

NIAGARA COUNTY

DEPARTMENT OF HEALTH



ANNUAL REPORT

2006

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NIAGARA FALLS

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**Healthy Neighborhoods Program

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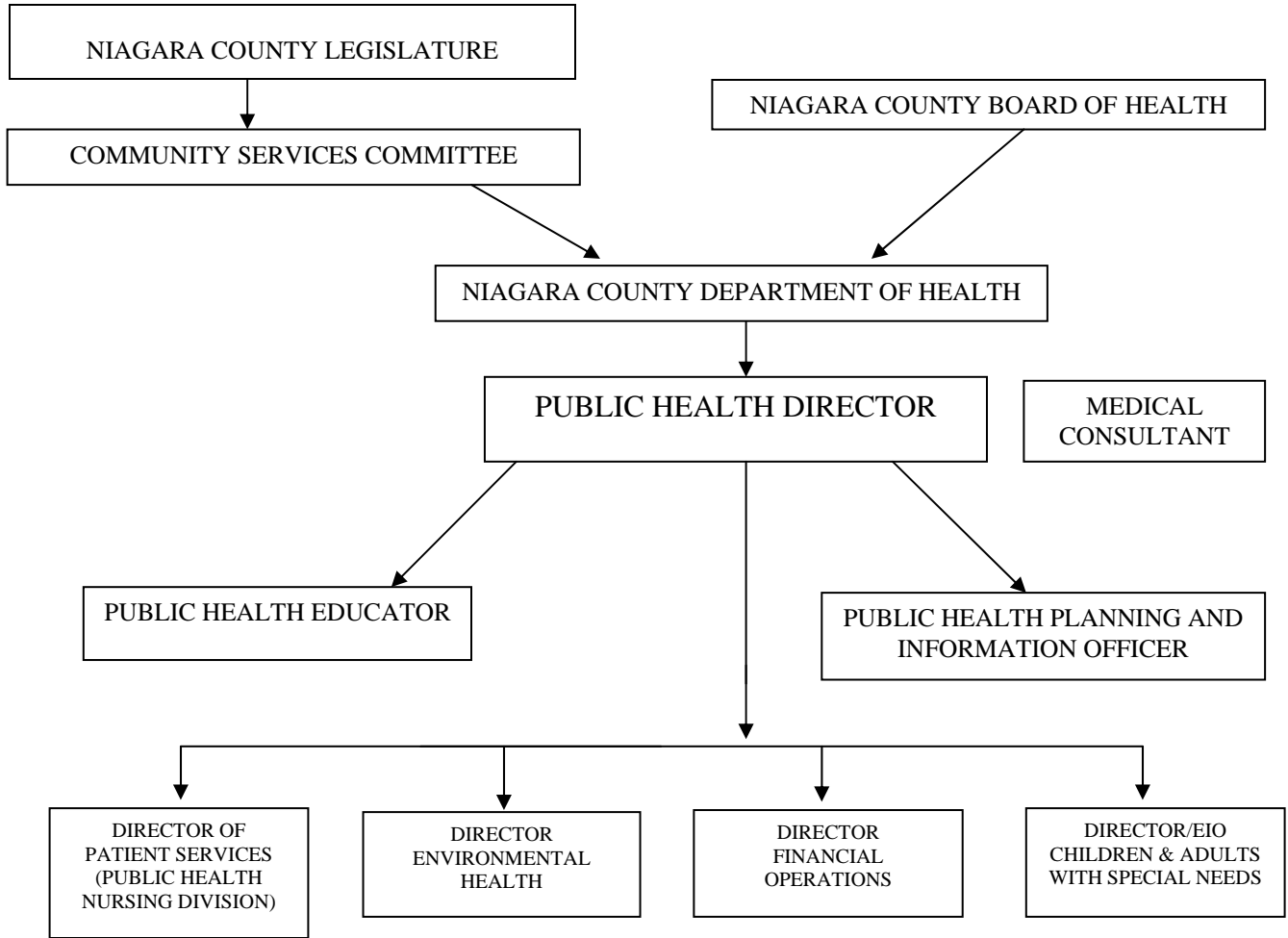
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NIAGARA COUNTY DEPARTMENT OF HEALTH



**Public Health Director
Daniel J. Stapleton, MBA
2006 Annual Report
Niagara County Department of Health**

The Year 2006 continued to be a year of change for the department. Paulette Kline left the department at the end of 2006 after serving as our Public Health Director for five years. During her time with the department, Paulette worked hard to advance the key elements of public health: Assessment, Assurance and Policy Development. **The citizens of Niagara County were served well by Paulette Kline's leadership and she deserves our thanks.**

Public health practice embraces all those actions that are directed to the assessment of health and disease problems in the population; the formulation of policies dealing with such problems; and the assurance of environmental, behavioral, and medical services designed to accelerate favorable health trends and reduce the unfavorable.¹ We heard these words often to keep us on track during times when focus was critical.

ESSENTIAL PUBLIC HEALTH SERVICES

I would like to key in on the essential public health services that can guide our approaches to serving our communities. I referred to the key elements of Assessment, Assurance and Policy Development. While these guide our efforts on a broader scale, we can use the ten Essential Public Health Services to help us apply and focus our efforts. The Essential Public Health Services are:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public and personal healthcare workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

Every single staff person of the Niagara County Department of Health (NCDOH) contributes to these services listed, without exception. These services are wide ranging and their extent may vary year to year, but their importance to our communities grows each year. We must continue to use these activities as a guide for our current and future provision of services.

¹ Afifi, Abdelmonem A. & Breslow, Lester (1994), The maturing paradigm of public health. In: Annual Review of Public Health, Vol. 15, 223-235, here: 232

We also receive guidance from our Niagara County Board of Health. The Board helps set policy, approves regulations and provides leadership and oversight for the NCDOH. Their commitment to their communities is a critical element which contributes to the effectiveness of the NCDOH, and we owe them our appreciation for their guidance and support.

The Department performs at an exceptional level. However, we still have a great challenge in successfully providing all of the Essential Public Health Services that our communities deserve. That will need to continue to be the goal that drives all of us. In closing, I would like to thank all of the staff of the Niagara County Department of Health for their professional commitment to protecting the health and safety of the communities we serve.

And, finally, thank you for the opportunity to work with such an exceptional group of individuals. I genuinely appreciate this tremendous opportunity.

CHILDREN WITH SPECIAL NEEDS DIVISION - 2006

The mission of the Children with Special Needs Division is to insure that children with special health care needs have access to necessary services. Through the coordination and delivery of medical, educational and related services, identified needs of the child and family are met, thus enhancing the child's quality of life and improving the capacity of the family to meet their family member's specific and unique needs.

As the 3rd year of the Children with Special Needs Division consolidation of programs continued in 2006, increased effectiveness and efficiency were evidenced via our programs' operational goals. These goals continue to be addressed by demonstration of:

1. Cost savings in the Early Intervention Program, a mandated program
2. Elimination of the duplication of services
3. Assurance of high quality services across all programs
4. Assurances, when feasible, in the availability of speech and hearing services that may not be readily available within the County

The division currently works out of two full-time sites at the Shaw Building in Lockport and the Trott Access Center in Niagara Falls. Staff is divided evenly between the two (2) sites. In addition, the division operates three preschool special education classrooms, two in the Newfane School District and one in the Lewiston-Porter School District.

The division is certified by the New York State Health Department and the New York State Education Department.

Program within this division are:

- ❖ Early Intervention/Child Find Program (EI/CF) which serves children birth through two years of age
- ❖ Preschool Special Education Program which serves children three to five years of age
- ❖ Physically Handicapped Children's Program (PHCP) which serves children birth to twenty-one years of age
- ❖ Children With Special Health Care Needs Program (CSHCNP) which serves children birth to twenty-one years of age

2006 continued to prove a very demanding, productive, yet inspiring year for the division. Cross-training of key staff is ongoing and has become necessary in order to accomplish program goals and objectives. In addition, in an effort to demonstrate fiscal accountability, internal auditing of agency and independent provider billing continued. The division's billing staff is now located at the Shaw Building in Lockport and a billing supervisor is now in place. As part of the staff's routine functions, an audit of all necessary and required billing paperwork is conducted prior to payment of a bill. This process has decreased the amount of billing errors significantly and, as mentioned above, has greatly aided the division in demonstrating fiscal responsibility for the programs housed within. In addition, any provider who is billing for services rendered must have documentation on file, which demonstrates they have the proper licensing and credentialing necessary to substantiate their billing claims.

Due to increasing regulatory demands placed by the New York State Health Department, programmatic monitoring of agency and independent providers continues and has required the attendance of upper level management at the focused reviews on a regular basis. As the requirements provided by the State Department of Health relative to monitoring evolves, the main focus of the reviews continues to place an emphasis on the establishment of common

practice statewide by agency and independent providers relative to health and safety procedures as well as confidentiality procedures in the delivery of services to eligible children and their families. In addition, upper management will begin focused reviews aside from the State Health Department and will focus on the above mentioned issues as well as review of such issues as proper licensing, credentialing and State Central Registry clearance of all independent and agency providers.

The division also provided training to the local Department of Social Services staff regarding a recent amendment of the Federal Child Abuse Prevention and Treatment Act (CAPTA). The new provision of the CAPTA required child protection agencies to establish provisions and procedures for referral of a child under three years of age, who is involved in a substantiated child abuse or neglect case, to early intervention services. The intent of the provision is to ensure that these children are screened, either by a designated primary referral source, or to determine whether a referral for an evaluation for early intervention services is warranted. A joint policy and procedure has been developed by this division and the local department of social services, to meet this new provision and the process has been moving smoothly.

New Federal requirements were also issued to states on the collection and reporting of data on the outcomes being achieved for children and families through participation in both New York State's Early Intervention and Preschool Special Education Programs. Those programs housed within the division are now responsible to collaborate with and assist the State, school districts, providers, and families with the outcomes data collection process. These new requirements are in place, because nationally, there is an increasing focus on measuring and improving the results being achieved for young children and students with disabilities through state early intervention, preschool special education, and special education systems for children and youth with disabilities. At the present time, there are no annual or long-term outcome oriented performance targets or data for the results being achieved for young children and their families through these programs and services.

The division was also awarded an annual grant from the Technology Resource Assistance for Individuals with Disabilities (TRAID) center housed at the University of Buffalo. The grant has allowed the division to develop and maintain an Assistive Technology Play Lending Center. The division has a Program Coordinator who has catalogued all of the available assistive technology toys for loan. Toys are available to eligible children enrolled in the Early Intervention Program and include such items as therapy balls, Boppys, switches, switch toys and basic communication devices. Toys are loaned on a monthly basis and give families and therapists an opportunity to try an item first, prior to purchasing, to determine if that item is beneficial in improving the child's development.

The division also developed an Adaptive Equipment Loan Closet, which also has a Program Coordinator. Families enrolled in the Early Intervention Program, who no longer need such items for their child, are encouraged to donate the adaptive equipment. The Adaptive Equipment Loan Closet was developed not only as a result of the a lengthy process in securing said items for children, but to decrease the costs associated with said items within the Early Intervention Program. In addition, the Adaptive Equipment Loan Closet has benefited many families by providing a piece of equipment that was needed in a much more timely fashion. Items for loan

in this closet include wheelchairs, standers, floor sitters and sidelyers, to name a few. Descriptions of each program within the division are as follows:

EARLY INTERVENTION/CHILD FIND

As research has shown, the infant and toddler years are very important relative to a child's growth and development. The Early Intervention/Child Find Program is a statewide program that provides many different types of early intervention services to identified infants and toddlers with a developmental delay or disability and their families.

The Niagara County Early Intervention/Child Find Program is part of the New York State Early Intervention Program, which is part of the national Early Intervention Program for infants and toddlers with disabilities and their families. The Early Intervention/Child Find program (EI/CF) is an extension of the Individuals with Disabilities Education Act (IDEA) – Part C. This program entitles infants and toddlers who have a developmental delay or disability to receive therapeutic services. To be eligible for services, children must be under three (3) years of age and have a confirmed disability (such as Down syndrome) or an established developmental delay in one or more areas of development. These areas include: adaptive, cognitive, communication, physical (to include vision and hearing) and social-emotional development.

Therapeutic and support services available to eligible infants and toddlers and their families are:

- Assistive technology devices and services;
- Audiology
- Family training, counseling, home visits and parent support groups *
- Medical services only for diagnostic or evaluation purposes
- Nursing services
- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological services
- Service coordination *
- Social work services *
- Special instruction *
- Speech-language pathology *
- Vision services
- Health services
- Transportation and related costs

* These clinical services are provided by in-house staff to control costs and ensure high quality services

New York Public Health Law requires provisions that govern the Early Intervention Program such as:

- Local administration of the program by the Early Intervention Official (EIO) who is responsible for ensuring eligible children and families receive the services included in the Individualized Family Service Plan (IFSP) that is developed for the child and family.

- Identification and referral of children at risk or suspected of disability by primary referral sources. Referrals are received from a number of sources and include (but are not limited to): parents, pediatricians, family practice providers, health department staff, childcare centers, and other community agencies.
- Periodic developmental screening and tracking of at-risk children.
- Provision of service coordination services to eligible children and their families.
- A multidisciplinary evaluation of children referred to the program, at no cost to families, to determine eligibility.
- The development of the Individualized Family Service Plan (IFSP) for eligible children and their families.
- Provision of early intervention services as specified in the IFSP at no cost to families.
- Delivery of services in natural settings in the community where peers are typically found to the maximum extent appropriate. Community settings can include:
 1. The family's home
 2. A child care center or family day care home
 3. Recreational centers
 4. Play groups
 5. Playgrounds
 6. Libraries
 7. Early childhood programs and centers

Early Intervention/Child Find services are free to eligible infants and toddlers and their families. Niagara County Health Department is able to access private insurance and Medicaid for reimbursement as well as receive funding from the New York State Department of Health.

PRESCHOOL SPECIAL EDUCATION PROGRAM

Children served by the Preschool Special Education Program are evaluated in conjunction with their local school district. Children are referred to the school district's Committee on Preschool Special Education (CPSE) if they are suspected of having a disability that impairs their learning and development. Numerous sources such as parents, professionals, caregivers, program providers, or other individuals concerned about the child's development make referrals. The early intervention official upon parental consent may refer children transitioning from the Department of Health's Early Intervention Program. The evaluation of the preschool child requires information gathering and for individually administered assessments and behavioral observations to be conducted to determine the physical, mental, behavioral and emotional factors that contribute to the suspected disability. Once the evaluation takes place, it is determined if the child meets the eligibility requirements. Once the child is deemed eligible for special education services and/or programs, the Committee on Preschool Special Education (CPSE), which is housed in each school district, meets to develop a plan to meet the child's unique needs. This plan is called the Individualized Education Program (IEP). The IEP development process must consider:

- The child's strengths
- The family's concerns for their child's education
- The results of the child's individual evaluation

- The results of any other State or district wide tests or assessments; and
- Any unique needs related to the child's disability (such as communication needs, behavior, etc.)

Educational services are at no charge to the family. These services may include:

- Related services (such as speech therapy)
- Special education itinerant services
- A half-day preschool program
- A full-day preschool program
- A twelve (12) month special service and/or program or
- An in-state residential special education program

Niagara County is one (1) of four (4) counties in New York State that is also an approved Preschool Special Education Provider for Special Class in an integrated setting, Special Education Itinerant Services, Related Services and Comprehensive evaluations and in being so, we receive a grant to supplement these services for the school year. The 2006-2007 allocations for this grant were \$429,000.00.

Before recommending that special education services are provided in a setting, which includes only preschool children with disabilities, the CPSE chair must first consider providing special education services in a setting where age-appropriate peers without disabilities are typically found.

