

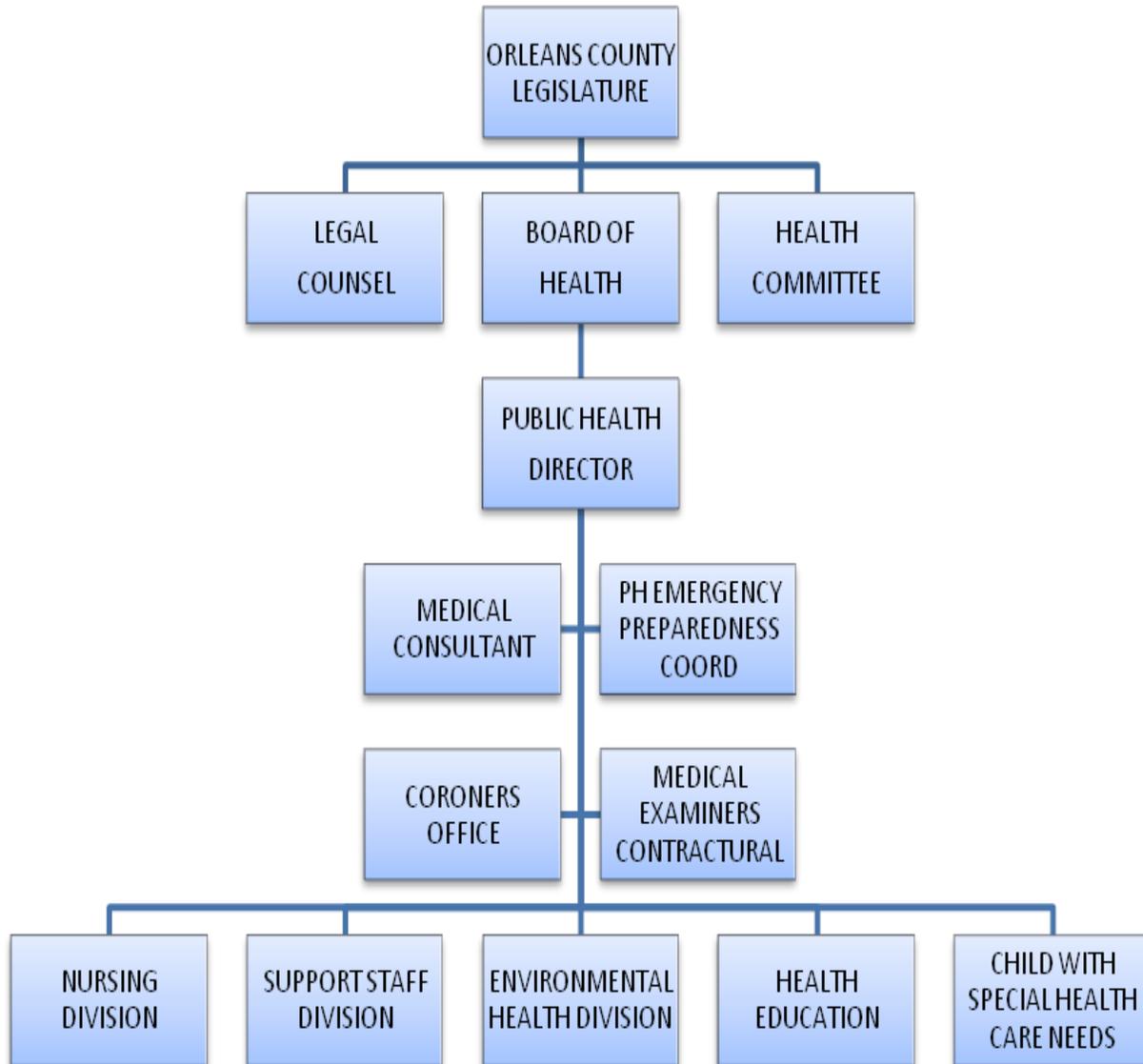
**ORLEANS COUNTY HEALTH  
DEPARTMENT**



**2013  
Program Budget**

**Adopted**

# Orleans County Health Department Organizational Chart



## **ADMINISTRATIVE STAFF / BOARD OF HEALTH**

### **PUBLIC HEALTH DIRECTOR**

Paul A. Pettit, MSL

### **ADMINISTRATIVE ASSISTANT**

Kim Castricone

### **DIRECTOR OF PATIENT SERVICES**

Mary Janet Sahukar, RN, BSN

### **SR. PUBLIC HEALTH SANITARIAN**

Shannyn Sanger

### **CHILDREN WITH SPECIAL NEEDS COORDINATOR, EIOD**

Linda Garrison

### **EMERGENCY PREPAREDNESS COORDINATOR**

Margaret (Peg) Wiley

### **PUBLIC HEALTH EDUCATOR**

Nola Goodrich-Kresse, MEd, MCHES

### **MEDICAL CONSULTANT**

Nancy Ciavarri, MD

### **BOARD OF HEALTH**

Paul Grout – President

James Robinson, DVM – Vice President

Wendy Oakes Wilson - Secretary

Nancy Ann Ciavarri, MD

David Meza, MD

Sallah Abbasey, MD

William Eick - Legislature

Kenneth Rush - Legislature

### **Vision**

Healthy People in a Healthy Community

### **Mission Statement**

The Orleans County Health Department empowers its residents to achieve optimal health, wellness and safety, both individually and as a community, through innovative leadership, advocacy, and education.

### **Values**

**Integrity**

**Cohesiveness**

**Accountability**

**Respect**

**Excellence**

## **Orleans County Health Department (OCHD) – Overview**

The Health Department follows the mandates of the New York State Public Health Law (PHL). The PHL mandates that each municipality in the State appoint a Board of Health which is empowered to protect the health and safety of its residents through enforcement of the PHL, New York State and local County Sanitary Codes. The Orleans County Board of Health consists of seven members appointed by the County Legislature to six year terms, one of whom is a member of the County Legislature, and at least three of whom are licensed physicians. The remaining members are three community representatives that have professional backgrounds which strengthen and promote the health care provided by the Health Department. The Board of Health is a policy or rule making body and not an advisory board. The Board of Health, by statute, hires the Public Health Director who is appointed for a 6 year term.

The Orleans County Health Department (OCHD) is one of 17 counties comprising the Western Region of the NYSDOH Field Structure. On a more micro level, the Health Department is a member of the Western New York Public Health Alliance (WNYPHA). The WNYPHA consists of the eight most western counties in the State which include Orleans, Niagara, Erie, Chautauqua, Cattaraugus, Allegany, Wyoming and Genesee. This WNYPHA is a 501(c)3 organization formed in 1992 to collaboratively address regional public health issues, advocate for local health departments, share best practices and promote public health collaboration throughout the region.

