

ALLEGHENY COUNTY BOARD OF HEALTH

MINUTES

May 3, 2017

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

Absent: none

1. **Call to Order**

The meeting was held at ACHD's office at 542 Fourth Avenue, Pittsburgh.  
Dr. Harrison called the meeting to order. Dr. Harrison announced that an executive session was held to discuss personnel matters.

2. **Approval of Minutes from March 1, 2017**

Dr. Harrison asked if there were any questions or comments about the minutes. There were none.

**Action:** Dr. Shapira moved to approve the minutes, Dr. Stewart seconded the motion.  
**Motion passed unanimously.**

3. **Public Comments on Agenda Items**

**A. Kristi Wees, re: Universal Blood Lead Testing Regulation**

Ms. Wees stated that she was an Allegheny County resident, a patient advocate, and a concerned mother. She urged the Board to undertake primary prevention of childhood lead toxicity rather than mandated testing.

**B. Ericka Fricke – Allies for Children, re: Universal Blood Lead Testing Regulation**

Ms. Fricke stated that exposure to lead remains a serious issue due to the risk from old housing stock and industry. She stated that she is grateful this regulation is being proposed.

**C. Amy Rafferty, re: Universal Blood Lead Testing Regulation**

Ms. Rafferty stated that she lived in Allegheny County. She stated that lead was a serious neurotoxin; and that although testing is a good thing, she had reservations about mandating testing. She urged the Board to focus on educating parents and pediatricians about lead testing.

At this time, Dr. Harrison acknowledged the presence of Allegheny County Councilmembers Kirk, Means, and Klein.

**D. Jennifer Magill, re: Universal Blood Lead Testing Regulation**

Ms. Magill stated she was an Allegheny County resident. She did not support the proposed regulation. She stated that the key should be to prevent exposure or remediate the source of exposure.

**E. Floyd Dennis Jones, re: Universal Blood Lead Testing Regulation**

Mr. Jones stated that his niece and nephew were diagnosed with lead poisoning. He stated that he strongly supports universal testing.

**F. Marcus Poindexter, re: Universal Blood Lead Testing Regulation**

Mr. Poindexter was not present to offer his comments.

**G. Dr. Trina Peduzzi, re: Universal Blood Lead Testing Regulation**

Dr. Peduzzi stated that she was a pediatric physician. She supported the regulation, as she said that talking with families is not enough.

4. **Old Business**

**A. Universal Blood Lead Testing Regulation**

Dr. Hacker reminded the Board that an extensive public comment period had been held regarding the Universal Blood Lead Testing Regulation.

She stated that we do have lead in our County, originating from multiple sources such as paint, soil, pipes, toys, and jewelry. She stated that there is no safe blood lead level. There are large portions of Allegheny County where children are not being tested for lead exposure. Testing is not a sole intervention, but a component of a multi-pronged approach.

Dr. Hacker stated that the rationale for the regulation included existing low screening levels, the need to identify children early and follow trends, the high percentage of Allegheny County's housing stock that was built before 1950, and that this was also an opportunity for education.

During the public comment period, 32 comments were received in support of the regulation compared to 4 comments that were received against the regulation.

The regulation calls for an initial test at 9-12 months, with a subsequent test conducted at 24 months. This timeline is in accordance with CDC recommendations. The regulation allows for venous, or capillary, tests to be conducted and there is also an exemption for religious or moral objections. School nurses will be required to report the test in a yes/no fashion on records that are already collected from them. The regulation would become effective on January 1, 2018.

Dr. Hacker stated that ACHD is looking into educational materials and is working with the pediatric community. She also said that blood lead testing is covered by both public and private insurers, and that there is a pending grant for ACHD to be able to conduct testing for those without insurance. ACHD's Housing & Community Environment program currently conducts testing for children with a blood lead level of 10 µg/dL, with a plan to begin outreach and education for children with blood lead levels between 5-9 µg/dL.

If passed by the Board of Health, the regulation will be sent to Allegheny County Council. ACHD will then refine its monitoring activities, prepare internally to begin testing, develop educational materials for families and providers, and work with Allegheny County Economic Development to assist residents with access to lead remediation.

