
Montgomery County
Department of
Health and Human Services
Office of Public Health
2021 PROGRAM PLANS

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to the Pennsylvania Department of
Health

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2021 PROGRAM PLANS

Prepared by

THE
MONTGOMERY COUNTY
DEPARTMENT OF HEALTH AND HUMAN
SERVICES
OFFICE OF PUBLIC HEALTH

for

THE PENNSYLVANIA
DEPARTMENT OF HEALTH

March 2021

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

It has now been 12 months since Montgomery County recorded its first two presumptive COVID-19 cases in early March, 2020. While continuing ongoing work to alleviate threats to public health through water, food, and other communicable diseases, the Office of Public Health pivoted in March 2020 to mount an extensive response to the pandemic. In the first four months of response, OPH expanded capacity to increase effort in the following areas:

April:

- Data systems were created and utilized to create internal and external reports including case counts and deaths by demographics, facility (if applicable), municipality; outbreak data, and test data, and eventually positivity rates and more.
- Systems of community Guidance and Information were created to push out health and action information through press conferences, the county web site and social media and the creation of flyers and posters.

May:

- The first COVID-19 PCR test site was started in collaboration with Federal resources. July 6, Montgomery County's OPH created six regional test sites which resulted in 50,740 PCR test results between July 6 and December 26, with 4,944 positive results.
- Leadership for a new COVID-19 Contact Tracing team was hired to oversee four community partner agencies to provide over 60 contact tracers in Montgomery County.
- Systems of guidance and reporting such as requirements for "Health and Safety Plans" with review and monitoring began to be put into place.

June:

- Stakeholder groups with long-term care facilities, homeless services providers, employers, venues, schools and other groups were created to provide two-way communication for guidance and reporting.
- Field Assessment Support Teams (FAST Teams) were started to provide support to long-term care facilities through onsite assessments and connections to PPE and other resources.

December 23, 2020, OPH received the first 2000 doses of Moderna vaccine, enabling us to move from a defensive strategy to finally an offensive strategy. At the time of this writing, OPH is setting up a third mass immunization clinic which will increase our capacity to immunize over 4,000 persons per day.

OPH would not have been able to achieve these results without collaboration with our internal and external partners, including the Pennsylvania Department of Health. We are particularly grateful for the following:

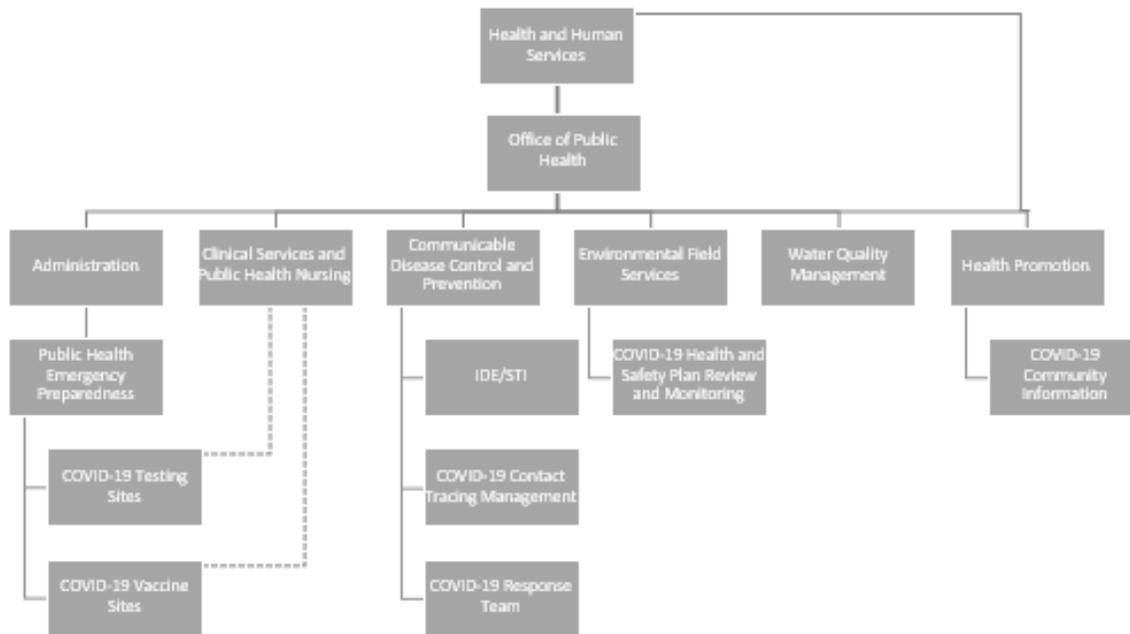
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- The team of OPH staff, including Office Support Staff and others, who have worked countless hours in the last year to respond to phone and email communications, register persons by phone for COVID-19 tests, assisted with data entry and contact tracing and much more, and have had the flexibility and public service commitment to assist with an ever-changing pandemic response.
 - Integrated cross-program responses and close collaboration within the county’s Health and Human Services, leading to a more strategic and holistic approach to health with both the client and community at the core and leading to strong partnerships with the Office of Senior Services, the Office of Integrative Services, and others.
 - The close collaboration with the county’s Department of Public Safety, including the collaborative standup of the County’s Surge Control Emergency Operations Center, multiplying our ability to respond.
 - The commitment of the OPH Communicable Disease team to enhance and build data systems, engage and guide stakeholders across the county with the agility to adjust data collection and reporting systems to meet additional and changing data needs;
 - The commitment of the Clinical Services Leadership and Team expertise and commitment to public health have supported long-term care and other health facilities through public communication response, field assessment and support teams, as well as staffing and opening up new test sites.

The report below of the activities of OPH in 2020 shares both the importance of ongoing public health systems that enable food and water safety while at the same time responding in a pandemic.

We thank our county leadership at this time for communicating a clear vision to the residents of our county and to our colleagues and partners for continuing to advance our shared goal of improving the health, wellbeing, and quality of life for all Montgomery County residents in 2021.

Janet Panning, MS
Interim Health Administrator
Montgomery County

Montgomery County Office of Public Health Organizational Chart



Background and Demographics

The Montgomery County Office of Public Health (OPH) was established as a result of a 1989 voter referendum. Following a short developmental period, the Office 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 agency that is dedicated to promoting and protecting the health of all County residents.

According to the 2019 population estimates, Montgomery County is home to 830,915 residents, making it larger in population than four states in the United States. The county population has been steadily increasing since the 2010 Census. In addition, the county is becoming increasingly racially and ethnically diverse. Below, are the demographics of Montgomery County residents for 2019:

Race (percent of population):

White: 79.4%
Black/African American: 10.0%
Asian: 8.1%
American Indian and Alaska Native: 0.2%
Native Hawaiian and Other Pacific Islander 0.1%
Two or more races: 2.3%

Ethnicity (percent of population):

Hispanic or Latino origin: 5.4%

Age (percent of population):

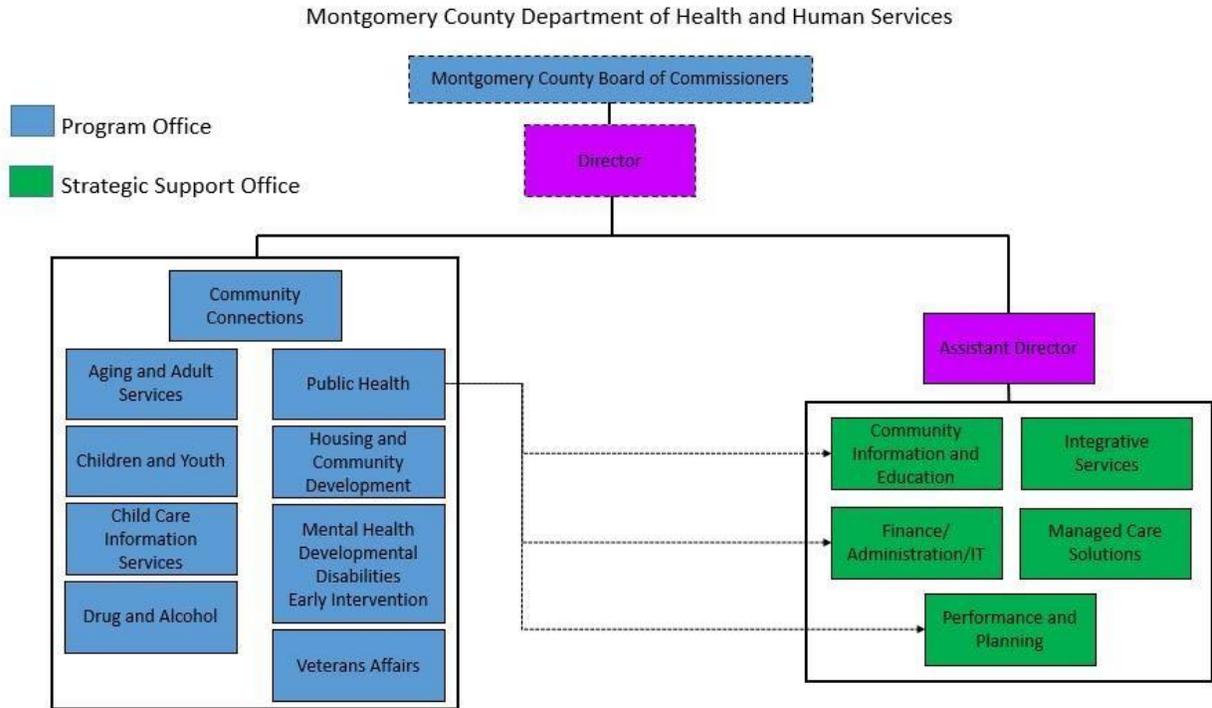
Persons under age 5: 5.5%
Persons under age 18: 21.5%
Persons between 18-65: 60.3%
Persons aged 65 and older: 18.2%

OPH is charged with the task of protecting, improving, and assessing the health of all county residents. The Office's health programs, community outreach efforts, environmental protection activities, and vaccination clinics help to protect and improve the health and wellbeing of our entire population. OPH routinely uses data on morbidity and mortality trends to assist in directing the focus of disease prevention and health promotion efforts. In addition, OPH collaborated with the County's Department of Public Safety and utilized other program offices within Health and Human Services in a joint effort in response to the COVID-19 pandemic. OPH created new positions to expand our efforts in contact tracing, outbreak management, testing and vaccine administration. A joint response has been successful, and efforts are ongoing.

BUREAU OF ADMINISTRATION

Under the new organizational structure for HHS, most of the executive administrative, fiscal, and information technology functions previously performed directly by the Office of Public Health have

been assumed by the HHS Strategic Support Offices, as indicated below. For example, most of the financial and IT support functions for OPH now fall under the HHS Office of Administration/Finance/IT. In addition, many of the communications and public information functions for OPH are now coordinated through the HHS Office of Community Information and Education. Lastly, the HHS Office of Performance and Planning is working with OPH to coordinate health data collection and analysis needed for decision making by OPH.



Program Plans 2021 (section 1)

BUREAU OF PERSONAL HEALTH SERVICES

The OPH Bureau of Personal Health Services includes the Divisions of Clinical Services and Public Health Nursing, Communicable Disease Control and Prevention Services, and Health Promotion.

