

NIAGARA COUNTY

DEPARTMENT OF HEALTH



ANNUAL REPORT

2005

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(716) 439-7444 Environ.
(716) 439-7470 Nursing
(716) 439-7460 C&AWSN*
(Children & Adults With Special Needs)

NIAGARA FALLS

Trott Access Center
1001 – 11th Street
Niagara Falls, NY 14301
(716) 278-1900 Nursing
(716) 278-8180 C&AWSN*

Healthy Neighborhoods Program
Haerberle Plaza
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Niagara Falls NY 14301
(716) 278-8292

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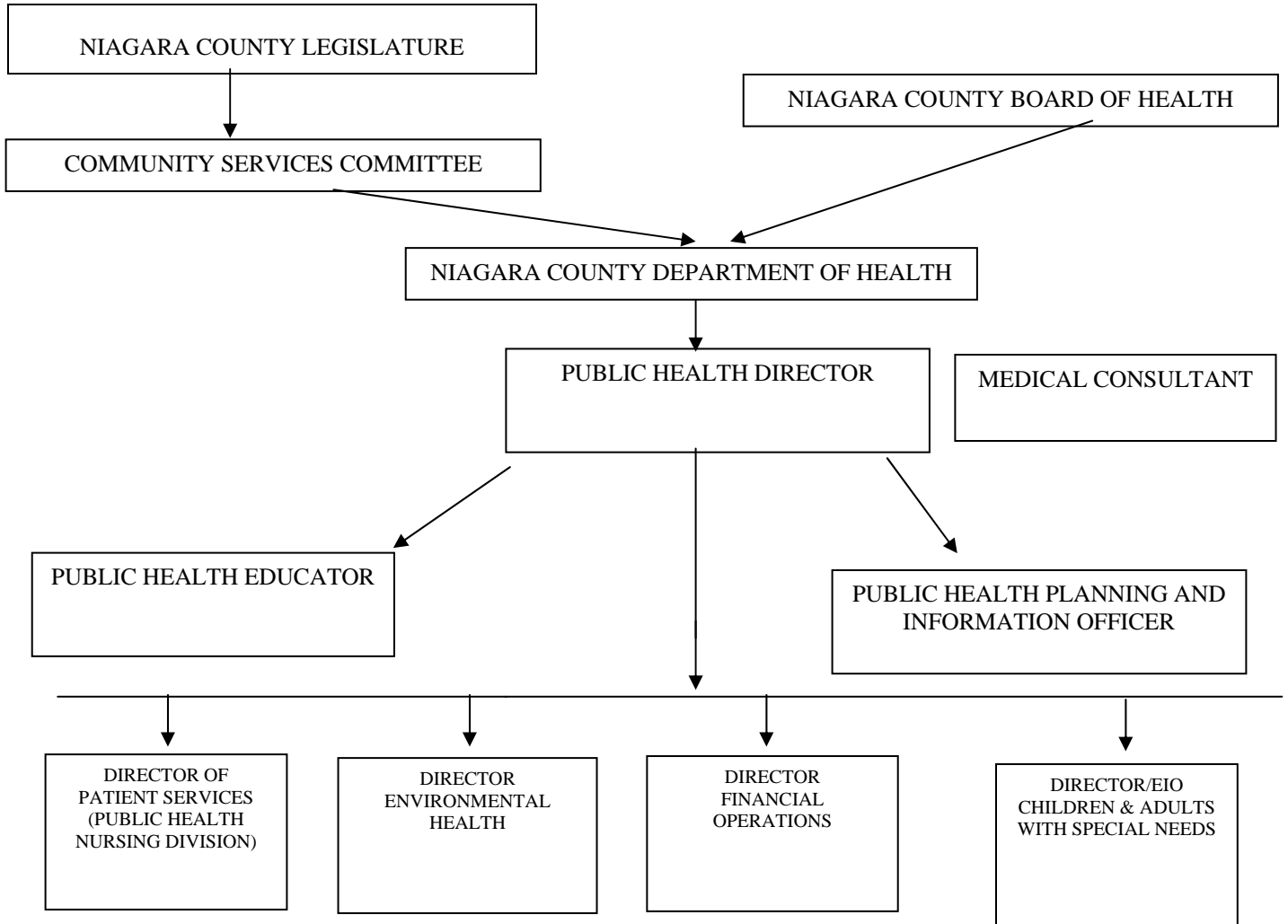
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NIAGARA COUNTY DEPARTMENT OF HEALTH



Public Health Director
Paulette M. Kline, R.N., M.Ed., M.P.H.
2005 NCDOH Annual Report

During 2005 we made significant progress in achieving some of the 28 focus areas identified in the CDC Healthy People 2010 document, although we have a way to go in some others. Listed in order of public health importance are some of our recent efforts to address these issues.

- 1. Access to quality healthcare.** One of the many ways that this has been accomplished in our department is by ensuring that children and adults receive coordination and delivery of appropriate high quality services. The Children and Adults with Special Needs Division continue to work with our Fiscal Division to reduce associated costs of the Early Intervention Program through the elimination of duplicated services, internal and independent provider auditing, and increased education and policy development for providers. Our Public Health Nursing Division continues to serve as a primary prevention agent for screenings and immunization programs and as a safety net in the provision of home health and long term care. Our Healthy Neighborhoods Program in cooperation with Schools of Medicine, Nursing, Public Health Nursing Division, and other partners, provide medical/nursing, environmental assessment and referrals to appropriate providers of healthcare and safety prevention.

- 2. Immunization and Infectious Disease Control.** Our Public Health Nursing Division leads the charge in our goal to prevent the occurrence and transmission of vaccine-preventable diseases by ensuring the delivery of vaccines to children and adults through direct services or distribution of vaccine. Infectious disease surveillance and investigation is critical not only to control vaccine-preventable disease but specifically to prevent the transmission of the novel viruses that could cause a major outbreak of disease or a life threatening pandemic. We have continued daily emergency department surveillance at all five local hospitals.

- 3. Environmental Health** in cooperation with our Public Health Planning and Information Officer has enhanced partnerships with area veterinarians and Cornell Cooperative Extension to plan to develop a County Animal Response Team (CART) to address animal issues during an emergency and has identified the need to develop an animal surveillance program for Niagara County. For the Lake Ontario Ordnance Works Project (LOOW), under the direction of the Environmental Health Director and LOOW coordinator, we have initiated the development of a GIS data base with the support of the University of Buffalo. During 2005, enforcement of the Clean Indoor Air Act (CIAA) has increased with 30 enforcement actions taken. An amendment to the Niagara County Sanitary Code now allows permit suspension/revocation penalties for repeat noncompliance by any permitted facility. The increased enforcement of the Adolescent Tobacco Use Prevention Act (ATUPA) has accomplished a 91% compliance rate for licensed tobacco vendors. There were no water-borne illness outbreaks related to our public water suppliers during 2005. The Healthy Neighborhoods Program, a New York State Department of Health grant funded program, received a Model Practice Award

from the National Association of City and County Health Officials, one of 29 awarded across the nation.

4. **Food Safety.** No major food-borne illness outbreaks in any Niagara County regulated facility during 2005.
5. **Education and Community-based Programming &**
6. **Health Communication.** Risk communication and public information has increased significantly in the department with our Public Health Planning & Information Officer developing risk communication materials and assessing needs both internally and in the community. The need for communication, community based programming and health communication is essential to educate and inform the community about public health outbreaks of disease or environmental risks, but specifically when major public health emergencies take place. In an effort to address issues of chronic disease, specifically cardiovascular disease, diabetes, and obesity, our Health Scope Program has been reformatted to include cooking demonstrations as well as professionals to educate the consumer about healthy food choices, cooking and food demonstrations that is low in fat and calories. The Public Health Nursing Division provides a Tele-health service to all residents of Niagara County on a daily basis who answer public health and medical questions, educate and direct individuals to resources in the community to meet their healthcare needs.
7. **Nutrition and Overweight Public.** The Public Health Nursing Division has received training to develop a plan to improve nutrition and physical activity in childcare centers through self-assessment and technical assistance. Ongoing work is continued by the Public Health Educator and partners in Niagara County who have formed an Obesity Prevention Task Force.
8. **HIV Prevention** education, counseling and testing is provided through our Public Health Nursing Division with referral for services through our clinics and Tele-health. Preliminary discussion has taken place to provide space in our facilities to primary care services for individuals living with HIV/AIDS.
9. **Heart Disease and Stroke.** The Healthy Heart Worksite Program is a NYSDOH grant funded program. During 2005, our Health Educator has enlisted four worksites in a health promotion program to make policy and environmental changes that may improve the health and wellness of employees.
10. **STD Prevention.** STD clinics were increased to three days per week, during 2005. Late year assessment has shown no increase in patient census with additional day of service. Provision of counseling, testing and follow-up is high quality. More public health assessment needs to be done to determine reasons why clinic services are underutilized and why rates of STDs are increasing in Niagara County.
11. **Cancer.** The Healthy Living Partnership (HLP) is a NYSDOH grant funded program that provides breast, cervical and colorectal cancer screening for underinsured and

uninsured individuals. The HLP is coordinated by our Health Educator. Case management, Outreach, and Data Management services are contracted through the Health Association of Niagara County, Inc. (HANCI). 134% of goal was achieved by the HLP.

12. Public Health Infrastructure. NCDOH has received education of the core functions and 10 essential services of public health. We have completed basic core competency assessment and have identified public health marketing, social marketing to change health behaviors and public health workforce recruitment and retention as critical areas that need to be addressed in 2006.

Healthy People 2010 Focus Areas needing more attention in 2006 and beyond are listed in order of priority.

