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**YORK CITY BUREAU OF HEALTH**

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**Public Health**  
Prevent. Promote. Protect.

## *York City Bureau of Health*

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### ***Vision:***

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

### ***Mission:***

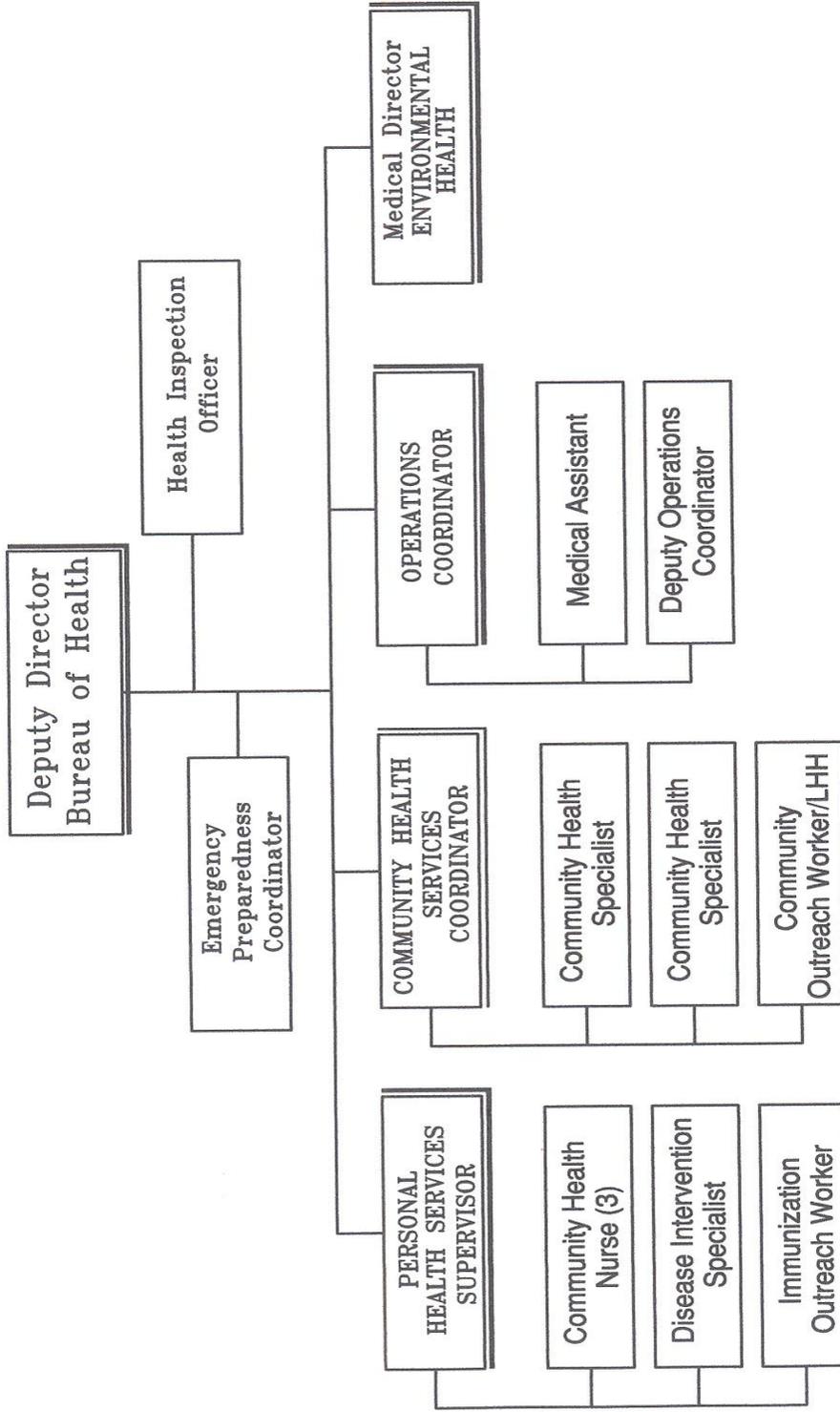
*To prevent disease and to promote and protect the  
health of York City residents through the assessment of  
needs, the assurance of public health services and the  
provision of sound public health policies through  
dynamic and committed leadership.*

**LOCAL HEALTH DEPARTMENT BUDGET & EXPENDITURE** 2015 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	\$ 233,398		\$ 233,398		\$ 233,398
Bioterrorism	\$ 181,000	\$ 181,000	\$ -		
<b>TOTAL Administration (Sec 15.12)</b>	<b>\$ 414,398</b>	<b>\$ 181,000</b>	<b>\$ 233,398</b>	<b>\$ -</b>	<b>\$ 233,398</b>
<i>Personal Health Services:</i>					
			\$ -		\$ -
Cardiovascular Disease	\$ 185,641	\$ 185,641	\$ -		\$ -
Chronic Disease Control	\$ 126,445		\$ 126,445		\$ 126,445
Communicable Disease Control	\$ 156,801		\$ 156,801		\$ 156,801
Dental Health	\$ 46,900	\$ 46,900	\$ -		\$ -
EMS	\$ 95,000		\$ 95,000		\$ 95,000
HIV/AIDS	\$ 179,688	\$ 179,688	\$ -		\$ -
Immunization	\$ 180,914	\$ 180,914	\$ -		\$ -
Injury Prevention	\$ 153,019	\$ 153,019	\$ -		\$ -
Maternal Child Health	\$ 73,918	\$ 73,918	\$ -		\$ -
Tuberculosis	\$ 6,700	\$ 6,700	\$ -		\$ -
<b>TOTAL Personal Health (Sec 15.13)</b>	<b>\$ 1,205,026</b>	<b>\$ 826,780</b>	<b>\$ 378,246</b>	<b>\$ -</b>	<b>\$ 378,246</b>
<i>Environmental Health Services:</i>					
Lead and Healthy Homes/HOPWA	\$ 39,500	\$ 39,500	\$ -		\$ -
Environmental Health & Safety Pgms	\$ 304,751		\$ 304,751	\$ 58,407	\$ 246,344
<b>TOTAL Environmental Health (Sec 15.14)</b>	<b>\$ 344,251</b>	<b>\$ 39,500</b>	<b>\$ 304,751</b>	<b>\$ 58,407</b>	<b>\$ 246,344</b>
<i>Other Services:</i>					
n/a			\$ -		\$ -
<b>Other Services</b>					
<b>TOTAL: Administrative</b>	<b>\$ 414,398</b>	<b>\$ 181,000</b>	<b>\$ 233,398</b>	<b>\$ -</b>	<b>\$ 233,398</b>
<b>TOTAL: Personal Health</b>	<b>\$ 1,205,026</b>	<b>\$ 826,780</b>	<b>\$ 378,246</b>	<b>\$ -</b>	<b>\$ 378,246</b>
<b>TOTAL: Environmental Health</b>	<b>\$ 344,251</b>	<b>\$ 39,500</b>	<b>\$ 304,751</b>	<b>\$ 58,407</b>	<b>\$ 246,344</b>
<b>TOTAL: Other Services</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>SUM: Qualifying Health Program</b>	<b>\$ 1,963,675</b>	<b>\$ 1,047,280</b>	<b>\$ 916,395</b>	<b>\$ 58,407</b>	<b>\$ 857,988</b>
<b>TOTAL: Exclusions and Grants</b>		<b>\$ 1,047,280</b>		<b>\$ 58,407</b>	
<b>SUM: Local Health Dept. Program</b>					<b>\$ 857,988</b>
Analysis by Barbara Kovacs	Position Director	Agency York City Bureau of Health	Date 3/9/2015		

# BUREAU OF HEALTH - ORGANIZATION CHART



## **Introduction**

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

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

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

York has many public health problems similar to, and sometimes more severe than, other urban areas in the state and nation. Poverty and unemployment/underemployment are major issues in York. Unemployment in York City is consistently higher than the rest of York County, and is similar to other urban areas of Pennsylvania and the nation. The number of persons living below the poverty level (35%) indicates the extreme economic deprivation of some City residents. Poverty and under/unemployment contribute to financial barriers for residents seeking health care until a medical emergency or serious illness arises. This population neglects preventive care mainly due to education, finances, and access issues. Cancer and heart disease are the top two leading causes of death among York City residents (46% of all deaths) followed by other unintentional injuries (6%) and chronic obstructive pulmonary disease (C.O.P.D.) (5%).

Other lifestyle or behavioral choices continue to plague the city. The city continues to experience a higher incidence of both teen births and infant mortality compared to the county and state. HIV infection and large numbers of sexually transmitted infections due to gonorrhea and chlamydia are consistently higher than county rates and in most cases, state rates.

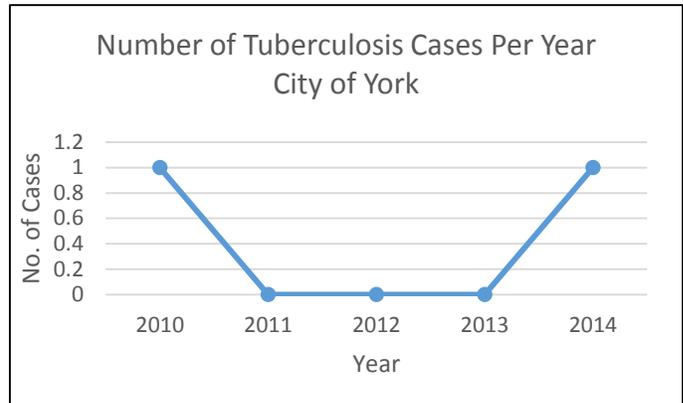
To assist in prioritizing public health initiatives, the Health Bureau monitors various conditions in the population as set by the federal and state Healthy People 2010 and 2020 initiatives. Preparing the Annual Health Plan is one of the processes that brings the Health Bureau staff together to evaluate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

# Local Public Health Statistics

## Tuberculosis

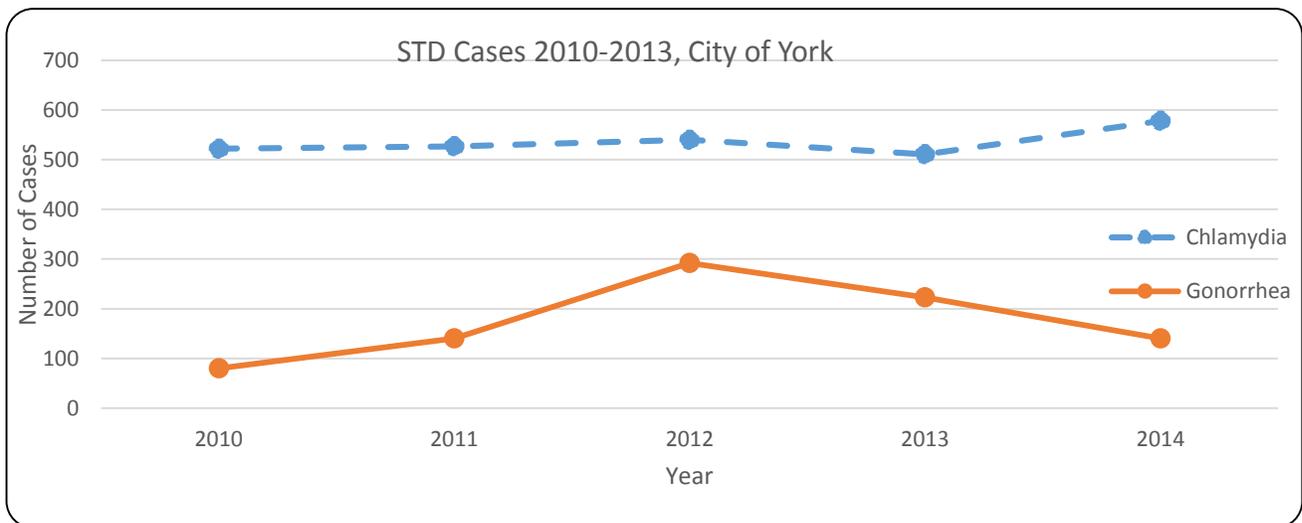
**HP 2020 IID-29:** Reduce Tuberculosis to 1.0 per 100,000  
(2005 Baseline: 4.9/100,000).

