

2016 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**

Table of Contents

<u>PART 1 (Personnel Management)</u>	Page
Board of Health-----	4
Administrative and Supervisory Personnel and Salary-----	5
Personnel Resource Summary-----	6
Organizational Chart-----	7
<u>PART 2 (Fiscal Management)</u>	
Projected Budget Report for 2016-----	9
Budget and Revenue Summary 2016-----	10
Budget and Revenue Summary 2015-----	11
Budget and Expenditure Report for 2015-----	12
Categorical Health Grants-----	13
<u>PART 3 (Program Plans)</u>	
Introduction-----	15
Administrative and Public Health Planning-----	186
Personal Health Services-----	20
Environmental Health Services-----	73
<u>PART 4 (Performance Reviews)</u>	
Administrative and Public Health Planning -----	86
Personal Health Services-----	88
Environmental Health Services-----	127

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
Christopher Alia, MD	Physician	1/19
Dr. Sally Haggerty	Physician	1/17
Patty Zurick	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**

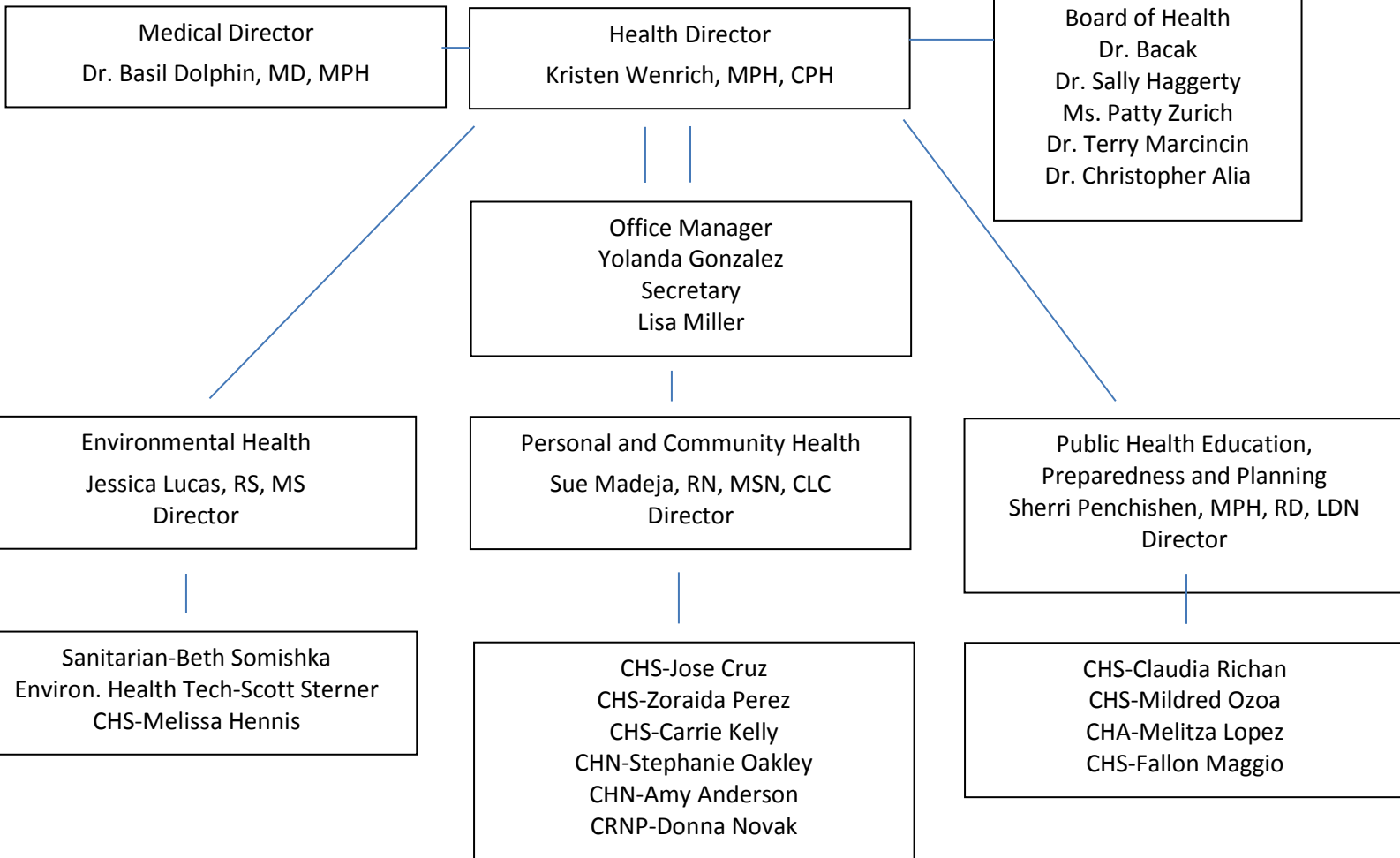
(As required in Chapter 15; §15.22, §15.23, §15.25)

Name	Position	Salary
Kristen Wenrich, MPH, CPH	Health Director	\$89,634
Basil Dolphin, DO, MPH	Medical Director	Gratis
Sue Madeja, RN, MSN	Nursing Director	\$84,436
Jessica Lucas, MS, RS, CP-FS	Environmental Health Director	\$84,276
Sherri PENCHISHEN, MPH, RDN, LDN, FAND	Director of Chronic Disease	\$84,516
Yolanda Gonzalez	Office Manager	\$52,372
Lisa Miller	Health Secretary	\$46,903

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

Functional Unit	Classification	#FTE	Salary
Administration	Health Director	1	\$89,634
	Medical Director	.2	Gratis
	Office Manager	1	\$52,372
	Health Secretary	1	\$46,903
Personal Health Services	Nursing Director	1	\$84,436
	Community Health Specialist	2.5	\$123,728
	Community Health Nurse	3.0	\$175,203
Chronic Disease, Health Education and Public Health Preparedness	Chronic Disease Director	1.0	\$84,516
	Community Health Specialist	4.0	\$193,529.25
Environmental Health Services	Director of Environmental Health	1.0	\$84,276
	Sanitarian	1.0	\$66,123
	Environmental Health Technician	1.0	55,064
	Community Health Specialist	1.0	\$50,118.75
	Environmental Health Support	.5	\$28,028.94
Total		19.2	\$1,133,931.94

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 - 2015

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

Local Health Department Budget and Expenditure - 2016

Act 315/12: PA Code: Title 28, Chapter 15; Section 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	\$ 797,909.45	\$ 188,146.31	\$ 609,763.14	\$ -	\$ 389,638.70
Public Health Preparedness/MRC	\$ 183,567.02	\$ 183,567.02	\$ -	\$ -	\$ -
TOTAL ADMINISTRATIVE	\$ 981,476.47	\$ 371,713.33	\$ 609,763.14	\$ -	\$ 389,638.70
<i>Personal Health Services</i>	\$ 127,238.40	\$ 26,892.41	\$ 100,345.99		
Nursing/Clinical Mngt	\$ 71,400.00	\$ -	\$ 71,400.00	\$ -	\$ -
Electronic Health Records	\$ 5,000.00	\$ 5,000.00			
Tuberculosis	\$ 4,309.68	\$ 4,309.68	\$ -	\$ -	\$ -
Immunization	\$ 170,342.79	\$ 170,342.79	\$ -	\$ -	\$ -
HIV/AIDS/Communicable	\$ 148,159.95	\$ 148,159.95	\$ -	\$ -	\$ -
Maternal Child Health	\$ 108,750.08	\$ 108,750.08	\$ -	\$ -	\$ -
Highway Safety	\$ 70,819.31	\$ 70,819.31			
Tobacco	\$ 50,393.00	\$ 50,393.00	\$ -	\$ -	\$ -
Healthy Women	\$ 89,572.68	\$ 89,572.68	\$ -	\$ -	\$ -
TOTAL PERSONAL HEALTH	\$ 845,985.88	\$ 674,239.89	\$ 171,745.99	\$ -	\$ -
Environmental Health Services	\$ 299,922.12	\$ 19,961.28	\$ 279,960.84	\$ 99,081.36	\$ -
NACCHO Food Safety	\$ 5,000.00	\$ 5,000.00			
Lead/ Healthy Homes	\$ 7,300.00	\$ 7,300.00	\$ -	\$ -	\$ -
TOTAL ENVIRONMENTAL HEALTH	\$ 312,222.12	\$ 32,261.28	\$ 279,960.84	\$ 99,081.36	\$ -
SUM QUALIFYING HEALTH PROGRAM	\$ 2,139,684.47	\$ 1,078,214.50	\$ 1,061,469.97	\$ 99,081.36	\$ 389,638.70

**BUDGET BY UNIT/ REVENUE BY SOURCE
2016**

(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	\$ 981,476.47	43.41%
Personal Health Services	\$ 845,985.88	39.54%
Environmental Health Services	\$ 312,222.12	14.59%
GRAND TOTAL	\$ 2,139,684.47	100.00%

Revenue By Source 2016	BUDGET TOTAL	PERCENT
Grants - Federal	\$ 79,079.98	3.70%
Grants - State	\$ 759,134.52	35.48%
Grants - Private	\$ 5,000.00	0.23%
State Reimbursement (Act 315)	\$ 389,638.70	18.21%
State Reimbursement (Act 12)	\$ 99,081.36	4.63%
Fees & All Misc. License Fees	\$ 235,000.00	10.98%
Local Allotment	\$ 572,749.91	26.77%
GRAND TOTAL	\$ 2,139,684.47	100.00%

Local Health Department Budget and Expenditure

2015

Act 315/12: PA Code: Title 28, Chapter 15; Section 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
<i>Administrative/Support Services</i>	\$ 857,029.99	\$ 132,354.38	\$ 724,675.61		\$ 389,638.70
Public Health Preparedness/MRC	\$ 149,093.71	\$ 149,093.71		\$ -	
TOTAL ADMINISTRATIVE	\$ 1,006,123.69	\$ 281,448.09	\$ 724,675.61		\$ 389,638.70
<i>Personal Health Services</i>	\$ 112,318.40	\$ 24,667.91	\$ 87,650.49		
Nursing/Clinical Mngt	\$ 65,269.00	\$ 2,295.00	\$ 62,974.00		
Tuberculosis	\$ 6,625.02	\$ 6,625.02			
Immunization	\$ 162,242.11	\$ 162,242.11			
HIV/AIDS	\$ 142,244.10	\$ 142,244.10			
Maternal Child Health	\$ 78,446.93	\$ 78,446.93			
Highway Safety	\$ 66,148.01	\$ 66,148.01			
Chronic Disease	\$ 126,172.03	\$ 126,172.03			
TOTAL PERSONAL HEALTH	\$ 759,465.58	\$ 608,841.09	\$ 150,624.49		
<i>Environmental Health Services</i>	\$ 274,147.76	\$ 14,834.14	\$ 259,313.62	\$ 99,081.36	
Food Safety	\$ 12,404.31	\$ 12,404.31			
Lead/ Healthy Homes	\$ 97,689.08	\$ 97,689.08			
TOTAL ENVIRONMENTAL HEALTH	\$ 384,241.15	\$ 124,927.53	\$ 259,313.62	\$ 99,081.36	\$ -
SUM QUALIFYING HEALTH PROGRAM	\$ 2,149,830.42	\$ 1,015,216.71	\$ 1,134,613.72	\$ 99,081.36	\$ 389,638.70

BUDGET BY UNIT/ REVENUE BY SOURCE 2015

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

BUDGET BY UNIT - FY 2015	BUDGET TOTAL	PERCENT
Administration and Support Services	\$ 1,006,123.69	46.80%
Personal Health Services	\$ 759,465.58	35.33%
Environmental Health Services	\$ 384,241.15	17.87%
GRAND TOTAL	\$ 2,149,830.42	100.00%

Revenue By Source - FY 2015	BUDGET TOTAL	PERCENT
Grants - Federal	\$ 73,417.05	3.42%
Grants - State	\$ 757,538.94	35.24%
Grants - Private	\$ 12,404.31	0.58%
State Reimbursement (Act 315)	\$ 389,638.70	18.12%
State Reimbursement (Act 12)	\$ 99,081.36	4.61%
Fees & All Misc. License Fees	\$ 171,856.43	7.99%
Local Allotment	\$ 645,893.63	30.04%
GRAND TOTAL	\$ 2,149,830.42	100.00%

HEALTH GRANTS 2016

CONTRACT	FUNDING (FEDERAL/STATE)	TERM OF CONTRACT	AMOUNT
Healthy Woman	State DOH	July 1, 2015-June 30, 2016	\$100,000
Healthy Homes	Pinnacle	July 1, 2015-June 30, 2016	\$7,300
Immunization PA DOH	Federal	July 1, 2015-June 30, 2016	\$162,450
Tuberculosis	State	July 1, 2015-June 30, 2016	\$11,543
HIV Prevention	State/Federal State/Federal	July 1, 2015-June 30, 2016 July 1, 2016-December 31, 2016	\$142,567
Title V Maternal/Child Health	State	July 1, 2015-June 30, 2016	\$84,113
Front Porch Project	Bethlehem Partnership	July 1, 2015-June 30, 2016	\$961.00
Bio-terrorism/Public Health Preparedness	Federal thru PA DOH	July 1, 2015-June 30, 2016	\$ 223,795
Medical Reserve Corps	NACCHO	2016	\$3,500
Tobacco Cessation	Tobacco Free Northeast	July 1, 2015 – June 30, 2016	\$30,000
Highway Safety	PENNDOT	October 1, 2015-September 30,2016	\$72,154.79
FDA-Retail Food Standard	AFDO	November 1, 2015 – September 30, 2016	\$ 5,000

PART THREE
PROGRAM PLANS

Introduction

In accordance with the requirements of Act 315 and Title 12 legislation for the Commonwealth of Pennsylvania, the 2016 Program Plans for the Bethlehem Health Bureau (BHB) 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, Health Director 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.

BHB aligns programming with the ten essential health standards, Healthy People 2020 objectives and the National Prevention Strategy in an effort to improve the health status and eliminate the health disparities among City of Bethlehem residents. In addition, BHB utilizes data collected through a local community 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 2016 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.

In 2016, the Bethlehem Health Bureau plans to develop a quality improvement plan, agency-wide strategic plan and community health improvement plan, all of which will be aligned. 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.

Objective 1: To develop a three-year agency wide strategic plan that identifies a minimum of 5 priorities by December 31, 2016.

Activities:

1. Identify and meet with consultant to discuss strategic plan components and develop a GANNT chart to establish timeframes for key activities.
2. Create strategic planning team.
3. Conduct a minimum of 10 planning sessions.
4. Solicit key stakeholder input into strategies.
5. Finalize strategies and develop action plans with goals, objectives, action steps and measures.
6. Create a monitoring and communication plan.
7. Disseminate the strategic plan.
8. Implement the strategic plan.

Evaluation:

1. Number of meetings held.
2. Number of strategies identified.
3. Plan completion.
4. Alignment to accreditation standards.

Objective 2: To develop a quality improvement plan that identifies a minimum of 10 initiatives by December 31, 2016.

Activities:

1. Form a quality improvement team
2. Review previous QI plan and update sections as necessary.
3. Identify QI projects based on the strategic plan, accreditation gaps and performance management gaps.
4. Define quality improvement goals, objectives, and measures as well as develop a monitoring and communication plan.
5. Disseminate QI plan to staff and key stakeholders.
6. Implement QI plan.

Evaluation:

1. Number of meetings held.
2. Number of QI projects identified.
3. Plan completion.
4. Alignment to accreditation standards.

Objective 3: To develop a community health improvement plan that identifies a minimum of 4 priority focus areas by December 31, 2016.

Activities:

1. Analyze data from the community health needs assessment to identify health indicators that are either trending in the wrong direction or not meeting Healthy People 2020 targets.
2. Convene community and stakeholder groups to prioritize issues and themes.
3. Create a plan that includes community health priorities, measureable objectives, improvement strategies, and activities with time framed targets.

Evaluation:

1. Number of health priorities selected
2. Number of stakeholders and community members participating in process
3. Alignment to accreditation standards

Objective 4: To increase the number of website hits and social media followers by 10% by December 31, 2016.

Activities:

1. Meet quarterly to discuss social media strategies.
2. Continue to promote Facebook and Twitter accounts.

3. Explore the possibility of linking up with other organizations and businesses to promote public health.
4. Identify a minimum of 5 news stories to promote to the media throughout 2015.
5. Update content on the Health Bureau's website a monthly basis.

Evaluation:

1. Number of posts to Facebook and Twitter.
2. Number of referrals from social media.
3. Number of Facebook and Twitter followers.
4. Number of stories published.
5. Number of website hits.

Objective 5: To conduct a minimum of 6 workforce development trainings that aligns with the needs assessment by December 31, 2016.

Activities:

1. Workforce development team assesses gaps and identifies appropriate trainings to address those gaps.
2. Schedule workforce development trainings in conjunction with monthly staff meetings.
3. Track attendance in Activity Tracker.
4. Create mechanism for evaluation of staff development trainings.

Evaluation:

1. Track the number of trainings.
2. Track attendance at trainings
3. Evaluation component for each training.

Objective 6: Increase revenue received through insurance billing by 25% by December 31, 2016.

Activities:

1. Continue credentialing and contracting with insurance companies that cover the Lehigh Valley.
2. Promote the fact that the health bureau accepts insurance plans.
3. Explore opportunities to bill for additional services.

Evaluation:

1. Increase in revenues from baseline.
2. Number of program areas billing.

3. Number of insurance companies credentialed/contracted with the Bethlehem Health Bureau.

Maternal and Child Health Division Program Summary

The Bethlehem Health Bureau will focus efforts on access to care, infant and child mortality, child abuse, family planning and preconception care, maternal depression, breastfeeding support, healthy and safe environments, and oral health education all of which significantly impact maternal and child health in the City of Bethlehem.

Social determinants of health factor greatly into the health status of individuals, especially children. Protective factors also determine the outcome of a child's well-being. Socioeconomic status, education, family stability, 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.

Bethlehem Health Bureau has transitioned to the use of primarily evidence based programming (EBP) as the movement from funders to use extensive science based research is overwhelming to produce positive outcomes. EBP is expensive and detailed in order to assure positive outcomes. BHB continues to use 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. PFHB incorporates a home visiting model focusing on prenatal care and parenting. The program reinforces early childhood development and family relationships, both thought to improve the social determinants of health.

BHB continues to work collaboratively with the local Health Care Council (HCC) to identify barriers and increase resources. New projects focusing on data collection and analysis have developed to ensure efforts are directed at the appropriate MCH concerns in Bethlehem.