Although we are unable to access private insurance for reimbursement, we are able to bill Medicaid for services such as speech, occupational and physical therapies, as well as receive reimbursement from the New York State Department of Education.

PHYSICALLY HANDICAPPED CHILDREN'S PROGRAM

The Physically Handicapped Children's Program (PHCP) continued its' goal of ensuring accessible, appropriate, comprehensive, coordinated care for chronically ill and disabled children birth to twenty-one, by providing medical and related services for the treatment and rehabilitation of physically disabling conditions, chronic illnesses and potentially disabling conditions.

In addition, the Dental Rehabilitation Program (DRP) component of PHCP assisted children with severe physically handicapping dental defects. Children are referred by their dentist, and their records are then evaluated at the State Department of Health by an Orthodontist.

Also, on a bi-monthly basis, PHCP provides a free diagnostic/evaluation orthopedic clinic for children from birth though twenty-one years of age. The evaluation is performed by a pediatric orthoped who is an expert in treating disorders of growth and development of the skeleton, muscles and joints in children. Niagara County Health Department is very fortunate to have him available for our families. Adults who have had polio may also be seen. The clinic is available for any family within Niagara County, whose child is suspected of having a disabling condition related to their bone structure. Children are referred by their physician or school nurse.

Of the 65 referrals received by the orthopedic clinic, most infants/toddlers were referred for either hip, leg, knee or foot concerns. Older children were most often referred by school nurses following school health screenings when scoliosis (curvature of the spine) was suspected.

For the treatment program under the PHCP, if the child is not covered under Medicaid, the family must meet financial criteria designed to assist families with low to moderate incomes or inadequate private health insurance. We are the payor of last resort; all third-party payors must be billed first.

CHILDREN WITH SPECIAL HEALTH CARE NEEDS PROGRAM

The Children with Special Health Care Needs Program assists families who have children that have a chronic physical, developmental, behavioral or emotional condition, and require health and related services of a type or amount beyond that required by children generally. The Program assists the family through information and referral to various community resources that are child and family specific.

The New York State Department of Health, through a Family Champion's project, continued to provide training opportunities for a select number of parents to partner with the Department of Health to focus on improving programs for children with special health care needs. The project identified and empowered select families of children with special health care needs to become Family Champions. The families selected were selected statewide and representative of the diversity of New York State. Two (2) families from Niagara County were selected for the project, one (1) family, which participated in 2005, and one (1) new family for 2006. In conjunction with the Directors of Children with Special Health Care Needs (CSHCN) Programs across the state, families were trained to become energetic, enthusiastic, group leaders who are able to speak on behalf of children with special health care needs and their families. Typical activities that Family Champions are involved with are:

1. Parent support groups
2. County Children with Special Health Care Needs Programs
3. State agency public meetings

During 2006, the staff again put forth a great effort in conducting outreach and public awareness activities, which are required components of the workplan associated with this grant. Due to the increasing number of lay-offs and jobs that do not offer health insurance benefits, the need to educate families and the public regarding Child Health Plus, Medicaid and other health insurers continues to grow.

When encounters are made with families, they are queried regarding medical insurance and if they have a medical home. If the family is uninsured or underinsured, assistance is given to them regarding Medicaid and Child Health Plus. Encouragement is also given to parents to seek routine primary and preventative care, which will result in healthier children and those with special needs will receive high-quality, comprehensive, appropriate services.

Staff also assists the family in any other type of resource information and referral information they may need such as where to find food, toys, or clothing.

Visits to all family practice providers and pediatricians within Niagara County were made. Staff conducted presentations at the physicians' offices upon request, reinforcing their role in developmental screening and referral of children who have developmental delays and/or disabilities as well as those families who are uninsured and need assistance in securing health insurance and keeping appointments for follow-up care. In addition, informational packets containing brochures, magnets, posters, and bookmarks on the Children with Special Health Care Needs Program, as well as other programs housed within this division and the Niagara County Health Department, were left at each site.

Advertisements were posted in the local Yellow Pages and weekly newspaper (Metro Community News) relative to this program.

CHILDREN WITH SPECIAL NEEDS DIVISION – 2006 DATA

EARLY INTERVENTION PROGRAM:

Total number of children referred:	492
Males:	318
Females:	174

Age of children referred:	
0 yr. – 11 months:	85
1 yr. – 23 months:	212
2 yrs. – 35 months:	194
3 yrs.+:	1

Race:	
a. White	310
b. Asian	2
c. African American	48
d. Native American	8
e. Pacific Islands	0
f. Hispanic	7
g. Other	117 *

* includes number of intakes not conducted prior to submission of statistical data

Income:	
a. \$0-9,000	72
b. \$10,000-19,999	31
c. \$20,000-29,999	40
d. \$30,000-39,999	72

e. \$40,000-49,999	40
f. \$50,000 and above	120
g. Other	117 *

* includes number of intakes not conducted prior to submission of statistical data

Household:

a. Two Parent/Guardian	275
b. Single Parent/Guardian	79
c. Extended Family	10
d. Foster Care	11
e. Other	117 *

* includes number of intakes not conducted prior to submission of statistical data

Medical Coverage:

a. Medicaid only	40
b. Private Insurance only	231
c. Child Health Plus only	8
d. Medisource	88
e. Uninsured	8
f. Other	117 *

* includes number of intakes not conducted prior to submission of statistical data

Referral Source:

a. Physician	200
b. Hospital	51
c. Family/Self	125
d. Within the Health Department	7
e. Other (specify)	109 *

* (DSS, daycare, EI provider, community program, transfer from another county and/or state,

Head Starts, school districts)

Location:

a. Appleton	3
b. Barker	5
c. Burt	0
d. Gasport	4
e. Lewiston	19
f. Lockport	111
g. Middleport	5
h. Newfane	12
i. Niagara Falls	191

j. North Tonawanda	109
k. Olcott	2
l. Ransomville	2
m. Sanborn	13
n. Wilson	5
o. Youngstown	7

Reasons for Discharge:
(Cases closed in 2005)

a. Delay/Condition Resolved	60
b. Family Refused	65
c. Can't Locate Family	32
d. Transferred to 3-5 System	133
e. Evaluation Found Not Eligible	48
f. Family Moved Out-of-County	13
g. Family Moved Out-of-State	15
h. Child died	1
i. Transferred to ICHAP	5
j. Refused Before an IFSP	3
k. Aged Out-Not Eligible for CPSE but referred to Other Program	2
l. Aged Out-Not Eligible for CPSE	5
m. Aged Out-Eligibility Not Determined	36

Direct Clinical Services:

Related services (including speech, special instruction, counseling, family training) 5072

Preschool Special Education Program:

Total number of children receiving services: 1040
 Males: 759
 Females: 282

Services Per School District:

- Related services (RS-services such as speech therapy, occupational therapy, physical therapy, etc. provided in a community based setting such as the home or daycare)
- Special Education Itinerant Teacher (SEIT-Special Education Teacher services provided in a community based setting such as the home or daycare)
- Center-based (CB-Center Based special education preschool class)

District	Related Service	SEIT	CB
Akron	5	4	0
Barker	14	0	6
Lewiston-Porter	33	4	11
Lockport	201	26	125
Newfane	37	4	21

Niagara Falls	163	42	105
Niagara Wheatfield	81	8	25
North Tonawanda	109	13	59
Royalton-Hartland	26	0	17
Starpoint	46	6	16
Wilson	37	5	8
Total all districts:	752	112	393

Direct Clinical Services:

Related Services	1778
SEIT	278
Preschool Integrated – Special needs	3156
Preschool Integrated – Non-disabled	3680
Service coordination	28
CPSE meetings	58
Total:	8,978

Unduplicated Direct Clinical Services:

New patients	113
Patient treated/seen previously	128
Total:	241

PHYSICALLY HANDICAPPED CHILDREN'S PROGRAM:

Orders received:

Private insurance	25
Medicaid	0
New	7
Total:	25

Disposition of orders:

Approved	15
Decision pending (Orthodontia)	1
Decision pending (Medical)	0
Referred to Child Health Plus/Family Health Plus	0
Withdrawn	9

(Those that did not follow through with clinics, disapproved at the State level, not within the scope of the program, moved, and resubmit in one year)

Adult Polio:

There were no adult polio orders for 2006.

ORTHODONTIA PROGRAM:

Due to New York State Department of Health’s changing requirements, children are referred directly from their dentist to a participating Orthodontist, who then submits a screening x-ray to the State Department of Health for treatment approval. Once the treatment has been approved at the State level, and the family meets financial and other eligibility criteria (i.e. severe cranial facial abnormalities), participation in the program begins.

Approved	5 (0 New, 5 Progress)
Discontinued or Closed:	1
Pending	1

ORTHOPEDIC PROGRAM:

Screening clinics	3
Total number of clinics	3
Scheduled appointments	65
Number of appointments kept	20
Medicaid	16
Non-Medicaid	3
No Insurance or Medicaid	1

Number of Authorizations and Reports of Individual
 Consultation or Evaluation: 20

CHILDREN WITH SPECIAL HEALTH CARE NEEDS PROGRAM

Client Encounters:

January – March	7
April – June	2
July – September	5
October – December	1
Total:	15

Submitted by:
 Lisa Chester, Director and EIO
 And Stacy Lampman, Clinical Director

ENVIRONMENTAL HEALTH DIVISION

The Environmental Health Division of the Niagara County Department of Health combines public health and environmental services in the County in a variety of public health program areas. Environmental health protection, promotion, and prevention education are the cornerstones of each of our programs, which impact the quality of life in our community. The work that the Division does in the community often goes unnoticed when we are doing our jobs. Food service inspections, public water supply inspections/monitoring, rabies vaccination clinics, swimming pool and bathing beach inspections/monitoring, private water sampling, children's camp inspections, rodent control, environmental lead investigations are all examples of our routine but necessary work which plays an important role in maintaining and improving environmental health in the Niagara County community.

This past year has again proved rewarding for the Division as we were able to provide essential public environmental health protection services and we were able to deliver those services in an efficient manner in order to maintain the public environmental health in our community. It is noted, however, that significant improvement in the community's public environmental health cannot be realized without the commitments of the additional resources contributing to public health infrastructure in the County. All hazard emergency public health planning continued to advance with plan exercises utilized to adjust and improve our environmental health response efforts. The October storm saw response in the area of public water supply and shelter food service operation. In addition the Department and the Erie County Department of Health participated with New York State Department of Health in a survey of those seeking emergency room services for CO poisoning during the storm. The survey results and conclusions will lead to improved measures to address CO poisoning prevention. Efforts are continuing in assembling and training a County Animal Response Team. The Emergency Management Office along with Cornell Cooperative Extension are assisting in this task. The Department's Community LOOW Project was joined by the Niagara County GIS consultant with considerable data being formatted and entered into an internet site which will be available for public and consultant consumption in mid 2007. This GIS initiative will showcase GIS in the County for internal and external example of what geographical information system technology can accomplish. Rabies concerns in the County continues to be addressed by the oral rabies vaccination program. Our efforts here and across the northeast have led to the takeover of this specific program by the United States Department of Agriculture, Animal Plant Health Inspection Services with limited Department participation and expense. A rabid skunk documented as a result of a pet encounter, within a quarter of a mile at the U.S./Canadian border, led to an emergency hand oral rabies vaccination campaign within a 5 kilometer radius of the discovery site. Department and Regional Niagara Health Department staff participated in the campaign, which resulted in no further rabies cases in this area. Close to 500 animal bites were investigated by Sanitarian staff with 98 enforcement actions taken. Free rabies clinics vaccinated 2498 dogs, cats and ferrets of Niagara County residents. A rabid feral cat in the Town of Newfane provided an excellent educational vehicle to address the feral cat issue and bringing such to the attention of the public. The feeding/harboring of feral, wild cats is a potential rabies concern, as these cats are not vaccinated. Organizations exist that provide service in this regard

to manage such colonies. School pool supervision issues across New York State resulted in agreements being reached with all of our school pools for added supervision during pool physical education class. The Department partnered with the Department of Economic Development and Planning and the Niagara County IDA to become the Environmental Manager of a million dollar Brownfield Grant. Radiological slag health concerns associated with the Lewiston Road reconstruction project resulted in Department and State Department of Health and Department of Environmental Conservation survey of the project site and the development of plan to address this issue during project construction. Contamination/health issues at MRS Plating in Lockport were brought to the attention of NYSDEC and the USEPA with cleanup initiated. West Nile Virus was confirmed in 12 birds and 8 mosquito pools with one human case. Our ATUPA partnership was strengthened with the Niagara County Sheriff's Department in our Adolescent Tobacco Use Prevention program with agreement to conduct all sting operations. A 93% compliance rate is reported and increased funding was received to support our efforts. Issue with continued violation of the Clean Indoor Air Act resulted in the filing of 34 complaints and the documentation of 15 violations. Our cross border collaboration with our Canadian partners was strengthened by our participation and presentation at the 2006 Annual Canadian Institute of Public Health Inspectors meeting in Niagara Falls. Emergency planning, rabies and West Nile Virus along with the traditional environmental health programs are all areas, which we collaborated on and learned from each other. Our Lewiston/Porter well water study was finalized and a report issued after review. There were no major hazardous issues of concern other than bacterial contamination. We are continuing to map County well locations. The National Beach Conference was held in Niagara Falls with experts and participants from across the United States. Occasional bacterial exceedances, along Lake Ontario, of bathing water quality are experienced. We are continuing to study this matter in attempt to improve conditions contributing to the same. The Healthy Neighborhoods Program of the Division reached an agreement/partnership with Mental Health Department of the County whereby referrals, when necessary, were facilitated. This door-to-door program in the underserved areas of Niagara Falls continues to provide environmental public health and related services to those in need. This program is recognized throughout the State for its accomplishments and its service to those most in need. The Public Water Supply Program continued its excellent consultation and oversight of our public water supply systems dealing with the issues of added regulation, safety and security, monitoring, operator certification, and vulnerability among others. The regulations governing public water supplies continue to be upgraded and the Division provides an important service as liaison between State and Federal authorities and as consultant to our supplies. A farm pesticide collection was conducted in the County with Division collaboration via our Migrant Labor Camp Program farm contacts. The program was a success, is well worthwhile and needs to be periodically repeated. The Migrant Labor Camp Program of the Division continues to support our agricultural community by providing farm labor camp inspection and regulatory assistance for the 26 camps in the County. The Food Service Protection Program continues to train food service operators and workers in the essentials of food handling and related public health practices. This voluntary program trained over 150 food service workers both in the classroom and on-site at facilities requesting same and on-site at facilities with poor inspection records. Data analysis for this service, related to subsequent restaurant inspection results, shows reduced violations at those facilities where workers have attended food service training class. The Individual Sewage Treatment Program assisted 450 County residents by providing design, inspection and review and approval services for existing and new home sites. The Program also

assisted the Town of Porter and other municipalities in securing public sewer connections (where available) for those individual systems found to be inadequate.

The Division routine inspection program, coupled with our complaint response and re-enforced by continuous education and consultation occupied the majority of our time and efforts. The Division continues to provide the environmental public health services required to maintain the health of our community. Improvements can only be assured with proper investment in the public health infrastructure. All staff are to be commended for their work efforts and their work products and the good public health outcome measures achieved.

