

ERIE COUNTY DEPARTMENT OF HEALTH
2014
PROGRAM PLAN

March 28, 2014

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PART 1
PERSONNEL MANAGEMENT

BOARD OF HEALTH

(As required in 16 P.S. § 12007)

<u>Name</u>	<u>Category</u>	<u>Term of Office</u>
Richard A. Ortoski, D.O.	Physician	January 2014 – December 2017
Carolynn Masters, Ph.D.	General	January 2014 – December 2017
Carla Picardo, M.D.	Physician	January 2014 – December 2017
Richard Dreyfus, M.D.	Physician	January 2012 – December 2015
Rev. Nettie Smith	General	January 2012 – December 2015

ADMINISTRATIVE AND SUPERVISORY PERSONNEL AND SALARY

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

<u>Name</u>	<u>Category</u>	<u>Salary</u>
Vacant	Director, Public Health	\$75,972
R. Anthony Snow, MD	Medical Director	\$12,654
Vacant	Manager, Public Health Preparedness	\$42,920
Charlotte Berringer, RN	Director, Community Health Nursing	\$70,639
Karen Tobin	Director, Environmental Health	\$61,440
Vacant	Manager, Health Promotion & Quality Improvement	\$42,920

Personal Resource Summary

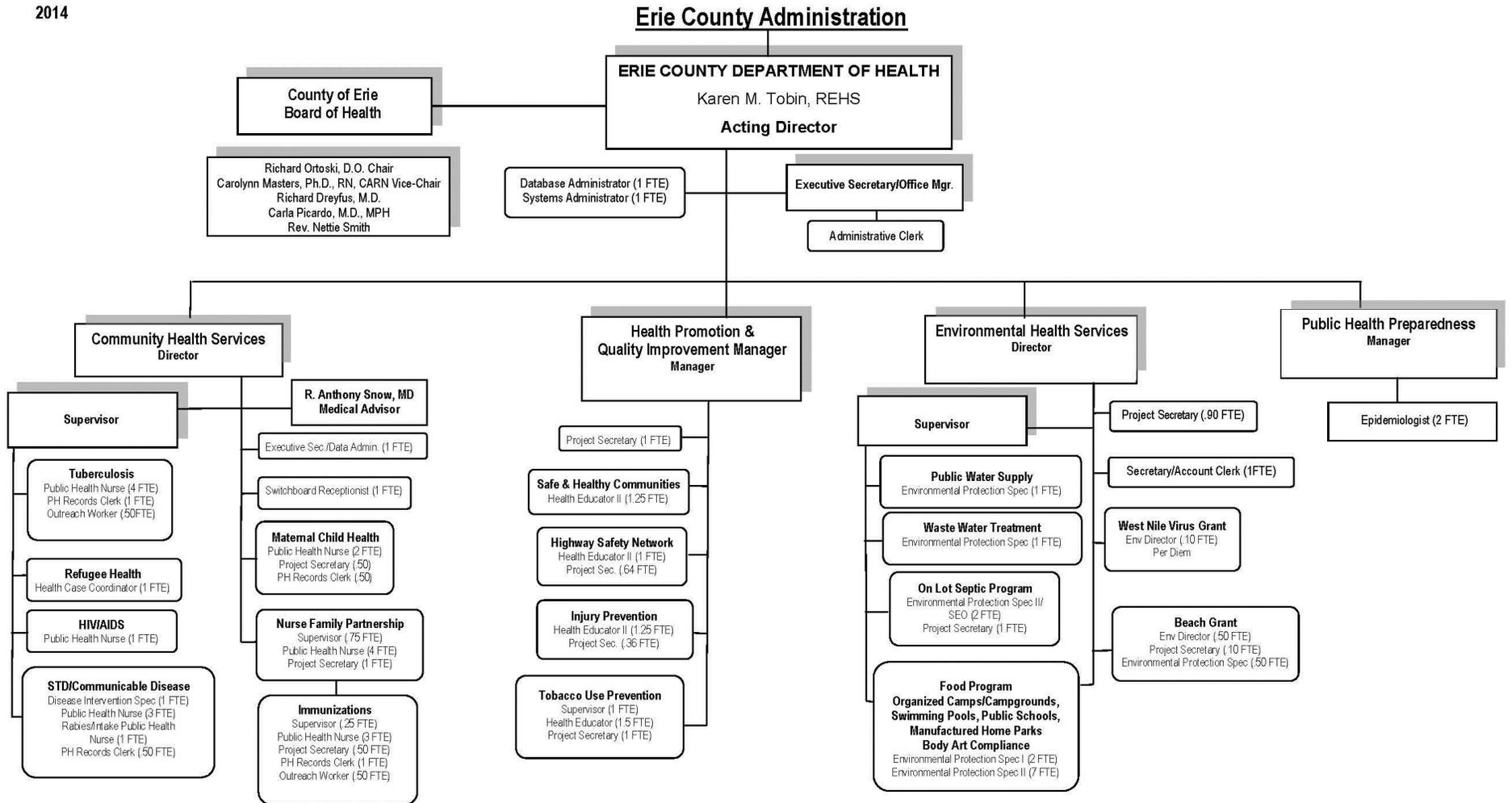
Personal Resource Summary

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

<u>Functional Unit</u>	<u>Classification</u>	<u>#FTE</u>	<u>Total Classification Salary</u>
<u>Administration</u>			
	Director, Public Health	1	\$75,972
	Executive Secretary/Office Manager	1	\$43,223
	Database Administrator	1	\$61,523
	Systems Administrator	1	\$36,329
	Administrative Clerk	1	\$38,342
	Switchboard Receptionist	1	\$20,426
<u>Public Health Preparedness</u>			
	Manager, Public Health Preparedness	1	\$42,920
	Epidemiology Research Associate	1	\$50,846
	Epidemiological Investigator	1	\$43,575
<u>Community Health Services</u>			
	Director, Community Health Services	1	\$70,639
	Supervisor, Nursing	2	\$117,046
	Disease Intervention Specialist	1	\$37,674
	Public Health Nurse	17	\$698,659
	Certified Registered Nurse Practitioner	1	\$44,138
	Executive Secretary/Data Administrator	1	\$44,026
	Project Secretary II	2	\$77,930
	Public Health Records Clerk	3	\$72,009
	Outreach Worker	1	\$27,175
	Refugee Health Case Coordinator	1	\$33,040
<u>Environmental Health Services</u>			
	Director, Environmental Health Services	1	\$61,440
	Supervisor, Environmental	1	\$39,367
	Environmental Protection Specialist II	9	\$385,614
	EPSII/Sewage Enforcement Officer	2	\$106,310
	Environmental Protection Specialist I	2	\$59,934
	Project Secretary II	2	\$66,763
	Secretary/Account Clerk	1	\$24,745
<u>Health Promotion & Education</u>			
	Manager, Health Promotion and QI	1	\$42,920
	Supervisor, Health Education	1	\$40,342
	Public Health Educator II	5	\$185,281
	Project Secretary II	2	\$77,930
	Project Secretary III	1	\$26,291
TOTAL FTE's		67	
TOTAL SALARIES			\$2,752,429

ECDH ORGANIZATIONAL CHART

2014



3/17/2014

ORGANIZATIONAL CHARTS\ECDH\ORGANIZATION\CHART\WITH\JOB\TITLES.PUB

PART 2
FISCAL MANAGEMENT

BUDGET REPORT 2013

ERIE COUNTY DEPARTMENT OF HEALTH					
2013		X		BUDGET	
Acts 315, 12: PA Code: Title 28, Chapter 15; §15.4 (a) 9					
1	2	3	4	5	6
PROGRAM DESCRIPTIONS	TOTAL FUNDS	EXCLUSION & GRANTS	SUBSIDY BASE	ACT 12 FUNDS	ACT 315 FUNDS
Administrative/Supportive Services:					
Administration	928,177		928,177		928,177
Health Education	142,706		142,706		142,706
Public Health Lab Services	10,160	10	10,150		10,150
TOTAL ADMINISTRATIVE SVCS.	1,081,043	10	1,081,033		1,081,033
Community Health Services:					
Chronic Disease Control	1,152,007	1,093,101	58,906		58,906
Communicable Disease	1,462,158	640,048	822,110		822,110
Maternal & Child Health	745,206	744,262	944		944
Public Health Nursing Services	215,024	0	215,024		215,024
TOTAL COMMUNITY HEALTH SERVICES	3,574,395	2,477,411	1,096,984		1,096,984
Environmental Health Services:					
Body Art	1,952	0	1,952	651	1,301
Food Protection	529,783	500	529,283	176,693	352,589
Mobile Home Parks	8,732	0	8,732	2,912	5,819
Organized Camps & Campgrounds	12,216	0	12,216	4,074	8,142
Schools Sanitation	13,696	0	13,696	4,568	9,128
Solid Waste Management	567	0	567	189	378
Water Pollution Control	377,479	0	377,479	125,897	251,582
Water Supply	139,501	0	139,501	46,526	92,974
Bathing Places	255,055	221,000	34,055	11,358	22,697
Vector Control	82,988	77,100	5,888	1,964	3,924
TOTAL ENVIRONMENTAL HEALTH	1,421,967	298,600	1,123,367	374,832	748,535
Other Services					
Injury Prevention	294,167	294,167	0		0
Public Health Preparedness	285,400	285,400	0		0
TOTAL OTHER SERVICES	579,567	579,567	0		0
TOTAL - ADMINISTRATION	1,081,043	10	1,081,033	0	1,081,033
TOTAL - COMMUNITY HEALTH	3,574,395	2,477,411	1,096,984	0	1,096,984
TOTAL - ENVIRONMENTAL HEALTH	1,421,967	298,600	1,123,367	374,832	748,535
TOTAL - OTHER SERVICES	579,567	579,567	0	0	0
SUM: QUALIFYING HEALTH DEPT. PROGRAM	6,656,972	0	3,301,384	0	0
TOTAL - EXCLUDED PROGRAMS		3,355,588		374,832	0
SUM: ERIE COUNTY DEPARTMENT OF HEALTH PROGRAMS	6,656,972	3,355,588	3,301,384	374,832	2,926,552
Analysis By:	Position		Agency		Date
<i>Karen M. Tobin</i>	Acting Director		Erie County Department of Health		3/28/14
Karen M. Tobin, REHS					
NOTE: Act 537 funding has been eliminated.					

EXPENDITURE REPORT 2013

ERIE COUNTY DEPARTMENT OF HEALTH					
2013		X EXPENDITURES			
Acts 315, 12: PA Code: Title 28, Chapter 15; §15.4 (a) 9					
1	2	3	4	5	6
PROGRAM DESCRIPTIONS	TOTAL FUNDS	EXCLUSION & GRANTS	SUBSIDY BASE	ACT 12 FUNDS	ACT 315 FUNDS
Administrative/Supportive Services:					
Administration	1,010,580	0	1,010,580	0	1,010,580
Health Education	149,149	0	149,149	0	149,149
Public Health Lab Services	10,994	0	10,994	0	10,994
TOTAL ADMINISTRATIVE SVCS.	1,170,723	0	1,170,723	0	1,170,723
Community Health Services:					
Chronic Disease Control	1,015,808	973,599	42,209		42,209
Communicable Disease	1,243,244	545,948	697,296	0	697,296
Maternal & Child Health	664,443	660,625	3,818	0	3,818
Public Health Nursing Services	175,304	0	175,304		175,304
TOTAL COMMUNITY HEALTH SERVICES	3,098,799	2,180,172	918,626	0	918,626
Environmental Health Services:					
Body Art	7,235	0.00	7,235	2,450	4,785
Food Protection	602,734	253	602,481	204,128	398,353
Mobile Home Parks	10,820	0	10,820	3,664	7,155
Organized Camps & Campgrounds	8,427	0	8,427	2,854	5,573
Schools Sanitation	15,581	0	15,581	5,277	10,304
Solid Waste Management	3,756	0	3,756	1,272	2,484
Water Pollution Control	358,594	0	358,594	121,445	237,149
Water Supply	72,292	0	72,292	24,483	47,809
Bathing Places	220,691	197,420	23,271	7,881	15,390
Vector Control	55,903	51,835	4,068	1,378	2,691
TOTAL ENVIRONMENTAL HEALTH	1,356,032	249,507	1,106,525	374,832	731,692
Other Services					
Public Health Preparedness	261,085	257,319	3,766	0	3,766
Injury Prevention	262,866	259,855	3,011	0	3,011
TOTAL OTHER SERVICES	523,951	517,174	6,777	0	6,777
TOTAL - ADMINISTRATION	1,170,723	0	1,170,723	0	1,170,723
TOTAL - COMMUNITY HEALTH	3,098,799	2,180,172	918,626	0	918,626
TOTAL - ENVIRONMENTAL HEALTH	1,356,032	249,507	1,106,525	374,832	731,692
TOTAL - OTHER SERVICES	523,951	517,174	6,777	0	6,777
SUM: QUALIFYING HEALTH DEPT. PROGRAM	6,149,504	0	0		0
TOTAL - EXCLUDED PROGRAMS	0	2,946,853	0	374,832	0
SUM: ERIE COUNTY DEPARTMENT OF HEALTH PROGRAMS	6,149,504	2,946,853	3,202,651	374,832	2,827,818
Analysis By: <i>Karen M. Tobin</i>	Position	Agency	Date		
Karen M. Tobin, REHS	Acting Director	Erie County Department of Health	3/28/14		
NOTE: Act 537 funding has been eliminated.					

PROJECTED REPORT 2014

ERIE COUNTY DEPARTMENT OF HEALTH					
2014		X		BUDGET	
Acts 315, 12: PA Code: Title 28, Chapter 15; §15.4 (a) 9					
1	2	3	4	5	6
PROGRAM DESCRIPTIONS	TOTAL FUNDS	EXCLUSION & GRANTS	SUBSIDY BASE	ACT 12 FUNDS	ACT 315 FUNDS
Administrative/Supportive Services:					
Administration	1,005,667	0	1,005,667		1,005,667
Health Education	152,879	0	152,879		152,879
Public Health Lab Services	3,760	10	3,750		3,750
TOTAL ADMINISTRATIVE SVCS.	1,162,306	10	1,162,296		1,162,296
Community Health Services:					
Chronic Disease Control	842,526	823,387	19,139		19,139
Communicable Disease	1,359,665	595,762	763,903		763,903
Maternal & Child Health	659,613	656,095	3,518		3,518
Public Health Nursing Services	196,474	0	196,474		196,474
TOTAL COMMUNITY HEALTH SERVICES	3,058,279	2,075,244	983,035		983,035
Environmental Health Services:					
Body Art	7,437	0	7,437	2,450	4,987
Food Protection	619,577	500	619,077	204,128	414,949
Mobile Home Parks	11,122	0	11,122	3,664	7,458
Organized Camps & Campgrounds	8,663	0	8,663	2,854	5,809
Schools Sanitation	16,016	0	16,016	5,277	10,739
Solid Waste Management	3,861	0	3,861	1,272	2,589
Water Pollution Control	368,615	0	368,615	121,445	247,170
Water Supply	74,312	0	74,312	24,483	49,829
Bathing Places	232,921	209,000	23,921	7,881	16,040
Vector Control	45,427	41,207	4,220	1,378	2,842
TOTAL ENVIRONMENTAL HEALTH	1,387,951	250,707	1,137,244	374,832	762,412
Other Services					
Injury Prevention	290,936	290,936	0		0
Public Health Preparedness	274,725	274,725	0		0
TOTAL OTHER SERVICES	565,661	565,661	0		0
TOTAL - ADMINISTRATION	1,162,306	10	1,162,296	0	1,162,296
TOTAL - COMMUNITY HEALTH	3,058,279	2,075,244	983,035	0	983,035
TOTAL - ENVIRONMENTAL HEALTH	1,387,951	250,707	1,137,244	374,832	762,412
TOTAL - OTHER SERVICES	565,661	565,661	0	0	0
SUM: QUALIFYING HEALTH DEPT. PROGRAM	6,174,197	0	3,282,575	0	0
TOTAL - EXCLUDED PROGRAMS		2,891,622		374,832	0
SUM: ERIE COUNTY DEPARTMENT OF HEALTH PROGRAMS	6,174,197	2,891,622	3,282,575	374,832	2,907,743
Analysis By: <i>Karen M. Tobin</i>	Position	Agency	Date		
Karen M. Tobin, REHS	Acting Director	Erie County Department of Health	3/28/14		
NOTE: Act 537 funding has been eliminated.					

Budget by Unit/Revenue by Source 2014

BUDGET BY UNIT/REVENUE BY SOURCE

2014

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

\$6,174,197

BUDGET BY UNIT	BUDGET TOTAL	PERCENT
Administration and Support Services	\$1,178,894	19%
Community Health Services	\$3,041,691	49%
Environmental Health Services	\$1,387,951	22%
Other Services	\$565,661	9%
GRAND TOTAL	\$6,174,197	100%

REVENUE BY SOURCE

2014

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

REVENUE BY SOURCE	TOTAL BUDGET	PERCENT
Grants - Federal	209,000	3%
Grants - State	2,604,056	42%
State Reimbursement (Act 315)	1,229,354	20%
State Reimbursement (Act 12)	374,832	6%
Fees & All Misc License Fees	455,950	7%
Local Allotment	1,301,005	21%
GRAND TOTAL	\$6,174,197	100.00%

Budget by Unit/Revenue by Source 2013

BUDGET BY UNIT/REVENUE BY SOURCE

2013

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

BUDGET BY UNIT	BUDGET TOTAL	PERCENT	EXPENDITURE TOTAL	DIFFERENCE
Administration and Support Services	\$1,139,272	17%	\$1,221,406	(82,134)
Community Health Services	\$3,516,169	53%	\$3,076,061	440,108
Environmental Health Services	\$1,421,964	21%	\$1,356,032	65,932
Other Services	\$579,567	9%	\$528,999	50,568
GRAND TOTAL	\$6,656,972	100%	\$6,182,498	\$474,474

REVENUE BY SOURCE

2013

REVENUE BY SOURCE	TOTAL BUDGET	PERCENT
Grants - Federal	\$197,420	3%
Grants - State	\$2,744,255	44%
State Reimbursement (Act 315)	\$1,267,449	20%
State Reimbursement (Act 12)	\$374,832	6%
Fees & All Misc License Fees	\$489,049	8%
Local Allotment	\$1,215,373	19%
GRAND TOTAL	\$6,288,378	100%

2013-2014 BUDGET LOCAL-STATE- FEDERAL FUNDS

FORMUALS ARE IN HERE**

2014 BUDGET

LOCAL - STATE - FEDERAL FUNDS

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

\$6,174,197

	Administration & Support	Community Health	Environmental Health	Other Services	TOTAL
Personnel-Salary & Benefits	\$460,058	\$2,203,266	\$1,148,318	\$424,191	\$4,235,833
Operation	\$716,324	\$761,088	\$177,153	\$84,955	\$1,739,520
Equipment	\$2,512	\$77,337	\$62,480	\$56,515	\$198,844
GRAND TOTAL	\$1,178,894	\$3,041,691	\$1,387,951	\$565,661	\$6,174,197

2013 EXPENDITURES

LOCAL - STATE - FEDERAL FUNDS

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

\$6,182,498

	Administration & Support	Community Health	Environmental Health	Other Services	TOTAL
Personnel-Salary & Benefits	\$597,769	\$2,128,803	\$1,137,186	\$411,553	\$4,275,311
Operation	\$619,714	\$864,896	\$165,852	\$71,904	\$1,722,366
Equipment	\$3,923	\$82,362	\$52,994	\$45,542	\$184,821
GRAND TOTAL	\$1,221,406	\$3,076,061	\$1,356,032	\$528,999	\$6,182,498

CATEGORICAL HEALTH GRANT CONTRACTS

(As required in Chapter 15; §15.4(a) 5)

CONTRACT	FEDERAL / STATE	TERM OF CONTRACT	AMOUNT
Beach Grant	Federal	Jan 1, 2014 – Dec 31, 2014	\$209,000
HIV/AIDS	State	Jan 1, 2013 – Dec 31, 2014	\$194,588
Immunizations	State	Jan 1, 2014 – Dec 31, 2014	\$405,000
Injury Prevention	State	Jul 1, 2011 – Jun 30, 2014	\$391,217
MCH	State	Jul 1, 2012 – Jun 30, 2015	\$740,751
N.W. Regional Highway Safety	State	Oct 1, 2013 – Sep 30, 2014	\$117,444
Nurse Family Partnership	State	Jul 1, 2013 – Jun 30, 2014	\$409,178
PHEP Grant	State	July 1, 2014 – June 30, 2015	\$249,725
Refugee Health	State	Oct 1, 2013 – Sept 30, 2014	\$62,730
Safe & Healthy Communities Grant	State	Jul 1, 2011 – Jun 30, 2014	\$330,000
Tobacco Control	State	Oct 1, 2013 – Jun 30, 2016	\$2,122,032
Tuberculosis	State	July 1, 2012 – Jun 30, 2014	\$87,476
West Nile Virus	State	Jan 1, 2014 – Dec 31, 2014	\$38,338

PERTINENT CONTRACT SUMMARY (Services rendered or to be rendered) (As required in Chapter 15, §15.4 (a)(6)& (a)(7))

COMPANY NAME	BEGIN DATE	END DATE	SERVICE TYPE	CURRENT STATUS	MAXIMUM AMOUNT
Adagio Health	10/01/13	06/30/14	Tobacco Cessation Services	Active	\$43,682
Armstrong-Indiana-Clarion Drug and Alcohol	10/01/13	06/30/14	Tobacco Prevention & Cessation Services	Active	\$63,976.45
Beacon Light	10/01/13	06/30/14	Tobacco Prevention	Active	\$10,450
Chest Diseases	01/01/14	12/31/14	TB Clinic Physician	Active	\$41,000
Community Health Net	07/01/13	06/30/14	Dental Services	Active	\$6,300
Corry Counseling Services Center	01/01/14	12/31/14	Leasing of Office Space (Corry)	Active	\$5,138
DCNR	01/01/14	12/31/14	Recreational Beach Program	Active	\$13,250
Di Gregory, Paula	10/15/13	06/30/14	Tobacco Prevention & Cessation Services	Active	\$50,000
Edinboro University of Pennsylvania	03/29/11	03/29/16	Nursing Students Clinical	Active	None
Erie Center on Health and Aging	01/01/14	12/31/14	Adult Immunizations	Active	\$7,794
Erie County Prison	01/01/14	12/31/14	Preventative services, TB, HIV and RPR testing, D&A counseling, suicide prevention	Active	\$50,715
Gannon University (academic year)	08/01/08	Open ended	Nursing Students Clinical	Active	None
Gaudenzia	01/01/14	12/31/14	HIV Counseling/ Testing/ Referral Services	Active	\$5,000
Healthways/Quitnet	07/30/13	06/30/14	Tobacco Cessation Services	Active	\$25,600
HPW Associates		06/30/14	Tobacco Evaluation Services	Pending	\$5,000
LECOM School of Pharmacy	01/01/14	06/30/14	Injury Prevention	Active	\$8,000

PERTINENT CONTRACT SUMMARY (Services rendered or to be rendered) (As required in Chapter 15, §15.4 (a)(6)& (a)(7))

COMPANY NAME	BEGIN DATE	END DATE	SERVICE TYPE	CURRENT STATUS	MAXIMUM AMOUNT
Medical Associates of Erie	01/01/14	12/31/14	Backup Medical Advisor	Active	\$4,000
Mercer County Behavioral Health Commission, Inc.	10/01/13	06/30/14	Tobacco Prevention & Cessation Services	Active	\$70,550
Meyer, Melinda		12/31/14	Let's Move Outside! Erie County Recreational Passport	Pending	\$3,000
North East Township	01/01/14	12/31/14	Recreational Beach Program	Active	\$1,300
Nurse Family Partnership	01/01/14	12/31/14	Technical Assistance/Training Fee	Active	\$15,493
Penn State University/Behrend College	06/25/09	Open ended	Nursing Student Clinical	Active	none
Presque Isle Partnership	01/01/14	12/31/14	Recreational Beach Program	Active	\$45,000
Regional Science Consortium	01/01/14	12/31/14	Recreational Beach Program	Active	\$30,000
Ridgeway, Brenda	10/01/13	06/30/14	Tobacco Prevention Services	Active	\$6,650
Snow, M.D., R. Anthony	01/01/14	12/31/14	Medical Advisor	Active	\$12,654
Stericycle	03/01/14	02/28/17	Medical Waste Disposal	Active	\$4,320
St. Paul's Free Clinic	01/01/14	12/31/14	Uninsured health care	Active	\$12,558
Sunstrata, LLC.	10/21/13	06/30/14	Tobacco Evaluation	Active	\$19,950

PUBLIC HEALTH LABORATORY SERVICES

PUBLIC HEALTH LABORATORY SERVICES

Objective: Identify and use certified laboratories to provide timely and reliable analytical services in support of the public and environmental health programs being conducted by the department and in support of other investigations undertaken to address public health concerns.

Activities:

1. Continue to use the following laboratories for personal health programs:

A. Sexually Transmitted Diseases

- RPR, FTA for Syphilis - CDD Labs – Texas
- Gonorrhea and Chlamydia Testing – CDD Labs
- Herpes and Gonorrhea culture – Associated Clinical Labs (ACL), Erie
- HIV - State contracted laboratory – CDD Labs
- GC Cultures/Oral HIV/Viral Loads/CD4 testing – PA Bureau of Laboratories (BOL)
- STAT blood work, cultures and venipunctures – (ACL)

B. Tuberculosis

- Smear Cultures – Bureau of Labs, Lionville, PA, and ACL
- Tuberculin Sensitivity – Bureau of Labs, Lionville, PA
- Chest x-rays – Chest Diseases of Northwestern Pennsylvania, local Hospital Radiology Departments.
- Blood Chemistry – Associated Clinical Lab
- Venipunctures – Associated Clinical Lab/ECDH
- Tuberculosis Drug Levels – Infectious Disease Pharmacokinetics Lab (IDPL) Gainesville, FL

C. Maternal Child Health

- Newborn Screening/McCamin-Robins Test – PerkinsElmer Genetics, Pittsburgh, PA (PA contracted lab).

D. Other Laboratory Services

- Antibody titers – Bureau of Laboratories (BOL)
- Enteric – Associated Clinical Labs, State Bureau of Labs

- Rabies - FA testing – Department of Agriculture, Summerdale, PA or State Lab, Lionville, PA
- E. Biological/ Environmental Samples– State DEP at Exton, Microbac
2. Continue to use the following laboratories for environmental programs.
- A. Water and waste water – State DEP Lab, Harrisburg, PA; Microbac
 - B. Food – Microbac; State Bureau of Labs, Lionville, PA; PA Department of Agriculture Lab, Harrisburg, PA
 - C. Mosquitoes (West Nile Virus)– State DEP Lab, Harrisburg, PA
 - D. Birds (West Nile Virus)-State DEP Lab, Harrisburg, PA

Evaluation: Laboratory services are provided and performed by Federal or State-certified facilities and personnel.

PART 3
PROGRAM PLANS

ERIE COUNTY HEALTH NEEDS ASSESSMENT
AND
COMMUNITY HEALTH IMPROVEMENT PLAN

2014 PROGRAM PLAN

Erie County, Pennsylvania

**ERIE COUNTY
HEALTH ASSESSMENT
2012**

ERIE COUNTY
DEPARTMENT OF HEALTH
ecdh.org



Introduction

A community health needs assessment is a tool used to evaluate the health status of residents and identify areas of concern within the community. Data comes from multiple sources, including input from residents themselves. The long-range goal is to provide focus areas for collaborative action among community stakeholders and residents.

Mobilizing for Action through Planning and Partnerships (MAPP) was selected as a guide for this assessment. Based on a community driven strategy, the MAPP process provides a roadmap for both a Community Health Needs Assessment (CHNA) and a Community Health Improvement Plan (CHIP) and integrates activities between the two. As part of the CHNA, “Wellness in mind, body, and spirit” was chosen as the vision. Priorities and strategic issues identified through the CHNA process will be used in implementing the CHIP.

The objectives of the Erie County Community Health Needs Assessment are to: (1) provide a comprehensive overview of the health status of Erie County, (2) identify priority health needs within the county, (3) organize these priorities into strategic issues, and (4) share this information with the community at large, including stakeholders.

This report is divided into the following sections: (1) Demographics, (2) Maternal, Infant, and Child Health, (3) Mortality, Cancer, and Injury, (4) Infectious Diseases, (5) Chronic Diseases and Conditions, (6) Preventive Health Services, (7) Health Risk Behaviors, (8) Mental and Behavioral Health, (9) Special Populations, (10) Health-Related Quality of Life, (11) Health Care Access, (12) Health Care Providers, (13) Environmental Health, (14) Quality of Life, and (15) Focus Groups. Selected Healthy People 2010 and 2020 goals, a peer county comparison, and a list of data sources are also included as supplementary material.

Because this is a comprehensive needs assessment, both quantitative and qualitative data are included. Health indicators are reported as individual data points and are also included in trend analyses. Statistics for gender, race, ethnicity, age, education, and income are listed when available. Finally, indicators are compared to state, national, Healthy People, and peer county data. Priorities for Erie County were identified using a

priority matrix, ranking system, and asset inventory. Final strategic issues and overarching challenges were then developed.

Methodology

In 2010, community partners met to discuss a comprehensive Erie County Community Health Needs Assessment. A Steering Committee was formed with representatives from the Erie County Department of Health (ECDH), Community Health Net (a Federally Qualified Health Center), the Erie Community Foundation, Highmark Blue Cross Blue Shield, the Northwest Pennsylvania Area Health Education Center, and the four Erie County nonprofit hospitals of Corry Memorial Hospital, Millcreek Community Hospital, Saint Vincent Health System, and UPMC Hamot. ECDH was identified as the lead agency. The Mobilizing for Action through Planning and Partnerships (MAPP) framework was used to complete the Needs Assessment.

Because behavioral risk factors are a key component of any comprehensive health needs assessment, a first step was agreement to conduct a 2011 Erie County Behavioral Risk Factor Surveillance System (BRFSS) Survey in order to update 2007 Erie County BRFSS data. Funding for the survey was provided by ECDH, a grant from the Erie Community Foundation, a grant from Highmark Blue Cross Blue Shield, and contributions from the four hospitals. An ECDH epidemiologist assumed responsibility and crafted the survey using questions from the national and state BRFSS surveys. Moore Research Services, Inc. conducted the telephone (landline and cell) survey and also analyzed and reported the data in collaboration with ECDH. The final report was delivered to Steering Committee members in February, 2012.

The ECDH epidemiology staff completed the Community Health Needs Assessment. Quantitative data sources included local health statistics calculated and reported by ECDH epidemiologists and available on the ECDH website, state health statistics and health care reports from the Pennsylvania Department of Health, national health statistics available on the Centers for Disease Control and Prevention (CDC) website, demographic data from the U.S. Census Bureau, hospital-related information from the Hospital and Healthsystem Association of Pennsylvania, and related data and information from various local, state,

and national organizations. Notable data deficiencies include limited youth health indicators, comprehensive community mental health statistics, and adult drug abuse including prescription drugs. Westmoreland County, Pennsylvania, was selected as a peer county for comparative purposes. A complete list of data sources is provided at the end of the Needs Assessment document. With the exception of ECDH, sources are not responsible for any of the analyses, interpretations, or conclusions that appear in this Assessment.

Qualitative data was gathered via focus groups which were conducted to provide resident perceptions of health issues within the county. Groups were facilitated by the Northwest Pennsylvania Area Health Education Center. Five health-related questions, crafted by the Steering Committee, were used for all groups. They are: (1) Describe what you think is a healthy person, (2) Describe what you think is a healthy community, (3) What, if anything, prevents the residents of this community from attaining and maintaining the highest levels of health, (4) What, if anything, prevents this community from attaining and maintaining the highest levels of health, and (5) What are some of the things that could help this community attain the highest level of health? The group responses were analyzed to identify general indicators and themes.

Because Erie County consists of one large city (the City of Erie), one small city (the City of Corry), several large metropolitan suburbs, and many small rural communities, five community focus groups were held in various locations throughout the county. Overall, one large Erie County focus group was conducted. Four smaller community focus groups included the City of Erie, the City of Corry/Union City Borough/Union Township, North East Borough and Township, and Girard Township/Albion Borough. Invitations were sent to a diverse list of community organizations including nonprofit, religious, law enforcement, government, education, health care, social service, mental health, and advocate groups.

Besides the mix of urban, suburban, and rural populations, approximately seven percent of Erie County's population is African American. Additionally, Erie County currently settles the largest number of refugees of all counties in Pennsylvania. Two targeted focus

groups were conducted to address the needs of these populations. The first was for refugee, migrant worker, and immigrant interpreters, and the second was for African American women.

