

Montgomery County Health Department

2015 PROGRAM PLANS

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2015 PROGRAM PLANS

prepared by

THE
MONTGOMERY COUNTY
HEALTH DEPARTMENT

for

THE PENNSYLVANIA
DEPARTMENT OF HEALTH

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MONTGOMERY COUNTY, PENNSYLVANIA



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PROGRAM PLANS

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Executive Introduction

During most of 2014 and early 2015, Montgomery County Health Department (MCHD) embarked in the departmental strategic planning process. Since fall of 2014, MCHD worked with a Steering Committee, which included community healthcare partners, to vigorously develop a strategic plan for the next 3 years (2015 – 2018). The MCHD Strategic Plan will lay the foundation to create a framework for future measurable program goals and objectives. During this process, MCHD updated our Mission statement and created a vision.

Mission Statement

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

Vision Statement

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

The goals, objectives and activities outlined in yearly program plans will be guided by newly developed Core Values and Strategies over the next three years.

Core Values

Proactive, Collaborative, Excellence and Compassionate

Strategies

Transform Public Health Service Delivery
Enhance Community Awareness and Experience
Promote a Culture of Innovation and Engagement

Our 2015 Program Plans will continue to work towards achieving the Healthy People 2020 goals of increasing years and quality of healthy life, and eliminating health disparities. Healthy People 2020 consist 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 measures include: 1) general health status, 2) health-related quality of life and well-being, 3) determinants of health, and 4) disparities.

With guidance from the Strategic Plan and Healthy People 2020, we will assess major risks to health and wellness, changing public health priorities, and emerging issues related to our nation's health preparedness and prevention. Trends in morbidity and mortality are monitored to develop programs to address those risks. A team has been established to integrate with our community healthcare partners to conduct a community health needs assessment. This assessment will

allow us to learn about the health status of our population. Upon completion of the needs assessment, a community health improvement plan will be developed. This improvement plan will outline how the health department and our community partners will work together to prioritize the findings of the assessment. The focus of the plan will be to improve the overall health of the community. The needs assessment and the improvement plan will be a collaborative process between the health department and community partners.

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.

Montgomery County Health Department will continue to focus on immunizations throughout the lifespan, with special attention on adolescent and adult immunizations. MCHD will continue to educate our community and partners on the importance of age appropriate immunizations.

MCHD will continue to assure our residents that our food service facilities, organized camps and campgrounds and swimming pools are safe by the continued education of facility operators and inspections.

Our focus on Public Health Emergency Preparedness planning continues. Staff at MCHD is committed to providing plans in preparation for any

untoward event such as terrorism, bioterrorism, agroterrorism, civil unrest and natural or man-made disasters.

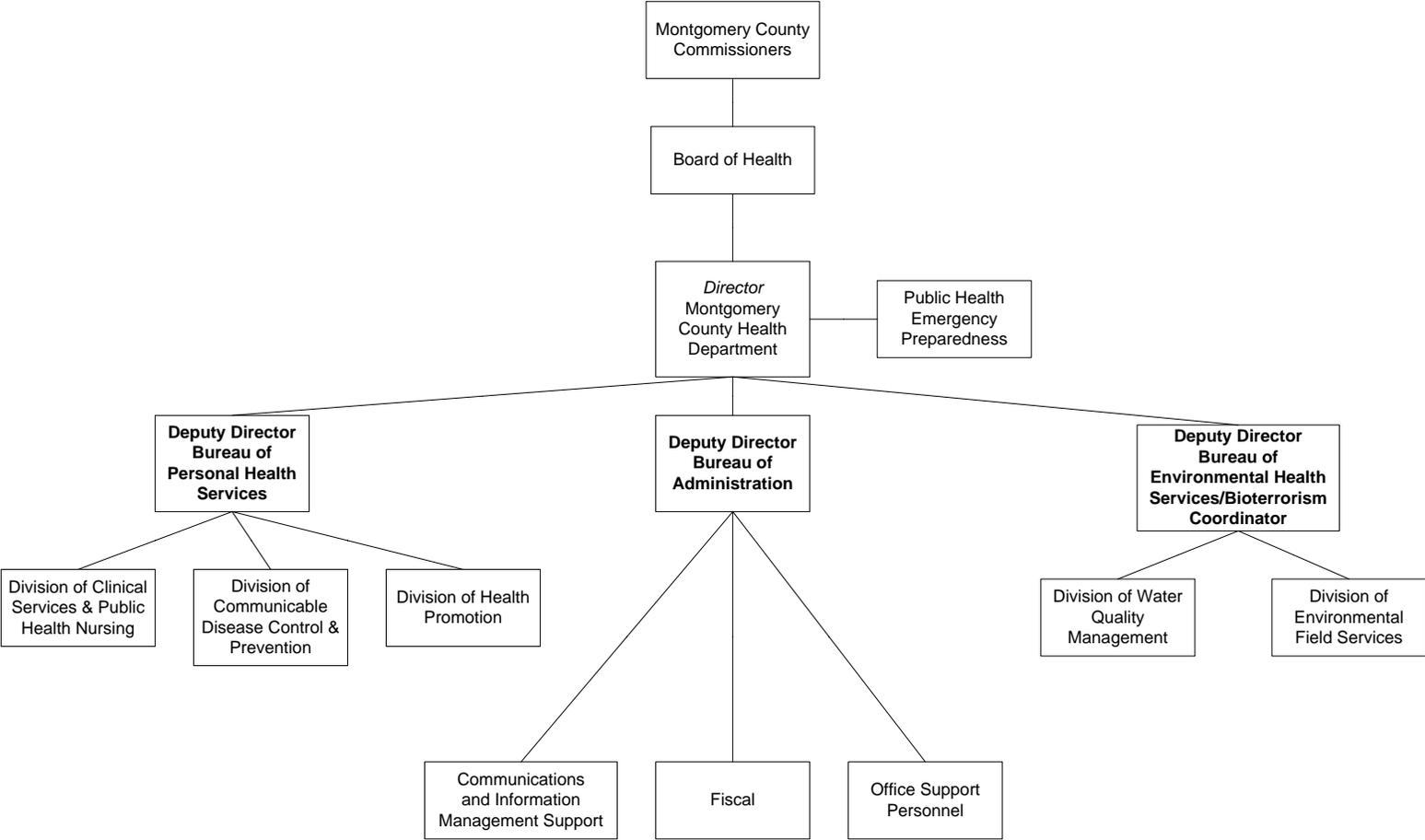
We are aware of other public health problems and are looking at ways our Department may intervene with meaningful solutions. Some of these problems are low-birth weight especially in low-income African American women, smoking cessation, Alzheimer's Disease and the frailty of age and the important realization 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 is working to maintain and improve the quality of life for all Montgomery County residents in 2015, 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



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 2013 Population Estimates, Montgomery County is home to 812,376 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 2013:

Race (percent of population):

White: 81.1%

Black/African American: 8.9%

Asian: 6.8%

American Indian and Alaska Native: 0.1%

Native Hawaiian and Other Pacific Islander 0.00%

Two or more races: 2.1%

Ethnicity (percent of population):

Hispanic or Latino origin: 4.7%

Age (percent of population):

Persons under age 25: 30.1%

Persons aged 65 and older: 16.1%

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. A team will be created to conduct a community health needs assessment. This team will include staff from MCHD and also from our community partners. 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.

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 2015

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.

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.

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).

Pennsylvania National Electronic Disease Surveillance System (PA-NEDSS) is the division's confidential web-based method to report diseases and investigative findings to the Pennsylvania Department of Health (PADOH).

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. This surveillance system is used in conjunction with other data collection systems including EpiCenter and Knowledge Center HIMS (Healthcare Incident Management System).

Some of the diseases and conditions still require reporting 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 via the CDC National Notifiable Diseases Surveillance System (NNDSS); 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

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.

Personal Health Services Programs and Objectives for 2015

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. These visits are provided by specially trained public health nurses who receive intensive initial training as well as continuous quality improvement through ongoing professional development.
- 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 Title V funded MCH Home Visiting program consists of a comprehensive spectrum of services designed to improve birth outcomes, maternal health, and family health. This program utilizes registered nurses trained in the Florida State University's Partners for a Healthy Baby Curriculum. Clients can be enrolled during their prenatal or postpartum period. The nurses conduct home visits to each woman enrolled in the program as needed to meet the needs of the mother/infant.

Program Goal: Reduce infant mortality and improve the health and life-course of families in Montgomery County by December 2015.

The Nurse Family Partnership Program

Objective 1: Improve pregnancy outcomes through case management of 125 at-risk, low income, first time mothers using the David Olds model.

Activities:

1. Enroll 125 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 NFP trained public health nurse (PHN) home visits to pregnant women within the following time frame:

Visit Schedule	Time Frame
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 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 125 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:

Visit Schedule	Frequency
First six weeks after delivery	Weekly
Until child is 20 months old	Every other week
Until child is 2 years old	Monthly
(Or more/less frequent to meet client need-“Alternative Schedule”)	

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 125 at-risk, first time, low-income mothers and infants using the David Olds model.

