
Montgomery County
Department of
Health and Human Services

Office of Public Health

2018 PROGRAM PLANS

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2018 PROGRAM PLANS

prepared by

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

for

THE PENNSYLVANIA
DEPARTMENT OF HEALTH

March 2018

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 has evolved over the past 150 years largely in response to emerging health threats and the increased availability of scientific knowledge and technology to support public health decision making and action.

While early public efforts have focused on the treatment and control of infectious disease and the promotion of safe and healthy food and water supplies, more recent trends reflect a greater emphasis on more upstream prevention efforts aimed at curbing the rising burden of chronic disease and the staggering cost of medical care. Public health systems are naturally equipped to respond to and control the spread of disease, provide the community with clinical prevention services, and conduct outreach and education to promote health and wellness and prevent disease. While we have made exemplary achievements in infectious disease control, community sanitation, and chronic disease prevention, considerable challenges remain.

Public health officials are facing new threats from disease outbreaks due to pathogens such as Ebola and Zika virus for which the health consequences are grave and the scientific evidence to support public health action is still emerging. Other highly communicable diseases such as tuberculosis and measles, which have been managed successfully in the U.S. for decades, are resurging in occurrence both locally and nationally.

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.

The emerging importance of social context for public health is forcing health professionals to look beyond primary disease prevention and treatment approaches and consider risk factors such as social determinants that underlie many diseases and have a profound impact on health and wellbeing. Public health systems are also highly influenced by economic and political factors such that the concept and scope of public health varies considerably across community sectors and geographic regions. To address these challenges, public health systems need both inter-organizational integration as well as greater linkage and interface with clinical systems of care.

In response to these needs, Montgomery County has restructured its health and human services into a single integrated department, the Montgomery County Department of Health and Human Services (HHS). As a part of this restructuring, in 2018, the Pennsylvania Department of Health (PADOH) approved of the renaming of the Montgomery County Health Department to Montgomery County Office of Public Health (OPH). The change reflects a more strategic and holistic approach to public health that focuses on health promotion and disease prevention that spans multiple HHS offices and programs including OPH and the Offices of Aging & Adult Services, Children & Youth, Drug & Alcohol, Mental Health, and others.

OPH will continue to focus on essential public health functions as reflected in the services provided by our operational divisions of Clinical Services and Public Health Nursing, Communicable Disease Control and Prevention, Environmental Field Services, and Water

Quality Management. Activities under our division of Health Promotion will be shared by OPH and HHS in 2018.

Educational, environmental, clinical, epidemiological, and research capacities and assets of our Office will be maximized 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.

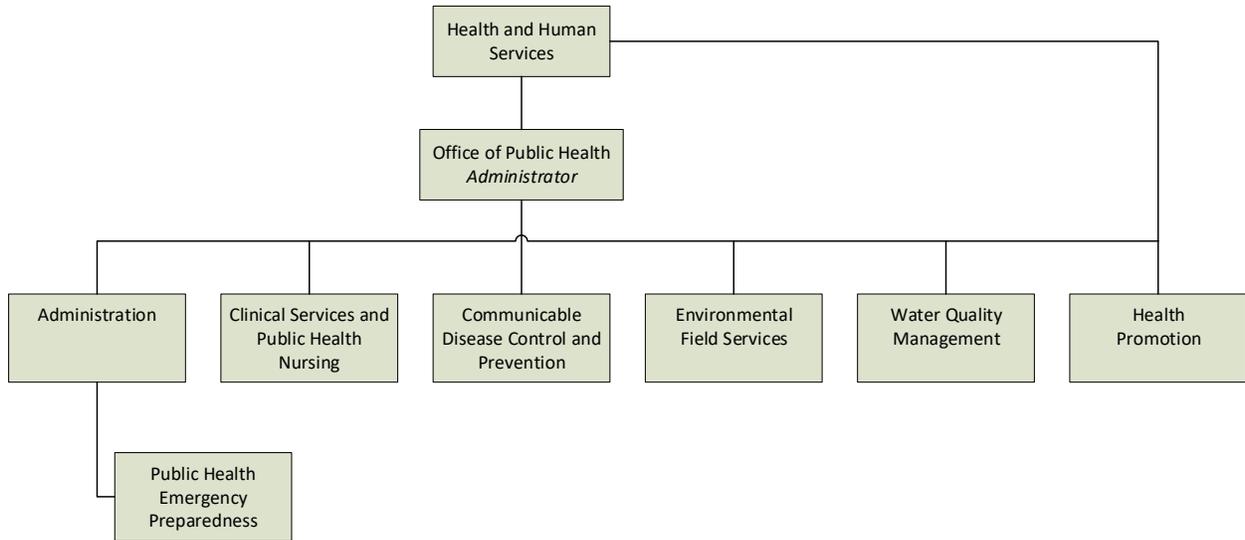
Specifically, Montgomery County OPH will continue to:

- 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 homes for residents impacted by lead.
- 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, human exposure (biomonitoring), 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 records (EHRs).
- 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 about new opportunities to work more closely and strategically with our Montgomery County HHS colleagues with the shared goal of improving the health, wellbeing, and quality of life for all Montgomery County residents in 2018.