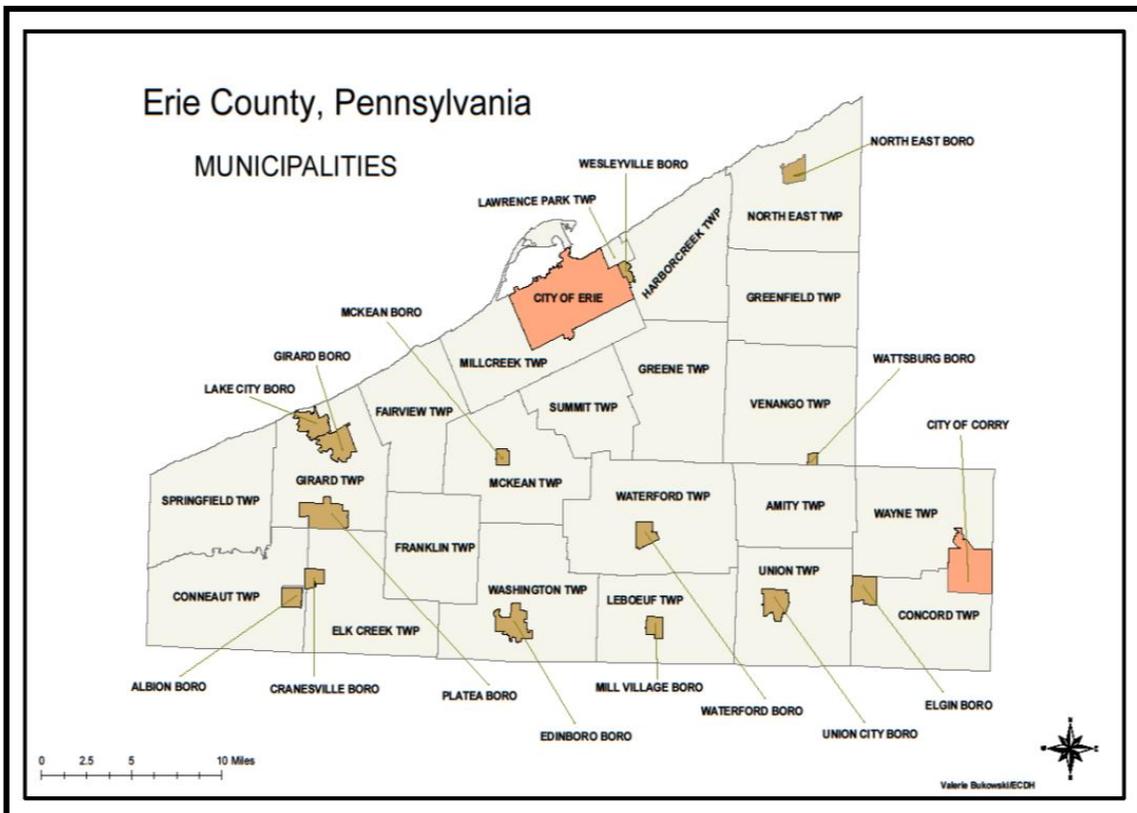
In order to identify areas of need within Erie County, a prioritization matrix of health indicators was developed using information from the Health Needs Assessment. In addition to county, state, national, Healthy People 2020, and peer county statistics for the indicators, the matrix also included columns to identify the indicator as a CDC health status indicator, a Robert Wood Johnson Foundation health ranking indicator, an identified county focus group indicator, an indicator currently being addressed by other community organizations, and an indicator associated with disparities. Trending changes were also noted.

Based on the information in this matrix, the Steering Committee used a problem importance worksheet to rate each indicator using a Likert scale of 1 to 10 (with 10 being highest) as to the magnitude of the problem, the seriousness of the problem, its comparison to benchmarks, the feasibility of addressing the problem, and the availability of resources. Scores for each indicator were calculated and the indicators were then ranked according to the results. A preliminary grouping of indicators was developed by the Project Director. With the aid of a comprehensive community asset listing for these indicators, the Steering Committee met to discuss and decide strategic health issues, overarching challenges, and final priority indicators for Erie County.

Demographics

Erie County is located in northwestern Pennsylvania on the south shore of Lake Erie and covers 802 square miles of land and 756 square miles of water (Figure 1). The 2010 U.S. Census reported a total population of 280,566 with 80.0% urban, 20.0% rural, 50.8% female, 49.2% male, 22.7% under age 18, 35.4% aged 18 to 44, 27.3% aged 45 to 64, 14.6% aged 65 and above, 88.2% White, 7.2% Black, and 3.4% Hispanic (of any race). Approximately 36.3% (101,786 individuals) resided in the City of Erie. The median age was 38.6 years.

Figure 1. Erie County, Pennsylvania Maps



In 2010, 9.4% of the civilian labor workforce aged 16 and above were unemployed. Of all residents, 17.4% lived below the poverty level, 23.7% were eligible for Medical Assistance, 19.5% participated in the Supplemental Nutrition Assistance Program (SNAP), and 9.6% had no health insurance coverage. Of all residents living below the poverty level, 14.4% were White, 44.7% were Black, 31.6% were Hispanic, and 24.7% were under

age 18. Of all residents aged 25 and above, 9.8% had less than a high school diploma (9.0% White, 18.3% Black, and 30.6% Hispanic) while 23.4% had a bachelor's degree or higher (23.9% White, 13.7% Black, and 14.1% Hispanic).

Erie County is the leading refugee resettlement county in Pennsylvania. From October 1, 2010 to September 30, 2011, 790 (26.1%) of the 3,026 newly arrived Pennsylvania refugees settled in Erie County while from October 1, 2011 to March 31, 2012, 377 (29.0%) of the 1,299 newly arrived Pennsylvania refugees settled in Erie County.

Maternal, Infant, and Child Health

During the period 2008 to 2010, there were 9,891 births in Erie County for a crude birth rate of 11.8 births per 1,000 population. Of these births, 77.3% occurred to women aged 20-34, 11.3% occurred to women aged 15-19, and 49.5% were to unmarried mothers. The general fertility rate was 58.0 births per 1,000 females aged 15-44.

From 2008-2010, 8.9% (8.3% for PA) of Erie County live births were classified as low birth weight (7.6% White, 16.2% Black, and 9.8% Hispanic), 74.8% (70.9% for PA) were to mothers who received first trimester prenatal care (78.1% White, 60.1% Black, and 66.3% Hispanic), and 72.7% (83.5% for PA) were to mothers who did not smoke during their pregnancy (72.4% White, 70.7% Black, and 76.1% Hispanic). From 2008-2010, the infant mortality rate in Erie County was 9.2 (7.3 for PA) deaths per 1,000 live births (7.1 White and 25.4 Black).

Mortality

Table 1 lists the leading causes of death for Erie County residents from 2008 to 2010.

Table 1. Erie County Leading Causes of Death, 2008-2010

Erie County and Pennsylvania, 2008-2010											
Cause of Death	Total		Male		Female		White		Black		PA
	Deaths	Rate	Rate								
All Causes of Death	8,062	791.6	3,786	930.3	4,276	687.3	7,648	770.2	386	1,042.1	779.6
Heart Disease	2,107	199.9	1,014	250.4	1,093	163.7	2,005	192.4	93	271.9	195.3
Cancer (Malignant Neoplasms)	1,861	189.1	940	226.2	921	164.2	1,769	185.4	88	240.0	183.8
Chronic Lower Respiratory Diseases	455	44.4	215	54.1	240	38.8	447	44.5	8	n/a	39.9
Stroke (Cerebrovascular Diseases)	429	40.4	155	39.0	274	40.9	400	37.8	28	92.1	40.1
Accidents (Unintentional Injuries)	317	35.0	199	48.8	118	23.4	310	37.7	7	n/a	40.4
Alzheimer's Disease	261	23.1	67	17.4	194	26.0	256	22.7	4	n/a	20.6
Diabetes Mellitus	240	24.3	125	30.7	115	19.0	219	22.6	20	56.7	20.4
Nephritis, Nephrotic Syndrome, & Nephrosis	227	21.5	95	23.9	132	20.4	213	20.6	14	n/a	18.6
Influenza & Pneumonia	160	17.5	81	20.1	113	15.6	187	17.0	7	n/a	14.6
Suicide (Intentional Self-Harm)	110	12.7	91	21.7	19	n/a	104	13.2	5	n/a	11.9
Septicemia	107	10.6	41	9.8	66	11.2	101	10.3	5	n/a	13.9
Chronic Liver Disease & Cirrhosis	79	8.1	45	9.9	34	6.6	77	8.1	2	n/a	7.7
Essential Hypertension & Hypertensive Renal Disease	63	6.1	25	5.9	38	5.7	57	5.7	6	n/a	6.1
Parkinson's Disease	58	5.5	31	8.0	27	3.9	58	5.6	0	n/a	7.1
In situ, Benign, & Uncertain Neoplasms	52	5.3	33	8.2	19	n/a	50	5.2	2	n/a	5.1

Notes: Age-adjusted rates are per 100,000 population, 2008-2010; n/a = Not available

Cancer

A total of 1,861 Erie County residents died from cancers (primary malignant neoplasms) during the period 2008 to 2010, for a corresponding age-adjusted death rate of 189.1 deaths per 100,000 population (183.8 for PA). The death rate was 226.2 for males and 164.2 for females. During 2008-2010, Erie County's five leading cancer mortality sites were: (1) bronchus and lung (27.4% of all deaths), (2) colon and rectum (8.5%), (3) female breast (7.7%), (4) pancreas (6.0%), and (5) prostate (5.7%).

There were a total of 4,602 new cancer cases (primary invasive cancers and in situ urinary bladder cancers) diagnosed among Erie County residents during 2007-2009, for a corresponding age-adjusted cancer incidence rate of 483.9 cases per 100,000 population (507.7 for PA). The incidence rate was 543.2 for males and 449.8 for females. During 2007-2009, Erie County's five leading cancer incidence sites were: (1) female breast (14.5% of all diagnoses), (2) bronchus and lung (14.2%), (3) prostate (13.7%), (4) colon and rectum (9.4%), and (5) urinary bladder (4.5%).

Injury

From 2005 to 2009, there were a total of 745 deaths due to injury among all Erie County residents for a crude rate of 50.9 deaths per 100,000 population (58.8 for PA). Of the total injury deaths, 71.5% were unintentional (accidents) injury deaths, 22.6% were suicides, 4.0% were homicides, 1.9% were undetermined, and 68.2% occurred to males. Seniors (those aged 65 and above) had both the highest number of deaths (230) and highest death rate (114.3 deaths per 100,000 population) among reported age group categories. The leading causes of injury death among Erie County residents were poisonings (178 deaths), motor vehicle traffic accidents (137), unintentional falls (129), and firearm-related events (94). Overall, 121 (68.0%) of the 178 poisoning deaths were accidental drug poisonings, and 80 (85.1%) of the 94 firearm-related events were suicides.

In 2009, there were a total of 2,630 hospitalizations due to injury in Erie County for a crude rate of 849.3 hospitalizations per 100,000 population (1,020.4 for PA). Of the total injury hospitalizations, 81.7% were due to accidents, 11.1% were due to self-inflicted injuries, 3.4% were due to assault injuries, and 3.8% were undetermined. Seniors had both the highest number of hospitalizations (1,195) and the highest hospitalization rate (2,919) among reported age group categories. The three leading causes of injury hospitalization in Erie County were unintentional falls (1,185), poisonings (379), and motor vehicle traffic accidents (129). Most unintentional fall hospitalizations (71.9%) occurred in seniors. Overall, 61.7% of poisoning hospitalizations were due to self-inflicted poisonings.

Childhood Injury

From 2000 to 2009, there were a total of 59 deaths due to injury among Erie County children (14 years of age and younger). Of the 59 total injury deaths, 81.4% were unintentional (accidents), 10.2% were homicides, 6.8% were suicides, and 1.7% undetermined. Motor vehicle traffic accidents, drownings, and suffocations were the three leading causes of childhood injury deaths.

From 2000 to 2009, there were a total of 1,239 hospitalizations due to injury among Erie County children aged 0 to 14 with an age-specific injury hospitalization rate of 228.6 per

100,000 (292.6 for PA). Overall, 86.6% hospitalizations were due to accidents, 6.5% were due to self-inflicted injuries, 4.0% were due to assault injuries, and 2.8% were undetermined. Of the 81 self-inflicted injuries, 79 occurred in children aged 10 to 14 years with 42 (53.2%) of these due to self-inflicted poisonings. From 2000 to 2009, the leading causes of childhood injury hospitalization in Erie County were falls, motor vehicle traffic accidents, and poisonings.

Infectious Diseases

Select reportable and communicable diseases for Erie County, Pennsylvania, and the U.S. (2010) are listed in Table 2.

Table 2. Erie County Infectious Diseases, 2010

Reportable and Communicable Diseases Erie County, PA, & U.S., 2010						
	Erie County		Pennsylvania		United States	
	Cases	Rate*	Cases	Rate*	Cases	Rate*
AIDS [^]	14	5.0	621	4.9	n/a	
ARBOVIRAL DISEASES, DOMESTIC						
WEST NILE ENCEPHALITIS (NEUROINVASIVE) [^]	0	0	19	0.1	629	0.2
WEST NILE FEVER (NON-NEUROINVASIVE) [^]	0	0	9	0.1	392	0.1
CAMPYLOBACTERIOSIS [^]	25	8.9	1,751	13.8	n/a	
CHLAMYDIA [^]	1,152	411.0	47,518	374.1	1,307,893	426.0
CRYPTOSPORIDIOSIS [^]	1	0.4	490	3.9	8,944	2.9
CYCLOSPORIASIS [^]	0	0	0	0.0	179	0.1
ESCHERICHIA COLI, SHIGA TOXIN PRODUCING (STEC) [^]	0	0	161	1.3	5,476	1.8
ENCEPHALITIS, OTHER	2	0.7	2		n/a	
GIARDIASIS [^]	20	7.1	789	6.2	19,811	6.5
GONORRHEA [^]	170	60.7	12,883	101.4	309,341	100.8
GUILLAIN BARRE ^{^^}	2	0.7	54	0.4	n/a	
HAEMOPHILUS INFLUENZA, INVASIVE, ALL AGES [^]	5	1.8	227	1.8	3,151	1.0
HEPATITIS A [^]	2	0.7	54	0.4	1,670	0.5
HEPATITIS B, ACUTE [^]	2	0.7	74	0.6	3,374	1.1
HEPATITIS B, CHRONIC [^]	15	5.4	1,470	11.6	n/a	
HEPATITIS C, ACUTE [^]	7	2.5	26	0.2	849	0.3
HEPATITIS C, PAST OR PRESENT [^]	218	77.8	9,342	73.5	n/a	
HISTOPLASMOSIS	0	0	n/a		n/a	
HIV (non-AIDS)	9	3.2	1,017	8.0	n/a	
HIV and AIDS	23	8.2	1,638	12.9	35,741	11.6
INFLUENZA ^{^^}	30	--	n/a		n/a	
LEGIONELLOSIS [^]	7	2.5	324	2.6	3,346	1.1
LISTERIOSIS [^]	0	0	46	0.4	821	0.3
LYME DISEASE [^]	55	19.6	3,810	30.0	30,158	9.8
MEASLES [^]	0	0	2	0.0	63	0.0
MENINGITIS, MENINGOCOCCAL DISEASE/N. MENINGITIDIS [^]	0	0	26	0.2	833	0.3
MENINGITIS, OTHER BACTERIAL	1	0.4	153	1.2	n/a	
MENINGITIS, VIRAL/ASEPTIC [^]	6	2.1	494	3.9	n/a	
MUMPS [^]	0	0	69	0.5	2,612	0.9
PERTUSSIS (WHOOPING COUGH) [^]	8	2.9	980	7.8	27,550	9.1
RESPIRATORY SYNCYTIAL VIRUS [^]	188	--	n/a		n/a	
RUBELLA (GERMAN MEASLES) [^]	0	0	0	0	5	0.0
SALMONELLOSIS [^]	84	30.0	1,902	15.1	54,424	17.9
SHIGELLOSIS [^]	0	0	777	0.7	14,786	4.9
STAPHYLOCOCCUS AUREUS, VANCOMYCIN RESISTANT [^]	0	0	n/a		n/a	
STREPTOCOCCAL DISEASE, INVASIVE, GROUP A [^]	6	2.1	333	2.6	5,279	1.7
STREPTOCOCCUS PNEUMONIAE, INVASIVE [^]	12	4.3	542	4.3	16,569	5.4
STREPTOCOCCUS PNEUMONIAE, INVASIVE, DRUG RESISTANT	9	3.2	n/a		n/a	
STREPTOCOCCUS PNEUMONIAE, INVASIVE, NONREISTANT	3	0.0	n/a		n/a	
SYPHILIS, PRIMARY and SECONDARY [^]	4	1.4	369	2.9	13,774	4.5
SYPHILIS, EARLY LATENT [^]	2	0.7	355	2.8	n/a	
SYPHILIS, LATE and LATE LATENT	1	0.4	259	2.1	n/a	
SYPHILIS, CONGENITAL [^]	0	0	3	0.0	377	0.1
SYPHILIS, UNKNOWN LATENT	0	0	21	0.2	n/a	
TOXIC-SHOCK SYNDROME, STREPTOCOCCAL [^]	0	0	6	0.0	142	
TOXIC-SHOCK SYNDROME, STAPHYLOCOCCAL OR UNSPECIFIED [^]	0	0	5	0.0	82	
TOXOPLASMOSIS	1	0.4	46	0.4	n/a	
TUBERCULOSIS DISEASE [^]	5	1.8	238	1.9	11,182	3.7
TUBERCULOSIS INFECTION	333	118.8	n/a		n/a	
VARICELLA ZOSTER (CHICKENPOX) [^]	16	5.7	1,149	9.1	15,427	5.1
YERSINIA [^]	1	0.4	14	0.1	n/a	

*Rate per 100,000 population unless otherwise indicated; Previous year pop. used for Erie County and U.S. calculations; Current year pop. used for PA calculations
[^]Reported cases with CDC-defined case classification status
^{^^}Reported cases with PA DOH-defined case classification status

Chronic Disease Prevalence

Based on the Behavioral Risk Factor Surveillance System (BRFSS) Survey, chronic disease statistics for Erie County (2011), Pennsylvania (2010), and the U.S. (2010) are listed in Table 3.

Table 3. Chronic Disease Prevalence

Chronic Disease Prevalence*			
Erie County, PA, & U.S.			
	Erie County	Pennsylvania	United States
	%	%	%
ARTHRITIS DIAGNOSIS (Including rheumatoid, gout, lupus, or fibromyalgia)	30	31	26
ASTHMA DIAGNOSIS	12	14	14
CANCER SURVIVORS	12	10	n/a
HEART ATTACK (Age 35+)	6	6	4
HEART DISEASE (Age 35+)	7	6	4
STROKE (Age 35+)	5	4	3
HIGH CHOLESTEROL	39	39	37
EVER HAD CHOLESTEROL CHECKED	79	82	81
CHOLESTEROL CHECKED IN PAST FIVE YEARS	76	79	77
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)	7	n/a	5
DIABETES DIAGNOSIS	10	10	9
PRE-DIABETES DIAGNOSIS	6	n/a	n/a
HYPERTENSION DIAGNOSIS	31	31	29
TAKES HYPERTENSION MEDICATION	79	80	n/a

*Reported values are for adults aged 18 and above unless otherwise noted
n/a indicates not available
Source: 2011 Erie County Behavioral Risk Factor Surveillance System (BRFSS) Survey; 2010 Pennsylvania and U.S. BRFSS Surveys

Preventive Health Services

Based on the BRFSS Survey, preventive health service statistics for Erie County (2011), Pennsylvania (2010), and the U.S. (2010) are listed in Table 4.

Table 4. Preventive Health Services

Preventive Health Service Utilization*			
Erie County, PA, & U.S.			
	Erie County	Pennsylvania	United States
	%	%	%
ANNUAL MAMMOGRAM (Females Age 40+)	67	58	n/a
ANNUAL CLINICAL BREAST EXAM (Females Age 40+)	67	62	n/a
ANNUAL PAP TEST	60	n/a	n/a
SIGMOIDOSCOPY and COLONOSCOPY IN PAST FIVE YEARS (Age 50+)	62	n/a	n/a
FECAL OCCULT BLOOD TEST (FOBT) IN PAST TWO YEARS (Age 50+)	18	n/a	17
ANNUAL PSA BLOOD TEST (Males Age 40+)	52	56 (Age 50+)	n/a
ANNUAL DIGITAL RECTAL EXAM (Males Age 40+)	42	47 (Age 50+)	n/a
ANNUAL FLU SHOT (Age 65+)	70	n/a	67
ANNUAL FLU SHOT (Age 50+)	60	56	n/a
ANNUAL FLU SHOT (Age <18)	45	n/a	n/a
PNEUMONIA VACCINATION (Age 65+)	73	71	67
DENTAL VISITS	70	71	70

*Reported values are for adults aged 18 and above unless otherwise noted
n/a indicates not available
Source: 2011 Erie County Behavioral Risk Factor Surveillance System (BRFSS) Survey; 2010 Pennsylvania and U.S. BRFSS Surveys

Health Risk Behaviors

Based on the BRFSS Survey, health risk behavior statistics for Erie County (2011), Pennsylvania (2010), and the U.S. (2010) are listed in Table 5. Erie County has five food deserts. Three are in the City of Erie, one is in Albion Borough (western Erie County), and one is in Edinboro Borough (southern Erie County).

Table 5. Health Risk Behaviors

Health Risk Behaviors*			
Erie County, PA, & U.S.			
	Erie County	Pennsylvania	United States
	%	%	%
BINGE DRINKING	19	15	15
HEAVY DRINKING	6	4	5
CHRONIC DRINKING	6	6	n/a
DRINKING AND DRIVING	4	3	n/a
YOUTH ALCOHOL USE, EVER TRIED	46	49	n/a
YOUTH ALCOHOL USE, PAST-30-DAY USE	22	26	n/a
YOUTH BINGE DRINKING	12	14	n/a
YOUTH MARIJUANA, EVER TRIED	17	20	n/a
YOUTH MARIJUANA, PAST-30-DAY USE	10	11	n/a
FRUIT AND VEGETABLE CONSUMPTION (Five or more times per day)	10	24	24
NO LEISURE TIME PHYSICAL ACTIVITY	28	26	24
SEAT BELT USE	83	77	85
CURRENT CIGARETTE SMOKER	23	18	17
QUIT SMOKING ONE OR MORE DAYS IN PAST YEAR	57	55	n/a
SMOKELESS TOBACCO	4	2	n/a
YOUTH CIGARETTE USE, EVER TRIED	26	26	n/a
YOUTH CIGARETTE USE, PAST-30-DAY USE	10	11	n/a
YOUTH SMOKELESS TOBACCO USE, EVER TRIED	13	12	n/a
YOUTH SMOKELESS TOBACCO USE, PAST-30-DAY USE	7	6	n/a
OBESE (BMI ≥ 30)	29	29	28
OVERWEIGHT (BMI = 25.0-29.9)	36	37	36

*Reported values are for adults aged 18 and above unless otherwise noted
n/a indicates not available
Source: 2011 Erie County Behavioral Risk Factor Surveillance System (BRFSS) Survey; 2010 Pennsylvania and U.S. BRFSS Surveys; 2009 Erie County and Pennsylvania Youth Survey

Mental and Behavioral Health

Based on the 2011 Erie County BRFSS Survey, 19% of Erie County adults aged 18 and above have ever been diagnosed with a depressive disorder, 17% have ever been diagnosed with an anxiety disorder, and 32% reported being worried about money. Based on the 2009 Erie County Pennsylvania Youth Survey (PAYS), 36% of students in grades six through twelve reported feeling depressed or sad most days in the past year (32% for PA).

Health-Related Quality of Life

Based on the 2011 Erie County BRFSS, health-related quality of life statistics for Erie County (2011, 2007 where noted), Pennsylvania (2010, 2007 where noted), and the U.S. (2010) are listed in Table 6.

Table 6. Health-Related Quality of Life

Health-Related Quality of Life*			
Erie County, PA, & U.S.			
	Erie County	Pennsylvania	United States
	%	%	%
FAIR or POOR HEALTH	17	16	15
POOR PHYSICAL HEALTH	36	36	n/a
POOR MENTAL HEALTH	33	33	n/a
ACTIVITY LIMITED 1+ DAYS IN PAST MONTH DUE TO POOR PHYSICAL/MENTAL HEALTH	21	n/a	21
USUAL ACTIVITY LIMITED DUE TO ARTHRITIS OR JOINT SYSTEMS	43	42	n/a
USE SPECIAL EQUIPMENT DUE TO HEALTH PROBLEMS	8	8	8
RARELY OR NEVER GET NEEDED EMOTIONAL SUPPORT** (2007)	8	7	n/a
SATISFIED or VERY SATISFIED WITH THEIR LIFE** (2007)	93	94	n/a

*Reported values are for adults aged 18 and above unless otherwise noted
 **2007 Erie County Behavioral Risk Factor Surveillance System (BRFSS) Survey
 n/a indicates not available
 Source: 2011 Erie County Behavioral Risk Factor Surveillance System (BRFSS) Survey; 2010 Pennsylvania and U.S. BRFSS Surveys

Health Care Access

Based on the 2011 Erie County BRFSS Survey, health care access statistics for Erie County (2011), Pennsylvania (2010), and the U.S. (2010) are listed in Table 7.

Table 7. Health Care Access

Health Care Access*			
Erie County, PA, & U.S.			
	Erie County	Pennsylvania	United States
	%	%	%
NO HEALTH INSURANCE	13	14	18
MEDICAID RECIPIENTS	22	17	n/a
CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)	6	7	n/a
NO PERSONAL HEALTH CARE PROVIDER	10	11	n/a
ROUTINE CHECKUP IN PAST TWO YEARS	86	n/a	n/a
LACK OF NEEDED CARE DUE TO COST	13	11	n/a
LACK OF NEEDED MEDICATION DUE TO COST	12	n/a	n/a

*Reported values are for adults aged 18 and above unless otherwise noted
 n/a indicates not available
 Source: 2011 Erie County Behavioral Risk Factor Surveillance System (BRFSS) Survey; 2010 Pennsylvania and U.S. BRFSS Surveys

Health Care Providers

Erie County is serviced by seven hospitals (four acute care facilities, two specialty hospitals, and a Veterans Affairs Medical Center) and a pediatric specialty facility. In 2010, 599 physicians and 142 dentists provided direct patient care in Erie County. Of the physicians, 89% accept Medicaid and 94% accept Medicare. Of the dentists, 13% accept Medicaid and 11% accept Medicare.

Three geographic areas within Erie County have been designated as Medically Underserved Areas (MUA), one geographic area has been designated as a Primary Medical Care Health Professional Shortage Area, and the entire low income population of Erie County has been designated as a Dental Health Professional Shortage Population. Erie County is serviced by one Federally Qualified Health Center (FQHC) and two Rural Health Clinics/Centers. The Multi-Cultural Health Evaluation Delivery System (MHEDS) provides health services to refugees and is the designated primary care service provider in Erie for the Keystone Migrant Farmworker Program.

Executive Summary

In 2010, with the Erie County Department of Health (ECDH) as lead agency, Corry Memorial Hospital, Millcreek Community Hospital, Saint Vincent Health System, UPMC Hamot, the Erie Community Foundation, Highmark Blue Cross Blue Shield, Community Health Net, and the Northwest Pennsylvania Area Health Education Center formed a collaboration and subsequent Steering Committee to complete a comprehensive Erie County Community Health Needs Assessment. The goals were to evaluate the health status of Erie County residents, identify health concerns within the community, and provide focus areas for future collaborative action among organizations within the community. The Mobilizing for Action through Planning and Partnerships (MAPP) framework was used to guide this activity. The ECDH epidemiology staff authored the Health Needs Assessment.

The Needs Assessment has fifteen sections containing both quantitative and qualitative data as well as a separate peer county section and Healthy People 2010 and 2020 indicators. Quantitative data was gathered from multiple sources including a 2011 Erie

County Behavioral Risk Factor Surveillance System (BRFSS) Survey that was commissioned to update statistics on the health behaviors of Erie County adults. Health indicators are reported as individual data points, included in trend analyses, and compared to available state, national, Healthy People 2020, and peer county statistics. When possible, health indicators are also reported according to gender, race, ethnicity, age, education, and income. Qualitative data was compiled from seven focus groups conducted throughout Erie County in the spring and early summer of 2012. Using the same questions for each group, participant responses provided perceptual views from county residents about the health of their community.

Epidemiologists reviewed the data in the Assessment and identified over 150 indicators for consideration in the prioritization process. These indicators were organized in a prioritization matrix that included county, state, national, Healthy People 2020, and peer county statistics, identified the indicator as a targeted focus of other organizations, and associated the indicator with disparities. Trending changes were also noted. The leading health indicator issues are listed in Table 1.

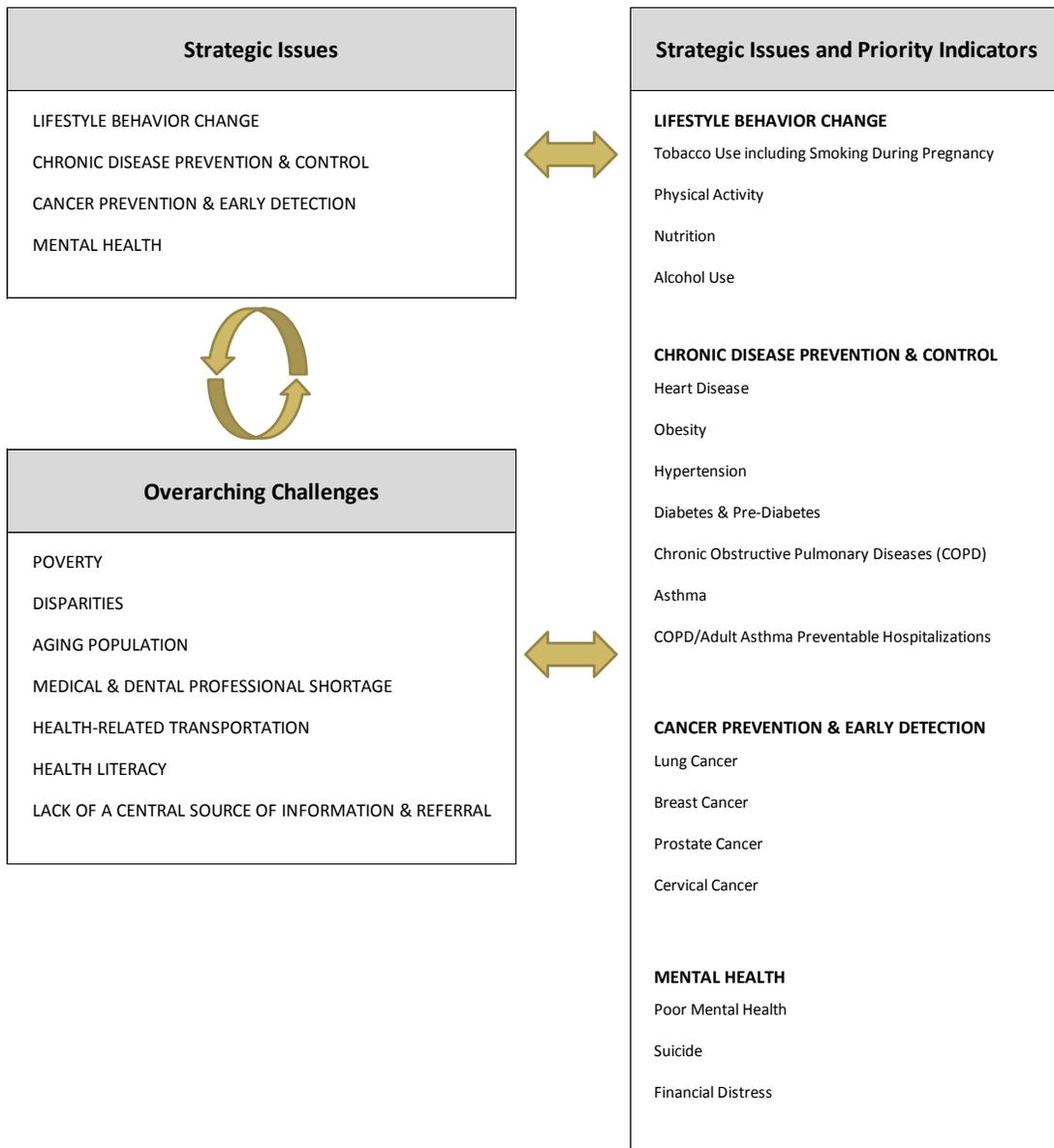
With the aid of a problem importance worksheet and the prioritization matrix, members of the Steering Committee then rated each indicator using a Likert scale of 1 to 10. Scores for each indicator were tallied and ranked. The results identified thirty-six indicators to be considered as priorities. A comprehensive community resource list for these indicators was then developed. Using this list, the Steering Committee identified final priority indicators, overarching challenges, and strategic health issues for Erie County (Table 2).

Table 1. Prioritization Matrix Indicators

Leading Health Indicator Issues from the Erie County Community Health Needs Assessment			
Demographics	Mortality, Cancer, and Injury (continued)	Infectious Disease (continued)	Mental and Behavioral Health
Aging population	Cancer incidence	Syphilis	Adult and youth depression
Income	All cancers	Tuberculosis	Anxiety disorder
Poverty	Lung cancer	Varicella zoster	Financial stress
Education	Colorectal cancer	West Nile virus	
Health insurance coverage	Female breast cancer		Special Populations
Unemployment	Prostate cancer	Chronic Diseases and Conditions	Refugees
	Injury deaths	Arthritis	Adult and youth homelessness
Maternal, Infant, and Child Health	All injuries	Asthma	Adult and youth disabilities
Birth and fertility rates	Childhood	Cancer prevalence	
Births to teens	Accidents	Cardiovascular disease	Health-Related Quality of Life
Low birth weight infants	Suicide	Heart disease	Fair or poor health
Prenatal care	Homicide	Heart attack	Poor physical and/or mental health
Single mothers	Poisoning	Stroke	Activity limits
Cesarean section deliveries	Motor vehicle accident	Cholesterol levels	Emotional support
Smoking during pregnancy	Unintentional falls	Chronic obstructive pulmonary disease	Life satisfaction
Infant mortality	Injury hospitalizations	Diabetes and pre-diabetes	
	All injuries	Hypertension	Health Care Access
Mortality, Cancer, and Injury	Childhood		Health insurance coverage
Death rates	Accidents	Preventive Health Services	Medicaid
Leading causes of death	Self-inflicted	Cancer screenings	Children's health insurance program
All causes	Assault	Female breast cancer	Personal health provider
Heart disease	Poisoning	Cervical cancer	Routine checkup
Cancer	Motor vehicle accident	Colorectal cancer	Lack of care and/or medication due to cost
Chronic lower respiratory disease	Unintentional falls	Prostate cancer	
Stroke		Immunizations	Health Care Providers
Accidents	Infectious Disease	Influenza	Federally designated underserved areas
Alzheimer's disease	AIDS and HIV	Pneumonia	Medical and dental professionals
Diabetes mellitus	Campylobacteriosis	Dental care	Potentially preventable hospitalizations
Nephritis	Chlamydia		Pediatric care
Influenza and pneumonia	Gonorrhea	Health Risk Behaviors	
Cancer mortality	Hepatitis A	Adult and youth alcohol use	Focus Groups
All cancers	Hepatitis B	Youth drug use	Health insurance coverage
Lung cancer	Hepatitis C	Nutrition	Economic hardship
Colorectal cancer	Lyme disease	Leisure physical activity	Lack of transportation
Female breast cancer	Meningococcal disease	Seat belt use	Dental care for low-income population
Pancreatic cancer	Pertussis	Adult and youth tobacco use	Literacy and health literacy
Prostate cancer	Salmonellosis	Adult and youth - overweight and obese	Lack of a central health source

Four strategic health issues were identified for Erie County. They are lifestyle behavior change, chronic disease prevention and control, cancer prevention and early detection, and mental health. Additionally, seven overarching challenges were targeted. These are issues that impact the health of Erie County residents and should be considered in any community-based health action plan. Finally, priority health indicators were listed for each strategic issue.