Tuberculosis Rates/Cases – York City	
<u>Annual Rates (cases)</u>	<u>3-Year Avg. Rates</u>
2010 - 2.4 (1)	2008-2010 - 2.4
2011 - 0.0 (0)	2009-2011 - 2.4
2012 - 0.0 (0)	2010-2012 - 0.8
2013 - 0.0 (0)	2011-2013 - 0.0
2014 - 2.4 (1)	2012-2014 - 0.8



## Sexually Transmitted Diseases

**HP 2020 Objectives** are not comparable to York City Bureau of Health measurable indicators. Of note, Chlamydia has increased yearly since 2005 until 2014, and Gonorrhea increased yearly since 2010 until 2012 and we are now seeing a decline in case reports.



Chlamydia Rates/Cases – York City	
<u>Annual Rates (cases)</u>	<u>3 Year Avg. Rates</u>
2010 - 1227.5 (522)	2008 - 2010 - 1232.6
2011 - 1205.5 (527)	2009 - 2011 - 1240.4
2012 - 1235.2 (540)	2010 - 2012 - 1239.4
2013 - 1168.9 (511)	2011 - 2013 - 1203.2
2014 - 1322.1 (578)	2012 - 2014 - 1242.1

Gonorrhea Rates/Cases – York City	
<u>Annual Rates (cases)</u>	<u>3 Year Avg. Rates</u>
2010 - 196.0 (80)	2008 - 2010 - 323.9
2011 - 320.2 (140)	2009 - 2011 - 282.1
2012 - 667.9 (292)	2010 - 2012 - 394.7
2013 - 510.0 (233)	2011 - 2013 - 499.3
2014 - 320.2 (140)	2012 - 2014 - 499.4

## HIV/AIDS

The Health Bureau conducted four hundred forty-four HIV tests in 2014 with seven (7) positive tests.

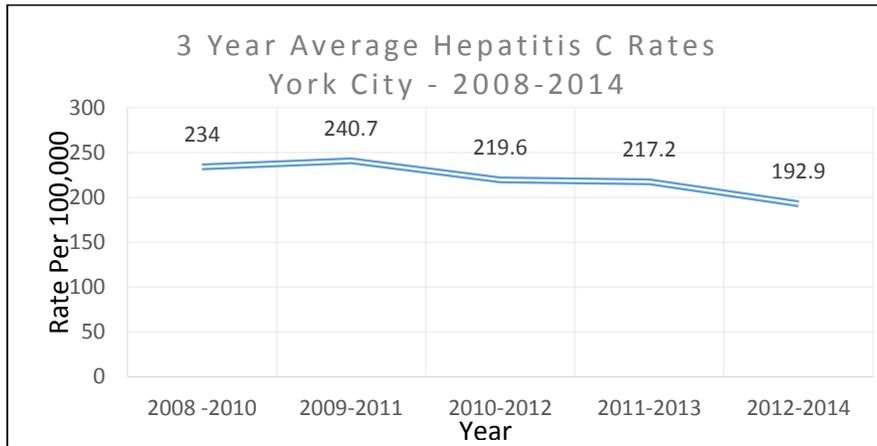
**HP 2020 HIV-1:** Reduce the number of new HIV diagnosis among adolescents and adults. \*Source: PA Department of Health

**\* New HIV Infection-York City Residents  
Annual Rates (cases)**

2010 – 50.3 (22)  
2011 – 66.3 (29)  
2012 – 34.3 (15)  
2013 – 50.3 (22)  
2014 – 38.9 (17)

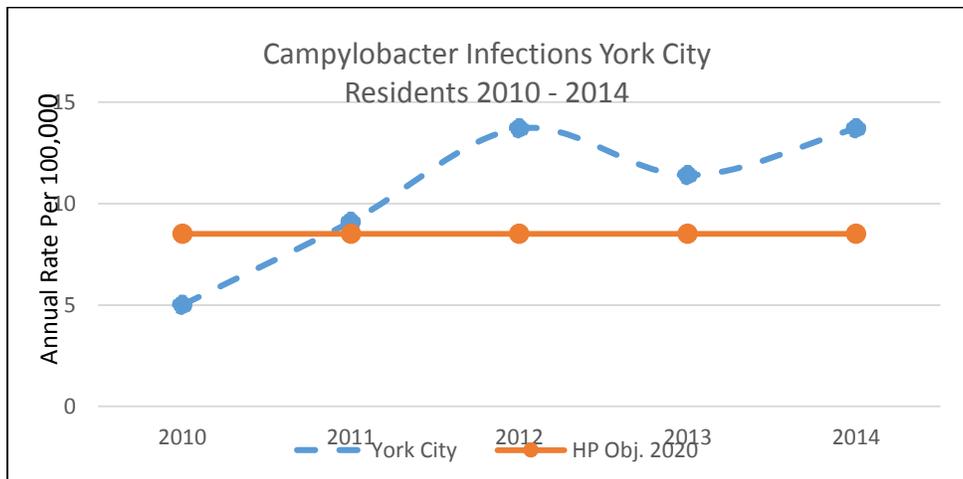
## Communicable Diseases

**HP 2020 IID-26:** Reduce new hepatitis C infections to no more than 0.2 new cases/100,000 (2007 Baseline: 0.3/100,000).

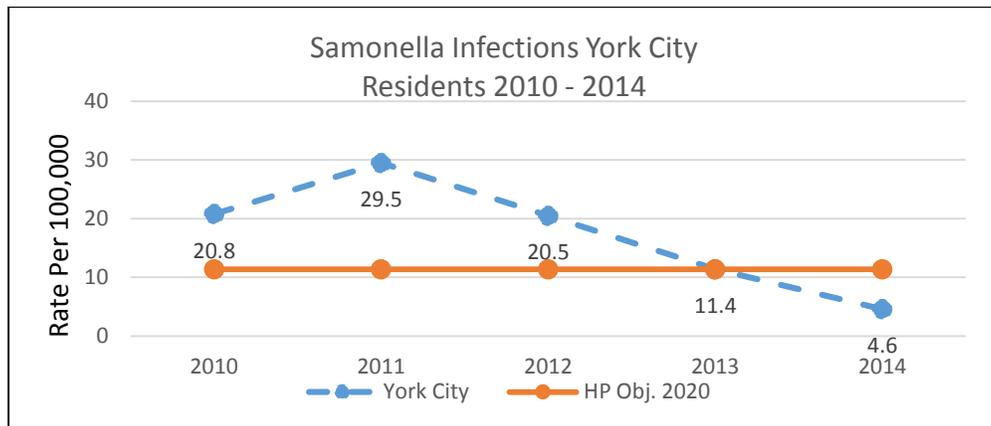


**P2020 FS-1:** Reduce infections caused by key foodborne pathogens to incidences of no more than:

**FS-1.1 Campylobacter:** 8.5 Cases per 100,000 people. (2006-08 Baseline: 12.7/100,000)



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



There was no confirmed foodborne outbreak in 2014.

### **Animal Control**

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

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

<b>Number of animal bites reported to York City Bureau of Health:</b>	
<u><b>Annual number:</b></u>	<u><b>Three-Year Average:</b></u>
2010 - 67	2008-10 - 74
2011 - 85	2009-11 - 79
2012 - 83	2010-12 - 78
2013 - 103	2011-13 - 90
2014 - 113	2012-14 - 100

Staff conducted follow-up investigations on 113 animal bites in 2014, an increase of 10% over 2013 reports.

**Reportable Conditions Summary  
Report for Year 2014  
City of York, Pa.**

Overall, the total number of Reportable Conditions, primarily communicable diseases, in the City of York increased slightly in 2014 according to records compiled by the York City Bureau of Health. In 2014 there was a total of 1,126 reports received compared to 1,102 reports in 2013, a 2% increase.

The most frequently reported group of conditions in the City of York for 2014 continued to be Sexually Transmitted Diseases (STD's): first Chlamydia – 578 reports and second Gonorrhea – 140 reports. Chlamydia showed a 13% increase and Gonorrhea decreased by 37% from 2013 to 2014. There were no cases of primary or secondary Syphilis reported in 2014. Sexually active teens and young adults in their 20's comprise the bulk of STD cases. Behavioral studies show that this age group is more likely to engage in unprotected intercourse and have sex with multiple partners.

The third most frequently reported condition was Animal Bites with 113 cases in 2014 compared to 103 cases in 2013, representing a 10% increase. Public awareness efforts such as dog bite prevention programs for children and dog law enforcement efforts by the City Police Department's Animal Enforcement Officer continue.

Influenza was the fourth most frequently reported condition. One hundred fifteen cases of lab-test confirmed Influenza were reported in 2014 compared to 68 cases in 2013 – a 69% increase from one year to the next. The majority of Influenza infections were Type A. Type B Influenza infections occurred less frequently and mostly near the end of the Influenza season. Many more Influenza cases, of course, occurred in York for the year but were not reported to the Health Bureau since a laboratory test for Influenza was not always performed.

Hepatitis C cases decreased from 90 in 2013 to 78 in 2014, a 13% decrease. Hepatitis B cases increased by 1 case - from 3 cases in 2013 to 4 cases in 2014. There have been no cases of acute Hepatitis A for the past two years.

Respiratory Syncytial Virus (RSV) infection remained the same from one year to the next – 53 cases in both 2013 and 2014. RSV causes an acute febrile, respiratory illness, occasionally severe enough to require hospitalization and is especially harsh on infants and children under two years of age. It is the major known etiologic agent of bronchiolitis and is a cause of pneumonia, croup, bronchitis, otitis media and febrile upper respiratory illness. RSV may cause symptomatic disease also in adults, particularly the debilitated elderly.