The OCHD is a full service Public Health Agency, offering a number of diverse programs and activities within the five mandated core areas of Family Health, Disease Control, Health Education, Community Health Assessment and Environmental Health. The department also provides optional public health programs specific to the health needs of Orleans County residents. There are currently 22 full time and 4 part time employees working within the above mentioned Health Department divisions / program areas.

### **Department Overview and 2013 focus areas**

Looking back, 2011 through mid 2012 have been a period of transition for the Orleans County Health Department (OCHD). Throughout the year, the department continued to undergo changes and a reshaping of services and programming. The Department continued the transition process away from providing Home Health Services and looking at ways to maximize efficiencies and reducing costs.

Technology, program delivery, services, collaboration and education continued to be major departmental focuses in 2012. The use of technology has been a primary focus as the traditional means to communicate and push out information to the public continues to change. The environmental division also continues to work on “going green” with several ongoing projects. The division continues to make progress with the Geographical Information Systems (GIS) project that is utilizing GPS technology to map septic and well locations in the county and convert paper files to electronic files. In addition, the division has started an e-form project that will allow the staff to use electronic inspection forms in the field when conducting inspections. This new process will cut down on time in the field and back-end office work, in addition to reducing paper and mailing costs. These projects are good examples of leveraging technology to increase work productivity and efficiencies, resulting in the ability to rapidly respond to public health issues. Work continues on the Department’s website and use of social media (Facebook <http://www.facebook.com/OrleansCoHealthNY> and twitter <https://twitter.com/#!/OrleansCoHealth>) to push information to the public. The Health Education division is tasked with manning the department’s web page ([www.orleansny.com/publichealth](http://www.orleansny.com/publichealth)) which is constantly being updated and improved to become more user friendly and interactive.

Collaborative efforts will continue to be a focus as funding continues to get scarcer and the need for joint initiatives and sharing of resources becomes more of a necessity. The Health Department continues to develop strong partnerships with local health and service agencies, including participation in the Healthy Orleans Network (HON). The HON continues to grow and provides a venue for vested stakeholder organizations in the County to collaborate on health issues. The HON's primary focus is to improve the health status of Orleans County by leveraging the member's knowledge, data and resources with the goal to bring additional services and opportunities through grant funding and programs to the residents of the County. In addition to the HON, the department continually looks towards ways to partner with surrounding counties, specifically through the Western New York Public Health Alliance (WNYPHA).

