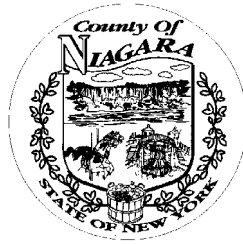


NIAGARA COUNTY
DEPARTMENT OF HEALTH



ANNUAL REPORT

2002

LOCKPORT

Mt. View Campus
Shaw Building
5467 Upper Mountain Rd.
Suite 100
Lockport, NY 14094-1894

(716) 439-7430 Admin.
(716) 439-7444 Environ.
(716) 439-7470 Nursing
(716) 439-7460 Speech &
Hearing

NIAGARA FALLS

Human Resources Building
10th & East Falls Sts.
Niagara Falls, NY 14303
(716) 278-8485 CWSHCN

Trott Access Center
1001 – 11th St.
Niagara Falls, NY 14301
(716) 278-1900 Nursing
(716) 278-8180 Speech & Hearing

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MEDICAL CONSULTANT

Steven V. Grabiec, M.D.

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NIAGARA COUNTY LEGISLATURE

CHAIRMAN

Bradley E. Erck

NIAGARA COUNTY DEPARTMENT OF HEALTH

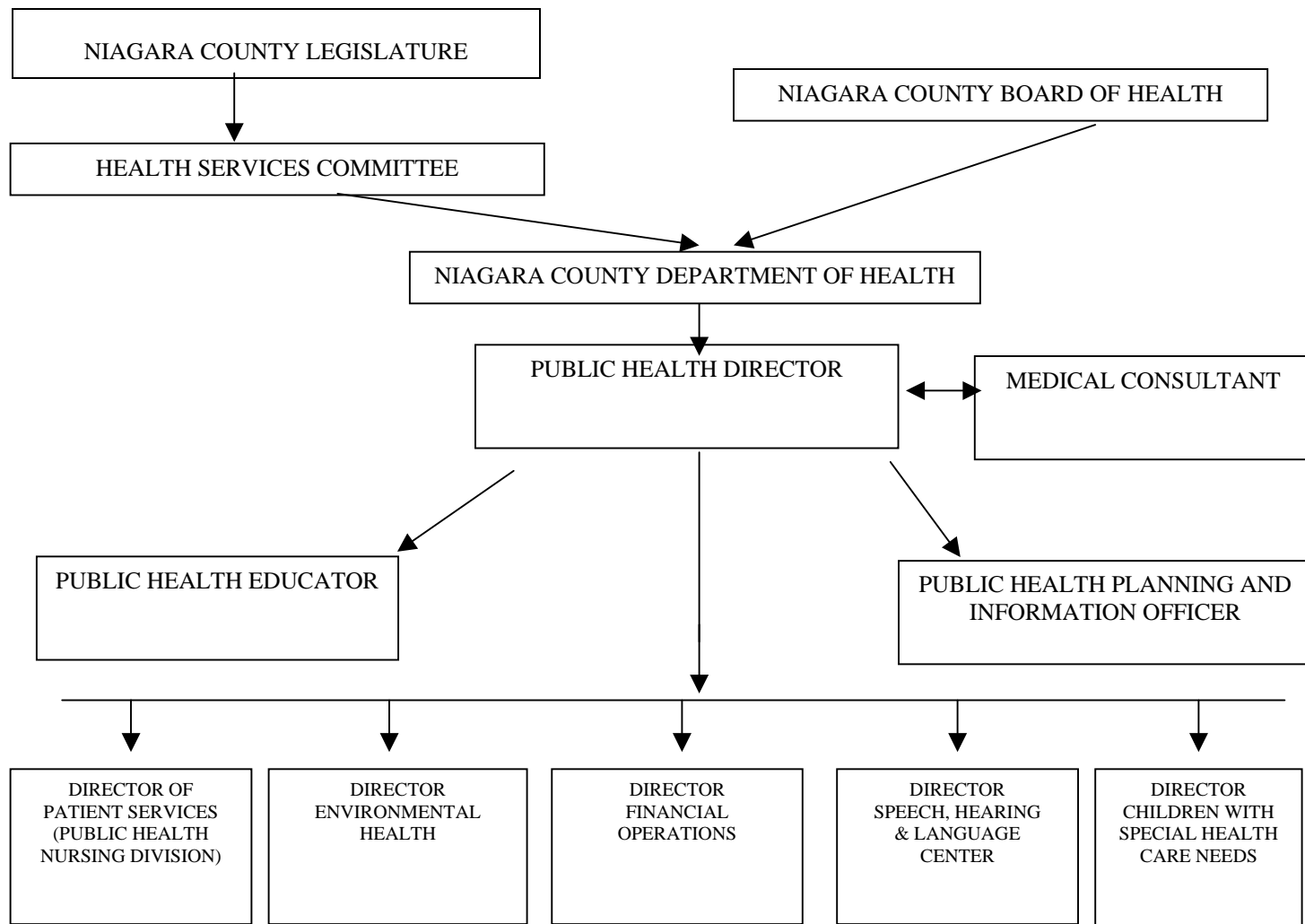


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INTRODUCTION

Today, some of what drives the health care industry, as well as public health, is the changing utilization of health services through managed care, a sluggish economy, a growing uninsured and aging population, shortage of registered professional nurses, increasing cost of pharmaceuticals, escalating medical liability/insurance costs, global health threats, and advances in clinical and information technology. There are many sources of uncertainty, some of which are: changing social/family support systems, competition among private and public health care service providers, demand and rapid development of new products and information technology, increased government regulations, changing payment structure, etc.

In 2002 the department and Niagara County Board of Health worked diligently to begin to examine the healthcare needs within our community and to evaluate the capacity of the public health system that serves our residents. The core public health functions are assurance, assessment and policy development and therefore this ongoing evaluation is essential to improve the health of our community. We understand that an integrated and financial plan is imperative and have begun to consider multiple futures for this department. Strategic planning includes ongoing assessment and evaluation of the health department's mission, goals, and measures of success. A critical piece of this assessment is to receive feedback from key partners and stakeholders in Niagara County, Western New York, New York State and Canada.

There has been an aggressive effort to build the relationships with the five county hospitals, schools, emergency response agencies, law enforcement, mental health and health care agencies, medical and veterinary communities, schools, as well as other Niagara County government agencies.

Major Niagara County Department of Health accomplishments for 2002:

- Niagara County Department of Health (NCDOH) plan for Emergency and Bio-terrorism Preparedness was approved in July 2002, New York State Department of Health (NYSDOH), (\$219,787.00).
- Established a multi-disciplinary Health Emergency Alert and Response Team (HEART), representing all major stakeholders in public health emergency response.
- Executed a Regional smallpox mass immunization clinic training exercise, held in Niagara County.
- Negotiated a contract with the Erie County Department for WNY Public Health Alliance to provide risk assessment and education training to the eight counties of Western New York, (\$100,000.00).
- Enhanced information technology systems for communicable disease surveillance and epidemiology including significant participation from hospitals, health department employees and key stakeholders to access the NYSDOH Health Information Network
- Established site for public health training and emergency operations at the Niagara County Fire Safety Training Center/Emergency Operations Center.
- Utilized cable access on LCTV to produce health department's monthly "Health Scope" program; topics: bio-terrorism, state of Niagara County Public Health, Immunizations and flu shots, Diabetes and Nutrition, West Nile Virus etc.
- Colorectal and Prostrate Education grant was funded by NYSDOH (\$22,000).

- Niagara County Diabetes Task Force was organized by NCDOH public health educator to develop targeted prevention and intervention programs for Tuscarora Indians.
- March of Dimes awarded NCDOH with a one-year grant to promote STD testing of high-risk women in their childbearing years in order to improve birth outcomes (\$10,000).
- Speech, Hearing and Language Center NYS Education Department grant was renewed (\$75,667.00).
- Academic affiliations with the University of Buffalo, Niagara University, Niagara Community College, SUNY Colleges of Buffalo, Fredonia, Geneseo, Plattsburgh, Elmira College and Pennsylvania State College, as well as Niagara Falls Memorial Medical Center Family Practice Residency Program.
- Funding for Sunset Island, town of Wilson Sewer District was received through the combined efforts of Senator George Maziarz and the 30 years of data collected by the NYDOH to demonstrate the need.
- Adolescent Tobacco Law was implemented with a 91% compliance rate for sale of tobacco to minors.
- Healthy Neighborhoods Program was awarded another three-year grant from the New York State Department of Health.
- Rabies/West Nile Virus Lab was renovated and brought up to date.
- There were no food-borne outbreaks at any regulated facility
- There were no water-borne outbreaks related to any public water supply in Niagara County.

