



ALLENTOWN
BUREAU OF HEALTH

2016 ACT 315/12 GRANT APPLICATION

and

PROGRAM PLANS



Ed Pawlowski, Mayor



Vicky Kistler, MEd
Director of Health
Bureau of Health
245 N. Sixth Street
Allentown, PA 18102
Office: 610-437-7708 Fax: 610-437-8799
vicky.kistler@allentownpa.gov

March 28, 2016

Sunny Podolak, Assistant Bureau Director
Bureau of Community Health Systems
Pennsylvania Department of Health
625 Forster Street
Room 628, Health & Welfare Building
Harrisburg, PA 17120

Dear Ms. Podolak:

In accordance with the requirement of Act 315 (Local Health Administration Law), please find attached an electronic copy of the Allentown Health Bureau's 2015 Grant Application and Program Plans. As detailed by the budget overview section of the document, in 2016 the Health Bureau anticipates an Act 315 grant of \$631,988.00 and an Act 12 grant of \$157,750.00, respectively.

Please contact my office (610) 437-7708 if any questions arise. As always, thank you for your interest and assistance.

Sincerely,

A handwritten signature in black ink that reads "Vicky Kistler".

Vicky Kistler, MEd
Director of Health

Enclosure

VK/tlf

Table of Contents

PART 1 Personnel Management

Board of Health	1
Administrative and Supervisory Personnel and Salary	2
Personnel Resource Summary	2
Organizational Chart	5

PART 2 Fiscal Management

Budget for 2016	6
Expenditures for 2015	7
2016 Estimated Budget by Unit/Revenue by Source	8
2015 Budget by Unit/Revenue by Source	9
Budget Summaries	10
Categorical Health Grants	11

PART 3 Program Plans

Introduction	12
2016 Administrative and Supportive Services Program Plans	13
2015 Administrative and Supportive Services Accomplishments	21
2016 Personal Health Services Program Plans	28
Chronic Disease Control	29
Communicable Disease	36
Maternal and Child Health	43
2015 Personal Health Services Section Accomplishments	
Chronic Disease Control	52
Communicable Disease	56
Maternal and Child Health	61
2016 Environmental Health Services Program Plans	69
Food Protection	71
Environmental Control	79
Institutional Sanitation and Safety	86
Injury and Violence Prevention	89

Public Health Emergency Preparedness	99
2015 Environmental Health Services Section Accomplishments	
Food Protection.....	107
Environmental Control.....	111
Institutional Sanitation and Safety	115
Injury and Violence Prevention.....	117
Public Health Emergency Preparedness.....	123
PART 4 Appendices	
Appendix A	
Cancer Incidence by Site	A-1
Cancer Mortality by Site	A-2
Appendix B	
Heart Disease Deaths	B-1
Appendix C	
Active TB and Latent TB Infection Cases.....	C-1
Active Cases of TB by Age.....	C-2
Active Cases of TB by Sex.....	C-3
Drug Resistant TB Cases.....	C-4
HIV Status of TB Cases	C-5
Active TB Cases by Race/Ethnicity	C-6
Active TB Cases by Ethnicity	C-7
Appendix D	
HIV Tests Performed/Number of Positives.....	D-1
Appendix E	
Lead Cases by Census Tract.....	E-1

Part I

Personnel Management

BOARD OF HEALTH

NAME	CATEGORY	TERM OF OFFICE
David Bausch	Retired Administrator	January 9, 2013 through January 8, 2018
Paul K. Gross, MD	Physician	January 1, 2015 through Jan 1, 2020
Stephen K. Katz, MD	Pediatrician	January 2, 2016 through January 2, 2021
Oscar A. Morffi, MD	Pediatrician	January 2, 2016 through January 2, 2021
Kevin A. Vrablik, MD	Occupational Medicine/ Medical Examiner/ Medical Review Officer	December 17, 2014 through January 1, 2019

ADMINISTRATIVE AND SUPERVISORY

PERSONNEL AND SALARY

<u>Name</u>	<u>Category</u>	<u>#FTE</u>	<u>Salary</u>
Vicky Kistler	Director	1	\$85,306
Marcelo Gareca	Medical Advisor	On Call	Gratis
Belle P. Marks	Associate Director for Personal Health	1	\$79,857
Jeffrey Stout	Associate Director for Environmental Health	1	\$82,420
Terry Fasano	Office Manager	1	\$50,960
	Clerk III	3.0	\$134,323

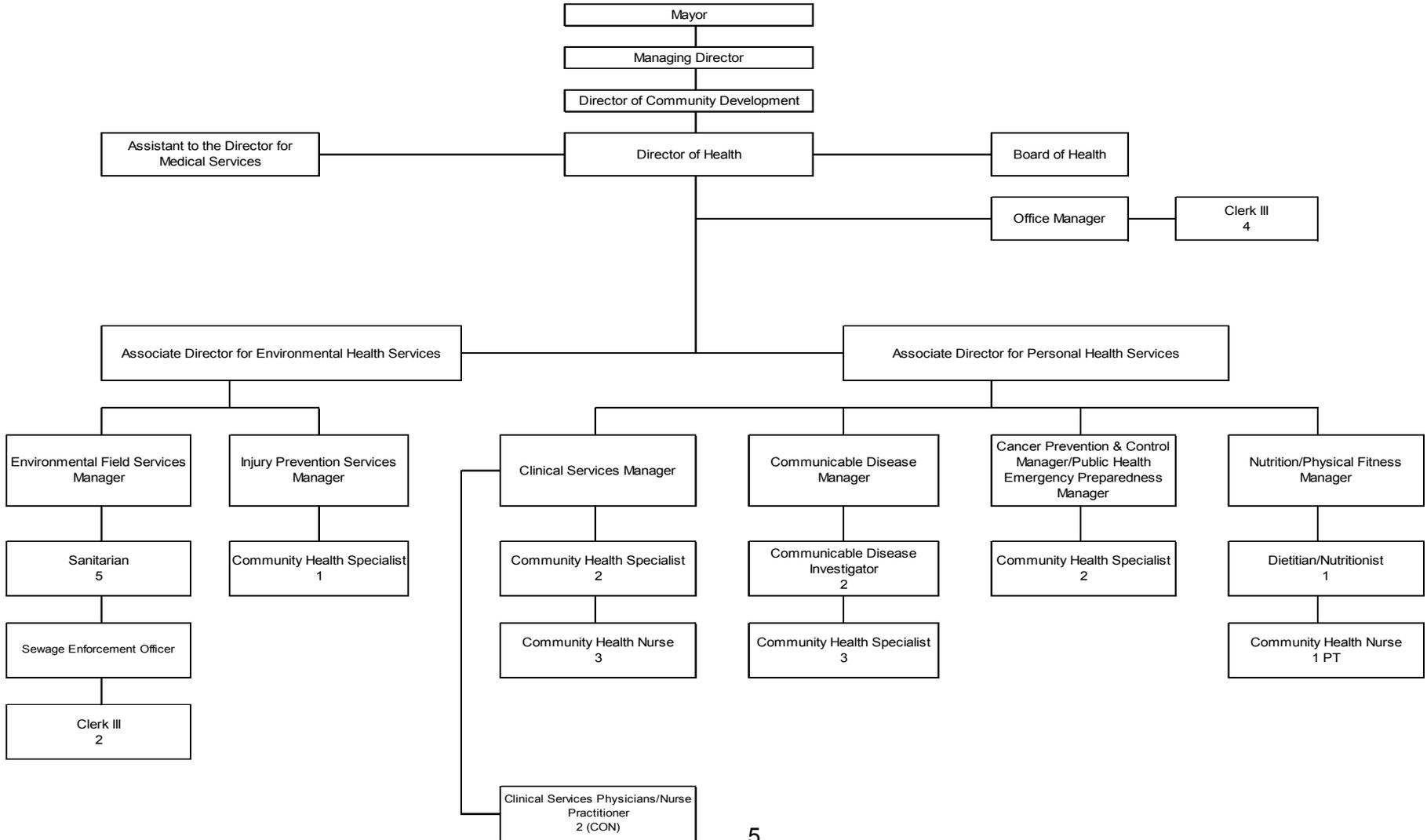
Personnel Resource Summary

<u>Functional Unit</u>	<u>Classification</u>	<u>#FTE</u>	<u>Salary</u>
<u>Personal Health Services</u>			
Nutrition & Physical Activity Program	Program Manager	1.0	\$68,380
	Dietician/Nutritionist	1.0	\$51,311
	Community Health Specialist	1.0	\$50,635
	Community Health Nurse (P.T.)	0.5	\$28,608

<u>Functional Unit</u>	<u>Classification</u>	<u>#FTE</u>	<u>Salary</u>
Cancer Prevention Program	Program Manager	1.0	\$66,898
	Community Health Specialist	1.0	\$50,635
	Clerk III	1.0	\$42,380
Communicable Disease	Communicable Disease Manager	1.0	\$58,916
	Communicable Disease Investigator	2.0	\$101,839
	Community Health Specialist	3.0	\$150,008
	Clerk III	0.5	\$22,926
Maternal Child Health/Lead Poisoning/Immunization	Clinical Services Manager	1.0	\$57,200
	Community Health Specialist	2.0	\$101,270
	Community Health Nurse	3.0	\$165,759
	Clerk III	1.0	\$45,085
<u>Environmental Health Services</u>			
Food Service Sanitation	Environmental Field Services Manager	0.4	\$26,520
	Sanitarian	2.0	\$114,297

<u>Functional Unit</u>	<u>Classification</u>	<u>#FTE</u>	<u>Salary</u>
(continued)			
Environmental Protection	Environmental Field Services Manager	0.4	\$26,520
Environmental Protection (continued)	Sanitarian	1.5	\$73,018
Institutional Sanitarian and Safety	Environmental Field Services Manager	0.2	\$13,260
	Sanitarian	1.5	\$73,018
Injury Prevention/Public Health Emergency Preparedness	Injury Prevention Services Manager	1.0	\$58,916
	Community Health Specialist	1.0	\$49,998
	Clerk III	0.5	\$19,695
	Totals	35.5	

**CITY OF ALLENTOWN
BUREAU OF HEALTH
ORGANIZATION OF PERSONNEL
2016**



Part 2

Fiscal Management

LOCAL HEALTH DEPARTMENT BUDGET & EXPENDITURE

2016 Budget_X_Expenditure__

Acts 315, 12, PA Code: Title 28, Chapter 15

ALLENTOWN/LEHIGH COUNTY

(1)	(2)	(3)	(4)	(5)	(6)
Program Description	Total Funds	Exclusions Grants, Etc.	Subsidy Base	Act 12 Funds	Act 315 Funds
Administration *	936,418	5,500	930,918		930,918
TOTAL Administration (Sec 15.12)	936,418	5,500	930,918		930,918
Child/Family Health	525,356	287,229	238,127		238,127
Communicable Disease	920,428	410,951	509,477		509,477
Chronic Disease Control	577,859	213,240	364,619		364,619
TOTAL Personal Health (Sec 15.13)	2,023,643	911,420	1,112,223		1,112,223
Injury Prevention	196,966	140,000	56,966	14,888	42,078
Food Protection	236,336		236,336	61,764	174,572
Environmental Protection	166,653		166,653	43,553	123,100
Institution Sanitation and Safety	139,307		139,307	36,407	102,900
TOTAL Environmental Health (Sec 15.14)	739,262	140,000	599,262	156,612	442,650
TOTAL: Administration	936,418	5,500	930,918		930,918
TOTAL: Personal Health	2,023,643	911,420	1,112,223		1,112,223
TOTAL: Environmental Health	739,262	140,000	599,262		442,650
SUM: Qualifying Health Program	3,699,323	1,056,920	2,642,403		2,485,791
SUM: Local Health Dept. Program	3,699,323	1,056,920	2,642,403		2,485,791
<u>Analysis by</u> Vicky Kistler	<u>Position</u> Director of Health	<u>Agency</u> Allentown Health Bureau	<u>Date</u> 3/4/16		

Notes:

* Includes administrative cost center allocations of \$301,515 (information systems, communications, fleet maintenance, et.al.) and equipment.

LOCAL HEALTH DEPARTMENT BUDGET & EXPENDITURE

2015 Budget_ Expenditure_X

Acts 315, 12, PA Code: Title 28, Chapter 15

ALLENTOWN/LEHIGH COUNTY

(1)	(2)	(3)	(4)	(5)	(6)
Program Description	Total Funds	Exclusions Grants, Etc.	Subsidy Base	Act 12 Funds	Act 315 Funds
Administration *	833,186	8,000	825,186		825,186
TOTAL Administration (Sec 15.12)	833,186	8,000	825,186		825,186
Child/Family Health	504,125	299,091	205,034		205,034
Communicable Disease	800,192	382,823	417,369		417,369
Chronic Disease Control	544,300	175,660	368,640		368,640
TOTAL Personal Health (Sec 15.13)	1,848,617	857,574	991,043		991,043
Injury Prevention	185,558	144,467	41,091	11,904	29,187
Food Protection	213,525		213,525	61,859	151,666
Environmental Protection	155,668		155,668	45,097	110,571
Institution Sanitation and Safety	130,311		130,311	37,751	92,560
TOTAL Environmental Health (Sec 15.14)	685,062	144,467	540,595	156,612	383,983
TOTAL: Administration	833,136	8,000	825,186	-	825,186
TOTAL: Personal Health	1,848,617	857,574	991,043	-	991,043
TOTAL: Environmental Health	685,062	144,467	540,595	156,612	383,983
SUM: Qualifying Health Program	3,366,865	1,010,041	2,356,824	156,612	2,200,212
SUM: Local Health Dept. Program	3,366,865	1,010,041	2,356,824	156,612	2,200,212
<u>Analysis by</u> Vicky Kistler	<u>Position</u> Director of Health	<u>Agency</u> Allentown Health Bureau	<u>Date</u> 3/4/16		

Notes:

* Includes administrative cost center allocations of \$271,135 (information systems, communications, fleet maintenance, et.al.) and equipment.

ALLENTOWN HEALTH BUREAU

BUDGET BY UNIT

2016

<u>BUDGET BY UNIT - FY 2016</u>	<u>BUDGET TOTAL</u>	<u>PERCENT</u>
Administration & Support Services	\$936,418	25%
Personal Health Services	\$2,023,643	55%
Environmental Health Services	\$739,262	20%
GRAND TOTAL	\$3,699,323	100%

ESTIMATED REVENUE BY SOURCE FOR YEAR 2016

Budget by Unit	Budget Total	Percent
Grants - Federal	\$906,682	24.5%
Grants - State	\$102,238	2.8%
State Reimbursement (Act 315)	\$631,988	17.1%
State Reimbursement (Act 12)	\$157,750	4.2%
Fees, Licenses and Services	\$351,050	9.5%
Local Allotment*	\$1,549,815	41.9%
Grand Total:	\$3,699,323	100.0%

*Includes General Fund, private grants, equipment costs, and Administrative cost allocations.

ALLENTOWN HEALTH BUREAU

BUDGET BY UNIT

2015

<u>BUDGET BY UNIT FY - 2015</u>	<u>BUDGET TOTAL</u>	<u>%</u>	<u>EXPENDITURE TOTAL</u>	<u>DIFFERENCE</u>
Administration & Support Services	\$894,126	25%	\$833,186	\$60,940
Personal Health Services	\$1,957,194	55%	\$1,848,617	\$108,577
Environmental Health Services	\$708,038	20%	\$685,062	\$22,976
GRAND TOTAL	\$3,559,358	100%	3,366,865	\$192,493

ACTUAL REVENUE BY SOURCE FOR YEAR 2015

Budget by Unit	Budget Total	%
Grants – Federal	\$923,453	27.4%
Grants - State	\$94,079	2.8%
State Reimbursement (Act 315)**	\$622,414	18.5%
State Reimbursement (Act 12)**	\$156,612	4.7%
Fees, Licenses and Services	\$344,776	10.2%
Local Allotment*	\$1,225,531	36.4%
Grand Total:	\$3,366,865	

*Includes General Fund, private grants, equipment costs, and Administrative cost allocations.

**CITY OF ALLENTOWN
BUREAU OF HEALTH**

2016 BUDGET
LOCAL - STATE - FEDERAL FUNDS

	Administration and Support	Personal Health	Environmental Health	Total
Personnel - Salary and Benefits	\$849,800	\$1,855,420	\$693,144	\$3,398,364
Operation	86,618	213,016	\$46,118	\$345,752
Equipment	-	-	-	-
GRAND TOTAL	\$936,418	2,068,436	\$739,262	\$3,744,116

2015 BUDGET
LOCAL - STATE - FEDERAL FUNDS

	Administration and Support	Personal Health	Environmental Health	Total
Personnel - Salary and Benefits	\$815,351	\$1,798,262	\$633,041	\$3,276,654
Operation	78,605	227,873	46,118	352,596
Equipment	-	27,500	-	27,500
GRAND TOTAL	\$893,956	\$2,053,635	\$709,159	\$3,656,750

**CITY OF ALLENTOWN
BUREAU OF HEALTH**

CATEGORICAL HEALTH GRANT CONTRACTS – 2016

CONTRACT	FEDERAL/ STATE	TERM OF CONTRACT	AMOUNT
Injury Prevention/Safe & Healthy Communities SAP #4100067119	100% Federal	July 1, 2014 – June 30, 2017	\$750,000.00
HIV/AIDS Education and Prevention #4100070510	53% Federal 47% State	Jan. 1, 2016 – June 30, 2017	\$281,292.00
Public Health Emergency Preparedness/MRC/Ebola #4100069761	100% Federal	July 1, 2015 – June 30, 2016	\$191,323.00
Immunization #4100070522	100% Federal	January 1, 2016 – December 31, 2016	\$162,450.00
Title V – Maternal Child Health #4100065680	100% Federal	July 1, 2014 – June 30, 2017	\$374,337.00
Community Development Block Grant	100% Federal	July 1, 2015 – June 30, 2016	\$5,500.00
Tuberculosis #4100065359	76% Federal 24% State	July 1, 2015 – June 30, 2016	\$37,164.72

Part 3

Program Plans

INTRODUCTION

The City of Allentown is the third largest city in Pennsylvania, and is a core city of the third largest urbanized area in the state. It is located 50 miles northwest of Philadelphia and 80 miles southwest of New York City. Allentown has similar challenges of other cities including poverty, education, health and social service needs.

Allentown has an area of approximately 17 square miles. The population of the City is 118,032. The demographic breakdown is: 58% White, 12.5% Black or African American, 0.8% American Indian and Alaska Native, 2.2% Asian, 26.5% Other; persons of Hispanic origin make up 42.8% of the population (source: U.S. Census Bureau, 2010 Census).

The Allentown Health Bureau (AHB) was established on January 1, 1980. The Health Bureau's mission is to prevent disease and injury and to protect and promote the public's health. The Health Bureau derives its authority to function as a local health department from Act 315, the Local Health Administration Law, and is comprised of Environmental Health and Personal Health sections which provide population-based public health services and prevention programs.

For the past decade, staff of the Allentown Health Bureau has engaged in long-term planning to address both organizational capacity and the priority public health problems of City residents. To assess the health status of Allentonians, causes of premature deaths (before age 65) have been analyzed for over 20 years. In addition to premature mortality, the bureau utilized input from key community informants to devise its list of priority public health concerns.

In 2016, the Allentown Health Bureau will continue to use local community health data, in conjunction with the Healthy People 2020 National Health Objectives, to determine the focus of AHB programming where financially feasible. Allentown Health Bureau programs address the enforcement of laws to protect the public's health, the prevention of chronic diseases, injuries, infectious diseases, and the promotion of healthy behaviors. Allentown Health Bureau will continue to explore the national public health department accreditation process.

ADMINISTRATION AND SUPPORT SERVICES

Overview

The Administration and Support Services Staff, primarily comprised of departmental management, provides executive oversight in the development and implementation of public health programs in the City of Allentown. This section assures that all Bureau services are delivered in accordance with current standards of public health practice and with the intent of accomplishing the Healthy People 2020 Objectives at the local level. This section also reviews appropriate federal, state, and local health legislation for the City Administration. Included in support services are the Community Health Education Program and Laboratory Services. In addition, the Administration and Support Services Section oversees the personnel and fiscal management of the Bureau.

Program Goal:

The goal of the Administration and Support Services Section is to assure that the **three core public health functions** are accomplished in the City of Allentown. These core functions are: **assessment** of the population's health status; **development** of the public policies to maintain and promote health; and **assurance** that the population has access to public health services. The administration and support staff is also responsible to make sure that the **Bureau's mission** is continually pursued: **to prevent disease and injuries and to protect and promote the public's health.**

The administration program assures that the **Ten Essential Public Health Services** are provided in the City of Allentown:

- Monitor health status to identify and solve community health problems.
- Diagnose and investigate health problems and health hazards in the community.
- Inform, educate, and empower people about public health issues.
- Mobilize community partnerships and actions to identify and solve health problems.
- Enforce laws and regulations that protect health and ensure safety.
- Link people to needed personal health and personal health-care workforce.
- Evaluate effectiveness, accessibility, and quality of personal and population based health services.
- Develop policies and plans that support individual and community health efforts.
- Research for new insights and innovative solutions to health problems.
- Assure a competent public health and personal health care workforce.

2016 Administration and Support Services Objectives

Objective 1

Evaluate the performance of Allentown Health Bureau staff during 2016 with reference to the core competencies for public health workers; these competencies represent a set of skills, knowledge, and attitudes necessary for the practice of public health as identified by the Council on Linkages between Academia and Public Health Practice.

Activities

1. Assess the level to which each core competency is needed to perform the various jobs in the Health Bureau when job descriptions are reviewed. Competencies are divided into eight domains: Analytic/ Assessment, Policy Development/Program Planning, Communication, Cultural Competency, Community Dimensions of Practice, Basic Public Health Science, Financial Planning and Management, and Leadership and Systems Thinking.
2. Develop and implement an annual training plan for each individual staff member based on needs identified during performance evaluations and training needs assessment. The training plan will address:
 - a) Skills, knowledge, and attitudes necessary for the competent performance of job duties;
 - b) Job category needs (clerical, professional staff, management, administration);
 - c) Time allocated to accomplish specified training (up to four hours per month).
3. Enhance training capacity to provide new staff with a better introduction to the concepts contained in the core public health competencies.
4. Complete targeted orientation and training guidance documents for each position in the Bureau to include timeframes, program specific activities and training resources.
5. Develop job specific performance measures for each staff person and review progress quarterly.
6. Continue to develop accurate job action sheets for public health emergency responses; these will be attached to each job description.

Objective 2

Continue to evaluate all Bureau programs and operations and assure that they meet or exceed local, state and national public health standards during 2016.

Activities

1. Revise personal health and environmental health procedures and protocols as needed to assure compliance with state and national standards of public health practices. Maintain evaluation measures to assure that the standards are consistently met.
2. Assess the degree to which the Allentown Health Bureau meets Local Public Health Department standards utilizing the definition of a functional local health department developed by The National Association of City and County Health Officials (NACCHO) and the metrics designed to measure performance.

Objective 3

Seek to maintain the percentage of the Health Bureau's operating budget that is generated from sources other than the City's General Fund during 2016.

Activities

1. Prepare and submit the 2016 Act 315/12 grant application by March 31, 2016.
2. Submit new and renewal grant applications to address public health concerns facing the City of Allentown with an emphasis on best practice models or demonstrated behavioral intervention programs.
3. Conduct an ongoing review of grant resource publications, including the Pennsylvania Bulletin www.pabulletin.com and Grants.gov www.grants.gov, to identify grant opportunities that would help the Bureau meet public health objectives.
4. Assess grant opportunities offered through the PA Department of Health (PADOH), National Association of City and County Health Officials, Centers for Disease Control and Prevention, and other sources that are congruent with Allentown Health Bureau goals and objectives.
5. Implement third party billing for Clinical Services through UPP Technology.
6. Develop partnerships with community agencies to avoid duplication of services and to reduce cost.

7. Collaborate with other City departments (Parks/Recreation, Planning, and DCED bureaus) to apply for grants that will provide a maximum benefit to the General Fund and will integrate public health goals into other areas of service.

Objective 4

Continue to enhance the Bureau's capacity to electronically communicate, analyze data and generate reports during 2016.

Activities

1. Continue to work with the City's Bureau of Information Systems and the Pennsylvania Department of Health's Network Connection to assure computers, software, and internet applications are functioning properly.
2. Expand database capabilities in the areas of Public Health Emergency Preparedness, Communicable Disease Control, Maternal and Child Health, Chronic Disease Control, Environmental Field Services, and Injury Prevention.
3. Assure that Health Bureau program staff, managers, and administration receive available information and communication technologies training as needed.
4. Assure that an updated inventory of Health Bureau audiovisual and computer equipment, including licensed software in conjunction with the City of Allentown's Information Technology Department is maintained.
5. Maintain and utilize communications systems capacities to send Public Health Alerts to Physicians, Emergency Rooms, Laboratories and other groups (e.g., child care providers) as needed; review and update recipient list quarterly.
6. Participate in the Pennsylvania Health Alert Network (PAHAN) through monitoring and posting alerts as needed.
7. Provide computer equipment and training for key staff to enable them to work from off-site locations, when necessary.
8. Maintain the capacity to work electronically from off-site locations.

Objective 5

Maintain a directory of local, state and federal agencies that support activities of the Allentown Health Bureau during 2016.

Activities

1. Update the referral directories used in both personal and environmental health programs to support program activities.
2. Update the Public Health Emergency Preparedness contact list on a periodic basis including community contacts such as local laboratory, hospital, media, PADOH and Emergency Management Agency numbers.

Objective 6

Prepare and maintain population and capabilities based initiatives required for AHB to achieve national certification and accreditation status.

Activities

1. Review and update the City's all-hazards public health emergency response plan to meet the standards reflected in the Project Public Health Ready (PPHR) recertification process.
2. Initiate the process for AHB to obtain Public Health Accreditation through the Public Health Accreditation Board (PHAB).
3. Develop a strategic plan that will continue to address public health priorities and health problems in the City of Allentown.

Objective 7

In conjunction with the City Administration, ensure that the financial health of the Health Bureau is maintained at a level that will enable the provision of mandated public health services to the community.

Activities

1. Complete the timely preparation and submission of monthly invoices to grantors, the accurate and timely billing of license fees to regulated facilities, and the appropriate 3rd party billing information to UPP Technology to ensure that the Health Bureau's various revenue streams are fulfilled to meet budgetary projections.
2. Monitor program performance and manage programs within budget constraints (e.g., continually monitor program expenditures) to identify the

need for budgetary transfers to address potential shortfalls resulting from unanticipated, unbudgeted expenses.

