
Montgomery County
Department of
Health and Human Services
Office of Public Health

2019 PROGRAM PLANS

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to the
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2019 PROGRAM PLANS

prepared by

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

for

THE PENNSYLVANIA
DEPARTMENT OF HEALTH

March 2019

MONTGOMERY COUNTY, PENNSYLVANIA



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PROGRAM PLANS

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Mission

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

Vision

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

Core Values

Proactive, Collaborative, Excellence and Compassionate

Strategies

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

Executive Introduction

The field of public health continues to evolve in 2019 as we experience new emerging health threats and the increased availability of scientific knowledge and technology to support public health decision making and action. Infectious disease outbreaks due to mumps, measles, tuberculosis, hepatitis, sexually transmitted diseases (STDs)/HIV, and other reportable illnesses are becoming increasingly more common and require intense scientific, clinical, and community resources to mitigate and manage. The scope of these diseases goes beyond local boundaries and impacts regional, and national systems, highlighting the importance of program and resource coordination and collaboration across multiple health jurisdictions.

Public Health Emergency Preparedness (PHEP) activities continue to serve as a nexus for OPH's prevention and response activities including disease surveillance and control in 2019. In addition, the health and wellbeing of children, mothers, and families are priorities for OPH in 2019. OPH will continue to work towards ensuring a safe and healthy household free of lead poisoning and childhood asthma triggers, and clinical and community support for babies born into addiction.

Environmental threats such as natural and man-made disasters and climate change continue to pose new challenges for public health officials and response actions require highly diversified and coordinated efforts involving multiple disciplines including public safety and transportation. Environmental and social risk factors for disease such as social determinants are having a profound impact on community health and wellbeing and continue to be focus areas for OPH in 2019.

Montgomery County's public health system has become integrated in a larger organizational structure of Health and Human Services (HHS). The creation of HHS reflects a more strategic and holistic approach to health with both the client and community at the core. Our public health efforts are more integrated across multiple HHS offices and programs including Aging & Adult Services, Children & Youth, Community Information and Education, Performance and Planning, Mental Health, and others.

OPH will continue its high standard of educational, environmental, clinical, epidemiological, and research activities to execute the following essential public health functions:

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

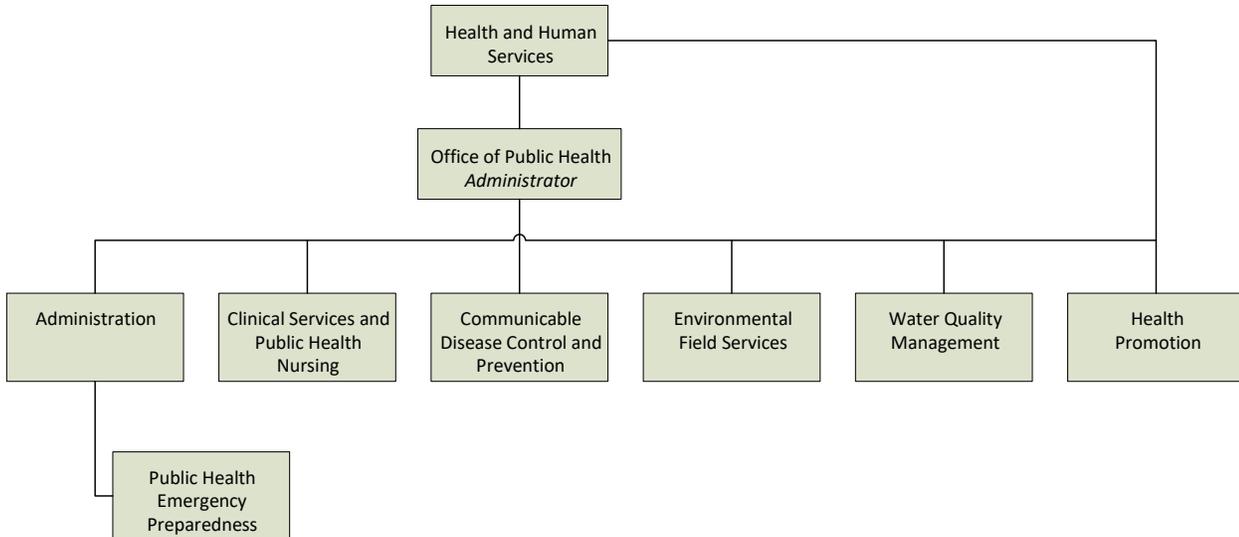
Specifically, Montgomery County OPH will continue to:

- Focus upon immunizations throughout the lifespan, with special attention on adolescent and adult immunizations, and continue to educate our community and partners on the importance of age appropriate immunizations.
- Ensure that our food retail facilities, organized camps and campgrounds, and swimming pools are safe and healthy by providing routine inspections and ongoing education of facility owners and operators.
- Promote the adoption and maintenance of healthy households for residents impacted by lead and home-based, environmental triggers for childhood asthma.
- Strengthen/expand our commitment to public health emergency preparedness (PHEP) by adopting an all-hazards approach and ensuring that coordinated, community-based preparedness plans are in-place and executed during untoward natural or man-made crisis.
- Expand education and awareness in areas of environmental health including environmental hazards, climate change, and conservation.
- Maintain our focus on preventing chronic disease and promoting health across all sectors, including maternal and child health.
- Incorporate the use of technology to improve the quality and efficiency of services delivered, including adoption of geo-spatial mapping and visualization, and electronic health data.
- Incorporate evidence-based decision-making through collection and analysis of available data across all divisions and programs and share actionable information with stakeholders including community partners to improve community health.

The staff at the Montgomery County OPH are excited to continue our work with Montgomery County HHS colleagues to advance our shared goal of improving the health, wellbeing, and quality of life for all Montgomery County residents in 2019.

Brenda K. Weis, MSPH, PhD
Health Administrator
Montgomery County

Montgomery County Office of Public Health Organizational Chart



Background and Demographics

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

While most of the county is highly urbanized, many parts remain rich in rural farmland. As the third most populous county in Pennsylvania — behind Philadelphia and Allegheny (Pittsburgh) — it is important for Montgomery County to have its own health agency that is dedicated to promoting and protecting the health of all County residents.

According to the 2016 population estimates, Montgomery County is home to 821,725 residents, making it larger in population than four states in the United States. The county population has been steadily increasing since the 2000 Census. In addition, the county is becoming increasingly racially and ethnically diverse. Below, are the demographics of Montgomery County residents for 2016:

Race (percent of population):

White: 80.4%

Black/African American: 9.6%

Asian: 7.7%

American Indian and Alaska Native: 0.2%

Native Hawaiian and Other Pacific Islander 0.1% Two or more races: 2.1%

Ethnicity (percent of population): Hispanic or

Latino origin: 4.98%

Age (percent of population): Persons

under age 25: 29.8%

Persons between 25-65: 52.9%

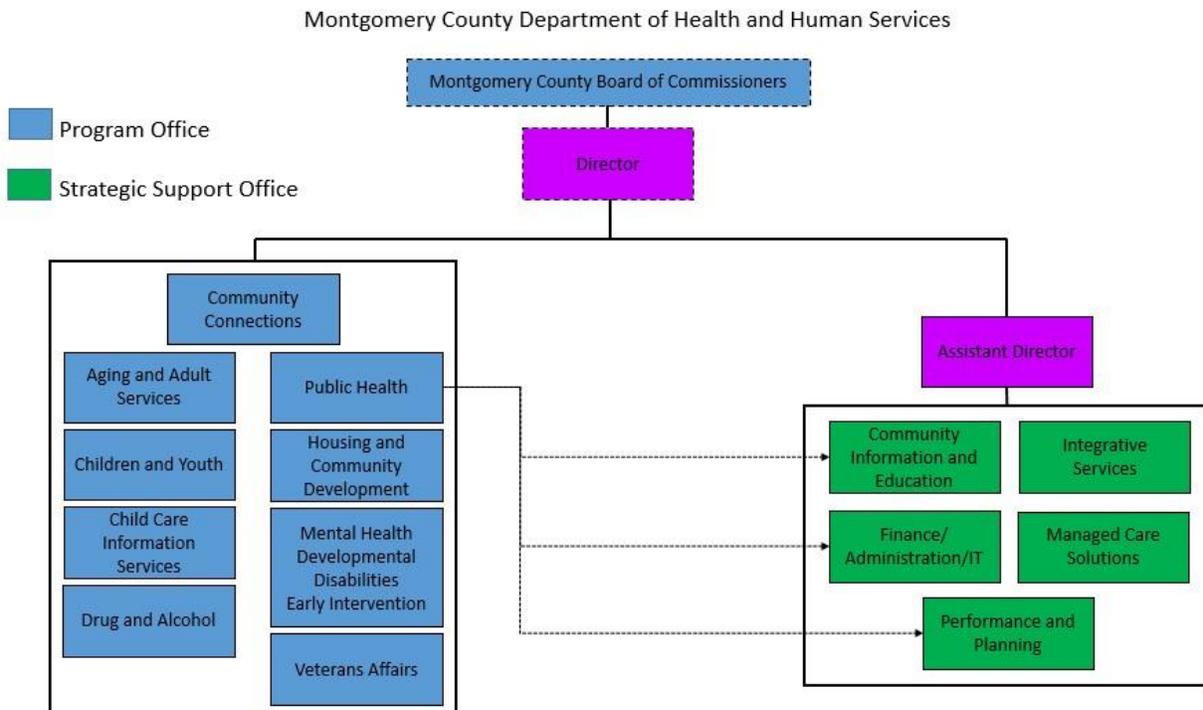
Persons aged 65 and older: 17.19%

OPH is charged with the task of protecting, improving, and assessing the health of all county residents. The Office's health programs, community outreach efforts, environmental protection activities, and vaccination clinics help to protect and improve the health and wellbeing of our entire population. OPH routinely uses data on morbidity and mortality trends to assist in directing the focus of disease prevention and health promotion efforts. In addition, OPH participated with the Philadelphia and Bucks County Health Departments, and regional healthcare providers and networks, to conduct a comprehensive community public health assessment (PHA) for the region. A variety of techniques were used, including environmental scans, focus group surveys, and social media to engage and solicit input from HHS staff, community and regional partners, and stakeholders. The PHA helped to identify and integrate data on health outcomes, risk factors, and

social determinants at the community, county and regional level, taking into account the variability in health indicators across different subpopulations, particularly those in highest need. The findings informed OPH’s public health priorities and opportunities for 2019 and beyond.

