

2022 Annual Program Plan

Act 315/Act 12

City of York, PA



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:

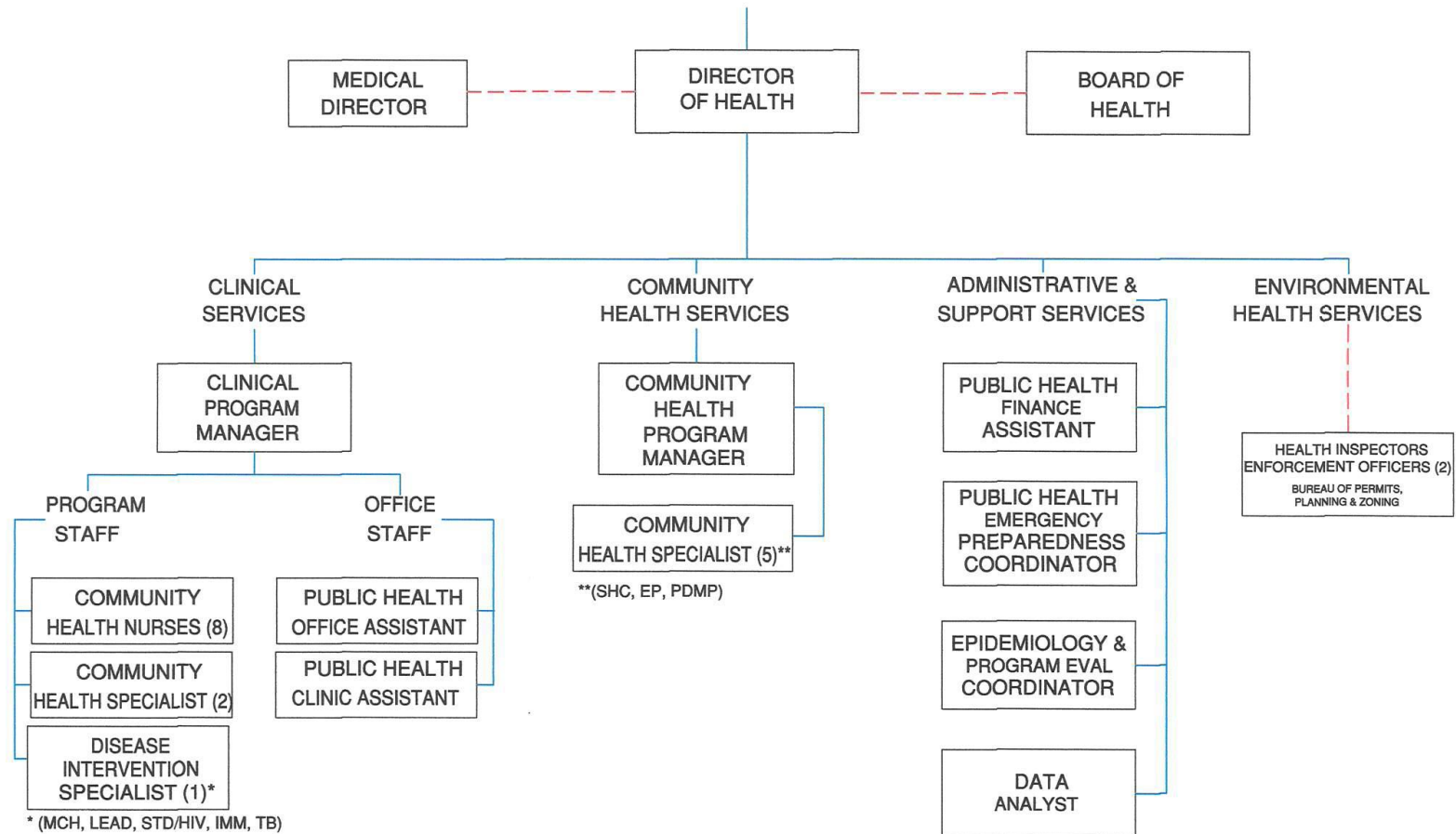
To promote and protect the health and well-being of York City

LOCAL HEALTH DEPARTMENT BUDGET & EXPENDITURE 2022 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	\$ 896,781	\$ 461,775	\$ 435,006		\$ 435,006
Bioterrorism/PHEPR	\$ 759,082	\$ 759,082	\$ -		\$ -
TOTAL					
Administration (Sec 15.12)	\$ 1,655,863	\$ 1,220,857	\$ 435,006	\$ -	\$ 435,006
<i>Personal Health Services:</i>					
Cardiovascular Disease	\$ 142,584	\$ 143,250	\$ (666)		\$ (666)
Chronic Disease Control	\$ 130,984		\$ 130,984		\$ 130,984
Communicable Disease Control	\$ 159,321		\$ 159,321		\$ 159,321
COVID-19*	\$ 2,962,409	\$ 2,962,409	\$ -		\$ -
HIV/AIDS	\$ 371,977	\$ 373,000	\$ (1,023)		\$ (1,023)
Immunization	\$ 113,954	\$ 114,342	\$ (388)		\$ (388)
Injury Prevention	\$ 95,056	\$ 95,500	\$ (444)		\$ (444)
Maternal Child Health	\$ 641,242	\$ 642,621	\$ (1,379)		\$ (1,379)
PDMP/Substance Abuse Prevention	\$ 366,879	\$ 367,561	\$ (682)		\$ (682)
Tuberculosis	\$ 7,436	\$ 7,436	\$ -		\$ -
TOTAL					
Personal Health (Sec 15.13)	\$ 4,991,842	\$ 4,706,119	\$ 285,723	\$ -	\$ 285,723
<i>Environmental Health Services:</i>					
Lead Testing/Environ. Investigations	\$ 1,620	\$ 1,800	\$ (180)		\$ (180)
Lead Prevention	\$ 45,939	\$ 45,989	\$ (50)		\$ (50)
Environmental Health & Safety Pgms	\$ 98,943		\$ 98,943	\$ 20,396	\$ 78,547
Health and Sanitation Inspections	\$ 198,702	\$ 78,000	\$ 120,702		\$ 120,702
TOTAL					
Environmental Health (Sec 15.14)	\$ 345,204	\$ 125,789	\$ 219,415	\$ 20,396	\$ 199,019
<i>Other Services:</i>					
n/a			\$ -		\$ -
TOTAL					
Other Services	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL: Administrative	\$ 1,655,863	\$ 1,220,857	\$ 435,006	\$ -	\$ 435,006
TOTAL: Personal Health	\$ 4,991,842	\$ 4,706,119	\$ 285,723	\$ -	\$ 285,723
TOTAL: Environmental Health	\$ 345,204	\$ 125,789	\$ 219,415	\$ 20,396	\$ 199,019
TOTAL: Other Services	\$ -	\$ -	\$ -	\$ -	\$ -
SUM: Qualifying Health Program	\$ 6,992,909	\$ 6,052,765	\$ 940,144	\$ 20,396	\$ 919,748
TOTAL: Exclusions and Grants		\$ 6,052,765		\$ 20,396	
SUM: Local Health Dept. Program					\$ 919,748

*As of January 01, 2022, the City of York – Bureau of Health has not received the fully executed contractual document for the ELC EDE so amount is not included in the 2022 Budget.

Bureau of Health

Community Development



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 44,800 York residents (2020 U.S. Census), within an area of 5.2 square miles and is slowly growing (2010 population from U.S. Census was 43,718). 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 bureaus reporting to the Director of Community and Economic Development. The other bureaus include Planning, Housing, Permits and Zoning, and Economic Development. 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 2020 U.S. Census indicates that 32% of the city's population is white non-Hispanic, 38% is Hispanic or of Latino origin, 26% is Black, 0.9% 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 (31.9%) 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. The COVID-19 pandemic exacerbated the social and economic burdens of city residents due to illness, school/work closures, job loss, financial stress, and mental health concerns, to name a few.

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.

The Health Bureau continues to respond to the COVID-19 pandemic. In 2020, the pandemic required staff to adjust and re-align its work to provide disease surveillance and monitoring, case investigations, data collection and reporting, and community education efficiently and effectively regarding the disease and prevention measures. In 2021, the Bureau was able to establish the following positions to aid the COVID-19 mitigation strategies: COVID-19 Coordinator, Epidemiology Program Coordinator, and contact tracers.

Local Public Health Statistics

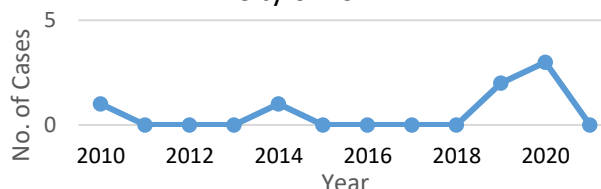
Tuberculosis

HP 2020 IID-29: Reduce Tuberculosis to 1.0 per 100,000 (2005 Baseline: 4.9/100,000). In 2021, there were no cases of active Tuberculosis reported. Community Health Nurses implemented VDOT (virtual direct observational therapy) during COVID-19.

Tuberculosis Rates/Cases – York, PA

<u>Annual Rates (cases)</u>	<u>3-Year Avg. Rates</u>
2016 - 0.0 (0)	2014-2016 - 0.8
2017 - 0.0 (0)	2015-2017 - 0.0
2018 - 0.0 (0)	2016-2018 - 0.0
2019 - 4.6 (2)	2017-2019 - 1.5
2020 - 6.9 (3)	2018-2020 - 3.8
2021 - 0.0 (0)	2019-2021 - 3.8

Active Tuberculosis Cases Per Year City of York



Sexually Transmitted Diseases

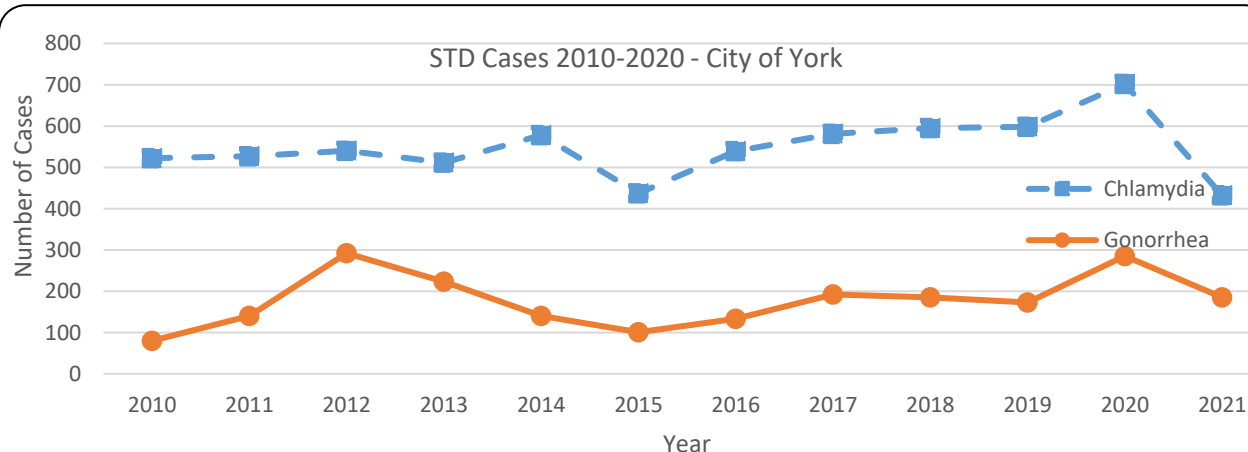
The Bureau received the following positive test results in 2021: 432 individuals for Chlamydia, 185 for Gonorrhea, and 9 for Syphilis. Throughout the pandemic, the Bureau provided appointments for individuals requesting STD/HIV testing and treated individuals as appropriate. The Bureau screened 281 individuals for STDs with a 35% positivity rate (98 positive results). The Bureau focuses on strategies targeting high-risk individuals and reducing disease spread.

