

2014 PROGRAM PLANS

City of Bethlehem

Bureau of Health

Bethlehem, Pennsylvania

Submitted for

Act 315 and Act 12 Funding

To

**The Bureau of Community Health Systems
PENNSYLVANIA DEPARTMENT OF HEALTH
Harrisburg, Pennsylvania**

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PART ONE
PERSONNEL MANAGEMENT

BOARD OF HEALTH
(As required in 16 P.S. § 12007)

<u>Name</u>	<u>Category</u>	<u>Term of Office</u>
Joseph F. Bacak, III, MD	Physician	1/16
Vacancy		
Dr. Sally Haggerty	Physician	1/17
Patty Zurich	Nurse	1/15
Dr. Terry Marcincin	Dentist	1/18

Meetings are publicly advertised and scheduled for 7:30A.M.on the second Friday of each month.

**ADMINISTRATIVE AND SUPERVISORY
PERSONNEL AND SALARY**

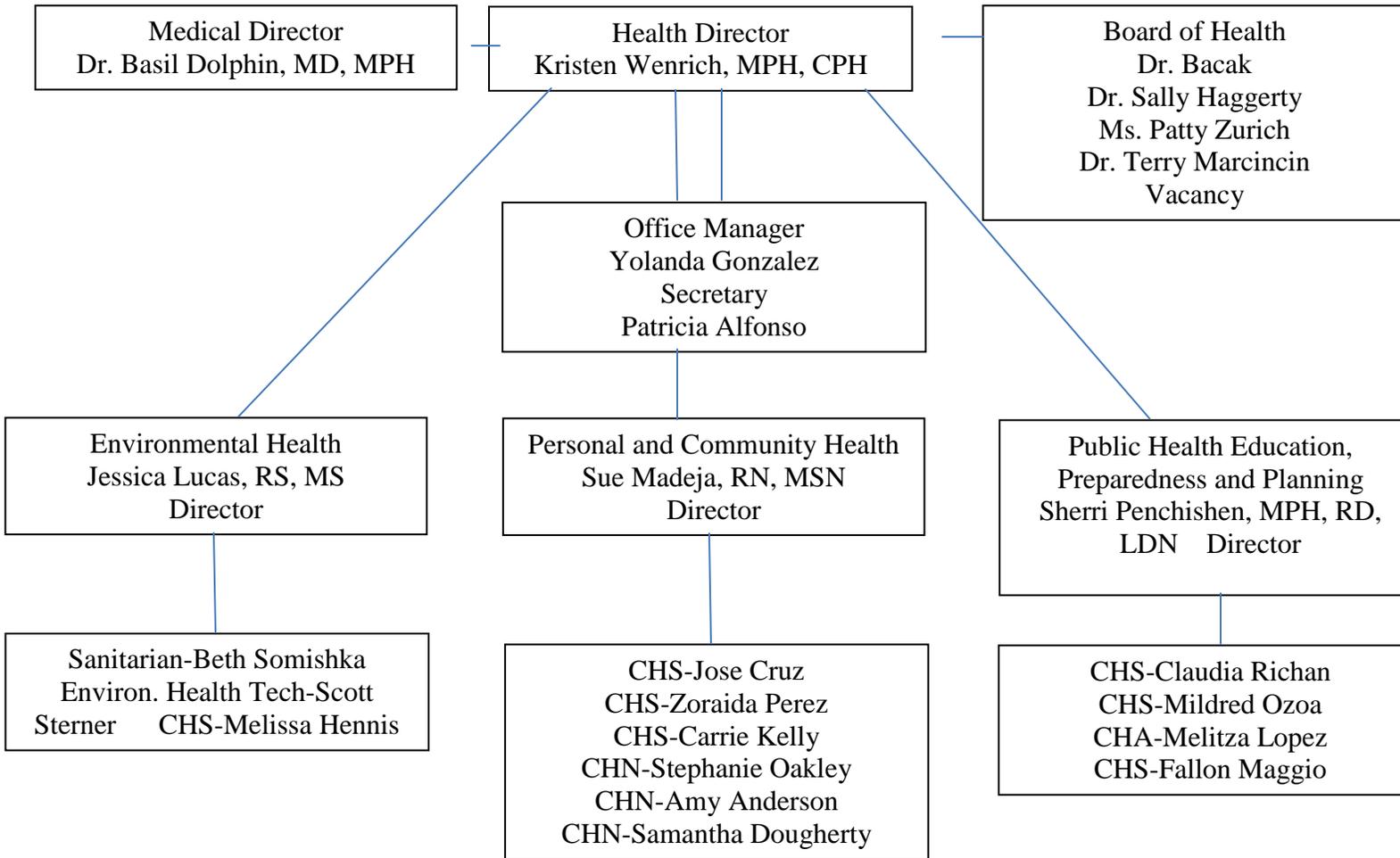
(As required in Chapter 15; §15.22, §15.23, §15.25)

<u>Name</u> <u>Salary</u>	<u>Category</u>	
Kristen Wenrich, MPH, CPH	Health Director	\$80,967
Dr. Basil Dolphin DO, MPH	Medical Director	Gratis
Sue Madeja, RN, MSN	Director of Public Health Nursing	\$76,227
Jessica Lucas, MS, RS, CP-FS	Director of Environmental Health Services	\$76,067
Sherri Penchishen, RD, MPH	Director of Chronic Disease	\$76,307
Yolanda Gonzalez	Office Manager	\$48,672
Pat Alfonso	Health Secretary	\$44,867

Personnel Resource Summary
(As required in Chapter 15:§15.4 (a) 3, §15.24)

Functional Unit	Classification	#FTE	Salary
Administration			
	Health Director	1.0	\$80,967
	Medical Director	.2	Gratis
	Office Manager	1.0	\$48,672
	Health Secretary	1.0	\$44,867
Personal Health Services			
	MCH/Nursing Director	1.0	\$76,227
	Community Health Specialist	2.5	\$111,753
	Community Health Nurse	3.0	\$149,311
Chronic Disease, Health Education, and Public Health Preparedness			
	Chronic Disease Director	1.0	\$76,307
	Community Health Specialist	3.0	\$135,837
	Community Health Assistant	1.0	\$37,830
Environmental Health Services			
	Director Environmental Health	1.0	\$76,067
	Sanitarian	1.0	\$50,022
	Environmental Health Technician	1.0	\$51,165
	Community Health Specialist	1.0	\$45,279
TOTAL FTE's		18.7	
SALARIES			
\$984,304			

Health Bureau Organizational Chart



CHN-Community Health Nurse
 CHS-Community Health
 Specialist CHA-Community
 Health Assistant

PART TWO
FISCAL MANAGEMENT

Local Health Department Budget and Expenditure - 2013

Act 315, 12: PA CODE: Title 28, Chapter 15; §15.4 (a) 9

Local Health Department Budget and Expenditure - 2013

Act 315, 12: PA CODE: Title 28, Chapter 15; §15.4 (a) 9

1	2	3	4	5	6
PROGRAM DESCRIPTIONS	TOTAL FUNDS	EXCLUSION & GRANTS (includes fees/revenues)	SUBSIDY BASE	ACT 12	ACT 315
Administrative/Support Services	\$ 722,256.77	\$ 130,479.00	\$ 591,777.77		\$ 371,854.78
Public Health Preparedness/MRC	\$ 144,211.26	\$ 144,211.26		\$ -	
TOTAL ADMINISTRATIVE	\$ 866,468.03	\$ 274,690.26	\$ 591,777.77		\$ 371,854.78
<i>Personal Health Services</i>					
Nursing/Clinical Mngt	\$ 252,956.76	\$ 60,880.08	\$ 192,076.68		
Tuberculosis	\$ 16,761.25	\$ 16,761.25			
Immunization	\$ 124,809.31	\$ 124,809.31			
HIV/AIDS	\$ 106,414.26	\$ 106,414.26			
Maternal Child Health	\$ 67,491.98	\$ 67,491.98			
Childhood Lead	\$ 20,050.09	\$ 20,050.09			
Injury Prevention	\$ 90,983.90	\$ 90,983.90			
Chronic Disease	\$ 94,951.40	\$ 94,951.40			
TOTAL PERSONAL HEALTH	\$ 774,418.25	\$ 582,342.27	\$ 192,076.68		
<i>Environmental Health Services</i>					
Environmental Health Services	\$ 249,537.03	\$ 108,572.61	\$ 140,964.42	\$ 100,174.96	
TOTAL ENVIRONMENTAL HEALTH	\$ 249,537.03	\$ 108,572.61	\$ 140,962.42	\$ 100,174.96	\$ -
SUM QUALIFYING HEALTH PROGRAM	\$ 1,890,424.00	\$ 965,605.14	\$ 924,818.86	\$ 100,174.96	\$ 371,854.78

Analysis By: Kristen Wenrich, Director of Health Bethlehem Health Bureau 3/24/2014
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**BUDGET BY UNIT/ REVENUE BY SOURCE
2013**

(As required in Chapter 15; Sections 15.4(a)1, 15.4(a)5)

BUDGET BY UNIT - FY 2013	BUDGET TOTAL	PERCENT
Administration and Support Services	\$ 866,468.03	45.85%
Personal Health Services	\$ 774,418.95	40.97%
Environmental Health Services	\$ 249,537.03	13.20%
Other Services	\$ -	
GRAND TOTAL	\$ 1,890,424.00	100.00%

Revenue By Source - FY 2013	BUDGET TOTAL	PERCENT
Grants - Federal	\$ 381,219.68	20.17%
Grants - State	\$ 393,729.37	20.83%
Grants - Private	\$ 8,500.00	0.45%
State Reimbursement (Act 315)	\$ 371,854.78	19.67%
State Reimbursement (Act 12)	\$ 100,174.96	5.30%
Fees & All Misc. License Fees	\$ 182,156.09	9.64%
Local Allotment	\$ 452,789.12	23.96%
GRAND TOTAL	\$ 1,890,424.00	100.00%

Local Health Department Budget and Expenditure – 2014

Act 315, 12: PA CODE: Title 28, Chapter 15; §15.4 (a) 9

1	2	3	4	5	6
PROGRAM DESCRIPTIONS	TOTAL FUNDS	EXCLUSION & GRANTS	SUBSIDY BASE	ACT 12	ACT 315
Administrative/Support Services	\$ 742,139.58	\$ 130,500.00	\$ 611,639.58	\$ -	\$ 361,880.98
Public Health Preparedness/MRC	\$ 165,633.00	\$ 165,633.00	\$ -	\$ -	\$ -
Infrastructure Improvement	\$ -	\$ -	\$ -	\$ -	
TOTAL ADMINISTRATIVE	\$ 907,772.58	\$ 296,133.00	\$ 611,639.58	\$ -	\$ 361,880.98
<i>Personal Health Services</i>					
Nursing/Clinical Mngt	\$ 234,088.75	\$ 39,680.00	\$ 194,408.75	\$ -	\$ -
Tuberculosis	\$ 3,050.00	\$ 3,050.00	\$ -	\$ -	\$ -
Immunization	\$ 135,328.00	\$ 135,328.00	\$ -	\$ -	\$ -
HIV/AIDS/Communicable	\$ 106,896.00	\$ 106,896.00	\$ -	\$ -	\$ -
Maternal Child Health	\$ 78,312.00	\$ 78,312.00	\$ -	\$ -	\$ -
Highway Safety	\$ 48,738.76	\$ 48,738.76			
Injury Prevention	\$ 72,889.00	\$ 72,889.00	\$ -	\$ -	\$ -
Healthy Women/Chronic	\$ 84,200.00	\$ 84,200.00	\$ -	\$ -	\$ -
TOTAL PERSONAL HEALTH	\$ 763,502.53	\$ 569,093.76	\$ 194,408.75	\$ -	\$ -
<i>Environmental Health Services</i>					
Environmental Health Services	\$ 200,538.10	\$ 14,000.00	\$ 186,538.10	\$ 100,174.96	\$ -
NACCHO Food Safety	\$ 10,000.00	\$ 10,000.00			
Lead/ Healthy Homes	\$ 201,147.00	\$ 201,147.00	\$ -	\$ -	\$ -
TOTAL ENVIRONMENTAL HEALTH	\$ 411,685.10	\$ 225,147.00	\$ 186,538.10	\$ 100,174.96	\$ -
<i>SUM QUALIFYING HEALTH PROGRAM</i>					
SUM QUALIFYING HEALTH PROGRAM	\$ 2,082,960.18	\$ 1,090,373.76	\$ 992,586.42	\$ 100,174.96	\$ 361,880.98

Analysis By: Kristen Wenrich, Director of Health
 Bethlehem Health Bureau
 3/24/2014

2014

(As required in Chapter 15; Sections 15.4(a)1, 15.4(a)5)

BUDGET BY UNIT - FY 2014	BUDGET TOTAL	PERCENT
Administration and Support Services	\$ 907,772.58	43.58%
Personal Health Services	\$ 763,502.51	36.65%
Environmental Health Services	\$ 411,685.10	19.76%
Other Services	\$ -	
GRAND TOTAL	\$ 2,082,960.19	100.00%

Revenue By Source - FY 2014	BUDGET TOTAL	PERCENT
Grants - Federal	\$ 351,411.00	16.87%
Grants - State	\$ 538,582.76	25.86%
Grants - Private	\$ 26,700.00	1.28%
State Reimbursement (Act 315)	\$ 361,880.98	17.37%
State Reimbursement (Act 12)	\$ 100,174.96	4.81%
Fees & All Misc. License Fees	\$ 173,680.00	8.34%
Local Allotment	\$ 530,530.48	25.47%
GRAND TOTAL	\$ 2,082,960.19	100.00%

HEALTH GRANTS - 2014

CONTRACT	FUNDING FEDERAL/STATE	TERM OF CONTRACT	AMNT
Healthy Woman	State DOH	July 1, 2013-June 30, 2014	\$76,000
Violence and Injury Prevention	State DOH	July 1, 2013-June 30, 2014	\$99,682
Healthy Homes	Pinnacle	July 1, 2013-June 30, 2014	\$7,300
Immunization PA DOH	Federal	July 1, 2013-June 30, 2014	\$176,206
Tuberculosis	State	July 1, 2013-June 30, 2014	\$10,653.71
HIV Prevention	State/Federal State/Federal	July 1, 2013-June 30, 2014 July 1, 2014-December 31, 2014	\$142,567
Title V Maternal/Child Health	State	July 1, 2013-June 30, 2014	84,113
Front Porch Project	Bethlehem Partnership	July 1, 2013-June 30, 2014	\$7,000
Bio-terrorism/Public Health Preparedness	Federal thru PA DOH	July 1, 2013-June 30, 2014	\$202,643
Medical Reserve Corps	NACCHO	2014	\$3,500
Tobacco Cessation	Tobacco Free Northeast	December 1, 2013-June 30, 2014	\$8,200
Environmental Lead Abatement Program/HHomes	State	July 1, 2013-June 30, 2014	\$196,465.50
Highway Safety	PENNDOT	October 1, 2013-September 2014	\$56,980
FDA-Retail Food Standard	NACCHO	January 1, 2014-August 31, 2014	\$10,000

PART THREE

PROGRAM PLANS

Introduction

In accordance with the requirements of Act 315 and Title 12 legislation for the Commonwealth of Pennsylvania, the 2014 Program Plans for the Bethlehem Health Bureau are written and submitted to the Pennsylvania Department of Health, Bureau of Community Health Systems. The Bethlehem Health Bureau is an independent Municipal Health Department subject to the stipulations set forth in the 3rd Class City Code for the Commonwealth of Pennsylvania. The Bethlehem Health Bureau operates under the joint leadership of the Board of Health and City of Bethlehem Administration and is entering the thirty third year of local health operation. The Bethlehem Health Bureau continues to undertake a leadership role in the community by striving to perform high quality public health services that protect and promote optimal health and well-being to assure Bethlehem is a safe and healthy community.

The major divisions within the Bureau that exist are communicable disease, maternal and child health (MCH), chronic disease and public health emergency preparedness, and environmental health. Three program directors provide administrative oversight for the aforementioned divisions. The communicable disease program consists of STDs, HIV/AIDS, partner services, tuberculosis, immunizations, and disease surveillance. The MCH program consists of prenatal home visiting, child abuse prevention, breastfeeding education, and family planning services. The chronic disease and public health emergency preparedness program focuses on cancer prevention, injury prevention, nutrition, physical activity, diabetes, tobacco cessation, highway safety, and public health emergency preparedness activities. Lastly, services provided under the environmental health program include food safety inspections, facility health inspections, Healthy Homes, and investigation and abatement of public health nuisance complaints.

The Bethlehem Health Bureau recognizes its responsibility to the community by actively participating in National and State Health Improvement Plans. Many of the program objectives outlined in this document take into account the *Healthy People 2020* target goals to improve the health status and eliminate the health disparities among City of Bethlehem residents. In addition, the Health Bureau utilizes data collected through a local health needs assessment to assure that services and resource allocations are directed toward the City's most critical needs and health priorities.

Administration and Public Health Planning 2014 Program Goals and Objectives

The Bethlehem Health Bureau is committed to providing high quality public health services that protect and promote the health of the residents we serve. The Bethlehem Health Bureau serves every City of Bethlehem resident and offers preventive care such as vaccines; conducts restaurant food inspections to ensure the safety of the food; provides smoking cessation programs to assist individuals with quitting smoking; conducts investigations in order to stop the spread of communicable diseases; facilitates fall prevention programs with the elderly; and prepares residents for emergency situations, among many other programs.

The Bethlehem Health Bureau developed an agency-wide strategic plan, Healthy Bethlehem, in 2012. The Health Bureau implemented the strategic initiatives outlined in Healthy Bethlehem and will continue to do so over the next three years. The Health Bureau is also committed to advancing the quality and performance of the health department. In addition to the implementation of strategic initiatives, the Health Bureau will seek to become an accredited health department in 2014.

Prevention is the most effective way to improve health and reduce health care costs. The Bethlehem Health Bureau will work to improve health by (1) diagnosing the most pressing health problems in Bethlehem; (2) identifying the most effective strategies to improve health and lower disease rates; and (3) partnering with members of the community, health care providers, and other key stakeholders in an effort to fulfill our mission and create a healthier Bethlehem.

Goal: To prevent, promote, and protect the health of City of Bethlehem residents in accordance with the ten essential health services.

Objective 1: To implement the Bethlehem Health Bureau's priority initiatives as outlined in the strategic plan by December 31, 2014.

Activities:

1. Develop project plans for the identified initiatives: employee wellness, Healthy Homes, accreditation, communications, data infrastructure, quality improvement, and employee development.
2. Convene monthly strategic plan team meetings once a month to discuss project progress.
3. Continue subcommittees for communications, employee wellness, Healthy Homes, accreditation, and quality improvement.
4. Implement project plans for each of the identified initiatives: employee wellness, Healthy Homes, accreditation, communications, data infrastructure, quality improvement, and employee development.
5. Conduct an annual report highlighting progress and establish 2015 priorities by the end of the year.

Evaluation:

1. Track the number of meetings.
2. Document progress for each initiative.
3. Evaluation component of each project plan.

Objective 2: To conduct a minimum of 5 continuous improvement initiatives outlined in the strategic plan by December 31, 2014.

Activities:

1. Hold monthly meetings with the CI Health Team.
2. Develop a continuous improvement plan for each of the identified initiatives.
3. Facilitate continuous improvement events, implement the new process, train staff as necessary, and measure results.

Evaluation:

1. Track the number of continuous improvement events conducted throughout the year.
2. Track the number of staff-generated improvements implemented throughout the year.
3. Evaluate each continuous improvement event in accordance with the continuous improvement plan.

Objective 3: To improve the infrastructure for morbidity, mortality, and health outcome related data in the City of Bethlehem by December 31, 2014 in order to better trend data and identify priority focus areas.

Activities:

1. Create a City of Bethlehem Health profile for 2014 that measures birth outcomes, mortality, cancer incidence and selected reportable diseases.
2. Refine the monthly communicable disease report.
3. Compare the data in the 2014 City of Bethlehem Health profile to county, state, and national data to identify gaps.
4. Determine additional data that should be included in Health Profile.
5. Create a dashboard that trends data on an annual basis.
6. Create a performance management system that tracks key indicators per program area.

Evaluation:

1. Health profiles for the City of Bethlehem created annually.
2. Elimination of unnecessary data on the monthly communicable disease report.
3. Develop a system to track if data is at, above, or below targets.
4. Identification of at least three priority areas.

Objective 4: To submit application to the Public Health Accreditation Board (PHAB) by June 2014.

Activities:

1. Identify accreditation coordinator.
2. Complete required trainings.
3. Review and revise the prerequisites to align with the standards and measures.
4. Create a repository for documentation.
5. Submit letter of intent to PHAB.
6. Form an accreditation team.
7. Conduct an assessment of standards and measures that are fully met and select documentation.
8. Submit application to PHAB.
9. Health Director and Accreditation Coordinator will attend PHAB training.
10. Assign team lead for each domain.
11. Work on standards and measures for domains 1-6.

Evaluation:

1. Accreditation coordinator identified.
2. Required trainings complete.
3. Application approved by PHAB.
4. Completion of documentation for domains 1-6.

Objective 5: To promote the services and programs that the Health Bureau provides to the community by engaging the media to publish a minimum of five stories and increasing followers by 20% of Facebook and Twitter by December 31, 2014.

Activities:

1. Meet on a monthly basis to discuss strategies for the following month.
2. Create a system to ensure that referrals from social media/media are tracked.
3. Continue to promote Facebook and Twitter accounts.
4. Explore the possibility of linking up with other organizations and businesses to promote, i.e. M Call Blog
5. Identify a minimum of 5 news stories to promote to the media throughout 2014.
6. Update the Health Bureau's website.

Evaluation:

1. Number of articles published.
2. Number of social media messages disseminated.
3. Number of social media followers.
4. Number of website hits.

Objective 6: To develop an annual workforce development plan that aligns with the results of the training needs assessment by December 31, 2014.

Activities:

1. Identify and prioritize staff training needs.
2. Research potential training opportunities.
3. Create a 2014 training plan.
4. Hold a minimum of 6 training opportunities for staff throughout the year.

Evaluation:

1. Number of trainings held and tracked in Activity Tracker.
2. Survey with staff to determine if training needs were met.

Maternal and Child Health Division Program Summary

The Bethlehem Health Bureau has identified the need to focus efforts on access to care, infant and child mortality, child abuse, maternal depression, illness reduction in school age children, healthy and safe environments, and dental health. All of the aforementioned significantly affect maternal and child health in the City of Bethlehem.

Social determinants of health factor greatly into the health status of individuals, especially children. Socioeconomic status, education, household composition, and cultural traditions need to be considered and evaluated in order to determine their impact on disparities in maternal child health. Outreach, including follow-up and referral, in addition to culturally applicable education programs targeting at-risk populations is essential for understanding and reducing risk factors.

The Bethlehem Health Bureau has transitioned to the use of primarily evidence-based programming since extensive science-based research is known to produce positive outcomes. Two new programs in maternal and child health are the Healthy Homes model and the Partners for a Healthy Baby (PFHB) curriculum. Both programs incorporate family safety education and home environmental assessments to assure that families have a safe environment from the start. PFHB incorporates a home visiting model focusing on prenatal care and parenting. The program reinforces early childhood development and powerful family relationships both thought to improve the social determinants of health.

BHB continues to work collaboratively with the local health improvement partnership (HIP), Bethlehem Partnership for a Healthy Community, to identify barriers and increase resources. New projects focusing on data collection and analysis have developed to ensure efforts are directed to the appropriate maternal and child health concerns in Bethlehem.

Maternal and Child Health Division 2014 Program Goals and Objectives

Goal: To promote the physical, social and emotional health status of mothers, infants, children and families in order to eliminate maternal complications of pregnancy, eliminate infant morbidity, and reduce health inequities in the City of Bethlehem.

Objective 1: To assure that 100% of families with children referred to the MCH program have access to adequate primary care services and preventative health education programs by assisting a minimum of 50 individuals with COMPASS/CAC applications by December 31, 2014.

Activities:

1. Maintain currently trained, culturally competent staff on the Department of Welfare's (DPW) COMPASS electronic database and the Marketplace.
2. Assist families with enrollment using DPW's COMPASS electronic database or the Marketplace.
3. Maintain database and identify percentages of families/individuals applying and qualifying for insurance benefits including Medicaid, SelectPlan, and private insurance.
4. Refer families ineligible for MA to other qualifying services as needed.

Evaluation:

1. Documentation of the number of clients referred to the BHB for assistance with insurance applications and outcomes of their application status.
2. Document the number of ineligible clients referred to other agencies.

Objective 2: To provide follow up and support to 100% of pregnant women and new mothers at risk for prenatal or postpartum depression using an evidence-based screening tool by December 31, 2014.

Activities:

1. Provide educational material including the "Depression Helpline" to all women screened during any prenatal visit and referred by St. Luke's Women's Health Center.
2. Attempt phone contact and rescreen of City of Bethlehem women who score at 10 or above on the Edinburg depression screen within two weeks of receiving a referral.
3. Monitor all women for delivery dates and attempt to get final postpartum screen 2 to 3 months following delivery.
4. Provide additional educational materials relative to newborn care including, "safe sleep", injury prevention, and breastfeeding resources as applicable.

5. Document the results of Edinburg screens and necessary referrals provided in an electronic database for City of Bethlehem women screened.
6. Ensure that educational resources are up to date by reviewing materials annually.
7. Offer “Partners for a Healthy Baby” or “Healthy Homes” visit to all Bethlehem families with newborns.

Evaluation:

1. Document educational mailings, home visit attempts, home visits made, and rescreen scores in electronic database.
2. Document the number of women screened from St. Luke’s Women’s Health Center and the number of women referred for care.
3. Document total number of screenings EDS scores at 10 or above who are outside the City of Bethlehem and received educational information and helpline information.
4. Document the number of women choosing to breastfeed and the percent who continue breastfeeding through three and six months.

Objective 3: To enroll 80 pregnant or new mothers into either of the MCH home visiting programs: Partners for A Healthy Baby (PFHB) curriculum or Healthy Homes by December 31, 2014.

Activities:

1. Receive referrals from local birthing facilities and agencies serving pregnant mothers and families with children under the age of three.
2. Conduct monthly home visits through three years of age using the research based PFHB curriculum.
3. Provide PFHB educational materials and offer interventions based on the specific needs of the child and family.
4. Provide families with tools to help reduce asthma triggers in the home, such as ‘green’ cleaners and air conditioners and/or filters.
5. Make referrals to appropriate agencies for families with unsafe housing and document in database.
6. Refer clients to additional, appropriate resources as needed.

Evaluation:

1. Document all home visits and records of notes and topics covered during visits.
2. Keep a database of home visits including type of visit, race and insurance.
3. Document all referrals and follow up interventions.
4. Document the number of women choosing to breastfeed and the percent who continue breastfeeding through three and six months.