3. Utilize appropriate budget processes such as cost-effectiveness, cost-benefit, and cost-utility analysis (e.g., review and alter fee schedules as appropriate) to develop and present an annual budget to the City administration.
4. Negotiate and develop contracts, letters of agreement, and memoranda of understanding for the provision of population-based services by public health partners to the community.
5. Maintain an in-house financial record system of reports which can be reconciled on a monthly basis with the financial records maintained by the City's Finance Department in order to identify errors in the posting of receipts and enable the completion of an annual audit.

Program Evaluation:

Conduct a quarterly review of the 2016 program plans to assure that substantial progress is being made in accomplishing stated objectives. All public health program operations and budget requirements shall be met by December 31, 2016.

COMMUNITY HEALTH EDUCATION PROGRAM

Community Health Education is integrated into all personal and environmental health programs. Each program has specific health education objectives that relate to its target population(s) and enable individuals, families, and the community to play an active role in preventing and reducing diseases and injuries, while promoting healthy behaviors. During 2016, the AHB will continue to conduct general community health education activities, as well as targeted public health campaigns related to priority health problems in Allentown.

2016 Community Health Education Program Objective

Objective 8

Continue to implement health education activities, including public presentations, in all programs within the Health Bureau.

Activities

1. Design, implement and evaluate educational activities that enable individuals, groups, and the community to play an active role in improving, protecting, and maintaining health.
2. Schedule health education presentations on relevant public health issues with community organizations, professional groups, and the media.
3. Promote public health education campaigns related to identify priority initiatives via special media campaigns, educational sessions, and events.
4. Promote public health messages and programming through the use of the City's website and social media sites when feasible.

Program Evaluation:

At least one public health education event involving community groups and the media will occur each month during 2016.

2016 Laboratory Services Objective

Objective 9

Maintain an effective laboratory services system including proficient on-site laboratory testing during 2016.

Activities

1. Comply with the Clinical Laboratory Improvement Act and State guidelines to maintain necessary licensure by the Bureau of Laboratories, PADOH and the U.S. Department of Health and Human Services.
2. Routinely perform control testing and have equipment calibrated as necessary.
3. Perform satisfactorily on proficiency tests.
4. Monitor and record refrigeration temperatures to ensure vaccine quality.
5. Maintain an inventory of laboratory services available in the community to support public health programming.
6. Review and revise the Laboratory Procedure Manual as necessary.

8. Maintain laboratory equipment including vaccine refrigeration systems and the universal power source to assure vaccine integrity.

Program Evaluation:

Review policies to determine compliance with the Clinical Laboratory Improvement Act and Pennsylvania Bureau of Laboratories. Review proficiency test logs and quality assurance system quarterly during 2016.

**2015
Administrative
and
Support Services
Accomplishments**

ADMINISTRATIVE AND SUPPORT SERVICES

2015 PERFORMANCE REVIEW: ACCOMPLISHMENTS BY OBJECTIVE

The Allentown Health Bureau's 2015 Program Plans contained 71 specific and measurable public health objectives to improve the health of Allentonians. Of the 71 objectives in last year's plan 67 were completely achieved, and 4 were partially achieved.

Administration and Support Services Section

Objective 1 - Achieved

Evaluate the performance of Allentown Health Bureau staff during 2015 with reference to the core competencies for public health workers. The core competencies represent a set of skills, knowledge, and attitudes necessary for the practice of public health as identified by the Council on Linkages between Academia and Public Health Practice.

- Professional development plans for staff were maintained and training opportunities sought.
- AHB orientation and training documents updated and completed by new staff members.
- Implemented the functional roles, outlined in AHB's Emergency Plan, as part of our response to Influenza surveillance and community vaccination clinics.
- All staff completed assigned Public Health courses.

Objective 2 - Achieved

Continue to evaluate all Bureau programs and operations and assure that they meet or exceed state and national public health standards during 2015.

- Maintained a system of records management that is consistent with the State's municipal records management manual.
- Reviewed and revised, as necessary, the job descriptions of Health Bureau personnel.
- Reviewed and updated personal health policies and procedures.
- Conducted quarterly progress evaluations of each program's annual objectives and activities.

Objective 3 - Achieved

Seek to maintain the percentage of the AHB's operating budget that is generated from sources other than the City's General Fund during 2015.

- Bureau staff prepared and submitted the 2015 Act 315/12 grant application on March 30, 2015.

- Reviewed grant opportunities that were congruent with AHB goals and objectives.
- Revenue sources other than the General Fund represented approximately 64% of the Health Bureau's public health programs' total expenditures, including all internal service charges.
- Bureau staff prepared letters of intent, budgets, and/or grant applications in the following program areas:

Title V/MCH (1)
 Lead Grant – Pinnacle (1)
 Immunization – PA DOH (1)
 HIV/AIDS: L.C. D & A and PA DOH (2)
 Community Development Block Grant (CDBG) (1)
 Safe and Healthy Communities (1)
 Injury Prevention: (LC C&Y) (1)
 Public Health Emergency Preparedness: PA DOH (1)
 Medical Reserve Corps - NACCHO (1)

Objective 4 - Achieved

Continue to enhance the Bureau's capacity to electronically communicate, analyze data and generate reports during 2015.

- During 2015 the Bureau worked with the City's Bureau of Information Systems and the PADOH to assure that computers and software programs functioned properly.
- The National Electronic Data Surveillance System (NEDSS) was utilized for communicable disease, elevated blood lead levels, Tuberculosis, and HIV investigations.
- The City's EDEN accounting and ADMINS data collection systems continued to be utilized for financial records and environmental program data analysis, respectively. *PAFoodSafety* software was utilized in the food service program.
- Local broadcast e-mail systems were updated to communicate Public Health Alerts to medical providers and laboratories as needed.
- Maintained computer-based staff-training log with reporting capacity.
- Staff completed database training: NEDSS database – TB, and communicable disease data, Statewide Immunization Information System database (SIIS) – Immunization data, and, PA Food Safety – food service inspection data, HIV PEMS – HIV testing data, and SERVPA – volunteer registration data.
- Public health database (PA Food Safety, SIIS, PA NEDSS, PA Health Alert Network (PA HAN), GIS and ACCESS) concerns were addressed on a continual basis.

- Maintained links on City website to facilitate public access and download capacity for selected environmental health and injury prevention applications and guidelines.
- Updated links on the City's Webpage for to promote AHB Flu Clinics, Allentown Volunteer Medical Reserve Corps, a Prescription Drug Abuse prevention message, Healthy Kids Healthy Allentown initiative in conjunction with the City's web manager.
- AHB Administered the ScheduleME Online Registration System for the Lehigh Valley Health Network Drive-Thru Flu Clinics held in November. AHB entered the LVHN 2-day free flu clinics into the ScheduleME system which enabled individuals to use the online system to reserve an appointment time to receive a free flu vaccine at Dorney Park and Wild Water Kingdom on Saturday, November 7th or Coca-Cola-Park on Sunday, November 8th. The ScheduleME system enabled AHB to monitor the number of registrations, respond to problems and inquiries from individuals utilizing the system, and provide reports/update on the registration status Health Bureau administration and LVHN Infection Control.

Objective 5 – Achieved

Maintain a directory of local, state, and national resources which support Health Bureau programs and services during 2015.

- Each program maintained referral directories to support its program services.
- Various emergency contact lists, both internal and inter-agency, were updated on a regular basis.
- The Public Health Emergency Preparedness contact list is updated on a periodic basis.

Objective 6 – Partially Achieved

Prepare and maintain population and capabilities based initiatives required for AHB to achieve national certification and accreditation status.

- The City's all-hazards public health emergency response plan, to meet the standards reflected in the Project Public Health Ready (PPHR) recertification process, was reviewed and updated.
- AHB explored the process for obtaining Public Health Accreditation through the Public Health Accreditation Board (PHAB).
- AHB continued to research the development of a strategic plan to not only address public health priorities in the City of Allentown but also to serve a crosswalk between PPHR and PHAB was investigated.
- The Allentown Health Bureau continues to participate in local community health workgroups that were developed in response to the assessment that was conducted by the four Allentown Hospitals.

Community Health Education

Objective 7 – Achieved

Continue to implement health education activities in all programs within the Health Bureau.

- Health education activities for targeted population groups are reported in each program section.

Laboratory Services

Objective 8 – Achieved

Maintain an effective laboratory services system including proficient on-site laboratory testing during 2015.

- The Bureau's lab complied with CLIA and State guidelines and maintained its licensure by the Bureau of Laboratories, Pennsylvania Department of Health and the Department of Health and Human Services. (CLIA ID# 39D0692389)
- Routinely performed proficiency testing and calibrated equipment as necessary.
- Performed acceptably on American Proficiency Institute quarterly tests.
- Medical Advisor observed Allentown Health Bureau staff as they conducted proficiency testing to assure proper technique was utilized.
- Continued to track patients' laboratory tests by date collected, analyzed, and result received.
- The electronic monitoring and alarm system equipment for the vaccine refrigerator and freezer was maintained along with a daily vaccine temperature log. The DC Uninterrupted Power Source is operational and provides electricity in the event of AC power loss.
- Maintained an inventory of laboratory services available in the community to support public health programming. (See Chart 8.1)

CHART 8.1

BUREAU OF HEALTH

AVAILABLE LABORATORY SERVICES

Laboratory	Public	Private	Personal Health Services	Environmental Health Services	Laboratory Services
Allentown Health Bureau	X		X		Wet mounts, dipstick UA, pregnancy screening, and Rapid HIV tests.
Health Network Laboratory		X	X		Herpes cultures, Hepatitis A, Hepatitis B and Hepatitis C tests, HIV Viral Loads, QuantiFERON – TB Gold tests, Bilirubin Total, Alk Phos Total and AST (SGOT) tests, Cat Scans.
Sacred Heart Hospital Laboratory		X	X		Lipid profiles, glucose blood tests, Pap tests, QuantiFERON – TB Gold tests, Bilirubin Total, Alk Phos Total and AST (SGOT) tests.
Sacred Heart Hospital Radiology		X	X		Performs chest x-rays, Cat Scans, mammograms, breast ultrasounds.
St. Luke’s Health Network		X	X		Performs chest x-rays, Cat Scans, mammograms, breast ultrasounds, Pap tests, Bilirubin Total, Alk Phos Total and AST (SGOT) tests.
Lehigh County Penn State Agricultural Extension Office		X		X	Entomological identification
Lehigh Valley Health Network		X	X		Performs chest x-rays, mammograms, breast ultrasounds, Pap tests and Cat Scans.

CHART 8.1

BUREAU OF HEALTH

AVAILABLE LABORATORY SERVICES

Laboratory	Public	Private	Personal Health Services	Environmental Health Services	Laboratory Services
CDD Laboratory		X			Syphilis blood tests, HIV, and Chlamydia and Gonorrhea cultures.
PA Department of Agriculture Laboratory	X			X	Unknown contamination of food from retail operators, canned food chemical and microbiological analysis, examination of animal rabies specimens.
PA Department of Health, Bureau of Labs, Lionville, PA	X		X	X	Environmental lead samples: soil, dust, paint chips; bacterial, viral and parasitic analysis of human and food specimens; examination of animal rabies specimens, sputum samples for AFB smear and culture, Orasure, HIV Viral Load and Cd4 counts. Biological/Chemical analysis of BT agents via law enforcement chain of custody protocol.
US Food & Drug Administration, Philadelphia, PA	X			X	Physical, chemical and microbiological analysis of manufactured food products in interstate commerce.
Contract Laboratory	X			X	Stream and pollution incident samples for inorganic and organic chemical analysis; drinking water sampling; required bathing place coliform sampling.

**2016
Personal Health
Services
Program Plans**

PERSONAL HEALTH SERVICES SECTION

Overview

The Personal Health Services Section provides a range of services to protect and promote the personal health needs of the public. The overall goals of these programs are congruent with Healthy People 2020 National Health Promotion and Disease Prevention Objectives.

The Personal Health Services programs include:

1. Chronic Disease Division
 - Nutrition and Physical Activity Program
 - Cardiovascular Disease
 - Diabetes
 - Obesity
 - Cancer Prevention and Control Program
 - Cancer Education and Screening
2. Clinical Services Division
 - Communicable Disease Program
 - General Communicable Disease Control
 - Community Immunization
 - Animal Bite Epidemiology
 - Sexually Transmitted Disease Control
 - HIV/AIDS Program
 - Tuberculosis Program
 - Maternal and Child Health Program
 - Child and Adolescent Health Advocacy
 - Home Visitation
 - Immunization
 - Lead and Healthy Homes
 - Dental Health
 - Child Death Review

CHRONIC DISEASE CONTROL

Overview

Chronic diseases, such as heart disease, cancer, stroke and diabetes, are the leading causes of death and disability in the United States. According to the Centers for Disease Control and Prevention (CDC), chronic diseases are among the most prevalent, costly, and preventable of all health problems. While heart disease and cancer remain the top two causes of death and combined accounted for 46% of all deaths in 2014, the rates for heart disease and cancer deaths continue on a long-term decreasing trend¹. The actual underlying causes of these deaths are often risk factors that could have been prevented. A few modifiable risk behaviors, alone or in concert, bring inordinate suffering and early death to millions of Americans. Obesity and behaviors such as poor nutrition, physical inactivity, tobacco use and excessive alcohol consumption are major contributors to cardiovascular disease and cancer, our nation's leading killers. These behaviors also exacerbate the devastating complications of diabetes. (Source: Murphy SL, Kochanek KD, Xu JQ, Arias E. Mortality in the United States, 2014. NCHS data brief, no 229. Hyattsville, MD: National Center for Health Statistics. 2015.

The City of Allentown Bureau of Health continues to address heart disease and cancer as the top two causes of premature death in Allentown.

Chronic diseases are addressed in two components:

1. Nutrition and Physical Activity Program
 - Cardiovascular disease
 - Diabetes
 - Obesity

2. Cancer Prevention and Control Program
 - Cancer education and screening

Cardiovascular disease is the leading cause of death and disability in the nation. According to the CDC (2014), about 610,000 people die of heart disease in the United States every year—that's 1 in every 4 deaths. Several lifestyle factors can put people at a higher risk for developing heart disease. These include high blood pressure, high blood cholesterol, smoking, obesity, physical inactivity, and unidentified or poorly controlled diabetes. In addition to strategies and interventions to lower mean serum cholesterol, high blood pressure, physical inactivity, overweight, smoking, and uncontrolled diabetes, the Nutrition and Physical Activity Program collects and maintains demographic, medical history and dietary/lifestyle data on program

participants, as well as advocates for policy and environmental changes in the community.

Diabetes is the seventh leading cause of death in the United States. It affects 29 million people or 9.3% of the population of which (National Diabetes Statistics Report, 2014). 27.8% of people with diabetes are undiagnosed. In addition, an estimated 86 million (37%) of U.S. adults have prediabetes, a condition in which blood sugar levels are higher than normal, but not high enough to be considered diabetes (National Diabetes Statistics Report, 2014). Prediabetes raises a person's risk of type 2 diabetes, heart disease and stroke. Overall, the risk of death among people with diabetes is about twice that of people of similar age but without diabetes. Among school-aged children, diabetes is one of the most common diseases. In 2012, about 208,000 young people in the US under age 20 had diabetes. Both type 1 and type 2 diabetes are increasing in U.S. children and adolescents (National Diabetes Education Program, 2014). Diabetes-related complications include blindness, kidney disease and nerve disease. Lifestyle change has been proven effective in reducing the incidence of diabetes and risk of complications resulting from diabetes. The Nutrition and Physical Activity Program includes diabetes screening, nutrition and lifestyle counseling for adults and youth, as well as advocating for policy and environmental changes in the community.

Obesity rates doubled for adults and tripled for children between 1980 and 2008. As of 2012, more than one-third of US adults (over 78 million people) are obese (National Health and Nutrition Examination Survey (NHANES) 2011-12). Obesity among our nation's young people, aged 2 to 19 years, has not changed significantly since 2003-2004 and remains at about 17 percent. However, the prevalence of obesity among children aged 2 to 5 years decreased significantly from 13.9% in 2003-2004 to 8.4% in 2011-2012 (National Health and Nutrition Examination Survey (NHANES) 2011-2012). Obesity increases the risk of coronary heart disease, stroke, hypertension, type 2 diabetes, some cancers, liver and gallbladder disease, sleep apnea, osteoarthritis, infertility and mental health issues. Healthy lifestyle habits including healthy eating and physical activity can lower the risk of becoming obese and developing related diseases. The Nutrition and Physical Activity Program has formed strong partnerships with other city departments, the school district and the community to develop a plethora of robust program and policy initiatives and changes in our built environment which strongly support increased physical activity and good nutrition as lifestyle choices for our youth and families.

According to the CDC, **cancer** remains the second leading cause of death in the United States, accounting for approximately one of every four deaths. The nation is making progress toward major cancer-related Healthy People targets. Death rates for the four most common cancers (prostate, female breast, lung, and colorectal), as well as for all cancers combined, continues to decline². Recognizing the role of primary prevention, and advances in early detection and treatment in the reduction of incidence and mortality rates, the Chronic Disease Control Program coordinates strategies to address those cancers that are preventable and/or more successfully treated if detected early. The Cancer Prevention and Control Program, in conjunction with local hospitals and

agencies, focuses on the prevention and early detection of breast, cervical, colorectal, ovarian, prostate and skin cancers. Through the Allentown Health Bureau's collaborative partnership with Lehigh Valley Health Network, Sacred Heart Hospital and St. Luke's University Health Network, affordable and accessible cancer screenings are available to medically underserved individuals in our community. (²Source: *Cancer Trends Progress Report*, National Cancer Institute, NIH, DHHS, Bethesda, MD, March 2015, <http://progressreport.cancer.gov>.)

Recognizing that modifiable risk behaviors, particularly poor nutrition, physical inactivity and tobacco use, are major contributors to chronic diseases, it is necessary to promote healthy behavior choices through education, policy and environmental changes, and health promotion activities. The Chronic Disease Control programs collaborate with community partners to address these risk behaviors and reduce the burden of chronic diseases in our community.

Program Goals:

Decrease cardiovascular disease risk factors: high blood cholesterol, high blood pressure, tobacco use, obesity, physical inactivity, and diabetes.

Reduce the incidence of, and the complications from diabetes by increasing awareness of risk factors (obesity) and preventive lifestyle changes.

Reduce the incidence and mortality from those cancers that have been identified as preventable or more successfully treated if detected early. The focus includes cancers of the breast, cervix, colon/rectum, ovaries, prostate, skin, and cancers caused by tobacco use.

Decrease chronic diseases by integrating messages on these diseases' shared risk factors of poor nutrition, physical inactivity, and tobacco use into each intervention, as well as implementing policy and environmental changes that support safe and healthy communities.

2016 Chronic Disease Control Program Objectives

Objective 10

Provide screenings/assessments for individuals in the community to assure that all individuals regardless of insurance and socioeconomic status have access to heart disease, diabetes and cancer screenings according to national guidelines.

Activities

1. Heart Disease and Diabetes

- a. Conduct cholesterol, glucose and blood pressure screening for 100 program participants.
- b. Offer individual dietary/lifestyle counseling session(s) for participants with abnormal glucose and/or lipid levels.

2. Cancer

In conjunction with Lehigh Valley Health Network, Sacred Heart Hospital and St. Luke's University Health Network, provide cancer screenings and information on available services to uninsured / underinsured individuals.

- a. Provide free breast cancer screenings and/or breast diagnostic testing to uninsured/underinsured women 40 years of age and older and women under 40 years of age as recommended by a healthcare provider:
 1. a minimum of 300 free clinical breast examinations;
 2. a minimum of 600 free mammograms with radiology interpretation;
 3. a minimum of 250 free breast ultrasounds when the clinical and/or mammography findings recommend that an ultrasound be performed; and
 4. appointments at the surgical clinic and/or financial counselor, as needed, when the clinical and/or mammography findings recommend that a biopsy be performed.
 5. In addition, provide clinical breast examinations, mammograms and breast ultrasounds to uninsured/underinsured males on an as needed basis.
- b. Provide free gynecologic cancer screenings, including Pap test and pelvic examination, to 500 uninsured/underinsured women 21 years of age and older.
- c. Promote the free cancer screening events coordinated by local health care facilities and available to uninsured/underinsured individuals in our community.

Objective 11

Conduct community awareness initiatives and/or campaigns to reduce chronic disease incidence and mortality.

Activities

1. Collaborate with community partners to implement initiatives that coincide with state and nationally-recognized health awareness campaigns.

Objective 12

Educate the community on methods to reduce chronic disease risk factors (e.g., nutrition, physical activity and other lifestyle changes).

Activities

1. Conduct or participate in a minimum of 15 chronic disease risk reduction presentations/events.
2. Implement strategies to decrease the problem of overweight youth in the City of Allentown.
 - a. Offer weight loss counseling services to a minimum of 10 adolescents.
 - b. Conduct a month-long summer recreation program for approximately 150 center-city children.
 - c. Participate as active members of various committees/coalitions focused on youth (i.e. Allentown Community Garden Coalition, Healthy Kids Healthy Allentown, Lehigh Valley Breastfeeding Coalition, Community School Advisory Boards, etc.).

Objective 13

Implement policy, environment, and systems changes that support healthy eating and increased physical activity.

Activities

1. Promote pedestrian and bicycle safety through infrastructure changes, education, public outreach and policies. Continue to incorporate Safe Routes to School principles. (See Injury Prevention Objective 61 for related activities).
2. Increase access to fruits and vegetables in the community through community gardens, fruit and veggie mobile, farm share program, and other related initiatives.
3. Promote the Healthy Kids Healthy Allentown initiative to encourage and support youth-serving organizations to adopt policies assuring good nutrition and physical activity.
4. Support initiatives that foster physical activity in Allentown (i.e. LifeTrail and other walking paths, before and after school programs, etc.).
5. Continue participation with the Let's Move! Cities, Towns, and Counties initiative.

6. Support the Million Hearts initiative to reduce the burden of cardiovascular disease in Allentown.
7. Assess and assist Allentown worksites in complying with the federal lactation accommodation law.

Objective 14

Promote cancer prevention and screening messages to reduce cancer incidence and mortality.

Activities

1. Conduct individual education with all individuals enrolled in the mammography program to stress the importance of adopting healthy behaviors, and adhering to screening recommendations for cancer prevention and early detection.
2. Conduct breast, cervical, colorectal, ovarian, prostate, and skin cancer presentations upon request.
3. Collaborate with cancer control partners to plan and implement cancer prevention, early detection and awareness initiatives in the Lehigh Valley.

Objective 15

Monitor chronic disease morbidity and mortality.

Activities

1. Compile charts comparing national, state and local cancer and heart disease incidence and mortality statistics and review trends.

Objective 16

Maintain current certifications and licenses, and assure staff knowledge of current public health issues and practices.

Activities

1. Inform staff about relevant educational, training and professional development opportunities.

2. Assure that the training log reflects individual staff members' participation in certification programs, public health core competency training sessions, public health emergency preparedness trainings and drills.

Program Evaluation:

The Chronic Disease Control Programs will be evaluated through quarterly assessments of program activities. In addition, the Chronic Disease Control Programs will submit reports to the Pennsylvania Department of Health and other grant funders as required. All activities will be completed by December 31, 2016.

COMMUNICABLE DISEASE PROGRAM

Overview

The Communicable Disease Program consists of the primary prevention and epidemiologic investigation of communicable disease and reportable conditions. Primary prevention includes community immunization and targeted education efforts. Epidemiology defines the occurrence of the disease, its clinical manifestations and management, characteristics of the affected population, the mechanisms of transmission, the characteristics of the causative agent, and identifies exposed individuals so that measures may be taken to prevent spread.

The Communicable Disease Program has six components:

- General Communicable Disease Control
- Community Immunization
- Animal Bite Epidemiology
- Sexually Transmitted Disease Control
- HIV/AIDS Program
- Tuberculosis Control Program

The epidemiology of reportable conditions defines prevalence and incidence trends in the community. The analysis is used to assess at-risk populations and to target prevention, education, and treatment efforts.

The Communicable Disease investigation protocol is based on PA Code: Title 28 Chapter 27, Communicable/Noncommunicable Disease regulations, promulgated by the Commonwealth of Pennsylvania. The Pennsylvania Department of Health's Policy and Procedures Manual for the Identification, Investigation and Control of Reportable Diseases, the PA DOH Epidemiology Manual for the Identification, Investigation and Control of Infectious Diseases (2013), and the CDC's 2016 Nationally Notifiable Diseases and Conditions and Current Case Definitions are also used. Sexually Transmitted Disease prevention, investigation, and treatment activities are based on CDC's STD Treatment Guidelines (2015). Finally, Tuberculosis (TB) screening and treatment activities are conducted based on CDC's Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection *MMWR* 2000; 49 (No. RR-6), Treatment of Tuberculosis *MMWR* 2003; 52 (No. RR-11), and Updated Guidelines for Using Interferon Gamma Release Assays to Detect *Mycobacterium tuberculosis* Infection – United States - 2010 *MMWR* 2010; 59 (No. RR-5); 1-25.

Communicable disease investigations which meet CDC's case definitions are forwarded to the Division of Epidemiology/Pennsylvania Department of Health. The National Electronic Data Surveillance System (NEDSS) is used for local communicable disease data retrieval, transmission and analysis. Local Communicable Disease statistics are

routinely analyzed to determine trends. Allentown Communicable Disease Surveillance Reports are presented at monthly hospital infection control meetings.

The Allentown Health Bureau continues to address HIV/AIDS as a health priority in Allentown. The goal is to implement risk-reduction activities in order to reduce the incidence of HIV infection, and to thereby decrease the years of potential life lost (deaths before the age of 65) among Allentown residents due to HIV infection.

The HIV/AIDS Program focuses on 1) disease investigation and surveillance, 2) prevention education, 3) Counseling, Testing, and Referral services (CTR) and 4) Partner Services (PS). HIV education is provided to Allentown and Lehigh County residents through presentations and individual or small group risk reduction sessions. Groups targeted through evidence-based prevention education include: the general public, STD clients, men having sex with men (MSM), injection drug users, pregnant women, youth, minorities, and other clients. Confidential HIV counseling, testing, partner notification and referral services are offered in AHB Clinics, the community, and local colleges. AHB also conducts the Voices/Voces Safer Sex Intervention presentations at Lehigh County Drug and Alcohol facilities.

The Tuberculosis Control Program consists of disease surveillance, investigation and clinical diagnosis, treatment, and case-management of all reported active and latent Tuberculosis cases in the City of Allentown.

