

ALLEGHENY COUNTY BOARD OF HEALTH

MINUTES

September 12, 2018

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

1. **Call to Order**

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

2. **Approval of Minutes from July 18, 2018**

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

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

Dr. Harrison thanked Allegheny County Councilmember Means for attending.

3. **Public Comments on Agenda Items**

A. Kathleen Tenchara, re: Lyme disease

Ms. Tenchara thanked Dr. Hacker, Dr. Brink, and Dr. Mertz for their quick response to her concerns about Lyme disease. She expressed great appreciation for ACHD's quick attention to the matter of tick awareness in schools, and she hoped to spread awareness to the Park system.

4. **Old Business**

A. Environmental Health Programs Enforcement Update

Jim Kelly, ACHD Deputy Director for Environmental Health, provided an update to the Board on his bureau's enforcement actions. He stated that Water Pollution Control has 5 open enforcement cases, and that Solid Waste has 7 open cases. He noted that the ALCOSAN consent

order involves the DEP, EPA, and the Department of Justice. The order is very complicated and does include green infrastructure. Mr. Kelly was hopeful that this issue is coming to a resolution.

The Food Program had 2,090 year to date complaints, has issued 8 consumer alerts since the Board's last meeting, and has issued 27 year to date closures and permit suspensions. Plumbing had 103 year to date complaints. Housing and Community Environment had 2,625 year to date complaints.

The Air Program had 7,386 year to date complaints, 861 of which were submitted via phone or online. The remaining 6,525 complaints were submitted via the SmellPgh app. Mr. Kelly provided an overview of the Air Program's open enforcement actions. Such enforcement actions include a \$1.4 million dollar fine of the old Westinghouse facility, the fine is under appeal; the case of US Steel's Edgar Thomson Works is in court, and has been sent by the EPA to the Department of Justice; a \$1 million fine against US Steel's Clairton Works, the compliance plan is under review; a \$289,000 fine against all of US Steel's plants regarding asbestos, which is under appeal; a facility in McKees Rocks that is currently under analysis, to determine if the particles are of an inhalable size; a smoldering coal fire underneath Pittsburgh Glass Works, this is a difficult enforcement case and ACHD is working with the DEP on this case; and the impact of lime in Natrona and Brackenridge due to the Harsco company, ACHD is working with the company regarding procedures and technology.

Dr. Harrison thanked Mr. Kelly for his presentation.

B. Update on Live Well Allegheny

Dr. Hacker reported that 60 municipalities have joined Live Well, the latest of which is Upper St Clair. Additionally, 14 school districts, 167 community partners, 46 restaurants, and 24 workplaces are members. The second annual Live Well report has been released. The fourth annual Smoking Cessation Week is set for the second week of November. Live Well has received a grant to develop a strategy to reduce childhood obesity rates in Allegheny County. Dr. Hacker was also hopeful that Live Well would receive a CDC grant. Dr. Hacker ended her update by congratulating Etna and Millvale for passing complete streets policies.

5. New Business

A. Lyme Disease Presentation

Dr. Kristen Mertz, an ACHD epidemiologist, gave a presentation to the Board about Lyme Disease. Lyme is caused by the bacterium *Borrelia burgdorferi* and is transmitted by the blacklegged tick (*Ixodes scapularis*) attached for more than 24 hours. Early symptoms include erythema migrans rash, flu-like illnesses, and swollen lymph nodes. Dr. Mertz noted that not everyone experiences the early symptoms. Late symptoms include arthritis, neurologic, and cardiac symptoms.

She reported that the number of cases of Lyme has increased dramatically over the last 15-20 years. The disease has been spreading from the northeast of the United States, to the south and to the west. Allegheny County has experienced a dramatic increase. From 2008-2013, fewer than 35 cases per year were confirmed in the County. In 2014, 822 cases in the County were classified as confirmed or probable. The cases occur across the County and incidence is highest among the young and the elderly.

A statewide study conducted in Pennsylvania from 2012 to 2014 found infected blacklegged ticks in every county in the state. The prevalence of *B. burgdorferi* ranged from 37% to 61% by region. The percentage in the Southwest Region was 39%. A study of Pittsburgh's city parks, conducted from 2015 to 2016, found the prevalence of *B. burgdorferi* in ticks was 54%.

Dr. Mertz stated that ways to prevent Lyme included avoiding tick-infested areas, dressing appropriately, using repellent, checking for ticks, showering after coming inside, removing ticks, and watching for symptoms and seeking care. ACHD's Lyme education efforts include outreach to municipal workers, students, the public, and school staff and parents.

