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CITY OF YORK – BUREAU OF HEALTH

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City of York - Bureau of Health

Vision:

York City is an inclusive community that values health and well-being for ALL.

Mission:

To promote and protect the health and well-being of York City

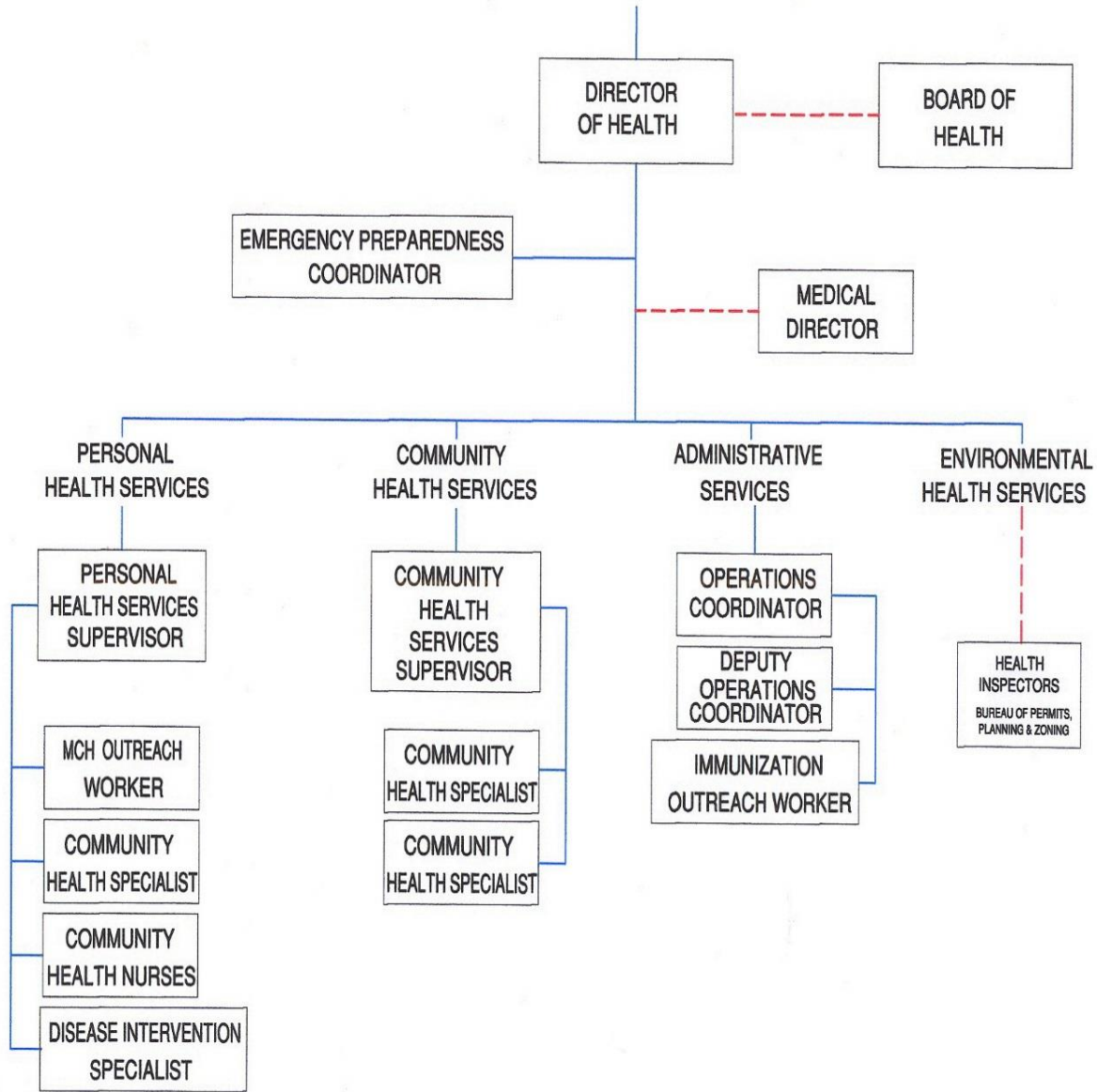
LOCAL HEALTH DEPARTMENT BUDGET & EXPENDITURE 2019 Budget

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	\$ 638,710	\$ 296,816	\$ 341,894		\$ 341,894
Bioterrorism	\$ 217,125	\$ 186,422	\$ 30,703		\$ 30,703
TOTAL					
Administration (Sec 15.12)	\$ 855,835	\$ 483,238	\$ 372,597	\$ -	\$ 372,597
<i>Personal Health Services:</i>					
			\$ -		\$ -
Cardiovascular Disease	\$ 143,399	\$ 121,919	\$ 21,480		\$ 21,480
Chronic Disease Control	\$ 161,501		\$ 161,501		\$ 161,501
Communicable Disease Control	\$ 176,313		\$ 176,313		\$ 176,313
Dental Health	\$ 46,330	\$ 46,330	\$ -		\$ -
EMS	\$ 200,000	\$ -	\$ 200,000		\$ 200,000
HIV/AIDS	\$ 459,241	\$ 408,481	\$ 50,760		\$ 50,760
Immunization	\$ 151,784	\$ 120,408	\$ 31,376		\$ 31,376
Injury Prevention	\$ 210,906	\$ 178,686	\$ 32,220		\$ 32,220
Maternal Child Health	\$ 405,695	\$ 353,741	\$ 51,954		\$ 51,954
Tuberculosis	\$ 6,700	\$ 6,700	\$ -		\$ -
TOTAL					
Personal Health (Sec 15.13)	\$ 1,961,869	\$ 1,236,265	\$ 725,604	\$ -	\$ 725,604
<i>Environmental Health Services:</i>					
Lead Testing/Environ. Investigations	\$ 7,000	\$ 7,000	\$ -		\$ -
Lead Hazard Control Program	\$ 247,100	\$ 247,100			
Environmental Health & Safety Pgms	\$ 196,027		\$ 196,027	\$ 19,820	\$ 176,207
TOTAL					
Environmental Health (Sec 15.14)	\$ 450,127	\$ 254,100	\$ 196,027	\$ 19,820	\$ 176,207
<i>Other Services:</i>					
n/a			\$ -		\$ -
TOTAL					
Other Services	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL: Administrative	\$ 855,835	\$ 483,238	\$ 372,597	\$ -	\$ 372,597
TOTAL: Personal Health	\$ 1,961,869	\$ 1,236,265	\$ 725,604	\$ -	\$ 725,604
TOTAL: Environmental Health	\$ 450,127	\$ 254,100	\$ 196,027	\$ 19,820	\$ 176,207
TOTAL: Other Services	\$ -	\$ -	\$ -	\$ -	\$ -
SUM: Qualifying Health Program	\$ 3,267,831	\$ 1,973,603	\$ 1,294,228	\$ 19,820	\$ 1,274,408
TOTAL: Exclusions and Grants		\$ 1,973,603		\$ 19,820	
SUM: Local Health Dept. Program					\$ 1,274,408
<u>Analysis by</u> Craig Walt, MPH	<u>Position</u> Supervisor, Community Health	<u>Agency</u> City of York - Bureau of Health	<u>Date</u> 3/13/2019		

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 residents (2010 U.S. Census), within an area of 5.2 square miles and is slowly growing (2015 population estimate from U.S. Census is 43,992). York, 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 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 York, language, cultural practices and lifestyle issues often pose challenges in health care delivery.

York has many public health problems like other urban areas in the state and nation. Poverty and unemployment/underemployment are serious issues in York. Unemployment in York is consistently higher than the rest of York County, and is like 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.

Other lifestyle or behavioral choices continue to impact the health of the community. The Bureau is actively involved and leading efforts leading to increased opportunities for healthy living, including installing more bike and walk friendly amenities, improving the existing community gardens structure, and developing a more robust transportation plan. Bureau staff are also developing and enhancing services to improve birth outcomes and reduce HIV and STD infections, by expanding staff and implementing evidence-informed approaches to improve health.

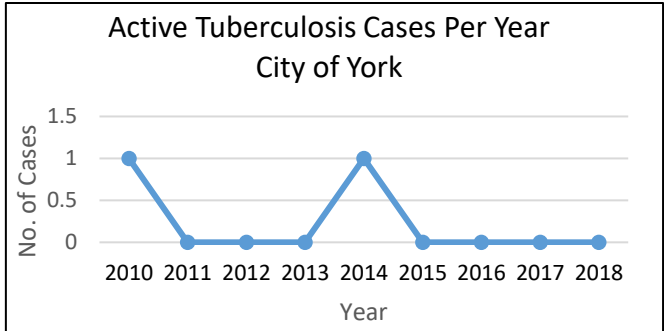
In 2018, the Health Bureau created a strategic plan with community members, board members and residents. The strategic framework has four areas of focus over the next three years: 1) increasing stakeholder awareness and community partnerships; 2) developing a sustainable operating model; 3) leveraging data to drive public health policy; and 4) developing a robust public policy and advocacy process.

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 since 2015.

