

NIAGARA COUNTY
DEPARTMENT OF HEALTH



ANNUAL REPORT

2003

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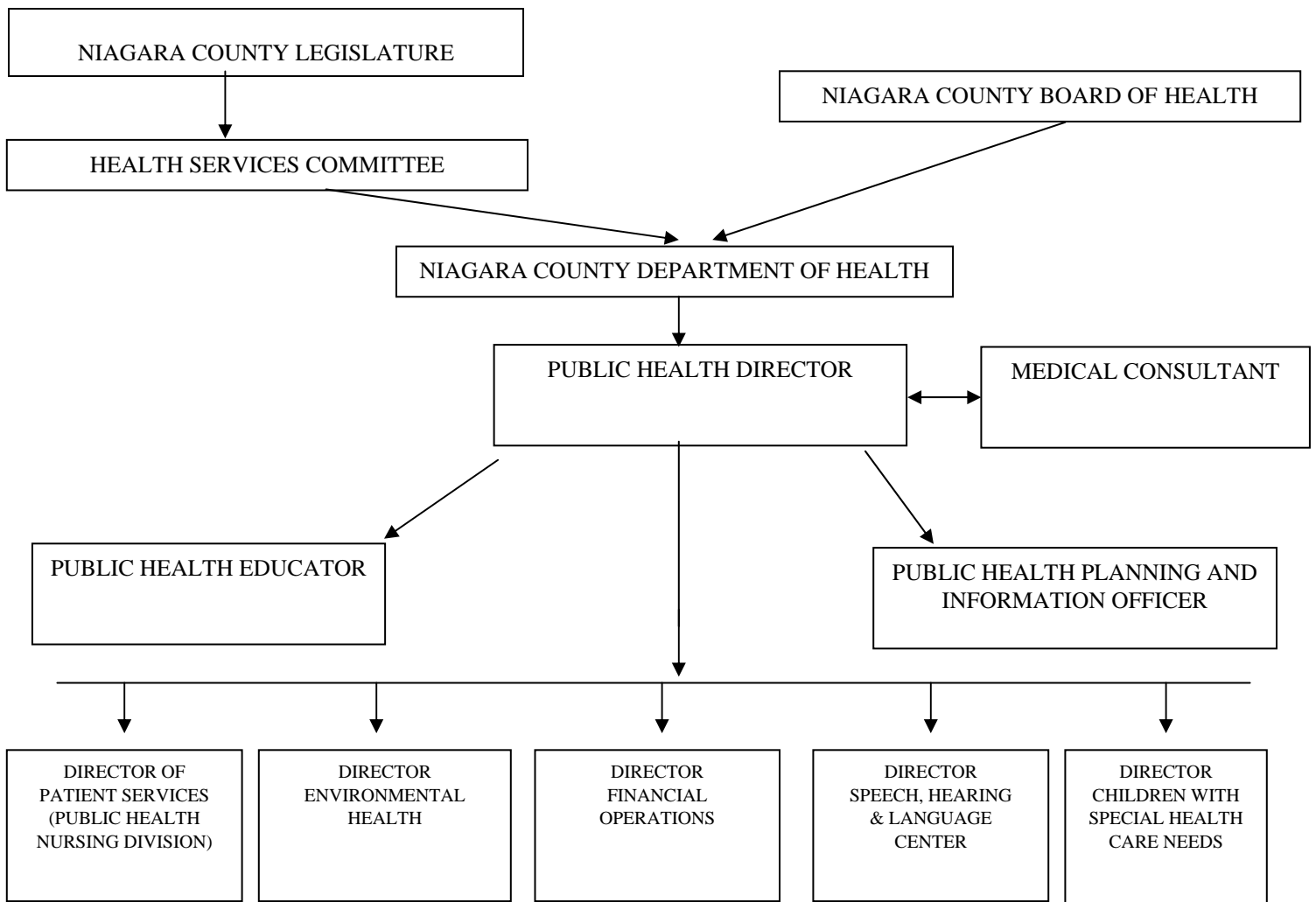


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2003 NCDOH Annual Report-Paulette M. Kline R.N., M.Ed., M.P.H.

Our greatest challenge today in Public Health is to sustain a shared commitment by all stakeholders to reduce health disparities between populations and create interventions that increase health equity. Global health issues will continue to greatly effect how we track and control chronic disease and human genomic science will bring new challenges in Public Health ethics and policy development. AIDS, chronic illness and toxic waste have been added to the Public Health agenda over the last several years and I see our department having an increased role in these areas through out the public health system in Niagara County and Western New York.

In 2003 the department and Board of Health continue to assess the healthcare needs within our community and to evaluate the capacity of the public health system that serves our residents. There has been greater emphasis on the core public health functions of assurance; assessment and policy development and we have made significant strides to increase our level of competency.

Our relationship with the five hospitals in Niagara County is stronger than ever, as well as collaboration with emergency response agencies, law enforcement, Mental Health, medical and veterinary communities, schools, and other health and human and government agencies.

We continue to focus on assessment of our strengths and weaknesses, capacity building within our agency, enhanced information technology, disease surveillance, social marketing to change health behaviors and Public Health marketing to help our partners understand the importance of a strong and viable Public Health Department in Niagara County.

Major Niagara County Department of Health accomplishments for 2003:

- The operation of the health department was completed at costs less than the budgeted expenditures.
- No food or water borne outbreaks of disease in Niagara County.
- Enhancement of Internet and non-internet communications equipment and increased training for information technology and communication, especially with access to the NYSDOH Health Information Network (HIN).
- Completion of the Integrated Veterinary and Public Health Response Plan and Animal Shelter Contingency Plan for Zoonotic Disease Outbreaks, approved by NYSDOH for Niagara County and adopted as a model plan for the state of New York.
- In an effort to increase fiscal responsibility we planned implementation of the consolidation of the Speech and Hearing Division into the Early Intervention Program.
- After many years of planning and consultation with the Town of Wilson, construction of the public sewers on Sunset Island, along with the upgrading of the public water supply system was initiated in the fall of 2003.
- The Environmental Health Division worked with all county public water supply systems to conduct vulnerability assessments and to develop and get approval for their emergency response/security plans
- The Nursing Division submitted a plan to the Board of Health and County Legislature to decrease cost of Certified Home Health Agency (CHHA) and increase enrollment into Long Term Care Program, "Nursing Home Without Walls", to better serve the most vulnerable elderly population in our county.
- We accepted responsibility from the NYSDOH to manage and coordinate the Health Living Partnership, a combination of the Breast/Cervical and colorectal grants in cooperation with HANCI, Niagara County hospitals, 15 healthcare agencies and other healthcare providers in Niagara County.

