

# 2007 PROGRAM PLANS

prepared by

THE  
MONTGOMERY COUNTY  
HEALTH DEPARTMENT

for

THE PENNSYLVANIA  
DEPARTMENT OF HEALTH

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# Montgomery County Health Department

## **2007 PROGRAM PLANS**

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





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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 all of its ramifications, and water quality continue to keep us active.

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 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

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for any untoward event such as terrorism, bioterrorism, agroterrorism, and natural or man-made disasters. We are participants in virtually every tabletop exercise on bioterrorism in the Southeast Region and are closely linked with the Montgomery County Department of Public Safety.

Pandemic crisis planning education and preparation includes:

- Maintaining the Pandemic Crisis Committee that consists of various disciplines (law/legal, medical and public safety) who have interest in preparing for a pandemic crisis in Montgomery County.
- Disseminate clear and concise messages to the public about how the public should prepare for a pandemic crisis utilizing various mass media.

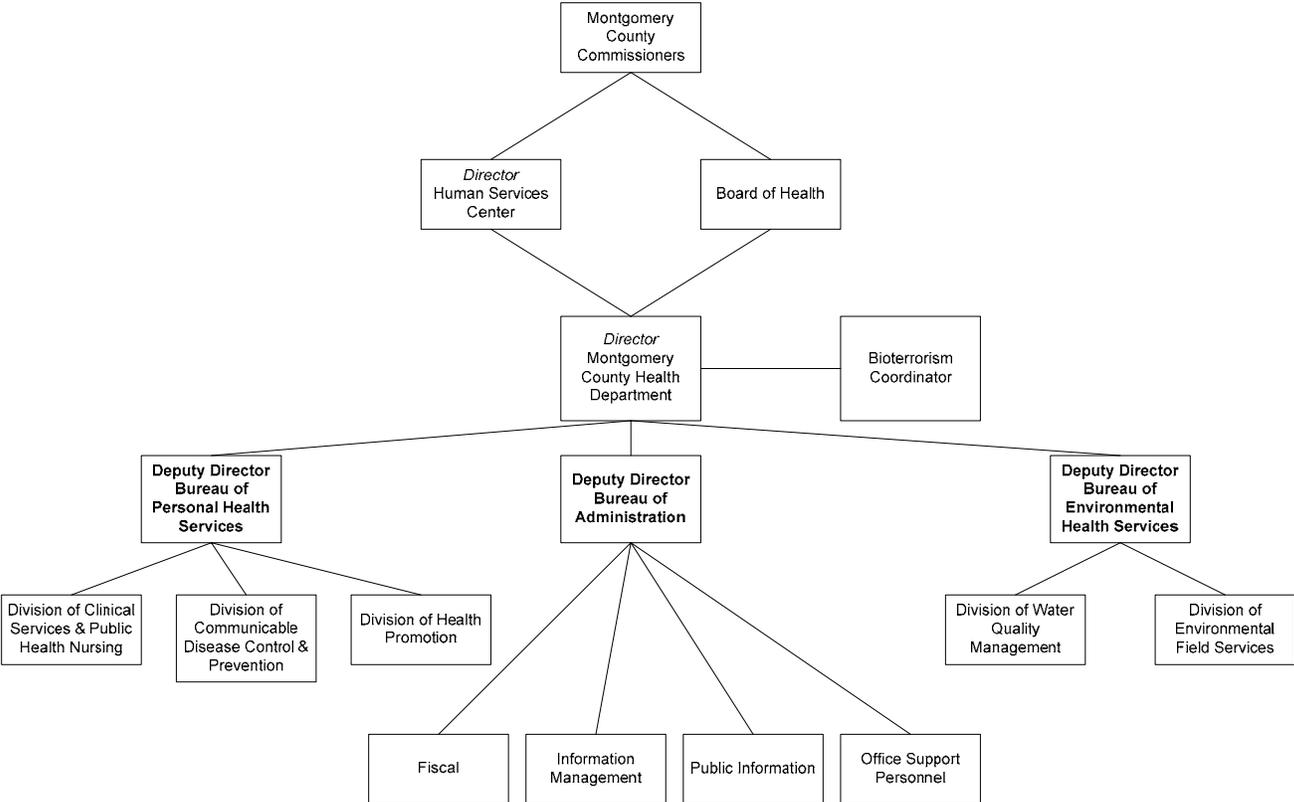
In 1991, when the Health Department was started, 6 out of 62 municipalities opted out of joining the department. Since my tenure as Health Director/Medical Director began in 2002, we have acquired 5 out of the 6 non-participating municipalities consisting of Bridgeport, Cheltenham, Jenkintown, Lansdale and Lower Merion. With the addition of these townships, it enables Montgomery County to be less fragmented and work collaboratively especially in the event of an emergency or disaster.

Montgomery County Health Department continues to explore the use of new technology to improve the quality, quantity and efficiency of services delivered. For example, in 2006, immunizations were done in real-time and without paper charts, thus saving time and money. In 2007, the same savings will be applied to food and environmental inspections using tablet computers and electronic forms. Montgomery County Health Department is proud to be a leader with our newly reorganized e-gov website. The public can now find forms, applications and access to information about services at any time through the website instead of waiting until the next business day.

The staff at the Montgomery County Health Department are working to maintain and improve the quality of life for all Montgomery County residents in 2007, and will do so to the best of our collective ability.

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

# Montgomery County Health Department Organizational Chart



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## **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 2005 estimate, Montgomery County is home to 753,046 residents, which is a 3.44% increase over the last 5 year period. Montgomery County is the third largest county after two major metropolitan areas, Philadelphia and Pittsburgh.

White persons, percent, 2005 (a) 84.9%

Black or African American persons, percent, 2005 (a) 7.9%

American Indian and Alaska Native persons, percent, 2005 (a) 0.1%

Asian persons, percent, 2005 (a) 5.3%

Native Hawaiian and Other Pacific Islander, percent, 2005 (a) 0%

Persons reporting some other race, percent, 2005 (a) 1%

Persons reporting two or more races, percent, 2005 0.9%

Persons of Hispanic or Latino origin, percent, 2005 (b) 2.7%

White persons, not of Hispanic/Latino origin of the 2005 total population percent, 85.6%

The Montgomery County health status assessment includes quantitative and qualitative data analysis at the individual 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.

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

### **Bureau of Administration**

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

### **Administration Programs and Objectives for 2007**

#### **Communications**

A key function of the Communication section is to assist the operational divisions in preparing and disseminating public health information. Given the need for a consistent departmental identity, the intent of the section 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.
2. Respond to general public health inquiries and media requests.

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

### **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 trends 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 and forecasting 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, annual disease morbidity report.

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

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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 performing other assessment functions.

Evaluation Methods:

Compile necessary needs assessment reports.

Objective 3: Assess the health of Montgomery County residents through analyzing the causes 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.

### **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. ITM, in conjunction with the County's Information & Technology Solutions department (ITS), is responsible for developing enterprise Geographic Information System GIS and the department's web presence.

Program Goals: Responsible for the department's computing environment.

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Develop and maintain MIS applications. Contribute toward the development of a County enterprise GIS. Improve service through MCHD website.

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 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. Convert all developed applications to current versions (Access 2003 & SQL2000) and review for modifications.
2. Develop applications for TB and STD clinics to become chartless.
3. Replace current system with in-house developed application for complaints.
4. Implement paperless inspections (eating and drinking establishments, pools, schools and camps/campgrounds) using Tablet PCs.

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

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Objective 4: Continue to build upon previous hardware and software purchases by using the GIS for public health.

Activities:

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

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

Objective 5: Update new website (<http://.health.montcopa.org>) to provide additional information and access to services.

Activities:

1. Add and update content to keep current.
2. Add on-line services for complaints, program requests, permits and licenses.

Evaluation Methods: Feedback and evaluation from public and web analysis service.

### **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. Record daily expenses.
2. Verify and approve monthly expense reports.
3. Prepare monthly/quarterly grant submissions.
4. 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 to the divisions regularly to ensure that spending is in line with County guidelines.

