

# Montgomery County Health Department

## 2013 PROGRAM PLANS

Submitted for  
Act 315/Act 12 Funding  
to the  
Pennsylvania Department of Health



# 2013 PROGRAM PLANS

prepared by

THE  
MONTGOMERY COUNTY  
HEALTH DEPARTMENT

for

THE PENNSYLVANIA  
DEPARTMENT OF HEALTH

March 2013

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# **PROGRAM PLANS**

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## **Executive Introduction**

In 2013, the Montgomery County Health Department will continue working towards achieving the Healthy People 2020 goals of increasing years and quality of healthy life, and eliminating health disparities. Healthy People 2020 is organized into 39 topic areas and consists of four foundation health measures that will be used to monitor progress toward promoting health, preventing disease and disability, eliminating disparities, and improving quality of life. These broad, cross-cutting measures include: 1) general health status, 2) health-related quality of life and well-being, 3) determinants of health, and 4) disparities.

The Division of Health Promotion with guidance from the Healthy People 2020 goals will assess major risks to health and wellness, changing public health priorities, and emerging issues related to our nation's health preparedness and prevention. In conjunction with the Epidemiologist, the Division monitors trends in morbidity and mortality to develop programs to address those risks.

The focus on essential issues is reflected in the services provided by our five operational divisions: Clinical Services and Public Health Nursing, Health Promotion, Communicable Disease Control and Prevention, Environmental Field Services and Water Quality Management.

We will continue to focus our efforts on the functions mandated as essential to public health. The educational, environmental, clinical, epidemiological and research assets our agency possesses will directly address these essential public health functions:

- Monitoring health status to identify community health problems.
- Discovering, diagnosing and investigating health problems and health hazards in the community, including surveillance of communicable diseases.
- Informing, educating and empowering communities about health issues.
- Mobilizing community partnerships to identify and resolve health problems.
- Enforcing Code and regulations that protect health and ensure safety.
- Conducting research and data analysis to monitor the trending of identified health problems and the effectiveness of deployed interventions.

Vaccines are the most powerful weapons in the public health armamentarium and have driven disease like smallpox, measles and mumps into a corner.

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Montgomery County Health Department will continue to focus on immunizations throughout the lifespan, with special attention on adolescent and adult immunizations. The new school law requiring additional immunizations became effective for the 2011-2012 school year. MCHD will continue to educate parents and work with school nurses to assist in vaccinating students before the school year begins.

We continue to monitor and educate facilities about Legionella throughout the County, especially in Long-Term Care facilities. We will continue to assure our residents that swimming pools are safe by the continued education of facility operators and bathing place inspections.

Our focus on all-hazard emergency preparedness planning continues. Staff at Montgomery County Health Department are committed to providing the latest and greatest in preparation for any untoward event such as terrorism, bioterrorism, agroterrorism, and natural or man-made disasters.

Several programs and initiatives we are working on with the Department of Public Safety include: the Special Needs Registry, ReadyNotify system, the Strategic National Stockpile (SNS), Points of Distribution (PODS) and BioWatch.

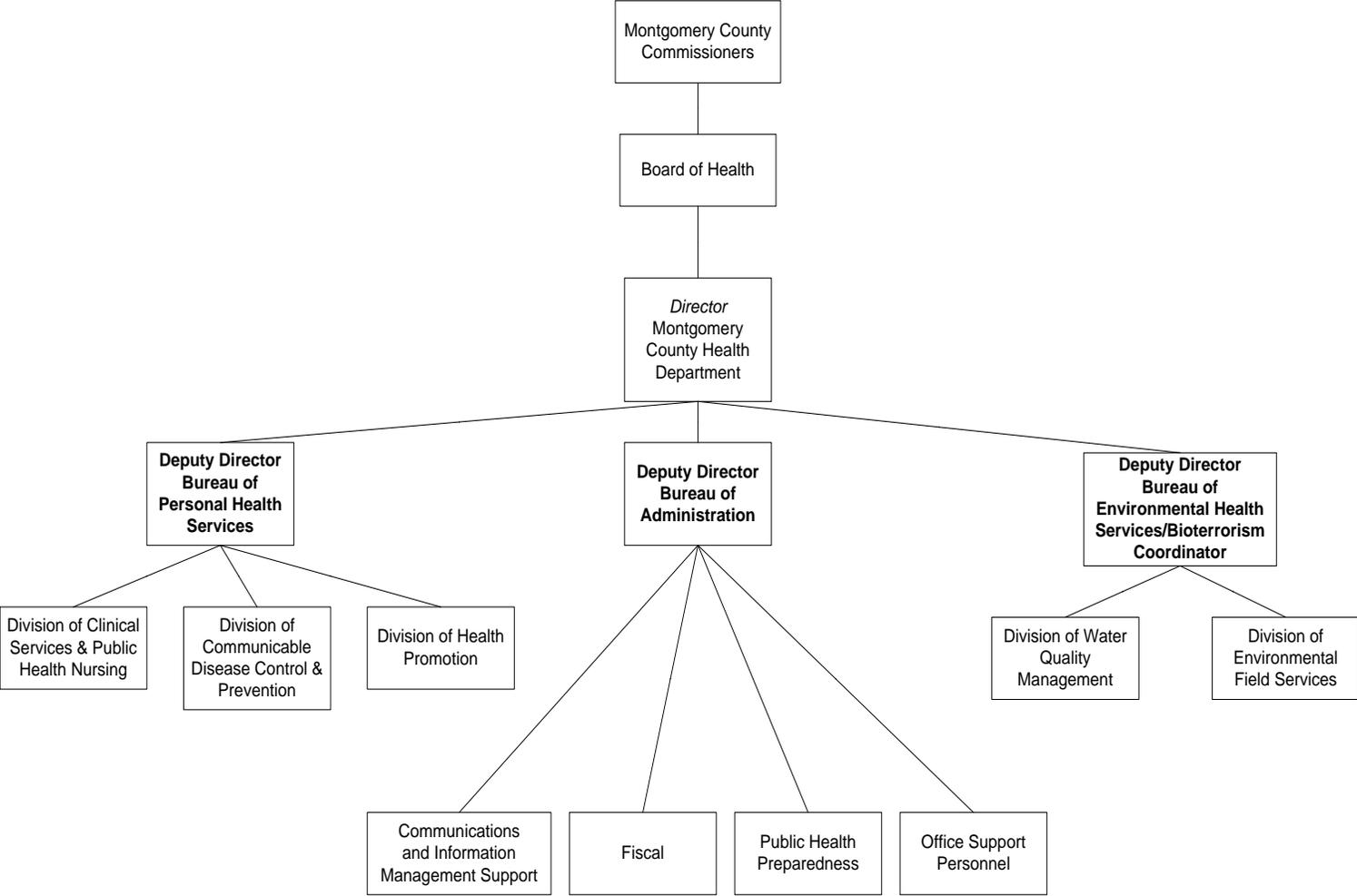
We are aware of other public health problems and are looking at ways our Department may intervene with meaningful solutions. Some of these problems are fast-rising obesity rates, road safety, low-birth weight especially in low-income African American women, smoking cessation, Alzheimer's Disease and the frailty of age and the important realization that Gerontology is quickly becoming the most important facet of medicine.

Montgomery County Health Department continues to incorporate the use of technology to improve the quality and efficiency of services delivered. The ability to collect and analyze data and disseminate information is becoming ever more central to the realization of our agency's purpose. We are continuously working to improve our analytic and communication capacities.

The staff at the Montgomery County Health Department are working to maintain and improve the quality of life for all Montgomery County residents in 2012, and will do so to the best of our collective ability.

*Dr. Joseph M. DiMino*  
Director of Health/Medical Director  
Montgomery County

# Montgomery County Health Department Organizational Chart



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## **Background and Demographics**

The Montgomery County Health Department (MCHD) was established as a result of a 1989 voter referendum. Following a short developmental period, the Department was certified by the Pennsylvania Department of Health on September 1, 1991, and began to provide a full range of prevention-oriented public health services one month later.

While most of the county is highly urbanized, many parts remain rich in rural farmland. As the third most populous county in Pennsylvania – behind Philadelphia and Allegheny (Pittsburgh) – it is important for Montgomery County to have its own health department.

According to the 2010 Census, Montgomery County is home to 799,874 residents, making it larger in population than four states in the United States. The county population has been steadily increasing since the 2000 Census. In addition, the county is becoming increasingly racially and ethnically diverse. Below, are the demographics of Montgomery County residents for 2010:

Race (percent of population):

White: 81.2%

Black/African American: 8.7%

Asian: 6.4%

American Indian and Alaska Native: 0.15%

Native Hawaiian and Other Pacific Islander 0.04%

Other race: 1.61%

Two or more races: 1.9%

Ethnicity (percent of population):

Hispanic or Latino origin: 4.3%

Age (percent of population):

Persons under age 24: 31.2%

Persons aged 65 and older: 15.1%

MCHD is charged with the task of protecting, improving and assessing the health of all county residents. The Department's health promotion programs, community outreach efforts, and vaccination clinics help to protect and improve the health of the population. MCHD uses data regarding morbidity and mortality trends to assist in directing the focus of disease prevention and health promotion programs. Health assessment is achieved through community health diagnosis, disease surveillance, research, risk assessment, identifying needs, analyzing the causes of problems, collecting and interpreting data, case-finding, monitoring and forecasting trends, and evaluation of outcomes. This assessment includes quantitative and qualitative data analysis at both the county and community level, taking into account the health experiences that are unique to different communities within the county.

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## **Program Plans (section 1)**

### **Bureau of Administration**

The administrative bureau supports the five operational divisions in the areas of Communications/Public Information, Information and Technology Services, Office Support, and Fiscal Management for the department.

### **Administration Section Summary 2012**

#### **Communications/Public Information and Information Technology**

The administrative section provides the operational divisions the resources with Communications/Public Information and Information Technology by serving as the liaison with the County departments of Communication and Information & Technology Solutions.

The Health Department is responsible for fulfilling the County's directive to maintain a transparent government through the Office of Communications. This is done by providing the public with information about our programs and services as well as updates on current news, events and alerts. The means of communications include press releases, web content and various social media venues (Facebook, Twitter, ReadyNotify, etc.)

The County's department of Information Technology Solutions coordinates with the Health Department to support our computer use and information management systems. This is accomplished through various applications, network, web and telecommunications services. Our goal is to continue to increase productivity, efficiency and accuracy of public health data. Administration is responsible for ensuring that our systems adhere to the County's computer environment.

#### **Fiscal**

The Fiscal section is responsible for monitoring and tracking the department's annual operating budget generated from various funding sources.

Program Goal: To ensure proper fiscal controls within the department in accordance with County, State and Federal guidelines.

Objective 1: Track and monitor revenue and expenses by the various funding sources.

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Activities:

1. Process Purchase Requisitions through Purchase Orders, notifications and the delivery of items/merchandise, culminating with the payment of all invoices.
2. Record daily expenses.
3. Verification of all payments to correct funding sources and verify and approve monthly expense reports.
4. Prepare monthly/quarterly grant submissions.
5. Track and record revenue.

Evaluation Methods:

1. Provide day-to-day assistance to divisions and program managers regarding their budget.
2. Reconcile revenue and expenditure accounts monthly.
3. Prepare reports for the divisions regularly to ensure that spending is in line with County guidelines.

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## **Program Plans (section 2)**

### **Personal Health Services**

The Bureau of Personal Health Services (PHS) is composed of three operating divisions: Clinical Services and Public Health Nursing, Communicable Disease Control and Prevention and Health Promotion. These three divisions provide a wide range of services to promote and protect the public's health. The services provided by the Bureau of Personal Health Services are consistent with the overall goals of the United States Department of Health's Healthy People 2020.

### **Division of Clinical Services and Public Health Nursing**

The Division of Clinical Services and Public Health Nursing provides services that promote the well being of individuals, families, groups and communities. Our priority is the population at most risk for disease, injury or disability. The Division of Clinical Services and Public Health Nursing is responsible for programs for maternal and child health, childhood lead poisoning prevention, childhood and adult immunizations, and the clinical aspects of the agency's communicable disease program. These programs are provided through clinics and walk-in services. The division not only provides programs through its community health centers, but also through home visits, schools, worksites and shelters.

### **Division of Communicable Disease Control and Preventive Services**

The Division assures three functions to protect the health of Montgomery County residents: (1) surveillance of all reportable diseases, (2) control and prevention of outbreaks and unusual occurrences, and (3) provision of preventive services.

Currently, 74 diseases or conditions are reportable under the Public Health Code (Chapter 3, Article B) of Montgomery County and PA Code, Title 28, Chapter 27. The Code stipulates that physicians, other health care practitioners, persons in charge of a hospital, laboratory, institution, school nurses and superintendents, or any person having knowledge or suspicion of a reportable disease/condition shall report this knowledge or suspicion promptly to the Montgomery County Health Department (MCHD) by phone, mailing/faxing, and using Pennsylvania's National Electronic Disease Surveillance System (PA-NEDSS).

National Electronic Disease Surveillance System (**NEDSS**) is a disease report database driven by the Centers for Disease Control and Prevention (CDC) to improve the timeliness, completeness, accuracy, and uniformity of surveillance data. The "**NEDSS vision**" includes use of the Internet for data collection and transmission, collection of data as close to the source

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as possible, incorporation of electronic laboratory reporting and use of uniform coding schemes and data transmission protocols.

PA-NEDSS is the division's way to report diseases and investigative findings to the Pennsylvania Department of Health (PADOH) via the Internet. It replaces the card and form-based methods that were utilized in the past.

PA-NEDSS users include: physicians, laboratories, and hospitals that report diseases and the public health investigators who investigate diseases and outbreaks. While the reporting process remains unchanged, PA-NEDSS seeks to improve the timeliness and accuracy of disease reporting and expand the public health infrastructure to improve response to cases of interest, potential outbreaks, unusual situations and possible bioterrorism attacks.

Some of the diseases and conditions still need to be reported by phone within 24 hours to the Health Department. These diseases/conditions require chemoprophylaxis, or other critical preventive control measures; professionals that become aware of a reportable disease/condition (physicians, nurses, law enforcement, facility directors, etc.) should notify the Health Department as soon as possible. These diseases and conditions include, but are not limited to: animal bites, cases of diarrheal disease, bacterial meningitis, STDs, and reportable diseases and conditions occurring in sensitive situations such as food establishments, daycare centers, college dormitories and long term care facilities.

The Health Department reports confirmed, probable and suspect cases to the PADOH. The definitions of these case classifications are published in the *Policy and Procedures Manual for the Identification, Investigation and Control of Reportable Diseases, Pennsylvania Department of Health* and in the CDC publication, *Case Definitions for Infectious Conditions Under Public Health Surveillance*; a list of current and past notifiable diseases is available at: <http://wwwn.cdc.gov/nndss>.

### **Division of Health Promotion**

The goal of the division is to improve the public's health through health education programs, health screenings and media campaigns in the following areas:

- Healthy Lifestyles – Physical Activity, Nutrition, Osteoporosis and
- Diabetes
- Cancer Prevention, Education and Early Detection Program
- Tobacco Control
- Transportation Safety
- Unintentional Injury Prevention

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These services are provided in an effort to empower individuals, families, groups, organizations and communities to play active roles in achieving, protecting and sustaining their health. With this knowledge, individuals are armed with the tools to make informed decisions concerning their health, thus limiting the need to access services from the medical community.

Programs are conducted in, but not limited to, schools, hospitals, senior centers, businesses, and places of worship.

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# **Personal Health Services Programs and Objectives for 2013**

## **Maternal and Child Health Home Visiting Program**

The Maternal Child Health (MCH) Home visiting program provides nurse home visits by professional nurses to prenatal and postpartum mothers. The program is composed of three separate interventions.

- 1) The Nurse Family Partnership (NFP) Home Visiting Program, which is based on the David Olds model, provides a series of prescribed, intense home visits to first time, low income, at risk mothers. These visits begin in the prenatal period and continue until the infant's second birthday.
- 2) The Prenatal Services Program (PSP) provides access to prenatal care services for low income, pregnant women who do not qualify for medical assistance.
- 3) The Act 315 funded MCH Home Visiting program consists of a comprehensive spectrum of services designed to improve birth outcomes, maternal health, and family health. The service is less intense than the NFP program. The program provides referral linkages with community agencies based upon client needs.

Program Goal: Reduce infant mortality and improve the health and life-course of families in Montgomery County by December 2013.

### *The Nurse Family Partnership Program*

Objective 1: Improve pregnancy outcomes through case management of 149 at-risk, low income, first time mothers using the David Olds model.

#### Activities:

1. Enroll 149 pregnant, low-income, first time, at risk mothers into the Nurse-Family Partnership Program, ideally early in the second trimester (14-16 weeks gestation), but no later than 28 weeks gestation.
2. Provide public health nurse (PHN) home visits to pregnant women within the following time frame:

<b>Visit Schedule</b>	<b>Time Frame</b>
First month after enrollment	Weekly
Between first month and delivery	Every other week

3. Provide one-on-one case management to help women practice sound health-related behaviors, including obtaining good

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prenatal care, improving diet, and reducing use of cigarettes, alcohol, and illegal drugs.

Evaluation Method: Evaluation will be accomplished through quarterly measurements of activities, demonstrated increase of women who practice good health-related behaviors and good prenatal care and reduction of use of cigarettes, alcohol and illegal drugs during pregnancy.

Objective 2: Improve child health and development by case managing 149 at-risk, first time, low income mothers and infants using the David Olds model.

Activities:

1. Continue to provide public health nurse home visits to participants until child is 2 years old within the following time frame:

<b>Visit Schedule</b>	<b>Frequency</b>
First four weeks after delivery	Weekly
Until child is 20 months old	Every other week
Until child is 2 years old	Monthly

2. Provide one-on-one case management to assist new mothers in providing more responsible and competent care for their children.

Evaluation Methods: Evaluation will be accomplished through quarterly measurements of activities, demonstration of an increase in new mothers providing responsible and competent care for their children.

Objective 3: Improve families' economic self-sufficiency by case managing 149 at-risk, first time, low-income mothers and infants using the David Olds model.

Activities:

1. Provide one-on-one case management to assist families in learning how to use family and community resources to obtain the supports they need to achieve their goals.

Evaluation Methods: Evaluation will be accomplished through quarterly measurements of activities, demonstration of an increase of families using community resources to obtain the support they need to achieve their stated goals.

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*Maternal and Child Health Prenatal Service Program (PSP)*

Objective 4: Increase access to early prenatal care and the use of primary care services by low-income pregnant women in Montgomery County who do not qualify for Medical Assistance.

Activities:

1. Contract with and provide funding to one Norristown Healthy Beginnings Plus prenatal clinic for prenatal care for 120 uninsured low- income, pregnant women.
2. Ensure that the prenatal services provided to these women includes comprehensive prenatal care and support services under the guidelines currently provided by the Healthy Beginnings Plus Program.
3. Provide a direct referral system from the clinics using PSP to MCHD's Maternal & Child Health Home Visiting Program. Attempt to enroll 90% of prenatal clients referred.

Evaluation Methods: Evaluation will be accomplished through monthly and quarterly measurements of above activities, a demonstrated increase in the number of low-income and uninsurable woman accessing prenatal care early in the prenatal period, as compared to year 2012. Site visits to these clinics shall be conducted twice a year (or until funding has expired). Quarterly reports also include data regarding mother's prenatal care and the infant's delivery outcomes.

Objective 5: Improve health access and childcare for families in the prenatal and postpartum period.

Activities:

1. Enroll and case manage 25 prenatal or postpartum women in the voluntary home visiting program. The case remains open through the infant's eighteenth month of life or as indicated according to the need of the family. All program participants receive education regarding abstinence from tobacco, alcohol and other drugs. Attempt to identify pregnant/postpartum women using these substances and monitor compliance with prenatal care and healthy behaviors.
2. Provide education and counseling on prenatal care issues, such as infant feeding choices, childcare concerns and medical home referrals.
3. Encourage and educate the pregnant woman on the benefits of breastfeeding, baby safety topics, safe sleep practices, dental care, immunizations, lead poisoning, newborn screening and the "Safe Haven" program.

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4. Provide home visits and telephone contacts dependent upon the needs of the family.
  5. Provide home assessments and education on importance of keeping all scheduled doctor's appointments for prenatal/postpartum care and well childcare.
  6. Identify source of primary care for mother, infant and all family members. Make referrals as needed. Give assistance in registering for Child Health Insurance Program (CHIP)/Medical Assistance, if appropriate, through the Personal Navigator Program.
  7. Initiate nutritional assessment and counseling. Referrals to WIC, if appropriate.
  8. Provide lead screening for infants six months and over, initiate environmental assessment and follow-up if appropriate.
  9. Assess and monitor psychosocial needs of enrollees and make appropriate referrals as needed. Fetal Alcohol Spectrum Disorder (FASD) and Maternal Depression Screening shall be conducted.
  10. Provide developmental screening for children in the home using the Ages and Stages Questionnaire at ages 4 months – 48 months as needed. Make referrals to early intervention as needed.
  11. Perform screening, assessment, documentation and referral for victims of domestic violence whenever appropriate. PHN representative shall attend the Domestic Violence Coalition of Montgomery County.
  12. Provide smoking cessation education to women who use tobacco. Provide education to women about not exposing their children to tobacco smoke.
  13. Assess and provide instruction regarding birth control options available to reduce the incidence of unintentional pregnancies. Referral shall be made to appropriate agencies. Women shall be instructed regarding the need for post-partum check-up within 2 months of delivery.
  14. Ensure all enrollees have been offered screening for sexually transmitted diseases and refer for treatment, if appropriate.
  15. Provide education and counseling on immunizations for infants and all children in the home.
  16. Assess immunization status of all children in the household.
  17. Conduct home safety assessment, including fire, bicycle and automobile safety.
  18. Provide counseling and educational tools to assist the enrollee in providing a safe environment and make follow-up referrals when appropriate.
  19. Provide SIDS information and resources to families.

