ERIE COUNTY DEPARTMENT OF HEALTH
2012
PROGRAM PLAN

MARCH 30, 2012
# Table of Contents:

## PART 1 (Personnel Management)

<table>
<thead>
<tr>
<th>Section</th>
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## PART 2 (Fiscal Management)

<table>
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<tr>
<td>Budget and Expenditure Report for <strong>2011</strong></td>
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<tr>
<td>Budget and Revenue Summary</td>
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<tr>
<td>Budget Summary by Unit (Personnel, Operations, and Equipment)</td>
<td>11</td>
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<td>Categorical Health Grants</td>
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<td>Contracts for Services rendered and /or to be rendered</td>
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<td>Public Health Laboratory Services</td>
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## PART 3 (Program Plans)

- 2011 Community Health Assessment
- 2012 Public Health Preparedness – 2011 Performance Review
- 2012 Community Health Services – 2011 Performance Review
- 2012 Environmental Health Services – 2011 Performance Review
- 2012 Health Education Division – 2011 Performance Review
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<tr>
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<tr>
<td>Carla Picardo, M.D.</td>
<td>Physician</td>
<td>February 2011 – December 2013</td>
</tr>
<tr>
<td>Carolynn Masters, Ph.D.</td>
<td>General</td>
<td>December 2010 – December 2013</td>
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**ADMINISTRATIVE AND SUPERVISORY PERSONNEL AND SALARY**
(As required in Chapter 15; §15.22, §15.23, §15.25)

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<td>Andrew J. Glass, MS</td>
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<td>R. Anthony Snow, MD</td>
<td>Medical Director</td>
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<td>Richard Knecht</td>
<td>Manager of Public Health Preparedness</td>
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<tr>
<td>Charlotte Berringer, RN</td>
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<td>Karen Tobin</td>
<td>Director of Environmental Health</td>
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<tr>
<td>Janet Vogt</td>
<td>Manager of Health Promotion &amp; Education</td>
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# Personal Resource Summary

(As required in Chapter 15: §15.4 (a), §15.24)

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<th>Functional Unit</th>
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<th>#FTE</th>
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### Personal Resource Summary (continued)
(As required in Chapter 15: §15.4 (a) 3, §15.24)

#### Environmental Health Services

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**TOTAL FTE's** 75.5

**TOTAL SALARIES** $3,068,198
Fiscal Management

PART 2
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<td><strong>TOTAL - ENVIRONMENTAL HEALTH</strong></td>
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Analysis By: Andrew J. Glass, MS, F.A.C.H.E.    Position: Director    Agency: Erie County Department of Health    Date: 3/30/13
## ERIE COUNTY DEPARTMENT OF HEALTH

### 2011 EXPENDITURES

Acts 315, 12: PA Code: Title 28, Chapter 15; §15.4 (a) 9

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<td>233,806</td>
<td>221,692</td>
<td>12,113</td>
<td>0</td>
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<tr>
<td>Injury Prevention</td>
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<td>196,235</td>
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<tr>
<td>TOTAL OTHER SERVICES</td>
<td>435,742</td>
<td>417,927</td>
<td>17,816</td>
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</tr>
<tr>
<td>TOTAL - ADMINISTRATION</td>
<td>1,328,069</td>
<td>7,672</td>
<td>1,320,397</td>
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<td>TOTAL - COMMUNITY HEALTH</td>
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<td>2,218,132</td>
<td>1,390,474</td>
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<td>TOTAL - ENVIRONMENTAL HEALTH</td>
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<td>388,008</td>
<td>1,241,818</td>
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<td>833,688</td>
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<td>TOTAL - OTHER SERVICES</td>
<td>435,742</td>
<td>417,927</td>
<td>17,816</td>
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<td>17,816</td>
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<td>SUM: QUALIFYING HEALTH DEPT. PROGRAM</td>
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<td>TOTAL - EXCLUDED PROGRAMS</td>
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<td>408,130</td>
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<td>SUM: ERIE COUNTY DEPARTMENT OF HEALTH PROGRAMS</td>
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<td>3,031,740</td>
<td>3,970,505</td>
<td>408,130</td>
<td>3,562,375</td>
</tr>
</tbody>
</table>

Analysis By: Andrew J. Glass, M.D., F.A.C.H.E.  
Position: Director  
Agency: Erie County Department of Health  
Date: 3/30/10

NOTE: Act 537 funding has been eliminated.
<table>
<thead>
<tr>
<th>PROGRAM DESCRIPTIONS</th>
<th>TOTAL FUNDS</th>
<th>EXCLUSION &amp; GRANTS</th>
<th>SUBSIDY BASE</th>
<th>ACT 12 FUNDS</th>
<th>ACT 315 FUNDS</th>
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<td>Administrative/Supportive Services:</td>
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<td></td>
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<td>1,132,246</td>
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<td>Public Health Lab Services</td>
<td>22,650</td>
<td>6,500</td>
<td>16,150</td>
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<td>6,500</td>
<td>1,282,751</td>
<td>1,282,751</td>
<td></td>
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<tr>
<td>Community Health Services:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Chronic Disease Control</td>
<td>1,293,880</td>
<td>1,218,181</td>
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<td>Communicable Disease</td>
<td>1,687,801</td>
<td>656,001</td>
<td>1,031,800</td>
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<td>Maternal &amp; Child Health</td>
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<td>731,331</td>
<td>1,300</td>
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<td>Public Health Nursing Services</td>
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<td>239,221</td>
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<td>239,221</td>
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<tr>
<td>TOTAL COMMUNITY HEALTH SERVICES</td>
<td>3,953,532</td>
<td>2,605,513</td>
<td>1,348,019</td>
<td>1,348,019</td>
<td></td>
</tr>
<tr>
<td>Environmental Health Services:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body Art</td>
<td>9,040</td>
<td>0</td>
<td>9,040</td>
<td>3,018</td>
<td>6,022</td>
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<td>Food Protection</td>
<td>597,262</td>
<td>767</td>
<td>596,495</td>
<td>199,393</td>
<td>397,102</td>
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<td>Mobile Home Parks</td>
<td>8,672</td>
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<td>5,777</td>
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<td>Organized Camps &amp; Campgrounds</td>
<td>12,957</td>
<td>0</td>
<td>12,957</td>
<td>4,325</td>
<td>8,631</td>
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<td>Schools Sanitation</td>
<td>14,679</td>
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<td>14,679</td>
<td>4,901</td>
<td>9,779</td>
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<td>Solid Waste Management</td>
<td>264</td>
<td></td>
<td>264</td>
<td>88</td>
<td>176</td>
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<td>Water Pollution Control</td>
<td>378,081</td>
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<td>378,081</td>
<td>126,221</td>
<td>251,860</td>
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<td>Water Supply</td>
<td>132,905</td>
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<td>132,905</td>
<td>44,370</td>
<td>88,536</td>
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<td>Bathing Places</td>
<td>268,018</td>
<td>228,000</td>
<td>40,018</td>
<td>13,360</td>
<td>26,658</td>
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<td>Vector Control</td>
<td>109,473</td>
<td>77,800</td>
<td>31,673</td>
<td>10,574</td>
<td>21,099</td>
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<tr>
<td>TOTAL ENVIRONMENTAL HEALTH</td>
<td>1,531,352</td>
<td>306,567</td>
<td>1,224,785</td>
<td>409,145</td>
<td>815,640</td>
</tr>
<tr>
<td>Other Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injury Prevention</td>
<td>314,011</td>
<td>309,011</td>
<td>5,000</td>
<td></td>
<td>5,000</td>
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<tr>
<td>Public Health Preparedness</td>
<td>267,056</td>
<td>267,056</td>
<td>0</td>
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<td>0</td>
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<tr>
<td>TOTAL OTHER SERVICES</td>
<td>581,067</td>
<td>576,067</td>
<td>5,000</td>
<td></td>
<td>5,000</td>
</tr>
<tr>
<td>TOTAL - ADMINISTRATION</td>
<td>1,289,251</td>
<td>6,500</td>
<td>1,282,751</td>
<td>1,282,751</td>
<td></td>
</tr>
<tr>
<td>TOTAL - COMMUNITY HEALTH</td>
<td>3,953,532</td>
<td>2,605,513</td>
<td>1,348,019</td>
<td>1,348,019</td>
<td></td>
</tr>
<tr>
<td>TOTAL - ENVIRONMENTAL HEALTH</td>
<td>1,531,352</td>
<td>306,567</td>
<td>1,224,785</td>
<td>409,145</td>
<td>815,640</td>
</tr>
<tr>
<td>TOTAL - OTHER SERVICES</td>
<td>581,067</td>
<td>576,067</td>
<td>5,000</td>
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<td>5,000</td>
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<tr>
<td>SUM: QUALIFYING HEALTH DEPT. PROGRAM</td>
<td>7,355,202</td>
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<td>TOTAL - EXCLUDED PROGRAMS</td>
<td>3,494,647</td>
<td></td>
<td>409,145</td>
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<td>0</td>
</tr>
</tbody>
</table>

Analysis By: Andrew J. Glass, MS, F.A.C.H.E.

NOTE: Act 537 funding has been eliminated.
**BUDGET BY UNIT/REVENUE BY SOURCE**

*2012*

(As required in Chapter 15, §15.4 (a) 1, §15.4(a) 5)

$7,355,202

<table>
<thead>
<tr>
<th>BUDGET BY UNIT</th>
<th>BUDGET TOTAL</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration and Support Services</td>
<td>$1,364,052</td>
<td>19%</td>
</tr>
<tr>
<td>Community Health Services</td>
<td>$3,878,731</td>
<td>53%</td>
</tr>
<tr>
<td>Environmental Health Services</td>
<td>$1,531,352</td>
<td>21%</td>
</tr>
<tr>
<td>Other Services</td>
<td>$581,067</td>
<td>8%</td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td><strong>$7,355,202</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

**REVENUE BY SOURCE**

*2012*

(As required in Chapter 15, §15.4 (a) 1, §15.4(a) 5)

<table>
<thead>
<tr>
<th>REVENUE BY SOURCE</th>
<th>TOTAL BUDGET</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants - Federal</td>
<td>228,000</td>
<td>3%</td>
</tr>
<tr>
<td>Grants - State</td>
<td>3,167,933</td>
<td>43%</td>
</tr>
<tr>
<td>State Reimbursement (Act 315)</td>
<td>1,670,403</td>
<td>23%</td>
</tr>
<tr>
<td>State Reimbursement (Act 12)</td>
<td>395,637</td>
<td>5%</td>
</tr>
<tr>
<td>Fees &amp; All Misc License Fees</td>
<td>510,925</td>
<td>7%</td>
</tr>
<tr>
<td>Local Allotment</td>
<td>1,382,304</td>
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</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td><strong>$7,355,202</strong></td>
<td><strong>100.00%</strong></td>
</tr>
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</table>
## BUDGET BY UNIT/REVENUE BY SOURCE

### 2011

(As required in Chapter 15; §15.4 (a) 1, §15.4(a) 5)

<table>
<thead>
<tr>
<th>BUDGET BY UNIT</th>
<th>BUDGET TOTAL</th>
<th>PERCENT</th>
<th>EXPENDITURE TOTAL</th>
<th>DIFFERENCE</th>
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</thead>
<tbody>
<tr>
<td>Administration and Support Services</td>
<td>$1,198,311</td>
<td>17%</td>
<td>$1,403,365</td>
<td>(205,054)</td>
</tr>
<tr>
<td>Community Health Services</td>
<td>$3,795,478</td>
<td>54%</td>
<td>$3,555,075</td>
<td>240,404</td>
</tr>
<tr>
<td>Environmental Health Services</td>
<td>$1,504,181</td>
<td>22%</td>
<td>$1,629,826</td>
<td>(125,645)</td>
</tr>
<tr>
<td>Other Services</td>
<td>$488,496</td>
<td>7%</td>
<td>$450,051</td>
<td>38,445</td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td><strong>$6,986,466</strong></td>
<td><strong>100%</strong></td>
<td><strong>$7,038,317</strong></td>
<td><strong>($51,851)</strong></td>
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</table>

## REVENUE BY SOURCE

### 2011

<table>
<thead>
<tr>
<th>REVENUE BY SOURCE</th>
<th>TOTAL BUDGET</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants - Federal</td>
<td>$313,485</td>
<td>5%</td>
</tr>
<tr>
<td>Grants - State</td>
<td>$2,603,997</td>
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<tr>
<td>State Reimbursement (Act 315)</td>
<td>$1,639,942</td>
<td>25%</td>
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<tr>
<td>State Reimbursement (Act 12)</td>
<td>$401,441</td>
<td>6%</td>
</tr>
<tr>
<td>Fees &amp; All Misc License Fees</td>
<td>$396,503</td>
<td>6%</td>
</tr>
<tr>
<td>Local Allotment</td>
<td>$1,316,602</td>
<td>20%</td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td><strong>$6,671,970</strong></td>
<td><strong>100%</strong></td>
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</table>

10
### 2012 BUDGET

**LOCAL - STATE - FEDERAL FUNDS**

(As required in Chapter 15, §15-4(a) 1, §15-4(a) 5)

$7,355,202

<table>
<thead>
<tr>
<th></th>
<th>Administration &amp; Support</th>
<th>Community Health</th>
<th>Environmental Health</th>
<th>Other Services</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel-Salary &amp; Benefits</td>
<td>$619,365</td>
<td>$2,428,560</td>
<td>$1,244,556</td>
<td>$378,130</td>
<td>$4,666,611</td>
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<tr>
<td>Operation</td>
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<td>$1,202,354</td>
<td>$188,081</td>
<td>$78,564</td>
<td>$2,202,008</td>
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<tr>
<td>Equipment</td>
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<td>$249,817</td>
<td>$98,715</td>
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</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td><strong>$1,364,052</strong></td>
<td><strong>$3,878,731</strong></td>
<td><strong>$1,531,352</strong></td>
<td><strong>$581,067</strong></td>
<td><strong>$7,355,202</strong></td>
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</tbody>
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### 2011 EXPENDITURES

**LOCAL - STATE - FEDERAL FUNDS**

(As required in Chapter 15, §15-4(a) 1, §15-4(a) 6)

$7,038,317

<table>
<thead>
<tr>
<th></th>
<th>Administration &amp; Support</th>
<th>Community Health</th>
<th>Environmental Health</th>
<th>Other Services</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel-Salary &amp; Benefits</td>
<td>$596,111</td>
<td>$2,350,551</td>
<td>$1,334,664</td>
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<td>$4,646,609</td>
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<td>$39,975</td>
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<tr>
<td>Equipment</td>
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<td>$150,378</td>
<td>$58,909</td>
<td>$44,790</td>
<td>$268,245</td>
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<tr>
<td><strong>GRAND TOTAL</strong></td>
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<td><strong>$3,555,075</strong></td>
<td><strong>$1,629,826</strong></td>
<td><strong>$450,051</strong></td>
<td><strong>$7,038,317</strong></td>
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### CATEGORICAL HEALTH GRANT CONTRACTS
(As required in Chapter 15; §15.4(a) 5)

<table>
<thead>
<tr>
<th>CONTRACT</th>
<th>FEDERAL/STATE</th>
<th>TERM OF CONTRACT</th>
<th>AMOUNT</th>
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</thead>
<tbody>
<tr>
<td>Bioterrorism Grant</td>
<td>State</td>
<td>Aug 10, 2011 – Aug 9, 2012</td>
<td>$267,056</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>State</td>
<td>Jul 1, 2009 – Jun 30, 2012</td>
<td>$57,594</td>
</tr>
<tr>
<td>MCH</td>
<td>State</td>
<td>Jul 1, 2010 – Jun 30, 2012</td>
<td>$493,917</td>
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<tr>
<td>Immunizations</td>
<td>State</td>
<td>Jan 1, 2012 – Jun 30, 2012</td>
<td>$245,000</td>
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<tr>
<td>Beach Grant</td>
<td>Federal</td>
<td>Jan 1, 2012 – Dec 31, 2012</td>
<td>$228,000</td>
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<tr>
<td>West Nile Virus</td>
<td>State</td>
<td>Jan 1, 2012 – Dec 31, 2012</td>
<td>$77,100</td>
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<tr>
<td>Safe and Healthy Communities Grant</td>
<td>State</td>
<td>Jul 1, 2011 – Jun 30, 2014</td>
<td>$330,000</td>
</tr>
<tr>
<td>N.W. Regional Highway Safety</td>
<td>State</td>
<td>Oct 1, 2011 – Sep 30, 2012</td>
<td>$109,000</td>
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<tr>
<td>Cancer Grant</td>
<td>State</td>
<td>Jul 1, 2008 – Jun 30, 2013</td>
<td>$260,674</td>
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## PERTINENT CONTRACT SUMMARY
*(Services rendered or to be rendered)*

*(As required in Chapter 15, §15.4 (a)(6) & (a)(7)*

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<thead>
<tr>
<th>COMPANY NAME</th>
<th>BEGIN DATE</th>
<th>END DATE</th>
<th>SERVICE TYPE</th>
<th>CURRENT STATUS</th>
<th>MAXIMUM AMOUNT</th>
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<tbody>
<tr>
<td>Brasile, D.O., Domenick</td>
<td>01/01/12</td>
<td>12/31/12</td>
<td>STD Clinic Physician</td>
<td>Active</td>
<td>$16,692</td>
</tr>
<tr>
<td>Chest Diseases</td>
<td>01/01/12</td>
<td>12/31/12</td>
<td>TB Clinic Physician</td>
<td>Active</td>
<td>$23,000</td>
</tr>
<tr>
<td>Community Health Net</td>
<td>07/01/11</td>
<td>06/30/12</td>
<td>Dental Services</td>
<td>Active</td>
<td>$22,000</td>
</tr>
<tr>
<td>Corry Counseling Services Center</td>
<td>09/01/11</td>
<td>09/01/12</td>
<td>Leasing of Office Space (Corry)</td>
<td>Active</td>
<td>$13,872</td>
</tr>
<tr>
<td>Edinboro University of Pennsylvania</td>
<td>03/29/11</td>
<td>03/29/16</td>
<td>Nursing Students Clinical</td>
<td>Active</td>
<td>None</td>
</tr>
<tr>
<td>Erie County Prison</td>
<td>01/01/12</td>
<td>12/31/12</td>
<td>Preventative services, TB, HIV and RPR testing, D&amp;A counseling, suicide prevention</td>
<td>Active</td>
<td>$105,000</td>
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<tr>
<td>Gannon University (academic year)</td>
<td>08/01/08</td>
<td>Open ended</td>
<td>Nursing Students Clinical</td>
<td>Active</td>
<td>None</td>
</tr>
<tr>
<td>Gaudenzia</td>
<td>01/01/12</td>
<td>12/31/12</td>
<td>HIV Counseling/ Testing/ Referral Services</td>
<td>Active</td>
<td>$16,225</td>
</tr>
<tr>
<td>Kruszewski, D.O., David</td>
<td>01/01/12</td>
<td>12/31/12</td>
<td>CLPPP Physician</td>
<td>Active</td>
<td>$4,000</td>
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<tr>
<td>Medical Associates of Erie</td>
<td>01/01/12</td>
<td>12/31/12</td>
<td>Backup Medical Advisor</td>
<td>Active</td>
<td>$2,836</td>
</tr>
<tr>
<td>Microbac Laboratories</td>
<td>01/01/12</td>
<td>12/31/12</td>
<td>Clinic labs &amp; lead Investigation</td>
<td>Active</td>
<td>$11,000</td>
</tr>
<tr>
<td>Nurse Family Partnership</td>
<td>01/01/12</td>
<td>12/31/12</td>
<td>Technical Assistance/Training Fee</td>
<td>Active</td>
<td>$15,315</td>
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<tr>
<td>Snow, M.D., R. Anthony</td>
<td>01/01/12</td>
<td>12/31/12</td>
<td>Medical Advisor</td>
<td>Active</td>
<td>$12,654</td>
</tr>
<tr>
<td>Stanton, Elaine</td>
<td>07/01/11</td>
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<td>Lead Testing, Education &amp; Outreach</td>
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<td>St. Paul’s Free Clinic</td>
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<td>Uninsured health care</td>
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<tr>
<td>St. Vincent Medical Education &amp; Research Institute</td>
<td>01/01/12</td>
<td>12/31/12</td>
<td>STD Clinic Physician</td>
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<td>Animal rabies testing prep</td>
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</table>
PERTINENT CONTRACT SUMMARY *(Services rendered or to be rendered)*
(As required in Chapter 15, §15.4 (a)(6) & (a)(7))

<table>
<thead>
<tr>
<th>COMPANY NAME</th>
<th>BEGIN DATE</th>
<th>END DATE</th>
<th>SERVICE TYPE</th>
<th>CURRENT STATUS</th>
<th>MAXIMUM AMOUNT</th>
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<td>Eric Brozell</td>
<td>10/01/11</td>
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<td>Active Living By Design – Bicycle Erie</td>
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<tr>
<td>Melinda Meyer</td>
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<td>11/15/12</td>
<td>Let’s Move Outside! Erie County Recreational Passport</td>
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<td>Armstrong-Indiana Drug and Alcohol</td>
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<td>Tobacco Prevention &amp; Cessation Services</td>
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<td>Beacon Light</td>
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<td>Tobacco Prevention &amp; Cessation Services</td>
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<td>Brenda Ridgeway</td>
<td>01/01/12</td>
<td>06/30/12</td>
<td>Tobacco Prevention Services</td>
<td>Active</td>
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<tr>
<td>Community Health Net</td>
<td>07/01/11</td>
<td>06/30/12</td>
<td>Tobacco Prevention &amp; Cessation Services</td>
<td>Active</td>
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<td>Harmelin</td>
<td>06/20/11</td>
<td>06/30/13</td>
<td>Tobacco Media</td>
<td>Active</td>
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<td>Healthways/Quitnet</td>
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<td>Mercer County Behavioral Health Commission, Inc.</td>
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<td>Moore Research</td>
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<td>Olszak Management Consulting, Inc.</td>
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<td>Titusville Area Hospital</td>
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<tr>
<td>Presque Isle State Park</td>
<td>01/01/12</td>
<td>12/31/12</td>
<td>Recreational Beach Program</td>
<td>Active</td>
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<tr>
<td>Regional Science Consortium</td>
<td>01/01/12</td>
<td>12/31/12</td>
<td>Recreational Beach Program</td>
<td>Active</td>
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</tr>
</tbody>
</table>
Public Health Laboratory Services
PUBLIC HEALTH LABORATORY SERVICES

Need: The Health Department operates several programs (including Sexually Transmitted Diseases, HIV, Lead, Communicable Disease Control including vaccine preventable diseases and Tuberculosis) that require laboratory support for the examination of specimens to support diagnoses. The Environmental programs also require laboratory services for the analyses of drinking water, waste water, mosquitoes, dead birds, and food samples in support of their regulatory role and to provide information in support of environmental investigations. The Health Department doesn’t provide in-house laboratory services, with the exception of analysis of the public bathing beach water at Presque Isle State Park during the swimming season and consequently must identify and use outside laboratories, both private and government, for these services.

Objective: Identify and use certified laboratories to provide timely and reliable analytical services in support of the public and environmental health programs being conducted by the department and in support of other investigations undertaken to address public health concerns.

Activities:

1. Continue to use the following laboratories for personal health programs:

   A. Sexually Transmitted Diseases
      RPR, FTA for Syphilis - CDD Labs – Texas
      Gonorrhea and Chlamydia Testing – CDD Labs
      Herpes and Gonorrhea culture – Associated Clinical Labs (ACL), Erie
      HIV - State contracted laboratory – CDD Labs
      GC Cultures/Oral HIV/Viral Loads/CD4 testing – PA Bureau of Laboratories (BOL)
      STAT blood work, cultures and venipunctures – (ACL)

   B. Tuberculosis
      Smear Cultures – Bureau of Labs, Lionville, PA and ACL
      Tuberculin Sensitivity – Bureau of Labs, Lionville, PA
      Chest x-rays – Chest Diseases of Northwestern Pennsylvania, local Hospital Radiology Departments.
      Blood Chemistry – Associated Clinical Lab
      Venipunctures – Associated Clinical Lab/ECDH
      Tuberculosis Drug Levels – Infectious Disease Pharmacokinetics Lab (IDPL) Gainesville, FL
C. Maternal Child Health
   Newborn Screening/McCamin-Robins Test – PerkinsElmer Genetics, Pittsburgh, PA (PA contracted lab).
D. Other Laboratory Services
   Antibody titers – Bureau of Laboratories (BOL)
   Enteric – Associated Clinical Labs, State Bureau of Labs
   Rabies - FA testing – Department of Agriculture, Summerdale, PA or State Lab, Lionville, PA
E. Blood Lead Analysis – State Health Department, BOL; Associated Clinical Labs
F. Biological/ Environmental Samples, lead inspections – State DEP at Exton, Microbac

2. Continue to use the following laboratories for environmental programs.

A. Water and waste water – State DEP, Microbac
B. Food - Microbac– State Bureau of Labs, Lionville, PA
C. Mosquitoes (West Nile Virus)– State DEP
D. Birds (West Nile Virus)-State DEP

Evaluation: Laboratory services are provided and performed by Federal or State-certified facilities and personnel.
Community Health Assessment
2011 Erie County Health Profile
2011 Erie County Health Profile

Valerie Bukowski & Jeff Quirk
Epidemiologists

June, 2011

Erie County Department of Health
606 West Second Street
Erie, PA 16507
Tel: 814-451-6700
Fax: 814-451-6767
Website: http://www.ecdh.org

“Our mission is to preserve, promote, and protect the health, safety, and well-being of the people and the environment in Erie County.”
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INTRODUCTION

As part of its mission, the Erie County Department of Health is committed to reducing preventable illness and controlling the spread of communicable disease within Erie County. Programs and policies that address specific health problems are implemented within the community to meet these objectives. A prerequisite to program development is knowledge of population demographics and health status. The 2011 Erie County Health Profile provides current quantifiable measurements of health status indicators and sociodemographic characteristics specific to Erie County residents. It is a tool to be used for monitoring the health of the community, for program planning, and for program evaluation.

The 2011 Erie County Health Profile reviews the following seven major topics: (1) Demographics, (2) Maternal, Infant, and Child Health, (3) Mortality and Cancer, (4) Infectious Disease, (5) Adult Behavioral Health Risks, (6) Youth Behavioral Health Risks, and (7) Environmental Health. Annual as well as multi-year average annual values are presented to gauge current health indicators and to chart trends over time. Pennsylvania (PA) data and Healthy People 2010 (HP 2010) goals are included for comparison, and data for subpopulations within Erie County were examined to identify potential health disparities. A comparison table of HP 2020 goals is also included.


Secondary sources include the Pennsylvania Department of Health, Bureau of Health Statistics and Research (http://www.portal.state.pa.us), the Pennsylvania State Data Center (http://www.pasdc.hbg.psu.edu), the Centers for Disease Control and Prevention (http://www.cdc.gov), and the United States Census Bureau (http://www.census.gov). These agencies specifically disclaim responsibility for any of the analyses, interpretations, or conclusions that appear in this report.
<table>
<thead>
<tr>
<th>Objective</th>
<th>2010</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maternal, Infant, &amp; Child Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant Mortality</td>
<td>4.5 deaths per 1,000 live births</td>
<td>6.0 deaths per 1,000 live births</td>
</tr>
<tr>
<td>Neonatal Mortality</td>
<td>2.9 deaths per 1,000 live births</td>
<td>4.1 deaths per 1,000 live births</td>
</tr>
<tr>
<td>Prenatal Care During First Trimester</td>
<td>90.0% of live births</td>
<td>77.9% of live births</td>
</tr>
<tr>
<td>Low Birth Weight Infants</td>
<td>5.0% of live births</td>
<td>7.8% of live births</td>
</tr>
<tr>
<td>Smoking During Pregnancy</td>
<td>1.0% live births</td>
<td>1.4% live births</td>
</tr>
<tr>
<td>Preterm Births</td>
<td>7.6% of live births</td>
<td>11.4% of live births</td>
</tr>
<tr>
<td><strong>Mortality and Cancer</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Cancer Deaths</td>
<td>159.9 per 100,000 population</td>
<td>160.6 per 100,000 population</td>
</tr>
<tr>
<td>Lung Cancer Deaths</td>
<td>44.9 per 100,000 population</td>
<td>45.5 per 100,000 population</td>
</tr>
<tr>
<td>Colorectal Cancer Deaths</td>
<td>13.9 per 100,000 population</td>
<td>14.5 per 100,000 population</td>
</tr>
<tr>
<td>Female Breast Cancer Deaths</td>
<td>22.3 per 100,000 population</td>
<td>20.6 per 100,000 population</td>
</tr>
<tr>
<td>Prostate Cancer Deaths</td>
<td>28.8 per 100,000 population</td>
<td>21.2 per 100,000 population</td>
</tr>
<tr>
<td>Stroke Deaths</td>
<td>48.0 per 100,000 population</td>
<td>33.8 per 100,000 population</td>
</tr>
<tr>
<td>Accident Deaths</td>
<td>17.5 per 100,000 population</td>
<td>36.0 per 100,000 population</td>
</tr>
<tr>
<td>Motor Vehicle Accident Deaths</td>
<td>9.2 per 100,000 population</td>
<td>12.4 per 100,000 population</td>
</tr>
<tr>
<td>Homicide Deaths</td>
<td>3.0 per 100,000 population</td>
<td>5.5 per 100,000 population</td>
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<tr>
<td><strong>Infectious Diseases</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AIDS</td>
<td>1.0 case per 100,000 pop age 13+</td>
<td>13.0 cases per 100,000 pop age 13+</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>19.0 cases per 100,000 population</td>
<td>-----</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>-----</td>
<td>257.0 cases per 100,000 females 15-44</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>-----</td>
<td>198.0 cases per 100,000 males 15-44</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>4.3 cases per 100,000 population</td>
<td>0.3 cases per 100,000 population</td>
</tr>
<tr>
<td>Acute Hepatitis B</td>
<td>-----</td>
<td>1.5 cases per 100,000 pop age 19+</td>
</tr>
<tr>
<td>Acute Hepatitis C</td>
<td>1.0 case per 100,000 population</td>
<td>0.2 cases per 100,000 population</td>
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<tr>
<td>Measles</td>
<td>0 cases per year</td>
<td>-----</td>
</tr>
<tr>
<td>Meningococcal Disease</td>
<td>1.0 case per 100,000 population</td>
<td>0.3 cases per 100,000 population</td>
</tr>
<tr>
<td>Mumps</td>
<td>0 cases per year</td>
<td>-----</td>
</tr>
<tr>
<td>Primary and Secondary Syphilis</td>
<td>0.2 cases per 100,000 population</td>
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</tr>
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</table>
## HEALTHY PEOPLE GOALS (cont’d)

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>2010</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary and Secondary Syphilis</td>
<td>-----</td>
<td>1.4 cases per 100,000 females</td>
</tr>
<tr>
<td>Primary and Secondary Syphilis</td>
<td>-----</td>
<td>6.8 cases per 100,000 males</td>
</tr>
<tr>
<td>Congenital Syphilis</td>
<td>1.0 case per 100,000 live births</td>
<td>9.1 cases per 100,000 live births</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>1.0 case per 100,000 population</td>
<td>1.0 case per 100,000 population</td>
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</table>

**Adult Behavioral Health Risks**

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<th>2020</th>
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</thead>
<tbody>
<tr>
<td>Health Insurance</td>
<td>100% of pop age 18-64 have insurance</td>
<td>100% of pop has health insurance</td>
</tr>
<tr>
<td>Hypertension</td>
<td>16.0% of pop age 20+ has hypertension</td>
<td>26.9% of pop age 18+ has hypertension</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>80.0% age 18+ had chol. check last 5 yrs</td>
<td>82.1% age 18+ had chol. check last 5 yrs</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>17.0% age 20+ have high cholesterol</td>
<td>13.5% age 20+ have high cholesterol</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>12.0% of pop age 18+ smoke cigarettes</td>
<td>12.0% of pop age 18+ smoke cigarettes</td>
</tr>
<tr>
<td>Smoking Cessation</td>
<td>75.0% of 18+ quit at least 1 day in past yr</td>
<td>80.0% of 18+ quit at least 1 day in past yr</td>
</tr>
<tr>
<td>Seat Belt</td>
<td>92.0% of age 18+ always use safety belt</td>
<td>92.4% of occupants always use safety belt</td>
</tr>
<tr>
<td>Smoke Alarms</td>
<td>100% of households have smoke alarm</td>
<td>-----</td>
</tr>
<tr>
<td>Binge Drinking</td>
<td>6.0% 18+ binge drink in past month</td>
<td>24.3% 18+ binge drink in past month</td>
</tr>
<tr>
<td>Mammogram</td>
<td>70.0% women 40+ had mammo in last 2 yrs</td>
<td>81.1% women 50-74 had a screening*</td>
</tr>
<tr>
<td>Pap Test</td>
<td>90.0% women 18+ had Pap test in last 3 yrs</td>
<td>93.0% women age 21-65 had screening*</td>
</tr>
<tr>
<td>Colonoscopy/Sigmoidoscopy</td>
<td>50.0% age 50+ ever had either procedure</td>
<td>70.5% of pop age 50-75 had a screening*</td>
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<tr>
<td>Fecal Occult Blood Test (FOBT)</td>
<td>50.0% age 50+ had test in past 2 years</td>
<td>70.5% of pop age 50-75 had a screening*</td>
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<tr>
<td>Flu Shot</td>
<td>90.0% age 65+ had flu shot in past year</td>
<td>90.0% age 65+ had flu shot in past year</td>
</tr>
<tr>
<td>Flu Shot</td>
<td>60.0% age 18-64 had flu shot in past year</td>
<td>80.0% age 18-64 had flu shot in past year</td>
</tr>
<tr>
<td>Pneumonia Vaccination</td>
<td>90% of pop age 65+ ever vaccinated</td>
<td>90.0% of pop age 65+ ever vaccinated</td>
</tr>
<tr>
<td>Pneumonia Vaccination</td>
<td>16.0% of pop age 18-64 ever vaccinated</td>
<td>60.0% of high risk 18-64 ever vaccinated</td>
</tr>
<tr>
<td>Exercise</td>
<td>20.0% age 18+ no leisure physical activity</td>
<td>32.6% age 18+ no leisure phys. activity</td>
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<tr>
<td>Healthy Weight</td>
<td>60.0% of pop age 20+ at healthy weight</td>
<td>33.9% of pop age 20+ at healthy weight</td>
</tr>
<tr>
<td>Obese</td>
<td>15.0% of pop age 20+ are obese</td>
<td>30.6% of pop age 20+ are obese</td>
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</tbody>
</table>

**Youth Behavioral Health Risks**

<table>
<thead>
<tr>
<th>Object</th>
<th>2010</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binge Drinking</td>
<td>-----</td>
<td>22.7% of high school seniors binge drink in past 2 weeks</td>
</tr>
</tbody>
</table>

* In HP 2020 recommended cancer screenings are based on the most recent guidelines for that particular cancer.
Socioeconomic, racial, ethnic, and gender disparities are a clear and overarching challenge to improved community health among Erie County residents.