In a proactive effort to look at different public health delivery models, the Orleans County and Genesee County Health Departments are going to be undertaking a two year pilot study (thru 2014) looking at shared services. During the pilot, both Counties will share various management staff including a shared public health director. This project is the first of its kind in New York State and will hopefully establish a best practice model on the benefits and successful transition to shared services.

In the health department's various divisions, 2011 and 2012 continued to see service changes and program restructuring. In the nursing division, the sale of the Certified Home Health Agency (CHHA) to Home Care of Rochester was completed in April of 2012. In late spring 2011, the Health Department received its approval to become a Licensed Home Care Service Agency (LCHSA) which is required by the state and allows the nurses to enter people's homes and carryout general public health work including baby visits and lead work. The environmental division, in addition to the technology push mentioned above continues to offer training classes to the public for tobacco and food worker safety. In November 2011, the Board of Health passed an updated Orleans County Sanitary Code which is the first revision since its original adoption on 1983. The updated code is more descriptive and incorporates many changes that have occurred in the public health field since 1983. The emergency preparedness division continues to develop VALOR (Volunteer Alliance Linking Orleans Resources), the County's first Medical Reserve Corps. Throughout 2011 and 2012, VALOR continued to bring in new volunteers and held training opportunities for its members and the department staff. This volunteer group will be essential as we move forward in assisting this department and the County during man made or natural events. The department continues to evaluate the Children with Special Health Care Needs division which include Early Intervention, Preschool, and transportation. The department is constantly looking for ways to decrease costs while sustaining these costly State mandated services.

2013 will be another difficult year as a department both programmatically and fiscally. Financial constraints will continue to become more apparent and will present many unprecedented challenges that will require new innovative and streamlined ways of delivering services to the residents of the County. Budget reductions, staffing issues, cultural changes and rapidly evolving technology are all issues that will impact the way we can and will provide public health services throughout this upcoming year. Working collaboratively with County management, community and regional partners, the department can leverage its strengths and add value to this department, our services and the residents of this County.

# DEPARTMENTAL DIVISIONS

## CHILDREN WITH SPECIAL HEALTH CARE NEEDS DIVISION

The Orleans County Children with Special Needs Division is comprised of three separate programs: the Children with Special Needs program for children ages birth to age 21, the Early Intervention program for children ages birth to three, and the preschool program for children ages three to five. Division staffing includes a program coordinator, two Early Intervention service coordinators, an account clerk and some part-time supportive interventions afforded by additional Public Health clerical staff. Budgets for the various programs are maintained by the Department's Administrative Assistant, with all staff under the direction of the Public Health Director.

### **Children With Special Needs Program (CWSNP)**

The CWSHCN program is operated under the NYS Department of Health's purview. Its mission is to proactively assist families in accessing community resources including programs that can help children with special needs maximize the quality of their lives, and to empower families with the skill and knowledge they may need to feel competent in coordinating and managing their child's medical, developmental, social and emotional needs. The Orleans County Health Department (OCHD) acts as a referral resource for families in need of establishing linkages with health providers and health insurance carriers, as well as directing them toward agencies or service providers that may help them with the specific challenges their family may face. Staffing for the CWSHCN program is shared between the various OCHD nursing programs and Early Intervention staff. Quarterly program goals are established and reported to the NYS CWSHCN office.

The Orleans County award for the October 1, 2011- through September 30, 2014 period is \$53,019, or \$17,673/year. Staff record what portion of their time is spent participating in the CWSHCN program and that time is billed against the awarded amount.

### **Early Intervention Program (EIP)** (Children ages birth to three)

In September 1992, NYS Governor Cuomo established the New York State Early Intervention Program, a mandated entitlement program, under the umbrella of the 1987 federal program written as Part H of the Individual with Disabilities Education Act (IDEA), to meet the needs of families with children ages birth to three. The goals of the program include integrating the child and family into the community, successfully adapting the child into a variety of settings where same-age children would typically be found, and empowering families as informed decision makers and advocates for their own child and family. Goals are achieved through the voluntary participation of families throughout the Early Intervention evaluation process and the development and implementation of the Individualized Family Service Plan. While health insurance information is collected, the program remains at no direct cost to the families who are deemed eligible to participate as a result of the evaluation process. Administratively, Orleans County is responsible for maintaining contracts with in-county and out-of-county providers (physical, occupational & physical therapy, etc.) to meet the unique challenges of each child and family.

The Early Intervention Program serves approximately 80 children/families per month throughout the year. As children are determined eligible through the evaluation process, a variety of services may be put in place to assist the child maximize his/her potential. Services may include: occupational, physical, or speech therapy, service coordination and/or special instruction. Services are generally provided in the child's home/natural environments or in a center-based program if multiple needs can be met more effectively at a site outside the home. Referrals to the EIP and number of children being

served have stayed relatively consistent from October 2005 through October 2010 – with referrals varying from 71 to 97, and children served varying from 144 to 158.