- Completion of submission of the Niagara County Smallpox Infectious Disease Outbreak Plan, approved by NYSDOH.
- Development and completion of the Special Needs Population Risk Communication Survey tool for the eight counties of Western New York as part of our contract with the WNY Public Health Alliance.
- Enforcement of the new rabies law, effective April 2003, citing unvaccinated pets. Ferrets were also included in our rabies immunization clinic, for the first time.
- Interagency and cross-border integration and collaboration with WNY, NYS and Canadian officials.
- The department received a beach grant from the NYSDOH via the Environmental Protection Agency to assist with our Lake Ontario water quality program.
- Our first Adolescent Tobacco Use Prevention Act (ATUPA) training class for those that sell cigarettes illegally to minors was held.
- Health Education Division received a grant from the NYSDOH for \$22,000 to develop and implement a cardiovascular disease prevention program. This program entitled “Heartbeat Niagara” was developed by our Public Health Educator and was implemented through the Niagara Wellness Council.
- We partnered with Niagara University and Niagara County Community College to obtain joint funding with Erie County to become an Area Health Education Center with a satellite office at Niagara University. The mission of the agency to increase opportunities for students in the healthcare professions, especially in minority populations.

CHILDREN AND ADULTS WITH SPECIAL NEEDS PROGRAM

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

2003 was a very challenging, yet productive year for the division. Due to lay-offs and retirement of key positions, a shifting of staff duties was necessary in order to accomplish program goals and objectives. Guided by our Public Health Director, Paulette Kline, and in an effort to increase fiscal responsibility yet continue to provide quality services, consolidation activities for the Speech and Hearing Division within Niagara County Health Department into the Early Intervention Program housed within this division, began. A great deal of time and preparation was devoted by key staff to ensure that a smooth consolidation would occur effective January 1, 2004.

Though taxing at times, 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 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 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

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.
- 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.

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. 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
- A in-state residential special education program

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 as well as receive funding from the New York State Department of Education.

We were fortunate to be granted permission to have a vacant position filled within this program although the position remained vacant for the first part of 2003. The new Preschool Computer Software Program, which we have been using for approximately two (2) years now, has proved to be beneficial 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 though twenty-one. 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. We are 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 142 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 2003, the staff again put forth a great effort in conducting 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.

Visits to all pediatricians, and family practice providers were made. 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 office. Staff also 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.

A television presentation was also conducted and displayed on public access TV with an estimated audience of 30,000.

Coupons informing the public of the Children with Special Health Care Needs Program were sent through commercial "Super Coup" mailings to all households within the county.

Children with Special Needs Division – 2003 Data

Early Intervention Program:

Total number of children referred:		436
	Males:	276
	Females:	160
Age of children referred:	0 yr. – 11 months:	83
	1 yr. – 23 months:	184
	2 yrs. – 35 months:	168
	3 yrs.+	1

Preschool Special Education Program:

Total number of children receiving services:	989
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Males: 701
 Females: 288

Services per School District:

<u>District</u>	<u>Program (Specialized Preschool)</u>	<u>Related Services</u>
Akron	2	0
Barker	3	15
Lewiston-Porter	30	52
Lockport	73	155
Newfane	22	42
Niagara Falls	63	137
Niagara Wheatfield	26	61
North Tonawanda	69	130
Royalton-Hartland	3	20
Starpoint	21	22
Wilson	4	21

Physically Handicapped Children's Program:

Total orders received:	430
• Private insurance:	332
• Medicaid:	98
• New:	82

Disposition of orders:

- 275 - approved
- 12 - decision pending (orthodontia)
- 3 - decision pending (medical)
- 115 - 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 2003.

Orthodontia screening clinics:

Total number of clinics:	4
Scheduled appointments:	91
• Approved:	59 (1 New and 58 Progress)
• Discontinued or Closed:	0
• Did Not Attend or Cancel:	32
• Resubmit:	0
• Not Within Scope of Program:	0

There were no children whose parents requested rescreenings in 2003.

Orthopedic screening clinics:

Total number of clinics:	6
Scheduled appointments:	142
Number of appointments kept:	57
1) Medicaid	28
2) Non-Medicaid	26
3) No Insurance or Medicaid	3

Number of Authorizations and Reports of Individual Consultation or Evaluation: 38

Children with Special Health Care Needs Program

Total number of client encounters:	138	
Number of encounters per quarter:	Jan.– March	28
	April – June	32
	July – Sept.	52
	Oct. – Dec.	26
Total number of call-in encounters:	20	

Lisa M. Chester, B.A., M.P.A.
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 necessary environmental health protection services and deliver them in an efficient manner. Bioterrorism planning continued to demand staff time with planning efforts evolving to deal with the myriad of issues that require Division attention. Food-borne disease, radiological health, chemical spills and releases, and public water supply contamination are being addressed by the Division. Construction of public sewers on Sunset Island in Wilson along with the upgrading of the public water supply system on the island was initiated in the fall of 2003. The annual oral rabies vaccination program continued for the ninth consecutive year with rabies cases continuing at manageable levels. Enforcement of the new rabies law was initiated citing unvaccinated pets. Last year marked the first year that ferrets were vaccinated at our rabies clinics. The Clean Indoor Air Act regulations enacted at the State level, delegating enforcement to the Department, demanded a great deal of our time and effort during the last third of the year. Compliance education, complaint investigation, enforcement, and the development of waiver criteria were in the forefront. West Nile Virus was confirmed in birds and mosquitoes in several areas of the County with declaration of a public health threat issued by the State Health Department in July. Due to workload demands in core programs and fewer staff, routine housing and nuisance complaints were referred to local municipalities for assistance. This did not prove popular as municipalities face similar issues, and it is feared that the people that really require service are not getting it, and the public health is suffering as a result. The Department received a beach grant from the New York State Department of Health via the Environmental Protection Agency to assist with our Lake Ontario water quality monitoring program. Our first certified ATUPA training class for those that sell cigarettes (do's and don'ts) was held in late 2003. ATUPA contracts continued with our local law enforcement agencies to include the Niagara County Sheriff's Department. The Division assisted the Niagara County Refuse District with their hazardous waste drop off days conducted throughout the County. The mystery of the onion odor in Newfane was solved by the Division with legal action taken. We worked extensively with the U.S. Army Corp of Engineers and the community on issues surrounding the former Lake Ontario Ordnance Works in the Towns of Lewiston and Porter. We assisted in the work plan for ongoing investigation of the County owned Flintkote site in Lockport and the Dussault Foundry site in Lockport. The Division took the lead on the Department's IT Committee to assist with Department data and its proficient usage. We continue to enhance our emergency preparedness efforts for a variety of disaster scenarios. We have worked with our public water supply systems on their security issues, vulnerability assessments, and emergency response plans. Our regular inspection program activities coupled with complaint response continued to occupy the majority of our time, and we continue to provide the environmental health services needed to maintain and

improve public environmental health in our community.