During the period 1980-2009, Erie County's population remained level at approximately 280,000 residents. However, the city of Erie's population declined by 15,552 persons, or 13.1%. (p.10)

The median age of the population is increasing and rose from 34.7 to 38.4 years during the decade 1999 to 2009. (p.11)

Since 1990, Erie County has experienced substantial growth in both the African-American (+30.3%) and Hispanic (+156.0%) populations. (p.11)

Poverty rates differ considerably among municipalities and public school districts. Target groups include children and single mother families with children under the age of 18. (pp.11-12)

The infant mortality rate has dropped 12.1% since the period 1990-1992. (p.13)

Nearly half (48.7%) of all live births are to single mothers. (p.14)

The rate of babies born preterm (less than 37 weeks) rose by 38.7% from 1990-1992 to 2006-2008. (p.14)

The teenage birth rate for females 15-19 years of age fell by 14.4% from 1996-1998 to 2006-2008. (p.15)

94.0% of two-year old clients seen at the Erie County Department of Health are fully-immunized. (p.15)

From 1996-1998 to 2006-2008, the death rates for heart disease and stroke declined by 24.5% and 25.3%, respectively. (pp.16,18)

Lung cancer is the leading cause of cancer death, killing more people during 2006-2008 than colorectal, breast, pancreatic, and prostate cancers combined. (p.17)

The five leading sites of new cancers (prostate, lung, breast, colorectal, and urinary bladder) accounted for 57.9% of all diagnoses in 2006-2008. (p.17)

The motor vehicle accident death rate declined by 18.7% from 1996-1998 to 2006-2008. (p.19)

From 1996-1998 to 2006-2008, the Alzheimer's disease death rates rose by 262.3%. (p.20)

Chlamydia infections remain a significant public health concern. (pp.21-23)

Gonorrhea infections decreased significantly in both 2008 and 2009. (pp.22-23)
The H1N1 pandemic began in June 2009 and spanned two flu seasons. There were 142 cases of confirmed pH1N1 and 1,525 cases of presumed pH1N1 reported. (p.24)

Lack of health insurance has increased among adults with a significant increase seen among males. (p.29)

Hypertension among adults has decreased with a significant decrease seen among males. (pp.29-30)

Cholesterol testing has decreased among adults and no longer meets the Healthy People 2010 goal of 80%. (p.30)

Asthma incidence among adults has decreased slightly and is significantly lower than the rate for PA. (p.30)

Asthma incidence among male adults is significantly lower than the rate for PA. (p.30)

The percentage of cigarette smokers among adults and pregnant women is significantly higher compared to PA. (pp.14,31)

Cigarette smoking among 18-29 year olds has decreased but remains high at 35%. (p.31)

Bicycle helmet use among children under age 12 has increased by 12%. (p.31)

Binge drinking among adults has decreased but still remains significantly higher compared to PA. (p.32)

43% of adults age 18 to 29 admit to binge drinking within the past month. (p.32)

Mammograms continue to decrease among women age 40 and older but remain above the Healthy People 2010 goal of 70%. (pp.32-33)

Pap tests continue to decrease among women age 18 and above and no longer exceed the Healthy People 2010 goal of 90%. (p.33)

PSA blood testing among males age 50 and above has decreased by 20%. (p.33)

Colorectal examinations among adults age 50 and above have increased and now exceed the Healthy People 2010 goal of 50%. (p.33)

Annual flu shots among adults age 65 and above have increased. (p.33)

28% of adults are obese; 65% are overweight (overweight includes those who are obese. (p.34)

Fruit and vegetable consumption among adults is significantly lower compared to PA. (p.34)

Alcohol is the leading drug used by public school students in grades 6-12. (p.35)
General Description and Population

Erie County is located in northwestern Pennsylvania on the south shore of Lake Erie. Ashtabula County (OH) is its western boundary, Chautauqua County (NY) and Warren County (PA) mark its eastern boundary, and Crawford County (PA) lies to the south. The county has a total land area of 802 square miles and a total water area of 756 square miles.

Erie County's 2009 estimated population was 280,291 residents, which amounted to 2.2% of PA's population of 12,604,767. Approximately 80% of the county population is urban, and 20% is rural. Erie County's population grew by 142.6% over the last 100 years, from 115,517 residents in 1910 to 280,291 in 2009. Since 1980, the population has remained level at about 280,000 residents.

The 38 municipalities of Erie County are comprised of 2 cities, 22 townships, and 14 boroughs. The city of Erie is the Commonwealth's fourth largest city, behind Philadelphia, Pittsburgh, and Allentown.

During the period 1980 to 2009, the city of Erie's population dropped by a municipality-wide high of 15,552 persons (-13.1%). Much of this loss was due to migration to nearby municipalities. Millcreek township experienced the largest population gain, increasing by 7,966 persons (+18.0%).

### Population of Erie County Municipalities, 1980-2009

<table>
<thead>
<tr>
<th>Municipality</th>
<th>1980</th>
<th>2009</th>
<th>Change</th>
<th>% Change</th>
</tr>
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</table>

* The State Correctional Institution at Albion opened in 1993  
** Fairview Borough consolidated with Fairview Township in 1998
Of the 280,291 people residing in Erie County in 2009, 142,598 (50.9%) were female, and 137,693 (49.1%) were male. With respect to age, 63,342 (22.6%) were under 18 years, 176,011 (62.8%) were 18 to 64 years, and 40,938 (14.6%) were 65 years and older. From 1999 to 2009, the median age of residents increased from 34.7 to 38.4 years.

With respect to race and ethnicity in 2009, 254,928 (91.0%) of Erie County residents were white, 18,644 (6.7%) were black or African-American, 2,252 (0.8%) were Asian, and 4,467 (1.6%) were classified as other race. A total of 8,613 (3.1%) residents were Hispanic or Latino (of any race).

From 1990-2009, the number of whites in Erie County decreased by 1.1% (from 257,879 to 254,928), the African-American population increased by 30.3% (from 14,304 to 18,644), and the Hispanic population increased by 156.0% (from 3,364 to 8,613).

The five leading reported ancestries of Erie County residents are German, Irish, Polish, Italian, and English.

The average number of Erie County resident live births from 2006-2008 was 3,455 per year with an average annual crude birth rate of 12.4 births per 1,000 total population. During this same period, the average number of resident deaths was 2,678 per year with an average annual crude death rate of 9.6 deaths per 1,000.

Households and Families
In 2009, there were 108,457 households in Erie County, with an average household size of 2.5 persons. Overall, there were 69,165 (63.8%) family households, with an average size of 3.1 persons, and 39,292 (36.2%) nonfamily households, with an average size of 1.2 persons. The median household income was $42,888, the median family household income was $54,429, and the median nonfamily household income was $24,257.

Of the 69,165 family households, 51,311 (74.1%) were married-couple families, 13,318 (19.3%) were single female families, and 4,536 (6.6%) were single male families. Of the 39,292 nonfamily households, 33,280 (84.7%) were householders living alone, and 6,012 (15.3%) were other types of nonfamily households.

A total of 29,604 family households had their own children under 18 years of age, including 18,702 (63.2%) married-couple families, 8,579 (29.0%) single female families, and 2,323 (7.8%) single male families.

Poverty
In 2009, 15.8% of the Erie County population lived below the poverty level. Respective percentages were 14.2% for males, 17.3% for females, 14.4% for whites, 31.6% for African-Americans, and 42.5% for Hispanics.
In 2009, 21.6% of children under 18 years, 15.0% of persons 18-64 years, and 9.8% of persons 65 years and older lived below the poverty level.

In 2009, 10.6% of all family households, 5.1% of married-couple families, and 33.1% of single female families lived below the poverty level. For those family households with related children under 18 years of age, 18.5% of all families, 8.6% of married-couple families, and 41.3% of single female families lived below the poverty level.

In 2009, the five largest cities in PA had the following poverty level percentages: Philadelphia (25.0%), Pittsburgh (23.1%), Allentown (29.0%), Erie (23.1%), and Reading (33.0%).

**Education**

In 2009, 90.0% of Erie County residents 25 years and over had at least graduated high school, 24.0% had a bachelor's degree or higher, and 8.6% had earned a graduate or professional degree.

The 2009 median earnings were $15,325 for those who had not graduated from high school, $25,349 for high school graduates, $39,434 for those with a bachelor's degree, and $52,481 for those with a graduate or professional degree.

The total school enrollment in Erie County was 70,581 in 2009. Overall, 8,589 (12.1%) students were in nursery school, preschool, or kindergarten, 25,707 (36.4%) were in elementary school (grades 1-8), 14,638 (20.7%) were in high school (grades 9-12), 17,281 (24.5%) were in college, and 4,366 (6.2%) were in graduate or professional school.

Of the 70,581 total enrolled students, 51,668 (73.2%) were enrolled in public school and 18,913 (26.8%) were enrolled in private school. Public school enrollments were 64.8% for nursery school, preschool, and kindergarten, 84.6% for elementary school, 85.6% for high school, 58.6% for college, and 38.9% for graduate or professional school.

There are 13 public school districts in Erie County with a 2008-2009 reported total enrollment of 41,228 students. The overall dropout rate during 2007-2008 was 1.2% compared to 1.6% for PA.

## Erie County Public School District Poverty Estimates, 2009-2010 *

<table>
<thead>
<tr>
<th>School District</th>
<th>Total Population</th>
<th># Age 5-17 in Poverty</th>
<th>% Age 5-17 in Poverty</th>
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<td>Districts (13)</td>
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* For each school district, estimates pertain to all school-age children ages 5-17, whether enrolled in public or private school, or not enrolled

## Medical Facilities

There are currently 4 general acute care hospitals, 1 rehabilitation hospital, 1 federal hospital, 1 children's hospital, 1 specialty care hospital, 1 regional cancer center, 22 nursing homes, and 25 licensed personal care homes located in Erie County. Selected hospitals offer free-standing imaging centers, same day surgery centers, women's centers, and health clinics. Underserved and uninsured individuals can receive health care through Community Health Net, a Federally Qualified Health Center, which provides medical, vision, and dental services.
MATERNAL, INFANT, AND CHILD HEALTH

**Total Live Births**
There were 10,364 Erie County resident live births reported in 2006-2008, for an average annual crude birth rate of 12.4 births per 1,000 total population. Overall, 8,393 (81.0%) births were to white mothers, 1,279 (12.3%) births were to African-American mothers, and 540 (5.2%) births were to Hispanic mothers (of any race).

---

![Erie County Live Birth Rate, 1990-2008](image)

**Infant Mortality**

**HP2010 Goal: 4.5 deaths per 1,000 live births**
Infant mortality is defined as the death of an infant less than 1 year of age. Erie County’s infant mortality rate increased from 8.3 deaths per 1,000 live births in 1996-1998 to 9.4 in 2006-2008 (for PA, 7.4). From 2006-2008, the rates were 7.3 for whites, 25.0 for African-Americans, and 7.4 for Hispanics. Overall, infant mortality has dropped 12.1% since 1990-1992 when the rate equaled 10.7 per 1,000.

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**Neonatal Mortality**

**HP2010 Goal: 2.9 deaths per 1,000 live births**
Neonatal mortality is defined as the death of an infant less than 28 days of age. The neonatal mortality rate in Erie County increased from 5.7 deaths per 1,000 live births in 1996-1998 to 6.1 in 2006-2008 (for PA, 5.2). From 2006-2008, the rates were 4.9 for whites, 15.6 for African-Americans, and 3.7 for Hispanics.

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**Prenatal Care During First Trimester**

**HP2010 Goal: 90% of live births**
The percentage of Erie County mothers who received prenatal care in the first trimester of pregnancy decreased from 81.6% of live births in 1996-1998 to 80.3% in 2006-2008 (for PA, 79.7%). From 2006-2008, the percentages were 83.0% for whites, 65.1% for African-Americans, and 72.9% for Hispanics. The percentage of African-American mothers seeking prenatal care in the first trimester has increased 11.1% since 1990-1992 (from 58.6 to 65.1).

---

![First Trimester Prenatal Care](image)
**Low Birth Weight Infants**

**HP2010 Goal: 5% of live births**

Low birth weight babies are those born weighing less than 2,500 grams (5 pounds and 9 ounces). In Erie County, the percentage of low birth weight infants increased from 7.3% in 1996-1998 to 8.7% in 2006-2008 (for PA 8.4%). From 2006-2008, the percentages were 7.8% for whites, 13.9% for African-Americans, and 11.7% for Hispanics.

---

**Preterm Births**

**HP2010 Goal: 7.6% of live births**

In Erie County, the rate of babies born preterm (less than 37 weeks) rose by 38.7% from 1990-1992 to 2006-2008. In other words, 1 of every 12 babies born in 2006-2008 was delivered preterm compared with 1 of 17 babies born in 1990-1992.

Overall, the rate of babies born late preterm (34 to 36 weeks) rose by 44.2%, but this increase was not offset by a decline in births delivered at less than 34 weeks. Early term births (37 to 39 weeks) rose by 122.0%, but births at gestations of 40 to 44 weeks dropped by 62.6%.

---

**Births to Single Females**

In Erie County, the percentage of live births to unmarried mothers increased from 38.7% in 1996-1998 to 48.7% in 2006-2008 (for PA 39.6%). From 2006-2008, the percentages were 42.6% for whites, 84.8% for African-Americans, and 65.1% for Hispanics.

---

**Cesarean Section Deliveries**

The percentage of Erie County mothers who had a cesarean section delivery increased from 19.7% in 1996-1998 to 35.1% in 2006-2008 (for PA, 30.1%). From 2006-2008, the percentages were 34.9% for whites, 35.2% for African-Americans, and 37.7% for Hispanics.

---

**Smoking During Pregnancy**

**HP2010 Goal: 1% of live births**

The percentage of Erie County mothers who smoked during pregnancy increased from 25.6% in 1996-1998 to 28.3% in 2006-2008 (for PA, 16.3%). From 2006-2008, the percentages were 28.4% for whites, 31.3% for African-Americans, and 22.2% for Hispanics. Smoking during pregnancy remains a significant public health problem.
Births Delivered by Cesarean Section
Erie County, 1996-2008

Birth Rate for Females Aged 15-19 Years
Erie County, 1996-2008

Smoking During Pregnancy
Erie County, 1996-2008

Births to Females 15-19 Years of Age
In 2006-2008, 12.1% of all Erie County live births were to females 15-19 years of age (for PA, 9.2%). The percentages were 9.3% for whites, 27.4% for African-Americans, and 21.1% for Hispanics. Resident births to mothers 15-19 years of age have gradually declined since 1990-1992 when the percentage equaled 14.0%.

Erie County's birth rate for females 15-19 years of age has declined from 44.3 births per 1,000 females 15-19 years in 1996-1998 to 37.9 in 2006-2008 (for PA, 29.8). From 2006-2008, the rates were 26.5 for whites, 150.7 for African-Americans, and 138.7 for Hispanics.

Births to Females 15-17 Years of Age
Erie County's birth rate for females 15-17 years of age has declined from 31.0 births per 1,000 females 15-17 years in 1996-1998 to 23.7 in 2006-2008 (for PA, 16.1). From 2006-2008, the rates were 13.8 for whites, 117.4 for African-Americans, and 109.6 for Hispanics. Overall, the City of Erie accounted for 310 out of a total 431 (71.9%) Erie County births to females aged 15-17 years in 2006-2008.

Immunization Status of Children
In 2010, 94.0% of two-year old clients seen at the Erie County Department of Health had completed the recommended vaccine series (for all PA public provider sites, 77.0%).
**All Causes of Death**

There were 8,034 Erie County resident deaths reported in 2006-2008. Overall, 3,851 (47.9%) deaths were to males and 4,163 (51.8%) deaths were to females. For race and ethnicity, 7,646 (95.2%) deaths were to whites, 365 (4.5%) deaths were to African-Americans, and 38 (0.5%) deaths were to Hispanics (of any race).

The average annual age-adjusted death rate from all causes decreased from 886.9 per 100,000 population in 1996-1998 to 859.9 in 2006-2008 (for PA, 832.9). From 2006-2008, the rates were 1,094.7 for males, 709.1 for females, 847.3 for whites, 1,315.9 for African-Americans, and 627.7 for Hispanics.

The ten leading causes of death to Erie County residents from 2006-2008 are shown below. Collectively, these causes accounted for a total of 6,229, or 77.5%, of all deaths.

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<th>Cause of Death</th>
<th># of Deaths (%)</th>
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<tr>
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<td>Stroke</td>
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<td>Accidents</td>
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<td>Nephritis &amp; Nephrosis</td>
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<td>Alzheimer's Disease</td>
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<td>Pneumonia &amp; Influenza</td>
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<tr>
<td>Septicemia</td>
<td>115 (1.4)</td>
<td>12.3</td>
</tr>
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</table>

* Age-adjusted death rates are per 100,000 population

**Heart Disease Deaths**

The leading cause of death to Erie County residents continues to be heart disease, which accounted for 25.9% of all deaths in 2006-2008. The average annual age-adjusted heart disease death rate in Erie County decreased from 291.5 per 100,000 in 1996-1998 to 220.2 in 2006-2008 (for PA, 215.4). From 2006-2008, the rates were 307.5 for males, 165.4 for females, 217.8 for whites, and 322.0 for African-Americans.

**Cancer Deaths**

**HP2010 Goal: 159.9 deaths per 100,000**

The second leading cause of death to Erie County residents is cancer (malignant neoplasms), which accounted for 23.8% of all deaths in 2006-2008. The average annual age-adjusted cancer death rate in Erie County decreased from 203.3 per 100,000 in 1996-1998 to 200.1 in 2006-2008 (for PA, 191.6). From 2006-2008, the rates were 271.1 for males, 168.7 for females, 203.7 for whites, and 320.6 for African-Americans.

**Cancer Incidence**

The average annual age-adjusted cancer incidence rate in Erie County (for all primary invasive cancers and in situ bladder cancers) increased from 469.9 per 100,000 in 1996-1998 to 490.9 in 2006-2008 (for PA, 508.7). From 2006-2008, the rates were 579.4 for males and 440.3 for females.
Lung Cancer Deaths and Incidence

**HP2010 Goal: 44.9 deaths per 100,000**

As the number one cause of cancer death in Erie County, lung cancer accounted for more deaths in 2006-2008 than the next four leading cancer sites combined. The average annual age-adjusted lung cancer death rate in Erie County increased from 54.8 per 100,000 in 1996-1998 to 60.1 in 2006-2008 (for PA, 52.2). From 2006-2008, the rates were 78.7 for males, 49.0 for females, 59.4 for whites, and 105.6 for African-Americans.

The average annual age-adjusted lung cancer incidence rate in Erie County increased from 66.3 per 100,000 in 1996-1998 to 69.1 in 2006-2008 (for PA, 70.3). From 2006-2008, the rates were 82.7 for males and 61.8 for females.

Colorectal Cancer Deaths and Incidence

**HP 2010 Goal: 13.9 deaths per 100,000**

The average annual age-adjusted colorectal cancer death rate in Erie County decreased from 21.1 per 100,000 in 1996-1998 to 20.3 in 2006-2008 (for PA, 18.7). From 2006-2008, the rates were 27.1 for males, 15.5 for females, and 20.1 for whites. The rate for African-Americans was statistically unreliable because the number of deaths was less than 20.

The average annual age-adjusted colorectal cancer incidence rate in Erie County decreased from 57.0 per 100,000 in 1996-1998 to 48.8 in 2006-2008 (for PA, 51.9). From 2006-2008, the rates were 59.3 for males and 41.2 for females.

Female Breast Cancer Deaths & Incidence

**HP2010 Goal: 22.3 deaths per 100,000**

The average annual age-adjusted female breast cancer death rate in Erie County decreased from 33.5 per 100,000 in 1996-1998 to 26.3 in 2006-2008 (for PA, 24.4). From 2006-2008, the rate was 28.7 for whites. The rate for African-Americans was statistically unreliable because the number of deaths was less than 20.

The average annual age-adjusted female breast cancer incidence rate in Erie County decreased from 132.3 per 100,000 in 1996-1998 to 127.2 in 2006-2008 (for PA, 125.9).
**Prostate Cancer Deaths & Incidence**  
**HP2010 Goal:** 28.8 deaths per 100,000  
The average annual age-adjusted prostate cancer death rate in Erie County increased from 28.8 per 100,000 in 1996-1998 to 31.6 in 2006-2008 (for PA, 25.8). From 2006-2008, the rate was 31.2 for whites. The rate for African-Americans was statistically unreliable because the number of deaths was less than 20.  
The leading site of new cancer cases in Erie County residents is the prostate, which accounted for 14.8% of all newly diagnosed primary invasive cancers in 2006-2008. The average annual age-adjusted prostate cancer incidence rate in Erie County increased from 151.9 per 100,000 in 1996-1998 to 164.8 in 2006-2008 (for PA, 160.1).

**Pancreatic Cancer Deaths & Incidence**  
The average annual age-adjusted pancreatic cancer death rate in Erie County increased from 10.7 per 100,000 in 1996-1998 to 12.9 in 2006-2008 (for PA, 11.9). From 2006-2008, the rates were 14.7 for males, 11.5 for females, and 12.5 for whites. The rate for African-Americans was statistically unreliable because the number of deaths was less than 20.  
The average annual age-adjusted pancreatic cancer incidence rate in Erie County increased from 10.6 per 100,000 in 1996-1998 to 13.6 in 2006-2008 (for PA, 12.8). From 2006-2008, the rates were 15.8 for males and 11.6 for females.

**Stroke Deaths**  
**HP2010 Goal:** 48.0 deaths per 100,000  
The third leading cause of death in Erie County residents is stroke (cerebrovascular diseases), which accounted for 6.1% of all deaths in 2006-2008. The average annual age-adjusted stroke death rate in Erie County decreased from 68.4 per 100,000 in 1996-1998 to 51.1 in 2006-2008 (for PA, 45.3). From 2006-2008, the rates were 57.2 for males, 47.9 for females, 49.4 for whites, and 124.6 for African-Americans.

Of the ten leading causes of death among Erie County residents during 2006-2008, the death rate for stroke has declined by the largest amount since 1990-1992. Overall, the stroke death rate has declined by 36.4% since 1990-1992 when the rate equaled 80.3 per 100,000.
Chronic Lower Respiratory Disease Deaths
Chronic lower respiratory disease (CLRD) accounted for 5.2% of all Erie County resident deaths in 2006-2008. The average annual age-adjusted CLRD death rate in Erie County increased from 39.9 per 100,000 in 1996-1998 to 43.6 in 2006-2008 (for PA, 40.0). From 2006-2008, the rates were 56.0 for males, 37.9 for females, and 44.3 for whites. The rate for African-Americans was statistically unreliable because the number of deaths was less than 20.

Accidents (Unintentional Injury) Deaths
**HP2010 Goal: 17.5 deaths per 100,000**
Accidents accounted for 3.9% of all Erie County resident deaths in 2006-2008. The average annual age-adjusted accident death rate in Erie County increased from 29.9 per 100,000 in 1996-1998 to 35.0 in 2006-2008 (for PA, 40.9). From 2006-2008, the rates were 50.4 for males, 22.6 for females, and 35.6 for whites. The rate for African-Americans was statistically unreliable because the number of deaths was less than 20.

Motor Vehicle Accident Deaths
**HP2010 Goal: 9.2 deaths per 100,000**
The average annual age-adjusted motor vehicle accident death rate in Erie County decreased from 13.4 per 100,000 in 1996-1998 to 10.9 in 2006-2008 (for PA, 12.0). From 2006-2008, the rates were 16.4 for males, 5.7 for females, and 11.5 for whites. The rate for African-Americans was statistically unreliable because the number of deaths was less than 20.

Diabetes Mellitus Deaths
Diabetes mellitus accounted for 3.1% of all Erie County resident deaths in 2006-2008. The average annual age-adjusted diabetes death rate in Erie County decreased from 30.5 per 100,000 in 1996-1998 to 26.9 in 2006-2008 (for PA, 22.4). From 2006-2008, the rates were 32.3 for males, 22.8 for females, and 26.1 for whites. The rate for African-Americans was statistically unreliable because the number of deaths was less than 20.
Nephritis & Nephrosis Deaths
Kidney diseases accounted for 3.0% of all Erie County resident deaths in 2006-2008. The average annual age-adjusted kidney disease death rate in Erie County increased from 11.8 per 100,000 in 1996-1998 to 25.2 in 2006-2008 (for PA, 19.9). From 2006-2008, the rates were 31.4 for males, 22.6 for females, and 24.8 for whites. The rate for African-Americans was statistically unreliable because the number of deaths was less than 20.

Alzheimer’s Disease Deaths
Alzheimer’s disease accounted for 2.8% of all Erie County resident deaths in 2006-2008. The average annual age-adjusted Alzheimer’s disease death rate in Erie County increased from 6.9 per 100,000 in 1996-1998 to 25.0 in 2006-2008 (for PA, 22.5). From 2006-2008, the rates were 20.5 for males, 24.1 for females, and 23.2 for whites. The rate for African-Americans was statistically unreliable because the number of deaths was less than 20.

Pneumonia & Influenza Deaths
Pneumonia and influenza accounted for 2.3% of all Erie County resident deaths in 2006-2008. The average annual age-adjusted pneumonia and influenza death rate in Erie County decreased from 27.3 per 100,000 in 1996-1998 to 19.7 in 2006-2008 (for PA, 17.1). From 2006-2008, the rates were 24.0 for males, 17.2 for females, and 19.6 for whites. The rate for African-Americans was statistically unreliable because the number of deaths was less than 20.

Septicemia Deaths
Septicemia accounted for 1.3% of all Erie County resident deaths in 2006-2008. The average annual age-adjusted septicemia death rate in Erie County increased from 7.0 per 100,000 in 1996-1998 to 12.3 in 2006-2008 (for PA, 16.2). From 2006-2008, the rates were 14.5 for males, 11.1 for females, and 11.9 for whites. The rate for African-Americans was statistically unreliable because the number of deaths was less than 20.

Homicide Deaths
HP2010 Goal: 3.0 deaths per 100,000
The average annual age-adjusted homicide death rate in Erie County remains consistently low, ranging from 3.0 per 100,000 in 1996-1998 to 2.2 in 2006-2008 (for PA, 6.1).
**AIDS and HIV**

AIDS, or acquired immunodeficiency syndrome, is caused by HIV, the human immunodeficiency virus. HIV attacks and weakens the immune system. Individuals infected with HIV may not develop AIDS for many years. AIDS is the final stage of HIV infection.

The first AIDS case among Erie County residents was reported in 1983. From 1983 to 2009, a total of 338 AIDS cases have been reported. Of these, 175 are currently living. In 2009, 14 newly diagnosed AIDS cases were reported for a crude incidence rate of 5.0 cases per 100,000 (for PA, 6.0; for U.S. 11.3). The average annual crude incidence rate for AIDS in Erie County increased from 3.9 in 2006-2008 to 4.8 in 2007-2009 (for PA, 7.9; for U.S. 12.4). For AIDS:

**HP2010 Goal:** 1 case per 100,000 age 13 and over

**HIV surveillance reporting in PA and the U.S. has become more reliable over the past several years producing more accurate statistics for HIV infected individuals whose disease has not yet progressed to AIDS.** In 2009, 12 Erie County residents were reported as newly diagnosed with HIV (non-AIDS) infection for a rate of 4.3 per 100,000 (for PA, 9.6; for U.S. 12.1). A total of 139 residents have been diagnosed with HIV (non-AIDS) since reporting began. 131 of these individuals are currently living.

**Campylobacteriosis**

Campylobacteriosis is an infectious disease caused by *Campylobacter* bacteria. Most people who become ill with campylobacteriosis get diarrhea, cramping, abdominal pain, and fever. The diarrhea may be bloody. Some infected persons do not have any symptoms. Transmission occurs through ingestion of organisms present in contaminated food and water, undercooked meat, and raw milk or through contact with infected pets and farm animals.

In 2009, there were 28 reported cases with a crude incidence rate of 10.0 cases per 100,000 (for PA, 12.3) compared to 33 cases in 2008 with a rate of 11.8. From 2007-2009, there were 86 reported cases in Erie County with an average annual crude incidence rate of 10.3 (for PA, 12.0) compared to 89 cases from 2006-2008 with a rate of 10.6.

**Chlamydia**

Chlamydia is a common sexually transmitted disease (STD) caused by the bacterium, *Chlamydia trachomatis*. It is one of the most frequently reported infectious diseases in the U.S.. Left untreated, a chlamydial infection can damage a woman’s reproductive organs and cause infertility. For many individuals infected with Chlamydia, symptoms are mild or absent.
The number of reported cases of chlamydia in Erie County has been increasing since 2000 with 1,089 cases reported for 2009. However, the annual crude incidence rate of chlamydia in Erie County decreased from 403.5 per 100,000 in 2008 to 389.4 in 2009 (for PA, 341.7; for U.S., 408.8). In 2009, the respective chlamydia incidence rates were 192.5 for whites, 2,017.2 for African-Americans, 247.7 for males, and 526.0 for females. All age groups except age 15-19 saw rate decreases with ages 30-34 significantly decreasing from 430.0 in 2008 to 323.7 in 2009. Among 15-19 year olds, rates increased significantly from 1,701.4 in 2008 to 1,941.5 in 2009.

In 2009, there were 41 reported cases of giardiasis in Erie County with a crude incidence rate of 14.7 cases per 100,000 (for PA, 6.7; for U.S., 6.4) compared to 58 cases in 2008 with a rate of 20.8. From 2007-2009, there were 154 reported cases in Erie County with an average annual crude incidence rate of 18.4 (for PA, 6.6; for U.S., 6.4) compared to 186 cases from 2006-2008 with a rate of 22.2.

**Giardiasis**

**Giardiasis** is a diarrheal disease caused by *Giardia lamblia*, a microscopic parasite. Once a person or animal has been infected with *Giardia*, the parasite lives in the intestine and is passed through the stool. It can survive outside the body and in many environments (food, soil, water, contaminated surfaces) for months.

The average annual crude incidence rate of chlamydia in Erie County increased from 379.2 cases per 100,000 in 2006-2008 to 392.1 in 2007-2009 (for PA, 340.8; for U.S., 394.0). For 2007-2009, the respective chlamydia incidence rates were 183.9 for whites, 2,087.0 for African-Americans, 237.3 for males, and 541.0 for females. Statistically significant rate increases were seen in the white population and the 20-24 age group.

**Gonorrhea**

**HP2010 Goal:** 19 cases per 100,000 population

Gonorrhea is a common sexually transmitted (STD) caused by the bacteria *Neisseria gonorrhoeae*. This bacterium can grow and multiply easily in the reproductive tract as well as the mouth, throat, eyes, and anus. Untreated, gonorrhea can cause serious and permanent health problems in both women and men. It is a common cause of pelvic inflammatory disease (PID) in women and may lead to infertility in men.

The number of reported cases in Erie County increased from a low of 133 in 2000 to a high of 521 in 2007 and then decreased to 229 cases in 2009. The crude incidence rate per 100,000 also increased from 2000 to 2007 but then decreased significantly from 186.2 in 2007 to 115.7 in 2008 and again to 81.9 in 2009 (for PA, 80.4; for U.S., 98.9).

In 2009, the respective gonorrhea incidence rates were 27.5 for whites, 656.3 for African-Americans, 63.4 for males, and 99.7 for females. Statistically significant rate decreases were seen for all subpopulations. The average annual crude incidence rate of gonorrhea in Erie County decreased significantly from 152.4 per 100,000 in 2006-2008 to 128.0 in 2007-2009. During this same time, rates for PA decreased from 94.4 to 90.5 and rates for the U.S. decreased from 117.3 to 109.9. For 2007-2009, the respective gonorrhea incidence rates in Erie County were 40.9 for whites, 1,009.4 for African-Americans, 97.6 for males, and 157.2 for females. Rates for all subpopulations decreased significantly except for age group 30 and above.
**Haemophilus Influenza**

Haemophilus influenza invasive disease is caused by the bacteria *Haemophilus influenzae*. Transmission is by direct contact or by droplets during coughing and sneezing. There are six serotypes (a-f) as well as nontypeable forms. *H. influenzae* type B (Hib), the most virulent strain, generally affects children up to 5 years of age and can result in death. Hib cases significantly dropped after the introduction of the Hib vaccine. At least half of all invasive *H. influenzae* infections are now attributed to the nontypeable strains which affect all age groups.

In 2009, there were 11 reported cases of *H. influenza* in Erie County with a crude incidence rate of 3.9 cases per 100,000 compared to 6 cases in 2008 with a rate of 2.1. From 2007-2009, there were 22 reported cases with an average annual incidence rate of 2.6 (for PA, 1.5; for U.S., 0.9) compared to 19 cases from 2006-2008 with a rate of 2.3.

**Hepatitis A**

**HP2010 Goal:** 4.3 cases per 100,000 population

Hepatitis A is an acute, vaccine-preventable liver disease caused by the hepatitis A virus (HAV). HAV infection is transmitted by the fecal-oral route via person-to-person contact or consumption of contaminated food or water. HAV infection does not result in chronic infection or chronic liver disease.

In 2009, there were 3 reported case of hepatitis A in Erie County with a crude incidence rate of 1.1 cases per 100,000 (for PA, 0.5; for U.S., 0.7) compared to no reported cases in 2008. From 2007-2009, there were 7 reported cases with an average annual incidence rate of 0.8 (for PA, 0.6.; for U.S., 0.8) compared to 5 cases from 2006-2008 with a rate of 0.6.

**Hepatitis B**

Hepatitis B is a vaccine-preventable liver disease caused by hepatitis B virus (HBV). HBV infection can lead to chronic or lifelong infection, cirrhosis, liver cancer, liver failure, and death. Transmission occurs through contact with the blood or other body fluids of infected individuals.

In 2009, there were 4 reported cases of *acute hepatitis B* in Erie County with a crude incidence rate of 1.4 cases per 100,000 (for PA, 0.8; for U.S., 1.1) and 6 reported cases in 2008 with a rate of 2.1. From 2007-2009, there were 12 reported cases of acute hepatitis B in Erie County with an average annual incidence rate of 1.4 (for PA, 1.2; for U.S., 1.3) compared to 8 cases from 2006-2008 with a rate of 1.0.

In 2009, there were 9 reported cases of *chronic hepatitis B* in Erie County with a crude incidence rate of 3.2 cases per 100,000 (for PA, 13.5) compared to 11 cases in 2008 with a rate of 3.9. From 2007-2009, there were 32 reported cases of chronic hepatitis B in Erie County with an average annual incidence rate of 3.8 (for PA, 14.5) compared to 34 cases from 2006-2008 with a rate of 4.1.

**Hepatitis C**

Hepatitis C is a liver disease caused by the hepatitis C virus (HCV). Most individuals with HCV infection develop a chronic infection that is asymptomatic. These individuals do not know they are infected until chronic liver disease develops decades later. HCV infection can lead to cirrhosis, liver failure, liver cancer, and death. HCV is spread by contact with the blood of an infected person.

In 2009, there were 8 reported cases of *acute hepatitis C* in Erie County with a crude incidence rate of 2.3 cases per 100,000 (for PA, 13.5) compared to 11 cases in 2008 with a rate of 3.9. From 2007-2009, there were 32 reported cases of chronic hepatitis C in Erie County with an average annual incidence rate of 3.8 (for PA, 14.5) compared to 34 cases from 2006-2008 with a rate of 4.1.
Influenza
Influenza (also known as the flu) is a vaccine-preventable respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death. The virus is usually spread from person to person during coughing and sneezing.

To standardize disease case counting, the CDC assigns a number to every week (Sunday through Saturday) in the calendar year. Annual flu counts are those cases reported from CDC Week 1 to CDC Week 52. But the flu season officially begins with CDC Week 40 of one year and ends with CDC Week 39 of the following year. Case counts for the flu season correspond to the cases reported during these weeks. A typical influenza season in Erie County begins in November (CDC Week 46), peaks from January through March (CDC Weeks 1-13), and ends in May (CDC Week 20) with few cases reported after this.

For the 2007-2008 Erie County flu season, a total of 798 cases were reported (696 seasonal Type A and 102 Type B). All occurred during CDC Weeks 50-19 (12/9/07-5/10/08). Among age groups, 10.4% of all cases were less than 2 years old, 22.8% were age 2 to 17, 13.8% were age 18 to 25, 27.3% were age 26 to 49, 13.2% were age 50-64, and 12.3% were age 65 and above.

For the 2008-2009 flu season, a total of 526 cases were reported (180 seasonal Type A, 264 Type B, 26 pandemic H1N1 (pH1N1), and 56 presumed pH1N1). Among age groups, 6.8% of all cases were less than 2 years old, 48.1% were age 2 to 17, 15.2% were age 18 to 25, 20.5% were age 26 to 49, 5.7% were age 50-64, and 3.2% were age 65 and above.

