1. Call to Order and Welcome

The public meeting of the Chester County Board of Health was called to order on March 19, 2024, at 4:35 PM by Michele Tucker, Chair. Board Members present included Michele Tucker, Heather Edelblute, Dr. Raffi Terzian, LaToya Myers and Jeanne Franklin. Board Members unable to attend included Dr. Wendy Wallace. Guests in attendance included: Mary Johnson, Mike Baysinger, Matt Skiljo, Dr. William Kramer, Nancy Sullivan, Pat Yoder and Mary Fichter.

2. Announcements

The Board of Health met in Executive Session on March 19, 2024, at 4:15pm to discuss personnel, legal matters.

3. Public Comment on Agenda

There were no public comments on the agenda.

4. Adoption of Agenda

There were no questions or comments regarding the agenda. The agenda was adopted as presented unanimously.

5. Approval of Minutes from Previous Meeting

There were no questions or comments regarding the previous minutes. The minutes were adopted as presented.

6. Old Business

There was no old business to address.

7. Rules and Regulations

Jeanne provided an update that the Lead Poisoning regulations have been shared with the Commissioners for their review. If the Commissioners have no further comments or
recommendations, they will be presented for adoptions through a resolution at a future Commissioners’ Meeting.

8. Board Appointments – None; Board is at its maximum compliment of members.

9. Budget Update

<table>
<thead>
<tr>
<th>Expenditures</th>
<th>Original Budget</th>
<th>$15,519,395</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Budget*</td>
<td>$15,695,965</td>
<td></td>
</tr>
<tr>
<td>Year-to-Date</td>
<td>$1,745,270 (11%)</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Original Budget</th>
<th>$11,157,588</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Budget*</td>
<td>$11,334,158</td>
<td></td>
</tr>
<tr>
<td>Year-to-Date</td>
<td>$1,321,636 (12%)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grants**</th>
<th>Original Budget</th>
<th>$8,704,661</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Budget*</td>
<td>$8,881,331</td>
<td></td>
</tr>
<tr>
<td>Year-to-Date</td>
<td>$1,044,738 (12%)</td>
<td></td>
</tr>
</tbody>
</table>

*Current budget includes increases in grant revenue and expenditures after the approved original budget’s approval. **Grant revenue and expenditures are included in the overall budget revenue and expenditures.

10. New Business

a. Contracts

<table>
<thead>
<tr>
<th>Entity</th>
<th>Purpose</th>
<th>Amount</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Arc of Chester County</td>
<td>Provides for funds to enhance services to children with special healthcare needs beyond age two.</td>
<td>$10,000.00</td>
<td>3/16/2024-6/30/2024</td>
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</table>

b. Grants

<table>
<thead>
<tr>
<th>Grant Source</th>
<th>Purpose</th>
<th>Amount</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

c. Memorandums of Understanding/Agreement

<table>
<thead>
<tr>
<th>Organization</th>
<th>Purpose</th>
<th>Amount</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

d. Requests for Proposals

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Amount</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. Mission Update – see attached.
   a. Summary of Chester County Deaths
   b. Integration of Mental Health Services into Home Visits
   c. Notable Program Updates

12. Chester County Medical Society Update

   No representative from the Society was present, however Dr. Kramer shared that the Southeast PA Healthcare Coalition presented at a recent Society meeting to encourage more physicians to participate in the Coalition. The Society will collaboration with the Coalition. Dr. Kramer participates as the Public Health Physician.

13. Public Comment

   There was no public in attendance.