Activities: 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.

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 60 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.
4. Centering Pregnancy, a group prenatal care program, is offered to all women in both English and Spanish.

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 2014. 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 a minimum of 30 prenatal or postpartum women in the voluntary home visiting program. 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. Administer the Edinburgh Depression Scale to postpartum women to screen for postpartum depression. Refer to mental health services as indicated.

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, newborn screening and the “Safe Haven” program.
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 education to increase awareness about the hazards of lead exposure, to increase the number of children tested for blood lead poisoning (by infant medical home), and to decrease lead poisoning in children. Provide education and instructional materials to parents/guardians for reducing lead levels through diet and environmental cleaning if home is deemed at risk for lead paint exposure.
9. Assess and monitor psychosocial needs of enrollees and make appropriate referrals as needed. Fetal Alcohol Spectrum Disorder (FASD).
10. Provide developmental screening for children in the home using the Ages and Stages Questionnaire. 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.

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 2014.

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 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
 - Montgomery County Health Alliance
 - Suicide Prevention Taskforce

- PA Child Death Review Team
- Montgomery County Interagency Coordinating Council for Special Needs Children (ICC)
- Norristown Family Center Board
- Montgomery County Alliance for Healthy Babies
- Pennsylvania Perinatal Partnership
- SIDS of Pennsylvania

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 and agencies 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.
4. Educate community providers regarding safe sleep and SIDS, in particular home visiting agencies, i.e. Children and Youth, Teen Parent Taskforce, Health Alliance, etc.

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 2014.

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 education to community groups, including the prenatal classes for the Centering Pregnancy groups.
2. Prepare and submit grants to provide funding for this needed program.

3. Order literature, sheets, cribs and blankets through SIDS OF PA/Cribs for Kids and distribute to agency referred low income clients.
4. Deliver cribs after delivery of baby and provide instruction on assembly of crib with bassinet attachment. Give referrals/resource guide to clients, offer a home visiting nurse 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.

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 (Vaccines 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 2015.

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 immunization services for uninsured, underinsured and VFC eligible clients at all three

MCHD health centers. Vaccines are free of charge. MCHD offers day and evening hours and utilizes standing orders.

- Conduct satellite immunization clinics in geographically diverse parts of Montgomery County, as needed.
 - Utilize an immunization tracking system.
 - 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.
- 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 ACIP recommended adult vaccinations such as pneumococcal vaccine (PPSV23 & PCV13), zoster vaccine (shingles), human papillomavirus vaccine (HPV), 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.
 - When funding is available, Zoster vaccine will be available for any eligible adult \geq 60 years of age.
 - HPV vaccine will be available for any eligible adult, male or female, between the ages of 19 through 26.

- Tetanus, diphtheria and pertussis vaccine (Td or Tdap) will be available for any eligible adult ≥ 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 agencies who serve low-income, disparate, homeless, and uninsured clients, as needed, and available.
 - Provide homebound influenza vaccine by working with the Department of Aging and Adult Services and the Meals on Wheels Program.

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.
 - Assist in recruiting and encourage participation of at least 3 Montgomery County providers.
 - Act as a liaison between the providers and the Pennsylvania Department of Health Influenza Sentinel Program Coordinator as needed.
2. Report influenza-like illness.
 - Collect data on influenza-like illness in Montgomery County.

- Respond to media and public inquiries with accurate, up-to-date information about influenza activity throughout the County as well as published state and national data.
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.
 - 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.
 - 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 and infection control staff of each targeted facility.
 - Recommend vaccination against influenza for all persons age 6 months and older.
 - Link persons and facilities to resources where influenza vaccine may be obtained.
 - Provide information on influenza on the MCHD website and via social media.

Evaluation Methods: Evaluation will be accomplished through monthly, quarterly and annual measurements of influenza outbreaks and individual cases in comparison with previous seasons to determine if there has been a reduction in morbidity and mortality.

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 close contacts.
4. During an outbreak, work in collaboration with appropriate persons to obtain information on the disease event, evaluate close contacts and reduce concerns, as needed.
 5. Provide additional recommendations as appropriate to control the spread of disease including isolation and quarantine measures.
 6. When appropriate, refer household and close contacts to their healthcare providers for prophylaxis and/or vaccine.
 7. Continue to encourage families to vaccinate their children according to the recommended childhood immunization schedule. Answer questions about vaccine safety and link persons to credible resources to reduce misinformation.
 8. Report countable cases and outbreaks to the PA Department of Health (PADOH) via PA-NEDSS and by phone or email.
 9. If resources are available and permissible, offer a vaccine clinic to help control an outbreak.
 10. Respond to media and public inquiries with accurate, up-to-date information about VPD activity.

Evaluation Methods: Evaluation will be accomplished through monthly, quarterly and annual measurements of VPD outbreaks and individual cases in comparison with previous seasons to determine if there has been a 10% reduction in morbidity.

Lead and Healthy Homes Program (LHHP)

MCHD provides childhood lead poisoning prevention services, referrals and education to children in Montgomery County, based on recommendations by the Centers 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.

In addition to lead poisoning prevention, MCHD offers other Healthy Homes services to high-risk children and families in Montgomery County. This program consists of a comprehensive Environmental Home Assessment (EHA), performed to identify other hazards in a home that could contribute to injury or illness.

Program Goal: Reduce lead poisoning and injury and illness in Montgomery County, by eliminating or decreasing lead and other health and safety risks in identified children's home environments by December 2015.

Objective 1: 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 $\geq 5\text{ug/dL}$.
2. Public Health Nurse (PHN) will conduct a home visit and assessment on all reported lead levels $\geq 10\text{ ug/dL}$.
3. Refer all children with lead levels of $\geq 15\text{ ug/dL}$, to Early Intervention.
4. Collaboration and communication with Primary Care Providers (PCP), to encourage compliance with repeat blood lead levels and case management interventions.
5. Provide case management services until the child's lead level is reduced and/or all environmental hazards are eliminated.
6. Develop a plan of care that will identify action steps necessary to close cases in a timely manner.
7. 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.
8. Refer families for a Healthy Homes Environmental Home Assessment (EHA).
9. Hold bi-monthly case management meetings to review clinical and environmental status of all open cases.
10. 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 case management activities, to include the number of children identified with elevated lead levels receiving case management services.

Objective 2: Provide lead environmental case management services, by conducting lead hazard and risk assessment inspections at 100% of 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 information about reducing environmental lead exposure to homeowners, renters and contractors.
6. Refer eligible families for a Healthy Homes Environmental Home Assessment (EHA).
7. Enter all environmental activity for identified lead properties into PA-NEDSS.

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

Objective 3: Increase by 10%, the number of: Referrals to the Lead and Health Homes Program (LHHP), initial Environmental Health Assessments (EHA), and 60 day EHA, completed in 2015.

Activities:

1. Identify eligible high-risk children or pregnant women, through educational presentations to community and social service organizations. Utilize referrals from these programs, to enroll participants into the LHHP.
2. Collect information regarding participant's demographics, behaviors, knowledge, and observations about their home conditions, prior to or at the time of the EHA.
3. Provide a comprehensive EHA performed by a certified Healthy Homes Assessor or trained Healthy Homes Public Health Nurse, to identify any hazards in a home that could contribute to injury or illness.
4. Prepare a follow-up plan, including a summary of findings and recommendations for improvement, to be provided to the owner and residents.
5. Report violations of local codes or ordinances that address housing, sanitation, property maintenance, and health issues in the home, to applicable enforcement authorities, as needed.
6. Provide written and verbal education to participants, as well as supplies to assist with interventions specific to hazards identified (e.g., cleaning supplies, safety devices, smoke detectors, mattress/pillow encasements, roach/rodent traps).

7. Conduct a follow up visit and questionnaire, 60 days after the initial EHA, to assess changes in participant's behaviors, knowledge and home conditions. Provide additional education and supplies to participants as needed.

Evaluation Methods: Evaluation will be accomplished through monthly and quarterly measurement of Lead and Healthy Home Program enrollment and activities. This will be demonstrated by an increase in the number of referrals; initial EHA's and post EHA's, resulting in the reduction of health and safety hazards in the home.

Tuberculosis Prevention and Control Program

The Tuberculosis Prevention and Control Program is based on several principles related to tuberculosis control including ensuring treatment is completed and the development of drug resistance is prevented. To that end, directly observed therapy is the standard of care, which involves the direct observation of each dose of tuberculosis medication that is administered to ensure treatment compliance. The use of four drug initial therapy, another standard of care, has resulted in a minimum of acquired drug resistance in Montgomery County.

The County program provides leadership, policy development and technical assistance to local health care providers and other partners who contribute to the control and prevention of tuberculosis in the county.

The Tuberculosis control program consists of disease surveillance, investigation, clinical diagnosis, treatment and case management of all reported active cases in Montgomery County.

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.