Division of Clinical Services and Public Health Nursing

OPH's Division of Clinical Services and Public Health Nursing (CSPHN) provides a variety of services that promote the health and wellbeing of individuals, families, groups and communities. Our primary focus is on populations that are most at-risk for disease, injury or disability. CSPHN leads programs in maternal and child health, childhood lead poisoning prevention, childhood and adult immunizations, substance use/misuse, and the clinical aspects of the Office's communicable disease program. These programs are provided through clinics, walk-in services and community-based venues that include home visits, schools, worksites and shelters.

Division of Communicable Disease Control and Preventive Services

OPH's Division of Communicable Disease Control and Prevention Services (CDCPS) is responsible for three critical functions that protect the health of all Montgomery County residents: (1) surveillance of all reportable diseases, (2) control and prevention of disease 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 OPH by phone, mailing/faxing or using Pennsylvania's National Electronic Disease Surveillance System (PANEDSS).

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 Montgomery County OPH. 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 OPH as soon as possible. These diseases and conditions include, but are not limited to: animal bites, cases of diarrheal disease, bacterial meningitis, sexually-transmitted diseases (STDs), and reportable diseases and conditions occurring in sensitive situations such as food establishments, daycare centers, college dormitories, and long-term care facilities.

This Division also reports confirmed, probable and suspect cases of reportable diseases and conditions 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> and <http://www.health.pa.gov/>

Division of Health Promotion

OPH's health promotion and education activities are managed and administered by the HHS Office of Community Information and Education. These efforts include health education, health screenings, and media campaigns in the following areas:

- Healthy Lifestyles – Physical Activity and Nutrition
- Diabetes
- Transportation Safety
- Unintentional Injury Prevention

These programs are intended to empower individuals, families, groups, organizations and communities to play active roles in achieving, protecting and sustaining their health. The programs will be conducted in multiple venues that include but are not limited to schools, hospitals, senior centers, businesses, and places of worship.

BUREAU OF ENVIRONMENTAL HEALTH SERVICES

The OPH Bureau of Environmental Health Services includes the Divisions of Environmental Field Services and Water Quality Management.

Division of Environmental Field Services

OPH's Division of Environmental Field Services (EFS) is responsible for licensing, inspecting and responding to complaints at food service facilities, organized camps and campgrounds. EFS also investigates environmental complaints, conducts health and safety inspections of public bathing facilities and mobile home parks, and ensures institutional sanitation throughout Montgomery County. The Division receives a grant from the Department of Environmental Protection to help support a mosquito borne disease surveillance and control program.

Division of Water Quality Management

OPH's Division of Water Quality Management (WQM) is responsible for pollution control as it pertains to drinking water quality. The Division's primary areas of responsibility include site evaluations, permit issuance and/or installation inspections of on-lot sewage disposal systems, private water supplies and geothermal wells. WQM also responds to sewage and water quality complaints, reviews planning modules for land development, issues license and conducts inspections of liquid sewage haulers, conducts monthly water table checks from the county groundwater monitoring well network and responds to waterborne outbreaks (i.e., Legionellosis), as needed.

GOALS, OBJECTIVES, AND ACTIVITIES

1. Infectious and Communicable Diseases

1.1 Reduce incidence of foodborne illnesses through surveillance, code-enforcement, and prevention and control measures.

Objective 1.1.1: Ensure 100% of reported foodborne illnesses and foodborne outbreaks in 2021 are investigated and disease control and prevention activities are initiated to reduce ongoing disease transmission.

Activities:

1. Using disease surveillance systems, collect epidemiological data on reported disease events and outbreaks. Conduct necessary public health action as appropriate including but not limited to data collection, information management, laboratory analyses for both human and environmental specimens, identification of potential sources of infection, disease education, contact tracing and control measures as appropriate.

Evaluation: Utilize the disease surveillance systems to identify number of confirmed, probable and suspect illnesses. Identify the number of illnesses linked to identified clusters or outbreaks in Pennsylvania and nation-wide.

Objective 1.1.2: Inspect 100% of licensed food establishments at least once in a calendar year.

Activities:

1. Conduct inspections of food facilities, based on license, inspection history and profile.

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2. Investigate and inspect facilities with reported food borne disease outbreaks and/or confirmed food related illness complaints within one business day.
 3. Investigate and inspect food facility complaints received from the public with two or more unconfirmed illnesses within 1-2 business days.
 4. Investigate all food facility complaints received from the public within two business days as per the standard operating procedure.
 5. Work closely with operators to convey the importance of proper food handling practices needed in the prevention of food borne disease.
 6. Review applications and conduct applicable inspections of food service vendors at temporary events and mass gatherings.
 7. Conduct a facility inspection, HACCP inspection as applicable, distribute educational information materials, discuss/meet with food service operators and employees and provide direct food safety training as appropriate when investigating a suspected food borne disease outbreak or complaint.

Evaluation: Review inspection reports and provide numbers from the Digital Health Department (DHD) environmental application for inspections of food facilities, food related complaints and temporary events.

Objective 1.1.3: Review 90% of project plans for new construction or renovated food service facilities within 20 days and 100% within 30 days.

Activities:

1. Perform pre-operational inspections 100% of the time when requested from a newly constructed or renovated food service facility and perform an initial/opening inspection at 100% of all newly constructed or remodeled food establishments to ensure compliance.
2. Conduct an operational inspection at all newly constructed or renovated food facilities within 60 days of opening.
3. Ensure all newly constructed food establishments obtain a Certified Food Safety Manager (CFSM) within 6 months of opening.

Evaluation Methods: Analyze follow-up activities and provide numbers for newly constructed and/or renovated food service facilities for the year.

Objective 1.1.4: Determine the prevalence of poor handwashing practices during routine, follow-up, and complaint related inspections by reviewing at least one inspection report at 100% of the licensed food facilities.

Activities:

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1. Perform at least one routine inspection a year.
 2. Respond to food-related complaints at licensed food facilities according to procedure, within 1-2 business days.
 3. Observe food handling practices during inspections and educate operators on the importance of hand washing and preventing cross contamination.

Evaluation: Review inspection reports and provide the number of food facilities that have a violation in the category “Preventing Contamination By Hands”.

1.2 Reduce incidence of waterborne illnesses through surveillance, code enforcement, and prevention and control measures.

Objective 1.2.1: Ensure 100% of reported water-borne illnesses and waterborne outbreaks in 2021 are investigated and disease control and prevention activities are initiated to reduce ongoing disease transmission.

Activities:

1. Using disease surveillance systems, collect epidemiological data on reported disease events and outbreaks.
2. Conduct necessary public health action as appropriate including, but not limited to, data collection, information management, laboratory analyses for both human and environmental specimens, identification of potential sources of infection, disease education, contact tracing and control measures as appropriate.

Evaluation: Utilize disease surveillance systems to identify number of confirmed and probable illnesses; identify the number of illnesses linked to identified clusters or outbreaks in Pennsylvania and nationally.

Objective 1.2.2: Inspect 100% of registered public bathing places at least once in a calendar year.

Activities:

1. Conduct an annual sanitation and safety inspection.
2. Respond to general public health complaints within five business days.
3. Respond to waterborne illness complaints within one business day.
4. Educate through inspections, social media and the department website.

Evaluation: Assess inspection reports and productivity monthly.

Objective 1.2.3: Ensure 95% of on-lot sewage disposal program requirements are processed within established Health Code timeframes in 2021.

Activities:

1. Evaluate and profile soil probes, observe and document percolation tests and conduct other evaluations of sites prior to system installation, as needed, within fifteen (15) working days of request.
2. Issue or deny on-lot sewage disposal system permit applications and inspect and provide final approval upon satisfactory construction of all sewage system installations within seven (7) and two (2) days of request, respectively.
3. Ensure planning modules for land development and municipal official plan revisions are properly reviewed within 30 or 45 days depending on type.
4. Respond to complaints of malfunctioning sewage systems within two (2) working days.

Evaluation: Project equal or higher total site evaluations, permit issuances, system inspections, and module and plan reviews based on an average of the last five year's activities. Project less than or equal complaint responses to malfunctioning sewage systems based on the last five-year average.

Objective 1.2.4: Respond to 95% of Legionella or other waterborne disease outbreaks within one (1) working day in 2021.

Activities:

1. Provide initial response to nosocomial Legionella outbreaks within one (1) working day.
2. Conduct an on-site environmental assessment and collect water and/or swab samples from facility water distribution system and related units, as needed.
3. Oversee extended monitoring programs of affected facility water supplies and units, and issue facility recommendations and case closure letter per analyses result outcome.

Evaluation: Provide initial response to all waterborne outbreak complaints within one working day. Complete site investigations, environmental assessments, water sampling and provide recommendations to prevent further outbreaks.

Date/time stamp receipt of a waterborne disease case and date/time stamp when the initial response is conducted.

1.3 **Reduce incidence of vector-borne illnesses through surveillance, code enforcement, and prevention and control measures.**

Objective 1.3.1: Ensure 100% of reported vector-borne infections and clusters in 2020 are investigated and disease control and prevention activities are initiated to reduce ongoing disease transmission.

Activities:

1. Using disease surveillance systems, collect epidemiological data on reported disease events and clusters.
2. Conduct necessary public health action as appropriate, including but not limited to data collection, information management, laboratory analyses for both human and environmental specimens, identification of potential sources of infection, disease education, contact tracing and control measures as appropriate.

Evaluation: Utilizing the disease surveillance systems to identify number of confirmed, probable and suspect illnesses.

Objective 1.3.2: Respond to all mosquito-borne disease complaints, inspect 100% of the known public mosquito breeding sites, implement control measures and treat property as necessary.

Activities:

1. Conduct cyclic inspections at known breeding areas.
2. Respond to complaints within five business days.
3. Educate the public through inspections, social media, and County website.
4. Initiate enforcement and/or legal action for noncompliant or multiple repeat offenses.

Evaluation: Analyze reports from DHD and the PA West Nile Virus Control Program Website on a weekly basis and activities monthly.

Objective 1.3.3: Respond to 100% vector-borne disease complaints within five business days.

Activities:

1. Investigate all complaints of potential disease vectors per divisional procedure.
2. Educate through inspections, investigations and County website.
3. Initiate enforcement and/or legal action against non-compliant or multiple repeat offenders.

Evaluation Methods: Analyze activities monthly.

Objective 1.3.4: Inspect 100% of municipal-operated Waste Water Treatment Plants (WWTP) at least 3 times within the mosquito season.

Activities:

1. Inspect 100% of municipal-operated waste water treatment plant (WWTP).
2. Treat with an appropriate control product as necessary.
3. Mandate and/or implement control measures as applicable.

Evaluation Methods: Analyze reports from the PA West Nile Virus Control Program Website on a weekly basis.

Objective 1.3.5: Conduct an adult mosquito surveillance and control program.

Activities:

1. Set and collect at least 30 adult mosquito traps per week.
2. Establish and follow an adult mosquito control matrix.
3. Respond to areas with high mosquito numbers and virus activity with appropriate adult mosquito control measures.

Evaluation: Analyze reports from the PA West Nile Virus Control Program website on a weekly basis.

1.4 **Reduce vaccine-preventable diseases and the complications associated through vaccine, investigation and control measures.**

Objective 1.4.1: Ensure 100% of reported vaccine-preventable diseases are investigated and disease education, as well as prevention and control activities, are initiated to reduce ongoing disease transmission.