Tuberculosis Rates/Cases – York, PA	
<u>Annual Rates (cases)</u>	<u>3-Year Avg. Rates</u>
2014 - 2.4 (1)	2012-2014 - 0.8
2015 - 0.0 (0)	2013-2015 - 0.8
2016 - 0.0 (0)	2014-2016 - 0.8
2017 - 0.0 (0)	2015-2017 - 0.0
2018 - 0.0 (0)	2016-2018 - 0.0

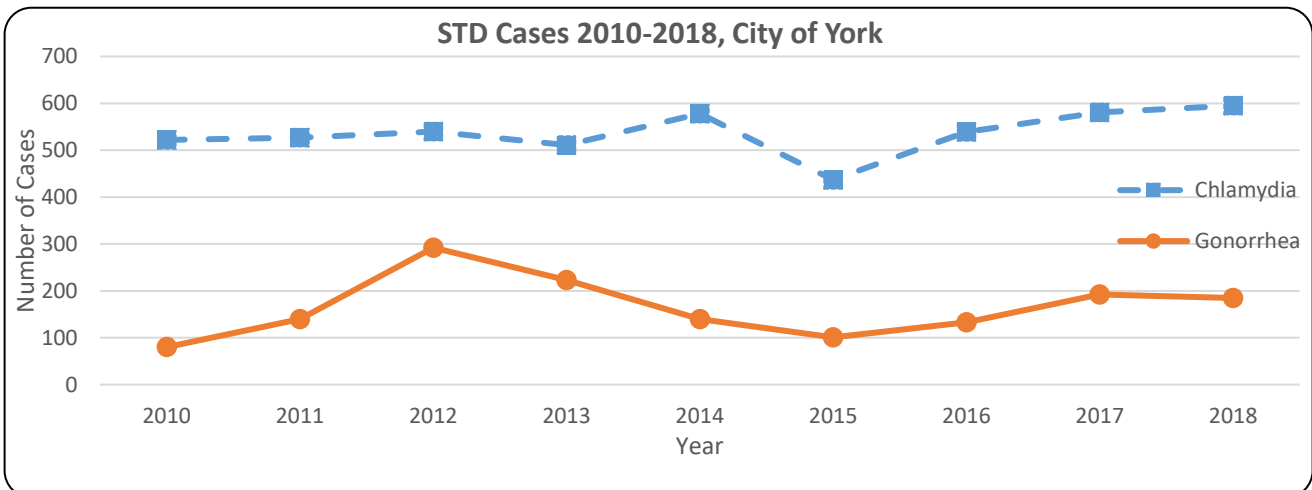


Sexually Transmitted Diseases

The Bureau tested 1,373 individuals in 2018 for Chlamydia, Gonorrhea, Syphilis and HIV. The overall positivity rate for 2018 was 25%, up from 18% in 2017. Of note, Chlamydia has increased yearly since 2005, with 595 case reports in 2018. Although Gonorrhea decreased for a few years, there has been an increasing number of case reports since 2015, 2018 saw a slight decrease with 185 cases. The rates/100,000 people continue to exceed the Healthy People 2020 goals for both diseases. The Bureau of Health is focusing on strategies to implement in the community that target high-risk individuals and reduce disease spread.

Chlamydia Rates/Cases – York, PA	
<u>Annual Rates (cases)</u>	<u>3 Year Avg. Rates</u>
2014 - 1322.1 (578)	2012 - 2014 - 1242.1
2015 - 999.6 (437)	2013 - 2015 - 1163.5
2016 - 1228.8 (539)	2014 - 2016 - 1183.5
2017 - 1329.0 (581)	2015 - 2017 - 1185.8
2018 - 1360.9 (595)	2016 - 2018 - 1306.2

Gonorrhea Rates/Cases – York, PA	
<u>Annual Rates (cases)</u>	<u>3 Year Avg. Rates</u>
2014 – 320.2 (140)	2012 - 2014 – 499.4
2015 – 231.0 (101)	2013 - 2015 – 353.7
2016 – 303.2 (133)	2014 - 2016 – 284.8
2017 – 439.2 (192)	2015 - 2017 – 324.5
2018 – 423.2 (185)	2016 - 2018 – 388.5



HIV/AIDS

The Health Bureau conducted three hundred ninety-nine (399) HIV tests in 2018. Eighteen (18) positive cases were reported to the Bureau from all testing sources. Partner Services was initiated for 48 people in collaboration with providers who diagnose and treat individuals with HIV.

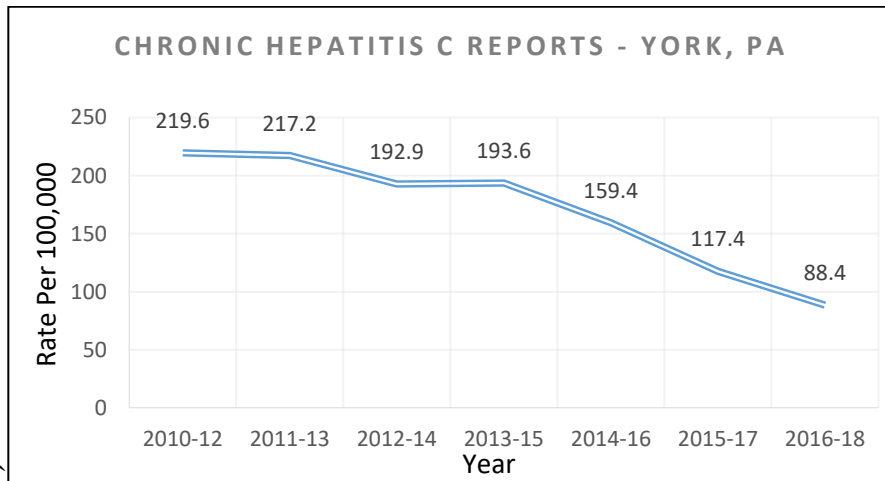
HP 2020 HIV-1: Reduce the number of new HIV diagnosis among adolescents and adults. *Source: PA Department of Health

*** New HIV Infection-York, PA
Annual Rates (cases)**

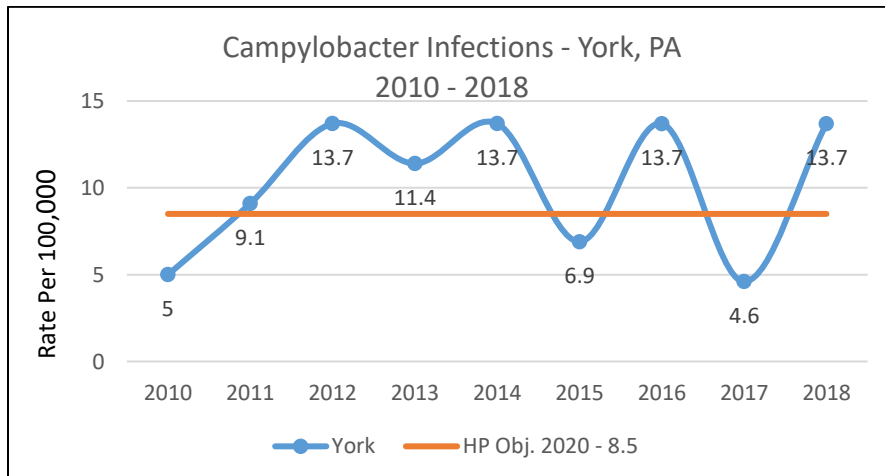
2014 - 38.9 (17)
2015 - 45.7 (20)
2016 - 25.1 (11)
2017 - 43.5 (19)
2018 - 41.2 (18)

Communicable Diseases

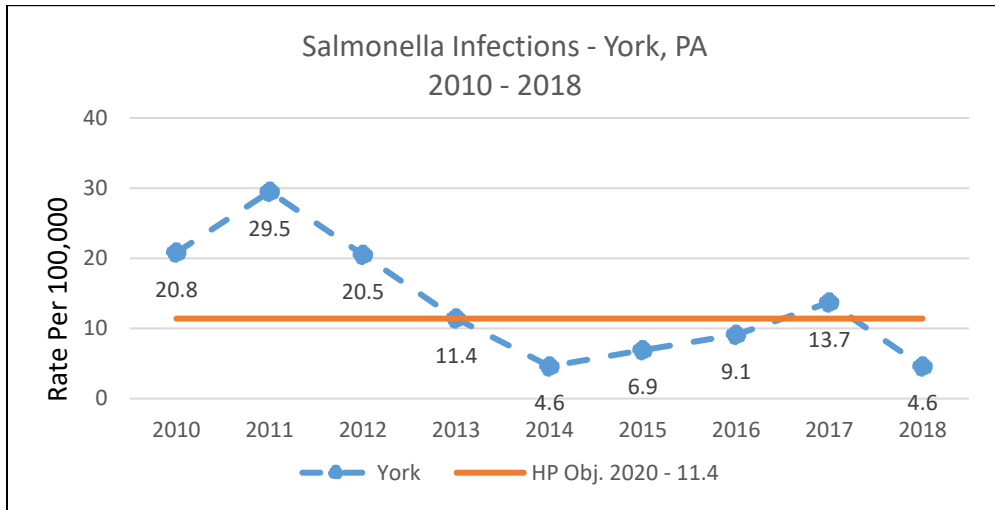
HP 2020 IID-26: Reduce new Hepatitis C infections to no more than 0.2 new cases/100,000 (2007 Baseline: 0.3/100,000). Hepatitis C cases reported to the Bureau were all chronic cases, not new cases.



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)



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 40 animal bites in 2018, the lowest number of reports in over a decade.

Number of animal bites reported:	
<u>Annual number:</u>	<u>Three-Year Average:</u>
2014 - 113	2012-2014 - 100
2015 - 131	2013-2015 - 116
2016 - 67	2014-2016 - 104
2017 - 60	2015-2017 - 86
2018 - 40	2016-2018 - 56

**Reportable Conditions Summary
Report for Year 2018
City of York, Pa.**

Overall, the total number of Reportable Conditions, primarily communicable diseases, in the City of York decreased slightly from 2017 to 2018 according to records compiled by the City of York - Bureau of Health. A total of 1,232 reports received compared to 1,414 reports in 2017, a decrease of 182 reports. Sexually Transmitted Diseases accounted for sixty-seven (67) percent of all reported conditions.