However, this season was different when compared to previous years. From CDC Weeks 53-19 (12/28/08-5/16/09), 444 flu cases were reported (180 seasonal Type A and 264 Type B). On June 9, 2009 the first case of confirmed pandemic H1N1 was reported in Erie County. From CDC Weeks 23-
39 (6/7/09-10/3/09), 82 flu cases were reported (26 pH1N1 and 56 presumed H1N1). There is very little flu activity during these weeks in a typical season.

For the 2009-2010 flu season, a total of 1,587 cases were reported (116 pH1N1, 1,469 presumed pH1N1, 2 seasonal Type A, and 0 Type B). Among age groups, 5.4% of all cases were less than 2 years old, 66.9% were age 2 to 17, 8.9% were age 18 to 25, 12.2% were age 26 to 49, 4.7% were age 50-64, and 1.0% were age 65 and above. From CDC Weeks 40-1 (10/4/09-1/2/10), 1,577 flu cases were reported (110 pH1N1 and 1,467 presumed pH1N1). From CDC Weeks 5-39 (1/31/10-10/2/10), 10 flu cases were reported (6 pH1N1, 2 presumed H1N1, and 2 seasonal Type A).

The H1N1 pandemic began in June 2009 with the first confirmed case of pH1N1, peaked in October 2009, and subsided by December 2009 with sporadic reporting continuing through April 2010. The pandemic spanned two flu seasons with 142 reported cases of confirmed pH1N1 and 1,525 reported cases of presumed H1N1.

Annual case counts are 799 for 2008 and 2,100 for 2009. Provisional data indicate 30 cases were reported for 2010.

In 2009, there were 8 reported cases of legionellosis in Erie County for a crude incidence rate of 2.9 cases per 100,000 (for PA, 3.0; for U.S. 1.2) compared to 10 cases in 2008 with a rate of 3.6. From 2007-2009, there were 21 reported cases of legionellosis for an average annual crude incidence rate of 2.5 (for PA, 1.3; for U.S., 1.0) compared to 20 cases from 2006-2008 with a rate of 2.4.

**Listeriosis**
Listeriosis is caused by the bacteria *Listeria monocytogenes*. Transmission occurs through ingestion of organisms in contaminated food. Symptoms include fever, muscle aches, and sometimes gastrointestinal problems. Pregnant women, newborns, adults with weak immune systems, and older individuals are at increased risk for serious illness. Infection during pregnancy can result in miscarriage, stillbirth, prematurity, or infection of the newborn even when the mother has mild symptoms.

In 2009, there were 2 cases of listeriosis reported in Erie County for a crude incidence rate of 0.7 cases per 100,000 (for PA, 0.4; for U.S., 0.3). There were no reported cases in 2008 or 2007. Two cases were reported in 2006.

**Lyme Disease**
Lyme disease is caused by the bacterium *Borrelia burgdorferi*. It is transmitted to humans by the bite of infected blacklegged ticks. Typical symptoms include fever, headache, fatigue, and a characteristic skin rash. If left untreated, infection can spread to joints, the heart, and the nervous system.

In 2009, there were 26 cases of Lyme disease reported in Erie County for a crude incidence rate of 9.3 cases per 100,000 (for PA, 45.4; for U.S., 12.6) compared to 14 cases in 2008 with a rate of 5.0. From 2007-2009, there were 56 reported cases
of Lyme disease with an incidence rate of 6.7 (for PA, 15.3; for U.S., 11.2) compared to 40 cases from 2006-2008 with a rate of 4.8.

**Measles**

*HP2010 Goal: 0 cases per year*

Measles is a vaccine-preventable disease spread through coughing or sneezing and is characterized by rash, high fever, coughing, and runny nose. Complications can occur.

There were no reported cases of measles in Erie County in 2009. The last reported case occurred in 1991.

**Meningitis**

Meningitis is an infection of the fluid of a person's spinal cord and the fluid that surrounds the brain.

*Viral or aseptic meningitis* is a clinically diagnosed meningitis that has no laboratory confirmation of bacterial or fungal infection. Viral meningitis is usually less severe than bacterial meningitis and normally doesn’t require specific treatment.

In 2009, there were 26 reported cases of aseptic meningitis in Erie County with a crude incidence rate of 9.3 cases per 100,000 (for PA, 3.6) compared to 10 cases in 2008 with a rate of 3.6. From 2007-2009, there were 53 reported cases of aseptic meningitis with an incidence rate of 6.3 (for PA, 4.0) compared to 67 cases from 2006-2008 with a rate of 8.0.

**Meningococcal disease** is a vaccine-preventable type of meningitis caused by the bacteria *Neisseria meningitidis*. It is one of the major types of bacterial meningitis. Bacterial meningitis can be quite severe and may result in brain damage, hearing loss, or learning disability. For meningococcal disease: *HP2010 Goal: 1 case per 100,000 population*

In 2009, there were 2 reported cases of meningococcal disease in Erie County with a crude incidence rate of 0.7 cases per 100,000 (for PA, 0.4; for U.S., 0.3) compared to 3 cases in 2008 with a rate of 1.1. From 2007-2009, there were 7 reported cases of meningococcal disease with an incidence rate of 0.8 (for PA, 0.4; for U.S., 0.4) compared to 8 cases from 2006-2008 with a rate of 1.0.

**Mumps**

*HP2010 Goal: 0 cases per year*

Mumps is a vaccine-preventable disease caused by the mumps virus. Symptoms include fever, headache, muscle aches, tiredness, loss of appetite, and swelling of salivary glands.

From 2003 to 2009 there was only one case of mumps in Erie County. It was reported in 2006.

**Pertussis (Whooping Cough)**

Pertussis, a vaccine-preventable respiratory disease caused by the bacteria *Bordetella pertussis*, is found mainly in children. Symptoms include spasms of severe coughing, whooping, and posttussive vomiting and may last many weeks.

In 2009, there were 10 cases of pertussis reported in Erie County for a crude incidence rate of 3.6 cases per 100,000 (for PA, 4.9; for U.S., 5.5) compared to 7 cases in 2008 with a rate of 2.5. From 2007-2009, there were 53 reported cases of pertussis with an incidence rate of 6.3 (for PA, 4.0; for U.S., 4.5) compared to 48 cases from 2006-2008 with a rate of 5.7.
**Respiratory Syncytial Virus**

*Respiratory syncytial virus* (RSV) is the most common cause of bronchiolitis and pneumonia in children under 1 year of age in the United States. Most children are infected with the virus by their second birthday but only a small percentage experience severe disease.

In 2009, there were 194 reported cases of RSV in Erie County compared to 231 cases in 2008. Of the 194 cases, 120 were in infants less than one year of age and 48 were in children 1 year of age. From 2007-2009, there were 567 reported cases of RSV for an average of 189 cases per year compared to 457 cases from 2006-2008 for an average of 152 cases per year.

**Rubella (German measles)**

Rubella is a vaccine-preventable viral disease that causes fever and rash. Rubella can cause birth defects in pregnant women who become infected.

There were no reported cases of rubella in Erie County from 2003 to 2009.

**Salmonellosis**

Salmonellosis is an infection caused by *Salmonella* bacteria. Symptoms are diarrhea, fever, and abdominal pain. Most infected persons recover without treatment but in some persons the diarrhea may be severe enough to require hospitalization. Salmonella is passed via the fecal-oral route from the feces of animals or humans to other animals or humans.

In 2009, there were 35 cases of salmonellosis reported in Erie County for a crude incidence rate of 12.5 cases per 100,000 (for PA, 14.0; for U.S., 16.2) compared to 35 cases in 2008 with a rate of 12.5. From 2007-2009, there were 99 reported cases of salmonellosis with an incidence rate of 11.8 (for PA, 14.6; for U.S., 16.4) compared to 97 cases from 2006-2008 for a rate of 11.6.

**Syphilis**

Syphilis is a sexually transmitted disease (STD) caused by the bacterium *Treponema pallidum*. Syphilis is passed from person to person through direct contact with a syphilis sore. Sores occur on the external genitals, vagina, anus, or in the rectum but also can occur on the lips and in the mouth. Even without treatment, these symptoms eventually disappear but the infection remains in the body. This is called latent syphilis and can last for years.

In 2009, there was 1 case of primary and secondary syphilis reported in Erie County. From 2007-2009, 4 cases were reported for an average annual crude incidence rate of 0.5 cases per 100,000 (for PA, 2.3; for U.S., 4.3). From 2006-2008, there were 6 cases of primary and secondary syphilis for a crude incidence rate of 0.7 (for U.S., 3.9). For primary and secondary syphilis:

**HP2010 Goal:** 0.2 cases per 100,000 population

In 2009, there were 194 reported cases of primary and secondary syphilis in Erie County. From 2007-2009, 4 cases were reported for an average annual crude incidence rate of 0.5 cases per 100,000 (for PA, 2.3; for U.S., 4.3). From 2006-2008, there were 6 cases of primary and secondary syphilis for a crude incidence rate of 0.7 (for U.S., 3.9). For primary and secondary syphilis:

**HP2010 Goal:** 0.2 cases per 100,000 population

In 2009, no cases of early latent syphilis were reported in Erie County. From 2007-2009, 5 cases were reported for an average annual crude incidence rate of 0.6 cases per 100,000 (for PA, 2.6). From 2006-2008, there were 5 cases of early latent syphilis for a crude incidence rate of 0.6 (for PA, 2.4).

In 2009, 4 cases of late and late latent syphilis were reported in Erie County for a crude incidence rate of 1.4 cases per 100,000 (for PA, 2.4; for U.S., 5.7) compared to 1 case reported in 2008. From 2007-2009, 5 cases were reported for an average annual crude incidence rate of 0.6 (for PA, 2.2; for U.S., 6.1). From 2006-2008, there were 4 cases of late and late latent syphilis for a crude incidence rate of 0.5 (for PA, 2.1; for U.S., 6.2)
**Syphilis, Congenital**

**HP2010 Goal: 1.0 per 100,000 live births**
Congenital syphilis occurs when a pregnant woman who has syphilis passes the disease to her baby in utero.

There were no reported cases of congenital syphilis in Erie County in 2009. The last reported case occurred in 1998.

**Tuberculosis**

**HP2010 Goal: 1.0 new case per 100,000 population**
Tuberculosis (TB) is a mycobacterial disease that is spread from person to person through the air. TB usually affects the lungs and can result in death if not treated.

In 2009, there were 4 cases of tuberculosis disease reported in Erie County for a crude incidence rate of 1.4 cases per 100,000 (for PA, 1.9; for U.S., 3.8) compared to 4 cases in 2008 with a rate of 1.4. From 2007-2009, there were 14 reported cases of tuberculosis with an average annual incidence rate of 1.7 (for PA, 2.4; for U.S., 4.2) compared to 20 cases from 2006-2008 with a rate of 2.4.

In 2009, there were 38 cases of chickenpox reported in Erie County for a crude incidence rate of 13.6 cases per 100,000 (for PA, 12.6; for U.S., 6.7) compared to 78 cases in 2008 with a rate of 27.9.

From 2007-2009, there were 284 reported cases of chickenpox with an annual average incidence rate of 33.9 (for PA, 23.1; for U.S., 10.1) compared to 427 cases from 2006-2008 for a rate of 50.9.

**Varicella zoster (Chickenpox)**
Chickenpox is a vaccine-preventable disease caused by infection with the *Varicella zoster* virus. Symptoms include fever and an itchy skin rash of blister-like lesions.
ADULT BEHAVIORAL HEALTH RISKS

Health Status
In 2007, 14% of Erie County adults age 18+ reported their general health as “fair” or “poor” (for PA, 15%) compared to 18% in 2004.

The number of adults age 18+ who report that their physical health (illness or injury) was not good at least one day in the previous month was 37% in 2007 (for PA, 38%) compared to 38% in 2004.

The number of adults age 18+ who indicated their mental health was not good one or more days in the past month has increased from 33% in 2004 to 35% in 2007 (for PA, 34%).

Of all adults in 2007, 40% of women (for PA, 40%) and 29% of males (for PA, 27%) reported poor mental health on one or more days in the past month.

In 2007, the 18-29 age group reported the highest incidence of poor mental health at 52% (for PA, 49%).

In 2007, 33% of young adults ages 18-29 reported having no health insurance (for PA, 23%) compared to 22% in 2004. This is the highest of all age groups.

The number of Erie County males age 18-64 who reported having no health insurance significantly increased from 12% in 2004 to 22% in 2007 (for PA, 15%).

![No Health Insurance, Adults 18-64](image)

Health Care Access

**HP2010 Goal:** 100% of adults age 18-64 have health insurance

In 2007, 17% of Erie County adults age 18-64 said that they did not have health insurance (for PA, 13%) compared to 11% in both 2001 and 2004.

In 2007, 18-29 age group reported the highest incidence of poor mental health at 52% (for PA, 49%).

The number of Erie County adults age 18+ who had a routine checkup in the past 2 years decreased from 85% in 2004 to 81% in 2007 (for PA, 84%).

The number of Erie County adults age 18+ who did not see a doctor in the past year because of cost was 9% in 2007 (for PA, 10%) compared to 10% in 2004.

Hypertension Awareness

**HP2010 Goal:** 16% of age 20+ have hypertension

In 2007, 28% of Erie County adults age 18+ were told their blood pressure was high (for PA, 28%) compared to 33% in 2004.

Of individuals diagnosed with hypertension, 80% currently take medication to control their blood pressure (for PA, 83%).
The number of males age 18+ who have ever been diagnosed with high blood pressure decreased significantly from 39% in 2004 to 28% in 2007 (for PA, 28%).

**Cholesterol Awareness**
The number of adults age 18+ who have been told by a medical professional that their blood cholesterol was high increased slightly from 35% in 2004 to 38% in 2007 (for PA, 40%).

**HP2010 Goal:** 17% of adults age 20+ have high cholesterol

In 2007, 76% of Erie County adults age 18+ responded that they have had their blood cholesterol checked within the past 5 years (for PA, 77%) compared to 85% in 2004.

**HP2010 Goal:** 80% of adults 18+ have had their blood cholesterol checked in past 5 years

The number of adults who ever had their cholesterol checked decreased from 89% in 2004 to 80% in 2007 (for PA, 81%).

**Diabetes**
The number of Erie County adults age 18+ who have been told they have diabetes decreased from 10% in 2004 to 8% in 2007 (for PA, 9%).

**Asthma**
Of Erie County adults age 18+, 8% were ever told that they had asthma compared to 9% in 2004.

In 2007, the percent of Erie County adults who were ever told that they had asthma was significantly lower compared to PA at 13%. In 2007, 5% of adult males in Erie County were ever told that they had asthma. This was significantly lower compared to 11% for adult males in PA.

In 2007, 11% of adult females in Erie County were ever told that they had asthma. This was lower than the PA rate of 15% for adult females. Of adults age 18+, 6% currently have asthma (for PA, 9%) compared to 6% in 2004.

In 2007, the percent of Erie County adults who currently have asthma was significantly lower compared to PA.

In 2007, 4% of adult males in Erie County (for PA, 7%) and 8% of adult females (for PA, 11%) currently have asthma.

**Cardiovascular Disease**
In 2007, 5% of Erie County adults age 35+ reported ever having a heart attack (for PA, 6%) compared to 5% in 2004.
Of Erie County adults age 35+, 6% of males (for PA, 8%) and 4% of females (for PA, 4%) reported ever having a heart attack.

The number of Erie County adults age 35+ who reported ever having a stroke was 4% in 2007 (for PA, 4%) compared to 4% in 2004.

Of Erie County adults age 35+, 3% of males (for PA, 4%) and 5% of females (for PA, 4%) reported ever having a stroke.

In 2007, 8% of Erie County adults age 35+ (for PA, 7%) were ever told that they had heart disease compared to 6% in 2004.

Of Erie County adults age 35+, 9% of males (for PA, 4%) and 7% of females (for PA, 5%) were ever told that they had heart disease.

**HIV/AIDS**

Excluding testing for blood donation, the number of Erie County adults ages 18-64 who ever had an HIV blood test decreased from 40% in 2001 to 35% in 2004 to 29% in 2007 (for PA, 32%).

**Tobacco Use**

In 2007, 26% of Erie County adults age 18+ indicated that they currently smoke cigarettes. This value remains unchanged since 2001.

**HP2010 Goal:** 12% of adults 18+ smoke cigarettes

In 2007, the percent of Erie County adults age 18+ who currently smoke cigarettes was significantly higher compared to PA at 21%.

Among age groups, 35% of adults age 18-29 (for PA, 29%) and 34% of adults age 30-44 (for PA, 25%) reported the highest percentage of smoking.

The number of 18-29 year olds who smoke cigarettes decreased from 45% in 2001 to 34% in 2004 and 35% in 2007.

In 2007, 52% of Erie County adults age 18+ reported that they had smoked 100 or more cigarettes in their lifetime. This was significantly higher compared to 45% for PA.

Of all adult smokers age 18+ in Erie County, 56% have quit smoking at least 1 day in 2007 (for PA, 57%) compared to 50% in 2004.

**HP2010 Goal:** 75% of adult smokers age 18+ tried to quit smoking at least 1 day in past year

In 2007, 26% of adults age 18+ responded that they were former smokers (for PA, 24%) as compared to 31% in 2004.

In 2007, the number of Erie County adults age 18+ who currently use smokeless tobacco products was 3% compared to 4% for PA.

**Injury Control**

In 2007, 74% of Erie County adults age 18+ said they “always” used seat belts whenever they drove or rode in a car compared to 78% in 2004.

**HP2010 Goal:** 92% of adults age 18+ always use safety belts

In 2007, 67% of adults age 18+ with a child under age 12 in the household responded that their child “always” wears a helmet when riding a bicycle compared to 63% in 2004.

In 2007, 93% of adults age 18+ with a child under age 8 in the household responded that their child “always” uses a car safety seat when they ride in a car compared to 91% in 2004.
In 2007, among adults age 18+ who have smoke alarms in their homes, 69% reported testing their smoke alarms within the last six months compared to 65% in 2004.

In 2004, 3% of all adults age 18+ in Erie County did not have smoke alarms in their homes. Data is not available for 2007.

**HP2010 Goal:** 100% of households have smoke alarms

### Alcohol Consumption

Binge drinking is defined as having five or more alcoholic drinks on one occasion for males and four or more alcoholic drinks on one occasion for females.

**HP2010 Goal:** 6% of 18+ binge drink in past month

The number of Erie County adults age 18+ who admitted to binge drinking at least once in the past month decreased from 25% in 2001 to 22% in 2004 and 21% in 2007 (for PA, 16%).

In 2007, the percent of Erie County adults age 18+ who reported that they were binge drinkers was significantly higher compared to PA.

In 2007, 43% of Erie County adults age 18-29 (for PA, 28%), 29% of adults age 30-44 (for PA, 22%), 13% of adults age 45-64 (for PA, 13%), and 6% of adults age 65 and above (for PA, 3%) participated in binge drinking at least once during the past month.

The number of adults age 18+ who admitted to driving one or more times when they had too much to drink was 6% in 2007 compared to 3% in 2004.

Heavy drinking is defined as having more than two drinks per day for men or more than one drink per day for women.

In 2007, 6% of Erie County adults age 18+ were heavy drinkers (for PA, 5%).

In 2007, 7% of Erie County adult males were heavy drinkers (for PA, 7%) and 4% of adult females were heavy drinkers (for PA, 4%).

In 2007, 13% of Erie County adults age 18-29 were heavy drinkers compared to 8% for PA.

**Women’s Health**

The number of Erie County women age 40+ who reported having a clinical breast exam in the past year decreased from 80% in 1999 and 2001 to 76% in 2004 and 66% for 2007. Of Erie County women age 40+, 93% reported ever having a clinical breast exam.

The number of women age 40+ who reported having a mammogram within the past year decreased from 80% in 1999 to 77% in 2001, 73% in 2004, and 65% in 2007.
In 2007, 80% of adult women age 40+ said they had a mammogram in the past 2 years compared to 90% for 2004. **HP2010 Goal:** 70% of women age 40+ had a mammogram in last 2 years

In 2007, 78% of adult women age 18+ reported having a Pap test within the last three years (for PA, 80% in 2006) compared to 86% in 1999 and 2001 and 89% in 2004. **HP2010 Goal:** 90% of women age 18+ received a Pap test within the past 3 years

In 2007, 59% of adult women age 18+ reported having a Pap test within the past year compared to 68% in 2004.

**Men's Health**

In 2007, the number of Erie County males age 50+ who had a prostate specific antigen (PSA) blood test in the past year was 56% (for PA, 54% in 2006) compared to 70% in 2004.

In 2007, the number of Erie County males age 50+ who had a digital rectal exam in the past year was 59% (for PA, 50% in 2006) compared to 55% in 2004.

In 2007, the number of Erie County males age 50+ who were ever diagnosed with prostate cancer was 8% (for PA, 7% in 2006) compared to 7% in 2004.

**Colorectal Cancer Screening**

In 2007, 65% of Erie County adults age 50+ indicated that they had ever had a sigmoidoscopic or colonoscopic exam (for PA, 57%) compared to 46% in 2004. **HP2010 Goal:** 50% of adults age 50+ who ever received a sigmoidoscopic exam

In 2007, 25% of Erie County adults age 50+ reported having a blood stool test using a home kit within the past two years compared to 32% in 2004. **HP2010 Goal:** 50% of adults age 50+ who ever received a fecal occult blood test (FOBT) for colorectal cancer within the past two years

**Skin Cancer**

In 2007, of all Erie County adults age 18+, 53% reported having one or more sunburns in the past 12 months compared to 34% in 2004.

In 2007, 11% of all Erie County adults age 18+ reported always using sunscreen or sunblock when staying outside on sunny days for more than an hour.

**Immunization**

In 2007, 76% of Erie County adults age 65+ reported that they had a flu shot in the past year (for PA, 73%) compared to 66% in 2004. **HP2010 Goal:** 90% of adults 65+ had a flu shot in the past year

In 2007, 71% of adults 65+ said that they have had a pneumonia vaccination (for PA, 70%) compared to 72% in 2004. **HP2010 Goal:** 90% of adults 65+ have ever been vaccinated against pneumococcal disease

In 2007, 27% of adults ages 18-64 reported having a flu shot in the last 12 months compared to 28% in 2004. **HP2010 Goal:** 60% of adults ages 18-64 had a flu shot in the past year

In 2007, 16% of adults ages 18-64 reported having a vaccination against pneumococcal disease compared to 16% in 2004. **HP2010 Goal:** 60% of adults ages 18-64 have ever been vaccinated against pneumococcal disease
**Nutrition**

In 2007, 21% of Erie County adults age 18+ reported eating fruits and vegetables five or more times per day. This was significantly lower compared to 25% for PA.

In 2007, 16% of Erie County adults age 30-44 reported eating fruits and vegetables five or more times a day. This was significantly lower compared to 25% for PA.

In 2007, 19% of Erie County adults age 45-64 reported eating fruits and vegetables five or more times a day. This was significantly lower compared to 25% for PA.

**Exercise**

**HP2010 Goal: 20% of adults age 18+ engage in no leisure-time physical activity**

In 2007, 26% of Erie County adults age 18+ participated in no physical activity or exercise in the past month (other than their regular jobs) (for PA, 23%) compared to 26% in 2004.

In 2007, 86% of Erie County adults age 18+ participated in at least 10 minutes of moderate physical activity in a usual week (for PA, 86%).

**Weight Control**

Using the standard of a Body Mass Index of 18.5 to <25, 32% of adults age 18+ were considered a healthy weight in 2007 compared to 35% in 2004. **HP2010 Goal: 60% of adults age 20+ at healthy weight**

Using the standard of a Body Mass Index of 25+, 65% of all Erie County adults in 2007 were considered overweight (for PA, 63%), slightly higher than 63% in 2004. Note: Overweight includes obese individuals.

Using the standard of a Body Mass Index of 30+, 28% of Erie County adults age 18+ were considered obese in 2007 (for PA, 28%) compared to 27% in 2004. **HP2010 Goal: 15% of adults age 20+ are obese**
In 2009, 5,160 Erie County public school students in grades 6, 8, 10, and 12 participated in the PA Youth Survey (PAYS) sponsored by the PA Commission on Crime and Delinquency. This survey provides information on their behavior, attitudes, and knowledge concerning alcohol, tobacco, other drugs and violence. Only behaviors that affect health are reported here.

**Alcohol Use**
46.1% (for 2007, 55.9%) of Erie County students reported that they had used alcohol at least once in their lifetime compared to 49.3% in PA (for 2007, 55.4%). Usage ranged from 22.9% in 6th grade (for 2007, 25.4%) to 69.3% in 12th grade (for 2007, 82.9%). These rates are higher for 8th graders, similar for 10th graders, and lower for 12th graders compared to the nation.

21.8% (for 2007, 23.2%) of Erie County students reported that they had used alcohol within the past 30 days compared to 25.5% in PA (for 2007, 23.2%). Usage ranged from 4.8% in 6th grade (for 2007, 3.6%) to 42.9% in 12th grade (for 2007, 50.6%). These rates are higher for 8th graders and similar for 10th and 12th graders compared to the nation.

11.6% (for 2007, 13.1%) of Erie County students reported that they had at least one episode of binge drinking within the past two weeks compared to 13.6% in PA (for 2007, 12.5%). Usage ranged from 1.3% in 6th grade (for 2007, 1.5%) to 25.8% in 12th grade (for 2007, 32.2%). These rates are similar for 8th, 10th, and 12th graders compared to the nation.

5.3% (for 2007, 5.5%) of Erie County students reported having driven a car shortly after drinking compared to 5.8% in PA (for 2007, 5.6%). 9.8% (for 2007, 9.7%) of Erie County students reported that they had ever been drunk or high at school compared to 9.7% in PA (for 2007, 7.5%).

**Tobacco Use**
26.3% (for 2007, 26.7%) of Erie County students reported that they had used cigarettes at least once in their lifetime compared to 26.3% in PA (for 2007, 23.9%). Usage ranged from 7.3% in 6th grade (for 2007, 8.2%) to 47.4% in 12th grade (for 2007, 47.4%). These rates are higher for 8th, 10th, and 12th graders compared to the nation.

10.2% (for 2007, 11.5%) of Erie County students reported that they had used cigarettes within the past 30 days compared to 11.0% in PA (for 2007, 10.2%). Usage ranged from 1.8% in 6th grade (for 2007, 2.2%) to 22.1% in 12th grade (for 2007, 24.8%). These rates are similar for 8th graders and higher for 10th and 12th graders compared to the nation.

12.6% (for 2007, 12.5%) of Erie County students reported that they had used smokeless tobacco at least once in their lifetime compared to 12.1% in PA (for 2007, 9.8%). Usage ranged from 1.9% in 6th grade (for 2007, 2.6%) to 25.6% in 12th grade (for 2007, 27.8%). These rates are similar for 8th graders and higher for 10th and 12th graders compared to the nation.

6.8% (for 2007, 5.9%) of Erie County students reported that they had used smokeless tobacco within the past 30 days compared to 6.2% in PA (for 2007, 5.0%). Usage ranged from 1.0% in 6th grade (for 2007, 0.8%) to 14.8% in 12th grade (for 2007, 13.3%). These rates are similar for 8th graders and higher for 10th and 12th graders compared to the nation.

<table>
<thead>
<tr>
<th>Substance</th>
<th>Ever Used (Percent)</th>
<th>Past 30 Days (Percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>82.9 69.3</td>
<td>50.6 42.9</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>47.4 47.4</td>
<td>24.8 22.1</td>
</tr>
<tr>
<td>Marijuana</td>
<td>44.9 40.2</td>
<td>24.0 22.4</td>
</tr>
</tbody>
</table>
Marijuana Use
17.3% (for 2007, 18.9%) of Erie County students reported that they had used marijuana at least once in their lifetime compared to 20.0% in PA (for 2007, 16.4%). Usage ranged from 1.3% in 6th grade (for 2007, 2.1%) to 40.2% in 12th grade (for 2007, 44.9%). These rates are lower for 8th and 10th graders and similar for 10th graders compared to the nation.

9.8% (for 2007, 9.9%) of Erie County students reported that they had used marijuana within the past 30 days compared to 11.4% in PA (for 2007, 8.5%). Usage ranged from 0.8% in 6th grade (for 2007, 0.9%) to 22.4% in 12th grade (for 2007, 24.0%). These rates are similar for 8th, 10th, and 12th graders compared to the nation.

4.9% (for 2007, 5.3%) of Erie County students reported having driven a car shortly after marijuana use compared to 6.5% in PA (for 2007, 5.1%).

Other Drug Use
Erie County students reported the following percents of “Ever Used” and “Used Within the Past 30 Days” drug use.

<table>
<thead>
<tr>
<th>Substance</th>
<th>Ever Used</th>
<th>Past 30 Days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2007</td>
<td>2009</td>
</tr>
<tr>
<td>Inhalants</td>
<td>10.5</td>
<td>12.8</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>4.2</td>
<td>2.9</td>
</tr>
<tr>
<td>Cocaine</td>
<td>2.8</td>
<td>1.9</td>
</tr>
<tr>
<td>Crack cocaine</td>
<td>1.0</td>
<td>0.7</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>2.2</td>
<td>1.9</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>0.4</td>
<td>0.5</td>
</tr>
<tr>
<td>Steroids</td>
<td>1.4</td>
<td>0.9</td>
</tr>
<tr>
<td>Heroin</td>
<td>0.7</td>
<td>0.7</td>
</tr>
</tbody>
</table>

Drug Use by Grade Level
Drug usage varies by student grade level. Among 6th graders, the leading drugs ever used in their lifetime were alcohol (22.9%), inhalants (11.0%), cigarettes (7.3%), smokeless tobacco (1.9%), and marijuana (1.3%). The leading drugs and behaviors used in the past 30 days were inhalants (7.4%), alcohol (4.8%), cigarettes (1.8%), and binge drinking (1.3%).

Among 8th graders, the leading drugs ever used in their lifetime were alcohol (45.1%), cigarettes (24.4%), inhalants (15.7%), marijuana (12.4%), and smokeless tobacco (9.0%). The leading drugs and behaviors used in the past 30 days are alcohol (19.9%), binge drinking (9.2%), inhalants (9.2%), cigarettes (7.7%), marijuana (7.5%), and smokeless tobacco (4.3%).

Among 10th graders, the leading drugs ever used in their lifetime were alcohol (59.3%), cigarettes (37.2%), marijuana (27.8%), smokeless tobacco (23.8%), inhalants (12.1%), hallucinogens (6.1%), cocaine (3.5%), and ecstasy (3.1%). The leading drugs and behaviors used in the past 30 days are alcohol (29.4%), binge drinking (17.7%), cigarettes (15.8%), marijuana (15.1%), smokeless tobacco (12.6%), and inhalants (5.2%).

Among 12th graders, the leading drugs ever used in their lifetime were alcohol (69.3%), cigarettes (47.4%), marijuana (40.2%), smokeless tobacco (25.6%), inhalants (10.0%), hallucinogens (7.2%), ecstasy (4.9%), and cocaine (4.8%). The leading drugs and behaviors used in the past 30 days were alcohol (42.9%), binge drinking (25.8%), cigarettes (22.1%), marijuana (22.4%), smokeless tobacco (14.8%), inhalants (4.8%), hallucinogens (2.7%), and cocaine (2.0%).
The Erie County Department of Health (ECDH) has many programs to safeguard the health of county residents and of visitors to Erie County. These programs are listed below. A table documenting program counts for 2010 is also included.

**Food Safety**
The Food Protection program utilizes inspection, enforcement, and education to protect the public who patronize public food facilities in Erie County. ECDH enforces the Pennsylvania Retail Food Act. The Department inspects 1,888 permanent food facilities including restaurants, taverns, grocery, and convenience stores. In addition, over 450 temporary food facilities at fairs, carnivals, etc. are inspected each year. The Department also holds a 2 day food safety and certification class for restaurant personnel every month. The students are given a nationally recognized test which certifies them as a food handler.

**Water Supply**
The Water Supply Program enforces the rules and regulations of the Pennsylvania Safe Drinking Water Act in Erie County. ECDH inspects the municipal water supplies, as well as the water supplies of public facilities such as restaurants and businesses with more than 25 employees that are on their own well. The Department also reviews the results of required routine bacteriologic and chemical samples of the water supply. There are 185 regulated water supplies in Erie County, 51 of those are community supplies serving year round residents. The Department also conducts engineering reviews of water supply permit applications prior to permit issuance.

**Water Pollution**
The Water Pollution Control program enforces the rules and regulations of the Clean Streams Law and the Pennsylvania Sewage Facilities Act in Erie County. The goal is to protect the health of the public, terrestrial, and marine aquatic life by routinely inspecting permitted discharges from sewage and industrial waste treatment plants and by reviewing plant monitoring reports. ECDH also responds to unpermitted spills and discharges and assures that proper cleanup of the contaminants is achieved. The Department also conducts technical engineering reviews of treatment plant permit applications. There are 71 permitted discharges that are regulated in Erie County. The Department also issues an average of 350 on-lot septic permits annually.

**Public Bathing**
The Public Bathing Place program enforces the rules and regulations of the Pennsylvania Department of Health in Erie County. In addition to the Public Beach program, the Department inspects and monitors the bacteriological quality of all public swimming pools and water rides in the County. This involves routine inspections on outdoor pools during the summer as well as year round monitoring of indoor pools. If a facility does not meet the required water quality standards, the pool is closed until the water quality is acceptable. There are 152 public pool facilities in the County.

**School Environment**
The School Environment program enforces the Commonwealth rules and regulations regarding the public safety conditions in schools. ECDH annually inspects 78 schools and requires that conditions in the school building that potentially could cause injury to students or faculty are addressed by the school district.

**Camps and Campgrounds**
The Recreational Environment program regulates organized camps and campgrounds. The program focuses on inspection of the water supply, sewage disposal, availability of adequate number of restrooms, and general maintenance of the facilities. There are 32 organized camps and campgrounds in Erie County.

**Vector Control**
The Vector Control program addresses two disease vectors. One is Ixodes tick identification and surveillance. This program identifies the species of ticks brought to the Department by citizens who find a tick on themselves, a family member, or a pet. The Department also receives ticks from physicians and hospitals. The Department determines if the tick is one that could potentially carry the Lyme disease spirochete and informs the client. The Department also provides these ticks to the Lake Erie College of Osteopathic Medicine (LECOM) for further analysis to determine if the spirochete is actually present. In 2010 the Department identified 108 ticks.
The other disease vector is the Culex mosquito which transmits West Nile Virus. The Department monitors & traps mosquitoes throughout the County. The Department also applies larvicide on areas of standing water as well as applying adulticide if mosquitoes test positive for the virus. The Department also collects select species of dead birds that are tested to see if they carry West Nile Virus. In 2010, the Department applied larvicide on 30 acres of water and applied adulticide over 93 linear miles of the County.

**ENVIRONMENTAL SERVICES**

<table>
<thead>
<tr>
<th>MEASURABLE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water Supply - Community and non-Community</td>
<td>458</td>
</tr>
<tr>
<td>Sewage Treatment - NPDES* Inspection</td>
<td>403</td>
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<tr>
<td>Water Quality Inspections</td>
<td>13</td>
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<tr>
<td>Engineering - Permits Reviewed</td>
<td>102</td>
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<tr>
<td>Engineering - Act 537 Reviews</td>
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<tr>
<td>Eating and Drinking Facility Inspections</td>
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<tr>
<td>Retail Outlet Inspections</td>
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<tr>
<td>Summer Food Program Inspections</td>
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<tr>
<td>Swimming Pool Inspections</td>
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<tr>
<td>Mobile Home Park Inspections</td>
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<tr>
<td>New Eating and Drinking Licenses</td>
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<tr>
<td>New Retail Outlet Licenses</td>
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<tr>
<td>Temporary License Issued</td>
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<tr>
<td>On-Lot Sewage Permits Issued</td>
<td>338</td>
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<td>SFTF** Inspections</td>
<td>137</td>
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<tr>
<td>Environmental Complaints</td>
<td>404</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>8,303</td>
</tr>
</tbody>
</table>

* National Pollutant Discharge Elimination System  
** Small Flow Treatment Facilities

**Beach Monitoring and Notification**

ECDH has administered the Pennsylvania Beach Monitoring and Notification Program since 2006. ECDH is the only local agency in the country that directly receives and administers the federal funds allocated for the National Beach Monitoring and Notification Program administered by the Environmental Protection Agency (EPA). The program is intended to increase the monitoring of beach water as well as conduct sanitary surveys of the Lake Erie watershed to locate possible sources of bacterial contamination affecting beaches. It is also intended to provide additional means to inform the public of water quality at swimming beaches.