Dr. Andrew Nowalk, of UPMC Children's Hospital, shared Lyme data with the Board. He stated that in 2010, there were 100 cases of Lyme at Children's. In 2017, there were 900 cases. The projection for 2018 is 1,000 cases. The month with the highest number of cases is July, but there are diagnoses year-round. Dr. Nowalk stated that the rash is the most common symptom but noted that children have also been treated who exhibited neurological and arthritic symptoms.

Dr. Kondaveeti asked what the false positive rate was. Dr. Nowalk stated that the false positive rate is low but noted there is difficulty with false negatives. Mr. Ferraro asked if it is possible to pinpoint certain spots that are more susceptible to Lyme. Dr. Mertz stated that it is not. Dr. Burke expressed surprise that Lyme was prevalent throughout the urban area and asked where tick contact occurred. Dr. Mertz stated that ACHD doesn't get that data and noted that many people don't know where they got bit. Dr. Portlock stated that this is a result of climate change, and its impact of warmer winters and more summer precipitation.

B. Lyme Disease Resolution

Dr. Hacker presented a resolution calling for education about Lyme by schools and childcare. Dr. Hacker noted that this resolution is a statement of concern and is not legally binding.

Action: Mr. Ferraro moved to approve the Lyme Disease Resolution, Dr. Shapira seconded the motion.

Motion passed unanimously.

C. Men's Health Report

Dr. Rod Harris, ACHD Deputy Director for Community Health, gave a presentation to the Board regarding an overview of ACHD's Men's Health Community Conversations. The purpose of the conversations was to involve male residents from various areas in the County in discussions about health, and social conditions that influence health behaviors. The conversations were held between October 2017, and January 2018. A total of 52 men participated, and there were conversations for specific sub-populations of men which included gay and bisexual men, veterans, the formerly incarcerated, and men of color.

Health needs and challenges identified by the conversations included targeted mental health services, targeted programs to increase access to healthcare services, more educational and employment programs, and health services that are tailored to men. The causes of these needs and challenges include health literacy, attitudes regarding masculinity, social isolation, provider diversity, workplace constraints, lack of positive social spaces, siloed health services, the cost of care, and the prison industrial complex. The conversations also identified resources that were needed. They included using technology to increase education and outreach to men, improving access, more sensitivity to the unique needs of GBT men and formerly incarcerated men, the need for more community conversations among men, and addressing the social determinants of health through policy development.

Dr. Harris stated that the next steps include sharing the findings with PHA Working Group partners, using the findings to inform ACHD's upcoming strategic plan, and using this methodology as a future model to engage other special populations.

Dr. Portlock asked about the strategy for building out the network regarding this issue. Dr. Harris stated that this was phase one. There is a search for funding for a Men's Health Summit. Dr. Burke asked about the topics of substance use and drug use during the conversations. Dr. Harris stated that they didn't come up often. He stated that the topic of suffering came up more often, in terms of stress, depression, and anxiety. Dr. Portlock asked if ACHD was connected with DHS on this issue. Dr. Hacker stated that ACHD works with DHS on other issues, including the jail. Dr. Harris stated that the conversation with the formerly incarcerated was held at DHS and stated that Taili Thompson is connecting with DHS regarding warm hand-offs. Mr. Ferraro asked if there is anything to do with providers on this topic. Dr. Harris stated there would be a need to explore that topic and noted that there is an opportunity to have a conversation about it.

D. Lead Report

Dr. Hacker informed the Board that ACHD has released its first annual lead report. She reminded the Board that lead is a known neurotoxin, and that there is no safe level of lead exposure. She also noted that multiple sources contribute to lead exposure. The primary source

of lead exposure is paint chips and dust. Lead exposure is also possible through the soil, pipes, toys, and jewelry.

The findings of the report indicated that lead levels in children are going down overall, and that the number of children with blood lead levels of 5µg/dL, or above, are decreasing. Many more children are now being tested for lead exposure, and the number of unconfirmed capillary tests is decreasing. Dr. Hacker reminded the Board that universal lead testing went into effect in January, and that children are tested at the ages of 9-12 months, and again at approximately 24 months. A 'catch up' period exists, of up to 72 months, or kindergarten entry. Exemptions exist for both medical and religious/moral reasons.

Dr. Hacker noted that Allegheny County is on track to have 23,000 children tested for lead exposure in 2018. The percentage of tested children in Allegheny County with confirmed blood levels greater than, or equal to, 5µg/dL has fallen from 6.1% in 2010 to 1.9% in 2018. Areas with concentrations of children with confirmed blood levels greater than, or equal to, 5µg/dL include the Mon Valley, the North Side, and river communities. A correlation exists between these areas, and areas of poverty.