14. Adjournment

   The meeting was adjourned at 5:43 PM with unanimous approval.
MISSION UPDATE
Chester County Mortality Data

Disease Investigation and Surveillance
Nancy Sullivan, MPH
Contributor: Taylor Sickels, MPH
Data Topics

• Key findings
• Mortality
  o Overall mortality
  o By age group
  o Projected rates
  o Average annual percent change
  o Excess death
• Leading Causes of Death
  o Cardiovascular
  o Cancer
  o External factors
  o COVID
  o Mental and/or behavioral disorders
  o Chronic lower respiratory diseases
• Other
  o Diabetes
  o Flu and pneumonia
  o Infant mortality
Key Findings

- Chester County mortality rates are lower overall when compared to Pennsylvania and national data.
- The pandemic affected mortality rates during 2020-2021 and possibly into subsequent years.
- Disparities exist with respect to mortality outcomes and race.
- Mortality data is only one measure to assess the health of a community and often is an indicator of how individuals are managing their overall health, including chronic conditions.
Annual Mortality Rates*, 1990-2022
United States, Pennsylvania, and Chester County

*Age-adjusted rates are per 100,000 population
Mortality Rate by Year for Ages 20-24
Pennsylvania and Chester County, 1990-2021

Rate per 100,000


Pennsylvania
Chester County

Chester County Health Department
Protecting you and your environment
Mortality Rate by Year for Ages 25-29
Pennsylvania and Chester County, 1990-2021

Chester County Data for 2023 and 2024 was less than 10 and therefore suppressed.
Mortality Rate by Year for Ages 35-39
Pennsylvania and Chester County, 1990-2021

Rate per 100,000

Pennsylvania
Chester County
Number of Pennsylvania Resident Deaths: Final 2000 to 2022 and Projected 2023 to 2025

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Deaths, Chester County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>3,311</td>
</tr>
<tr>
<td>2010</td>
<td>3,453</td>
</tr>
<tr>
<td>2018</td>
<td>4,117</td>
</tr>
<tr>
<td>2019</td>
<td>4,094</td>
</tr>
<tr>
<td>2020</td>
<td>4,678</td>
</tr>
<tr>
<td>2021</td>
<td>4,413</td>
</tr>
<tr>
<td>2022</td>
<td>4,455</td>
</tr>
<tr>
<td>2025 (Projected)</td>
<td>4,217</td>
</tr>
</tbody>
</table>

Average Annual Percent Change in Number of Deaths by County of Residence: 2000-2022

1.4% Increase

Average Annual Percent Change in Number of Deaths by County of Residence:
2022-2025
Excess Mortality, 2020-2021

Study from the Philadelphia Department of Public Health:
- 32% increase in number of excess deaths (observed deaths above expected) in 2020-2021
- COVID-19 cases accounted for 77% of excess deaths

New York City Department of Health analysis in 2020
- COVID-19 cases accounted for 78% of excess deaths

National Center for Health Statistics analysis
- COVID-19 cases accounted for 78% of excess deaths between March – May 2020 in the US.

Excess mortality in USA greater when compared to other countries
- Not cited here.
Excess Mortality, 2020-2022

Excess deaths NOT due to COVID:

- Undetected infection with SARS-CoV-2
- Untreated chronic conditions during the pandemic
- Hospital avoidance
- Pandemic healthcare interruptions
- Pandemic’s socioeconomic impacts
- Drug overdoses and homicide (in Philadelphia) during the pandemic (Study referenced in Slide 11)
- Excess natural-cause mortality (vs excess COVID-19 mortality) was largest in non-metropolitan counties, the West, and the South (Source)
Premature death in Chester County, PA
Years of Potential Life Lost (YPLL): county, state and national trends

Chester County is getting better for this measure.

Source: University of Wisconsin Population Health Institute
Cardiovascular Disease Deaths by Year
Pennsylvania and Chester County, 2011-2021

*Age-adjusted rates are per 100,000 population
Cardiovascular Disease Deaths by Race/Ethnicity
Chester County, 2011-2021

*Age-adjusted rates are per 100,000 population
Leading Cancer Deaths by Type
Chester County, 2011-2021

*Age-adjusted rates are per 100,000 population
Cancer Mortality by Race/Ethnicity
Chester County, 2011-2021

*Age-adjusted rates are per 100,000 population
COVID-19 and Influenza Mortality

Respiratory Virus Season
- Select all
- 2019-2020
- 2020-2021
- 2021-2022
- 2022-2023
- 2023-2024