BUREAU OF ADMINISTRATION

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



Program Plans (section 1)

BUREAU OF PERSONAL HEALTH SERVICES

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

Division of Clinical Services and Public Health Nursing

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

Division of Communicable Disease Control and Preventive Services

OPH's Division of Communicable Disease Control and Prevention Services (CDCPS) is responsible for three critical functions that protect the health of all Montgomery County residents: (1) surveillance of all reportable diseases, (2) control and prevention of disease outbreaks and unusual occurrences, and (3) provision of preventive services.

Currently, 74 diseases or conditions are reportable under the Public Health Code (Chapter 3, Article B) of Montgomery County and PA Code, Title 28, Chapter 27. The Code stipulates that physicians, other health care practitioners, persons in charge of a hospital, laboratory, institution, school nurses and superintendents, or any person having knowledge or suspicion of a reportable disease/condition shall report this knowledge or suspicion promptly to the OPH by phone, mailing/faxing or using Pennsylvania's National Electronic Disease Surveillance System (PANEDSS).

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

PA-NEDSS users include: physicians, laboratories, and hospitals that report diseases and the public health investigators who investigate diseases and outbreaks. While the reporting process remains unchanged, PA-NEDSS seeks to improve the timeliness and accuracy of disease reporting and expand the public health infrastructure to improve response to cases of interest, potential outbreaks, unusual situations and possible bioterrorism attacks. This surveillance system is used in conjunction with other data collection systems including EpiCenter and Knowledge Center HIMS (Healthcare Incident Management System).

Some of the diseases and conditions still require reporting by phone within 24 hours to the Montgomery County OPH. These diseases/conditions require chemoprophylaxis, or other critical preventive control measures; professionals that become aware of a reportable disease/condition (physicians, nurses, law enforcement, facility directors, etc.) should notify OPH as soon as possible. These diseases and conditions include, but are not limited to: animal bites, cases of diarrheal disease, bacterial meningitis, sexually-transmitted diseases (STDs), and reportable diseases and conditions occurring in sensitive situations such as food establishments, daycare centers, college dormitories, and long-term care facilities.

This Division also reports confirmed, probable and suspect cases of reportable diseases and conditions to the PADOH. The definitions of these case classifications are published in the *Policy and Procedures Manual for the Identification, Investigation and Control of Reportable Diseases, Pennsylvania Department of Health* and via the CDC National Notifiable Diseases Surveillance System (NNDSS); a list of current and past notifiable diseases is available at: <http://wwwn.cdc.gov/nndss> and <http://www.health.pa.gov/>

Division of Health Promotion

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

- Healthy Lifestyles – Physical Activity and Nutrition
- Diabetes
- Cancer Prevention, Education, and Early Detection Program
- Cardiovascular Disease Prevention
- Transportation Safety
- Unintentional Injury Prevention

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

BUREAU OF ENVIRONMENTAL HEALTH SERVICES

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

Division of Environmental Field Services

OPH's Division of Environmental Field Services (EFS) is responsible for licensing and inspecting food service facilities, organized camps, and campgrounds. EFS also investigates environmental complaints, conducts health and safety inspections of public bathing facilities and mobile home parks, and ensures institutional sanitation throughout Montgomery County. The Division receives a grant from the

Department of Environmental Protection to help support a mosquito borne disease surveillance and control program.

Division of Water Quality Management

OPH’s Division of Water Quality Management (WQM) is responsible for pollution control as it pertains to drinking water quality. The Division’s primary areas of responsibility include site evaluations, permit issuance and installation inspections of private water supplies, and assessment of on-lot sewage disposal systems. WQM also responds to sewage and water quality complaints, reviews planning modules for land development, issues licenses, conducts inspections of liquid sewage haulers, issues permits for geothermal wells, and conducts regular water table monitoring. The Division is working with CSPHN to assist the PADOH and Centers for Disease Control and Prevention (CDC) in conducting a human biomonitoring study of perfluoroalkyl substances (PFAS) from exposure to contaminated drinking water in Montgomery County.

GOALS, OBJECTIVES, AND ACTIVITIES

1. Infectious and Communicable Diseases

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

Objective 1.1.1: Ensure 100% of reported foodborne illnesses and foodborne outbreaks in 2018 are investigated and disease control and prevention activities are initiated to reduce ongoing disease transmission.

Activities:

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

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

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

Activities:

1. Conduct inspections of food facilities, based on license, inspection history and profile.
2. Investigate and inspect facilities with reported food borne disease outbreaks and/or confirmed food related illness complaints within 24 hours
3. Work closely with operators to convey the importance of proper food handling practices needed in the prevention of food borne disease
4. Review applications and conduct applicable inspections of food service vendors at temporary events and mass gatherings
5. Conduct a facility inspection, HACCP inspection as applicable, distribute educational information materials, discuss/meet with food service operators and employees and provide direct food safety training as appropriate when investigating a suspected food borne disease outbreak or complaint

Evaluation: Review inspection reports and provide numbers for inspections of food facilities, food related complaints and temporary events.

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

Activities:

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

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

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

Activities:

1. Perform at least one routine inspection a year.
2. Respond to food-related complaints at licensed food facilities according to procedure, within 1-2 business days.

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3. Observe food handling practices during inspections and educate operators on the importance of hand washing and preventing cross contamination.

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

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

Objective 1.2.1: Ensure 100% of reported water-borne illnesses and waterborne outbreaks in 2018 are investigated and disease control and prevention activities are initiated to reduce ongoing disease transmission.

Activities:

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

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

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

Activities:

1. Conduct an annual sanitation and safety inspection.
2. Respond to general public health complaints within 5 business days.
3. Respond to waterborne illness complaints within 24 hours.
4. Educate through inspections, social media and the department website.

Evaluation: Assess inspection reports and productivity monthly.

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

Activities:

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

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

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

Activities:

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

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

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

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

Objective 1.3.1: Ensure 100% of reported vector-borne infections and clusters in 2018 are investigated and disease control and prevention activities are initiated to reduce ongoing disease transmission.

Activities:

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

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

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

Activities:

1. Conduct cyclic inspections at known breeding areas.
2. Respond to complaints within 5 business days.
3. Educate the public through inspections, social media, and County website.
4. Initiate enforcement and/or legal action for noncompliant or multiple repeat offenses.

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

Objective 1.3.3: Respond to 100% vector-borne disease complaints within 5 business days.

Activities:

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

Evaluation Methods: Analyze activities monthly.

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

Activities:

1. Inspect 100% of municipal-operated waste water treatment plant (WWTP).

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2. Treat with an appropriate control product as necessary.
 3. Mandate and/or implement control measures as applicable.

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

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

Activities:

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

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

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

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

Activities:

1. Using disease surveillance systems, collect epidemiological data on reported disease events and outbreaks, including suspected, probable and confirmed cases.
2. Conduct necessary public health action as appropriate including but not limited to data collection, information management, laboratory analyses to confirm disease, identification of potential sources of infection, disease education, contact tracing and control measures, including a vaccine clinic if resources are available and permissible.
3. Assist in recruiting and encourage participation of at least three (3) Montgomery County providers in the Sentinel Influenza Program for the 2018-2019 Season.

Evaluation: Total countable vaccine preventable disease cases for 2018 and compare to the average of the previous 5-year sequence to determine if 10% reduction was achieved. Also, count the number of providers enrolled in the Sentinel Influenza Program for Montgomery County.

Objective 1.4.2: Improve immunization coverage rates for children twenty-four (24) through thirty-five (35) months of age, receiving four (4) doses of a diphtheria-tetanus-pertussis vaccine, three (3) doses of polio, one (1) dose of measles-mumps-rubella vaccine, three (3) doses of *Haemophilus influenzae* type b meningitis, three (3) doses of hepatitis B, and one (1) dose of varicella. (4:3:1:3:3:1) in 2019.

Activities:

1. Conduct regularly scheduled immunization clinics, providing immunization services to all infants and children who are uninsured, underinsured, or Vaccines for Children (VFC) eligible.
2. Schedule weekly immunization clinics during times and places easily accessible to working parents and children from minority, culturally significant and disparate areas.
3. Conduct appropriate protocol follow up for 100% of all identified infants born to Hepatitis B Surface antigen positive females and their contacts in Montgomery County.
4. Complete a minimum of one outreach activity to increase public awareness of infant immunizations during the annual National Infant Immunization Week (NIIW) in April 2019.
5. Complete a minimum of one (1) outreach activity to increase public awareness of immunizations during the annual National Immunization Awareness Month in August 2019.
6. Enter and maintain all childhood immunization histories into the Statewide Immunization Information System (SIIS) Registry in accordance with SIIS protocols.
7. Maintain an active coalition working toward improving immunization coverage levels of infants and children by providing education and outreach activities that support and enhance the OPH's Immunization Program.

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

Objective 1.4.3: Improve immunization coverage levels for all adolescent vaccinations focusing on the human papilloma virus (HPV) vaccine in 2019.

Activities:

1. Conduct regularly scheduled immunization clinics, providing immunization services to all adolescents who are uninsured, underinsured, or Vaccines for Children (VFC) eligible.
2. Recommend the HPV vaccine series the same way as other recommended adolescent vaccines to increase uptake of the vaccine.
3. Complete at least one (1) outreach activity to increase public awareness of adolescent immunizations in 2019.

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4. Promote adolescent immunizations by providing immunization educational materials to all local schools.
 5. Maintain an active coalition working toward improving immunization coverage levels of adolescents by providing education and outreach activities that support and enhance OPH's Immunization Program.

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

Objective 1.4.4: Improve immunization coverage levels for all adult vaccinations focusing on influenza vaccine in the uninsured, underinsured, and disparate populations in 2019.