Activities:

1. Using disease surveillance systems, collect epidemiological data on reported disease events and outbreaks, including suspected, probable and confirmed cases.
2. Conduct necessary public health action as appropriate including but not limited to data collection, information management, laboratory analyses to confirm disease, identification of potential sources of infection, disease education, contact tracing and

control measures, including a vaccine clinic if resources are available and permissible.

Evaluation: Total countable vaccine preventable disease cases for 2021 and compare to the average of the previous 5-year sequence to determine if 10% reduction was achieved. Also, count the number of providers enrolled in the Sentinel Influenza Program for Montgomery County.

Objective 1.4.2: Improve immunization coverage rates for children twenty-four (24) through thirty-five (35) months of age, receiving four (4) doses of a diphtheria- tetanus-pertussis vaccine, three (3) doses of polio vaccine, one (1) dose of measles,-mumps, and rubella vaccine, three (3) doses of *Haemophilus influenzae* type b vaccine, three (3) doses of hepatitis B vaccine, and one (1) dose of varicella vaccine. (4:3:1:3:3:1) in 2021.

Activities:

1. Conduct regularly scheduled immunization clinics, providing immunization services to all infants and children who are uninsured, underinsured, or Vaccines for Children (VFC) eligible.
2. Schedule weekly immunization clinics during times and places easily accessible to working parents and children from minority, culturally significant and disparate areas.
3. Conduct appropriate protocol follow up for 100% of all identified infants born to Hepatitis B Surface antigen positive females and their contacts in Montgomery County.
4. Complete a minimum of one outreach activity to increase public awareness of infant immunizations during the annual National Infant Immunization Week (NIIW) in April 2021.
5. Complete a minimum of one (1) outreach activity to increase public awareness of immunizations during the annual National Immunization Awareness Month in August 2021.
6. Enter all childhood immunization histories into the Pennsylvania Statewide Immunization Information System (PA-SIIS) in accordance with their protocols.
7. Maintain an active immunization coalition working toward improving immunization coverage levels of infants and children by providing education and outreach activities that support and enhance OPH's Immunization Program.

Evaluation: Conduct an Immunization Record Assessment of children twenty-four (24) through thirty-five (35) months of age. Track events monthly and annually.

Objective 1.4.3: Improve immunization coverage levels for all adolescent vaccinations focusing on the human papilloma virus (HPV) vaccine in 2021.

Activities:

1. Conduct regularly scheduled immunization clinics, providing immunization services to all adolescents who are uninsured, underinsured, or Vaccines for Children (VFC) eligible.
2. Recommend the HPV vaccine series the same way as other recommended adolescent vaccines to increase uptake of the vaccine.
3. Complete at least one (1) outreach activity to increase public awareness of adolescent immunizations in 2021.
4. Promote adolescent immunizations by providing immunization educational materials to all local schools.
5. Maintain an active immunization coalition working toward improving immunization coverage levels of adolescents by providing education and outreach activities that support and enhance OPH's Immunization Program.

Evaluation: Track number of adolescents attending immunization clinics through PASIIS focusing on the HPV vaccination rate. Track events monthly and annually.

Objective 1.4.4: Improve immunization coverage levels for all adult vaccinations focusing on influenza vaccine in the uninsured, underinsured, and disparate populations in 2021.

Activities:

1. Establish extended clinic hours during evenings and weekends to accommodate the adult population for influenza immunizations on a yearly basis during the influenza immunization season (September through June).
2. Provide influenza vaccine to agencies that serve low-income, disparate, homeless, and uninsured clients.
3. Provide homebound influenza vaccine to those who qualify.
4. Conduct outreach to disparate populations and offer vaccination services to them.
5. Complete at least one (1) outreach activity to increase public awareness of adult immunizations in 2021.
6. Complete at least one (1) outreach activity to increase public awareness of influenza vaccinations during the annual National Influenza Vaccination Week (NIVW) in December 2021.
7. Maintain an active immunization coalition working toward improving immunization coverage levels of adults by providing education and outreach activities that support and enhance OPH's Immunization Program.

Evaluation: Track number of uninsured clients attending community and outreach flu clinics through PA-SIIS. Track events monthly and annually.

1.5 Reduce incidence and prevalence of HIV, TB and STD through surveillance, and prevention and control measures.

Objective 1.5.1: Ensure 90% of HIV reports received in 2021 are investigated according to local and state guidelines and that appropriate referrals and services are initiated.

Objective 1.5.2: Interview at least 85% of eligible clients for partner services within 30 days in 2021.

Objective 1.5.3: Ensure 90% of reportable STDs received in 2021 are investigated according to local and state guidelines and that appropriate referrals and services are initiated.

Activities:

1. Using disease surveillance systems, review laboratory analyses and collect epidemiological data on cases meeting the criteria for HIV or STD infection and ensure linkage to care.
2. Conduct necessary public health action as appropriate, including but not limited to data collection, information management, laboratory analyses to document progression of disease, identification of risk factors, disease education, contact tracing, and offering prevention materials as needed.
3. *Evaluation:* Utilize reports and feedback from PADOH Bureau of Epidemiology, Division of HIV Surveillance to ensure appropriate case completion rates as above stated.

Objective 1.5.4: Provide HIV counseling, testing, and partner notification to 90% of clients at OPH's CDCPS clinics in 2021.

Activities:

1. Offer free services to all Montgomery County residents.
2. Provide anonymous or confidential HIV counseling, education and testing at the three OPH clinics, offering one evening clinic per week at each site.
3. Offer and encourage testing for syphilis and STDs to all clients requesting HIV testing.
4. Provide partner notification services to all HIV positive clients tested by OPH, 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. Give priority to all teenage cases, pregnant females, and clients re-infected within a three-month time frame.
 11. Obtain the names of partners and locating information from clients.
 12. Begin partner notification within 3 days of obtaining client information.
 13. Refer contacts who are located to testing and treatment.
 14. Educate index cases and their partners about HIV/STD prevention.
 15. Enter data collected into PA-NEDSS.

Evaluation: Monthly, quarterly and yearly assessment and analysis of the number of individuals counseled, tested, treated, and provided partner services.

Objective 1.5.5: Provide post-test counseling to a minimum of 80% of sero-negative clients and a minimum of 95% of sero-positive clients in 2021.

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. Continue following the standard operating procedure (SOP) protocol for giving HIV sero-negative results by phone.
4. Contact sero-positive clients by phone and/or mail who have not returned for HIV test results, within 5 days of OPH's receiving results.

Evaluation: Monthly, quarterly and yearly assessment of the number of clients receiving initial testing and receiving post-test results.

Objective 1.5.6: Provide referral and linkage to HIV care, treatment, and intervention services to 85% of persons who test HIV positive at OPH CDCPS clinics in 2021.

Activities:

1. Provide packet of information to newly-identified HIV-positive individual or by request from patients currently living with the diagnosis, to include referral for linkage to care and case management services.
2. Discuss CD4/Viral Load Testing as appropriate.
3. Schedule follow-up appointment/phone call to discuss successes and barriers to care and case management.
4. Follow up to ensure linkage to care within 90 days of diagnosis.

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

Objective 1.5.7: Provide STD testing, treatment and partner notification to 90% of clients at CDCPS clinics in 2021.

Activities:

1. Offer free services to all Montgomery County residents, at three OPH 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 STDs and positive clients referred by private providers.
3. Offer and encourage HIV testing to all clients requesting STD testing.
4. Provide diagnosed and preventive treatment for STDs to clients and their partners who present to clinic, and to positive clients referred by private providers.
5. Provide partner notification services to all STD positive clients tested by Montgomery County OPH, and to positive clients referred by private providers.
6. Follow up on 100% of all positive chlamydia, gonorrhea, and syphilis tests.
7. Attempt to contact all index cases at least 3 times either by phone, letter, or field visit.
8. Give priority to all teenage cases, pregnant females, and clients re-infected within a three-month time frame.
9. Obtain the names of partners and locating information from clients.
10. Begin notifying partners within 3 days of obtaining information.
11. Refer contacts who are located to testing and treatment.
12. Educate index cases and their partners about STD prevention.
13. Offer and encourage HIV testing to all clients.
14. Enter data collected into PA-NEDSS.

Evaluation: Monthly, quarterly and yearly assessment and analysis of the number of individuals counseled, tested, treated, and provided partner services.

Objective 1.5.8: For patients with newly diagnosed TB, for whom 12 months or less of treatment is indicated, increase the proportion of patients who complete treatment within 12 months to 95% in 2021.

Activities:

1. Nurse case management of all active and latent TB patients.
2. All active TB patients receive therapy via direct observation therapy (DOT).
3. Conduct TB contact for all pulmonary TB cases. Have those infected complete treatment for infection.
4. Examine immigrants and refugees with an abnormal overseas panel exam.
5. Target testing for TB exposure and testing for TB infection at point of intake.

-
6. Treat TB disease and TB infection free of charge.
 7. Provide TB elimination consultation services for community partners.

Evaluation: Monthly, quarterly and yearly assessment and analysis of the number of individuals tested and completing treatment for TB.

1.6 **Reduce incidence and prevalence of acute and chronic hepatitis through surveillance, prevention, and control measures.**

Objective 1.6.1: Ensure 100% of reported hepatitis A and B cases are investigated within 72 hours and implement control measures on cases as appropriate.

Activities:

1. Using disease surveillance systems, collect epidemiological data on reported disease events and outbreaks.
2. Identify individuals requiring monitoring through the Perinatal Hepatitis B program to ensure zero cases of children born to hepatitis B positive mothers.
3. Conduct necessary public health action as appropriate, including but not limited to data collection, information management, laboratory analyses to confirm disease, identification of potential sources of infection, disease education, and contact tracing and control measures, including access to immunoglobulin (IG) and vaccine if resources are available.

Evaluation: Utilization of the disease surveillance system to identify the number of suspect, probable and confirmed illnesses. Also, identify the number of Montgomery County residents who were recommended post exposure prophylaxis to prevent disease transmission.

Objective 1.6.2: Offer preventative vaccine series (Hepatitis A and B, and Gardasil) vaccines to 90% of eligible clients, during CDCPS clinics in 2021.

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 or Hepatitis B series to all uninsured clients, 18 years of age and older, receiving testing services in OPH CDCPS clinics.
3. Offer the Gardasil vaccine series to all uninsured clients, 18-26 years of age, receiving testing services in OPH CDCPS clinics.
4. Offer Hepatitis A vaccine to both insured and uninsured high-risk walk in and clinic patients who are MSM, homeless or use drugs (IVDU and NIVDU).

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5. Notify clients by mail or phone as a reminder for the date of the next vaccine in the series.
 6. Enter vaccines given into PA Immunization Registry (SIIS).

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

1.7 Ensure zero cases of human rabies through surveillance, code enforcement, and prevention and control measures.

Objective 1.7.1: Ensure 100% of reported human rabies exposures are investigated and disease prevention activities are initiated immediately.

Activities:

1. Conduct routine disease surveillance for all human exposures and issue appropriate public health action, as needed, including post-exposure prophylaxis for humans. Reduce the number of unvaccinated or under-immunized domestic pets in Montgomery County by coordinating low-cost rabies immunization clinic(s) based on need.

Evaluation: Count number of human rabies cases to confirm there have been none. Identify number of post exposure rabies vaccine OPH has recommend to Montgomery County residents in 2021.