13. Mental Health and Mental Disorder

14. Substance Abuse

15. Diabetes

16. Injury, Violence Prevention

17. Disability and Secondary Conditions

18. Maternal, Infant and Child Health

19. Family Planning

20. Arthritis, Osteoporosis and Chronic Back Conditions

21. Physical Activity and Fitness

22. Tobacco Use

23. Respiratory Diseases

24. Chronic Kidney Disease

25. Medical Protection Safety

26. Oral Health

27. Occupational Safety and Health

28. Vision and Hearing

CHILDREN AND ADULTS WITH SPECIAL NEEDS DIVISION - 2005

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.

As the evolution of the Children and Adults with Special Needs Division continued in 2005, efficiencies and effectiveness of the consolidation of programs, which occurred in January of 2004, were evident. Most notably,

- cost savings in the Early Intervention program, a mandated program
- elimination in the duplication of services
- assurance of high quality services across all programs
- assurances, when feasible, in the availability of speech and hearing services that may not be readily available within the County

The division currently works out of two full-time sites at the Shaw Building in Lockport and the Trott Access center in Niagara Falls. Staff is divided evenly between the two 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 Hear Now hearing aid recycling program.

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

2005 continued to prove a very demanding, productive, yet stimulating year for the division. Cross training of key staff is ongoing and has become necessary in order to accomplish program goals and objectives. In addition, in an effort to demonstrate fiscal accountability, internal auditing of agency and independent provider billing continues. A workshop of all contracted independent and agency providers was held in the Spring with all providers mandated to attend. Staff from the various programs within the division reviewed billing policies and procedures, reviewed all necessary and required billing paperwork, instructed on audit procedures and

answered all questions. The workshop was very well attended and the outcome has produced virtually error free billing across programs.

Due to increasing regulatory demands placed by the State Health Department, programmatic monitoring of agency and independent providers is also underway and has required the attendance of upper level management at the focused reviews on a regular basis. Of late, the main focus of the reviews has been to establish common practice statewide by agency and independent providers relative to health and safety procedures as well as confidentiality procedures in the delivery of services to eligible children and their families. In addition, upper management will begin focused reviews aside from the State Health Department and will focus on the above mentioned issues as well as review of such issues as proper licensing, credentialing and State Central Registry clearance of all independent and agency providers.

Highlights from each program area are as follows:

EARLY INTERVENTION/CHILD FIND

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

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

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

Assistive technology devices and services;

Audiology*

Family training, counseling, home visits and parent support groups*

Medical services only for diagnostic or evaluation purposes

Nursing services

Nutrition services

Occupational therapy

Physical therapy

Psychological services

Service coordination*

Social work services*

Special instruction*

Speech-language pathology*
Vision services
Health services
Transportation and related costs

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

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

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

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

PRESCHOOL SPECIAL EDUCATION PROGRAM

Children served by the Preschool Special Education Program are evaluated in conjunction with their local school district. Children are referred to the school district's Committee on Preschool Special Education (CPSE) if they are suspected of having a disability that impairs their learning and development. Referrals are made by numerous sources such as parents, professionals,

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

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

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

*Related services (such as speech therapy)

*Special education itinerant services

*A half-day preschool program

A full-day preschool program

A twelve (12) month special service and/or program or

An in-state residential special education program

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 2005-2006 allocation for this grant was \$87,241.41

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

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

PHYSICALLY HANDICAPPED CHILDREN'S PROGRAM

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

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

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. Niagara County Health Department is very fortunate to have him available for our families. Adults who have had polio may also be seen. The clinic is available for any family within Niagara County, whose child is suspected of having a disabling condition related to their bone structure. Children are referred by their physician or school nurse.

Of the 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

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

- The New York State Department of Health, through a Family Champion's project, provided training opportunities for a select number of parents to partner with the Department of Health to focus on improving programs for children with special health care needs. The project identified and empowered select families of children with special health care needs to become Family Champions. The families selected were selected statewide and representative of the diversity of New York State. A family from Niagara County was selected for the project. In conjunction with the Directors of Children with Special Health Care Needs (CSHCN) Programs across the state, families were trained to become an energetic, enthusiastic, group leader who is able to speak on behalf of children with special health care needs and their families. Typical activities that Family Champions are involved with are:
 - parent support groups
 - county Children with Special Health Care Needs Programs
 - state agency public meetings

During 2005, 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.

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

Visits to all childcare centers, daycares and family home daycares within Niagara County were made. 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 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.

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 Headstart.

It was decided early in 2005 to investigate closing down our non-mandated Article 28 services and focus on mandated Early Intervention and preschool services. We worked diligently through the year to have United Cerebral Palsy of Niagara, an already established Article 28 clinic in the County to take over these hearing aid and audiological services. The transition was completed at the end of 2005 and they officially took over these services in January 2006 with no disruption of service to patients.

In 2005, a total of 147 hearing aids were dispensed. Of the 147 aids dispensed, Medicaid or other insurances paid for 90% and 10% were private pay.

Children and Adults with Special Needs Division – 2005 Data

Early Intervention Program:

Total number of children referred:		422
	Males:	260
	Females:	162
Age of children referred:	0 yr. – 11 months:	69
	1 yr. – 23 months:	189
	2 yrs. – 35 months:	183
	3 yrs.+	0
Race:		
a. White	289	
b. Asian	1	
c. African American	25	
d. Native American	1	
e. Pacific Islands	1	
f. Hispanic	15	
g. Other	11	
Income:		
a. \$0-9,000	60	
b. \$10,000-19,999	39	
c. \$20,000-29,999	53	
d. \$30,000-39,999	45	
e. \$40,000-49,999	34	
f. \$50,000 and above	113	
Household:		
a. Two Parent/Guardian	250	
b. Single Parent/Guardian	68	
c. Extended Family	6	
d. Foster Care	16	
Medical Coverage:		
a. Medicaid only	57	
b. Private Insurance only	196	
c. Child Health Plus only	11	
d. Medisource	69	
e. Uninsured	8	
Referral Source:		
a. Physician	142	
b. Hospital	33	

c. Family/Self	164
d. Within Health Dept.	7
Other (specify)	73
_(DSS, daycare, EI provider, community program, transfer from another county and/or state, Head Starts, school districts)	

Location:

a. Appleton	2
b. Barker	7
c. Burt	1
d. Gasport	6
e. Lewiston	13
f. Lockport	106
g. Middleport	9
h. Newfane	18
i. Niagara Falls	150
j. North Tonawanda	77
k. Olcott	1
l. Ransomville	7
m. Sanborn	12
n. Wilson	5
o. Youngstown	10

Reasons for Discharge

(cases closed in 2005)

A. Delay/Condition Resolved	55
B. Family Refused	52
C. Can't Locate Family	4
D. Transferred to 3-5 System	163
E. Evaluation Found Not Eligible	81
G. Family Moved Out-of-County	12
H. Family Moved Out-of-State	8
I. Child died	2
J. Transferred to ICHAP	0
K. Refused Before an IFSP	8
Aged Out-Not Eligible for CPSE	
But Referred to Other Program	7
M. Aged Out-Not Eligible for CPSE	8
N. Aged Out-Eligibility Not Determined	42

Direct Clinical services:

Related services	5395
Audiological Evaluations	83
Total	5478

Preschool Special Education Program:

Total number of children receiving services:	1010
Males:	711
Females:	299

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	5	0	1
Barker	11	9	6
Lewiston-Porter	27	3	16
Lockport	183	20	117
Newfane	41	3	26
Niagara Falls	159	32	90
Niagara Wheatfield	86	7	23
North Tonawanda	106	11	53
Royalton-Hartland	27	2	21
Starpoint	41	5	19
Wilson	30	6	6

Direct Clinical Services:

Evaluations	12
Related services	2720
SEIT	158
Preschool Integrated –Special needs	3027
Preschool Integrated – Non disabled	4878
Preschool hearing services	14
Service coordination	47
CPSE meetings	65
Total	10,921

Article 28 Clinical Services:

Hearing evaluations	390
Hearing Aid Sales Service	638
Speech Evaluations	12
Speech therapy	66
Total	1106

Unduplicated Direct Clinical Services

New patients	337
Patient treated/seen previously	378
Patients seen in screening programs	39
Total unduplicated patients	754

Physically Handicapped Children's Program:

Total orders received:	160
Private insurance:	124
Medicaid:	36
New:	64

Disposition of orders:

77	-	approved
1	-	decision pending (orthodontia)
4	-	decision pending (medical)
78	-	withdrawn (includes did not follow through with clinics, disapproved at the State level, not within the scope of the program, moved, and resubmit in one year)
0	-	referred to Child Health Plus/Family Health Plus

There were no adult polio orders for 2005.

Orthodontia program:

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

Approved	22 (2 New and 20 Progress)
Discontinued or Closed:	3
Pending	1

Orthopedic program:

Screening clinics:

Total number of clinics:	4
Scheduled appointments:	134
Number of appointments kept:	50
1) Medicaid	40
2) Non-Medicaid	10
3) No Insurance or Medicaid	0

Number of Authorizations and Reports of Individual Consultation or Evaluation: 50

Children with Special Health Care Needs Program

Total number of client encounters: 77

Number of encounters per quarter:	Jan.– March	25
	April – June	12
	July – Sept.	14
	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 and bathing beach inspections/monitoring, private water sampling, children's camp inspections, rodent control, environmental lead investigations are all examples of our routine but necessary work which plays an important role in maintaining and improving environmental health in the Niagara County community.