Maternal and Infant Health 2016 Goals and Objectives

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

Objective 1: To provide health education, screening, and direct services to promote healthy women and healthy pregnancy through a home visiting program for at least 75 women by December 31, 2016.

Activities:

1. The community health nurses will enroll 75 pregnant/postpartum women/families, providing monthly home visits through age 3 years using Partners for a Healthy Baby (PFHB) curriculum providing parenting support and education.
2. Pregnant women enrolled in the PFHB program will receive mental health screenings using the Edinburg Depression Screen at least once during the perinatal period and once during the postpartum period and referred appropriately for follow up care.
3. Postpartum women who enroll in the PFHB program during the postpartum period will receive at least one postpartum mental health screen and follow up referral if needed.
4. Eligible families will receive “Safe to Sleep” education and resources for all families in the PFHB program using Eunice Kennedy Shriver National Institute of Child Health and Human Development resources.
5. The MCH Director or designee will participate in 3 Pennsylvania Perinatal Partnership (PPP) meetings and calls to collaborate on maternal child health issues affecting women and families in PA.
6. PFHB home visitors and clinic staff will use One Key Question® (OKQ) from the Oregon Foundation of Reproductive Health for all encounters of 15-35 year olds and provide appropriate education including: folic acid supplementation, preconception healthcare and contraceptive services
7. Staff will refer uninsured individuals to CAC workers for assistance with access to appropriate health insurance options.

Evaluation:

1. Data collection will show referrals of pregnant/postpartum women and documentation of enrollment of 40 individuals in the PFHB program.
2. Data collection and analysis of PFHB home visiting data will show that 98% of pregnant women and new mothers enrolled in the program will have at least two mental health screenings completed and documented in the chart.

3. Data collected in Epi Info will show referrals for smoking cessation of pregnant and postpartum women and family members interested in stopping.
4. Data will show an increase in length of breastfeeding for enrolled mothers
5. 100% of positive mental health screens will have a documented follow up screen and a documented appointment to a mental health provider for evaluation
6. 100% of PFHB clients will have documented "Safe to Sleep" education and/or resources provided during home visits.
7. Title V Staff will attend all Pennsylvania Perinatal Partnership calls or meetings held.
8. 100% of the 15-35 year olds will have documented OKQ® with education provided at each encounter in the Nextgen EHR system.
9. CAC staff will track the number of uninsured women who complete insurance application

Objective 2: A total of 100% of families who are breastfeeding or plan to breastfeed will receive a call from a Certified Lactation Counselor (CLC) to offer breastfeeding education and support by December 31, 2016.

Activities:

1. All breastfeeding mothers referred and enrolled into the PFHB Program will be offered support by a Certified Lactation Counselor (CLC).
2. BHB staff and CLC will coordinate with local birthing hospital to provide breastfeeding support to interested mothers living in Bethlehem following discharge from the hospital.
3. Mothers interested in breastfeeding peer support will be provided with community resources for support.

Evaluation:

1. 100% of breastfeeding mothers enrolled in the PFHB will have documented calls and/or home visits by the CLC.
2. BHB will document the number of breastfeeding mothers receiving breastfeeding support post discharge from local birthing hospital.
3. Number of referrals will be documented for mothers interested in breastfeeding support.
4. Data on breastfeeding initiation and length will be documented for all PFHB clients.

Objective 3: Use the Healthy Homes Program Model to provide, preventative health and safety education and supplies to 20 families with children and adolescents in Bethlehem by December 31, 2016.

Activities:

1. Title V nurses will collaborate with the BHB environmental staff to provide education incorporating the seven principles of Healthy Homes for PFHB clients.

2. Healthy Homes visits will be conducted for families enrolled in the PFHB program if living conditions are determined to be unsafe or unhealthy according to the seven principles of the Healthy Homes Model.
3. Eligible families will be provided resources from the BHB Cribs for Kids Chapter© including educational resources to promote safe sleep.
4. Families with asthmatic children will be provided asthma education, supplies and provider consultation by a community health nurse if applicable using the principles of Healthy Homes.
5. Collaboration with the BHB highway safety program will provide appropriate carseats, education and installation information if necessary.

Evaluation:

1. 50% (n= 20) of PFHB enrollees will receive Healthy Homes visits and education.
2. Cribs for Kids education sessions and crib distribution will be documented for each client with follow up visit.
3. Documentation of referrals for families who need asthma education and follow up will be maintained.
4. Documentation of referrals for car seat education will be maintained.

Objective 4: To provide at least two child abuse prevention education sessions for families and the community using research supported programs by December 31, 2016.

Activities:

1. Train at least one BHB staff in the Front Porch Project (FPP) a research supported, community- based child abuse prevention program from the PA Family Support Alliance.
2. Provide FPP training to at least 2 community or faith based organizations in the Bethlehem community
3. Develop media resources for public awareness program around child abuse prevention to include: flyers, social media engagement, editorials, & newspaper/magazine articles

Evaluation:

1. One staff person will be trained to conduct Front Porch Project (FPP) trainings.
2. Documentation of two FPP community or faith-based trainings.
3. At least four methods of public awareness will be documented within the community.

Objective 5: To provide prescription drug abuse prevention education for at least 750 adolescents, one parent group and the community using research supported programs by December 31, 2016.

Activities:

1. Health Director will collaborate with County Drug and Alcohol Agency to support drug abuse prevention education initiatives in Bethlehem

2. Research and identify one cost effective evidence based drug prevention education programs for adolescents.
3. Provide evidence based prevention training to Bethlehem Area Middle and High schools reaching at least 750 students.
4. Support at least one parent education program on prescription drug abuse in BASD middle and high schools through a health education agency.
5. Engage local youth in a peer campaign to promote “drug free” healthy living in at least one Bethlehem community using research based program materials from SAMHSA.

Evaluation:

1. Documentation of prescription drug abuse trainings, number of students reached and pre and post-test scores.
2. Documentation of parent education program and number of individuals reached will be kept.
3. A local youth campaign will provide awareness and education in one community serving adolescents 12-17 years related to “drug free” healthy living.

Objective 6: To review 100% of child deaths occurring in Northampton County received from the PA Department Health to identify potential prevention initiatives to reduce the incidence of infant and child mortality from birth thru twenty-one years of age in Northampton County and Bethlehem City by December 31, 2016.

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 the State CDRT.
2. Attendance by BHB staff person at all NC-CDRT meetings will be documented.
3. Public health interventions implemented from team discussion will be documented.

Objective 7: To educate at least 800 third grade children on the importance of oral health in Bethlehem Area School District through collaboration with the Northampton Community College Dental Hygiene Program by December 31, 2016.

Activities:

1. Provide at least 15 dental health presentations to schools/community agencies.

2. Assist the Marvine Family Center staff with encouraging parents to access preventative dental care for all family members in need of care.

Evaluation:

1. Evaluate data from the St. Luke's HealthStar Mobile dental van to document the number of Marvine families accessing dental care through the program.
2. Document the number of educational presentations and participants at the dental health programs.

Objective 8: To assure all infants and children with phenylketonuria (PKU) deficiency are appropriately case managed to maintain appropriate mental and physical health status by December 31, 2016.

Activities:

1. Provide follow-up testing to all infants and children referred to the Bethlehem Health Bureau 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 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 9: To assure all infants in Bethlehem receive appropriate follow up services for failed newborn hearing screenings to maintain appropriate growth and development by December 31, 2016.

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. Notify the referral source and PA Dept 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.

Objective 10: To assist a minimum of 50 individuals/families with health insurance through COMPASS and/or the Marketplace by December 31, 2016.

Activities:

1. Maintain currently trained, culturally competent staff on Department of Welfare's (DPW) COMPASS electronic database.
2. Assist families with enrollment using DPW's COMPASS electronic database.
3. Maintain database and identify percentages of families/individuals applying and qualifying for health insurance, including Medicaid and Healthy PA.
4. Refer ineligible families for MA to other qualifying services as needed.
5. Assist women transitioning from SelectPlan to appropriate coverage for preventive health and family planning care.

Evaluation:

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

Communicable Disease Division Immunization Program 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 database, 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. 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 Immunization Program 2016 Goals and Objectives

Goal: To assure competent, consistent, and convenient immunization services to uninsured and underinsured children and adult city residents.

Objective 1: To increase the identification and reduce the transmission of communicable diseases by investigating 100% of PA reportable diseases and confirmed communicable disease outbreaks in accordance with the guidelines indicated by the Pennsylvania Department of Health (PADOH) through December 31, 2016.

Activities:

1. Continue vaccine preventable disease surveillance and investigation daily through 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 submitted annually.
5. Document the number of awareness and educational programs, events and advertising campaigns.

Objective 2: To increase, by 20% the number of City of Bethlehem pharmacies providing vaccines that utilize PA-SIIS by December 31, 2016.

Activities:

1. Review survey results that were collected on pharmacies usage of PA-SIIS.
2. Provide a follow-up letter to 18 participating pharmacies indicating contact with their regional office to pursue use of PA SIIS
3. Assist interested pharmacies with addressing the barriers to using PA SIIS.

Evaluation:

1. 20% (n=2) of pharmacies will have signed up to become PA-SIIS users.
2. Six regional offices for pharmacies will be contacted regarding barriers to using PA SIIS.
3. PA SIIS will have documented immunization records from pharmacy administration maintained in the system.

Objective 3: Provide at least 2 outreach/educational sessions on human papillomavirus vaccination (HPV) among Bethlehem Area School District high school students by December 31, 2016.

Activities:

1. Provide presentations to at least 2 health classes at both high schools.
2. Administer pre/post-tests to these classes.
3. Provide students with referral information on how to access the HPV vaccine and resources for parents about HPV and HPV vaccination.

Evaluation:

1. Documentation of the Bethlehem/BASD presentations and the number of individuals reached through the 2 presentations.
2. Post-test will reflect 95% of students know what HPV is, the effects of HPV and how to prevent it.
3. At least 80% of students will indicate on the post-test that they will discuss receiving this vaccine with their parents.

Objective 4: To increase by at least 25%, the number of adults receiving routine vaccination through BHB clinics by December 31, 2016.

Activities:

1. Offer convenient adult immunization clinics in Bethlehem communities.
2. Provide immunizations at all BHB clinics.
3. Provide immunization clinic services at senior centers, community organizations.
4. Provide regular training on current CDC adult immunization recommendations for staff and BHB nurses.

Evaluation:

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

Objective 5: The Immunization Program will partner with the Lehigh Valley Immunization Coalition (LVIC) to plan and participate in at least six health promotion events for specific targeted populations by December 31, 2016.

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-conduct four LVIC meetings to discuss, plan and conduct local initiatives to increase resources and awareness of recommended immunizations in the Lehigh Valley community.
3. 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.

4. Collaborate with BHB's STD program, tuberculosis program and wellness clinic in providing uninsured and high-risk clients with needed Hepatitis A and B, HPV, influenza and Tdap immunizations.
5. Participate in activities related to National Public Health Week April 2016 focusing on immunization awareness in the community.
6. Promote and provide Hepatitis C education and testing for at risk individuals.

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. Maintain a log of activities conducted that promote immunization messages and services.
4. Document at least six media, collaborative education and awareness initiatives, immunization events for BASD students, City residents and employees, community agencies and businesses, awareness weeks or promotions conducted as required by the PA DOH immunization grant.
5. Document the number and type of vaccines given at the women's health, STD, wellness, Bethlehem Area School District, special awareness clinics in 2016.

Objective 6: The immunization program staff will attend and participate in at least four educational conferences, trainings or web casts by December 31, 2016.

Activities:

1. Bethlehem Health Bureau nursing or administrative staff will attend required immunization conferences and meetings as allowed. 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 7: To increase by at least 20%, the number of City of Bethlehem residents and Bethlehem Area School District (BASD) children who receive the flu vaccine by December 31, 2016.

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 2014 the incidence (new cases yearly) of TB worldwide was 9.6 million and prevalence (existing active cases) was 13 million. In 2014, there were 1.5 million TB related deaths worldwide. TB mortality has declined 47% since 1990 due to effective diagnosis and treatment – in all, an estimated 43 million lives were saved between 2000 and 2014.

According to the CDC, in 2014, there were 9,421 cases of TB in the United States, a rate of 2.96 cases per 100,000 people. This represents a 2.2% case rate decline from 2014 (the smallest decline in more than a decade). In 2014, 66% of TB cases occurred in foreign-born persons, with the highest proportion reporting their birth country as Mexico, Philippines, Vietnam, India 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 2014, Pennsylvania ranked 34th in the nation by the number of TB cases; this is down from 31st in 2013. The number of cases in Pennsylvania decreased slightly from 214 cases in 2013 to 209 cases in 2014.

Although the rate of extensively drug-resistant (XDR) TB doubled between 2012 and 2013, the rate was cut in half between 2013 and 2014 from 4 cases to 2 cases nationwide. In 2014, Pennsylvania had one case of multi-drug resistant (MDR) TB as well as 3.2% of cases resistant to at least one primary drug in 2013. Although the rates of MDR as well as XDR cases are declining, it is important that the Bethlehem Health Bureau continue its TB control strategies through education about TB and its communicability; ensuring the use of Directly Observed Therapy (DOT) procedures for active cases; and confirming completion of treatment with latent TB infected patients to prevent increased drug resistance. In accordance with the Tuberculosis Control

Program policy, the Bethlehem Health Bureau will continue mandatory DOT for 100% of active TB clients and DOPT (Directly Observed Preventative Therapy) for those latent TB clients at high risk for non-adherence to prescribed TB medications especially young children.

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. Research has found that approximately 50% of patients taking TNF Alpha antagonist medicines and medications causing immunocompromised health can develop TB in a short period of time. With the increased use of Interferon Gamma Release Assay (IGRA) tests for screening of TB infection, reporting by rheumatologists has increased. It is critical that persons positive for TB infection with co-morbidities be managed by the TB clinic to determine if adequate treatment and completion. Targeted interventions for populations at high risk and strong local TB intervention programs are critical to TB elimination. Throughout 2016, 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 2016 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 reduce the transmission and health consequences of 100% of patients with active mycobacterium tuberculosis by providing case management and medical treatment in accordance with the CDC's recommended therapy regimen by December 31, 2016.

Activities:

1. Educate patients and families on mycobacterium tuberculosis, treatment medications, side effects and the importance of compliance to reduce the multi-drug resistant tuberculosis or complications.
2. Provide Directly Observed Therapy (DOT) through appropriately trained staff working collaboratively with the client's needs.
3. Provide culturally competent care for minority populations to include multi-lingual educational materials, access to trained medical interpreters through an interpreting service phone line to provide appropriate and adequate communication considering individual client needs.

Evaluation:

1. PA NEDSS investigations for all clients with active TB will be initiated and completed.
2. DOT visits will be documented on all clients for the recommended length of treatment required.

Objective 2: To increase the number of eligible LTBI patients by 10% that agree to treatment and adhere to the treatment for the recommended amount of time by December 31, 2016.

Activities:

1. Identify barriers of care and provide appropriate methods to overcome this barrier (medical interpreter, 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.
4. Allow clients three contact attempts to return to treatment before discharging from care.
5. Collaborate with BHB TB physician and Medical Director to manage client needs for interventions according to TB clinic guidelines.
6. Document LTBI clients 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 PA NEDSS
2. Document three attempts to contact client in EHR 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 client EHR to assure monthly monitoring is completed and no barriers to care exist

Objective 3: To reduce the transmission and health impact of Mycobacterium 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 PA DOH tuberculosis treatment guidelines throughout 2016.

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 record keeping standards set forth by the PA DOH TB control program for each client.
4. Assure Report of Verified Case of Tuberculosis (RVCT) CDC case report is completed.

Evaluation:

1. EHR documentation will show that 100% of new active/suspected TB cases will have received an interview within 24 working hours.
2. Medical record 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 documented for completion of RVCT.

Objective 4: To reduce the transmission of Mycobacterium 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, 2016.

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 or IGRA after 10-12 weeks to children or adult contacts of active TB clients with an initial negative screening test.

Evaluation:

1. Document interviews and tuberculosis testing of close contacts in PA NEDSS and on RVCT.
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 5: To continue to identify and reduce the complications of co-morbid tuberculosis and HIV infections by maintaining the number of clients (98%) who are evaluated for latent tuberculosis infection that receive HIV testing by December 31, 2016.

Activities:

1. 100% of clients 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 monthly monitoring visits with the RN, 100% of clients who have not had HIV testing at their initial MD clinic visit will be educated and encouraged to have free HIV testing.

Objective 6: Educate the public and a minimum of 5 healthcare providers about TB, TB testing and CDC recommendations regarding screening for TB by December 31, 2016.

Activities:

1. Utilize social media to reach the general public to educate on basic TB information.
2. Educate 5 local testing providers on current CDC recommendations regarding skin test reading and appropriate follow up when a test is positive.
3. Attend and offer to BHB nursing staff at least five local and regional TB conferences, trainings, webinars, and/or webcasts to stay updated on new and current TB information.

Evaluation:

1. At least 5 social media posts throughout 2016 regarding TB.
2. At least 5 provider packets are sent with educational material and a follow up phone call is documented.
3. At least 5 TB trainings are documented in Activity Tracker.

**Communicable Disease Division
HIV/AIDS Program
Program Summary**

According to the Centers for Disease Control, as estimated 44,073 people were diagnosed with HIV in 2014. The annual number of new diagnoses declined by 19% from 2005 to 2014. Additionally, about 1.2 million people in the United States were living with HIV at the end of 2012, the most recent year which this information is available.

The Bethlehem Health Bureau provides voluntary opt-out, routine HIV testing in its public health clinics in conjunction with sexually transmitted disease (STD) (e.g., syphilis, gonorrhea, chlamydia infection), Hepatitis C Virus (HCV), and Tuberculosis (TB) testing. Additionally, BHB provides referral services as needed along with partner

services and surveillance activities in an effort to decrease the incidence of HIV in the City of Bethlehem.

Communicable Disease Division HIV/AIDS Program 2016 Goals and Objectives

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

Objective 1: By December 31, 2016, 80% of patients tested for HIV at BHB CTR sites will also be offered testing for CT/GC/Syphilis.

Activities:

1. The Bethlehem Health Bureau (BHB) will provide confidential counseling/testing/ referral services for at-risk individuals at Wellness Clinic, Family Planning/ STD Clinic, and TB Clinic.
2. Persons named as a sex contact to STD/HIV will be referred to a BHB CTR site for STD/HIV testing and HCV testing based on CDC recommendations.
3. Advertise clinics through flyers, media, and websites.
4. Make STD/HIV CTR available during National HIV Testing Day, Latino HIV/AIDS Awareness Day and World AIDS Day

Evaluation:

1. Prepare quarterly HIV counseling/testing report and analyze data captured on the PEMS forms (number of tests conducted, demographic information on clients, risk factors, and STD site number).
2. Perform counselor observations annually.
3. Review and analyze the Interim Progress Report and Annual Progress Report submitted to PA HIV/AIDS Division.