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

### **Personal Health Services**

The Bureau of Personal Health Services (PHS) is composed of three operating divisions: Clinical Services and Public Health Nursing, Communicable Disease Control and Prevention and Health Promotion. These three divisions provide a wide range of services to promote and protect the public's health. The services provided by the Bureau of Personal Health Services are consistent with the overall goals of the United States Department of Health's Healthy People 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, 74 diseases or conditions are reportable under the Public Health Code \(Chapter 3, Article B\) of Montgomery County and \(PA Code, Title 28, Chapter 27\).](#) The Code stipulates that physicians, other health care practitioners, persons in charge of a hospital, laboratory, institution, school nurses and superintendents, or any person having knowledge or suspicion of a reportable disease/condition shall report this knowledge or suspicion promptly to the Montgomery County Health Department (MCHD) by phone, mailing/faxing, and using Pennsylvania's National Electronic Disease Surveillance System ([PA-NEDSS](#)).

National Electronic Disease Surveillance System (**NEDSS**) is a 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

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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 new 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, STD 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 disease 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
- Breast, Cervical, Skin and Colorectal 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,

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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 2007**

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

The Maternal Child Health (MCH) Home visiting program provides nurse home visiting by professional nurses to prenatal and postpartum mothers. The program is composed of two 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 extend through the infant's second year of life.
- 2) The Title V/Act 315 Funded Intervention consists of less intense nurse home visits and provides referral services and funding to two prenatal clinics for free prenatal care to uninsurable pregnant woman. It also provides linkages with community services for children with special health care needs.

Program Goal: Reduce infant mortality and improve the health and life-course of families in Montgomery County by December 2007.

#### *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 mothers into the Nurse-Family Partnership Program as early in the pregnancy as possible.
2. Provide public health nurse (PHN) home visits to pregnant mothers within the following time frame.

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

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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 monthly and 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:

<b>Visit Schedule</b>	<b>Frequency</b>
First six 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 monthly and 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 monthly and quarterly measurements of activities, demonstration of increase of

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families using community resources to obtain the support they need to achieve their stated goals.

*Maternal and Child Health Home Visiting Program*

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 by providing funding to two prenatal clinics for prenatal care.

Activities:

1. Contract with and provide funding to two prenatal clinics for prenatal medical care for 136 uninsurable pregnant women.
2. Ensure that the prenatal services are comprehensive prenatal care and support services under the guidelines set up by the Healthy Beginnings Plus Program.
3. Attempt to enroll 90% of the prenatal clients in MCHD's Maternal & Child Health Home Visiting Program.
4. Provide outreach services to hospital prenatal clinics as needed.
5. Provide home visiting program to 25 pregnant women. All program participants receive education regarding abstinence from tobacco, alcohol and other drugs. Attempt to identify pregnant women using these substances and monitor compliance with prenatal care and healthy behaviors.
6. Provide education and counseling on prenatal care issues, such as infant feeding choices, childcare concerns and medical home referrals.
7. Encourage and educate the pregnant woman on the benefits of breastfeeding, baby safety topics, safe sleep practices, dental care, immunizations and lead poisoning.

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 2006.

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

Activities:

1. Enroll and case manage 25 postpartum women in the voluntary home visiting program through the infant's eighteenth month of life or as indicated.
2. Provide home visits and telephone contacts dependent upon the needs of the mother and infant.

- 
3. Provide home assessments and education on importance of keeping all scheduled appointments for postpartum and well childcare.
  4. Identify source of primary care for mother, infant and all family members. Make referrals, if appropriate. Assistance in registering for Child Health Insurance Program (CHIP)/Medical Assistance if appropriate.
  5. Initiate nutritional assessment and counseling. Referrals to WIC, if appropriate.
  6. Provide lead screening for infants six months and over, initiate environmental assessment and follow-up if appropriate.
  7. Assess and monitor psychosocial needs of enrollees and make appropriate referrals as needed.
  8. 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.
  9. Perform screening, assessment, documentation and referral for victims of domestic violence whenever appropriate.
  10. Provide smoking cessation education to women who use tobacco. Provide education to women about not exposing their children to tobacco smoke.
  11. Ensure all enrollees have been offered screening for sexually transmitted diseases and refer for treatment, if appropriate.
  12. Provide education and counseling on immunizations for infants and all children in the home.
  13. Assess immunization status of all children in the household.
  14. Conduct home safety assessment, including fire, bicycle and automobile safety.
  15. Provide counseling and educational tools to assist the enrollee in providing a safe environment and make follow-up referrals when appropriate.

Evaluation Methods: Evaluation will be accomplished through monthly and quarterly measurements of activities, a demonstrated increase in the number of low-income and uninsurable woman accessing primary care and childcare in the postpartum period, as compared to year 2006.

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.

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2. Coordinate monthly meetings of the Infant Health Advisory Council.
  3. Through the Infant Health Advisory Council, identify disparities and gaps in care, and identify possible funding sources to address maternal and infant health concerns.
  4. Maintain effective, ongoing relationships with local organizations involved in family health issues serving Montgomery County.
  5. Serve on and create linkages and partnerships between the Health Department with the following organization's boards and task forces:
    - Child Death Review Team
    - Montgomery County Teen Parent Task Force
    - March of Dimes
    - Interagency Coordinating Council (for Special Needs Children)
    - Child Care Consortium
    - Delaware Valley Health Care Council
    - Montgomery County Interagency Coordinating Council
    - Philadelphia Special Needs Workgroup
    - Montgomery County Cribs for Kids
    - Montgomery Early Head Start Board
    - Norristown Family Center
    - Children's Integrated Services
    - Norristown Alliance for Healthy Babies
    - Pennsylvania Perinatal Partnership
    - Southeast Obstetrics Workforce
    - Mental Health/Mental Retardation Resiliency Meeting

Evaluation Methods: Evaluation will be accomplished through monthly and quarterly measurements 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 with children with special health care needs.

Activities:

1. Produce and maintain a yearly parent resource guide.
2. Produce and maintain a family 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.

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Evaluation Methods: Evaluation will be accomplished through monthly and quarterly measurements of activities, a demonstration of an increase in public awareness to Health and Human Services resources available to families as compared to year 2006.

### **Immunization Program**

The Vaccine-Preventable 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 0-18 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 2007.

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

Activities:

1. Offer immunization review to assess the age appropriate levels of immunizations in Montgomery County day care centers and provide education on immunization issues.
  - PHNs will contact assigned day cares and introduce themselves as immunization consultants.
  - Each PHN will schedule and review day care centers throughout the year as their schedule allows.
  - Collaborate with PA – AAP EXCELS program and the Montgomery County Office of Child Day Care to provide education and improve immunization rates.
  - Provide a certificate of achievement for day care centers that have 90% or greater immunization rates.

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2. 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, no appointment needed, no unnecessary prerequisites).
    - Provide “no barriers” walk-in 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 include 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.
  3. 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 the schools) to assess immunization status on children they serve.
    - Provide immunization information through MCHD’s home visiting programs.
    - 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.
  4. 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.
    - Tetanus, diphtheria and pertussis vaccine (Td or Tdap) will be available for any adult  $\geq 18$  requiring a booster according to the 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.

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5. 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 measurements 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 5 physicians to participate in the influenza seasonal surveillance program.
  - Recruit at least 5 sentinel physicians.
  - Distribute nasal or throat swab kits.
2. Report influenza-like illness.
  - Participate in the national sentinel network by soliciting the participation of at least 3 county-based physicians.
  - Invite physicians to participate in network.
  - Collate published data on influenza-like illness in Montgomery County.
  - Respond to media and public inquiries with accurate, up to date information about influenza activity in different parts of the County.
  - 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.

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- 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 2005-2006 influenza season.

Objective 3: Conduct Active Surveillance of Vaccine Preventable Diseases.

Activities:

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

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8. Report confirmed cases to the PADOH.

Evaluation Methods: Evaluation will be accomplished through monthly and quarterly measurements of activities and tabulations of vaccine preventable diseases and comparisons to year 2006.

### **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. 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 2007.

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

Activities:

1. Screen 500 children in Montgomery County for lead poisoning.
2. Maintain walk-in, day and evening hours for lead testing at MCHD's Community Health Centers.
3. Develop a schedule of screening sites to include day care and Head Start classrooms.
4. Provide lead testing to children identified with low hemoglobin at designated WIC sites.
5. Provide educational materials and/or conduct educational presentations to medical consumers and providers.
6. Submit quarterly reports to the PA Department of Health (PADOH).
7. Enter all screening data into 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 five years that receive lead testing.