Chlamydia Rates/Cases – York, PA

<u>Annual Rates (cases)</u>	<u>3 Year Avg. Rates</u>
2016 - 1228.8 (539)	2014 - 2016 - 1183.5
2017 - 1329.0 (581)	2015 - 2017 - 1185.8
2018 - 1360.9 (595)	2016 - 2018 - 1306.2
2019 - 1367.9 (598)	2017 - 2019 - 1325.6
2020 - 1605.7 (702)	2018 - 2020 - 1444.8
2021 - 964.3 (432)	2019 - 2021 - 1312.6

Gonorrhea Rates/Cases – York, PA

<u>Annual Rates (cases)</u>	<u>3 Year Avg. Rates</u>
2016 - 303.2 (133)	2014 - 2016 - 284.8
2017 - 439.2 (192)	2015 - 2017 - 324.5
2018 - 423.2 (185)	2016 - 2018 - 388.5
2019 - 395.7 (173)	2017 - 2019 - 419.4
2020 - 651.9 (285)	2018 - 2020 - 490.3
2021 - 412.9 (185)	2019 - 2021 - 486.8



HIV/AIDS

The Health Bureau conducted 189 HIV tests in 2021, resulting in 4 positive cases for a 2.12% positivity rate. A total of 16 positive cases were identified from all testing sources. Partner Services was initiated for 17 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.

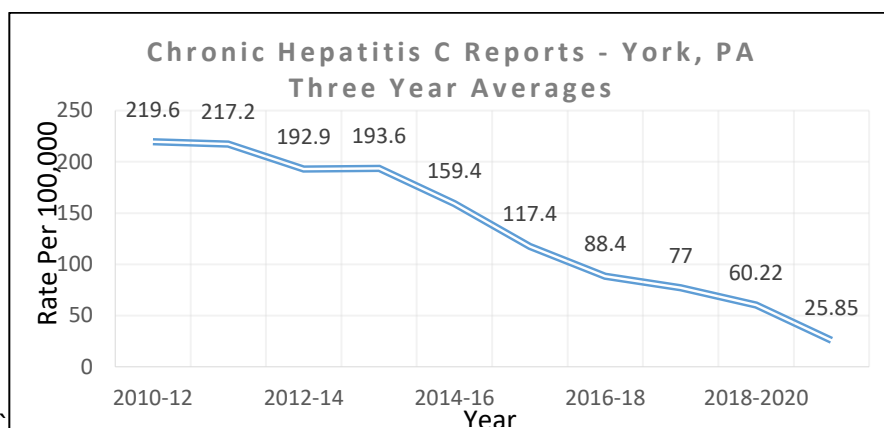
*Source: PA Department of Health

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

2016 - 25.1 (11)
2017 - 43.5 (19)
2018 - 41.2 (18)
2019 - 13.7 (6)
2020 - 18.3 (8)
2021 - 35.7 (16)

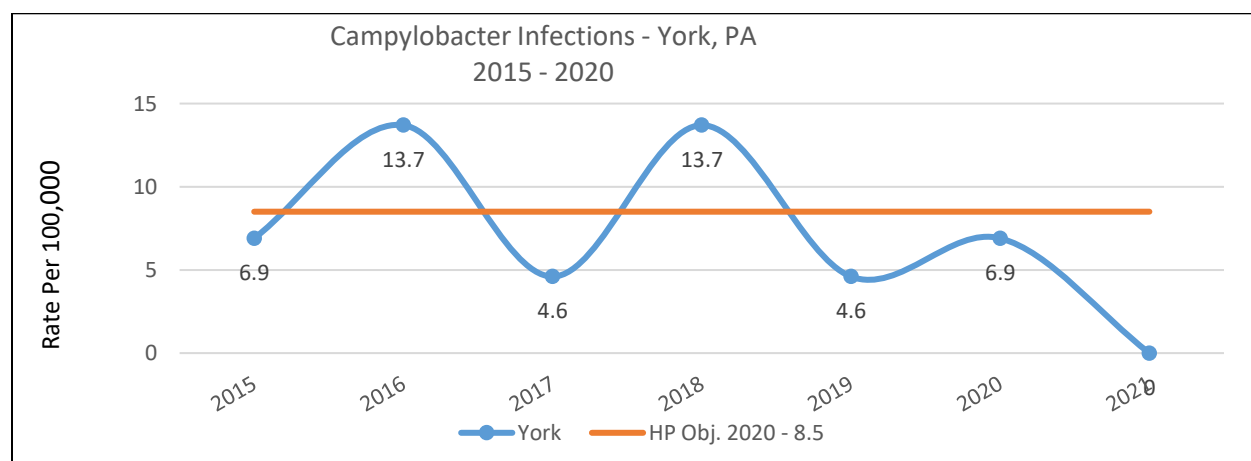
Communicable Diseases

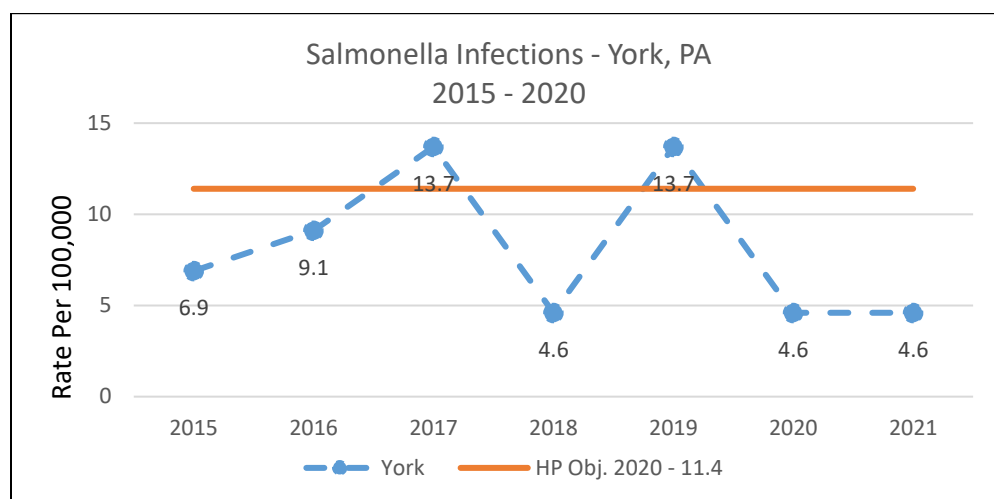
HP 2020 IID-26: Reduce new Hepatitis C infections to no more than 0.2 new cases/100,000. Hepatitis C cases reported to the Bureau were all chronic cases, not new cases.



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.



FS-1.4 Salmonella: 11.4 Cases per 100,000 people.**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 work with victims of animal bites to ensure appropriate medical attention is received.

Staff conducted follow-up investigations on 79 animal bites in 2021.

Number of animal bites reported:	
<u>Annual number:</u>	<u>Three-Year Average:</u>
2016 - 67	2014-2016 - 104
2017 - 60	2015-2017 - 86
2018 - 40	2016-2018 - 56
2019 - 70	2017-2019 - 57
2020 - 85	2018-2020 - 65
2021 - 79	2019-2021 - 78

Report for Year 2020-2021 City of York, PA.

Overall, the total number of Reportable Conditions, primarily communicable diseases, in the City of York increased by 65% from 2020 to 2021, due to the COVID-19 pandemic. According to records compiled by the City of York - Bureau of Health a total of 6,593 case reports were received in 2021 compared to 3,979 in 2020. COVID-19 accounted for 5,777 cases or 88% of all reported conditions in 2021 followed, by Sexually Transmitted Diseases for 9.5% percent of all reported conditions.

The most frequently reported group of conditions for 2021, excluding COVID-19, continues to be Sexually Transmitted Diseases (STD's) with a total of 626 case reports. Chlamydia decreased from 2019 to 2020, and Gonorrhea remained the same. Syphilis had a slightly lower number of reports this year (9) compared to last (10). The Bureau aggressively targets individuals and groups at high risk and engaging in unsafe sexual behaviors. Due to COVID, appointments for diagnosis and treatment were scheduled as appropriate.

In 2021, there were eleven (11) lab-test confirmed Influenza cases compared to 413 cases in 2020.

Respiratory Syncytial Virus (RSV) infections decreased from 66 in 2020 to 0 case reports 2021. 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 from 85 reports in 2020, to 79 in 2021.

Hepatitis C case reports increased from 1 in 2020 to 3 in 2021. There were 4 Hepatitis B case reports for 2021, no change from 2020. Hepatitis A increased from 0 reports in 2020 to 1 in 2021.

There were 16 new cases of HIV infection reported in 2021, compared to 8 in 2020. Bureau staff aggressively provide partner services to test partners of infected individuals and to get individuals into medical treatment as early as possible.

Reportable Conditions City of York, Pa Summary Report 2020-2021		
Reported Cases	2020	2021
Animal Bites	85	79
Campylobacteriosis	3	0
Chlamydia	702	432
COVID-19	2402	5777
Giardiasis	2	1
Gonorrhea	185	185
H. Influenzae	0	0
Hepatitis A	0	1
Hepatitis B	4	4
Hepatitis C	1	3
Histoplasmosis	0	0
HIV Infection	8	16
Influenza Type A	176	10
Influenza Type B	237	1
Influenza not specified	0	0
Legionnaire's Disease	0	1
Listeriosis	0	0
Lyme Disease	38	12
Malaria	0	0
Meningitis - Bacterial	3	0
Meningitis - Fungal	1	0
Meningitis - Viral	0	0
Mumps	0	0
N. Meningitis Infection	0	0
Pertussis	0	0
RSV	66	0
Salmonella	2	2
Shigellosis	0	0
Streptococcal Group A	6	0
Syphilis (primary)	10	9
Syphilis (secondary)	5	4
Syphilis (latent)	22	21
Toxoplasmosis	0	1
Tuberculosis – Active	3	0
Tuberculosis – Latent	14	33
Varicella	3	1
West Nile Virus	1	0
Zika	0	0
Total Case Reports	3979	6593

No (0) cases of bacterial and parasitic infections that lead to vomiting, diarrhea, abdominal pain, as well as other gastrointestinal symptoms were reported in 2021.

Lyme Disease cases decreased from 38 to 12 in 2021. This infection results from tick bites and most frequently causes arthritic and neurological symptoms. Prompt antibiotic treatment can prevent or mitigate many complications.

Additional reportable conditions included: 1 case of Varicella, and 0 cases of Bacterial Meningitis and 0 West Nile Virus.

Finally, there were no reports of active Tuberculosis in 2021. Thirty-three (33) people were reported with Latent TB Infection. All latent infections are offered a course of treatment to prevent active disease. This approach provides aggressive surveillance and prevention strategies at our local level to prevent active disease.

Immunization Program

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 reports all vaccines into PA-SIIS and 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.

Maternal Child Health Services

Maternal, infant, and child health (MICH) is a leading determination of the overall health of the next generation and provides a lens into what complications may occur in the future of public health in general. According to Healthy People 2020, MICH is influenced by a complexity of factors including: access to care, preconception health, race/ethnicity, family income, age, education, mental health of parents/caregivers, substance abuse, stress, and safe/healthy communities.

The City of York – Bureau of Health's Healthy Moms Healthy Babies' home visitation program for pregnant and parenting women and their children under the age of 2 exists to promote and improve health in maternal and child outcomes. Using an evidence-informed nurse-led approach to care, the program uses the intersection of clinical expertise, research evidence and a patient's values/preferences to foster an environment of mutual understanding and respect with the intention of improving both short-term and long-term outcomes. Healthy Moms Healthy Babies is a dynamic home visitation program that promotes creative partnerships, supports community initiatives, and works to empower and advocate for the needs of patients/families in our community.

