

MAYOR

C. Kim Bracey

CITY COUNCIL

Michael Helfrich, President
Henry Nixon, Vice President
Renee S. Nelson, Member
Judy Ritter-Dixon, Member
Sandie Walker, Member

DEPARTMENT OF ECONOMIC & COMMUNITY DEVELOPMENT

Shilvosky Buffaloe, Interim Director

HEALTH BOARD

Charles Reilly, M.D., Chairman
Carmen Bones
JoAnn Henderson
Sharon Smith, RN
Rita Van Wyk, M.D.

BUREAU OF HEALTH

Barbara Kovacs, M.P.A.
Director

Matthew Howie, M.D.
Medical Director

CITY OF YORK - BUREAU OF HEALTH

101 S. George Street
York, Pennsylvania 17401-1231
(717) 849-2299
www.yorkcity.org

Table of Contents

PART 1 – Administration

<u>Page</u>	
	Mission Statement----- 3
	2017 Health Bureau Budget----- 4
	Organizational Chart ----- 5

PART 2 – Local Statistics

	Introduction ----- 6
	Local Public Health Statistics----- 7
	Reportable Conditions Summary ----- 9
	Conclusions from Needs Assessment----- 17

PART 3 – Program Plans

	Administrative and Support Services----- 19
	Personal Health Services----- 27
	Environmental Health Services----- 45

PART 4 – Appendix

	City of York, PA Demographics----- 55
	Age-Adjusted Death Rates and Years of Potential Life Lost, 2014----- 56
	Annual Crude Death and Crude Birth Rates, 2014----- 57



City of York - Bureau of Health

Vision:

A York community that is healthy, safe and free of disease.

Mission:

To prevent disease and to promote and protect the health of York City residents through the assessment of needs, the assurance of public health services and the provision of sound public health policies through dynamic and committed leadership.

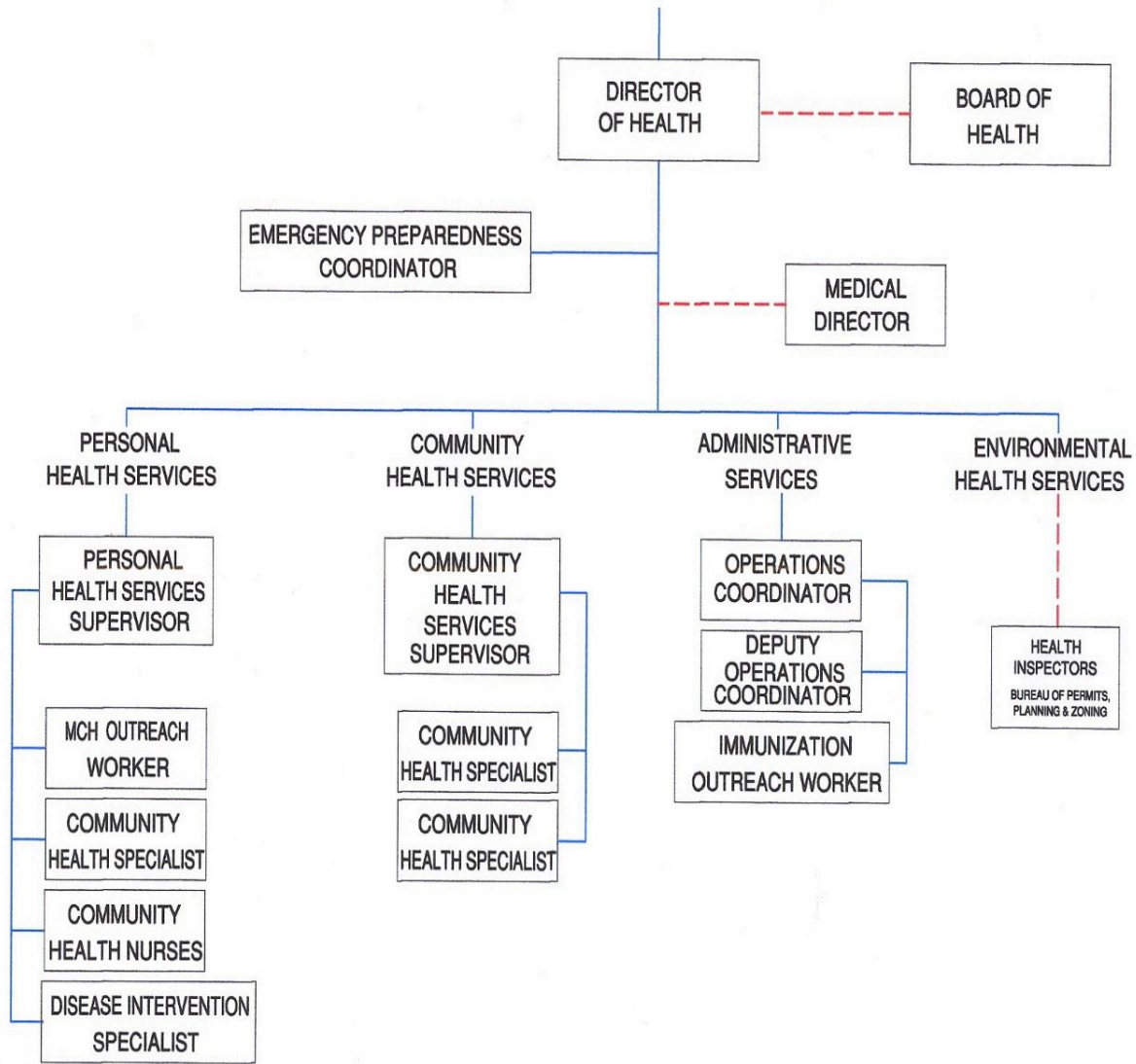
LOCAL HEALTH DEPARTMENT BUDGET & EXPENDITURE 2017 Budget

Act 315/12, PA Code: Title 28, Chapter 15 County/Municipal: York City Bureau of Health

NOTE: data entry in yellow areas only

Program Description	Total Funds	Exclusions, Grants, Etc.	Subsidy Base	Act 12 Funds	Act 315 Funds
<i>Administrative/Supportive Services:</i>					
Admin/Laboratory/Support Services	\$ 482,703	\$ 180,000	\$ 302,703		\$ 302,703
Bioterrorism	\$ 274,677	\$ 274,677	\$ -		
TOTAL Administration (Sec 15.12)	\$ 757,380	\$ 454,677	\$ 302,703	\$ -	\$ 302,703
<i>Personal Health Services:</i>					
			\$ -		\$ -
Cardiovascular Disease	\$ 227,615	\$ 226,000	\$ 1,615		\$ 1,615
Chronic Disease Control	\$ 145,000		\$ 145,000		\$ 145,000
Communicable Disease Control	\$ 176,848		\$ 176,848		\$ 176,848
Dental Health	\$ 52,090	\$ 46,330	\$ 5,760		\$ 5,760
EMS	\$ 100,000	\$ -	\$ 100,000		\$ 100,000
HIV/AIDS	\$ 216,666	\$ 158,000	\$ 58,666		\$ 58,666
Immunization	\$ 166,791	\$ 166,791	\$ -		\$ -
Injury Prevention	\$ 173,385	\$ 165,000	\$ 8,385		\$ 8,385
Maternal Child Health	\$ 138,159	\$ 125,000	\$ 13,159		\$ 13,159
Tuberculosis	\$ 7,488	\$ 7,000	\$ 488		\$ 488
TOTAL Personal Health (Sec 15.13)	\$ 1,404,042	\$ 894,121	\$ 509,921	\$ -	\$ 509,921
<i>Environmental Health Services:</i>					
Lead and Healthy Homes/HOPWA	\$ 5,000	\$ 5,000	\$ -		\$ -
Environmental Health & Safety Pgms	\$ 386,279	\$ 200,000	\$ 186,279	\$ 65,988	\$ 120,291
TOTAL Environmental Health (Sec 15.14)	\$ 391,279	\$ 205,000	\$ 186,279	\$ 65,988	\$ 120,291
<i>Other Services:</i>					
n/a			\$ -		\$ -
TOTAL Other Services	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL: Administrative	\$ 757,380	\$ 454,677	\$ 302,703	\$ -	\$ 302,703
TOTAL: Personal Health	\$ 1,404,042	\$ 894,121	\$ 509,921	\$ -	\$ 509,921
TOTAL: Environmental Health	\$ 391,279	\$ 205,000	\$ 186,279	\$ 65,988	\$ 120,291
TOTAL: Other Services	\$ -	\$ -	\$ -	\$ -	\$ -
SUM: Qualifying Health Program	\$ 2,552,701	\$ 1,553,798	\$ 998,903	\$ 65,988	\$ 932,915
TOTAL: Exclusions and Grants		\$ 1,553,798		\$ 65,988	
SUM: Local Health Dept. Program					\$ 932,915
Analysis by Barbara Kovacs	Position Director	Agency York City Bureau of Health	Date 3/15/2017		

Bureau of Health Community Development



REV.02-2017
REV.03-2016
REV.02-2014
REV.03-2013
REV.02-2012
REV.02-2010

Introduction

The City of York resides within the County of York, which comprises 1,000 square miles abutting the Mason-Dixon Line. The City of York - Bureau of Health is responsible for the health and wellbeing of 43,718 York City residents (2010 U.S. Census), within a 5.2 square mile radius and is slowly growing (2015 population estimate from U.S. Census is 43,992). York City, the County seat, is the largest urban environment in a county comprised of 72 different municipalities. It is the only 3rd class city in York County. Centrally located to the east coast metroplex areas of Baltimore, Washington D.C., Philadelphia and New York City, York City sits strategically astride the two major east-west and north-south vehicle corridors of the east coast. It is a microcosm of other large urban areas.

The City of York operates under mayoral-council governance. The City of York - Bureau of Health sits under the Economic and Community Development Department, one of five departments directly reporting to the Mayor. The other four include: Fire, Police, Business Administration and Public Works. A five member, independent Board of Health monitors the Health Bureau's activities and is comprised of city residents, physicians and professionals who live and/or work in the City.

York is a mixture of cultures and ethnic backgrounds. The 2010 U.S. Census indicates that 41% of the City's population is white non-Hispanic, 28.5% is Hispanic or of Latino origin, 28% is Black, 1.2% is Asian and .6% is American Indian and Alaska Native. With an array of cultures and ethnic groups in the City, language, cultural practices and lifestyle issues often pose challenges in health care delivery.

York has many public health problems similar to, and sometimes more severe than, other urban areas in the state and nation. Poverty and unemployment/underemployment are major issues in York. Unemployment in York City is consistently higher than the rest of York County, and is similar to other urban areas of Pennsylvania and the nation. The number of persons living below the poverty level (35%) indicates the extreme economic deprivation of some City residents. Poverty and under/unemployment contribute to financial barriers for residents seeking health care until a medical emergency or serious illness arises. Prioritization of health care and preventive health care is lessened for this population when survival is a necessity (food, clothing and shelter) for themselves or their families. Cancer and heart disease continue to be the top two leading causes of death in 2014 among York City residents (38% of all deaths) followed non-motor injuries (9%), stroke (6%), chronic obstructive pulmonary disease (C.O.P.D.) and Influenza/pneumonia, both at 4%.

Other lifestyle or behavioral choices continue to impact the health of the community. Although efforts are underway to curb the higher incidence of low birth weight babies, teen births, infant mortality, HIV and STD infections, for instance, the City continues to have rates that are higher than the county and the state in these areas. Lack of physical activity and good nutrition are lifestyle and behavioral choices that the Health Bureau and its community partners are focusing resources on to improve community health.

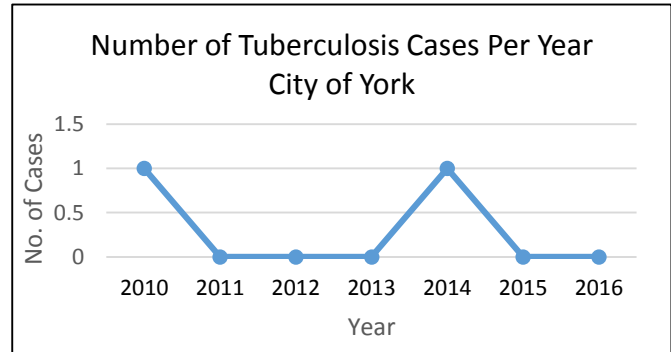
To assist in prioritizing public health initiatives, the Health Bureau monitors various conditions in the population as set by the federal and state Healthy People 2010 and 2020 initiatives. Preparing the Annual Health Plan is one of the processes that brings the Health Bureau staff together to evaluate and assess our public health interventions within York City and assist us in identifying the needs of the constituents we are here to serve. As with any plan, it is a work in progress. Our stated goals provide us with guidance, not intended to limit what can be accomplished, but lay a foundation from which to start.

Local Public Health Statistics

Tuberculosis

HP 2020 IID-29: Reduce Tuberculosis to 1.0 per 100,000 (2005 Baseline: 4.9/100,000). Zero cases of active Tuberculosis were reported in 2016.

Tuberculosis Rates/Cases – York City	
<u>Annual Rates (cases)</u>	<u>3-Year Avg. Rates</u>
2012 - 0.0 (0)	2010-2012 - 0.8
2013 - 0.0 (0)	2011-2013 - 0.0
2014 - 2.4 (1)	2012-2014 - 0.8
2015 - 0.0 (0)	2013-2015 - 0.8
2016 - 0.0 (0)	2014-2016 - 0.8

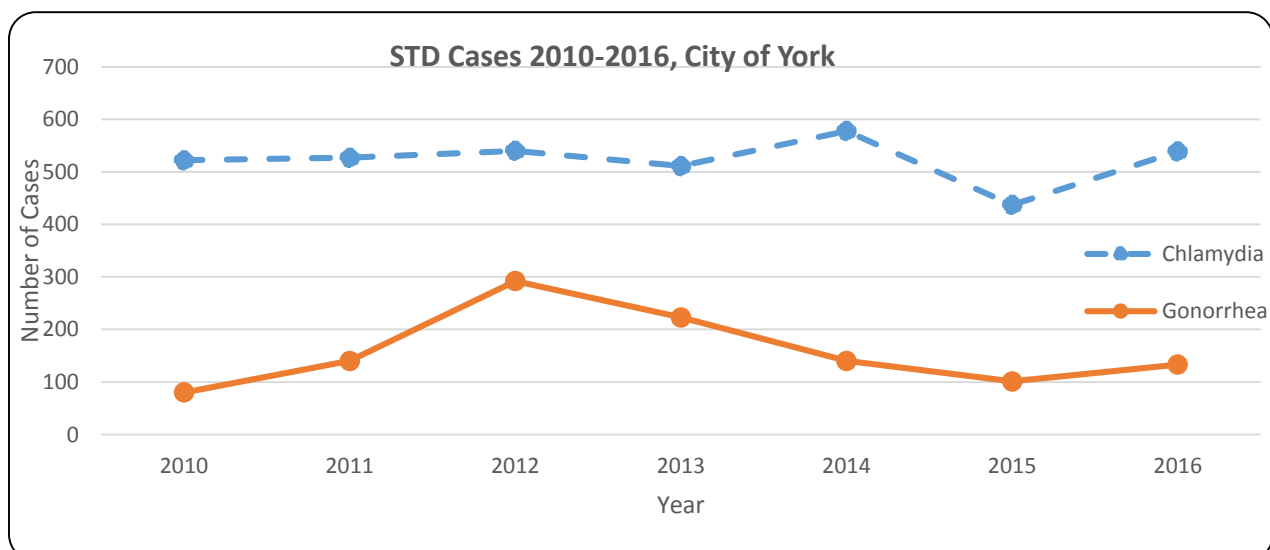


Sexually Transmitted Diseases

HP 2020 Objectives are not comparable to City of York - Bureau of Health measurable indicators. Of note, Chlamydia has increased yearly since 2005 until 2014, and Gonorrhea increased yearly since 2010 and in 2013 there was a decline in case reports. 2016 reports indicate a rise again in cases for both, although the three year average rates have overall seen notable drops.