The trend of beach advisories has continued to decline since 2006 at Presque Isle State Park. The percentage of beach days when an advisory was issued was 1.5% in 2010, which is below the national goal of 5.0% established by EPA.
Public Health Preparedness

2012 PROGRAM PLAN
# Public Health Preparedness

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Public Health Preparedness

The Office of Public Health Preparedness is composed of a manager, an epidemiologist, and an epidemiological research associate. The office focuses on the six goals outlined by the Centers for Disease Control and the Pennsylvania Department of Health during a public health emergency – prevention, detection/reporting, investigation, control, recovery, and improvement.

In 2012 an educational needs assessment will be conducted. The Public Health Preparedness staff shall also assist in preparing ECDH to make application to the Public Health Accreditation Board (PHAB) to become an Accredited Public Health Department.

Public Health Preparedness Objectives for 2012

Prevention

Program Goal 1: Decrease the time needed to classify health events as “terrorism” or “naturally occurring” in partnership with other agencies.

Objective 1.1: Increase the use of disease surveillance and early event detection systems:

Activities:
1. Maintain a 24/7/365 disease reporting system.
2. Yearly assess timeliness and completeness of disease surveillance systems.

Objective 1.2: Increase sharing of health and intelligence information within, and between, counties and regions with state and federal agencies.
Activities:
1. Continue to improve information sharing on suspected or confirmed cases of immediately notifiable conditions, including foodborne illness among public health staff and appropriate clinicians.
2. Maintain epidemiologists and managers access to sensitive information relating to health threats, health intelligence, and sensitive health information.

Objective 1.3: Decrease the time needed to disseminate timely and accurate national strategic and health threat intelligence.

Activities:
1. Maintain enrollment and currency of staff in CDC’s Epidemic Information Exchange Program.
2. Participate in the Electronic Foodborne Outbreak Reporting System by entering reports of foodborne outbreaks investigations and monitoring the quality, completeness of reports and time from onset of illness to report entry.
3. Maintain a system for receiving notification/alert 24/7/365 of the public health emergency response system.

Objective 1.4: Identify and assess jurisdiction-specific hazards to enable appropriate protection, prevention, and mitigation strategies so that the consequences of an incident are minimized.

Activities:
1. Conduct with Emergency Management Agency a hazard/vulnerability of the county specific to potential impact on human health with special consideration for lethality of agents and large population exposures.
2. Decrease the time to intervention with the identification of these hazards and threats and work with EMA to map, model, and forecast vulnerabilities.
3. Work with local hazardous material team in formulating a response and intervention to the more common threats.
**Objective 1.5:** Develop and build network of partners to facilitate planning, prevention, reporting, and mitigation.

**Activities:**

1. Maintain membership on local emergency response group with ties to public safety, acute health care, mental health, social services, law enforcement and other local, state, and federal partners.
2. Continue to focus on development of local contacts, and partners, via conferences, workshops, and email groups for sharing of information.
3. Work with local chapter of Association for Professionals in Infection Control (APIC) to advance infection reporting guidelines and build a cohesive network of individuals to share disease reporting.

**Objective 1.6:** Provide effective communications to the public, the media, elected officials, health care providers, law enforcement, first responders, and business and community leaders prior to, during, and following a serious public health event.

**Activities:**

1. Maintain a library, or reference file, of educational material for dissemination to all pertinent groups, of current biological, chemical, radiological, and disease threats.
2. Work with local media (print, electronic, and internet) to determine the fastest and far reaching mode of education/information dissemination based on type and severity of public health event.
Detection/Reporting

**Program Goal 1:** To improve the timeliness and accuracy of information regarding threats to the public's health as reported by clinicians and through electronic early event detection in real time to those who need to know.

**Objective 1.1:** Produce timely, accurate, and actionable health intelligence or information in support of prevention, awareness, deterrence, response, and continuity planning operations.

**Activities:**

1. Continue to monitor health related web sites and maintain local networking of the infectious disease and public safety community.
2. Improve integration of existing health information systems, analysis, and distribution of information including the tracking of zootic diseases.
3. Educate the health and public safety community to report suspicious symptoms, illnesses, or circumstances to ECDH.
4. Maintain our community indicators in maternal child health, demographics, mortality, and cancer incidence.
Investigation

Program Goal 1: To decrease the time to identify causes, risk factors, and appropriate interventions for those affected by threats to the public's health.

Objective 1.1: Rapidly identify potential exposure and disease, report to multiple locations immediately, investigate promptly, and accurately confirm to ensure appropriate preventative or curative countermeasures are implemented.

Activities:
1. Continue to increase the use of efficient surveillance and information systems to facilitate early detection and mitigation of disease.
2. Conduct epidemiological investigations and surveys as surveillance reports warrant.
3. Coordinate and direct public health surveillance and testing, immunizations, prophylaxis, isolation or quarantine for biological, chemical, nuclear, radiological, agricultural, and food threats.
4. Coordinate epidemiological investigations with law enforcement and other agencies as appropriate.
Control

Program Goal 1: Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public’s health.

Objective 1.1: Maintain a continuous flow of critical information among emergency responders, command posts, agencies, and government officials for the duration of the emergency response operation.

Activities:
1. Decrease the time needed to communicate internal incident response information and internally manage the event to include supplies, updates and allocation of resources.
2. Maintain a response network.
3. Maintain communications interoperability plans and protocols.
4. Ensure communications capability using a redundant system that does not rely on the same communications infrastructure as the primary system.
5. Identify subject matter experts for Incident Command or Unified Command.

Objective 1.2: Ensure that the public is informed quickly and accurately, and updated consistently about threats to their health, safety, and property and what protective measures they should take.

Activities:
1. Decrease the time needed to provide specific incident information to the affected public, including populations with special needs, such as non-English speaking persons, migrant workers, those with disabilities, medical conditions, or other special needs requiring attention.
2. Disseminate health and safety information to the public.
3. Ensure that the Erie county government public information line can simultaneously handle calls from at least 1% of the county population.
4. Improve the coordination, management and dissemination of information to the public.
5. Decrease the time needed to disseminate accurate and relevant public health and medical information to clinicians and responders.

Objective 1.3: Have the ability to separate, restrict movement, and monitor the health of individuals and groups who have or are suspected of having a disease or infection for which a disease control measure is clinically indicated or have been exposed to, are likely to be exposed to, or are suspected of having been exposed to a disease or infection for which a disease control measure is clinically indicated.

Activities:
1. Assure legal authority to isolate and/or quarantine individuals, groups, facilities, animal and food products.
2. Coordinate quarantine activation and enforcement with public safety and law enforcement.
3. Improve the monitoring of adverse treatment reactions among those who have received medical countermeasures and have been isolated and quarantined.
4. Coordinate public health and medical services among those who have received medical have been isolated or quarantined.
5. Improve comprehensive stress management strategies, programs, and crisis response teams among those who have been isolated or quarantined.
6. Direct and control public information releases about those who have been isolated or quarantined.
7. Decrease time needed to disseminate health and safety information to the public regarding risk and protective actions.

Objective 1.4: To ensure appropriate prophylaxis and vaccination strategies are implemented in a timely manner upon the onset of an event, with an emphasis on the prevention, treatment, and containment of the disease.

Activities:
1. Decrease the time needed to dispense mass therapeutics and/or vaccines by:
   a. Implement local, regional and state prophylaxis protocols and plans.
b. Achieve and maintain the public health role described in the local Strategic National Stockpile Plan.

c. Ensure that vaccinations can be administered to all known or suspected contacts of cases within three days and, if indicated, to the entire jurisdiction within 10 days.

2. Decrease the time to provide prophylactic protection and/or immunizations to all responders, including non-governmental personnel supporting relief efforts.

3. Decrease the time needed to release information to the public regarding dispensing of medical countermeasures via the counties Joint Information Center.

**Objective 1.5:** Investigate cases to determine morbidity and mortality rates, even when the numbers of casualties exceed the limits of the normal medical infrastructure for Erie county.

**Activities:**

1. Improve the tracking of cases, exposures, adverse events, and patient disposition by having a system that provides these capabilities.

2. Decrease the time needed to execute medical and public health mutual aid agreements.

3. Increase the proficiency of volunteers and staff performing collateral duties in performing epidemiological investigation and mass prophylaxis support tasks.
Recovery

Program Goal 1: Decrease the time needed to restore health services and environmental safety to pre-event levels, and establish long-term follow-up of those affected by threats to the public’s health.

Objective 1.1: Implement and coordinate post event mitigation.

Activities:
1. Conduct post event planning and operations to restore general public health services.
2. Develop and coordinate plans for long-term tracking of those affected by the event.
3. Provide information resources and messages to foster the counties return to self-sufficiency.
Improvement

Program Goal 1: Decrease the time needed to implement recommendations from after-action reports following threats to the public's health.

Objective 1.1: To identify those areas that require further public health action.

Activities:
1. Exercise response plans with partners at the local, state, and federal level.
2. Identify deficiencies in personnel, training, equipment, and organizational structure for areas requiring corrective action.
3. Establish timelines for implementing corrective actions.
4. Seek certification from National Association of County and City Health Officials (NACCHO) with the development of an All-Hazards Plan in public health response during a disaster for Erie County.
5. Complete the Community Health Needs Assessment to prioritize public health activities within the county. Plan on updating on a 5 year cycle.
Program Goal: Decrease the time needed to classify health events as “terrorism” or “naturally occurring” in partnership with other agencies.

Objective 1: Increase the use of disease surveillance and early event detection systems:

ACHIEVED: Besides the standard surveillance and detection systems (RODS, Epi-X, NEDSS, and local disease reporting) ECDH has enrolled both epidemiologists in CIOSX, the Canadian Infectious Outbreak Surveillance System.

Objective 2: Increase sharing of health and intelligence information within, and between, counties and regions with state and federal agencies.

ACHIEVED: All key directors are part of PAHAN. Community Health Services, Environmental, and Epidemiological staff have participated in a number of real world food-borne and other disease outbreaks and have developed a cohesive working relationship with the local health care community. Email and FAX groups have been developed that target specific sections of the health community (infectious disease, pediatric, EMS, OB/GYN, etc.) These groups are not only local, but regional (northwest PA).

Objective 3: Decrease the time needed to disseminate timely and accurate national strategic and health threat intelligence.

ACHIEVED: ECDH is enrolled in both state and federal electronic alerting systems and maintains 4 managers on call at all times. The electronic systems mentioned above are used to disseminate information. Local media capabilities exist to alert the general public if the situation warrants.

Objective 4: Identify and assess jurisdiction-specific hazards to enable appropriate protection, prevention, and mitigation strategies so that the consequences of an incident are minimized.
PARTIALLY ACHIEVED: A Hazard Vulnerability Analysis has been completed and ECDH is currently working with Public Safety to prioritize threats and establish responses that involve public health.

Objective 5: Develop and build network of partners to facilitate planning, prevention, reporting, and mitigation.

ACHIEVED: The PHP manager maintains an extensive cyber and telephonic list of health partners. ECDH is a member of the regional emergency response group, local infectious disease professional organization, and has a network among the social service community that enable it to tap into these organizations for expertise and assistance.

Objective 6: Provide effective communications to the public, the media, elected officials, health care providers, law enforcement, first responders, and business and community leaders prior to, during, and following a serious public health event.

ACHIEVED: Disease surveillance methods are reviewed continually. Whether a stand alone disease report, or an investigation of an outbreak, the method of notification, along with the ECDH response and follow-up are reviewed by epidemiology and community health services staff to determine if the event was handled appropriately. Four members of the ECDH management staff are enrolled in the CDC and Pennsylvania Health Alert Network and they monitor the emergency health response system 24/7.

Detection/Reporting

Program Goal: To improve the timeliness and accuracy of information regarding threats to the public’s health as reported by clinicians and through electronic early event detection in real time to those who need to know.

Objective: Produce timely, accurate, and actionable health intelligence or information in support of prevention, awareness, deterrence, response, and continuity planning operations.
ACHIEVED: PHP manager and epidemiologist are tied into numerous local, regional, state, and federal health information sites. They regularly conduct informal analysis of disease outbreaks and trends to ensure that they are maintaining an appropriate review of potential infectious disease and community health events and they alert the health community, when appropriate, of suspicious symptoms, illnesses, or circumstances that should be reported to ECDH.

Investigation

Program Goal: To decrease the time to identify causes, risk factors, and appropriate interventions for those affected by threats to the public’s health.
Objective: Rapidly identify potential exposure and disease, report incident to multiple locations immediately, investigate promptly, and accurately confirm to ensure appropriate preventative or curative countermeasures are implemented.
ACHIEVED: These areas are evaluated at least twice a year via tabletop and functional exercises. Based on follow-up reports and exercise evaluations, changes in timeliness of reporting, risk factor identification, and interventions are made.

Control

Program Goal: Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public’s health.
Objective 1: Maintain a continuous flow of critical information among emergency responders, command posts, agencies, and government officials for the duration of the emergency response operation.
Objective 2: Ensure that the public is informed quickly and accurately, and updated consistently about threats to their health, safety, and property and what protective measures they should take.
Objective 3: Have the ability to separate, restrict movement, and monitor the health of individuals and groups who have or are suspected of having a disease or infection for which a disease control measure is clinically indicated or have been exposed to, are likely to be exposed to, or are suspected of having been exposed to a disease or infection for which a disease control measure is clinically indicated.

Objective 4: To ensure appropriate prophylaxis and vaccination strategies are implemented in a timely manner upon the onset of an event, with an emphasis on the prevention, treatment, and containment of the disease.

Objective 5: Investigate cases to determine morbidity and mortality rates, even when the numbers of casualties exceed the limits of the normal medical infrastructure for Erie county.

PARTIALLY ACHIEVED: Each of these 5 objectives are met by being defined in the ECDH Epidemiological Response Plan and the Crisis Communication Plan. A tabletop exercise this year with participating hospitals in the county revealed that all parts of these plans that interface with acute care facilities worked well in this type of artificial atmosphere. The goal for next year is to test them in an exercise that includes public safety, non-hospital first responders, social service agencies, and faith based partners.

Recovery

Program Goal: Decrease the time needed to restore health services and environmental safety to pre-event levels, and establish long-term follow-up of those affected by threats to the public’s health.

Objective: Implement and coordinate post event mitigation.

PARTIALLY ACHIEVED: This goal is met as part of the overall written plan, but can only be truly tested during an actual event.
**Improvement**

**Program Goal:** Decrease the time needed to implement recommendations from after-action reports following threats to the public's health.

**Objective:** To identify those areas that require further public health action.

**PARTIALLY ACHieved:** This is routinely done following all foodborne, meningitis, pertussis, and shigella outbreaks (types of diseases we normally see on a periodic basis). These disease outbreaks allow us to test and improve our disease outbreak plans, but are generally limited outbreaks that do not give us any insight into a pandemic type of outbreak.
Community Health Services

2012 PROGRAM PLAN
COMMUNITY HEALTH SERVICES

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COMMUNITY HEALTH SERVICES

The Division of Community Health Services (CHS) is composed of three operating sections: Communicable Disease Control and Prevention includes, but is not limited to Tuberculosis, Sexually Transmitted Diseases, HIV/AIDS, Refugee Health (new in 2012) and general communicable diseases; Maternal Child Health includes home visiting, lead poisoning prevention, and immunizations; Administration includes general management and broad-based community planning. These three sections provide a wide range of services to promote and protect the public’s health. The services provided by the Division of Community Health Services are consistent with the overall goals of the U.S. Department of Health’s Healthy People 2020.

CHS participates in a variety of community-based organizations and activities, keeping it in the forefront of community health activities in Erie County. Collaborative efforts such as the Erie County Policy and Planning Council for Children and Families, the Erie County Immunization Coalition, the United Way Health Impact Council, the MCH committee of the PartnerSHIP, the Healthy Youth Development Advisory Board, Preventing Animal Attacks with Education (PAAWE) and APIC, the local group for infection control professionals, are all vehicles for broad-based community planning and actions, that use Erie County data when available. Medical professionals and the media consistently look to the division for information and education. This allows public health goals to be kept in the forefront of countywide discussions and decision making.

CHS has an internal committee structure of Policy and Procedure, Quality Assessment/Improvement, and Staff Development. These committees keep CHS up to date with current practices and they measure and improve our services.
Programs and Objectives for 2012

Public Health Nursing Services

Administrative staff manages and oversees the day-to-day operations of the division and lead and participate in community committees, task forces, and coalitions.

Program Goal 1: Involve public and private partners in the community health planning process.

Objective 1.1: Keep the Erie County Department of Health (ECDH) in the forefront of community health planning processes.

Activities:

1. Division Director will remain active with the Erie County Policy and Planning Council for Children and Families, the Healthy Youth Development Advisory Board, and the United Way’s Health Impact Council and Board of Directors. These groups include a mix of representation from providers, businesses, and consumers and use Erie County data as the basis for how monies and services are directed.

2. Division Director will promote ECDH services and public health planning at all community coalitions, task forces, and other community groups that ECDH participates with, but that are not regularly attended by the Director.

Evaluation Methods:

1. Annually review the goals and activities of the various organizations that the division interfaces with and if they remain inline with ECDH goals and objectives.

Program Goal 2: Identify preventable pediatric deaths in Erie County, identify prevention strategies for these deaths, and communicate these strategies to community partners, with the ultimate community goal of reducing preventable pediatric deaths.

Objective 2.1: Community Health Services will remain active with the Erie County Child Death Review Team (CDRT) that gathers and shares data on pediatric mortality in Erie County.
Activities:

1. CHS Director will participate on the Erie County CDRT, which meets four to six times per year.
2. Facilitate entering the data obtained during reviews into the Internet based CDR data system.

Evaluation Methods:

1. Review the number of meetings held and percent of deaths reviewed annually. Safe Kids is to share data with community partners for analysis of trends in preventable child deaths in Erie County.

Program Goal 3: Maintain and improve staff skills, practices, and procedures; improve program quality as appropriate.

Objective 3.1: Provide internal committee structure of Staff Development, Policy and Procedure, and Quality Assurance/Assessment.

Activities:

1. Each committee will meet 6-12 times per year to plan and to meet goals and objectives for their specific committee.
2. Plan and promote continued professional growth through in-service training and comprehensive employee orientation.
3. Create and update policies and procedures as appropriate. Minimum of annual review of all current policies and procedures will occur.
4. Monitor and evaluate the effectiveness of, efficiency of, and response to the ECDH Community Health Services provided to the community.

Evaluation Methods:

1. Annually review activities of each committee as compared to its mission statement, goals, and objectives.

Program Goal 4: Provide an adequate public health workforce.

Objective 4.1: Hire and train staff as vacancies occur or new opportunities arise.

Activities:

1. Notify contract officers promptly of any changes in staff paid by contracts to ECDH.
2. Follow County procedures for posting and filling vacant positions.
Evaluation Methods:

1. Documentation of notification to contract officers of staff changes.
2. Vacant positions will be filled in a timely fashion per County policy and procedures.

Objective 4.2: Work with ECDH accreditation process in conducting a training needs assessment.

Activities:

1. Work with management team to refine surveys related to public health training needs assessment.
2. Encourage staff participation in public health training needs assessment surveys as conducted by the University of Pittsburgh, School of Public Health, Center for Public Health Practice.
3. Support training events that occur as result of above surveys.

Program Goal 5: Work with CHS division in the application process to the Public Health Accreditation Board (PHAB) to become an Accredited Public Health Department.

Objective 5.1: Complete Accreditation assignments, including PHAB online orientation and documentation of tasks associated with domains appropriate to Community Health Services division.

Activities:

1. Complete appropriate modules of PHAB online orientation.
2. Work with managers and staff to assemble and organize accreditation pieces applicable to CHS services.

Evaluation Methods:

1. Certificate of Completion for PHAB online orientation.
2. Track gathering and assembly of appropriate pieces of accreditation documentation related to CHS services.

Objective 5.2: Facilitate training regarding and implementation of performance management principles and practices as related to the accreditation process.
Activities:

1. Designate four division staff to ECDH performance management team.
2. Support staff regarding participation in training and implementation of performance management standards related to division activities.

Evaluation Methods:

1. Monitor staff attendance and participation in performance management team process.
2. Two division programs will implement program process and outcome improvements as result of applying performance management principles.
Communicable Diseases, Sexually Transmitted Diseases, HIV/AIDS, Rabies, and Tuberculosis Control, and Refugee Health Programs Overview

This includes screening, surveillance, health education, diagnosis, and treatment in areas such as tuberculosis, sexually transmitted diseases, HIV/AIDS, and other reportable diseases/conditions. Services are intended to control the disease transmission process through effective intervention and treatment and, where available, through immunization. The objectives of these programs are to control the prevalence and incidence of the above diseases by advocating appropriate public policy, community awareness, client education, and community health initiatives that promote healthy lifestyles.

Communicable Diseases Program

Program Goal 1: Maintain a local communicable disease (CD) surveillance program that interfaces with the Pennsylvania Department of Health (DOH) Division of Epidemiology and the Centers for Disease Control and Prevention (CDC).

Objective 1.1: Insure that all potential reporters are knowledgeable of their responsibility to report communicable diseases to ECDH.

Activities:

1. Reinforce with local laboratories the need for timely and accurate referral of state mandated reportable diseases. Work through the PA DOH to implement electronic lab reporting locally. Communicate any changes in reportable disease law in Pennsylvania.

2. Educate physicians on reportable disease at every opportunity: informal (telephone) and formal (mailings and blast faxes).

3. Encourage local infection control nurses to continue to notify ECDH of reportable diseases independent of physician or lab reporting.

4. Maintain membership in the Association of Professionals in Infection Control (APIC) to network with frequent reporters.
**Evaluation Methods:**

1. Observe for knowledge deficits on Intake and nursing calls with physicians and laboratories.
2. Manually look for differences in reporting between various reporters, i.e. Has a report of meningitis come from the infection control nurse, but not reported via the lab?
3. Observe for sudden and drastic changes in disease incidence.

**Objective 1.2:** Contain and prevent the spread of reportable acute communicable diseases and conditions.

**Activities:**

1. Initiate investigation of all (~100-150) anticipated reports of acute communicable diseases within 24 to 72 hours. Certain diseases require immediate response as specified in the PA Bulletin for CD investigation. Those include but are not limited to HIB, anthrax, smallpox, meningitis. These reports are hand delivered to a PHN who initiates them immediately.
2. Observe for trends in rates of reports or unusual trends, i.e. increase in influenza reports from one long-term care facility.
3. Compare local disease incidence with state and United States and interpret results, as needed.
4. Educate close contacts and persons in charge of high-risk settings, such as childcare centers, on disease transmission and necessary precautions. An estimated 75-150 cases of food borne disease and meningitis may require this education for their contacts.
5. Utilize Epidemiologist and Public Health Preparedness Program to assist the Community Health Services Division to review and analyze disease patterns within the county, both manually and computer assisted. Initiate outbreak control measures as needed, on two to ten anticipated large outbreaks. Coordinate work with Public Health Preparedness and the Environmental Division to collect and analyze outbreak data when appropriate.
Evaluation Methods:

1. All paper reports and/or print out computer reports will be date stamped with date reported to ECDH in order to assess timeliness of follow-up by ECDH staff. File these with client record.

2. Assign acute diseases to a primary nurse. Spot check investigations to determine the average time taken to initiate the investigation and client education. The Quality Assurance Committee and/or the supervisor will complete charting audits.

3. Assess client compliance as one indicator of success of health education. Public Health Nurses will communicate these issues to the supervisor. Anecdotes of severe non-compliance will be recorded on the annual report.

4. Document number of outbreaks addressed in the county. Use mapping, epi-curves, and client interviews, as appropriate, in planning and implementing disease control measures for these outbreaks.

5. Interpret significant communicable disease data with assistance from Epidemiologist.

Objective 1.3: Develop/maintain a reliable and specific data system for communicable diseases.

Activities:

1. Assure that all appropriate staff are accredited and given regular updates for the use of the National Electronic Disease Surveillance System (NEDSS).

2. Utilize the local Insight (or comparable) communicable disease data collection along with the mandated state NEDSS data system.

3. Epidemiologist to utilize mapping of outbreak situations, as needed, from Insight data or NEDSS data when the functionality is in place.

Evaluation Methods:

1. Locally use case report data from the Communicable Disease Insight data; PA DOH epidemiology division is not using Cognos for their NEDSS data. They have found it to be flawed and use a NEDSS system of analysis only
available to the PADOH. Comparisons of our Insight numbers to Cognos should be provisional only.

**Objective 1.4:** Provide local participation in special CDC initiatives.

**Activities:**

1. As an alternative to the PA DOH's CDC Sentinel Influenza Surveillance Program, Associated Clinical Laboratory (ACL) was recruited in 2010 to send a weekly sampling of influenza specimen to the PA Bureau of Laboratories (BOL) for further sub typing of this virus in Erie County. BOL also asked for a sampling of negative flu tests to evaluate other causes of Influenza-like Illness (ILI).

2. Provide long-term care facilities with guidance and surveillance for influenza outbreaks.

**Evaluation Methods:**

1. Monitor number and results of influenza specimen sent to PA Bureau of Labs (BOL) from local laboratory.

2. Regularly monitor the Long-term Care (LTC) Facility Influenza report on Insight database during Flu season. Review education given to LTC staff at facilities experiencing an outbreak. Evaluate completeness of outbreak investigation forms for state.
Sexually Transmitted Diseases

Program Goal 1: Provide free and confidential clinical services for clients at risk for sexually transmitted diseases (STDs) and conduct the epidemiological and educational efforts to prevent the spread of STDs.

Objective 1.1: Improve and maintain the accuracy and accessibility of computer data on disease morbidity.

Activities:
1. Utilize the NEDSS computer system (started in 2003). Produce reports and analyze data on STD morbidity in Erie County monthly from the “Cognos reporting system” of NEDSS. Utilize final disease counts from PA-DOH annual “clean-up” of STD data statewide.

Evaluation:
1. Monitor the accuracy of the NEDSS reports by searching for duplications of cases monthly. Correct these errors in the NEDSS data monthly. Communicate with PA DOH on these corrections. The ECDH year-end total should be close, but not exactly the same as the PA-DOH total, due to transferred cases.
2. Monitor the numbers of cases of reportable STDs and compare demographics (age, race, zip code, and sex) from year to year for changes and trends.

Objective 1.2: Raise the public and professional awareness of STDs.

Activities:
1. Take advantage of every practical opportunity to educate high-risk groups on STDs.
3. Continue distribution of the currently used CDC STD guidelines to related care providers (physicians, practitioners, high school nurses). As time allows, personal visits by the STD supervisor and/or epidemiological investigator can be made in conjunction with this guideline distribution.
4. Address problems in the professional community with STD treatment and follow up, as described in the CDC STD Treatment Guidelines.

**Evaluation Methods:**

1. Analyze statistical trends (rates) to determine which groups need STD education or clinical services.
2. Monitor compliance with proper STD treatment in the community, through case report information and conversations between the STD Epidemiologist, Nurses, and local physicians’ offices.

**Objective 1.3:** Provide quality, affordable, confidential, and accessible STD clinical services to the public.

**Activities:**

1. Maintain three STD walk-in clinics per week offering morning, afternoon, and evening service. Public health nurses and either a physician or a certified registered nurse practitioner will be available for testing, diagnosis, and treatment of the most common STDs for an estimated 2000-2100 clients.
2. Conduct quality improvement (QI) process related to efficiencies with STD clinic flow.
3. Implement improvements in clinic flow as identified in QI process.

**Evaluation Methods:**

1. Perform periodic client survey and evaluate results of client satisfaction.
2. Utilize Insight patient database or like system to calculate number of clients (and their demographics) served annually. Develop new reports, as needed.
3. Compare these statistics to former years. Use data to determine ability to continue to provide quality care with current resources.
4. Analyze disease trend statistics to determine where to focus resources for clinical services.
5. QI process will be part of accreditation application.
**Objective 1.4:** Perform disease investigation and case management of gonorrhea, chlamydia, and syphilis.

**Activities:**

1. Act as a local authority, consultant, and referral source on STDs. Plan appropriate responses to disease trends.
2. Conduct contact (sex partner) interviews. Advise these contacts and/or their provider of the recommended follow up.
3. Offer education personally to client and contacts about risk reduction.
4. Enlist and support private providers to conduct epidemiological interviews with their own clients and refer to ECDH.
5. Train staff to fully utilize the (Dec. 2010) PA Contact Notification System. This is an email based notification of contacts to GC, CT, HIV, and syphilis.

**Evaluation Methods:**

1. Monitor quality of clinical/epidemiological care at ECDH clinics through the check system of the “Exit Interview”.
2. Generate reports utilizing NEDSS to show statistical figures on STD contacts served annually.
3. Obtain the PA-DOH reports from the Contact Notification System, when available.

**Objective 1.5:** Proactively address high STD rates.

**Activities:**

1. Network with community partners to offer free testing for GC and CT through CDD lab and these partners.
2. Coordinate and promote Hepatitis and HPV vaccine administration through the STD clinical services.

**Evaluation Methods:**

1. Perform epidemiological analysis of STD rates in present year compared to past years. Compare various groups to determine target group and reevaluate focus.
2. Evaluate effectiveness by analyzing rates of positive tests found at testing site(s) supported through the community initiative.
3. Analyze acceptance rates of Hepatitis and HPV vaccines in STD clinic.

4. Analyze usefulness of PA-DOH email notification system. Determine impact on contact follow up, as a whole.
HIV/AIDS Program

Program Goal 1: Increase awareness/knowledge of HIV/AIDS and reduce the rate of HIV infection among target populations.

Objective 1.1: Provide HIV counseling and testing (CTR) through clinic and satellite testing facilities.

Activities:

1. Maintain HIV counseling and testing sites in Erie and Corry. One half-day session per week will be held in both Erie and in Corry. HIV testing is also available in all STD and Tuberculosis clinics. An estimated 1,500-2,500 HIV tests will be performed.

2. Utilize the PA Department of Health HIV/AIDS office to provide counseling/testing training to increase number of counselors who can do testing, particularly in the homosexual, African American, and Hispanic communities.

3. Monitor HIV testing completed at ECDH clinic and subcontracted sites.

4. Increase outreach testing of high risk clients through subcontracted CTR services, as per HIV contract.

5. Use oral antibody testing, as needed, in outreach programs to reduce barriers for target populations to obtain testing.

Evaluation Methods:

1. Compare HIV testing data by site and year.

2. Monitor and enforce Gaudenzia’s deliverables per contract stipulations.

Objective 1.2: Provide partner service (PS) to those HIV positive individuals who are tested at ECDH or reported to us.

Activities:

1. Promote ECDH PS services among the medical community to encourage physician referrals and increase follow up with close contacts to HIV positive clients.

2. Encourage medical service in prisons or other agencies with HIV-positive clients to refer clients.
3. Do follow up with all clients seeking CD-4 and viral load testing at ECDH and those testing HIV positive through ECDH clinics.

4. Conduct follow-up interviews with all HIV positives identified through NEDSS or by local counselors and referred to ECDH by their Primary Care Provider (PCP).

5. Provide PA DOH with a timely required report on PCRS activities.

**Evaluation Methods:**

1. Record data on numbers of partner contacts and compare to past year’s data.

2. Compare testing data for partners identified, when that information is available.

**Objective 1.3: Conduct HIV/AIDS surveillance.**

**Activities:**

1. Utilize the NEDSS internet data system to monitor, enter, correct, and complete data on HIV positive cases and those cases that have been diagnosed with AIDS.

2. Perform local chart audits and searches, as needed, to obtain required report information.

3. Continue to work with the PA DOH to obtain accurate reports on HIV infection and AIDS in Erie County.

**Evaluation Methods:**

1. Supervisor will monitor reports from PA DOH on requested patient report updates needing follow up in NEDSS.
Tuberculosis Control Program

Program Goal 1: Contain and lower the disease incidence by providing free and confidential tuberculosis (TB) clinical service (approximately 2500-3200 client visits) for members of the community who are either diagnosed with or at risk for developing TB, through epidemiological follow up of cases and through professional and public education regarding TB.

Objective 1.1: To provide standardized approach for tuberculosis control, both for in-house staff and community care providers.

Activities:

1. Revise and update ECDH policies and procedures for tuberculosis control, as appropriate.
2. Provide consultation to the medical community.
3. Conduct quality improvement (QI) process related to efficiencies with TB clinic flow.
4. Implement improvements in clinic flow as identified in QI process

Evaluation Methods:

2. QI process will be part of accreditation application.

Objective 1.2: All active TB clients successfully complete treatment.

Activities:

1. Active clients will be on Directly Observed Therapy (DOT), according to state and federal standards of care, provided by an outreach worker, clinic nurse, or other responsible party agreed upon by ECDH and client. Address problems quickly.
2. Use incentives and enablers to increase compliance by clients with active disease. Utilize Reimhold funds for this.
3. Address adverse reactions to medications, until a medication regimen that is tolerated by the patient is found.
Evaluation Methods:

1. Maintain daily records of compliance on active TB patients. Submit monthly reports of DOT activities to the PA DOH.
2. Record use of the Reimhold fund after it is administered from the PA DOH NW District office upon request from ECDH.

Objective 1.3: Prevent long-term spread of tuberculosis.

Activities:

1. Perform contact investigations for all communicable, active disease clients, utilizing the concentric ring method outlined in the Pennsylvania State Tuberculosis Control Manual or other methods outlined in current MMWR publications. The projected need is for 5 active cases, however more will be managed as presumptive cases until active TB is ruled out.
2. Provide preventative treatment to an estimated 100 persons with Latent TB infection (LTBI).
3. Educate those who refuse preventive treatment (approximately 75 individuals) on the signs and symptoms of active TB and the need for prompt evaluation, if symptoms occur.

Evaluation Methods:

1. Utilize Insight Patient Database or like system, to generate annual completion data on treatment of active cases and LTBI, when reports can be generated on Insight.
2. Annually perform TB chart audits to assure proper discharge education/letter is being received.

Objective 1.4: To improve/maintain the ability to generate and analyze reports on TB statistics.

Activities:

1. Utilize National Electronic Disease Surveillance System (NEDSS) system for reporting TB to the PA DOH. Continue back up paper report system, as long as the PA Dept of Health requires.
2. Produce and analyze reports within the TB program from the Insight data system, until NEDSS develops similar reports.
3. Collect and analyze TB disease trends, i.e. in immigrant and other high-risk populations.

Evaluation Methods:
1. Compare/contrast local trends to state and national trends.
2. PA DOH to double check NEDSS reports with the paper reports filed.
3. Analyze demographics with the Insight system on clients served at ECDH and plan program accordingly.

Objective 1.5: Raise public and professional awareness of tuberculosis.

Activities:
1. Provide education to local medical and educational institutions such as Lake Erie College of Osteopathic Medicine (LECOM), St. Vincent Health Center Family Practice Residency Program, Gannon, Edinboro and Penn State Behrand campus University’s Nursing Departments, drug and alcohol rehabilitation centers, and local agencies serving foreign-borne populations, when the opportunity arises.
2. Assess the need for a community screening of a high-risk population and conduct one if necessary.

Evaluation Methods:
1. Utilize university professors to assess public health awareness in nursing student groups going through orientation at ECDH.
2. Observe for high rates of certain high-risk TB groups seen annually on Insight data.

Objective 1.6: Provide ongoing TB screening and appropriate follow-up for high-risk target groups.

Activities:
1. Continue the liaison relationship with the Erie County Prison, developed in 2003, in order to promote follow up of inmates with LTBI after release.
2. Continue culture/language appropriate education/screening with International Institute (I.I.), Multi-Cultural Health Evaluation Delivery System (MHEDS), Catholic Charities, and Multicultural Community Resource
Center (MCRC), formerly known as Hispanic American Council. Exactly 844 persons were resettled in Erie County in 2011.