In 2021, the Healthy Moms Healthy Babies program received 302 referrals for service, an increase of 27% over referrals in 2020.

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 the leading cause of death among York residents with almost 21% annually. There were 60 deaths in 2019, down from 90 in 2017. The age-adjusted death rate for heart disease improved from 174.8/100,000 in 2019 to 151.2/100,000 in 2020.

Stroke accounted for 20 deaths for an age-adjusted rate 58.2/100,000 in 2019, a slight increase since 2017. Stroke continues to be higher than the 2020 Healthy People goal of 33.8/100,000. The average years of potential life lost per individual increased from 7 to 10.0 years since 2017. Education and outreach indicate a growing number of people are aware of the link between lifestyle and disease but modifying or changing behaviors is challenging.

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 2015 - 2019**

Annual Rate (cases):	Three Year Avg. Rates:
2015 - 189.5 (63)	2013-2015 - 194.0
2016 - 248.6 (83)	2014-2016 - 212.9
2017 - 269.7 (90)	2015-2017 - 235.9
2018 - 200.5 (68)	2016-2018 - 239.6
2019 - 174.8 (60)	2017-2019 - 215.0

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

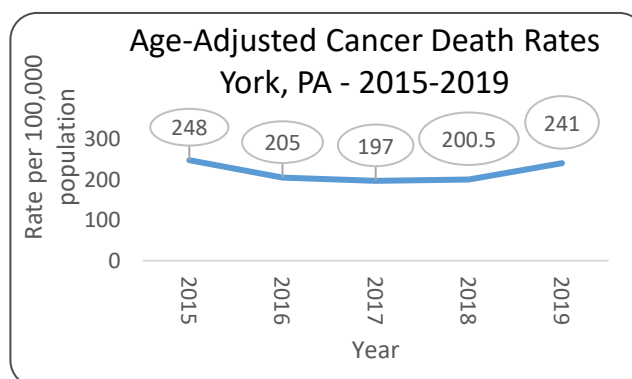
**Stroke Age Adjusted Death Rates
York, PA 2015-2019**

Annual Rate (cases):	Three Year Avg. Rates:
2015 - 70.1 (22)	2013-2015 - 70.6
2016 - 37.5 (12)	2014-2016 - 56.6
2017 - 61.9 (20)	2015-2017 - 56.5
2018 - 50.9 (16)	2016-2018 - 50.1
2019 - 58.2 (20)	2017-2019 - 57.0

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. 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
2013-2017**

Year	Annual Death Rate* (#):	Annual Incidence Rate (#)	3-Year period	3- Year Avg. Death Rates:	3- Year Avg. Incidence Rates
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
2016	32.0 (14)	70.9 (31)	2014-2016	41.1	70.9
2017	27.5 (12)	86.9 (38)	2015-2017	42.2	73.2
2018	46.9 (21)	60.7 (27)			
2019	69.2 (31)	67.1 (30)			

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
2013-2017**

Year	Annual Death Rate* (#):	Annual Incidence Rate (#)	3-Year period	3- Year Avg. Death Rates:	3- Year Avg. Incidence Rates
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
2016	9.1 (4)	29.7 (13)	2014-2016	19.2	94.1
2017	16.0 (7)	54.9 (24)	2015-2017	20.1	70.8
2018	11.2 (5)	66.7 (29)			
2019	6.7 (3)	72 (32)			

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, 2013-2017**

Year	Annual Death Rate* (#):	Annual Incidence Rate (#)	3-year period	3- Year Avg. Death Rates:	3- Year Avg. Incidence Rates
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
2016	11.4 (5)	41.2 (18)	2014-2016	12.9	43.5
2017	13.7 (6)	43.5 (19)	2015-2017	11.4	42.7
2018	13.4 (6)	40.7 (18)			
2019	11.2 (5)	40.7 (18)			

Injury Prevention

In 2019, unintentional injuries ranked 3rd in number of deaths in York. Forty-five (45) people died because of unintentional injuries with an age-adjusted death rate of 118.8/100,000). Motor vehicle fatalities ranked 10th overall with 2 deaths with an age adjusted death rate of 5.3/100,000).

Injury Report Card 2015-2019

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)	2015	58.5
		2016	69.0
		2017	133.7
		2018	155.7
		2019	118.8
IVP-13: Reduce deaths caused by motor vehicle crashes to no more than 12.4 per 100,000 people	13.8 (2000) (age-adjusted)	2015	17.2
		2016	22.3
		2017	18.7
		2018	9.7
		2019	5.3

Tobacco Control

Heart disease and cancer are the top two leading causes of death in York, accounting for 39% of all deaths. Tobacco use is a major risk factor for these diseases. Bureau staff promote tobacco cessation as one behavioral risk to reduce for improved health.

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.

Chronic Obstructive Pulmonary Disease Age Adjusted Death Rates York, PA 2015-2019

Annual Rates (#): Three Year Avg. Rates:

2015 – 55.0 (19)	2013-2015 – 54.5
2016 – 64.4 (22)	2014-2016 – 57.6
2017 – 60.1 (19)	2015-2017 – 57.4
2018 – 44.6 (15)	2016-2018 – 53.4
2019 - 53.1 (18)	2017-2019 – 52.6

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

	2013	2014	2015	2016	2017	2018
City of York	79.3	81.1%	81.9%	83%	84.7%	86.6%
York County	85	85.4%	87.1%	87.8%	88.2%	89.8%
Pennsylvania	85.8	86.3%	87.5%	88.5%	88.9%	89.6%

The PA Department of Health, Bureau of Health Statistics and Research, reports that 89.6% of pregnant women in PA did not use tobacco 2018. In the City of York, 86.6% of women who gave birth report not using tobacco during pregnancy, an increase of 1.19%. York continues to improve abstinence from tobacco use during pregnancy from 76.8% (2007) to 86.6% (2018), 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.

Overdose Prevention

HP 2030 SU-03: Reduce drug overdose deaths

This objective is a Leading Health Indicator (LHI). By maintaining the baseline, 20.7 drug overdose deaths per 100,000 population, is the desired target because drug overdose deaths have been increasing precipitously. While a reduction in overdose deaths is ideal, stopping the increase still presents great public health benefit.

- **Baseline:** 20.7 drug overdose deaths per 100,000 population occurred in 2018 (age adjusted to the year 2000 standard population)
- **Target:** 20.7 drug-overdose deaths per 100,00 population

HP 2030 IVP-20: Reduce overdose deaths involving opioids

Opioid overdoses are the leading cause of injury deaths in the United States. Interventions to change health care providers' opioid prescribing behaviors and teach patients about the risks and benefits of prescription opioids can reduce opioid-related deaths.

- **Baseline:** 14.6 deaths per 100,000 population were caused by an overdose involving any opioid in 2018 (age adjusted to the year 2000 standard population)
- **Target:** 13.1 deaths per 100,00 population

Overdose Death Rate per 100k Population

	2015	2016	2017	2018	2019
York County	21.5	29.07	38.78	35.02	31.65
Pennsylvania	27.09	36.71	44.03	36.93	36.27
National	16.5	19.9	21.8	20.9	21.8

Source: *Pennsylvania Coroner/Medical Examiner Data analysis at [OverdoseFreePA](#) based on National source [Centers for Disease Control and Prevention, Drug Overdose Deaths](#)*

Deaths by suicide, drug overdose, and alcohol abuse are often defined as "Deaths of Despair." We know that the COVID-19 pandemic has harmed individuals' mental and emotional well-being, increasing their tendencies to drink, use drugs, and contemplate suicide. While there is a measurable increase in drug overdose deaths, it is difficult to determine if that is a product of COVID-19 or pre-2020 forces. Deaths by suicide in York County declined in 2020, but in terms of overall deaths of despair, the drop in suicide deaths wasn't enough to offset the much larger surge in drug overdose deaths. After two successive years of decreased suicides, in 2021, our suicide deaths have increased. 78 deaths to suicide in 2021 is quite concerning as this is a preventable death and it drastically impacts those family members left behind. While we were fortunate to see these deaths decrease in 2019 and 2020, it is obvious that many in our county are still struggling with their mental health.

Cause of Death by Year in York County, PA – York County Coroner

	2014	2015	2016	2017	2018	2019	2020	2021
ALCOHOLISM[^]	1	3	8	5	10	16	17	26
SUICIDES	88	67	70	86	92	70	61	78
DRUGS	110	95	121	171	156	141	204	125*
PENDING	0	1	8	8	12	26	2	36
UNDETERMINED	9	8	7	9	6	7	7	4

Source: York County Coroner's Office – Annual Report 2021

[^]Alcoholism is classified as a Natural Death – totals reflected here only represent natural deaths certified by coroner.

*14 deaths pending; 6 probable; 1 unknown substance

According to the York County Coroner's Annual Report 2021, Drug overdose deaths have decreased considerably (by about 35%) – 132 confirmed and probable, and after the uptick in 2020 (to 204), even with 14 pending, we are still looking like we will be at 2018 levels, and that is a turn in the right direction. We must not forget, though, that the epidemic still persists, and has never truly left us even during the pandemic. There is something to be said, however, for human interaction and gainful employment – they both do a world of good for those struggling to recover.

Accidental Deaths 2021 Drug Overdoses (York County Coroner)

- 125 confirmed accidental deaths
- 6 Probable (no specimen or autopsy for various reasons)
- 14 Deaths Pending (suspected drugs)
- 1 suspected/unknown substance

Fentanyl, Cocaine, and Ethanol were the most frequently identified substances in decedents in 2021, according to [OverdoseFreePA](#).

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 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. 2021 and into 2022, the country is still facing and responding to a pandemic. Bureau staff have worked tirelessly to respond to the large number of case reports (2,402 in 2020, and 5,777 in 2021), inquiries for information, data collection and reporting, constant changes in guidance and media requests, and all while maintaining core public health services for our residents. Communicable diseases, apart from HIV/STDs were down overall, most likely due to restrictions on travel and social distancing.

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 2016-2018 data for LBW babies in York city (11.7%) with LBW babies in PA (7.4%), and LBW births to White vs. Black mothers (11.2% White vs. 14.2% Black) and the state (6.8% White vs. 13.0% Black) - marked disparities within the city and the state as a whole. 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 and Nurses raise awareness of injury prevention strategies related to unintentional injuries through community programs such as A Matter of Balance to reduce falls and community partnerships focused on child abuse prevention, and pedestrian and driver safety and during home visits with families.

In 2020, a substance abuse prevention program was initiated at the Bureau, OD2A (Overdose Data to Action), was funded by the Prescription Drug Monitoring Program from the PA Department of Health. This program is a collaboration of partners in the city and county to reduce overdoses and substance use by using data to inform prevention and response efforts.

Heart disease and Cancer continue to be the top two leading causes of death among York residents (39% of all deaths in 2019) followed non-motor injuries, stroke, chronic obstructive pulmonary disease (C.O.P.D.) and diabetes mellitus. Staff at the Bureau of Health, in collaboration with partnering organizations, emphasize 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 overall community 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 used its training and unique skills to prepare for public health emergency situations. As mentioned above, the COVID-19 pandemic reinforced our ability and the necessity to collaborate with local and state responders, healthcare entities and the community to minimize the impact of COVID-19 on city residents and York County.

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. Funding through the PA Department of Health for COVID-19 response has afforded the Bureau the opportunity to expand its capacity in this area for Epidemiology Coordinator and a Data Analyst positions.