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Evaluation Methods: Evaluation will be accomplished through monthly and quarterly measurement of activities, a demonstrated increase in the number of low-income and uninsurable woman accessing primary care and childcare in the prenatal/postpartum period, as compared to year 2012.

Objective 6: Eliminate duplication of services and foster a user-friendly system for families in need throughout Montgomery County.

Activities:

1. Actively participate in Maternal and Infant Committees that impact the health and well being of pregnant women, mothers and their children.
2. Coordinate bi-monthly meetings of the Infant Health Advisory Council, now called Montgomery County Alliance for Healthy Babies, to identify disparities and gaps in care, and identify possible funding sources to address maternal and infant health concerns.
3. Maintain effective, ongoing relationships with local organizations involved in family health issues serving Montgomery County.
4. Coordinate the Cribs for Kids Program to provide cribs and education to families and organizations regarding SIDS, safe sleep environments.
5. Coordinate quarterly meetings for the Montgomery County Child Death Review Team (CDRT) and participate with the Pennsylvania CDRT Meeting and conference.
6. Serve on and create linkages and partnerships between the Health Department with the following organizations, boards and task forces:
  - Montgomery County Child Death Review Team
  - Montgomery County Teen Parent Taskforce
  - Office of Children and Youth Fatality and near Fatality Review
  - Suicide Prevention Taskforce
  - PA Child Death Review Team
  - March of Dimes, Program Service Committee
  - Montgomery County Interagency Coordinating Council for Special Needs Children (ICC)
  - Norristown Family Center Board
  - Montgomery County Children and Youth Foster Care Committee
  - Montgomery County Alliance for Healthy Babies
  - Pennsylvania Perinatal Partnership
  - SIDS of Pennsylvania

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- Drug & Alcohol Evaluation Program

Evaluation Methods: Evaluation will be accomplished through monthly and quarterly measurement of activities, and demonstration of appropriate and timely referrals for Maternal-Child Health issues.

Objective 7: Increase public awareness of Health and Human Services resources available to families in Montgomery County especially those families of children with special health care needs.

Activities:

1. Produce and maintain a parent and infant resource guide.
2. Continually improve resource guide by updating information, distributing data and identifying areas of need.
3. Disseminate guide to providers in all areas of the county for distribution to their consumers.

Evaluation Methods: Evaluation will be accomplished through monthly and quarterly measurement of activities, a demonstration of an increase in public awareness to Health and Human Services resources available to families as compared to year 2012.

*Cribs for Kids Program*

Program Goal: Reduce infant mortality due to SIDS and unsafe sleeping environments in Montgomery County.

Objective 8: Educate and provide safe sleep environments to those families in need of a crib (“pack n play”) and provide education and training on SIDS.

Activities:

1. Conduct fundraising, and prepare and submit grants to provide funding for this needed program.
2. Order sheets, cribs and blankets through SIDS OF PA/Cribs for Kids and distribute to agency referred low income clients.
3. Deliver cribs after delivery of baby and provide instruction on assembly of crib with bassinet attachment. Give referrals/resource guide to clients and provide safe sleep and SIDS information to family.

Evaluation Methods: Evaluation will be accomplished through agency referral sheet and evaluation form completed by the mother. At delivery of crib, birth information is collected as well as an evaluation from the mother regarding her prenatal care and delivery event. Information will be put into a data base and shared with providers.

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## **Immunization Program**

The Vaccine-Preventable Disease Immunization program consists of two areas: the service delivery of vaccines and the surveillance of vaccine-preventable diseases.

- 1) The service delivery portion of the program provides certain vaccines to uninsured and underinsured clients of all ages through MCHD's community clinics and outreach efforts. The clinics also participate in the VFC (Vaccine For Children) Program, which serves children, newborn through 18 years of age.
- 2) The Surveillance of Vaccine-Preventable Diseases (VPD) in childhood are mandated as reportable under the *PA 28. Chapter 27, Reporting of Communicable and Non-communicable Diseases of Pennsylvania's 1959 Disease Prevention and Control Law, May 2000*. The Health Department monitors reports of VPD cases, with special attention to break-through cases and to cases of unvaccinated or incompletely vaccinated children.

Program Goal: Reduce the number of vaccine-preventable diseases in Montgomery County through the administration of vaccines by December 2013.

Objective 1: Improve age appropriate immunization rates in Montgomery County to meet the Nation's Healthy People 2020 goal.

Activities:

1. Conduct regularly scheduled immunization clinics at the Norristown, Pottstown and Willow Grove Health Centers.
  - Provide "no barriers" to immunization services for uninsured, underinsured and VFC Program clients at all three MCHD health centers (i.e. free of charge, offering day and evening hours, utilization of standing orders, and, no unnecessary prerequisites).
  - Conduct satellite immunization clinics in geographically diverse parts of Montgomery County, as needed.
  - Utilize an immunization tracking system that includes reminder cards, phone calls and, when necessary, home visits.
  - Identify specific PHNs to oversee the tracking program, including data collection and analysis.
  - Advertise and promote clinics through school mailings, local newsletters, MCHD website and Facebook, and newspaper announcements.
2. Provide information and education to promote childhood immunizations at the community level.

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- Assist and facilitate county and community agencies (e.g. Children and Youth, Head Start and schools) to assess immunization status on children they serve.
  - Provide immunization information through MCHD home visiting programs.
  - Conduct quality assurance visits to all Vaccine for Children (VFC) immunization providers throughout Montgomery County.
  - Participate in and promote the immunization registry Statewide Immunization Information System (SIIS).
  - Participate in PA Chapter of American Academy of Pediatrics (AAP) program, “Educating Physicians in Their Community”, to provide immunization information to private providers.
  - Participate as an active member in the Montgomery County Immunization Coalition and the Pennsylvania Immunization Coalition.
3. Provide pneumococcal vaccine (PPV23) and tetanus, diphtheria and pertussis vaccine (Td or Tdap) to uninsured and underinsured adults in all of MCHD clinics and outreach sites.
- Screen all eligible persons 65 years of age and older and high risk persons < 65 for history of pneumococcal vaccination and provide vaccine as needed.
  - Tetanus, diphtheria and pertussis vaccine (Td or Tdap) will be available for any eligible adult  $\geq 18$  requiring a booster according to the Advisory Committee on Immunization Practices (ACIP) recommendations.
  - Provide educational materials to inform adults of the need for immunizations.
  - Collaborate with community groups to identify and immunize those individuals who are at highest risk.
4. Provide influenza immunizations at strategic geographic sites to any Montgomery County resident who wants to reduce their risk of contracting influenza on an annual basis.
- Schedule community immunization clinic sites and provide influenza vaccine at those scheduled sites.
  - Develop and implement a marketing plan to encourage all residents to obtain an annual influenza immunization.
  - Provide influenza vaccine to nursing homes and visiting nurse associations, as needed and available.
  - Provide homebound influenza vaccine by working with the Department of Aging and Adult Services and the Meals on Wheels Program.

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Evaluation Methods: Evaluation will be accomplished through monthly and quarterly measurement of activities, a demonstrable improvement in child immunization rates and quality assurance review of all patient interactions and charts.

*Surveillance of Vaccine-Preventable Diseases*

Objective 2: Conduct Influenza surveillance.

Activities:

1. Identify influenza cases and viral strains by maintaining a sentinel network of physicians to participate in the influenza seasonal surveillance program.
  - Recruit at least 3 sentinel physicians.
  - Distribute nasal or throat swab kits.
2. Report influenza-like illness.
  - Participate in the national sentinel network by soliciting the participation of at least 3 county-based physicians.
  - Invite physicians to participate in network.
  - Collate published data on influenza-like illness in Montgomery County.
  - Respond to media and public inquiries with accurate, up to date information about influenza activity in different parts of the County.
3. Prevent influenza outbreaks.
  - Enhance preparedness of staff in long term care residential facilities to handle an influenza outbreak by sending information on influenza prevention activities at the start of the season.
  - Develop an information packet containing fact sheets on influenza, recommendations for vaccination, and a protocol to be followed in the event of an outbreak and distribute materials to the administrators of each targeted facility.
  - Provide information on influenza on the MCHD website.
  - Respond to phone calls, provide recommendations, and assist in data collection in the event of an influenza outbreak. Document each reported outbreak and collect information on number of ill residents, clinical data and laboratory data.

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Evaluation Methods: Evaluation will be accomplished through measurement of activities and tabulation of number of Influenza and Influenza like-illness and comparison with 2012-2013 influenza season.

Objective 3: Conduct Active Surveillance of Vaccine Preventable Diseases (VPD).

Activities:

1. Investigate reported VPD cases, initiate control activities and provide current information on vaccines.
2. Immediately initiate an investigation of reportable vaccine preventable diseases, regardless of whether they are confirmed or suspected at time of notification. Conduct a physician interview for the purpose of obtaining all pertinent patient and clinical information.
3. Contact the patient or patient's parent or guardian to determine if there are any possible sources of infection. Provide disease education and obtain information about household and other contacts.
4. In an outbreak, conduct a site visit to provide information, evaluate contacts and reduce concerns, as needed.
5. When appropriate, refer contacts to their physician for prophylactic treatment or arrange for treatment by the medical director or public health nurse of the health department.
6. Continue to encourage families to vaccinate their children according to the recommended childhood immunization schedule. Answer questions about alleged ill effects of approved vaccines.
7. Compose a report on breakthrough or unvaccinated cases, as needed.
8. Report countable cases and outbreaks to the PA Department of Health (PADOH).

Evaluation Methods: Evaluation will be accomplished through monthly and quarterly measurements of activities and tabulations of vaccine preventable diseases and comparisons to year 2012.

### **Childhood Lead Poisoning Prevention Program**

MCHD provides universal childhood lead poisoning prevention screening and education to children in Montgomery County, based on recommendations by the Center's for Disease Control and Prevention (CDC). This program consists of clinical case management of children identified with elevated lead levels, and environmental case management of lead hazards identified in the child's environment.

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Program Goal: Reduce lead poisoning among children in Montgomery County by decreasing or eliminating lead hazards in their environment by December 2013.

Objective 1: Conduct universal lead screening of children six months through 83 months of age, throughout Montgomery County.

Activities:

1. Screen 500 children in Montgomery County for lead poisoning.
2. Provide lead testing services at MCHD's Community Health Centers.
3. Develop a schedule of screening sites to include: day cares, Head Start classrooms, and Pottstown Early Action for Kindergarten Readiness (PEAK) Program classrooms.
4. Provide lead testing to children referred from designated WIC sites that are identified with low hemoglobin.
5. Offer targeted lead testing and education, through collaboration with ACLAMO, to Hispanic children and families in the Pottstown and Norristown areas.
6. Provide educational materials and/or conduct educational presentations to medical consumers and providers.
7. Submit quarterly reports to the PADOH.
8. Enter all case management data into PA-NEDSS.

Evaluation Methods: Evaluation will be accomplished through monthly and quarterly measurements of screenings, as demonstrated by the increase in the number of children between the ages of six months through 83 months that receive lead testing.

Objective 2: Provide clinical case management services to 100% of children identified with elevated lead levels.

Activities:

1. Provide education and instructional materials to parents/guardians for reducing lead levels through diet and environmental cleaning, for all children with lead levels  $\geq 10$  ug/dL.
2. Conduct Healthy Homes visits to all children with lead levels  $\geq 10$  ug/dL, within the required time frames.
3. Refer all children with lead levels of  $\geq 15$  ug/dL, to Early Intervention.
4. Provide case management services until the child's lead level is reduced and/or all environmental hazards are eliminated.
5. Develop a plan of care that will identify action steps necessary to close cases in a timely manner.

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6. Provide necessary referrals to the Office of Children and Youth to encourage neglectful parents to comply with MCHD's suggestions to reduce lead hazards in the environment.
  7. Hold bi-monthly case management meetings to review clinical and environmental status of all open cases.
  8. Follow up on all PA-NEDSS reported cases and enter new clinical case data into PA-NEDSS.

Evaluation Method: Evaluation will be accomplished through monthly and quarterly measurements of activities as demonstrated by the increase in the number of children identified with elevated lead levels receiving case management services.

Objective 3: Provide environmental case management services, by conducting lead hazard and risk assessment inspections at properties where children identified with elevated lead levels reside.

Activities:

1. Conduct lead hazard and risk assessment inspections at specified properties, within the required time frames.
2. Initiate enforcement and/or legal action for non-compliant or multiple repeat offenses.
3. Partner with Montgomery County Housing Authority by referring all Section 8 identified properties for lead hazard and risk assessment inspections.
4. Conduct voluntary visual inspections for reducing environmental lead hazards in homes of residents who do not meet the case management criteria.
5. Provide educational and instructional material for lead risk reduction, through various outreach activities.
6. Provide educational and instructional information about reducing environmental lead exposure to homeowners, renters and contractors.
7. Enter all environmental activity for identified properties into PA-NEDSS.

Evaluation Methods: Evaluation will be accomplished through monthly and quarterly measurement of environmental activities, as demonstrated by an increase in the number of homes with children with identified elevated lead levels, having an environmental lead hazard and risk assessment inspection performed.

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## **Tuberculosis Control Program**

The Tuberculosis control program consists of disease surveillance, investigation and clinical diagnosis, treatment and case management of all reported active cases in Montgomery County. The Health Department offers these services in our Community Health Center Clinics.

Program Goal: Reduce the incidence of active cases of tuberculosis.

Objective 1: Reduce active cases of tuberculosis to an incidence of no more than 2.6 cases per 100,000 people.

Activities:

1. Investigate Acid Fast Bacillus (AFB) positive clinical specimens reported by PA-NEDSS, Electronic Laboratory Report (ELR), private physicians, laboratories, hospitals, and other free standing medical care facilities. Monitor spoligotype culture clusters in the County. Perform active case finding and epidemiological investigation of contacts of a case or suspected case of tuberculosis.
  - Ninety percent (90%) of sputum AFB-smear positive TB cases will have contacts identified. Ninety five percent (95%) of contacts to sputum AFB-smear positive TB cases shall be evaluated for infection and disease. Of those found to be infected, 85% of infected contacts will complete treatment for latent tuberculosis infection.
  - Ninety percent (90%) of newly diagnosed TB cases will complete therapy within 365 days. One hundred percent (100%) of all smear positive cases shall be interviewed within three days of assignment. Ninety percent (90%) of all other cases shall be interviewed within five days of assignment
  - Assure TB screening is provided to high risk groups by use of targeted tuberculin skin testing policy. Emphasis on targeted testing of individuals at high risk for recent infection or with clinical conditions increasing risk for progression to TB disease.
  - Directly observed therapy (DOT) is pursued as a standard of care.
2. Conduct tuberculosis assessment, diagnosis, treatment and epidemiological services for all clinic patients referred to MCHD's Communicable Disease Clinics.
  - Provide tuberculosis screening, testing, diagnosis, treatment, and education services in each of MCHD's community health centers.

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- Offer evening hours in each health center to assure access for working clients.
  - Provide nurse directed clinics to clients in accordance with MCHD policy.
  - Conduct monthly TB medical review, or on an as needed basis, to monitor quality of care to patients.
  - Document clinic activities monthly, quarterly and annually.
  - Monitor compliance with tuberculosis medication regimen.
  - Place all active and suspect cases on DOT. Offer DOT to all patients under the care of private physicians.
3. Provide tuberculosis education and training for MCHD clinical staff and community health care providers.
- Conduct in-service training and provide on-going education for current staff on an annual basis.
  - Educate community health care providers of services available to high-risk groups.
  - Provide current educational material from the CDC and American Thoracic Society to all health care providers, infection control practitioners and clinical services staff on an annual basis.

Evaluation Methods: Evaluation will be accomplished through monthly and quarterly measurements of activities and a demonstrated increase in the number of active TB cases completing appropriate therapy in 2013.

### **Dental Services Program**

Program Goal: Reduce the proportion of children and adolescents who have dental caries or untreated tooth decay in their primary or permanent teeth by December 2013.

Objective 1: Improve the dental health of preschool and school-aged children by providing prophylactic and restorative dental services to a minimum of 250 children.

Activities:

1. Through sub-grant(s), MCHD shall provide dental education, assessments, prophylactic (debridement, fluoride treatment and application of sealants) and restorative dental services targeting a minimum of 250 preschool and school-aged children.
2. Services shall be targeted to the Norristown and Pottstown geographic areas.

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Evaluation Methods: Evaluation will be accomplished through quarterly measurement of dental services provided in 2013.

### **HIV/AIDS Program**

The HIV/AIDS Program has three main areas of focus: 1) disease investigation and surveillance, 2) prevention education, and 3) counseling, testing and partner services. HIV became reportable in Pennsylvania on October 18, 2002 and all positive test results must be reported to the Health Department. Also reportable are CD4 T-lymphocyte counts less than 200 or less than 14%, and perinatal exposure of newborns to HIV. HIV education is provided to Montgomery County residents through presentations, street outreach, and individual or small group risk reduction sessions. Groups targeted through prevention education are women, teens, individuals who use illegal drugs, men who have sex with men and individuals incarcerated in county facilities. Confidential HIV counseling, testing, and partner services are offered in MCHD clinics and at various community sites. Partner services are also offered to patients of private physicians who test positive for HIV.

The State HIV and STD Programs of the Pennsylvania Department of Health integrated their surveillance and prevention programs. The goals of the integrated program are streamlined surveillance work throughout the Department, more efficient delivery of services and less duplication of services for clients who may be co-infected with HIV and other reportable STDs. The State estimates that as many as 70% of Pennsylvania's syphilis cases may also be infected with HIV; now that integration has taken place, we hope to reflect this number more accurately and prioritize our prevention efforts to better serve this population.

Program Goal: To obtain HIV/AIDS reports and monitor patients who are tested in Montgomery County, provide various options for HIV testing, follow-up with newly diagnosed HIV-positive clients to provide partner notification and referral services and raise awareness about HIV/AIDS throughout the community.

Objective 1: Investigate HIV and AIDS cases reported by physicians and hospitals as mandated under PA. Code: Title 28, Chapter 27.

Activities:

1. Conduct HIV and AIDS investigation and surveillance.
2. Make contact with physicians and infection control practitioners at hospitals, correctional facilities, and D&A

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facilities requesting they provide HIV and AIDS case reports to the Health Department. Contact may be made by phone, letter or an in-person visit.

3. Provide case report forms and instructions on how to complete them.
4. Enter HIV and AIDS data into the PA-NEDSS Reporting System program to update and maintain HIV and AIDS data.
5. Compose quarterly epidemiological profiles of HIV and AIDS cases in Montgomery County.

Evaluation Method: Evaluation will be accomplished through monthly and quarterly measurement of activities and a demonstrated increase in the number of reporting sources as compared to year 2012.

Objective 2: Increase targeted HIV counseling, testing, and partner services.

Activities:

1. Offer free HIV counseling and testing services to all Montgomery County residents.
2. Offer Partner Services (PS) to all HIV positive clients. Reporting agencies will be kept informed of activities occurring through Partner Services.
3. Continue to provide anonymous or confidential HIV testing and counseling at the three health department clinics, offering one evening clinic per week at each site. Offer HIV counseling and testing at community sites upon request and in conjunction with awareness events.
4. Provide post-test counseling to a minimum of 80% of sero-negative clients and a minimum of 95% of sero-positive clients.
5. Contact sero-negative clients who have not returned for HIV test results within 30 days from MCHD receiving results.
6. Contact sero-positive clients who have not returned for HIV test results within 5 days from MCHD receiving results.
7. Offer partner services to all individuals testing positive for HIV at a Montgomery County Health Department test site. Initiate partner notification within three days of the original patient interview.
8. Contact private providers to inform them of MCHD Partner Services.
9. Refer all HIV positive clients to case management services. Provide written case management/medical referral information to all HIV positive clients.
10. Provide CD4 and Viral Load testing to those clients who are enrolled in the SPBP (Special Pharmaceutical Benefits Program).

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11. Ensure HIV/AIDS certification of Health Department staff. Organize prevention counseling training for new staff. Invite speakers to address specific issues in HIV/AIDS work.
  12. Use local community marketing (ie. newspapers, radio, flyers, etc.) to inform people in the county about the availability of free HIV testing and counseling.
  13. Have services posted on the Montgomery County web site.

Evaluation Method: Evaluation will be accomplished through monthly and quarterly measurement of activities and a demonstrated increase in the number of individuals counseled, tested, and referred as compared to year 2012.

Objective 3: Improve awareness and knowledge of HIV and prevention methods among high-risk groups in Montgomery County.

Activities:

1. Provide educational sessions at Montgomery County Youth Center monthly.
2. Offer credible resources to inpatient and outpatient Drug and Alcohol Facilities.
3. Provide HIV/AIDS prevention education to middle and high schools in Montgomery County upon request.
4. Continue to provide credible resources to school districts concerning curricula on sexual health, HIV/AIDS and STDs.
5. Conduct HIV/AIDS education and risk reduction presentations appropriate for each grade level and/or community target population.

Evaluation Method: Evaluation will be accomplished through monthly and quarterly measurement of activities and comparisons to high-risk individuals who are educated about HIV and prevention methods as compared to year 2012.

Objective 4: Enhance awareness among residents of the HIV/AIDS burden and the need to continue and strengthen HIV/AIDS prevention by organizing a visible public event on World AIDS Day.