2. Chronic Disease and Injury Prevention

2.1 Provide public health education to reduce the burden of burden of disease and injury in all ages around Montgomery County while improving quality of life

Objective 2.1.1: Decrease the incidence of type 2 diabetes in Montgomery County by December 31, 2021.

Activities:

1. Distribute information about diabetes prevention at 10 community health fairs or events.
2. Outreach and market CDC Diabetes Prevention program to 15 agencies, community organizations, and community sites to recruit participants.

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3. Deliver one (1) year-long program to a minimum of eight (8) residents of Montgomery County who meet the eligibility criteria for the program.
 4. Provide social media outreach through educational messages and/or written articles during observances months such as National Diabetes Month, Wear Red Day, National Cholesterol Month, National Heart Healthy Month.

Evaluation: Number of materials distributed. Number of people who completed the class. Number of people who met their 5%-7% weight loss goal. Number of social media posts.

Objective 2.1.2: Improve heart health and quality of life through prevention, awareness, and education in Montgomery County by December 31, 2021.

Activities:

1. Deliver State-supported Heart Health Program to eight (8) locations.
2. Participate in National Wear Red Day to highlight the importance of prevention and education.
3. Distribute educational materials on issues such as high blood pressure, stroke warning signs and symptoms, and other cardiovascular health topics.
4. Partner with a local hospital to provide blood pressure screenings to county employees and county residents.
5. Provide CPR/AED training to county employees and county residents.

Evaluation: Track number of materials distributed at community events. Number of people participating in National Wear Red Day. Number of employees/residents who participated in the blood pressure screening. Number of employees/residents who got recert/certified in CPR/AED.

Objective 2.1.3: Increase healthy opportunities and behaviors for employers through the utilization of a worksite health program in Montgomery County by December 31, 2021

Activities:

1. Train four Health Educators to deliver the LiveWell Workplace checklist.
2. Annually implement LiveWell Workplace Checklist Challenge that supports a healthy culture, physical activity, nutrition, general health, and injury prevention to a minimum of two worksites.
3. Identify a champion who is a strong advocate for the health promotion programs.
4. Establish two Health Committees that meets a minimum of eight times per year.
5. Conduct an employee needs and interest assessment for planning health promotion initiatives.

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6. Create a health plan specific to your business. Including – mission statement, vision statement and goals.
 7. Promote and market health promotion initiatives to employees.

Evaluation: Implement the checklist challenge at a minimum of 2 businesses. Track number of employees reached.

Objective 2.1.4: Conduct community education activities around prevention of opioid-related use/misuse, overdose, and death by December 31, 2021

Activities:

1. Distribute 200 Naloxone kits to the community.
2. Attend four (4) largely-attended public events throughout the County to promote opioid awareness and prevention, including Naloxone usage.
3. Work with remaining pharmacies to provide Naloxone.
4. Work with school districts to provide education on prevention of opioid use/misuse, overdose and deaths, including Naloxone usage in schools.

Evaluation: Number of education and outreach events attended. Increase number of Naloxone kits distributed by 5%. Maintain or increase number of pharmacies following the standing order for Naloxone, and number of schools engaging in opioid prevention efforts, including making Naloxone available.

Objective 2.1.5: Increase Naloxone availability and education throughout the County by 5% through increased community awareness and pharmacy participation of the OPH Standing Order by December 31, 2021.

Activities:

1. Partner with local agencies to distribute 200 Naloxone kits to the community.
2. Deliver education about prevention of opioid use/misuse, Naloxone, and use of the Standing Order to 5 community locations.
3. Attend four (4) largely attended community events to promote opioid awareness and prevention, including Naloxone usage and availability.
4. Work with remaining pharmacies to educate about the importance of following the Standing Order to provide Naloxone.
5. Continue to work with school districts to provide education on prevention of opioid use/misuse, overdose and deaths, including Naloxone usage in schools.
5. Provide Naloxone in their schools.
6. Continue to collaborate with the Office of Drug and Alcohol and overdose prevention workgroups within HHS and elsewhere to provide education around

prevention of opioid use/misuse and fund additional NARCAN[®] kits at OPH clinic sites.

7. Collaborate with the PADOH office of Preparedness to provide a yearly statewide Naloxone distribution at the three Montgomery County clinic sites.

Evaluation: Number of Naloxone kits distributed tracking to what ZIP codes kits are distributed. Number of largely attended community events where educational information delivered. Number of public events attended and participants reached. Number of pharmacies following the Standing Order, and the number of kits distributed monthly. Number of Naloxone kits distributed at OPH clinic sites.

Objective 2.1.6: Conduct safety and/or sanitation inspections/investigations to reduce risk and harm.

Activities:

1. Conduct triennial school safety and sanitation inspections and as often as necessary to maintain satisfactory compliance.
2. 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.
3. Investigate complaints and/or respond to requests for inspections 100% of the time at skilled nursing facilities, personal care facilities, acute care, and child-care facilities.
4. Conduct pre-operational inspections at 100% of the licensed organized camps and at least one operational inspection at all organized camps and campgrounds.
5. Inspect 100% of the mobile home parks registered in Montgomery County.
6. Respond within 5 business days to 100% of the general nuisance complaints received.

Evaluation Methods: Evaluation will be accomplished through monthly and annual measurement of inspections.

3. **Environmental Health**

3.1 **Reduce prevalence of childhood lead poisoning through surveillance, code enforcement, and prevention measures.**

Objective 3.1.1: Provide clinical case management services to 90% of children identified with elevated lead levels in 2021

Activities:

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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 contact the parent/guardian and perform a comprehensive home assessment on all reported lead levels $\geq 10\text{ug/dL}$.
 3. Refer all children with lead levels of $\geq 10\text{ug/dL}$ to Early Intervention.
 4. Collaborate and communicate with Primary Care Providers (PCPs) 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 Montgomery County Office of Children and Youth (OCY) to encourage neglectful parents to comply with OPH's suggestions to reduce lead hazards in the environment.
 8. Hold bi-monthly case management meetings to review clinical and environmental status of all open cases.
 8. Follow up on all PA-NEDSS reported cases and enter new clinical case data into PA-NEDSS.

Evaluation: Monthly, quarterly and yearly assessment and analysis of the number of children identified with elevated lead levels receiving case management.

Objective 3.1.2: 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 properties where a child with a lead level of $\geq 10\text{ug/dL}$ resides, 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. Enter all environmental activity for identified lead properties into PA-NEDSS.

Evaluation: Monthly, quarterly and yearly assessment and analysis of the percentage of environmental cases cleared and closed within 90 days.

Objective 3.1.3: Increase the number of lead poisoning prevention outreach and education activities by 10%.

Activities:

1. Identify eligible high-risk children or pregnant women through educational presentations to community and social service organizations.
2. Provide information about the childhood lead poisoning prevention program (CLPPP) to clients who access services at all OPH clinic sites.
3. Participate in the Lead Task Force in order to collaborate with other agencies to:
 - Provide information and education at collaborative meetings throughout the county to provide the information for the CLPPP to their clients.
 - Plan an outreach or education event during Lead Poisoning Prevention week.
 - Provide information and education to realtors and landlord associations.
 - Institute services to increase lead testing rates in priority areas.

Evaluation: Monthly, quarterly and yearly assessment of number of outreach education Activities and individuals reached, as well as referrals received compared to previous year.

Objective 3.1.4: Increase the number of lead-controlled residential units in the Boroughs of Pottstown and Lansdale.

Activities: Coordinate lead remediation of qualifying housing units through the HUD Lead Paint Hazard Control grant.

Evaluation: Quarterly reports of grant activities submitted to and evaluated by HUD.

3.2 **Improve drinking water quality, and environmental conservation through code enforcement and health protection activities.**

Objective 3.2.1: Ensure 95% of individual water supply program requirements are processed within established Health Code timeframes in 2021.

Activities:

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1. Review individual water supply and geothermal well permit applications and issue/deny an Approval to Drill within seven (7) business days of receipt of a satisfactorily complete application.
 2. Schedule and inspect newly constructed well installations within one (1) business day of request.
 3. Review water analyses results and related information and provide final Approval to Use the drinking water well within seven (7) business days of satisfactory information submission.
 4. Respond to individual water supply complaints within two (2) business days of receipt.

Evaluation: Project equal or higher total permits issued, well installations inspected, and analyses reviewed with recommendations provided based on the average of the last five years' activities. Project less than or equal complaint responses to contaminated water supplies based on the last five-year average.

Objective 3.2.2: Ensure 95% of all groundwater monitoring network wells are evaluated monthly in 2021.

Activities:

1. Measure water table levels of all network wells monthly.
2. Submit groundwater results to the United States Geological Survey (USGS) within one week, and collaboratively interpret and analyze data.
3. Summarize and refer areas of potential drought to County Administration and municipal area of concern for further outreach as needed.

Evaluation: Monitor all 17 network wells monthly with results submitted to USGS immediately thereafter per agreement. Respond to drought events and provide outreach as needed.

Objective 3.2.3: Ensure at least 95% of annual sewage hauling vehicle license applications are reviewed and approved in 2021.

Activities:

1. Ensure all liquid sewage hauling company owners are notified of scheduled mass vehicle inspection dates, options for on-site inspections, and fee requirements at least two months before license expiration.
2. Conduct triennial inspections of all required liquid sewage hauling vehicles and provide license identification decals for approved vehicles.

Evaluation: Compare number of sewage hauler licenses issued and vehicles inspected based on the average of the last five years' activities.

Objective 3.2.4: Promote awareness of current and ongoing effects of climate change and environmental hazards and their impact on public health through a minimum of three (3) activities in 2021.

Activities:

1. Coordinate outreach efforts through print, radio, and/or social media.
2. Maintain partnerships and collaborative efforts with representatives of the Smart Electric Power Alliance (SEPA) Air Quality Partnership, Clean Air Council, or similar organizations.

Evaluation: Project equal or higher total collaborative outreach efforts conducted based on last year's activities.

Objective 3.2.5: Ensure Geographic Information System (GIS) training and support is provided to designated staff to assist with geospatial information visualization to help convey public health needs and/or progress in 2021.

Activities:

1. Ensure select OPH staff are provided access to basic GIS training and support.
2. Ensure select Division staff provide at least three (3) products using GIS capability which enhance program needs or convey program information.

Evaluation: Project equal or higher total number of GIS projects completed, and staff trainings attended based on last year's activities.

4. **Maternal-Child Health**

4.1 **Improve maternal and child health (MCH) outcomes by community engagement, and improving awareness, access and utilization of services.**

Objective 4.1.1: Increase access to evidence-based nurse home visiting services through the Maternal Child Health (MCH) Home Visiting Program.

Activities:

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1. Enroll at least 30 families and provide services in the Maternal Child (MCH) Home Visiting Program in the prenatal or postpartum period in 2021.
 2. Promote MCH program among community agencies.
 3. Provide home visits and telephone contacts dependent upon the needs of the family.
 4. Provide education, counseling and screening/assessments according to MCH home visiting program guidelines.
 5. Connect, as needed, to local resources.
 6. Ensure that all families enrolled in the county's MCH Home Visiting Program have been assessed through the 5 Ps (Assessment for Safe Sleep, Substance Use, Maternal Mental Health, and Interpersonal Violence) and have received education and connection to appropriate referrals. Make referrals to local agencies as needed.