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

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Activities:

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

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7. Enter all environmental case data into NEDSS.

Evaluation Methods: Evaluation will be accomplished through monthly and quarterly measurements 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 active tuberculosis in Montgomery County by December 2007.

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

Activities:

1. Perform active case finding and epidemiological investigation of contacts of a case or suspected case of tuberculosis.
  - Screen 95% of all close contacts of active TB clients. Of those found to be infected, 95% will receive treatment for latent tuberculosis infection.
  - Assure TB screening is provided to high risk groups such as: foreign born, homeless persons, migrant workers, persons admitted to nursing homes, persons entering correctional institutions, injecting drug users, and HIV positive persons.
  - Perform active case finding and epidemiological investigation of contacts of a case or suspected of tuberculosis.
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.

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- 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 directly observed therapy (DOT). Offer DOT to all patients under the care of private physicians.
3. Provide tuberculosis education and training for MCHD clinical staff and community health care providers.
- Conduct in-service training and provide on-going education for current staff on an annual basis.
  - Educate community health care providers of services available to high-risk groups.
  - Provide current educational material from the CDC and American Thoracic Society to all health care providers, infection control practitioners and clinical services staff on an annual basis.

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

### **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 2007.

Objective 1: Improve the dental health of preschool and school-aged children by conducting a minimum of 12 dental health education presentations in group settings.

Activities:

1. Conduct 12, 20-30 minute dental health education presentations to preschool and school-aged children in group settings at elementary schools and community organizations.

Evaluation Methods: Evaluation will be accomplished through written program evaluations completed by the classroom teacher to assess the quality and impact of the education presentation.

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Objective 2: 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 especially targeted to the Norristown and Pottstown geographic areas.

Evaluation Methods: Evaluation will be accomplished through quarterly measurements 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 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. Compose a letter to physicians and infection control practitioners at hospitals, correctional facilities, and D&A

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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 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 measurements of activities and a demonstrated increase in the number of reporting sources as compared to year 2006.

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 and at community sites on request.
4. Provide post-test counseling to keep 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 original test.
6. Contact sero-positive clients who have not returned for HIV test results within 5 days from original test.
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. Refer all HIV positive clients to case management services. Have a referral agreement in writing.
9. 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.
10. Use local newspapers, radio, cable TV to inform (in English, Spanish) people in the county about the availability of free HIV testing and counseling.
11. Have services posted on the Montgomery County web site.

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12. 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 2006.

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 participating in the drug and alcohol program at Montgomery County Correctional Facility.
2. Provide educational sessions at Montgomery County Youth Center upon request.
3. Offer educational sessions at inpatient 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.

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 2006.

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

Activities:

1. Organize an event for World AIDS Day consistent with the proposed theme of the year, focusing on high-risk groups in the County.
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.

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Evaluation Method: Evaluation will be accomplished through monthly and quarterly measurements of activities and an increase in numbers of individuals who participated in World AIDS day as compared to year 2006.

### **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 2007.

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

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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.
  - All teenage cases, pregnant females, and clients re-infected within a three-month time frame will be contacted by field visit to solicit partners.
  - 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 NEDSS database and compose a quarterly report on number of cases investigated and number of partners identified and treated.
2. Offer free testing, diagnosis and treatment services to all Montgomery County residents.
3. Provide counseling, treatment and partner notification services to all STD positive clients tested by Montgomery County Health Department.
4. Provide counseling, treatment and partner notification services to all STD positive clients referred by private providers.
5. Continue to provide STD testing, diagnosis and treatment at three health department clinics, offering one evening clinic per week at each site.

Evaluation Method: Evaluation will be accomplished through monthly and quarterly measurements of activities and a demonstrated increase in the number of individuals counseled, tested, and treated as compared to year 2006.

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

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Activities:

1. Provide monthly education sessions to inmates enrolled in the Drug and Alcohol program 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 street 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 (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

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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 EPI-2002. 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 weekly reports for the PADOH, monthly summaries for health officer of the remaining Exempt Township (including selected statistics on reportable diseases and an updated Animal Rabies Summary), and data for the Health Department's Service Delivery Report.

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.

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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 NEDSS to be available to Health Care Providers using 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 2006 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 Pennsylvania Department of Health's (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.

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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, 17<sup>th</sup> edition, APHA 2000; Report of the Committee on Infectious Diseases, 2003 Red Book by the American Academy of Pediatrics, 26<sup>th</sup> edition; Centers for Disease Control and Prevention (CDC) STD Modules and Epidemiology and Prevention of Vaccine-Preventable Diseases, 1999, 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.
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 NEDSS and other statistical programs.

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2. Teach staff how to compose epidemiological profiles of diseases and analyze disease trends (person, time, and place) and risk factors.
  3. Have 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 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 postexposure 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 Pennsylvania State. 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.

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

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

Activities:

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

Evaluation 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.
2. At year-end, compile a list of the total number of persons recommended for Post Exposure Prophylaxis by MCHD, as compared to 2006.

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

Activities:

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

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

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

Activities:

1. According to an established time schedule, select sites for 2007, 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 questionnaire.

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 2006 data.

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

Diseases of the central nervous system (CNS) include bacterial meningitis and viral meningitis and encephalitis. Viral meningitis is a less serious clinical syndrome with multiple viral etiologies but bacterial

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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, June 30, 2000. 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. 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. influenzae* type b, is essential even when the diagnosis is not laboratory confirmed. It permits physicians and public health professionals to identify and protect close community contacts from contracting the disease. When the health department receives a report, staff interview all contacts of suspected and confirmed incident cases, and 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.

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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, allay 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. Among 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 56 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

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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 Pennsylvania Department of Health, 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 cause an outbreak.

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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

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- 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 for the “Outbreak and Unusual Situations” file.
  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.

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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 500 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-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.

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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 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.

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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 Method: 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 2007.

Objective 1: Contact 85% of hepatitis B positive pregnant women, educate them about hepatitis B vaccine and immunoglobulin, and provide case management services to them and their infant.

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Activities:

1. Review positive hepatitis B surface antigen reports on women of childbearing age sent by physicians, hospitals, 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, 85% 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 2006 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.

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Objective 1: Fully investigate 95 % of reported cases of Lyme disease by December 2007.

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

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

Activities:

1. Identify high-risk areas based on case incidence of the previous year.
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, 2007.
4. Distribute posters to all hospital emergency rooms and doctor's offices that have reported or have concerns about Lyme disease.
5. Invite Park 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 2006 data.

### **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

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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's 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. Develop, improve and promote community walking and bicycling trails, and active recreation areas.
  - Conduct a needs assessment by identifying and inventorying existing trails and recreation areas.
  - Improve and increase the number of trails in the county.
  - Conduct a community campaign to increase trail utilization by submitting a grant application for funding through the Keystone Active Zone campaign, promoted by Pennsylvania Advocates for Nutrition and Activity (PANA).
  - Promote PANA's Passport Program through a local school district.
2. Develop, promote and increase the number of community garden projects.
  - Partner with local officials to determine garden location and parameters for participation.
  - Institute community garden project in the Spring.
3. Partner with two community based organizations, one serving youth (under age 18) and one serving adults (over age 18), to offer healthy food choices to their clientele, employees, and volunteers through venues such as vending machines, cafeteria and snack offerings, catered events and meetings, and employee and volunteer events and parties.
  - Inventory existing food choices and applicable policies.
  - Develop, implement and evaluate changes to food choices and any respective healthy food policies instituted.

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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: Promote the adoption of healthy behaviors that decrease the risk of cardiovascular disease, osteoporosis, diabetes and obesity through healthcare systems.