2006 PERFORMANCE MEASURES

- There were no major food-borne illness outbreaks at any Niagara County regulated facility.
- There were no water-borne illness outbreaks related to our public water supplies.
- There were no communicable disease outbreaks at our regulated children's camps.
- There were no communicable disease outbreaks at our regulated pools and beaches.
- There were six reportable injuries at our regulated children's camps.
- Five reportable childhood lead poisoning events were investigated and resolved.
- There were no drownings at any County regulated beach or pool.
- There were nineteen confirmed rabid animals in the County.
- There were eight positive West Nile Virus mosquito pools, twelve positive West Nile Virus birds and one positive West Nile Virus human case.
- There were no radiation exposures reported in our radiological health program.
- There were no major rodent related disease issues in the County.
- There were no deaths associated with rabies in the County.
- Public health hazard rates per program inspections are as follows:
 - Adolescent Tobacco 7% with public health hazards
 - Clean Indoor Air Act 2% with public health hazards
 - Children's Camps 5% with public health hazards
 - Bathing Beaches 0% with public health hazards

- Swimming Pools	4% with public health hazards
- Campgrounds	0% with public health hazards
- Temporary Residences	3% with public health hazards
- Migrant Labor Camps	2% with public health hazards
- Food Service	15% with public health hazards
- Public Water Supply	0% with public health hazards
- Mobile Home Parks	5% with public health hazards
- Individual Sewage Disposal	21% with public health hazards
- Radiological Health	0% with public health hazards
- Public Health Nuisances	18% with public health hazards
- Individual Water Supply	6% with public health hazards

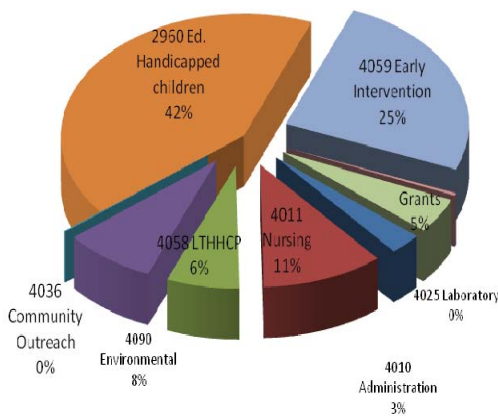
- There were 167 formal enforcement actions taken by the Department
- There were 1,988 complaints investigated by the Department with an average resolution rate of 93%.

NIAGARA COUNTY DEPARTMENT OF HEALTH FISCAL ADMINISTRATION Annual Report 2006

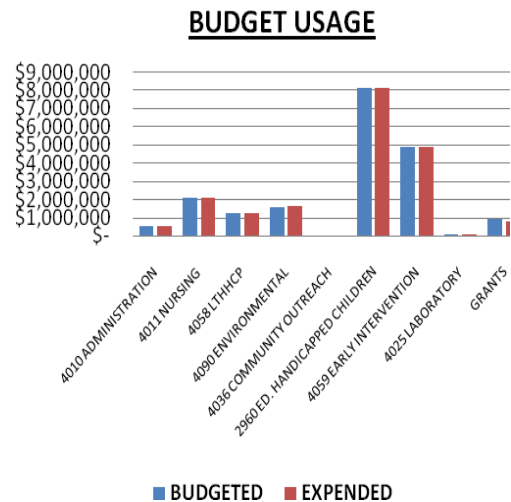
In the administration of the Health Department budget for 2006, it was necessary to bring 14 resolutions to the Niagara County Legislature for approval, 13 of these involved a transfer or addition of funds. In addition to this, the Health Department also required 78 line item transfers, which did not require resolutions.

The operation of the Health Department was completed at costs just under the budgeted expenditures as presented above. Note that the amount under budget in the Assistance to Handicapped Children division will be partially used to fund rate adjustment for prior years as directed by the New York State Education Department and for accrual of 2006 expenses. Early Intervention under budget will be used for 2006 accrual expenses. The over budget accounts (Administration, Long Term Home Health Care Program, and Environmental) are due to increase in wages due to the union contract settlement.

DIVISION	Budget	%	Expended	Budget Variance	% Budget Variance
4010 Administration	\$ 545,044	2.80%	\$ 560,903	-15,859	-2.91%
4011 Nursing	\$ 2,096,196	10.78%	\$ 2,068,580	27,616	1.32%
4058 LTHHCP	\$ 1,243,115	6.40%	\$ 1,261,439	-18,324	-1.47%
4090 Environmental	\$ 1,576,989	8.11%	\$ 1,643,413	-66,424	-4.21%
4036 Community Outreach	\$ 25,302	0.13%	\$ 17,328	7,974	31.52%
2960 Ed. Handicapped children	\$ 8,102,204	41.68%	\$ 8,067,907	34,297	0.42%
4059 Early Intervention	\$ 4,874,492	25.08%	\$ 4,851,779	22,713	0.47%
4025 Laboratory	\$ 65,150	0.34%	\$ 64,768	382	0.59%
Grants	\$ 910,153	4.68%	\$ 793,045	\$ 117,108	12.87%
TOTAL	\$ 19,438,645	100%	\$ 19,329,162	\$ 109,483	0.56%

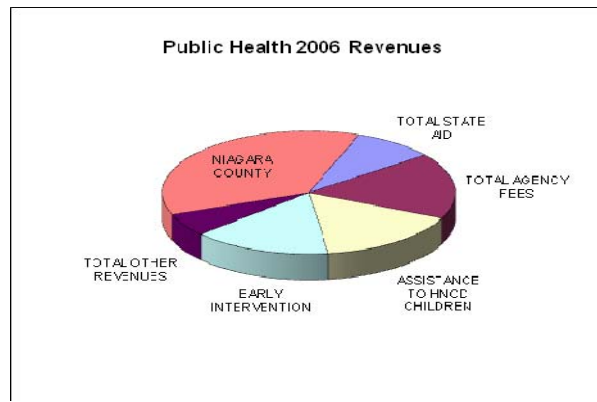


NCDOH 2006 BUDGET APPROPRIATION



2006 Public Health Revenues

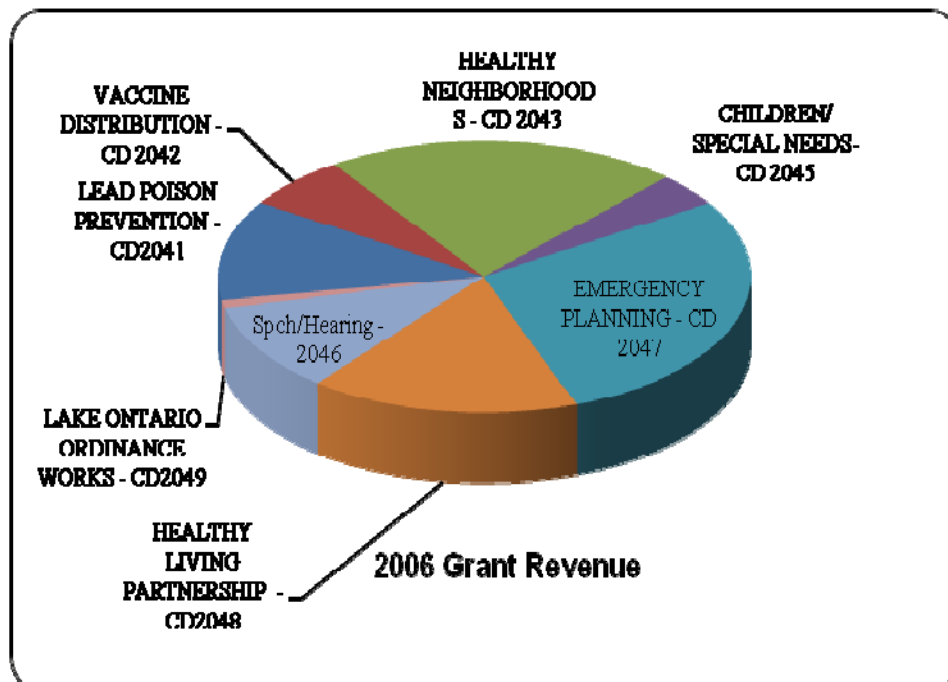
		REVENUE COLLECTED	% TOTAL REVENUE
STATE AID			
General public Health Works	\$1,708,376		
PH Lab	<u>22,816</u>		
TOTAL STATE AID		\$1,731,192	8.90%
AGENCY FEES			
Home Health Agency	1,170,314		
LTHHCP	1,422,306		
Speech & Hearing	<u>742,769</u>		
TOTAL AGENCY FEES		3,335,389	17.2%
ASSISTANCE TO HNCD CHILDREN			
		3,087,664	15.9%
EARLY INTERVENTION			
		2,936,025	15.1%
OTHER REVENUES			
Grants (CD Funds)	711,208		
Environmental Fees	475,320		
Clinic Fees	32,937		
PHCP Parent Co Payment	<u>5,933</u>		
TOTAL OTHER REVENUES		1,225,398	6.3%
NIAGARA COUNTY		<u>7,008,486</u>	36.1%
TOTAL REVENUES		<u>\$19,405,991*</u>	99.6%



*These figures do not include 2005 Revenue Accruals.

2006 SUMMARY OF GRANT PROGRAM ACTIVITY

GRANT	EXPENDED	REVENUE COLLECTED
LEAD POISON PREVENTION - CD2041	\$99,691	\$84,697
VACCINE DISTRIBUTION – 2042	\$43,879	\$44,934
HEALTHY NEIGHBORHOODS - CD 2043	\$167,243	\$153,064
CHILDREN/SPECIAL NEEDS - CD2045	\$26,049	\$28,155
EMERGENCY PLANNING - CD 2047	\$204,277	\$202,206
HEALTHY LIVING PARTNERSHIP - CD2048	\$113,941	\$116,210
LAKE ONTARIO ORDINANCE WORKS - CD2049	\$59,552	\$7,004
SPEECH/HEARING- CD2046	\$78,413	\$74,838
TOTAL**	\$ 793,045	\$711,208



**Grant activity shown does not include support grants. These amounts are accounted for in division budgets. The difference between grant expenditure and grant revenue is due to late reimbursement received in 2007.

Healthy Neighborhoods Program Annual Report
Niagara County Health Department
Federal Fiscal Year (FFY) 2006

The Healthy Neighborhoods Program assists residents primarily in the high-risk sections of the City of Niagara Falls. Home visits were also made with Community Health Workers on the Tuscarora Reservation.

The Healthy Neighborhoods Program has been able to identify and address the needs of many individuals by providing needed services and successfully referring problems to appropriate agencies. Housing violations have been addressed with property owners or referred to the Niagara Falls Building Inspection Department. Fire hazards have been eliminated, smoke detectors have been installed, and several homes were provided with fire extinguishers. Carbon monoxide hazards have been identified and eliminated. Children have been referred for blood lead level screening and families were provided with cleaning supplies and educational materials. Asthmatics have been provided with appropriate educational materials, sample asthma management plans, and assistance in identifying environmental triggers in their homes. Dust mite proof pillow and mattress covers were provided at a number of homes. This year we were also able to provide disaster preparedness information and first aid kits to several households. With the assistance of nursing students and physicians, individuals with hypertension were identified. Several other services were also been provided. Through interventions and referrals the program has been able to assist many individuals living in the community.

HOME VISITS

Initial interviews were conducted at 1,407 homes, 839 at the homes of renters and 568 at owner occupied homes. Attempts were made at an additional 3,694 homes, of which 1,075 were vacant. The initial home visits potentially improved the lives of over 3,572 individuals.

90-day to 6-month revisits were attempted at 464 homes. Interviews were completed at 215 homes. Residents had moved or were not at home at the other 249 homes.

One-year asthma revisits were attempted at 263 homes that housed 343 asthmatics. Of those attempted, interviews were conducted at 71 homes that housed 91 asthmatics.

Two-year asthma revisits were attempted at 100 homes that housed 118 asthmatics. Of those attempted, interviews were conducted at 38 homes that housed 47 asthmatics.

The information from the initial visits and revisits was submitted electronically.

PERSONNEL

There was one change in program personnel during this year. Jim Fritschi left our office in December to work with the Environmental Division of the Health Department in Lockport, and Walter Trautwein was hired in his place. Priscilla Elliott, public health technician, and Gail Root, program coordinator, continued to work in the program.

We have also benefited from the services of several other employees of the Niagara County Health Department.

Niagara Falls Memorial Medical Center's Hamilton B. Mizer Primary Care Center has continued rotate physicians completing their family practice residency through our program. The physicians, our program staff and the residents in the community have been pleased with the services that have been provided as a result of this relationship.

We continued to work with instructors and nursing students from Niagara County Community College. Student nurses are assigned to our program as a clinical site. The nurses take blood pressures, provide health teaching and assist residents with answers to questions.

Through Experience Works we have been fortunate to have workers assist us 20 hours per week. Each worker has had something unique to offer to our program. Inez McNairharley had been assigned to our office, but she now works at Niagara Community Action Program. Alsherif Mohamed continues to assist our program.

TRAINING

On a monthly basis we attend an informational and networking meeting of community agencies. A guest speaker updates us on a specific program, and participants share information and potential problem resolutions. Those in attendance include representatives of the Office for the Aging, the Niagara County Legal Aid Society, the Department of Social Services, Catholic Charities, the Salvation Army, Niagara Community Action Program, major utilities, and a number of other service related agencies or businesses. The meetings provide an ideal setting for staff to remain current on services that are available in the community.

Jim Fritschi and Priscilla Elliott completed the NYSDOH Basic Environmental Course in the fall of 2005.

Gail Root attended training at a Lead Conference that was held in South Carolina in March.

Gail, Priscilla and Walter all attended the NYSDOH – HNP meeting that was held in Troy in April.

Walter also attended the Achieving the Elimination of Childhood Lead Poisoning in NY conference that was held in June and the Residential Fall Prevention Symposium that was held in July.

Gail attended the CDC Assessment Initiative Annual Conference in August and displayed information on Niagara County's Healthy Neighborhoods Program. Gail also attended the NYS Tobacco Control Program's Buffalo Area Meeting in August.

Gail, Priscilla and Walter all participated in a practice emergency pandemic flu POD exercise in March.

COMMUNITY INVOLVEMENT

We are working with *Niagara University* and their Border Community SERVICE grant to supply first aid kits and emergency planning information to families in our target areas. To date they have provided over 1,000 Johnson and Johnson First Aid Kits that we have been distributing in the community during home visits. Along with the kits, there is an educational component and a brief questionnaire that residents are requested to complete. Since this was time consuming, Niagara University did pay the salary of a graduate student who assisted us in the beginning of the year. This has been a great partnership. The residents in the community appreciate the first aid kits and it also assists us with interviews.

Our program continued to work with the *Block Clubs* in Niagara Falls. We participated in health and safety programs at Spallino Towers and Wrobel Towers. The events were designed to assist seniors living in our target areas.

The *Department of Pediatric and Community Dentistry, SUNY at Buffalo* has continued to provide the program with toothbrushes. These are distributed along with printed material with dental care information.

Our program has continued to work with the *Community Health Worker Program* on the *Tuscarora Reservation*. In October 2005 we distributed materials at the Annual Tuscarora Community Fair. We also provided outreach education and materials at the Tuscarora Reservation Community Picnic in July and at the quarterly WIC certification days in June and September. We continued to make home visits when requested. The relationship we have established has been a wonderful addition to the program.

Our program participated in a “Kick Butts Day” event that was held at Niagara County Community College. Students and faculty were encouraged to quit smoking and incentives (t-shirts, water bottles, etc.) were provided. Additional materials that were used at the event are now being used during home visits and other outreach events.

Our program participated in monthly events that were held at the Niagara Falls Housing Authority’s Family Resource Building as part of *Independent Health Foundation’s Good for the Neighborhood Program*, a collaborative community health initiative that offers comprehensive health and wellness programs on a regular basis to area residents.

We participated in a Family Fun Night at *Niagara Middle School* in April. Educational materials were provided and families were invited to sign up for home visits.

Our program worked with a troop of *Girl Scouts* that needed a community project to allow each girl to earn a Silver Award. Since we had received over 200 smoke alarms from the Bureau of Injury Prevention, we partnered with the girls to find residents that needed smoke alarms. We provided training and the girls ordered fire prevention materials, made signs, created flyers and manned tables at churches, fire hall events, and other outreach events. They were able to find a number of residents that needed smoke alarms. We then contacted the individuals and installed smoke alarms in their homes. This was an excellent collaboration that helped residents in the community and provided a great learning experience for the girls.