Paulette M. Kline R.N., M.Ed., M.P.H.
Public Health Director

CHILDREN WITH SPECIAL NEEDS DIVISION

The mission of the Children With Special Needs Division is to insure that children with special health care needs, birth to twenty-one years of age, have access to necessary services. Through the coordination of medical, educational and related services, identified needs of the child and family are met, thus enhancing the child's development and improving the capacity of the family to meet the specific and unique needs of their child.

Program areas within this division are:

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

2002 was an exciting and challenging year for the division. Accomplishments were many as a major reorganization and cross training allowed for increased effectiveness and efficiency of staff.

Highlights from each program area are as follows:

EARLY INTERVENTION/CHILD FIND

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.

Years of research have shown that the earlier babies with developmental delays and disabilities are helped, the better their chances of reaching their full potential. This is because the infant brain is still developing in the first three years of life.

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. An Initial Service Coordinator is assigned to contact the family to discuss their concerns and to help the family throughout their enrollment in the EI/CF program. Based on the child's identified area(s) of need (i.e. sitting, balance, crawling, walking, play skills, vision, hearing or listening, feeding or speaking, ability to understand or follow directions, or a diagnosed condition) a multidisciplinary evaluation is conducted.

If the evaluation shows that the child has a delay which meets eligibility requirements, a meeting is held with the Initial Service Coordinator, a representative from the evaluation team, the Early

Intervention Official/Designee and the family. Working together, an Individualized Family Service Plan (IFSP) is developed. The IFSP contains outcomes identified by the family to meet their child and family's needs as well as appropriate services. Services may include (but are not limited to): speech therapy, occupational therapy, physical therapy, special instruction, family training and assistive technology devices. Services are intended to be family-centered and are delivered in the child's most natural environment such as the home, childcare center or other community locations where typically developing peers are found.

EI/CF services are free to eligible children and their families. We are 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. Once the evaluation takes place, it is determined if the child meets the eligibility requirements to receive educational services at no charge to the family. These services may include, but are not limited to, speech therapy, occupational therapy, physical therapy and special education. Location of services range from the least restrictive environment (i.e. the child's home or daycare) to a self-contained preschool special education class and are determined based on the child's level of need.

Although we are unable to access private insurance for reimbursement, we are able to bill Medicaid as well as receive funding from the New York State Department of Education.

A new Preschool Computer Software Program has been in use now for well over a year and has greatly enhanced our ability to receive reimbursement from all sources within a timely fashion.

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 referred by their dentist attended one of our monthly clinics and were evaluated by an Orthodontist.

On a bi-monthly basis, PHCP also provides a free diagnostic/evaluation orthopedic clinic for children from birth through twenty-one. The evaluation is performed by a pediatric orthopedist, who is an expert in treating disorders of growth and development of the skeleton, muscles and joints in children. We are very fortunate to have him available to 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 170 referrals received 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 any program under PHCP, if the child is not covered under Medicaid, the family must meet financial criteria designed to assist families with low 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

During 2002 there was a great effort put forth concerning outreach and public awareness activities, which are required components of the work plan 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 (i.e. family practice provider, pediatrician). If the family is uninsured, 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.

A mass mailing, developed in conjunction with our medical consultant, was made to all physicians, clinic, and hospital neonatal intensive care units 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.

A supply of bookmarks promoting the program was sent to each of the eleven public libraries in the county to distribute as books were being borrowed.

The twenty largest daycare centers in the county were visited and each was provided with information on the program. These centers have contact with 1,347 Niagara County Families.

Inservices were also given to staff from Healthy Families Niagara, Niagara Falls Community Health Worker Program and Tuscarora Reservation Community Health Workers Program in an effort to reach all populations.

Children with Special Needs Division – 2002 Data

Early Intervention Program

Total number of children referred:		416
	Males:	280
	Females:	136
Age of children referred:	0 yr. – 11 months:	76
	1 yr. – 23 months:	180
	2 yr. – 35 months:	160

Preschool Special Education Program

Total number of children receiving services:		771
	Males:	617
	Females:	154

Services per School District:

<u>District</u>	<u>Program (Specialized Preschool)</u>	<u>Related Services</u>
Akron	1	1
Barker	3	8
Lewiston-Porter	11	40
Lockport	64	171
Newfane	9	26
Niagara Falls	47	115
Niagara Wheatfield	11	50
North Tonawanda	34	97
Royalton-Hartland	8	18
Starpoint	15	26
Wilson	5	11

Physically Handicapped Children’s Program

Total orders received:	804 (406 private insurance, 398 Medicaid of which 239 are new)
Disposition of orders:	541 approved

22 decision pending (orthodontia)

8 decision pending (medical)
233 withdrawn (includes did not follow through with clinics, disapproved at clinic, not within the scope of the program, moved and resubmit in one year)

There were no adult polio orders for 2002.

Orthodontia screening clinics:

Total number of clinics:	11
Scheduled appointments:	492
310 Approved (105 New and 205 Progress)	
8 Discontinued or Closed	
160 Did Not Attend or Cancel	
5 Resubmit	
9 Not Within Scope of Program	

Children whose parents requested rescreenings were scheduled at 6 of 12 clinics held at UB Dental School

4 Approved
3 Resubmit
2 Not Within Scope of Program

Orthopedic screening clinics:

Total number of clinics:	6
Scheduled appointments:	170
Number of appointments kept:	61
1) Medicaid 25	
2) Non-Medicaid 33	
3) No Insurance or Medicaid 3	

Number of Authorizations and Reports of Individual Consultation or Evaluation: 32

Children with Special Health Care Needs Program

Total number of client encounters: 178

Number of encounters per quarter:	Jan – March :	61
	April – June:	40
	July – Sept.	25
	Oct. – Dec.	52

Total number of call-in encounters: 13

Lisa M. Chester
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 important program areas. Environmental health protection, promotion, and education are the cornerstones of each of our programs which impact the quality of life in our community. The work that we do in the community often goes unnoticed when we are doing our jobs. Restaurant inspections, public water supply monitoring, animal bite follow-up, bathing beach/water quality sampling, housing hygiene, rodent control, mosquito collection and identification are examples of our routine, but necessary work which play an important role in maintaining and improving environmental health in the Niagara County community.

This past year again proved rewarding as the Division was able to provide environmental health protection services and deliver them in an efficient manner. Bioterrorism planning and response continued to emerge and develop and occupy a great deal of our time. Public water supply vulnerability and emergency planning were in the forefront for the Division. Food service protection was close behind along with planning for radiological emergencies. Funding for public services on Sunset Island were obtained through the efforts of Senator Maziarz based upon the work of the Department over the past thirty years. The provision of public sewers will result in substantial cleanup of Tuscarora Bay and Lake Ontario and diminishment of the public health threat from inadequate sewage treatment in this area. This year saw the oral rabies vaccination program expand to Erie County which will benefit the overall effort and the effort in Niagara County to eliminate raccoon rabies in this area. Based upon our expertise and experience, the Department provided the necessary training and assistance to Erie County Health Department staff and volunteers to assure a successful baiting operation. New State adolescent tobacco and rabies laws were enacted in 2002, and procedures were put in place to begin the implementation process. West Nile Virus was confirmed for the first time in mosquitoes in several areas of the County. Fortunately, no human cases were encountered, but it is believed it is just a matter of time. Our regular inspection program activities coupled with complaint response continued to occupy the majority of our time and continued to provide the environmental health services needed to maintain and improve public environmental health in our community.