This past year has again proved rewarding for the Division as we were able to provide essential public environmental health protection services and we were able to deliver those services in an efficient manner in order to maintain the public environmental health in our community. It is noted, however, that significant improvement in the community's public environmental health cannot be realized without the commitments of the additional resources contributing to public health infrastructure in the County. All hazard emergency public health planning continued to demand our efforts with avian influenza, county animal response, animal disease surveillance and public water supply protection highlighted. Our partnership with Cornell Cooperative Extension has led to the initial planning stages of a County Animal Response Team (CART) to address animal issues during an emergency. Our partnership with our area veterinaries has initiated discussions on an animal disease surveillance system in the County. The Community LOOW Project has developed substantially with our efforts documented on the Niagara County website. This initiative will continue with the goal of an interactive public accessed website along with full data gap analysis and public health correlation. A private well sampling program was conducted in the Lewiston/Porter area to document groundwater quality. Efforts continue to locate all private well water supplies in the County and assist homeowners with related drinking water issues. Rabies concerns in the County continue to be addressed with our oral rabies vaccination program, our free rabies vaccination clinics and our animal bite response. Over 400 animal bites were investigated by staff. Efforts to address unvaccinated animals resulted in over 120 enforcement actions for non-compliance with mandatory vaccinations. West Nile Virus was confirmed in 10 birds in the County with no mosquito pools being tested as positive and with no human cases reported. The partnership assistance of our local City Police Departments and our Niagara County Sheriff's Department has again proved successful in the Adolescent Tobacco Program with a 91% compliance rate for our licensed tobacco vendors. Clean Indoor Air Act enforcement, keyed off complaints, has shown increased compliance rates with 30 enforcement actions taken. An amendment to the Niagara County Sanitary Code now allows permit suspension/revocation penalties for repeat non-compliance by any permitted facility. High levels of PCB's in fish sampled from Eighteen Mile Creek in Newfane has continued a State Health Advisory to eat no fish from this water source and the recommendations to post signs in this regard. An analysis of our food service training program for restaurant workers revealed that the program has positive outcomes, as documented by before and after facility inspection, with 40% showing less inspection violations in the critical category after attending our training course.

The Healthy Neighborhood Program of the Division in Niagara Falls continues to be a model of excellence and received a Model Practice Award from the National Association of City and County Health Officials, one of 29 awarded across the nation. Most importantly the program continues to result in positive environmental public health outcomes for the residents of Niagara Falls served by the program. The Public Water Supply Program provided detailed service to the regulated community, consulting in the areas of new regulations, safety/security, emergency planning and operations. The Food Service Protection Program continued its Hazard Analysis Critical Control Audit inspection/consultation service for our high risk restaurants. Our housing Hygiene Program continues to offer only emergency public health service and as a result many housing issues are going unresolved as the locals also do not have the capacity to address all concerns.

The Division assisted the Niagara County Refuse District with the Household Hazardous Waste Days conducted in 2005. Satisfactory program review, conducted by the New York State Department of Health, occurred in the Swimming Pool/Bathing Beach Program and the Radiological Health Program. The Individual Sewage Disposal System program assisted close to 500 county residents with their septic system issues. Public health nuisance complaints increased 10% in 2005 to include indoor air issues.

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

2005 PERFORMANCE MEASURES

- There were no major food-borne illness outbreaks at any Niagara County regulated facility.
- There were no water-borne illness outbreaks related to our public water supplies.
- There were no communicable disease outbreaks at our regulated children's camps.
- There were no communicable disease outbreaks at our regulated pools and beaches.
- There were five reportable injuries at our regulated children's camps.
- Nine reportable childhood lead poisoning events were investigated and resolved.
- There were no drownings at any County regulated beach or pool.

- There were twenty-two confirmed rabid animals in the County.
- There were no positive West Nile Virus mosquito pools and ten positive West Nile Virus birds.
- There were no radiation exposures reported on our radiological health program.
- There were no major rodent related disease issues in the County.
- There were no deaths associated with rabies in the County.
- Public health hazard rates per program inspections are as follows:

- Adolescent Tobacco	5% with public health hazards
- Clean Indoor Air Act	3% with public health hazards
- Children’s Camps	0% with public health hazards
- Bathing Beaches	0% with public health hazards
- Swimming Pools	6% with public health hazards
- Campgrounds	0% with public health hazards
- Temporary Residences	1% with public health hazards
- Migrant Labor Camps	1% with public health hazards
- Food Service	10% with public health hazards
- Public Water Supply	0% with public health hazards
- Mobile Home Parks	0% with public health hazards
- Individual Sewage Disposal	26% with public health hazards
- Radiological Health	0% with public health hazards
- Public Health Nuisances	20% with public health hazards
- Individual Water Supply	5% with public health hazards
- There were 183 formal enforcement actions taken by the Department
- There were over 1,500 complaints investigated by the Department with an average resolution rate of 90%.

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

FISCAL ADMINISTRATION

Expenditures – 2005

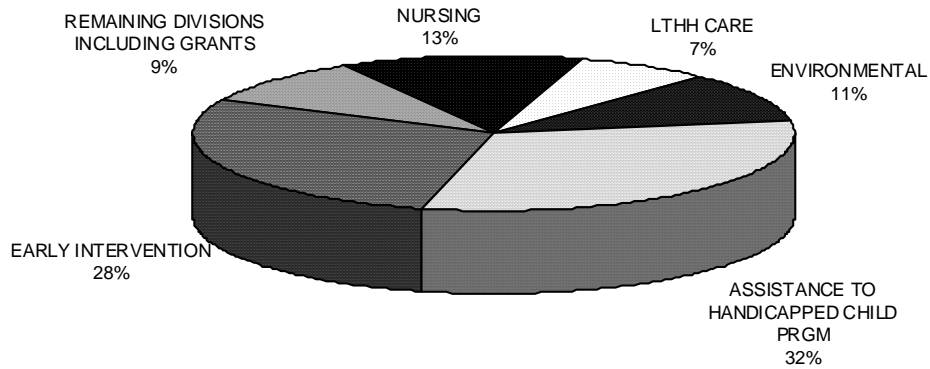
In the Administration of the Health Department budget for 2005, it was necessary to bring 21 resolutions to the Niagara County Legislature for approval, 17 of these involved a transfer or addition of funds. In addition to this, the Health Department also required 91 line item transfers, which did not 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 partly used to fund rate adjustments for prior years as directed by the New York State Education Department and for accrual of 2005 expenses not yet paid for.

Division	Budget	Expended	Under Budget	Percent*
ADMINISTRATION	613,685	601,474	12,211	2.9
NURSING	2,308,118	2,124,229	183,889	10.7
LONG TERM HOME HEALTH CARE PROGRAM	1,199,089	1,188,773	10,316	5.6
ENVIRONMENTAL	1,715,308	1,718,563	(3,255)	8.0
WELLNESS COUNCIL	12,000	6,595	5,405	.1
HEARING AID DISPENSING	69,281	57,932	11,349	.3
PHYSICALLY HANDICAPPED CHILDRENS PROGRAM	206,282	173,701	32,581	1.
ASSISTANCE TO HANDICAPPED CHILDREN	8,821,244	5,114,177	3,707,067	41.0
EARLY INTERVENTION	5,726,076	4,592,771	1,133,305	26.7
LABORATORY	66,154	66,075	79	.3
TOTAL	20,737,237	15,644,290	5,092,947	96.6
GRANTS	734,219	626,616	107,603	3.4
TOTAL WITH GRANTS	21,471,456	16,270,906	5,200,550	100%

* Percent of total budget, including grants

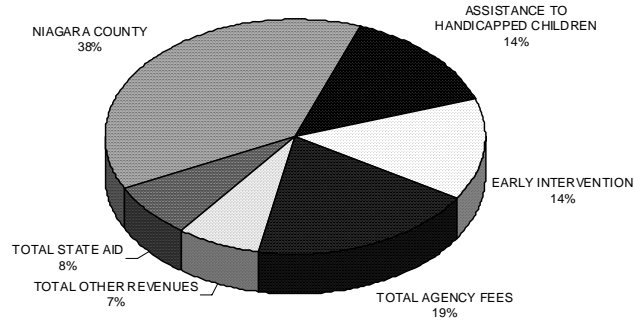
EXPENDITURES-2005



Division	Expended	Percent
ADMINISTRATION	601,474	3.7
NURSING	2,124,229	13.1
LONG TERM HOME HEALTH CARE PRGM	1,188,773	7.3
ENVIRONMENTAL	1,718,563	10.6
WELLNESS COUNCIL	6,595	.1
HEARING AID DISPENSING	57,932	.4
PHYSICALLY HANDICAPPED CHILD PRGM	173,701	1.0
ASSISTANCE TO HANDICAPPED CHILDREN	5,114,177	31.4
EARLY INTERVENTION	4,592,771	28.2
LABORATORY	66,075	.4
TOTAL	15,644,290	96.2

GRANTS	626,187	3.8
TOTAL WITH GRANTS	\$16,270,906	100%

REVENUES-2005



STATE AID			
General Public Health Works	\$ 1,146,994		
Phys Hncd Chil Program	60,870		
PH Lab	16,740		
TOTAL STATE AID		\$1,224,604	7.52%
AGENCY FEES			
Home Health Agency	930,763		
LTHHCP	1,392,148		
Speech & Hearing	762,146		
Hearing Aid	46,559		
TOTAL AGENCY FEES		3,131,616	19.22%
ASSISTANCE TO HNCD CHILDREN		2,299,807	14.12%
EARLY INTERVENTION		2,299,373	14.12%
OTHER REVENUES			
Grants (CD Funds)	705,013		
Environmental Fees	449,621		
Clinic Fees	35,060		
PHCP Parent Co Payment	8,660		
TOTAL OTHER REVENUES		1,198,354	7.36%
NIAGARA COUNTY		6,134,491	37.66%
TOTAL REVENUES		16,288,245	100.00%

These figures do not include 2005 Revenue Accruals.