Table 2. Erie County Strategic Issues, Overarching Challenges, and Priority Indicators



2012 Erie County Community Health Needs Assessment

The information contained in this 2012 Erie County Health Status Assessment document is a brief synopsis of information contained in the 2012 Erie County Community Health Needs Assessment (278 pages) which can be accessed at:

http://www.fcbc.net/archangel/woa/mgServeFile.php?fn=0_40_public/documents/PDFs/Statistic_PDFs/Data_Statistics_Reports/communityhealthprofiles/2012%20Erie%20County%20Community%20Health%20Needs%20Assessment.pdf

Erie County, Pennsylvania

**ERIE COUNTY
COMMUNITY HEALTH
IMPROVEMENT PLAN**

2012 - 2013

ERIE COUNTY
DEPARTMENT OF HEALTH
ecdh.org



Community Partners and Stakeholders

Adagio Health (Erie County)
American Cancer Society
American Diabetes Association
American Heart Association
Asbury Woods Nature Center
Baldwin Brothers Realty
Booker T. Washington Center
Boy Scouts of America
Chronic Disease Prevention Program
City of Erie Police Department
City of Erie School District
Coalition Pathways
Community Health Net
Community-At-Large Members
Coroner
Corry Chamber of Commerce
Corry Memorial Hospital
Corry Police Department
County of Erie, Mental Health and Mental Retardation
Divine Connections
Erie Children's Advocacy Center
Erie City Council
Erie Community Foundation
Erie County Board of Health
Erie County Cancer Task Force
Erie County Care Management
Erie County Department of Health
Erie County Diabetes Association
Erie County District Attorney Office
Erie County Medical Society
Erie Gay News (LGBT population)
Erie Housing Authority
Erie Mental Health Association
Erie Reader
Erie Regional Chamber and Growth Partnership
Erie Yesterday
Eriez Magnetics
Fairview Township
Gannon University
Gannondale School for Girls
Gaudenzia
General Electric Transportation Health Initiative
Girard Borough
Girl Scouts of America
Goodell Gardens
Great Lakes Institute of Technology
Greater Erie Community Action Committee (GECAC)
Harborcreek Supervisor
Health America Insurance (Coventry Healthcare)
Highmark Blue Cross Blue Shield
John F. Kennedy Center
Junior League of Erie
Lake Erie College of Osteopathic Medicine (LECOM)
LECOM School of Pharmacy
Lilly Broadcasting
Martin Luther King Center
Mercyhurst Civic Institute
Mercyhurst University
Millcreek Community Hospital
Millcreek Police Department
Mission Empower
Mothers Against Teen Violence
Multicultural Community Resource Center
NAMI of Erie County (National Alliance on Mental Illness)
Northeast Chamber of Commerce
Northwest Pennsylvania Area Health Education Center
Northwest Savings Bank
Northwest Tri-County Intermediate Unit 5
NWPB Tobacco Control Program
Office of Children and Youth
Office of the Pennsylvania Attorney General
Ophelia Project
Perseus House
Regional Cancer Center
Safe & Healthy Communities
Saint Benedict Adult Education Program
Saint Vincent Health System
Second Harvest Food Bank
Sisters of St. Joseph Neighborhood Network
Stairways Behavioral Health
Trinity Center
Union Township
United Healthcare
United Way of Erie County
UPMC Hamot
UPMC Insurance
Veteran's Affairs Medical Center
VisitErie
Waterford Township
Whole Foods Cooperative
Women's Care Center

Introduction

In order to more effectively address the health needs of Erie County residents, community partners and stakeholders joined to form a collaborative committee. The Erie County Department of Health was identified as the lead agency and the Mobilizing for Action through Planning and Partnerships (MAPP) model was selected as the community health improvement planning model (Figure 1).

Figure 1. MAPP Planning Process



The MAPP process relies on four assessments to provide the information needed to develop strategic issues, goals, strategies, and action plans for the community. These assessments are: 1) Community Health Status Assessment, which provides quantitative and qualitative data about the health needs of residents, 2) Community Themes and Strengths Assessment, which helps to identify issues and topics of interest to the community, 3) Forces of Change Assessment, which identifies current or future issues that may affect the community or public health system, and 4) Local Health System Assessment, which identifies organizations that contribute to the public's health.

Vision

Wellness in mind, body, and spirit.

Community Themes and Strengths Assessment

Because Erie County consists of one large city (the City of Erie), one small city (the City of Corry), several large metropolitan suburbs, and many small rural communities, five community focus groups were held in various locations throughout the county to glean perceptual information from a representative cross-section of county residents.

Overall, one large Erie County focus group and four smaller community focus groups were conducted. Invitations were sent to a diverse list of community organizations including nonprofit, religious, law enforcement, government, education, health care, social service, mental health, and advocate groups.

Two targeted focus groups were also conducted. One was for refugee, migrant worker, and immigrant interpreters and one was for African-American women.

Common themes revolved around the presence or absence of personal and community resources including: health insurance and/or the ability to pay for services and supplies, transportation to health appointments, dentists who provide service to the uninsured and underinsured, health literacy, the need for culturally and linguistically competent care and services, and the need for a unified approach to health and a central source of information and programming for health and health care services.

All groups commented on the lack of adequate financial resources to enable more services, but all recognized the lack as a universal issue related to current economic times in the area. The leadership groups expressed the desire to work together to obtain funding for programming rather than compete for scarce resources. Health and overall success were attributed to education and the ability to utilize education to earn a family sustaining wage. The targeted focus groups identified cultural and linguistic barriers. They also indicated that their respective cultural groups practice a “navigator” approach to helping each other with obtaining appropriate services. Trust of providers and the health care system was identified as a necessary component for health management. The

African-American focus group commented that community leaders must be involved and engaged in the efforts.

Forces of Change Assessment

At a regularly scheduled committee meeting that preceded the prioritization process, members of the Community Health Needs Assessment (CHNA) Steering Committee were given a list of questions for consideration and then asked for their input. A facilitated discussion elicited targeted responses. The questions and corresponding responses are listed below.

Community Health Impact

- What are important characteristics of a healthy community for all who live, work, and play here?
 - Mind, body, and spirit wellness of residents
- How do you envision the local public health system in the next five years?
 - Leaner; doing more with less
 - Increased collaboration among community members
 - Focused community efforts on selected health indicators

External Forces and Issues

- What is occurring or might occur that affects the health of our community or the local public health system?
 - Forces: Trends - Patterns over time such as migrations in and out of a community

Factors - Discrete elements such as ethnic population, urban setting

Events - One-time occurrences such as passage of new legislation

Issues: Social, economic, political, technological, environmental, scientific, legal, ethical, and organizational factors.

Aging population

Influx of refugees

High poverty rate

Health Care Reform Act and its implications

Economic uncertainty (possible loss of local employers)

Challenges and Opportunities

- What specific challenges/threats/barriers or opportunities are generated by these occurrences?

Challenges

- Electronic health/medical records
- More providers may be needed (especially primary care providers)
- Dental care, especially for low income population
- Less reimbursement but more services
- Quality based (performance) payment

Opportunities

- School based health centers in schools located in neighborhoods with high risk residents
- More people will be insured
- Minimal increase of Medicaid recipients
- Women's preventive services per the Affordable Care Act

Local Public Health System Assessment

There are many organizations within Erie County that provide a wide range of services, programs, and opportunities for county residents.

Nine community organizations, including law enforcement and education, have partnered to address tobacco issues within the county. They are: Greater Erie Community Action Committee, Coalition Pathways, Community Health Net, Stairways Behavioral Health, Millcreek Township Police Department, the American Cancer Society, Harborcreek School District, Lake Erie College of Osteopathic Medicine School of Pharmacy, and the Erie County Department of Health which is also the regional program manager for the Northwest Pennsylvania Tobacco Control Program.

The Junior League of Erie offers a hands-on “Kids in the Kitchen” nutrition program and also partners with the Erie County Department of Health, the Regional Chamber and Growth Partnership, the Second Harvest Foodbank of Northwest PA, the Sisters of Saint Joseph Neighborhood Network, and other community organizations on the Access to Healthy Foods Committee.

Nutrition and physical activity are addressed by the YMCA, LifeWorks Erie, the Wellsville Program, the Penn State Cooperative Extension, the Erie County Diabetes Association, Early Connections (an early childhood focused organization), Kid’s Cafes, individual hospital health and wellness initiatives, and individual health plans and insurance providers.

Physical activity is the focus of the Erie Walks Initiative and the Let’s Move Outside: Erie County Recreational Passport Initiative. Additionally, Erie County offers over six hundred recreational and nutritional opportunities which are listed under the Bundle Up! Program, the Eat Fresh! Program, the Go Fish! Program, the Go to (Sports) Camp! Program, the Golf! Program, the Join! Program, the Lace Up! Program, the Play at the Park! Program, the Play in the Water! Program, and the Roll! Program.

Over thirty community organizations, including the American Heart Association, the Erie County Diabetes Association, and the American Cancer Society, focus on prevention and treatment of heart disease, hypertension, diabetes, and cancer. Additionally, the Erie County Cancer Task Force, with members representing both health care and health prevention organizations, focuses on cancer health literacy.

Currently, there are twenty-four organizations and facilities within Erie County that address alcohol and drugs, twenty-six organizations and facilities that provide emergency and crisis intervention, sixty-nine organizations and facilities that address a variety of health concerns, twenty-six organizations that provide information and referral services, six organizations that address language and communication problems, and thirty organizations and facilities that provide mental health and mental retardation services.

As part of its community programming, the United Way of Erie County hopes to identify and implement a community health initiative aligned with the Community Health Status

Assessment. The Erie Community Foundation, which offers competitive grants to community groups, has introduced Erie Vital Signs, a website that includes health statistics, as a tool for grant seekers. A School Based Health Center has opened in an inner city school, the Pathways Program for diabetes control and prevention is in progress within the Erie community, General Electric Transportation has introduced a collaborative initiative to focus on health literacy and health cost containment, and Gannon University, an urban school, focuses efforts on the inner city neighborhoods surrounding its campus.

Strategic Issue Identification

In order to identify areas of need within Erie County, a prioritization matrix of health indicators was developed using information from the Health Needs Assessment. In addition to county, state, national, Healthy People 2020, and peer county statistics for the indicators, the matrix also included columns to identify the indicator as a CDC health status indicator, a Robert Wood Johnson Foundation health ranking indicator, an identified county focus group indicator, an indicator currently being addressed by other community organizations, and an indicator associated with disparities. Trending changes were also noted. Epidemiologists reviewed the data in the Assessment and identified over 150 indicators for consideration in the prioritization process.

Based on the information in this matrix, the Steering Committee used a problem importance worksheet to rate each indicator using a Likert scale of 1 to 10 (with 10 being highest) as to the magnitude of the problem, the seriousness of the problem, its comparison to benchmarks, the feasibility of addressing the problem, and the availability of resources. Scores for each indicator were calculated and the indicators were then ranked according to the results. The results identified thirty-six indicators to be further considered as priorities. Using the community resource list developed for the Public Health Systems Assessment, the Steering Committee identified eighteen final priority indicators.

Based on these indicators, four strategic health issues were identified for Erie County. They are lifestyle behavior change, chronic disease prevention and control, cancer

prevention and early detection, and mental health. Additionally, seven overarching challenges were targeted. These are issues that impact the health of Erie County residents and should be considered in any community-based health action plan. They are poverty, disparities, the aging population, medical and dental professional shortage, health-related transportation, health literacy, and lack of a central source of information and referral. Finally, the priority health indicators were categorized within a specific strategic issue.

Community Health Improvement Plan

The Community Health Improvement Plan (CHIP) is a blueprint for achieving improved community health. It begins with community partners and stakeholders joining in a collaborative dialogue to develop goals and strategies for the strategic issues identified in the community health needs assessment. The priority indicators and overarching challenges are used as guides. These final goals and strategies describe what the group wants to achieve and how they plan on doing it. The results are action plans that use best practice programs to provide measurable and effective interventions within the community.

Under the leadership of the Erie County Department of Health, the CHNA Steering Committee has begun to dialogue with several key community organizations. Even though final action plans for all the strategic issues have not yet been developed, several programs are in progress.

These programs focus on tobacco use, physical activity, nutrition, and suicide. The first three program areas are particularly powerful, as they directly address our first Strategic Issue, Lifestyle Behavior Change, and they have the potential to impact on two of the other Strategic Issues (Chronic Disease Prevention and Control and Cancer Prevention and Early Detection) as well as a number of other Priority Indicators, including Heart Disease, Obesity, Hypertension, Diabetes, Chronic Obstructive Pulmonary Diseases, and Lung Cancer. Plans for these programs are described below.

Strategic Issue: Lifestyle Behavior Change

Tobacco Use

The Erie County Department of Health and its community partners plan to encourage tobacco-free living through policy, systems, and environmental changes in three key areas: prevention, cessation, and smoke-free public places. Below are the specific objectives we hope to achieve by December 31, 2013:

Objective #1: Increase the number of worksites receiving education/technical assistance related to Worksite Tobacco Policy from 1 to 30.

Objective #2: 100% of tobacco retail outlets will receive an ACT 112 enforcement compliance check.

Objective #3: Increase/maintain the number of municipal ordinances/policies created to eliminate secondhand smoke/tobacco use at parks, playgrounds and other outdoor spaces from 11 to 16.

Objective #4: Increase the number of tobacco users who enroll in counseling services from the PA Free Quitline from 253 to 350.

Objective #5: Increase the number of successful fax referrals (fax referrals that result in an enrollment/completed intake) to the PA Free Quitline from 2 to 40, (with emphasis on women of child-bearing age).

These objectives are consistent with Healthy People 2020, the National Prevention Strategy, and priorities of the Pennsylvania Department of Health Tobacco Control Program. More information, including action plans and a list of community partners can be found at:

http://www.fcbc.net/archangel/woa/mgServeFile.php?fn=0_40_public/documents/PDFs/Statistic_PDFs/Data_Statistics_Reports/communityhealthprofiles/CHIP%20FINAL%20Erie%20County.pdf

Physical Activity

The Erie County Department of Health and its community partners plan to implement policies and environmental changes that support residents in achieving increased physical activity. Below are the specific objectives we hope to achieve by December 31, 2013:

Objective #1: Implement Safe Routes to School program in at least 2 City of Erie Schools.

Objective #2: Increase the number of bicycle friendly businesses in the City of Erie by 4.

Objective #3: Increase the number of Complete Streets strategies in City of Erie traffic planning by 1.

Objective #4: Increase the number of trail communities participating in the Let's Move Outside! Erie County Recreational Passport Program by 3.

These objectives are consistent with Healthy People 2020, the National Prevention Strategy, and priorities of the Pennsylvania Department of Health Safe and Healthy Communities Program. More information, including action plans and a list of community partners can be found at:

http://www.fcbc.net/archangel/woa/mgServeFile.php?fn=0_40_public/documents/PDFs/Statistic_PDFs/Data_Statistics_Reports/communityhealthprofiles/CHIP%20FINAL%20Erie%20County.pdf

Nutrition

The Erie County Department of Health and its partners plan to implement policies, programs, and environmental changes that support residents in achieving a healthy diet. Below are the specific objectives we hope to achieve by December 31, 2013:

Objective #1: Increase the number of healthy corner stores in the City of Erie Food Deserts by 2.

Objective #2: Increase the number of access points for fruits, vegetables and healthy foods in Erie County Food Deserts by 2.

Objective #3: the Healthy Food Policy Council will propose a healthy food/beverage policy to local government officials for adoption.

Objective #4: Erie County will pursue Bronze level awards for the national Let's Move! Cities, Towns and Counties program, sponsored by the National League of Cities.

These objectives are consistent with Healthy People 2020, the National Prevention Strategy, and priorities of the Pennsylvania Department of Health Safe and Healthy Communities Program. More information, including action plans and a list of community partners can be found at:

http://www.fcfc.net/archangel/woa/mgServeFile.php?fn=0_40_public/documents/PDFs/Statistic_PDFs/Data_Statistics_Reports/communityhealthprofiles/CHIP%20FINAL%20Erie%20County.pdf

Strategic Issue: Mental Health

Suicide

The Erie County Department of Health and its community partners plan to implement evidence-based policies and programs aimed at decreasing the number of suicide attempts and completions among children and youth. Below are the specific objectives we hope to achieve by December 31, 2013:

Objective #1: Work with a minimum of 2 school districts to provide suicide prevention education to students, using an evidence-based curriculum.

Objective #2: Work with a minimum of 2 school districts to train school district staff on an evidence-based suicide prevention program.

Objective #3: Work with a minimum of 3 colleges, universities, or technical schools to provide suicide prevention education and outreach to students and resident assistants.

Objective #4: Establish a suicide prevention task force with a minimum of 6 suicide prevention advocates and experts.

Objective #5: Increase the number of schools receiving education/technical assistance on implementing a comprehensive suicide prevention policy.

These objectives are consistent with Healthy People 2020, the National Prevention Strategy, and priorities of the Pennsylvania Department of Health Violence and Injury Prevention Program. More information, including action plans and a list of community partners can be found at:

http://www.fcbs.net/archangel/woa/mgServeFile.php?fn=0_40_public/documents/PDFs/Statistic_PDFs/Data_Statistics_Reports/communityhealthprofiles/CHIP%20FINAL%20Erie%20County.pdf

PUBLIC HEALTH PREPAREDNESS

2014 PROGRAM PLAN

PUBLIC HEALTH PREPAREDNESS

The Office of Public Health Preparedness is composed of a manager, an epidemiologist, and an epidemiological research associate. The office focuses on the six goals outlined by the Centers for Disease Control and the Pennsylvania Department of Health during a public health emergency – prevention, detection/reporting, investigation, control, recovery, and improvement.

Programs and Objectives for 2014

Prevention

Program Goal 1: Decrease the time needed to classify health events as “terrorism” or “naturally occurring” in partnership with other agencies.

Objective 1.1: Increase the use of disease surveillance and early event detection systems:

Activities:

1. Maintain a 24/7/365 disease reporting system.
2. Yearly assess timeliness and completeness of disease surveillance systems.

Objective 1.2: Increase sharing of health and intelligence information within, and between, counties and regions with state and federal agencies.

Activities:

1. Continue to improve information sharing on suspected or confirmed cases of immediately notifiable conditions, including foodborne illness among public health staff and appropriate clinicians.
2. Maintain epidemiologists and managers access to sensitive information relating to health threats, health intelligence, and sensitive health information.

Objective 1.3: Decrease the time needed to disseminate timely and accurate national strategic and health threat intelligence.

Activities:

1. Maintain enrollment and currency of staff in CDC's Epidemic Information Exchange Program.
2. Participate in the Electronic Foodborne Outbreak Reporting System by entering reports of foodborne outbreaks investigations and monitoring the quality, completeness of reports and time from onset of illness to report entry.
3. Maintain a system for receiving notification/alert 24/7/365 of the public health emergency response system.

Objective 1.4: Identify and assess jurisdiction-specific hazards to enable appropriate protection, prevention, and mitigation strategies so that the consequences of an incident are minimized.

Activities:

1. Conduct with Emergency Management Agency a hazard/vulnerability of the county specific to potential impact on human health with special consideration for lethality of agents and large population exposures.
2. Decrease the time to intervention with the identification of these hazards and threats and work with EMA to map, model, and forecast vulnerabilities.
3. Work with local hazardous material team in formulating a response and intervention to the more common threats.

Objective 1.5: Develop and build network of partners to facilitate planning, prevention, reporting, and mitigation.

Activities:

1. Maintain membership on local emergency response group with ties to public safety, acute health care, mental health, social services, law enforcement and other local, state, and federal partners.
2. Continue to focus on development of local contacts, and partners, via conferences, workshops, and email groups for sharing of information.
3. Work with local chapter of Association for Professionals in Infection Control (APIC) to advance infection reporting guidelines and build a cohesive network of individuals to share disease reporting.

Objective 1.6: Provide effective communications to the public, the media, elected officials, health care providers, law enforcement, first responders, and business and community leaders prior to, during, and following a serious public health event.

Activities:

1. Maintain a library, or reference file, of educational material for dissemination to all pertinent groups, of current biological, chemical, radiological, and disease threats.
2. Work with local media (print, electronic, and internet) to determine the fastest and far reaching mode of education/information dissemination based on type and severity of public health event.

Detection/Reporting

Program Goal 1: To improve the timeliness and accuracy of information regarding threats to the public's health as reported by clinicians and through electronic early event detection in real time to those who need to know.

Objective 1.1: Produce timely, accurate, and actionable health intelligence or information in support of prevention, awareness, deterrence, response, and continuity planning operations.

Activities:

1. Continue to monitor health related web sites and maintain local networking of the infectious disease and public safety community.
2. Improve integration of existing health information systems, analysis, and distribution of information including the tracking of zootic diseases.
3. Educate the health and public safety community to report suspicious symptoms, illnesses, or circumstances to ECDH.
4. Maintain our community indicators in maternal child health, demographics, mortality, and cancer incidence.

Investigation

Program Goal 1: To decrease the time to identify causes, risk factors, and appropriate interventions for those affected by threats to the public's health.

Objective 1.1: Rapidly identify potential exposure and disease, report to multiple locations immediately, investigate promptly, and accurately confirm to ensure appropriate preventative or curative countermeasures are implemented.

Activities:

1. Continue to increase the use of efficient surveillance and information systems to facilitate early detection and mitigation of disease.
2. Conduct epidemiological investigations and surveys as surveillance reports warrant.
3. Coordinate and direct public health surveillance and testing, immunizations, prophylaxis, isolation or quarantine for biological, chemical, nuclear, radiological, agricultural, and food threats.
4. Coordinate epidemiological investigations with law enforcement and other agencies as appropriate.

Control

Program Goal 1: Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.

Objective 1.1: Maintain a continuous flow of critical information among emergency responders, command posts, agencies, and government officials for the duration of the emergency response operation.

Activities:

Decrease the time needed to communicate internal incident response information and internally manage the event to include supplies, updates and allocation of resources.

Maintain a response network.

Maintain communications interoperability plans and protocols.

Ensure communications capability using a redundant system that does not rely on the same communications infrastructure as the primary system.

Identify subject matter experts for Incident Command or Unified Command.

Objective 1.2: Ensure that the public is informed quickly and accurately, and updated consistently about threats to their health, safety, and property and what protective measures they should take.

Activities:

1. Decrease the time needed to provide specific incident information to the affected public, including populations with special needs, such as non-English speaking persons, migrant workers, those with disabilities, medical conditions, or other special needs requiring attention.
2. Disseminate health and safety information to the public.
3. Ensure that the Erie county government public information line can simultaneously handle calls from at least 1% of the county population.
4. Improve the coordination, management and dissemination of information to the public.
5. Decrease the time needed to disseminate accurate and relevant public health and medical information to clinicians and responders.

Objective 1.3: Have the ability to separate, restrict movement, and monitor the health of individuals and groups who have or are suspected of having a disease or infection for which a disease control measure is clinically indicated or have been exposed to, are likely to be exposed to, or are suspected of having been exposed to a disease or infection for which a disease control measure is clinically indicated.

Activities:

1. Assure legal authority to isolate and/or quarantine individuals, groups, facilities, animal and food products.
2. Coordinate quarantine activation and enforcement with public safety and law enforcement.
3. Improve the monitoring of adverse treatment reactions among those who have received medical countermeasures and have been isolated and quarantined.
4. Coordinate public health and medical services among those who have received medical have been isolated or quarantined.
5. Improve comprehensive stress management strategies, programs, and crisis response teams among those who have been isolated or quarantined.
6. Direct and control public information releases about those who have been isolated or quarantined.
7. Decrease time needed to disseminate health and safety information to the public regarding risk and protective actions.

Objective 1.4: To ensure appropriate prophylaxis and vaccination strategies are implemented in a timely manner upon the onset of an event, with an emphasis on the prevention, treatment, and containment of the disease.

Activities:

1. Decrease the time needed to dispense mass therapeutics and/or vaccines by:
 - a. Implement local, regional and state prophylaxis protocols and plans.
 - b. Achieve and maintain the public health role described in the local Strategic National Stockpile Plan.

- c. Ensure that vaccinations can be administered to all known or suspected contacts of cases within three days and, if indicated, to the entire jurisdiction within 10 days.
2. Decrease the time to provide prophylactic protection and/or immunizations to all responders, including non-governmental personnel supporting relief efforts.
3. Decrease the time needed to release information to the public regarding dispensing of medical countermeasures via the counties Joint Information Center.

Objective 1.5: Investigate cases to determine morbidity and mortality rates, even when the numbers of casualties exceed the limits of the normal medical infrastructure for Erie county.

Activities:

1. Improve the tracking of cases, exposures, adverse events, and patient disposition by having a system that provides these capabilities.
2. Decrease the time needed to execute medical and public health mutual aid agreements.
3. Increase the proficiency of volunteers and staff performing collateral duties in performing epidemiological investigation and mass prophylaxis support tasks.

Recovery

Program Goal 1: Decrease the time needed to restore health services and environmental safety to pre-event levels, and establish long-term follow-up of those affected by threats to the public's health.

Objective 1.1: Implement and coordinate post event mitigation.

Activities:

1. Conduct post event planning and operations to restore general public health services.
2. Develop and coordinate plans for long-term tracking of those affected by the event.
3. Provide information resources and messages to foster the counties return to self-sufficiency.

Improvement

Program Goal 1: Decrease the time needed to implement recommendations from after-action reports following threats to the public's health.

Objective 1.1: To identify those areas that require further public health action.

Activities:

1. Exercise response plans with partners at the local, state, and federal level.
2. Identify deficiencies in personnel, training, equipment, and organizational structure for areas requiring corrective action.
3. Establish timelines for implementing corrective actions.
4. Maintain certification from the National Association of County and City Health Officials (NACCHO) of the All-Hazards Plan in public health response during a disaster for Erie County.
5. Promote the recently completed Community Health Needs Assessment to health, social and first responder communities within the county. Solicit feedback and input from these groups as to the viability of information within the assessment and encourage recommendations for future county-wide assessments. Plan on updating on a 5 year cycle.

PUBLIC HEALTH PREPAREDNESS

Performance Review 2013

Prevention

Program Goal: Decrease the time needed to classify health events as “terrorism” or “naturally occurring” in partnership with other agencies.

Objective 1: Increase the use of disease surveillance and early event detection systems:

ACHIEVED: Besides the standard surveillance and detection systems (PAHAN, HIMS, Epi-X, NEDSS, and local disease reporting) ECDH has enrolled both epidemiologists in CIOSEX, the Canadian Infectious Outbreak Surveillance System.

Objective 2: Increase sharing of health and intelligence information within, and between, counties and regions with state and federal agencies.

ACHIEVED: All key directors are part of PAHAN. Community Health Services, Environmental, and Epidemiological staff have participated in a number of real world food-borne and other disease outbreaks and have developed a cohesive working relationship with the local health care community. Email and FAX groups have been developed that target specific sections of the health community (infectious disease, pediatric, EMS, OB/GYN, etc.) These groups are not only local, but regional (northwest PA).

Objective 3: Decrease the time needed to disseminate timely and accurate national strategic and health threat intelligence.

ACHIEVED: ECDH is enrolled in both state and federal electronic alerting systems and maintains 4 managers on call at all times. The electronic systems mentioned above are used to disseminate information. Local media capabilities exist to alert the general public if the situation warrants.

Objective 4: Identify and assess jurisdiction-specific hazards to enable appropriate protection, prevention, and mitigation strategies so that the consequences of an incident are minimized.

PARTIALLY ACHIEVED: A Hazard Vulnerability Analysis has been completed and ECDH is currently working with Public Safety to prioritize threats and establish responses that involve public health.

Objective 5: Develop and build network of partners to facilitate planning, prevention, reporting, and mitigation.

ACHIEVED: The PHP manager maintains an extensive cyber and telephonic list of health partners. ECDH is a member of the regional emergency response group, local infectious disease professional organization, and has a network among the social service community that enable it to tap into these organizations for expertise and assistance.

Objective 6: Provide effective communications to the public, the media, elected officials, health care providers, law enforcement, first responders, and business and community leaders prior to, during, and following a serious public health event.

ACHIEVED: Disease surveillance methods are reviewed continually. Whether a stand-alone disease report, or an investigation of an outbreak, the method of notification, along with the ECDH response and follow-up are reviewed by epidemiology and community health services staff to determine if the event was handled appropriately. Four members of the ECDH management staff are enrolled in the CDC and Pennsylvania Health Alert Network and they monitor the emergency health response system 24/7.

Detection/Reporting

Program Goal: To improve the timeliness and accuracy of information regarding threats to the public's health as reported by clinicians and through electronic early event detection in real time to those who need to know.

Objective: Produce timely, accurate, and actionable health intelligence or information in support of prevention, awareness, deterrence, response, and continuity planning operations.

ACHIEVED: PHP manager and epidemiologist are tied into numerous local, regional, state, and federal health information sites. They regularly conduct informal analysis of disease outbreaks and trends to ensure that they are

maintaining an appropriate review of potential infectious disease and community health events and they alert the health community, when appropriate, of suspicious symptoms, illnesses, or circumstances that should be reported to ECDH.

Investigation

Program Goal: To decrease the time to identify causes, risk factors, and appropriate interventions for those affected by threats to the public's health.

Objective: Rapidly identify potential exposure and disease, report incident to multiple locations immediately, investigate promptly, and accurately confirm to ensure appropriate preventative or curative countermeasures are implemented.

ACHIEVED: These areas are evaluated at least twice a year via tabletop and functional exercises. Based on follow-up reports and exercise evaluations, changes in timeliness of reporting, risk factor identification, and interventions are made.

Control

Program Goal: Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.

Objective 1: Maintain a continuous flow of critical information among emergency responders, command posts, agencies, and government officials for the duration of the emergency response operation.

Objective 2: Ensure that the public is informed quickly and accurately, and updated consistently about threats to their health, safety, and property and what protective measures they should take.

Objective 3: Have the ability to separate, restrict movement, and monitor the health of individuals and groups who have or are suspected of having a disease or infection for which a disease control measure is clinically indicated or have been exposed to, are likely to be exposed to, or are suspected of having been exposed to a disease or infection for which a disease control measure is clinically indicated

Objective 4: To ensure appropriate prophylaxis and vaccination strategies are implemented in a timely manner upon the onset of an event, with an emphasis on the prevention, treatment, and containment of the disease.

Objective 5: Investigate cases to determine morbidity and mortality rates, even when the numbers of casualties exceed the limits of the normal medical infrastructure for Erie county.

PARTIALLY ACHIEVED: Each of these 5 objectives are met by being defined in the ECDH Epidemiological Response Plan and the Crisis Communication Plan. A tabletop exercise this year with participating hospitals in the county revealed that all parts of these plans that interface with acute care facilities worked well in this type of artificial atmosphere. The goal for next year is to test them in an exercise that includes public safety, non-hospital first responders, social service agencies, and faith based partners.

Recovery

Program Goal: Decrease the time needed to restore health services and environmental safety to pre-event levels, and establish long-term follow-up of those affected by threats to the public's health.

Objective: Implement and coordinate post event mitigation.

PARTIALLY ACHIEVED: This goal is met as part of the overall written plan, but can only be truly tested during an actual event.

Improvement

Program Goal: Decrease the time needed to implement recommendations from after-action reports following threats to the public's health.

Objective: To identify those areas that require further public health action.

PARTIALLY ACHIEVED: This is routinely done following all foodborne, meningitis, pertussis, and shigella outbreaks (types of diseases we normally see on a periodic basis). These disease outbreaks allow us to test and improve our disease outbreak plans, but are generally limited outbreaks that do not give us any insight into a pandemic type of outbreak.

COMMUNITY HEALTH SERVICES
2014 PROGRAM PLAN

COMMUNITY HEALTH SERVICES

The Division of Community Health Services (CHS) is composed of three operating sections: Communicable Disease Control and Prevention includes, but is not limited to Tuberculosis, Sexually Transmitted Diseases, HIV/AIDS, Refugee Health, and general communicable diseases; Maternal Child Health includes home visiting, lead poisoning prevention (closed 6/30/13), and immunizations; Administration includes general management, writes and manages grants to address priority health issues, prepares and manages budgets and broad-based community planning. These three sections provide a wide range of services to promote and protect the public's health. The services provided by the Division of Community Health Services are consistent with the overall goals of the U.S. Department of Health's Healthy People 2020 and uses local community health assessment statistics to plan programs that address our community's most pressing health concerns.

CHS participates in a variety of community-based organizations and activities, keeping it in the forefront of community health activities in Erie County. Collaborative efforts such as the Erie County Policy and Planning Council for Children and Families, the Erie County Immunization Coalition, the United Way Health Impact Council, the MCH committee of the PartnerSHIP, the Healthy Youth Development Advisory Board, Preventing Animal Attacks with Education (PAAWE) and APIC, the local group for infection control professionals, are all vehicles for broad-based community planning and actions, that use Erie County data when available. Medical professionals and the media consistently look to the division for information and education. This allows public health goals to be kept in the forefront of countywide discussions and decision making.

CHS has an internal committee structure of Policy and Procedure, Quality Assessment/Improvement, and Staff Development. These committees keep CHS up to date with current practices and they measure and improve our services. CHS also participates in the ECDH Quality Improvement and Performance Management Committees activities and processes.

Programs and Objectives for 2014

Administration

The Division Director manages and oversees the day-to-day fiscal, personnel and program operations of the division, directly supervises the Title V Maternal-Child Health grant, and leads and participates in community committees, task forces, and coalitions.

Program Goal 1: Involve public and private partners in the community health planning process.

Objective 1.1: Keep the Erie County Department of Health (ECDH) in the forefront of community health planning processes.

Activities:

1. Division Director will remain active with the Erie County Policy and Planning Council for Children and Families, the Healthy Youth Development Advisory Board, and the United Way's Health Impact Council and Board of Directors. These groups include a mix of representation from providers, businesses, and consumers and use Erie County data as the basis for how monies and services are directed.
2. Division Director will promote ECDH services and public health planning at all community coalitions, task forces, and other community groups that ECDH participates with, but that are not regularly attended by the Director.

