

Montgomery County Health Department

2009 PROGRAM PLANS

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to the
Pennsylvania Department of Health

2009 PROGRAM PLANS

prepared by

THE
MONTGOMERY COUNTY
HEALTH DEPARTMENT

for

THE PENNSYLVANIA
DEPARTMENT OF HEALTH

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MONTGOMERY COUNTY, PENNSYLVANIA



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PROGRAM PLANS

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Executive Introduction

Montgomery County Health Department continues to work toward achieving the Healthy People 2010 goals of increasing years and quality of healthy life and eliminating health disparities.

Healthy People 2010 highlights 10 major issues for the nation, some of which include physical activity, overweight and obesity, tobacco use, responsible sexual behavior, injury and violence, environmental quality and immunization. HIV/AIDS continues to be an ever-increasing public health issue, along with Hepatitis C. Also, the ever-increasing concerns about air quality, mold and water quality continue to keep us active. For example, a task force has been developed with the surrounding counties and members from the private sector that will address water-borne diseases found in aquatic facilities. This includes, but is not limited to Cryptosporidium, E. coli, Hepatitis A and Giardia.

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

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

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

The ability to collect and analyze data and disseminate information is becoming ever more central to the realization of our agency's purpose. We are continuously working to improve our analytic and communication capacities.

Our focus on bioterrorism and pandemic planning continues. Staff at MCHD are committed to providing the latest and greatest in preparation for any untoward event such as terrorism, bioterrorism, agroterrorism, and natural or man-made disasters.

We continue to monitor Legionella throughout the County, especially in Long-Term Care facilities. The year 2007 was an especially busy year for Cryptosporidium outbreaks, mostly coming from swimming in contaminated swimming pools. To that end, we conducted a seminar for all owners/operators of public bathing places in 2008, titled *Healthy Swimming: Prevention and Guidance for Recreational Water Illnesses*. We will continue to assure our residents that swimming pools are safe and continue inspections.

Several programs and initiatives we are working on with the Department of Public Safety include: the Special Needs Registry, a Reverse 911 system, the Strategic National Stockpile (SNS), Points of Distribution (PODS) and BioWatch. BioWatch monitors air quality for bioterrorism events such as anthrax and smallpox; the monitors are tested daily.

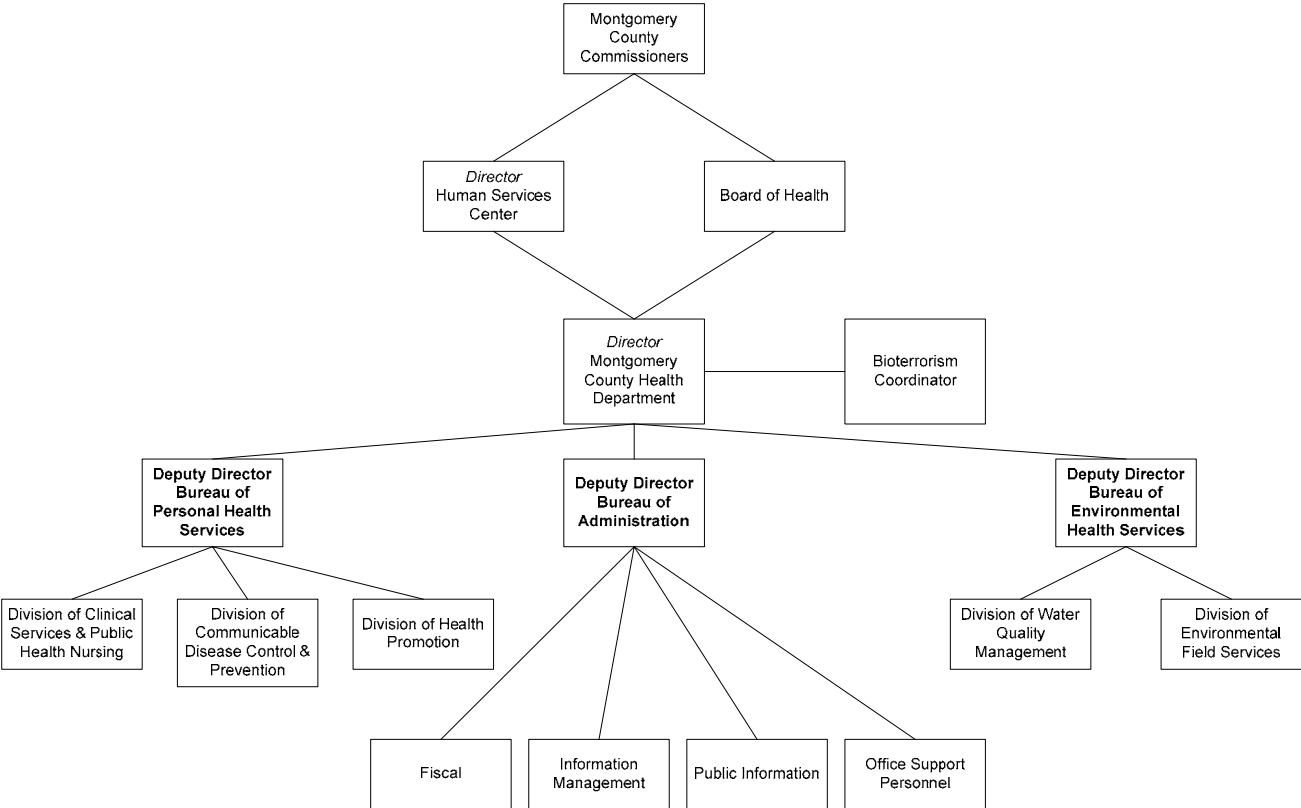
In 1991, when the Health Department was started, six out of 62 municipalities opted out of joining the department. Since my tenure as Health Director/Medical Director began in 2002, we have acquired all of the six non-participating municipalities consisting of Bridgeport, Cheltenham, Jenkintown, Lansdale, Lower Merion and Upper Dublin. The addition of these townships enables Montgomery County to work collaboratively, especially in the event of an emergency or disaster.

Montgomery County Health Department continues to incorporate the use of technology to improve the quality and efficiency of services delivered. Food inspections are completed electronically using mobile computers. Moving forward we will apply new technology to other environmental inspections for additional savings and strive to become paperless. Montgomery County Health Department has expanded its website to include inspection results. This will give the public 24/7 access to services and information online.

The staff at the Montgomery County Health Department are working to maintain and improve the quality of life for all Montgomery County residents in 2009, and will do so to the best of our collective ability.

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

Montgomery County Health Department Organizational Chart



Introduction

Montgomery County is the third most populated County in the Commonwealth of Pennsylvania, larger in population than five states in the United States. Montgomery County is highly urbanized and rich in rural farmland.

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

According to the Census 2007 estimate, Montgomery County is home to 776,172 residents, which is a 3.48% increase from the 2000 census. Montgomery County is the third largest county after two major metropolitan areas, Philadelphia and Pittsburgh.

Demographics of persons living in Montgomery County:

White persons, percent, 2007 (a) 84.8%

Black or African American persons, percent, 2007 (a) 8.6%

American Indian and Alaska Native persons, percent, 2007 (a) 0.2%

Asian persons, percent, 2007 (a) 5.2%

Native Hawaiian and Other Pacific Islander, percent, 2007 (a) 0.04%

Persons reporting two or more races, percent, 2007 1.2%

Persons of Hispanic or Latino origin, percent, 2007 (b) 3.1%

White persons, non-Hispanic/Latino origin of the 2007 total population percent, 82.1%

Persons under age 20, 25.7%

Persons age 65 and older, 14.7%

Median age for total population, 40.6 (39.1 for male, 41.9 for female)

The Montgomery County health status assessment includes quantitative and qualitative data analysis at the county and community level. The assessment considers selected objectives appropriate to Montgomery County residents. Morbidity and mortality measurements assist in directing disease prevention and health promotion programs. Different communities have different health experiences. Public health planning should also include geographic considerations.

The risk of adverse health events is assessed by using rates. The assessment function includes community health diagnosis, surveillance, identifying needs, analyzing the causes of problems, collecting and interpreting data, case-finding, monitoring and forecasting trends, research, and evaluation of outcomes.

Program Plans (section 1)

Bureau of Administration

The administrative bureau supports the operational divisions in the areas of Communication, Information Technology Management, Office Support, Personnel and Fiscal Management for the department.

Administration Programs and Objectives for 2009

Public Information

A key function of the Public Information Officer is to assist the operational divisions in preparing and disseminating public health information. Given the need for a consistent departmental identity, the purpose is to ensure that accurate and appropriate information is disseminated and that all printed materials follow standard guidelines.

Program Goal: To distribute and disperse accurate and appropriate information to internal and external audiences in a timely manner and to have a positive presence within Montgomery County.

Objective 1: Assure that information distributed by the Health Department is appropriate and correct for the intended audience.

Activities:

1. Assist the operational divisions in preparing and disseminating public health information.
2. Disseminate internal communications of public health issues to staff.

Evaluation Methods:

Assess information distributed by MCHD. Send out survey with information to determine if it was helpful to the requester.

Objective 2: Assure that the Montgomery County Health Department is represented in the community and that MCHD is aware of ongoing issues within the community.

Activities:

1. Participate in health partnerships and special initiatives throughout Montgomery County by attending meetings held by various organizations with which the Health Department collaborates.
2. Respond to general public health inquiries and media requests.

Evaluation Methods: Community members access MCHD as a leading source of information on public health issues requesting input and information from MCHD.

Information Technology Management

The Information Technology Management (ITM) section's purpose is to provide support to the staff in computer use and Management Information Systems (MIS). The section continues to provide assistance in using, procuring, maintaining and developing computer information systems that increase the productivity, efficiency and accuracy of public health data. The ITM section is responsible for the department's web presence/e-gov and coordinates activities with the County's Information and Technology Solutions department (ITS).

Program Goals: Responsible for the department's computing environment. Develop and maintain MIS applications. Improve service through MCHD website. Contribute toward the development of a County enterprise GIS.

Objective 1: Upgrade all computers to a higher standard and maintain hardware and software.

Activities:

1. Technical support – “Help Desk” triage and solve any hardware/software problems; passing on to ITS, if necessary.
2. Ensure software licenses and versions are up to date.
3. Purchase new computers provided by grant funding.

Evaluation Methods: All department computers are no greater than 3 years old and performing to the same specifications. Hardware/software related problems decrease.

Objective 2: Increase users' computer knowledge.

Activities:

1. Orientation training for all new employees.
2. Retrain/review computer use with staff as needed.
3. Continue to involve the users in the solutions to their “Help Desk” questions.

Evaluation Methods: All staff trained in computer usage therefore decreasing the number of help desk calls.

Objective 3: Replace older, less effective applications with newer, more effective applications.

Activities:

1. Update all developed applications to current versions (Access 2003 & SQL2005) and review for modifications.
2. Develop in-house applications to replace paper processes.
3. Migration planning and guide user's transition to State applications where necessary.

Evaluation Methods: All applications above will be improved or replaced when applicable. All applications will comply with HIPAA regulations for security and be documented.

Objective 4: Continue to update website (<http://health.montcopa.org>) to provide additional information and access to services.

Activities:

1. Add and update content to keep current.
2. Explore adding on-line renewal and application processing of permits and licenses.

Evaluation Methods: Feedback and evaluation from public and web analysis service. Cost/breakeven analysis for online transactions.

Objective 5: Continue to build upon previous hardware and software purchases by using the GIS for public health.

Activities:

1. Relay department's GIS needs to County coordinator.
2. Assist Epidemiologist, Environmental and Water Quality in GIS projects.

Evaluation Methods: Progress report from County GIS Coordinator on system and data sharing. Obtain feedback from staff on ease of use.

Fiscal

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

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

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

Activities:

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

Evaluation Methods:

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

Program Plans (section 2)

Personal Health Services

The Bureau of Personal Health Services (PHS) is composed of three operating divisions: Clinical Services and Public Health Nursing, Communicable Disease Control and Prevention and Health Promotion. These three divisions provide a wide range of services to promote and protect the public's health. The services provided by the Bureau of Personal Health Services are consistent with the overall goals of the United States Department of Health's Healthy People 2010 and related Healthy Pennsylvania 2000.