Deaths by Season

<table>
<thead>
<tr>
<th>Season</th>
<th>Influenza-Related Deaths</th>
<th>COVID-Related Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>2023-2024</td>
<td>335</td>
<td>1913</td>
</tr>
<tr>
<td>2022-2023</td>
<td>434</td>
<td>4402</td>
</tr>
<tr>
<td>2021-2022</td>
<td>159</td>
<td>17794</td>
</tr>
<tr>
<td>2020-2021</td>
<td>30</td>
<td>22352</td>
</tr>
<tr>
<td>2019-2020</td>
<td>344</td>
<td>8414</td>
</tr>
</tbody>
</table>

Data Source:
Data are from the National Center for Health Statistics Mortality Surveillance System (cdc.gov) (NCHS) which collects death certificate data on all deaths from states' vital records programs. Any death with influenza or COVID-19 listed on the
COVID-19 Deaths by Race/Ethnicity
Chester County, 2020-2021

*Age-adjusted rates are per 100,000 population
Chronic Lower Respiratory Deaths by Disease Type
Chester County, 2011-2021

*Age-adjusted rates are per 100,000 population
Diabetes Deaths by Year
Pennsylvania and Chester County, 2011-2021

*Age-adjusted rates are per 100,000 population
Diabetes Deaths by Race/Ethnicity
Chester County, 2012-2021

*Age-adjusted rates are per 100,000 population
Infant Mortality Death by Year
Pennsylvania and Chester County, 2011-2021

*Age-adjusted rates are per 100,000 population
Influenza and Pneumonia Deaths
Pennsylvania and Chester County, 2011-2021

*Age-adjusted rates are per 100,000 population
Board Discussion

• The growing population of older adults in Chester County should be balanced with any increase in deaths among the older populations.

• Is there an opportunity to compare Chester County with other urban settings?

• What is the actual number of “excess deaths” in Chester County?

• Death data during and after the COVID-19 pandemic makes it difficult to assess whether deaths were because of COVID or COVID was present at the time of death.

• It would be interesting to compare death from flu (using a pre-COVID year) vs. COVID. It is important to recognize that a lot of people continue to die from flu.

• It would be interesting to see the cardiovascular deaths by age groups.

• Deaths due to cancer may increase due to not receiving treatment during the COVID-19 pandemic.

• It was noted and discussed that an increase in alcohol use among men may be contributing to the increased mortality from “accidental poisonings” among men. It would be helpful to understand the definition of accidental poisoning.
  o Accidental poisonings includes poisonings from drugs, alcohol, chemicals, solvents, pesticides, etc. So that does include alcohol deaths, which may contribute to the increased mortality among men.

• It would be interesting to see liver cancer by age and gender align with accidental poisoning deaths involving alcohol.

• Suicide deaths include those by an act of terrorism, drugs, alcohol, chemicals, firearms and other methods.
Data Sources

2011 – 2021 State and local data provided by the Pennsylvania Department of Health
https://www.health.pa.gov/topics/HealthStatistics/EDDIE/Pages/EDDIE.aspx
https://www.health.pa.gov/topics/disease/Flu/Pages/2023-24-Flu.aspx

1990 -2021 United States data provided by the Center for Disease Control, National Center for Health Statistics
https://www.cdc.gov/nchs/products/databriefs/db427.htm
https://www.cdc.gov/mmwr/volumes/72/wr/mm7218a3.htm

Information on Excess deaths due to COVID-19
https://www.cdc.gov/nchs/nvss/vsrr/covid19/excess_deaths.htm

Data provided by the Pennsylvania Department of Health which specifically disclaims responsibility for analyses, interpretations, or conclusions.
Nurse-Family Partnership Program Enhancement
Mental Health Specialist

Vision: To offer accessible and flexible mental health services to families engaged in CCHD MCH home visiting programs.
Purpose

• Address perinatal mental health conditions such as depression and anxiety.

• Support parents to learn helpful strategies to respond to stressful situations, practice positive communication and relationship skills, and to build coping/resiliency skills.