- One hundred percent (100%) of sputum AFB-smear positive TB cases will have contacts identified. Ninety three percent (93%) of contacts to sputum AFB-smear positive TB cases shall be evaluated for infection and disease. Of those found to be infected, 88% of infected contacts will start treatment for latent tuberculosis infection. Seventy nine (79%) of infected contacts of sputum AFB smear-positive TB patients will complete treatment for LTBI.
 - Ninety percent (93%) 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.
 - 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 2015.

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 2015.

Objective 1: Improve the dental health of preschool and school-aged children by providing prophylactic and restorative dental services to a minimum of 110 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 110 preschool and school-aged children.
2. Services shall be targeted to the Norristown and Pottstown geographic areas.

Evaluation Methods: Evaluation will be accomplished through quarterly measurement of dental services provided in 2015.

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 acknowledges that many of Pennsylvania's syphilis cases may also be co-infected with HIV.

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

Objective 1: Investigate disease reports that indicate possible HIV infection as mandated under *PA. Code: Title 28, Chapter 27*.

Activities:

1. Conduct disease investigations for the purpose of HIV and AIDS surveillance.
2. Make contact with HIV testing facilities to obtain required surveillance information. Contact may be made by phone or an in-person visit.
3. HIV/STD Program staff will complete CDC HIV/AIDS case report forms.
4. Enter epidemiological data into PA-NEDSS to update and maintain HIV and AIDS data.
5. Compose quarterly and annual reports of county-wide statistics.

Evaluation Method: Evaluation will be accomplished through monthly and quarterly measurement of activities and case completion rates as compared to previous years.

Objective 2: Increase the number of HIV counseling, testing, and referral (CTR) services over a 12-month period.

Activities:

1. Offer free HIV counseling, testing and referral services to all Montgomery County residents.
6. Continue to provide anonymous or confidential HIV CTR at the three health department clinics, offering one evening clinic per week at each site.
7. By request, offer HIV CTR at community sites with PADOH approval.
8. Provide post-test counseling to a minimum of 80% of sero-negative clients and a minimum of 95% of sero-positive clients.
9. Contact sero-negative clients who have not returned for HIV test results within 30 days from MCHD receiving results.
10. Contact sero-positive clients who have not returned for HIV test results within 5 days from MCHD receiving results.
11. Provide case management and medical referral information to all HIV positive individuals.
12. Provide CD4 and Viral Load testing to those clients who are enrolled in the Special Pharmaceutical Benefits Program (SPBP).
13. Initiate marketing campaign with County Communications (i.e. web, social media, etc.) to inform people in the county about HIV/STD services, in both clinical and non-clinical settings.

Evaluation Method: Evaluation will be accomplished through monthly and quarterly measurement of activities and a demonstrated increase in the number of individuals who receive HIV CTR as compared to the previous 12-month period.

Objective 3: Insure Partner Services (PS) is offered to all newly identified HIV positive individuals, all named partners to HIV positive individuals and all HIV positive individuals with a co-infection as recommended by Pennsylvania Department of Health.

Activities:

1. Inform all HIV testing facilities that we offer this free, confidential service which is conducted by HIV/STD Program Staff.
2. Initiate PS within three days after identifying an opportunity to offer the service.
3. Complete all necessary documentation of PS in PA-NEDSS and the internal database as outlined in our standard operating procedures.
4. Attempts for PS can occur by phone, letter or field visit and will be ongoing until the Program Supervisors deem that all efforts have been exhausted.
5. Quality assurance audits will be conducted at the state and local level to insure there are no missed opportunities.

Evaluation Method: Evaluation will be accomplished through monthly and quarterly measurement of PS activities and a demonstrated commitment to 100% of PS opportunities identified.

Objective 4: Improve awareness and knowledge of HIV/STD and prevention methods among individuals and agencies in Montgomery County.

Activities:

1. Upon request, HIV/STD Program Staff will provide educational sessions to individuals and groups as appropriate.
14. Offer credible resources individuals and agencies as needed.
15. Increase public health information and messages to both providers and the public through appropriate sources.
16. Organize events around HIV/STD awareness days throughout the year via our collaborations with various public health partners and the communities they serve.

Evaluation Method: Evaluation will be accomplished through monthly and quarterly measurement of the number of persons reached through educational opportunities.

Objective 5: Improve availability, accessibility and acceptability of HIV/STD prevention materials among high- risk groups in Montgomery County.

Activities:

1. Provide all Montgomery County Health Department HIV/STD testing sites with male condoms, female condoms, dental dams and lubricant.
2. Provide organizations located within Montgomery County prevention materials upon request.
3. Elicit facilities that attract high-risk individuals in Montgomery County to become condom distribution sites that provide free prevention materials to the general public.
4. Offer all HIV/STD interviewed patients identified in PA-NEDSS the possibility of receiving prevention materials through the mail with the individual's consent.

Evaluation Method: Evaluation will be accomplished through monthly and quarterly measurement of the number of prevention materials distributed county-wide.

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 risk reduction counseling, and 3) diagnosis, treatment and partner services. Sexually Transmitted Disease reporting by healthcare providers is required by both state law and the Montgomery County Public Health Code (Chapter 3). The investigation of these reports is vital to reducing the spread of STDs in Montgomery County.

Program Goal: To decrease the incidence of Sexually Transmitted Diseases in Montgomery County and to reduce transmission to others in the community in 2015.

Objective 1: Investigate STD cases reported by healthcare providers.

Activities:

1. Assess 100% of all positive chlamydia, gonorrhea, and syphilis tests and initiate appropriate public health action.
2. Initiate case investigation within 3 days of receipt of disease report.
3. Contact ordering facility to ascertain demographics, clinical features and treatment information.
4. Ensure that all reported STD cases receive adequate medical treatment according to most current CDC STD Treatment Guidelines. Clients not treated, or inadequately/improperly treated by healthcare provider are referred to MCHD clinics or other appropriate sites.
5. Initiate patient contact within 7 days of disease report by phone, letter, field or clinic visit to identify risk factors and sexual partners.
6. During patient interaction, staff will provide disease education, identification of risk factors, partner services and disease prevention measures.
7. Attempts will be made to notify named partners of index cases within 3 days of identification and appropriate referrals will be made for that partner.
8. Enter data collected into PA-NEDSS.
9. 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 attempts to follow-up on 100% of STD reports.

Objective 2: Increase STD testing, diagnosis, and partner services in MCHD's Communicable Disease Clinics by 10%.

Activities:

1. Offer free testing, diagnosis and treatment services to all Montgomery County residents.
2. Provide counseling, treatment and partner services to all STD positive clients tested by Montgomery County Health Department clinics.
3. Provide counseling, treatment and partner services to all STD positive clients referred by healthcare providers.
4. Continue to provide STD testing, diagnosis and treatment at three health department clinics, offering one evening clinic per week at each site.
5. Follow up on 100% of all positive chlamydia, gonorrhea, and syphilis tests.
6. Initiate case investigation within 3 days of receipt of case report.
7. 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.
7. Educate index cases and their partners about STD prevention.
8. Enter data collected into PA-NEDSS.
9. Compose monthly and quarterly 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 demonstrated increase in the number of individuals counseled, tested, and treated in 2015.

Objective 3: Improve awareness and education of the vaccines available to prevent Hepatitis A and B, Human Papillomavirus (HPV) and Cervical Cancer, and offer vaccines to 100% of eligible clinic clients.

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 MCHD Communicable Disease Clinics.
2. Offer the Gardasil vaccine series to all uninsured clients, 18-26 years of age, receiving testing services in MCHD Communicable Disease Clinics.

3. Enter vaccines given into PA Immunization Registry (SIIS).
4. Notify clients by mail or phone as a reminder for the date of the next vaccine in the series, to ensure a 100% completion rate.

Evaluation Method: Evaluation will be accomplished through monthly and quarterly measurement of activities and a demonstrated increase in the number of eligible individuals receiving vaccine series to prevent Hepatitis A, Hepatitis B, Human Papillomavirus (HPV) and Cervical Cancer, in 2015.

Objective 4: Improve awareness and knowledge of HIV/STD and prevention methods among individuals and agencies in Montgomery County.

Activities:

1. Upon request, HIV/STD Program Staff will provide educational sessions to individuals and groups as appropriate.
2. Offer credible resources to individuals and agencies as needed.
3. Increase public health information and messages to both providers and the public through appropriate sources.
4. Organize events around HIV/STD awareness days throughout the year via collaborations with various public health partners and the communities they serve.

Evaluation Method: Evaluation will be accomplished through monthly and quarterly measurement of the number of persons reached through educational opportunities.

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 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.

After receiving a case report of a Montgomery County resident, a Disease Intervention Specialist (DIS) will investigate the report, 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.

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 lab reports of possible West Nile disease 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.

Evaluation Method: Evaluation will be accomplished through monthly and quarterly review of activities and comparison to previous WNV seasons.

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, 20th edition, APHA 2015; Report of the Committee on Infectious Diseases, 2012 Red Book by the American Academy of Pediatrics, 29th 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.
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 Dog Warden to assure that abused animals are removed from their owner's homes.

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 lab-confirmed animal rabies and compare to previous years and to neighboring counties to determine disease trends.