There were 17 new cases of HIV infection reported in York City residents in 2014, 5 fewer cases or a 23% decrease compared to the previous year. Individuals reported include males and females, whites and African-Americans, Latinos and non-Latinos, a wide range of adult ages, IV drug users, heterosexuals, and men who have sex with men (MSM). This diverse group remains a far cry from two and three decades ago when AIDS cases were primarily white, non-Latino MSM's. Also, in contrast to those early days of this epidemic, HIV

<b>Reportable Conditions – City of York, Pa Summary Report 2013-2014</b>			
<b>Reported Cases</b>	<b>2013</b>	<b>2014</b>	<b>% Change</b>
Animal Bites	103	113	↑10%
Campylobacter Enteritis	5	6	↑20%
Chlamydia	511	578	↑13%
Cryptosporidiosis	2	0	↓100%
Foodborne Outbreak	1	0	↓100%
Giardiasis	0	1	↑
Gonorrhea	223	140	↓37%
Hepatitis A	1	0	↓100%
Hepatitis B	3	4	↑33%
Hepatitis C	90	78	↓13%
Histoplasmosis	1	0	↓100%
HIV Infection	22	17	↓23%
Influenza Type A	49	96	↑96%
Influenza Type B	18	17	↓6%
Influenza not specified	1	2	↑100%
Invasive Beta Strep Disease	2	2	0%
Legionnaire's Disease	0	2	↑
Lyme Disease	7	8	↑14%
Malaria	0	1	↑
Meningitis - Aseptic (Viral)	2	1	↓50%
Meningitis - Bacterial	1	0	↓100%
Meningitis - Fungal	1	1	0%
Rabies (Animal)	1	0	↓100%
Respiratory Syncytial Virus (RSV) Infection	53	53	0%
Salmonellosis	5	2	↓60%
Tuberculosis	0	1	↑
Varicella	0	3	↑
<b>Total Case Reports</b>	<b>1102</b>	<b>1126</b>	<b>↑2%</b>

infection has now become a treatable rather than a fatal disease. Regrettably, however, a cure for HIV infection still remains elusive.

Bacterial and parasitic infections that lead to vomiting, diarrhea, abdominal pain, as well as other gastrointestinal symptoms, decreased by 25% in 2014 compared to 2013. Cases of *Campylobacter* enteritis, Cryptosporidiosis, Giardiasis, and Salmonellosis totaled 12 in 2013 compared to only 9 in 2014. No episodes of foodborne outbreak were reported in 2014.

Lyme Disease cases increased only slightly in York City residents – 8 cases in 2014 compared to 7 cases in 2013. This infection results from tick bites and most frequently causes arthritic and neurological symptoms. Prompt antibiotic treatment can prevent or mitigate many complications. Lyme Disease is a much more frequent problem in rural and suburban areas elsewhere in York County than in urban York City.

Meningitis cases in the City decreased from 4 cases in 2013 to 2 cases in 2014. One case each of viral meningitis and fungal meningitis was reported in 2014. There were no cases of bacterial meningitis reported in 2014. There were 3 cases of Varicella (Chickenpox) reported in 2014 compared to none in 2013. There were 2 cases of Legionnaire’s Disease in 2014 compared to none in 2013. Invasive Group A Beta Streptococcal Disease occurred 2 times in 2014, the same number as in 2013.

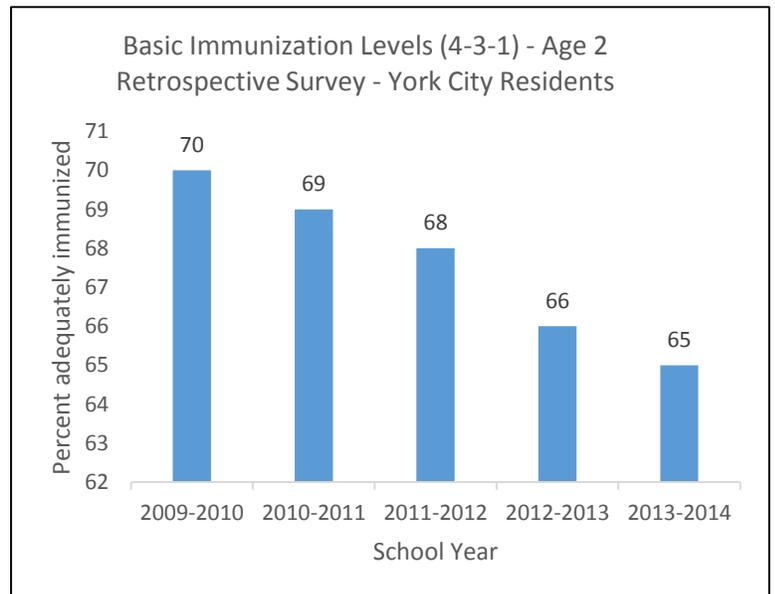
Of special note, there was one case of active Tuberculosis disease reported in 2014, after three straight years with no active TB cases. Quite clearly, the occurrence of active TB in the City remains very low. This situation is due to aggressive surveillance and prevention strategies at our local level. In the past 29 years since the beginning of the City Health Bureau, there have been six annual occurrences of zero TB disease cases (1997, 2007, 2008, 2011, 2012 and 2013). Finally, there was one case of Malaria reported in 2014 for a City resident after international travel.

### Immunization Program

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

**IID-7.1:** 4 doses diphtheria-tetanus-acellular pertussis (DTaP) vaccine by 19 to 35 months. (2008 Baseline: 85% of children aged 19 to 35 months received 4 or more doses of the combination of diphtheria, tetanus and acellular pertussis antigens). A retrospective survey of York City Kindergarten students indicates that the basic immunization level of children when they were two years of age is declining.

In 2014, the Bureau provided flu vaccines only to uninsured and underinsured York City residents.



### Maternal Child Health Services

The impact of high-risk pregnancies contributes to the overall health status of the community. The Health Bureau’s Maternal Child Health program works closely with local MCH partners to educate and link women to information on related services (childhood immunizations, lead poisoning prevention, etc.) offered to York City residents and how to access other community resources to assist them with having healthy birth outcomes.

The following table provides analysis of birth data from the PA Department of Health, Bureau of Health Statistics and Research and Healthy People 2020. The percentage of Low Birth Weight (<2500 grams) babies is highest in the City of York (2012 – 11.5%) when compared to PA (2012 –

8.2%) and to York County ((2012 – 8.0%). The most dramatic difference of Low Birth Weight babies occurs when comparing York City to York County, outside of York City, at 11.5% to 7.2% in 2012, respectively.

### Maternal Child Health – Birth Weight Data

Pennsylvania	2004-2008	2005-2009	2006-2010	2007-2011	2008-2012	HP 2020 Targets
Total Births	737,189	738,467	735,804	729,119	719,670	
<1500 Grams (VLBW*)	11,768	11,826	11,838	11,603	11,378	
%<1500 Grams	1.6%	1.6%	1.6%	1.6%	1.6%	Target 1.4%
1500-2499 Grams (LBW**)	49,259	49,603	49,389	48,713	47,823	
%1500-2499 Grams	6.7%	6.7%	6.8%	6.7%	6.6%	Target 7.8%
Total <2500 (VLBW+LBW)	61,027	61,429	61,227	60,316	59,201	
%Total <2500	8.3%	8.3%	8.4%	8.3%	8.2%	Target 9.2%
<b>York County</b>	<b>2004-2008</b>	<b>2005-2009</b>	<b>2006-2010</b>	<b>2007-2011</b>	<b>2008-2012</b>	<b>Healthy People 2020</b>
Total Births	25,612	25,854	25,944	25,695	25,147	
<1500 Grams (VLBW)	444	432	431	405	384	
%<1500 Grams	1.7%	1.7%	1.7%	1.6%	1.5%	Target 1.4%
1500-2499 Grams (LBW)	1,630	1,680	1,688	1,658	1,621	
%1500-2499 Grams	6.4%	6.6%	6.5%	6.5%	6.4%	Target 7.8%
Total <2500 (VLBW+LBW)	2,074	2,112	2,119	2,063	2,005	
%Total <2500	8.1%	8.2%	8.2%	8.0%	8.0%	Target 9.2%
<b>York City</b>	<b>2004-2008</b>	<b>2005-2009</b>	<b>2006-2010</b>	<b>2007-2011</b>	<b>2008-2012</b>	<b>Healthy People 2020</b>
Total Births	4,798	4,900	4,859	4,725	4,583	
<1500 Grams (VLBW)	123	121	127	119	124	
%<1500 Grams	2.6%	2.5%	2.6%	2.5%	2.7%	Target 1.4%
1500-2499 Grams (LBW)	422	434	434	413	403	
%1500-2499 Grams	8.8%	8.9%	8.9%	8.7%	8.7%	Target 7.8%
Total <2500 (VLBW+LBW)	545	555	561	532	527	
%Total <2500	11.4%	11.3%	11.5%	11.3%	11.5%	Target 9.2%
<b>York County outside York City</b>	<b>2004-2008</b>	<b>2005-2009</b>	<b>2006-2010</b>	<b>2007-2011</b>	<b>2008-2012</b>	<b>Healthy People 2020</b>
Total Births	20,814	20,954	21,085	20,970	20,564	
<1500 Grams (VLBW)	321	311	304	286	260	
%<1500 Grams	1.5%	1.5%	1.4%	1.4%	1.3%	Target 1.4%
1500-2499 Grams (LBW)	1,208	1,246	2,254	1,245	1,218	
%1500-2499 Grams	5.8%	5.9%	5.9%	5.9%	5.9%	Target 7.8%
Total <2500 (VLBW+LBW)	1,529	1,557	1,558	1,531	1,478	
%Total <2500	7.3%	7.4%	7.3%	7.3%	7.2%	Target 9.2%

## Lead and Healthy Homes Program

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

- 73 Environmental Health Assessment were performed
- 18 Post Healthy Homes Inspections were completed
- 18 Lead Paint risk assessment inspections

Thanks to a grant from St. Paul's Lutheran Church, 187 Head Start and Early Head Start children were tested with 13 of them having blood lead levels at  $\geq 5$  ug/dl. That is the level of concern from Centers for Disease Control.

## Cardiovascular Disease

High blood cholesterol, high blood pressure, cigarette smoking, heredity, obesity and physical inactivity have been linked to an increased risk of heart disease and stroke. Heart disease continues to be one of the leading causes of death among York City residents. Over 22% of York City deaths annually are due to heart disease, accounting for 75 deaths in 2012. The age-adjusted death rate for heart disease in 2012 was 231.5/100,000, averaging 11.8 years of potential life lost per individual. This rate continue to decrease but is still well above the HP 2020 objective of 100.8/100,000. Stroke accounted for 12 deaths for an age-adjusted rate of 36.0/100,000. The average years of potential life lost per individual was 7.5. Education and outreach indicate a growing number of people are aware of the link between lifestyle and disease. Only a small percentage is willing or able to modify or change their behaviors.

