

NIAGARA COUNTY
DEPARTMENT OF HEALTH



ANNUAL REPORT

2004

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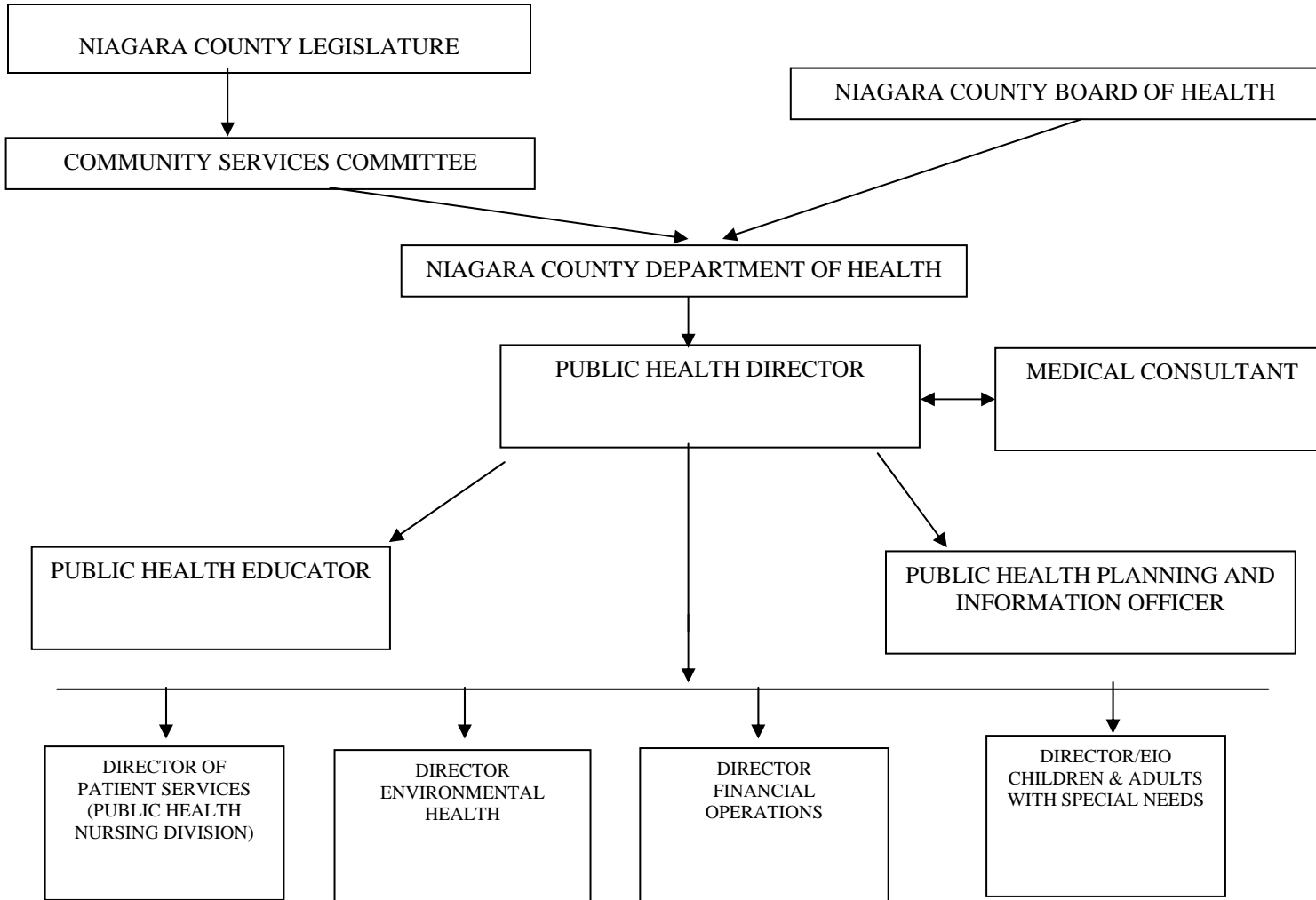


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PUBLIC HEALTH DIRECTOR
Paulette M. Kline R.N., M.Ed., M.P.H.
2004 NCDOH Annual Report

I have listed the 28 focus areas, in order of importance, as defined by the CDC for Healthy People 2010:

1. Access to Quality Health Services
2. Arthritis, Osteoporosis, and Chronic Back Conditions
3. Cancer
4. Chronic Kidney Disease
5. Diabetes
6. Disability and Secondary Conditions
7. Educational and Community Based Programs
8. Environmental Health
9. Family Planning
10. Food Safety
11. Health Communication
12. Heart Disease and Stroke
13. HIV
14. Immunization and Infectious Disease
15. Injury and Violence Prevention
16. Maternal, Infant, and Child Health
17. Medical Product Safety
18. Mental Health and Mental disorders
19. Nutrition and overweight
20. Occupational Safety and Health
21. Oral Health
22. Physical Activity and Fitness
23. Public Health Infrastructure
24. Respiratory Diseases
25. Sexually Transmitted Diseases
26. Substance Abuse
27. Tobacco Use
28. Vision and Hearing

My greatest concern with these focus areas is, although very important to the health and well-being of our society, the issue of public health infrastructure, substance abuse, sexually transmitted diseases, mental health disorders and associated chronic illness, and public health emergency response are not given a greater priority. Hopefully, you will agree that during 2004, our staff and programs met many objectives of the priority focus areas for Healthy People 2010.

In the 2004 Health Department budget, operations were completed at a cost less than the budgeted expenditures. The amount under budget was used to fund rate adjustments for prior years as directed by the New York State Department of Education and for accrual of 2004 expenses.

The Public Health Nursing Division has increased their role in Prevention activities related to disease surveillance and epidemiology as well as providing professional nursing to clients in their homes. Quality and community service are integral elements that are incorporated into all aspects of the agency. The Center of Medicaid and Medicare Services (CMS) publishes a comparison list of all Home Health Agencies in the United States. It compares each individual agency against a state and national percentage. The quality measures published at the end of 2004 showed that the NCDOH is above the state and national averages in 7 of 11 measures and only missing by 1-4% in the other measures. We continue to work with the Department of Social Services as a liaison agency to assess the need for personal care aide services. Using the Patient Review Instrument (PRI). Our department continues to provide access to high quality health services to the residents of Niagara County through our certified Home Healthcare agency, long term care program and various clinics to control TB, Rabies, STDs, child and adult infectious disease through immunization, HIV, Lead and unplanned pregnancy.

At the beginning of 2004, the Public Health Educator assumed the role of Project Director for the Healthy Living Partnership of Niagara County, which facilitates the breast, cervical, and colorectal cancer screening grants. NCDOH is the fiscal manager for these grants funded by the NYSDOH Cancer Control Services. Case management, data and intake services are sub-contracted to HANCI (Health Association of Niagara County Inc.) and supervised by the Public Health Educator. The project includes all five hospitals in Niagara County and Roswell Park Cancer Institute. Approximately 15 Niagara County physicians and 12 community health organizations participate in screening, treatment and referral for uninsured and underinsured men and women. In 2004 the program met its screening goal for breast and cervical cancer, detecting cancer in 3% of women screened. In December 2004, a comprehensive, multi-agency initiative to address obesity in children and adults in Niagara County was created. Follow-up surveys were sent to assess behavioral changes and outcomes of those Niagara County residents participating in programs funded through the WNY Diabetes Prevention Coalition. The Public Health Educator received recognition for leadership, commitment and community service during 2004 from the Niagara Wellness council, the Healthy Living Partnership, and the Erie-Niagara Tobacco Free Coalition.

During 2004 some of the most important public health interventions included construction and usage of public sewers in the town of Porter and along Lake Road. This has been essential in alleviating documented problems with septic systems in this area. Another critical initiative has been coordinated with the community working on ongoing public health concerns related to the Lake Ontario Ordnance Works (LOOW). The goal of this initiative is to help the community better understand the site. The intention is to do an in-depth investigation of all research that has been done at the site to identify data gaps and make recommendations to agencies that currently have jurisdiction over the LOOW. We added a special rabies vaccination clinic in Niagara Falls to better serve the community and license dogs in that city, immunizing over 2,500 animals at our clinics.

For the first time, West Nile virus was confirmed in two humans in Niagara County during 2004. Our compliance rate for the Adolescent Tobacco Use Prevention Act (ATUPA) was 90% with contracts with local law enforcement to support enforcement.

Ongoing progress has been made with the Clean Indoor Air Act (CIAA) based upon complaints and food service inspections. Eighty-eight enforcement actions were taken and 23 waiver applications were reviewed with 16 waivers approved. An integrated Pest Management Policy was developed for Niagara County, whereby an IPM policy was implemented. An audit of our public water supply program was conducted by the State Comptroller's Office as part of a statewide audit, with excellent results.

The NYSDOH approved the Tuscarora Nation to be included in the list of targeted areas in Niagara County to receive Healthy Neighborhood Program services to identify and address unmet environmental and individual health risks to individuals and families with the utilization of a highly coordinated and integrated referral system within Niagara County.

The Niagara county Speech, Hearing and Language Center merged into the Early Intervention Program. Housed within the Children with Special Needs Division, it has resulted in cost reduction in the Early Intervention Program, elimination of any previous duplication of services within the existing program, enhanced quality of services, enhance staffing opportunity and quicker service delivery to clients. Cross training of staff and an internal audit of agency and independent provider billing was initiated and is ongoing. During 2004 the orthodontia clinics were finally terminated due to changing requirements of the NYSDOH. Children are now referred directly from their dentist to an orthodontist, who then submits all necessary documentation for treatment approval.

During 2004, Homeland Security National Preparedness (HSPD-8) was implemented with the intent to develop a capabilities-based national preparedness system. This system, with its clearly defined requirements for managing risk posed by a broad range of hazards and threats, has expanded the public health role in preparedness, response and recovery. Our primary role would be in Isolation and Quarantine and/or Mass Vaccination and or prophylaxis, and a secondary role is to support other first responder and healthcare agencies. The change in grant requirements focused on the need to assess, enhance, and measure critical capacity and document measurable outcomes, or "indicators" of performance goals.