Evaluation: Analysis of the number of women who are enrolled monthly in the MCH program.

Objective 4.1.2: Increase access to county resources for parents and infants.

Activities:

1. Support a countywide outreach plan to promote easy access to evidence-based family support programs through the coordinated referral system.

Evaluation: Family support resources and programs will be shared through outreach to partner agencies and families.

Objective 4.1.3: Increase access to evidence-based home visiting programs through the development of a countywide Central Referral System.

Activities:

1. Collaborative meetings will be run to improve the MECC's Coordinated Referral System for Evidence-based Home Visiting Programs in the Pottstown Area.
2. Regular outreach visits will be used to share information and generate new sources of referrals.

Evaluation: Referrals will be generated to support the participating agencies.

4.2 **Support the development, promotion and implementation of Montgomery County's Plans of Safe Care (PoSC) for infants impacted by substances.**

Objective 4.2.1: The MCH nurse will participate as part of the county multi-disciplinary team to create the county's PoSC guidance.

Activities:

1. MCH staff, through the Maternal and Early Childhood Consortium (MECC), will identify ways to support all home visiting staff as they participate in PoSC work with clients.
2. MCH staff will actively participate in the Montgomery County PoSC work group convened by OCY.
3. MCH will enroll families impacted by substance use into the Maternal and Child Health Home Visiting Program to maintain approximately 20% of caseload.

Evaluation: Montgomery County's protocol for PoSC will be clarified and future role of MCH nurse in individual PoSC will be further developed in collaboration with OCY and others at the table.

4.3 **Better understand and address the causes of poor birth outcomes in the Borough of Norristown and the disparities among races in infant mortality rate.**

Objective 4.3.1: A backbone community agency will be identified to support the further development of the Perinatal Periods of Risk Montco Mamas Committee and will begin work to implement the strategic plan to address disparities in infant mortality.

Activities:

1. PPOR stakeholder group will meet at least four times to drive the analysis and implementation of the PPOR community work under the umbrella of the Montgomery County Maternal and Early Childhood Consortium.
2. PPOR stakeholder group will identify opportunities to engage community stakeholders and community voices in this work.

Evaluation: PPOR work group will begin implementation of the strategic plan priorities.

4.4 **Ensure social determinant-related vulnerabilities are addressed within OPH program areas.**

Objective 4.4.1: Provide leadership to the Maternal and Early Childhood Consortium (MECC) and attend at least quarterly (4) collaborative partnership meetings in 2020.

Activities:

1. Provide one 0.5 full-time equivalent (FTE) Community Development Coordinator to support MECC in efforts to coordinate Home Visiting intake and referral services.
2. Provide one 0.5 FTE Community Development Coordinator to support MECC Steering Committee through facilitation and membership services.
3. Identify services and resources needed most in Montgomery County to improve birth outcomes, maternal health, and family stability.
4. Promote awareness of and engage families with maternal and early childhood family support programs through collaborative community partnerships.
5. Promote evidence-informed innovative strategies that aim to improve family stability and well-being by reducing child maltreatment, reducing risk factors and increasing protective factors, and promoting early and holistic provider engagement with families and communities.
6. Coordinate and collaborate with community partners, including county human service agencies, private, non-profit agencies providing home visiting services, and private, non-profit agencies providing social services to families, pregnant women, and children up to age three.

Evaluation: MECC Steering Committee and Membership groups as well as subcommittees will bring stakeholders together to address prioritized county issues such as Childhood Lead Poisoning and Disparities in Infant Mortality.

5. **Emergency Management**

5.1 **Strengthen community resilience activities.**

Objective 5.1.1: By December 31, 2021, collaborate with stakeholders to continue to expand both the healthcare support zones and the Closed Point of Dispensing (POD) program.

Activities:

1. Attend both Acute Care Zone meetings and Long-Term Care Zone meetings and serve as the public health point of contact for both groups.

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2. Expand the Closed POD program to include additional partners such as County Offices, Child Care Centers, Major Industry, Religious Organizations, and Behavioral Health Providers.
 3. Ensure that all participating members of both the Acute Care Zone and Long-Term Care Zone are signed on to the County's Closed POD program. Subsequently, ensure that all registered Closed PODs are members of their respective zones.

Evaluation: Record of meetings. Zone Membership Rosters. POD Registration Forms and Mutual Operating Understanding (MOU).

Objective 5.1.2: By December 31, 2021, increase the participation of stakeholders in OPH preparedness programs and processes.

Activities:

1. Increase the number and variety of stakeholders that are alerted for public health events such disease outbreaks. Ideal stakeholders include but are not limited to first responder groups, hospitals, long-term care facilities, urgent cares, and private physicians.
2. Increase the number and variety of stakeholders who are included in OPH-sponsored and offered training events as well as OPH drills and exercises.

Evaluation: Number of alerts sent by quarter. Number of stakeholders alerted by quarter. Number of trainings offered to stakeholders by quarter. Number of drills and exercises offered to stakeholders by quarter.

5.2 **Strengthen incident management activities.**

Objective 5.2.1: By December 31, 2021, continue to enhance the public health incident response structure and accompanying process and procedure for activating the command team.

Activities:

1. Preparedness program will continue to refine the public health incident response Command Team that will be charged with responding to and managing events of public health significance.

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2. Command Team structure will be published within program plans, policies, and procedures and will also be published within the DOC in a format in which the persons filling each position can be designated at time of event.
 3. Position-specific binders will continue to be enhanced to assist with incident response and management. The binders will include documents such as Job Action Sheets, Activation Checklists, Important Contacts, and materials.
 4. Develop training plan for the members of the Command Team and ensure that all agreed upon training requirements are met.

Evaluation: Development, publication, and implementation of the documentation needed for the Incident Command Structure. Publishing and posting of Command Team.

5.3 **Strengthen information management activities.**

Objective 5.3.1: By December 31, 2021, improve knowledge sharing and situational awareness between OPH and its partners.

Activities:

1. Continue to enter all public health events of significance into the currently used reporting system or incident management software of record. These events will include, but are not limited to, influenza and norovirus outbreaks in residential settings, emerging disease and novel virus outbreaks, major weather events, and major county events in which public health has a role.
2. Continue to exercise the mass notification system quarterly. Develop a process and procedure for mass alerting and other forms of emergency communication.
3. Collaborate with the HHS Office of Community Information and Education (CIE) to continue to revise and improve both the preparedness and Medical Reserve Corps (MRC) webpages.

Evaluation: Number of incidents entered into KC-HIMS. Number of outbreak related notifications made to EMS, practitioners and other stakeholders. Number of individuals who respond to quarterly notification tests. Development of email distribution lists. Improvement of website content.

Objective 5.3.2: By December 31, 2021, improve communication capabilities with the public, partners, volunteers, and other stakeholders.

Activities

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1. Develop a PIO resource guide for public health events that includes pre-developed message templates for a variety of events that OPH responds to, fact sheets and other supporting documentation for these events, and a training guideline for individuals that serve as the Public Information Officer for OPH.
 2. Develop a social media tool kit and pre-developed messages library for the variety of events that OPH responds to.
 3. Utilize existing technology within the Southeastern PA region to develop an information sharing platform for MRC volunteers.

5.4 **Strengthen surge management activities.**

Objective 5.4.1: In coordination with the Department of Public Safety, the American Red Cross, and other partners, determine the role of the OPH in mass care and sheltering events, especially as it relates to MRC volunteers, by December 31, 2021.

Activities:

1. Meet with the American Red Cross to discuss how to improve joint responses and develop training and exercise opportunities to increase volunteer collaboration.
2. Increase training opportunities for MRC volunteers to better understand their role in a mass care and sheltering event.
3. Collaborate with the Department of Public Safety and acute care facilities to examine the feasibility of using Point of Dispensing sites (PODs) as alternate care systems during surge or mass care events.

Evaluation: Joint MRC and Red Cross training and exercise opportunities worked into the OPH Training and Exercise Plan. MRC trainings focused on mass care and sheltering as well as medical surge. Process, plan, and/or procedure for using PODs as an alternate care site during a surge or mass care event.

Objective 5.4.2: By December 31, 2021, restructure and revive the Medical Reserve Corps (MRC) unit within Montgomery County.

Activities:

1. Coordinate with PA-DOH, volunteer management coordinators in partner counties, and other stakeholders to revise and reengage the roster of interested volunteers for MRC.
2. Develop a volunteer training guideline and program and enhance the engagement of MRC volunteers in OPH programs and initiatives.

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3. Create a recruitment and retention program to keep volunteers interested in the MRC and strengthen the number of volunteers that are available to assist with programs, initiatives, and responses.

5.5 **Strengthen countermeasures and mitigation activities.**

Objective 5.5.1: By December 31, 2021, continue to improve the medical countermeasures and responder health and safety programs through training, exercises, and outreach initiatives.

Activities:

1. Using the lessons learned from the 2019 MSA Full Scale Exercise, conduct a full-scale POD exercise focusing on the distribution and dispensing functions of the MCM program.

Evaluation: Executed full-scale exercise with Homeland Security Exercise and Evaluation Program (HSEEP)-compliant After Action Report and Improvement Planning (AAR/IP).

5.6 **Strengthen biosurveillance activities.**

Objective 5.6.1: By December 31, 2021, improve established biosurveillance activities and associated reporting.

Activities:

1. Continue to input norovirus and influenza outbreaks in Long Term Care Facilities into the reporting system or incident management system of record.
2. Continue to collaborate with biosurveillance partners such as BioWatch and PA Bureau of Epidemiology to maintain situational awareness surrounding seasonal outbreaks and emerging diseases and threats.
3. Continue to collaborate with partners such as PA Bureau of Labs to maintain situational awareness surrounding processes and procedures especially surrounding emerging and novel disease agent and communicate that to applicable partners.

Evaluation: Number of influenza and norovirus cases entered into Knowledge Center Meeting Minutes.

Performance Reviews 2020 (Section 2)

1. Infectious and Communicable Diseases

1.1 Reduce incidence of foodborne illnesses through surveillance, code-enforcement, and prevention and control measures.

Objective 1.1.1: Ensure 100% of reported foodborne illnesses and foodborne outbreaks in 2019 are investigated and disease control and prevention activities are initiated to reduce ongoing disease transmission.

Achieved: Through the utilization of Pennsylvania National Electronic Disease Surveillance System (PA-NEDSS), Montgomery County has investigated 138 confirmed, 72 probable.

- 4 Confirmed of Amebiasis
- 42 Confirmed, 50 Probable case of Campylobacteriosis
- 3 Confirmed cases of Vibriosis
- 9 Confirmed, 9 Probable cases of E. Coli/Shiga toxin
- 1 Confirmed case of Listeriosis
- 73 Confirmed, 8 Probable case of Salmonellosis
- 2 Confirmed, 1 Probable case of Shigellosis
- 4 Confirmed, 4 Probable cases of Yersiniosis

Objective 1.1.2: Inspect 100% of licensed food establishments at least once in a calendar year.

Achieved: Conducted 5,850 food facility inspections. Of those food facility inspections, 26 food related illness complaints were investigated, and 400 complaints related to COVID-19 mitigation protocols, cleanliness, food protection, vectors. Because of COVID-19 there were no temporary food vendors inspected at events lasting more than 3 days and no mass gatherings.