Objective 4: To improve the knowledge, attitude and behaviors of 100% of new parents referred on safe sleeping practices for newborns by December 31, 2014.

Activities:

1. Promote the Cribs for Kids Program and Safe Sleep in the community.
2. Provide home visits to expecting and new mothers to provide safe sleeping education, an appropriate sleep set if needed and 3 week follow up phone call.
3. Continue to seek funding through various grant sources to enhance and sustain the Cribs for Kids program chapter.

Evaluation:

1. Document the number of mothers/caregivers referred, home visits completed, safe sleep education and follow up.
2. Document referrals to community resources as needed.
3. Offer “Partners for a Healthy Baby” and “Healthy Homes” program enrollment.

Objective 5: To promote breastfeeding through membership in the Lehigh Valley Breastfeeding Coalition (LVBC) supporting recommendations of the Surgeon General’s “*Call to Action to Support Breastfeeding*” throughout 2014.

Activities:

1. Attend and facilitate monthly coalition meetings.
2. Support local hospitals toward Baby Friendly Hospital Initiative (BFHI) status.
3. Promote the AAP’s BEST (breastfeeding education, support, training) program to support and educate healthcare professionals and the community to support breastfeeding mothers.
4. Provide training to MCH community health nurse as lactation counselor.
5. Support Bethlehem WIC mothers and community mothers by providing free lactation consultations through phone, home visit or group support.

Evaluation:

1. Document monthly LVBC meetings and minutes.
2. Document BEST trainings completed by local healthcare professionals.
3. Community Health Nurse will document completion of lactation training.
4. Document number of mothers attending local support group and receiving consultations at Keystone Lactation or through BHB home visits.

**Maternal and Child Health Division
Child and Adolescent Health
2014 Program Goals and Objectives**

Goal: To increase the number of Bethlehem City children and teens accessing needed preventative health education programs to improve overall health and wellness in this population.

Objective 1: To provide health prevention and education programming to a minimum of 350 children and teens by December 31, 2014.

Activities:

1. Provide basic infection control education sessions using the “Glitterbug” best practice hand hygiene educational curriculum four times a year at community events, preschools and BASD public and private elementary, middle and high school health education classes.
2. Utilize bilingual staff as needed to reach Spanish speaking children, adolescents, and parents.

Evaluation:

1. Record number of presentations, participants, locations, and literature distributed.

Objective 2: To increase the number of 15-24 year old women receiving family planning services, routine gynecological care, sexually transmitted disease screenings and follow up to those women at high-risk as recommended by the American College of Obstetrics and Gynecology (ACOG) to at least 50 women by December 31, 2014.

Activities:

1. Refer individuals who are lacking appropriate gynecological care to the Bethlehem Health Bureau’s family planning program as necessary.
2. Enroll eligible, uninsured women into the MA family planning waiver, SelectPlan, through DPW’s electronic Compass system to assure continued care.
3. Refer partners of women testing positive for chlamydia and gonorrhea to the BHB sexually transmitted disease clinic for testing and treatment.
4. Provide awareness and outreach to teens through other programs about the services provided at the Women’s Health Clinic.
5. Provide necessary immunizations to eligible women.

Evaluation:

1. Monthly logs reflect the number and demographics of women consulted and referred to BHB’s women’s health clinic for family planning services or other agencies for appropriate gynecological care.

2. Documentation of pap smears, gonorrhea/chlamydia cultures, pregnancy tests and referrals for mammography/colposcopy.
3. Documentation of women applying and enrolled in SelectPlan.
4. Documentation of positive chlamydia/gonorrhea screens, treatment and investigations will be documented in the PA National Electronic Disease Reporting System (PA-NEDSS).
5. Documentation of partner referrals for women with positive gonorrhea and/or chlamydia screening.

Objective 3: To reduce the incidence of infant and child mortality in children from birth through twenty-one years of age and identify prevention practices to help reduce the number of preventable deaths in Northampton County and Bethlehem City by December 31, 2014.

Activities:

1. One BHB staff person will participate in quarterly Northampton County Child Death Review Team (NC-CDRT) meetings.
2. Identify prevention efforts to reduce infant and child deaths identified through the NC-CDRT.
3. Enter CDRT review data into National CDRT database for statistical purposes.
4. Continue to seek additional grant funding to analyze birth and death vital statistics and identify public health program interventions that would decrease preventable child deaths in Bethlehem.

Evaluation:

1. Generate an annual report of preventable child deaths and report once annually to CDRT.
2. Attendance by BHB staff person at all NC-CDRT meetings will be documented.
3. Numbers of safe sleep sets distributed, safe sleeping parent education and community brochures distributed through Cribs for Kids will be documented.
4. Public health interventions implemented from team discussion will be documented.

**Maternal and Child Health Division
Children with Special Healthcare Needs
2014 Program Goals and Objectives**

Program Goal: To reduce the impact of environmental conditions on chronic childhood asthma; increase sealant usage to improve dental health for children; and assure the physical and mental health of newborns through preventative newborn screening tests, SIDS counseling and education and necessary follow up for families in Bethlehem.

Objective 1: To increase by 10% the number of children with at least one tooth sealant in Bethlehem Area School District students served by the Bethlehem Partnership Dental Initiative by December 31, 2014.

Activities:

1. Collaborate with the Bethlehem Partnership's mobile dental health initiative to reach children identified as needing preventative and prophylactic dental care and the application of tooth sealants.
2. Analyze sealant data collected during dental screenings from the BASD dental screenings done annually.
3. Provide at least 8 dental health presentations to schools/community agencies.

Evaluation:

1. Evaluate data from the Northampton Community College (NCC) sealant days and Health Star II Mobile dental van to document the number of sealants applied through these programs.
2. Maintain school sealant data collected at school district dental screenings on the number of third grade children identified with at least one tooth sealant.
3. Document the number of educational presentations and participants at the dental health programs.

Objective 2: To assure infants and children with phenylketonuria (PKU) deficiency are appropriately case managed to maintain appropriate mental and physical health status by December 31, 2014.

Activities:

1. Provide follow up testing to all infants and children referred to the Bethlehem Health Bureau's MCH program for follow up mandatory newborn screening including PKU deficiency.
2. Provide follow up for non-compliant parents of infants and children identified with a PKU deficiency and notify the referral source and PA Department of Health if families cannot be located.
3. Provide appropriate laboratory slips and mailing information to all PKU families in Bethlehem.

Evaluation:

1. Document follow up PKU testing on any infant or child referred to the BHB from hospitals or pediatricians with abnormal PKU tests.
2. Attempt and document three contacts, phone, mail and home visit for any family referred for non-compliance for PKU follow up testing or medical evaluation.
3. Records of failed attempts to locate families will be kept and reported to the referral source and PA DOH.

Objective 3: To provide counseling, support and referrals to families of infants experiencing Sudden Infant Death Syndrome (SIDS) in Bethlehem City by December 31, 2014.

Activities:

1. Attempt 3 contacts to all Bethlehem families experiencing a sudden infant death to the BHB SIDS counselor within 48 hours of referral.
2. Send the PA DOH letter and offer a voluntary home visit to all families experiencing a SIDS death to offer support, counseling and referrals for additional services.
3. Refer families experiencing loss or an infant death to PA "Cribs for Kids" website for grief resources and support.

Evaluation:

1. Maintain record of SIDS referrals, mailings and contacts with family members.
2. Document letter sent, home visit and referrals for all families.

Objective 4: To assure infants in Bethlehem receive appropriate follow up services for failed newborn hearing screenings to maintain appropriate growth and development by December 31, 2014.

Activities:

1. The MCH nurse will contact Bethlehem families referred for infants who failed newborn screening testing at local hospital birthing units within 48 hours of referral.
2. Attempt to contact non-compliant Bethlehem families of newborns who have failed screening tests through 3 outreach and home visit attempts.
3. Notify the referral source and PA Department of Health if families cannot be located.

Evaluation:

1. Documentation of referrals and successful attempts to contact will be maintained.
2. Documentation of follow up hearing rescreening appointments will be kept.
3. Records of failed attempts to locate families will be kept and reported to the referral source and PA DOH.

Communicable Disease Division Program Summary

The Communicable Disease Program of the Bethlehem Health Bureau (BHB) is responsible for the surveillance, investigation, and education of all Reportable Communicable Diseases within the City of Bethlehem. Reports are received through the statewide Pennsylvania National Electronic Disease Surveillance System (PA-NEDSS). Community Health Nurses investigate reports and implement control and prevention strategies through education of patients or facilities during identified community disease outbreaks.

Communicable disease outbreaks are coordinated with the entire bureau using the incident command system to ensure an efficient response. A network with area hospitals, health departments, school districts and private physicians is utilized to alert the appropriate parties to possible public health concerns. The BHB also confers with district and state health offices to ensure the safety of the community.

Specific population-based goals and measurable objectives, consistent with the National *Healthy People 2020* initiative, are selected as indicators of health status. As new public health concerns arise, additional health indicators are added to the ongoing surveillance system. The list of health indicators is not to be considered a definitive list but rather a targeted beginning point for an ongoing process. Analysis of the indicators allows BHB to identify local health trends over time and measure progress towards national, state and regional goals.

Communicable Disease Division 2014 Program Goals and Objectives

Goal: To decrease the incidence and health consequences of communicable diseases in the City of Bethlehem and provide education and prevention strategies to the community.

Objective 1: To increase the identification and reduce the transmission of communicable diseases by investigating 100% of PA Reportable Diseases using PA National Electronic Data Surveillance System (PA-NEDSS) and confirmed communicable disease outbreaks in accordance with the guidelines indicated by the Pennsylvania Department of Health (PADOH) through December 31, 2014.

Activities:

1. Use and maintain the CDC's National Electronic Disease Surveillance System (PA-NEDSS) for Pennsylvania and the National Outbreak Reporting System (NORS) to identify, assign, and investigate all reportable diseases and outbreaks in Bethlehem City.
2. Conduct epidemiological interviews with individuals reported to BHB, and identify contacts, and implement appropriate measures for containment and/or treatment of the communicable disease.

3. Update and maintain any communicable disease-specific form letters or educational materials that are used for investigative, outreach, or outbreak response purposes, if appropriate.
4. Monitor secure syndromic surveillance and epidemiological databases including: SAMS (Epi-X), NORs, PA Health Alert Network, Epicenter HMS Disease Surveillance and PA-NEDSS to assure adequate response to potential health threats on a national, state, and local level.

Evaluation:

1. Conduct monthly quality assurance on NEDSS disease investigations to assure timeliness and completeness of investigations and follow up.
2. Monitor 100% of the PA Health Alert Network, and distribute health alerts to the appropriate individual/agencies in the event of a communicable disease outbreak or a bioterrorist incident or threat.
3. Investigate 100% of all reportable diseases through PA-NEDSS, with the exception for the diseases that fall into the “No Follow Up Necessary” category.
4. Report 100% of disease outbreaks, with the primary case residing or occurring in the City of Bethlehem, into the National Outbreak Reporting System (NORS) and PA-NEDSS.
5. Ensure that 100% of staff who have access to PA-NEDSS complete the PA-NEDSS Confidentiality and Security LMS Training Module annually.

Objective 2: To increase staff competency in communicable disease investigation, and epidemiological practices, as related to disease incidence in the City of Bethlehem through attendance or viewing of monthly webinars/webex/trainings/conferences throughout 2014.

Activities:

1. Disseminate health alerts, journal articles, and website addresses relevant to current public health issues and practices.
2. Assure staff competency on the PA NEDSS system for investigative and analyses purposes.
3. Participate in four state and regional epidemiology conference calls/ meetings.
4. Participate in monthly local infection control department hospital meetings to provide information important to the role of the department in communicable disease control.
5. Train staff on the new CDC Epi-Info 7 for purposes of better internal data analysis.

Evaluation:

1. Document attendance at quarterly PA-DOH Epidemiology meetings and conference calls held by the DOH.

2. Documentation will show that 100% of communicable disease investigators participated in appropriate or necessary training on the PA NEDSS system for both investigative and analyses purposes.
3. Document monthly communicable disease meetings for the Bethlehem Health Bureau investigative staff to review disease investigations, incidence and epidemiological practice.
4. Documentation that 100% of managerial staff received the most current training on the PA Health Alert Network, NORS, RODS and SAMS (Epi-X).
5. Communicable disease investigators will participate in relevant PA-DOH epidemiology webinars or communicable disease training courses.

Communicable Disease Division Immunization Program Program Summary

Although the incidence of vaccine preventable diseases continues to decrease in the United States, a risk of occurrence remains for some diseases. Due to this risk, the goal of the immunization program remains to decrease and/or eliminate the indigenous cases of vaccine preventable diseases by increasing immunization awareness and rates in the adults and children residing in the City of Bethlehem. This is primarily accomplished through collaboration with community partners, including the Bethlehem Area School District; community based education; surveillance and investigations of vaccine preventable diseases; and immunization clinics.

Communicable Disease Division Immunization Program 2014 Program Goals and Objectives

Goal: To assure competent, consistent, and convenient immunization services to uninsured and underinsured Bethlehem Area School District (BASD) children and adult city residents.

Objective 1: The Bethlehem Health Bureau's immunization program will continue to work to reduce, eliminate or maintain elimination of cases of vaccine-preventable diseases in accordance with the National *Healthy People 2020* Immunization Objectives by December 31, 2014.

Activities:

1. Continue vaccine preventable disease surveillance and investigation daily through the Pennsylvania's National Electronic Disease Surveillance System (PA-NEDSS).
2. Participate in vaccine preventable disease outbreak investigations including case identification, interviewing, treatment and follow-up.

3. Ensure that all infants born to Hepatitis B Surface Antigen positive mothers are enrolled in the Perinatal Hepatitis B Prevention Program.
4. Ensure all identified household contacts of Hepatitis B Surface Antigen positive cases are provided Hepatitis B Immune Globulin and the Hepatitis B vaccine series according to the recommended schedule.
5. Participate in the administration of vaccines in mass immunization programs as requested by the PA DOH Division of Immunization.
6. Investigate and report any adverse reactions to vaccines to Vaccine Adverse Event Reporting System (VAERS).

Evaluation:

1. Documentation in PA-NEDSS of all vaccine preventable disease reports, investigations and outbreaks as indicated.
2. Documentation of all infants enrolled into the Perinatal Hepatitis B Prevention Program and complete investigations of cases in PA-NEDSS.
3. Hepatitis B IGG and Hep B immunizations will be documented in PA-NEDSS for all confirmed Hepatitis B contacts.
4. Document the number of VAERS reports annually.
5. Document the number of awareness and educational programs, events and advertising campaigns.

Objective 2: Achieve and maintain effective vaccination coverage levels 4:3:3:1:3:3:1 for universally recommended vaccines among children under 24 months of age by December 31, 2014.

Activities:

1. PA DOH Statewide Immunization Information System (SIIS) will track a 95% completion rates for children under 24 months of age.
2. Conduct two reminder calls and one letter following missed appointments, before discharge from the clinic.
3. Provide parent/client with return appointment cards, and provide or update the Health Passport at each visit.
4. Continue to offer convenient clinics and additional special clinic times when necessary.
5. Screen and track all children seen in the clinic for VFC, CHIP and medical assistance eligibility and refer appropriately.

Evaluation:

1. An annual record assessment in SIIS will reflect an immunization program completion rate of 95%.
2. Documentation of three attempts to remind clients of the need for follow up immunizations.
3. Review and analyze PA DOH assessment data/reports to verify completion rates annually.

Objective 3: Increase routine vaccination coverage levels for adolescents by December 31, 2014.

Activities:

1. PA DOH Statewide Immunization Information System (SIIS) will track 95% completion rates of Tdap, HPV, MCV for adolescents in BASD and attending BHB immunization clinics.
2. Conduct at least one adolescent immunization awareness event annually for residents in the BASD service area.
3. Provide parents with information related to required immunizations for school attendance and the current immunization clinic schedule. This information will be culturally sensitive and ethnically appropriate to reach out to the diverse population.

Evaluation:

1. SIIS annual record assessment will reflect an adolescent immunization completion rate of 95%.
2. BASD immunization rates will reflect a 95% adolescent rate.
3. Documentation of a Bethlehem/BASD awareness event and the number of individuals reached through the event.

Objective 4: Increase routine vaccination coverage levels for adults by December 31, 2014.

Activities:

1. Continue to offer convenient adult immunization clinics in Bethlehem communities.
2. Provide regular training on current CDC adult immunization recommendations for staff and BHB nurses.

Evaluation:

1. Document the number of clinics held and number vaccinated at each clinic.
2. Document the number of training events for staff and nurses.

Objective 5: The immunization program will explore the use of an electronic database (EHR) along with third party billing options by December 31, 2014.

Activities:

1. Obtain proper equipment to utilize electronic database and billing.
2. Gather information on fellow county/municipal health departments that use EHR and third party billing.

Evaluation:

1. The immunization program will have proper equipment, laptops, and scanners, necessary to utilize an EMR system.
2. The immunization program will have data on options available to implement third party billing.

Objective 6: The immunization program will promote immunization awareness for children and adults as an active member of the Lehigh Valley Immunization Coalition (LVIC) by December 31, 2014.

Activities:

1. Collaborate with the Allentown Health Bureau, Northampton and Lehigh County State Health Departments and the PA DOH Northeast State immunization program representative, community agencies, school district nurses and local businesses in recruiting new Coalition members.
2. Co-facilitate four LVIC meetings to discuss, plan and conduct local initiatives to increase resources and awareness of recommended immunizations in the Lehigh Valley community.
3. Conduct at least two local collaborative awareness initiatives to promote child and adult immunizations for the community annually.

Evaluation:

1. Document attendance at four coalition meetings annually.
2. Review coalition minutes to evaluate successes in reaching the identified goals and the target populations.
3. Document at least two collaborative education and awareness initiatives and immunization events for BASD students, City residents and employees, community agencies and businesses.

Objective 7: The immunization program staff will attend and participate in at least four educational conferences, trainings or web casts by December 31, 2014.

Activities:

1. Bethlehem Health Bureau nursing or administrative staff will attend the 2014 National Conference on Immunization Health Coalitions (NCIHC) and provide feedback to other nursing staff. The nursing staff will attend CDC immunization update satellite conferences, participate in webcasts and/or appropriate educational programs to increase knowledge of immunization practices and meet continuing nursing education credit requirements for RN licensure.
2. The immunization staff will participate in scheduled monthly preparedness trainings and drills related to mass immunization and potential bioterrorism events.

Evaluation:

1. Maintain a written log of all educational conferences, webcasts, trainings, and tabletop drills attended and any updated immunization material received.
2. Maintain updated immunization training resources in the immunization office which are easily accessible to staff.

Objective 8: The immunization program will plan and participate in at least six health promotion events for specific targeted populations to increase awareness and immunization rates by December 31, 2014.

Activities:

1. Celebrate National Infant Immunization Week (April), Adult Immunization Week (Sept), Hepatitis Awareness Month (May), National Adolescent Immunization Week (June), Influenza Awareness Week (November), National Immunization Month (August) through culturally and ethnically appropriate educational and media campaigns.
2. Collaborate with the BHB sexually transmitted disease program, tuberculosis program and wellness clinic in providing uninsured and high-risk clients with needed Hepatitis A and B, HPV, influenza and Tdap immunizations.
3. Participate in activities related to National Public Health Week April 2014 focusing on immunization awareness in the community.
4. Promote and provide Hepatitis C education and testing for at risk individuals.

Evaluation:

1. Maintain a log of activities conducted that promote immunization messages and services.
2. Document at least six media, special events, awareness weeks or promotions conducted as required by the PA DOH immunization grant.
3. Document the number and type of vaccines given at the women's health, STD, wellness, Bethlehem Area School District, special awareness clinics in 2014.

Objective 9: Educate non-VFC providers on proper vaccine storage and management by December 31, 2014.

Activities:

1. Update provider list for City of Bethlehem family practice and pediatricians.
2. Mailing to providers with vaccine storage and transportation information.
3. Offer site visit to those providers that have questions/concerns about how to store their vaccine.

Evaluation:

1. Contact all non-VFC providers regarding proper vaccine storage and transportation.

Objective 10: Increase flu vaccination rates among City of Bethlehem residents and Bethlehem Area School District (BASD) children by December 31, 2014.

Activities:

1. Continue to offer convenient flu immunization clinics in Bethlehem communities.

2. Plan flu immunization drive-thru clinic for City of Bethlehem residents and BASD children.

Evaluation:

1. Review and analyze PA DOH assessment data/reports to verify annual influenza vaccination rates.
2. Document the number of clinics held and number vaccinated at each clinic.

Communicable Disease Division Tuberculosis Program Program Summary

Tuberculosis (TB) remains a serious public health threat and continues to be the second leading cause of death from infectious disease after HIV. An estimated 2 billion persons are infected with the bacteria that cause TB. WHO statistics inform that for 2012, the incidence (new cases yearly) of TB worldwide was 8.6 million and prevalence (existing active cases) was 12 million. Each year there are 2 million TB related deaths worldwide. During 2012, the rate of TB in the United States was 3.6 cases per 100,000 population. This represents a 0.2% case rate decline from 2011.

According to the CDC, in 2012, there were 9,945 cases of TB in the United States, a rate of 3.2 cases per 100,000 people. In 2012, 63% of TB cases occurred in foreign-born persons, with the highest proportion reporting their birth country as Mexico, Philippines, India, Vietnam, and China. Furthermore, drug resistance, poverty, IV drug use, poor compliance with prescribed antibiotics, and an increase in number of residents in long-term care facilities have also added to the overall incidence of US TB cases. In 2012, Pennsylvania ranked 31st in the nation by the number of TB cases; this is down from 29th in 2011.

Given the fact that the TB case rate for Pennsylvania has not changed much in the past 10 years, it is important to remember that neither has the rate of multi-drug resistant TB. However, the rate of *extensively* drug resistant TB, though very low incidence, has doubled nationwide from 2 to 4 cases. In 2012, Pennsylvania had two cases of multi-drug resistant TB as well as 8.4% of cases resistant to at least one primary drug in 2012. Bearing in mind that drug resistance is not declining, it is important that the Bethlehem Health Bureau continue its TB control strategies such as education about TB and its spread, following DOT (directly observed therapy) procedures for active cases, and maintaining a good rapport with latent TB infected patients currently receiving treatment. Without intervention, it is estimated that 10% of infected individuals will develop TB disease at some point in their lifetime. This number increases greatly when co-infections such as HIV or diabetes are present.

Targeted interventions for populations at high risk and strong local TB intervention programs are critical to TB elimination. Throughout 2014, the Bethlehem Health Bureau will continue to follow CDC and PA DOH public health policies to control and prevent the spread of TB.

Communicable Disease Division
Tuberculosis Program
2014 Program Goals and Objectives

Goal: To reduce the transmission of tuberculosis and its associated health consequences through surveillance, report investigation, education and medical treatment.

Objective 1: To conduct tuberculin skin testing (TST) or TB blood assay targeting at least 100 individuals at high-risk for latent tuberculosis infection or developing active tuberculosis disease by December 31, 2014.

Activities:

1. Collaborate with the Bethlehem Health Bureau's HIV Prevention Specialists to refer individuals with HIV for TST.
2. Provide tuberculin skin testing to high-risk individuals including contacts to active TB cases and referrals from community based organizations, private providers and clinics.
3. Encourage clinicians to conduct TB risk assessment and testing of high-risk individuals during routine visits.
4. Conduct bi-annual clinics for local universities to screen international students for latent tuberculosis infection and treat/educate individuals regarding preventative INH therapy.
5. Refer positive TST or TB blood assay individuals to the TB medical clinic for a medical evaluation by a pulmonary specialist or to the TB control program in the appropriate jurisdiction.

Evaluation:

1. Record and evaluate the number of patients seen at the tuberculosis medical clinic as well as type of risk associated and history of past positive skin test.
2. Document follow up appointments from IGRA screening clinics for new international students at Lehigh University every fall and spring semester.

Objective 2: To reduce the transmission and health consequences of 100% of patients with active tuberculosis by providing case management and medical treatment in accordance with the CDC's recommended therapy regimen by December 31, 2014.

Activities:

1. Educate patients and families on tuberculosis, treatment medications, side effects and stress the importance of compliance to reduce the multi-drug resistant tuberculosis or complications.
2. Provide DOT through appropriately trained staff working collaboratively with the patient's needs.

3. Develop and maintain multi-lingual educational materials for minority populations along with access to the language line to provide appropriate and adequate communication with the patient considering the individual patient needs.

Evaluation:

1. PA-NEDSS investigations for all patients with active TB will be initiated and completed.
2. PA-NEDSS cognos and analyses will be used to monitor treatment adherence
3. DOT visits will be documented on all patients for the recommended length of treatment required.

Objective 3: To increase the number of LTBI patients to agree to treatment and adhere to the treatment for the recommended amount of time by December 31, 2014.

Activities:

1. Identify barriers of care and provide appropriate methods to overcome this barrier (language line, translator, bi-lingual education materials).
2. Educate individuals on latent TB infection, disease, medication regimen and side-effects, and the adverse effects of non-adherence to therapy.
3. Provide clients with monthly appointments for medical assessment by an RN and medication pickup and send monthly reminder letters if necessary.
4. Allow patients three contact attempts to return to treatment before discharging from care.
5. Collaborate with Health Bureau's TB physician and medical director to manage patient needs for interventions according to TB clinic guidelines.
6. Document LTBI patients and those with positive TB screening tests in PA-NEDSS.
7. Recommend the IGRA blood assay (Quantiferon Gold or T-Spot) test for appropriate individuals.

Evaluation:

1. Document reasons for non-adherence to treatment in the client's chart and in NEDSS.
2. Document three attempts to contact in the patients chart and in PA-NEDSS.
3. Document monthly visits for assessment and medication pickup, adverse side effects and barriers to care for all clients.
4. Review patient charts to assure monthly monitoring is completed and no barriers to care exist.

Objective 4: To reduce the transmission and health impact of tuberculosis by initiating PA-NEDSS investigations for 100% of active or suspected tuberculosis cases within one working day of report or referral as recommended by the PADOH's tuberculosis treatment guidelines.

Activities:

1. Interview each client within one working day of report/referral receipt.
2. Report all suspected or confirmed active MTB cases to the State District Registrar within one day after receiving report.
3. Document investigation details in PA-NEDSS and adhere to the record keeping standards set forth by the PA DOH TB control program for each patient.
4. Keep a copy of each RCVT case report in patient's chart.

Evaluation:

1. Chart documentation will show that 100% of new active/suspected TB cases will have received an interview within 24 working hours.
2. Chart data collected will reflect disease progress and effectiveness of treatment.
3. 100% of active and latent TB investigations will be entered in PA-NEDSS and investigation details completed.