**SUMMARY OF GRANT ACTIVITY
2005**

GRANT NAME	EXPENDED	REVENUE
LEAD POISON PREVENTION (CD2041)	\$ 83,320	\$62,797
VACCINE DISTRIBUTION (CD2042)	37,190	34,697
HEALTHY NEIGHBORHOODS (CD2043)	131,922	155,907
CHILDREN/SPECIAL NEEDS (CD2045)	26,417	27,889
OT/SPEECH & HEARING (CD2046)	45,126	67,480
EMERGENCY PLANNING GRANT (CD2047)	200,489	194,786
HEALTHY LIVING PARTNERSHIP (CD2048)	74,977	89,164
LAKE ONTARIO ORDNANCE WORKS (LOOW) (CD2049)	27,175	72,293
TOTAL*	\$626,616	\$705,013

*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 do not include accruals for 2005.

Daniel J. Stapleton, M.B.A.
Deputy Public Health Director/Director of Financial Operations

Healthy Neighborhoods Program Annual Report
Niagara County Health Department
Federal Fiscal Year (FFY) 2005

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 1,450 homes, 877 at the homes of renters and 573 at owner occupied homes. Attempts were made at an additional 2,822 homes, of which 823 were vacant. The initial home visits potentially improved the lives of over 3,282 individuals.
- *90-day to 6-month revisits* were attempted at 377 homes. Interviews were completed at 184 homes.
- *One-year asthma revisits* were conducted at the homes of 113 asthmatics. *Two-year asthma revisits* were conducted at the homes of 31 asthmatics.

Personnel

- 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 13 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 a graduate student from Niagara University. The student was paid through a grant that Niagara University had received.
- Through *Experience Works*, the program was fortunate to have had 2 different workers assisting up to 15 hours per week. Each worker has had something unique to offer to the program.

Community Involvement

- We continued to work with Niagara Falls Memorial Medical Center. Each year they rotate resident physicians through our program. The physicians accompany us during home visits.
- We presented information at several Block Club events throughout the year.
- Courtesy of the *Department of Pediatric and Community Dentistry, SUNY at Buffalo* the program continues to supply toothbrushes and dental information at homes with children.
- Our program continued to work with the *Community Health Worker Program* on the *Tuscarora Reservation*. Several home visits were made throughout the course of the year. The Community Health Worker Program sent out a newsletter to the residents that included information about our program.
- We continued to work with *Outreach for Wellness in Niagara*, a grant program coordinated by Niagara Falls Memorial Medical Center. Unfortunately, the program recently lost funding and will no longer be able to provide services for the people we see.
- We had a table with information at a *Health Fair* for seasonal employees of the *NYS Parks*. The NYS Parks has an area that is adjacent to our target area, and they employ seasonal employees who may live in our target areas.
- We conducted outreach activities on home safety and fire prevention at 2 different soup kitchens located in our target areas.
- We presented information at *Niagara Middle School's Family Fun Night*.
- We worked with the *National Safe Home Foundation* to obtain smoke detectors for the hearing impaired. They were able to provide us with 5 smoke detectors with strobe lights that we installed at the homes of hearing impaired individuals. This was a great service since the normal price for each of these detectors is over \$100 each.
- Our program presented information at 4 workshops at the Public Education Program that was held at the *NYS Fire Academy* in Montour Falls.
- We presented information on Environmental Home Safety to 1,220 students at the *Environmental Field Days* that were held 2 days in June.
- We are working with *Niagara University* and their Border Community SERVICE grant to supply first aid kits and emergency planning information to families in our target areas. To date they have provided several hundred Johnson and Johnson First Aid Kits that we have been distributing in the community during home visits. Along with the kits, there is an educational component and a brief questionnaire that residents are requested to complete.
- We participated in the *Annual Kids ID, Bike Registration, Fire & Crime Prevention, Drug Awareness and Disaster Preparedness Day* that was sponsored by the Block Clubs.
- Our program also participated in *Outreach for Wellness' Annual Bike Rodeo* that was held in August. Information was provided to participants and several signed up for home visits.
- Our program assisted the *Niagara County Health Department* with the distribution of a survey to help identify needs of high risk or special needs populations in the event of a disaster.
- The program was the recipient of a *NACCHO Model Practice Award* at the Annual Conference that was held in Boston.

- We presented a program for women at *The Center for Joy*, located in the heart of our target areas.

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 first aid kits to residents as part of an agreement with Niagara University. During visits conducted during this year we provided 452 smoke detectors, 709 batteries, 107 furnace filters, 28 electrical cover plates, 101 fuses, 22 carbon monoxide detectors, 205 mouse traps, 393 pillow covers, 55 mattress covers, 9 sets of house numbers, 67 shock stops, 49 fly strips, 140 radon detectors, 1,239 toothbrushes, 380 tubes of toothpaste, 153 t-shirts, 179 first aid kits, 193 boxes of Pledge Grab-its, 90 dust cloths, 56 single use thermometers, and 237 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. We also provided several other items during home visits such as weather stripping, sticky traps, personal security alarms, measuring spoons, medicine spoons, stress balls, baby bibs, pencils, Leo the lion toys, and packages of seeds. Additional items were provided at outreach events.

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.

Submitted by:

Gail Root, Public Health Educator
Healthy Neighborhoods Program
Niagara County Department of Health

PUBLIC HEALTH NURSING DIVISION

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

In 2005, we sent a request to civil service asking that they change the nursing titles of Community Health Nurse (CHN) and Supervising Community Health Nurse (SCHN) to Public Health Nurse (PHN) and Supervising Public Health Nurse (SPHN). A full review of job specifications was done and changes were made to more accurately describe the day-to-day responsibilities involved with each position. Titles were officially changed in the fall of 2005.

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. During 2005, all clerical and nursing staff completed ICS-100, NIMS IS700, Project Public Health Ready Survey and Project Public Health Ready Test Part II. In addition, all supervisors and administrative staff completed ICS-200. Nursing division staff members attend the Health Emergency Alert Response Team (HEART) monthly meetings.

Quality and community service are integral elements that are incorporated into all aspects of the agency. Patient outcomes and adverse events are used to measure quality. The Center of Medicare and Medicaid Services (CMS) publishes a comparison list of all Home Health Agencies in the United States. It compares 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 throughout 2005 showed NCHD to be above the state and national average in most measures and only missing by a minor percentage 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. On a quarterly basis, charts of home care patients with therapies are audited.

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

Obesity is increasing among preschool children and in every other segment of the child population. Childcare is an important setting for action since early intervention offers the best opportunity to prevent the onset of obesity. Two Niagara County Health Department nurses

attended a one-day training to learn to become trainers at daycare centers. The plan includes intervention aimed at improving nutrition and physical activity practices in childcare centers (through self-assessment and technical assistance).

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

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

HOME CARE

Certified Home Health Agency (CHHA)

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

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

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

Long Term Home Health Care Program (LTHHCP)

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

The LTHHCP's services are comprehensive enough to permit this population to live safely and

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

Briarwood Manor Assisted Living Facility Contract

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

Medicaid Obstetrical Maternal Services (MOMS)

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. Upon request, the nursing division provides immunizations, for a fee, to all individuals nineteen and older upon request. Promotional clinics are held throughout the year, which include kindergarten round up and ABCD Headstart.

Influenza clinics are offered 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 to adults for occupational requirements, school or travel. Immunizations and health information is available for travelers of all ages. This is a fee-for service clinic.

Provider Based Immunization Initiative (PBII)

The purpose of a PBII is to conduct assessments, reassessments, and follow-up visits with private health care providers for the purpose of assessing immunization rates and the standards of pediatric immunization practices. By educating physicians and their staff, we hope to improve immunization practices. There is cooperation with our Childhood Lead Poisoning Prevention Program to make joint 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)

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

Child Health Promotion Specialists

This program is a nationwide initiative to encourage one-on-one partnerships for health and safety in childcare settings based on individual agreements between health professionals and child care providers. Child Health Promotion Specialists provide consultation, which involves assessment and teaching about health care, child development, and safety issues. The child care specialist will help child care providers to develop an action plan to remedy any hazards in the child care setting, clarify local health and safety policies, compare immunization records with state regulations, offer telephone consultation, link children, families or staff with local primary care providers or community resources. Our ultimate goal is to prevent harm and promote optimal health in childcare programs. In 2005 two nurses attended an intensive 6-day training to become Child Health Promotion Specialists. The department now has a total of three public health nurses trained and certified in this program.

Medication Administration Training (MAT)

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

the Office of Child and Family Services, the agency that regulates daycare operations throughout New York State.

Childhood Lead Poisoning Prevention Program

The program ensures that all children have access to lead screening. Children with high lead levels receive coordinated care to ensure that medical, educational and environmental services are provided. The lead nurse for the program sends out letters and visits physicians' offices to educate staff and continually emphasizes the importance of testing all children at 1 and 2 years of age. She conducts presentations and education in the community on a regular basis by attending such sites as Center for Young Parents, WIC, Mothers of Preschoolers (MOPS), day care facilities and health fairs. She also collaborates with the Healthy Neighborhood Program to evaluate children's lead testing status.

Tuberculosis

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

Sexually Transmitted Disease Program (STD)

STD clinics were increased to three days per week from June 27 through December 31 in 2005. It was anticipated that there would be an increase in attendance at the clinics. In November, statistics showed no increase was noticed in attendance. There was no change in the number of clients; they were just spread out over the three days. The additional clinic will be canceled in 2006.

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

Communicable Disease

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

Summer Camp Health Consultation

In 2005, summer camp health consultation was a service offered to Niagara County day camps for children. Each day camp must have a trained and qualified camp health director. This person, or a designee, would be responsible for on-site medical care and would be trained in CPR and first aid. Some camps were also required to have a camp health consultant to act in an advisory role to the camp health director. A public health nurse was assigned to provide this service and her duties included, but were not limited to, being available during camp hours of operation, making a daily phone call to the camp and assisting if needed in reviewing health and immunization records. She also reviewed all accident or illness reports to determine how they were handled and made sure they were documented on a medical log.

