.

Dr. Portlock then asked if there was any ongoing communication once a community had achieved Live Well designation. Ms. Hardy stated that there was a regular newsletter and also plans to develop a learning collaborative amongst the Live Well members.

Dr. Harrison asked for a sense of restaurants' interest in the proposed Live Well Restaurant initiative. Dr. Hacker stated that discussions with restaurants had just begun.

**E. Update on Clean Air Fund Request for promotional and educational campaign on wood-burning health issues**

Jayne Graham, Air Quality Program Manager, provided an update about this promotional and educational campaign, which the Board had approved in May 2015. She reported that she has been working with Ms. Wilson and with Melissa Wade, ACHD's Public Health Information Officer. She stated that Ms. Wilson has conducted a community focus group.

Ms. Graham's plan for the campaign is to conduct low cost actions, such as brochures, during the fall of 2015. A consultant will then be hired to assist with identifying proper messaging and potentially assisting with making videos. Larger actions will then be conducted in the spring of 2016. Ms. Graham plans to use surveys to measure indicators before and after employing the consultant in order to measure the difference that the consultant provided.

Dr. Harrison asked if there were any questions. There were none.

**5. New Business**

**B. Housing Program Report Discussion**

Dave Namey, Housing and Community Environment Program Chief, provided the Board with an overview presentation of the Housing Program. The program is located in the Strip District, has thirty staff and one vacant position. The program's mission is to ensure a safe, healthy, and sanitary environment. The four major components of the program, per Mr. Namey, are planned program inspections, complaint-based inspections, vector control, and healthy homes.

Examples of facilities that the Program conducts planned inspections of include boarding houses, rooming houses, hotels, motels, schools, nursing homes, pools, spas, and indoor ice rinks. Two areas of complaint-based inspections are community environment complaints and housing complaints. Community environment complaints include high weeds, dog waste, water containers, and vacant structures. Housing complaints include landlord-tenant issues, lack of heat or water, sewage issues, and leaking roofs.

Mr. Namey reported that the Program conducts 6,000 inspections per year, 2,500 of which are planned, and 3,500 of which are complaint-based.

The Program works with local governments and residents to control vectors. The program issued over two hundred posters about Lyme disease to local municipalities. The program also trains 120 staff members from 75 municipalities and provides rat bait and pesticides. The program also sprays pesticides and engages mosquito traps.

The Lead & Healthy Homes program aims to reduce hospitalizations, injuries, illnesses, and deaths from preventable home safety risks. This is a voluntary program, open to those who are at 300% and below of the Federal poverty level. Homes are assessed for residents to assist with identifying hazards and safety materials such as smoke detectors, carbon dioxide detectors, and fire extinguishers are given to the resident. The program also conducts inspections for the homes of children under the age of six who have elevated blood levels.

Mr. Namey then presented his program's draft enforcement report to the Board and solicited feedback. Dr. Portlock suggested including the status of penalty collections in the report, and also including examples of what received complaints were about.

*At this time, Dr. Kondavetti excused himself and left the meeting.*

## **A. Air Quality**

### **1. Clean Air Fund Requests**

#### **a. \$337,600 – Northgate Asthma Initiative**

Ms. Graham presented the Board with a request for \$337,600 to concentrate the Healthy Homes program on children in the Northgate School District. This continues the Air Quality Program's focus on those in the Neville Island area. The Northgate School District has an elevated number of asthmatic children, and the goal of this request is to improve the air that those children are exposed to, by limiting the exposure of asthmatic children to asthma triggers.

Dr. Portlock asked if the problem was indoor air quality or outdoor air quality. Ms. Graham stated that the efforts of this program to improve indoor air quality are not instead of working to increase outdoor air quality. Dr. Hacker stated that there is no question that outdoor air quality contributes to asthma, but dust mites are one of the worst asthma triggers. She stated that by people following asthma action plans, emergency department visits decrease. She further stated that ACHD wants to do things at multiple levels and that she has a child with asthma herself.

Mr. Namey stated that families will be surveyed upon the initial visit to the household and will be re-surveyed approximately a year later in a follow-up visit. Dr. Harrison asked if there was involvement from the Epidemiology Bureau. Ms. Graham

stated that an epidemiologist was involved with developing the survey for ACHD. Dr. Hacker stated there are likely to be existing surveys as HUD was very involved with projects like this.

**Action:** Dr. Stewart moved to authorize funding from the Clean Air Fund to support the Northgate Asthma Initiative with \$337,600. Dr. Shapira seconded the motion.

**Motion passed unanimously.**

### **C. New vaccine recommendations from CDC's Advisory Committee on Immunization Practices**

Dr. Harrison provided the Board with information on recommendations from the CDC's Advisory Committee on Immunization Practices June 2015 meeting. There are two new group B meningococcal vaccines, both licensed for persons 10-25 years old. This is important because group B strains are a major cause of meningococcal disease in the U.S. and other available meningococcal vaccines cover group A, C, W, and Y strains (and are recommended routinely for all adolescents, also known as a category A recommendation), but not group B strains. For the new group B vaccines, ACIP made a category B recommendation for persons 16-23 years old (with a preference for persons 16-18 years old), meaning that whether the vaccine is given is left up to "clinical decision making". Importantly, category B vaccines are covered by the federal Vaccines for Children program and generally covered by insurance companies.

For a number of years, a 4-valent HPV vaccine has been recommended for all boys and girls. The 4-valent vaccine covers 70% of cancer causing types of HPV. A new 9-valent vaccine has recently been licensed, which covers an additional 18% of cancer causing types of HPV. ACIP recently recommended that the 9-valent HPV vaccine be incorporated into the routine adolescent immunization schedule for those who had not previously received HPV vaccine. In a subsequent meeting, ACIP will decide what to recommend for the new 9-valent vaccine for adolescents who had previously been immunized with HPV vaccine.

Dr. Hacker stated that this is the only licensed vaccine that can prevent cancer.

#### **6. Director's Report**

Dr. Hacker had nothing additional to report.

#### **7. Announcements**

There were no announcements.

#### **8. Public Comments on Non-Agenda Items**

There were no public comments on non-agenda items.

#### **9. Adjournment**

Dr. Shapira moved to adjourn the meeting, and Dr. Portlock seconded the motion.