The most frequently reported group of conditions for 2018 continues to be Sexually Transmitted Diseases (STD's) with a total of 823 case reports. Chlamydia, Gonorrhea and Syphilis continue to increase. Syphilis had a high number of reports this year compared to last, particularly with latent reports. The Bureau is aggressively targeting individuals and groups who are high risk and engaging in unsafe sexual behaviors and will be implementing new strategies to reduce the spread of disease.

Influenza was the second most frequently reported condition. One hundred twenty-eighty (128) lab-test confirmed Influenza cases were reported in 2018 compared to 181 cases in 2017, for a 29% decrease.

Respiratory Syncytial Virus (RSV) infections decreased from 119 in 2017 to 75 case reports 2018. 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 in adults, particularly the debilitated elderly.

Animal Bites decreased in 2018 with only 40 reports compared to 60 in 2017, the lowest in decades.

Hepatitis C case reports decreased from 120 in 2017 to 48 in 2018. Hepatitis B cases increased by 6. There were two cases of Hepatitis A reported again in 2018.

There were 18 new cases of HIV infection reported in 2018, 1 less than in 2017. Bureau staff provide partner services to test partners of infected individuals and to get individuals into medical treatment as early as possible.

Ten (10) cases of bacterial and parasitic infections that lead to vomiting, diarrhea, abdominal pain, as well as other gastrointestinal symptoms were reported in 2018.

Lyme Disease cases decreased slightly from 26 to 22 in 2018. This infection results from tick bites and most frequently causes arthritic and neurological symptoms. Prompt antibiotic treatment can prevent or mitigate many complications.

Reportable Conditions – City of York, Pa Summary Report 2017-2018		
Reported Cases	2017	2018
Animal Bites	60	40
Campylobacteriosis	2	6
Chlamydia	581	595
Giardiasis	1	1
Gonorrhea	192	185
H. Influenzae	0	1
Hepatitis A	2	2
Hepatitis B	23	8
Hepatitis C	120	48
Histoplasmosis	1	0
HIV Infection	19	18
Influenza Type A	123	84
Influenza Type B	58	43
Influenza not specified	0	1
Legionnaire's Disease	2	3
Lyme Disease	26	22
Meningitis - Bacterial	2	4
Meningitis - Viral	0	1
Mumps	1	0
N. Meningitis Infection	0	0
Pertussis	0	3
RSV	119	75
Salmonella	6	2
Shigellosis	0	1
Streptococcal Group A	4	7
Syphilis (primary)	20	16
Syphilis (secondary)	9	6
Syphilis (latent)	5	21
Toxoplasmosis	3	5
Tuberculosis – Latent	28	30
Varicella	3	2
West Nile Virus	0	1
Zika	2	0
Total Case Reports	1414	1232

Additional reportable conditions included: 2 cases of Varicella, 3 Pertussis, 4 Meningitis (bacterial), 3 cases of Legionnaire’s Disease, 5 Toxoplasmosis, 1 West Nile Virus, and 7 cases of Streptococcal Group A.

Finally, there was no report of active Tuberculosis again in 2018, for the 4th year in a row. This situation is due to aggressive surveillance and prevention strategies at our local level. Thirty (30) people were reported with Latent TB Infection and are all offered a course of treatment to prevent active disease.

Immunization Program

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

Immunization levels of young children are not readily available as a community. Although the PA State Immunization Information System (SIIS) was created for integrating immunization records into one meaningful repository for tracking or reporting immunization levels, staff continue to work locally to have all providers share immunization information in SIIS. The Bureau is working with its electronic health record vendor to integrate PA-SIIS into its EHR system. The Bureau will be exploring how partners in the community can share and integrate meaningful data to develop actionable strategies for ensuring all children are vaccinated appropriately.

In 2018, the Bureau provided 229 flu vaccinations to uninsured and underinsured York residents. The Bureau held a “vote and vaccination” at 2 polling sites during the November elections, giving 86 flu vaccinations to city residents. York received one hundred twenty-eighty (128) reports of influenza in 2018.

York residents received a total of 1,653 vaccines in 2018 through the Bureau of Health. The Bureau also worked closely with the school district into the start of the school year to accommodate students who needed vaccinations to meet the new state regulations.

Maternal Child Health Services

High risk pregnancies, lack of pre and postnatal care, as well as lack of early intervention in infancy and childhood contribute to the overall decline in health and wellness of the community. According to the Office of Disease Prevention and Health Promotion, “Despite major advances in medical care, critical threats to maternal, infant, and child health exist in the United States. Among the Nation’s most pressing challenges are reducing the rate of preterm births, which has risen by more than 20% from 1990 to 2006, and reducing the infant death rate, which in 2011 remained higher than the infant death rate in 46 other countries.”

The City of York – Bureau of Health’s Maternal Child Health (MCH) Program: ***Healthy Moms. Healthy Babies*** works to promote healthy birth outcomes through creative partnerships, community initiatives, and an evolving home visitation program using an evidence-based approach to care (clinical expertise, best research evidence, and patient values/preferences) in the perinatal period to improve both short and long-term 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 Maternal Child Health Services.

Maternal Child Health Status Indicators

MCH Indicator	2014-2016		2013-2015		2012-2014		2011-2013	
	York	PA	York	PA	York	PA	York	PA
No Prenatal care in the 1st trimester	34.9%	27.5%	33.5%	28.0%	32%	27.7%	30.6%	27.8%
Low birth weight <2500 grams	11.5%	8.2%	12.2%	8.2%	11.6%	8.2%	11.0%	8.1%
Pre-Term births (<37 weeks)	12.6%	9.4%	12.9%	9.4%	12.9%	9.4%	12.0%	9.4%
Smoked in 1st trimester	17.2%	12.2%	18.2%	13.1%	18.7%	13.8%	19.0%	14.3%
Mothers who didn't breastfeed	25.5%	20.3%	27.6%	22.1%	30.3%	24.3%	30.1%	26.7%

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

The *Healthy Moms. Healthy Babies* program received 198 referrals for service in 2018. The Outreach Worker made initial contact with 117 women referred, 46 second contacts and 25 post-partum visits. The MCH nurses followed, on average monthly, 166 women and infants, and conducted 410 visits during 2018.

The Bureau received 48 referrals from physicians or agencies for a variety of reasons, including elevated blood lead levels (blood lead levels at ≥ 5 ug/dl); prompting 43 home visits. In addition,

- 34 Environmental Lead Inspections were performed
- 73 Re-Inspections were completed

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 residents with almost 21% annually. There were 83 deaths in 2016. The age-adjusted death rate for heart disease in 2016 was 248.6/100,000, averaging 8.6 years of potential life lost per individual. This rate, although seeing a decrease in recent years, jumped in 2016 to the highest rate in over 5 years.

Stroke accounted for 12 deaths for an age-adjusted rate of 37.5/100,000, nearing the 2020 Healthy People goal of 33.8/100,000. The average years of potential life lost per individual was 5.0 years. Education and outreach indicate a growing number of people are aware of the link between lifestyle and disease but modifying or changing behaviors is not easily done.

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, PA 2012-2016

Annual Rate (cases):	Three Year Avg. Rates:
2012 - 231.5 (75)	2010 - 2012 - 250.9
2013 - 192.1 (69)	2011 - 2013 - 234.0
2014 - 200.5 (67)	2012 - 2014 - 208.0
2015 - 189.5 (63)	2013 - 2015 - 194.0
2016 - 248.6 (83)	2014 - 2016 - 212.9

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).

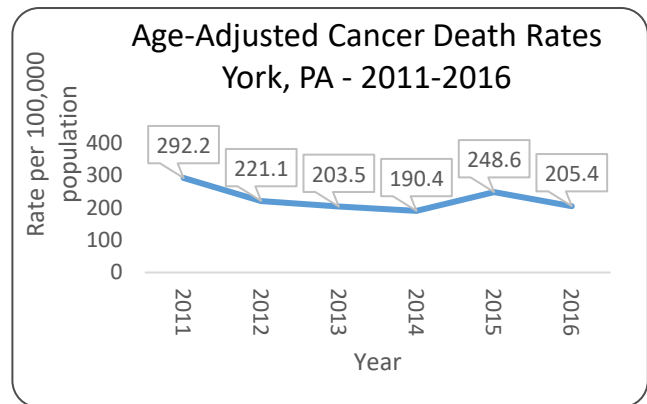
**Stroke Age Adjusted Death Rates
York, PA 2012-2016**

Annual Rate (cases):	Three Year Avg. Rates:
2012 - 36.0 (12)	2010 - 2012 - 44.5
2013 - 79.6 (26)	2011 - 2013 - 53.5
2014 - 62.2 (20)	2012 - 2014 - 59.3
2015 - 70.1 (22)	2013 - 2015 - 70.6
2016 - 37.5 (12)	2014 - 2016 - 56.6

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).

Cancer is the 2nd highest cause of death for York city residents. Age-adjusted cancer deaths in York continue to be well above the HP 2020 goal but is trending downward. Although the Bureau has no formal cancer prevention education program, prevention is important and ties in with Bureau services around improving 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 statistics include cancer of the bronchus and lung)

**City of York
Lung Cancer Death and Incidence Rates per 100,000 population
2011-2015**

Year	Annual Death Rate* (#):	Annual Incidence Rate (#)	3-year period	3- Year Avg. Death Rates:	3- Year Avg. Incidence Rates
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
2015	64.0 (28)	61.8 (27)	2013-2015	30.5	70.9

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).

