City of Bethlehem
Bureau of Health

Bethlehem, Pennsylvania
Submitted for
Act 315 and Act 12 Funding

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

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PART ONE
PERSONNEL MANAGEMENT

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

Name	Category	Term of Office
Joseph F. Bacak, III, MD	Physician	1/21
Christopher Alia, MD	Physician	1/19
Dr. Sally Haggerty	Physician	1/17
Patty Zurick	Nurse	1/20
Dr. Terry Marcincin	Dentist	1/18

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

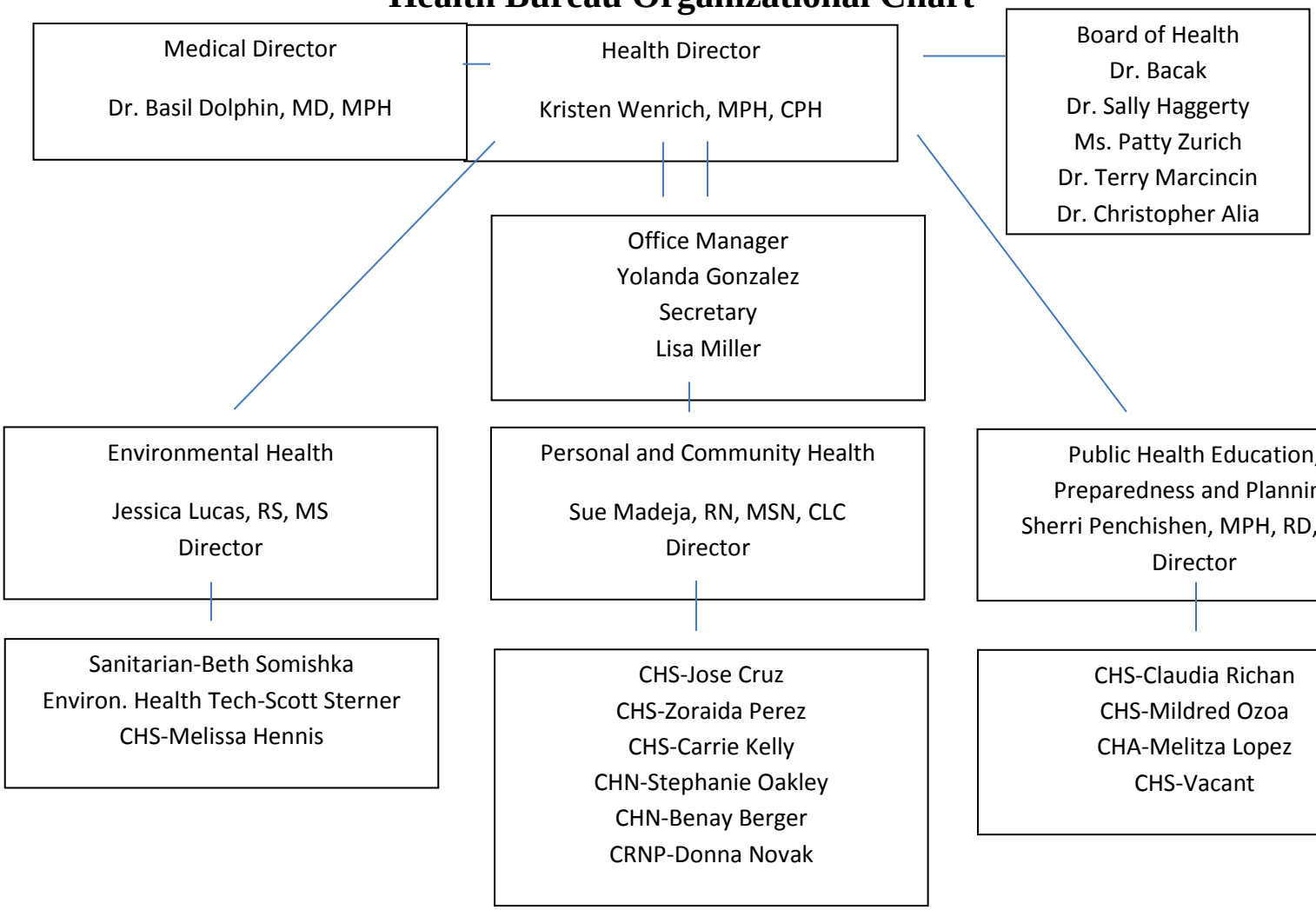
ADMINISTRATIVE AND SUPERVISORY
PERSONNEL AND SALARY
(As required in Chapter 15; §15.22, §15.23, §15.25)

Name	Position	Salary
Kristen Wenrich, MPH, CPH	Health Director	$88,903
Basil Dolphin, DO, MPH	Medical Director	Gratis
Sue Madeja, RN, MSN	Nursing Director	$84,078
Jessica Lucas, MS, RS, CP-FS	Environmental Health Director	$83,888
Sherri Penchishen, MPH, RDN, LDN, FAND	Director of Chronic Disease	$84,173
Yolanda Gonzalez	Office Manager	$53,851
Lisa Miller	Health Secretary	$34,224

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

Functional Unit	Classification	#FTE	Salary
Administration	Health Director	1	$88,903
	Medical Director	.2	Gratis
	Office Manager	1	$53,851
	Health Secretary	1	$34,224
Personal Health Services	Nursing Director	1	$84,078
	Community Health Specialist	2.5	$123,302
	Community Health Nurse	3.0	$174,817
Chronic Disease, Health Education and Public Health Preparedness	Chronic Disease Director	1.0	$84,173
	Community Health Specialist	4.0	$194,122
Environmental Health Services	Director of Environmental Health	1.0	$83,888
	Sanitarian	1.0	$68,098
	Environmental Health Technician	1.0	56,569
	Community Health Specialist	1.0	$49,705
Total		18.7	$1,095,730

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 -

2017

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	$ 762,578.75		$ 175,000.00	$ 587,578.75	$ -	$ 409,490.97
Public Health Preparedness/MRC	$ 205,858.00		$ 205,858.00	$ -	$ -	$ -
TOTAL ADMINISTRATIVE	**$ 968,436.75**		**$ 380,858.00**	**$ 587,578.75**	**$ -**	**$ 409,490.97**
Personal Health Services	$ 157,034.00		$ 24,000.00	$ 133,034.00		
Nursing/Clinical Mngt	$ 71,400.00		$ -	$ 71,400.00	$ -	$ -
Electronic Health Records	$ 10,000.00		$ 10,000.00			
Tuberculosis	$ 13,875.00		$ 13,875.00	$ -	$ -	$ -
Immunization	$ 157,077.00		$ 157,077.00	$ -	$ -	$ -
HIV/AIDS/Communicable	$ 142,150.00		$ 142,150.00	$ -	$ -	$ -
Maternal Child Health	$ 163,799.00		$ 163,799.00	$ -	$ -	$ -
Highway Safety	$ 74,395.60		$ 74,395.60			
Tobacco & Chronic Disease Education	$ 90,039.80		$ 90,039.80	$ -	$ -	$ -
Safe and Healthy Communities	$ 208,591.00		$ 208,591.00			
Healthy Women	$ 88,100.00		$ 88,100.00	$ -	$ -	$ -
Heroin and Opiod Prevention	$ 9,759.00		$ 9,759.00			
TOTAL PERSONAL HEALTH	**$ 1,176,461.40**		**$ 981,786.40**	**$ 194,675.00**	**$ -**	**$ -**
Environmental Health Services	$ 283,363.85		$ 10,700.00	$ 272,663.85	$ 99,038.54	$ -
NACCHO Food Safety	$ 4,000.00		$ 4,000.00			
Lead/ Healthy Homes	$ 114,375.00		$ 114,375.00	$ -	$ -	$ -
TOTAL ENVIRONMENTAL HEALTH	$ 401,738.85		$ 129,075.00	$ 272,663.85	$ 99,038.54	$ -
SUM QUALIFYING HEALTH PROGRAM	**$ 2,546,637.00**		**$ 1,491,719.40**	**$ 1,054,917.60**	**$ 99,038.54**	**$ 409,490.97**

BUDGET BY UNIT/ REVENUE BY SOURCE

2017

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

BUDGET BY UNIT - FY 2017	BUDGET TOTAL	PERCENT
Administration and Support Services	$ 968,436.75	38.03%
Personal Health Services	$ 1,176,461.40	46.20%
Environmental Health Services	$ 401,738.85	15.78%
GRAND TOTAL	**$ 2,546,637.00**	**100.00%**

Revenue By Source 2017	BUDGET TOTAL	PERCENT
Grants - Federal	$ 71,075.00	2.79%
Grants - State	$ 1,197,185.40	47.01%
Grants - Private	$ 13,759.00	0.54%
State Reimbursement (Act 315)	$ 409,490.97	16.08%
State Reimbursement (Act 12)	$ 99,038.54	3.89%
Fees & All Misc. License Fees	$ 209,700.00	8.23%
Local Allotment	$ 546,388.09	21.46%
GRAND TOTAL	**$ 2,546,637.00**	**100.00%**

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 (includes fees/revenues)**	**SUBSIDY BASE**	**ACT 12**	**ACT 315**
Administrative/Support Services	$ 769,851.69		$ 165,781.90	$ 604,069.79		$ 409,490.97
Public Health Preparedness/MRC	$ 189,568.36		189568.364		$ -	
TOTAL ADMINISTRATIVE	**$ 959,420.06**		**355350.264**	**$ 604,069.79**		**$ 409,490.97**
Personal Health Services	$ 151,881.91		18847.91	$ 133,034.00		
Nursing/Clinical Mngt	$ 93,865.42		7358.6	$ 86,506.82		
Tuberculosis	$ 4,327.95		4327.9535			
Immunization	$ 153,073.70		153073.7			
HIV/AIDS	$ 140,396.61		140396.61			
Maternal Child Health	$ 117,040.07		117040.065			
Highway Safety	$ 70,161.13		70161.13			
Chronic Disease	$ 104,506.45		$ 104,506.45			
TOTAL PERSONAL HEALTH	**$ 835,253.24**		**$ 615,712.41**	**$ 219,540.82**		
Environmental Health Services	$ 260,503.60		$ 10,749.88	**$ 249,753.72**	$ 99,038.54	
Food Safety	$ 4,841.20		$ 4,841.20			
Lead/ Healthy Homes	$ 6,660.30		$ 6,660.30			
TOTAL ENVIRONMENTAL HEALTH	**$ 272,005.10**		**$ 22,251.38**	**$ 249,753.72**	**$ 99,038.54**	**$ -**
SUM QUALIFYING HEALTH PROGRAM	**$ 2,066,678.39**		**$ 993,314.06**	**$ 1,073,364.34**	**$ 99,038.54**	**$ 409,490.97**

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 2016	BUDGET TOTAL	PERCENT
Administration and Support Services	$ 959,420.06	46.42%
Personal Health Services	$ 835,253.24	40.42%
Environmental Health Services	$ 272,005.10	13.16%
GRAND TOTAL	**$ 2,066,678.39**	**100.00%**

Revenue By Source - FY 2016	BUDGET TOTAL	PERCENT
Grants - Federal	$ 70,198.31	3.40%
Grants - State	$ 722,894.86	34.98%
Grants - Private	$ 4,841.20	0.23%
State Reimbursement (Act 315)	$ 409,490.97	19.81%
State Reimbursement (Act 12)	$ 99,038.54	4.79%
Fees & All Misc. License Fees	$ 195,379.69	9.45%
Local Allotment	$ 564,834.83	27.33%
GRAND TOTAL	**$ 2,066,678.39**	**100.00%**

HEALTH GRANTS 2017

CONTRACT	*FUNDING (FEDERAL/STATE)*	*TERM OF CONTRACT*	AMOUNT
Healthy Woman	State DOH	July 1, 2016-June 30, 2017	$80,000
Lead and Healthy Homes	State DOH		$114,334
Immunization PA DOH	Federal	July 1, 2016-June 30, 2017	$148,324
Tuberculosis	State	July 1, 2016-June 30, 2017	$6,113
HIV Prevention	State/Federal State/Federal	July 1, 2016-June 30, 2017 July 1, 2017-December 31, 2017	$142,567
Title V Maternal/Child Health	State	July 1, 2016-June 30, 2017	$125,000
Safe and Healthy Communities	State DOH	July 1, 2017-June 30, 2018	
Bio-terrorism/Public Health Preparedness	Federal thru PA DOH	July 1, 2016-June 30, 2017	$ 178,225
Tobacco Cessation	American Lung Association	October 1, 2016 – June 30, 2017	$115,704
Highway Safety	PENNDOT	October 1, 2016-September 30,2017	$74,702
Maternal Family Health Services	State	July 1, 2016-June 30, 2017	18,240

PART THREE
PROGRAM PLANS

Introduction

In accordance with the requirements of Act 315 and Title12 legislation for the Commonwealth of Pennsylvania, the 2017 Program Plans for the Bethlehem Health Bureau are written and submitted to the Pennsylvania Department of Health, Bureau of Community Health Systems. The Bethlehem Health Bureau is an independent Municipal Health Department subject to the stipulations set forth in the 3rd Class City Code for the Commonwealth of Pennsylvania. The Bethlehem Health Bureau operates under the joint leadership of the Board of Health and City of Bethlehem Administration and is entering the thirty fourth year of local health operation. The Bethlehem Health Bureau continues to undertake a leadership role in the community by striving to perform high quality public health services that protect and promote optimal health and well-being to assure Bethlehem is a safe and healthy community.