Chlamydia Rates/Cases – York City	
<u>Annual Rates (cases)</u>	<u>3 Year Avg. Rates</u>
2012 - 1235.2 (540)	2010 - 2012 - 1239.4
2013 - 1168.9 (511)	2011 - 2013 - 1203.2
2014 - 1322.1 (578)	2012 - 2014 - 1242.1
2015 - 999.6 (437)	2013 - 2015 - 1163.5
2016 - 1228.8 (539)	2014 - 2016 - 1183.5

Gonorrhea Rates/Cases – York City	
<u>Annual Rates (cases)</u>	<u>3 Year Avg. Rates</u>
2012 - 667.9 (292)	2010 - 2012 - 394.7
2013 - 510.0 (233)	2011 - 2013 - 499.3
2014 - 320.2 (140)	2012 - 2014 - 499.4
2015 - 231.0 (101)	2013 - 2015 - 353.7
2016 - 303.2 (133)	2014 - 2016 - 284.8



HIV/AIDS

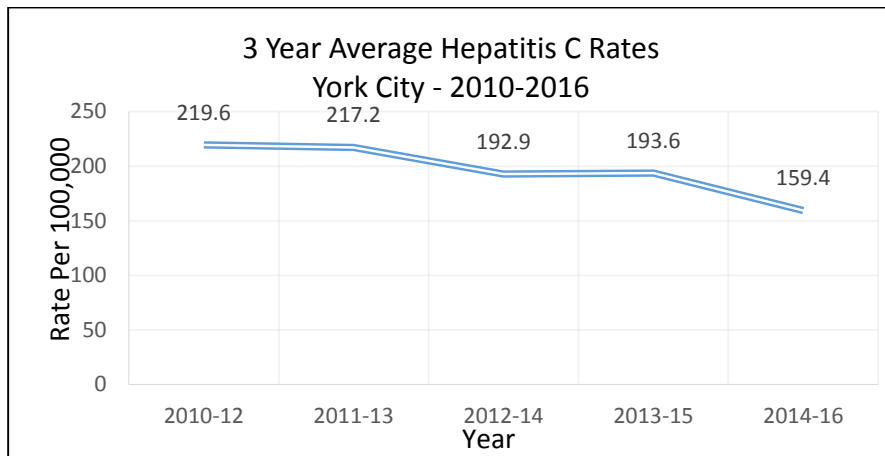
The Health Bureau reported six hundred sixty-eight (668) HIV tests in 2016 with eleven (11) positive tests reported. Eleven people received Partner Services, including an HIV test.

HP 2020 HIV-1: Reduce the number of new HIV diagnosis among adolescents and adults. *Source: PA Department of Health

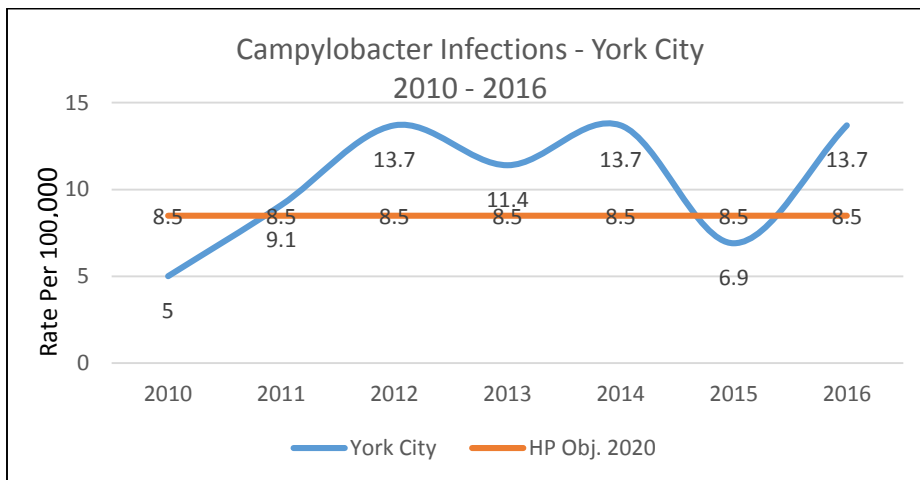
* New HIV Infection-York City Residents	
<u>Annual Rates (cases)</u>	
2012	– 34.3 (15)
2013	– 50.3 (22)
2014	– 38.9 (17)
2015	– 45.7 (20)
2016	– 25.1 (11)

Communicable Diseases

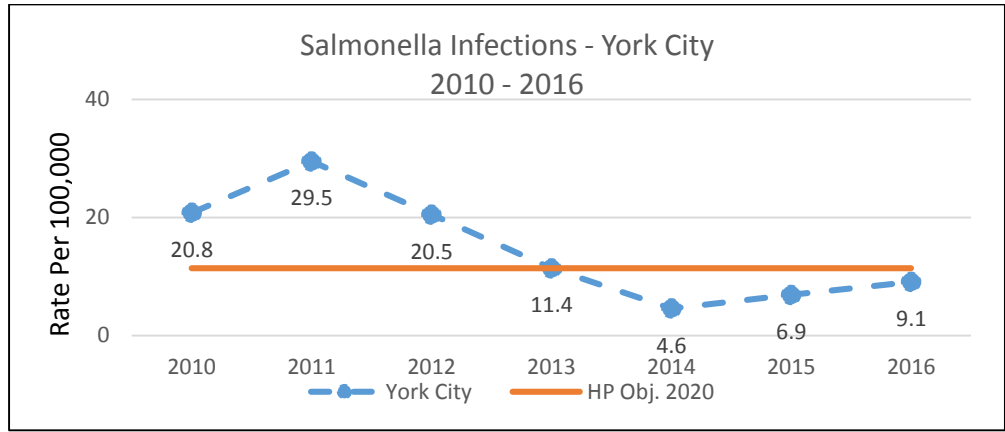
HP 2020 IID-26: Reduce new hepatitis C infections to no more than 0.2 new cases/100,000 (2007 Baseline: 0.3/100,000). Hepatitis C cases reported to the Bureau of Health are chronic cases, not new cases.



HP2020 FS-1: Reduce infections caused by key foodborne pathogens to incidences of no more than:
FS-1.1 Campylobacter: 8.5 Cases per 100,000 people. (2006-08 Baseline: 12.7/100,000)



FS-1.4 Salmonella: 11.4 Cases per 100,000 people. (2006-08 Baseline: 15.2/100,000)



There was one confirmed foodborne outbreak in 2016.

Animal Control

Animal bites pose a public health problem to the community. Bites can lead to injuries and infectious diseases, including rabies. Animal bites comprise a public health concern when viewed as a public nuisance, a health threat to the victim, or a potential source of rabies infection.

The Animal Control Program involves the continued surveillance and appropriate epidemiological investigation of all animal bites reported to the Bureau of Health. Health Bureau staff provide education to community groups, children’s programs, and school students to prevent animal bites as well as to medical care providers for timely reporting.

Staff conducted follow-up investigations on 67 animal bites in 2016, a decrease of 49% from 2015 reports.

Number of animal bites reported:	
<u>Annual number:</u>	<u>Three-Year Average:</u>
2012 - 83	2010-2012 - 78
2013 - 103	2011-2013 - 90
2014 - 113	2012-2014 - 100
2015 - 131	2013-2015 - 116
2016 - 67	2014-2016 - 104

**Reportable Conditions Summary
Report for Year 2016
City of York, Pa.**

Overall, the total number of Reportable Conditions, primarily communicable diseases, in the City of York increased slightly in 2016 according to records compiled by the City of York - Bureau of Health. In 2016 there was a total of 1,139 reports received compared to 1,000 reports in 2015, an increase of 14%.

The most frequently reported group of conditions in the City of York for 2016 continues to be Sexually Transmitted Diseases (STD’s): first Chlamydia – 539 reports and second Gonorrhea – 133 reports. Chlamydia showed a 23% increase and Gonorrhea increased by 25% from 2015 to 2016.

There were 6 cases of primary, secondary and latent Syphilis reported in 2016 compared to 7 in 2015. Sexually active teens and young adults in their 20's comprise the bulk of STD cases. Behavioral studies show that this age group is more likely to engage in unprotected intercourse and have sex with multiple partners. With new staff, the Bureau is targeting high risk individuals for screening and treatment.

Moving up to the second most reported condition, Respiratory Syncytial Virus (RSV) infection increased by 69% from 2015 to 2016 with 70 and 118 cases, respectively. RSV causes an acute febrile, respiratory illness, occasionally severe enough to require hospitalization and is especially harsh on infants and children under two years of age. It is the major known etiologic agent of bronchiolitis and is a cause of pneumonia, croup, bronchitis, otitis media and febrile upper respiratory illness. RSV may cause symptomatic disease also in adults, particularly the debilitated elderly.

The third most frequently reported condition was Animal Bites with 67 cases in 2016 compared to 131 cases in 2015, representing a 49% decrease. Public awareness efforts such as dog bite prevention programs for children and dog law enforcement efforts by the City Police Department's Animal Enforcement Officer continue.

Influenza was the fourth most frequently reported condition. Ninety (90) cases of lab-test confirmed Influenza were reported in 2016 compared to 62 cases in 2015 – an increase of 45% from one year to the next. The majority of Influenza infections were Type A. Type B Influenza infections occurred less frequently and mostly near the end of the Influenza season. Many more Influenza cases probably occurred in York for the year but were not reported to the Health Bureau since a laboratory test for Influenza was not always performed.

Hepatitis C cases decreased from 86 in 2015 to 45 in 2016, a 48% decrease. Hepatitis B cases increased by 12 cases - from 9 cases

Reportable Conditions – City of York, Pa Summary Report 2015-2016			
Reported Cases	2015	2016	% Change
Animal Bites	131	67	↓49%
Campylobacter Enteritis	3	6	↑100%
Chikungunya	1	0	↓
Chlamydia	437	539	↑23%
Cryptosporidiosis	0	2	↑
Dengue Fever	0	1	↑
Enterohemorrhagic E. Coli	1	0	↓
Giardiasis	1	3	↑200%
Gonorrhea	101	133	↑25%
Hepatitis A	0	1	↑
Hepatitis B	9	21	↑130%
Hepatitis C	86	45	↓48%
HIV Infection	16	11	↓31%
Influenza Type A	45	61	↑36%
Influenza Type B	16	28	↑75%
Influenza not specified	1	1	-
Invasive Beta Strep Disease	0	0	-
Legionnaire's Disease	0	1	↑
Lyme Disease	26	21	↓19%
Malaria	0	1	↑
Meningitis - Aseptic (Viral)	0	2	↑
Meningitis - Bacterial	1	0	↓
Meningitis - Fungal	0	0	-
N. Meningitis Infection	0	2	↑
Pertussis	6	2	↓67%
Respiratory Syncytial Virus (RSV) Infection	70	118	↑69%
Salmonellosis	3	4	↑33%
Shigellosis	1	18	↑1700%
Streptococcal Group A	0	3	↑
Syphilis (primary)	5	1	↓80%
Syphilis (secondary)	2	4	↑100%
Syphilis (latent)	0	1	↑
Toxoplasmosis	6	6	-
Tuberculosis – Active	0	0	-
Tuberculosis – Latent	28	34	↑21%
Varicella	0	1	↑
West Nile Virus	2	0	↓
Zika	0	1	↑
Total Case Reports	1000	1139	↑14%

in 2015 to 21 cases in 2016. There was once case of acute Hepatitis A reported in 2016.

There were 11 new cases of HIV infection reported in York City residents in 2016, 5 less cases than the previous year. Individuals reported include males and females, whites and African-Americans, Latinos and non-Latinos, a wide range of adult ages, IV drug users, heterosexuals, and men who have sex with men (MSM). This diverse group remains a far cry from two and three decades ago when AIDS cases were primarily white, non-Latino MSM's. Also, in contrast to those early days of this epidemic, HIV infection has now become a treatable rather than a fatal disease.

Bacterial and parasitic infections that lead to vomiting, diarrhea, abdominal pain, as well as other gastrointestinal symptoms, increased by 230% in 2016 compared to 2015. Cases of *Campylobacter* enteritis, Cryptosporidiosis, Giardiasis, Shigellosis, and Salmonellosis totaled 33 in 2016 compared to 10 in 2015. One foodborne outbreak was reported and investigated in 2016.

Lyme Disease cases decreased 19% in York City residents – 21 cases in 2016 compared to 26 cases in 2015. This infection results from tick bites and most frequently causes arthritic and neurological symptoms. Prompt antibiotic treatment can prevent or mitigate many complications. Lyme Disease is typically a much more frequent problem in rural and suburban areas elsewhere in York County than in urban York City, but continues to impact city residents.

Meningitis cases in the City increased from 1 case in 2015 to 2 cases in 2016, which was viral meningitis. There was 1 case of Varicella (Chickenpox) reported in 2016 compared to no reports in 2015. There was 1 case of Legionnaire's Disease in 2016 and 3 cases of Streptococcal Group A in 2016.

Pertussis reared its head last year with 6 case reports and decreased by 67% in 2016 with only 2 reported cases.

Of special note, there was no report of active Tuberculosis again in 2016. One case of active Tuberculosis disease was reported in 2014 following three straight years with no active TB cases. Quite clearly, the occurrence of active TB in the City remains very low. This situation is due to aggressive surveillance and prevention strategies at our local level.