Our program participated in the annual *Environmental Field Days* that drew over 1,000 children from area schools. Our program covered topics related to safety in the home environment.

Niagara University sponsors a “Learn and Serve” day when students and instructors help community agencies. In June we had two instructors who assisted our program on Learn and Serve Day.

We created a Lead Poisoning Prevention banner with 115 rag dolls that represented the 115 children with lead poisoning in Niagara County. This was done with the help of several volunteers including the Girl Scouts and instructors from Niagara University. The banner is currently displayed in Niagara Falls and is making the rounds of various service related agencies.

Niagara University received a Community Outreach Partnership Center (COPC) grant from HUD. Through the *environmental justice* component of the program, we have been working with their faculty, staff and students. We assisted them with setting up their “Green Line”, an environmental help-line, and we provided training for students and helped in the promotion of their program. Also, as per the work plan for their grant, they are providing students to assist with home assessments and other activities. They will also be providing our program with \$500 for each six month period of time we work with their grant. The money will be used to supplement funding provided by the NYSDOH.

Our program participated in the *Niagara Falls Block Club Council’s Annual Crime Night Out* in August. This is always a well attended event and it is a great opportunity for us to reach a large number of people.

We assisted at the *Back to School Barbecue* that was held in the heart of our target areas in August. Families that attended the event were fed, and children received school supplies. A barber provided free haircuts for kids, and we provided home safety information while we signed up families for home visits.

In September we participated in the *Emergency Preparedness Resource Fair* that was held at the *John Dukes Senior Center* in Niagara Falls. It gave us an opportunity to reach people as well as network with other providers.

We participated in the annual *North End Block Club* information and safety event that was held in August. This was another great opportunity to reach individuals in our target areas.

We presented home safety programs to approximately 50 children between the ages of 5 – 10 at the *Center for Joy*. We also provided information that the children could take home.

We participated in a *Community Health Fair & Ice Cream Social* event that was held at *Heart and Soul* at the end of July. Heart and Soul is a soup kitchen and food pantry that is always busy at the end of the month when their clients’ resources run low. Several different agencies were present at lunch time to provide information to individuals who came in for food.

We conducted outreach activities on home safety and fire prevention at 2 different soup kitchens located in our target areas.

Our program participated in Head Start's annual health fair in March.

We participated in the *Annual Kids ID, Bike Registration, Fire & Crime Prevention, Drug Awareness and Disaster Preparedness Day* that was sponsored by the Block Clubs.

We submitted an abstract and displayed a poster at a CDC Assessment Conference that was held in Atlanta in August. It was a great opportunity to showcase the Healthy Neighborhoods Program and to meet others in the NYSDOH as well as representatives from other programs throughout the country.

We also supplied materials for other events held in the community including food pantries, the Hip Hop for Health Fair, Wal-Mart's Safety Month, and the Magdalene Project (an outreach program for women involved in prostitution).

GOALS AND OBJECTIVES

Goal: To prevent childhood lead poisoning

Objective #1: Reduce the number of children with blood lead levels greater than ten micrograms per deciliter of whole blood to as near zero as possible.

All of the families we visited received packets of materials including information on the prevention of lead poisoning and the importance of screening children. All the children aged 12-months to 6-years were referred to the Childhood Lead Poisoning Prevention Program. They are following up with the parents of any children who have not been tested or are due for a retest. In some cases there have been children with lead poisoning who have seemed to disappear as parents moved without notifying the Childhood Lead Poisoning Prevention Program. We have found a number of these children over the years. They are included in the number of children that are overdue for a retest.

Objective #2: Identify 100% of children ages 6 and under, living in surveyed dwellings, who have not been screened for lead poisoning. This was done with the assistance of the Niagara County Childhood Lead Poisoning Prevention Program. During this year, 500 children age 6 or younger were identified. This includes children less than age one, who would not be due for testing yet. Of those referred to the Childhood Lead Poisoning Prevention Program for follow-up, 170 had not been screened, and of the children who had been screened, 69 were overdue for a retest.

Objective #3: Increase to 50% the number of dwelling units built before 1950 that receive a visual inspection for deteriorating paint. Over 95% of all the homes we visited this year were built before 1950. Residents of owner occupied homes and renters were advised of potential hazards and things that they could do to reduce the potential risk.

Objective #4: Increase to 100% the number of interviewed residents that are educated on steps they can take to prevent lead poisonings. All homes were provided with literature pertaining to lead poisoning prevention. Education and lead cleaning kits (all purpose cleaner, sponges, dust wipes, garbage bags, spray bottles, gloves and other items) were provided at 188 homes deemed as appropriate. Individual components of the kits were also supplied at several homes.

Goal: To improve the health and quality of life of individuals with asthma

Objective #1: Increase the percentage of asthmatics who receive formal patient education, including information about community and self-help resources. During this time period the program made initial visits at 302 homes that housed 404 people with asthma. Successful 1-year asthma revisits were made at the homes of 91 asthmatics, and successful 2-year asthma revisits were made at the homes of 47 asthmatics. All were provided with patient education.

Objective #2: Increase the number of persons with asthma who receive assistance with assessing and reducing exposure to environmental risk factors in the home. This was done during the initial visits to the homes of 404 people with asthma. In addition to assessing risk factors and educating asthmatics and their families, assistance was also provided in reducing hazards. Examples would include contacting owners to make needed corrections (fixing leaks, etc.) when appropriate.

Objective #3: Reduce hospitalizations for asthma to a target of 7.7/10,000 aged 5 to 64.

Of the asthmatics revisited for a one-year asthma revisit, 9 persons said that they had been admitted to the hospital a total of 13 times during the year preceding the initial visit, but only 3 of those individuals reported any hospital admissions prior to the revisit.

Of those revisited for a two-year asthma revisit, 4 persons said they had been admitted a total of 9 times initially, 1 had reported 5 admissions between the initial visit and one-year revisit, and none of these individuals reported any admissions during the year preceding the two-year asthma revisit.

Unfortunately, there were others that did not report admissions initially, but did at the time of the revisits. These are all included in the data that was submitted electronically.

Objective #4: Reduce emergency room visits for asthma to a target of 50/10,000 aged 5 to 64.

Of the asthmatics revisited for a one-year asthma revisit, 16 said that they had gone to the emergency room a total of 41-42 times during the year preceding the initial visit, but only 3 of those individuals said they had been to the emergency room a total of 6 times during the year following the initial visit.

Of those revisited for a two-year asthma revisit, 13 said they had gone to the emergency room 30-31 times initially, but only 6 of those individuals reported 11 emergency room visits during the year preceding the two-year asthma revisit. Unfortunately, there were some individuals who reported no emergency room visits initially, but did experience them before revisits. Additional information was included in the data that was submitted electronically.

Objective #5: Reduce school and workdays lost by any family member due to asthma. Baselines were established as the result of the initial interviews.

Of the asthmatics revisited one-year after the initial visit, 16 reported missing a total of 255 days of school or work initially, but only 2 asthmatics reported missing a total of 14 days of school or work during the following year.

One family member reported missing 4 days of school or work during the year preceding the initial visit, but did not miss any days the year after the visit.

Of the asthmatics visited two-years after the initial visit, 5 asthmatics who had reported missing 22 days of work or school initially, did not miss any days during the year preceding the two-year revisit.

Objective #6: Increase the percentage of asthmatics who know the early signs of worsening asthma to 100% of those visited by the HNP. There were 9 asthmatics who did not know the early signs initially, but only 1 who did not know them at the time of the revisit. Information and education was provided for each asthmatic.

Objective #7: Increasing the percentage of asthmatics using daily therapy that also monitor their peak expiratory flow daily. At the time of the revisits, 15 asthmatics who did not use a peak flow meter initially, did at the time of the revisit.

Objective #8: Increase the percentage of those with prescribed inhalers who receive instruction on how to use them properly. Information and education is routinely provided for those using inhalers.

Objective #9: Reduce dust mite allergens in bed. There were 283 pillow covers and 27 mattress covers provided during initial visits, and 71 pillow covers and 6 mattress covers provided during revisits. In addition, we provided 26 vent cover kits during visits.

Objective #10: Increase the percentage of asthmatics with a written management plan from their physicians. Asthma action plans were provided to all the asthmatics we saw. There were 13 people who did not have them initially, but did at the time of the revisit.

Goal: To improve indoor air quality and reduce related illnesses

Objective #1: Reduce cockroach allergens. Cockroaches were reported at 45 homes during initial visits this year. Residents were provided with information to assist them.

Objective #2: Decrease the number of fatal and non-fatal cases of carbon monoxide poisoning. Carbon monoxides levels were checked at several homes, 5 homes were identified during this year as having an elevated level. There were potential sources of carbon monoxide that were identified in other homes that were also brought to the attention of property owners. Carbon monoxide detectors were provided at 8 homes.

Objective #3: Reduce the proportion of nonsmokers exposed to environmental tobacco smoke (ETS). During this quarter there were 706 homes (initial visits) with one or more smokers. In some cases the smoker was not at home at the time of the visit. All were provided with information and asked to take a smoke free home pledge if possible. In several instances the individuals said they already smoked outside the home.

Objective #4: Reduce indoor allergens from mold. Occupants at 142 homes reported they had mold in their home. All were provided with printed information to help them reduce or eliminate mold in the home.

Objective #5: Reduce rodent infestations. When appropriate, homes with rodents were referred to the Environmental Division for rodent bait. During this past year, 18 occupants reported that they had rats in their homes, and 292 occupants reported that they had mice in their homes.

Objective #6: Increase the proportion of persons who live in homes tested for radon from less than 5% to 20%. The majority of the people we saw did not know what radon is. We provided education, literature, and information about ordering radon detectors at all homes. Thanks to the NYSDOH, we were able to provide 46 radon detectors to residents.

Goal: To reduce the number of residential fires, related injuries and fire deaths

Objective #1: Reduce residential fire deaths to no more than 0.6 per 100,000 people. (Baseline: 1999-2001 in Niagara Falls 1.8 per 100,000). There were 2 fire deaths during FFY 2006. One fire was the result of careless smoking; the other was of undetermined origin.

Objective #2: Increase to 100% the presence of functional smoke alarms to at least one on each habitable floor of all inhabited residential dwellings. We made corrections at 639 homes that did not have functional smoke detectors on every floor with living space and 632 homes that did not have functional smoke detectors that were audible from each sleeping space. Corrections were made to smoke detectors in 169 common hallways of multi-dwelling buildings. Corrections were made at 74 homes during revisits.

Objective #3: Reduce by 95% the number of heating and electrical hazards identified during home visits. This includes overloaded circuits, excessive use of extension cords, frayed cords, unsafe space heaters, missing outlet cover plates, inappropriate use of cooking stove for heat, etc. When necessary, owners were notified to make corrections. There were 79 homes that were noted as having electrical hazards. Corrections were made at 36 homes at the time of the initial visit. The remaining problems were addressed with or brought to the attention of property owners.

Objective #4: Practice EDITH (Exit Drills in the Home) with at least one resident at each dwelling during home visits. Sample plans were reviewed and left at each household visited.

Objective #5: Provide 100% of residential dwellings with a listing of emergency phone numbers. Lists were provided during visits and left at the doors of residents not at home. A telephone directory with useful phone numbers and emergency numbers was provided at each home visited. Directories were also left at homes where no one answered the door.

Objective #6: Provide Verizon LifeLine applications to residents at 100% of the homes that are visited that do not have telephone service, allowing residents access emergency help. During this year there were 25 homes that reported that they did not have telephone service. All were referred to Verizon LifeLine and were given applications for the service.

Goal: To reduce the health effects of tobacco

Since this goal was added mid-year, the objectives pertain to the numbers that were reported during the last 2 quarters of FFY 2006.

Objective #1: While completing door-to-door outreach, tabulate the number of households where someone smokes.

There were 366 homes where it was noted that at least one resident smoked. There were 1,084 people who lived in these homes, including the smokers. Of the 1,084 people, 399 were children ages 18 and under.

Objective #2: In households where someone smokes, total the number of smokers.

Although the exact number of smokers in each household has not been tabulated since we started using new forms in 2003, we can estimate the number of smokers based on previous findings. From 2000 to 2003 we did count the number of smokers, 3,346 who resided in 2,487 households. From those figures, we found on average there were 1.35 smokers per home where someone smoked. We did resume the practice of counting the number of smokers in each household on July 28th this year. Of the 285 homes visited between July 28th and September 30th of this year, there were 176 smokers. The information pertaining to this was included in the data that was sent electronically.

Objective #3: Increase the number of households that take the Smoke Free Home Pledge.

All the homes with smokers were provided with information. Smokers who lived alone were least interested in this. Of the homes with smokers, 119 agreed to making their homes smoke free. This included the homes where 179 children lived. Unfortunately, another 220 children lived in homes where adults did not take the smoke free home pledge.

Objective #4: Increase the number of smokers who realize the risks of smoking in bed and have a smoke detector in the bedroom.

All occupants were advised of fire hazards including smoking. In some cases smoke detectors were installed within 10 feet of sleeping areas, which may or may not include smoke detectors that were actually in bedrooms. During this quarter there were 213 homes with smokers where smoke detector deficiencies were corrected to make sure all the residents in the homes had functional smoke detectors that were audible from each sleeping space.

Objective #4a: Increase the number of smokers who have batteries in the smoke detector in their bedrooms.

Of the 213 homes with smokers listed in Objective 4, 74 homes received a total of 221 batteries and 129 homes received 190 smoke detectors. It should be noted that some homes required more than one battery or smoke detector, or a combination of both, to correct all smoke detector deficiencies.

Objective #5: Measure the carbon monoxide level in each home with smokers.

Carbon monoxide levels were checked at 211 homes with smokers.

Objective #5a: Increase the number of smokers who have a carbon monoxide detector in their home.

One carbon monoxide detector was provided during this 6 month period; additional co detectors have been purchased for distribution this fall and winter.

Objective #6: Tabulate the number of smokers who have a high school diploma or GED and tabulate the number of referrals to Continuing Education.

When making home visits, we have been tabulating this information based on the respondent rather than the smoker. This could be changed for future reporting.

Objective #7: Tabulate the race/ethnicity of smokers in the target area.

The majority of the homes we visited were classified as either white or black. During April-June, 92 of the 197 homes classified as white had at least one smoker (47%) and 67 of the 118 homes classified as black had at least one smoker (57%). During July-September we looked at the total number of household with smokers, 47% were classified as white and 36% were classified as black. There are various ways this could be counted based on the data that was submitted electronically. It should also be noted that some homes had combinations of different races or ethnicities. Since we had been reporting the race/ethnicity of the respondent, it may not match that of each smoker in a household. This will be remedied for future reports.

Objective #8: Total number of referrals to a quit smoking program.

Materials were obtained from the Erie Niagara Tobacco Free Coalition to share at homes with individuals that smoked. These materials were included in packets of information that were distributed at all home that were visited. In some cases occupants were glad to have the materials because they wanted to quit smoking, and others wanted the materials to help parents, friends or family members quit smoking. There were 376 homes where occupants were referred to the quit smoking helpline, 1-866-NYQUITS.

Objective #9: Reduce by at least 50% the proportion of non-smokers exposed to environmental tobacco smoke (ETS) in their homes.

There were a total of 1,084 occupants including the smokers living in the homes of smokers visited initially during April - September. Of the 1,084, 399 were children age 18 or under. Adults in the homes of 179 children agreed to take the smoke free home pledge.

Objective #10: Participate in a “Kick Butts Day” outreach event.

With the help of the Erie Niagara Tobacco Free Coalition, our program staff participated in a Kick Butts Day event that was held in April. Give away materials and banners that were used at the event have been used at other outreach events.