Evaluation Methods:

1. Annually review the goals and activities of the various organizations that the division interfaces with and if they remain in line with ECDH goals and objectives.

Program Goal 2: Prepare and manage fiscal activities for division.

Objective 2.1: Manage program funds in a manner acceptable to the County of Erie, as well as to the funder.

Activities:

1. Monitor program budgets to ensure compliance with County and funder policies.

2. Revise program and grant budgets as needed to ensure completion of program objectives, as well as complete and timely reimbursement to the County.

Evaluation Methods:

1. No negative findings related to Community Health Services Division grants by County Finance Department or single county audit.
2. Written approvals of budget revisions by funder.

Program Goal 3: Assist the Erie County Child Death Review Team with reviewing preventable pediatric deaths in Erie County by sharing information on pediatric clients and their parents that were provided services through CHS.

Objective 3.1: Division Director will review all line lists pertinent to the Erie County Child Death Review Team (CDRT) process and submit relevant information to the committee chair for input to the team. If schedules allow, the Division Director will attend CDRT meetings.

Activities:

1. CHS Director will participate, as schedules allow, on the Erie County CDRT, which meets three to four times per year.

Evaluation Methods:

1. Review the number of meetings held and percent of deaths reviewed annually.

Program Goal 4: Maintain and improve staff skills, practices, and procedures; improve program quality as appropriate.

Objective 4.1: Provide internal committee structure of Staff Development, Policy and Procedure, and Quality Improvement.

Activities:

1. Each committee will meet 6-12 times per year to plan and to meet goals and objectives for their specific committee.
2. Plan and promote continued professional growth through in-service training and comprehensive employee orientation.
3. Create and update policies and procedures as appropriate. Minimum of annual review of all current policies and procedures will occur.

4. Monitor and evaluate the effectiveness of, efficiency of, and response to the ECDH Community Health Services provided to the community.

Evaluation Methods:

1. Annually review activities of each committee as compared to its mission statement, goals, and objectives.

Program Goal 5: Provide an adequate public health workforce.

Objective 5.1: Hire and train staff as vacancies occur or new opportunities arise.

Activities:

1. Notify contract officers promptly of any changes in staff paid by contracts to ECDH.
2. Follow County procedures for posting and filling vacant positions.

Evaluation Methods:

1. Documentation of notification to contract officers of staff changes.
2. Vacant positions will be filled in a timely fashion per County policy and procedures.

Program Goal 6: Work with rest of ECDH to complete final steps required to become accredited.

Objective 6.1: Successful completion of preparation for Public Health Accreditation Board site visit for accreditation.

Activities:

1. Respond to questions or documentation requests from PHAB Site Reviewers (within 30 days).
2. Work with PHAB and ECDH Accreditation Team to schedule and prepare agenda for 2-day Site Visit.
3. Complete Site Visit

Evaluation Methods:

1. Number of questions and documentation requests received from PHAB staff and Site Visitors.
2. Completed Site Visit.

Objective 6.2: Participate in the ECDH Quality Improvement (QI) Team to assess services and improve the quality of care consumers receive, as evidenced by the outcomes of that care.

Activities:

1. Designate three division staff to ECDH Quality Improvement Team.
2. Support staff regarding participation in quality improvement training.
3. Participate in quality improvement activities and evaluation of activities.
4. Communicate results of activities related to QI Team activities to all staff.
5. Implement program changes related to QI activities as needed.

Evaluation Methods:

1. Monitor staff attendance and participation in quality improvement activities.
2. Review evaluation of outcomes related to quality improvement activities.

Communicable Diseases, Sexually Transmitted Diseases, HIV/AIDS, Rabies, Tuberculosis Control, and Refugee Health Programs

This includes screening, surveillance, health education, diagnosis, and treatment in areas such as tuberculosis, sexually transmitted diseases, HIV/AIDS, and other reportable diseases/conditions. Services are intended to control the disease transmission process through effective intervention and treatment and, where available, through immunization. The objectives of these programs are to control the prevalence and incidence of the above diseases by advocating appropriate public policy, community awareness, client education, and community health initiatives that promote healthy lifestyles.

Communicable Diseases Program

Program Goal 1: Maintain a local communicable disease (CD) surveillance program that interfaces with the Pennsylvania Department of Health (DOH) Division of Epidemiology and the Centers for Disease Control and Prevention (CDC).

Objective 1.1: Insure that all potential reporters are knowledgeable of their responsibility to report communicable diseases to ECDH.

Activities:

1. Reinforce with local laboratories the need for timely and accurate referral of state mandated reportable diseases. Work through the PA DOH to implement electronic lab reporting locally. Communicate any changes in reportable disease law in Pennsylvania.
2. Educate physicians on reportable disease at every opportunity: informal (telephone) and formal (mailings and blast faxes).
3. Encourage local infection control nurses to continue to notify ECDH of reportable diseases independent of physician or lab reporting.
4. Maintain membership in the Association of Professionals in Infection Control (APIC) to network with frequent reporters.

Evaluation Methods:

1. Observe for knowledge deficits on Intake and nursing calls with physicians and laboratories.
2. Manually look for differences in reporting between various reporters, i.e. Has a report of meningitis come from the infection control nurse, but not reported via the lab?
3. Observe for sudden and drastic changes in disease incidence.

Objective 1.2: Contain and prevent the spread of reportable acute communicable diseases and conditions.

Activities:

1. Initiate investigation of all (~100-150 anticipated) reports of acute communicable diseases within 24 to 72 hours. Certain diseases require immediate response as specified in the PA Bulletin for CD investigation. Those include but are not limited to HIB, anthrax, smallpox, meningitis. These reports are hand delivered to a PHN who initiates them immediately.
2. Observe for trends in rates of reports or unusual trends, i.e. increase in influenza reports from one long-term care facility.
3. Compare local disease incidence with state and United States and interpret results, as needed.
4. Educate close contacts and persons in charge of high-risk settings, such as childcare centers, on disease transmission and necessary precautions. An estimated 75-150 cases of food borne disease and meningitis may require this education for their contacts.
5. Utilize Epidemiologist and Public Health Preparedness Program to assist the Community Health Services Division to review and analyze disease patterns within the county, both manually and computer assisted. Initiate outbreak control measures as needed, on two to ten anticipated large outbreaks. Coordinate work with Public Health Preparedness and the Environmental Division to collect and analyze outbreak data when appropriate.

Evaluation Methods:

1. All paper reports and/or print out computer reports will be date stamped with date reported to ECDH in order to assess timeliness of follow-up by ECDH staff. File these with client record.
2. Assign acute diseases to a primary nurse. Spot check investigations to determine the average time taken to initiate the investigation and client education. The Quality Assurance Committee and/or the supervisor will complete charting audits.
3. Assess client compliance as one indicator of success of health education. Public Health Nurses will communicate these issues to the supervisor. Anecdotes of severe non-compliance will be recorded on the annual report.
4. Document number of outbreaks addressed in the county. Use mapping, epi-curves, and client interviews, as appropriate, in planning and implementing disease control measures for these outbreaks.
5. Interpret significant communicable disease data with assistance from Epidemiologist.

Objective 1.3: Develop/maintain a reliable and specific data system for communicable diseases.

Activities:

1. Assure that all appropriate staff are accredited and given regular updates for the use of the National Electronic Disease Surveillance System (NEDSS).
2. Check NEDSS at least daily. Assign cases as appropriate.
3. Utilize the local Insight (or comparable) communicable disease data collection along with the mandated state NEDSS data system.
4. Epidemiologist to utilize mapping of outbreak situations, as needed, from Insight data or NEDSS data when the functionality is in place.

Evaluation Methods:

1. Locally use case report data from the Communicable Disease Insight data; PA DOH epidemiology division is not using Cognos for their NEDSS data. They have found it to be flawed and use a NEDSS system of analysis only

available to the PADOH. Comparisons of our Insight numbers to Cognos should be provisional only.

Objective 1.4: Provide local participation in special CDC initiatives.

Activities:

1. ECDH will participate in CDC special initiatives when they are made available.
2. ECDH will continue to provide long-term care facilities with guidance and surveillance for influenza outbreaks.

Evaluation Methods:

1. Monitor number and results of influenza specimen sent to PA Bureau of Labs (BOL) from local laboratory.
2. Regularly monitor the Long-term Care (LTC) Facility Influenza report on Insight database during Flu season. Review education given to LTC staff at facilities experiencing an outbreak. Evaluate completeness of outbreak investigation forms for state.

Sexually Transmitted Diseases

Program Goal 1: Provide free and confidential clinical services for clients at risk for sexually transmitted diseases (STDs) and conduct the epidemiological and educational efforts to prevent the spread of STDs.

Objective 1.1: Improve and maintain the accuracy and accessibility of computer data on disease morbidity.

Activities:

1. Utilize the NEDSS computer system (started in 2003). Produce reports and analyze data on STD morbidity in Erie County monthly from the “Cognos reporting system” of NEDSS. Utilize final disease counts from PA-DOH annual “clean-up” of STD data statewide.

Evaluation:

1. Monitor the accuracy of the NEDSS reports by searching for duplications of cases monthly. Correct these errors in the NEDSS data monthly. Communicate with PA DOH on these corrections. The ECDH year-end total should be close, but not exactly the same as the PA-DOH total, due to transferred cases.
2. Monitor the numbers of cases of reportable STDs and compare demographics (age, race, zip code, and sex) from year to year for changes and trends.

Objective 1.2: Raise the public and professional awareness of STDs.

Activities:

1. Take advantage of every practical opportunity to educate high-risk groups on STDs.
2. Publish an STD article as scheduled in the Erie-Times News. Publish STD case counts quarterly in the ECDH “Highlights”, to keep physicians and the public informed of local trends.
3. Continue distribution of the currently used CDC STD guidelines to related care providers (physicians, practitioners, high school nurses). As time allows, personal visits by the STD supervisor and/or epidemiological investigator can be made in conjunction with this guideline distribution.

4. Address problems in the professional community with STD treatment and follow up, as described in the CDC STD Treatment Guidelines.

Evaluation Methods:

1. Analyze statistical trends (rates) to determine which groups need STD education or clinical services.
2. Monitor compliance with proper STD treatment in the community, through case report information and conversations between the STD Epidemiologist, Nurses, and local physicians' offices.

Objective 1.3: Provide quality, affordable, confidential, and accessible STD clinical services to the public.

Activities:

1. Maintain a weekly STD walk-in clinic. A Public Health Nurse and a certified registered nurse practitioner will be available for testing, diagnosis, and treatment of the most common STDs for an estimated 350-400 clients.
2. Conduct quality improvement (QI) process related to efficiencies with STD clinic flow.
3. Implement improvements in clinic flow as identified in QI process.
4. Document STD clinic QI process for accreditation purposes.

Evaluation Methods:

1. Perform periodic client survey and evaluate results of client satisfaction.
2. Utilize Insight patient database or like system to calculate number of clients (and their demographics) served annually. Develop new reports, as needed.
3. Compare these statistics to former years. Use data to determine ability to continue to provide quality care with current resources.
4. Analyze disease trend statistics to determine where to focus resources for clinical services.
5. QI process will be part of accreditation application.

Objective 1.4: Perform disease investigation and case management of gonorrhea, chlamydia, and syphilis.

Activities:

1. Act as a local authority, consultant, and referral source on STDs. Plan appropriate responses to disease trends.
2. Conduct contact (sex partner) interviews. Advise these contacts and/or their provider of the recommended follow up.
3. Offer education personally to client and contacts about risk reduction.
4. Enlist and support private providers to conduct epidemiological interviews with their own clients and refer to ECDH.
5. Train staff to fully utilize the (Dec. 2010) PA Contact Notification System. This is an email based notification of contacts to GC, CT, HIV, and syphilis.

Evaluation Methods:

1. Generate reports utilizing NEDSS to show statistical figures on STD contacts served annually.
2. Obtain the PA-DOH reports from the Contact Notification System, when available.

Objective 1.5: Proactively address high STD rates.

Activities:

1. Network with community partners to offer free testing for GC and CT through CDD lab and these partners.
2. Coordinate and promote Hepatitis and HPV vaccine administration to uninsured clients through the STD clinical services.

Evaluation Methods:

1. Perform epidemiological analysis of STD rates in present year compared to past years. Compare various groups to determine target group and reevaluate focus.
2. Evaluate effectiveness by analyzing rates of positive tests found at testing site(s) supported through the community initiative.
3. Analyze acceptance rates of Hepatitis and HPV vaccines in STD clinic.
4. Analyze usefulness of PA-DOH email notification system. Determine impact on contact follow up, as a whole.

HIV/AIDS Program

Program Goal 1: Increase awareness/knowledge of HIV/AIDS and reduce the rate of HIV infection among target populations.

Objective 1.1: Provide HIV counseling and testing (CTR) through HIV, STD and TB clinics offered at ECDH.

Activities:

1. Maintain HIV counseling and testing sites in Erie. Every Tuesday from 9:00 a.m. to 1:00 pm an HIV clinic will be held at Erie County Department of Health, with the availability of testing by appointment the remainder of the weekdays. HIV testing is also available in all STD and Tuberculosis clinics. An estimated 300-350 HIV tests will be performed.
2. Utilize the PA Department of Health HIV/AIDS office to provide counseling/testing training to increase number of counselors who can do testing, particularly in the homosexual, African American, and Hispanic communities.
3. Monitor HIV testing completed at ECDH clinic and subcontracted site.
4. Increase outreach testing of high risk clients through subcontracted CTR services, as per HIV contract.
5. Use oral antibody testing, as needed, in outreach programs to reduce barriers for target populations to obtain testing.

Evaluation Methods:

1. Compare HIV testing data by site and year.
2. Monitor and enforce Gaudenzia's deliverables per contract stipulations.

Objective 1.2: Provide partner service (PS) to those HIV positive individuals who are tested at ECDH or reported to us.

Activities:

1. Promote ECDH PS services among the medical community to encourage physician referrals and increase follow up with close contacts to HIV positive clients.
2. Encourage medical service in prisons or other agencies with HIV-positive clients to refer clients.

3. Due to changes at the PA DOH, clients seeking CD-4 and viral load testing must be enrolled in the Special Pharmaceutical Benefits Program (SPBP). With this eligibility requirement most of the CD-4 and viral load testing is being done via the clients' physician and ECDH being notified of the results through NEDSS.
4. Conduct follow-up interviews with all HIV positives identified through NEDSS or by local counselors and referred to ECDH by their Primary Care Provider (PCP).
5. Provide PA DOH with a timely required report on PCRS activities.

Evaluation Methods:

1. Record data on numbers of partner contacts and compare to past year's data.
2. Compare testing data for partners identified, when that information is available.

Objective 1.3: Conduct HIV/AIDS surveillance.

Activities:

1. Utilize the NEDSS internet data system to monitor, enter, correct, and complete data on HIV positive cases and those cases that have been diagnosed with AIDS.
2. Perform local chart audits and searches, as needed, to obtain required report information.
3. Continue to work with the PA DOH to obtain accurate reports on HIV infection and AIDS in Erie County.

Evaluation Methods:

1. Supervisor will monitor reports from PA DOH on requested patient report updates needing follow up in NEDSS.

Tuberculosis Control Program

Program Goal 1: Contain and lower the disease incidence by providing free and confidential tuberculosis (TB) clinical service (approximately 2500-3300 client visits) for members of the community who are either diagnosed with or at risk for developing TB, through epidemiological follow up of cases and through professional and public education regarding TB.

Objective 1.1: To provide standardized approach for tuberculosis control, both for in-house staff and community care providers.

Activities:

1. Revise and update ECDH policies and procedures for tuberculosis control, as appropriate.
2. Provide consultation to the medical community.

Evaluation Methods:

1. Compare ECDH standards of practice with the American Thoracic Society, CDC Core TB Curriculum current guidelines, and current MMWR publications. Adapt ECDH to accommodate national guidelines.

Objective 1.2: All active TB clients successfully complete treatment.

Activities:

1. Active clients will be on Directly Observed Therapy (DOT), according to state and federal standards of care, provided by an outreach worker, clinic nurse, or other responsible party agreed upon by ECDH and client. Address problems quickly.
2. Use incentives and enablers to increase compliance by clients with active disease. Utilize Reimhold funds for this.
3. Address adverse reactions to medications, until a medication regimen that is tolerated by the patient is found.

Evaluation Methods:

1. Maintain daily records of compliance on active TB patients. Submit monthly reports of DOT activities to the PA DOH.
2. Record use of the Reimhold fund after it is administered from the PA DOH NW District office upon request from ECDH.

Objective 1.3: Prevent long-term spread of tuberculosis.

Activities:

1. Perform contact investigations for all communicable, active disease clients, utilizing the concentric ring method outlined in the Pennsylvania State Tuberculosis Control Manual or other methods outlined in current MMWR publications. The projected need is for 5 active cases, however more will be managed as presumptive cases until active TB is ruled out.
2. Provide preventative treatment to an estimated 100-200 persons with Latent TB infection (LTBI).
3. Educate those who refuse preventive treatment (approximately 75 individuals) on the signs and symptoms of active TB and the need for prompt evaluation, if symptoms occur.

Evaluation Methods:

1. Utilize Insight Patient Database or like system, to generate annual completion data on treatment of active cases and LTBI, when reports can be generated on Insight.
2. Annually perform TB chart audits to assure proper discharge education/letter is being received.

Objective 1.4: To improve/maintain the ability to generate and analyze reports on TB statistics.

Activities:

1. Utilize National Electronic Disease Surveillance System (NEDSS) system for reporting TB to the PA DOH. Continue back up paper report system, as long as the PA Dept of Health requires.
2. Produce and analyze reports within the TB program from the Insight data system, until NEDSS develops similar reports.
3. Collect and analyze TB disease trends, i.e. in immigrant and other high-risk populations.

Evaluation Methods:

1. Compare/contrast local trends to state and national trends.
2. PA DOH to double check NEDSS reports with the paper reports filed.

3. Analyze demographics with the Insight system on clients served at ECDH and plan program accordingly.

Objective 1.5: Raise public and professional awareness of tuberculosis.

Activities:

1. Provide education to local medical and educational institutions such as Lake Erie College of Osteopathic Medicine (LECOM), St. Vincent Health Center Family Practice Residency Program, Gannon, Edinboro and Penn State Behrend Campus University's Nursing Departments, drug and alcohol rehabilitation centers, and local agencies serving foreign-borne populations, when the opportunity arises.
2. Assess the need for a community screening of a high-risk population and conduct one if necessary.

Evaluation Methods:

1. Utilize university professors to assess public health awareness in nursing student groups going through orientation at ECDH.
2. Observe for high rates of certain high-risk TB groups seen annually on Insight data.

Objective 1.6: Provide ongoing TB screening and appropriate follow-up for high-risk target groups.

Activities:

1. Continue the liaison relationship with the Erie County Prison, developed in 2003, in order to promote follow up of inmates with LTBI after release.
2. Continue culture/language appropriate education/screening with International Institute (I.I.), Multi-Cultural Health Evaluation Delivery System (MHEDS), Catholic Charities, and Multicultural Community Resource Center (MCRC). Annually, on average, 775-850 refugees are resettled in Erie County.
3. Use incentives such as grocery and gas coupons from Reimhold Fund money to increase compliance with high-risk groups, as appropriate.

4. Utilize state-of-the-art testing instruments, such as T-spot (Oxford Labs) to attain more specific and sensitive testing for LTBI among eligible high risks groups. Use Mantoux when appropriate.

Evaluation Methods:

1. Utilize NEDSS to report to the PA DOH regarding high-risk groups.
2. Calculate number of clients educated while in prison through Insight data, when reports can be generated.
3. Monitor for changes in immigration and learn about new cultures arriving in Erie County from sponsoring agencies.
4. Compare LTBI incidence with T-spot testing initiated to former testing methods.
5. Utilize Insight Patient Database and Case Management or like system to obtain reports.

Refugee Health

Program Goal 1: Provide health related case management services to all newly arriving refugees and eligible immigrants in Erie County in collaboration with the Local Voluntary Agencies (VOLAGs).

Objective 1.1: Insure the refugee health screening assessment protocol is followed by health care provider, as required by the PA DOH.

Activities:

1. Obtain and review PA Initial Refugee Health Assessment Form. Need to work with health care providers to access this information.
2. Encourage health care providers to complete assessment form within 30 days of first visit.
3. Maintain open communication with health care providers.

Evaluation Methods:

1. Maintain documentation of forms reviewed.
2. Report activities to ECDH supervisor.
3. Send quarterly reports to DOH Refugee Health Program (RHP).

Objective 1.2: Ensure follow up for all treatment and other referrals recommended as a result of the health screening assessment and/or the overseas medical examination.

Activities:

1. Establish and maintain internal contact with other ECDH programs.
2. Establish and maintain working relationships with referral agencies/offices.

Evaluation Methods:

1. Maintain documentation of all referrals needed and made for refugees.
2. Report activities to ECDH supervisor.
3. Send quarterly reports to DOH Refugee Health Program (RHP).

Objective 1.3: Provide education to refugees on the health screening process and the health care system and information on pertinent diseases.

Activities:

1. Utilize group orientation or educational sessions to provide needed information.

2. Utilize written or verbal information, dependent on refugees' needs.
3. Utilized interpretation services as needed

Evaluation Methods:

1. Maintain documentation of attendees, topic presented, date and time of presentation.
2. Report activities to ECDH supervisor.

Send quarterly reports to DOH Refugee Health Program (RHP).

Objective 1.4: Generate and analyze reports on refugee health.

Activities:

1. Utilize Insight Patient Database or like system to generate activity reports.
2. Report activities to ECDH supervisor.
3. Send quarterly reports to DOH Refugee Health Program (RHP).

Evaluation Methods:

1. Maintain documentation of Total Number of refugees provided case management services.
2. Maintain documentation of Total Number of refugees completing LTBI therapy.
3. Obtain childhood immunization and school enrollment records as available.
4. Maintain documentation of childhood lead screenings.

Rabies Surveillance Program

Program Goal 1: Prevent human rabies from occurring in Erie County and lower the risk of rabies exposure from animals through various public health measures.

Objective 1.1: Provide a surveillance and education program of animal (mammal) encounters (bites, scratches, etc.) through the “Intake” nursing service.

Activities:

1. Log all (approximately 850) reports of encounters in the Insight Animal Bite Program.
2. Utilize the Rabies Policy and Procedure to provide follow up on these reports to victims and/or animal owners. Standard follow up would start with “Quarantine”, if that is not possible, next directive would be “testing of the animal”, if that is unavailable, final recommendation would be to “treat the victim”.
3. Utilize local Animal Enforcement Officers and Animal Control Wardens for cases that cannot be addressed via the mail or phone.

Evaluation Methods:

1. Problems with case management will be noted and corrected in the course of questions brought to supervisor. One nurse has been identified as the primary intake nurse with nine-ten different nurses serving as back up. Quality Assurance Committee will periodically perform chart audits for accuracy of follow up and documentation. Weekly assessment of the Insight Animal Bite Dashboard will provide regular quality assurance and corrections. End of year Insight statistical analysis will show missing data to be corrected from paper charts.

Objective 1.2: Enhance awareness of proper prevention strategies to reduce preventable animal bites within the community and reduce the risk of a bite transmitting rabies.

Activities:

2. Distribute resources for hospital emergency rooms and urgent care facilities on reporting and treating animal bites related to rabies, as needed.

3. Serve as local resource expert to veterinarians, animal handlers, trauma physicians, animal control services agencies, and animal control wardens. An annual mailing of program updates shall be conducted.
4. Provide local statistics and support to the Hamot Medical Center Injury Prevention Staff and Preventing Animal Attacks with Education (PAAWE) Coalition. All current reports will be analyzed.
5. Update rabies protocol as changes occur, so that cases are managed in an appropriate and consistent manner.
6. Coordinate with and support efforts for vaccination of pets and wildlife initiated by local veterinarians and the Department of Agriculture. This, however, is not the main role of the Community Health Services Division.

Evaluation Methods:

1. Surveillance of knowledge deficit of accurate animal encounter follow up will be done by random phone contact with area hospital Emergency Departments, veterinarians, and physicians regarding cases.
2. Compare local protocols to PA DOH directives.

Objective 1.3: Provide consistent data collection for the rabies program.

Activities:

1. Maintain the use of the Insight Patient Database for animal bites/rabies tests. Nurses assigned to Animal Bite management will clean up this data weekly.
2. Annually and periodically create statistical reports from this program.

Evaluation Methods:

1. Analyze high-risk age groups for exposure, high-risk animals, dispositions of cases, causative factors for animal incidents, number of animals sent for testing, number of positive animal rabies cases, high risk neighborhoods (zip codes) for household pet incidents, and proportion of problem with strays and same household pets.

Immunization

An Immunization block grant from the Pennsylvania Department of Health funds clinical services and consumer and professional education. This current plan is in effect from 1/1/14-12/31/14.

Program Goal 1: Reduce and/or eliminate the spread of vaccine preventable diseases by increasing the immunization coverage level of all age groups.

Objective 1.1: Provide comprehensive immunization services for infants, children, and adolescents.

Activities:

1. Administer vaccines to infants, children, and adolescents per the PA DOH Eligibility Criteria. Provide all recommended vaccines provided by the PA DOH. Screen children for Vaccines for Children (VFC) program eligibility in clinics. Provide record screens for siblings at clinics. Follow the Centers for Disease Control and Prevention (CDC) Standards for Pediatric and Adolescent Immunization Practice.
2. Provide outreach to 100% of birthing facilities per the PA DOH Tot Trax program, in which the first dose of Hepatitis B vaccine is administered to newborns. Continue to track reports and send to the PA DOH and assist with coordination of hospital identified educational needs.
3. Provide daytime and a late afternoon immunization clinic each month. Arrange translators for non-English speaking clients.
4. Utilize automatic phone call system to remind clients of their appointments. Send missing appointment cards to those children who miss appointments.
5. Complete at least one outreach activity to increase public awareness of immunizations during the annual National Infant Immunization Week (NIIW) in April, in June during National Adolescent Immunization Awareness Week, in August for National Immunization Awareness month. Maintain linkages with agencies that provide services to children such as WIC, Early Intervention, GECAC Head Start, members of the Immunization Coalition

and school nurses. Provide immunization education and assist these agencies to identify children delinquent in vaccines.

6. Conduct telephone and/or letter outreach to parents of children who are reported on the SIIS missing immunization report.

Evaluation Methods:

1. Evaluate number of vaccines administered to clients per eligibility guidelines.
2. Assess the number of birthing hospital participating in Tot Trax and review quarterly reports to assess number of hepatitis B vaccine administered to newborns.

Objective 1.2: Provide comprehensive immunization services for adults.

Activities:

1. Provide adult vaccines per PA DOH eligibility guidelines at ECDH immunization clinics. Follow the CDC Adult Immunization Standards.
2. Network with and support LifeWorks Erie which provides an Erie County adult influenza and pneumococcal mass media campaign, education and outreach, along with clinics throughout Erie County during the fall and early winter. Assist them to identify geographic pockets of need for adult influenza vaccine.
3. Conduct at least one adult immunization awareness campaign in September for National Adult Immunization Awareness Week.

Evaluation Methods:

1. Calculate number of vaccines provided to adults served at ECDH with above vaccines by annual SIIS reports.
2. Review annual Influenza and pneumococcal vaccine reports from LifeWorks Erie.

Program Goal 2: Maintain participation in the state immunization registry.

Objective 2.1: Participate in the Statewide Immunization Information System (SIIS) and promote community provider participation.

Activities:

1. Enter clients' immunization records and vaccines given into SIIS.

2. Promote SIIS to private providers whenever the opportunity exists. Notify SIIS department registry staff of identified providers in the area interested in initiating the registry. Send annual educational letter promoting SIIS to private providers.
3. Educate parents on the benefits of the SIIS registry for immunization record documentation.
4. Maintain vaccine inventory in SIIS and complete monthly inventory reports per SIIS protocol.
5. Network with the Pennsylvania Department of Health SIIS staff. Assist SIIS staff as needed with private provider education, support, and implementation of SIIS.

Evaluation Methods:

1. Evaluate response of private providers from annual SIIS letter.
2. Evaluate and/or track any problems with SIIS and present by email or conference calls to the Pennsylvania Department of Health staff for their input and assistance.
3. Obtain SIIS vaccine dose reports as needed and evaluate.

Program Goal 3: Prevent and contain the spread of vaccine preventable diseases (VPD).

Objective 3.1: VPD investigations and case management will be completed in order to prevent further disease in close contacts and the community.

Activities:

1. Investigate all reported cases of VPD within 24 hours of notification and provide appropriate case management follow up. Enter reports into the National Electronic Disease Surveillance System (NEDSS). Notify state DOH Immunization program of cases when indicated.
2. Educate medical providers on appropriate treatment and prophylaxis of VPD such as Pertussis.
3. Administer Yellow Fever vaccine in monthly travel clinics to those that require vaccine for international travel to prevent yellow fever disease.

4. Maintain appropriate case management for 100% of all identified infants born to Hepatitis B Surface Antigen positive females and their contacts. Utilize PA state DOH perinatal hepatitis B protocols and reporting forms.

Evaluation Methods:

1. Assessment of documentation of VPD case management will indicate appropriate treatment and prophylaxis of contacts.
2. Reports of disease in contacts will be limited.

Program Goal 4: Provide comprehensive immunization education and outreach services to the community.

Objective 4.1: Provide immunization education and outreach to populations of all ages and to medical providers and professionals in the community.

Activities:

1. Provide consultation to local hospitals who provide an annual Professional Educational Seminar on immunization updates in which the Centers for Disease Control and Prevention Immunization Standards are provided to vaccine providers and educators in the community.
2. Provide phone information, faxed information, and referral to internet immunization resources (such as www.cdc.gov), and education information to medical providers, school nurses, and general community Utilize the CDC “Pink Book” and Morbidity & Mortality Weekly Report (MMWR) with published vaccine information as resources in educating the community. Provide outreach at health fairs.
3. Provide language specific, culturally sensitive, and ethnicity appropriate outreach materials to minority and disparate populations.
4. Assist school nurses to implement and communicate new changes and mandates in the PA school immunization law.
5. Provide immunization educational trainings to high-risk groups in the community such as the teen parenting programs in the schools and other high-risk or interested groups in the community.
6. Send Immunization staff to mandated PA DOH meetings, the annual PA DOH Conference, and the National Immunization Conference to maintain

and update their knowledge of vaccines and vaccine issues. Participate in any available trainings such the CDC vaccine preventable disease and immunization update satellite/web conferences to keep abreast of new information to assist with education in the community and appropriate administration of vaccines in clinic.

Evaluation Methods:

1. Review quarterly grant update reports.
2. Track number of immunization in-services/trainings and outreach.

Program Goal 5: Maintain support and membership of the Immunization Coalition of Erie County (ICEC).

Objective 5.1: Assist ICEC leadership to maintain membership, conduct meetings as established by the By-laws, and promote immunizations in all ages and populations.

Activities:

1. Immunization staff will serve as an advisor to the ICEC elected chairs and membership.
2. Provide immunization education and updates to the membership.
3. Participate and support activities of the ICEC work groups.
4. Attend meetings of the PA Immunization Coalition when travel permits.
5. Ensure that the ICEC activities focus on mobilization of immunization activities by coalition membership through available resources.

Evaluation Methods:

1. Immunization nurses and ICEC steering committee will track ICEC activities and evaluate membership and attendance at meetings.

Program Goal 6: Support and educate private providers enrolled in the PA DOH Vaccine for Children's Program (VFC).

Objective 6.1: The Public Health Nurse in the Quality Assurance (QA) position for the VFC program will make private provider office visits to review child immunization records and review vaccine practices and storage of vaccines. Education and recommendations for compliance with the VFC program will be provided to office staff.

Activities:

2. The Public Health Nurse will make scheduled QA visits to review VFC program guidelines with private provider offices per the PA VFC protocol.
3. Child immunization records will be reviewed per PA VFC protocol, coverage levels of children enrolled, and missed opportunities for vaccine delivery will be discussed with office staff and physician.
4. Follow-up immunization education will be provided as needed and non-compliance issues will be problem solved as needed with the private provider offices.
5. PA DOH VFC program reports will be sent to PA DOH Immunization VFC program.

Evaluation Methods:

1. Assess immunization coverage levels of the private provider offices.
2. Report office reviews per VFC forms to the PA DOH VFC program.

Maternal Child Health

The Title V Maternal Child Health (MCH) grant, Act 315 and county monies provide funding to address MCH needs in Erie County. ECDH has Contract for 3 years granted by Bureau of Family Health through 6/30/15.

Program Goal 1: To provide primary and preventive maternal, infant, and child services to high-risk families in the community.

Objective 1.1: To improve birth outcomes, reduce low birth weight rates, and reduce infant and neonatal mortality by increasing the number of women who receive prenatal care in the first trimester.

Activities:

1. Provide individualized education specific to high-risk pregnant women's social, health, and emotional needs via home visits. The Partners for a Healthy Baby Home Visiting Curriculum, developed by the Florida State University's Center for Prevention and Early Intervention will be utilized.
2. Visits will include pregnancy education, baby's development, medical provider visits, importance of folic acid, smoking cessation, risk of drug and alcohol use during pregnancy, and preparing for labor and delivery. Family planning will be discussed.
3. The Public Health Nurse (PHN) will assess the client's medical, financial, and social situation, and provide referrals to needed services. PHN will assist the client to apply for Medical Assistance (MA) as needed.
4. Visits will be conducted once a month or more frequently if needed until the infant is born.
5. Women will then be seen for postpartum and newborn health guidance visits. The Partners for a Healthy Baby Home Visiting Curriculum will be utilized.
6. Promote MCH home visit services and education in the community with medical providers, child-care providers, Women Infant & Children (WIC), the Erie Office of Children and Youth, and other social service agencies.

Evaluation Methods:

Per Title V contract work plan

Objective 1.2: Promote normal infant growth and development and assist in the prevention of infant neglect and abuse.