The Bureau of Early Intervention has imposed a variety of changes in the past few years including cuts in pay rates to providers, and the installation of a new computer system (NYEIS) that works independently of the existing KIDS tracking software. Proposed changes are designed to streamline the billing system by implementing a state-wide fiscal agent and simplifying the service coordination billing requirements by organizing Service Coordination billing into a three tier capitated rate system. The installation of a fiscal agent will mean that providers will be entering their own invoices into the NYEIS system and being reimbursed directly by the State. EI administrative budgets will be reduced to reflect the change to direct billing by providers. With the responsibility of direct billing shifting to the providers, we are anticipating the loss of a few of the county's contracted independent providers, and the possibility that more agencies may withdraw from the EI program due to the ever increasing mandates placed upon them (during the past two years of decreasing EI rates, several agencies have withdrawn totally from providing EI services).

Reimbursement rates for evaluations and/or services are set by the Bureau of Early Intervention. The 2012 Early Intervention budget request reflects an anticipated cost to the county of \$252,544.00, including salaries, EI services, equipment, mileage, etc.

LEICC - The Local Early Intervention Coordinating Council consists of Early Intervention staff, community professionals, parents, Early Childhood Direction staff and other interested members of the community. We currently have 24 LEICC members. The focus of the LEICC is to review local program challenges and develop/implement plans to create positive change within the EI community. The Early Intervention Administrative requirement is that the Committee will meet at least two times per year. The last LEICC meeting took place in February and was combined with an in-service on Fetal Alcohol Syndrome. Meeting dates are posted in the local papers and all meetings are open to the public.

CHILD FIND is a component of the Early Intervention Program that focuses on ensuring families establish and maintain linkages with their health care providers, have information regarding health insurance options, and support follow-up information for families with special needs. EIP, Child Protective, and Public Health Nursing staff work cooperatively toward identifying concerns and providing families with the opportunity to participate in appropriate programming. Child Find also receives referrals as a result of failed newborn hearing screenings and/or families not returning to the clinics for a follow up if initial testing showed concerns. Of the 400 County birth records reviewed this past year, 41% of families listed Medicaid as their primary health insurance carrier.

### **Preschool Programs (CPSE)** (Children age three to five)

The Orleans County Preschool program is a state mandated entitlement program that provides support to the five local school districts' Committees on Preschool Special Education (CPSE) by maintaining contracts with individual and agency providers for in-home or center-based programming, and by attending the CPSE meetings where eligibility and individualized programs are determined. Program guidelines are structured by the New York State Education Department. Approximately 150 children per month receive some form of therapeutic intervention to support their academic readiness skills. Services may include physical, occupational and/or speech therapy, special education teachers, etc., and may be provided in the child's home, daycare and/or at a state-sanctioned therapeutic center-based program. Of the 134 children slated to receive preschool services in December 2011, 122 received speech therapy, 65 received occupational therapy, 12 received physical therapy and 22 received special education teacher services. Of those 134 children, 44 attended either half or full day center-based programs at four different sites.

While Orleans County establishes reimbursement rates for “related” services (provided by individual therapists at the child’s location), NYSED Rate setting unit establishes reimbursement rates for center-based programs and evaluation component fees. For children attending center-based programs, parents are offered the option of driving their child to/from the program and being reimbursed for their mileage; otherwise children are transported by a contracted provider to the approved sites at a variety of contracted rates. For a child attending an out-of-county program, transportation fees may be upwards of \$250/day. The 2012 county costs for maintaining the preschool program are estimated at \$1,063,879.

## **ENVIRONMENTAL HEALTH**

The Environmental Health Division provides a wide variety of essential public health and wellness services driven by regulations set forth in the New York State Public Health Law (NYSPHL), State Sanitary Code (10NYCRR), and the Orleans County Sanitary Code (OCSC). Programming and services are primarily regulatory, with an educational emphasis, focused on protection and promotion of public health that may be impacted by environmental factors. The Environmental Health staff performs approximately 4,000 yearly field visits involving over 850 regulated activities in Orleans County. These services areas include: water supply protection, community sanitation and food protection (food services, children’s camps, hotels/motels, campgrounds, mobile home parks, migrant farm worker housing, public swimming pools/bathing beaches), public health nuisance investigation, residential lead hazard investigation, rabies exposure investigation and prevention, and enforcement of the Adolescent Tobacco Use and Prevention Act (ATUPA), the NYS Clean Indoor Air Act (CIAA), and permitting of tanning facilities under Article 35-A. Staff members proactively disclose rationale behind regulatory codes and guidance in an effort to assist operators in successful, safe and sanitary business operations while also protecting the public interest. Education and outreach occurs concurrently with required field inspections and programmatic time and activity is directed at the prevention of environmental illness and injuries in the home and recreationally for all members of the Orleans County community.