BARRIERS

Barriers that were encountered during this quarter remained consistent with those from the past quarters.

- ◆ *Mental Health* - It is unfortunate, but many of the individuals we see are dealing with issues that appear to impact their motivation, priorities, expectations, ability to cope, and their quality of life in general. Alcoholism, drug addiction, dysfunctional families, abuse, and depression seem to be prevalent in the neighborhoods we have targeted. We have been able

to make successful referrals in some cases, but others still present challenges that will undoubtedly remain unresolved. Unfortunately, this may be the most discouraging barrier that our program personnel face.

- ◆ *Smoke detectors* – We still encounter problems related to the age of most of the buildings in our target areas. Many of the older homes have high ceilings. If the homes have smoke detectors, many of the residents are not physically able to climb a ladder to check the smoke detector, or they do not own a ladder. We can correct the situation while we are there, but it is difficult for many of the residents to maintain their smoke detectors after we leave. We have found that if we hang a detector on the wall by a nail or screw rather than mounting it on the ceiling, it is easier for some people to get it down, replace the battery, and put it up again. We do this for people who would have a hard time reaching the detector. We still mount them on the ceiling for others. We have also tried smoke detectors with 10 year lithium batteries to avoid this problem. Unfortunately, we have had problems with these and have had people call us to complain that they are chirping after only a few months of use.
- ◆ *Telephones* – Initially our program found residents who did not have telephones. Over the years this has seemed to improve with the availability of cell phones, although these can be a source of a number of problems too. If a resident leaves the house with a cell phone, others at home could be left without any means to communicate in case of an emergency. Also, cell phones require electricity to charge. With a power outage, people could be left without the ability to charge their phones. We still have Verizon LifeLine Service applications (discounted telephone service for disabled, etc.) that we still give to residents who may qualify for the program. Unfortunately, if the occupant has an outstanding bill with Verizon, they will not be eligible for this program.
- ◆ *Revisits* - When attempting to make 90-day revisits, asthma revisits, or other follow-up visits, we have found that many residents have moved, or in a few cases, have died.
- ◆ *Deteriorating paint* - We frequently find homes with some degree of peeling or deteriorating paint, even if it is not a sufficient quantity to be counted as a "yes" on the inspection form, information is provided to the occupants. Although we can address this issue with the owners of rental properties, some homes are occupied by the owners.

SAFETY PRODUCTS

Since the beginning of our program, we have provided a number of safety products and give away items to residents in the community. During initial visits conducted during this year we provided 682 smoke detectors, 475 batteries, 94 furnace filters, 47 electrical cover plates, 67 fire extinguishers, 7 vent cover kits, 30 sticky/ant traps, 32 fuses, 8 carbon monoxide detectors, 106 mouse traps, 283 pillow covers, 27 mattress covers, 264 shock stops, 25 packages of fly strips, 44 radon detectors, 665 toothbrushes, 53 t-shirts, 686 first aid kits, 223 flashlights, 1,148 single use thermometers, and 188 buckets filled with cleaning supplies - sponges, all-purpose cleaner, gloves, garbage bags, spray bottles, coloring books, crayons, and written cleaning instructions.

During revisits we provided 44 smoke detectors, 80 batteries, 71 pillow covers, 6 mattress covers, 8 cleaning kits, 2 fire extinguishers, 30 first aid kits, 5 flashlights, 19 vent cover kits, 2

dust wipes, 10 mouse traps, 16 toothbrushes, 3 furnace filters, 8 shock stops, 2 radon detectors, 9 fuses, 52 single use thermometers, and 11 electrical cover plates.

Additional items were provided at outreach events. These included smoke free items such as t-shirts and water bottles, cookbooks, diabetes educational materials, coloring books and crayons, our Healthy Neighborhoods Program materials, and any other items we acquired from various agencies and programs.

SUMMARY

Our program accomplished much during this past year and we look forward to the challenges and achievements we are anticipating in the future. We appreciate the funding that has been provided by the New York State Department of Health.

PUBLIC HEALTH NURSING DIVISION

The Nursing Division of Niagara County Health Department (NCHD) provides professional services to Niagara County residents both in their homes and at clinic settings. Through health promotion, health maintenance and disease prevention, our goals are to achieve and maintain a high level of wellness in the community. To achieve these goals, we offer a multitude of programs that are divided into four areas administered by professional staff and supported by supervisors, clerical, a billing office and administrative personnel.

The nursing division is an active participant in the county's emergency preparedness planning efforts. The staff is kept updated by training sessions, teleconferences and audio conference calls. Our main emphasis has been on pre- and post-event planning and training. All staff has been trained in the ICS100, NIMS IS700, Project Public Health Ready Survey and Test Part II. All supervisory staff has completed ICS200. Nursing division staff members attend the Health Emergency Alert Response Team (HEART) monthly meetings.

Quality and community service are integral elements that are incorporated into all aspects of the agency. Patient outcomes and adverse events are used to measure quality. The Center of Medicare and Medicaid Services (CMS) publishes a comparison list of all Home Health Agencies in the United States. It compares us against a state and national percentage. Internally, patient outcomes and adverse event statistics are derived from clinical and functional data collected by the nurse and therapist on admission and at regular intervals during care. Record audits take place twice monthly for home care patient charts and on a rotating basis for prevention program records. On a quarterly basis, charts of home care patients with therapies are audited.

Telehealth is a service provided to the residents of Niagara County on a daily basis, Monday through Friday during regular business hours. Professional nurses who answer medical and informational inquiries man the Telehealth desk. They also direct people to resources in the community where their specific needs might be better met.

Our Speakers Bureau has a varied list of topics which staff presents to interested agencies in the community. This continues to grow every year.

Patient Review Instrument (PRI) and Screening is a skilled nurse evaluation performed by trained/certified nurses by referral from residents in the community or DSS. Clients are screened to determine their care level and eligibility for nursing home placement.

The NCHD nursing division works as a liaison agency with the Niagara County Department of Social Services (DSS). On a quarterly basis our home care nurses make home visits to all DSS clients receiving personal care aide services. They do a home evaluation, assess the client, review medications, and assess the personal care aide's plan of care. The nurse completes a skilled nurse report and a DSS abstract. The findings and recommendations are reported back to DSS in writing.

HOME CARE

Certified Home Health Agency (CHHA)

The Certified Home Health Agency (CHHA) provides home care to clients who are recovering from acute illnesses. The CHHA provides skilled nursing services, including wound care, infusion therapy, professional therapy services and home health aide services. Clients continue to need increasingly more complicated home care services for treatment of conditions that previously were provided strictly in the acute care setting. This requires nurses and therapists to possess both excellent technical as well as case management skills. Documentation requirements for home care services continue to consume much of the professional staffs' time.

The home care clients are primarily Medicaid and Medicare recipients, along with third-party payers and a minimal number of private-pay clients. The Medicare prospective payment system, or PPS, is based on a 60-day episode and includes all services and medical supplies required for the client. Reimbursement is at a capitated rate that is determined by the client's clinical severity, functional status, and service utilization.

The nursing division is able to provide public health visits under the auspices of the CHHA, provide back-up nurses for public health emergencies and assume a role with the occurrence of a natural emergency or bioterrorist event.

Long Term Home Health Care Program (LTHHCP)

The LTHHCP, also known as the "Nursing Home Without Walls", provides nursing home level care to disabled, chronically ill, invalid and medically eligible clients by providing a spectrum of professional and paraprofessional health care services in the home setting. The program's flexibility and cost-effective focus allows clients' care to be carefully matched to their needs. The coordination of all aspects of care for clients with diverse, complex and chronic health conditions make the Long Term Home Health Care Program unique.

The LTHHCP's services are comprehensive enough to permit this population to live safely and independently at home. The LTHHCP and local departments of social services jointly assess the client's medical condition, and determine their eligibility for the program. A professional nurse develops the client's plans of care after a home evaluation, based on their needs and with the help of the client and his or her family. Through skillful management of a client's care, involvement of family and other informal caregivers and an emphasis on the client's independence and autonomy, costs under this program have consistently been about half to three-quarters the cost of comparable levels of institutional care.

Briarwood Manor Assisted Living Facility Contract

NCHD provides home health care services to its residents on a non-exclusive basis. Services are provided as prescribed by the physician's plan of care on a part-time, as needed basis to fulfill the requirements of the agreement to residents at Briarwood Manor. Services are provided directly by NCHD through duly qualified employees. In the event that NCHD shall provide any such services through subcontracts with third parties for any such services,

NCHD will have full responsibility to ensure that only quality services are provided through such subcontracts. Services shall include but are not limited to skilled nursing, physical therapy, occupational therapy, speech/language pathology, supplies for Medicare PPS clients, PRI's, assistance with ALP care plan and home health aide services for Medicare PPS clients as needed.

Medicaid Obstetrical Maternal Services (MOMS)

There had been a continued decline in this program due to mandatory enrollment of pregnant women in Medicaid HMOs. In 2005, we had only six MOMS patients on service. Through six months of 2006, there were none.

The last few referrals received were primarily based on our ability to help clients get Medicaid rather than on their actual health needs. Niagara Falls Memorial Medical Center offers support two days per week to anyone needing assistance in applying for Medicaid, Child Health Plus or Family Health Plus.

The MOMS Program was terminated in July. We will continue to provide care to high-risk pregnant women in our Certified Home Health Care program. This would apply to all pregnant women in need of home care, whether they have Medicaid, private insurance or no insurance.

PREVENTION PROGRAMS

Immunization Program

The goal of this program is to prevent the occurrence and transmission of vaccine-preventable diseases by ensuring the delivery of vaccines to children and adults. Required vaccinations are provided free of charge to children under the age of nineteen. Upon request, the nursing division provides immunizations, for a fee, to all individuals nineteen and older upon request. Promotional clinics are held throughout the year, which include kindergarten round up and ABCD Headstart.

Influenza clinics are offered during flu season at various sites throughout the county. When requested by the physician, a nurse will visit a homebound patient in their home to administer the flu vaccine.

Pneumococcal vaccine is available year round in public clinics.

The travel/adult immunization clinic provides immunizations to adults for occupational requirements, school or travel. Immunizations and health information is available for travelers of all ages. This is a fee-for service clinic.

Assessment, Feedback, Incentive and Exchange (AFIX)

Formerly known as Provider Based Immunization Initiative (PBII), this program took on a new name across New York State. The purpose of AFIX is to conduct assessments, reassessments, and follow-up visits with private health care providers for the purpose of assessing immunization rates and the standards of pediatric immunization practices. By

educating physicians and their staff, we hope to improve immunization practices. There is cooperation with our Childhood Lead Poisoning Prevention Program to make joint AFIX visits to discuss lead screening and testing for 1 and 2 year olds while at the physician's office for routine visits.

Partners in Health Systems (Healthy Shots)

The Healthy Shots program establishes a working relationship between NCHD and Partners in Health Systems to eventually establish a statewide computerized immunization system and registry for all physicians. Mt St. Mary's Neighborhood Clinic of Niagara Falls, ABCD Headstart and several physicians in Niagara County are currently enrolled in this project. In addition the registry allows us to computerize our immunization records and provides a variety of reports. Health Systems provides technical support and quarterly user group meetings.

Child Health Promotion Specialists

This program is a nationwide initiative to encourage one-on-one partnerships for health and safety in childcare settings based on individual agreements between health professionals and child care providers. Child Health Promotion Specialists provide consultation, which involves assessment and teaching about health care, child development, and safety issues. The child care specialist will help child care providers to develop an action plan to remedy any hazards in the child care setting, clarify local health and safety policies, compare immunization records with state regulations, offer telephone consultation, link children, families or staff with local primary care providers or community resources. Our ultimate goal is to prevent harm and promote optimal health in childcare programs. Nurses have attended the intensive 6-day training to become Child Health Promotion Specialists.

Medication Administration Training (MAT)

A trained/certified public health nurse teaches a mandatory 9-hour training session for appropriate staff from child daycare centers. The training was in response to a need to prepare childcare facilities with the certification necessary for compliance with a state regulation to standardize medication administration in preschools and childcare facilities throughout New York State. The regulation affects all childcare providers that participate in medication administration including large daycares, home based daycares, small daycares, childcare sites for school-aged children and Head Start programs. This program remained ongoing in 2005 for anyone still needing or requesting the training. The course is the only such course approved by the Office of Child and Family Services, the agency that regulates daycare operations throughout New York State.

Childhood Lead Poisoning Prevention Program

The program ensures that all children have access to lead screening. Children with high lead levels receive coordinated care to ensure that medical, educational and environmental services are provided. The lead nurse for the program sends out letters and visits physicians' offices to educate staff and continually emphasizes the importance of testing all children at 1 and 2 years of age. She conducts presentations and education in the community on a regular basis by attending

such sites as Center for Young Parents, WIC, Mothers of Preschoolers (MOPS), day care facilities and health fairs. She also collaborates with the Healthy Neighborhood Program to evaluate children's lead testing status.

Tuberculosis

This program uses early detection, targeted testing and treatment, and directly observed therapy to combat the emergence of a TB epidemic in Niagara County. Our goal is to make people aware of the signs and symptoms of Tuberculosis and to implement immediate isolation, evaluation and treatment of suspected TB cases to decrease transmission to others. This program also holds a monthly clinic at the county jail to meet the needs of the incarcerated population. The TB program provides evaluation and preventive medication to individuals with a positive TB test. Dr. Norman Fiorica continues as the attending physician at the Tuberculosis clinics. Upon request, TB program staff teaches PPD administration and reading to other agencies.

Sexually Transmitted Disease Program (STD)

In 2006, we resumed our previous schedule of clinics being held only two days per week, Monday and Wednesday.

During clinics, the nursing staff test and treat sexually transmitted diseases. Counseling and testing for HIV are also offered. Clinics are held in the Trott Access Center in Niagara Falls. The STD clinic continues to operate with laboratory technicians from the Erie County Health Department present at all clinics. They confirm some test results on site and others are followed-up at the Erie County laboratory. The focus is to prevent and control sexually transmitted diseases by providing appropriate counseling, testing and follow-up. Dr. R. Keith Felstead remains the attending physician for the STD clinic.

Communicable Disease

Surveillance and follow-up continues to expand as more diseases become reportable. Morbidity reporting and gathering, compiling and interpreting data and statistics for all communicable diseases reported in Niagara County continues to be a full-time job. The electronic state reporting system has greatly improved our efficiency. Community education continues to be a vital component of the Communicable Disease Program.

Summer Camp Health Consultation

Our 2006 summer camp health consultation services offered to Niagara County children's day camps continues to grow. Each day camp must have a trained and qualified camp health director. This person, or a designee, would be responsible for on-site medical care and would be trained in CPR and first aid. Some camps were also required to have a camp health consultant to act in an advisory role to the camp health director. A public health nurse was assigned to provide this service and her duties included, but were not limited to, being available during camp hours of operation, making a daily phone call to the camp and assisting if needed in reviewing health and immunization records. She also reviewed all accident or illness reports to determine how they were handled and made sure they were documented on a medical log.

Refugee Program

The Riverside Blackrock Family Care Center (RBFCC) continues to do all initial assessments and health evaluations. The main population served in this area is of Russian ethnicity. The RBFCC has a Russian-speaking physician on staff and they will continue to serve these families on-going in their practice. We will continue to follow up on reportable communicable diseases identified from their health assessment. We will provide immunization services to children and adults through the VFC and Adult Immunization clinics, lead testing, and agency referrals as requested. NYSDOH will continue to contact the NCHD with timely notification of refugee arrivals.

Migrant and Seasonal Farm worker Health Program

Through a grant with Niagara Falls Memorial Medical Center we are attempting to reduce the barriers that discourage migrants from obtaining care such as inconvenient hours, lack of bilingual staff and lack of transportation. We provide immunizations, lead screening, health education, referral and follow-up as needed.