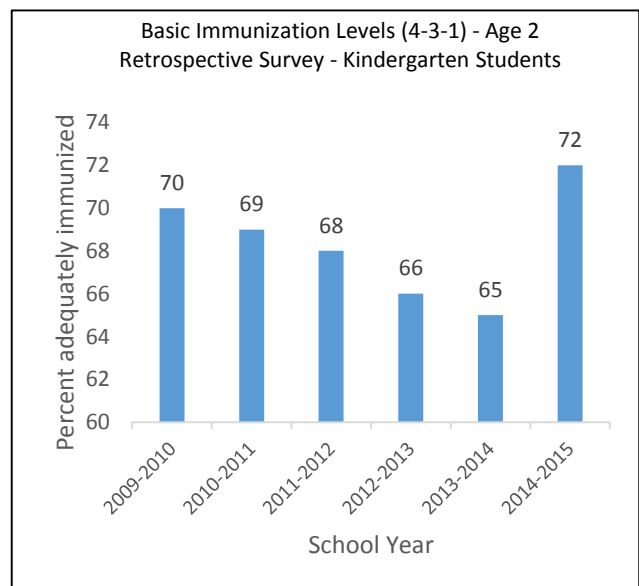
Finally, there were no cases of Chikungunya and Toxoplasmosis reported in 2016. There were no reports of West Nile Virus in 2016, however, another mosquito borne disease, Zika, presented itself in someone traveling from a Zika impacted country.

Immunization Program

HP2020 IID-7: Achieve and maintain vaccination coverage levels for universally recommended vaccines among young children.

IID-7.1: 4 doses diphtheria-tetanus-acellular pertussis (DTaP) vaccine by 19 to 35 months. (2008 Baseline: 85% of children aged 19 to 35 months received 4 or more doses of the combination of diphtheria, tetanus and acellular pertussis antigens).

A retrospective survey of York City kindergarten students indicates that the basic immunization level of children when they were two years of age is improving. The 2014-15 school year audit revealed an increase in the basic immunization level from 65% the prior year to 72%. The Bureau did not conduct an audit for the 2015-2016 school year.



In 2016, the Bureau provided 122 flu vaccinations to uninsured and underinsured York City residents, 50% less than provided in 2015. Ninety (90) cases of influenza were reported in 2016.

York City residents received a total of 1,970 vaccines in 2016 through the Bureau of Health. Two back to school clinics resulted in 244 vaccines provided. Staff also provided 156 Shingles vaccines to uninsured and underinsured adults age 50+ during two open clinics.

Lead and Healthy Homes Program

The Lead and Healthy Homes Program receives a referral from a physician or agency for a variety of reasons, including elevated blood lead levels (blood lead levels at ≥ 5 ug/dl).

- 20 Environmental Health Assessment were performed
- 22 Post Healthy Homes Inspections were completed
- 2 Lead Paint risk assessment inspections for the LHH program
- 12 Lead Paint risk assessments were completed post LHH Program (July – December).

Maternal Child Health Services

High risk pregnancies, lack of pre- and post-natal care, as well as lack of early intervention in infancy and childhood contribute to the overall health and wellness of the community. According to the Office of Disease Prevention and Health promotion, the well-being of mothers, infants, and children will “determine the health of the next generation and can help predict future public health challenges for families, communities, and the health care system.” The City of York – Bureau of Health’s Maternal Child Health (MCH) Program works to promote collaborative approaches with MCH and community partners to provide education, intervention, and resource referrals to York City residents to support healthy birth outcomes.

The following table summarizes Maternal and Child Health Status Indicators with a comparative view of York and Pennsylvania, noting the profound need for public health promotion of MCH services as evidenced by data noted below.

Maternal Child Health Status Indicators

MCH Indicator	2012-2014		2011-2013		2010-2012		2009-2011	
	York	PA	York	PA	York	PA	York	PA
No Prenatal care in the 1st trimester	32%	27.7%	30.6%	27.8%	31.2%	28.2%	33.5%	28.7%
Low birth weight <2500 grams	11.6%	8.2%	11.0%	8.1%	11.1%	8.2%	11.6%	8.3%
Pre-Term births (<37 weeks)	12.9%	9.4%	12.0%	9.4%	12.5%	9.6%	13.0%	9.8%
Smoked in 1st trimester	18.7%	13.8%	19.0%	14.3%	18.6%	14.8%	19.5%	15.4%
Mothers who didn’t breastfeed	30.3%	24.3%	30.1%	26.7%	29.1%	28.5%	29.4%	29.9%

Source: Birth and Death Data: Bureau of Health Statistics and Research, PA Department of Health

Cardiovascular Disease

High blood cholesterol, high blood pressure, cigarette smoking, heredity, obesity and physical inactivity have been linked to an increased risk of heart disease and stroke. Heart disease continues to be one of the leading causes of death among York City residents. Over 19% of York City deaths annually are due to heart disease, accounting for 67 deaths in 2014, which is down 3% in 2013. The age-adjusted death rate for heart disease in 2014 was 200.5/100,000, averaging 11.1 years of potential life lost per individual. This rate continues to decrease but is still well above the HP 2020 objective of 100.8/100,000. Stroke accounted for 20 deaths for an age-adjusted rate of 62.2/100,000. The average years of potential life lost per individual was 8.3, a slight decrease since 2012. Education and outreach indicate a growing number of people are aware of the link between lifestyle and disease, but not all are willing or able to modify or change their behaviors.

HP 2020 HDS-2: Reduce Coronary Heart Disease death rate to 100 per 100,000 people (2000 Age-Adjusted baseline: 126.0/100,000).

Coronary Heart Disease Age Adjusted Death Rates York City 2008-2014

Annual Rate (cases):	Three Year Avg. Rates:
2010 - 243.0 (84)	2008 - 2010 - 262.7
2011 - 278.3 (94)	2009 - 2011 - 261.4
2012 - 231.5 (75)	2010 - 2012 - 250.9
2013 - 192.1 (69)	2011 - 2013 - 234.0
2014 - 200.5 (67)	2012 - 2014 - 208.0

HP 2020 HDS-3: Reduce Stroke deaths to no more than 33.8 per 100,000 people (2000 Age-Adjusted baseline: 42.2/100,000).

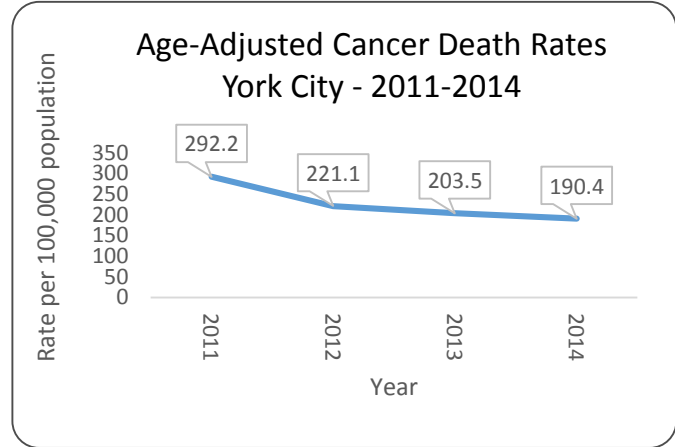
Stroke Age Adjusted Death Rates York City 2008-2014

Annual Rate (cases):	Three Year Avg. Rates:
2010 - 52.5 (19)	2008 - 2010 - 45.9
2011 - 45.0 (15)	2009 - 2011 - 45.4
2012 - 36.0 (12)	2010 - 2012 - 44.5
2013 - 79.6 (26)	2011 - 2013 - 53.5
2014 - 62.2 (20)	2012 - 2014 - 59.3

Cancer Control

HP 2020 C-1: Reduce the overall cancer death rate to 160.6 per 100,000 people (2000 Age-Adjusted baseline: 178.4/100,000).

The number of cancer deaths are almost equal to the number of heart disease deaths in 2014, resulting in the 2nd highest number in cause of death. Age-adjusted cancer deaths in the City of York continue well above the HP 2020 goal; however, there is a downward trend in age-adjusted death rates due to cancer as screening options are more available and early detection prompts treatment actions. Cancer prevention education is important and ties in with lifestyle behaviors, such as reduced smoking or exposure to secondhand smoke, diet and exercise.



HP 2010 C-2: Reduce lung cancer death rate to 45.5 per 100,000 people. (2000 Baseline: 50.6/100,000) (York City statistics incl. cancer of the bronchus and lung)

York City Lung Cancer Death and Incidence Rates per 100,000 population 2010-2014

Year	Annual Death Rate* (#):	Annual Incidence Rate (#)	3 year period	3- Year Avg. Death Rates:	3- Year Avg. Incidence Rates
2010	64.0 (28)	70.9 (31)	2008-2010	58.8	64.8
2011	47.6 (20)	86.9 (38)	2009-2011	55.1	71.7
2012	41.2 (18)	52.6 (23)	2010-2012	50.9	70.4
2013	32.0 (14)	70.9 (31)	2011-2013	40.3	69.4
2014	27.4 (12)	80.1 (35)	2012-2014	33.5	67.9

HP 2010 C-3: Reduce female breast cancer death rate to no more than 20.6 per 100,000 women (2000 Baseline: 22.9/100,000).

**York City
Breast Cancer Death and Incidence Rates per 100,000 Population
2010-2014**

Year	Annual Death Rate* (#):	Annual Incidence Rate (#)	3 year period	3- Year Avg. Death Rates:	3- Year Avg. Incidence Rates
2010	13.1 (3)	97.1 (22)	2008-2010	21.8	125.0
2011	17.6 (4)	132.4 (30)	2009-2011	19.7	125.0
2012	17.6 (4)	92.7 (21)	2010-2012	16.1	107.4
2013	30.9 (7)	92.7 (21)	2011-2013	22.0	105.9
2014	13.2 (3)	114.7 (26)	2012-2014	20.6	100.0

HP 2020 C-5: Reduce colorectal cancer rate to no more than 14.5 deaths per 100,000 people (2000 Age-Adjusted baseline: 17.0/100,000).

**York City
Colorectal Cancer Death and Incidence Rates per 100,000 Population
2010-2014**

Year	Annual Death Rate* (#):	Annual Incidence Rate (#)	3 year period	3- Year Avg. Death Rates:	3- Year Avg. Incidence Rates
2010	15.2 (6)	48.0 (21)	2008-2010	15.5	41.9
2011	16.6 (7)	41.2 (18)	2009-2011	14.4	40.4
2012	11.4 (5)	52.6 (23)	2010-2012	14.4	47.3
2013	18.3 (8)	48.0 (21)	2011-2013	15.4	47.3
2014	18.3 (8)	45.7 (20)	2012-2014	16.0	48.8

Dental Health

Oral health is a public health issue impacting residents in the City of York. It is especially difficult for children due to lack of pediatric dentists in the area, few dentists accepting Medical Assistance clients (although this is improving), and lack of fluoridation in the City's water system to reduce dental caries. The school-based dental sealant program is now in its ninth year. The program targets 6-8 and 12-14 year olds in the elementary and middle schools and in community agencies within the City limits. The Program conducted 6 Sealant events this year at York City School District elementary schools: Davis, Devers, Goode, McKinley, Jackson, and Ferguson.

- 174 students were screened for sealant eligibility, of which 7 were children with special health care needs.
- Seventy (70) students (40%) of the students were sealed, compared to 58% last year.
- Eligible children received at least one seal during the event with the average of 3.5 surfaces sealed per student for a total of 301 sealants placed on first and second molars.
- One hundred twenty-one (121) students received fluoride varnish during the event.
- Forty-two students (24%) were referred for dental care.

Injury Prevention

In 2014, unintentional injuries ranked 3rd in number of deaths in York City. Thirty-one (31) people died as a result of unintentional injuries, up from 22 in 2013 (2014 age-adjusted death rate - 79.2/100,000). Motor vehicle fatalities ranked 10th overall with 3 deaths (age adjusted death rate 7.3/100,000).

Injury Report Card 2010-2014

HP 2020 Objective	National Baseline	Year	York City
IVP-11: Reduce deaths caused by unintentional injuries to no more than 36/100,000 people.	40.0 (2000) (age-adjusted)	2010	55.0
		2011	68.0
		2012	47.2
		2013	58.6
		2014	79.2
IVP-13: Reduce deaths caused by motor vehicle crashes to no more than 12.4 per 100,000 people	13.8 (2000) (age-adjusted)	2010	12.6
		2011	14.5
		2012	10.3
		2013	9.3
		2014	7.3

Violence/Intentional Injury Report Card 2016

Healthy People 2020 Objective	Baseline	Year	York City Rate
MHMD-1: Reduce Suicides to no more than 10.2 per 100,000 people. Nine (9) suicides were reported for York City in 2016 (York County Coroner Office).	11.3 (2007)	2016	20.6
IVP 29: Reduce homicides to no more than 5.5 per 100,000 people. Nine (9) homicides were reported for York City in 2016 (York County Coroner Office).	6.1 (2000)	2016	20.6

Tobacco Control

Heart disease and cancer are the top two leading causes of death in York accounting for 38% of all deaths for 2014. Tobacco use is a major risk factor for these diseases.

HP 2020 RD-10: Reduce deaths from Chronic Obstructive Pulmonary Disease among adults to achieve a rate of no more than 98.5 per 100,000 people (2000 age-adjusted baseline: 112.4/100,000 age 45 and older).

York City 2010-2014

Chronic Obstructive Pulmonary Disease Death Rates

Annual Rates (#):	Three Year Avg. Rates:
2010 – 39.4 (14)	2008-2010 – 40.2
2011 – 60.3 (20)	2009-2011 – 46.4
2012 – 32.0 (14)	2010-2012 – 43.9
2013 – 60.7 (20)	2011-2013 – 51.0
2014 – 47.8 (15)	2012-2014 – 46.8

HP 2020 MICH-11.3: Increase abstinence from tobacco use by pregnant women to 98.6% (Baseline: for the Nation – 2007 [HP 2020] 89.6%).

% reported abstinence from tobacco use among pregnant women

	2007	2008	2009	2010	2011	2012	2013	2014
York City	76.8	77.8	77.7	80.9	80.2	80.5	79.3	81.1%
York County	81.7	81.5	82.2	84.5	83.3	84.3	85	85.4%
Pennsylvania	82.5	83.0	83.5	84.1	84.7	84.7	85.8	86.3%

The PA Department of Health, Bureau of Health Statistics and Research reports that 13.7% of pregnant women in PA used tobacco in 2014. In York City, 18.9% of women who gave birth report using tobacco during pregnancy, according to the 2014 PA Vital Statistics, down almost 2% from 2013. York City has made some progress in abstinence from tobacco use during pregnancy from 76.8% (2007) to 81.1% (2014), but still has work to do to meet the HP 2020 goal of 98.6%.

Conclusions from Local/State Data

Healthy People 2010-2020 National Objectives provide a tool for the City of York - Bureau of Health staff to assess and evaluate the public health of the City’s residents and identify areas of need or focus for interventions. As noted in the Introduction, the public health issues prevalent in York City are similar to and sometimes more severe than other urban areas. Societal and economic trends of poverty and unemployment combined with unhealthy lifestyles or risky behavior choices challenge the public health delivery system.

Many communicable diseases, especially those caused by risky lifestyle choices or behaviors, show little if any improvement despite increased education and awareness of prevention. The rates of STDs, Hepatitis C, and HIV, due to the nature of their transmission, remain well over state rates per 100,000 population and National Healthy People 2020 goals. Lyme Disease remains steady in case reports, indicating a need to continue to educate residents on prevention strategies to reduce risk.