Objective 5: To reduce the transmission of tuberculosis through contact investigation and tuberculin testing of 100% of close contacts focusing on immunocompromised individuals and children under 5 years of age using the CDC algorithm for TB disease investigation and management to identify the source case of infection by December 31, 2014.

Activities:

1. Interview patient to determine parameters to be applied through application of the contact investigation algorithm for TB disease investigation and management.
2. Interview and test all close contacts at no charge.
3. Provide referrals and medical evaluations at the Bethlehem Health Bureau TB MD clinic to individuals who have tested positive and refer for further evaluation.
4. Administer second TST after 12 weeks to children and adults of active TB contacts with an initial negative TST.

Evaluation:

1. Document interviews and TST testing of close contacts in PA-NEDSS and on RCVT.
2. Document ongoing investigation details in PA-NEDSS including medical referrals and follow-up testing results.
3. PA-NEDSS TB investigations will be monitored for completeness of required information by PA-DOH staff and corrections made by BHB TB staff.

Objective 6: To increase the identification and reduce the complications of co-morbid tuberculosis and HIV infections by increasing the number of clients who participate in latent TB prophylaxis therapy and receive HIV testing at no charge by December 31, 2014.

Activities:

1. A total of 100% of patients will be provided information on the correlation between TB and HIV and will be provided educational information and offered HIV testing on their initial clinic visit.
2. At the monthly tuberculosis RN monitoring clinic, patients who have not had HIV testing at their initial MD clinic visit will be educated and encouraged to have free HIV testing.

Objective 7: Educate BHB staff about active vs. latent tuberculosis disease and the importance of testing at-risk individuals for exposure by December 31, 2014.

Activities:

1. Provide bureau-wide TB TST to all employees; annual for at risk employees.
2. Provide appropriate nurse TB trainings for BHB nursing staff and other interested staff.
3. Attend at least five local and regional TB conferences, trainings, webinars, and or webcasts to stay updated on new TB information.

Evaluation:

1. Documentation of all TB testing and education to bureau staff.
2. Documentation of attendance at the State and regional TB trainings will be kept.

Communicable Disease Division HIV/AIDS Program Program Summary

The Centers for Disease Control (CDC) estimates that more than one million people are living with HIV in the United States. One in five (21%) of those people living with HIV is unaware of their infection. Despite increases in the total number of people living with HIV in the U.S. in recent years, the annual number of new HIV infections has remained relatively stable. However, new infections continue at far too high a level, with an estimated 56,300 Americans becoming infected with HIV each year.

The Bethlehem Health Bureau's proposed activities align with the National HIV/AIDS Strategy and Pennsylvania's Comprehensive HIV Plan. The overarching goals of the Bethlehem Health Bureau's HIV/AIDS prevention program include reducing new HIV infections and reducing HIV-related disparities, particularly in the Latino and MSM populations. In addition, a primary focus will be on prevention with HIV positive individuals in an effort to reduce further HIV transmission. The Bethlehem Health Bureau will continue to work on the following initiatives: (1) targeted HIV testing with a specific emphasis on MSM and IVDU; (2) social networking strategies with the MSM community; (3) partner services with HIV positive individuals; and (4) surveillance activities. In addition, the Bethlehem Health Bureau receives an average of 475 sexually transmitted disease (STD) reports (chlamydia, gonorrhea, and syphilis) annually. The HIV staff has made it a priority to counsel these patients and offer testing services. The Bethlehem Health Bureau will continue to integrate HIV services to those who present with STDs. Lastly, the Bethlehem Health Bureau will continue to collaborate with local care providers, agencies with participating provider agreements (PPAs), and organizations that provide services to high-risk individuals.

Communicable Disease Division HIV/AIDS Program 2014 Program Goals and Objectives

Goal: To reduce the spread of HIV and its consequences to health, particularly among at-risk populations, through HIV prevention counseling/testing, surveillance, education, and partner services.

Objective 1: By December 31, 2014, a minimum of 845 individuals will participate in an HIV prevention counseling intervention and will receive an HIV antibody test at BHB CTR sites.

Activities:

1. The Bethlehem Health Bureau will provide confidential counseling/ testing/ referral services for at-risk individuals at wellness clinic, STD clinic, women's clinic and other outreach sites.

2. Offer the OraQuick Rapid HIV test kit at all counseling/testing/referral testing sites.
3. All patients within BHB jurisdiction diagnosed with chlamydia, gonorrhea, syphilis, hepatitis C, or tuberculosis and reported through PA-NEDSS will be offered an HIV prevention counseling session/ testing.
4. Persons named as a sex contact to an STD, regardless of residency, will be referred to a BHB CTR site for HIV prevention counseling/testing.
5. Advertise clinics through flyers, media, and websites.
6. Make HIV CTR available during National HIV Testing Day, Latino HIV/AIDS Awareness Day and World AIDS Day.

Evaluation:

1. Prepare monthly HIV counseling/testing report and analyze data captured on the PEMS forms which is entered on CDC Evalweb data base. Data captured on the PEMS forms include number of tests conducted, demographic information on clients, risk factors, and test results.
2. Perform counselor observation annually.
3. Bi-annually, review and analyze interim progress report and annual progress report submitted to PA HIV/AIDS Division.

Objective 2: By December 31, 2014, 25% of all the people tested at a BHB CTR site identified at least one of the following risk factors: IV drug use, partner of an IV drug user, sex for drug/money, MSM or sex with HIV positive person as compared to 15% (116) in 2013.

Activities:

1. The Bethlehem Health Bureau (BHB) will provide confidential counseling/testing/referral services for at-risk individuals at wellness clinic, STD clinic, women's clinic and other outreach sites.
2. Conduct targeted CTR at all outreach sites.
3. Offer the OraQuick Rapid HIV test kit at all the BHB counseling/testing/referral testing sites.
4. Make HIV CTR available during National HIV Testing Day, Latino HIV/AIDS Awareness Day and World AIDS Day.

Evaluation:

1. Prepare monthly HIV counseling/testing report and analyze data captured on the PEMS forms which is entered on CDC Evalweb data based. Data captured on the PEMS forms include number of tests conducted, demographic information on clients, risk factors, and test results.

2. Bi-annually, review and analyze interim progress report and annual progress report submitted to PA HIV/AIDS Division to evaluate the number of tests completed and percentage of individuals tested who identified a targeted risk factor for HIV infection.

Objective 3: At least 5 MSM recruiters will be enlisted and 45 network associates will be tested through the social networking strategies program by December 31, 2014.

Activities:

1. Identify and recruit individuals to participate in the program through LGBT groups, organizations and businesses that provide services to the MSM population.
2. Screen potential recruiters at BHB CTR sites, provide them with an orientation and complete all necessary paperwork.
3. Elicit information about network associates.
4. Coach recruiters to recruit and refer network associates.
5. Test network associates who are referred by the recruiter and complete all necessary paperwork.
6. Bi-monthly, Attend Regional MSM Prevention Task Force meetings.

Evaluation:

1. Track the number of individuals enlisted to serve as recruiters.
2. Track the number of individuals enlisted as recruiters who were previously network associates.
3. Track the number of network associates identified or elicited from recruiters.
4. Track the number of network associates who received an HIV test.
5. Number and percentage of persons newly identified HIV positive.
6. Conduct quality assurance on social network testing data collection forms/logs for accuracy.

Objective 4: The number of HIV positives identified through BHB HIV CTR sites is 1% of all people tested and that 100% of those HIV positives will receive post-test counseling by December 31, 2014.

Activities:

1. The Bethlehem Health Bureau (BHB) will provide confidential targeted counseling/ testing/ referral services for at-risk individuals at wellness clinic, STD clinic, women's clinic and other outreach sites.
2. All patients within BHB jurisdiction diagnosed with chlamydia, gonorrhea, syphilis, hepatitis C, or tuberculosis and reported through PA-NEDSS will be offered an HIV prevention counseling session.
3. Person named as a sex contact to an STD, regardless of residency, will be referred to a BHB CTR site for HIV prevention counseling/testing.
4. Offer anonymous HIV prevention counseling/testing at a walk-in clinic for at-risk populations as indicated by the Pennsylvania HIV Community Prevention Plan.
5. The BHB will schedule an interview with all newly identified or previously tested HIV positive individuals, within BHB jurisdiction and reported through PA-NEDSS, to elicit and locate named needle sharing and/or sexual partners for counseling/ testing/ referral services.

Evaluation:

1. Prepare monthly HIV counseling/testing report by analyzing data captured on the PEMS forms and entered on CDC Evalweb data based. Data captured on the PEMS forms include number of tests conducted, demographic information on clients, risk factors, and test results.
2. Bi-annually, Review and analyze interim progress report and annual progress report submitted to PA HIV/AIDS Division to monitor the HIV positive rate at each CTR site.

Objective 5: A total of 75 HIV positive patients will participate in partner services; a minimum of 35 partners will be elicited; 26 partners will be notified; and 12 partners will be tested by December 31, 2014.

Activities:

1. Partner services will be offered to individuals testing positive at BHB testing sites, to patients from the medical clinic at St Luke's Hospital Specialty Care Clinic, and to newly identified or previously tested HIV positive individuals reported through PA NEDSS.
2. Provide partner services to HIV positive persons identified through PPA activities at AIDS Services Center and Latino for Healthy Communities.
3. Send a confidential letter to HIV positive patients tested, through private providers and reported through PA-NEDSS, for a face to face interview.
4. Provide partner services following CDC guidelines.

5. Collect information about sex and/ or drug sharing partners by using the HIV partner notification reporting form.
6. In HIV PA-NEDSS, open an STD (other non-reportable) investigation on all HIV positive persons and partners interviewed for partner services.
7. Enter patient's non identifiable data in excel data base.
8. Bi-annually, complete and submit the interim progress report and annual progress report to PADOH HIV/AIDS Division.

Evaluation:

1. Collect and report standardized process and outcome monitoring data consistent with Department and CDC requirements yearly.
2. Prepare monthly HIV counseling/testing report by analyzing data captured on the PEMS forms and entered into CDC's Evalweb database. Data captured on the PEMS forms include number of tests conducted, demographic information on clients, risk factors, and test results.
3. Bi-annually, review, analyze, and submit the interim progress report and annual progress report to the PA Department of Health HIV/AIDS Division.

Objective 6: By December 31, 2014, in order to increase effective surveillance of HIV/AIDS, the Bethlehem Local Morbidity Reporting Office will conduct a minimum of twelve (12) face to face interviews with newly identified or previously identified HIV positive persons who are tested through a private provider and reported through PA-NEDSS.

Activities:

1. Report all HIV positive persons identified during the provision of HIV CTR and partner services by name.
2. The BHB will schedule a face to face interview with all newly identified or previously tested HIV positive individuals tested by a private provider, and reported through HIV PA-NEDSS within BHB jurisdiction.
3. Verify compliance with the reporting requirements for HIV, CD4+ T Cell counts, and perinatal exposure to HIV of cases within BHB jurisdiction.
4. Initiate investigations within 30 calendar days of report date.
5. Complete CDC required fields of case record within 10 months after diagnosis year.
6. Monitor HIV/AIDS in PA-NEDSS in accordance with PA DOH HIV Epi Division.
7. Investigate newly identified HIV positive patients through their primary care provider and/or testing/counseling site.

8. Maintain compliance at all times with the CDC's Guidelines for HIV/AIDS Surveillance Security and confidentiality.

Evaluation:

1. Collect and report standardized process and outcome monitoring data consistent with Department and CDC requirements yearly.
2. Utilize PA-NEDSS analysis and reporting tool quarterly to effectively monitor reporting within the LMRO Jurisdiction.
3. Quarterly, review and analyze total number of face to face interviews conducted with HIV positive person who were tested by private providers.
4. Review and analyze annual progress report submitted to PA HIV/AIDS Division
5. Compile and analyze statistics on all HIV/AIDS reported cases to the Local Morbidity Reporting Office quarterly.
6. Annually complete the security and confidentiality training for continued access to PA-NEDSS.

Objective 7: By December 31, 2014, the monthly HIV incomplete investigation report is maintained below ten (10) incomplete investigations per month.

Activities:

1. Within a week of receiving, via e-mail, the incomplete investigation report, submit a list of charts for audit at St Luke's University Medical Records, and request a date for audit within that month.
2. Send confidential letter to HIV positive patients tested, through private providers and reported through PA-NEDSS, for a face to face interview.
3. Immediately closed investigations with a documented negative HIV antibody test.
4. Keep a monthly log of number of investigations closed as not case.
5. Within a week of doing chart audit, do data entry to update incomplete investigations.

Evaluation:

1. Monthly, review and analyze the new monthly HIV incomplete investigation report received from HIV/AIDS Epi Division for number of incomplete investigations.
2. Monthly, monitor completion rate on the incomplete investigation report so that is above ninety-five percent (95%) per confirmed case.

3. Quarterly, review and analyze percentage of face to face interviews conducted with HIV positive person, who were tested by private providers, and as a result of interview CDC and Central Office required fields were completed.
4. Bi-annually, compile and analyze statistics on all HIV/AIDS reported cases to the Local Morbidity Reporting Office quarterly.

Communicable Disease Division STD Prevention Management Program Program Summary

The Bethlehem Health Bureau is an organization dedicated to providing both preventative and curative care for sexually transmitted diseases (STDs) within the City of Bethlehem and surrounding areas. The investigation and surveillance of STD reportable infections in the City through PA-NEDSS is a required component of STD activities. The STD staff participates and conducts these activities through Act 315 funding. The state funded sexually transmitted disease clinic follows the rules and regulations as set forth by the Pennsylvania Department of Health in all prevention and treatment activities.

The mission of the STD program at the Bethlehem Health Bureau is to help reduce the spread of STDs and their consequences on the health of our community. This is accomplished through the availability of STD clinic services, testing/treatment, partner elicitation/notification, investigation of reported STDs, education of clients and collaboration with other healthcare providers in assuring that the needed services are provided per the most current recommended CDC treatment guidelines.

Communicable Disease Division STD Prevention Management Program 2014 Program Goals and Objectives

Goal: To reduce the transmission of sexually transmitted diseases (STDs) and their respective health consequences through the promotion of responsible sexual behaviors through education and increased access to quality clinical services.

Objective 1: By December 31, 2014, 98% of all STD investigations, (chlamydia, gonorrhea, syphilis) reported through PA-NEDSS will have an interview as a value as compared to 94% in 2013.

Activities:

1. DIS STD staff will check PA-NEDSS a minimum of twice daily and assign and initiate STD investigations within the recommended timeframe.
2. Conduct patient interviews via telephone call, at BHB clinic site, or field/home visit and verify treatment and illicit contact/partner information.
3. Investigate treatment completion and conduct risk reduction counseling and partner notification for each positive report as recommended by CDC and document in PA-NEDSS as required.
4. Refer out of jurisdiction partners to PA DOH STD program for follow up.

Evaluation:

1. Perform monthly QI checks to ensure the completeness of documentation for PA-NEDSS investigations
2. Use PA-NEDSS cognos and analysis to determine number of investigations with an interview as a value and number of positive individuals receiving appropriate treatment

Objective 2: By December 31, 2014, PA-NEDSS investigations with a contact as value will increase to 75% as compared to 67% in 2013.

Activities:

1. Interview client via telephone, at BHB clinic site, or field/home visit, and illicit contact/partner information.
2. Refer contacts for treatment to appropriate source or offer testing and treatment at BHB and open a PA-NEDSS investigation and document activities performed.
3. Refer out of jurisdiction partners to PA DOH STD program for follow up.

Evaluation:

1. Use PA-NEDSS cognos and analysis to determine number of investigations which had at least 1 partner named in 2014.

Objective 3: Increase the number of at-risk individuals screened for hepatitis C, notified of a positive result and referred to follow up care following CDC recommendations from 46 individuals in 2013 to 58 individuals in 2014.

Activities:

1. Offer and perform free hepatitis C testing at all BHB HIV testing sites.
2. Promote and provide free hepatitis C testing to high-risk individuals. (history of IV drug use, blood and blood component and organ transplant recipients before 1992, needle sharing/sex partners, veterans and individuals born between 1946-1965.
3. Conduct post-test counseling and necessary referrals for patient.
4. Pursue donations of OraQuick Rapid Antibody Test for HCV from Orasure, a Bethlehem company to provide individuals with immediate screening results.

5. Make referrals for hepatitis C screened positive individuals for medical evaluation, immunizations, and other appropriate needs.

Evaluation:

1. Use PA-NEDSS cognos and analysis to determine number of investigations bi-annually.
2. Review and analyze monthly HIV site for hepatitis C testing for progress.
3. Maintain database of hepatitis C testing, results, and referrals for potential funding opportunities.

Objective 4: Confirm treatment and test of cure for 100% of PA-NEDSS STD investigations when the client is pregnant by December 31, 2014.

Activities:

1. Confirm treatment with provider or if patient is untreated, immediately offer appropriate treatment through the Bethlehem Health Bureau.
2. Educate clients on the diagnosis and risks to pregnancy if untreated.
3. Document in PA-NEDSS test of cure results and other activities provided to patient.
4. Test & treat partner/contact at BHB clinic site or refer partner/contact to appropriate jurisdiction for follow up.

Evaluation:

1. Bi-annually conduct review of data in cognos and analysis in PA-NEDSS to determine percent of pregnant women provided appropriate treatment and having test of cure performed.
2. Use PA-NEDSS cognos and analysis to determine number of investigations which had at least 1 partner named in 2014.

Objective 5: In the year 2014, BHB will continue to offer and perform rectal/throat culture for men who have sex with men (MSM), as part of the PA DOH Gonococcal Isolate Surveillance Project (GISP) to a minimum of 5 individuals as compared to one in 2013.

Activities:

1. Triage staff at STD clinic will screen/identify individuals documenting MSM and refer to STD provider to assess need for a rectal or throat culture.
2. Maintain incubator, temperature log and supplies and ship GC cultures as documented by PA Bureau of Laboratories requirements.
3. Use CDC recommended treatment guidelines for MSM population with positive GC cultures to ensure adequate treatment.
4. Update monthly HIV CTR data sheet to reflect number of GC cultures performed at STD clinic.

Evaluation:

1. Review monthly log of patients who participate in the GISP documenting tests and results
2. Review weekly STD patient's chart for documentation of patient's participation in the GISP program.

Objective 6: To screen 100% of patients in STD clinic and offer Hepatitis A/B and HPV vaccines by December 31, 2014.

Activities:

1. Screen all patients at STD clinic for immunization history.
2. Provide appropriate immunizations to uninsured individuals and provide immunization records to help ensure series completion.
3. Send at least two reminder post cards to clients who are due or overdue for a vaccination in a series.
4. Update STD clinic medical record/SIIS to reflect hepatitis A/B and HPV vaccinations given.

Evaluation:

1. Review STD patients' charts weekly for number of those screened for needed vaccines and types of vaccines given at each clinic
2. Bi-annually, the immunization nurse will analyze the number of clients in the database who complete the hepatitis or HPV vaccine series

**Communicable Disease Division
Rabies Surveillance Program
Program Summary**

Animal bites are a significant public health concern due to the risk of transmission of rabies disease. Though contraction is rare in humans, the potential risk is increasing due to several factors, including the expansion of urban communities and decreased natural habitat. As territories further overlap, the contact between wild animals and humans increases, the potential for transmission of the rabies virus to humans also becomes greater.

The transmission of rabies can be controlled with both pre- and post-potential exposure methods; however, to properly manage an incident, the investigation must be initiated promptly in order to determine the necessary and most appropriate treatment. The communicable disease department's rabies surveillance program addresses both the prevention and treatment of rabies disease through its annual rabies vaccination clinic and on-going incident investigations.

**Communicable Disease Division
Rabies Surveillance Program
2014 Program Goals and Objectives**

Goal: To reduce the transmission of rabies and its health consequences in the City of Bethlehem through surveillance, preventative animal vaccinations, education and report investigation.

Objective 1: To prevent the transmission of rabies disease by investigating 100% of reported animal bites in the City of Bethlehem, and recommending appropriate medical follow-up of the victim(s) by December 31, 2014.

Activities:

1. Work with area physicians and hospital emergency departments to ensure timely reporting of animal bites.
2. Follow PA DOH and BHB rabies prevention protocols for investigation of animal bite reports.
3. Utilize the internal standard operating procedures for appropriate follow up with non-compliant animal owners or victims.
4. Recommend proper medical care to animal bite victims and determine the need for post-exposure rabies prophylaxis per the PA DOH's guidelines.
5. Determine the appropriateness of laboratory analysis of animal brain tissue and arrange transportation of specimens to the Pennsylvania State Laboratory.

Evaluation:

1. Document steps taken per the PA DOH's animal bite investigation procedure for each animal bite report.

Objective 2: To educate 100% of known owners and victims about PA State rabies laws and City of Bethlehem ordinances and ensure compliance to laws as applicable to animal bite/exposure incidents throughout 2014.

Activities:

1. Educate animal owner(s) on Pennsylvania's rabies law to ensure adherence to required protocols related to responsibility, control, quarantine and proper rabies vaccinations for their applicable pets.
2. Educate victims of animal bite/exposures of applicable laws regarding exposure or bites from domestic or wild animal exposures.
3. Document most recent rabies vaccination certificate or results in Epi Info database for all animal bite incidents.
4. Ensure that appropriate quarantine period is adhered to in collaboration with the Bethlehem Police department.
5. Document PA state rabies laboratory examination test result in Epi Info if animal is at risk for carrying the rabies virus.

6. Utilize GIS to track neighborhoods with high numbers of animal exposures and provide educational materials to residents in these areas.

Evaluation:

1. Enter all applicable information into database created for animal bite reports and examine information on a yearly basis.
2. Review all positive confirmatory rabies laboratory tests on animals suspected of having rabies disease to ensure proper protocol was followed.
3. Conduct media report to create awareness if an increase of rabid animals is identified in Bethlehem.

Objective 3: To reduce the number of unvaccinated, domesticated pets in the City by increasing the dissemination of information regarding local reduced-cost rabies vaccination clinic for Bethlehem City resident owners by December 31, 2014.

Activities:

1. Promote local low-cost animal vaccination clinics and encourage local agencies to hold these types of clinics.
2. Provide the public with educational materials regarding rabies law and prevention of infection from the rabies virus.

Evaluation:

1. Record and evaluate methods of promotion and information dissemination.

Objective 4: To reduce the transmission of rabies by providing education to a minimum of 50 people, including animal owners, victims, and medical professionals by December 31, 2014.

Activities:

1. Update and maintain rabies information sheet located on the Bethlehem Health Bureau website.
2. Disseminate educational materials and law pamphlet to animal bite victims, animal owners, and people who request information about rabies.
3. Provide physicians and local emergency departments with information regarding reporting of animal bites if noted to be delinquent in mandatory reporting of incidents.
4. Educate owners about the importance of vaccination of animals to prevent transmission of the rabies virus while completing animal bite investigations.
5. Provide the public with animal bite prevention education

Evaluation:

1. Document educational information provided to owners and the distribution of educational materials at health fairs, clinics, and outreach programs provided.
2. Utilize GIS to track locations where animal bite prevention and rabies education was disseminated.

Public Health Education and Planning Division Violence and Injury Prevention Program Summary

According to vital statistics data obtained from the Pennsylvania Department of Health (PADOH), injuries were the fifth leading cause of death in the City of Bethlehem from 2008-2010 with an age adjusted rate of 38.5 per 100,000. Research dictates that prevention is imperative to reducing deaths, injuries and hospitalizations. Falls remain ranked in the top three for the City of Bethlehem and Northampton and Lehigh Counties when looking at the data breakdown, either by death, injuries or hospitalizations. In all circumstances the injuries and hospitalizations are higher than the state rate and the data indicates that these focus areas remain a factor in a shorter than average lifespan and decreased quality of life for the residents who live in the City or Counties.

Bethlehem mirrors Lehigh and Northampton Counties by having the same leading causes of death; however, they may be ranked in slightly different orders categorized by injury. According to the Injury County Profiles 2011, the leading cause of hospitalization by injury mechanism for Lehigh and Northampton County are falls (74% among the 65 and older age group). Injuries from motor vehicle transportation ranked second and fourth in Lehigh and Northampton counties, respectively. Therefore, the aforementioned data reveals that motor vehicle safety and falls are definite focus areas. Although motor vehicle safety is not addressed in this work plan, collaboration with BHB's Highway Safety Program, funded by PENNDOT, will be instrumental in reducing motor vehicle injuries and fatalities. Injuries are much more prevalent, much more costly, and happen in different severities when compared to death. The leading causes of injury death are in sync with the leading causes of injury hospitalizations just in a varied ranking order indicating motor vehicle transportation, unintentional poisoning and unintentional falls.

Injuries are preventable with focused and directed changes in behavior, knowledge, attitude and skills. Changes in these areas can be directly correlated to reducing deaths when consciously practiced until the behavior becomes innate. Thereby, conducting evidence-based, comprehensive, educational programs at various levels within the community will cause a paradigm shift in reducing injuries, lessening hospitalization costs, decreasing deaths caused by preventable injuries and ultimately increasing the quality of life among all residents of the City of Bethlehem.

Public Health Education and Planning Division
Violence and Injury Prevention
2014 Program Goals and Objectives

Goal: The City of Bethlehem, Bureau of Health shall provide injury prevention programs to reduce the burden of injury deaths and hospitalizations in Pennsylvania.

Objective 1: Reduce the injury and death rate due to falls in older adults 55 years of age and older by December 31, 2014.

Activities:

1. Host one A Matter of Balance Coaches' training to train at least 4 coaches.
2. Conduct approximately 4 *A Matter of Balance* programs at separate community locations within the City of Bethlehem to reach approximately 40 older adult participants.
 - a. Collaborate and work with local organizations and professionals that provide services to elderly persons (i.e. assisted living centers, local aging organizations, hospital social workers) to schedule and facilitate programs.
 - b. Distribute and collect *A Matter of Balance* measurement tools to measure participant benefits and send the measurement tools and results to the *A Matter of Balance* evaluation provider.
3. Maintain Falls Prevention Taskforce and host quarterly meetings.
 - a. Collaborate with key stakeholders involved in serving the aging population such as local hospitals, senior centers, LV Aging in Place, Health Net, 55plus groups, and older adult communities.
 - d. Establish a referral system of community partners to promote falls prevention awareness and programs as well as home safety resources.
4. Conduct a minimum of 25 comprehensive in-home safety assessments of houses owned by local resident seniors aged 55 and older.
 - a. Offer assistance in simple home modifications and/or provide referral to additional resources.
 - b. Provide educational information regarding in-home hazards to all survey participants.