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

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

Administration
2017 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 conducted a community health needs assessment. This data assisted the health bureau in developing a strategic plan that included a quality improvement and community health improvement component.

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 and implementing 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.

Strategic Plan Objectives

Goal: Improve access to quality and affordable housing for City of Bethlehem residents.

Objective 1: To identify a minimum of two "hot spots" in the City from the blighted property assessment for interventions by December 31, 2017.

Activities:

1. Convene a working group with staff from the health bureau, housing rehab, and the Deputy Director of Community and Economic Development.
2. Create a blight rubric to assess substandard housing in Bethlehem.
3. Compile a list of potential blighted properties from water turn offs, code enforcement violations, foreclosed properties and vacant properties.
4. Conduct an assessment on properties from the above mentioned lists.
5. Analyze data and determine hot spots and outliers.
6. Reach out to other organizations that receive CDBG, HUD and other housing funding to coordinate efforts, remediate issues and maximize dollars.

Evaluation:

1. Percentage of properties assessed from the list.
2. Percentage of homes classified as blighted.
3. Number of hot spots identified.

Goal: Decrease deaths associated with heroin and opioid use.

Objective 2: Reduce the number of heroin and opioid overdoses in Bethlehem by 15% from baseline by December 31, 2017.

Activities:

1. Convene a task force with representation from the county coroners, hospitals, drug and alcohol agencies, local law enforcement and public health agencies to develop a plan to address heroin and opioid use in the community.
2. Identify critical sources of data that need to be collected.
3. Identify 2-3 strategies that both counties can work on collaboratively to address heroin and opioid use.
4. Submit an application for funding to support the plan.
5. Implement the plan.

Evaluation:

1. Number of meetings held.
2. Number of task force participants.
3. Number of strategies implemented.
4. Number of opioid and heroin overdoses.

Goal: Increase revenue from grants and billing in order to generate additional funds to address priority health issues and support critical health department operations.

Objective 3: Increase grant revenue by 10% from baseline and insurance revenue by 20% by baseline by December 31, 2017.

Activities:

1. Identify priority funding areas and communicate to staff, administration, board of health and community partners.
2. Apply for funding in those priority areas.
3. Complete credentialing and contracting with remaining insurance companies.

Evaluation:

1. Percentage of successful grant applications.
2. Total amount of insurance billing revenue.
3. Total amount of grant revenue.

Goal: To improve access to care for those with mental health issues in Bethlehem.

Objective 4: To connect 90% of individuals who screened positive for depression to services by December 31, 2017.

Objective 5: Increase depression screening among home visiting and clinic clients by completing depression screens for 100% of clients by December 31, 2017.

Activities:

1. Implement depression screening protocols in home visiting program and clinics.
2. Utilize the confidential template in EHR.
3. Provide training for staff on identifying mental health issues in clients.
4. Identify referral sources, i.e. Community Voices, NHCLV.
5. Refer clients who score high to appropriate services.

Evaluation:

1. Percent of clinical depression screens complete.
2. Percent of home visiting depression screens complete.
3. Percent of clients who screen high who are connected to mental health services.

Goal: To decrease the burden of chronic diseases among Bethlehem residents.

Objective 6: To provide two educational opportunities for the community to learn how to change behaviors, knowledge, and attitudes to improve health status by December 31, 2017.

Objective 7: To facilitate a minimum of three infrastructure changes which promote opportunities for healthy living by December 31, 2017.

Activities:

1. Implement two CDC diabetes prevention programs in conjunction with the YMCA.

2. Pilot the farm raiser fundraiser in one Bethlehem Area School District elementary school.
3. Collaborate with St. Luke's University Health Network on playground improvements to decrease injuries.
4. Work with identified Healthy Corner Stores to complete all phases.
5. Complete application to become a bicycle friendly community.

Evaluation:

1. Number of educational programs conducted in the community.
2. Number of infrastructure/policy changes implemented.

Goal: Improve health outcomes among clients receiving BHB clinical services.

Objective 8: Increase internal referrals by 25% and link 50% to services by December 31, 2017.

Objective 9: Increase the number of family planning clinic clients by 25 and STD clients by 50 by December 31, 2017.

Objective 10: Increase in vaccination rates for flu, pneumonia, and Tdap by 50% by December 31, 2017.

Objective 11: A total of 95% of family planning clinic clients will complete a reproductive lifeplan by December 31, 2017.

Activities:

1. Identify ways to promote clinic services to the community.
2. Training for staff on immunizations, family planning and STD services.
3. Develop a tool to assess efficiency of clinic services.
4. Determine best locations, hours, staffing for BHB Family Planning and STD Clinic.
5. Utilize EHR to improve quality of care by documenting the reproductive lifeplan and using the confidential template.
6. Provide education and referral if necessary to clients who smoke, clients with high blood pressure and clients who are overweight and obese.

Evaluation:

1. Number of internal referrals.
2. Percentage of referred clients who are linked to services.

3. Percentage of reproductive lifeplans completed.
4. Number of family planning clients.
5. Number of STD clients.
6. Vaccination rates.

Goal: To become a high-performing, accredited health department that successfully meets core public health standards.

Objective 12: Receive national accreditation by March 31, 2017.

Objective 13: Increase the percentage of performance indicators that are performing at or above target to 50% by December 31, 2017.

Activities:

1. Develop a plan to address the standards which received a designation of "not demonstrated" or "slightly demonstrated."
2. Develop a plan to integrate the new policies and procedures into everyday work across all program areas.
3. Revise the performance management system to better align with measures in the strategic plan and community health improvement plan.

Evaluation:

1. Accreditation status.
2. Percent of performance management indicators performing at or above targets.

Goal: To operationalize the health bureau's values of leadership and initiative.

Objective 14: Increase the percentage of employees who feel utilized to their potential from 70% to 90% by December 31, 2017.

Objective 15: A minimum of one KSA (knowledge, skills, and ability) will be identified for each employee by June 30, 2017.

Activities:

1. Identify a tool to use to measure employee satisfaction.
2. Identify knowledge, skills and abilities of employees and develop "go to" individuals.
3. Incorporate strategic plan initiatives into overall workforce development plan and trainings.

Evaluation:

1. Percentage of employees who feel utilized to their potential.
2. Number of KSAs identified for each staff person.

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 Programming 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.

Maternal and Child Health Division
Maternal and Infant Health Program
2017 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: Provide health education, screening, and direct services to promote healthy women & healthy pregnancy through a home visiting program for at least 75 women to provide: screening for depression, family planning services, breastfeeding support, and parenting education by December 31, 2017.

Activities:

1. The community health nurses will enroll 40 pregnant/postpartum women/families, providing monthly home visits through age 2 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 screening 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 provide “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 staff for assistance with COMPASS applications to access 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 will show referrals for smoking cessation of pregnant and postpartum women and family members interested in quitting smoking.
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 and Cribs for Kids clients will have documented “Safe to Sleep” education and/or resources provided during home visits.
7. Title V Staff will attend motivational interviewing training and “5 P’s” training
8. Title v staff will participate in Pennsylvania Perinatal Partnership calls or meetings
9. 100% of the 15-35 year olds will have documented OKQ® with education provided at each encounter in the Nextgen EHR system.

10. BHB staff will track the number of uninsured women who complete insurance application

Objective 2: A total of 100% of families who are referred from St. Luke's University Health Network, who are breastfeeding or plan to breastfeed will receive a call from the Certified Lactation Counselor (CLC) to offer breastfeeding education and support by December 31, 2017.

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.

Maternal and Child Health Division
Child and Adolescent Health
2017 Goals and Objectives

Program Goal: MCH populations live in a safe and healthy environment

Objective 1: 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, 2017.

Activities:

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

Maternal and Child Health Division
Children with Special Healthcare Needs
2017 Goals and Objectives

Program Goal: Protective factors are established for adolescents and young adults prior and during critical life stages

Objective 1: To provide a minimum of two child abuse prevention programs to families and the community using research supported programs by December 31, 2017.

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 2: 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, 2017.

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 3: 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 through twenty-one years of age in Northampton County and Bethlehem City by December 31, 2017.

Activities:

1. One BHB staff person will participate in quarterly Northampton County Child Death Review Team (NC-CDRT) meetings.
2. Identify and collaborate on possible 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. Title V staff will attend bi-monthly MDT meetings of Northampton County Children and Youth.
5. Title V staff will participate in near fatality team meetings as needed.

Evaluation:

1. Generate an annual report of preventable child deaths and report once annually to the State CDRT.
2. Attendance by Title V staff at all NC-CDRT meetings, NC-MDT meetings and near-fatality team meetings will be documented.
3. Public health interventions implemented from team discussion will be documented.

Program Goal: To increase the number of children and parents accessing oral health care and education for families in Bethlehem.

Objective 1: 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, 2017.

Activities:

1. Provide at least 15 dental health presentations to schools/community agencies.
2. Collaborate with the Northampton County College Dental Hygiene Program to educate all BASD elementary 3rd grades.

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 2: To assure infants and children with phenylketonuria (PKU) deficiency are appropriately case managed to maintain appropriate mental and physical health status by December 31, 2017.

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

Objective 3: To assure infants in Bethlehem receive appropriate follow up services for failed newborn screenings to maintain appropriate growth and development by December 31, 2017.

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 Department of Health if families cannot be located.

Evaluation:

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

Communicable Disease Division
Communicable Disease Surveillance
Program Summary

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

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

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

Communicable Disease Division
Communicable Disease Surveillance
2017 Goals and Objectives

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

Objective 1: To increase the identification and reduce the transmission of communicable diseases by investigating 100% of PA reportable diseases using PA National Electronic Data Surveillance System (PA-NEDSS) and confirmed communicable disease outbreaks in accordance with the guidelines indicated by the Pennsylvania Department of Health (PADOH) through December 31, 2017.

Activities:

1. Use and maintain the CDC's National Electronic Disease Surveillance System (PA-NEDSS) for Pennsylvania and the National Outbreak Reporting

System (NORS) to identify, assign, and investigate all reportable diseases and outbreaks in Bethlehem City.
2. Conduct epidemiological interviews with individuals reported to BHB, and identify contacts, and implement appropriate measures for containment and/or treatment of the communicable disease.
3. Update and maintain any communicable disease-specific form letters or educational materials that are used for investigative, outreach, or outbreak response purposes, if appropriate.
4. Monitor secure syndromic surveillance and epidemiological databases including: SAMS (Epi-X), NORS, PA Health Alert Network, Epicenter HMS Disease Surveillance and PA-NEDSS to assure adequate response to potential health threats on a national, state, and local level.

Evaluation:

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

Objective 2: To increase staff competency in communicable disease investigation, and epidemiological practices, as related to disease incidence in the City of Bethlehem through attendance or viewing of monthly webinars/webex/trainings/ conferences by December 31, 2017.

Activities:

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

Evaluation:

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

Communicable Disease Division
Immunization Program
Program Summary

The increase in life expectancy during the 20th century is largely due to improvements in child survival; this increase is associated with reductions in infectious disease mortality, due largely to immunization. However, infectious diseases remain a major cause of illness, disability, and death. Immunization recommendations in the United States currently target 17 vaccine-preventable diseases across the lifespan

People in the United States continue to get diseases that are vaccine preventable. According to Healthy People 2020, viral hepatitis, influenza, and tuberculosis (TB) remain among the leading causes of illness and death in the United States and account for substantial spending on the related consequences of infection.

The goal of the Immunization Program remains to decrease and/or eliminate the indigenous cases of vaccine preventable diseases by increasing immunization education and awareness in the adults and children residing in the City of Bethlehem. This is accomplished through education, surveillance, vaccinations and vaccine preventable disease investigations.