The percentage of low birth weight babies (<2500 Grams) in the City and the associated problems continue to challenge the community. Above the state and national levels, the most dramatic difference of percentages of low birth weight (LBW) babies occurs when comparing LBW babies in York City (2012 - 11.5%) with LBW babies in York County outside the City (2012 - 7.5%), a marked disparity within York County between urban versus suburban/rural. A collaboration of the maternal child health providers and community partners in and outside of the City continues to jointly identify and develop intervention strategies to improve birth outcomes in the City.

Injury deaths, unintentional and intentional (homicides), are higher than the Health People 2020 objectives and the national baselines. Community Health Specialists raise awareness of injury prevention strategies related to unintentional injuries through programs such as A Matter of Balance to reduce falls and work with local groups to reduce intentional injuries such as pedestrian and biker safety, fire and gun safety, poisoning, head injuries and more.

The number of deaths due to heart disease and cancer are seeing a downward trend over the past decade. However, heart disease and cancer remain the top leading cause of death in York City. Education efforts by the Bureau of Health and other local/national organizations, as well as technological advances in diagnosing and treating these diseases, contribute to this trend. More emphasis has been placed on prevention by improving lifestyle choices, such as weight reduction, better nutrition choices, and exercise through a myriad of programs and services at local, state and national levels. The Community Health Specialists work closely with community partners to initiate sustainable environmental changes (walkable/bikeable transportation routes), provide tools, skills, and knowledge for residents to improve their health (community gardens), and implement policy changes

to impact health. The Million Hearts™ initiative has elevated the awareness around heart disease and stroke and is a collaborative effort between the Bureau and local providers to improve heart health.

Efforts to increase public awareness on a variety of health topics and to encourage people to assume responsibility for their behaviors are major undertakings. The City population, with its diverse mix of ethnicities and cultures, is a challenge to educators. Preparing our staff to address diverse audiences and ensuring they have adequate resources and knowledge to educate the community are major tasks.

The Bureau staff continue to train for public health emergency situations where they may be called upon to respond. As novel viruses continue to raise the Bureau's emergency preparedness readiness, as seen with the current ZIKA virus response, the Bureau is focused on its emergency disease response plan and activities. As with any emergency response, the Bureau collaborates with local and state responders, healthcare entities and the community to minimize the impact on city residents.

The Health Bureau regularly monitors data and surveillance of public health information. Data is obtained from the PA Department of Health Bureau of Health Statistics, local sources, and various agencies. Staff analyzes data for trends in morbidity and mortality, and compares local with county, state and national trends where appropriate. Staff also uses locally collected data for epidemiologic surveillance and trending. In 2016 the Bureau received grants from the Highmark Foundation and the Memorial Health Fund to review our processes around data collection and management and to institute an electronic data system to better capture our work and the health of the community. That work continues through 2017.

Qualitative information is gathered in various ways. Major sources of qualitative information are staff participation on various boards, task forces, and coalitions and working/meeting with members of the community to discuss specific health issues. Both qualitative information and quantitative data gathering are on-going responsibilities of the staff. Staff members work with the community to develop solutions or strategies to improve identified public health issues and problems.

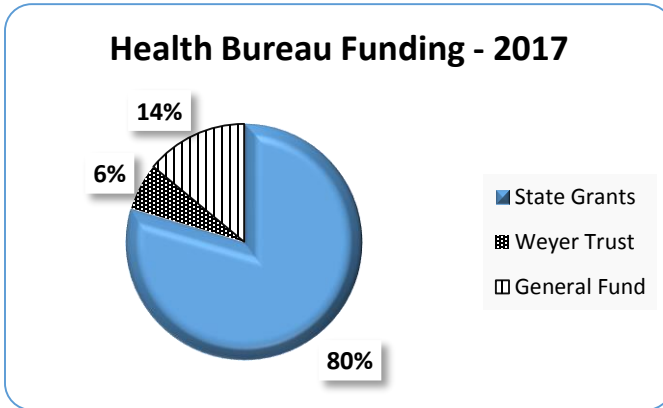
The Health Bureau staff meets yearly to develop the goals and objectives for the Annual Health Plan. Staff discusses program successes and identifies issues and strategies that can be implemented to improve the public's health. Staff applies the following criteria for setting goals and objectives for the year:

- The issue is addressed in the work plan of the grant and/or the mission of the Health Bureau.
- A gap in services has been identified, or it is not being addressed in the community and the Health Bureau staff assesses the gap, the resources available, and ability for staff to address the need.
- The issue is one of the leading health indicators as specified by the CDC and the local statistics and issues warrant a local intervention, or it is a unique issue to the City/County that needs action, i.e. heroin epidemic.
- A community health assessment has been conducted and identified a targeted need in the City.
- A quality improvement initiative or process identifies a public health priority or need.
- The strategic planning process reveals a concern or area as a public health priority.

Administrative and Support Services

Administrative and Support Services

The Bureau of Health requires capable administration, skilled knowledgeable staff, and adequate funding to allocate resources for quality public health services in the City of York. The administrative and support staff of the Bureau of Health is responsible for developing plans, conducting assessments, preparing budgets, and writing reports that reflect the health needs of the community, and assuring that services are provided through sound public health practices.



The City of York - Bureau of Health administers a 2017 budget of \$2.26 million and is funded by state grants, City CDBG funds, the Weyer Trust and the City's General Fund.

The Bureau has thirteen full-time and two part-time employees. Additional City of York personnel are utilized for various administrative activities, including: policy, finance, personnel and legal. Health Bureau staff actively engage in various community and volunteer activities with local, state and national professional organizations through their positions and interests in the health

and well-being of the community; such as National Association of County and City Health Officials (NACCHO); Safe States Alliance; Senior Outreach Services; South Central Task Force; Healthy York County Coalition; York/Adams Immunization Coalition; Transportation Task Force; and Eat Play Breathe York.

The Health Bureau focuses its work on integrated population health strategies by engaging staff, community partners and residents in shared goals and approaches to provide a greater impact on community health. Strategies allow for staff to have a more global impact on the health of the community by working together, expanding our reach, and understanding community needs.

To facilitate professional awareness, the Bureau provides professional teaching and experiences in the field of public health for physicians in residency training, medical students, nursing students, public health students, and those in other areas of the health care field.

ADMINISTRATION

The administrative and support function of the Health Bureau is to provide leadership to both staff, city departments and the community on public health issues. Administrative staff conducts the daily financial and operational business of the Health Bureau and is responsible for directing personnel activities of employees, such as job descriptions, periodic performance evaluations, complaints, attendance records, payroll, and professional development. The administrative staff performs office operations such as Emergency Preparedness, epidemiological support, purchasing, and clerical duties. Staff is responsible for program services and contract management (both local and state) through sound financial management and monitoring performance.

The ability to provide public health services is enhanced by the cooperation and understanding of other health professionals in the community. Positive relationships with the community and our health care professionals foster our ability to receive timely reporting of diseases, cooperate with others on public health interventions, place more importance on public health measures, and consider a broader view of health care. Bureau staff provide clinical, community and administrative experiences in public health for students, medical students, and medical residents.

Program Goal: Provide quality, effective and comprehensive public health services to the City of York.

Objective 1: Implement and electronic data management system by December 31, 2017.

Activities:

- Review vendor recommendations provided by the Public Health Informatics Institute.
- Develop RFP for vendors and select appropriated vendor for our data requirements.
- Select vendor, pilot the system before implementation and train staff on system use.
- Develop appropriate Standard Operating Procedures and forms for system use.

Evaluation Methods:

- Protocols/guidelines are developed for SOPs and forms for system.
- Vendor is selected, pilot occurs and staff is trained for implementation.

Objective 2: Utilize SharePoint's potential for data collection and information by December 31, 2017.

Activities:

- Re-assess/re-evaluate how staff currently uses SharePoint.
- Remove unneeded files from SharePoint
- Identify training opportunities for staff
- Develop communication strategy regarding the coordination of activities.
- Staff are trained, refreshed on SharePoint.

Evaluation Methods:

- SharePoint is being used more fully by staff.

Objective 3: Align processes and develop practices to allow successful application for accreditation by December 31, 2018.

Activities:

- Determine our status regarding core requirements for accreditation application (i.e. Strategic Plan, Community Health Assessment and Community Health Improvement Plan).
- Utilize local resources to assist in develop of each as needed.

Evaluation Methods:

- Review and evaluation of our status of core requirements is completed.
- Movement is made in the development of at least one or more core requirements.

Objective 4: Relocate our clinic space to increase capacity for public health services by December 31, 2017.

Activities:

- Design and build space in collaboration with local partners.
- Move clinic and staff to new location.
- Communicate move and services to the public, stakeholders, etc.

Evaluation Methods:

- Move is completed.
- Methods and numbers of communications provided.

Objective 5: Design and implement at least 1 new service by December 31, 2017.

Activities:

- Develop and design plan for new service.
- Communicate new service with the public/stakeholders.
- Implement new service.

Evaluation Methods:

- Service was implemented and communicated to public/stakeholders.

Objective 6: Implement new communication assets by January 31, 2017.

Activities:

- Revisit/update communication review policy.
- Hold Staff in-service for assets and policy.
- Develop distribution method/process for assets.

Evaluation Methods:

- Policy updated.
- In-service held.
- Process of distribution developed

EMERGENCY PREPAREDNESS

The Emergency Preparedness Program of the Health Bureau is tasked with the development of procedures and training to allow for the effective coordination of public health resources in an emergency situation. The Health Bureau is recognized as a first responder agency in York City's emergency planning and response activities. All Bureau staff and senior management have been trained in the national Incident Management System and Incident Command process. The Health Bureau's emergency response plan and protocols are included in York City's emergency operations plan. The Bureau's all-hazards plan includes specific command and response actions, communications and disease protocols and emergency checklists. The Bureau works with all levels of local, state and federal agencies in preparedness activities. Particular attention is given to collaborative response actions with local medical, business, community, and neighborhood partners.

Program Goal 1: Increase organizational, community and individual emergency preparedness through education and training.

Objective 1: Define the expanded scope of Public Health emergency preparedness and response activities as they relate to Zika Virus.

Activities:

- Review and assess PA-DOH and CDC recommendations/requirements for Zika monitoring, reporting and follow up.
- Establish a Zika response plan and appropriate policies and procedures.
- Continue to partner with health care providers, providing support and education as necessary and appropriate.
- Provide education and materials to the community on Zika prevention.

Evaluation Methods:

- Assessment and analysis of PA-DOH and CDC recommendations/requirements for Zika.
- Zika Plan is completed and approved by senior management.
- At least one educational event is scheduled and conducted for health care providers and one for the community.

Objective 2: Engage individuals, businesses, health care providers, schools, faith-based and organizations/agencies in emergency preparedness activities and trainings.

Activities:

- Provide a minimum of one community education event during National Preparedness Month (September).
- Provide emergency Preparedness resources to stakeholders and community members.

Evaluation Methods:

- Event is held.
- Information is distributed to stakeholders and community members.

Program Goal 2: Provide quality, effective and comprehensive Public Health Emergency Preparedness planning and response actions for the York City community.

Objective 1: Effectively transition operational functions from the existing primary Emergency Preparedness Planner to the Community Health Specialist, Emergency Preparedness staff.

Activities:

- Work with Emergency Preparedness Planner and supervisor to assess responsibilities.
- Review standards for updates to emergency plan.
- Review and update identified plans (Ebola, Recovery, Zika, Staff Exercise and Training).
- Attend preparedness meetings with community partners and stakeholders (PA-DOH, SCTF, YAMMRS, VOAD, and others as deemed appropriate).
- Review and obtain understanding of current grant deliverables and requirements.

Evaluation Methods:

- Responsibilities have been clearly identified and understood.
- Working knowledge and documentation of updates to plans.
- Participation in stakeholder meetings.
- Grant requirements are satisfied and deliverables completed.

Objective 3: Develop and test network communication plan for outbreaks, such as Ebola and other novel viruses.

Activities:

- Create a database of whom to communicate with in certain and/or all situations.
- Develop messages/templates.
- Develop lists and test their dissemination of information for emergency situations.

Evaluation Method:

- A database is created.
- # messages developed/templates created.
- Test(s) completed and results are provided on dissemination process.

Administrative and Support Program Performance Review 2016

Program Goal: Provide quality, effective and comprehensive public health services to the City of York.

Objective 1: Ensure effective communication between both internal and external partners.

ACHIEVED

- Staff discussed need to document meeting minutes and other written documents, but no written guidelines or protocols were produced. The Communication policy related to ensure effective development and use of program templates for flyers, press releases, etc. is being used.
- SharePoint is used by all staff to store, maintain and access communications and files in an organized system.

Objective 2: Coordinate Health Bureau activities and communications effectively between 2 sites.

ACHIEVED

- Program staff have identified, coordinated and integrated program delivery opportunities among various services, i.e., car seat checks into MCH program.
- Communication strategies, not written, are integrated into leadership and staff meetings to ensure coordination of activities.

Objective 3: Align processes and develop practices to allow successful application for accreditation by December 31, 2016.

PARTIALLY ACHIEVED

- Although other opportunities presented in 2016 took priority in our work, the Bureau used these opportunities to begin making process changes and quality improvement to our work flows and data collection methods.
 - The Bureau, through a grant opportunity from the Highmark Foundation, commenced a massive project in 2016 to assess its data management needs. Through consulting with the Public Health Informatics Institute, the Bureau reviewed its business processes and data management needs for an electronic data system.

- As a result, 8 programs/processes were developed with work flows and data requirements were identified. This involved all staff input to the design and identification of needs. A preliminary report was drafted for review and input.

Objective 4: Streamline process and experience for health professionals at the Health Bureau.

ACHIEVED

- Met with attending physician managing resident rotations for feedback from the residents to understand what their needs are and value received from their Health Bureau experience.
- Offered internships and/or experiences at the Health Bureau for individuals interested in Public Health

Family Practice residents - 8	MPH/BS students – 2
Medical Students - 15	High school students – 2
Nursing Students – 1	

**Emergency Preparedness
Performance Review 2016**

Program Goal: Increase organizational, community and individual emergency preparedness through education and training.

Objective 1: Define the expanded scope of Public Health emergency preparedness and response activities as they relate to Novel Viruses.

ACHIEVED

- An annual assessment of public health emergency response capabilities was conducted and gaps identified. These gaps have been addressed through trainings and placed on the annual training and exercise plan for the Health Bureau staff.
- An Ebola Plan was completed and submitted to the PA Department of Health. A review is currently in process to adjust for any changes or additions to the initial plan.

Objective 2: Engage individuals, businesses, health care providers, schools, faith based and organizations/agencies in emergency preparedness activities and trainings.

ACHIEVED

- Emergency preparedness event was held for the general community during emergency preparedness month. This event was coordinated as a collaborative effort with the Red Cross, York City Fire and Rescue Services, York City Police and local healthcare providers. This event provided us with the opportunity to demonstrate our collaboration with other emergency responders and jointly engage our community on preparedness education and Zika Virus prevention. Number of participants for event was 200 – 275.
- Ten (10) organizations and individuals requested and received assistance for emergency planning/resources (churches, local businesses, schools, etc.).
- Four (4) Community Emergency Response Team classes were provided (two for schools, two for internal city employees).
- Work with Faith Based organizations and nursing homes has involved education, site assessments, assistance with fire drills and emergency response planning.