Evaluation:

1. Report the number of *MOB* coaches trained.
2. Report the number of *MOB* programs completed each year, the number of programs implemented by each partner, and the number of participants.
3. Report the number of surveys completed in the first and last sessions of the program and the outcome summary from the evaluation provider.
4. Report any promotion or media venues used.

5. Report the number of home safety assessments conducted, the number and type(s) of identified unsafe conditions, the number of unsafe conditions that were resolved, and the number of referrals made for home modifications and improvement resources.
6. Report the participating Healthy Homes task force members and their respective organizations as well as the number of task force meetings conducted.

Objective 2: Reduce injury and death rate in children 0-5 years of age by proper installation and use of child safety seats by December 31, 2014.

Activities:

1. Organize and conduct 8 Child Passenger Safety (CPS) seat check-up events within the City of Bethlehem.
2. Participate in a CPS seat check-up during National CPS week.
3. Conduct a minimum of 12 educational sessions to the community regarding CPS seat use and laws.
4. Facilitate a CPS seat rental program available to any resident of Northampton County and provide education and assist with proper CPS seat installation
5. Maintain proper CPS certification of staff by having each staff member attend a minimum of four continuing educational sessions relating to CPS.

Evaluation:

1. Evaluate and summarize the CPS check-up events which shall include: the frequency of usage and incorrect usage, most frequent type of misuse, total number of participants (i.e. adults and children), etc.

Objective 3: Decrease the number of suicide attempts and completions by at least 1.5% to stay on track for a 5% target reduction by year 2014.

Activities:

1. Convene a suicide prevention stakeholder's task force.
 - a. Assess information and baseline data provided by partners (i.e. Student Assistant Programs) regarding at-risk students and the current referral processes.
 - b. Develop or enhance the process to identify and refer at-risk students to the appropriate counseling services.
2. Participate with the Northampton County Child Death Review Team meetings.
 - a. Identify suicide prevention opportunities gathered from Child Death Review meetings and data.
 - b. Engage in training and technical assistance to support the Child Death Review team in identifying additional information and details of child deaths to attain prevention opportunities.
3. Implement the Yellow Ribbon Campaign in all high schools in the Bethlehem Area School District to promote suicide prevention to reach approximately 2,000 students.

- a. Collaborate with Lehigh University's Sociology students and Moravian Nursing students to assist with the campaign logistics.
 - b. Collaborate with high school administrators and develop an action plan for the *Yellow Ribbon Campaign* logistics.
 - c. Promote the *Yellow Ribbon Campaign* throughout communities local to each school.
 - d. Coordinate a parent/community night to increase awareness of suicide prevention
4. Incorporate the *Teen Screen* program to identify "at risk" suicidal teens and refer them to appropriate student assistance programs and/or counseling services.
- a. Train a minimum of eight local service providers to incorporate *Teen Screen* into clinical visits to obtain approximately 200 screenings.
 - b. Support community partners to conduct approximately 200 mental health screenings of their high school aged clients who attend the Bethlehem Area School District.
 - c. Monitor the referral process of at-risk teens to ensure appropriate assistance and necessary resources are made available to the teens.
 - d. Collect, analyze, and report *Teen Screen* data to the Department.

Evaluation:

1. Report any promotion or media venues used.
2. Evaluate and summarize a report of the *Yellow Ribbon Campaign* implementation which shall include: the total number of student referrals, campaign participants (i.e. parents, students), and any other information.
3. Evaluate and summarize a report on the *Teen Screen* program which shall include the total number of agencies involved, total number of teens referred through this program, data collected, and any other information.
4. Evaluate and summarize a report of the parent/community event using a pre/post evaluation.

Objective 4: Increase staff skills and expertise through professional development (i.e. training, conferences, seminars, and professional memberships) by December 31, 2014.

Activities:

1. Ensure that staff members attend training opportunities.
2. Become a member of the Safe States Alliance annually.
3. Attend the Safe States Alliance annual meeting.

Evaluation:

1. Track the number of training opportunities.

Public Health Education and Planning Division Employee Wellness Program Summary

Worksite wellness programs encourage employees to improve their health status for themselves and their families. Healthy employees have better productivity, better morale and lower health care costs. Data shows that poor employee health results in unnecessary healthcare costs and the research clearly demonstrates that by encouraging healthier choices among their current employees, they are reaping long term savings in terms of sick time, disability and health care costs. Further return on investment analysis demonstrates that these measurables are only a portion of the cost savings. In reality, in an effectively developed wellness culture, an organization can also experience cost savings in reference to retention, recruitment, reputation and employee engagement.

The City of Bethlehem has a predominantly younger, male workforce. Per Capital Blue Cross's quarterly report (July 2012-June 2013) the top diagnosis categories from highest paid claims to lowest are as follows: musculoskeletal symptoms & connective tissue (23.40%); digestive system (13%); nervous system (9.8%); then factors influencing health status (7.20%). Script utilization for the same time period is also at an all-time high of 23,330 for all members. When compartmentalizing the employee's health status into categories defined by claim costs in 2012: 28.70% are considered "healthy"; 23.10 % are "at-risk"; 44.90 % are "chronic"; and 1.2% are "catastrophic". An analysis of these costs indicates that almost half of our covered lives are in a category with higher claim costs and have the potential to advance to costs over the \$100,000 threshold. This data clearly indicates that the City has an opportunity to lower healthcare costs by implementing and sustaining an effective employee wellness program; thereby, maintaining the health status of the Healthy category covered lives and improving the health status of covered lives in the "At-Risk", "Chronic" and "Catastrophic" categories. A comprehensive employee wellness program can ultimately improve the health status of employees, lower health care costs and improve productivity.

Public Health Education and Planning Division Employee Wellness 2014 Goals and Objectives

Goal: To increase employee wellness program participation rates in order to create a healthier workforce, decrease medical costs to the City, and decrease sick time.

Objective 1: To improve participation by 20% in the Employee Wellness Program by December 31, 2014.

Activities:

1. Identify peer champions.
2. Identify barriers on lack of participation.
3. Create employee trust and self-preservation.
4. Establish a wellness committee and hold monthly meetings.

Evaluation:

1. Number of participants.
2. Number of participants that complete program.
3. Personal Profile data.
4. Employee opinions on program.

Objective 2: To decrease city medical costs by 5% at the conclusion of the wellness initiative.

Activities:

1. Improve employee lifestyle behaviors.
2. Increase prevention screenings.
3. Remove prevention screening co-pay.

Evaluation:

1. CBC quarterly reports.
2. Number of prevention screenings.

Objective 3: To improve employee and family health status by moving individuals from poor or fair health to good or excellent health by the conclusion of the wellness initiative.

Activities:

1. Provide incentives for employees to engage family members.
2. Provide behavior maintenance support.
3. Implement smoke free public parks and city property ordinance.

Evaluation:

1. Digital Health Assessment.
2. Ht/wt/BMI/BP/FBS/ Chol measures.

Objective 4: To decrease compensatory time used which causes overtime by 5% at the conclusion of the wellness initiative.

Activities:

1. Develop an incentive flip-flop program to decrease sick time call outs.
2. Improve early detection through primary prevention screenings to detect medical issues early.

Evaluation:

1. Sick time use.
2. Overtime cost.
3. CBC buckets.

**Public Health Education and Planning Division
Diabetes Today
Program Summary**

Diabetes was ranked the fourth leading cause of death in the City of Bethlehem. Diabetes has become more prevalent with the increase of obesity. As the obesity epidemic continues to increase so do the co-morbidities associated with obesity; therefore, diabetes may now be ranked higher. Recent data signifies diabetes as a health priority, the 2012 Behavioral Health Risk Factor Surveillance reports that Black and Hispanic adults are significantly more in need of access to health care services and didn't get the support they needed. Likewise, 2012 the Minority Health Disparities in Pennsylvania report on discharge data indicates uncontrolled diabetes rates are significantly higher (approximately four times higher) among black and Hispanic resident's ages 18-64 years of age as compared to whites. In a more local community needs survey (2010), residents ranked diabetes programming 11th among 32 but ranked obesity 4th as services they wanted. Since obesity is a risk factor of diabetes, it is likely arguable that diabetes remains a top priority among the residents as well.

Diabetes rates escalate with residents who are of lower income status, lack medical homes and have educational levels less than high school diploma. This population subset is certainly an accurate description of the South Bethlehem community with in the City of Bethlehem. In addition, co-morbidity risk factors such as obesity, hypertension, smoking, lack of physical activity, lack of nutrient dense diet, and cardiovascular disease increase the severity of diabetes and decrease the ability to manage the disease effortlessly. Since diabetes is both a preventable and manageable disease, it is imperative that our community begin to embrace the disease and take action to provide the residents the tools and support to control it so that long term sequelae from uncontrolled diabetes are minimized. Quality education programs need to be made available to the patients with diabetes, especially in the minority populations who may face barriers to accessing care and effectively communicating with their providers. Patient behaviors are influenced by beliefs and attitudes and these are greatly affected by community and cultural traditions. Among Latinos, fatalism, use of alternative medicine, lack of economic resources and other factors influence the availability of health care and the capabilities of persons with diabetes in handling their own care. Cultural and linguistic factors must be considered when developing effective prevention strategies. Quality education programs designed specifically for the Latino population are needed to promote successful self-management strategies which improve health outcomes.

Public Health Education and Planning Division
Diabetes Today
2014 Program Goals and Objectives

Objective 1: To empower the Bethlehem community to develop appropriate interventions that will prevent or reduce diabetes complications and improve diabetes care.

Activities:

1. Train student public health clubs (Lehigh University, DeSales University, and Moravian College) to conduct monthly programs at Donegan and Fountain Hill elementary schools and Broughal Middle school.
2. Post monthly themes on Twitter and Facebook on BASD, BHB and SLUHN websites.
3. Assess current nutrition and physical and activity policies in daycares/ preschools.
4. Advocate for the implementation of policies that promote physical activity and nutrition in pre-schools and daycares.
5. Collaborate with the BASD to present the Leader in Me at major school events.
6. Conduct a healthy foods initiative among corner stores or restaurants in south side Bethlehem.

Evaluation:

1. Monitor Facebook likes and Twitter re-tweets.
2. Monitor number of Leader in Me presentation sessions conducted.
3. Monitor number of colleges and public health students trained to conduct presentations.
4. Monitor number of restaurants/corner stores that introduce a healthy food in their establishment.
5. Monitor the number of daycares/preschools who have a nutrition/physical activity policy and what it is comprised of.

Public Health Education and Planning Division
Playful City
2014 Program Goals and Objectives

The American Academy of Pediatrics and Stanford University both recommend that solutions to childhood obesity focus on opportunities for free play and the provision of facilities for play. There is a growing body of research that suggests children will be more active if they are given opportunities to engage in unstructured or free play. Active children are less likely to be obese and less prone to have obesity-related health problems such as diabetes and heart disease. Unstructured play gets children moving, and more active children are more likely to be physically healthy. The Institute of Medicine recently released report identified local government as the ideal leader on this issue, citing "...build and maintain parks and playgrounds that are safe and attractive for playing and in close proximity to residential areas" as a critical goal in combating childhood obesity. Playful City USA is a national recognition program honoring cities and towns across the nation who is creating an agenda for play.

Through the Playful City USA application process, communities create a framework based on five commitments. The Playful City USA program is a unique self-assessment tool that assists communities in identifying local play assets and play deficits, and in developing a rigorous action plan driven towards increasing quality, quantity, and access for play in your city or town.

Public Health Education and Planning Division
Playful City
2014 Program Goals and Objectives

Objective 1: To maintain "Playful City USA" status for 2014.

Activities:

1. Complete and submit application on time.

Evaluation:

1. Notification of Playful City USA status.

Objective 2: To continue to promote "Play Day" in the City.

Activities:

1. To collaborate with the City's Parks and Recreation department to offer "hands on" play activities during the "Play Day" event.
2. Have participants create a YouTube video of why play is important to them to be submitted in next year's Playful City USA application.

Evaluation:

1. Track the number of children and adults that attend “Play Day”.
2. YouTube video is created, edited and in a publishable format.

Public Health Education and Planning Division
Healthy Woman Project
Program Summary

Breast and cervical cancers are diseases that are preventable and treatable with preventive methods and early detection; however, women of Latino and African American origin do not get screened as regularly. The same can be said for women who are of low-income and are uninsured and/or underinsured. As a result, rates for preventable and treatable types of cancer are higher among these women.

According to the Cancer Facts and Figures Report (2013), an estimated seventy nine thousand five hundred sixty (79,560) new cancer cases will be diagnosed in Pennsylvania. Among the fifty (50) states, in 2013 Pennsylvania is the fifth (5) highest with estimated Ten thousand four hundred ninety (10,490) new cases of female breast cancer. Even though the prevalence of cervical cancer in Pennsylvania is considerably lower than the prevalence of breast cancer, Pennsylvania ranked fifth (5) for the number of new cases of cervical Cancer reported (Cancer Facts and Figures Report, 2013).

Public Health Education and Planning Division
Healthy Woman Project
2014 Program Goals and Objectives

Goal: To reduce the mortality and morbidity rates of breast and cervical cancer within Northampton County by increasing the number of women who annually receive mammograms and pelvic examinations.

Objective 1: To provide comprehensive breast and cervical screening to seventy five (75) women between the ages of 40 to 49 and one hundred (100) women between the ages of 50 to 64 by December 31, 2014.

Activities:

1. Schedule eligible women for mammograms and pap tests on an annual basis.

Evaluation:

1. Analyze lab results and provide follow up if necessary.

Objective 2: To provide case management to women diagnosed with an abnormal test result with in ninety (90) days of notification.

Activities:

1. Assure that all clients complete follow up appointments and/or procedures and follows through to final diagnosis.

Evaluation:

1. Evaluate the number of clients who were referred for case management to the number who received a final diagnosis.

**Public Health Education and Planning Division
Highway Safety
Program Summary**

Motor vehicle crashes (MVC) are the leading cause of death and injury for those between the age of 5-24 and second leading cause of death and injury for those between 1-4 and 25-65+ respectively in the USA according to the CDC. MVC's account for approximately half the number of deaths from unintentional injuries. In 2009, the reportable traffic crashes in PA were at their lowest number since 1951, making a good argument to support that the collaboration between law enforcement and education was working to reduce crashes. In Northampton County (NC), according to PENNDOT's 2012 data, the top five motor vehicle-related fatal crashes are: aggressive driving, drinking driving/ impaired driving, speeding, and unrestrained occupants. Heavy truck, motorcycle, pedestrians and teenage drivers also are key areas of concern in Northampton County. Aggressive driving is the first leading cause of fatalities and crashes. Enforcement and education are imperative to reduce injuries and fatalities caused by aggressive driving. Impaired driving is the second leading cause of fatalities and is becoming more serious as law enforcement is being trained as drug recognition experts.

The Surgeon General's report states that over half of all highway safety deaths are rooted in lifestyle behavior or environmental factors that are amendable to change. In order to assist in the downward trend of these traffic deaths, Department of Health and Human Services developed guidelines for the nation to follow and meet national goals called Healthy People 2020. This states that injuries are not accidents or uncontrollable acts of fate because most injuries are predictable and preventable. Therefore, society must put the responsibility on them to prevent the accidents from occurring.

Public Health Education and Planning Division
Highway Safety
2014 Program Goals and Objectives

Goal: To decrease injuries and deaths caused by motor vehicles in Northampton County.

Objective 1: To increase general traffic safety contacts by 10% in Northampton County by September 30, 2014.

Activities:

1. Participate in monthly enforcement meetings via the Lehigh Valley Regional DUI and Highway Safety Task Force. Encourage officers from each police department to attend to discuss aggressive driving, impaired driving, seatbelts, heavy truck and motorcycle enforcement activities.

Evaluation:

1. Track the number of trainings conducted.
2. Track the number of participants attending the trainings/meetings.
3. Track the number of enforcement meetings.

Objective 2: To increase the number of Northampton County police officers trained in PENNDOT approved educational programs by 5% by September 30, 2014.

Activities:

1. Offer one alcohol deterrence-Standard Field Sobriety Test class and Drug Recognition Expert class for Northampton County police officers.
2. Offer one 'The Back is Where It's At' training, 'Survivor 101' training and 'Every 16 Minutes' Training for Northampton County police officers.

Evaluation:

1. Track the number of trainings held.
2. Track the number of officers attending the trainings.

Objective 3: To provide education on specific PENNDOT focus areas to 100% of Magisterial District Justices by September 30, 2014.

Activities:

1. Collaborate with the Judicial Outreach Liaison, Buckle Up PA, Drive Safe PA, and DUI LEL's to provide educational informational and crash statistics to local magistrates in Northampton County at least once per year; topic areas to include but not limited to: aggressive driving, child safety seats, seatbelts, and impaired driving via Magisterial District Justice meetings or individual contacts if needed.

2. Provide educational materials for judges, law enforcement and the general public via the Magisterial District Justice offices.

Evaluation:

1. Track the number of judicial outreach contacts.
2. Track the number of meetings held.
3. Track the number of phone calls serviced.
4. Track the number of emails serviced.
5. Track the number of public information and educational materials distributed.

Objective 4: To coordinate and support Operation Safe Stop in a minimum of 3 schools by September 30, 2014.

Activities:

1. Meet with local school districts to encourage a minimum of 3 districts to participate in Operation Safe Stop.
2. Meet with Local law enforcement in the participatory school districts to assist with coordination and participation in Operation Safe Stop.
3. Work with Local law enforcement agencies and pupil transportation agencies in Northampton County to educate bus drivers on tracking procedures, identifying trouble locations, assisting in coordinating Operation Safe Stop day and documenting all motor vehicles that illegally pass the school bus.

Evaluation:

1. Track the number of schools participating in Operation Safe Stop.
2. Track the number of violations.
3. Track the number of bus drivers tracking violations.
4. Track the number of earned media efforts.
5. Track the number of police departments participating.

Objective 5: To Coordinate with PENNDOT's SPO for media coverage.

Activities:

1. Assist Northampton County police officers to plan, coordinate and participate in all National and State Events, crackdowns, and related activities according to NHTSA's highway safety calendar.

Evaluation:

1. Track the number of crack down events participated in.
2. Track the number of contacts.

Objective 6: To increase by 2% the number of motorists who have special needs who utilize the Yellow Dot program by September 30, 2014.

Activities:

1. To educate and provide information cards to a minimum of 100 drivers/passengers who have special medical needs and their families on the Yellow Dot program.

Evaluation:

1. Track the number of Yellow Dot Programs completed.
2. Track the number of participants.
3. Track the number of cards completed.

Objective 7: To work with the Lehigh Valley Regional DUI and Highway Safety Task Force to plan and coordinate one Regional Law Enforcement Work Shop.

Activities:

1. One time per year, at the Lehigh Valley Regional DUI and Highway Safety Task Force meetings, educate police departments on areas with a high aggressive crash rate, high DUI crash rate, low seatbelt use rate, high motorcycle crash rate and heavy truck crash rates to target enforcement.

Evaluation:

1. Track the number of trainings held.
2. Track the number of officers attending the trainings.

Objective 8: To reduce fatalities caused by aggressive driving by 25% (n=11, 2012) in Northampton County by September 30, 2014.

Activities:

1. Provide educational materials, sent to the Behavioral Traffic Safety Program Coordinator by PENNDOT, to each of the participating "Just Drive PA" police departments. Just Drive PA police departments are identified as those who are receiving funding from PENNDOT to enforce aggressive driving, DUI, and seatbelts.
2. Expand dissemination of public awareness information through the use of technology.
3. Assist police departments with Just Drive PA campaign if needed.
4. Reduce motor vehicle crashes and fatalities related to aggressive driving/speeding.

Evaluation:

1. Track the number of Public Information and Education materials distributed.
2. Track the number of programs implemented.
3. Track the number of contacts.

Objective 9: To reduce crashes caused by aggressive driving by 10% (n=1865, 2012) in Northampton County by September 30, 2014.

Activities:

1. Collaborate with PENNDOT's Safety Press Officer to coordinate activities and media events specific to aggressive driving at least two times per year.
2. Reach out to all 4 Northampton County colleges at least once per year to promote safe driving.

Evaluation

1. Track the number of earned media efforts.
2. Track the Number of school programs.
3. Track the number of public information and education materials distributed.

Objective 10: To decrease the level of Heavy Truck Violations by 5% from baseline by September 30, 2014.

Activities:

1. Provide two programs to businesses, community groups, and/or health fairs on heavy truck safety. Each presentation will have a pre/post test to determine change in attitude, behavior and/or knowledge including motorist awareness of the 'No Zone'.

Evaluation:

1. Track the number of public information and education materials distributed.
2. Track the number of programs conducted.
3. Track the number of participants.
4. Track the number of contacts in the trucking industry to incorporate messages into truck safety programs.

Objective 11: To decrease fatalities involving heavy trucks by 50% (n=4, 2012) by September 30, 2014.

Activities:

1. Collaborate with all heavy truck enforcement officers in Northampton County to educate businesses who are routinely out of compliance with the proper safety mechanisms of heavy trucks.

Evaluation:

1. Track the number of visits to businesses with heavy trucks.
2. Track the number of companies out of compliance.

Objective 12: To decrease heavy truck crashes by 5% (n=129, 2012) by September 30, 2014.

Activities:

1. Encourage the PA State Police's Motor Carrier Enforcement Officers to educate local police on what violations to look for when pulling over a heavy truck and when it is necessary to call in a motor carrier enforcement officer.
2. Encourage heavy truck enforcement officers to expand highway corridors in order to enhance enforcement in addition to collaborate with other police departments or the PA State Police's Motor Carrier Enforcement Team.

Evaluation:

1. Track the number of instructional programs conducted.
2. Track the number of participants.
3. Track the number of Motor Carrier Enforcement Operations conducted.
4. Track the number of violations.

Objective 13: To decrease motorcycle fatalities by 15% (n=3, 2012) by September 30, 2014.

Activities:

1. Provide two educational programs and/or events that discourage drinking and operating a motorcycle and utilizing safety equipment use each and every time you ride, reaching at least 250 Northampton County residents.
2. Provide educational information to Northampton County lawmakers, when requested, to consider re-instating a mandatory helmet law for all motorcycle riders.

Evaluation:

1. Track the number of programs conducted.
2. Track the number of emails sent.
3. Track the number of safety messages provided.
4. Track the number of participants.
5. Track the number of legislators educated to re-instate a helmet use law.

Objective 14: To decrease motorcycle crashes by 10% (n=106, 2012) by September 30, 2014.

Activities:

1. Provide two programs to businesses, community groups and/or schools on motorcycle safety. Each presentation will have a pre/post test to determine change in attitude, behavior and/or knowledge including motorist's awareness of motorcycles on the roadway and use of protective safety equipment.
2. Collaborate with the Lehigh Valley DUI/Highway Safety Task Force to implement one motorcycle awareness campaign/event to include but not limited to aggressive driving, DUI, safety equipment and conflicts between motorcycles and motor vehicles.
3. Collaborate with the Safety Press Officer to coordinate activities and at least one media event per year.

Evaluation:

1. Track the number of programs conducted.
2. Track the number of participants.
3. Track the number of earned media efforts.
4. Track the number of campaigns conducted.

Objective 15: To decrease crashes caused by older drivers by 5% (n=1041, 2012) by September 30, 2014.

Activities:

1. Provide a minimum of two mature driver educational programs to senior centers, clubs, and/or community groups. Each presentation will include a pre/post test to determine the increase in knowledge and/or any change in attitude or behavior.
2. Collaborate with the PENNDOT District SPO and engineers to provide a minimum of two enhanced pavement markings, including higher contrast or raised or wider longitudinal markings in areas of high mature crashes.

Evaluation:

1. Track the number of programs conducted.
2. Track the number of environmental changes made.

Objective 16: To decrease fatalities caused by older drivers by 25% (n=12, 2012) by September 30, 2014.

Activities:

1. Collaborate with local Agencies on Aging, Northampton County AAA, AARP, and PA TIPP to coordinate and promote a minimum of two highway safety activities and training courses such as the NHTSA Older Driver Enforcement Course.

Evaluation:

1. Track the number of programs conducted.
2. Track the number of earned media efforts.
3. Track the number of participants.
4. Track the number of contacts.

Objective 17: To increase proper use of child restraints to a 90% correct use rate by September 30, 2014.

Activities:

1. Collaborate with local law enforcement, LVHN, business and community groups to conduct child safety seat inspections at least eight times per year.

2. Distribute educational program materials developed by the PENNDOT funded PA TIPP in various community locations including: the hospital, churches, wellness events, and elementary programs reaching a minimum of 500 parents.
3. Analyze the child safety inspection data for correct use and compare the numbers from year to year to measure effectiveness.
4. Offer at least two educational programs to increase child restraint usage in communities with diverse populations.
5. Collaborate with the Allentown-Bethlehem-Easton Safe Kids Coalition to conduct a minimum of one Child Passenger Safety Seat Inspection event during Child Passenger Safety Week.
6. Collaborate with the local PENNDOT SPO to coordinate media coverage for this event.
7. Review Northampton County for areas lacking in child passenger safety technicians and encourage police departments to become certified.
8. Collaborate with PA TIPP, Safe Kids and the hospital to hold regular certification classes, re-certification classes and renewal classes for those technicians that have expired.
9. Notify and encourage all CPS technicians in Northampton County to attend the Region 2 CPS conference in June 2014.
10. All CPS technicians employed under this contract will attend the Region 2 CPS conference in June 2014.
11. Collaborate with Safety Press Officer to coordinate activities and media events at least two times per year. Topics to include but not limited to: seat belt use, child safety seat use, booster seat use and airbags.

Evaluation

1. Track the number of programs conducted.
2. Track the number of CPS events.
3. Track the number of CSS checked.
4. Track the number of earned media efforts.
5. Number of trainings held.
6. Track the number of participants.
7. Track the number of earned media efforts.

Objective 18: To decrease pedestrian injuries by 15% by (n=82, 2012) September 30, 2014.

Activities:

1. Collaborate with Safety Press Officer to coordinate activities and a media event at least one time per year. Topics including but not limited to: pedestrian safety, pedestrian laws, traffic signal rules and impaired pedestrians.
2. Continue to Chair the Citizen's Traffic Advisory Committee and hold six meetings per year to review and develop solutions to pedestrian problems within the City of Bethlehem.
3. Identify three roadways with high crashes and evaluate identified roadways to determine initiatives focused on bicycle and pedestrian safety through

education, engineering and enforcement. Conduct Road Safety Audits when applicable.

4. Analyze crash data on identified roadways and present it to the traffic committee to develop an intervention or institute possible changes.
5. Collaborate with local bicycle/pedestrian organizations at least two times per year to create/maintain a safe environment for walking communities which include but not limited to: Safe Routes to School, National Walk to School Day, Rails to Trails programs, and high traffic areas with difficult pedestrian access.