Activities:

1. Organize an event for World AIDS Day consistent with the proposed theme of the year, focusing on high-risk groups in the County. Ensure collaboration with local AIDS Service Organizations (ASOs) in planning execution of World AIDS Day.
2. Arrange with the office of the County Commissioners to issue a proclamation on World AIDS Day and provide the County's

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Communications Center with information on World AIDS Day to be distributed to media networks.

Evaluation Method: Evaluation will be accomplished through an increase in numbers of individuals who participated in World AIDS day as compared to year 2012.

### **Sexually Transmitted Disease Program**

The Sexually Transmitted Disease (STD) Program has three main areas of focus: 1) disease investigation and surveillance, 2) prevention education, and counseling, 3) diagnosis, treatment and partner notification services. Sexually Transmitted Disease reporting to MCHD by private physicians, laboratories, hospitals, and other free-standing medical care facilities is required by both state law and the Montgomery County Public Health Code (Chapter 3). The epidemiological investigations of reported STD index cases, along with partner notification and follow up services, is the key to reducing the spread of STDs in Montgomery County. STD prevention education targets teenagers, individuals incarcerated in county correctional facilities, and high-risk individuals contacted during street outreach. The education sessions focus on educating clients about the most common STDs and teaching methods of prevention. STD testing, diagnosis, treatment and partner notification is offered in MCHD's Communicable Disease Clinics.

Program Goal: To decrease the incidence of Sexually Transmitted Diseases in Montgomery County and to reduce transmission to others in the community by December 2013.

Objective 1: Investigate STD cases reported by private physicians, laboratories, hospitals, and other free standing medical care facilities.

Activities:

1. Follow up on 100% of all positive chlamydia, gonorrhea, and syphilis tests.
2. Initiate case investigation within 3 days of receipt of case report.
3. Contact physician to ascertain treatment information.
4. Ensure that all reported STD cases receive adequate medical treatment. Clients not treated, or inadequately/improperly treated by their private physician are referred to MCHD clinics.
5. Interview cases by phone and on-site in the community to identify risk factors and sexual partners.
6. Educate index cases and their partners about STD prevention.
7. Enter data collected into PA-NEDSS.

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8. Compose quarterly epidemiological reports on STD incidence; which may include data on diagnosis, age, sex, race, and other associated risk factors.

Evaluation Method: Evaluation will be accomplished through monthly and quarterly measurement of activities and a demonstration of appropriate STD investigations from a variety of reporting sources.

Objective 2: Increase STD testing, diagnosis, and partner notification.

Activities:

1. Increase the number of partners solicited from index cases.
  - Attempt to contact all index cases at least 3 times either by phone, letter or field visit.
  - Priority is given to all teenage cases, pregnant females, and clients re-infected within a three-month time frame.
  - Names of partners and locating information will be obtained.
  - Partner notification will begin within 3 days of obtaining information
  - Contacts located will be referred for testing and treatment.
  - Enter data into PA-NEDSS database and compose a quarterly report on number of cases investigated and number of partners identified and treated.
2. Offer free testing, diagnosis and treatment services to all Montgomery County residents.
3. Provide counseling, treatment and partner notification services to all STD positive clients tested by Montgomery County Health Department.
4. Provide counseling, treatment and partner notification services to all STD positive clients referred by private providers.
5. Continue to provide STD testing, diagnosis and treatment at three health department clinics, offering one evening clinic per week at each site.

Evaluation Method: Evaluation will be accomplished through monthly and quarterly measurement of activities and a demonstrated increase in the number of individuals counseled, tested, and treated as compared to year 2012.

Objective 3: Improve awareness and education of the vaccines available to prevent Hepatitis A and B, Human Papillomavirus (HPV) and Cervical Cancer.

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Activities:

1. Offer the Hepatitis A, Hepatitis B or Twinrix vaccine series to all uninsured clients, 18 years of age and older, receiving testing services in Communicable Disease Clinics.
2. Offer the Gardasil vaccine series to all uninsured clients, 18-26 years of age, receiving testing services in Communicable Disease Clinics.

Evaluation Method: Evaluation will be accomplished through monthly and quarterly measurement of activities and a demonstrated increase in the number of individuals receiving vaccine series to prevent Hepatitis A, Hepatitis B, Human Papillomavirus (HPV) and Cervical Cancer, as compared to year 2012.

Objective 4: Improve awareness and knowledge of sexually transmitted diseases and preventive methods among high-risk groups in Montgomery County.

Activities:

1. Provide educational programs in schools upon request.
2. Prepare educational programs using methods that are culturally sensitive to young people.
3. Offer STD information in conjunction with community outreach events.
4. With permission of the patient, send STD information to patients who tested positive for a STD to encourage healthier behaviors.

Evaluation Method: Evaluation will be accomplished through monthly and quarterly measurement of education sessions and a demonstrated increase in the number of individuals that have been reached through our programs as compared to year 2012.

### **General Disease Reporting**

Currently, seventy-four infectious diseases and conditions are reportable to the Health Department (Public Health Code of Montgomery County, Chapter 3, Article B). Reporting of notifiable diseases in the county is the responsibility of everyone, but in particular, of health professionals, hospitals, emergency rooms, laboratories, school nurses and staff of day care centers, or any person who has knowledge or suspicion of a reportable disease/condition.

Reporting is done via PA-NEDSS, telephone, fax or mail. Hospital microbiology and commercial laboratories send results of reportable

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diseases that test positive. In case of confirmed or “presumptive” diagnosis of a disease/condition that requires immuno- or chemoprophylaxis, or other critical preventive control measures, physicians and nurses should notify the MCHD within twenty-four hours of the diagnosis. These could include: animal bites, cases of diarrheal disease, bacterial meningitis, STDs and reportable infectious diseases occurring in sensitive situations such as food establishments, day care centers, college dormitories, or long-term care facilities.

The National Electronic Disease Surveillance System (NEDSS) is a national initiative driven by the Centers for Disease Control and Prevention (CDC) to improve the timeliness, completeness, accuracy, and uniformity of surveillance data. The “NEDSS vision” includes use of the Internet for data collection and transmission, collection of data as close to the source as possible, incorporation of electronic laboratory reporting, and use of uniform coding schemes and data transmission protocols. MCHD uses PA-NEDSS, to report diseases and investigative findings to the Pennsylvania Department of Health (PADOH) over the Internet. It replaces the card- and form-based methods of reporting and tracking diseases. This innovative Web-based application establishes a real-time, secure communication link between laboratories, hospitals, individual medical practices, MCHD and the PADOH. This system has been in use since 2002.

After receiving a case report of a Montgomery County resident, a Disease Intervention Specialist (DIS) will investigate the case, and attempt to identify the cause of the disease, risk to patient and possible spread to close contacts or the community. If applicable, control and/or preventive measures are recommended or initiated. A completed case is entered into a disease surveillance database for the purpose of data management. Trends in diseases/conditions are analyzed by time of occurrence, location, age, gender, race/ethnicity and reported risk factors. Summary overviews of selected diseases/conditions are presented at the Montgomery County Board of Health meeting and sent to individuals, agencies or the media upon request. Strict confidentiality rules apply: the data are presented in aggregate form without name of individual or address; townships are not identified when numbers are small (five or less cases).

Program Goal: To protect the health of Montgomery County residents through surveillance of all reportable diseases, control and prevention of outbreaks or unusual occurrences, and provision of preventive services.

Objective 1: Investigate 100% of reported notifiable diseases/conditions.

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Activities:

1. Update Standard Operating Procedures (SOP) for all major diseases/conditions. Check their concordance with state and federal guidelines.
2. Send epidemiological profiles of reported diseases to selected reporting sources.
3. Continue to compose statistics for the Health Department's Service Delivery Report and reports as requested for the PADOH, local township and borough managers and other entities.

Evaluation Method: Evaluation will be accomplished through monthly, quarterly, and yearly review of activities.

Objective 2: Manage 100% of reported outbreaks or unusual situations, document all outbreaks, and review the adequacy of outbreak policies and procedures.

Activities:

1. Convene weekly staff meetings to discuss ongoing case investigations.
2. In outbreak or unusual situations, follow the health department's guidelines for the management and coordination of disease outbreak investigations and convene meetings with other health department partners as necessary.
3. Complete case and outbreak reports in accordance with the PADOH time frame and guidelines and transmit weekly reports to the PADOH.

Evaluation Method: Evaluation will be accomplished through monthly assessment of activities and demonstration that 100% of reported outbreaks/unusual situations are fully investigated.

Objective 3: Update and develop surveillance methods to record and investigate the presence of West Nile Virus (WNV) infection in humans.

Activities:

1. Create a line listing of Montgomery County residents who have been tested for WNV.
2. Investigate all confirmed lab reports of WNV in humans.
3. Develop methods to inform the public about WNV, including environmental measures and personal protection against disease transmission.
4. Share epidemiological data on human cases with personnel from Environmental Field Services to assist in mosquito control activities.

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Evaluation Method: Evaluation will be accomplished through monthly and quarterly review of activities.

Objective 4: Standardization/Staff Training - Increase the accuracy and efficiency of case investigation by Communicable Staff.

Activities:

1. Provide all staff with the selected publications: the Montgomery County Public Health Code; the State Department of Health Regulations for Communicable and Non-Communicable Diseases, Title 28, Chapter 27 of the Disease Prevention and Control Law 1995 of the Commonwealth of Pennsylvania; the Communicable Disease Epidemiology Policy and Procedures Manual for the Investigation and Control of Selected Reportable Diseases; the CDC Case Definitions for Infectious Conditions under Public Health Surveillance; the APHA Control of Communicable Disease Manual, 19<sup>th</sup> edition, APHA 2008; Report of the Committee on Infectious Diseases, 2012 Red Book by the American Academy of Pediatrics, 29<sup>th</sup> edition; Centers for Disease Control and Prevention (CDC) STD Modules; Epidemiology and Prevention of Vaccine-Preventable Diseases, May 2012; and current ACIP guidelines.
2. Identify discrepancies between disease investigation practices of DIS staff and SOP guidelines. Initiate corrective measures, if necessary.
3. Conduct staff performance audits twice a year to assess turnover time of cases investigated, timeliness in follow-up and case closure, and accuracy and completeness of information obtained.
4. Assign a “point person” to major disease groups but ensure that all staff continues investigating at least 25% of cases outside of their assigned disease group.

Evaluation Methods:

1. Evaluation will be accomplished through monthly assessment of activities and demonstration that staff has investigated 25% of cases outside their assigned disease group.
2. Staff performance audits will be completed biannually.

Objective 5: Ensure that 100% of staff is up-to-date on the epidemiology of reportable diseases, surveillance procedures, and disease control and prevention measures.

Activities:

1. Train staff in the use of PA-NEDSS and other statistical programs.

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2. Teach staff how to compose epidemiological profiles of diseases and analyze disease trends (person, time, and place) and risk factors.
  3. Have staff complete CDC self-study courses with regard to Epidemiology for enhanced learning and training.
  4. Conduct in-house seminars on the use of Crystal Reports and PA-NEDSS analysis tools which may be utilized to assess and evaluate prevention programs as well as emerging and re-emerging infections.
  5. As necessary, request that staff compose quarterly epidemiological profiles of major disease groups.

Evaluation Method: Evaluation will be accomplished through monthly assessment of activities and demonstration that staff has obtained current knowledge of reportable diseases and evaluation methods.

### **Animal Bite Surveillance**

The Health Department monitors human and animal (wild and domesticated) rabies, investigates animal bites, recommends rabies post-exposure prophylaxis (PEP) if appropriate, and initiates recommended animal control and rabies prevention measures.

The raccoon is the primary wildlife reservoir for rabies in the northeastern part of the United States. This species is commonly tested for rabies in Montgomery County and throughout the state of Pennsylvania. The Pennsylvania State Dog Law and the Montgomery County Public Health Code, mandate rabies vaccination for all dogs, cats and ferrets 3 months of age or older.

Animal bite reports consist of: 1) bites with human exposure (animal to human), 2) bites with exposure to a domestic animal (animal to animal) and 3) bites to a domestic animal that have occurred where the origin is unknown and may have been initiated by a rabid animal. Animal bite reports are the most common report investigated by the health department.

State Dog Law officers provide assistance in legal cases where dogs are responsible for multiple unprovoked attacks against residents or domestic animals. The Society for the Prevention of Cruelty to Animals (SPCA) and MCHD collaborate to ensure animal welfare. This includes cases where stray animals must be quarantined, providing SPCA veterinarians for the annual low-cost rabies clinics, and work in collaboration with the State Game Warden to assure that abused animals are removed from their owner's homes.

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Program Goal: To encourage a collaborative effort to formulate a common base of knowledge and motivation to reduce the incidence of bites, increase rabies vaccination compliance, and enforce state laws regarding reporting and quarantine, thus reducing the threat of rabies exposure to humans and domestic animals in Montgomery County.

Objective 1: Investigate 100% of reported animal bites following the Montgomery County Public Health Code and the Pennsylvania State Code.

Activities:

1. Notify owners and victims involved in an animal bite incident verbally and in writing of appropriate rabies control regulations. Enforce rabies immunization when indicated, within the appropriate time frame.
2. Ensure proper disposition of non-immunized cats and dogs sustaining wounds of unknown origin so they do not pose a risk to the public's health and safety.
3. Determine situations requiring laboratory analysis of brain tissue. Facilitate the preparation and delivery of specimens to the appropriate Pennsylvania State Diagnostic Laboratory (Lionville or Harrisburg).
4. Determine, on an individual case basis, situations that require post-exposure rabies prophylaxis.

Evaluation Methods:

1. Evaluation will be accomplished through monthly and quarterly assessment of activities and demonstration that 100% of reported animal bites are investigated in a timely manner.
2. At year-end, compile a list of the total number of persons recommended for PEP by MCHD, as compared to 2012.

Objective 2: Increase compliance by medical, veterinary and law enforcement personnel with reporting of bites and other exposures.

Activities:

1. Provide uniform, detailed reporting forms for all appropriate agencies.
2. Conduct sessions on reporting practices for ER staff concurrent with PEP recommendation training sessions.

Evaluation Method: Evaluation will be accomplished through monthly and quarterly assessment of activities and demonstrated increase in compliance of reporting sources.

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Objective 3: Improve and maintain the vaccination status of domestic animals in the county by conducting four or more cat, dog and ferret rabies immunization clinics at different sites throughout the county each year.

Activities:

1. According to an established time schedule, select sites for 2013, recruit veterinarians and clinic operations staff, order all necessary supplies, and launch an advertisement campaign in collaboration with the county's Communications Center, officials of Townships/Boroughs, Animal Control Officers, and community agencies and businesses.
2. Conduct at least four (4) low-cost clinics.
3. Evaluate the clinic attendance by maintaining records of the number of pets that are vaccinated at each clinic.
4. Provide each vaccinated animal with a MCHD rabies tag and corresponding rabies vaccine certificate that allows the animal and its vaccination status to be tracked.

Evaluation Methods:

1. Evaluation will be accomplished through a yearly assessment of activities and demonstration that at least four clinics were conducted and 600 cats and dogs were vaccinated against rabies.
2. At year-end, collect and analyze data on attendees of the low-cost rabies clinics.

Objective 4: Increase awareness about Montgomery County's Public Health Code regulations and countywide rabies control through media reports, talks to hospital staff, presentations to the Board of Health, and publication of data on the Montgomery County web site.

Activities:

1. Intensify information about the risk of rabies and rabies prevention to exposed individuals and the public when high-risk incidents occur.
2. Continue to collaborate with official and voluntary animal control and protection agencies in the County to enforce animal control regulations. Participate in local prevention initiatives.
3. Publish articles in the local newspapers and County website relating to rabies awareness, prevention and treatment.

Evaluation Method: Evaluation will be accomplished through monthly and quarterly assessment of activities and demonstration of a decrease in the number of unvaccinated domestic animals as compared to 2012 data.

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## Diseases of the Central Nervous System

Diseases of the central nervous system (CNS) include bacterial meningitis, viral meningitis and encephalitis. Viral meningitis is a less serious clinical syndrome with multiple viral etiologies, but bacterial meningitis is life threatening. Important pathogens are *Neisseria meningitidis*, *Haemophilus influenzae*, and *Streptococcal pneumoniae*. Other bacterial pathogens, such as *Listeria monocytogenes*, are less common.

### *Case Investigation*

The CDC and Advisory Committee on Immunization Practices (ACIP) recommend routine vaccination of all persons aged 11 – 18 years with one dose of meningococcal vaccine at the earliest opportunity. In addition, routine vaccination is recommended for persons aged 19 – 55 years who are at increased risk for meningococcal disease such as college freshmen living in dormitories. Providers of medical care to incoming and current college freshmen, particularly those who plan to or already live in dormitories and residence halls, should, during routine medical care, inform these students and their parents about meningococcal disease and the benefits of vaccination.

MCHD takes potential cases of bacterial meningitis very seriously, particularly cases of meningococcal disease due to *N. meningitidis*. These cases pose a serious threat to the public's health and require the Health Department to assess close contacts of the case and recommend prophylaxis, if required.

### *Bacterial Meningitis Prevention*

Prompt reporting of diseases of the CNS, specifically meningococcal disease and meningitis caused by *H. influenzae* type b, is essential even when the diagnosis is not laboratory confirmed. It permits physicians and public health professionals to identify and protect close community contacts from contracting the disease. When the Health Department receives a report, staff interview all contacts of suspected and confirmed incident cases and evaluate the need for prophylactic treatment.

Program Goal: Provide prompt surveillance to identify and protect close community contacts from contracting diseases of the CNS.

Objective 1: Investigate 100% of reported CNS bacterial meningitis cases, identify close contacts, evaluate their need for prophylaxis and provide education about treatment and prevention, as needed.

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Activities:

1. For each reported case, assess whether it is a presumptive or confirmed meningococcal disease case. Treat the report as an emergency. Collect available patient information from reporting source. Contact hospital or emergency room physician to obtain demographic and clinical information on index case.
2. Alert day care, school, college or other setting where patient resides about seriousness of situation and need to interview close contacts. Establish listings of close contacts, interview them and decide on chemoprophylaxis. Inform the PADOH of the case investigation and have them send an early notification message.
3. Contact patient or patient's parent or guardian to determine if he/she has engaged in any travel and obtain information regarding household and other contacts.
4. Provide disease education on site, reduce fears, and distribute information. Assist the site director in drafting an informational letter to be given to all contacts or their parent or guardian.
5. When appropriate, refer contacts to their physician for prophylactic treatment or arrange for treatment through the medical director and public health nurses of the Health Department. Follow-up with patients, and/or their parent or guardian to ensure that they received the appropriate medication and that they completed the prophylactic treatment.
6. Compose a summary report for the file on outbreaks/unusual situations.

Evaluation Method: Evaluation will be accomplished through monthly and quarterly assessment of activities and a written summary report on each case that documents specific control measures taken.

## **Enteric Diseases**

### *Surveillance, Control of Outbreaks, and Prevention Education*

Foodborne and waterborne enteric diseases are caused by common bacterial and viral pathogens, and toxin-producing organisms and plants. Some of the enteric diseases that are reportable to the Health Department are salmonellosis, shigellosis, campylobacteriosis, giardiasis and all types of *E. coli* infections. The Health Department has received an average of 42 food poisoning complaints per year in the past five years. Only epidemiologically-linked food complaints (two or more people falling ill and linked to a common source) are investigated and laboratory tested. Reported clinical symptoms and duration of illness suggest that the majority of complaints are viral pathogens (e.g. Norovirus infection).

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### *Case Investigation and Patient Education*

After a report is received, information is gathered from the patient on the date of onset of the gastro-enteric incident, its symptoms, and treatment provided. Steps are initiated to uncover a source of the infection, which may be person-to-person contact, or a common source. Patients are educated about sources of infection, modes of transmission, and prevention measures to ensure that they will take precautions to reduce their risk of re-infection or the risk of infecting close contacts and customers.

### *Food Complaints*

Persons who became ill after consuming a meal that was purchased in a Montgomery County eating establishment may call the Health Department. Complaints are clustered in summer and winter. Persons filing a food complaint are interviewed about the food establishment suspected, implicated food(s), symptoms and medical treatment. If needed, stool cultures are taken.

A report of the complaint is passed on to the Division of Environmental Field Services for inspection of the establishment for hygienic food handling. Measures are recommended to restaurant managers and staff, if applicable. The Health Department keeps a log of food establishments that have been the source of a complaint.

### *Outbreaks*

Health Department staff are trained to watch out for reports of enteric diseases and to act quickly and effectively in an outbreak situation. Typically, the staff interviews complainants and employees, collects available evidence by phone and on site, sends food/water/stool samples to the State Laboratory for analysis, notifies the PADOH, composes a report, and continues surveillance for 1—2 months following the outbreak. The management of an outbreak may involve other divisions of the Health Department, (Environmental Field Services and Clinical Services and Public Health Nursing), and other health care and regulatory agencies.

Outbreak data gets entered into the National Outbreak Reporting System (NORS), which is a web-based platform designed to support reporting of waterborne, foodborne, enteric person-to-person, and animal contact-associated disease outbreaks to CDC. State and local public health officials have been entering information into NORS since it launched in February 2009. CDC developed NORS to improve the quality, quantity, and availability of data submitted on outbreaks.

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NORS will improve the ability to describe and prevent outbreaks at national and state levels through the collection of detailed information about deficiencies and risk factors associated with various exposures. These data, along with historical outbreak report data transferred into NORS, will be more readily available for review and analysis to state and local health officials. This should enable disease investigators, researchers, and health policy makers to evaluate and implement effective measures designed to prevent illness and reduce the burden of communicable diseases in the United States.