Division of Clinical Services and Public Health Nursing

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

Division of Communicable Disease Control and Preventive Services

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

Currently, 73 diseases or conditions are reportable under the Public Health Code (Chapter 3, Article B) of Montgomery County and (PA Code, Title 28, Chapter 27). The Code stipulates that physicians, other health care practitioners, persons in charge of a hospital, laboratory, institution, school nurses and superintendents, or any person having knowledge or suspicion of a reportable disease/condition shall report this knowledge or suspicion promptly to the Montgomery County Health Department (MCHD) by phone, mailing/faxing, and using Pennsylvania's National Electronic Disease Surveillance System (PA-NEDSS).

National Electronic Disease Surveillance System (**NEDSS**) is a national initiative driven by the Centers for Disease Control and Prevention (CDC) to improve the timeliness, completeness, accuracy, and uniformity of surveillance data. The "**NEDSS vision**" includes use of the Internet for

data collection and transmission, collection of data as close to the source as possible, incorporation of electronic laboratory reporting and use of uniform coding schemes and data transmission protocols.

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

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 possible bioterrorism attacks.

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

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

Division of Health Promotion

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

- Healthy Lifestyles – Physical Activity, Nutrition, Osteoporosis and Diabetes
- Skin, Colorectal, Ovarian, Prostate and Breast Cancer Prevention
- Tobacco Control
- Highway Safety
- Unintentional Injury Prevention

These services are provided in an effort to empower individuals, families, groups, organizations and communities to play active roles in achieving, protecting and sustaining their health. With this knowledge, individuals

are armed with the tools to make informed decisions concerning their health, thus limiting the need to access services from the medical community.

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

Personal Health Services Programs and Objectives for 2009

Maternal and Child Health Home Visiting Program

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

- 1) The Nurse Family Partnership Intervention, which is based on the David Olds model, provides a series of prescribed, intense home visits to first time, low income, at risk mothers. These visits begin in the prenatal period and continue until the infant's second birthday.
- 2) The Prenatal Services Program (PSP) provides access to prenatal care services for low income, pregnant women.
- 3) The Act 315 funded MCH Home Visiting program consists of a comprehensive spectrum of services designed to improve birth outcomes, maternal health, and family health. The service is less intense than the NFP program. The program provides referral linkages with community agencies based upon client needs.

Program Goal: Reduce infant mortality and improve the health and life-course of families in Montgomery County by December 2009.

The Nurse Family Partnership Intervention

Objective 1: Improve pregnancy outcomes through case management of 100 at-risk, low income, first time mothers using the David Olds model.

Activities:

1. Enroll 100 pregnant, low-income, first time, at risk mothers into the Nurse-Family Partnership Program, ideally early in the second trimester (14-16 weeks gestation), but no later than 28 weeks gestation.
2. Provide public health nurse (PHN) home visits to pregnant mothers within the following time frame:

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

3. Provide one-on-one case management to help women practice sound health-related behaviors, including obtaining good prenatal care, improving diet, and reducing use of cigarettes, alcohol, and illegal drugs.

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

Objective 2: Improve child health and development by case managing 100 at-risk, first time, low income mothers and infants using the David Olds model.

Activities:

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

Visit Schedule	Frequency
First four weeks after delivery	Weekly
Until child is 21 months old	Every other week
Until child is 2 years old	Monthly

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

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

Objective 3: Improve families' economic self-sufficiency by case managing 100 at-risk, first time, low-income mothers and infants using the David Olds model.

Activities:

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

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

Maternal and Child Health Prenatal Service Program (PSP)

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

Activities:

1. Contract with and provide funding to two Norristown Healthy Beginnings Plus prenatal clinics for prenatal care for 240 uninsured low- income, pregnant women.
2. Ensure that the prenatal services provided to these women includes comprehensive prenatal care and support services under the guidelines currently provided by the Healthy Beginnings Plus Program.
3. Provide a direct referral system from the clinics using PSP to MCHD's Maternal & Child Health Home Visiting Program. Attempt to enroll 90% of prenatal clients referred.

Evaluation Methods: Evaluation will be accomplished through monthly and quarterly measurements of above activities, a demonstrated increase in the number of low-income and uninsurable woman accessing prenatal care early in the prenatal period, as compared to year 2008. Site visits to these clinics shall be conducted twice a year (or until funding has expired). Quarterly reports also include data regarding mother's prenatal care and the infant's delivery outcomes.

Maternal and Child Health Home Visiting Program

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

Activities:

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

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

Evaluation Methods: Evaluation will be accomplished through monthly and quarterly measurement of activities, a demonstrated increase in the number of low-income and uninsurable woman accessing primary care and childcare in the prenatal/postpartum period, as compared to year 2008.

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

Activities:

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

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

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

Activities:

1. Produce and maintain a yearly parent and infant resource guide.
2. Produce and maintain a parent and infant resource web site.
3. Continually improve resource guide and web page by updating information, distributing data and identifying areas of need.
4. Disseminate guide to providers in all areas of the county for distribution to their consumers.
5. Advertise web site to providers through meetings and coalitions.

Evaluation Methods: Evaluation will be accomplished through monthly and quarterly measurement of activities, a demonstration of an increase in public awareness to Health and Human Services resources available to families as compared to year 2008.

Immunization Program

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

- 1) The service delivery portion of the program provides vaccines to children 0 through 18 years of age through MCHD's community clinics, walk-in services and outreach efforts. The program is also responsible for limited adult immunizations.
- 2) The Surveillance of Vaccine-preventable diseases (VPD) in childhood are mandated as reportable under the *PA 28. Chapter 27, Reporting of Communicable and Non-communicable Diseases of Pennsylvania's 1959 Disease Prevention and Control Law, May 2000*. The health department monitors reports of VPD cases, with special attention to break-through cases and to cases of unvaccinated or incompletely vaccinated children.

Program Goal: Reduce the number of vaccine-preventable diseases in Montgomery County through the administration of vaccines by December 2009.

Objective 1: Improve age appropriate immunization rates in Montgomery County to meet the Nation's Healthy People 2010 goal.

Activities:

1. Conduct regularly scheduled immunization clinics at Norristown and Pottstown Health Centers (i.e. free of charge, offering day and evening hours, utilization of standing orders, and, no unnecessary prerequisites).
 - Provide “no barriers” to immunization services at all three MCHD health centers.
 - Conduct satellite immunization clinics in geographically diverse parts of Montgomery County.
 - Utilize an immunization tracking system that includes reminder cards, phone calls and, when necessary, home visits.
 - Identify specific PHNs to oversee the tracking program, including data collection and analysis.
 - Advertise and promote clinics through school mailings and newspaper announcements.
2. Provide information and education to promote childhood immunizations at the community level.
 - Provide information on Tot Trax, a hospital based immunization education and vaccine administration initiative, to all birthing hospitals within Montgomery County.
 - Assist and facilitate community agencies (e.g. Children and Youth, Head Start and schools) to assess immunization status on children they serve.
 - Provide immunization information through MCHD home visiting programs.
 - Conduct quality assurance visits to all Vaccine for Children (VFC) immunization providers throughout Montgomery County.
 - Participate and promote the statewide immunization registry Statewide Immunization Information System (SIIS).
 - Participate in PA Chapter of AAP program, “Educating Physicians in Their Community”, to provide immunization information to private providers.
 - Participate as an active member in the Montgomery County Immunization Coalition.
3. Provide pneumococcal vaccine (PPV) and tetanus, diphtheria and pertussis vaccine (Td or Tdap) to adults in all of MCHD clinics and outreach sites.
 - Screen all eligible persons 65 years of age and older and persons < 65 with a chronic disease for history of pneumococcal vaccination and provide vaccine as needed.

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- Tetanus, diphtheria and pertussis vaccine (Td or Tdap) will be available for any adult ≥ 18 requiring a booster according to the Advisory Committee on Immunization Practices (ACIP) recommendations.
 - Provide educational materials to inform adults of the need for immunizations.
 - Collaborate with community groups to identify and immunize those individuals who are at highest risk.
4. Provide influenza immunizations at strategic geographic sites to high-risk people on an annual basis.
- Schedule community immunization clinic sites and provide influenza vaccine at those scheduled sites.
 - Develop and implement a marketing plan to encourage seniors and those at risk to obtain an annual influenza immunization.
 - Provide influenza vaccine to nursing homes and visiting nurse associations, as needed.
 - Provide homebound influenza vaccine by working with the Department of Aging and Adult Services and the Meals on Wheels Program.

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

Surveillance of Vaccine-Preventable Diseases

Objective 2: Conduct Influenza surveillance.

Activities:

1. Identify influenza cases and viral strains by maintaining a sentinel network of 3 physicians to participate in the influenza seasonal surveillance program.
 - Recruit at least 3 sentinel physicians.
 - Distribute nasal or throat swab kits.
2. Report influenza-like illness.
 - Participate in the national sentinel network by soliciting the participation of at least 3 county-based physicians.
 - Invite physicians to participate in network.
 - Collate published data on influenza-like illness in Montgomery County.

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- Respond to media and public inquiries with accurate, up to date information about influenza activity in different parts of the County.
 - Compose an annual influenza morbidity report and send the report to the Montgomery County Medical Bulletin.
3. Prevent influenza outbreaks.
- Enhance preparedness of staff in long term care residential facilities to handle an influenza outbreak by sending information on influenza prevention activities at the start of the season.
 - Identify long-term care facilities at high-risk for an influenza outbreak.
 - Develop an information packet containing fact sheets on influenza, recommendations for vaccination, and a protocol to be followed in the event of an outbreak.
 - Distribute informational materials to the chief administrator of each targeted facility.
 - Respond to phone calls, provide recommendations, and assist in data collection in the event of an influenza outbreak. Document each reported outbreak and collect information on number of residents ill, clinical data and laboratory data.
 - Assess preventive actions taken by the facilities at the end of the season. Compare with data from the previous season and compose a report.

Evaluation Methods: Evaluation will be accomplished through measurement of activities and tabulation of number of Influenza and Influenza like-illness and comparison with 2008-2009 influenza season.

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

Activities:

1. Investigate reported VPD cases, initiate control activities and provide current information on vaccines.
2. Immediately initiate an investigation of reportable vaccine preventable diseases, regardless of whether they are confirmed or suspected at time of notification. Conduct a physician interview for the purpose of obtaining all pertinent patient and clinical information.
3. Contact the patient or patient's parent or guardian to determine if there are any possible sources of infection. Provide disease

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- education and obtain information about household and other contacts.
4. In an outbreak, conduct a site visit to provide information, evaluate contacts and reduce concerns.
 5. When appropriate, refer contacts to their physician for prophylactic treatment or arrange for treatment by the medical director or public health nurse of the health department.
 6. Continue to encourage families to vaccinate their children according to the recommended childhood immunization schedule. Answer questions about alleged ill effects of approved vaccines.
 7. Compose a report on breakthrough or unvaccinated cases.
 8. Report confirmed cases to the PA Department of Health (PADOH).

Evaluation Methods: Evaluation will be accomplished through monthly and quarterly measurements of activities and tabulations of vaccine preventable diseases and comparisons to year 2008.

Childhood Lead Poisoning Prevention Program

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

Program Goal: Reduce lead poisoning among children in Montgomery County by decreasing or eliminating lead hazards in their environment by December 2009.

Objective 1: Conduct universal lead screening of children six months through 72 months of age, throughout Montgomery County.

Activities:

1. Screen 500 children in Montgomery County for lead poisoning.
2. Maintain walk-in services for lead testing at MCHD's Community Health Centers.
3. Develop a schedule of screening sites to include: day cares, Head Start classrooms, and Pottstown Early Action for Kindergarten Readiness (PEAK) Program classrooms.
4. Provide lead testing to children identified with low hemoglobin at designated WIC sites.

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5. Provide targeted lead testing and education, through collaboration with ACLAMO, to Hispanic children and families in the Pottstown and Norristown areas.
 6. Provide educational materials and/or conduct educational presentations to medical consumers and providers.
 7. Submit quarterly reports to the PADOH.
 8. Enter all case management data into PA-NEDSS.

Evaluation Methods: Evaluation will be accomplished through monthly and quarterly measurements of screenings, as demonstrated by the increase in the number of children between the ages of six months through 72 months that receive lead testing.

