

Montgomery County Health Department

2016 PROGRAM PLANS

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2016 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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Mission

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

Vision

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

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

Executive Introduction

Our 2016 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 3-year 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.

MCHD also plans to expand education and awareness in more diverse areas of environmental health. These areas will be researched and presented by our Community Environmental Coordinator.

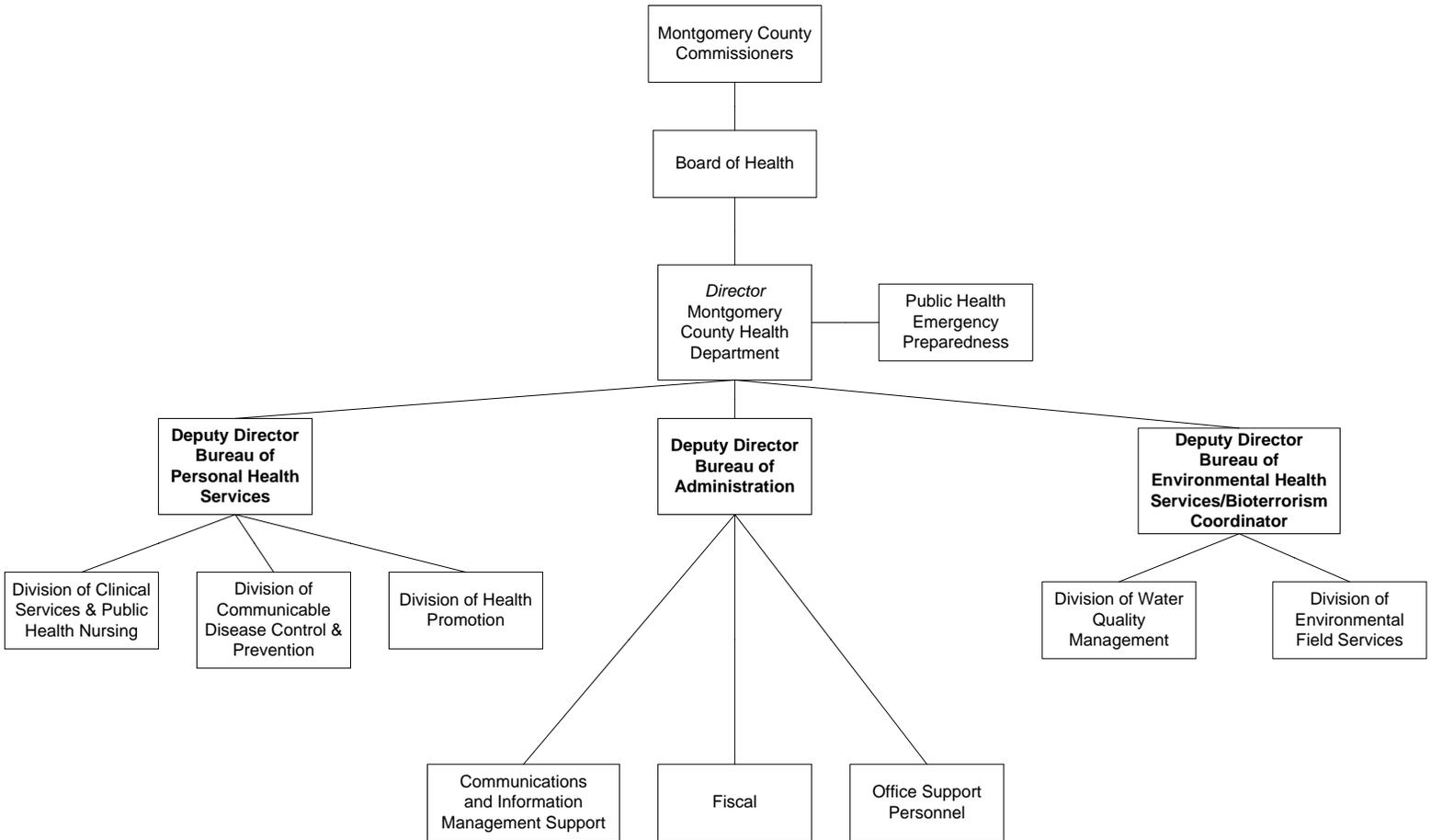
Montgomery County Health Department continues to incorporate the use of technology to improve the quality and efficiency of services delivered.

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 2016, and will do so to the best of our collective ability.

Denise Wallin
Interim Director of Health
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 2014 Population Estimates, Montgomery County is home to 816,857 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 2014:

Race (percent of population):

White: 80.2%
Black/African American: 9.0%
Asian: 7.1%
American Indian and Alaska Native: 0.1%
Native Hawaiian and Other Pacific Islander 0.00%
Two or more races: 2.4%

Ethnicity (percent of population):

Hispanic or Latino origin: 4.8%

Age (percent of population):

Persons under age 25: 24.4%
Persons aged 65 and older: 16.4%

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 2016

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, ReadyMontco, 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, grants and contracts generated from various funding sources by providing the proper fiscal controls in accordance with County, State and Federal 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 2016

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.

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.

The Prenatal Services Program (PSP) provides access to prenatal care services for low income, pregnant women who do not qualify for medical assistance.

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: Improve pregnancy outcomes, reduce infant mortality and improve the health and life-course of families in Montgomery County by December 2016.

Objective 1: Enroll 125 at-risk, low-income first-time mothers in NFP case management services.

Activities:

1. Enroll pregnant women into 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 according to the NFP standard or alternative visit schedule.
3. Provide one-on-one case management to help women practice sound health-related behaviors, including obtaining appropriate prenatal care, reducing the use of cigarettes, alcohol, and illegal drugs and providing responsible and competent care to their children.
4. Assist families in learning how to use family support systems and community resources to achieve their goals.

Evaluation Method: Assess and Analyze number of women who are enrolled monthly in the NFP program.

Objective 2: Enroll 60 low-income, uninsurable pregnant women in PSP by June 30, 2016.

Activities:

1. Provide funding to partnering clinic to enroll eligible clients in prenatal care.
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 via site visits.
3. Provide a direct referral system from the clinics using PSP to MCHD's Maternal & Child Health Home Visiting Program.
4. Centering Pregnancy, a group prenatal care program, is offered to all women in both English and Spanish.

Evaluation Methods: Assess and Analyze number of women who are enrolled monthly in the PSP program.

Objective 3: Enroll 30 families and provide services in the Maternal Child Health Home Visiting Program in the prenatal or postpartum period.

Activities:

1. Promote MCH program among community agencies.
2. Provide home visits and telephone contacts dependent upon the needs of the family.
3. Provide education, counseling and screening/assessments according to MCH home visiting program guidelines.
4. Make referrals to local agencies as needed.

Evaluation Methods: Assess and Analyze number of women who are enrolled monthly in the MCH program.

Objective 4: Actively participate in at least five (5) maternal and child health collaborative efforts that impact the health and well-being of pregnant women, mothers and their children.

Activities:

1. Coordinate monthly meetings of the Montgomery County Maternal Early Childhood Consortium to identify disparities and gaps in care and identify possible funding sources to address maternal and infant health concerns.
2. Maintain effective, ongoing relationships with local organizations involved in family health issues serving Montgomery County.
3. Coordinate the Cribs for Kids Program to provide cribs and education to families and organizations regarding SIDS, safe sleep environments.
4. Participate in quarterly meetings for the Montgomery County Child Death Review Team (CDRT).
5. Serve on and create linkages and partnerships between the Health Department with the following organizations, boards and task forces:

Evaluation Methods: Assess and Analyze number of monthly collaborative efforts.

Objective 5: Provide 2,000 updated parent and infant resource guide to providers and families of children with special health care needs.

Activities:

1. Produce and maintain a parent and infant resource guide.
2. Promote the availability of the parent and infant resource guide.
3. Disseminate guide to providers in all areas of the county for use with their consumers.

Evaluation Methods: Annual measurement of distribution of parent and infant resource guide.

Cribs for Kids Program

Objective 6: Distribute a minimum of 80 pack ‘n plays to low-income families needing a safe sleep environment for their infant.

Activities:

1. Deliver cribs after birth of baby and provide instruction on assembly of crib with bassinet-level attachment for mattress. Give referrals/resource guide to clients, offer a home visiting nurse and provide safe sleep and SIDS information to family.
2. Order literature, sheets, cribs and blankets through Cribs for Kids and distribute to agency referred low-income clients.
3. Conduct fund development through fundraising activities and grant proposals to local foundations to obtain funding for this program.

Evaluation Methods: Number of cribs delivered and education provided to clients eligible for the program.

Immunization Program

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

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.

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: Improve age appropriate immunization rates and reduce the number of vaccine-preventable diseases in Montgomery County by December 2016.

Objective 1: Offer immunization services to 2,000 uninsured or disparate Montgomery County residents by December 31, 2016.

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 ≥ 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: Assess and Analyze number of immunization services offered monthly.

Surveillance of Vaccine-Preventable Diseases

Objective 2: Reduce morbidity from vaccine-preventable diseases by 10% from previous season through investigation, disease education and control activities.