Objective 2: Increase to 60 percent, the percentage of individuals tested at a BHB CTR site who identify at least one of the following risk factors: IV drug use, partner of an IV drug user, sex for drug/money, MSM, sex with HIV positive person, diagnosed with an STD or sex with multiple partners (5 or more a year) by December 31, 2016.

Activities:

1. BHB will provide confidential counseling/ testing/ referral services for at-risk individuals at Wellness Clinic, STD/FP Clinic, TB Clinic and BHB walk-ins.
2. Anonymous HIV testing will be offered at STD/FP clinic.
3. Test partners of HIV positive named and located through partner services, and named and located contacts of an STD.
4. Comply with all tasks that apply to BHB and are listed in the work statement under the grant agreement between PA DOH and BHB.
5. Make HIV CTR available during National HIV Testing Day, Latino HIV/AIDS Awareness Day and World AIDS Day.

Evaluation:

1. Prepare quarterly HIV counseling/testing report and analyze data captured on the PEMS forms (number of tests conducted, demographic information on clients, risk factors, and test results).
2. Review and analyze the 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: To increase the percentage of HIV positives identified through BHB HIV CTR sites by .0016% to 1% by December 31, 2016.

Activities:

1. BHB will provide voluntary opt-out, routine HIV testing in its public health clinics in conjunction with Sexually Transmitted Disease (STD).
2. All patients within BHB jurisdiction diagnosed with Chlamydia, Gonorrhea, Syphilis, Hepatitis C, or Tuberculosis and reported through PA NEDSS will be offered HIV testing/ counseling.
3. Persons within BHB jurisdiction who are named as a sex contact to an STD or HIV will be referred to a BHB CTR site for STD/HIV/HCV testing.
4. Offer anonymous HIV prevention counseling/testing at STD/Family Planning clinic.
5. BHB will schedule an interview with all newly identified or HIV positive transfers from out of jurisdiction, previously HIV positive person named as a contact to an STD or HIV within BHB jurisdiction and reported through PA NEDSS, to elicit, locate and test named needle sharing and/or sexual partners.

Evaluation:

1. Prepare quarterly 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. Review and analyze the Interim Progress Report and Annual Progress Report submitted to PA HIV/AIDS Division to Monitor the HIV positive rate at each CTR site.

Objective 4: To increase the percentage of named partners of HIV positive individuals who receive an HIV test from 58% to 85% by December 31, 2016.

Activities:

1. Conduct partner services for newly HIV positive individuals in BHB jurisdiction, HIV positive transfers from out of jurisdiction, and previously HIV positive person named as a contact to an STD or HIV.
2. Offer HIV/STD testing to all contacts named and located in BHB jurisdiction.
3. Utilize STD/HIV surveillance through PA NEDSS to initiate partner services.
4. All BHB staff performing partner services activities will complete online CDC training module for "Passport to Partner Services" and upon completion also complete the 5 days "Follow-up-in-person Passport to Partner Services Training".
5. Send confidential letter to HIV positive patients tested by private providers and reported through PA NEDSS requesting a face to face interview.
6. Provide partner services following CDC guidelines.
7. Collect information about sex and/ or drug sharing partners by using the HIV Partner Notification Reporting Form.
8. Open, in HIV PA NEDSS, an STD (other non-reportable) investigation on all HIV positive persons and partners interviewed for partner services.
9. Enter patients' non identifiable data in BHB excel data base.
10. Complete and submit the Interim Progress Report and Annual Progress Report to PA DOH HIV/AIDS Division.

Evaluation:

1. Supervisor to conduct interview audits at least twice a year to assure high quality level skills.
2. Analyze completion of partner services interviews and documentation.
3. Assess that all incomplete partner service investigations are completed within time frames.
4. Collect and report standardized process and outcome monitoring data consistent with Department and CDC requirements yearly

5. Review, analyze and submit the Interim Progress Report on a bi-annual basis and Annual Progress Report to the PA HIV/AIDS Division.

Objective 5: By December 31, 2016, BHB will increase the number of people living with HIV/AIDS who are referred and connected to medical care and attend their first appointment from 2 individuals to 4 individuals.

Activities:

1. Mail a confidential letter to schedule a face to face interview with all newly identified or previously tested HIV positive individuals tested by a private provider, and reported to BHB jurisdiction through HIV PA NEDSS.
2. Conduct face to face interviews for partner services with newly identified or previously identified HIV positive persons in BHB jurisdiction.
3. Provide counseling and refer to care persons receiving a positive HIV test in BHB jurisdiction.
4. Monitor HIV/AIDS in PA NEDSS in accordance with PA DOH HIV Epi Division.
5. Maintain compliance at all times with the CDC's Guidelines for HIV/AIDS Surveillance Security and confidentiality.

Evaluation:

1. Quarterly, review HIV PA NEDSS and BHB Excel spreadsheet to evaluate number of HIV positive persons participating in partner services and linked to care.
2. Quarterly, review and analyze total number of face to face interviews conducted with HIV positive persons who were tested by private providers.
3. Review and analyze, quarterly and annual progress report submitted to PA HIV/AIDS Division
4. Compile and analyze statistics on all HIV/AIDS reported cases to the Local Morbidity Reporting Office quarterly.

Objective 6: Reduce the number of HIV incomplete investigations reported monthly in the BHB jurisdiction per PA HIV surveillance from 16 per month to 10 per month by December 31, 2016.

Activities:

1. Complete mandatory training on HIV data security and confidentiality
2. Conduct active HIV case investigations through integrated HIV surveillance and prevention efforts for all HIV disease reports submitted through PA NEDSS.

3. Enter complete and accurate case investigation data in PA NEDSS for disease reports of HIV/AIDS or perinatal exposure of a newborn.
4. Start HIV investigations of all HIV laboratory reports in PA NEDSS within two weeks of receipt of the report.
5. Complete HIV case investigations for at least 95% of cases with positive HIV laboratory reports or diagnoses within 30 calendar days of the report date.
6. Complete all Central Office required data fields in the HIV case investigation within six months after date of report.
7. Do monthly chart audits through St Luke's University Hospital medical records within a week of receiving, via e-mail, the incomplete investigation report from HIV surveillance PA DOH.
8. Send confidential letter to HIV positive patients, tested by private providers and reported through PA NEDSS, requesting a face to face interview.
9. Immediately close investigations with a documented negative HIV antibody test.
10. Keep a monthly log of the number of investigations closed as not case.
11. Within a week of doing chart audit, enter data 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 of confirmed case submitted by HIV/AIDS Epi Division for number of incomplete investigations.
3. Quarterly, review and analyze percentage of face to face interviews conducted with HIV positive individuals, 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 and 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 the PA National Electronic Disease Surveillance System (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 and Management Program 2016 Goals and Objectives

Program 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: Decrease the number of BHB clients treated for GC and/or CT who are re-infected with GC and/ or CT to 10% by December 31, 2016.

Activities:

1. Conduct patient interviews via telephone call, at BHB clinic site, or field/home visit, verify treatment and elicit contact/partner information.
2. Treat named partners that were CT and/or GC exposed in the previous 60 days (per CDC recommendations).
3. Refer out of jurisdiction named contacts to proper jurisdiction.

4. Increase concurrent treatment of partners by encouraging patients to bring in his/her partner when they are treated for GC and/or CT.
5. Schedule re-testing for index patient and partner in three months after initial infection is treated. Opportunistic re-testing should be done whenever a patient next returns to the clinic, regardless of his/her reason to visit, during the 1-12 months post-treatment.
6. Provide appointment cards and offer to provide reminders by mail, phone, text or emails.
7. Institute electronic chart prompts to flag patient records for clinic staff.
8. In PA NEDSS, do a patient summary check on patients treated by BHB and reported again with the same infection in the last 12 months.
9. Provide patient education on STDs and safer sex and risk reduction strategies and offer condoms.

Evaluation:

1. Perform monthly QI checks to ensure the completeness of documentation for PA NEDSS investigations
2. Use Pennsylvania Health Analysis and Information Management Enterprise Data Warehouse (PHAIM-EDW) to determine number of investigations with an interview as a value and number of positive individuals receiving appropriate treatment.
3. Bi-annually, analyze data of confirmed cases that were treated by BHB, re-infected and reported in PA NEDSS.

Objective 2: To increase to 12%, the number of high-risk individuals with a negative test result who return for re-testing of CT/GC/Syphilis/HIV by December 31, 2016.

Activities:

1. Provide appointment cards and offer to provide reminders by mail, phone, text or emails.
2. Schedule re-testing for patient in three months after initial visit.
3. Opportunistic re-testing should be done whenever a patient next returns to the clinic, regardless of her reason to visit.
4. Interview patients who are positive via a telephone call, at BHB clinic site, or field/home visit, and illicit contact/partner information.
5. Refer contacts for treatment to appropriate source or offer testing and treatment at BHB.

6. Open a PA NEDSS investigation in all partners named and document activities performed.
7. Refer out of jurisdiction partners to PA DOH STD program for notification.

Evaluation:

1. Use PA NEDSS Pennsylvania Health Analysis and Information Management Enterprise Data Warehouse (PHAIM-EDW); NextGen

Objective 3: To increase the number of partner investigations initiated among STD confirmed cases to 2 partners per investigation by December 31, 2016.

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 to determine number of investigations which had at least 1 partner named in 2015.

Objective 4: Increase the number of at-risk individuals who are identified and counseled on HCV positive test results at BHB CTR sites by 50% by December 31, 2016.

Activities:

1. Offer and perform free hepatitis C testing at all BHB HIV/STD testing sites.
2. Transport blood specimen to St Luke's University Hospital Laboratory or Health Network Laboratories within six hours of blood drawn.
3. Promote and provide free hepatitis C testing to high-risk individuals with a 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.
4. Conduct post-test counseling and education for Hepatitis C positive individuals tested by BHB.
5. Refer HCV positive persons for medical evaluation, immunizations, and other resources as appropriate.

Evaluation:

1. Use PA NEDSS (PHAIM-EDW) to determine number of investigations bi-annually.
2. Review and analyze quarterly CTR site report.
3. Review STD data to analyze number of Hep C performed and number who tested positive.
4. Review EPI info for number of hepatitis C tests, results and referrals.

Objective 5: By December 31, 2016, increase the number of female patients enrolled in the BHB Family Planning Clinic for birth control by 10% by December 31, 2016.

Activities:

1. Recruit and refer women who qualify for family planning and accessing other BHB services.
2. Distribute BHB flyer to promote services including Family Planning Clinic.
3. Use social media to promote and recruit women who qualify for the Family Planning Clinic.
4. Collaborate with other community agencies that provide services to women to refer clients to BHB for family planning services.
5. Assist clients to apply for health insurance through COMPASS.
6. Schedule family planning appointments using online scheduler.
7. Send reminder postcards one week before each clinic.
8. Call patient to confirm date, time, attendance, and reminder of all documents to bring.
9. Have patients complete Client Satisfaction Survey.

Evaluation:

1. Review and analyze monthly report generated through the tracking spreadsheet system in Excel.
2. Annually, review and analyze number of patients enroll in Family planning Clinic through NextGen.

Objective 6: By December 31, 2016, maximize financial resources available for Bethlehem Health Bureau through the use of NextGen, thereby improving patient quality of care.

Activities:

1. Collect accurate insurance financial information in the data collection health insurance release form for each patient.
2. Document accurate patient financial information in the family planning visit form by entering correct family size and household income and update as necessary. (FP Visit Form to be completed at each visit and forwarded to MFHS until further notice)
3. During each patient contact, review and update or add information, to include insurance, income, address, phone/contact number or other demographics making use of any alerts generated by NextGen.
4. Compare and assess sliding fee scale.
5. Refer uninsured patient to apply for health insurance as appropriate.
6. Participate in trainings available for Nextgen applications.
7. Complete confidential templates by asking patients and documenting family planning, sexual and domestic violence history.
8. Implement "MyPlan" functionality for all Nextgen users.
9. Document all activities and write notes in appropriate sections.

Evaluation:

1. Data source NextGen
2. Review and analyze semi-annual and annual reports compiled from NextGen.

**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 2016 Goals and Objectives

Goal: To reduce the transmission of rabies and its health consequences in the City of Bethlehem through surveillance, 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 by December 31, 2016.

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 state and local animal exposure-related laws and ordinances by December 31, 2016.

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 and/or local ordinances 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.

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 transmission of rabies by providing education to a minimum of 50 people, including animal owners, victims, and medical professionals by December 31, 2016.

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.
6. Provide information regarding local low-cost rabies vaccination clinics.

Evaluation:

1. Document educational information provided to owners and the distribution of educational materials at health fairs, clinics, and outreach programs provided.

Public Health Education and Planning Division Nutrition and Physical Activity Program Summary

Physical activity and overweight/obesity are identified as two of the focus areas listed as important determinants of health. Through decreasing morbidity and mortality associated with the chronic conditions, years of potential life lost will be reduced and quality of life will be increased. Unhealthy lifestyles are preventable with focused and direct 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.

Combating obesity is attainable through promotion of physical activity and nutrition initiatives that encourage the community to make healthy food choices, increase physical activity and make healthy foods choices all which assist in reducing BMI rates and increase health status. Physical inactivity and poor nutrition are identified as important determinants of health. Lack of physical activity and unhealthy eating have an impact on many diseases and conditions such as heart disease, diabetes, blood pressure, and cholesterol. Unhealthy lifestyles are preventable with focused and direct changes in policies, structural and environmental changes.

Public Health Education and Planning Division Nutrition and Physical Activity 2016 Program Goals and Objectives

Objective 1: To participate in the Healthy Corner Store Initiative by providing 2 in store education programs by December 31, 2016.

Activities:

1. Provide nutrition education to the corners stores in Bethlehem who become Healthy Corner Stores.

Evaluation:

1. Track the number of Healthy Corner Stores in Bethlehem.
2. Track the number of stores nutrition education is conducted in.
3. Track the number of stores who improve food selections.

Objective 2: To participate in 100% of Food Policy meetings by December 31, 2016.

Activities:

1. Learn all places to purchase locally grown foods.
2. Incorporate information about where to purchase locally grown foods in 100% of nutrition education sessions.
3. Purchase foods from local growers when applicable for presentation.

Evaluation:

1. Track the number of nutrition presentations.
2. Track the number of times food was served and purchased from local growers.

Objective 3: To conduct nutrition counseling at 10 HEARTS clinics by December 31, 2016.

Activities:

1. Conduct nutritional counseling to 100% of patients who could benefit from it.
2. Identify other needs and refer to appropriate resource.

Evaluation:

1. Track the number of patients counseled.
2. Track the reason for counseling.
3. Track the number of referrals.

Objective 4: To advocate for the implementation of policies that promote physical activity and nutrition in 1 pre-school or daycare by December 31, 2016.

Activities:

1. Assess current nutrition and physical and activity policies in daycares/ preschools.
2. Choose pre-school or daycare and assist to identify gaps in policy.
3. Conduct nutrition and physical education among staff, children and parents.

Evaluation:

1. Track the number and type of policy gap.
2. Track changes made to policies.
3. Track BMI.

Public Health Education and Planning Division Playful City USA Program Summary

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 USA 2016 Program Goals and Objectives

Objective 1: To maintain "Playful City USA" status for 2016 by July 31, 2016.

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 to a minimum of 100 residents by July 31, 2016.

Activities:

1. To collaborate with the City's Parks and Recreation department to offer "hands-on" play activities during the "Play Day" event.

Evaluation:

1. Track the number of children and adults that attend "Play Day".

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 Employee Wellness Program categorized employees into one of five different pathways. Based on biometric screenings, employees were asked to follow the criteria in the Maintenance pathway, Diabetes pathway, High Blood Pressure pathway, Heart Disease pathway and Obesity pathway. In 2015, the employee wellness program had 52 participants out of 614 (8.5% participation rate) total employees. A total of 56% of participants were in the Maintenance category, 7% in the Blood pressure pathway, 17% in the heart disease pathway, 3% in the diabetes pathway and 17% in the obesity pathway.

Public Health Education and Planning Division Employee Wellness 2016 Program 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 increase participation rates in the programs offered by Employee Wellness by 5% from the previous program by December 31, 2016.

Activities:

1. Identify peer champions.
2. Identify barriers on lack of participation.
3. Create employee trust and self-preservation
4. Hold quarterly Employee Wellness 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% by December 31, 2016.

Activities:

1. Improve employee lifestyle behaviors.
2. Increase prevention screenings.

Evaluation:

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

Objective 3: To improve employee health status by having 90% of employee wellness participants achieve the requirements of identified pathway by December 31, 2016.

Activities:

1. Provide reimbursement for completion of pathway criteria.
2. Provide behavior maintenance support.

Evaluation:

1. Digital Health Assessment.
2. Ht/wt/BMI/BP/FBS/ Chol measures.
3. Number of employees reimbursed.

**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 (2015), an estimated eighty 81,540 new cancer cases will be diagnosed in Pennsylvania. Among the 50 states, in 2015 Pennsylvania is the fifth highest with estimated 9,990 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 for the number of new cases of cervical cancer reported (Cancer Facts and Figures Report, 2015).

**Public Health Education and Planning Division
Healthy Woman Project
2016 Goals and Objectives**

Goal: To reduce the mortality and morbidity rates of breast and cervical cancer within Northampton County.

Objective 1: To provide comprehensive breast and cervical screening to 30 women between the ages of 40 to 49 and 50 women between the ages of 50 to 64 by December 31, 2016.

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 by December 31, 2016.

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. MVCs 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 PENNDOT's 2014 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 2016 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, 2016.

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.
2. Conduct 5 programs in the community to educate and answer direct inquiries from the public concerning Pennsylvania's traffic and vehicle laws reaching a minimum of 100 residents on Pennsylvania's traffic and vehicle code (PA Vehicle Code-75).

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.
4. Track the number of programs.
5. Track the number of attendees.
6. Track the number of trainings conducted.

Objective 2: To increase the number of Northampton County police officers trained in PENNDOT approved educational programs (Back is Where It's At, Survival 101, every 16 Minutes) by 5% by September 30, 2016.

Activities:

1. Participate in monthly enforcement meetings via the Lehigh Valley Regional DUI/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.
2. Assist in the coordination of trainings for “The Back is Where It’s At” training, “Survivor 101” training programs and “Every 16 Minutes” training for NC police officers.
3. Educate a minimum of 2 NC police departments on the Yellow Dot program during roll call.