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

### **Coronary Heart Disease Age Adjusted Death Rates York City 2008-2012**

<u>Annual Rate (cases):</u>	<u>Three Year Average Rates:</u>
2008 - 282.2 (95)	2006 - 2008 - 280.8
2009 - 263.0 (94)	2007 - 2009 - 269.7
2010 - 243.0 (84)	2008 - 2010 - 262.7
2011 - 278.3 (94)	2009 - 2011 - 261.4
2012 - 231.5 (75)	2010 - 2012 - 250.9

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

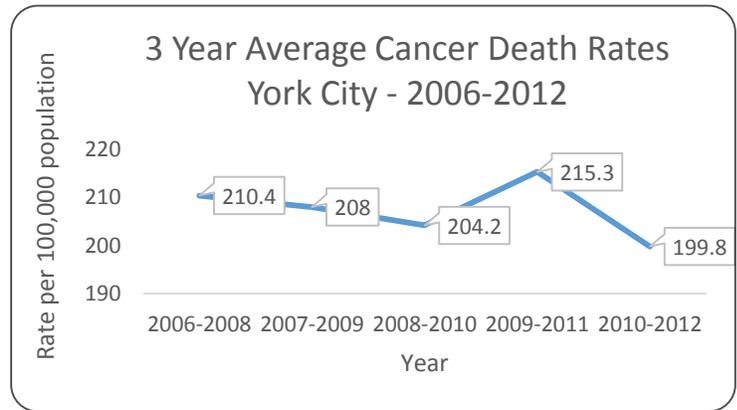
### **Stroke Age Adjusted Death Rates York City 2008-2012**

<u>Annual Rate (cases):</u>	<u>Three Year Average Rates:</u>
2008 - 46.6 (15)	2006 - 2008 - 44.6
2009 - 38.7 (15)	2007 - 2009 - 44.4
2010 - 52.5 (19)	2008 - 2010 - 45.9
2011 - 45.0 (15)	2009 - 2011 - 45.4
2012 - 36.0 (12)	2010 - 2012 - 44.5

## 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 mortality rates for the City are not age-adjusted.

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



### York City Lung Cancer Death Rates 2008-2012

<u>Annual Rate* (#):</u>	<u>Three Year Avg. Rates:</u>
2008 - 58.7 (24)	2006-2008 - 66.1
2009 - 53.8 (22)	2007-2009 - 57.1
2010 - 64.0 (28)	2008-2010 - 58.8
2011 - 47.6 (20)	2009-2011 - 55.1
2012 - 41.2 (18)	2010-2012 - 50.9

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

### York City Breast Cancer Rates 2008-2012

<u>Annual Rate (#):</u>	<u>Three Year Avg. Rates:</u>
2008 - 24.0 (5)	2006-2008 - 30.3
2009 - 28.3 (6)	2007-2009 - 28.4
2010 - 13.1 (3)	2008-2010 - 21.8
2011 - 17.6 (4)	2009-2011 - 19.7
2012 - 17.6 (4)	2010-2012 - 16.1

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

### York City Colorectal Cancer Rates 2008-2012

<u>Annual Rate (#):</u>	<u>Three Year Avg. Rates:</u>
2008 - 20.1 (8)	2006-2008 - 24.3
2009 - 11.4 (5)	2007-2009 - 19.4
2010 - 15.2 (6)	2008-2010 - 15.5
2011 - 16.6 (7)	2009-2011 - 14.4
2012 - 11.4 (5)	2010-2012 - 14.4

## Dental Health

Oral health is a public health issue impacting residents in the City of York. It is especially difficult for children due to lack of pediatric dentists in the area, few dentists accepting Medical Assistance clients, and lack of fluoridation in the City's water system to reduce dental caries. The school-based dental sealant program is now in its eighth year. The program targets 6-8 and 12-14 year olds in the elementary and middle schools and in community agencies within the City limits.

- 151 students were screened for sealant eligibility, of which 26 were identified as having special needs.
- Eight-eight students (58%) of the students were sealed. Eligible children received at least one seal during the event with the average being 2.92 surfaces sealed per student.
- One hundred twenty (120) students received fluoride varnish during the event.
- Sealants were placed on 209 first molars, 1 on second molars, and 11 elsewhere.
- Sixty-nine students (40%) were referred for dental care.

### **Injury Prevention**

In 2011, unintentional injuries ranked 3<sup>th</sup> in the number of deaths in York City. Twenty-five people died as a result of unintentional injuries for an age-adjusted death rate of 68.0/100,000. Motor vehicle fatalities ranked 10<sup>th</sup> overall for number of deaths among City residents with 6 deaths (age adjusted death rate 14.5/100,000). There was an increase in unintentional injuries and motor vehicle fatalities; combined they were the 3<sup>rd</sup> highest cause of death and continue to lead in average years of potential life lost per individual, 19.4 and 17.5 respectively, behind septicemia at 20.0.

#### **Injury Report Card 2008-2012**

<b>HP 2020 Objective</b>	<b>National Baseline</b>	<b>Year</b>	<b>York City</b>
IVP-11: Reduce deaths caused by unintentional injuries to no more than 36/100,000 people.	40.0 (2000) (age-adjusted)	2008	49.6
		2009	42.7
		2010	55.0
		2011	68.0
		2012	47.2
IVP-13: Reduce deaths caused by motor vehicle crashes to no more than 12.4 per 100,000 people	13.8 (2000) (age-adjusted)	2008	20.5
		2009	12.0
		2010	12.6
		2011	14.5
		2012	10.3

Suicide is frequently a preventable cause of death through early identification of depression and with appropriate treatment. There were 8 reported suicides and 7 homicides in the City according to the 2014 York County Coroner's office.

#### **Violence/Intentional Injury Report Card 2014**

<b>Healthy People 2020 Objective</b>	<b>Baseline</b>	<b>Year</b>	<b>York City Rate</b>
<b>IVP - 30:</b> Reduce firearm-related deaths to no more than 9.2/100,000 people. Ten (10) firearm related deaths were reported for York City in 2014 (Source: York County Coroner Office).	10.2 (2000)	2014	22.9
<b>MHMD-1:</b> Reduce Suicides to no more than 10.2 per 100,000 people. Eight (8) suicides were reported for York City in 2014 (York County Coroner Office).	11.3 (2007)	2014	18.2
<b>IVP 29:</b> Reduce homicides to no more than 5.5 per 100,000 people. Seven (7) homicides were reported for York City in 2011 (York County Coroner Office).	6.1 (2000)	2014	16.0

## Tobacco Control

Heart disease and cancer are the top two leading causes of death in York accounting for 46% of all deaths for 2012. Tobacco use is a major risk factor for these diseases.

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

### **York City 2008-2012 Chronic Obstructive Pulmonary Disease Death Rates**

<u>Annual Rates (#):</u>	<u>Three Year Avg. Rates:</u>
2008 – 41.7 (15)	2006-2008 – 49.2
2009 – 39.4 (14)	2007-2009 – 42.0
2010 – 39.4 (14)	2008-2010 – 40.2
2011 – 60.3 (20)	2009-2011 – 46.4
2012 – 32.0 (14)	2010-2012 – 43.9

The PA Department of Health, Division of Tobacco Prevention and Control reports that: 15.3% of pregnant women in PA smoke. In York City, 19.5% of women who gave birth report using tobacco during pregnancy, according to the 2012 PA Vital Statistics. York City has made some progress in abstinence from tobacco use during pregnancy from 76.8% (2007) to 80.5(2012).

**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

	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
<b>York City</b>	76.8	77.8	77.7	80.9	80.2	80.5
<b>York County</b>	81.7	81.5	82.2	84.5	83.3	84.3
<b>Pennsylvania</b>	82.5	83.0	83.5	84.1	84.7	84.7

### Conclusions from Needs Assessment Data

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

Many communicable diseases, especially those caused by risky lifestyle choices or behaviors, show little if any improvement despite increased education and awareness of prevention. The rates of STDs, Hepatitis C, and HIV, due to the nature of their transmission, remain well over state rates per 100,000 and National Healthy People 2020 goals.

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

child health providers and community partners in and outside of the City continues to jointly identify and develop intervention strategies.

Injury deaths, unintentional and intentional (homicides), are higher than the Health People 2020 objectives and the national baselines. Health educators raise awareness of injury prevention strategies related to unintentional injuries through programs such as Matter of Balance and work with local groups to reduce intentional injuries such as domestic abuse, suicides (Life Lines) and homicides.

The number of deaths due to heart disease and cancer are seeing a downward trend over the past decade. However, heart disease is declining faster than cancer and in 2011, cancer became the leading cause of death in York City. Education efforts by the Bureau of Health and other local/national organizations, as well as technological advances in diagnosing and treating these diseases, contribute to this trend. More emphasis has been placed on prevention by improving lifestyle choices, such as weight reduction, better nutrition choices, and exercise through a myriad of programs and services at local, state and national levels. The Health Education Specialists at the Health Bureau work closely with community partners to initiate sustainable environmental changes (walkable/bikeable transportation routes), provide tools, skills, and knowledge for residents to improve their health (community gardens), and implement policy changes to impact health.

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 many ethnicities and cultures, is a challenge to educators. Preparing our staff to address diverse audiences and ensuring they have adequate resources and knowledge to educate the community are major tasks.

In 2014, as Ebola threatened the United States, Health Bureau staff participated in a Personal Protective Equipment (PPE) training to familiarize themselves with the donning and doffing of PPE in an emergency situation. The training enabled staff to identify supplies, equipment gaps, and protocols needed in order to protect staff when faced with a potential Ebola suspect in our clinic or through a home visit.

The Health Bureau regularly monitors data and surveillance of public health information. Data is obtained from the PA Department of Health Bureau of Health Statistics, local sources, and various agencies. Staff analyzes data for trends in morbidity and mortality, and compares local with county, state and national trends where appropriate. Staff also uses locally collected data for epidemiologic surveillance and trending.