#### *Hand Washing in Day Care Centers*

The Divisions of Communicable Disease Control and Prevention and Health Promotion provide hand-washing education in day care centers using a program that targets children from the ages of 3 to 6 years by request.

#### *Prevention Education of Groups At Risk*

Outbreaks in sensitive situations such as day care centers, food establishments and long-term care facilities are an opportunity to educate clients and staff. The Health Department offers and provides oral and written information on the prevention of enteric diseases that may cause an outbreak.

Program Goal: Minimize the spread of gastro-enteric illness through 1) disease surveillance, 2) investigation of foodborne complaints, 3) control measures in outbreak or high-risk situations, as appropriate, and 4) prevention education.

Objective 1: Investigate 100% of reported enteric diseases and institute control measures within the time frame and guidelines of the PADOH.

#### Activities:

1. Contact all persons, by phone or letter, who have a confirmed gastro-enteric disease.
2. When necessary, contact physicians, hospitals and infection control professionals to obtain additional information.
3. Inform Division of Environmental Field Services about suspected food sources in the community and accompany staff on food inspection investigations, as needed.
4. Educate and inform all persons (patients, close contacts, people who shared same food source) on the nature of the enteric disease, its symptoms, transmission, and prevention.
5. Identify reporting sources that report cases later than five days after diagnosis. Send a reminder about the need for timely reporting.

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Evaluation Method: Evaluation will be accomplished through monthly and quarterly epidemiological assessment of reported gastro-enteric illness as well as quality assurance review of timeliness of reporting sources.

Objective 2: Maintain a high level of surveillance by checking disease reports and investigating all cases in which two or more unrelated persons consume meals at the same facility or are exposed to a common food or water source during a set time period.

Activities:

1. Follow the MCHD guidelines for the coordination of disease outbreaks.
2. Collect information from persons who have eaten at the facility using the guidelines set forth on the Food/Waterborne Illness Complaint Form.
3. Determine whether a stool culture has been taken from any ill patron who consumed a meal at the facility and whether the culture is positive for a reportable gastro-enteric disease.
4. Provide collection kits (stools, urine, food, water) to staff at the facility and strongly encourage sample taking; encourage physicians to take stool samples for identification of causative agents.
5. Identify the pathogen(s) by taking stool/food/water specimens for laboratory analysis.
6. Organize a joint response to an outbreak by alerting other departmental divisions and agencies.
7. Implement control measures and use the outbreak situation as an opportunity to provide prevention education to patients, health professionals and groups at risk.
8. Consult with staff at the Infectious Disease Epidemiology (IDE) division of PADOH. Provide essential information on an outbreak for the composition by PADOH of an “early notification form” which is distributed statewide.
9. Keep a record of an outbreak by composing a summary report one month after an outbreak.
10. Compose a yearly statistical overview of all food and water borne outbreaks that have been reported and investigated.

Evaluation Method: Compile written outbreak reports on all food/waterborne diseases occurring throughout the year.

Objective 3: Collect information on all persons reporting food complaints and refer 100% of reports to the Division of Environmental Field Services for follow-up.

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Activities:

1. Collect information from all persons reporting food complaints using the Suspected Food/Waterborne Illness Complaint Form.
2. Send a copy of the completed form to the Division of Environmental Field Services for follow-up.
3. Conduct an epidemiological analysis of all food complaints.

Evaluation Methods:

1. Evaluation will be accomplished through a monthly assessment of the food complaints that were investigated and of reports sent to the Division of Environmental Field Services.
2. Compile an annual report on the epidemiology of food complaints.

Objective 4: Provide prevention education in all sensitive situations, such as day care centers, food establishments and residential care centers for the elderly.

Activities:

1. Identify day care centers with a reportable disease.
2. Conduct a hand-washing presentation for children and staff.
3. Review hygiene infrastructure and practices.
4. Establish a baseline of enteric incidence in the day care centers before starting the presentation. Assess enteric incidence three months after completion of the program.
5. Present oral and written information on the prevention of enteric diseases in all sensitive situations where an outbreak occurs.

Evaluation Method: Evaluation will be accomplished through monthly and quarterly assessment of activities.

### **Hepatitis: Surveillance and Prevention Education**

PADOH requires the reporting of all viral, acute and chronic hepatitis cases. Only cases of acute hepatitis A and B are currently investigated.

*Case investigation of hepatitis A and B*

Laboratory results and clinical data on hepatitis A and B are obtained through reports received from physicians, hospital microbiology and commercial laboratories, and by subsequent phone calls to physicians and patients. Health Department staff interview acutely ill patients to determine possible sources of infection (household and other close contacts, including sexual contacts) and discuss any questions they may have about hepatitis, its transmission and prevention.

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### *Hepatitis C*

The Health Department receives approximately 3,000 laboratory reports of positive hepatitis C results each year. The Health Department currently limits its hepatitis C case investigation to passive surveillance in accordance with CDC case definitions. The demographics of each case are stored in PA-NEDSS for epidemiological analysis.

### *Hepatitis A Outbreaks*

The Health Department investigates acute hepatitis A cases. Control and prevention include the prophylactic protection of cases and close contacts with a dose of single-antigen hepatitis A vaccine (healthy people aged 12 months - 40 years) or immune globulin (IG) for all other persons. When administered within two weeks of exposure, IG is 80 - 90% effective in preventing clinical hepatitis A.

### *Prevention education on Hepatitis A, B and C*

Viral hepatitis and its prevention have been integrated as a subject whenever sessions are held on sexually transmitted diseases. The subject integration follows requests by health care staff working in STD and HIV/AIDS prevention.

Program Goal: Monitor the incidence of acute hepatitis A and B in order to control or prevent an outbreak situation as well as provide education to those infected to prevent the spread of disease.

Objective 1: Fully investigate 100% of reported hepatitis A and B cases by providing patient and public education, and implementing control measures as necessary.

### Activities:

1. Identify reports of all acute, viral hepatitis cases from physicians, hospitals, laboratories and other sources and contact patient's physician to collect additional demographic and clinical information.
2. Determine if patient meets criteria for acute illness. Conduct patient interviews and provide education and counseling for all acute cases.
3. When appropriate, recommend and/or provide prophylaxis for household and sexual contacts of acute cases of hepatitis A and hepatitis B.
4. Implement appropriate control measures if acute cases of hepatitis A occur in high-risk settings such as: food handlers in food establishments, children or staff in day care centers, residents or staff in long-term care facilities.
5. Enter data in the database and compose a quarterly epidemiological profile of cases.

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6. Report acute cases to the PADOH.

Evaluation Method: Evaluation will be accomplished through monthly assessment of activities and demonstration that 100% of reported cases are investigated and closed.

Objective 2: Establish an epidemiological profile of county residents with a positive hepatitis C laboratory result by collecting demographic information and identifying reporting sources.

Activities:

1. Analyze the data.
2. Compose an annual epidemiological profile of all investigations in PA-NEDSS by age, gender, race, township and reporting source.

Evaluation Method: At year-end, compile and analyze data on positive hepatitis C investigations that are entered into PA-NEDSS.

Objective 3: Reach high-risk groups with information on hepatitis prevention including available vaccination, modes of transmission, treatment, and medical follow-up by adding a session on hepatitis to ongoing prevention education programs for high-risk groups.

Activities:

1. Continue hepatitis education with STD and HIV/AIDS programs for inmates of Montgomery County's Correctional Facility, clients and staff of Drug & Alcohol facilities in Montgomery County, students and adolescents in county-based half-way houses, special schools, and people contacted by street outreach. Distribute educational materials on hepatitis.
2. Provide educational presentations to community groups upon request.

Evaluation Method: Evaluation will be accomplished through monthly and quarterly assessment of activities and demonstration that a presentation on viral hepatitis is integrated into 50% of STD and HIV/AIDS programs.

### **Perinatal Hepatitis B Prophylaxis Program**

Hepatitis B may be transmitted from infected mother to unborn child. Infants infected with the hepatitis B virus (HBV) at birth have a 95% chance of becoming a carrier of hepatitis B (compared to a 10% chance for adults). Carriers for hepatitis B are infectious for life and are at a

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higher risk for hepatocellular carcinoma and cirrhosis. Studies have shown that IG and the hepatitis B vaccine, when administered to the child within 12 hours of birth, is 85 - 95% effective in preventing HBV infection in the infant.

The Divisions of Communicable Disease Control and Prevention and Clinical Services and Public Health Nursing conduct a joint program to inform the expectant mother of the risk of HBV to her unborn child. In addition, MCHD sends a letter to the expectant mother's OB/GYN to inform them of the patient's positive HBV status. This letter reminds the OB/GYN that the infant needs to receive hepatitis B vaccine and IG within 12 hours of birth. Additional vaccine is given at appropriate intervals thereafter. Household and sexual contacts of persons infected with hepatitis B are also at risk of contracting the virus, and the hepatitis B vaccine series is offered to them.

Program Goal: To prevent the perinatal transmission of hepatitis B within Montgomery County through December 2013.

Objective 1: Contact 100% of hepatitis B positive pregnant women, educate them about hepatitis B vaccine and IG, and provide case management services to them and their infant.

Activities:

1. Review positive hepatitis B surface antigen reports on women of childbearing age sent by physicians, hospitals, PA-NEDSS, laboratories and other sources.
2. If the patient is pregnant, contact them and discuss hepatitis B infection risk to the unborn child and risk to household contacts.
3. Actively identify household and sexual contacts of patient and collect information to complete the Perinatal Hepatitis B Case and Contact Report Form.
4. Refer contacts to their healthcare provider or to a MCHD Immunization Clinic to receive three doses of the hepatitis B vaccine.
5. Contact child's pediatrician to inform them of hepatitis B positive mother, and the need for the infant to be vaccinated on a high-risk schedule.
6. Verify that hepatitis B vaccine and IG were given at birth to all children born to hepatitis B positive mothers.
7. Maintain contact with pediatrician and/or family to monitor child's vaccination and blood work status.
8. Report child's vaccination and blood work status to the PADOH Perinatal Hepatitis B Program.

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Evaluation Methods:

1. Evaluation will be accomplished through a monthly and quarterly assessment of activities and demonstration that 100% of pregnant women that were infected with hepatitis B were contacted by MCHD and received follow-up services.
2. At year-end, compile a list to note the total number of children born to hepatitis B positive mothers who completed the appropriate vaccination series as compared to 2012 data.

**Lyme Disease: Surveillance and Prevention Education**

The reporting of Lyme disease is mandated under PA Code, Title 28, Chapter 27. Prevention of Lyme disease consists of biological tick control and personal protection education. The Health Department focuses on 1) education of patients with confirmed Lyme disease, 2) dissemination of information on Lyme disease to health professionals, residents and the media, and 3) prevention education in community settings.

Program Goal: Reduce the incidence of Lyme disease in Montgomery County.

Objective 1: Fully investigate 100% of reported cases of Lyme disease by December 2013.

Activities:

1. Investigate all Lyme disease reports to determine whether they are confirmed, probable or suspected cases according to CDC criteria.
2. Interview all confirmed cases to assess risk factors, answer questions, and educate about risk reduction.

Evaluation Method: Evaluation will be accomplished through monthly and quarterly assessment of activities, demonstration that 95% of reported cases are investigated and closed at year-end, and that 100% of confirmed cases were interviewed to assess risk factors in order to provide information about risk reduction.

Objective 2: Improve knowledge of Lyme disease and its risk reduction methods by conducting educational sessions in community settings in areas with a high incidence within Montgomery County.

Activities:

1. Identify high-risk areas based on case incidence of the previous year.

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2. Identify groups at risk in the county such as park personnel, gardeners, landscape staff, hikers, hunters and campers.
  3. Conduct educational sessions during the peak months of tick activity between: March to August, 2013.
  4. Distribute posters to all hospital emergency rooms and doctor's offices that have reported or have concerns about Lyme disease.
  5. Invite Montgomery County Parks and Recreation Department to post signs.
  6. Analyze confirmed cases of Lyme disease by date of onset, risk factors, and demographic factors. Report findings once a year to reporting sources, and include relevant state or national recommendations.
  7. Compose a yearly report detailing the descriptive epidemiology of confirmed Lyme disease cases in Montgomery County, including trends in age, gender and geographic location.

Evaluation Method: Evaluation will be accomplished through monthly and quarterly assessment of activities and a demonstrated decrease in the number of confirmed Lyme disease cases as compared to 2012 data.

### **Health Statistics and Epidemiology**

The central function of this section is to provide health statistics and epidemiological analyses to MCHD staff, county residents, township managers, hospital systems, and anyone else who requests information. In addition, health-related statistics will be provided to the operational divisions of the Health Department for grant writing, program development, and program evaluation.

Using the County Geographic Information System (GIS), staff will map disease distributions within the county to assess trends in disease incidence and prevalence. In addition, target populations will be geographically identified for chronic disease prevention and maternal and child health programs.

Program Goal: To assess the health of the people of Montgomery County and to provide scientific and technical expertise as part of the system of assessment, program evaluation, policy development and assurance to achieve the goals of public health.

Objective 1: Assess the health of Montgomery County residents through surveillance, collecting and interpreting data, case-finding, monitoring morbidity and mortality trends.

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Activities:

1. Manage data and tabulate statistics.
2. Analyze trends and patterns of health behavior, diseases, natality and mortality.
3. Monitor health status and trends.
4. Provide assistance in data analysis and interpretation of statistics.
5. Oversee the compilation and distribution of health statistics.

Evaluation Method:

Compile annual vital statistics report, annual municipal service report, quarterly disease morbidity report and other reports, as needed.

Objective 2: Assess the health of Montgomery County residents through community health diagnosis.

Activities:

1. Provide service to Department programs, state and local agencies, and the public by responding to information and statistics requests.
2. Assist in disease outbreak investigations.
3. Conduct needs assessments and perform other assessment functions.

Evaluation Method:

Compile necessary needs assessment reports and disease cluster analyses.

Objective 3: Assess the health of Montgomery County residents through analyzing the cause of problems and evaluation of outcomes.

Activities:

1. Assist staff with program development and evaluation.
2. Respond to inquiries regarding health statistics and disease clusters.
3. Provide objective and high-quality information to be used as the basis of policy development and decision-making.
4. Support the Deputy Directors in effectively utilizing population-based (public health) data and service-based (department) data to make policy decisions.
5. Support the Division Directors in effectively utilizing population-based (public health) data and service-based (department) data to develop and evaluate department programs.

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Evaluation Method:

Compile Child Death Review Team annual and five-year summary report and monthly infectious disease updates.

**Healthy Lifestyles Program**

The Montgomery County Healthy Lifestyles Program strives, through education, screening and community-based programs, to increase public awareness; promote the prevention, early identification and early detection of risk factors for cardiovascular disease, osteoporosis and diabetes. The program promotes the adoption of healthy habits of nutrition and physical exercise. Activities are directly related to grant funded objectives. Components of the program coordinate with Healthy People 2020.

Program Goal: To reduce the public's changeable risk factors of cardiovascular disease, diabetes and obesity through the promotion of environmental, policy, and systems changes that support healthy eating and increased physical activity in five local settings: communities, healthcare, schools and childcare centers, and worksites.

Objective 1: Promote the adoption of healthy behaviors that decrease the risk of cardiovascular disease through nutrition and physical activity based community education programs.

Activities:

1. Conduct nutrition and physical activity programs to adults in varied community settings.
2. Conduct nutrition and physical activity programs to youth in varied, age appropriate settings.
3. Serve as a liaison and/or consultant for worksite wellness policy influence and change to Montgomery County businesses.

Evaluation Methods: Evaluation will be accomplished through quarterly measurements of activities, participation, changes to food choices, healthy policies instituted, and number of health education programs conducted.

Objective 2: Promote the adoption of healthy behaviors that decrease the risk of diabetes, through nutrition and physical activity based community education programs.

Activities

1. Conduct a 4 week evidence-based diabetes maintenance program in partnership with local agencies.

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2. Conduct diabetes awareness programs throughout the community.

Evaluation Methods: Evaluation will be accomplished through quarterly measurements of programs conducted and participants attending.

Objective 3: Promote the adoption of healthy behaviors that decrease the risk of obesity related chronic disease through nutrition and physical activity based community education programs.

Activities:

1. Conduct nutrition and physical activity programs to adults in varied community settings.
2. Conduct nutrition and physical activity programs to youth in varied, age appropriate settings.
3. Serve as a liaison and/or consultant for wellness policy influence and change to Montgomery County community organizations such as faith based organizations, schools, worksites and social groups.

Evaluation Method: Evaluation will be accomplished through quarterly measurements of participation and number of presentations.

Objective 4: Promote the adoption of healthy behaviors that decrease the risk of chronic disease and promote general wellness prevention strategies through community education programs.

Activities:

1. Conduct age appropriate stress management programs in varied community settings.
2. Conduct age appropriate oral health programs in varied community settings.
3. Conduct wellness programs targeting at risk youth of the Montgomery County Youth Center.
4. Conduct general wellness programming upon request to Montgomery County community organizations such as faith based organizations, schools, worksites and social groups.

Evaluation Method: Evaluation will be accomplished through quarterly measurements of participation and number of presentations.

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## **Cancer Prevention, Education and Early Detection Program**

The Cancer Prevention, Education and Early Detection Program strives, through educational programs, to increase public awareness and promote the prevention and early detection of preventable cancers through behavior modification. This program will continue to collaborate with other organizations to offer educational programs as well as prevention and early detection services to residents on skin, colorectal and lung cancer. Activities are directly related to grant funded objectives. Components of the program coordinate with Healthy People 2020 objectives.

Program Goal: To increase public awareness and promote prevention and early detection of skin, colorectal, prostate, and ovarian cancers.

Objective 1: Increase awareness of risk factors for and early detection of skin cancer through community-based health education programs.

Activities:

1. Conduct programs for adults aged 18 and over to promote skin cancer awareness and prevention.
2. Conduct presentations on skin cancer prevention and sun safety for day care providers, their staff and children. Encourage day care providers to assess the outdoor play environment at the day care.
3. Conduct educational programs for employers and their employees who primarily work outdoors to promote and provide sun-safety behaviors.

Evaluation Methods: Evaluation will be accomplished through quarterly measurements of participation and number of presentations. Evaluation will be accomplished by conducting pre-and post-test questions at select the educational sessions.

Objective 2: Increase public awareness of the risk factors and screening guidelines for early detection of colorectal cancer through community outreach and education.

Activities: Conduct colorectal cancer awareness presentations to adults age 18 and older through community-based health education programs.

Evaluation Methods: Evaluation will be accomplished through quarterly measurements of participation and number of presentations. Evaluation will be accomplished by conducting pre-and post-test questions at select the educational sessions.

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Objective 3: Increase public awareness of the cancer causing risk factors associated with tobacco use to Montgomery County youth and adults through community education programming.

Activities:

1. Conduct tobacco education programs to adults in varied community settings.
2. Conduct tobacco education programs to youth in varied, age appropriate settings.
3. Serve as a liaison and/or consultant for tobacco usage policy influence and change to Montgomery County community organizations such as faith based organizations, schools, worksites and social groups.

Evaluation Methods: Evaluation will be accomplished through quarterly measurements of participation and number of presentations. Evaluation will be accomplished by conducting pre-and post-test questions at select the educational sessions.

### **Breast Health Awareness and Survivorship Program**

This program aims to provide wellness programming to underserved Montgomery County residents previously diagnosed with breast cancer. The program promotes the adoption of healthy habits of nutrition, physical exercise and general wellness guidance as it relates to the breast cancer survivor including but not limited to: stress management, sleep disorders, and oral health. Activities are directly related to an established partnership with a local cancer treatment center.

Program Goal: To improve the healthy lifestyle choices of breast cancer survivors and family members in order to enhance quality of life post treatment.

Objective 1: In partnership with a local cancer treatment center provide a six week healthy lifestyle program to 30 low income or underinsured breast cancer patients that incorporates individualized wellness planning and group education components and has an 85% completion rate.

Activities:

1. Develop program goals and weekly meeting schedule for clients based upon best practices and information.
2. Create program material to be utilized on weekly basis for nutrition, fitness and family support initiative. All documents to be reviewed by local cancer treatment center partner.

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3. In partnership with local cancer treatment center, create recruitment strategy and recruitment materials. Recruit, conduct and retain clients for 6 week wellness program.
  4. Develop monitoring system to track enrollment of clients, basic demographics, completion of surveys, delivery of materials and educational sessions. Develop method for clients to provide ongoing program feedback.

Evaluation Method: Evaluation will be accomplished through monitoring attrition rate, number of visits completed, and individual feedback. A satisfaction survey will be distributed to all participants at the completion of the six week program. A six month follow up survey will measure healthy lifestyle change beyond the program.

Objective 2: Develop a weekly nutrition analysis and dietary plan for low-income, underinsured breast cancer patients enrolled in a six week healthy lifestyle program that utilizes a pre-and post-assessment resulting in a 50 % increase in healthy food knowledge and consumption at the end of the six week period.

Activities:

1. Conduct pre and post knowledge and behavior nutrition surveys.
2. Conduct nutrition assessments and dietary recalls.
3. Conduct goal setting to increase healthy eating and behavior change.
4. Conduct healthy menu planning lessons and evaluate patient's knowledge based on personal menus.
5. Conduct nutrition education with topics such as but not limited to: ChooseMyPlate, benefits of fruits and vegetables in the diet, whole grains, healthy snacking, and vitamins/minerals, i.e. calcium and folic acid.
6. Provide assessment of home food pantries and design a healthy grocery shopping list.
7. Provide and demonstrate healthy cooking techniques to be used in patient's meal preparation including healthy recipes and guided food shopping.