**City of York
Breast Cancer Death and Incidence Rates per 100,000 Population
2011-2015**

Year	Annual Death Rate* (#):	Annual Incidence Rate (#)	3-year period	3- Year Avg. Death Rates:	3- Year Avg. Incidence Rates
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
2015	35.3 (8)	127.9 (29)	2013-2015	26.5	111.8

HP 2020 C-5: Reduce colorectal cancer rate to no more than 14.5 deaths per 100,000 people.

**City of York
Colorectal Cancer Death and Incidence Rates per 100,000 Population
2011-2015**

Year	Annual Death Rate* (#):	Annual Incidence Rate (#)	3-year period	3- Year Avg. Death Rates:	3- Year Avg. Incidence Rates
2011	16.0 (7)	41.2 (18)	2009-2011	14.4	40.4
2012	11.4 (5)	52.6 (23)	2010-2012	13.7	47.3
2013	18.3 (8)	48.0 (21)	2011-2013	15.2	47.3
2014	18.3 (8)	45.7 (20)	2012-2014	16.0	48.8
2015	9.1 (4)	43.5 (19)	2013-2015	15.2	45.7

Injury Prevention

In 2016, unintentional injuries ranked 3rd in number of deaths in York. Twenty-six (26) people died because of unintentional injuries. (2016 age-adjusted death rate – 69.0/100,000). Motor vehicle fatalities ranked 8th overall with 8 deaths (age adjusted death rate 22.3/100,000).

Injury Report Card 2012-2016

HP 2020 Objective	National Baseline	Year	City of York
IVP-11: Reduce deaths caused by non-transport accidents to no more than 36/100,000 people.	40.0 (2000) (age-adjusted)	2012	47.2
		2013	58.6
		2014	79.2
		2015	58.5
		2016	69.0
IVP-13: Reduce deaths caused by motor vehicle crashes to no more than 12.4 per 100,000 people	13.8 (2000) (age-adjusted)	2012	10.3
		2013	9.3
		2014	7.3
		2015	17.2
		2016	22.3

Tobacco Control

Heart disease and cancer are the top two leading causes of death in York, accounting for 39% of all deaths for 2016. 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 data indicates that this indicator is within the HP 2020 goal.

Chronic Obstructive Pulmonary Disease Age Adjusted Death Rates York, PA 2012-2016

Annual Rates (#):	Three Year Avg. Rates:
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
2016 – 64.4 (22)	2014-2016 – 57.6

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

	2010	2011	2012	2013	2014	2015	2016	2017
City of York	80.9	80.2	80.5	79.3	81.1%	81.9%	83%	84.7%
York County	84.5	83.3	84.3	85	85.4%	87.1%	87.8%	88.2%
Pennsylvania	84.1	84.7	84.7	85.8	86.3%	87.5%	88.5%	88.9%

The PA Department of Health, Bureau of Health Statistics and Research, reports that 88.9% of pregnant women in PA did not use tobacco 2017. In York, 84.7% of women who gave birth report not using tobacco during pregnancy. York continues to improve abstinence from tobacco use during pregnancy from 76.8% (2007) to 84.7% (2017), but still has work to do to meet the HP 2020 goal of 98.6%. The MCH nurses educate pregnant women on the dangers of tobacco use during and after pregnancy.

Conclusions from Local/State Data

Healthy People 2020 National Objectives provide a tool for the City of York - Bureau of Health staff to assess and evaluate public health indicators for the city and to identify areas of need or focus for interventions. The public health issues prevalent in York are like and sometimes more severe than other urban areas. Most striking are those indicators which show huge disparities between the city and county, such as the percentage of births to teens (11.7% city to 5.1% in York County, STD rates, and low birth weight babies. Societal and economic trends of poverty and unemployment combined with unhealthy/risky lifestyle choices are additional challenges to our public health delivery system.

Communicable disease reports vary from year to year for specific conditions, however, those caused by risky lifestyle choices or behaviors. STDs continue to rise despite targeted education and awareness of prevention.

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 (2016 - 10%) with LBW babies in York County outside the City (2016 – 8.2%), and births to

teens (11.7% city vs. 5.1% county – 2016) - marked disparities within York County between urban versus suburban/rural. A collaboration of the maternal child health providers and community partners in and outside of York continues to jointly identify and develop intervention strategies to improve birth outcomes in the city.

Injury deaths, unintentional and motor vehicle accidents, 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 community partnerships focused on traumatic brain injury, child abuse prevention, and driver safety.

Heart disease and Cancer continue to be the top two leading causes of death among York residents (39% of all deaths, 2016) followed non-motor injuries (7%), chronic obstructive pulmonary disease (C.O.P.D.) (6.5%) and diabetes mellitus (3.2%). Staff at the Bureau of Health, along with partnering organizations, are emphasizing prevention by improving lifestyle choices, such as weight reduction, better nutrition choices, and exercise through a myriad of programs and services to impact health. 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, healthy corner stores), and implement policy changes to impact 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 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 and prepare for public health emergency situations. 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 review data for trends in morbidity and mortality, and compares local with county, state and national trends where appropriate. Staff also use locally collected data for epidemiologic surveillance and trending. In 2018 the Bureau began the process full implementation of an electronic health record system – CureMD. Staff continues to work on creating efficiencies within the system.

Qualitative information is gathered in many ways. Major sources of qualitative information are garnered through 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 meet yearly to develop the goals and objectives for the Annual Health Plan. Staff discuss program successes and identify issues and strategies that can be implemented to improve the public's health and apply the following criteria for setting annual goals and objectives:

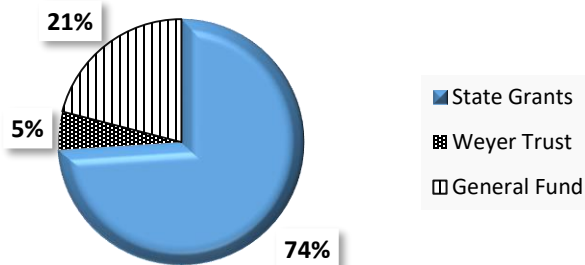
- The issue is addressed in the work plan of the grant and/or the mission of the Health Bureau.
- A gap in services has been identified, or it is not being addressed in the community. Health Bureau staff assess the gap, the resources available, and ability for staff to address the need.
- The issue is 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.

Health Bureau Funding - 2019



The City of York - Bureau of Health's 2019 budget of \$2.38 million is funded by state grants, city CDBG funds, the Weyer Trust and the city's General Fund. The Bureau's General Fund budget is responsible for ambulance contract with Community Life services.

The Bureau has sixteen full-time and 2 part-time employees. The Medical Director is supported through WellSpan Health's Community Partnership. Additional city personnel are utilized for various administrative activities, including policy, finance, human resources, public works, police, fire, 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; York Opioid Collaborative; Safe Kids York; and the Active Transportation Task Force.

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 its 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 conduct 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. Staff is responsible for program services and contract management (both local and state) through sound fiscal 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. Bureau leadership develop relationships with the community and health care professionals in fostering its ability to receive timely reporting of diseases, cooperate with others on public health interventions, implement strategies to improve public health measures, and consider a broader view of health care.

Program Goal: Implement objectives identified in the Framework of the Strategic Plan.

Objective 1: Increase stakeholder awareness and community partnerships. (I1-G1)

Activities:

- Contract with Gavin to develop core messages for the Bureau in communicating with all parties
- Create an infographic to share with stakeholders that provides a snapshot of the Bureau's work in the community
- Develop specific, targeted messages for various audiences

Objective 2: Develop a sustainable operating model (I2-G5, I2-G6)

Activities:

- Work with city administration on job description changes and organizational structure
- Create a succession plan for critical staff positions
- Develop professional development plan for staff

Objective 3: Leverage data to drive public health strategy. (I3 -G8)

Activities:

- Develop metrics for lead ordinance – baseline /process measures to track with new changes
- Develop tracking mechanisms for HIV/STD and MCH programs to measure impact

Objective 4: Develop a robust public policy and advocacy process, by initiating local policies in at least one public health issue impacting city residents. (I4 -G10)

Activities:

- Identity issue (s) to address
- Educate stakeholders and elected officials of the new ordinance and the need for the changes
- Propose ordinance change to city council for approval and adoption
- Implement the new ordinance

Evaluation Method:

Number of objectives identified in the strategic plan are completed or in process

Performance Review 2018

Objective 1: Implement electronic data management system by March 31, 2018.

ACHIEVED:

The Bureau contracted with CureMD as the vendor for our electronic health record system and began training and implementation in January 2018. The system went live on April 1, 2018; however, the Bureau continues to work with CureMD to ensure accuracy and efficiencies in the system.

Objective 2: Utilize Office 365 for better efficiency in communications.

PARTIALLY ACHIEVED:

Not all staff utilize Office 365; however, staff are using SharePoint and the W: drive to share documents. Leadership needs to explore gaps in use and the best ways to meet them.

Objective 3: Develop a three to five-year strategic plan for the Bureau beginning in April 2018.

ACHIEVED:

The Bureau conducted a strategic planning process with the assistance of CTY Consulting. Stakeholders, partners and staff participated in interviews, focus groups and a strategic planning retreat to shape the framework of the plan. The final plan was completed by October 1, 2018 with four strategic imperatives and 40 objectives. The Strategic Framework is included in the appendix.

Objective 4: Diversify revenue streams for future program growth by October 1, 2018.