2003 Performance Measures

- There were no 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 seven reportable injuries at our regulated children's camps.
- All reportable childhood lead poisoning events were investigated and resolved.
- There were no drownings at any County regulated beach or pool.
- There were nine confirmed rabid animals in the County.
- There were fifteen positive West Nile Virus mosquito pools and two positive West Nile Virus birds confirmed in the County.
- There were no major rodent related disease issues in the County.
- Public health hazard rates per program inspections are as follows:

- Adolescent Tobacco	7%	with public health hazards
- Clean Indoor Air Act	4%	with public health hazards
- Children's Camps	0%	with public health hazards
- Bathing Beaches	0%	with public health hazards
- Swimming Pools	16%	with public health hazards
- Campgrounds	0%	with public health hazards
- Temporary Residences	9%	with public health hazards
- Migrant Labor Camps	13%	with public health hazards
- Food Service	19%	with public health hazards
- Mobile Home Parks	1%	with public health hazards
- Individual Sewage Disposal	33%	with public health hazards
- Radiological Health	0%	with public health hazards
- Public Health Nuisances	29%	with public health hazards
- Individual Water Supply	0%	with public health hazards
- There were 104 formal enforcement actions taken by the Department.
- There were over 2,200 complaints investigated by the Department with an average resolution rate of

88%.

FISCAL ADMINISTRATION

Expenditures – 2003

In the Administration of the Health Department budget for 2003, it was necessary to bring 22 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 52 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.

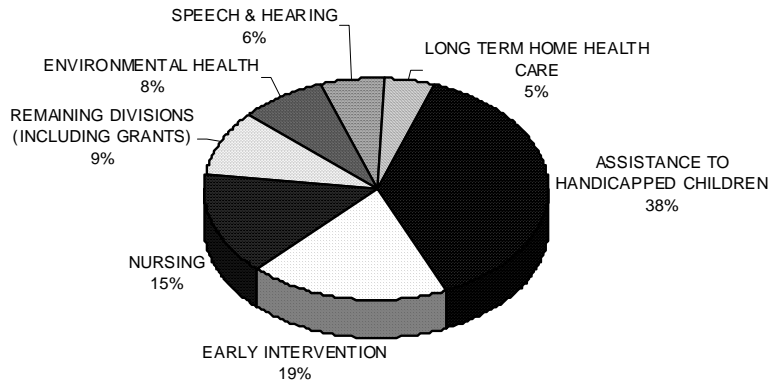
Division	Budget	Expended	Under Budget	Percent*
ADMINISTRATION	\$947,709	\$798,082	\$149,627	4.8 %
NURSING	2,958,592	2,609,658	348,934	15.0
LONG TERM HOME HEALTH CARE PROGRAM	1,210,641	941,621	269,020	6.1
ENVIRONMENTAL	1,706,534	1,648,554	57,980	8.7
SPEECH & HEARING	1,383,053	1,277,191	105,862	7.0
HEARING AID DISPENSING	71,053	64,371	6,682	.4
PHYSICALLY HANDICAPPED CHILDRENS PROGRAM	425,046	431,324	(6,278)	2.2
ASSISTANCE TO HANDICAPPED CHILDREN**	6,372,742	6,305,182	67,560	32.3
EARLY INTERVENTION	4,216,992	4,006,108	210,884	21.4
LABORATORY	72,401	65,829	6,572	.4
TOTAL	19,364,763	18,147,920	1,216,843	98.3

GRANTS	341,357	309,857	31,500	1.7
TOTAL WITH GRANTS	\$19,706,120	\$18,457,777	\$1,248,343	100 %

* Percent of total budget, including grants

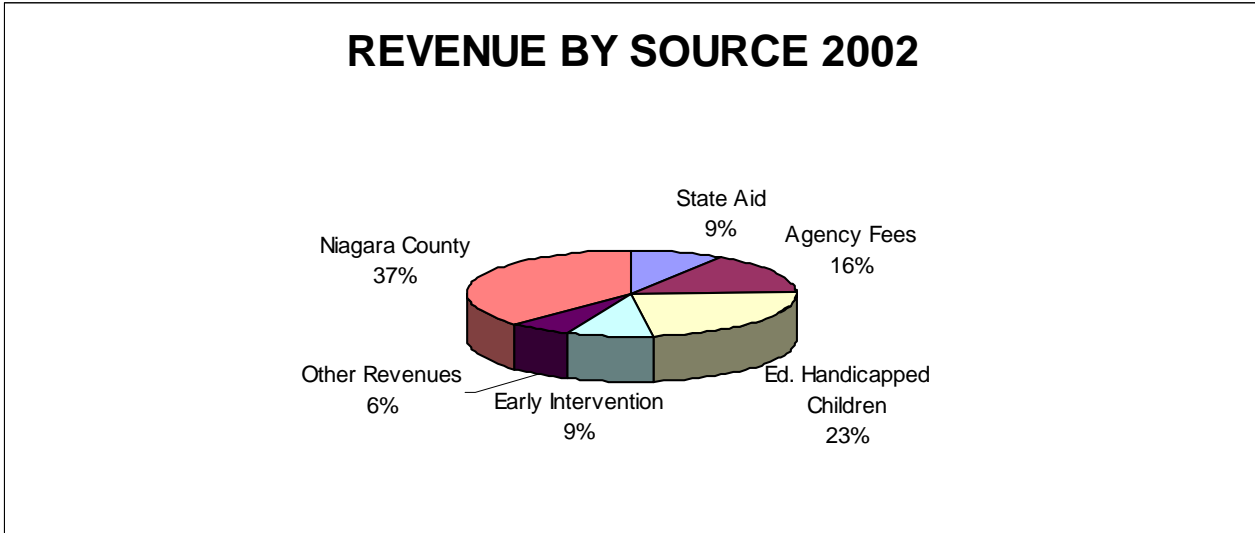
**These amounts include expenditures from previous years services paid out in 2003 .

EXPENDITURES - 2002



Division	Expended	Percent
ADMINISTRATION	\$798,082	2.9%
NURSING	2,609,658	14.9%
LONG TERM HOME HEALTH CARE PRGM	941,621	4.7%
ENVIRONMENTAL	1,648,554	8.7%
SPEECH & HEARING	1,277,191	7.0%
HEARING AID DISPENSING	64,371	.4%
PHYSICALLY HANDICAPPED CHILD PRGM	431,324	2.2%
ASSISTANCE TO HANDICAPPED CHILDREN*	6,305,182	32.3%
EARLY INTERVENTION	4,006,108	21.4%
LABORATORY	65,829	.4%
TOTAL	18,147,920	98.3%
GRANTS	309,857	1.7%
TOTAL WITH GRANTS	\$18,457,777	100%

* This amount includes expenditures from previous years services paid out in 2003.



STATE AID

General Public Health Works	\$1,829,921		
Phys Hncd Chil Program	16,213		
PH Lab	49,365		
TOTAL STATE AID	\$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	3,293,695	15.72%	

ASSISTANCE TO HNCD CHILDREN 4,806,491 22.94%

EARLY INTERVENTION 1,845,024 8.80%

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	1,229,229	5.87%	

NIAGARA COUNTY **7,884,977 37.63%**

TOTAL REVENUES

20,954,915 100.00%

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**SUMMARY OF GRANT ACTIVITY
2003**

GRANT NAME	EXPENDED	REVENUE
LEAD POISON PREVENTION (CD2041)	\$68,896	88,206
VACCINE DISTRIBUTION (CD2042)	37,778	35,193
HEALTHY NEIGHBORHOODS (CD2043)	118,643	127,231
CHILDREN/SPECIAL NEEDS (CD2045)	18,843	62,300
OT/SPEECH & HEARING (CD2046)	65,697	75,667
TOTAL*	\$309,857	\$388,597

*The total for "Expended" and "Revenue" does not account for E.I.P. grant expenditures and revenues. These amounts are accounted for in the E.I.P. division budget.