Communicable Disease Division
Immunization Program
2017 Goals and Objectives

Program 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 continue work to reduce, eliminate or maintain elimination of cases of vaccine-preventable diseases in accordance with the National Healthy People 2020 Immunization objectives by December 31, 2017.

Activities:

1. Continue vaccine preventable disease surveillance and investigation daily thru the Pennsylvania's National Electronic Disease Surveillance System (PA-NEDSS).
2. Participate in vaccine preventable disease outbreak investigations including case identification, interviewing, treatment and follow-up.
3. Ensure that all infants born to Hepatitis B Surface Antigen positive mothers are enrolled in the Perinatal Hepatitis B Prevention Program.
4. Ensure all identified household contacts of Hepatitis B Surface Antigen positive cases are provided Hepatitis B Immune Globulin and the Hepatitis B vaccine series according to the recommended schedule.
5. Participate in the administration of vaccines in mass immunization programs as requested by the PA DOH Division of Immunization.
6. Investigate and report any adverse reactions to vaccines to Vaccine Adverse Event Reporting System (VAERS).

Evaluation:

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

Objective 2: To promote adult immunizations to at risk populations by December 31, 2017.

Activities:

1. Provide presentations to smoking cessation class participants.
2. Provide presentations to Servsafe class participants.
3. Provide presentations to MOB class participants.
4. Provide vaccinations to these class participants as identified.

Evaluation:

1. Documentation of the presentations and the number of individuals reached through at least 3 presentations.
2. At least 5% of participants will have scheduled an appointment and received at least one vaccination.

Objective 3: To increase by at least 100% (from 15 to 30), the number of children 18 years or younger who receive the Hepatitis A vaccine by December 31, 2017.

Activities:

1. Offer convenient child immunization clinics in Bethlehem communities.
2. Educate parents/guardians on the need for Hepatitis A vaccine.

Evaluation:

1. Document the number of clinics held and the number of children vaccinated against Hepatitis A at each clinic.

Objective 4: To increase by at least 25% (from 288 to 360), the number of adults receiving routine vaccination, specifically Tdap, Pneumonia and influenza by December 31, 2017.

Activities:

1. Offer convenient adult immunization clinics in Bethlehem communities.
2. Provide immunization clinic services at senior centers, community organizations.
3. 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, 2017.

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 the BHB sexually transmitted disease program, tuberculosis program and wellness clinic in providing uninsured and high-risk clients with needed Hepatitis A and B, HPV, influenza and Tdap immunizations.
5. Participate in activities related to National Public Health Week April 2017 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 2017.

Objective 6: The Immunization Program staff will attend and participate in at least four educational conferences, trainings or web casts by December 31, 2017.

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, 2017.

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 2015, there were 9,557 cases of TB in the United States, a rate of 3 cases per 100,000 people. This represents a 1.6% increase in the number of TB cases compared to cases reported in 2014. Despite the increase in the number of cases, the TB incidence rate per 100,000 persons has remained relatively stable at approximately 3.0 since 2013. The case rate among foreign-born persons has continually decreased since 1996, and the rates for U.S.-born persons have been approximately the same for the past 3 years. In 2015, a total of 66.4% of reported TB cases in the United States occurred among foreign-born persons. The case rate among foreign-born persons (15.1 cases per 100,000 persons) was approximately 13 times higher than among U.S.-born persons (1.2 cases per 100,000 persons). The majority of these cases are among persons who have been in the United States 5 years or longer.

According to the Pennsylvania Department of Health, in 2015, Pennsylvania had 200 cases of TB. The number of tuberculosis cases in Pennsylvania decreased from 208 in 2014 to 200 in 2015, which represents a 3.8 percent decrease. Over the past five years, the number of TB cases in Pennsylvania has decreased by a total of 23 percent - from 260 in 2011 to 234 in 2012, 214 in 2013, 208 in 2014 and now 200 in 2015.

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 adequate treatment is completed. Targeted interventions for populations at high risk and strong local TB intervention programs are critical to TB elimination. Throughout 2017, 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
2017 Goals and Objectives

Program 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, 2017.

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) for all active cases and appropriate LTBI cases 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, 2017.

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.

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.

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 ensuring that 99% of LTBI clients are tested for HIV by December 31, 2017.

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, 2017.

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 2017 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

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Communicable Disease Division
HIV/AIDS Program
Program Summary

Human Immunodeficiency Virus (HIV) weakens a person's immune system by destroying important cells that fight disease and infection. No effective cure exists for HIV, but with proper medical care, HIV can be controlled. Some groups of people in the United States are more likely to get HIV than others because of many factors, including their sex partners, their risk behaviors, and where they live. In the United States, HIV is mainly spread by having sex or sharing syringes and other injection equipment with someone who is infected with HIV. Substance use can

contribute to these risks indirectly because alcohol and other drugs can lower people's inhibitions and make them less likely to use condoms.

According to the CDC, in 2015, 39,513 people were diagnosed with HIV. The annual number of new diagnoses declined by 9% from 2010 to 2014. An estimated 1.2 million people in the United States were living with HIV at the end of 2013, the most recent year for which this information is available. Of those people, about 13%, or 1 in 8, did not know they were infected. If we look at HIV diagnoses by race and ethnicity, we see that African Americans are most affected by HIV. In 2015, African Americans made up only 13% of the US population but had 45% of all new HIV diagnoses. Additionally, Hispanic/Latinos are also strongly affected. They made up 18% of the US population but had 24% of all new HIV diagnoses.

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, including referral and linkage to appropriate services, where feasible. BHB also conducts 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
2017 Goals and Objectives

Program 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, 2017, 87% of patients tested for CT/GC/Syphilis (STD) at BHB CTR sites will also be tested for HIV.

Activities:

1. The Bethlehem Health Bureau (BHB) will provide confidential counseling/ testing/ referral services for at-risk individuals at all BHB CTR Clinics, Family Planning/ STD Clinics.
2. Persons named as a sex contact to STD/HIV will be refer to 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 which is entered on CDC Eval-web data base. Data captured on the PEMS forms include number of tests conducted, demographic information on clients, risk factors, and STD site number.
2. Perform counselor observation annually.
3. Bi-annually, review and analyze Interim Progress Report and Annual Progress Report submitted to PA HIV/AIDS Division.

Objective 2: By December 31, 2017, a minimum of 65% of all the people tested at a BHB CTR site will identify at least one of the following risk factors as: 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).

Activities:

1. The Bethlehem Health Bureau (BHB) will provide confidential counseling/ testing/ referral services, for at-risk individuals, at all BHB CTR Clinics including BHB walk-in clients.
2. Test partners of HIV positives named and located through partner services, and Index patients reported through PA-NEDSS and their named and located sex contacts.
3. Comply with all tasks that apply to BHB and are listed in the work statement under the grant agreement between Pennsylvania Department of Health and BHB.
4. 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 which is entered on CDC Eval-web data base. Data captured on the PEMS forms include number of tests conducted, demographic information on clients, risk factors, and test results.
2. Bi-annually, review and analyze Interim Progress Report and Annual Progress Report submitted to PA HIV/AIDS Division to evaluate the number

of tests completed and percentage of individuals tested who identified a targeted risk factor for HIV infection.

Objective 3: Increase the percentage of HIV positives identified through BHB HIV CTR sites to 1% December 31, 2017.

Activities:

1. BHB will provide voluntary opt-out, routine HIV testing in its public health clinics in conjunction with sexually transmitted disease (STD) testing.
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. BHB will schedule an interview with all newly identified or HIV positive individuals who transfer 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 Eval-web data base. Data captured on the PEMS forms include number of tests conducted, demographic information on clients, risk factors, and test results.
2. Bi-annually, Review and analyze Interim Progress Report and Annual Progress Report submitted to PA HIV/AIDS Division to Monitor the HIV positive rate at each CTR site.

Objective 4: By December 31, 2017, as a result of partner services by BHB, there will be an increase by 50% in the number of HIV positive individuals who will be interviewed for partner services.

Activities:

1. Conduct partner services for newly HIV positive in BHB jurisdiction, HIV positive individuals who transfer from out of jurisdiction, previously HIV positive person named as a contact to an STD or HIV.
2. Interview eligible clients for partner services within 30 days.
3. Offer HIV/STD testing to all contacts named and located in BHB jurisdiction.
4. Utilize STD/HIV surveillance through PA-NEDSS to initiate partner services.

5. 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”.
6. Send confidential letter to HIV positive patients tested, through private providers and reported through PA-NEDSS for a face to face interview.
7. Provide partner services following CDC guidelines.
8. Collect information about sex and/ or drug sharing partners by using the HIV Partner Notification Reporting Form.
9. Open in HIV PA-NEDSS an STD (other non-reportable) investigation on all HIV positive persons and partners interviewed for partner services.
10. Enter patient’s non identifiable data in BHB excel data base.
11. Bi-annually, complete and submit the Interim Progress Report and Annual Progress Report to PADOH 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. Bi-annually, review, analyzes and submits the Interim Progress Report and Annual Progress Report to the PA HIV/AIDS Division.

Objective 5: By December 31, 2017, BHB will increase by 100%, the number of notified partners, not previously HIV-positive, receiving an HIV test.

Activities:

1. Interview eligible clients for partner services within 30 days.
2. 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.
3. Conduct face to face interviews for partner services with newly identified or previously identified HIV positive persons in BHB jurisdiction.

4. Provide counseling and refer to care persons receiving a positive HIV test in BHB jurisdiction.
5. Monitor HIV/AIDS in PA NEDSS in accordance with PA DOH HIV Epi Division.
6. 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 person 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: By December 31, 2017, reduce the number of HIV incomplete investigations reported monthly in the BHB jurisdiction per Pa HIV surveillance by 100%.

Activities:

1. Complete mandatory "Data Security and Confidentiality" training.
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 audit through St Luke's University Hospital medical record within a week of receiving, via e-mail, the incomplete investigation report from HIV surveillance PADOH.

8. Send confidential letter to HIV positive patients tested, through private providers and reported through PA-NEDSS, for a face to face interview.
9. Immediately closed investigations with a documented negative HIV antibody test.
10. Keep a monthly log of number of investigations closed as not case.
11. Within a week of doing chart audit, do data entry to update incomplete investigations.

Evaluation:

1. Monthly, review and analyze the new monthly HIV incomplete investigation report received from HIV/AIDS Epi Division for number of incomplete investigations.
2. Monthly, monitor completion rate on the incomplete investigation report 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 person, who were tested by private providers, and as a result of interview, CDC and Central Office required fields were completed.
4. Bi-annually, compile and analyze statistics on all HIV/AIDS reported cases to the Local Morbidity Reporting Office quarterly.

Communicable Disease Division
STD Prevention 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 (NEDSS) is a required component of Act 315 activities. 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 accessibility of STD clinic services, testing/treatment, partner elicitation/notification, surveillance and investigation of reported STDs, and

education of clients. Collaboration with other healthcare providers to assure that the most current recommended CDC treatment guidelines is promoted.

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

Objective 1: By December 31, 2017, decrease the number of BHB clients who were treated for GC and/or CT, and did not get re-infected within this period by 40%.

Activities:

1. Conduct patient interviews via telephone call, at BHB clinic site, or field/home visit, verify treatment and elicit contact/partner information
2. Investigate at least 2 named partners per confirmed case that were CT and/or GC exposed in the previous 60 days (per CDC recommendations).
3. Provide expedited treatment to appropriate contacts following BHB protocols.
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 retesting 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 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, safe sex and risk reduction strategies and distribute 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: Increase the number of high risk individuals with a negative test result that return for re-testing of CT/GC/Syphilis/HIV by 20% by December 31, 2017.

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 retesting 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 for 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) and NextGen to evaluate number with negative test result.

Objective 3: Increase the number of clients who are counseled/ tested/refer for HCV at BHB CTR sites by 20% by December 31, 2017.

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 Hepatitis C performed and number who tested positive
4. Review EPI info for number of Hepatitis C tests, results and referrals.

Objective 4: A minimum of 80% of patients diagnosed with an STD or HIV will name a sex contact in 2017.

Activities:

1. Conduct partner elicitation interview via client via telephone call or in person.
2. Provide partner services for HIV positive patients at BHB office, provider's office or out on the field.
3. Once contacts are identified and notified refer for test and treat to BHB or another provider, then open a PA NEDSS investigation and document activities performed.
4. Refer out of jurisdiction partners to PA DOH STD program for follow up.
5. Enter number of confirmed cases and number of sex contacts in the Performance Management excels spreadsheet in the shared file.