Respectfully submitted,

Wanda Smiley
Director of Patient Services

NURSING DIVISION ACTIVITIES

CERTIFIED HOME HEALTH AGENCY (CHHA)

Total CHHA visits are as follows:

	<u>2004</u>	<u>2005</u>	<u>2006</u>
Nursing	8,355	6,638	7,344
IV visits included	560	421	639
TB/DOT visits included	187	238	768
	4,565	3,419	3,608
<i>Home Health Aide</i>			
	0	3	0
<i>Personal Care Aide</i>			
	1,593	1,304	1,636
<i>Physical Therapy</i>			
	212	209	266
<i>Occupational Therapy</i>			
	106	48	80
<i>Speech Therapy</i>			
	45	30	28
<i>Medical Social Worker</i>			
Client caseload at end of year	137	94	97
Unduplicated patient count:	803	598	618

LONG TERM HOME HEALTH CARE PROGRAM (LTHHCP)

Total LTHHCP visits are as follows:

	<u>2004</u>	<u>2005</u>	<u>2006</u>
Nursing	3,555	3,766	3,765
	18	86	68
Home Health Aide	7,363	8,113	8,826
Personal Care Aide	6,102	5,369	4,763
Physical Therapy	737	1,121	1,041
Occupational Therapy	113	279	320

Speech Therapy	107	202	101
Medical Social Worker	481	521	603
	53	27	40
Lifeline	466	505	574
Respiratory Therapy	0	7	11
Client caseload at end of year	105	108	106
	105	139	187

CHHA-MOMS

A total of 51 clients were visited through the CHHA-MOMS program in 2006 with 114 billable visits and 17 ineffective visits. Throughout 2006, there was an unduplicated census of 49 clients and at year end there were 8 clients enrolled in the program.

MEDICAID OBSTETRICAL MATERNAL SERVICES (MOMS) PROGRAM

There were 26 home visits to 9 clients in the MOMS program in 2004 and 20 home visits to 6 clients in 2005. Referrals for the MOMS program continued to decline in 2006.

Due to the decline in referrals and because assistance in applying for Medicaid, Child Health Plus and Family Health Plus is being offered at Niagara Falls Memorial Medical Center, the MOMS Program was terminated in July, 2006 after only one ineffective visit was made.

DSS AIDE EVALUATION VISITS

	<u>2004</u>	<u>2005</u>	<u>2006</u>
Unduplicated DSS Patient Count	*	*	372
Total Visits	1,195	1,093	1,130
Billable Visits	*	*	1,057
Non-Billable Visits	*	*	73
DSS Patient Caseload at end of year	*	*	361

* Numbers not tracked prior to 2006

PRI/SCREEN VISITS

	<u>2004</u>	<u>2005</u>	<u>2006</u>
Unduplicated PRI/Screen Patient Count	*	*	22
Total Visits	52	48	29
Billable Visits	*	*	23
Non-Billable Visits	*	*	6

* Numbers not tracked prior to 2006

IMMUNIZATION PROGRAM

NCHD offers all recommended and required adult immunizations in our monthly clinics to adults 18 years and up. We routinely continue to serve adults who need specialized or routine vaccines for work or travel that their physicians do not provide. We will also make special arrangements to have a client come to the office on off clinic days to meet their needs for required vaccines. A consultation visit is completed with travelers during the office visit to discuss all issues related to their trip.

The following is a summary of the different clinics offered through the immunization program:

	<u>2004</u>	<u>2005</u>	<u>2006</u>
Adult/Travel Clinics	23	23	23
Attendance	369	274	281
Immunizations given	479	361	366
PPDs given	-	-	40
Special Clinics (Off Clinics)	3	12	12
Attendance	26	73	50
Immunizations given	27	62	49
PPDs given	---	30	21 Including staff

CHILDRENS' IMMUNIZATION CLINICS

NCHD offers all required and recommended immunizations to children from six weeks of age through 18 years of age. The vaccines received from the NYSDOH Vaccines for Children (VFC) program are provided free of charge to all children who attend the clinic. Referrals are made to

Early Intervention as needed and we also inform clients of the WIC program and Child Health Plus and Family Health Plus insurance availability. Due to decreasing appointments at the DeGraff Memorial Hospital immunization site, all clinics at that location have been cancelled.

NCHD started offering the new HPV vaccine at our clinics in December and have received a good response to the vaccine. Due to new requirements for two doses of Hepatitis A and Varicella vaccine, our clinic attendance has increased and the number of immunizations has also increased. Our goal is to make sure all children are immunized with all the required and recommended vaccines at the time of their visit. This will help to meet the Healthy People Year 2010 goal of 90% coverage level for two year olds for 4-3-1-3-3 (4 DTap, 3 Polio, 1 MMR, 3HIB and 3 HepB).

The following are statistics for the Children's Immunization Clinic:

	<u>2004</u>	<u>2005</u>	<u>2006</u>
Attendance	94	490	512
Number of clinics held	17	33	29
Immunizations given	210	811	1,106

Statistics for the Children's Immunization Clinic (continued):

	<u>2004</u>	<u>2005</u>	<u>2006</u>
Special Clinics (ABCD Daycare)	*	*	3
Attendance	*	*	51
Immunizations given	*	*	54
PPDs given	*	*	6
Referred to Child Health Plus	147	92	25
Referrals to WIC program	9	0	5
Finger stick lead tests completed	26	36	28

* Numbers not tracked prior to 2006

IMMUNIZATION GRANT

NCHD Immunization Program staff actively participates in the Western New York Adult Immunization Coalition (WNYAIC) and in the Western New York Pediatric and Adolescent Immunization Coalition (WNYPAIC). Beverly Lawler, PHN serves as co-president for the WNYAIC. The immunization grant also provides funding to the Adult Coalition. Beverly is also on the WYNAIC planning committee. They will be hosting a CDC sponsored immunization conference in May, 2007.

The Immunization Program staff attended 33 inservice programs in 2006. A new clerical support staff member was hired in July due to the transfer of the former secretary. She continues to be trained in all aspects of the immunization program.

There was a new CoCasa program initiated in the spring of 2006. The PBIs (Provider Based Immunization Initiative) will now be known as the AFIX (Assessment, Feedback, Incentive and Exchange) visit. Due to timing of the new program and program training, there were no AFIX visits made in 2006.

Our clinic rate for October 2006 for 4-3-1-1-1 was 81.3% and for 4-3-1-3-3-1 was 81.3%. We continue to offer all required immunizations to children in our clinics and continue to enter all consented children into the HealthyShot Program.

INFLUENZA (FLU) CLINICS

There were 1400 doses of flu vaccine ordered for the 2006-07 flu season. We received 300 doses of the vaccine in September and then did not receive the rest of the order until the end of November. Once we received the initial order in September, flu clinics were planned. A clinic was held at Briarwood Assisted Living Facility as we have a contract with them to provide flu vaccine to their residents and staff annually. We also immunized NCHD Nursing Division, Environmental Health and Children with Special Needs Program staff. The flu vaccine was also offered to our home care patients.

Once the final shipment of the vaccine was received, further clinics were planned in December. Due to the fact that we received the balance of the order at such a late date, attendance at clinics was low. Other healthcare providers had previously held clinics in October and November and many residents had already received their flu shot.

Niagara County physicians were contacted in early December to see if they needed any of the free flu vaccine being offered by the NYSDOH. As a result, NYSDOH provided us with 1,000 doses of the vaccine to distribute to the physicians requesting it.

NCHD continues to offer flu vaccine in our adult immunization clinic and stress that it is not too late to receive it. Further clinics are scheduled into 2007. As part of a NYSDOH study, we are also using a tracking survey form to identify the number of high-risk individuals visiting public flu clinics.

Statistics for Flu clinics are as follows:

	<u>2004</u>	<u>2005</u>	<u>2006</u>
Public flu clinics held	21	19	12
Flu shots administered	2878	1503	707
Pneumonia shots administered	*	*	72

VFC Clinics			
Whole flu shots administered	*	*	51
Split flu shots administered	*	*	35
Immunization clinics			
Flu shots administered	*	*	34
Pneumonia shots administered	*	*	7
Off Clinics			
Nursing Division Staff	*	*	23
Environmental Division Staff	*	*	17
Children w/Special Needs Division Staff	*	*	10
Administration Staff	*	*	3
Home Care patients	*	*	17
Pneumonia shots administered	*	*	9

* Numbers not tracked prior to 2006

CHILDHOOD LEAD SCREENING AND PREVENTION PROGRAM

Children from six months through five years of age with elevated lead levels are followed. A total of 48 children were newly identified. Eight (8) of these children entered our case management program (for children with levels greater than 19mcg/dl). All others received either a one-time educational visit and/or mailings of educational information and “testing due” letters.

Letters and lead poisoning packets were mailed to all pediatricians and family practitioners in Niagara County.

Our lead poisoning program participated in a LeadConnections symposium in Buffalo in October, attended WIC sites monthly, provided staff training to childcare and medical office personnel and displayed at several Health Fairs. We serve on the Health Services Advisory Committees of ABCD Headstart and Niagara County Headstart. We attend meetings of the WNY Lead Poisoning Coalition and the WNY Pediatric and Adolescent Coalition.

Fingerstick lead testing was performed in NCHD immunization clinics and at ABCD Headstart. A total of 75 tests were done.

	<u>2004</u>	<u>2005</u>	<u>2006</u>
Number of children carried in the program	189	198	216
<i>Cumulative active cases</i>			
Number of children newly identified to have			
Elevated lead levels (equal to or above 10mcg.)	35	41	48
Home visits	38	49	65
Number of chelations	0	0	0
Number mobilizations	0	0	0

MEDICATION ADMINISTRATION TRAINING (MAT)

SUNY MAT (Medication Administration Training) classes are offered to childcare providers. SUNY provides vouchers for cost reimbursement. Four (4) nine-hour classes were held in our Niagara Falls office or in daycares in Niagara County.

The following is a breakdown of the facility type and number of providers receiving Medication Administration Training:

	<u>2004</u>	<u>2005</u>	<u>2006</u>
Daycare Center Staff	37	14	13
Group Family Daycare Staff	15	1	0
School Age Program Staff	12	4	3
Family Daycare Staff	3	0	0

OFF-SITE CAMP HEALTH DIRECTOR SERVICES

In 2006 we provided services of Off-site Camp Health Director for five Niagara County summer camps. Services were provided as follows:

- Review of camp safety plan and emergency protocol
- Review of emergency equipment
- Review of campers' medical history and immunizations as needed and individual health care plans for children with special needs
- Daily phone or e-mail contact to determine general health status of campers and provide answers to on-site Camp Health Director's questions
- Review of accident/injury reports
- To be available by phone/pager during hours of camp operation.

TUBERCULOSIS PROGRAM (TB)

The TB program is held once a month in Niagara Falls at the Trott Building and once a month at the Niagara County Jail. Clients are evaluation for latent TB infection. The TB clinic director, Dr. Norman Fiorica, assesses x-rays and determines who is eligible for preventive treatment. An average of 6-8 inmates is seen at the jail each month.

As of 11/17/06, all suspect cases that are started on TB medication are placed on directly observed therapy (DOT) until identified as otherwise and opened as active TB cases. They are investigated as positive for TB until there is validation that there is no TB diagnosis.

The following statistics illustrate the clinic activities:

	<u>2004</u>	<u>2005</u>	<u>2006</u>
Tuberculosis cases	1	2	4
	3	2	6
<i>Suspect cases</i>			
Tuberculosis clinics	24	24	23
New visits to clinic	65	70	83
X-rays taken	10	25	10
Tuberculin tests	113	500	24
Positive	25	27	3
HIV tests	21 all neg.	15 all neg.	5 all neg.
Patients on DOT	1	2	9

SEXUALLY TRANSMITTED DISEASE (STD)

STD clinics were held Mondays and Wednesdays in 2006. Hepatitis A, Hepatitis B and Twinrix vaccines are administered at STD clinics upon request only. The vaccine is provided by NYSDOH at no charge to the county or the client.

All clients are surveyed regarding their risk of contracting Hepatitis C. Because Hepatitis C testing is very costly, only high-risk clients are tested. Clients are considered high-risk based on their individual history, such as a partner or household contact that has tested positive for Hepatitis B or C, the individual themselves is Hepatitis B positive or has a history of past or present use of intravenous drugs.

Staff from the STD program participated in the National HIV Testing Day again in 2006. Testing for this national event took place during two of our regularly scheduled clinics. Rather than holding special testing at off-site locations, staff from Men of Color Health Awareness (MOCHA) staff was on hand to assist with outreach and education for clients.

The following is a summary of STD clinic statistics:

	<u>2004</u>	<u>2005</u>	<u>2006</u>
	99	123	98
<i>Number of clinics</i>			
# Of males attending clinics	1,164	1,154	878
# Of females attending clinics	569	555	500

The following is a summary of STD clinic activity:

	<u>2004</u>	<u>2005</u>	<u>2006</u>
Attendance at clinics	1,733	1,709	1,378
Chlamydia cases (CT)	215	158	114
Gonorrhea cases (GC)	71	57	51
Human Papilloma Virus cases (HPV)	84	105	102
Non-Gonoccal Urethritis cases (NGU)	208	216	247
Syphilis cases	1	0	2
Trichomatis cases (Trich)	38	56	24
HIV tests done	656	704	602
Positive results	2	3	2
Confidential HIV tests	652	703	599
Anonymous HIV tests	4	1	3
Hep C tests done	516	25	48
Positive results	13	3	1
Hep A vaccine administered	14	17	10
Hep B vaccine administered	328	182	103
Twinrix vaccine administered	43	38	33
# Of individuals tested during National HIV Testing Day	84	33	19

The number of Hepatitis B vaccines administered has decreased as school requirements for Hepatitis B was changed. The New York State Department of Health now requires all children to have the Hepatitis B vaccine series before entering school. At this point, all 18 year olds and younger were mandated to be immunized. Those 19 and older still continue to be immunized at STD clinic.

COMMUNICABLE DISEASE AND SURVEILLANCE

New York State requires physicians, hospitals, laboratories, and clinics to report certain diseases to the local health unit. Niagara County Communicable Disease program investigated 87 more confirmed cases than in 2005(not including Chlamydia and gonorrhea), and investigated 68 more cases of animal bites requiring PEP than in 2005. During 2006 the Nursing Division conducted

surveillance and follow-up on the following diseases that were reported to Niagara County department of Health:

Amebiasis: 1 case investigated. A 10 year old with a travel history outside of the United States.

Campylobacteriosis: 20 cases were investigated, the ages ranged from 11 months of age to 85 years old. Five (5) of these individuals required hospitalization. Four (4) individuals reported travel outside of the United States within 2 weeks prior to the onset of symptoms. All cases recovered.

Chlamydia: 728 cases were investigated. This number includes reports received from physicians, emergency rooms, laboratories and clinics (including Niagara County STD clinic).

E.coli 0157:H7: 5 cases were investigated. Ages ranged from 3 years of age to 53 years of age. 1 case was linked to the Spinach outbreak. 2 of the cases developed hemolytic uremic syndrome and 1 of these cases required dialysis. 3 of the cases required hospitalization and another 2 of the cases were evaluated in the emergency room. 1 case was pregnant.

Giardiasis: 17 cases were investigated with an age range of 6 months of age to 61 years of age. None of these cases required hospitalization. 4 of the cases reported travel out of the state and an additional 6 cases reported travel out of the country. All cases recovered.

Gonorrhea: 249 cases were investigated. This number includes reports received from physicians, emergency rooms, laboratories and clinics including the Niagara County STD clinic.