The focus of the 2004 deliverables and performance goals required by NYSDOH were:

- Isolation and Quarantine
- Volunteer Workforce Development
- Planning and Exercise to prepare for receipt of the SNS (Strategic National Stockpile)
- Establish PODS (Points of Distribution) for mass vaccination/medication dissemination
- Cross-border Public Health Planning
- Specimen Collection and Shipping
- Inter-Agency coordination and establishment of Memoranda of Agreement
- Environmental Health Response
- Tribal Nation Emergency Preparedness
- Risk Communication-NCDOH staff development of the Special Needs Populations Risk Communication Survey Project, piloted in Niagara, Erie, and Chautauqua counties for use in all eight counties of WNY

- Laboratory Capacity
- Surveillance and Reporting of Human and Animal Disease
- Electronic Data/Information Security
- Zoonotic Epidemiological Emergency Response Planning
- Redundant internet and non-internet communications

The Public Health Emergency Plan is a living-working document that requires frequent updating and on-going training of our local public health workforce. This training and education, which includes our federal, state and local partners and stakeholders, is an essential component in the development of innovative strategies to successfully achieve these deliverables. Overall this initiative, although essential in nature, has also been an excellent opportunity for us to identify and solicit support for gaps within our local, state and federal public health infrastructure.

CHILDREN AND ADULTS WITH SPECIAL NEEDS DIVISION

In January of 2004, the Niagara County Speech, Hearing and Language Center merged into the Early Intervention Program housed within the Children with Special Needs Division. This consolidation was undertaken for several reasons:

- To allow cost savings in the Early Intervention program, a mandated program
- To eliminate duplication of services
- To assure high quality services across all programs
- To assure availability of speech and hearing services that may not be readily available within the County

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

The division is certified by the New York State Health Department, the New York State Education Department and the New York Department of State. In addition the division is an official affiliate of Sertoma International and is a member of the network of the national HearNow hearing aid recycling program.

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

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
- Article 28 Diagnostic and Treatment Center serves birth through adulthood

2004 was a very demanding, productive, yet stimulating year for the division. 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 moved full-forward. As the melding of the programs evolved, shifting of staff

duties occurred. Cross training of key staff is ongoing and has become necessary in order to accomplish program goals and objectives. In addition, in an effort to demonstrate fiscal accountability, internal auditing of agency and independent provider billing began. Overall, consolidation efforts have proved to be beneficial with staff performing in a more efficient and effective manner.

Due to increasing regulatory demands placed by the State Health Department, programmatic monitoring of agency and independent providers is also underway and will require the attendance of upper level management at the focused reviews on a regular basis.

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

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

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
- An in-state residential special education program

Our division is also an approved Preschool Special Education Provider for Special Class in an integrated setting, Special Education Itinerant Services, Related Services and Comprehensive evaluations. We receive a grant to supplement these services for the school year. The 2004-2005 allocation for this grant was \$50,457.93.

Before recommending that special education services are provided in a setting, which includes only preschool children with disabilities, the CPSE chairperson 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.

The new Preschool Computer Software Program, which we have been using for approximately three (3) 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 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 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 109 referrals received by the orthopedic clinic, most infants/toddlers were referred for either hip, leg, knee or foot concerns. Older children were most often referred by school nurses following school health screenings when scoliosis (curvature of the spine) was suspected.

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

CHILDREN WITH SPECIAL HEALTH CARE NEEDS PROGRAM

Training by New York State Department of Health has been underway to all Directors of Children with Special Health Care Needs (CSHCN) Programs throughout New York State regarding the concept of a ‘Medical Home.’ The Medical Home is not a building, house or hospital, but rather an approach to providing health care services in a high quality and cost effective manner. The impact of the Medical Home on the CSHCN Program is to incorporate the medical home concept into the program’s current delivery system of care. Therefore, staff has been and will continue to share with all stakeholders the concept of the Medical Home – that it is not a place but a structure and process of care that emphasizes, “home” as a centralizing headquarters for care, a place to feel recognized, welcomed and supported, providing a connection to other community resources.

During 2004, 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. If the family is uninsured or underinsured, assistance is given to them regarding Medicaid and Child Health Plus. Encouragement is also given to parents to seek routine primary and preventative care, which will result in healthier children and those with special needs will receive high-quality, comprehensive, appropriate services.

Visits to all elementary, middle and high schools within Niagara County were made. In addition, visits were made to all childcare centers throughout Niagara County. A brief in-service was given and 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 school or site. 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.

Two (2) television presentations were also conducted and displayed on public access TV with an estimated audience of 250,000.

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 as well as advertisements in the local Yellow Pages and weekly newspaper (Metro Community News).

ARTICLE 28 DIAGNOSTIC & TREATMENT CENTER

Services delivered under this program include: diagnostic speech evaluations and therapy, diagnostic audiological evaluations, central auditory processing evaluations, community screenings, and hearing aid evaluations and dispensing. Part time clinics in this program also allow us to deliver these services on-site at nursing homes and Headstarts.

Project Find, Identify and Test (Project F.I.T.) is sponsored by the Sertoma Club of Niagara Falls and allows us to offer hearing and speech screenings to Headstarts throughout the County. During 2004, 545 children were screened through Project F.I.T.

In 2004, a total of 151 hearing aids were dispensed. Of the 151 aids dispensed, Medicaid or other insurances paid for 83% and 17% were private pay.

CHILDREN AND ADULTS WITH SPECIAL NEEDS DIVISION-2004 DATA

Early Intervention Program:

Total number of children referred: 433

Males: 285
Females: 148

Age of children referred:

0 yr. – 11 months:	72
1 yr. – 23 months:	174
2 yrs. – 35 months:	151
3 yrs.+	36

Race:

a. White	368
b. Asian	0
c. African American	43
d. Native American	1
e. Pacific Islands	0
f. Hispanic	10
g. Other	11

Income:

a. \$0-9,000	83
b. \$10,000-19,999	52
c. \$20,000-29,999	65
d. \$30,000-39,999	56

- e. \$40,000-49,999 43
- f. \$50,000 and above 134

Household:

- a. Two Parent/Guardian 330
- b. Single Parent/Guardian 86
- c. Extended Family 1
- d. Foster Care 17

Medical Coverage:

- a. Medicaid only 82
- b. Private Insurance only 242
- c. Child Health Plus only 9
- d. Medisource 87
- e. Uninsured 13

Referral Source:

- a. Physician 147
- b. Hospital 47
- c. Family/Self 140
- d. Within Health Dept. 3
- Other (specify) 96

(DSS, daycare, EI provider, community program, transfer from another County and/or State, Headstarts, school districts)

Location:

- a. Appleton 2
- b. Barker 6
- c. Burt 1
- d. Gasport 3
- e. Lewiston 8
- f. Lockport 115
- g. Middleport 5
- h. Newfane 9
- i. Niagara Falls 144
- j. North Tonawanda 82
- k. Olcott 5
- l. Ransomville 9
- m. Sanborn 10
- n. Wilson 11
- o. Youngstown 21

Reasons for Discharge: (Cases closed in 2004)

- a. Delay/Condition Resolved 73
- b. Family Refused 52
- c. Can't Locate Family 9
- d. Transferred to 3-5 System 150

e.	Evaluation Found Not Eligible	78
f.	Family Moved Out-of-County	12
g.	Family Moved Out-of-State	13
h.	Child died	3
i.	Transferred to ICHAP	0
j.	Refused Before an IFSP	11
k.	Aged Out-Not Eligible for CPSE But Referred to Other Program	0
l.	Aged Out-Not Eligible for CPSE	11
m.	Aged Out-Eligibility Not Determined	44

Direct Clinical Contacts:

Comprehensive Evaluations	0
Related services	6851
Audiological Evaluations	<u>69</u>
Total	6920

Preschool Special Education Program:

<u>Total number of children receiving services:</u>	989
Males:	701
Females:	288

Services per School District:

- Related services are services such as speech therapy, occupational therapy, etc.
- SEIT (special education itinerant teacher)
- Center-based (Special Education Preschool)

<u>District</u>	<u>Related Service</u>	<u>SEIT</u>	<u>Center-based</u>
Akron	4		1
Barker	10		7
Lewiston-Porter	30		15
Lockport	130		124
Newfane	31		23
Niagara Falls	110	4	118
Niagara Wheatfield	60		24
North Tonawanda	95	1	69
Royalton-Hartland	26		15
Starpoint	35	1	8
Wilson	23		8

Direct Clinical Contacts:

Evaluations	24
Related services	1,985
SEIT	139
Preschool Integrated –Special needs	2,702
Preschool Integrated – Non disabled	5,321
Preschool hearing services	46
Service coordination	32
CPSE meetings	<u>41</u>
Total	10,290

Article 28 Clinical Contacts:

Hearing evaluations	357
Hearing Aid Sales Service	815
Speech Evaluations	25
Speech therapy	<u>261</u>
Total	1,458

Unduplicated Direct Clinical Contacts:

New patients	354
Patient treated/seen previously	376
Patients seen in screening programs	<u>545</u>
Total unduplicated patients	1,275

Physically Handicapped Children's Program:

Total orders received:	245
• Private insurance	185
• Medicaid	60
• New	79

Disposition of orders:

- 134 – approved
- 1 - decision pending (orthodontia)
- 4 - decision pending (medical)
- 93- withdrawn (includes did not follow through with clinics, disapproved at clinic, not within the scope of the program, moved, and resubmit in one year)
- 14 - referred to Child Health Plus/Family Health Plus

There were no adult polio orders for 2004.

Beginning in late 2003 and fully in 2004 there were no longer orthodontia screening clinics held in Niagara County due to New York State Department of Health's changing requirements. Children are referred directly from their dentist to a participating Orthodontist, who then submits a screening x-ray to the State Department of Health for treatment approval. Once the treatment has been approved at the State level, and the family meets financial and other eligibility criteria (i.e. severe cranial facial abnormalities), participation in the program begins.