One major item of concern that arose in the last quarter of 2002 was the retirement of six staff with close to 200 years of experience. This was a major loss for the Division and coupled with the inability to fill these positions resulted in the inability of the Division to meet program mandates and maintain our efforts as required and as needed for adequate protection of public environmental health. This loss if not rectified will result in the loss of service for those people who need it the most and the inability of local municipalities and organizations to pick up the slack.

Accomplishments in 2002 include:

- Bioterrorism response planning activities made significant strides.
- Funding for the Sunset Island/Town of Wilson Sewer District was received through the efforts of Senator Maziarz based upon Department demonstration of need.
- Positive West Nile Virus birds, and for the first time, mosquitoes were confirmed in the County.
- Oral rabies vaccination program continued for the eighth consecutive year with Erie County joining local efforts.
- Division played a major role in training Erie County personnel and volunteers for ORV efforts in Erie County.
- The loss of six staff due to retirements severely restricted Division abilities to maintain our efforts and meet program requirement efforts during the last quarter of 2002.
- A new Adolescent Tobacco Law was implemented.
- Trained 273 food service workers at Division class.
- Vaccinated 2,411 animals at our free rabies clinics.
- Received a \$10,000 grant to assist with West Nile Virus activities.
- Worked with all County public water supply systems on vulnerability assessments and emergency planning.
- Worked with the restaurant industry on bioterrorism food safety issues.
- Continued to be a major player in Department T V show "Health Scope".
- Received successful NYS Department of Health program reviews.
- Initiate botulism education activities as a result of Lake Ontario botulism discovery.
- Worked with New York State Parks Department to get a better handle on beach water quality at Wilson-Tuscarora State Park.
- Healthy Neighborhoods Program in Niagara Falls continued to flourish and was awarded another three year grant from the New York State Department of Health.
- Data for Healthy Neighborhoods Program shows 1,912 home visits with 4,639 individuals affected and over 4,500 direct services provided to include installation of smoke detectors, batteries, electrical cover plates, blood pressure checks and carbon monoxide monitoring.
- Rabies / West Nile Virus lab was overhauled and brought up to date.
- There was a 91% compliance rate for the sale of tobacco to minors.

2002 Performance Measure Data

- There were no food-borne outbreaks at any regulated facility.
- There were no water-borne illness outbreaks related to public water supplies.
- There were no communicable disease outbreaks at regulated children's camps.
- There was one reportable injury event at a regulated children's camp.
- All reportable lead poisoning in children events were investigated and resolved.
- Public health hazard rates per inspection per program are as follows:

- Adolescent tobacco	9%	with public health hazards
- Children's camps	0%	with public health hazards
- Bathing beaches	0%	with public health hazards
- Swimming pools	6%	with public health hazards
- Campgrounds	8%	with public health hazards
- Temporary residences	8%	with public health hazards
- Migrant labor camps	2%	with public health hazards
- Food service	20%	with public health hazards
- Mobile home parks	5%	with public health hazards
- Individual sewage	35%	with public health hazards
- Radiological health	0%	with public health hazards
- Public health nuisances	28%	with public health hazards
- Individual water supply	24%	with public health hazards
- There were 51 formal enforcement actions taken by the Department.
- There were no drownings at any County regulated facility, and there was one drowning at a State Park pool.
- There were positive birds and mosquitoes documented with West Nile Virus in the County.
- There were no major rodent / disease issues
- There were seven documented positive rabies cases.
- Resolved complaints per program area averaged over 90%.

James J. Devald, P.E.
Director, Environmental Health

FISCAL ADMINISTRATION

Expenditures – 2002

In the Administration of the Health Department budget for 2002, it was necessary to bring 24 resolutions to the Niagara County Legislature for approval, 20 of these involved a transfer or addition of funds. In addition to this, the Health Department also required 54 line item transfers which did not require resolutions.

The operation of the Health Department was completed at costs less than the budgeted expenditures as presented below. Note that the amount Under Budget in the Assistance to Handicapped Children division will be used to fund rate adjustments for prior years as directed by the New York State Education Department.

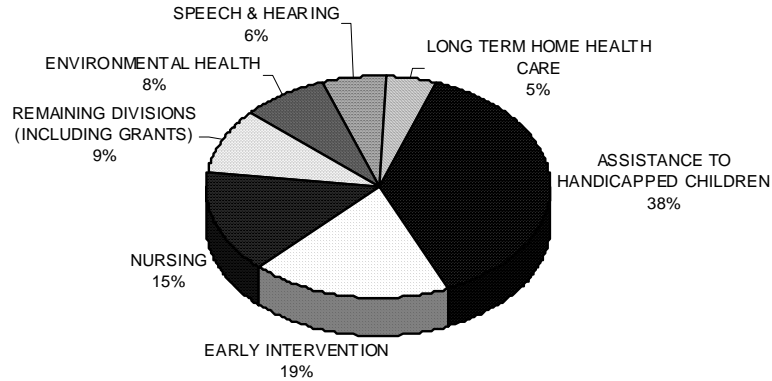
Division	Budget	Expended	Under Budget	Percent*
ADMINISTRATION	689,893	618,122	71,771	2.6%
NURSING	3,686,763	3,130,212	556,551	14.0%
LONG TERM HOME HEALTH CARE PROGRAM	1,338,653	975,517	363,136	5.1%
AIDS CASE MANAGEMENT	256,064	249,364	6,700	1.0%
ENVIRONMENTAL	1,774,464	1,726,935	47,529	6.7%
RODENT CONTROL	95,486	93,670	1,816	.4%
INSECT CONTROL	74,687	72,915	1,772	.3%
SPEECH & HEARING	1,439,425	1,274,387	165,038	5.5%
HEARING AID DISPENSING	78,611	65,612	12,999	.3%
PHYSICALLY HANDICAPPED CHILDRENS PROGRAM	499,428	469,209	30,219	1.9%
ASSISTANCE TO HANDICAPPED CHILDREN**	12,056,483	7,889,302	4,167,181	45.8%
EARLY INTERVENTION***	3,871,945	3,974,993	(103,048)	14.7%
LABORATORY	77,074	54,977	22,097	.3%
TOTAL	25,938,976	20,595,215	5,343,761	98.6%
GRANTS	375,704	359,700	16,004	1.4%
TOTAL WITH GRANTS	\$26,314,680	\$20,954,915	\$5,359,765	100.0%

* Percent of total budget, including grants

** These amounts include expenditures from previous years services to be paid out in 2002 and future years.

*** This amount includes \$250,965 expensed to 2003.

EXPENDITURES - 2002



Division	Expended	Percent
ADMINISTRATION	618,122	2.9%
NURSING	3,130,212	14.9%
LONG TERM HOME HEALTH CARE PRGM	975,517	4.7%
AIDS CASE MANAGEMENT	249,364	1.2%
ENVIRONMENTAL	1,726,935	8.2%
RODENT CONTROL	93,670	.4%
INSECT CONTROL	72,915	.3%
SPEECH & HEARING	1,274,387	6.1%
HEARING AID DISPENSING	65,612	.3%
PHYSICALLY HANDICAPPED CHILD PRGM	469,209	2.2%
ASSISTANCE TO HANDICAPPED CHILD.**	7,889,302	37.6%
EARLY INTERVENTION ***	3,974,993	19.0%
LABORATORY	54,977	.3%
TOTAL	20,595,215	98.3%

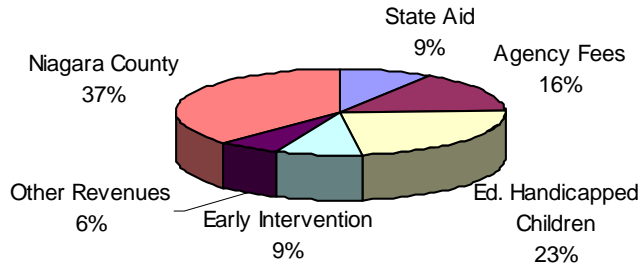
GRANTS	359,700	1.7%
TOTAL WITH GRANTS	\$20,954,915	

*(Expenditures <3.0% not noted)