Activities:

1. Establish extended clinic hours during evenings and weekends to accommodate the adult population for influenza immunizations on a yearly basis during the influenza immunization season (September through June).
2. Provide influenza vaccine to agencies that serve low-income, disparate, homeless, and uninsured clients.
3. Provide homebound influenza vaccine to those who qualify.
4. Conduct outreach to disparate populations and offer vaccination services to them.
5. Complete at least one (1) outreach activity to increase public awareness of adult immunizations in 2019.
6. Complete at least one (1) outreach activity to increase public awareness of influenza vaccinations during the annual National Influenza Vaccination Week (NIVW) in December 2019.
7. Maintain an active coalition working toward improving immunization coverage levels of adults by providing education and outreach activities that support and enhance OPH's Immunization Program.

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

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

Objective 1.5.1: Ensure 90% of HIV reports received in 2018 are investigated according to local and state guidelines and that appropriate referrals and services are initiated.

Objective 1.5.2: Interview at least 85% of eligible clients for partner services within 30 days in 2018.

Objective 1.5.3: Ensure 90% of reportable STDs received in 2018 are investigated according to local and state guidelines and that appropriate referrals and services are initiated.

Activities:

1. Using disease surveillance systems, review laboratory analyses and collect epidemiological data on cases meeting the criteria for HIV or STD infection and ensure linkage to care.
2. Conduct necessary public health action as appropriate, including but not limited to data collection, information management, laboratory analyses to document progression of disease, identification of risk factors, disease education, contact tracing, and offering prevention materials as needed.
3. Assist in recruiting and encourage participation of at least five (5) Montgomery County organizations in the Condom Distribution Program for 2018.

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

Objective 1.5.4: Provide HIV counseling, testing, and partner notification to 90% of clients at OPH's CDCPS clinics in 2019.

Activities:

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

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

Objective 1.5.5: Provide post-test counseling to a minimum of 80% of sero-negative clients and a minimum of 95% of sero-positive clients in 2019.

Activities:

1. Assess client's level of commitment to return for test results.
2. Provide alternate testing strategies for clients who will not return for results.
3. Continue following the standard operating procedure (SOP) protocol for giving HIV sero-negative results by phone.
4. Contact sero-positive clients by phone and/or mail who have not returned for HIV test results, within 5 days of OPH's receiving results.

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

Objective 1.5.6: Provide referral and linkage to HIV care, treatment, and intervention services to 85% of persons who test HIV positive at OPH CDCPS clinics in 2019.

Activities:

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

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

Objective 1.5.7: Provide STD testing, treatment and partner notification to 90% of clients at CDCPS clinics in 2019.

Activities:

1. Offer free services to all Montgomery County residents, at three OPH clinics, offering one evening clinic per week at each site.
2. Provide counseling and education to clients who present to clinic for actual and potential STDs and positive clients referred by private providers.

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

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

Objective 1.5.8: For patients with newly diagnosed TB, for whom 12 months or less of treatment is indicated, increase the proportion of patients who complete treatment within 12 months to 95% in 2019.

Activities:

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

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

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

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

Activities:

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

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

Objective 1.6.2: Offer preventative vaccine series (Hepatitis A and B, and Gardasil) vaccines to 90% of eligible clients, during CDCPS clinics in 2019.

Activities:

1. Improve awareness and education of the vaccines available to prevent Hepatitis A and B, Human Papillomavirus (HPV) and cervical cancer.
2. Offer the Hepatitis A or Hepatitis B series to all uninsured clients, 18 years of age and older, receiving testing services in OPH CDCPS clinics.
3. Offer the Gardasil vaccine series to all uninsured clients, 18-26 years of age, receiving testing services in OPH CDCPS clinics.
4. Offer Hepatitis A vaccine to both insured and uninsured high-risk walk in and clinic patients who are MSM, homeless or use drugs (IVDU and NIVDU).
5. Notify clients by mail or phone as a reminder for the date of the next vaccine in the series.
6. Enter vaccines given into PA Immunization Registry (SIIS).

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

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

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

Activities:

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

Evaluation: Count number of human rabies cases to confirm there have been none. Identify number of post exposure rabies vaccine OPH has recommend to Montgomery County residents in 2019. Improve vaccine status among domestic pets involved in biting incidents in 2018 by 5% in comparison to domestic pets from previous 5-year sequence.

2. Chronic Disease and Injury Prevention

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

Objective 2.2.1: Reduce traffic-related injuries, deaths, accidents by conducting education outreach by December 31, 2019.

Activities:

1. Host 40 car seat check events, checking a total of 400 child passenger safety (CPS) seats to ensure proper installation.

Evaluation: Number of car seat check events, number of CPS seats checked, number of caregivers educated.

2. Educate 1,000 teenagers on the dangers of distracted driving, proper use of seatbelts, and Pennsylvania's Graduated Driver Licensing (GDL) law.

Evaluation: Number of *Impact Teen Driver* presentations delivered, number of students educated.

3. Partner with four elementary schools to deliver a comprehensive Safe Routes to School (SRTS) program, educating 1,000 children on Pedestrian, bike, and school bus safety.

Evaluation: Number of safety presentations delivered, number of students educated, number of bike helmets distributed, number International Walk to School Day events organized.

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4. Conduct 10 CarFit events at local senior centers to educate 100 older adults on proper vehicle operation and maintenance.

Evaluation: Number of CarFit events organized, number of cars checked, number of drivers educated.

Objective 2.2.2: Deliver health education and promotion sessions to 2,000 participants to increase safe walking and biking by December 31, 2019.

Activities:

1. Deliver a comprehensive Safe Routes to School program at three (3) school districts.
2. Conduct a Trail Challenge in partnership with other County agencies.
3. Expand the Junior Inspector program at the Elmwood Park Zoo.

Evaluation: Walkability audits and increase in built environment safety/number of children walking or biking to school. Surveys of Trail Challenge participants to increase walking/biking by 5%. Participant evaluations of the Junior Inspector program to measure 15% change in attitude toward increase in exercise, improve nutrition, and reduction in recreational screen time.

Objective 2.2.3: Deliver A Matter of Balance Class: Managing Concerns About Falls to reduce the fear of falling in the County's older population by December 31, 2019.

Activities:

1. Deliver four (4) classes to increase falls prevention.
2. Train 10 coaches in A Matter of Balance.

Evaluation: Pre and post class surveys to decrease by 20% the fear of falling. Number of Coaches trained.

Objective 2.2.4: Deliver health education promotion sessions to 3,000 participants to increase exercise, good nutrition and access to fresh produce by December 31, 2019.

Activities:

1. Maintain or expand four (4) community gardens for disadvantaged populations.
2. Distribute fresh produce to four (4) locations in the County.

Evaluation: Survey tool to measure 5% change in knowledge, skills, and behaviors for each location receiving produce or garden. Measure number of environmental and system changes to support heart health.

Objective 2.2.5: Decrease the incidence of type 2 diabetes in Montgomery County by December 31, 2019.

Activities:

1. Distribute information about diabetes prevention at 10 community health fairs or events.
2. Outreach and market CDC Diabetes Prevention program to 15 agencies, community organizations, and community sites to recruit participants.
3. Deliver one (1) year-long program to a minimum of eight (8) residents of Montgomery County who meet the eligibility criteria for the program.
4. Provide social media outreach through educational messages and/or written articles during observances months such as National Diabetes Month, Wear Red Day, National Cholesterol Month, National Heart Healthy Month.

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

Objective 2.2.6: Deliver education and promotion sessions to reach 300 participants about early detection of skin cancer by December 31, 2019.

Activities:

1. Attend 5 events with the DermaScan skin screener.
2. Provide educational printed materials at a minimum of three (3) community events.
3. Provide educational resources to a minimum of two (2) worksites.
4. Provide educational resources to a minimum of two (2) community organizations.
5. Promote skin health and cancer prevention through monthly social media posts.

Evaluation: Increase number of people screened with the DermaScan. Number of materials distributed. Number of events and organizations reached. Number of social media posts.

Objective 2.2.7: Deliver education and promotion sessions to reach 500 participants about early detection of lung cancer by December 31, 2019.

Activities:

1. Promote smoking cessation classes.
2. Share brochures and educational materials that include information on the PA Quit Line and information on smoking cessation apps.

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3. Participate in The Great American Smoke Out observed in November.
 4. Participate on the Montgomery County Health Alliance to share information regarding the dangers of Juuling and vaping.
 5. Promote lung health and cancer prevention through social media posts.

Evaluation: Gather data about smoking cessation classes. Number of materials distributed. Number of events and organization reached. Number of social media posts.

Objective 2.2.8: Increase awareness of colorectal cancer prevention and the importance of screening throughout Montgomery County by December 31, 2019.

Activities:

1. Provide printed educational materials at a minimum of three (3) community events.
2. Provide educational resources to a minimum of two (2) worksites.
3. Provide educational resources to a minimum of two (2) community organizations.
4. Promote colorectal health and cancer prevention through monthly social media posts.

Evaluation: Number of materials distributed. Number of events and organizations reached. Number of social media posts.

Objective 2.2.9: Deliver health education to residents affected by breast cancer, focusing on nutrition, physical activity, and stress management by December 31, 2019.

Activities:

1. Develop a comprehensive wellness program to help breast cancer survivors navigate life post treatment and deliver this program to 10 county residents.
2. Develop a resource guide for residents affected by breast cancer and distribute to 100 residents at community events and health fairs.
3. Distribute educational materials to 200 residents at community events and health fairs.
4. Through social media promote monthly breast cancer health and cancer prevention.

Evaluation: Program participants will complete pre- and post-program evaluations. Number of materials distributed at community events and health fairs. Number of social media posts.

Objective 2.2.10: Improve heart health and quality of life through prevention, awareness, and education in Montgomery County by December 31, 2019.

Activities:

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

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

Objective 2.2.11: Conduct community education activities around prevention of opioid-related use/misuse, overdose, and death by December 31, 2019

Activities:

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

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

Objective 2.2.12: Increase Naloxone availability and education throughout the County by 5% through increased community awareness and pharmacy participation of the OPH Standing Order by December 31, 2019.

Activities:

1. Partner with local agencies to distribute 200 Naloxone kits to the community.
2. Deliver education about prevention of opioid use/misuse, Naloxone, and use of the Standing Order to 5 community locations.
3. Attend four (4) largely attended community events to promote opioid awareness and prevention, including Naloxone usage and availability.