Approved	37 (2 New and 35 Progress)
Discontinued or Closed:	4

Orthopedic screening clinics:

Total number of clinics:	3
Scheduled appointments:	109
Number of appointments kept:	48
Medicaid	31
Non-Medicaid	17
No Insurance or Medicaid	0

Children with Special Health Care Needs Program

Total number of client encounters:	88
Number of encounters per quarter:	
Jan.– March	28
April – June	21
July – Sept.	13
Oct. – Dec.	26

Lisa M. Chester, B.A., M.P.A.
Director

Stacy Lampman, M.A. CCC/A
Clinical Director

ENVIRONMENTAL HEALTH DIVISION

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

This past year again proved rewarding as the Division was able to provide necessary environmental health protection services and deliver them in an efficient manner in order to maintain the public's environmental health. Emergency public health planning continued to demand our attention in various arenas to include public water supplies, food service, radiological response, veterinary response, and sampling. Construction and usage of public sewers in the Town of Porter along Lake Road became a reality and helped to alleviate documented septic system problems in the area. Response to community concerns about operations at the former Lake Ontario Ordnance Works (LOOW) site has led to Department initiatives in conjunction with the Niagara Health Science Report to assist the community in understanding the site and its public health relationship with the community. The tenth annual oral rabies vaccination program continued to prove successful in managing rabies in the County. Over 2,500 animals were vaccinated at our clinics. Efforts continued to seek out unvaccinated animals. A special program was conducted in Niagara Falls to have all dogs licensed and vaccinated at a special clinic held in September. Over 100 previously unvaccinated and unlicensed dogs were vaccinated and licensed. West Nile Virus was confirmed in nine birds, and for the first time in two humans in the County. One of the human cases was acquired elsewhere; however, one was deemed to be acquired locally. Education continued to be a key element in support of the West Nile Virus program. Adolescent Tobacco (ATUPA) contracts continued with our local police agencies, and our compliance rate was over 90%. Clean Indoor Air Act (CIAA) enforcement continued based upon complaints and food service inspections. Eighty-eight enforcement actions were taken by the Department in this program. In addition, twenty-three waiver applications were reviewed, with sixteen waivers issued. The beach at Olcott was closed for several days due to high bacteria counts. The bathing beach water quality standards were lowered, and excessive rainfall with related pollution concerns was the cause. The Department is working on a rainfall model where a certain rainfall event will trigger automatic beach closings. An Integrated Pest Management Policy for the County was researched and developed whereby an IPM practice was implemented for the County. The County is setting an example for all municipalities, school districts, and the private sector to follow suit. Assistance was given to the Niagara Thunder Motorcycle Rally group via the County in preparing and addressing temporary residence, water supply, and sanitation concerns for their event. An EPA grant application was prepared in partnership with Residents for Responsible Government, the

University of Buffalo, and area municipalities seeking funding for air monitoring in the Lewiston/Porter area. Unfortunately, this was unsuccessful. Division and Department staff were recognized for their CIAA efforts, Public Policy Award, by the Erie-Niagara Tobacco Free Coalition. An audit of our public water supply program by the State Comptrollers Office, as part of a Statewide audit of the program, revealed our program to be in excellent shape. The issue of past NYS Health Department Orders for activities on the Chemical Waste Management site was investigated and is being pursued. Our regular inspection program activities coupled with complaint response, re-enforced by education, continued to occupy the majority of our time and efforts. The Division continues to provide the environmental public health services needed to maintain the health of our community. Improvements can only be assured with the proper investment in the public health infrastructure.

2004 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 five reportable injuries at our regulated children’s camps.
- Ten reportable childhood lead poisoning events were investigated and resolved.
- There were no drownings at any County regulated beach or pool.
- There were twelve confirmed rabid animals in the County.
- There were no positive West Nile Virus mosquito pools, nine positive West Nile Virus birds, and one locally acquired human case of West Nile Virus 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	8% with public health hazards
- Clean Indoor Air Act	7% with public health hazards
- Children’s Camps	3% with public health hazards
- Bathing Beaches	0% with public health hazards
- Swimming Pools	6% with public health hazards
- Campgrounds	0% with public health hazards
- Temporary Residences	4% with public health hazards
- Migrant Labor Camps	3% with public health hazards
- Food Service	1% with public health hazards

- Mobile Home Parks	0% with public health hazards
- Food Service	17% with public health hazards
- Mobile Home Parks	0% with public health hazards
- Individual Sewage Disposal	25% with public health hazards
- Radiological Health	0% with public health hazards
- Public Health Nuisances	22% with public health hazards
- Individual Water Supply	1% with public health hazards

- There were 161 formal enforcement actions taken by the Department
- There were over 2,000 complaints investigated by the Department with an average resolution rate of 91%.

FISCAL ADMINISTRATION

Expenditures – 2004

In the Administration of the Health Department budget for 2004, it was necessary to bring 18 resolutions to the Niagara County Legislature for approval, 17 of these involved a transfer or addition of funds. In addition to this, the Health Department also required 73 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 and for accrual of 2004 expenses not yet paid for.

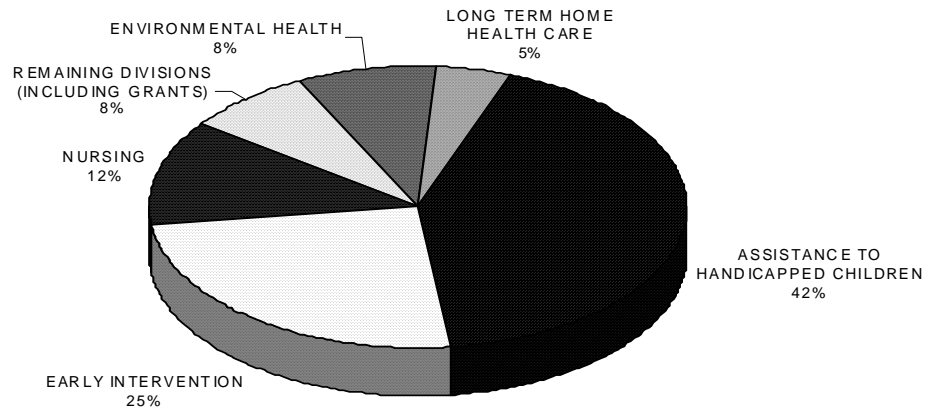
Division	Budget	Expended	Under Budget	Percent*
ADMINISTRATION	\$ 673,868	\$ 619,939	\$ 53,929	2.9
NURSING	2,931,020	2,631,709	299,311	12.5
LONG TERM HOME HEALTH CARE PROGRAM	1,054,369	1,000,104	54,265	4.5
ENVIRONMENTAL	1,829,024	1,797,152	31,872	7.8
WELLNESS COUNCIL	12,000	12,000	---	.1
HEARING AID DISPENSING	71,041	72,288	(1,247)	.3
PHYSICALLY HANDICAPPED CHILDREN'S PROGRAM	402,263	365,852	36,411	1.7
ASSISTANCE TO HANDICAPPED CHILDREN**	9,740,354	9,266,164	474,190	41.5
EARLY INTERVENTION***	5,996,383	5,460,324	536,059	25.6
LABORATORY	81,945	62,743	19,202	.3
TOTAL	22,792,267	21,288,275	1,503,992	97.2
GRANTS	660,325	564,778	95,547	2.8
TOTAL WITH GRANTS	\$23,452,592	\$21,853,053	1,599,539	100 %

* Percent of total budget, including grants

**These amounts include expenditures from previous years services paid out in 2004 and the accrual for 2004 and prior year accounts payables.

***Consolidated Early Intervention Program and Speech & Hearing Division.

EXPENDITURES - 2004

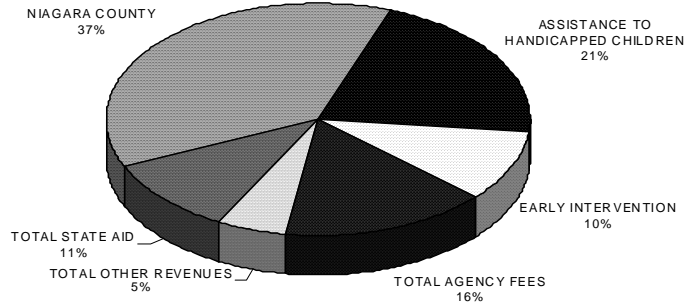


Division	Expended	Percent
ADMINISTRATION	\$619,939	2.8
NURSING	2,631,709	12.0
LONG TERM HOME HEALTH CARE PRGM	1,000,104	4.6
ENVIRONMENTAL	1,797,152	8.2
WELLNESS COUNCIL	12,000	.1
HEARING AID DISPENSING	72,288	.3
PHYSICALLY HANDICAPPED CHILD PRGM	365,852	1.7
ASSISTANCE TO HANDICAPPED CHILDREN*	9,266,164	42.4
EARLY INTERVENTION	5,460,324	25.0
LABORATORY	62,743	.3
TOTAL	21,288,275	97.4

GRANTS	564,778	2.6
TOTAL WITH GRANTS	\$21,853,053	100%

* This amount includes expenditures from previous years services paid out in 2004 and the accrual for 2004 and prior year accounts payable.

REVENUES-2004



STATE AID			
General Public Health Works	\$2,119,381		
Phys Hncd Chil Program	169,496		
PH Lab	<u>15,570</u>		
TOTAL STATE AID		\$2,304,447	10.55%
AGENCY FEES			
Home Health Agency	1,307,026		
LTHHCP	1,181,058		
Speech & Hearing	900,983		
Hearing Aid	<u>80,136</u>		
TOTAL AGENCY FEES		3,469,203	15.88%
ASSISTANCE TO HNCD CHILDREN		4,626,492	21.17%
EARLY INTERVENTION		2,157,235	9.87%
OTHER REVENUES			
Grants (CD Funds)	662,742		
Environmental Fees	438,525		
Clinic Fees	67,077		
PHCP Parent Co Payment	<u>16,816</u>		
TOTAL OTHER REVENUES		1,185,160	5.42%
NIAGARA COUNTY		<u>8,110,516</u>	37.11%
 TOTAL REVENUES		 <u><u>21,853,053</u></u>	 100.00%

**SUMMARY OF GRANT ACTIVITY
2004**

GRANT NAME	EXPENDED	REVENUE
LEAD POISON PREVENTION (CD2041)	\$ 62,738	\$ 117,986
VACCINE DISTRIBUTION (CD2042)	39,331	40,491
HEALTHY NEIGHBORHOODS (CD2043)	121,947	134,107
CHILDREN/SPECIAL NEEDS (CD2045)	17,343	24,727
OT/SPEECH & HEARING (CD2046)	48,647	73,408
EMERGENCY PLANNING GRANT (CD2047)	220,388	214,277
HEALTHY LIVING PARTNERSHIP (CD2048)	54,384	57,746
TOTAL*	\$ 564,778	\$ 622,742

*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. The Revenue amounts include accruals for 2004.

Daniel J. Stapleton
Director of Financial Operations

Healthy Neighborhoods Program Annual Report
Niagara County Health Department
Federal Fiscal Year (FFY) 2004

The Healthy Neighborhoods Program assisted residents primarily in the high-risk sections of the *City of Niagara Falls*. The *Tuscarora Reservation* was also included in the list of targeted areas. The program has been able to identify and address the needs of many individuals by providing needed services and successfully referring problems to appropriate agencies. Housing violations have been addressed with property owners or referred to the Niagara Falls Building Inspection Department. Carbon monoxide hazards have been identified and eliminated. Children have been referred for blood lead level screening. Residents without a primary care provider or medical insurance have been referred as needed. Asthmatics have been provided with appropriate educational materials, sample asthma management plans, and assistance in identifying environmental triggers in their homes. Fire hazards have been eliminated and smoke detectors have been installed. Several homes have been tested for elevated radon levels. Individuals with hypertension have been identified and subsequently treated by their physician. Several other services have also been provided. Through interventions and referrals the program has been able to assist many individuals living in the community.