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

Activities:

1. Provide education and instructional materials to parents/guardians for reducing lead levels through diet and environmental cleaning, for all children with lead levels ≥ 10 ug/dL.
2. Conduct home visits to all children with lead levels ≥ 15 ug/dL, within the required time frames.
3. Refer all children with lead levels of ≥ 15 ug/dL, to Early Intervention.
4. Provide case management services until the child's lead level is reduced and/or all environmental hazards are eliminated.
5. Develop a plan of care that will identify action steps necessary to close cases in a timely manner.
6. Provide necessary referrals to the Office of Children and Youth to encourage neglectful parents to comply with MCHD's suggestions to reduce lead hazards in the environment.
7. Hold monthly case management meetings to review clinical and environmental status of all open cases.
8. Follow up on all PA-NEDSS reported cases and enter new clinical case data into PA-NEDSS.

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

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

Activities:

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

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

Tuberculosis Control Program

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

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

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

Activities:

1. Investigate Acid Fast Bacillus (AFB) positive clinical specimens reported by PA-NEDSS, Electronic Laboratory Report (ELR), private physicians, laboratories, hospitals, and other free standing medical care facilities. Monitor spoligotype culture clusters in the County. Perform active case finding and epidemiological investigation of contacts of a case or suspected case of tuberculosis.

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- Ninety percent (90%) of sputum AFB-smear positive TB cases will have contacts identified. Ninety five percent (95%) of contacts to sputum AFB-smear positive TB cases shall be evaluated for infection and disease. Of those found to be infected, 85% of infected contacts will complete treatment for latent tuberculosis infection.
 - Ninety percent (90%) of newly diagnosed TB cases will complete therapy within 365 days. One hundred percent (100%) of all smear positive cases shall be interviewed within three days of assignment. Ninety percent (90%) of all other cases shall be interviewed within five days of assignment
 - Assure TB screening is provided to high risk groups by use of targeted tuberculin skin testing policy. Emphasis on targeted testing of individuals at high risk for recent infection or with clinical conditions increasing risk for progression to TB disease.
 - Directly observed therapy (DOT) is pursued as a standard of care.
2. Conduct tuberculosis assessment, diagnosis, treatment and epidemiological services for all clinic patients referred to MCHD's Communicable Disease Clinics.
 - Provide tuberculosis screening, testing, diagnosis, treatment, and education services in each of MCHD's community health centers.
 - Offer evening hours in each health center to assure access for working clients.
 - Provide nurse directed clinics to clients in accordance with MCHD policy.
 - Conduct monthly TB medical review, or on an as needed basis, to monitor quality of care to patients.
 - Document clinic activities monthly, quarterly and annually.
 - Monitor compliance with tuberculosis medication regimen.
 - Place all active and suspect cases on DOT. Offer DOT to all patients under the care of private physicians.
 3. Provide tuberculosis education and training for MCHD clinical staff and community health care providers.
 - Conduct in-service training and provide on-going education for current staff on an annual basis.
 - Educate community health care providers of services available to high-risk groups.

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- Provide current educational material from the CDC and American Thoracic Society to all health care providers, infection control practitioners and clinical services staff on an annual basis.

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

Dental Services Program

Program Goal: Reduce the proportion of children and adolescents who have dental caries or untreated tooth decay in their primary or permanent teeth by December 2009.

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

Activities:

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

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

HIV/AIDS Program

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

notification and referral services are offered in MCHD clinics, at various community sites and at inpatient Drug and Alcohol (D&A) facilities. Partner notification services are also offered to patients of private physicians who test positive for HIV.

Program Goal: To minimize the incidence of HIV/AIDS in Montgomery County and to prevent transmission to others in the community.

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

Activities:

1. Conduct HIV and AIDS surveillance and investigation.
2. Send a letter to physicians and infection control practitioners at hospitals, correctional facilities, and D&A facilities reminding them to send HIV and AIDS case reports to the health department.
3. Provide case report forms and instructions on how to complete them.
4. Enter HIV and AIDS data into the PA-NEDSS Reporting System program to update and maintain HIV and AIDS data.
5. Compose quarterly epidemiological profiles of HIV and AIDS cases in Montgomery County.

Evaluation Method: Evaluation will be accomplished through monthly and quarterly measurement of activities and a demonstrated increase in the number of reporting sources as compared to year 2008.

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

Activities:

1. Offer free HIV counseling and testing services to all Montgomery County residents.
2. Offer partner notification services to all HIV positive clients referred by private providers.
3. Continue to provide anonymous or confidential HIV testing and counseling at three health department clinics, offering one evening clinic per week at each site. Offer HIV counseling and testing at D&A treatment facilities, Montgomery County Correctional Facility and at community sites on request.
4. Provide post-test counseling to 80% of sero-negative clients and a minimum of 95% of sero-positive clients.
5. Contact sero-negative clients who have not returned for HIV test results within 21 days from MCHD receiving results.

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6. Contact sero-positive clients who have not returned for HIV test results within 5 days from MCHD receiving results.
 7. Provide partner notification services to all individuals testing positive for HIV at a Montgomery County Health Department test site. Initiate partner notification within three days of the original patient interview.
 8. Contact private providers to get permission to contact their patients for Partner and Counseling Referral Services (PCRS).
 9. Refer all HIV positive clients to case management services. Have a referral agreement in writing.
 10. Ensure HIV/AIDS certification of health department staff. Organize prevention counseling training for new staff. Invite speakers to address specific issues in HIV/AIDS work.
 11. Use local newspapers, radio, cable TV to inform (in English, Spanish) people in the county about the availability of free HIV testing and counseling.
 12. Have services posted on the Montgomery County web site.
 13. Meet with physicians throughout Montgomery County to encourage them to make HIV testing part of routine care.

Evaluation Method: Evaluation will be accomplished through monthly and quarterly measurements of activities and a demonstrated increase in the number of individuals counseled, tested, and referred as compared to year 2008.

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

Activities:

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

Evaluation Method: Evaluation will be accomplished through monthly and quarterly measurements of activities and comparisons to high-risk individuals who are educated about HIV and prevention methods as compared to year 2008.

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

Activities:

1. Collaborate with agencies to organize an event for World AIDS Day consistent with the proposed theme of the year, focusing on high-risk groups in the County.
2. Arrange with the office of the County Commissioners to issue a proclamation on World AIDS Day and provide the County's Communications Center with information on World AIDS Day to be distributed to media networks.

Evaluation Method: Evaluation will be accomplished through monthly and quarterly measurement of activities and an increase in numbers of individuals who participated in World AIDS day as compared to year 2008.

Sexually Transmitted Disease Program

The Sexually Transmitted Disease (STD) Program has three main areas of focus: 1) disease investigation and surveillance, 2) prevention education, and counseling, 3) diagnosis, treatment and partner notification services. Sexually Transmitted Disease reporting to MCHD by private physicians, laboratories, hospitals, and other free-standing medical care facilities is required by both state law and the Montgomery County Public Health Code (Chapter 3, Section 3-7). The epidemiological investigations of reported STD index cases, along with partner notification and follow up services, is the key to reducing the spread of STDs in Montgomery County. STD prevention education targets teenagers, individuals incarcerated in county correctional facilities, and high-risk individuals contacted during street outreach. The education sessions focus on educating clients about the most common STDs and teaching methods of prevention. STD testing, diagnosis, treatment and partner notification is offered in MCHD's Communicable Disease Clinics.

Program Goal: To decrease the incidence of Sexually Transmitted Diseases in Montgomery County and to reduce transmission to others in the community by December 2009.

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

Activities:

1. Follow up on 100% of all positive chlamydia, gonorrhea, and Syphilis (RPR) tests.
2. Initiate case investigation within 3 days of receipt of case report.
3. Contact physician to ascertain treatment information.
4. Ensure that all reported STD cases receive adequate medical treatment. Clients not treated by their private physician are referred to MCHD clinics.
5. Interview cases by phone and on-site in the community to identify risk factors and sexual partners.
6. Educate index cases and their partners about STD prevention.
7. Enter data collected in PA-NEDSS.
8. Compose quarterly epidemiological reports on STD incidence; including data on diagnosis, age, sex, race, and other associated risk factors.

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

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

Activities:

1. Increase the number of partners solicited from index cases.
 - Attempt to contact all index cases at least 3 times either by phone, letter or field visit.
 - Priority is given to all teenage cases, pregnant females, and clients re-infected within a three-month time frame.
 - Names of partners and various locating information will be obtained.
 - Partner notification will begin within 3 days of obtaining information
 - Contacts located will be referred for testing and treatment.
 - Enter data in PA-NEDSS database and compose a quarterly report on number of cases investigated and number of partners identified and treated.
2. Offer free testing, diagnosis and treatment services to all Montgomery County residents.

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3. Provide counseling, treatment and partner notification services to all STD positive clients tested by Montgomery County Health Department.
 4. Provide counseling, treatment and partner notification services to all STD positive clients referred by private providers.
 5. Continue to provide STD testing, diagnosis and treatment at three health department clinics, offering one evening clinic per week at each site.

Evaluation Method: Evaluation will be accomplished through monthly and quarterly measurement of activities and a demonstrated increase in the number of individuals counseled, tested, and treated as compared to year 2008.

Objective 3: Improve awareness and knowledge of sexually transmitted diseases and preventive methods among high-risk groups in Montgomery County.

Activities:

1. Provide monthly education sessions to inmates at Montgomery County Correctional Facility.
2. Provide educational programs in schools upon request.
3. Prepare educational programs using methods that are culturally sensitive to young people.
4. Include STD information in community outreach packets.

General Disease Reporting

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

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

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

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

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

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

Activities:

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

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

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

Activities:

1. Review and update the Reportable Disease Form for ease of use and distribution to sites such as hospital emergency rooms, infectious disease control nurse stations, physician offices, offices of veterinarians, and Planned Parenthood clinics.
2. Compose quarterly epidemiological profiles and communicate the data to physicians, chiefs of microbiology laboratories in hospitals, representatives of commercial laboratories, other county health departments and health care agencies. Enclose a copy of the Reportable Disease Form.
3. Continue to present data on disease reporting at professional meetings of the Delaware Valley-Philadelphia Chapter of the Association for Professionals in Infection Control and Epidemiology (APIC), the Montgomery County Medical Society, the Association of Infectious Disease Hospital Units, and other professional bodies.
4. Visit a selected number of physician offices and hospital infectious disease departments to discuss disease reporting.
5. Train the Trainer for PA-NEDSS to be available to Health Care Providers using PA-NEDSS.

Evaluation Method: Evaluation will be accomplished through monthly assessment of activities and demonstration of a 10% improvement in the timeliness of reporting as compared to 2008 data.

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

Activities:

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

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

Objective 4: Update and develop surveillance methods to record and investigate presence of West Nile Virus (WNV) infection in humans.

Activities:

1. Create a line listing of Montgomery County residents who have been tested for WNV.
2. Investigate all confirmed lab reports of WNV in humans.
3. Develop methods to inform the public about WNV, including environmental measures and personal protection against disease transmission.

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

Objective 5: Standardization/Staff Training - Increase the accuracy and efficiency of case investigation by Communicable Staff.

Activities:

1. Provide all staff with selected publications: the Montgomery County Public Health Code; the State Department of Health Regulations for Communicable and Non-Communicable Diseases, Title 28, Chapter 27 of the Disease Prevention and Control Law 1995 of the Commonwealth of Pennsylvania; the Communicable Disease Epidemiology Policy and Procedures Manual for the Investigation and Control of Selected Reportable Diseases; the CDC Case Definitions for Infectious Conditions under Public Health Surveillance; the APHA Control of Communicable Disease Manual, 19th edition, APHA 2004; Report of the Committee on Infectious Diseases, 2006 Red Book by the American Academy of Pediatrics, 27th edition; Centers for Disease Control and Prevention (CDC) STD Modules and Epidemiology and Prevention of Vaccine-Preventable Diseases, 2006, and new ACIP (CDC) guidelines published in 2000.
2. Identify discrepancies between disease investigation practices of DIS staff and SOP guidelines. Initiate corrective measures, if indicated.
3. Conduct staff performance audits twice a year to assess turnover time of cases investigated, timeliness in follow-up and case closure, and accuracy and completeness of information obtained.

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4. Assign a “point person” to major disease groups but ensure that all staff continues investigating at least 25 % of cases outside their assigned disease group.

Evaluation Methods:

1. Evaluation will be accomplished through monthly assessment of activities and demonstration that staff has investigated 25% of cases outside their assigned disease group.
2. At year-end, two staff performance audits will be completed.