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.
4. Track social media likes, shares, etc.
5. Track the number of trainings held.
6. Track the number of officers attending the trainings.
7. Track the number of crack down events participated in.
8. Track the number of contacts.
9. Track the number of police officers trained.
10. Track the number of police departments trained.

Objective 3: To provide all magisterial district justices a list of available educational material to provide to clients who do business at their respective offices by September 30, 2016.

Activities:

1. To provide a list of available educational informational from the Just Drive PA Resources, to local magistrates in NC, via email, at least once per year; topic areas to include but not limited to: aggressive driving, child safety seat, seatbelts, teen driving, distracted driving and impaired driving. Provide printed materials as requested.

Evaluation:

1. Track the number of judicial outreach contacts.
2. Track the number of phone calls serviced.
3. Track the number of requested materials topic areas.
4. Track the number of public information and educational materials distributed.

Objective 4: To increase by 2%, the number of motorists who have special needs who utilize the Yellow Dot program by September 30, 2016.

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. Program coordinator will partner with existing programs aimed towards the appropriate population such as the “A Matter of Balance” program and Public Health Emergency Preparedness programs to talk about the Yellow Dot program and distribute information cards.

Evaluation:

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

Objective 5: To increase participation and collaboration of NC police departments to 60% to attend meetings to discuss aggressive driving, impaired driving, seatbelts, heavy truck and motorcycle enforcement activities by September 30, 2016.

Activities:

1. Promote Winter Driving Awareness Week, National Work Zone Awareness Week, National Tire Safety Week, Ride to Work Day (Motorcycle), National Stop on Red, through social media.
2. Participate in monthly enforcement meetings via the Lehigh Valley Regional DUI/Highway Safety Task Force (a regional collaborative whose mission is to reduce traffic related crashes, injuries and deaths through education and enforcement in Northampton and Lehigh Counties). Encourage officers from each police department to attend to discuss aggressive driving, impaired driving, seatbelts, heavy truck and motorcycle enforcement activities.
3. Assist in the coordination of trainings for “Sit Back-It’s Elementary” trainings (a police driven elementary seat belt program that educates children about the importance of proper seat belt use, airbags and child restraints), “Survivor 101” training program (a police-driven curriculum designed to encourage appropriate decision making among middle and high school students) and “Every 16 Minutes” training (a PENNDOT sanctioned program, aimed at educating 16 year old drivers about seatbelt use and distracted and aggressive driving) for NC police officers.
4. Work with the Lehigh Valley Regional DUI and Highway Safety Task Force to plan and coordinate one regional law enforcement workshop.
5. Assist NC 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 social media likes, shares, etc.

2. Track the number of trainings conducted.
3. Track the number of participants attending the trainings/meetings.
4. Track the number of enforcement meetings.
5. Track the number of trainings held.
6. Track the number of officers attending the trainings.
7. Track the number of attendees.
8. Track the number of crack down events participated in.
9. Track the number of contacts.

Objective 6: To maintain zero fatalities caused by aggressive driving (n=0, 2014; n=4, 2013) in Northampton County by September 30, 2016.

Activities:

1. Expand dissemination of public awareness information through the use of technology.
2. Assist police departments with “Just Drive PA” campaign if needed.

Evaluation:

1. Track the number of public information and education materials distributed.
2. Track the number of posts.
3. Track the number of contacts.
4. Track the number of likes, shares and re-tweets.

Objective 7: To reduce crashes caused by aggressive driving by 10% (n=231, 2014; n=251, 2013) in Northampton County by September 30, 2016.

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. Promote information about driving the speed limit, aggressive driving, drinking and driving and distracted 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 8: To decrease motorcycle fatalities by 15% (n=5, 2014; n=3, 2013) by September 30, 2016.

Activities:

1. Collaborate with the Lehigh Valley Regional DUI/Highway Safety Task Force to implement 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 9: To decrease motorcycle crashes by 10% (n=105, 2014; n=92, 2013) by September 30, 2016.

Activities:

1. Attend four community events providing education on motorcycle safety where motorcycle enthusiasts are more likely to frequent.
2. Collaborate with the Lehigh Valley DUI/Highway Safety Task Force and Safety Press Officer 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.

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 10: To decrease crashes caused by older drivers by 15% (n=968, 2014; n=1030, 2013) by September 30, 2016.

Activities:

1. Provide a minimum of four 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 in addition to incorporating the Car-Fit assessment techniques into all mature driver education programs.
2. Perform research for development of county resource guide for older adults that are denied a license renewal or have license recalled.

Evaluation:

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

4. Track pre/post test results.
5. Track the number of guides distributed.

Objective 11: To decrease fatalities caused by older drivers by 15% (n=20, 2014; n=6, 2013) by September 30, 2016.

Activities:

1. Collaborate with local Agencies on Aging, Northampton County AAA, AARP, and PA TIPP to coordinate and promote a minimum of four highway safety activities and training courses such as the NHTSA Older Driver Enforcement Course.
2. Promote Older Driver Safety Awareness Week through social media.

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 12: To increase proper use of child restraints to a 90% correct use rate by September 30, 2016.

Activities:

1. Attend all 12 Allentown-Bethlehem Safe Kids meetings and hold role as secretary.
2. Conduct, distribute materials, analyze data and/or participate in a minimum of 11 child safety seat inspection clinics. Collaborate with local law enforcement, business and community groups when possible.
3. Educate parents of young children about the 4 steps of child passenger safety and the new changes. Program locations to include but not limited to: Toddlers at Play at the Library, Family Centers at the elementary schools, and community events.
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. Manage and promote the NC Child Safety Seat Rental Program.
10. Meet with a local school district to encourage 1 school district to participate in Operation Safe Stop during National School Bus Safety Week. Meet with local law enforcement in the participating school district to assist with coordination and participation in Operation Safe Stop. Work with local law enforcement agencies

and pupil transportation agencies in NC to educate bus drivers on tracking procedures, identifying trouble locations, assisting in coordinating Operation Safe Stop day and documenting all motor vehicles who illegally pass the school bus.

11. Collaborate with the 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. Post events on Facebook and Twitter.
12. Schedule a minimum of 1 “Sit Back-It’s Elementary” programs (a police-driven elementary seat belt program that educates children about the importance of proper seat belt use, airbags and child restraints) in NC schools and observe first presentation of recently trained officer offering assistance as needed.

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. Track the number of trainings held.
6. Track the number of participants.
7. Track the number of earned media efforts.
8. Track the number of Safe-Kids events.
9. Track the number of meetings.
10. Track the number of attendees.
11. Track the number of child safety seat misuse.
12. Track the number of information and educational materials distributed.
13. Track the number of CPS Technicians.
14. Track NC locations lacking in CPS technicians.
15. Track the number of seats rented out.
16. Track the types of seats rented out.
17. Track the length of seats rents out.
18. Track the number of social media likes, shares, re-tweets.
19. Track the number of schools within the district participating in Operation Safe Stop.
20. Track the number of violations.
21. Track the number of bus drivers tracking violations.
22. Track the number of earned media efforts.
23. Track the number of police departments participating.

Objective 13: To decrease pedestrian injuries by 15% by (n=69, 2014; n=76, 2013) September 30, 2016.

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 eight meetings per year to review and develop solutions to pedestrian problems within

- the City of Bethlehem. Meet with the Lehigh Valley Planning Commission to determine interest and assistance in duplicating this committee in Easton.
3. Map via GIS, pedestrian, bicycle and motorcycles crashes within the City of Bethlehem and utilize Lehigh Valley Transportation Study maps for the county to identify hazardous roadways.
 4. Identify three roadways with high crashes and evaluate identified roadways to determine initiatives focused on bicycle and pedestrian safety through education, engineering and enforcement. 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 one time per year to promote Walk to School Day through conducting a walking event educating the students how to walk to school safely.
 6. Promote National Walk to School Day through social media.

Evaluation:

1. Track the number of earned media efforts.
2. Track the number of social media likes, shares, and re-tweets.
3. Track the number of meetings.
4. Track the number of attendees.
5. Track the number of interventions developed by reviewing data.
6. Track the number of schools participating in Walk to School Day.

Objective 14: To decrease pedestrian fatalities in Northampton County by 10% (n=6, 2014; n=4, 2013) on public roads by September 30, 2016.

Activities:

1. Implement and participate in a minimum of five pedestrian enforcement programs within the City of Bethlehem to increase education and safety while crossing in a crosswalk. Collaboration with the Safety Press Officer will occur to coordinate activities and a media event at least one time per year.
2. Conduct a survey of NC police departments to determine interest in conducting pedestrian enforcement programs in their municipality. Select a minimum of one other police department to assist in conducting a minimum of 5 pedestrian enforcement programs.

Evaluation:

1. Track the number of programs conducted.
2. Track the number of pedestrian citations issued.
3. Track the number of cars.
4. Track the number of other citations issued as a result of the operation.
5. Track the number of police departments interested in conducting pedestrian enforcement programs.

Objective 15: To increase seatbelt usage to 90% (n=84%, 2014; n=84%, 2013) in Northampton County by September 30, 2016.

Activities:

1. Assist all police departments and Buckle UP PA with Click It or Ticket campaigns if needed, in combining enforcement activities using belts, child safety seats, aggressive driving and DUI enforcement and collaborate with Safety Press Officer to conduct high-profile enforcement campaigns combined with public education.

Evaluation:

1. Track the number of earned media efforts.
2. Track the number of public information and educational materials distributed.
3. Track the number of campaigns participated in.

Objective 16: To decrease unrestrained crashed by 10% (n=272, 2014; n=285, 2013) in NC by September 30, 2016.

Activities:

1. Assist all police departments and Buckle Up PA with Click It or Ticket campaigns if needed, in combining enforcement activities using seatbelts, child safety seats, aggressive driving and DUI enforcement and collaborate with Safety Press Officer to conduct high-profile enforcement campaigns combined with public education.

Evaluation:

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

Objective 17: To decrease unrestrained fatalities by 10% (n=9, 2014; n=5, 2013) in Northampton County by September 30, 2016.

Activities:

1. Assist all police departments and Buckle UP PA with Click It or Ticket campaigns if needed, in combining enforcement activities using belts, child safety seats, aggressive driving and DUI enforcement and collaborate with Safety Press Officer to conduct high-profile enforcement campaigns combined with public education.

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 18: To maintain a zero percent bicycle fatality rate in Northampton County (n=0, 2014; n=0, 2013) by September 30, 2016.

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, red light running and using lights at night. Post messages on Facebook and Twitter.
2. Work with magisterial district justices to adopt a bicycle diversion program (a program that includes bicycle education and community service) in lieu of a fine for bicycle citations as part of hearing resolution.

Evaluation:

1. Track the number of earned media efforts.
2. Track the number of social media likes, shares, re-tweets
3. Track the number of bicycles who are referred to a bike education diversion program.
4. Track the number of bicycle violations.
5. Track the number of participants.

Objective 19: To decrease bicycle crash rate in Northampton County by 10% (n=25, 2014; n=40, 2013) September 30, 2016.

Activities:

1. Using GIS to identify hazardous roadways in the City of Bethlehem, 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 shred lane markings, share the road signs, possible bike lanes, railroad crossing and potholes.
2. Collaborate with Coalition for Appropriate Transportation to conduct 4 education programs per year on rules of the road and advocate for police departments to educate/enforce bicyclists riding incorrectly on the road on a regular basis rather than just during a campaign or wave.
3. Create a list of roadways segments that are hazardous and focus education, enforcement and environmental changes to that roadway segment.

Evaluation:

1. Track the number of roadways with "Share the Road" signs.
2. Track the number of bicycle crashes of the roads with the "Share the Road" signs.
3. Maintain a list of hazardous roadway segments.
4. Track the number of educational programs.
5. Track the number of participants.

Objective 20: 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, 2016 (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. Analyze crash data and present it to the traffic committee to develop an intervention or institute possible changes.
2. Collaborate with local bicycle/pedestrian organizations at least two times per year to conduct an event in coordination with NHTSA's events for National Bike to School Day and National Bike to Work week/month.
3. Promote National Bike to School Day and National Bike to Work Week/Month through social media.

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 likes, shares and re-tweets.

Objective 21: To decrease fatalities in crashes caused by teen drivers by 5% (n=6, 2014; n=0, 2013) by September 30, 2016.

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 22: To decrease crashes caused teen drivers by 5% (n=388, 2014; n=345, 2013) by September 30, 2016.

Activities:

1. Assist trained police departments to conduct a minimum of 2 "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 the Lehigh Valley DUI/Highway Safety Task Force to host their annual Youth Conference which focuses on distracted driving issues.
3. Schedule a minimum of 2 "Survival 101" programs (a police-driven curriculum designed to encourage appropriate decision making among middle and high

school students) in schools in NC. The Community Traffic Safety Project Coordinator to assist as needed.

Evaluation:

1. Track the number of program participants.
2. Track the number of schools attending the conference.
3. Include seatbelt use, distracted driving, speeding behavior questions for current behavior and future intent as a result of the impact of the conference.
5. Track the number of conference attendees.
6. Track the number of programs.
7. Track the number of schools offering the programs.

Objective 23: To reduce impaired driving fatalities by 10% (n=16, 2014; n=18, 2013) in Northampton County by September 30, 2016.

Activities:

1. Collaborate with Safety Press Officer to coordinate activities and media events at least two times per year to sustain high visibility DUI enforcement campaigns combined with public education. Topics to include but not limited to DUI and impaired driving.
2. Use social media to promote NHTSA calendar of event focus areas.

Evaluation:

1. Track the number of earned media efforts.
2. Track the number of likes, shares and re-tweets.

Objective 24: To reduce impaired driving crashes by 10% (n=510, 2014; n=515, 2013) in Northampton County by September 30, 2016.

Activities:

1. Assist police departments with DUI mobilization campaigns in combining DUI enforcement activities with other enforcement such as seatbelts or aggressive driving and if needed.
2. 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.
3. Provide DUI materials and statistics to community groups at least two times per year.

Evaluation:

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

Public Health Education and Planning Division

Tobacco Cessation

Program Summary

Tobacco use remains the leading preventable cause of death and disease in the United States. Quitting smoking is the most important step you can take to improve your health. Tobacco use is defined as traditional cigarettes, as well as anything that puts nicotine in your body, including e-cigarettes, chewing tobacco, cigars, etc. According to the CDC, on average, smokers suffer for years with more health problems due to their smoking and ultimately die earlier by a decade or more than nonsmokers. In fact, smokers generally are much less healthy than nonsmokers. Smokers miss more work than do nonsmokers. This costs American businesses, and American workers who smoke, billions of dollars every year.

According to St. Luke's Hospital Community Health Survey 2012, about 20% of the local adult population currently smokes cigarettes, and approximately 28% statewide. In Lehigh County, 24% of adults smoke; in Northampton, 17% of adults smoke. Low-income was significantly related to smoking; 28% of low-income respondents say that they currently smoke, compared to just 4% of high-income respondents. Hispanic (37%) respondents were twice as likely to report smoking than non-Hispanics (14%). Education is also significantly related to smoking; 26% respondents with less than a high school education report being smokers compared to 11% of respondents with at least some college education.

According to the LV Community Health Profile 2012, Lung disease is caused by smoking, poor air quality, infections of the mouth and genetics, and in many cases is a preventable disease. Chronic bronchitis and emphysema together are called Chronic Obstructive Pulmonary Disease (COPD). Add asthma to the mix and it becomes Chronic Lower Respiratory Disease (CLRD). Statistics show that 80-90% of all adults with lung disease have a history of smoking.

**Public Health Education and Planning Division
Tobacco Cessation
2016 Goals and Objectives**

Program Goal: To reduce tobacco use among adults.

Objective 1: To provide tobacco cessation counseling to a minimum of 100 clients and achieve a 60% six month quit rate in all clients that complete the tobacco cessation program by December 31, 2016.

Activities:

1. Enter client data and monthly progress into TFNE web-based data reporting system.
2. Conduct follow up at 30 days and 6 months post treatment with every individual who completed the program.
- a) Promote smoking cessation program in various worksites, community organizations and settings throughout Northampton County to increase utilization of cessation services. Social media will be utilized at least twice per month as an avenue for promotion.

Evaluation:

1. Number of clients enrolled in tobacco cessation program.
2. Number of individuals who are smoke free at 30 days and 6 months post treatment.
3. Number of referrals received from promotion target sites; number of views/likes on social media outlets.

**Public Health Education and Planning Division
Public Health Preparedness and Medical Reserve Corps
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) is comprised of medical and non-medical volunteers who 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 2016 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, partner agency collaboration, and enhanced communications.

Objective 1: To increase the coordination between state, county, and local entities two times per year to improve the sharing of public health information by December 31, 2016.

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. Participate in regional task force meetings and meetings with first responders to build state and local response coordination and communication capabilities.

Evaluation:

1. Document meeting attendance and conference call participation.

Objective 2: To build three new community partnerships to support public health preparedness by December 31, 2016.

Activities:

1. Engage with a minimum of three community organizations to foster public health, medical and mental/behavioral health social networks.

2. Conduct a minimum of eight community outreach events or presentations aimed at educating individuals on the importance of public health emergency preparedness planning and/or infection control practices.
3. Collaborate with local pastoral care to address local community recovery needs and develop a partnership plan.
4. Collaborate with local home health care agencies to provide their staff with information and resources to better prepare their clients for emergencies and disasters.
5. Continue to collaborate with organizations that care for individuals with special needs.

Evaluation:

1. Document the number of updates to the community stakeholder database.
2. Track the number of events and event participants.
3. Document collaboration with special needs groups.
4. Track the number of meetings or attempted contact with local pastoral care and document the outcomes.

Objective 3: Increase capacity to handle 100% of public health emergencies through emergency response plan updates, training, and coordination with relevant agencies by December 31, 2016.

Activities:

1. Evaluate public health emergency operations.
2. Update the emergency response plan on an annual basis, aligning with Project Public Health Ready renewal guidelines.
3. Provide regular preparedness-related trainings and/or drills to staff, based on the results of the 2014 PHEP Training Needs Assessment.

Evaluation:

1. Document outcomes from public health emergency operations evaluation.
2. Document the number of updates to the Bethlehem Health Bureau's emergency response plan.
3. Track the number of trainings and the number of training participants.

Objective 4: To establish and participate in one information system operations drill or exercise by December 31, 2016.

Activities:

1. Conduct a drill and/or exercise of the Northampton County Health Information Call Center (NCHICC) and/or the Bethlehem Health Bureau's Emergency Call Center.

2. Establish avenues for public interaction and information exchange.
3. Issue public information, alerts, warnings, and notifications, if needed.

Evaluation:

1. Completed exercise AAR/IP and/or drill DSNS of the NCHICC and/or BHB's Emergency Call Center.
2. Number of public interaction and information exchanges created and/or utilized by BHB.
3. Number of public emergency notifications issued.