Activities

1. Partner with a healthcare system or facility to develop and disseminate culturally-appropriate healthcare literature that focuses on diabetes, heart disease and stroke, osteoporosis, overweight and obesity.
  - Conduct a needs assessment to identify target population.
  - Promote and distribute materials to target population.
2. Partner with a healthcare system to implement one of the three modules of the American Heart Association's *Get With the Guidelines* program.
  - Establish a partnership with a local hospital and local chapter of the American Heart Association.
  - Assist the hospital in the implementation of one of the three modules.
  - Evaluate how the program is received and used by healthcare providers within the system.
3. Promote and increase the number of youth weight management programs listed in Pennsylvania Advocates for Nutrition and Activity (PANA's) online *Youth Obesity Prevention and Weight Management Program Inventory*. PANA's collection of youth weight management programs will be accessible by county through an internet website. Healthcare providers, schools and the general public may access the website.
  - Identify existing programs not already listed on the inventory through the help of the Montgomery County Health Alliance.
  - Promote inclusion of additional programs
  - Promote programs that are listed on the inventory through distribution of a booklet created by the Montgomery County Health Alliance to healthcare providers, parents and families, and schools.

Evaluation Methods: Evaluation will be accomplished through quarterly measurements of participation, amount of weight management programs

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entered on the PANA website, and utilization and consumer perception of healthcare literature.

Objective 3: Increase awareness of risk factors and promote early detection of cardiovascular disease, osteoporosis, diabetes and obesity through school and childcare systems.

Activities

1. Partner with two public or private schools not participating in the Keystone Healthy Zone (KHZ) program to assist them in becoming a KHZ school.
  - Identify schools that are not currently enrolled in the Keystone Active Zone program.
  - Establish school health council.
  - Complete KHZ assessment
  - Assist in preparation of KHZ mini-grant work plan and implement mini-grant work plan with or without KHZ funding.
2. Establish a weekly after school physical activity program that promotes non-competitive activities.
  - Implement a 12-week walking program called the Mileage Club.
  - Program will provide children with an opportunity to be physically active during the extended care program.
  - Educational presentations will be included during the 12-week walking program. Education includes “5-A-Day” nutrition, “Strive for 2-1-5” physical activity education, and the “Got Milk” Campaign.
3. Partner with a Head Start or child Daycare trained in the Keystone Color Me Healthy program to implement a minimum of two wellness policies.
  - Develop wellness policies such as healthy food choices for preschool events and classroom parties, increasing the amount of daily physical activity provided to preschool students.
  - Evaluate for effectiveness and general feedback from employees and parents.

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

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Objective 4: Increase awareness of risk factors and promote the early detection of cardiovascular disease, osteoporosis, diabetes and obesity in a worksite.

Activities

1. Partner with a worksite employing approximately 50-100 individuals, being primarily blue-collar and not having an existing workplace wellness or health promotion program to assist in implementing the “Seven Benchmarks of Success” model developed by the Wellness Councils of America (WELCOA).
  - Establish a worksite wellness committee of representative employees that meet on a monthly basis. A representative from the Health Department will serve as a resource person on this committee.
  - The committee will help in the development of a multi-year work plan, including an evaluation component, which will focus on environment and policy changes related to nutrition physical activity, tobacco use by employees, and implementing a tobacco free worksite.
  - Assist in implementing evidence-based policy and environment changes and intervention designed to motivate employees to make healthy lifestyle choices.
2. Increase the number of point-of-decision prompts that encourage healthy lifestyle choices. This may include selecting healthy food choices in the cafeteria and snack bar, or from vending machines, using stairways for physical activity rather than riding the elevator and escalator, parking farther away from the worksite to encourage increased physical activity and encouraging employees to stop using tobacco.
  - Determine employee decisions to be changed through formative research and develop and co-sponsor necessary signage.
  - Promote signage throughout the worksite. Monitor and determine effective methods of increasing the selection of the targeted healthy lifestyle choice.
3. Develop, promote and increase participation in a social support network that uses evidence-based interventions to promote healthy lifestyles.
  - Conduct through the worksite wellness committee, an assessment to determine opportunities to establish evidence-based interventions that promote healthy lifestyles
  - Implement a pilot program to determine employee receptivity to selected intervention.
  - Implement and evaluate a worksite-wide intervention that utilizes a social support network such as group walking club,

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Weight Watchers, Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillator (AED) classes, tobacco cessation program, increase participation in selected intervention, develop additional intervention using social support network approach.

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 5: Increase awareness of other health topics not specifically included in the current OPANAC grant.

Activities:

1. Conduct at least 2 educational programs in each of the following topic areas:

*5-A-Day Nutrition Program*

- 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.

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- 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.

**Skin and Colorectal Cancer Prevention, Education and Early Detection Program**

The Skin and Colorectal 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, especially skin and colorectal. 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's 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 and colorectal cancer.

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

Activities:

1. Conduct five programs for summer sports athletes to promote skin cancer awareness and prevention.
2. Conduct 10 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 five programs to school districts, educating students on sun-safety behaviors.
4. Conduct three educational programs for employers and their employees who primarily work outdoors to promote and provide sun-safety behaviors.
5. Conduct five programs for adults aged 18 and over to promote skin cancer awareness and prevention.
6. Participate as an active member of the Pennsylvania Cancer

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Control Consortium (PAC3).

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:

1. Conduct a minimum of five colorectal cancer awareness presentations at senior centers or other facilities where senior citizens and Medicare populations may congregate and identify at least five community partners to promote colorectal cancer screening among the Medicare population.

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.

**The Susan G. Komen Breast Health Awareness Project**

This project aims to provide linguistically and culturally targeted education and screening opportunities for approximately 200 currently underserved Montgomery County residents whose preferred language is Spanish, Korean, Vietnamese, Chinese or English.

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: Develop culturally sensitive educational materials and curriculum in Spanish, Korean, Vietnamese, Chinese and English.

Activities:

1. Acquire breast health materials in Spanish, Korean, Vietnamese, Chinese or English which are produced or approved by the Susan G. Komen Breast Cancer Foundation.
2. Collaborate with translators to translate approved materials

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- and evaluation forms into Spanish, Korean, Vietnamese, Chinese and English.
3. Produce approved translated breast health educational materials and evaluation forms for programs.
  4. Utilize MCHD health educators to develop curricula focusing on breast health and early detection - Breast Self-Exam, Clinical Breast Exam, Screening Mammography.
  5. Work with bilingual health educators to translate curricula in a culturally sensitive manner to present to the Spanish, Korean, Vietnamese, Chinese and English speaking communities.

Evaluation Methods:

1. Monitor results of completed evaluation forms.
2. Monitor number of publications distributed by language.

Objective 2: Recruit and train health educators to present the materials in Spanish, Korean, Vietnamese, Chinese and English.

Activities:

1. Recruit bilingual health educators from collaborating agencies.
2. MCHD health educators will conduct training classes for bilingual health educators to develop proficiency with curricula.

Evaluation Methods: Track number of bilingual health educators trained.

Objective 3: Provide educational presentations to at least 200 underserved Montgomery County residents.

Activities:

1. Work with collaborating community agencies to recruit Spanish, Korean, Chinese and Vietnamese speaking residents for educational programs.
2. Work with bilingual translators to organize and schedule educational programs for their language 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 to the language groups.
2. Determine how many educational brochures were

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- distributed to residents in the language groups.
3. Collect and assess participant's responses to program evaluation forms.

Objective 4: Assure that at least 200 underserved Montgomery County residents obtain clinical breast exams.

Activities:

1. Determine whether residents in the language groups who are participating in the program have already received a clinical breast exam within the last 12 months.
2. Work with collaborating health care facilities to provide clinical breast exams to participants who have not yet received them.
3. Provide assistance with transportation if necessary.
4. Provide translation services for their appointments at the medical facilities if necessary.
5. Assist with setting up follow-up appointments if necessary.

Evaluation Methods:

1. Quantify the number of residents in each language group receiving clinical breast exams through the program.
2. Quantify the number of residents needing further clinical intervention.

Objective 5: Work with collaborating hospitals to provide screening mammograms to approximately 200 underserved Montgomery County residents.

Activities:

1. Arrange for screening mammograms for eligible residents.
2. Provide assistance with transportation if necessary.
3. Provide translation services for their appointments if necessary.
4. Assist with setting up further clinical intervention if necessary.

Evaluation Methods:

1. Quantify the number of residents in each language group who receive screening mammograms.
2. Quantify the number of residents needing further clinical intervention.