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4. Work with remaining pharmacies to educate about the importance of following the Standing Order to provide Naloxone.
 5. Continue to work with school districts to provide education on prevention of opioid use/misuse, overdose and deaths, including Naloxone usage in schools.
 5. provide Naloxone in their schools.
 6. Continue to collaborate with the Office of Drug and Alcohol and overdose prevention workgroups within HHS and elsewhere to provide education around prevention of opioid use/misuse and fund additional NARCAN[®] kits at OPH clinic sites.
 7. Collaborate with the PADOH office of Preparedness to provide a yearly statewide Naloxone distribution at the three Montgomery County clinic sites.

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

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

Activities:

1. Conduct triennial school safety and sanitation inspections and as often as necessary to maintain satisfactory compliance.
2. Respond to complaints from the Pennsylvania Department of Health (PADOH), the Pennsylvania Department of Environmental Protection (PADEP), or citizens regarding specific and serious health or sanitation problems in public and private academic schools.
3. Investigate complaints and/or respond to requests for inspections at 100% of the skilled nursing facilities, personal care facilities, acute care, and child-care facilities.
4. Conduct pre-operational inspections at 100% of the licensed organized camps and at least one operational inspection at all organized camps and campgrounds.
5. Inspect 100% of the mobile home parks registered in Montgomery County.
6. Respond within 5 business days to 100% of the general nuisance complaints received.

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

3. **Environmental Health**

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

Objective 3.1.1: Provide clinical case management services to 90% of children identified with elevated lead levels in 2018.

Activities:

1. Provide education and instructional materials to parents/guardians for reducing lead levels through diet and environmental cleaning for all children with lead levels ≥ 5 ug/dL.
2. Provide home visit and assessment by Public Health Nurse (PHN) on all reported lead levels ≥ 10 ug/dL.
3. Refer all children with lead levels of ≥ 15 ug/dL to Early Intervention.
4. Collaborate and communicate with Primary Care Providers (PCPs) to encourage compliance with repeat blood lead levels and case management interventions.
5. Provide case management services until the child's lead level is reduced and/or all environmental hazards are eliminated.
6. Develop a plan of care that will identify action steps necessary to close cases in a timely manner.
7. Provide necessary referrals to the Montgomery County Office of Children and Youth (OCY) to encourage neglectful parents to comply with OPH's suggestions to reduce lead hazards in the environment.
8. Hold bi-monthly case management meetings to review clinical and environmental status of all open cases.
8. Follow up on all PA-NEDSS reported cases and enter new clinical case data into PA-NEDSS.
9. Institute case management services to the Norristown Borough in accordance with the Lead Housing and Urban Development (HUD) Grant.

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

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

Activities:

1. Reduce the mandated lead level for Environmental Inspections to 10 ug/dL.
2. Conduct lead hazard and risk assessment inspections at specified properties, within the required time frames.
3. Initiate enforcement and/or legal action for non-compliant or multiple repeat offenses.

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4. Partner with Montgomery County Housing Authority by referring all Section 8 identified properties for lead hazard and risk assessment inspections.
 5. Conduct voluntary visual inspections for reducing environmental lead hazards in homes of residents who do not meet the case management criteria.
 6. Provide educational and instructional information about reducing environmental lead exposure to homeowners, renters, and contractors.
 7. Enter all environmental activity for identified lead properties into PA-NEDSS.

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

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

Activities:

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

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

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

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

Activities:

1. Review permit applications and issue/deny approval to drill within seven (7) business days of receipt of a satisfactorily complete application.
2. Schedule and inspect newly constructed well installations within one (1) business day of request.
3. Review water analyses and related information and provide final approval or denial to use the well within seven (7) business days of information submission.

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4. Respond to individual water supply complaints within two (2) business days of receipt.

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

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

Activities:

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

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

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

Activities:

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

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

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

Activities:

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

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

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

Activities:

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

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

4. Maternal-Child Health

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

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

Activities:

1. Enroll at least 30 families and provide services in the Maternal Child (MCH) Home Visiting Program in the prenatal or postpartum period in 2019.
2. Promote MCH program among community agencies.
3. Provide home visits and telephone contacts dependent upon the needs of the family.
4. Provide education, counseling and screening/assessments according to MCH home visiting program guidelines.
5. Connect, as needed, to local resources.
6. Ensure that all families enrolled in the county's MCH Home Visiting Program have been assessed through the 5 Ps (Assessment for Safe Sleep, Substance Use,

Maternal Mental Health, and Interpersonal Violence) and have received education and connection to appropriate referrals. Make referrals to local agencies as needed.

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

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

Activities:

1. Implement a countywide outreach plan to promote easy access to evidence-based family support programs through the coordinated referral system.
2. Increase access to family support resources by updating the Parent and Infant Resource Guide for 2019.
3. Increase access to family support resources by entering Montgomery County Parent and Infant Resources on the United Way's 2-1-1 system.

Evaluation: Parent and Infant Resource Guide 2019 will be completed and available online in English and Spanish and in print in English. United Way's 2-1-1 resources for Montgomery County will be enhanced.

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

Activities:

1. Facilitate at least six collaborative meetings of Montgomery County Maternal and Early Childhood's Pottstown Action Committee subcommittee to promote the central referral 888 number and to generate referrals for all agencies.
2. Collaborative bi-monthly meetings will be run to improve the MECC's Coordinated Referral System for Evidence-based Home Visiting Programs in the Pottstown Area.
3. Outreach for the Coordinated Referral System will include a bi-monthly newsletter and visits with promotional materials distributed bi-monthly to providers and other referral sources.

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

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

Objective 4.2.1: The MCH nurse and MCH Supervisor will participate as part of the

county multi-disciplinary team to create the county's POSC guidance.

Activities:

1. MCH staff will participate in learning activities both required by POSC and outside of the POSC in order to increase MCH expertise around families impacted by substance use.
2. MCH staff will actively participate in the Montgomery County POSC work group convened by OCY.
3. MCH will enroll families impacted by substance use into the Maternal and Child Health Home Visiting Program to maintain approximately 20% of caseload.

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

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

Objective 4.3.1: Perinatal Periods of Risk Research to address disparities in infant mortality will start the community action phase.

Activities:

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

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

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

Objective 4.4.1: Provide leadership to the Maternal and Early Childhood Consortium (MECC) and attend at least quarterly (4) collaborative partnership meetings in 2019.

Activities:

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1. Provide one 0.5 full-time equivalent (FTE) Community Development Coordinator to support MECC in efforts to coordinate Home Visiting intake and referral services.
 2. Provide one 0.5 FTE Community Development Coordinator to support MECC Steering Committee through facilitation and membership services.
 3. Facilitate one Maternal and Early Childhood Consortium event per calendar year focused on building provider and community awareness and engagement about maternal and early childhood issues, such as infant mortality and child maltreatment.
 4. Identify services and resources needed most in Montgomery County to improve birth outcomes, maternal health, and family stability.
 5. Promote awareness of and engage families with maternal and early childhood family support programs through collaborative community partnerships.
 6. Promote evidence-informed innovative strategies or initiatives that aim to improve birth outcomes by reducing the infant mortality rate, promoting full-term pregnancy, and building strong relationships among communities, providers, and families in relation to accessing prenatal care and social services.
 7. Promote evidence-informed innovative strategies that aim to improve family stability and well-being by reducing child maltreatment, reducing risk factors and increasing protective factors, and promoting early and holistic provider engagement with families and communities.
 8. Coordinate and collaborate with community partners, including county human service agencies, private, non-profit agencies providing home visiting services, and private, non-profit agencies providing social services to families, pregnant women, and children up to age three.

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

5. Emergency Management

5.1 Strengthen community resilience activities

Objective 5.1.1: By December 31, 2019, collaborate with stakeholders to expand both the healthcare support zones and the Closed Point of Dispensing (POD) program.

Activities:

1. Attend both Acute Care Zone meetings and Long Term Care Zone meetings and serve as the public health point of contact for both groups.
2. Ensure that all participating members of both the Acute Care Zone and Long Term Care Zone are signed on to the County's Closed POD program.

Subsequently, ensure that all registered Closed PODs are members of their respective zones.

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

Objective 5.1.2: By December 31, 2019, complete a jurisdictional risk assessment for Montgomery County and partner with other stakeholders to work towards completing a public health-specific risk assessment as well.

Activities:

1. Complete a jurisdictional risk assessment based on the approved format from PADOH (Pennsylvania Department of Health) and CDC (Centers for Disease Control and Prevention).
2. Collaborate with Montgomery County Planning Commission, Department of Public Safety and HHS, and other stakeholders to make progress towards completing a public health-specific risk assessment.

Evaluation: Meeting records. Completed Jurisdictional Risk Assessment. Public Health Specific Risk Assessment.

Objective 5.1.3: By December 31, 2019, characterize the vulnerable populations within Montgomery County and ensure that identified populations are appropriately served within OPH plans, processes, and procedures.

Activities:

1. Collaborate with stakeholders such as HHS partners and Department of Public Safety to appropriately identify vulnerable populations.
2. In conjunction with stakeholders, develop appropriate accommodations within OPH plans, policies and procedures for identified vulnerable populations during public health Emergencies.

Evaluation: Program plans, policies, and procedures. Meeting records.

Objective 5.1.4: By December 31, 2019, increase the participation of stakeholders in OPH preparedness programs and processes.

Activities:

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

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

5.2 Strengthen incident management activities

Objective 5.2.1: By December 31, 2019, the OPH's Preparedness Program will design and implement an improved Department Operations Center (DOC) that is able to serve both HHS and the OPH during emergencies requiring response and management activities.

Activities:

1. In collaboration with HHS Offices, OPH Leadership, and other stakeholders, determine the technology, equipment, and supplies needed for the DOC to implement a successful response to a public health or other emergency.
2. Produce a design for a DOC that can be activated for a variety of responses including public health emergencies and other HHS events.
3. Install any purchased supplies and equipment and create a functional DOC.
4. Ensure that the DOC has the capability to connect, interface and coordinate response activities with the County Emergency Operations Center (EOC) as well as ensure that the DOC is able to support the software, databases, and other programs needed to support an emergency response.

Evaluation: Design, development, and implementation of the DOC as the primary facility to be activated to support a public health emergency response.