### **Budget Highlights**

Internal accountability and documentation systems were introduced in 2011 to improve staff coordination and build data to steer program planning in the future. Staff members were increasingly transitioned into assigned program lead positions to more efficiently implement components of the rabies (clinics) and food programs (training). Means of equalizing workloads were investigated with the intent of increasing cross-training of all staff in 2012.

Community education and outreach efforts continued with the delivery of monthly Level 1 food manager training. A contract was established with an alternative online food worker training provider to offer a lower cost alternative for those required to pursue this Level 2 training under the updated Orleans County Sanitary Code adopted November, 2011. In addition, newly developed bedbug informational training designed for owners of rental property was delivered to members of the Landlord Association.

Several enhanced technology projects, designed to streamline office processes and enhance environmental response, were implemented. Rabies vaccination clinics were fully computerized. Field staff continued to acquire data points for application of the Genesee / Orleans Rural Environmental Health GIS Initiative, a data-building project designed to build accessible and accurate information systems. Scanning of existing and new documentation for the project by administrative assistant staff and volunteers proceeded intermittently. Installation of the Digital Inspection PDF application that will

automate the required delivery of inspection data to the NYSDOH data-tracking system was in process in December 2011.

Environmental Health Indicators

Indicators	Actual 2010	Actual 2011	Estimated 2012
ATUPA	121	135	112
Agricultural Fairgrounds	3	1	1
Bathing beaches	5	3	3
Campgrounds	7	8	7
Children's Camps	5	9	7
Food Service Establishments	192	204	161
Institutional Food Services	n/a	n/a	67
Mobile Food Services	11	10	9
Temporary Food Services	97	106	309
S.O.F.A. Food Services	n/a	n/a	4
SED Summer Feeding Site	1	1	1
Temporary Residences	8	6	6
Migrant Farm Worker Housing	62	65	51
Mobile Home Parks	14	22	13
Swimming Pools	7	8	5
Tanning Facilities	0	12	10

**PERMITTED FACILITIES - 2011**

<b>OPERATION TYPE</b>						
<i>NON-FOOD</i>	Permits	Inspects	PHH* cited	Uncorrected PHH	Complaints	Unresolved Complaints
Agricultural Fairgrounds	1	1	0	0	0	0
Bathing Beaches	3	6	0	0	0	0
Campgrounds	7	15	1	0	0	0
Children's Camps	7	16	0	0	0	0
Migrant Farmworker Housing	48	108	0	0	0	0
Mobile Home Parks	14	21	1	0	5	1
Swimming Pools	4	10	2	0	0	0
Tanning Facilities	9	14	5	0	5	0
Temporary Residences	7	8	3	0	0	0
<b>Total Non-Food</b>	<b>100</b>	<b>199</b>	<b>12</b>	<b>0</b>	<b>10</b>	<b>1</b>
<i>FOOD</i>						
High Risk	42	86	70	0	6	0
Medium Risk	136	108	42	0	3	0
Low Risk	30	21	3	0	0	0
Mobile	5	10	4	0	1	0
Temporary	212	110	6	0	0	0
<b>Total Food</b>	<b>425</b>	<b>335</b>	<b>125</b>	<b>0</b>	<b>10</b>	<b>0</b>
<b>Grand Total</b>	<b>525</b>	<b>534</b>	<b>137</b>	<b>0</b>	<b>20</b>	<b>1</b>

\*PHH: Public Health Hazard

## ON-SITE WASTEWATER TREATMENT SYSTEM (OWTS) PERMITS

Permit by Town	New	Replace/repair	2011 Total	2010 Total
Albion	5	6	11	4
Barre	0	3	3	7
Carlton	7	11	18	19
Clarendon	3	2	5	12
Gaines	2	6	8	8
Kendall	1	4	5	7
Murray	4	4	8	5
Ridgeway	3	5	8	7
Shelby	3	3	6	3
Yates	4	5	9	3
<b>TOTALS</b>	<b>32</b>	<b>49</b>	<b>81</b>	<b>75</b>

### WATER SAMPLING

Public Water Operators	175
Specials, new district	54
Community Surveillance	104
Non Public Systems	49
Nitrates	33
Beach/Special	22
Non-Community Systems	21
Private	111
Metals	14
<b>Total</b>	<b>583</b>