2016 Communicable Disease Program Objectives

Objective 17

All reports of communicable disease or reportable conditions in the City of Allentown will be epidemiologically investigated and appropriate control methods and interventions will be instituted in accordance with the Pennsylvania Department of Health's Policy and Procedures Manual for the Identification, Investigation and Control of Reportable Diseases (2008).

Activities

1. Conduct epidemiological interviews of individuals with communicable disease and institute appropriate control measures (approximately 1200 per year).
2. Review disease surveillance data, on a daily basis, to promptly identify communicable disease outbreaks, and/or surveillance system problems.
3. Determine the priority of case and outbreak investigations based on established protocols: PADOH Epidemiology manual for the identification, Investigation and Control of Infectious Diseases.

4. Analyze, interpret, and report communicable disease investigation activities to the PADOH Bureau of Epidemiology through PA NEDSS (National Electronic Data Surveillance System) daily.
5. Conduct quality assurance reviews to assure that investigations are completed in a timely, thorough manner.
6. Work in partnership with PADOH epidemiologists to develop, implement, and evaluate disease prevention/reduction interventions.
7. Perform active case finding and epidemiological investigation of contacts of a suspected or confirmed case of all communicable diseases.
8. Investigate suspected and confirmed cases of sexually transmitted disease using established protocols to include:
 - Treatment confirmation with client and/or medical provider for AHB STD Clinic clients, pregnant women, any patient age 21 or younger.
 - Conduct contact-tracing of high-risk partners.
9. Collaborate with community partners to reduce the rate transmission of HIV/AIDS through the implementation of prevention/intervention activities as outlined in the Healthy People 2020 Objectives.
 - Increase the proportion of people living with HIV who know their serostatus.
 - Increase the proportion of adolescents and adults who have been tested for HIV in the past 12 months with emphasis on men who have sex with men and pregnant women.
10. Continue to provide HIV counseling and testing for individuals at high risk of HIV infection (a minimum of 2100 per year).
11. Promote HIV Risk Reduction activities among partners, known to be HIV positive, using Partner Services guidelines.
12. Conduct Tuberculosis assessment, diagnosis, treatment, education, case management, and epidemiological services for clients referred to AHB's TB Clinic and TB Program.
 - Screen individuals at risk for TB to locate persons infected with TB and assure that they complete therapy; screening may also identify cases of active disease.

- Conduct contact investigations to identify persons who have active TB and infected persons at high risk for developing TB.
 - Identify and completely treat all persons who have Tuberculosis.
13. Collaborate with the local public health emergency preparedness efforts to provide education and administration of mass immunization programs as indicated.
 14. Continue to distribute information about communicable disease prevention services, reporting requirements, and disease information to the health care community.
 15. Continue to promote communicable disease services through health education activities.

Objective 18

Assure the prevention and containment of infectious and vaccine-preventable diseases in conjunction with health care professionals.

Activities

1. Provide communicable disease education sessions and act as a resource for health care professionals, human service agencies, school district nurses, and community organizations regarding:
 - Communicable disease transmission and related risk factors
 - Communicable disease detection and reporting requirements
 - National Electronic Data Surveillance System (NEDSS)
2. Continue to collaborate with local and regional partners to assess the incidence of Hepatitis C infection and the availability of care.
3. Increase the number of communicable diseases and reportable conditions reported to the Health Bureau through active surveillance by maintaining a close working relationship with area physicians, hospitals, laboratories and sentinel reporters.
4. Report disease trends and provide in-service briefings (as requested) for local hospital infection control committee meetings (42) at area hospital networks (4).
5. Reduce, eliminate or maintain elimination of cases of vaccine-preventable diseases as outlined in the Healthy People 2020 Immunization Guidelines.

Objective 19

Assure the prevention and containment of infectious and vaccine-preventable diseases through community education.

Activities

1. Provide communicable disease education for the general public and community groups related to:
 - communicable disease prevention, screening and treatment
 - risk factors that affect disease transmission
 - immunization guidelines
 - Communicable disease control topics e.g. STD prevention, HIV/AIDS, Tuberculosis, hand washing, and animal bite prevention.
2. Collaborate with Environmental Health staff to conduct ongoing health education sessions to prevent animal bites, to prevent food borne illness, and to promote hand washing in the City.
3. Collaborate with Allentown's Animal Control Officer and the City's SWEEP Enforcement Program to conduct animal bite investigations.
4. Conduct all partner services interviews for newly diagnosed HIV positive individuals to encourage risk reduction/disease prevention behavior.
5. Utilize media opportunities to promote communicable disease prevention education and increase awareness of AHB services.
6. Increase the proportion of sexually active persons who use condoms through the distribution of a minimum of 75,000 condoms per year (including instructional guidelines) to promote safer sex behaviors.
7. Develop and conduct educational presentations to address the prevention of emerging pathogens and infectious agents as the need arises.
8. Distribute PADOH supplied condoms and HIV testing forms to HIV contract agencies.

Objective 20

Provide communicable disease clinical services: sexually transmitted disease, tuberculosis, and adult immunization clinics. Incorporate health education into each clinic visit, home visit, and community outreach activity.

Activities

1. Provide screening, treatment and/or vaccination services for:
 - 1,800 Sexually Transmitted Disease clients
 - 500 Tuberculosis clients
 - 500 Adult Immunization clients
2. Provide a minimum of off-site HIV testing clinics, 50 HIV risk reduction educational programs, 1000 Safer Sex Intervention Programs, 25 disease prevention events, which include abstinence and/or safer sex promotion.
3. Offer HIV risk reduction education to promote and increase proper condom use among all sexually active individuals, including Lehigh County Drug and Alcohol clients.
4. Maintain rapid HIV testing competencies and utilize rapid HIV testing for high-risk groups and/or individuals who present for testing in unconventional venues such as home visits to contacts of positive HIV cases.

Objective 21

Enhance data management, in conjunction with the PA Department of Health, to better reflect disease surveillance, communicable disease investigation, and prevention activities.

Activities

1. Assure that computer equipment, software and networking capability meets the specifications required for electronic reporting and statistical analysis.
2. Utilize the PA NEDSS and Epi Center databases for communicable and reportable disease investigations.
3. Complete monthly Communicable Disease Surveillance reports.
4. Analyze selected communicable disease trends and modify prevention and outreach efforts based on the results.

Objective 22

Maintain staff knowledge of communicable disease epidemiology including procedures and resources, current public health issues and practices, and certifications and licensure.

Activities

1. Schedule relevant staff for training related to communicable disease prevention, communicable diseases tracking systems and programs for receiving public health alerts.
2. Assure that the training log reflects individual staff members' participation in certification programs, public health core competency training sessions, public health emergency preparedness training and drills (e.g. CPR/AED certifications, NIMS, conference CE credits, etc.).
3. Update the comprehensive infection control plan including routine screening guidelines, ongoing assessment of facility and staff risk, and TB mask fit testing for all Health Bureau employees.
4. Assure exposure control services for Allentown Health Bureau personnel.

Program Evaluation:

Evaluation will be accomplished through monthly and quarterly assessment of activities, quality assurance review of all patient care and laboratory results, and periodic patient/audience satisfaction surveys throughout 2016.

MATERNAL AND CHILD HEALTH PROGRAMS

Overview

The Healthy People 2020 Objectives' maternal, infant and child health goal is to improve the health and well-being of women, infants, children and communities. Services critical to health promotion and disease prevention include prenatal home visits and newborn home visitation, immunization, identification of special health care needs, referral, and health education. The Allentown Health Bureau continues to be the local Title V Agency for the Pennsylvania Department of Health, and receives funding for programming to monitor health needs of pregnant women, infants, children and adolescents in the City of Allentown. AHB Collaborates with Pinnacle Health Hospitals on the implementation of PADOH's Lead and Healthy Homes Program in the City of Allentown. In addition, the Allentown Health Bureau strives to improve the immunization rates of infants, adolescents and adults. The Maternal and Child Health Program strives to assure that all women, children, and families have access to health services in the community.

The City of Allentown Bureau of Health continues to address infant, child, and adolescent health as a priority. The PADOH Maternal and Child Health Services Block Grant Priorities 2015-2020, along with the Healthy People 2020 Objectives will guide our community efforts to enhance infant, child, and adolescent health among Allentown residents.

The Maternal and Child Health (MCH) Program includes:

- Child and Adolescent Health Advocacy and Home Visitation
- Title V Maternal and Child Health
- Immunization
- Lead and Healthy Homes
- Dental Health
- Child Death Review

The Child and Adolescent Health Advocacy and Home Visitation component provides home visitation, referral, education and support to parents, pregnant teens, and children from infancy to age 18. Health Needs Assessments provide opportunities to link families to health care and social services to promote positive outcomes. Prenatal Visits deliver vital health education, direction, and support to pregnant mothers and families. Newborns and new parents are provided essential health information and anticipatory guidance and advocacy during each Newborn Home Visit. The MCH Program continues to enforce the personal health provisions of the child care ordinance in Allentown's child care facilities through inspections and educational programming for child care center staff.

The Maternal Child Health and Special Health Care Needs portion of the MCH Program includes Newborn Screening Follow-Up.

The Immunization Program strives to improve the immunization coverage rate for children and adolescents in accordance with the Recommended Immunizations Schedules, Advisory Committee on Immunization Practices (ACIP) and the Healthy People 2020 Objectives. Comprehensive immunization services are provided for infants, children, adolescents and adults. Vaccines are provided in accordance with the patient eligibility screening criteria from PADOH's Vaccines for Children Program Provider Handbook. AHB utilizes the Statewide Immunization Information System (SIIS) database to record all vaccinations and to monitor vaccine inventory. In addition, the program strives to reduce or eliminate Vaccine Preventable Diseases (VPD) in accordance with the CDC, as well as the Healthy People 2020 Immunization Objectives; All VPD cases are investigated in accordance with approved protocols including the PADOH Epidemiology Manual for the Identification, Investigation and Control of Infectious Diseases (2013). AHB co-chairs the Lehigh Valley Immunization Coalition in conjunction with the Bethlehem Health Bureau; many MCH community representatives serve on the coalition.

Lead and Healthy Homes provides outreach to children, younger than seven years of age, with elevated blood lead levels. Environmental management includes investigations to determine sources of lead exposure in order to apply administrative and legal actions to assure hazard reduction.

The Dental Health component strives to increase access to dental services for children and adolescents, to promote positive oral health habits, and to advocate for improvement in the dental health status of our population. AHB collaborates with area dental providers, dental clinics, and the Allentown School District to assure that City children have access to dental care.

The purpose of Child Death Review, a multidisciplinary process, is to help better understand why children in our community die and to help identify how to prevent deaths. The Lehigh County team meets quarterly and includes agencies involved in the safety, health, and protection of children. An AHB representative participates in the Lehigh County Child Advocacy Center Case Review in which a multidisciplinary team conducts Death and Near Death case reviews.

Program Goal:

To improve the health of pregnant women, infants and children and families by 1) promoting positive health behaviors, 2) assuring that all pregnant women and children have access to primary and specialty health services, and 3) improving systems of care to promote healthy outcomes.

2016 Maternal and Child Health Program Objectives

Objective 23

Assure access to primary and specialized health care services for the children and families of Allentown.

Activities

1. Perform health needs assessments (450) with families during immunization clinics to determine whether children have a “medical home,” and connect them with health insurance and needed social services.
2. Assist families to obtain primary health care including well-child care, prenatal care, dental care, specialized health care, health insurance, and other social services.
3. Continue to collaborate with the health care community and non-traditional community partners on activities to reduce the incidence of prematurity and/or low birth weight among Allentown infants, and to improve infant and child health outcomes.
4. Participate in local, state, and national initiatives to promote maternal and family health: Lehigh Valley Immunization Coalition, Lehigh County Child Death Review, Lehigh County Child Advocacy Center Case Review Team, Pennsylvania Perinatal Partnership, CityMatch, Nurse Family Partnership Advisory Board, Community Partners for School Success Board, Lehigh Valley Breast Feeding Coalition, Maternal Family Health Services, Q. A. Committee, Community Services for Children Health Services Advisory Committee, and the Jefferson School Family Health Centers Governance Board.
5. Collaborate with the Health Bureau’s Nutrition & Physical Activity Program to refer overweight children for nutritional counseling and after-school activity.

Objective 24

Provide the following MCH clinical services: childhood immunizations and urine tests for pregnancy. Incorporate health education into each MCH clinic visit, home visit, and community outreach activity.

Activities

1. Provide lead education and home visits to families of children with elevated blood lead levels in conjunction with environmental staff.

2. Provide 1500 childhood and 650 adult immunizations (this does not include 600 flu and 50 pneumonia vaccines).
3. Provide free urine tests for pregnancy for 75 women at Early Pregnancy Testing (EPT) clinic. Counsel pregnant women about positive health behaviors and refer for prenatal care or options counseling. Counsel women with negative test results about conception and/or family planning. Offer HIV tests to women in EPT clinic.

Objective 25

Assess and promote positive health habits, disease prevention and parenting behaviors through MCH home visitation program for expectant mothers, newborns, infants, children and their families.

Activities

1. Promote healthy behaviors among expectant women, in collaboration with community partners, during the pregnancy and the postpartum period.
2. Assist women who test positive for pregnancy with scheduling their first prenatal care visit before they leave Early Pregnancy Testing Clinic. Monitor compliance with completion of prenatal appointments and also initial well-baby appointments.
3. Educate pregnant women about nutrition, exercise, preterm labor, labor and delivery. Counsel women about smoking cessation, abstinence from drug and alcohol use, folic acid, healthy weight gain, HIV education and testing, and education about the importance of prenatal care visits.
4. Promote recommended newborn and infant care as well as postpartum care, breastfeeding and family planning education, and assessment of postpartum depression.
5. Inform the community and provide educational information on Shaken Baby Syndrome in accordance to the PADOH Shaken Baby Syndrome Education and Prevention Program.
6. Assess immunization records, normal growth and development, and well-baby visits with families during all MCH home visits.
7. Distribute and promote the use of the Pennsylvania immunization card for all patients receiving immunization.
8. Collaborate with Environmental Health Services staff to identify indoor air quality triggers for children with asthma in their homes.

9. Provide safe sleep education utilizing the Back to Sleep campaign for infants and conduct follow up bed risk assessments.
10. Utilizing the Bright Futures Guidelines, provide anticipatory guidance for families during home visitation related to: health and safety habits, injury and illness prevention, smoking around infants, breastfeeding, nutrition, oral health, infant care, parent-infant interactions, family relationships, and community interaction.

Objective 26

Educate the professional community about selected topics to improve the health status of children and families in Allentown.

Activities

1. Provide educational sessions and act as a resource for health care professionals, child care agencies, human service agencies, Lehigh Valley Immunization Coalition, and community organizations regarding:
 - Immunization guidelines,
 - Childhood lead poisoning prevention,
 - Oral health habits, and
 - Risk factors that affect infant and child health outcomes.
2. Conduct child care center inspections of Allentown facilities (50) in conjunction with Environmental Field Services.
3. Promote maternal and child health services through education activities and information distribution.
4. Inform health care providers about pressing public health issues, for Example, changes in vaccine eligibility criteria.
5. As part of the Lehigh Valley Immunization Coalition, provide periodic updates on immunizations to interested agencies and continue to develop community-wide strategies for improving immunization rates.

Objective 27

Educate the general public about selected topics to improve the health status of children and families in Allentown.

Activities

1. Provide educational sessions for children and families related to:
 - Immunization guidelines
 - Childhood lead poisoning prevention
 - Oral health habits
 - Child health and development
 - Breast feeding
 - Risk factors that affect infant and child health outcomes
 - Teen pregnancy prevention
 - Communicable disease control
2. Promote child and family health through participation in public awareness campaigns (National Infant Immunization Week, National Immunization Awareness Month, and National Influenza Vaccination Week).
3. Participate in local community events to promote early prenatal care, breast feeding, immunizations and dental care.

Objective 28

Promote Maternal and Child Health screening programs and assist families gain access to needed resources.

Activities

1. Promote Newborn Screening and Follow-Up (NSF) through the following steps:
 - a. Locate newborns lost to follow-up
 - b. Provide information to families about screening and local resources
2. Assist families locate health care coverage for screening, re-screening, diagnostic tests, related MCH services, and medical homes:
 - a. Identify medical providers, educational and community services for children with Special Health Care needs.
 - b. Educate families about the benefits of the Virtual Health Village and obtain signed consent forms during Immunization Clinics and home visits which are forwarded to the Allentown School District.

Objective 29

Provide services to children with positive lead screening test results including environmental management provided in accordance with the Lead and Healthy Homes Program.

Activities

1. Assure lead-poisoned children are linked to health care providers for case management:
 - For lead levels 10-14 μ g/dL: Educate parents, guardians, and caregivers regarding sources, effects, and prevention of lead poisoning.
 - For lead levels 15-19 μ g/dL: Educate parents, guardians, and caregivers regarding sources, effects, and prevention of lead poisoning. A child with two consecutive venous blood lead levels between 15-19 μ g/dL within three months will result in having a Lead and Healthy Homes survey and an environmental investigation.
 - For lead levels 20 μ g/dL and above: Collaborate with environmental field services to conduct a Lead and Healthy Homes survey, an environmental investigation and obtain a parental agreement for action. The need for environmental remediation is determined by the results of the environmental investigation. Ensure child receives Early Intervention referral.

Objective 30

Continue to perform community-wide assessments to determine the number of Allentown residents who have received age-appropriate immunizations.

Activities

1. Complete the annual immunization record assessment and compare results to previous surveys.
2. Monitor and evaluate AHB childhood and adult vaccinations via the Statewide Immunization Information System (SIIS) database.

Objective 31

Increase immunization rates and reduce vaccine-preventable diseases among infants, children and adults.

Activities

1. Promote immunization activities for children, adolescents and adults in the Allentown community as part of the state-wide effort to improve immunization rates across the lifespan.
2. Participate in the LVHN community Flu Clinic in November 2016.
3. Conduct weekly walk-in clinics during the influenza immunization season to vaccinate uninsured children and adults.

4. Conduct weekly adult immunization clinics providing the following vaccines: Hepatitis A, Hepatitis B, Tdap, HPV, Menactra, Tetanus, MMR, Varicella, Zoster, and pneumococcal pneumonia, for City of Allentown residents.
5. Participate in back-to-school activities to educate parents on immunization requirements and vaccinate students who are not up-to-date with their immunizations.
6. Provide vaccine information to WIC, HeadStart and other local agencies that serve children and families.

Objective 32

Promote dental health for children, adolescents and adults in Allentown.

Activities

1. Facilitate dental care access for needy children through local dental clinics, and dental vans including Miles of Smiles (LVHN) and the St. Luke's University Health Network Van.
2. Provide individual education to 375 parents with children about: 1) nutrition and oral health, 2) the importance of early dental check-ups, and 3) the prevention of nursing bottle syndrome through advocacy and outreach efforts.
3. Reinforce the use of mouth guards during sports and recreation through educational activities with appropriate age groups.
4. Encourage the community to utilize fluoridated tap water rather than bottled water to mix baby formula or to drink.

Objective 33

Coordinate Lehigh County Child Death Review Team and implement the team's recommendations to promote the safety and wellbeing of children and to reduce child fatalities.

1. Convene Lehigh County agencies involved in the safety, health and protection of children.
2. Conduct quarterly Lehigh County Child Death Review Team meetings.
3. Analyze child deaths from birth through the age of 21 years to determine factors that could prevent future deaths among children/adolescents.

4. Follow up on prevention recommendations made by the Lehigh County Child Death Review Team.
5. Utilize aggregate data for public health planning, prevention programming and to inform policy discussions.

Objective 34

Improve data collection efficiency and capabilities and monitor data related to maternal child health and dental health.

Activities

1. Continue to analyze vital statistics, maternal child health indicators, census and programmatic data to determine maternal and child health priorities.
2. Continue staff training in the area of web-based research and data analysis: SIIS, NEDSS and PA Child Death Review databases.
3. Update and streamline all MCH program databases to align with monthly reporting requirements.

Objective 35

Maintain staff knowledge of current public health issues and practices, and also certifications and licensure.

Activities

1. Offer staff relevant educational, training and professional development opportunities.
2. Provide quarterly immunization in-services for staff who administer vaccines.
3. Assure that the training log reflects individual staff members' participation in certification programs, public health training sessions, public health emergency preparedness training and drills.

Program Evaluation:

Evaluation will be accomplished through monthly and quarterly measurement of activities, a demonstrable improvement in child immunization rates, quality assurance review of all patient interactions and charts through 2016.

**2015
Personal
Health
Services
Accomplishments**

PERSONAL HEALTH SERVICES

2015 ACCOMPLISHMENTS BY OBJECTIVE – CHRONIC DISEASE CONTROL

Objective 9 – Partially Achieved

Provide screenings/assessments for individuals in the community to assure that all individuals regardless of insurance and socioeconomic status receive heart disease, diabetes and cancer screenings according to national guidelines.

- Conducted cholesterol, glucose and blood pressure screening for 101 new program participants.
- Conducted individual dietary/lifestyle counseling for 67 participants with abnormal glucose and/or lipid levels.
- In conjunction with Lehigh Valley Health Network, Sacred Heart Hospital and St. Luke's University Health Network, provided cancer screenings and information on available services to uninsured/underinsured individuals as follows:
 1. Provided 466 free clinical breast exams (CBEs).
 2. Provided 758 free mammograms and breast self-examination instruction to uninsured/underinsured women 40 years of age and older. Of the 758 mammograms provided, 184 (24%) of the results indicated that the client needed further testing. Case-management of these abnormal results was provided.
 3. Provided 316 free breast ultrasounds to uninsured/underinsured women who were recommended for the diagnostic breast test. Of the 316 breast ultrasounds provided, 137 (36%) of the results indicated that the client needed further testing. Case-management of these abnormal results was provided.
 4. 37 individuals were recommended for a breast biopsy, 7 of whom were diagnosed with breast cancer. The available financial assistance options were reviewed and the individuals were linked to the appropriate programs.
 5. Provided 681 free Pap tests and pelvic examinations to uninsured/underinsured women 21 years of age and older.
 6. Promoted the free skin cancer screening dates and locations available in the Lehigh Valley.

Objective 10 – Achieved

Conduct community awareness initiatives and/or campaigns to reduce chronic disease incidence and mortality.

- Participated in the national Go Red For Women campaign to raise awareness of heart disease in women. All City of Allentown employees were encouraged to wear red on February 6 to show solidarity with this cause
- Participated in the international breastfeeding awareness event, “The Big Latch On”, in partnership with the Lehigh Valley Breastfeeding Coalition. The event was held at Allentown’s Art’s Park.
- Promoted CDC’s Million Hearts campaign to prevent heart attacks and strokes.

Objective 11 – Partially Achieved

Educate the community on methods to reduce chronic disease risk factors (e.g., nutrition, exercise and other lifestyle changes).

- Conducted a total of 27 chronic disease risk reduction education presentations/events for the general community.
- Implemented strategies to decrease the problem of adolescent overweight in the City of Allentown:
 1. Counseled 6 overweight youth. There were a total of 8 actual counseling sessions.
 2. Held the 22nd annual Alliance Summer Recreation Program for inner-city children from June 29 – July 30. A total of 218 children registered with an average daily attendance of 95.
 3. Conducted the physical fitness program for youth entitled “Shape It Up” in the gymnasium of the Alliance Hall building from January to June of 2015. A total of 7 youth participated in the program over the course of the year. The Shape It Up program was discontinued in the fall of 2015 due to lack of participation and is no longer being held at the Alliance Hall location.
 4. Participated as active members of various committees/coalitions focused on youth (i.e. Healthy Kids Healthy Allentown, ASD Family Center Governing Board, Central Elementary, South Mountain Middle School, McKinley Elementary, and Cleveland Elementary Community School Advisory Boards).

Objective 12 – Achieved

Implement policy, environment, and systems changes that support healthy eating, increased physical activity in the community and tobacco-free venues in the community.

- Continued to promote pedestrian and bicycle safety through infrastructure changes, education, public outreach and policies incorporating Safe Routes to School and Complete Streets principles. 1) New crosswalk construction funded by an ARLE (Automated Red Light Enhancement) grant was completed. The city has the ability to apply its own thermoplastic markings

on the crosswalks which helped bring this project in under budget. New ARLE monies applied for in 2015 are to be used for pedestrian safety and signal improvements around Allentown School District's newest school sites. 2) Contracted with Community Bike Works to provide bike education to youth in Allentown. Continued to make bike racks available to interested community organizations and fitted and distributed 283 bike helmets throughout the community. (See Injury Prevention Objective 61 Accomplishments for related reporting.)

- Increased access to fruits and vegetables in the community through initiatives such as community gardens, "Fruits and Veggies on the Move", an Agriculture Supported Communities farm share program, and other related initiatives. 1) The Allentown Community Garden Coalition continued to meet monthly supporting efforts to sustain the 11 existing community gardens and support new gardens. 2) "Fruits and Veggies on the Move" continued this past summer distributing a variety of fresh fruits and vegetables to children on the City's 19 playgrounds, 4 community sites and 9 special events from its "Fruits and Veggies on the Move" truck. 3) The farm share program, run by Rodale Institute, offered seasonal organic produce to participants at a fee of \$15 per week for a half-share and \$25 per week for a full share. Forty five participants took part in the farm share program in 2015. Custom-made promotional items were distributed to each participant. 4) Two new organic markets operated in Allentown in 2015. On average the markets served 125 patrons during their one day of operation per week. Approximately 350 lbs of organic produce was sold each week. Both markets accepted SNAP benefits and provided matching funds for over \$1000 worth of organic produce purchased. 5) Participated in meetings of the newly formed Lehigh Valley Food Policy Council.
- Continued to promote the adoption of 6 basic nutrition and physical activity policies by youth serving organizations in Allentown to combat youth overweight and obesity. The Healthy Kids Healthy Allentown coalition continues to meet monthly and oversee the process of certifying and recognizing youth serving organizations who adopt the 6 policies. An additional 8 organizations adopted the policies in 2015. To date, a total of 37 youth serving organizations have officially adopted the policies and have been publically recognized at Allentown Board of Health meetings.
- Supported initiatives that foster physical activity in Allentown. Membership in the LifeTrail Club continued to increase. Members used two walking sites within the City's park system to click in and walk. Walks are counted in and frequent walkers increase their chances to win prizes. Monthly presentations by health professionals continued from May through October.
- Continued to support tobacco-free initiatives and policies. Local efforts to support tobacco cessation were highlighted at the Million Hearts workshop on March 20.
- Earned five gold medals in the following categories of Let's Move! Cities, Towns, and Counties:

- Goal 1: Start Early, Start Smart
- Goal 2: MyPlate Your Place
- Goal 3: Smart Servings for Students
- Goal 4: Model Food Service
- Goal 5: Active Kids at Play

Attended an event at the White House where the First Lady recognized 52 communities, including Allentown that have achieved gold medals in each of the five goal areas of Lets Move.