Home Visits

- *Initial interviews* were conducted at 1,387 homes, 734 at the homes of renters and 653 at owner occupied homes. The initial home visits potentially improved the lives of over 3,392 individuals.
- *90-day to 6-month revisits* were conducted at 309 homes.
- *One-year asthma revisits* were conducted at the homes of 135 asthmatics who were initially seen between 10/1/02 and 9/30/03.

Personnel

- When fully staffed, the program has 2 Public Health Technicians and a Public Health Educator who coordinates the program. The program also benefits from the services of several others in the community.
- Physicians from the *Family Practice Residency Program* at *Niagara Falls Memorial Medical Center* were rotated through the program and accompanied staff in the field.
- During this year 39 student nurses from *Niagara County Community College* were assigned to our program as a clinical site. The student nurses accompanied staff in the field and took blood pressures, provided health teaching and assisted residents with answers to questions.
- The program also received assistance from social work students from Niagara University. The *Niagara University* social work students were provided with a list of activities that they can participate in to complete the "Learn and Serve" section of their coursework
- Through *Experience Works* the program was fortunate to have workers assist us 20 - 24 hours per week. Each worker has had something unique to offer to the program.
- The admissions coordinator from *GuildCare* (an adult day health care program) accompanied us on several home visits.

Community Involvement

The program benefited from the assistance of several agencies

- *Outreach for Wellness in Niagara*, a grant program coordinated by *Niagara Falls Memorial Medical Center* recently provided funding for the purchase of cleaning supplies, mops, buckets, and other lead poisoning prevention items.
- Through the *John Dukes Senior Center* and the *Triad Advisory Council of Niagara County*, the program was able to obtain personal security alarms to provide to seniors.
- The program was able to participate in programs or events sponsored by various Block Clubs, the Niagara Falls Housing Authority, Outreach for Wellness in Niagara, Dad's Do Count, the Niagara Women's Club, Club House Niagara, The Center for Joy, Niagara Middle School, 60th Street School, Landlord Training, Niagara County Soil and Water Conservation District's 2004 Environmental Field Days, Ultimate Dad's Event,
- The *Department of Pediatric and Community Dentistry, SUNY at Buffalo* provided the program with toothbrushes and tubes of toothpaste to distribute to homes with children. Printed material with dental care information were supplied as well.
- The *Asthma Coalition of Western New York* and the *American Lung Association* put together asthma information specific for the residents in the program's target areas. In addition, they provided free allergy-reducing bed sheets and pillow covers with physician referrals and free peak flow meters, spacers and nebulizers with physician prescriptions. In a joint effort, an *Asthma Education Day* was held in the Healthy Neighborhood Program office and an *Asthma Education Event* was held at *Niagara Falls Memorial Medical Center*. This allowed residents in Niagara Falls to easily access the services provided by the *American Lung Association* and the *Asthma Coalition of Western New York* without having to travel to their offices in Erie County.
- During this year our program also made home visits on the Tuscarora Reservation. A Community Health Worker from the reservation accompanied our program at each visit. This has been a wonderful addition to the program and the people we visited were pleased with the services we offered.

Safety Products

Since the beginning of the program, attempts have been made to add to the list of needed safety products and give away items that are supplied to residents in the community. In addition to all the products that we have provided in the past, the program now provides numbers to put on the outside of homes to indicate the address or the specific unit. This was done to help ambulances, police or emergency services to be able to locate individuals quickly. During initial visits conducted during this year several items were provided to residents including but not limited to: 472 smoke detectors, 377 batteries, 99 furnace filters, 90 electrical cover plates, 176 fuses, 11 carbon monoxide detectors, 168 pillow covers (62 more covers were provided during revisits), 98 house numbers, 97 shock stops, 80 boxes of Pledge Grab-its and 171 buckets filled with cleaning supplies - sponges, all-purpose cleaner, gloves, garbage bags, spray bottles, Sesame Street Lead Videos, coloring books, crayons, and written cleaning instructions. The program also provided several packages of fly strips, weather stripping, personal security alarms, tubes of toothpaste, t-shirts, packages of childproof latches, mouse traps, and other promotional items.

Summary

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

NURSING DIVISION

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

During 2004, three RN positions were upgraded to CHN positions. In February of 2004, a part-time CHN and a full time LPN position were abolished through attrition. At the end of 2004 a Clerical I position was also abolished through attrition.

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

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

The nursing division remains involved in the county's emergency preparedness 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. The Center of Medicare and Medicaid Services (CMS) publishes a comparison list of all Home Health Agencies in the United States. It compares each individual agency against a state and national percentage. The areas compared are from 11 quality measures taken from the OASIS which is a comprehensive assessment done on every client at the time of admission and every two months thereafter. The quality measures published at the end of 2004 showed the NCHD to be above the state and national average in 7 of 11 measures and only missing by 1-4% in the other measures. Internally patient outcomes and adverse event statistics are derived from clinical and functional data collected by the nurse and therapist on admission and at regular intervals during care. Record audits take place twice monthly for home care patient charts and on a rotating basis for prevention program records.

Telehealth is a service provided to the residents of Niagara County on a daily basis, Monday through Friday during regular business hours. Professional nurses who answer medical and

informational inquiries man the telehealth desk. They also direct people to resources in the community where their specific needs might be better met.

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 natural emergency or bioterrorist event.

Long Term Home Health Care Program (LTHHCP)

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

The LTHHCP's services are comprehensive enough to permit this population to live safely and independently at home. The LTHHCP and local departments of social services jointly assess the client's medical condition, and determine their eligibility for the program. A professional nurse develops the client's plans of care after 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.

Briarwood Manor Assisted Living Facility Contract

The NCHD provides home health care services to its residents on a non-exclusive basis. Services are provided as prescribed by the physician's plan of care on a part-time, as needed basis to fulfill the requirements of the agreement to resident at Briarwood Manor. Services are provided directly by NCHD through duly qualified employees. In the event that NCHD shall provide any such services through subcontracts with third parties for any such services, NCHD will have full responsibility to ensure that only quality services are provided through such subcontracts. Services shall include but are not limited to skilled nursing, physical therapy, occupational therapy, speech/language pathology, supplies for Medicare PPS clients, PRI's, assistance with ALP care plan and home health aide services for Medicare PPS clients as needed.

Medicaid Obstetrical Maternal Services (MOMS)

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 may be 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 Headstart.

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.

Pneumococcal vaccine is available year round in public clinics.

The travel/adult immunization clinic provides immunizations for adults for occupational

requirements, school or travel. Immunizations and health information is available for travelers of all ages. This is a fee-for service clinic.

Provider Based Immunization Initiative (PBII)

To conduct assessments, reassessments, and follow-up visits with private health care providers for the purpose of assessing immunization rates and the standards of pediatric immunization practices. By educating physicians and their staff we hope to improve immunization practices. There is cooperation with our Childhood Lead Poisoning Prevention Program to make joint PBII visits to discuss lead screening and testing for 1 and 2 year olds while at the physician's office for routine visits.

Partners in Health Systems (Healthy Shots)

A working relationship between the NCHD and Partners in Health Systems to eventually establish a state-wide computerized immunization system and registry, that all physicians will be part of. Mt St. Mary's Neighborhood Clinic of Niagara Falls, ABCD Headstart and several physicians in Niagara County are currently enrolled in this project. In addition the registry allows us to computerize our immunization records and provides a variety of reports. Health Systems provides technical support and quarterly user group meetings.

Child Health Promotion Specialists

A nationwide initiative to encourage one-on-one partnerships for health and safety in childcare settings based on individual agreements between health professionals and child care providers. By providing consultation, which involves assessment and teaching about health care, child development, and safety issues. To help child care providers to develop an action plan to remedy any hazards in the child care setting, clarify local health and safety policies, compare immunization records with state regulations, offer telephone consultation, link children, families or staff with local primary care providers or community resources. Our ultimate goal is to prevent harm and promote optimal health in childcare programs. At the present time we have one public health nurse trained. In 2005 two more nurses will be attending the intensive 6-day training.

Medication Administration Training (MAT)

A trained/certified public health nurse teaches a mandatory 9-hour training session for appropriate staff from child daycare centers. The training was in response to a need to prepare childcare facilities with the certification necessary for compliance with a state regulation to standardize medication administration in preschools and childcare facilities throughout New York State. The regulation affected all childcare providers that participate in medication administration including large daycares, home based daycares, small daycares, childcare sites for

school-aged children and Head Start programs. This course is the only such course approved by the Office of Child and Family Services, the agency that regulates daycare operations throughout New York State.

Childhood Lead Poisoning Prevention Program

The program ensures that all children have access to lead screening. Children with high lead levels receive coordinated care to ensure that medical, educational and environmental services are provided. The lead nurse for the program 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

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

Migrant and Seasonal Farm worker Health Program

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

Respectfully submitted,

Wanda Smiley
Director of Patient Services

NURSING DIVISION ACTIVITIES

CERTIFIED HOME HEALTH AGENCY (CHHA)

Total CHHA visits are as follows:	<u>2002</u>	<u>2003</u>	<u>2004</u>
Nursing *	10,155	8,551	8,355
IV visits included	1265	836	560
TB/DOT visits included	301	190	187
Home Health Aide	5,185	4,431	4,565
Personal Care Aide	13	0	0
Physical Therapy	1,551	1,199	1,593
Occupational Therapy	188	182	212
Speech Therapy	70	102	106
Medical Social Worker	40	45	45
Client caseload at end of year **	141	144	137
Unduplicated patient count:	818	746	803

* Number revised from 2003 report; calculation error.

** Number revised from 2002 and 2003 annual reports to include CHHA/MOMS cases.

LONG TERM HOME HEALTH CARE PROGRAM (LTHHCP)

Total LTHHCP visits are as follows:	<u>2002</u>	<u>2003</u>	<u>2004</u>
Nursing	1,987	2,865	3,555
IV visits included	14	48	18
Home Health Aide	7,100	6,969	7,363
Personal Care Aide	5,799	5,170	6,102
Physical Therapy	503	557	737
Occupational Therapy	81	105	113
Speech Therapy	85	118	107
Medical Social Worker	466	444	481
Nutritionist	24	43	53
Lifeline	310	346	466
Respiratory Therapy	---	3	0
Client caseload at end of year	64	80	105
Unduplicated patient count +	100	105	139

+ Numbers shown for 2002 and 2003 were not previously reported.