** This amount includes expenditures from previous years services paid out in 2002.

***This amount includes \$250,965 expensed to 2003.

REVENUE BY SOURCE 2002



STATE AID

General Public Health Works	\$1,829,921		
Phys Hncd Chil Program	16,213		
PH Lab	49,365		
TOTAL STATE AID	<u>1,895,499</u>	\$1,895,499	9.05%

AGENCY FEES

Home Health Agency	1,148,751		
LTHHCP	1,175,480		
Speech & Hearing	889,746		
Hearing Aid	79,718		
TOTAL AGENCY FEES	<u>3,293,695</u>	3,293,695	15.72%

ASSISTANCE TO HNCD CHILDREN	4,806,491	22.94%
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EARLY INTERVENTION	1,845,024	8.80%
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OTHER REVENUES

Grants	723,893		
Environmental Fees	377,775		
AIDS Case Mgmt	79,878		
Clinic Fees	29,790		
PHCP Parent Co Payment	17,893		
TOTAL OTHER REVENUES	<u>1,229,229</u>	1,229,229	5.87%

NIAGARA COUNTY	<u>7,884,977</u>	37.63%
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TOTAL REVENUES	<u><u>20,954,915</u></u>	100.00%
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**SUMMARY OF GRANT ACTIVITY
2002**

GRANT NAME	EXPENDED	REVENUE
LEAD POISON PREVENTION (CD2041)	64,316	68,383
VACCINE DISTRIBUTION (CD2042)	39,861	40,761
HEALTHY NEIGHBORHOODS (CD2043)	130,728	134,467
HEALTHY HEART (CD2044)	47,889	47,889
CHILDREN/SPECIAL NEEDS (CD2045)	16,659	15,328
OT/SPEECH & HEARING (CD2046)	60,247	73,418
TOTAL*	\$359,700	\$380,246

*The total for “Expended” and “Revenue” does not account for Ryan White and E.I.P. grant expenditures and revenues. These amounts are accounted for in the AIDS Case Management and E.I.P. division budgets respectively.

Daniel J. Stapleton
Director of Financial Operations

NIAGARA COUNTY HEALTH DEPARTMENT
NURSING DIVISION

The Nursing Division of the Niagara County Health Department 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.

During 2002, one (1) clerical position and eight (8) nurse positions were cut through attrition, two (2) supervisors by attrition and layoff and the quality assurance officer by layoff. Two CHN positions were downgraded to RN due to lack of applications for CHN positions.

Nurse visits are made to home care clients of the Niagara County Department of Social Services (DSS) on a quarterly basis. They do a home evaluation, assess the client, review medications, and assess the personal care aides' 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.

PRI/Screening (Patient Review Instrument) 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 nursing division has been involved in the County's bioterrorism planning efforts with regards to the pre- and post- event Smallpox immunization plan. The staff have attended and also arranged pre-event Training Sessions.

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. 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.

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 treated 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, continues as each case is based on a 60-day episode and includes all services and 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 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 their home is evaluated in light of 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.

AIDS Case Management

This program has only one site in Niagara County and is available to all HIV/AIDS clients. It is an intensive, community based, and family oriented case management program. The program assists people living with HIV/AIDS and their families with the goal of keeping their lives stable so they can focus on medical adherence and thus keep county costs to a minimum. Services are provided one-on-one in the field; not in the in-patient hospital setting. The program director works with many community agencies to accept new referrals and to access services for clients. The program continues to provide outreach to the community and the staff offers counseling and support groups. A van is available for medical and ancillary appointments. This program is non-mandated by the state. Due to budget constraints, this program will be turned over to AIDS Community Service early in 2003.

Prevention Programs

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.

Medicaid Obstetrical Maternal Services (MOMS) – Services are intended to supplement obstetrical services provided by private medical practitioners, including nutrition and psychosocial assessment and counseling, health education and coordination of other services needed by Medicaid-eligible women during pregnancy and for a period of up to 60 days after delivery.

Childhood Lead Poisoning Prevention Program – The program ensures that all children have access to lead screening. Children with high lead levels receive care coordination to ensure that medical, educational and environmental services are provided.

Refugee Program – The program works with representatives from resettlement agencies and other health care providers to improve refugees' access to health care.

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.

Sexually Transmitted Disease (STD) – 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 among the residents of Niagara County. Dr. Sauvageau resigned as the medical director for the STD clinic in December since he was called into active military duty. Dr. R. Keith Felstead took over when Dr. Sauvageau resigned.

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. The nursing division provides immunizations at a minimal charge to all individuals over age nineteen upon request. Promotional clinics are held throughout the year, which include kindergarten round up and ABCD Day Care. Influenza clinics are offered each fall at various sites throughout the county, including private homes for the homebound.

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.

Wanda Smiley
Director of Patient Services

**NURSING DIVISION ACTIVITIES
2002**

CERTIFIED HOME HEALTH AGENCY (CHHA)

Unduplicated patient count	<u>2001</u>	<u>2002</u>
	917	818

Total visits are as follows:

	<u>2001</u>	<u>2002</u>
* Nursing	10,657	10,155
IV visits included	653	1265
TB/DOT visits included	419	301
Home Health Aide	5,756	5,185
Personal Care Aide	---	13
Physical Therapy	1,832	1,551
Occupational Therapy	241	188
Speech Therapy	65	70
Medical Social Worker	46	40

LONG TERM HOME HEALTH CARE PROGRAM (LTHHCP)

Total visits are as follows:

	<u>2001</u>	<u>2002</u>
* Nursing	2,498	1,987
IV visits included	18	14
Home Health Aide	8,425	7,100
Personal Care Aide	6,317	5,799
Physical Therapy	500	503
Occupational Therapy	87	81
Speech Therapy	35	85
Medical Social Worker	621	466
Nutritionist	39	24
Lifeline	---	310
Caseload at end of year	78	64

DSS AIDE EVALUATION VISITS

Total visits for 2002 are as follows: 1,425

PRI/SCREEN VISITS

Total visits for 2002 are as follows: 90

AIDS CASE MANAGEMENT

	<u>2001</u>	<u>2002</u>
Clients receiving assistance at the end of year	60	63
Number of clients on caseload at end of previous year plus number of new cases during year	68	72

The following demographics describe the participants of the AIDS Case Management Program.

	Grant funded		Medicaid funded	
	%		%	
	<u>2001</u>	<u>2002</u>	<u>2001</u>	<u>2002</u>
<u>Gender</u> Male	44	43	43	42
Female	56	57	57	58

	Grant funded		Medicaid funded	
	%		%	
	<u>2001</u>	<u>2002</u>	<u>2001</u>	<u>2002</u>
<u>Ethnicity</u>				
W, Non-Hispanic	29	28	35	34
Hispanic	2	3	9	9
Asian	--	--	--	--
Black	69	69	56	57
Native American	--	--	--	--
Other	--	--	--	--

Medicaid clients served: 43 48

The AIDS Case Management program also provides outreach to the community. Twenty-seven (27) events were held in schools, agencies and during community events to reach 861 individuals in 2002. Fifty-two (52) support groups were held to assist 33 individuals with a duplicated attendance of 321.

IMMUNIZATION PROGRAM

	<u>2001</u>	<u>2002</u>
Immunization clinics	45	35
Attendance	1,106	694
Immunizations given	1,444	995
Private Pay clinics	---	22
Attendance	---	278
Immunizations given	---	360
Promotional clinics	---	5
Attendance	---	86
Immunizations given	---	145

WELL CHILD CLINICS

	<u>2001</u>	<u>2002</u>
Attendance	281	217
Number of clinics held	17	34
Immunizations given	760	568
Referred to Child Health Plus	---	183
Hemoglobin tests for WIC	---	38
Referrals to WIC program	---	12
Finger stick lead tests completed	---	36

IMMUNIZATION GRANT

A total of five (5) PBII (Provider Based Immunization Initiative) immunization assessments were conducted in 2002. Four were at physician's offices and one at a daycare site. The overall county range of fully immunized two-year olds remains at 84%. The NCHD clinic rate was 72%.

INFLUENZA (FLU) CLINICS

	<u>2001</u>	<u>2002</u>
Flu shots administered	1,867	1,842
Number of clinics held	21	21

A total of 190 doses were dispensed to five physicians and one nursing home serving Niagara County. The rest were used by the NCHD.