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 Program 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:

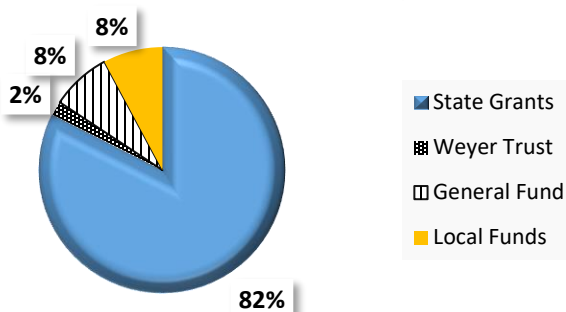
- The issue is addressed in the contract workplan and/or fits within the mission.
- A gap in services is identified, or it is not being addressed in the community. Health Bureau staff assess the gap, the resources available, and our capacity to address it.
- The issue is one of the leading health indicators 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.
- 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

Health Bureau Funding - 2022



plans, conducting assessments, preparing budgets, and writing reports that reflect the health needs of the community, and assuring that services are provided through sound public health practices.

The City of York - Bureau of Health is funded by state grants, the Weyer Trust, the city's General Fund, and local sources. The ambulance contract with Community Life Team is paid through the Fire Department's general fund.

The Bureau has 18 full-time and 2 part-time employees. A public health physician 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, permits/licensing, 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); American Public Health Association, Safe States Alliance, Falls Free Coalition, South Central Emergency Preparedness Coalition, Healthy York Coalition, York Opioid Collaborative, Safe Kids York, Fresh Food Farms, and 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 functions of the Health Bureau are 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 managing and 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 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.

In 2021, Bureau leadership and city administration continued to respond and collaborate with local providers and community organizations to ensure all residents had access to COVID information, testing, and vaccines. The sustained response and mitigation efforts were and continue to be modified as data is available and recommendations from CDC and the State DOH are received. Response efforts and mitigation have been integrated in daily workflows, adjusting as resources are available and staff capacity supports. The Bureau continues to work with its local partners, vendors, city administration, and others to respond to the impact COVID-19 has had on our staff, residents and community.

Program Goal: Provide high quality public health services, programming, and leadership to the City of York.

Objective: Assess current organizational structure to reflect bureau's public health functions.

Activities:

- Work with health bureau staff to determine best way to support staff, programs, and grant deliverables while serving the needs of our residents.
- Address staffing and organizational needs of the bureau with city administration.

Performance Review 2021

Objective 1: Develop an organizational framework to support growth and change.

ACHIEVED/PARTIALLY ACHIEVED:

- The City of York-Bureau of Health experienced significant changes in leadership and departure of several staff members. Due to the demands of our staff on COVID response, new leadership stepped in and filled vital positions to ensure the daily activities of the bureau were continued.

Objective 2: Transition /demobilize from COVID response to respond to public health needs of the city.

ACHIEVED/PARTIALLY ACHIEVED:

- The Bureau established a COVID-19 coordinator position and hired a team of contact tracers. Due to the continued existence of COVID and the resulting multiple variants, all public health activities and programs have incorporated process and procedures to include mitigation efforts related to potential COVID exposure to staff and those being served.

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. York City 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 completed training 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.

Targeted Activities 2022

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

Objective 1: Assessment of current bureau operational paradigms and provide management with operational alternatives to meet new response models.

Activities:

- Examine after action reports and activities by bureau and community partners.
- Determine what processes failed, what succeeded and "new" operational actions and connections that resulted from COVID-19.
- Identify, verify, and engage community-based organizations and local providers that serve at risk populations.

Evaluation Methods:

- Updated operational plan has been developed.
- Community-based organizations and local providers have been identified and engaged.

Objective 2: Implement trainings to address identified gaps and improve public health emergency preparedness and response capabilities.

Activities:

- Adapt training and exercise plan to address identified gaps and upgrade overall competencies.
- Hold/host/support at least 2 trainings (CERT trainings, Stop the Bleed and CPR training, NEDSS, ESRI, Fit Testing checks).
- Update CERT contact lists, work at development of emergency distribution model for city.

Evaluation Methods:

- Exercise and training plan has been updated.
- At least two trainings have been offered and completed.
- Staff participation is at least 75%.

Objective 3: Access and as necessary adjust/develop emergency and alert communication protocols for Bureau staff.

Activities:

- Investigate communication system process(es).
- Identify opportunities for improvement.
- Investigate and/or leverage existing but underutilized resources to notify various audiences (i.e., fax, email, social media).
- Examine use of health@yorkcity as a mechanism for communications to reach the broader community and partners.

Evaluation Methods:

- Procedure is developed for both internal and external communications.
- At least one process for distribution tested.

Performance Review 2021

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

Objective 1: Advance the work of Code Blue Task Force to implement policy into practice.

ACHIEVED:

- Code Red and Blue shelters have been activated for both hot and cold weather incidents
- Code Blue Task Force has been able to implement COVID-19 guidelines into shelters
- Asbury Methodist Church agreed to be a temporary shelter for Code Blue/Red incidents

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

ACHIEVED: City Emergency Manager reached out to CERT volunteers to help during COVID-19 POD planning.

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

PARTIALLY ACHIEVED:

- Procedures have been developed for the use of the health@yorkcity email to be used as the primary contact method for various efforts during the COVID-19 response
- Dissemination of PA-HAN alerts does not follow a standard process and is not well documented

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 is 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 with a health equity lens.

The Bureau continues to refine its new electronic health record system, CureMD, to improve efficiencies within clinical work, to collect patient demographic and other information to improve data and data analysis capabilities to drive strategic interventions.

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 are 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 for individuals, shelter, or group facilities
- 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 Video Direct Observational Therapy (VDOT) as a treatment option.

Activity:

- Continue to offer VDOT to all appropriate active TB patients as appropriate

Evaluation Method:

- Number of patients/compliance rates; track volume and effectiveness

Performance Review 2021

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

ACHIEVED/PARTIALLY ACHIEVED:

- 100% of all appropriate requests for PPD screening were conducted as staffing permitted and when screenings could be safely conducted during peak COVID rates of transmission. As appropriate, education was provided (76 PPD's were conducted, 66 of these resided in shelters).
- Education to patients, community and providers was completed per request. PPD screenings were provided to the men and women's shelters.

Objective 2: Provide Video Direct Observational Therapy (VDOT) as a treatment option.

ACHIEVED:

- 20 LTBI patients were identified; of those who were eligible for treatment (16) – 4 refused treatments. 8 engaged in treatment; 5 completed in 2021 and 3 continue with treatment in 2022. 2 Active TB patients who entered care in 2020 completed treatment in 2021.

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 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 1: Increase the capacity of patients receiving testing in our wellness clinic.

Objective 1: Increase marketing of wellness clinic in the community and during outreach efforts.

Activities: Staff will provide outreach events to community members highlighting services available with the sexual wellness clinic.

Evaluation Method: Query clients as to how they were notified about our services.

Objective 2: Encourage multi-site testing during clinical visits.

Activities: Staff will provide education about STD/HIV testing and treatment services available to patients.

Evaluation Method: Calculation of services provided (number of urine, vaginal, oral, rectal and blood tests) were conducted.

Program Goal 2: Implement HIV Navigation Services into each patient's STD visit.

Objective 1: Provide education about disease transmission and address barriers to care.

Activities: Staff will take the time to educate patients about signs and symptoms related to STD/HIV.

Evaluation Method: Documentation in the patient's chart about what types of education was provided.

Objective 2: Create action plans using SMART goals to engage clients into care that are HIV positive.

Activities: Staff will develop a plan with the patient's participation in remaining in care to prevent transmission and spread.

Evaluation Method: Documentation of goals and objectives using measurable data on each patient.

Performance Review 2021

Program Goal: Reduce new HIV/STD infections.

ACHIEVED:

- Due to the pandemic, we were not able to operate our Wellness Clinic at full capacity; however, we did provide STD/HIV screening, testing and treatment to patients that were symptomatic, engaged in high-risk behavior or were exposed to an STD. Appropriate measures for COVID screening were conducted for each patient prior to entry into the clinic.

- We screened 281 patients in 2021, of which 98 were diagnosed positive with an STD yielding a 35% positivity rate.

Additional accomplishments per Department of Health's contract:

- Carry out partner services in collaboration with providers who diagnosis and treat individuals with HIV/STDs by initiating 17 partner services.
- Encourage and support community partners to promote efforts for appropriate screening and testing of STDs:
 - 12 meetings/visits conducted at: Local OB/GYN offices; Family Health Planning Council; Family First Health; PADOH; YWCA Access of York Domestic Violence Task Force and WellSpan Community Health.
- Increase prevention and screening activities for at-risk populations (events):
 - Partnership locations at: Bears, Bikers and Mayhem Event; National HIV Testing Day Event; HUB Church Event; and provided condoms to the homeless.
- Encourage and support staff in professional development opportunities in STD/HIV services:
 - 2 staff members trained on: Family Trauma, Addictions and Trauma, Transgender Education Series, Suicide Prevention Training, CERT Training, Substance Abuse and High-Risk Sexual Behavior, Partner Services Updates Training Session, The Invisible Client: Working with Transgender Clients, Mandated Reporter Training, CPR, STI Treatment Webinar, Cultivating Awareness of Explicit Bias, HIV Surveillance Training, Columbia Suicide Assessment and Units 1-3 for Partner Services Training.

COMMUNICABLE DISEASES

Communicable Diseases, such as COVID-19, 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.

Program Goal: Reduce all communicable diseases among York City residents. (I2–G7; I3–G8)

Objective: Utilize team to provide communicable disease mitigation efforts.

Activities:

- All reported communicable diseases in NEDSS are followed up within allowable time frames set by the state
- Continue collaboration with other providers/community partners on COVID-19 mitigation efforts.

Evaluation Method:

- 100% of all communicable disease notifications and follow up are conducted per protocol and within corresponding time frame s identified
- Collaboration with community and providers is maintained and expanded on COVID-19 mitigation efforts

Performance Review 2021

Objective 1: Formalize COVID-19 response team and mitigation efforts

ACHIEVED/PARTIALLY ACHIEVED:

- Expanded contract tracers by 3 positions, adding bi-lingual staff. Other positions remain open due to inability to fill positions and delay in contract delivery.
- A regular cycle for internal briefings and collaborative meetings was set and continues to serve in assisting with all response activities.

Objective 2: Collaborate with other providers/community partners on communicable disease prevention and screening activities.

ACHIEVED:

- Multiple community and provider partners were engaged as well as health systems and Latino alliances
- Culturally and relative language messaging on communicable disease prevention was created and distributed

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.

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

Objective 1: Advocate with community partners the importance of immunizations by understanding pockets of need. (I1-G3; I3-G9)

Activities:

- Utilize scheduled events – First Fridays, Egg Hunts, baby showers, community events to distribute vaccine educational coloring books and other collateral materials to participants.
- Support other provider's events which support vaccine efforts.

Evaluation Methods:

- Number of events attended
- At least two community events (non-Health Bureau lead) are supported through outreach and education on vaccine preventable diseases.

Objective 2: Follow and updated recommendations for COVID-19 vaccines.

Activities:

- Partner with provider collaborative to assure COVID-19 vaccine coverage
- Promote and provide culturally relative information to all residents on the COVID-19 vaccine in accordance with CDC and state recommendations

Evaluation Methods:

- Based on recommendations, COVID-19 vaccines are administered
- All materials created and used are culturally relative

Performance Review 2021

Objective 1: Advocate with community partners the importance of immunizations by understanding pockets of need. (I1-G3; I3-G9)

ACHIEVED:

- Provided educational information to all stakeholders/residents on vaccines with special attention on COVID-19 and flu prevention.
- Over 1,000 residents accessed the health bureau clinic and were provided with vaccine information. Additionally, Mayor's Monday morning message and social media posts were utilized to reach all members of our community. With limited human resources, 580 total (non-COVID) vaccines for preventable diseases were administered.