She stated that there is still a non-response rate regarding home inspections of children with confirmed blood levels greater than, or equal to, 5µg/dL. There is also a high refusal rate, potentially due to a distrust of allowing the government into homes. Dr. Hacker noted that ACHD is working with community organizations to figure out the best way to gain access into homes.

Dr. Hacker also noted that five water systems since 2001 have exceeded the Lead and Copper Rule and stated that both the Reserve and the Pittsburgh Water and Sewer Authority are currently under action requirements.

Dr. Hacker stated that ACHD's approach to lead includes surveillance, prevention, education, and intervention. ACHD engages in surveillance by monitoring children's elevated blood lead levels and by linking data from birth certificates to the PA NEDSS system over time, ACHD can examine exposure over time and identify community patterns. ACHD engages in prevention and education by launching its 'Get Ahead of Lead' campaign last year, contracting with ten community organizations to extend education into high risk communities, offering the Safe and Health Homes Program, and by introducing new plumbing regulations. ACHD engages in intervention through the requirement of universal lead testing, offering free home inspections for children under six years of age with a confirmed blood level of 5µg/dL and above, and ACHD also offers free lead testing for the uninsured or underinsured at its Immunization clinic site and its McKeesport WIC sites.

Dr. Harrison asked about primary prevention efforts. Dr. Hacker replied that ACHD is conducting legal research into the Rochester model, a lead safe certification program within

occupancy permits. She noted that this is challenging within Allegheny County, due to its 130 municipalities.

E. Request for Expansion of Prevention Point Pittsburgh

Aaron Arnold, Executive Director of Prevention Point Pittsburgh, requested the Board's approval for his organization to establish a mobile site in Carrick. He presented letters of support for this request. Mr. Arnold noted that Carrick is home to the highest number of overdose fatalities, is a hotspot for Hepatitis C, noted that there is public support for this site from the neighborhood, and noted that there are higher numbers of discarded syringes in neighborhoods without Prevention Point sites. The proposed site will be located in the parking lot of the Spencer United Methodist Church, on Thursdays, from 12PM to 6 PM. Services offered will include syringe services, naloxone distribution, and case management. Mr. Arnold noted that there are plans to add testing and wound care services in the future.

Dr. Harrison asked what the approval process is. Dr. Hacker stated that if the Board approved the expansion, then the next step would be approval from the City of Pittsburgh. Dr. Burke asked if Mr. Arnold could estimate the proportion of injections that are conducted with syringes supplied by Prevention Point. Mr. Arnold stated that there are poor data on injections. He noted that his organization served 1,600 unique individuals through their syringe services but acknowledged that Prevention Point is hitting a small segment of the population.

Action: Dr. Burke moved to approve the expansion of Prevention Point Pittsburgh, Dr. Stewart seconded the motion.

Motion passed unanimously.

F. Request for Approval of Solid Waste Management Plan

Michael Parker, ACHD Solicitor, stated that this plan is driven by State Act 101, which requires counties to develop ten-year solid waste management plans. The current plan was approved in December 2008, and this plan is for the years 2019-2028. Mr. Parker noted that ACHD has been working on this plan since 2015, and that the process culminated in a 30-day municipal comment period.

Joy Smallwood, ACHD Recycling Coordinator, stated that this plan secures sufficient capacity through agreements with fourteen landfills. The plan also continues to provide recycling opportunities, to meet the state goal. It will promote public health by decreasing pollution. Ms. Smallwood stated that illegal dumping is a big issue in Allegheny County. She stated that the entire plan is available on ACHD's website.

Mr. Parker stated that the Board will be voting on a recommendation to County Council to adopt the plan.

Dr. Portlock asked about the current recycling rate. Ms. Smallwood stated that it was 32%. Dr. Portlock stated that she feels that this plan is not ambitious. Dr. Shapira asked about year-round disposal of hazardous waste. Mr. Parker stated that was a goal of the plan. Ms. Smallwood noted that there are some economics involved in that and stated there is no plan for a site yet. Mr. Parker stated that this plan is the baseline, and that its chief purpose is to ensure there is a place for Allegheny County's waste to go.

Action: Mr. Ferraro moved to approve the Solid Waste Management Plan, Dr. Stewart seconded the motion. Dr. Portlock abstained from the vote and stated that there is not enough information to consider other options.

Motion passed unanimously.

G. Request for Public Comment Period, re: Reid Vapor Pressure (RVP) Rule for Summer Gasoline

Jim Kelly stated that this was a request for a public comment period to remove this rule. He noted that various other control devices have come online since this rule was adopted. Dr. Hacker noted that this topic is very complicated and explained that the state regulates gasoline, the state made this change, the state preempts the county, and that we must follow the state.