**Public Health Education and Planning Division
Medical Reserve Corps
2016 Goals and Objectives**

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

Objective 1: To recruit 10 new volunteers for the BMRC unit by December 31, 2016.

Activities:

1. Engage in a minimum of one activity annually to recruit volunteers, either in-person or via media.
2. Conduct a minimum of one standard orientation training for all new volunteers, to include MRC core competencies, roles and responsibilities.
3. Conduct a minimum of one meeting for all volunteers annually.

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.

Objective 2: To update and implement the MRC unit training plan by December 31, 2016.

Activities:

1. Collaborate with local partners including the AVMRC, LCEMA, etc. to offer joint trainings to all of our volunteers so that training opportunities increase.
2. Provide unit volunteers training in accordance with the training plan to include:
 - a. Emergency response training
 - b. Competency based emergency preparedness education

- c. Necessary training that allows volunteers to effectively perform their duties or enhance their knowledge and skills.

Evaluation:

1. Documentation of training plan.
2. Training sources identified.
3. Number of training opportunities provided.
4. Number of volunteers who have completed training courses.

Objective 3: To provide 100% of volunteers with standard procedures for volunteer response by December 31, 2016.

Activities:

1. Improve procedures to organize, assemble, deploy and release volunteers.
2. Coordinate with jurisdictional authorities to identify community resources that can support post-deployment needs that may include:
 - a. Medical screening and well-being assessment
 - b. Mental/behavioral health services referrals
3. Participate in intrastate deployment exercises to identify obstacles and gaps in google deployment tool.
 - a. Participate in the PA MRC statewide planning committee calls and meetings.

Evaluation:

1. Number of volunteers who are informed of standard procedures for volunteer response.
2. Community resources identified.
3. Gaps identified in deployment tool.

Objective 4: To complete 100% of reports, drills and exercises as provided by MRC administration by December 31, 2016.

Activities:

1. Update the MRC unit profile quarterly.
2. Participate in Technical Assistance (TA) Assessment administered by regional MRC coordinator to identify areas of need.
3. Conduct at least one notification drill through SERVPA.

Evaluation:

1. Unit profile updated quarterly.
2. TA Assessment completed annually.
3. Completed SERVPA notification drill.

Objective 5: To implement strategies for 80% volunteer retention and recognition by December 31, 2016.

Activities:

1. Improve program to engage, motivate, recognize and reward volunteers.
2. Identify key volunteers and assign leadership roles utilizing NIMS structure to make them stakeholders in the success of the unit.
3. Keep website/social media current to include information on upcoming events and training opportunities, photos and summaries of completed events and preparedness and general public health education.
 - a) Complete negative photo consent with volunteers.
4. Conduct volunteer recognition strategies.

Evaluation:

1. Documentation of retention and recognition program.
2. Key volunteers identified and NIMS structure completed.
3. Number of times website is updated and number of hits on page.

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:**
- Facility Inspections**
- Water and Wastewater Monitoring**
- Responsive Services**
- Lead/ Healthy Homes Assessments and Enforcement**
- Animal Services**
- Educational Services**

Environmental Health Division Food Safety Program 2016 Goals and Objectives

Goals: 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, by December 31, 2016, including restaurants, retail, daycares, retail food establishments, mobile and temporary vending, schools, nursing homes, fraternal organizations, and churches.

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.) according to protocol.
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: 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. The policy and procedure will be audited and approved by the FDA Voluntary National Retail Food Regulatory Program by September 30, 2016.

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 2015 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 if real outbreak does not occur.
5. Compile documentation required by Standard 5 and send to approved FDA Voluntary National Retail Food Regulatory Program auditor.
6. Publish results in National Registry of Food Standard Compliance.

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.
3. Recognition by FDA in National Registry of Food Standard Compliance.

**Environmental Health Division
Institution and Facility Inspection Program
2016 Goals and Objectives**

Goals: 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 daycares) 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 by December 31, 2016.

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 2016 and September 2016 and semi-annual inspections of all indoor facilities by December 31, 2016.
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 Program
2016 Goals and Objectives**

Goal: To ensure 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 throughout 2016.

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 and provide assistance to all pollution incidents threatening natural bodies of water located in the City of Bethlehem within two hours of notification throughout 2016.

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 Program
2016 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 throughout 2016.

Activities:

1. Conduct a preliminary investigation, when 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
2016 Goals and Objectives**

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

Objective 1: To respond within three workdays to 100% of health related public complaints received throughout 2016.

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 2: To initiate an investigation of all potential foodborne disease outbreaks in the City, within 1 hour of notification and/or classification of an outbreak (specific for each suspected agent) throughout 2016.

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 Program
2016 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 throughout 2016.

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.
5. Research and apply for grant funding to financially assist with abatement of lead hazard and safety concerns within the home.

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.
5. Grant funding obtained to support Lead and Healthy Homes Programing.

**Environmental Health Division
Healthy Homes Program
2016 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 by at least 10% during the client's enrollment in the Lead and Healthy Homes program by December 31, 2016.

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: Improve post education knowledge check results by at least 25%, thereby improving the client's knowledge base of how to maintain a healthy living environment by December 31, 2016.

Activities:

1. Determine client's knowledge of how to have a healthy and safe environment.
2. Provide them 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.

Objective 3: Decrease the risk of all identified lead paint hazards in 100% of the dwellings enrolled in the Lead and Healthy Homes program by December 31, 2016.

Activities:

1. Identify potential lead hazards in the home.
2. Provide clients with lead education and materials to help contain any potential lead sources.
3. Refer clients to the Lead Hazard Control Program for risk assessment and possible abatement.

Evaluation:

1. Document/photograph potential lead sources.
2. Complete healthy homes checklist and emphasize importance of lead control with the clients.
3. Maintain documentation of all LHCP referrals and risk assessment/abatement statuses.

Objective 4: Decrease the effects of allergens in the home for all Healthy Homes clients by eliminating and/or managing at least one identified allergen source during the clients' enrollment in the Healthy Homes program by December 31, 2016.

Activities:

1. Identify potential allergen sources in the home.
2. Provide clients with asthma & allergy education and materials to help contain any allergens.
3. Collaborate with landlord and/or health department for proper pest management.

Evaluation:

1. Document/photograph potential allergen sources.
2. Complete healthy homes checklist and emphasize importance of allergen control with the clients.
3. Maintain documentation of all referrals and management efforts.

Objective 5: Decrease the likelihood of healthy homes related injuries in the home by eliminating and/or managing 50% of identified, potential injury hazards within the home during the clients' enrollment in the Healthy Homes program by December 31, 2016.

Activities:

1. Identify potential injury hazards in the home.
2. Provide clients with injury prevention education and materials to help contain any allergens.
3. Instruct clients on proper way to utilize home safety interventions and provide client with inexpensive options to increase home safety.

Evaluation:

1. Document/photograph potential injury hazards.
2. Complete healthy homes checklist and emphasize importance of injury prevention with the clients.
3. Utilize the Healthy Homes Rating System to rank pre and post intervention scores for homes receiving services.

**Environmental Health Division
Animal Control Program
2016 Goals and Objectives**

Goal: To identify and reduce possible environmental health problems due to overcrowding 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 throughout 2016.

Activities:

1. To provide education on the Animal Ordinance so that residents of the City have 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
Educational Services Program
2016 Goals and Objectives**

Goal: To provide educational support for all environmental problems.

Objective 1: To educate a minimum of 100 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 by December 31, 2016.

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 operators 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 to obtain food employee certification by holding a minimum of two City of Bethlehem sponsored

certification course by December 31, 2016 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

2015 Performance Review

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, 2015.

Achieved:

Annual plans were developed for each priority area identified in the strategic plan. Meetings were held with the strategic plan team on a quarterly basis to track progress. In addition, the following subcommittees continued to meet to assist with implementation of strategic initiatives: employee wellness, communications/outreach, continuous improvement and accreditation. The final report is being compiled in the beginning of 2016.

Objective 2: To monitor the quality of performance of public health programs, processes, interventions and other activities through the establishment and implementation of a performance management system by April 30, 2015.

Achieved:

The health director met with the continuous improvement team to create the performance management template. Each team member worked with their respective area in identifying a list of measures for each program division. Once the list was compiled, the management team met to prioritize. A total of 27 performance standards are currently being monitored across all program areas. Baselines and targets were established for 100% of the measures and progress is monitored on a quarterly basis. At the end of 2015, three quarters were measured and 75% are on track to meet the targets. The standards that do not meet the targets will be addressed through continuous improvement.

Objective 3: Increase revenue from STD Clinic, Family Planning Clinic and Immunizations by 25% from baseline by December 31, 2015.

Partially Achieved:

The Health Bureau is contracted and credentialed with 6 insurance plans. The Health Bureau is currently billing in four program areas: immunizations, STD, family planning and TB services. The revenues did not increase as much as anticipated due to the delay in billing for all of the above mentioned program areas. A total of \$18,455.56 was collected in 2015.

Objective 4: To become an accredited health department that meets all required standards of a high performing health department by December 31, 2015.

Achieved:

A team of individuals worked on the coordination of documents to demonstrate conformity in meeting the 12 domains, 33 standards, and 87 measures established by the Public Health Accreditation Board (PHAB). All documentation was submitted to PHAB in September 2015 and a site visit is scheduled for May 2016.

Objective 5: To improve the infrastructure for morbidity, mortality, and health outcome related data in the City of Bethlehem by December 31, 2015 in order to better trend data and identify priority areas.

Achieved:

A data dashboard was created for the following areas: mortality, cancer incidence, maternal and child health, communicable disease, health behaviors and selected social determinants of health. All data is trended based on prior year's data and compared to national, state, county and Healthy People 2020 data when available. All data was categorized into 3 areas: (1) meeting Healthy People 2020 targets or better than national, state and county outcomes, (2) trending in the right direction and (3) not meeting Healthy People 2020 targets or worse than national, state and county outcomes. A total of 25 indicators fall into the "not meeting Healthy People 2020 targets or worse than national, state, and county outcomes." Lastly, the Health Bureau collaborated with the Health Care Council of the Lehigh Valley and St. Luke's University Health Network on conducting a community health needs assessment and focus groups.

Objective 6: To promote the services and programs that the Bethlehem Health Bureau provides to the community by proactively engaging the media and posting messages on social media through December 31, 2015.

Achieved:

The social media team met on a quarterly basis to strategize ways to promote key messages to the community. The Health Bureau's Facebook and Twitter following continued to grow and includes a total of 366 likes for Facebook and 485 followers for Twitter. This is a 69% increase from 2014 for both social media platforms. A total of 5 stories appeared in the media, i.e. newspaper and Channel 69 news throughout 2015. A total of 12% of customers indicated that they learned about the Health Bureau services on our website/social media accounts. In addition, the Health Bureau's webpage was updated and a total of 26,265 page views were documented in 2015.

Maternal Child Health Division 2015 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: 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, 2015 by assisting in a minimum of 50 COMPASS/CAC applications for qualifying families.

Achieved:

A total of 69 applications were completed using COMPASS or the Health Insurance Marketplace website in 2015: 43 were Medicaid applications with 12 known approvals for MA and 1 CHIP approval, and 23 through the Health Insurance Marketplace, the ACA program for uninsured individuals. This is 17% increase from 2014. Reasons for denial could not be determined.

Promoting the Healthcare.gov website for the Bethlehem community, BHB staff referred individuals to the CAC for education and assistance with the Marketplace. BHB enlists a local CAC from the FQHC to schedule and complete applications for uninsured Bethlehem individuals and families by appointment. Bilingual staff work with eligible families and individuals to complete COMPASS applications.

Every effort was made to connect individuals/families with financial assistance programs at local hospitals and or through other resources if denied insurance coverage through the MA expansion or ACA Marketplace.

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.

Not Achieved:

St. Luke's University Health Network changed their clinic to become part of the St. Luke's Physicians Group (SLPG), part of the hospital private practices. The new nurse manager of the clinic indicated that there needs to be a legal agreement between the SLPG and the Bethlehem Health Bureau since the "depression screenings" are considered behavioral health records which are excluded from the standard HIPAA law. This nurse has since been promoted and the new nurse manager was recently appointed. Several attempts to reach this individual were attempted without success. We are aware that the clinic continues to screen every woman using the Edinburg Screening tool but are not receiving the referrals to do follow up education and enrollment into the BHB home visiting program for support for mothers.

We continue to do the perinatal depression screen on our Partners for a Healthy Baby (PFHB) program enrollees at least twice during enrollment, once during pregnancy and then at 8 to 12 weeks postpartum. Two Edinburg screens were completed in 2015, both negative.

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, 2015.

Partially Achieved:

Twenty five mothers were enrolled in the PFHB program at some point in 2015. These moms were referred from either BHB programs: (Healthy Homes, Immunization Clinic), WIC, St. Luke's Health Network Program: Parents as Advocates in the Home (PATH), Sacred Heart Hospital social worker, or self-referrals of mothers.

Of the 25 mothers enrolled sometime in 2015, 11 were lost to follow up or no longer interested or discharged due to enrollment in another home visiting program. A total of 14 were documented as receiving adequate prenatal care and none of the pregnant women indicated smoking or substance abuse during the pregnancy. One pregnant woman was on methadone for previous history of substance abuse.

Breastfeeding was initiated by 8 mothers enrolled in PFHB and 3 (37.5%) were breastfeeding some at 3 months, one exclusively at 4 months and one exclusively at 5 months with both intending to continue breastfeeding exclusively through six months and 12 months. One mom is a full time, working mother who has adequate encouragement and support from her husband. The other mom also has adequate support from her husband who encourages her to continue despite numerous medical issues. These two moms had referrals, home visits and support early from the BHB Certified Lactation Counselor (CLC).

In 2015, 34 referrals were received and 26 (67%) healthy home visits were conducted. These visits were referred primarily from outside agencies including: home visiting programs, children and youth agencies, and the City's housing & rehabilitation department. 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, fire alarms and CO detectors, pillow and mattress covers, and child safety items. Referrals were made to appropriate resources when necessary and referred to partnering agencies; including Early Intervention, City of Bethlehem Housing and Code Enforcement, and WIC. 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, the most common findings included: lack of or non-working smoke detectors, accessible poisons, secondhand smoke exposure, and mold and moisture problems. Visits were documented and tracked in database.

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

Partially Achieved:

In 2015, we received 23 referrals and distributed 15 pack and plays. Ineligible clients (outside the City of Bethlehem) were referred to a local resource providing cribs. Special accommodations are made for critical situations putting infants at immediate risk on a case by case basis. BHB staff referred appropriately to other resources for those needing safe sleep surfaces. 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.

All follow up calls were not documented as we did not have the Title V Community Health Nurse position filled until late in 2015. Two f/u calls did indicate co-sleeping continues to occur with infants. BHB nurse home visitors are able to do a visual follow up on the clients who are enrolled in the PFHB program who may have received a pack and play from the Cribs for Kids® program. Home visitors often see the cribs filled with unsafe items such as blankets and stuffed animals. They are also used for storage often with families in small living spaces. Nurses continue to reinforce the safe sleep environment despite these findings. Some mothers indicate that they do practice safe sleep but have limited space and remove items during the infants sleep time.

Objective 5: To promote breastfeeding education, awareness and support through membership in the Lehigh Valley Breastfeeding Coalition (LVBC) supporting recommendations of the Surgeon General's "Call to Action to Support Breastfeeding" and work toward improving breastfeeding rates at 6 months and 1 year of age through 2015.

Partially Achieved:

The Baby Friendly Hospital Initiative (BFHI) continues to be supported through the LVBC for local hospitals. One local hospital received the EMpower grant award, supporting hospital movement toward BFHI status. Both hospitals have signed letters of commitment moving toward BFHI status. Monthly meetings held between three local hospitals were attended by BHB staff. BHB staff helped in coordinating events, meetings and projects.

The Big Latch-On Event, during World Breastfeeding Week in August 2015, was held in Allentown and 39 breastfeeding mother and infant pairs attended. The event was covered by media with extensive coverage. The LVBC was the lead organization. Six mothers intended to breastfeed who were enrolled in 2014. One mom continued breastfeeding exclusively through six months of age. Three attempted early

breastfeeding but were lost or moved out of Bethlehem so we were unable to determine how long breastfeeding continued. In 2015, eight mothers intended to breastfeed and attempted to breastfeed at birth or within a few days. Three of the eight continued through three months exclusively. Two have intentions to breastfeed exclusively for six months and longer. Data is difficult to analyze because of the low numbers of constant enrollees.

Maternal Child Health Division Child and Adolescent Health 2015 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 by 50% who receive health prevention and education materials and programs by December 31, 2015.

Partially achieved:

Three handwashing presentations using “Glitterbug” education program materials were conducted for children and adults in elementary schools. These were conducted during influenza season. Eighteen families received education on Healthy Homes at the local library.

A new initiative with a University of Pittsburgh sixth year pharmacy student provided 21 presentations on prescription drug abuse education at two local high schools and one middle school in health classes. Over 600 students were reached during these programs. Pre and post tests for 485 students showed increased awareness on prescription drug abuse.

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, 2015.

Partially achieved

In 2015, 79 total visits by 62 women ages 15-44 years were seen at least once in 2015 at BHB Women’s Clinic for family planning services.

Six abnormal pap smears required follow up or referral for additional testing or resources. No cancer was identified. Many paps are HPV positive and are repeated in the BHB clinic per the American College of Obstetrics and Gynecology(ACOG)

recommended intervals. One woman required a referral for mammography which identified no abnormal findings. Those without insurance are referred to the Healthy Woman Program for appointments and follow up.

BHB lost many family planning clients because we were not able to accept individuals on Managed Care plans. Many women seeking family planning services found other sources of care during the Healthy PA transition when approved for MA. In mid-2015, BHB applied and was credentialed for one of the MCO plans in the area. Staff are working on additional MCO plan credentialing. BHB has assembled a committee to develop an outreach plan to increase clients with an emphasis on those 15 to 24 years of age. BHB is currently conducting a pilot combining the sexually transmitted disease clinic and the family planning clinic two days each month to educate individuals on the benefit of a reproductive life plan and to encourage individuals to seek family planning services and provide education on the importance of safe sex. The goal of this pilot is to reduce unplanned and unwanted pregnancies. BHB staff are using the One Key Question® (OKQ) program from the Oregon Foundation for Reproductive Health. Despite efforts to have services in close proximity to the target population (15-19yrs) it has continued to be 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 thru twenty-one years of age and identify prevention practices to help reduce the number of preventable deaths by 2% in Northampton County and Bethlehem City by December 31, 2015.