Haemophilus Influenzae: 2 cases of type B were investigated. The ages of these 2 cases were 38 years of age and 64 years of age. Both cases required hospitalization and 1 case died. 25 contacts were prescribed prophylaxis. There were 3 cases of non-typable with ages ranging from 30 years of age to 94 years of age. All of these cases required hospitalization. 1 case resided in a long-term care facility. 1 case of type F was identified in an 85 year old.

Hepatitis A (acute): 1 case was investigated in a 38 year old who required hospitalization. Three (3) contacts received the Immunoglobulin and were vaccinated. Additionally there were four (4) other individuals who were contacts of an out of county confirmed case and received the immunoglobulin.

Hepatitis B (acute): 1 case in a 92 year old who required hospitalization and recovered.

Hepatitis B (chronic) 2 new cases identified and investigated.

Hepatitis C (chronic): 65 new cases identified.

Legionellosis: 8 cases were investigated. Ages ranged from 47 years of age to 94 years of age. Two (2) of the cases died. All cases required hospitalization.

Lyme disease: 1 case was investigated, a 41 year old with a travel history.

Meningitis, aseptic: 6 cases were investigated, ages ranged from 33 days to 49 years of age. All cases required hospitalization and recovered.

Meningitis, unknown: 2 cases were investigated; ages were 27 years of age and 63 years of age. One (1) case refused testing but was symptomatic and was treated. The other case received antibiotics prior to testing and the testing showed no growth. The symptoms were consistent with meningitis.

Meningococcal: 1 case in a 16 year old who required hospitalization and recovered. Twenty nine (29) contacts received prophylaxis.

Pertussis: 12 confirmed cases and 3 probable cases were investigated. The ages ranged from 1 year of age to 61 years of age. None of the cases required hospitalization and all cases recovered

West Nile Virus: 1 case was investigated, a 62 year old that was hospitalized and recovered.

Salmonellosis: 22 cases were investigated. Ages ranged from 1 year of age to 85 years of age. Three (3) of these cases had PFGE patterns that are included in the Peanut Butter Outbreak. The following serotypes were identified: Seftenberg (1), Kentucky (1), Tennessee (3), Javiana (3), Minnesota (1), Enteritidis (4), Hadar (1), Typhimurium (5), Cerro (1), Schwarzengrund (1), and Newport (1). Seven (7) of the cases reported a travel history: 4 of the cases traveled out of the country, Two (2) of the cases traveled outside of New York State, and one (1) case traveled outside of Niagara County. Six (6) of the cases required hospitalization and two (2) of the cases were seen in the emergency room only.

Streptococcal Infection, Group A, Invasive disease: 4 cases were investigated. Ages ranged from 5 years of age to 71 years of age. Two (2) of the cases required hospitalization and two (2) of the cases were seen in the emergency room. All of the cases recovered.

Streptococcal Infection Group B, invasive disease, including early/late onset: 21 cases were investigated ranging in age from a newborn to 90 years of age. Group B strep was isolated from the following sources: blood (19), CSF (1), and joint fluid (1). One (1) case resulted in a stillborn. All of the cases required hospitalization. Four (4) of the cases were from Long Term care facilities. Two (2) cases died. Three (3) of the cases showed a resistance to Azithromycin, Erythromycin and Tetracycline. Two (2) of the cases that showed resistance were from Long Term Care facilities.

Streptococcus Pneumoniae (invasive disease): 29 cases were investigated. The ages ranged from 2 years of age to 87 years of age. Twenty six (26) of these cases required hospitalization and another three (3) of the cases were evaluated in the emergency room. There were no deaths. Twelve (12) of the cases had received the Pneumococcal vaccine, seven (7) of the cases had not received the vaccine and twelve (12) of the cases vaccination status were unknown. One (1) case had an intermediate resistance to Penicillin and one (1) case was resistant to penicillin.

Syphilis (including neuro, primary, congenital and early latent): 6 cases were investigated. Ages ranged from a newborn to 82 years of age. 1 case is deceased. 1 case was pregnant and delivered a stillborn.

Rabies Program: A total of 162 cases were referred to the Nursing division for evaluation for the Rabies Post Exposure Prophylaxis (PEP). Of those 162 cases 77 were recommended to receive the Rabies PEP. These cases involved exposure to the following animals:

Cat	14
Dog	12
Bat	27
Raccoon	13
Horse	6
Opossum	1
Rabbit	1
Groundhog	3

The following animals were reported as rabid, and the individuals who came in contact required PEP: Cat, groundhog, raccoon and horse.

One individual sustained a dog bite in India but was visiting in Niagara County and arrangements were made for the individual to receive the last dose of vaccine at a Niagara County Hospital.

Health Education Annual Report 2006

The Public Health Education program for the Niagara County Department of Health is staffed with one Public Health Educator. In 2006 the main focus of program centered around several granted initiatives regionally and county specific.

The Healthy Living Partnership of Niagara County provides breast, cervical and colorectal cancer screenings and treatment for uninsured and underinsured individuals. This program entails data and case management, which is provided through sub contracting with the Health Association of Niagara County, Inc. (HANCI). The Public Health Educator provides coordination of the program. In 2006 the Healthy Living Partnership of Niagara County was recognized by the New York State Department of Health Cancer Services Program for exceeding 324% of the screening goal for breast and cervical cancers and 110% of goal for colorectal cancer screenings. This resulted in a modest increase in funding for the program. The five-year grant cycle will end in 2007 and the Niagara County Department of Health plans to submit an RFA to continue its successful work in this area as well as partnering with HANCI, local hospitals and physicians.

The Public Health Educator also coordinates the Diabetes Prevention program, which is funded through a small grant from the Western New York Diabetes Prevention Coalition. This is a regional grant from the New York State Department of Health that is administered by the Erie County Department of Health. Through this program the Public Health Educator developed a Church Challenge Walking Program with assistance from Parish Nurses. Wellness committees were formed at some of the churches and weekly weights and blood pressures were monitored. Over 189 individuals participated in the program with significant changes in their weight and blood pressure numbers. Educational sessions were held to promote physical activity and healthy eating to prevent chronic diseases such as diabetes.

Another regional grant program was the Healthy Heart Worksite Wellness Program. A consultant was hired to fulfill the objectives of this grant, which include engaging four worksites in Niagara County with at least 100 employees in making environmental and policy changes that would encourage healthy behaviors. Some of the changes and activities that were made included vending machine choices, availability of health education resources/referrals, establishing worksite wellness committees and organizing walking programs. Through the grant funding monies were available to provide pedometers and other incentives.

The Public Health Educator continues to coordinate and host the monthly television program through LCTV, which has had a focus on physical activity and healthy eating. The response from the public regarding these shows has been positive, as there have been many requests for recipes and resource information. The show also features many of the services of the Niagara County Department of Health.

Within each division of the Niagara County Department of Health education is a priority. Each division has resources available to the public regarding all programs and services offered. Programs such as Lead Prevention, influenza, emergency preparedness, food safety, rabies, clean indoor air and childhood nutrition are just a few of the programs that are offered to the residents of Niagara County.

A vital component in Public Health Education is the collaboration and partnering with local hospitals, health care agencies, faith-based groups, and community based organizations and health maintenance organizations to assure that health resources are available to residents. Working with regional partners is also key to sharing resources and applying for grant funding.

The Public Health Educator is a member of the Regional Prevention Initiative Coordinators group associated with the Western New York Public Health Alliance. This group is comprised of the Public Health Educators from each health department in the 8 county region. Together this group focuses on funding for ovarian cancer, asthma and diabetes and will be seeking funding for other public health issues in the future.

Claudia Kurtzworth
Public Health Educator

2006 ANNUAL REPORT
OFFICE OF PUBLIC HEALTH PLANNING AND INFORMATION

Public Health Emergency Planning for Pandemic Flu

In 2006, the primary focus of the Niagara County Health Department was to prepare to identify and protect the population against pandemic influenza. Public Health leaders had indicated our level of preparedness for Pandemic Influenza was needed to increase surveillance for both human and animal influenza clusters. Some of the key factors in potential development of a pandemic include:

- Ease and rapidity of global movement of both animal and humans;
- Natural patterns of avian migration;
- Illegal shipment of potentially infected birds and animals; and
- Legal and illegal human transportation and emigration.

Niagara County worked to establish human and animal sentinel surveillance sites at which active surveillance could be conducted to provide early warning of unusual deviations that could flag penetration of a novel flu strain in our county. We utilized a four-pronged approach:

- Physician sentinel surveillance for influenza-like-illness (ILI)
- Emergency department active surveillance (which will be replaced by syndromic surveillance once systems technology is in place and operational in our 5 hospital EDs)
- Veterinarian sentinel surveillance for zoonoses
- Veterinary client survey of concurrent signs of illness in humans and their pets.

The Public Health Preparedness Program is in the process of developing veterinary sentinel site recruitment and registration materials with the State Veterinarian. We are modeling them after the physician sentinel surveillance documents.

Pediatric deaths resulting from influenza illness are under-reported in the United States. The New England Journal of Medicine recently featured an article reminding physicians of the importance of reporting. In 2006, the New York State Health Department stressed flu vaccination of all infants 6 to 23 months, and that influenza-related pediatric mortality reporting is a requirement in New York State.

The Niagara County Department of Health conducted two Pandemic Influenza Point of Dispensing exercises: December 10, 2005 and January 20, 2006. It was a unified command exercise with Emergency Management, Sheriff's Department, Mental Health, American Red Cross, evaluators and observers from NYSDOH, and Tuscarora Nation. The State provided favorable reviews for both exercises. We have surpassed State requirements for grant preparedness deliverables and have met the objectives for the National Response Plan target capabilities and associated critical tasks.

Our New York State Public Affairs Emergency Communications Workgroup, of which I am a member, developed several Pandemic Flu prevention posters, entitled: ***“Our Health is in Your Hands; Cover Your Cough!”*** and ***“Our Health is in Your Hands; Clean Your Hands!”***

We submitted our Niagara County Pandemic Influenza Plan Annex to the New York State Health Department for review. Based on the state reviewers' recommendations, we continue to improve and modify the document. In 2006, I provided numerous influenza presentations to various groups and organizations in Niagara County. A few

- On March 3, I gave an Avian Influenza presentation to the Central Atlantic States Association of Food and Drug Officials.
- On June 28 an Avian/pandemic flu planning presentation was held for the Niagara County Commission on the Status for Women
- On August 1, representatives from several school districts in Niagara County participated in a pandemic influenza exercise conducted at the PSTF in Lockport.
- On September 14, I conducted a pan flu meeting and presentation for the Migrant Coalition.

Throughout 2006, our Health Department practiced to prepare for pandemic and avian flu by exercising emergency communications, responding to announced and unannounced drills, and by providing cross-training to all staff. The purpose of these drills was to familiarize staff with protocol and procedure, to shorten our response time and to adjust our plans through lessons learned. Our Public Health Director activated an unannounced Mass Point of Dispensing (POD) plan on March 13, 2006. The Director contacted the Emergency Manager through dispatch at 8:05 a.m. and received a call back from the EM within one minute. Next, the Director initiated the Health Department emergency notification call down at 8:10 a.m. All key staff notified responded by 8:30 a.m. Staff reported to the Emergency Operation Center. The Health Department and the Office of Emergency Management worked together to make the drill a success by activating and deploying to a fully functional Emergency Operations Center within 30 minutes of notification.

We conducted another surprise cross-training mini-POD on November 28, at the Lockport High School. Officials at the host site worked with us to provide on-site equipment accommodations. We did not dispense or vaccinate at the surprise POD. This was another test run to test our activation response time, the Incident Command System (ICS), set up, and communications. Switching POD roles among senior staff promotes critical thinking and judgment in preparation for unexpected emergencies. We will conduct a full-scale POD exercise at the school in January 2007.

The Public Health Director and I met with BOCES School Superintendents, Niagara County school nurses, safety and security officers, and other school officials from Niagara and Orleans counties on May 4, 2006 for presentation and discussion of pandemic influenza preparation and infection control. We provided planning guidelines and resource packets. We also developed laminated kid-friendly hand washing posters for strategic placement in school bathrooms and discussed coordination of public health and school response areas of authority.

- New York State held a month long communicable disease exercise (CDEX) in June in the WNY region. This pandemic influenza exercise was lead primarily by the Office of Homeland Security and the New York State Emergency Management Office, with the

New York State Department of Health serving in a public health support role. A tabletop exercise attended by local, state and federal key decision makers kicked off the series of events to which health departments, hospitals, emergency management and other public and private agencies had to respond. The exercise continued to develop until the full-scale exercise concluded the CDEX on June 13, during which the emergency manager activated the EOC. The Incident Commander submitted a request for assets to NYSEMO via DiasterLan and telephone. All divisions were utilized and filled roles pre-established by NCDOH in NYSDOH communications directory.

- The final breath of CDEX commenced with the Mass Fatality component, which took place on June 27 at the Bowmansville Fire Hall. This was well attended by NC public health officers, funeral directors, healthcare representatives and the Sovereign Nation. Niagara County took the lead in developing the first draft mass fatality plan in the Western region.

Niagara County held a Pandemic Influenza Tabletop on August 1 that included all of our Niagara County planning partners, such as Mental Health, schools, funeral directors, coroners, law enforcement, EMS, county officials, community based organizations, faith-based organizations, businesses and more. This exercise was through a grant awarded to our Health Department by NYSACHO.

The New York State Association of County Health Officials (NYSACHO) invited us to participate on a panel at Preparedness Coordinator meeting in October.

Special Needs Population Public Health Emergency Risk Communication Survey Project

- Developed by Niagara County DOH
- Model Project
- Pilot included Niagara, Erie and Chautauqua counties
- Pilot data analysis was completed and analysis packet and report disseminated to Western New York Public Health Alliance (WNYPHA) members on January 15, 2004.
- May 2004 – The second phase of the project was initiated that included all eight WNY counties in the Alliance.
- Data collection was completed by August 2005
- Formal presentation of project results were given at the Alliance meeting in the Spring of 2006
- Niagara County Department of Health Public Health Preparedness Program will disseminate Technical Reports including maps, data and recommendations to the eight Alliance counties and the New York State Department of Health in 2007.
- Aaron Payne, Public Health Professional Assistant/Statistical Clerk (assistance with survey design, dissemination and data analysis) has been instrumental in bringing this project through all phases to completion. Joshua Kwoka, Public Health Data Specialist from the Public Health Preparedness Program, has completed GIS data mapping for the project that will enable counties to commence strategic planning for their populations based on location data.
- Niagara County has developed a multidisciplinary Special Needs Population workgroup to develop an SNP emergency management and Sheltering plan. NCDOH facilitated

meetings on October 16, October 25 and November 21. NYSDOH representatives were invited to the meetings. NCDOH maintains meeting minutes and attendance rosters. Niagara County intends to develop a plan as an annex to the County Emergency Management Plan (CEMP).

Health Emergency Alert and Response Team (HEART)

March 31 - Mark Kandel, Regional Wildlife Manager, Division of Fish, Wildlife and Marine Resources of the Department for Environmental Conservation (DEC), gave a presentation on Utilizing the Incident Command System for Zoonotic Disease Response and Surveillance. We also discussed application of the ICS in Avian Influenza Surveillance. We are working with Mark and Kenneth Roblee to identify waterfowl and wild bird populations in preparation for Avian Flu.