Evaluation:

1. Review and analyze monthly report generated through the tracking spreadsheet system in Excel.
2. Use Pennsylvania Health Analysis and Information Management Enterprise Data Warehouse **(PHAIM-EDW**) to determine number of investigations with a contact as a value
3. Monthly review and analyze number of confirmed cases and contacts named in PA-NEDSS.

Objective 5: By December 31, 2017, 100% of family planning clients will receive a reproductive plan using One Key Question.

Activities:

1. MCH and Staff doing intake will ask every reproductive age woman One Key Question (OKQ), document client's response in NextGen, and use assessment code Z30.09.
2. Distribute educational material on family planning.
3. Reproductive age women who are accessing other BHB services will be assess and refer for family planning.
4. Develop a risk reduction plan for women at risk of STD/HIV.

Evaluation:

1. 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
Program Summary

Program 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 throughout 2017.

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, 2017.

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 of 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, 2017.

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 promoting 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. According to the Bethlehem Community Health Needs Assessment 2016, only 20% of Bethlehem residents are active 5 days per week and only 11% eat the recommended number of 5 servings of fruits and vegetables per day.

Public Health Education and Planning Division
Nutrition and Physical Activity
2017 Goals and Objectives

Objective 1: To participate in 100% of Food Policy meetings by December 31, 2017.

Activities:

1. Learn all places to purchase locally grown foods.
2. Incorporate in 100% of nutrition education sessions where to purchase locally grown foods.
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 2: To conduct nutrition counseling at 10 HEARTS clinics by December 31, 2017.

Activities:

1. Conduct nutritional counselling 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 3: To advocate for the implementation a fresh produce fundraiser at 1 local elementary school by December 31, 2017.

Activities:

1. Meet with elementary school parent teacher organization to determine feasibility.
2. Collaborate with Buy Fresh Buy Local and the Lehigh Valley Food Policy Council to determine the logistics.
3. Launch local food fundraiser.

Evaluation:

1. Track the number of local produce bags sold.
2. Track the local dollars generated.

Objective 4: To rent a minimum of 150 bikes per riding season through BikeBethlehem! by December 31, 2017.

Activities:

1. Promote the bike share program to increase renters.
2. Adding to the fleet of bikes if needed.

Evaluation:

1. Track the number of bikes rented.
2. Track the reason bikes are rented.

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
2017 Goals and Objectives

Objective 1: To maintain "Playful City USA" status for 2016 by July 31, 2017.

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, 2017.

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
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 Program
2017 Goals and Objectives

Objective 1: Prevent, detect and reduce modifiable risk factors for diabetes, heart disease, stroke, cancer, chronic lower respiratory disease and obesity by December 31, 2017.

Program Goal: Create a healthy worksite culture.

Objective 1: Prevent, detect and reduce modifiable risk factors for diabetes, heart disease, stroke, cancer, chronic lower respiratory disease and obesity by 10% by December 31, 2017.

Activities:

1. Employees and family members to complete the personal profile health assessment.
2. Employees and family members to actively engage in any targeted health behavior modification program associated with the personal profile. To include but not limited to: physical activity, nutrition, tobacco product use reduction, weight management and emotional health. Actively engaged is defined as completing at least two of the eight worksite wellness programs.
3. Employees and family members to participate in biometric screening day with referral and/or counseling for blood pressure, body mass index, waist circumference, lipid panel, glucose/HbA1c as per the National Guide to Clinical Preventions Services.
   a. Blood pressure screening with counseling
   b. Body Mass Index screening with counseling
   c. Waist circumference with counseling
   d. Body fat screening with counseling
   e. Lipid panel with feedback
   f. Fasting blood glucose/HbA1c with counseling
4. Employees and family members to receive onsite flu shots.
5. Offer programs to include but not limited to: 1) Gym reimbursements, 2) farm share, 3) farmers market patronage, 4) BikeBethlehem!, 5) Flu shot, 6) FitBit campaign, 7) Counseling (nutrition, tobacco), 8) Diabetes Prevention Program.
6. Employee Wellness coordinator to participate in the quarterly Capital Blue Cross utilization meetings.
7. Convene bi-monthly Employee Wellness Committee meetings to integrate and coordinate the 8 worksite wellness programs and 2 annual health awareness messages.

Evaluation:

1. Utilize the BHB Report Template to prepare and share annual reports to inform administration and employees of Employee Wellness program progress.
2. Utilize the biometric screenings data, personal profile assessment aggregate data, program participation data, and qualitative survey feedback data as the standardized methods of data to create trends and guide worksite wellness program initiatives.

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 (2016), an estimated 83,560 new cancer cases will be diagnosed in Pennsylvania. Among the 50 states, in 2016 Pennsylvania is the fifth highest with estimated 11,310 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, 2016).

Public Health Education and Planning Division
Healthy Woman Project
2017 Goals and Objectives

Program 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, 2017.

Activities:

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

Evaluation:

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

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

Activities:

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

Evaluation:

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

Public Health Education and Planning Division
Highway Safety
Program Summary

Motor vehicle crashes (MVC) are the leading cause of death and injury for those between the age of 5-24 and second leading cause of death and injury for those between 1-4 and 25-65+, respectively in the USA according to the CDC. MVC's account for approximately half the number of deaths from unintentional injuries. In 2009, the reportable traffic crashes in PA were at their lowest number since 1951, making a good argument to support that the collaboration between law enforcement and education was working to reduce crashes. In Northampton County (NC), according PENNDOT's 2015 data, the top five motor vehicle-related fatal crashes are: aggressive driving, drinking driving/ impaired driving, crashes involving teen (16-17), distracted driver crashes and older driver 65+ crashes. Heavy truck, motorcycle and pedestrian also are key areas of concern in Northampton County. Older driver 65+ is the first leading cause of fatalities and crashes. Enforcement and education are imperative to reduce injuries and fatalities caused by older drivers. 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 responsibly on them to prevent the accidents from occurring.

Public Health Education and Planning Division
Highway Safety Program
2017 Goals and Objectives

Program Goal: To increase visibility of general traffic safety rules and violations.

Objective 1: To increase general traffic safety contacts by 10% in Northampton County by September 30, 2017.

Activities:

1. 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, 2017.

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, 2017.

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, 2017.

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.
2. 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, 2017.

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, 2015; n=0, 2014) in Northampton County by September 30, 2017.

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=259, 2015; n=231, 2014) in Northampton County by September 30, 2017.

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=2, 2015; n=5, 2014) by September 30, 2017.

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=80, 2015; n=105, 2014) by September 30, 2017.

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 10% (n=1089, 2015; n=968, 2014) by September 30, 2017.

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. Car-Fit is an educational program (created by AAA, AARP, American Occupational Therapy Association) that offers older adults the opportunity to check how well their personal vehicles "fit" them. The Car-Fit program provides information and materials on community-specific resources that could enhance their safety as drivers, and/or increase their mobility in the community. The Project Coordinator will also determine the steps to become a Car-Fit technician and/or Event Coordinator and, if feasible, request approval from PENNDOT to attend the trainings.
2. Perform research for development of county resource guide for older adults that are denied a license renewal or have license recalled. Gather current information on Share-the-Ride programs and other local agencies/services that provide transportation for older adults by county. Keep the information up-to-date as contacts/programs change and use the format provided by PENNDOT.

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 10% (n=24, 2015; n=20, 2014) by September 30, 2017.

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, 2017.

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. Educational program materials are developed by the PENNDOT funded Pennsylvania Academy of Traffic and Injury Prevention Project (PA TIPP) in various community locations including: the hospital, churches, wellness events, and elementary programs reaching a minimum of 500 parents. Compare the child safety seat inspection numbers from year to year to measure effectiveness.
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. Mange 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=79, 2015; n=69, 2014) September 30, 2017.

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=4, 2015; n=6, 2014) on public roads by September 30, 2017.

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%, 2015; n=84%, 2014) in Northampton County by September 30, 2017.

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=254, 2015; n=272, 2014) in Northampton County by September 30, 2017.

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=8, 2015; n=9, 2014) in Northampton County by September 30, 2017.

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, 2015; n=0, 2014) by September 30, 2017.

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=26, 2015; n=25, 2014) September 30, 2017.

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, 2017 (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=10, 2015; n=6, 2014) by September 30, 2017.

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=403, 2015; n=388, 2014) by September 30, 2017.

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 participants.
2. Track the number of participants.
3. Track the number of schools attending the conference.
4. 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 attendees.
6. Track the number of programs.
7. Track the number of schools offering the programs.
8. Track the number of schools participating.
9. Track the number of participants.

Objective 23: To reduce impaired driving fatalities by 5% (n=17, 2015; n=16, 2014) in Northampton County by September 30, 2017.

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 5% (n=496, 2015; n=510, 2014) in Northampton County by September 30, 2017.

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 one can take to improve their 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, compared to people who have never smoked, 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 the Bethlehem Community Health Needs Assessment conducted in 2016, 17% of the local adult population currently smoke, of which 21% are Hispanic and 33% are low income. The statewide smoking rate is 20%. Although the local and state smoking rate is similar, Bethlehem residents diagnosed with Asthma differ. Bethlehem residents diagnosed with asthma is two times the state and national rate. 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. Bethlehem residents diagnosed with CLRD is higher than the county, state and national averages.

Public Health Education and Planning Division
Tobacco Cessation
2017 Goals and Objectives

Program Goal: Prevent the initiation of tobacco use among youth and young adults.

Objective 1: To conduct a statewide youth survey in State Fiscal Year (SFY) 2016-2017 in schools selected in your service area to help achieve representative data for the state, and achieve high overall, school and student response rates by December 31, 2017.

Activities:

1. Contact middle and high schools to arrange a distribution date in selected schools.
2. Make a second contact with the middle and high schools to encourage more schools to participate in the Youth Tobacco Survey.
3. Distribute the Youth Tobacco Survey in selected middle and high schools in Lehigh and Northampton counties.
4. Send completed surveys to Youth Tobacco Survey identified location.

Evaluation:

1. Number of schools that participated in the Youth Tobacco Survey.
2. Number of schools that participated in the Youth Tobacco Survey on the second attempt.
3. Number of students who completed the Youth Tobacco Survey with in participating schools.
4. Document completion of surveys and when sent.

Objective 2: To enroll a minimum of 135 tobacco users in the region in a tobacco cessation by December 31, 2017.

Activities:

3. Promote the Freedom from Smoking program in worksites.
4. Conduct 1 Freedom from Smoking group session quarterly and/or individual counseling to individuals unable to attend group sessions reaching a minimum of 75 participants cumulative for both Lehigh and Northampton Counties.
5. Conduct 30 day, 3 month, and 6 month follow up.
6. Promote the PA Free Quitline.

Evaluation:

1. Capture the way participants hear about the program on an end of session evaluation.
2. Track participation numbers.
3. Track quit rates.
4. Track quit attempts.
5. Track group retention rates.
6. Number of follow ups completed.

Objective 3: To strengthen the tobacco policies of a minimum of 14 worksites in order to decrease exposure to secondhand smoke by December 31, 2017.

Activities:

1. Conduct assessment of worksites, using the Worksite Tobacco Policy Index, in Lehigh and Northampton Counties to determine smoke-free status.
2. Meet with 4 worksites that are not smoke-free to determine intent to move to a smoke-free facility.
3. Provide Smoke-free in a Box to worksites with intent to go smoke-free (Action stage).
4. Conduct a survey among employees (with a 30% response rate) to determine opinion on a smoke-free facility.
5. Provide support to worksite to complete the smoke-free transition.
6. Provide signage to indicate smoke-free facility.

Evaluation:

1. Analyze results of the survey to determine employee's opinion and communicate the results with the worksite.
2. Track the response rate of survey participants.
3. Track number of encounters and type of technical assistance needed to attain smoke-free status.
4. Track locations of signage to be sure it is visible and obeyed.
5. Track the number of employees who participate in the program prior to the facilities smoke-free date.

Objective 4: To increase by 5, the number of smoke-free multi-unit housing establishments by December 31, 2017.

Activities:

1. Conduct assessment of all multi-housing units in Lehigh and Northampton Counties to determine smoke-free status.
2. Meet with 2 multi-housing units that are not smoke-free to determine intent to move to a smoke-free facility.
3. Provide Smoke-free in a Box to multi-housing units with intent to go smoke-free (Action stage).
4. Conduct a survey among residents (with a 30% response rate) to determine opinion on a smoke-free facility.
5. Provide support to multi-housing units to complete the smoke-free transition.
6. Provide signage to indicate smoke-free facility.
7. Promote cessation to residents wishing to quit smoking.