Activities:

1. 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.
2. Contact the patient or patient's parent/guardian to determine if there are any possible sources of infection. Provide disease education and obtain information about household and close contacts.
3. During an outbreak, work in collaboration with appropriate public health partners to obtain information on the disease event, evaluate close contacts and reduce concerns, as needed.
4. Provide additional recommendations as appropriate to control the spread of disease including isolation and quarantine measures.
5. When appropriate, refer household and close contacts to their healthcare providers for prophylaxis and/or vaccine.
6. 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.
7. Report countable cases and outbreaks to the PA Department of Health (PADOH) via PA-NEDSS and by phone or email.
8. If resources are available and permissible, offer a vaccine clinic to help control an outbreak.
9. Respond to media and public inquiries with accurate, up-to-date information about VPD activity.

Evaluation Methods: Total countable vaccine preventable disease cases, excluding influenza, and compare to the latest season with finalized data (e.g. 2014 cases = 505 countable cases) to determine if 10% reduction was achieved.

Objective 3: Assist in recruiting and encourage participation of at least three (3) Montgomery County providers in the Sentinel Influenza Program.

Objective 4: Reduce the amount of influenza outbreaks in Montgomery County compared to previous seasons.

Activities:

1. Identify influenza cases through routine reporting mechanisms.
2. Maintain a sentinel network of physicians to participate in the influenza seasonal surveillance program which helps to identify circulating strains in the community.
3. 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.
4. Prevent influenza outbreaks through sharing an information packet with our Long Term Care Facilities prior to the peak season.
5. Respond to outbreaks as identified; provide recommendations and assist in data collection. Document each reported outbreak and collect information on number of ill residents, clinical data and laboratory data.
6. Increase awareness by providing influenza prevention information on web and social media.

Evaluation Methods: Total the amount of Sentinel Surveillance Providers and track documented influenza outbreaks and compare to baseline of 5-15 outbreaks per season.

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 eligible 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.

Objective 1: Provide clinical case management services to 90% 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: Assess and analyze the number of children identified with elevated lead levels receiving case management services on a monthly basis.

Objective 2: Ensure 75% of environmental cases will have clearances completed and case closure within 90 days of being identified.

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: Assess and analyze the time frame for clearances and case closures, and report the percentage of environmental cases cleared and closed within 90 days on a monthly basis.

Objective 3: Increase the number of outreach and education activities by 10% to increase referrals to the Lead and Healthy Homes Program (LHHP) compared to 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. Provide information about the LHHP to clients who access services at all MCHD sites.
3. Provide information and education at collaborative meetings throughout the county to provide the information for the LHHP to their clients.

4. Plan an outreach or education event during Lead Poisoning Prevention week, to include the Healthy Homes Program.

Evaluation Methods: Assess and analyze number of outreach education activities, as well as referrals received, and report on a monthly basis.

Objective 4: Increase the LHHP program completion rate by 50%, from the initial Environmental Health Assessments (EHA), through the 60 day EHA compared to 2015.

Activities:

1. Determine eligibility of interested participants.
2. Collect data, i.e. participant's demographics, behaviors, knowledge, and observations about their home conditions (Pre EHA), 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: Assess and analyze number of 60 day EHAs completed on a monthly basis.

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.
2. Monitor spoligotype culture clusters in the County.
3. Perform active case finding and epidemiological investigation of contacts of a case or suspected case of tuberculosis.
4. Conduct tuberculosis assessment, diagnosis, treatment and epidemiological services for all clinic patients referred to MCHD's Communicable Disease Clinics.
5. Provide tuberculosis education and training for MCHD clinical staff and community health care providers.

Evaluation Methods: Assess and analyze quarterly incidence rate of active cases of tuberculosis.

HIV/AIDS Program

The HIV/AIDS Program has four main areas of focus: 1) disease investigation and surveillance, 2) disease education and prevention including condom distribution, 3) testing and partner services and 4) linkage to care. HIV is reportable in Pennsylvania therefore 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. Condom distribution is available to encourage access to prevention tools to reduce disease transmission. Confidential HIV counseling, testing, and partner services are offered in MCHD clinics and within the community as approved by PADOH.

HIV - Surveillance

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 referrals and partner services and raise awareness about HIV/AIDS throughout the community.

Objective 1: Start HIV investigations for 100% of all HIV laboratory reports in PA-NEDSS within two weeks of receipt of the report.

Objective 2: Complete HIV case investigations for at least 95% of cases with positive HIV laboratory reports or diagnoses within thirty calendar days of the report date. Complete means case has all CDC required fields.

Objective 3: Complete all Central Office required data fields in the HIV case investigation for at least 90% of case records within six months after date of report, including risk factor information.

Activities:

1. Conduct HIV case investigations for the purpose of HIV and AIDS surveillance by making contact with the HIV testing facilities to obtain the required surveillance data. Contact may be made by phone, mail or an in-person visit.
2. HIV/STD Program staff will complete CDC HIV/AIDS case report forms and enter required data into PA-NEDSS to update and maintain HIV and AIDS data.
3. HIV testing will be conducted in non-clinical settings as appropriate and with approval from PADOH.
4. Compose quarterly and annual reports for county-wide statistics and utilize epi data to drive targeted outreach when possible.

Evaluation Method: Utilize reports and feedback from PADOH Bureau of Epidemiology, Division of HIV Surveillance to ensure appropriate case completion rates.

HIV - Disease Education

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

Objective 1: Ensure that a minimum of one (1) disease education opportunity occurs each month.

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 and share these resources in a multitude of ways including through social media.
3. Increase public health information and messages to both providers and the public through appropriate sources.
4. Coordinate events around HIV/STD awareness days throughout the year via our collaborations with various public health partners and the communities they serve.

Evaluation Method: Assess and analyze number of presentations conducted.

Condom Distribution (CD)

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

Objective 1: Enroll five (5) new organizations, agencies or businesses into MCHD's CD program during the calendar year.

Objective 2: Offer to mail prevention materials including condoms to a minimum of 10% of STD patients that participated in a patient interview.

Activities:

1. Reach out to community based organizations, community health centers, federally qualified health centers, LGBT health centers, STD clinics, specialty clinics, bars, club or local business partners to determine if they would like to be enrolled in the CD Program.
2. Provide organizations that attract high-risk individuals located within Montgomery County prevention materials (male condoms, female condoms, dental dams and lubricant) upon request.
3. Offer all HIV/STD patients the possibility of receiving prevention materials through the mail with the individual's consent.

Evaluation Method: Quarterly and annual measurement of the number of prevention materials provided and measuring if 5 new organizations were enrolled in the CD program.

HIV - Counseling, Testing and Partner Services (PS)

Program Goal 1: Provide HIV counseling, testing, and partner services at 3 Montgomery County Health Department's Centers

Objective 1: Provide HIV counseling, testing, and partner notification to 90 % of clients at MCHD's Communicable Disease Clinics.

Activities:

1. Offer free services to all Montgomery County residents.
2. Provide anonymous or confidential HIV counseling, education, and testing at the three health department clinics, offering one evening clinic per week at each site.
3. Offer and encourage testing for syphilis and STD's to all clients.
4. Provide partner notification services to all HIV positive clients tested by Montgomery County Health Department, and positive clients referred by private providers.
5. Initiate case investigation within 3 days of receipt of case report.
6. Provide case management/medical referral information to all HIV positive clients.
7. Provide CD4 and Viral Load testing to those clients who are enrolled in the SPBP (Special Pharmaceutical Benefits Program).
8. Solicited the number of partners from index cases.
9. Attempt to contact all index cases at least 3 times either by phone, letter or field visit.
10. Priority is given to all teenage cases, pregnant females, and clients re-infected within a three-month time frame.
11. Names of partners and locating information will be obtained.
12. Partner notification will begin within 3 days of obtaining information
13. Contacts located will be referred for testing and treatment.
14. Educate index cases and their partners about HIV/STD prevention.
15. Enter data collected into PA-NEDSS.

Evaluation Method: Assess and analyze number of individuals counseled, tested, treated, and provided partner services.

Objective 2: Provide post-test counseling to a minimum of 80% of sero-negative clients and a minimum of 95% of sero-positive clients.

Activities:

1. Assess client's level of commitment to return for test results.
2. Provide alternate testing strategies for clients who will not return for results.
3. Contact sero-negative clients by phone and/or mail, who have not returned for HIV test results, within 30 days from MCHD receiving results.
4. Contact sero-positive clients by phone and/or mail who have not returned for HIV test results, within 5 days from MCHD receiving results.
5. If no response by phone or mail, make a home or work site visit for face to face contact.

Evaluation Method: Assess and analyze number of clients receiving initial testing and returning for post-test results.

Program Goal 2: Ensure 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.

Objective 1: Attempt to interview 100% of those persons who are eligible for PS.

Objective 2: Interview at least 85% of eligible clients for partner services within 30 days.

Objective 3: Notify at least 85% of named and notifiable partners of potential HIV exposure by PS.

Objective 4: Test at least 85% of notified partners, not previously HIV positive.

Activities:

1. Inform all HIV testing facilities that we offer this free, confidential and voluntary service which is conducted by HIV/STD Program Staff.
2. Complete all necessary documentation of PS in PA-NEDSS and the internal PS database as outlined in our standard operating procedures.
3. Offer HIV testing to partners named by index cases.
4. Quality assurance audits will be conducted at the state and local level to insure there are no missed opportunities.