• Serve as a bridge to community mental health services as needed.
Rachelle Das
MSW, MPH, LSW

• University of Pittsburgh graduate
• Experience working with homeless families and family caregivers
• Values working with marginalized populations
NFP Mental Health Services

• Start date 4/3/2023; Part-time position; Caseload = 10 clients
• Evidence-informed vs. evidence-based services
• Flexible model includes 6 visits over the course of 3 months; In-person visits and telehealth offered
• Focus on goal-setting and transition planning
• Bi-weekly virtual consultation provided by LCSW
Highlights

• Program development and flexibility
• 17 clients completed service; 12 currently enrolled
• Most frequent focus areas: anxiety, relationship stress, family stress
• Now also serving Spanish speaking families

• Client Story
Team Support

- Case consultation
- Team participation
- MCH staff education
- Case conferences
Challenges & Celebrations

Challenge: Interpretation for Spanish speaking families.

Celebrations:

a) Quick engagement with new service by both staff and participants.

b) 7/7 satisfaction surveys indicated participant “much more likely” or “likely” to seek out mental health services for self or family after receiving NFP mental health services.

Quote: “I would like to thank her for helping me with all the trouble I was going through, it has helped me learn to cope.”
Board Discussion

• Providing mental health services has benefited clients that experience anxiety, depression, etc. either prenatally or post-partum.

• How were clients’ mental health needs served prior to integrating a Mental Health Specialist (MHS) into the program?
  o Home visiting nurses were trained to support very basic needs and referrals were made however long wait times to see a practitioner became a barrier.
  o Program leadership pursued an MHS when clients’ mental health priorities impeded what the home visiting nurses could provider and what the clients were able to learn.

• Dr. Edelblute shared her experience with lay community health in Mexico and the impact of the community not talking about the mental health needs of women. There was real value in teaching the community the difference between depression and anxiety.

• It would be interesting to know how many clients continue with mental health services if referred to a community provider after completing the six visits with the home visiting program.

• Who can make referrals to the MHS?

• The Health Department’s NFP home visiting nurses can make direct referrals; participants are also able to request the MHS through their home visiting nurse.

• The need for Spanish interpretation during mental health visits has increased. The Health Department is seeking to have a dedicated interpreter for the MHS. Currently, contracted phone interpretation is being used. The Board recommended looking into adding video capability to contracted phone interpretation.
Notable Program Updates
Program Notables

Food and Institutions
- Staff attended the CASA (Central Atlantic States Association) of Food and Drug Officials conference exploring cutting edge pest control techniques using “rat dogs” in schools and restaurants to detect rodents, a presentation from the Canadian delegation on their new initiatives, a report from the FDA on the lead and chromium levels in applesauce pouches, edible insects, effective communication, and a technology that scans hands to detect fecal contamination as a way to assess hand washing efficacy.
- Staff are updating the Temporary Food Event Policy to include lessons from the past years and modernization.

Housing, Pools, and Mosquito Borne Diseases
- Staff have focused on addressing complaints related to a waste hauler not picking up household waste.
- To address a trend of public pools not having a contract with an environmental lab for weekly bacterial testing, all pool owners will be reminded of the requirement for a lab and ask for confirmation.

On-Lot Sewage and Water
- Staff are preparing to perform in-dept testing of an upgrade of EnerGov – the on-lot sewage and on-lot well data system.
Program Notables

Clinical Services
- Staff continue to conduct a large-scale contact TB exposure investigation for an active patient involving a school district, church group, and workplace.
- Staff worked diligently to address unique barriers to care for two individuals requiring STD services over several weeks.
- Staff have been oriented on the County’s new multi-pronged mental health system due to roll out by mid-2024, and Chesco Connect, the County’s transportation program.