Evaluation:

1. Analyze results of the residents to determine resident's opinion and communicate the results with the multi-housing unit.
2. Track the response rate of survey participants.
3. Track number of encounters and type of technical assistance needed to attain smoke-free status.
4. Track locations of signage to be sure it is visible and obeyed.
5. Track the number of residents who participate in the program prior to the facilities smoke-free date.

Objective 5: To identify and eliminate tobacco related disparities by December 31, 2017.

Activities:

1. Integrate tobacco cessation resources with 5 existing community-based chronic disease prevention programs, such as cardiovascular disease, cancer, asthma, diabetes, obesity, and oral health programs, to promote utilization of cessation resources.
2. Partner with 5 community-based organizations to address tobacco-related health disparities in African-American, Hispanic/Latino, Asian/Pacific Islander, low socioeconomic status, rural and Amish, Native American/American Indian, and LGBTQ (lesbian, gay, bisexual, transgender and questioning) populations.

3. Integrate tobacco cessation resources with 4 existing private and public health services, such as county behavioral health and substance abuse case management, substance abuse or mental health counseling services, mental health inpatient hospitals, hospital and non-hospital based rehabilitation centers, and individual behavioral health practitioners.
4. Address social determinants of health that contribute to tobacco-related health disparities by providing tobacco prevention and cessation resources at 5 community events.
5. Impact a minimum of 1125 individuals by new smokefree laws and policies (YLAP, MUH, etc.).

Evaluation:

1. Track number of encounters and type of technical assistance needed to attain smoke-free status.
2. Track locations of signage to be sure it is visible and obeyed.
3. Track the number of residents who participate in the program prior to the facilities smoke-free date.

Objective 6: To develop and maintain 2 media campaigns specific to minority and disparate populations disproportionately affected by tobacco by December 31, 2017.

Activities:

1. Develop and maintain media campaigns specific to minority and disparate populations disproportionately affected by tobacco.

Evaluation:

1. Track number of media outlets promoting the media awareness message.

Objective 7: Educate a minimum of 19 legislators about tobacco-related initiatives and issues by December 31, 2017.

Activities:

1. Conduct at least two district-level legislative visits with all assigned PA House and PA Senate members in the region, representing 19 legislators.

Evaluation:

1. Track the number of meetings and document the position of each legislator.

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

Public Health Education and Planning Division
Public Health Preparedness
2017 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, 2017.

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, 2017.

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, 2017.

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, 2017.

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
2017 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 develop and implement the MRC unit training and exercise plan by December 31, 2017.

Activities:

1. Develop training needs assessment and training plan
2. Collaborate with local partners including the AVMRC, LCEMA, etc to offer joint trainings to all of our volunteers so that training opportunities increase.
3. 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.
    d. At least one competency-based emergency preparedness education and training session for all MRC unit members

Evaluation:

1. Documentation of training plan.
2. Results of training needs assessment
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, 2017.

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, 2017.

Activities:

1. Participate in at least one exercise that utilizes public health emergency scenarios or responds to a real-life public health event
2. Update the MRC unit profile quarterly.
3. Participate in Technical Assistance (TA) Assessment administered by regional MRC coordinator to identify areas of need.
4. Conduct at least two notification drills 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, 2017.

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.
4. Identify key volunteers and assign leadership roles utilizing NIMS structure to make them stakeholders in the success of the unit.
4. 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.
5. Conduct volunteer recognition strategies.

Evaluation:

1. Completed recruitment activity
2. Number of orientations conducted annually
3. Documentation of retention and recognition program.
4. Key volunteers identified and NIMS structure completed.
5. Number of times website is updated and number of followers on social media.

Environmental Health Division
Program Summary

The Environmental Health Division of the Bureau of Health conducts all pertinent and mandated Act 315 and Act 12 Environmental Health Programs. The Bethlehem Health Bureau has been carrying out most of these programs since the Bureau's inception in 1980. Jurisdictional prohibitions and other constraints preclude the necessity of conducting the remaining mandated programs (i.e. Campground, Mobil Home Park, Bottled Water and Water Supply).

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

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

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

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

Facility Inspections:
- Nursing Homes
- Schools
- Day Cares
- Recreational Facilities
- Swimming Pools

Water and Wastewater Monitoring
- Solid Waste Management Monitoring

Responsive Services

Lead/ Healthy Homes Assessments and Enforcement

Educational Services

Environmental Health Division
Food Safety Program
2017 Program Goals and Objectives

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

Objective 1: To inspect all food facilities, using a risk based approach, by December 31, 2017, 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.) the first time licensed and then on a spot-check basis, which is at the discretion of the Director of Environmental Health and Director of Health.
5. Inspect all mobile food vehicles and require compliance to standards prior to issuing license.
6. Coordinate all mobile food truck inspections/ licensing with other involved City of Bethlehem Departments to ensure compliance with all rules and regulations.
7. 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.
8. License and inspect annually all food vending machines and biannually all commissaries.
9. 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.
10. 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.
11. Utilize risk-based inspection standard to license and inspect all nursing home kitchens where food is prepared and served to residents.
12. License and inspect all churches and fraternities annually and more often if identified in risk analysis.
13. Review plans for all new and remodeled food facilities to assure compliance with code requirements.

14. 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 by December 31, 2017.

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 2016 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.

Environmental Health Division
Institution and Facility Inspection Program
2017 Program Goals and Objectives

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

Objective 1: To inspect the physical facilities of all institutions (i.e. nursing homes, schools and 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, 2017.

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 2017 and September 2017 and semi-annual inspections of all indoor facilities by December 31, 2017.
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
2017 Program 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 2017.

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 2017.

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
2017 Program Goals and Objectives

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

Objective 1: To conduct investigations upon receipt of a complaint about a specific and serious health or sanitation problem involving solid waste at a facility without all appropriate state and local permits throughout 2017.

Activities:

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

Evaluation:

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

Environmental Health Division
Responsive Services
2017 Program 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 2017.

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 2017.

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
2017 Program Goals and Objectives

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

Objective 1: To conduct a Hazard Risk Assessment within 30-days of Health Bureau's notification by inspecting all dwelling units or other structures occupied or frequented by children between the ages 6 months to 6 years diagnosed with elevated blood lead levels of at least 10 micrograms of lead per deciliter of venous whole blood throughout 2017.

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.

Objective 2: To conduct education within 30-days of Health Bureau's notification of a child ages 6 months to 6 years diagnosed with elevated blood lead levels of at least 5 micrograms of lead per deciliter of venous whole blood throughout 2017.

Activities

1. Environmental Staff will obtain access to the National Electronic Disease Surveillance System (NEDSS), and will check reporting on a daily basis.
2. When a child is identified as having a venous blood level greater than 5

micrograms of lead per deciliter of whole blood, the Community Health Specialist will contact the parent and request to schedule an in-home education session within 15 days of the initial reporting.

3. If the parent listed above denies the in-home education session, the Community Health Specialist will send informational materials to the parent within 15 days of initial contact.
4. During the in-home educational session the Community Health Specialist will determine if additional referrals to the Lead Hazard Control Program, Health Homes Program, or Code Enforcement is warranted.

Evaluation:

1. Community Health Specialist granted permission to NEDSS.
2. Number of in-home educational sessions will be recorded along with referrals provided.
3. Number of educational packets sent will be recorded.
4. Number of individuals enrolled into the Lead Hazard Reduction Program will be recorded.

Objective 3: To perform risk assessments and lead hazard reduction in homes where a child under 6 years of age lives or spends significant amount of time (defined as more than 6 hours per week), within 30 days of participant enrollment in the Lead Hazard Reduction and Healthy Homes grant throughout 2017.

Activities:

1. Finalize contract with the Pennsylvania Department of Health for the Lead Hazard Control Program.
2. Assist Northampton County Housing Rehabilitation Program in applying for additional Lead Hazard Control Funding.
3. Enroll property owners that have children less than 6 years of age residing in the residence into the Lead Hazard Control Program.
4. Assist contractors with compliance issues associated with the Lead Hazard Control Program.
5. Complete all mandatory reporting requirements as outlined in the Lead Hazard Control Program.
6. Conduct all post-abatement clearance requirements as outlined by Housing and Urban Development.

Evaluation:

1. Signed grant agreement with the PA DOH and Northampton County (if granted) will be filed in the grant administration file cabinets.
2. Number of properties inspected for lead hazards and subsequently enrolled into the Lead Hazard Control Program.
3. Number of properties with lead hazard remediation completed and/or in progress.
4. Weekly and quarterly reports submitted to PA DOH and Northampton County (if granted).

Environmental Health Division
Healthy Homes Program
2017 Program Goals and Objectives

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

Objective 1: Reduce the number of housing units that have moderate or severe physical problems by at least 10% during the client's enrollment in the Lead and Healthy Homes program by December 31, 2017.

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, 2017.

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, 2017.

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 client's enrollment in the Healthy Homes program by December 31, 2017.

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, 2017.

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
Educational Services
2017 Program 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, 2017.

Activities:

1. Encourage operators to attend food management training courses.
2. Environmental Health Department staff will be available to conduct trainings.
3. Provide education to facility staff during the course of inspection in terms of problems and violations.
4. Provide information on courses that are given by the State and the Central Atlantic States' Association (CASA).
5. Encourage pool operator to attend State schools on pools and CASA updates.
6. Inspection of facilities with major violations.
7. Distribution of informative materials via press releases and general public meetings.

Evaluation:

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

Objective 2: To assist restaurant owners and workers obtain food employee certification by holding a minimum of two City of Bethlehem sponsored certification course by December 31, 2017 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

2016 Performance Review

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

Achieved:
A three-year strategic plan was created over the course of 10 meetings. The strategic plan and the community health improvement plan are consolidated into one overarching plan. The strategic plan identifies eight priority areas: housing, substance abuse, mental health, healthy lifestyles, quality of care, accreditation, and workforce development. The strategic plan will be implemented in 2017.

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

Partially Achieved:
A quality improvement team was formed with 8 health bureau staff members and the team meets quarterly. The team assessed and prioritized the weaknesses and gaps from accreditation, the performance management system and program plans. A total of 6 initiatives were identified and to date one is complete and five are in process.

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

Achieved:
A community health needs assessment was conducted in 2016 to identify health priorities that the health bureau should focus on. The community health improvement plan was combined with the health bureau's overall strategic plan. A total of 4 initiatives were identified: housing, substance abuse, healthy lifestyles and mental health.

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

Achieved:
The health bureau's media and outreach team continued to meet quarterly to identify ways to promote the health bureau's programs and services. A total of nine

stories were covered by the local media. In addition Facebook followers increased from 366 likes to 443 likes, Twitter followers increased from 485 to 636 followers, and the health bureau's webpage had a total of 28,832 page views.

Objective 5: To conduct a minimum of 6 workforce development trainings that aligns with the needs assessment by December 31, 2015.

Achieved:
Six workforce development trainings were conducted during the monthly health bureau staff meetings.

Maternal and Child Health Division
Maternal and Infant Health
2016 Performance Review

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: Provide health education, screening, and direct services to promote healthy women & healthy pregnancy through a home visiting program for at least 75 women to provide: screening for depression, family planning services, breastfeeding support, and parenting education by December 31, 2016.

Not Achieved:
The community health nurses provided monthly home visits to 9 women/families, using Partners for a Healthy Baby (PFHB) curriculum to provide parenting support and education. The goal of providing services to 75 women was not achieved, partly due to having one less nurse six months of the year.

In 2016, there were no pregnant women enrolled in the PFHB program. Three new clients received mental health screenings using the Edinburg Depression Screen during the postpartum period and did not require referrals for follow up care.

Twenty-six eligible Bethlehem families were provided with "Safe to Sleep" education and Pack N Play cribs via home visit by a community health nurse, using Eunice Kennedy Shriver National Institute of Child Health and Human Development resources. Follow-up calls were made by community health nurses, and showed that 80% of clients who were contacted were using safe sleep practices. Six clients were lost to follow up.

The MCH Director participated in 3 Pennsylvania Perinatal Partnership (PPP) meetings or calls to collaborate on maternal child health issues affecting women and families in PA. PA Department of Health staff attend these meetings and calls to share PA State Health Department updates.

PFHB home visitors and clinic staff used the One Key Question® (OKQ) reproductive life planning tool and handout from the Oregon Foundation of Reproductive Health for all encounters of women age 15-44 years, and provided appropriate education including: folic acid supplementation, preconception healthcare and contraceptive services. OKQ was documented into Nextgen electronic health records (EHR)for 48 out of 50, or 96% of family planning patients.