Achieved:

BHB staff chaired the Northampton County Child Death Review Team in 2015 conducting quarterly meetings and attended the Annual PA CDRT state meeting. Thirty five (46% increase from 2014) infant and child deaths were reviewed. Of those, 14 (40%) were determined to be preventable and 16 (45.7%) were determined not-preventable by the team. One could not be determined by the team and 4 (11%) were held over until 2016. Those unable to be determined and held over are usually due to lack of information or absence of team members with records on the cases.

BHB staff continues the promotion of evidence-based initiatives including the Safe to Sleep Initiative from Eunice Kennedy Shriver Institute of Child Health and Human Development, Text4Baby and Front Porch Project (FPP) among a few.

Bethlehem Health Bureau supported a FPP “train the trainer” program for child abuse prevention in the Lehigh Valley through training provided by PFSA and funded by Two Rivers Health and Wellness Foundation.

Suicide prevention programs were not conducted in local high schools in 2015. Prevention initiatives included the development of a web-based training for BASD teachers and staff on suicide prevention required by ACT 71: PA Youth Suicide Prevention Initiative signed into law in June 2014 by the PA Governor. The law requires

four hours of training for staff involved with grades 6-12 in youth suicide awareness and prevention.

Presentations and attendance at Northampton County Child Welfare multidisciplinary meetings (MDT) and near fatality team meetings continued to identify prevention needs in the community.

Maternal and Child Health Division Children with Special Healthcare Needs 2015 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, 2015.

Partially Achieved:

BHB in collaboration with Northampton Community College (NCC) dental hygiene students provided dental education for fourteen elementary schools reaching **900** third grade children.

Approximately 1,221 tooth sealants, a decrease from 2014 (n= 2,013), were applied through the Bethlehem Partnership Dental Initiative. NCC dental hygiene students applied 626 through dental sealant days in 2015 and 595 sealants were applied on the Healthstar Mobile Dental Van at Bethlehem Schools.

Bethlehem Health Bureau was involved with two new dental initiatives: the first collaboration with St. Luke's University Health Network and Gateway Health Plan attempting to increase dental care for Gateway MA recipients and their families to reduce long term poor oral health outcomes in adults. This initiative ran into barriers in out reaching to families. A second pilot, a collaboration with Marvine Elementary School Family Center, seeks to encourage parents to actively pursue dental care for the entire family using the Healthstar mobile dental van onsite to provide care. This initiative is currently in process.

Objective 2: To assure 100% of infants and children with phenylketonuria (PKU) deficiency are appropriately case managed to maintain appropriate mental and physical health status by December 31, 2014.

Achieved:

No referrals were received.

Objective 3: To provide counseling, support and referrals to 100% of families of infants experiencing Sudden Infant Death Syndrome (SIDS) in Bethlehem City by December 31, 2014.

Achieved:

No referrals were received in 2014 for families experiencing infant death in Bethlehem.

Objective 4: To assure that 100% of infants in Bethlehem receive appropriate follow up services for failed newborn hearing screenings to maintain appropriate growth and development by December 31, 2014.

Achieved:

No referrals were received for failed newborn hearing screenings.

Communicable Disease Division 2015 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, 2015.

Achieved:

PA NEDSS is used by all Bethlehem Health Bureau staff to conduct communicable disease investigations. Staff review PA NEDSS reports twice daily and begin investigations within the required timeframe per PA DOH. BHB staff investigated 681 reports, 95% (n=649) of which were confirmed cases. The top seven communicable disease investigations account for 94% (n=640) of the disease investigations in Bethlehem. Those investigations include: Chlamydia –431; Gonorrhea- 74; Hepatitis B – 139; Hepatitis C-828; Lyme disease –66; Salmonellosis-79 & Syphilis-119 with case classifications noted in the chart below.

2015 Bethlehem Communicable Disease Investigations				
Disease	Reports	Investigations	2015 Confirmed	2014 Confirmed
Chlamydia	431	356	356	364
Gonorrhea	74	51	51	57
Hepatitis B	139	16	1	0
Hepatitis C	828	155	154	66
Lyme	66	39	32	11
Salmonellosis	79	13	12	11
Syphilis	119	10	10	17

In July 2015, Hepatitis C lab results that were not entered were discovered at a lab. These results were entered resulting in a large number of reports for 2015. Lyme disease case classification was simplified leading to reports being correctly classified.

Surveillance and epidemiology databases are monitored regularly to identify potential outbreaks or health threats. BHB staff were involved in 2 norovirus outbreaks in 2015; both outbreaks were confirmed by lab tests at nursing homes. BHB staff were involved in five influenza outbreaks in 2015; two long term care facilities and three assisted living facilities in January and February 2015.

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 a minimum of 12 monthly webinars/webex/trainings/conferences throughout 2015.

Achieved:

- Bethlehem Health Bureau staff attended all the DOH Epidemiology meetings in 2015.
- All staff completed required PA NEDSS confidentiality training on the Learning Management System in 2015.
- PA DOH epidemiology WebEx's have been viewed by BHB investigative staff.
- Staff viewed EpiInfo7 training webinars with PA DOH.
- Staff participated in the new reporting webinar calls with PA NEDSS staff.
- Monthly CD/NEDSS meetings with administrative and investigative staff were conducted.

**Communicable Disease Division
Immunization Program
Performance Review 2015**

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 immunization program will investigate 100% of vaccine preventable reports through PA NEDSS to reduce, eliminate, or maintain elimination of cases of vaccine-preventable disease in Bethlehem by December 31, 2015.

Achieved:

During 2015, the Immunization Program investigated 100% of reported cases of vaccine preventable diseases according to guidelines set by the Pennsylvania Department of Health (PADOH) Division of Immunization and Center for Disease Control (CDC).

Investigations and follow-up were completed on the following cases: 16 Hepatitis B, 2 Pertussis, and 3 Herpes Zoster reports.

In addition to cases investigated, the Bureau staff administered a total of 2410 vaccines which included 559 vaccines to children. These numbers include flu vaccinations. 1570 flu doses were administered to children and adults.

The Immunization Program enrolled 3 Hepatitis B Surface Antigen positive mothers in the Perinatal Hepatitis B Prevention Program.

The Immunization Program provided 16 flu clinics for seasonal flu vaccinations to the public and various community sites, home visits and clinics held at the Health Bureau.

There was 1 VAERS report completed and submitted.

Advertise using different venues promoting flu vaccine and Bethlehem Health Bureau's (BHB) flu clinic schedule. Venues include public transit buses, local newspapers, and the BHB website, Facebook and Twitter.

BHB continued with a health consultation program at a soup kitchen and day program for the homeless. This monthly service is intended to provide education, health screenings and immunizations to the underserved, adult population.

In August, long-term care facilities were sent information about flu reporting. Instructions on the reporting requirements to BHB were sent. A copy of a reportable disease form was also included with instructions on how to complete the form. A flu update was sent in December. The update included information on the status of flu in Pennsylvania and a reminder to collect information required for long-term care(LTC) facility reporting.

During Hepatitis Testing day, testing and education was provided at BHB. On numerous visits to drug and alcohol facilities adult vaccinations were offered and education was provided. 11 vaccinations, including Hepatitis A/B, Tdap, and flu were provided to residents of these facilities.

Bethlehem Health Bureau contacted the 4 labor and delivery and mother/baby units at the local hospitals. Education and qualifications on the Hepatitis B Birth Dose Honor Roll program coordinated by the Immunization Action Coalition was provided. Details on how to apply for this status was also included.

In light of the increased cases of measles in early 2015, a letter was sent to local providers, urgent care centers, college health centers and emergency rooms

highlighting the importance of ensuring all patients are up-to-date with appropriate vaccinations against measles and to consider measles as a diagnosis in any individual that exhibits febrile rash illness, is unvaccinated and has traveled abroad.

Objective 2: Increase the percentage of clients who return to scheduled appointment or receive additional vaccinations at private provider from 90% to 95% by December 31, 2015.

Achieved:

100% of children B-18 years attending BHB immunization clinic requiring follow-up appointments were either connected to a private provider or returned to BHB for follow-up immunizations.

100% of clients that had an appointment but did not show were called to reschedule and letters were sent for those that didn't have a working phone number or didn't respond to 2 phone calls. 30% of these clients, that were never established as patients at BHB did not reschedule or there is no documentation in Statewide Immunization Information System(SIIS) that they went elsewhere.

100% of patients that showed for appointments, their records were reviewed and all needed shots were provided. If they were uninsured, and qualified for insurance, had SS#, they were referred for insurance application through Department of Public Welfare or Bethlehem Health Bureau. 5 out of 5 referred to BHB did complete applications and received insurance.

Objective 3: Increase routine vaccination coverage levels for adolescents to 95% for adolescents attending the Bethlehem Area School District and BHB immunization clinics by December 31, 2015.

Achieved:

Provided vaccines to school nurses to have them vaccinate eligible children in school. PA-SIIS annual record assessment is released in March 2016. Per BASD data, 97.9% of adolescents are up-to-date with their Tdap vaccinations.

Immunization clinics are held at 3 family centers located in public schools during early evening hours. Walk-ins are accepted at these clinics along with scheduled appointments. The Bethlehem Health Bureau collaborated with the local school district to assist in providing adolescent immunizations to meet school requirements.

BHB participated with Bethlehem Area School District in administering flu vaccine to children and parents at a drive-thru clinic at East Hills middle school. A second clinic was held for those that could not attend this drive-thru clinic at Broughal middle school.

702 children and their parents were vaccinated at the drive-thru clinic and 50 were vaccinated at the Broughal middle school flu clinic.

Objective 4: Increase the adult immunization completion rates by 50% for Hepatitis B, MMR, and Varicella series for adults by December 31, 2015.

Achieved:

Twice weekly immunization clinics are held for adults by appointment and on a walk-in basis. Immunizations provided include hepatitis A and B, human papillomavirus, measles, mumps, rubella, pneumococcal, tdap, varicella, and herpes zoster. Other BHB clinics are offered to these clients during evening clinics. Weekend clinics are scheduled monthly. BHB flu clinic schedule includes morning, evening and weekend hours.

BHB received 70 doses of shingles vaccine from PA DOH for uninsured and underinsured adults. Flyers were sent to local churches and senior centers promoting this free vaccine. Clinics held at Lehigh County Senior Center in Fountain Hill and Spanish Council Senior Center in Bethlehem resulted in: 9 shingles, 9 pneumococcal and 4 flu immunizations being administered.

The nurses attended CDC immunization updates, PA-American Academy of Pediatrics(AAP)-Immunization update webinar, pharmaceutical vaccine in-services for new vaccines and sexually transmitted disease(STD) webinars promoting appropriate vaccination in high-risk individuals.

BHB promoted the use of the PA Statewide Immunization Information System (PA SIIS) at local pharmacies through an educational mailing and letter offering assistance and information. Letters were mailed to 18 pharmacies with information on PA SIIS and how to enroll to be a user. Follow-up site visits were made by a pharmacy student to 11 pharmacies to discuss concerns and answer questions about PA SIIS.

Objective 5: The Immunization Program will promote 2 national immunization awareness for children and adults as an active member of the Lehigh Valley Immunization Coalition (LVIC) by December 31, 2015.

Achieved:

Quarterly meeting are held for LVIC members between Allentown and Bethlehem Health Bureaus. The community health nurse immunization coordinator is co-chairperson of the LVIC. Attendance and minutes are documented.

LVIC has promoted flu vaccination through ads on City transit buses throughout the Lehigh Valley.

The LVIC held an educational event at a Phantoms hockey game. Information on Immunizations across the lifespan was given out along with lunch coolers promoting the pneumococcal vaccination recommendations along with the LVIC logo. A 5 question survey was administered to 195 patrons. Results follow; 58% are aware if they are in need of immunizations, 92% know where they can receive vaccinations, 84% are aware that adults 65 years and older need 2 pneumonia vaccines, 70% know the HPV vaccine is recommended for both females and males and 93% are aware that adults should be vaccinated against pertussis/whooping cough. LVIC future events will be based on these results.

The LVIC distributed bags which included educational handouts on immunizations and sample baby items. These bags were provided to the local high schools, ob/gyn clinics and mother/baby units, Women, Infant and Children(WIC) offices and handed out during BHB's immunization clinics.

Objective 6: The Immunization Program staff will attend and participate in at least four educational conferences, trainings or web casts by December 31, 2015.

Achieved:

In 2015, the following conferences/meetings were attended by BHB staff members(s):

- Pennsylvania Immunization Conference(PIC) in Reading
- BHB monthly staff development trainings
- PA National Electronic Disease Surveillance System(NEDSS) training releases
- PA DOH immunization conference calls
- Perinatal Hepatitis B conference calls
- CDC immunization updates including vaccine safety, storage and handling
- Immunization Action Coalition conference calls
- STD webinars
- PA-AAP-immunization update webinar

Objective 7: 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, 2015.

Achieved:

LVIC has promoted flu vaccination through ads on City transit buses throughout the Lehigh Valley.

The LVIC held an educational event at a Phantoms hockey game. Information on Immunizations across the lifespan was given out along with lunch coolers promoting the new pneumonia vaccination recommendations along with the LVIC logo.

During Hepatitis Testing day, testing and education was provided at the Bethlehem Health Bureau. Vaccines were provided to those who were uninsured. On numerous visits to drug and alcohol facilities and homeless shelters, adult vaccinations were offered and education was provided.

Advertise using different venues promoting flu vaccine and BHB's flu clinic schedule. Venues include buses, local newspapers, and the BHB website and social media.

National Infant Immunization Week (NIIW)-distributed bags to mother/baby units, WIC offices, local high schools, in immunization clinics and during home visits. NIIW was promoted through ads on the BHB website.

The health consultation program continued at a soup kitchen and a day program for the homeless. This monthly service is intended to provide education, health screenings and immunizations to the underserved adult population. By the third quarter of 2015, BHB teamed up with LVHN street medicine program providing medical screenings and treatment to those uninsured at the day program. By the end of 2015, BHB has been going to a soup kitchen and day program for the homeless each twice a month. Blood pressure screenings are provided along with education on a monthly health topic. Referrals to various social services are also provided based on the need.

The Bethlehem Health Bureau distributed DVDs developed by the California Department of Health highlighting immunization techniques, immunization documentation, patient education and staff safety. These DVD's were provided to 6 community colleges and technical schools in addition to 19 local family practice and pediatrician offices.

66 Hepatitis A and B, 16 HPV, 42 influenza and 49 Tdap immunizations were administered in wellness clinics to uninsured and/or high risk clients.

Objective 8: Increase flu vaccination rates by 25% among City of Bethlehem residents and Bethlehem Area School District children.

A total of 16 flu clinics were held for City of Bethlehem residents and Bethlehem Area School District children. One of these clinics was a drive-thru clinic that provided flu vaccine to children and their parents. BHB received flu vaccine from Lehigh Valley Health Network (LVHN) and was able to offer it to the underinsured population and

homeless shelters and soup kitchens. The Bethlehem Health Bureau administered 1570 flu vaccines between September and December.

BHB offers flu shots on a walk-in basis the week of National Influenza Vaccination Week (NIVW) encouraging vaccination without the limitations of scheduling an appointment and appointments are available in our weekly clinics in November and December.

Communicable Disease Division Tuberculosis Program 2015 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 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, 2015.

Achieved:

One patient was identified as having active tuberculosis in February 2015. This patient was visiting the country when he became ill and spent much of his treatment time hospitalized. The health bureau TB program worked closely with Lehigh Valley Hospital Muhlenberg, as well as the patient’s family, to provide appropriate treatment by directly observed therapy and case management until the patient was well enough to return to his home country in April 2015. The patient who was diagnosed with active TB in 2014 successfully completed treatment in March 2015.

Objective 2: To increase the number of LTBI patients to agree to treatment and adhere to the treatment for the recommended amount of time by 10% (includes Lehigh international students) throughout 2015.

Achieved:

# of referrals received in 2015	63
# of clients seen in clinic	36
- Opted for Treatment	20
- Declined Treatment	5

- Not treated due to MD decision	6
- Private MD tx	2
Lost to follow up	3
Declined appointment	3
Privately treated (not seen in clinic)	7
Scheduled for 2016 clinic	10

Seven international, high-risk students from Lehigh University completed treatment with the 12 week regimen.

Objective 3: 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 by December 31, 2015.

Achieved:

One patient was referred as a possible active TB patient. Due to his illness, he was unable to be interviewed within one working day. His brother was interviewed the same day the referral was made and a NEDSS investigation was initiated.

Objective 4: 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 throughout 2015.

Achieved:

All close contacts of the active TB case were tested either with T-Spot or TST, including one 4 year old child. They were also tested 10 weeks later as follow up.

Objective 5: 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 by 50% by December 31, 2015.

Achieved:

A total of 63 people were referred to the tuberculosis clinic in 2015. Of those, 18 began treatment through our clinic. 8 people completed treatment in 2015 and 4 are on track to

complete in 2016. 10 people are scheduled or will be scheduled to attend clinic in 2016. 41/42 patients seen at the clinic were tested for HIV (97.6%).

Objective 6: Educate the public and providers about TB, TB testing and CDC recommendations by providing 25 outreach events/activities regarding screening for TB by December 31, 2015.

Achieved:

The TB nurse presented to BHB staff on TB, testing and treatment in March 2015 as part of the monthly staff meeting.

The TB nurse presented at a regional TB conference in September 2015 on the 12 week regimen used for Lehigh University students. The presentation was well-received due to its timeliness and high amount of interest among participants.

**Communicable Disease Division
HIV/AIDS Program
2015 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: By December 31, 2015, increase the number of individuals who participate in an HIV prevention counseling intervention and will receive an HIV antibody test at BHB CTR sites from 689 to 845 by December 31, 2015.

Not Achieved:

There were a total of six hundred twenty-seven (**627/845**) people who received an HIV test at BHB counseling/testing/referral sites which represents **27%** less than our target.

All activities listed in the program plan were performed.

Objective 2: By December 31, 2015, increase the number of all the people tested at a BHB CTR site that 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 individuals from 13% to 25% by December 31, 2015.

Partially Achieved:

There were ninety-one (**15%**) individuals tested who reported the targeted risk factors. Failure to completely achieve this goal is partly due to the continued decline in number

of people requesting HIV CTR at BHB CTR sites and the lack of interest in participating in the Social Network Strategy intervention. All activities listed in the program plan were performed.

Objective 3: Recruit 5 MSM identified individuals to participate in the Social Network Strategy by December 31, 2015.

Not Achieved:

All activities listed in the program plan were performed. Efforts were made to discuss the Social Network Strategy intervention with all MSM clients; and even though, seventy-two (**72**) people who were tested at a BHB CTR site identified as MSM, no one showed interest on the intervention. There is still a lack of interest by the MSM population in participating in this intervention. All activities listed in the program plan were performed.