A total of 156 pneumonia vaccines were administered in 2002. There were 49 billed to Medicare, 93 billed to other insurance and 14 paid for by the client receiving the vaccine.

REFUGEE PROGRAM

Health assessments for refugees arriving in 2002:

Russian States	17
Iran, Other	5

Services offered to the Refugee population include immunization of children, hemoglobin screening, assistance with WIC applications and physician referrals if needed for health assessment physical. All refugees attending initial clinic appointments are provided with an interpreter if they do not speak English and do not have someone to interpret for them. Refugees are educated about the importance of tests included in the health assessment, immunizations and the importance of choosing a primary physician for ongoing follow-up.

CHILDHOOD LEAD SCREENING AND PREVENTION PROGRAM

Children from six months through five years of age with elevated lead levels are followed. A total of 58 children were newly identified. Twelve (12) 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.

	<u>2001</u>	<u>2002</u>
Number of children carried in the program	242	168
Number of children newly identified to have elevated lead levels (equal to or above 10mcg.)	55	58
Home visits	50	86
Number of chelations	0	0
Number mobilizations	0	0

PROLIXIN ADMINISTRATION CLINIC

A Prolixin Administration Clinic, in cooperation with the Niagara County Mental Health Clinic, operates at both the Lockport and Niagara Falls sites. A nurse is present at the mental health clinic on a weekly basis to administer intramuscular (IM) medication to clients with the goal of controlling their symptoms and preventing hospitalization.

	<u>2001</u>	<u>2002</u>
Total visits	480	409

TUBERCULOSIS

The following statistics illustrate the clinic activities:

	<u>2001</u>	<u>2002</u>
Tuberculosis cases	5	1
Suspect cases	1	3
Tuberculosis clinics	24	24
New visits to clinic	75	35
X-rays taken	15	15
Tuberculin tests	115	95
Positive	14	25
HIV tests	15 all neg.	25 all neg.
Patients on Directly Observed Therapy (DOT)	5	3

SEXUALLY TRANSMITTED DISEASE

Clinics are held twice weekly to test and treat sexually transmitted diseases. Counseling and testing for HIV are also offered. Clinics are held in the Trott Complex in Niagara Falls. The VSR clinics were incorporated into one of the weekly clinics in 2002. Note the additional statistics, which were not reported previously.

The following is a summary of clinic activity:

	<u>2001</u>	<u>2002</u>
Number of clinics	99	94
Vice Squad Referral (*VSR clinic)	6	0
Attendance at clinics	1,333	1,411
Chlamydia cases (CT)	---	120
Gonorrhea cases (GC)	152	149
Human Papilloma Virus cases (HPV)	---	44
Non-Gonoccal Urethritis cases (NGU)	---	100
Syphilis cases	0	0
Trichomatis cases (Trich)	---	45
HIV tests done	585	573
Positive results	3	2
Confidential HIV tests	540	553
Anonymous HIV tests	45	20
Hep C tests done	---	500
Positive results	---	16
Hep A vaccine administered	---	42
Hep B vaccine administered	---	417

MEDICAID OBSTETRICAL MATERNAL SERVICES (MOMS)

This program provides education, nutritional and social work support for low-income pregnant women.

	<u>2001</u>	<u>2002</u>
Clients enrolled	96	54
Home visits	299	189

COMMUNICABLE DISEASE AND SURVEILLANCE

New York State requires physicians, hospitals, laboratories and clinics to report these directly to the local health unit. During 2002 the Nursing Division conducted surveillance and follow-up on the following diseases that were reported to our agency:

Hepatitis C, Acute & Chronic: 182 new chronic cases reported

Hepatitis B, Perinatal: 2 new cases reported

Hepatitis B, Chronic: 34 new chronic cases reported

Amebiasis: 1 case in a child that immigrated to the United States of America.

Campylobacteriosis: 17 cases plus 3 suspect cases. The age ranged from 5 years old to 76 years old. 2 cases required hospitalization. 3 of the cases reported traveling outside of the country. 3 confirmed cases plus the 3 suspect cases reported travel outside of New York State. All of the cases recovered.

E. Coli O157: H7: There were 3 cases plus 1 case of E. COLI meningitis. The case of E.COLI meningitis expired. 2 of the other cases were hospitalized. The 3 cases of E.COLI O157: H7 recovered. The ages ranged from 23 years old to 72 years old. No one reported travel outside of the county.

Giardiasis: 10 cases reported. Ages ranged from 9 months to 73 years old. None of these cases required hospitalization. 1 case immigrated to the United States, 3 cases traveled outside of N.Y.S., 2 cases traveled outside of the country.

Haemophilus Influenzae, Inv B: 1 case in a 2-year-old, client had previously received the HIB vaccine. This case was hospitalized and did recover.

Haemophilus Influenzae, Not Type B: 5 cases, age ranged from 60 years old to 80 years old. All 5 cases required hospitalization, 1 case expired, and 2 recovered, and 2 cases that the outcome is unknown.

Hepatitis B: 1 case reported.

Legionellosis: 3 cases reported all cases were community acquired. All cases required hospitalization, 2 cases expired and 1 case recovered. Age range was 40 years old to 54 years old. All cases had co-morbidities.

Malaria: 1 case reported. This case had traveled outside of the country. Case did not require hospitalization and did recover. Client did obtain prophylactic treatment prior to her trip and took the medication as prescribed.

Meningitis, Aseptic: 5 cases, age range 20 days to 4 months, all were hospitalized and recovered. Hospitalizations ranged from 2 days to 11 days.

Meningitis, Other Bacterial: The statistics report 1 case. This case has already been listed under E.COLI. This case expired.

Pertussis: 8 cases total. 1 case occurred in January and 7 cases occurred September through November. The age ranged from 27 days to 18 years old. All recovered. 2 cases required hospitalization. A total of 88 contacts received prophylactic treatment.

Salmonellosis: 14 cases reported plus 1 suspect case. Age ranged from 6 months to 63 years old. 2 cases required hospitalization and recovered. 2 cases traveled outside of the county and were linked to an outbreak in that county. 4 cases had traveled outside of the state (Belgium, Canada, Alaska, Texas).

Shigellosis: 1 case reported, 69 year old who did not require hospitalization. This case recovered. No travel outside of the county reported.

Strep, Inv Grp A: 2 cases reported, age ranged from 83 years old to 85 years old. 1 case returned home and the other case was admitted to a skilled nursing facility.

Strep, Inv Grp B: 10 cases reported ranging in age from 1 month to 83 years old. Nine of the cases required hospitalization. 1 case died. Nine of the cases were antibiotic sensitive and one case did not have any sensitivity reports available.

Strep Pneumoniae, Invasive: 26 cases reported, age ranged from 3 months to 96 years old. 1 case was antibiotic resistant. 22 of the cases required hospitalization. 1 case occurred out of state and we were unable to obtain records and the client never returned our telephone message.

Yersiniosis: 2 cases, age ranged from 2 years old to 51 years old. Both cases recovered. 1 case traveled out of the state.

Gonorrhea: 358 cases reported.

Chlamydia: 420 cases reported.

Lyme Disease: 1 case. This case had traveled to the Hudson Valley.

Rabies: 48 individuals received rabies post exposure prophylaxis. 1 domestic cat tested positive for rabies. There were 2 cases of exposure to the rabies bait. Both cases involved individuals who removed the bait from their dog's mouth.

West Nile Virus: Approximately 15 individuals were tested due to their symptoms but none of the cases resulted in a positive case. This number is based on telephone calls from MD offices, Infection Control Nurses, and Private Citizens.

PUBLIC HEALTH EDUCATION

The Public Health Education division of the Niagara County Department of Health (NCDOH) is directed by one Public Health Educator who works collaboratively with NCDOH staff and community agencies to provide health education to professionals and Niagara County residents. This is accomplished by coalition building, in-servicing, grant writing and administration, community presentations, use of media, health fairs and other forms of social marketing.

In 2002 the Public Health Educator in conjunction with NCDOH staff provided 149 community presentations reaching approximately 4,090 individuals. The facilitator(s) of the presentation complete an evaluation to determine the effectiveness of each program.