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):

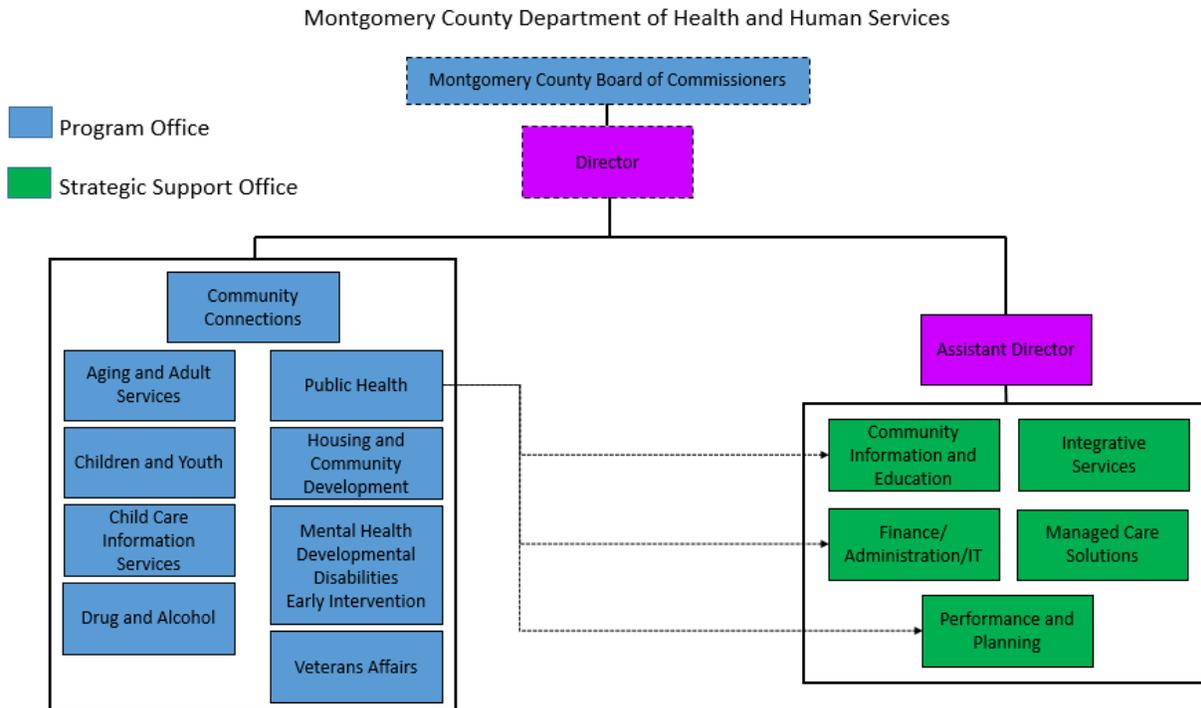
- Persons under age 25: 29.8%
- Persons between 25-65: 52.9%
- Persons aged 65 and older: 17.19%

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, a multi-disciplinary team has been created within OPH to conduct a comprehensive community public health assessment (PHA) that compliments and expands upon other local community needs assessments. This team is employing a variety of techniques, including environmental scans to identify available data sources, focus group surveys, and social media to solicit input from HHS staff as well as community partners and stakeholders. The PHA will identify and integrate data on health outcomes, risk factors, and social determinants at both the county and community

level, taking into account the variability in health indicators across different communities within the county, to identify public health priorities and opportunities for 2018 and beyond.

BUREAU OF ADMINISTRATION

Under the new organizational structure for HHS, many of the executive administrative, communication, and planning functions previously performed directly by the Department will now be assumed by the HHS Strategic Support Offices, as indicated below. For example, many of the financial and IT support functions for OPH will now fall under the HHS Office of Administration/Finance/IT. In addition, the communications and public information functions for OPH will be coordinated through the HHS Office of Community Information and Education. Lastly, the HHS Office of Performance and Planning may coordinate some of the health data collection and analysis activities needed 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 (PA-NEDSS).

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

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

Some of the diseases and conditions still require reporting by phone within 24 hours to the 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://www.cdc.gov/nndss> and <http://www.health.pa.gov/>

Division of Health Promotion

As previously mentioned, many of OPH's health promotion and education activities will now be managed and administered by the HHS Office of Community Information and Education. These efforts will include health education, health screenings, and media campaigns in the following areas:

- Healthy Lifestyles – Physical Activity, Nutrition, Chronic Disease
- Cancer Prevention, Education and Early Detection Program
- Tobacco Control
- 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

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

Evaluation Methods: 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 Methods: 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:

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 Methods: 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).
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.

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3. Respond to areas with high mosquito numbers and virus activity with appropriate adult mosquito control measures.

Evaluation Methods: 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 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.

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.

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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 2018.
 5. Complete a minimum of one (1) outreach activity to increase public awareness of immunizations during the annual National Immunization Awareness Month in August 2018.
 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 clients 24 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 2018.

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 2018.
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 PA-SIIS 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 2018.

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 (October to April).
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 2018.
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 2018.
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 2018.

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 2018.

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 2018.

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 2018.