### RABIES CONTROL

Annual Summary – Rabies 2011		
Unvaccinated Bites		39
Total Bites		108
Positive Specimens		10
Total Specimens (shipped)		63
PEP Treatments (Authorized)		11
Vaccination Clinics:		4
	Dogs	1240
	Cats	507
	Ferrets	10
	<b>Total</b>	<b>1757</b>

### 2011 ENFORCEMENT ACTION

Cases	14
Stipulations	12
Formal Hearings	0
Informal Hearings	0
Fines Assessed	\$2225.00
Fines Waived	\$425.00
Fines Due	\$450.00
<b>TOTAL Collected</b>	<b>\$1350.00</b>

## PUBLIC HEALTH NURSING

Community/Public Health Nursing (PHN) Programs are offered to over 1,500 individuals each year through a wide range of Family Health and Disease Control Programs. A specific NYSDOH Article 28 Certification has been issued for the operation of the Health Department's clinical services which include TB respiratory testing and treatment, Public Health Nursing Community programs and Immunizations for adults and children. In May of 2011, the Health Department was officially approved to become a Licensed Home Care Services Agency (LHCSA). As a LHCSA, the Health Department provides Public Health Nursing Services for issues related to, for example, Lead poisoning/prevention, Lice infestation, Tuberculosis Disease and Preventive Therapy, and Maternal and Child Health, but only when these services need to be provided in the home.

**Services:** The following lists the numbers of referrals for various services provided by the nurses, either at the Health Department or in the home:

	2010	2011
Newborn and Postpartum Referrals	98	78
Elevated Blood Lead Levels ( 10 and above)	11	15
Referrals for weekly infant weights	5	8
Possible Perinatal Hepatitis B	1	3
Referrals for Breastfeeding Support	9	5
Repeat Newborn Screen	4	3
Referrals for pediculosis capitis (Lice)	7	16
Antepartum teaching/follow-up	1	2
HIV testing, pre/post test counseling	12	28
Health Dept. supported STD testing/treatment	25	8
TB Skin Tests	202	266
Post Exposure Rabies Treatment	20	10

In addition to following the babies referred to the Health Department by Health Care Providers, follow-up phone calls, letters and, if indicated, home visits, are offered to parents of first babies, those whose babies were born prematurely or who required hospitalization after birth in the Neonatal Intensive Care Unit.

Breastfeeding is being encouraged by Health Care professionals for the many advantages it offers to moms and babies. Maternal and Child Health staff have designed and are administering a phone survey to new mothers related to Barriers to Breastfeeding. Survey results have identified insufficient support after discharge as one of the barriers to breastfeeding. Staff have made visits to hospital discharge planners to encourage referrals for breastfeeding mothers who may need encouragement and support after hospital discharge. Data collection is being modified to capture whether or not referrals for breastfeeding support are increasing. In addition, a breastfeeding coalition has been initiated by OCHD staff. The members are from community agencies that have an interest in encouraging breastfeeding. The group hosts speakers on relevant topics and uses time to problem-solve, bringing differing perspectives to shared problems.

Blood pressure screenings are provided monthly by the Public Health Nurses at the Senior Centers around the county. Blood Pressures are measured and recorded on wallet-size cards for Senior's own reference as well as a source of information for their Primary Care Provider. The Public Health Nurses also take this opportunity to bring information on various topics of interest to this group.

Physical review instruments and screens (PRI/screens) are provided for clients who meet certain criteria. In 2010, 28 were completed; 2011, 14 were completed.

Skilled nursing assessments as provided by contract with the Department of Social Services Home Care Program to their clients. In 2010, 45 were completed; 2011, 42 were completed.

Health Care Services are provided to the Migrant Farmworkers of our community through a Grant to the Orleans County Health Department. It provides for collaborative efforts between Orleans County Public Health Nursing and Oak Orchard Health. This is an Outreach Program which allows staff from both organizations to provide coordinated care for the Migrant population in "the field"-the camps where they live. Services provided include: Tuberculosis Skin Testing; Directly Observed Preventive Therapy for those found to have Tuberculosis infection, but not disease, in an effort to prevent disease from occurring; Directly Observed Therapy for those who do have the disease to assure care as they heal and prevent the spread of Tuberculosis to others; Blood pressure screening; Provision of immunizations; HIV testing; Post-partum and New Baby visits.

April 1, 2009 to March 31, 2010 : there were 393 unduplicated patients served within 632 encounters.  
 April 1, 2010 to March 31, 2011: there were 314 unduplicated patients served within 508 encounters.  
 April 1, 2011 to March 31, 2012: there were 410 unduplicated patients served within 742 encounters.