Evaluation Method: Utilize reports and feedback from PADOH Division of HIV Disease (Prevention Section) to ensure notifications and tests associated with PS are being achieved.

HIV - Linkage to Care

Program Goal: Ensure referral and linkage to HIV care, treatment, prevention, and intervention services for those persons testing HIV positive, currently living with HIV/AIDS and their partners.

Objective 1: Link at least 85% of persons who receive their HIV positive result to medical care and attend their first appointment within 90 days of diagnosis.

Objective 2: Refer and link at least 80% of persons receiving positive HIV test results to Partner Services.

Activities:

1. Provide packet of information to newly identified HIV-positive individual or by request from patients currently living with the diagnosis. This packet includes resources for managing HIV infection.
2. Discuss importance of infectious disease doctors and case management services.
3. Discuss CD4/Viral Load Testing as appropriate.
4. Schedule follow-up appointment to discuss successes and barriers to care and case management.

Evaluation Method: Quarterly and annual assessment of activities and a demonstrated commitment to linkage to care.

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 reduce transmission to others in the community.

Syphilis

Objective 1: Interview 100% cases of early Syphilis (primary, secondary and early latent) within 14 days of initiating the investigation.

Objective 2: Gain HIV status on 100% of Syphilis case that are interviewed.

Objective 3: Assess 100% of all Syphilis reactive newborns reported in PA-NEDSS for Congenital Syphilis.

Gonorrhea/Chlamydia

Objective 4: Confirm that 80% of GC and CT positive Montgomery County residents are treated according to current CDC STD treatment guidelines.

Objective 5: Initiate interview within 7 days of receiving the initial report for 85% of Gonorrhea and Chlamydia cases reported in PA-NEDSS

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. Patient contact will occur 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 and annual epidemiological reports on STD incidence; which may include data on diagnosis, age, sex, race, and other associated risk factors.
10. Use epidemiological data to drive targeted outreach when possible.

Evaluation Method: Quarterly and annual measurement of activities and a demonstration of attempts to follow-up on 100% of STD reports.

Communicable Disease Clinic

Objective 6: Provide STD testing, treatment, and partner notification to 90 % of clients at MCHD's Communicable Disease Clinics.

Objective 7: An investigation will be initiated on 100% of reports within three days.

Activities:

1. Offer free services to all Montgomery County residents, at three health department clinics, offering one evening clinic per week at each site.
2. Provide counseling and education to clients who present to clinic for actual and potential STD's and positive clients referred by private providers.
3. Provide diagnosed and preventive treatment for STDs to clients and their partners who present to clinic; and positive clients referred by private providers.
4. Provide partner notification services to all STD positive clients tested by Montgomery County Health Department, and positive clients referred by private providers.
5. Follow up on 100% of all positive chlamydia, gonorrhea, and syphilis tests.
6. Attempt to contact all index cases at least 3 times either by phone, letter or field visit.
7. Priority is given to all teenage cases, pregnant females, and clients re-infected within a three-month time frame.

8. Names of partners and locating information will be obtained.
9. Partner notification will begin within 3 days of obtaining information
10. Contacts located will be referred for testing and treatment.
11. Educate index cases and their partners about STD prevention.
12. Offer and encourage HIV testing to all clients
13. Enter data collected into PA-NEDSS.

Evaluation Method: Assess and analyze number of STD testing, and treatment and partner notification services as well as disease investigations conducted.

Objective 8: Obtain an 80% completion rate for preventative vaccine series given during Communicable Disease Clinics.

Activities:

1. Improve awareness and education of the vaccines available to prevent Hepatitis A and B, Human Papillomavirus (HPV) and Cervical Cancer.
2. Offer the Hepatitis A, Hepatitis B or Twinrix vaccine to series to all uninsured clients, 18 years of age and older, receiving testing services in MCHD Communicable Disease Clinics.
3. Offer the Gardasil vaccine series to all uninsured clients, 18-26 years of age, receiving testing services in MCHD Communicable Disease Clinics.
4. Notify clients by mail or phone as a reminder for the date of the next vaccine in the series.
5. Enter vaccines given, into PA Immunization Registry (SIIS).

Evaluation Method: Assess and analyze the number of eligible individuals completing the vaccine series to prevent Hepatitis A, Hepatitis B, Human Papillomavirus (HPV) and Cervical Cancer.

Disease Education

Program Goal: Improve awareness and knowledge of STDs and prevention methods among individuals and agencies in Montgomery County.

Objective 1: Ensure that a minimum of one (1) disease education opportunity occurs each month.

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 and share these resources in a multitude of ways including through social media.
3. Increase public health information and messaging to both providers and the public through appropriate sources.
4. Coordinate events around HIV/STD awareness days throughout the year via collaborations with various public health partners and the communities they serve.

Evaluation Method: Assess and analyze the number of disease education opportunities as well as the number of persons reached through educational opportunities on a monthly and annual basis.

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 childcare centers, or any person who has knowledge or suspicion of a reportable disease/condition.

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.

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 and ensure 95% of the cases have an adequate amount of surveillance data for case completion and classification.

Activities:

1. Update Standard Operating Procedures (SOP) for all major disease areas.
2. Ensure all Disease Intervention Specialists are aware of how to access CDC case definitions for proper case classification.
3. Enter data on all disease investigations in either PA-NEDSS and/or a health department database to provide accurate counts of disease.
4. Perform quality assurance checks on cases in PA-NEDSS to ensure cases are documented and classified properly.

Evaluation Method: Monthly, quarterly and yearly review of surveillance activities and evaluating the number of cases that were closed due to incomplete information.

Objective 2: Investigate 100% of reported outbreaks or unusual situations and ensure 100% of the outbreaks have been captured in PA-NEDSS and/or National Outbreak Reporting System (NORS) including documentation of the control measures that were taken to prevent additional cases.

Activities:

1. Follow the health department's guidelines for the management and coordination of disease outbreak investigations.

2. Complete case report forms and outbreak summaries in accordance with Department timeframes and guidelines.

Evaluation Method: Monthly and annual assessment of activities and demonstration that 100% of reported outbreaks/unusual situations are fully investigated and documented in the appropriate databases.

Objective 3: Reduce the number of human West Nile Virus (WNV) infections in Montgomery County to less than five confirmed cases per year.

Activities:

1. Investigate all lab reports of possible West Nile disease in humans.
2. Maintain a seasonal line list of Montgomery County residents who have been tested for WNV.
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: Seasonal and annual review of activities and assessing the number of confirmed human cases.

Objective 4: Standardization/Staff Training - Increase the accuracy and efficiency of case investigation by Communicable Disease Control staff investigated 25% of cases outside their assigned disease group.

Activities:

1. Provide all staff with the selected publications identified on the DIS Checklist in DIS Training Manual.
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 cases outside of their assigned disease group.

Evaluation Methods: Conduct annual assessment of activities through generating DIS statistics of all investigations and determine if DIS has conducted the designated percentage of cases outside of their assigned area.

Objective 5: Ensure at least once a month that staff members are 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. Staff will complete CDC self-study courses with regard to Epidemiology for enhanced learning and training.
4. Conduct in-house training on surveillance activities.

Evaluation Method: Monthly, quarterly and annual 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 Commonwealth 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 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 reduce animal rabies in Montgomery County, which reduces the risk of human rabies.

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

Activities:

1. Notify the necessary parties involved in an animal bite incident verbally and in writing of appropriate rabies control regulations. Enforce rabies immunization when indicated and within the appropriate time frame.
2. Ensure proper disposition of cats and dogs sustaining wounds of unknown origin so they do not pose a risk to the public's health and safety.

3. Ensure proper disposition of domestic animals involved in bite incidents between two domestic animals.
4. Determine situations requiring rabies testing. Facilitate the preparation and delivery of specimens to the appropriate Pennsylvania State Diagnostic Laboratory (Lionville or Harrisburg).
5. Determine situations that require post-exposure rabies prophylaxis to decrease risk of human rabies.

Evaluation Methods: Monthly, quarterly and annually assessment of activities. And 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 rabies awareness among public health partners (healthcare providers, police departments, animal control officers, veterinary practices, etc.) by providing at least five (5) education presentations per calendar year.

Activities:

1. Provide report forms and operational procedures as requested.
2. Conduct educational sessions on rabies and reporting practices for public health partners as requested.

Evaluation Method: Assess and analyze number of presentations

Objective 3: Improve and maintain the vaccination status of domestic animals in the county by conducting low cost rabies immunization clinics, leading to the vaccination of at least 600 dogs, cats and ferrets 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 a marketing campaign in collaboration with the County's Communications Office, municipality officials, Animal Control Officers and community agencies and businesses.
2. Conduct at least four (4) low-cost clinics.
3. Provide each vaccinated animal with an MCHD rabies tag and corresponding rabies vaccine certificate that allows the animal and its vaccination status to be tracked.

Evaluation Methods: Determine number of pets vaccinated at each clinic with data from the MCHD Rabies Clinic database.

Objective 4: Decrease the number of unvaccinated domestic animals by 5% in Montgomery County from 2015.

Activities:

1. Increase awareness about Montgomery County's Public Health Code regulations and countywide rabies control through various means (education presentations, reports, etc.)

2. Provide information about the risk of rabies and rabies prevention to exposed individuals and the public when high-risk incidents occur.
3. 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.
4. Provide information on web and social media relating to rabies awareness, prevention and treatment.