Refugee Program

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

Migrant and Seasonal Farm worker Health Program

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

Respectfully submitted,

Wanda Smiley
Director of Patient Services

NURSING DIVISION ACTIVITIES

CERTIFIED HOME HEALTH AGENCY (CHHA)

Total CHHA visits are as follows:

	<u>2003</u>	<u>2004</u>	<u>2005</u>
Nursing	8,551	8,355	6,638
IV visits included	836	560	421
TB/DOT visits included	190	187	238
Home Health Aide	4,431	4,565	3,419
Personal Care Aide	0	0	3
Physical Therapy	1,199	1,593	1,304
Occupational Therapy	182	212	209
Speech Therapy	102	106	48
Medical Social Worker	45	45	30
Client caseload at end of year	144	137	94
Unduplicated patient count:	746	803	598

CHHA-MOMS – A total of 55 clients were followed through the CHHA-MOMS program in 2005 with 187 billable visits, including 1 visit by a MSW. There were 34 ineffective visits and at year-end, there were 21 clients enrolled in the CHHA-MOMS program.

LONG TERM HOME HEALTH CARE PROGRAM (LTHHCP)

Total LTHHCP visits are as follows:

	<u>2003</u>	<u>2004</u>	<u>2005</u>
Nursing	2,865	3,555	3,766
IV visits included	48	18	86
Home Health Aide	6,969	7,363	8,113
Personal Care Aide	5,170	6,102	5,369
Physical Therapy	557	737	1,1211
Occupational Therapy	105	113	279
Speech Therapy	118	107	202
Medical Social Worker	444	481	521
Nutritionist	43	53	27
Lifeline	346	466	505
Respiratory Therapy	3	0	7
Client caseload at end of year	80	105	108
Unduplicated patient count	105	139	210

MEDICAID OBSTETRICAL MATERNAL SERVICES (MOMS)

The migrant population of pregnant moms continues to be referred to a grant-funded program at Niagara Falls Memorial Medical Center. Due to Medicaid Managed Care requirements, clients enrolled in the MOMS Program continues to decrease.

The following is a summary of MOMS Program statistics:

	<u>2003</u>	<u>2004</u>	<u>2005</u>
Clients enrolled	24	9	6
Home visits	95	26	20
Nursing	90	23	20
Medical Social Worker	5	3	0
Non-billable visits	---	2	6

DSS AIDE EVALUATION VISITS

<u>2003</u>	<u>2004</u>	<u>2005</u>
1,299	1,195	1,093

PRI/SCREEN VISITS

<u>2003</u>	<u>2004</u>	<u>2005</u>
68	52	48

IMMUNIZATION PROGRAM

During 2005 the immunization staff attended a total of 25 immunization-related trainings, seminars, conferences or instructional meetings. Three extra clinics were added for school children 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. New brochures were developed for the travel clinic and the immunization clinic.

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

	<u>2003</u>	<u>2004</u>	<u>2005</u>
Immunization Clinics	35	38	33
Attendance	674	670	490
Immunizations given	1,087	1090	811
PPD's given	---	---	14
Adult/Travel Clinics	23	23	23
Attendance	388	369	274
Immunizations given	449	479	361
Special Clinics	6	3	12
Attendance	63	26	73
Immunizations given	98	27	62
PPD's given	---	---	30

IMMUNIZATION CLINICS

These clinics are for children from 6 weeks of age to 18 years of age. VFC vaccine is provided free of charge to children who attend. Referrals are made to Early Intervention, WIC and Child Health Plus and Family Health Plus. This clinic is now an immunization only clinic but if the parent requests, we will measure and weigh the child. Hemoglobin tests for WIC are no longer done at this clinic. The clinic held at DeGraff Hospital has been decreased to every other month due to decreased appointments at the clinic. The number of clinics appears to have decreased due to referrals to Child Health Plus and Family Health Plus.

The following are statistics for the Immunization Clinic:

	<u>2003</u>	<u>2004</u>	<u>2005</u>
Attendance	241	94	490
Number of clinics held	24	17	33
Immunizations given	628	210	811
Referred to Child Health Plus	130	147	92
Hemoglobin tests for WIC	27	0	0
Referrals to WIC program	14	9	0
Finger stick lead tests completed	36	26	36

IMMUNIZATION GRANT

A total of 10 PBII (Provider Based Immunization Initiative) assessments were conducted in 2005. Ten physician's offices (one practice has more than one site) were assessed. The comprehensive PBII report was submitted to NYSDOH in October. The NCHD clinic rate was

85.7% for 4-3-1-3-3 and 85.7% for 4-3-1-3-3-1. The immunization program staff actively participates in the Western New York Adult Immunization Coalition (WNYAIC) and the Pediatric Coalition focusing on immunization and lead issues. The immunization grant also provides funding for the WNYAIC.

INFLUENZA (FLU) CLINICS

There were 1400 doses of Fluvirin vaccine ordered in 2005, but due to problems with Chiron getting FDA approval and getting their vaccine shipped in a timely manner, we only received 570 doses in three partial shipments. Numerous flu clinics had been scheduled, but because the vaccine did not arrive until late November, many of them were canceled. Once the vaccine was received, a minimal number of clinics were scheduled.

NCHD received many phone calls from local physician’s offices requesting flu vaccine since they were having difficulty getting their vaccine orders filled. Upon contacting NYSDOH, they sent 6000 doses of Fluzone vaccine from Aventis to our office free of charge. Niagara County physicians were contacted to inquire as to the amount of flu vaccine they wanted and the vaccine was prepared for them to pick up. In all, 5530 doses of flu vaccine were distributed to Niagara County physicians. A total of 52 Niagara County Health Department employees were given flu vaccine and 16 home care patients received flu vaccine.

	<u>2003</u>	<u>2004</u>	<u>2005</u>
Flu shots administered	2047	2878	1503
Number of clinics held	32	21	19

There were also 22 doses of Flu Mist administered in January 2005. The Flu Mist was originally purchased for the 2004-05 flu season. It was not ordered for the 2005-06 flu season.

Due to the minimal number of flu clinics held, there were only 37 pneumonia vaccines administered in 2005.

CHILDHOOD LEAD SCREENING AND PREVENTION PROGRAM

Children from six months through five years of age with elevated lead levels are followed. A total of 41 children were newly identified. Six (6) 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.

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

Fingerstick lead testing was performed in NCHD immunization clinics and at ABCD Headstart. A total of 70 tests were done.

	<u>2003</u>	<u>2004</u>	<u>2005</u>
Number of children carried in the program			
Cumulative active cases	166	189	198
Number of children newly identified to have			
Elevated lead levels (equal to or above 10mcg.)	33	35	41
Home visits	53	38	49
Number of chelations	1	0	0
Number mobilizations	1	0	0

MEDICATION ADMINISTRATION TRAINING (MAT)

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

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

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

OFF-SITE CAMP HEALTH DIRECTOR SERVICES

In 2005 we initiated services of Off-site Camp Health Director with three Niagara County summer camps. Services were provided as follows:

- Review of camp safety plan and emergency protocol
- Review of emergency equipment

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

TUBERCULOSIS PROGRAM (TB)

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

There were two (2) active cases of TB in 2005. Both clients were seen fives times per week for Directly Observed Therapy (DOT) of their tuberculin medications to ensure compliance. One client was a worker at a skilled nursing facility and as a result of this, 250 contacts were identified and tested. Some of those individuals were then re-tested at the 8th week interval. At year-end, there were two (2) suspected cases.

The following statistics illustrate the clinic activities:

	<u>2003</u>	<u>2004</u>	<u>2005</u>
Tuberculosis cases	3	1	2
Suspect cases	3	3	2
Tuberculosis clinics	24	24	24
New visits to clinic	58	65	70
X-rays taken	12	10	25
Tuberculin tests	102	113	500
Positive	27	25	27
HIV tests	20 all neg.	21 all neg.	15 all neg.
Patients on DOT	3	1	2

SEXUALLY TRANSMITTED DISEASE (STD)

STD clinics were held Monday and Thursday from 1/1/05 through 6/24/05. Beginning the week of 6/27/05, an additional day (Wednesdays) was added to the weekly clinic schedule to determine if there was a need for three clinics per week instead of two. Inasmuch as attendance at STD clinics did not increase, the Thursday clinic will be eliminated the week of 1/9/06.

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

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

Staff from the STD program participated in the National HIV Testing Day again in 2005. Activities in Niagara County ran for an entire week. The Health Department held clinics at the YWCA of the Tonawandas and at the Trott Access Center.

The following is a summary of STD clinic statistics:

	<u>2003</u>	<u>2004</u>	<u>2005</u>
Number of clinics	98	99	123
# Of males attending clinics	1,019	1,164	1,154
# Of females attending clinics	496	569	555

The following is a summary of STD clinic activity:

	<u>2003</u>	<u>2004</u>	<u>2005</u>
Attendance at clinics	1,515	1,733	1,709
Chlamydia cases (CT)	149	215	158
Gonorrhea cases (GC)	111	71	57
Human Papilloma Virus cases (HPV)	54	84	105
Non-Gonoccal Urethritis cases (NGU)	84	208	216
Syphilis cases	3	1	0
Trichomatis cases (Trich)	1	38	56
HIV tests done	673	656	704
Positive results	2	2	3
Confidential HIV tests	669	652	703
Anonymous HIV tests	4	4	1
Hep C tests done	715	516	25
Positive results	12	13	3
Hep A vaccine administered	32	14	17
Hep B vaccine administered	417	328	182
Twinrix vaccine administered	---	43	38
# Of individuals tested during National HIV Testing Day	---	84	33

The number of Hepatitis B vaccines administered has decreased as school requirements for Hepatitis B was changed. The New York State Department of Health now requires all children to have the Hepatitis B vaccine series before entering school. At this point, all 18 year olds and

younger were mandated to be immunized. Those 20 and older still continue to be immunized at STD clinic.

