

Montgomery County Office of Public Health
Montgomery County Board of Health Meeting

Montgomery County Department of Health and Human Services Center
1430 DeKalb St., Norristown, PA 19404-0311
Wednesday, Feb. 6, 2019, 9:30 a.m.

Board of Health (BOH) Members – Present

Michael B. Laign, Chair
Francis Jeyaraj, MD
Martin Trichtinger, MD
Barbara A. Wadsworth, DNP

Board of Health (BOH) Members – Absent

Steve Katz

Montgomery County Office of Public Health (OPH)

Brenda Weis, MSPH, PhD, Health Administrator
Ruth Cole, Director, Clinical Services (CS)
Pam Lawn, Director, Environmental Field Services (EFS)
Richard Lorraine, MD, Medical Director
Michel Masters, Director, Communicable Disease Control and Prevention (CDC)
Leslie Miller, Public Health Nurse, Maternal Child Health
Janet Panning, Field Supervisor, Maternal Child Health
William Rogers, Environmental Health Specialist, EFS
Kyle Schmeck, Director, Water Quality Management (WQM)
Rhonda Stanek, Supervisor, Clinical Services, Pottstown Public Health Center
Toyca Williams, Health Program Office Coordinator
Megan Young, Coordinator, Public Health Emergency Preparedness (PHEP)

Montgomery County

Valerie A. Arkoosh, MD, Commissioner

Guests

Angela Jackson (OPH Intern)
Maria Osei-Bonsu, RN
William Osei-Bonsu

Meeting Minutes

Welcome/Chair's Report

Mr. Laign called the meeting to order at 9:30 a.m. He welcomed all in attendance and asked each attendee to introduce themselves. He thanked board members – Dr. Jeyaraj, Mr. Katz

and Dr. Trichtinger – for accepting reappointment to the board. Their terms will expire Dec. 21, 2022.

Guest Presentation: Maternal Child Health/Childhood Lead Poisoning

Ms. Cole, the director of Clinical Services, gave an overview of Maternal Child Health (MCH) program. One priority of MCH is to address childhood lead poisoning prevention. In 2018, there were 278 new cases of lead poisoning, with most cases occurring in Norristown. Currently, it appears that only 30 percent of children in Montgomery County are being screened for lead poisoning. MCH would like to increase screenings and educate parents how to advocate for such screenings.

Staff answered questions about the process that providers use to report screenings since the percentage of children being screened seemed low compared to what providers report. Board members suggested that the data that OPH obtains does not match what the medical community is reporting. Children are being tested for lead by their primary care or pediatrician but data may not be being reported because it is very unusual for parents to refuse the blood test. Since Pennsylvania does not have a universal blood lead testing mandate for children and there is no mandate for children not covered by Medicaid. All agreed additional education on lead screening is needed.

Ms. Stanek explained the process for household lead abatement through the HUD grant. Unfortunately, meeting the federal requirements is a tedious process and completing the HUD paperwork can be overwhelming for property owners so they often decline the offer to have their property tested and remediated if environmental lead is detected. OPH is partnering with HHS Your Way Home Montgomery County and Section 8 to identify homes eligible for lead abatement.

Dr. Arkoosh advised OPH to send a memorandum to the county Commissioners outlining the challenges to fulfilling grant requirements. Commissioners could then forward to state legislators if needed.

Ms. Stanek also shared that the county would like to reduce the mandated lead level for environmental inspections to 10 micrograms per deciliter of blood (10 *ug*/dL) which would require a property owner to perform lead hazard reduction if environmental lead is detected at or above that level. Commissioner Arkoosh and Board members asked what is needed to reduce the mandated lead levels for environmental inspections so that it aligns more closely with the federal Centers for Disease Control and Prevention (CDC) recommendation of 5*ug*/dL. Reducing the level to the CDC's recommended level would require additional staff and equipment. OPH may consider this at a future time.