Evaluation Method: Evaluation will be accomplished through a pre and post survey that will be administered to all participants at the beginning and end of the six week program to measure increase in knowledge of healthy food choices as well as an increase in healthy food selection and consumption.

Objective 3: Develop a six week physical activity plan for low income, underinsured breast cancer patients that utilizes a pre/post-test

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assessment of targeted exercise indicators resulting in 75% of participants measuring increase in strength, flexibility, and endurance at the end of the six week period.

Activities:

1. Establish a base-line for current fitness level, knowledge, behavior, and history through various evidence based screening and assessment tools.
2. Educate participant on how to self-monitor for danger signs, including sign and symptoms/contraindications/modifications based on capabilities.
3. Discuss goals of exercise prescription especially as it relates to cancer prevention and treatment.
4. Establish a fitness plan and develop goal setting to continue after 6-week session completion that addresses muscular strength, muscular endurance, cardiovascular, and range of motion.
5. Educate participant on ways to have meaningful exercise in the home and out in community without need for a formal gym through Identification of resources for fitness information and materials.

Evaluation Method: Evaluation will be accomplished through a pre and post fitness assessment that will be conducted at the beginning and end of the six week program to measure positive change in fitness indicators including strength, flexibility, and endurance.

Objective 4: Provide a family support session on nutrition, physical activity and other individualized wellness topics to low income, underinsured breast cancer patients and their families during Week 4 of the six week healthy lifestyle program with a 75% participation rate.

Activities:

1. Provide instruction on how to utilize resource kiosk in lobby of cancer center waiting room; develop instruction sheet and list of wellness topics.
2. Conduct support phone calls or e-mails to family and/or patient.
3. Provide cancer support resources to family/patients such as hospital's breast cancer support web site, and breast cancer support classes meeting schedule.
4. Conduct an "Invite a Friend or Family" event presentation highlighting various wellness topics.

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Evaluation Method: Evaluation will be accomplished by monitoring participant progress through attendance of family/care giver to at least one session during the six week program. Family support will be captured through surveys administered during the program as well as the six month follow up survey.

Objective 5: Using an attitudes/perceptions questionnaire during Week 1 and Week 6 of a six week healthy life program, interview low income, underinsured breast cancer patients to identify change in attitudes, perceptions and barriers in making healthy choices based on the individual education received during the program period.

Activities:

1. Develop attitudes/perception questionnaire to capture information regarding barriers and perceptions of program changes and wellness needs.
2. Develop data collection tool to record responses.
3. Administer questionnaire during week 1 and 6 of program.
4. Enter response data into collection tool.
5. Analyze data and prepare report.

Evaluation Method: Evaluation will be accomplished through a pre and post survey that will be administered during week one and week six to identify changes in attitudes, perceptions and barriers in making healthy choices based on the individual education received during the program period.

Objective 6: Provide breast health information and screening resources to Montgomery County residents.

Activities:

1. Work with collaborating community agencies to promote Breast Cancer Awareness Month in October through education programs and social media contact.
2. Maintain a resource and referral list for low cost mammograms in the County. Refer residents upon request.

Evaluation Method: Evaluation will be accomplished through number of presentations conducted, including number of participants. Evaluation will be accomplished through tracking number of inquiries for breast health information.

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## **Injury Prevention Program**

The Montgomery County Injury Prevention Program, through education and special events, provides a variety of injury prevention programs to the public. The program has three issues as its main focus: 1) Fall prevention, 2) Unintentional Poison Prevention, and 3) Child passenger safety. This program works in conjunction with the Child Death Review Team and the Safe Kids Coalition. Activities are directly related to Pennsylvania Department of Health grants and are dictated by the grant objectives. Components of the program coordinate with Healthy People 2020 objectives.

Program Goal: To reduce injury, disability, and death due to falls in the elderly, unintentional poisoning and child passenger safety.

Objective 1: Decrease injury from falls through a comprehensive program that addresses risk reduction education, physical activity, medication review, home safety and vision screening.

Activities:

1. Collect and maintain current information and resources in the community for early detection and treatment of osteoporosis.
2. Develop an evidence-based senior exercise program and include educational components for older adults designed to strengthen balance thereby decreasing fall-related injury.
3. Conduct two 10-week classes that address education, physical activity, medication review, home safety, and vision screening.
4. Utilize an evidence-based train the trainer model with 13-15 participants in community roles that serve older adults.

Evaluation Methods: Prepare quarterly measurement of goals summarizing the program, participation levels, curricula developed and results of participant's gained knowledge through pre- and post-tests.

Objective 2: Reduce the rate of injury and death due to unintentional poisoning in youth and adults in Montgomery County.

Activities:

1. Develop education materials and presentations targeting high risk populations (youth age 15-24 years, adults 25-64 years) by conducting 50 programs.
2. Conduct a minimum of 20 poison prevention programs to educate youth on the risks associated with unintentional poisoning.

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3. Attend the Child Death Review Team meetings and form a poison prevention subcommittee to develop prevention strategies targeting youth 0-21 years of age.
  4. Create program materials to educate on proper disposal of unused prescription medication, thus reducing its availability and associated risks.

Evaluation Methods: Evaluation will be accomplished through quarterly measurement of injury prevention activities held within Montgomery County including number of programs conducted and participation rate.

Objective 3: Increase public awareness of injury prevention strategies, with the aim of reducing the number of childhood injuries and deaths occurring in Montgomery County through the Pennsylvania Safe Kids Coalition.

Activities:

1. Participate as a member of the Southeastern Pennsylvania Safe Kids Coalition by attending meetings.
2. Organize and assist with highway prevention activities and educational events throughout Montgomery County.
3. Actively participate in the Safe States Alliance by attending trainings, conferences, and submitting abstracts recognizing the accomplishments of the PADOH Injury Prevention grant.

Evaluation Methods: Evaluation will be accomplished through quarterly measurement of injury prevention activities held within Montgomery County.

Objective 4: Increase the correct use of child safety seats and safety belts for children in Montgomery County.

Activities:

1. Coordinate with the Montgomery County Nurse Family Partnership (NFP) program to conduct child safety seat education/installation to families enrolled in the program.
2. Create and conduct child passenger safety (CPS) education presentations to be conducted in group settings.
3. Create and distribute a CPS toolkit to include current information and updated recommendations.
4. Identify three CPS installation sites, determine protocol for scheduling appointments, maintain a car seat hotline, and promote the CPS inspection stations.
5. Obtain CPS instructor level certification to conduct a training course for key leaders in community organizations (fire, police, hospital personnel)

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6. Establish and promote a free car seat distribution program for income qualifying residents.

Evaluation Methods:

1. Evaluation will be accomplished through quarterly measurement of education programs.
2. Document number of child safety seats checked, installed and distributed.
3. Number of CPS toolkits distributed.
4. Number of community personnel trained and certified.

### **Transportation Safety Program**

The Community Transportation Safety Program (CTSP) is a safety initiative funded by the Pennsylvania Department of Transportation. This project will concentrate its efforts on social marketing techniques, education program implementation, and policy influence within the community in order to reduce the frequency of severe traffic injuries and deaths. In addition extensive use of volunteers and partnership development with local law enforcement to mount collaborative education and enforcement activities will be implemented.

The CTSP's overarching community outreach and enforcement strategies are:

- **Occupant Protection:** seat belt safety, child passenger safety, school bus safety
- **Youth Safety:** pedestrian, bicycle, and seatbelt safety
- **Aggressive/Distracted Driving as it relates to:** the young driver, older driver and driving under the influence.
- **Young Driver:** driving laws, parent teen summits; general safety
- **Mature Driver:** CarFit programming, pedestrian safety, driving under the influence

Program Goal: Increase awareness of safe driving practices in order reduce the rate of motor vehicle related injury and death in Montgomery County.

Objective 1: Conduct community outreach to increase awareness of general safe driving issues to adults in Montgomery County.

Activities

1. Attend 25 Community events promoting safe driving.
2. Partner with local law enforcement to conduct seatbelt challenges among high school students during the school year.

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3. Work with the district PENNDOT press officer to prepare and distribute press releases addressing effective child safety seat usage.

Evaluation Methods:

Evaluation will be accomplished through: Number of events attended; Number of trainings attended/administered; Number of enforcement checks attended; Number of information and education materials distributed; Number of media efforts.

Objective 2: Increase partnership and support to area Law Enforcement-based education, surveillance and enforcement efforts.

Activities

1. Attend and assist with quarterly seatbelt enforcement checks.
2. Assist local law enforcement in coordinating 100 training and education programs in Montgomery County schools.

Evaluation Methods:

Evaluation will be accomplished through: Number of educational presentations conducted; Number of trainings conducted for police officers; Number of information and education materials distributed.

Objective 3: Establish programming to increase correct usage rate of Child Passenger Safety Seats in the greater Norristown area.

Activities

1. Conduct a six month pre and post observational Child Safety Seat evaluation and education session.
2. Conduct monthly Child Passenger Safety education sessions to Latino families in partnership with Latino community liaison.

Evaluation Methods:

Evaluation will be accomplished through: Number of surveys conducted; Number of education sessions and participants; Number of seats checked

Objective 4: Increase the number of certified Child Passenger Safety technicians in Montgomery County.

Activities

1. Conduct outreach to recruit community partners interested in becoming certified technicians for their community.
2. Coordinate two Child Passenger Safety Technician certification classes in Montgomery County.

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Evaluation Methods:

Evaluation will be accomplished through: Number of recruitment efforts and events; Number of classes completed and attendance.

Objective 5: Develop programming to increase helmet usage among youth in the greater Norristown area.

Activities

1. Conduct pre and post observational evaluation of helmet use in Norristown in conjunction with National Bike Safety Month.
2. Conduct a Family Bike event that utilizes community partners.

Evaluation Methods:

Evaluation will be accomplished through: Number of information and education materials distributed; Number of surveys conducted; Number of helmets usage; Number of attendees; Number of bicycle helmets distributed.

Objective 6: Develop programs and events to increase the knowledge of pedestrian laws and practices in the greater Norristown area.

Activities

1. Conduct 50 pedestrian education sessions to elementary age students during the summer months.
2. Coordinate a Walk To School Day event with community partners.

Evaluation Methods:

Evaluation will be accomplished through: Number of school programs conducted; Number of community programs conducted; Community participation in Walk to School Day.

Objective 7: Conduct community outreach in order to increase the knowledge of school bus laws and bus driver knowledge of school bus etiquette in the greater Norristown area.

Activities

1. Participate and promote Operation Safe Stop in partnership with local law enforcement.
2. Educate parents and adult commuters on bus laws and safety in conjunction with Operation Safe Stop.
3. Conduct 50 school bus etiquette education sessions to pre-K students.

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Evaluation Methods:

Evaluation will be accomplished through Number of educational programs conducted; Number of materials distributed; Number of media efforts.

Objective 8: Increase the knowledge of parents and teens on teen related driving laws and safety recommendations.

Activities

1. Coordinate 10 teen driving parent forums throughout Montgomery County school districts.
2. Attend 4 youth oriented community events to distribute teen driving resources.

Evaluation Methods:

Evaluation will be accomplished through: Number of forums completed; Number of events attended; Number of materials distributed.

Objective 9: Improve knowledge, attitudes, and behaviors of teen drivers in Montgomery County

Activities

1. Establish a Montgomery County Teen Safe Driving focus group in partnership with community organizations with a similar mission and interests.
2. Conduct three teen driving workshops.

Evaluation Methods:

Evaluation will be accomplished through: Number of participants for focus group; Number of workshops; Number of attendees at workshops.

Objective 10: Increase by 5% the knowledge and awareness of safe driving practices in adults over the age of 60 years in the eastern portion of the County.

Activities

1. Partner with community organizations to conduct ten CarFit programs in older adult housing communities.
2. Utilize train the trainer model to certify five additional CarFit technicians with in other County organizations.
3. Attend twelve senior centered community events in Montgomery County.

Evaluation Methods:

Evaluation will be accomplished through: Number of CarFit programs conducted; Number of technicians certified; Number of community events attended; Number of materials distributed.

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Objective 11: Develop programming to decrease motor vehicle crashes attributed to aggressive driving behaviors.

Activities

1. Assist the Aggressive Driving Regional Coordinator in prevention and support activities for Montgomery County.
2. Work with Penn DOT district 6 press officer to use national safe driving campaigns and mobilizations to promote DUI, speeding, and seatbelt safety messages throughout the year.
3. Attend quarterly community events to promote aggressive driving laws and safe driving awareness in Montgomery County.

Evaluation Methods:

Evaluation will be accomplished through: Number of events attended; Number of materials distributed; Number of media efforts.

Objective 12: Develop programming to decrease motor vehicle crashes attributed to driving under the influence.

Activities

1. Attend four DUI enforcement checks.
2. Work with Penn DOT district 6 press officer to use national safe driving campaigns and mobilizations to promote DUI, speeding, and seatbelt safety messages throughout the year.
3. Attend monthly community events to promote DUI awareness and prevention in Montgomery County.

Evaluation Methods:

Evaluation will be accomplished through: Number of DUI checks attended; Number of materials distributed; Number of media efforts.

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**Bureau of Personal Health Services**  
**Program Plans and Objectives Performance Review (2012)**

**Maternal and Child Health Home Visiting Program**

Program Goal: Reduce infant mortality and improve the health and life-course of families in Montgomery County.

Objective 1: Improve pregnancy outcomes.

Achieved:

- Conducted an intense Nurse Home Visiting Program through Nurse-Family Partnership (NFP), to first time, at risk, low income pregnant women with funding received by the Pennsylvania Office of Child Development and Early Learning to 140 mothers in 2012.
- One hundred and four (104) referrals were received from outside agencies and self-referrals. After caseloads were full, any additional referrals to the Nurse Family Partnership Program were referred to MCHD's Maternal Child Health (MCH) home visiting program (see objectives 4 and 5).

Objective 2: Improve child health and development.

Achieved: In 2012, 57 clients were enrolled in the NFP.

- 1,595 visits were completed visits.
- 156 attempted visits were made.
- Average length of visit per client was 1 hour and 31 minutes.
- Each nurse worked with their client through five domains - Personal Health, Environmental Health, Life Course Development, Maternal Role, and Friends and Family.

Objective 3: Improve families' economic self-sufficiency.

Achieved:

An important part of the NFP is Life Course development. This is an empowering part of the program that assists the client in determining the best course in improving the ability to support her family. With approximately 95.2% of the clients not married, the importance of self-reliance and either remaining in high school, pursuing a GED or investing in specialized training courses is emphasized.

- Sixty two (62%) percent of our mothers are currently receiving WIC, 65% are on Medicaid, 43% are receiving food stamps and 6.7% receive Temporary Assistance for Needy Families (TANF).

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Objective 4: Increase access to prenatal care and the use of primary care services by low-income women and children in Montgomery County in the prenatal period.

Achieved:

The Prenatal Service Program provided free prenatal care at 1 prenatal clinic during 2012 to 120 pregnant, low-income women who are uninsured, underinsured, or who did not qualify for Medical Assistance.

Objective 5: Improve health access and childcare for mothers in the prenatal and postpartum period.

Achieved:

- The nursing staff completed 195 home visits. In addition, 45 of the families received a Home Safety evaluation.
- Public Health Nurses collaborate with various community groups, and regularly attend meetings, including: the Teen Parent Task Force, the Domestic Violence Task force, Child Find, and the Montgomery County Alliance for Healthy Babies.
- The PKU (Phenylketonuria) Program nurse works with parents of children requiring Newborn Bloodspot screening, monitoring and or nutritional supplements as needed. There were 12 case management telephone calls performed in 2012. In addition, 1 home visit was performed for parent education and training for collection of capillary blood obtained from a heel lance.

Objective 6: Eliminate duplication of services and foster a user-friendly system for families in need throughout Montgomery County.

Achieved:

- MCH coordinated services through numerous organizations such as: The Teen Parent Task Force, The Montgomery County Alliance for Healthy Babies, Montgomery County Special Needs Workgroup (the Interagency Coordinating Council (LICC), Montgomery County Collaborative, Norristown Family Center, Suicide Prevention Taskforce, MCC Policy Meetings, Montgomery County Health Alliance, the Norristown Family Center and Montgomery County Immunization Coalition and National Children's Study (until it ended in September 2012).
- MCHD also chairs the Montgomery County Child Death Review Team, looking at childhood deaths under the age of 22. The team provides recommendations and coordination of prevention services such as: suicide prevention, SIDS, safe sleeping practices, early prenatal care, smoking, Cribs for Kids, drug and alcohol, accident prevention and car seat safety. Understanding

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of agency programs has increased our referrals among these providers.

- MCHD has coordinated meetings of Norristown health care providers to discuss capacity building for the provision of prenatal care and delivery into prenatal care as well as address the high infant mortality rate in Norristown borough. Several key services have resulted from the groups efforts, including Centering Pregnancy (group prenatal care) through the Einstein Hospital at the Family OB/GYN Center in English and Spanish as well as diabetes supplies and education being provided to pregnant women. Prenatal care enrollment has stabilized to a two week waiting period in 2012. MCHD worked with the Teen Parent Taskforce on three projects. In May, the Teen Parent Conference was held. Over 85 parenting or pregnant teens participated, with over 30 agencies providing information on their programs. There were also 6 workshops on different topics such as relationships, nutrition for babies, safety, and financial issues, and a panel discussion regarding issues with teen pregnancies. In October, the group held a maternal and child networking meeting with county agencies and “Straight Talk” an evening session for parents and teens on “Teen Moods swings and depression” with over 250 in attendance at the Montgomery County Community College.

Objective 7: Increase public awareness of Health and Human Service resources available to families in Montgomery County, especially those families who have children with special health care needs.

Achieved:

- The Montgomery County Parent and Infant Resource Guides are distributed throughout the County. This guide, updated in July 2011, assists parents and agencies in accessing current services throughout the county. There is also a downloadable copy available on the Health Department Web site at <http://health.montcopa.org/PIRG>. This resource has been added to numerous search engines on the internet as well as other agency, library and school websites throughout the surrounding counties. An updated version is scheduled for Winter 2013.
- Four (4) Speaking engagements were held with 75 Welfare to Work (EARN) participants in Norristown and Pottstown regarding Health Department, immunizations, safety programs and nurse home visiting resources available to county residents.
- The Infant Health Coordinator attended the bi-monthly meetings of the Montgomery County Interagency Coordinating Council (LICC). In May, the resource fair sponsored by the LICC provided parents an opportunity to speak with special needs agencies and gather

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information on resources (attendance 75). In November, a transition Fair was hosted by the LICCC children ages 0 to 3 (Early Intervention) and 3 to 5 (Montgomery County Intermediate Unit). Montgomery County Health Department offered literature, programs and referral information. Referrals are on-going to the Health Department from the Resource Guide and Website. The Infant Health Coordinator also speaks to local organizations and agencies regarding MCH's programs and contact points.

Objective 8: Educate and provide safe sleep environments to those families in need of a crib and provide education and training on SIDS.

Achieved:

Ninety-two (92) Pack 'n Play with Bassinets and sheets were delivered to families in need of a safe sleep environment. Approximately 30 to 40 minutes were spent with each family to discuss safe sleep, SIDS and indicators, proper use of the crib and possible referrals to WIC, immunizations, breastfeeding, daycare, medical home and a nurse home visitor. Literature was provided regarding these issues, as well as a knitted blanket from the Linus Project and Baby Bundles from the Baby Bureau. Funding sources will continue to be explored that will enable this program to continue, however currently resources have been depleted.

The Cribs for Kids Program worked with the Montgomery County Health Alliance and Montgomery County Daycare Services to send out safe sleep information and websites to over 600 daycare centers. The information included the need to replace all recalled cribs. The information was also sent to Pediatricians, used furniture stores and Mattress stores.

### **Immunization Program**

Program Goal: Prevent vaccine preventable diseases in Montgomery County.

Objective 1: Improve age appropriate immunization rates in Montgomery County to meet the nation's Healthy People 2020 goal.

Partially Achieved:

- Provided 3,767 immunization appointments to clients at our Norristown, Pottstown, and Willow Grove health centers and community sites throughout the year.
- Completed the annual Immunization Record Assessment for MCHD. The results were at 77% for the 4:3:1 (4 Diphtheria,

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- tetanus, pertussis, 3 polio, 1 MMR) immunization schedule for children by 24 months of age.
- Provided 4,457 seasonal influenza immunizations to high-risk Montgomery County residents at 7 community-based sites and 4 targeted outreach sites.
  - Administered 2,510 influenza immunizations to County employees, and anyone wishing to reduce their chance of getting influenza at our three health centers.
  - 410 influenza vaccine doses were re-distributed to various agencies that utilized the vaccine for high-risk individuals (e.g. OB clinics, agencies servicing homeless individuals, long-term care facilities, assisted living and personal care facilities).
  - MCHD Public Health Nurses provided influenza immunizations to 15 homebound individuals.
  - MCHD nurses also collaborated with other members of the Montgomery County Immunization Coalition to administer flu vaccine to 3,810 students and faculty in local school districts this year.

In total, MCHD has either administered or re-distributed 11,309 doses of seasonal influenza vaccine during the 2011-2012 flu season.

Objective 2: Conduct influenza surveillance.

Achieved:

- Monitored trends in influenza activity year round.
- Three physicians participated in the Influenza Sentinel Surveillance Network to assess influenza-like morbidity and they submit specimens to the Pennsylvania Department of Health, Bureau of Laboratories to identify the circulating influenza viral strain.
- Investigated 396 cases of Influenza A; 91 cases were confirmed and 305 were suspect cases.
- Investigated 87 cases of Influenza B; 26 cases were confirmed and 61 were suspect cases.
- An additional 8 cases of Influenza Other, unspecified were also investigated.
- Monitored outbreaks and made recommendations for outbreak control to 2 Long Term Care Facilities.