Objective 1.1.3: Review 90% of project plans for new construction or renovated food service facilities within 20 days and 100% within 30 days.

Achieved: Performed 247 opening inspections at new and/or renovated food service facilities and 62 pre-opening inspections.

Objective 1.1.4: Determine the prevalence of poor handwashing practices during routine, follow-up, and complaint-related inspections by reviewing at least one inspection report at 100% of the licensed food facilities.

Achieved: Inspections revealed the category “Preventing Contamination by Hands” was noted 1,493 times which is approximately 7% of the total violations.

1.2 Reduce incidence of waterborne illnesses through surveillance, code enforcement, and prevention and control measures.

Objective 1.2.1: Ensure 100% of reported water-borne illnesses and waterborne outbreaks in 2020 are investigated and disease control and prevention activities are initiated to reduce ongoing disease transmission.

Achieved: Through the utilization of PA-NEDSS, Montgomery County has investigated 43 confirmed and 3 probable case of waterborne illness. No cases were associated with local, state or nation-wide waterborne disease outbreaks.

- 3 Confirmed, 3 Probable cases of Cryptosporidiosis
- 20 Confirmed cases
- 20 Confirmed cases of Giardiasis

Objective 1.2.2: Inspect 100% of registered public bathing places at least once in a calendar year.

Achieved: Conducted 351 inspections and responded to two complaints at 279 registered pool facilities. Because of COVID-19 not all public bathing place facilities opened in 2020.

Objective 1.2.3: Ensure 95% of on-lot sewage disposal program requirements are processed within established Health Code timeframes.

Achieved: In 2020 WQM staff conducted 466 site evaluations, issued 210 on-lot sewage disposal system permits, conducted 791 sewage system inspections, reviewed 24 sewage planning modules, and conducted 72 malfunctioning sewage system complaint investigations. These were all conducted within established regulatory timeframes. All the 2020 above activities were below the five-year averages.

Objective 1.2.4: Respond to 95% of Legionella or other waterborne disease outbreaks within one (1) working day.

Achieved: In 2020 WQM staff continued monitoring oversight of two (2) health care facilities and investigated one (1) hotel regarding nosocomial cases of Legionellosis. As

part of those investigations OPH provided recommendations for surveillance and testing, environmental assessment and water remediation.

1.3 Reduce incidence of vector-borne illnesses through surveillance, code enforcement, and prevention and control measures.

Objective 1.3.1: Ensure 100% of reported vector-borne infections and clusters in 2019 are investigated and disease control and prevention activities are initiated to reduce ongoing disease transmission.

Achieved: Through the utilization of PA-NEDSS, Montgomery County has investigated 288 confirmed, 63 probable and 250 suspect cases of vector-borne illness.

- 287 Confirmed, 62 Probable, 243 Suspect case of Lyme Disease
- 1 Confirmed, 1 Probable case of West Nile
- 7 Suspect cases of Rocky Mountain Spotted Fever

Objective 1.3.2: Respond to all mosquito-borne disease complaints, inspect 100% of the known public mosquito breeding sites, implement control measures and treat property as necessary.

Achieved: Conducted 408 larval mosquito treatments and responded to 37 mosquito borne disease complaints, resulting in 61 investigations.

Objective 1.3.3: Respond to 100% vector-borne disease complaints within five business days.

Achieved: Received 55 disease vector complaints resulting in 85 investigations conducted within five business days of when the complaint was received.

Objective 1.3.4: Inspect 100% of municipal-operated Waste Water Treatment Plants (WWTP) at least 3 times within the mosquito season.

Achieved: Conducted 124 inspections and treated 84 sites at the 34 municipally operated WWTPs.

Objective 1.3.5: Conduct an adult mosquito surveillance and control program.

Achieved: Dipped 535 possible mosquito breeding habitats, larvicided 408 habitats, set 825 adult mosquito traps, and conducted 1 adult mosquito control event.

1.4 Reduce vaccine-preventable diseases and the complications associated through vaccine, investigation and control measures.

Objective 1.4.1: Ensure 100% of reported vaccine-preventable diseases are investigated and disease education, as well as prevention and control activities, are initiated to reduce ongoing disease transmission.

Achieved: Through the utilization of PA-NEDSS, Montgomery County has investigated 30 confirmed cases vaccine preventable disease. OPH observed a significant decrease of vaccine preventable diseases due to mitigation steps put in place related to the 2019 SARS-CoV-2 Pandemic.

- 67 Confirmed, 6 Probable Case of Pertussis
- 2 Confirmed, 6 Probable cases of Varicella
- 1 Confirmed case of Mumps

Objective 1.4.2: Improve immunization coverage level for children receiving four (4) doses of a diphtheria- tetanus-pertussis vaccine, three (3) doses of polio, one (1) dose of measles-mumps-rubella vaccine, three (3) doses of *Haemophilus influenzae* type b meningitis, three (3) doses of hepatitis B, one (1) dose of varicella and four (4) doses of pneumococcal (4:3:1:3:3:1:4) in 2020.

Partially Achieved:

- Provided three (3) immunization clinics every week during times and places easily accessible to working parents and children from minority, culturally-significant and disparate areas until the clinics were paused due to the COVID-19 pandemic.

Objective 1.4.3: Improve immunization coverage levels for all adolescent vaccinations focusing on the human papilloma virus (HPV) vaccine in 2020.

- *Partially Achieved:* Provided three (3) immunization clinics every week during times and places easily accessible to working parents and children and adolescents from minority, culturally significant, and disparate areas until the clinics were paused due to the COVID-19 pandemic. During immunization visits, adolescents needing the HPV vaccine were routinely provided this vaccination. Refusals for the HPV vaccine were extremely rare.

Objective 1.4.4: Improve immunization coverage levels for all adult vaccinations focusing on influenza vaccine in the uninsured, underinsured, and disparate populations in 2020.

Achieved: OPH held seven (7) Community Influenza Drive Thru Vaccination Clinics at 5 locations throughout the county and vaccinated a total of 1,489 individuals. 531

individuals were vaccinated at walk-up sites which were held at the COVID testing sites, and 34 individuals were vaccinated as walk-ins at the Public Health clinics. OPH also vaccinated 270 County employees at various locations. OPH also held 8 outreach clinics targeting minority, culturally diverse, and disparate populations. 382 influenza vaccines were administered at these outreach clinics. OPH also distributed 1,268 vaccines via partnerships in the community. Additionally, OPH administered nine (13) homebound influenza vaccinations to Montgomery County residents unable to leave their home.

1.5 Reduce incidence and prevalence of HIV, TB and STD through surveillance, and prevention and control measures.

Objective 1.5.1: Ensure 90% of HIV reports received in 2020 are investigated according to local and state guidelines and that appropriate referrals and services are initiated.

Partially Achieved: Montgomery County has not received data from PADOH Prevention Program.

Objective 1.5.2: Interview at least 85% of eligible clients for partner services within 30 days in 2020.

Partially Achieved: Montgomery County has not received data from PADOH Prevention Program.

Objective 1.5.3: Ensure 90% of reportable STDs received in 2020 are investigated according to local and state guidelines and that appropriate referrals and services are initiated.

Achieved: Montgomery County investigated 1893 confirmed cases of chlamydia, 594 cases of gonorrhea and 141 cases of syphilis.

Objective 1.5.4: Provide HIV counseling, testing, and partner notification to 90% of clients at OPH's Communicable Disease Clinics (CDC) clinics in 2020.

**Outcomes based on available data prior to Montgomery County Communicable Disease clinic closure beginning March 16, 2020, to support SARS-CoV-2 Pandemic.*

Achieved: 100% of clients seen in CDC's are offered HIV testing and counseling services, although not all receive testing due to known HIV + status, recent HIV testing or recent exposure.

-
- One (1) HIV+ client, partner notification was attempted 100% of the time, although the success rate for contacting partners and confirming testing was deficient due to:
 - Clients did not know any identifying information about partners (social media apps, Internet).
 - Clients preferred to notify partners themselves.

Objective 1.5.5: Provide post-test counseling to a minimum of 80% of sero-negative clients and a minimum of 95% of sero-positive clients in 2020.

Achieved: 100 % of sero-positive clients were provided post-test counseling and referral, and Post-test Counseling Return rate: 85%

- Norristown Health Center: 81%
 - Pottstown Health Center: 72%
 - Willow Grove Health Center: 122%
- * HIV pre-tests done on TB B1's at PHC receive post-test during Willow Grove Clinic visit

Objective 1.5.6: Provide referral and linkage to HIV care, treatment, and intervention services to 85% of persons who test HIV positive at OPH CDC's clinics in 2020.

Achieved: 100 % of newly identified HIV+ clinic clients, 1 was provided information for linkage to care, treatment and intervention services.

Objective 1.5.7: Provide STD testing, treatment and partner notification to 90% of clients at CDC's clinics in 2020.

Achieved: 100% of clients seen in the CDC's clinic were offered testing for chlamydia, gonorrhea and syphilis. Partner notification was attempted 100%, but the success rate for contacting partners and confirming testing/treatment was deficient due to:

- Clients refuse to name partners.
- Clients did not know any identifying information about partners (social media apps, internet).
- Clients preferred to notify partners themselves.
- Partners tested and treated outside of Montgomery County.
- Known + receiving treatment only.
- HIV testing only.

Objective 1.5.8: For patients with newly diagnosed TB, for whom 12 months or less of treatment is indicated, increase the proportion of patients who complete treatment within 12 months to 95% in 2020.

Achieved: MCOPH had 8 active TB cases in 2020. All 8 cases should complete therapy within 12 months (100%).

1.6 Reduce incidence and prevalence of acute and chronic hepatitis through surveillance, prevention, and control measures.

Objective 1.6.1: Ensure 100% of reported hepatitis A and B cases are investigated within 72 hours and implement control measures on cases as appropriate.

Achieved: Through the utilization of PA-NEDSS, Montgomery County has investigated

- 50 Confirmed and 114 Probable case of Hepatitis B
- 9 Confirmed cases of Hepatitis A

Objective 1.6.2: Offer preventative vaccine series (Hepatitis A and B, and Gardasil) vaccines to 90% of eligible clients, during CDC's clinics in 2020.

**Outcomes based on available data prior to Montgomery County Communicable Disease clinic closure beginning March 16, 2020, to support SARS-CoV-2 Pandemic.*

Achieved: Preventative vaccines were offered to 100% of eligible CDC's clients in 2020.

Hepatitis A = 23

Hepatitis B = 9

Gardasil = 7

1.7 Ensure zero cases of human rabies through surveillance, code enforcement, and prevention and control measures.

Objective 1.7.1: Ensure 100% of reported human rabies exposures are investigated and disease prevention activities are initiated immediately.

Partially Achieved: Montgomery County modified investigation due 2020 to support SARS-CoV-2 Pandemic.

2. Chronic Disease and Injury Prevention

2.2 Provide public health education to reduce the burden of disease and injury in all ages around Montgomery County while improving quality of life.

Objective 2.2.1: Reduce traffic-related injuries, deaths, accidents by conducting education outreach by December 31, 2020

Evaluation:

Number of continuing education hours completed

Completed: All Child Passenger Safety technicians are required to complete at least 6 CEUs every two years. Between five technicians, 14 hours were earned.

Number of technicians maintaining certification:

Completed: Five technicians maintained their certification.