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 2003, one CHN position was downgraded to RN due to lack of applications for CHN positions. One new RN position was created. One part-time RN position was upgraded to a part-time CHN position. At the end of 2003, one RN and one CHN nurse positions were abolished through attrition.

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 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.

PRI (Patient Review Instrument) 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 nursing division remains involved in the county's bioterrorism planning efforts with regards to pre- and post- event planning and training. The staff is kept updated by training sessions, teleconferences and audio conference calls. Many 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. 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.

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 that might be better able to meet their specific needs.

The AIDS Case Management program was an intensive, community based and family oriented case management program. The program assisted people living with HIV/AIDS and their families with the goal of keeping their lives stable so they could focus on medical adherence. A van was available for medical and ancillary appointments. This program was non-mandated by the state and due to budget constraints it was

abolished effective March 1, 2003. The clients serviced by the program were transferred to AIDS Community Services.

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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 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)

2003 was a time to celebrate the 25th anniversary of the New York State Long Term Home Health Care Program. A day of remembering and planning for the future took place in Albany on April 1, 2003 with a program on "Living with Dignity, Living with Care, Living at Home." The day was highlighted with displays, time to visit our local legislators and a time to honor Senator Tarkey Lombardi, Jr., who was a great supporter during the founding of the program.

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.

Medicaid Obstetrical Maternal Services (MOMS)

The MOMS Program provides education, nutritional and social work support for low-income pregnant women. 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. The nurse also assists the mom with the application process to get public assistance through Medicaid. Only the low-income, pregnant women, who are uninsured or have just applied to Social Services on their own, are admitted to the MOMS Program. Many of the pregnant women are mandated to enroll in Medicaid HMO's. Because of their insurance status at the time of admission, they are visited under the CHHA in the CHHA-MOMS Program.

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. The nursing division provides immunizations, for a fee, 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 in the fall 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.

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 also conducts presentations and education in the community on a regular basis. She has attended such sites as Center for Young Parents, WIC sites, 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. Upon request, TB program staff teaches PPD administration and reading to other agencies.

Sexually Transmitted Disease Program (STD)

STD 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 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 is 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.

Refugee Program

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

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. Any female migrants who are or become pregnant are enrolled in the MOMS Program.

Respectfully submitted,

Wanda Smiley
Director of Patient Services

NURSING DIVISION ACTIVITIES

CERTIFIED HOME HEALTH AGENCY (CHHA)

Unduplicated patient count	<u>2001</u>	<u>2002</u>	<u>2003</u>
	917	818	746

Total visits are as follows:

Note that the last item is being added new to the report for 2001, 2002 and 2003.

	<u>2001</u>	<u>2002</u>	<u>2003</u>
* Nursing	10,657	10,155	8,741
IV visits included	653	1265	836
TB/DOT visits included	419	301	190
Home Health Aide	5,756	5,185	4,431
Personal Care Aide	---	13	---
Physical Therapy	1,832	1,551	1,199
Occupational Therapy	241	188	182
Speech Therapy	65	70	102
Medical Social Worker	46	40	45
Client caseload at end of year	133	129	124

LONG TERM HOME HEALTH CARE PROGRAM (LTHHCP)

Total visits are as follows:

	<u>2001</u>	<u>2002</u>	<u>2003</u>
* Nursing	2,498	1,987	2,865
IV visits included	18	14	48
Home Health Aide	8,425	7,100	6,969
Personal Care Aide	6,317	5,799	5,170
Physical Therapy	500	503	557
Occupational Therapy	87	81	105
Speech Therapy	35	85	118
Medical Social Worker	621	466	444
Nutritionist	39	24	43
Lifeline	---	310	346
Respiratory Therapy	---	---	3
Client caseload at end of year	78	64	80

DSS AIDE EVALUATION VISITS

2002 **2003**

1,425 1,299

PRI/SCREEN VISITS

2002 **2003**

90 68

IMMUNIZATION PROGRAM

The staff throughout 2003 attended a total of 16 immunization-related trainings, seminars, conferences or instructional meetings. The department responded to the new meningitis vaccine requirement for college students in 2003 and routinely continues to serve adults who need specialized or routine vaccines for work or travel that physicians don't provide.

	<u>2001</u>	<u>2002</u>	<u>2003</u>
Immunization clinics	45	35	35
Attendance	1,106	694	674
Immunizations given	1,444	995	1,087
Private Pay clinics	---	22	23
Attendance	---	278	388
Immunizations given	---	360	449
Promotional clinics	---	5	6
Attendance	---	86	63
Immunizations given	---	145	98

INFANT IMMUNIZATION CLINICS (previously referred to as Well Child Clinics)

This clinic provides modified services modeled on Child Health Conference clinics to the child / infant under three years of age. A physical assessment is not provided due to lack of a licensed professional. The number of clinics appears to have decreased, but this is because the NT clinic site is a combined infant and children's immunization clinic, which is counted under immunization clinics.

The following are statistics for the Infant Immunization Clinics:

	<u>2001</u>	<u>2002</u>	<u>2003</u>
Attendance	281	217	241
Number of clinics held	17	34	24
Immunizations given	760	568	628
Referred to Child Health Plus	---	183	130
Hemoglobin tests for WIC	---	38	27
Referrals to WIC program	---	12	14
Finger stick lead tests completed	---	36	36

IMMUNIZATION GRANT

A total of eleven (11) PBII (Provider Based Immunization Initiative) immunization assessments were conducted in 2003. Six physician's offices (some practices have more than one site) and three daycares were assessed. An increased number of daycares were looked at due to staff participation in the Daycare Consultation Program. The comprehensive PBII report was submitted to NYSDOH in October. The overall county 4-3-1 rate is 83%, not including daycares. The NCHD clinic rate was 85%, a substantial rise from 72% in 2002. The department is active in and provides funding for the Western New York Adult Immunization Coalition (WNYAIC) via increased funding in its grant and is active on a newly formed Pediatric Coalition focusing on immunization and lead issues.

INFLUENZA (FLU) CLINICS

The doses of flu vaccine administered in 2003 increased due to the high demand for vaccine in December with public concern about increased influenza activity in the West and in children. There were 480 flu shots billed to Medicare, 777 billed to other insurance, 281 paid for by the client and 32 administered at no cost. There were 59 employees given the flu shot and 47 administered at private pay clinics. There were 44 home-care and walk-in clients who were administered the flu vaccine. There were 327 flu shots administered to children at three children's flu-only clinics.