Approximately 36 press releases related to a health topic were sent to local newspapers by the health educator. Each division of NCDOH prepares and submits press releases as necessary. Response tracking is done by keeping a record of telephone calls received for additional information or referral. In 2002, the press releases related to arthritis, cardiovascular disease and nutrition elicited the most responses.

The Public Health Educator co-produces and hosts a monthly television program on LCTV entitled Health Scope. The program features NCDOH services and chronic disease prevention information. The show is televised twelve times per month. In 2002, some of the topics included: Bio-terrorism, Emergency Preparedness, Immunizations and Flu shots, West Nile Virus, Diabetes and Nutrition. Also, Paulette Kline, Public Health Director, provided an overview of the status of public health in Niagara County.

A vital component in public health education is involvement with grants. In 2002, the March of Dimes awarded NCDOH with a one-year \$10,000 grant to promote STD testing of high-risk women in their childbearing years in order to improve birth outcomes. This project entitled Project HOPE (Healthy Outcomes through Prevention Education) is directed by the Public Health Educator with a goal of training 24 health professionals and 400 individuals. The outcome will be based on an anticipated increase in visits to the NCDOH STD clinic and evaluations from the trainers and trainees.

The Public Health Educator organized the Niagara County Diabetes Task Force which is funded through a NYSDOH grant – “The Western New York Diabetes Prevention Coalition”. The primary focus of the Niagara County Diabetes Task Force is the Native American population. A CDE (Certified Diabetes Educator) works as a consultant with the Community Health Workers Program and Tuscarora Clinic to provide outreach and education. In 2002, the Task Force developed a cookbook, “Native Treasures” that was distributed to every home on the reservation. A recent survey indicated that approximately 30% of those surveyed felt the book was helpful and use some of the recipes. In November of 2002 the WNY Diabetes Prevention sponsored a daylong community forum in Niagara Falls to address diabetes and other chronic diseases. Evaluation forms indicated those in attendance felt they gained valuable knowledge and would apply it to their diabetic care. Another community forum is scheduled in 2003 in Ellicottville.

The Public Health Educator partnered with Cornell Cooperative Extension to write a proposal for the NYSDOH Eat Well, Play Hard grant. This is a three-year grant for \$75,000 that will focus on childhood obesity. Announcements on grant awardees will be made in the spring of 2003.

The Public Health Educator along with the coordination of the Niagara Wellness Council submitted a proposal for the continuation of the NYSDOH Healthy Heart grant. This grant focuses on providing outreach and education in the prevention of cardiovascular disease. Under this grant the first Obesity Conference was held at the Power Vista with an attendance of 165 professionals. Follow-up evaluations revealed that the conference had provided individuals with information that they have incorporated into their personal and professional lives. Despite a strong proposal and Niagara County's high rate of cardiovascular disease, the five-year grant was not re-funded by the NYSDOH.

The Colorectal and Prostate Education grant is a three-year NYSDOH grant for approximately \$22,000, which focuses on the uninsured or underinsured 50+ populations. The Public Health Educator is the Project Director for this grant, which is coordinated through Roswell Park Cancer Institute. The grant provides education, testing, and referral for colorectal cancer. FOBT (Fecal Occult Blood Test) is provided at no charge and screened at Roswell Park Cancer Institute. Follow-up care is provided if necessary. Niagara County's goal was to screen 120 individuals. In 2002, fifty were screened. This number may seem low; however, the fiscal year for this grant is April 1, 2002 – April 1, 2003. Therefore, the four months of 2003 are not reflected in the total.

A vital component to public health education is establishing and nurturing partnerships with other health care organizations and hospitals. This is accomplished by collaboration on grant searches, grant writing, assisting and supporting each others' initiatives and missions, participating on coalitions, advisory boards and ad hoc committees. The Public Health Educator is involved in fifteen such coalitions and has established a rapport with key personnel from health care and hospitals. This allows for reciprocal referrals and assurance of health care services for Niagara County residents.

Claudia Kurtzworth
Public Health Educator

2002 ANNUAL REPORT FROM THE OFFICE OF PUBLIC HEALTH PLANNING AND INFORMATION

Building the foundation for a brand new program is exciting and challenging, although labor and time intensive. Since assuming the role of Public Health Planning and Information Officer in the second week of February 2002, activities have been non-stop and prolific.

In addition to addressing several Public Health issues such as Pertussis and SARS, the main focus this past year has been Public Health Emergency Planning initiative. This involved developing a workable Public Health Emergency Response plan and Grant Budget acceptable to the New York State Department of Health and the Centers for Disease Control (now under the Department of Homeland Security umbrella). The Niagara County Public Health Plan for Emergency and Bioterrorism Preparedness and Grant Budget (\$219,787.00) and Work plan was approved by the New York State Department of Health in July 2002.

Several objectives with measurable outcomes needed to be established before a viable draft plan could be developed: 1. Identify threats and assess vulnerability. 2. Identify key departments, agencies and potential partners who would be involved or affected by a Public Health Emergency. 3. Evaluate capacity and resources within Niagara County. 4. Assess existing communications and response infrastructure. 5. Establish a collaborative network within our county, region and state for the purpose of information sharing and interfacing plans. 6. Identify special needs and disparate populations. 7. Establish and reinforce Niagara County Department of Health as an integral and essential force in the Emergency Response matrix through education and training, risk communication, visibility and accessibility to the community locally and regionally. As the state and county plans are continuing to evolve and improve as we build up our core infrastructure, the activities related to meeting these objectives are expanding and remain ongoing.

1. We have established an ever-growing Multi-disciplinary Health Emergency Alert and Response Team (HEART). The team includes Mental Health, physicians, pharmacists, educators, nurses, Emergency Management, first responders, law enforcement, border patrol, military representatives, the Red Cross, a veterinarian, representatives from all divisions within the Department of Health, and three Board of Health members. Our members serve both in an advisory capacity, and as active workgroup members for various presentations, exercises and projects. They also serve as reliable conduits for disseminating information through their professional and community connections and for relaying information from these groups to the NCDOH. Our HEART members have volunteered their time, energy and expertise to participate in Public Health seminars and exercises.
2. Niagara County Department of Health was the first in the Western Region to plan and execute a Regional Smallpox Mass Immunization Clinic Exercise, which included participants representing 47 different agencies. During a debriefing evaluation meeting, NYSDOH scored Niagara County at 9 out of 10 overall.

3. Erie County Department of Health has sub-contracted Niagara County to provide Risk Communication Education and Training for the seven other counties in the Western New York Public Health Alliance for \$100,000.00 in additional grant money.
4. Niagara County was also the first county to complete the critical Communications Directory on the New York State secure Health Information Network (HIN). We provided information and guidance to all five hospitals to access the Health Provider Network and complete their Communications Directories, and have reached 90% of our goal to provide HIN/HAN (Health Alert Network) access to all Niagara County Department of Health employees.
5. Niagara County was the first to address zoonotic disease surveillance and the need for sentinel sites as part of the Emergency Response Plan and developed the most complete and comprehensive epidemiology plan component, as evaluated by NYSDOH.
6. Emergency plans from Emergency Management, Mental Health and all five Niagara County Hospital Emergency Response plans were submitted to Niagara County before June of 2002 for review and integration. Capacity assessments and key emergency contact numbers for all agencies in Niagara County have been completed and documented.
7. Niagara County holds regular meetings with local, regional, state and Canadian representatives. Our trainings and meetings continue to draw a good response and most are held at the Niagara County Public Safety Training Facility to accommodate at least 50 people.
8. We have established the Public Safety Training Facility as the emergency communications hub and the Emergency Operations Center (EOC). Our partnership with the Director of Emergency Management has been mutually beneficial and has strengthened our capacity to respond in an emergency. We were awarded an additional \$40,000.00 in indirect funds by the State of New York for improving our information technology and communications infrastructure. With this money, New York State provided four cell phones to our key response individuals in the Department of Health, sent two wireless internet cards for our laptops for access to the HIN, HAN and e-mail alerts, installed four high speed alternate digital internet connections (ISDN lines) and purchased a videoconferencing unit (VCU) for use at the EOC. The unit links right to the New York State Central Office in Albany and will save the county and the state travel time and expense for many of the conferences once it is fully operational. Niagara County plans to implement this system by transmitting future trainings to other counties via the Albany NYSDOH digital bridge.