Activities:

1. Offer free services to all Montgomery County residents, at three OPH clinics, offering one evening clinic per week at each site.
2. Provide counseling and education to clients who present to clinic for actual and potential STDs and positive clients referred by private providers.
3. Offer and encourage HIV testing to all clients requesting STD testing.
4. Provide diagnosed and preventive treatment for STDs to clients and their partners who present to clinic, and to positive clients referred by private providers.

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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 93% in 2018. Currently 62% achieved, and expect to achieve 100% by October 1, 2018.

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 2018.

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

Evaluation: 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 2018. 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

2.1 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.

Activities:

1. Provide education on evidence-based safe sleep practices, American Academy of Pediatrics safe sleep recommendations, sudden infant death syndrome (SIDS), and other infant safety education, as well as the distribution of a safe and separate sleep space (pack-n-play) for families who would otherwise not be able to afford a safe and separate sleep space for their infant.
2. Accept referrals from prenatal care providers, school districts (nurses, social workers, or guidance counselors), WIC (Women, Infants and Children), the Montgomery County Office of Children and Youth, hospitals and obstetrician clinics, and other community social service agencies that identify eligible families.
3. Utilize a Community Development Coordinator or Public Health Nurse to complete the safe sleep education and distribution of pack-n-play to families who are eligible for the program.
4. Conduct a home visit to each family approved for the program to provide education on safe sleep practices, distribute the safe and separate sleep space (pack-n-play) and provide a demonstration of the proper assembly of the pack-n-play.
5. Offer Maternal-Child Health home visiting or Nurse-Family Partnership Program home visiting services to pregnant and/or postpartum women who are interested in receiving family support services.
6. Link families to community resources as needed, which include but are not limited to: WIC, social service agencies, Montgomery County HHS, Early Intervention, etc.

Evaluation: Monthly activity reports. Safe sleep education Client Satisfaction Survey to be completed with each crib delivery. Two week follow-up client questionnaire to be completed with each crib delivery

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 (HHS lead for Objectives 2.2.1 through 2.2.11; OPH lead for Objective 2.2.12-2.2.14).

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.

Activities:

1. Host three monthly car seat inspection stations in partnership with local fire departments.
2. Distribute booster seats at community events.
3. Educate caregivers in the proper selection, installation and use of car seats and booster seats.

Evaluation: Electronic post-survey sent to participants of car seat inspections to measure 5% increase in knowledge prior to inspection. Distribute 500 booster seats through community events.

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

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, 2018.

Activities:

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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: 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.

Activities:

1. Conduct pre/post observations of seatbelt usage to five participating schools.
2. Deliver seatbelt education to five participating schools.
3. Deliver parent forums at the five participating schools.
4. Deliver eight CarFit events.

Evaluation: Through IMPACT education we will measure at least 5% increase cumulatively in seatbelt usage after post observation at our five high schools. Number of parents who participated in the forum. Number of older adults who participated in the CarFit event. Improved fit of vehicles through education and CarFit intervention.

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.

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

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.

Evaluation: Number of materials distributed. Number of people who completed the class. Number of people who met their 5%-7% 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.

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

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.
3. Participate in The Great American Smoke Out observed in November.
4. Participate on the Montgomery County Health Alliance.
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 2.2.9: Increase awareness of colorectal cancer prevention and the importance of screening throughout Montgomery County by December 31, 2018.

Activities:

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

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.

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

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

Activities:

1. Deliver State-supported Heart Health Program to eight (8) locations.
2. Participate in February's month-long Heart Health campaign 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.

Evaluation: Deliver pre- and post-surveys to measure 5% change in knowledge of improved heart health. Track number of materials distributed at community events.

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

Activities:

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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 2.2.13: 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.

Activities:

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

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

Activities:

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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 75% 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 $\geq 5\text{ug/dL}$.
2. Provide home visit and assessment by Public Health Nurse (PHN) on all reported lead levels $\geq 10\text{ ug/dL}$.
3. Refer all children with lead levels of $\geq 15\text{ ug/dL}$ to Early Intervention.
4. 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.

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

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.
2. Schedule and inspect newly constructed well installations within one (1) business day.
3. Review water analyses and related information and provide final approval or denial to use the well within seven (7) business days.
4. Respond to individual water supply complaints within two (2) business days.

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 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:

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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 their impact on public health through a minimum of 10 activities this year.

Activities:

1. Coordinate outreach efforts through print, radio, and/or social media.
2. Maintain partnerships and collaborative efforts with representatives of 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) 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.

Activities:

1. Ensure select Division staff are technically equipped for GIS use and provided access to basic GIS training.
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: Facilitate the transition of the Nurse Family Partnership (NFP) program to another provider in Montgomery County.

Activities:

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1. Identify and meet with potential new NFP implementing agencies. Share information with funding entities to facilitate the selection of a new agency.
 2. Provide technical assistance and other needed support to new implementing agency to ensure smooth transition.
 3. Ensure that families currently enrolled in NFP have a smooth transition to the new implementing agency.
 4. Communicate with internal and external stakeholders once an implementing agency is active to ensure NFP referrals are not diminished.

Evaluation: Assess the success of the transition to the new implementing agency.

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.

Activities:

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

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

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.

Activities:

1. Identify and contract with a research provider of the PPOR.
2. Work with researchers, through the Maternal & Early Childhood Consortium (MECC) Steering Committee, to determine the frame of reference.
3. Support the PPOR process as needed, including providing access to stakeholders and providing support for PPOR activities.
4. Maintain transparent and good communication with internal and external stakeholders throughout the PPOR process.