	<u>2001</u>	<u>2002</u>	<u>2003</u>
Flu shots administered	1,867	1,842	2,047
Number of clinics held	21	21	32

A total of 141 pneumonia vaccines were administered in 2003. There were 36 billed to Medicare, 84 billed to other insurance and 19 paid for by the client and 2 administered at no cost.

REFUGEE PROGRAM

There were a total of 38 refugees followed by the Health Department in 2003, of which 35 did not comply with getting their health assessment completed. Five clinics were held as needed to accommodate new families, particularly children needing to get into school. All of the refugees were TB skin tested. Nine had positive tuberculin skin tests and were provided with follow-up through the TB program. Health assessments completed by the county for refugees are as follows:

	<u>2001</u>	<u>2002</u>	<u>2003</u>
Russian States	---	17	3
Iran, Other	---	5	0

CHILDHOOD LEAD SCREENING AND PREVENTION PROGRAM

Children from six months through five years of age with elevated lead levels are followed. A total of 33 children were newly identified. Seven (7) 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. The staff was involved in taping a number of cable TV programs to discuss blood screening requirements, sources of lead, and treatment of lead poisoning.

	<u>2001</u>	<u>2002</u>	<u>2003</u>
Number of children carried in the program	242	168	166
Number of children newly identified to have Elevated lead levels (equal to or above 10mcg.)	55	58	33
Home visits	50	86	53
Number of chelations	0	0	1
Number mobilizations	0	0	1

PROLIXIN ADMINISTRATION CLINIC

The Prolixin Administration Clinic was discontinued in July 2003. There were numerous clinics that clients did not show up for their appointments and our nurse was tied up unnecessarily. As a result, the clients were admitted to our CHHA and are being seen in their homes. From January through July 26 clients were seen at the Prolixin Administration Clinic for a total of 170 visits.

	<u>2001</u>	<u>2002</u>	<u>2003</u>
Total visits	480	409	170

TUBERCULOSIS PROGRAM

The TB program had 24 clinics throughout the year. Twelve were held at Niagara County Jail, where an average of three to eight inmates were seen. There were three cases of active tuberculosis. Two clients expired shortly after beginning treatment; their deaths were unrelated to tuberculosis. Deaths were due to advanced age and other medical conditions. One case diagnosed in June has remained on service through the end of the year and is still taking TB medications. There were a total of 190 DOT visits made in 2003.

The following statistics illustrate the clinic activities:

	<u>2001</u>	<u>2002</u>	<u>2003</u>
Tuberculosis cases	5	1	3
Suspect cases	1	3	3
Tuberculosis clinics	24	24	24
New visits to clinic	75	35	58
X-rays taken	15	15	12
Tuberculin tests	115	95	102
Positive	14	25	27
HIV tests	15 all neg.	25 all neg.	20 all neg.
Patients on Directly Observed Therapy (DOT)	5	3	3

SEXUALLY TRANSMITTED DISEASE

The VSR clinics were incorporated into one of the weekly STD clinics in 2002. Note the additional statistics, which were not reported previously.

Staff from the STD Program participated in the National HIV Testing Day held in June. Testing was done at the Heart and Soul Kitchen, Community Soup Kitchen, Planned Parenthood and Trott Access Center in Niagara Falls; Colonel Payne Community Center and Planned Parenthood in North Tonawanda; and Planned Parenthood and Salvation Army in Lockport. There were a total of 84 individuals tested throughout the county; 31 at Planned Parenthood and 53 at sites operated by the Health Department. Hepatitis C testing and Hepatitis A & B vaccines were administered for those requesting it.

The following is a summary of STD clinic activity:

	<u>2001</u>	<u>2002</u>	<u>2003</u>
Number of clinics	99	94	98
Vice Squad Referral (*VSR clinic)	6	0	0
# Of males attending clinics	---	---	1,019
# Of females attending clinics	---	---	496

STD Clinic Activity (cont'd)

	<u>2001</u>	<u>2002</u>	<u>2003</u>
Attendance at clinics	1,333	1,411	1,515
Chlamydia cases (CT)	---	120	149
Gonorrhea cases (GC)	152	149	111
Human Papilloma Virus cases (HPV)	---	44	54
Non-Gonoccal Urethritis cases (NGU)	---	100	84
Syphilis cases	0	0	71
Trichomatis cases (Trich)	---	45	1
HIV tests done	585	573	673
Positive results	3	2	2
Confidential HIV tests	540	553	669
Anonymous HIV tests	45	20	4
Hep C tests done	---	500	715
Positive results	---	16	12
Hep A vaccine administered	---	42	32
Hep B vaccine administered	---	417	328
Twinrix vaccine administered	---	---	43
# Of individuals tested during National HIV Testing Day	---	---	84

MEDICAID OBSTETRICAL MATERNAL SERVICES (MOMS)

Due to Medicaid Managed Care requirements, clients enrolled in the MOMS Program has decreased. Instead, they are enrolled in the CHHA-MOMS homecare program. There were 56 clients seen in 2003 in the CHHA-MOMS program with 197 billable visits and 14 non-billable visits.

	<u>2001</u>	<u>2002</u>	<u>2003</u>
Clients enrolled	96	54	24
Home visits	299	189	95
Nursing	---	---	90
Medical Social Worker	---	---	5

COMMUNICABLE DISEASE AND SURVEILLANCE

New York State requires physicians, hospitals, laboratories and clinics to report these directly to the local health unit. During 2003 the Nursing Division conducted surveillance and follow-up on the following diseases that were reported to our agency:

Aspergillosis: Five cases investigated that were diagnosed at the same facility. Case information was forwarded to NYSDOH for them to make recommendations.

Campylobacteriosis: Fifteen cases and one suspect age ranges three years – 70 years of age. Two of these cases traveled together out of the country. Three cases required hospitalization. All recovered.

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E-Coli 0157: Two cases (siblings), a six-year old and a 19-year old had traveled out of the country. Both recovered and neither required hospitalization.

Encephalitis: One case, 17-year old travel history out of state was hospitalized and recovered.

Giardiasis: Seven cases. From three years to 82 years of age. One client hospitalized. All recovered. One case had travel history out of New York State. One case had been fishing.

Haemophilus Influenzae: One case, a 60-year old. The organism was resistant to Ampicillin and Tetracycline. Two grandchildren residing with the client received prophylactic treatment. Client recovered.

Hep A (Acute): Three cases, one individual died of multiple system failure after surgery. One case was linked to the outbreak in Monaco, PA and seven contacts received IG. One case traveled out of the country and was hospitalized after returning home - Five family members received IG.

Hep B (Acute): One case

Hep B (Chronic): Twelve cases

Hep A (False Positive): Eight cases were tracked and information given to NYSDOH.

Hep C (Chronic): 101

Legionellosis: Four cases, all community acquired, two individuals died. Age range was 40-67 years of age; all were hospitalized.

Lyme Disease: Three confirmed cases, age range from 40-73 years of age. All had a travel history to a high-risk area. One suspect case, a 19-year old who never returned a phone call or responded to a letter, no rash documented, client had been camping in upstate NY

Malaria: Two cases, ages 26 and 61. Both had traveled to endemic areas. One case had taken Chemoprophylaxis.