Objective 5.2.2: By December 31, 2019, develop a public health incident response structure and accompanying process and procedure for activating the command team.

Activities:

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

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

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

5.3 Strengthen information management activities

Objective 5.3.1: By December 31, 2019, improve knowledge sharing and situational awareness between OPH and its partners.

Activities:

1. Continue to enter all public health events of significance into the Knowledge Center Healthcare Incident Management System (KC-HIMS). These events will include, but are not limited to, influenza and norovirus outbreaks in residential settings, boil water advisories, emerging disease and novel virus outbreaks, major weather events, and major county events in which public health has a role.
2. Continue to exercise the mass notification system quarterly. Develop a process and procedure for mass alerting and other forms of emergency communication.
3. Develop list of medical providers within Montgomery County. This list will directly assist with the improvement of email distribution list and enhance the information sharing between the county and medical providers.
4. Collaborate with the HHS Office of Community Information and Education (CIE) to revise and improve both the preparedness and Medical Reserve Corps (MRC) webpages.

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

5.4 Strengthen surge management activities

Objective 5.4.1: By December 31, 2019, the OPH's Preparedness Program, in coordination with the OPH DCDPS, will complete an after action review of the 2018-

2019 influenza season, identify areas for improvement, and implement identified changes to internal processes and procedures.

Activities:

1. Develop a plan, process and procedure to address public health surge for seasonal events.
2. Pre-develop messaging and information surrounding seasonal outbreaks for the public as well as for first responder agencies surrounding personal protection measures and decontamination to reduce disease transmission.
3. Collaborate with acute care facilities, Hospital Association of Pennsylvania (HAP), and first responders to determine if enhanced communication and education should be provided to the public during seasonal outbreak events.

Evaluation: Seasonal event surge plan. Outbreak messaging templates. Documentation of public outreach and education related to influenza.

Objective 5.4.2: In coordination with the Department of Public Safety, the American Red Cross, HAP, and other partners, determine the role of the OPH in mass care and sheltering events, especially as it relates to MRC volunteers, by December 31, 2019.

Activities:

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

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

5.5 Strengthen countermeasures and mitigation activities

Objective 5.5.1: By December 31, 2019, continue to improve the medical countermeasures and responder health and safety programs through training, exercises, and outreach initiatives.

Activities:

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1. Collaborate with pharmaceutical and Personal Protective Equipment (PPE) manufacturers to develop an agreement to provide PPE materials and emergency medication for front line first responders in the event of a public health emergency that requires those types of protections.
 2. Using the lessons learned from the 2017 Strategic National Stockpile (SNS) Functional Exercise, conduct a full-scale POD exercise focusing on the pick/pack warehouse functions and distribution functions of the SNS program.
 3. In collaboration with the Department of Public Safety, regional partners, and other stakeholders, develop a Fit First Responder Education and Outreach Program. This program will focus on prevention of common health risks to first responders, proper nutrition, and proper exercise.
 4. Develop a process and procedure for OPH staff and MRC volunteers complete family care plans to increase preparedness ahead of public health or other emergencies.

Evaluation: MOUs or other Agreements with pharmaceutical and PPE manufacturers. Plan, process, and procedure for how to procure needed equipment to partners and distribute to first responders. Executed full-scale exercise with Homeland Security Exercise and Evaluation Program (HSEEP)-compliant After Action Report and Improvement Planning (AAR/IP). Fit First Responder education and outreach program. Completed family care plans.

5.6 Strengthen biosurveillance activities.

Objective 5.6.1: By December 31, 2019, improve established biosurveillance activities and associated reporting.

Activities:

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

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

Performance Reviews 2018 (Section 2)

1. Infectious and Communicable Diseases

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

Objective 1.1.1: Ensure 100% of reported foodborne illnesses and foodborne outbreaks in 2018 are investigated and disease control and prevention activities are initiated to reduce ongoing disease transmission.

Achieved: Through the utilization of Pennsylvania National Electronic Disease Surveillance System (PA-NEDSS), Montgomery County has investigated 246 confirmed, 62 probable and 3 suspect cases of foodborne illness. Through these investigations, 39 cases we linked to local, state and nation-wide foodborne disease outbreaks.

- 1 Confirmed Amebiasis
- 103 Confirmed, 45 Probable case of Campylobacteriosis
- 6 Confirmed cases of Vibriosis
- 21 Confirmed, 7 Probable, 2 suspect cases of E. Coli/Shiga toxin
- 1 Confirmed case of Listeriosis
- 102 Confirmed, 5 Probable case of Salmonellosis
- 11 Confirmed, 2 Probable case of Shigellosis
- 2 Confirmed, 3 Probable case of Yersiniosis

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

Achieved: Conducted 8,339 food facility inspections. Of those food facility inspections, 156 food related illness complaints were investigated, 210 food facility type complaints were investigated, and 134 temporary food vendors were inspected at events lasting more than 3 days including one mass gathering event.

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

Achieved: Performed 325 opening inspections at new and/or renovated food service facilities and 60 pre-opening inspections.

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

Achieved: Number of facilities that had a violation in the category “Preventing Contamination by Hands”

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

Objective 1.2.1: Ensure 100% of reported water-borne illnesses and waterborne outbreaks in 2018 are investigated and disease control and prevention activities are initiated to reduce ongoing disease transmission.

Achieved: Through the utilization of PA-NEDSS, Montgomery County has investigated 60 confirmed and 1 probable case of waterborne illness. No cases were associated with local, state or nation-wide waterborne disease outbreaks.

- 11 Confirmed, 1 Probable cases of Cryptosporidiosis
- 16 Confirmed cases of Legionella
- 33 Confirmed cases of Giardiasis

WQM staff did not investigate any water-borne illness outbreak requiring an environmental assessment. One case from last year was resolved in July with written final recommendations provided in case closure correspondence.

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

Achieved: Conducted 514 inspections and responded to 14 complaints at 281 registered pool facilities.

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

Achieved: Staff conducted 577 site evaluations, issued 233 on-lot sewage disposal system permits, conducted 1,231 sewage system inspections, reviewed 45 sewage planning modules, and conducted 209 malfunctioning sewage system complaint investigations. The above sewage system inspections included 562 additional sewage system monitoring inspections. These were all conducted within established regulatory timeframes. Each value exceeded the average of the previous five year’s values, except for complaints.

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

Achieved: Montgomery County did not receive any waterborne outbreak complaints in 2018.

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

Objective 1.3.1: Ensure 100% of reported vector-borne infections and clusters in 2018 are investigated and disease control and prevention activities are initiated to reduce ongoing disease transmission.

Achieved: Through the utilization of PA-NEDSS, Montgomery County has investigated 292 confirmed, 381 probable and 260 suspect cases of vector-borne illness.

- 283 Confirmed, 364 Probable, 248 Suspect case of Lyme Disease
- 4 Confirmed, 9 Probable cases of West Nile

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

Achieved: Conducted 306 larval mosquito treatments and responded to 145 mosquito borne disease complaints.

Objective 1.3.3: Respond to 100% vector-borne disease complaints within 5 business days.

Achieved: Conducted 60 vector borne disease investigations within five (5) business days of when the complaint was received.

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

Achieved: Conducted 93 inspections and treated 76 sites at the 34 municipally operated WWTPs.

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

Achieved: Dipped 478 possible mosquito breeding habitats, larvicided 306 habitats, set 942 adult mosquito traps, and conducted 17 adult mosquito control events.

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

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

Partially Achieved: Through the utilization of PA-NEDSS, Montgomery County has investigated 108 confirmed cases vaccine preventable disease. For 2018, Montgomery County saw a 46% decrease in pertussis and 39% decrease in varicella compared to the average for the previous 5-year sequence. In 2018, there was a 143% increase in Mumps.

Objective 1.4.2: Improve immunization coverage level for children receiving four (4) doses of a diphtheria- tetanus-pertussis vaccine, three (3) doses of polio, one (1) dose of measles-mumps-rubella vaccine, three (3) doses of *Haemophilus influenzae* type b meningitis, three (3) doses of hepatitis B, one (1) dose of varicella and four (4) doses of pneumococcal (4:3:1:3:3:1:4) in 2018.

Achieved: Improved Immunization Coverage Rates by 6 % from previous year (2017-74%, 2018-80%) for children aged twenty-four (24) through thirty-five (35) months of age, receiving four (4) doses of a diphtheria- tetanus-pertussis vaccine, three (3) doses of polio, one (1) dose of measles-mumps-rubella vaccine, three (3) doses of *Haemophilus influenzae* type b meningitis, three (3) doses of hepatitis B, and one (1) dose of varicella.

- Provided three immunization clinics every week during times and places easily accessible to working parents and children from minority, culturally- significant and disparate areas.
- Provided 7 additional immunization clinics in September 2018 to meet the needs of the new school immunization requirements.
- Provided 360 children (aged 2 months thru 6 years) with their vaccinations in 2018. This is a slight increase from 2017 (328).
- Promoted infant immunizations during NIIW (National Infant Immunization Week) by attending the International Spring Festival. Public Health Nurses handed out immunization information and answered immunization related questions to over 500 attendees. OPH partnered with the Montgomery County Immunization Coalition (MCIC) and Victor Vaccine, their immunization mascot, to entice parents and children to the educational table. OPH also utilized social media (Facebook, Twitter and their website) to promote NIIW and positive immunization messages.

Objective 1.4.3: Improve immunization coverage levels for all adolescent vaccinations focusing on the human papilloma virus (HPV) vaccine in 2018.

Partially Achieved: Provided three (3) immunization clinics every week during times and places easily accessible to working parents and children from minority, culturally significant, and disparate areas.

- Provided 7 additional immunization clinics in September 2018 to meet the needs of the new school immunization requirements.
- Provided 827 adolescents (aged 7 thru 18) with their vaccinations in 2018. This is a slight decrease from 2017 (913).

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- During immunization visits, adolescents needing the HPV vaccine were routinely provided this vaccination.

Objective 1.4.4: Improve immunization coverage levels for all adult vaccinations focusing on influenza vaccine in the uninsured, underinsured, and disparate populations in 2018.