- March 31 - Our County Isolation and Quarantine Exercise plan was reviewed. Suggestions for revisions were made to several of the protocols and the Needs Assessment attachment. Dr. Steven Grabiec approved the Medical Consultant protocol in the plan, and we incorporated his suggested revisions to the Assessment Sheet attachment.
- April 21 - Douglas Webber of the Niagara County Sheriff's Dept. presented the Community Alert Network (CAN). He explained current and future law enforcement communication abilities. Donald Fornalik of Border Protection discussed his agency's daily activities and coordination with the corresponding Canadian agency.
- May 26 - focused entirely on pandemic influenza planning. Dr. Melvin Dyster, NC MRC Commander, gave a presentation on pandemic influenza and the Medical Reserve Corps' role in the response. The MRC would mainly play a surge capacity role. Paulette Kline, Public Health Director, gave a CDEX overview by explaining the pandemic phases. Matt Patterson and the PHPIO briefly discussed the Albany meeting of the Tribal Nation Conference and Workgroup held on May 23 and 24.
- June 23 - Matthew Patterson and I gave a presentation on Preparedness Planning with the Tuscarora Nation. An update on Cross Border Planning was given by the NYSDOH Border Health Steering Committee consultant.
- July 28 - Avian and Pandemic Influenza Health Department Planning Update and Isolation and Quarantine update by PHPIO
- August 18 - A brief overview of preparedness in the home place and on Volunteer Response to Katrina and Rita: A Nurse's Perspective was given by Julia Largo, BSN and Bob Durfey, CERT/MRC. Pandemic Influenza Planning End of Life issues discussion with Niagara Hospice President and CEO, John Lomeo, and Clinical Director, Tina Foley
- September 29 - HazMat Awareness Course by instructor Dan Hausman. Participants include representatives from American Red Cross, Hospitals, Niagara Falls Air Base, Mental Health, Niagara University, Medical Reserve Corp, Tuscarora Nation and others.

We appreciate the Emergency Management Director/Fire Coordinator Jim Volkosh, his Assistant Director John Cecula and Dan Hausman of Niagara County HazMat for providing this valuable training for us. Matthew Patterson of Tuscarora Nation offered support for the trainer in assisting students during the training.

December 29 – We conducted a review of the December 19 First Responder POD for the After Action Report.

Zoonoses Response Plan

Chris Landrigan, Public Health Technical Specialist/Administrative Assistant, and Joshua Kwoka have been working with me to develop this annex to our Public Health Emergency Preparedness Plan. I worked with Bryan Cherry, DVM, NYSDOH, and Pam Duncan, NYSDOH Regional Epidemiology Program (Albany) to develop Zoonoses Sentinel Surveillance materials for veterinarian recruitment and reporting. Joshua Kwoka worked on a mapping plan for tracking cases of pan flu to develop epi-curves and to make projections or predictions of how propagated outbreaks may progress.

Year 1 Strategic Security Planning Priority Projects

Time duration for each team project is 12 months.

Isolation and Quarantine

We have received the State review of our county isolation and quarantine plan and the workgroup will plan a countywide tabletop exercise.

- **Purpose:** To increase the capability within the county to address emergency situations requiring both forced and voluntary isolation and quarantine of contagious or potentially contagious diseases.
- **Objectives:** Test and exercise the County's ability to execute established plans and procedures for effectively accomplishing both forced and voluntary isolation and quarantine of contagious or potentially contagious persons.
- **Deliverables:** Design, facilitate and evaluate an exercise testing the county's existing plans and capabilities with respect to isolation and quarantine involving all entities who will participate in such emergency response operations.
- The County Attorney has signed a letter of endorsement for the Isolation and Quarantine Plan. The letter states the plan is legally acceptable.
- The Niagara County Strategic Security Isolation and Quarantine team meeting took place at the PSTF prior to the HEART meeting on March 31. Planning team member Deputy Ray Degan, Technical Sergeant of the Sheriff's Dept., helped us to refine the law enforcement notification and coordination protocol. Don Fornalik, Hazardous Materials Program Coordinator, Communications Specialist and Port Incident Commander for DHS Customs and Border Protection, raised some border issues that we will address in our tabletop exercise when we develop the scenario and injects.
- Met with Liz Santacrose and Jeffrey Hammond of Ecology and Environment, Inc. to discuss the logistics of the countywide isolation and quarantine exercise on May 12.
- We will conduct the countywide Isolation and Quarantine exercise on January 9, 2007 at the request of the Emergency Manager.

Mass Fatality Planning is a critical component of any county emergency plan. We worked on a plan, which we addressed during a tabletop component of the State Infectious Disease Exercise held in June. They reviewed the Medical Examiner Officer Mass Fatality Plan document and reviewed lists of reportable diseases and reportable syndromes.

Animal Health Support Team – We held several meetings in 2006 to develop plans and a volunteer County Animal Response Team (CART).

- Purpose: To lead the county in the creation of mechanisms to prevent and track animal disease outbreaks.
- Objective: Create a permanent program to monitor exotic and domestic animals for zoonotic disease outbreaks and other potential human health emergencies.
- Deliverables: Implement and create provisions for the maintenance of the program.

Public Health Preparedness

I was invited to sit on the Tribal Preparedness Panel at the New York State Public Health Preparedness Coordinators Meeting held in Albany, New York in May at which I gave a PowerPoint presentation entitled “Terms of Engagement, Working Toward Preparedness with the Tuscarora Sovereign Nation”. We have been working with our Indian Nations to integrate our Emergency Preparedness Plans and to develop cooperative agreements. Our current focus areas are:

- Communications
- Command – identifying leadership and organizational structure
- Planning for Mass Dispensing
- Isolation and Quarantine

Communications

The NCDOH is now required to subscribe to the Government Emergency Telecommunications System (GETS) provided by the National Communications System in the Information Analysis and Infrastructure Protection Division of the Department of Homeland Security. This is an emergency telephone service directed by the White House. NCDOH applied and obtained a subscription to Wireless Priority Service (WEPS) as required by the NYSDOH.

On April 24, I completed the applications for subscriptions to the GETS and the WEPS.

A meeting with Joe Indelicato of NYSDOH and Larry Helwig was held on September 18 to finalize the applications for subscriptions to the GETS and WEPS.

A meeting with Kevin O’Brien was held to get circuit information to apply for government Telephone Service Priority for our Public Health landlines at the Shaw Building and the Public Safety Training Facility. I applied for Wireless Priority Service (WEPS) on September 9 and received approval on November 27. The Federal government issued calling cards to the Acting Public Health Director, Daniel Stapleton and me. We also received approval for Telephone Service Priority in 2006.

NYSDOH Tribal Preparedness

- Tuscarora Nation developed separate Emergency Plans for their residents.
- There is a Nation representative on the State infectious disease exercise planning team.
- They are working with PHPIO to integrate POD planning and isolation and quarantine protocols.
- There was a Tribal Nation Conference and Workgroup in Albany on May 23 and 24th.
- Tuscarora Nation continues to participate with Niagara County in County, State and Federal meetings and trainings.
- The Tuscarora Emergency Manager, Matthew Patterson, did a presentation at the annual Nursing Division in-service on December 7.

Cross-Border Contingency Planning

- Met with Canadian planning team members in Erie County on April 24.
- Working on the Cross-Border Emergency Response Subcommittee to develop the Cross-Border Infectious Disease Annex and Novel Influenza Disease Reporting Form.
- Met with the Great Lakes Border Health Initiative (GLBHI) subcommittee on April 10.
- Multiple cross-border partners: New York State Dept. of Health; Minnesota Department of Health; Michigan Department of Health; Ontario Ministry of Health and Long-Term Care; Wisconsin Division of Public Health
- NCDOH PHPIO represents New York State with State Western Region (Buffalo and Rochester) and Central (Albany) Health Officers on workgroup and emergency response subcommittee
- Developing Cross-border Infectious Disease Plan
- GLBHI meeting and Infectious Disease Tabletop Exercise in Dearborn, Michigan on August 23rd – 25th. Our committee members from Border States and Canada conducted planning meetings with representatives from the CDC and the CDC Division of Global Migration and Quarantine on the 23rd. We finalized the draft GLBHI White Paper to present to the executive committee. Activities are supported by the Federal Early Warning Infectious Disease Warning System Initiative (EWIDS) grant.
- The Canadian Health Ministry hosted the Cross-Border Public Health Annex workgroup meeting on September 11.
- On November 16, Richard Buck, Manager of the NYSDOH Border Health Program, facilitated a meeting at the Port Authority with health representatives from Niagara and Erie Counties, NYSDOH, the CDC Division of Global Migration and Quarantine, and officials from Customs and Border Protection to discuss development of cross border infectious disease quarantine and isolation policies. Dr. Frederick Shaw of the CDC Public Health Law Program conducted a tabletop exercise addressing quarantine law and limitations, division of authority, and areas of responsibility during a cross-border international infectious disease event. The panel included high-ranking local, regional, state and federal representatives from health and law. We are making good progress and much more cooperative planning work needs to be done with our federal authorities to assure the most effective and efficient ways to identify and respond to an infectious disease event at the border.

Medical Reserve Corp (MRC)

Recruiting, training and retaining our volunteer workforce are critical for maintaining medical surge capacity in a disaster or public health emergency such as a pandemic.

- Our Medical Reserve Corp (MRC) is an unfunded federally recognized cadre of professional volunteers and supports us at all of our drills and exercises
- Hospitals have expressed the need for MRC support in their facilities and for pre-emergent triage outside their facilities
- The Niagara County MRC will be essential for assisting in isolation facilities and PODs
- The Federal government may be releasing an appropriation to assist in the support of previously unfunded MRCs
- In a separate initiative, our Strategic Security Work Group has developed a volunteer work plan and budget with the City of Buffalo and Erie County for procurement of Homeland Security/Urban Area Security Initiative (UASI) sustainment funds to support our volunteer groups in the Erie-Niagara region.
- Need funds for
 - coordination and clerical
 - operations
 - training
 - equipment
 - supplies
- In 2006, our Niagara County MRC became a 501C-3 tax exempt entity which will allow us to apply for grants from private corporations to help support and train our dedicated volunteers
- We have trained our MRC in Incident Command, POD setup and operations, and the START Rapid Triage System.
- Some items of interest: recruitment and retention; ICS training coordination; and Pandemic Influenza planning.
- MRC volunteer coordinator candidates were interviewed.
- NCDOH submitted another Citizen Corp grant application for funding in 2006. We used the O'Connell grant-writing group contracted by Niagara County and our proposal was not approved for the funding.
- We strengthened our partnership with the Niagara University Border Community SERVICE to combine training and funding resources for CERT and MRC.
- In 2006, we developed a model proposal for recruitment coordination and training of multiple volunteer groups, countywide.
- Coordinator will operate with NCDOH Preparedness Program oversight.
- NCDOH Preparedness Coordinator has initiated Incident Command System and NIMS training for CERT and MRC volunteers. Chief Jim Sutor of the Town of Niagara Police volunteered his time to conduct the trainings; he gave an ICS orientation presentation at the August 9 meeting.
- With approval of the County Manager, NCDOH submitted another grant application to fund a coordinator position for NC MRC. NYSDOH has informed us additional funding may become available from the National Association of City and County Health Officials (NACCHO) for currently unfunded MRCs, sometime in 2007.

- A joint Niagara County DOH/ MRC Emergency Preparedness Resource Fair was held on September 9 at the Duke Center in Niagara Falls, NY. We set up four display tables, a laptop presentation and a hand-washing training station. At the beginning of the event, children were issued passports to be stamped at each display or demonstration table as they rotated through the fair. After children successfully washed their hands, we stamped their resource fair passport certificates and they received healthy fruit snacks.

Mental Health Response for Public Health

- NCDOH attended the Regional Mental Health Training on December 4 at the BOCES Training and Technology Center in Sanborn. We also completed the American Red Cross Psychological Response to Disasters course and training provided by the Niagara County Department of Mental Health Crisis Response Team.

The year 2006 was a very productive year for the Niagara County Health department. The Table below illustrates some of the activities conducted or attended by the Niagara County Health Department Public Health Planning and Information Officer/Preparedness Program Coordinator:

Date	Activity	Audience/Participants
01/20/06	Niagara County Flu Pandemic Public Worker Point of Dispensing (POD) Drill at NCCC	Public workforce
02/02/06	NYSDOH Commissioner's Call – Albany	Commissioners and Public Health Directors; Public Health Preparedness Coordinators
02/22-24/06	2006 Local, State & Federal P.H. Preparedness Summit – Washington, DC	Public Health Preparedness Coordinators
03/03/06	Avian Influenza Presentation	Central Atlantic States Association of Food and Drug Officials
03/13/06	Unannounced Mass POD	NCDOH and Emergency Management
04/03/06	Satellite Conf. and Webcast	Public Health Practitioners
04/28/06	Risk Communication Workshop – Albany	P.H. Preparedness Coordinators
05/04/06	Presentation on Pandemic Influenza Preparedness and Infection Control	BOCES School Superintendents, NC school nurses, safety & security officers, and other school officials from Niagara and Orleans county
05/06/06	Emergency Preparedness Resources Fair – Summit Mall	Public
05/16/06	CDEX Tabletop	Regional Responder & Preparedness Community
05/17/06	Preparedness Coordinators meeting presentation	P.H. Preparedness Coordinators
05/23-24/06	American Indian Nations with NYS Building a Preparedness Partnership – Albany	Public Health Practitioners
05/26/06	Pandemic Influenza planning presentation at HEART meeting	HEART members
05/30/06	Avian Influenza Presentation	Niagara University
06/23/06	Preparedness Planning presentation with Tuscarora Nation	HEART members
06/27/06	CDEX Mass Fatality State Exercise – Bowmansville Fire Hall	Healthcare representatives, sovereign nations
06/28/06	Avian Pandemic flu planning	Niagara County Commission on the Status

		of Women
07/11/06	POD Power Point presentation on “Strategies to Maximize Distribution Using Alternate Methods” at POD Management Workshop – Hamburg	NYSDOH and NYS County and Hospital Preparedness Representatives
07/19-20/06	POD Preparedness Presentation- Bi-National Emergency Preparedness Conference – Niagara Falls	Emergency Preparedness Community
07/28/06	Avian and Pandemic Influenza Health Dept. Planning update and Isolation & Quarantine update	HEART members
08/01/06	Niagara Co. Pandemic Flu exercise	N.C. partners, schools, funeral directors, coroners, law enforcement, EMS, county officials, community based organizations, faith-based organizations, businesses, and more
08/10/06	PPE Training – Genesee Community College	
08/23-25/06	GLBHI conference – Dearborn, Michigan	Healthcare and Emergency Preparedness professionals
09/09/06	Emergency Preparedness Resource Fair	Niagara Falls residents
09/14/06	Pan flu meeting and presentation	Migrant Coalition
09/18/06	Demonstrated successful completion of Videoconference access and alternate (wireless air card) and non-internet pathways to HIN within 1 hour in presence of Joseph Indelicato (NYSDOH)	
09/19-21/06	Emergency Response to Domestic Biological Incidents – Oriskany	
09/25/06	SNS Awareness training with Chempak updates – Rochester	
09/26/06	Emergency POD exercise	
09/29/06	HAZMAT Awareness	HEART
10/05/06	Training Participants on how to use the Clinic Planning Model Generator for PODS	
10/10/06	Presentation to East Side Block Club	
10/24/06	Technology Forum – give presentation	
10/25/06	Pan Flu Presentation	ABCD Daycare
11/01/06	Homeport Training	
11/13/06	PH Preparedness Presentation (MSMH)	Sigma Theta Tau
11/15/06	NYSDOH PH/MRC workshop meeting	
11/16/06	NYSDOH and Port Authority Isolation and Quarantine tabletop exercise	Representatives from Niagara and Erie Counties, NYSDOH, CDC Div. of Global Migration and Quarantine, and officials from Customs and Border Protection
11/28/06	Surprise cross training mini-POD	Lockport High School; staff
12/04/06	Mental Health Training – BOCES Training and Technology Center	
12/06/06	Mass Fatality Workshop – Tuscarora	Tuscarora Nation
12/19/06	First Responders and Special Needs POD – Niagara Falls	First Responders and families

Submitted by Elaine Roman, BSN
Public Health Planning and Information Officer