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

Activities:

1. Train staff in the use of PA-NEDSS and other statistical programs.
2. Teach staff how to compose epidemiological profiles of diseases and analyze disease trends (person, time, and place) and risk factors.
3. Have all staff complete the CDC self-study course on Principles of Epidemiology (second edition, 1992).
4. Conduct in-house seminars on epidemiological methods, animal bite investigations, and use of Crystal Reports and PA-NEDSS methods and tools to assess and evaluate prevention programs, emerging and re-emerging infections and how to use dedicated web sites.
5. Request staff to compose quarterly epidemiological profiles of major disease groups.

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

Animal Bite Surveillance

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

The raccoon is the primary wildlife reservoir for rabies in the northeastern part of the United States. This species is commonly tested for rabies in Montgomery County and throughout the state of Pennsylvania. The Pennsylvania dog law and the Montgomery County

Public Health Code, mandates rabies vaccination for all dogs and cats 3 months of age or older.

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

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

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

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

Activities:

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

Evaluation Method:

1. Evaluation will be accomplished through monthly and quarterly assessment of activities and demonstration that 100% of reported animal bites are investigated in a timely manner.

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2. At year-end, compile a list of the total number of persons recommended for PEP by MCHD, as compared to 2008.

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

Activities:

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

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

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

Activities:

1. According to an established time schedule, select sites for 2009, recruit veterinarians, order all necessary supplies, launch an advertisement campaign in collaboration with the county's Communications Center, officials of Townships/Boroughs, Animal Control Officers and community agencies and businesses, and recruit veterinary technicians as support staff.
2. Conduct at least four (4) low-cost clinics.
3. Evaluate the clinic attendance by maintaining records of the number of pets that are vaccinated at each clinic.

Evaluation Methods:

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

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

Activities:

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

Evaluation Methods: Evaluation will be accomplished through monthly and quarterly assessment of activities and demonstration of a decrease in the number of unvaccinated domestic animals as compared to 2008 data.

Diseases of the Central Nervous System

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

Case Investigation

The Montgomery County Health Department will follow the PADOH and CDC guidelines, which were issued in the MMWR Recommendations and Reports, May 27, 2005. Providers of medical care to incoming and current college freshman, particularly those who plan to or already live in dormitories and residence halls, should, during routine medical care, inform these students and their parents about meningococcal disease and the benefits of vaccination. Advisory Committee on Immunization Practices (ACIP) does not recommend that the level of increased risk among freshman warrant any specific changes in living arrangements for freshman. College freshmen who want to reduce their risk for meningococcal disease should either be administered vaccine (by a doctor's office or student health services) or be directed to a site where vaccine is available.

Bacterial meningitis cases are classified as bacterial meningitis all types, excluding *Neisseria meningitidis*, and meningococcal disease (*N. meningitidis*). Viral meningitis is also called aseptic meningitis.

Bacterial Meningitis Prevention

Prompt reporting of diseases of the central nervous system (CNS), specifically meningococcal disease and meningitis caused by H. influenza

type b, is essential even when the diagnosis is not laboratory confirmed. It permits physicians and public health professionals to identify and protect close community contacts from contracting the disease. When the health department receives a report, staff interview all contacts of suspected and confirmed incident cases, and evaluates the need for prophylactic treatment.

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

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

Activities:

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

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

Enteric Diseases

Surveillance, Control of Outbreaks, and Prevention Education

Food borne and water borne enteric diseases are caused by common bacterial and viral pathogens, and toxin producing organisms and plants. Some of the enteric diseases that are reportable to the Health Department: salmonellosis, shigellosis, campylobacteriosis, giardiasis and all types of E. coli infections. The Health Department has received an average of 55 food poisoning complaints per year in the past six years. Only epidemiologically linked food complaints (two or more people falling ill and linked to a common source) are investigated and laboratory tested. Reported clinical symptoms and duration of illness suggest that the majority of complaints are viral pathogens (e.g. Norovirus Infection).

Case Investigation and Patient Education

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

Food Complaints

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

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

Outbreaks

Although our surveillance of enteric disease outbreaks has been passive, health department staff are trained to watch out for reports of enteric diseases, and to act quickly and effectively in an outbreak situation.

Typically, the staff interviews complainants and employees, collects available evidence by phone and on site, sends food/water/stool samples to the State Laboratory for analysis, notifies the PADOH, composes a report, and continues surveillance for 1-2 months following the outbreak.

The management of an outbreak may involve other divisions of the health department, (Environmental Field Services and Clinical Services and Public Health Nursing), and other health care and regulatory agencies.

Hand Washing in Day Care Centers

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

Prevention Education of Groups At Risk

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

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

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

Activities:

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

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

Objective 2: Maintain a high level of surveillance by checking disease reports and investigating all cases in which two or more unrelated

persons consume meals at the same facility or are exposed to a common food or water source during a set time period.

Activities:

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

Evaluation Methods: Compile written outbreak reports on all food and water borne diseases occurring throughout the year.

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

Activities:

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

Evaluation Methods:

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

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

Activities:

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

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

Hepatitis: Surveillance and Prevention Education

The Pennsylvania State Health Department requires the reporting of acute hepatitis A, B and C, and of hepatitis non-A/non-B. Only cases of acute hepatitis A and B are currently investigated.

Case investigation of hepatitis A and B

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

Hepatitis C

The health department receives over 1,000 laboratory reports of positive hepatitis C results each year. Hepatitis C is a reportable disease. The health department currently limits its Hepatitis C case investigation to passive surveillance. The demographics of each case are stored in PA-PA-NEDSS.

Hepatitis A Outbreaks

The health department investigates acute hepatitis A cases. Control and prevention include the prophylactic protection of close contacts with immunoseroglobulin (ISG hepatitis A).

Prevention education on hepatitis A, B and C

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

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

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

Activities:

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

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

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

Activities:

1. Retrieve all hepatitis C virus (HCV) positive laboratory reports and reported cases and enter them into PA-NEDSS.
2. Analyze the data.
3. Compose an annual epidemiological profile of all reports in PA-NEDSS by age, gender, race, township and reporting source.

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

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

Activities:

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

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

Perinatal Hepatitis B Prophylaxis Program

Hepatitis B may be transmitted from infected mother to unborn child. Infants infected with the hepatitis B virus at birth have a 95% chance of becoming a carrier of hepatitis B (compared to a 10% chance for adults). Carriers for hepatitis B are infectious for life and are at a higher risk for hepatocellular carcinoma and cirrhosis. Studies have shown that immune globulin and the hepatitis B vaccine, when administered to the child within 12 hours of birth, greatly reduces the risk that the child will become a carrier for hepatitis B.

The Divisions of Communicable Disease Control and Prevention and Clinical Services and Public Health Nursing conduct a joint program to inform the expectant mother of the risk to her unborn child. Health care workers are alerted to the need to start the hepatitis B vaccine series on the child and give immune globulin. Household and sexual contacts of

persons infected with hepatitis B are also at risk of contracting the virus, and the hepatitis B vaccine series is offered to them.

Program Goal: To prevent the spread of hepatitis B to newborn infants within Montgomery County through December 2009.

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

Activities:

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

Evaluation Methods:

1. Evaluation will be accomplished through a monthly and quarterly assessment of activities and demonstration that, at minimum, 100% of pregnant women that were infected with hepatitis B were contacted.
2. At year end, compile a list to note the total number of children born to hepatitis B positive mothers who completed the appropriate vaccination series as compared to 2008 data.

Lyme Disease: Surveillance and Prevention Education

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

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

Objective 1: Fully investigate 95 % of reported cases of Lyme disease by December 2009.

Activities:

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

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

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

Activities:

1. Identify high-risk areas based on case incidence of the previous year.
2. Identify groups at risk in the county: park personnel, gardeners, landscape staff, hikers, hunters and campers.
3. Conduct educational sessions during the peak months of tick activity between March and August, 2009.
4. Distribute posters to all hospital emergency rooms and doctor's offices that have reported or have concerns about Lyme disease.
5. Invite Montgomery County Parks and Recreation Department to post signs.
6. Analyze confirmed cases of Lyme disease by date of onset, risk by location and activity, and demographic factors. Report

findings once a year to reporting sources, and include relevant state or national recommendations.

7. Compose an activity report.

Evaluation Methods: Evaluation will be accomplished through monthly and quarterly assessment of activities and demonstrated decrease in the number of confirmed Lyme disease cases as compared to 2008 data.

Health Statistics

The central function of this section is to provide health statistics to support program planning and evaluation. Health Statistics also provides health related statistics to the operational divisions for grant and program development.

With the recent upgrades to the County Geographic Information System (GIS), health statistics will assist Information Management in mapping disease distributions within the county in addition to geographically identifying target populations for chronic disease prevention and maternal and child health programs.

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

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

Activities:

1. Manage data and tabulate statistics.
2. Analyze trends and patterns of health behavior, diseases, natality and mortality.
3. Monitor health status and trends.
4. Provide objective and high quality information to be used as the basis of policy development and decision-making.
5. Provide assistance in data analysis and interpretation of statistics.
6. Oversee the compilation and distribution of health statistics.

Evaluation Methods:

Compile annual vital statistics report, annual municipal service report, quarterly disease morbidity report.

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

Activities:

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

Evaluation Methods:

Compile necessary needs assessment reports and disease cluster analyses.

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

Activities:

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

Evaluation Methods:

Compile child death review team annual and five-year summary report, and weekly infectious disease updates.

Healthy Lifestyles Program

The Montgomery County Healthy Lifestyles Program strives, through education, screening and community-based programs, to increase public awareness; promote the prevention, early identification and early detection of risk factors for cardiovascular disease, osteoporosis and diabetes. The program promotes the adoption of healthy habits of nutrition and physical exercise. Activities are directly related to Pennsylvania Department of Health grants and are dictated by the grant objectives. Components of the program coordinate with Healthy People 2010.

Program Goal: To reduce the public's changeable risk factors of cardiovascular disease, osteoporosis, diabetes and obesity through the

promotion of environmental, policy, and systems changes that support healthy eating and increased physical activity in four local settings: communities, healthcare, schools and childcare centers, and worksites.

Objective 1: Promote the adoption of healthy behaviors that decrease the risk of cardiovascular disease, osteoporosis, diabetes and obesity through community based education programs.

Activities:

1. Implement a health promotion program in faith based organizations (FBO) targeting disparate populations.
2. Develop, promote and increase the number of community garden projects.

Evaluation Methods: Evaluation will be accomplished through quarterly measurements of activities, participation, changes to food choices, healthy policies instituted, number of fruits and vegetables grown and picked at the garden and number of health education programs conducted.

Objective 2: Increase awareness of risk factors and promote early detection of cardiovascular disease, osteoporosis, diabetes and obesity through school and early childhood settings.

Activities

1. Partner with public or private schools that do not have a school health council and is not participating in the Keystone Healthy Zone (KHZ) program to assist them in becoming a KHZ school.
2. Establish a weekly after school physical activity program that promotes non-competitive activities.

Evaluation Methods: Evaluation will be accomplished through quarterly measurements of the number of policy changes in schools and through participation and continuation of the after school program.

Objective 3: Increase awareness of risk factors and promote the early detection of cardiovascular disease, osteoporosis, diabetes and obesity in a worksite.

Activities:

1. Provide education programs through “Lunch and Learns”, Bulletin Boards, newsletters and Campaign Program initiatives.
2. MCHD will hold informational session(s) for interested worksites, during which they explain benefits of Worksite Wellness Programs,

make economic case for participation, and explain how to enroll in the county-level Worksite Wellness Program.

Evaluation Method: Evaluation will be accomplished through quarterly measurements of healthy behavior changes through report from the wellness committee, participation in a pilot program, behavior changes in cafeteria choices and policy changes.

Objective 4: Increase awareness of other health topics not specifically included in the current Osteoporosis, Physical activity, nutrition and Cardiovascular Disease (OPANAC) grant.

Activities:

1. Conduct at least two educational programs in each of the following topic areas:

More Matters

- Promotes good nutrition to communities in Montgomery County by stressing the importance of eating 5 fruits and vegetables every day.
- The new food guide pyramid is reviewed.