Objective 2: Follow all recommendations for COVID-19 vaccines.

ACHIEVED:

- 6,743 COVID vaccines were provided at our collaborative clinic from March 2021 through December 2021 in accordance with the CDC and State DOH recommendations.

- Special consideration and care was taken to ensure culturally relative vaccine information was available including materials written in Spanish.

MATERNAL CHILD HEALTH SERVICES

Preterm births, babies born before 37 weeks' gestation, occurred at a rate of 1 in 10 infants in the United States in 2020 according to the CDC. Though this rate has remained consistent, the rates of preterm infants among African American women remain dramatically higher at 14.4% as compared to white (9.1%) or Hispanic (9.8%) women.

Premature births are linked to higher rates of disability and death among infants. Long-term concerns can include developmental delays, vision and/or hearing problems, respiratory concerns, feeding difficulties, and/or cerebral palsy. Additionally, low birth weight (<5.5# or <2500g) babies, who are also often preterm, are at increased risk of illness, infections, learning disabilities, and motor or social delays.

According to the National Vital Statistics Research Report, Volume 70) national disparities continue to exist in birth outcomes:

- Low birth weight (2020): Black/African American 14.2%, Hispanic 7.4%, and White 6.8%
- Infant mortality (per 1,000 live births; 2019): American Indian 7.87, Asian 3.38, Black 10.62, Hispanic 5.03, Native Hawaiian 8.19, and White 4.49
- Maternal morbidity (Admission to ICU, per 100,000 live births; 2020): Black 246.7, Hispanic 174.5, White 135.4

Healthy Moms Healthy Babies addresses clinical needs and education, provides resource referrals, assesses for substance use, screens for depression and domestic violence concerns, and advocates for the improvement of pregnancy and birth outcomes by addressing social determinants of health (SDOH) as barriers to more favorable outcomes using evidence-informed practices, motivational interviewing, relationship building, cultural competency and sensitivity, accessible information and materials and clinical skills.

Program Goal: Promote healthy mothers, infants, and children in the City of York and empower them to reach their full health potential.

Objective 1: Reduce total preterm births (MICH-07; HC/HIT-R01)¹

Activities:

- Provide health education during the prenatal period related to potential causative factors of preterm births
- Record gestational age and birthweight of babies delivered to women enrolled in HMHB services

Evaluation Method:

- Evaluate ≥ 10 educational items currently utilized by home visitation staff, whose content provides a preventive approach to preterm births, for the three A's as defined by the CDC in relation to Health Literacy: Accurate, Accessible, and Actionable

¹ Information provided in parentheses notes reference of similar Healthy People 2030 objectives

- Collect data on live births during the calendar year and compare preterm rates to regional, state, and national rates (compare annual data year-to-year internally)

Objective 2: Increase the number of women who are screened for PMADs (Perinatal Mood & Anxiety Disorders) and mental health concerns through evidence-based depression screens utilizing the PHQ-2 and PHQ-9 (MICH-D01; MHMD-08; MHMD-05; MHMD-04)

Activities:

- Complete a PHQ-2 screen at routinely scheduled home visits and/or remote check-in contacts
- Complete a PHQ-9 screen at routinely scheduled home visits and/or remote check-in contacts if the PHQ-2 score is ≥ 4
- Provide mental health resources and/or referrals to patients as needed
- Current home visit staff to achieve training in perinatal mental health

Evaluation Method:

- Validated depression screens completed on $\geq 65\%$ of active program participants
- # of mental health referrals (includes crisis referrals, referrals to counseling service whether staff person completed the actual referral or patient followed through, referrals to PCP for management, or referrals for intimate partner violence)
- Review mental health educational materials currently provided to patients using the health literacy three A's based on the CDC recommendations
- 100% of home visit staff hired before June 30, 2021 to be trained in the area of perinatal mental health

Objective 3: Increase the number of parents who read to their child under the age of 2 (EMC-02)

Activities:

- Provide age-appropriate and culturally relevant books to all children within the household unit at each visit
- Discuss/Educate/Model reading behaviors
- Provide information related to the benefits of reading to children starting at a young age

Evaluation:

- # of books distributed to families during the calendar year to exceed 1,000
- Provide education about the benefits of literacy starting at the intake phone contact through program completion, ideally at every visit

Objective 4: Increase the number of parents/caregivers who are asked related to concerns about a child's learning, development, or behavior (MICH-17)

Activities:

- Ask parent/caregiver at each home visit if there are concerns related to learning, development, or behavior
- Complete milestone checklists at 2, 4, 6, 9, 12, 18, and 24 months
- Refer patients as necessary to additional services including but not limited to: Early

Evaluation methods:

- Percent of parents/caregivers asked about concerns related

Performance Review 2021**Objective 1:** Reduce total preterm births (MICH-07; HC/HIT-R01)**FULLY MET:**

- Educational materials were reviewed for accuracy, accessibility, and actionability as per CDC guidelines
 - 10 educational materials were reviewed and found to meet the above qualifications with the additional benefit of visit conversation and patient specific application.
 - Of the materials reviewed, 80% were readily available in English and Spanish
- Data was collected and preterm rates compared across region, state, and nation*
 - Healthy Moms Healthy Babies had a rate of preterm births of 12.7% in 2021

Preterm births	Region (2016-18)	State (2016-18)	Nation (2020)
African American/Black	15.2%	13.3%	14.4%
Hispanic	10.4%	10.0%	9.8%
White	13.1%	8.6%	9.1%

*Note that rates are not compared year to year due to data lags

PARTIALLY ACHIEVED:

- Funding secured for per diem contract support position for data entry, coding.
- Identified collaborative opportunities/actions inter/intra agency.

Objective 2: Increased the number of women who are screened for PMAD's (Perinatal Mood & Anxiety Disorders) and mental health concerns through evidence-based depression screens utilizing the PHQ-2 and PHQ-9 (MICH—D01, MHMD-08, MHMD-05, MHMD-04).

FULLY MET:

- Validated depression screens completed on >95% of active program participants.
- Mental health education materials reviewed and met the three A's based on CDC recommendations.
- 100% of home visitation staff (hired before June 30, 2021) completed training through Postpartum Support International.

Objective 3: Increase the number of parents who read to their child under the age of 2.

FULLY MET:

- Distributed >1,500 books during the 2021 calendar year
- Education provided to pregnant/parenting woman from the intake phone contact through program completion and documented on the perinatal education checklist.

Objective 4: Increase the number of parents/caregivers who are asked related to concerns about a child's learning, development, or behavior (MICH-17).

PARTIALLY MET:

- Milestone checklists were completed on infants/children receiving home visits
- Referrals were made as needed and with the agreement of the parent/caregiver for additional services.
- 90.8% of parents/caregivers at applicable home visits were asked about concerns related to their child's learning, development, or behavior.

LEAD HAZARD RISK REDUCTION SERVICES

The Pennsylvania Department of Health and Human Services recommends all children with elevated blood lead levels of 3.5 ug/dl or greater receive an educational home visit and an Environmental Lead Risk Assessment Inspection. The Health Bureau receives 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
- two 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 receives a Childhood Lead Poisoning Prevention grant through the PA Department of Health. The Bureau also receives an US EPA Education Opportunities to Protect Children from Exposure to Lead.

Objective 1: Increase the number of individuals trained and certified to be US EPA certified RRP (Repair, Renovation and Painting Rule) firms.

Activities:

- Schedule six trainings. The cost of the training will be covered by EPA funds
- Advertising by sending a notice in the 2022 real estate tax bill
- Conduct the trainings

Evaluation Methods:

- Trainings are scheduled with the training provider
- Advertising has been sent
- Number of participants attending the training

Objective 2: Increase the number of York City children under the age of 6 screened for elevated blood lead levels.

Activities:

- Conduct 4, in office or virtual, education sessions with pediatric offices
- Participate in the Lead Free (PA) Promise Project coalition
- Participate in education sessions scheduled by the coalition

Evaluation Methods:

- Physician/staff education sessions have been completed
- Attendance at one-half of the coalition's scheduled meetings
- Attendance at one-half of the coalition's scheduled committee meetings
- Participation in coalition education sessions when asked

Performance Review for 2021

Objective 1: Increase organizational capacity for lead-safe and healthy housing related initiatives.

Activities:

- Due to Covid, we were unable to devote the time necessary to complete the objective. Staff for the Lead Hazard Control grant left the City's employ in early 2021 and we did not have the capacity with our current staff to continue the work for the grant.

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 child abuse, neglect and other types of stress and trauma among families and youth.

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 children and adults. Notable programs and initiatives supported by the Safe and Healthy Communities Program include: Complete Streets, the Healthy Corner Store Initiative, collaboration with York Fresh Food Farms Mobile Produce Market to provide nutritional education programs such as SNAP approved HeartSmarts program and the Just Say Yes educational program, community garden/urban farming initiatives such as providing support to three local community gardens, motor vehicle safety programs for young adults, and A Matter of Balance- a fall prevention program for older adults.

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.

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.

- Sustain systematic and environmental changes leveraging the use of WIC and SNAP benefits and nutrition education activities at farmer's markets/mobile markets, corner stores, and other food retail settings (i.e., Heart Smarts)
- Support community garden and urban farming initiatives by providing funding (if available), and technical assistance.

Evaluation Methods:

- # of Healthy Corner Store Initiative (HCSI) partner stores
- # and description of activities that promote WIC/SNAP and nutrition education at farmers markets/mobile markets, corner stores, 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.

Activities:

- Implement environmental changes that increase active transportation and promote Safe Routes to School
- Support environmental and policy changes via the implementation of the City of York's Complete Streets Policy and Walk Friendly Communities (WFC) Program.
- Support planning and evaluation activities related to active transportation and walking and biking in community and worksite settings.

Evaluation Methods:

- # and type of environmental changes and evaluation activities that support active transportation and bike/pedestrian activity.
- Description of Complete Streets Policy and Walk Friendly Communities application updates.
- # of community and worksite events that promote walking and biking

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

Activities:

- Conduct Coach training and update sessions for coaches annually.
- 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) coach trainings and update sessions held
- # of coaches trained and active coaches
- # of collaborative falls prevention partnerships established to support community partners

Objective 4: Reduce the prevalence and impact of Adverse Childhood Experiences (ACEs) by establishing a taskforce and implementing policy, systems, and environmental change strategies.

Activities:

- Collaborate with community partners to support and implement PSE strategies and behavior change efforts to reduce ACEs and promote resilience.
- Educate community partners including healthcare providers, social service agencies, educational institutions, childcare centers, and other stakeholders on the impact of ACEs, risk factors and protective factors that promote resilience.

Evaluation Methods:

- # of collaborative partnerships
- # of educational activities held highlighting the impact of ACEs, risk factors and protective factors that promote resilience
- Taskforce implementation updates, including # of identified/recruited partners.

Performance Review 2021

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-based nutrition education.