3. Use incentives such as grocery and gas coupons from Reimhold Fund money to increase compliance with high-risk groups, as appropriate.

4. Utilize state-of-the-art testing instruments, such as T-spot (Oxford Labs) to attain more specific and sensitive testing for LTBI among eligible high risks groups. Use Mantoux when appropriate.

**Evaluation Methods:**

1. Utilize NEDSS to report to the PA DOH regarding high-risk groups.

2. Calculate number of clients educated while in prison through Insight data, when reports can be generated.

3. Monitor for changes in immigration and learn about new cultures arriving in Erie County from sponsoring agencies.

4. Compare LTBI incidence with T-spot testing initiated to former testing methods.

5. Utilize Insight Patient Database and Case Management or like system to obtain reports.
Refugee Health

Program Goal 1: Provide health related case management services to all newly arriving refugees and eligible immigrants in Erie County in collaboration with the Local Voluntary Agencies (VOLAGs).

Objective 1.1: Insure the refugee health screening assessment protocol is followed by health care provider, as required by the PA DOH.

Activities:
1. Obtain and review PA Initial Refugee Health Assessment Form. Need to work with health care providers to access this information.
2. Encourage health care providers to complete assessment form within 30 days of first visit.
3. Maintain open communication with health care providers.

Evaluation Methods:
1. Maintain documentation of forms reviewed.
2. Report activities to ECDH supervisor.
3. Send quarterly reports to DOH Refugee Health Program (RHP).

Objective 1.2: Ensure follow up for all treatment and other referrals recommended as a result of the health screening assessment and/or the overseas medical examination.

Activities:
1. Establish and maintain internal contact with other ECDH programs.
2. Establish and maintain working relationships with referral agencies/offices.

Evaluation Methods:
1. Maintain documentation of all referrals needed and made for refugees.
2. Report activities to ECDH supervisor.
3. Send quarterly reports to DOH Refugee Health Program (RHP).

Objective 1.3: Provide education to refugees on the health screening process and the health care system and information on pertinent diseases.

Activities:
1. Utilize group orientation or educational sessions to provide needed information.
2. Utilize written or verbal information, dependent on refugees’ needs.
3. Utilized interpretation services as needed

Evaluation Methods:
1. Maintain documentation of attendees, topic presented, date and time of presentation.
2. Report activities to ECDH supervisor.
3. Send quarterly reports to DOH Refugee Health Program (RHP).

Objective 1.4: Generate and analyze reports on refugee health.

Activities:
1. Utilize Insight Patient Database or like system to generate activity reports.
2. Report activities to ECDH supervisor.
3. Send quarterly reports to DOH Refugee Health Program (RHP).

Evaluation Methods:
1. Maintain documentation of Total Number of refugees provided case management services.
2. Maintain documentation of Total Number of refugees completing LTBI therapy.
3. Obtain childhood immunization and school enrollment records as available.
4. Maintain documentation of childhood lead screenings.
Rabies Surveillance Program

Program Goal 1: Prevent human rabies from occurring in Erie County and lower the risk of rabies exposure from animals through various public health measures.

Objective 1.1: Provide a surveillance and education program of animal (mammal) encounters (bites, scratches, etc.) through the “Intake” nursing service.

Activities:
1. Log all (approximately 850) reports of encounters in the Insight Animal Bite Program.
2. Utilize the Rabies Policy and Procedure to provide follow up on these reports to victims and/or animal owners. Standard follow up would start with “Quarantine”, if that is not possible, next directive would be “testing of the animal”, if that is unavailable, final recommendation would be to “treat the victim”.
3. Utilize local Animal Enforcement Officers and Animal Control Wardens for cases that cannot be addressed via the mail or phone.

Evaluation Methods:
1. Problems with case management will be noted and corrected in the course of questions brought to supervisor. Ten different nurses on Intake in a week will serve as a double check system for quality of case management.
2. Quality Assurance Committee will periodically perform chart audits for accuracy of follow up and documentation. Weekly assessment of the Insight Animal Bite Dashboard will provide regular quality assurance and corrections. End of year Insight statistical analysis will show missing data to be corrected from paper charts.

Objective 1.2: Enhance awareness of proper prevention strategies to reduce preventable animal bites within the community and reduce the risk of a bite transmitting rabies.

Activities:
1. Distribute resources for hospital emergency rooms and urgent care facilities on reporting and treating animal bites related to rabies, as needed.
2. Serve as local resource expert to veterinarians, animal handlers, trauma physicians, animal control services agencies, and animal control wardens. An annual mailing of program updates shall be conducted.

3. Provide local statistics and support to the Hamot Medical Center Injury Prevention Staff and Preventing Animal Attacks with Education (PAAWE) Coalition. All current reports will be analyzed.

4. Update rabies protocol as changes occur, so that cases are managed in an appropriate and consistent manner.

5. Coordinate with and support efforts for vaccination of pets and wildlife initiated by local veterinarians and the Department of Agriculture. This, however, is not the main role of the Community Health Services Division.

Evaluation Methods:

1. Surveillance of knowledge deficit of accurate animal encounter follow up will be done by random phone contact with area hospital Emergency Departments, veterinarians, and physicians regarding cases.

2. Compare local protocols to PA DOH directives.

Objective 1.3: Provide consistent data collection for the rabies program.

Activities:

1. Maintain the use of the Insight Patient Database for animal bites/rabies tests. Nurses assigned to Animal Bite management will clean up this data weekly.

2. Annually and periodically create statistical reports from this program.

Evaluation Methods:

1. Analyze high-risk age groups for exposure, high-risk animals, dispositions of cases, causative factors for animal incidents, number of animals sent for testing, number of positive animal rabies cases, high risk neighborhoods (zip codes) for household pet incidents, and proportion of problem with strays and same household pets.
Immunization

An Immunization block grant from the Pennsylvania Department of Health funds clinical services and consumer and professional education. This current plan is in effect from July 1, 2009, through June 30, 2012. Grant renewal has been received for 7/1/12-12/31/13. Because the grant agreement ending 6/30/12 does not totally fund salary and fringe, some county and Act 315 monies support this program for the first 6 months of 2012.

Program Goal 1: Reduce and/or eliminate the spread of vaccine preventable diseases by increasing the immunization coverage level of all age groups.

Objective 1.1: Provide comprehensive immunization services for infants and children and adolescents.

Activities:

1. Administer vaccines to infants, children, and adolescents per the PA DOH Eligibility Criteria. Provide all recommended vaccines provided by the PA DOH. Screen children for Vaccines for Children (VFC) program eligibility in clinics. Provide record screens for siblings at clinics. Follow the Centers for Disease Control and Prevention (CDC) Standards for Pediatric and Adolescent Immunization Practice.

2. Provide outreach to 100% of birthing facilities per the PA DOH Tot Trax program, in which the first dose of Hepatitis B vaccine is administered to newborns and Tdap vaccine is offered to new mothers. Continue to track reports and send to the PA DOH and assist with coordination of hospital identified educational needs.

3. Provide daytime and late afternoon immunization clinics each month. Arrange translators for non-English speaking clients.

4. Utilize automatic phone call system to remind clients of their appointments. Send missing appointment cards to those children who miss appointments.

5. Complete at least one outreach activity to increase public awareness of immunizations during the annual National Infant Immunization Week (NIIW) in April, in June during National Adolescent Immunization Awareness
Week, in August for National Immunization Awareness month. Maintain linkages with agencies that provide services to children such as WIC, Early Intervention, GECAC Head Start, members of the Immunization Coalition and school nurses. Provide immunization education and assist these agencies to identify children delinquent in vaccines.

6. Conduct telephone and/or letter outreach to parents of children who are reported on the SIIS missing immunization report.

Evaluation Methods:

1. Evaluate annual assessment report of ECDH 19-35 month old clients’ coverage rates. This assessment is conducted by Statewide Immunization Information System (SIIS) staff.

2. Assess the number of birthing hospital participating in Tot Trax and review quarterly reports to assess number of vaccines administered.

Objective 1.2: Provide comprehensive immunization services for adults.

Activities:

1. Provide high-risk adult population with Influenza, Pneumococcal, Td, Tdap, and Hepatitis A/B, and HPV vaccine per PA DOH eligibility guidelines at ECDH immunization, STD, and HIV clinics. Follow the CDC Adult Immunization Standards and promote them with ECHA and adult medical providers.

2. Network with and support the Erie Center on Health and Aging (ECHA), which provides an Erie County adult influenza and pneumococcal mass media campaign, education and outreach, along with clinics throughout Erie County during the fall and early winter. Assist them to identify geographic pockets of need for adult influenza vaccine.

3. Conduct at least one adult immunization awareness campaign in September for National Adult Immunization Awareness Week.

Evaluation Methods:

1. Calculate number of vaccines provided to adults served at ECDH with above vaccines by annual SIIS reports.
2. Review annual Influenza and pneumococcal vaccine reports from the ECHA.

Program Goal 2: Maintain participation in the state immunization registry.

Objective 2.1: Participate in the Statewide Immunization Information System (SIIS) and promote community provider participation.

Activities:
1. Enter clients’ immunization records and vaccines given into SIIS.
2. Promote SIIS to private providers whenever the opportunity exists. Notify SIIS department registry staff of identified providers in the area interested in initiating the registry. Send annual educational letter promoting SIIS to private providers.
3. Educate parents on the benefits of the SIIS registry.
4. Maintain vaccine inventory in SIIS and complete monthly inventory reports per SIIS protocol.
5. Network with the Pennsylvania Department of Health SIIS staff. Assist SIIS staff as needed with private provider education, support, and implementation of SIIS.

Evaluation Methods:
1. Evaluate response of private providers from annual SIIS letter.
2. Evaluate and/or track any problems with SIIS and present by email or conference calls to the Pennsylvania Department of Health staff for their input and assistance.

Program Goal 3: Prevent and contain the spread of vaccine preventable diseases (VPD).

Objective 3.1: VPD investigations and case management will be completed in order to prevent further disease in close contacts and the community.

Activities:
1. Investigate all reported cases of VPD within 24 hours of notification and provide appropriate case management follow up. Enter reports into the National Electronic Disease Surveillance System (NEDSS). Notify state DOH Immunization program of cases when indicated.
2. Educate medical providers on appropriate treatment and prophylaxis of VPD such as Pertussis.

3. Assist international travelers by administering Yellow Fever vaccine in monthly travel clinics to those that require vaccine for international travel.

4. Maintain appropriate case management for 100% of all identified infants born to Hepatitis B Surface Antigen positive females and their contacts. Utilize PA state DOH perinatal hepatitis B protocols and reporting forms.

Evaluation Methods:

1. Assessment of documentation of VPD case management will indicate appropriate treatment and prophylaxis of contacts.

2. Reports of disease in contacts will be limited.

Program Goal 4: Provide comprehensive immunization education and outreach services to the community.

Objective 4.1: Provide immunization education and outreach to populations of all ages and to medical providers and professionals in the community.

Activities:

1. Assist local hospitals to provide an annual Professional Educational Seminar on immunization updates in which the Centers for Disease Control and Prevention Immunization Standards are provided to vaccine providers and educators in the community.

2. Provide phone information, faxed information, and referral to internet immunization resources (such as www.cdc.gov), and education information to medical providers, school nurses, and general community. Utilize the CDC “Pink Book” and Morbidity & Mortality Weekly Report (MMWR) with published vaccine information as resources in educating the community. Provide outreach at health fairs.

3. Provide language specific, culturally sensitive, and ethnicity appropriate outreach materials to minority and disparate populations.

4. Assist school nurses to implement and communicate new changes and mandates in the PA school immunization law.
5. Provide immunization educational trainings to high-risk groups in the community such as the teen parenting programs in the schools and other high-risk or interested groups in the community.

6. Send Immunization staff to mandated PA DOH meetings, the annual PA DOH Conference, and the National Immunization Conference to maintain and update their knowledge of vaccines and vaccine issues. Participate in any available trainings such the CDC vaccine preventable disease and immunization update satellite/web conferences to keep abreast of new information to assist with education in the community and appropriate administration of vaccines in clinic.

Evaluation Methods:
1. Review Annual Immunization Report.
2. Track number of immunization in-services/trainings and health fairs.

Program Goal 5: Maintain support and membership of the Immunization Coalition of Erie County (ICEC).

Objective 5.1: Assist ICEC leadership to maintain membership, conduct meetings as established by the By-laws, and promote immunizations in all ages and populations.

Activities:
1. Immunization staff will serve as an advisor to the ICEC elected chairs and membership.
2. Provide immunization education and updates to the membership.
3. Participate and support activities of the ICEC work groups.
4. Attend meetings of the PA Immunization Coalition.
5. Ensure that the ICEC activities focus on mobilization of immunization activities by coalition membership through available resources.

Evaluation Methods:
1. Immunization nurses and ICEC steering committee will track ICEC activities and evaluate membership and attendance at meetings.

Program Goal 6: Support and educate private providers enrolled in the PA DOH Vaccine for Children’s Program (VFC).

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Objective 6.1: The Public Health Nurse in the Quality Assurance (QA) position for the VFC program will make private provider office visits to review child immunization records and review vaccine practices and storage of vaccines. Education and recommendations for compliance with the VFC program will be provided to office staff.

Activities:

1. The Public Health Nurse will make scheduled QA visits to review VFC program guidelines with private provider offices.
2. Child immunization records will be reviewed, coverage levels of children enrolled, and missed opportunities for vaccine delivery will be discussed with office staff and physician.
3. Follow-up immunization education will be provided as needed and non-compliance issues will be problem solved as needed with the private provider offices.
4. PA DOH VFC program reports will be sent to PA DOH Immunization VFC program.

Evaluation Methods:

1. Assess immunization coverage levels of the private provider offices.
2. Report office reviews per VFC forms to the PA DOH VFC program.
Maternal Child Health

The Title V Maternal Child Health (MCH) grant, Act 315 and county monies provide funding to address MCH needs in Erie County. The MCH Title V grant was renewed for 12 months beginning July 1, 2011, and ends June 30, 2012. Contract renewal request for a 3 year contract has been granted to ECDH by Bureau of Family Health through 6/30/15.

Program Goal 1: To provide primary and preventive maternal, infant, and child services to high-risk families in the community.

Objective 1.1: To improve birth outcomes, reduce low birth weight rates, and reduce infant and neonatal mortality by increasing the number of women who receive prenatal care in the first trimester.

Activities:

1. Provide individualized education specific to high-risk pregnant women’s social, health, and emotional needs via home visits.
2. Visits will include pregnancy education, baby’s development, medical provider visits, importance of folic acid, smoking cessation, risk of drug and alcohol use during pregnancy, and preparing for labor and delivery. Family planning will be discussed.
3. The Public Health Nurse (PHN) will assess the client’s medical, financial, and social situation, and provide referrals to needed services. PHN will assist the client to apply for Medical Assistance (MA) as needed.
4. Visits will be conducted once a month or more frequently if needed until the infant is born.
5. Women will then be seen for postpartum and newborn health guidance visits.
6. Promote MCH home visit services and education in the community with medical providers, child-care providers, Women Infant & Children (WIC), the Erie Office of Children and Youth, and other social service agencies.

Evaluation Methods:

1. Per Title V contract work plan
**Objective 1.2:** Promote normal infant growth and development and assist in the prevention of infant neglect and abuse.

**Activities:**

1. PHN will make home visits to provide infant education to high-risk women. Education will consist of infant health guidance, encouragement of infant-parent interaction, infant growth and development, nutrition and feeding, health and safety guidance including “Back to Sleep”, emphasis of the need for a primary medical provider, birth control, and healthy spacing of pregnancies.
2. Home visits will be made once a month or more frequently if needed until the infant is at least one year of age. Two visits will be made during the first eight weeks postpartum. Infants may be seen past one year of age if deemed necessary.
3. PHNs will assist clients to apply for Children’s Health Insurance Program (CHIP) or MA if uninsured.
4. Ages & Stages Questionnaires (ASQ-3) and growth charts will be utilized to assist to teach the parent about child growth and development for age.

**Evaluation Methods:**

1. Per Title V contract work plan.

**Objective 1.3:** Reduce postpartum maternal illness and complications due to delivery.

**Activities:**

1. PHN will make home visits to high-risk postpartum women. Individualized education will include monitoring health status and emotional changes after the birth of a baby, family planning and birth control, smoking cessation, nutrition, and assessment for signs of postpartum depression. Edinburgh Depression Scale will be utilized.
2. Health guidance may continue until the child is one year of age.
3. PHN will assist families without insurance to apply for MA and/or CHIP.

**Evaluation Methods:**

2. Per Title V contract work plan.
Objective 1.4: To provide education to parents to prevent infant abuse, accidental injuries, and facilitate parent and medical provider care to an ill infant.

Activities:
1. PHNs will present Dr. Dad/Dr. Mom curriculum (parenting education program) to high-risk parent groups. Curriculum includes caring for sick child, providing a safe home environment, and dealing with medical emergencies.
2. Program will be presented to at least three parent groups per year in both urban and rural settings.

Evaluation Methods:
1. Per Title V contract work plan.

Objective 1.5: Improve the health of children up to age three who have no medical insurance.

Activities:
1. Child Health Clinics (CHC) will be held once per month in the Erie and Corry sites for children up to age three without health insurance.
2. PHN will perform a nursing assessment and provide anticipatory health guidance for the child’s age at the clinic visit. ASQ-3 will be utilized for developmental screening.
3. PHN will provide application for MA and/or CHIP if client has not previously received one. PHN will assist family with application as needed.

Evaluation Methods:
1. Per Title V contract work plan.

Program Goal 2: To provide services for Children with Special Health Care Needs (CSHCN).

Objective 2.1: To improve family capability to adequately manage children with special health care needs.

Activities:
1. PHN will case manage referrals for children with special needs including PKU, metabolic disorders, and cleft palate/cleft lip. Home visits will be made to assist with metabolic formula program enrollment and formula
distribution, obtaining repeat PKU monitoring tests, and facilitate education and referrals as needed to other social service agencies.

2. A PHN will participate in the NW Pennsylvania Cleft Palate Institute clinic on the multidisciplinary team to assist with assessment and education of infant/child nutrition and growth and development.

Evaluation Methods:

1. Per Title V contract work plan.

Objective 2.2: To improve the health of children who have, or are at risk for, a chronic physical, developmental, behavioral or emotional condition, or have been a victim of abuse or neglect.

Activities:

1. PHN will perform home visiting services to provide health guidance and parenting information to families where the parent or child are dysfunctional due to a developmental, emotional, or mental health disability. Visits will occur at least monthly. Families will be referred to other social service agencies as needed.

2. PHN will participate in EOCY multidisciplinary team meetings as requested by EOCY to assist with recommendations regarding family interventions.

3. PHN will refer families to the Special Kids Network (SKN) to aid in the identification of service providers for CSHCN.

4. PHN will provide newborn metabolic screening and follow-up by locating newborns lost to follow-up, obtaining an initial or repeat filter paper blood test when requested.

5. PHN will work with PA DOH newborn hearing screening program by assisting with locating newborns lost to follow up, providing information to families on the importance of re-screen testing and diagnostic evaluation, and assisting families in locating health care coverage to cover the cost of screening and further testing.

6. PHN will assist with the PA DOH SKN System of Care and Medical Home Program if requested and trained through the NW District of PA DOH and if resources are available.
**Evaluation Methods:**

1. Evaluate types of referrals received and number of individuals served for newborn metabolic screening and newborn hearing screening. Identify any barriers to servicing clients.
2. Per Title V contract work plan.

**Program Goal 3:** To provide support for families that have experienced a sudden, unexplained infant death.

**Objective 3.1:** To improve family capacity to adequately manage the death of their infant.

**Activities:**

1. PHN will contact families that have experienced a sudden unexplained infant death and provide support and information regarding resources for the family.
2. PHN will complete and submit requested quarterly report forms from the PA DOH SIDS program.

**Evaluation Methods:**

1. Evaluate number of referrals received.
2. Evaluate timeliness of reporting to PA DOH.
Childhood Lead Poisoning and Prevention

The Childhood Lead Poisoning and Prevention Project (CLPPP) grant from the Pennsylvania Department of Health funds education and case-management for children six months through 83 months of age with lead poisoning. This grant was renewed for two years beginning July 1, 2010, and ending June 30, 2012. Renewal was at a 4% reduction in funding, resulting in the loss of a community Health Specialist position in the County, but allowing for education and outreach to be conducted through a subcontractor. ECDH is in the process of a one year renewal of this contract with PA DOH, Bureau of Family Health.

Program Goal 1: Maintain objectives of the CLPPP to assure that medical management, treatment, and coordination of care of children with lead poisoning is provided in order to decrease children’s lead levels. Assure children have access to blood lead screens.

Objective 1.1: Provide case management of children with confirmed lead levels $\geq 10 \mu$g/dL.

Activities:

1. Provide educational information on child lead poisoning by mail to parents of children (up to age 83 months) with confirmed levels of $10 \mu$g/dL-$14 \mu$g/dL. Case manage these children by tracking lead levels and phone/letter reminders to parents until level falls below 10 or follow alternate procedures if levels become $> 14 \mu$g/dL.

2. Provide education by mail to parents of children with capillary lead screens of $\geq 10 \mu$g/dL on the need for a follow-up venous lead blood for confirmatory testing.

3. Provide case management of children who have confirmed levels of $\geq 15 \mu$g/dL. Case management includes home visits to parents and/or guardian, health assessment, behavioral assessment, nutritional and educational interventions, and referral for any needed community services such as Early Intervention, housing agencies in the City of Erie and Erie County, and the Redevelopment Authority City of Erie; and WIC (special supplemental nutrition program for women, infants, and children). Case
management also includes assessment of other children in the home age six and under and any pregnant women living in the home.

4. For a child who has a confirmed venous lead level of $\geq 20\, \mu g/dL$, a subcontracted Certified Lead Risk Assessor will conduct Environmental Investigations of the home. Environmental management will include ensuring the abatement/reduction of detected lead sources is completed in the home. Dust clearance samples for lead will be obtained after completion of lead hazard reductions in the home.

5. Submit claims for the Environmental Investigation to the Department of Public Welfare for children who are enrolled in medical assistance.

6. A public health nurse will coordinate quarterly chart reviews of at least 10 active cases with the CLPPP medical director.

7. Refer pregnant women with lead poisoned children to their medical provider for a lead venous test and medical management as needed.

8. Refer parents to MA or CHIP for children who do not have insurance, the Women, Infants and Children (WIC) supplemental nutrition program and age appropriate early intervention services for the lead poisoned child.

9. Refer Erie City families to the Erie Redevelopment Authority (HUD funded) for possible resources for the remediation of identified lead-based paint hazards in the home. Refer County families outside of Erie City, to the Erie County Redevelopment Authority (HUD funded) for similar services.

10. Enter case management information in National Electronic Disease Surveillance System (NEDSS) per Pennsylvania Department of Health guidelines.

Evaluation Methods:

1. Per CLPPP contract work plan reporting.

Objective 1.2: Provide capillary lead screens and follow-up case management to children ages six months through 83 months of age in the community who do not have a medical provider, or to those without insurance.
Activities:
1. Provide blood lead screens for uninsured children up to age 83 months living in the city and in the county. Children living in rural Erie County and high-risk zip code areas for older homes in Erie will be targeted. Utilize the PA DOH Bureau of Laboratories for all lead tests performed.
2. Direct/educate the parent to find a medical provider for the child and to insurance sources as needed.
3. Follow CLPPP policy and procedure for obtaining screens.

Evaluation Methods:
1. Per CLPPP contract work plan reporting.

Objective 1.3: Attend mandatory training required by the state to maintain safe storage of the lead detection devices and any other necessary training updates to maintain program functions.

Activities:
1. Send CLPPP staff as required to state CLPPP meetings.
2. Send new employees, (if any) to the CDC National Lead Poisoning Prevention Training as mandated for new employees in the program.

Evaluation Methods:
1. Per CLPPP contract work plan reporting.

Program Goal 2: Assure the community is educated on prevention of child lead poisoning.

Objective 2.1: Through a subcontractor, educate medical providers and the community on child lead poisoning and prevention and the importance of lead screens for children up to 83 months of age.

Activities:
1. Educate medical providers on the importance of universal lead screening for children one to 83 months of age. Encourage providers to report all elevated lead screens to ECDH.
2. Conduct a minimum of 15 formal educational programs for health, human services and educational professionals, and the general community to
include information regarding the risks and sources of childhood lead poisoning, how to prevent such poisoning, and the services of the CLPPP.

3. CLPPP Medical Director will provide consultation and education to medical providers as needed.

**Evaluation Methods:**

1. Per CLPPP contract work plan reporting.
**Nurse Family Partnership**

The Nurse Family Partnership (NFP) program is a evidenced based, intensive nurse home visit program for first-time, low-income, high-risk pregnant women. Funding is through the Pennsylvania Department of Public Welfare, Office of Child Development, and Erie County. The current grant agreement runs through June 30, 2012. At this time ECDH has not been officially notified of the opportunity to renew this grant, but renewal is anticipated.

**Program Goal 1:** To provide support, education, and advocacy to low-income, first-time pregnant women to foster healthier pregnancies, improve the health and development of children, and encourage self-sufficiency.

**Objective 1.1:** Provide comprehensive case-management of first time, low-income pregnant women and their newborns following the Nurse-Family Partnership (NFP) National Service Office guidelines.

**Activities**

1. Public health nurse (PHN) will provide comprehensive prenatal and early childhood home visits to first time, high-risk women, significant others, and their newborns up to age two following the home visit guidelines of the national NFP program.

2. Each PHN will carry a maximum caseload of 25 clients.

3. Data on home visit clients and home visits will be collected by the public health nurse and entered into the national NFP database by the Project Secretary.

**Evaluation Methods:**

1. Per the NFP grant funded work plan reporting.

**Objective 1.2:** Network with referral agencies to maintain communication and referrals. Caseload for each PHN is to be 23-25 families at any given time.

**Activities:**

1. Discuss the NFP program and provide brochures at community meetings as opportunity arises.

2. Conduct in-services on the NFP program to community agencies and medical providers.
4. Network with the media when the opportunity arises to promote the program.

5. Participate in health fairs when there is an appropriate audience.

**Evaluation Methods:**

1. Per the NFP grant funded work plan reporting.

**Objective 1.3:** Public health nurse will maintain and/or increase level of knowledge in pregnancy, parenting issues, and infant and child development.

**Activities:**

1. PHN will attend any mandatory training, meetings, or in-services as required by the national or state NFP program or funding sources.

2. PHN will attend in-house in-services and training opportunities as budget allows.

3. PHN will network by email or bi-annual meetings with other NFP programs in Pennsylvania to obtain new insight and information in program areas.

**Evaluation Methods:**

1. Per individual PHN tracking logs and NFP grant funded work plan reporting.

**Objective 1.4:** Continue billing the Department of Public Welfare for NFP services provided to Medicaid recipients and ensure all qualified visits are billed.

**Activities:**

1. Obtain authorization information and releases of information for each child on Medicaid.

2. Obtain MD prescriptions for NFP services.

3. Participate in DPW PROMISE billing system updates to expedite the billing process.

4. Bill for NFP services. Obtain MA number for billing purposes for new home visit nurse.

**Evaluation Method:**

1. Per NFP grant funded work plan reporting.
Goal 1: Involve public and private partners in community health planning processes.

Objective: Keep ECDH in the forefront of community health planning processes.

ACHIEVED: Division Director remained involved with such broad-based, community planning groups as the Policy and Planning Council for Children and Families, (the local FSSR/CTC board), including its Healthy Youth Development Advisory Board and the Executive Committee. The promotion of the 40 developmental assets within Erie County youths is identified as a major priority area with the Healthy Youth Development Board. The CHS Director is chairing the United Way effort titled the Health Impact Council. This process is assisting the United Way in identifying the most pressing needs for health resources in Erie County so that United Way dollars can be prioritized to those needs.

Goal 2: To reduce preventable pediatric deaths in Erie County.

Objective: ECDH will remain active with the Erie County Child Death Review Team (CDRT) that gathers and shares data on pediatric mortality in Erie County.

ACHIEVED: CHS Director is an active CDR team member. The CDR team met four times in 2011 and reviewed the 58 cases made available for review through the PA Chapter of the American Academy of Pediatrics (PA AAP), except any involved in legal action. The PA AAP is the contractor for CDRT. CHS staff entered the Erie County data sets into the internet based CDR database. Local reports were generated and shared with team members which include local child safety organizations.

Goal 3: Maintain and improve staff skills, practices and procedures, and improve program quality as appropriate.

Objective: Provide internal committee structure of Staff Development, Policy and Procedure, and Quality Assessment/Accurance.
ACHIEVED: In 2011 the Staff Development Committee formally met six times and organized and held six in-service trainings for division employees that were conducted by in-house personnel. Another five trainings were conducted by invited speakers. In house speaker topics included program updates for immunizations, lice & bed bugs, and anaphylaxis and fire safely reviews.

Other trainings which occurred included webcasts that addressed immunizations and STDs, and Community speakers on stress management, depression in women, HIV update, agency overviews from the Crime Victim Center and the Babies First Project at Gaudenzia. CPR recertification was also

Staffing was again challenging in 2011. The good news is that no positions were eliminated. Unfortunately, none of the positions that were eliminated over the last 2 years were restored. Staff medical leave over the year that was not covered by temporary staff was the equivalent of 1.2 FTE, down from 3.9 FTE last year. ECDH did hire and orient one temp PHN to replace a PHN on medical leave in TB and retained a temp Public Health Records Clerk to cover a medical leave for the immunization program PHRC. Also hired this year were 3 PHNs, one in the Nurse-Family Partnership program and 2 in the TB program. Two replaced nurses who retired and the third replaced a staff PHN that was promoted to Supervisor. A Nurse Supervisor retired on 8/12/11. Overall leave was 22.7% of the division staff time. DON continues with direct supervision of 2 programs due to elimination of a Nursing Supervisor position on 1/1/2009. Services were reduced in some instances due to these absences.

**Communicable Disease Program**

**Goal 1:** To maintain a local communicable disease surveillance program that interfaces with the PA Department of Health (DOH) Division of Epidemiology and the Center for Disease Control and Prevention (CDC).

**Objective 1.1:** To insure that all potential reporters are knowledgeable of their responsibility to report communicable diseases to ECDH. (Electronic disease reporting was mandated in 2001.)

**PARTIALLY ACHIEVED:** Communication in Feb. 2010 from ACL indicated that they had asked the PA DOH to do a trial of an interface computer system for flu
reports, but hadn’t heard anything from the PA DOH. K. Waller in the Bureau of Epidemiology did not know how the PA DOH could possibly be holding up progress on this mandate. Nothing has changed since then with local lab’s ability to report electronically through the National Electronic Disease Surveillance System (NEDSS) for communicable diseases (CD). This is out of the control of ECDH. Barriers seem to be computer upgrades at the lab and money. ACL’s director, Kathleen Sullivan, gave ECDH the projected time of “2007” for a new program to be written for CD reports, but that did not occur. It will be up to the state DOH to enforce adherence to this state required C.D. electronic reporting. Currently these CD reports are faxed from ACL. Rare faxing errors have been found and addressed so as not to miss CD reports.

Physicians receive quarterly newsletters that address any changes in reportable disease. Blast Fax technology has been employed to disseminate urgent health updates to physicians.

The Association of Professionals in Infectious Disease (APIC) continues to be a strong network for reporting hospitalized or long-term care cases. Phone and email contact is maintained with the infection control group. Media questions are answered by the director or program supervisor via in person interview, phone or email. Erie County has eight registered NEDSS reporters, down from 10 in 2010. As stated above ACL has minimal reporting in NEDSS.

**Objective 1.2:** Contain and prevent the spread of reportable acute communicable diseases and conditions.

**ACHIEVED:** A random chart audit showed that on 93% of the enteric/listeriosis/Legionella charts reviewed (15), investigations were initiated within 24 hours (or sooner) of the time/date of report receipt. The other percentage of charts failed to comply due to incomplete documentation, not necessarily lack of follow up. Those documentation problems were addressed with staff. Nurses follow the PA Communicable Disease Epidemiology policy manual (CDE) for recommendations for cases in high-risk settings. Certain diseases require immediate response as specified in the PA Bulletin for CD investigation. Those
include but are not limited to HIB, anthrax, smallpox, meningitis. These reports were hand delivered to a PHN who initiates them immediately.

Clients who have communicable diseases have been compliant with education and restrictions. Nursing and Environmental Divisions jointly reviewed 29 client reports of “unspecifed food poisoning” and 1 outbreak investigation. There was no source identified in the outbreak and mapping was not appropriate. Communicable disease referrals totaled 1543 in 2011, essentially the same as 2010. Of these reports, 949 met case definition.

Objective 1.3: To develop/maintain a reliable and specific data system for communicable diseases.

ACHIEVED: NEDSS is well established for data submission from reporters and ECDH entry of paper reports. Most of the paper reports are received from the local Associated Clinical Laboratory (ACL), which includes most of the food borne, meningitis, and hepatitis A reports. These are more time sensitive and it would be a great improvement to have ACL online with NEDSS for these reports. Nothing has changed in 2011 for ACL reporting CD into NEDSS

Objective 1.4: Provide local participation in special CDC initiatives.

PARTIALLY ACHIEVED: The H1N1 influenza pandemic motivated changes to the PA sentinel system. For the 2010-2011 flu season ECDH initiated an arrangement with the BOL and Associated Clinical Laboratories (ACL) to send a sampling of positive and negative flu specimens for further sub-typing at the BOL. This arrangement continued during the 2011-2012 flu season. ECDH received two lab results from PA BOL that were negative for influenza and sent for further testing which tested positive for Adenovirus. There were no sentinel physicians. There were 10 flu outbreaks in LTC facilities, ranging from 1 to 30 cases. Overall, Erie County had 818 cases of flu reported from 1/1/11 to 12/31/11; 815 of these cases were reported in the first 6 months; 621 were Influenza A; 20 Influenza A Novel H1N1 and 174 Influenza B. The 3 cases reported in the last 6 months of 2011 were Influenza A. All three occurred before the official start of the 2011-12 flu season on 10/2/2011.
Sexually Transmitted Diseases

Goal 1: To provide free and confidential clinical services for clients at risk for sexually transmitted diseases (STD) and conduct the epidemiological and educational efforts to prevent the spread of STDs.

Objective 1.1: Improve/maintain the accuracy and accessibility of computer data on disease morbidity.

ACHIEVED: PA and ECDH Sexually Transmitted Disease (STD) programs have been functional in the National Electronic Surveillance System (NEDSS) program since July 2003. Local reports are accessible only through Cognos analysis portion of NEDSS. The 2011 estimated data shows a 37% increase in gonorrhea (271 from 170 in 2010). Chlamydia case count, estimated at 1336, has increased from 1152; an increase of 14% from 2010. Even with increased awareness, using the bus placards on the city buses we are seeing increase in disease. There were eight syphilis cases, which is the same as 2010.

Objective 1.2: To raise the public and professional awareness of STDs.

ACHIEVED: Public: Every client seen for STD clinical services is educated on STDs. Intake routinely answers public questions regarding STDs. Presentations were provided to a group home and a rehabilitation center as well as multiple other requests for information being answered with written information and pamphlets.

Professional: ECDH STD staff members play a vital role in the community’s management of STDs. Orientations to public health via a personal interview are routinely given to nurses and doctors pursuing some form of higher education. The Disease Investigation Specialist (DIS) fields an average of two to three phone calls per day. Examples of these corporate staff activities in 2011 included:

- Resource for current STD educational materials.
- Hosted 65 Edinboro University and Gannon University nursing students as observers in our clinics or to a private orientation. Senior classes from these colleges were given formal communicable disease overviews, including STD/HIV.
Hosted 11 Lake Erie College of Osteopathic Medicine (LECOM) medical students and/or St. Vincent Health Center residents, who “shadowed” our physicians/nurses during the clinics.