Activities:

1. PHN will make home visits to provide infant education to high-risk women. The Partners for a Healthy Baby Home Visiting Curriculum will be utilized. Education will consist of infant health guidance, encouragement of infant-parent interaction, infant growth and development, nutrition and feeding, health and safety guidance including “Back to Sleep”, emphasis of the need for a primary medical provider, birth control, and healthy spacing of pregnancies.
2. Home visits will be made once a month or more frequently if needed until the infant is at least one year of age. Two visits will be made during the first eight weeks postpartum. Infants may be seen past one year of age if nursing assessment identifies needs for continued service.
3. PHNs will assist clients to apply for Children’s Health Insurance Program (CHIP) or MA if uninsured.
4. Ages & Stages Questionnaires (ASQ-3) and growth charts will be utilized to assist to teach the parent about child growth and development for age.

Evaluation Methods:

Per Title V contract work plan.

Objective 1.3: Reduce postpartum maternal illness and complications due to delivery.

Activities:

1. PHN will make home visits to high-risk postpartum women. Partners for a Healthy Baby Home Visiting Curriculum will be utilized. Individualized education will include monitoring health status and emotional changes after the birth of a baby, family planning and birth control, smoking cessation, nutrition, and assessment for signs of postpartum depression. Edinburgh Depression Scale will be utilized.
2. Health guidance may continue until the child is one year of age.
3. PHN will assist families without insurance to apply for MA and/or CHIP.

Evaluation Methods:

Per Title V contract work plan.

Objective 1.4: To provide education to parents to prevent infant abuse, accidental injuries, and facilitate parent and medical provider care to an ill infant.

Activities:

1. PHNs will present Dr. Dad/Dr. Mom curriculum (parenting education program) to high-risk parent groups. Curriculum includes caring for sick child, providing a safe home environment, and dealing with medical emergencies.
2. Program will be presented to at least three parent groups per year in both urban and rural settings.

Evaluation Methods:

Per Title V contract work plan.

Objective 1.5: Improve the health of children up to age three who have no medical insurance.

Activities:

1. Child Health Clinics (CHC) will be held once per month in the Erie and Corry sites for children up to age three without health insurance.
2. PHN will perform a nursing assessment and provide anticipatory health guidance for the child's age at the clinic visit. ASQ-3 will be utilized for developmental screening.
3. PHN will provide application for MA and/or CHIP if client has not previously received one. PHN will assist family with application as needed.

Evaluation Methods:

Per Title V contract work plan.

Program Goal 2: To provide services for Children with Special Health Care Needs (CSHCN).

Objective 2.1: To improve family capability to adequately manage children with special health care needs.

Activities:

1. PHN will case manage referrals for children with special needs including PKU, metabolic disorders, and cleft palate/cleft lip. Home visits will be made to assist with metabolic formula program enrollment and formula distribution, obtaining repeat PKU monitoring tests, and facilitate education and referrals as needed to other social service agencies.
2. A PHN will participate in the NW Pennsylvania Cleft Palate Institute clinic on the multidisciplinary team to assist with assessment and education of infant/child nutrition and growth and development.

Evaluation Methods:

Per Title V contract work plan.

Objective 2.2: To improve the health of children who have, or are at risk for, a chronic physical, developmental, behavioral or emotional condition, or have been a victim of abuse or neglect.

Activities:

1. PHN will perform home visiting services to provide health guidance and parenting information to families where the parent or child are dysfunctional due to a developmental, emotional, or mental health disability. Visits will occur at least monthly. Families will be referred to other social service agencies as needed.
2. PHN will participate in Family Group Decision Making (FGDM) multidisciplinary team meetings as requested to assist with recommendations regarding family interventions.
3. PHN will refer families to the Special Kids Network (SKN) to aid in the identification of service providers for CSHCN.
4. PHN will provide newborn metabolic screening and follow-up by locating newborns lost to follow-up, obtaining an initial or repeat filter paper blood test when requested.
5. PHN will work with PA DOH newborn hearing screening program when requested by assisting with locating newborns lost to follow up, providing information to families on the importance of re-screen testing and diagnostic

evaluation, and assisting families in locating health care coverage to cover the cost of screening and further testing.

6. PHN will assist with the PA DOH SKN System of Care and Medical Home Program if requested and trained through the NW District of PA DOH and if resources are available.

Evaluation Methods:

1. Evaluate types of referrals received and number of individuals served for newborn metabolic screening and newborn hearing screening. Identify any barriers to servicing clients.
2. Per Title V contract work plan.

Program Goal 3: To provide support for families that have experienced a sudden, unexplained infant death.

Objective 3.1: To improve family capacity to adequately manage the death of their infant.

Activities:

1. PHN will contact families that have experienced a sudden unexplained infant death and provide support and information regarding resources for the family.
2. PHN will complete and submit requested quarterly report forms from the PA DOH SIDS program.

Evaluation Methods:

1. Evaluate number of referrals received.
2. Evaluate timeliness of reporting to PA DOH.

Nurse Family Partnership

The Nurse Family Partnership (NFP) program is a evidenced based, intensive nurse home visit program for first-time, low-income, high-risk pregnant women. Funding is through the Pennsylvania Department of Public Welfare, Office of Child Development, and Erie County. The current grant agreement runs through June 30, 2014.

Program Goal 1: To provide support, education, and advocacy to low-income, first-time pregnant women to foster healthier pregnancies, improve the health and development of children, and encourage self-sufficiency.

Objective 1.1: Provide comprehensive case-management of first time, low-income pregnant women and their newborns following the Nurse-Family Partnership (NFP) National Service Office guidelines.

Activities

1. Public health nurse (PHN) will provide comprehensive prenatal and early childhood home visits to first time, high-risk women, significant others, and their newborns up to age two following the home visit guidelines of the national NFP program.
2. Each PHN will carry a maximum caseload of 25 clients.
3. Data on home visit clients and home visits will be collected by the public health nurse and entered into the national NFP database by the Project Secretary.

Evaluation Methods:

1. Per the NFP grant funded work plan reporting.

Objective 1.2: Network with referral agencies to maintain communication and referrals. Caseload for each PHN is to be 23-25 families at any given time.

Activities:

1. Discuss the NFP program and provide brochures at community meetings as opportunity arises.
2. Conduct in-services on the NFP program to community agencies and medical providers.
3. Network with the media when the opportunity arises to promote the program.

4. Participate in health fairs when there is an appropriate audience.

Evaluation Methods:

1. Per the NFP grant funded work plan reporting.

Objective 1.3: Public health nurse will maintain and/or increase level of knowledge in pregnancy, parenting issues, and infant and child development.

Activities:

1. PHN will attend any mandatory training, meetings, or in-services as required by the national or state NFP program or funding sources.
2. PHN will attend in-house in-services and training opportunities as budget allows.
3. PHN will network by email or bi-annual meetings with other NFP programs in Pennsylvania to obtain new insight and information in program areas.

Evaluation Methods:

1. Per individual PHN tracking logs and NFP grant funded work plan reporting.

Objective 1.4: Continue billing the Department of Public Welfare for NFP services provided to Medicaid recipients and ensure all qualified visits are billed.

Activities:

1. Obtain authorization information and releases of information for each child on Medicaid.
2. Obtain MD prescriptions for NFP services.
3. Participate in DPW PROMISE billing system updates to expedite the billing process.
4. Bill for NFP services. Obtain MA number for billing purposes for new home visit nurse.

Evaluation Method:

1. Per NFP grant funded work plan reporting.

COMMUNITY HEALTH SERVICES

Performance Review 2013

Administration

Goal 1: Involve public and private partners in community health planning processes.

Objective: Keep ECDH in the forefront of community health planning processes.

ACHIEVED: Division Director remained involved with such broad-based, community planning groups as the Policy and Planning Council for Children and Families, the local FSSR/Communities That Care (CTC) board, including its Healthy Youth Development Advisory Board and the Executive Committee. The CTC model used data from the PA Youth Survey (PAYS) to identify priority risk and protective factors relevant to Erie County. A Community Action Plan was then created based on the identified risk and protective factors.

The CHS Director is chairing the United Way Health Impact Council. This process includes a cross section of community health and human service providers assisting the United Way in identifying the most pressing needs for health resources in Erie County so that United Way dollars can be prioritized to those needs. The process used by this Council to identify health priorities for Erie County included use of data from the broad based Community Health Assessment that was completed to meet Affordable Care Act requirements for local hospitals and for the ECDH accreditation process.

Goal 2: To reduce preventable pediatric deaths in Erie County.

Objective: Community Health Services will remain active with the Erie County Child Death Review Team (CDRT) that gathers and shares data on pediatric mortality in Erie County.

Partially Achieved: CHS Director received CDR line lists for review of potential CHS involvement with families prior to the child death. CHS Director was unable to attend CDR team meetings due to scheduling conflicts with standing manager meetings at ECDH. The CHS Director reviewed 32 cases made available for review.

Goal 3: Maintain and improve staff skills, practices and procedures, and improve program quality as appropriate.

Objective: Provide internal committee structure of Staff Development, Policy and Procedure, and Quality Improvement.

ACHIEVED: In 2013 the Staff Development Committee formally met 10 times and organized and held 12 in-service trainings. Nine (9) were trainings for division employees that were conducted by in-house personnel from throughout ECDH. Three trainings were conducted by invited speakers. The 9 in-house speaker topics included program updates for international travel, prescription drug abuse, the Environmental Division, TB, suicide prevention, ticks/lyme disease, lead, and anaphylaxis. One other training utilized the DVD "Nightmare Bacteria". Community speakers addressed CPR recertification, fire safety review and an overview of Safe Net, a community based domestic violence agency.

The CHS Quality Improvement Committee met 5 times in 2014, but most QI work this year was accomplished in the ECDH Quality Improvement Committee. Quality Improvement related to the rabies control program were addressed by reorganization of the program such that most program management is completed by one staff PHN. The committee also constructed, implemented and completed a clinic client satisfaction survey that was completed by clients in the waiting room during clinics. The 100+ surveys were then analyzed as part of the Department QI work related to accreditation preparation.

The Policy and Procedure Committee met six times in 2013 and addressed P&Ps in STD, communicable disease, rabies, immunizations and overall CHS functions.

Goal 4: Provide an adequate public health workforce:

Objective 4.1: Hire and train staff as vacancies occur or new opportunities arise.

ACHIEVED: Staffing was again challenging in 2013. A communicable/STD PHN position that was vacant since 9/28/12 and held open because of Act 315 budget notifications was filled in mid-January. That PHN only stayed for 9 months. She left for better pay, as did a Nurse-Family Partnership PHN in mid-November. Two seasoned PHNs died in service. One in February and one in June. They were in the immunization and HIV programs respectively. Lateral moves from the

communicable/STD team filled those positions by April and September respectively. One PHN did a lateral move from the Childhood Lead Poisoning Prevention Project (CLPPP) that closed on 6/30/13 to a com/STD position that was converted to a Intake/rabies/communicable disease PHN. The other 2 vacant com/STD positions were left vacant because of notification of both retroactive and current year Act 315 budget reductions. A very seasoned STD Epidemiologist retired 4/5. Due to the process for job description update, then notification of retroactive and current fiscal year Act 315 budget cuts, that position was finally filled on 12/16. The year ended with the retirement of another veteran PHN in the TB program. By year's end, taking into account County Council budget action for 2014, 3 PHN positions were vacant, and one of those 3 of the is only funded until 6/30/14 by County Council. It won't be known until mid-2014 if that funding will be extended to 12/31.

Staff medical leave over the year that was not covered by temporary staff was stable at the equivalent of 1.2 FTE. ECDH also rehired a retired PHN part-time as temp PHN to provide coverage while budget negotiations were occurring with County Council related to the Act 315 funding cuts. Services were reduced in some instances due to these absences. Overall leave was 21% of the division staff time.

DON continued with direct supervision of the CLPPP program through 6/30/13, and the MCH Title V grant for the entire year due to elimination of a Nursing Supervisor position on 1/1/2009.

Program Goal 5: Work with CHS division in the application process to the Public Health Accreditation Board (PHAB) to become an Accredited Public Health Department.

Objective 5.1: Complete Accreditation assignments including PHAB online orientation and documentation of tasks associated with domains appropriate to Community Health Services division.

ACHIEVED:

Managers completed appropriate modules of PHAB online orientation.

Managers and staff assembled and organized accreditation pieces applicable to CHS services.

Objective 5.2: Facilitate training regarding and implementation of performance management principles and practices as related to the accreditation process.

ACHIEVED:

Designated four division staff to ECDH performance management team and supported them regarding participation in training and implementation of performance management standards related to division activities. Both STD and TB programs implemented program process improvements as result of applying performance management principles.

Communicable Disease Program

Goal 1: To maintain a local communicable disease surveillance program that interfaces with the PA Department of Health (DOH) Division of Epidemiology and the Center for Disease Control and Prevention (CDC).

Objective 1.1: To insure that all potential reporters are knowledgeable of their responsibility to report communicable diseases to ECDH. (Electronic disease reporting was mandated in 2001.)

PARTIALLY ACHIEVED: Communication in Feb. 2010 from ACL indicated that they had asked the PA DOH to do a trial of an interface computer system for flu reports. At the start of the 2012-2013 season, ACL reported influenza cases via fax and in the NEDSS system. At the start of the 2013-2014 flu season ACL has reported flu cases in the NEDSS system! ACL has also started reporting Hepatitis A and Hepatitis C cases in NEDSS; other communicable reports continue to be faxed to ECDH. ECDH has no control over ACL compliance with the mandate to report electronically. It will be up to the state DOH to enforce adherence to this state required C.D. electronic reporting. Rare faxing errors have been found and addressed so as not to miss CD reports.

Physicians receive quarterly newsletters that address any changes in reportable disease. Blast Fax technology has been employed to disseminate urgent health updates to physicians.

The Association of Professionals in Infectious Disease (APIC) continues to be a strong network for reporting hospitalized or long-term care cases. Phone and email contact is maintained with the infection control group. Media questions are

answered by the director or program supervisor via in person interview, phone or email. Erie County has twelve registered NEDSS users. As stated above ACL has incomplete reporting in NEDSS.

Objective 1.2: Contain and prevent the spread of reportable acute communicable diseases and conditions.

ACHIEVED: A random chart audit showed that on 95% of the enteric/listeriosis/Legionella/Hib. Influenza/strep. pneumonia/Lyme and West Nile disease charts reviewed (20), investigations were initiated within 24 hours (or sooner) of the time/date of report receipt Nurses follow the PA Communicable Disease Epidemiology policy manual (CDE) for recommendations for cases in high-risk settings. Certain diseases require immediate response as specified in the PA Bulletin for CD investigation. Those include but are not limited to HIB, anthrax, smallpox, meningitis. These reports were hand delivered to a PHN who initiates them immediately.

Clients who have communicable diseases have been compliant with education and restrictions. ECDH had 6 household/family Giardia outbreaks involving 2-3 people/outbreak. There was also a family cluster outbreak of Campylobacter. Two LTC facilities had a Norovirus outbreak and 15 LTC facilities had a flu outbreak. Communicable disease referrals totaled 2542 in 20123, which is a 30% increase from 1770 in 2012. Of these reports, 985 met case definition, which is a 38% increase from 2012 (609 met case definition).

Objective 1.3: To develop/maintain a reliable and specific data system for communicable diseases.

ACHIEVED: NEDSS is well established for data submission from reporters and ECDH entry of paper reports. Most of the paper reports are received from the local Associated Clinical Laboratory (ACL), which includes all communicable diseases except flu, Hepatitis A and Hepatitis C reports. Some communicable disease are more time sensitive and it would be a great improvement to have ACL online with NEDSS for these reports. Objective 1.4: Provide local participation in special CDC initiatives.

NOT ACHIEVED: NO CDC initiatives were available to participate with. There were 15 flu outbreaks in LTC facilities; 11 were Influenza A-and 4 were Influenza B.

Sexually Transmitted Diseases

Goal 1: To provide free and confidential clinical services for clients at risk for sexually transmitted diseases (STD) and conduct the epidemiological and educational efforts to prevent the spread of STDs.

Objective 1.1: Improve/maintain the accuracy and accessibility of computer data on disease morbidity.

ACHIEVED: PA and ECDH Sexually Transmitted Disease (STD) programs have been functional in the National Electronic Disease Surveillance System (NEDSS) program since July 2003. Local reports are accessible only through Cognos analysis portion of NEDSS. The 2013 estimated data shows an 8% decrease in gonorrhea (from 261 in 2012 to 240 in 2013). Chlamydia case count, estimated at 1266, has decreased from 1323; a decrease of 4% from 2012. There were 16 syphilis cases, which is an increase from 6 cases in 2012, a 167% increase. Erie County is experiencing the rise in this disease that many areas across the nation are reporting.

Objective 1.2: To raise the public and professional awareness of STDs.

ACHIEVED: Public: ECDH has attempted to increase awareness by advertising in the Erie Gay News, the Behrend Beacon (a local college paper) and at the Gay Pride Picnic and The Fourth annual Community Banquet sponsored by the African American Clergy of Greater Erie. Every client seen for STD clinical services is educated on STDs. Intake routinely answers public questions regarding STDs, as well as multiple other requests for information being answered with written information and pamphlets. No outside presentations were done due to staff turnover.

Professional: ECDH STD staff members play a vital role in the community's management of STDs. Orientations to public health via a personal interview are routinely given to nurses and doctors pursuing some form of higher education. The STD Epidemiologist fields an average of two to three phone calls per day. Examples of these corporate staff activities in 2013 included:

Resource for current STD educational materials.

Hosted 74 Edinboro University and Gannon University nursing students as observers in our clinics or to a private orientation. Hosted 6 Lake Erie College of Osteopathic Medicine (LECOM) medical students and/or St. Vincent Health Center residents, who “shadowed” our physicians/nurses during the clinics.

Objective 1.3: To provide quality, affordable, and accessible STD clinical services to the public.

ACHIEVED: ECDH STD clinic visits totaled 1560, which is a decrease of 18% from 2012 (1901). Three STD clinics were held each week, except on county holidays. Cases and contacts to cases of reportable STDs are treated the day of their visit. Due to the walk-in system and the decrease number of nurses available for clinic, 230 clients were deferred to another provider or clinic time in 2013, compared to 78 in 2012. The PA Bureau of Labs (BOL) continues to be utilized to increase vigilance in detecting drug resistance. Routine testing is provided through the PA DOH contracted lab.

These services are free to STD/HIV clients at ECDH clinics. A free hepatitis vaccination program was initiated in 2003 for all appropriate clients, 18 years of age and older. In 2012, 406 received hepatitis immunizations in STD clinic. Due to changes in the state immunization program and decrease in number of clients seen only 15 clients received vaccine, a 96% decrease.

Objective 1.4: To perform disease investigation and case management of prioritized STD's.

PARTIALLY ACHIEVED: All positive syphilis cases, referred to ECDH, are routinely prioritized for sex partner interviews and offered referral services. There were 6 cases in 2013; and 16 cases reported preliminarily in 2013. In 2013, 43% percent of GC cases and 29% of CT cases received an epidemiological interview, which is a decrease from 63% in 2012. These decreases are due to the Disease Intervention Specialist position being vacant from April to December of 2013. Eliciting these contacts is the best means to finding undiagnosed disease and preventing spread of GC/CT. Any contacts elicited from those interviews received notification of the risk of disease and recommendations for follow up.

ECDH staff monitors the quality of clinical care in the STD clinics through the “exit interview.” There are essentially 3 areas of concern during the exit interview:

Patient information and education

Chart review for accuracy

Chart review for completeness

Each of these areas were assessed and completed or corrected as needed. Gaps in patient education and information were addressed. Any inaccuracies were corrected. Chart completeness was addressed after the client leaves; the chart may need to be returned to the physician/CRNP, DIS, and/or the clinic nurse. The staff person insures that all physical complaints, epidemiological issues, laboratory results, diagnoses, treatment, partner referral, education/risk reduction messages, and medical/social referrals are complete, consistent, and correct. Depending on the number of staff and the client’s needs the clinic nurse or CRNP may have completed the exit interview, rather than being done by an assigned nurse.

Objective 1.5: To proactively address high STD rates.

PARTIALLY ACHIEVED: Agencies were enlisted to perform sex partner interviews on positive gonorrhea and chlamydia cases diagnosed at their sites. In 2008, four Erie County agencies/facilities agreed to attempt this new activity to complement their existing services: Adagio (local Title X provider), Erie; Adagio, Edinboro; Penn State Behrend Student Health Services; and Edinboro University Student Health Services. In 2009, Hamot Primary Care/Pediatrics and Erie County Prison were added to this list of partners. In 2010, SVHC Medical Group representatives were trained. An interview tool was developed to help these agencies in the process. Each site received personal training to introduce the concept and the tool. Adagio will test and treat partners if the client brings them in. Edinboro and Penn State will test and treat if partner is a student. ECP will test and treat if partner is an inmate. If partner is outside, inmate must contact partner. SVHC and Hamot do not provide partner services. An outreach site started in January of 2008 at a university campus for clients requesting STD services continues to yield a high positivity rate and good follow up with on-site

epidemiology. In 2013, 201clients participated in the program, a 20% decrease (252 tested in 2012), but the combined GC/CT positivity rate is 13%, and increase of 2 % from 11 % in 2012.

2012 STD Testing at university through Erie County Department of Health

Partnership

	<u>Number Tested</u>	<u>Chlamydia</u>	<u>Gonorrhea</u>
Total tests		28	0
Total	252		
Males	104		
Male +		17	0
Females	148		
Female +		11	0

Percent positivity -2012 at Local University = 11 %

2013 STD Testing at university through Erie County Department of Health

Partnership

	<u>Number Tested</u>	<u>Chlamydia</u>	<u>Gonorrhea</u>
Total	201	25	2
Males	84		
Male- Positive Test		12	1
Females	117		
Female- Positive Test		13	1

HIV/AIDS Prevention

Goal 1: Increase awareness/knowledge of HIV/AIDS and reduce the rate of HIV infection among target populations.

Objective 1.1: Provide HIV counseling and testing (CTR) through clinic and satellite testing facilities.

ACHIEVED: The total number of HIV tests which were completed through ECDH was 1428; this is an 8% increase from 2012 (1323). There were 3 positive HIV tests in 2013. Erie County does not meet the criteria for use of rapid testing (consistently >1% positivity rate).

Gaudenzia, a local drug and alcohol treatment facility, was initially subcontracted in 2010 to perform high-risk outreach HIV testing. This program has continued through 2013. Total tests completed for D & A, Juvenile detention, and mental health categories of risk were 250. This is above the deliverables of 90. The subcontractor enlisted participation—from Gaudenzia Out-pt., Gaudenzia In-pt., Gaudenzia Community House, Stairways Behavioral Health, Esper Treatment Center, The Mental Health Association of NWPA, Gannondale School for Girls, The Daniel Snow House, Erie County Prison, The Multi-cultural Resource Center, Penn State Behrend, several local high schools, churches and social centers.

Objective 1.2: Provide partner services (PS) to those HIV positive individuals who are tested at ECDH or reported to us.

ACHIEVED: Three individuals were reported as newly diagnosed HIV patients in Erie County in 2013. One was offered and accepted PS. Two clients left Erie County before receiving test results and did not leave a forwarding address.

ECDH's designated HIV PHN at start of 2013 was on an extended medical leave and did not return. The HIV back-up PNH provided surveillance until 9/2013 at which time she became the full-time HIV PHN.

Objective 1.3: Conduct HIV/AIDS surveillance.

ACHIEVED: The PA Division of HIV/AIDS periodically sends communications regarding NEDSS data management. ECDH staff responds to these requests as needed and updates the data. Chart reviews have been performed at ECDH from charts that have been faxed.

Tuberculosis Control Program

Program Goal 1: Contain and lower the disease incidence by providing free and confidential service (approximately 2,500-3200 client visits) for members of the community who are either diagnosed with or at risk for developing Tuberculosis through epidemiological follow up of cases and through professional and public education regarding TB.

Objective 1.1: To provide a standardized approach for tuberculosis control, both for in-house staff and community care providers.

ACHIEVED: In 2013, 3275 TB clinic visits were completed. Compared to 3124 visits in 2012 this is a 5% increase in services. This increase is in part reflected by initial TB screening for refugees being performed by ECDH instead of MHEDS, the PA DOH designated PPA. This process reverted back to ECDH in August of 2013 when MHEDS had financial difficulty and Tubersol became more difficult to keep in stock due to decreased production. ECDH TB staff has provided consultation to the medical community, as needed on an individual basis. New policy and procedures continue to be written or updated in the *ECDH TB Policy and Procedure Manual* as appropriate, based on new recommendations from the CDC.

Objective 1.2: All active TB clients successfully complete treatment.

ACHIEVED: In 2013, five clients were identified with active TB have completed or are in the process of completing treatment for active TB. Several children who were contacts to an active have received window prophylaxis. No legal action was necessary to complete treatment. Therapy is individualized, with adjustments being made in the case of intolerance or malabsorption. Drug levels were performed on those whose response indicated malabsorption and medications were adjusted as needed. The Outreach Worker or Public Health Nurse completed 911 Direct Observed Therapy (DOT) visits. This is a 51% decrease from 1855 DOT visits in 2012.

The Reimhold Fund was used primarily for necessities such as client transportation, clothing, and groceries. These items always enhance the client/nurse and outreach worker relationship that culminates in successful completion of treatment.

Objective 1.3: Prevent long-term spread of tuberculosis.

ACHIEVED: Contact investigations were performed on all five active cases. There were no new pediatric active cases that required reverse contact investigations. New Latent Tuberculosis Infection (LTBI) went from 244 (2012) cases to 180 cases (provisional count). This is a 26% decrease. LTBI treatment initiation and completion data is not yet available from Insight database. Patients who refuse recommended LTBI therapy are educated on signs and symptoms of active TB and what to do should those symptoms occur. Educational discharge letters are sent to 100% of clients. Directly Observed Preventive Therapy (DOPT) visits had a

decrease from 1430 in 2012 to 1206, this is a 16% decrease. These are made for LTBI clients who are children or adults unable to manage their own treatment. The decrease in TB number can be partially explained by the federal government shutdown in fall of 2013, which led to decrease in numbers of refugees coming to the USA.

Objective 1.4: To improve/maintain the ability to generate and analyze reports on TB statistics.

PARTIALLY ACHIEVED: The PA DOH has reported problems in validating TB reports from NEDSS, so the data used by ECDH is from the local Insight data collection system. ECDH has initiated reports be built to satisfy the PA DOH requests; we will continue this process for reports as needed. ECDH continues to enter into NEDSS for the PA DOH, as mandated.

Objective 1.5: To raise public and professional awareness of tuberculosis.

ACHIEVED: Individual updates on risk assessment for health care facilities were provided, as needed. Seventy-four Gannon University and Edinboro University students were given a formal lecture on TB, as well as other communicable diseases. Three RN to BSN students were mentored by the TB team nurses for a semester.

An annual statistical report is provided to APIC members for their required community assessment via the ECDH website.

Objective 1.6: Provide ongoing TB screening and appropriate follow up for high-risk target groups.

ACHIEVED: Various agencies team up with ECDH to deliver services to high-risk clients. Networking was increased between area refugee resettlement agencies and ECDH in 2010 to improve services; this continued into 2013. Seventy-four clinics were held off-site in 2013: 36 clinics were held at the International Institute of Erie (I.I.E.) and 38 clinics were held at the Multi-Cultural Community Resource Center. The off-site clinics were used for LTBI monthly medication pick-up, nursing histories, monthly evaluations, and TB screening. Translation fees are provided by ECDH for on-site translators. Internet information on new cultures arriving in Erie was utilized by the TB staff. Erie County Prison provides education about LTBI to prisoners with positive Mantoux tests, completes history

and will obtain CXR and sputum specimen if necessary. If client had active TB he/she would be treated at the prison with input from ECDH. If client is released, ECDH continues with DOT therapy.

Refugee Health

Program Goal 1: Provide health related case management services to all newly arriving refugees and eligible immigrants in Erie County in collaboration with the Local Voluntary Agencies (VOLAGs).

Objective 1.1: Insure the refugee health screening assessment protocol is followed by health care provider, as required by the PA DOH.

ACHIEVED: Began receiving PA Initial Health Assessment forms from the health care provider in July 2012. In this first full year of this program, from January 1, 2013 to December 31, 2013, ECDH Refugee Health Coordinator obtained and reviewed 538 Initial Health Assessment forms. Communication continues to improve between ECDH and the Refugee Health Care Providers. ECDH meets with health providers at least twice a month to address concerns from clients/school district/VOLAGS (Local Voluntary Agencies).

ECDH works with VOLAG coordinators and case managers to ensure attendance at initial screening and/or reschedule appointments as needed.

Objective 1.2: Ensure follow up for all treatment and other referrals recommended as a result of the health screening assessment and/or the overseas medical examination.

ACHIEVED: Refugee Health Coordinator established contact with other ECDH programs, TB, Immunization and Lead to address concerns and resolve client issues. From January through December of 2013, 160 client referrals were made to specialists; 165 refugees were referred for preventive TB therapy; 160 refugee children referred for immunization follow-up; 56 refugee children completed blood lead testing. Refugee Health Coordinator works closely with TB program to identify Class B arrivals and schedule evaluations

Objective 1.3: Provide education to refugees on the health screening process and the health care system and information on pertinent diseases.

ACHIEVED: Refugee Health Coordinator offered 30 health orientation/health education sessions from January -December 2013 at local VOLAGs and

resettlement agencies. Refugee Health Coordinator provided group orientation to 613 refugees, both new arrivals and second settlers. Attendance to these group orientation sessions is not mandated by the VOLAG and resettlement agencies.

Objective 1.4: Generate and analyze reports on refugee health.

ACHIEVED: Refugee Health Coordinator receives information from IIE/CCCAS/MCRC/MHEDS and ECDH in-house programs to generate reports re: services for refugee clients. Secondary migrants are not required to check-in so they are more difficult to track. ECDH submits quarterly reports to PA DOH RHP with data available at time of report; amendments are provided as information is received from health providers.

In 2013, Refugee Health Coordinator provided case management services to 325 refugees. One hundred and sixty-five refugees were referred for TB preventive treatment and 160 required a specialist referral.

Rabies Surveillance Program

Goal 1: Prevent human rabies from occurring in the community and to lower the risk of rabies exposure through various public health measures.

Objective 1.1: Provide a surveillance and education program of animal (mammal) encounters (bites, scratches, etc.) through the “Intake” nursing service.

ACHIEVED: There were 834 reports of animal encounters in 2013; a slight decrease from 867 in 2012. The Intake Nurse discusses prevention of future incidents when appropriate, especially with parents of child victims. Twenty-nine percent of the victims were 14 years old and under; which is a 4% increase from 2012. Intake nurses provide continuous service during hours of operation for public questions regarding animal bites and rabies prevention. A supervisor fielded questions and unusual situations on an average of three cases per week and is on call evenings and weekends

Objective 1.2: Enhance awareness of proper prevention strategies to reduce preventable animal bites within the community and reduce the risk of a bite transmitting rabies.

PARTIALLY ACHIEVED: Information was provided to new providers/staff at facilities on an individual basis. The five top causative factors for animal bites are: “Touching an animal” (25%), “other” (21%), “unknown” (12%), “protecting turf”

(10%) and “wild animal” (9%). Local protocols are consistent with PA DOH and CDC directives.

Objective 1.3: Provide consistent data collection for the rabies program.

ACHIEVED: ECDH is using the “dashboard” of the Insight database. Analysis includes the following information:

Disposition of cases

Quarantine completed = 63% (up from 57%)

Tested: Total = 98; 95% of the animals tested were negative.

Rabies Prophylaxis was recommended for 152 clients (19% of total bites, unchanged from last year.

2013 age distribution compared to (2012)

<i>Age Range</i>	<i>Total #</i>	<i>Percent of</i>	
Ages Unknown	0	0%	(0%)
Ages 0 to 4 Years	66	8%	(10%)
Ages 5 to 9 Years	92	11%	(9%)
Ages 10 to 14 Years	81	10%	(9%)
Ages 15 to 19 Years	47	6%	(6%)
Ages 20 to 29 Years	122	15%	(13%)
Ages 30 to 39 Years	106	13%	(12%)
Ages 40 to 49 Years	100	12%	(13%)
Ages 50 to 64 Years	134	16 %	(19%)
Ages 65 and Older	86	10%	(11%)
Total Ages Known	834	100%	(100%)
Total All Patients	834	100%	
There was minimal change in any age group.			

Thirty-four percent of the animal encounters involve children age 19 and under. Stray animals involved = 2%, a 1% decrease from 2012.

Number of positive animal rabies tests was 3, 2 cats; and 1 bat.

Types of animals involved – see table. Since 87% of the incidents involve domestic animals, phone education emphasizes rabies vaccination of all pets. Bat exposures remain high (10% of the reports). This is down from 19% of the exposures in 2012. Media and phone/web education was used to help with remediation and prevention.

<i>Type of Animal</i>	<i>Total # Reported</i>	<i>Percent</i>
BAT	83	10%
CAT	212	25 %
FERRET	1	<1%
DOG	525	63%
HORSE	1	<1%
OTHER	10	1%
RACCOON	2	<1%
SKUNK	0	0
<i>Totals</i>	834	100%

Immunization

Goal 1: Reduce and/or eliminate the spread of vaccine preventable disease by increasing the immunization coverage level of all age groups.

Objective 1: Provide comprehensive immunization services for infants, children, and adolescents.

ACHIEVED: Vaccines were administered to children that qualified under the 2013 PA DOH Vaccine eligibility guidelines. All vaccines recommended by the CDC Advisory Committee on immunization are administered per appropriate age schedules including catch up schedules. Clients of all ages receive a phone call reminder for their appointment with the exception of confidential clinic appointments. Clients who do not have insurance are given the combined application for Medical Assistance (MA) and Children’s Health Insurance Program (CHIP). An Outreach Worker follows-up with phone calls and letters to children who are delinquent in vaccines. Daytime and a late afternoon clinic appointments are available for working parents and school-aged children. Immunizations were offered at two clinic sites monthly, with one additional site every other month. Sibling records of clinic clients are screened when available from the parent. Immunization clinic information is posted on the ECDH website. ECDH immunization brochures, parent flyers on the PA DOH school immunization law, and various immunization materials from the CDC and immunize.org are forwarded to community agencies, parents, medical providers and health fairs to assist persons identify when children should receive vaccines. Two home visits

this year were made to provide immunizations to children of Amish families in NW Erie county.