- Engaged with community partners- YAMMRS (York Adams Metropolitan Medical Response System), SCTF (South Central Task Force), VOAD (Volunteers Organizing in Disaster), hospitals and health care providers, in trainings and drills/exercises.
- Personal Protection Equipment policies and procedures were exercised for an Ebola/Novel Virus response. Updates were made to the Ebola response plan as determined from the exercise after action report.
- Staff received training from the PA-DOH on surveillance and response reporting in the National Electronic Disease Surveillance System (NEDSS).

Objective 3: Complete preparations and submission for Project Public Health Ready (PPHR) recertification by August 2016.

ACHIEVED

- All standards were reviewed and updates were applied to the emergency plan including the creation of a Health Bureau Recovery Plan as a distinct component of the City's Continuity of Operations Plan (COOP).
- Gaps and opportunities were added to the annual training and exercise plan.
- PPHR application was completed and submitted for recertification.

Personal Health Services

Personal Health Services

The Personal Health Services (PHS) provided by the Bureau of Health meet a broad range of community health needs for individuals and families and the community as a whole. PHS is comprised of our clinical services (Personal Health) and our community services (Community Health). The largest component of clinical services are services provided by the Community Health Nurses and the Disease Intervention Specialist. The major responsibility of the clinical staff is to identify individual and family health needs and assist with mobilizing and coordinating resources to meet those needs. Clients are accepted for service by self-referral or by referral from schools, physicians, community agencies and local hospitals.

The Pennsylvania Department of Health and the Centers for Disease Control and Prevention require physicians and medical laboratories to notify the local public health authority, the City of York – Bureau of Health, of reportable communicable conditions or diseases. This reporting mechanism allows the Bureau of Health to take immediate public health measures to control the spread of communicable conditions or diseases. The Health Bureau Personal Health Services staff provide epidemiological investigation and follow-up on all communicable diseases reported.

In addition to the surveillance and investigation of reported diseases, the Personal Health Services staff provide support and referral services to high-risk pregnant women, infants and special needs children and youth. Health education and disease prevention programs are offered throughout the community by promoting health behaviors and lifestyle choices to improve the quality of life of City residents. Outreach and networking with at risk populations are essential for all personal health services provided by the City of York - Bureau of Health.

Educating residents about strategies to improve their health conditions or to maintain general health is important in creating a healthy community. Nearly 50% of health problems are directly attributable to unhealthy lifestyle behaviors such as smoking and tobacco use, drug and alcohol abuse, physical inactivity, poor nutrition habits, mental stress, and injury from accidents or falls. Community Health Services staff focus on activities, policies, systems and environmental changes that support individual and community health in order to reverse aforementioned health behavior trends.

Community Health Services encompass all of the Bureau's services to address behavioral change, by providing public health awareness and education on a wide range on public health topics to the community in various settings. The Bureau utilizes multiple media strategies to educate and provide awareness about public health issues impacting York City residents.

The City of York faces many public health challenges. The Bureau relies heavily on community collaborations in order to reduce duplication of services and to streamline efforts aimed at primary prevention. The Bureau has several essential working relationships with key community stakeholders, which aid in promoting and implementing efficient and effective public health strategies. Staff members conduct surveillance on emerging and existing health trends in order to address the needs of the community. Community Health Services offered at the Bureau are in line with the community health profile of the City of York with the intent of addressing at risk populations, which are disproportionately affected by chronic diseases.

TUBERCULOSIS

Tuberculosis (TB) is an infectious, reportable disease that usually affects the lungs. TB is caused by a mycobacterium and is transmitted through the air by respiratory droplets from coughing. Depending on the location, the stage of TB, and choice of medication, treatment may vary from 4 to 9 months (e.g., 4 months of Rifampin for latent infection, 6 months of multi-drug treatment for active disease, or 9 months of Isoniazid for latent infection), and in some cases longer. Duration of treatment is one of the challenges for compliance with treatment.

After receiving a TB referral, the Community Health Nurse conducts an initial interview with the individual. Appropriate laboratory and x-ray studies are ordered as needed. For individuals being treated, the Medical Director takes a medical history and performs a physical examination. The individual is then started on treatment for latent TB infection (LTBI) or for active TB disease. In addition to an initial home visit if indicated, regular office visits allow for ongoing evaluation. Directly Observed Therapy (DOT) is used as indicated for all TB disease patients and non-compliant LTBI patients. Contacts of active TB cases are tested to determine TB status and are treated appropriately. Ongoing screening programs are conducted to identify TB reactors with a focus on high-risk populations such as: homeless, immigrants, low income and people residing in shelters. Education and testing information are provided at community events as appropriate.

Program Goal: Reduce and prevent the incidence of TB in the City of York.

Objective 1: Provide education to providers and employers on PPS screening process and outcome follow-up.

Activities:

- Develop check list tool for screening and follow-up process.
- Contact and meet with 2 providers and 2 employers.

Evaluation method:

- Checklist tool is created.
- 2 employers and 2 providers have received checklist and education.

Objective 2: Explore once weekly treatment for LTBI.

Activities:

- Identify potential staffing issues.
- Assess cost/benefit of once weekly treatment vs. 9 month treatment

Evaluation method:

- Cost comparison is made between 12 week and 9 month treatments.
- Decision is made to adopt or not change in treatment.

SEXUALLY TRANSMITTED DISEASES, HIV and AIDS

Sexually Transmitted Diseases (STD's) are infections transmitted through sexual contact. Left untreated, STD's can spread readily; can result in pain, infertility and disseminated infections throughout the body; and can cause serious complications for newborn infants. The absence of symptoms during some of the infection stages, the existence of antibiotic-resistant STD strains, lack of community awareness and the reluctance to use condoms are some of the issues for consideration for community outreach or interventions.

Acquired Immunodeficiency Syndrome (AIDS) is a serious condition resulting in a severely impaired immune system. The absence of a strong immune system allows opportunistic diseases to overtake the body, often resulting in death. Factors that complicate efforts to prevent the spread of HIV infection include a long asymptomatic phase, lack of a cure or vaccine, public denial, and lack of community knowledge of/sensitivity to AIDS. York faces multiple service problems for persons with HIV/AIDS – housing, medical care, dental care, transportation, emergency financial support, etc.

The Disease Intervention Specialist (DIS) conducts HIV-antibody testing with partner notification and counseling services. Partner Services is also completed for any identified partners of an HIV positive individual. Ongoing education and information are made available to high-risk individuals/populations, the general public and health care providers.

When a City resident is reported to the Bureau or diagnosed with an STD, HIV or AIDS, a Community Health Nurse or Disease Intervention Specialist is assigned to follow-up with the individual to provide case management and support. The Bureau also works cooperatively with HIV/AIDS service providers and case managers in the community to support HIV+ individuals and their families.

Community awareness and education are conducted through outreach and the Social Networking Program to bring high-risk individuals and their social network contacts in for testing.

Program Goal 1: Reduce new HIV/STD infections.

Objective 1: Increase prevention and screening activities for at-risk populations.

Activities:

- Develop partnership where high-risk populations live/frequent: i.e., correction center, halfway houses, local churches and colleges.
- Schedule education and testing events.
- Provide condoms and prevention messages.

Evaluation Methods:

- List of partnerships/locations.
- # of education and testing events.
- # condoms distributed.

Objective 2: Carry out Partner Services in collaboration with providers who diagnose and treat individuals with HIV/STD's.

Activities:

- Utilize PA-NEDSS to identify positive clients and to reduce transmission through Partner Services.
- Provide partner services to all clients referred through PA-NEDSS.

Evaluation Methods:

- # partners receiving partner services.

Objective 3: Encourage and support community partners to promote efforts for appropriate screening and testing of STDs.

Activities:

- Document visits with partners and the PADOH.

Evaluation Methods:

- # of meetings/visits conducted.

Objective 4: Encourage and support staff in professional development opportunities in STD/HIV services.

Activities:

- Identify professional development opportunities available to staff.
- Attend ARTAS and Fundamentals of HIV trainings.
- Conduct pre-and post-test courses.
- Maintain certification for phlebotomy skills.

Evaluation Methods:

- List of trainings attended.
- # staff trained.

COMMUNICABLE DISEASES

Communicable Diseases, such as hepatitis, measles, and West Nile Virus, by virtue of their methods of transmission, become public health concerns. Poor hygiene, contaminated food or water, unprotected sex, I.V. drug use, insect exposure, and close contact with an infected individual are modes of transmission for some of these communicable diseases.

Upon receiving a referral, a Community Health Nurse investigates the case to verify diagnosis, determine source of illness, confirm treatment, reinforce medical advice, provide contact notification as necessary, and provide education/awareness information to prevent further spread of infection. Environmental Health Services staff is involved in cases of food-borne illness.

Program Goal: Reduce all communicable diseases among York City residents.

Objective 1: Collaborate with other providers/community partners on communicable disease prevention and screening activities.

Activities:

- Educate community partners on communicable diseases to provide messages and programs from a public health perspective to make residents healthier.

Evaluation Method:

- Meet with at least 3 community partners.

Objective 2: Engage with community partners to address high incidence of STDs among city residents.

Activities:

- Engage stakeholders in monthly/regular meetings to discuss and develop strategies to implement.
- Develop strategies to implement.
- Assess impact of strategies.

Evaluation Method:

- Number of meetings held.
- Strategies developed and/or implemented.
- Progress made in impacted STD numbers.

Objective 3: Coordinate the monitoring and documentation of Hepatitis C cases.

Activities:

- Evaluate current process.
- Develop workflow for Hep C monitoring.
- Monitor cases.

Evaluation Method:

- Evaluation completed.
- Cases are monitored.

IMMUNIZATION PROGRAM

Although many vaccine-preventable diseases have been reduced to negligible levels, the threat of these diseases is still very real. Lack of public knowledge about immunizations and the often high cost of health care are two barriers to attaining full immunization level in the community.

The Immunization Program provides immunizations for children and adults as recommended by the Centers for Disease Control and Prevention (CDC). Immunization clinics are held during the week and at least one evening. Special clinics are scheduled throughout the year for vaccine preventable diseases and special populations; i.e., Human Papillomavirus (HPV), Shingles (Zoster), and Pertussis (Tdap), pending vaccine availability. Additionally, the Bureau facilitates vaccination for persons exposed to certain diseases. Influenza and Pneumococcal vaccines are provided annually.

Immunization activities provided by the Health Bureau are primarily for those individuals without insurance or limited coverage and when appropriate, guiding individuals to their primary care provider for services. Ongoing efforts ensure that York City residents are kept informed of CDC immunization recommendations for all ages. Utilizing an upstream approach, the Immunization team reaches out to other care providers such primary care offices, pediatricians and school nurses to provide education on current immunization protocols and child immunization audits.

Program Goal: Reduce or eliminate indigenous cases of vaccine-preventable disease.

Objective: Advocate with community partners the importance of immunizations by understanding pockets of need, local immunization levels, and connecting residents to primary care homes.

Activities:

- Offer and provide vaccinations to all eligible York City residents and assist them to connect to primary care homes.
- Work with providers in the community to ensure compliance with new state immunization regulations and to assure timely student vaccinations.
- Explore SAPPHERE program capacity to assess vaccination levels at age 2.
- Work with the York/Adams Immunization Coalition to promote immunization awareness events and observances through community collaborative efforts (i.e., baby shower, social media, and bulletin boards).

Evaluation Methods:

- # of provider meetings discussing state regulations and timely immunizations.
- # of awareness events promoted and methods of promotion.
- Capability established, or not, of assessing vaccination levels at age 2 through SAPPHERE.

ANIMAL CONTROL

Animal bites pose a public health problem to the community and can lead to injuries and infectious diseases, including rabies. To prevent animal bites, Health Bureau staff provides education to community groups, children participating in summer playgrounds, and school students as well as medical providers to ensure timely reporting. The Animal Control Program involves the continued surveillance and appropriate epidemiological investigation of all animal bites reported to the Bureau of Health. The Police Department's Animal Enforcement Officer works in tandem with the Bureau regarding the treatment, confinement or removal of the animal involved in the bite. The Community Health Nurse works with the victim as needed to ensure medical treatment is received to prevent rabies.

Program Goal: Reduce animal bites and exposure to rabies in the City of York.

Objective: Explore ways to integrate animal bite education into other Health Bureau activities.

Activity:

- Identify opportunities with staff on how to integrate education internally and with other city departments

Evaluation method:

- # opportunities that staff provided animal bite education

MATERNAL CHILD HEALTH SERVICES

Premature births (< 37 weeks gestation) are the leading cause of infant mortality in the United States (CDC). Smoking, maternal age, poverty level, lack of prenatal care, domestic violence, stress, chemical exposure, chronic health problems of the mother, and lack of birth spacing are known risk factors for premature delivery. Premature births are linked to intellectual disabilities, respiratory concerns, cerebral palsy, vision and hearing loss, and digestive problems.

Additionally, LBW babies (<5.5# or 2500g) are at increased risk of illness, infections, delayed motor and social development, and learning disabilities. Premature babies are frequently LBW babies. Causative factors include: smoking, alcohol abuse, maternal age (adolescence or >30 years of age), socioeconomic status, stress, and domestic violence.

The stresses of parenthood can be overwhelming at times, but particularly so when combined with teen parenthood, poor parenting skills, poverty, unemployment, poor housing and difficulty in accessing affordable health care. The unfortunate results can be poor child growth and development, preventable injuries, child abuse and neglect, and behavioral and social problems.

The Maternal and Child Health Program, funded by the Maternal Child Health Block Grant through the PA Department of Health, provides public health services to pregnant women and mothers of infants and children who are at risk and those with special needs. The emphasis is on health promotion through education and on reduction of avoidable risks. In 2014 the Bureau, in collaboration with community stakeholders, initiated a systems change to better meet the needs of pregnant women early in their pregnancy by connecting them with community resources. The "Mother Child Connection Program" aims to improve birth outcomes and the health of women and infants in the City of York. The purpose of the Mother Child Connection program is to support pregnant women during their pregnancy and after giving birth. The Bureau provides assistance and guidance to connect moms-to-be with services, providers in the community, and/or the Maternal Child Health Nurse to enhance their pregnancy experience and to address social, economic and lifestyle barriers to improve pregnancy and birth outcomes.

On rare occasions, the Bureau receives reports for Children with Special Needs, such as PKU, birth defects, etc. The Community Health Nurse or Maternal Child Outreach Worker will locate families/infants, provide information and education and assist families in locating resources/health care coverage, etc. in the community.

Program Goal: Promote healthy moms, infants and children in the City of York.

Objective 1: Connect with 10 city employees of 50 or more employees to promote their compliance with the federal lactation law and offer assistance to be compliant. (MICH-22)

Activities:

- Develop a letter by 1/31/17.
- Identify 10 employers to reach out to them by 2/28/17.
- Coordinate with lactation consultants from WIC or local OB/GYN offices to provide the employers with assistance in developing policies and in establishing secure, clean location for employees to breastfeed or pump during work hours.