## **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

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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's 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. Maintain an updated website as a resource for suicide prevention awareness and as an educational tool for developing information on the topic of suicide.
6. 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 formulating the suicide prevention plan, 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.

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3. Implement the program for a minimum of 50 residents aged 50 years and over.
  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.

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 20 school-based presentations on fire safety, poison prevention, water safety, and playground safety.
2. Attend a minimum of 4 community health fairs in order to provide educational materials and educate parents on injury prevention topics.
3. Conduct educational Halloween Safety classes in four schools.
4. Encourage continued use of Halloween Safety DVD.
5. Conduct a minimum of three presentations on basic home safety for senior citizen groups.
6. Distribute materials and safety equipment to families in need to decrease their risk for unintentional injury.

Evaluation Methods:

1. Provide evaluations to teachers 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.

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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 be made in 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 3 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 ten 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 and installed.

### **Tobacco Control Program**

The Montgomery County Tobacco Control Program consists of nine components directed towards the reduction of tobacco use and exposure to tobacco smoke pollution 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 service providers in the areas of cessation, establishment of clean indoor air policies, education, enforcement of youth access, identification and elimination of disparities among different population groups and community and coalition building.

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This comprehensive tobacco control program is recommended by the Centers for Disease Control and Prevention and the PADOH. Activities are directly related to Pennsylvania Department of Health's grants and are dictated by the grant objectives. Components of the program coordinate with Healthy People 2010 objectives.

Program Goal: To implement a tobacco control program throughout Montgomery County by awarding contracts to service providers and distributing funds from the PADOH through the Master Settlement agreement.

Objective 1: Implement, manage, maintain and evaluate service provider contracts.

Activities:

1. Review proposals and award contracts.
2. Conduct quarterly meetings for service providers for program updates and networking/collaboration opportunities and to provide necessary administrative information.
3. Maintain daily communication with service providers to provide technical assistance and oversight for programs.
4. Assist service providers with various initiatives where necessary.

Evaluation Methods:

1. Review monthly and quarterly reports from service providers to evaluate monthly goals and objectives and to assess program progress.
2. Monitor and analyze data for fiscal reviews.

Objective 2: Assist the PADOH with statewide initiatives.

Activities:

1. Conduct SYNAR checks yearly, to collect baseline, statistical information on tobacco sale rates.
2. Conduct the Youth Tobacco Survey to randomly selected middle and high schools in Montgomery County to collect adolescents' attitudes, knowledge and beliefs about tobacco usage.

Evaluation Methods: Evaluation will be accomplished through monthly and quarterly measurements of activity conducted with the state initiatives.

Objective 3: To reduce tobacco use and exposure to tobacco smoke pollution by assisting and supporting the tobacco service providers in their various programs.

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Activities:

1. Utilize the service provider's tobacco program information for distribution at various community health fairs and events throughout Montgomery County.
2. Incorporate tobacco prevention and cessation information into existing Health Promotion programs to be utilized throughout the community.
3. Coordinate and administrate the Coalition for a Tobacco-Free Montgomery County Advisory Board and quarterly meetings and assist in implementation of coalition sponsored activities and events.
4. Assist in the development and implementation of activities for national anti-tobacco observances in schools and various community locations.
5. Coordinate the use of two Tobacco Prevention Education Portals to Montgomery County middle schools.
  - The Tobacco Prevention Portal is a traveling educational system, which teaches students about the dangers of smoking and explains ways to get involved in the community to stop tobacco use.

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

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**Bureau of Personal Health Services**  
**Program Plans and Objectives Performance Review (2006)**

**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 mothers through funding received by the Pennsylvania Office of Child Development to 128 mothers in 2006.
- One hundred twenty-nine (129) 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 & 5).

Objective 2: Improve Child Health and Development.

Achieved: In 2006, 52 clients were enrolled in the NFP.

- 1,425 visits were completed visits.
- 238 attempted visits were made.
- Average length of visit per client was 1 hour and 14 minutes.
- Each nurse worked with their client through 5 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 98% 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.

- Sixty-five (65%) percent of our mothers are currently receiving WIC, 48% are on Medicaid, 12% are receiving food stamps and 10% receive TANF (Temporary Assistance for Needy Families).

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

Achieved: The Prenatal Service Program provided free prenatal care to 170 pregnant, uninsured, undocumented, low-income women at four prenatal clinics during 2006.

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

Achieved:

- MCHD served 59 women in the Prenatal Home Visiting Program. Eight (8) of these women admitted to the use of alcohol, tobacco, or illicit drugs.
- The program served 133 women in the postpartum component of the program. Forty nine (49%) percent of these women were < 22 years of age. Our program provides services for the full year of the postpartum period.
- Our program had 42 live births born to mothers age 22 years or less. Twelve (12) of these infants were breast fed. Thirteen (13) of these mothers admitted to the use of alcohol, tobacco or illicit drugs. The following is birth outcome data below "normal": six (6) infants had preterm births <36 weeks; seven (7) infants were of low birth weight < 2500gms; and five (5) infants were of high birth weight >4500gms.

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.
- MCHD also coordinates the Child Death Review Team, which looks at preventable deaths and how these deaths could have been avoided. These topics include 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.

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- A presentation to the State House of Representatives was made regarding safety standard laws needed for ATVs and securing furniture to walls after several accidents related to these items occurred in Montgomery County.

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

Achieved:

- MCHD has published 5 editions of a Parent and Infant Resource Guide including years 2001, 2002, 2004, 2005 and 2006.
- Twenty five thousand copies of the fifth edition were printed and dispersed throughout the County, totaling 100,000 from all five editions. This guide assists all parents and agencies in accessing current information and services throughout the county. The guide is also available on the Health Department Web site [www.montcopa.org/hhsaps/pihdir.htm](http://www.montcopa.org/hhsaps/pihdir.htm).
- From June 2003 to December 2006, there were over 2 million hits to this site by parents with children and agencies looking for health and human services within our county. This resource has been added to numerous search engines on the internet as well as other agency, library and school websites.
- The Infant Health Coordinator attended the monthly meetings of the Montgomery County Interagency Coordinating Council (ICC) and the Philadelphia Special Needs meetings. She attended the Special Needs Resource fair in May and the Special Needs Transition fair in October, providing parents with Montgomery County Health Department literature and referral information. Referrals are on-going to the Health Department from the Resource Guide and Website.

### **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 childhood immunizations to 3,461 children at our Norristown, Pottstown, and Willow Grove health centers and community sites.

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- Provided one (1) EPIC (Educating Physicians In their Communities) presentation to 20 staff members of a pediatric homecare department.
  - Completed the annual CASA (Clinical Assessment Software Application) audit for MCHD. The results were at 84% for the 4:3:1 (4 Diphtheria, tetanus, pertussis, 3 polio, 1 MMR) immunization schedule for children by 24 months of age.
  - Provided 3,677 influenza immunizations to high-risk Montgomery County residents at 12 community-based sites. Additionally, administered 2,901 influenza immunizations to anyone wishing to reduce their chance of getting influenza at our three health centers. Six hundred sixty (660) 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). Nurses also provided influenza immunizations to 109 homebound individuals. In total, MCHD has either administered or re-distributed 7,347 doses of influenza vaccine during the 2006-2007 flu season.

Objective 2: Conduct influenza surveillance.

Achieved:

- Monitored trends in influenza activity during the October 2005-April 2006 flu season.
- Three physicians participated in the Influenza Sentinel Surveillance Network to assess influenza-like morbidity.
- 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 132 reports of Pertussis, of which: 27 were classified as confirmed, 105 were classified as probable and/or suspect. In 2006, there were 6 investigations of probable mumps in Montgomery County.

Objective 4: Perform active varicella surveillance.

Achieved:

Since January 2005, varicella was mandated to be reported. In 2006, 410 cases were reported.

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## **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.
- Five hundred six (506) initial and/or follow-up blood lead testing on pre-school children were performed.
- Ninety-eight (98) children were entered into MCHD's case management services.
- Eighty-eight (88) children were referrals from physician offices (90%) and 10 cases were from MCHD's outreach screening efforts (10%).