Achieved: Increased immunization coverage levels for adults focusing on influenza vaccine in the uninsured, underinsured, and disparate populations by 13% in 2018.

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

Objective 1.5.1: Ensure 90% of HIV reports received in 2018 are investigated according to local and state guidelines and that appropriate referrals and services are initiated.

Achieved (pending data from PADOH)

Objective 1.5.2: Interview at least 85% of eligible clients for partner services within 30 days in 2018.

Achieved (pending data from PADOH)

Objective 1.5.3: Ensure 90% of reportable STDs received in 2018 are investigated according to local and state guidelines and that appropriate referrals and services are initiated.

Achieved (pending data from PADOH)

Objective 1.5.4: Provide HIV counseling, testing, and partner notification to 90% of clients at OPH's CDCPS clinics in 2018.

Achieved: 100% of clients seen in CDCPS clinics receive HIV testing and counseling services, although not all receive testing due to recent HIV testing or recent exposure.

- Out of four (4) HIV+ clients, partner notification was attempted 100% of the time, but the success rate for contacting partners and confirming testing was 50% since:
- Clients did not know any identifying information about partners (social media apps, Internet).
- Clients preferred to notify partners themselves.

Objective 1.5.5: Provide post-test counseling to a minimum of 80% of sero-negative clients and a minimum of 95% of sero-positive clients in 2018.

Achieved: 100 % of sero-positive clients were provided post-test counseling and referral.
Post-test Counseling Return rate: 96%

- Norristown Health Center: 90%
 - Pottstown Health Center: 85%
 - Willow Grove Health Center: 98%
- * HIV pre-tests done on TB B1's receive post-test during Willow Grove Clinic visit

Objective 1.5.6: Provide referral and linkage to HIV care, treatment, and intervention services to 85% of persons who test HIV positive at OPH CDCPS clinics in 2018.

Achieved: 100 % of newly identified HIV+ clinic clients were provided information for linkage to care, treatment and intervention services. Out of the four (4) new cases, four (4) were able to be contacted for follow-up to see if care was obtained.

Objective 1.5.7: Provide STD testing, treatment and partner notification to 90% of clients at CDCPS clinics in 2018.

Achieved: 93% of clients seen in the CDCPS clinic had testing for chlamydia, gonorrhea and syphilis. Partner notification was attempted 100%, but the success rate for contacting partners and confirming testing/treatment was 66% since:

- Clients refuse to name partners.
- Clients did not know any identifying information about partners (social media apps, internet).
- Clients preferred to notify partners themselves.

Objective 1.5.8: For patients with newly diagnosed TB, for whom 12 months or less of treatment is indicated, increase the proportion of patients who complete treatment within 12 months to 93% in 2018. Currently 62% achieved and expect to achieve 100% by October 1, 2018.

Achieved: Achieved 100% for cohort year 2017 (patients who started treatment in 2017 and finished their treatment in 2018). So far, the 2018 patient cohort is on track to achieve the treatment objective. 50% of the patients that started their treatment in 2018 have completed it. The remaining 5 patients are expected to complete treatment within 12 months.

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

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

Achieved: Through the utilization of PA-NEDSS, Montgomery County has investigated 1 case of Acute Hepatitis and 129 confirmed, 91 probable and 1 suspect case of Chronic Hepatitis B. In 2018, Montgomery County investigation 4 confirmed cases of Acute Hepatitis A, of those confirmed cases 4 household contacts were recommended post-exposure prophylaxis as part of control measures.

Objective 1.6.2: Offer preventative vaccine series (Hepatitis A and B, and Gardasil) vaccines to 90% of eligible clients, during CDCPS clinics in 2018.

Achieved: Preventative vaccines were offered to 100% of uninsured CDCPS clinic clients:

2018 TOTAL = 61
Hepatitis A = 19
Hepatitis B = 10
Gardasil = 32

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

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

2. Chronic Disease and Injury Prevention

2.1 Impart health education for healthy lifestyles and reduce injuries/risk behaviors by health education, promotion, and inspections.

Objective 2.1.1: Through the Montgomery County Cribs for Kids program, provide safe sleep education and cribs (pack-n-plays) to a minimum of 80 low-income families with infants under nine (9) months of age in 2018.

Achieved: The Cribs for Kids program delivered 111 cribs with safe sleep education in 2018. Seventy-nine of these deliveries were through Montgomery County and the remaining deliveries were completed after the program moved to Einstein Hospital. Participants reported satisfaction with crib assembly demonstration; an understanding of safe sleep; confidence in safe sleep practices and a positive experience with the overall Cribs for Kids experience. Information on Safe Sleep, Infant CPR and county Home Visiting services was shared at four health fairs and other events, with organizations such as the Mitzvah Circle Foundation, the Parenting Center, Teen Parent Task Force, WIC offices, and Norristown Library. MCH staff-initiated outreach with approximately 90 groups and individuals.

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

Objective 2.2.1: Deliver health education and promotion sessions to 1,000 participants to reduce risk of unintentional injury or death due to motor vehicle crashes by December 31, 2018.

Achieved: 89% of survey respondents felt very confident in their understanding and increase in knowledge after attending a car seat inspection site. The remainder of respondents felt confident or somewhat confident.

Achieved: 631 Booster seats were distributed in 2018. Education and manufacturer instructions were given to each family receiving a seat for their child who is at least 4 years old, 40 pounds and 40 inches tall.

Objective 2.2.2: Deliver health education and promotion sessions to 2,000 participants to increase safe walking and biking by December 31, 2018.

Partially Achieved: In 2018, four walkability audits were conducted. One took place in the spring at Myers Elementary in Cheltenham and three took place in the fall at Penn Wynne Elementary in Lower Merion, Eisenhower Middle School in Norristown, and West Broad Street Elementary in Souderton. Pre and post data regarding the number of children was not collected as each season only represented half of the school year.

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

Achieved: The Montco Trail Challenge ran from May 5, 2018 through December 2, 2018. Of the Montco Trail Challenge participants completing an online survey (n=143), 84.06% reported improving their physical health. When broken out by type of physical activity, 79.14% reported walking more and 29.93% biked more.

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

Achieved: In 2018, 10 surveys were filled out and returned to MCOPH, representing 19 children. Of the 10 surveys, three knew of the 5-2-1-0 message prior to participating in the Junior Inspector program, indicating 70% would have learned of the initiative for the first time. Twenty percent reporting being willing to try increasing water while another 20% reported willingness to reduce screen time. When asked if any safety information was learned, 20% responded yes indicating that they learned about bike helmets and child passenger safety. 100% reported the program to be beneficial.

Objective 2.2.3: Deliver A Matter of Balance Class: Managing Concerns About Falls to reduce the fear of falling in the County's older population by December 31, 2018.

Achieved: 76 participants completed both the pre and post class surveys in 2018. When asked to what extent the fear of falling interfered with normal social activities in a four-week time period, the average response before the program began was 3.76, falling below the answer of “slightly.” At week eight, the response increased to an average of 4.0, which equated to answer of “slightly”. Possible answers and point values included “extremely” (1 point), “quite a bit” (2 points), “moderately” (3 points), “slightly” (4 points), and “not at all” (5 points).

Achieved: Ten coaches were trained in 2018; 5 coaches were trained in April of 2018 and 5 more received training in November.

Objective 2.2.4: Implement a comprehensive transportation safety program which includes activities to reduce the incidence of injury and death for teens and adults 55+ years old by December 31, 2018.

Partially Achieved: 5 schools participated in seatbelt Pre and Post observations. Three of the schools saw a more than a 5% increase in seatbelt usage.

- Norristown High School saw a 6.61% increase
- Pottsgrove High School saw a 7% increase
- Hatboro Horsham High School saw a 9.3% increase
- Two schools, Upper Dublin and Souderton High Schools did not see a minimum 5% increase. UDHS increased by 2.39% but saw a higher than average seatbelt usage at the pre-observation of 84.84%. Souderton High School saw a 4.8% increase and also had a high starting percentage at 85.30%. The state average for seatbelt use is 84.00%.

Achieved: 6 parent forums were held with 215 parents participating.

Achieved: 55 older adults participated in 11 CarFit events.

Achieved: All 55 participants experienced an improved fit of their vehicles through this intervention. Educational resources were also distributed to reinforce the information presented at the events.

Objective 2.2.5: Deliver health education promotion sessions to 3,000 participants to increase exercise, good nutrition and access to fresh produce by December 31, 2018.

Achieved: 4 locations received fresh produce in 2018 and participated in pre and post surveys. The locations were ACLAMO in Norristown, the Open Link SAAC in Pennsburg, Salem Baptist SAAC in Jenkintown, and Tri-County AAC in Pottstown. 97% reported eating more produce, 85% reported trying new recipes, and 73% tried a new fruit or vegetable as a result of the produce distribution.

Achieved: 5 gardens were built at schools and community organizations in 2018.

Franconia and Gilbertsville Elementary Schools each received a garden as did Einstein Hospital, Laurel House, and Salvation Army of Norristown.

Objective 2.2.6: Decrease the incidence of type 2 diabetes in Montgomery County by December 31, 2018.

Partially Achieved: Flyers were distributed electronically to agencies and community organizations to recruit participants. Records of information distributed at community events were not kept.

Partially Achieved: By the end of 2018, 11 of 16 core sessions had been completed. 4 participants continue to be successful in the class which concludes in August 2019.

Partially Achieved: For the number of participants who met their weight goal, as the class is not over, final numbers cannot be reported. As of the end of 2018, 2 of the participants met their weight loss goal.

Objective 2.2.7: Deliver education and promotion sessions to reach 300 participants about early detection of skin cancer by December 31, 2018.

Achieved: 286 people were reached with the Derma Scan in 2018 at 7 events.

Achieved: 300 materials were distributed in 2018 at community events.

Achieved: 7 events and organizations were reached. Three Health Fairs were attended with sun safety materials. Two worksites were engaged with educational resources and two community organizations received educational resources.

Partially Achieved: 9 Social media posts were created and reached 3035 people.

Objective 2.2.8: Deliver education and promotion sessions to reach 500 participants about early detection of lung cancer by December 31, 2018.