Evaluation:

1. Track the number of earned media efforts.
2. Track the number of meetings.
3. Track the number of attendees.

Objective 19: To decrease pedestrian fatalities in Northampton County by 25% (n=3, 2012) on public roads by September 30, 2014.

Activities:

1. Implement a minimum of five pedestrian stings within Northampton County to increase education and safety while crossing in a crosswalk.
2. Participate in all pedestrian stings being offered in the community to increase compliance of yielding to pedestrians in the crosswalk.
3. Collaborate with Safety Press Officer to coordinate activities and a media event at least one time per year.
4. Work with all law enforcement agencies in Northampton County to contact the PENNDOT District Office to deploy Pedestrian Channeling devices throughout the community if needed and replace those that are in dis-repair.

Evaluation:

1. Track the number of programs conducted.
2. Conduct pre/post surveys of Pedestrian law compliance.
3. Track number of enforcement outreach efforts.
4. Track the number of earned media efforts.
5. Track the number of devices distributed.

Objective 20: To increase seatbelt usage to 90% (n=84%, 2012) in Northampton County by September 30, 2014.

Activities:

1. Educate parents of young children about the 4 steps of Child Passenger Safety and the new changes.
2. Conduct a minimum of 8 "Survival 101" programs (a police-driven curriculum designed to encourage appropriate decision making among middle and high school students) in schools in Northampton County. The Behavioral Traffic Safety Program Coordinator to assist as needed.

3. Conduct a minimum of 8 the “Back is Where It’s At” programs (a police- driven elementary seat belt program that educates children about the importance of proper seat belt use, airbags and child restraints) in Northampton County schools.
4. Observe first presentation of recently trained officer offering assistance as needed.
5. Assist Regional LEL with education continue form completion inclusive of media coverage.

Evaluation:

1. Track the number of programs.
2. Track the number of participants.
3. Track the number of public information and educational material distributed.
4. Track the number of schools offering the programs.

Objective 21: To decrease unrestrained fatalities by 15% (n=8, 2012) in Northampton County by September 30, 2014.

Activities:

1. Provide educational materials, sent to the Behavioral Traffic Safety Program Coordinator by PENNDOT, to each of the participating Buckle Up PA police departments.
2. Assist all police departments with Click It or Ticket campaign if needed.
3. Assist all police departments in combining enforcement activities using belts, child safety seats, aggressive driving and DUI enforcement.
4. Conduct high-profile enforcement campaigns combined with public education.
5. Assist Buckle Up PA with campaigns if needed.

Evaluation:

1. Track the number of earned media efforts.
2. Track the number of Pubic Information and Education materials distributed.
3. Track the number of campaigns participated in.

Objective 22: To maintain a zero percent bicycle fatality rate in Northampton County (n=0, 2012) by September 30, 2014.

Activities:

1. Collaborate with Safety Press Officer to coordinate activities and a media event at least one time per year. Topics to include but not limited to: properly riding a bicycle, wearing proper gear, using hand signals, using a properly working bicycle according to the Motor Vehicle Code, and pedestrian walkability issues.

Evaluation:

1. Track the number of earned media efforts.

Objective 23: To decrease bicycle crash rate in Northampton County by 10% (n=106, 2012) September 30, 2014.

Activities:

1. Collaborate with PENNDOT and law enforcement to determine if environmental changes or target enforcement are necessary based on the crash statistics.
2. Encourage police departments to educate/enforce bicyclists riding incorrectly on the road on a regular basis rather than just during a campaign or wave.
3. Collaborate with Coalition for Appropriate Transportation to conduct 4 education programs per year on rules of the road.
4. Collaborate with Magisterial District Justice's to include bicycle education as part of hearing resolution.

Evaluation:

1. Track the number of bicycles in violation of motor vehicle code.
2. Track the number of bicycle violations.
3. Track the number of education programs.
4. Track the number of participants.

Objective 24: To reduce by 10% the number of bicyclists committing major violations on public roadways (riding the wrong way, not stopping at traffic signal, riding on sidewalks) in Northampton county by September 30, 2014 (baseline 80%).

Activities:

1. Identify two roadways with high crashes and evaluate identified roadways to determine initiatives focused on bicycle safety through education, engineering and enforcement. Conduct Road Safety Audits when applicable.
2. Analyze crash data and present it to the traffic committee to develop an intervention or institute possible changes.
3. Collaborate with local bicycle/pedestrian organizations at least two times per year to conduct an event in coordination with NHTSA's events for biking/walking communities which include but not limited to: Safe Routes to School, National Walk to School Day, Rails to Trails programs, and high traffic areas with difficult bicycle access.
4. Collaborate with local bicycle organizations at least two times per year to create/maintain a safe environment for biking communities which include but not limited to: assessing roadways with high bicycle crash rates, and determining property environmental change such as shared lane markings, share the road signs, possible bike lanes, railroad crossings and potholes.

Evaluation:

1. Track the number of roadways identified and improvements made.
2. Track the number of events participated in.

3. Track the number of participants per event.
4. Track the number of roadways with Share the road signs.
5. Track the number of bicycle crashes on the roads with the Share the Road signs.

Objective 25: To decrease fatalities in crashes caused by 16 and 17 years old drivers by 25% (n=2, 2012) by September 30, 2014.

Activities

1. Promote tools for parents to teach young drivers how to drive and assess their readiness to drive on a minimum of 8 Northampton County school district websites.

Evaluation:

1. Track the number of school with links to education information for parents of young drivers.
2. Track the number of public information and education materials distributed.

Objective 26: To decrease crashes caused by 16 and 17 year old drivers by 10% (n=438, 2012) by September 30, 2014.

Activities:

1. Assist trained police departments to conduct a minimum of 8 "16 Minutes" programs. The "16 Minutes" program is a PENNDOT sanctioned program, aimed at educating 16 year old drivers about seatbelt use and distracted and aggressive driving.
2. Collaborate with a minimum of 2 existing driver education programs in the community and/or high schools to incorporate "No Zone" into their curriculum. No Zone is a program endorsed by the US Department of Transportation and the Federal Motor Carrier Safety Administration to educate the motoring public on the blind spots of heavy trucks which is where most crashes occur.
3. Collaborate with the Lehigh Valley DUI/Highway Safety Task Force to host their annual SADD conference which focuses on distracted driving issues.
4. Assist to coordinate, if needed, and encourage schools to participate in the regional and statewide Teen Safe Driving Competitions. This initiative will be in conjunction with the PA Motor Truck Association.
5. Assist to coordinate, if needed, and encourage schools to participate in the regional and statewide Teen Safe Driving Competitions. This initiative will be in conjunction with the PA Motor Truck Association.

Evaluation:

1. Track the number of school programs.
2. Track the number of Public Information and Education materials distributed.
3. Track the number of programs conducted.
4. Track the number of participants.
5. Track the number of participants.

6. Track the number of schools attending the conference.
7. Track the number of PMTA Teen Driving Competitions coordinated.
8. Track the number of participants.
9. Track the number of earned media efforts.
10. Track the number of PMTA Teen Driving Competitions coordinated.
11. Track the number of participants.
12. Track the number of earned media efforts.

Objective 27: To reduce impaired driving fatalities by 10% (n=8, 2012) in Northampton County by September 30, 2014.

Activities:

1. Collaborate with Safety Press Officer to coordinate activities and media events at least two times per year. Topics to include but not limited to DUI and impaired driving.
2. Sustain high visibility DUI enforcement campaigns combined with public education.

Evaluation:

1. Track the number of earned media efforts.

Objective 28: To reduce impaired driving crashes by 10% (n=605, 2012) in Northampton County by September 30, 2014.

Activities:

1. Interact with the Lehigh Valley Alcohol Highway Safety Coordinators and provide them with materials on an as needed basis to educate impaired drivers in an effort to reduce additional DUI offenses.
2. Cooperate where possible with Northampton County Drug and Alcohol programs to build new partnerships and to provide materials.
3. Provide educational materials, sent to the Behavioral Traffic Safety Program Coordinator by PENNDOT, to each of the participating Drive Safe PA police departments.
4. Assist police departments with DUI mobilization campaigns if needed.
5. Assist police departments in combining DUI enforcement activities with other enforcement such as seatbelts or aggressive driving.
6. Collaborate with SADD, the Lehigh Valley DUI/Highway safety Task Force and Northampton County Drug and Alcohol to develop strategies to promote the message about preventing impaired driving and underage drinking a minimum of two times per year.
7. Provide DUI materials and statistics to police departments, businesses, community groups, schools, and health fairs at least three times per year.

Evaluation:

1. Track the number of public information and education materials distributed.
2. Track the number of public information and education distributed.

3. Track the number of local law enforcement agencies assisted
4. Track the number of underage drinking and educational programs.
5. Track the number of public information and educational materials distributed.

Public Health Education and Planning Division Public Health Preparedness Program Summary

The Public Health Preparedness Division of the Bethlehem Health Bureau is committed to improving the public's health and safety through the City of Bethlehem's response to health-related emergencies. This is achieved through partnerships with local and state agencies, the creation and implementation of preparedness, recovery and mitigation plans, creating capable staff through regular trainings, the surveillance of diseases, enhanced communications, and community education. This division actively educates the public on how to prepare themselves for a variety of disasters and emergencies that commonly occur in our area and partners with local agencies to strengthen community assets.

The Bethlehem Medical Reserve Corps (MRC) comprises of medical and non-medical volunteers to help supplement public health capabilities in emergencies and disasters. The unit is part of the Public Health Preparedness Division of the Bethlehem Health Bureau. Volunteers have the opportunity to participate in trainings, drills and exercises that enhance their skills and may choose to work with the Bethlehem Health Bureau to provide public health emergency education to the community.

Public Health Education and Planning Division Public Health Preparedness 2014 Program Goals and Objectives

Goal: To improve the public's health by advancing the City of Bethlehem's response to health-related emergencies through the development and implementation of preparedness plans, staff and citizen training, surveillance, disease management, partner agency collaboration, and enhanced communications.

Objective 1: Conduct epidemiological surveillance and investigation throughout the year to minimize morbidity and mortality rates in the City of Bethlehem by December 31, 2014.

Activities:

1. Participate in monthly infection control meetings at the two local hospitals, St. Luke's University Hospital and Lehigh Valley Hospital.

2. Investigate cases of disease as defined in the Commonwealth Statute, Chapter 27 (Communicable and Non-Communicable Diseases) under Title 28 (Health and Safety) regulations for health care providers to minimize morbidity and mortality rates.
3. Utilize disease surveillance systems such as the Pennsylvania National Electronic Disease Surveillance System (NEDSS), Epi-X, Real Time Outbreak and Disease Surveillance (RODS), National Outbreak Reporting System (NORS), and the Pennsylvania Statewide Immunization Information System (PA-SIIS).
4. Participate in monthly communicable disease meetings with Bethlehem Health Bureau disease investigators and public health nurses.
5. Share health and intelligence information with and among health care providers, long term care facilities, and schools on suspected or confirmed cases of immediately notifiable conditions.
6. Participate in the Pennsylvania Health Alert Network and receive and distribute Health Alerts to community partners as necessary.
7. Conduct routine testing and surveillance activities and collect and mail specimens to the Department's Bureau of Laboratories, as needed.
8. Meet with representatives of Lehigh University and Moravian College to provide them with information regarding closed PODS in an effort to have their facilities sign an agreement to take on that role.
9. Meet with local coroners to discuss the role of public health
10. Establish a kanban inventory control system in order to ensure that the appropriate specimen collection kits are stocked according to expiration dates.

Evaluation:

1. Attendance at monthly communicable disease meetings
2. Track the number of surveillance systems BHB utilizes for disease surveillance
3. Monitor communicable disease rates in the City of Bethlehem
4. Develop and distribute communicable disease reports monthly
5. Document the number of schools involved in the health information exchange
6. Signed closed POD agreements with Lehigh University and Moravian College.

Objective 2: To increase the coordination between state, county, and local entities to improve the sharing of public health information by December 31, 2014.

Activities:

1. Participate in all local public health emergency responses, including pandemic influenza, by providing staff, volunteers, equipment, and supplies as available.

2. Attend all of the Department's Statewide Advisory Committee for Preparedness meetings, which will be scheduled and organized by the Department.
3. Participate in the Department's monthly county and municipal health department conference calls, which will be scheduled and organized by the Department.
4. Conduct a minimum of eight community outreach events or presentations aimed at educating individuals on the importance of public health emergency preparedness planning
5. Collaborate with local home health care agencies to provide their staff with information and resources to better prepare their clients for emergencies and disasters.
6. Participate in regional task force meetings and meetings with first responders to build state and local response coordination and communication capabilities.
7. Continue to collaborate with organizations that care for individuals with special needs.
8. Collaborate with local pastoral care to address local community recovery needs and develop partnership plan

Evaluation:

1. Document the number of updates to the community stakeholder database.
2. Document meeting attendance and conference call participation.
3. Track the number of events and event participants.
4. Document collaboration with special needs groups
5. Track the number of meetings with local pastoral care and document the outcomes

Objective 3: Increase capacity to handle a public health emergency through emergency response plan updates, training, and coordination with the City's Emergency Management Coordinator by December 31, 2014.

Activities:

1. Update the emergency response plan on an annual basis.
2. Conduct a minimum of six training to staff and relevant stakeholders on a variety of topics that will increase their knowledge and ability to respond to a public health emergency.
3. Collaborate with the City of Bethlehem's Emergency Management Coordinator to implement improvements identified through a lessons learned process.
4. Collaborate with the City of Bethlehem's Emergency Management Coordinator to identify city employees who need to complete FEMA NIMS/ICS trainings, provide mechanisms for employees to complete these trainings, and document training completion in Finance Plus Activity Tracker.
5. Maintain and update the Bethlehem Health Bureau's medical material inventory.

6. Create and disseminate to staff a public health preparedness-focused training needs assessment to staff and utilize the results to guide a two-year staff training plan.
7. Identify responder safety and health issues, and conduct a minimum of one training with staff to address the identified issues.
8. Conduct an assessment of current safety equipment and develop a plan to address any existing gaps.
9. Conduct a minimum of one fit testing of personal protective equipment with Bethlehem Health Bureau staff.

Evaluation:

1. Document the number of updates to the Bethlehem Health Bureau's emergency response plan.
2. Document the number of improvements implemented City-wide.
3. Document number of city employees who completed NIMS trainings.
4. Track the number of trainings and the number of training participants.
5. Measure pre-post knowledge change.
6. Completion of medical provider recovery needs survey.

Objective 4: To maintain the established internal and external information sharing system by December 31, 2014.

Activities:

1. Maintain and update the community stakeholder database, which includes contact information for local health care providers, hospitals, schools, colleges and universities, media, emergency management, local public health officials, long term care facilities, homeless shelters, churches, and Pennsylvania Department of Health on an annual basis.
2. Maintain and update the Bethlehem Health Bureau's emergency call chain on an annual basis.
3. Work with staff to maintain and update contact information in SERVPA on a biannual basis.
4. Maintain pertinent files, such as the emergency operations plan, call chain, and stakeholder database on a shared Google site so that information can be accessed virtually.
5. Maintain and update the Bethlehem Health Bureau's dark sites and create new dark sites, as needed.

Evaluation:

1. Document the number of updates to the Bethlehem Health Bureau's emergency call chain.
2. Document the number of updates to the community stakeholder database.
3. Establishment of Google shared site and documented number of individuals who have access to the site.
4. Documentation of the number of e-mail listservs created.
5. Creation of multiple public health emergency topics saved as dark sites.

Objective 5: Facilitate or participate in one full-scale or functional exercise and three drills at the local, regional, and state level in order to better prepare for an emergency response by December 31, 2014.

Activities:

1. Conduct at least one full-scale or functional exercise, which tests key components of the Grantee's mass prophylaxis/dispensing plans, and includes all pertinent jurisdictional leadership and emergency support function leads, planning and operational staff, and other applicable personnel, during the Grant period 2012-2017.
2. Conduct site activation, personnel call down, and dispensing throughput drills as the required 3 of 5 drills (due by April 2015).
3. Participate in 75% of Department initiated 800 megahertz radio monthly drills.
4. Provide a Homeland Security Exercise and Evaluation Program (HSEEP) compliant after action report and improvement plan to the Department within 60 days of the full-scale exercise completion, and 3 of 5 drill sheets that utilize Grant funding.
5. Partner as needed with the Lehigh Valley US Postal Distribution Center and participate in planned drills.

Evaluation:

1. Track the number of functional exercises conducted or participated in for 2014.
2. Track the number of drills conducted or participated in for 2014.
3. Prepare Homeland Security Exercise Evaluation Program compliant drill sheets and, if required, After Action Reports for 100% of drills and exercises.

**Public Health Education and Planning Division
Medical Reserve Corps
2014 Program Goals and Objectives**

Goal: To support and supplement public health services to strengthen community preparedness and assist in the response to emergencies that have an impact on public health, by maintaining a well-trained volunteer unit.

Objective 1: Recruit new volunteers and maintain 50% of volunteer base and increase active participation ability of volunteers to 30% by December 31, 2014.

Activities:

1. Engage in a minimum of one activity annually to recruit volunteers, either in-person or via media.
2. Offer community outreach activities to engage volunteers.
3. Conduct volunteer recognition strategies.

4. Offer pertinent training opportunities that enhance core training mandates.
5. Hold flexible orientation and meeting times/dates to accommodate volunteer needs.
6. Conduct a minimum of one meeting for all volunteers by December 31, 2014.

Evaluation:

1. Track the number of MRC meetings and orientations held throughout the year.
2. Track the number of recruiting events held throughout the year.
3. Analyze data captured in SERVPA to determine the number of new volunteers recruited, number of active volunteers and volunteer demographic information.
4. Track the number of training, outreach, and exercise opportunities offered to volunteers.

Objective 2: Provide, offer, or participate in a minimum of three activities and trainings that provide education and increase the communication, capacity and knowledge-base of volunteers and the agency to respond to real-life public health events throughout the year.

Activities:

1. Conduct a minimum of one standard orientation training for all new volunteers, to include MRC core competencies, roles and responsibilities.
2. Provide training to volunteers on how to use SERVPA.
3. Participate in emergency response training of volunteers with other local, State or regional assets, such as EMS, hospitals, community health centers, and long-term care facilities that utilize public health scenarios.
4. Participate in exercises to include MRC volunteers and personnel from other local, State or regional assets, such as EMS, hospitals, community health centers, and long-term care facilities.
5. Have at least one unit member or Bethlehem Health Bureau representative attend all of the Department's Statewide Advisory Committee for Preparedness meetings.
6. Design and conduct a minimum of one competency-based emergency preparedness education and training session for all MRC Unit members and staff, including how to use SERVPA.
7. Develop and distribute two newsletters to MRC volunteers by December 31, 2014, that include information on upcoming events and training opportunities and a preparedness education article for each newsletter.
8. Complete an annual inventory of the City of Bethlehem MRC's cache of public health emergency response supplies/equipment, and purchase supplies/equipment as needed to enhance the Unit's medical response capability.

Evaluation:

1. Documentation of a comprehensive training plan for volunteers.
2. Track the number of drills, training, and exercises that volunteers participate in.
3. Document the number of newsletters distributed throughout the year.
4. Inventory assessment to be completed by the end of the year.

Objective 3: Develop an exercise plan and participate in a minimum of one SERVPA exercise by December 31, 2014.

Activities:

1. Participate in exercises that utilize public health emergency scenarios or respond to a real-life public health event.
2. Respond to requests for assistance made by local emergency management organizations or state government, by providing staff, volunteers, equipment, and supplies, as available.
3. Conduct a minimum of one annual notification drill exercise of all active MRC Unit members through SERVPA by June 30, 2014.
4. Participate in all appropriate SERVPA exercises, as available.

Evaluation:

1. Track the number of drills conducted throughout the year.
2. Track the number of SERVPA exercises conducted throughout the year.
3. Completion of an exercise plan by the end of the year.

Objective 4: Maintain SERVPA volunteer registry as primary database and offer at least one mission request through SERVPA by December 31, 2014.

Activities:

1. Enroll all MRC Unit volunteers and coordinators into SERVPA.
2. Educate new volunteers about SERVPA and instruct them about registration process.
3. Offer multiple sources to advertise SERVPA site i.e. website, print cards, newsletter etc.
4. Initiate a minimum of one call out mission to all MRC volunteers using SERVPA.

Evaluation:

1. Analyze data captured in SERVPA to determine the number of new volunteers recruited, number of active volunteers and volunteer demographic information.
2. Track the number of mission requests conducted throughout the year.

Environmental Health Division Program Summary

The Environmental Health Division of the Bureau of Health conducts all pertinent and mandated Act 315 and Act 12 Environmental Health Programs. The Bethlehem Health Bureau has been carrying out most of these programs since the Bureau's inception in 1980.

Jurisdictional prohibitions and other constraints preclude the necessity of conducting the remaining mandated programs (i.e. Campground, Mobil Home Park, Bottled Water and Water Supply).

Organizationally, the Environmental Health Division is under the administrative direction of the Bureau's Environmental Health Director. The Environmental Health Director manages the day-to-day activities of a Sanitarian, an Environmental Health Technician, and a Community Health Specialist.

The mandated Act 315 Environmental Health programs of Solid Waste Management and Water Pollution Control are conducted in cooperation with the Pennsylvania Department of Environmental Protection; however, the only permitting and inspections done by the Bureau in this program area is through Sewage Enforcement Activities.

There are seven major program areas identified as environmental health programs. The programs include the following:

Eating and Drinking Establishment Inspections:

- Food Service Establishments
- Restaurants
- Schools
- Nursing Homes
- Day Cares
- Churches
- Fraternities/ Sororities
- Temporary and Mobile Food Units
- Retail Food Store
- Vending Machine and Vending Commissaries

Facility Inspections:

- Nursing Homes
- Schools
- Day Cares
- Recreational Facilities
- Swimming Pools

Water and Wastewater Monitoring

- Solid Waste Management Monitoring

Responsive Services

Lead/ Healthy Homes Assessments and Enforcement

Animal Services

Educational Services

Environmental Health Division
Food Safety Program
2014 Program Goals and Objectives

Goal: To decrease incidence of foodborne illnesses and assure the quality of food establishments in Bethlehem.

Objective 1: To inspect all food facilities, using a risk based approach, including: restaurants, retail, daycares, retail food establishments, mobile and temporary vending, schools, nursing homes, fraternities, and churches by December 31, 2014.

Activities:

1. Require licensing of all food establishments.
2. Document risk evaluation of all establishments as outlined in Standard 3 of FDA Voluntary National Retail Food Regulatory Program Standards.
3. Utilize risk-based inspection standards to inspect all permanent food establishments between one to four times, with re-inspection done as indicated by compliance status of the establishments.
4. Inspect all temporary food establishments (at carnivals, festivals, ball fields, etc.) the first time licensed and then on a spot-check basis, which is at the discretion of the Director of Environmental Health and Director of Health.
5. Inspect all mobile food vehicles and require compliance to standards prior to issuing license.
 - a. Coordinate all mobile food truck inspections/ licensing with other involved City of Bethlehem Departments to ensure compliance with all rules and regulations.
6. Utilize risk-based inspection standards to inspect all retail food stores between one to four times with re-inspection done as indicated by the compliance status.
7. License and inspect annually all food vending machines and biannually all commissaries.
8. Utilize risk-based inspection standards to license and inspect all daycare kitchens where food is prepared and served to children – minimum inspection of 2 times/ year.
9. Utilize risk-based inspection standards to license and inspect all school kitchens where food is prepared and served to students – minimum of 2 times/ year.
10. Utilize risk-based inspection standard to license and inspect all nursing home kitchens where food is prepared and served to residents.
11. License and inspect all churches and fraternities annually and more often if identified in risk analysis.
12. Review plans for all new and remodeled food facilities to assure compliance with code requirements.

13. Review food service establishments' inspection results to determine frequent violations/ violators.

Evaluation:

1. Compile monthly reports including number of inspections conducted and all violations recorded.
2. Evaluate inspections to determine the necessity of additional inspections.
3. Compile yearly report for statistical evaluation.
4. Provide reports to school districts in reference to school inspections.

Objective 2: To license and inspect all vending machines and commissaries by December 31, 2014.

Activities:

1. Require licensing of all vending machines and commissaries selling potentially hazardous food product.
2. Inspect all vending machines annually with re-inspection done as indicated by compliance of the machines.
3. Inspect all commissaries biannually with re-inspection done as indicated by compliance status of the establishments.

Evaluation:

1. Compile monthly reports including number of inspections conducted and all violations recorded.
2. Evaluate inspections to determine the necessity of additional inspections.
3. Compile yearly report for statistical evaluation.

Objective 3: To conduct a baseline risk factor study as outlined by Standard 9 of the Voluntary National Retail Food Regulatory Program Standards by December 31, 2014.

Activities:

1. Review all establishments and determine qualifications and categories of all establishments. Establishments broken down to FDA's nine major categories: hospitals, nursing homes, elementary schools (K-5), full service, fast food, delis, meat departments, seafood departments, produce departments.
2. Train food safety staff on inspection protocol.
3. Conduct Risk Factor Inspections of all qualifying establishments.
4. Enter findings of Risk Factor Inspection form into FDA data analysis software.

Evaluation:

1. Survey reports on the occurrence of risk factors and Food Code interventions
2. Survey collection tools or inspection sheets used for data collection
3. Database of risk factor reports by facility category

Objective 4: To ensure the food program inspection staff have the knowledge, skills and ability to adequately perform the required duties throughout 2014.

Activities:

1. Director of Environmental Health, Sanitarian and Environmental Community Health Specialist will complete all pre/post ORAU training courses as outlined by Standard 2 of the Voluntary National Retail Food Regulatory Program Standards.
2. Food safety staff will complete (or request waiver of) 25 joint and 25 independent food inspections.
3. Sanitarian will complete the required field standardization inspections with Food Safety Inspection Officer from either Pennsylvania Department of Agriculture or Food & Drug Administration. Sanitarian will become Standardization Officer
4. Sanitarian (Food Safety Inspection Officer) will field standardize remaining food safety staff.

Evaluation:

1. Completion certificates from FDA's ORAU will be filed in personnel file and Standardization file.
2. Record of completion and/or waiver of 25 joint and 25 independent food inspections.
3. Completion of Field Standardization of three food safety staff.
4. Completion and publication of completion of Standard 2 – Trained Regulatory Staff.

Objective 5: Establish a system to detect, collect, investigate and respond to complaints and emergencies that involve foodborne illness, injury, and intentional and unintentional food contamination as outlined in Standard 5 of the Voluntary National Retail Food Regulatory Program Standards by December 31, 2014.

Activities:

1. Develop written protocols and procedures on necessary investigations, reporting, trace-back, recalls, media management and annual review of investigative data.
2. Conduct annual review of 2013 complaints and investigative data.
3. Disseminate food illness investigation protocol to all necessary members of Health Bureau staff.
4. Conduct a mock food illness investigation.