The Niagara County Department of Health has demonstrated leadership, creativity and initiative in its public health endeavors. The New York State Department of Health Regional Representatives have remained extraordinarily supportive of our program, have freely offered their expertise and guidance and attended most of our meetings, exercises and events. The outcomes of our efforts have been positive and productive.

Some of the trainings, activities and duties coordinated or performed by the Public Health Planning and Information Officer are listed below. If any one attribute of this program should be highlighted, it is opportunity - opportunity to connect with others, to exchange knowledge and share resources, to teach others accurate Public Health Information, and to be prepared for any disease outbreak or emergency.

Trainings:

Public Health Emergency Response to Bioterrorism, Public Health Core Functions	02/13/02
Overview of Bioterrorism and Public Health Response for Directors and Supervisors	02/25/02
Overview of Public Health Emergency Response/Smallpox Mass Vaccination Preparation - Public Health Medical Consultant	05/02/02
Preparing for Terrorism Session II Combined Incident Command/Overview of Smallpox Response Training Seminar	10/16/02
Mass Vaccination Clinic Training for Clerical	10/17/02
Influenza/Smallpox Simulation Mass Immunization Clinic Exercise	10/29/02
Overview of Smallpox Vaccination and Immunodeficiency Disease	11/27/02
Smallpox vaccination and HIV-Regional HIV Coalition Task Force Varysburg	12/09/02
Overview of Smallpox Vaccination and HIV Infection “Know Your Status” Public Health Initiative- Western NY Public Health Alliance	12/12/02
Overview of Public Health Response for Bioterrorism and Preparation for Smallpox-Annual State of the Niagara County Department of Health Meeting Niagara County Community College	01/06/03
Smallpox Preparedness training - MSM hospital- am and pm sessions	01/08/03
Information for Health Department Personnel Regarding Smallpox and the Federal Smallpox Vaccination Plan Training	01/30/03
Preparing for Smallpox -WNY AIDS Public Health Coalition Varysburg	02/10/03
Preparing for Smallpox Meeting with the 914 th Reserve Unit (AFRC)	02/11/03
Regional Smallpox Training and Tabletop Exercise -EOC	02/28/03 10am-4 pm
New York State Vaccination Data Management System Smallpox Pre-event Vaccination Data entry training for clerical	03/08/03
Vaccine Educator, Medical Screener and Site Evaluation Training for Hospital Smallpox Response Teams	03/17/03
Smallpox Clinic Roles Training for the Chautauqua County Clinic Team- Jamestown Community College	04/02/03 1:00-3:30pm
SARS Multi- agency regional training	04/25/03 9:00am-1:00pm
SARS Training and Update Meeting for Educators, School Nurses and Childcare Representatives	04/27/03 1:30pm-3:30pm
New York State Health Information Network Training for Emergency Management	05/09/02 2:00pm-3:30pm
RegionalClinicOrientationand post-Clinic PVS Data Training- EOC PENDING	05/13/03 8:00am-1:30pm
Smallpox Multi-agency Exercise NCDOH, EMS, MSM, NFMCC PENDING	06/07/03 8:00am-12:00pm
Regional Botulism Tabletop Exercise	Pending 07/03
Monthly Multi-agency HEART Meetings and trainings	2002-2003
NYSDOH Health Information Network/Health Alert Network/Health Provider Training ongoing	2002-2003

- Smallpox Risk Dissemination School Training Workshop Project 08/13/02
- Smallpox Vaccination Understanding a Changing World Parent’s Guide 09/27/02
- Regional Smallpox /HIV Workgroup Facilitator/Planner 10/02-03
- Smallpox Vaccination: “Know Your HIV Status” Risk Communication 12/10/02
- Campaign
- Public Health Contacts for Smallpox 10/14/02

- Smallpox Resource List for Public Health Nurses 02/11/03
- Smallpox Training and Risk Communication/Information Dissemination 03/06/03
- Packets and Smallpox Training and Tabletop PowerPoint CD-Rom
- developed and distributed to alliance counties and requesting hospitals.
- Press Releases
- Coordinated Pertussis Risk Communication/Information 12/05/02
- Public Health Response Activities with Channel 7 News.
- Healthscope (Smallpox information, showed clip of clinic) 11/19/02
- Health Fair, Colonel Payne School, North Tonawanda, New York 03/25/03
- Bioterrorism Coordinator
- Public Health Information
- New York State Data Management System Pre-Vaccination System Data Manager
- New York State BT Education Contact and Coordinator
- New York State Public Affairs Group BT Work Group Committee for Risk Dissemination and Public Health Information
- New York State Public Health Preparedness Primary Contact
- New York State Public Health Preparedness Planning Contact
- New York State Public Health Preparedness Epidemiology Contact
- New York State Public Health Preparedness Health Alert Network Contact
- New York State Public Health Preparedness Risk Communication Contact
- New York State Public Health Preparedness Education and Training Contact
- New York State Vaccination Medical Screener
- New York State Smallpox Vaccinator
- New York State Vaccine Adverse Event, Site and Take Coordinator
- New York State Local Health Department Hospital Response Data System Incident Commander
- Electronic Clinical Laboratory Reporting System (ECLRS) evaluation and certification of Hospital laboratories
- Department of Justice Survey of Local Bioterrorism Preparedness
- New York State Expanded Behavioral Risk Factor Surveillance System 06/10/03
- Municipal Health Services Plan and Community Health Assessment for Emergency Planning Activities
- Niagara County Information Technology/Communications Capacity Assessment
- Internet Security Survey
- Health Emergency Alert and Response Team (HEART) Coordinator
- New York State Health Information Network (HIN) Coordinator
- Hospital Emergency Response Data System (HERDS) Manager
- EMS Council Member
- Association For Practitioners in Infection Control (APIC) Public Health Representative
- Communications Directory Management
- National Electronic Disease Surveillance Focus Group
- Electronic Clinical Laboratory Reporting System
- Niagara County Department of Health IT Committee
- New York State Emerging Infections Program Contact

SPEECH, HEARING, AND LANGUAGE CENTER

Introduction:

The Speech, Hearing, and Language Center is a Niagara County Article 28 Diagnostic and Treatment Center specializing in the treatment of communication disorders. The Center is a division of the Niagara County Department of Health.

The Center operates two full-time sites at: 5467 Upper Mountain Road, Lockport (716-439-7460) in the Shaw Building; and 1001 Eleventh Street, Niagara Falls (716-278-8180) in the Trott Access Center. In addition, the Center has a full-time presence at the Newfane Early Childhood Center, 6048 Godfrey Road, Burt (716-778-6351) where two half-day preschool special education classes are operated daily. In September 2001, a half-day preschool special education class was also opened in the Lewiston-Porter school district (716-754-8281). Finally, the Center has 15 part-time clinics through the New York State Health Department.

The New York State Health Department certifies the Center as an Article 28 Diagnostic and Treatment Center and as an Early Intervention Evaluation Site and Service Provider.

The New York State Education Department certifies the Center as an approved Preschool Special Education comprehensive evaluation site and service provider.

The New York State Department of State licenses the Center as an approved Hearing Aid Dispenser.

The Center continues to be an official affiliate site of Sertoma International and is a member of the network of the national Hear Now Program for hearing aid recycling.

Many highly specialized programs and services are offered to individuals from infancy through geriatric ages. Every patient receiving services at the Center benefits from a multi-disciplinary treatment approach that may include one or more of these professional disciplines:

AUDIOLOGY
SPEECH PATHOLOGY
SPECIAL EDUCATION
SOCIAL WORK
OCCUPATIONAL THERAPY
PHYSICAL THERAPY
EDUCATIONAL PSYCHOLOGY

Dr. Muhammad Zohur, an Otolaryngologist, serves as the Center's Medical Director. Stacy Lampman was named permanent director for the Center in 2002.