Meningitis Viral/Aseptic: Six cases, ranging in age from one month to 32 years of age. All cases required hospitalization and recovered. None of the cases tested positive for West Nile Virus. One additional case was a tourist, the information was sent to NYSDOH to forward on to that individual's state.

Meningitis bacterial: One case, six-month old, of Neisseria Meningitidis W135. Blood and CSF were positive, client was transferred to CHOB. Twelve family contacts received prophylactic treatment. Seventeen medical personnel also received prophylactic treatment. Another case of bacterial meningitis occurred in a 47-year old, status-post spinal injection. Client required hospitalization and antibiotics and recovered.

Mumps: Three suspect cases. A two-year old and a 39-year old. One case the MD would not order

convalescent serum to confirm and the child was unvaccinated. The other client had no insurance and did not want to pay for follow-up blood work. One case - blood work came back negative. One additional case followed occurred with a tourist who was tested locally.

Pertussis: Thirteen cases and three probable cases. Ages range from 12 days to 47 years old. A total of 144

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close contacts received prophylactic treatment. All cases recovered. Three cases required hospitalization. 1 case was employed at a local hospital.

Salmonellosis: Thirteen cases. Ages range from seven years to 86 years of age. Three cases required hospitalization. One case died of multi-system failure. One case has never been able to have a negative stool culture and NYSDOH Regional Office Emerging Infections Program is following this client. An additional case of *Salmonella typhi* that was followed was diagnosed in a tourist and the information was then faxed to her health department in California. One additional case followed was a student of another county, attending school here, the report was sent to that county after the investigation was completed.

Alpha Hemolytic Strep Invasive: Four cases, one of which has three blood cultures positive. Three other cases treated with antibiotics and recovered – all hospitalized.

Group B Strep: Fourteen cases, ranging in age from one day old to a 93-year old. Two of the cases were one day old and one of these individuals died. One individual was pregnant and delivered a preemie at 28-34 weeks gestation, the infant survived. Two adult cases died. Twelve cases had positive blood cultures, one case – the peritoneal fluid was positive, in one case the CSF (cerebral spinal fluid) was positive. Two of the cases were resistant to tetracycline and one case was resistant to azithromycin, erythromycin, and tetracycline.

Invasive Strep pneumonia: Twenty-two cases. Ages range from 10-months to 90 years of age. Seventeen cases required hospitalization. Seven cases died. Sixteen cases had positive blood cultures, one case also had a positive CSF, which was a result of a multiple trauma injury with CSF leak, one case had positive blood cultures and pleural fluid cultures, and another case the pleural fluid was positive. Six cases had received the pneumococcal vaccine. Four cases had some antibiotic resistance (1) penicillin, (1) Erythromycin and trimethoprim/sulfamethoxazole (1) erythromycin (1), Azithromycin, erythromycin, cefaclor, erythromycin, tetracycline, and trimethoprim/sulfamethoxazole.

Gonorrhea: 222 Total

Chlamydia: 500 Total

Rabies: Forty clients had received PEP (Post-Exposure Prophylaxis). There was follow-up on 74 cases.

Bat (a) tested positive and one person received PEP.

Rabid raccoon – Four persons received PEP and two Orleans County residents also had contact and Orleans County was notified and they also received PEP

Bat (b) tested positive and two persons received PEP

The other 33 cases that received PEP, were due to the fact that we were unable to locate the bat, cat, dog or woodchuck that bit the person

Suspect SARS: One case. Client had traveled to an area where there was SARS and had developed symptoms. Testing was done and SARS was ruled out.

GI Illness: At a camp that two county residents attended. Clients interviewed and questionnaires were completed for NYSDOH Regional office.

GI Illness: At a Daycare – joint visit made with NYSDOH Regional Office. NYSDOH Regional Office made recommendations.

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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 2003 the Public Health Educator in conjunction with NCDOH staff provided 126 community presentations reaching approximately 3,102 individuals. The facilitator(s) of the presentation complete an evaluation to determine the effectiveness of each program.

Approximately 24 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 2003, the press releases related to safety issues, cardiovascular disease, and obesity 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 2003, some of the topics included: Bio-terrorism, Emergency Preparedness, Immunizations and Flu shots, Diabetes and Nutrition, Breast, Cervical and Colorectal Cancers and Cardiovascular Diseases.

A vital component in public health education is involvement with grants. The March of Dimes Grant focused on improving birth outcomes by decreasing the incidence of STD's in men and women of childbearing years. This was a \$10,000 grant which was facilitated by the Public Health Educator and an independent contractor. Thirty two health care agencies and drug treatment centers were contacted and educational materials were provided. Ten presentations were given to agencies requesting trainings. Clients were encouraged to be screened for STD's at the NCDOH STD clinic. 2003 statistics indicated increases in the diagnosis of STD's in women and men between the ages of 12-40.

In 2003 the NCDOH applied for and received a short-term grant from the NYSDOH entitled "Heart Beat" to focus on raising awareness of cardiovascular disease in Niagara County. Since our five-year proposal for Healthy Heart funding was turned down by the NYSDOH we were grateful to receive \$22,000 for a five-month program. The program was coordinated by the Public Health Educator and facilitated through the Niagara Wellness Council. Sixteen presentations were provided to community and worksite individuals for a total of 378 participants. Culturally sensitive materials were researched and provided. Media campaigns included PSA's with a major WNY radio company, press releases and a Healthy Heart Contest.

In 2003 the NCDOH took on the responsibility of the NYSDOH Breast/Cervical and Colorectal grants.

These grants provide free screenings for women and men who are uninsured and under insured. In accepting these grants the NCDOH also accepted the responsibility of addressing outstanding bills the previous holders of the grants. The Public Health Educator is the Project Coordinator for the grants and the Healthy Living Partnership Coalition which represents all five Niagara County Hospitals and 15 health care agencies. The data management and case management is subcontracted to HANCI (The Health Association of Niagara County). NCDOH is also responsible for the fiscal management of the grants. In 2004 it is estimated that the total award for these grants will be approximately \$58,000.

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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 2003 the Fourth Annual WNY Diabetes Prevention Coalition Community Forum was held in Ellitcotville, New York. One hundred seventy five participants were involved in educational seminars and a resource fair regarding primary, secondary and tertiary issue regarding diabetes care. Follow up surveys will be mailed in 2004 to assess behavioral changes and outcomes. Two separate diabetes informational evenings will be held in Niagara County in 2004. A strong partnership has emerged with the WNY Kidney Foundation through the task force. The WNY Kidney Foundation has brought Project Keep to Niagara County, which screens for hypertension, diabetes and kidney disease

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 12 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. There is also a strong collaborative relationship with the Public Health Educators of the WNY counties to support and work on regional initiatives and proposals.