Evaluation: PPOR process will be underway.

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.

Activities:

1. In collaboration with Stewart Middle School staff, recruit and retain up to 20 sixth and 20 seventh-grade girls to participate in the Project A.I.M pilot programs.
2. Maintain fidelity to the Project A.I.M. model in lesson preparation and presentation.
3. Track demographic data and process outcomes, such as information on attendance, retention and activities.
4. Using the Project A.I.M. logic model, develop a pre- and post-test to measure changes in behavioral determinants on the post-test as compared to the pre-test.

Evaluation: Evaluation to be determined based on process outcomes such as number served, attendance and retention as well as change in behavioral determinants between pre- and post-tests.

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.

Activities:

1. Identify an experienced health service provider to recruit and train volunteer peer mentors in the Norristown area.
2. Identify ways to support this provider to expand their efforts to share inter-conceptual information with Latino and African American participants.

Evaluation: Evaluation to be determined based on evidence-based curriculum implemented. Evaluation may include number of participants, number of outreach and education events and client surveys.

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.

Activities:

1. Provide one 0.5 full-time equivalent (FTE) Community Development Coordinator to support MECC Pottstown pilot program 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.
9. Utilize information and data received through OPH Maternal-Child Health programming to focus resources and develop strategies based on evidence to improve birth outcomes in Montgomery County, including reducing infant mortality, reducing preterm birth, and reducing low birth weight, specifically in areas where birth outcomes are poorest, such as the Borough of Norristown.

Evaluation: Evaluation to be determined based on annual MECC survey results.

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.

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, 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.

Activities:

1. Complete a jurisdictional risk assessment based on the approved format from PADOH and CDC.
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, 2018 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, 2018, increase the participation of stakeholders in OPH preparedness programs and processes.

Activities:

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

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

5.2. Strengthen incident management activities

Objective 5.2.1: By December 31, 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.

Activities:

1. In collaboration with HHS, 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, 2018 develop a public health incident response structure and accompanying process and procedure for activating the command team.

Activities:

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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.
 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, 2018, 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 Office of Community Information and Education 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, 2018, the 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.

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, 2018.

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, 2018, continue to improve the medical countermeasures and responder health and safety programs through training, exercises, and outreach initiatives.

Activities:

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 2018, 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 2017 (Section 2)

1. Infectious and Communicable Diseases

1.1. Reduce incidence of foodborne illnesses through surveillance, code-enforcement, 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: In 2017, OPH investigated 242 foodborne illness and 40 foodborne complaints.

- 98 Confirmed, 23 Probable and one (1) Suspect case of Campylobacter.
- 10 Confirmed, three (3) Probable and four (4) Suspect case of *E. coli*.
- 101 Confirmed and six (6) Probable cases of Salmonella.
- 33 Confirmed and four (4) Probable cases of Shigella.

OPH investigated seven (7) clusters/outbreaks of illness associated with Montgomery County.

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

Achieved: Conducted 8,409 food facility inspections. Of those food facility inspections, 187 food related illness complaints were investigated, 161 food facility type complaints were investigated, and 150 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 297 opening inspections at new and/or renovated food service facilities and 60 pre-opening inspections.

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: In 2017, OPH investigated 11 Confirmed and one (1) Suspect case of Legionella. We also investigated 10 Confirmed and three (3) Probable cases of Cryptosporidiosis.

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

Achieved: Conducted 418 inspections and responded to 10 complaints at 267 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 584 site evaluations, issued 228 on-lot sewage disposal system permits, conducted 787 system inspections, reviewed 37 sewage planning modules, and responded to 132 malfunctioning sewage system complaints. These were all conducted within established regulatory timeframes.

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

Achieved: Staff responded to two (2) waterborne outbreaks with an initial response time of one working day. On-site inspections and environmental sampling was conducted, and verbal and written recommendations given with one case closed.

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: In 2017, OPH investigated the following vector-borne illnesses:

- 411 Confirmed, 407 Probable and 872 Suspect cases of Lyme Disease.
- Two (2) Confirmed and one (1) Probable case of Zika virus.
- One (1) Probable case of West Nile Virus.

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 296 larval mosquito treatments and responded to 185 mosquito borne disease complaints.

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

Achieved: Conducted 38 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 (WWTPs) at least three (3) times a year (within the mosquito season).

Achieved: Conducted 94 inspections and treated 84 sites at the 34 municipally-operated WWTPs.

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

Achieved: Dipped 479 possible mosquito breeding habitats, larvicided 296 habitats, set 948 adult mosquito traps, and conducted 15 adult mosquito control events.

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

Objective 1.4.1: Reduce morbidity from vaccine-preventable diseases by 10% from the average of the previous 5-year sequence through investigation, disease education and control activities.

Not Achieved: In 2017, OPH was not able to gather necessary information to assess reduction in morbidity over a 5-year period.

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 2017.

Status: OPH cannot assess this objective completely until PA SIIS (Statewide Immunization Information System) calculates our immunization coverage rate in their March Assessment.