Objective 3: Conduct active surveillance of vaccine-preventable diseases.

Achieved:

- Investigated 279 reports of Pertussis, of which: 251 were classified as confirmed and 27 were classified as probable.

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- Investigated 117 reports of Varicella, of which 66 were classified as confirmed and 50 were classified as probable (previously found in Objective 4).
  - In 2012, there were 3 investigations of confirmed *Haemophilus Influenzae* in Montgomery County.

### **Childhood Lead Poisoning Prevention Program**

Program Goal: Eliminate high lead levels in all children in Montgomery County and reduce lead hazards in their environment.

Objective 1: Conduct case findings of children six months through 83 months of age throughout Montgomery County.

Achieved:

- 472 initial and/or follow-up blood lead testing were performed on children throughout Montgomery County, including at: MCHD clinics (Norristown-16, Pottstown-29, Willow Grove-1), Head Start and PEAK classrooms (319), daycares (75) and ACLAMO (17). In addition, 3 children were screened in the home and 12 children were tested at Norristown WIC.
- 65 Children entered into MCHD's lead case management services.
- 63 Children were referrals from physician offices (97%) and 2 cases were from MCHD's outreach screening efforts (3%).
- (1) Pregnant woman (who reside in homes where lead poisoned child was identified) was lead tested.

Objective 2: Provide comprehensive follow-up services to children identified with high lead levels.

Achieved:

- MCHD Childhood Lead Poisoning Prevention Program (CLPPP) provided case management services to 161 children who have been identified as being lead poisoned.
- For children with lead levels between 10-14 ug/ml (35 cases), a home visit was made by a Public Health Lead Nurse Case Manager, and extensive education was provided to parents/guardians. A Healthy Home/Safety visit and education was also completed.
- For children with lead levels between 15-19 ug/ml (18 cases), a home visit was made by a Public Health Lead Nurse Case Manager, and extensive education was provided to parents/guardians. A Healthy Home/Safety visit and education was also completed. A referral was made to Early Intervention Services.

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- For children with lead levels > 20 ug/ml, (12 cases), an extensive home visit was done by the Lead Team which consists of a Nurse Case Manager (to include education, and Health Home/Safety), and a Lead Environmental Health Specialist (LEHS).
  - The CLPPP Nurse Case Manager follows the child until the lead level meets criteria for case closure. 108 cases were closed with a remaining caseload at the end of 2012 of 53 children.
  - There were a total of 46 clinical case management home visits; to include 29 Healthy Home/Safety visits.
  - Lead education was provided to 1250 residents to include: 56 landlords/homeowners, 426 at lead testing sites, 217 at PMMC OB clinic, 97 at county agency meetings, and 454 at health fairs.

Objective 3: Conduct environmental lead hazard and risk assessment inspections at the homes of children who meet the established criteria for childhood lead poisoning.

Achieved:

- A risk assessment is performed by a certified LEHS and an Environmental Investigation (EI) is conducted. The EI includes: dust wipe samples and an XRF (x-ray fluorescence) inspection performed with an LPA-1 lead paint analyzer. Dust wipe samples (86), soil samples (0), and other samples (2 spices from Bangladesh) were sent to the state lab for testing.
- At the beginning of the year, MCHD CLPPP had 5 open, existing, environmental lead investigations. An investigation remains an open case until remediation/renovation is completed at the property, or the property meets criteria for case closure.
- The LEHS performed 7 new environmental lead risk assessments and inspections this year, for a total of 12 open environmental investigations. Of those 12 open cases, 9 were closed and 3 cases remain open.
- There were a total of 45 environmental home visits done.
- There were a total of 3 EI's submitted for MA reimbursement.

### **Tuberculosis Control Program**

Program Goal: Eliminate Active Tuberculosis in Montgomery County.

Objective 1: Reduce active cases of tuberculosis to an incidence of no more than one case per 100,000 people.

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Achieved:

- The TB case rate for 2012 was 2.37 cases per 100,000 people. Nineteen (19) cases were treated. This was an 11% increase from 2011.
- MCHD conducted 1,771 Directly Observed Therapy visits for patients in the community to ensure that all active/suspect TB cases consumed their prescribed medication.
- MCHD provided 785 patient visits at the public health centers for TB Class B1 and B2 immigrant evaluations and the treatment of confirmed TB, suspect TB, and Latent TB infection.

### **Dental Services Program**

Program Goal: Reduce the proportion of children and adolescents who have dental caries or untreated tooth decay in their primary or permanent teeth by December 2011.

Objective 1: Improve the dental health of preschool and school-aged children by providing prophylactic and restorative dental services to a minimum of 250 children.

Achieved: Through sub-grant(s), MCHD funded dental visits, which included both prophylactic and restorative dental services to 990 low-income Montgomery County children.

### **HIV/AIDS Program**

Program Goal: To obtain HIV/AIDS reports and monitor patients who are tested in Montgomery County, provide various options for HIV testing, follow-up with newly diagnosed HIV-positive clients to provide partner notification and referral services and raise awareness about HIV/AIDS throughout the community.

Objective 1: Investigate HIV and AIDS cases reported by physicians and hospitals as mandated under PA. Code: Title 28, Chapter 27.

Achieved: In 2012, 31 new HIV cases and 25 new AIDS cases were reported and investigated.

Objective 2: Offer free HIV testing and counseling to persons who wish to know their HIV status and actively seek out high-risk persons.

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Achieved:

- HIV testing, counseling and education on safe sex practices and other preventive measures was provided through MCHD's Communicable Disease Clinics. A total of 1,309 pretests and 1,074 posttests were done at: Norristown (746 pre/616 post); Pottstown (382pre/294 post); Willow Grove (181pre/164 post). Three (3) persons were identified positive for HIV and referred for follow-up case management. Two (2) persons had inconclusive HIV testing results, and were referred for retesting and follow-up. Eight (8) contacts were elicited and referred for testing. 4 CD4 tests and 4 Viral Load tests were performed.
- Provided HIV testing to 512 clients at 3 drug and alcohol counseling sites.
- Provided HIV testing to 61 inmates at the Montgomery County Correctional Facility. Two (2) inmates were identified as positive.
- Provided 15 Community tests with 0 confirmed positive.
- Provided 242 OraQuick Advance Rapid HIV tests with 1 confirmed positive.

Objective 3: Conduct partner services by assisting HIV-positive clients with a method to inform their sex and needle-sharing partners about their exposure to HIV. This service is voluntary and confidential.

Achieved:

- Offered partner services to 43 HIV-positive persons throughout the year. This includes persons who are newly positive as well as persons with a STD infection that are co-infected with HIV as partner services may be offered throughout the lifespan of the client.

Objective 4: Offer referral services to newly reported HIV-positive persons.

Achieved: Provided resources for infectious diseases doctors and case management to 6 persons who tested positive through HIV testing at MCHD.

Objective 5: Create awareness and knowledge of HIV and prevention methods among high-risk groups in Montgomery County.

Achieved:

- Provided 27 HIV/STD presentations to students in middle/high schools reaching 992 students.
- Conducted 22 HIV education sessions at the Montgomery County Youth Center reaching 205 youth.

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- Provided 14 presentations to other social service agencies reaching 157 people.
  - Provided 8 education sessions at drug and alcohol facilities reaching 35 clients.
  - Conducted 1 prevention education session on HIV/AIDS, STD and hepatitis for inmates at the Montgomery County Correctional Facility, reaching 18 inmates.

Objective 6: Enhance awareness among residents of the HIV/AIDS burden and the need to continue and strengthen HIV/AIDS prevention by organizing a visible public event on World AIDS Day.

Achieved: An HIV Awareness Event was held at Haverford College for World AIDS Day on December 3<sup>rd</sup>, 2012. The event was attended by 40 students and included free and confidential Rapid HIV testing, an education table, condom distribution and an interactive HIV education session of HIV Jeopardy.

### **Sexually Transmitted Disease Program**

Program Goal: To minimize the incidence of Sexually Transmitted Disease in Montgomery County and to prevent transmission to other persons in the community.

Objective 1: Enhance surveillance and investigate STD cases reported by private physicians, laboratories, hospitals, and other healthcare providers.

Achieved: Investigated 2,263 cases of STD's: 1,871 confirmed chlamydia, 353 confirmed gonorrhea, and 39 confirmed syphilis (provisional data). There were 12 cases of primary and secondary syphilis, 19 cases of early latent syphilis and 7 cases of late latent syphilis. All gonorrhea, chlamydia and syphilis cases were assigned to a DIS for follow up within 24 hours. Clients who have not been treated and cannot be reached immediately by phone are assigned to an outreach worker for face-to-face follow-up.

Objective 2: Increase STD testing, diagnosis, and partner notification.

Achieved: Screening, diagnosis and treatment for sexually transmitted diseases was provided to 3,317 persons through MCHD's Communicable Disease Control Clinics in Norristown, Pottstown and Willow Grove. 1,539 gonorrhea and chlamydia tests were done. Forty-two (42) persons were identified positive for gonorrhea, with 78 contacts identified and referred for testing/treatment. One hundred sixty-one (161) persons were

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identified positive for chlamydia and 279 contacts were elicited and referred for testing/treatment. One thousand two hundred eighty (1,280) syphilis tests were done. Forty-nine (49) persons were identified with positive syphilis tests, and 22 contacts were elicited and referred for testing/treatment. Forty (40) positive tests for Syphilis (RPR's) were previously treated; 1 was diagnosed as late latent syphilis, 4 were diagnosed with early latent syphilis, 1 was diagnosed as primary syphilis, and 3 were diagnosed as secondary syphilis.

Objective 3: Provide vaccines to prevent Hepatitis A, Hepatitis B, Human Papillomavirus (HPV) and Cervical Cancer.

Achieved: During MCHD's Communicable Disease Clinics, 13 persons received the Hepatitis B vaccine, 126 people received the Hepatitis A vaccine, 134 persons received the Twinrix vaccine, and 227 received the Gardasil vaccine

Objective 4: Improve awareness and knowledge of sexually transmitted diseases and preventive methods among high-risk groups in Montgomery County.

Achieved:

- Provided 2 education sessions at drug and alcohol facilities reaching 14 clients.
- Conducted 14 STD education sessions at the Montgomery County Youth Center reaching 128 youth.
- Provided 27 HIV/STD presentations to students in middle/high schools reaching 992 students.
- Provided 7 educational sessions to social service agencies reaching 30 people.

### **General Disease Reporting**

Program Goal: To protect the health of Montgomery County residents through surveillance of all reportable diseases, control and prevention of outbreaks or unusual occurrences, and provision of preventive services.

Objective 1: Investigate 100% of reported notifiable diseases/conditions.

Achieved: Received and reviewed 12,757 reports of diseases/conditions in addition to 262 Out of Jurisdiction (OOJ) reports. Of the 6,991 cases that were investigated, 4,231 (61%) were confirmed cases.

Objective 2: Reduce the delay in reporting by increasing reporting sources.

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Achieved: Since reporting in PA-NEDSS has been mandated for the last decade, disease reporting via the PA-NEDSS system is well-established and reports are received in real time; disease reporters should continue to report in the timeframes established by the Department.

Objective 3: Manage 100% of reported outbreaks or unusual situations, document all outbreaks and review the adequacy of outbreak policies and procedures.

Achieved: Investigated all clusters or reported outbreaks and unusual situations and provided summaries in a timely manner. In 2012, MCHD investigated 25 outbreaks, involving 729 individuals.

Objective 4: Maintain surveillance methods to ascertain the presence of West Nile Virus (WNV) infection in humans.

Achieved: During the 2012 WNV season, there were 107 reports that required additional follow-up; of those 107 reports, 6 cases of West Nile disease were identified in Montgomery County residents.

Objective 5: Increase the accuracy and efficiency of case investigation by Communicable Staff.

Achieved: Reviewed and updated the standard operating procedures (SOP) for the surveillance of animal bites, enteric diseases, enteric disease outbreaks, food complaints, hepatitis, Lyme disease, West Nile Virus and the Influenza Surveillance Program.

Objective 6: Ensure that 100% of staff members are up-to-date on the epidemiology of reportable diseases, surveillance procedures, and disease control and prevention measures.

Achieved:

- Held weekly staff meetings to review current case investigations.
- Conducted staff performance audits assessing accuracy and timeliness in patient follow-up and case closure.
- Performed bi-annual evaluations on all staff.
- Encouraged staff to complete the CDC's Principles of Epidemiology course, if they had not yet completed it.
- Implemented an end-of-day briefing to discuss case investigation highlights as necessary.

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## **Animal Bite Surveillance**

Program Goal: To encourage a collaborative effort to reduce the incidence of bites, increase rabies vaccination compliance, and enforce state laws regarding reporting and quarantine, thus reducing the threat of rabies exposure to humans and domestic animals in Montgomery County.

Objective 1: Investigate 100% of reported animal bites following the PA State Code.

Achieved:

- Responded to 1,102 reported animal bites (24% cats, 65% dogs, 10% other animals). Sixty-seven (67%) percent of cats and 40% of dogs involved in biting accidents did not have documentation or proof of being up-to-date on rabies vaccinations.
- Continued to enforce the Montgomery County Public Health Code regulation (euthanasia or 6-month quarantine) concerning 307 reports of bites classified as wounds of unknown origin and 157 reports of bites classified as wounds of known origin.

Objective 2: Increase compliance by medical, veterinary, and law enforcement personnel with reporting of bites and other exposures.

Achieved:

- Continued to use the one-page Animal Bite Report Form to increase ease in reporting.
- Provided a “vet packet” to each Montgomery County veterinary hospital or clinic to make them aware of MCHD Animal Bite Policy and Procedures.

Objective 3: Improve and maintain the vaccination status of domestic animals in the county by conducting four or more cat and dog rabies immunization clinics at different sites throughout the county.

Achieved:

Five low-cost cat and dog rabies immunization clinics were held in June and September at different sites in Montgomery County. A total of 855 pets were immunized (325 cats, 529 dogs and 1 ferret).

Objective 4: Increase awareness about the Montgomery County Public Health Code regulations and countywide rabies control through media reports, talks to hospital staff, presentations to the Board of Health, and the publication of data on the Montgomery County web site.

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Achieved:

- Submitted 204 specimens to the PA State Health Lab, Bureau of Laboratories for rabies testing.
- In 2012, 15 animals tested positive for rabies (9 bats, 3 raccoons, 2 skunks and 1 cat).
- With each incident, rabies flyers were issued to each township for distribution. The flyer alerts residents in the area of the animal that tested positive for rabies. Residents are encouraged to contact MCHD if they believe that they were exposed for further guidance.

**Lyme Disease: Surveillance and Prevention Education**

Program Goal: Enhance surveillance of Lyme disease in Montgomery County.

Objective 1: Investigate 100% of reported cases of Lyme disease by December 31, 2012.

Achieved: Investigated 1,260 Lyme disease cases of which 232 were classified as confirmed cases, 801 as suspect cases and 227 cases as probable cases.

Objective 2: Improve knowledge of Lyme disease and its risk reduction methods by conducting educational sessions in community settings in areas with a high incidence within Montgomery County.

Achieved: Attempts are made to contact all confirmed Lyme disease cases in Montgomery County when contact information is made available. Confirmed cases are determined by the most current CDC case definition. Communicable Staff offer counseling and educational materials regarding Lyme disease during those contacts.

**Hepatitis: Surveillance and Prevention Education**

Program Goal: Monitor the incidence of acute hepatitis A and B in order to control or prevent an outbreak situation, as well as provide education to those infected to prevent the spread of disease.

Objective 1: Investigate 100% of reported hepatitis A and B cases by providing patient and public education and implementing control measures, as necessary.

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Achieved:

- Investigated 46 reports of hepatitis A; 2 were classified as confirmed acute cases.
- Investigated 1,048 reports of hepatitis B; of which 2 were classified as confirmed acute cases and 186 were classified as confirmed or probable chronic cases.
- Provided additional patient education and control measures, as needed.

Objective 2: Establish an epidemiological profile of county residents with a positive hepatitis C laboratory result by collecting demographic information and identifying reporting sources.

Achieved: In 2012, there were 831 new reports of chronic hepatitis C liver disease entered into a registry. Of those 831 reports, 61% were male and 64% were individuals age 40 and older.

Objective 3: Reach high-risk groups with information on hepatitis prevention including available vaccination, modes of transmission, treatment and medical follow-up by adding a session on hepatitis to ongoing prevention education programs for high-risk groups.

Achieved: Conducted 12 hepatitis presentations to facilities with high-risk populations reaching 325 individuals.

### **Perinatal Hepatitis B Prophylaxis Program**

Program Goal: Provide prenatal care to hepatitis B positive pregnant women and prevent the spread of hepatitis B to newborn infants within Montgomery County.

Objective 1: Coordinate with the Division of Clinical Services and Public Health Nursing to have 90% of hepatitis B positive pregnant women contacted and educated about receiving hepatitis B vaccine and immunoglobulin.

Achieved: There were 21 births by hepatitis B positive expectant mothers in which 100% of infants received prophylaxis at birth. 100 % (18 out of 18) have been compliant with the high risk immunization schedule. Three (3) of the 18 (17%) have produced immunity as per lab results and three (3) of the infants have moved to another jurisdiction. One of the infants failed to produce immunity after completion of the prophylaxis program. She will remain in the program. The final status of the remaining 12 infants are pending (labs not due yet). There was an 11% increase in the number of births to Hepatitis B positive pregnant women

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in 2012 compared to 2011. There were 2 miscarriages in 2012. Carry-over of the 2011 cohort final lab status: 100% (10 out of 10) achieved immunity.

**Enteric Diseases: Surveillance, Control of Outbreaks,  
and Prevention Education**

Program Goal: Minimize the spread of gastroenteric illness through: 1) disease surveillance, 2) investigation of foodborne complaints, 3) control measures in outbreak or high-risk situations, as appropriate, and 4) prevention education.

Objective 1: Investigate 100% of reported enteric diseases and institute control measures within the time frame and guidelines of the PADOH.

Achieved: Investigated 324 confirmed cases of reported enteric diseases.

Objective 2: Maintain a high level of surveillance by checking disease reports and investigating all cases in which two or more unrelated persons consume meals at the same facility or are exposed to a common food or water source during a set time period.

Achieved: Fully investigated all outbreak situations and cases in which two or more individuals were exposed to a common food or water source during a set period of time.

Objective 3: Collect information on all persons reporting food complaints and refer 100% of reports to the Division of Environmental Field Services for follow-up.

Achieved: Collected information on 44 food complaints. Referred 100% of complaints to the Division of Environmental Field Services.

Objective 4: Provide prevention education in all sensitive situations such as childcare centers, food establishments and residential care centers for the elderly.

Achieved: MCHD provided prevention education to all confirmed enteric disease cases. Upon interviewing the patient, Communicable Staff discussed potential risk factors, good hand-washing procedures and proper food preparation. In addition, facilities that experienced an outbreak of gastroenteric disease were provided with information on how to prevent outbreaks within their specific setting.

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## **Diseases of the Central Nervous System**

Program Goal: Provide prompt surveillance to identify and protect close community contacts from contracting diseases of the central nervous system (CNS).

Objective 1: Investigate 100% of reported CNS bacterial meningitis cases, identify close contacts, evaluate their need for prophylaxis and provide education about treatment and prevention, as needed.

Achieved:

- Investigated 34 reports of all types of meningitis. Two of these cases were classified as meningitis requiring additional preventive measures regarding close contacts.
- Educated the community via phone, mailings, and television about the prevention and treatment of all types of bacterial meningitis.

## **Healthy Lifestyle Program**

Program Goal: To reduce the public's changeable risk factors of cardiovascular disease, osteoporosis, diabetes and obesity through the promotion of environmental, policy, and systems changes that support healthy eating and increased physical activity in four local settings: communities, healthcare, schools and childcare centers, and worksites.

Objective 1: Promote the adoption of healthy behaviors that decrease the risk of cardiovascular disease through nutrition and physical activity based community education programs.

Achieved: Conducted 64 nutrition and physical activity programs reaching 1,870 youth and 554 adults.

Objective 2: Increase awareness of risk factors and promote early detection of diabetes through nutrition and physical activity based community education programs.

Achieved: Conducted 5 diabetes management programs reaching 40 participants.

Objective 3: Increase awareness of risk factors and promote the early detection of osteoporosis through nutrition and physical activity based community education programs.

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Achieved:

- Incorporated osteoporosis education into all falls prevention programming for older adults.
- Provided osteoporosis education upon request to worksites, faith-based organizations and the general community reaching over 200 adults.

Objective 4: Increase awareness of risk factors and promote the early detection of obesity through nutrition and physical activity based community education programs.

Achieved:

- Conducted 64 nutrition and physical activity programs reaching 1,870 youth and 554 adults.
- Worked with all of the youth summer camp programs through the YMCA reaching over 500 youth.

Objective 5: Promote the adoption of healthy behaviors that decrease the risk of chronic disease and promote general wellness prevention strategies through community education programs.

Achieved:

- Conducted 12 general wellness programs to Montgomery County Youth Center residents.
- Conducted 3 oral health programs reaching 51 participants.
- Served on 10 wellness committees in schools, worksites, and faith-based organizations.

### **Cancer Prevention, Education and Early Detection Program**

Program Goal: To increase public awareness and promote prevention and early detection of skin, colorectal, prostate, and ovarian cancers.