There were 879 (1,766 in 2012) client visits of all ages served in 124 clinics this year. A total of 2,244 vaccines (3,888 in 2012) were administered. A decrease in the number of clients served this year from the previous year is reflected by changes in the PA DOH immunization eligibility guidelines including program changes from the PA DOH in which vaccines to the “high-risk” population of STD and HIV clinics was discontinued in October 2012.

According to the “Doses Administered Report”(all doses of vaccine given) from the SIIS (State Immunization Information System) registry, 19% of vaccines administered were given to children 2 months to 6 years of age (13% in 2012), 18% of vaccines were administered to ages 7 to 18 years (54% in 2012).

The program assists the PA DOH to facilitate the perinatal Hepatitis B prevention program (Tot Trax) education and administration of Hepatitis B vaccine to newborn infants in Erie county birthing hospitals. Erie County has three birthing hospitals (100%) enrolled in the PA DOH Tot Trax program. These birthing hospitals provided information on immunizations to 3,285 families in 2013. In addition these hospitals gave the first dose of Hepatitis B vaccine to 2,864 newborns. This vaccine was supplied by the PA DOH. Tdap vaccine was administered to 469 post-partum mothers prior to discharge after the birth of their infants. The PA DOH has discontinued the distribution of Tdap vaccine to hospitals for vaccination of post-partum mothers, so the hospitals administrated this vaccine until it was gone.

Objective 2: Provide comprehensive immunization services for adults.

ACHIEVED: Immunizations were offered to adults per eligibility following the 2013 PA DOH Immunization Eligibility guidelines. This year there was a 50% increase in vaccines to the adult population compared to last year. This year 62% of the vaccines administered were to 19 years and older compared to 33% in 2012. This was due to a change in the PA DOH eligibility guidelines which offered more vaccine to the uninsured adult population and due to the fact that Erie is a resettlement site for the refugee population. A large number of the adult refugee population without insurance for vaccines received vaccines at ECDH. Two

additional daytime clinics were offered each month to accommodate the refugee population with time allowed to coordinate the use of the language line interpretation and/or interpreters.

ECDH contracted with LifeWorks Erie to provide adult influenza vaccine outreach and to administer influenza and pneumococcal vaccine to the adult population in Erie County. They conducted an intense influenza vaccine campaign for adults from September through December. The ECHA administered 10,880 doses of influenza vaccine and 95 doses of pneumococcal vaccine to adults at numerous sites, days and times throughout Erie County. The majority of adults vaccinated were over 65 years of age. LifeWorks Erie also conducted influenza vaccine outreach to disparate populations including refugees from referral and coordination with the International Institute in Erie. Five-hundred-forty-seven influenza vaccine doses of the 10,880 doses were administered to the disparate population.

Goal 2: Maintain participation in the state immunization registry.

Objective 1: Enter client immunization records in the Statewide Immunization Information System (SIIS) and promote community provider participation.

ACHIEVED: 100% of ECDH client records are entered into SIIS after vaccines are given. Client vaccine histories are also entered into SIIS if vaccines were given at another provider before served at ECDH. Inventory of vaccines is maintained by SIIS. Feedback from staff finds the system is user friendly and provides excellent tracking of vaccines given and vaccine inventory.

ECDH provided assistance to local medical provider staff as needed to assist them with implementation of new protocol to order vaccines on line for the Vaccines for Children's Program. In July, 155 SIIS educational letters were mailed to private medical providers in Erie County. The mailing included a letter of information, the SIIS brochure and the SIIS contact information form.

Goal 3: Prevent and contain the spread of vaccine preventable diseases (VPD).

Objective 1: VPD investigations will be completed in order to prevent further disease in close contacts and the community.

ACHIEVED: ECDH investigated all cases of VPD within 24 hours of notification. This year, in the last quarter there were 9 cases of Pertussis investigated and case

managed. There were no reported deaths from this disease. All cases were reported to the state through NEDSS. Through case management multiple medical providers, school nurses, and parents were educated on the symptoms of Pertussis and the treatment. Case management of Perinatal Hepatitis B was maintained for approximately 19 women and families throughout the year. Reports per PA DOH were sent and also data was documented in NEDSS. There were 11 long-term influenza outbreak investigations conducted and case managed.

Travel Clinic provides education to international travelers. Education is provided by the Intake Nurse and/or by appointment in Travel Clinic. Eleven doses of Yellow Fever vaccine were administered to clients required to have it for travel to a country outside of the U.S. Clients are charged the current cost of the vaccine for this service.

Goal 4: Provide comprehensive immunization education and outreach services to the community.

Objective 1: Provide immunization education and outreach to population of all ages and to medical providers and professionals in the community.

ACHIEVED: The annual Professional Immunization Seminar was held on November 14, 2013 in partnership with Hamot Medical Center and Saint Vincent Health Center. ECDH staff served on the planning committee. There were 330 attendees at the seminar. Dr. Akinsanya-Beysolow, a featured speaker at the seminar from the Centers for Disease Control, also presented an Immunization Update to an expanded audience of medical professionals during Medical Grand Rounds at Hamot Medical Center and Saint Vincent Health Center. Attendees of the seminar receive multiple immunization guidelines (the majority from the CDC) facilitated by ECDH to assist them in administration of immunizations. The Immunization Coalition of Erie County had a table of information at the seminar.

In May the immunization staff assisted the PA DOH with a presentation in Erie, "Pennsylvania Health Care Personnel Vaccination Summit." This was attended by 44 health care providers from hospitals and long-term care facilities.

Immunization education and/or outreach was conducted through a variety of methods including a public school bill board, EMTA bus-cards, educational

brochures sent to health fairs, a ball game, 1:1 with school nurses, the Immunization Coalition of Erie County, and, through multiple phone calls and faxes to medical providers. For more information see the quarterly grant update reports sent to the PA DOH Immunization Project Officer.

Goal 5: Maintain support and membership of the immunization Coalition of Erie County (ICEC).

Objective 1: Assure ICEC continues to grow in membership, conduct meetings as established by the By-laws, and promote immunizations in all ages and populations.

ACHIEVED: ECDH continued membership and support of the Immunization Coalition of Erie County (ICEC). An immunization program nurse from ECDH served as the Co-Chairperson of the ICEC. Approximately 25 community agencies are represented on the ICEC on an in-consistent basis. Immunization updates along with community agency presentations are given to coalition members at tri-annual meetings throughout the year to facilitate knowledge and networking. ECDH provides significant support for this community coalition.

Goal 6: Support and educate private providers enrolled in the PA DOH Vaccine for Children's Program (VFC).

Objective 1: The Public Health Nurse in the Quality Assurance (QA) position for the VFC program will make private provider office visits to review child immunization records and review vaccine practices and storage of vaccines. Education and recommendations for compliance with the VFC program will be provided to office staff.

ACHIEVED: Per VFC reports to PA DOH VFC program. The PHN assigned to the PA DOH VFC Quality Assurance program conducted 60 assigned, regular VFC QA visits as assigned by the PA DOH. In addition the PHN made 1 educational visits and 32 site visit follow-ups. In addition, she followed up on numerous (34+) phone calls from VFC providers (new and enrolled) which required significant education over the phone which increased the opportunity to educate VFC providers. The VFC nurse stated that this year storage and handling practices of vaccines are improving. Many practices have changed to electronic monitoring of immunization records which has helped with record keeping and

documentation, although errors are created by private medical provider staff when the wrong vaccine is entered as given because some vaccines are so identical in their abbreviations (.i.e., PCV and PPSV). Providers required assistance with the new vaccine electronic ordering protocol and inventory reports from the PA DOH and the SIIIS.

Maternal Child Health

Goal 1: Provide primary and preventive maternal and infant services to high-risk families in the community.

Objective 1: To improve birth outcomes, reduce low birth weight rates, and reduce infant and neonatal mortality by increasing the number of women who receive prenatal care in the first trimester

Objective 2: To promote normal infant growth and development and assist in the prevention of infant neglect and abuse.

Objective 3: Reduce postpartum maternal illness and complications due to delivery.

ACHIEVED: Per Title V contract reports.

Objective 4: To provide education to parents to prevent infant abuse, accidental injuries, and facilitate parent and medical provider care to an ill infant.

ACHIEVED: Per Title V contract reports.

Objective 5: Improve the health of children up to age three who have no medical insurance.

ACHIEVED: Per Title V contract reports.

Goal 2: To provide services for children with special health care needs (CSHCN).

Objective 1: Improve family capability to adequately manage children with special health care needs.

ACHIEVED: Per Title V contract reports.

Objective 2: To improve the health of children who have, or are at risk for a chronic physical, developmental, behavioral or emotional condition, or have been a victim of abuse or neglect.

ACHIEVED: There was one (1) referral received and completed for newborn PKU diagnosis and case management. Another 8 families were followed for either children diagnosed with PKU or maternal PKU situations.

There were no referrals received for newborn hearing screening follow-up.

Community Health Services Director stayed in touch with NW District Nurse Consultants regarding activities related to PA DOH SKN System of Care and Medical Home initiatives in NW PA and Erie County until those positions were eliminated on 7/1/13.

Other objectives per Title V contract reports.

Goal 3: To provide support for families that have experienced a sudden, unexplained infant death.

Objective: To improve family capacity to adequately manage the death of their infant.

ACHIEVED: There was one (1) new infant death referral received in 2013. The family was offered and accepted PHN services to provide support and information regarding resources for the family. There were also 2 other families that were opened in 2012 and services continued into 2013. SIDS reports were filed quarterly to the PA DOH SIDS program staff.

Childhood Lead Poisoning and Prevention

Goal 1: Maintain objectives of the CLPPP to assure that medical management, treatment, and coordination of care of children with lead poisoning is provided in order to decrease the children's lead levels. Assure children have access to blood lead screens.

Objective 1.1: Provide case management of children with confirmed lead levels of 10 µg/dL.

ACHIEVED: Per CLPPP contract reports.

Objective 1.2: Provide capillary lead screens and follow-up case management to children ages six months through 83 months of age in the community who do not have a medical provider or to those without insurance.

ACHIEVED: Per CLPPP contract reports.

Objective 1.3: Attend mandatory training required by the state to maintain safe storage of the lead detection devices and any other necessary training updates to maintain program functions.

ACHIEVED: Per CLPPP contract reports.

Goal 2: Assure the community is educated on prevention of child lead poisoning.

ACHIEVED: Per CLPPP contract reports.

THE CLPPP program in Erie County was defunded effective 6/30/13. ECDH has not yet been able to identify what organization is the current vendor through PA DOH for NW PA Lead & Healthy Home services. No contact has been made by the vendor with ECDH or other Erie County based organizations that are providing lead and Healthy Home services through HUD funding. No information regarding this vendor has been found on the PA DOH lead and Healthy Homes website.

Nurse Family Partnership

Goal 1: To provide support, education, and advocacy to low-income, first-time pregnant women to foster healthier pregnancies, improve the health and development of children, and encourage self-sufficiency.

Objective 1: Provide comprehensive case management of first time, high-risk pregnant women and their newborns (up to age 2 years) following the Nurse-Family Partnership (NFP) guidelines and model elements.

ACHIEVED: Per NFP and Department of Public Welfare (DPW) Office of Child Development and Early Learning (OCDEL) contract reports.

Objective 2: Network with referral agencies to maintain communication and referrals.

ACHIEVED: Per NFP and DPW/OCDEL contract reports.

Objective 3: PHNs will maintain and/or increase level of knowledge in pregnancy, parenting issues, and infant and child development.

ACHIEVED: Per NFP and DPW/OCDEL contract reports.

Objective 4: Bill the Department of Public Welfare for NFP services provided to Medicaid recipients during the infant and toddler phases of the program.

ACHIEVED: Per DPW/OCDEL contract guidelines.

ENVIRONMENTAL HEALTH SERVICES

2014 PROGRAM PLAN

ENVIRONMENTAL HEALTH SERVICES

The mission of the Environmental Health Bureau is to efficiently and effectively protect the residents of Erie County from environmental threats and health hazards resulting from contaminated food, polluted drinking water, disease-spreading vectors, improperly treated sewage and contaminated public bathing places, and improper disposal of solid waste.

The Environmental staff assist in preparing ECDH to make application to the Public Health Accreditation Board (PHAB) to become an Accredited Public Health Department.

Programs and Objectives for 2014

Food Protection

The Food Protection program utilizes inspection, enforcement and education to protect the public who patronize public food facilities in Erie County.

Program Goal 1: Improve safe food handling practices through education of food handlers in public food facilities. To improve the cleanliness and promote safe food handling and storage through routine inspections.

Objective 1.1: To protect the health of the public by routinely inspecting all facilities that prepare and serve food to the public and meet the minimum program standards established by the Commonwealth for food service facilities.

Activities:

1. Renew the inter-agency agreement between the County and the Department of Agriculture concerning enforcement of the retail food provisions of 7 Pa. Code 46.
2. Inspect and license all 1,700 retail food facilities in Erie County by December 31, 2014, including new facility plan reviews and initiate timely enforcement actions where appropriate.
3. Inspect and license over 500 temporary food vendors that provide food and beverage at the various community events throughout the year.
4. Conduct food certification courses on a monthly basis so all facilities covered under the PA Retail Food Act will meet their regulatory responsibilities.

5. Attend training courses made available by the Department of Agriculture, budgetary constraints permitting.
6. Maintain a cooperative liaison with local food service trainers, associations and retail food merchants.

Evaluation Methods:

1. Annually review the list of retail food facilities and the date of last inspection.
2. Ensure that an adequate number of food safety courses are scheduled throughout the year to accommodate individuals required to attend.
3. Communicate regularly with PA Department of Agriculture, PA Department of Health, and the Northwestern PA Food Council to review programs.

Water Supplies

The Water Supply Program enforces the rules and regulations of the Pennsylvania Safe Drinking Water Act in Erie County.

Program Goal 1: To protect the health of the public by routinely inspecting all Transient Non-Community (TNC) public water supplies and meet the minimum program standards of the Commonwealth.

Objective 1.1: Assure that all TNC public water supplies in Erie County provide drinking water which meets Safe Drinking Water Standards established by the Commonwealth.

Activities:

1. Perform full inspections of the 100 TNC water systems at least once every five years as required by PA Department of Environmental Protection, but with a Department goal of full inspections every 3 years.
2. Implement any updates or revisions to the PA Safe Drinking Water Regulations, and provide training and education to TNC water system operators.
3. Respond to and follow up on all violations in a timely manner.
4. Review monthly, quarterly and annual bacteriological and chemical sampling reports submitted by each TNC public water system in Erie County. Update the DEP databases and maintain current information in those databases for Erie County facilities.
5. Immediately respond to maximum contaminant level violations and initiate timely, appropriate enforcement actions in cooperation with DEP.
6. Assess compliance with public notification requirements for monitoring and MCL violations.
7. Initiate enforcement actions for all violations
8. Attend periodic compliance meetings and DEP-sponsored training courses as time and budget restraints allow.

Evaluation Methods:

1. Annually review all Erie County Transient Non-community (TNC) Water Supplies and the date of last inspection.

2. Review monthly violation lists provided by the DEP database and ensure appropriate action is taken.

Public Schools

The School inspection program enforces the rules and regulations of the school regulations in Erie County. The Department established a Public School Inspection Ordinance in 2012.

Program Goal 1: To protect the health of school students and faculty from illness or injury and maintain minimum program standards mandated by the Commonwealth.

Objective 1.1: To inspect all public schools in Erie County, respond to complaints, and implement the Public School Inspection Ordinance.

Activities:

1. Inspect all 74 public schools by October 31, 2014 and initiate timely enforcement actions when appropriate.
2. Inspect 18 non-public school food service facilities and the 74 public school food service facilities twice each year as required by the National School Breakfast and Lunch Program.

Evaluation Methods:

1. All schools will be inspected between September 1 and October 31, 2014 and issued violation letters within 30 days of inspection, when necessary.
2. All school cafeterias are inspected twice per year:
3. One inspection will be between January 1 and March 1, 2014
4. One inspection will be between September 1 and November 1, 2014

Organized Camps & Campgrounds

The Recreational Environment program enforces the rules and regulations of the Organized Camps and Campground regulations in Erie County. The Department established the Organized Camp and Campground Ordinance in 2012.

Program Goal 1: To protect the health of the public using recreational facilities by inspecting organized camps and campgrounds and maintaining the required minimum sanitation program standards.

Objective 1.1: To inspect all organized camps and campgrounds, respond to consumer complaints, and implement the new Organized Camp and Campground Ordinance.

Activities:

1. Inspect all 33 organized camps and campgrounds in Erie County by August 31, 2014 and initiate timely enforcement of violations when necessary.
2. Review all applicable reports submitted by these facilities relating to drinking water quality, pool or bathing beach water quality, and waste water quality.
3. Respond to any user complaint in a timely manner.

Evaluation Methods:

1. All organized camps and campgrounds are inspected annually.
2. Ensure inspectors are tracking weekly pool and beach bacteriological sample results on Department log sheets.
3. Review monthly violation lists from DEP for drinking water to ensure proper enforcement action is taken.
4. Review monthly DMRs for facilities with NPDES permits to ensure proper enforcement action is taken.

Water Pollution Control

The Water Pollution Control program enforces the rules and regulations of the Clean Streams Law and the Pennsylvania Sewage Facilities Act in Erie County.

Program Goal 1: To protect the health of the public and the waters of the Commonwealth and meet the minimum program standards mandated by the Commonwealth.

Objective 1.1: To protect the health of the public, terrestrial and marine aquatic life and maintain minimum water quality program standards, routinely monitor permitted discharges through discharge monitoring report review, on-site inspections, respond to unpermitted spills and discharges and maintain surveillance on ground and surface waters and protect and improve water quality in Erie County.

Activities:

1. Conduct on-site inspections of 64 NPDES permitted discharges at a frequency of annually for all 6 major sewage discharges and on three year cycle for the other 58 permitted discharges in Erie County. In 2014, we will begin inspections of permitted stormwater discharges in Erie County.
2. Immediately respond to all spills requiring field investigations to minimize adverse environmental impact and require prompt, effective cleanup where necessary.
3. Ensure on-lot septic systems are permitted and installed according to regulations.
4. Implement the County's Small Flow Treatment Facility Oversight Program by inspecting the 392 Small Flow Sewage Treatment Facilities (SFTF) in the municipalities that have signed on to the Department's Oversight program.
5. Complete sections of planning modules requiring our review under Act 537.
6. Maintain an active role in the Presque Isle Bay Advisory Committee.

7. Review all discharge monitoring reports from facilities with NPDES permits and initiate timely enforcement actions for discharge limit violations.
8. Upon agency request, conduct cooperative investigations with the DEP of NPDES facilities for conformance with mandated effluent sampling, analysis and record keeping procedures.
9. Initiate enforcement actions for all violations.

Evaluation Methods:

1. Attend Presque Isle Bay Advisory Committee meetings.
2. Annually review all NPDES inspection frequency for STPs, IW, and SFTFs.
3. Prepare the annual report on septic applications and permits issued.

Bathing Places

The Bathing Place program enforces the rules and regulations of the Pennsylvania Department of Health in Erie County.

Program Goal 1: To protect the health of the public by ensuring bathers are not exposed to unhealthy conditions and maintain minimum program standards mandated by the Commonwealth.

Objective 1.1: To inspect all permitted bathing places and monitor weekly analysis results of water quality to protect the public. To perform water quality analysis for the nine beaches at Presque Isle State Park.

Activities:

1. Inspect all 154 permitted pools at least once a year for compliance with the public bathing regulations.
2. Respond to complaints in a timely manner.
3. Review all bacteriological reports submitted weekly by permittees.
4. Initiate prompt, effective enforcement measures for violation of existing laws, rules and regulations regarding pools and bathing places.
5. Continuously check laboratory procedures and analytical accuracy of DCNR staff assigned to the bathing beach sampling program throughout the bathing season.
6. Report bathing beach water quality to the EPA as required by the Beach Act of 2001.
7. Provide a website for the public to view real-time information on water quality at the permitted beaches in Erie County.
8. Work with local organizations to develop a predictive model for beach advisories and restrictions.
9. Monitor bathing beach water quality at Freeport Beach, Edinboro Lake beaches, Camp Fitch beach, and Presque Isle beaches.
10. Follow the protocol developed with Presque Isle State Park for sampling, monitoring, and public notification of beach conditions.

Evaluation Methods:

1. Annually review the pool list and date of last inspection to ensure frequent inspection.
2. Ensure inspectors are tracking weekly pool/beach bacteriological sample results and triennial electrical inspection expiration dates on Department log sheets.
3. Monitor the ECDH website to ensure current beach data is posted.
4. Annually train Presque Isle Beach interns on proper sampling methods and lab procedures that follow Standard Methods.
5. Meet frequently with Presque Isle State Park officials and Regional Science Consortium members.
6. Annually review and revise the Protocol for Sampling Beaches with Presque Isle State Park officials.

Solid Waste Management

The Solid Waste Management program enforces the Commonwealth Solid Waste Management and Erie County Nuisance regulations in Erie County.

Program Goal 1: To ensure proper disposal of municipal wastes and prevent illegal solid waste disposal.

Objective 1.1: Investigate instances of illegal waste disposal and cooperate with the DEP to attain compliance with the Solid Waste Management Act. Enforce the County's Nuisance regulations.

Activities:

1. Utilize the provisions of the Commonwealth Solid Waste Management Regulations (Act 97) and the Erie County Nuisance regulations to investigate and require abatement of municipal waste violations.
2. Cooperate with the Erie County Department of Health's Recycling Coordinator in identifying efforts for waste reduction and environmentally responsible ways of utilizing waste components.
3. Respond to nuisance complaints.

Evaluation Methods:

1. Ensure timely response to all complaints of solid waste violations.

Vector Control

The Vector Control program provides educational material on the control of rodent populations, conducts surveillance and control of mosquitoes and West Nile Virus, and provides identification of ticks brought into the Department by the public.

Program Goal 1: Conduct surveillance for West Nile Virus and control mosquito populations in public areas.

Objective 1.1: To control West Nile Virus in Erie County.

Activities:

1. Respond to complaints.
2. Daily surveillance for mosquito larvae and adults; submit to DEP for analysis.
3. Issue Press Releases to inform the public of activities.
4. Implement control measures for larvae and adult mosquitoes
5. Collect dead birds and submit throat swabs for analysis.

Evaluation Methods:

1. Produce annual reports to track positive birds, mosquitoes, horses and humans.
2. Meet with DEP officials frequently to evaluate the program.
3. Evaluate effectiveness of each control event by comparing mosquito counts before and after the events

Program Goal 2: Educate the public on Lyme Disease

Objective 2.1: To improve public health by identifying ticks that may carry Lyme Disease.

Activities:

1. Identify the tick species for individuals that find ticks on themselves, family members, or pets; and for medical centers that submit specimens.
2. Educate the public on ticks and Lyme Disease with brochures, by answering phone calls, at speaking engagements, health fairs, etc.

Evaluation Methods:

1. Produce annual reports that include the number of ticks submitted to ECDH, the type of tick, % of deer ticks, and locations.

Body Art

The Body Art program provides for the inspection and licensure of all tattoo and body piercing establishments in Erie County. The Department established Body Art regulations in late 2006.

Program Goal 1: To provide minimum standards for the operation of body art establishments. These standards include requirements of facility sanitation and proper operational procedures for controlling infection and disease.

Objective 1.1: To inspect all tattoo and body piercing establishments in 2014. To prevent the incidence of infection and disease in those individuals who patronize these facilities.

Activities:

1. Inspect all 19 body art establishments in Erie County annually.
2. Respond to complaints against approved facilities and illegal operations in a timely manner.
3. Inspect and license all temporary body art establishments.

Evaluation Methods:

1. Annually review list of all body art establishments to verify they were inspected annually.
2. Ensure all complaints are responded to in a timely manner.

Manufactured Home Parks

The Manufactured Home Park program provides for the inspection and licensure of all manufactured home parks in Erie County. The Department established a Manufactured Home Park Ordinance in 2010.

Program Goal 1: To protect the health of the public by routinely inspecting manufactured home parks.

Objective 1.1: To ensure that all manufactured home parks meet the minimum standards of Erie County's Manufactured Home Park Ordinance.

Activities:

1. Inspect all 89 manufactured home parks in Erie County in 2014.
2. If applicable, ensure manufactured home park is in compliance with water, sewage, nuisance, and pool regulations.

Evaluation Methods:

1. Annually review the list of all Erie County Manufactured Home Parks and the date of last inspection.

ENVIRONMENTAL HEALTH SERVICES

Performance Review 2013

Food Protection

Goal: Improve safe food handling practices through education of food handlers in public retail food facilities. To improve the cleanliness and promote safe food handling and storage through routine inspections.

Objective: To protect the health of the public by routinely inspecting all facilities that prepare and serve food to the public and meet the minimum program standards established by the Commonwealth for food service facilities.

PARTIALLY ACHIEVED: Conducted eleven monthly Food Employee Certification classes. Inspected 81% of permanent retail food service facilities and 100% of temporary facilities. The objective of 100% of permanent food service facilities not being inspected was partially due to staffing turnover.

Water Supplies

Goal: To protect the health of the public by routinely inspecting Transient Non-community (TNC) public water supplies and meet the minimum program standards by the Commonwealth.

Objective: Assure that all public water supplies in Erie County provide drinking water which meets Safe Drinking Water Standards established by the Commonwealth.

ACHIEVED: All TNC public water supplies in Erie County which had exceedances of drinking water standards were addressed and, where appropriate, public notification was made to consumers which prevented possible waterborne related illness. Full inspections of Transient Non-community Public Water Supplies must be conducted once every 5 years as required by the PA Department of Environmental Protection. 97 out 100 of the Transient Non-community Water Supplies have been inspected in the required 5 year inspection cycle only leaving 3 systems which are under construction and will receive full inspections once they come online in 2014. Of the 97 active TNC public water supplies, 20 have been

fully inspected in the last year which makes the Department goal of a 3 year inspection cycle behind schedule. The decrease in full inspections of TNC water supplies is due to staff turnover and the training of a new Transient Non-community Water Supply Inspector in 2013. Responded to complaints in a timely manner.

Public Schools

Goal: To protect the health of school students and faculty from illness or injury and maintain minimum program standards mandated by the Commonwealth.

Objective: To inspect all public schools in Erie County, respond to complaints, and implement the new Public School Inspection Ordinance.

ACHIEVED: All public schools were inspected in 2013, and all violation letters were issued within 30 days. All complaints were addressed in a timely manner.

Organized Camps & Campgrounds

Goal: To protect the health of the public using recreational facilities by inspecting organized camps and campgrounds and maintaining the required minimum sanitation program standards.

Objective: To inspect all organized camps and campgrounds, respond to consumer complaints and implement the new Organized Camp and Campground Ordinance.

ACHIEVED: All organized camps and campgrounds were inspected in 2013.

Water Pollution Control

Goal: To protect the health of the public and the waters of the Commonwealth and meet the minimum program standards mandated by the Commonwealth.

Objective: To protect the health of the public, terrestrial and marine aquatic life and maintain minimum water quality program standards, routinely monitor permitted discharges through discharge monitoring report review, on-site inspections, respond to unpermitted spills and discharges and maintain surveillance on ground and surface waters and protect and improve water quality in Erie County.

PARTIALLY ACHIEVED: 342 inspections of Small Flow Treatment Facilities (SFTF) were conducted in 2013 accounting for around 87% of the 392 SFTF permits issued in Erie County. The 50 SFTF permits that did not receive an inspection in 2013 consisted of properties that were documented as not having the SFTF constructed yet, permittees that receive inspections by a third party Annual Service Provider and new permits that were issued in 2013 after our inspection period. DEP informed our department at the end of 2013 that they need us to conduct inspections for all issued permits in Erie County no matter the status, so an administrative inspection will be conducted (in 2014) for the 50 facilities not inspected in 2013 after their status is verified. Inspections were also conducted of the Sewage Treatment Plants and Industrial Waste Discharges in Erie County. The 6 major permitted discharges were inspected in 2013 as required on an annual basis, and 37 of the remaining 58 permitted discharges were inspected in 2013 accounting for 64% of the facilities that must be inspected on a three year cycle. Responded to complaints and spills in a timely manner.

Bathing Places

Goal: To protect the health of the public by ensuring bathers are not exposed to unhealthy conditions and maintain minimum program standards mandated by the Commonwealth.

Objective: To inspect all permitted bathing places and monitor weekly analysis results of water quality to protect the public. To perform water quality analysis at the nine beaches at Presque Isle State Park.

ACHIEVED: 96% of all pools were inspected in 2013. Nine Presque Isle bathing beaches were monitored weekly in 2013 during the swim season. The Protocol for Sampling Beaches on Presque Isle State Park was reviewed and updated.

Solid Waste Management

Goal: To ensure proper disposal of municipal wastes and prevent illegal solid waste disposal.

Objective: Investigate instances of illegal waste disposal and cooperate with the DEP to attain compliance with the Solid Waste Management Act. Enforce the County's Nuisance regulations.

ACHIEVED: All nuisance complaints were responded to in a timely manner. A new Complaint tracking system was implemented.

Vector Control

Program Goal 1: Conduct surveillance for West Nile Virus and control mosquito populations in public areas.

Objective 1.1: To control West Nile Virus in Erie County.

ACHIEVED: West Nile Virus surveillance was conducted in 2013 and areas were treated, as necessary. All complaints were responded to in a timely manner.

Program Goal 2: Educate the public on Lyme Disease

Objective 2.1: To improve public health by identifying ticks that may carry Lyme Disease.

ACHIEVED: All ticks submitted to the Department were identified and those submitting specimens were informed of the results.

Body Art

Program Goal 1: To provide minimum standards for the operation of body art establishments. These standards include requirements of facility sanitation and proper operational procedures for controlling infection and disease.

Objective 1.1: To inspect all tattoo and body piercing establishments. To prevent the incidence of infection and disease in those individuals who patronize these facilities.

ACHIEVED: All 19 body art establishments were inspected in 2013 and all complaints were addressed in a timely manner.

Manufactured Home Parks

Program Goal 1: To protect the health of the public by routinely inspecting manufactured home parks.

Objective 1.1: To ensure that all manufactured home parks meet the minimum standards of Erie County's Manufactured Home Park Ordinance.

PARTIALLY ACHIEVED: 91% of the Manufactured Home Parks were inspected in 2013.

HEALTH EDUCATION DIVISION

2014 PROGRAM PLAN

HEALTH EDUCATION DIVISION

The Health Education Division is part of the Supportive Services for the Erie County Department of Health. The mission of the division is to improve the health and safety of Erie County residents through health education and health promotion. Efforts are guided by the Centers for Disease Control and Prevention, 2020 National Health Objectives, and local community health assessment statistics to plan programs that address our community's most pressing health concerns.

The Health Education Division is actively involved in coalitions, task forces, and committees at the local, regional and state level, providing leadership, working collaboratively, and staying on the cutting edge of best practices in health education and health promotion. This includes involvement in the United Way's Health Impact Council; School Health Councils; and Pennsylvania Advocates for Nutrition & Activity (PANA, KAZ & KHZ); local and regional tobacco coalitions; Erie County Drug & Alcohol Coalition; Safe Kids local, state and worldwide; the State Injury Prevention Committee; Child Death Review Committee, Weed and Seed Committee, the statewide smoking cessation workgroup; Erie County Cancer Coalition, and the American Heart Association's Childhood Obesity Task Force. The Health Education Division of the Erie County Department of Health provides leadership for Erie County's *Safe Communities* initiative. Erie County is now one of only fourteen communities in the U.S. to be designated a World Health Organization *Safe Community*.

Current projects of the Health Education Division focus on: Tobacco Use Prevention, Injury Prevention, Safe Kids Erie, Highway/Traffic Safety, and Chronic Disease Prevention.

The Manager and Secretary for the Health Education Division have also assumed primary responsibility for coordinating the Department's efforts to achieve Accreditation.

Programs and Objectives for 2014

Administration

Administrative staff manages and oversees the day-to-day operations of the Division, writes and manages grants to address priority health issues, prepares and manages budgets, and participates in broad-based community planning and collaboration. In, 2014, the number one priority for the Health Education Division Manager will continue to coordinate efforts at the Erie County Department of Health (ECDH) to become a nationally accredited public health department, and will focus efforts on improving and tracking department-wide performance.

Program Goal 1: Coordinate Accreditation activities related to achieving Accreditation in 2014.

Objective 1.1: Work with the ECDH Accreditation/Performance Management Team to answer questions and/or identify additional documentation requested by Site Visitors.

Activities:

1. Meet with Accreditation/Performance Management Team to brainstorm additional documentation.
2. Work with Department Director to assign responsibility for completion or submission of all documents requested by Site Reviewers to individuals on the Accreditation Team, along with a due date for submission.
3. Follow-up with Team members on their assignments to ensure timely submission (within 30 days of request from PHAB Site Visitors).
4. Store all finalized documents, descriptions, and narratives in Mind Manager, and upload into e-PHAB.
5. Work with QI Team Leader to set up QI training with Keystone Research Corporation

Evaluation Methods:

1. Written list of documents requested by Site Visitors, including person responsible and due dates.
2. Visual confirmation that 100% of the documents have been stored in the Mind Manager map (all boxes are pink) and in e-PHAB (all boxes are green).

Objective 1. 2: Complete final steps required to become accredited.

Activities:

1. Work with PHAB and ECDH Accreditation Team to schedule and prepare agenda for 2-day Site Visit.
2. Complete Site Visit.

Evaluation Methods:

1. Completed Site Visit Report
2. Notification of Accreditation

Objective 1.3: Communicate Accreditation status to stakeholders and community-at-large.

Activities:

1. Notify ECDH employees, Board of Health, County Administration, County Council, and Community Partners within one week of receiving notification from PHAB that Accreditation has been achieved.
2. Coordinate media event at ECDH to announce achievement of Accreditation
3. Schedule and coordinate 10-minute presentations about Accreditation to stakeholders listed in #1 above.

Evaluation Methods:

1. Number of e-mails to stakeholders
2. Written press release and agenda for media event
3. Written fact sheet/presentation outline(s) and e-mails confirming presentations.

Program Goal 2: Coordinate department-wide performance management activities with Accreditation/Performance Management Team and Quality Improvement Team.