DSS AIDE EVALUATION VISITS

2002 2003 2004

1,425 1,299 1,195

PRI/SCREEN VISITS

2002 2003 2004

90 68 52

IMMUNIZATION PROGRAM

Throughout 2004, staff attended a total of 13 immunization-related trainings, seminars, conferences or instructional meetings. The department informed all the schools of the new Chicken-pox vaccine law requiring all students entering sixth grade, who were born on or after January 1, 1994, must have the vaccine. Two extra clinics were added in August and September to provide services to those who did not meet school requirements. We routinely continue to serve adults who need specialized or routine vaccines for work or travel that physicians do not provide. Two new brochures were developed for travel clinic and immunization clinic. There were also 32 PPD's done in our immunization program. Some of these were health employee's most of the others were Russians.

	<u>2002</u>	<u>2003</u>	<u>2004</u>
Immunization clinics	35	35	38
Attendance	694	674	670
Immunizations given	995	1,087	1090
Private Pay clinics	22	23	23
Attendance	278	388	369
Immunizations given	360	449	479
Promotional clinics	5	6	3
Attendance	86	63	26
Immunizations given	145	98	27

INFANT IMMUNIZATION CLINICS

This clinic provides modified services to children or infants less than three years of age. An assessment is provided to identify those children in need of Early Intervention Program referrals. The number of clinics appears to have decreased due to referrals to Child Health Plus and Family Health Plus. The Lockport infant immunization clinic was combined with the Lockport immunization clinic due to lack of enrollment. This change took effect in July 2004.

The following are statistics for the Infant Immunization Clinics:

	<u>2002</u>	<u>2003</u>	<u>2004</u>
Attendance	217	241	94
Number of clinics held	34	24	17
Immunizations given	568	628	210
Referred to Child Health Plus	183	130	147
Hemoglobin tests for WIC	38	27	0
Referrals to WIC program	12	14	9
Finger stick lead tests completed	36	36	26

IMMUNIZATION GRANT

A total of eight PBII (Provider Based Immunization Initiative) assessments were conducted in 2004. Six physician's offices (one practice has more than one site) and one daycare were assessed. The comprehensive PBII report was submitted to NYSDOH in October. The overall county 4-3-1-3-3 rate is 80%, not including daycares. The NCHD clinic rate was 85%, which is no change from last year. The department is active in and provides funding for the Western New York Adult Immunization Coalition (WNYAIC) and is also involved in the Pediatric Coalition focusing on immunization and lead issues. There were seven inservices, which were provided to senior centers, two local broad casts and one radio talk show addressing the flu shortage and flu prevention.

INFLUENZA (FLU) CLINICS

The doses of flu vaccine administered in 2004 increased due to the vaccine shortage and the amount that was shipped to Niagara County Health Department. There were 1561 flu shots billed to Medicare, 1017 billed to other insurance, 94 paid for by the client and 17 administered at no cost. A total of 40 employees and 80 home-care clients received the flu vaccine. There were 69 flu shots administered to children at three children's flu-only clinics. There were 16 doses of flu mist administered.

	<u>2002</u>	<u>2003</u>	<u>2004</u>
Flu shots administered	1,842	2,047	2878
Number of clinics held	21	32	21

A total of 121 pneumonia vaccines were administered in 2004. Of those, 103 billed to Medicare, 13 were billed to other insurance, four were paid privately by the client and one was administered at no cost.

REFUGEE PROGRAM

There were a total of 10 refugees followed in the TB clinic in 2004. This program now has been transferred to the Blackrock Clinic.

	<u>2002</u>	<u>2003</u>	<u>2004</u>
Russian States	17	3	10
Iran, Other	5	0	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 35 children were newly identified. Nine (9) 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 lead poison prevention program staff provided physician outreach via physician based immunization initiative (PBII) visits with the immunization program staff. Letters and lead poisoning packets were mailed to all pediatricians and family practitioners and visits made to all emergency rooms in Niagara County.

	<u>2002</u>	<u>2003</u>	<u>2004</u>
Number of children carried in the program			
Cumulative active cases	168	166	189
Number of children newly identified to have			
Elevated lead levels (equal to or above 10mcg.)	58	33	35
Home visits	86	53	38
Number of chelations	0	1	0
Number mobilizations	0	1	0

MEDICATION ADMINISTRATION TRAINING (MAT)

In April 2004, the Health Department began offering SUNY MAT for childcare providers in Niagara County. In order to administer medications as of January 31, 2005, childcare providers must be MAT certified. There were 17 nine-hour classes held in the Niagara Falls and Lockport offices, plus on-site training at two schools and one home based daycare.

The SUNY MAT grant program paid for the training at a cost of \$100.00 per student. Only a few trainees opted to pay the \$100.00 fee out of pocket and paid by check.

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

2004

Daycare Center Staff	37
Group Family Daycare Staff	15
School Age Program Staff	12
Family Daycare Staff	3

TUBERCULOSIS PROGRAM (TB)

The TB program is held once a month in Niagara Falls at the Trott Building. Clients are evaluated for latent TB infection. The TB clinic director assesses the x-rays and evaluates each client. There were 12 clinics held in 2004. A clinic is also held at the Niagara County Jail once a month. On average six inmates are seen for evaluation for latent TB infection by the clinic director. There was one active case of TB in 2004. Treatment was due to be completed by the end of January 2005. There were three suspected cases that were determined a-typical. The client with an active case of TB was seen five times weekly for directly observed therapy (DOT) visits. The duration of the DOT visits lasted for nine months.

The following statistics illustrate the clinic activities:

	<u>2002</u>	<u>2003</u>	<u>2004</u>
Tuberculosis cases	1	3	1
Suspect cases	3	3	3
Tuberculosis clinics	24	24	24
New visits to clinic	35	58	65
X-rays taken	15	12	10
Tuberculin tests	95	102	113
Positive	25	27	25
HIV tests	25 all neg.	20 all neg.	21 all neg.
Patients on Directly Observed Therapy (DOT)	3	3	1

SEXUALLY TRANSMITTED DISEASE (STD)

Staff from the STD program participated in National HIV Testing Day. Activities in Niagara County ran for an entire week. Testing was done at the YWCA of the Tonawandas, the YMCA in Lockport, the Family YMCA in Niagara Falls, Center St. Community Center in Niagara Falls and at the Trott Access Center. The Health Department worked in conjunction with Planned Parenthood and AIDS Community Services. There were a total of 103 individuals tested throughout the county, 38 at Planned Parenthood, 7 at AIDS Community Services and 58 with

The Health Department. Hepatitis A & B and Twinrix vaccines were administered at the county clinic only upon request.

Hepatitis C testing was done routinely from January through March with the tests being paid for by a grant from NYSDOH. The grant ended at the end of March and then was reinstated from August through December. Because of the per test cost, only high-risk clients were tested when grant funds were unavailable. Clients are considered high-risk after being assessed and evaluated on individual history, such as a partner or household contact that has tested positive for Hepatitis B or C, if the individual themselves is Hepatitis B positive or has a history of past or present use of intravenous drugs.

Please note there was an error in the number of syphilis cases reported in 2003. The report stated 71. In actuality, there were only 3 cases of Syphilis in 2003.

The following is a summary of STD clinic statistics:

	<u>2002</u>	<u>2003</u>	<u>2004</u>
Number of clinics	94	98	99
# Of males attending clinics	---	1,019	1,164
# Of females attending clinics	---	496	569

The following is a summary of STD clinic activity:

	<u>2002</u>	<u>2003</u>	<u>2004</u>
Attendance at clinics	1,411	1,515	1,733
Chlamydia cases (CT)	120	149	215
Gonorrhea cases (GC)	149	111	71
Human Papilloma Virus cases (HPV)	44	54	84
Non-Gonoccal Urethritis cases (NGU)	100	84	208
Syphilis cases	0	3	1
Trichomatis cases (Trich)	45	1	38
HIV tests done	573	673	656
Positive results	2	2	2
Confidential HIV tests	553	669	652
Anonymous HIV tests	20	4	4
Hep C tests done	500	715	516
Positive results	16	12	13
Hep A vaccine administered	42	32	14
Hep B vaccine administered	417	328	270
Twinrix vaccine administered	---	43	43
# Of individuals tested during National HIV Testing Day	---	84	58

MEDICAID OBSTETRICAL MATERNAL SERVICES (MOMS)

Due to Medicaid Managed Care requirements, clients enrolled in the MOMS Program continues to decrease while the CHHA-MOMS numbers increase. There were 61 clients seen in the CHHA-MOMS program with 208 billable visits and 14 non-billable visits.

During the last quarter of 2004 our migrant population of pregnant moms were referred to a grant-funded program at Niagara Falls Memorial Medical Center.

The following is a summary of MOMS Program statistics:

	<u>2002</u>	<u>2003</u>	<u>2004</u>
Clients enrolled	54	24	9
Home visits	189	95	26
Nursing	---	90	23
Medical Social Worker	---	5	3
Non-billable visits	---	---	2

COMMUNICABLE DISEASE AND SURVEILLANCE

New York State requires physicians, hospitals, laboratories and clinics to report these diseases directly to the local health unit. During 2004 the Nursing Division conducted surveillance and follow-up on the following diseases that were reported to our agency:

Bat exposures: 18 cases

Campylobacteriosis: 19 cases were investigated, the ages ranged from 11 months to 84 years of age. One individual was also co-infected with salmonella. 7 of these individuals required hospitalization.

Cat bites: 9 cases (all cats were strays except one that became ill and the owner disposed of it).

Chlamydia: 719 cases total

Coyote bite: 1 case

Dog bites: 8 cases

Encephalitis (other): 3 cases were investigated, the ages ranged from 34 years of age to 75 years of age. All individuals were hospitalized and 1 died. 1 suspect case was investigated. This individual was also hospitalized and recovered.

Giardiasis: 16 cases were investigated with ages ranging from 2 years of age to 82 years of age. One individual was hospitalized. 4 of the cases had a travel history.

Gonorrhoea: 215 cases total

Haemophilus Influenzae: 1 case in a 34 year old that was hospitalized. There were no children in the household. The individual recovered. The organism was sensitive to amoxicillin and Ampicillin.

Hepatitis A: There were no acute cases reported. Two (2) individuals did receive prophylaxis after an exposure in a hurricane stricken area. The New York State Department of Health (NYSDOH) assisted with the investigation to confirm the out of state exposure. 8 false Hepatitis A reports were investigated and the information was sent to the NYSDOH.

Hepatitis B (acute): 1 case, the client was hospitalized and recovered.

Hepatitis B (chronic): 15 cases were investigated.

Hepatitis C (chronic): 74 cases were investigated.