BHB HIV CTR sites by December 31, 2015.

Not Achieved:

BHB HIV/AIDS Program has never been able to achieve the **1%** positivity rate targeted by PA HIV/AIDS Division. BHB has made a concerted effort to deliver CTR services more effectively by reaching out to high risk populations, and by offering partner services to HIV positive patients particularly those reported through PANEDSS. There was only one (**1**) new HIV positive identified who was post-test counseled, referred for **Objective 4: Increase from 2 to 4, the number of HIV positives identified through medical and support services, and partner services was offered.** All activities listed in the program plan were implemented.

Objective 5: Increase from 29 to 36, the number of HIV positive patients participating in partner services by December 31, 2015.

Not Achieved:

There were fifteen (**15**) HIV positive patients interviewed, offered partner services, and had a STD other non-reportable investigation opened on PA NEDSS. There were sixteen (**16**) partners named; twelve (**12**) partners were notified, five (5) referred ooj, seven were tested; five (**5**) were known to be previously HIV positive, one (**1**) was newly identified HIV positive by BHB, and one (**1**) tested positive through a private provider.

Most of the activities listed in the program plans were implemented with the exception of partner services offered to patients from the medical clinic at St Luke's Hospital Specialty Care Clinic. BHB received no referrals for partner services for HIV positive persons identified through PPA activities at AIDS Services Center or New Direction Treatment Services.

Objective 6: Increase the number of 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 from 5 to 10 by December 31, 2015.

Achieved:

Ninety percent (**90%**) is considered an achievement, since there were nine interviews with newly identified or previously identified HIV positive persons who were tested through a private provider and reported through PA NEDSS. There were seven (**7**) letters mailed to HIV positive individuals and six (**6**) of them responded for interviews. All activities listed in program plan were implemented.

Objective 7: Reduce the number of HIV incomplete investigations reported in HIV PA NEDSS from 20 incomplete investigations per month to 10 incomplete investigations per month by the end of December 31, 2015.

Not Achieved:

BHB averaged sixteen (16) incomplete investigations per month which is **20%** less than the previous year. There were three months (July, August & September) that the objective was achieved and as long as St Luke's University Hospital continues to use HIV-1 RNA testing as a screening test to identify HIV infection the more difficult is to achieve this objective. Monthly chart audits were conducted through St .Luke's medical records to identify HIV-1 RNA reported through PA NEDSS that were not a case and a hundred-five were closed. All activities listed in the program plan were conducted.

Communicable Disease Division
STD Prevention and Management Program
2015 Performance Review

Program 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: That by December 31, 2015, 95% of chlamydia, gonorrhea, syphilis investigations reported in PA NEDSS will have an interview as a value.

Achieved:

There were four-hundred eight-seven **(487)** confirmed investigations reported through PA NEDSS, only twenty **(20)** had documented “refused interview” or “unable to locate” as a disposition status, which represent ninety-six percent **(96%)** of investigations with “interview as a value”; therefore target was reached.

Objective 2: Increase from 57% to 62% the number of confirmed STD cases in PA NEDSS with a “contact as value” by December 31, 2015.

Achieved:

There were a total of four hundred sixty-seven **(467)** investigations with “interview as a value” and of those, two-hundred ninety-five **(295)** or sixty-three percent **(63%)** of the investigations had “contacts as a value”; therefore target was reached. In addition, all activities listed were performed.

Objective 3: Increase by 50% the number of at-risk individuals who are identified and counseled on HCV positive test result at BHB CTR sites.

Not Achieved:

There were thirty-eight **(38)** people tested for HCV and only four **(4)** were HCV positive. Persons age fifty and older and those at risk for HCV who came to HIV/STD clinics requesting services were offered HCV testing. All activities listed in the program plan were done.

Objective 4: By December 31, 2015, 100% of investigations for pregnant women who live in BHB jurisdiction and reported in PA NEDSS have confirmed treatment and test of cure completed.

Achieved:

There were four-hundred eighty-seven **(487)** confirmed cases of CT/GC/syphilis; a total of ninety-four **(94)** investigations had “pregnancy indicator” missing; and a total of twenty-two **(22)** investigations reported were pregnant females with treatment and TOC documented. The activities listed in the program plan were mostly implemented.

Objective 5: Increase the use of NextGen Electronic Health Records (EHR) templates to improve patient quality of care by utilizing the family planning and confidential templates for 75% of patients by December 31, 2015.

N/A:

Objective cannot be evaluated due to difficulty in generating report from NextGen. Nevertheless, most of the activities were performed such as participating in trainings, completing confidential templates to document information on family planning, sexual and domestic violence history, and implementing “My Plan” functionality.

Objective 6: Increase the number of patients receiving any type of immunization at the STD and Wellness clinics by from 2 to 10 by December 31, 2015.

Not Achieved:

Even though patients were evaluated and offered immunization, no vaccines were administered.

**Communicable Disease Division
Rabies Surveillance
2015 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).

Achieved:

A total of 100% (137) 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 109 dogs, 28 cats, nine bats, and one squirrel. 94 of the cases had known human contact. There were eight wild and domestic animals that were sent for rabies testing. One bat tested positive for the rabies virus. BHB investigators spoke with all responsive and known 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.

Partially 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. Some cases with compliance issues were referred to the Bethlehem Animal Control Officer or Environmental Health Director for follow up and, when

appropriate, citations. Additionally, owners reclaiming their dog(s) picked up as city strays were educated on PA rabies & dog laws. In many of these cases, owners were cited for failure to confine, lack of a rabies vaccine, and/or lack of a county dog license.

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.

Achieved:

Animal exposure investigators 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. This information was also provided to many owners reclaiming their stray dog(s) that were in need of a current 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.

Achieved:

BHB staff who investigates 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 materials were provided to attendees of the Northampton County Special Olympics at Liberty High School and at other community events attended by health bureau staff in the City of Bethlehem throughout the year.

**Public Health Education and Planning Division
Nutrition and Physical Activity
2015 Performance Review**

Goal: To improve nutrition and increase physical activity among city of Bethlehem residents.

Objective 1: To participate in the Healthy Corner Store Initiative by providing 2 in store education programs by December 31, 2015.

Partially Achieved:

A total of 9 Recipe cards and 9 education cards were developed. All cooking supplies were purchased; however, the PA State budget impasse ceased funding to this program so the actual demonstrations were not conducted.

Objective 2: To participate in all Food Access to locally grown foods initiatives in Bethlehem by December 31, 2015.

Achieved:

Food Policy meetings were held 4 times throughout the year and BHB staff was represented at all of the meetings. In addition, staff attended the inaugural Food Policy Community forum as well as the Urban Agriculture subcommittee. BHB also acted as a table lead in these meetings.

Objective 3: To implement the Take the Stairs campaign in 2 worksites in the City of Bethlehem by December 31, 2015.

Achieved:

Take the Stairs was implemented in City Hall and a version was implemented at 1 East Broad street building. A stair mountain climbing campaign was also conducted in City Hall.

Objective 4: To conduct nutrition counseling at 10 HEARTS clinics by December 31, 2015.

Achieved:

HEARTS clinics ($N_{2014} = 8$; $N_{2015} = 8$) were held eight times in 2015. A total of 72 patients were seen ($N_{2014} = 109$; $N_{2015} = 72$) and 19 clients received nutrition counseling. ($N_{2014} = 23$; $N_{2015} = 19$)

Objective 5: To incorporate 1 healthy living program in the BASD Elementary Schools who have the Leader In Me program in the school by December 31, 2015.

Partially Achieved:

BHB is working with the Bethlehem Partnership on an "Adopt A School" initiative. A total of six schools were selected and programs aimed at improving health outcomes will be implemented in 2016.

Objective 6: To advocate for the implementation of policies that promote physical activity and nutrition in 1 pre-school or daycare by December 31, 2015.

Achieved:

Two nutrition presentations were conducted at Sayre daycare regarding nutrition and children. Further discussion requested future programs to educate parents on introducing new foods to children so they are more willing to try new foods and more of a variety.

Objective 7: To apply for funding to collaborate with the Bethlehem Public Library to create a StoryWalk initiative from a minimum of 2 funding sources by December 31, 2015.

Achieved:

Funding was applied through the US Conference of Mayors and RWJF Healthy Eating grant.

**Public Health Education and Planning Division
Playful City USA
2015 Performance Review**

Objective 1: To maintain “Playful City USA” status for 2015 by July 31, 2015.

Achieved:

Received 2015 recognition in June.

Objective 2: To continue to promote “Play Day” in the City to a minimum of 100 residents by July 31, 2015.

Achieved:

Participated in Play Day July 22, 2015 and a total of 150 residents attended.

**Public Health Education and Planning Division
Employee Wellness Program
2015 Performance Review**

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 maintain current participation rate in the Employee Wellness Program by December 31, 2016.

Achieved:

Total employees participating in the employee wellness program (N₂₀₁₅=47, N₂₀₁₄= 38).

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

Not Achieved:

Medical costs continue to escalate. Medical Costs (N₂₀₁₅ N₂₀₁₄ \$ 7,840,000)

Objective 3: To improve employee health status by having 90% of employees achieve the requirements of identified pathway by December 31, 2016.

Not Achieved:

A total of 81% of employees enrolled in the program received reimbursement for achievement of pathway criteria.

**Public Health Education and Planning Division
Healthy Woman Program
2015 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 one hundred (100) eligible women during 2015.

Achieved:

The Healthy Woman Program has provided services to (N₂₀₁₄=212, N₂₀₁₅=107) women who had at least a screening mammogram, Pap test and self-breast-examination education.

Services provided:

Breast Biopsies (N₂₀₁₄= 23, N₂₀₁₅= 16)

Diagnostic testing of the breast (N₂₀₁₄=100, N₂₀₁₅= 49)

Diagnosed with breast cancer- (N₂₀₁₄=0, N₂₀₁₅=0)

Diagnostic testing of the cervix (N₂₀₁₄=42, N₂₀₁₅=12)

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, 2015.

Achieved:

Case Management was provided to (N₂₀₁₄=165, N₂₀₁₅=126) 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 Highway Safety Program 2015 Performance Review

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, 2015.

Achieved:

Participated in monthly (12) enforcement meetings with the Lehigh Valley Regional DUI and Highway Safety Task Force. Educated police departments on areas with high crash rates.

Objective 2: To increase the number of Northampton County police officers Trained in PENNDOT approved educational programs by 5% by September 30, 2015.

Achieved:

Conducted site visits (along with my LEL for Northampton County) to all police departments within Northampton County to encourage and promote all trainings available through PENNDOT.

Objective 3: To provide all magisterial district justices a list of available educational material to provide to clients who do business at their respective offices by September 30, 2015.

Achieved:

Provided educational materials (handouts) and statistics regarding aggressive driving, child passenger safety, impaired driving and seatbelts to all magisterial district justices in Northampton County upon request.

Objective 4: To increase by 2% the number of motorists who have special needs who utilize the Yellow Dot program by September 30, 2015.

Achieved:

Participated and provided the Yellow Dot program to the 500 participants in the Northampton County Special Olympics Track & Field Day. Provided the Yellow Dot program to seniors who reside in the Bethlehem Housing Development.

Objective 5: To increase participation and collaboration of NC police departments to 60% to attend meetings to discuss aggressive driving, impaired driving, seatbelts, heavy truck and motorcycle enforcement activities by September 30, 2015.

Achieved:

Conducted site visits (along with my LEL for Northampton County) to all police departments within Northampton County to encourage and promote all trainings available through PENNDOT. Attended monthly Lehigh Valley DUI Highway Safety Task Force meetings. Local trainings are reviewed and distributed to Lehigh Valley police departments.

Objective 6: To reduce fatalities caused by aggressive driving by 25% (n=7, 2013; n=11, 2012) in Northampton County by September 30, 2015.

Achieved:

Educated four colleges regarding safe driving practices in Northampton County. Attended the Moravian College Health Safety Day and educated the students on distractive, aggressive and impaired driving. Provided information and assisted with the driving simulators provided by Lehigh Valley Hospital.

Objective 7: To reduce crashes caused by aggressive driving by 10% (n-1740, 2013; n=1865, 2012) in Northampton County by September 30, 2015.

Achieved:

Educated 4 colleges regarding safe driving practices in Northampton County. Attended the Moravian College Health Safety Day and educated students on distractive, aggressive and impaired driving. Conducted site visits to Northampton County Police Departments and provided information regarding aggressive driving, DUI and seatbelts. Through the Lehigh Valley DUI Highway Safety Task Force, and received media coverage twice regarding aggressive driving.

Objective 8: To decrease motorcycle fatalities by 15% (n=3, 2013; n=3, 2012) by September 30, 2015.

Achieved:

Media coverage was provided through the Lehigh Valley DUI/Highway Safety Task Force during Motorcycle Awareness Month. Messages were also posted on social media through Face book and Twitter. The Crime Victims Council Motorcycle Run-Rally through the Valley September 2015 – Lehigh Valley DUI/Highway Safety Task Force sponsors an ad to support this event.

Objective 9: To decrease motorcycle crashes by 10% (n=92, 2013; n=106, 2012) by September 30, 2015.

Achieved:

Media coverage was provided through the Lehigh Valley DUI/Highway Safety Task Force during Motorcycle Awareness Month. Messages were also posted on social media through Face book and Twitter. The Crime Victims Council Motorcycle Run-Rally through the Valley September 2015 – Lehigh Valley DUI/Highway Safety Task Force sponsors an ad to support this event.

Objective 10: To decrease crashes caused by older drivers by 5% (n=1030, 2013; n=1041, 2012) by September 30, 2015.

Achieved:

Provided educational programs at 2 senior living facilities educating 55 seniors on safe driving practices. Attended 2 safety fairs educating 415 seniors on safe driving.

Objective 11: To decrease fatalities caused by older drivers by 25% (n=6, 2013; n=12, 2012) in by September 30, 2015.

Achieved:

Organized a Car Fit training in Northampton County and became certified as a Car Fit technician and coordinator. Car Fit is an educational program that offers older adults the opportunity to check how well their personal vehicle fits them. Two Car Fit events were held in Northampton County educating 16 seniors.

Objective 12: To increase proper use of child restraints to a 90% correct use rate by September 30, 2015.

Achieved:

BHB participated in 19 car seat checks in which 286 car seats were inspected and installed correctly. Four car seats were provided through a rental program for individuals in need. A total of 5 vouchers were provided through Lehigh Valley Health Network for individuals to receive a free convertible car seat and 4 vouchers were provided through St. Luke's University Health Network. During Child Passenger Safety Week, BHB participated in 3 car seat checks and inspected 59 seats. Five educational

programs were delivered to parents, caregivers and agency staff members regarding child passenger safety. BHB staff also answered all calls with questions regarding the proper installation of car seats and PA Laws.

Objective 13: To decrease pedestrian injuries by 15% (n=76, 2013; n=82, 2012) in Northampton County by September 30, 2015.

Achieved:

A total of 6 pedestrian educational programs were conducted within the City of Bethlehem in collaboration with the Bethlehem Police Department, City of Bethlehem Department of Engineering and Lehigh Valley Health Network. The motoring public was educated on the need to be cautious of pedestrians in crosswalks and the need to be aware of your surroundings when commuting. A media event was conducted at the initial kick off.

Objective 14: To decrease pedestrian fatalities in Northampton County by 25% (n=4, 2013; n=3, 2012) on public roads by September 30, 2015. .

Achieved:

A BHB staff person chairs the Citizen's Traffic Advisory Committee and held monthly meetings to review and develop solutions to pedestrian problems within the City of Bethlehem. Data was collected and analyzed to help identify problem areas. BHB collaborated with local pedestrian organizations and assisted with programs. Messages were posted on social media for National Walk to School Day.

Objective 15: To increase seatbelt usage to 90% (n=84%, 2013; n=84%, 2012) in Northampton County by September 30, 2015.

Achieved:

BHB participated in the first Child Passenger Safety Enforcement Mobilization providing education to parents and teens on seatbelt use at 3 Northampton County High Schools and 3 Elementary Schools. BHB also participated in 3 media events regarding seatbelt enforcement.

Objective 16: To decrease unrestrained crashes by 10% (n=285, 2013; n=285, 2012) in Northampton County by September 30, 2015.

Achieved:

Media outreach was conducted during Teen Seat Belt Mobilization and Aggressive Driving Week. National Click it or Ticket Mobilization was implemented in Northampton County and motorists were educated during these events.

Objective 17: To decrease unrestrained fatalities by 15% (n=5, 2013, n=8, 2012) in Northampton County by September 30, 2015.

Achieved:

A seat belt survey was conducted at Liberty High School. Evaluation and education was provided during the mock crash assembly held in May 2015. Juniors and seniors were educated during a two day event conducted with all local participating agencies.

Objective 18: To maintain a zero percent bicycle fatality rate in Northampton County (n=0, 2013; n=0, 2012) by September 30, 2015.

Achieved:

BHB collaborates with local bicycle organization, CAT, to address problem roadways and ways of improvement in Northampton County through our Citizen's Traffic Advisory Committee. Meetings are held on a monthly basis.

Objective 19: To decrease bicycle crash rate in Northampton County by 10% (n=40, 2013; n=23, 2012) September 30, 2015.

Achieved:

Participated and assisted CAT with organizing and facilitating four bicycle educational events. A total of 500 students were educated during this event. Approximately 215 helmets were distributed to children in need. BHB also participated in 6 Safety Town events educating 1,548 children on bicycle safety

Objective 20: To reduce by 10% the number of bicyclists committing major violations on public roadways (riding the wrong way, not stopping at traffic signals, riding on sidewalks) in Northampton County by September 30, 2015 (baseline 80%).

Achieved:

Accidents involving bicyclist are tracked through the GIS System. Data is analyzed and problem areas are addressed and evaluated during the CTAC meetings.

Objective 21: To decrease fatalities in crashes caused by teen drivers by 25% (n=0, 2013; n=2, 2012) by September 30, 2015.

Achieved:

BHB participated and educated 1,270 students in 9 high Schools regarding distractive and impaired driving. Staff attended the Northampton County SADD Healthy Living Expo educating 400 students on distractive and impaired driving and participated in the State Teen Driving Competition in May 2015.

Objective 22: To decrease crashes caused by teen drivers by 10% (n=345, 2013; n=438, 2012) by September 30, 2015.

Achieved:

BHB collaborated with the Lehigh Valley DUI/Highway Safety Task Force to host their annual Youth Conference which was held on April 23rd. A total of 200 students attended the conference from the Lehigh Valley. The focus is on youth making positive

decisions for better health and safety. Students from each school created a situation based on the topic selected and promoted a positive message related to Highway Safety.