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

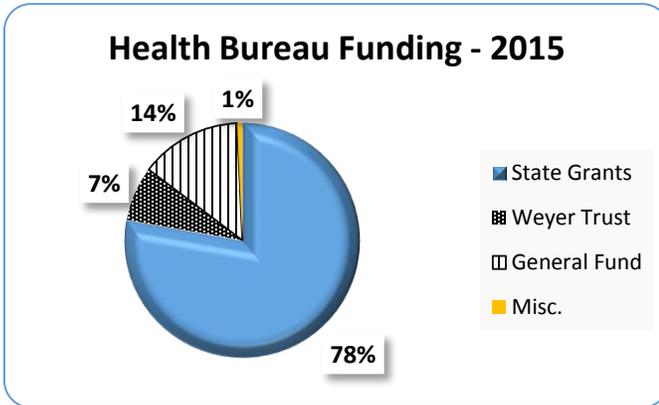
The Health Bureau staff meets yearly, or more frequently as needed, to develop the goals and objectives for the Annual Health Plan. At this time staff discusses program successes and identifies issues and strategies that can be implemented to improve the public's health. Staff applies the following criteria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

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

# **Administrative and Support Services**

## Administrative and Support Services

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



The York City Bureau of Health administers a budget of \$1,694,516 for 2015, approximately \$100,000 less than 2014. The Bureau is funded through various State grants, City CDBG funds, the Weyer Trust and the City's General Fund. The Bureau has thirteen full-time and one part-time employee.

Additional City of York personnel are utilized for various administrative activities, including: policy, finance, personnel and legal. Health Bureau staff is actively involved in various community and volunteer activities with local,

state and national professional organizations through their positions and interests in the health and wellbeing of the community.

In 2014, the Health Bureau focused its work on its four strategic imperatives by engaging staff, community partners and residents in our work to provide a greater impact on our community's health. Strategies are being developed for staff to have a more global impact on the health of the community by working together, expanding our reach and understanding community needs.

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

### Administration

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

### Emergency Preparedness

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

federal agencies in preparedness activities. Particular attention is given to collaborative response actions with local medical, business, community, and neighborhood partners.

### **Community Health Professionals Education Services**

The ability to provide public health services is enhanced by the cooperation and understanding of other health professionals in the community. Without this positive attitude, problems may exist, such as slow or non-reporting of diseases, poor cooperation with public health interventions, little or no importance placed on public health measures, and a limited view of health care.

## **Administrative and Support Program Goals and Objectives 2015**

Program Goal 1: To provide quality, effective and comprehensive public health services to the York City community.

Objective 1: Recruit qualified professionals for vacant positions by June 1, 2015.

Activities:

- Train staff in job competencies as needed.
- Continue to support and educate staff in emergency preparedness competencies.

Evaluation Methods

- 100% of positions/vacancies are filled.
- Training for new staff is initiated.

Objective 2: Identify and understand community needs in developing Bureau strategies to address those issues by September 1, 2015.

Activities:

- Attend at least 3 neighborhood meetings to hear residents' issues.
- Survey clients regarding service needs.
- Review the Healthy York County Coalition's Community Health Assessment data and determine the Health Bureau activities that link to their priorities.

Evaluation Methods

- Number of neighborhood/community meetings attended by staff.
- Identified needs through primary and secondary data sources.
- Plan and prioritization of issues to address are developed within the Bureau.

Objective 3: Develop a communications strategy to promote Bureau and activities by June 1, 2015.

Activities:

- Develop an internal communications plan.
- Conduct staff in-service on the plan.
- Develop a policy for staff participation in promoting Health Bureau programs and services.
- Utilize external marketing resources in developing a communications strategy.

Evaluation Method:

- Communications plan is developed and is operationalized with staff.
- Communications strategy/campaign is developed.

Program Goal 2: To increase organizational, community-wide and individual emergency preparedness through education and training.

Objective 1: Develop, train and expand the role of Health Bureau staff as it relates to emergency response and first responder activities.

Activities:

- Train present YCBH staff through exercises and (training) situations that provide additional capabilities and opportunities to improve present skill sets.
- Offer staff opportunities to interact and participate in exercises, trainings and events outside the present medical response roles.
- Provide situational preparedness awareness as opportunities occur.

Evaluation Methods:

- 100% staff participation (of those able) during in-house exercises including surveys and evaluations of trainings and exercises.
- Staff participation and involvement in emergency preparedness activities beyond normal Bureau response function.
- Staff was engaged in preplanning in response to any emerging situation (setting up a POD for vaccinations to respond to an outbreak, weather awareness, etc.)

Objective 2: Engage individual citizens, businesses and other organizations in emergency preparedness activities and trainings.

Activities:

- Provide a minimum of one Community Emergency Response Team (CERT) training in the community.
- Provide a minimum of two emergency preparedness community trainings (non- CERT).
- Support emergency planning and training activities in community organizations and schools.
- Actively participate in various emergency groups, teams and task forces.

Evaluation Methods:

- At least one Community Emergency Response Team (CERT) training was provided.
- Two emergency preparedness community trainings (outside of the CERT training) were provided.
- Attendance and participation in emergency groups, teams and task forces.

Objective 3: Continue to identify shortfalls as identified in Capabilities Planning Guide Analysis in preparation for Project Public Health Ready (PPHR) recertification.

Activities:

- Participate as appropriate and necessary in conference calls and meetings with the State DOH.
- Examine bi-annual reports to PA State Department of Health and CDC to identify opportunities to advance our current status abilities and limit or negate barriers.
- Craft exercise and operational guides that target specific areas for improvement.

Evaluation Methods:

- Attendance on conference calls and meetings.
- Trainings and exercises all utilized an effective evaluation tool which identified successes of the training module and areas for improvement by participants.
- Guidelines provided for PPHR preparation have been followed.

# **Administrative and Support Program Performance Review for 2014**

## **Health Bureau Administration**

Program Goal: To create a culture of QI while continuing to provide top-notch public health services to the York City community.

Objective 1: Support all initiatives that move forward the goal of a QI culture within the York City Bureau of Health.

**ACHIEVED:**

- Staff engaged in QI processes, including conducting a customer satisfaction survey to assess the quality of our services to City residents, completed the Bookshelf QI process by transferring files to SharePoint as a more efficient and meaningful tool to house documents, and completed a staff survey to determine the effectiveness of internal staff development efforts.

Objective 2: Initiate collaboration and integration between and among Health Bureau programs and services.

**ACHIEVED:**

- Staff have initiated collaborations between and among Health Bureau programs in several areas.
- Fluoride Varnishes are provided / offered to children through the immunization, MCH and TB programs.
- The MCH and the Injury Prevention Program collaborated in providing car seats to pregnant women and training them on proper installation of car seats.
- Nursing staff was cross trained in various nursing programs; and
- Chronic Disease Self-Management Program involved staff from various disciplines to be trained in facilitating the program in the community.

Objective 3: Actualize the York City Bureau of Health Strategic Plan.

**ACHIEVED:**

- Four workgroups developed in 2013 developed an action plan for moving forward. Two groups have developed the final product for their plans and two continue to meet to advance their plans.

Objective 4: Continue efforts towards the accreditation process.

**ACHIEVED:**

- Workgroups were developed for several National Public Health Performance Standards domains. Areas were identified as meeting needs or needs improvement to meet the standards.
- Staff participated actively in the Community Health Assessment process established by the Healthy York County Coalition. This assessment lays the groundwork for how the Health Bureau will respond to address specific needs in the community.

## Emergency Preparedness

Program Goal: To increase organizational, community-wide and individual emergency preparedness through education and training.

Objective 1: Develop, train and expand the role of Health Bureau staff as it relates to emergency response and first responder activities.

ACHIEVED:

- Completed self-contained breathing apparatus training and fit testing of all staff.
- Staff participated in cross training between clinical and non-clinical staff of donning/doffing Personal Protective Equipment specific to potential Ebola response activities.
- Preparedness staff leadership participated in emergency technology training (WEB EOC and Knowledge Center (KC)) and several other preparedness related courses (Basic Public Information Officer, Management of Spontaneous Volunteers in Disasters, Special Events Contingency Planning, Exercise Design and Evaluation, Emergency Planning).

Objective 2: Engage individual citizens, businesses and other organizations in emergency preparedness activities and trainings.

ACHIEVED:

- One of two scheduled Community Emergency Response Team (CERT) trainings were conducted with outreach to the Latino Affairs Coordinator to assist with outreach to the Latino population in the City. Instructor guidelines were developed to assist all CERT instructors to provide a consistent approach to execute CERT trainings.
- Emergency preparedness presentations were presented to over 5 schools and organizations including plan reviews and assessments of emergency plans and protocols including York Catholic High School, Shadowfax, Lutheran Home and York Ice Company.
- Actively participated in various emergency groups, teams and task forces (York Adams Metropolitan Emergency Response System (YAMMRS), South Central Task Force (SCTF), Volunteer Agencies Activating in Disaster (VOAD), York County 911 and MS4 group. Additionally, other City Departments: Redevelopment Authority, Economic & Community Development, Public Works, Police, Business Administration, Information Systems, Mayor's Office and City Council.

Objective 3: Monitor and model Health Bureau staff trainings and exercises to close gaps and shortfalls as identified in Capabilities Planning Guide Analysis.

ACHIEVED:

- Revisions to the Capabilities Planning Guide resulted in major revisions to the reporting document and reference procedures such as Volunteer Management, Incident Actions Plan Development and Staff Deployment opportunities.
- Personal Protective Equipment (PPE) training and monitoring for Ebola was conducted with staff to prepare for any potential need for staff response.

Objective 4: York City Emergency Planning Specialist to complete Professional Certification and its successful submission to the Pennsylvania Emergency Management Agency (PEMA).

ACHIEVED:

- York City Emergency Planning Specialist completed all course work and obtained Professional Certification from PEMA.

Additional Emergency Preparedness-related accomplishments include:

- Responded to and processed 21 Right-to-Know requests on Hazardous Material Facilities.
- Member of the Incident Command Staff for Can-Am (Canadian-American) Police and Fire games; developed and coordinated emergency planning and credentialing activities.
- Participation in the York County EOC during the Peach Bottom Nuclear Power Plant Drill.
- Trained at the Center for Domestic Preparedness in an Integrated Capstone Experience in the role of Incident Commander for the Public Health response activities during multiple exercise scenarios.

### **Community Health Professionals Education Services**

Program Goal: To provide health professionals in training with a general understanding and awareness of public health services and provide exposure to role models in public health.

Objective 1: To maintain preceptor activities for health professionals and students.

**ACHIEVED:**

- Participants in our program came from a variety of educational institutions: York Hospital Family Practice Residency Program, Hershey Medical Center School of Medicine/YH Family Practice rotation, Johns Hopkins University, University of Baltimore, University of South Florida, and York College.
- Students and residents were offered a variety of public health experiences and exposures including clinical, community and office.

Objective 2: Provide exposure to field experience as available and appropriate to health professionals.

**ACHIEVED:**

- 8 Family Practice Residents – York Hospital
- 6 Medical Students – York Hospital Family Practice
- 4 Student Interns – University of Baltimore, Johns Hopkins School of Public Health
- 2 Nursing Students

# **Personal Health Services**

## **Personal Health Services**

The Personal Health Services provided by the Bureau of Health meet a broad range of community health needs for individuals and families. The largest component of this section is the services provided by the Community Health Nurses. The major responsibility of the nursing service 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 of reportable communicable conditions or diseases. For the City of York, the Bureau of Health is the responsible local agency. 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 program provides 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 provides 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 York City Bureau of Health.