*At this time, Mr. Ferraro joined the meeting via phone.*

Dr. Kondaveeti asked about investigating the water supply for lead. Dr. Hacker stated that an arm of the Department of Environmental Protection has a consent order with the Pittsburgh Water and Sewer Authority, and that they're engaged in doing a variety of things. Mayor Peduto was also distributing free water filters to residents. If residents are concerned, free water lead testing is available through the water system that serves their home.

Dr. Burke commented that the exemptions were generous. Dr. Hacker stated that ACHD used the same language for exemptions as the state uses for its immunization regulations.

**Action:** Mr. Youngblood moved to approve the Universal Blood Testing Regulation. Dr. Kondaveeti seconded the motion.

**Motion passed unanimously.**

## **B. Request for Public Comment Period: Article XI: Hearings and Appeals**

Michael Parker, ACHD's Solicitor, stated that he was asking the Board to approve a second round of public comments regarding revisions to ACHD's Article XI: Hearings and Appeals. Mr. Parker reminded the Board that they voted to approve revisions to the Article in January 2017. While the revisions were going through County Council's ratification process, additional public comments were received. ACHD viewed these comments, which were critical, as

constructive and revised the Article. Mr. Parker was asking for a second round of public comments in the interests of transparency and good policy.

**Action:** Dr. Stewart moved to approve the public comment period for Article XI. Dr. Portlock seconded the motion.

**Motion passed unanimously.**

### **C. Update on SO<sub>2</sub> Plan**

Jim Kelly, ACHD Deputy Director of Environmental Health, reminded the Board that a public comment period was open regarding the SO<sub>2</sub> plan. He stated that ACHD has received many comments, including from the EPA. Although ACHD was operating on a constricted timeframe, Mr. Kelly stated that ACHD was still within the expected timeframe to complete the Plan to avoid sanctions.

### **D. Allegheny County Health Survey Presentation**

Dr. Hacker informed the Board that the Allegheny County Health Survey (ACHS) was completed in 2002 with a sample size of 5,000; was conducted again in 2009-2010; and again in 2016. In 2016, the survey's sample size was 9,000 and the methodology was also changed to use cell phones for the first time. The introduction of the use of cell phones created the expectation that the respondents would be slightly younger. New questions were also included in the 2016 survey, to include asking about the use of e-cigarettes, drug use, the misuse of prescription drugs (including pain killers), HPV vaccination, the perceived risk of fracking, and intimate partner violence.

Dr. Hacker informed the Board of significant changes between the 2016 and the 2010 survey. Significant improvements included a 4% increase in colon cancer screening, a 4% decrease in uninsured, and a 4% decrease in smoking. However, significant challenges included a 5% increase in those reporting not good physical health, a 4% increase in those reporting not good mental health, and a 5% increase in those who felt worried or stressed about having money to pay their rent or mortgage. Regarding mental health, there were significant disparities for those who reported not having good mental health. The disparity between blacks and whites increased from 3% to 6%, and the disparity between males and females increased from 7% to 11%. Dr. Hacker stated that this will be looked into more.

Chronic conditions remained relatively stable. There were no changes in the prevalence of hypertension, diabetes, or asthma. There was a slight increase in the percentage of overweight adults.

Regarding drugs, 3% reported having used heroin at least once. Regarding prescription pain killers, 9% reported having misused them at least once.

Dr. Hacker informed the Board of some of the limitations of the survey. The limitations included that the information was collected from self-reporting, that only Allegheny County residents with landlines or cell phones were included in the sample, that data were potentially underreported or over reported, and that the survey was not conducted in Spanish or in other languages.

Important points of the survey are that many chronic conditions have remained stable among adults; a significantly higher percentage of adults are insured; the smoking rate is significantly lower; health disparities for hypertension, diabetes, and preventive care are improving, while disparities for mental health and financial distress are worsening; and that district level analysis allows for targeting interventions. Dr. Hacker stated that community meetings will be held this summer to disseminate this information.

Dr. Kondaveeti said that this was good work. Dr. Portlock stated that she was looking forward to seeing more analysis of the data. Dr. Burke stated that this survey was done at Pitt's Graduate School of Public Health. Dr. Hacker stated she very much appreciates them and they did an excellent job.

#### **E. Update on Live Well**

Dr. Hacker stated that over 40 communities have joined Live Well, and that Pitt had joined as an employer.