PARTIALLY ACHIEVED:

- Although the new CureMD system has built in billing capacity, the Bureau is not at that point in the implementation of the system to bill for services. The Bureau also needs to establish provider numbers in order to bill some insurers.
- In expanding the Bureau's STD services, analytical tools to assess cost effectiveness of programs and services have been considered in what shape the program overall should look like.
- Leadership reached out to at least one Managed Care Organizations regarding our work and potential ability to pay for our services. Other funding opportunities have also been discussed to assist in best strategies to implement services, particularly for the MCH and STD programs.

Objective 5: Increase the Bureau's visibility within the community.

ACHIEVED:

- Identified in the new strategic plan, the Bureau strives to raise awareness of the Bureau services and role in the community. Bureau communications to the public are coordinated with the Mayor's office to allow for consistency and breadth of communications. Staff utilize the city's guidelines for communications, including power point templates, letterhead, etc.
- The Bureau contracts with Gavin to develop the Bureau's communication brand, messaging and visibility.
- Staff are increasing the Bureau's visibility in the community through outreach activities, presentations, participating in coalitions, etc.

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. The Health Bureau is recognized as a first responder agency in the City of York'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 the 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. 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: Solidify city network for community organizations in direct relationship to emergency preparedness response activities. (I1-G2; I1G3)

Activities:

- Work with the Code Blue Task Force to identify county-wide goals for sheltering people in advance of severe weather conditions
- Coordinate and collaborate with sites for use as shelter operations
- Engage organizations, including faith-based organizations, in emergency preparedness activities and trainings.

Evaluation Methods:

- At least 4 organizations are identified and engage in response activities
- Potential response activities requested are outlined
- # of organizations participating in trainings or activities
- # of Code Blue events called; # people sheltered

Objective 2: Update the city's volunteer (CERT) registry and operationalize activities. (I1-G3)

Activities:

- Re-establish contact with current CERT volunteers to update contact information
- Engage CERT members in at least one large event for assistance

Evaluation Methods:

- Type and # of outreach made to current CERT volunteers
- # events held that engaged CERT volunteers
- Registry is updated and current

Objective 3: Develop a communication procedure for emerging threats, both internal and external. (I1-G3; I3-G9)

Activities:

- Examine existing communication system – modify and adjust accordingly
- Review current communication policy and update as needed
- Develop distribution lists for specific target audiences (i.e. day care centers, schools)
- Leverage existing, but underutilized, resources to notify various audiences

Evaluation Methods:

- Procedure is developed for both internal and external communications
- Distribution list is created and tested

Performance Review 2018

Objective 1: Solidify city network for faith-based organizations in direct relationship to emergency preparedness response activities.

PARTIALLY ACHIEVED:

Due to critical staffing shortage, not much traction occurred in 2018; however, staff participated at the Black Minister Association meetings. Staff continue to build one-on-one relationships with congregations.

Objective 2: Develop and formalize a volunteer registry system and operationalize activities.

ACHIEVED:

An existing CERT registration system is kept by the City's EMA. A separate volunteer system has been set up. With the EMA and Community Health Specialist for Emergency Preparedness positions vacant for 6 months, no additional work in this area has transpired outside of coordinating efforts with the City's EMA office.

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, families and community. PHS is comprised of our clinical services (Personal Health) and our community services (Community Health). The largest component of clinical services are 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 to reverse negative health behavior trends.

Community Health Services encompass all 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 residents.

Animal bites pose additional public health problems to the community and can lead to injuries and infectious diseases, including rabies. 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. Staff works with the victim as needed to ensure medical treatment is received to prevent rabies.

The City of York faces many public health challenges. The Bureau relies heavily on community collaborations to reduce duplication of services, to streamline efforts aimed at primary prevention, and to promote and implement efficient and effective public health strategies. Staff members conduct surveillance on emerging and existing health trends 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 disproportionately affected by chronic diseases.

In late 2017 the Bureau began to implement a new electronic health record system, CureMD, to improve efficiencies within clinical work, to collect patient demographic and other information in a consistent and efficient manner, and to improve data and data analysis capabilities to drive our interventions. In 2018, clinical operations transferred to the new system, CureMD.

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 12 weeks to 9 months, and in some cases longer. Duration of treatment is one of the challenges for compliance with TB 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. If indicated, a home visit will be conducted. Regular office visits allow for ongoing evaluation. Directly Observed Therapy (DOT) is used as determined by the treatment plan for active TB or 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 is shared with providers, residents and at community events as appropriate.

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

Objective 1: Provide education and PPD screenings for patients and providers as appropriate. (I1-G3)

Activities:

- Provide PPD screenings upon request
- Provide PPD screenings as needed and requested for shelters or group facilities
- Provide results and any necessary follow up with patients and providers
- Educate patients, community and providers as necessary on PPD screening

Evaluation Method:

- 100% of all appropriate requests for PPD screening are conducted; when not appropriate, education is provided
- Education to patients, community and providers is completed per request and as needed
A minimum of 2 outreach activities related to PPD screenings is completed

Objective 2: Provide the best treatment options for patients, including treatment location. (I1-G3)

Activities:

- Explore Video Direct Observational Therapy (VDOT) as an option for patients engaged in our TB treatment program
- Develop policies and procedures for treatment options, including alternative treatment locations if using VDOT

Evaluation Method:

- VDOT is explored as an option for patients and a decision is made when/if it will be offered as an alternative
- Policies and procedures have been completed for therapy options including (if determined to be a viable option) VDOT

TB Performance Review 2018

Objective 1: Provide education and PPD screenings for patients and providers as appropriate.

ACHIEVED:

- 100% of all appropriate requests for PPD screening were conducted and education provided: 51 PPD screenings were conducted at the men's and women's shelters, all returned for readings; one positive with no evidence of active or LTBI infection.
- Outreach to primary care providers and staff was conducted; education on screening and treatment options, TB kits and posters were distributed to 40 physicians and 51 support staff.

Objective 2: Integrate new Electronic Health Record (E H R) system into daily practices.

PARTIALLY ACHIEVED:

- Basic understanding and ability to function in CureMD (E H R system) was achieved and TB program forms have been integrated into CureMD. Monitoring of the TB meds remains independent of CureMD. Not all staff working in TB are functional with CureMD for the TB program. Training will continue.

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)/Community Health Nurse 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 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 social media networking to bring high-risk individuals and their social network contacts in for testing.

Program Goal: Reduce new HIV/STD infections.

Objective 1: Increase capacity to provide delivery of HIV/STD services to at risk populations. (I3-G9)

Activities:

- Develop and implement an STD clinic
- Re-engineer office space for better clinic flow
- Add staff to support increases in patients/services

Objective 2: Increase efficiencies in HIV/STD programs. (I2-G7)

Activities:

- Integrate CureMD with Centers for Disease Detection (CDD)
- Standardize electronic reporting/data collection and tracking methods

Evaluations Methods:

- 20% increase in visits from 2018 to 2019
- Increase volume while maintaining positivity rate (historical)
- Integration is successful in reported labs to CureMD

Performance Review 2018

Objective 1: Integrate STD work into CureMD to allow for appropriate clinical care and tracking of epidemiologic trends.

ACHIEVED:

HIV/STD staff was trained in the new system for specific charting, such as medical and social histories. Lab orders are placed in the system, as a reminder that the lab was ordered through CDD. Results are then entered in CureMD by hand. Reports and metrics/rates are all done manually. Integrating CureMD with CDD in 2019 will reduce duplication and potential for error.

Objective 2: Meet core standards of grants, as they relate to specific metrics.

ACHIEVED:

- Increase prevention and screening activities for at-risk populations (events):
 - Number of partnerships/locations: 12
 - Where: Gaudenzia, York College, National Night Out, Bell Shelter, Bears, Bikers and Mayhem
 - Number of condoms distributed: 3,795
- Carry out partner services in collaborations with providers who diagnose and treat individuals with HIV/STDs:
 - Number of partner services initiated: 48
- Encourage and support community partners to promote efforts for appropriate screening and testing of STDs:
 - Number of meetings/visits conducted: 55
 - Where: Family First Health, PA DOH, HIV Coalition, York County Prison, Memorial Hospital, Family Health Council
- Encourage and support staff in professional development opportunities in STD/HIV services
 - Number of staff trained: 1
 - List of trainings attended: Racial Microaggressions, Biktarvy, Women and PrEP, CPR, Stop the Bleed, Ground Rounds – Sexual Abuse, HPV webinar, HIV Navigation Services, HT webinar on debunking myths of HIV with African-

American population, forensic exam for sexual assault, traumatic brain injury, ACE training and engaging patients with social media

- Engage with Community partners to address high incidence of STDs among city residents
 - Number of meetings held: 1
 - Strategies developed/implemented: Interventions to address
 - Progress made to impact STDs: multiple STDs; more people are aware of PrEP, targeting high -risk populations, risk reduction and awareness

COMMUNICABLE DISEASES

Communicable Diseases, such as hepatitis, measles, and West Nile Virus, by 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.

Objective: Improve the quality of NEDSS (National Electronic Data Surveillance System) reporting to meet standards for state reports. (I2–G7; I3-G8)

Activities:

- Establish NEDSS training and coordination of reports for staff
- Review NEDSS cases as a team
- Transition Hep C cases to HIV/STD team

Evaluation Method:

- Reduce the number of incomplete/incorrect records (baseline: 2018 reports from PA DOH)

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 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 requirements.