Legionellosis: 5 cases were investigated, ages ranged from 32 years of age to 65 years of age. All individuals were hospitalized and 1 expired. 4 out of the 5 individuals were smokers.

Listeriosis: 1 case was investigated. The individual resides in Canada but was hospitalized in a local hospital. The investigation was completed and forwarded to Canada via the NYSDOH.

Lyme Disease: 1 case and 5 suspect cases were investigated.

Malaria: 1 case was investigated. The individual (a 35 year old) had traveled outside of the United States and did not receive any prophylaxis.

Meningitis (Viral): 5 cases were investigated, ages ranged from 4 days to 46 years of age. 4 of the individuals were hospitalized and 1 was seen in the Emergency Room only. 1 individual died and 1 had a history of travel outside of the county. 2 suspect cases were also investigated but were ruled out. These individuals also recovered.

Meningococcal Infection (other): 1 case was investigated (62 year old). This individual was hospitalized and recovered.

Pertussis: 15 cases were investigated, ages ranged from 2 months of age to 16 years of age. 3 of these individuals were under 1 year of age. 1 individual was hospitalized. A total of 124 contacts received prophylaxis. All individuals recovered. 2 were siblings. 11 individuals were fully vaccinated, 2 were partially vaccinated (1 due to age and the other due to medical contraindication).

Rabies: 79 cases were investigated. 43 individuals received the rabies post-exposure prophylaxis (PEP) and 1 refused the PEP.

Raccoon bites/exposure: 8 cases (2 of the raccoons tested positive for rabies and the others were not available to test).

Rubella: 1 suspect case in a 20 month old was investigated. This individual was unvaccinated. Case was ruled out.

Salmonellosis: 17 cases were investigated with ages ranging from 2 months of age to 80 years of age. 6 individuals required hospitalization. 1 individual was linked to contact with reptiles and 1 was co-infected with Campylobacteriosis. 1 had a matching PFGE pattern to an outbreak in Nassau and Suffolk counties. 1 traveled out of the country and 2 had traveled out of state.

SARS: 1 suspect case in a 12 month old with a significant travel history was investigated. Testing at the NYSDOH lab was performed and the results were negative for SARS.

Strep Group A (invasive): 6 cases were reported with age range of 30 years of age to 51 years of age. All individuals were hospitalized, 1 case died.

Strep Group B (invasive): 16 cases were reported with age range of 4 years of age to 91 years of age. 15 individuals required hospitalization. All survived.

Strep Group B (invasive) early onset: 1 case in a 1 day old. Infant was treated with antibiotics and recovered.

Strep Pneumoniae (invasive): 24 cases were reported with ages ranging from 8 months to 83 years of age. 21 of the individuals required hospitalization with 3 deaths. 3 individuals were resistant to penicillin, and 3 had an intermediate resistance to penicillin. 6 individuals had received Pneumovax, 7 had not and 11 were unknown. 1 additional case was also investigated involving a Canadian citizen hospitalized in a local hospital. The investigation was completed and sent to the NYSDOH. This individual was resistant to penicillin and Clindamycin. All individuals had positive blood cultures and 2 of them also had positive cerebral spinal fluid (CSF).

Syphilis: 2 cases were investigated.

West Nile Virus: 2 confirmed cases were investigated, ages ranged from 29 years of age to 64 years of age. One involved travel history outside of New York State. There were 6 additional cases of suspect West Nile virus cases that were investigated, but these were ruled out.

Yersiniosis: 1 case was investigated. The individual was hospitalized and recovered.

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 for Niagara County residents and area professionals. This is accomplished by coalition building, inservicing, grant writing, grant management, community presentations, media relations, health fairs and other forms of social marketing.

At the beginning of 2004 the Public Health educator assumed the role of Project Director for the Healthy Living Partnership of Niagara County, which facilitates the breast, cervical, and colorectal cancer screening grants. The New York State Department of Health Cancer Control Services funds these grants. The NCDOH is the fiscal manager for these grants. Case Management, data and intake services are subcontracted to HANCI (Health Association of Niagara County Inc.) and supervised by the Public Health Educator. The project includes all 5 Niagara County Hospitals as well as Roswell Park Cancer Institute. Approximately 15 Niagara County physicians along with 12 community health agencies participate in referrals, screenings and treatment for uninsured and underinsured women and men. In 2004 the program met its screening goal for breast and cervical screenings detecting cancer in 3% of women screened. The foundation for colorectal cancer screening was in place to begin screenings in February 2005.

An initiative to address obesity in adults and children began in December 2004. A steering committee met with plans to form a countywide task force. This task force would include schools, hospitals, legislative representatives, media, community based organizations and county residents. The mission of the task force was established. The obesity task force would identify the scope of obesity in Niagara County, identify existing programs and gaps in services, identify funding opportunities and bring public awareness of the health risks of obesity.

The Public Health Educator continues to participate in the Western New York Diabetes Prevention Coalition which is funded through a New York State Department of Health grant. The past focus of the grant was aimed at intervention of targeted areas such as the Native American population. In 2004 the WNY Diabetes Prevention Coalition held its 5th annual conference for consumers in Buffalo, New York. Approximately 200 community members were involved in seminars regarding primary, secondary and tertiary issues regarding diabetes. Follow up surveys were mailed to participants to assess behavioral changes and outcomes. The evaluations indicated a positive response to the forum and increased education and management of diabetes.

Media plays a big role in public health education. Throughout the year the Public Health Educator along with the other divisions of NCDOH provides the media with press releases regarding general health issues, health alerts, and emerging health topics. In 2004 the greatest release was to press releases concerning nutrition, cardiovascular diseases, rabies, West Nile Virus and arthritis.

The NCDOH television program, Health Scope, has been part of public health education for 7 years. This show is co-produced and hosted by the Public Health Educator along with NCDOH staff. The show is televised approximately 20 times per month and focuses on current health topics. Topics in 2004 included: Influenza vaccine shortage, Emergency preparedness, Nutrition and Physical activity and Food Safety.

Community presentations continue to be in demand and all divisions of NCDOH have addressed groups of all ages and socioeconomic backgrounds on various public health issues. Topics that are requested most often are: nutrition and weight management, cardiovascular disease, diabetes, healthy aging, stress management, lead prevention, rabies, food safety and cancer. Evaluations are distributed at each session to assess effectiveness.

A vital component to public health education is to continue to establish and nurture partnerships with hospitals and health care organizations. These partnerships allow collaboration in grant searches, grant writing, community education and provide a strong foundation for funding opportunities. 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 from Western New York Health Departments. This collaboration has made possible such regional grants as Diabetes Prevention, Asthma, and Healthy Heart.

2004 was a year of recognition for the community work and service to the public through health education. The Public Health Educator received 3 awards in recognition of leadership, commitment and community service. The Niagara Wellness Council, The Healthy Living Partnership of Niagara County and the Erie-Niagara Tobacco Free Coalition gave these awards.

Claudia Kurtzworth
Public Health Educator

**2004 ANNUAL REPORT
OFFICE OF PUBLIC HEALTH PLANNING AND INFORMATION**

2004- A Year in Transition

2004 can be termed as a transitional year, during which the United States Department of Homeland Security (DHS) standardized requirements for national preparedness began to emerge, and the complexities of public health emergency planning and preparedness increased considerably. The evolution of a more unified organized and integrated national domestic planning strategy first began on February 28, 2003 with the issue of Homeland Security Presidential Decision Directive- 5, in which President Bush ordered the Secretary of Homeland Security to develop and administer a National Incident Management System (NIMS). All agencies were directed to incorporate NIMS into their preparedness plans and demonstrate inter-agency interoperability and compatibility in incident planning, response and recovery by Federal Year 2005. In preparation for NIMS, almost all Niagara County Department of Health Employees completed ICS-100 training and certification by the end of December 2004, with a targeted completion date of May 2005 for NIMS IS- 700.

On December 17, 2003, Homeland Security Directive 8: National Preparedness (HSPD-8) was enacted with the intent to develop a capabilities-based national preparedness system. Under the DHS Office of State and Local Government Coordination and Preparedness, the CDC and State Health Department began to form more intensive partnerships and collaboration with other federal and state agencies such as FEMA and NYSEMO, the EPA, USDA, US Department of Agriculture and Markets, the US Department of Energy, Department of Justice, and others, to develop guidelines and requirements for this system. In accordance with HSPD-8, and based on a national consensus from all levels of government, a draft Target Capabilities List was released by the DHS in 2004 (a more finalized version will be officially released on January 31, 2005).

Thirty-six target capabilities to date include:

1. All Hazards Planning
2. Animal Health Emergency Support
3. Criminal Investigation and Intervention
4. Critical Infrastructure Protection and Risk Management
5. Critical Resource Logistics and Distribution
6. Economic and Community Recovery
7. Emergency Evacuation
8. Emergency Operations Center
9. Emergency Public Education
10. Emergency Public Information
11. Emergency Response Communications
12. Engineering
13. Environmental Health and Vector Control
14. Explosive Device Detection and Response Operations
15. Fatality Management
16. Firefighting Operations/Support

17. Food and Agriculture Safety and Security
18. Hazard and Vulnerability Analysis
19. Hazardous Materials (HAZMAT)
20. Information Collection and Threat Recognition
21. Information Sharing and Collaboration
22. Intelligence Fusion and Analysis
23. Isolation and Quarantine
24. Mass Care (Sheltering, Feeding, and Related Services)
25. Mass Prophylaxis and Vaccination
26. Medical Supplies Management and Distribution
27. Medical Surge
28. On-Site Incident Management
29. Pre-Hospital Triage and Treatment
30. Public Health Epidemiological Investigation and Laboratory Testing
31. Public Safety and Security Response
32. Restoration of Lifelines
33. Urban Search and Rescue
34. Volunteer Management and Donations
35. Water Search and Rescue
36. Worker Health and Safety

This system, with its clearly defined requirements for managing risk posed by a broad range of hazards and threats, has expanded the public health role in preparedness, response and recovery. Although public health agencies obviously would not have a direct role in demonstrating capability of every one of these items on the list, we would have a primary role in some, such as Isolation and Quarantine or Mass Prophylaxis and Vaccination, and a secondary, or support role in many of the others, such as HAZMAT. In preparation for implementing this system, the New York State Health Department has formed more intensive partnerships and collaboration with other federal and state agencies such as FEMA and NYSEMO, the EPA, USDA, US Department of Agriculture and Markets, the US Department of Energy, Department of Justice, and others. Our local public health planning efforts mirror this expanded scope with its more comprehensive agenda as influenced by these other partners. To meet the more rigorous requirements, the Niagara County Department of Health has also developed more local partnerships and more intense collaboration with our stakeholders and county agencies. Some of our partners include: the Niagara County Office of Emergency Management, the Niagara County Sheriff's Department, the Office of the County Manager, the Niagara County Legal Department, Hospitals, colleges, schools, the Niagara Chapters of the American Red Cross, Border Safety and Security, the Tuscarora Sovereign Nation, the Niagara County Department of Mental Health, Emergency Medical Services, community-based organizations, municipal departments and responder agencies, veterinary societies, volunteer groups and various other private and public entities.