### **Tuberculosis**

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

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

### **Sexually Transmitted Diseases (STD's)** **Human Immunodeficiency Virus (HIV)** **Acquired Immunodeficiency Syndrome (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, can cause serious complications for newborn infants. The absence of symptoms

during some of the infection stages, the existence of antibiotic-resistant STD strains, lack of community awareness and the reluctance to use condoms are some of the issues for consideration for community outreach or interventions.

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

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

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

To assist in addressing the on-going high rates of STD's, the York City Bureau of Health continues to utilize the Expedited Partner Treatment (EPT) Program established in 2013. This program has proven to be very successful through providing free antibiotic treatment in a timely, unhassled manner to sex partners of individuals diagnosed with Chlamydia or Gonorrhea infection, or both.

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

### **Communicable Diseases**

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

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

### **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 since 2013 have focused on redirecting staff efforts to ensure immunization services provided by the Health Bureau were primarily for those individuals without insurance or limited coverage and when appropriate, guiding individuals to their primary care provider for services. Ongoing efforts are in place to ensure that all York City residents are kept informed of CDC immunization recommendations for all ages. Utilizing an upstream approach, the Immunization team reaches out to other care providers such primary care offices, pediatricians and school nurses to provide education on current immunization protocols and child immunization audits.

### **Animal Control**

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

### **Maternal Child Health Services**

One of the major factors contributing to infant mortality is low birth weight. There are multiple causes for premature births or low birth weight births, including but not limited to poor maternal nutrition, lack of or insufficient prenatal care, teen pregnancy, sexually transmitted diseases, and drug, alcohol, or tobacco use. The stresses of parenthood can be overwhelming at times, but particularly so when combined with teen parenthood, poor parenting skills, poverty, unemployment, poor housing and difficulty in accessing affordable health care. The unfortunate results can be poor child growth and development, preventable injuries, child abuse and neglect, and behavioral and social problems.

The Maternal and Child Health Program, funded by the Maternal Child Health Block Grant through the PA Department of Health, provides public health services to pregnant women and mothers of infants and children who are at risk and those with special needs. The emphasis is on health promotion through education and on reduction of avoidable risks. In 2014 the Bureau, in collaboration with community stakeholders, embarked on a systems change to better meet the needs of pregnant women early in their pregnancy by connecting them with community resources. The intent of this system change to improve birth outcomes for women by connecting them to social, economic and lifestyle services for a healthy birth. Special Needs services focus on, but are not limited to:

#### Newborn Screening and Follow-Up (NSF) activities

- Locating newborns lost after hospital discharge
- Conducting as necessary filter paper blood test (initial or repeat)
- PKU activities: metabolic formula program enrollment and distribution, obtaining repeat PKU monitoring blood tests, home visits as necessary for education, support and referral services
- Public education on NSF

#### Newborn Hearing Screening activities

- Locating newborns lost after hospital discharge
- Providing information and education to families on the importance of testing and diagnostic evaluation

- Assisting families in locating resources/health care coverage for testing  
Special Kids Network System of Care activities

- Maintenance of resource mapping
- Assistance with Community Systems Development
- Education and outreach to community

Medical Home Program and Federal State Implementation Grant activities

- Initiate and participate in parent and professional forums
- Consult with Medical Home practices on Community Systems Development
- Identify adult medical providers
- Education and community services for transitioning children and youth with special care needs to adulthood

Sudden Infant Death Syndrome activities

- Provide information, education and resources for families and the community

The Maternal and Child Health Program at YCBH looks to improve birth outcomes and the health of all females and children in the City of York. MCH services are provided through the joint efforts of a Community Outreach Worker and the MCH community in York City.

### **Lead and Healthy Homes Program**

The purpose of the Lead and Healthy Homes Program is to promote housing that is healthy and safe and to reduce hospitalizations, injuries, illnesses, or deaths from preventable home health and safety risks.

This program aims to address multiple hazards in homes and prevent diseases and/or injuries that result from housing-related hazards by:

- conducting comprehensive home assessments;
- providing education and low-cost or no-cost interventions to prevent health or safety problems before negative outcomes occur;
- coordinating follow-up medical care in the event that health conditions are identified;
- establishing or strengthening partnerships with stakeholders to reduce health and safety risks in homes; and
- collaborating with appropriate enforcement agencies to enforce existing regulations that address healthy housing issues.

### **Health Education**

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 Promotion Programs at YCBH focus on activities and programs that support individual and community health in order to reverse aforementioned health behavior trends.

Community Health Promotion Programs encompass all of the Bureau's services to address behavioral change, by providing public health awareness and education on a wide range on public health topics to the community in various settings. Furthermore, Health Bureau staff members reach out to essential community stakeholders to provide health information on topics that are not covered by the YCBH. For example, YCBH works closely with WellSpan Health to provide information on different types of cancers and multiple ways to reduce/mitigate the development of certain cancers. In addition, YCBH partners with Memorial Hospital and WellSpan Health to provide a variety of tobacco

cessation programs which focus on assisting individuals with quitting. YCBH staff members conduct surveillance on emerging and existing health trends in order to address the needs of the community. Community Health Promotion Programs offered at the Bureau are in line with the community health profile of the City of York with the intent of addressing at risk populations, which are disproportionately affected by chronic diseases.

The City of York faces many public health challenges. The YCBH relies heavily on community collaborations in order to reduce duplications of services and to streamline efforts aimed at primary prevention. The YCBH has several essential working relationships with key community stakeholders, which aid in implementing efficient and effective public health strategies.

### **Safe and Healthy Communities Program**

High blood cholesterol, high blood pressure, tobacco use, heredity, obesity and physical inactivity have been linked to an increased risk of heart disease and stroke. Twenty-two percent of York City deaths annually are due to heart disease. Deaths due to cardiovascular disease account for on average, 11.8 years of potential life lost per victim (2012). A growing number of people are aware of the link between lifestyle and disease and the impact these risk factors can have on their health status. However, only a small percentage is willing or able to modify their behaviors.

The Safe and Healthy Community Program is centered on addressing modifiable risk factors, particularly nutrition and physical activity in the community-at-large. Health promotion activities focus on policy, system, and environmental changes which create sustainable opportunities for individuals to engage and develop healthy habits that reduce/mitigate a variety of chronic diseases.

### **Violence and Injury Prevention Program**

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

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

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

### **Dental Health**

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

The Dental Health Program promotes the principle of preventive dental health and works with the community in developing a supportive environment for further public dental health measures. The Bureau coordinates a Dental Sealant program targeting 6-8 and 12-14 year old students in schools and community organizations through a contract with Family First Health. During Immunization Clinics, the community health nurse provides fluoride drops to infants and tablets to children, applies fluoride

varnish to the teeth of 6 month – 16 year olds, distributes toothbrushes and toothpaste, promotes good oral hygiene, and provides parents/guardians with information to improve the child's oral health.

## **Personal Health Services Goals and Objectives 2015**

Program Goal 1: Utilize interagency collaboration to decrease the transmission of STD's/HIV infections and increase awareness of STD's/HIV in the community.

Objective 1: Promote efficiency and cost effectiveness through interagency collaboration.

Activities:

- Share resources between and among agencies/providers to enhance patient care and referrals for individuals with HIV and/or STD's.

Evaluation Methods:

- A minimum of two agencies are identified and collaboration is established to promote the care and treatment of individuals with HIV and/or STD's.
- All clients identified positive for HIV and/or STD's are counseled and provided with appropriate medical services.

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

Activities:

- Develop an agreement or Memorandum of Understanding (MOU) with providers from Federally Qualified Health Centers and hospitals to provide Partner Services for their clients who test positive for HIV and/or STD's.
- Provide Partner Services for all clients referred.

Evaluation Methods:

- At least one agreement or MOU has been obtained from a Federally Qualified Health Center or Hospital to provide Partner Services for clients testing positive for HIV and/or STD's.
- Partner Services were provided for all clients referred.

Objective 3: Prevent or reduce communicable disease and HIV infection through education and community events in York City.

Activities:

- Provide a minimum of 12 educational events/programs (on how to prevent communicable diseases) to: York City residents, health care providers, community organizations, homeless shelters, professionals, faith based organizations and others as identified.
- Conduct disease screening and risk reduction counseling.
- Distribute communicable disease prevention information and condoms where appropriate.
- Continue to promote Hep C testing among Baby Boomers following CDC recommendations.
- Identify people with latent TB infection and bring them into treatment.

Evaluation Methods:

- A minimum of 12 educational events/programs have been provided in York City.
- A minimum of 350 (cumulative) screenings for HIV/STD's/Hep C have been conducted.

Program Goal 2: To reduce or eliminate indigenous cases of vaccine-preventable diseases through collaborative efforts with health care providers, public schools and appropriate community organizations or key stakeholders.

Objective 1: Offer and provide vaccinations to all eligible York City residents.

Activities:

- Network with Immunization Coalition members to connect with other healthcare professionals to assist in educating and promoting the importance of vaccinations to their clients.
- Utilize kindergarten audits conducted by YCBH staff to identify pockets of under immunized children and provide outreach and education to that population and any providers in that area.
- Collaborate with key stakeholders to provide education and activities during:
  - National Infant Immunization Week (April)
  - Hepatitis Awareness Month (May)
  - National Immunization Awareness Month (Aug)
  - National Influenza Vaccination Week (December)
- Work with YCBH Maternal Child Health (MCH) Outreach Worker to identify opportunities to assist with any clients identified as needing vaccinations.

Evaluation Methods:

- A minimum of 2 health care professionals have been identified and collaborated with to educate and promote the importance of being vaccinated against vaccine preventable diseases.
- Outreach to the residents and providers in a minimum of 2 pocket populations identified as under immunized.
- A minimum of 4 collaborative activities/programs have been provided to the York City Community during special recognition weeks or months.
- All children identified by the YCBH MCH Outreach Worker have been provided with the appropriate immunizations or appropriately referred to another health care provider.

Program Goal 3: To prevent cardiovascular disease in the City of York.

Objective: The York City Bureau of Health will implement the Million Hearts initiative in a minimum of two community organizations.

Activities:

- Work with a local advertising firm to develop Million Hearts toolkits.
- Select community organizations to invite to a Million Hearts workshop.
- Select and provide incentives to at least two community organizations.
- Aid in Million Hearts implementation and distribution of program materials.
- Educate the organizations about YCBH services aligned with the Million Hearts initiative.

Evaluation Methods:

- # of community organizations participating in the workshop.
- # of organizations chosen to implement the Million Hearts.
- # of toolkits disseminated.
- # of educational events held to discuss the initiative/YCHB services.