Objective 1: Increase efficiencies in immunization data entry (I3-G8)

Activities:

- Link PA-SIIS (PA-Statewide Immunization Information System) with CureMD

- Improve workflow for immunization records
- Develop quality controls for to ensure vaccines are recorded properly in CureMD

Objective 2: Connect clients to a primary care home for follow-up immunizations. (I1-G3; I3-G9)

Activities:

- Develop standardized work process to facilitate patient connection to primary care provider
- Meet with and coordinate with primary care offices to facilitate entry into medical home

Evaluation Methods:

- PA-SIIS is successfully integrated with CureMD
- Procedures are in place for immunization documentation in CureMD and/or PA-SIIS as the system dictates
- Standardized work process is developed to connect clients to primary care homes
- Meetings are held with primary care providers/offices

Performance Review 2018

Objective 1: Understand local data collection system and ability to access immunization data on a community level.

NOT ACHIEVED:

Staff did not effectively engage with partners to accomplish this objective.

Objective 2: Assess impact of new school immunization regulations on the effectiveness of our collective efforts locally.

ACHIEVED:

Staff with School District leadership to develop a coordinated message sent to parents regarding back to school vaccines needed that met the school's needs and the Bureau's capacity to provide services.

MATERNAL CHILD HEALTH SERVICES

Premature births (<37 weeks gestation) are a leading cause of infant mortality in the United States (CDC). Substance use, smoking, maternal age, poverty, lack of prenatal care, domestic violence, stress, 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 lbs. or 2500 g) are at increased risk of illness, infections, delayed motor and social development and learning disabilities. Premature babies are frequently LBW babies.

Infant mortality is also linked to birth defects, SIDS, pregnancy complications (gestational diabetes, high blood pressure, mental health concerns, obesity, infections) and injuries.

Healthy Moms. Healthy Babies, funded by the Maternal Child Health (MCH) Block Grant through the PA Department of Health, provides public health services to pregnant and postpartum women and infants up to 2 years of age to decrease infant mortality and morbidity by addressing known factors related to the same. Using an evidence-based practice approach, education, health promotion, and reduction of risk is individualized to patient need with the intended result of both short- and long-term maternal child health outcomes.

Healthy Moms. Healthy Babies addresses clinical needs and education, provides resource referrals, assesses substance use and domestic violence concerns, utilizes Adverse Childhood Experiences' questions as a building block for health promotion and disease prevention, and desires to advocate for the improvement of pregnancy and birth outcomes by addressing social determinants of health (SDOH) as barriers to said outcomes.

Healthy Moms. Healthy Babies exists to improve birth outcomes and the health of woman and infants in York.

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

Objective 1: Expand and integrate new services (Mental Health and Art Therapy) into MCH program. (I1-G2; I2-G4; I3-G8; IG-G9)

Activities:

- Contract with providers to serve women
- Identify and refer women for Mental health or Art Therapy as indicated

Evaluation Method:

50% engagement in services (complete 1 or more visits)

Objective 2: Expand MCH staff due to volume and complexity of cases. (I2-G6)

Activities:

- Seek funding for additional nurses
- Develop roles and expectations for additional staff
- Post position and hire at least one new MCH nurse

Evaluation methods:

- Funding is secured
- At least one additional nurse is hired

Objective 3: Promote literacy through the delivery of culturally appropriate, relevant materials (I1-G2; I1-G3; I3-G8)

Activities:

- Provide "Hugs and Health" magazines to moms in both English and Spanish
- Obtain English and Spanish books for all ages to distribute during home visits
- Engage and provide materials to moms and families while modeling reading to children

Evaluation methods:

- # books provided to each family
- # English and # Spanish materials provided

Performance Review 2018

Objective 1: Outreach Worker will contact enrolled pregnant women every two months until delivery.

ACHIEVED:

98 tickler cards were made. The Outreach Workers performed forty-two (42) phone contacts and 1 email contact. The Outreach Workers made twenty-five (25) post-partum home visits.

Objective 2: Promote breastfeeding among women enrolled in Healthy Moms. Healthy Babies.

ACHIEVED:

- Our volunteer IBCLC received 18 referrals for women enrolled in the Healthy Moms. Healthy Babies (HMHB) program; attempting contact with 100% of the women, with 5 non-responsive. She completed 2 hospital and 13 home visits. Fourteen (14) testing consults were completed and 301 text messages were sent/received from HMHB participants.
- A breastfeeding video produced in 2017 in both English and Spanish ran during Breastfeeding Week in our local social media accounts.

Objective 3: Expand MCH staff due to volume and complexity of cases.

ACHIEVED:

- A part-time RN was hired to take on the additional cases.
- A full time Community Health Specialist was hired to provide non-clinical support to women and infants in the program.

Objective 4: Develop baseline, searchable data points for analysis and outcomes in CureMD.

PARTIALLY ACHIEVED:

Data points were identified to track, but due to limitation issues with the electronic system, the data points are not searchable. Staff will continue to develop a system to capture data for analysis and outcomes.

Objective 5: Develop pregnancy stratification interim tool to allow OB offices to identify appropriate home visitation program for the patient.

ACHIEVED:

An infographic educational guide/reference tool for referrals was created in collaboration with maternal child health providers in the community to assist in identifying the appropriate program for the patient. Continued work amongst health care systems and maternal child health providers is necessary to assure all eligible patients are served with excellence.

LEAD HAZARD RISK REDUCTION SERVICES

The Pennsylvania Departments of Health and Human Services would like all children with elevated blood lead levels of 5 ug/dl or greater to receive an educational home visit and an Environmental Lead Risk Assessment Inspection.

The Health Bureau received referrals from physician offices for children with:

- two consecutive blood lead levels, three months apart, of 5-9 ug/dl,
- one venous blood level of 10 ug/dl or greater; or
- 2 fingerstick blood lead levels of 10 ug/dl or greater

The Bureau's licensed Lead Risk Assessor provides the home visit and inspection to the families of these children and enforces the city's codified ordinance 1139 – Lead Hazards.

The Bureau received a HUD Lead Hazard Control grant through the PA Department of Health in 2017. This grant is 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.

Objective 1: Adopt a proactive, sustainable approach to reduce childhood lead poisoning in rental properties. (I3-G8; I3-G9; I4-G11)

Activities:

- Work with Lead Task Force/city departments to create a new lead ordinance for rental properties
- Educate stakeholders and elected officials of the new ordinance and the need for the changes
- Propose ordinance change to city council for approval and adoption
- Implement the new ordinance
- Identify opportunities to collaborate with partners for lead hazard reduction services

Evaluation Methods:

- Ordinance is adopted
- Number of people reached through education/outreach efforts

SAFE AND HEALTHY COMMUNITIES PROGRAM

Funded and prescribed by the PA Department of Health, this comprehensive program aims to: (1) increase healthy lifestyle behaviors, such as physical activity and healthy eating; (2) improve transportation-related safety for those who walk, bike and take public transit; (3) decrease injuries, such as falls among older adults and concussions among youth; and (4) prevent child sexual abuse through educational activities with parents and caregivers.

These evidence-based activities include: community outreach, improving the built environment, using policy to effect change, partnering with community stakeholders, and providing education and other behavior change interventions for infants, children, and adults. Notable programs and initiatives supported by the Safe and Healthy Communities Program include: Complete Streets, Safe Routes to School, Zagster Bike Share, the Healthy Corner Store Initiative, community garden/urban farming initiatives, *A Matter of Balance* - a fall prevention program for older adults, *ConcussionWise/BrainSTEPS*, and *Parents in the Know* - a child sexual abuse prevention program.

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: Increase access to healthy foods through the implementation of policy, systems, and environmental changes that improve the local food system and through evidence-informed nutrition education (I3-G8; I4-G10).

Activities:

- Continue to implement the Healthy Corner Store Initiative by providing funding (if available), educational materials, and technical assistance to new and existing partner stores
- Support the Penn Market revitalization project utilizing strategies outlined in the City of York's Penn Market/Healthy Food Access study conducted by the Food Trust
- Promote the use of WIC and SNAP benefits and coordinate nutrition education activities at farmer's markets and other food retail settings

- Support community garden and urban farming initiatives by providing funding (if available), technical assistance, and coordinate nutrition education activities.

Evaluation Methods:

- # of Healthy Corner Store Initiative (HCSI) partner stores
- # of strategies implemented from the City of York’s Penn Market/Healthy Food Access study
- # and description of activities that promote WIC/SNAP at farmers markets and HCSI partner stores
- # of nutrition education activities coordinated at farmer’s markets and other food retail settings
- # of new and existing community gardens receiving support
- Quantity of produce and amount of produce sales related to urban farming initiatives.

Objective 2: Increase physical activity through the provision of safe and accessible active transportation options and promoting walking and biking as part of a healthier lifestyle. (I1-G2; I3-G9)

Activities:

- Implement environmental changes that increase active transportation and promote Safe Routes to School
- Update the City of York’s Complete Streets Policy and continue to implement its requirements
- Conduct planning and evaluation activities related to bike and pedestrian traffic safety
- Continue to educate on and promote the use of the WalkWorks route in community and worksite settings
- Support community events that promote walking and biking
- Partner with worksites to develop employee walking programs and other wellness policies and programs.