- Supported the Million Hearts initiative to reduce the burden of cardiovascular disease in Allentown. Hosted a Million Hearts workshop on March 20. Partners from a wide variety of community organizations attended. Nationally known keynote speaker was joined by speakers representing medicine, government, education, business, and agriculture. Sixty people attended the workshop. In efforts to advance the goals of Million Hearts campaign, partnered with the Force for Health Foundation to create a force for health in Allentown. One hundred people from the community attended a unique cooking demo event sponsored by a national food company to kick off the Allentown Force for Health. This initiative put Million Hearts goals and messages into an interactive technology-based format.
- Assisted Allentown worksites in complying with the federal lactation accommodation law. Worked with a variety of worksites to support employer's efforts to implement lactation accommodation requirements: procured furnishings for 3 worksites, distributed signage for lactation spaces to several additional worksites, worked with the Allentown School District to install Mamavas (free standing lactation stations) in two of their schools (William Allen High School and South Mountain Middle School). This was the first school district in the nation to provide this type of accommodation. Consistently offered worksites policy language to include in their employee manuals informing employees of the lactation accommodations provided by their employers.

Objective 13 – Achieved

Promote cancer prevention and screening messages to reduce cancer incidence and mortality.

- Conducted a one-on-one education with the individuals (812 females and 2 males) enrolled in the breast cancer screening program and reviewed the recommendations for cancer prevention and early detection, promoted sun safe behaviors, and stressed the importance of adhering to the screening recommendations for breast, cervical, skin and colorectal cancers.

- Promoted the breast and cervical cancer screening program to uninsured/underinsured women via mailing to physicians, distributing brochures at health fairs, and ongoing collaboration with hospital facilities.
- Collaborated with our community partners to discuss, plan and implement cancer prevention and control activities in the Lehigh Valley. This included 4 breast screening events.

Objective 14 – Achieved

Monitor chronic disease morbidity and mortality.

- Compiled charts comparing cancer incidence and mortality statistics for Lehigh County and Pennsylvania, 2008-2012. (See Appendix A)
- Compiled charts comparing heart disease deaths, number, and rate for Allentown, Lehigh County, Pennsylvania and the United States, 1990-2012. (See Appendix B)

Objective 15 – Achieved

Maintain current certifications and licenses, and assure staff knowledge of current public health issues and practices.

- Staff completed required and recommended educational, training and professional development sessions/ conferences.
- Maintained a training log that reflects individual staff members' participation in certification programs, public health emergency preparedness trainings and drills (e.g. CPR/AED certifications, conference CE credits, sector trainings, etc.).

2015 ACCOMPLISHMENTS BY OBJECTIVE - COMMUNICABLE DISEASE

Objective 16 - Achieved

All reports of communicable disease or reportable conditions in the City of Allentown will be epidemiologically investigated and appropriate control methods and interventions will be instituted in accordance with the Pennsylvania Department of Health's Policy and Procedures Manual for the Identification, Investigation and Control of Reportable Diseases.

- Chart 16.1 below illustrates City of Allentown Communicable Disease & Reportable Conditions: 2011-2015.

Chart 16.1

DISEASE	2011	2012	2013	2014	2015
Amebiasis	1	0	0	0	0
Animal Bites	283	309	299	309	300
Infant Botulism	0	0	0	0	1
Campylobacter	22	20	19	30	10
Chlamydia	1033	1140	1021	949	1205
Cryptosporidium	4	0	0	3	1
E coli 0157-H7	0	0	2	2	0
Giardiasis	5	2	6	7	2
Gonorrhea	226	230	180	130	156
Guillain Barre	0	0	0	0	0
Hepatitis A	2	3	1	1	0
Hepatitis B	5	1	31	44	0
Hepatitis C	84	179	197	283	135
Lead > 15 µg/dL	8	6	12	11	7
Legionella	5	2	10	5	3
Lyme	6	14	1	37	20
Malaria	1	1	0	1	0
Meningitis – Bacterial	0	0	0	0	0
Meningitis – Viral	8	11	1	11	1
Pertussis	5	18	1	0	0
Psittacosis	0	0	0	0	0
Salmonellosis	15	17	10	13	13
Shigellosis	1	5	0	0	0
Syphilis Infectious	6	11	1	12	4
Toxoplasmosis	1	3	1	0	0
Tuberculosis – Active	6	2	3	1	1
Yersiniosis	0	0	0	0	0
West Nile Virus	0	1	1	0	0

- Epidemiological interview were conducted in accordance with the 2013 PADOH Policy and Procedures Manual for the Identification, Investigation and Control of Reportable Diseases.
- Conducted 153 epidemiological investigations of communicable diseases (other than STDs).
- Conducted 1361 epidemiological investigations of sexually transmitted diseases.
- AHB performed active monitoring for 21 days of 12 passengers from the flight lists provided by PADOH of travelers entering the U.S. from West African countries with identified Ebola cases per CDC protocol.
- Conducted reviews of disease surveillance data at least once daily via PA National Electronic Disease Surveillance system (PA NEDSS).
- Conducted reviews of 100 Epi Center reports which highlighted emerging infections within Pennsylvania and the United States.
- Conducted epidemiological investigations for 1 active pulmonary Tuberculosis (TB) cases. (See Appendix C for Active and Latent TB Cases.)
- Conducted 1582 reviews of ongoing surveillance investigations for previously positive HIV cases, to ensure complete case documentation.

Objective 17 - Achieved

Assure the prevention and containment of infectious and vaccine-preventable diseases in conjunction with health care professionals at Pinebrook Family Solutions.

- Communicable disease education was conducted for 163 professionals.
- Chart 17.1 below illustrates 2015 health care professional education efforts:

Chart 17.1

<u>Audience</u>	<u>Sessions (#)</u>	<u>Educated (#)</u>
Primary Care Providers	2	163

- Provided HIV counseling and testing for 2077 individuals at high risk for HIV infection. (See Appendix D)
- Conducted 10 Partner Services interviews to elicit sex/needle-sharing partners of HIV positive patients; eight partners were elicited.
- Promoted communicable disease reporting through 4 hospital infection control meetings; Lehigh Valley Health Network, St. Luke’s University Health Network, Sacred Heart Hospital, and Good Shepherd Rehab.
- AHB conducted 116 Hepatitis C antibody tests. Of those, 24 were RIBA confirmed for a positivity rate of 21%
- Communicable Disease related health alerts were sent via email to over 106 health care professionals on a routine basis.

Objective 18 - Achieved

Assure the prevention and containment of infectious and vaccine-preventable diseases through community education.

- Provided communicable disease education for the general public and community groups: 47 sessions were conducted and a total of 1298 individuals were educated.
- Chart 18.1 (below) illustrates 2015 community education efforts:

Chart 18.1

<u>Audience</u>	<u>Sessions (#)</u>	<u>Educated (#)</u>
College Students	0	0
Adults in Drug & Alcohol Recovery	37	1234
HIV positive individuals	3	3
Teens/Students	3	24
Other	4	37
Total	47	1298

- Distributed over 74,238 condoms with instructional material including, but not limited to, colleges, Drug and Alcohol Treatment Centers, STD/HIV Testing Clinic patients.
- Participated in 3 Community events. The Inner City Health Fair and the PRIDE Festival and the MRC Skills Training exercise which included the citizens of Allentown and the Medical Reserve Corp. volunteers. AHB distributed communicable disease prevention information. AHB described the role of public health in a public health emergency.
- AHB staff (3) attended PADOH HIV/STD Field Staff meeting in State College PA in April.
- AHB staff (2) attended HIV Continuum of Care conference in Gettysburg, PA in June.

Objective 19 - Achieved

Provide communicable disease clinical services: sexually transmitted disease, tuberculosis, and adult immunization clinics. Incorporate health education into each clinic visit, home visit, and community outreach activity.

- See attached Clinical Services Delivery Report Chart, on page 61, for service delivery information about STD, TB and Immunization Clinics as well as off-site testing clinics.
- The CDC's 2015 STD Treatment Guidelines were utilized for all clients screened and/or treated for STDs.
- Of the 1990 patients tested in our STD Clinics, 12.6% were positive for Chlamydia and 2% were positive for Gonorrhea.
- The CDC's 2008 Tuberculosis Treatment Guidelines were used for all clients screened and/or treated for active or latent Tuberculosis.

- A total of 861 people were screened for Tuberculosis in TB RN Clinic.
- There were 278 visits to TB RN/MD Clinics for Tuberculosis Treatment.
- Treatment for latent TB infection was initiated with 41 clients; 39 completed therapy; 2 clients were discharged due to moving out of jurisdiction, and 10 clients were discharged due to noncompliance.
- There were 3 TB active cases and 2 suspected TB cases during 2015. The investigations of the active cases resulted in the screening of 51 contacts, 21 of which were close contacts. Of these, 3 of the close contacts were infected with latent TB, and scheduled for chemoprophylaxis. (These clients are included in the total number of 41 people started on preventive therapy.)

Objective 20 - Achieved

Enhance data management, in conjunction with the PA Department of Health, to better reflect disease surveillance, communicable disease investigation, and prevention activities.

- AHB staff utilized PANEDSS to investigate all suspected or laboratory confirmed cases of reportable communicable disease.
- Communicable Disease staffs (2) are approved to use the joint HIV/STD PA-NEDSS database for HIV case investigations, data collection, and entry.
- AHB began entering all HIV positive patients who accepted Partner Services in PA-NEDSS database to document partners elicited, partners referred for testing, and HIV positive partners referred to treatment.
- Maintained a Partner Services (PS) worksheet and contact tracing tool to accurately track PS activities, contacts and testing of contacts; facilitates thorough data entry of PS activities.

Objective 21 - Achieved

Maintain staff knowledge of communicable disease epidemiology including procedures and resources, current public health issues and practices, and certifications and licensure.

- Communicable Disease staff attended participated in training and educational opportunities.
- AHB staff (5) participated in the Community Health Workers Summit in May, 2015.
- AHB staff (7) participated in a Partner Services training at the Allentown Health Bureau on September 25, 2015, which was facilitated by the PADOH HIV Prevention Section.
- AHB staff (11) participated in the 2015, World AIDS Day Conference on December 4, 2015 at Lehigh Valley Health Network, Cedar Crest.

Clinical Services - Service Delivery Report 2011-2015

Clinical Services	Total 2011	Total 2012	Total 2013	Total 2014	2015 YTD
Number of Childhood Immunizations	2,616	2,041	2,406	1543	619
Number of Adult Immunizations (Total)	1,882	829	1,160	785	607
Number of Influenza Immunizations	2,103	1,995	1,931	572	768
Number of Pneumonia Immunizations	35	19	33	9	85
Number of Patient Visits to Immunization Clinic (Child – 405, Adult - 344)	1,744	1,115	1,180	936	749
Number of Communicable Disease Reports Investigated (other than STDs)	1,061	958	1,721	906	460
Number of Reported Animal Bite Investigations Initiated	290	309	298	306	300
Number of HIV Tests Performed	2,624	2,517	2,038	2036	2077
Number of Sexually Transmitted Disease Investigations Initiated via NEDSS (GC, CT, HIV/AIDS, Syphilis)	1,278	1,441	1,445	1,142	1361
Number of Patient Visits to Sexually Transmitted Disease Clinic	1,881	1,823	1,930	2,174	1990
Number of Partner Services interviews for new or previously HIV infected	17	12	17	19	10
Number of HIV cases investigated (tracking began in 2010)	1310	1,256	1,287	1,345	1582
Number of Patient Visits to TB Clinic (total visits to RN & MD clinics)	1,818	404	320	375	278
Number of TB Skin Tests Performed (PPD's:, Q Gold:)	1,283	1,149	608	529	41
Number of Home Visits for Directly Observed Therapy for TB	206	313	117	130	16
Number of Reported Tuberculosis Investigations Initiated via NEDSS	195	227	246	230	36
Number of MCH Health Assessments Conducted in Clinics	822	700	639	482	589
Number of MCH Referrals Received (Prenatal:106,Newborn/Child:358,Dental:5)	616	714	674	480	464
Maternal Child Health Home Visits (Prenatal:190, Newborn/Child: 186)	428	478	476	393	284
Number of Pregnancy Tests in Early Pregnancy Testing Clinic	122	134	105	108	80
Number of Children Completing Dental Care	7	4	0	8	6
Number of Children Screened for Lead Poisoning	916	788	227	0	0
Number of Healthy Homes Visits	0	0	0	20	17
Number of Visits to Inspect Child Care Centers	67	82	91	78	77

2015 ACCOMPLISHMENTS BY OBJECTIVE - MATERNAL AND CHILD HEALTH

Objective 22 - Achieved

Assure access to primary and specialized health care services for the children and families of Allentown.

- Chart 22.1 below outlines Health needs assessments conducted in 2015:

Chart 22.1

Health Needs Assessments performed	2015 Total
# referred to health care provider	536
# provided insurance information/blue chip	550
# referred to social service agencies	0
# provided dental information	5

- Please refer to the Clinical Services Delivery Report on page 61.
- Performed 589 health needs assessments with families during immunization clinics (see chart 22.1) to determine whether children have a “medical home.” Assisted families to obtain primary care including well-child care, prenatal care, dental care, specialized health care, health insurance, and other social services.
- MCH staff participated in community-wide efforts to improve maternal and child health including: Lehigh Valley Immunization Coalition, Lehigh County Child Advocacy Center Case Review Team, PA Perinatal Partnership, Greater Lehigh Valley Access to Care Committee, Allentown School District Collaborative, Maternal Family Health Services, Nurse Family Partnership, HeadStart Health Advisory Board, Jefferson School Family Center Governance Board, March of Dimes Program Services Committee, Community Partners for School Success Board, Lehigh County Child Death Review Team, and the Lehigh Valley Breast Feeding Coalition.
- Convened MCH staff meetings to discuss health care needs of City children and families and review strategies to address these concerns.
- Participated in health fairs to promote AHB services.
- Presented hand-washing demonstrations at daycares and community sites.
- Presented 18 dental presentations reaching a total of 421 adults and children.
- Collaborated with the Health Bureau’s Nutrition and Physical Activity Program to refer overweight children for nutritional counseling and after-school activity.

Objective 23 - Achieved

Provide the following MCH clinical services: childhood immunizations and pregnancy urine testing. Incorporate health education into each MCH clinic visit, home visit, and community outreach activity.

Chart 23.1 below outline Early Pregnancy Testing Clinic activity for 2015:

Chart 23.1

Early Pregnancy Testing Clinic Activity	2015 Total
# pregnancy tests performed	80
# prenatal care appointments made	25
# confirmed entrance into care	15
# family planning/healthcare referrals	34

- Provided Lead Education and Home Visits to families of children with elevated blood lead levels
- Preventive health education was provided during each MCH Clinic visit, home visit and community outreach activity.
- Immunized 619 children with 1,954 immunizations, Immunized 607 adults with 890 vaccines.
- Of the 80 pregnancy tests performed, 25 were positive. Pregnant women were offered assistance with scheduling prenatal care appointments at Lehigh Valley Health Network, Sacred Heart Hospital, and St. Luke's University Health Network prenatal clinics. These clinics were contacted after their appointment date to confirm that clients attended their first prenatal appointment.
- Educated 38 women about HIV during Early Pregnancy Testing Clinics.
- HIV tests were provided to 27 women in Early Pregnancy Testing Clinics.

Objective 24 - Achieved

Assess and promote positive health habits, disease prevention and parenting behaviors through MCH home visitation programs for infants, children and their families.

- Charts 24.1 and 24.2 outline MCH Referrals and Home Visit Activity respectively for 2015:

Chart 24.1

MCH Referrals	2015 Total
Prenatal Referrals	106
Newborn/Child Referrals	358
Dental Referrals	5

Chart 24.2

MCH Home Visits	2015 Total
Prenatal	190
Newborn/Child	186

- Reviewed 186 immunization records during MCH home visits and made referrals to immunization services as needed.
- Educated 190 pregnant women about nutrition, preterm labor, labor and delivery. Smoking cessation, abstinence from drug and alcohol use, folic acid, healthy weight gain, HIV education and testing and educated them about the importance of prenatal care visits.
- Promoted recommended newborn and infant care to 186 families of newborns as well as postpartum care, breastfeeding and family planning discussions and assessed for postpartum depression.
- Promoted the “Bright Futures Guidelines for Health Supervision of Infants and Children during the 190 prenatal home visits and also during the 186 newborn home visits. This included anticipatory guidance for the family including health and safety habits, injury and illness prevention, smoking around infants, nutrition, oral health, infant care, parent-infant interactions, family relationships, and community interaction.
- Provided safe sleep education to each of the families of newborns, utilizing the Back to Sleep campaign for infants, and also conducted follow up bed risk assessments with families identified as at risk.
- One Community Health Nurse, a (CLC) Certified Lactation Counselor, is a member of the Lehigh Valley Breast Feeding Coalition and is available to discuss breast feeding problems and provide counseling to help our moms continue to breast feed when breast feeding problems arise. She provided a breastfeeding in-services for AHB staff and acts as a resource for the breast feeding workplace initiative.

Objective 25 - Achieved

Educate the professional community about selected topics to improve the health status of children and families in Allentown.

- Provided educational sessions and acted as a resource for health care professionals, child care agencies, human services agencies, the Allentown School District, Lehigh Valley Immunization Coalition (LVIC), and community organizations about topics including immunization guidelines, Childhood lead poisoning Prevention and screening, hand-washing, oral health resources and risk factors that affect infant and child health outcomes.
- Conducted child care inspections for 77 Allentown facilities in conjunction with environmental field services.

- The Lehigh Valley Immunization Coalition (LVIC), a partnership which includes public health, hospital clinics, school districts, representatives and community representatives met on a bimonthly basis to increase child and adult immunization awareness and to coordinate immunization activities throughout the Lehigh Valley. LVIC collaborated with the National Infant Immunization Week activities, Back to School Campaign, LVHN Community Flu Campaign, and the Adolescent Immunization Awareness campaign.
- Community Health Nurse conducted an educational workshop for Allentown School District Nurses outlining vaccine updates and current recommendations published by the by the Advisory Committee on Immunization Practices (ACIP).

Objective 26 - Achieved

Educate the general public about selected topics to improve the health status of children and families in Allentown.

- Provided 33 educational sessions for children and families related to: immunizations guidelines, lead poisoning prevention, oral health habits, child health and development, and communicable disease control e.g. hand washing and cough etiquette.
- The Lehigh Valley Immunization Coalition hosted a table at the PPL Center promoting adolescent and adult vaccines. Collected 195 surveys and handed out 500 lunch coolers along with educational materials on infant, child and adult immunizations, specifically the new pneumonia, Zostavax, and Tdap vaccine recommendations.
- AHB participation in several public awareness campaigns: 1) National Infant Immunization Week – distributed gift bags with Children’s reading books and immunization information. 2) National Influenza Week – promoted seasonal flu vaccines through bus runners that featured CDC’s media message: “Who needs a flu vaccine?” 3) Adolescent Immunization Campaign – Worked with PAIC on the implementation of the #Udontgetit campaign during spring 2015.
- Participated in local health fairs to promote immunizations, dental care, lead poisoning prevention, and early prenatal care.

Objective 27 - Achieved

Promote Maternal and Child Health screening programs and assist families gain access to needed resources.

- Assisted families in locating health care coverage for screening, rescreening, diagnostic tests, related MCH services and medical homes. Identified medical providers, educational and community services for children with Special Health Care needs.

- The MCH staff educated families about the benefits of the Virtual Health Village and obtained signed consent forms during Immunization Clinics and home visits, completed consent forms were forwarded to Allentown School District.
- MCH staffs are able to provide information about Newborn Screening and Follow-up (NSF) through the following steps: locate newborns lost to follow-up, distribute Newborn Screening brochures, and provide information to families about screening and local resources. AHB did not receive any inquiries in 2015.

Objective 28 - Achieved

Provide services to children with positive lead screening test results including environmental management in accordance with the Lead and Healthy Homes Program.

Chart 28.1

Healthy Homes Program	2015 Total
Healthy Homes Visits	12
Lead and Healthy Home Visits	6
Open Lead and Healthy Home Cases	8
Lead and Healthy Homes Properties Completed	7

- Collaborated with Environmental Field Staff who conducted environmental inspections in homes of children with elevated blood levels.
- Coordinated Health Home Assessments, see table above.
- See Appendix E for 2015 Lead Cases $\geq 15\mu\text{g}/\text{dL}$ by Census Tract.

Objective 29 – Achieved

Continue to perform community-wide assessments to determine the number of Allentown residents who have received age-appropriate immunizations.

- Immunization Program staff continue to monitor and evaluate AHB childhood and adult vaccinations via the Statewide Immunization Information System (SIIS) database.
- The Pennsylvania Vaccine for Children (PA VFC) Program accountability was addressed through the 2015 Quality Assurance Assessment conducted by PADOH, to review Standards for Pediatric Immunization Practices. The parents or guardians were contacted via phone calls, letters, or home visits in an effort to keep children on track with immunizations
- All children who received VFC vaccines were screened for VFC eligibility prior to vaccination.
- Families are given information about how to obtain health insurance and primary care and staff can provide assistance with obtaining health care as needed.

- Collaborated with the PADOH to assure that all Allentown child care providers submitted reports with each enrolled child’s immunization status to the PADOH.

Objective 30 - Achieved

Increase immunization rates and reduce vaccine-preventable diseases among infants, children and adults.

- Promoted immunization activities for children, adolescents and adults in the Allentown community as part of the state-wide effort to improve immunization rates across the lifespan.
- Immunized 607 adults with 890 vaccines.
- Immunized 619 children with 1,954 vaccines.
- Conducted weekly adult immunization clinics providing the following vaccines: Hepatitis B, Tdap, HPV, Menactra, Tetanus, MMR, Varicella, Zoster, and pneumococcal pneumonia, for City of Allentown residents.
- Provided 768 seasonal flu vaccines to children and adults, including City of Allentown employees and their families during walk in clinics at AHB, City work sites, and throughout the community.
- Provided 50 flu vaccines to Sacred Heart Hospital for use during their Community Affordable Care Act Enrollment Events.
- Provided 50 flu vaccines to the Lehigh Valley Street Medicine Program to vaccinate the homeless residents of Allentown against seasonal influenza.
- AHB participated in a “Back to School” event to promote childhood immunizations in conjunction with Sacred Heart Hospital in July 2015.
- Provided vaccine information to WIC, HeadStart and other local agencies that serve children and families.
- Provided free age appropriate vaccines to infants and children in the City of Allentown.
- Participated in the LVHN community Flu Clinic in November, 2015.

Objective 31 - Achieved

Promote dental health for children, adolescents and adults in Allentown.

- Chart 31.1 below outlines Dental Health program activity during 2014:

Chart 31.1

Valley Wide Smile Activity	2015 Total
Applications received	5
Applications accepted	5
# placed into care	4
# complete	6

- Facilitated dental care access for needy children through Valley Wide Smile, local dental clinics, and dental vans including Miles of Smiles (LVHN) and the St. Luke's University Health Network Dental Van.
- Provided individual education to 421 parents with children about nutrition and oral health, the importance of early dental check-ups and the prevention of nursing bottle syndrome through advocacy and outreach efforts.
- Continued to administer the Valley Wide Smile Fund.
- Reinforced the use of mouth guards during sports and recreation through educational activities with appropriate age groups.
- Encouraged the community to utilize fluoridated tap water rather than bottled water to mix baby formula or to drink.
- Educated 186 new mothers about the importance of early dental care and other preventative strategies to reduce the risk of baby bottle tooth decay.

Objective 32 – Achieved

Coordinate Lehigh County Child Death Review Team and implement the team's recommendations to promote the safety and wellbeing of children and to reduce child fatalities.

- Convened Lehigh County agencies involved in the safety, health and protection of children.
- Conducted quarterly Lehigh County Child Death Review Team meetings during 2015.
- Analyzed child deaths from birth through the age of 21 years to determine factors that could prevent future deaths among children/adolescents.
- Followed up on prevention recommendations made by Lehigh County Child Death Review Team.
- Utilized aggregate data for public health planning, prevention programming and to inform policy discussions.

Objective 33 - Achieved

Improve data collection efficiency and capabilities and monitor data related to maternal child health and dental health.

- Continued to analyze vital statistics, maternal child health indicators, census and programmatic data to determine Maternal and Child Health priorities.
- Continued staff training in the area of web-based research and data analysis: SIIS, NEDSS and PA Child Death Review databases.
- Updated and streamlined all MCH databases to match monthly reporting requirements and grant deliverables.

Objective 34 - Achieved

Maintain staff knowledge of current public health issues and practices, and also certifications and licensure.

- Offered staff relevant educational, training and professional development opportunities.
- Provided immunization in-services for staff who administer vaccines.
- Assured that the training log reflects individual staff members' participation in certification programs, public health training sessions, public health emergency preparedness training and drills (e.g. CPR/AED) certifications, conference CE credits, sector training, etc.
- Participated in weekly "Current Issues in Immunization" and "Immunization: You Call the Shots" webinars presented by the CDC.

Program Evaluation

Evaluation will be accomplished through monthly and quarterly measurement of activities, a demonstrable improvement in child immunization rates, quality assurance review of all patient interactions and charts through 2016.

**2016
Environmental
Health
Services
Program Plans**

ENVIRONMENTAL HEALTH SERVICES SECTION

Overview

The Environmental Health Services Section of the Bureau of Health conducts those mandated Act 315 environmental health programs pertinent to the City of Allentown.¹ The Environmental Health Services Section is comprised of the Environmental Field Services Division, the Injury Prevention Division and Public Health Emergency Preparedness.

Organizationally, the Environmental Health Services Section is under the administrative direction of the Bureau's Associate Director for Environmental Health Services. The Environmental Field Services Manager directs the day-to-day activities of 4 Sanitarians in 3 primary programs – Food Protection, Institutional Sanitation and Safety, and Environmental Control as described below. The Injury Prevention Services Manager directs the activities of a Community Health Specialist in the Injury Prevention Program. The Public Health Emergency Preparedness Manager plans, coordinates and assesses initiatives and trainings to ensure local readiness.