BHB staff referred uninsured individuals to CAC workers for assistance with access to appropriate health insurance options. The total number of referrals within BHB was 28: 24 were for Medicaid, 3 for SNAP, 2 LiHeap. Of those completed: 17 were approved for MA, 7 denied and 4 pending yearend. Additionally, during open enrollment for ACA, 12 MA applications and 30 ACA applications were completed by the local FQHC CAC counselor onsite. No data on approvals was kept for these applications.

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

Achieved:

All breastfeeding mothers referred and enrolled into the PFHB Program were offered support by a Certified Lactation Counselor (CLC). Four new mothers of minority status initiated breastfeeding, one mother breastfed and pumped for 2 months and stopped because of overproduction and discomfort. Two mothers breastfed exclusively through 3 months and 6 months, one continues at 9 months and another baby self-weaned just short of 12 months. Another mom had difficulty with latching but continues to pump and feed breastmilk with minimal supplementation of formula. This baby has severe eczema and mom understands the importance of continuing to offer breastmilk. One doctor did suggest soy formula for a short time but mom preferred returning to breastmilk.

BHB CLC has developed an agreement with a local birthing hospital to pilot a breastfeeding support program for new mothers released from the hospital. Outreach to new mothers by a CLC will assist interested mothers following discharge from the hospital with lactation support. Mothers will also be provided with community resources for support.

Maternal and Child Health Division
Child and Adolescent Health
2016 Performance Review

Goal: MCH populations live in a safe and healthy environment.

Objective 1: 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.

Partially Achieved

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

Eighteen referrals for Healthy Homes visits were received in 2016. Sixteen home visits were conducted for families enrolled in the PFHB program or referred from other agencies serving children and families in Bethlehem. Priority was given to families if living conditions are determined to be unsafe or unhealthy according to the seven principles of the Healthy Homes Model. All but one family had medical insurance.

BHB Cribs for Kids Chapter© referred two families to the Healthy Homes specialist once a need was determined following the home visit for safe to sleep education.

One family with asthmatic children was enrolled in a community asthma program with another hospital so BHB nurses reinforced education and answered questions mom had related to healthy homes. BHB worked with the family to get relocated from an unstable housing situation into public housing.

BHB highway safety program conducted or referred to local hospitals to provide appropriate carseats, education and installation information if necessary.

Maternal and Child Health Division
Children with Special Healthcare Needs
2016 Performance Review

Goal: Protective factors are established for adolescents and young adults prior to and during critical life stages.

Objective 1: To provide child abuse prevention education for families and the community using research supported programs by December 31, 2016.

Achieved:
One BHB staff member, Donna Novak, Community Health Nurse Practitioner, was trained to conduct the Front Porch Project (FPP) programs, a research supported, community- based child abuse prevention program from the PA Family Support Alliance.

Two FPP programs were conducted at community or faith based organizations in the Bethlehem community. One was held on 5/25/16 at Trinity Episcopal Church, with 14 registered and 9 attendees. The other FPP program was held 7/12/2016 at the Northampton Community College Fowler Family Center, for the community outreach staff of Promise Neighborhoods of the Lehigh Valley. Fifteen people registered, and 12 attended this program. MCH staff met with Rev. David Goss of East Bangor United Methodist Church in November to discuss scheduling a FPP program in the Slatebelt region, where he convenes the Slatebelt ministerial.

FPP flyers were posted throughout the City of Bethlehem at restaurants, bookstores, public library, and faith based communities to increase public awareness of the FPP program. Flyers were also distributed at the 2016 April National Public Health Week scheduled viewing of *"Raising of America*" a documentary on child development, parenting and social determinants of health and the impacts on families. The viewing was not able to show due to audio theater problems but a panel of experts on child wellbeing was held at the Artsquest theater in Bethlehem. The FPP events were announced on facebook, and emails distribution were sent to BHB community partners and mailing lists. About 50 people attended the event.

Objective 2: 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.

Not Achieved:
Bethlehem's Health Director collaborated with Northampton and Lehigh County Drug and Alcohol Agency to support drug abuse prevention education initiatives in Bethlehem. A Countywide committee applied for a State grant to support prevention efforts around drug abuse prevention in the Lehigh Valley.

Two community forums were held in the local high school and town hall for parents and community members through Center for Humanistic Change. County coroners,

law enforcement, and parents of children who died of overdoses provided real life experience around the dangers of addiction.
The HOPE Program was being coordinated for Middle School assemblies in BASD for 2017.

Objective 3: To review 100% of child deaths occurring in Northampton County received from the PA Department of Health to identify potential prevention initiatives to reduce the incidence of infant and child mortality from birth through twenty-one years of age in Northampton County and Bethlehem City by December 31, 2016.

Achieved:
One BHB staff person participated in quarterly Northampton County Child Death Review Team (NC-CDRT) meetings. One meeting was cancelled because deaths were not received in time. Co-chairs attended the State CDRT meeting help in Bethlehem. Twenty two cases were reviewed and entered into the National CDRT database.

Goal: To increase the number of children and parents accessing oral health care and education for families in Bethlehem.

Objective 1: To educate at least 800 third grade children on the importance of oral health in Bethlehem Area School District, through collaboration with the Northampton County Community College Dental Hygiene program by December 31, 2016.

Achieved:
A total of 945 third grade students in the Bethlehem Area School District participated in a Dental Education Program coordinated by Bethlehem Health Bureau in collaboration with Northampton Community College Dental Hygiene students and St. Luke's University Health Network. Through this effort a total of 17 public, private and parochial elementary schools participated. Four (4) schools opted out of the program.

10 dental presentations were held for Bethlehem Elementary third grade students collaboratively with Northampton Community College Dental Hygiene Program. The programs reached 433 children and all received a toothbrush and toothpaste and education on sealants and oral hygiene for family members. Mobile dental van applications were included for all students to receive oral care on the St. Luke's dental van during school hours.

Collaboration with Marvine Family Center staff to survey families regarding access to dental care was done through the family center. The survey results were inconclusive because the survey was misinterpreted for proper completion. A dental

health day was scheduled for 14 children and 1 parent on the St. Luke's mobile dental van.

Objective 2: To assure infants and children with phenylketonuria (PKU) deficiency are appropriately case managed to maintain appropriate mental and physical health status by December 31, 2016.

Achieved:
No cases were reported for 2016.

Objective 3: To assure infants in Bethlehem receive appropriate follow up services for failed newborn hearing screenings to maintain appropriate growth and development by December 31, 2016.

Achieved:
No cases were reported for 2016.

Communicable Disease Division
Immunization Program
2016 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, 2016.

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 with in the required timeframe per PA DOH. BHB staff investigated 837 reports, 71% (n=591) of which were confirmed cases. The top eight communicable disease investigations account for 82% (n=1045) of CD investigations in Bethlehem. Those investigations include: Chlamydia –369; Gonorrhea- 67; Hepatitis B –61; Hepatitis C-189; Lyme disease –68; Salmonellosis-11; Syphilis-72 & Zika-15 with case classifications noted in the chart below.

2016 Bethlehem Communicable Disease Investigations				
Disease	**Reports**	**Investigations**	**Confirmed**	**2015 Confirmed**
Chlamydia	388	369	343	348
Gonorrhea	86	67	59	50
Hepatitis B	138	61	2	0
Hepatitis C	861	189	149	153
Lyme	94	68	23	27
Salmonellosis	46	11	8	6
Syphilis	112	72	7	8
Zika	23	15	5	0

Surveillance and epidemiology databases are monitored regularly to identify potential outbreaks or health threats. BHB staff was involved in 4 norovirus outbreaks in 2016; both outbreaks were confirmed by lab tests at nursing homes. BHB staff was involved in 7 influenza outbreaks in 2016; 6 long term care facilities and 1 independent living facility.

Objective 2: To increase staff competency in communicable disease investigation, and epidemiological practices, as related to disease incidence in the City of Bethlehem through attendance or viewing of monthly/webinars/webex/trainings /conferences throughout 2016.

Achieved:

- Bethlehem Health Bureau staff attended all the DOH Epidemiology meetings in 2016.
- All staff completed required PA NEDSS confidentiality training on the Learning Management System in 2016.
- 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.

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 continue work to reduce, eliminate or maintain elimination of cases of vaccine-preventable diseases in accordance with the National Healthy People 2020 Immunization objectives by December 31, 2016.

Achieved:

During 2016, 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: 61 Hepatitis B, 17 Pertussis, and 8 Herpes Zoster reports.

In addition to cases investigated, the Bureau staff administered a total of 2,547 vaccines which included 505 vaccines to children and 472 to adults. These numbers include flu vaccinations. A total of 1,570 flu doses were administered to children and adults.

The Immunization Program enrolled 5 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.

Advertising, using different venues, was done to promote 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 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. A total of 14 vaccinations, including Tdap and flu were provided to residents of these facilities.

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

Not Achieved:
11 pharmacies contacted and PA-SIIS enrollment information provided. All pharmacies have corporate offices that much approve enrollment. Many stated they did not have time to pursue this through their corporate office.

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.

Achieved:
A total of 8 HPV sessions were provided to 363 high school students. Post-test results indicate 97.8% of students know what HPV is, 91.6% of students know it can cause genital warts and 98.9% are aware of a vaccine that can prevent contracting HPV. Only 65.7% of students are likely to discuss receiving the vaccine with their parents.

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

Achieved:
Clinics were held at the Bethlehem Health Bureau and various community locations, including senior centers, drug and alcohol facilities and schools. A total of 472 vaccines were provided to students, seniors, immigrants, along with adults who wanted to protect themselves from vaccine-preventable diseases. Nurses and other health bureau staff were provided with on-line trainings and educational materials with vaccine updates

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.

Partially 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 infant immunizations and hepatitis awareness through ads on City transit buses throughout the Lehigh Valley.

LVIC distributed "#UDontGetIt" campaign materials to 5 local pediatric offices.

The LVIC distributed zip cases which included immunization passport, cool pack, immunization schedule and immunization resources. These cases 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, 2016.

Achieved:

In 2016, the following conferences/meetings were attended by BHB staff members(s):

-Pennsylvania Immunization Conference(PIC) in State College

-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

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.

Not Achieved:
A total of16 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.

33 businesses were contacted offering on-site flu clinics for their employees. 4 businesses responded and 374 flu vaccines were provided.

Communicable Disease Division
Tuberculosis Program
2016 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, 2016.

Achieved:
One patient was identified as having active tuberculosis in April 2016. This patient was successfully and appropriately treated using DOT Therapy for 6 month. The patient was unable to produce sputum for evaluation and the family refused sputum induction to determine sputum status. Radiology showed improvement post treatment.

Objective 2: To increase the number of LTBI patients to agree to treatment and adhere to the treatment for the recommended amount of time

Achieved**:**

# of referrals received from local health care organizations (PPD) and IGRAS reported in PA-NEDSS	63
# of clients seen in TB clinics	41
# of clients who decline TB clinic appointment	10
# of clients who opted for Treatment after clinic visit	31
# of clients who declined treatment after clinic visit	10
# clients dropped out after starting LTBI tx	4
# of clients not treated for LTBI due to MD decision or who had previously been treated	5
Completed 9 month INH	14
Completed 4 month RIF	1
Completed 12 week DOT	16
Active TB treatment (Not seen in clinic. Tx at home)	1
# clients in private TX	3
# of clients lost to follow up	2
# of clients scheduled for 3/2017 clinic	7

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

Achieved:
One patient was referred as an active TB suspect – this patient was unable to be interviewed but family member who is a physician was interviewed within 24 hours of receiving the referral for information.

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.

Achieved:
There were 6 close contacts of the active TB case identified. Three were children all over 5 years of age. All 6 were tested. Three adults tested positive for LTBI and the three children tested negative for TB at initial and 3 month retest. One adult who is a physician had previously been treated for LTBI with INH by the BHB, two were treated initially by BHB and are finishing up treatment with PA State Health Center due to a move during treatment.

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 at no charge by December 31, 2016.

Of the 41 people identified with LTBI who attended the TB clinics in 2016,

- **35 (85%) patients were educated about HIV and TB and offered HIV testing**
- **28 (68%) patients were tested for HIV**
- **7 (17%) declined testing**
- **6 (14%) patients were lost to follow up. It is unknown what services were offered or received**

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

Achieved:

- The TB nurse, Nurse Practitioner and Pulmonologist Dr. Kintzer held a TB Clinic for Lehigh University Staff and Students (who had tested positive for

LTBI) on what LTBI is, the implications of LTBI treatment and non-treatment as well as on the Direct Observation Treatment Therapy (DOT) to be utilized for their treatment.

- TB Nurse participated in regular Global Tuberculosis Institute trainings.
- TB Nurse initiated a campaign targeting Bethlehem Primary Care Providers to educate on doing targeted TB testing with their patient population based on risk.