- 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 11 additional immunization clinics in September 2017 to meet the needs of the new school immunization requirements that took effect in August.
- Provided 328 children (aged 2 months thru 6 years) with their vaccinations in 2017. This is 184 more clients than in 2016 (144).
- 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 (MCIC) the Montgomery County Immunization Coalition 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 2017.

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 11 additional immunization clinics in September 2017 to meet the needs of the new school immunization requirements that took effect in August.
- Provided 913 adolescents (aged 7 thru 18) with their vaccinations in 2017. This is a 34% increase from 2016 (732).
- 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 2017.

Achieved: Increased immunization coverage levels for adults focusing on influenza vaccine in the uninsured, underinsured, and disparate populations by 20% in 2017.

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.

Partially Achieved: In 2017, OPH investigated referred and confirmed linkage to care for 37% of individuals newly-diagnosed with HIV.

Objective 1.5.2: Interview at least 85% of eligible clients for partner services within 30 days in 2017.

Partially Achieved: In 2017, OPH interviewed 42% of eligible clients for partner services within 30 days. OPH worked with PADOH HIV Prevention Division on a corrective action plan to work towards full achievement of this objective.

Objective 1.5.3: Ensure 90% of reportable STDs received in 2017 are investigated according to local and state guidelines and that appropriate referrals and services are initiated.

Partially Achieved: In 2017, OPH investigated and attempted to interview the following confirmed STD investigations:

-
- 2281 case of chlamydia, 404 cases of gonorrhea.
 - 10 cases of primary syphilis, 16 cases of secondary syphilis, 36 cases of early latent syphilis.

At this time, OPH cannot ensure that 90% of reportable STDs were investigated according to local and state guidelines because of lack of programmatic data.

Objective 1.5.4: Provide HIV counseling, testing and partner notification to 90% of clients at OPH's CDCPS clinics in 2017.

Partially Achieved: 98% of clients seen in CDCPS clinics had HIV testing and counseling services.

Out of eight (8) HIV+ clients, partner notification was attempted 100%, but the success rate for contacting partners and confirming testing was <50%.

- 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 1.5.5: Provide post-test counseling to a minimum of 80% of sero-negative clients and a minimum of 95% of sero-positive clients in 2017.

Achieved: With the institution of a Standard Operating Procedure (SOP) to give HIV negative results over the phone, the post-test return rate increased from 79% in 2016 to 94% in 2017.

2017 Post-test Counseling Return rate: **94% (average)**

NHC (91%)

PHC (90%)

WGHC (108%)

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's CDCPS clinics in 2017.

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

Partially: Out of the eight (8) new cases, only 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 OPH's CDCPS Clinics in 2017.

Partially 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 80%.

- 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 tuberculosis (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 2017.

Achieved: Achieved 100% for cohort years 2015 and 2016. Currently, we have partially achieved the objective for 2017 at 61.5%. We expect to achieve 100% by 12/31/2018. Exceeded the objective.

Indicator: Percent of TB patients with newly diagnosed TB for whom treatment for 12 months or less is indicated who completed treatment within 12 months (366 days).

Cohort: All TB patients, for whom 12 months of treatment or less is recommended, alive at diagnosis, initiated treatment with one or more drugs, and counted in the cohort period of interest. Currently, we have 13 eligible patients in this cohort. OPH had 16 patients diagnosed with TB disease in 2017. Three (3) patients were excluded from the CDC cohort for the following reasons:

- One (1) patient died prior to TB diagnosis and treatment never initiated.
- One (1) patient was an imported pulmonary TB case (counted in China).
- One (1) patient had genotyped confirmed Bacillus Calmette-Guerin (BCG) Pott's Disease (attenuated strains of *Mycobacterium bovis* which is part of the *Mycobacterium tuberculosis*, MTb complex).

Data Sources pertaining to Montgomery County include RVCT fields: date reported, date of birth, status at TB diagnosis, site of TB disease, culture of tissue and other body fluids, initial chest radiograph and other chest imaging study, date therapy started, initial drug regimen, initial drug susceptibility results, moved, date therapy stopped, and reason therapy stopped.

Calculation: [Number of patients who complete treatment in \leq 366 days (12 months)/ Cohort] x 100.

1.6 Reduce incidence and prevalence of acute and chronic hepatitis through surveillance and 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 in 2017.

Achieved: In 2017, OPH investigated 2 cases of confirmed Acute Hepatitis A. OPH did not have any case of Acute Hepatitis B in 2017, but investigated 131 confirmed cases of Chronic Hepatitis B.

Objective 1.6.2: Offer preventative vaccine series (Hepatitis A and B, and Gardasil) vaccines to 90% of eligible clients, during CDCPS clinics in 2017.

Partially Achieved: Preventative vaccines were offered to 100% of eligible CDCPS clinic clients, but only 2 % were eligible to receive the vaccines.

2017 TOTAL = **46**

Hepatitis A = 21

Hepatitis B = 6

Gardasil = 19

Objective 1.6.3: By December 31, 2017 the PHEP and Division of CDCPS will develop a comprehensive public health surveillance and outbreak investigation annex to Emergency Operations Plan (EOP) incorporating lessons learned and suggestions identified in After Action Report from the 2015 World Meeting of Families and the 2016 Democratic National Convention.