### **5. New Business**

#### **A. Overview of Prevention Point Pittsburgh's Annual Report**

Aaron Arnold, the Executive Director of Prevention Point Pittsburgh, gave a presentation to the Board about his organization's annual report. Mr. Arnold stated that Prevention Point has had a busy year.

Mr. Arnold said that in regards to the context for Prevention Point's harm reduction, overdose is the leading cause of accidental death. Hepatitis C infections in the Appalachia region increased over 350% from 2006 to 2013. Heroin use, in the past year, increased 150% between 2007 and 2013. There were also rapidly changing trends in opiate availability, with prescriptions decreasing and illegal opioids increasing. There has also been a rise in fentanyl and other synthetic opioids.

Mr. Arnold stated that the primary purpose of syringe exchanges in the US is to decrease the transmission of HIV, Hepatitis C, and other blood-borne infections. Overdose prevention was rapidly becoming another key activity. In 2013, there were over 200 syringe exchange programs officially operating in the US, and an unknown number of informal programs. Though currently not banned under Federal law, Pennsylvania's paraphernalia law makes it illegal to possess or distribute syringes for any reason. Mr. Arnold reported that the Syringe Access Network of Pennsylvania (SANPA) was currently working to change that law. Mr. Arnold stated that HIV

infections among injection drug users reduced an average of 50% when syringe exchanges were properly implemented.

Mr. Arnold stated that Prevention Point's services were provided free of charge. Services provided include syringe access, overdose prevention and naloxone distribution, case management and referrals, risk reduction counseling, wound care, medical waste disposal, and testing for HIV, Hepatitis C, Gonorrhea, and Chlamydia.

Mr. Arnold stated that Prevention Point distributed an average of 7,805 syringes per week in 2017. Dr. Harrison asked Mr. Arnold how he accounted for a doubling of syringes distributed from 2012 to 2017. Mr. Arnold replied that Prevention Point was serving more people. Dr. Harrison asked if this was due to an increase in demand, or due to the expansion of Prevention Point's sites. Mr. Arnold replied that it was due to both. He did report that Prevention Point was seeing an increase in demand, and that Prevention Point was encouraging its clients to get as many syringes as they need for themselves and for others.

Mr. Arnold stated that in regards to Prevention Point's overdose prevention services, over 3,000 doses of naloxone were distributed in 2016. Reversals of overdoses increased from 231 in 2015 to 450 in 2016. He further stated that additional harm reduction interventions are immediately needed. Per the Medical Examiner, there were 613 overdose fatalities in 2016. Mr. Arnold stated that current hotspots were in the South Hills, the southern hilltop neighborhoods, and the North Side. His organization was looking into these communities as priorities.

Mr. Arnold thanked the Board for their support of Prevention Point Pittsburgh, and Dr. Harrison thanked Mr. Arnold for his presentation.

Dr. Hacker stated that ACHD received additional funding to purchase naloxone for Prevention Point.

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

Dr. Harrison asked about the sources of Prevention Point's funding. Mr. Arnold stated that approximately one-third came from public sources, one-third from foundations, and one-third from private donors. Dr. Burke asked if Mr. Arnold had a sense of where users lived, and the size of the injecting community in Allegheny County. Mr. Arnold stated that 12,000 people in the Pittsburgh MSA use injectable drugs, but that the true figure was probably three or four times that. He said that the majority of Prevention Point's clients lived within Allegheny County, with 55% living in the City of Pittsburgh, but that some clients did come from West Virginia, Ohio, and Erie. Dr. Portlock asked about Prevention Point's approach to treatment. Mr. Arnold stated that it was at-will with low barriers. All clients are asked if they're interested in getting into treatment, among those interested the majority is interested in MAT programs.

**B. Environmental Health Fund Request: NSF International Prevention of Disease and Injury Associated with Building Water Systems training course**

Mr. Kelly stated that this EHF request was for \$9,500 for a two-day training, to be conducted locally for 25 people and regarded hospital water system treatments.

*At this time, it was noticed that Mr. Ferraro had lost his telephone connection to the meeting.*

**Action:** Mr. Youngblood moved to approve the Environmental Health Fund request for NSF International's training course. Dr. Shapira seconded the motion.