Achieved: In 2018, the Smoke Free Montgomery County Coalition merged with the Montgomery County Health Alliance. At these meetings, smoking cessation class information is shared and distributed. Representatives from local hospitals and other groups who hold cessation classes participate in the meetings.

Achieved: 119 participants were reached through health fairs and community events. Number of events and organization reached.

Achieved: 2 organizations were reached through health fairs at Ursinus College and Einstein Medical Center.

Partially Achieved: 5 social media posts on tobacco and vaping were posted.

Objective 2.2.9: Increase awareness of colorectal cancer prevention and the importance of screening throughout Montgomery County by December 31, 2018.

Achieved: 257 materials were distributed which included fact sheets, posters, and brochures.

Achieved: Educational materials were distributed at 4 events, 5 worksites, and 2 community organizations. These included 3 CarFit events, 1 Matter of Balance class, the Norristown Regional Health Center, Montgomery County HHS offices, Victory Bank, GlaxoSmithKline, Upper Dublin Township Building employees, and Ursinus College.

Partially Achieved: 6 social media posts were shared.

Objective 2.2.10: Deliver health education to residents affected by breast cancer, focusing on nutrition, physical activity, and stress management by December 31, 2018.

Not Achieved: In 2018, a new Health Educator started to restructure the breast cancer program. Two breast cancer prevention programs were delivered to participants to educate them on signs, symptoms and risk factors.

Not Achieved: New materials were ordered after the Health Educator attended a conference to learn more about the topic area. Materials will be distributed in 2019.

Objective 2.2.11: Improve heart health and quality of life through prevention, awareness, and education in Montgomery County by December 31, 2018.

Partially Achieved: 11 heart health presentations were provided throughout the community, however no pre and post surveys were distributed.

Achieved: 216 materials relating to high blood pressure, stroke, and other cardio-vascular health topics were distributed at education sessions and community events. In addition, 24 total blood pressure screenings took place at 3 locations.

- 8 Stage 1 Hypertension (130-139/80-89)
- Stage 2 Hypertension (140 or higher/90 or Higher)
- 0 Stage 3 Crisis (Higher than 180/Higher than 120)
- All participants who agreed to a follow up call and had elevated blood pressure (Stage 1, 2, or 3) will be called.

Objective 2.2.12: Conduct community education activities around prevention of opioid-related use/misuse, overdose, and death by December 31, 2018.

Achieved: 5% increase in Presentation/Distribution Events: 2017 (152), 2018 (160). Narcan kits for school participation supplied by EOC PCC Grant. Training, education and NNS kits provided to Drug Court TOP program participants in 2018 (9)

Objective 2.2.13: Increase Naloxone availability and education throughout the County by 5% through increased community awareness and pharmacy participation of the OPH Standing Order by December 31, 2018.

Partially Achieved: 21% decrease in Pharmacy distribution: 2017(643), 2018 (507). Two new pharmacies added to participating list. 5% increase in OPH's CHPSN clinic distribution: 2017 (36), 2018 (38).

Objective 2.2.14: Conduct safety and/or sanitation inspections/investigations to reduce risk and harm.

Achieved: Conducted 57 school safety and sanitation inspections, zero child-care facility inspection requests were received in 2018, 22 organized campground inspections, and 20 mobile home park inspections.

3. Environmental Health

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

Objective 3.1.1: Provide clinical case management services to 90% of children identified with elevated lead levels in 2018.

Achieved: Education and clinical case management services were provided to 100% of the 278 children with lead levels of >5 micrograms/dL.

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

Achieved: For 2018, 11 out of 12 (92%) of cases were closed within 90 days. One (1) property required several extensions to complete the necessary work.

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

Achieved: Outreach and Education increased >100% with the addition of the LHCP Grant, to Primary Care Physicians (PCPs), Housing Agencies, Code Enforcement, Landlords, Owners, Tenants, and other agencies that work with children.

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

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

Achieved: Staff processed 100% of all applications within established timeframes. Staff issued 75 drinking water supply and geothermal well permits, conducted 76 well installation inspections, and responded to four (4) water quality complaints within established regulatory time frames. However, the permit and inspection total amounts were below the five year averages (i.e. 119 and 230, respectively). Total complaint investigations were less than the five-year average.

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

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

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

Achieved: Staff reviewed and approved 100% of all sewage hauler applications submitted. Staff issued 159 total sewage hauler licenses and conducted 32 triennial inspections of vehicles transporting liquid sewage in the county.

Objective 3.2.4: Promote awareness of current and ongoing effects of climate change and their impact on public health through a minimum of 10 activities this year.

Not Achieved: Due to a vacant Community Environmental Coordinator position, limited climate change work was conducted on this objective. However, interviews were conducted and the position will be filled to conduct this work in February 2019.

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

Achieved: Designated staff conducted training through ESRI Cartography on-line course with a certification, one ESRI on-line workshop for Watersheds, and on-going discussion and meeting attendance with the new county GIS Coordinator. OPH WQM staff completed three (3) GIS projects using this specific GIS-related training.

4. Maternal-Child Health

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

Objective 4.1.1: Facilitate the transition of the Nurse Family Partnership (NFP) program to another provider in Montgomery County.

Achieved: The NFP Program has successfully transferred to Einstein Hospital. Families enrolled in the Montgomery County NFP program have generally stayed with the NFP program through the transition. Families that were close to closing date per NFP regulations were given the option to close.

Objective 4.1.2: Enroll 30 families and provide services in the Maternal Child Health (MCH) Home Visiting Program in the prenatal or postpartum period in 2018.

Achieved: The MCH Home Visiting Program enrolled 45 families in the prenatal or postpartum period in 2018. 95% of participants are screened for depression and interpersonal violence using the 5 P'S Screening Tool. The MCH nurses engage all participants in discussions on Safe Sleep practices and Family Planning practices. The nurses engage all prenatal clients in a discussion on breastfeeding. All infants are screened for developmental delays using the Ages & Stages and Ages & Stages Social/Emotional developmental screening tools. MCH works closely with staff from Early Intervention to ensure that infants and children are immediately connected with EI assessments and services if needed.

Objective 4.1.3: To better understand the causes of poor birth outcomes in the Borough of Norristown and county-wide racial disparities, OPH will contract with a researcher such as Public Health Management Corp (PHMC) to implement a Perinatal Periods of Risk Analysis (PPOR) in Montgomery County. The PPOR is an analytic framework for studying racial disparities in fetal and infant mortality rates, assisting community stakeholders to identify and prevent risk factors during the greatest periods of risk.

Achieved: OPH has contracted with the Public Health Management Corporation and data collection has started on the PPOR process. An initial kick-off meeting to introduce the PPOR to the community was held December 12, 2018 and community volunteers were recruited to join the PPOR subcommittee of the Montgomery County Maternal and Early Childhood Consortium.

Objective 4.1.4: Reduce adolescent risky sexual behaviors through the implementation of at least two 12-week pilots of Project A.I.M – Adult Identity Mentoring: “What’s Your Legacy?”, an evidence-based adolescent health program shown to impact the behavioral determinants of risky sexual behavior.

Partially Achieved: MCH staff offered the Project AIM program at Stewart Middle School in Norristown, PA from April through May 2018. The program served a total of eleven 7th grade girls, and twenty-two 6th grade girls. Throughout the twelve sessions, participating students reflected on future planning, and how their current choices and

behavior influence obtaining their goals. In anonymous, post program surveys collected from the group, students reflected on where they expect to be at age 25, and what they want to avoid at that age. 95% of the 6th grade students reported on the post-class survey feeling as if they understand what they can do now to help reach future goals. 100% of the 7th grade students reported on the post-class survey feeling as if they understand what they can do now to help reach future goals. Some examples of student responses were:

- “When I am 25 years old, I expect to be: A small business owner and an event planner. I also want to be financially stable”.
- “When I am 25 years old, I expect to be: A doctor and have my own family. I also expect to have a car and live in a two bedroom house.”
- “When I am 25 years old, I want to avoid: Not graduating college”.
- “When I am 25 years old, I want to avoid: Drugs, alcohol and making bad decisions.”

Objective 4.1.5: Explore collaboration with existing providers of primary and preventative child and adolescent health services to identify interventions to increase the proportion of adolescents who receive formal instruction on inter-conceptual health issues, including the following topics: preventive care, birth control methods, safe sex, avoidance of illegal substance use, goal-setting to enhance a positive life course direction, and healthy relationships.

Not Achieved: This objective was not achieved.

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

Objective 4.2.1: Provide leadership to the Maternal and Early Childhood Consortium (MECC) and attend at least quarterly (4) collaborative partnership meetings in 2018.

Achieved: Montgomery County Early Childhood Consortium (MECC)’s Steering Committee met seven times in 2018. In August, the Steering Committee had a half-day Strategic Planning time facilitated by Capacity for Change.

MECC held membership meetings in 2018 on the following topics: Plans of Safe Care, Trauma and Resilience, and a Perinatal Periods of Risk Community Kick-off event. MECC sponsored a June event on Vicarious Trauma held at the Montgomery County Community College. In April, MECC presented a poster describing the work of the MECC for the Maternal and Child Health Annual Symposium Social Determinants of Infant Mortality: *Partnerships, Innovation & Community Engagement for Solutions*, put on by the Drexel University Maternal and Child Health Program at St. Christopher’s Hospital.

OPH hired a Community Development Coordinator to work with the MECC starting in August. She assisted with the launch of a pilot program in Pottstown to centralize home

visiting referrals among the five partnering home visiting agencies: Maternity Care Coalition, Pottstown Family Center, Chester County Maternity Child Consortium, Nurse Family Partnership and Montgomery County's Maternal and Child Health Home Visiting program. The agencies meet every six weeks to develop strategies and troubleshoot the program. In addition, staff meet bi-monthly by conference phone to compare notes on referrals. A dedicated 888 number and e-mail address were created to receive referrals.

5. Emergency Management

5.1 Strengthen community resilience activities

Objective 5.1.1: By December 31, 2018, collaborate with stakeholders to expand both the healthcare support zones and the Closed Point of Dispensing (POD) program.

Achieved: The PHEP Coordinator has been at all of the Long Term Care and Acute Care Zone Meetings within the last year. We have also served as a major advocate of both groups and have completed extensive work in conjunction with the Hospital Association of Pennsylvania (HAP) to expand the number of facilities included in the Long Term Care Zone Group.