COMMUNICABLE DISEASE AND SURVEILLANCE

New York State requires physicians, hospitals, laboratories and clinics to report these diseases directly to the local health unit. During 2005 the Nursing Division conducted surveillance and follow-up on the following diseases that were reported to our agency:

Campylobacteriosis: 17 cases were investigated, the age ranged from 11 years to 86 years of age. 1 case was co-infected with *C. difficile*. Six of these cases required hospitalization.

Chlamydia Trachomatis infection: 709 cases were investigated from reports received from physicians, emergency rooms and laboratories.

Cryptosporidiosis: 1 case was investigated, 62 years of age with a travel history.

E. Coli 0157:H7 3 cases were investigated, ages ranged from 12 years of age to 83 years of age. All three cases required hospitalization. 1 case provided the NYSDOH with ground beef from her freezer, which was tested. The ground beef was also positive for E. Coli 0157:H7

Ehrlichiosis: 1 case a 70 year old with a travel history outside of New York State.

Giardiasis: 7 cases were investigated. Age range 4 years of age to 81 years of age. 1 case was co-infected with *C. difficile*. 2 cases required hospitalization. 3 of the cases had a travel history.

Gonococcal infection: 185 cases were investigated from reports received from physicians, emergency rooms, and laboratories.

Haemophilus Influenzae: 5 cases were investigated. Age range 1 year old to 76 years of age. All cases required hospitalization, 1 case died. 3 cases were non-typable, 1 case was type A, and 1 case was type F.

Hepatitis A: 1 case received prophylaxis after eating in an out of state restaurant that had a food handler positive for hepatitis A.

Hepatitis B (acute): 2 cases with an age range of 46 –51 years of age. Both cases required hospitalization and recovered.

Hepatitis B (chronic): 2 cases were investigated.

Hepatitis C (chronic): 52 new cases were investigated.

Influenza A: We received lab reports on 18 positive cases.

Influenza B: We received 3 positive lab reports.

Legionellosis: 1 case a 79 years of age, unknown source.

Listeriosis: 2 cases reported with an age range of 63-81 years of age. 1 case required hospitalization. Both cases recovered.

Lymphogranuloma Venereum: 1 case was investigated.

Meningitis, Aseptic/encephalitis: 3 cases of HSV (2 were type 1, and 1 case was type 2). All 3 cases required hospitalization and recovered. The age ranges of these 3 were 8 days to 61 years of age. 8 cases were aseptic meningitis. Seven of these cases required hospitalization, all recovered. These ranged in age from 19 days to 48 years of age. 1 case had a travel history outside of the county.

Meningococcal: 1 case a 1 year old who required hospitalization and recovered. 47 individuals received prophylaxis, this included family and hospital staff from 2 facilities. Group Y was identified.

Pertussis: 2 confirmed cases and 1 suspect case with an age range of 55 days to 41 years of age. A total of 41 contacts received prophylaxis. None of these cases required hospitalization.

Salmonellosis: 27 cases were investigated with an age range of 2 months to 96 years of age. 9 cases required hospitalization. 4 cases are considered “ carriers”. 4 cases had a travel history and 2 cases had contact with reptiles.

Shigellosis: 2 cases were investigated with an age range of 9 years to 24 years of age. 1 case had a travel history.

Streptococcal Infection, Group A, Invasive disease: 2 cases were investigated, age ranged from 59- 78 years of age. Both cases required hospitalization and survived. Both cases were resistant to tetracycline.

Streptococcal Infection Group B, invasive disease: 6 cases were investigated with an age range of 30-89 years of age. 4 cases required hospitalization and 1 case was treated in the emergency room.

Streptococcal Infection Group B, Invasive Disease (early/late onset): 3 cases were investigated, age ranged from unborn- 52 days old. All cases were hospitalized and 1 case is deceased.

Streptococcus Pneumoniae (invasive disease): 18 cases were investigated. 16 cases had positive blood cultures, 1 case had a positive cerebral spinal fluid, and 1 case had a positive peritoneal fluid. Ages ranged from 6-97 years of age. 3 cases are deceased. 9 cases had received the Pneumovax, 3 cases had not received the Pneumovax and 6 cases were unknown regarding whether or not they received the Pneumovax. 1 was resistant to erythromycin and azithromycin.

Yersiniosis: 1 case was investigated, a 69 year old with a travel history.

Rabies program: 94 cases were investigated to assess their need for the rabies post-exposure prophylaxis, with 52 cases requiring the rabies post-exposure prophylaxis. These cases involved exposure to the following animals:

Cat	8 cases
Dog	17 cases
Raccoon	2 cases
Bat	22 cases
Skunk	1 case
Opossum	1 case
Fox	1 case

Additional investigations included:

1. Community Associated MRSA in a school
2. Local contacts that had attended a convention in Las Vegas where there was a positive case of hepatitis A in a food handler.
3. Gastrointestinal outbreak at an Adult Home
4. Seneca Lake gastrointestinal outbreak (8 suspect cases followed locally)
5. Gastrointestinal outbreak at a daycare.

HEALTH EDUCATION

The Healthy Living Partnership of Niagara County, which provides breast, cervical and colorectal cancer screenings for uninsured and underinsured individuals, was recognized by the New York State Department of Health for its outstanding performance in screening numbers for breast and cervical cancers. The 134% of goal was awarded to the Healthy Living Partnership Staff for the contract year ending in March. The Healthy Living Partnership is Coordinated by the Public Health Educator for the Niagara County Department of Health. Case Management, Outreach and Data Management services are contracted to the Health Association of Niagara County Inc. (HANCI). As 2005 comes to a close the Healthy Living Partnership of Niagara County leads New York State in screening for breast and cervical and is record pace for the grant year. The Colorectal screening program is on target to meet screenings goals.

The Healthy Heart Worksite Program is a small grant awarded Niagara County from the New York State Department of Health and coordinated through the Erie County Department of Health. This program enlists 3 to 4 worksites in a health promotion program to make policy and environmental changes that may improve the health and wellness of employees.

The Public Health Educator is a member of the Regional Prevention Initiative, which is seeking grant funding in Ovarian Cancer, Nutrition and Physical Activity, Diabetes Prevention and Asthma. These programs, if awarded, will be managed through the Western New York Public Health Alliance, a group comprised of the 8 county Public Health Commissioners and Directors and has applied for 501c3 status.

As chronic diseases such as heart disease, diabetes and obesity continue to be on the rise, the Niagara County Department of Health changed the format of its monthly television program, Health Scope, to focus on cooking and food demonstrations that are low fat, low calorie and more nutritious. These programs featured collaboration with area hospitals and other health care partners within Niagara County. The response to this change in format has elicited an increased number of requests for further information and referral.

Each division of the Niagara County Department of Health has contributed to the necessity for health education in Niagara County. Programs such as Lead Prevention, Emergency Preparedness, Rabies, ETS, Food Safety, Immunizations, and Childhood Nutrition are just a few of the vital educational programs offered to the community. One major component to providing Health Education to the residents of Niagara County is the collaboration and partnering with area hospitals, community based organization, faith based communities and health agencies within Niagara County as well as drawing from regional partners for support and funding.

Submitted By: Claudia Kurtzworth, Public Health Educator

2005 ANNUAL REPORT

OFFICE OF PUBLIC HEALTH PLANNING AND INFORMATION

2005- A Year of Action

2005 was a year of action, during which the Niagara County Department of Health worked diligently with all of our local and regional partners to comply with the United States Department of Homeland Security (DHS) standardized requirements for national preparedness. To achieve a nationwide standard, DHS directed all agencies to train staff in ICS and NIM, and to incorporate tenets of the National Incident Management System (NIMS) into their preparedness plans. We were also required to demonstrate inter-agency interoperability and compatibility in incident planning, response and recovery during the Federal Year 2005. Niagara County Department of Health employees took the lead our county by completing ICS requirements and NIMS IS-700 training and certification by May 29, 2005.

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 through collaboration with other federal and state agencies (such as FEMA and NYSEMO, the EPA, USDA, Agriculture and Markets, 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 , followed by a more finalized version, officially released on May 23, 2005. Under the leadership of the County Manager, Gregory Lewis, Niagara County Department of Health assumed a leadership role in several Strategic Planning Teams to build up Target Capabilities in Niagara County. In the list below, asterisks indicate Niagara County Department of Health engagement on planning teams to build and enhance critical areas.

Thirty-six target capabilities include:

1. Planning *
2. Animal Health Emergency Support *
3. Terrorism Investigation and Intervention
4. Critical Infrastructure Protection
5. Critical Resource Logistics and Distribution
6. CRBNE Detection
7. Citizen Protection: Evacuation and/or In-Place Protection
8. Citizen Preparedness and Participation*
9. Economic and Community Recovery*
10. Emergency Operations Center Management
11. Emergency Public Education*
12. Emergency Public Information and Warning*
13. Interoperable Communications*
14. Engineering
15. Environmental Health and Vector Control*
16. Explosive Device Response Operations

17. Fatality Management*
18. Firefighting Operations/Support
19. Food and Agriculture Safety and Defense*
20. Risk Analysis*
21. WMD/Hazardous Materials Response and Decontamination*
22. Information Collection and Threat Recognition
23. Information Sharing and Collaboration*
24. Intelligence Fusion and Analysis
25. Isolation and Quarantine*
26. Mass Care (Sheltering, Feeding, and Related Services)*
27. Mass Prophylaxis*
28. Medical Supplies Management and Distribution*
29. Medical Surge*
30. On-Site Incident Management*
31. Triage and Pre-Hospital Treatment*
32. Public Health Epidemiological Investigation and Laboratory Testing*
33. Public Safety and Security Response*
34. Restoration of Lifelines
35. Search and Rescue
36. Volunteer Management and Donations*
37. 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.