**Investigations/ Reportable Diseases**

	2010	2011
Gonorrhea	5	6
Salmonellosis	2	16
Shigellosis	0	2
Bacterial Meningitis/bacteremia	12	12
Influenza, lab confirmed, A and B	56	4
H1N1 Influenza, lab confirmed	6	0
Lyme Disease	0	0
Giardiasis	0	9
Cryptosporidiosis	1	4
Campylobacteriosis	8	9
Chlamydia	141	196
Legionella	1	0
Yersiniosis	1	1
Pertussis	0	0

**LEAD POISONING PREVENTION**

Children are followed when their Blood Lead Levels are reported to be 5 ug/ml or greater. Follow-up is provided according to NYSDOH Guidelines. Services range from providing educational materials (possible sources of lead in the home/environment and the importance of appropriate nutrition) to parents of children with slightly elevated Blood Lead Levels to Case Management services for those children whose blood lead level is greater than 10 ug/ml. Blood lead levels of 15ug/ml or higher require the services of both Public Health Nursing and Environmental Staff to visit the home to test for the presence of Lead ( Environmental Staff) and to do a full assessment of the child's behavior, where he/she plays and nutritional intake. (Nursing Staff). Communication is maintained with the Health Care Provider and follow-up tests are monitored for timeliness and results.

In 2010, there were 606 total lead level tests recorded; in 2011, there was 640 tests recorded and in 2012 to date, there have been 592 tests recorded.

The Standard for testing is that every child should be tested at one (1) and two (2) years of age. The OCHD is pleased to be able to provide Two (2) Lead Care II Machines to Health Care Providers in the community in the very near future. This will make lead testing less painful (and therefore make parents/children less resistant) and provide results more quickly. It is hoped that this will improve the rate of children being tested and bring us closer to meeting the Standard.

#### Immunizations – 2010/2011

Many vaccines immunize against more than one disease. The Health Department receives free vaccine from the Federal Government and New York State, through the Vaccine for Children (VFC) Program to immunize children under 19 years of age who meet certain criteria. Listed below is the number of immunizations given free to children at the Health Department for each of the single diseases listed:

#### Children’s Immunizations

	2010	2011
Tetanus	138	127
Diphtheria	138	127
Pertussis	125	123
Polio	16	03
Hepatitis A	19	22
Hepatitis B	34	49
Pneumonia	63	51
Meningitis	26	32
Chicken Pox	51	36
Measles (Rubeola)	72	54
Mumps	72	54
Rubella (German Measles)	72	54
Human papillomavirus (HPV)	33	30
HIB (Haemophilus Influenza Disease)	46	17

The total immunizations given to children eligible for VFC vaccine: 904.0 in 2011.

The total number of distinct children immunized: 483.0 in 2011.

New York State Department of Health also provides some free vaccines to the Health Department to be given at no cost in some special programs, for example, Rabies treatment. Other vaccines for adults involve a charge that includes the cost of the vaccine plus a small administration fee. Health Department nurses administered a number of vaccines to adults in 2011 to protect against a variety of diseases. These include Pneumonia, Hepatitis A and Hepatitis B, HPV (Gardasil), Shingles (Zostavax), Tetanus/ Diphtheria/Pertussis, Meningitis, Rabies Prophylaxis, and Measles/Mumps/Rubella (MMR).

In addition, approximately 274 children and 458 adults were immunized against Seasonal Flu in 2011 and the first quarter of 2012.

In 2011, OCHD, aware that residents were now able to obtain Influenza immunization from a variety of sites, not just the Primary care provider or the Health Department, we structured our immunization-delivery plan a little differently. Two Influenza Clinics were held at the Health Department and 3 were held off-site at Holley, Kendall and Lyndonville Schools. Instead of offering additional Influenza-dedicated clinics, we decided to offer Flu Vaccine at all of our clinics. As there is a clinic every

Tuesday, there is access to Influenza immunization weekly. This seems to be working well. We will be looking at all available indicators as we plan for next year's Influenza Clinics.

Emergency Preparedness requirements offered an additional opportunity to conduct the "FLU-FREE ORLEANS" POD. This was an Influenza Clinic held at the Fellowship Hall of the Christ Episcopal Church. The vaccine was provided for the exercise without cost to the county or those being immunized. It provided a unique opportunity to offer protection to the underinsured and uninsured. It was not as well attended by our county residents as we might have wished but the exercise itself, was worthwhile. It provided experience for the Orleans County Health Department Staff to work within the Incident Command System according to the requirements of the Preparedness Program; it allowed staff to work with electronic applications that will streamline our clinic process and record-keeping. It also afforded the Preparedness VALOR Volunteers an opportunity to participate in an actual Point of Distribution exercise.