Number of educational presentations delivered and number of participants reached:

Partially completed: Three presentations were held; two in person and one virtually. Presentations were on hold due to COVID restrictions for most of the year. MCOPH has since developed virtual programming. In all, 17 people were educated.

Number of booster seats distributed:

Partially completed:

Two booster seat distributions were held, providing 39 seats to families. These events were also restricted due to COVID-19 precautions for most of the year.

Number of car seats checked:

Completed: Seven inspection sites were held, checking 52 seats in 2020. The remainder of checks (26 appointments) were held virtually, inspecting 28 additional seats, for a total of 80 this year.

Evaluation:

Comparison of data collected during seat belt pre and post observations:

Incomplete: Due to COVID-19, seatbelt observation data was not collected at the end of the 2019-2020 school year or at the beginning of the 2020-21 school year as students were learning virtually.

Number of *Impact Teen Driver* presentations delivered:

Completed: In quarter 1, 18 presentations were delivered in-person. In quarter 4, MCOPH switched to a virtual module. This version of the program is a link that each student individually views.

Number of students educated:

Completed: In 2020, 463 students received in person education across three high schools and one driver's education location in the first quarter. An additional 64 students received education virtually through two high schools in the fourth quarter, creating a total of 527 students educated on safe driving practices.

Number of parent forums:

Incomplete: Any planned parents forums were cancelled due to COVID-19 precautions.

Objective 2.2.2: Deliver health education and promotion sessions to 2,000 participants to increase safe walking and biking by December 31, 2020.

Evaluation:

Number of students educated:

Completed: MCOPH was able to hold 28 bike safety classes, reaching 664 students.

Number of bicycle helmets distributed:

Incomplete: Four bike helmet distributions were cancelled due to COVID-19 in the spring of 2020 and no other distributions were held.

Number of students walking/biking to or from school:

Incomplete: Due to the change in school instruction to virtual model, MCOPH was unable to measure any difference in the number of students walking to or from school.

Surveys of Trail Challenge participants to increase walking/biking by 5%:

Completed: MCOPH had 114 participants complete an end of the program survey; of those people 89.29% walked more, 33.33% biked more, and 14.95% ran more.

Participant evaluations of the Junior Inspector program to measure 15% change in attitude toward increase in exercise, improve nutrition, and reduction in recreational screen time:

Incomplete: The Junior Inspector Program was closed for the majority of the year due to COVID-19. The new, contactless program began the end of 2020 and is not using participant evaluations at this time.

Objective 2.2.3: Deliver A Matter of Balance Class: Managing Concerns About Falls to reduce the fear of falling in the County's older population by December 31, 2020.

Evaluation:

Number of class participants:

Incomplete: MCOPH was able to educate 18 people in 2020. Classes had to be cancelled or postponed due to COVID-19.

Number of classes and trainings held.

Incomplete: No coach trainings were held due to COVID-19 restrictions, however one update class for existing coaches took place virtually.

Number of coaches trained:

Incomplete: No coaches were trained this year due to COVID-19 restrictions.

Number of coaches attending update classes:

Completed: Twelve coaches attended a virtual update class.

Number of surveys completed:

Incomplete: Each Matter of Balance that completed the program did submit a survey, however only 18 people were reached as opposed to 40 due to COVID-19 restrictions.

Objective 2.2.4: Implement the Coordinated Approach to Child Health (CATCH) program aimed at a designated middle school by December 31, 2020.

Evaluation:

Number of staff trained:

Incomplete: No staff were trained; the training had to be postponed due to COVID-19.

Number of students reached:

Incomplete: MCOPH has submitted content for newsletters that reach students and families on a bi-weekly basis; however, no direct student contact or education occurred in 2020 due to virtual education and COVID-19 precautions.

Number of meetings held:

Completed: The CATCH team has held monthly meetings.

Number of tasks implemented per theme:

Incomplete: MCOPH had implemented a soft-rollout of the CATCH program, not using the formal six-week grouping of themes due to the inability to fully utilize them in a virtual setting.

Objective 2.2.5: Increase access to healthier foods in a low income setting by December 31, 2020.

Evaluation:

Number of students educated about the share table:

Incomplete: Due to COVID-19 and virtual school settings, the Share Table did not begin as planned. Education about food waste and strategies to prevent it have been provided via newsletter and social media posts to the Pottstown community, however an exact count of students reached cannot be obtained.

Number of trainings for kitchen staff, students, administrators, and teachers:

Incomplete: Materials were created for trainings but since the school district did not return in-person, the trainings were delayed until the Share Table program can actually proceed.

Number of participants who attend OIC garden/nutrition programs:

Completed: Seventy-six participants attended garden and nutrition programs.

Number of programs delivered at OIC:

Completed: Nine programs were delivered between July and October of 2020.

Weight of produce distributed at health center:

Completed: A total of 94.2 pounds of produce was distributed through the health center.

Objective 2.2.6: Decrease the incidence of type 2 diabetes in Montgomery County by December 31, 2020.

Evaluation:

Number of materials distributed:

Incomplete: No physical materials were distributed due to COVID-19 restrictions.

Number of people who completed the class:

Incomplete: No classes were held in 2020 due to COVID-19.

Number of people who met their 5%-7% weight loss goal:

Incomplete: Since no classes were held, no participants met any goals.

Number of social media posts:

Completed: Twenty-three social media posts were shared in 2020, reaching over 11,000 people on Facebook alone.

Objective 2.2.7: Implement 123 A Healthy Me program at the Montgomery County Intermediate (MCIU) by December 31, 2020.

Evaluation:

Number of staff trained and number of staff trainings held:

Incomplete: No staff were directly trained this year. For the start of the 2020 school year, the classrooms were virtual. MCOPH adapted the 123 a Healthy Me lessons to pre-recorded videos that could be shared with the whole school and even other early learning facilities. Due to this change out of COVID-19 concerns, no trainings were held.

Number of students educated:

Completed: In the 2019-2020 school year, five classrooms received the program, reaching 125 students per month. In the 2020-21 school year, video views have ranged from 40-141 each month.

Number of programs delivered:

Partially completed: The students receiving 123 a Healthy Me in person in the 2019-2020 school year missed the remaining two lessons due to COVID-19. The students in the 2020-21 school year only had three lessons in 2020, with the remainder taking place in 2021.

Objective 2.2.8: Improve heart health and quality of life through prevention, awareness, and education in Montgomery County by December 31, 2020.

Evaluation:

Track number of materials distributed at community events:

Completed: Thirty-eight educational handouts were distributed at three events or displays to promote heart health.

Number of people participating in National Wear Red Day

Completed: 26 people participated in National Wear Red Day.

Number of employees/residents who participated in the blood pressure screening:

Incomplete: Due to COVID-19, blood pressure screenings were unable to be held.

Number of employees/residents who got recert/certified in CPR/AED.

Incomplete: Due to COVID-19, CPR/AED trainings were not held.

Objective 2.2.9: Collaborate with the Montgomery County Office of Mental Health to get trained on and implement suicide prevention programs in Montgomery County by December 31, 2020.

Evaluation:

Number of staff trained

Completed: Two staff were trained as Gatekeepers in the fall of 2020.

Number of staff appointed to the task force:

Completed: Two staff were appointed to the Montgomery County Suicide Prevention Task Force.

Number of trainings scheduled:

Completed: Two trainings were held in 2020.

Number of people reached:

Completed: Thirty-nine people received QPR training.

Number of events attended:

Incomplete: No events were attended due to COVID-19.

Objective 2.2.11: Conduct community education activities around prevention of opioid related use/misuse, overdose, and death by December 31, 2020.

NOT Achieved: 100% decrease in Presentation/Distribution Events: 2019 (51). 2020 (0). Training, education and NNS kits provided to Drug Court TOP program participants in 2020 (0)

**Outcomes due to the closure of Montgomery County Offices beginning March 16, 2020, to support SARS-CoV-2 Pandemic.*

Objective 2.2.12: Increase Naloxone availability and education throughout the County by 5% through increased community awareness and pharmacy participation of the OPH Standing Order by December 31, 2020

Not Achieved: 70% decrease in Pharmacy distribution: 2019 (262), 2020 (78)
74% decrease in OPH's CHPSN clinic distribution: 2019 (34) 2020 (9).

**Outcomes due to the closure of Montgomery County Offices beginning March 16, 2020, to support SARS-CoV-2 Pandemic.*

Objective 2.2.13: Conduct safety and/or sanitation inspections/investigations to reduce risk and harm.

Achieved: Conducted 53 school safety and sanitation inspections, 20 mobile home park inspections, nine organized campground inspections conducted (many campgrounds did not open because of COVID-19 restrictions), and zero child-care facility inspection requests were received in 2020.

3. Environmental Health

3.1 Reduce prevalence of childhood lead poisoning through surveillance, code enforcement, and prevention measures.

Objective 3.1.1: Provide clinical case management services to 90% of children identified with elevated lead levels ≥ 5 ug/dL in 2020.

Not Achieved: Education and clinical case management services were provided to 40% of the 136 children with lead levels of >5 micrograms/dL (86 were lead levels 5-9 ug/dL). Case management guidelines were changed and prioritized for lead levels ≥ 10 ug/dL, due

to the closure of Montgomery County Offices beginning March 16, 2020, and inability to provide in home visiting.

Objective 3.1.2: Ensure 75% of environmental cases will have clearances completed and case closure within 90 days of being identified.

Not Achieved: For 2020, approximately 20% of cases were closed within 90 days due to the closure of Montgomery County Offices beginning March 16, 2020, and inability to provide in home visiting.

Objective 3.1.3: Increase the number of lead poisoning prevention outreach and education activities by 10%.

Achieved: Outreach and Education increased >100% due to the formation and participation with the Lead Task Force, reaching out to Primary Care Physicians (PCPs), Housing Agencies, Code Enforcement, Landlords, Owners, Tenants, and other agencies that work with children.

3.2 Improve drinking water quality, and environmental conservation through code enforcement and health protection activities.

Objective 3.2.1: Ensure 95% of individual water supply program requirements are processed within established Health Code timeframes.

Achieved: In 2020 WQM staff processed 100% of all applications within established timeframes. Staff issued 116 drinking water supply and geothermal well permits, conducted 109 well installation inspections, and responded to 2 water quality complaints within established regulatory time frames. Permit activities were above the five-year average, whereas inspections and complaints were below it.

Objective 3.2.2: Ensure 95% of all groundwater monitoring network wells are evaluated monthly.

Achieved: In 2020 WQM staff conducted 204 total inspections in the county well monitoring network and submitted this monthly data to the U.S. Geological Survey per agreement.

Objective 3.2.3: Ensure at least 95% of annual sewage hauling vehicle license applications are reviewed and approved this year.

Partially Achieved: Staff reviewed and approved 100% of all sewage hauler applications submitted. Staff issued 168 total sewage hauler licenses. No triennial inspections of vehicles transporting liquid sewage in the county were conducted due to the pandemic.

Objective 3.2.4: Promote awareness of current and ongoing effects of climate change and their impact on public health through a minimum of five (5) activities this year.

Not Achieved: In 2020 the Community Environmental Health Coordinator position was given broad duties and oversight with numerous goals to accomplish, but limited climate change work was conducted due to the pandemic.

Objective 3.2.5: Ensure Geographic Information System (GIS) technology and training is provided to all designated staff this year to provide geospatial visualization information which effectively conveys public health needs and/or progress for their respective disciplines.