Evaluation Methods:

- Letter is developed and sent.
- # of employer responses.
- Assistance provided, if requested.

Objective 2: Promote breastfeeding in conjunction with community partners using social media outlets. (MICH-21)

Activities:

- Choose 4 messages to use from the *Surgeon General's Call to Action to Support Breastfeeding* website by 1/31/17.
- Promote a different message each month from February – May 2017 on Bureau's Facebook, Twitter and e-newsletter accounts.

Evaluation Methods:

- 4 messages chosen.
- # likes, retweets, shares, etc. from each form of media promotion.

Objective 3: Develop a tool to capture data required for annual MCH grant evaluation.

Activities:

- Review current tracking tool to see what data points are collected and what data is needed.
- Determine how to count people who are engaged in our program outside of the "ONAF" process. (ONAF is the Obstetrical Needs Assessment form used for referrals to the MCH program).
- Engage with local partner and resources to assist in development of tool.

Evaluation Methods:

- Data tracking tool is updated and complete to meet grant requirements.
- System is developed for capturing data at various engagement points in our program.

Objective 4: Improve birth outcomes of women and babies enrolled in the program. (MICH-8.1 & 8.2; MICH-9.1 & 9.2; MICH-11.3)

Activities:

- Educate women on healthy behaviors during pregnancy.
- Provide materials and information resources.
- Employ the 5Ps screening tool to direct educational opportunities.
- Determine outcome measures based on trimester of enrollment in program.

Evaluation Methods:

- #/% of full term births for women enrolled in first trimester.
- #/% of low birth weight babies born to women enrolled in the first trimester.
- #/% of women using substances (i.e. tobacco).
- System is developed for capturing data at various engagement points in our program.

Objective 5: Increase positive behaviors for women and babies enrolled in the program. (MICH-1.8; MICH-21.1)

Activities:

- Educate women on safe sleep environments.
- Encourage initiation and importance of breastfeeding.
- Promote daily reading engagement

Evaluation Methods:

- #/% of families receiving “Safe Sleep” education/information.
- #/% of women who initiated and/or continue to breastfeed
- #/% of families who were provided children’s books.

LEAD HAZARD RISK ASSESSMENT PROGRAM

The purpose of the Lead Hazard Risk Assessment Program is to assess a child’s environment for lead hazards, to educate the family on the effects of exposure to lead, cleaning techniques to lower the lead dust levels in the home, proper nutrition, and to monitor the child’s blood lead levels. Staff receives referrals from pediatricians and primary care physicians for children with elevated blood lead levels to initiate the Lead Hazard Risk Assessment.

The Bureau receives no funding for this program; however, children continue to be exposed to lead. The Bureau continues to seek partners in addressing the lead levels in children and in the housing stock.

The Bureau will receive a HUD Lead Hazard Control grant through the PA Department of Health in 2017. This grant will be a collaboration with the York County Planning Commission to inspect and remediate lead hazards in homes where a child with an elevated blood lead level resides and to promote healthy and safe housing.

SAFE AND HEALTHY COMMUNITIES PROGRAM

High blood cholesterol, high blood pressure, tobacco use, heredity, obesity and physical inactivity have been linked to an increased risk of heart disease and stroke. Nineteen percent of York City deaths annually are due to heart disease. Deaths due to cardiovascular disease account for on average, 11.1 years of potential life lost per victim (2014). A growing number of people are aware of the link between lifestyle and disease and the impact these risk factors can have on their health status. However, only a small percentage is willing or able to modify their behaviors.

The Safe and Healthy Community Program is centered on addressing modifiable risk factors, particularly nutrition and physical activity in the community-at-large. Health promotion activities

focus on policy, system, and environmental changes which create sustainable opportunities for individuals to engage and develop healthy habits that reduce/mitigate a variety of chronic diseases.

Program Goal: Prevent chronic disease and injury by promoting healthy lifestyle behaviors and improving the overall health and safety of our community through the implementation of policy, systems, and environmental changes supplemented with evidence-based individual behavior change programs.

Objective 1: Use the Million Hearts initiative to promote awareness and engagement of city residents in an effort to decrease cardiovascular disease and stroke.

Activities:

- Educate stakeholders on the Million Hearts initiative and promote physical activity, nutrition, and overall health improvement in community and worksite settings.
- Utilize multiple media outlets to promote awareness of Million Hearts messages.
- Identify and work with community partners who can promote Million Hearts concepts.
- Identify activities and execute projects that align with Million Hearts.

Evaluation Methods:

- # of social media posts, news articles, blogs, etc.
- # of community events and activities that promote Million Hearts concepts.
- # of partnering worksites that promote health and wellness programs that align with Million Hearts.
- # of stakeholders engaged in collaborative work that aligns with the Million Hearts initiative.
- # of collaborative community health projects and activities supported by Million Hearts.
- # of partner organizations promoting the Million Hearts initiative.

Objective 2: Increase access to healthy food options by implementing the Corner Store Initiative pilot program.

Activities:

- Continue evaluation of Corner Store Initiative at pilot / enrolled stores and revise program processes as needed.
- Engage additional stores in the initiative.
- Utilize evaluation process / tool.
- Develop and utilize promotional and educational materials for businesses and the community.
- Promote the initiative to local residents.
- Link pilot / enrolled stores to organizations for programming opportunities.
- Use the evaluation process / tool to determine success of pilot initiative.

Evaluation Methods:

- Describe opportunities and strategies identified to increase healthy food options available in corner stores.
- # of committed stores.
- # of prospective stores.
- # of collaborative stakeholders involved in healthy corner store workgroup.
- Utilize evaluation process / tool.
- # and description of promotional and educational materials developed and implemented.
- # of potential programming opportunities identified.

- # of fresh options added after launching the pilot initiative.
- Amount (quantity and sales) of produce sold at pilot sites.

VIOLENCE AND INJURY PREVENTION PROGRAM

Hundreds of York City residents sustain serious harm each year as a result of unintentional injuries that occur at homes, workplaces, schools, playgrounds, and streets. Many injuries and deaths are preventable.

Intentional injuries caused by acts of violence are increasingly recognized as a national public health concern. Abuse not only causes mental and physical pain, and in rare instances death, it also scars people emotionally to the point of them becoming abusers or perpetrators, continuing the cycle from generation to generation. Violence can include firearm injuries and deaths, domestic violence, child and sexual abuse and suicide. All forms of violence significantly increase the toll of human misery.

The Violence and Injury Prevention Program (VIPP) is designed to reduce both unintentional and intentional injuries in the home and community. The Community Health Specialists accomplish this through one-on-one activities, community awareness programs, and with the York Safe Kids Coalition to promote child passenger safety, bike helmet use and pedestrian safety.

Objective 1: Utilize the evidence-based framework for Safe Routes to School (SRTS) to improve safety for city school students.

Activities:

- Identify schools to participate in SRTS activities.
- Educate and engage students, faculty, and community members in SRTS.
- Identify collaborative partners to engage in SRTS.
- Utilize the Transportation Task Force structure to assist with environmental changes that support the Complete Streets Policy and SRTS framework.
- Utilize Safe Kids York County to assist with education and promotional events.

Evaluation Methods:

- # of school locations participating in SRTS.
- # of students receiving education aligned with SRTS.
- # of SRTS educational activities conducted.
- # of environmental changes made that align with SRTS.
- # of collaborative SRTS partnerships.

Objective 2: Utilize the evidence-based *A Matter of Balance* program to decrease the fear of falling and prevent falls among York-area residents.

Activities:

- Conduct Coach training and update sessions for coaches annually.
- Identify class locations.
- Recruit class participants.
- Coordinate class schedules with partner coaches.
- Participate in community events that promote falls prevention.
- Collaborate with the York County Area Agency on Aging and other partners to promote the *A Matter of Balance* program.

Evaluation Method:

- # of *A Matter of Balance* (MOB) classes held in York County.
- # of MOB participants.
- # of falls prevention educational activities.
- # of community events that promoted MOB and STEADI toolkit resources.
- # of coaches trained.
- # of coach trainings and update sessions held.
- # of providers, healthcare facilities, and community organizations targeted for falls prevention outreach and MOB referrals utilizing the STEADI toolkit.
- # of collaborative falls prevention partnerships.

Objective 3: Explore and identify emerging public health issues related to violence and injury prevention in the City of York.

Activities:

- Review local data related to injuries (i.e. hospitalizations, coroner reports, etc.).
- Identify opportunities to partner with other internal and external stakeholders related to violence and injury issues (i.e. drugs, bullying, child abuse, domestic violence).
- Evaluate and plan for public health response to violence and injury prevention, as appropriate.

Evaluation Methods:

- Data analysis/report provided on at least one critical VIPP issue.
- At least one opportunity is identified by the Bureau of Health to collaboratively address internally (coordinating Health Bureau programs and working with other City Departments) and through partnering with community stakeholders.

DENTAL HEALTH

Lack of periodic preventive dental care can result in diseased teeth and gums that can hinder quality of life, can be expensive to correct and can alter an individual's appearance.

The Dental Health Program promotes the principle of preventive dental health and works with the community in developing a supportive environment for further public dental health measures. The Bureau coordinates a Dental Sealant program targeting 6-8 and 12-14 year old students in schools and community organizations through a contract with Family First Health. During Immunization Clinics, the community health nurse offers fluoride drops to infants and tablets to children and/or fluoride varnish to the teeth of 6 month – 16 year olds. Staff also distribute toothbrushes and toothpaste, promotes good oral hygiene, and provides parents/guardians with information to improve the child's oral health.

Personal Health Services Performance Review for 2016

Program Goal: Reduce and prevent the incidence of TB disease in York City.

ACHIEVED There were no reported cases of active Tuberculosis in the City of York in 2016.

- In order to reduce the number of unwarranted 2-Step tests for TB infection, the Bureau sent a letter to 9 local agencies (employers) indicating appropriate screening policies and procedures. This resulted in a 75% decrease in requests for 2-Step testing requests from 2015.
- Conducted 96 TB screenings at York Rescue Mission with one positive test (non-active).
- 393 screenings were performed with 18 Latent TB Infections found.

Program Goal: Reduce all communicable diseases among York City residents.

Objective 1: Collaborate with other providers/community partners on communicable disease prevention and screening activities.

ACHIEVED

- Presented to /met with the following community partners regarding resources of the Bureau:
 - York County Prison staff to discuss TB and HIV discharges into the community.
 - Day care setting regarding a Shigellosis outbreak.
 - York City School nurses – food outbreak and proper food handling, Pertussis and immunizations.
 - Community events at: library, Women’s and Men’s Shows, Mayor’s City Hall for a Day and other community partner events.

Objective 2: Engage with community partners to address high incidence of STDs among city residents.

ACHIEVED

- Met with HIV Coalition members in Harrisburg.
- Met with Family Health Council of Central PA to discuss strategies to reduce STDs in the community.
- Met with York College of PA Student Health Services staff regarding STD prevention among college students.

Objective 3: Develop and test network communication plan for outbreaks, such as Ebola and other novel viruses (refer to Emergency Preparedness section of Administration and Support Services).

NOT ACHIEVED due to staffing changes; however, new staff is working on this for 2017.

Program Goal: Integrate both HIV and STD clinics.

Objective 1: Increase screening for all patients at the City of York - Bureau of Health.

ACHIEVED

- Optional HIV test is offered at all STD visits.

- All clients identified positive for HIV/STD are provided with an appropriate provider within the community as needed.
- 234 STD screens were completed and 153 HIV tests were performed.

Objective 2: Carry out Partner Services in collaboration with providers who diagnose and treat individuals with HIV/STD's.

ACHIEVED

- All known partners of positive individuals received partner services and offered testing - eleven (11) individuals received partner services, resulting in no new positives.

Program Goal: Reduce new HIV/STD infections.

Objective 1: Intensify HIV/STD prevention efforts in our community where HIV/STD is most heavily concentrated.

ACHIEVED

- Disease Intervention Specialist distributed 500 condoms to high risk individuals since August.
- Intensified education and screening efforts at York College, bars, and with at risk populations.
- Participated in 11 events in the community to reach at risk populations with HIV prevention messages.
- Completed all HIV/STD PA-NEDSS cases within 15 days.

Program Goal: Reduce or eliminate indigenous cases of vaccine-preventable disease.

Objective 1: Advocate with community partners the importance of immunizations by understanding pockets of need, local immunization levels, and connecting residents to primary care homes.

PARTIALLY ACHIEVED

- Staff offer and provide vaccinations to all eligible York City residents. In 2016 staff vaccinated 1,970 people, and when appropriate connected residents to primary care homes. Data on the percentage of residents with a medical home is not available at this time.
- Staff met with the school nurse last year to learn more about the "SAPPHIRE" program for student health records, in particular, the immunization records of students. Working with the schools to assist us in determining issues with immunization records did not occur this year as other priorities pre-empted our engagement. The SAPPHIRE system does, however, identify students who are non-compliant or missing immunizations and indicates errors when immunizations were recorded/given at incorrect intervals. The school nurses record medical homes in the system when provided. Bureau staff have a better understanding of the capabilities of the SAPPHIRE system and will continue to work with the school nurses to improve vaccine coverage.

Program Goal: Reduce animal bites and exposure to rabies in the City of York

Objective: Improve reporting of animal bites to the Health Bureau.

ACHIEVED

- Revamped reporting form to be in alignment with the PA Department of Health Animal Bite reporting form.
- Reached out to emergency departments for feedback on reporting issues.

Program Goal: Promote healthy moms, infants and children in the City of York.

Objective: Assess and evaluate approaches to improve birth outcomes in the City of York.

ACHIEVED

- Engaged numerous stakeholders in discussions on strategies to improve birth outcomes. Partners included WellSpan Health, Women’s Health Care Group, Susquehanna Valley Breastfeeding Coalition, Family First Health, Emig Research Center, school nurses, Pregnancy Resource Center and Human Life Services.
- Hired a part-time community health nurse to assist and implement state priorities as it applies to our community.
- Received 181 prenatal Obstetrical Needs Assessment Forms from our community partners; MCH Outreach Worker contacted 132 prenatal and 80 postnatal women to assist with/connect to community resources and to offer our nursing visit services. Since October, the MCH Community Health Nurse conducted initial visits as noted: 21 home visits for prenatal women; 10 postnatal visits and 10 baby visits, for a total volume of 243 visits/encounters in 2016 (some duplicates).
- Integrated MCH activities internally with other Bureau programs by conducting car seat checks for new moms and providing oral health supplies for children and babies.
- Staff provided the following Lead related activities in 2016:
 - 20 environmental health assessments
 - 22 post lead and healthy homes inspections
 - 2 lead paint risk assessments for the LHH program
 - 12 lead paint risk assessment (post LHH program funding)
 - 17 cases of lead poisoning were reported that required additional follow-up and education.