BUREAU OF HEALTH ENVIRONMENTAL HEALTH SERVICES

COMMONWEALTH OF PENNSYLVANIA - MANDATED ENVIRONMENTAL HEALTH PROGRAMS

State Mandated (Act 315) Environmental Health Programs¹	Health Bureau Program
1. Food Service Sanitation	Food Protection
2. Institutional Sanitation	Institutional Sanitation and Safety
3. School Sanitation	Institutional Sanitation and Safety
4. Public Bathing Place Sanitation and Safety	Institutional Sanitation and Safety
5. Vector Control	Environmental Control
6. Water Pollution Control	Environmental Control
7. Organized Camp	Environmental Control
8. Recreation Area	Environmental Control
9. Housing Environment	Environmental Control

1. There are no bottled water plants, mobile home parks or campgrounds in the City, precluding the need for such programs. The City leased its Water and Sewage Treatment plants to the Lehigh County Authority, which is monitored by the City's Public Works Department, Office of Compliance.

The Environmental Field Services Division conducts the following programs in an effort to meet the basic environmental health requirements of the citizens of the City of Allentown.

- I. Food Protection Program
 - Food Service Establishment Inspection and Licensing
 - Food-borne Disease Surveillance and Investigation
 - Food Safety Training and Public Awareness

- II. Environmental Control Program
 - Housing Hygiene and Sanitation
 - Lead Source Reduction
 - Vector Control
 - Noise Control
 - Indoor Air Quality
 - On-Lot Sewage Disposal
 - Pollution Incident Response
 - Public Health Nuisances

- III. Institutional Sanitation and Safety Program
 - Child Care Facility Inspection and Certification
 - Public Bathing Place Inspection
 - School Inspection
 - Long Term Care Facility Inspection

The Injury Prevention Division's mission to reduce unintentional and intentional injury is accomplished through a comprehensive strategy including in-home surveys, community programs and advocating safety-oriented environmental, enforcement and legislative interventions.

- I. Injury Prevention Program
 - Residential Safety
 - Traffic Safety
 - Consumer Safety
 - Recreational Safety
 - Occupational Safety
 - Violence Prevention

The mission of the Public Health Emergency Preparedness (PHEP) Program is to lead the City in preventing, responding to and reducing the public health consequences of emergencies and disasters. Through collaboration with local and regional preparedness and response partners, the PHEP addresses public health preparedness, response, recovery, and mitigation activities.

- Public Health Emergency Preparedness Capabilities
- Medical Reserve Corps (MRC)

FOOD PROTECTION PROGRAM

Overview

The Food Protection Program services include:

- Food Service Establishment Inspection and Licensing
- Food-borne Disease Surveillance and Investigation
- Food Safety Training and Public Awareness

Food safety is a common concern now shared by most Americans. Nationwide recalls in recent years of a wide variety of food products, including poultry, pork and salad mixes among others, has led to an increased awareness and concern by the public about food safety. Nationwide, resources devoted to the prevention of food-related disease and to further educate consumers about food safety issues increase annually. The food industry expends a significant percentage of their collective budgets to developing new methods of safe food production and new food technologies. Despite these efforts, the Centers for Disease Control and Prevention estimates that more than 46 million cases of food-borne illness occur annually resulting in more than 3,000 deaths. Even with increased surveillance activities, the underreporting of food and waterborne illnesses is a recognized fact. Consequently, it is likely that the number of cases of potential food and waterborne illnesses reported to the Allentown Health Bureau represents only a fraction of the actual number of occurrences.

The broad objective of the Food Protection Program is to reduce the risk of food-borne illness by assuring that food and beverages sold for public consumption has been stored, prepared and served in a safe manner and is wholesome and unadulterated. This program's primary activities are inspecting and licensing all eating and drinking establishments, large and small retail grocers, cafeterias, commissaries, food vendors at special events and certain food vending machines. Investigations of potential food-borne disease outbreaks within the City of Allentown are conducted. A major emphasis of the program is to educate food handlers and food service operators in proper food protection techniques as well as public education efforts to promote food safety.

Program Goal:

Assure a high level of food safety and sanitation practices in all licensed food service operations utilizing an inspection protocol based upon a food hazard identification and risk assessment and providing food safety education to the food handlers and the community.

2016 Food Protection Program Objectives

Objective 36

License and inspect all food service establishments subject to the City of Allentown Food Code, including but not limited to, restaurants, retail food facilities, mobile food units, temporary food stands and potentially hazardous food vending machines.

Activities

1. Inspect all permanent structure and mobile food service establishments in accordance with a risk-based inspection schedule to assure compliance with applicable food safety standards:
 - a. All low risk facilities shall be inspected at least once annually.
(Approximately 491 in 2015)
 - b. All moderate risk facilities shall be inspected at least 2 times annually.
(Approximately 288 in 2015)
 - c. All high risk facilities shall be inspected at least 3 times annually.
(Approximately 121 in 2015)
2. Utilize Hazard Analysis Critical Control Point (HACCP) principles as warranted in the investigation of suspected food-borne disease outbreaks.
3. Conduct timely re-inspections in non-compliant facilities in accordance with Bureau policy to assure compliance.
4. Conduct a comprehensive plan review of each proposed new facility, facilities undergoing extensive renovations, and facilities undergoing changes of ownership.
5. Evaluate applications by food service establishments who seek inclusion in the City's municipal waste collection system in cooperation with the Bureau of Solid Waste and Recycling.
6. Inspect (or otherwise assess compliance with the applicable Food Code) all temporary food facilities at special events prior to the serving of food to the public.
7. Maintain specific geographic inspection areas for each of the 5 Sanitarians.
8. Respond as required to reported emergencies that affect licensed food service establishments (e.g., power outages, sewage overflows) within 4 hours of notification.

Objective 37

Continue to utilize Computer Aid Inc.'s *PAFoodSafety* web application inspection software maintained by agreement with the Pennsylvania Department of Agriculture (PDA), and other software, to enable mobile data management in the field as well as in the office environment.

Activities

1. Facilitate technical support and customizations to the *PAFoodSafety* system through PDA and CAI to provide for the administrative and field utilization needs of AHB food inspection activities; assure training for all environmental health staff provided by PDA and CAI is completed prior to implementing any changes to inspection software.
2. Assure continued use of compatible support documents with the field inspection software on tablet PC's in the field.
3. Maintain GIS spatial software and the quarterly updating of associated food establishment data files on tablet PC's.

Objective 38

Maintain standardized food service plan review, licensing and inspection procedures.

Activities

1. Conduct a supervisory review of food service inspection reports prior to submission to the PDA public access website to assure staff consistency and competency in the interpretation and documentation of violations and the corrective actions required for compliance.
2. Utilize the food service policy and procedure manual to ensure consistency in program delivery by each Sanitarian.
3. Conduct supervisory review of each completed plan review and conduct a supervised food service establishment inspection semi-annually with each Sanitarian to assure compliance with established policy.
4. Actively participate in the City's ongoing efforts to further refine the "one-stop-shop" permit process in cooperation with other City bureaus.

Objective 39

Enhance staff knowledge of current food safety principles, code interpretations, food recalls and regulations through training opportunities.

Activities

1. Assure each Sanitarian attends 1 CASA - sponsored training and completes at least 3 food protection training opportunities on-line such as courses offered through FDA's ORAU or the AFDO "Virtual Access" on-line training sites.
2. Assure ongoing training for Sanitarians in the provisions and applicability of the City's Food Service Sanitation Ordinance No. 14189, PA Act 106 of 2010 (PA 3 C.S.A. § 5701 – 5714), Title 7 Chapter 46 - The Food Code, and the most current version of the FDA Model Food Code.
3. Fully revise the food service policy and procedure and review with Sanitarian staff.
4. Encourage and provide support to each Sanitarian who pursues professional credentials and certifications such as NEHA's Registered Sanitarian (REHS/RS) and Certified Professional in Food Safety (CP-FS).
5. Assure each Sanitarian maintains current ServSafe credentials.
6. Assure each Sanitarian routinely accesses websites for FDA, USDA, PDA and DOH to check for food recall notices, food safety alerts, interpretation memos and enforcement actions.
7. Accurately compile and record all staff training acquired during the year.

Objective 40

Allocate program resources in an efficient manner through the use of food hazard risk assessment.

Activities

1. Assure that a food hazard risk assessment utilizing the current risk assessment tool is performed annually on each facility to determine annual inspection frequency.
2. Review and revise as necessary the risk assessment tool to assure relevance to current food safety concepts and Food Code regulations.

Objective 41

Maintain efforts to ensure compliance in licensed food service facilities where chronic or severe violations are identified during inspections.

Activities

1. Utilize the various enforcement actions sanctioned by law (i.e., violation tickets, citations, and administrative conferences) as per established policy to address non-compliant facilities.
2. Maintain cooperative efforts with other City bureaus to assure compliance by licensed facilities with other applicable ordinances and regulations.
3. Document compliance status on each facility's inspection report in accordance with established guidelines.
4. Maintain and utilize violation ticket software to assure the prompt issuance of tickets to food service operators for non-compliance with the Food Code.
5. Assure compliance with the state's Food Employee Certification requirement by taking appropriate enforcement action against chronic violators discovered during routine inspections.

Objective 42

Fulfill the obligations for uniform food service regulatory activities consistent with Act 106 of 2010, Chapter 46 - The Food Code and the most current version of the FDA Model Food Code.

Activities

1. Maintain full responsibility for food protection program activities in all eating and drinking places, retail food stores and farm market stands within the City.
2. Monitor the operation and sanitation of frozen dessert machines located in food establishments in the City and report any violations not under the regulatory control of the City to PDA.
3. Submit inspection data to PDA as required.
4. Assure food service regulatory uniformity with Act 106 of 2010 and Chapter 46 – The Food Code, as required by law, and in accordance with the amended version of the City of Allentown Food Service Sanitation Ordinance.

Objective 43

Maintain a food-borne disease surveillance system to appropriately respond to food-related complaints or reports of illnesses attributed to food.

Activities

1. Respond within 24 hours to all food-related consumer complaints alleging unsanitary food facilities, unsanitary food handling practices, and potentially adulterated, mislabeled or misbranded foods, including commercially processed food products.
2. Maintain a computer-based food-related complaint log to expediently identify individual complaints that may be linked to a single source food-borne disease outbreak.
3. Initiate a food safety investigation within 4 hours notification of any suspected food-borne disease outbreak.
4. Communicate all reports of suspected and/or confirmed food-related illnesses to the Communicable Disease staff to assure that an appropriate epidemiologic investigation is initiated.
5. Coordinate with Communicable Disease staff on a quarterly basis to review potential trends in reported food-related illnesses.

Objective 44

Educate food service operators and personnel in safe food handling practices and sanitation.

Activities

1. Conduct Person-in-Charge training sessions on-site during all new and change of owner facilities within the first 6 months of operation, preferably prior to their first regularly scheduled routine inspection.
2. Conduct a minimum of 30 on-site food safety training sessions for food handlers at facilities with marginal sanitation history, those facilities where food handlers exhibit insufficient food safety knowledge, and at facilities exempt from the Food Employee Certification Act 131, 3 Pa. C.S.A. §§ 6501-6510.
3. Promote and advise food service operators about the availability of food employee certification courses required by 3 Pa. C.S.A. §§ 6503.

4. Assure the continued distribution of instructional posters (e.g., manual dishwashing poster), food safety education materials and regulatory updates to all licensed operators in their primary language whenever possible.
5. Conduct an assessment of essential food safety practices during routine inspections to evaluate the level of food safety knowledge of food service facility managers and persons-in-charge.
6. Promote and conduct 6 Person-In-Charge training seminars open to all City food facilities on a voluntary basis.
7. Utilize group e-mail capacity to provide timely notification of emergency advisories (boil water, power outages, etc.), local food safety training opportunities, technologies, food advisories and recalls, and other pertinent information to all food service establishments.

Objective 45

Conduct public awareness activities about safe food handling practices.

Activities

1. Continue to distribute appropriate signs to promote handwashing for use in public restrooms of food service establishments.
2. Partner with AHB's Fruit and Veggie Mobile activities to bring hand washing and food safety messages to City youth.
3. Increase awareness of safe food handling practices by updating consumer and food industry information and resources on the City's website.
4. Assure continued distribution of home food safety materials by other Health Bureau program personnel.
5. Explore funding opportunities which may assist in the delivery of the food safety messages to the community.

Program Evaluation:

All permanent and temporary food service establishments will be operated in a state of compliance with the applicable food service laws and regulations to reduce the risk to the public of food-borne illness during 2016. All permanent and temporary food service establishments will be inspected in 2016. Investigate all incidents of reported food-borne illnesses. Investigate all food service establishment-related complaints in 2016.

ENVIRONMENTAL CONTROL PROGRAM

Overview

The Environmental Control Program addresses the following environmental health issues:

- Housing Hygiene and Sanitation
- Lead Source Reduction
- Vector Control
- Noise Control
- Indoor Air Quality/Asthma
- On-Lot Sewage Disposal
- Pollution Incident Response
- Other Public Health Nuisances

The Environmental Control Program investigates not only traditional environmental health problems such as vector control, housing hygiene and sanitation issues, but also responds to emerging environmental health hazards which were previously underestimated or unrecognized. These hazards include sources of lead exposure, excessive noise, West Nile virus and indoor air quality concerns. Additionally, proactive *Healthy Homes* environmental assessments for eligible residents are offered, providing consultative services and supplies where appropriate to address household environmental conditions that may have an adverse effect, particularly to children. And, while not traditionally considered vectors, bed bug infestations are investigated, and where possible, remediation is enforced.

This program primarily serves the community by conducting field investigations in response to complaints of a variety of public health-related nuisances. The goal of each investigation conducted by the staff Sanitarians is to reduce health risks through problem resolution, enforcement action or referral to the appropriate agency. Consultative services are available to the public for a variety of other environmental health issues, such as indoor air quality (IAQ), radon, and asbestos. The Sanitarian staff works closely with Housing Inspectors of the Bureau of Building Standards and Safety to address certain health-related complaints involving property.

Investigations limited to the 'Discovery' and 'Notification' phases are initiated in response to reports or complaints about environmental pollution incidents of air, soil or water, and the improper storage or disposal of toxic or hazardous materials. These preliminary investigations typically result in a referral to the Allentown Fire Department, Lehigh County Emergency Management, PA DEP, US EPA or other agency for appropriate action.

Although nearly all properties in the City are connected to the public water supply and sewage systems, a Sewage Enforcement Officer is available through the City's Water Resources Department to review applications and issue permits for the construction of

new on-lot sewage disposal systems and the repair of existing systems which malfunction. Awareness and educational activities are conducted and coordinated with services to protect the public health by the reduction or elimination of hazardous environmental conditions.

Program Goal:

Seek to eliminate or reduce the environmental factors or conditions present in the community which have been identified as potential threats to human health through the enforcement of applicable laws, codes and regulations and the education of the public at large.

2016 Environmental Control Program Objectives

Objective 46

Investigate and successfully abate all complaints regarding housing sanitation, public health nuisances and vector control in a timely manner.

Activities

1. Coordinate cleanup activities and enforcement actions with the appropriate agencies (i.e., Agency on Aging, Children and Youth, MH/MR, etc.) to satisfactorily address unsanitary housing complaints involving dysfunctional families or individuals.
2. Investigate, or refer to the appropriate agency, all public health nuisance complaints received and assure their timely and satisfactory abatement.
3. Assure the review, revision, if necessary, and maintenance of an interdepartmental agreement with the city's Bureau of Building Standards and Safety and the SWEEP program to assure the City's adequate response to public nuisance complaints.
4. Investigate rodent sightings and conduct rodent surveys as needed; implement intervention strategies (i.e., public information campaigns, rodent harborage and food source elimination, etc.) or enforcement action where required.
5. Investigate reports of bed bug infestations, consulting with residents and property owners on control measures, and taking enforcement action where warranted to eliminate infestations.
6. Coordinate with the City's Office of Compliance to respond as appropriate to water shut-offs to residences and regulated facilities.

Objective 47

Conduct appropriate actions to control the potential spread of West Nile virus in the City.

Activities

1. Investigate all mosquito-related complaints and assure their timely and satisfactory abatement.
2. Provide assistance to the Lehigh County West Nile Virus Program to identify and reduce or eliminate potential mosquito breeding sites in the City as grant funding permits.
3. Train staff and maintain necessary certifications (e.g., pesticide applicator's license, etc.) to enable staff to provide appropriate mosquito control activities.

Objective 48

Assure that all dwelling units or other structures occupied or frequented by children diagnosed with elevated blood lead levels (EBL) of 20µg/dl and above or chronically above 15µg/dl (or as otherwise determined by CDC guidelines) undergo appropriate lead hazard risk assessment within 15 days of Health Bureau notification.

Activities

1. Assure that assigned staff acquires necessary training and remains competent in the use of an x-ray fluorescence device used to determine lead levels present on painted surfaces.
2. Assure that assigned staff maintains state-issued certification in the performance of lead inspections and lead risk assessments and that all such inspections and assessments are conducted by a certified individual in accordance with established standards.
3. Monitor lead hazard reduction projects ordered by this Bureau to assure they are completed in compliance with the applicable state and federal regulations and guidelines.
4. Prosecute the owners of any property who fail to complete lead hazard reduction projects in accordance with all applicable standards.
5. Coordinate with the Bureau of Building Standards and Safety to identify and refer eligible properties where a child with an EBL resides or frequents for grant funding through a CDBG grant to remediate lead hazards in the home.

6. Participate as a sub-grantee through an agreement with PA DOH to administer the Pennsylvania Lead and Healthy Homes Program (LHHP) grant activities in Allentown.
7. Perform a lead risk assessment of each dwelling unit where a child with an elevated blood lead level has been identified, or otherwise qualifies for services through grant eligibility.
8. Perform a Healthy Homes Assessment through the LHHP grant in each dwelling unit where a child has been identified with an elevated blood lead level, and additional child-occupied residences per the grant, to provide household supplies to assist families in reducing asthma triggers and other environmental hazards in the home.
9. Utilize available funds through the LHHP grant to supplement LHC grant lead hazard reduction activities.

Objective 49

Investigate and abate, in a timely manner, all commercial and industrial noise-related complaints.

Activities

1. Investigate or refer to the appropriate agency (OSHA, Allentown Police Department) all commercial and industrial sites which create noise resulting in complaints from the surrounding community and assure their satisfactory abatement.
2. Assure the continued competency of the Sanitarians in noise measurement by conducting an in-service training session to review noise investigation protocols and policy; assure that at least one Sanitarian maintains certification as a Noise Technician.

Objective 50

Provide the public with a local resource for information about radon and promote radon testing awareness.

Activities

1. Distribute free radon test kits in partnership with the American Lung Association and DEP to City homeowners during National Radon Action Month in January.

2. Promote radon awareness and testing through the use of local media, placards displayed in public locations and through participation at local health fairs and similar events.
3. Provide information and materials about radon and radon testing in response to inquiries.

Objective 51

Investigate all reported indoor air pollution complaints and educate City residents about the relationship between indoor air quality (IAQ) and asthma.

Activities

1. Maintain current training in the NEHA Healthy Homes Specialist Credential curriculum for environmental staff not previously trained/certified.
2. Provide consultative services to the public about common indoor air pollutants and problems and suggest potential solutions to the public.
3. Distribute environmental asthma triggers information to the public when investigating complaints in which indoor air quality is an issue.
4. Assure that all Health Bureau outreach workers are knowledgeable about environmental asthma triggers to enable them to educate clients about asthma prevention during home visits.
5. Provide Healthy Homes tool kits to parents of children in properties eligible for HUD grant funding through the PA DOH sub-grant.
6. Promote public awareness of environmental asthma triggers through various media outlets and at community events in conjunction with National Asthma Awareness Month (May).
7. Provide consultative services to the administrative and custodial personnel of institutional facilities about IAQ issues in their facilities.
8. Perform IAQ/environmental asthma trigger awareness surveys and provide written recommendations to facility operators during all annual inspections of regulated institutional facilities (e.g., schools, child care facilities, nursing homes).
9. Perform Healthy Homes surveys for residents in housing units that are considered for eligibility for HUD grant funding through the PA DOH sub-grant.

Objective 52

Assure that all reported air, water, and soil pollution incidents are referred to the appropriate emergency management agency in a timely fashion.

Activities

1. Immediately forward all air, water and soil pollution reports to the appropriate municipal, county, state or federal emergency response agency of any condition discovered to be potentially harmful to the environment or to the human population.

Objective 53

Assure all new on-lot sewage system installations in the City are conducted in compliance with current state regulations and that reports of existing system malfunctions are addressed expeditiously.

Activities

1. Assure the continuous availability of a state-certified Sewage Enforcement Officer (SEO) and an alternate SEO who have been certified by the State of Pennsylvania to conduct plan reviews for proposed repairs and new systems, to conduct all necessary field work and evaluations, and to ensure permit compliance.
2. Investigate all reported incidents of on-lot sewage system malfunctions and assure the timely abatement of the problem.
3. Maintain appropriate records and files of all on-lot sewage system permit applications and related documentation.

Objective 54

Maintain standardized environmental control investigation procedures.

Activities

1. Review and revise, where necessary, each environmental control policy and procedure.
2. Conduct an annual review of all investigation policies and procedure with Sanitarian staff and conduct a minimum of 3 supervised complaint investigations with each Sanitarian; conduct supervisory review of randomly selected investigation reports for completeness and adherence to policy.

3. Assure the biweekly supervisory review of all complaints which are more than 15 days old to assure a timely resolution.
4. Maintain a computer file of all complaint investigations and assure prompt and accurate data entry of all enforcement activities.
5. Work with the City's IT department to develop and institute new complaint tracking software.

Objective 55

Increase staff awareness of new information about existing and emerging environmental health issues.

Activities

1. Assure the timely review of a variety of official agency websites (e.g., NIOSH, EPA, etc.) and all environmental health periodicals received for relevant and/or new information about environmental health issues.
2. Assure the distribution to each Sanitarian of all relevant news releases and other communications received from PA DOH, FDA, TSCA, EPA, ATSDR, et al.
3. Conduct weekly staff meetings to serve as a forum for the discussion of new information pertaining to environmental health issues.

Program Evaluation:

Resources will be utilized in the appropriate manner (i.e., investigation, education, referral) to reduce public health risks posed by potentially hazardous environmental conditions throughout the City during 2016. Respond to and address all public health-related nuisance complaints in 2016.

INSTITUTIONAL SANITATION AND SAFETY PROGRAM

Overview

The Institutional Sanitation and Safety Program services include:

- Child Care Facility Inspection and Certification
- Public Bathing Place Inspection
- School Inspection
- Long Term Care Facility Inspection

The Institutional Sanitation and Safety Program fulfills the program requirements of three mandated Act 315 programs. Public bathing places and long term care facilities are subject to regulations promulgated by the State. Child care facilities and schools are subject to regulation under the City's Child Care Facility Ordinance and School Ordinance, respectively.

Institutional communities face the same environmental health concerns as any other community since the existence of humans congregating in such facilities introduces the potential for the spread of disease or the occurrence of injury. Problems which may be found in institutions are not limited to safety and sanitation issues but also include indoor air quality concerns, personal health matters (e.g., immunizations) and occupational health hazards (e.g., chemical exposures).

The primary objective of the program's activities in each of the institutional settings is to protect the public from health and safety hazards which could result in illness or unintentional injury. Specific activities include identifying hazards and determining appropriate intervention strategies with facility operators to reduce the risk of injuries and illnesses.

Program Goal:

Assure that the community is provided healthful and safe institutional facilities through regular inspections and operator education.

2016 Institutional Sanitation and Safety Program Objectives

Objective 56

License and inspect all child care facilities in the City subject to regulation under the City's Child Care Facility Ordinance.

Activities

1. Inspect all child care facilities in the City to ensure compliance with sanitation and safety standards.
 - a. All child care centers shall be inspected at least once annually (43 in 2015).
 - b. All family child care homes shall be inspected at least once annually (114 in 2015).
 - c. All group child care homes shall be inspected at least once annually (12 in 2015).
2. Assure that all child care facilities located in the City of Allentown are licensed or registered by the Pennsylvania Department of Public Welfare and are certified under the Allentown Child Care Facility Ordinance.
3. Conduct timely re-inspections in non-compliant facilities in accordance with Bureau policy to assure compliance.
4. Assist the Bureau of Building Standards and Safety in the performance of all plan reviews for the construction of all new child care centers or the alteration of existing facilities.
5. Respond to citizen complaints regarding potentially unsafe conditions and/or practices in each type of child care facility.

Objective 57

Inspect all regulated bathing place facilities in the City subject to regulation under the PA State Public Bathing Place Code.

Activities

1. Inspect all public bathing place facilities in the City to ensure compliance with sanitation and safety standards (31 in 2015).
2. Conduct timely re-inspections in non-compliant facilities in accordance with Bureau policy to assure compliance.

3. Assist the Bureau of Building Standards and Safety in the performance of all plan reviews for the construction of all new public bathing place facilities or the alteration of existing facilities. Coordinate with PA Department of Health to assure the issuance of a PA State Public Bathing Place permit upon final approval of construction for any new public bathing facilities.
4. Respond to citizen complaints regarding potentially unsafe conditions and/or practices in public bathing places.
5. Educate the operators of public bathing places about the requirements of the public bathing place regulations.
6. Conduct safety and sanitation training session for Recreation Bureau employees who oversee the City-owned and operated public bathing places.
7. Initiate research into the adoption of a local ordinance to regulate Public Bathing Places.

Objective 58

Inspect all school facilities in the City subject to regulation under the City's School Sanitation Ordinance.

Activities

1. Conduct a minimum of 1 routine inspection in all public school facilities in the City to ensure compliance with sanitation and safety standards (25 in 2015).
2. Provide non-regulatory courtesy inspections to private school facilities as requested (14 in 2015).
3. Conduct timely re-inspections in non-compliant facilities in accordance with Bureau policy to assure compliance.
4. Assist the Bureau of Building Standards and Safety in the performance of all plan reviews for the construction of all new school facilities or the alteration of existing facilities.
5. Perform a risk assessment survey at each playground located on school property to identify hazards and conduct appropriate follow-up with ASD to confirm repairs or the development of plans to address any unsafe equipment or conditions.
6. Respond to citizen complaints regarding potentially unsafe conditions and/or practices in school facilities.

Objective 59

Inspect all regulated long term care facilities in the City subject to regulation under the PA State Long Term Care Facilities regulations.

Activities

1. Inspect all long term care facilities in the City to ensure compliance with sanitation and safety standards (6 in 2015).
2. Conduct timely re-inspections in non-compliant facilities in accordance with Bureau policy to assure compliance.
3. Respond to citizen complaints regarding potentially unsafe conditions and/or practices in long term care facilities.