Evaluation Method: Utilize internal database to determine the percentage of how many dogs and cats are unvaccinated or not up-to-date on rabies immunizations.

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.

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.

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 cases and evaluate the need for prophylactic treatment.

Program Goal: Provide prompt disease surveillance activities and 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 notifications to other public health staff as needed.
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: Monthly, quarterly and annual assessment of activities and a written summary report on each case that documents specific control measures taken.

Enteric Diseases

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 36 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).

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.

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 is 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.

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 outbreaks 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, by phone or letter, all persons 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. Ensure that reporting sources are educated about the need for timely reporting.

Evaluation Method: Monthly, quarterly and annual 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 100% of 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 and PADOH 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 other public health partners as needed.
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 as appropriate.
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: Monthly, quarterly and annual epidemiological assessment. Compile written outbreak reports and/or timeline summaries on all food/waterborne diseases occurring throughout the year.

Objective 3: Collect information on all persons reporting food complaints and ensure 100% of reports are entered in PA-NEDSS as food poisoning unspecified cases and referred 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. Enter eating and drinking establishments in internal tracking database, Monthly Notes.

4. Conduct an epidemiological analysis of all food complaints.

Evaluation Methods: Monthly, quarterly and annual assessments of the food complaints that were investigated and of reports sent to the Division of Environmental Field Services.

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 actively 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 3,157 laboratory reports of positive hepatitis C results each year. The 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 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 and implement control measures on cases as appropriate.

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: Monthly, quarterly and annual assessment of activities and demonstration of recommendations for prophylaxis as appropriate.

Objective 2: Establish an epidemiological profile of county residents with a positive hepatitis C laboratory.

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 as requested.

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.

Objective 1: Initiate investigation of 100% of all child-bearing women with a positive hepatitis B surface antigen, to ensure that there are zero cases of perinatal transmission in Montgomery County.

Activities:

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

Evaluation Methods: Assess and analyze the total number of children born to hepatitis B positive mothers who develop hepatitis B through perinatal transmission.

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 and ensure that 95% of the cases have sufficient clinical information to be classified appropriately in PA-NEDSS by CDC case definition.

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: Determine if less than 5% of cases were closed out in PA-NEDSS as Incomplete Information.

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

Activities:

1. Conduct educational sessions to high risk groups during the peak months of tick activity between March through August, as requested.
2. Distribute Lyme disease information to our local public health partners.

Evaluation Method: Assess and analyze number of presentations.

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.

The Department uses various databases and tools to follow disease trends and 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.)

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

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

Objective 1: Compile annual vital statistics report, quarterly municipal service report, monthly and quarterly disease morbidity reports and other reports as needed.

Activities:

1. Assess the health of Montgomery County residents through surveillance, collecting and interpreting data, case-finding, monitoring morbidity and mortality trends.
2. Manage data and tabulate statistics.
3. Analyze trends and patterns of health behavior, diseases, natality and mortality.
4. Monitor health status and trends.
5. Provide assistance in data analysis and interpretation of statistics.
6. Oversee the compilation and distribution of health statistics.

Evaluation Method: Evaluate the number of times that these reports are accessed on our website.

Objective 2: Compile necessary needs assessment reports and disease cluster analyses to assess the health of Montgomery County residents.

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. Compile Child Death Review Team reports as needed.
4. Conduct needs assessments and perform other assessment functions.

Evaluation Method: Evaluate the number of data requests received and processed.

Objective 3: Maintain internal and external data resources and provided interpretation, as it pertains to the MCHD strategic plan.

Objective 4: Provide current data and trends, service delivery and emerging public health topics to MCHD staff to engage in at least five (5) community outreach opportunities.

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 management in effectively utilizing population-based (public health) data and service-based (department) data to make policy decisions and to develop and evaluate programs.
5. Support MCHD staff in the development of data utilization of data for community outreach.

Evaluation Method: Assess and analyze community outreach opportunities.

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. The program objectives were developed to be completed over a three year period with an assessment of progress through annual bench marks that are reflected below.

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 four (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: Demonstrated implementation of 4 community gardens. Track the number of weekly participants receiving fresh produce at each four produce delivery sites.

Objective 2: Increase awareness by 50% of the benefits of healthy produce consumption among older adults residing in the four (4) 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 survey at the beginning of the program to measure baseline nutrition knowledge and behaviors.

Evaluation Methods: Track the number of activities completed monthly. Evaluation of a post program survey (administered at end of program) to measure change in nutrition knowledge and behaviors.

Objective 3: Increase physical activity among elementary age youth through a walking initiative at six (6) 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: Demonstrated implementation of the Mileage Club at six school-based locations. Calculate the percentage of the total youth population at each of the six sites that participate in the walking program. Assess and analyze the number of education programs conducted, including “Benefits of Exercise” and “train the trainer”.

Objective 4: Promote the Million Hearts initiative to increase awareness of the risk factors associated with cardiovascular disease in eight (8) community-based settings in Montgomery County.

Activities:

1. Partner with four (4) faith-based communities to implement heart health programs and policy change that support the Million Hearts campaign.
2. Partner with four (4) culturally inclusive communities/organizations to incorporate heart health programs and policy change that support the Million Hearts campaign.
3. Identify a leader within each of the eight (8) sites to serve as health liaison.
4. Form or expand a wellness committee.
5. Implement two healthy living policy or environmental changes.
6. Attend monthly community events to promote Million Hearts campaign.
7. Conduct four (4) nutrition programs.
8. Conduct eight (8) blood pressure screenings in partnership with local health care provider.

Evaluation Method: Demonstrated implementation of the Million Hearts initiative with 8 community partners. Track the number of education programs and screenings provided. Track the number and type of policy or environmental changes implemented at each partner community site.

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: 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.

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: Quarterly measurements of activities that include number of programs conducted and people reached; number of community events attended and people reached (via literature distribution).

Objective 2: Provide health information on the risk factors and screening guidelines for early detection of colorectal cancer at twelve (12) 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: Quarterly tracking of the number of community events attended and people reached (via literature distribution).

Objective 3: Participate and promote two (2) 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: Demonstrated implementation of two activities/initiatives.

Objective 4: Provide breast health information and screening resources at twelve (12) 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: Quarterly measurements of activities that include number of events attended and people reached (via literature distribution).

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 program objectives were developed to be completed over a three year period with an assessment of progress through annual bench marks that are reflected below.

Program Goal: Reduce the risk of injury, disability, and death in four (4) primary focus areas: Falls in the older adult, Transportation Safety, Safe Routes to School, and Home and Family Safety.

Objective 1: Implement a comprehensive falls prevention program that includes: Administering 6 Matter of Balance programs, distribution of 100 home safety modification kits and conducting 30 home safety presentations.

Activities:

1. Conduct outreach to age appropriate venues.
2. Develop falls prevention materials using nationally approved content and evidence based models.
3. Attend community events to distribute falls prevention resource materials and to identify appropriate locations for program implementation.

Evaluation Methods: Quarterly measurements of activities that include the number of Matter of Balance programs administered, number of home safety kits distributed and number of education programs conducted.

Objective 2: Implement a community wide Child Passenger Safety program that includes monthly installation education, safety seat distribution at two community events annually.

Activities:

1. Conduct four (4) monthly child safety seats in partnership with local fire departments.

2. Distribute 500 age appropriate booster seats.
3. Conduct 12 child passenger safety education sessions.
4. Participate in a Child Passenger Safety Week event.
5. Participate in one youth safety community event.
6. Maintain an adequate number of certified CPS technicians on staff.

Evaluation Methods: Quarterly and annual measurements of activities: Assess and analyze the number of child safety seats installed, Assess and analyze the number of child safety seats distributed, Assess and analyze the number of CPS events and education presentations conducted and people reached.

Objective 3: Conduct a promotional campaign for Safe Routes to School in two (2) school districts annually.

Activities:

1. Coordinate and participate in five (5) activities that support Safe Routes to School at each school district.
2. 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.
3. Participate in International Walk to School Day/Week at each school district.
4. Conduct 15 pedestrian safety education programs within the catchment area of each school district
5. Conduct 15 “Benefits of Exercise” education programs within the catchment area of each school district.

Evaluation Methods: Quarterly and annual measurements of activities - demonstrated implementation of two SRTS campaigns, Assess and analyze the number of SRTS activities (meetings, events, education programs) at each school.

Objective 4: Promote the adoption of general safe driving behaviors among youth and adults in Montgomery County.

Activities:

1. Utilize National Transportation Safety campaigns to promote seasonally appropriate safe driving messages monthly.
2. Attend 24 community events and health fairs to promote safe driving; distribute 2,500 educational materials
3. Conduct pedestrian, bike and seat belt safety education to school aged youth.
4. Coordinate annual high school seat belt challenge among 5 high schools.
5. Coordinate parent education/forums at the 5 high schools participating in the seat belt challenge.

Evaluation Methods: Quarterly measurements of activities that include number of programs conducted and people reached; number of community events attended and people reached (via literature distribution).

Bureau of Personal Health Services
Program Plans and Objectives Performance Review (2015)

Maternal and Child Health Home Visiting Program

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.

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 160 mothers/140 with infants which included 67 new births in 2015.
- One hundred nineteen (119) 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 by case managing 125 at-risk, first time, low income mothers and infants using the David Olds model.