Objective 1: Increase awareness of risk factors for and early detection of skin cancer through community-based health education programs.

Achieved:

Conducted 48 education programs reaching 700 individuals on skin cancer prevention, sun safety and early detection of skin cancer.

Objective 2: Increase public awareness of the risk factors and screening guidelines for early detection of colorectal cancer through community outreach and education.

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Achieved: Conducted 16 colorectal cancer programs reaching 236 Montgomery County residents.

Objective 3: Increase public awareness of the risk factors and screening guidelines for early detection of prostate cancer through community outreach and education.

Achieved: Conducted 20 prostate cancer programs reaching 297 Montgomery County residents.

Objective 4: Increase public awareness of the risk factors and screening guidelines for early detection of ovarian cancer through community outreach and education.

Achieved: Conducted 20 ovarian cancer programs reaching 252 Montgomery County residents.

### **Breast Health Awareness Program**

Program Goal: To eliminate health disparities among currently underserved Montgomery County residents in the area of breast health education, clinical breast exams and mammography screening.

Objective 1: Maintain a library of culturally sensitive educational materials in Spanish, Korean, Vietnamese, Chinese and English.

Achieved: Distributed over 250 printed non-English language educational items to various local health providers.

Objective 2: Provide breast health information to underserved Montgomery County residents upon request.

Achieved:

- Distributed over 200 printed educational items to various local health providers.
- Referred 50 income qualifying residents to appropriate breast health screening resources in partnership with participating health care providers.

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## **Injury Prevention Program**

Program Goal: To reduce injury, disability, and death due to falls in the elderly, unintentional poisoning and child passenger safety.

Objective 1: Decrease injury from falls through a comprehensive program that addresses risk reduction education, physical activity, medication review, home safety, and vision screening.

Achieved:

- Conducted a Matter of Balance (MOB) participant class to the residents of an older adult community.
- MCHD Master Trainers conducted a coach class in which 7 additional community coaches were trained to lead a Matter of Balance programs for their organization.
- Conducted an in-person follow up survey to all MOB participants to assess continued progress and activity post program period.

Objective 2: Reduce the rate of injury and death due to unintentional poisoning in youth and adults in Montgomery County.

Achieved:

- Conducted 33 poison prevention programs reaching 736 youth.
- Distributed over 1,000 educational handouts on proper disposal of unused medications in conjunction with 2 National Drug Take Back initiatives.

Objective 3: Increase public awareness of injury prevention strategies, with the aim of reducing the number of childhood injuries and deaths occurring in Montgomery County through the Pennsylvania SAFE KIDS Coalition.

Achieved:

- Participated in Safe KIDS Child Passenger Safety (CPS) Week by inspecting and installing child safety seats at the Elmwood Park Zoo, various worksites and in partnership with a state police CPS event.
- Organized, in partnership with Safe KIDS, a Walk to School Day event in Lower Providence Township and Horsham Township elementary schools. Over 1,000 youth, parents, teachers and staff participated in these events.

Objective 4: Increase the correct use of child safety seats and safety belts for children in Montgomery County.

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Achieved:

- Installed 325 child passenger safety seats at 4 monthly installation/inspection stations within Montgomery County.
- Distributed 301 child passenger safety seats to income qualifying Montgomery county residents.
- Conducted 39 CPS educational programs.
- Distributed over 2000 CPS toolkits to pediatricians.
- Certified 23 additional CPS technicians in Montgomery County.

### **Highway Safety Program**

Program Goal: Increase awareness of safe driving practices in order to reduce the rate of motor vehicle related injury and death in Montgomery County.

Objective 1: Decrease the number of motor vehicle injuries involving youth under the age of 10 years by 5% in Montgomery County in 2012.

Achieved:

- Installed 325 child passenger safety seats at 4 monthly installation/inspection stations within Montgomery County.
- Distributed 301 child passenger safety seats to income qualifying Montgomery county residents.
- Conducted 39 CPS educational programs.
- Distributed over 2,000 pieces of child safety literature at various community events.
- Participated in regional and local child safety events during Child Passenger Safety Week in September 2012.

Objective 2: Reduce aggravated driving related crashes in Montgomery County.

Achieved:

- Conducted 40 Survival 101 educational programs reaching 6,123 students in Montgomery County.
- Trained 50 police officers in the Survival 101 aggressive driving education program.
- Distributed over 800 pieces of literature related to aggressive driving at various community events.
- Participated in 3 media events: 1) July, 2012 Aggressive Driving Enforcement Wave, 2) October, 2012 Operation Safe Stop, 3) December, 2012, Operation Safe Holiday.

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Objective 3: Reduce motor vehicle crash related injury and death in persons over the age of 60 years in Montgomery County.

Achieved:

- Conducted 6 mature driver educational programs reaching 72 participants.
- Distributed over 500 pieces of literature at older adult based community events.

Objective 4: Decrease motor vehicle crash related injury and death in persons age 15-24 years in Montgomery County.

Achieved:

- Conducted 40 Survival 101 educational programs reaching 6,123 students in Montgomery County.
- Held 3 teen driving workshops through the Vocational-technical schools in Montgomery County and Montgomery County Community College reaching over 400 young drivers.
- Coordinated parent forums in partnership with township police departments to discuss teen driving laws and best practices with parents.

Objective 5: Decrease the number of motor vehicle crash related injuries and death involving alcohol.

Achieved:

- Participated in 4 DUI checkpoints in coordination with local police departments.
- Organized DUI Press Events: 1) January, 2012 Super Bowl DUI Press Conference with Whole Foods in Jenkintown and PennDOT, 2) September, 2012 Labor Day Impaired Driving Wave, 3) December, 2012 Operation Safe Holiday.
- Distributed over 1000 pieces of DUI awareness literature at community events.

Objective 6: Increase awareness of age specific pedestrian safety best practices in Montgomery County.

Achieved:

- Conducted 78 programs reaching 2,334 students in Montgomery County.
- Participated in a national Walk To School Day event reaching over 500 students, teachers, and parents in partnership with PennDOT and Safe KIDS

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- Distributed over 500 pieces of literature at various community events.

Objective 7: Increase bicycle safe practices in all ages in Montgomery County.

Achieved:

- Participated in a pre/post bike helmet observation in coordination with Conshohocken police department.
- Participated in 4 bike rodeos in which over 200 helmets were distributed to youth.
- Conducted 22 bike safety programs reaching 760 youth in Montgomery County.

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## **Program Plans (section 3)**

### **Bureau of Environmental Health Services**

The Bureau of Environmental Health Services is composed of two operating divisions: Environmental Field Services (EFS) and Water Quality Management (WQM). These divisions carry out a wide range of educational, regulatory, and protective activities.

### **Division of Environmental Field Services**

The Division of Environmental Field Services is responsible for licensing and inspecting food service facilities, investigating environmental complaints, health and safety inspections of organized camps, campgrounds, public bathing facilities, mobile home parks and institutional sanitation and safety throughout Montgomery County.

### **Division of Water Quality Management**

The Division of Water Quality Management is responsible for pollution control as it pertains to drinking water quality through permit issuance and installation inspections of private water supplies and on-lot sewage disposal systems. WQM also responds to sewage and water quality complaints, reviews planning modules for land development, and conducts laboratory analyses of water samples for microbiological parameters.

## **Environmental Health Services** **Programs and Objectives for 2013**

### **Food Protection Program**

The goal of the Environmental Field Services (EFS) food protection program is to protect the citizens who patronize licensed food service establishments from food borne illnesses. This is accomplished by cyclical food service facility inspections, plan review, food borne disease outbreak investigations, the identification of Hazard Analysis and Critical Control Points (HACCP), inspection of mobile vendors, and the implementation of food handler certification for managers and/or operators.

Program Goal: To maintain and/or improve the sanitary operations of the over 3,700 licensed food facilities in Montgomery County and protect public health by conducting cyclic inspections, code enforcement and education.

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Objective 1: To conduct cyclic sanitation inspections at all licensed food service facilities in Montgomery County.

Activities:

1. Conduct cyclic inspections of licensed facilities in Montgomery County, based on license, inspection history and facility profile.
2. Conduct a minimum of two inspections per year at medium to high-risk facilities and one inspection per year at all low risk licensed facilities.
3. Work closely with operators to convey the importance of proper food handling practices needed in the prevention of food borne disease.
4. Conduct annual inspections of licensed mobile vendors in Montgomery County.
5. Review applications and conduct applicable inspections of food service vendors at special events and mass gatherings in Montgomery County.
6. Continue to initiate enforcement (notice of violation, administrative and/or educational conference, enforcement order) and/or legal actions (summary citations, permit suspension or revocation) for non-compliant or multiple repeat license offenses.

Evaluation Methods: Evaluation will be accomplished through monthly measurements of activities including appropriate statistical information and a final annual report.

Objective 2: To investigate 100% of the reported food borne disease outbreaks and/or complaints as a division priority within a timely manner.

Activities:

1. In conjunction with the Division of Communicable Disease Control, continue to respond to and investigate food borne disease outbreaks in a timely manner as an agency priority.
2. In facilities with a suspected food borne disease outbreak or complaint, EFS will conduct a facility inspection, HACCP inspections as applicable, distribute educational information materials, discuss/meet with food service operators and employees and provide direct food safety training as applicable.

Evaluation Methods: Evaluation will be accomplished through monthly measurements of activities including appropriate statistical information and a final annual report.

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Objective 3: To maintain one or more Certified Food Sanitation Managers (CFSM) in all licensed food service facilities in Montgomery County.

Activities:

1. Provide information to facilities concerning CFSM program and course requirements during inspections and through notification letters.
2. Continue to initiate enforcement and/or legal actions for noncompliant or multiple repeat offenses.

Evaluation Methods: Evaluation will be accomplished through monthly measurements of activities including appropriate statistical information and a final annual report.

Objective 4: To review 100% of project plans for new construction or renovated food service facilities.

Activities:

1. Collect and review establishment plans for the construction and remodeling of new and/or existing buildings to ensure compliance with the Montgomery County Public Health Code (MCPHC).
2. Perform pre-operational inspections and a final inspection for all newly constructed or remodeled food establishments to ensure compliance.

Evaluation Methods: Evaluation will be accomplished through monthly measurements of activities including appropriate statistical information and a final annual report.

### **General Nuisance and Disease Vector Control**

MCHD receives general nuisance and disease vector complaints from the public. The division responds promptly to investigate complaints, which includes an onsite investigation and orders for abatement when applicable.

Program Goal: To prevent known public health nuisances and disease vector control through code enforcement and education, therefore protecting the health and public safety of the residents.

Objective 1: To investigate 100% of the general nuisance complaints received in a timely manner.

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Activities:

1. Investigate all complaints of nuisances as defined in the MCPHC.
2. Initiate enforcement and/or legal action for non-compliant or multiple repeat offenses.

Evaluation Methods: Evaluation will be accomplished through monthly measurements of activities including appropriate statistical information and a final annual report.

Objective 2: To investigate in a timely manner 100% of all disease vector complaints received, as defined in the MCPHC.

Activities:

1. Investigate all complaints of potential disease vectors as defined in the MCPHC.
2. Initiate enforcement and/or legal action against non-compliant or multiple repeat offenders.

Evaluation Methods: Evaluation will be accomplished through monthly measurements of activities including appropriate statistical information and a final annual report.

### **Institutional and School Sanitation Program**

The focus of the institutional and school sanitation program is to protect the health and safety of the public through routine inspections of public schools. The department will also respond to requests for inspection of skilled nursing facilities, personal care facilities, acute care facilities, and child-care facilities. This will be accomplished through inspections, education, and prompt complaint response.

Program Goal: To maintain or improve through code enforcement and education, the environmental sanitary conditions of institutional and school type facilities operating in Montgomery County.

Objective 1: To routinely conduct school safety and sanitation inspections as a means to protect the health and safety of the public, students, and staff in attendance.

Activities:

1. Prospective services are provided through cyclic inspections and prompt complaint response.

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2. Conduct a physical plant inspection tri-annually and/or as often as necessary to maintain satisfactory compliance with applicable rules and regulations.
  3. Respond to complaints from the Pennsylvania Department of Health (PADOH), the Pennsylvania Department of Environmental Protection (PADEP), or citizens regarding specific and serious health or sanitation problems in public and private academic schools.

Evaluation Methods: Evaluation will be accomplished through monthly measurements of activities including appropriate statistical information and a final annual report.

Objective 2: To investigate complaints and respond to requests for inspections at skilled nursing facilities, personal care facilities, acute care, and child-care facilities.

Activities:

1. Conduct investigations as requested, the health and safety of the public and staff attending and/or working at these facilities are of key importance to MCHD.
2. Respond to requests for inspections from agencies, municipalities, and licensing institutions.
3. Respond to complaints regarding specific and serious health and sanitation problems.

Evaluation Methods: Evaluation will be accomplished through monthly measurements of activities including appropriate statistical information and a final annual report.

### **Environmental Education and Awareness Initiative**

Environmental education and awareness is essential to MCHD. Through health fairs, informational articles, the MCHD website and general contact with the public, the division strives to increase the public's knowledge about environmental issues, our services and programs and the department as a whole.

Program Goal: To increase the public's knowledge concerning environmental issues.

Objective 1: To focus resources and efforts in utilizing innovative ways to disseminate environmental, educational information to the public.

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Activities:

1. Develop, acquire, and distribute educational materials supporting the increased awareness of EFS programs and activities, as well as, answer public health questions and concerns.
2. Upon request, conduct educational presentations to facility operators and residents on environmental issues and MCHD-EFS programs.

### **Organized Camps and Campground Sanitation Program**

Environmental Field Services organized camps and campground sanitation program has been developed with the goal of protecting the citizens who use these facilities. The department inspects for safety and sanitation issues and conducts cyclic inspections.

Program Goal: To protect the citizens who use organized camps and campgrounds licensed within Montgomery County concerning public health issues through code enforcement and education.

Objective 1: Conduct seasonal sanitation inspections at all organized camps, campgrounds, and recreational areas licensed in Montgomery County.

Activities:

1. Conduct cyclic inspections and respond to complaints.
2. Initiate enforcement and/or legal action for non-compliant or multiple repeat offenses.

Evaluation Methods: Evaluation will be accomplished through monthly measurements of activities including appropriate statistical information and a final annual report.

### **Bathing Place Sanitation and Safety Program**

The bathing place sanitation and safety program is designed to protect the health and safety of bathers and staff at public bathing facilities in Montgomery County. The department registers and inspects these facilities. The department conducts routine inspections, responds to complaints, and reviews water sample results.

Program Goal: To maintain or improve environmental conditions at public bathing facilities in Montgomery County concerning public health

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issues, therefore protecting the health and safety of the citizens who use these facilities through code enforcement and education.

Objective 1: Conduct seasonal and/or routine sanitation and safety inspections at all public-bathing places in Montgomery County.

Activities:

1. Conduct cyclic inspections and respond to public health complaints.
2. Continue to initiate enforcement and/or legal action for noncompliant or multiple repeat offenses.

Evaluation Methods: Evaluation will be accomplished through monthly measurements of activities including appropriate statistical information and a final annual report.

### **Mobile Home Park Program**

The department registers and inspects mobile home park communities in Montgomery County. The mobile home park program is directed toward protecting the public health and safety of the people living in these communities. This will be accomplished through inspections, education, and prompt complaint response.

Program Goal: To maintain or improve through code enforcement and education the environmental conditions of mobile home parks and protect the public health and safety of the residents living in these communities through annual inspections.

Objective 1: To inspect 100% of the mobile home parks registered in Montgomery County.

Activities:

1. Conduct cyclic inspections.
2. Respond to complaints.
3. Educate through inspections.
4. Continue to initiate enforcement and/or legal action for noncompliant or multiple repeat offenses.

Evaluation Methods: Evaluation will be accomplished through monthly measurements of activities, including appropriate statistical information and a final annual report.

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## **Individual Water Well Program**

The Individual Water Well Program includes locating, permitting, and inspecting newly proposed domestic water supplies, irrigation wells and geothermal wells; investigating complaints of groundwater contamination; and providing water analyses result interpretation and treatment advice upon resident request.

Program Goal: To promote and ensure safe and potable drinking water for the 100,000+ residents served by individual water wells, and to ensure these water systems, irrigation wells and geothermal wells are properly constructed and analyzed for protection of public health. This will be accomplished through enforcement of Chapter 17 of the MCPHC, and through complaint response, which may involve the Pennsylvania Department of Environmental Protection (PADEP) or United States Environmental Protection Agency (USEPA).

Objective 1: Ensure that individual water supply system, and irrigation and geothermal well permit applications are properly processed.

Activities:

1. Conduct review of permit applications for compliance with the MCPHC and issue or deny an approval to drill within seven (7) working days.
2. Conduct review of water analyses reports and other pertinent information and give final approval or denial to use the well within seven (7) days of proper information submittal.

Evaluation Method: Compile monthly statistics showing the number of well permits received and processed in accordance with MCPHC standards compared to the previous year.

Objective 2: Ensure that individual water supply systems, and irrigation and geothermal wells are properly installed within one working day of contractor notification or pre-scheduled time to install.

Activities:

1. Schedule and inspect newly constructed well installations for compliance with county construction specifications.
2. Respond to emergency individual water supply system installations for compliance with county construction specifications.

Evaluation Method: Compile monthly statistics showing the number of well installations inspected in accordance with MCPHC standards compared to the previous year.

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Objective 3: Investigate individual water supply contamination complaints and provide outreach to municipal, state and federal officials and affected water supply users, as necessary, with an initial response provided within one working day of notification.

Activities:

1. Respond to private water supply complaints for inspections, testing and further investigation, as necessary, within five working days.
2. Provide all affected municipal officials, PADEP, and ATSDR and EPA as needed with information necessary for public notification when widespread pollution incidents are determined in a specified area.
3. Provide technical advice and treatment alternatives to affected private water supply users through telephone queries or public forum.

Evaluation Method: Compile monthly statistics showing the number of complaints investigated compared to the previous year.

Objective 4: Provide outreach to county residents, well-drillers, municipal officials, county park officials, realtors and/or other interested parties on individual water supplies as needed or upon request.

Activities:

1. Organize, plan and oversee quarterly meetings of the Montgomery County Water Quality Advisory Committee.
2. Participate in a minimum of two public events promoting water quality issues throughout the County.
3. Provide outreach to County residents through telephone queries or public forum to include proper protection and maintenance of private water supplies, general MCHD permitting and operational procedures, public health implications of contamination from pollution sources or improperly maintained water systems, and water treatment devices available for specific contamination cases with literature provided for further education.
4. Attend and/or plan and conduct a meeting(s) for emergent water issues (e.g. drought, flood, water-borne pathogen) to municipal officials, environmental agencies, health officials and the public, as needed.
5. Provide outreach to county park officials regarding sampling, water analyses result interpretation, treatment advice, and state regulations and compliance requirement clarification as they apply to county park public water supplies.

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Objective 5: Continue monthly water-table observations of nineteen (19) wells in the ground-water monitoring network with monthly measurements taken the first Tuesday of every month weather permitting.

Activities:

1. Monitor the water levels monthly of all wells included in the network.
2. Upload and organize all groundwater data in spreadsheets.
3. Collaborate with the United States Geological Survey (USGS) in interpreting and analyzing the data.
4. Provide annual reports and related graphs to property owners and municipalities participating in the program.

Evaluation Method: Compile monthly statistics and compare measurements to previous years to establish trends.

Objective 6: Conduct environmental investigations in response to Legionella or other waterborne disease outbreaks at public facilities or from nosocomial case reports at long-term care facilities with initial response within one working day of notification.

Activities:

1. Conduct an environmental assessment of the facility in an attempt to determine the source of Legionella or other waterborne disease bacteria amplification.
2. Collect water and swab samples in accordance with established procedure.
3. Provide CDC, Occupational Safety & Health Administration (OSHA) and American Society of Heating, Refrigerating and Air-Conditioning Engineers, Inc. (ASHRAE) guidance and recommendations on Legionella prevention and control to facility personnel.
4. Oversee extended monitoring programs of affected facility water supplies for Legionella bacteria.
5. Issue facility recommendation correspondence and case closure letter per sample analyses result outcome.

Evaluation Methods: Compile annual statistics showing the number of environmental investigations conducted in response to nosocomial Legionella cases and outbreaks or other waterborne disease outbreaks. Review all waterborne disease outbreak investigations with MCHD Emergency Management Team for continued improvement.

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## **On-lot Sewage Disposal Program**

The On-lot Sewage Disposal Program involves upholding the PA Sewage Facilities Act #537 and its related regulations. The Division of Water Quality Management's state-certified Sewage Enforcement Officers (EHS/SEOs) work closely with the PADEP to evaluate soils, review sewage system designs, inspect sewage system installations, review land development planning modules for sewage disposal capability, and respond to complaints of malfunctioning sewage systems. Staff plan to license and inspect liquid sewage haulers under WQM's newly established program. Staff respond to complaints of sewage back-ups from residents or establishments served by municipal sewerage under authority of Chapter 15 of the MCPHC.

Program Goal: To protect the public from potential communicable disease outbreaks via direct contact with untreated human waste through malfunctioning on-lot sewage disposal systems.

Objective 1: Ensure that site evaluations for on-lot sewage disposal systems are properly conducted within fifteen (15) days of the request per requirements of MCPHC and PA Act #537.

Activities:

1. Evaluate and profile soil probes to determine limiting zone and related soil characteristics.
2. Observe and document percolation tests conducted by property owners or authorized consultants.
3. Evaluate sites prior to sewage system installation to ensure all proposed absorption areas are properly located, meet all isolation distance requirements to applicable landmarks, and exhibit no appreciable site disturbance.