Evaluation Methods:

- # and type of environmental changes that support active transportation
- # of Safe Routes to School improvements
- Description of Complete Streets Policy updates
- # and type of bike/pedestrian planning and evaluation activities
- # of promotional activities related to the WalkWorks route
- # of community events that promote walking and biking
- # of partner worksites

Objective 3: Utilize the evidence-based *A Matter of Balance* program to decrease the fear of falling and prevent falls among York-area residents. (I1-G2; I1-G3; I3-G9)

Activities:

- Conduct Coach training and update sessions for coaches annually
- Provide technical assistance to certified partner coaches
- Participate in local falls prevention coalition, Falls Free Coalition of York County
- Collaborate with the York County Area Agency on Aging and other partners to promote the *A Matter of Balance* program

Evaluation Methods:

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

Objective 4: Decrease the leading preventable injuries as identified by the PA DOH among children and youth. (I1-G2)

Activities:

- Increase motor vehicle safety among teen drivers through implementing an evidence-based motor vehicle safety course
- Decrease negative outcomes of Traumatic Brain Injury (TBI) through the implementation of the *ConcussionWise* education program
- Provide education about the *BrainSTEPS* team to parents, caregivers, coaches, and healthcare providers
- Meet with schools to provide technical assistance regarding concussion management practices
- Decrease the risk of child abuse and neglect through the implementation of the *Parents in the Know* program

Evaluation Methods:

- # of motor vehicle safety classes held; # of participating students
- # of local trained Survival 101 instructors
- # of *ConcussionWise* sessions completed; # of participants
- # of parents, caregivers, coaches, and healthcare providers educated about the *BrainSTEPS* team
- # of schools engaged in concussion management team review process
- # of *Parents in the Know* classes held; # of participants

Performance Review 2018

Objective 1: Increase access to healthy foods through the implementation of policy, systems, and environmental changes that improve the local food system and through evidence-informed nutrition education.

ACHIEVED

- # of HCSI partner stores
 - 3 existing stores- Green's Food Market, Pak's Market, Lee's Food; 1 new partner- Healthy Living Foods LLC.; 2 applications submitted
- # of strategies implemented from the City of York's Penn Market/Healthy Food Access study
 - City of York's Penn Market/Healthy Food Access study is complete; awaiting implementation by administration.

- # and description of activities that promote WIC/SNAP at farmers markets and HCSI partner stores
 - Penn Market WIC event to promote use of FMNP vouchers; York Fresh Food Farms Mobile Market able to accept WIC/SNAP/FMNP; providing technical assistance to Healthy Living Foods for SNAP enrollment
- # of nutrition education activities coordinated at farmer's markets and other food retail settings
 - Penn Market WIC Event; Market Basket of the Month at Green's Food Market; York Fresh Food Farms Mobile Market
- # of new and existing community gardens receiving support
 - 4 community gardens- United Way, Cottage Hill Garden, York Fresh Food Farms locations, The Unitarian Universalist Congregation of York (support with providing seeds)
- Quantity of produce and amount of produce sales related to urban farming initiatives
 - \$14,870 sold to over 2,300 produce consumers; 22% of revenue was WIC/SNAP/FMNP; 17 tons of produce harvested

Objective 2: Increase physical activity through the provision of safe and accessible active transportation options and promoting walking and biking as part of a healthier lifestyle.

ACHIEVED

- # and type of environmental changes that support active transportation
 - (6) - Walking School Bus at Hannah Penn K-8; expanded Zagster Bike Share; increased bike parking; crosswalk improvements and bike lanes; WalkWorks route; bike repair station (Salem Square)
- # of Safe Routes to School improvements
 - (3) - Walking School Bus at Hannah Penn K-8; maintenance of school zone crosswalks and Go Safe Routes; traffic pattern changes to accommodate York Academy Upper School
- Description of Complete Streets Policy updates
 - Developed working group to work towards completion of CSP Design Guide
- BFC (Bicycle Friendly City) application submitted/recertification response
 - BFC application submitted - status improved from Bronze to Silver
- # and type of bike/ped planning and evaluation activities
 - (3) Planning - participation in York County Long Range Plan; short-term planning for King & George Street projects; collaborative planning (regionally) for BSCPA Summit
 - (2) Evaluation - BFC application data collection; bike counts completed with York County Planning Commission
- # of promotional activities related to the WalkWorks route
 - (6) - Press conference; York Fest; WellSpan on Market employee wellness event; National Night Out; Central PA Business Journal article; promoted route to rabbittransit employee event
- # of community events that promote walking and biking
 - (5) events - York Fest; BFC Meetup; Go Green in the City; BSCPA Bike Summit; led City of York Team for Walk to End Alzheimer's
- # of partner worksites
 - (3) partner worksites - Community Progress Council (CPC) Wellness Committee; CPC-WIC; offered technical assistance to Martin Foot & Ankle (how to start walking

groups), Carriage Works Apartments, and Graham Packaging (assisted with scheduling for York County Walks presentation)

Objective 3: Utilize the evidence-based *A Matter of Balance* program to decrease the fear of falling and prevent falls among York-area residents.

ACHIEVED

- Eleven (11) *A Matter of Balance* (MOB) classes held in York County
- One hundred ten (110) MOB participants aged 55 years and older
- Thirty-four (34) community events that promoted MOB and STEADI toolkit resources
- One coach training and 3 coach update sessions held
- Six (6) coaches trained and 3 active coaches
- Providers, healthcare facilities, and community organizations targeted for falls prevention outreach and MOB referrals utilizing the STEADI toolkit.
 - 219 reached through Bureau of Health monthly newsletter, 20 STEADI /MOB resource packets delivered to local healthcare providers, 16 community presentations promoting MOB/STEADI reaching 451 participants, 45 (organizations, businesses, churches, healthcare facilities) reached with educational materials
- Fourteen (14) collaborative falls prevention partnerships

Objective 4: Decrease the leading preventable injuries as identified by the PA DOH among children and youth.

PARTIALLY ACHIEVED

- # of Survival 101 classes held; # of participating students
 - York City Police Department Officer was not trained until July 2018. Unable to schedule Survival 101 class before end of 2018.
- # of local trained Survival 101 instructors
 - 1 York City Police Department Officer trained
- # of ConcussionWise sessions completed; # of participants
 - 2 sessions completed; 11 participants
- # of parents, caregivers, coaches, and healthcare providers educated about the BrainSTEPS team
 - 64 educated (11 participants, 49 healthcare providers, 4 York City School District staff)
- # of schools engaged in concussion management team review process
 - Concussion management teams were established throughout York City School District
- # of Parents in the Know classes held; # of participants
 - Did not hold Parents in the Know classes due to capacity issues with YWCA York.

Objective 5: Implement health education activities and lessons to increase knowledge in and awareness of health topics for city school students.

ACHIEVED

- # of school locations participating in educational program
 - (3) - Hannah-Penn K-8, Davis K-8, and *York Academy* Regional Charter School
- # of students receiving education
 - 105 students
- # of educational activities conducted

- 28 education activities
- # of collaborative partnerships
 - (9) - Communities in Schools, Safe Kids York County, York City Police Department, York City Fire Department, York County Sheriff's Department, Hannah-Penn K-8, Davis K-8, *York Academy* Regional Charter School, Tobacco-Free York County
- Pre and post test results, when applicable
 - Pre and post test results conducted at *York Academy* Regional Charter School

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, and no fluoridation in the city's water system to reduce dental caries. 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 students in schools and community organizations through a contract with Family First Health. Staff also distribute toothbrushes and toothpaste, promote good oral hygiene, and provide parents or guardians with information to improve their child's oral health during Immunization clinics, schools, and community events.

The school-based dental sealant program targets 6-8 and 12-14-year-old students in the elementary and middle schools within the city limits. The Program conducted 7 school-based sealant events during the 2017/2018 school year at all 7 York City School District elementary schools.

The following are results from the events:

- 310 children screened;
- 196 children were sealed (63%);
- 1,232 surfaces were sealed (avg. 6.25 surfaces sealed per child);
- 21 children were referred for dental care
- 5,030 children received fluoride varnish applications, both in the clinic setting at FFH and through community events.

The Bureau purchases 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 system is not fluoridated in York, the ability to have good and new hygiene items is an effective way to improve dental health in our children. Information on sugary drinks, coloring books, etc. on good oral health for various ages was distributed at clinic visits and community events. Staff has participated in numerous community events and distributes supplies and educational information to children at these events. The Bureau also partnered with the York City Police Department's Community Services Division and Saturday morning breakfast events for the Homeless to distribute materials, York Cares Coffee Spot, York College School of Nursing, and Family First Health to provide fluoride varnish and education to children during medical visits.

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 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 food establishments and special event 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, 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 2019

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. The Bureau of Health supports the annual Litter Index survey.

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

Objective: To reduce potentially hazardous environmental situations in 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

Performance Review for 2018

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

ACHIEVED:

- In the spring, (15) 2nd grade classrooms in York City's elementary schools received a 90-minute public education session where 331 students participated. Most classes took a "litter walk" to remove trash outside of their school.
- Having begun in 1991, the City's Adopt-A-Block program finished its 27th year, with four scheduled AAB cleanups by volunteers from a variety of groups, as well as from 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 KYB's Spring and Fall Litter Cleanups as well as the annual Trash-A-Thon litter cleanup held by Tidings of Peace Christian School.

- Spring and Fall city-wide newsletters were mailed “Postal Patron” to customers, as required by Act 101, to advertise of recycling requirements at least twice per year.
- The City’s litter vacuum operated daily, weather permitting, primarily in the downtown area.
- Staff sold 89 recycling bins, 399 recycling cans, 43 packs of yard waste bags and 218 yard waste cans to curbside customers.
- Press Releases were prepared for 6 major holiday collections (New Year’s Day, July 4th, Memorial Day, Labor Day, Thanksgiving Day, Christmas Day), for any other collection changes due to inclement weather and for the start/end of seasonal collections (Curbside Yard Waste, Fall Leaf, Christmas Trees).