Achieved: In 2015, 52 clients were enrolled in the NFP.

- 1853 visits were completed visits.
- 247 attempted visits were made.
- Average length of visit per client was 1 hour and 12 minutes.
- Each nurse worked with their client through five domains - Personal Health, Environmental Health, Life Course Development, Maternal Role, and Friends and Family.
- In 2015 the children completing a developmental screening with the Ages and Stages tool were as follows: 6 months 97.7%, 12 months 92.6%, 18 months 95.5%, and 24 months 100%. Because of these screenings one child were referred to Early Intervention services at 24 months.
- Data through 12/31/15 indicates that by 24 months, 96.2% of children enrolled are up-to-date on immunizations and 70.2% 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 2015 79.1% 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 17.9% prematurity rate (12 out of 67 new births) and a 13.4% LBW rate (9 out of 67 new births).

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.

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.

- 75.7 percent of our mothers at intake in 2015 were receiving WIC, 77.1% are on Medicaid, 31.2% were receiving food stamps and 16.7% received Temporary Assistance for Needy Families (TANF).
- Data through 12/31/15 indicates that at intake 22.2% 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 2.8%
- Data through 12/31/15 for workforce participation for those over age 18 shows 33.5% report working at intake and 71.7% report working at completion of program when child reaches age 2.

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.

Achieved: The Prenatal Service Program provided free prenatal care at one prenatal clinic during 2015 to 120 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 Maternal Child Health (MCH) Home Visiting Nurses completed 263 successful and 48 unsuccessful home visits. The MCH Home Visiting Nurses opened 63 new cases and closed 42 cases in 2015. In addition, 7 of the families received a Home Safety evaluation.
- Public Health Nurses collaborated 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 was 1 case management telephone call performed in 2015. The PKU program received 0 new cases in 2015. 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, the Interagency Council of Norristown, the Tri County Network, Bucks-Mont Collaborative, and the Maternal Early Childhood Consortium.
- MCHD also co-chairs the Montgomery County Child Death Review Team, looking at childhood deaths through age 21. 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. In April 2015, the Teen Parent Conference was held. Over 40 parenting or pregnant teens participated, with over 25 agencies providing information on their programs.
- In September 2015, a collaborative effort was started between MCHD, Montgomery County Office of Children and Youth (OCY), Montgomery County Early Intervention (EI), the Norristown Family Center, the Pottstown Family Center, and Maternity Care Coalition (MCC). This collaborative effort, which is now being called the Maternal Early Childhood Consortium of Montgomery County, has grown to over 11 agencies providing maternal and early childhood programming in Montgomery County and over 30 individuals representing those agencies. Our goal is to impact the infant mortality rate, as well as impact the incidents of child maltreatment in Montgomery County, with a focus on community, provider and family education and engagement through home visiting services for pregnant women through children 3 years of age. MCHD is a co-chair, along with OCY, for the Maternal Early Childhood Consortium.

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.

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: (9) Centering Pregnancy® groups, (2) Norristown Health Alliance Meetings, (4) Maternal Early Childhood Consortium meetings, (1) Community Health and Dental staff meeting presentation, (1) Abington Memorial Hospital staff presentation, and 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) education.
- The Maternal Child Health Program 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: 92 Pack ‘n Play with Bassinet-level attachments for the mattress and crib 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 Project Linus and Baby Bundles from The Baby Bureau. Funding sources will continue to be explored that will enable this program to continue, as it is currently only funded through donations and small grants.

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 immunization services to 1,465 clients, totaling 5,266 vaccinations given at 2,175 immunization clinic visits 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 83% for the 4:3:1 (4 diphtheria, tetanus, pertussis, 3 polio, 1 MMR) immunization schedule for children by 24 months of age.
- Provided 3,222 seasonal influenza immunizations to Montgomery County residents at 7 community-based sites and 8 targeted outreach sites.
- Administered 1,141 influenza immunizations to County employees, and anyone wishing to reduce their chance of getting influenza at our three health centers.
- 170 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 8 homebound individuals.
- MCHD collaborated with members of the Montgomery County Immunization Coalition to administer flu vaccine to 5,071 students, staff and parents in 5 local school districts and one juvenile detention center this year.

In total, MCHD has either administered or re-distributed 9,612 doses of seasonal influenza vaccine during the 2015-2016 flu season.

Surveillance of Vaccine-Preventable Diseases

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 2331 cases of Influenza A; 365 cases were confirmed and 1966 were suspect cases.
- Investigated 188 cases of Influenza B; 49 cases were confirmed and 139 were suspect cases.
- Monitored outbreaks and made recommendations for outbreak control to 37 Long Term Care Facilities.

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

Achieved:

- Investigated 212 reports of Pertussis, of which: 86 were classified as confirmed and 14 were classified as probable.
- Investigated 196 reports of Varicella, of which 68 were classified as confirmed and 28 were classified as probable.
- Investigated 13 reports of confirmed *Haemophilus Influenzae*.

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 clinical case management services to 100% of children identified with elevated lead levels.

Achieved:

- MCHD Childhood Lead Poisoning Prevention Program (CLPPP) provided case management services to 133 children; 90 who have been newly identified as being lead poisoned.

- For children with lead levels between 10-14 ug/ml (42 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 (21 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, (27 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. 91 cases were closed with a remaining caseload at the end of 2015 of 42 children.
- There were a total of 116 clinical lead case management home visits (including 20 unsuccessful visits) for 2015, for a total of 96 Lead/Healthy Home visits.
- Lead and Healthy Homes education was provided to 1540 people, (1200 were at a Health Expo at Elwood Park zoo), to include residents and organizations that provide direct service to county residents.

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.

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 398 dust wipe samples were sent for testing. 222 samples were sent for lead case management; and 176 samples were sent for preventive education through the Healthy Homes Program.
- At the beginning of the year, MCHD CLPPP had 3 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 16 new environmental lead cases. The LEHS performed 14 environmental lead risk assessments and inspections, and 5 EI's were deferred because: 3 properties were Section 8, and 2 properties the family just moved in.
- There were a total of 19 open environmental investigations for 2015. Of those open cases, 9 were closed and 5 cases remain open.
- There were a total of 96 environmental home visits done (including 4 unsuccessful visits) for a total of 92 Lead/Healthy Homes visits.
- There were a total of 8 EI's submitted for MA reimbursement.

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

Achieved:

- 2015: 66% of referrals completed EHA, and 71% completed 60 day post EHA for a 93% completion rate compared to 68% completion rate in 2014.
- There were 96 Healthy Homes visits completed (66 by a certified Lead and Healthy Homes Environmental Health Specialist, and 30 by the Lead and Healthy Homes Nurses), for a total of 188 visits in the Lead and Healthy Homes Program.
- Number of Lead and Healthy Homes Program referrals received is 74, compared to 65 in 2014 (14% increase)
- Number of Environmental Home Assessments (EHAs) completed is 49, compared to 47 in 2014 (4% Increase).
- Number of post-EHA questionnaires/visits completed is 53, compared to 32 in 2014.
- Number of homes/families with application in process or on waiting list for EHA's at the end of 2015 is 1.

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 2.6 cases per 100,000 people.

Achieved:

- The TB case rate for 2015 was 1.35 (11 cases/816,857 2014 population). This was a 44% case decrease compared to 2014. 82% of the cases occurred in foreign born individuals.
- 100% of 2015 sputum AFB smear positive cases had contacts identified. (Met objective)
- 100% of the identified contacts to all TB cases were evaluated for infection and disease. (Exceeded objective of 93%)
- 100% of infected contacts started treatment for latent Tb infection. (Exceeded objective of 88%)
- 100% of all types of TB cases were interviewed within 3 days.
- The remainder of the target goals should be met or exceeded once treatment for Tb disease or latent infection is completed in 2016.

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.

Achieved: Through sub-grant(s): MCHD funded dental visits, which included both prophylactic and restorative dental services to 166 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 disease reports that indicate possible HIV infection as mandated under PA. Code: Title 28, Chapter 27.

Achieved: In 2015, 386 new HIV/AIDS investigations were initiated.

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

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 1,086 pretests and 893 posttests were done at: Norristown (609 pre/478 post); Pottstown (300pre/260 post); Willow Grove (177 pre/155 post). Three (3) 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. Three (3) contacts were elicited and referred for testing. No (0) CD4 test or (0) Viral Load tests were done, and one (1) NAT test was performed.
- Post-test counseling was provided to an average of 85% of sero-negative clients (NT-79%, PT-87%, WG-88%) and to 100% of sero-positive clients.
- Provided HIV testing to 80 clients at Montgomery County Youth Center and 22 clients at St. Gabe's Hall; both facilities serve high-risk youth.
- Provided 48 Community tests at Peer Resource, Arcadia University and Walgreens in Norristown.
- Provided 26 OraQuick Advance Rapid HIV tests through MCHD's Norristown and Pottstown HIV Rapid Clinics.

Objective 3: Ensure 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.

Achieved: Attempted to offer Partner Services to 30 newly diagnosed HIV-positive persons, 21 persons with previously identified HIV infection and 21 persons who have ongoing HIV infection that were also diagnosed with another reported STI in 2015.

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

Achieved:

- Conducted 48 HIV education sessions at the Montgomery County Youth Center reaching 223 youth.
- Provided 16 community presentations to 1,847 residents of Montgomery County.