Objective 60

Maintain standardized institutional facility inspection procedures.

Activities

1. Assure the annual supervisory review and revision, where necessary, of each administrative policy and procedure pertaining to institutions.
2. Conduct an annual review session to assure that each Sanitarian is knowledgeable of and adheres to the established policies and protocols for the inspection of child care facilities, public bathing places, schools and long term care facilities.
3. Conduct a supervisory review of each completed inspection report to assure staff consistency in the interpretation and documentation of items identified in non-compliance and the required corrections.
4. Provide update training as needed for staff in the inspection of institutional facilities and the equipment used in the inspection process.
5. Seek appropriate training from PA DOH in the inspection of long term care facilities.

Program Evaluation:

All institutional facilities will be inspected and operated in substantial compliance with all applicable health and safety ordinances and regulations during 2016.

INJURY PREVENTION PROGRAM

Overview

Injury, both intentional (assault, homicide and suicide) and unintentional (accidents), is the leading cause of death, disability and hospital visits for ages 1–44 years old. For all age groups in Allentown, injury is the fourth leading cause of death. According to the Pennsylvania Department of Health (PADOH), in 2013 there were 54 unintentional injury deaths the City of Allentown; some of the victims were non-residents. From 2008-2012 in Allentown there were 133 deaths attributable to motor vehicle accidents or self-harm. In 2014, throughout all of Lehigh County there were 3,256 hospitalizations for unintentional injury. These injuries resulted in total charges of \$281 million.

Unintentional injury, mainly due to falls, is a huge problem in the elderly population of the US and the Allentown/Lehigh Valley area. In 2014, 1,426 individuals 65 and older were hospitalized due to unintentional falls. In 2013 in Lehigh County, there were 73 deaths due to unintentional non-motor vehicle accidents in the 65 and older age group and 316 from 2009-2013. The Allentown Health Bureau conducts fall prevention activities, including the Matter of Balance course to help educate seniors and prevent falls.

Residential safety programming focuses primarily on identifying and reducing safety hazards in the homes of children 5 years and younger, the homes of older adults (55 years and older), and adults with physical challenges. AHB also continues to conduct a *Shared Bed Risk Reduction* initiative which includes a sleeping practices assessment, education for parents on the injury hazards associated with the practice of children sharing a bed with an adult, and the distribution of cribs to families in need.

According to the Poison Prevention Week Council, more than 2 million poisonings are reported each year to Poison Prevention Centers nationwide. Here in Lehigh County, PADOH reports 212 poisoning deaths between 2006 and 2010: 167 were unintentional and 45 were intentional. The Health Bureau will again this year partner with the Lehigh County District Attorney's Office and the Allentown Police Department to conduct collections of unwanted medications as well as advertising prescription drug collection points. Drug overdose deaths have continued to rise in recent years. In Pennsylvania, according to the Coroner's Association, drug overdose deaths rose 20% from 2013 to 2014 and will continue to rise in 2015. For the first time AHB is partnering with many other agencies to address the current Heroin/Opioid problem within the county and state through a Heroin/Opioid Taskforce.

Suicide prevention has been part AHB programming program since the mid-1990s. According to PADOH there were 252 suicides in Lehigh County from 2009-2013.

The Safe Kids Allentown-Bethlehem-Easton Coalition, a local affiliate of Safe Kids Worldwide, is a multi-agency organization led by the Allentown Health Bureau and

dedicated to the reduction of injury deaths in children 19 years and younger. Activities include safety carnivals, safety training, exhibits, distribution of safety devices (e.g., smoke detectors and bicycle helmets), advocacy for legislative and engineering safety initiatives, and data collection.

Recreational safety includes individual and team sports safety, bike safety and water safety education. Program activities include disseminating educational materials on sports safety, engaging organizations who teach recreational safety to connect with recreational programs, and educating coaches, recreation officials, school administrators and teachers, and the general public.

The National Highway Traffic Safety Administration, documented 1,149 occupant deaths of children 14 years and younger in motor vehicle crashes nationwide in 2013. It was the leading cause of death for children age 4 and the second leading cause of death for children age 3 and every age 5 through 14. Parental clients surveyed by AHB staff indicate that nearly 15% do not have age appropriate car seats for their children and cite cost as a major reason. To address this need AHB distributes either car seats purchased with PADOH grant funds to qualified or car seat vouchers obtained via our partnership with the Lehigh Valley Health Network's *Operation Safe Ride* Program. Pediatric transportation safety also includes bicycle and pedestrian safety – working with the Allentown School District, the AHB seeks to promote best practice safety behavior in elementary and teen-aged pedestrian, and cyclists.

Safe Kids Worldwide national survey of emergency room visits shows more than a million times a year, or about every 25 seconds, a young athlete visits a hospital emergency room for a sports-related injury. In 2012, 12% of all ER visits involving a pediatric sports injury (163,670) involved a concussion, the equivalent of one every three minutes. Sports and recreational activities contribute to approximately 21 percent of all traumatic brain injuries among American children. Repeated head trauma can lead to lasting neurological damage, including seizure disorders or death. The AHB works with the Allentown Parks and Recreation Departments to promote education and awareness to address this issue in the community.

2016 Injury Prevention Program Objectives

Objective 61

Distribute and properly install car seats to reduce child occupant injuries.

Activities

1. Collaborate with *Operation Safe Ride*; a community-based safety initiative, to increase the availability of car seats to qualified clients who receive injury prevention or maternal and child health services and provide technical assistance on proper installation upon request.

2. Participate in a local child passenger safety check-up event during National Child Passenger Safety Week in September.
3. Assure each Community Health Specialist certified as a Car Seat Technician completes at least 3 car seat installations, including attending one car seat check, and attends required update training opportunities.
4. Distribute 180 convertible car seats to community members utilizing Health Bureau car seat technicians and community partner agencies (Sixth Street Shelter, Center for Women's Medicine – Lehigh Valley Health Network, Sacred Heart Hospital, Vida Nueva, and VNA of St. Luke's Hospital). Contact every car seat recipient by phone 3 months after the issuance to verify continued proper use and installation; determine whether the car seat was involved with a crash.
5. Ensure that community partner agencies provide AHB contact information to seat recipients so they can schedule a seat installation if needed.
6. With the help of community partners, schedule and hold at least 4 car seat check-up events in the City of Allentown for individuals in the community to attend.
7. With the help of community partners schedule and help facilitate one Child Passenger Safety Car Seat Technician course and one Update course to enhance and expand child passenger safety to more professionals in Allentown and the Lehigh Valley.
8. Increase awareness of senior driving safety issues by promoting and distributing educational material, participating in CarFit checks when available and working with community partners to conduct educational activities.

Objective 62

Promote safe traveling habits among children and teens specifically aimed at pedestrian and bicycling behavior.

Activities

1. Work with the Bureau's Safe and Healthy Communities program to promote policies and education based on Safe Routes to Schools (SRTS)
 - a. (See Chronic Disease Objective 12 for related activities)

2. In partnership with the Allentown School District, use survey results from students to design and implement a pedestrian education program aimed at elementary students.
3. Hold a minimum of 15 “Stay Safe, Walk Smart Allentown” interactive pedestrian educational activities to elementary school groups or groups of children of elementary school age (summer camp programs, after school programs, etc.)

Objective 63

Reduce pediatric in-home injury due to falls, fires, scald burns, poisonings, chokings, suffocations, drowning and other hazards.

Activities

1. Serve as chairperson of the Safe Kids Allentown-Bethlehem-Easton Coalition: conduct 6 coalition meetings, coordinate subcommittees, produce reports and keep the members informed through minutes and other news.
2. Conduct a minimum of 80 safety surveys in the homes of children ages 0-5 to identify and eliminate hazards that could result in injury. Attempt to conduct follow-up surveys of all clients (by telephone or in-person visits) to ascertain whether hazards were appropriately addressed after the initial survey. Meet with Clinical Services manager and staff who perform surveys to review procedures and issues related to how the surveys to review procedures and issues related to how the surveys are performed.
3. Maintain relationships with 20 public community, social service or medical care organizations to provide referrals for home surveys.
4. Coordinate the *Shared Bed Risk Reduction* activities of all health bureau outreach workers to assure their clients are educated about the risks of shared family beds in order to prevent “rollover” deaths of infants and young children. Follow-up each of the assessments with clients who receive a crib or have a recorded bed risk behavior to determine their compliance with our recommendations and to develop a quarterly outcome report. Complete semi-annual reports tabulating results and evaluating program procedures. Evaluate data collection and procedures with Clinical Services manager and staff every other month.
5. Provide “Kids Can’t Fly” information explaining the danger of children falling out of windows to landlords of multi-unit homes by census track throughout the city and to 25 child-oriented agencies: issue a news release to the media about this program. Contact the owners of buildings where a child window fall has occurred to offer prevention advice against future incidents.

6. Participate in bi-monthly Lehigh County Child Death Review team meetings.

Objective 64

Reduce sports and activity related injuries to children through education aimed at both children and their caregivers.

Activities

1. Assist the City's Aquatics Director in planning a water safety carnival featuring water safety skills stations for children and family water safety education in early summer. In addition, coordinate a minimum of two other water safety educational opportunities in conjunction with the City's Aquatics Director for the participants of the summer playground program.
2. Disseminate information detailing residential pool barrier safety to new private pool owners identified through the City's permit process.
3. Develop a program aimed at educating young athletes and their parents/caregivers, coaches and rec league organizers to the dangers of head trauma and repeated head injuries.
4. Present the sports head trauma program to 6 schools, community groups or organizations annually.
5. Work with the city's Recreation Bureau to promote head trauma and sports related injury prevention education to all participants in their programming.

Objective 65

Reduce senior injuries, primarily fall injuries through the A Matter of Balance, Stopping Elderly Accidents Deaths and Injuries (STEADI) Program, senior falls prevention presentations and senior home safety surveys.

Activities

1. Conduct recruiting activity as needed in order to maintain a roster of at least 6 certified Matter of Balance coaches.
2. Host two training updates for MOB certified coaches and maintain a roster of 6 MOB certified coaches.
3. Conduct at least 6 coach-led A Matter of Balance programs to reach a minimum of 60 adult participants who are 55 years and older.

4. Observe and evaluate MOB certified coaches using prescribed coach evaluation tools.
5. Collect and input MOB survey materials into Project Enhance data software.
6. Report as needed concerning local implementation of STEADI.
7. Collect data on a regular basis concerning STEADI implementation.
8. Maintain relationships with 20 public community, social service or medical care organizations to provide referrals for home surveys.
9. Conduct a minimum of 100 safety surveys in the homes of older (55+) or physically challenged adults to identify and eliminate hazards that could lead to injuries, including falls. Attempt to conduct follow-up surveys of all clients (by telephone or in-person visits) to ascertain whether hazards were corrected after the initial survey.
10. Provide and explain the use of safety devices such as emergency contact cards, whistles, bath mats, anti-slip rug pads, and other fall prevention items at all home safety surveys.
11. Referrals to home safety survey participants will be made as needed, included home modification and vision referrals.
12. Distribute falls prevention information for seniors at exhibits and presentations.
13. Promote and conduct at least 4 falls prevention presentations for seniors at sites (e.g. senior housing, church and neighborhood groups) throughout the City.
14. Attend Elder Abuse Task Force meetings and help facilitate and promote elder abuse education awareness opportunities to Allentown seniors.

Objective 66

Reduce the number of unintentional poisonings and drug overdoses through education and participation in poison and drug prevention initiatives.

Activities

1. Collaborate with the Allentown Police Department, Lehigh County District Attorney's Office and the U.S. Drug Enforcement Administration to promote proper disposal of unwanted medications and to educate the healthcare providers and public regarding the safe use and disposal of medications;

- conduct two Drug Enforcement Administration-sponsored community drug take back events.
2. Conduct six prescription medication management educational sessions for seniors in a community setting.
 3. Conduct a minimum of 100 safety surveys in the homes of older (55+) or physically challenged adults to identify and eliminate hazards that could lead to injuries, including poisonings. Attempt to conduct follow-up surveys of all clients (by telephone or in-person visits) to ascertain whether hazards were corrected after the initial survey.
 4. Promote the availability of all medication disposal boxes within the City of Allentown and Lehigh County.
 5. Educate parents about the Poison Helpline via the distribution of decals and cabinet safety locks during child home safety surveys.
 6. Educate the public about proper storage of poisons, medications, household cleaners and other chemicals during home safety surveys and media activities during Poison Prevention Week in March; conduct poison prevention presentations in 7 child care centers.
 7. Participate in the Heroin/Opioid Task Force to reduce the number of overdose deaths in the City of Allentown by promoting educational opportunities for community groups and disseminating relevant educational materials.

Objective 67

Collaborate with community partners to increase public awareness about suicide and domestic violence.

Activities

1. Co-chair the Lehigh Valley Chapter of the American Foundation for Suicide Prevention (AFSP-LV) Board.
2. Participate in the planning and implementation of AFSP-LV events:
 - the *Ride for a Voice* in September
 - the *Out of the Darkness Walk* in October
 - the National Survivors of Suicide Day webcast in November
3. Participate in the community suicide prevention task force to review local suicide rates, current programming, and prevention strategies.

4. Partner with Turning Point of Lehigh Valley concerning violence and domestic abuse issues including but not limited to activities during Week Without Violence in October.

Objective 68

Facilitate a comprehensive child maltreatment prevention program incorporating Strengthening Families Framework principles.

Activities

1. Ensure that a; Maternal and Child Health (MCH) and Injury Prevention (IP) staff will receive child abuse mandatory reporting training as new hires and receive updates annually.
2. Injury Prevention staff will complete the Strengthening Families Framework Online Training.
3. Train relevant AHB staff in Strengthening Families Framework principles and incorporate violence against children prevention education and awareness component into all MCH & IP client encounters.
4. Promote Strengthening Families Framework principles to at least five organizations, four community events and conduct at least two presentations to appropriate partners.
5. Make clients aware of the most recent version of the local community resource book for services for families and children created and compiled by Community Services for Children.
6. Work with Allentown Children and Youth Advisory Board to promote one policy change regarding child maltreatment by the end of 2017.

Objective 69

Provide training for the injury prevention staff and promote workplace Health Bureau staff safety.

Activities

1. Assure that each AHB staff member who conducts injury prevention-related program activity has been trained in all injury prevention policies and procedures.
2. Participate in scheduled meetings and conference calls in relation to the VIPP grant and the Safe Kids coalition.

3. Injury prevention staff shall participate in at least 1 injury prevention webinar quarterly.
4. Injury prevention staff shall attend in-person injury and violence prevention training opportunities dependent on availability and accessibility.
5. Maintain email or mail notification subscriptions to organizations that provide injury-related news, recalls and research.
6. Accurately compile and record all staff training acquired during the year.
7. Maintain membership in the Safe State Alliance and submit an abstract on one of AHB's measurably successful injury prevention programs for their annual meeting; attend the annual meeting.
8. Review and update as needed, the Alliance Hall Emergency Plan.
9. Conduct quarterly Health Bureau Safety Committee meetings and coordinate efforts with the City Safety Compliance Officer to ensure a safe workplace and to provide worker safety training (e.g., crime avoidance for outreach workers).
10. Conduct semi-annual evacuation drills at Alliance Hall.

Objective 70

Improve program management through enhanced data collection and standardization of child and older adult safety survey procedures.

Activities

1. Assure the quarterly review of all program activities to assure compliance with annual program plan objectives.
2. Assess the competency and effectiveness of field staff in relating to their clients through a client satisfaction survey of 5% of all survey participants.
3. Conduct a supervisory review of completed home safety surveys to assure staff consistency and competency in the interpretation and documentation of hazards and the corrective actions required for compliance.
4. Conduct a minimum of 2 supervised in-home safety surveys and 2 community presentations with each Community Health Specialist.

5. Review and revise the home safety survey check lists as needed to ensure the inclusion of newly identified home hazards.

Program Evaluation:

Each request for home injury prevention services will be met, public education campaigns will be conducted, and violence prevention and partnering advocacies will be further developed.

PUBLIC HEALTH EMERGENCY PREPAREDNESS

Overview

The Allentown Health Bureau (AHB) fulfills an important role in all-hazards emergency preparedness and response. The Public Health Emergency Preparedness Program coordinates preparedness and response planning, training and exercise development, and facilitates the City of Allentown's (City) response and recovery activities to the public health and medical consequences of natural or man-made disasters and emergencies.

The Public Health Emergency Preparedness Program is responsible for maintaining an All-Hazards Public Health Emergency Response Plan (PHERP). The PHERP is designed to guide the AHB in determining the type and nature of its response as an agency when a public health emergency occurs. The plan provides guidance to the AHB in its responsibilities in areas including but not limited to: surveillance, investigation, public information dissemination, disease investigation and collaboration with other agencies in both natural and man-made emergencies in the city. The goal of the PHERP is to protect and maintain the public's health, and to reduce the incidence of morbidity and mortality in the event of a public health emergency.

Since public health threats are always present, AHB's ability to prevent, respond to and recover from public health threats is vital for protecting our community's health. The Public Health Emergency Preparedness Program uses the 15 public health preparedness capabilities identified by the Centers for Disease Control (CDC) as the guiding principles for local preparedness.

Citizen preparedness is an important component of a community's resiliency. AHB maintains a robust Allentown Volunteer Medical Reserve Corps (AVMRC), a group of medical and non-medical volunteers who are available to assist with the public health response and recovery. In addition, AHB collaborates with City, county, local, regional and state emergency preparedness and response partners, and engages subject matter experts to plan and implement preparedness initiatives for public health staff, volunteers and community members. Through presentations, awareness campaigns, trainings and exercises the four (4) components to be ready for an emergency are addressed on an ongoing basis. The four components are: be informed, make a plan, build an emergency supply kit, and get involved by finding opportunities to support community preparedness.

Objective 71

Build and sustain the 15 public health emergency preparedness (PHEP) capabilities as outlined by the CDC's Public Health Preparedness Capabilities, Standards for State and Local Planning.

Activities:

1. Community Preparedness

- a. Utilize Project Public Health Ready (PPHR) guidance to revise the City's All-Hazards PHERP and submit the plan for PPHR Re-Recognition.
- b. Participate in all local public health emergency response activities, including pandemic influenza planning and response, by providing staff, volunteers, equipment, and supplies, as available.
- c. Attend all of the PADOH Statewide Advisory Committee for Preparedness (SACP) meetings.
- d. Participate in the PADOH-BPHP monthly county and municipal health department conference calls.
- e. Participate in regional task force meetings and meetings with local first responders (i.e., emergency managers, law enforcement, County Emergency Response Teams, and Citizen Corps) to build state and local response coordination and communication capabilities.
- f. Meet regularly with the City of Allentown and Lehigh County emergency management teams to coordinate efforts and insure that all community preparedness activities are coordinated and deliver a unified message.
- g. Conduct citizen preparedness education via media campaigns, distribution of the Get Ready DVDs, public meetings, and targeted outreach.
- h. Collaborate with the Lehigh County Office of Emergency Management Agency (LCEMA) staff to offer Community Emergency Response Training (CERT) to interested citizens.
- i. Collaborate with LCEMA and emergency response partners to conduct preparedness education at workplace and community settings.
- j. Collaborate with community and faith-based partners to increase awareness regarding how to prevent, respond to and recover from public health incidents.

2. Community Recovery

- a. Collaborate with recovery lead jurisdictional agencies (e.g., emergency management and social service) to ensure that the jurisdiction can provide health services needed to recover from a physical or mental/behavioral injury, illness, or exposure sustained as a result of the incident, with particular attention to the functional needs of at-risk persons (e.g., those displaced from their usual residence).
- b. Incorporate mental/behavioral health training into annual staff and volunteer training plan (e.g., grief counseling services).

3. Emergency Operations Coordination

- a. Meet quarterly with the City's Emergency Management Coordinator to update contact information for key response personnel and to discuss any events which could result in protocol changes.

4. Emergency Public Information and Warning

- a. Assure emergency public information and warning procedures are established to coordinate and disseminate information, alerts, warnings and notifications to the public.
- b. Assure the availability, training and proficiency of the City's public information officer in regard to public health emergencies.
- c. Partner with the Lehigh County Office of Emergency Management and the City of Allentown Bureau of Communications to promote ReadyNotifyLehigh, the LCEMA emergency alert notification system, available to both Lehigh County and Allentown 9-1-1 communications centers.
- d. Maintain proficiency in the rapid activation of the AHB-based phone bank.
- e. Further develop staff roles, recall rosters and operational procedures for an off-site public health information call center. Orient new and refresh other staff to the Lehigh County Health Information Center (LCHIC) at Muhlenberg College.

5. Fatality Management

- a. Train new public health staff and AVMRC volunteers that may participate in fatality management activities on the jurisdiction's fatality management plans and procedures and understand their role(s), if any, during a public health response that includes fatalities.

6. Information Sharing

- a. Continue to disseminate information and alerts to community partners.
- b. Participate in, at minimum, quarterly PADOH initiated 800 Megahertz radio system drills.
- c. Assure that Allentown Health Bureau staff is proficient in the use of PA NEDSS, PA-HAN, EPI Center, the 800 MHz radio system, Knowledge Center, SIIS and SERVPA to insure early disease detection, prompt disease investigation and coordinated disease control and emergency response efforts.
- d. Develop an information sharing plan for conducting multijurisdictional, multidisciplinary exchange of health-related information and situational awareness data among federal, state, local levels of government and the private sector which includes identifying stakeholders, developing rules and establishing data elements for sharing.

7. Mass Care

- a. Collaborate with LCEMA, the American Red Cross and local emergency response partners to review and update, as needed, the Mass Care and Sheltering Plan for our community.
- b. Attend or receive updates from the Hospital Preparedness committee and insure that public health preparedness plans are compatible with hospital response plans.

8. Medical Countermeasure Dispensing

- a. Review the sites selected for City of Allentown Points of Dispensing (PODs); maintain or revise the POD plan, as needed.
- b. Continue to educate staff and volunteers affiliated with AVMRC and LC CERT, about procurement, management, and mass distribution of supplies and medications.
- c. Conduct one full-scale or functional exercise, which tests key components of the City's mass prophylaxis/dispensing plans, and includes all pertinent jurisdictional leadership and emergency support function leads, planning and operational staff, and other applicable personnel.
- d. Conduct three of the five drills listed below and provide reports to the PADOH-BPHP on the drills using the CDC-required drill forms provided by the Department.
 - i. Personnel Call-Down Drill
 - ii. Site Activation Drill

- iii. Facility (POD) Set-Up Drill
- iv. Pick List Generation Drill
- v. Dispensing Throughput Drill

- e. Prepare a Homeland Security Exercise and Evaluation Program (HSEEP) compliant After Action Report (AAR) and Improvement Plan (IP) and submit to PADOH-BPHP, within 60 days of each exercise or drill completion.
- f. Review and update the 2016-2017 exercise schedule and training plan to ensure HSEEP compliance, and at minimum includes three of the five drills.

9. Medical Material Management and Distribution

- a. Review and update, as needed, the PHEP inventory management system; train personnel when updates are made.
- b. Update the PHEP inventory supply list annually; order additional supplies as needed.

10. Medical Surge

- a. Conduct recruitment and development activities for medical reserve corps members and give priority to those exercises or opportunities which bring volunteers together with a broad range of responders.

11. Non-Pharmaceutical Interventions

- a. Conduct awareness-level training in the use of the non-pharmaceutical decision matrix.

12. Public Health Laboratory Testing

- a. Conduct a staff in-service to review the handling, packaging and transporting samples following established IATA/DOT and laboratory-specific protocols.
- b. Conduct a staff in-service on forensic chain-of-custody throughout the sample-management process.

13. Public Health Surveillance and Epidemiological Investigation

- a. Identify and investigate all known cases of reportable diseases as identified in 28 Pa Code Chapter 27 (relating to Communicable and Non-Communicable diseases).

- b. Initiate conversation with neighboring jurisdictions and PADOH on a quarterly basis to discuss trends and encourage open dialogue during emergency and non-emergency situations.

14. Responder Safety and Health

- a. Identify responder safety and health risks and provide appropriate training and personal protective equipment (PPE) and supplies.

15. Volunteer Management

- a. Collaborate with community partners to draft procedures for managing spontaneous volunteers.
- b. Collaborate with jurisdictional authorities and partner groups to identify community resources that can support volunteer post-deployment medical screening, stress and well-being assessment and, when requested or indicated, referral to medical and mental/behavioral health services.

Objective 72

Utilize the Allentown Volunteer Medical Reserve Corps (AVMRC) to enhance the emergency response capacity by increasing the availability of a trained and skilled workforce of medical and public health professionals and lay volunteers.

Activities:

1. Overarching

- a. Respond to requests for assistance made by local emergency management organizations and/or state government, by providing staff, volunteers, equipment, and supplies, as available.
- b. Maintain accurate and up-to-date contact information on the AVMRC Unit in the State Emergency Registry of Volunteers in Pennsylvania (SERVPA), and on the national MRC web site.
- c. Maintain at least 50% of the total AVMRC Unit membership as registered and accepted within AHB's MRC Unit in SERVPA.

2. State and Local Coordination

- a. Assure at least one MRC Unit member attends all of the PADOH Statewide Advisory Committee for Preparedness (SACP) meetings that are scheduled and organized by the Department.
- b. Enroll AVMRC Unit volunteers and coordinators into SERVPA.

- c. Develop and conduct emergency response training of AVMRC volunteers with other local, state or regional assets, such as EMS, hospitals, community health centers, and long-term care facilities.
 - d. Assure the inclusion of AVMRC members and personnel from other local, state or regional assets, such as EMS, hospitals, community health centers, and long-term care facilities in community exercises.
3. Planning and Response
- a. Conduct a minimum of one activity to recruit additional AVMRC volunteers.
 - b. Complete an inventory AVMRC's cache of public health emergency response supplies/equipment, and purchase supplies/equipment, as needed, to enhance the unit's medical response capability.
4. Training and Education
- a. Develop a training needs assessment and a training plan to include National Incident Management System (NIMS) training for AVMRC members.
 - b. Conduct a minimum of one standard orientation training for all new AVMRC members, to include MRC core competencies, roles and responsibilities.
 - c. Design and conduct a minimum of one competency-based emergency preparedness education and training session for all AVMRC members and staff; training shall include how to use SERVPA.
 - d. Provide instructors and a training site for each training session.
 - e. Provide prior written notice to the AVMRC members and the PADOH of training session dates, locations and agenda.
 - f. Participate in all appropriate SERVPA trainings, as requested by PADOH.
5. Exercises
- a. Participate in a minimum of one exercise which utilizes public health emergency scenarios or responds to a real-life public health event utilizing the AVMRC.
 - b. Conduct at least one notification drill of all active AVMRC members through SERVPA.