ACHIEVED:

- Three existing partner stores in Healthy Corner Store Initiative (HCSI) – Green's Food Market, 4 The Family I, and 4 The Family II.
- Strategies implemented from the City of York's Penn Market/Healthy Food Access study:
 - A refrigerator, sneeze guards, and display baskets were supplied to all Healthy Corner Stores to support efforts in promoting current and new healthier food options.
 - YCBH partnered with Latino Connection to help educate local corner store owners on the new Tobacco Cessation mandate. More than 5 corner stores were distributed educational awareness materials. Latino Connection monitors digital ads about the services offered by YCBH within corner stores. YCBH subcontracted Latino Connection to host focus groups inquiring about health food accessibility and consumption in the community. Data is in the process of being analyzed.
 - YCBH subcontracted YorkXL to survey food accessibility in low-income areas within York City.
- Activities that promoted WIC/SNAP at farmers markets and HCSI partner stores:
 - YCBH promotes WIC and SNAP acceptance through social media, monthly newsletters, and various community outreach activities; messages are available in English and Spanish.
 - The Heart Smarts program provides Heart Bucks to city residents participating in the SNAP-ED approved nutrition lessons at select mobile produce market sites and healthy corner stores.

- YCBH provided technical assistance to York Fresh Food Farms to increase the promotion and usage of SNAP/EBT and Food Bucks at mobile market stops & provided new marketing materials around WIC/SNAP/FMNP acceptance.
- English/Spanish materials have been developed and were distributed during the mobile market season. These bilingual flyers promoted the mobile market and its nutrition classes paired with fostering strategies to fully utilize WIC/SNAP to support a healthier diet.
- Contracted 2 seasonal health educators for the 2021 mobile market season to promote the acceptance of SNAP, WIC, and Senior Farmers' Market Nutrition program bucks.
- During Heart Smarts 2021, Y3F and YCBH employees explained to city residents how they can earn \$4 heart bucks to use with FMNP checks, SNAP/EBT and WIC to maximize their dollars for fresh produce. Subsidy/incentive payments comprised 55.69% of total sales in 2021 compared with 35.40% in 2020, and 38.10% in 2019. Subsidy/ incentive payments increased 20.29% from 2020 to 2021. Although 2019 saw the highest percent of heart bucks redeemed (10.10% of total sales), 2021 fared better than 2020, 2.34% versus 0.90%, respectively. This was achieved with staffing shortages at Y3F and YCBH and the inability to have food samples during the nutrition education lessons.
- Nutrition education activities coordinated at farmer's markets/mobile markets, corner stores, and other food retail settings and # of participants:
 - In collaboration with Penn State Nutrition Links program, and York Fresh Food Farms, Heart Smarts, an evidence-based SNAP/Ed approved nutrition education program, was implemented for the 3rd year in a row during the mobile market season. The program began on September 13, 2021 and ended on October 14, 2021. A total of 30 nutrition education lessons were conducted at four market stops and reached 140 city residents and their respective families. 78 surveys were provided by program attendees. The evaluation of these surveys is expected in 2022. York Fresh Food Farms provides subcontract services using expertise from their nutrition educators. YCBH also partners with Penn State Nutrition Links to provide a nutrition educator. Incentives such as Heart Bucks, cooking utensils, and health education literature are distributed at each site and to each participant.
 - YCBH supplemented two HCSl partner stores for the YFFF 2021 Mobile Market season, Lee's Food Market and 4 The Family, the Heart Smarts program was implemented at 4 The Family. The other stops included McKinley Elementary School, York Towne House, and Wellington Homes.
 - Prior to *Heart Smarts* from September 2021 to November 2021, Y3F staff offered *Just Say Yes* nutrition education at mobile produce markets during June and July 2021. YCBH supported Y3F in carrying this out by purchasing the print materials. The *Just Say Yes* and *Heart Smarts* programs were educational and promoted the importance of fresh produce and farmers markets' role in communities, especially those deemed food deserts.
- New and existing community gardens receiving support:
 - Provided support for 2 York Fresh Food Farms locations. York Fresh Food Farms grew more than 30,200 lbs of produce in 2021. Y3F donated more than

- 4,100 lbs of produce to local food banks, food pantries, faith-based organizations, and Nutrition Links Lifepath to Healthy Eating Program.
- Provided support for 2 community gardens: Cottage Hill Garden, Church & Court Garden. YCBH continues to support the maintenance of these community gardens.
- YCHB purchased composting toilets for both gardens and StoryWalk equipment for the Cottage Hill Garden. The availability of composting toilets will help to attract more volunteers to assist with maintaining the gardens and cultivating healthy food, which will help increase access to healthy food in York City.
- The implementation of a StoryWalk, a story that is posted throughout the garden, will increase health literacy for garden visitors, especially children, and will help to expand on educational activities for the community.
- The Community Gardens received more than 200 more volunteer hours compared to 2020 (1286 in 2021 versus 1050 in 2020). Some of the volunteer groups included York College students, Uptown York Rotary Club, faith-based organizations, and Girl Scouts. The City of York Redevelopment Authority (RDA) installed two security cameras at the Church & Court Community Garden.
- Quantity of produce and amount of produce sales related to urban farming initiatives:
 - Implemented new ways of distributing the food grown at community garden sites to non-traditional food pantry sites, such as community centers throughout the city.
 - The Community Gardens grew a variety of crops and donated an additional 4,800 lbs of produce to the community. Between Y3F and Community Garden produce donations, a three percent increase was surpassed compared with only 4855 lbs of produce donated in 2020.

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:

- Environmental changes that support active transportation
 - Not achieved. Waiting for the report that highlights all recommendations. Report to be submitted by Karla Farrel before year end.
- Complete Street Policy updates:
 - Karla Farrel and Associates LLC is to complete the City's Complete Streets Policy Design Guide recommendations; expected completion early 2022.
- Walk Friendly Communities application submission/response:
 - Application was submitted. Response to come in early 2022.
- Bike/pedestrian planning and evaluation activities
 - 1 bike/pedestrian planning and evaluation activities supported.
 - Implemented the Walk Bike Bus York Campaign to promote green travel options to worksite commuters in September 2021.
- Promotional activities related to the WalkWorks route
 - (1) Walk Bike Bus York Campaign
- Community and worksite events that promote walking and biking
 - Walk Bike Bus York Campaign.

- As with 2020, YCBH launched a Walk Bike Bus York Campaign for September 2021, where residents were encouraged to track their trips and steps for a chance to win prizes. This year, 123 trips were tracked and there were 4 winners selected.
- The City of York Health Bureau provided 50 Pedestrian Safety Kits to kids at National Night Out on August 3, 2021. The kits included walking and biking activity books, crayons, blinking clip-on lights, and YCBH brochures and letters for parents/guardians. On August 7, 2021, YCBH attended the first York XL Epic Market and provided about 20 Pedestrian Safety Kits to kids. A few bike helmets were also provided. The Bureau also taught Pedestrian and Bike Safety, utilizing material from *I'm Safe* resources, to two summer camps (about 35 kids total). On August 24, 2021, about 150 Pedestrian Safety Kits were distributed to kids at the Hannah Penn K-8 Back to School Night.
- Pedestrian and Bike safety lessons, developed from *Safe Kids* resources, were provided to grades K-4 at Hannah Penn each Friday in October 2021. The lessons were completed outside and with the use of face masks for COVID-19 safety precautions. Each student received *Safe Kids* activity books, crayons, and a letter to parents/guardians about what was taught.
- Educate 3 organizations on Worksite Wellness:
 - The City of York Bureau of Health met with three organizations between July 1, 2021, and September 30, 2021: Re-Source York, York Housing Authority, and the YWCA. Of the three organizations, we successfully carried out an employee survey at the YWCA and results were finalized in October 2021. The purpose of the survey is to inform YWCA administration and the City of York Bureau of Health about what most employees are seeking from worksite wellness initiatives. The results from the survey for YWCA York were reviewed with our contacts at YWCA during the second quarter.

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:

- Three (3) coaches trained and one (1) active coach.
- Providers, healthcare facilities, and community organizations reached for falls prevention outreach and MOB referrals utilizing the STEADI toolkit:
- 3 community organizations reached for falls prevention outreach.
- MOB home safety checklists distributed:
 - The YMCA Active Aging Week took place October 4th-October 8th 2021. YCBH provided 100 MOB Home Safety Checklists for distribution at the York location. The Car Fit Kits distributed to White Rose Senior Center and Yorktown Senior Center Senior Center on October 18th, 2021, included 60 total MOB Home Safety Checklists.

NOT ACHIEVED:

- Due to the Coronavirus pandemic all MOB classes were canceled.
 - A virtual class has been recently certified; virtual classes will be offered in 2022.

Objective 4: The Provider shall reduce crashes and fatalities in York City by increasing motor vehicle safety through education, outreach, and implementation of an evidence-based motor vehicle safety program.

ACHIEVED:

- Provided information and CarFit safety kits to mature drivers.
 - Two senior centers: Yorktown Senior Center and White Rose Senior Center
 - A total of 60 CarFit safety kits were distributed
 - Kits included: informational and self-assessment checklists, winter safety driving tips, and brochures on medications that may impact driving abilities.

NOT ACHIEVED:

- Due to the Coronavirus pandemic, CarFit driver education classes were cancelled, and motor vehicle safety promotional activities/events were not able to be implemented.

Objective 5: The Provider shall reduce the prevalence and impact of Adverse Childhood Experiences (ACEs) by establishing a task force and implementing policy, systems and environmental change strategies and evidence-based behavior change efforts.

ACHIEVED:

- Collaborate with community partners to support and implement PSE strategies and behavior change efforts to reduce ACEs and promote resilience:
 - YCBH worked with administration within the York City School District to assist with ACEs prevention efforts and taskforce building.
 - YCBH attended “Commissioner Walks” hosted by the York City Police Commissioner, Michael Muldrow, to help give insight into current ACEs and prevention work.
 - YCBH partnered with All Youth Access LLC to develop strategies for community engagement.
- Identify 4 partners for an ACEs Taskforce:
 - YCBH has identified community partners from All Youth Access, York College, York City School District, and the York City Housing Authority.
- Identify local risk factors associated with ACEs and protective factors that promote resilience:
 - Local risk factors include known ACE risk factors such as being a victim or witness to violence, household challenges like substance use and incarceration of parent/ guardian, lack of high school education, neglect, and/or abuse, to name a few. The numerous challenges of COVID-19 have highlighted the importance of safe and stable housing as a protective factor against ACEs. As a result, YCBH has met with the Housing Authority of York and York City School District about the ACEs taskforce.
- Identify existing resources and gaps and work towards developing a Community Action Plan based on best practice PSE strategies and evidence-based behavior change efforts:
 - YCBH has identified gaps in mental health care for children and youth. YCBH hopes to implement alternative medicine activities, such as mindfulness practices, to bridge this gap. Furthermore, systemic issues have been identified

as contributing to ACEs and so advocacy on behalf of community partners is warranted.

NOT ACHIEVED:

- Educate community partners including healthcare providers, social service agencies, educational institutions, childcare centers and other stakeholders on the impact of ACEs, risk factors and protective factors that promote resilience.

OVERDOSE & SUBSTANCE ABUSE PREVENTION

Despite progress, drug overdose deaths continue to impact communities across our nation. In September 2019, the Center for Disease Control and Prevention (CDC) began a 3-year cooperative funding agreement called Overdose Data to Action (OD2A), which focuses on the complex and changing nature of the opioid overdose epidemic and highlights the need for an interdisciplinary, comprehensive, and cohesive public health approach.

Although our jurisdiction was not eligible for direct funding, our respective state, the Pennsylvania Department of Health, was eligible for funding and awarded these funds by the CDC. One of the requirements of the funding opportunity is that states must allocate at least 20 percent of their prevention budget to local health departments. This opportunity allowed for the county and municipal health departments in Pennsylvania to leverage these funds by working with state health department and to support or initiate work in the local communities in the fight against drug overdose and opioid abuse.