Heart Health Education

- Emphasized with messages of proper nutrition, exercise and living a smoke-free lifestyle to all age groups in Montgomery County to increase awareness of heart healthy behaviors.
- Program provides information on cardiovascular disease, including heart attack, stroke, and what to do in an emergency.

Osteoporosis Education

- Focuses on osteoporosis prevention and treatment to various age groups in Montgomery County.
- Education promotes consuming 3 servings of calcium a day and adding weight-bearing activities to their exercise routine.

Diabetes Education

- Program emphasizes type 2 diabetes prevention to Montgomery County residents.
- Promotes the importance of maintaining a healthy diet and regular exercise to prevent against developing type 2 diabetes.
- Language based presentations in Spanish and Asian languages are also available.

Stress Management

- Teaches the importance of identifying the factors that cause stress and coping mechanisms when dealing with stress.

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

Cancer Prevention, Education and Early Detection Program

The Cancer Prevention, Education and Early Detection Program strives, through educational programs, to increase public awareness and promote the prevention and early detection of a variety of cancers including skin, colorectal, prostate, and ovarian cancers. This program will continue to collaborate with other organizations to offer educational programs and prevention and early detection services to residents. Activities are directly related to Pennsylvania Department of Health grants and are dictated by the grant objectives. Components of the program coordinate with Healthy People 2010 objectives.

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

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

Activities:

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

Evaluation Methods: Evaluation will be accomplished by conducting pre- and post-test questions at each of the educational sessions. Six-month surveys will also be conducted to assess environmental changes conducted by day care providers or behavioral changes identified by the educated participants.

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

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

Evaluation Methods: Evaluation will be accomplished by conducting pre- and post-test questions at each of the educational sessions. Six-month surveys will also be conducted to assess behavioral changes by the educated participants.

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

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

Evaluation Methods: Evaluation will be accomplished by conducting pre- and post-test questions at each of the educational sessions. Six-month surveys will also be conducted to assess behavioral changes by the educated participants.

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

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

Evaluation Methods: Evaluation will be accomplished by conducting pre- and post-test questions at each of the educational sessions. Six-month surveys will also be conducted to assess behavioral changes by the educated participants.

Breast Health Awareness Program

This program aims to provide linguistically and culturally targeted education to underserved Montgomery County residents.

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

Objective 1: Maintain a library of culturally sensitive educational

materials in Spanish, Korean, Vietnamese, Chinese and English.

Activities:

1. Maintain supply of breast health materials in Spanish, Korean, Vietnamese, Chinese and English.
2. Utilize MCHD health educators to develop curricula focusing on breast health and early detection - Breast Self-Exam, Clinical Breast Exam and Screening Mammography.
3. Work with bilingual health educators through community partnerships to update materials in a culturally sensitive manner.

Evaluation Methods: Monitor results of completed evaluation forms.

Objective 2: Provide ten breast health presentations to underserved Montgomery County residents.

Activities:

1. Work with collaborating community agencies to recruit residents for educational programs.
2. Work with community partners to organize and schedule educational programs for their communities.
3. Distribute translated breast health educational materials to residents in the language groups during presentations, and at other events held by the Health Department or collaborating agencies.

Evaluation Methods:

1. Determine how many educational presentations were given.
2. Determine how many educational brochures were distributed.

Injury Prevention Program

The Montgomery County Injury Prevention Program through education and special events provides a variety of injury prevention programs to the public. The program has three issues as its main focus: 1) fall prevention, 2) unintentional injury, and 3) suicide prevention. Unintentional injury-related topics include fire safety, water safety, poison prevention and playground safety. This program works in conjunction with the Child Death Review Team and the Safe Kids Coalition. Activities are directly related to Pennsylvania Department of Health grants and are dictated by the grant objectives. Components of the program coordinate with Healthy People 2010 objectives.

Program Goal: To reduce injury, disability, and death due to unintentional injuries and attempted suicide.

Objective 1: Develop strategies to increase awareness of suicide as a preventable cause of death.

Activities:

1. Collect data from a variety of sources and form partnerships regarding suicide prevention.
2. Review recommendations contained in the Surgeon General's Report on Suicide and Youth Suicide Prevention Report issued by the Pennsylvania Department of Public Welfare's Office of Mental Health.
3. Plan and conduct at least two major community events and activities focusing on suicide awareness.
4. Distribute educational materials during at least four health fairs.
5. Collaborate with community partners via the Montgomery County Suicide Prevention Task Force, regarding suicide prevention intervention.

Evaluation Methods: Evaluation will be accomplished through monthly and quarterly measurements of activities which will focus on the progress of identifying target groups and program goals and objectives.

Objective 2: Decrease injury from falls through a fall risk-reduction program focusing on improving balance through exercise.

Activities:

1. Collect and maintain current information and resources in the community for early detection and treatment of osteoporosis.
2. Develop an exercise program and include educational components for older adults designed to strengthen balance thereby decreasing fall-related injury.
3. Conduct two 10-week senior exercise classes throughout the year, with the focus on increasing seniors' strength and balance.
4. Ascertain changes in program participants' fitness level through health profiles and screening assessments.

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

Objective 3: Increase public awareness of injury prevention strategies for family and home safety, which includes topics such as fire prevention, water safety, playground safety, poison prevention and fall prevention.

Activities:

1. Conduct a minimum of 50 school-based presentations on fire safety, poison prevention, water safety, playground safety and gun safety.
2. Attend a minimum of four community health fairs in order to provide educational materials and educate parents on injury prevention topics.
3. Conduct a minimum of four presentations on basic home safety for senior citizen groups.
4. Distribute materials and safety equipment to families in need to decrease their risk for unintentional injury.
5. Conduct educational programs and distribute materials focusing on brain injury to residents of Montgomery County.

Evaluation Methods:

1. Provide teachers with evaluations to assess presentation content, age appropriateness and effectiveness.
2. Analysis of the program database to evaluate the number of programs and community events for the year.

Objective 4: Increase public awareness of injury prevention strategies, with the aim of reducing the number of childhood injuries and deaths occurring in Montgomery County through the Pennsylvania Safe Kids Coalition.

Activities:

1. Participate as a member of the Southeastern Pennsylvania Safe Kids Coalition by attending meetings.
2. Organize and assist with highway prevention activities and educational events throughout Montgomery County.

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

Objective 5: To increase public awareness of pedestrian highway safety issues.

Activities:

1. Conduct a minimum of five education programs for elementary schools on pedestrian, bike and school bus safety.
2. Distribute highway safety materials at three health fairs.

Evaluation Methods: Quarterly reports will indicate the number, type and target audience of education programs.

Objective 6: Increase the correct use of child safety seats and safety belts for children in Montgomery County.

Activities:

1. Conduct at least three seat belt and child safety seat education programs for parents through community organizations, clubs, worksites and day care settings.
2. Distribute child safety seat brochures to hospitals throughout Montgomery County to promote the use of child safety seats for infants starting with their first trip home from the hospital.
3. Conduct at least thirty correct-use car seat checks for the residents of Montgomery County.
4. Purchase approved car seats and booster seats, as funds allow, and distribute them to need-qualified families throughout Montgomery County after educating the parent on proper installation of the seat.

Evaluation Methods:

1. Evaluation will be accomplished through quarterly measurements of education programs.
2. Document number of child safety seats checked, installed and distributed.

Tobacco Control Program

The Montgomery County Tobacco Control Program consists of Tobacco Smoke Pollution (TSP) education and enforcement directed towards the reduction of tobacco use and exposure among residents living in Montgomery County. The ultimate goal in the reduction of tobacco-related disease, disability, and death will be achieved through collaboration with the Police Chief's Association in the area of enforcement of youth access.

The activities of the tobacco control program are largely related to Pennsylvania Department of Health grants through the Health Promotion Council of Southeastern Pennsylvania, Inc. and are dictated by grant objectives. Components of the program coordinate with Healthy People 2010 objectives.

Program Goal: To conduct TSP education and tobacco control throughout Montgomery County by conducting education programs, distributing TSP information, convening a county-wide tobacco coalition, and by subcontracting with the Police Chief's Association for the enforcement

component of the program. This goal will be accomplished through funds received from a contract with Health Promotion Council of Southeastern Pennsylvania, Inc. as the primary contractor of a grant through the Pennsylvania Department of Health.

Objective 1: Increase knowledge and general support for eliminating exposure to TSP.

Activities:

1. Provide educational materials on the risks associated with exposure to secondhand smoke at local health fairs.
2. Provide materials and technical assistance to the Maternal Child Health programs to integrate education on risks associated with exposure to secondhand smoke (TSP) in the service provided their clients.

Evaluation Methods:

1. Evaluation will be accomplished through recording the number of health fairs attended, the number of people attending each health fair, and the number of educational materials provided at the health fair.
2. The Maternal Child Health program role will be evaluated by the number of materials provided to MCH and by the number of MCH clients receiving TSP reduction education.

Objective 2: Conduct enforcement compliance checks and monitor compliance with Pennsylvania youth access to tobacco laws. Provide awareness education and outreach to tobacco retailers and youth about youth access to tobacco law. This objective will be accomplished through a subcontract with the Police Chief's Association and through yearly SYNAR compliance checks.

Activities:

1. Maintain regular communication with the Police Chief's Association to provide technical assistance and oversight for the enforcement component of the contract.
2. Assist the Police Chief's Association with various initiatives where necessary.
3. Conduct SYNAR compliance checks as mandated by the Pennsylvania Department of Health.

Evaluation Methods:

1. Review monthly and quarterly reports from the Police Chief's Association to evaluate monthly goals and objectives and to assess program progress.
2. Monitor and analyze data for fiscal reviews.

Objective 3: Convene a county wide Tobacco Awareness coalition consisting of community members, business owners and other health agencies that have a vested interest in reducing tobacco usage in Montgomery County.

Activities:

1. Recruit a minimum of 10 community organizations and worksites for active membership.
2. Facilitate quarterly coalition meetings.
3. Identify and provide educational materials to coalition members for the purpose of outreach.

Evaluation Methods:

1. Evaluation will be accomplished through recording the number of meetings held attended, the number of people attending each meeting, and the number of programs/initiatives implemented per year.

Bureau of Personal Health Services
Program Plans and Objectives Performance Review (2008)

Maternal and Child Health Home Visiting Program

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

Objective 1: Improve pregnancy outcomes.

Achieved:

- Conducted an intense Maternal Child Nurse Home (MCH) Visiting Program (Nurse Family Partnership, NFP) to first time, at risk, low income pregnant women through funding received by the Pennsylvania Office of Child Development and Early Learning to 133 mothers in 2008.
- One hundred and forty eight (148) referrals were received from outside agencies and self-referrals. After caseloads were full, any additional referrals to the Nurse Family Partnership Program were referred to MCHD's MCH home visiting program (see objectives 4 and 5).

Objective 2: Improve child health and development.

Achieved: In 2008, 71 clients were enrolled in the NFP.

- 1,265 visits were completed visits.
- 248 attempted visits were made.
- Average length of visit per client was 1 hour and 15 minutes.
- Each nurse worked with their client through five domains - Personal Health, Environmental Health, Life Course Development, Maternal Role, and Friends and Family.

Objective 3: Improve families' economic self-sufficiency.

Achieved:

An important part of the NFP is Life Course development. This is an empowering part of the program that assists the client in determining the best course in improving the ability to support her family. With approximately 99% of the clients unmarried, the importance of self-reliance and either remaining in high school, pursuing a GED or investing in specialized training courses is emphasized.

- Fifty-four (54%) percent of our mothers are currently receiving WIC, 49% are on Medicaid, 25% are receiving food stamps and 12% receive Temporary Assistance for Needy Families (TANF).

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

Achieved:

The Prenatal Service Program provided free prenatal care at two prenatal clinics during 2008 to 240 pregnant, low-income women who are uninsured or who did not qualify for Medical Assistance.

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

Achieved:

- Ninety four (94) cases assessed to still have a need for services at the end of 2007 were retained in program.
- MCHD served 26 new women in the Prenatal Home Visiting Program. Four (4) of these women admitted to the use of tobacco. No pregnant women admitted to illicit drug and alcohol use. The program served 53 new women in the postpartum component of the program. One (1) woman was referred to a postpartum program due to use of multiple illicit drugs. Ten (10) women resumed smoking during the postpartum period. Our program provides services for the full year of the postpartum period.
- Our program had 63 live births born to mothers. Nineteen (19) (30%) of these infants were breast fed. The following is birth outcome data below "normal": five (5) infants were of low birth weight <2500gms. The birth outcome data for 2008 improved compared to 2007. As these statistics indicate, MCHD receives more referrals once the infant has been delivered. This limits our ability to assess our programs impact on birth outcome data.
- One hundred fifty four (154) clients in the Act 315 MCH Program did get enrolled in an insurance plan, if eligible, and did establish a medical home.