Not Achieved: PHEP and Division of CDCPS reviewed the After Action Reports from both the 2015 World Meeting of Families and the 2016 Democratic National Convention. From those events, it was determined that it would be beneficial to develop a public health surveillance and outbreak investigation SOP/guideline. It was also determined that it would be beneficial to review the pertinent plans already established by the department and update them to reflect any gaps that were identified.

Objective 1.6.4: By December 31, 2017, the OPH will produce a mutually agreed upon and comprehensive Surveillance and Epidemiology Plan (SEP) that identifies the roles, responsibilities and actions of the OPH in relation to other identified partners.

Partially Achieved: It was determined by the OPH Emergency Management Team that the roles, responsibilities, and actions of OPH staff required further delineation for all hazards and not solely for surveillance and epidemiology related events. Thus, the decision was made to improve the OPH's Command structure through enhanced training, development and revision of guidance documents, and hands-on exercises. An improved overall structure will increase the likelihood of an effective incident response, particularly for disease-related events.

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 rabies exposures are investigated and disease prevention activities are initiated immediately.

Achieved: In 2017, there were no incidents of human rabies in Montgomery County. OPH investigated 1366 cases of human exposure to rabies through a bite, scratch, or contact with saliva from an animal.

In 2017, OPH vaccinated 303 cats, dogs, and ferrets through our two low-cost Rabies Vaccine Clinics in the County.

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 9 months of age in 2017.

Partially Achieved: The Maternal-Child Health (MCH) Cribs for Kids program served 48 eligible participants in 2017, giving out 48 free pack and plays together with education on safe sleep and referrals as needed to home visiting and other services. Participants reported satisfaction with crib assembly demonstration (Excellent - 84%); an understanding of safe sleep (Excellent – 84%); confidence in safe sleep practices (Excellent – 90%) and a positive experience with the overall Cribs for Kids experience (Excellent – 90%).

MCH staff also provided eight (8) safe sleep group trainings to 70 participants in collaboration with local non-profit partner agencies.

In addition, MCH staff provided six (6) infant CPR trainings to 43 participants from non-profit partner agencies. Participants completed a pre- and post- test survey. All participants reported that they found the infant CPR training to be informative and helpful.

All persons who answered “No” on the pre-test for the following questions answered “Yes” on the post-test:

- I know signs of when an infant needs CPR.
- I know the signs of an infant choking.

Of the persons who answered “No” on the pre-test to the question “I feel confident giving CPR to an infant”, 86% answered “Yes” on the post-test.

Of the persons who answered “No” on the pre-test to the question “I feel confident performing life-saving measures on a choking infant”, 89% answered “Yes” on the post-test.

2.2 Provide health education to decrease the prevalence of chronic disease, their complications and the associated risk factors.

Objective 2.2.1: Deliver health education and promotion sessions to 5,000 participants to reduce risk of unintentional injury or death due to motor vehicle crashes by June 30, 2017.

Achieved: 16,563 people reached.

Objective 2.2.2: Deliver health education and promotion sessions to 2,000 participants to increase safe walking and biking by June 30, 2017.

Achieved: 7,560 people reached.

Of the Montco Trail Challenge participants completing an online survey (n=123), 82.64% reported improving their physical health. When broken out by type of physical activity, 77.50% reported walking more, 34.43% biked more, and 23.08% ran more.

Objective 2.2.3: Deliver Matter of Balance Class to reduce the Fear of Falling in the County's older population by June 30, 2017.

Achieved: Forty (40) participants completed both the pre- and post-class surveys in 2017. When asked "To what extent the fear of falling interfered with normal social activities in a four week time?" the average response before the program was 3.98, falling below the answer of "slightly." At week eight, the response increased to an average of 4.45, which fell between "slightly" and "not at all." 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).

Trained seven (7) Coaches and four (4) Master Trainers in Matter of Balance

Objective 2.2.4: Deliver health education and promotion sessions to 3,000 participants to increase exercise, good nutrition and access to fresh produce by June 30, 2017.

Achieved: 6,657 people reached.

Objective 2.2.5: Deliver education and promotion sessions to reach 500 participants about early detection of skin and lung by December 31, 2017.

Achieved: 433 people reached.

Objective 2.2.6: Deliver education and promotion sessions to increase Naloxone availability by December 31, 2017.

Achieved:

- 27% increase in Presentation/Distribution Events: 2016 (120), 2017 (152).
- 85% increase in School participation in PADOH initiative: 2016 (7), 2017 (13).

Objective 2.2.7: Increase Naloxone availability and education throughout the County by 5% through increased awareness and pharmacy participation of the OPH Standing Order by December 31, 2017.

Achieved: 25% increase in Pharmacy distribution: 2016 (516), 2017 (643).

- 10% increase in OPH's CHPSN clinic distribution: 2016 (33), 2017 (36).

Objective 2.2.9: By December 31, 2017, create a comprehensive non-pharmaceutical interventions (NPIs) plan that is applicable to a wide variety of situations and disease agents.

Not Achieved: After consultation with relevant partners, it was determined that it would be more beneficial to include information for non-pharmaceutical interventions into disease-specific information packets rather than creating a separate comprehensive plan. This process will allow OPH to be more specific with information related to individual diseases and associated protection recommendations.