**Objective 1.3:** To provide quality, affordable, and accessible STD clinical services to the public.

**ACHIEVED:** ECDH STD clinic visits totaled 2079, which is essentially unchanged since 2010. Three STD clinics were held each week, except on county holidays. Cases and contacts to cases of reportable STDs are treated the day of their visit. Due to the walk-in system, 126 clients were deferred to another clinic time in 2011, compared to 47 in 2010. Twenty-six were referred to a more appropriate agency for service and 29 elected not to wait for service. The PA Bureau of Labs (BOL) continues to be utilized to increase vigilance in detecting drug resistance. Routine testing is provided through the PA DOH contracted lab.

These services are free to STD/HIV clients at ECDH clinics. A free hepatitis vaccination program was initiated in 2003 for all appropriate clients, 18 years of age and older. In 2011, 259 Hepatitis A, 21 Hepatitis B and 364 combination HepA/HepB immunizations were given in STD clinic. This represents 31% of all STD clients receiving Hepatitis protection. This is down 1% from last year. With the implementation of hepatitis vaccines for school enrollment a decreasing trend will probably continue.

**Objective 1.4:** To perform disease investigation and case management of prioritized STD’s.

**ACHIEVED:** All positive syphilis cases, diagnosed at ECDH, are routinely prioritized for sex partner interviews and offered referral services. There were 8 cases in 2010; and 12 cases reported preliminarily in 2011. In 2011, 59% percent of GC cases and 52 % of CT cases received an epidemiological interview, which is down slightly from 61 and 55% in 2010. Eliciting these contacts is the best means to finding undiagnosed disease and preventing spread of GC/CT. Any contacts elicited from those interviews received notification of the risk of disease and recommendations for follow up.
ECDH staff monitors the quality of clinical care in the STD clinics through the “exit interview.” There are essentially 3 areas of concern during the exit interview:

1. Patient information and education
2. Chart review for accuracy
3. Chart review for completeness

Each of these areas were assessed and completed or corrected as needed. Gaps in patient education and information were addressed. Any inaccuracies were corrected. Chart completeness was addressed after the client leaves; the chart may need to be returned to the physician/CRNP, DIS, and/or the clinic nurse. The staff person insures that all physical complaints, epidemiological issues, laboratory results, diagnoses, treatment, partner referral, education/risk reduction messages, and medical/social referrals are complete, consistent, and correct.

**Objective 1.5: To proactively address high STD rates.**

**ACHIEVED:** Agencies were enlisted to perform sex partner interviews on positive gonorrhea and chlamydia cases diagnosed at their sites. In 2008, four Erie County agencies/facilities agreed to attempt this new activity to complement their existing services: Adagio (local Title X provider), Erie; Adagio, Edinboro; Penn State Behrend Student Health Services; and Edinboro University Student Health Services. In 2009, Hamot Primary Care/Pediatrics and Erie County Prison were added to this list of partners. In 2010, SVHC Medical Group representatives were trained. An interview tool was developed to help these agencies in the process. Each site received personal training to introduce the concept and the tool. All these sites continue to provide partner interviews.

An outreach site started in January of 2008 at a university campus for clients requesting STD services, continues to yield a high positivity rate and good follow up with on site epidemiology. Client participation has been robust (293 tested) and the combined GC/CT positivity rate is 9.5%, a 3% decrease from 2010; although testing was up 21% from 2010.
2011 STD Testing at university through Erie County Department of Health Partnership

<table>
<thead>
<tr>
<th></th>
<th>Number Tested</th>
<th>Chlamydia</th>
<th>Gonorrhea</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total positive tests</td>
<td>293</td>
<td>25</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>293</td>
<td>25</td>
<td>3</td>
</tr>
<tr>
<td>Males</td>
<td>122</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>Male +</td>
<td>122</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>Females</td>
<td>171</td>
<td>13</td>
<td>0</td>
</tr>
<tr>
<td>Female +</td>
<td>171</td>
<td>13</td>
<td>0</td>
</tr>
</tbody>
</table>

Percent positivity -2011 at EUP = 9.5%

2010 STD Testing at university through Erie County Department of Health Partnership

<table>
<thead>
<tr>
<th></th>
<th>Number Tested</th>
<th>Chlamydia</th>
<th>Gonorrhea</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>229</td>
<td>28</td>
<td>0</td>
</tr>
<tr>
<td>(12.8% positivity)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>97</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>Male- Positive Test</td>
<td>12</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>Females</td>
<td>132</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Female- Positive Test</td>
<td>16</td>
<td>16</td>
<td>16</td>
</tr>
</tbody>
</table>

For comparison: The 2010 positivity rate for the ECDH STD clinic was 16.9% in 2010.

**HIV/AIDS Prevention**

**Goal 1:** Increase awareness/knowledge of HIV/AIDS and reduce the rate of HIV infection among target populations.

**Objective 1.1:** Provide HIV counseling and testing (CTR) through clinic and satellite testing facilities.

**ACHIEVED:** The total number of HIV tests which were completed through ECDH was 1,513. This number increased 3.5% from 1,459 in 2010. There were 5 positive HIV tests in 2011. Erie County does not meet the criteria for use of rapid testing (consistently >1% positivity rate).

Gaudenzia, a local drug and alcohol treatment facility, was initially subcontracted in 2010 to perform high-risk outreach HIV testing. This program has continued through 2011. Total tests completed for D & A, Juvenile detention,
and mental health categories of risk were 191. This is below the deliverables of 252. The subcontractor was unable to enlist participation of a local juvenile detention center until July 2011, an increase in these number should be seen next year.

**Objective 1.2:** Provide partner services (PS) to those HIV positive individuals who are tested at ECDH or reported to us.

**ACHIEVED:** Nine individuals were reported as newly diagnosed HIV patients in Erie County in 2011. Seven were offered PS, one client died before contact could be made and one was lost to follow-up. From the seven clients 7 partners were elicited. Three contacts accepted testing through ECDH and were 2 tested positive and 1 tested negative. Due to the option of self-notification, it is unknown if the remaining 4 partners received testing and counseling. In 2011 43% of contacts accepted testing and counseling, up from 18% in 2010.

The PA-DOH initiated a new HIV/STD internet partner notification system. All STD/HIV staff received training on this email/social networking-based system. One client was notified of the need for testing and counseling via email.

We have not had staffing problems this year, but continue to have staff trained as back-up if needed, so services continue uninterrupted.

**Objective 1.3:** Conduct HIV/AIDS surveillance.

**ACHIEVED:** The PA Division of HIV/AIDS periodically sends communications regarding NEDSS data management. ECDH staff responds to these requests as needed and updates the data. Chart reviews were done at offices/hospitals to gain missing report information for NEDSS.

**Tuberculosis Control Program**

**Program Goal 1:** Contain and lower the disease incidence by providing free and confidential service (approximately 2,500-3200 clients visits) for members of the community who are either diagnosed with or at risk for developing Tuberculosis through epidemiological follow up of cases and through professional and public education regarding TB.

**Objective 1.1:** To provide a standardized approach for tuberculosis control, both for in-house staff and community care providers.
In 2011, 3,479 TB clinic visits were completed. Compared to 3,201 visits in 2010 this is a 5.1% increase in services. ECDH TB staff has provided consultation to the medical community. Specific referral data for 2011 is not available, reports need to be built in the new software. The *ECDH TB Policy and Procedure Manual* was published in 2004 and new procedures continue to be written or updated. The *Core Curriculum on Tuberculosis: What the Clinician Should Know*, from the CDC was updated with a Fifth Edition, published in 2011. New recommendations are being instituted at ECDH.

**Objective 1.2:** All active TB clients successfully complete treatment.

**ACHIEVED:** In 2011, eleven clients were identified with active TB have completed or are in the process of completing treatment for active TB. Several children who were contacts to an active have received window prophylaxis. No legal action was necessary to complete treatment. Therapy is individualized, with adjustments being made in the case of intolerance or malabsorption. Drug levels were performed on those whose response indicated malabsorption and medications were increased, as needed. The Outreach Worker or Public Health Nurse completed 1706 Direct Observed Therapy (DOT) visits. This is a 142.59% increase from 705 DOT visits in 2010.

The Reimhold Fund was used primarily for necessities such as client transportation, clothing, and groceries. These items always enhance the client/nurse and outreach worker relationship that culminates in successful completion of treatment.

**Objective 1.3:** Prevent long-term spread of tuberculosis.

**ACHIEVED:** Contact investigations were performed on all eleven active cases. There were no new pediatric active cases that required reverse contact investigations. New Latent Tuberculosis Infection (LTBI) went from 301 (2010) cases to 259 cases (provisional count). This is a 16% decrease due to the immigration factor. LTBI treatment initiation and completion data is not yet available from Insight database. Patients who refuse recommended LTBI therapy are educated on signs and symptoms of active TB and what to do should those symptoms occur. Educational discharge letters are sent to 100% of clients.
Directly Observed Preventive Therapy (DOPT) visits climbed from 338 in 2010 to 1487 in 2011, this is a 340% increase. These are made for LTBI clients who are children or adults unable to manage their own treatment.

**Objective 1.4:** To improve/maintain the ability to generate and analyze reports on TB statistics.

**PARTIALLY ACHIEVED:** The PA DOH has reported problems in validating TB reports from NEDSS, so the data used by ECDH is from the local Insight data collection system. Reports need to be built to obtain collection data. ECDH continues to enter into NEDSS for the PA DOH, as mandated.

**Objective 1.5:** To raise public and professional awareness of tuberculosis.

**ACHIEVED:** Individual updates on risk assessment for health care facilities were provided, as needed. Sixty-five Gannon University and Edinboro University students were given a formal lecture on TB, as well as other communicable diseases.

An professional update was given to 41 staff members at a Long Term Care facility.

An annual statistical report is provided to APIC members for their required community assessment via the ECDH web page.

**Objective 1.6:** Provide ongoing TB screening and appropriate follow up for high-risk target groups.

**ACHIEVED:** Various agencies team up with ECDH to deliver services to high-risk clients. Networking has been increased between area refugee resettlement agencies and ECDH in 2010 to improve services. This continued into 2011. Clinics were held 2-3 times a month at the International Institute of Erie (I.I.E.) site; each clinic consisted of a Monday and Thursday morning. Monday’s the screening tests were done and Thursday’s were for follow-up. Once a month clinics are held at the Multicultural Community Resource Center and IIE for LTBI clients to pick up their medication and complete a monthly evaluation. Translation fees are provided by ECDH for on-site translators. Internet information on new cultures arriving in Erie was utilized by the TB staff. Client visits were offered at the Erie County Prison to provide education about LTBI to prisoners with positive
Mantoux tests, but the numerical report has not been generated from Insight. Post-release follow-up for individuals with LTBI was minimal, so ECDH’s focus changed to inmates with signs/symptoms of disease or a AFB+ smear from a sputum culture.

**Rabies Surveillance Program**

**Goal 1:** Prevent human rabies from occurring in the community and to lower the risk of rabies exposure through various public health measures.

**Objective 1.1:** Provide a surveillance and education program of animal (mammal) encounters (bites, scratches, etc.) through the “Intake” nursing service.

**ACHIEVED:** There were 866 reports of animal encounters; a decrease of 4% from 2010 (901). The Intake Nurse discusses prevention of future incidents when appropriate, especially with parents of child victims. Thirty percent of the victims were 14 years old and under. That is 1% more than 2010. Intake nurses provide continuous service during hours of operation for public questions regarding animal bites and rabies prevention. The supervisor fielded questions and unusual situations on an average of three cases per week and is on call evenings and weekends. More time and effort than ever before was dedicated to data quality assurance after the change in software systems to Insight.

**Objective 1.2:** Enhance awareness of proper prevention strategies to reduce preventable animal bites within the community and reduce the risk of a bite transmitting rabies.

**ACHIEVED:** An annual rabies professional update went out to emergency facilities, veterinarians, animal enforcement and police departments. This information helps new providers/staff at facilities know the proper case reporting and treatment procedures. The three top causative factors for animal bites continue to be: “Touching an animal” (23%), “protecting turf” (14%), and “wild animal” (17%). Local protocols are consistent with PA DOH and CDC directives.

**Objective 1.3:** Provide consistent data collection for the rabies program.

**ACHIEVED:** ECDH is using the “dashboard” of the Insight database. Analysis includes the following information:

A. Disposition of cases -
1) Quarantine completed = 64% (down from 66%)
2) Tested (negative) = 16% (down from 18%)
3) Rabies Prophylaxis recommended= 15% (up from 8%)

B. Victims’ Age Distribution

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Total #</th>
<th>Percent of</th>
<th>Percent of Total Ages Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages Unknown</td>
<td>0</td>
<td>0%</td>
<td>(2%)</td>
</tr>
<tr>
<td>Ages 0 to 4 Years</td>
<td>73</td>
<td>8%</td>
<td>(9%)</td>
</tr>
<tr>
<td>Ages 5 to 9 Years</td>
<td>107</td>
<td>12%</td>
<td>(11%)</td>
</tr>
<tr>
<td>Ages 10 to 14 Years</td>
<td>85</td>
<td>10%</td>
<td>(9%)</td>
</tr>
<tr>
<td>Ages 15 to 19 Years</td>
<td>48</td>
<td>6%</td>
<td>(7%)</td>
</tr>
<tr>
<td>Ages 20 to 29 Years</td>
<td>116</td>
<td>13%</td>
<td>(12%)</td>
</tr>
<tr>
<td>Ages 30 to 39 Years</td>
<td>101</td>
<td>12%</td>
<td>(12%)</td>
</tr>
<tr>
<td>Ages 40 to 49 Years</td>
<td>114</td>
<td>13%</td>
<td>(14%)</td>
</tr>
<tr>
<td>Ages 50 to 64 Years</td>
<td>137</td>
<td>16%</td>
<td>(15%)</td>
</tr>
<tr>
<td>Ages 65 and Older</td>
<td>85</td>
<td>10%</td>
<td>(9%)</td>
</tr>
<tr>
<td>Total Ages Known</td>
<td>866</td>
<td>100%</td>
<td>(98%)</td>
</tr>
<tr>
<td>Total Ages Unknown</td>
<td>0</td>
<td>0%</td>
<td>(2%)</td>
</tr>
<tr>
<td>Total All Patients</td>
<td>866</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

Nearly all age groups increased due to less unknown ages in data.

Thirty-seven percent of the animal encounters involve children under the age of 19. Stray animals involved = 3%, up from 2% in 2010.

C. Number of positive animal rabies tests was 13; 5 raccoons, 5 bats, and three skunks.

D. Types of animals involved – see table. Since 81% of the incidents involve domestic animals, phone education emphasizes rabies vaccination of all pets. Bat exposures remain high (16% of the reports). This is up from 13% of the exposures in 2010. Media and phone/web education was used to help with remediation and prevention.
<table>
<thead>
<tr>
<th>Type of Animal</th>
<th>Total # Reported</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAT</td>
<td>135</td>
<td>16%</td>
</tr>
<tr>
<td>CAT</td>
<td>186</td>
<td>22%</td>
</tr>
<tr>
<td>FOX</td>
<td>2</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>DOG</td>
<td>510</td>
<td>59%</td>
</tr>
<tr>
<td>HORSE</td>
<td>1</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>OTHER</td>
<td>15</td>
<td>2%</td>
</tr>
<tr>
<td>RACCOON</td>
<td>9</td>
<td>1%</td>
</tr>
<tr>
<td>SKUNK</td>
<td>4</td>
<td>&lt;1%</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>862</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

**Immunization**

**Goal 1:** Reduce and/or eliminate the spread of vaccine preventable disease by increasing the immunization coverage level of all age groups.

**Objective 1:** Provide comprehensive immunization services for infants, children, and adolescents.

**ACHIEVED:** The annual Immunization Record Assessment per SIIS of Erie County Department of Health (ECDH) clients at age 24 months of age, showed that 89% of them were up to date on the CDC recommended vaccines per 24 months of age. The rate in 2010 was 97%, and in 2009 was 89% indicating that the rates are not 100% but close to 90% a rate we would like to achieve in Erie County. Free vaccines were administered to those that qualify under the PA DOH Vaccine eligibility guidelines. All vaccines recommended by the CDC Advisory Committee on immunization are administered per appropriate age schedules including catch up schedules.

Clients of all ages receive a phone call reminder for their appointment. with the exception of confidential clinic appointments. Clients who do not have insurance are given the combined application for Medical Assistance (MA) and
Children’s Health Insurance Program (CHIP). There were 184 missed appointment cards sent to parents who did not keep an immunization appointment for their child. This reminds the parents to call and reschedule the appointment if they need services at ECDH. There were 37 appointment reminder cards sent to the adult population who desired to be contacted by mail regarding an immunization appointment.

Daytime and late afternoon clinics were offered to accommodate working parents and school-aged children. Immunizations are administered at eight clinic sites monthly or bi-monthly throughout Erie County, with two additional sites as needed. Sibling records of clinic clients are screened when available from the parent. Immunization clinic information is posted on the ECDH website. ECDH immunization brochures, parent flyers on the PA DOH school immunization law, and various immunization materials from the CDC and immunize.org are forwarded to community agencies, parents, medical providers and health fairs to assist persons identify when children should receive vaccines.

There were 2,010 (1,973 in 2011) client visits served in 349 clinics this year. A total of 3,777 (4,124 in 2010; 5,148 in 2009) vaccines were given. This number of client visits includes those adults returning for second and third doses of Hepatitis vaccines after the first dose was given in an STD or HIV clinic. These numbers also include seasonal flu vaccines administered by ECDH. Four home visits throughout the year were made to provide immunizations to children of an Amish population in northwest rural Erie County.

According to a doses administered report (all doses of vaccine given) from the SIIS (State Immunization Information System) registry, 18% of vaccines administered were given to children 2 months to 6 years of age (21% in 2010), 37% of vaccines were administered to ages 7 to 18 years (36% in 2010), and 44% were administered to ages 19 and older (42% in 2010). The adult population is large due to the number of vaccines given in the STD clinics held three times a week. Erie County has three birthing hospitals (100%) enrolled in the PA DOH Tot Trax program. In 2011, the first dose of Hepatitis B vaccine was administered in the hospital to 3,136 newborns. Tdap vaccine was administered to 1,003 post-
partum mothers (approximately 31% of births) prior to discharge after the birth of their infants. The two largest birthing hospitals have been administering Tdap vaccine to post-partum mothers. The smallest birthing hospital is still working on protocol for administration of Tdap vaccine despite receiving support and education from the immunization staff.

Objective 2: Provide comprehensive immunization services for adults.

ACHIEVED: ECDH contracted with the Erie Center on Health Aging (ECHA) to administer influenza and pneumococcal vaccine to the adult population in Erie County. The ECHA conducted an intense influenza vaccine campaign for adults from September through December. The ECHA administered 9,865 (13,127 in 2010) doses of influenza vaccine and 97 (183 in 2010) doses of pneumococcal vaccine to adults at 290 sites. The majority of adults vaccinated were over 65 years of age. The ECHA also conducted influenza vaccine outreach to disparate populations including refugees from referral and coordination with the International Institute in Erie.

ECDH offered Hepatitis B, Hepatitis A, and Twinrix (Hep A & B) vaccines to adult clients served in STD and HIV clinics. These vaccines are also offered to clients of drug and alcohol treatment centers and those with a diagnosis of Hepatitis C.

Goal 2: Maintain participation in the state immunization registry.

Objective 1: Enter client immunization records in the Statewide Immunization Information System (SIIS) and promote community provider participation.

ACHIEVED: 100% of ECDH client records are entered into SIIS after vaccines are given. Client vaccine histories are also entered into SIIS if vaccines were given at another provider before served at ECDH. Inventory of vaccines is maintained by SIIS. Feedback from staff finds the system is user friendly and provides excellent tracking of vaccines given and vaccine inventory.

ECDH provided information to PA DOH SIIS staff as needed to assist them with implementation of SIIS in local medical provider offices. In July, 180 SIIS educational letters were mailed to private medical providers in Erie County. The mailing included a letter of information, the SIIS brochure and the SIIS contact
There are currently 17 private providers in Erie County utilizing SIIS along with ECDH.

**Goal 3:** Prevent and contain the spread of vaccine preventable diseases (VPD).

**Objective 1:** VPD investigations will be completed in order to prevent further disease in close contacts and the community.

**ACHIEVED:** ECDH investigated all cases of VPD within 24 hours of notification.

This year, in the last quarter there were 7 cases of Pertussis investigated and case managed (there were 8 cases in 2010). There were no reported deaths from this disease. All cases were reported to the state through NEDSS. Through case management multiple medical providers, school nurses, and parents were educated on the symptoms of Pertussis and the treatment.

The ECDH Travel Clinic provides education to international travelers. Education is provided by the Intake Nurse and/or by appointment in Travel Clinic. Nine doses of Yellow Fever vaccine were administered to clients required to have it for travel to a country outside of the U.S.

**Goal 4:** Provide comprehensive immunization education and outreach services to the community.

**Objective 1:** Provide immunization education and outreach to population of all ages and to medical providers and professionals in the community.

**ACHIEVED:** The annual Professional Immunization Seminar was held on October 13, 2011, in partnership with Hamot Medical Center and Saint Vincent Health Center. ECDH staff served on the planning committee. There were 350 attendees at the seminar. Dr. Atkinson, a featured speaker at the seminar from the Centers from Disease Control, also presented an Immunization Update to an expanded audience of medical professionals during Medical Grand Rounds at Hamot Medical Center and Saint Vincent Health Center. Attendees of the seminar receive multiple immunization guidelines (the majority from the CDC) facilitated by ECDH to assist them in administration of immunizations. The Immunization Coalition of Erie County had a table of information at the seminar.
In May ECDH Immunization staff partnered with the AAP to present the “Immunization Skills Workshop” to medical providers. Nineteen medical professionals from the community attended this workshop.

In July our VFC QI nurse assisted the PA DOH with a presentation in Erie, “Health Care Worker Vaccination and Patient Safety Summit.” This was attended by 50 health care providers.

Immunization education and/or outreach was conducted through a variety of methods including a public school billboard, health fairs, a ball game, 1:1 with school nurses, the Immunization Coalition of Erie County, and, through multiple phone calls and faxes to medical providers. For more information see the Erie County Annual Immunization report provided to the PA DOH Immunization program. Other information available per Annual Immunization grant highlights report for 2011.

Goal 5: Maintain support and membership of the immunization Coalition of Erie County (ICEC).
Objective 1: Assure ICEC continues to grow in membership, conduct meetings as established by the By-laws, and promote immunizations in all ages and populations.
ACHIEVED: ECDH continued membership and support of the Immunization Coalition of Erie County (ICEC). An immunization program nurse from ECDH served as the Chairperson of the ICEC. Approximately 25 community agencies are represented on the ICEC on a consistent basis. Immunization updates along with community agency presentations are given to coalition members at tri-annual meetings throughout the year to facilitate knowledge and networking. ECDH provides significant support for this community coalition. For more information on outreach see the ECDH Immunization 2011 Highlight Summary and quarterly reports to grant officer per Immunization grant reporting.

Goal 6: Support and educate private providers enrolled in the PA DOH Vaccine for Children’s Program (VFC).
Objective 1: The Public Health Nurse in the Quality Assurance (QA) position for the VFC program will make private provider office visits to review child
immunization records and review vaccine practices and storage of vaccines. Education and recommendations for compliance with the VFC program will be provided to office staff.

**ACHIEVED:** Per VFC reports to PA DOH VFC program. The PHN assigned to the PA DOH VFC Quality Assurance program conducted 16 office visits for 24-35 months of age, 28 Adolescent visits, 43 VFC follow-ups, 16 AFIX follow-ups, and 4 secondary visits, 6 tertiary follow-up visits, and 4 education visits per the VFC guidelines for medical providers enrolled in the VFC program. In addition, she followed up on 99 phone calls from VFC providers which required significant education over the phone which increased the opportunity to educate VFC providers. The VFC nurse stated that immunization rates of private practices are improving. Staff education and awareness of immunization practices is improving and private offices are becoming more comfortable asking the VFC nurse questions.

**Maternal Child Health**

**Goal 1:** Provide primary and preventive maternal and infant services to high-risk families in the community.

**Objective 1:** To improve birth outcomes, reduce low birth weight rates, and reduce infant and neonatal mortality by increasing the number of women who receive prenatal care in the first trimester

**Objective 2:** To promote normal infant growth and development and assist in the prevention of infant neglect and abuse.

**Objective 3:** Reduce postpartum maternal illness and complications due to delivery.

**ACHIEVED:** Per Title V contract reports.

**Objective 4:** To provide education to parents to prevent infant abuse, accidental injuries, and facilitate parent and medical provider care to an ill infant.

**ACHIEVED:** Per Title V contract reports.

**Objective 5:** Improve the health of children up to age three who have no medical insurance.

**ACHIEVED:** Per Title V contract reports.
**Goal 2:** To provide services for children with special health care needs (CSHCN).

**Objective 1:** Improve family capability to adequately manage children with special health care needs.

**ACHIEVED:** Per Title V contract reports.

**Objective 2:** To improve the health of children who have, or are at risk for a chronic physical, developmental, behavioral or emotional condition, or have been a victim of abuse or neglect.

**ACHIEVED:** There was one (1) referral received and completed for newborn metabolic follow-up. This was for an Amish birth with a home delivery.

There were no referrals received for newborn hearing screening follow-up.

Director of Personal Health Services Director stayed in touch with NW District Nurse Consultants regarding activities related to PA DOH SKN System of Care and Medical Home initiatives in NW PA and Erie County.

Other objectives per Title V contract reports.

**Goal 3:** To provide support for families that have experienced a sudden, unexplained infant death.

**Objective:** To improve family capacity to adequately manage the death of their infant.

**ACHIEVED:** There were two (2) new infant death referrals received in 2011. Each family was offered PHN services to provide support and information regarding resources for the family. One (1) accepted services, one (1) declined. There were also one other family that was opened in 2010 and services continued into 2011. SIDS reports were filed quarterly to the PA DOH SIDS program staff.

**Childhood Lead Poisoning and Prevention**

**Goal 1:** Maintain objectives of the CLPPP to assure that medical management, treatment, and coordination of care of children with lead poisoning is provided in order to decrease the children’s lead levels. Assure children have access to blood lead screens.

**Objective 1.1:** Provide case management of children with confirmed lead levels of 10 µg/dL.

**ACHIEVED:** Per CLPPP contract reports.
Objective 1.2: Provide capillary lead screens and follow-up case management to children ages six months through 83 months of age in the community who do not have a medical provider or to those without insurance.

ACHIEVED: Per CLPPP contract reports.

Objective 1.3: Attend mandatory training required by the state to maintain safe storage of the lead detection devices and any other necessary training updates to maintain program functions.

ACHIEVED: Per CLPPP contract reports.

Goal 2: Assure the community is educated on prevention of child lead poisoning.

ACHIEVED: Per CLPPP contract reports.

**Nurse Family Partnership**

Goal 1: To provide support, education, and advocacy to high-risk, first-time pregnant women to foster healthier pregnancies, improve the health and development of children, and encourage self-sufficiency.

Objective 1: Provide comprehensive case management of first time, high-risk pregnant women and their newborns (up to age 2 years) following the Nurse-Family Partnership (NFP) protocols.

ACHIEVED: Per NFP contract reports.

Objective 2: Network with referral agencies to maintain communication and referrals.

ACHIEVED: Per NFP contract reports.

Objective 3: PHNs will maintain and/or increase level of knowledge in pregnancy, parenting issues, and infant and child development.

ACHIEVED: Per NFP contract reports.

Objective 4: Organize and implement billing the Department of Public Welfare for NFP services provided to Medicaid recipients.

ACHIEVED: Per NFP contract reports.
Environmental Health Services

2012 PROGRAM PLAN
# Environmental Health Services

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Environmental Health Services

The mission of the Environmental Health Bureau is to efficiently and effectively protect the residents of Erie County from environmental threats and health hazards resulting from contaminated food, polluted drinking water, dangerous solid waste, disease-spreading vectors, improperly treated sewage and contaminated public bathing places.

In 2012 an educational needs assessment will be conducted. The Environmental staff shall also assist in preparing ECDH to make application to the Public Health Accreditation Board (PHAB) to become an Accredited Public Health Department.

Environmental Health Services Programs and Objectives for 2012

Food Protection

The Food Protection program utilizes inspection, enforcement and education to protect the public who patronize public food facilities in Erie County.

Program Goal 1: Improve safe food handling practices through education of food handlers in public food facilities. To improve the cleanliness and promote safe food handling and storage through routine inspections.

Objective 1.1: To protect the health of the public by routinely inspecting all facilities that prepare and serve food to the public and meet the minimum program standards established by the Commonwealth for food service facilities.

Activities:
1. Continue to implement the inter-agency agreement between the County and the Department of Agriculture concerning enforcement of the retail food provisions of 7 Pa. Code 46.
2. Inspect and license all 1,676 retail food facilities in Erie County by December 31, 2012, including new facility plan reviews and initiate timely enforcement actions where appropriate.

3. Inspect and license over 500 temporary food vendors that provide food and beverage at the various community events throughout the year.

4. Conduct food certification courses on a monthly basis so all facilities covered under the PA Retail Food Act will meet their regulatory responsibilities.

5. Attend training courses made available by the Department of Agriculture, budgetary constraints permitting.

6. Maintain a cooperative liaison with local food service trainers, associations and retail food merchants.

**Evaluation Methods:**

1. Annually review the list of retail food facilities and the date of last inspection.

2. Ensure that an adequate number of food safety courses are scheduled throughout the year to accommodate individuals required to attend.

3. Communicate regularly with PA Department of Agriculture, PA Department of Health, and the Northwestern PA Food Council to review programs.
Water Supplies

The Water Supply Program enforces the rules and regulations of the Pennsylvania Safe Drinking Water Act in Erie County.

Program Goal 1: To protect the health of the public by routinely inspecting all public water supplies and meet the minimum program standards of the Commonwealth for water supplies.

Objective 1.1: Assure that all public water supplies in Erie County provide drinking water which meets Safe Drinking Water Standards established by the Commonwealth.

Activities:

1. Perform inspections and field audits on all of the 49 community water systems in 2012 and inspect 121 non-community water systems once every three years.

2. Implement the PA Safe Drinking Water Regulations involving monitoring, surface water infiltration, copper, lead and additional synthetic organic contaminant levels in targeted public water systems and provide training and education to water system operators.

3. Respond to and follow up on all violations in a timely manner.

4. Review monthly, quarterly and annual bacteriological and chemical sampling reports submitted by each public water system in Erie County. Update the DEP databases and maintain current information in those databases for Erie County facilities.

5. Immediately respond to maximum contaminant level violations and initiate timely, appropriate enforcement actions in cooperation with DEP.

6. Assess compliance with public notification requirements for monitoring and MCL violations.

7. Initiate enforcement actions for all violations and initiate civil actions where appropriate.

8. Conduct timely engineering reviews of water system permit modifications and PENNVEST loan and grant applications.
9. Attend periodic compliance specialist meetings and DEP-sponsored training courses as time and budget restraints allow.

Evaluation Methods:
1. Annually review all Erie County Water Supplies and the date of last inspection.
2. Review monthly violation lists provided by the DEP database and ensure appropriate action is taken.
Public Schools

The School inspection program enforces the rules and regulations of the school regulations in Erie County. The Department established a Public School Inspection Ordinance in 2012.

Program Goal 1: To protect the health of school students and faculty from illness or injury and maintain minimum program standards mandated by the Commonwealth.

Objective 1.1: To inspect all public schools in Erie County, respond to complaints, and implement the new Public School Inspection Ordinance.

Activities:
1. Inspect all 83 public schools by October 31, 2012 and initiate timely enforcement actions when appropriate.
2. Inspect 19 non-public school food service facilities and the 83 public school food service facilities twice each year as required by the Federal School Lunch Program.

Evaluation Methods:
1. All schools will be inspected between September 1 and October 31, 2012 and issued violation letters within 30 days of inspection, when necessary.
2. All school cafeterias are inspected twice per year:
   a. One inspection will be between January 1 and March 1
   b. One inspection will be between September 1 and November 1
Organized Camps & Campgrounds

The Recreational Environment program enforces the rules and regulations of the Organized Camps and Campground regulations in Erie County. The Department established the Organized Camp and Campground Ordinance in 2012.

Program Goal 1: To protect the health of the public using recreational facilities by inspecting organized camps, campgrounds and maintaining the required minimum sanitation program standards.

Objective 1.1: To inspect all organized camps and campgrounds, respond to consumer complaints, and implement the new Organized Camp and Campground Ordinance.

Activities:

1. Inspect all 35 organized camps and campgrounds in Erie County by August 31, 2012 and initiate timely enforcement of violations when necessary.
2. Review all applicable reports submitted by these facilities relating to drinking water quality, pool or bathing beach water quality, and waste water quality.
3. Respond to any user complaint in a timely manner.

Evaluation Methods:

1. All organized camps and campgrounds are inspected annually.
2. Ensure inspectors are tracking weekly pool and beach bacteriological sample results on Department log sheets.
3. Review monthly violation lists from DEP for drinking water to ensure proper enforcement action is taken.
4. Review monthly DMRs for facilities with NPDES permits to ensure proper enforcement action is taken.
**Water Pollution Control**

The Water Pollution Control program enforces the rules and regulations of the Clean Streams Law and the Pennsylvania Sewage Facilities Act in Erie County.

**Program Goal 1**: To protect the health of the public and the waters of the Commonwealth and meet the minimum program standards mandated by the Commonwealth.

**Objective 1.1**: To protect the health of the public, terrestrial and marine aquatic life and maintain minimum water quality program standards, routinely monitor permitted discharges through discharge monitoring report review, on-site inspections, respond to unpermitted spills and discharges and maintain surveillance on ground and surface waters and protect and improve water quality in Erie County.

**Activities**:

1. Conduct on-site inspections of all 70 NPDES permitted discharges at a frequency that meets DEP requirements and take appropriate compliance action against violations noted during inspections.

2. Conduct compliance inspections of all 6 major permitted sewage discharges by December 31, 2012.

3. Conduct timely engineering review of NPDES and Water Quality Management permit applications and renewal applications in accordance with DEP policy and procedures and prepare approval letters and permits for DEP signature.

4. Immediately respond to all spills requiring field investigations to minimize adverse environmental impact and require prompt, effective cleanup where necessary.

5. Ensure on-lot septic systems are permitted and installed according to regulations.
6. Implement the County’s Small Flow Sewage Facility Program by inspecting the 387 Small Flow Treatment Facilities in the municipalities that have signed on to the program.

7. Review and take action on planning documents submitted under Act 537.

8. Maintain an active role in the Presque Isle Bay Advisory Committee and DEP cleanup initiatives for Presque Isle Bay.

9. Review all discharge monitoring reports from facilities with NPDES permits and initiate timely enforcement actions for discharge limit violations.

10. Continue an ongoing education program by our Sewage Enforcement Officers in conjunction with DEP for municipal officials in townships where on-lot septic systems are located to keep them up-to-date with the requirements of Act 537 for on-lot permits and subdivisions.

11. Conduct cooperative investigations with the DEP of NPDES facilities for conformance with mandated effluent sampling, analysis and record keeping procedures.

12. Initiate enforcement actions for all violations and initiate civil actions in cooperation with DEP.

**Evaluation Methods:**

1. Attend Presque Isle Bay Advisory Committee meetings.

2. Annually review all NPDES inspection frequency for STPs, IW, and SFTFs.

3. Annually review the status of all planning module reviews.

4. Review the annual report on septic applications and permits issued.
**Bathing Places**

The Bathing Place program enforces the rules and regulations of the Pennsylvania Department of Health in Erie County.

**Program Goal 1:** To protect the health of the public by assuring bathers are not exposed to unhealthy conditions and maintain minimum program standards mandated by the Commonwealth.

**Objective 1.1:** To inspect all permitted bathing places and monitor weekly analysis results of water quality to protect the public. To perform water quality analysis for the nine beaches at Presque Isle State Park.