Evaluation:

1. Food safety protocol and investigation manual provided to Environmental Health Director, Emergency Preparedness Coordinator, Director of Nursing and Director of Health.
2. After action report from mock food illness investigation.

**Environmental Health Division
Institution and Facility Inspections
2014 Program Goals and Objectives**

Goal: To assure protection against environmental hazards of all the residents in these institutions and to reduce the risk of environmental hazards at those areas.

Objective 1: To inspect the physical facilities of all institutions (i.e. nursing homes, schools and day cares) and all recreation facilities (i.e. parks and swimming pools) at least once a year, including: long term care facilities, schools, daycares, and public bathing places.

Activities:

1. Cooperate with the State in the licensing of institutional facilities and public bathing places.
2. Perform yearly environmental inspections of long term care facilities utilizing the State's regulations on long term care facilities.
3. Enforce the provisions of the State's school regulations, which have been adopted locally.
4. Perform environmental school inspections at least annually and more often if needed.
5. Cooperate with the State in licensing day care centers.
6. Conduct a program of semi-annual inspections of day care centers.
7. In cooperation with the Bethlehem Park's Department conduct annual inspections of park facilities based on State regulations.
8. Cooperate with the State regarding issuance of bathing place permits and plan review.
9. Conduct an annual inspection of all seasonal public pools between May 2014 and September 2014 and semi-annual inspections of all indoor facilities by December 31, 2014.
10. Respond to requests by the State for additional inspections of institutional facilities and or outbreak investigations potentially involving institutional facilities.
11. Verify the correction of health and safety problems at these facilities.
12. Respond to citizen complaints regarding these facilities.
13. Develop after action report for all outbreak responses involving institutional facilities.

Evaluation:

1. Compile monthly reports including the number of inspections conducted and monitor all violations recorded.

2. Document all facilities with major violations in which the infractions have been corrected by the time of re-inspection.
3. After action reports of all outbreak response involving institutional facilities submitted and reviewed by all parties.

**Environmental Health Division
Water Quality and Wastewater Monitoring
2014 Program Goals and Objectives**

Goal: To insure quality water for the City of Bethlehem and surrounding areas.

Objective 1: To review all monthly reports sent by the Department of Public Works during current year in order to maintain quality and detect problems.

Activities:

1. Review laboratory reports of the City's water laboratory for evidence of problems and compliance status.
2. Participate in discussions with the City's Bureau of Water Treatment and Supply regarding potential threats to the City's water supply.
3. Assist the Department of Water and Sewer with water distribution problems/ complaints as requested.

Evaluation:

1. Compile monthly reports including number of inspections conducted and monitor all violations recorded.
2. Document that all facilities with major violations have been re-inspected and violations have been corrected.

Objective 2: When requested, conduct on-lot sewage inspections and issue necessary permits as required by State regulations.

Activities:

1. Respond to on-lot sewage treatment problems and malfunctions.
2. Review all plans for new on-lot sewage systems and carry out the necessary inspections and soil tests to assure that the site inspection system will function as planned.
3. Cooperate with the Department of Environmental Protection in permitting of such sewage systems.
4. Submit all necessary documentation and reports to PA DEP.

Evaluation:

1. Compile monthly reports including number of inspections conducted and monitor all violations recorded.

Objective 3: To respond immediately to pollution incidents threatening natural bodies of water within the context of delegated responsibilities in this area.

Activities:

1. Respond to requests by the City's Fire or Police Departments for technical advice or input in dealing with such incidents.
2. Provide information requested by Department of Environmental Protection in regards to such events.
3. Conduct debriefing meeting after each incident to discuss adequacy of response and need for improvement.

Evaluation:

1. Complete reports for all incidents for which assistance was requested.
2. Keep on file any decisions or activities noted as a result of debriefing meeting.

**Environmental Health Division
Solid Waste Management
2014 Program Goals and Objectives**

Goal: To reduce the hazard of solid waste contamination in the City of Bethlehem.

Objective 1: To conduct investigations upon receipt of a complaint about a specific and serious health or sanitation problem involving solid waste at a facility without all appropriate state and local permits.

Activities:

1. Conduct a preliminary investigation, where appropriate, of complaints involving municipal solid waste within one working day of receipt.
2. Enforce regulations on use of containers, location of containers and other related regulations.

Evaluation:

1. Keep records of investigation reports including the following: type of complaints, location of complaint and action(s).
2. Provide report of common violators to Director of Community & Economic Development, Director of Health, and Chief Housing Inspector.
3. Review statistics on monthly basis.
4. Compile annual reports outlining number of complaints investigated per complaint code, citations issued and hearings attended.

Environmental Health Division
Responsive Services
2014 Program Goals and Objectives

Goal: To reduce the hazards of environmental pollution in Bethlehem.

Objective 1: To maintain the environment of the City relatively free of disease carrying vectors by extermination and removal of harborage areas.

Activities:

1. Provide support in surveillance for West Nile Virus (WNV) as requested by the Counties of Northampton and Lehigh.
2. Monitor the condition of bodies of water for mosquito larva and apply larvicide when necessary.
3. Assist in baiting catch basins throughout the City, when requested by various county lead agencies.
4. When requested by either county, collect specimens as per PADOH guidelines.
5. Keep staff informed on vector control techniques via seminars and printed materials.
6. Update all staff on changes in disease surveillance and/or treatment records.
7. At least one individual from program will attend necessary continuing education courses to maintain PA Pesticide Applicator's License.
8. Have areas of solid waste and weed overgrowth removed.

Evaluation:

1. Prepare a monthly statistics report outlining emerging issues.

Objective 2: To respond within three workdays to 100% of health related public complaints.

Activities:

1. Log all complaints and refer to appropriate investigative staff person.
2. Conduct on-site inspection of the reported problem and verify the nature of the situation within the time specified.
3. Send appropriate notification to property owner, proceed with necessary enforcement, or otherwise take action as indicated by the nature of the problem.
4. If not of a health nature, refer the complaint to the proper department.
5. Develop list of repeat offenders and proactively contact property owners/tenants providing a reminder of City regulations associated with sanitation.
6. Coordinate solid waste management and nuisance complaints with Chief Housing Inspector to minimize duplication of efforts.

Evaluation:

1. Prepare a monthly report that documents the percentage of complaints addressed within one to three working days and nature of complaint through Community Plus software program.
2. Provide report of common violators to Director of Community & Economic Development, Director of Health, and Chief Housing Inspector.
3. Review statistics on monthly basis.
4. Compile annual reports outlining number of complaints investigated per complaint code, citations issued and hearings attended.

Objective 3: Begin to investigate all foodborne disease outbreaks in the City within the timeframe required for suspected agent of infection.

Activities:

1. Contact the State Health Department and any other appropriate agencies, including the Department of Agriculture, the FDA, etc., as per protocol.
2. Prepare a report and provide appropriate training to the food service operator to prevent reoccurrence.
3. Collaborate with the Communicable Disease Nurses during outbreak investigations.

Evaluation:

1. Outline pertinent issues in a monthly and quarterly report with statistics and narrative.
2. Keep reports for all outbreak investigations.

Environmental Health Division
Lead Based Paint Assessment
2014 Program Goals and Objectives

Goal: To identify and eliminate lead hazards in pre-1978 housing.

Objective 1: To conduct a Hazard Risk Assessment within 30-days of Health Bureau's notification by inspecting all dwelling units or other structures occupied or frequented by children between the ages 6 months to 6 years diagnosed with elevated blood lead levels of at least 20 micrograms of lead per deciliter of whole blood or between 15–19 micrograms of lead per deciliter of whole blood in two consecutive tests taken three- to four-months apart.

Activities:

1. All environmental health staff will complete certification requirements in the use of a Lead-In-Paint Analyzer including radiation training and lead risk assessor certification.

2. Assure that environmental health staff receives state approved training and certification in the performance of Lead inspections and risk assessments, as required.
3. Provide assistance to the owners of properties identified with excessive Lead levels to assure that any Lead Hazard Reduction Project conducted in the property is completed in compliance with Bureau guidelines.
4. Prosecute the owners of property who refuse or fail to conduct hazard reduction projects to adequately and appropriately address Lead Paint Hazards, which were identified as the result of a Lead Inspection or Risk Assessment.

Evaluation:

1. Resources will be utilized and documented for investigation, education and remediation to reduce public health risks posed by potentially hazardous environmental conditions.
2. Staff training on lead hazard reduction certifications for use of LPA-1 will be kept on file.
3. The type of assistance and cost of abatement will be documented for each property owner requesting help.
4. All documentation regarding prosecutions will be kept on file.

Objective 2: To perform risk assessments and lead hazard reduction in homes where a child under 6 years of age lives or spends significant amount of time (defined as more than 6 hours per week), and tenants meets applicable standards outlined in Lead Hazard Control Program and the Healthy Homes Program.

Activities:

1. Develop a Lead Hazard Reduction Group to oversee the requirements of the grant. The group will be responsible for outreach and finding/suggesting homes that may qualify for the Grant. The group is to be comprised of representatives from Environmental Health, Rehabilitation, and Nursing.
2. Provide assistance to the owner of properties identified with excessive lead levels to assure that any Lead Hazard Reduction Project conducted in the property is completed in compliance with HUD guidelines.
3. Monitor work to ensure proper work practices are being followed.
4. Provide final clearance all Lead abatement projects.
5. Provide clients with lead education and materials to help contain any potential lead sources.

Evaluation:

1. Submit weekly and quarterly reports to the Pennsylvania Department of Health noting the current project, potential projects, and abatement costs submitted under the Lead Hazard Reduction Grant.

Environmental Health Division
Healthy Homes Program
2014 Program Goals and Objectives

Goal: Prevent diseases and injuries that result from housing related hazards and deficiencies

Objective 1: Reduce the number of housing units that have moderate or severe physical problems.

Activities:

1. Ensure all housing units enrolled in the Healthy Homes program are current on their inspections.
2. Identify all violations in the home during home visit.
3. Collaborate with code enforcement to bring all units up to date and/or address violations.

Evaluation:

1. Maintain log of homes enrolled in the program and their most recent inspection date.
2. Document all violations identified during home visit.
3. Maintain documentation of code enforcement inspection and recommendations.

Objective 2: Increase the client's knowledge base of how to maintain a healthy living environment.

Activities:

1. Determine client's knowledge of how to have a healthy and safe environment
2. Provide clients with education and tools to maintain a healthy home.
3. Refer clients to other agencies to expand their healthy homes resources.

Evaluation:

1. Survey client's knowledge of healthy homes before the home visit.
2. Complete healthy homes checklist and review with client.
3. Maintain documentation of referrals.

Environmental Health Division
Animal Services
2014 Program Goals and Objectives

Note: Animal Control is not a program of the Environmental Health Division, but is administered through the Bethlehem Police Department.

Objective 1: To permit all private residences within the City of Bethlehem housing more than six (6) animals, six (6) months of age or older. All residences with more than six (6) animals, six (6) months of age or older, not meeting the permitting requirements must remove the animals from the private residence.

Activities:

1. To provide education on the Animal Ordinance so that residents of the City of an opportunity for voluntary compliance.
2. To respond to all complaints regarding animal sanitation and/or numbers and require all residents who have more than six animals, six months of age or older, to apply for and obtain an animal permit.
3. Send appropriate notification to property owner, file charges or otherwise take action when residents having more than six animals, six months of age or older refuse voluntary compliance.

Evaluation:

1. Monitor the number of complaints received regarding non-compliant individuals.

Environmental Health Division
Education Services
2014 Program Goals and Objectives

Goal: To provide educational support for all environmental problems.

Objective 1: To educate food operators, facility staff, contractors, landlords and the general public about environmental safety including: sanitary hazards, lead poisoning, vector caused diseases and proper waste disposal.

Activities:

1. Encourage operators to attend food management training courses.
2. Environmental Health Department staff will be available to conduct trainings.
3. Provide education to facility staff during the course of inspection in terms of problems and violations.
4. Provide information on courses that are given by the State and the Central Atlantic States' Association (CASA).

5. Encourage pool operator to attend State schools on pools and CASA updates.
6. Inspection of facilities with major violations.
7. Distribution of informative materials via press releases and general public meetings.

Evaluation:

1. Record numbers and types of violations regarding proper sanitation and analyze the data for changes, which result from increased knowledge by the operators.
2. Document certified individual in Food Safety inspection program with date of expiration.

Objective 2: To assist restaurant owners and workers obtain food employee certification by holding a minimum of two City of Bethlehem sponsored certification course by December 31, 2014 and proctor examinations as requested.

Activities:

1. Develop and advertise course to food personnel through Pennsylvania Department of Agriculture, ServSafe website, brochures and contact with new owners within the City of Bethlehem.
2. Proctor the exams as requested.

Evaluation:

1. Maintain a log of dates, names of participants and class scores for each class.
2. Record number of facilities without at least one certified individual during license renewal.
3. Document certified individual in Food Safety inspection program with date of expiration.

PART FOUR

PERFORMANCE REVIEW

Administration and Public Health Planning 2013 Performance Review

Objective 1: To implement the Bethlehem Health Bureau’s priority initiatives as outlined in the strategic plan: employee wellness, Healthy Homes, data infrastructure, quality improvement, and employee development by December 31, 2013.

Achieved:

An annual project plan was completed for employee wellness, Healthy Homes, data infrastructure, quality improvement, and staff development. The team met each month to review progress towards meeting deliverables outlined in each plan. In addition, three subcommittees were formed: employee wellness, continuous improvement, and workforce development. A progress report was completed for each of the five initiatives at the conclusion of 2013.

Objective 2: To conduct a minimum of 7 continuous improvement initiatives outlined in the strategic plan by December 31, 2013.

Achieved:

The Health Bureau worked on a total of 16 continuous improvement initiatives in 2013. A total of 10 were complete and 6 are currently in progress. A CI Health Bureau team was formed and 8 staff members served as the project lead for at least one CI initiative in 2013. The Health Director held a “CI refresher class” during the February staff meeting. Process mapping and root cause analysis training classes were held in March 2013 and a total of five Health Bureau employees participated in mapping and 5 participated in root cause analysis. Lastly, a “fishbone” was posted in the breakroom to generate ideas for improvement. One of the CI projects was based on feedback from the “fishbone.” The table below highlights the goals and status of the 16 initiatives.

CI Initiative	Status	Training	Goal of Project	Result of Project
Dental	complete	complete	document process and cross train	process documented and additional staff trained
Vision	complete	complete	document process and cross train	process documented and additional staff trained
COMPASS	complete	complete	document process and cross train	process documented and additional staff trained
Bat Shipping	complete	will not move forward	provide service to residents and decrease costs	this project will move forward because of potential risks

Healthy Woman	complete	complete	document process and cross train	process documented and additional staff trained
Tobacco Cessation	complete	complete	document process and cross train	process documented and additional staff trained
Invoicing	complete	complete	document process and cross train	process documented and additional staff trained
Special Events	complete	complete	determine issues with current process and modify	
Partner Services	complete	complete	increase number of partners identified and tested by aligning PS with NEDSS data	7 letters sent to individuals in NEDSS and 2 interviews conducted
Electronic Health Records	in progress	in progress	improve health care by providing a timely and efficient access to medical records and increase the Health Bureau's ability to bill for services	Received \$21,500 in incentive payment. Will track amount of money received pre and post EHR implementation. MU
Client Satisfaction	in progress		Determine satisfaction with Health Bureau services and analyze whether or not changes need to be made	project is in pilot phase
Quick Reference Guide	in progress		increase the ability of front desk staff to answer common questions immediately and decrease number of phone calls transferred to staff	information is currently being documented by each program area
Virtual File Reorganization	in progress		develop a file structure that logically groups items in the shared health folder to allow for easy retrieval	
Improve Intern Process	complete		improve the intern experience for both the intern and BHB staff by creating a standardized process for all students	will be implemented in 2014
Provider Vaccine Storage	in progress		Ensure that physician offices are compliant with vaccine storage guidelines	Letters and assessment sent to pediatricians in COB offering assistance/training
Inventory Management	in progress	in progress		currently in pilot phase

Objective 3: To improve the infrastructure for morbidity, mortality, and health outcome related data in the City of Bethlehem by December 31, 2013 by identifying, establishing, and tracking a minimum of one health indicator per program area.

Achieved:

Report cards and data sets from other health departments from across the country were reviewed. After a thorough review it was determined that the Bethlehem Health Bureau would utilize the Pennsylvania Department of Health's County Health Profile. The health profile includes demographic information, birth statistics by race and ethnicity, morbidity data for notifiable conditions, cancer incidence and mortality for the City of Bethlehem. Morbidity, cancer incidence and mortality data was age adjusted per 100,000. This will allow the City of Bethlehem to examine trends, correlate the rates to Healthy People 2020 targets, guide decision making and programs and compare with county, state, and national data. The Health Bureau contracted with an epidemiologist to analyze the data by specific demographic categories. The intent is to complete a Bethlehem City Health Profile annually.

Objective 4: To understand the components of accreditation and develop a timeline to prepare for accreditation by December 31, 2013.

Achieved:

The Health Director completed PHAB's online orientation and conducted presentations to Board of Health members, administration and staff to garner support. The Health Bureau received approval to proceed with accreditation and a budget line item for accreditation fees was included in the 2014 budget. A self-assessment was conducted for each measure under the 12 domains to indicate if the measure was fully in place, partially in place, or not in place. This self-assessment provided valuable feedback related to current gaps; a total of nine major gaps were identified.

Objective 5: To work with local media outlets to promote Health Bureau programs and services and publicize a minimum of 4 articles by December 31, 2013.

Achieved:

A media plan was developed and four stories were selected to be run throughout the year. In total, six stories were published by local media outlets in 2013: Matter of Balance, smoking ban in City parks, Mighty Milers program, a homeless initiative at the public library, National Public Health Week events, and "The Big Latch On" breast feeding event. A communications/social media team was created and met on a monthly basis to discuss topics for the upcoming month. The Health Bureau also launched a Facebook and Twitter page in July 2013. Messages were posted a

minimum of three times per week on each forum. We currently have 154 Facebook likes and 218 Twitter followers.

Objective 6: To participate in and complete the Survive and Thrive program for newly appointed Health Directors and complete an individual development plan by December 31, 2013.

Achieved:

The Health Director participated in Survive and Thrive, which is a 12-month learning opportunity designed to enhance the skills of new health directors. The Health Director was accepted into the program and participated in the opening workshop in January 2013 as well as the closing workshop in December 2013. Monthly conference calls were held with a mentor and team member and a site visit was conducted with the team Coach. An individual development plan was created as part of the program and the three goals outlined in the plan (media, accreditation, and data) were accomplished. Lastly, the Health Director participated in a total of 10 webinars related to the program.

Objective 7: To create and disseminate a training needs assessment and develop a three-year staff development plan by December 31, 2013.

Achieved:

The Health Bureau partnered with the PA Public Health Training Center (PAPHTC) to create and disseminate to staff a training needs assessment (TNA) to ascertain gaps in staff development. A training plan outline, utilizing the results of the TNA, was created. The intent was to have PAPHTC conduct or provide many of the needed training; however, due to their funding cuts, they are currently unable to provide these. Staff recently attended a training providing them with instruction on how to enter their trainings, certificates, licenses, etc. in to Activity Tracker, so a better record of activities can be documented and we can continue to observe workforce development gaps. Each month during staff meeting, the staff member leading the meeting will now present on a key development, person, or event in public health history, as a result of the TNA results indicating that staff overall had a low knowledge of these. Several staff members attended a training to better learn Microsoft Access software and its applications.

Maternal and Child Health Division Maternal and Child Health Program 2013 Performance Review

Goal: To promote the physical, social and emotional health status of mothers, infants, children and families; to eliminate maternal complications of pregnancy; and to eliminate infant morbidity in the City of Bethlehem.

Objective 1: Assist with a minimum of 50 COMPASS applications to assure that 100% of families with children referred to the Maternal Child Health Program have access to adequate primary care services and preventative health education programs by December 31, 2013.

Achieved:

A total of 59 applications were completed using COMPASS for 2013. Of those, 35 (59%) were approved for either SelectPlan or full Medicaid. Denials (41%) usually result from the applicants' failure to provide accurate documentation as requested, despite efforts to follow up with required verification. For individuals or families who did not meet eligibility requirements for Medicaid coverage, every effort was made to connect them with financial assistance programs at local hospitals and through other necessary public health services.

BHB worked to promote the Health Insurance Marketplace, a resource resulting from the Affordable Care Act (ACA). Promoting the Healthcare.gov website for the Bethlehem community, staff referred and assisted eligible individuals to begin applying for insurance coverage in October as issues were resolved with the website release.

In 2013, BHB had two staff become certified as Certified Application Counselors (CAC), a new training opportunity and resource through the Health Insurance Marketplace of the Affordable Care Act. Bilingual staff work with eligible families and individuals to complete Marketplace applications for affordable health insurance. The Health Bureau provided Marketplace assistance to a total of 23 individuals.

Objective 2: To identify pregnant women and new mothers at risk for prenatal or postpartum depression using a standardized screening tool and refer for the appropriate counseling and treatment, early intervention and case management to assure a healthy pregnancy and delivery by December 31, 2013.

Achieved:

A total of 484 pregnant women were screened at St. Luke's University Health Network Women's Health Center, Bethlehem, as a part of their initial prenatal visit. Forty-seven percent (n=229) of women were residents of the City of Bethlehem and were tracked and entered in the excel database maintained by the Bethlehem Health Bureau. The Edinburg Perinatal Depression Scale (EPDS) continues to be the tool

used for assessment. Nineteen percent (n=44) of the women scored positive (>9) on initial EPDS.

BHB was able to follow up on 45% (n=20) with home visits. Eight women were referred to treatment through Lehigh Valley Mental Health. A total of 20 home visits were completed, either prenatally or postpartum. If contact was made, most women accepted the offer of a home visit, allowing the community health nurse to obtain and provide donated newborn supplies. Phone contacts were attempted on all referrals for prenatal or postpartum rescreens. Unsuccessful contact and frequent barriers were due to disconnected phones, wrong numbers or no answers. Voice phone messages left are usually not returned. Ninety nine percent (n=226) of the women screened received information on perinatal/postpartum depression through educational mailings whether they scored positive or negative. Educational packets included information on perinatal depression, “baby blues”, safe sleep, shaken baby syndrome, text4baby and Partners for A Healthy Baby. Literature was provided in English or Spanish, as indicated by choice of language for the patient on the referral form. All literature contained a “Helpline” for perinatal/postpartum depression and other local resources for women in need of behavioral health support or counseling. St. Luke’s Women’s Health Center staff has taken a pro-active role in creating an awareness of perinatal and postpartum depression and providing counseling services as needed with social workers. Due to staff turnover at St. Luke’s there was a shortage of referrals during the months of September through December. The MCH nurse at BHB made contact and communicated with St. Luke’s Women’s Clinic staff to resolve this issue.

Objective 3: To improve the knowledge, attitude and behaviors of new parents on safe sleeping practices for newborns by December 31, 2013.

Achieved:

In 2013, we received 30 referrals and distributed 26 pack and plays. Clients referred outside of the City of Bethlehem and those with infants who were over the weight limit for the pack and play were unable to receive cribs due to program guidelines. BHB staff referred as appropriate to other resources. BHB utilized bilingual staff when necessary to reach Spanish speaking patients. All recipients of a pack and play were able to demonstrate proper set up and take down of pack and play as well as verbalize what a safe sleeping environment consists of. A sleep sack was also given to the parents for the child if appropriate in order to eliminate the need for a blanket and promote safe sleep, proper use of the sleep sack was also demonstrated to the client.

Follow up phone calls were made to all families who received a safe sleep set. Fourteen women were reached while those women who could not be contacted had disconnected numbers, did not call back or were not interested in speaking. During the phone call proper use of the pack and play was confirmed with parents. All recipients also received a packet of information about safe sleeping, breastfeeding, and immunizations. Funding to purchase more pack and plays was provided by the Bethlehem Rotary Club, which allowed BHB to purchase sixteen more pack and plays for WIC participants.

Objective 4: Promote the Healthy Homes concept to identify health and injury hazards to families with children birth through age 12 with a minimum of 50 home visits by December 31, 2013.

Achieved:

In 2013, 94 referrals were received and 57 (61%) “Healthy Homes” visits were conducted. These visits were referred either through the MCH infant program or the environmental health program. Living arrangements and interest in home visits were identified barriers by staff. When “Healthy Homes” visits were conducted, the client was supplied with tools to help reduce health hazards in the home including; low odor cleaning products, food storage containers, child safety items and other safety related tools. Referrals were made to appropriate resources when necessary and referred to partnering agencies; including the BHB Lead Hazard Control Program, City of Bethlehem Housing and Code Enforcement, and WIC. The MCH Community Health Nurse shadowed the Healthy Homes trained Community Health Specialist in order to learn the process. “Healthy Homes” visits are continually offered in collaboration with other BHB programs and promoted to all clients. Most referrals were received for child safety related issues and the most common findings were unlocked cabinets with accessible poisons, sharp corners, uncovered outlets, smoking in the house, mold from moisture problems, and no smoke detectors/batteries. Visits were documented and tracked in database.

Objective 5: To promote the Lehigh Valley Breastfeeding Coalition (LVBC) in response to the Surgeon General’s Call to Action to Support Breastfeeding throughout 2013.

Achieved:

Monthly meetings between three local hospitals were attended by BHB staff. BHB staff helped in coordinating events, meetings and projects. The *American Academy of Pediatrics*; Breastfeeding Education Support Training (BEST) was promoted and documented through the LVBC. Obstetrician and pediatrician offices and clinics were sent information and registration forms on the BEST training opportunity and BHB staff assisted offices with setting up the training through AAP. All offices who registered were documented by BHB and received follow-up reminders to ensure they connected with AAP and had no difficulty coordinating the training. The BHB contacted 17 offices and 7 offices participated in the BEST training. The three hospitals all provided the training to the mother baby department staff. Some were planning a second training to reach more staff through grand rounds which reaches all staff including residents and physicians.

The Big Latch-On Event, during World Breastfeeding Week in August 2013, was successful with 34 breastfeeding mother and infant pairs and several fathers participating at the local hospital. Press attended and significant media coverage followed. All meetings, projects and events are recorded for the LVBC in monthly minutes. BHB MCH staff assists with leading the meeting and taking minutes. The

Coalition members discussed plans to move toward a 501C3 status but there are member concerns regarding commitment to a more organized structure requiring responsibilities and fundraising requirements.

Breastfeeding surveys completed by mothers delivering at St. Luke's University Hospital Network-Bethlehem continue to be collected and analyzed to monitor breastfeeding rates in the City of Bethlehem. These mothers are offered breastfeeding support through LVBC resources.