Program Goal 4: To reduce the number of intentional and unintentional injuries in York County.

Objective: Implement evidence based Safety & Injury Prevention programs.

Activities:

- Collaborate with internal departments to provide services.
- Partner with external stakeholders to integrate program activities.
- Participate in community events.

Evaluation Methods:

- Description of collaborations and partnerships established and implemented.

**Personal Health Services  
Performance Review for 2014**

**Tuberculosis**

Program Goal 1: To reduce and prevent the incidence of TB disease in York City.

Objective 1: Develop a policy for guidance when there is a National shortage of Isoniazid (INH) and PPD.

ACHIEVED:

- Research of INH and PPD supply concern was conducted and revealed no shortage but a distribution decision may have created the perception of a shortage. However, written policies and procedures were developed to follow in the event there is a shortage of INH and/or PPD. Policy and procedures are in SharePoint.

Objective 2: Develop relationships with facilities and organizations that work with incarcerated or institutionalized individuals.

ACHIEVED:

- Contact was made with York County Prison with information and education provided.
- TB screenings were provide to court mandated and house arrest clients.

Objective 3: Assess the effectiveness of the Health Bureau's TB program.

ACHIEVED:

- Feedback was received from staff and multiple stakeholders (Senior Helpers, Patient First, York Co. Prison Medical Dept., WellSpan Dialysis Center, Eastside Health Center, and Katallasso Family Health Center) to assess the program's effectiveness.
- Contact was made within the state to the TB Nurse at the City of Bethlehem Health Bureau to share practices and receive feedback.
- A State DOH onsite visit provided an assessment and feedback to staff on the YCBH's TB program.
- Activities and contacts were recorded to reflect all activity.

Of 319 PPD results through December 31, 2014:

Court mandated – 4 positives out of 30 tests read or a 13% Positivity rate.

City residents – 8 positives out of 261 tests read or a 3% Positivity rate.

Non-City residents – 0 positives out of 28 tests read or a 0% Positivity rate.

**Sexually Transmitted Diseases (STD'S)**  
**Human Immunodeficiency Virus (HIV)**  
**Acquired Immunodeficiency Syndrome (AIDS)**

Program Goal: Decrease the transmission of STD's/HIV infections in the community; increase awareness of STD's/HIV infections in the community.

Objective 1: Facilitate treatment in the continuum of care for HIV+ and co-infected individuals.

PARTIALLY ACHIEVED:

- 444 clients were tested for HIV; 7 newly diagnosed HIV positive (1.6% overall seropositivity).
- 100% of identified individuals HIV+ and co-infected were referred as appropriate to receive medical services.
- HIV testing was conducted for all identified at risk individuals.
- A Pre-Exposure Prophylaxis (PrEP) program for the MSM population was not developed.

Objective 2: Increase the utilization of the Social Networking Program.

ACHIEVED:

- 24 Social Network recruiters were identified and 142 Associates.
- Rapport with the Black Ministers Association was developed. Education and support promoting awareness of the importance of addressing HIV was provided. Additionally, obtained the keynote speaker for the local NAACP York Chapter's Health Conference from the University of Pittsburgh Graduate School of Public Health.

**Communicable Diseases**

Program Goal: To reduce all communicable diseases among York City residents.

Objective 1: Promote the 2012 CDC recommendation for expanded Hep C testing among Baby Boomers.

ACHIEVED:

- An education and awareness campaign was initiated to provide awareness and education to Baby Boomers on CDC recommendations.
- Hep C screenings were conducted beginning in September; referrals and lab slips were provided as indicated.
- 12 persons were tested; all were negative. 8 females and 4 males. 9 were non-city residents and 3 reside in the city. The age range was 56-68.
- All educational and promotional materials reflect the 2012 CDC recommendations.

**Immunization Program**

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

Objective 1: Offer and provide HPV vaccination to all eligible females/males 11 – 18 years of age and the Tdap vaccine to eligible clients 7 years of age and older.

PARTIALLY ACHIEVED:

- Although not in a written policy, a proactive approach has been adopted by Health Bureau staff to inform parents, caregivers, city school nurses and community providers on the

importance of the HPV and Tdap vaccines. 242 doses of HPV and 146 Tdap vaccines were provided in 2014.

- Multiple approaches have been utilized to identify key contacts to educate and promote both the HPV and Tdap vaccines (special clinics, bulletin boards, press releases, notices for parents provided to schools, personal contact with parents and caregivers at schools Facebook, etc.).

Objective 2: Utilize an upstream approach to contact and work with daycare providers in the community to explore opportunities that will assist in facilitating better vaccination coverage for York City residents.

ACHIEVED:

- Contact with the YMCA daycare and Early Head Start was made to assess how the Health Bureau might assist in facilitating better coverage for indigenous vaccine-preventable diseases among York City children.
- Immunization education and support has been given to daycare providers; appropriate referral information has been delivered to daycare clients.

Goal 2: Provide excellent service to all clients receiving immunization services.

Objective: Determine current level of customer service among clients accessing immunization services.

ACHIEVED:

- A client survey was developed and implemented to include feedback from all clients receiving any service provided at the clinic (this was identified as a quality improvement initiative for the clinic).
- Evaluation and assessment of the survey results showed all responding clients rated their experience as either good or excellent in all categories.

### **Animal Control**

Program Goal: To decrease animal bites in York City.

Objective 1: Increase awareness and education for the prevention of animal bites in York City.

PARTIALLY ACHIEVED:

- Written educational materials were distributed in the community to schools, daycares, churches, preschools, Bureau Health Center, and summer camp programs. Bureau Health Educators assisted in educating children through the Risk Watch program in York City schools.
- The number of animal bites in 2014 increased by 10 over those in 2013 - from 103 to 113.

### **Maternal Child Health**

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

Objective 1: To educate and promote the York City Bureau of Health's MCH program to agencies working with pregnant women and parents/partners.

PARTIALLY ACHIEVED:

- The staff participated in four outreach events to promote the MCH program and to identify referral sources and/or agencies in the community. Those events/contacts included:

Katalasso Health Clinic Festival, Northeast Neighborhood Block Party, a Back-to-School event at William Penn High School, and the Health Bureau's Baby Shower.

Objective 2: Implement an evidence-based curriculum for MCH home visits.

ACHIEVED:

- The Health Bureau purchased the Bright Futures curriculum to guide the MCH program staff to better track outcomes and provide consistency using evidence-based curriculum for home visits. MCH staff reviewed materials and incorporated the curriculum into the MCH program.

Objective 3: Implement an oral health program for prenatal and infants.

ACHIEVED:

- The Bureau received funding from the Harris Foundation to develop and implement an oral health program for prenatal women and infants. The MCH nurse provided education to the mother/family on oral health for the mother and how to provide good oral care for the infants. Seventy parents and care givers were educated. Of these, 36 were currently pregnant and there was a total of 33 infants.

### **Lead and Healthy Homes Program**

Program Goal 1: To support healthy housing by addressing environmental health and safety issues in the home.

Objective 1: Inform, educate, and provide information to appropriate providers on the Lead and Healthy Homes Program (LHH).

PARTIALLY ACHIEVED:

- The information letter for providers was not completed. The LHH coordinator completed 3 presentations locally to promote the LHH program. Pinnacle Health Systems, our funder, also conducts presentations on the LHH program in York.

Objective 2: Respond to all appropriate referrals for a Lead and Healthy Homes assessment.

ACHIEVED:

- 73 Lead and Healthy Homes Assessments were completed during the calendar year.
- 18 Post LHH assessments were conducted.
- 18 Lead paint risk assessment inspections were completed.
- 50 HOPWA inspections were completed.

### **Health Education**

Program Goal: Utilize multiple media strategies to educate and provide awareness about public health issues impacting York City residents.

Objective 1: Develop a written multi-media communication strategy to maximize internal and external resources by August 31, 2014.

ACHIEVED:

- The Health Bureau uses both Facebook and Twitter as a way to share public health topics, events, and services to the community. The Health Bureau has 218 followers on Twitter and 127 likes on Facebook, for a 39.5% increase in "Likes".

- Health Bureau staff participated in over 30 community outreach events/presentations reaching various populations residing in the City with important public health information.
- The Bureau created a policy for reviewing all materials developed prior to distribution to residents, stakeholders and the public.

### **Safe and Healthy Communities**

**Program Goal:** To positively impact the safety and health of York City residents through policy, system, and environmental changes.

**Objective 1:** To become a Bicycle Friendly Community by December 2014.

**ACHIEVED:**

- The City of York was designated a Bicycle Friendly Community at the bronze-level by the League of American Bicyclists. This is a 4-year designation from 2014 to 2018.

**Objective 2:** Provide an environment that supports healthy food choices at corner stores in York City.

**ACHIEVED:**

- YCBH supported the implementation of a lease requirement for healthier options with a new corner store, Green Food Market. A direct relationship between the store owners and a local grower, a vendor at the Penn Farmer’s Market, has been established. The store owners have also applied to accept SNAP/EBT and WIC.

### **Violence and Injury Prevention Program**

**Program Goal:** To reduce the number of intentional and unintentional injuries in the home and York community.

**Objective 1:** Utilize Suicide Prevention Curriculum and Risk Watch program to educate school age children on suicide and injury prevention.

**ACHIEVED:**

- Health Educators partnered with the York County Suicide Prevention Coalition to bring Lifelines into York County schools. The Lifelines curriculum helps competent school communities, students and parents to prevent suicide in our youth. The Health Educators initiated the beginning stage of the Lifelines program at Eastern York Middle school.
- Health Educators implemented the Risk Watch program into York Academy Regional Charter School, Helen Thackston Charter School, Devers Elementary School, Yorktowne Park Summer Camp and Lincoln Park Summer Camp reaching over 300 City students. The Health Educators were able help reduce the rate of injury and death due to risk behaviors in adolescents. To assist with the injury prevention program, Health Educators collaborated with Safe Kids York County.

**Objective 2:** Provide the evidence-based A Matter of Balance program to York community residence.

**ACHIEVED:**

- Health Educators implemented 4 A Matter of Balance classes in 2014 (Northeastern Senior Center, Normandie Ridge Senior Center, September House and Yorktown Senior Center). More than 50 older adults have completed the program and received safety equipment.

## Dental Health

Program Goal: The dental health status of York City residents will be improved through early identification of problems and/or poor habits.

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

ACHIEVED:

- The Program conducted 5 dental sealant events this year at 5 York City School District elementary schools: Davis, Devers, Goode, McKinley, and Ferguson.
- 151 students were screened for sealant eligibility, of which 26 were identified as having special needs. Eighty-eight students (58%) were sealed. Eligible children received at least one seal during the event with the average being 2.92 surfaces sealed per student. One hundred twenty (120) students received fluoride varnish during the event. Sealants were placed on 209 first molars, 1 on second molars, and 11 elsewhere. Sixty-nine students (40%) were referred for dental care.