- c. Participate in all appropriate SERVPA exercises, as requested by PADOH.

Program Evaluation:

The City's All Hazards Public Health Emergency Operations Plan will be updated; the NIMS plan will be compliant and coordinated with state and city emergency plans; and the City's PHERP will be submitted for Project Public Health Ready re-certification. Health Bureau staff and AVMRC volunteers will complete training as identified through a training needs assessment, including bioterrorism-related trainings, exercises, and drills. Further evaluation will be accomplished through and quarterly measurements of activities throughout 2016.

**2015
Environmental
Health
Services
Accomplishments**

ENVIRONMENTAL HEALTH SERVICES

2015 ACCOMPLISHMENTS BY OBJECTIVE - FOOD PROTECTION

Objective 35 – Achieved

License and inspect all food service establishments, including restaurants, bars, markets and other retail food facilities, mobile food units, temporary food stands and potentially hazardous food vending machines.

- 900 food service establishments were inspected including: 1) 637 retail facilities and 23 mobile operators with city issued health licenses; 2) 209 institutional facilities which were licensed by another agency and; 3) 31 sites which were registered only due to their limited operation.
- 1250 routine inspections were conducted, including 264 in high risk facilities were conducted.
- 441 temporary food service facilities were inspected and approved.
- 26 vending machines retailing potentially hazardous foods were inspected.
- Responded to 9 reported emergencies (e.g., power outages, sewage overflows, flooding), that cumulatively affected 14 licensed food service establishments.
- Successfully assured licensure of 10 new facilities as part of an extensive ongoing development initiative in the City's core downtown district.
- Chart 35.1 below illustrates primary program activities – 2011 through 2015:

Chart 35.1

Activities	2011	2012	2013	2014	2015
Food Service Establishments Inspected	861	873	884	880	900
Number of Routine Food Service Establishment Inspections	915	995	1108	1036	1250
Number of Temporary Food Service Inspections	391	421	420	430	441
Number of Potentially Hazardous Food Vending Machine Inspections	36	19	32	26	26
Number of Plan Reviews Conducted	75	109	120	112	133

Objective 36 - Achieved

Continue to utilize Computer Aid Inc.'s *PAFoodSafety* web application inspection software maintained by agreement with the Pennsylvania Department of Agriculture (PDA), and other software, to enable mobile data management in the field as well as in the office environment.

- Maintained the *PAFoodSafety* inspection system and–coordinated system updates through PDA, CAI and the City's IT support.
- Utilized state-of-the-art tablets capable of running the updated version of CAI's software to generate inspection report narratives in the field.
- Maintained and updated a food establishment GIS locator program on field staff PC's which was utilized when responding to power outages.
- Provided in-house training as needed for all staff on the use of the inspection report narrative form and the GIS Program.
- Maintained an agreement with PA Department of Agriculture for the sharing of inspection software and databases.

Objective 37 - Achieved

Maintain standardized food service plan review, licensing and inspection procedures.

- 133 plan reviews were conducted to assure that food service design criteria, equipment and materials are in compliance with current standards.
- Site checks were conducted during the construction or renovation of food service establishments to assure adherence to the approved plans.
- Inspection reports underwent supervisory review to assure staff consistency in regulation interpretation and documentation.
- Supervised food service inspections were conducted with each Sanitarian.
- Maintained a licensing software module as part of the City's "one-stop-shop" permit process.

Objective 38 - Achieved

Enhance staff knowledge of current food safety principles, code interpretations, food recalls and regulations through training opportunities.

- Each Sanitarian attended at least 2 training opportunities off-site or on-line devoted to food safety issues.
- 32 staff meetings were conducted to review current information and introduce new concepts in food protection.
- 5 Sanitarian positions were fully staffed.
- One sanitarian submitted application for State Health Officer/Sanitary Officer credential.
- 7 staff members maintained ServSafe certifications or renewed by examination.

- Sanitarians routinely accessed websites for all pertinent FDA, USDA, PDA and DOH food recall notices, alerts and interpretation memos issued.

Objective 39 - Achieved

Allocate program resources in an efficient manner through the use of food hazard risk assessment.

- A risk analysis utilizing a food safety assessment tool was performed in each new facility and those which underwent a change of ownership to determine the frequency of annual inspections.
- Each existing facility's risk analysis was reviewed for accuracy at the time of inspection and the facility's inspection frequency was adjusted accordingly.

Objective 40 - Achieved

Maintain efforts to ensure compliance in licensed food service facilities where chronic or severe violations are identified during inspections.

- 136 re-inspections were conducted in facilities with violations to ensure compliance was achieved.
- 5 administrative conferences were conducted with operators of non-compliant establishments.
- 174 facilities received notices of violation as a result of non-compliance; 66 citations were issued to 34 operators for chronic or severe violations.
- 201 violations were cited on 146 food service violation tickets issued to 74 food service establishments in violation of the Food Service Sanitation Ordinance.
- 99 conditional licenses were issued to operators in non-compliance with other City ordinances or regulations; each subsequently complied and was granted an annual license, the facility permanently closed, or legal action was taken.
- Monitored self-reported corrective actions via a post card notification system.
- Achieved the passage of an ordinance amendment to enable legislation for issuance of tickets for food service violations. Developed protocols and implemented the ticketing process.

Objective 41 - Achieved

Fulfill the obligations for uniform food service regulatory activities consistent with Act 106 of 2010, Chapter 46 - The Food Code and the most current version of the FDA Model Food Code.

- Submitted all inspection data to PDA via the *PAFoodSafety* inspection system.
- Trained staff in the use of PDA's newly revised food regulations published in April, 2014 at 7 Pa. Code Chapter 46.

Objective 42 - Achieved

Maintain a food borne disease surveillance system to appropriately respond to food-related complaints or reports of illnesses attributed to food.

- 120 food-related consumer complaints were investigated.
- 9 reported cases of potential food borne illnesses were logged and investigated.
- A computer-based food-related complaint log was utilized to identify potential food-borne disease outbreaks.

Objective 43 - Achieved

Educate food service operators and personnel in safe food handling practices and sanitation.

- Conducted 6 Person-In-Charge training seminars; 39 food facility owners and managers from 23 facilities attended these sessions. In addition, Person-in-Charge trainings were conducted at the initial inspection of 23 new or change-of-owner facilities.
- A variety of posters, flyers and fact sheets regarding food safety issues were distributed to all licensed operators.
- Promoted the availability of Food Service Manager Certification training as required by Act 131 of 1994; promoted compliance with the requirements of the Act, as amended by Act 106.

Objective 44 - Achieved

Conduct public awareness activities about safe food handling practices.

- Distributed food safety information at 1 local health fair.
- Continued to distribute to all licensed facilities decals that promote hand washing for placement at all hand sinks.
- Responded to approximately 100 public inquiries about safe food handling.

2015 ACCOMPLISHMENTS BY OBJECTIVE - ENVIRONMENTAL CONTROL

Objective 45 - Achieved

Investigate and successfully abate all complaints regarding housing sanitation, public health nuisance and vector control complaints in a timely manner.

- 533 community health related complaints were investigated and successfully resolved through 491 initial visits and 344 rechecks.
- Working relationships with social service agencies (e.g., Children and Youth, Area Agency on Aging) were maintained to provide assistance in the investigation of problems involving unsanitary housing.
- 39 notices of violation, 10 citations and 27 tickets were issued regarding community health nuisances.
- Chart 45.1 below illustrates primary program activities - 2011 through 2015:

Chart 45.1

Complaint Category	2011	2012	2013	2014	2015
Community Health Nuisances	416	398	396	274	292
Bed Bug Infestations	133	149	157	116	97
Indoor Air Quality	90	90	108	89	100
Environmental Lead	8	5	10	11	5
WNV Control / Mosquito Harborage	49	68	58	46	40
Total	696	710	729	536	533

Objective 46 - Achieved

Conduct appropriate actions to control the potential spread of West Nile Virus in the City.

- Investigated and abated 40 complaints of mosquito harborage on residential and commercial properties.
- 2 staff maintained pesticide applicator's license in order to provide mosquito control activities.
- Cooperated with the Lehigh County West Nile Virus program in their efforts to identify and reduce or eliminate potential mosquito breeding sites in salvage yards in the City.

Objective 47 - Achieved

Assure that all dwelling units or other structures occupied or frequented by children diagnosed with elevated blood lead levels of 20 µg/dl and above or chronically above 15 µg/dl undergo appropriate lead hazard risk assessment within 15 days of Health Bureau notification.

- Maintained inspector/risk assessor certification for 2 Sanitarians through appropriate recertification training.
- 5 lead hazard risk assessments were conducted in homes occupied or frequented by children with elevated blood lead levels, or were identified by Bureau of Building Standards as child occupied homes eligible for Lead Hazard Control grant funding to remediate lead hazards.
- 5 notices of violation were issued to owners of properties identified with environmental lead hazards.
- 20 visits to monitor compliance were made to properties undergoing lead hazard reduction projects.
- 2 lead hazard reduction projects were completed in dwellings which contained lead paint.
- Coordinated with the Bureau of Building Standards and Safety to successfully complete a Title X HUD grant via a PADOH sub-grant. Grant deliverables were successfully accomplished. Additional grant funds were acquired to enable additional units to be remediated.
- Distributed Healthy Homes Toolkits to the families of each residence where an environmental assessment was completed.

Objective 48 - Achieved

Investigate and abate, in a timely manner, all commercial and industrial noise-related complaints.

- 1 noise-related complaint was investigated and successfully abated.
- Noise Technician certification was maintained by 1 staff member.

Objective 49 - Achieved

Provide the public with a local resource for information about radon and promote radon testing awareness.

- Promoted radon awareness directly to the public through participation in 1 local health fair.
- Responded to approximately 20 public inquiries pertaining to radon-related issues.
- Obtained radon test kits for distribution in January 2016.

Objective 50 - Achieved

Investigate all reported indoor air pollution complaints and educate City residents about the relationship between IAQ and asthma.

- 100 investigations of properties with suspected indoor air quality problems were conducted and abated.
- 8 facilities were inspected for their compliance with the City's cigarette vending ordinance.
- Responded to approximately 100 public inquiries regarding indoor air quality issues or referred callers to other sources of information.
- Displayed IAQ information at 1 community health fairs.
- Distributed environmental asthma triggers information to the public when investigating indoor air quality complaints.

Objective 51 - Achieved

Assure that all reported air, water and soil pollution incidents are verified and referred to the appropriate municipal, state or federal agency in a timely fashion.

- No pollution incidents were reported for referral to the appropriate state, local or county emergency response agency.

Objective 52 - Achieved

Assure all new on-lot sewage system installations in the City are completed in compliance with current state regulations and existing system malfunctions are addressed expeditiously.

- 2 City Public Works employee maintained a Sewage Enforcement Officer license, and a 3rd party SEO was named as an alternate to assure prompt response to inquiries about existing and new on-lot sewage systems. No new on-lot systems were installed and no existing systems required repair.

Objective 53 - Achieved

Maintain standardized environmental control investigation procedures.

- Each environmental control policy and procedure received an administrative review and was updated as necessary.
- A minimum of 3 supervised complaint investigations were conducted with each Sanitarian.
- Investigation reports were reviewed for completeness and policy adherence.

- A monthly progress review of each unresolved complaint investigation was conducted; 12 lead complaint investigations remained open at the end of the year.
- All complaint investigation data were entered in a computer data base for tracking purposes.

Objective 54 - Achieved

Increase staff awareness of new information about existing and emerging environmental health issues.

- 32 staff meetings were conducted to allow for the discussion of environmental health issues, policy clarification and planning purposes. All appropriate information updates were circulated to staff for review.

2015 ACCOMPLISHMENTS BY OBJECTIVE

INSTITUTIONAL SANITATION AND SAFETY

Objective 55 - Achieved

License and inspect all child care facilities in the City subject to regulation under the City’s Child Care Facility Ordinance.

- 161 routine inspections and 71 follow-up inspections were conducted at 161 child care facilities.
- Investigated 18 complaints regarding unhealthy or unsafe conditions or practices in institutional settings.
- Chart 55.1 below illustrates primary program activities – 2011 through 2015:

Chart 55.1

Type of Facility	Number of Facilities (2014)	Number of Routine Inspections				
		2011	2012	2013	2014	2015
Child Care Facilities*	169	165	164	173	160	161
Public Bathing Places	31	45	57	56	56	53
Public & Private Schools	39	30	31	32	34	36
Long Term Care	6	6	6	6	6	6
School Playgrounds	12	12	12	12	12	12

**Child Care Centers, Group and Family Child Care Homes and Other Child Care Facilities*

Objective 56 - Achieved

Inspect all regulated bathing place facilities in the City subject to regulation under the PA State Public Bathing Place Code.

- 53 routine inspections were conducted at 31 public bathing facilities.

Objective 57 - Achieved

Inspect all school facilities in the City subject to regulation under the City’s School Sanitation Ordinance.

- 36 routine inspections were conducted in 39 public and private schools.
- 12 school playgrounds were surveyed for safety hazards and subsequently rechecked to determine if repairs were made where necessary.

Objective 58 - Achieved

Inspect all regulated long term care facilities in the City subject to regulation under the PA State Long Term Care Facilities regulations.

- 12 school playgrounds were surveyed for safety hazards and subsequently rechecked to determine if repairs were made where necessary.
- 6 routine inspections were conducted in 6 long term care facilities.

Objective 59 - Achieved

Maintain standardized institutional facility inspection procedures.

- A staff review session of policies and regulations was held for each institution category.
- 334 institutional inspection reports underwent supervisory review to assure staff consistency and standardization in the interpretation and application of regulations.

2015 ACCOMPLISHMENTS BY OBJECTIVE - INJURY PREVENTION

Objective 60 – Achieved

Distribute and properly install car seats to reduce child occupant injuries.

- 215 car seats were distributed and installed by AHB certified CPS technicians.
- 40 car seat vouchers were distributed to needy families through the *Operation Safe Ride Program*.
- 35 grant purchased car seats were distributed through our partnerships with 5 agencies: Center for Women’s Medicine – LVHN, Sacred Heart Hospital, Sixth Street Shelter, Vida Nueva, and VNA of St. Luke’s Hospital.
- 215 car seat recipients were contacted for follow-up after they had received a car seat; of those, 81 were still using the car seat, 83 had no difficulty reinstalling the seat and 85 used the seat every time they transported their child.
- 96 car seats installed in client vehicles were checked by the Allentown Health Bureau and partners at 5 AHB car seat check events conducted in the City of Allentown including a Child Passenger Safety Week check in September 2015.
- One Child Passenger Safety Certification Course was held at Cetronia Ambulance in October 2015 and one Child Passenger Safety Update Course was held at AHB in March 2015.

Objective 61 – Achieved

Promote safe traveling habits among children and teens specifically aimed at pedestrian and bicycling behavior.

- In partnership with the Allentown School District, 8,474 pedestrian safety surveys were distributed to ASD elementary school students K-5; 1,429 were returned, a 16.9% response rate. Data from the surveys was analyzed and a pedestrian safety program, “Stay Safe, Walk Smart Allentown” was designed and presented to ASD grades K-3.
- 71 “Stay Safe, Walk Smart Allentown” pedestrian education sessions were conducted reaching 1,671 elementary aged students in the Allentown School District.
- See Chronic Disease Accomplishments Objective 12 for related reporting.

Objective 62 – Achieved

Reduce pediatric in-home injuries due to falls, fires, scald burns, poisonings, choking, suffocations, drowning and other hazards.

- 6 meetings of the Safe Kids Allentown-Bethlehem-Easton Safe Kids Coalition were chaired by the Injury Prevention manager in 2015.
- 141 childhood injury prevention home surveys were conducted;
- 14 agency contacts were made to promote the childhood injury prevention program.
- 5 presentations were made to groups of parents and caregivers about childhood injury prevention; a total of 30 persons attended.
- 893 parents/caregivers were educated about preventing child injuries through surveys, resurveys, exhibits and displays at public events such as local health fairs.
- 288 bed risk assessments were conducted in homes with children under 2 years old.
- 188 portable cribs were distributed to families to promote safe sleep for young children.
- Rechecks were attempted for each client who had received a crib and/or had a hazardous bed risk behavior noted at the initial bed risk assessment. Of those attempts, 172 follow-up surveys were performed by the end of the year with 116 clients reported they were still using the crib and/or had corrected their hazardous bed risk behavior while 56 stated they had partially complied.
- Information was provided to 879 Allentown Landlords advising them to inform their tenants about the dangers of children falling out of windows. Child-oriented agencies were also alerted to this fall hazard. “Kids Can’t Fly” brochures containing window space detectors were distributed in response to requests from landlords and social service agencies.
- 1,640 varied home safety supplies were given during home safety surveys including 32 smoke detectors and 29 carbon monoxide detectors.
- Educated home safety survey clients and the public at-large about these issues: falls, the poison control hotline, Fight BAC! Food safety materials and proper storage of household cleaners, medications and other poisonous substances and child maltreatment issues.

Chart 62.1 below illustrates the primary program activities 2011 through 2015

Chart 62.1

Activities	2011	2012	2013	2014	2015
Number of childhood surveys conducted	198	194	214	153	141
Number of older adult surveys conducted	120	80	63	90	74
Number of childhood presentations	11	17	3	4	5
Number of older adult presentations	16	14	12	10	11
Number of parents/caregivers reached	936	624	311	256	893
Number of older adults reached	1,520	1,095	925	1,003	1,058

Objective 63 – Achieved

Reduce sports and activity related injuries to children through education aimed at both children and their caregivers.

Activities

- Water Safety Day was held at Mack pool in June 2015 with 40 people attending. Information involving water safety, water rescue and boating safety were presented.
- 1,800 kids were presented with water safety education through the Allentown Summer Playground Program.
- The CDC’s Head’s Up Youth Sport’s Concussion Program was presented at one Allentown Coaches Clinic to 10 people.
- The Heads Up Youth Sports Concussion Program was marketed and made available to 350 volunteer coaches in Allentown’s youth sports leagues.

Objective 64 – Partially Achieved

Reduce senior fall injuries through the A Matter of Balance course, Stopping Elderly Accidents, Deaths and Injuries (STEADI) Program senior falls prevention presentations and senior home safety surveys.

- Bureau volunteer coaches conducted eight 8-week *A Matter of Balance* (MOB) classes (64 sessions); a total of 61 senior citizens completed these classes.
- 2 new volunteer MOB coaches were trained and certified.
- 4 older adult injury prevention presentations emphasizing falls prevention were made to community groups and at senior centers a total of 42 people attended these presentations.
- 74 home safety surveys were conducted for older adults; 74 follow-ups were conducted.
- 127 agencies, churches, and other organizations were contacted to market the adult home safety surveys.
- As a result of the surveys, 12 social service agency referrals were made to connect older adults with appropriate services such as home modification programs and in home assistance.
- 1,058 older adults were educated about preventing injuries through presentations, surveys, exhibits, and displays at public events such as local health fairs.

Objective 65 – Achieved

Reduce the number of unintentional poisonings and drug overdoses through education and participation in poison and drug prevention initiatives.

- The Health Bureau partnered with the Allentown Police Department, Lehigh County District Attorney's Office and the Drug Enforcement Administration to staff Prescription Drug Take Back sites to collect old, unwanted, expired, or unused pharmaceutical controlled substances and other medications; One event was held at Giant Food Store on September 12th, 2015 netting 81.5 lbs. of medications.
- 2 new releases were issued prior to each the Drug Take Back event.
- Poison prevention materials were distributed to Safe Kids Coalition Partners at their March meeting.
- Conducted 6 poison prevention presentations at day cares to 98 children.
- Conducted 7 poison prevention presentations to 96 seniors.
- Approx. 5,272 doses of narcotics were collected. the drug collection boxes located at the Allentown PD on Hamilton Street and the Lehigh Valley Health Network location on 17th and Chew Streets

Objective 66 – Achieved

Collaborate with community partners to increase public awareness about suicide and violence prevention.

- Allentown Health Bureau partners with local organizations to develop and implement strategies to reduce suicides and to review suicide data. Partners include representatives from Lehigh County Mental Health, Lehigh County Drug and Alcohol, the Lehigh County Coroner, and other community organizations that provide mental health services.
- During 2015, the Suicide Prevention Task Force decided to develop a Suicide Prevention video; the interviews began in the summer, 2015.
- AHB's Associate Director for Personal Health Services is the co-chair the Lehigh Valley Chapter of the American Foundation for Suicide Prevention (AFSP-LV) which met ten times in 2014 2015.
- AHB participated in the planning and implementation of AFSP-LV events:
 - During 2015, AHB staff worked with community partners including the local AFSP-LV to plan and conduct multiple prevention events during the year.
 - The Third Annual Memorial Bike Run 2015; Ride for A Voice in September. The purpose of the ride was to “break the silence” by participating in its annual motorcycle run, “Ride for a Voice.” The message was to ‘ride to honor a loved one, raise awareness, break the stigma and save lives!’ This event began and ended at Becky’s Drive-In, in Walnutport, PA.
 - The October 2015 Out of the Darkness Walk was a success with 795 participants and raised \$54,917; half of the proceeds will go to the AFSP-GLV for programs and events and half will go to research through the national office of AFSP. Local legislators addressed the walkers and shared their perspectives on suicide; the event was well-covered by the media.
 - The local International Survivors of Suicide Day event was held on November 21st at Lehigh Valley Health Network Muhlenberg campus; following the webcast, there was a lengthy discussion among survivors of suicide loss.

Objective 67 – Achieved

Facilitate a comprehensive child maltreatment prevention program incorporating Strengthening Families Framework principles.

- All AHB staff attended training on the PA mandated reporting child abuse law presented by the PA Family Support Alliance. In addition, this training was added to the list of mandatory trainings required of all new AHB hires.
- 5 Health Bureau staff were trained in Strengthening Families Framework.

- Strengthening Families Framework was promoted to 12 different organizations.
- Child maltreatment education is presented to parents during all child home safety surveys.
- Child maltreatment/Strengthening Families educational material was presented at 5 health fairs to approximately 200 people.
- Lehigh Valley Children's Centers trained staff administrators from 21 sites in Strengthening Families Framework in August 2015.
- Participated in 3 statewide child maltreatment PADOH work group conference calls.
- Allentown-Bethlehem-Easton Safe Kids continues to evaluate child abuse policy and related issues and assesses the impact it can have through involvement in the legislative process.

Objective 68 – Achieved

Provide training for the injury prevention staff and promote workplace Health Bureau staff safety.

- The IP Manager participated in 3 state-wide VIPP conference calls.
- Injury Prevention staff participated in 9 injury prevention webinars and 6 in-person injury prevention trainings.
- The program manager attended the 2015 annual meeting of the Safe States Alliance and presented a poster session entitled “Effect of Drug Collection Initiatives in Lehigh County, PA and Their Effectiveness as a Public Health Injury Prevention Tool”
-
- The Alliance Hall Emergency Plan was reviewed and updated; one building-wide fire drill was conducted
- Conducted 2 meetings of the Safety Committee.
- AHB was successful in renewing 1 grant (Bed Risk Reduction) to financially support our ongoing programming.

Objective 69 – Achieved

Improve program management through enhanced data collection and standardization of child and older adult safety survey procedures.

- Program plans were reviewed on a quarterly basis to assure progress toward completion.
- A quarterly sampling of completed home safety forms surveys was reviewed and critiqued with the community health specialist.
- All injury prevention policies and procedures were reviewed.

2015 ACCOMPLISHMENTS BY OBJECTIVES

PUBLIC HEALTH EMERGENCY PREPAREDNESS

Objective 70 - Achieved

Build and sustain the 15 public health emergency preparedness (PHEP) capabilities as outlined by the CDC's Public Health Preparedness Capabilities, Standards for State and Local Planning.

1. Community Preparedness

- Reviewed and updated the All-Hazards Public Health Emergency Response Plan.
- Continued to collaborate with local, state and federal public health, medical and emergency response officials to review and update communicable disease prevention and response procedures and protocols, EMS protocols, hospital surge capacity, volunteer utilization, and citizen readiness to be ready to deal with newly emergent threats to public health.
- 6 AHB managers completed the ICS-300 course; 5 as a refresher and 1 for the first time.
- 7 AHB managers completed the ICS-400 course; 5 as a refresher and 2 for the first time.
- PHEP manager completed the IS-120.a (An Introduction to Exercises) and IS-130 courses (Exercise Evaluation and Improvement Planning).
- Participated in the quarterly Lehigh County Citizen Corps meetings with community partners to plan and implement emergency preparedness educations, community events and awareness campaigns.
- Participated in the monthly meetings with the LVHN Community Flu Campaign planning committee.
- Participated in quarterly NECTTF Southern Zone meetings with health, medical & EMS partners from Lehigh and Northampton Counties; also participated in conference calls to discuss local prevention and control measures when a communicable disease had an impact or potential impact on our community.
- Participated in the quarterly NECTTF Health Medical & EMS Committee meetings, including regional community partners also participated in conference calls to discuss regional prevention and control measures when a communicable disease had an impact or potential impact on our community.
- Participated in the quarterly meetings and/or conference calls with NECTTF VOAD (Volunteer Organizations Active in Disasters) partners.

- Participated in the quarterly Lehigh Valley Immunization Coalition meetings and collaborated with Coalition partners to promote immunizations.
- 2 AHB Managers attended the PADOH Statewide Advisory Committee for Preparedness (SACP) meeting.
- 2 AHB Managers attended the Northeast Counter Terrorism Task Force (NECTTF) Emergency Preparedness Healthcare Conference from October 14-15, 2015.
- Participated in monthly county and municipal health department conference calls coordinated by PADOH-Bureau of Public Health Preparedness (BPHP).
- 2 AHB Managers attended the Northeast Counter Terrorism Task Force (NECTTF) Emergency Preparedness Healthcare Conference from October 14-15, 2015.
- Assisted LCEMA (Lehigh County Office of Emergency Management) with the implementation of a CERT (Community Emergency Response Team) training course; 10 community members completed the training.
- Collaborated with LCEMA, Bethlehem Health Bureau (BHB) and the Lehigh Valley Council for the Blind to conduct an emergency preparedness presentation with 23 individuals who are blind or visually impaired. Consulted Lehigh Valley Center for Independent Living (LVCIL) in the development of the presentation and the materials to distribute, including large print and braille.
- Collaborated with LCEMA and Allentown Fire Department to conduct 2 emergency preparedness educations at a senior citizen high rise apartment building; 50 residents were educated.
- Collaborated with LCEMA and BHB to conduct an emergency preparedness education; 40 individuals were educated.
- 4 AHB staff and 3 individuals affiliated with AVMRC completed the Mobilizing Faith-Based Community Organizations in Preparing for Disasters (MGT-405) training, hosted by LCEMA. More than 30 individuals attended the training.