Isolation and Quarantine

Niagara County submitted another more comprehensive version of the County Isolation and Quarantine Plan to NYSDOH in July. After a reviewing the documents, the County Attorney approved the plan as legally acceptable. We are continuing to modify and refine this living document as we identify more resources; and we are working to establish additional agreements to assure provisions for isolated or quarantined citizens during an infectious disease event. We plan to fully exercise this plan in early 2006.

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. During 2005, the New York State Volunteer Collaborative approved our application for funding for a Medical Reserve Corp coordinator through Citizen Corp Project Roses grant award. We were unsuccessful in implementing the grant because of a requirement that conflicted with our Niagara County Human Resource payroll policy. We are continuing to seek new grant opportunities for our federally recognized unfunded Niagara County Medical Reserve Corp (NCMRC). Attaining 501C3 tax-exempt status is another option for tapping into grants and donations from private entities that have less stringent requirements. Our 501C3 application paperwork remains under state review. In the meantime, we are strategizing to identify and combine resources to keep the Corp going. Our ranks of trained Corp volunteers have increased, despite our funding problems.

The Corp not only trains and exercises for emergencies; members participate in community improvement functions and assist special needs populations who need assistance even during non-emergent situations dedication in Niagara County is unsurpassed in our contiguous counties. The Niagara County Department of Health Public Health Planning and Information Officer/Preparedness Coordinator (PHPIO) arranged with NYSEMO and NYSEMS for the PHPIO/IPHERP and Niagara Medical Reserve Corp commander to receive Simple Triage Assessment and Rapid Treatment (START) train –the –trainer training on April 19, 2005. The PHPIO/IPHERP purchased the START triage kits and incident management SMART System and the Niagara Medical Reserve Corp and NCDOH provided just-in-time training to NMRC volunteers and the Niagara CERT at the Cross –Border Chemical Release Disaster Drill held at Niagara University (NU) on August 20, 2005. Following just-in-time training, the teams practiced START on drill victims. The NMRC commander and PHPIO provided additional formalized START training to NMRC volunteers 2 weeks after the drill. NU and NCDOH are collaborating in recruitment efforts throughout Niagara County. Recruitment strategies include advertisement, word of mouth, NMRC promotion at professional group meetings and resource fairs, e-mails, telephone calls and direct door-to-door efforts in targeted lower income neighborhoods. Our program has also established an e-mail address (preparedness@niagaracounty.com) for citizens interested in volunteering to contact us.

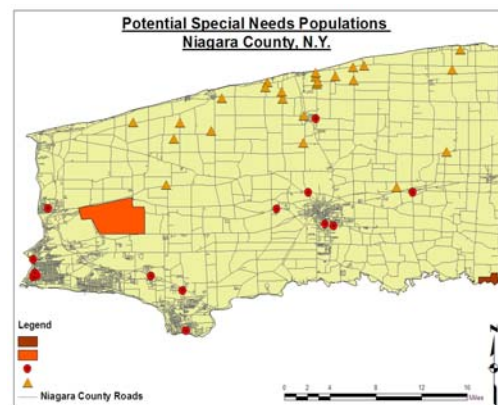
Points of Distribution (PODS) for mass vaccination/medication and dissemination. Back in 2004, we developed a strategy to map Niagara County and its population centers for identifying gaps in population coverage for mass vaccination or dissemination of medication. After mapping the County of Niagara, we performed an assessment of populations and numbers and locations of PODs and determined gaps did exist. This information was an indication we needed to place additional PODs at strategic locations throughout the county. We worked with officials at the designated sites to establish MOUs. All eighteen PODs are now mapped and catalogued with corresponding demographic information. The New York State Department of Health has contracted with the New York State Police to conduct site security assessments, to commence in early 2006. We are currently in the process of making our own site visits to meet with principle site officials and map the facility and develop site-specific maps and operational plans.

Utilizing the Geographic Information System for Public Health Planning

The Public Health Preparedness Program is constantly examining applications, methods and technologies, which allow us to more efficiently serve the citizens of Niagara County. GIS has proven to be a fundamental tool in helping public health agencies across the world organize large amounts of data, manage emergency resources, and raise their level of preparedness.

What is GIS?

When the acronym **GIS** (Geographic Information System) is mentioned, many people immediately think of maps. The production of maps is certainly one of the fundamental operations performed by a GIS. It collects, organizes, stores, and



Map 1: Hypothetical POD assignment based on population distribution.

the true utility of GIS lies in its ability to function as a problem-solving support system. In other

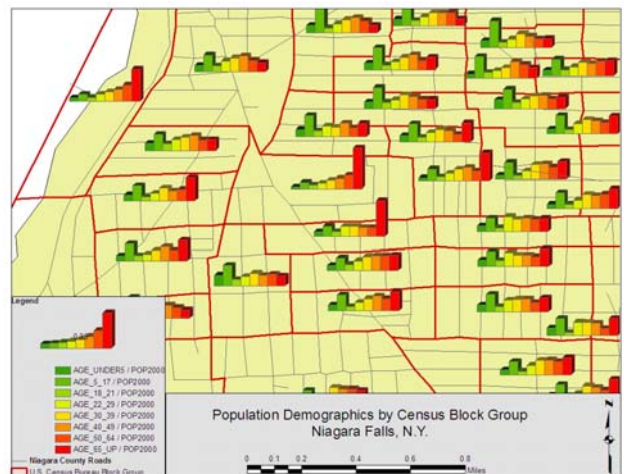
words, GIS not only displays data, but can also help answer questions we may have regarding that data.

For example, what if there was a public health emergency that required the activation of a large number of Points of Dispensing (PODs) for treating or vaccinating our Niagara County population? How do we determine to which PODs people should report? How do we prevent overcrowding at the PODs? Map 1 demonstrates how GIS could assist in answering these questions. This map contains the location of the activated PODs and census tract boundaries. Each census tract, regardless of its geographical area, contains approximately 4,000 people. Based on this data we can ask the GIS to separate the population of Niagara County evenly to prevent over-crowding at any single POD.

Demographics and Special Needs Populations

A constant focus of the Public Health Preparedness Program is to better know the population demographics of Niagara County. Great efforts are being made to address the needs of every facet of our diverse population. Should a public health emergency occur, we need to ensure that issues such as language, culture, and socio-economic background will not be a factor in our ability to provide fundamental services.

Special needs populations may include: the homebound and those in skilled nursing facilities, migrant farmers, sensory, mentally, physically or cognitively impaired, homeless, Native Americans, and non-English speaking peoples. The Public Health Preparedness Program has devoted, and will continue to devote, the resources necessary to identify these populations and ensure that they are addressed in our emergency planning. The Public Health GIS continues to play an important role in this regard.



Cross-Border Public Health Planning- Niagara County continues to participate on a multi-entity cross-border workgroup for the Great Lakes Border Health Initiative (GLBHI). The PHPIO serves as a representative for NYSDOH and NCDOH for this initiative. The GLBHI is a project funded by the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention (CDC) Early Warning Infectious Disease System (EWIDS) grant to improve early warning infectious disease surveillance at international borders. Members include New York State Department of Health, Minnesota Department of Health, Michigan Department of Community Health, Ontario Ministry of Health and Long-Term Care, and the Wisconsin Division of Public Health. Our team is responsible for developing internationally standardized policies and procedures for infectious disease recognition, response and recovery. In January of 2005, we joined the newly formed Emergency Response Sub-committee with Ontario and Michigan. Our team worked to develop a draft schematic of Federal, Provincial, State and Local communications and Terms of Reference that we submitted to the steering committee, which approved the document in August 2005.

We are also on another work-group to develop Public Health Infectious Disease Annex to the existing Emergency Management Cross-border Contingency Plan.

On August 20, 2005 the Niagara County Department of Health participated in a Chemical Nerve agent exposure Disaster Drill on the Niagara University campus. We appreciated the opportunity to join with our many county, regional, state, federal and international partners in this important exercise.

The drill simulated a disaster based on a terrorist release and dissemination of an organophosphate nerve agent chemical. Our Health Department served on the planning committee and functioned in two roles: Public Health Response, and also as liaison and support for our Niagara Medical Reserve Corp (NMRC). At the hotwash following the exercise, representatives from FEMA stressed the importance of the Public Health role in a disaster of this type and magnitude. It became apparent at the post-exercise review that some of our partners were unaware that the local public health department has important roles and responsibilities to protect our citizens in all hazardous events. In some events, our Public Health Director, as the chief Public Health Officer for the county, may function as the sole incident commander, or share joint command with another official from a responder agency. The following illustrates a few of the Public Health Department responsibilities in a chemical release disaster:

Chemical Exposure-Public Health Functions

- Risk Communication and Public Health Information (Coordinate with NYSDOH)
- Community Alert
- Investigation and follow-up of Exposed and possibly exposed
- Clinical specimen collection and packaging of clinical specimens, guidance to providers
- Mass medication dissemination- coordinate for receipt of SNS assets, manage staging site, operate PODS
- Coordinate with Hospitals and EMO for Chempak release follow-up
- Surveillance and epidemiology – short –term and long-term effects on population
- Environmental Assessment
- Environmental testing and sample collection
- Data exchange and electronic data management
- Public Health coordination with NYSDOH, regional health departments and hospitals during HERDS (Hospital Emergency Response Data System) activation
- Liaison/Coordination with MRC
- Brief county officials and the media on public health status of the event
- Determine safe re-entry

Specimen collection and shipping- All counties are required to receive specialized training to be consistent with international guidelines. Five more Public Health Response Team members received this New York State Laboratory Response Network (LRN) training for specimen packaging and shipping on March 7, 2005.