York City's comprehensive program focuses on the complex and changing nature of the opioid overdose epidemic related to two overall components – a surveillance strategy and prevention strategies. Funds were intended to enhance local collaborative efforts related to supporting a balanced approach between evidence-based and innovative initiatives in the community. The program's initiatives continue to be impacted by the ongoing challenges presented by the 2019 Novel Coronavirus (COVID-19) global pandemic, which introduces new risks and a series of new challenges to the nation's opioid epidemic. America's opioid crisis has grown into a much more complicated and deadly drug overdose epidemic. As we move into the third year of funding, our project's activities continue to address the evolving epidemic challenges during a global pandemic.

Program Goal: Prevent opioid misuse and substance abuse by fostering collaborative partnerships to implement community-wide prevention and surveillance efforts to address overdoses in York County.

Objective 1.1: Increase collaborative efforts to build sustainable and effective multi-sector partnerships to prevent and respond to overdoses utilizing surveillance and prevention efforts to enhance data-driven multidisciplinary collaborative approaches. (HP 2030 SU-03; HP 2030 IVP-20)

Activities:

- Participate in Public Health and Safety Team (PHAST) meetings to enhance cross-sector relationship-building, data use, and opioid overdose prevention
- Conduct an Overdose Fatality Review (OFR) Team to review individual drug overdose deaths
 - Convene and participate at least quarterly OFRT case review meetings

- Identify a minimum of two recommendations based on findings from OFR case review meetings

Evaluation Methods:

- Number of PHAST meetings attended, per year
- Number of Overdose Fatality Review (OFR) Team members/organizations
- Number of OFRT meetings, per year
- Number of overdose death reviews, per year
- Number and description of recommendations from OFRT meetings in 2022

Objective 2: Implement community-wide overdose prevention, opioid misuse, and substance abuse prevention public awareness campaigns and outreach strategies. (HP 2030 SU-03; HP 2030 IVP-20)

Activities:

- Capacity building for more effective and sustainable prevention effort
- Implement a public awareness campaign

Evaluation Methods:

- Number of community organizations involved in capacity building
- Number and description of public awareness campaigns
- Number of people reached/impressions through the public awareness campaign

Objective 3: Implement education to promote safe and effective prescribing behaviors and encourage safe prescribing guidelines throughout York County. (HP 2030 SU-03; HP 2030 IVP-20)

Activities:

- Support capacity for local prevention efforts
- Partner to provide a prescriber education activity including but not limited to CME sessions, non-CME initiatives, outreach, etc.
- Collaborate with the York Opioid Collaborative to disseminate Safeguar(x)d kits

Evaluation Methods:

- Number and type of prescriber education activity, per year
- Number of participants attending each educational activity
- Number of Safeguar(x)d kits disseminated, per year

Performance Review 2021

Objective 1.1: By 2021, increase collaborative efforts to build sustainable and effective multi-sector partnerships to prevent and respond to overdoses utilizing evidence-based models.

ACHIEVED:

- Attended and participated in 9 of the 10 Public Health and Safety Team (PHAST) meetings in 2021 to enhance cross-sector relationship-building, data use, and opioid overdose prevention

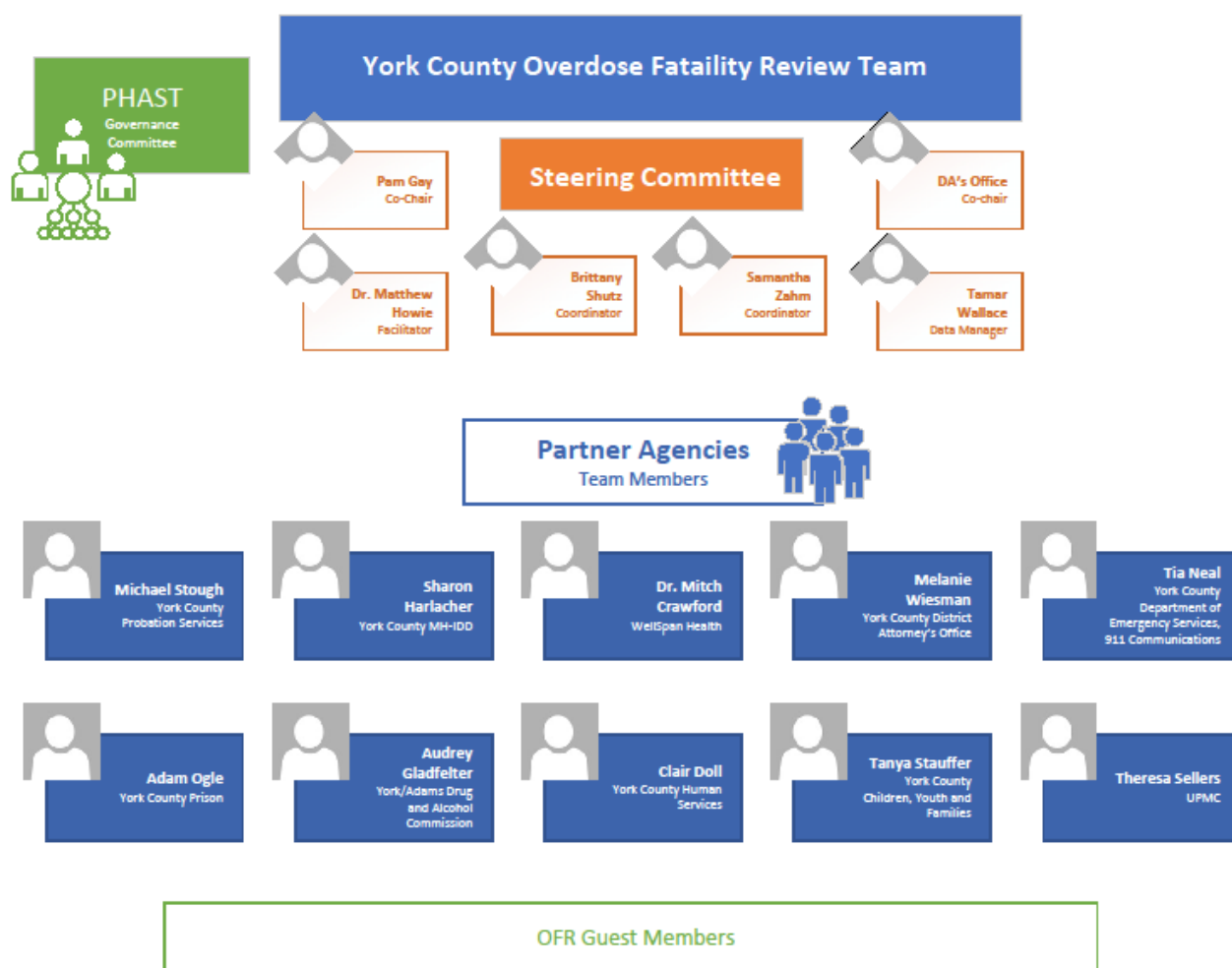
- 2021 PHAST Meeting Schedule:
 - January 21, 2021
 - No February Meeting
 - March 18, 2021
 - April 15, 2021
 - May 20, 2021
 - ~~June 17, 2021~~ (Out of Office)
 - July 15, 2021
 - August 19, 2021
 - September 16, 2021
 - October Meeting Canceled
 - November 18, 2021
 - December 16, 2021
- The York Opioid Collaborative facilitates monthly Public Health and Safety Team Meetings. The PHAST team focuses on data-driven overdose response among Public Health and Public Safety Partners through action-oriented, facilitated targeted problem solving with shared accountability among partners and performance monitoring of interventions. The PHAST team has an established MOU with partner organizations outlining goals of PHAST, team roles, and information/data to be shared and its purpose. All data shared is de-identified, however MOU and data sharing agreement outlines intentions of data sharing and allowed activities.
- 24 PHAST team members – 10 Health/Healthcare Partners, 10 Public Safety Partners, and 4 Other Community Partners

Objective 1.2: By 2021, utilize surveillance and prevention efforts to enhance data-driven multidisciplinary collaborative approaches.

ACHIEVED:

- The **York County Overdose Fatality Review Team (“OFRT” or “Team” or “OFR”)** was established as a joint initiative between the City of York Bureau of Health, the York Opioid Collaborative, York County Coroner’s Office, York County District Attorney’s Office, and partner agencies entering into an agreement of affiliation for the York County Overdose Fatality Review Team. York County started planning when the City of York Bureau of Health team was awarded the Overdose Data to Action (OD2A) grant from the Pennsylvania Department of Health through the Centers for Disease Control and Prevention (CDC). From January 2020 to May 2021, the Steering Committee worked to build capacity with stakeholders interested in collaborating on the Team by researching and planning to implement successful OFRT meetings. To support the development of effective strategies for preventing and responding to overdoses, it is necessary and appropriate to review and analyze all available information related to overdose deaths.
- Samantha Zahm (City of York Bureau of Health) and Brittany Shutz (York Opioid Collaborative) currently serve as the OFR Team Co-Coordination. Pam Gay (Coroner’s Office) serves as the Chair and Matthew Howie (City of York Bureau of Health) serves as the facilitator. An Independent Contractor, Tamar Wallace, serves as the Data Manager for OFR tasks.

- As of December 2021, there are 15 members (primary designated agency contact and **steering committee members**) and 13 different organizations represented on the Overdose Fatality Review Team (OFRT)



- York OFRT case review meetings occur bi-monthly (first Tuesday of every other month) with the first case review on June 1, 2021, and an onboarding meeting on May 4, 2021.
- 4 OFR case review meetings and 17 non case review meetings occurred in 2021
- Due to limited number of cases available for review, York OFR Team is evaluating suicide cases.

OFR Case Review Meeting Date	Cases Reviewed
June 1, 2021	2 (1 a suicide case)
August 3, 2021	2 (1 a suicide case)
October 5, 2021	2 (1 a suicide case)
December 7, 2021	2 (1 a suicide case)

- The OFR Team affiliation agreement, confidentiality agreement, meeting confidentiality acknowledgement, roles and responsibilities, processes/procedures/structure, and other templates were finalized prior to the first case review on June 1, 2021.

- Challenges related to capturing data. With such a small sample size, York is working to revisit case criteria and case selection process to ensure the creation of a more random selection from an already biased sample.

ACHIEVED:

- **Establish and conduct a pilot Naloxone Reversal Review (NRR) Team to review non-fatal overdose events and naloxone usage data**
- There are 8 members and 5 different organizations represented on the NRR Team: York/Adams Drug & Alcohol Commission, York Opioid Collaborative, York City Bureau of Health, First Responders (Emergency Medical Services, Fire Department, Law Enforcement), and HIDTA representative. York has had a challenge maintaining a member list, as many of the originally identified members have left their organizations.
- 12 monthly data meetings; 10 Public Health and Safety Team (PHAST) meetings; and 2 NRR team meetings in 2021.
- NRR goal is to take a deeper analysis on trends within de-identified naloxone reversal data.
- An affiliation and data sharing agreement specific to NRR, which covers sharing data directly with City of York Bureau of Health was created. Additionally, the MOU for the Public Health and Safety Team was revised to include the City of York Bureau of Health.
- Increased engagement starting September 2021 with Independent Contractor, Tamar Wallace, to assist York to collect de-identified reports from the Coroner's Office and review non-fatal data from the following sources:
 - Pennsylvania State Police Overdose Information Work (ODIN)
 - EMS Naloxone Use Incidents- Emergency Health Services Federation (EHSF)
 - ED visits associated with overdose via EpiCenter
 - Naloxone distributed via Central Coordinating Entity (CCE)
 - Warm Hand Off
 - York Harm Reduction Project

Objective 2: By December 2021, develop and implement a minimum of two overdose prevention, opioid misuse, and substance abuse prevention public awareness campaigns and outreach strategies.