Claudia Kurtzworth
Public Health Educator

2004 ANNUAL REPORT FROM THE OFFICE OF PUBLIC HEALTH PLANNING AND INFORMATION

Submitted by Elaine Roman, Public Health Planning and Information Officer

As we enter the new cycle of preparedness planning and take a look back at our accomplishments for 2003 we realize how many strides have been made since the inception of Public Health Emergency Preparedness and Response Planning (PHERP) initiative. We have been able to gauge our progress by feedback from the New York State Department of Health ongoing evaluations of our progress and by revisiting the 2001 Department of Justice (DOJ) Survey and Analysis of local public health departments. This sensitive document identified areas deemed as critical indicators for measuring risk, capacity and preparedness. Although the DOJ analysis provided positive information in a number of areas, it also identified some serious gaps in our public health infrastructure, particularly in the areas of overall public health emergency planning, integration, communications, information technology, and surge capacity. By 2003, all critical areas of the DOJ document were addressed through documentation of actions and measurable outcomes by the Niagara County Department of Health. A subsequent New York State DOH evaluation lauded our efforts and stated evidence of our progress and hard work was significant.

All preparedness-planning activities are based on Centers for Disease Control and Prevention (CDC) and New York State Department of Health (NYSDOH) requirements for public health emergency preparedness and response planning requirements. The state uses the term “deliverables” to describe these requirements. NYSDOH places all deliverables on an annual timeline that is broken into monthly increments. Counties must complete and submit completed deliverables electronically via the NYSDOH Health Information Network upload tool. A committee of Public Health Specialists reviews the deliverables and approves them as satisfying the grant criteria. The Niagara County Department of Health has met all requirements for the deliverables for 2003.

Prior to the release of grant money, the county PHERP budget and work plan must also meet the approval of the NYSDOH budget review committee. All budgets are monitored by the Health Research Institute (HRI), which serves as a clearinghouse for NYSDOH. Once counties have met all the criteria set forth by NYSDOH and HRI, they can voucher for reimbursement of expenses incurred in the planning process. HRI strictly monitors the money flow, assuring the grant assets are applied solely to public health, and not diverted or diluted.

Some of the preparedness accomplishments in 2003 include:

- Submission of the updated Public Health Emergency Preparedness and Response Plan- approved by NYSDOH
- Completion and submission of the Niagara County Smallpox Infectious Disease Outbreak

Preparedness Plan- approved by NYSDOH

- Participated in the development of the Niagara County Comprehensive Emergency Management Plan (CEMP). The PHERP serves as an annex.
- Completion of the Integrated Veterinary and Public Health Response and Animal Shelter Contingency Plan for Zoonotic Disease Outbreaks- approved by NYSDOH and adopted as the model for the state.
- Development and completion of the Special Needs Risk Communication Risk Communication and Information Dissemination Survey Tool and Project for the eight counties of the Western New York Public Health Alliance. The goal was to identify the most efficient and understandable ways to

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convey critical and emergency public health information. The project was piloted in Niagara, Erie and Chautauqua counties Niagara County completed the data analysis on the pilot December 2003. The project served a model tool for the state risk communication and information dissemination initiative.

- Non-internet and alternate internet communications systems for critical information and data exchange were established and tested. All key staff received equipment and specialized training. The Primary Relay Interface (PRI) system for non-internet connectivity through the Integrated System Digital Network (ISDN) for access to the New York State Health Information Network (HIN) / Health Emergency Alert Network (HAN) was installed at the Niagara County Public Training Facility (EOC) located on the Niagara Street Extension in Lockport.
- Interagency and cross-border plan integration and collaboration. 03/05/2003- Represented NCDOH and met with Ontario Niagara Health Ministry Officials and Erie County DOH/WNYPHA at the Rath Building to discuss cross- border Emergency Planning and to provide guidance and share templates for Smallpox Pre and post-event planning with ministry representatives. Also discussed were long-range planning, comparison of Public Health and Government infrastructure and Chain of command, municipal planning needs, information technology vulnerability risk assessment processes. This was the second meeting. New York State will be receiving a grant to facilitate the acceleration of the cross-border planning integration initiative.
- Public Health Office space established in the Public Safety training Facility

During 2003, in the midst of preparedness planning activities, some unexpected events occurred, such as Avian Influenza, Fiji strain Influenza, SARS and a Monkeypox outbreak. These events added to the complexities of the process, but also presented opportunities to add to our Public Health knowledge banks for formulating Public Health Policy.

Public Health policy and action interfaces and intersects with policies and an action developed by other agencies and entities, and is integral to the overall strategy to protect and serve our communities.

Public Health Emergency Preparedness and Response Planning establishes policy and standard operating procedures for emergencies but also applicable to day-to-day operations.

The Centers for Disease Control and Prevention and New York State Department of Health have established 6 Focus Areas for Public Health Preparedness Planning and % of grant funding allocations:

FOCUS AREA	ALLOCATION
A-Planning and Assessment	20%

A-Strategic National Stockpile	15%
B-Surveillance	25%
E- HAN/Information Technology	20%
F- Risk Communication	5%
G- Education & Training	15%

The allocation for the annual grant is based on per capita, at one dollar x 219,846 (the population of Niagara County per the 2000 census). Additionally, the Niagara County Department of Health was awarded a “one-time- only” Smallpox Planning Grant of \$36,170.00.

As a result of our partnership with the Niagara County Department of Emergency Management, the Niagara County Department of Health expects to receive at least another \$150,000.00 through the Homeland Security Grant. This money will be used to make badly needed security modifications to our Public Health facilities and our Data and Communications Technology infrastructure.

Training and education is a significant and essential component of preparedness planning. Health departments must take the lead in providing their partners and stakeholders with current information and guidance for public health issues. The following chart lists some of the trainings and presentations presented by the Niagara County Department of Health in 2003:

Trainings and Presentations 2003

Date	Type/Title	Trainee/Audience	Location	Time/length
01/08/03	Smallpox Planning and Response	Mount St. Mary’s Hospital Staff	Mount St. Mary’s Hospital, Lewiston	11:30 – 3:30
02/24/03	Smallpox Pre-event Vaccination Initiative and Homeland Security Act # 304	DeGraff Memorial Hospital Staff	Kaleida DeGraff Memorial Hospital, North Tonawanda	7:00 to 10:00am
02/28/03	Suspect Smallpox Case Regional Training and Tabletop Exercise	Multi-agency Multi-county	Public Safety Training Facility, LP	10:00 - 4:00
03/17/03	Smallpox vaccinator and Sight Evaluator Train-the-Trainer Training	Hospital and LHU staff	Public Safety Training Facility, LP	9:00 – 4:00
04/02/03	Smallpox Clinic Planning Components and Clinic Roles	Chautauqua County DOH Clinic team.	Jamestown Community College	1:00 – 4:00
04/14/03	Smallpox Vaccination and HIV Infection Screening	WNYAC	Varysburg	10:30 – 12:00
04/25/03	SARS Risk Communication/ Education and Training – Training and Update Meeting	Multi-agency and LHU	Public Safety Training Center	9:00 – 12:00
04/29/03	SARS Update and Education	Schools and Childcare Providers	Shaw Administration Bldg.	3:00- 4:00
05/09/03	Smallpox Clinic Training	LHU, Hospitals,	Public Safety	8:30 –2:30