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 rabies and reporting practices for public health partners as requested.

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

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 the current year, 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. Provide 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 data from previous years.

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.

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 40 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).

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.

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.

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.

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.

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.

Hepatitis C

The Health Department receives approximately 3,150 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.
 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.

Perinatal Hepatitis B Prevention 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 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 2015.

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.

Evaluation Methods:

1. Evaluation will be accomplished through a monthly, quarterly and annual 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 data from previous years.

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 2015.

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 100% 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.
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, 2015 as requested.

4. Distribute information to all hospital emergency rooms and doctor's offices that have reported or have concerns about Lyme disease.
5. Encourage 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 data from previous peak seasons.

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.

The Department also uses other databases and tools to follow disease trends and to understand morbidity and mortality throughout the County. These systems include PA-NEDSS, Epi Center, Knowledge Center, and HIMS. We use these surveillance databases with various tools including SAS, SPSS, and Microsoft Office (Excel, Word, Access, etc.)

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.

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, quarterly municipal service report, monthly and quarterly disease morbidity reports 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.

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

Evaluation Method: Evaluation will be conducted by utilizing the annual goals of the program plans as a guide.

Safe and Healthy Communities

Programs and activities funded by the Pennsylvania Department of Health Bureau of Health Promotion and Risk Reduction are designed to promote the prevention and early detection of risk factors of chronic diseases. The program promotes the adoption of healthy habits related to nutrition and physical activity. Program activities are directly related to grant funded objectives and coordinate with Healthy People 2020.

Program Goal:

Reduce the public's changeable risk factors associated with cardiovascular disease, diabetes and obesity through the promotion of environmental, policy, and systems changes that support access to healthy foods, increased opportunities for physical activity and increased awareness of cardiovascular health.

Objective 1: Increase access to affordable healthy food through a fresh produce delivery system and implementation of 4 community gardens for low income, older adults.

Activities:

1. Partner with a local farm co-op to coordinate delivery of fresh produce to older adults.
2. Coordinate delivery of weekly produce to four MCHA housing units.
3. Plan, design and implement four community gardens at or near each housing unit.
4. Provide training and technical assistance in caring for and maintaining garden sites.

Evaluation Methods: Evaluation will be accomplished through quarterly measurements of activities that include number of participants, site locations and gardens implemented.

Objective 2: Increase awareness by 50% of the benefits of healthy produce consumption among older adults residing in the four Montgomery County Housing Authority units.

Activities:

1. Conduct a weekly nutrition education series at four MCHA units during the growing season (June- October).
2. Conduct five cooking demonstrations at each housing unit.
3. Conduct four produce preservation programs at each housing unit.
4. Administer pre/post survey to measure change in nutrition knowledge and behavior.

Evaluation Methods: Evaluation will be accomplished through quarterly measurements of activities that include number of education sessions, cooking demonstrations, and produce preservation programs conducted. Additional review of pre/post survey results to determine % change in nutrition knowledge and behavior.

Objective 3: Increase physical activity among elementary age youth through a walking initiative at six school-based before/after care programs with 75% youth participation.

Activities:

1. Conduct six “Benefits of Exercise” programs at school based locations. (one per school)
2. Plan and implement a 6-8 week Mileage Club program at six school based locations during the school year.
3. Monitor Mileage Club weekly through site visits and technical assistance.
4. Develop a tracking system for each school based program.
5. Conduct a “train the trainer” forum to 25 site directors for program sustainability.

Evaluation Method: Evaluation will be accomplished through quarterly measurements of activities that include number of education programs conducted; number of walking programs implemented and the % participation; number of site directors trained for program sustainability.

Objective 4: Support the Million Hearts tm initiative to increase awareness of the risk factors associated with cardiovascular disease in eight African American and Latino community-based settings in Montgomery County.

Activities:

1. Partner with four faith-based African American communities to implement heart health programs and policy change that support the Million Hearts campaign.
2. Partner with four culturally inclusive Hispanic communities to incorporate heart health programs and policy change that support the Million Hearts campaign.

3. Identify a leader within each of the eight sites to serve as health liaison.
4. Form or expand a wellness committee within each of the eight sites.
5. Implement two healthy living policy or environmental changes in each of the eight sites.
6. Attend monthly community events to promote Million Hearts campaign.
7. Conduct four nutrition programs at each of the eight sites.
8. Conduct eight blood pressure screenings at each of the eight sites in partnership with local health care provider.

Evaluation Method: Evaluation will be accomplished through quarterly measurements of activities that include number of site locations, and community liaisons; number of programs and screenings conducted; number of community events attended and people reached.

Objective 5: Promote the adoption of healthy behaviors that promote general wellness prevention strategies for all ages via monthly community education programming.

Activities:

1. Utilize the National Health Observances calendar to highlight seasonally appropriate public health campaigns monthly.
2. Conduct monthly wellness programs targeting at-risk youth of the Montgomery County Youth Center.
3. Conduct general wellness programming upon request to Montgomery County community organizations such as faith-based organizations, schools, worksites and social groups.
4. Attend community events and health fairs upon request.

Evaluation Method: Evaluation will be accomplished through quarterly measurements of activities that include number of programs conducted and people reached; number of community events attended and people reached (via literature distribution).

Cancer Prevention, Education and Early Detection Program

The Cancer Prevention, Education and Early Detection Program aims to increase public awareness and promote the prevention and early detection of preventable cancers through the identification of changeable risk factors and 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. Components of the program

coordinate with Healthy People 2020 objectives.

The Division of Health Promotion staff continues to promote the importance of early detection of breast cancer through regular, age appropriate mammogram screenings to maintain optimal breast health among Montgomery County residents. Additionally, a survivorship wellness program promotes the adoption of healthy habits of nutrition, physical activity and general wellness guidance as it relates to the recently diagnosed breast cancer patient who has completed treatment. Activities are directly related to established partnerships with local cancer treatment centers.

Program Goal:

Promote the prevention and early detection of skin, colorectal and lung and breast cancers. Provide healthy lifestyle education that supports newly treated breast cancer patients.

Objective 1: Conduct 100 sun safety education programs that increase awareness of risk factors for skin cancer during the spring and summer months.

Activities:

1. Conduct presentations on skin cancer prevention and sun safety for day care providers, their staff and children.
2. Provide day care providers resources 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 activities that include number of programs conducted and people reached; number of environmental changes implemented as a result of education program.

Objective 2: Provide health information on the risk factors and screening guidelines for early detection of colorectal cancer at monthly community events.

Activities:

1. Utilize National Health Observance calendar to promote early detection and other preventive health strategies.
2. Attend community events and health fairs upon request.
3. Distribute 1,200 education materials at health fairs and other community events

Evaluation Methods: Evaluation will be accomplished through quarterly measurements of activities that include number of events attended and people reached (via literature distribution).

Objective 3: Participate and promote two collaborative activities/initiatives that increase awareness of the cancer causing risk factors associated with tobacco use among youth and adults.

Activities:

1. Serve as a liaison and/or consultant for tobacco free coalition of Montgomery County.
2. Participate in annual coalition community outreach activities.
3. Attend monthly community events to distribute 1,200 education materials educational materials.

Evaluation Methods: Evaluation will be accomplished through quarterly measurements of activities that include number of coalition activities; number of events attended and people reached (via literature distribution).

Objective 4: Provide breast health information and screening resources at monthly community events.

Activities:

1. Work with collaborating community agencies to promote Breast Cancer Awareness Month in October through education programs and social media content.
2. Maintain a resource and referral list for low cost mammograms in the County. Refer residents upon request.
3. Utilize National Health Observance calendar to promote early detection and other preventive health strategies.
4. Attend monthly community events to distribute 1,200 education materials educational materials.

Evaluation Methods: Evaluation will be accomplished through quarterly measurements of activities that include number of events attended and people reached (via literature distribution).

Objective 5: Facilitate a weekly healthy lifestyle program to newly treated breast cancer patients that incorporates individualized wellness planning and group education components and has an 85% completion rate.

Activities:

1. Create recruitment strategy and recruitment materials to conduct participant outreach.

2. Develop program goals and weekly meeting schedule for clients based upon best practices and information.
3. Create program material to be utilized on weekly basis for nutrition, fitness and family support initiative.
4. Develop monitoring system to track enrollment of clients, basic demographics, completion of surveys, delivery of materials and educational sessions.
5. 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 program. A six month follow up survey will measure healthy lifestyle change beyond the program.

Injury Prevention Program

The Montgomery County Injury Prevention Program provides programs and initiatives that promote awareness of preventive safety measures to reduce the risk of injury and death across the lifespan. Activities are funded by the Pennsylvania Department of Health Bureau of Health Promotion and Risk Reduction and coordinate with Healthy People 2020.