2. Community Recovery

- Participated in the City's Emergency Management Team meetings and provided updates regarding health resources available to sustain a recovery operation.
- Promoted the training, "Psychological First Aid Refresher and Responder Safety During Group, Crowd and Mob Events", which was coordinated by PADOH and conducted by Steve Crimando; 40 individuals were trained including AHB staff and AVMRC volunteers.
- AHB Environmental Health staff re-inspected 14 facilities prior to their re-opening when the facility's operations were temporarily suspended due to service disruptions (e.g. sewage backups, power loss, building damage by a vehicle).

3. Emergency Operations Coordination

- AHB administration, program managers and City's Emergency Management Coordinator (EMS) participated in AHB bi-monthly public health preparedness meetings.

4. Emergency Public Information and Warning

- Emergency alert systems continue to be maintained by LCEMA and by Allentown School District (ASD). AHB partners with both agencies and the ability to request emergency alert notices are ongoing.
- Continued to collaborate with the LCEMA and the City's Communication Superintendent on the city's availability to directly send alerts via the Lehigh County emergency alert system; the Superintendent was authorized to utilize the system and trained to send alerts for emergency alerts within the city.
- AHB continued to collaborate with the City's PIO to develop and disseminate media releases and post announcements to the City of Allentown website.
- Maintained systems for an AHB in-house call center and Lehigh County Health Information Center (LCHIC).
- Reviewed and updated the LCHIC Standard Operating Procedures (SOP).
- Conducted 2 interactive sessions at Muhlenberg College to orient 23 AHB staff on the location of the LCHIC, the procedures to activate, operate and answer calls at the LCHIC.
- Administered ScheduleME, the Online Registration System, enabling 5,222 community members to schedule a reservation to receive a free flu vaccine during the LVHN Drive-Thru Flu Campaign conducted on November 7 and 8, 2015. AHB responsibilities included: monitor the number of registrations, respond to problems and inquiries from individuals utilizing the system, and provide reports/update on the registration status Health Bureau administration and LVHN Infection Control.

5. Fatality Management

- PHEP manager completed the 16-hour Mass Fatalities Incident Response Course (G386).
- 34 AHB staff were trained on the Lehigh County Mass Fatality Management Plan and completed a tour of Lehigh County Morgue and Lehigh County Special Operations.

6. Information Sharing

- On an ongoing basis, AHB staff monitored EpiCenter, Knowledge Center-HIMS, Knowledge Center-NERCTTF, PA-HAN (Health Alert Network), PA-

NEDSS (National Electronic Disease Surveillance System) and PA-SISS (Statewide Immunization Surveillance System).

- On an ongoing basis, communicable disease cases were monitored and investigated via NEDSS according to established protocols.
- On an ongoing basis, monitored EpiCenter for real-time trends.
- Received updates via Epi-X alerts from Centers for Disease Control on emerging infectious diseases.
- Maintained continual communication with local hospital infection control staff through participation in monthly infection control meetings and as part of routine communicable disease investigations.
- PA-HAN alerts were regularly received and disseminated to staff and partner agencies as appropriate.
- The Recall Roster for 24/7 AHB staff notification and the Staff Emergency Contact Lists were updated each time there were staff changes; quarterly if there were no changes.
- Participated in redundant communications tests conducted by PADOH, including email, telephone, fax, 800MHz radio and the GETS (Government Emergency Telecommunications) card.

7. Mass Care

- Participated in meetings with City's EMC, LCEMA and American Red Cross to discuss, review and update the Lehigh County emergency shelter policies and procedures.

8. Medical Countermeasure Dispensing

- The City entered into a Memorandum of Agreement with ASD to include 23 school buildings in the POD plan.
- The City entered into a Memorandum of Agreement with the East Side Youth Center (ESYC) to include 2 ESYC buildings in the POD plan.
- POD surveys were conducted at 23 ASD school buildings and the PADOH POD assessment form completed on each.
- Conducted PHEP drills and provided reports to the PADOH-BPHP using the required drill forms. The drills included 2 AHB Staff Notification (aka call-down) drills; a site activation drill; and a Dispensing Throughput (aka Time Study).
- Conducted a staff notification drill with 32 AHB employees on May 12, 2015; 31 staff acknowledged the notification within the designated response time and would be able to respond, if needed.
- Collaborated with community partners to conduct a 5-day, full-scale public health exercise, "Allentown Ready: 2015 Flu Prevention & Preparedness Exercise" from November 5-9, 2015. The exercise included training on the county fatality management plan, site activation drill, staff notification drill, dispensing throughput drill, and the mass distribution of medical countermeasures (MDMC). All AHB staff participated in the exercise.

- Conducted a Site Activation Drill with four (4) Point of Dispensing (POD) sites on November 5, 2015; all 4 acknowledged the notification and 3 PODs would be available, if needed.
- Conducted a staff notification drill with 29 AHB employees on November 5, 2015; all 29 staff acknowledged the notification within the designated response time and 28 would be able to respond, if needed.
- In collaboration with the Lehigh Valley Health Network (LVHN) Drive-Thru Flu exercise, conducted a dispensing throughput drill on November 8, 2015 at Coca-Cola Park involving 64 vehicles containing 146 individuals who got vaccinated.
- Prepared an After Action Report/Improvement Plan (AAR/IP) on “Allentown Ready: 2015 Flu Prevention & Preparedness Exercise” and submitted the AAR/IP to PADOH-BPHP.

9. Medical Material Management and Distribution

- Reviewed and updated, as needed, the equipment inventory list and submitted it to PADOH-BPHP.
- Reviewed and updated the list of emergency preparedness and response supplies, including item name, quantity and storage location.
- Initiated discussions regarding storage location(s) for Personal Protective Equipment (PPE).

10. Medical Surge

- Reviewed the list of available emergency management and response trainings jointly coordinated by LCEMA and Northampton County EMA and sent SERVPA messages to AVMRC volunteers inviting them to trainings that were appropriate for volunteers.

11. Non-Pharmaceutical Interventions

- Participated in meetings with City’s EMC and representatives of the City’s EMS, Fire and Police to discuss Ebola and other infectious diseases and use of the non-pharmaceutical decision matrix.
- AHB Communicable Disease staff members participated in the infection control committee for the four (4) local health networks.

12. Public Health Laboratory Testing

- Conducted a staff in-service to review the updated handling, packaging and transporting protocols.

13. Public Health Surveillance and Epidemiological Investigation

- Public health investigations of 255 EpiCenter reports were conducted.

- In accordance with CDC protocols, active monitoring was conducted for 21-days with the 12 individuals identified on the Ebola flight list.
- Procedures and protocols related to Ebola were reviewed upon each revision by CDC & PADOH.

14. Responder Safety and Health

- Purchased PPEs in accordance with the CDC Ebola recommendations to assure a local stockpile of PPE.
- 5 AHB staff completed the 16-hour Mass Prophylaxis Preparedness and Planning (MGT-319) course conducted by TEEX.

15. Volunteer Management

- The development of a plan to manage spontaneous volunteers is an ongoing topic being discussed at Northeast PA VOAD meetings.
- Participated in the Advanced training for SERVPA (Statewide Emergency Registry of Volunteers in Pennsylvania) Administrators.

Objective 71 - Achieved

Utilize the Allentown Volunteer Medical Reserve Corps (AVMRC) to enhance the emergency response capacity by increasing the availability of a trained and skilled workforce of medical and public health professionals and lay volunteers.

- Collaborated with LCEMA, BHB, Allentown Fire, Police and EMS to plan and conduct a CERT-MRC Skills Training Day that included four stations: START Triage; Public Health/Medical; Leveraging and Cribbing; and Scene Size Up, Fire Suppression and Missing Person Search and Rescue. 24 MRC and CERT volunteers participated.
- Collaborated with LCEMA, BHB and LVCIL to offer Disability Sensitivity Training for emergency responders; three (3) trainings were offered and 30 MRC and CERT volunteers were trained.
- Collaborated with LCEMA, BHB and the Lehigh County Coroner's Office to hold 2 trainings for MRC and CERT volunteers on the Lehigh County Mass Fatality Management Plan, and tour of Lehigh County Morgue and Lehigh County Special Operations; 50 volunteers were trained.
- 2 AVMRC volunteers, including the PHEP Manager, participated in the 4-day, MRC intrastate deployment during the World Meeting of Families (WMOF) and Papal Visit in Philadelphia.
- Collaborated with LCEMA, BHB and Cetronia Ambulance Corps to establish a Lehigh Valley Rally Point, a meeting location for Allentown and Bethlehem MRC volunteers who participated in the 4-day deployment for the WMOF and Papal Visit.
- Utilized the SERVPA system to communicate with AVMRC volunteers. Messages were sent to AVMRC volunteers regarding available training

opportunities and drills, and to recruit volunteers for the 4-day MRC intrastate deployment for the WMOC and Papal Visit.

- Acquired supplies and protective gear to be made available for AVMRC and CERT activation.
- 89 volunteers remained affiliated with AVMRC and enrolled in SERVPA.
- Utilizing the SERVPA system, an AVMRC volunteer call-down drill was conducted from March 16-20, 2015; 82 AVMRC volunteers were contacted, 31 of whom reviewed and updated their accounts as directed.
- Utilizing the SERVPA system, participated in a statewide MRC “mission” exercise from December 10-11, 2015; 80 AVMRC volunteers were contacted, 17 of whom were available to participate in the SERVPA exercise.

Part 4

Appendices

Cancer Incidence By Site: 2008 - 2012

Number of Cases, Average Annual Age-Adjusted Incidence Rates and 95% Confidence Intervals
by County and Sex, Pennsylvania Residents

SITE	PENNSYLVANIA					LEHIGH COUNTY				
	TOTAL CASES	MALES		FEMALES		TOTAL CASES	MALES		FEMALES	
		Number	Rate	Number	Rate		Number	Rate	Number	Rate
All Cancer Sites	380,757	191,317	554.6	189,433	455.7	10,085	5,132	559.9	4,953	441.2
Oral Cavity & Pharynx (Invasive)	8,812	6,030	17.0	2,782	6.6	240	160	17.1	80	6.9
Esophagus (Invasive)	4,161	3,261	9.3	900	2.0	95	75	8.3	20	1.6
Stomach (Invasive)	5,335	3,381	9.9	1,954	4.3	143	101	11.3	42	3.4
Colon and Rectum (Invasive)	35,530	17,905	52.8	17,625	39.6	852	432	48.0	420	34.3
Liver and Intrahepatic Bile Duct (Invasive)	5,703	4,125	11.3	1,578	3.6	154	115	11.8	39	3.2
Pancreas (Invasive)	10,405	5,136	14.9	5,269	11.5	268	120	13.3	148	12.0
Larynx (Invasive)	3,038	2,396	6.8	642	1.5	72	58	6.1	14	ND
Lung and Bronchus (Invasive)	52,581	27,851	81.4	24,729	56.5	1,329	705	78.5	324	52.3
Melanoma of the Skin (Invasive)	15,008	8,561	25.3	6,446	16.9	457	265	29.3	192	17.9
Female Breast (Invasive)	52,095			52,095	128.3	1,323			1,323	121.7
Cervix Uteri (Invasive)	2,664			2,664	7.8	79			79	8.5
Corpus & Uterus, NOS (Invasive)	13,405			13,405	31.8	361			361	31.7
Ovary (Invasive)	5,288			5,288	12.8	141			141	12.3
Prostate (Invasive)	47,606	47,606	131.3			1,282	1,282	132.5		
Testis (Invasive)	1,957	1,957	6.7			46	46	5.7		
Urinary Bladder (Invasive & In Situ)	19,785	14,843	44.1	4,941	10.9	550	416	47.1	134	10.9
Kidney & Renal Pelvis (Invasive)	12,648	7,788	22.6	4,860	11.8	387	241	26.1	146	13.3
Brain and Other Nervous System (Invasive)	5,041	2,735	8.3	2,305	6.0	151	74	8.0	77	7.5
Thyroid (Invasive)	13,587	3,350	10.0	10,237	29.9	370	92	10.1	278	30.0
Non-Hodgkin Lymphoma	16,353	8,747	25.9	7,606	17.7	454	241	26.8	213	18.7
Hodgkin Lymphoma	2,132	1,160	3.7	971	2.9	75	42	4.9	33	3.8
Myeloma	4,779	2,601	7.6	2,178	4.9	139	79	8.7	60	5.2
Leukemia	10,173	5,747	17.3	4,426	10.7	320	185	21.2	135	11.7

Note: Age-adjusted rates are 100,000 and are computed by the direct method using the 2000 U.S standard million population. Rates based on less than 20 events are statistically unreliable and are not displayed (ND).

Source: PENNSYLVANIA CANCER INCIDENCE and MORTALITY 2012, Pennsylvania Department of Health, Bureau of Health Informatics, Pennsylvania Cancer Registry, Pennsylvania Cancer Control Program, July 2015.

Cancer Mortality By Site: 2008 - 2012

Number of Cancer Deaths, Average Annual Age-Adjusted Death Rates and 95% Confidence Intervals
by County and Sex, Pennsylvania Residents

SITE	PENNSYLVANIA					LEHIGH COUNTY				
	TOTAL CASES	MALES		FEMALES		TOTAL CASES	MALES		FEMALES	
		Number	Rate	Number	Rate		Number	Rate	Number	Rate
All Cancer Sites	143,452	73,642	218.9	69,810	152.6	3,684	1,875	209.7	1,809	145.1
Oral Cavity & Pharynx	1,756	1,176	3.4	580	1.2	42	26	2.9	16	ND
Esophagus	3,846	3,065	8.8	781	1.7	98	82	8.9	16	ND
Stomach	2,471	1,476	4.4	995	2.1	62	44	4.8	18	ND
Colon and Rectum	13,474	6,752	20.2	6,722	14.0	336	164	18.5	172	12.6
Liver and Intrahepatic Bile Duct	4,444	2,982	8.4	1,462	3.2	103	71	7.4	32	2.6
Pancreas	9,265	4,540	13.3	4,725	10.0	250	116	12.9	134	10.7
Larynx	924	720	2.1	204	0.5	28	25	2.7	3	ND
Lung and Bronchus	38,572	21,242	62.7	17,330	38.5	916	502	56.2	414	33.5
Melanoma of the Skin	2,285	1,459	4.3	826	1.9	69	42	4.3	27	2.3
Female Breast	10,319			10,319	23.1	277			277	23.0
Cervix Uteri	822			822	2.1	20			20	1.8
Corpus & Uterus, NOS	2,266			2,266	5.0	66			66	5.4
Ovary	3,663			3,663	8.2	105			105	8.4
Prostate	6,798	6,798	21.1			159	159	18.4		
Testis	89	89	0.3			2	2	ND		
Urinary Bladder	3,979	2,809	8.6	1,170	2.3	95	66	7.5	29	2.2
Kidney & Renal Pelvis	3,166	1,930	5.7	1,236	2.7	90	55	6.4	35	2.8
Brain and Other Nervous System	3,163	1,740	5.1	1,423	3.4	81	42	4.7	39	3.4
Thyroid	414	165	0.5	249	0.5	10	3	ND	7	ND
Non-Hodgkin Lymphoma	3,589	2,907	8.8	2,482	5.2	148	85	9.8	63	5.0
Hodgkin Lymphoma	280	143	0.4	137	0.3	8	6	ND	2	ND
Myeloma	2,665	1,383	4.2	1,282	2.7	68	37	4.0	31	2.6
Leukemia	5,841	3,283	10.0	2,558	5.6	167	99	11.1	68	5.6

Note: Age-adjusted rates are 100,000 and are computed by the direct method using the 2000 U.S standard million population. Rates based on less than 20 events are statistically unreliable and are not displayed (ND).

Source: PENNSYLVANIA CANCER INCIDENCE and MORTALITY 2012, Pennsylvania Department of Health, Bureau of Health Informatics, Pennsylvania Cancer Registry, Pennsylvania Cancer Control Program, July 2015.

**HEART DISEASE DEATHS, NUMBER AND RATE
UNITED STATES, PENNSYLVANIA AND LEHIGH COUNTY, 1990 - 2012**

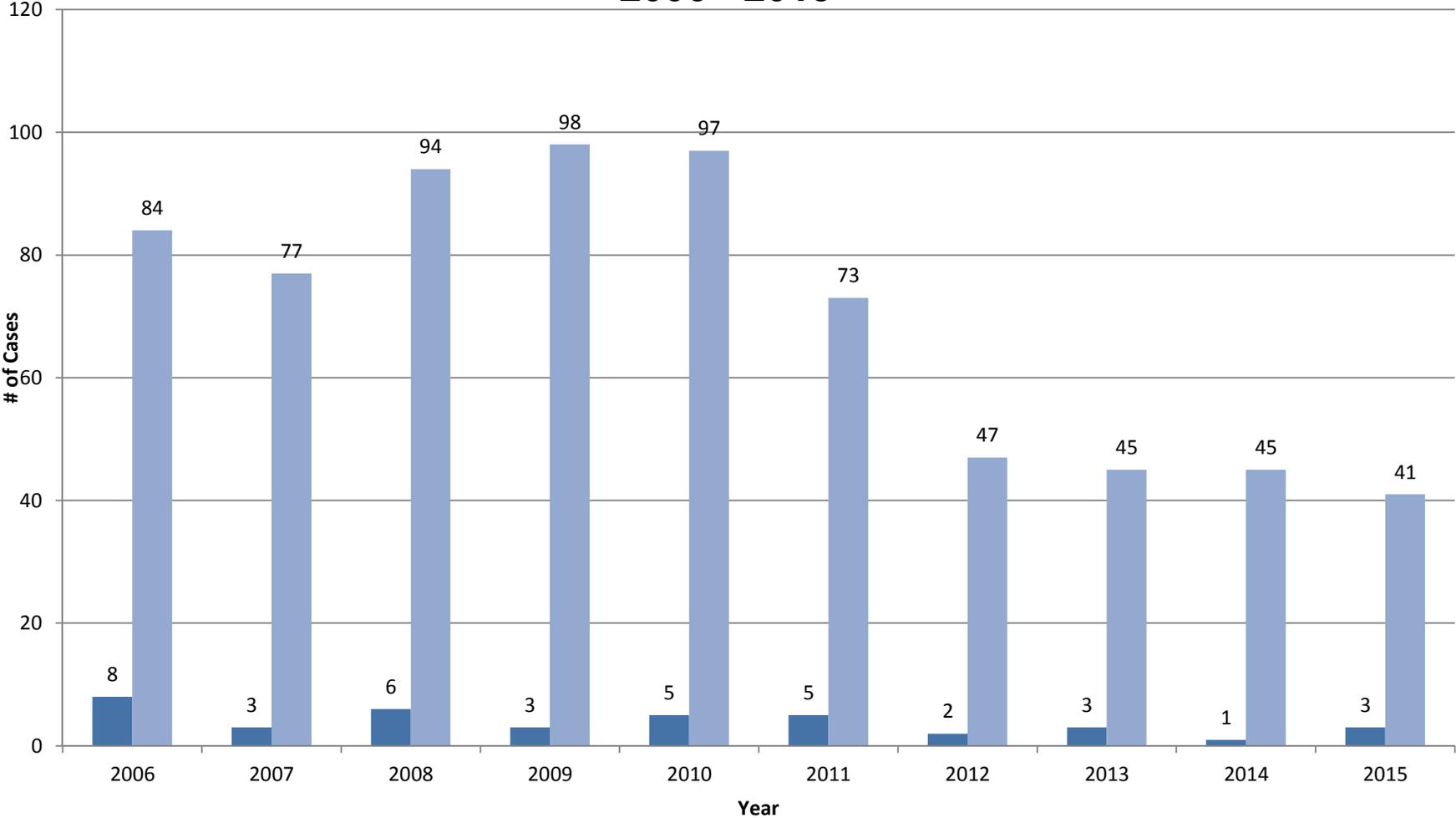
YEAR	UNITED STATES		PENNSYLVANIA		LEHIGH COUNTY		ALLENTOWN	
	NUMBER	RATE	NUMBER	RATE	NUMBER	RATE	NUMBER	RATE
1990	720,058	321.8	43,204	337.5	1,046	326.0	NA	NA
1991	720,862	313.8	43,091	325.4	1,011	303.3	NA	NA
1992	717,706	306.1	42,924	313.7	979	283.0	NA	NA
1993	743,460	309.9	43,731	324.1	1,033	302.0	NA	NA
1994	732,409	299.7	43,657	309.9	1,071	303.4	NA	NA
1995	737,563	296.3	42,934	304.6	1,028	289.5	NA	NA
1996	733,361	288.3	43,231	302.6	1,028	286.7	NA	NA
1997	726,974	280.4	41,941	283.3	988	256.8	NA	NA
1998	724,859	272.4	41,282	272.2	1,025	257.5	NA	NA
1999	725,192	267.8	41,420	268.1	997	245.2	364	282.7
2000	710,760	257.6	40,446	270.2	967	242.1	359	277.4
2001	700,142	247.8	39,408	255.3	969	234.9	350	271.6
2002	696,947	240.8	38,291	257.9	888	226.1	314	243.9
2003	685,089	232.1	37,805	250.1	884	220.9	303	237
2004	652,486	217	36,063	234.1	816	201.8	282	217
2005	652,091	211.1	35,896	229	786	191.8	279	214
2006	631,636	200.2	33,414	225.6	784	204.3	260	205
2007	616,067	190.9	32,517	214.9	734	188.1	240	185
2008	617,527	186.7	33,179	207.3	719	168.4	240	192
2009	599,413	180.1	32,056	190.8	660	146.7	206	161
2010	595,444	178.5	31,274	185.3	728	158.6	217	166
2011	596,339	173.7	31,643	184.1	702	149.7	214	164
2012	599,711	170.5	30,522	175.2	729	152.4	213	162

* Rate per 100,000 population (age adjusted)

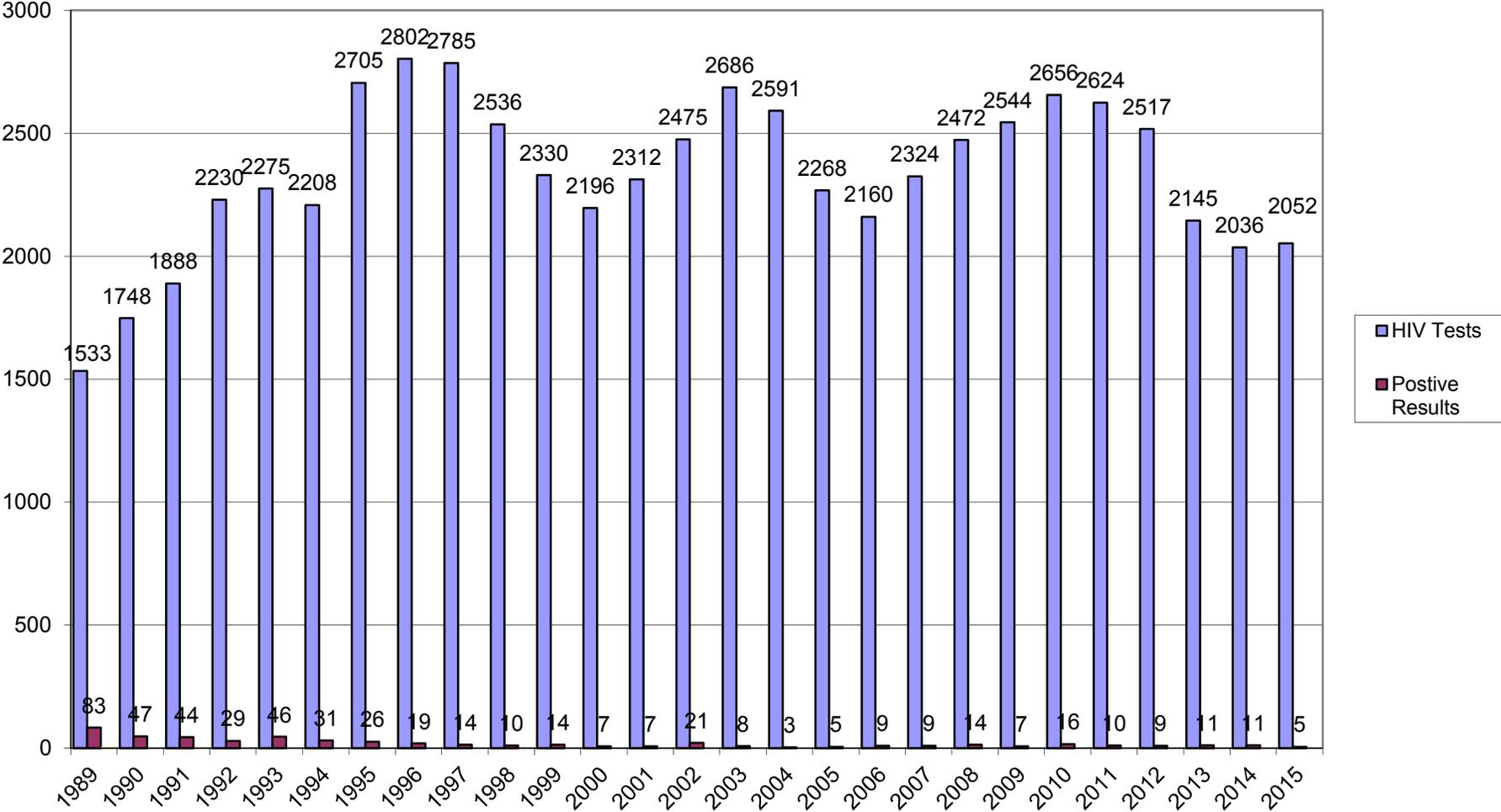
Source: Pennsylvania Vital Statistics
Annual Reports 1990 - 2012
State Center for Health Statistics and Research
Pennsylvania Department of Health
(Allentown data obtained from Pa Dept of Health Website and Penn State Data Center and
calculated on PaDOH website)

Active TB & Latent TB Infection Cases City of Allentown 2006 - 2015

■ # of Cases Active
■ LTBI



**City of Allentown
Allentown Health Bureau
HIV Tests Performed & Number of Positives**



**Lead Cases $\geq 15 \mu\text{g}/\text{dL}$ by Census Tract
January 1, 2015 - December 31, 2015
City of Allentown
Total = 7**