ACHIEVED:

- Capacity building for more effective and sustainable prevention efforts
- Implemented two public awareness and outreach strategies through a community-wide approach fostering collaboration in 2021
- Identify, implement, and evaluate community-based overdose prevention, opioid misuse, and substance abuse prevention strategies including education and outreach activities and events in 2021:
 - The City of York Bureau of Health, York/Adams Drug and Alcohol Commission, and York Opioid Collaborative have partnered to hosted 8 monthly Narcan distribution events in 2021 with 44 units of Narcan distributed (4 mg/0.1 mL Nasal Spray – two pack).

- Health Bureau assisted York Harm Reduction Project (fictitious names filed under the Lancaster Harm Reduction Project, Inc.) to become an approved community qualifying entity through York/Adams Drug and Alcohol Commission (YADAC) to receive free Narcan to distribute in York City around March 2021.
 - York Harm Reduction Project distributed 352 Narcan Overdose Kits and a total of 56,421 support services rendered in 2021 with a total of 3,272 program contacts.
- On Common Ground facilitated 9 community drum circles from June to December 2021
- Health Bureau attended 10 overdose prevention education and outreach events in August and September including York Recovery Day
- The School District of the City of York and York Bureau of Health worked together to support the development and implementation of evidence-based education, overdose prevention, and youth prevention programs related to substance abuse.
 - 34 lessons were delivered to 856 students who participated in a least one Health Education Program at the Susan Byrnes Health Center. The first program occurred on 11/9/2020 until the contract ended on June 30, 2021.
 - Positive Behavior Intervention and Support (PBIS) incentives impacted all 8 schools K-8, nearly 3,500 students were indirectly impacted by the PBIS.
- York contracted with All Youth Access and Gavin Advertising to assist with the public awareness campaigns.
- Recovery Month Public Awareness Campaign 2020 and 2021 both took place in September. Both campaigns intended to reach those currently in recovery and their support systems. York partnered with Gavin Advertising to create social media messaging on Facebook and to provide a link to the Bureau's website that contains a campaign flier. Recovery Month Campaign 2021 expanded based off the 2020 evaluation summary.
- The second campaign is a citywide youth substance use prevention campaign. This target population includes youth, high risk youth, parents, and caregivers. York began planning in August 2020 with the hope of creating a comprehensive campaign and strategy that integrates social determinants of health.
 - The public awareness campaign launched on Snapchat & TikTok from Dec 13 to Jan 1. A/B testing was performed on 2 videos and 2 static creative targeting youth ages. For marketing purposes on the two social platforms, we had to identify the campaign as part of the York City Bureau of Health. The overarching campaign theme focused on giving the youth coping mechanisms to handle their stress. Because of stress, many youths identified that drugs can be a coping mechanism. Our campaign focused on ways to reduce these stresses in life.
 - 15 of community agencies and organization involved in capacity building
- 2 campaigns in 2021 garnered the total media impressions: 657,442

Objective 3: Within 2021, implement prescriber education to promote safe and effective prescribing behaviors and encourage safe prescribing guidelines throughout York County.

ACHIEVED:

- Support capacity for local prevention efforts
- PDMP data will be used to inform current and future surveillance activities and identify future targeted populations and groups for outreach and education
- 4 quarterly datasets based on controlled substance prescribing provided by PDMP to inform prevention efforts
- Partner with the York Opioid Collaborative to provide a minimum of 8 (2 every 3-months/quarterly) prescriber education activities per calendar year (i.e., prescriber education activities include CME sessions, non-CME initiatives, outreach, etc.)
- 10 different activities supporting prescriber education activities occurred in 2021
 - 1 prescriber education activity with evaluation: Family Residency Training Session on September 9, 24 individuals in attendance
 - 4 planning meetings to discuss program development, outreach processes and tracking
 - 3 meetings with pilot practice to provide guidance on implementation, overview of material distribution and discuss tracking
 - Pilot program went live on 12/1 at Thomas Hart and 4 kits distributed in December 2021.
- Collaborate with the York Opioid Collaborative to disseminate Safeguar(x)d kits
- The York Opioid Collaborative and the City of York Bureau of Health has developed materials to support the Safeguar(x)d program to encourage safe storage and disposal. York Opioid Collaborative distributed the following:
 - 8 lockboxes distributed to York Harm Reduction Project
 - 10 lock bags and 5 lockboxes distributed to WellSpan MAT
 - 15 lock bags, 5 lockboxes(small) and 100 DisposeRx deactivation pouches distributed to WellSpan MAT
 - 15 lock bags distributed at Recovery Day in September
 - 104 lock bags provided to York County Wellness Courts
 - 15 lock bags and 5 deactivation kits provided to Sees the Day Recovery home
 - 300 DisposeRx deactivation pouches distributed to Mason-Dixon Ministerium
- Health Bureau distributed 953 educational and outreach materials/supplies in 2021

Environmental Health Services

Environmental Health Services

The Environmental Bureau consists of five (5) full-time and one (1) part-time position. 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 street, 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. The majority of 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 direct customers 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 Republic Services. The current contract runs through April 30, 2025, with (3) optional 1-year extensions, provided both parties agree to extend under the existing terms.

Major Accomplishments

Collection of contract dumpsters and totes were performed year-round, primarily at City facilities and multi-unit residential buildings.

Approximately, 15,000 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 collections (March to mid-December).

One hundred thirty-seven (137) street containers throughout the City were emptied by the hauler 3 days each week. Many containers were 18 years or older in 2019 when the City began a replacement of at least 10% of the street containers, in the worst condition, each year. In 2019 (19), in 2020 (17) and in 2021 (17) of the 137 of the existing street containers were replaced.

There were 6,201 addresses scheduled for large-item collection this year.

A total of 20,898.61 tons of refuse 2,949.71 tons of recyclables and 365.94 tons of yard waste, leaves and Christmas trees were collected. Curbside yard waste and leaves were transported to H&H in Spring Grove by the curbside hauler. City staff vacuumed loose leaves from curb areas, late fall and transported the material to the City's compost site where litter and debris were removed to provide a cleaner product before hauling 19 dump truck loads at 10 tons each, 4 1-ton dump truck loads, and H&H hauling 8 tractor trailer loads at an average of 14.5 tons each (all totaling 310 tons).

During the first 2 weeks of January 2021, 473 Christmas trees (average 30 pounds each); 7.1 tons) were collected by City staff. This tonnage is included in the total yard waste, leaves and Christmas tonnage above.

The Compost drop-off facility at Memorial Stadium was open the first Saturday of each month (April - November; was closed December) from 10 a.m. to 2 p.m.

Due to the ongoing COVID, our 2nd grad 90-minute classroom presentations, "The Good, the Bad & The Ugly" about recycling and litter were postponed another year.

Having started in 1991, the City's Adopt-A-Block program reached its 31st year. Four clean updates were advertised with very little participation even with option for groups to set own dates.

Spring and Fall city-wide newsletters were mailed "Postal Patron" to customers, as required by Act 101, to advertise recycling requirements at least twice per year.

Staff sold 54 recycling bins, 407 recycling cans, 192-yard waste cans and 12 packs of yard waste bags to curbside customers. Due to another surge in Covid, access to the 2nd floor of City Hall was closed to the public the last week of December, immediately following the Christmas holiday. Appointments were made for customers to purchase containers at City Hall lobby for the last week of the year.

Press Release 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 (extremely cold temperatures and high winds among them) and for the start/end of seasonal collections of yard waste, fall leaves and Christmas trees.

The City's Annual Commercial Recycling Report, Vendor Recycling Report, County Commercial Recycling Report were prepared and submitted.

The Annual 904 Recycling Performance Grant application was prepared and submitted to DEP for consideration of grant funding under Act 101. The State's recycling grants help to offset costs related to recycling education and curbside recycling and yard waste containers.

The Annual YCSWA hauler licensing (both MSW and Recycling) and DEP hauler licensing applications were prepared and submitted.

The Public Works Secretary, Large Item Line Attendant and Environmental Services Supervisor handled 1,594 complaint calls related to curbside collections (trash, recycling, yard waste and large item).

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, Child Care Centers 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 and Community Development, Solicitor's Office, Public Work

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 2020

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

ACHIEVED:

- MIPP staff conducted over 450 industrial site visits in 2020 and collected 188 industrial wastewater samples. Twenty-four (24) inspections were conducted.
- Twenty-eight (28) Notices of Violation were issued to seven (7) industries. Industries came into compliance within the required regulatory time frame.
- Six (6) industrial wastewater discharge permits were issued, which included permit renewals and permit amendments. Permits are typically issued for a three-year period. In addition, staff evaluated industries for inclusion in the pretreatment program, assessed proposed industrial processes at new and existing industrial facilities, and required the submission of slug discharge control plans or the development of other industrial standard operating procedures.
- The department responded to approximately 180 information requests, including, but not limited to, Right-to-Know requests and requests for

- regulatory and environmental information. Staff also assisted various industries with regulatory compliance questions and technical issues.
- 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 2020 was \$600,257.06.

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, day care centers, schools, ice manufacturers, public institutions, domiciliary care and group homes, special events (i.e., Parades, Street Fair, etc.), 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 2021

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

ACHIEVED:

- Conducted 172 food establishment and 119 special events inspections
- Responded to 7 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.

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 has replaced all lead lines to homes 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 2020 U.S. Census**

Land area	5.3 square miles	<u>Housing</u>	
Population	44,800	Total Housing Units	19,017
Population/square mile	8,452	Vacant Housing Units	2,055
		Occupied Housing Units	16,962
Male	21,877 (49.7%)	Owner occupied	7,904
Female	22,142 (50.3%)	Renter occupied	9,602

Population by Race and Hispanic**Origin**

One Race	38,779	86.6%
White	16,889	37.7%
Black/African American	11,606	25.9%
American Indian/Aleut.	293	0.7%
Asian	426	1.0%
Other	9,531	21.3%
Two or more races	6,021	13.4%
Hispanic/Latino Origin – Any Race	17,076	38.1%

Population by Age

<5	2,747
5-9	3,560
10-14	2,983
15-19	3,683
20-29	7,390
30-39	6,212
40-49	5,353
50-59	5,159
60-69	4,033
70+	2,899

Technical Notes and Comments:

The above data is from the 2020 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.

2020 Census
York – 44,800
York County – 456,438
Pennsylvania – 13,002,700

Age-Adjusted Death Rates
Selected Causes of Death – York, PA 2019

	Cause of Death	Rate per 100,000*	No. of Deaths
1.	Heart Disease	174.8	60
2.	Malignant Neoplasms	241.0	84
3.	Other Unintentional Injuries	118.8	45
4.	Cerebrovascular Disease	58.2	20
5.	C.O.P.D.	53.1	18
6.	Diabetes Mellitus	37.2	13
7.	Pneumonia and Influenza	23.4	7
8.	Nephritis, Nephrosis	24.5	8
9.	Septicemia	13.4	4
10.	Motor Vehicle Fatality	5.3	2
11.	Alzheimer's Disease	34.2	10

*Age-Adjusted Death Rates based on Standard U.S. 2010 population.
Source of data: PA Department of Health Vital Statistics 2019.
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 2019

	Cause of Death (No. < age 65)	Avg. YPPL	Total YPPL
1.	Motor Vehicle Fatalities (1)	45.0	45
2.	Other Unintentional Injuries (35)	23.9	835
3.	COPD (6)	16.7	100
4.	Heart Disease (22)	10.9	240
5.	Nephritis, Nephrosis (2)	10	20
6.	Cerebral Vascular Disease (8)	10	80
7.	Malignant Neoplasm (31)	7.9	245
8.	Cerebral Vascular Disease (8)	10	80
9.	All Other Causes (56)	25.6	1436