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 3 wastewater samples collected
- Number of responses to information requests and technical assistance provided

Performance Review 2018

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

ACHIEVED:

- MIPP staff conducted over 590 industrial site visits in 2018 and collected 340 industrial wastewater samples. Thirty-three (33) inspections were conducted, which included annual inspections, compliance inspections, and facility closure inspections.
- Thirty-one (31) Notices of Violation were issued to eight (8) industries. Industries came into compliance within the required regulatory time frame.
- Twenty-one industrial wastewater discharge permits were issued, which included permit renewals, new permits, and transfers
- Responded to approximately 150 information requests, including, but not limited to, Right to Know requests and requests for regulatory and environmental information.
- The MIPP generated invoices to recoup the costs for industrial wastewater treatment and sampling activities. Combined with permit fees and administrative penalties, total MIPP cost recovery for 2018 was \$645,640.02.

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. One full-time and one half-time trained health sanitarians 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 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.)
- Hire additional staff to inspect high risk establishments

Evaluation Methods:

- Number of inspections of food service establishments
- Number of complaints investigated

Performance Review 2018

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

ACHIEVED:

- Conducted 218 food establishment inspections and 342 special events inspections
- Responded to 9 complaint investigations

Institution Sanitation and Safety

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 a PA Department of Health sanitarian throughout the year for water quality, safety, and sanitation. Additional inspections are provided upon request or as needed.

Solid Waste Management

The Environmental Bureau consists of five (5) full-time and one (1) part-time positions. It 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 saves resources and landfill space. Also, by removing recyclables and yard waste from the waste stream, the city significantly reduces disposal costs.

This bureau routinely monitors contract requirements, schedules large-item collections, summarizes collection and disposal costs, receives and tracks resolution of collection complaints, inspects collection crews, and meets with hauler representatives as needed. Most of the waste is processible and is delivered to the incinerator. Non-processible waste, such as street sweeping grit, is delivered to Modern Landfill. An electronics ban has been in effect since January 24, 2013. The city continues to refer customer to use York County Solid Waste Authority's electronics program which accepts electronics from all York County residents, Monday through Saturday every week.

The Environmental Services Supervisor oversees the Refuse and Recycling Collections Contract with York Waste Disposal/Republic Services which runs through April 30, 2021. There are (3) optional 1-year extensions, provided both parties agree to extend under the existing terms.

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

Performance Review 2018

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

ACHIEVED:

- Since July 1999, the Environmental Services Supervisor issued permits and invoices for completed street cuts made by utilities. Inspections of completed cuts are performed by the Highway Superintendent. This year, 334 street cut permits were issued. A total of 93 cuts were completed, inspected and invoiced, totaling \$21,516. Hundreds more permits were completed and inspected, but these are part of larger projects that should result in complete lane or curb to curb street paving.
 - It is anticipated that in 2019, the permitting and invoicing process will be transitioned to the Highway Bureau administrative assistant, which should make for better flow of the paperwork (PA1 Calls, Street Cut Permits, Invoicing). The Highway Superintendent will continue to inspect final paves.
- Collection of contract dumpsters and totes were performed year-round, primarily at City facilities and multi-unit residential buildings.
- Nearly 15,463 households and small businesses received twice per week refuse and once per week recycling curbside collections. These same customers received once per week curbside yard waste collection, (March to mid-December).
- One hundred and forty-nine street containers throughout the City were emptied 3 days each week. Many containers are 18 years old or more and beginning in 2019, the City will begin replacing 10% of the worst condition street containers each year.
- There were 7,905 addresses scheduled for large-item collection this year.
- A total of 18,212 tons of refuse, 3,018.54 tons of recyclables and 745.63 tons of yard waste and leaves were collected. Curbside yard waste and leaves were transported to H&H in Spring Grove by the hauler. City staff vacuumed loose leaves from curb areas, late fall, and transported the material to the City’s compost facility where litter and debris were removed to provide a cleaner product before hauling 22 dump truck loads (10 tons each) and H&H hauling 8 tractor trailer loads at average of 14.5 tons each.
- During the first two weeks of January, 494 Christmas trees (7.41 tons) were collected and chipped by City staff.
- 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.
- 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.
- Recycling containers were purchased, and a final disbursement of funds and close-out letter was prepared for the latest 902 Recycling Grant with DEP.
- The Annual YCSWA hauler licensing (both MSW and Recycling) and DEP hauler licensing applications were prepared and submitted.

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.

The York Water Company services and supplies the drinking water to York 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/water-quality-report>

Appendix

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

Land area	5.2 square miles	<u>Housing</u>	
Population	43,718	Total Housing Units	18,496
Population/square mile	8,407	Vacant Housing Units	2,243
		Occupied Housing Units	16,253
Male	21,054 (48.2%)	Owner occupied	6,790
Female	22,664 (51.8%)	Renter occupied	9,463

Population by Race and Hispanic Origin

One Race	40,978	93.7%
White	22,398	51.2%
Black/African-American	12,248	28.0%
American Indian/Aleut.	269	0.6%
Asian	541	1.2%
Other	5,510	12.6%
Two or more races	2,740	6.3%
Hispanic/Latino Origin – Any Race	12,458	28.5%

Population by Age

<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.

**2010 Census
York – 43,718
York County – 434,972
Pennsylvania – 12,702,379**

Age-Adjusted Death Rates
Selected Causes of Death – York, PA 2016

	Cause of Death	Rate per 100,000*	No. of Deaths
1.	Heart Disease	248.6	83
2.	Malignant Neoplasms	205.4	71
3.	Other Unintentional Injuries	69.0	26
4.	C.O.P.D.	64.4	22
5.	Alzheimer’s Disease	44.6	0
6.	Diabetes Mellitus	40.2	13
7.	Cerebrovascular Disease	37.5	12
8.	Pneumonia and Influenza	22.4	7
9.	Motor Vehicle Fatality	22.3	8
10.	Septicemia	18.0	6
11.	Nephritis, Nephrosis	8.6	3

*Age-Adjusted Death Rates based on Standard U.S. 2010 population.
Source of data: PA Department of Health Vital Statistics 2016.
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 2016

	Cause of Death (No. < age 65)	Avg. YPPL	Total YPPL
1.	Nephritis, Nephrosis (1)	62	62
2.	Other Unintentional Injuries (19)	27.1	515
3.	Motor Vehicle Fatalities (4)	20.0	80
4.	Cerebral Vascular Disease)	5.0	10
5.	Malignant Neoplasm (29)	14.0	405
6.	C.O.P.D. (8)	12.5	100
7.	Septicemia (2)	10.0	20
8.	Heart Disease (25)	8.6	215
9.	Diabetes Mellitus (2)	5.0	10
10.	Influenza and Pneumonia (2)	5.0	30

City of York – Bureau of Health Strategic Framework – 2018-2021

Vision: York City is an inclusive community that values health and well-being for ALL.



Mission Statement: To promote and protect the health and well-being of York City.

Increase Stakeholder Awareness and Community Partnerships	Develop a Sustainable Operating Model	Leverage Data to Drive Public Health Strategy	Develop a Robust Public Policy and Advocacy Process
<p><u>Goal #1: Develop an awareness campaign for stakeholders</u></p> <ul style="list-style-type: none"> Develop core marketing messages focused on the values CYBH bring to the community Develop and implement awareness campaigns for targeted groups <p><u>Goal #2: Develop and leverage community partnerships</u></p> <ul style="list-style-type: none"> Establish and maintain relationships with neighborhood associations; YCEA and businesses Establish and maintain with media outlets <p><u>Goal #3: Provide Public Health expertise to our community partners</u></p> <ul style="list-style-type: none"> Annually present to ANA members Present/sponsor one YCEA meeting annually Provide outreach/education/consultation/services to first responders, local organizations, schools, residents Establish and promote communication process to expedite answers for providers 	<p><u>Goal #4: Diversify and optimize Revenue streams aligned with the mission</u></p> <ul style="list-style-type: none"> Secure grants that align with the mission Implement third party billing for services Explore opportunities to offer select services outside of city for a fee <p><u>Goal #5: Develop and implement a comprehensive succession plan</u></p> <ul style="list-style-type: none"> Develop short, long term and permanent replacement plans for critical positions Develop succession plan for board of health <p><u>Goal #6 Develop and Implement a robust staff and leadership development initiative</u></p> <ul style="list-style-type: none"> Develop professional dev. plan for all staff Provide training in health equity & cultural competency <p><u>Goal #7: Develop and implement an algorithm to measure current and future program effectiveness</u></p> <ul style="list-style-type: none"> Develop algorithm to assess viability of programs Apply algorithm annually 	<p><u>Goal #8: Identify public health needs and risks of city residents using available data.</u></p> <ul style="list-style-type: none"> Identify reliable quantitative and qualitative data sources Develop and implement a process to identify and prioritize the health needs of city residents on a regular basis <p><u>Goal #9: Develop approaches and recommendations to address health needs and risks</u></p> <ul style="list-style-type: none"> For each health need or risk identified – determine CYBH’s role as leader, facilitator, or advisor – and work with community partners, as appropriate, to deliver services and increase capacity Conduct public forums and educational sessions in the community as appropriate. 	<p><u>Goal #10: Develop public policy priorities utilizing trusted data sources</u></p> <ul style="list-style-type: none"> Participate in state/regional task forces supporting health issues that are of high importance to York city. Ensure health is addressed in all York City policies as appropriate When policy decisions outside the city have health implications for city residents, influence and educate policy makers as appropriate. <p><u>Goal #11: Develop and implement an advocacy process focused on the health needs of city residents</u></p> <ul style="list-style-type: none"> Build relationships with state and federal legislators representing the city Participate/co-sponsor legislative meetings with community partners Organize/participate with other organizations to advocate and educate elected officials on issues important to the health and well-being of city residents

Our Values:
Respect * Relationships * People-Centered * Innovative * Integrity * Diversity * Advocates for Health Equity



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