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

Achieved:

- MCH coordinated services through numerous organizations such as: the Teen Parent Task Force, The Infant Health Advisory, Montgomery County Special Needs Workgroup, Philadelphia Children with Special Health Care Needs, Early Head Start, the Interagency Coordinating Council, Montgomery County Collaborative, Norristown Family Center, and the Norristown Alliance for Healthy Babies.

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- MCHD also coordinates the Child Death Review Team, looking at childhood deaths under the age of 20. The team provides recommendations and coordination of prevention services such as: suicide prevention, SIDS, safe sleeping practices, early prenatal care, smoking, Cribs For Kids, drug and alcohol, accident prevention and car seat safety. Understanding of agency programs has increased our referrals among these providers.
 - MCHD has initiated the Norristown Alliance for Healthy Babies due to the high infant mortality rate in specific areas of Montgomery County. Several key prevention efforts include Centering Pregnancy (group prenatal care) through the Montgomery Hospital OB/GYN Clinic, outreach to African American women for early prenatal care, case management for high risk pregnancies and a pregnancy resource kit.

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

Achieved:

- MCHD has published seven editions of The Montgomery County Parent and Infant Resource Guide from years 2001 through 2008.
- Twenty thousand copies of the seventh edition were printed and are being dispersed throughout the County, totaling 170,000 copies from all seven editions. This guide assists parents and agencies in accessing current information and services throughout the county. The guide is also available on the Health Department Web site at <http://health.montcopa.org/PIRG>. This resource has been added to numerous search engines on the internet as well as other agency, library and school websites throughout the surrounding counties.
- The Infant Health Coordinator attended the monthly meetings of the Montgomery County Interagency Coordinating Council (ICC) and the Philadelphia Special Needs meetings. She provided parents and agencies attending the Special Needs Resource fair in May and the Transition fair in October with Montgomery County Health Department literature, programs and referral information. Referrals are on-going to the Health Department from the Resource Guide and Website. She also speaks to local organizations and agencies including the County's school nurses regarding MCH's programs and contact points.
- Two trainings were offered to Human Services and Special Needs agencies to provide information regarding universal precautions, Children and Youth mandated reporting, Daycare services, Medical Assistance and programs including hearing and vision

impairments, Early Intervention and Autism and programs offered at the Health Department.

Immunization Program

Program Goal: Prevent vaccine preventable diseases in Montgomery County.

Objective 1: Improve age appropriate immunization rates in Montgomery County to meet the nation's Healthy People 2010 goal.

Partially Achieved:

- Provided 5,316 immunizations to 4,138 clients at our Norristown, Pottstown, and Willow Grove health centers and community sites.
- Provided two (2) EPIC (Educating Physicians In their Communities) presentations to 35 private practice staff members.
- Completed the annual CASA (Clinical Assessment Software Application) audit for MCHD. The results were at 82% for the 4:3:1 (4 Diphtheria, tetanus, pertussis, 3 polio, 1 MMR) immunization schedule for children by 24 months of age.
- Provided 4,100 influenza, 185 pneumococcal, and 475 Tdap (tetanus, diphtheria, and pertussis) immunizations to high-risk Montgomery County residents at 22 community-based sites. Additionally, administered 4,115 influenza immunizations to County employees, State employees and anyone wishing to reduce their chance of getting influenza at our three health centers. One thousand, five hundred and seventy (1,570) doses were re-distributed to various agencies that utilized the vaccine for high-risk individuals (e.g. OB clinics, agencies servicing homeless individuals, long-term care facilities, assisted living and personal care facilities). MCHD Public Health Nurses provided influenza immunizations to 97 homebound individuals. MCHD nurses also collaborated with other members of the Montgomery County Immunization Coalition to administer flu vaccine to 1,570 students and faculty in the Norristown Area School District this year. In total, MCHD has either administered or re-distributed 11,452 doses of influenza vaccine during the 2008-2009 flu season.

Objective 2: Conduct influenza surveillance.

Achieved:

- Monitored trends in influenza activity during the October 2008-April 2009 flu season.
- Three physicians participated in the Influenza Sentinel Surveillance Network to assess influenza-like morbidity.

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- Three physicians in the county continued to submit nasal/throat swab kits to the Pennsylvania Department of Health, Bureau of Laboratories to identify the circulating influenza viral strain.

Objective 3: Conduct active surveillance of vaccine preventable diseases.

Achieved:

Investigated 65 reports of Pertussis, of which: 45 were classified as confirmed, 20 were classified as probable and/or suspect. In 2008, there were 10 investigations of confirmed *Haemophilus Influenzae* in Montgomery County.

Objective 4: Perform active varicella surveillance.

Achieved:

Since January 2005, varicella was mandated to be reported. In 2008, approximately 200 cases were reported.

Childhood Lead Poisoning Prevention Program

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

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

Achieved:

- MCHD continued expansion of the Title V/Maternal Child Health Lead Poisoning Prevention and Education Project grant.
- Four hundred eighty two (482) initial and/or follow-up blood lead testing were performed on pre-school children.
- Ninety-two (92) children were entered into MCHD case management services.
- Eighty-six (86) children were referrals from physician offices (94%) and six (6) cases were from MCHD outreach screening efforts (6%).

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

Achieved:

- MCHD Childhood Lead Poisoning Prevention Program (CLPPP) provided case management services to 184 children who have been identified as being lead poisoned.

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- For children with lead levels between 10-14 ug/ml (54 cases), parents were notified and provided with extensive education.
 - For children with lead levels between 15-19 ug/ml (16 cases), a home visit was made by a Public Health Lead Nurse Case Manager, extensive education was provided to parents/guardians and a referral was made to Early Intervention Services.
 - For children with lead levels > 20 ug/ml, or two consecutive lead levels tests between 15-19ug/ml (22 cases), a home visit was done by the Lead Team which consists of a Nurse Case Manager, and a Lead Environmental Health Specialist (LEHS). A risk assessment is performed and an Environmental Investigation (EI) is conducted. The EI includes dust wipe samples (85 sent to the state lab), soil samples (0 obtained) and an XRF (x-ray fluorescence) inspection performed with an LPA-1 lead paint analyzer.
 - The CLPPP Nurse Case Manager follows the child until the lead level meets criteria for case closure. One hundred twenty four (124) cases were closed with a remaining caseload at the end of 2008 of 60 children.
 - There were a total of 26 clinical case management home visits.
 - Lead education was conducted to 337 residents through outreach sites, door to door education and health fairs; including education to 4 physician offices and 11 township/borough code enforcement officers.

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

Achieved:

- At the beginning of the year, MCHD CLPPP had 6 open, existing, environmental lead investigations.
- The LEHS's performed 8 new environmental lead risk assessments and inspections this year, and referred 0 cases to Section 8 housing for a total of 14 open environmental investigations. Of those 14 open cases, 9 were closed and 5 cases remains open.
- An investigation remains an open case until remediation/renovation is completed at the property, or the property meets criteria for case closure.
- There were a total of 69 environmental home visits completed.

Tuberculosis Control Program

Program Goal: Eliminate Active Tuberculosis in Montgomery County.

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

Not achieved: Twenty six (26) CDC counted cases in 2008. This is a case rate of 3.3/100,000. This is a 12% increase in the case rate from 2007. In addition, MCHD initiated and completed treatment for a case that was counted in Florida. A case initiated in China was treated by MCHD as well. One hundred percent (100%) of the 2008 cases completed therapy within 365 days. In addition, MCHD met the CDC recommended interview dates for 100% of cases.

MCHD efforts and activities to contain TB are as follows:

- Reporting of TB cases and suspects within 24 hours.
- MCHD assumes primary management of TB cases/suspects; co-manage with private sector.
- Four-drug initial therapy for TB cases/suspects.
- Drug susceptibility encouraged for all collected specimens by private providers. All MCHD/State Lab specimens have culture & susceptibilities order. Two (2) cases were assigned to a PA cluster (PA 051 and PA 024) in 2008. PA cluster 051 is linked to a 2006 California case. MCHD has treated 5 cases linked to this cluster-4 cases have established a direct epi-link to the index case. The cluster has been in the Mexican population in Norristown. One (1) additional case has no established epi-link, other than residing in the Norristown city limit.
- Prompt identification (within 3 working days) and prioritization for the identification of TB contacts per MCHD Contact Investigation guidelines. One hundred percent (100%) of all smear positive cases had a contact investigation performed. In addition all identified infected contacts did complete treatment for latent tuberculosis treatment.
- Directly observed therapy (DOT) is required for all active/suspect TB cases. Ninety six percent (96%) of our 2008 cases received DOT for the entire course of treatment. The exception was an abaciillary case who had had his diseased lung resected. This was our one patient who was managed by a private physician. Two thousand, two hundred and fifty three (2,253) DOT visits were made in 2008.

Treatment of Latent Tuberculosis Infection: in 2008, 259 treatments were initiated.

HIV/AIDS Program

Program Goal: To minimize the incidence of HIV/AIDS in Montgomery County and to prevent transmission to others in the community.

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

Achieved:

In 2008, 79 new HIV cases and 43 new AIDS cases were investigated.

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

Achieved:

- Provided HIV testing, counseling and education on safe sex practices and other preventive measures to 1624 pretest, and 1366 posttest persons through MCHD's Communicable Disease Control Clinics in Norristown, Pottstown and Willow Grove. Twelve (12) were identified positive for HIV and referred for follow-up case management. Twenty two (22) contacts were elicited and referred for testing. Ten (10) CD4 tests and nine (9) Viral Load tests were performed.
- Provided HIV testing to 57 clients at 2 drug and alcohol counseling sites. MCHD provided HIV testing to 130 inmates at the Montgomery County Correctional Facility.
- Provided 186 Oraquick tests with 3 reactive results that were confirmed as positive. 81 tests were provided at various community sites with 1 reactive that was confirmed as positive.

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

Achieved:

- Conducted 7 prevention education sessions on HIV/AIDS, STD and hepatitis for inmates at the Montgomery County Correctional Facility, reaching 122 inmates.
- Provided 11 education sessions at drug and alcohol facilities reaching 78 clients.
- Provided 10 HIV/STD presentations to students in middle/high schools reaching 315 students.
- Provided 1 presentation to other social service agencies reaching 120 people.

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

Achieved:

An HIV Awareness event was held at the George Washington Carver Center for World AIDS Day on December 1, 2008. The event included a display of the AIDS Quilt from the Names Project, as well as, guest speakers that told personal stories about how HIV/AIDS made an impact on their lives.

Sexually Transmitted Disease Program

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

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

Achieved:

Investigated 1,603 cases of STDs: 1,308 confirmed chlamydia, 254 confirmed gonorrhea, and 41 confirmed syphilis (provisional data). There were 9 cases of secondary syphilis, 8 cases of early latent and 7 primary cases of syphilis.

Objective 2: Increase active surveillance of STDs.

Achieved:

All gonorrhea, chlamydia and syphilis cases were assigned to a DIS for follow up within 24 hours. Clients who have not been treated and cannot be reached immediately by phone are assigned to an outreach worker for face-to-face follow-up.

Objective 3: Increase STD testing, diagnosis, and partner notification.

Achieved:

- Provided screening, diagnosis and treatment for sexually transmitted diseases to 4031 persons through MCHD's Communicable Disease Control Clinics in Norristown, Pottstown and Willow Grove. Fifty six (56) persons were identified positive for gonorrhea, with 121 contacts identified and referred for testing/treatment. Two hundred five (205) persons were identified positive for chlamydia, and 397 contacts were elicited and referred for testing/treatment. Thirty four (34) persons were identified with

positive syphilis tests, and twenty four (24) contacts were elicited and referred for testing/treatment. Sixteen (16) out of thirty four (34) positive tests for Syphilis (RPR's) were previously treated, one (1) was a biologically false positive, fourteen (14) were diagnosed as late latent syphilis, one (1) was diagnosed as primary syphilis, and two (2) were diagnosed as secondary syphilis.