The Closed POD program has expanded from 2 verified facilities at the beginning of 2017 to 35 registered facilities to date. There has been extensive collaboration work done on the part of the zone chairs, the preparedness program, and HAP to ensure that everyone is registered both as a POD and as a member of their respective zone. As the zone is an ever expanding group, it is expected that the Closed POD program will continue to expand as well and will require additional customization to meet the needs of the ever-changing specialty types.

Objective 5.1.2: By December 31, 2018, complete a jurisdictional risk assessment for Montgomery County and partner with other stakeholders to work towards completing a public health-specific risk assessment as well.

Partially achieved: The Southeastern PA counties collaborated with Dornsife School of Public Health at Drexel University to complete a Public Health Risk Assessment. With the input of the SEPA PHEP Coordinators, Drexel was able to complete a risk assessment for the Southeast Region as a whole and then individual risk assessments for the five counties.

The public health-specific risk project is in the process of being transitioned. Discussion amongst the management team has centered on completing a community vulnerability assessment. This vulnerability assessment would be partnered with the risk assessment to ensure that programs and services are being delivered to the appropriate populations.

Objective 5.1.3: By December 31, 2018 characterize the vulnerable populations within Montgomery County and ensure that identified populations are appropriately served within OPH plans, processes, and procedures.

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

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

Objective 5.1.4: By December 31, 2018, increase the participation of stakeholders in OPH preparedness programs and processes.

Achieved: As the Closed POD program has expanded, the number of connections has expanded as well. All of the Long Term Care Closed PODs as well as all of the Acute Care Facilities have identified primary and secondary points of contact. There is also a number of contacts included from the Department of Public Safety and the Hospital Association of Pennsylvania. The mass notification system is tested on a quarterly basis, at minimum. OPH has also developed a standard process of alerting Emergency Medical Services (EMS) providers by email for confirmed outbreaks of influenza and/or norovirus at Long Term Care Facilities within their first-due coverage areas.

As part of the Full Scale SNS/MCM exercise held in October, there were multiple members of the Long Term Care Zone that participated. We have also held two full scale exercises within Long Term Care Facilities and a number of tabletop exercises on a number of topics from severe weather to disease outbreaks for Long Term Care partners.

5.2 Strengthen incident management activities.

Objective 5.2.1: By December 31, 2018, the OPH's Preparedness Program will design and implement an improved Department Operations Center (DOC) that is able to serve both HHS and the OPH during emergencies requiring response and management activities.

Achieved: OPH contracted with Visual Sound to purchase a number of improved technologies to enable an enhanced response to a public health emergencies. Included in the purchase was 5 new monitors, one of which is cable-enabled, a digital capture whiteboard, large format printer, new laptops and docking stations, and new conference

phone system. All of this new technology complements the existing technology owned by the department including Smart Board and Lifesize Video Conferencing System.

Achieved: OPH worked with Public Property to produce a layout that was optimum to effectively managing emergencies.

Achieved: All of the purchased equipment has been installed in accordance with the design created by Public Property. In addition to the technology listed above, the room features three bookshelves that hold the position-specific binders for the command team and the facility-specific binders for partner agencies included in the POD program. There is also a corner of the room dedicated to the Epidemiology Research Associates (ERAs). This corner has space for the ERAs to dock their computers and complete the work asked of them during an emergency response.

Achieved. By reinstalling the LifeSize video system and connecting it on a dedicated port, we are able to have a secure video conferencing connection with the EOC and FEMA.

Objective 5.2.2: By December 31, 2018 develop a public health incident response structure and accompanying process and procedure for activating the command team.

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

Achieved: Incident specific matrices have been developed in order to designate what members of the department will be expected to fill each command position.

Achieved: *Position-specific binders have been developed for each position and are housed within the command center. These binders include Job Action Sheets and the pertinent ICS forms that might need to be completed during an event. These binders will continue to be expanded as additional best practices are identified.*

Partially Achieved: The base incident command trainings that all members of the command team as well as the training that all members of the department are expected to complete have been determined. The management staff is now in the process of determining what additional trainings or position specific trainings the members should complete.

Objective 5.2.3: Provide potassium iodide tablets (KI) to residents and businesses within a 10-mile radius of the Limerick Nuclear Power Plant.

Achieved: OPH participated in PADOH's statewide distribution day in August 2018. KI information was also disseminated as part of outreach and education opportunities during

public events throughout the year especially for those municipalities included in the 10-mile Emergency Planning Zone (EPZ) for the Limerick Generating Station. Collaboration meeting with Limerick Township Emergency Preparedness. Plan to have them participate as a distribution site for the August 2019 PADOH statewide KI distribution. Number of pills distributed for 2018: 5,462.

5.3 Strengthen information management activities

Objective 5.3.1: By December 31, 2018, improve knowledge sharing and situational awareness between OPH and its partners.

Achieved: OPH experienced multiple events of significance that needed to be entered into the KC-HIMS system for tracking purposes. These included, all Influenza and Norovirus outbreaks at residential facilities, a Boil Water Advisory affecting Horsham Township, and shelter openings as a result of the Nor'easters that affected the area.

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

The Development of the list of medical providers within Montgomery County has been put on hold.

Both the MRC and preparedness pages have been completely revised and updated.

5.4 Strengthen surge management activities.

Objective 5.4.1: By December 31, 2018, OPH's Preparedness Program, in coordination with the OPH DCDPS, will complete an after action review of the 2017/2018 influenza season, identify areas for improvement, and implement identified changes to internal processes and procedures. Develop a plan, process and procedure to address public health surge for seasonal events.

Not achieved: The process for tracking outbreaks in residential facilities was revised and improved for the upcoming season. A new tracking form with standardized data elements was developed for the Disease Investigators to use. Pre-develop messaging and information surrounding seasonal outbreaks for the public as well as for first responder agencies surrounding personal protection measures and decontamination to reduce disease transmission.

Not Achieved. The process for doing first responder alerting of an outbreak within a facility was established and a standard message is used for all EMS chiefs. Any other pre-developed messaging has not been completed to-date.

Objective 5.4.2: Collaborate with acute care facilities, Hospital Association of Pennsylvania (HAP), and first responders to determine if enhanced communication and education should be provided to the public during seasonal outbreak events.

Partially Achieved. During the past year with the increased number of influenza cases, a conference call was held with the acute care facilities to determine unmet needs and any enhanced communications that might be needed. This will continue on a case-by-case basis as needed.

Objective 5.4.3: In coordination with the Department of Public Safety, the American Red Cross, HAP, and other partners, determine the role of the OPH in mass care and sheltering events, especially as it relates to MRC volunteers, by December 31, 2018. Meet with the American Red Cross to discuss how to improve joint responses and develop training and exercise opportunities to increase volunteer collaboration.

Partially Achieved: During the past year with the increased number of influenza cases, a conference call was held with the acute care facilities to determine unmet needs and any enhanced communications that might be needed. This will continue on a case-by-case basis as needed.

Objective 5.4.4: Increase training opportunities for MRC volunteers to better understand their role in a mass care and sheltering event.

Not Achieved. This project has been put on until the preparedness staff can be expanded.

Objective 5.4.5: Collaborate with the Department of Public Safety, HAP, and acute care facilities to examine the feasibility of using Point of Dispensing sites (PODs) as alternate care systems during surge or mass care events.

Not Achieved. This has been put on hold until other POD objectives can be achieved.

5.5 Strengthen countermeasures and mitigation activities.

Objective 5.5.1: By December 31, 2018, continue to improve the medical countermeasures and responder health and safety programs through training, exercises, and outreach initiatives. Collaborate with pharmaceutical and Personal Protective Equipment (PPE) manufacturers to develop an agreement to provide PPE materials and emergency medication for front line first responders in the event of a public health emergency that requires those types of protections.

Not Achieved. This project has been tasked to the medical director for input and leadership. There will be ongoing discussion with this project in 2019 as we do work to enhance the POD program.

Objective 5.5.2: Using the lessons learned from the 2017 Strategic National Stockpile (SNS) Functional Exercise, conduct a full-scale POD exercise focusing on the pick/pack warehouse functions and distribution functions of the SNS program.

Not Achieved. This project has been tasked to the medical director for input and leadership. There will be ongoing discussion with this project in 2019 as we do work to enhance the POD program.

Objective 5.5.3: In collaboration with the Department of Public Safety, regional partners, and other stakeholders, develop a Fit First Responder Education and Outreach Program. This program will focus on prevention of common health risks to first responders, proper nutrition, and proper exercise.

Not Achieved. This is a project that is under discussion for completion in the first half of 2019. The goal is to collaborate with other HHS offices and first responders to complete this project.

Objective 5.5.4: Develop a process and procedure for OPH staff and MRC volunteers complete family care plans to increase preparedness ahead of public health or other emergencies.

Not Achieved. A template has been received but no other work has been done on the project.

5.6 Strengthen biosurveillance activities

Objective 5.6.1: By December 31, 2018, improve established biosurveillance activities and associated reporting. Continue to input norovirus and influenza outbreaks in Long Term Care Facilities into Knowledge Center.

Achieved. All outbreaks of Norovirus and Influenza were entered into the KC-HIMS system. Upon reviewing the past Noro/ Influenza season, Communicable and Preparedness made changes and improvements to the internal reporting/ investigation system.

Objective 5.6.2: Continue to collaborate with biosurveillance partners such as BioWatch and PA Bureau of Epidemiology to maintain situational awareness surrounding seasonal outbreaks and emerging diseases and threats.

Achieved: OPH continues to attend Biowatch Quarterly Meetings as well as interfacing with PADOH's Bureau of Epidemiology through initiatives such as Hepatitis A planning. The PADOH's Bureau of Epidemiology also attends the monthly county/municipal health department conference calls and provides updates regarding their work. The

preparedness program also had the unique opportunity to be the local level representatives at a federal Health and Human Services (USHHS) tabletop with discussion surrounding the notification and response processes for bioterror type events.

Objective 5.6.3: Continue to collaborate with partners such as PA Bureau of Labs to maintain situational awareness surrounding processes and procedures especially surrounding emerging and novel disease agent and communicate that to applicable partners.

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