Health Administrator's Report

Dr. Weis gave an overview of the 2019 OPH Strategic Planning Process that will inform the Program Plan for state Act 315 funding. The Program Plan provides an overview of OPH programs and its program goals and objectives for the upcoming year. With regard to strategic

planning, OPH will continue to meet its mandatory requirements and goals of compliance as a direct service public health agency. In its efforts to be a catalyst for collaboration, OPH plans to partner with other program offices under Montgomery County Health and Human Services (HHS) to provide those direct public health services to target populations. Dr. Weis said the office is gathering health data and information from community stakeholders about the pressing health needs of the community, assessing where the high-risk/high-needs residents reside in Montgomery County, and determining how to best meet those public health needs. For example, OPH would like to take a proactive approach to reduce the occurrence, spread, and risk factors for health care acquired infection (HAI), specifically in long-term care facilities. To do so, OPH would conduct an infection control assessment and provide quality improvement workshops for long-term care facilities in the county. OPH may collaborate with Veterans Affairs, Aging and Adult Services, Community Information & Engagement and Montgomery County hospitals on this effort. Other OPH goals include:

- Promoting healthy homes
- Increasing support for families with children born to addiction
- Decreasing infant mortality
- Establishing a centralized referral system to promote home-based family support services
- Increasing community outreach and engagement around prevention
- Increasing first responders readiness
- Developing community networks for information dissemination
- Preventing opioid use/misuse and promoting health families.

The OPH business model is a PHEP-centric model – a public health emergency preparedness model that allows OPH to respond to any public health incident in a comprehensive and coordinated way. The office has two epidemiology research associates who collect and analyze health data from various sources to establish trends, statistics, and Geographic Information System (GIS) maps. Through their evaluations, OPH can better address public health challenges before and when they arise.

Mr. Laign and Ms. Wadsworth encouraged staff to evaluate behavioral health needs of residents and determine ways to collaborate with others on those issues as well. Mr. Laign also pointed out that these public health goals need to be measured. Dr. Weis said at least 85 percent of OPH funding is tied to compliance and regulation, so strategic planning focused on the remaining 15 percent of non-compliance funding.

Commissioner Arkoosh was pleased with OPH's efforts to collaborate with internal and external stakeholders to meet the public health needs of county residents. She said that county IT continues to work on creating a comprehensive data system that interfaces with all HHS offices. She also said that meaningful conversations about trauma-informed care, equity, and opioid abuse are being addressed by the county. Additionally, the county is looking for ways to make sure every resident is counted in the 2020 census.

Dr. Lorraine explained that there has been a resurgence of Hepatitis A across the country. There has been an increase in cases in nine Pennsylvania counties. Currently, there are two cases in Montgomery County. OPH plans to identify risk populations and conduct outreach and education with community partners. State funding is available to provide immunizations in the OPH public health centers to targeted populations.

As for influenza, OPH has given 4,421 flu vaccinations this season. There has been a decrease in flu cases this year, with 545 cases reported in MC. Three cases resulted in death.

Old Business -- None

New Business

Megan Young, coordinator of OPH's Public Health Emergency Preparedness Program (PHEP), gave a brief overview of staff preparations for the Operational Readiness Review (ORR) requirements by state officials. The ORR, conducted every two years and mandated by the CDC, evaluates a jurisdiction's ability to execute a large response requiring medical countermeasures (MCM) distribution and dispensing. Staff is meeting weekly to discuss gaps in emergency preparedness plans and completing necessary documentation.

Patrice Penrose, OPH epidemiology research associate, is coordinating meetings with key community stakeholders to gather information about key contacts within all segments of a community to create 'community profiles' for different townships. The profiles will enable OPH to respond effectively and efficiently in a public health emergency. The goal is to profile the county's 62 municipalities by identifying the trusted sources in a community, understanding community challenges, and identifying the vulnerable populations in the community.

Mr. Laign suggested that the county work with human resources departments of Montgomery County large employers to gather such information.

Public Comments

Two Montgomery residents introduced themselves, William and Maria Osei-Bonsu. Ms. Osei-Bonsu is a nurse and Ohio State University student. She attended meeting as a requirement for a class assignment. Both said they enjoyed hearing about the many programs the county offers to its residents.

The next BOH meeting is Wednesday, May 1, Human Services Center, Norristown, 9:30 a.m.

Motion: Dr. Trichtinger motioned to adjourn the meeting at 11:36 a.m., seconded by Dr. Jeyaraj. The motion passed.

The remaining 2019 schedule:
May 1 Sept. 11 Nov. 6

Mission

To provide public health services and foster collaboration actions that empower our community to improve its health and safety

Vision

To optimize the health and wellness of individuals and families through innovative practices