The Community Transportation Safety Program (CTSP) is an initiative funded by the Pennsylvania Department of Transportation. This project focuses on outreach education and policy influence within the community in order to reduce the frequency of severe traffic injuries and deaths. The CTSP's overarching community outreach and enforcement areas are: Occupant Protection, Youth Safety, Aggressive/Distracted Young Driver, Mature Driver

Program Goal:

Reduce the risk of injury, disability, and death in four primary focus areas: Falls in the older adult, Youth Transportation Safety, Safe Routes to School, and Home and Family Safety.

Reduce changeable risk factors associated with motor vehicle related injury and death through the promotion of environmental, policy, and systems changes.

Objective 1: Increase the number of people reached through a comprehensive falls prevention program that addresses home safety education and environmental improvements.

Activities:

1. Host a coach training session and two training updates annually.
2. Conduct six MOB programs (eight week session per program) reaching a minimum of 60 adults over age 55 years.
3. Conduct pre/post surveys to measure behavior and environmental changes as a result of MOB participation.
4. Conduct 30 home safety education programs.
5. Distribute 100 home safety modification kits.
6. Attend community events to distribute falls prevention resource materials.
7. Conduct 8 CarFit education sessions to older adults.

Evaluation Methods: Evaluation will be accomplished through quarterly measurements of activities that include number of MOB coach sessions held and coaches trained; number of MOB classes conducted; number of education programs conducted and people reached; Number of home safety modification kits distributed; number of events attended and people reached (via education material distributed); Number of CarFit programs conducted and people reached.

Objective 2: Increase the number of people reached through a youth transportation safety program that addresses child passenger safety.

Activities:

1. Coordinate two CPS certification course and three update training sessions.
2. Conduct four monthly child safety seats in partnership with local fire departments.
3. Distribute 500 age appropriate booster seats.
4. Conduct 20 child passenger safety education sessions.
5. Conduct 150 school bus, pedestrian and safety programs to elementary age youth.
6. Participate in 2 CPS national observance events.

Evaluation Methods: Evaluation will be accomplished through quarterly measurements of activities that include number of CPS certification sessions held and technicians trained; number of seats inspected and installed at monthly sites; number of booster seats distributed; number of programs conducted and people reached; number of national CPS activities coordinated and people reached

Objective 3: Increase the number of people reached through a youth transportation safety program that addresses teen drivers.

Activities:

1. Coordinate annual high school seatbelt challenge among 5 participating high schools
2. Utilize pre/post observations to measure change in seat belt usage activity
3. Conduct seat belt safety education at to high school students.
4. Coordinate parent education/forums at participating high schools.
5. Participate and co-coordinate a regional safe driving competition.

Evaluation Methods: Evaluation will be accomplished through quarterly measurements of activities that include number of safety education programs conducted and youth reached; number of parent forums conducted and parents reached; measurement of change in seat belt usage based on pre/post observation data.

Objective 4: Increase opportunities for community safety in walking and bicycling to school initiatives as a means to increase physical activity among youth.

Activities:

1. Conduct a promotional campaign for Safe Routes to School in two school districts annually
2. Coordinate and participate in five activities that support Safe Routes to School at each school district.
3. Convene and support a Safe Routes to School committee at each school district to identify environmental and policy changes that enhance walking and biking to school.
4. Participate in International Walk to School Day/Week at each school district.
5. Conduct 15 pedestrian safety education programs within the catchment area of each school district
6. Conduct 15 “Benefits of Exercise” education programs within the catchment area of each school district.
7. Coordinate a Family Bike Day to promote helmet usage and general bike safety awareness.
8. Conduct 50 bicycle safety programs.
9. Conduct pre/post helmet usage observation

Evaluation Methods: Evaluation will be accomplished through quarterly measurements of activities that include number of participating schools; number of environmental/policy changes implemented; number of programs conducted and people reached; number of safe routes to school activities coordinated at each school; Number of people reached through Family Bike Day via helmets distributed and participation. Pre/post observation data will be used to measure change in safety habits regarding bike helmet usage.

Objective 5: Increase the number of people reached through a transportation safety outreach initiative that promotes awareness of general safe driving behaviors among adults in Montgomery County.

Activities:

1. Utilize National Transportation Safety campaigns to promote seasonally appropriate safe driving messages monthly.
2. Attend 12 community events and health fairs to promote safe driving; distribute 1,500 educational materials
3. Distribute 500 Yellow Dot materials at community events
4. Assist the regional aggressive driving coordinator in prevention and support activities in the county.
5. Conduct a quarterly Distracted Driving promotional campaign

Evaluation Methods: Evaluation will be accomplished through quarterly measurements of activities that include number of events attended and people reached (via literature distribution); number of programs conducted and people reached; number of monthly promotional messages and monitoring of web/social media traffic; Number of media related opportunities.

Bureau of Personal Health Services
Program Plans and Objectives Performance Review (2014)

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/MIECHV. Provided services to 165 mothers/105 with infants which included 43 new births in 2014.
- One hundred sixty (160) 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 2014, 73 clients were enrolled in the NFP.

- 1646 visits were completed visits.
- 285 attempted visits were made.
- Average length of visit per client was 1 hour and 17 minutes.
- Each nurse worked with their client through five domains - Personal Health, Environmental Health, Life Course Development, Maternal Role, and Friends and Family.
- In 2014 the children completing a developmental screening with the Ages and Stages tool were as follows: 6 months 93.3%, 12 months 100%, 18 months 100%, and 24 months 100%. Because of these screenings three children were referred to Early Intervention services at 18 months.
- Data through 12/31/14 indicates that by 24 months, 92.3% of children enrolled are up-to-date on immunizations and 68% have been tested for lead exposure.
- With the practice of breastfeeding demonstrating wide ranging benefits for infant's general health, immune systems and development, in 2014 79.5% of mothers initiated breastfeeding. The Nurse Family Partnership objective is at 81.9%.

- The Nurse Family Partnership considers the reduction of preterm births (<37 weeks gestation) and low birth weight (LBW 2500 grams/5.5lbs.) the best way to reduce infant illness, disability, and death. The NFP objective for preterm births is a rate of <11.4% and the objective for LBW rate is <7.8%) In 2014 this site had a 4.5% prematurity rate (2 out of 43 new births) and a 7% LBW rate (3 out of 43 new births)

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 90.0% 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.

- 85.75 percent of our mothers at intake in 2014 were receiving WIC, 71.4% are on Medicaid, 47.6% were receiving food stamps and 0% received Temporary Assistance for Needy Families (TANF).
- Data through 12/31/14 indicates that at intake 21.5% of clients with no diploma or GED are not enrolled in school and at 24 months the number not in school with no diploma is at 1%
- Data through 12/31/14 for workforce participation for those over age 18 shows 44.8% report working at intake and 71.8% report working at completion of program when child reaches age 2.

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 2014 to 143 pregnant, low-income women who are uninsured and 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 156 home visits. The staff opened 53 new cases and closed 49 cases in 2014. In addition, 11 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 15 case management telephone calls performed in 2014. The PKU program received 0 new cases in 2014. There are currently 34 active PKU patients. In addition, there are 46 inactive Hyper PHE patients.

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

Achieved:

- MCHD 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), Norristown Family Center, Suicide Prevention Taskforce, Montgomery County Health Alliance, Pottstown Community Health and Dental, Montgomery County Immunization Coalition and National Children’s Study.
- MCHD also chairs the Montgomery County Child Death Review Team, looking at childhood deaths under age 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. Our goal is to provide a clearer understanding of the deaths of these children and incorporate recommendations to the state and county into our programs.
- MCHD works with Einstein/Montgomery Hospital’s prenatal clinic, currently providing Centering Pregnancy (group prenatal care) to English and Spanish speaking clients. They also provide diabetes supplies and education to low-income pregnant women. Their prenatal care enrollment has stabilized a two week waiting period. Their delivery hospital has a level 3 Neonatal Intensive Care Department.
- MCHD worked with the Teen Parent Taskforce on three projects. In April 2014, the Teen Parent Conference was held. Over 40 parenting or pregnant teens participated, with over 25 agencies providing information on their programs. There were also 5 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 “Building Resilience in Today’s Diverse Families” with 40

people in attendance at the Main Campus of the Montgomery County Community College and teleconferenced from the Pottstown Campus.

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 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 many search engines on the internet as well as other agency, library and school websites throughout the surrounding counties.
- Numerous speaking engagements were held, including: (10) The Centering Pregnancy groups, (1) Teen Parent Networking, (1) ICC Resource Fair, (4) Norristown Health Alliance Meetings, discussing Health Department services available to county residents, including immunizations, safety programs in the home, nurse home visiting programs, and Safe Sleep (Cribs for Kids).
- The Infant Health Coordinator participates in the bi-monthly meetings of the Montgomery County Interagency Coordinating Council (LICC), their resource fair and the Transition Fair for Special Needs Children. Montgomery County Health Department offered literature and programs and referral information. Referrals are on-going to and from the Health Department from the Resource Guide and Website.

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

Achieved: 85 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.