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 267 children who have been identified as being lead poisoned.
- For children with lead levels between 10-14 ug/ml (71 cases), parents were notified and provided with extensive education.
- For children with lead levels between 15-19 ug/ml (10 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  $\geq$  20 ug/ml (17 cases), or two consecutive lead levels tests between 15-19ug/ml, 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 (124 sent to the state lab), soil samples (0 conducted) 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 sixty-one (161) cases were closed with a remaining caseload at the end of 2006 of 106 children.

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- Lead education was conducted to 2,437 residents through outreach sites, door to door education and health fairs, including education to 14 physician office visits.

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 5 open, existing, environmental lead investigations.
- The LEHS's performed 9 new environmental lead risk assessment and inspections this year, and referred 3 cases to Section 8 housing for a total of 17 open environmental investigations. Of those 17 open cases, 16 were closed and 1 case remains open.
- An investigation remains an open case until remediation/renovation is completed at the property, or the property meets criteria for case closure.

### **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 nine (29) CDC counted cases in 2006. This is a case rate of 3.7/100,000. The case rate in 2005 was 3.2.

MCHD's efforts and activities to contain TB are as follows:

- Reporting of TB cases and suspects within 24 hrs.
- 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.
- Initiated 15 Class B1 or B2 immigrant evaluations.
- Targeted tuberculin skin testing (tbst) to high risk populations. Placed 1652 TBSTs in 2006.
- Prompt identification (within 3 working days) and prioritization for the identification of TB contacts per MCHD Contact Investigation guidelines.

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- DOT (directly observed therapy) is required for all active/suspect TB cases. Three thousand thirty-one (3,031) DOT visits were provided in 2006.
  - Completed 154 TB investigations of AFB (acid fast bacillus) smear and/or AFB culture positive lab specimens.

Treatment of Latent Tuberculosis Infection: In 2006, 197 treatments were initiated and 145 treatments were completed.

### **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 2006, 188 new HIV cases and 107 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 1,640 pretest, and 1,215 posttest persons through MCHD's Communicable Disease Control Clinics in Norristown, Pottstown and Willow Grove. Six (6) were identified positive for HIV and referred for follow-up case management. Seventeen (17) contacts were elicited and referred for testing. Seventeen (17) CD4 tests and 17 Viral Load tests were performed.
- Provided HIV testing to 83 clients at 4 drug and alcohol counseling sites. One client was identified as positive for HIV. MCHD provided HIV testing to 137 inmates at the Montgomery County Correctional Facility. Two (2) inmates were identified as positive.
- Provided 94 Oraquick tests with 1 confirmed positive.

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

Achieved:

- Conducted 12 prevention education sessions on HIV/AIDS, STD and hepatitis for inmates at the Montgomery County Correctional Facility, reaching 215 inmates.

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- Provided 25 education sessions at drug and alcohol facilities reaching 202 clients.
  - Conducted 10 HIV education sessions at the Montgomery County Youth Center reaching 177 youth.
  - Provided 19 HIV/STD presentations to students in middle/high schools reaching 446 students.
  - Provided 3 presentations to other social service agencies reaching 130 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: HIV testing was offered at community sites with 35 people receiving tests and 2 clients testing positive.

### **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 1,479 cases of STD's: 1,146 confirmed chlamydia, 271 confirmed gonorrhea, and 31 confirmed syphilis (provisional data). There were 11 cases of secondary syphilis, 13 cases of early latent and 7 primary cases of syphilis.

Objective 2: Increase active surveillance of STD's.

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 2,778 persons through MCHD's Communicable Disease Control Clinics in Norristown, Pottstown and Willow Grove. Forty-seven (47) persons were identified positive for gonorrhea, with 94 contacts identified and referred for testing/treatment. One hundred fifty (150)

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persons were identified positive for chlamydia, and 271 contacts were elicited and referred for testing/treatment. Twelve (12) persons were identified with positive syphilis tests, and 11 contacts were elicited and referred for testing/treatment. Seven (7) out of twelve (12) positive tests for Syphilis (RPR's) were previously treated or were biologically false positives. During MCHD's Communicable Disease Clinics, 134 persons received the Hepatitis B vaccine, 78 people received the Hepatitis A vaccine, and 327 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 12 prevention education sessions on HIV/AIDS, STD and hepatitis for inmates at the Montgomery County Correctional Facility, reaching 215 inmates.
- Provided 25 education sessions at drug and alcohol facilities reaching 202 clients.
- Conducted 10 STD education sessions at the Montgomery County Youth Center reaching 177 youth.
- Provided 19 HIV/STD presentations to students in middle/high schools reaching 446 students. Provided seven educational sessions to social service agencies reaching 130 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 6,665 reports of diseases/conditions including 358 Out of Jurisdiction (OOJ) reports. Of the 6,307 cases investigated, 4,258 (68%) 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

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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 2006 West Nile Virus season Montgomery County Health Department:

- Investigated one suspect case of West Nile Virus in a Montgomery County resident.

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

Achieved: Reviewed and updated the standard operation 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 audit 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

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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 877 reported animal bites (23% cats, 72% dogs, 5% other animals). Sixty-three (63%) percent of cats and 38% 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 153 reports of bites classified as wounds of unknown origin and 105 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:

- Provided the Director of Emergency Medical Services with the Montgomery County Health Department's Animal Bite Policy and Procedures for distribution.
- Modified the Animal Bite Report Form, reducing it to one page to increase ease in reporting.

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 765 cats, dogs, and ferrets were immunized (346 cats, 414 dogs, 5 ferrets).

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.

Achieved:

- Submitted 250 specimens to the PA state lab for rabies testing.
- In 2006, 10 animals tested positive for rabies (7 raccoons, 2 cats and 1 bat).

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- Press releases were issued with each incident emphasizing rabies prevention education.

### **Lyme Disease: Surveillance and Prevention Education**

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

Objective 1: Fully investigate 95 % of reported cases of Lyme disease by December 31, 2006.

Achieved: Investigated 740 Lyme disease reports of which 479 were confirmed cases and 261 were suspect cases.

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

Achieved: Conducted 11 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 8 reports of hepatitis A; 7 were classified as acute.
- Investigated 260 reports of hepatitis B; 9 were classified as acute.
- 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 1,184 reports of chronic hepatitis C liver disease into a registry. Of those 1,184 reports, 65% were male and 35% were female. Sixty-three (63%) percent were between the ages of 40-59 years.

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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 4 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:

In 2006, there were 33 births by hepatitis B positive expectant mothers in which 100% of infants received prophylaxis at birth, and all are compliant with the high risk immunization schedule. Seven (7) have produced immunity as per lab results.

### **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 387 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.

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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 80 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 51 reports of all types of meningitis. One case was classified as meningitis due to Haemophilus Influenza 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, through health education programs and health screenings.

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

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Achieved:

Conducted 28 healthy lifestyle education programs at work sites, community centers, township buildings and other locations reaching over 550 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 and blood glucose screenings at 17 community sites reaching 425 people. Screenings were held at work sites and community centers throughout 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 70 educational campaigns in various public, private and parochial schools that reached over 3,000 students.
- Conducted community events on 8 different occasions and reached over 800 people. Events addressed nutrition, “5-a-day”, physical activity, osteoporosis and general heart health topics.

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

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

*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 7 Montgomery County hospitals for uninsured and underinsured women.
- Conducted 2 education programs reaching 50 individuals on breast and cervical cancer topics.

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Objective 2: Increase awareness of risk factors for and early detection of skin cancer through community-based health education programs.

Achieved:

- Conducted 43 education programs reaching 2,095 individuals on skin cancer prevention, sun safety and early detection of skin cancer.

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 four area hospitals.
  - 335 women received mammograms.
  - 124 women received clinical breast exams.
  - 125 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 Breast Cancer Partnership and remained actively involved in its activities.
- Participated in the American Cancer Society's Daffodil Day to raise awareness of breast cancer.

*Colorectal Cancer*

Objective 5: Increase public awareness of the risk factors and early detection of colorectal cancer through community outreach and education.

Achieved:

- Completed a mailing to Montgomery County doctors' offices for colorectal cancer awareness.
- Completed 65 colorectal cancer programs.

*Susan G Komen Breast-Health Awareness Project*

Objective 1: Develop culturally sensitive educational materials and curriculum in Spanish, Korean and Vietnamese.