Communicable Disease Program
HIV/AIDS Program
2016 Performance Review

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, patients tested for HIV at BHB CTR sites will also be offer testing for CT/GC/Syphilis.

Achieved:

There were a total of 588 people who received an HIV test at BHB counseling/testing/referral sites; and out of those tested, 506 were tested for both HIV/STD which represents 84% of all people tested; and 86 received an HIV test only which represented 14% of all people tested. All activities listed in the program plan were performed.

Objective 2: By December 31, 2016, increase the percentage of all the people tested at a BHB CTR site that identified at least one of the following risk factors as: 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).

Achieved:

A total of 588 people were tested for HIV; and out of those 379 people listed a high risk behavior which represents (60%) percent. All activities listed in program plan were conducted except for anonymous testing which BHB no longer offers.

Objective 3: Increase the percentage of HIV positives identified through BHB HIV CTR sites by December 31, 2016.

Not Achieved:

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 were two new HIV positives and six previously identified who were post-test counseled, referred for medical and support services, and partner services was offered. All activities listed in the program plan were implemented, except anonymous testing.

Objective 4: By December 31, 2016, as a result of partner services by BHB, there will be an increase in the percentage of named partners, who are located, informed of exposure, and who will receive an HIV test.

Achieved:

There were nine HIV positives interviewed for partner services; twelve partners were named, six were previously identified HIV positive, and six were located and tested; of the six receiving an HIV test, they were all HIV negative. The only activity not completed in the program plan was completion of the online CDC training module for “Passport to Partner Services”, and the 5 days “Follow-up-in-person Passport to Partner Services Training”.

Objective 5: By December 31, 2016, BHB will increase the number of people living with HIV/AIDS who are refer and link to medical care and attend their first appointment.

Achieved:

There were eight HIV positives patients who were referred for case management and medical care and seven accessed services, therefore target was met. All activities listed conducted.

Objective 6: By December 31, 2016, reduce the number of HIV incomplete investigations reported monthly in the BHB jurisdiction per Pa HIV surveillance.

Not Achieved:

BHB as a Local Morbidity Reporting Office (LMRO) for the first four months of 2016 averaged about ten incomplete investigations a month, then for the next seven months we averaged about twenty-five incomplete investigations. There were 96 HIV/AIDS investigations opened; and of those 48 were closed as not a case. As of December 31, 2016, there were thirty-six incomplete investigations. Most of the activities listed in the program plan were performed except starting investigations

within two weeks, completing investigation within thirty days of the report date, and completing Central office required data within six months.

Communicable Disease Division
STD Prevention and Management Program
2016 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: By December 31, 2016, decrease the number of BHB clients treated for GC and/or CT who are re-infected with GC and/ or CT.

Achieved:

There were a total of 488 patients tested for CT/GC through BHB clinics; 80 patients tested positive, which represents a 16% percent positivity rate, and they were all treated for CT and/or GC by BHB; out of those, four (5%) were documented as re-infected with CT and/or GC, which gives us a baseline to measure and target to reach for 2017. Efforts to investigate more than one partner per confirmed case proved difficult as clients are not willing or unable to identify additional partners. We have used expedited partner treatment on 2 cases as the most appropriate option for clients indicating partners located out of jurisdiction and likely not willing to seek treatment. We can improve scheduling re-test in 3 months for those patient testing positive for an STD through BHB clinics. We will need to flag electronic charts as an alternate recall reminder option. Patients were provided appropriate education and condoms.

Objective 2: Increase the number of high risk individuals with a negative test result that return for re-testing of CT/GC/Syphilis/HIV by December 31, 2016.

Achieved:

There were a total of 343 high risk individuals who got tested for CT/GC/Syphilis/HIV through BHB clinic, out of the those 60 returned for re-testing two or more times in 2016, which represents seventeen 17% percent, therefore reaching our target. All activities listed in the program plan were performed. Statistical data was generated through the State contracted CDD Lab using AFTIS.

Objective 3: By December 2016, increase the number of at risk individuals who are identified and counseled on HCV positive test result at BHB CTR sites.

Not Achieved:

There were 50 people tested for hepatitis C, 3 tested HCV positive which represent six (6%) percent positivity rate. All (100%) HCV positives were referred for medical follow up. Even though, we tested five-hundred eighty-eight people for HIV, only fifty (8.5%) were tested for hepatitis C, which indicates that we need to improve the number of people receiving HCV testing. All activities listed in the program plan were performed.

Objective 4: By December 31, 2016, increase the number of female patients enrolled in the BHB Family Planning Clinic for birth control.

Not Achieved:

There were only fifty **(50)** female patients enrolled in the BHB Family Planning Clinic for birth control in 2016; fourteen were new patients. We experienced a shortfall of seventeen **(17%)** percent. Some of the reasons for losing clinic patients were mostly due to patient getting health insurance, going to their private providers or moving to a new residence far from BHB clinic. All activities listed in the program plan were done.

Objective 5: By December 31, 2016, maximize financial resources available for Bethlehem Health Bureau through the use of NextGen, thereby improving patient quality of care.

Achieved:

There were 683 patients in Nextgen and out of them 554 reported income which represents 81% percent. Accurate patient financial information, family size, and household income were documented in the Family Planning Form. Uninsured patient were referred to apply for health insurance through COMPASS or the Affordable Care Act. Staff participated in all NextGen trainings as required for improvement in the use of electronic health records. Trainings will continue to maximize use of EPM/HER to ensure quality care.

Communicable Disease Division
Rabies Surveillance Program
2016 Program 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.

Achieved:
A total of 100% (150) of animal exposure exposure (bite, scratch, saliva) victim notifications and reports received through telephone calls, faxes or in person were investigated by the Bethlehem Health Bureau. Of the reported animals, 97 were dogs, 34 were cats, 7 were bats, and 1 was a skunk. BHB investigators spoke with all responsive and known victims regarding wound care, asked about treatment given, and recommended follow up with medical providers when necessary.

Objective 2: To educate 100% of known owners and victims about state and local animal exposure-related laws and ordinances by December 31, 2016.

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

Achieved:
BHB staff who investigate animal exposures provided education to all victims and known owners both verbally and through a brochure that was provided with the standard letter that is sent out to animal exposure victims and owners. Information regarding rabies and the need to immediately report animal-to-human exposures was disseminated to local hospital emergency departments and urgent care centers. Animal bite prevention and rabies education 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
2016 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, 2016.

Not Achieved:

There was a lapse in funding for this project.

Objective 2: To participate in all Food Access to locally grown foods initiatives in Bethlehem by December 31, 2016.

Achieved:

Food Policy meetings were held 2 times, which were attended. In addition, attendance was at the Farm to School and Food Recovery and Respect subcommittees.

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

Partially Achieved:

There were a total of 7 HEARTS clinics in 2016 compared to 8 in 2015 and a total of 54 patients compared to 72, respectively. Nutrition counseling was completed for 23 patients in 2016 as compared to 19 in 2015.

Public Health Education and Planning Division
Playful City USA
2016 Performance Review

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

Achieved:
Received 2016 recognition in June.

Objective 2: To continue to promote "Play Day" in the City to a minimum of 100 residents by July 31, 2016.

Achieved:
The Bethlehem Health Bureau participated in Play Day July 22, 2016 and a total of 125 residents participated.

Public Health Education and Planning Division
Employee Wellness Program
2016 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:
A total of 58 employees participated in the employee wellness program in 2016.

Objective 2: 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 60% of employees enrolled in the program received reimbursement for achievement of pathway criteria.

Public Health Education and Planning Division
Healthy Woman Program
2016 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 2016.

Achieved:
In 2016**,** the Healthy Woman Program provided services to 108 women who had at least a screening mammogram, pap test and self-breast-examination education.

Services provided:

Breast Biopsies (N_{2015}= 16, N_{2016}= 10)

Diagnostic testing of the breast (N_{2015}=49, N_{2016}= 56)

Diagnosed with breast cancer- (N_{2015}=0**,** N_{2016}=0)

Diagnostic testing of the cervix (N_{2015}=12, N_{2016}=17)

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.

Achieved:

Case Management was provided 118 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
2016 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, 2016.

Achieved:
Participate in monthly (12) enforcement meetings with the Lehigh Valley Regional DUI and Highway Safety Task Force. Educate 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 (Back is Where It's At, Survival 101, Every 16 Minutes) by 5% by September 30, 2016.

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. Provided two trainings (Freemansburg Police Department and Moore Township Police Department) educating 14 police officers on PENNDOT Sit Back Training.

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.

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, 2016.

Achieved:
Participated and provided the Yellow Dot program to the participants in the Northampton County Special Olympics Track & Field Day, which totaled 500+ attendees. 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, 2016.

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. Attend monthly Lehigh Valley DUI Highway Safety Task Force meetings. Local trainings are reviewed and distributed to Lehigh Valley police departments.

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

Achieved:
Educated three colleges regarding safe driving practices in Northampton County. Attended the Moravian College, Lehigh University and Northampton Community College Health Safety Day, Educating students on distractive, aggressive and impaired driving. Provided information and assisted with the driving simulators provided by Lehigh Valley Hospital. Provided educational messages (PSA's) to the social media department, promoting NHTSA's and the Highway Safety grant focus areas on their Calendar of events. Media promotions done on a monthly basis focusing on different topics and current events. Facebook and twitter total followers are 1086.

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

Achieved:
Educated three colleges regarding safe driving practices in Northampton County. Attended the Moravian College Health Safety Day, Educating 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, provided 2 media coverage's regarding aggressive driving.

Objective 8: To decrease motorcycle fatalities by 15% (n=5, 2014; n=3, 2013) by September 30, 2016.

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 2016 – Lehigh Valley DUI/Highway Safety Task Force sponsors an ad to support this event. Also through the Task Force, Safety Press Officer attended the Live Free Ride Alive event at the Pocono Raceway. PENNDOT's Motorcycle safety program aimed at reducing the number of motorcycle crashes and fatalities in Pennsylvania through education and interactive program.

Objective 9: To decrease motorcycle crashes by 10% (n=105, 2014; n=92, 2013) by September 30, 2016.

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 2016 – Lehigh Valley DUI/Highway Safety Task Force sponsors an ad to support this event. Participated in an Employee Health Fair educating 300 individuals on Motorcycle Safety.

Objective 10: To decrease crashes caused by older drivers by 5% (n=968, 2014; n=1030, 2013) by September 30, 2016.

Achieved:
Provided educational programs at 4 senior living facilities educating 89 seniors on safe driving practices. Attended 3 safety fairs educating 1000+ seniors on safe driving.

Objective 11: To decrease fatalities caused by older drivers by 25% (n=20, 2014; n=6, 2013) in by September 30, 2016.

Achieved:
Organized 2 CarFit trainings in Northampton County. CarFit is an educational program that offers older adults the opportunity to check how well their personal vehicle fits them. Held 5 Car Fit events in Northampton County educating 72 seniors.

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

Achieved:
BHB participated in 16 car seat checks in which 193 car seats were inspected and installed correctly. One car seat was provided through a rental program for individuals in need. A total of 18 vouchers were provided through Lehigh Valley

Health Network for individuals to receive a free convertible car seat and 2 vouchers were provided through St. Luke's Hospital. A total of 49 seats were check and education done on a one on one basis in office by appointment. During Child Passenger Safety Week, participated in 2 car seat checks and inspected seats. Provided 6 educational programs to parents, caregivers and agency staff members regarding child passenger safety. Provided 6 trainings to Police Departments within Northampton County on Child Passenger Safety. A total of 4 educational presentations were provided to parent groups. Conducted an interview with the Morning Call Newspaper for the Lehigh Valley Area. Provided a demonstration on the proper installation of a car seat and the new law. 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=69, 2014; n=76, 2013) in Northampton County by September 30, 2016.

Achieved:
A total of 5 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=6, 2014; n=4, 2013) on public roads by September 30, 2016.

Achieved:
A BHB staff person chair's 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. Bethlehem Health Bureau 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%, 2014; n=84%, 2013) in Northampton County by September 30, 2016.

Achieved:
Participated in the Child Passenger Safety Enforcement Mobilization providing education to parents and teens on seatbelt use at 3 Northampton County High Schools and 3 Elementary Schools. Participated in 1 media event regarding seatbelt enforcement.

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

Achieved**:**
Media conducted during Teen Seat Belt Mobilization and Aggressive Driving Week. National Click it or Ticket Mobilization done in Northampton County. Motorist educated during these events.

Objective 17: To decrease unrestrained fatalities by 15% (n=9, 2014, n=5, 2013) in Northampton County by September 30, 2016.