Achieved: In 2020 designated staff continued to participate in training through ESRI GIS on-line courses and workshops. OPH WQM staff completed at least three (3) GIS projects using the specific GIS-related training.

4. Maternal-Child Health

4.1 Improve maternal and child health (MCH) outcomes by community engagement, and improving awareness, access and utilization of services.

Objective 4.1.1: Increase access to evidence-based nurse home visiting services through the Maternal Child Health (MCH) Home Visiting Program.

Evaluation: Analysis of the number of women who are enrolled monthly in the MCH program.

Achieved: The MCH Home Visiting Program enrolled 30 families in the prenatal or postpartum period in 2020. 80% of participants were screened for depression and interpersonal violence using the 5 P'S Screening Tool. 65% of participants spoke with a home visitor about intimate partner violence (IPV). All infants were screened for developmental delays using the Ages & Stages and Ages & Stages Social/Emotional developmental screening tools. MCH works closely with staff from Early Intervention to ensure that infants and children are immediately connected with EI assessments and services if needed.

Objective 4.1.2: Increase access to county resources for parents and infants.

Evaluation: The Parent and Infant Resource Guide 2020 will be completed and available online in English and Spanish and in print in English. United Way's 2-1-1 resources for Montgomery County will be enhanced.

Achieved: The Parent and Infant Resource Guide (PIRG) was updated by an intern from Arcadia University who met with multiple stakeholders to gather updated information and suggestions for new entries. The guide was finalized in April 2020 in both English and Spanish.

Objective 4.1.3: Increase access to evidence-based home visiting programs through the development of a countywide Central Referral System.

Evaluation: Referrals will be generated to support the participating agencies.

Achieved: Referrals increased to support the participating agencies as a direct result of the outreach and effective networking developed by the Community Development Coordinator.

4.2 Support the development, promotion and implementation of Montgomery County's Plans of Safe Care (POSC) for infants affected by substances.

Objective 4.2.1: The MCH nurse and MCH Supervisor will participate as part of the county multi-disciplinary team to create the county's POSC guidance.

Evaluation: Montgomery County's protocol for POSC will further developed in collaboration with OCY and others.

Partially Achieved: The development of POSC protocols and implementation have been delayed due to the impact of COVID-19. Some POSC work continues.

4.3 Reduce disparities in the causes of poor birth outcomes in the Borough of Norristown and the disparities among races in infant mortality rate.

Objective 4.3.1: Implement the findings of the Perinatal Periods of Risk Research through the work of the MontcoMamas community action committee.

Evaluation: PPOR work group will have started to engage the community in this work. An implementation plan will be prioritized. The implementation plan will include the community voice.

Not achieved: PPOR research and community feedback meetings were completed in February 2020. Ongoing implementation of the action plan were put on hold due to the

COVID-19 pandemic. In December 2020, Maternity Care Coalition was selected as a new backbone agency by the MECC Steering Committee. MCC received funding in December 2020 from HealthSpark foundation to further develop this work.

4.4 Ensure social determinant-related vulnerabilities are addressed within OPH program areas.

Objective 4.4.1: Provide leadership to the Maternal and Early Childhood Consortium (MECC) and attend at least quarterly (4) collaborative partnership meetings in 2020.

Evaluation: MECC Steering Committee and Membership groups as well as subcommittees will bring stakeholders together to address prioritized county issues such as Childhood Lead Poisoning and Disparities in Infant Mortality

Not Achieved: Montgomery County Early Childhood Consortium (MECC)'s Steering Committee met only two times in 2020 due to the pandemic. Community meetings were not held in 2020.

5. Emergency Management

5.1 Strengthen community resilience activities.

Objective 5.1.1: By December 31, 2020, collaborate with stakeholders to expand both the healthcare support zones and the Closed Point of Dispensing (POD) program.

Achieved: The PHEP Coordinator has been at most of the Long-Term Care and Acute Care Zone Meetings within the last year. We have also served as a major advocate of both groups and have completed extensive work in conjunction with the Hospital Association of Pennsylvania (HAP) to expand the number of facilities included in the Long-Term Care Zone Group. Throughout the COVID-19 pandemic, the preparedness program has collaborated with acute care and long-term care facilities to meet PPE needs, answer questions, and provide information. We have also maintained the Closed POD program and continue to investigate ways to expand the program and include additional partners. As part of the after-action review of the COVID-19 pandemic, we will review the POD program to ensure that PODs are being utilized in the most effective manner.

The Closed POD program has expanded from 2 verified facilities at the beginning of 2017 to over 60 registered facilities to date. There has been extensive collaboration work done on the part of the zone chairs, the preparedness program, and other vital partners to ensure that everyone is registered both as a POD and as a member of their respective zone. As the zone is an ever-expanding group, it is expected that the Closed POD

program will continue to expand as well and will require additional customization to meet the needs of the ever-changing specialty types.

Objective 5.1.3: By December 31, 2020 characterize the vulnerable populations within Montgomery County and ensure that identified populations are appropriately served within OPH plans, processes, and procedures.

Partially Achieved: The PHEP program has been included in the SEPA RTF Access and Functional Needs Subcommittee. Plans are being developed to engage this group to ensure that we have identified the appropriate accommodations needed within the POD setting and that those accommodations are being built into POD plans and operations.

The PHEP program will be working with the Access and Functional Needs subcommittee to identify appropriate accommodations for individuals with a variety of access and functional needs and ensure that those needs are planned for and met within a POD or other public health emergency setting.

Objective 5.1.4: By December 31, 2020, increase the participation of stakeholders in OPH preparedness programs and processes.

Achieved: As part of the ongoing COVID-19 pandemic, the preparedness program has had the ability to re-engage established partners as well as develop relationship with new partners that will be vital to the programs ongoing success. Through both the testing and vaccination initiatives, we have found multiple locations within the community that are trusted locations for residents. We have also formed relationships with stakeholders that are trusted and valuable messengers and are able to spread public health messages. Additionally, because of the unique role of the preparedness program within OPH as well as our continued relationship with the Department of Public Safety, we have become a trusted and valuable entity to several first responder and municipal partners.

5.2 Strengthen incident management activities.

Objective 5.2.2: By December 31, 2020 develop a public health incident response structure and accompanying process and procedure for activating the command team.

Achieved: The Emergency Management Team has worked together to institute an incident command structure that is useful to the department. Incident specific matrices have been developed to guide the proper command structure for an event and the individuals that will be asked to fill the command positions.

As part of the COVID-19 pandemic, the preparedness team was activated to serve in the Montgomery County Emergency Operations Center. This team served daily until May when the EOC operation was scaled back. Members of this team also served as the primary point of contact for the Federal Mass Testing site that was established by the federal department of Health and Human Services as well as serving as the leads for the establishment of the county's 6 county run testing sites.

5.3 Strengthen information management activities.

Objective 5.3.1: By December 31, 2020, improve knowledge sharing and situational awareness between OPH and its partners.

Achieved: The MontcoSafer system was tested with both OPH employees and the contacts for the Points of Dispensing program on a quarterly basis or in response to an event as needed. The process and procedure for alerting and emergency communication are being included in the Communications plan which is currently in progress.

5.4 Strengthen surge management activities.

Objective 5.4.2: Collaborate with acute care facilities, long term care facilities, and Hospital Association of Pennsylvania (HAP), to determine if enhanced communication and education should be provided to the public during a variety of events.

Achieved. During the past year OPH has been able to have regular interaction with acute care, long term care, hospice and home care during their respective zone meetings. These meetings allow for the sharing of information between facilities and county partners.

5.5 Strengthen biosurveillance activities.

Objective 5.6.1: Continue to collaborate with biosurveillance partners such as BioWatch and PA Bureau of Epidemiology to maintain situational awareness surrounding seasonal outbreaks and emerging diseases and threats.

Achieved: OPH continues to attend Biowatch Quarterly Meetings as well as interfacing with PADOH's Bureau of Epidemiology through initiatives such as planning for and response to novel disease outbreaks. Throughout the COVID-19 pandemic, there has been ongoing coordination and collaboration with various partners at the Pennsylvania Department of Health and various planning calls are held on a weekly basis.

Objective 5.6.2: Continue to collaborate with partners such as PA Bureau of Labs to maintain situational awareness surrounding processes and procedures especially surrounding emerging and novel disease agent and communicate that to applicable partners.

Achieved. The PA Bureau of Labs continually interfaces with OPH through the county/municipal health department monthly conference calls and joint work on various initiatives.

6. COVID-19 Response

Due to the unforeseen nature of the pandemic, the following activities outcomes were not in our 2020 program plans. They were, however, the primary focus of our activities during the last eight months of the 2020 year.

6.1 Surveillance

Contact Tracing

Montgomery County partnered with four community non-profit organizations to do contact tracing.

Data Collection

Since the beginning of the pandemic, OPH has generated multiple reports for internal and external use. These reports include outbreak tracking, municipal, school district, demographic, age, positivity (14 and 7 and daily rates) and other data for testing, case counts, and more. Most of these reports can be found on our website at www.montcopa.org/COVID-19.

6.2 Community Guidance

Development of Community Guidance and Information

OPH has developed a variety of health guidance for the community, including Halloween Guidance, Thanksgiving Guidance, and others. We created a “Mask-up” Montco campaign and continue to use social media, press conferences and our website as opportunities to share information with our stakeholders.

Community Monitoring and Oversight

At various times throughout the pandemic, OPH has developed guidance for the development of health and safety plans related to indoor and outdoor gatherings, special events, education and more. OPH requires the submission of Covid-19 Health and Safety Plans for groups seeking exceptions to current group size and for special events.

Stakeholder Communication, Support and Meetings

Since May, OPH has provided specialized guidance and at times convened stakeholder groups for information sharing, guidance and ongoing communication to these entities: Unsheltered Population Service Providers, Public Schools, Private Schools, Daycares, Longterm Care Facilities, Montgomery County Correctional Facility, Workplace Guidance, Venues, Sports Teams, and others.

6.3 COVID-19 Testing

Montgomery County provided COVID-19 testing from July 6 through the end of December 2020. While this was primarily PCR testing, we also supported a collaborative effort to do antigen testing in schools, shelters and in the Montgomery County Correctional Facility.

PCR Testing

Mass PCR test sites started in May 2020, with assistance from Federal resources. These test sites continued through June. Montgomery County started six regional test sites July 6, initially with a partnership with Quest Diagnostics and switching to MAKO Laboratory in August. In total, we received 50,740 PCR test results in 2020 with a total of 4,944 positive results between July 6 and December 26. The number tested per regional location were as follows: Pottstown: 6580; Green Lane: 6185; Ardmore: 9,797; Norristown: 9,273; Willow Grove: 9,047; Lansdale: 10,126.

Antigen Testing

Montgomery County received 38,000 antigen tests directly from PA DOH. In addition, the county worked with the Children's Hospital of Pennsylvania to coordinate and support in Montgomery County surveillance testing in the public schools and subsequently in the private schools. The antigen tests received from PA DOH were used in Code Blue shelters, the MCCF, the DPS, and in homeless shelters as well as to support the overall school effort.

6.5 Vaccines

Montgomery County received its first 2000 doses of Moderna vaccine December 23, 2020. Clinics were started December 28, 2020. A pre-registration system was live December 30th.