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 2,216 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 87% for the 4:3:1 (4 Diphtheria, tetanus, pertussis, 3 polio, 1 MMR) immunization schedule for children by 24 months of age.
- Provided 4,783 seasonal influenza immunizations to high-risk Montgomery County residents at 8 community-based sites and 6 targeted outreach sites.
- Administered 1,256 influenza immunizations to County employees, and anyone wishing to reduce their chance of getting influenza at our three health centers.
- 200 influenza vaccine doses were re-distributed to various agencies servicing uninsured and/or homeless individuals who in turn utilized the vaccine for their high-risk clientele
- MCHD Public Health Nurses provided influenza immunizations to 9 homebound individuals.
- MCHD nurses also collaborated with other members of the Montgomery County Immunization Coalition to administer flu vaccine to 3,953 students in local school districts this year.

In total, MCHD has either administered or re-distributed 10,201 doses of seasonal influenza vaccine during the 2014-2015 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 838 cases of Influenza A; 221 cases were confirmed and 617 were suspect cases.

- Investigated 299 cases of Influenza B; 71 cases were confirmed and 228 were suspect cases.
- An additional 1 case of Influenza Other, unspecified was also investigated.
- Monitored outbreaks and made recommendations for outbreak control to 1 Long Term Care Facility.

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

Achieved:

- Investigated 86 reports of Pertussis, of which: 68 were classified as confirmed and 18 were classified as probable.
- Investigated 132 reports of Varicella, of which 81 were classified as confirmed and 51 were classified as probable
- In 2014, there were 4 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: 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 116 children; 75 who have been newly identified as being lead poisoned.
- For children with lead levels between 10-14 ug/ml (40 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 (15 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.
- For children with lead levels > 20 ug/ml, (20 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. 71 cases were closed with a remaining caseload at the end of 2014 of 45 children.
- There were a total of 88 clinical lead case management home visits for 2014, to include Healthy Home visits.
- Lead and Healthy Homes education was provided to 509 people, to include residents and organizations that provide direct service to county residents.

Objective 2: 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. A total of 215 dust wipe samples were sent for testing. 94 samples were sent for lead case management; and 121 samples were sent for preventive education through the Healthy Homes Program.
- At the beginning of the year, MCHD CLPPP had 4 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.
- There were 15 new environmental lead cases. The LEHS performed 10 environmental lead risk assessments and inspections, and 5 EI's were deferred because: 3 properties were Section 8, 1 property the the family just moved in, and 1 property the child no longer lived at the home.
- There were a total of 14 open environmental investigations for 2014. Of those open cases, 11 were closed and 3 cases remain open.
- There were a total of 39 environmental home visits done.
- There were a total of 7 EI's submitted for MA reimbursement.

Objective 3: Provide an estimated 115 families with a comprehensive Environmental Home Assessment (EHA), to identify any hazards in a home that could contribute to injury or illness.

Achieved:

- There were 79 Healthy Homes visits completed (49 by a certified Lead and Healthy Homes Environmental Health Specialist, and 30

by the Lead and Healthy Homes Nurses), for a total of 176 visits in the Lead and Healthy Homes Program.

- Number of Lead and Healthy Homes Program referrals received is 65.
- Number of Environmental Home Assessments (EHAs) completed is 47.
- Number of post-EHA questionnaires/visits completed is 32.
- Number of homes/families with application in process or on waiting list for EHA's at the end of 2014 is 6.

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.

Achieved:

- The TB case rate for 2014 was 3.12 cases per 100,000 people. Twenty-five (25) cases were treated. This was a 79% increase from 2013.
- MCHD conducted 2407 Directly Observed Therapy visits for 187 patients in the community to ensure that all active/suspect TB cases consumed their prescribed medication.
- MCHD provided 799 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.
- MCHD performed 376 tests for TB infection to individuals at high risk for TB exposure. These individuals were screened for signs of active disease and for medical co-morbidities that would increase likelihood of progression to active TB disease.
- MCHD initiated 491 Tuberculosis Investigations in 2014.

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 2014.

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 257 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 2014, 25 new HIV cases and 17 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.

Achieved:

- HIV testing, counseling and education on safe sex practices and other preventive measures was provided through MCHD's Communicable Disease Clinics and outreach efforts. A total of 1,285 pretests and 1,074 posttests were done at: Norristown (643 pre/543 post); Pottstown (340 pre/268 post); Willow Grove (102 pre/98 post). Six (6) persons were identified positive for HIV and referred for follow-up case management. One (1) person had inconclusive HIV testing results, and was referred for retesting and follow-up. Thirteen (13) contacts were elicited and referred for testing. One (1) CD4 test, two (2) Viral Load tests and one (1) NAT test were performed.
- Post-test counseling was provided to an average of 85% of sero-negative clients (NT-84%, PT-79%, WG-82%, Outreach-96%), and 100% of sero-positive clients.
- Provided HIV testing to 80 clients at Montgomery County Youth Center and 40 clients at St. Gabe's Hall; both facilities serve high-risk youth.
- Provided 40 Community tests at Peer Resource, Arcadia University and Walgreens in Norristown.
- Provided 71 OraQuick Advance Rapid HIV tests through MCHD's Norristown and Pottstown HIV Rapid Clinics.

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: Attempted to offer Partner Services to 27 newly diagnosed HIV-positive persons, 24 persons with previously identified HIV infection and 26 persons who have ongoing HIV infection that were also diagnosed with another reported STI in 2014.

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

Achieved: Provided resources for infectious diseases doctors and case management to 1 person who tested positive through HIV testing at MCHD and 26 persons who tested positive through their private healthcare provider.

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

Achieved:

- Conducted 20 HIV education sessions at the Montgomery County Youth Center reaching 199 youth.
- Provided 41 community presentations to 2,538 residents of Montgomery County.

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: Montgomery County Health Department held a World AIDS Day event on December 1st, 2014 at Penn State Abington. During the event, MCHD hosted the NAMES Project Foundation AIDS Memorial Quilt. MCHD also provided an HIV presentation by Philadelphia FIGHT, HIV in Film with viewing of “Philadelphia” and “The Announcement,” condom distribution and HIV Roulette for the purpose of disease education. The event was attended by 200 students and faculty members.

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 2,026 cases of STD's: 1,687 confirmed chlamydia, 284 confirmed gonorrhea, and 55 confirmed syphilis (provisional data). There were 14 cases of primary and secondary syphilis, 26 cases of early latent syphilis and 12 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 2,704 persons through MCHD's Communicable Disease Control Clinics in Norristown, Pottstown and Willow Grove. 1,381 gonorrhea tests and 1,379 chlamydia tests were done. Thirty-seven (37) persons were identified positive for gonorrhea, with 71 contacts identified and referred for testing/treatment. One hundred seventy-nine (179) persons were identified positive for chlamydia and 283 contacts were elicited and referred for testing/treatment. One thousand one hundred thirty-six (1,136) syphilis tests were done. Fifty-three (53) persons were identified with positive syphilis tests, and 17 contacts were elicited and referred for testing/treatment. Forty-one (41) positive tests for Syphilis (RPR's) were previously treated; (2) were diagnosed as late latent syphilis, (0) were diagnosed with early latent syphilis, (3) were diagnosed as primary syphilis, and (2) were diagnosed as secondary syphilis, (1) unknown duration, and (2) BFP.

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

Achieved: During MCHD's Communicable Disease Clinics, 34 persons received the Hepatitis B vaccine, 75 people received the Hepatitis A vaccine, 28 persons received the Twinrix vaccine, and 101 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: Conducted 41 HIV/STD presentations to 2,538 residents of Montgomery County.

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 19,324 reports of diseases/conditions in addition to 363 Out of Jurisdiction (OOJ) reports. Of the 9,505 cases that were investigated, 6,257 (66%) were confirmed cases.

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

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 2014, MCHD investigated 32 outbreaks, involving 450 individuals.

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

Achieved: During the 2014 WNV season, there were 2 reports that required additional follow-up; of those 2 reports, 1 case of West Nile disease was identified in a Montgomery County resident.

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.

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 1,754 reported animal bites (27% cats, 69% dogs, 4% other animals). Sixty-one (61%) percent of cats and 34% 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 297 reports of bites classified as wounds of unknown origin and 233 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 Montgomery County veterinary hospitals and clinics 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: Four low-cost rabies immunization clinics were held in June at different sites in Montgomery County for domestic pets. A total of 839 pets were immunized (324 cats, 513 dogs and 2 ferrets).

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.

Achieved:

- Submitted 257 specimens to the PA State Health Lab, Bureau of Laboratories for rabies testing.
- In 2014, 18 animals tested positive for rabies (8 raccoons, 4 bats, 3 cats, 2 skunks, and 1 fox).
- 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, 2014.

Achieved: Investigated 950 Lyme disease cases of which 382 were classified as confirmed cases, 380 as suspect cases and 188 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.

Achieved:

- Investigated 47 reports of hepatitis A; 2 were classified as confirmed acute cases.
- Investigated 1,268 reports of hepatitis B; there was 1 case classified as a confirmed acute case and 270 were classified as new 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 2014, there were 941 new reports of chronic hepatitis C liver disease entered into a registry. Of those 941 reports, 64% were male and 59% 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.