Program Goal: Prevent cardiovascular disease in the City of York.

Objective 1: Use the Million Hearts initiative to promote awareness and engagement of city residents in an effort to decrease cardiovascular disease and stroke.

ACHIEVED

- Educated 9 stakeholders including: YMCA of York and York County, Healthy York County Coalition, Eat Play Breathe York Leadership Team, WellSpan Health QI staff, Downtown Inc., Bell Socialization Services, BikeYork, Family First Health, and York City Special Events on the Million Hearts initiative and how to augment efforts into routine practice.
- Utilized multiple media outlets to promote awareness of Million Hearts messages including: 31 Facebook posts, 9 newsletter submissions, 3 newspaper articles, 1 press release, 1 blog
- Promoted Million Hearts messages at community events and activities, including: 5 smoke-free events including: Go Green in the City – April 23, 2016 (more than 6,000 people attended the event), the Olde York Street Fair – May 8th, 2016 (an estimated 60,000 people attended the event), Box Lunch Revue – every Tuesday and Thursday from May through September (approximately 100 – 150 people attend each session), YorkFest held on August 27 and 28 and the Labor Day Celebration at Kiwanis Lake held on September 5. YCBH is meeting with various community event organizers to identify upcoming events to promote as Smoke-Free Events.
- Identified programs and activities that align with the Million Hearts initiative, 7 activities and programs including: smoke-free events, BikeYork promotions, York County Walks and other

walking initiatives, Bell Socialization worksite wellness program, YMCA cardiovascular health and wellness initiatives, York County Government, Eat Play Breathe York Playful Sidewalks initiative, health promotion through various social media/marketing activities.

- Identified and worked with 11 community partners, including the above stakeholders, as well as Downtown York merchants/businesses and Gavin Advertising who can promote Million Hearts concepts.
- Partner organizations promoting Million Hearts: 4 including: YMCA of York and York County, Gavin Advertising, York City Special Events, Eat Play Breathe York

Objective 2: Increase access to healthy food options by implementing the Corner Store Initiative pilot program.

ACHIEVED

- Opportunities and strategies were identified to increase healthy food options available in corner stores.
 - Marketing/educational materials
 - Supportive funding for infrastructure needs (refrigeration, shelving)
 - Remove unhealthy advertisements (tobacco, sugary drink, etc.)
 - Use Sell Healthy Guide to increase store owner/worker skills
- Enrolled 2 pilot stores: Pak's Food Market and Lee's Food Market.
- Collaborated with 3 stakeholders involved in healthy corner store workgroup: Fresh Food Farms, Eat Play Breathe York, and the York County Food Alliance.
 - Created initial corner store assessment and food evaluation tools
 - Completed MOU with corner stores in the pilot program and received approval by the RDA and applicable City of York staff
 - Developed promotional and educational materials
 - Used Food Trust resources including member store stickers, English and Spanish shelf taggers (including, but not limited to, foods such as produce, grains, and drinks), 'Fresh Find' tags, pricing tags, healthy eating guide, and the Sell Healthy guide
 - Held a press conference at Lee's Food Market to promote the initiative and provided press releases
- Listed the enrolled stores on Eat Play Breathe York's Healthy York map.
- Programming opportunities included 2 taste test events in conjunction with Penn State's Nutrition Links. One event was held at Pak's Food Market and another was held at Green's Food Market.
- Due to adjusted timeline of the pilot, the number of healthy options added after launching the pilot initiative is not yet attainable nor is the quantity of produce sold.

Program Goal: Reduce both intentional and unintentional injuries in the City of York.

Objective 1: Utilize the evidence-based framework for Safe Routes to School (SRTS) to improve safety for city school students.

ACHIEVED

- Provided SRTS activities in 4 schools within the City of York: Goode Elementary, Ferguson Elementary, Lincoln Charter School, and York Academy Regional Charter School.
- # of students receiving education aligned with SRTS – to be determined.
- Conducted 4 SRTS education activities (bike/ped safety education).

- Provided education on SRTS to a total of 7 faculty and administrative staff across participating schools.
- Made environmental changes made that align with SRTS, including:
 - Supported the improvement of the York County Rail Trail (a 1 mile stretch in the city)
 - Updated school zone and pedestrian crossing signs at Goode Elementary
 - Provided a bike rack to Goode Elementary and updated crosswalks at Goode Elementary
 - Additional improvements scheduled for Broad St. Greenway improvements between Goode Elementary and Hannah Penn as well as Ferguson Elementary school zone improvements
- Engaged 7 partner organizations in collaborative SRTS partnerships: Safe Kids York County, Eat Play Breathe York, Transportation Taskforce, York City School Police, York City School District, York City Police Department, and Communities in Schools.

Objective 2: Utilize the evidence-based *A Matter of Balance* program to decrease the fear of falling and prevent falls among York-area residents.

ACHIEVED

- YCBH provided supplies and Master Trainer support for 2 coach trainings and 2 update sessions. YCBH provided 54 updated coach handbooks to all York County coaches.
- Coaches helped organize classes at Aldersgate United Methodist Church, September House Senior Center, Windy Hill Senior Center and White Rose Senior Center with 71 participants aged 55 years and older
- Falls prevention educational activities targeted 13 health care providers for outreach and referrals and 9 falls prevention activities including: coach trainings, coach updates, *A Matter of Balance* classes held, prescription medication management and visual screening sessions, distribution of MOB home safety checklists, STEADI toolkit distribution, assisting with website development for Falls Free Coalition, and STEADI toolkit presentations.
- YCBH promoted falls prevention in the community through distribution of MOB home safety checklists at 2 community events: 50plus Expo (420) and through the Falls Free Coalition at Crispus Attucks Health Fair (20).
- A brown bag medication educational session was held at the 50plus Expo and session with a WellSpan Pharmacist was held at September House Senior Center. One visual screening was held at the Crispus Attucks Health Fair.
- YCBH collaborated with partners such as York County Area Agency on Aging, York College, and WellSpan Health through the York Falls Free Coalition. Through these 4 partnerships, 6 *A Matter of Balance* classes were held and 35 coaches trained.

Objective 3: Explore and identify emerging public health issues related to violence and injury prevention in the City of York.

ACHIEVED

- Data analysis/report provided on a critical VIPP issue – opioid overdoses.
 - York County Coroner’s reports (deaths due to overdose)
 - Data provided by York County District Attorney
 - Overdose/Naloxone saves
- Identified opportunity between City departments and Health Bureau to work on collaboratively.
 - Mapping Session held regarding York Regional Opiate Collaborative/Heroin Task Force

- Working with the Fire Department to make Naloxone available to Fire Department staff/first responders

Program Goal: Improve dental health of students through early identification of problems and/or poor habits.

Objective 1: To provide dental screenings and sealant program for schools in York City.

ACHIEVED

- The Bureau contracts with Family First Health (FFH) to conduct school based dental sealant events. FFH conducted 4 Sealant events this year at 4 York City School District elementary schools: Goode, McKinley, Jackson, and Ferguson.
- 126 students were screened for sealant eligibility.
- Sixty-eight (68) students (54%) of the students were sealed, compared to 40% last year. Eligible children received at least one seal during the event with the average of 3.0 surfaces sealed per student.
- Sealants were placed on 204 first molar surfaces, 8 on second molars, and 2 elsewhere.
- Twenty-nine students (23%) were referred for dental care.
- Eighty-six students received fluoride varnish during the event.

Objective 2: Provide a dental varnish application program for York City children.

ACHIEVED

- Bureau staff provided oral health education for children up to age 16 at the Albert S. Weyer Health Center. Children can receive fluoride tablets and/or receive dental varnish on their teeth through our clinical services team. During 2016, 28 children received Fluoride varnish and 21 children received Fluoride tablets through this program and Immunization program.
- The Bureau purchased toothbrushes, toothpaste, floss and other hygiene items for all ages, targeting infants to 8th grade, with toddler, youth and adult size toothbrushes. Because the water is not fluoridated in York, the ability to have good and new hygiene items is a beneficial way to improve dental health in our children. Information on sugary drinks, coloring books, etc. on good oral health for various ages was also distributed.

Environmental Health Services

Environmental Health Services

The Environmental Health Services provided by the City of York protect City residents from unhealthy environmental conditions. The Bureau of Health works closely with the Bureau of Permits, Planning and Zoning and with the Department of Public Works in order to conduct mandated activities including: Vector Control, Water Pollution Control, Food Service Sanitation, Institutional Sanitation and Safety, Solid Waste Management, and Water Supply.

- Those programs not included due to jurisdictional control or land use limitation are: Organized Camps, Recreational Areas, Campground and Mobile Home Parks (see matrix).
- The presence of environmental health hazards poses a threat to the public health and safety of the community. Many conditions exist that require environmental monitoring. Barriers in the community that contribute to adverse environmental situations include: poverty, inadequate housing, limited education, illiteracy, unemployment, and limited access to environmental control information.
- The City inspects approximately 400 food establishments and vendors with the potential for food related illnesses.

ENVIRONMENTAL HEALTH SERVICES MATRIX

Services	Services Provided	Not applicable	Total Services
Organized Camp		NA 1	NA
Vector Control	X		X
Recreational Area		NA 1	NA
Institutional Sanitation	X		X
School Sanitation	X		X
Campground		NA 1	NA
Mobile Home Parks		NA 1	NA
Food Service Sanitation	X		X
Shellfish	X 2		X
Bottled Water	X 2		X
Public Bathing Place	X 5		X
Water Supply		NA 3	NA
Water Pollution Control	X 4		X
Solid Waste Management	X 4		X

Notes:

1. These activities do not exist within the boundaries of the City of York. If such activities become a reality, the City will inspect and license accordingly.
2. Shellfish and bottled water sold in the City of York are subject to City licensure and inspection and are covered under the authority of Food Service Sanitation.
3. All properties in the City of York are connected to the York Water Company system, a private but PUC regulated utility.
4. Water Pollution Control and Solid Waste Management activities are carried out by the Department of Public Works.
5. Public swimming pools and spas in the City are monitored by the Health Bureau through the year. A District Sanitarian of the PA Department of Health is available to assist with investigation of complaints.

Community Resources

PA Department of Health, PA Department of Agriculture, PA Department of Environmental Protection, Community Progress Council, Healthy York County Coalition, York City School District, Crispus Attucks Association, Day Cares and Kindergartens, Housing Council, Susquehanna Ozone Action Partnership, Penn State Cooperative Extension, York Water Company

York City Departments of: Fire, Police, Permits, Planning and Zoning, Economic Development
Community Development, Solicitor’s Office, Public Works

Environmental Health Services Goals and Objectives 2016

Vector Control Program

The presence of environmental health hazards poses a threat to the public health and safety of the community. Situations that can promote disease, such as animal feces, mice and rats, garbage, litter, dilapidated buildings and abandoned housing, not only are unhealthy and unsafe, but also can contribute to the degradation of neighborhoods.

The Vector Control Program includes the investigation and abatement of potential environmental health hazards regarding housing, hygiene and sanitation, as well as rodents and pests. The types of situations investigated include: garbage and litter debris, vectors and insects, animal feces, weeds, odor, abandoned vehicles and abandoned housing. Hazardous situations are identified through citizen complaints and inspection activities. City inspectors enforce City ordinances and work out of the Bureau of Permits, Planning and Zoning. A clean and seal work crew provides its services out of the Department of Public Works.

Program Goal: To create an environmentally clean and safe City.

Objective: To reduce potentially hazardous environmental situations in the City of York.

Activities:

- Investigate or refer all complaints to the appropriate agency (e.g., Permits, Planning and Zoning; Public Works; Animal Enforcement, etc.).
- Abate unhealthy and unsafe situations.
- Work with City Solicitor's Office on legal actions against property owners who violate City ordinances; file citations with District Magistrates as indicated.
- Provide humane animal traps to capture/remove wild animals from city properties.
- Work with York County West Nile Virus Program to identify and abate mosquito-breeding areas that could serve as sources of West Nile Virus and other arboviruses.

Evaluation Methods:

- Number of environmental hazards cleaned up.
- Number of responses to information requests.

Water Pollution Control Program

Established in 1981, the City of York Municipal Industrial Pretreatment Program (MIPP) is responsible for implementing the national pretreatment program for the City of York Wastewater Treatment Plant sewer service area. The MIPP is tasked with enforcing all federal pretreatment standards and requirements in addition to any local sewer use regulations.

The MIPP accomplishes this through industrial facility inspections and industrial wastewater sampling. Inspections are performed to ensure industries conduct their manufacturing processes and operate their wastewater treatment systems in compliance with pretreatment regulations, and to prevent the discharge of unwanted substances to the sanitary sewer system and wastewater treatment plant. Wastewater sampling and testing allows the MIPP to evaluate industrial compliance with both federal and local wastewater discharge regulations. Some industrial facilities may be required to treat their wastewater before discharge to the sanitary sewer to meet federal and local wastewater regulations; hence, the term "pretreatment." Wastewater test results are also used to recoup costs incurred by the

City of York wastewater treatment plant to process the higher strength industrial waste- costs that would otherwise be borne by ratepayers. Personnel also investigate spills and discharges that may pose an environmental threat. MIPP has two full time staff.

Program Goal: To improve the quality of municipal and industrial wastewater and sludges so they can be properly disposed of or used for beneficial purposes.

Objective: To prevent the introduction of industrial pollutants into wastewater treatment plants that interfere or are incompatible with wastewater treatment plant processes and operations.

Activities:

- Visit industrial sites and periodically sample discharges.
- Respond to information requests and complaints.
- Provide education and technical assistance as identified or requested.

Evaluation Method:

- Number of visits to industrial facilities.
- Number of inspections of the major contributors and samples collected.
- Number of responses to information requests and technical assistance provided.

Food Service Sanitation

Restaurants and other food establishments do not always meet the necessary standards for safe food preparation and storage. Left unchecked, noncompliance with these standards can lead to food poisoning outbreaks and other health risks. The Food Service Sanitation Program provides for the licensure and inspection of establishments where food or other consumables are prepared, handled, served, sold or provided to the public. The City of York has 1.5 full time trained health inspectors who inspect restaurants, retail food stores, shellfish establishments, ice manufacturers, schools, public institutions, day care centers, domiciliary care and group homes, special events (i.e. Parades, Street Fair, and First Night), farmer's markets, churches, and mobile vendors.

Program Goal: To assure safe food sources in the City of York.

Objective: To verify that food services meet the standards and regulations for food sanitation.

Activities:

- Annually license and inspect all food service establishments.
- Conduct plan reviews of new establishments.
- Investigate suspected cases/episodes of food-borne outbreaks.
- Investigate facilities as necessary (fires, complaints, etc.).

Evaluation Methods:

- Number of inspections of food service establishments.
- Number of food borne outbreaks investigated and confirmed.

Institution Sanitation and Safety

Some community services, such as schools, pet stores, nursing and boarding homes, and childcare facilities, have the potential for public health problems if health and safety standards are not maintained.