Change in Grant Performance Requirements

Unlike previous years, where the focus of public health emergency planning was mainly to document the planning process in the form of monthly public health "deliverables", the new

approach is to assess, enhance and measure critical capacity and capabilities, and document measurable outcomes, or “indicators” of performance goals that are based on national readiness priorities. This new structure of performance and reporting was initiated at the beginning of the 2004-2005 Public Health Preparedness grant cycle on September 1, 2004. Specific tasks must be completed quarterly, and documentation of status uploaded to the New York State Department of Health (NYSDOH) via the Health Information Network (HIN) to demonstrate acceptable outcomes have been achieved. A team of NYSDOH reviewers evaluates county health department submissions and provides feedback and guidance for revisions, if necessary. Receipt of grant funds is contingent on these quarterly submissions.

2004 Deliverables and Performance Goals

The focus of the 2004 deliverables and performance goals required by NYSDOH were:

1. **Isolation and Quarantine-** In 2004 the PHPIO and Niagara County attorney devised and submitted a draft isolation and quarantine plan, which was reviewed by the state attorney, Mary Ann Buckley. The NYSDOH attorney held a conference call with the NYSDOH Regional office staff, the PHPIO and our Public Health Director to make recommendations for additions and revisions to the plan. The PHPIO consulted with the County Attorney and we are working to complete the recommended plan revisions. A countywide isolation and quarantine training for partners and officials was held in December of 2004. A tabletop and countywide isolation and quarantine drill are planned for separate dates in mid and late 2005.
2. **Volunteer workforce development-** Niagara County has supported and assisted with the development of the Niagara County Medical Reserve Corp. The Public Health Planning and Information Officer serves as the Public Health Liaison and assists with coordination of training, information, and the acquisition of resources for operations.
3. **Planning and exercising to prepare for receipt of the Strategic National Stockpile establish and operate Points of Distribution (PODS) for mass vaccination/medication dissemination.** NCDOH conducted a countywide SNS drill on June 11, 2004. The drill included receipt of the SNS assets at the county staging site, and distribution to five PODs located at the Niagara County Public Safety Training Center in Lockport, Mount St. Mary’s Hospital in Lewiston, Niagara Falls Memorial Medical Center in Niagara Falls, the Niagara Falls High School located on Porter Road in Niagara Falls, and BOCES, located in Sanborn. Partners included State, County and municipal Law Enforcement/EMS and Emergency Management, Schools, Hospitals and private medical providers, all NCDOH divisions, HEART, BOH, municipal and county officials, the American Red Cross from the eastern and western Niagara chapters, Radio Amateur Citizen Emergency System (RACES), and several other agencies and volunteers. In early July of 2004, the PHPIO developed a strategy to map Niagara County and its population centers for identifying gaps in population coverage for mass vaccination or dissemination of medication. After mapping the County of Niagara, the PHPIO performed an assessment of populations and numbers and locations of PODs and determined gaps did exist. The PHPIO placed additional PODs at strategic locations throughout the county after establishing MOUs with officials at the host sites. A total of eighteen PODs are now designated and mapped with corresponding demographic

information. The PHPIO also designed and coordinated planning for a Pandemic Influenza POD Drill to include Niagara Falls Memorial Medical Center, The Tuscarora Reservation, migrants, refugees, first responders and schools. The plans were suspended by the NYSDOH due to an unexpected influenza vaccine shortage.

4. **Cross-Border Public Health Planning-** Niagara County continues to participate on a multi-entity cross-border workgroup for cross-border planning and took part in a major botulism exercise on July 29, 2004, with NYSDOH, the Canadian Niagara Regional Ministry of Health, other local health departments and local/Canadian response agencies. The work group is developing a Public Health Infectious Disease Annex to be added to the existing Emergency Management Cross-border Contingency Plan.
5. **Specimen collection and shipping-** Two Division of Environmental Health staff members received Safe-T-Pak Training for compliance with the International Air Transport Association (IATA) requirements, sponsored by the NYSDOH Laboratory Response Network (LRN), and five more Public Health Response Team members will be scheduled for training to take place on March 7, 2005.
6. **Inter-agency coordination and establishing memoranda of agreement-** In 2004, our relationships with our partners became more critical for planning and enhancing our preparedness capacity. NCDOH sits on many planning workgroups and committees, and has exercised and trained with all of our partners. Many of the exercises and trainings were developed and/or coordinated by the Niagara County Department of Health Public Health Planning and Information Officer and used as models and templates by other agencies and counties. Some of the inter-agency planning groups and committees joined or facilitated by the NCDOH Public Health Planning and Information Officer include:
 - a. Local Emergency Planning Committee (LEPC)
 - b. Emergency Medical System (EMS) Council (legislative appointment)
 - c. Community Engagement Committee;
 - d. Niagara County Medical Reserve Corp
 - e. Niagara County Homeland Security Partnership
 - f. Niagara County Strategic Security Planning Work Group
 - g. Western New York Public Health Alliance (WNYPHA) Public Health Emergency Preparedness Coordinators Group
 - h. WNYPHA Education and Training Committee
 - i. Association for Practitioners in Infection Control and Epidemiology (APIC)
 - j. NYSDOH Cross-border Planning Work Group
 - k. Niagara County HEART; the New York State Public Affairs Group (PAG)
 - l. Community Emergency Risk Communication (CERC) Work Group and
 - m. A number of ad hoc emergency planning and training/education committees.

The NCDOH has also established official Memoranda of Agreement (MOA) and Memoranda of Understanding with 17 agencies to serve as Points of Distribution for mass medication distribution and/or mass vaccination. An MOU with the Tuscarora Nation is pending. Additional Memoranda of Understanding are pending with Law Enforcement, the Court System and facilities for Isolation and Quarantine, and with homecare agencies to administer medications/vaccinations from the Strategic National Stockpile to their homebound clients.

7. **Environmental Health Response-** Although the NCDOH Division of Environmental Health (NCDEH) has been part of the Public Health Response Team since the inception of

the Public Health Emergency Planning and Response process, additional training and response requirements were added by NYSDOH in 2004 in concordance with HSPD-8. Specialized HAZ-MAT and environmental assessment and response training/exercises for chemical, radiological, biological, and nuclear emergencies have been added to the list of EH preparedness requirements. These requirements have necessitated increased cooperation and collaboration with the New York State Office of Emergency Management (NYSEMO), Niagara County Office of Emergency Management (NCOEM) and state/county/local law enforcement agencies. Advanced data and communications technology capabilities have been essential components of public health preparedness. Environmental data and pictometry mapping Geographical Information System (GIS) applications were enhanced in 2004, with the purchase of additional software and training. Surveillance and environmental testing, as well as chemical, biological and radiological sample collection, packaging and shipping and chain-of-custody by law enforcement were all incorporated more fully into the EH planning schemata in 2004. Physical enhancements to the NCDEH vector identification and animal specimen collection facility were initiated in 2004. Surge capacity refrigerators and freezers with electronic temperature monitoring/alarm systems equipment were purchased with 2003-2004 public health preparedness grant funds to store vaccines and pharmaceuticals for mass vaccination or as a emergency vaccine storage contingency site to maintain cold-chain if other sites lose their power. Computer, digital telephone and analog lines were installed to maintain redundant communications during an emergency. A generator was installed to maintain back-up power for all equipment, including forensic refrigerators and freezers located in the building. A request for Homeland Security Grant funding for security enhancements, such as lighting, alarm systems, entry doors with electronic security pads and the installation of barriers was approved by the NCOEM and the legislature. The Niagara County Sheriff's Department has offered to take a lead in expediting the capital improvements and surveillance/alarm systems to harden the facility.

8. **Tribal Nation emergency preparedness-** On September 24, 2004, the NCDOH Public Health Planning and Information Officer/Preparedness Coordinator met with the Tuscarora Nation Tribal Council and Clan mothers, Clinic Managers, Social Workers and the tribal Environmental Health Program officers to discuss mass immunization/medication dissemination preparation. The PHPIO requested participation of the Tuscarora Nation in a Pandemic Influenza POD exercise scheduled for the following month. In addition, the PHPIO, who also functions as the county coordinator for the NYSDOH electronic Health Information Network (HIN) provided a training presentation on the HIN/HAN/HPN and demonstrated redundant communications technology by use of the laptop computer and wireless Internet connection to NYSDOH. After a vote by the Tribal Council, approval was granted for the exercise and operation of a Tuscarora Nation POD. A test of the emergency communications alert system was also incorporated into the plan. NYSDOH suspended the POD operations exercise due to an influenza vaccine shortage emergency, but a test of the Community Alert Network (CAN) system activation was successfully completed. NCDOH continues to include the Tuscarora Nation in all aspects of public health emergency preparedness and response planning and training.
9. **Risk Communication-** The NCDOH Office of the PHPIO designed, coordinated and directed the development of the Special Needs Population Risk Communication Survey Project. This model project, which entered its second year in 2004, was developed to identify, locate and assess how to reach special needs populations throughout an eight-

county region of Western New York during a public health emergency. NCDOH analyzed the data from the pilot conducted in Niagara, Erie and Chautauqua counties and shared the information with our local, regional and state emergency preparedness partners. A full-scale project is now underway in all eight counties of Western New York. The survey tool has been translated into Spanish, Russian and Ukrainian, and versions in Chinese and other languages are pending. The NCDOH PHPIO is a member of the NYSDOH Public Affairs Group (PAG) workgroup of counties from across New York State. The group consists of public information officers, emergency planners and educators who perform research, exchange ideas, develop policy and provide input to our NYSDOH partners for the design of communications materials, trainings and programs. The PHPIO has received specialized risk communication training from NYSDOH, including message mapping and media communications. In 2004, the PHPIO set up the Public Health Automated Information Hotline in Response to the Influenza vaccine shortage. The Hotline will be expanded to include west Nile virus and dead bird submission guidelines in the spring of 2005. The PHPIO also facilitated the installation of a Blast-Fax system for physician notification in 2004. In 2004, the PHPIO either developed or revised and issued over twenty Public Health press releases or memoranda under the direction of our Public Health Director, and assisted with several newspaper articles to assure the public was informed of critical health issues.