Objective 2.2.10: By December 31, 2017, the team will synthesize and strengthen the Quarantine and Isolation Plan (QIP) and any other applicable epidemiology plans into a comprehensive non-pharmaceutical interventions plan that is able to be deployed for an outbreak or other public health event.

Not Achieved: After consultation with relevant partners, it was determined it would be more beneficial to include information for non-pharmaceutical interventions into disease specific information packets rather than creating a separate comprehensive plan. This process will allow OPH to be more specific with information related to individual diseases and associated protection recommendations.

Objective 2.2.11: By December 31, 2017, OPH's Public Health Emergency Preparedness (PHEP) staff will collaborate with other OPH Divisions as well as state and regional partners to develop a public health lab testing plan that outlines the roles, responsibilities, and actions of the OPH in comparison to the roles, responsibilities, and actions of identified partners.

Not Achieved: After consultation with relevant partners, it was determined that it would be more beneficial to develop a standard operating procedure/ guideline rather than creating a new plan. It was also determined that it would be beneficial to incorporate outside partners and stakeholders that are subject matter experts and

would serve as the lead for public health lab testing. This consideration is being incorporated into the improved Command Team structure.

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

Achieved: Conducted 49 school safety and sanitation inspections, one child-care facility inspection, 14 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 2017.

Achieved: 100% of the 330 children with lead levels of >5 mcg/dL were provided education and offered case management services.

- 98% of those accepted case management services.
- Two (2) refused home visits, but were compliant with follow-up testing and removal of lead hazards as demonstrated with a decrease in child's lead level.

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

Partially Achieved: For 2017, 8 out of 11 (73%) of cases were closed within 90 days. The remaining three (3) properties are scheduled to close in the first quarter of 2018.

- Two (2) of the properties asked for an extension per our Public Health Code guidelines.
- One (1) property is a mansion in Elkins park and extensive work is being completed at that property. The case has been closed clinically because the child's lead level has been reduced.

Objective 3.1.3: Increase the number of Lead Poisoning Prevention Outreach and Education activities by 10%.

Achieved: Outreach increased >100%. With the Healthy Homes Program discontinued, outreach increased to notify the public that the program ended and to focus more on prevention and case management services.

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 95 drinking water supply and geothermal well permits, conducted 113 well installation inspections, and responded to five (5) water quality complaints within established regulatory time frames.

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

Achieved: Staff monthly monitored 96% of network wells and could not gain routine access to one specific well. Overall, staff conducted 209 total inspections of wells in the monitoring network and submitted 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 147 total sewage hauler licenses and conducted 13 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 ten (10) activities this year.

Achieved: Staff conducted ten (10) activities to promote awareness of current and ongoing effects of climate change. Activities included participation in the Air Quality Partnership meetings, collaboration with the ACLAMO Family Center on air quality awareness, endorsement of a Pottstown resident for the annual Air Quality Partnership Excellence award, conducting a table presentation at the annual Temple Ambler Earth Day event, and participating and lecturing at the 2017 Girls Climate Summit in Chestnut Hill.

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 received ARC GIS software uploads and subsequent training at an ARC GIS Public Health Workshop in Chesterbrook, ESRI Do-it-Yourself GeoApps on-line course with a certification, several ESRI on-line workshops, and personal hands-on training from the Planning Commission GIS Coordinator. OPH WQM staff completed three (3) GIS projects using this specific GIS-related training.

4. Well-being/Quality of life

4.1. Improve MCH outcomes by community engagement, and improving awareness, access, and utilization of services.

Objective 4.1.1: Enroll 125 at-risk, low-income, first-time mothers in Nurse Family Partnership (NFP) case management services in 2017.

Achieved: Forty-one at-risk, low-income, first-time mothers were enrolled in NFP case management services in 2017. An additional 89 mothers initially enrolled in 2016 were served as well as 97 infants, making a total caseload in 2017 of 130 families with 97 infants.

Objective 4.1.2: Enroll 30 families and provide services in the Maternal Child Health Home Visiting Program in the prenatal or postpartum period in 2017.

Achieved:

- Enrolled 38 new families into the Maternal Child Health (MCH) Home Visiting Program in 2017.
- In 2017, MCH nurse-home visitors made 240 home visits during the prenatal and postpartum period. During these visits, they utilized the evidenced-based curriculum, Partners for a Healthy Baby. They provided education, counseling and screening assessments, and made referrals to local agencies as needed.

Objective 4.1.3: Provide outreach and health education to at least 30 pregnant women, new parents, or women of child-bearing age through the development and implementation of a Maternal and Infant Outreach Program, to better understand the causes of poor birth outcomes in the Borough of Norristown, specifically focusing on the racial disparities of African Americans' poor birth outcomes in 2017.

Partially Achieved: OPH completed many of the activities under this item, including outreach to over 10 Norristown area community organizations, mapping resources and providing health education to improve the health of future mothers and infants in the Borough of Norristown. OPH anticipates that implementing the Perinatal Periods of Risk (PPOR) study in 2018 will increase OPH and community knowledge about factors impacting the disparities in infant mortality rate and will lead to the identification of collective strategies to address the disparities.

Objective 4.1.4: Develop and implement an evidence-based adolescent health program aimed at preventing teen pregnancy in Norristown by September 30, 2017.