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

Achieved:

- 18,015 male condoms distributed (8,325 to the general population and 9,690 to high-risk negative individuals)
- 96 female condoms were distributed (80 to the general population and 16 to high-risk negative individuals)
- 209 dental dams were distributed (79 to the general population and 130 to high risk-negative individuals)
- 1,515 lubricants were distributed (800 to the general population and 700 to high risk-negative individuals)
- 59 condom packets went out via regular mail

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: Investigate STD cases reported by healthcare providers.

Achieved: Investigated 2,317 cases of STD's: 1,952 confirmed chlamydia, 285 confirmed gonorrhea, and 80 confirmed syphilis (provisional data). There were 22 cases of primary and secondary syphilis, 35 cases of early latent syphilis , 22 cases of late latent syphilis and 1 case of congenital 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 services in MCHD's Communicable Disease Clinics by 10%.

Achieved: Screening, diagnosis and treatment for sexually transmitted diseases was provided to 2589 persons through MCHD's Communicable Disease Control Clinics in Norristown, Pottstown and Willow Grove. 1247 gonorrhea tests and 1247 chlamydia tests were done. Twenty-seven (27) persons were identified positive for gonorrhea, with 51 contacts identified and referred for testing/treatment. One hundred thirty-one (131) persons were identified positive for chlamydia and 181 contacts were elicited and referred for testing/treatment. One thousand thirty seven (1037) syphilis tests were done. Sixty-one (61) persons were identified with positive syphilis tests, and 62 contacts were elicited and referred for testing/treatment. Twenty-eight (28) positive tests for syphilis were previously treated; (13) were diagnosed as late latent syphilis, (4)

were diagnosed with early latent syphilis, (5) were diagnosed as primary syphilis, and (6) were diagnosed as secondary syphilis, (2) unknown duration, and (3) BFP.

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.

Achieved: During MCHD's Communicable Disease Clinics, 14 persons received the Hepatitis B vaccine, 69 people received the Hepatitis A vaccine, 25 persons received the Twinrix vaccine, and 75 received the Gardasil vaccine.

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

Achieved: Conducted 64 HIV/STD presentations to 2,070 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 20,724 reports of diseases/conditions in addition to 382 Out of Jurisdiction (OOJ) reports. Of the 12,164 cases that were investigated, 6,748 (55%) were confirmed cases.

Objective 2: 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 2015, MCHD investigated 55 outbreaks, involving 8,752 individuals.

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

Achieved: During the 2015 WNV season, there were 20 reports that required additional follow-up; of those 20 reports, 3 cases of West Nile disease were identified in a Montgomery County residents.

Objective 4: Standardization/Staff Training - 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 5: 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 Montgomery County Public Health Code and the Pennsylvania State Code.

Achieved:

- Responded to 1,300 reported animal bites (21% cats, 73% dogs, 3% other animals). Sixty-six (66%) percent of cats and 46% 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 260 reports of bites classified as wounds of unknown origin and 190 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, dog and ferret rabies immunization clinics at different sites throughout the county each year.

Achieved: Four low-cost rabies immunization clinics were held in June at different sites in Montgomery County for domestic pets. A total of 575 pets were immunized (219 cats, 353 dogs and 3 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 205 specimens to the PA State Health Lab, Bureau of Laboratories for rabies testing.
- In 2015, 8 animals tested positive for rabies (7 raccoons, 1 bat, 1 deer).
- 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.

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 55 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.

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 263 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 49 food complaints. Referred 100% of complaints to the Division of Environmental Field Services.

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

Achieved:

- Investigated 34 reports of hepatitis A; 3 were classified as confirmed acute cases.
- Investigated 1,268 reports of hepatitis B; there was 0 cases classified as a confirmed acute case and 274 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 2015, there were 1,463 new reports of chronic hepatitis C liver disease entered into a registry. Of those 1,463 reports, 64% were male and 62% were individuals age 40 and older.

Perinatal Hepatitis B Prevention Program

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.

Achieved: There were 15 births by Hepatitis B positive expectant mothers in 2015. 100% of these infants received prophylaxis at birth. 93% (14 out of 15) have been compliant with the high risk immunization schedule. 1 infant transferred to Philadelphia. 4 infants have documented serologic immunity. 10 infants born in 2015 are still under case management. The 15 infants born in 2015 100% completed immunizations. 14 of them have documented serologic immunity

and 1 infant received permission (PADOH) to have serology drawn between 20 – 24 months of age. This infant still under case management.

Lyme Disease: Surveillance and Prevention Education

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

Objective 1: Fully investigate 100% of reported cases of Lyme disease by December 2015.

Achieved: Investigated 1,472 Lyme disease cases, of which 375 were classified as confirmed cases, 622 as suspect cases and 236 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.

Safe and Healthy Communities

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, adults.

Achieved:

- Administered a produce distribution initiative to low income adults in partnership with Montgomery County Housing Authority and Green Partners produce co-op reaching approximately 400 residents.
- Implemented 4 gardens on the grounds of Montgomery County Housing Authority residential units: Royersford (1), Pottstown (2), Conshohocken(1).

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.

Achieved:

- Conducted 32 nutrition education programs that included health cooking demonstrations.
- Distributed healthy living newsletter to approximately 400 residents of the Montgomery County Housing Authority units.

- Provided fresh produce to 200 residents of the Montgomery County Housing Authority which was an increase from 100 residents in 2014.

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.

Achieved:

- Conducted 6 afterschool walking programs in partnership with the Freedom Valley YMCA.
- Overall youth participation rate exceeded 75%
- Trained 50 YMCA staff on conducting a self-paced youth walking program.

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

Achieved:

- Partnered with 4 African American faith-based communities and 4 Latino community based organizations to provide a Heart Health campaign.
- Conducted 32 nutritional education programs that included healthy food options, cooking demonstrations and cardiovascular health.
- Coordinated 8 heart health screening events at each of the community organizations.

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

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 94 health fairs reaching 16,528 participants.

Cancer Prevention, Education and Early Detection Program

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.

Achieved:

- Included sun safety education in 120 education programs reaching 2,189 individuals on skin cancer prevention, sun safety and early detection of skin cancer.
- Attended 12 community health fairs distributing 1,500 sun safety pamphlets.

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

Achieved: Distributed 3,000 education materials at 94 health fairs.

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.

Achieved:

- Served as a lead on the Montgomery County Tobacco Coalition to raise awareness of risks associated with tobacco use.
- Distributed 2,000 education materials at 94 health fairs.
- Coordinated Great American Smokeout county wide campaign.

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

Achieved: Distributed 2,000 education materials at 94 health fairs.

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.

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.
- Provided 30 program manuals for participants that included weekly guidelines related to nutrition and physical activity.
- All program materials were distributed by Mercy Cancer Center staff to identified patients. Twenty seven program manuals were completed in full (90% completion rate).

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

Achieved:

- Conducted 7 Matter of Balance (MOB) participant class to the residents of an older adult community.
- MCHD Master Trainers certified 12 additional community coaches to lead a Matter of Balance programs for their organization.
- Conducted 30 poison prevention programs reaching 500 residents.

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

Achieved:

- Participated in Safe KIDS Child Passenger Safety (CPS) Week by distributing 100 booster seats at 2 community events.
- Installed 269 child passenger safety seats at 3 monthly installation/inspection stations within Montgomery County.
- Distributed 214 child passenger safety seats to income qualifying Montgomery county residents.
- Distributed a total of 500 booster seats through coordinated school based and community events.
- Conducted 12 monthly CPS educational programs.

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

Achieved:

- Coordinated and administered a seatbelt challenge among 5 participating high schools in Montgomery County
- Conducted seatbelt education reaching over 2,000 high school students.
- Coordinated parent forums in partnership with school districts and local law enforcement at 5 high schools.

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

Achieved:

- Organized a Walk to School Day event at Cheltenham Elementary School. Over 500 youth, parents, teachers and staff participated in these events.
- Conducted 50 pedestrian education programs reaching over 500 youth.
- Coordinated and participated in a school-based safety committee to identify opportunities increase environmental changes (cross walks, signage, and communication) related to safe walking.

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.

Achieved:

- Conducted 10 CarFit programs for mature adults.
- Distributed 2,500 safe driving literature at community events.
- Convened a Safe Driving Taskforce comprised of community partners.
- Conducted a social media outreach campaign to promote the dangers of texting and driving.

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 2016**

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 all licensed food facilities in Montgomery County and protect public health by conducting cyclic inspections, code enforcement and education.

Objective 1: Inspect 100% of all facilities once a year and 90% of medium and high risk facilities will be inspected twice a year.

Activities:

1. Conduct cyclic inspections of licensed facilities in Montgomery County, based on license, inspection history and facility profile.
2. Work closely with operators to convey the importance of proper food handling practices needed in the prevention of food borne disease.

3. Conduct annual inspections of licensed mobile vendors in Montgomery County.
4. Conduct annual inspections of licensed farmer's market vendors in Montgomery County.
5. Review applications and conduct applicable inspections of food service vendors at temporary events and mass gatherings in Montgomery County.
6. Educate through inspections and the department website.
7. 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: Assess inspection reports and analyze data on a monthly basis.