Evaluation Method: Compile monthly statistics showing the number of site evaluations conducted compared to the previous year.

Objective 2: Ensure that on-lot sewage disposal system permit applications are properly issued or denied within seven (7) working days in accordance with MCPHC, Act #537 and County procedure.

Activities:

1. Review all sewage system permit application designs for adherence to regulations and procedure.
2. Issue or deny sewage system permit applications per review outcome within seven (7) days of an administratively complete submission.

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3. Review proposals for re-use of existing sewage systems for adherence to operational procedure.
  4. Provide recommendations to the property owner and municipality.

Evaluation Method: Compile monthly statistics showing the number of sewage systems permitted and sewage system re-use applications reviewed compared to the previous year.

Objective 3: Ensure that on-lot sewage disposal system installations are properly inspected within 48 hours of contractor notification in accordance with MCPHC, Act #537 and County procedure.

Activities:

1. Inspect all sewage system installations upon notice from property owner or authorized consultant.
2. Require corrections for all sewage system construction practices or materials not in accordance with regulations or procedure.
3. Issue final approval to use sewage system upon satisfactory completion of construction.

Evaluation Method: Compile monthly statistics showing the number of sewage system installation inspections compared to the previous year.

Objective 4: Ensure that planning modules for land development and municipal official plan revisions are properly reviewed in accordance with the appropriate 30 or 45 day review periods established by MCPHC, Act #537 and County procedure.

Activities:

1. Review all submitted planning module components I, II, III, and IV, and planning exemption proposals and submit related recommendations via correspondence for PADEP, municipal and developer review within regulatory time frames.
2. Review all submitted municipal base plan revisions and submit related recommendations via correspondence for PADEP and municipal review within regulatory time frames.

Evaluation Method: Compile monthly statistics showing the number of planning modules and municipal official plans reviewed compared to the previous year.

Objective 5: Ensure proper administration of the on-lot sewage disposal program.

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Activities:

1. Initiate enforcement (notice of violation, administrative conference, MCHD order) of non-compliant sewage system owners, consultants or installers.
2. Update and/or develop new operational procedures to ensure consistent and timely site evaluations, permit reviews, and sewage system installation inspections.
3. Provide hearings per sewage system permit applicant request to appeal EHS/SEO actions, as needed.
4. Provide area-wide sewage disposal needs assessment surveys, and subsequent outreach at public meetings upon PADEP request.
5. Ensure all EHS/SEOs and supervisory staff attend mandatory training sessions to maintain state certification requiring at least 15 continuing education credits within the two year certification cycle.

Evaluation Method: Compile monthly statistics showing the number of violation letters submitted, training sessions attended, and administrative hearings held compared to the previous year.

Objective 6: Respond to complaints regarding on-lot sewage disposal systems in a timely manner and suspected disease outbreaks and other public health emergencies as an agency priority with an initial response provided within at least one working day for every complaint.

Activities:

1. Respond to complaints from PADEP, municipal officials or residents regarding serious health or sanitation problems with sewage systems within one (1) working day.
2. Respond to emergencies related to malfunctioning sewage systems and other public health emergencies related to sewage disposal as an agency priority.

Evaluation Methods: Compile monthly statistics showing the number of complaint response investigations and sewage emergency investigations compared to the previous year.

Objective 7: Provide outreach, literature distribution, program direction, and current operational procedure of on-lot sewage disposal systems to municipal officials, environmental consultants and county residents as needed or upon request.

Activities:

1. Conduct regular meetings with select municipal officials as needed to discuss current operational procedure, review

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- problem cases or areas within the municipality, and receive feedback on program direction and development.
2. Conduct no less than two meetings per year with representatives from the Board of Realtors, environmental consultants, sewage system installers and/or other interested parties to discuss current operational procedures and receive feedback on program direction and development.
  3. Provide outreach to county residents through telephone queries or public forum to include care and maintenance of sewage systems, general MCHD permitting and operational procedure, public health implications of malfunctioning or improperly installed sewage systems, and alternatives or options for residents with unsuitable property for on-lot sewage disposal.

Evaluation Method: Compile quarterly statistics showing the meetings held and events attended compared to the previous year.

Objective 8: Submit a required annual report for staff activities conducted pursuant to the Pennsylvania Sewage Facilities Act 537 to DEP by March 1st.

Activities:

1. Ensure recording of daily activities in the division database for all eligible staff.
2. Organize activity summary sheets, sewage system permit copies, employee logs and other necessary documentation.
3. Submit a completed application with accompanying documentation to PADEP within mandated deadline.

Evaluation Method: Compile annual statistics showing the amount of program activities compared to the previous year.

Objective 9: Continue to provide annual sewage-related investigations of eating/drinking (E&Ds) establishments served by on-lot sewage disposal systems as schedules permit.

Activities:

1. Conduct inspections of select E&D establishment on-lot sewage disposal systems to determine compliance with applicable law.
2. Coordinate compliance efforts with MCHD EFS as necessary.

Evaluation Method: Compile monthly statistics showing the number of E&D facilities with sewage systems inspected compared to the previous year.

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Objective 10: Develop and implement a licensing program for liquid sewage haulers.

Activities:

1. Develop/establish a licensing procedure, application form, inspection form, and inspection locations to start the program.
2. Submit letters to all liquid sewage hauling facility owners to clarify the new regulations.
3. Conduct inspections of all liquid sewage hauling vehicles as defined in the Health Code, mandate compliance with regulation and provide license identification stickers for the side of the vehicles.

Evaluation Method: Compile annual statistics showing the number of sewage hauling vehicles licensed and inspected to compare with future years.

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## **Environmental Health Services**

### **Program Plans and Objectives Performance Review (2012)**

#### **Food Protection Program**

Program Goal: To maintain and/or improve the sanitary operation of the 3,716 licensed food facilities in Montgomery County and protect public health through cyclic inspections, regulations and education.

Objective 1: To conduct cyclic sanitation inspections at all licensed food facilities in Montgomery County.

Achieved:

- Conducted 7,948 inspections at all MCHD licensed food facilities. Inspections were conducted based on their inspection history and profile.
- Of the 7,948 inspections conducted, 56 inspections were of licensed mobile vendors in Montgomery County.
- Reviewed 114 vendor applications and of the 7,948 inspections 122 inspections were of food service vendors at special events and mass gatherings in Montgomery County.
- Of the 7,948 inspections, 140 investigations were conducted because of a fire, flood, or power outage.

Objective 2: To investigate 100% of the reported food borne disease outbreaks and/or food facility complaints as a division priority within prescribed timeline.

Achieved:

- Investigated 322 reported food borne disease outbreaks and/or food facility complaints, which was 100% of all received complaints within the prescribed timeline. As applicable, EFS conducted facility inspections, HACCP inspections, distributed educational information, discussed and met with food service operators and employees and provided direct food safety training.

Objective 3: To maintain one or more certified food handlers in all licensed food service facilities in Montgomery County.

Achieved:

- Provided information to facilities concerning CFSM program and course requirements during inspections, through notification letters and the County website.

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- The proficiency examination was offered six times throughout the year and 10 exams were administered.
  - MCHD continues to offer training and educational sessions for non-profit organizations.

Objective 4: To review 100% of project plans for new construction or renovated food service facilities within prescribed timeline.

Achieved:

- Reviewed 100% of the project plans received for new construction or renovated food service facilities within the prescribed timeline which was 276 plans.
- Conducted 235 pre-opening inspections.
- Two hundred eighty two (282) new/renovated food service facilities were open in Montgomery County in 2012.

### **General Nuisance and Disease Vector Control**

Program Goal: To prevent known public health nuisances and disease vectors, therefore protecting the health and public safety of the residents.

Objective 1: To investigate 100% of the general nuisance complaints received from the public in a timely manner.

Achieved:

Investigated 122 nuisance complaints, which is 100% of received complaints from the public in the prescribed time line.

Objective 2: To investigate in a timely manner 100% of all disease vector complaints received, as defined in the MCPHC.

Achieved:

Investigated 291 disease vector complaints, which is 100% of received complaints from the public in the prescribed time line.

### **Institutional Sanitation Program**

Program Goal: To maintain and/or improve the environmental sanitary conditions of institutional type facilities operating in Montgomery County.

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Objective 1: To routinely conduct school safety and sanitation inspections as a means to protect the health and safety of the public, students and staff in attendance.

Achieved:

Conducted 66 physical plant school safety and sanitation inspections.

Objective 2: To investigate complaints and respond to requests for inspections at skilled nursing facilities, personal care facilities, acute care facilities, and child-care facilities.

Achieved:

- Respond as applicable to requests for inspections from outside agencies, municipalities, and licensing institutions.
- There were no requests for inspections and/or complaints received concerning skilled nursing facilities, personal care facilities, acute care facilities, and/or child-care facilities in 2012.

### **Environmental Education and Awareness Initiative**

Program Goal: To increase the public's knowledge concerning environmental issues.

Objective 1: To focus resources and efforts in utilizing innovative ways to disseminate environmental educational information to the public.

Achieved:

Through the 7,948 food service facility inspections, 282 opening inspections, 543 pool inspections, 66 school sanitation inspections, 16 organized camp ground inspections, 21 mobile home park inspections, 231 west Nile virus complaint investigations and 182 general nuisance and disease vector complaint investigations conducted in Montgomery County, information concerning environmental public health issues was circulated. Also through 140 special services investigations which includes responding to fire, floods and power outages the staff educates the public. On a daily basis through phone calls and one on one contact staff encourages and educates the public about our website and the valuable tool it can be.

### **Bathing Place Sanitation and Safety Program**

Program Goal: To maintain or improve environmental conditions at the 302 registered public bathing facilities in Montgomery County concerning

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public health issues, therefore protecting the health and safety of the citizens who use these facilities.

Objective 1: Continue to conduct seasonal sanitation and safety inspections at all registered public-bathing places in Montgomery County.

Achieved:

Of the 302 registered public bathing places in Montgomery County, 543 inspections were conducted.

### **Organized Camps and Campground Sanitation Program**

Program Goal: To protect the citizens who use organized camps and campgrounds licensed within Montgomery County concerning public health issues.

Objective 1: To conduct seasonal sanitation inspections at all organized camps, campgrounds, and recreational areas licensed in Montgomery County.

Achieved:

Of the 14 organized camps, campgrounds, and recreational areas licensed in Montgomery County, 16 inspections were conducted.

### **Mobile Home Park Program**

Program Goal: To maintain or improve environmental conditions through annual inspections of the mobile home parks and protect the public health and safety of the residents living in these communities.

Objective 1: To inspect 100% of the mobile home parks registered in Montgomery County.

Achieved:

Of the 20 registered mobile home park communities in Montgomery County, 21 cyclic inspections we conducted.

### **Drinking Water Supply Program**

Program Goal: To promote and ensure safe, potable drinking water for the 100,000+ residents served by individual water wells; and to ensure these water systems are properly constructed and analyzed for the

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protection of public health. This will be accomplished through enforcement of Chapter 17 of the MCPHC, through analyses of well water samples in our laboratory and through complaint response, which may involve the PA Department of Environmental Protection (PADEP) or US Environmental Protection Agency (USEPA).

Objective 1: Ensure that all individual water supply system permit applications are processed.

Achieved: Reviewed 54 applications and permitted 54 domestic water wells within the seven day review period per Montgomery County Public Health Code (MCPHC) requirements.

Objective 2: Ensure that all individual water supply system installations are inspected.

Achieved: Conducted 292 inspections of water supply locations, installations, and water table measurements. The water supply installation inspections were conducted within 24 hours of contractor notification or planned intent to install.

Objective 3: Investigate individual water supply contamination complaints and provide outreach to municipal and state officials and affected water supply users, as necessary.

Achieved: Conducted 23 water-related nuisance and water supply complaint investigations with an initial response provided within one working day of notification.

Objective 4: Provide outreach to County residents, well-drillers, municipal officials, realtors and/or other interested parties on individual water supplies as needed or upon request.

Achieved:

- Planned, hosted and chaired quarterly Montgomery County Water Quality Advisory Committee meetings.
- Provided education resources at the annual Temple Earth Day Fest in Ambler. Planned and conducted 9 water quality education programs for elementary school children.
- Attended New Hanover Township public meeting in April to provide residents advice on public health issues relating to solvent contamination of groundwater at the Hoff VC HSCA site.
- Attended Horsham Township meeting in April to provide residents advice on public health issues relating to solvent contamination of groundwater along Limekiln Pike.

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- Attended Lower Salford Township public meeting in August to provide residents advice on public health issues relating to Salford Quarry Superfund site.

Objective 5: Plan and conduct a program to provide annual water - related investigations of eating/drinking establishments served by on-site water supplies and/or sewage disposal systems as schedules permit.

Achieved: Conducted 29 inspections of public water supply wells and on-lot sewage systems serving eating and drinking establishments throughout the County.

Objective 6: Provide water sampling, water analysis and result interpretation for the Montgomery County Parks Department public water supplies.

Achieved: Collected quarterly coliform and annual nitrate compliance samples for various wells that serve seven county park facilities. This also included analysis, report submission to PADEP, and interpretation of results for the County Parks Department within established timeframes set forth under the PA Safe Drinking Water Act.

Objective 7: Provide state-certified laboratory services to County residents.

Achieved: Staff logged, analyzed, and provided results for 538 homeowner water samples in the public health laboratory within timeframes established under Standard Methods and PADEP certified laboratory requirements for Total and Fecal Coliform analysis.

Objective 8: Continue water-table monitoring of nineteen (19) wells in the ground-water monitoring network.

Achieved: The monitoring network was established in July 2005 after consultation with USGS. Monthly measurements have been taken the first Tuesday of every month since that time.

### **Water Pollution Control Program**

Program Goal: To protect the public from potential communicable disease outbreaks via direct contact with untreated human waste through malfunctioning on-lot sewage disposal systems.

Objective 1: Ensure that 95% of site evaluations for on-lot sewage disposal systems are conducted.

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Achieved: Conducted 581 site evaluations to determine site suitability for on-lot sewage disposal within fifteen (15) days of the request per requirements of MCPHC and PA Act #537. These include, but were not limited to, profiling soil probes, witnessing percolation tests, and confirming site compliance with other applicable regulations such as slope and isolation distance to landmarks.

Objective 2: Ensure that on-lot sewage disposal systems and permit applications are issued or denied.

Achieved: Reviewed and issued 187 permits for all 187 on-lot sewage permit applications submitted within seven (7) working days in accordance with MCPHC, Act #537 and County procedure. These included elevated sand mound and in-ground systems, drip irrigation, and other alternate sewage systems.

Objective 3: Ensure that on-lot sewage disposal system installations are properly inspected.

Achieved: Conducted 891 on-lot sewage system inspections including, but not limited to, preliminary on-site contractor consultations, scarification of absorption areas, sand placement, pump tests, tank and piping installation, and final cover. These inspections were conducted within 72 hours of contractor notification in accordance with MCPHC, Act #537 and County procedure.

Objective 4: Ensure that Planning Modules for Land Development and Municipal Official Plan revisions are properly reviewed.

Achieved: Reviewed 25 planning modules for proposed on-lot sewage disposal or municipal sewage disposal in accordance with the appropriate 30 or 45 day review periods established by MCPHC, Act #537 and County procedure.

Objective 5: Ensure proper administration of the on-lot sewage disposal program.

Achieved: All EHS/SEOs and supervisory staff maintained state certifications through mandated training requiring at least 15 continuing education credits within the two year certification cycle, updated several operational procedures and continued consistent enforcement of all programs.

Objective 6: Respond to complaints regarding on-lot sewage disposal systems in a timely manner and to 100% of suspected disease outbreaks and other public health emergencies as an agency priority.

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Achieved: Investigated 171 complaints of malfunctioning on-lot sewage disposal systems and completed the response with compliance correspondence as necessary. An initial response is provided within at least one working day for every complaint.

Objective 7: Provide outreach, literature distribution, program direction, and current operational procedure to municipal officials, environmental contractors/consultants and County residents as needed or upon request.

Achieved:

- Planned and/or hosted a PA Sewage Facilities Act 537 Tri-County Advisory Committee meeting and two videoconferences.
- Provided education resources at the annual Temple University Earth Day Fest in Ambler in April.

Objective 8: Acquire maximum available funding for activities conducted pursuant to the Pennsylvania Sewage Facilities Act #537 currently reimbursable under state government grants.

Achieved:

Submitted the Act # 537 application prior to the mandated March 1<sup>st</sup> deadline, but received no monies due to state elimination of funding for the specific budget line item.

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**Other Services**  
**Program Plans and Objectives 2013**

**Public Health Preparedness Program**

The Public Health Preparedness Program is designed to create staff awareness, education and surveillance of potential public health threats that may include nuclear, radiological, biological, chemical and incendiary devices. The department continues to build connectivity with all applicable local, county, state and federal authorities to ensure that regional surveillance and response measures address any and all potential public health threats.

Program Goal: To ensure that appropriate staff are chosen and trained in all applicable surveillance and response activities. Maintain a departmental Public Health Preparedness training, awareness and surveillance program that ties in with all related local, state and federal agencies.

Objective 1: To ensure that select departmental management and staff are trained and prepared to identify potential threats.

Activities:

1. Continue to provide a Bioterrorism/Public Health Preparedness Coordinator staff position.
2. Maintain a master's prepared epidemiology research associate.
3. Sustain a media spokesperson with public health institute training.
4. Train, develop and maintain management staff assigned to participate in Public Health Preparedness related training, and response activities.

Evaluation Methods: Evaluation will be accomplished through monthly measurement of activities, including appropriate statistical information and, as applicable, a final annual report.

Objective 2: Create and maintain liaison, and actively participate in all applicable Public Health Preparedness awareness groups and organizations.

Activities:

1. Actively participate on statewide Public Health Preparedness advisory committees.
2. Work with local partners in the continued development of a strategic national stockpile plan.

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3. Participate in regional and statewide preparedness exercises.
  4. Coordinate preparedness activities with, and as applicable through, the Department of Public Safety.

Evaluation Methods: Evaluation will be accomplished through monthly measurement of activities including appropriate statistical information and, as applicable, a final annual report.

### **West Nile Virus Environmental Surveillance and Control Program**

The West Nile Virus (WNV) environmental surveillance and control program is designed to protect citizens from WNV by identifying and eliminating potential mosquito breeding sites, positive adult mosquito pools and large populations of mosquitoes capable of transmitting the virus to humans. This is accomplished by conducting an active mosquito collection, identification and testing program throughout Montgomery County. When mosquito surveillance identifies areas with virus activity, large populations of mosquitoes capable of transmitting the virus or habitats actively breeding or capable of breeding mosquitoes they are treated with approved mosquito control products or where applicable, source reduction will be utilized.

Program Goal: To identify mosquito breeding sites and eliminate their potential threat by applying pesticides as applicable and in compliance with state regulations.

Objective 1: To inspect 100% of the known public mosquito breeding sites throughout Montgomery County.

Activities:

1. Respond to complaints.
2. Conduct cyclic inspections at known breeding areas.
3. Educate the public through inspections.
4. Mandate and/or implement control measures as applicable.
5. Treat publicly owned property with an appropriate control product.
6. Initiate enforcement and/or legal action for noncompliant or multiple repeat offenses.

Evaluation Methods: Evaluation will be accomplished through monthly measurements of activities including appropriate statistical information and a final annual report.

Objective 2: To conduct an adult mosquito surveillance and control program throughout Montgomery County.

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Activities:

1. Set and collect adult mosquito traps throughout Montgomery County.
2. Process and deliver samples to DEP for species identification and virus detection.
3. Establish and follow an adult mosquito control matrix.
4. Respond to areas with high mosquito numbers and virus activity with appropriate adult mosquito control measures.

Evaluation Methods: Evaluation will be accomplished through daily, weekly and monthly measurement of activities including appropriate statistical information and a final annual report.

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## **Other Services Program Plans and Objectives Performance Review (2012)**

### **Public Health Preparedness Program**

Program Goal: To ensure that appropriate staff are chosen and trained in all applicable surveillance and response activities. Maintain a departmental Public Health Preparedness training, awareness and surveillance program that ties in with all related local, state and federal agencies.

Objective 1: To ensure that select departmental management and staff are trained and prepared to identify potential threats.

Achieved: Trained and selected personnel to participate in related preparatory, surveillance and response activities. Entire staff completed the National Incident Management System (NIMS) 700 and Incident Command System (ICS) 100 training. Senior management completed NIMS 700, 800 and ICS 100, 200, 300 and 400 training.

Objective 2: Create and maintain liaison and actively participate in all applicable Public Health Preparedness awareness groups and organizations.

Achieved: Actively participated in numerous committee meetings and exercises held by organizations such as the Pennsylvania Department of Health Statewide Advisory Committee for Preparedness, Southeastern Pennsylvania Task Force, and Emergency Health Care Support Zone.

### **West Nile Virus Environmental Surveillance and Control Program**

Program Goal: To identify mosquito breeding sites and eliminate their potential threat by applying pesticides as applicable and in compliance with state regulations.

Objective 1: To inspect 100% of the known public mosquito breeding sites throughout Montgomery County.

Achieved:

- Conducted inspections and implemented applicable control measures at 271 mosquito breeding sites.
- Performed 271 treatments which is 100% of the known public breeding sites.

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Objective 2: To conduct an adult mosquito surveillance and control program throughout Montgomery County.

Achieved:

- Set 676 mosquito traps throughout Montgomery County.
- Responded to 160 mosquito related complaints and as a result conducted 231 inspections.
- Identified 144 sites (169 pools) with positive WNV activity.
- Performed 38 adult mosquito treatments in areas with positive WNV activity.