10. **Laboratory Capacity** – Currently, Niagara County is trying to identify ways to increase laboratory capacity for our county. In a large-scale emergency, samples sent to our New York State Public Health laboratory located at the Wadsworth Center in Albany would quickly exceed its capacity to process and report results in a critical time- frame. Niagara County no longer has a public health laboratory, and our contract with the Erie County Public Health Laboratory (ECPHL) provides limited services that would be inadequate in an emergency. Because of a lack of funding for personnel, equipment and operating costs, the ECPHL has cut back on some of the services Niagara and the surrounding counties previously received under contract.
11. **Surveillance and reporting-** Human and animal surveillance is performed by NCDOH for signs of infectious disease outbreaks or unusual signs or symptoms of illness. In August of 2004, the Department of Health and Human Services released the Pandemic Influenza Preparedness and Response Plan. The plan calls for enhancing laboratory capacity, increasing preparation for preventing, controlling and containing influenza and maximizing surveillance efforts to detect influenza activity. With the threat of pandemic avian flu, NCDOH has established sentinel sites with physicians and large industrial sites or businesses for reporting influenza-like illness (ILI). Reports are submitted to the NYSDOH, which compiles and charts the data from all counties in New York State during flu season. The NCDOH performs emergency department surveillance seven days a week for identification of reports of unusual illness presentations or clusters of individuals with unusual signs and symptoms that could be related to intentional or naturally occurring catastrophic disease. Niagara County will facilitate training in July 2005 to implement a new electronic system for hospital syndromic surveillance. The syndromic surveillance electronic system will also track over-the-counter medications purchased at pharmacies throughout the county and state to identify any correlations with reported clinical signs indicating a possible disease threat. NCDOH routinely performs communicable disease reporting and electronic data submission. We receive clinical laboratory reports transmitted through the Electronic Clinical Laboratory Reporting System (ECLRS) via the NYSDOH HIN around the clock

from certified laboratories. The NYSDOH has created a state/county health department – hospital reporting bridge referred to as the Communicable Disease Electronic Surveillance System (CDESS) for exchanging critical clinical and laboratory data.

12. **Electronic Data/information security-** NCDOH recognizes the critical nature of data and information security. We worked with the Niagara County Department of Data Technology to develop an Information Technology security plan. Additional security software and server/hardware modifications were initiated in 2004, as well as security upgrades to the physical plants housing the county servers. We update the plan and security continually as technology improves, and new threats to security evolve. Policy and physical safeguards for the protection of clinical and case data has also been integrated into the plan.
13. **Zoonotic epidemiological emergency response planning-** Most of the diseases with potential for devastation of human populations and disruption of social, economic and commerce systems are zoonotic in origin; the majority of the infectious disease entities listed as bioterrorism agents have animal sources. We have seen the deleterious effects of anthrax, SARS and Avian influenza, with the first identified in an intentionally disseminated scourge and the subsequent two infectious diseases became established naturally occurring epidemics. Historically, human influenza pandemics occurred as a result of the introduction and propagation of bird and animal flu strains to non-resistant human populations. Illegal trans-continental smuggling of avian flu-infected exotic animals and birds, such as Asian eagles, places our human populations at grave risk Other exotic zoonotic diseases such as the viral hemorrhagic fevers are endemic to Africa and other tropical regions, occurring naturally in primates such as monkeys and chimpanzees. In 2003, NCDOH provided trainings to veterinary groups regarding zoonotic and exotic animal diseases, bioterrorism, specimen collection, submission and reporting suspect and confirmed cases of exotic diseases, including category A, B and C animal diseases. We also identified and documented addresses and contact numbers of animal handlers, veterinarians and volunteers who would serve as transporters, caregivers, treatment, and shelter providers for large and small animals in an emergency. In 2004, NCDOH PHPIO updated the database and continued to expand the plan by working with EH to begin a county assessment of all animal repositories in Niagara County, including farms, and exotic animal (primates, birds, large felines, and others) holding and breeding sites. Site coordinates and demographic data will be mapped using GIS ArcView and pictometry applications. We have begun making on-site visits to facilitate information exchange, to review regulations and to identify regulating agencies involved. The other goal of these visits is to educate the animal handlers/managers regarding emergency preparedness with inclusion of animal safety contingency planning. We have been coordinating our preparedness planning efforts with the DEC, Agriculture and Markets, Emergency Management, veterinary societies, animal rehabilitators and the SPCA and other animal and environment related groups and agencies. NCDOH will continue to work on completing a draft comprehensive animal annex to our Public Health Emergency Preparedness Plan.
14. **Redundant internet and non-internet communications-** NCDOH has coordinated the installation of redundant internet and non-internet communications systems at the Niagara County Public Safety Training Center (EOC) with NYSDOH and the Department of Emergency Management. In 2004, we established a satellite Public Health Office at the EOC in which we installed additional Internet and non-internet connections to the HIN. All

redundant systems are operated and tested routinely, and especially during exercises and drills.

- Although this report gives a short synopsis of preparedness activities, all of the above requirements were addressed in detail and incorporated into the Public Health Emergency Response Plan or its annexes. The plan is a living document and components of the plan continue to be updated by the PHPIO each time a new performance goal is introduced and completed, and as we identify new public health issues that need to be addressed. We will continue to develop strategies to improve our communications and collaboration with our partners and stakeholders to strengthen our resources and to maximize our ability to plan to prevent, protect, respond to and recover from emergencies and events that threaten public health

Goals for 2005

- Maximize opportunities to combine and share resources such as trainings, services, equipment, facilities, operational areas and systems for communications, security and power to increase critical capacity and moderate or minimize costs.
- Have all health department staff trained and certified in the National Incident Management System by May 31, 2005
- Facilitate Memoranda of Agreement with fire departments for first responder PODS and with the Tuscarora Sovereign Nation for an on-site clinic POD by May 30, 2005
- Complete revisions on the Isolation and Quarantine Plan and annex by June 1, 2005
- Restructure the Public Health Emergency Preparedness Plan and incorporate NIMS in concordance with HSPD-5, HSPD-8 and the National Response Plan by July 30, 2005
- Complete and annex the revised Strategic National Stockpile Plan by July 30, 2005
- Conduct an inter-agency Radiological Response Training by June 30, 2005
- Conduct Syndromic Surveillance Training by July 30, 2005
- Conduct an inter-agency Radiological Emergency and Response Tabletop by August 1, 2005
- Conduct one biological POD exercise with the Medical Reserve Corp to dispense antibiotics by August 10, 2005
- Complete public health planning component of multi-agency cross-border disaster drill facilitate by Niagara University by May 13, 2005 and participate in the drill on August 19 and 20, 2005
- Conduct an isolation and quarantine countywide tabletop by August 30, 2005
- Complete county resource and demographic mapping by September 1, 2005
- Conduct a countywide isolation and quarantine drill by September 30, 2005 Develop a Public Information/Communications Annex to the Public Health Emergency Response Plan by November 30, 2005
- Complete and present preliminary analysis and report of Phase II of the Special Needs Population Risk Communication Survey Project by December 30, 2005.

2004 TRAININGS and EXERCISES Coordinated or Conducted by the Niagara County Department of Health Public Health Planning and Information Officer

Date	Subject	Audience/Participants
01/07/04	Smallpox clinic and smallpox vaccination training	Regional Professionals and para-professionals
01/08/04	HERDS Access Policy and Procedure for wireless technology: use wireless Air Cards for alternate internet access. HERDS training	Niagara County DOH Nursing Division
01/08/04	Public Health Preparedness “The HEART of the Matter; An overview of public health preparedness and the Health Emergency Alert and Response Team (HEART)”	Niagara County Department of Mental Health and the Community Reinvestment Committee
01/12/04	Review and testing of the Integrated Digital Network System	NCDOH Public Health Response Team
01/15/04	Presentation of Special Needs Risk Communication Project, Data Analysis and Mapping	Western New York Public Health Alliance
02/04/04	An Overview of Public Health Emergency Response, Risk Communication Project Data and the Strategic National Stockpile	Community Engagement Committee (Niagara Falls Holiday Inn Select)
02/05/04	Niagara County Special Needs Risk Communication Project Overview and Strategies for Assessing Risk Communication Needs of Special Needs Populations	NYSDOH Special Needs Round Table (Latham, NY)
02/27/04	Strategic National Stockpile (SNS) Training: Process, Policy and Procedure	HEART, MRC, NCPHRT
03/09/04	Preparing for Public Health Emergency and Response; Public Health Core Competencies; Communications Tabletop Exercise	Annual Training Meeting for all Niagara County DOH Staff
03/11/04	Inter-agency Collaboration for Effective Public Health Response	Community Reinvestment Committee
03/26/04	Introduction to Disaster Mental Health	HEART, NCPHRT
05/21/04	Disaster Mental Health Training	HEART, NCPHRT
05/28/04	SNS Training: Roles, Incident Command Structure and Staging Site Operations	HEART, NCPHRT
Date	Subject	Audience/Participants
06/11/04	Countywide SNS Training Drill	Niagara County Health,

		hospitals, Law enforcement, NYSDOH, EMS, EMO, Fire, Hospitals, Schools and Region
06/17/04	Smallpox Vaccination Training for Hospital Response Teams	Hospital and Medical Professional Staff, HEART
06/23/04	Smallpox Vaccination Training	Wyoming County
06/25/04	Basic First Aid Training (ARC 3 yr. Certification)	HEART and NCDOH Staff
07/22/04	SPOX Vaccination Training	NCDOH/Regional Partners
07/27/04	Presentation I: POD Clinic Operations; Presentation II: SNS/POD communications and Public Health Risk Communications; Presentation III: Mental Health Triage at the POD Site	NYSDOH POD Training Meeting, Albany
07/30/04	Medical Reserve Corp, Cross-Border Public Health Initiative	HEART, NCPHRT
08/27/04	Training Skills and Tools for Effective Post-event Client Interview	HEART, NCPHRT
09/24/04	Pan-Influenza Mass Vaccination, PODs and Introduction to the NYSDOH HIN/HPN	Tuscarora Nation : Tribal Council , Clan Mothers, Health Clinic Managers, Environmental Health and Emergency Planning Staff
10/21/04	Pandemic Flu Community Alert Network System Test Exercise	NCDOH-NCOEM, Niagara County Residents
10/29/04	WMD Training	HEART, NCPHRT
12/10/04	Isolation and Quarantine Training for Niagara County Officials	NCDOH Staff, Hospitals, Coroners, Public Officials, County Attorneys, District Attorney, Legislators, Board of Health, Public Health, Law, Fire, EMS, EMO,

Submitted by Elaine Roman RN, BSN
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