Objective 2: Investigate 100% of reported food borne disease outbreaks and/or confirmed food related illness complaints as a division within 24 hours.

Activities:

1. In conjunction with the Division of Communicable Disease Control, continue to respond to and investigate food borne disease outbreaks within 24 hours 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: Analyze follow-up activities using a time stamp receipt method on monthly basis.

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.
3. Ensure all newly constructed food establishments obtain a CFSM within 6 months of opening.

Evaluation Methods: Through inspections, ensure all applicable facilities have at least one CFSM.

Objective 4: Review 90% of project plans for new construction or renovated food service facilities within 20 days and 100% within 30 days.

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 at 75% of the newly constructed or renovated food service facilities.
3. Perform an initial inspection at 100% of all newly constructed or remodeled food establishments to ensure compliance.
4. Conduct an operational inspection at all newly constructed or renovated food facilities within 60 days.

Evaluation Methods: Analyze follow-up activities using a time stamp receipt method on monthly basis.

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: Respond within 5 business days to 100% of the general nuisance complaints received.

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: Analyze follow-up activities using a time stamp receipt method on a monthly basis.

Objective 2: Respond within five (5) business days to 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: Analyze follow-up activities using a time stamp receipt method on a monthly basis.

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.

Objective 2: Respond to all complaints within five (5) business days and ensure compliance.

Activities:

1. Conduct cyclic inspections at known breeding areas.
2. Respond to complaints.
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: Analyze follow-up activities using a time stamp receipt method on monthly basis.

Objective 3: Inspect 100% municipal-operated waste water treatment plants at least three (3) times a year.

Activities:

1. Inspect all municipal-operated waste water treatment plants.
2. Treat with an appropriate control product as necessary.
3. Mandate and/or implement control measures as applicable.

Evaluation Methods: Analyze follow-up activities using a time stamp receipt method on a monthly basis.

Objective 4: Set and collect at least fifteen (15) adult mosquito traps per week throughout Montgomery County from May to September.

Activities:

1. Conduct an adult mosquito surveillance and control program.
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: Assess and analyze mosquitos and activities on a weekly basis.

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: Triennially 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 triennially 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 and annual measurements of inspections conducted.

Objective 2: Investigate 100% of food borne complaints at skilled nursing facilities, personal care facilities, acute care, and child-care facilities

Objective 3: Respond to 100% of 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 and annual measurements of inspections and requests.

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: Participate in one (1) community outreach opportunity in 2016.

Objective 2: Compose and compile at least two educational resources for MCHD website and social media application.

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.

Evaluation Methods: Assess and analyze number of community outreach presentations.

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 pre-operational inspections at 75% of the licensed organized camps

Objective 2: Conduct at least one (1) inspection at all organized camps and campgrounds.

Activities:

1. Conduct pre-operational inspections.
2. Conduct at inspection at all organized camps and campgrounds.
3. Initiate enforcement and/or legal action for non-compliant or multiple repeat offenses.

Evaluation Methods: Track number of pre-operational and routine inspections, assess monthly and annually.

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 an annual routine sanitation and safety inspection at 100% of registered public-bathing places in Montgomery County.

Objective 2: Respond to 100% of general public health complaints for public bathing places within five (5) business days.

Objective 3: Respond to 100% of waterborne illness complaints within 24 hours.

Activities:

1. Conduct annual inspection. Repeat from objective
2. Respond to general public health complaints. Repeat from objective
3. Respond to waterborne illness complaints. Repeat from objective
4. Educate through inspections and the department website.
5. Continue to initiate enforcement and/or legal action for noncompliant or multiple repeat offenses.

Evaluation Methods: Track number of routine public-bathing place sanitation and safety inspection and analyze follow-up activities using a time stamp receipt method on monthly basis.

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: Track number of mobile home park inspections, assess monthly.

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. Data will be assessed annually to ensure good quality control and make corrections, as needed.

Objective 1: Ensure 95% of individual water supply system, and irrigation and geothermal well permit applications are properly processed within 7 working days.

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: Date/time stamp receipt of a permit application and date/time stamp when the application is processed.

Objective 2: Ensure 95% of 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: Date/time stamp receipt of an installation inspection request and date/time stamp when the inspection is conducted.

Objective 3: Investigate 95% of individual water supply contamination complaints.

Activities:

1. Provide an initial response to private water supply complaints within one (1) working day.
2. Respond to private water supply complaints for inspections, testing and further investigation, as necessary, within five (5) working days.
3. 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.
4. Provide technical advice and treatment alternatives to affected private water supply users through telephone queries or public forum.

Evaluation Method: Date/time stamp receipt of a complaint and date/time stamp when the investigation is conducted.

Objective 4: Provide outreach, at a minimum of 3 events, to county residents, well-drillers, municipal officials, county park officials, realtors and/or other interested parties on individual water supplies.

Activities:

1. Organize, plan and oversee quarterly meetings of the Montgomery County Water Quality Advisory Committee.
2. Participate in a minimum of two (2) 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. Establish, at a minimum, one (1) additional collaboration with a private or public agency that did not previously receive outreach from WQM.

Evaluation Method: Assess and analyze number of outreach opportunities.

Objective 6: Collect, upload and organize 95% of all Groundwater Monitoring Network data electronically within seven (7) days.

Activities:

1. Monitor the water levels monthly of all wells included in the network on the second Tuesday of each month, if possible and weather permitting.
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: Date/time stamp collection of groundwater data and date/time stamp when measurements are uploaded.

Objective 7: Respond to 95% of Legionella or other waterborne disease outbreaks at public facilities or from nosocomial case reports at long-term care facilities with an initial response within one (1) working day.

Activities:

1. Provide an initial response to the waterborne outbreak.
2. Conduct an environmental assessment of the facility in an attempt to determine the source of Legionella or other waterborne disease bacteria amplification.
3. Collect water and swab samples in accordance with established procedure.
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: Date/time stamp receipt of a waterborne disease case and date/time stamp when the initial response is conducted.

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 also license and inspect liquid sewage haulers under a recently established 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. Data will be assessed annually to ensure good quality control and make corrections, as needed.

Objective 1: Properly conduct 95% of site evaluations for on-lot sewage disposal systems within fifteen (15) days of request.

Activities:

1. Conduct site evaluations in accordance MCPHC and state law.
2. Evaluate and profile soil probes to determine limiting zone and related soil characteristics.
3. Observe and document percolation tests conducted by property owners or authorized consultants.
4. 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: Date/time stamp receipt of a site evaluation request and date/time stamp when the site evaluation is conducted.

Objective 2: Issue or deny 95% of on-lot sewage disposal system permit applications within seven (7) working days of an administratively complete submission.

Activities:

1. Review all sewage system permit application designs for adherence to regulations and procedure.
2. Issue or deny sewage system permit applications.
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: Date/time stamp receipt of an on-lot sewage permit application and date/time stamp when the sewage application is issued or denied.

Objective 3: Ensure that 95% on-lot sewage disposal system installations are properly inspected within 48 hours of contractor notification.

Activities:

1. Inspect all sewage system installations upon request 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: Date/time stamp receipt of an inspection request and date/time stamp when the inspection is conducted.

Objective 4: Ensure that 95% of planning modules for land development and municipal official plan revisions are properly reviewed within regulatory time frames of 30 or 45 days.

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: Date/time stamp receipt of land development and municipal plan revision submissions and date/time stamp when the review is completed.

Objective 5: Respond to 95% of sewage system complaints within one (1) working day.

Activities:

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

Evaluation Methods: Date/time stamp receipt of a complaint and date/time stamp when the investigation is conducted.

Objective 6: Ensure at least 85% of eating and drinking (E&D) facilities with on-site wells and sewage systems are inspected within established time frames, standard procedure and state law.

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: Track inspections monthly and annually, and provide an annual report to include appropriate statistical information.

Objective 7: Ensure at least 95% of sewage hauling vehicle license applications are reviewed and inspected within established time-frame, standard procedure and MCPHC.

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: Date/time stamp receipt of a license application and date/time stamp when the inspection is conducted.

Program Goal: To ensure proper administration of the on-lot sewage disposal program

Objective 1: Ensure 95% of enforcement action is conducted within established time frames.

Activities:

1. Initiate enforcement (notice of violation, administrative conference, MCHD order) of non-compliant sewage system owners, consultants or installers.
2. Provide hearings per sewage system permit applicant request to appeal EHS/SEO actions, as needed.
3. Provide area-wide sewage disposal needs assessment surveys, and subsequent outreach at public meetings upon PADEP request.

Evaluation Method: Date/time stamp determination of a violation and date/time stamp when enforcement action is conducted.

Objective 2: Ensure 100% of EHS/SEOs and supervisory staff are properly trained and obtain at least fifteen (15) continuing education credits within the two (2) year certification cycle.

Activities:

1. Ensure all EHS/SEOs and supervisory staff attends mandatory training sessions to maintain state certification.
2. Update and/or develop new operational procedures to ensure consistent and timely site evaluations, permit reviews, and sewage system installation inspections.

Evaluation Method: Track the training programs monthly and annually, and provide a final annual report including appropriate statistical information.

Objective 3: 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 at least two (2) 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 (1) additional collaboration with a private or public agency that did not previously receive outreach from WQM.

Evaluation Method: Track the number of meetings, outreach efforts and collaborations monthly and annually, and provide a final annual report including appropriate statistical information.