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Achieved:

- Obtained culturally appropriate brochures in Spanish, Korean and Vietnamese.
- Created brochures and materials for each language group.
- Worked with translators to translate material into the 3 languages.

Objective 2: Recruit and train health educators to present the materials in Spanish, Korean and Vietnamese.

Achieved: MCHD health educators conducted training classes for bilingual community educators to assure programs were culturally appropriate.

Objective 3: Contract with 10 area hospitals and health care facilities for mammography and/or clinical breast exam services.

Achieved: Contracted with 7 area hospitals and 3 local clinics to perform mammograms and clinical breast exams.

Objective 4: Provide approximately 40 educational presentations to Spanish, Korean, and Vietnamese speaking Montgomery County residents.

Partially Achieved: There were 7 educational programs presented to Spanish, Korean and Vietnamese speaking Montgomery County residents. Over 250 non-English speaking women were reached through this program.

Objective 5: Assure that approximately 500 Montgomery county residents in the 3 language groups obtain clinical breast exams before participating in the screening mammograms.

Achieved:

- Worked with collaborating community agencies to recruit Spanish, Korean and Vietnamese speaking residents for educational programs.
- There were 795 underserved residents that received clinical breast exams throughout 2006.

Objective 6: Provide screening mammograms to approximately 500 Spanish, Korean, and Vietnamese speaking Montgomery County residents.

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Achieved:

- Worked with collaborating hospitals to secure screening mammograms for participating residents in the 3 language groups.
- There were 525 underserved residents that received mammograms throughout 2006.

### **Injury Prevention Program**

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

Objective 1: To develop a suicide prevention plan for Montgomery County.

Achieved:

- The Suicide Prevention Task Force met to discuss and plan activities to educate the community about suicide awareness.
- Organized two trainings for Montgomery County professionals.
  - a. A QPR (Question, Persuade and Refer) Training to learn the warning signs of suicide and how to refer individuals for services.
  - b. A national speaker presented about the latest developments of suicide prevention.
- Conducted 2 suicide awareness education programs for middle and high school students. Over 150 students were reached with these programs.

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 82 senior citizens to decrease the risk of falls among elderly participants.

Objective 3: Decrease unintentional injuries in the home among school-aged children through educational activities.

Achieved:

- Conducted 45 Injury Prevention Programs reaching 913 students. Topics included poison prevention, home safety, fire safety, violence prevention and playground safety.

Objective 4: Increase public awareness of injury prevention strategies, with the aim of reducing the number of childhood injuries and deaths

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occurring in Montgomery County through the Pennsylvania SAFE KIDS Coalition.

Achieved:

- Conducted 40 car seat check events for Montgomery County parents, to increase awareness of the importance of buckling up children the proper way in car seats.

### **Highway Safety Program**

Program Goal: To address all highway safety issues with special emphasis on increasing seat belt use, decreasing alcohol related crashes, decreasing pedestrian/school bus deaths and injuries, decreasing aggressive driving related crashes and fatalities, and decreasing tractor-trailer related crashes and fatalities. Additional highway safety issues will include but not be limited to: child passenger safety, air bag safety, bicycle/motorcycle safety, drowsy driving.

Objective 1: Increase Montgomery County residents' access to information on safety belt and occupant restraint information thereby increasing seat belt use rates within Montgomery County.

Achieved:

- Conducted five education programs for parent groups, driver education schools, or worksites to promote increased use of safety belts and child safety seats.
- Conducted 65 seat belt safety programs in Montgomery County schools reaching a total of 1515 students.
- Conducted seat belt usage surveys at 15 different sites throughout Montgomery County to measure seat belt usage among residents.
- The current seat belt usage rate in Montgomery County is 92%.

Objective 2: To reduce alcohol related deaths in Montgomery County by focusing on prevention of driving under the influence of alcohol and underage drinking.

Achieved:

- Conducted underage drinking and alcohol awareness education presentations at two local high schools and colleges reaching over 300 students.
- The fatal vision goggles were used at high school and college presentations.

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- Underage drinking brochures and posters were passed out at each presentation.
  - Distributed information about .08 Blood Alcohol Concentration at all highway safety community events.

Objective 3: Increase Montgomery County residents' access to information on pedestrian and school bus safety.

Achieved:

- Developed and distributed pedestrian and school bus safety materials at community events.
- Provided pedestrian and school bus safety information and educational materials to Montgomery County schools.
- Conducted 31 pedestrian safety education programs at Montgomery County Schools.
- Conducted 12 school bus safety education programs at Montgomery County Schools.

Objective 4: Reduce dangerous driving practices and potential crashes in Montgomery County. Identify high-risk driver groups in Montgomery County including young, inexperienced drivers, older drivers, aggressive drivers and heavy truck drivers.

Achieved:

- Contacted identified police departments to discuss an enforcement plan for specific roadways.
- The speed display sign was given to Montgomery County Police Departments for educational purposes throughout the County. Each police department used the sign for a two week period.
- Provided educational materials and information to drivers in Montgomery County.
- Used media such as newsletters, newspapers, articles and public access television to address young, aggressive and older drivers.
- Contacted driver training sites, driving schools and car rental companies to assure the availability of information and resources for safe driving.
- Contacted senior centers and older adult organizations to assure the availability of information and resources for older drivers.

Objective 5: To reduce tractor-trailer related deaths and crashes. Increase awareness of the dangers of tractor-trailers on Montgomery County highways.

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Achieved:

- Worked with PENNDOT's Safety Press Officer to send out press releases, news articles and information about tractor-trailer safety on the roadways in our region.
- Worked with the state and local police departments to enforce laws and educate truck drivers about safe driving practices while on major highways

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

Achieved:

- Conducted 42 seat belt and child safety seat education programs for parents through community organizations, clubs, worksites and day care settings that reached 1,400 residents.
- Distributed 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.
- Contacted day care providers and supplied them with information on the proper use of child safety seats and safety belts to be distributed to the parents of their students.
- Promoted and conducted four car seat safety programs to new and expectant parents through the hospitals in Montgomery County to assure proper installation of car seats.
- Purchased approved car seats and booster seats and distributed them to need-qualified families throughout Montgomery County after educating the parent on proper installation of the seat.

Objective 7: Increase access to cycling safety information for motorcyclists and bicyclists through education, programs and literature.

Achieved:

- Participate in two bicycle rodeos.
- Conducted 27 bicycle safety programs that reached 1,500 students.
- Conducted four "Bicycle Helmet Blitzes" with local police departments, to educate children about bicycle helmet safety and distributed over 60 bicycle helmets to low-income children.

Objective 8: Reduce the number of motor vehicle, bicycle and pedestrian related deaths among children less than 20 years of age.

Achieved:

- Participated as a member of the Montgomery County Child Death Review Team in meetings and reviewed activities of the team.

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- Provided current information to the Child Death Review Team on highway safety issues, risk factors and prevention strategies.
  - Compiled data from the Child Death Review Team reviews of motor vehicle, bicycle and pedestrian-related deaths in Montgomery County.
  - Participated in the Team's formulation of highway safety recommendations and prevention strategies for Montgomery County.

### **Tobacco Control Program**

Program Goal: To implement a tobacco control program throughout Montgomery County by awarding contracts to service providers and distributing funds from the PADOH through the Master Settlement agreement.

Objective 1: Manage, maintain and evaluate service provider contracts.

Achieved: Seventeen (17) contracts are being managed to assure goals are met and activities are completed.

Objective 2: Assist the PADOH with statewide initiatives.

Achieved:

- Conducted tobacco SYNAR checks of tobacco vendors in Montgomery County. SYNAR was used to gather baseline data and to check the compliance rate for youth tobacco sales.
- The Youth Tobacco Survey was administered in 11 Montgomery County middle and high schools.

Objective 3: To reduce tobacco use and exposure to tobacco smoke pollution through educational programs, advocacy, and advertising.

Achieved:

- Five service providers have focused on educational plans.
- Two service providers have focused on educational programs.
- Two service providers have focused on becoming a resource for smoke free issues.
- One service provider has focused on educating local and state decision makers about the comprehensive tobacco control program and smoke free policy.
- Through the youth lead initiatives, youth educated their peers on the dangers of smoking and second hand smoke.
- A youth mentoring program was implemented. High school students were trained in teaching techniques that they will use to educate younger students within their school districts about

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tobacco use. The students also left with ideas to implement and tobacco facts to take back to their schools.