Achieved: Attempts are made to educate patients and their household and social contacts for cases of confirmed acute Hepatitis A and confirmed acute and chronic Hepatitis B.

Perinatal Hepatitis B Prevention 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 100% of Hepatitis B positive pregnant women contacted and educated about receiving Hepatitis B vaccine and immunoglobulin.

Achieved: There were 19 births by Hepatitis B positive expectant mothers in 2014. 100% of infants received prophylaxis at birth. 100 % (19 out of 19) have been compliant with the high risk immunization schedule. In 2013 20 infants produced immunity. 12 infants born in 2012 have produced immunity as per lab results. 8 of the infants born in 2013 produced immunity. One of the expectant mothers retested and her final results were serum negative. Ten infants were carried over from 2013 to 2014. Nine of them produced immunity, and one refused the serology test. One infant born in 2014 produced immunity as per the lab results. Two of the 2014 infants moved before completing the series (1 to Philadelphia and 1 to Delaware). Fifteen infants born in 2014 are still under case management.

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 329 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 40 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 gastro-enteric disease were provided with information on how to prevent outbreaks within their specific setting.

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 39 reports of all types of meningitis. One of these cases was 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 13 nutrition and physical activity programs reaching just over 318 adults.
- Conducted 13 elementary school initiatives based on National Health Observances reaching 3,000 youth.

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

Achieved:

- Conducted 1 diabetes management programs in partnership with Penn State Cooperative Center reaching 25 participants.
- Utilized National Health Observances to distribute diabetes awareness and education materials.

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.

Achieved:

- Conducted 13 nutrition and physical activity programs reaching just over 318 adults.
- Worked with all of the youth summer camp programs through the YMCA reaching over 500 youth.
- Conducted 13 elementary school initiatives based on National Health Observances reaching 3,000 youth.

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.

Achieved:

- Conducted 12 general wellness programs to Montgomery County Youth Center residents.
- Served on 10 wellness committees in schools, worksites, and faith-based organizations.
- Participated in 32 health fairs reaching 4,535 participants.
- Administered a produce distribution initiative to low income adults in partnership with Montgomery County Housing Authority.

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 24 education programs reaching 469 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.

Achieved: Distributed 2,000 education materials at 32 health fairs.

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

Achieved:

- Served as a lead on the Montgomery County Tobacco Coalition to raise awareness of risks associated with tobacco use.
- Distributed 1,000 education materials at 32 health fairs.
- Conducted community outreach to 30 CVS stores in the Montgomery County to promote the harmful effects of e-cigarettes. By October, 2014 all CVS stores stopped selling tobacco products.

Breast Health Awareness Program

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

Objective 1: In partnership with local cancer treatment center, provide 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.

Achieved: Partnered with Mercy Cancer Center to develop program materials, recruitment strategy and identify potential candidates for a pilot program regarding breast cancer survivor wellness.

Partially Achieved: Recruitment continued to be a barrier in 2014 due to MCHD staff turnover as well as a change in staff roles at Mercy Cancer Center. Program administrators have reached 50% of the targeted number of participants.

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 pre and post assessment resulting in a 50% increase in healthy food knowledge and consumption at the end of the six week period.

Achieved:

- All participants completed a pre/post nutrition habits survey
- All participants met with a public health nutritionist to set dietary goals
- All participants showed a positive change in nutrition habits at the end of the program.

Objective 3: Develop a six week physical activity plan for low income, underinsured breast cancer patients that utilizes a pre/post-test assessment of targeted exercise indicators resulting in 75% of participants measuring increase in strength, flexibility, and endurance at the end of a six week period.

Achieved:

- All participants completed an exercise assessment.
- All participants received physical activity journal.
- All participants increased targeted exercise indicators by 75%.

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.

Achieved:

- All participants included a family member or friend in the Week 4 session.
- Additional resources were provided based on individual participant wellness needs.

Objective 5: Using an attitudes/perceptions questionnaire during Week 1 and Week 6, interview participants to identify changes in attitudes, perceptions, and barriers in making healthy choices based on the individual education received during the program period.

Achieved: A pre/post test was administered to all participants. Survey results were reviewed and analyzed. Adjustments to program delivery will be made that include: a shorted program period, condensed wellness information and resources, and include more self monitored resources/activities.

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

Achieved:

- Distributed over 1000 printed educational materials at 32 health fairs.

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 2 Matter of Balance (MOB) participant class to the residents of an older adult community.
- MCHD Master Trainers certified 3 additional community coaches to lead a Matter of Balance programs for their organization.
- Conducted 4 Home Safety initiatives that included the distribution of 400 smoke detectors in partnership with local fire departments.

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

Achieved:

- Conducted 28 poison prevention programs reaching 700 youth.

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 distributing 140 booster seats at 2 community events.
- Organized a Walk to School Day event at Jenkintown Elementary School. Over 500 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.

Achieved:

- Installed 316 child passenger safety seats at 3 monthly installation/inspection stations within Montgomery County.
- Distributed 227 child passenger safety seats to income qualifying Montgomery county residents.
- Conducted 12 monthly CPS educational programs.
- Certified 10 additional CPS technicians in Montgomery County.

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

Achieved:

- Attended 32 community events distributing over 1,000 safe driving materials.
- Conducted seatbelt challenge in partnership with local law enforcement at 5 Montgomery County high schools.

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

Achieved: Assisted local law enforcement in 6 aggressive driving enforcement checks.

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

Achieved:

- Installed 316 child passenger safety seats at 3 monthly installation/inspection stations within Montgomery County.
- Distributed 227 child passenger safety seats to income qualifying Montgomery county residents.
- Conducted 12 CPS educational programs.

Objective 4: Increase the numbers of certified Child Passenger Safety Technicians in Montgomery County

Achieved: Certified 10 additional CPS technicians in Montgomery County.

Objective 5: Develop programming to increase helmet usage among youth.

Achieved:

- Participated in a pre/post bike helmet observation in coordination with Upper Dublin police department.
- Participated in Family Bike Day in which over 200 helmets were distributed to youth.
- Conducted 50 bike safety education programs during the summer months.

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

Achieved:

- Conducted 26 pedestrian education programs reaching 486 youth during the summer months.
- Participated in 1 Walk To School Day event reaching over 500 students, teachers, and parents in partnership with PennDOT.

Objective 7: Conduct community outreach to increase the knowledge of school bus laws and bus driver knowledge of school bus etiquette.

Achieved: Conducted 47 “Sit Back, It’s Elementary” safety programs reaching 1,179 youth.

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

Achieved: Coordinated 10 parent forums in partnership with township police departments to discuss teen driving laws and best practices with parents.

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

Achieved: Held 2 teen driving workshops in partnership with Penn State Abington and USLI Insurance in King of Prussia reaching over 200 young drivers.

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

Achieved:

- Conducted 5 mature driver educational programs and certified an additional 2 CarFit technicians in the community.
- Distributed over 500 pieces of literature at older adult based community events.

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

Achieved:

- Distributed over 1,000 pieces of literature related to aggressive driving at various community events.
- Assisted local law enforcement in 6 aggressive driving enforcement checks.

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

Achieved:

- Participated in DUI Awareness Events during Super Bowl , Fourth of July and Operation Safe Holiday.
- Distributed 1,000 pieces of DUI awareness literature at community events

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, organized camps and campgrounds. EFS also investigates environmental complaints, conducts health and safety inspections of public bathing facilities, mobile home parks and institutional sanitation 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 site evaluations, 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, issues licenses and conducts inspections of liquid sewage haulers, issues permits for geothermal wells, and conducts regular water table monitoring.

Environmental Health Services Programs and Objectives for 2015

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), inspections 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.

Objective 1: 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. Conduct annual inspections of licensed farmer's market vendors in Montgomery County.
6. Review applications and conduct applicable inspections of food service vendors at temporary events and mass gatherings in Montgomery County.
7. Educate through inspections and the department website.
8. 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: 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.

Objective 3: Maintain one or more Certified Food Safety Manager (CFSM) in all licensed food service facilities in Montgomery County.

Activities:

1. Provide information to facilities concerning CFSM program and course requirements during inspections, through notification letters and the department website.
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: 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: Investigate 100% of the general nuisance complaints received in a timely manner.

Activities:

1. Investigate all complaints of nuisances as defined in the MCPHC.
2. Educate through inspections, investigations and the department website.
3. 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: 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. Educate through inspections, investigations and the department website.
3. 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: 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.
2. Educate through inspections, investigations and the department website.
3. Conduct a physical plant inspection tri-annually and/or as often as necessary to maintain satisfactory compliance with applicable rules and regulations.
4. 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: 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 and inspections as requested.
2. Educate through inspections, investigations and the department website.
3. Respond to requests for inspections from agencies, municipalities, and licensing institutions.
4. 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 inspections, 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: Focus resources and efforts in utilizing innovative ways to disseminate environmental, educational information to the public.

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. Educate through inspections and the department website.
3. 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: Maintain or improve environmental conditions at public bathing facilities registered in Montgomery County concerning public health 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 registered public-bathing places in Montgomery County.