Healthy Moms, Healthy Families (HMHF) & Nurse Family Partnership (NFP)
- Staff have been oriented on the County’s new multi-pronged mental health system due to roll out by mid-2024, and Chesco Connect, the County’s transportation program.
- 2023 highlights for HMHF:

<table>
<thead>
<tr>
<th>By the numbers...</th>
<th>HMHF clients had positive birth outcomes: 9.1% Preterm birth and 6.1% LBW (both rates meet HP 2030 goals)</th>
</tr>
</thead>
<tbody>
<tr>
<td>357 referrals were received for Title V/HMHF MCH services - 57% of the referrals which were assigned to nurses were successfully enrolled</td>
<td>91.4% of HMHF who were visited prenatally breastfed their babies at birth</td>
</tr>
<tr>
<td>1386 visits were completed to HMHF families</td>
<td>97% of HMHF families were enrolled in WIC prenatally, demonstrating the advantage of CCHD administering both programs</td>
</tr>
<tr>
<td>97% of HMHF families were enrolled in WIC prenatally, demonstrating the advantage of CCHD administering both programs</td>
<td>91% HMHF postpartum clients kept their postpartum appointment with their OB/GYN provider. This is an important appointment since many clients access family planning at this postpartum appointment</td>
</tr>
</tbody>
</table>
Vaccine Preventable Diseases
- Increases in new immigrant families continues for needed vaccinations.
- Staff are conducting Vaccine for Children audits on behalf of PA Department of Health.
- Dale Weiser is partnering with Sarah Koeller (Public Health Emergency Preparedness Coordinator) to present about the integration of Immunization and PHEP expertise for fall vaccine campaigns and large-scale vaccinations at NACCHO’s Preparedness Summit.
- CDC has updated its isolation guidance for COVID and authorized another booster for 65+ people.

Women, Infant and Children
- February 2024’s participation rate was 92% with a total of 4,256 participants served.
- West Chester’s WIC clinic now has a lactation room.
Program Notables

Health Planning and Promotion
- Community Health Assessment review is underway; preliminary plans for Community Health Improvement Plan underway.
- HPP convened community health professionals at Federally Qualified Health Centers, free clinics and hospitals for ongoing collaborative discussions to be held every other month.

Public Health Emergency Preparedness
- Sarah Koeller is partnering with Dale Weiser (Immunization Supervisor) to present about the integration of Immunization and PHEP expertise for fall vaccine campaigns and large-scale vaccinations at NACCHO’s Preparedness Summit.
- Public Health Emergency Preparedness Team (PHEP) hosted a medical sheltering kick-off meeting to initiate a multi-month, multi-program planning effort to review and update the Medical Sheltering Unit Appendix ahead of the Keystone 6 Mass Care Exercise.
- On February 6, 2024, the PHEP Team, along with representatives Immunizations, Disease Investigation and Surveillance, Food & Institutions, and the Public Health Physician participated in a mass gathering incident virtual tabletop exercise with the Chester County Department of Emergency Services (DES).
Program Notables

Disease Investigation and Surveillance
- Disease Investigation and Surveillance have implemented SMS text messaging to external people for case investigation.

Public Health Administration
- Annual Act 315/Act 12 grant application will be submitted at the end of March.
2024 Meetings

Conference Room 293, 4:15PM-5:30PM

January 16
February 20
March 19
April 16
May 21
June 18
August 20
September 17
October 15
November 19

3rd Tuesday of every month excluding July and December
Thank You!

Public Health

Occupational Health and Safety
Alcohol
Statistics
Big Data
Behavior
Irrigation
GIS
Pathogens
Chronic Disease
Oral Health
Cardiovascular Disease
Prevention

Air
Toxins
Healthcare
Birth Defects
Indicators
Training
Notifiable Diseases
Epidemiology
Obesity
Lead
Risk
Cervical Cancer
Policy
Economics
Social Policy
Air
Vaccines
Restaurants
Meaningful Use
Biostatistics
Violence
Management

Education
Addiction
Influenza
Sewer
Soil
Smoking
Oral Health
Cardiovascular Disease

Leadership
Infectious Disease
Sanitation
Aging
Illnesses
Vital Statistics
Reproduction

Environmental Hazards
Food Safety
Non-communicable disease

Chester County Health Department
Protecting You and Your Environment