**Activities:**

1. Inspect all 155 permitted pools at least once a year for compliance with the public bathing regulations.
2. Inspect all seasonal permitted pools located in high tourist areas as necessary and respond to complaints in a timely manner.
3. Review all bacteriological reports submitted weekly by permittees.
4. Initiate prompt, effective enforcement measures for violation of existing laws, rules and regulations regarding pools and bathing places.
5. Continuously check laboratory procedures and analytical accuracy of DCNR staff assigned to the bathing beach sampling program throughout the bathing season.
7. Provide a website for the public to view real-time information on water quality at the permitted beaches in Erie County.
8. Investigate possible sources of E. coli affecting the bathing beaches at Presque Isle State Park.
9. Participate in a multi-agency task force that explores the implementation of a revised sampling protocol for the beaches at Presque Isle State Park.
10. Monitor bathing beach water quality at Freeport Beach, Edinboro Lake beaches, Camp Fitch beach, and Presque Isle beaches.

Evaluation Methods:

1. Annually review the pool list and date of last inspection to ensure frequent inspection.
2. Ensure inspectors are tracking weekly pool/beach bacteriological sample results on Department log sheets.
3. Monitor the ECDH website to ensure current beach data is posted.
4. Annually train Presque Isle Beach interns on proper sampling methods and lab procedures that follow Standard Methods.
5. Meet frequently with Presque Isle State Park officials and Regional Science Consortium members.
Solid Waste Management

The Solid Waste Management program enforces the Commonwealth Solid Waste Management and Erie County Nuisance regulations in Erie County.

Program Goal 1: To ensure proper disposal of municipal wastes and prevent illegal solid waste disposal.

Objective 1.1: Investigate instances of illegal waste disposal and cooperate with the DEP to attain compliance with the Solid Waste Management Act. Enforce the County’s Nuisance regulations.

Activities:

1. Utilize the provisions of the Commonwealth Solid Waste Management Regulations (Act 97) and the Erie County Nuisance regulations to investigate and require abatement of municipal waste violations.

2. Cooperate with the Erie County Department of Health’s Recycling Coordinator in identifying efforts for waste reduction and environmentally responsible ways of utilizing waste components.

3. Respond to nuisance complaints.

Evaluation Methods:

1. Ensure timely response to all complaints of solid waste violations.
Vector Control

The Vector Control program provides educational material on the control of rodent populations, conducts surveillance and control of mosquitoes and West Nile Virus, and provides identification of ticks brought into the Department by the public.

**Program Goal 1:** To educate the public on rodent control.

**Objective 1.1:** To improve public health by controlling disease carrying rodents.

**Activities:**
1. Distribute brochures on rodent control.

**Evaluation Methods:**
1. Annual review of brochure to ensure the information is current.

**Program Goal 2:** Conduct surveillance for West Nile Virus and control mosquito populations in public areas.

**Objective 2.1:** To control West Nile Virus in Erie County.

**Activities:**
1. Respond to complaints.
2. Daily surveillance for mosquito larvae and adults; submit to DEP for analysis.
3. Issue Press Releases to inform the public of activities.
4. Implement control measures for larvae and adult mosquitoes
5. Collect dead birds and submit for analysis.

**Evaluation Methods:**
1. Produce annual reports to track positive birds, mosquitoes, horses and humans.
2. Meet with DEP officials frequently to evaluate the program.
3. Evaluate effectiveness of each control event by comparing mosquito counts before and after the events

**Program Goal 3:** Educate the public on Lyme Disease

**Objective 3.1:** To improve public health by identifying ticks that may carry Lyme Disease.
Activities:
1. As DEP begins to test deer ticks for Lyme Disease, provide them with locations in Erie County that have high numbers of deer ticks.
2. Identify the tick species for individuals that find ticks on themselves, family members, or pets; and for medical centers that submit specimens.
3. Educate the public on ticks and Lyme Disease with brochures, by answering phone calls, at speaking engagements and health fairs, etc.

Evaluation Methods:
1. Produce annual reports that include the number of ticks submitted to ECDH, the type of tick, % of deer ticks, and locations.
**Body Art**

The Body Art program provides for the inspection and licensure of all tattoo and body piercing establishments in Erie County. The Department established Body Art regulations in late 2006.

**Program Goal 1:** To provide minimum standards for the operation of body art establishments. These standards include requirements of facility sanitation and proper operational procedures for controlling infection and disease.

**Objective 1.1:** To inspect all tattoo and body piercing establishments. To prevent the incidence of infection and disease in those individuals who patronize these facilities.

**Activities:**
1. Inspect all body art establishments in Erie County annually.
2. Respond to complaints in a timely manner.

**Evaluation Methods:**
1. All body art establishments are inspected annually.
2. Ensure all complaints are responded to in a timely manner.
Manufactured Home Parks

The Manufactured Home Park program provides for the inspection and licensure of all manufactured home parks in Erie County. The Department established a Manufactured Home Park Ordinance in 2010.

Program Goal 1: To protect the health of the public by routinely inspecting manufactured home parks.
Objective 1.1: To ensure that all manufactured home parks meet the minimum standards of Erie County’s Manufactured Home Park Ordinance.
Activities:
1. Inspect all 90 manufactured home parks in Erie County in 2012.
2. If applicable, ensure manufactured home park is in compliance with water, sewage, nuisance, and pool regulations.
Evaluation Methods:
Annually review the list of all Erie County Manufactured Home Parks and the date of last inspection.
ENVIRONMENTAL HEALTH SERVICES 2011
PERFORMANCE REVIEW

Food Protection

Goal: The program goal is to improve safe food handling practices in public food facilities.

Objective: To protect the health of the public by routinely inspecting all facilities that prepare and serve food to the public and meet the minimum program standards established by the Commonwealth for food service facilities.

PARTIALLY ACHIEVED: Conducted monthly Food Employee Certification classes. Inspected 89% of permanent food service facilities and 100% of temporary facilities. The objective of 100% of permanent food service facilities not being inspected was because of staffing turnover.

Water Supplies

Goal: To protect the health of the public by routinely inspecting all public water supplies and meet the minimum program standards by the Commonwealth for water supplies.

Objective: Assure that all public water supplies in Erie County provide drinking water which meets Safe Drinking Water Standards established by the Commonwealth.

ACHIEVED: All public water supplies in Erie County which had exceedances of drinking water standards were addressed and, where appropriate, public notification was made to consumers which prevented possible waterborne related illness.

Public Schools

Goal: To protect the health of school students and faculty through illness or injury and maintain minimum program standards mandated by the Commonwealth.

Objective: To inspect all public schools in Erie County and respond to complaints.

ACHIEVED: All public schools were inspected in 2011, and all violation letters were issued within 30 days.
Organized Camps & Campgrounds

Goal: To protect the health of the public using recreational facilities by periodically inspecting camps, campgrounds and maintaining the required minimum sanitation program standards.

Objective: To inspect all organized camps and campgrounds and respond to consumer complaints regarding issues of vector and nuisance.

ACHIEVED: All organized camps and campgrounds were inspected in 2011.

Water Pollution Control

Goal: To protect the health of the public and the waters of the Commonwealth and meet the minimum program standards mandated by the Commonwealth.

Objective: To protect the health of the public, terrestrial and marine aquatic life and maintain minimum water quality program standards, routinely monitor permitted discharges through discharge monitoring report review, on-site inspections, respond to unpermitted spills and discharges and maintain surveillance on ground and surface waters and protect and improve water quality in Erie County.

PARTIALLY ACHIEVED: Only 50% of the SFTFs were inspected in 2011 and 85% of STP/IW were inspected in 2011.

Bathing Places

Goal: To protect the health of the public by assuring bathers are not exposed to unhealthy conditions and maintain minimum program standards mandated by the Commonwealth.

Objective: To inspect all permitted bathing places and monitor weekly analysis results of water quality to protect the public. To perform water quality analysis at the eleven beaches at Presque Isle State Park.

ACHIEVED: All activities were achieved. All pools were inspected in 2011.
**Solid Waste Management**

**Goal**: To ensure proper disposal of municipal wastes and prevent illegal solid waste disposal.

**Objective**: To ensure proper disposal of municipal wastes and prevent illegal solid waste disposal.

**ACHIEVED**: All nuisance complaints were responded to in a timely manner.

**Vector Control**

**Goal**: To effectively conduct surveillance for the West Nile Virus throughout Erie County. Reduce the prevalence of Lyme disease without disrupting the ecosystem of and around Presque Isle, and to identify tick species in Erie County.

**Objective**: To improve public health by controlling disease-carrying vectors.

**ACHIEVED**: West Nile Virus surveillance was conducted in 2011. All ticks submitted to the Department were identified.

**Body Art**

**Goal**: To effectively reduce the incidence of infection or disease among patrons of body art establishments.

**Objective**: To enforce The County Body Art Establishment regulations by inspection of body art establishments annually.

**ACHIEVED**: All body art establishments were inspected in 2011 and all complaints were addressed in a timely manner.
Health Education Division

2012 PROGRAM PLAN
# Health Education Division

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Health Education Division

The Health Education Division is part of the Supportive Services for the Erie County Department of Health. The mission of the division is to improve the health and safety of Erie County residents through health education and health promotion. Efforts are guided by the Centers for Disease Control and Prevention, 2020 National Health Objectives, and local community health assessment statistics to plan programs that address our community’s most pressing health concerns.

The Health Education Division is actively involved in coalitions, task forces, and committees at the local, regional and state level, providing leadership, working collaboratively, and staying on the cutting edge of best practices in health education and health promotion. This includes involvement in the PartnerSHIP for a Healthy Community and its various committees and task forces (Access to Care, Disparities and Health Education); School Health Councils; and Pennsylvania Advocates for Nutrition & Activity (PANA, KAZ & KHZ); local and regional tobacco coalitions; Erie County Drug & Alcohol Coalition; Safe Kids local, state and worldwide; the State Injury Prevention Committee; Child Death Review Committee, Weed and Seed Committee, the statewide smoking cessation workgroup; PA Cancer Education Network, and the American Heart Association’s Childhood Obesity Task Force. The Health Education Division of the Erie County Department of Health provides leadership for Erie County’s Safe Communities initiative. Erie County is now one of only fourteen communities in the U.S. to be designated a World Health Organization Safe Community.

Current projects of the Health Education Division focus on: Tobacco Use Prevention, Injury Prevention, Safe Kids Erie, Highway/Traffic Safety, Chronic Disease Prevention, and Cancer Prevention Education.
Programs and Objectives for 2012

Administration

Administrative staff manages and oversees the day-to-day operations of the Division, writes and manages grants to address priority health issues, and participates in broad-based community planning and collaboration. In 2012, the number one priority for the Health Education Division Manager will be to coordinate efforts to prepare the Erie County Department of Health (ECDH) to make application to the Public Health Accreditation Board (PHAB) to become an Accredited Public Health Department.

Program Goal 1: Coordinate Accreditation activities to ensure that ECDH is prepared to submit an application to PHAB by the end of 2012.

Objective 1.1: Complete grant management tasks to ensure that the new NACCHO Accreditation Support grant gets implemented as intended.

Activities:

1. Create timeline for completion of grant activities related to Workforce Development, Performance Management, and Quality Improvement.
2. Work with ECDH Director to assign accreditation tasks to management and support staff.
3. Complete subcontract document for services to be provided by the Center for Public Health Practice at the University of Pittsburgh.
4. Coordinate with, and monitor work of subcontractor.
5. Monitor progress toward grant objectives and make adjustments to timeline and assignments as needed.
6. Prepare and submit program and fiscal reports as required by funder.

Evaluation Methods:

1. Written progress reports to funder.
2. Completion of three documents that satisfy Accreditation standards (Workforce Development Plan; Performance Management Plan; Results of one Quality Improvement Initiative).
Objective 1.2: Complete grant application to the Center for Public Health Practice and complete grant management tasks related to documentation of Accreditation standards.

Activities:
1. Recruit, train, arrange office space and equipment, and provide oversight to temporary employees hired to identify, organize, and/or create documents that will meet Accreditation standards.
2. Create timeline for completion of documentation activities.
3. Monitor progress toward grant objectives and make adjustments to timeline and assignments as needed.
4. Prepare and submit program and fiscal reports as required by funder.

Evaluation Methods:
1. Written progress reports to funder
2. Tracking document that illustrates how many/what percent of standards can be documented as described in PHAB Standards and Measures Version 1.0.

Objective 1.3: Complete Accreditation assignments, including PHAB online orientation and documentation/performance improvement tasks associated with Domain 3 (Health Education) and Domain 8 (Workforce Development).

Activities:
3. Complete Modules 1-4 of PHAB online orientation.
4. Work with Health Education staff to gather and/or prepare documentation related to Domain 3.
5. Work with Health Education staff to enhance and document performance related to Domain 3.
6. Work with Center for Public Health Practice to conduct training needs assessment of ECDH staff, develop a Workforce Development Plan, and begin to implement Plan.
7. Submit Statement of Intent to PHAB.

Evaluation Methods:
3. Certificate of Completion for PHAB online orientation.
4. Number of Domains 3 and 8 documents uploaded electronically into documentation folders housed on ECDH server, and checked off on documentation tracking document.

**Program Goal 2:** Facilitate updating of ECDH website.

**Objective 2.1:** Review Health Education web pages monthly to ensure that information is current and accurately reflects the health information, programs and services of the Health Education Division.

**Activities:**
1. Prepare new content and formatting scheme as needed.
2. Work with Web Editor for changes to formatting and/or insertion of new content.
3. Monitor completion of changes.

**Evaluation Methods:**
1. Number and type of changes made.

**Program Goal 3:** Enhance personal knowledge and skills related to Accreditation.

**Objective 3.1:** Participate in at least one conference, webcast, and/or self-study program.

**Activities:**
1. Research via the internet available national conferences, webcasts, and self-study programs.
2. Identify and enroll in at least one program.
3. Report back to ECDH Director, managers and staff regarding new information and how it will be applied.

**Evaluation Methods:**
1. Record of participation in at least one program.
2. Verbal report of new information.
**Tobacco Control**

Tobacco use is the number one preventable cause of death in the United States. According to the Centers for Disease Control and Prevention, over 443,000 people die prematurely from smoking or exposure to second-hand smoke and another 8.3 million people have serious illnesses due to smoking. Despite these alarming risks, over 43 million Americans continue to smoke.

There is clear and compelling evidence that the best way to reduce tobacco use and exposure to tobacco smoke pollution is through a comprehensive tobacco control program as described in the Centers for Disease Control and Prevention’s *Best Practices for Comprehensive Tobacco Control Programs*.

The Erie County Department of Health (ECDH) serves as the primary contractor for the 13 counties of Northwestern Pennsylvania (NWPA), administering tobacco settlement funds authorized under Act 77 of 2001. The NWPA Tobacco Control Program subcontracts with community agencies, educational facilities, health care agencies, and law enforcement partners who work together to address the Pennsylvania Department of Health’s four program goal areas for tobacco control (listed below). Program efforts are guided by the Centers for Disease Control and Prevention and 2020 National Health Objectives.

In the 2009-2010 fiscal year, the program experienced a significant reduction in state funding. Given the definitive links between tobacco use and death and disease, the long term impact of significant funding reductions will be a decline in the overall health and well-being of our community.

**Program Goals:**

- Prevent initiation of tobacco use among young people.
- Promote quitting among young people and adults.
- Reduce non-smokers’ exposure to tobacco smoke pollution.
- Identify and eliminate disparities related to tobacco use and its effects among different population groups.

**Program Goal 1:** Prevent initiation of tobacco use among young people.

**Objective 1.1:** Increase the capacity of at least 4 new NWPA schools to improve tobacco use policy and implement tobacco use prevention education in the classroom (Baseline: 16 NWPA schools received capacity training in 2011.)
Activities:
1. Promote the availability of capacity building training to NWPA educators, school administrators, and other appropriate school employees.
2. Conduct at least one capacity building training in the NWPA region.
3. Provide assistance to training participants.

Evaluation Methods:
1. Number of schools receiving training.

Objective 1.2: Ensure that the illegal sale of tobacco to minors in NWPA does not exceed 10%, as measured by random unannounced inspections and enforcement inspections. (Baseline: The 2011, the NWPA region reported a 0% Synar sales rate and a 5.5% sales rate during routine enforcement checks).

Activities:
1. Maintain contracts with agencies to conduct SYNAR checks as requested by PA DOH; facilitate training.
2. Maintain contracts with law enforcement agencies to conduct enforcement checks throughout the year.
3. Monitor enforcement checks to assure tobacco retail outlets are checked in accordance with Act 112, and available state funding.
4. Provide Act 112 education to all NWPA tobacco retail outlets that receive a citation for selling tobacco to minors.

Evaluation Methods:
1. Results of 2012 random compliance and enforcement checks.
2. Number of tobacco retail locations cited in comparison to the number of tobacco retail locations educated.

Program Goal 2: Promote quitting among young people and adults.

Objective 2.1: Increase NWPA utilization of the PA Free Quitline and Quitnet, each by 10%. (NWPA Baseline: 726 Quitline calls for 2010 [2011 numbers unavailable from PADOH]; 209 Quitnet memberships in 2011. Goal is 799 Quitline calls and 230 Quitnet memberships.)

Activities:
1. Promote and encourage referrals to Quitnet and the PA Quitline by subcontractors and other healthcare providers.
2. Provide information to area health care providers regarding the PA Quitline, Quitline fax referral system, and Quitnet.

3. Provide no-cost nicotine replacement therapy to qualified new members of Quitnet.

4. Utilize approved media to promote the PA Quitline and Quitnet.

**Evaluation Methods:**

1. Number of new calls in 2012 to the PA Quitline and number of new memberships in 2012 to Quitnet.

**Objective 2.2:** Provide tobacco use screening and brief intervention training to a minimum of 6 healthcare provider locations in NWPA. (Baseline: Three providers were trained in 2011.)

**Activities:**

1. Provide tobacco use screening and brief intervention education and training to NWPA healthcare providers.

2. Provide technical assistance to healthcare providers who implement the tobacco use screening with their patients.

**Evaluation Methods:**

1. Number of healthcare locations receiving training.

**Program Goal 3:** Reduce non-smokers' exposure to tobacco smoke pollution.

**Objective 3.1:** 100% of NWPA bars, bar/restaurants, and private clubs that receive PADOH CIAA notification of violation letters will be educated about the benefits of becoming smoke-free. (Baseline: not applicable; education is based on reported violations)

**Activities:**

1. Include information regarding the benefits of being smoke-free in the standard educational packet sent to all bars, bar/restaurants, and private clubs that are alleged violators of the CIAA.

**Evaluation Methods:**

1. Number of NWPA bars, bar/restaurants, and private clubs receiving PADOH letters.

2. Number of NWPA bars, bar/restaurants, and private clubs receiving information about the benefits of becoming smoke-free.
Program Goal 4: Identify and eliminate disparities related to tobacco use and its effects among different population groups.

Objective 4.1: Increase awareness of the Young Lungs at Play initiative to at least 4 rural NWPA counties. (Baseline: In 2011, one NWPA county promoted the initiative).

Activities:
1. Promote the benefits of policy change to municipalities, school administrators, and other appropriate organizations in NWPA.
2. Provide technical awareness to those interested in policy change.

Evaluation Methods:
1. Number of counties implementing the initiative.

Objective 4.2: Provide education about tobacco-related disparities to 100% of NWPA legislators. (Baseline: 25 legislators in NWPA)

Activities:
1. Create educational materials related to tobacco use disparities in NWPA.
2. Disseminate materials to legislators using appropriate communication methods.

Evaluation Methods:
1. Creation of educational materials.
2. Number of NWPA legislators receiving education.
Injury Prevention

The Erie County Injury Prevention Program will continue its new direction for the next two years based on current trends and data which drive our grants, funders and programs and projects locally and nationwide. Our primary focus will be on prescription drug poisoning (intentional and unintentional), suicide, and Safe Communities, Child Death Review and Safe Kids Erie coalition activities. We will continue to provide quality Safe Kids programs and projects through subcommittees of Safe Kids Erie, focusing on child passenger safety and traumatic brain injury.

Nationwide, there has been an alarming increase in unintentional prescription drug poisoning in the adult population. Locally, unintentional poisoning was the leading cause of injury death in Erie County during the five-year period 2004-2008, and the fourth leading cause of injury hospitalizations. A majority of these cases are related to prescription drugs.

Furthermore, self-inflicted poisoning was the number two cause of injury hospitalizations in Erie County. When looking at the data by age group, self-inflicted poisoning was the number one cause of injury hospitalization among ages 15-44, and the number two reason for hospitalization among ages 45-64, and the fifth leading cause of injury hospitalization among children ages 5-14.

For the first time in the history of the Erie County Dept of Health, the injury prevention program will delve into suicide, a much needed area of health education programming and information. Sadly, suicide is the third leading cause of death among young people ages 10-24 (4,320 U.S. deaths in 2007, CDC). Between 2004-2008, in Erie County there were 22 deaths among young people ages 10-24 (PA Vital Statistics, EpiQMS).

Injury Prevention activities are made possible through a grant with the Pennsylvania Department of Health, supplemented by funding from private donors, PA Safe Kids, Safe Kids Worldwide, DCED, Erie Community Foundation and State Farm grants. We also partner with local agencies, and write grants for collaborating Safe Communities and Safe Kids board members to conduct injury prevention activities for the citizens in Erie County.
Program Goal 1: Maintain an evidence-based Prescription Drug Poisoning Prevention Program at the Erie County Department of Health, with input from key stakeholders.

Objective 1.1: Maintain a Prescription Drug Poisoning Task Force of the Safe Communities Erie Coalition to address the issues related to prescription drug poisoning, including intentional and unintentional drug poisoning.

Activities:

1. Identify key stakeholders and invite to an organizational meeting.
2. Conduct quarterly meetings, present, review and discuss data research, and issues related to prescription drug poisoning.
3. Work with task force to develop long term strategy (through 2014).
4. Work with task force to identify and support local take back initiatives (through 2014).
5. Work with task force to support a web based statewide Prescription Drug monitoring program. (through 2014)

Evaluation Methods:

1. Record of individuals and organizations contacted, and number of meetings held.
2. Minutes and records of meeting attendance and task force activities.
3. List of task force members.

Objective 1.2: Follow up on survey of prescribers to gain insight into what prescribers think about the nature and extent of the problem of prescription drug poisoning as well as what they think might be done about it.

Activities:

1. Work with Task Force to follow up on survey.
2. Follow up with non-responders.
3. Work with LECOM pharmacy interns to compare, contrast input from surveys and chart results.
4. Utilize results to plan interventions with providers as well as to plan for next grant cycle.

Evaluation Methods:

1. Number of completed surveys returned.
2. Written report of results.

Objective 1.3: Perform a Prescription Poison Death Review pilot project of deaths occurring over a one-year period, modeled loosely after Child Death Review. The goal will be to identify or verify risk factors for overdose, misuse and/or abuse of prescription drugs; identify any data gaps that may hinder full understanding of the risk factors; identify the type and sources of prescription drugs involved in local deaths; and report findings and make recommendations to DOH VIPP Poison Task Force, local medical society, Prescription Drug Poison Prevention Task Force and Suicide Prevention Task Force.

Activities:

1. Prepare draft data collection tools and written protocols for data collection; identify time period to be studied. Ensure compliance with HIPAA and other applicable state and federal laws.
2. Schedule two meetings with current CDR team members to assess participation in a pilot Adult Prescription Poison Death Review (APPDR).
3. Obtain commitment from small core group to serve on APPDR team.
4. Finalize data collection tools and written protocol with input from stakeholders and PA DOH.
5. Collect data from coroner, hospitals, other sources for each adult poisoning death for the identified time period.

Evaluation Methods:

1. Draft of written data collection tools and protocols for data collection.
2. List of key stakeholders.
3. Meeting minutes.

Objective 1.4: Facilitate the use of “Take Your Medicines Safely” curriculum and videos to prevent prescription drug misuse and drug interactions among older adults.

Activities:

1. Using NIH downloadable curriculum, “Take Your Medicines Safely”, present train the trainer materials to staff of Erie Center on Health and Aging and Area Agency on Aging.
2. Provide printed NIH materials and videos to senior centers to promote awareness about the program.

**Evaluation Methods:**
1. Number of agency staff trained.
2. Number of posters, handouts and videos distributed.

**Objective 1.5:** Continue promotion of key messages and disseminate fact sheets and scripts for public service messages created by the ICPG poison workgroup on the following topics:
   - proper storage and disposal of prescription and over the counter drugs
   - importance of medical and pharmacy homes to reduce the risk for prescription drug misuse and drug interactions

**Activities:**
1. Download and print fact sheets posted on DOH website.
2. Create distribution list of target locations to receive multiple copies of fact sheets on proper storage and disposal of prescription and OTC drugs for further distribution to general public (health care providers, pharmacists, workplaces, schools).
3. Conduct annual press conference to raise awareness about proper storage and disposal of prescription and OTC drugs.
4. Compose email letter to go with fact sheets, distribute through Poison Workgroup and Safe Communities Erie.
5. Distribute scripts for public service announcements on proper storage and disposal of prescription and OTC drugs to all local radio and TV outlets on an annual basis.

**Evaluation Methods:**
1. Written distribution list, minimum of 30 locations.
3. Copy of newspaper article.
5. Distribution of fact sheets to 60 locations.
6. Distribution of PSA to a total of 10 outlets.
Program Goal 2: Maintain an evidence-based Suicide Prevention Program at the Erie County Department of Health, with input from key stakeholders.

Objective 2.1: Maintain a Suicide Prevention Task Force of the Safe Communities Erie County Coalition, for the purpose of coordinating suicide prevention efforts in Erie County; preventing duplication and fragmentation of services; identifying priority populations for suicide prevention efforts, and increasing the use of evidence-based approaches to suicide prevention.

Activities:
1. Continue collaboration with core group of suicide prevention advocates.
2. Meet with Task Force quarterly.
3. Continue research, findings, and discussions of suicide data and current research related to suicide prevention (establish consistent knowledge base among participants).
4. Review evidence-based suicide prevention programs and make recommendations for use in Erie County; disseminate information to schools and other youth-serving organizations.
5. Update strategic plan for reducing suicide in Erie County.

Evaluation Methods:
1. Updated list of members.
2. Quarterly meeting minutes.
3. Written summary of suicide data and evidence-based programs.
4. Written recommendations; distributed to a minimum of 50 schools and youth-serving organizations.
5. Written strategic plan.

Objective 2.2: Work with a minimum of three new school districts to implement a comprehensive suicide prevention program.

Activities:
1. Train staff in use of curriculum.
2. Create and send letter with overview of program, including description of the problem as well as materials and services available through the program to three new schools in the county of Erie, including homeschoolers.
3. Meet with interested school districts to further explain program and schedule sessions with administrators; faculty & staff; parents; students.
4. Review existing suicide prevention policy (if one exists) with administrative staff and key faculty at school(s); make written recommendations for changes such as procedures that include screening and assessment of suicide risk.
5. Conduct training with school district staff and parent workshops; distribute suicide prevention & intervention resource guide.
7. Conduct a demonstration project as follow-up (teacher-directed activity of knowledge acquired).

**Evaluation Methods:**

1. Staff training completed.
2. Number of meetings.
3. Number of training/education sessions.

**Objective 2.3:**
Work with a minimum of two inner city youth-serving organizations this year to implement a comprehensive suicide prevention program.

**Activities:**
1. Adapt guidelines and curriculum materials as appropriate for each setting.
2. Create and send letter with overview of program, including description of the problem as well as materials and services available through the program.
3. Meet with interested youth-serving organizations to further explain program and schedule sessions with administrators; counselors, parents; students.
4. Review existing suicide prevention policy (if one exists) with key staff; make written recommendations.
5. Conduct training with staff, and parents as appropriate.
6. Conduct prevention education using evidence-based curriculum, and assist in display project (bulletin board), working with Lead and Seed Youth Leaders.
Evaluation Methods:
1. Number of organizations reached.
2. Number of training sessions held/adults reached.
3. Number of classroom sessions/youth reached.
4. Number of Lead and Seed youth leaders.

Program Goal 3: Safe Kids Erie shall collaborate with community partners to provide car seat safety education.

Objective 3.1: Conduct a minimum of two (2) car seat checks for county residents, one of which is uniquely for clients who meet WIC income guidelines.

Activities:
1. Write grant to Walmart and TIPP for car seat checks.
2. Coordinate with Walmart managers for car seat pricing, training orders.
3. Maintain contact with Dallas Hartman staff for future safety events.
5. Conduct car seat check for local minority and disparate populations at the Erie Family Center.

Evaluation Methods:
1. Conduct surveys to measure knowledge of car seat safety concepts.
2. Report on number of car seats checked and number of car seats installed.

Program Goal 4: Safe Kids Erie shall collaborate with community partners to provide SIDS, suffocation and crib safety education for low-income families who meet WIC income guidelines, and Cribs for Kids Erie Campaign guidelines.

Objective 4.1: Provide crib safety education and distribute Pack and Play cribs to low-income families through safety partners, Saint Vincent Health Center as the lead agency, and home health agencies, Nurse Family Partnership and Maternal and Child Health projects through the Erie County Dept of Health.

Activities:
1. Coordinate with funding partner, Children’s Miracle Network.
2. Continue education committee meetings (annual).
3. Order cribs, organize storage and create tracking forms for distribution.
4. Screen potential clients, provide referral sources, and provide for distribution of cribs to community partners.

5. Work with media to provide annual article on dangers of SIDS and suffocation, and support Children’s Miracle Network annual campaign.

Evaluation Methods:

1. Data regarding the number of parent education and the number of cribs distributed shall be tabulated and maintained by Saint Vincent Health Center, lead agency for the CFK Erie Campaign.
Highway Safety Program

The Northwest Regional Highway Safety Network (NWRHSN) is responsible for coordinating and implementing highway safety activities in District 1 (six counties) of Northwestern Pennsylvania. Funding comes from the Federal National Highway Traffic Safety Administration and through the Pennsylvania Department of Transportation, as a grant project of the Erie County Department of Health.

Over the past twenty-six years, Pennsylvania has seen a steady decrease in traffic fatalities. Community-based traffic safety programs have significantly impacted this positive trend. These traffic safety programs identify problem areas and provide eligible police departments with grants to increase law enforcement surveillance in their respective jurisdictions. The programs foster partnerships, merge resources, formulate countermeasures most likely to succeed, and become the foundation to implement new initiatives in the community. In the course of developing these initiatives, the cooperation of law enforcement, magisterial district judges, businesses, school districts, local government, partnering organizations and families become more closely aligned.

The primary intervention strategy for the Highway Safety program continues to be researched-based, targeted enforcement. However, increased emphasis is also placed on evidence-based community education programs that focus on prevention and early intervention. Youth education, social mobilization, law enforcement and family responsibility are targeted.

The strategic focus areas for Highway Safety include, but are not limited to:

1. Increasing seatbelt usage.
2. Reducing impaired (DUI/drugs) driving.
3. Reducing aggressive driving.
4. Reducing distracted driving—primarily limiting the use of mobile electronic devices.

Program Goal 1: Increase motor vehicle seat belt usage rates among drivers and passengers of all ages (children in car seats up to senior drivers).

Objective 1.1: Facilitate training, group education, awareness and enforcement initiatives designed to increase child car seat occupant protection.
Activities:

1. Train law enforcement officers in the Buckle Up PA (BUPA) program: Back Is Where It’s At.
2. Schedule, coordinate, promote, and provide materials for presentations in schools conducted by law enforcement partners.
3. Partner with traffic safety agencies and present highway safety topics at special school events (Bike rodeos, peddle-cars, Safety Town).
4. Partner with Traffic Injury Prevention Program coordinator (TIPP) and support car seat inspection events.

Objective 1.2: Facilitate training, group education, awareness and enforcement initiatives designed to increase seat belt usage rates of 12 to 16 year olds.

Activities:

1. Train law enforcement officers in the BUPA program: 16 Minutes and ensure program can be administered in schools.
2. Schedule, coordinate, promote, and provide materials for presentations in schools conducted by law enforcement partners.
3. Assist law enforcement during "Click-It or Ticket" campaigns (Signage, joint coordination, news media, hand-outs, etc.)
4. Partner with school Parent/Teacher/Student organizations, MADD, SADD, Lead and Seed etc.

Objective 1.3: Facilitate training, group education, awareness and enforcement initiatives designed to increase seat belt usage rates of 17 to 21 year old drivers.

Activities:

1. Train law enforcement officers in the BUPA program Survival 101.
2. Schedule, coordinate, promote, and provide materials for presentations in schools conducted by law enforcement partners.
3. Partner with schools to present Mock Car Crash events and other special programs in Erie and District 1 locations.
4. Support Buckle-Up PA contracted police departments in Safety Check Points and scheduled mobilized patrols for Click-It or Ticket.
5. Post highway safety slogan banners at indoor/outdoor events, such as county fairs, music concerts, wrecked-pledge cars, and other safety events.
6. Conduct Teen Driver Competition events to showcase high school age safe drivers and mobilize a community.

Objective 1.4: Facilitate training, group education, awareness and enforcement initiatives designed to increase seat belt usage rates of adults and senior drivers.

Activities:
1. Support Buckle-Up PA contracted police departments in scheduled mobilized patrols—Click-It or Ticket.
2. Post highway safety slogan banners at indoor/outdoor events, such as county fairs, music concerts, football games, wrecked-pledge cars, and other safety events.
3. Distribute notification letters to physicians. If it is determined that the physical/visual/emotional condition of older drivers do not support the safe operation of a vehicle, the doctor may recommend referral to a certified trainer or the vehicle licensing bureau.

Evaluation Methods:
1. Number of law enforcement officers trained and number of students receiving the respective programs.
2. Number of special events and number of attendees, using pre- and post-surveys where possible.
3. Number of police citations and number of vehicles stopped during mobilizations.
4. Number of media events, estimated audience size, and demographics.
5. Number of crash fatalities reported by the annual PennDOT traffic and engineering study.

Program Goal 2: Reduce Drug-Sleep-DUI Impaired Driving.

Objective 2.1: Facilitate training, group education, awareness and enforcement initiatives designed to reduce the inclination to drive when impaired by drugs, sleep or alcohol. Reach out to drivers of all ages.

Activities:
1. Train law enforcement officers in the BUPA programs Survival 101, 16 Minutes and The Back Is Where It’s At.
2. Schedule, coordinate, promote, and provide materials for presentations in schools conducted by law enforcement partners.

3. Partner with schools to present Mock Car Crashes, wrecked-pledge cars, college sponsored alcohol awareness week programs..(DUI Simulators, and topical surveys).

4. Support police departments throughout Erie County and District 1 in Safety Check Points and scheduled DUI Task Force patrols.

5. Post highway safety slogan banners at indoor/outdoor events, such as county fairs, music concerts, Teen Driving Competitions and other safety events.

6. Conduct Teen Driver Competition events to showcase high school age safe drivers, mobilize a community and educate students regarding laws, liabilities and decision consequences.

7. Ensure that the PLCB Responsible Alcohol Management program (R.A.M.P.) is conducted around university environments.

8. Partner with Driver Education Teachers to promote BUPA programs in their classes and receive presentations using Fatal Vision Goggles.

**Objective 2.2:** To support programs designed to expand awareness of drug and alcohol problems.

**Activities:**

1. Participate in the Erie DUI Coalition Annual Conference for professional prevention, intervention, treatment and law enforcement agencies.

2. Conduct outreach programs to Magisterial District Judges to improve understanding of law enforcement strategies and intentions.

**Evaluation Methods:**

1. Number of law enforcement officers trained in BUPA programs and number of students receiving the respective programs.

2. Pre- and post-surveys where appropriate to assess program benefits.

3. Number of police citations and number of vehicles stopped during DUI checks.

4. Number of media events and demographics.
5. Number of crash fatalities reported by the PennDOT Traffic and Engineering study.


**Program Goal 3:** Reduce Aggressive driving.

**Objective 3.1:** Facilitate awareness and enforcement initiatives designed to stop the inclination for aggressive driving. Reach out to drivers of all ages.