Objective 4: Submit a required annual report for Act #537-related staff activities to the PADEP.

Activities:

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

Evaluation Method: Ensure the annual report is complete and submitted within established time-frame, standard procedure and state law.

Environmental Health Services
Program Plans and Objectives Performance Review (2015)

Food Protection Program

Program Goal: To maintain and/or improve the sanitary operation of the 3,746 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 8,467 inspections at all MCHD licensed food facilities. Inspections were conducted based on their inspection history and profile.
- Of the 8,467 inspections conducted, 94 inspections were of licensed mobile vendors in Montgomery County.
- Reviewed 207 vendor applications and of the 8,467 inspections 207 inspections were of food service vendors at special events and mass gatherings in Montgomery County.
- Of the 8,467 inspections, 99 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 383 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 253 plans.
- Conducted 180 pre-opening inspections.
- Two hundred seventy five (275) new/renovated food service facilities were open in Montgomery County in 2015.

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 133 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 66 disease vector complaints, this was 100% of the received complaints from the public in the prescribed time line.

Institutional and School Sanitation Program

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.

Achieved: Conducted 73 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 2015.

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 8,467 food service facility inspections, 275 opening inspections, 534 pool inspections, 73 school sanitation inspections, 18 organized camp ground inspections, 18 mobile home park inspections, 127 West Nile Virus complaint investigations, 133 general nuisance and 66 disease vector complaint investigations conducted in Montgomery County, information concerning environmental public health issues was circulated. Also through 99 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.

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: Montgomery County has 14 organized camps, campgrounds, and recreational areas licensed; 18 inspections were conducted.

Bathing Place Sanitation and Safety Program

Program Goal: To maintain or improve environmental conditions at the 279 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 279 registered public bathing places in Montgomery County, 534 inspections were conducted.

Mobile Home Park Program

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

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

Achieved: Of the 18 registered mobile home park communities in Montgomery County, 18 cyclic inspections were conducted.

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 326 mosquito breeding sites.
- Performed 176 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 529 mosquito traps throughout Montgomery County.
- Responded to 66 mosquito related complaints and as a result conducted 126 inspections.
- Identified 144 sites (154 pools) with positive WNV activity.
- Performed 18 adult mosquito treatments in areas with positive WNV activity.

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 121 individual water supplies, and irrigation and geothermal wells per the above applicable Code.

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.

Achieved: Conducted 367 inspections of all well locations and installations within one working day of contractor notification or pre-scheduled time to install. These inspections included the groundwater monitoring network water table measurements.

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.

Achieved: Conducted thirteen (13) 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 Hatboro Borough public meeting in May to provide residents advice on public health issues relating to solvent contamination of groundwater at the Raymark Superfund site.
- Attended two (2) Horsham Township public meetings in February 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.
- Attended two (2) Horsham Township public meetings in September and December to provide residents advice on public health issues relating to perfluorinated compound contamination of groundwater at the Willow Grove Naval Air Base.
- Attended an Ambler Borough public meeting in July to provide residents advice on public health issues relating to asbestos contamination at the BoRit Superfund site.

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

Achieved: Conducted monthly measurements of all wells in the monitoring network on the first Tuesday of every month weather permitting.

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: WQM conducted no environmental investigations or monitoring for Legionella or other waterborne outbreaks as no new nosocomial cases were reported in 2015.

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 properly conducted within fifteen (15) days of the request per requirements of MCPHC and PA Act #537.

Achieved: Conducted 548 site evaluations properly conducted within fifteen (15) days of request per requirements of MCPHC and PA Act #537 to determine site suitability for on-lot sewage disposal. 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 system permit applications are properly issued or denied within seven (7) working days in accordance with MCPHC, Act #537 and County procedure.

Achieved: Reviewed and issued 208 on-lot sewage disposal system permit applications, which were properly issued or denied within seven (7) working days in accordance with MCPHC, Act #537 and County procedure. These included elevated sand mound and in-ground systems, drip irrigation, and other alternate sewage systems.

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

Achieved: Conducted 934 on-lot sewage system inspections properly within 48 hours of contractor notification in accordance with MCPHC, Act #537 and Department procedure. These included, but were 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 properly reviewed in accordance with the appropriate 30 or 45 day review periods established by MCPHC, Act #537 and Department procedure.

Achieved: Reviewed 27 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 with a minimum 15 continuing education credits within the two year certification cycle. Also, staff updated several operational procedures and continued consistent enforcement of all programs.

Objective 6: Respond to complaints regarding on-lot sewage disposal systems in a timely manner and 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.

Achieved: Conducted 264 complaint investigations of malfunctioning on-lot sewage disposal systems with an initial response provided within one working day, and completed the response with compliance correspondence, as needed.

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.

Not achieved: Only nine (9) E&D sewage systems were inspected. WQM is re-evaluating past effectiveness of the program and is planning new approaches to the procedure in 2016.

Objective 8: 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 9: Submit a required annual report for staff activities conducted pursuant to the Pennsylvania Sewage Facilities Act 537 to DEP by March 1st.

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

Achieved: Planned and conducted five (5) off-site mass inspections for the 37 participating sewage hauling companies. Overall, 119 licenses were issued for each compliant sewage hauling vehicle.

Other Services Program Plans and Objectives 2016

Public Health Emergency Preparedness

The Public Health Emergency Preparedness (PHEP) Program is designed to create staff awareness, education, and surveillance of potential public health threats that may include but are not necessarily limited to nuclear, biological, chemical, and incendiary devices. The department continues to build connectivity with all applicable local, county, state, and federal partners 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: Ensure that at 50% of the 16 POD sites are maintained and managed throughout Montgomery County.

Activities:

1. Partner with community organizations/agencies.
2. Develop a maintenance contract with the responsible housing entity for 8 of 16 POD sites within the county.
3. Revise the applicable MOU to reflect the agreed upon terms of the maintenance contract and have the housing entity re-sign the document.
4. MCHD will perform monthly spot checks to ensure compliance.
5. All POD site manual information including POD site contact information and POD survey information will be reviewed and updated.
6. Applicable POD MOU documents will be revised and ready for signature to be presented to the POD site responsible no later than 12/2016.
7. All POD manuals including site survey and responsible party contact information will be revised and up dated no later than 12/2016.

Evaluation Methods: Evaluation will be measured by the completion and evaluation of monthly reports, to be completed by the housing agency, that reflect that the agreed upon maintenance actions have been taken.

Objective 2: Increase by 5% the volunteer base that is present in Montgomery County and is able to be activated in the event of an emergency and provide more opportunities for volunteers to be part of the community.

Activities:

1. To collaborate with the department of Public Safety to develop a county-wide platform for volunteers to participate.

2. Develop a leadership council for the Montgomery County Medical Reserve Corps in order to allow the volunteers to have a level of ownership in the organization.
3. Develop a better working relationship with our regional volunteer partners to expand the opportunities for volunteers to be involved.
4. Develop new partnerships with community organizations that host events and would allow Montgomery County volunteers to participate and promote their organization.
5. Have a county-wide volunteer platform established and working by 12/2016.
6. Have a leadership council with at least 3 actively participating Montgomery County Medical Reserve Corps members established, functioning, and handling some of the activities of the MRC by 12/2016
7. Develop 5 new community partnerships and have established working relationships with them in which volunteers are able to participate in events and promote the Montgomery County MRC and our capabilities by 12/2016.

Evaluation Methods: Evaluation of the increase in the volunteer base will be demonstrated by the analysis and reporting of data contained within the ServPA system. The baseline data will be considered the number of volunteers that are currently enrolled in the system as of March 31, 2016 and increases in volunteer numbers will be based off of that baseline data.

Objective 3: Ensure at least one (1) new training is offered to MCHD staff and volunteers quarterly.

Activities:

1. Increase the amount and variety of emergency preparedness training that is available to MCHD staff.
2. Increase the amount and variety of training that is available for MRC and other county volunteers that are included in the county-wide volunteer platform.
3. Ensure that the minimum requirements of ICS 100 and NIMS 700 for all MCHD staff and ICS 100, 200, 300, and 400 as well as NIMS 700 and 800 for senior management are completed and there is available documentation to prove it.
4. Work with division directors to ensure that all staff has documentation of their minimum required training. Ensure that all training is documented in the learning database system by 3/2016.
5. Complete at least 1 full scale POD drill in the year 2016. This is preferably done through the completion of a pre-scheduled drive through or walk in flu clinic.

Evaluation Methods: Evaluation of the completion of one (1) new training will be documented through the 2016-2017 Training and Exercise Schedule. Documentation of training schedules and copies of certificates will also be kept in the Health Department training database.

Other Services Program Plans and Objectives
Performance Review (2015)

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.
- 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.
- PHEP staff also participated in FEMA classes such as Rural Isolation and Quarantine Planning and Mass Fatality 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.
- PHEP Staff has also continued an active working relationship with the Department of Public Safety on various projects to improve normal operations as well as several large scale events and exercises.
- MRC and PHEP have increased the regional working relationship by participating in training and community events both in Montgomery County and the Southeastern PA Region.
- Actively involved in the Regional Mass Care Project being conducted by the Southeastern PA Regional Task Force.

2016 Montgomery County Health Department Program Plans
www.health.montcopa.org