Efforts in July 2013 resulted in a partnership with a recently Certified Lactation Counselor (CLC) through Healthy Children's Center; the counselor started a breastfeeding support group in the nearby City of Easton. The group was difficult for mothers from Bethlehem to attend. In late 2013, BHB began to collaborate with Keystone Lactation, an IBCLC resource in Bethlehem to support breastfeeding mothers referred from BHB staff through a WIC and hospital collaboration. We anticipate this to be a great resource for Bethlehem breastfeeding moms early in discharge. They also have a support group that mothers can attend on a bus route and free of charge.

Maternal and Child Health Division Child and Adolescent Health 2013 Performance Review

Goal: To increase the number of Bethlehem City children and teens accessing needed preventative health education programs to improve overall health and wellness in this population.

Objective 1: To increase the number of children and teens receiving health prevention and education materials and programs by December 31, 2013.

Achieved:

BHB collaborated with Northampton Community College dental hygiene students to provide dental education for eight elementary schools reaching 519 third grade children.

Eighteen hand washing presentations using "Glitterbug" education program materials was conducted for 346 children and 10 adults in preschool, elementary schools, daycares and senior centers. Thirteen presentations were conducted during influenza season.

Objective 2: To increase the number of 15-24 year old women receiving family planning services, routine gynecological care, including annual pap smears and breast exams, and sexually transmitted disease screenings and follow up to those women at high-risk as recommended by the American College of Obstetrics and Gynecology (ACOG) to at least 50 women by December 31, 2013.

Partially achieved

A total of 39 women born after 1989 (age 24 years or less) were seen at Women's Clinic during 2013. Most returned for follow up treatment and care as needed. Two women under age 25 had an abnormality on their pap test. One other had a positive test and was treated during routine testing. Despite efforts to have services in close proximity to the target population it has proven difficult to promote (advertise) services directly to teens because of the school district concerns.

Objective 3: To reduce the incidence of infant and child mortality in children from birth through twenty-one years of age and identify prevention practices to help reduce the number of preventable deaths in Northampton County and Bethlehem City by December 31, 2013.

Achieved:

BHB staff chaired the Northampton County Child Death Review Team in 2013, conducting quarterly meetings and attended the Annual PA CDRT state meeting. Thirty-eight infant and child deaths were reviewed. Of those, fifteen (39%) were determined to be preventable, nineteen (50%) were non-preventable, two could not be determined and two were held over until 2014.

Prevention initiatives by BHB staff continued through promotion of Safe Haven and Safe Sleep Programs. Child abuse prevention continued through the Pennsylvania Family Support Alliance's Front Porch Project prevention trainings and conferences. Suicide prevention in high schools continued with one local high school instituting the "Yellow Ribbon" campaign and primary care offices using depression screenings for adolescents. BHB staff provided in-home safe sleep education for parents and grandparents when using the new Partners for a Healthy Baby curriculum and continued to secure funding for more Pack and Plays for mothers/caregivers in need.

**Maternal and Child Health Division
Children with Special Healthcare Needs
2013 Performance Review**

Goal: To reduce the impact of environmental conditions on chronic childhood asthma, increase sealant usage to improve dental health for children and assure the physical and mental health of newborns through preventative newborn screening tests, SIDS counseling and education and necessary follow up for families in Bethlehem.

Objective 1: To increase by 20% the number of children with at least one tooth sealant in BASD and City of Bethlehem school children by December 31, 2013.

Partially Achieved:

A total of 2,232 tooth sealants, a 3% (2,164) increase from 2012, were applied through the Bethlehem Partnership Dental Initiative in collaboration with the

Northampton Community College dental hygiene students. The measurement is total sealants **not** total children as indicated by the objective which is also the Healthy People 2020 objective. This increase is difficult to determine for all children because we are unable to determine sealant numbers for children seen by private dentists. We continue to use the Partnership sealant numbers to determine improvements as our only access to sealant numbers.

Objective 2: To assure infants and children with phenylketonuria (PKU) deficiency are appropriately case managed to maintain appropriate mental and physical health status by December 31, 2013.

Achieved:

One family was referred from St. Christopher's for PKU screening supplies and were provided with lancets and screening forms and mailers as requested.

Objective 3: To provide counseling, support and referrals to families of infants experiencing Sudden Infant Death Syndrome (SIDS) in Bethlehem City by December 31, 2013.

Partially Achieved:

No referrals were received in 2013 for families experiencing an infant death in Bethlehem. BHB staff did consult with PA DOH staff on the current protocol in the State and determined that the PA State Cribs for Kids Chapter is contracted to do SIDS grief counseling. BHB determined that there had been an infant sudden death in Bethlehem following the fall Northampton County CDRT review and it was determined that they were offered grief counseling.

Objective 4: To assure infants in Bethlehem receive appropriate follow up services for failed newborn hearing screenings to maintain appropriate growth and development by December 31, 2013.

Not Achieved:

No referrals were received for failed newborn hearing screenings for infants.

Communicable Disease Division Performance Review

Objective 1: To increase the identification and reduce the transmission of communicable diseases by investigating 100% of Notifiable Disease Reports, National Electronic Data Surveillance System (NEDSS) reports, suspect and confirmed communicable disease outbreaks in accordance with the guidelines indicated by the Pennsylvania Department of Health (PADOH) through December 31, 2013.

Achieved:

All communicable disease cases reported thru PA-NEDSS or via paper reporting were investigated by communicable disease staff or community health nurses in the required timeframe for reportable diseases per PA Department of Health guidelines.

Objective 2: To increase staff competency in communicable disease investigation and epidemiological practices, as related to disease incidence in the City of Bethlehem through attendance or viewing of at least ten webinars/webex/trainings/conferences by December 31, 2013.

Achieved:

Communicable disease staff viewed more than 10 relevant webinars presented by PA Department of Health, Division of Epidemiology, and the PA Public Health Training Center and several public health training site webinars on communicable disease topics relevant to their positions. Two nursing staff attended the APHA conference in Boston and the National TB Controllers Conference in Atlanta in 2013 and presented a poster on the new treatment regimen for latent TB disease. Several social media webinars were attended as the BHB is moving toward the use of social media to educate the community on communicable diseases. CD staff attended a conference on Hepatitis C & HIV presented by the PA/Mid Atlantic AIDS Education and Training Center in Philadelphia. All staff attended several webinars on the Affordable Care Act and two staff were trained to become certified Application Counselors for the Health Insurance Marketplace.

Communicable Disease Division 2013 Immunization Program Performance Review

Goal: To assure competent, consistent, and convenient immunization services to uninsured and underinsured Bethlehem Area School District (BASD) children and adult city residents.

Objective 1: Bethlehem Health Bureau's immunization program will continue work to reduce, eliminate or maintain elimination of cases of vaccine-preventable diseases in accordance with the National *Healthy People 2020* Immunization Objectives by December 31, 2013.

Achieved:

During 2013, the immunization program investigated 100% of reported cases of vaccine preventable diseases according to guidelines set by the PADOH Division of Immunization and CDC. Investigations and follow-up were completed on the following cases: 9 Hepatitis B, 2 Pertussis, 1 streptococcus pneumonia and 2 varicella.

In addition to cases investigated, the Bureau staff administered a total of 1,966 vaccines, which included 1,397 vaccines to children. These numbers include flu vaccinations which were provided to 268 children and 686 adults were vaccinated in 2013. The immunization program provided 12 flu clinics for seasonal flu vaccinations to the public and various community sites, home visits and clinics held at the Health Bureau.

The immunization program enrolled 2 Hepatitis B Surface Antigen positive mothers in the Perinatal Hepatitis B Prevention Program. There were no VAERS reports completed.

Objective 2: Achieve and maintain effective vaccination coverage levels 4:3:3:1:3:3:1 for universally recommended vaccines among young children 19 to 35 months of age by December 31, 2013.

Achieved:

Bethlehem did not have any active clients in the birth cohort (by 24 months) at the time the assessment was completed. This means there were no clients of the age that had BHB as their medical home and had an active immunization record.

For children who have missed their immunization appointments, BHB makes 3 attempts to contact them to reschedule before they are discharged from the clinic. If the parent/guardian does contact BHB after the third attempt, they are discharged they are given an appointment in our clinic.

At each visit, the child's immunization record is updated and a copy is provided to the adult accompanying the child. Clinics continue to be offered during morning and evening hours at 4 easily accessible locations. At each appointment, children are screened for (Vaccine for Children) VFC eligibility and referred to social services if they are uninsured.

Objective 3: Increase routine vaccination coverage levels to 95% for adolescents by December 31, 2013.

Achieved:

The immunization nurse and a nursing student provided an immunization presentation to 19 BASD children (7-12 years) attending a summer camp. BHB attended a "Got your Back" backpack program at a local church. Information on BHB services, primarily immunization clinics, was provided to children and parents participating in the program. Backpacks and school supplies were given to 500 children. The immunization nurse presented to a moms' group on immunizations, schedules and recommendations.

Objective 4: Increase the percentage of children and adults who are vaccinated annually against seasonal influenza through December 31, 2013.

Partially Achieved:

As of December 31, 2013, 727 flu vaccines were given through BHB. BASD has vaccinated over 4,500 through the PA DOH school flu initiative. BHB held 12 flu

clinics and provided 727 flu doses to adults and children. A total of 834 were given out last year.

The nurses attended a flu mist webinar. The webinar discussed effectiveness of the flu mist, how to administer it and who can receive it.

Objective 5: Increase the percentage of providers who have had vaccination coverage levels among children in their practice population measured within the past year by December 31, 2013

Achieved:

Six non-VFC providers and non-SIIS users were contacted and asked to complete a questionnaire about vaccine storage and transportation at their facility. A visit was offered to each of these providers to discuss proper storage. Four providers responded to the survey. All declined an office visit however; information on vaccine storage was provided to those that had noted individual concerns on their questionnaire. All 6 providers do not use SIIS and are not interested in using SIIS. Reasons for this vary from, the office does not have the internet to SIIS does not interface with their provider's electronic medical records system.

Objective 6: The immunization program will promote immunization awareness for children and adults as an active member of the Lehigh Valley Immunization Coalition (LVIC) by December 31, 2013.

Achieved:

The LVIC held 4 meetings this year. Activities were discussed and planned to celebrate the many immunization events for 2013. Meeting minutes were drafted following each meeting and forwarded to all members. In celebration of National Infant Immunization Week in April, the Coalition assembled 300 bags that contained infant immunization information and free sippy cups, thermometers, and diaper cream. These bags were given out to local WIC offices, hospitals and school districts. LVIC co-chairs presented LVIC accomplishments at the yearly Pennsylvania Immunization Coalition Conference. Additionally, two future LVIC members were recruited. The Coalition promoted National Immunization Awareness Month in August by handing out immunization materials and 2500 water cozies to adolescents and their parents at a Lehigh Valley Iron Pigs Baseball game. Attendance is collected at each meeting and minutes are drafted by the chairperson where the meeting was held.

Objective 7: The immunization program staff will attend and participate in at least four educational conferences, trainings or web casts by December 31, 2013.

Achieved:

In 2013 the following conferences/meetings were attended by BHB staff member(s):

- Pennsylvania Immunization Conference(PIC) in Bethlehem
- BHB monthly required preparedness training/drills.

- PA NEDSS training releases
- PA DOH immunization conference calls
- Perinatal Hepatitis B conference calls
- PAIC planning meeting conference calls
- CDC immunization updates including vaccine safety.
- Pharmaceutical vaccine in-services for new vaccines.
- ECELS conference
- Immunization Action Coalition conference call
- STD webinars
- PA-AAP-Immunization Update-Webinar
- The 2013 National Immunization Conference(NIC) was cancelled this year.
- Local weekly seasonal influenza conference calls with local health care partners.

Objective 8: The immunization program will plan and participate in at least six health promotion events for the general public to increase awareness and immunization rates by December 31, 2013.

Achieved:

LVIC members attended a local minor league Iron Pigs baseball game promoting adolescent immunizations. Members distributed 2,500 rally towels and literature promoting "*Immunizations Across the Lifespan*". In addition, BHB immunization program staff promoted immunization awareness through 5 advertising campaigns in local newspapers, buses, bus shelters, local media and BHB website.

BHB staff attended monthly HEARTS clinics and provided health education along with 50 vaccines to uninsured City residents.

Immunization information was provided at the following venues in 2013: MORA club-adult immunization update to 40 men; health fair coordinated by Moravian nursing students at a local soup kitchen; presentation to 6 individuals attending a moms' group; hepatitis awareness presentation at Casa De Refugio to 20 individuals (7 hepatitis vaccines given); presentation to Allentown Women's Clinic staff (16) on BHB services; and a presentation at Rooney House.

**Communicable Disease Division
Tuberculosis Program
2013 Performance Review**

Goal: To reduce the transmission of tuberculosis and its associated health consequences through surveillance, report investigation, education and medical treatment.

Objective 1: To conduct tuberculin skin testing (TST) or Interferon Gamma Release Assay (IGRA) targeting to at least 100 individuals at high-risk for latent tuberculosis infection or developing active tuberculosis disease by December 31, 2013.

Achieved:

A total of 215 tuberculin skin tests were completed during 2013. A total of 111 (52%) of the tests were done on high-risk individuals: 90 health care workers, 17 foreign-born individuals and 4 HIV+ individuals and partners. T-Spot IGRA tests were performed on 22 individuals; 20 were considered high risk individuals (8 immigration/foreign-born individuals, 6 health care workers, 2 employees of a congregate setting and 4 contacts of a TB suspect).

Objective 2: To reduce the transmission and health consequences of 100% of patients with active tuberculosis by providing case management and medical treatment in accordance with the CDC's recommended therapy regimen by December 31, 2013.

Achieved:

There were no active TB patients in 2013. One patient was referred as a suspect active TB client. Client interviews were conducted within 24 hours of receiving the referral and close contacts were tested within 2 days. Further testing revealed the patient did not have active mycobacterium tuberculosis.

Objective 3: To increase the number of LTBI patients to take INH medication and adhere to the treatment for the recommended amount of time by December 31, 2013.

Achieved:

During 2013, 46 individuals with latent TB were referred to the TB medical clinic and 28 (61%) were seen in the medical clinic. Of the 28 that were seen, 57% (n=16) accepted treatment. Eighteen percent (n=5) either failed to follow through or were lost to follow up. Eighteen percent (n=5) declined treatment, 7% (n=2) were not treated per physician recommendation. Ten individuals who were referred to us in 2012 completed LTBI treatment in 2013. One individual who was referred to us in 2013 completed treatment the same year and ten individuals who were referred in 2013 are on track to complete their treatment in 2014. Nineteen international, high-risk students from Lehigh University completed treatment with the 12 week regimen.

Objective 4: To reduce the transmission and health impact of tuberculosis by initiating PA-NEDSS investigations for 100% of active or suspected tuberculosis cases within one working day of report or referral as recommended by the PADOH's tuberculosis treatment guidelines throughout 2013.

Achieved:

One patient was referred as an active TB suspect and was interviewed within 24 hours of receiving the referral. Further investigation and contact testing revealed the patient did not have active mycobacterium tuberculosis.

Objective 5: To reduce the transmission of tuberculosis through contact investigation and tuberculin testing of 100% of close contacts focusing on immune-compromised individuals and children under five years of age using the CDC algorithm for TB disease investigation and management to identify the source case of infection and prevent future transmission throughout 2013.

Achieved:

All close contacts (n=5) of the suspected active TB case were tested within 2 days of receiving the referral and all had negative tests. The 12 week follow up was not done because the patient tested negative for MTB.

Objective 6: To increase the identification and reduce the complications of co-morbid tuberculosis and HIV infections by increasing the number of clients who participate in latent TB prophylaxis therapy and receive HIV testing at no charge by December 31, 2013.

Achieved:

Every patient seen in the tuberculosis clinic is offered a free HIV test and educated on the connection between HIV and tuberculosis. The tuberculosis nurse works closely with the HIV staff to ensure anyone newly diagnosed with HIV is offered a tuberculosis test at no charge.

Objective 7: Educate BHB staff about active vs. latent tuberculosis disease and the importance of testing at-risk individuals for exposure by December 31, 2013.

Achieved:

A tuberculosis fact sheet targeted at health bureau employees was developed by a nursing student assigned to the TB nurse and posted on a staff bulletin board.

**Communicable Disease Division
HIV/AIDS Prevention Program
2013 Performance Review**

Goal: To reduce the spread of HIV and its consequences to health, particularly among at-risk populations, through HIV prevention counseling/testing, surveillance, education, and partner services.

Objective 1: A minimum of 845 individuals will participate in an HIV prevention counseling intervention and will receive an HIV antibody test at BHB CTR sites by December 31, 2014.

Partially Achieved:

Even though all activities listed in the program plans were performed, the HIV program did not meet the target number of tests. A total of 274 individuals were tested at the STD clinic (274 tested out of 400 target) and one was a newly identified HIV positive. A total of 150 individuals were tested at the Women's Clinic (150 tested out of 200 target). Twelve individuals were tested through the social strategy intervention (12 tested out of 45 target). A total of 320 individuals were tested in Wellness Clinic which exceed the target of 200 tests; one newly identified HIV positive was tested in Wellness Clinic. Therefore, there were a total of 749 people who received HIV testing at BHB counseling/testing/referral sites which represents 89% of our goal of 845 tests.

Objective 2: A To assure the number of post-test counseling return rate increases from 79% (615) in the year 2012 to 85% (718) of all tests projected to be perform from January 1, 2013 to December 31, 2013.

Achieved:

There were a total of 749 people tested and 656 people received a post-test counseling session, which represents 88% return rate for the year 2013.

Objective 3: By December 31, 2013, at least 30% (254) of individuals receiving an HIV test at BHB CTR site will be tested by using an OraQuick Rapid test kit to detect HIV antibodies in oral fluids.

Achieved:

There were a total of 261 OraQuick Rapid Tests performed or 35% out of 749 people tested in the year 2013 at a BHB CTR site.

Objective 4: At least 5 MSM recruiters will be enlisted and 45 network associates will be tested through the social networking strategies program by December 31, 2013.

Partially Achieved:

Even though 77 people, who were tested at a BHB CTR site, identified themselves as MSM, only 3 recruiters committed to make referrals and only 14 network associates were tested as part of the Social Network Strategy intervention. Efforts were made to discuss the Social Network Strategy intervention with MSM clients, but there is still a lack of interest by the MSM population in participating in this intervention.

Objective 5: The number of HIV positives identified through BHB HIV CTR sites is 1% of all people tested and that 100% of those HIV positives will receive post-test counseling by December 31, 2013.

Partially Achieved:

Historically, the BHB HIV/AIDS Program struggles to achieve the 1% positivity rate. BHB has made a concerted effort to deliver CTR services more effectively by reaching out to the MSM population, interviewing HIV positive patients at the medical clinic to discuss partners, and by increasing the use of OraQuick rapid test. The sero-positivity rate for the year 2013 was .0026% (2 newly positives out of 749 tests performed). The two HIV positives persons were post-test counseled, referred for medical and support services, and partner services was offered. All activities listed in the program plans were implemented.

Objective 6: A total of 75 HIV positive patients will participate in partner services; a minimum of 35 partners will be elicited; 26 partners will be notified; and 12 partners will be tested by December 31, 2013.

Partially Achieved:

There were 51 HIV positive patients who were interviewed and offered partner services. Partner information was provided to 26 of them; 18 partners were notified; 9 partners were tested by BHB and all were negative; 5 partners were known to be HIV positive; and 4 partners referred out of jurisdiction.

Objective 7: To increase effective surveillance of HIV/AIDS, the Bethlehem Local Morbidity Reporting Office will conduct a minimum of seven (7) face to face interviews with newly identified or previously tested HIV positive individuals reported through PA NEDSS by December 31, 2013.

Partially Achieved:

There were four newly identified HIV positive individuals reported through PA-NEDSS and interviewed for partner services. There were seven letters mailed to newly identified HIV positive who were tested through private providers and two responded to the letter and were interviewed. In addition, seven visits were done at St Luke's University Medical Records to do chart audits. A total of 65 charts were reviewed, and some charts were reviewed more than once. Charts selected for review were based on last twelve months hospital visits.

**Communicable Disease Division
STD Program
2013 Performance Review**

Program Goal: To reduce the transmission of sexually transmitted diseases (STDs) and their respective health consequences by the promotion of responsible sexual behaviors through education and increased access to quality services.

Objective 1: A total of 95% of all STD investigations (Chlamydia, Gonorrhea, Syphilis) reported through PA-NEDSS will have an interview as a value by December 31, 2013 as compared to 93.5% in 2012.

Partially Achieved:

A total of 467 investigations were opened in the BHB jurisdiction through PA-NEDSS and 437 were confirmed cases. There were 409 investigations with interview as value which represents 93.59% or .5% improvement from previous year.

Objective 2: Increase the number of investigations reported from 70% in 2012 to 80% in 2013 through PA-NEDSS that will have contacts as value

Partially Achieved:

There were three activities listed under this objective and they were all implemented. Two hundred ninety-four cases had a contact as a value out of 437 **(294/437)** confirmed cases, representing 67% which is 17% below the target.

Objective 3: In the year 2013, increase the number of persons aware that they have Hepatitis C from 9 in 2012 to 14 in 2013 by screening individuals at risk at BHB testing sites.

Partially Achieved:

BHB followed CDC recommendations and began offering Hepatitis C testing to people born between 1946 and 1964. This resulted in 47 individuals being tested, with 10 of those individuals testing positive for Hepatitis C.

Objective 4: Confirm treatment and test of cure for 100% PA-NEDSS STD investigations of pregnant females by December 31, 2013.

Achieved:

There were 23 pregnant women diagnosed with an STD and reported in PA-NEDSS; 100% were properly treated and confirmed by their provider. During their prenatal visits, all documented receipt of a test of cure.

Objective 5: As part of the PA DOH Gonococcal Isolate Surveillance Project (GISP), increase from 4 in 2012 to 8 in 2013, the number of men who had sex with men (MSM) receiving a rectal/throat culture at the STD clinic in the year 2013.

Partially Achieved:

There were 77 men who had sex with men who received an HIV test at a BHB HIV-CTR site and only 1 was tested for GC using a rectal culture. The culture was positive for GC.

Objective 6: Increase the number of STD clinic patients who received free immunizations from 35 in 2012 to 50 in 2013 to assure all clients are protected from vaccine preventable illness against Hepatitis A and B, Tetanus, Pertussis, Diphtheria, Influenza and HPV by December 31, 2013.

Partially Achieved:

All STD patients were screened for the need of immunizations. Most of them were up to date, others had medical insurance and were referred to their private care provider, and some patients declined vaccination. Only 5 STD patients received vaccination.

Objective 7: Increase the number of uninsured women attending BHB STD Clinic who will receive a pap smear from 14 in 2012 to 20 in 2013, per the American College of Obstetricians and Gynecologists (ACOG) recommendations by December 31, 2013.

Partially Achieved:

This year there were 14 pap smears performed which is the same number as the previous year. All the activities listed in the program plan were done. Female clients attending BHB STD Clinic were screened by a triage staff or attending physician. Most clients coming to the BHB STD clinic had medical insurance or were not due for a pap smear per the new ACOG recommendations.

Communicable Disease Division Rabies Surveillance Program 2013 Performance Review

Goal: To reduce the transmission of rabies and its health consequences in the City of Bethlehem through surveillance, preventative animal vaccinations, education and report investigation.

Objective 1: To prevent the transmission of rabies disease by investigating 100% of reported animal bites in the City of Bethlehem, and recommending appropriate medical follow-up of the victim(s) by December 31, 2013.

Achieved:

A total of 100% (172) of animal exposure (bite, scratch, saliva) victim notifications and reports received through telephone calls, faxes, or in person were investigated by a trained investigator. Of the reported animals there were 121 dogs, 33 cats, 13 bats, one fox, and the remaining four were miscellaneous wild and domesticated animals, including a skunk and a rat. A total of 158 of the cases had known human contact. There were 16 wild and domestic animals that were sent for rabies testing. Of those, only the fox tested positive for rabies and the victim received the recommended rabies post-exposure prophylaxis. BHB investigators spoke with all responsive victims regarding wound care, asked about treatment given, and recommended follow up with medical care providers as necessary.

Objective 2: To educate 100% of known owners and victims about PA State rabies laws and City of Bethlehem ordinances and ensure compliance to laws as applicable to animal bite/exposure incidents throughout 2013.

Achieved:

All animal exposure victims and known owners were mailed an investigation letter, which contained a brochure discussing PA State rabies laws and, when applicable, PA State Dog Law. Information regarding City of Bethlehem ordinances, including the leash law, was given as appropriate. BHB investigators worked with pet owners to ensure compliance with all applicable state laws and city ordinances, including giving adequate time to have their pet vaccinated against rabies and obtain a current county dog license. Any issues with compliance were referred to the Bethlehem Animal Control Officer for follow up and, when appropriate, citations.

Objective 3: To reduce the number of unvaccinated, domesticated pets in the City by increasing the dissemination of information regarding local reduced-cost rabies vaccination clinic for Bethlehem City resident owners by December 31, 2013.

Partially Achieved:

Due to the increase in local low cost pet vaccine clinics in and near the City of Bethlehem, the Bethlehem Health Bureau Health Director determined there was not a need for our department to sponsor this type of event. Animal exposure investigators instead provided the information for these low cost vaccination clinics to any animal owners who requested this information or had a dog or cat overdue for a rabies vaccine.

Objective 4: To reduce the transmission of rabies by providing education to a minimum of 50 people, including animal owners, victims, and medical professionals by December 31, 2013.

Achieved:

BHB staff who investigate animal exposures provided education to all victims and known owners both verbally and through a brochure that was provided with the standard letter that is sent out to animal exposure victims and owners. Information regarding rabies and the need to immediately report animal-to-human exposures was disseminated to local hospital emergency departments and urgent care centers. Animal bite prevention and rabies education was provided to 30 students at St. Stephen's Pre-school through an interactive puppet show and the Bethlehem Animal Control Officer discussed animal safety and rabies prevention to 25 students at Donegan Elementary School. A staff member provided rabies prevention information to attendees of a local cat and dog micro chipping clinic at the Bethlehem Dog Park.

**Public Health Education and Planning Division
Injury Prevention Program
2013 Performance Review**

Goal: The City of Bethlehem, Bureau of Health shall provide injury prevention programs to reduce the burden of injury deaths and hospitalizations in Pennsylvania.

Objective 1: Reduce the injury and death rate due to falls in older adults 55 years of age and older by December 31, 2013.