		Public Health Response Teams	Training Facility, LP	
06/20/03	Overview of BT Emergencies and Public Health Response	Niagara County Mental Health Services	Trott Access Bldg, NF	1:00 – 3:00
06/27/03	Fit-Test Training for N-95 masks	Emergency Planning Staff	Public Safety Training Facility, LP	10:00 – 12:00
07/01/03	Internet Security Training	Hospital and LHU staff	Public Safety Training Facility, LP	9:00 – 12:00
07/01/03	HIPPA Compliance Training	NCDOH Staff	Public Safety Training Facility, LP	1:00 – 3:00
07/23/03	HIN/HPN/HAN Training	NCDOH and Hospital Staff	Public Safety Training Facility, LP	12:30 – 3:30 31
08/11/03	Smallpox and Public Health Update	WNYAC	Varysburg	11:00 – 12:30
10/28/03	Public Health Emergency Preparedness and Response	Community Engagement	NFMMC	30 minutes
11/10/03	Public Health Emergency Planning Update	WNYAC	Varysburg	9:30-11:00
11/14/03	Veterinary County Animal Response Team/Public Health Emergency Response (CART/PHERT) Integration Process and Reporting Zoonoses	Niagara County Health Emergency Alert and Response Team (HEART)	Public Safety Training Facility, LP	1:30 – 4:00
11/18/03	Public Health Response to Zoonotic Diseases and Animal Emergencies and Reporting Zoonoses	Niagara Frontier Veterinary Society	Williamsville	11:00 – 2:30
11/28/03	Public Health Emergency Preparedness- Current Planning Foci	Community Engagement Committee	Holiday Inn Select, NF	
12-12-03	Pre-vaccination Education Session	Regional LHU and Hospital Staff	Public Safety Training Facility, LP	
	Smallpox Outbreak Training Drill	EMS, Fire, Hospitals, law enforcement, county and local officials, NYSDOH	Lewiston Fire Department	9:00 – 3:00

In summary, the Niagara County Department of Health has made significant strides in Public Health Emergency Preparedness Planning. The Federal and State government continues to provide new guidance and criteria for planning which must be met by local health departments. As a model of excellence, the Niagara County Department of Health will continue in its endeavors to fulfill and exceed these requirements.

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 13 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

In November of 2003, Dr. Steven Grabiec, who is the medical consultant for the entire Department of Health was appointed Medical Director for the Speech & Hearing division as well. Stacy Lampman continues as director of the division.

In late December of 2003, the process was started to merge the Speech & Hearing division with Children with Special Needs division within the Department of Health. This process will be complete in January of 2004. The new division will be known as Children and Adults with Special Needs.

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Grant Funds:

The Center's New York State Education Department Section 611/619 grant was renewed for the 23rd year. The grant allocation for the 2003-2004 grant year decreased to \$57,289.28. The decrease was due to the fact that we have increased our Early Intervention population and decreased related services for the 3-5 year old population.

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 2003, we operated 13 part-time Article 28 clinics through this Center. We are still waiting for information from the State as to whether these part-time clinics will continue or be disbanded.

Health Insurance Provider Status:

The Center continued to maintain provider relationships with a myriad of health insurances during 2003.

Health Insurance Portability and Accountability Act (HIPAA):

HIPAA policy and procedures are in place for the entire Department of Health. All staff were inserviced on the privacy portion of the law before the April 2003 deadline and inservicing will continue annually for all staff and new hires. A Department of Health committee will also review these policy and procedures annually and staff will be apprised of any changes.

Staffing:

One member of the clerical staff retired in 2003. This position will not be refilled in the 2004 budget.

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.

In October of 2003, in preparation for our merger in 2004, we discontinued EI core evaluations, as well as our toddler groups. The staff in these programs will be utilized for other EI services in 2004.

During 2003, the total units of service provided under the Early Intervention Program was 5,369.

Preschool Special Education Programs:

We continue to run two preschool 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:

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

In November of 2003, we discontinued our comprehensive evaluations for the time being. This change was also due to our upcoming merger.

A total number of 10,692 units of service were provided under the Preschool Special Education Programs during 2003.

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 315 in 2003.

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 2003, the number of audiology services conducted was 1,277. In addition, 123 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 2003, 23 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.

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Nursing Home Audiology Program:

We currently have six 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 2003 was 155 instruments.

Of the 155 dispensed hearing aids, 87.1% were covered by Medicaid and insurance, while 12.9% 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 2003 was 871.

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 2003, 64 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 2003, 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 2003, 572 children were screened at 6 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 2003, a total of 1,633 patients were served and 18,305 patient visits were rendered.

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

SPEECH, HEARING, AND LANGUAGE CENTER
SERVICES FOR 2003

AUDIOLOGY:

Hearing Evaluations	406	
Hearing Aid Sales Services	871	
TOTAL		1,277

SPEECH PATHOLOGY:

Evaluations	45	
Speech Therapy	270	
TOTAL		315

EARLY INTERVENTION PROGRAM:

Evaluations	46	
Toddler Program	1,362	
Related Services	3,861	
Audiological Evaluations	83	

IFSP Meetings	17	
TOTAL		5,369

COMMITTEE ON PRESCHOOL SPECIAL EDUCATION:

Evaluations	673	
Related Services	1,818	
Special Education Itinerant Teacher Program	132	
Preschool Integrated – Special Needs Children	3,001	
Preschool Integrated – Non-Disabled Children	4,772	
Preschool Hearing Services	40	
Service Co-ordination	4	
Classroom Observation	44	
CPSE Meetings	208	
TOTAL		10,692

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OTHER

Other Conferences/Consultations	15	
Other Meetings	1	
Community Screenings	636	
TOTAL		652

TOTAL NUMBER OF SERVICES 18,305

2003 UNDUPLICATED NUMBER OF PATIENTS

New Patients	509
Patient Treated/Seen Previously	488
Patients Seen in Screening Programs	636

TOTAL UNDUPLICATED NUMBER OF PATIENTS 1,633

2003 AGE/SEX ANALYSIS

AGE/SEX	PATIENTS	SCREENING PROGRAMS	TOTAL
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Children/Male	369	296	665
Children/Female	171	323	494
Adult/Male	158	14	172
Adult/Female	299	3	302
TOTAL	997	636	1,633

Males 51.3%
Females 48.7%

Children 71.0%
Adults 29.0%

2003 PATIENT DEMOGRAPHICS

TOWN	PERCENT
Cambria (Sanborn)	2.2
Hartland (Middleport)	2.2
Lewiston	4.0
Lockport	27.2
Newfane (Burt, Olcott)	7.7
Niagara Falls	31.7
North Tonawanda	4.8
Porter (Ransomville, Youngstown)	4.5
Royalton (Gasport)	1.8
Somerset (Appleton, Barker)	.9
Wheatfield	---
Wilson	1.0
Areas Outside of Niagara County	11.9