- During MCHD's Communicable Disease Clinics, fifty four (54) persons received the Hepatitis B vaccine, 207 people received the Hepatitis A vaccine, and 343 persons received the Twinrix vaccine.

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

Achieved:

- Conducted seven (7) prevention education sessions on HIV/AIDS, STD and hepatitis for inmates at the Montgomery County Correctional Facility, reaching 122 inmates.
- Provided 11 education sessions at drug and alcohol facilities reaching 78 clients.
- Provided 10 HIV/STD presentations to students in middle/high schools reaching 315 students. Provided one educational session to social service agencies reaching 120 people.

General Disease Reporting

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

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

Achieved:

Received and reviewed 12,178 reports of diseases/conditions including 265 Out of Jurisdiction (OOJ) reports. Of the 6,653 cases that were investigated, 4,174 (63%) were confirmed cases.

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

Partially achieved:

Effective November 17, 2003, PADOH mandated reporting diseases/conditions through the National Electronic Disease Surveillance

System (NEDSS). Further data and analysis is needed to determine timeliness.

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

Achieved:

Investigated all clusters or reported outbreaks and unusual situations and provided summaries in a timely manner.

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

Achieved:

During the 2008 West Nile Virus season Montgomery County Health Department:

- Investigated three confirmed cases of West Nile Virus in Montgomery County residents.

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

Achieved:

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

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

Achieved:

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

Animal Bite Surveillance

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

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

Achieved:

- Responded to 986 reported animal bites (27% cats, 64% dogs, 9% other animals). Seventy-three (73%) percent of cats and 45% of dogs involved in biting accidents were unvaccinated or not up-to-date on vaccinations.
- Continued to enforce the Montgomery County Public Health Code regulation (euthanasia or 6-month quarantine) concerning 256 reports of bites classified as wounds of unknown origin and 132 reports of bites classified as wounds of known origin.

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

Achieved:

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

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

Achieved:

Five low cost cat and dog rabies immunization clinics were held in June and September at different sites in Montgomery County. A total of 1,183 cats, dogs, and ferrets were immunized (501 cats, 672 dogs, 10 ferrets).

Objective 4: Increase awareness about the Montgomery County Public Health Code regulations and countywide rabies control through media

reports, talks to hospital staff, presentations to the Board of Health, and the publication of data on the Montgomery County web site.

Achieved:

- Submitted 284 specimens to the PA state lab for rabies testing.
- In 2008, 21 animals tested positive for rabies (8 skunks, 6 raccoons, 5 bats and 2 cats).
- Press releases were issued with each incident emphasizing rabies prevention education.

Lyme Disease: Surveillance and Prevention Education

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

Objective 1: Fully investigate 95 % of reported cases of Lyme disease by December 31, 2008.

Achieved:

Investigated 1,355 Lyme disease cases of which 637 were confirmed cases, 652 were suspect cases and 65 cases were classified as probable.

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

Achieved:

Conducted 5 Lyme disease prevention education sessions to various populations within Montgomery County.

Hepatitis: Surveillance and Prevention Education

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

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

Achieved:

- Investigated three (3) reports of hepatitis A; three (3) were classified as acute.
- Investigated 212 reports of hepatitis B; four (4) were classified as acute.

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- Provided additional patient education and control measures, as needed.

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

Achieved:

Entered 1,092 reports of chronic hepatitis C liver disease into a registry. Of those 1,092 reports, 69% were male and 31% were female. Seventy-one (71%) percent were individuals age 40 and older.

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

Achieved:

Conducted 5 hepatitis presentations to facilities with high risk populations reaching approximately 500 individuals.

Perinatal Hepatitis B Prophylaxis Program

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

Objective 1: Coordinate with the Division of Clinical Services and Public Health Nursing to have 70% of hepatitis B positive pregnant women contacted and educated about receiving hepatitis B vaccine and immunoglobulin.

Achieved:

There were 26 births by hepatitis B positive expectant mothers in which 99% of infants received prophylaxis at birth, and 100% have been compliant with the high risk immunization schedule. Fourteen (14) of the 26 (54%) have produced immunity as per lab results. The final status of the remaining 12 infants are pending (Labs not due yet). There was a 12% increase in the number births to Hepatitis B positive pregnant women in 2008 compared to 2007.

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

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

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

Achieved:

Investigated 391 confirmed cases of reported enteric diseases.

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

Achieved:

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

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

Achieved:

Collected information on 133 food complaints. Referred 100% of complaints to the Division of Environmental Field Services.

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

Achieved:

Conducted 3 hand-washing programs to approximately 200 day care and elementary school staff and students. Due to the increase in reports of norovirus, MCHD provided all long-term care facilities within Montgomery County with instruction packets on how to prevent outbreaks in closed settings.

Diseases of the Central Nervous System

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

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

Achieved:

- Investigated 38 reports of all types of meningitis. Two cases were classified as meningitis requiring additional preventive measures regarding close contacts.
- Educated the community via phone, mailings, and television about the prevention and treatment of meningococcal infections.

Healthy Lifestyle Program

Program Goal: To reduce the public's changeable risk factors of cardiovascular disease, osteoporosis and diabetes.

Objective 1: Increase awareness of risk factors and promote the early detection of cardiovascular disease, osteoporosis and diabetes through community-based education programs.

Achieved:

Conducted 19 healthy lifestyle education programs at work sites, community centers, township buildings and other locations reaching over 400 adults and senior adults. Programs addressed nutrition, physical activity, weight management, stress management and general cardiovascular disease and osteoporosis prevention topics.

Objective 2: Increase access for early identification of risk factors for cardiovascular disease and diabetes through screening events.

Achieved:

Conducted blood pressure, cholesterol, blood glucose and osteoporosis assessments at 12 community sites reaching over 250 people. Screenings were held at work sites and community centers in Montgomery County.

Objective 3: Promote the adoption of healthy behaviors that decrease the risk of cardiovascular disease, osteoporosis and diabetes through community events and campaigns.

Achieved:

Conducted 75 educational campaigns in various public, private and parochial schools that reached over 2,500 students.

Cancer Prevention, Education and Early Detection Program

Program Goal: To increase public awareness and promote the prevention and early identification for breast, cervical, skin and colorectal cancers.

Skin and Colorectal Cancer

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

Achieved:

- Conducted 36 education programs reaching over 1,500 individuals on skin cancer prevention, sun safety and early detection of skin cancer.

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

Achieved:

- Completed 30 colorectal cancer programs reaching over 342 Montgomery County residents.

Breast and Cervical Cancer

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

Achieved:

- Coordinated an early detection screening program for breast and cervical cancer with 5 Montgomery County hospitals for uninsured and underinsured women.
- Conducted 10 education programs reaching 150 individuals on breast and cervical cancer topics.

Objective 3: Provide access for early identification of breast and cervical cancer.

Achieved:

- Coordinated the scheduling of clinical breast exams, screening mammograms, Pap tests and pelvic exams with five area hospitals.
 - 350 women received mammograms.
 - 600 women received clinical breast exams.
 - 100 women received pelvic exams and PAP tests.

Objective 4: Increase coordination of education and screening services to residents through collaboration with other allied health organizations on cancer control issues, programs and services.

Achieved:

Provided representation to the American Cancer Society Asian American Advisory Committee and participated in its activities.

Susan G Komen Breast-Health Awareness Project

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

Achieved:

Distributed over 200 printed non-English language educational items to various local health providers.

Objective 4: Assure that approximately 200 underserved Montgomery county residents obtain clinical breast exams.

Achieved:

There were over 600 underserved residents that received clinical breast exams throughout 2008.

Objective 5: Provide screening mammograms to approximately 200 underserved Montgomery County residents.

Achieved:

- Worked with collaborating hospitals to secure screening mammograms for participating residents.
- There were 395 underserved residents that received mammograms throughout 2008.

Injury Prevention Program

Program Goal: To reduce injury, disability, and death due to unintentional injuries.

Objective 1: To develop strategies to increase awareness of suicide as a preventable cause of death.

Achieved:

The Suicide Prevention Task Force met quarterly to discuss and plan activities to educate the community about suicide awareness.

- Organized two events
 - a. *SADD (Students Against Destructive Decisions)* Conference– Presenters highlighted theories on why suicide occurs, warning signs, basic crisis intervention.
 - b. Three Bulletin Boards were created and displayed at high schools in Montgomery County: Cheltenham High School, Upper Dublin High School, and the Anderson School. Resource and referral information was provided along with warning signs.

Objective 2: Decrease injury from falls through a fall risk reduction program focusing on improving balance through exercise.

Achieved:

Conducted two 10-week strength and balance training courses for 88 senior citizens to decrease the risk of falls among elderly participants. These programs took place at Sanatoga Ridge Assisted Living in Pottstown and New Horizons Senior Center in Narberth.

Objective 3: Increase public awareness of injury prevention strategies for family and home safety, which includes topics such as fire prevention, water safety, playground safety, poison prevention and fall prevention.

Achieved:

Conducted 60 Injury Prevention Programs reaching over 2000 students. Topics included poison prevention, home safety, fire safety, violence prevention, playground safety, Halloween Safety and water safety.

Objective 4: Increase public awareness of injury prevention strategies, with the aim of reducing the number of childhood injuries and deaths occurring in Montgomery County through the Pennsylvania SAFE KIDS Coalition.

Achieved:

- Installed 393 child passenger safety seats at 4 installation/inspection stations within Montgomery County.
- Distributed 122 child passenger safety seats to income qualifying Montgomery county residents.

Objective 5: To increase public awareness of pedestrian and highway safety issues.

Achieved:

Conducted 30 pedestrian and highway safety presentation including seat belt and bike safety to over 300 elementary students.

Objective 6: Increase the correct use of child safety seats and safety belts for children in Montgomery County.

Achieved:

- Installed 393 child passenger safety seats at 4 installation/inspection stations within Montgomery County.
- Distributed 122 child passenger safety seats to income qualifying Montgomery county residents.

Tobacco Control Program

Program Goal: To conduct Tobacco Smoke Pollution (TSP) education and tobacco control throughout Montgomery County by conducting education programs, distributing TSP information, convening a county-wide tobacco coalition, and by subcontracting with the Police Chief's Association for the enforcement component of the program. This goal will be accomplished through funds received from a contract with Health Promotion Council of Southeastern Pennsylvania, Inc. as the primary contractor of a grant through the Pennsylvania Department of Health.

Objective 1: Increase knowledge and general support for eliminating exposure to TSP.

Achieved:

- Provided educational materials on the risks associated with exposure to secondhand smoke at 10 health fairs reaching over 1,000 Montgomery County residents.
- Provided 100 TSP packets to the Maternal Child Health program.

Objective 2: Conduct enforcement compliance checks and monitor compliance with Pennsylvania youth access to tobacco laws. Provide awareness education and outreach to tobacco retailers and youth about youth access to tobacco law. This objective will be accomplished through a subcontract with the Police Chief's Association and through yearly SYNAR compliance checks.

Achieved:

Through a subcontract with the Police Chiefs Association, 1,100 compliance checks were conducted in 2008 with a 93% compliance rate. The Pennsylvania Department of Health mandated SYNAR compliance checks were conducted in July 2008 with a 97% compliance rate.

Objective 3: Convene a county wide Tobacco Awareness coalition consisting of community members, business owners and other health agencies that have a vested interest in reducing tobacco usage in Montgomery County.

Achieved:

The Coalition held its first meeting in the fall of 2008. Membership consists of twenty individuals representing twelve organizations. The Coalition sponsored an informational community forum to address the new legislation known as the Clean Indoor Air Act.

Program Plans (section 3)

Bureau of Environmental Health Services

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

Division of Environmental Field Services

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

Division of Water Quality Management

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

Environmental Health Services Programs and Objectives for 2009

Food Protection Program

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

Program Goal: To maintain and/or improve the sanitary operations of the over 3,000 licensed food facilities in Montgomery County and protect public health by conducting cyclic inspections, code enforcement and education.

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

Activities:

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

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

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

Activities:

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

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

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

Activities:

1. Provide information to facilities concerning CFSM program and course requirements during inspections and through notification letters.
2. Provide proficiency examinations at all three MCHD offices in Norristown, Pottstown and Willow Grove.
3. Continue to initiate enforcement and/or legal actions for noncompliant or multiple repeat offenses.