Objective 2.1: Plan and conduct monthly meetings with Accreditation/Performance Management Team

Activities:

1. Prepare meeting agendas and minutes
2. Work with Department Director and QI Team Leader to assign QI responsibilities and deadlines for priority QI initiatives (based on feedback from PHAB Site Visitors)

3. Monitor progress related to QI initiatives that are based on PHAB Site Visitors' report.

Evaluation Methods:

1. Written meeting agendas and minutes
2. QI tracking sheets

Program Goal 3: Maintain a system for tracking and reporting on department-wide performance indicators; ensure that tracking and reporting are completed according to pre-established timetable.

Activities:

1. Conduct quarterly review of Performance Management System and performance indicators with Performance Management Team; report on outcome of quarterly review
2. Make recommendations for system changes and/or program changes based on review of performance indicators

Evaluation Methods:

1. Quarterly reports of Performance Management System and performance indicators

Program Goal 4: Integrate quality improvement into agency culture

Activities:

2. Work with the Department's workforce development coordinator to ensure ongoing quality improvement training for all department employees
3. Communicate quality improvement ideals, activities, and outcomes via email, postings, and/or internal newsletter

Evaluation Methods:

1. Number of employees completing QI training opportunities as reported in employee education tracking system
2. Number of times QI messages are conveyed to employees

Program Goal 5: Complete management tasks to ensure that all grants and special projects get implemented as intended.

Objective 5.1: Maintain and supervise staff complement for each grant program.

Activities:

1. Hire and train staff as vacancies occur or new opportunities arise.

2. Notify contract officers promptly of any changes in staff paid by contracts to ECDH.
3. Follow County procedures for posting and filling vacant positions.
4. Provide technical assistance and guidance to staff.

Evaluation Methods:

1. Documentation of notification to contract officers of staff changes.
2. Vacant positions filled in a timely fashion per County policy and procedures.

Objective 5.2: Manage grant funds in a manner acceptable to the County of Erie, as well as to the funder.

Activities:

1. Monitor grant budgets to ensure compliance with policies of funder as well as the County.
2. Revise grant budgets as needed to ensure completion of grant objectives, as well as complete and timely reimbursement to the County.

Evaluation Methods:

1. No negative findings related to Health Education Division grants by County Finance Department or single county audit.
2. Written approvals of budget revisions by funder.

Program Goal 6: Facilitate updating of ECDH website.

Objective 6.1: Review Health Education web pages monthly to ensure that information is current and accurately reflects the health information, programs and services of the Health Education Division.

Activities:

1. Prepare new content and formatting scheme as needed.
2. Work with Web Editor for changes to formatting and/or insertion of new content.
3. Monitor completion of changes.

Evaluation Methods:

1. Number and type of changes made.

Program Goal 7: Enhance personal knowledge and skills related to job responsibilities.

Objective 7.1: Participate in at least one conference, webcast, and/or self-study program.

Activities:

1. Research via the internet available national conferences, webcasts, and self-study programs.
2. Identify and enroll in at least one program
3. Report back to ECDH Director, managers and division staff regarding new information and how it will be applied.

Evaluation Methods:

1. Record of participation in at least one program.
2. Verbal report of new information.

Tobacco Control

Tobacco use is the number one preventable cause of death in the United States. According to the Centers for Disease Control and Prevention, over 443,000 people die prematurely from smoking or exposure to second-hand smoke and another 8.3 million people have serious illnesses due to smoking. Despite these alarming risks, over 43 million Americans continue to smoke.

There is clear and compelling evidence that the best way to reduce tobacco use and exposure to tobacco smoke pollution is through a comprehensive tobacco control program as described in the Centers for Disease Control and Prevention's *Best Practices for Comprehensive Tobacco Control Programs*.

The Erie County Department of Health (ECDH) serves as the primary contractor for the 13 counties of Northwestern Pennsylvania (NWP), administering tobacco settlement funds authorized under Act 77 of 2001. The NWP Tobacco Control Program subcontracts with community agencies, educational facilities, health care agencies, and law enforcement partners who work together to address the Pennsylvania Department of Health's four program goal areas for tobacco control (listed below). Program efforts are guided by the Centers for Disease Control and Prevention and 2020 National Health Objectives.

In the 2013-2014 fiscal year, the program experienced a significant reduction in funding. Given the definitive links between tobacco use and death and disease, the long term impact of significant funding reductions will be a decline in the overall health and well-being of our community.

Program Goals:

Prevent initiation of tobacco use among young people.

Promote quitting among young people and adults.

Reduce non-smokers' exposure to tobacco smoke pollution.

Identify and eliminate disparities related to tobacco use and its effects among different population groups.

Program Goal 1: Prevent initiation of tobacco use among young people.

Objective 1.1: Ensure that the illegal sale of tobacco to minors in NWP does not exceed 10%, as measured by Annual SYNAR Survey and random unannounced

FDA inspections. (Baseline: In 2013, the SYNAR rate for the NWPA region was 3.7%, and the sales rate during routine enforcement checks was 8.2%).

Activities:

1. Participate in all SYNAR trainings facilitated by PADOH.
2. Maintain contracts with FDA Commissioned Officers and youth to conduct enforcement checks throughout the year.
3. Monitor enforcement checks to assure tobacco retail outlets are checked in accordance with FDA Compliance Program, and available state funding.
4. Evaluation Methods:
5. Results of 2013 annual SYNAR Survey and FDA inspections.
6. Number of tobacco retail locations that receive violations in comparison to the number of tobacco retail locations inspected.

Objective 1.3: Ensure that 100% of FDA compliance checks are completed in the Northwest Region. (Baseline: In FY 2012-2013, 100% of FDA compliance checks were completed in the Northwest Region (1,279 out of 1,250 FDA compliance checks)

Activities:

1. Monitor the selection and assignment of FDA compliance check retail locations to FDA Commissioned Officers in the Northwest Region.
2. Ensure that NWPA FDA Commissioned Officers and youth receive training to conduct FDA compliance checks in accordance with the FDA.
3. Provide oversight and technical assistance to FDA Commissioned Officers to ensure that 100% of FDA routine compliance checks are completed in the Northwest Region.

Evaluation Methods:

1. Number of FDA routine compliance checks completed in the Northwest Region.

Program Goal 2: Promote quitting among young people and adults.

Objective 2.1: Increase the number of successful fax referrals in NWPA (fax referrals that result in an enrollment/completed intake) to the PA Free Quitline from 31 to 60 (Baseline: In 2013, there were 31 successful fax referrals that resulted in an enrollment or completed an intake to the PA Free Quitline)

Activities:

1. Promote awareness of the Fax to Quit initiative to healthcare providers and community organizations in NWPA.
2. Provide technical assistance with program implementation and skills related to screening and brief intervention, as appropriate.

Evaluation Methods:

1. Number of successful fax referrals in NWPA, as reported by the PA Department of Health.

Program Goal 3: Reduce non-smokers' exposure to tobacco smoke pollution.

Objective 3.1: Increase the number of worksites in NWPA receiving education/technical assistance related to Worksite Tobacco Policy from 12 to 15 (Baseline: In 2013, there were 12 worksites in NWPA that received education/technical assistance related to Worksite Tobacco Policy).

Activities:

1. Educate 100% of businesses with a CIAA exception about the benefits of voluntary adoption of an indoor tobacco free policy.
2. Encourage tobacco free policy adoption to businesses providing worksite cessation programs.
3. Provide technical assistance to worksites interested in strengthening or developing a tobacco free policy.

Evaluation Methods:

1. Number of NWPA businesses with a CIAA exception that receive information about adopting a tobacco free policy.
2. Number of businesses providing worksite cessation programs that receive information about adopting a tobacco free policy.

Objective 3.2 Increase the number of people newly protected by smoke free policies in multi-unit housing after working with regional program from approximately 0 to 200 (Baseline: New initiative, no data in 2013)

Activities:

1. Provide education to residents about the hazards of secondhand smoke and the benefits of tobacco policies.
2. Promote smoke-free multi-unit housing initiative through direct mailings, conferences, face-to-face meetings, and earned media.

3. Provide technical assistance to multi-unit housing providers interested in strengthening or developing a tobacco free policy.

Evaluation Methods:

1. Number of multi-unit housing providers that that receive information about adopting a tobacco free policy.
2. Number of multi-unit housing providers that adopt a tobacco free policy.

Program Goal 4: Identify and eliminate disparities related to tobacco use and its effects among different population groups.

Objective 4.1: Increase awareness of the Young Lungs at Play initiative in all 13 counties in NWPA (includes 8 rural counties). (Baseline: In 2013, awareness was increased in all 13 counties; 23 tobacco free policies were adopted with an additional 22 in progress).

Activities:

1. Promote the benefits of policy change to municipalities, school administrators, and other appropriate organizations in NWPA.
2. Provide technical assistance to those interested in policy change.

Evaluation Methods:

1. Number of contacts made in each county
2. Number of meetings attended in each county
3. Number of municipalities and school districts implementing the initiative.

Objective 4.2: Provide education about tobacco-related disparities to 100% of NWPA legislators. (Baseline: 25 legislators in NWPA)

Activities:

1. Create educational materials related to tobacco use disparities in NWPA.
2. Disseminate materials to legislators using appropriate communication methods.

Evaluation Methods:

1. Creation of educational materials.
2. Number of NWPA legislators receiving education.

Injury Prevention

The Erie County Injury Prevention Program will begin a new comprehensive, combined grant with SHC and VIPP merged for the first time in ECDH history.

Our primary focus will be on falls prevention, and we will continue with prescription drug poisoning (intentional and unintentional) and traffic safety, supported by our involvement with Safe Communities, Child Death Review and Safe Kids Erie coalition activities. We will no longer conduct suicide prevention as one of our focus areas through the VIPP grant, however, will stabilize the current Erie County Suicide Prevention Task Force, which will continue through the umbrella of Safe Communities Erie, and under the direct volunteer leadership of Dr. Mandy Fauble, Safe Harbor Behavioral Health, and Rita Wheeler, Executive Director, Mental Health Association of Erie.

Nationwide, prescription drugs now kill more people than motor vehicle accidents in the U.S.—a monumental shift that reflects gains in road safety amid a troubling rise in prescription drug abuse. Locally, *unintentional* poisoning was the leading cause of injury death in Erie County during the five-year period 2004-2008, and the fourth leading cause of injury hospitalizations. An adult death review (2008-2011) revealed that more than 50% of overdose deaths in Erie County are related to multiple toxicity of opiates and drugs of concern, including prescription drugs.

Injury Prevention activities are made possible through a grant with the Pennsylvania Department of Health. We also partner with local agencies, and write grants for collaborating Safe Communities Erie, ECDH, safety partners and Safe Kids Erie board members to conduct injury prevention activities for the citizens in Erie County.

Program Goal 1: Maintain an evidence-based Prescription Drug Poisoning Prevention Program at the Erie County Department of Health, with input from key stakeholders.

Objective 1.1: Maintain a Prescription Drug Poisoning Task Force of the Safe Communities Erie Coalition to address the issues related to prescription drug poisoning, including intentional and unintentional drug poisoning.

Activities:

1. Conduct quarterly meetings, present, review and discuss data research, and issues related to prescription drug poisoning.
2. Work with task force to identify and support Med Return Units, annual take back events, and proper disposal methods.
3. Support PA State ICPG group in their strategic plan for a web-based statewide Prescription Drug monitoring program. (through 2017)
4. Maintain LECOM SOP intern sub-committee to work with LECOM interns to update and create abstracts, white papers and specific and detailed reports for Safe States Alliance and PA DOH on specific projects.

Evaluation Methods:

1. Record of individuals and organizations contacted, and number of meetings held.
2. Minutes and records of meeting attendance and task force activities.
3. List of task force members, and new sub-committee members.
4. Number of projects, articles, and projects.

Objective 1.2: Place and audit MED RETURN units in sixteen local police departments in efforts to reduce the medication available in Erie County for diversion and to reduce the amount of medication introduced into the environment through improper disposal.

Activities:

1. Schedule meetings with local PD to encourage participation in our task force, explaining DEA regulations, audits, protocols and chain of custody forms.
2. Advertise units through local media sources, including pharmacies, physician offices, local drug and alcohol facilities, social media networks, Cable TV, newspapers, television, and radio.
3. Empty and audit contents of each unit at least quarterly with assistance from ECDH and LECOM SOP interns. Report findings to appropriate entities.
4. Report number of social media posts and outside account profiles reached (ex Facebook, Twitter)
5. Track type and length of visual promotion (ex. Billboards, websites)

Evaluation Methods:

1. Number of controlled substances returned, totals per geographic area.
2. Number of increased med return units per PD and geographic area
3. Number of new safety partners on this topic (i.e. CVS)

Objective 1.3: Conduct survey of dispensers (pharmacists) to ascertain the nature of the problem, and to compare and contrast with prescriber survey results from past grant extent of the problem of prescription drug poisoning in Erie County.

Activities:

1. LECOM Preceptor and LECOM interns to create, administer, track and tabulate results for dispenser survey.
2. Work through established Sub-committee to review findings, interpret results from charts/graphs
3. LECOM pharmacy interns to compare, contrast input from surveys and chart results, and create written report for task force. Distribute to state and task force members, as well as media.
4. Utilize results to plan interventions with pharmacists, pharmacy organizations, LECOM SOP chair, and to plan for next grant cycle.

Evaluation Methods:

1. Number of completed surveys returned.
2. Written report of results.

Objective 1.4: Continue to perform Adult Death Review audits, and compare data from previous three-year period (2009-2011) to next three-year period (2012-2014).

Activities:

1. Use current ECDH IP internally developed data collection tools and our own IP written protocols for data collection; identify time period to be studied.
2. Working with Coroner, Millcreek Community Hospital and Saint Vincent Health Center Medical Records, ensure compliance with HIPAA and other applicable state and federal laws.
3. Collect data from coroner, hospitals, and other sources for each adult poisoning death for the identified time period.
4. Where possible, chart toxicology reports, manner and type of death

5. Using the data gathered, identify the type and sources of prescription drugs involved in local deaths; and share with PDPTF, PADOH, Safe States Alliance SIG group, NVDRS, National Safety Council and statewide ICPG group to guide local, statewide and national planning.

Evaluation Methods:

1. Written reports comparing the two three-year periods, including total numbers of deaths per three-year period of overdose by opiates and other prescription drugs.
2. Data collection records in excel sheets

Objective 1.5: Facilitate the use of “STAMP out misuse” curriculum and videos to prevent prescription drug misuse and drug interactions among older adults at JOY Senior Center, Millcreek Township, and other facilities as requested.

Activities:

1. Using downloadable curriculum, “Stamp out misuse and abuse of Prescription Drugs among seniors”, present train the trainer materials to staff of Erie Center on Health and Aging and Area Agency on Aging and JOY Senior Center staff.
2. Promote trainings through Senior Newsletter
3. Provide education classes at Senior centers as requested
4. Provide printed NIH materials and videos to senior centers to promote awareness about the program.

Evaluation Methods:

1. Number of agency staff trained.
2. Number of posters, handouts and videos distributed.
3. Number of participants attending classes

Program Goal 3: PA DOH traffic safety initiative allows continued direction for Safe Kids Erie to collaborate with community partners to provide car seat safety education.

Objective 3.1: Conduct a minimum of four (4) car seat checks for county residents, one of which is for inner city and multi- cultural clients who meet WIC income guidelines.

Activities:

1. Write grant to Walmart to purchase car seats for car seat checks.

2. Coordinate with Walmart managers for car seat pricing, training orders.
3. Refer car seat requests to TIPP, Women's Care Center and Erie Family Center when appropriate, and when emergency cases arise. (lack of resources)
4. Lead car seat checks, log into SKWW and obtain coverage for all car seat checks, set up awareness table, in concert with community partners

Evaluation Methods:

1. Conduct Safe Kids Worldwide required surveys to measure knowledge of car seat safety concepts.
2. Report on number of car seats checked and number of car seats installed.
3. Provide annual report to Safe Kids Worldwide and PA Safe Kids.

Program Goal 5: Patty Puline will continue to invite members, promote participation, chair, collaborate, train new members and conduct Erie County Child Death Review activities aimed at reducing preventable deaths by 10% in Erie County.

Objective 5.1: Coordinate, chair and conduct quarterly meetings for partners to review the deaths of every child in Erie County through members of Erie County Child Death Review Committee. No assistance for this project, so all tasks fall to the chair of the committee. Obtain secretarial help this year through team request.

Activities:

1. Provide CDR education, training, awareness, coalition building, needs assessment, and sub-committee meetings.
2. Create and maintain correspondence for all meetings, charts, files.
3. Chair quarterly meetings and sub- committee meetings
4. Revise data received from state death review, with non-name based lists to include pertinent, relative information on each child death.
5. Enter data into state and national database for Erie County deaths.
6. Act as local contact person for all pediatric deaths in Erie County, act as referral and core for all Erie County Child Death Review activities.
7. Provide for prevention strategies and team recommendations for action plans to prevent future deaths.
8. Work through sub-committees to effect change (Cribs for Kids campaign, drowning prevention team).

Evaluation Methods:

1. Review data for purposes of contrast, compare and analyze on as needed basis for violent deaths, drownings, SIDS, SUIDS and other types of premature deaths
2. Extricate data in individualized reports as needed for prevention activities
3. Create and compile data for annual report
4. Submit annual report to state and national CDR officers
5. Attend state and national meetings as required.

Program Goal 1: To increase falls-related injury prevention and risk reduction knowledge among Erie County residents ages 55 and older at JOY Senior Center, and other senior centers as requested.

Objective 1 Create Erie County Falls Prevention Senior Task Force of the Safe Communities Erie Coalition to address the issues related to falls and preventable injuries and death due to falls among senior citizens.

Activities:

1. Create Erie County Falls Prevention Senior Task Force.
2. Conduct quarterly meetings, present, review and discuss data research, and issues related to falls prevention among seniors.
3. Work with task force members to create strategic plan.
4. Offer education programs on falls at JOY Senior Center.
5. Provide vision screenings, home modifications to seniors through referral process conducted at educational sessions on these topics.
6. Provide for in home assessment with service and resource plan.
7. Provide balance exercise classes such as Tai Chi, to improve mobility, strength and balance among older adults.

Evaluation Methods:

1. Record of individuals and organizations contacted, and number of meetings held.
2. Minutes and records of meeting attendance and task force activities.
3. List of task force members, and new sub-committee members.
4. Number of projects, articles, and projects.

Highway Safety Program

The Northwest Regional Highway Safety Network (NWRHSN) is responsible for coordinating and implementing highway safety activities in District 1 (six counties) of Northwestern Pennsylvania. Funding comes from the Federal National Highway Traffic Safety Administration and through the Pennsylvania Department of Transportation, as a grant project of the Erie County Department of Health.

Over the past twenty eight years, Pennsylvania has seen a steady decrease in traffic fatalities. Community-based traffic safety programs have significantly impacted this positive trend. These traffic safety programs identify problem areas and provide eligible police departments with grants to increase law enforcement surveillance in their respective jurisdictions. The programs foster joint partnership, merge resources, formulate countermeasures most likely to succeed, and become the foundation to implement new initiatives in the community. In the course of developing these initiatives, the cooperation of law enforcement, magisterial district judges, businesses, school districts, local government, partnering organizations and families become more closely aligned.

The primary intervention strategy for the Highway Safety program continues to be research-based, targeted enforcement. Utilizing *Project Ignition*, *Countdown 2 Drive*, and *CelebrateMyDrive*, all evidence-based community education programs, we will continue to focus on prevention and early intervention. Youth and adult education, law enforcement and family relationships are targeted action items for this year.

The strategic focus areas for Highway Safety include, but are not limited to:

- Increasing seatbelt usage.
- Reducing impaired (DUI/drugs) driving.
- Reducing aggressive driving.
- Reducing distracted driving—primarily limiting the use of mobile electronic devices and the interference of other passengers.

Program Goal 1: Increase motor vehicle seat belt usage rates among drivers and passengers of all ages (teens to senior drivers).

Objective 1.1: Facilitate training, group education, injury awareness and law enforcement surveillance programs.

Activities:

1. Train law enforcement officers in the Buckle Up PA (BUPA) programs: Back Is Where It's At for elementary school students; 16 Minutes for age 16; and Survival 101. In turn, officers present programs for high school and college students and adults.
2. Schedule, coordinate, promote, and provide materials for presentations in schools conducted by law enforcement partners.
3. Partner with traffic safety agencies and present highway safety topics at special school and area events (Bike rodeos, pedal-cars, Safety Town).
4. Partner with Traffic Injury Prevention Program coordinator (TIPP) and support car seat inspection events. (Glove box project – information on safety)
5. Partner with Safety Press Officer to have safety events presented on TV, radio, newspaper, newsletters, twitter, and websites.
6. Create programs that are interactive with the individual and focus on the devastating consequences of bad decisions. For example, present the Distracted & Impaired Driver Simulator that has video game-like challenges, but delivers consequences after a “crash” that will highlight medical, legal, life, and financial losses.
7. Assist law enforcement during "*Click-It or Ticket*" campaigns (Signage, joint coordination, news media, hand-outs, etc.).
8. Partner with school Parent/Teacher/Student organizations, MADD, SADD, Lead and Seed etc.
9. Conduct Teen Driver Competition events to showcase high school age safe drivers and mobilize a community.

Evaluation Methods:

1. Number of law enforcement officers trained and number of students receiving the respective programs.
2. Number of special events and number of attendees, using pre- and post-surveys where possible.

3. Number of police citations and number of vehicles stopped during mobilizations.
4. Number of media events, estimated audience size, and demographics.
5. Number of crash fatalities reported by the annual PennDOT traffic and engineering study.

Program Goal 2: Reduce Drug-Sleep-DUI Impaired Driving.

Objective 2.1: Facilitate training, group education, injury awareness and law enforcement initiatives designed to reduce the inclination to drive when impaired by drugs, sleep or alcohol. Reach out to drivers of all ages.

Activities:

1. Coordinate training for law enforcement officers in the BUPA programs Survival 101, 16 Minutes and The Back Is Where It's At.
2. Schedule, coordinate, promote, and provide materials for presentations in schools conducted by law enforcement partners.
3. Partner with schools to present Mock Car Crashes, wrecked-pledge cars, college sponsored alcohol awareness programs (Applying DUI Simulators, and topical surveys).
4. Support police departments throughout Erie County and District 1 in ADEEP and Buckle-Up Check Points and scheduled DUI Task Force patrols.
5. Post highway safety slogan banners at indoor/outdoor events, such as county fairs, music concerts, Teen Driving Competitions, SIM demonstrations and other safety events.
6. Conduct Teen Driver Competition events to showcase high school age safe drivers, mobilize a community and educate students regarding laws, liabilities and decision consequences. Focus on individual winners (1-3) and school team winner (1).
7. Promote the PLCB Responsible Alcohol Management program (R.A.M.P.), conducted primarily around university environments.
8. Partner with Driver Education Teachers to promote BUPA programs in their classes and receive presentations using Fatal Vision Goggles and driving simulator.

Objective 2.2: To support programs designed to expand awareness of drug and alcohol problems.

Activities:

1. Participate in the Erie DUI Coalition Annual Conference for professional prevention, intervention, treatment and law enforcement agencies.
2. Conduct outreach programs to Magisterial District Judges to improve understanding of law enforcement strategies and better understanding of PENN DOT laws and intentions.
3. Follow up with trained officers to promote application of training.
4. Partner with related agencies and combine programs for greater coverage and diversity.

Evaluation Methods:

1. Number of law enforcement officers trained by in BUPA programs and number of students receiving the respective programs.
2. Pre- and post-surveys where appropriate to assess program benefits.
3. Number of police citations and number of vehicles stopped during DUI checks.
4. Number of media events and demographics.
5. Number of crash fatalities reported by the Penn DOT Traffic and Engineering study.
6. NHTSA Fatality Rates: Pennsylvania www-nrd.nhtsa.dot.gov.

Program Goal 3: Reduce Aggressive driving.

Objective 3.1: Facilitate injury awareness and enforcement initiatives designed to stop aggressive driving; and use education and awareness programs to trigger changes in driver attitudes and behaviors. Target demographic ages of 16-30 (inexperienced drivers, including high school and college students).

Activities:

1. Support police departments to implement Aggressive Driving Enforcement and Education Program (A.D.E.E.P.), including roving patrols and check points for up to four wave campaigns throughout Erie County and District 1.
2. Post highway safety slogan banners at indoor/outdoor events, such as county fairs, music concerts and safety events.

3. Conduct Teen Driver Competition events to showcase high school age safe drivers and provide contact opportunity with law enforcement officers and district judges.
4. Partner with Driver Education Teachers to educate about aggressive driving characteristics, behavior, and consequences in their classes. Conduct pre- and post- surveys and report results.
5. Evaluation Methods:
6. Number of students receiving the respective programs.
7. Pre- and post-surveys, where appropriate, to assess program benefits.
8. Number of police citations and number of vehicles stopped during aggressive driving checks.
9. Number of media events, estimated audience size, and demographics.
10. Number of crash fatalities reported by PennDOT traffic and engineering study.
11. NHTSA Fatality Rates: Pennsylvania www-nrd.nhtsa.dot.gov.
12. Number of students trained through Driver Education classes.

Program Goal 4: Reduce distracted driving.

Objective 4.1: Conduct injury awareness initiatives designed to stop the inclination for distracted driving. Targeted demographics include teens, young drivers and older drivers with cell phones.

Activities:

1. Use newspaper, PennDOT and Erie Health Department newsletters or website to spread awareness; write articles that persuade diminished use of mobile electronic devices when driving. Also, make clear the real costs associated with injury and fatal crashes (fiscal, physical and emotional).
2. Create distracted driver highway safety slogan banners to be displayed at indoor/outdoor events, such as county fairs, music concerts and school safety events.
3. Conduct Teen Driver Competition events to showcase high school age safe drivers and provide distracted driving education and other safety topics to share with their peers. Use law enforcement, magisterial judges, and insurance agents to influence the students.

4. Partner with Driver Education Teachers to promote discussion in their classes regarding distracted driving characteristics, behaviors, and consequences.

Evaluation Methods:

1. Number and type of events that banners are posted.
2. Number of driver education teachers contacted and surveys conducted.
3. Number of students receiving education.
4. Create appropriate pre- and post-surveys for programs and safety events.

Program Goal 5: Implement new early-driving program that encourages middle teenagers and their parents to mutually respect driving expectations.

Objective 5.1: Implement Countdown 2 Drive (C2D) in one Erie County school working with Safe Kids-Erie. Countdown 2 Drive is an evidence-based program made available by Safe Kids Worldwide, and includes a manual, which will be used to teach rules and cooperation between parents and 13 to 14 year old teenagers. This program teaches pre-drivers safety and responsibility BEFORE they apply for a license.

Activities:

1. Identify at least two middle schools in Erie County that will provide interest and support to reach proactive young teens and their parents to work together on driving issues and appropriate mutual discipline.
2. Identify two locations, i.e. car dealership or school or church, where meetings and computer activities may take place.
3. Work with Safe Kids coordinator to assemble a capable project support system, enlisting volunteers, behavioral specialists and others.
4. Conduct a rally that brings together parents and their teenagers and results in a teen/parent driving agreement.
5. Provide Pre- and Post-surveys to teenagers and parents to compare shifts in attitudes and commitment.

Evaluation Methods:

1. Number of qualified schools identified.
2. Number of locations secured for project meetings and/or rally.
3. Number of support people enlisted for the C2D project.

4. Number of agreements signed between parents and teenagers as result of the C2D program.
5. Number of Pre- and post-surveys completed.

Chronic Disease Prevention

Chronic diseases, including heart disease and stroke, cancer, CLRD (Chronic Lower Respiratory Diseases), and diabetes, are the leading causes of death in Erie County, claiming 5,092 lives between 2008-2010 (2012 Erie County Health Profile). This represents nearly 63% of all deaths during this period. Tobacco use, physical inactivity, and poor diet and resultant conditions (obesity, high blood pressure, hypercholesterolemia, etc.) are recognized as primary risk factors for these leading causes of death and disability. Because so many chronic diseases and conditions are directly linked to poor diet and physical inactivity, it is important to not only teach people how to “eat smart and move more”; but to create environments that support and promote healthy eating and physical fitness. To that end, the Erie County Department of Health has committed to promoting best practice healthy lifestyles interventions in the community, early childhood facilities, schools and worksites in order to build a healthier Erie.

Since older adults, those at the lowest end of the income scale, and racial/ethnic minorities experience the highest rates of chronic disease and death, special efforts and programs are being implemented to help close the gap on these disparities. This includes provision of health assessment services, nutrition counseling, and physical activity programs at senior centers and community locations serving inner-city and rural poor and implementation of programs at inner city schools, worksites and early childhood learning centers.

This comprehensive plan to address Chronic Diseases is made possible through partnerships between the Erie County Department of Health’s Safe & Healthy Communities Program, Pennsylvania Department of Health through Public Health and Human Service Block Grant funds, the Erie Center on Health and Aging, and numerous other local community organizations.

Program Goal 1: Promote best practice healthy lifestyles interventions (focusing on healthy eating and physical activity) in community settings, early childhood facilities, schools and worksites in order to build a healthier Erie.

Objective 1.1: Schools—(Safe & Healthy Communities) Safe Routes to School— Partner with the community and schools to advocate for and implement policies for

Safe Routes to School, in at least 2 schools located in census tracts determined to be high poverty and high disparate populations.

Activities:

1. Identify at least 2 schools located in qualifying census tracts and partner to implement the Safe Routes to School program at their schools or communities.

Evaluation Methods:

1. Schools identified and willing to partner.

Objective 1.2: Leadership & Capacity Building—(Safe & Healthy Communities)—Provide the leadership needed to help the Erie community organize for policy and environmental change related to obesity reduction.

Activities:

1. Maintain the Erie County Let's Move! Chronic Disease Prevention Task Force in cooperation with CHIP partners.
2. Identify at least one (1) Active Living by Design policy pertaining to active living and healthy eating, which a local coalition (e.g. Bike Erie, Erie Walks, Erie County Let's Move!) will encourage a local organization to adopt.
3. Finalize creation of Erie County Let's Move! Safe & Healthy Communities award.
4. Erie County Let's Move! shall formally recognize at least one (1) community organization for making Safe & Healthy Communities policy, systems or environmental changes.

Evaluation Methods:

1. Number of CHIP chronic disease prevention task force meetings.
2. Minutes from Erie County Let's Move chronic disease prevention task force.
3. Number of Active Living by Design policies identified; and number successfully implemented.
4. Erie County Let's Move! Safe & Healthy Communities award created.
5. Number of community organizations formally recognized with Erie County Let's Move! Safe & Healthy Communities Award.

Objective 1.3: Worksites (Safe & Healthy Communities)—Coordinate "Erie Walks!" a team exercise competition involving downtown worksites and community organizations.

Activities:

1. Manage a Face book fan page for Erie Walks!
2. Recruit up to 2 new businesses to participate in Erie Walks!

Evaluation Methods:

1. Number of participating employees.
2. Number of new businesses recruited to participate in Erie Walks!

Objective 1.4: Active Living by Design/Complete Streets (Safe & Healthy Communities) – Initiate Bicycle Erie with community bicycle advocates to create community-led change by working with local and national partners to build a culture of active living. CDC recommends infrastructure supporting bicycling and walking as a best practice strategy for Obesity Prevention. Work with community leaders to advocate for bicycle friendly infrastructure and Active Living principles at worksites and public venues to make bicycling and walking more viable options of transportation in Erie County.

Activities:

1. Approach four (4) public venues in the community and request implementation of bicycle friendly infrastructures (i.e. bike racks).
2. Educate at least four (4) worksites on at least one (1) Bike Erie policy model and encourage them to adopt these measures in their planning methods for infrastructure updates and improvements around their facilities.

Evaluation Methods:

1. Number of worksites identified as partners for Bicycle Friendly Business initiative.
2. Number of new bicycle racks implemented at public venues in the County of Erie.
3. Number of policy and/or environmental changes adopted, identified or implemented.

Objective 1.5: Access to Healthy Foods/Healthy Corner Store Initiative (Safe & Healthy Communities) – The Erie County Department of Health and local leaders will partner with existing food retailers (corner stores) for systems changes to offer healthier food and beverage choices in underserved areas of the City.

Activities:

1. Continue store assessments in designated census tracts and report results to Erie County Let's Move!/CHIP chronic disease prevention task force. Evaluate assessments and determine which stores are candidates for participation in the Healthy Corner Store program.
2. Develop or identify and utilize appropriate materials for encouragement of stores to sell healthy food items.

Evaluation Methods:

- 4- Number of store assessments completed in census tracts and results reported to Erie County Let's Move!/CHIP chronic disease prevention task force.
- 2- Results of assessment evaluations and stores identified as candidates for participation in Healthy Corner Store Program.
- 3- Types of materials developed and utilized for encouragement of store participation.

Objective 1.6: Continue to coordinate the Let's Move Outside (LMO)! Erie County Recreational Passport Project to collaborate with Bike Erie, and Erie Walks while promoting all 15 trails.

Activities:

1. Develop 2014 promotional materials and disseminate through community partners and community promotional activities.
2. Track Passport participation using LMO! Website.

Evaluation Methods:

1. Number of promotional materials disseminated.
2. Number of LMO! participants who registered on the LMO! Website.
3. Number of registrants who completed one or more trails.

Program Goal 2: Maintain and guide the Erie County Cancer Control Task Force.

Objective 2.1: Maintain the Erie County Cancer Control Task Force to develop strategies to reduce cancer morbidity and mortality rates in Erie County.

Activities:

1. Conduct a minimum of 6 meetings annually.
2. Develop long term strategies to address cancer rates in Erie County.

3. Partner with the NWPA Tobacco Control Program to conduct tobacco brief intervention training to medical offices throughout Erie County.

Evaluation:

1. Number of task force meetings conducted.
2. Minutes of task force meetings and activities.
3. Number of brief intervention trainings to healthcare providers.

HEALTH EDUCATION

Performance Review 2013

Administration

Administrative staff manages and oversees the day-to-day operations of the Division, writes and manages grants to address priority health issues, prepares and manages budgets, and participates in broad-based community planning and collaboration. In, 2013, the number one priority for the Health Education Division Manager will be to coordinate efforts at the Erie County Department of Health (ECDH) to become a nationally accredited public health department.

Program Goal 1: Coordinate Accreditation activities to ensure that ECDH is prepared to submit all required documentation to the Public Health Accreditation Board (PHAB), and host the PHAB site visit by the end of 2013.