Inter-agency coordination

NCDOH is on many planning workgroups and committees; in 2005, we joined several more groups. The asterisked bullets below indicate 2005 additions. Some of the inter-agency planning groups and committees joined or facilitated by the NCDOH Public Health Planning and Information Officer include:

- Local Emergency Planning Committee (LEPC)

- Niagara County Medical Reserve Corp Board
- Emergency Medical System (EMS) Council (legislative appointment)
- Big Lakes Emergency Medical System Council (Orleans Niagara, Genesee)*
- Great Lakes Border Health Initiative Emergency Response Sub-committee*
- International Joint Commission Public Health Annex Sub-committee*
- Urban Area Security Initiative Planning Committee (Buffalo, Erie, Niagara)*
- Maritime Security Administration Committee*
- International Joint Commission*
- Community Engagement Committee
- Niagara County Medical Reserve Corp
- Niagara County Homeland Security Partnership
- Niagara County Strategic Security Planning Work Group
- Western New York Public Health Alliance (WNYPHA) Public Health Emergency
- Preparedness Coordinator Group
- WNYPHA Education and Training Committee
- Association for Practitioners in Infection Control and Epidemiology (APIC)
- NYSDOH Cross-border Planning Work Group
- Niagara County HEART; the New York State Public Affairs Group (PAG)
- Community Emergency Risk Communication (CERC) Work Group and a number of ad hoc emergency planning and training/education committees
- Other

Tribal Nation Emergency Preparedness

The Tuscarora Nation and NCDOH continue to work together on in all aspects of public health emergency preparedness and response planning and training. Education of the preparedness planning community in the Tuscarora history, culture, social structure, beliefs and government is essential for a successful partnership with this Indian Nation. The Tuscarora Emergency Manager is working with us to share accurate information about the Nation. Recognizing and understanding the Tuscarora Nation's Sovereignty and Concept of Nation are most critical to successful emergency planning in Niagara County. The Tuscarora representative joined the eight-county Western New York Public Health Alliance as a liaison between our public health agencies and his Nation. He participates in our NCDOH meetings, trainings and planning committees. Although the Nation is not funded by the State Preparedness grant, he attends all of the trainings required by NCDOH for Public Health Departments. Often, he includes other representatives from the Nation to expose them to the multiple agency preparedness environment. As a volunteer, he responds to emergencies and disasters with the American Red Cross, and is member of the Niagara County HazMat Team. He is part of the Local Emergency Planning Committee (LEPC). In the past year, he has met with us about Isolation and Quarantine and sits on our Strategic Security Isolation and Quarantine Planning Committee. His contributions to the New York State Communicable Disease Exercise Planning Team are notable, and will be evident at the 2006 Communicable Disease Tabletop Exercise planned for May of 2006.

The Tuscarora Emergency Plan is a living document that continues to grow as the Tuscarora Emergency Manager expands his scope of involvement inside and outside his Nation.

Risk Communication and Public Information

The PHPIO serves as the point of contact for public health information in Niagara County, and works daily with the Public Health Director to evaluate the health status of Niagara County and get any relevant information and guidance out to the public within an hour of any event or potential threat. Our stakeholders and professional partners in the public and private sector are important to us, and we strive to keep our contact lists for these entities current. Our program regularly works with our media and other partners to efficiently disseminate critical public health information. We also conduct active outreach by getting out into the community to meet and provide presentations on public health issues of concern and education. Schools serve as perfect vehicles for disseminating public health information out into the community by educating students in positive health behaviors, and utilizing them to carry informative health literature to the parents and guardians in their homes, so we are sure to communicate with them regularly. To assure that we speak with one voice for public health information, all critical messages and news releases during threat or emergency situations are reviewed with our regional representatives and Public Affairs partners at the New York State Department of Health. We view all staff at the Health Department as our primary priority for receiving all information first, prior to dissemination outside our department. This not only assures information processing time within our department, but that all staff is informed about key messages if approached by others outside the agency. Maintaining this practice promotes cohesiveness of our public health team so we can better serve our population of Niagara County.

Our program designed, coordinated and directed the development of the Special Needs Population Risk Communication Survey Project in late 2002. The project purpose is to determine the best means of communicating with special need populations in the event of an emergency. In order to facilitate this project, we combined research with fieldwork for outreach, mapping, and to identify target populations for survey administration. We developed this model project, which entered its third year in 2005, 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. By summer of 2005, we had completed the data collection, input and quality assurance checks for Phase II of the Western New York Risk Communication Survey.

During the summer and fall of 2005, the Public Health Emergency Preparedness Program coordinated with the Environmental Health Division's Healthy Neighborhoods Program to administer the Risk Communication Survey to low income populations. Identified through US Census information, Healthy Neighborhoods went door-to-door to low income residents in Niagara Falls to distribute first aid kits and administer the survey. During Phase I and II, low income residents were not among the targeted special need populations because of difficulties that existed in identifying these populations and community based organizations that serve them. This endeavor was only undertaken in Niagara County; however, resources will be provided to Alliance counties that wish to pursue further low income studies in their counties.

In 2006 a final, comprehensive Risk Communication Resource Manual will be compiled and distributed to all member counties of the Western New York Public Health Alliance. The program provided a preliminary presentation of the analysis to the Alliance counties. The comprehensive resource guide will contain numerous documents from Phases I and II of the Risk

Communication Survey; these materials include communications that were made to include community-based organizations, contact information for the agencies, the survey tools used, and an analysis of the data. In addition, we will be providing GIS maps of the participating agencies and other agencies that serve special need populations. All counties will be given the necessary resources and tools to further survey members of their communities, should they identify the need in the future. We developed a Resource Manual as a tool for counties that may want to target certain populations they have identified as underrepresented.

The Risk Communication Resource Manual will include supplemental material and information in addition to the data reports and analysis obtained from the survey project. These resources will include Centers for Disease Control and Prevention and the New York State Department of Health risk communication information, guidelines and tools.

As the final step in this endeavor, NCDOH will hold a symposium to review the project data and toolkit with all eight counties. The anticipated completion of this entire project is slated for late spring or early summer of 2006.

Surveillance and reporting

NCDOH performs human and animal surveillance to recognize indicators of infectious disease outbreaks or unusual signs or symptoms of illness. 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 indicate intentional or naturally occurring catastrophic disease.

Selected physicians in Niagara County serve as sentinel reporters for incidents of influenza-like-illness (ILI) so the health department can track flu surges in the community. The Public Health Director developed a survey instrument our health department is currently using in veterinary offices to identify cases of concurrent animal and human illness. To identify potential cases of flu entering hospitals, the Niagara County Communicable Disease Control staff and nursing supervisors conduct active surveillance for respiratory illness 7 days a week. The Communicable Disease Control staff is prepared to conduct contact investigations and to take any measures to contain and control infectious disease in Niagara County. The Environmental Health Division continually monitors the environment for bird die-offs and animal illness and informs the public on how and where to call to report sightings.

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 because 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 2005, 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 has been 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.

Communications

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 2006

- 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. Partnership with NU
- Have all health department staff trained and certified in the National Incident Management System IS-800 level by December 30, 2006.
- Establish alternate (push) POD MOAs with Hospice, Homecare agencies and first responder agencies.
- Facilitate steps to establish additional MOAs with partners for special needs sheltering and for care during emergencies
- Complete county-wide isolation and quarantine drill planning by January 2006
- Assure compliance with the Federal Office of Homeland Security NIMS checklist items by January 2006
- Complete POD individual site plans and maps and incorporate into preparedness plans by August 2006.

- Conduct large scale School POD exercise to vaccinate staff and students by February 2006
- Continue comprehensive county resource and demographic mapping
- Complete the Public Information/Communications Annex to the Public Health Emergency Response Plan
- Conduct Regional Special Needs Risk Communication Survey Project Symposium by June 30, 2006
- Secure a paid Volunteer Coordinator and funding to support and expand the Niagara Medical Reserve Corp
- Finalize draft Zoonoses and Animal Health Response Plan by May 2006
- Increase the number of sentinel physician reporters to coverage area in Niagara County and add veterinarian sentinel reporters.

2005 TRAININGS and EXERCISES Coordinated and/or Conducted by the Niagara County Department of Health Public Health Planning and Information Officer

Date	Subject	Audience/Participants
02/16/05	Annual Health Department Meeting Project Public Health Ready Public Health Planning and Response	Entire Health Department, regional and state representatives
02/08/05	National Incident Management System- 700 , Modules I and II	Multi-agency Health Emergency Alert and Response Team (HEART), Health Department staff
03/09/06	Avian and Pandemic Influenza	
03/18/05	National Incident Management System- 700, Modules III & IV	HEART
04/29/05	National Incident Management System- 700, Modules V, VI, VII	HEART and PH Staff
05/27/05	National Incident Management System- 700, Module VIII and Exam	HEART and PH Staff
06/24/05	Radiological Emergency Training	Law, Fire, FBI, Border security, schools, hospitals, DEC, NYSDOH, SUNYAB, Industry HAZMAT, Radiological Technologists, EMS, NYSPD, ARC, health, environmental and safety engineers, Sheriff 's Department, county officials, Public Health (>100 Participants)
07/29/05	Radiological Emergency Tabletop	As above
10/21/05	Preparing for Avian Influenza	Hospitals, HEART, Funeral Directors, NYSDOH
11/18/05	Avian Influenza Training	HEART, Multi-agency, Staff,

		Mental Health
12/10/05	Pan-Flu POD Drill	NMRC, CERT, Niagara University, EMS, Niagara Falls Officials, ARC, Canine Helpers, other volunteer groups
12/18/05	OSHA and PESH Guidelines for N95 Mask Use and Dispensing and The Laboratory Response Network and Regional Laboratory Capacity: Preparing for Avian Influenza and Other Biological Threats	HEART

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