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

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

Activities:

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

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

General Nuisance and Disease Vector Control

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

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

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

Activities:

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

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

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

Activities:

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

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

Institutional and School Sanitation Program

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

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

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

Activities:

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

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

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

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

Activities:

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

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

Environmental Education and Awareness Initiative

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

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

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

Activities:

1. Develop, acquire, and distribute educational materials supporting the increased awareness of EFS programs and

activities, as well as, answer public health questions and concerns.

2. Upon request, conduct educational presentations to facility operators and residents on environmental issues and MCHD-EFS programs.

Organized Camps and Campground Sanitation Program

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

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

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

Activities:

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

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

Bathing Place Sanitation and Safety Program

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

Program Goal: To maintain or improve environmental conditions at public bathing facilities in Montgomery County concerning public health issues, therefore protecting the health and safety of the citizens who use these facilities through code enforcement and education.

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

Activities:

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

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

Mobile Home Park Program

The department registers and inspects 20 mobile home park communities in Montgomery County. The mobile home park program is directed toward protecting the public health and safety of the people living in these communities. This will be accomplished through inspections, education, and prompt complaint response.

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

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

Activities:

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

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

Individual Water Supply Program

The Individual Water Supply Program includes locating, permitting, and inspecting newly proposed domestic water wells; investigating complaints of groundwater contamination; analyzing resident well water samples for microbiological parameters and providing result interpretation and treatment advice.

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

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

Activities:

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

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

Objective 2: Ensure that individual water supply systems are properly installed.

Activities:

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

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

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

Activities:

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

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

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

Activities:

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

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

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

Activities:

1. Conduct inspections of select E&D establishment individual water wells and treatment systems, and obtain water samples for applicable analyses.
2. Conduct inspections of select E&D establishment on-lot sewage disposal systems to determine compliance with applicable law.
3. Provide laboratory analysis of all samples collected.
4. Coordinate compliance efforts with PADEP Bureau of Water Supply Management and MCHD EFS.

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

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

Activities:

1. Provide quarterly collection of water samples from select county park public water supplies per PADEP requirements.
2. Provide water analysis and result interpretation to appropriate Park representatives for all quarterly collected samples.
3. Provide PADEP with appropriate monitoring results in a timely manner.
4. Provide Park representatives with compliance requirements set forth by PADEP upon determination of contamination, if applicable.

Evaluation Method: Compile quarterly statistics showing the number of park water sampling investigations conducted compared to the previous year.

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

Activities:

1. Analyze resident well water samples for microbiological parameters within established holding times.
2. Provide written analyses reports to residents to include drinking water standards and treatment alternatives, if necessary, within seven (7) days of analysis completion.

Evaluation Method: Compile monthly statistics showing the number of water samples analyzed compared to the previous year.

Objective 8: Continue monitoring wells and rain gauges in the ground-water and rainwater monitoring network, respectively.

Activities:

1. Monitor the water levels monthly of all wells included in the network.
2. Collect all monthly precipitation measurements from MCHD volunteers.
3. Upload and organize all groundwater and rainwater data in spreadsheets.
4. Collaborate with the United States Geological Survey (USGS) in interpreting and analyzing the data.
5. Provide annual reports and related graphs to property owners, rain gauge monitors, and municipalities participating in the program.

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

Objective 9: Conduct environmental investigations in response to Legionella or other waterborne disease outbreaks at public facilities or to nosocomial case reports at long-term care facilities.

Activities:

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

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

On-lot Sewage Disposal Program

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

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

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

Activities:

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

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

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

Activities:

1. Review all sewage system permit application designs for adherence to regulations and procedure.
2. Issue or deny sewage system permit applications per review outcome.
3. Review proposals for re-use of existing sewage systems for adherence to operational procedure.
4. Provide recommendations to the property owner and municipality.

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

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

Activities:

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

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

Objective 4: Ensure that planning modules for land development and municipal official plan revisions are properly reviewed.

Activities:

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

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

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

Activities:

1. Initiate enforcement (notice of violation, administrative conference, MCHD order) of non-compliant sewage system owners, consultants or installers.
2. Update and/or develop new operational procedures to ensure consistent and timely site evaluations, permit reviews, and sewage system installation inspections.
3. Provide hearings per sewage system permit applicant request to appeal EHS/SEO actions, as needed.

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4. Provide area-wide sewage disposal needs assessment surveys, and subsequent outreach at public meetings upon PADEP request.
 5. Ensure all EHS/SEOs attend mandatory training sessions to maintain state certification.

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

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

Activities:

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

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

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

Activities:

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

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

Objective 8: Maintain or increase annual reimbursement funding for activities conducted pursuant to the Pennsylvania Sewage Facilities Act 537.

Activities:

1. Ensure recording of daily activities in the division database for all eligible staff.
2. Assist administration staff to organize documentation for all reimbursable non-labor expenses.
3. Assist administrative staff to organize activity summary sheets, sewage system permit copies, payroll records, revenue lists, employee logs and other necessary documentation.
4. Submit a completed application with accompanying documentation to PADEP within mandated deadline.

Evaluation Method: Compile annual statistics showing the amount of state reimbursable activity monies received compared to the previous year.

Environmental Health Services

Program Plans and Objectives Performance Review (2008)

Food Protection Program

Program Goal: To maintain and/or improve the sanitary operation of the 3,534 licensed food facilities in Montgomery County and protect public health through cyclic inspections, regulations and education.

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

Achieved:

- Conducted 7,370 inspections at all MCHD licensed food facilities. Inspections were conducted based on their inspection history and profile.
- Conducted 35 inspections of licensed mobile vendors in Montgomery County. Reviewed 425 vendor applications and conducted applicable inspections of food service vendors at special events and mass gatherings in Montgomery County.

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

Achieved:

Investigated 395 reported food borne disease outbreaks and/or complaints and, as applicable, EFS conducted facility inspections, HACCP inspections, distributed educational information, discussed and met with food service operators and employees and provided direct food safety training.

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

Achieved:

- Provided information to facilities concerning CFSM program and course requirements during inspections and through notification letters.
- The proficiency examination was given once a month throughout the year (12 times) and 19 exams were administered.

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- MCHD continues to offer training and educational sessions for non-profit organizations.

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

Achieved:

- Reviewed 219 plans for new and renovated food facilities in Montgomery County and as applicable conducted pre-operational and opening inspections.
- Two hundred sixty (260) new/renovated food service facilities were open in Montgomery County in 2008.

General Nuisance and Disease Vector Control

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

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

Achieved:

Investigated 212 complaints of nuisances as defined in the MCPHC.

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

Achieved:

Investigated 316 complaints of potential disease vectors as defined in the MCPHC.

Institutional Sanitation Program

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

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

Achieved:

Conducted 61 physical plant school safety and sanitation inspections.

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

Achieved:

- Responded to requests for inspections from outside agencies, municipalities, and licensing institutions.
- Investigated 1 complaint concerning skilled nursing facilities, personal care facilities, acute care facilities, and/or child-care facilities.

Environmental Education and Awareness Initiative

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

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

Achieved:

Through the 8,320 inspections and 923 investigations conducted in Montgomery County, information concerning environmental public health issues was circulated.

Bathing Place Sanitation and Safety Program

Program Goal: To maintain or improve environmental conditions at public bathing facilities in Montgomery County concerning public health issues, therefore protecting the health and safety of the citizens who use these facilities.

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

Achieved:

Conducted 452 inspections at all the public-bathing places in Montgomery County.

Organized Camps and Campground Sanitation Program

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

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

Achieved:

Conducted 14 inspections at all organized camps, campgrounds, and recreational areas licensed in Montgomery County.

Mobile Home Park Program

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

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

Achieved:

Conducted 20 cyclic inspections at all registered mobile home park communities in Montgomery County.

Drinking Water Supply Program

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

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

Achieved:

Reviewed applications and permitted 72 domestic water wells.

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

Achieved:

Conducted 325 inspections of water supply placement and installation, and water table measurement.

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

Achieved:

- Conducted 58 water-related nuisance and water supply complaint investigations.
- Staff conducted a Legionella outbreak investigation at a long-term care facility.
- Continued to oversee water monitoring at another retirement community and closed one case affected previously by Legionella outbreaks.

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

Achieved:

- Planned, hosted and chaired quarterly Montgomery County Water Quality Advisory Committee meetings.
- Provided education resources at the annual Temple Earth Day Fest in Ambler. Planned and conducted 22 water quality education programs for elementary school children.

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

Achieved:

- Conducted 61 inspections of public water supply wells and on-lot sewage systems serving Eating and Drinking establishments throughout the County.

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

Achieved:

Collected quarterly coliform and annual nitrate compliance samples for various wells serving 7 county park facilities. This also included analysis, report submission to PADEP, and interpretation of results for the County Parks Department.

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

Achieved:

Staff logged, analyzed, and provided results for 615 homeowner water samples in the public health laboratory.

Objective 8: Continue monitoring of wells in the ground-water monitoring network.

Achieved:

The monitoring network was established in July 2005 after consultation with USGS. Monthly measurements have been taken since that time. There are currently 19 wells in the network. An established precipitation monitoring network revealed data collected from 6 rain gauges across the County.

Water Pollution Control Program

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

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

Achieved:

Conducted 633 site evaluations to determine site suitability for on-lot sewage disposal. These include, but are not limited to, profiling soil probes, witnessing percolation tests, and confirming site compliance with other applicable regulations such as slope and isolation distance to landmarks.

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

Achieved:

Reviewed and issued 197 on-lot sewage permit applications in accordance with State law and County procedure. These included elevated sand mound and in-ground systems, drip irrigation, and other alternate sewage systems.

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

Achieved:

Conducted 1,026 on-lot sewage system inspections including, but not limited to, preliminary on-site contractor consultations, scarification of

absorption areas, sand placement, pump tests, tank and piping installation, and final cover.

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

Achieved:

Reviewed 78 planning modules for proposed on-lot sewage disposal or municipal sewage disposal.

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

Achieved:

EHS/SEOs maintained state certifications through mandated training, updated several operational procedures and continued consistent enforcement of all programs.

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

Achieved:

Investigated 227 complaints of malfunctioning on-lot sewage disposal systems and completed the response with compliance correspondence as necessary.

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

Achieved:

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

Objective 8: Maintain or increase funding for activities conducted pursuant to the Pennsylvania Sewage Facilities Act currently reimbursable under state government grants.

Achieved: Submitted the Act 537 application prior to the mandated March 1st deadline and received the expected state reimbursement.

Other Services Program Plans and Objectives 2009

Public Health Preparedness Program, formerly the Bioterrorism Identification and Control Program

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

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

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

Activities:

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

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

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

Activities:

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

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

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

West Nile Virus Environmental Surveillance and Control Program

The West Nile Virus (WNV) environmental surveillance and control program is designed to protect the citizens from WNV by identifying and eliminating potential mosquito breeding sites. This is accomplished by conducting an active mosquito collection and identification program throughout Montgomery County. In addition to mosquito surveillance, areas identified with high mosquito counts and/or virus activity are treated with mosquito control products.

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

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

Activities:

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

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

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

Activities:

1. Set and collect adult mosquito traps throughout Montgomery County.
2. Process and deliver samples to DEP for species identification

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- and virus detection.
3. Establish and follow an adult mosquito control matrix.
 4. Respond to areas with high mosquito numbers and virus activity with appropriate adult mosquito control measures.

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

Other Services Program Plans and Objectives Performance Review (2008)

Public Health Preparedness Program, formerly the Bioterrorism Identification and Control Program

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

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

Achieved:

Trained and selected personnel to participate in related preparatory, surveillance and response activities. Entire staff completed the National Incident Management System (NIMS) training.

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

Achieved:

Actively participated in numerous anti-terrorism task force and hospital emergency health care support zones. In addition, actively participated in preparedness exercises, along with the Department of Public Safety.

West Nile Virus Environmental Surveillance and Control Program

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

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

Achieved:

Conducted inspections and implemented applicable control measures at 100% of the known mosquito breeding sites.

Objective 2: To contract the services of a professional pest control operator to control mosquito breeding activities at 100% of the municipal

wastewater treatment plants and treat catch basins throughout Montgomery County.

Achieved:

Contracted the services of a professional pest control operator who inspected and implemented control measures at 100% of municipal wastewater treatment plants and 2,582 catch basins.