Grant Funds:

The Center's New York State Education Department Section 611/619 grant was renewed for the 22nd year. The grant allocation for the 2002-2003 grant year increased to \$75,667.00.

The grant funds support the Center's preschool special education service programs by providing occupational therapy and physical therapy services, as well as a portion of the cost of a speech clinic aide in the classroom. The grant also allows for the purchase of supplies and materials and staff development for our preschool functions.

Part-Time Clinics:

During 2002, we continued to operate 15 part-time Article 28 clinics through this Center. However, due to changes at the State level, there is a strong possibility that these part-time clinics will have to be discontinued in 2003.

Health Insurance Provider Status:

The Center continued to maintain provider relationships with a myriad of health insurances during 2002.

Health Insurance Portability and Accountability Act (HIPAA):

The Center is working closely with other divisions within the Health Department to meet the standards necessary to implement HIPAA regulations for our agency. Policies and procedures are beginning to be put into place and inservicing of staff will begin in 2003 to meet the April 14, 2003 deadline.

Staffing:

The demand for the Center's services continued to be strong, however due to huge deficits with the County budget and a push to cut costs, several positions were lost in 2002. These included two and a half speech-language pathologists and one audiologist.

Early Intervention Program:

A variety of services for children from 0-2 years of age are provided to children referred through the Niagara County Early Intervention Program.

A team of Center professionals conduct comprehensive evaluations, typically in the child's home. Individual therapies and family training are provided in the child's most natural environment. Two center-based classes of the Toddler Program are offered at the Lockport and Niagara Falls locations.

During 2002, the total units of service provided under the Early Intervention Program was 5,491.

Preschool Special Education Programs:

The number of preschool special education classes in an integrated setting decreased by one in 2002, as we terminated our collaboration with HANCI daycare at our Niagara Falls site due to a lack of enrollment. We continue to run two classes in the Newfane School District and one in the Lew-Port School District.

Through the Committee on Preschool Special Education process, children are approved to receive services through any of the following Center programs for Children 3-5 years:

Special Class In An Integrated Setting
Special Education Itinerant Teacher
Related Services
Comprehensive Evaluation

A total number of 11,103 units of service were provided under the Preschool Special Education Programs during 2002.

Speech Pathology Programs:

Children who are not eligible for any of the aforementioned specialized programs may obtain speech pathology services on an individual basis with third party coverage. Also, adults may also receive center-based speech pathology services in a similar fashion.

Speech Pathology services include diagnostic evaluations and ongoing speech therapy for persons of any age or type of speech/language/voice improvement.

Patients receiving speech pathology services may be treated at the Center's locations, part-time clinics, or contracted nursing homes, hospitals and medical day care sites.

The total number of services in speech pathology programs was 688 in 2002.

Audiology Programs:

Services provided in Audiology include diagnostic audiological evaluations, central auditory processing testing, nursing home audiological services, community hearing screening programs, and hearing aid dispensing.

During 2002, the number of audiology services conducted was 1,244. In addition, 58 audiological evaluations were conducted as part of the Early Intervention and Preschool Special Education Programs.

Typically, full diagnostic evaluations are conducted at one of the Center's primary sites due to the specialized equipment and sound site test chamber at each facility. Several of the Center's contracted nursing homes participate in the Nursing Home Audiology Program (described later), while other nursing homes transport their patients to the Center. Persons of any age can have their hearing evaluated.

Central Auditory Processing Testing:

Testing for Central Auditory Processing deficits in school-age children is a highly specialized procedure. The Center is the only facility in Niagara County that is trained to offer this service.

During 2002, 20 Central Auditory Processing evaluations were conducted. School districts and students families are the usual referral source. Ongoing collaboration and consultation with the student's school district is the typical follow-up in addition to direct therapy.

Nursing Home Audiology Program:

We currently have eight nursing homes where part-time clinics are located.

Through this program, the Center's Audiologists are present at the nursing homes on a regular basis. Thus, the consistency of comprehensive hearing care is provided through audiological evaluations, consults with nursing staff, hearing aid evaluations, instrument care, inservices, etc.

However, some contracted nursing homes continue to transport their patients to the Center's two primary sites.

Hearing Aid Dispensing Program:

The total number of hearing aids dispensed in 2002 was 133 instruments.

Of the 133 dispensed hearing aids, 82.7% were covered by Medicaid and insurance, while 17.3% were private pay. These percentages of payment sources have remained remarkably consistent since 1992. The total number of patient visits for the Hearing Aid Dispensing Program in 2001 was 811.

Community Hearing Screenings:

As a service to the community, hearing screenings are conducted at a variety of settings when requested, such as Head Start sites, health fairs, etc.

During 2002, 46 community hearing screenings were provided for children and adults.

University Affiliations:

The Center continues to be a practicum site for graduate students in audiology, speech pathology, and special education. Affiliations currently exist with the University at Buffalo, SUNY College at Buffalo, SUNY College at Fredonia, SUNY College at Geneseo, SUNY College at Plattsburgh, Elmira College, and Pennsylvania State College. The Center also can provide observational experience for Niagara County Community College students. During 2002, numerous students spent semesters at the Center.

Community Programs:

One of the largest, ongoing community programs offered by the Center is “Project: Find-Identify-Test.” This program is sponsored by the Sertoma Club of Niagara Falls and is designed to conduct hearing and/or developmental screenings of children who attend Countywide preschools, day cares, and early childhood locations.

During 2002, 727 children were screened at 21 sites through Project F.I.T.

Public education is another important goal of the Center. Educational talks, health fair presentations, inservices, television appearances, involvement in community groups and agencies, and newspaper articles are all ways in which the Center seeks to educate our community.

Services Rendered:

During 2002, a total of 1,854 patients were served and 19,316 patient visits were rendered.

The following pages highlight the number and types of services, number of patients, and various demographic data.

Stacy Lampman
Director

SPEECH, HEARING, AND LANGUAGE CENTER

SERVICES FOR 2002

AUDIOLOGY:

Hearing Evaluations	433	
Hearing Aid Sales Services	811	
TOTAL		1,244

SPEECH PATHOLOGY:

Evaluations	60	
Speech Therapy	611	
Consultations	17	
TOTAL		688

EARLY INTERVENTION PROGRAM:

Evaluations	127	
Toddler Program	1,927	
Related Services	3,389	
Toddler Hearing Services	18	
IFSP Meetings	15	
Service Coordination	15	
TOTAL		5,491

COMMITTEE ON PRESCHOOL SPECIAL EDUCATION:

Evaluations	699	
Related Services	2,331	
Special Education Itinerant Teacher Program	331	
Preschool	132	
Preschool Integrated – Special Needs Children	2,888	
Preschool Integrated - Non-Disabled Children	4,423	
Preschool Hearing Services	40	
CPSE Meetings	211	
TOTAL		11,103

Other Conferences/Consultations	15	
Other Meetings	2	
Community Screenings	773	
TOTAL		790

TOTAL NUMBER OF SERVICES		19,316
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2002 UNDUPLICATED NUMBER OF PATIENTS

New Patients	816
Patient Treated/Seen Previously	265
Patients Seen in Screening Programs	773

TOTAL UNDUPLICATED NUMBER OF PATIENTS **1,854**

2002 AGE/SEX ANALYSIS

AGE/SEX	PATIENTS	SCREENING PROGRAMS	TOTAL
Children/Male	377	365	742
Children/Female	155	386	541
Adult/Male	190	3	193
Adult/Female	359	19	378
TOTAL	1,081	773	1,854

Males	50.4%
Females	49.6%

Children	69.2%
Adults	30.8%

2002 PATIENT DEMOGRAPHICS

TOWN	PERCENT
Cambria (Sanborn)	1.8
Hartland (Middleport)	1.7
Lewiston	2.9
Lockport	27.6
Newfane (Burt, Olcott)	8.3
Niagara Falls	33.3
North Tonawanda	4.6
Porter (Ransomville, Youngstown)	4.7
Royalton (Gasport)	2.6
Somerset (Appleton, Barker)	1.1
Wheatfield	---
Wilson	1.6
Areas Outside of Niagara County	9.8