Achieved:

The Bethlehem Health Bureau hosted one A Matter of Balance Coaches' training and trained 7 coaches in 2013. A total of 12 Matter of Balance programs were conducted to 117 older adult participants. All stakeholders in Matter of Balance programming (coaches, trainers, service providers) have formed a task force to determine need for programming in Bethlehem. This includes an active partnership with St. Luke's University Hospital and local senior centers. A total of 90 in-home safety assessments via self-report tool were conducted and provided in the *Matter of Balance* curriculum.

Objective 2: Reduce injury and death rate in children 0-5 years of age by proper installation and use of child safety seats by December 31, 2013.

Achieved:

The Bethlehem Health Bureau organized 54 events where 85 seats were checked, 85 seats with misuses were found and 100% of misuses were corrected. The Health Bureau also participated in a child safety seat checkup at 1st Presbyterian Church during National Child Passenger Safety Week. A total of 15 car seats were checked during this event.

A total of 12 educational sessions were conducted in 2013. The child passenger safety seat rental program was maintained on an ongoing basis in 2013. Lastly, all certified child passenger safety technicians completed the 6 continuing education credits and passed the hands on skills test and remain certified for the 2 year cycle.

Objective 3: Decrease the number of suicide attempts and completions by at least 1.5% to stay on track for a 5% target reduction by 2014.

Achieved:

The Bethlehem Health Bureau collaborated with the Lehigh County Child Death Review Team and formed a Lehigh Valley Suicide Task Force that met 6 times. The Director of Chronic Disease and Health Planning Programs co-chaired the Northampton County Child Death Review Team. Total child deaths reviewed (N₂₀₁₃=38; N₂₀₁₂=33); preventable deaths (n₂₀₁₃=19; n₂₀₁₂=15); team could not determine (n₂₀₁₃=2; n₂₀₁₂=0); not preventable (n₂₀₁₃=19; n₂₀₁₂=10); and 2 were hold overs to 2014.

Suicide data is as follows: Identified children who died by suicide [(N₂₀₁₃=0; N₂₀₁₂=5); preventable (n₂₀₁₃=0 ; n₂₀₁₂=5); team could not determine (n₂₀₁₃=0; n₂₀₁₂=0); and not preventable (n₂₀₁₂=0; n₂₀₁₁=0).

The Health Bureau collaborated with Moravian College nursing students and conducted 4 Yellow Ribbon Assemblies at Liberty High School reaching approximately 800 students .Teen Screen screening were being conducted in 4 primary care provider offices; however, it was only sustained in one office.

Objective 4: Increase staff skills and expertise through professional development (i.e. training, conferences, seminars, and professional memberships) by December 31, 2013.

Achieved:

Became a member of the Safe States Alliance, have attended one conference on Injury Prevention and attend quarterly statewide training meetings.

**Public Health Education and Planning Division
Diabetes Today Program
2013 Performance Review**

Goal: To decrease the prevalence of Diabetes in the City of Bethlehem.

Objective 1: To empower the Bethlehem community to develop appropriate interventions that will prevent or reduce diabetes complications and improve diabetes care by December 31, 2013.

Partially Achieved:

The Diabetes Coalition met monthly. Approximately 15 programs were conducted with the Vive tu Vida themes. The coalition activities were re-visited and a new plan was created to better meet the objective of the program. Monthly themes were posted on Facebook obtaining about 350 “likes”.

**Public Health Education and Planning Division
Playful City USA
2013 Performance Review**

Objective 1: To obtain a \$ 20,000 construction grant for William Penn Elementary school and coordinate a community build to install a playscape in the playground by December 31, 2013.

Achieved:

The total amount needed to install the playground was raised through donations so the construction grant was not needed. The playground was installed and a dedication ceremony was conducted in December.

Objective 2: To continue to promote “Play Day” in the City throughout 2013.

Partially Achieved:

Play day was conducted on July 22 at Bernie Fritz Memorial Park. Approximately 150 community members attended.

**Public Health Education and Planning Division
Healthy Woman Program
2013 Performance Review**

Goal: To reduce the mortality and morbidity rates of breast and cervical cancer within Northampton County by increasing the number of women who annually receive mammograms and pelvic examinations.

Objective 1: To provide comprehensive breast and cervical screening to seventy five (75) women between the ages of 40 to 49 and one hundred (100) women between the ages of 50 to 64 by December 31, 2013.

Achieved:

The Healthy Woman Program has provided services to 236 women who had at least a screening mammogram, Pap test and self-breast-examination education.

Services provided:

Breast Biopsies (N₂₀₁₂= 14, N₂₀₁₃= 25)

Diagnostic testing of the breast (N₂₀₁₂=69, N₂₀₁₃= 89)

Diagnosed with breast cancer- (N₂₀₁₂=0, N₂₀₁₃=0)

Diagnostic testing of the cervix (N₂₀₁₂=124, N₂₀₁₃=61)

Woman diagnosed with a pre-cancerous or cancerous condition were referred to the Breast and Cervical Cancer Program Treatment Program, which is funded by the Department of Public Welfare in collaboration with the Healthy Woman Program to provide further Breast Cancer Treatment to uninsured/underinsured women.

Objective 2: To provide case management to women diagnosed with an abnormal test result with in ninety (90) days of notification by December 31, 2013.

Achieved:

Case Management was provided to 150 women who were diagnosed with an abnormal clinical breast examination, pap smear or mammogram. Case Management was provided to the women within thirty (30) days of the Bethlehem Health Bureau being notified of the results.

Public Health Education and Planning Division Public Health Preparedness Program 2013 Performance Review

Goal: To improve the public's health by advancing the City of Bethlehem's response to health-related emergencies through the development and implementation of preparedness plans, staff and citizen training, surveillance, disease management, partner agency collaboration, and enhanced communications.

Objective 1: Conduct epidemiological surveillance and investigation throughout the year to minimize morbidity and mortality rates in the City of Bethlehem by December 31, 2013.

Partially Achieved:

Staff conducted surveillance and investigation for all reportable disease reports received, utilizing disease surveillance systems as required and information was provided to local healthcare agencies, as needed. Communicable disease summaries were created and submitted to St. Luke's University Hospital and Lehigh Valley Hospital for their infection control meetings. Monthly meetings were held with communicable disease investigators and public health nurses.

An inventory management system was selected and is currently in the pilot phase. This system will help ensure that the appropriate specimen collection kits are stocked according to expiration dates

There were database/server compatibility issues with the schools and host so unfortunately the School Health Surveillance System is not able to be implemented into local schools and daycare centers in the City of Bethlehem to facilitate health information exchanges.

The restaurant inspections are currently going through a standardization process which is needed to be completed before developing a food outbreak protocol.

Objective 2: To increase the coordination between state, county, and local entities to improve the sharing of public health information by December 31, 2013.

Achieved:

Staff conducted 29 community outreach events and presentations regarding public health emergency preparedness and infection control. Health Bureau staff participated in a meeting between public health and regional coroners to better understand each other's role/responsibilities in a mass fatality. A Health Bureau representative(s) attended all of the Department's Statewide Advisory Committee meetings and attended state epi meetings, as available. In addition, staff participated in the Department's monthly county and municipal conference calls and participated in all regional task force and health and medical subcommittee

meetings. A staff member attended meetings of the Lehigh County Citizen Corps Council and Lehigh Valley Hospital's Safety Peer Committee meetings. Staff participated in several local and regional drills: a Haz-Mat drill at Dorney Park, an advanced care site drill at DeSales University, and an emergency communications drill at Lehigh University.

The Health Bureau partnered with the Northampton County Special Olympics to promote public health emergency preparedness to attendees of the Special Olympics event in May 2013. Health Bureau staff partnered with offices of the PA Department of Health, Allentown Health Bureau, and Wilkes-Barre Health Department to complete required CDC capabilities for public health emergency preparedness and foster better communication between our region.

Objective 3: Increase capacity to handle a public health emergency through emergency response plan updates, training, and coordination with the City's Emergency Management Coordinator by December 31, 2013.

Partially Achieved:

A staff member updated sections of the Bethlehem Health Bureau's Emergency Response Plan, per the plan update cycle. Staff trainings focusing on various aspects of public health emergency preparedness were held monthly for all or selected staff, based on the results of a training needs assessment that was conducted in February 2012. Drills were conducted, as required by the PA DOH. Staff collaborated with the City's Emergency Management Coordinator to provide NIMS trainings to select city employees through several on-site computer labs. Utilizing lessons learned from Hurricane Sandy, staff and the city EMC collaborated to better prepare special needs groups, including those in high rises, by creating a new or strengthening their existing emergency plan and provided presentations promoting preparedness strategies.

An assessment was not conducted among medical providers in the City of Bethlehem to identify local public health, medical, and mental/behavioral health recovery needs.

An assessment was not conducted among local medical providers on the types of non-pharmaceutical interventions to be used during a pandemic response.

Objective 4: To ensure that an internal and external information sharing system is established by December 31, 2013.

Achieved:

The Bethlehem Health Bureau emergency calling chain was updated as needed throughout the year. Staff were asked several times throughout the year to note any change in their contact information and the list was updated when there were staffing changes. Staff continued to work with a Lehigh University student to develop a social media plan for preparedness. Dark sites were created for flooding, winter storms, power outages, and an influenza outbreak. A Google shared site was established and pertinent emergency preparedness documents are now saved on

that site. Multiple email listservs were created to align with the contacts in the community stakeholder database.

The community stakeholder database, which includes contact information for local health care providers, hospitals, schools, colleges and universities, media, emergency management, local public health officials, long term care facilities, homeless shelters, churches, and Pennsylvania Department of Health was conducted and put into a Global address book on the City server for all employees to access.

Objective 5: Facilitate or participate in one full-scale or functional exercise and three drills at the local, regional, and state level in order to better prepare for an emergency response by December 31, 2013.

Partially Achieved:

The Bethlehem Health Bureau did not complete a full-scale or functional exercise in 2013, as this does not need to be completed until 2016, per PA DOH. Call down and dispensing throughput drills were conducted in October. The Health Bureau participated in radio drills when conducted. Drill sheets/DSNS were provided for all applicable drills and exercises.

**Public Health Education and Planning Division
Medical Reserve Corps
2013 Performance Review**

Goal: To support and supplement public health services to strengthen community preparedness and assist in the response to emergencies that have an impact on public health, by maintaining a well-trained volunteer unit.

Objective 1: Recruit new volunteers and maintain 50% of volunteer base and increase active participation ability of volunteers to 30% by December 31, 2013.

Partially Achieved:

Unit promotion and volunteer recruitment was provided to in-house pharmacists at Lehigh Valley Hospital-Muhlenberg. Volunteers provided community outreach at a variety of events, including the Runner's World Half Marathon & Festival, Moravian College Health Fair, Lowe's Safety Saturday, and Northampton County Special Olympics. Outreach and training opportunities, as well as those who volunteered/participated in these events are captured in an Excel spreadsheet. Volunteers were recognized individually for their service via email and publicly through the fall/winter 2013 unit newsletter. A volunteer meeting in spring 2014 is planned where volunteers who were active in 2013 will receive certificates of appreciation. Volunteers were offered the opportunity to attend an American HeartSaver training through our unit and were invited to participate in the MRC/CERT training rodeo, facilitated by the Lehigh County EMA and Citizen Corps.

Outreach and training opportunities, as well as those who volunteered/participated in these events are captured in an Excel spreadsheet.

Multiple orientation sessions were held throughout 2013 and were offered on weekdays from 7:30am-7:00pm. There were no requests for orientation sessions outside of those parameters. No volunteer meetings were held in 2013, as the spring meetings have historically been cancelled due to lack of participants, and the feedback from volunteers for a November/December meeting was not positive. An early spring 2014 will be scheduled by the end of January.

Objective 2: Offer and participate in a minimum of three activities and trainings that provide education and increase the communication, capacity and knowledge-base of volunteers and the agency to respond to real-life public health events throughout the year.

Achieved:

There were five orientation sessions held in 2013 for new unit volunteers. All new volunteers participated in an orientation training, which provided information regarding utilizing SERVPA and the need to complete ICS-100 training. Volunteers provided community outreach at a variety of events, including the Runner's World Half Marathon & Festival, Moravian College Health Fair, Lowe's Safety Saturday, and Northampton County Special Olympics. Outreach and training opportunities, as well as those who volunteered/participated in these events are captured in an Excel spreadsheet. Volunteers were offered the opportunity to attend an American HeartSaver training through our unit and were invited to participate in the MRC/CERT training rodeo, facilitated by the Lehigh County EMA and Citizen Corps

Objective 3: Develop an exercise plan and participate in a minimum of one SERVPA exercise by December 31, 2013.

Achieved:

Bethlehem MRC is included in the Bethlehem Health Bureau's training and exercise plan. Volunteers participated in an advanced care sites drill through St. Luke's University Hospital at DeSales University. A call down drill of volunteers was conducted in December 2013 through SERVPA. Volunteers were provided opportunities to participate in other exercises, but no one signed up.

Objective 4: Maintain SERVPA volunteer registry as primary database and offer at least one mission request through SERVPA by December 31, 2013.

Partially Achieved:

The Health Bureau utilized data from SERVPA to determine the number of new volunteers recruited, number of active volunteers and volunteer demographic information. Promoted SERVPA on Bethlehem MRC website and through our unit newsletters and all new Bethlehem MRC volunteers were required to enroll in SERVPA. One call out mission to all Bethlehem MRC unit volunteers was initiated in fall 2013, but not completed due to scheduling conflicts with the administrator.

Environmental Health Division Food Facility Inspections 2013 Performance Review

Goal: To decrease incidence of food borne illnesses and assure the quality of food establishments in Bethlehem.

Objective 1: To inspect all food facilities, using a risk based approach, by December 31, 2014, including: restaurants, retail, schools, nursing homes, day care centers, churches, fraternity and sororities, temporary food stands, and mobile food units.

Partially Achieved:

In 2013, 691 food service inspections were performed (Table 1). Due to staff turnover, the inspections were conducted using a risk-based approach. The focus of the inspection frequency for 2013 was to ensure that every food establishment received an inspection during the twelve month cycle preceding licensure renewal.

Table 1
Food Facility Inspection Summary

	2011	2012	2013
Permanent Food Facilities	479	470	501
Routine Inspections	433	527	450
Other Inspections (i.e. complaint, emergency response, follow-up, opening, owner change)	54	46	53
Temporary food stands licensed	226	163	201
Mobile food unit inspections	4	5	5
Total Food Facility Inspections	717	791	709

Objective 2: To license and inspect all vending machines and commissaries by December 31, 2014.

Achieved:

In 2013, ten (10) vending machine inspections were completed (Table 2). No major violations were noted and all minor violations were corrected during the inspection. At the present time there is one commissary within the City of Bethlehem which was in compliance with all applicable regulations.

Table 2.

Vending Machines and Commissaries

	2011	2012	2013
Number of machines licensed	22	15	10
Machines inspected	22	15	10
Number of vending commissaries	1	1	1
Commissaries inspected	1	1	1

Objective 3: To analyze data regarding most common violations to guide future food sanitation program development by December 31, 2013.

Not Achieved:

At the present time the data collection program is run by the Department of Agriculture (PDA). PDA was unable to develop and release the violation reporting module, therefore this data was not obtained during 2013. Alternative plans for City of Bethlehem data collection will be incorporated into the 2014 program and strategic planning.

Objective 4: To enhance knowledge of Sanitarian and other support staff in Food Safety concerns and basic inspection principles by December 31, 2013.

Achieved:

Nine (9) Health Bureau staff successfully completed the ServSafe Food Manager’s Certification Course. In addition, both the Director of Environmental Health and the Sanitarian successfully completed the exam for Certification as a Certified Professional in Food Safety (CP-FS). The newly added Community Health Specialist was able to complete the Pre-Standardization course work as outlined in the Voluntary National Retail Program Standards – Standard 2 – Trained Regulatory Staff.

**Environmental Health Division
Institution and Facility Inspections
2013 Performance Review**

Goal: To assure protection against environmental hazards of all the residents in the institutions and to reduce the risk of environmental hazards at those establishments.

Objective 1: To inspect the physical facilities of all institutions (i.e. nursing homes, schools and daycares) and all recreation facilities (i.e. parks and swimming pools) at least once a year, including: long term care facilities, recreational facilities, schools, public bathing places, and daycares.

Achieved:

All institutions and public bathing places (Table 3) were inspected in 2013 resulting in the following: six (6) long term care inspections, seventeen (17) public school inspections, thirty two (32) day care center inspections, and thirty two (32) public bathing place inspections. The most common major violation for schools and daycare centers was improper temperature at the hand wash sinks.

Table 3
Institutional Inspections Summary

NURSING HOMES	2011	2012	2013
Long Term Care Facilities (LTC)	6	6	6
LTC Inspections	6	6	6
LTC in Major Violation	0	0	0
SCHOOLS			
Number of Public Schools	16	17	17
Number of Schools Inspections	16	17	17
Number of Schools in Major Violation	0	1	0
DAYCARE CENTERS			
Number of Day Care Facilities	27	26	26
Number of Inspections	54	39	32
Number of Major Violations	2	3	2
PUBLIC BATHING PLACES			
Number of Permitted Public Bathing Places	30	32	32
Number of Inspections	36	45	32
Public Bathing Places in Major Violation	0	0	0
Public Bathing Places Reinspected	0	0	0
Total Inspections/ Reinspections	36	45	32

**Environmental Health Division
Water Quality and Wastewater-Monitoring
2013 Performance Review**

Goal: To insure quality water for the City of Bethlehem and surrounding areas.

Objective 1: To review all monthly reports sent by the Department of Public Works during current year in order to maintain quality and detect problems.

Achieved:

All reports from the Public Works Department were reviewed and archived. Health Bureau staff assisted with one (1) water distribution issue involving broken water mains in 2013. All complaints regarding water distribution and potential health hazards were referred to the water department and support was provided as needed.

Objective 2: When requested, conduct on-lot sewage inspections and issue necessary permits as required by State regulations throughout 2013.

Achieved:

Three (3) site inspections were conducted resulting in three (3) soil tests, two (2) plan reviews and two (2) permits being issued in 2013. One of the three soil tests resulted in the need for an alternative system, such as IRIS to be installed. Plans and additional testing were to be submitted early 2014.

Objective 3: To respond immediately to pollution incidents threatening natural bodies of water within the context of delegated responsibilities in this area throughout 2013.

Achieved:

No pollution incidents were reported in 2013.

**Environmental Health Division
Solid Waste Management
2013 Performance Review**

Goal: To reduce the hazard of solid waste contamination in the City of Bethlehem.

Objective 1: To carry out all recommendations regarding proposed revisions to the Lehigh and Northampton Counties Solid Waste Management Plans throughout 2013.

Achieved:

Environmental staff were not called upon to respond to any incidents involving solid waste management.

Objective 2: To continue to conduct investigations upon receipt of a complaint about a specific and serious health or sanitation problem involving solid waste at a facility without all appropriate state and local permits throughout 2013.

Achieved:

Constant monitoring of solid waste haulers occurred throughout the year. No issues concerning solid waste transport or storage at a facility was referred to Department of Environmental Protection in 2013.

Environmental Health Division
Responsive Services
2013 Performance Review

Goal: To reduce the hazards of environmental pollution in Bethlehem.

Objective 1: To maintain the environment of the City relatively free of disease carrying vectors by extermination and removal of harborage areas throughout 2013.

Achieved:

In 2013, areas where water may accumulate was removed (abandoned tires and abandoned pools) through our nuisance abatement program. Due to lack of funding, approximately 95% of this work was by the Northampton County Vector Control and Penn State Cooperative Extension. Environmental staff assisted both county personnel as needed with surveillance and treatment especially during times of increased activity in the City (i.e. festivals).

Objective 2: To respond within three workdays to 100% of health related public complaints throughout 2013.

Achieved:

In 2013, 100% (n=1,487) of all complaints were responded to within 48 hour working time period (Table 4). This is a decrease from previous years, which can only be explained by the effort to conduct more personal communication with property owners, clearly explaining the nature of violations and the reasons why the complaint are a health concern.

Table 4

Summary of Responsive Services in the City of Bethlehem

Response to:	2011	2012	2013
Vector responses (rats or insects)	99	144	99
Weed Overgrowth	416	425	443
Solid Waste	784	849	684
Animal Problems (fecal, increased numbers, illegal animals)	53	121	92
Citizen Unsanitary Living Conditions	16	14	24
Food/ Restaurant Complaints	19	17	17
Sewage	2	1	1
Public Bathing Place Complaint	14	29	13
Other	221	238	114
Total Complaints	1,624	1,838	1,487
Confirmed Foodborne Outbreaks/People Ill	0/19	0/7	0/5

Objective 2: Begin to investigate all food-borne disease outbreaks in the City within the timeframe required for suspected agent of infection.

Achieved:

There were no verified food illness reported in 2013, however five (5) complaints regarding potential illness were received and investigated.

**Environmental Health Division
Lead (HUD) Assessment
2013 Performance Review**

Goal: To identify and eliminate lead hazards in pre-1978 housing.

Objective 1: To conduct a Hazard Risk Assessment within 30-days of Health Bureau’s notification by inspecting all dwelling units or other structures occupied or frequented by children between the ages 6 months to 6 years diagnosed with elevated blood lead levels of at least 20 micrograms of lead per deciliter of whole blood or between 15–19 micrograms of lead per deciliter of whole blood in two consecutive tests taken three- to four-months apart.

Achieved:

There was only one hazard risk assessment conducted in 2013. Unfortunately, after the risk assessment, the child relocated to a facility outside of the City of Bethlehem. The appropriate referrals were made and the existing home is currently being considered for the lead hazard reduction grant.

Objective 2: To use the HUD lead hazard reduction grant to perform risk assessments, lead hazard reduction, and healthy homes assessments in homes where a child under 6 years of age lives or spends significant amount of time (defined as more than 6 hours per week).

Achieved:

Nineteen (19) risk assessment/Healthy Homes inspections were completed with the primary intent of enrollment into program. Of those nineteen, ten (10) new cases were enrolled into the program in 2013, all of which receiving healthy homes supplemental assistance. Examples of remediation included asbestos removal, pest control, water leak damage repair, smoking cessation, and fall/ injury prevention improvements.

Objective 3: In conjunction with the lead hazard reduction grant, chronic disease, and maternal child health, incorporate Healthy Homes perspectives into all home visits.

Partially Achieved:

The incorporation of Healthy Home concepts into all home visits has been identified as a primary component of the 2013 – 2015 Strategic Plan. In 2013 the Community Health Specialist met with all Health Bureau staff to review the Healthy Homes concepts and to introduce a referral program for clients who may benefit from the program. This referral program is scheduled to start in 2014.

**Environmental Health Division
Animal Services
2013 Performance Review**

Note: Animal Control is not a program of the Environmental Health Division, but is administered through the Bethlehem Police Department.

Goal: To identify and reduce possible environmental health problems due to over- crowding and/or mistreatment of animals in an urban environment.

Objective 1: To permit all private residences within the City of Bethlehem housing more than six (6) animals, six (6) months of age or older. All residences with more than six (6) animals, six (6) months of age or older, not meeting the permitting requirements must remove the animals from the private residence.

Achieved:

In 2013, only one additional home was found to contain the number of animals necessary for a permit. In association with the Philadelphia SPCA, Bethlehem Health Bureau staff removed cats from two homes that were previously found to not

meet the permit requirements. Both owners are challenging the removal in court and ongoing litigation is occurring.

Environmental Health Division Education Services 2012 Performance Review

Goal: To provide educational support for all environmental problems.

Objective 1: To educate food operators, facility staff, contractors, landlords and the general public about environmental safety including: sanitary hazards, animal sanitation, lead poisoning, vector caused diseases and proper waste disposal.

Achieved:

This is an ongoing process performed during the inspection of the establishments, or via press releases, informational brochures, and general public meetings.

Objective 2: To assist restaurant owners and workers obtain food employee certification by holding a minimum of one City of Bethlehem sponsored certification course by December 31, 2013 and proctor examinations as requested.

Achieved:

Two (2) ServSafe Food Manager's Certification courses were held in November 2013 to assist food facilities meet the requirements of licensure renewal. A total of twenty four (24) individuals were instructed in Food Safety and sat for the credentialing exam immediately following the course. A total of seven (7) individuals received private instruction and testing after completing the required on-line course.

Environmental Health Division Healthy Homes 2013 Performance Review

Goal: To eliminate the prevalence of elevated blood lead levels (BLLs) and minimize the effects on children 6 months to 72 months of age in the City of Bethlehem.

Objective 1: To perform at least 100 blood lead screenings according to the Centers of Disease Control and Prevention (CDC) guidelines for high-risk children in daycares, wellness clinic, children and youth services, immunization clinics and at special event screenings to identify elevated BLLs greater than 5-µg/dl by June 30, 2013.

Achieved:

Performed 188 blood lead screenings to high-risk children at daycares, wellness and immunization clinics and special event screenings from January 1, 2013 – June 30, 2013.

Objective 2: To provide clinical case management and follow-up to 100% of active childhood lead poisoning cases enrolled in the Bethlehem Health Bureau's CLPPP in accordance with the CDC's guidelines by June 30, 2013.

Achieved:

Provided case management and follow-up to 100% of the elevated lead cases including scripts for confirmatory venous testing and Healthy Homes/lead prevention education. 100% of cases were followed until June 30, 2013 when CLPPP grant transitioned into the LHHP (Lead and Healthy Homes Program) and case management was no longer required.

Objective 3: To provide education on "Healthy Homes" including childhood lead poisoning prevention to 100% of all parents whose children have elevated BLLs greater than 5µg/dl by June 30, 2013.

Achieved:

Healthy Homes visits were completed to 100% of all parents with children whose BLLs were greater than 5µg/dl. All cases were followed until June 30, 2013 when CLPPP grant transitioned into the LHHP (Lead and Healthy Homes Program) and case management was no longer required.

Objective 4: To provide education using the Healthy Homes model and materials on childhood lead prevention, indoor air quality, safety and injury prevention, integrated pest management to community agencies and shelters, childcare providers, Early Head start staff and Headstart staff, parent groups and classes by June 30, 2013.

Achieved:

Six (6) Healthy Homes presentations were conducted to various community groups, including parent groups and childcare providers. Education included information regarding lead poisoning, indoor air quality and allergen triggers/management, safety and injury prevention and pest management.

Objective 5: To transition all lead education and objectives into Healthy Homes education by June 30, 2013. Funding for CLPPP ends on June 30, 2013 so focus must shift from strictly lead to the Healthy Homes approach, which includes childhood lead poisoning prevention, indoor air quality, safety and injury prevention and integrated pest management.

Achieved:

All lead education and presentations were transitioned to complete Healthy Homes outreach. 100% of home visits, regardless of the reason visit was requested, included complete Healthy Homes education. Healthy Homes education includes but is not limited to: lead poisoning prevention, indoor air quality, allergen sources, triggers and management, safety and injury prevention and pest management.