**Activities:**

1. Support police departments contracted to implement Aggressive Driving Enforcement and Education Program (A.D.E.E.P.), including roving patrols and check points during four wave campaigns throughout Erie County and District 1.
2. Post highway safety slogan banners at indoor/outdoor events, such as county fairs, music concerts and safety events.
3. Conduct Teen Driver Competition events to showcase high school age safe drivers and provide education opportunity with law enforcement officers and district judges.
4. Partner with Driver Education Teachers to educate about aggressive driving characteristics, behavior, and consequences in their classes, and conduct pre- and post- surveys.

**Evaluation Methods:**

1. Number of law enforcement officers trained and number of students receiving the respective programs.
2. Pre- and post-surveys, where appropriate, to assess program benefits.
3. Number of police citations and number of vehicles stopped during aggressive driving checks.
4. Number of media events, estimated audience size, and demographics.
5. Number of crash fatalities reported by PennDOT traffic and engineering study.

**Program Goal 4:** Reduce distracted driving.

**Objective 4.1:** Conduct awareness initiatives designed to stop the inclination for distracted driving. Reach out to drivers of all ages.
Activities:

1. Use newspaper, PennDOT and Erie Health Department newsletters or website to spread awareness; write articles that persuade diminished use of mobile electronic devices when driving, and elicit understanding of the real costs associated with injury and fatal crashes (fiscal, physical and emotional)

2. Post highway safety slogan banners at indoor/outdoor events, such as county fairs, music concerts and school safety events.

3. Conduct Teen Driver Competition events to showcase high school age safe drivers and provide safety topics to share with their peers.

4. Partner with Driver Education Teachers to promote discussion in their classes regarding distracted driving characteristics, behaviors, and consequences.

Evaluation Methods:

1. Number and type of events that banners are posted.

2. Number of driver ed teachers contacted and surveys conducted.
**Chronic Disease Prevention**

Chronic diseases, including heart disease and stroke, cancer, CLRD (Chronic Lower Respiratory Diseases), and diabetes, are the leading causes of death in Erie County, claiming 5,228 lives between 2004-2006 (2009 Erie County Health Profile). This represents nearly 65% of all deaths during this period. Tobacco use, physical inactivity, and poor diet and resultant conditions (obesity, high blood pressure, hypercholesterolemia, etc.) are recognized as primary risk factors for these leading causes of death and disability. Because so many chronic diseases and conditions are directly linked to poor diet and physical inactivity, it is important to not only teach people how to “eat smart and move more”; but to create environments that support and promote healthy eating and physical fitness. To that end, the Erie County Department of Health has committed to promoting best practice healthy lifestyles interventions in the community, early childhood facilities, schools and worksites in order to build a healthier Erie.

Since older adults, those at the lowest end of the income scale, and racial/ethnic minorities experience the highest rates of chronic disease and death, special efforts and programs are being implemented to help close the gap on these disparities. This includes provision of health assessment services, nutrition counseling, and physical activity programs at senior centers and community locations serving inner-city and rural poor and implementation of programs at inner city schools, worksites and early childhood learning centers.

This comprehensive plan to address Chronic Diseases is made possible through partnerships between the Erie County Department of Health’s Safe & Healthy Communities Program, Pennsylvania Department of Health through Public Health and Human Service Block Grant funds, the Erie Center on Health and Aging, and numerous other local community organizations.

**Program Goal 1:** Promote best practice healthy lifestyles interventions (focusing on healthy eating and physical activity) in community settings, early childhood facilities, schools and worksites in order to build a healthier Erie.

**Objective 1.1:** Communities (Erie Center on Health & Aging)—Provide programs, services and activities that promote good nutrition, increased physical activity, and
weight management at a minimum of 14 locations throughout Erie County, reaching a minimum of 2,300 adults.

Activities:
1. Conduct individual health risk assessments, including screenings for blood pressure, cholesterol, blood sugar, stroke risk, and height/weight/BMI, as well as one-on-one counseling regarding personal risk factors for, and management of, chronic diseases.
2. Provide guidance, support and tools to promote and support personal behavior change, including creation of personal health action plans monitored by nurse health coaches and fitness coaches, and individual follow-up to evaluate progress toward established goals.

Evaluation Methods:
1. Number of unduplicated participants.
2. Number of participants that take initial steps to change behavior.
3. Number of participants that increase physical activity by at least one time per week.

Objective 1.2: Schools—(Safe & Healthy Communities) Safe Routes to School—Partner with the community and schools to advocate for and implement policies for Safe Routes to School, in at least 2 schools located in census tracts determined to be high poverty and high disparate populations.

Activities:
1. Identify at least 2 schools located in qualifying census tracts and partner to implement the Safe Routes to School program at their schools or communities.

Evaluation Methods:
1. Schools identified and willing to partner.

Objective 1.3: Leadership & Capacity Building/Healthy Food Policy Council Initiative (Safe & Healthy Communities)—Provide the leadership needed to help the Erie community organize for policy and environmental change related to obesity reduction.

Activities:
1. Create a “Healthy Food Policy” Council.
2. Identify at least one (1) policy pertaining to active living and healthy eating, which a local coalition will encourage local municipal government to adopt.

**Evaluation Methods:**
1. Five nutrition and food experts identified and part of the Healthy Food Policy Council.
2. Policy identified and presentation made to local municipal government.

**Objective 1.4: Worksites (Safe & Healthy Communities)—Coordinate “Erie Walks!”—A team exercise competition involving downtown worksites and community organizations.**

**Activities:**
1. Update fliers and registration forms.
2. Manage a Facebook fan page for Erie Walks!

**Evaluation Methods:**
1. Number of participating employees.

**Objective 1.5: Active Living by Design/Complete Streets (Safe & Healthy Communities) – Initiate Bicycle Erie with community bicycle advocates to create community-led change by working with local and national partners to build a culture of active living. CDC recommends infrastructure supporting bicycling and walking as a best practice strategy for Obesity Prevention. Work with community leaders to advocate for bicycle friendly infrastructure and Active Living principles at worksites and public venues to make bicycling and walking more viable options of transportation in Erie County.**

**Activities:**
1. Approach four (4) worksites and public venues in the community and request implementation of bicycle friendly infrastructures (i.e. bike racks).
2. Educate worksites and public venues on at least one policy model and encourage them to adopt these measures in their planning methods for infrastructure updates and improvements around their facilities.

**Evaluation Methods:**
1. Number of worksites identified as partners for Bicycle Friendly Business initiative.
2. Number of new bicycle racks implemented around the City of Erie.
3. Number of policy and/or environmental changes adopted, identified or implemented.

Objective 1.6: Access to Healthy Foods/Healthy Corner Store Initiative (Safe & Healthy Communities) – The Erie County Department of Health and local leaders will partner with existing food retailers (corner stores) for systems changes to offer healthier food and beverage choices in underserved areas of the City.

Activities:
1. Identify which census tracts are designated as food deserts utilizing the USDA food desert tracking tool.
2. Identify which census tracts have the highest population of disparate, low-income, and single parent households.
3. Adapt survey tools for assessing food retailers for healthy food and beverage choices.
4. Assess stores located in designated census tracts and report results to Healthy Food Policy Council.

Evaluation Methods:
1. Number and location of food deserts identified in Erie County.
2. Census tracts identified with the highest population of disparate, low income, and single parent households.
3. Survey tools adapted.
4. Assessments completed in census tracts and resulted reported to Healthy Food Policy Council.
CANCER PREVENTION EDUCATION

Cancer is the second leading cause of death in Pennsylvania, and accounts for about 24 percent of all deaths in Erie County. Colorectal, prostate, ovarian and skin cancers together account for almost 30 percent of the cancer burden in Pennsylvania. Working as part of the Pennsylvania Cancer Education Network, we provide free community-based education focused on the importance of cancer prevention and early detection. The primary goal is to reduce the number of people who are diagnosed with late stage cancer, and ultimately to reduce the number of colorectal, prostate, skin, and ovarian cancers in Erie County.

Program Goal 1: Implement uniform evidence-based community education programs that emphasize (a) the steps people can take to prevent colorectal, prostate, ovarian and skin cancers and (b) the importance of early detection and screening for each type of cancer.

Objective 1.1: Educate a minimum of 1,029 people about colorectal, prostate, skin and ovarian cancers, focusing on those at greatest risk and worksites.

Activities:

1. Contact a minimum of 60 organizations to offer presentations at a minimum of conducting five presentations per month.

2. Notify groups throughout Erie County about availability of presentations.

3. Schedule and conduct presentations using presentation format, content, materials, and pre-post tests provided through the PA Cancer Education Network.

Evaluation Methods:

1. Number of groups identified and contacted about availability of program.

2. Number of groups that schedule a presentation.

3. Number of individuals that complete pre and post tests on each cancer topic.

Program Goal 2: Cultivate and guide an Erie County Cancer Control Task Force.

Objective 2.1: Recruit organizations, agencies, and individuals to partner with ECDH to establish a Cancer Control Task Force.
Activities:

1. Identify and meet with organizations/agencies/individuals for one-on-one meetings with the intent of establishing a partnership.
2. Convene at a minimum one general meeting of the Erie County Cancer Control Task Force of all interested partners.

Evaluation:

1. Number of organizations/agencies/individuals contacted for one-on-one meetings.
2. Number of one-on-one meetings with prospective partners.
3. Number of task force meetings conducted.
HEALTH EDUCATION

Performance Review 2011

Administration

Program Goal 1: Maintain communication with the PartnerSHIP for a Healthy Community and its members/constituents.
Objective 1.1: Participate in the PartnerSHIP and its various subcommittees.
ACHIEVED: Following the resignation of the PartnerSHIP Executive Director, and decline in funding, the over-all PartnerSHIP was generally inactive in 2011. The Disparities/Health Education Task Force was disbanded and members joined with Weed and Seed Health Committee because the two groups shared similar goals. Health Education staff partnered with the Weed and Seed Health Committee on projects such as Safe Routes to School, a nationwide policy, systems and environmental change effort to create changes conducive to walking safely in schools and communities. Health Education staff continued to serve on the Access to Care Task Force, attend monthly meetings and report on activities of the Task Force at monthly Departmental and Division staff meetings. The current major project of the ATC Task Force is Pathways, a program designed to use community-based health workers to help individuals with diabetes navigate the health care and social service system. The goal is to improve health outcomes for high-risk diabetes patients.

Program Goal 2: Facilitate updating of ECDH website, including improvements to Health Education web pages.
Objective 2.1: Coordinate between website vendor and ECDH managers and staff to ensure timely completion of all tasks necessary for new website to go live by end of first quarter, with a minimum of errors.
ACHIEVED: Information was transferred from old website to new, and new website was Beta tested by Health Education staff before going live in early 2011. Outcome was an increase in “hits” to the ECDH website, with more visitors viewing more pages than the old website. Website links are tested on a regular basis.
Objective 2.2: Review Health Education web pages monthly to ensure that information is current and accurately reflects the health information, programs and services of the Health Education Division.

ACHIEVED: The Web Links page was re-created for ease and to make future additions possible. Changes were made to the Chronic Disease portion of the website to reflect changes to the Safe & Healthy Communities grant. A PA Road Construction link was added to the Highway Safety page so the public can check on delays with the click of a mouse.

Objective 2.3: Revise Injury Prevention pages to include Safe Communities, and at least one new injury topic area, such as sports injury prevention, suicide prevention and/or prescription drug poison prevention.

PARTIALLY ACHIEVED: Changes were made to the Injury Prevention Page to better reflect the changes to the grant. Links were added to a newly created Safe Communities Erie County page and an updated Safe Kids Erie page, including a link to the Facebook page.

Program Goal 3: Enhance personal knowledge and skills related to program management, chronic disease prevention, prescription poison prevention, and/or nutrition or physical activity policy, systems and environmental change strategies.

ACHIEVED: Health Education Manager participated in a national Social Marketing conference, as well as conferences, workshops or webinars on the following topics: Quality Improvement; Pharmaceutical Pollution; Grant-Writing; Injury Prevention; and Young Lungs at Play (smoke-free parks and playgrounds).

Tobacco Control

Program Goal 1: Prevent initiation of tobacco use among young people.

Objective 1.1: Increase the capacity of at least 4 NWPA schools to improve tobacco use policy and implement tobacco use prevention education in the classroom (Baseline not established at this time—new initiative)

ACHIEVED: In 2011, 16 schools attended a capacity building training.

Objective 1.2: Ensure that the illegal sale of tobacco to minors in NWPA does not exceed 10%, as measured by random unannounced inspections and enforcement
inspections. (Baseline: The 2010, the NWPA region reported a 0% Synar sales rate and a 4.6% sales rate during routine enforcement checks).

**ACHIEVED**: The 2011 Synar rate for NWPA was 0.00%, and the sales rate during enforcement checks was 5.5%.

**Program Goal 2**: Promote quitting among young people and adults.

**Objective 2.1**: Increase NWPA utilization of the PA Free Quitline and Quitnet, each by 10%. (NWPA Baseline: 726 Quitline calls for 2010; 260 Quitnet memberships in 2010. Goal is 799 Quitline calls and 286 Quitnet memberships.)

**PARTIALLY ACHIEVED**: Between January and June 2011, 663 Quitline calls were reported. The state has not reported information for the remaining six months of calendar year 2011. There were 209 Quitline memberships reported in 2011.

**Objective 2.2**: Provide tobacco use screening and brief intervention training to a minimum of 6 healthcare provider locations in NWPA. (Baseline not established at this time—new initiative)

**PARTIALLY ACHIEVED**: Three healthcare provider locations in NWPA received training in tobacco use screening and brief intervention as part of a statewide pilot. Since this time, the PADOH extended the pilot project in other areas of the state and prohibited additional training to take place in regions that previously provided training.

**Program Goal 3**: Reduce non-smokers’ exposure to tobacco smoke pollution.

**Objective 3.1**: 100% of NWPA bars, bar/restaurants, and private clubs that receive PADOH CIAA notification of violation letters will be educated about the benefits of becoming smoke-free. (Baseline: not applicable; education is based on reported violations).

**ACHIEVED**: The NWPA TCP educated 100% of businesses receiving a PADOH CIAA notification of alleged violation.

**Program Goal 4**: Identify and eliminate disparities related to tobacco use and its effects among different population groups.

**Objective 4.1**: Increase the provision of tobacco prevention education within a minimum of 4 NWPA community organizations that serve disparate populations.
ACHIEVED: Twenty community organizations in NWPA received toolkits to provide tobacco use prevention education to the clients they serve.

Objective 4.2: Provide education about tobacco-related disparities to 100% of NWPA legislators. (Baseline: 25 legislators in NWPA)

ACHIEVED: 100% of NWPA legislators received information about tobacco programs and the effects of tobacco use on disparate populations.

**Injury Prevention**

Program Goal 1: Establish and maintain an evidence-based Prescription Drug Poisoning Prevention Program at the Erie County Department of Health, with input from key stakeholders.

Objective 1.1: Establish and maintain a Prescription Drug Poisoning Task Force of the Safe Communities Erie Coalition to address the issues related to prescription drug poisoning, including intentional and unintentional drug poisoning.

ACHIEVED: By July 1, 2011, established PDP Task Force with 18 members from local agencies, and elected chair, Dr. Kim Burns, LECOM professor of pharmacy.

Identified key stakeholders, conducted research, met with task force to determine long range goals. Strategic plan created through Safe Communities Erie included the PDP Task Force.

Objective 1.2: Conduct a survey of prescribers to gain insight into what prescribers think about the nature and extent of the problem of prescription drug poisoning as well as what they think might be done about it.

PARTIALLY ACHIEVED: Survey has been mailed and faxed through partnership with Erie County Medical Society to 301 local physicians, and will be evaluated upon receipt of return surveys during 2012. Project secretary developed a working list of designated physicians for this survey and future reference in our work plan.

Objective 1.3: Perform a Prescription Poison Death Review pilot project of deaths occurring over a one-year period, modeled loosely after Child Death Review. The goal will be to identify or verify risk factors for overdose, misuse and/or abuse of prescription drugs; identify any data gaps that may hinder full understanding of the risk factors; identify the type and sources of prescription drugs involved in local deaths; and report findings and make recommendations to DOH VIPP Poison

**NOT ACHIEVED:** Met with coroner and three task force members, and committee members for this project. Hospitals have been contacted, and we have commitment from each to participate. Further work on this project was deferred until 2012, due to delays in hiring a second health educator, and to make use of LECOM pharmacy interns.

**Objective 1.4:** Facilitate the use of “Take Your Medicines Safely” curriculum and videos to prevent prescription drug misuse and drug interactions among older adults.

**PARTIALLY ACHIEVED:** Money from our budget was cut for this project, and we may have to wait until it is reinstated for copies, and curriculum handouts for staff training. Video and curriculum were provided to one of our partners, Elaine Surma, Attorney General local officer, and she uses it in her talks with local senior centers.

Handouts and posters have been provided to Pleasant Ridge Manor. Two meetings took place with staff directors, and they approved training and education for their staff and clients.

**Objective 1.5:** Promote key messages and disseminate fact sheets and scripts for public service messages created by the ICPG poison workgroup on the following topics:

- proper storage and disposal of prescription and over the counter drugs
- importance of medical and pharmacy homes to reduce the risk for prescription drug misuse and drug interactions

**PARTIALLY ACHIEVED:** Due to cutbacks on funds, we were unable to purchase the fact sheets and brochures necessary for widespread distribution. Nevertheless, significant progress was made in regard to overall public awareness. PPDA fact sheets are emailed on a REGULAR basis to ALL Safe Communities Erie working members, and local task force members. Monthly PSA’s are sent to all local media, as well as safety TWEETS, and posts on Safe Communities and Safe Kids Facebook pages. A Press Conference was held in concert with the County Executive, in his office, and with local District Attorney,
and the Sheriff on prescription drug abuse, proper storage and take back events. An article on PPDA was written for the Erie Times News, and Erie Sprout online.

Meetings were held in June, 2011 to plan the August training with local Sea Grant staff. They received disposal brochures and fact sheets from us. They hand out their own as well as include us in proper disposal programs. Eight pharmacies were contacted. They all agreed to post flyers, and allow us to sit in the pharmacy for at least one day to promote proper storage and disposal during upcoming take back weeks in 2012.

**Program Goal 2:** Establish and maintain an evidence-based Suicide Prevention Program at the Erie County Department of Health, with input from key stakeholders.

**Objective 2.1:** Establish and maintain a Suicide Prevention Task Force of the Safe Communities Erie County Coalition, for the purpose of coordinating suicide prevention efforts in Erie County; preventing duplication and fragmentation of services; identifying priority populations for suicide prevention efforts, and increasing the use of evidence-based approaches to suicide prevention.

**ACHIEVED:** By July 1, 2011, established Suicide Prevention Task Force with 10 members from local agencies, and elected chair, Elaine Surma, Senior Supervisory Narcotics Agent for the PA Attorney General. Identified key stakeholders, conducted research, met with task force to determine long range goals. Strategic plan created through Safe Communities Erie included the Suicide Task Force.

Training was held in August, 2011 for 26 safety partners in SAMSHA approved, evidenced-based methods for addressing issues such as suicide and prescription drug abuse. Each partner created a logic model; all are currently implementing work plans addressing either suicide prevention or prescription drug abuse prevention.

**Objective 2.2:** Work with a minimum of three school districts to implement a comprehensive suicide prevention program.

**ACHIEVED:** Staff sent a letter with overview of program, including description of the problem as well as materials and services available through the program to 13 public school districts and Catholic Diocese. Partner Elaine Surma has conducted
suicide prevention programs at General McLane, Fairview and Wattsburg school districts. Her curriculum is created by and sanctioned through the PA Attorney General’s office. Staff met with McDowell guidance counselor and Harborcreek High School Superintendent. We are booking programs for spring 2012 at the two public high schools.

**SUICIDE POLICY REVIEW—PARTIALLY ACHIEVED:** Met with school staff, but have not yet obtained suicide policies, therefore have not reviewed, compared or made recommendations. Staff training is conducted right now through SAP teams.

Patty will conduct two trainings this month with Erie School District for Danny Jones, administrator.

**Objective 2.3:** Work with a minimum of two youth-serving organizations per year to implement a comprehensive suicide prevention program.

**ACHIEVED:** Staff met with Gannondale, Harborcreek Youth Services, Edmund L. Thomas Detention Center, and Community Country Day School directors. A two-day training for staff and students was conducted at Gannondale. Staff has been trained at Harborcreek Youth Services. Follow-up with Edmund L. Thomas Detention Center and Community Country Day School is pending.

**Program Goal 3:** Safe Kids Erie shall collaborate with community partners to provide car seat safety education.

**Objective 3.1:** Conduct a minimum of two (2) car seat checks for county residents, one of which is uniquely for clients who meet WIC income guidelines.

**ACHIEVED:** Held six car seat checks, one at Erie Family Center for WIC clients, the remainder at fire departments and local retail store outlets. Funds were provided by State Farm, Dallas Hartman, Walmart, and ECDH match funds.

Partners included PA State Police, Traffic Injury Prevention Project, Northwest Regional Highway Safety Network, State Farm volunteers, local fire fighter volunteers, Erie Family Center, and Rick Weaver Buick. Surveys were used from Safe Kids Worldwide to measure knowledge of car seat safety concepts. Report on number of car seats checked and number of car seats installed was sent to SKWW.
Program Goal 4: Safe Kids Erie shall collaborate with community partners to provide SIDS, suffocation and crib safety education for low-income families who meet WIC income guidelines, and Cribs for Kids Erie Campaign guidelines.

Objective 4.1: Provide crib safety education and distribute Pack and Play cribs to low-income families through safety partners, Saint Vincent Health Center as the lead agency, and home health agencies, Nurse Family Partnership and Maternal and Child Health projects through the Erie County Dept of Health.

ACHIEVED: Coordinated with funding partner, Children’s Miracle Network, held one annual education meeting, ordered cribs, organized storage and created tracking forms for distribution. Held press conference at Saint Vincent Health Center on the dangers of SIDS.

Highway Safety Program

Program Goal 1: Increase motor vehicle seat belt usage rates among drivers and passengers of all ages (children in car seats up to senior drivers).

Objective 1.1: Facilitate training, group education, awareness and enforcement initiatives designed to increase child car seat occupant protection.

PARTIALLY ACHIEVED: Highway safety education and awareness was provided at two SafeKid functions: SafeKIDS Day (bike rodeo and core safety topics), with over 50 students attending, and Safe Routes to School Day. A large car seat inspection event benefitted children and families, and included the replacement of over 60 car seats. Highway Safety Network staff provided educational safety materials, event operational support, and one-on-one education with client families. The floundering economy, unfortunately, resulted in fewer available officers to provide Buckle Up PA (BUPA) classroom presentations for elementary students.

Objective 1.2: Facilitate training, group education, awareness and enforcement initiatives designed to increase seat belt usage rates of 12 to 16 year olds.

ACHIEVED: Twelve municipal and sheriff deputy law enforcement officers were trained in the BUPA program, 16 Minutes, designed for students just preparing to receive their driving permits. In each participating high school, on average, some 60 students received straight talk from an officer about their liabilities as a new driver. Two 16 Minute programs were inaugurated in Venango and Mercer County.
Jr./Sr. high schools, with two more planned in Erie and Warren Counties. There was a concerted effort to conduct more safety programs in the schools, and more seat belt enforcement on the roads. The Click It or Ticket seat belt campaign placed enforcement on roads for six weeks, and aggressive driving campaigns for 16 weeks in 2011.

Municipal police and county sheriffs conducted Click It or Ticket campaigns, periodically, through the year. Generally, these seat belt mobilizations will have contact with over 1,500 motorists in the five District 1 counties, in a three week period. The average number of citations in one three-week mobilization period is approximately 240 motorists.

**Objective 1.3:** Facilitate training, group education, awareness and enforcement initiatives designed to increase seat belt usage rates of 17 to 21 year old drivers.

**ACHIEVED:** Over 16 municipal, sheriff deputy, and state police law enforcement officers were trained in the BUPA Survival 101 program in 2011. Survival 101 programs were presented to over 1,672 high school students, Highway safety programs were targeted in communities with a recent (two year) history of fatal car crashes; particularly, those areas involving young drivers and occupants.

A program to encourage young drivers to showcase their one year success in having no crashes or violations in their first year of driving is conducted in Erie and Crawford counties in District 1. At the event, participating law enforcement officers judged the safety belt compliance of 27 Erie student competitors; TV, newspaper, and radio news media made note of their safety performance in their stories. This Teen Driving Competition is open to all high school students with unblemished driving records. Each school provides pre-qualifying written tests to reduce each school’s representation to three students.

Highway Safety banners, stating “Seat Belts Save Lives”, were in prime locations at two summer County Fairs (Erie/Waterford), and at college campus events, to catch the eye of some 20,000 young to older drivers entering and leaving the events. The message is delivered to drivers and occupants just before the moment they enter the fast paced roadways.

**Objective 1.4:** Facilitate training, group education, awareness and enforcement initiatives designed to increase seat belt usage rates of adults and senior drivers.
**ACHIEVED:** Twenty-eight selected municipal and sheriff departments in the counties of District 1, received mini-grant money (Click-It-or-Ticket) from the Buckle-Up PA (BUPA) agency to encourage and support the monitoring of seat belt use on the roadways and highways. The reduction in grant money and the sizing down of police departments impacted the coverage of this enforcement.

To impact drivers of all ages, the NWRHSN and PennDOT partnered to create banners with critical messages, i.e. “Seat Belts Save Lives”. The banners were placed at entrances and exits of summer county fairs to reach a large demographic, including: the young and old; singles, couples and families; all ethnic and race groups; truck, SUV and car drivers; day and night drivers, etc.

In just Erie County, including Erie Days, and the Wattsburg, and Albion Fairs, these messages reached an estimated 65,000 motorists – just at the time they needed the awareness to put seat belts on.

Letters were sent to physicians, chiropractors, optometrists, etc., to alert doctors to report serious physically, visually and/or emotionally impaired clients to PennDOT for recommended extensive evaluation. This evaluation is necessary to determine if their impairment can be rehabilitated or if they are a danger to themselves and others when driving.

**Program Goal 2:** Reduce Drug-Sleep-DUI Impaired Driving.

**Objective 2.1:** Facilitate training, group education, awareness and enforcement initiatives designed to reduce the inclination to drive when impaired by drugs, sleep or alcohol. Reach out to drivers of all ages.

**ACHIEVED:** Over 55 law enforcement officers have been trained in the most current version of the Survival 101 curriculum, updated in May 2010. Program highlight: The Erie County Sheriff’s Department provided two deputies at each of eight driver education classes at Ft. LeBoeuf High School to present the **Survival 101** program. This school had experienced a vehicle related student fatality the previous year.

DUI checkpoints were fewer this year, yielding to a strategy of more enforcement campaigns involving individual roving patrols.
Highway safety staff conducted sessions with Fatal Goggles, simulating the alcohol effects on physical and visual performance in several schools, reaching 1,165 students.

**Objective 2.2:** To support programs designed to expand awareness of drug and alcohol problems.

**ACHIEVED:** Staff partnered with the Erie County Drug & Alcohol Coalition on the annual Erie conference for law enforcement, medical personnel, school administrators and teachers, and social agencies. Training targeted professionals working in drug and alcohol prevention and treatment, law enforcement, and injury prevention. Over 155 professionals attended.

**Program Goal 3:** Reduce Aggressive driving.

**Objective 3.1:** Facilitate awareness and enforcement initiatives designed to stop the inclination for aggressive driving. Reach out to drivers of all ages.

**ACHIEVED:** Each year the aggressive driving enforcement and education project (ADEEP) is developed through a partnership with PennDot’s Region 5 Law Enforcement Liaison, PennDOT Safety Press Officer, and the PA State Police—Troops C, D and E. The road selections are decided by a 5-year average statistics of the most high risk roadways in each county. ADEEP enforcement initiatives were completed as planned, with partner police departments meeting citation goals and placing messages with TV, newspaper and radio media.

**Program Goal 4:** Reduce distracted driving.

**Objective 4.1:** Conduct awareness initiatives designed to stop the inclination for distracted driving. Reach out to drivers of all ages.

**ACHIEVED:** Articles regarding distracted driving were placed in a PennDOT newsletter, *The Road Ahead*, sent to a contact list of over 50 driver education teachers and related professions in District 1.

To address concerns with distraction in and around school buses, an article was placed on the ecdh.org website and the *Erie Times News*. Safety training was provided at elementary schools, with law enforcement officers, to direct concerns to elementary students about disciplined behavior on and around the school bus.

Given that phones and texting occurs in school zones, where school buses load and unload students, **Operation Safe Stop** is conducted annually in all
counties. Law enforcement officers observe, follow and ride school buses to identify motorists violating school bus laws. Police, subsequently, stop the motorists to deliver citations. Police departments participated in all counties in District 1.

At county fairs and colleges, banners were erected to display the message "Stop Aggressive Driving". An estimated 43,000 motorists were reached at three locations.

**Chronic Disease Prevention**

**Program Goal 1:** Promote best practice healthy lifestyles interventions (focusing on healthy eating and physical activity) in community settings, early childhood facilities, schools and worksites in order to build a healthier Erie.

**Objective 1.1:** Communities (Erie Center on Health & Aging)—Provide programs, services and activities that promote good nutrition, increased physical activity, and weight management at a minimum of 15 locations throughout Erie County, reaching a minimum of 3,000 adults.

**ACHIEVED:** Total number of people reached was 4,916 as follows: 2,082 persons received individualized health coaching by professional RNs at 15 community locations through the Erie Center on Health & Aging Preventive Health Services program. The sessions addressed, among other factors, methods to improve nutrition, increase physical activity, and achieve healthy weight. Participants received guidance and support, and were given tools to affect positive behavior change regarding eating and exercise habits. Additionally, 2,834 individuals attended group fitness classes at 10 community locations, including “Breakfast Bunch” walking group, “Prime Time Fitness”, Cardio-Fit, Tai’ Chi, Zumba, and Yoga Stretch. Monthly screenings for blood pressure, cholesterol, and blood sugar are provided at all locations, with referral for medical follow-up as indicated.

Analysis of pre (January 2011) and post (December 2011) outcome measures on a random sample of 40 program participants reveal that: 2 (5%) lost weight; 27 (67.5%) maintained weight; 20 (50%) decreased systolic blood pressure; 17 (42.5%) decreased diastolic blood pressure; 11 (27.5%) decreased both systolic and diastolic blood pressure; 2 (5%) reduced total cholesterol; 2 (5%) reduced
blood sugar; 10 (25%) reported eating healthier; 13 (32.5%) reported an increase in physical activity.

Objective 1.2: Communities (OPANAC)—Work to maintain edible community gardens created in 2010, and implement at least one more garden.

PARTIALLY ACHIEVED: At least 3 community gardens were implemented at the homes of long-time patrons of Body and Soul churches, reaching 195 church members with free, fresh produce and education about healthy eating. Existing educational materials were distributed with simple messages on the relationship between nutrition, physical activity, and the prevention of diabetes, heart disease, stroke, osteoporosis, and other chronic diseases. The status of gardens created in 2010 is unknown.

Objective 1.3: Communities (OPANAC)—Work within (2) Erie County African-American Faith Based organizations to implement an evidence-based health promotion program (Body and Soul).

ACHIEVED: Two churches (Abundant Life Church of Erie and Mount Ebal Missionary Baptist Church) participated in the Body and Soul program and implemented community gardens as their Environmental policy change. Over 260 church members were reached with messages about healthy active lifestyles and chronic disease prevention. A total of 9 participants completed pre-surveys and 16 participants completed post-tests.

Objective 1.4: Early Childhood (OPANAC)—Plan for the build of at least 1 play space adjacent to an early childhood learning facility.

ACHIEVED: Wayne School and the Wayne Park Baptist Church signed a Memorandum of Understanding to utilize church property as a play space. The church allows the school children to play in their parking lot and adjacent grassy area, as the students have nowhere else to play. At the time ECDH became aware of the need for a play space improvement there was only a basketball hoop, blacktop and grassy area. ECDH brought both parties together to plan a playground stencil project. The project was completed in the fall of 2011. Now over 550 students and members of the surrounding community have a place to play!

Objective 1.5: Schools—(Safe & Healthy Communities) Safe Routes to School—Partner with the community and schools to advocate for and implement policies for
Safe Routes to School, in at least 2 schools located in census tracts determined to be high poverty and high disparate populations.

PARTIALLY ACHIEVED: Diehl School agreed to become a partner, and Safe Routes to School program has been implemented at their location. Pfeiffer-Burleigh neighborhood watch is reaching out to the school to encourage participation in the program for the spring of 2012.

Objective 1.6: Leadership & Capacity Building (Safe & Healthy Communities)—Provide the leadership needed to help the Erie community organize for policy and environmental change related to childhood obesity.

PARTIALLY ACHIEVED: A Healthy Food Policy Council has been created and will convene in early February 2012. Individual meetings have taken place and goals have been identified. The ACHIEVE Assessment results were shared with the Erie On the Move Committee. The committee is not interested in policy change at this time, but continues to focus on events in the community such as Play at the Park Day. It is hopeful that the Healthy Food Policy Council will review and complete the ACHIEVE Assessment as a suitable alternative.

Objective 1.7: Worksites (OPANAC)—Partner with at least (1) worksite to initiate a wellness program for employees. Utilize at least (5) of WELCOA’s 7 Benchmarks of Success.

ACHIEVED: GECAC (Greater Erie Community Action Coalition) agreed to implement wellness strategies at their location. Senior Management supported the process, and staff completed a Needs & Interests Survey. An employee wellness committee was established and at least 5 of 7 Benchmarks for Success were implemented. Initiatives included Point of Decision prompts, healthy foods at meetings, and a wellness section of the employee newsletter.

Objective 1.8: Worksites (OPANAC) – Collaborate with community partners to implement a worksite wellness forum, introducing the benefits of worksite wellness for employers and the community.

ACHIEVED: An Employee Wellness Workshop was conducted in May of 2011. Highmark financially supported the workshop. Highmark client managers reached out to worksites and recruited participation. Erie County Department of Health coordinated the event. Erie Insurance, Northwest PA Tobacco Control Program
and Dr. Resnick (Highmark Doctor), and Jamie Johnson (Highmark Wellness Educator) presented at the workshop. The event was held at the Erie County Public Library. Over 20 attendees came to the event, with the potential to reach over 16,805 employees.

**Objective 1.9:** Worksites (Safe & Healthy Communities)—Coordinate “Erie Walks!” a team exercise competition involving downtown worksites and community organizations.

**ACHIEVED:** A total of 5 new businesses were recruited and participated in the Spring 2011 Erie Walks competition, for a total of 11 businesses. A total of 592 employees reported walking and eligible fitness activities as days active for 8 weeks, with the highest activity averages over the past at over 20,000 active days reported.

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**CANCER PREVENTION EDUCATION**

**Program Goal 1:** Implement uniform evidence-based community education programs that emphasize (a) the steps people can take to prevent colorectal, prostate, ovarian and skin cancers and (b) the importance of early detection and screening for each type of cancer.

**Objective 1.1:** Educate a minimum of 2,000 people about colorectal, prostate, and ovarian cancers, focusing on those at greatest risk and worksites.

**PARTIALLY ACHIEVED:** 113 sessions were scheduled, reaching 1398 participants, falling short of the goal of 2,000. Over 29% of participants were from minority populations. Issues that affected our ability to achieve the goal of reaching 2,000: no sessions conducted by subcontractors 7/1/12-12/31/12 due to a decrease in funding and contract issues (state funding cut; delays receiving revised contract. Sessions resumed after 11/15/11 when a final contract was received from the PADOH and were conducted by an in house educator who began the position 11/15/11.

**Program Goal 2:** Increase community-based cancer education and sustainability of Pennsylvania Cancer Education Network programs.

**Objective 2.1:** Recruit and train a minimum of four volunteer cancer educators.

**Achieved:** Nine individuals representing five different organizations participated in a Train-the-Trainer workshop. Four participants signed Memorandums of
Understanding, agreeing to conduct a minimum of one Network education program by 6/30/11.