Activities:

1. Conduct cyclic inspections and respond to public health complaints.
2. Educate through inspections and the department website.
3. 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

Montgomery County Health 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: Inspect 100% of the mobile home parks registered in Montgomery County.

Activities:

1. Conduct cyclic inspections.
2. Respond to complaints.
3. Educate through inspections and the department website.
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.

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.

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 (5) working days.
2. Provide all affected municipal officials, PADEP, and EPA and ATSDR 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, public forum and through the department website 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.
6. Seek to establish at a minimum one additional collaboration with a private or public agency that did not previously receive outreach from WQM.

Evaluation Method: Compile monthly statistics showing the number of meetings and events attended compared to the previous year. Strive to increase event participation by 10% from the previous year activities.

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 electronically.
3. Collaborate with the United States Geological Survey (USGS) in interpreting and analyzing the data.
4. Ensure the monitoring website and related graphs are updated for interested residents, and 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 Division of Communicable Disease staff and the Emergency Management Team for continued improvement.

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 responds 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.
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 Department 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 Department 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.

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 attends 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 annual water and sewage-related investigations of eating/drinking (E&D) establishments served by on-site public water supply wells and on-lot sewage disposal systems, as schedules permit.

Activities:

1. Conduct inspections of select E&D establishment public water wells and treatment systems.
2. Conduct inspections of select E&D establishment on-lot sewage disposal systems to determine compliance with applicable law.
3. Coordinate compliance efforts with PADEP Safe Drinking Water Program and MCHD EFS.

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

Objective 8: 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 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, public forum and the Department website 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.

4. Seek to establish at a minimum one additional collaboration with a private or public agency that did not previously receive outreach from WQM.

Evaluation Method: Compile monthly statistics showing the number of meetings and events attended compared to the previous year. Strive to increase event participation by 10% from the previous year activities.

Objective 9: 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 10: Continue to license liquid sewage haulers and conduct annual inspections per MCPHC Chapter 15 regulations.

Activities:

1. Continue to update, as necessary, the program licensing procedure, application form, inspection form, and inspection locations to include on-site vehicle inspections at a sewage hauler facility.
2. Submit letters to all liquid sewage hauling facility owners to clarify the regulations and provide the year's inspection dates.
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.

Environmental Health Services

Program Plans and Objectives Performance Review (2014)

Food Protection Program

Program Goal: To maintain and/or improve the sanitary operation of the 3,748 licensed food facilities in Montgomery County and protect public health through cyclic inspections, regulations and education.

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

Achieved:

- Conducted 7,832 inspections at all MCHD licensed food facilities. Inspections were conducted based on their inspection history and profile.
- Of the 7,832 inspections conducted, 69 inspections were of licensed mobile vendors in Montgomery County.
- Reviewed 156 vendor applications and of the 7,832 inspections 186 inspections were of food service vendors at special events and mass gatherings in Montgomery County.
- Of the 7,832 inspections, 595 investigations were conducted because of a fire, flood, or power outage.

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

Achieved: Investigated 348 reported food borne disease outbreaks and/or food facility complaints; this was 100% of all complaints received within the prescribed timeline. As appropriate, 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: Maintain one or more certified food safety managers 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.

- 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 260 plans.
- Conducted 189 pre-opening inspections.
- Two hundred forty seven (247) new/renovated food service facilities were open in Montgomery County in 2014.

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: Investigate 100% of the general nuisance complaints received from the public in a timely manner.

Achieved: Investigated 109 nuisance complaints, this was 100% of the received complaints from the public investigated in the prescribed time line.

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

Achieved: Investigated 201 disease vector complaints, this was 100% of the 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.

Objective 1: 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 51 school safety/sanitation inspections.

Objective 2: 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.
- The department did not receive any requests for inspections and/or complaints concerning skilled nursing facilities, personal care facilities, acute care facilities, and/or child-care facilities in 2014.

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 educational environmental information to the public.

Achieved: Through the 7,832 food service facility inspections, 247 opening inspections, 542 pool inspections, 51 school sanitation inspections, 14 organized camp ground inspections, 21 mobile home park inspections, 149 West Nile Virus complaint investigations, 109 general nuisance and 52 disease vector complaint investigations conducted in Montgomery County, information concerning environmental public health issues was circulated. Also through 595 special services investigations which includes responding to fire, floods, power outages and water issues 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 to residents.

Bathing Place Sanitation and Safety Program

Program Goal: To maintain or improve environmental conditions at the 274 registered public bathing facilities in Montgomery County concerning 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 274 registered public bathing places in Montgomery County, 542 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: There are 14 organized camps, campgrounds, and recreational areas licensed in Montgomery County; all 14 were inspected.

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 were conducted.

Individual Water Well 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, irrigation wells and geothermal wells are properly constructed and analyzed for the protection of public health. This will be accomplished through enforcement of Chapter 17 of the MCPHC, 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, and irrigation and geothermal well permit applications are processed in accordance with Montgomery County Public Health Code (MCPHC) requirements.

Achieved: Reviewed and permitted 124 individual water supplies, and irrigation and geothermal wells per the above applicable Code.

Objective 2: Ensure that all individual water supplies, and irrigation and geothermal well installations are inspected properly according to applicable Code.

Achieved: Conducted 377 inspections of all well locations and installations, including groundwater monitoring network water table measurements in accordance with applicable Code.

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

Achieved: Conducted twenty (20) 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, county and 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.
- Attended a Horsham Township public meeting in July to provide residents advice on public health issues relating to solvent contamination of groundwater at the Midfield VOC HSCA site.
- Attended a Horsham Township public meeting in December to provide residents information through a table presentation on general public health issues related to private water supplies as part of a joint federal, state and local agency meeting regarding perfluorinated compound contamination of groundwater in the area.

Objective 5: Continue water-table monitoring of eighteen (18) 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.

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.

Achieved: Continued monitoring a long-term care facility as part of a 2013 Legionellosis nosocomial outbreak investigation until the facility water supply was deemed safe and free of the bacteria.

On-lot Sewage Disposal 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 site evaluations for on-lot sewage disposal systems are conducted properly and in accordance with Chapter 15 of the MCPHC, PA Sewage Facilities Act #537 and its applicable regulations, and County procedure.

Achieved: Conducted 418 site evaluations to determine site suitability for on-lot sewage disposal per the above applicable requirements. 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 per the above applicable requirements.

Achieved: Reviewed and issued 205 on-lot sewage disposal permits per the above applicable requirements. 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 inspected properly and in accordance with the above applicable requirements.

Achieved: Conducted 763 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.

Objective 4: Ensure that Planning Modules for Land Development and Municipal Official Plan revisions are reviewed properly in accordance with the above applicable requirements.

Achieved: Reviewed 43 planning modules for proposed on-lot sewage disposal or municipal sewage disposal within the appropriate 30 or 45 day review periods.

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 malfunctioning on-lot sewage disposal systems in a timely manner.

Achieved: Conducted 206 complaint investigations of malfunctioning on-lot sewage disposal systems and completed the response with compliance correspondence, as needed. An initial response is provided within one working day for most complaints.

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 two (2) PA Sewage Facilities Act 537 Tri-County Advisory Committee meeting to discuss on-lot sewage issues and procedure.
- Provided on-lot sewage system operation and maintenance education materials at the annual Temple University Earth Day Fest in Ambler in April.

Objective 8: Submit a required annual report to the PADEP for staff activities conducted pursuant to PA Sewage Facilities Act #537 requirements.

Achieved: Submitted the Act # 537 annual report prior to the mandated March 1st deadline, but received no reimbursement monies due to state elimination of funding for that specific budget line item.

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

Not achieved: Only six (6) E&D sewage systems were inspected. WQM is re-evaluating past effectiveness of the program and is planning new approaches to the procedure in 2015.

Objective 10: Continue implementing a licensing program for liquid sewage waste haulers in accordance with Chapter 15 of the MCPHC and Department procedure.

Achieved: Planned and conducted five (5) off-site mass inspections for the 38 participating sewage hauling companies. Overall, 124 licenses were issued for each compliant sewage hauling vehicle.

Other Services
Program Plans and Objectives 2015

Public Health Emergency 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, surveillance and response program that is consistent with all related local, state and federal agency guidelines.

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. Retain Public Health Planner positions.
3. Maintain a master's prepared epidemiology research associate.
4. Sustain a media spokesperson with public health institute training.
5. 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. Continue development and design of a strategic national stockpile plan for the mass dispensing of medical counter measures that is consistent with state and federal standards.
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.

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.

Other Services Program Plans and Objectives Performance Review (2014)

Public Health Emergency 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 429 mosquito breeding sites.
- Performed 203 treatments which is 100% of the known public breeding sites.

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

Achieved:

- Set 540 mosquito traps throughout Montgomery County.
- Responded to 82 mosquito related complaints and as a result conducted 149 inspections.
- Identified 44 sites (46 pools) with positive WNV activity.
- Performed 10 adult mosquito treatments in areas with positive WNV activity.

2015 Montgomery County Health Department Program Plans
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