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

ACHIEVED:

- Four nurses were trained by the Dental Director at Family First Health in the fluoride varnish application process. The policy and procedures for the program were developed and reviewed by the FFH dental director prior to implementing our program.
- Staff promoted the program at numerous locations in the city where children are present, such as day cares, schools, after-school venues, WIC office, etc. Ninety-nine children received fluoride varnish and 144 received fluoride tablets through our programs.

# **Environmental Health Services**

## Environmental Health Services

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

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

### ENVIRONMENTAL HEALTH SERVICES MATRIX

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

Notes:

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

### **Community Resources**

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

Penn State Cooperative Extension  
York Water Company

### **York City Departments of:**

Fire  
Police  
Permits, Planning and Zoning  
Economic Development  
Community Development  
Solicitor's Office  
Public Works

## **Environmental Health Services Goals and Objectives 2015**

### **Vector Control Program**

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

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

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

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

#### Activities:

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

#### Evaluation Methods:

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

## **Water Pollution Control Program**

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

The MIPP accomplishes this through industrial facility inspections and industrial wastewater sampling. Inspections are performed to ensure industries conduct their manufacturing processes and operate their wastewater treatment systems in compliance with pretreatment regulations, and to prevent the discharge of unwanted substances to the sanitary sewer system and wastewater treatment plant. Wastewater sampling and testing allows the MIPP to evaluate industrial compliance with both federal and local wastewater discharge regulations. Some industrial facilities may be required to treat their wastewater before discharge to the sanitary sewer to meet federal and local wastewater regulations; hence, the term “pretreatment.” Wastewater test results are also used to recoup costs incurred by the City of York wastewater treatment plant to process the higher strength industrial waste- costs that would otherwise be borne by ratepayers. Personnel also investigate spills and discharges that may pose an environmental threat. MIPP has two full time staff.

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

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

### **Activities:**

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

### **Evaluation Method:**

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

## **Food Service Sanitation**

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

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

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

### **Activities:**

- Annually license and inspect all food service establishments.

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

Evaluation Methods:

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

**Institution Sanitation and Safety**

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

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

**Public Bathing Places**

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

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

**Solid Waste Management**

The Environmental Bureau consists of five (5) full-time and one (1) part-time positions, administering a variety of programs and enforcing numerous local, state and federal laws, with the primary focus on solid waste management. Proper and timely collection and disposal of solid waste from our community has significant environmental and health impacts. Recycling items such as glass, metal cans and appliances, plastics, cardboard and a variety of other papers saves resources and considerable landfill space. By removing recyclables and yard waste from the waste stream, the City is able to significantly reduce disposal fees.

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

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

The Refuse and Recycling collections contract covers various solid waste management programs such as twice per week trash collections, once per week recycling collections, seasonal/weekly yard waste collections (March – Mid December), year-round/scheduled large-item collections, and collection of trash three times per week from 147 street containers. The contract also includes various contract dumpster and tote collections, located primarily at City facilities and multi-unit residential buildings.

The current Refuse and Recycling contract began on May 1, 2013 and will end April 30, 2017.

There are three optional 1-year extensions if both parties agree to extend under the existing terms.

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

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

Activities:

- Collect regular trash twice weekly by Penn Waste Incorporated.
- Pick up and dispose large items on an “as scheduled” basis.
- Collect leaves and Christmas trees for recycling.
- Maximize recycling efforts.

Evaluation Methods:

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

### **Drinking Water Supply**

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

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

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

## **Environmental Health Services Program Performance Review for 2014**

### **Vector Control**

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

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

ACHIEVED:

- Completing the 23rd year of Adopt-A-Block, cleanups were accomplished by volunteers from the 26 active neighborhood and business groups as well as active York College student organizations, involving approximately 200 students.
- Environmental Bureau staff arranged for delivery of supplies, removal of litter bags, free disposal, and other preparations such as maps and sign in sheets for the Keep York

Beautiful (KYB)/City litter cleanup event where volunteers collected litter from city streets, parks and along railroads.

- 15 public education classes were presented in the City's 2nd grade classrooms and most classes participated in a "litter walk" around their school to remove unsightly litter. An Enviro Scape unit is part of the program and reviews storm water contamination that coincides with the litter segment of the education program.

### **Water Pollution Control Program**

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

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

#### **ACHIEVED:**

- Municipal Industrial Pretreatment Program Staff conducted over 730 industrial site visits and 39 inspections of the major contributors; issued 54 Notices of Violation were to ten industries. All became compliant within the regulatory time frame.
- Staff collected 356 industrial wastewater samples, issued 5 industrial wastewater discharge permits; all industries were re-evaluated for frequency of wastewater monitoring.
- Responded to approximately 180 information requests, including citizen requests for information regarding specific industries.

### **Food Sanitation and Safety**

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

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

#### **ACHIEVED:**

- Conducted 346 food establishment inspections, 11 re-inspections and 460 inspections for special events.
- Received 14 complaints; closed 4 establishments.
- No new certificates of occupancy in the City were reviewed.

### **Institution Sanitation and Safety**

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

### **Public Bathing Places**

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

## **Solid Waste Management**

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

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

### **ACHIEVED:**

- Management of the sanitation and large-item curbside collection program resulted in collection and disposal of 16,501.2 tons of refuse (an increase of 450.72 tons from 2013). Nearly 15,107 households and small businesses in York City received twice per week refuse collection and once per week recycling collection, 52 weeks of the year. Of the 2,356,692 possible collections, there were 915 complaints, a plausible 0.039%.
- 2,750.49 tons of glass, metal, plastic containers, newspapers, office paper, cardboard, magazines and junk mail were recycled from the City's curbside contract; an increase of 337.17 tons or 14% compared to 2013. The City added corrugated cardboard and paperboard items to the required recyclables and recyclable tonnages have climbed from 1,820.39 tons in 2007 to 2,750.49 tons in 2014, averaging an amazing 930.1 tons or 51% increase from 8 years ago.
- H & H Composters hauled an estimated 559.88 tons of yard waste from the City's yard waste facility. Staff collected and chipped 978 Christmas Trees (15 tons) city-wide in January.

## **Drinking Water Supply**

The York Water Company services and supplies the drinking water to York City residents. The York Water Company continues to achieve compliance within the detected parameters per their Annual Drinking Water Quality Report and Test Results which can be found at:  
<https://www.yorkwater.com/CCR.pdf>

# Appendix

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

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

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

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

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

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

**Technical Notes and Comments:**

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

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

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

**Age-Adjusted Death Rates**  
**Selected Causes of Death – York City, PA 2012**

	<b>Cause of Death</b>	<b>Rate per 100,000*</b>	<b>No. of Deaths</b>
1.	Heart Disease	321.5	75
2.	Malignant Neoplasms	222.1	77
3.	Diabetes Mellitus	51.9	19
4.	Other Unintentional Injuries	47.2	18
5.	C.O.P.D.	44.1	14
6.	Cerebrovascular Disease	36.0	12
7.	Pneumonia and Influenza	20.8	6
8.	Motor Vehicle Fatality	10.3	4
9.	Alzheimer’s Disease	9.0	3
10.	Nephritis, Nephrosis	6.3	3
11.	Septicemia	3.0	1

\*Age-Adjusted Death Rates based on Standard U.S. 2010 population.  
Source of data: PA Department of Health Vital Statistics 2012.  
Data interpreted by the York City Bureau of Health.

**Years of Potential Life Lost**  
**<65 Years of age**  
**Ranked by Average YPPL – York, PA 2012**

	<b>Cause of Death (No. &lt; age 65)</b>	<b>Avg. YPPL</b>	<b>Total YPPL</b>
1.	Motor Vehicle Fatalities (3)	31.7	95
2.	Septicemia (1)	25.0	25
3.	C.O.P.D. (2)	20.0	40
4.	Other Unintentional Injuries (14)	19.3	270
5.	Heart Disease (19)	11.8	225
6.	Malignant Neoplasm (31)	10.8	335
7.	Cerebral Vascular Disease (4)	7.5	30
8.	Diabetes Mellitus (9)	6.1	55
9.	Nephritis, Nephrosis (3)	5.0	15
10.	Alzheimer’s Disease (1)	5.0	5

## Annual Crude Death and Birth Rates - 2012

	York City	York County	PA
# Deaths	348	3,615	127,122
<b>Crude Death Rate*</b>	<b>8.0/1,000</b>	<b>8.3/1,000</b>	<b>10.0/1,000</b>
# Births	843	4,733	140,873
<b>Crude Birth Rate**</b>	<b>19.3/1,000</b>	<b>10.9/1,000</b>	<b>11.1/1,000</b>

### 2010 Census

York City – 43,718

York County – 434,972

Pennsylvania – 12,702,379

**RETROSPECTIVE IMMUNIZATION SURVEY  
YORK CITY KINDERGARTENERS AT AGE 2  
CITY OF YORK, PA**

	09/10	10/11	11/12	12/13	13/14
Schools Selected	7	7	7	7	7
Records Selected and Reviewed	338	346	362	337	342
<b>Immunization Level at 24 Months of Age</b>					
DPT3			94%	93%	91%
DTP4	73%	71%	72%	69%	71%
POLIO3	86%	88%	90%	89%	88%
MMR1	86%	84%	85%	86%	81%
<b>4/3/1</b>	<b>69%</b>	<b>69%</b>	<b>68%</b>	<b>66%</b>	<b>65%</b>
HepB3	89%	92%	95%	93%	89%
VZV1	80%	84%	82%	85%	83%
<b>Immunization Landmarks</b>					
Start <4 months	89%	91%	93%	91%	87%
Start 4-5 months	3%	3%	2%	4%	4%
Start 6-9 month	4%	3%	1%	1%	3%
Start 10 months or later	4%	3%	4%	4%	6%
OK at 9 months (3/2/0)	72%	70%	71%	68%	69%
OK at 12 months (3/2/0)	83%	82%	84%	80%	76%
OK at 18 months (4/3/1)	38%	42%	42%	38%	43%
OK at 24 months (4/3/1)	69%	69%	68%	66%	65%
<b>Elementary School</b>					
	<b>4/3/1</b>	<b>4/3/1</b>	<b>4/3/1</b>	<b>4/3/1</b>	<b>4/3/1</b>
Devers	79%	63%	70%	81%	84%
McKinley	66%	63%	61%	56%	58%
Lincoln-Edison	67%	73%	73%	75%	59%
Goode	67%	76%	70%	57%	73%
Jackson	68%	56%	67%	59%	69%
Ferguson	74%	72%	59%	67%	57%
Davis	62%	74%	73%	61%	66%
Average	69%	69%	68%	66%	65%
At or above average					
Below average					

4/7/2014



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