Objective 23: To reduce impaired driving fatalities by 10% (n=18, 2013; n=8, 2012) in Northampton County by September 30, 2015.

Achieved:

BHB participated in the Moravian College Students Health Event educating 40 students; Penn State Lehigh Valley Campus/Lehigh Valley DUI Task Force Collegiate Event educating 300 students on underage drinking, aggressive driving and seatbelt use.

Objective 24: To reduce impaired driving crashes by 10% (n=515, 2013; n=605, 2012) in Northampton County by September 30, 2015.

Achieved:

BHB participated in the Lehigh Valley Health Network 50+ Senior Wellness Expo educating 300 seniors on medication impairment.

**Public Health Education and Planning Division
Tobacco Cessation
2015 Performance Review**

Program Goal: To reduce tobacco use among adults living in Northampton County by December 31, 2015.

Objective 1: Provide tobacco treatment counseling to at least 150 individuals by December 31, 2015.

Partially Achieved:

A total of 133 individuals received tobacco cessation counseling in 2015. Follow up was conducted with all individuals who completed the program to determine quit rates (52-% smoke free at 30 days; 28% smoke free at 6 months). Tobacco cessation counseling was conducted at 3 worksites in Northampton County and services were regularly promoted cessation program on Facebook and Twitter.

Public Health Education and Planning Division Public Health Emergency Preparedness 2015 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: To increase the coordination between state, county, and local entities 2 times per year to improve the sharing of public health information by December 31, 2015.

Achieved:

1. Participated in regional conference calls to discuss actual & potential Ebola Viral Disease (EVD) and influenza response. Calls included local hospitals & health departments.
2. Participated in FEMA Region III disaster recovery partners/stakeholders conference calls to discuss regional efforts. Calls included emergency management agencies, health departments, special needs groups, and FEMA.
3. Participated in meetings of the South Zone of the Northeast PA Counterterrorism Taskforce's Health, Medical & EMS Committee, which focused on health and medical preparedness & response efforts in the Lehigh Valley.
4. Participated in meetings of the Northeast PA Counterterrorism Taskforce's Health, Medical & EMS Committee, which focused on regional health and medical preparedness & response efforts.
5. Attended meetings of the Northeast PA Counterterrorism Taskforce.
6. Worked with a local church to provide public health and preparedness-related information to parishioners and community members.
7. Participated in a table-top exercise led by St. Luke's University Health Network that brought together partner agencies to work through the response to a public health issue.
8. Met with a Moravian College nursing program professor to discuss public health preparedness information to be incorporated into her disaster elective course.
9. Attended the PA Dept. of Health's Preparedness Summit.
10. Worked with the Center for Domestic Preparedness to bring PER-320: PPE for Biological Events training to City of Bethlehem and other area responders.
11. Conducted fit testing of N-95 masks for staff at Lehigh University's Student Health Center.
12. Conducted meetings to discuss local preparedness efforts between BHB and Bethlehem's Emergency Management Coordinator.
13. Regularly worked with the Allentown Health Bureau and Lehigh County EMA to create and/or provide emergency and response-related trainings to MRC & CERT volunteers.

14. Attended the regional Emergency Preparedness Conference at Kalahari Resorts.
15. Met with a representative of the Disability Action & Response Team to discussed preparedness activities for those with disabilities.
16. Attended a state-wide meeting for members of the PA Pharmacist's association to discuss emergency planning.
17. Worked with the Bethlehem Area School District, DeSales University, and Bethlehem Police Department to facilitate a drive through flu vaccine clinic exercise at East Hills Middle School.

Objective 2: To build three new community partnerships to support public health preparedness by December 31, 2015.

Partially Achieved:

1. Provided 14 outreach and education presentations & events to community members, focusing on preparedness and/or infection control.
2. Engaged with the Lehigh Valley Center for Independent Living (LVCIL), ShareCare, and Disability Action & Response Team (DART) to foster public health, medical, and mental health/behavioral health social networks.
3. Collaborated with several organizations that care for or work with individuals with special needs including the LVCIL and Moravian Village.
4. The community stakeholder database was updated in the summer.
5. Met with a local pastor to discuss collaborations with public health.
6. A database of local home health agencies was created with the intention of reaching out to them to foster client preparedness education.

Objective 3: Increase capacity to handle a public health emergency through emergency response plan updates, training, and coordination with relevant agencies by December 31, 2015.

Achieved:

1. Updated sections of the Bethlehem Health Bureau's Emergency Response Plan in preparation for Project Public Health Ready renewal.
2. Staff collectively participated in ten preparedness-related trainings, as well as three drills, and one full-scale exercise. An updated training and exercise plan was submitted to the PA DOH Bureau of Public Health Preparedness.

Objective 4: To establish and participate in one information system operations by December 31, 2015.

Achieved:

1. Disseminated PA HAN health alerts to local walk-in care centers.
2. A press release was created and disseminated in conjunction with the East Hills Middle School drive-thru flu vaccine clinic exercise.

3. Health alerts, including product & food recalls, were shared via BHB's Facebook page and Twitter account.

Public Health Education and Health Planning Division Medical Reserve Corps Program 2015 Performance Review

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

Objective 1: To recruit 10 new volunteers and increase visibility and promotion of MRC unit by December 31, 2015.

Partially Achieved:

Recruited 8 new volunteers, however, orientation was completed with 3 of them but will be sure to complete in early 2016. Increased visibility and promotion of MRC by:

- Participating in an intrastate deployment to Philadelphia for the Papal Visit.
- Collaborating with Allentown Volunteer MRC and Lehigh County CERT on a joint skills training.
- Participating in large community events such as Runners World Half Marathon Weekend, Special Olympics, Preparedness Day, etc.

Objective 2: To develop and implement an MRC unit training plan by December 31, 2015.

Achieved:

BHB worked with AVMRC and LC Cert to develop a combined skills training plan for volunteers. Four separate trainings were offered, one of which being a comprehensive training event where volunteers were given the opportunity to participate in five different skills based trainings.

Objective 3: To improve procedures for volunteer deployment, with a 65% compliance rate, by December 31, 2015.

Achieved:

BHB participated in drills and exercises using the Disaster Response Management Tool (DRMT) to practice procedures for volunteer deployment that included response time and rally point procedures. A total 100% of volunteers complied with procedures for response and deployment.

Objective 4: To maintain current policies and procedures of unit administration by December 31, 2015.

Achieved:

MRC unit profile was updated quarterly; participated in SERVPA drills and exercises.

Objective 5: To implement strategies for 80% volunteer retention and recognition by December 31, 2015.

Partially Achieved:

80% volunteer retention was achieved; however strategies for volunteer recognition need improvement. There was a failure to identify volunteers as leaders into a NIMS structure.

**Environmental Health Division
Food Safety Program
2015 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, 2015, including restaurants, retail, daycares, retail food establishments, mobile and temporary vending, schools, nursing homes, fraternal organizations, and churches.

Achieved:

In 2015, 853 food service inspections were performed (Table 1). All inspections were performed using a risk based approach, with each establishment receiving at a minimum one inspection. Those facilities recognized as being high risk were inspected a minimum of two times.

Table 1
Food Facility Inspection Summary

	2013	2014	2015
Permanent Food Facilities	501	522	518
Routine Inspections	450	487	553
Other Inspections (i.e. complaint, emergency response, follow-up, opening, owner change)	53	67	84
Temporary food stands licensed	201	207	215
Mobile food unit inspections	5	4	1
Total Food Facility Inspections	709	765	853

Objective 2: Complete a baseline Risk Factor Study as outlined by Standard 9 of the Voluntary National Retail Food Regulatory Program Standards and implement a targeted intervention strategy toward reducing the occurrence of the identified risk factor by December 31, 2015

Achieved:

Environmental staff utilized a 42 data item checklist that assessed compliance with in the five (5) risk factors identified by the CDC as causing foodborne illness. Those risk factors are: obtaining food from an unsafe source, inadequate cooking, improper

holding, contaminated equipment, and poor personal hygiene. The establishments were also broken down into establishment type to determine if there was a difference in risk factor violation for each establishment type. The establishments were categorized as hospitals, nursing homes, elementary schools, fast food, full service, deli, meat, produce, seafood, bars, daycares, private clubs, and schools (other). This designation was established based on guidance documents obtained from the FDA (*“Developing a Baseline on the Occurrence of Foodborne Illness Risk Factors – Data Collection Instruction Manual”*).

The results clearly showed for all establishment types that poor personal hygiene was the number one risk factor facing City of Bethlehem restaurants. Specifically, the lack of a written employee health policy greatly increased the chance of a food borne illness in the City of Bethlehem. In response to this data, environmental staff developed a handbook for food facility owners, describing the importance and proper way to wash hands, the various food borne illness that could occur (the Big 6), recognizing signs/symptoms of illness and employee/employer responsibilities in terms of illness reporting. This handbook will be distributed and reviewed at every inspection for the next five years, prior to another risk factor study being conducted.

Objective 3: Complete a verification audit on the FDA National Voluntary Retail Food Standard, Standard 2: Training Regulatory Staff by December 31, 2015.

Achieved:

The Sanitarian completed the standardization process with a representative from the Department of Agriculture, thereby becoming the first local health department inspector to become standardized. In addition to conducting the inspector standardization process, the sanitarian completed additional assignments to be designated as an FDA standardization officer so that she can standardize additional staff as necessary. Standard 2 of the National Voluntary Retail Standard program was audited, approved, and submitted to the National Registry.

Objective 4: 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, 2015.

Partially Achieved:

Environmental staff continue to develop a written emergency response protocol for food borne illness, injury and intentional and unintentional food contamination. Although progress has been made, lack of devoted staff time and funding has prevented this goal from becoming fully achieved. Funding has been received for 2016 and will continue to be an objective for future year plans.

**Environmental Health Division
Institution and Facility Inspection Program
2015 Performance Review**

Goals: 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 daycares) 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.

Partially Achieved:

Due to staffing shortages, all nursing home, schools, daycare centers and public bathing places were not inspected in 2015. All food service operations within these facilities were inspected; however the facility/safety inspections were not completed. Although not all inspections were completed by City of Bethlehem personnel, various other state agencies did inspect the facilities (for example, Pennsylvania Departments of Health and Public Welfare). The Health Bureau is currently in discussion with the state agencies to determine if duplicate inspections are necessary in 2016.

Table 3
Institutional Inspections Summary

NURSING HOMES	2013	2014	2015
Long Term Care Facilities (LTC)	6	6	6
LTC Inspections	6	3	1
LTC in Major Violation	0	0	0
SCHOOLS			
Number of Public Schools	17	17	17
Number of Schools Inspections	17	12	17
Number of Schools in Major Violation	0	0	0
DAYCARE CENTERS			
Number of Day Care Facilities	26	28	27
Number of Inspections	32	14	12
Number of Major Violations	2	1	1
PUBLIC BATHING PLACES			
Number of Permitted Public Bathing Places	32	32	32

Number of Inspections	32	10	5
Public Bathing Places in Major Violation	0	0	0
Public Bathing Places Reinspected	0	0	0
Total Inspections/ Reinspections	0	0	0

**Environmental Health Division
Water Quality and Waste Monitoring Program
2015 Performance Review**

Goal: To ensure 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 two (2) water distribution issue involving broken water mains in 2015. 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 2015.

Achieved:

Three (3) site inspections were conducted resulting in three (3) soil tests, two (2) plan reviews and two (2) permits being issued in 2015. All permits utilized conventional trench systems, no alternative or experimental systems were approved and/or installed in 2015.

Objective 3: To respond and provide assistance to all pollution incidents threatening natural bodies of water located in the City of Bethlehem within two hours of notification throughout 2015.

Achieved:

No pollution incidents were reported in 2015.

Environmental Health Division Solid Waste Management Program 2015 Performance Review

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

Objective 1: To respond within one working day to all notifications, complaints, health or sanitation related problems involving solid waste at commercial facilities throughout 2015.

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 2015.

Environmental Health Division Responsive Services 2015 Performance Review

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

Objective 1: To respond within three workdays to 100% of health related public complaints received throughout 2015.

Achieved:

In 2015, 100% (n=1202) of all complaints were responded to within 48 hour working time period (Table 4). There was a significant decrease in the number of complaints associated with animals, which could be attributed to the increased referral to the City of Bethlehem Animal Control Officer.

Table 4. Summary of Responsive Services in the City of Bethlehem

Response to:	2013	2014	2015
Vector responses (rats or insects)	99	93	79
Weed Overgrowth	443	400	386
Solid Waste	684	844	798
Animal Problems (fecal, increased numbers, illegal animals)	92	69	25
Citizen Unsanitary Living Conditions	24	11	17

Food/ Restaurant Complaints	17	13	15
Sewage	1	2	3
Public Bathing Place Complaint	13	19	11
Other	114	82	84
Total Complaints	1,487	1,533	1418
Confirmed Foodborne Outbreaks/People Ill	0/5	0/18	0/8

Objective 2: To initiate an investigation of all potential foodborne disease outbreaks in the City, within 1 hour of notification and/or classification of an outbreak (specific for each suspected agent) throughout 2015.

Achieved:

There were no confirmed food illness reported in 2015, however, there were eight food illness complaints (six unrelated). None of the individuals complaining of illness were willing/able to provide a specimen for testing, therefore; the organism could not be identified. All suspect facilities were inspected by the Sanitarian on the same business day.

**Environmental Health Division
Lead Based Paint Assessment Program
2015 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 throughout 2015.

Achieved:

No children of the defined age were identified as having a high blood lead level in 2015.

Objective 2: To perform risk assessments and lead hazard reduction in homes where a non-EBL child under 6 years of age lives or spends significant amount of time (defined as more than 6 hours per week), within 30 days of participant enrollment in the Lead Hazard Reduction and Healthy Homes grant throughout 2015.

Achieved:

Eighteen (18) healthy homes inspections and six (6) lead risk assessments were completed with the primary intent of enrollment into program. Of those eighteen, seven

(7) new cases were enrolled into the program in 2015, 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.

Environmental Health Division Healthy Homes Program 2015 Performance Review

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 by at least 10% during the client's enrollment in the Lead and Healthy Homes program by December 31, 2015.

Achieved:

Thirty one (31) housing units were enrolled in the Healthy Homes program in 2015, and all homes had a reduction of at least 10% of the hazards that existed. The Community Health Specialist utilized the Healthy Homes Rating system to determine the risk for the individual in the home. In 65% of the homes the risk band was lowered due to physical alterations in the home. The remainder of the homes did not receive physical alterations due to lack of funding.

Objective 2: Improve post education knowledge check results by at least 25%, thereby improving the client's knowledge base of how to maintain a healthy living environment by December 31, 2015.

Partially - Achieved:

Every client enrolled in the Healthy Homes program was provided with the appropriate education and materials and/or tools needed to gain and maintain a healthy living environment for all residents of the home, from newborn to older adults. Clients were often referred to additional outside agencies in order to assist them in their quest for a healthy home. Such agencies include the various family centers throughout the city, parent groups, WIC, the Hispanic Center, Visiting Nurses Association, Head Start, the Lead Hazard Control Program, the Housing Rehab Program and many of the Health Department's services including Tobacco Cessation, Partners for a Healthy Baby, Cribs for Kids, Insurance Assistance, the Car Seat Rental Program and Immunizations to name a few.

Due to language barriers and social issues, the Community Health Specialist was not able to conduct pre and post assessments for all clients. Of those who were assessed, there was an average improvement of 80% in their knowledge of healthy home related facts pre and post assessment.

Objective 3: Decrease the risk of all identified lead paint hazards in 100% of the dwellings enrolled in the Lead and Healthy Homes program by December 31, 2015.

Achieved:

Seven (7) clients enrolled in the Healthy Homes program were referred to and enrolled in the Lead Hazard Control Program for lead remediation/abatement. All seven units completed the program and are either lead-free or the remaining lead is properly contained and no longer a hazard.

Objective 4: Decrease the effects of allergens in the home for all Healthy Homes clients by eliminating and/or managing at least one identified allergen source during the client's enrollment in the Healthy Homes program by December 31, 2015.

Achieved:

Every client enrolled in the Healthy Homes program who claimed to have allergies or respiratory issues, were given information regarding identifying and managing allergen triggers, and was also given supplies to help reduce/contain/eliminate allergen sources. Allergen sources were identified and suggestions/referrals were made to the client. When necessary, home owners or landlords were instructed to make contact with the proper pest management agency in order to eliminate pests, and in extreme cases code enforcement was called in to assist. Materials given out include but are not limited to: pest traps, Tupperware containers, allergen-free mattress and pillow covers and various cleaning supplies.

Objective 5: Decrease the likelihood of healthy homes related injuries in the home by eliminating and/or managing 50% of identified, potential injury hazards within the home during the clients' enrollment in the Healthy Homes program by December 31, 2015.

Partially Achieved:

Home injury hazards were identified in all homes that were visited. Suggestions for remediation were given in all homes, however; due to lack of funding the homes that were enrolled in the latter half of the year did not receive remediation of the hazards. In those homes, the Community Health Specialist provided supplies to assist reducing the injury (smoke detectors, carbon monoxide detectors, fire extinguishers), however the only remediation for the large scale hazards was to refer, when appropriate, to the code enforcement bureau.

Environmental Health Division Animal Licensing Program 2015 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.

Not Achieved:

In 2015 no animal permits were issued. The reason for non-issuance was that all new cases referred did not meet the requirements and were directed to remove the animals. For those that previously met the requirement and needed to renew, the Environmental Staff did not have sufficient resources to remind individuals of the need to renew.

Environmental Health Division Educational Services Program 2015 Performance Review

Goal: To provide educational support for all environmental problems.

Objective 1: To educate a minimum of 100 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 by December 31, 2015.

Achieved:

This is an ongoing process performed during the inspection of the establishments, or via press releases, informational brochures, and general public meetings. This year Environmental staff attended quarterly town hall meetings in various areas of the City. During those meeting various issues were brought discussed, including environmental health issues. Each meeting had on average twenty (20) residents in attendance. In addition, the Environmental Health Staff served as a resource for four (4) lead abatement contractors actively working within the City of Bethlehem. Environmental Staff actively advise these contractors on issues ranging from proper containment to

OSHA compliance. Finally, education is an integral part of all our food facility inspections and every facility manager and/or operator received education on violations noted as well as the importance of employee personal hygiene (handwashing and employee illness policy).

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, 2015 and proctor examinations as requested.

Achieved:

Three (3) ServSafe Food Manager's Certification courses were held in August, November and December 2015 to assist food facilities meet the requirements of licensure renewal. A total of seventy four (74) individuals were instructed in Food Safety and sat for the credentialing exam immediately following the course. A total of twelve (12) individuals received private instruction and testing after completing the required on-line course.