**Motion passed unanimously.**

**C. Clean Air Fund Request: Asbestos and Enforcement Equipment for Air Quality Program**

Mr. Kelly stated that this request is for \$120,000 for software to assist in tracking all aspects of asbestos renovation and demolition activities and stationary source enforcement. This is to replace a series of spreadsheets and software that was designed more than 20 years ago. This software will also allow members of the public, and contractors, to anonymously submit tips online.

Mr. Youngblood asked if asbestos-related credentials were able to be tracked. Mr. Kelly stated that they were. Mr. Kelly also informed the Board that this request was approved by the Advisory Committee. Dr. Burked asked if the program generates revenue. Mr. Kelly said it did, through fees and penalties.

**Action:** Mr. Youngblood moved to approve the Clean Air Fund request for the asbestos and enforcement equipment. Dr. Burke seconded the motion.

**Motion passed unanimously.**

**D. Clean Air Fund Request: Pittsburgh Regional Clean Cities Demonstration Project**

Mr. Kelly stated that this request is for \$50,000 to convert a tugboat to natural gas engines. This request is from the Pittsburgh Region Clean Cities to augment a \$731,000 grant that they received for this project. Mr. Kelly said that success of this project may lead to large emissions reductions.

*At this time, Mr. Ferraro re-established his telephone connection to the meeting.*

Mr. Youngblood asked if these were matching funds. Mr. Kelly said that they were. Dr. Stewart asked if this was for one boat, and who owned it. Alaina Conner, of ACHD's Air Quality program, stated that it was privately owned by Gulf Materials. Dr. Portlock asked whose project this was. Mr. Kelly replied that it was a Pittsburgh Regional Clean Cities (PRCC) project. Dr. Harrison asked when the Board would get a report back. Ms. Conner stated that this was a year-

long project. Mr. Kelly stated that tugboats were the last bastion of diesel emissions. Ms. Mitchell stated that this was an important project, and could be a gateway.

**Action:** Mr. Youngblood moved to approve the Clean Air Fund request for the Pittsburgh Regional Clean Cities demonstration project. Dr. Shapira seconded the motion.

**Motion passed unanimously. Dr. Portlock abstained from voting on the motion.**

6. **Director's Report**

Dr. Hacker informed the Board that the State has updated its immunization requirements. She said that ACHD will have to its requirements, and that ACHD will be working on this.

7. **Announcements**

There were no announcements.

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

**A. Brenda Smith – Nine Mile Run Watershed Association, re: Revisions to Plumbing Code**

Ms. Smith, of the Nine Mile Run Watershed Association expressed concern about potential revisions to the plumbing code regarding non-potable water systems. She stated that the revisions shouldn't make things more expensive or difficult for homeowners. She urged the Board to consider convening a working group to examine the effects of the proposed regulation on rain barrels.

**B. Ms. Barbara Pace, re: Shenango**

Ms. Pace stated that Allegheny County Clean Air Now's (ACCAN) members who usually speak at Board of Health meetings, Mr. Popovich and Mr. Taranto, were in Boston giving DTE's Board a copy of a publication titled "Living Downwind: Personal Stories of Those Harmed by Air Pollution from Neville Island". Ms. Pace distributed copies of this publication to Board of Health members. She stated that the closing of Shenango is not the end of ACCAN's endeavors, and stated that ACCAN has concerns about the effects on Allegheny County from a new cracker plant in Beaver County.

**C. Greg Kochanski, re: DTE Shenango and Calgon Carbon**

Mr. Kochanski stated that air quality in Allegheny County is better than it was, but that there is still room for improvement. He urged the Board not to forget that EPA standards are a compromise between business profits and health, and that a lot of health is being left on the table.

**D. Adam Tuznik – Clean Water Action, re: Air Quality in Clairton**

Mr. Tuznik, of Clean Water Action, stated that it has been one year since a consent decree with Clairton Coke Works was signed. He requested a progress report from ACHD on that issue. He reminded the Board that they are responsible for the health of all children in Allegheny County, and urged that they act to immediately decrease air pollution in the Mon Valley.

**E. Annie Regan, re: World Asthma Day & American Lung Association State of the Air Report**

Ms. Regan was not present to verbally offer her comments. Copies of her written comments were distributed to the Board.

Dr. Portlock requested that attachments be e-mailed to the Board members in a timely fashion, to the extent possible.

9. **Adjournment**

Mr. Youngblood moved to adjourn the meeting, Dr. Shapira seconded the adjournment.