Objective 1.1: Ensure that plans are written and reporting documents are prepared for key PHAB Standards and Measures (Strategic Plan; Community Health Improvement Plan; Workforce Development Plan; Performance Management System and Quality Improvement Plan; Communication Plan; Public Health Emergency Operations Plan).

PARTIALLY ACHIEVED: A written list of plans and reports required by PHAB, including person responsible and due dates, was maintained and updated at monthly Accreditation/Performance Management Team meetings. All written plans and reporting documents required by PHAB were completed and stored in Mind Manager by the end of the third quarter of 2013. The PHAB site visit will occur in 2014.

Objective 1.2: Work with the ECDH Accreditation Team to identify or create documentation for 100% of the Measures listed in the PHAB Standards and Measures.

ACHIEVED: A written list of Outstanding Standards and Measures, including person responsible and due dates, was maintained throughout 2013. The list was reviewed and updated during monthly meetings of the Accreditation/Performance Management Team. All required documentation (100%) was identified and stored in Mind Manager by mid-December, 2013.

Objective 1.3: Ensure that accreditation documentation not only meets the Standards, but is prepared for submission as instructed by PHAB (key sections highlighted; written descriptions that clearly identify document page numbers, etc.; written narratives that explains why particular documents were selected and how they meet the particular Standard and Measure for which they were chosen).

ACHIEVED: Completed documents for all PHAB measures are listed by Domain in the Mind Manager maps as well as in e-PHAB (PHAB's electronic data warehouse); descriptions and narratives (as needed) are also stored in both Mind Manager and e-PHAB.

Objective 1.3: Complete final steps required to become accredited.

PARTIALLY ACHIEVED: Documents were uploaded into e-PHAB and submitted by December 13, 2013. At the end of 2013, we received a list of 26 corrections needed following completeness review by PHAB staff. The corrections will be submitted in January 2014. We were advised by PHAB that the Site Visitors will be assigned at the end of January 2014, and will complete their document review during the first quarter of 2014, at which time the Site Visitors will submit their list of questions or document requests. We will then have 30 days to respond. It is anticipated that the Site Visit will be scheduled for the summer of 2014.

Program Goal 2: Complete management tasks to ensure that all grants and special projects get implemented as intended.

Objective 2.1: Maintain and supervise staff complement for each grant program.

ACHIEVED: Contract officers were notified via email of staff changes that occurred in Tobacco, Safe and Healthy Communities, and Injury Prevention programs. In Tobacco, funding cuts led to cut of 1.5 FTE; A health educator shared by SHC and IP transferred into a different position in the Health Department. These changes and vacancies occurred during the fourth quarter of 2013. Ordinances and job postings were completed in a timely fashion per County policy and procedures, so that the remaining positions could be filled early in 2014.

Objective 2.2: Manage grant funds in a manner acceptable to the County of Erie, as well as to the funder.

ACHIEVED: There were no negative findings related to Health Education Division grants by County Finance Department or single county audit. Budget revisions

were submitted in a timeline manner for all grants, and approved with only minor questions from funder.

Program Goal 3: Facilitate updating of ECDH website.

Objective 3.1: Review Health Education web pages monthly to ensure that information is current and accurately reflects the health information, programs and services of the Health Education Division.

ACHIEVED: Articles that appeared monthly in the Erie Times News were uploaded to the ECDH website on the main page. The Public Health News Section, which currently contains the Cancer Resource Guide, is updated with each revision. Web links were tested on a regular basis, with changes being made when necessary. A Prescription Drug Task Force page was created with a link to locations of our med return units. Tobacco contact links were changed when there was a change in staff. PCEN (Pennsylvania Cancer Education Network) page was taken down and a Cancer Task Force page was added. Teen driving competitions, DUI events, car seat checks, prescription drug take-back events, and Bike Coalition meetings were all added to the web calendar throughout the year. Approximately 25 changes/additions were made in 2013.

Program Goal 4: Enhance personal knowledge and skills related to job responsibilities.

Objective 4.1: Participate in at least one conference, webcast, and/or self-study program.

ACHIEVED: Attended Regional Health Equity Summit (6.5 hours), PHAB Applicant Training (12 hours), and Cultural Competency Training (3 hours). Information from each of these programs was shared at Department Head meetings and Health Education staff meetings.

Tobacco Control

Program Goal 1: Prevent initiation of tobacco use among young people.

Objective 1.1: Increase the capacity of at least 4 new NWPA schools to improve tobacco use policy and implement tobacco use prevention education in the classroom (Baseline: 7 NWPA schools received capacity training in 2012.)

NOT ACHIEVED: In 2013, several attempts were made to provide technical assistance to schools to improve tobacco use policy, however because many schools utilize PSBA tobacco use policies they did not choose to change their tobacco policy. PADOH removed this goal in the new grant which began in October 2013, with its own plan for PADOH and the DOE working together at a higher level.

Objective 1.2: Ensure that the illegal sale of tobacco to minors in NWPA does not exceed 10%, as measured by random unannounced inspections and enforcement inspections. (Baseline: In 2012, the NWPA region reported a 2.6% Synar sales rate and a 14.4% sales rate during routine enforcement checks).

ACHIEVED: The 2013 SYNAR rate for the NWPA region was 3.7%, and the sales rate during routine enforcement checks was 8.2% (56 out of 679 routine enforcement checks).

Objective 1.3: Ensure that 100% of FDA compliance checks are completed in the Northwest Region. (Baseline: 67% (904 out of 1350) of FDA compliance checks were completed in FY 2011-2012. 2013 PA DOH Objective = 912 routine FDA compliance checks)

ACHIEVED: In FY 2012-2013, 100% of FDA compliance checks were completed in the Northwest Region (1,279 out of 1,250 FDA compliance checks)

Program Goal 2: Promote quitting among young people and adults.

Objective 2.1: Increase the number of successful fax referrals in NWPA (fax referrals that result in an enrollment/completed intake) to the PA Free Quitline from 2 to 40 (Baseline: New initiative, 2 referrals between October and December 2012)

PARTIALLY ACHIEVED: In 2013, there were 31 successful fax referrals that resulted in an enrollment or completed an intake to the PA Free Quitline. Note: In October, there was a significant funding reduction which affected the success of and the time spent on this initiative.

Program Goal 3: Reduce non-smokers' exposure to tobacco smoke pollution.

Objective 3.1: Increase the number of worksites in NWPA receiving education/technical assistance related to Worksite Tobacco Policy from 1 to 30 (Baseline: New initiative, 1 worksite between October and December 2012).

PARTIALLY ACHIEVED: In 2013, there were 12 worksites in NWPA that received education/technical assistance related to Worksite Tobacco Policy. Note: In October, there was a significant funding reduction which affected the success of and the time spent on this initiative.

Program Goal 4: Identify and eliminate disparities related to tobacco use and its effects among different population groups.

Objective 4.1: Increase awareness of the Young Lungs at Play initiative in all 13 counties in NWPA (includes 8 rural counties). (Baseline: In 2012, awareness was increased in 9 counties, 5 of which are rural).

ACHIEVED: YLAP was promoted in all 13 counties in NWPA. Technical assistance was provided to those interested. In 2013, 23 tobacco free policies were adopted with an additional 22 in progress.

Objective 4.2: Provide education about tobacco-related disparities to 100% of NWPA legislators. (Baseline: 25 legislators in NWPA)

ACHIEVED: 100% of Legislators in NWPA were educated about tobacco-related disparities as it related to the Clean Indoor Air Act (CIAA)

Injury Prevention

Program Goal 1: Maintain an evidence-based Prescription Drug Poisoning Prevention (PDP) Program at the Erie County Department of Health, with input from key safety partners and stakeholders.

Objective 1.1: Maintain a Prescription Drug Poisoning Task Force of the Safe Communities Erie Coalition to address the issues related to prescription drug poisoning, including intentional and unintentional drug poisoning.

ACHIEVED: Continued PDP task force and increased increasing membership to 50 from local agencies. Conducted, presented, reviewed, and discussed with agencies during quarterly PDP Task Force meetings. Strategic plan includes continued MOU with LECOM and ECDH to provide a six week rotation for interns throughout the school year with, Task Force chair, Dr. Kim Burns as preceptor. The PDP Task Force team has expanded to include Coalition Pathways staff, and has launched a newly updated Facebook page. The Task Force addressed the issue of proper prescription drug disposal by installing additional med return units, operating under the jurisdiction of local police departments and guided by current DEA regulations. The previously approved joint ECDH—LECOM brochure on prescription drug abuse prevention has been updated and distributed to local physician's offices, pharmacies, hospitals, schools, agencies, and police departments.

Objective 1.2: Place and audit MED RETURN units in six local police departments in efforts to reduce the medication available in Erie County for diversion and to reduce the amount of medication introduced into the environment through improper disposal.

ACHIEVED: Marty Martz provided the funding for two of the new med return units through the PA Sea Grant. Heavily advertised the unit locations through local media sources, including newspapers, television, radio, and Facebook. Expanded the number of med return unit locations to 12. Emptied and audited the contents of each unit regularly through partnership with LECOM School of Pharmacy interns. Created reports with charts and graphs on total medications, muscle relaxers, antidepressants, non-controlled pain medication, and anti-psychotics; inventoried due to their high-risk of misuse, abuse, and role in county drug overdose deaths.

This effort has been proven to be successful by number of partners. Results shared through two submitted abstracts.

Objective 1.3: Conduct follow up survey of prescribers to compare and contrast prior year results with this year and to further determine the nature and extent of the problem of prescription drug poisoning in Erie County.

ACHIEVED: Surveys were sent out through partnership with Erie County Medical Society and LECOM School of Pharmacy to 306 local prescribers and has been evaluated and summarized with commentary and support from Coalition Pathways. Sub-committees used the surveys to review findings and interpret results in order to properly distribute the information. Follow up surveys were completed in June of 2013, and utilized to plan interventions with providers as well as plan for next grant cycle. LECOM Preceptor, Dr. Kim Burns, and LECOM interns assisted with survey charts.

Objective 1.4: Continue to perform Adult Death Review audits, and compare data from previous three-year period (2009-2011) to next three-year period (2012-2014).

ACHIEVED: Data collection tools and written protocols for data collection were created by LECOM to conduct the first ever Adult Death Reviews in Erie County. Worked with Saint Vincent Health Center medical records under compliance with HIPAA and other applicable state and federal laws to gather AOD records. Data was collected from the coroner and Saint Vincent for each adult poisoning death for the identified time period. The results unveiled that prescription-drug-related deaths now outnumber deaths from heroin and cocaine combined. In addition, the continuation of data collection revealed that a single repository accounting for adult deaths does not exist. For instance, Saint Vincent Health Center Medical Records included 12 deaths that were not found in coroner records and vice versa.

Objective 1.5: Facilitate the use of “Take Your Medicines Safely” curriculum and videos to prevent prescription drug misuse and drug interactions among older adults.

ACHIEVED: A total of 20 educational sessions for “Take Your Medications Safely” took place at various different senior centers. Each session provided more than 200 residents with information and pamphlets on how to store their medicine safely. Med Return posters were also left behind at each facility, and shared with

all local hospitals. “Stamp-Out Prescription Drug Misuse & Abuse” trainings were launched as an alternative curriculum to prevent prescription drug misuse and drug interactions among older adults. Presenters found the “Stamp-Out” presentation far more superior and engaging than “Take Your Medicine Safely.” All Task Force members are capable of presenting either of these curriculums to older adults. Dr. Kim Burns is in charge of this campaign.

Objective 1.6: Continue promotion of key messages and disseminate fact sheets and scripts for public service messages created by the Prescription Drug Abuse Task Force (PDATF).

ACHIEVED: Updated fact sheets were printed and posted for accessibility on the DOH website, Safe States and CDC. Multiple copies of fact sheets on proper storage and disposal of prescriptions and OTCs were distributed to the updated target locations. Further distribution to the general public included health care providers, pharmacists, workplaces and schools. The PDATF developed the “What’s in YOUR medicine cabinet?” brochure, and disseminated the brochure to pharmacies, physician offices, schools, and agencies across Erie County. Two videos that currently air on CATV and Millcreek were created with county executives, Erie Senior Attorneys, and pain clinics. Elaine Surma, PA Office of the Attorney General conducted professional trainings on drug abuse for the public, one at Edinboro University, one at Blasco Library, and several at high schools. In-school programs on drug abuse were also conducted for six elementary schools. TV and media coverage included Erie Daily Times, Erie Times News, 2 TV appearances, and 2 radio interviews.

Program Goal 2: Maintain an evidence-based Suicide Prevention Program, with input from current task force members.

Objective 2.1: Maintain a Suicide Prevention Task Force of the Safe Communities Erie County Coalition, for the purpose of coordinating suicide prevention efforts in Erie County; preventing duplication and fragmentation of services; identifying priority populations for suicide prevention efforts, and increasing the use of evidence-based approaches to suicide prevention.

ACHIEVED: Continued collaboration with core group of suicide prevention advocates. The suicide prevention task force has established 28 core members, and 20 peripheral participants including educators, law enforcement, agency

directors, etc. Task force met with County of Erie mental health staff, six times per quarter, to ascertain how to be effective and collaborative in our grant, and theirs, for suicide prevention in Erie County. The task force has continued to build through inclusion and Facebook; social networking to include parents of suicide victims, GLBTQ, and other high risk groups. New prevention brochures, pamphlets, and pop-up display banners were ordered and distributed. Local posters have been distributed to physicians, hospitals, and provider offices. A newly designed suicide prevention brochure was printed and shared with Senator Sean Wiley. The brochure was shared with the ICPG meeting in September, and is still available statewide.

Objective 2.2: Work with a minimum of three new school districts to implement a comprehensive suicide prevention program.

ACHIEVED: Staff and students have been trained at seven local agencies and four area schools on Yellow Ribbon Gatekeeper Training. Throughout 2013, Twenty-five school presentations to over 500 students took place in schools such as, Villa Maria, Cathedral Prep, and Harborcreek. In addition to students, staff members consisting of principals, guidance counselors, coaches, and teachers received the training. IU counselors, staff and principals were trained at Erie Day School. Pre and Post suicide prevention surveys were conducted at each training. Suicide prevention & intervention resource guides, printed materials and brochures, referrals and worksheets per curriculum were distributed to every school.

Objective 2.3: Work with a minimum of two inner-city youth-serving organizations this year to implement a comprehensive suicide prevention program.

ACHIEVED: Guidelines and curriculum materials were adapted using Yellow Ribbon. A was letter sent to all inner city agencies with materials and resources; permissions slips sent home to parents. Personal visits were made to local youth groups, forged alliances with suicide task force; outreach included GLBTQ. Trained staff, students, and parents through one-time suicide prevention workshop held at Blasco Memorial Library with MHMR and DA local county directors. Display projects included bulletin boards and pledge cards to prevent suicide. Seventeen local organizations reach, with 23 training sessions and 17 classroom sessions; in partnership with Lead & Seed.

Program Goal 3: Safe Kids Erie shall collaborate with community partners to provide car seat safety education.

Objective 3.1: Conduct a minimum of two (2) car seat checks for county residents, one of which is uniquely for clients who meet WIC income guidelines.

ACHIEVED: Grant was received for Wal-Mart (West Ridge Road) for car seat checks and to purchase car seats. Wal-Mart manager provided reduced car seat pricing, and managers worked with training receipts to expedite orders. Working with PA State Police, Traffic Injury Prevention Project, and Northwest Regional Highway System a total of six car seat checks were conducted; two of which were conducted for local minority and disparate populations. Over 246 car seats were checked, and 113 were installed with annual report to Safe Kids Worldwide and PA Safe Kids.

Program Goal 4: Safe Kids Erie shall collaborate with community partners to provide SIDS, suffocation and crib safety education for low-income families who meet WIC income guidelines and Cribs for Kids Erie Campaign guidelines.

Objective 4.1: Provide crib safety education and distribute Pack and Play cribs to low-income families through safety partners, Saint Vincent Health Center Nurse Family Partnership and Maternal and Child Health projects through the Erie County Dept. of Health.

ACHIEVED: Eighty cribs were provided through funding coordination with Children's Miracle Network, and promoted the SIDS Annual Conference. This project will now be headed by Saint Vincent Health Center as the lead agency for all local cribs for kids at Saint Vincent. Each hospital is now responsible for their own campaign.

Program Goal 5: Safe Kids Erie shall collaborate with community partners to conduct Child Death Review activities aimed at reducing preventable deaths by 10% in Erie County.

Objective 5.1: Coordinate, chair and conduct quarterly reviews for Erie County Child Death Review Committee.

ACHIEVED: We reviewed 43 child deaths in Erie County through a robust team of experts, with line lists from PA CDR, and volunteers collating local obituaries. Education, training, awareness, coalition building, and needs assessments were provided at sub-committee meetings. As the chair, I wrote emails, mailed letters,

entered data, chaired quarterly meetings, prepared reports, and attended annual meetings as required by CDR.

I coordinated and updated the line lists to include pertinent, relative information on each child death. Hospitals were contacted via snail mail or dedicated fax for records. Data was entered into state and national database for Erie County deaths. Prevention strategies and team recommendations were provided for action plans to prevent future deaths. Worked through sub-committees to effect change; including Cribs for Kids campaign and drowning prevention team. Data was reviewed for purposes of contrast, compare and analyze on as needed basis for suicide, crib deaths, and premature deaths. Annual report was submitted to state and national officials.

Highway Safety Program

The Northwest Regional Highway Safety Network (NWRHSN) is responsible for coordinating and implementing highway safety activities in District 1 (six counties) of Northwestern Pennsylvania. Funding comes from the Federal National Highway Traffic Safety Administration and through the Pennsylvania Department of Transportation, as a grant project of the Erie County Department of Health.

Over the past twenty-seven years, Pennsylvania has seen a steady decrease in traffic fatalities. Community-based traffic safety programs have significantly impacted this positive trend. These traffic safety programs identify problem areas and provide eligible police departments with grants to increase law enforcement surveillance in their respective jurisdictions. The programs foster joint partnership, merge resources, formulate countermeasures most likely to succeed, and become the foundation to implement new initiatives in the community. In the course of developing these initiatives, the cooperation of law enforcement, magisterial district judges, businesses, school districts, local government, partnering organizations and families become more closely aligned.

The primary intervention strategy for the Highway Safety program continues to be research-based, targeted enforcement. Utilizing *Project Ignition*, and *Countdown 2 Drive*, both evidence-based community education programs, we will continue to focus on prevention and early intervention. Youth education, social

mobilization, law enforcement and family responsibility are targeted methods for this year.

The strategic focus areas for Highway Safety include, but are not limited to:

Increasing seatbelt usage.

Reducing impaired (DUI/drugs) driving.

Reducing aggressive driving.

Reducing distracted driving—primarily limiting the use of mobile electronic devices.

Program Goal 1: Increase motor vehicle seat belt usage rates among drivers and passengers of all ages (teens to senior drivers).

Objective 1.1: Facilitate training, group education, awareness and enforcement initiatives designed to increase child car seat occupant protection.

ACHIEVED: To improve seat belt usage for all ages, awareness and enforcement initiatives were provided in various ways. To ensure consistent and improved protection for young children, the adults were advised of car seat integrity and design at car seat inspection stations; Young children learned the appropriate use of car seats, booster seats and shoulder/lap seat belts in the Buckle-Up PA program - The Back Is Where It's AT. Over 800 students at several elementary schools benefited from the experienced officers who presented both serious and fun facts about air bags, car seats, seatbelts and, particularly, the safest sitting location in the vehicle. Also, Click-It or Ticket seat belt, check point campaigns were set-up by law enforcement in several cities and small towns. NWRHS coordinated with TIPP in several events, including a disposal campaign to remove out-dated and damaged car seats from circulation. In one six hour period on a Saturday, over 70 car seats were collected and properly destroyed. The car seat collection message was in newspaper and radio media.

Objective 1.2: Facilitate training, group education, awareness and enforcement initiatives designed to increase seat belt usage rates of 12 to 16 year olds.

ACHIEVED: Several middle schools in District 1 were identified this year for the Buckle-Up program 16 Minutes. Law enforcement officers presented an aggressive driving and seat belt program to hundreds of students that were actively applying for their driving permits on a monthly basis. In addition, several police departments conducted seat belt usage surveys of students driving to and

from school. The school administrations used the results to learn about student seat belt usage behavior. Passive seat belt check points and active *Click-It or Ticket* enforcement mobilizations were conducted by law enforcement officers in all counties. To improve the student involvement at some schools, the Lead & Seed groups and SADD groups were encouraged to participate in seat belt surveys and distributing flyers.

Objective 1.3: Facilitate training, group education, awareness and enforcement initiatives designed to increase seat belt usage rates of 17 to 21 year old drivers.

ACHIEVED: Law enforcement officers trained in the Buckle-Up program, Survival 101, presented a no-nonsense program about vehicle crash characteristics. Over 1,000 middle and senior high school students were introduced to common crash factors that are preventable. Corry High School (Erie County) enacted a highway safety program that involved their entire community. The State Farm Insurance agency provided a national campaign program called “CelebrateMyDrive”, which celebrates the “rite of passage” and freedom that comes with earning one’s driver’s license. The school and local State Farm Insurance agency partnered to have a speaker talk about the loss of his son as a result of a DUI crash. Six hundred students and adults were attentive to the story. In over a week, other events included a crashed pledge-car (signed by children and adults), that was subsequently dismantled by the “Jaws of Life”. A heavy flat-bed truck was on site to demonstrate Share-the-Road. As students climbed into the truck cab, they could not see the cars four feet from the trailer due to blind zones. 300 people participated. A table-top Impaired and Distracted Driver Simulator, was seen by 680 students and 30 parents indoors and 100 students and adults outdoors under a tent. The driver table-top simulator has been demonstrated in driver education and health classes for over 1,500 students and adults, including a presentation to two State Representatives.

Teen Driving Competitions expand community involvement in young drivers. There were 75 student competitors and four communities involved this year.

A special highway safety event was conducted at Youngsville High School (Warren County) where 288 students drove the Distracted & Impaired Driver Simulator.

Objective 1.4: Facilitate training, group education, awareness and enforcement initiatives designed to increase seat belt usage rates of adults and senior drivers.

ACHIEVED: Passive seat belt check points and active *Click-It or Ticket* enforcement

mobilizations were conducted by law enforcement officers in all counties.

Highway Safety slogan banners, i.e “Seat belts Save Lives”, “Don’t Drive Impaired”, were posted at both indoor and outdoor events, which included highway safety events at colleges, primary and secondary schools, truck Share-the-Road demonstrations, car driver simulator events and county fair entrances and exits. The banners were potentially seen by well over 25,000 persons.

CTSP, G. Crankshaw, presented crashed pledge-cars at public events, including at the Erie Bayfront Convention Center, partnering with WQLN, for a K-12 back –to-school event, and a Corry High School “CelebrateMy Drive” community event, and at Youngsville High School, featuring the PA DUI Memorial DUI Victims trailer.. Approximately 300 children, teens, young and older adults and grandparents, signed and composed a message on the crashed cars.

Program Goal 2: Reduce Drug-Sleep-DUI Impaired Driving.

Objective 2.1: Facilitate training, group education, awareness and enforcement initiatives designed to reduce the inclination to drive when impaired by drugs, sleep or alcohol. Reach out to drivers of all ages.

ACHIEVED: Law enforcement check points were periodically set up by DUI Task Forces in each of the six District 1 counties. Resource Safety officers in schools and other trained officers presented programs, such as, “Survival 101”, that dealt with the serious consequences of impaired driving. College Alcohol Awareness Week, the Responsible Alcohol Management Program, Teen Driving Competition, highway safety banners, and business electronic marquees with safety messages, were other campaigns that potentially influenced more than 9,000 people in District 1 against impaired driving.

Objective 2.2: To support programs designed to expand awareness of drug and alcohol problems.

ACHIEVED: The Erie County Drug and Alcohol Coalition presented its fourth Conference at East High School. The workshops and presentations were geared for addiction counselors, licensed professional counselors, psychologists, social

workers, marriage & family therapists, teachers, nurses, case managers, DUI instructors and law enforcement. Drug and alcohol problems are most always included in highway safety programs to stress the bad decision of getting into a vehicle while impaired.

Program Goal 3: Reduce Aggressive driving.

Objective 3.1: Facilitate awareness and enforcement initiatives designed to stop the inclination for aggressive driving; use education and awareness messages to trigger changes in driver attitudes and behaviors. Target demographic ages of 16-30 (inexperienced drivers, including high school and college students).

ACHIEVED: In District 1, there are 13 police departments that participate in the ADEEP grant (Aggressive Driving Enforcement & Education Project). The departments are identified by selecting the jurisdictions with the highest risk for aggressive driving incidents and fatalities. PennDOT provides the maps with this information. In the six counties of district 1, the collective citations for this year were over 2,000. The Teen Driving Competition, available in Erie, Crawford and Venango-Forest counties, also, addressed aggressive driving (over 100 students and adults).

Program Goal 4: Reduce distracted driving.

Objective 4.1: Conduct awareness initiatives designed to stop the inclination for distracted driving. Targeted demographics include teens with cell phones, seniors and truckers asleep at the wheel.

ACHIEVED: Over 1,500 students in six counties of District 1 have received the experience of using our Distracted and Impaired Driver Simulator in high school class rooms, college student unions and conference centers. The cell phone and texting distraction is a serious problem for all ages.

Program Goal 5: Implement new early-driving program that encourages middle teenagers and their parents to mutually respect driving expectations.

Objective 5.1: Implement Countdown 2 Drive (C2D) in one Erie County school working with Safe Kids-Erie. Countdown 2 Drive is an evidence-based program made available by Safe Kids Worldwide, and includes a manual, which will be used to teach rules and cooperation between parents and 13 to 14 year old teenagers. This is the only national program to teach pre-drivers safety and responsibility BEFORE they apply for a license.

NOT ACHIEVED: The Countdown2Drive program, though very desirable for reaching young teenagers, prior to driving age, has proven to be difficult. It requires parents and teenagers of age 13-15 to join together at a location to construct an agreement that the teenager will behave appropriately in a vehicle at all times. Proper behavior at this age will lead to more strict behavior when they are of driving age. The effort will be continued.

Chronic Disease Prevention

Chronic diseases, including heart disease and stroke, cancer, CLRD (Chronic Lower Respiratory Diseases), and diabetes, are the leading causes of death in Erie County, claiming 5,092 lives between 2008-2010 (2012 Erie County Health Profile). This represents nearly 63% of all deaths during this period. Tobacco use, physical inactivity, and poor diet and resultant conditions (obesity, high blood pressure, hypercholesterolemia, etc.) are recognized as primary risk factors for these leading causes of death and disability. Because so many chronic diseases and conditions are directly linked to poor diet and physical inactivity, it is important to not only teach people how to “eat smart and move more”; but to create environments that support and promote healthy eating and physical fitness. To that end, the Erie County Department of Health has committed to promoting best practice healthy lifestyles interventions in the community, early childhood facilities, schools and worksites in order to build a healthier Erie.

Since older adults, those at the lowest end of the income scale, and racial/ethnic minorities experience the highest rates of chronic disease and death, special efforts and programs are being implemented to help close the gap on these disparities. This includes provision of health assessment services, nutrition counseling, and physical activity programs at senior centers and community locations serving inner-city and rural poor and implementation of programs at inner city schools, worksites and early childhood learning centers.

This comprehensive plan to address Chronic Diseases is made possible through partnerships between the Erie County Department of Health’s Safe & Healthy Communities Program, Pennsylvania Department of Health through Public Health and Human Service Block Grant funds, the Erie Center on Health and Aging, and numerous other local community organizations.

Program Goal 1: Promote best practice healthy lifestyles interventions (focusing on healthy eating and physical activity) in community settings, early childhood facilities, schools and worksites in order to build a healthier Erie.

Objective 1.1: Communities (Erie Center on Health & Aging)—Provide programs, services and activities that promote good nutrition, increased physical activity, and weight management at a minimum of 13 locations throughout Erie County, reaching a minimum of 1,560 adults.

ACHIEVED: The total number of persons reached in 2013 was 4,824. Of these, 992 received individualized nurse health coaching at 13 community locations through the Erie Center on Health & Aging (ECHA). Sessions addressed methods to improve nutrition, increase physical activity, and achieve a healthy weight. A total of 3,832 persons attended group fitness classes at 8 community locations. These included the “Breakfast Bunch” walking group, “Prime Time Fitness”, Cardio-Fit, and Tai’ Chi. In addition, ECHA provided over 5,600 nutritious meals to adults age 60 and over. These meals are used as a model of nutritious eating, which participants are encouraged to emulate at home.

Analysis of pre (January 2013) and post (December 2013) outcome measures on a sample of 50 program participants reveal that: 21 (42%) lost weight; 16 (32%) maintained weight; 37 (74%) decreased systolic blood pressure; 15 (30%) decreased both systolic and diastolic blood pressure; 11 (22%) reduced total cholesterol; 9 (18%) reduced blood sugar; 21 (42%) reported eating healthier; 12 (24%) reported an increase in physical activity.

Objective 1.2: Schools—(Safe & Healthy Communities) Safe Routes to School—Partner with the community and schools to advocate for and implement policies for Safe Routes to School, in at least 2 schools located in census tracts determined to be high poverty and high disparate populations.

ACHIEVED: Safe Routes to School in Erie County far exceeded its goals of implementing Safe Routes to School policies, systems and environmental change strategies in 10 of Erie’s Public Schools. The initial process consisted of requesting and implementing walkability audits from the PA Safe Routes to School Resource Center. Further steps included utilizing the results of these strategies to select improvement strategies. Collectively, every school walkability audit indicated the need for crosswalks. Safe & Healthy Communities grant dollars were

utilized to sub-contract with the City of Erie and Erie's Public Schools to make these improvements.

Objective 1.3: Leadership & Capacity Building/Healthy Food Policy Council Initiative (Safe & Healthy Communities)—Provide the leadership needed to help the Erie community organize for policy and environmental change related to obesity reduction.

ACHIEVED: The Healthy Food Policy Council agreed to move from monthly to quarterly meetings, and then to two working sub-committee groups. This step was taken after the group agreed it would ensure action toward improving issues the group identified. The two sub-committees are: Healthy Corner Store Project; and Community Garden Sub-committee. The County of Erie has once again signed on as a Let's Move County, and made changes in 2013 toward healthier vending policies. All vending machines on County property posted MyPlate signage; and the Erie County Department of Health beverage machine now offers water and 100% juice options, available to clients and employees. The CHIP committee supports the new formation of the Healthy Foods Policy Council; and is actively pursuing an increased focus on obesity prevention and nutrition strategies for community implementation.

Objective 1.4: Worksites (Safe & Healthy Communities)—Coordinate "Erie Walks!" a team exercise competition involving downtown worksites and community organizations.

ACHIEVED: The Erie Walks program celebrated its 6th Downtown Erie Walking competition. Coincidentally, 6 organizations competed for this year's Erie Walks trophy, with a total of 1 new business, and 382 participating employees. The program purchased an additional Erie Walks trophy, to expand outreach to community walking groups.

The team continues to utilize the Facebook page and website tools for program promotion and communication efforts.

Objective 1.5: Active Living by Design/Complete Streets (Safe & Healthy Communities) – Initiate Bicycle Erie with community bicycle advocates to create community-led change by working with local and national partners to build a culture of active living. CDC recommends infrastructure supporting bicycling and walking as a best practice strategy for Obesity Prevention. Work with community

leaders to advocate for bicycle friendly infrastructure and Active Living principles at worksites and public venues to make bicycling and walking more viable options of transportation in Erie County.

ACHIEVED: The Bike Erie organization found much success and was an invaluable partner in 2013. Bike Erie is seeking non-profit status to ensure solid sustainability. Bike Erie, ECDH, the Erie Downtown Partnership, and the Erie Art Museum collaborated to publicly encourage the support and installation of over 40 bicycle racks in the downtown Erie vicinity. Erie County Department of Health also installed an additional bicycle rack and applied for the League of American Bicyclists designation of Bicycle Friendly Business. The Tom Ridge Environmental Center and GE also applied for Bicycle Friendly Business certification.

Objective 1.6: Access to Healthy Foods/Healthy Corner Store Initiative (Safe & Healthy Communities) – The Erie County Department of Health and local leaders will partner with existing food retailers (corner stores) for systems changes to offer healthier food and beverage choices in underserved areas of the City.

ACHIEVED: The Erie County Department of Health and the Second Harvest Foodbank are working together to spearhead the Healthy Corner Store Program. ECDH enlisted the help of a Mercyhurst Public Health student to complete 10 Corner Store Assessments and 1 Owner Interview. Orsini's is interested in partnering on the initiative. SNAP and WIC materials are promoted and encouraged to all stores for utilization. Orsini's is interested in becoming a WIC provider. ECDH fostered a local partnership with the Erie County Assistance Office to secure SNAP materials for Corner Stores. Safe & Healthy Communities program materials such as brochures on various nutrition topics are given to potential healthy corner stores at the time of assessment.

Objective 1.7: Continue to coordinate the Let's Move Outside (LMO)! Erie County Recreational Passport Project to add 5 new (LMO)! trails and promote all 15 trails.

ACHIEVED: The Let's Move Outside Erie County Recreational Passport program had a successful second year of implementation. At least 15 meetings with townships occurred to finalize participation in the 2013 LMO! Recreational Passport Program. 1128 participants registered on the Let's Move Outside! Erie County Recreational Passport (LMO) website, 87 people walked all 15 trails and qualified for one of the grand prizes 5 trails added for the 2013 season: McKean,

Lowville, Albion, Greenfield Township and Lawrence Park 7,000 passports were distributed. Early Connections promoted the LMO! Passport Program to its network of Erie County Childcare Centers.

Program Goal 2: Maintain and guide the Erie County Cancer Control Task Force.

Objective 2.1: Maintain the Erie County Cancer Control Task Force to develop strategies to reduce cancer morbidity and mortality rates in Erie County.

ACHIEVED: The Erie County Cancer Control Taskforce conducted a minimum of 6 meetings; and developed a strategic plan to address cancer rates in Erie County for the 2013/2014 time period. The Cancer Control Taskforce partnered with the NWPA Tobacco Control Program to conduct tobacco brief intervention training to medical offices throughout Erie County, utilizing the Fax to Quit program. The CHIP also supports and promotes the Fax to Quit Strategy.