The Coalition for a Tobacco Free Montgomery County has accomplished the following initiatives in 2006:

- Legislative outreach took place throughout 2006. Coalition members met with county representatives and senators to educate them on the various tobacco control programs available within the county through service providers.
- Coalition members met with various township and borough managers throughout the year to discuss smoke free policy and smoke free parks.
- At the end of 2006, an anti tobacco video competition was again implemented for the high schools in the county. The winner, determined by obtaining the most number of votes on the county BUSTED! website ([www.montcobusted.com](http://www.montcobusted.com)) will be shown on MTV in Spring 2007. Voting was scheduled for January 31, 2007-February 12, 2007. Nine schools and one community group submitted videos for the competition. Along with the current six BUSTED! youth advisory panels, the competition has sparked interest in several high schools where Youth Advisory Panels (YAP's) were not established.

Objective 4: To reduce the amount of illegal sales of tobacco products to minors.

Achieved: Through the enforcement program, 3 rounds of compliance checks were held with a result of 93% compliance of tobacco vendors.

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

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

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

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

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

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

The Division of Water Quality Management is responsible for pollution control as it pertains to drinking water quality, issuance of permits, and inspecting private water supply and on-lot sewage disposal systems. WQM responds to sewage and water quality complaints and reviews planning modules for subdivisions.

## **Environmental Health Services Programs and Objectives for 2007**

### **Food Protection Program**

The goal of the Environmental Field Services (EFS) food protection program is to protect the citizens who eat from 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.

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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 Manager (CFSM) in all licensed food service facilities in Montgomery County.

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Activities:

1. Provide information to facilities concerning CFSM program and course requirements during inspections and through notification letters.
2. Provide proficiency examinations at MCHD offices in Norristown and Pottstown.
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, therefore protecting the health and public safety of the residents.

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

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Activities:

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

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

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

Activities:

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

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

### **Institutional Sanitation Program**

The focus of the institutional 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 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.

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. The health and safety of the public, and staff attending and/or working at these facilities is of key importance to MCHD-EFS.
2. Prospective services are provided by request.
3. Respond to requests for inspections from agencies, municipalities, and licensing institutions. 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, and general contact with the public, the division strives to increase the public's knowledge about environmental issues, our services and programs and the department as a whole.

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

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

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Activities:

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

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

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

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

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.

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Objective 1: Conduct seasonal 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 22 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 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

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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 public health code, 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 installation for compliance with the county health code 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 county health code standards compared to the previous year.

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

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 county health code 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.

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Activities:

1. Respond to private water supply complaints for inspections, testing and further investigation, as necessary, within five working days.
2. Provide all municipalities 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, special 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. 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.

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Activities:

1. Conduct inspections of select eating/drinking establishment individual water wells and treatment systems, and obtain water samples for applicable analyses.
2. Conduct inspections of select eating/drinking 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.

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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.

Evaluation Method: Compile monthly statistics and compare measurements to previous years to establish trends. Provide annual reports upon request.

### **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 the public health code.

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.

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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 for PADEP review.
2. Review all submitted municipal base plan revisions and submit related recommendations for PADEP review.

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

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

Activities:

1. Initiate enforcement (notice of violation, administrative conference, MCHD order) of non-compliant sewage system owners, consultants or installers.
2. Update and/or develop new operational procedures to ensure consistent and timely site evaluations, permit reviews, and sewage system installation inspections.
3. Provide hearings per sewage system permit applicant request to appeal EHS/SEO actions, as needed.
4. Provide area-wide sewage disposal needs assessment surveys, and subsequent outreach at public meetings upon PADEP request.
5. Ensure all EHS/SEOs 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.

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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 Boards 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 list, 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.

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## **Environmental Health Services**

### **Program Plans and Objectives Performance Review (2006)**

#### **Food Protection Program**

Program Goal: To maintain and/or improve the sanitary operations of the 3,256 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 8,538 inspections at all MCHD licensed food facilities. Inspections were conducted based on their inspection history and profile.
- Conducted 118 inspections of licensed mobile vendors in Montgomery County. Reviewed 388 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 193 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.
- MCHD provided the proficiency examination at MCHD offices in Norristown and Pottstown 12 times throughout the year and administered 49 exams.

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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 196 plans for new and renovated food facilities in Montgomery County and as applicable conducted pre-operational and opening inspections.
- Two hundred and nineteen (219) new/renovated food service facilities were open in Montgomery County in 2006.

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

Achieved: Investigated 401 complaints of nuisances as defined in the MCPHC.

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

Achieved: Investigated 322 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: 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 78 physical plant school safety and sanitation inspections.

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Objective: 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 6 complaints 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: To focus resources and efforts in utilizing innovative ways to disseminate environmental educational information to the public.

Achieved: Through the 8,927 inspections and 1,242 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: Continue to conduct seasonal sanitation and safety inspections at all public-bathing places in Montgomery County.

Achieved: Conducted 562 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.

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

Achieved: Conducted 24 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: To inspect 100% of the mobile home parks registered in Montgomery County.

Achieved: Conducted 23 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 public health code, 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 127 domestic water wells.

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

Achieved: Conducted 334 inspections of water supply placement and installation, and water table measurement.

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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 78 water-related nuisance and water supply complaint investigations. One was referred to PADEP for further investigation and possible source identification.
- Staff conducted a Legionella outbreak investigation at a long-term care facility.
- Continued to oversee water monitoring at the retirement community affected previously by a Legionella outbreak.

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 Aqua Fair in Green Lane.
- Planned and conducted 61 water quality education programs for elementary school children.
- Assisted in a poster presentation at annual American Public Health Association (APHA) conference regarding MCHD's procedure on Legionella abatement and control in long-term care facilities.

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.

Partially achieved: Due to past inconsistencies in enforcement, program procedures were reviewed and revised in conjunction with the Division of Environmental Field Services and PADEP to provide a more comprehensive approach for 2007.

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 the county park facilities. This also included analysis, report submission to PADEP, and interpretation of results for the County Parks Department.

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

Achieved: Staff logged, analyzed, and provided results for 449 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 13 wells in the network.

### **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 999 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 315 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 1,249 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.

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

Achieved: Reviewed 103 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 100% of suspected disease outbreaks and other public health emergencies as an agency priority.

Achieved: Investigated 309 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, hosted and chaired quarterly Montgomery County Water Quality Advisory Committee meetings.
- Provided education resources at the annual Aqua Fair in Green Lane, and the Pottstown Kids Fest.

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 1<sup>st</sup> deadline and received the expected state reimbursement.

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## **Other Services Program Plans and Objectives 2007**

### **Bioterrorism Identification and Control Program**

The Bioterrorism (BT) identification and control program is designed to create staff awareness, education and surveillance of potential BT threats that include nuclear, radiological, biological, chemical and incendiary devices. The department must have a link with all applicable local, county, state and federal authorities to ensure that regional surveillance and response measures address any and all potential BT threats.

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

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

Activities:

1. Continue to provide a bioterrorism 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 BT 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 BT awareness groups and organizations.

Activities:

1. Actively participate on statewide BT advisory committees.
2. Work with local partners to develop a strategic national stockpile plan.
3. Participate in regional and statewide preparedness exercises.
4. Coordinate BT 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.

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## **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 product.

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. 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 contract the services of a professional pest control operator to control mosquito breeding activities at 100% of the designated catch basins and wastewater treatment plants throughout Montgomery County.

Activities:

1. Inspect all applicable waste water treatment plants for mosquito breeding.
2. Inspect catch basins on an as needed basis.
3. Respond to complaints.
4. Implement mosquito control measures as applicable.

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

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## **Other Services Program Plans and Objectives Performance Review (2006)**

### **Bioterrorism Identification and Control Program**

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

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

ACHIEVED: Trained and selected personnel to participate in BT 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 BT 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 BT preparedness exercises, in conjunction 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.

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Achieved: Contracted the services of a professional pest control operator who inspected and implemented control measures at 100% of municipal wastewater treatment plants and 10,308 catch basins.