Achieved:
Seat Belt Survey done at Nazareth High School. Local police department assisted with education during this event. Evaluation and education done during the mock crash assembly held in May 2016 @ BECA High School. Junior and senior 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, 2014; n=0, 2013) by September 30, 2016.

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=25, 2014; n=40, 2013) September 30, 2016.

Achieved:
Participated and assisted CAT with organizing and facilitating four bicycle educational events. A total of 245 students were educated during this event. Approximately 165 helmets were distributed to children in need. BHB also participated in 2 Safety Town events educating 520 children on bicycle safety. Collaborated with St Luke's Hospital to launch Bike Share Community Program in Bethlehem.

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, 2016 (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=6, 2014; n=0, 2013) by September 30, 2016.

Achieved:
Participated and educated 980 students in 5 high Schools regarding distractive and impaired driving. Attended the Northampton County SADD Healthy Living Expo educating 750 students on distractive and impaired driving.

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

Achieved:
Collaborated with the Lehigh Valley DUI/Highway Safety Task Force to host their annual Youth Conference which was held on April 21st. 200 students attended the conference from the Lehigh Valley. The focus is on youths making positive decisions for better health and safety. Students from each school create a situation based on the topic selected and promote a positive message related to Highway Safety. Participated in the Teen Driving Expo held at BECA High School. Provided educational interactive activities regarding cell phone use, texting and impaired driving. Over 600 students attended the event. Impact Teen Driving Program done at Easton High School. 4 High Schools from the Lehigh Valley attended the presentation. 20 Students attended the event.

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

Achieved:
Participated in the Moravian College Students Health Event educating 250 students; Lehigh University/Lehigh Valley DUI Task Force Collegiate Event educating 150 students on underage drinking, aggressive driving and seatbelt use. Distracted and Impaired driving program at Northampton Community College educating 150 students.

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

Achieved:
Participated in the Lehigh Valley Health Network 50+ Senior Wellness Expo educating seniors on medication impairment. 500 attendees.

Public Health Education and Planning Division
Tobacco Prevention and Cessation Program
Performance Review 2016

Program Goal: To reduce tobacco use among adults.

Objective 1: To achieve a 60% six month quit rate in all clients that complete the tobacco cessation program by December 31, 2016.

Not Achieved:
A total of 67 clients were enrolled in tobacco cessation programming in 2016. The 6-month quit rate for all clients who were tobacco-free at end class was 47%. The 6-month quit rate for all clients enrolled was 13%.

Public Health Education and Planning Division
Public Health Emergency Preparedness
Performance Review 2016

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 two times per year to improve the sharing of public health information by December 31, 2016.

Achieved:

1. Participated in regional conference calls to discuss actual & potential Ebola Viral Disease (EVD) and Zika Virus. Calls included the PA Dept. of Health and local health departments.
2. 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.
3. Participated in meetings of the Northeast PA Counterterrorism Taskforce's Health, Medical & EMS Committee, which focused on regional health and medical preparedness & response efforts.
4. Attended meetings of the Northeast PA Counterterrorism Taskforce, which includes representatives of local and state police, EMS agencies, fire departments/Haz-Mat teams, and public health.
5. Three staff members attended the PA Dept. of Health's Preparedness Summit.
6. Conducted meetings to discuss local preparedness efforts between BHB and Bethlehem's Emergency Management Coordinator.

7. 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.
8. Attended a state-wide meeting for members of the PA Pharmacist's association to discuss emergency planning.
9. Worked with the Bethlehem Area School District, local colleges/universities, and Bethlehem Police Department to facilitate a drive through flu vaccine clinic exercise at East Hills Middle School.
10. Met & worked with the PA Dept. of Health's Bureau of Public Health Preparedness to complete the Project Public Health Ready renewal process, which updates and standardizes the BHB Emergency Response Plan.
11. Regularly attended meetings of the Lehigh County Citizen Corps, of which BHB is a member.
12. Attended quarterly meetings of the regional Emergency Support Function (ESF) #8 entities to discuss regional preparedness and response activities. BHB hosted one of these meetings in October.
13. Worked with the Bethlehem City Emergency Management Coordinator to provide NIMS training computer labs to employees to complete online trainings.

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

Partially Achieved:

1. Provided 16 outreach and education presentations & events to community members, focusing on preparedness, infection control, and Hands-Only CPR. Four of these presentations specifically engaged those with special needs.
2. Updated the community stakeholder database and added local home health care agencies to this database.
3. Communicated with local hospitals to determine their notification of important health messages to their off-site physician groups.

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.

Achieved:

1. Updated sections of the Bethlehem Health Bureau's Emergency Response Plan, as required for Project Public Health Ready renewal.
2. Staff collectively participated in ten preparedness-related trainings, as well as three drills, and two full-scale exercises. 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, 2016.

Achieved:

1. Conducted two staff notification drills, one in June and the other in November.
2. Conducted a training with staff regarding the BHB's emergency notification systems.
3. Conducted a notification drill with local home health care agencies.
4. Conducted a notification drill regarding Zika virus with local partners who engage with pregnant women and travelers.
5. Disseminated PA HAN health alerts to local walk-in care centers.
6. A press release was created and disseminated in conjunction with the East Hills Middle School Drive Through Flu Vaccine Clinic exercise.
7. Health alerts, including product & food recalls, were shared via BHB's Facebook page and Twitter account.

Public Health Education and Planning Division
Medical Reserve Corps Program
2016 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 for the MRC unit by December 31, 2016.

Partially Achieved:

Recruited and completed orientation with 7 new volunteers. Three additional volunteers have registered in SERVPA, however, they did not complete orientation by December 2016. Increased visibility and promotion of MRC by:

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

Achieved:

- 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 four different skills based trainings.

- Distributed a Volunteer Training Needs Assessment and Interest Survey to volunteers, yielding a 30% response rate. Results indicated need for training in skills such as search and rescue, triage, leveraging and cribbing, initial damage assessment, and public health call center operations. These results were used to guide the training plan with the following trainings completed:
    - Initial Damage Reporting Training (April 2016)
    - Pocono Raceway Assets Training (June 2016)
    - Skills Training including Public Health and Responder Safety, Leveraging/Cribbing, Lifting/Carrying, Triage, Basic First Aid and CPR, Search and Identify with Fire Suppression (June 2016)
    - Point of Dispensing (POD) Training (October 2016)
    - CPR (December 2016)
    - Call Center Training and Exercise (August 2016- 19% participation rate)
    - Drive Thru Flu Clinic Exercise (November 2016- 9% participation rate)

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

Achieved:
The Bethlehem Health Bureau participated in the Pennsylvania Statewide Functional Exercise of MRC Volunteer Sharing and Intra-state Deployment. This exercise tested coordination functions necessary for statewide volunteer mobilizations, including volunteer solicitation, deployment logistics, and using a resource request. (June 2016); 100% of volunteers who participated complied with procedures for response and deployment.

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

Achieved:
- SERVPA call down drills:
    - March 2016 – 23% response rate
    - June 2016- 45% response rate
    - December 2016 – 26% response rate
- Pennsylvania Statewide Functional Exercise of MRC Volunteer Sharing and Intra-State Deployment. (June 2016- 41% participation rate)
- SERVPA Operational Drill (December 2016- 33% participation rate)

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

Achieved:
- >80% volunteer retention achieved (as confirmed via a new response option in SERVPA call down drills giving the option to opt out of MRC)

- Volunteer recognition via social media during Volunteer Appreciation Week and at the 10 year anniversary of the City Bethlehem MRC.
- Participating in large community events to strengthen community preparedness and supplement public health services at:
    - Runners World Half Marathon Weekend-volunteers staffed the support and gear vehicles to assist runners
    - Special Olympics-staffed a first aid and public health table
    - BHB Flu Clinics- assisted with immunizations
    - Safety Town Program in collaboration with Lehigh Valley Hospital and Bethlehem Health Bureau Highway Safety Program

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Environmental Health Division
Food Safety Program
2016 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, 2016, including restaurants, retail, daycares, retail food establishments, mobile and temporary vending, schools, nursing homes, fraternal organizations, and churches.

Achieved:
In 2016, 788 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

	2014	2015	2016
Permanent Food Facilities	**522**	**518**	**497**
Routine Inspections	487	553	504
Other Inspections (i.e. complaint, emergency response, follow-up, opening, owner change)	67	84	69

Temporary food stands inspected/licensed	207	215	211/509
Mobile food unit inspections	4	1	4
Total Food Facility Inspected	**765**	**853**	**788**

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.

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 and will continue to be a goal for 2017.

Environmental Health Division
Institution and Facility Inspection Program
2016 Performance Review

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

Objective 1: To inspect the physical facilities of all institutions (i.e. nursing homes, schools and 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 2016. 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).

Table 3
Institutional Inspections Summary

NURSING HOMES	2014	2015	2016
Long Term Care Facilities (LTC)	6	6	6
LTC Inspections	3	1	2
LTC in Major Violation	0	0	0
SCHOOLS			
Number of Public Schools	17	17	15
Number of Schools Inspections	12	17	15
Number of Schools in Major Violation	0	0	0
DAYCARE CENTERS			
Number of Day Care Facilities	28	27	26
Number of Inspections	14	12	14
Number of Major Violations	1	1	0
PUBLIC BATHING PLACES			
Number of Permitted Public Bathing Places	32	32	32
Number of Inspections	10	5	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
2016 Performance Review

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

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

Achieved:
All reports from the Public Works Department were reviewed and archived. Health Bureau staff assisted with three (3) water distribution issue involving broken water mains in 2016. 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 2016.

Achieved:
Two (2) site inspections were conducted resulting in two (2) soil tests, two (2) plan reviews and two (2) permits being issued in 2016. All permits utilized conventional trench systems, no alternative or experimental systems were approved and/or installed in 2016.

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.

Achieved:
No pollution incidents were reported in 2016.

Environmental Health Division
Solid Waste Management
2016 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 2016.

Achieved:
Constant monitoring of solid waste haulers occurred throughout the year. No issues concerning solid waste transport or storage at a facility were referred to Department of Environmental Protection in 2016.

Environmental Health Division
Responsive Services
2016 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 2016.

Achieved:
In 2016, 100% (n=1022) of all complaints were responded to within 48 hour working time period (Table 4). There was a significant decrease in the number of complaints which can be contributed to an increased effort by the inspector to discover and react to potential problems prior to complaints being received. Also, staff was negligent in recording complaints that were taken care of without formal action (ie, only a phone call to the owner).

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

Response to:	2014	2015	2016
Vector responses (rats or insects)	93	79	97
Weed Overgrowth	400	386	321
Solid Waste	844	798	502
Animal Problems (fecal, increased numbers, illegal animals)	69	25	49
Citizen Unsanitary Living Conditions	11	17	14
Food/ Restaurant Complaints	13	15	7
Sewage	2	3	3
Public Bathing Place Complaint	19	11	9
Other	82	84	20
Total Complaints	1,533	1418	1022
Confirmed Foodborne Outbreaks/People Ill	0/18	0/8	0/7

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.

Achieved:
There were no confirmed food illness reported in 2016, however there were seven 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
2016 Performance Review

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

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

Achieved:
No children of the defined age were identified as having a high blood lead level in 2016.

Environmental Health Division
Healthy Homes Program
2016 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, 2016.

Not Achieved :
Due to lack of funding the healthy homes program was unable to make physical alterations to the homes. The Community Health Specialist did make suggestions for improvements, confirmed that every home visited had a valid Certificate of Occupancy, and referred to code enforcement all homes that were found to have moderate or severe physical problems, however enforcement of the remediation was left to the code enforcement personnel.

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.

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.

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.

Not Achieved:
Due to lack of funding we did not have the Lead and Healthy Homes program available. While conducting home visits the Community Health Specialist did make suggestions of areas where paint should be stabilized and/or proper cleaning methods, however the implementation of the physical repair under the auspices of this program did not occur.

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, 2016.

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, 2016.

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 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 only remediation for the large scale hazards were to referred, when appropriate, to the code enforcement bureau.

Environmental Health Division
Animal Permitting Program
2016 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 2016 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.

Environmental Health Division
Educational Services Program
2016 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, 2016.

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 two 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, 2016 and proctor examinations as requested.

Achieved**:**
Three (3) ServSafe Food Manager's Certification courses were held in August, November and December 2016 to assist food facilities meet the requirements of licensure renewal. A total of thirty-five (35) individuals were instructed in Food Safety and sat for the credentialing exam immediately following the course. A total of twenty three (23) individuals received private instruction and testing after completing the required on-line course.