Partially Achieved: In 2017, two MCH staff were trained in an evidence-based mentoring teen pregnancy program titled "Project A.I.M." which stands for Adult

Identity Mentoring – What’s Your Legacy? This program has been shown to impact the behavioral determinants of risky sexual behaviors such as feeling hopelessness for the future and lack of self-efficacy to achieve future goals.

MCH staff will implement the program in partnership with Stewart Middle School in Norristown. Starting in April 2018, MCH will run two 12-week pilots of Project A.I.M. for 20 sixth-grade girls and 20 seventh-grade girls. Evaluation will include a pre- and post-test based on the Project A.I.M. logic model. MCH will also document process outcomes, including demographic data and data on attendance, retention and activities.

Objective 4.1.5: Through primary and preventative child and adolescent health services, increase the proportion of adolescents who receive formal instruction on inter-conceptional 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: Project A.I.M, an evidenced-based program to reduce adolescent high-risk behavior, was identified in 2017 and will be implemented in April 2018. This program emphasizes goal setting to enhance a positive life-course direction and healthy relationships and includes elements of formal instruction on health issues.

4.2. Improve program integration under Health and Human Services to ensure social determinants related vulnerabilities addressed.

Objective 4.2.1: Provide leadership to the Maternal and Early Childhood Consortium and attend at least quarterly (4) collaborative partnership meetings in 2017.

Achieved: In 2017, the Montgomery County Maternal and Early Childhood Consortium (MECC) implemented a membership meeting structure, which includes presentations and ‘a call to action.’ The group began intentional work to develop and implement a “Plan of Safe Care” practice and worked to increase awareness of the impact of maternal substance use on infants and young children. A survey administered in December 2017 showed that 92% of respondents felt that the Consortium “increased my awareness of available community resources for families”; 85% believe that the Consortium “has increased collaboration and coordination to meet the needs of families”; and 71% believe that the Consortium has “developed targeted action planning for community and systems change.”

5. Emergency Management

5.1. Improve all-hazards based emergency preparedness, response, and recovery capacities.

Objective 5.1.1: By December 31, 2017, develop a risk-based hazard profile annex to the Emergency Operations Plan and include recovery specific sections into capability and risk specific annexes of the Emergency Operations Plan.

Partially Achieved: A hazard profile that encompassed all of Montgomery County was completed by Montgomery County Planning Commission and Montgomery County Department of Public Safety as part of the 2017 Hazard Mitigation Plan. The Preparedness Coordinator served as the Public Health Liaison to that project and provided input on the plan development and associated risks.

Objective 5.1.2: By December 31, 2017, develop an all-hazards based, mass care plan in collaboration with the Department of Public Safety, HHS, and other critical stakeholders, to be annexed to the Emergency Operations Plan.

Partially Achieved: An overarching Mass Care Plan was developed by Montgomery County Department of Public Safety in conjunction with a contractor. The Preparedness Coordinator and other HHS Stakeholders assisted in the development of that plan and provided input in our specific program areas.

Objective 5.1.3: By June 30, 2017, complete a PHEP specific comprehensive assessment of OPH assets, capacities, and training needs.

Partially Achieved: A comprehensive training and needs assessment was completed for OPH staff and an improved training plan was developed for all HHS employees. Implementation started in November 2017. Four (4) out of eight (8) trainings were completed in 2017. The comprehensive assessment of OPH assets and capacities has not been completed.

Objective 5.1.4: By December 31, 2017, in collaboration with DPS and County Communications Office, review, evaluate and unify all existing communications plans into a single, action-able plan for utilization under all-hazards approach by the HHS Public Information Officer (PIO).

Not Achieved: This work is being modified as a direct result of the After Action Report/ Improvement Plan from the Medical Countermeasures Functional Exercise in August 2017. New work will focus on the development of Playbooks/Response Guides for Reportable Diseases particularly those requiring a response of mass distribution of medication. These Playbooks/Response Guides will include useful information such as pre-developed message templates, recommendation guidance, and alerting methods.

Objective 5.1.5: By October 31, 2017, produce a revised and an improved Point of Dispensing (POD) and Medical Countermeasures (MCM) Program plan.

Partially Achieved: All public PODs were surveyed in the 2017 calendar year as required by PADOH. Individual plans were developed for each of the Open PODs and Closed PODs are encouraged to develop plans as annexes of their Emergency Plans and share it with the Preparedness Program. A general plan governing the overall program has not yet been developed.

Objective 5.1.6: By December 31, 2017, in collaboration with the Department of Public Safety, HHS program offices, and regional MRC partners, identify various types of disease prevention and protection guidelines and recommendations needed during various health emergencies.

Partially Achieved: It has been determined that playbooks/guidebooks will be developed for many of the 74 reportable diseases identified in the Montgomery County Public Health Code. The focus will first initially on those diseases that are included in the SNS/MCM program (i.e. anthrax, plague) for mass distribution of medication.

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

Objective 5.2.1: KI availability to new residents and for KI tablets expiring in February 2017 and June 2017.

Achieved: OPH participated in PADOH's statewide distribution day in August 2017. 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. Number of pills distributed for 2017: 37,635.

2018 Montgomery County Office of Public Health Program Plans
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