Dr. Harrison asked if this was basically a rubber stamp. Mr. Kelly stated yes. Dr. Hacker stated that the emissions will be offset in other ways. Dr. Burke asked why the Board should not do everything to reduce ozone emissions. Dr. Portlock agreed with Dr. Burke but noted that the Board doesn't have a lot of choice, due to preemption by the state. Dr. Harrison asked what would happen if the Board did not endorse this. Dr. Hacker stated that it would only be a statement, since the County is preempted by the state.

Action: Dr. Kondaveeti moved to approve the public comment period, Mr. Ferraro seconded the motion. Dr. Shapira and Dr. Burke abstained from the vote.

Motion passed unanimously.

6. Director's Report

Dr. Hacker stated that there are two bills moving through the Pennsylvania General Assembly, HB1309 and SB519. These bills would eliminate exemptions to the Clean Indoor Air Act. Dr. Hacker noted that there are more than 400 exempt facilities within the County. She encouraged support for these bills. Dr. Harrison asked how the Board's support could be reiterated. Dr. Hacker stated by supporting your legislators in moving these bills forward. She stated that the challenge with these bills is with getting them to a vote. She stated that tobacco taxes and elimination of exemptions are key policies to reducing smoking rates.

Dr. Hacker also noted that ACHD continues to see a downward trend in opioid deaths, along with a decrease in the number of Emergency Department visits, and a decrease in the use of naloxone by EMS providers.

At this time, Dr. Portlock excused herself and left the meeting.

7. **Announcements**

There were no announcements.

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

A. Joe Pasqualetti, re: Routine Infant Circumcision

Mr. Pasqualetti was not present to offer comment.

B. Anais Peterson, re: Air Quality and Smell of the Air

Ms. Peterson stated that she was a resident of the 15215 zip code. She thanked the Board for increasing air quality. She read air quality complaints submitted via the Smell Pgh app and noted that there were 11,420 complaints printed on a scroll comprised of 240 feet of paper.

C. Don Furko, United Steelworkers Local 1557, re: Impact of Closing Clairton Works

Mr. Furko was not present to offer comment.

D. Alison Fujito, re: HPV & Gardasil

Ms. Fujito noted the sad news of Mike Pintek's death and expressed her condolences regarding Marty Griffin's diagnosis of throat cancer. Ms. Fujito noted however, that no studies have been done showing that the Gardasil vaccine will prevent cancers and stated that no scientific consensus exists regarding Gardasil's prevention of cancers.

E. Kurt Barschick, US Steel Mon Valley Works, re: Mon Valley Works' Commitment to Air Quality

Mr. Barschick stated that he is the General Manager of US Steel's Mon Valley Works and noted that this was Pittsburgh's last integrated steel operation. He stated that US Steel has a billion-dollar economic impact on Pittsburgh and stated that the Clairton Coke Plant is critical to US Steel. He noted US Steel's 98% compliance rate, according to ACHD. He stated that US Steel exceeds DEP and EPA requirements. He stated that air quality continues to increase, and that US Steel's employees are committed to a livable Pittsburgh. He ended by stating that US Steel looks forward to working together.

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

F. Donna Roberts, re: Air Pollution and Health Risks

Ms. Roberts stated that she has a Master of Environmental Science degree and teaches at Chatham University. She stated that she moved here five years ago with her autistic son, in order to access resources for her son. She thought that Pittsburgh was the most livable city.

However, she stated she subsequently discovered its poor air quality and high childhood asthma rates. Ms. Roberts then read complaints from the Smell Pgh scroll.

G. Angelo Taranto, ACCAN, re: Pollution Sources in ACCAN's Airshed & Shenango site

Mr. Taranto thanked Jayme Graham, for meeting on August 7th to discuss concerns regarding ACCAN's airshed. He noted that the ACCAN airshed still contains 27 pollution sources, 8 of which are major sources. He stated that Metalico is causing particular harm. He also stated that his organization doesn't want the site of Shenango to be the site of a new polluter. He asked ACHD to increase monitoring and enforcement and asked that it use the Clean Air Fund to so.

H. Thaddeus Popovich, ACCAN, re: Community Access to the Clean Air Fund

Mr. Popovich stated that he is a co-founder of ACCAN and that he lives in Franklin Park. He stated that ACCAN met with the County Executive last Friday and requested that Clean Air Funds be made available to impacted communities. He stated that such a program could be led by ROCIS. He further stated that the current RFP process for the Clean Air Fund is not good.

I. Kathleen Krebs, ACCAN, re: Air Pollution Control Advisory Committee Composition

Ms. Krebs was not present to offer comment.

9. **Adjournment**

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