The Institutional Sanitation and Safety Program is designed to assure through inspection and licensure, that standards for sanitation and safety are maintained. Inspectors from the Bureau of Permits, Planning and Zoning and the Codes Enforcement Office of the Fire Department perform periodic inspections.

Public Bathing Places

Public swimming pools may pose a threat to the health and safety of swimmers, visitors, and pool employees. Skin infections, chlorine gas exposure, accidental drowning/near drowning and other accidental injuries are several examples of possible adverse outcomes.

There are four public swimming pool facilities in the City of York: YMCA, YWCA, Colony Park, and the YMCA's Graham Aquatic Center. These facilities and their immediate surrounding areas are monitored by the Bureau of Health throughout the year for water quality, safety, and sanitation. A sanitarian from the PA Department of Health is available to assist with the investigation of complaints when needed. Additional inspections are provided upon request or as needed.

Solid Waste Management

The Environmental Bureau administers a variety of programs and enforces numerous local, state and federal laws, with the primary focus on solid waste management. Proper and timely collection and disposal of solid waste from our community has significant environmental and health impacts. Recycling items such as glass, metal cans and appliances, plastics, cardboard and a variety of other papers saves resources and considerable landfill space. By removing recyclables and yard waste from the waste stream, the City is able to significantly reduce disposal fees.

A DEP 902 grant was awarded which provided 90% of the funds to purchase a piece of leaf collection equipment and enough recycling containers to distribute to each regular curbside refuse customer unit.

Throughout the year, Environmental Bureau staff issue recycling and yard waste containers and bags to new customers or sold them to replace lost, stolen or broken containers.

The Environmental Bureau oversees the Refuse and Recycling Collections Contract with York Waste Disposal/Republic Services. The current contract expires 4/30/17 and the new contract with same hauler, Republic Services (aka York Waste Disposal), will run thru April 30, 2021. There are also (3) optional 1-year extensions available, provided both parties agree to extend under the existing terms.

This bureau monitors related contract requirements, schedules large-item collections, summarizes collection and disposal costs, provides resolution and tracking for complaints, inspects collection crews, and meets with hauler representatives as needed. All processible waste is delivered to the incinerator and all non-processible waste to Modern Landfill.

Program Goal: To increase recycling of municipal solid waste and to promote recycling of certain trash items as is feasible.

Objective: To pick up and dispose of trash in a proper and timely manner.

Activities:

- Collect regular trash twice weekly by Penn Waste Incorporated.
- Pick up and dispose large items on an "as scheduled" basis.

- Collect leaves and Christmas trees for recycling.
- Maximize recycling efforts.

Evaluation Methods:

- Twice weekly pick up occurs.
- Number of requested pick-ups for large items.
- Weight of recycled items.

Drinking Water Supply

Improving access to clean water and sanitation has been cited as the “single most effective means of alleviating human distress” (the Institute of World Resources). Improvements in water supply and sanitation may increase the average life expectancy in developing countries by 15 years. Diarrheal diseases typically result from poor sanitation practices and substandard drinking water. These diseases are mostly preventable with interventions such as improved environmental services.

Some people may be more vulnerable to contaminants in drinking water than the general population. Persons with immune-compromised systems such as those undergoing chemotherapy, organ transplants, or persons living with HIV/AIDS, elderly and infants can be more at risk from infections caused by contaminants in the water.

The York Water Company, a private-owned corporation, supplies drinking water to several municipalities in York County including the City of York. York Water Company’s goal is to provide residents with a safe and dependable water supply and to protect the public from unhealthy contaminants. The York Water Company meets Safe Drinking Water Act regulations by routinely monitoring the water supply for constituents according to Federal and State laws. There are no wells in the City of York.

**Environmental Health Services Program
Performance Review for 2016**

Vector Control

Program Goal: To create an environmentally clean and safe City.

Objective: To reduce potentially hazardous environmental situations in the City of York.

ACHIEVED

- In the spring, fifteen (15) public education sessions were held in second-grade classrooms in the City’s elementary schools. Most classes participated in a “litter walk” around the school grounds to remove litter. An EnviroScape unit was also part of the program which showed storm water contamination as it coincided with the litter segment of the program.
- Having begun in 1991, the City’s Adopt-A-Block program finished its 25th year, with four scheduled AAB cleanups by volunteers from 24 active groups, as well as from active York College student organizations totaling about 200 students.
- Bureau staff arranged for delivery of supplies, removal of litter bags, free disposal, and other preparations for Keep York Beautiful’s Spring (4/16/16) and Fall (9/24/16) Litter Cleanups where volunteers removed litter from along sidewalks, streets, etc.

- Arrangements were made with York Waste Disposal for a rear-load truck or roll-off container and with YCSWA for free disposal for the following neighborhood groups of over 150 volunteers who removed nearly 25 tons from City streets.
 - Tidings of Peace Christian School 9/24/16
 - Olde Towne East Neighborhood 5/21/16
- A city-wide mailer was sent “Postal Patron” to customers in the spring and fall, as it is required by Act 101 to advertise recycling requirements at least twice per year.
- Late fall, city staff vacuumed loose leaves from curb areas and transported them to the City’s compost facility. Litter and debris were removed to provide a cleaner product for a private composter.
- The City’s litter vacuum operated each weekday, weather permitting, primarily in the downtown area.
- Staff issued/sold 85 recycling bins, 259 recycling cans, 32 packs of yard waste bags and 156 yard waste cans to curbside customers.
- Press Releases and WRCT/Public Access TV Ads were prepared for 6 major holiday collections (New Year’s Day, July 4th, Memorial Day, Labor Day, Thanksgiving Day, Christmas Day), and for the start/end of seasonal collections (Curbside Yard Waste, Fall Leaf, Electronics, Christmas Trees).
- The City referred customers to use York County Solid Waste Authority’s electronics program which accepts Electronics from all York County residents. An electronics ban has been in effect since January 24, 2013.
- The City’s Annual Commercial Recycling Report, Vendor Recycling Report, County Commercial Recycling Report were prepared and submitted. The Annual 904 Recycling Performance Grant application was prepared and submitted to DEP for consideration of grant funding under Act 101. The State’s recycling grants help to offset costs related to recycling education and curbside recycling and yard waste containers.
- The annual YCSWA hauler licensing (both MSW and Recycling) and DEP hauler licensing applications were prepared and submitted.
- The bureau supervisor attended Monthly Combined Staff, Individual Staff, and Keep York Beautiful meetings, Quarterly Managers’, MS4 Task Force and Utility Meetings, monthly Supervisor/Managers Training sessions, Meetings with trash hauler as needed, along with other meetings and trainings (Dynamics/Accts Receivable Training; Webinar on CRT Glass/Electronics; Live Feed from Electronics Ban Public Hearing; Summer Intern Meeting; Met with FEMA following initial application).
- The Environmental Services Supervisor attended and staffed a table with information related to Environmental Programs at three “City Hall For A Day” events hosted by Mayor Bracey.
- Reviewed and updated the current Refuse and Recycling contract and all of its reference materials. Bid packets were prepared and a pre-bid meeting and bid opening were advertised and held early fall. The new refuse contract, which begins 5/1/17 and runs through 4/30/21, was awarded to the lowest responsive bidder, Republic Services (dba York Waste Disposal). They are the hauler for the City’s current trash contract which expires 4/30/17.
- Along with Public Works administration, the Environmental Bureau supervised a high school intern for a 10-week program over the summer months.

Water Pollution Control Program

Program Goal: To improve water quality of Codorus Creek and its tributaries.

Objective: To treat wastewater adequately prior to release into the Codorus Creek.

ACHIEVED

- Municipal Industrial Pretreatment Program staff conducted 630 industrial site visits and 34 inspections of the major contributors; issued 30 Notices of Violation were to eight industries. All became compliant within the regulatory time frame.
- Staff collected 279 industrial wastewater samples and completed twenty-five (25) illicit discharge investigations.
- Responded to approximately 170 information requests, including citizen requests for information regarding specific industries.

Food Sanitation and Safety

Program Goal: To assure safe food sources in the City of York

Objective: To verify that food services meet the standards and regulations for food sanitation.

ACHIEVED

- Conducted 165 food establishment inspections; 10 re-inspections; and 396 special events.
- Received 12 complaints; closed 10 establishments.
- No new certificates of occupancy in the City were reviewed.

Institution Sanitation and Safety

Maintaining the standards for sanitation and safety in the York City community (schools, pet stores, nursing and boarding homes, and childcare facilities) is accomplished through periodic inspections conducted by inspectors from the Bureau of Permits, Planning and Zoning and the Codes Enforcement Office of the Fire Department.

Public Bathing Places

The health and safety of swimmers, visitors, and pool employees at the four public swimming facilities in the City of York (YMCA, YWCA, Colony Park, and the YMCA's Graham Aquatic Center) is monitored throughout the year by the Health Bureau. The Bureau's certified pool/spa inspector visits each facility and conducts inspections of their pools and spas. A sanitarian from the PA Department of Health is available to assist with complaint investigations as needed. Monitoring of each facility and its immediate surroundings includes water quality, safety and sanitation.

Solid Waste Management

Program Goal: To increase recycling of municipal solid waste and to promote recycling of certain trash items as is feasible.

Objective: To pick up and dispose of trash in a proper and timely manner.

ACHIEVED

- The Refuse and Recycling Collections Contract covers various solid waste management programs including collection of trash from 147 street cans three times a week and the collection of city contract dumpsters and tote carts, primarily at City facilities and multi-unit residential buildings.
- Nearly 15,388 households and small businesses received twice per week refuse and once per week recycling collections. Of the 2,400,528 collections, there were 559 complaints, a plausible 0.02%.
- Of the 8,718 addresses scheduled for large-item collection (scheduled year-round), there were 359 complaints, totaling 0.04%.
- About 15,388 households and small business received once per week curbside yard waste collection, (March to mid-December). During 41 weeks and of the possible 630,908 collections, there were 264 complaints, totaling 0.04%.

City-Contracted Tonnages (curbside, tote cart and dumpster):

- 17,218 Tons of Refuse were collected (compared to 17,075.3 tons in 2015).
- 2,752.28 Tons Recyclables were collected (compared to 2,778.45 tons in 2015). A milestone in June, 2008, the City added corrugated cardboard and paperboard items to the recycling program and tonnages climbed from 1,641.84 (city contract) tons recycled in 2007 to 2,752.28 (city contract) tons in 2016, nearly a 68% increase.
- A total of 1,807.9 tons of yard waste (brush/leaves/Christmas trees) from March – mid December (compared to 802.96 tons in 2015). Yard waste is transported to H&H in Spring Grove by the hauler and to J&K in York City by City staff.
- During the first two weeks of January, 802 Christmas trees, or nearly 12.03 tons, were collected and chipped by City staff (compared to 850 trees, 12.75 tons in 2015).
- The Compost drop-off facility at Memorial Stadium was open the first Saturday of each month (April – December) from 10 a.m. to 2 p.m.

Drinking Water Supply

The York Water Company services and supplies the drinking water to York City residents. In 2016, the routine testing indicated higher than standard lead levels in water serviced by the York Water Company, mainly in dwellings with old lead lines. The Bureau worked with the York Water Company to identify city dwellings where the water lead levels could potentially pose a problem for children and/or pregnant women for follow up testing. The York Water Company is replacing all lead lines to homes over the next four years and will continue to monitor the situation. All other contaminants have been in compliance within the detected parameters per their Annual Drinking Water Quality Report and Test Results which can be found at: <https://www.yorkwater.com/CCR.pdf>

Appendix

**City of York, PA
Demographics
Based on 2010 U.S. Census**

Land area: 5.2 square miles
Population: 43,718
Population / square mile: 8,407

<u>Housing</u>	
Total Housing Units	18,496
Vacant Housing Units	2,243
Occupied Housing Units	16,253
Owner occupied	6,790
Renter occupied	9,463

Male 21,054 (48.2%)
Female 22,664 (51.8%)

<u>Population by Race/Hispanic Origin</u>		
One Race	40,978	93.7%
White	22,398	51.2%
Black/African Am.	12,248	28.0%
Amer.Ind./Aleut.	269	0.6%
Asian	541	1.2%
Other	5,510	12.6%
Two or more races	2,740	6.3%
Hispanic or Latino Origin/ any race	12,458	28.5%

<u>Population by Age</u>	
< 5	4,025
5-9	3,458
10-14	3,108
15-19	3,625
20-29	7,583
30-39	5,605
40-49	5,627
50-59	4,845
60-69	3,199
70+	2,643

Technical Notes and Comments:

The above data is from the 2010 U.S. Census Bureau American FactFinder.

Under housing, the homeowner vacancy rate is the proportion of the homeowner inventory that is vacant “for sale.” It is computed by dividing the total number of vacant units “for sale only” by the sum of owner-occupied units, vacant units “for sale only,” and vacant units that have been sold but not yet occupied; and then multiplying by 100.

The Department specifically disclaims responsibility for any analyses, interpretations or conclusions.

Age-Adjusted Death Rates
Selected Causes of Death – York City, PA 2014

	Cause of Death	Rate per 100,000*	No. of Deaths
1.	Heart Disease	200.5	67
2.	Malignant Neoplasms	190.4	64
3.	Other Unintentional Injuries	79.2	31
4.	Cerebrovascular Disease	62.2	20
5.	C.O.P.D.	47.8	15
6.	Diabetes Mellitus	47.4	15
7.	Nephritis, Nephrosis	39.7	13
8.	Septicemia	18.0	6
9.	Alzheimer’s Disease	13.8	4
10.	Pneumonia and Influenza	13.0	4
11.	Motor Vehicle Fatality	7.3	3

*Age-Adjusted Death Rates based on Standard U.S. 2010 population.
Source of data: PA Department of Health Vital Statistics 2014.
Data interpreted by the City of York - Bureau of Health.

Years of Potential Life Lost
<65 Years of age
Ranked by Average YPPL – York, PA 2014

	Cause of Death (No. < age 65)	Avg. YPPL	Total YPPL
1.	Diabetes Mellitus (4)	25.0	100
2.	Other Unintentional Injuries (27)	22.8	615
3.	Motor Vehicle Fatalities (2)	20.0	40
4.	C.O.P.D. (3)	18.3	55
5.	Malignant Neoplasm (21)	12.6	265
6.	Nephritis, Nephrosis (2)	11.7	35
7.	Heart Disease (23)	11.1	255
8.	Septicemia (2)	10.0	20
9.	Cerebral Vascular Disease (3)	8.3	25

Annual Crude Death and Birth Rates - 2014

	York City	York County	PA
# Deaths	341	3,978	127,773
Crude Death Rate*	7.8/1,000	9.1/1,000	10.1/1,000
# Births	791	4,886	142,113
Crude Birth Rate**	18.1/1,000	11.2/1,000	11.2/1,000

2010 Census

York City – 43,718

York County – 434,972

Pennsylvania – 12,702,379



Public Health
Prevent. Promote. Protect.

York City Bureau of Health

*Administrative Office
101 S. George Street
York, PA 17401*

*Albert S. Weyer Health Center
435 W. Philadelphia Street
York, PA 17401*