## **PUBLIC HEALTH EDUCATION**

Health Education at the Orleans County Health Department evolves as the issues and needs of the community change. The Public Health Educator (PHE) is active maintaining existing and developing new partnerships, reviewing and developing materials, providing health fairs and various programs as requested from the community, as well as the duties of Risk Communications/Public Information Officer for the Department. The role of the Public Health Educator is multi-faceted and works with all of the Health Department divisions, seeks, develops and/or provides resources for all health related issues. Being aware of all the programs and services the Health Department and other county departments is key to providing current and valuable information to county residents.

### **Health Education programming / media**

Incorporated into the programming component of the Health Educator are the provision, coordination, research and development of educational programming, along with referral and informational services to the community, worksites and schools on an as needed/requested basis. Although time constraints and funds have limited WNY Regional Public Health Educators meetings, PHE continues contacts with regional public health educators. PHE also attends Regional Prevention Coalition meetings when scheduled and time allows.

The department puts out a weekly column, "For the Health of it" for the Journal-Register, with topics including relevant health issues to promote various programs, and may include state media releases, etc. The health educator plans to initiate contact with The Daily News regarding adding a column to that publication in 2012-2013. The Health Education department also coordinates the bulletin boards located in the main hall of the Health Department and the first floor of the County Office Building.

Within the County, the Educator is a member of the Employee Assistance Program and coordinates two annual blood drives and E.A.P. orientation as well as attending monthly meetings. In 2011, research and development of potential policies for a proposed Employee Wellness Center was initiated.

Another ongoing project is the County and Health Department web site. This site has allowed the department to push information and departmental services to County residents via the web. The Health Department continues to utilize social media through Twitter and Facebook to promote current health issues, vaccination clinics, and health related events throughout the community, continuing to update various programs and health information throughout the year. The PHE has been using the Time Warner public access community calendar (Channel 19) to share clinic schedules, programs and will be adding health tips on a regular basis

## **General Public Health Education**

The Educator maintains, develops, consults, and encourages links with various community organizations, businesses, and not-for-profit agencies to promote wellness and the Orleans County Health Department services. Some agencies that the department collaborates with include the LIFE Program, ACT Program, Human Services Council, Youth Task Force, WNY Regional Prevention Coalition, Tri-County Prevention Coalition, Real Life / Real Talk Initiative, Healthy Orleans Network and Community Partners.

Health education also serves as the training arm of the department. Some of the annual trainings that are conducted include First Aid/CPR/AED for county employees, Bloodborne Pathogen training for various agencies, fire departments and businesses, as well as annual HIPAA and Corporate Compliance training for the Health Department and Board of Health.

The PHE recently became certified as a Master Certified Health Education Specialist through the National Commission for Health Education Credentialing (NCHEC). Having MCHES certification is indication of professional competency and commitment to continued professional development.

Activities during National Public Health Week have included promoting the third annual County Health Assessment Rankings. The Rankings give us a picture of overall health of the community as well as highlights strengths and weaknesses and facilitates discussion regarding potential collaborations, solutions and challenges.

PHE oversees and mentors interns within the department. In the past, the Health Department has had part-time Health Education Experiential students during Fall semesters with full time Spring – Summer semester interns. In 2011, two of the student interns were Health Administration students which began a new partnership with SUNY Brockport. The challenges included making sure each of the students had appropriate projects related to their majors. Although hectic at times it was very helpful to have extra hands and ideas to assist with the Health Department day-to-day activities. Key accomplishments have included support a staff job audit to better plan projects and ways to assist the other teams, assist with Emergency Preparedness inventory, collaboration with community organizations, develop computer / media skills, coordinate community events as well as learn the impact the Public Health Department has on our county.

PHE coordinates various trainings as needed, including computer trainings for staff through the NIOGA BTOP Express program, giving staff an opportunity to have hands-on computer training on site. PHE assists staff with multi-media presentations, setting up / coordinating webinars and overseeing various media equipment.

## **Health Education - Divisional Assistance**

### **Environmental Health**

Public health education includes time consulting and working with environmental staff in various programs. In the Rabies program, the division participates in Conservation Field Days doing a rabies alert program for sixth graders in the County. In the Public Water program, the division participates in the Albion Strawberry Festival, conducting a best water-tasting contest. Health education also spends time in the Adolescent Tobacco Use Prevention Act (ATUPA), where the division conducts compliance checks for retailers selling tobacco products to minors. The division uses our own training video during the orientation/training of new staff and teen agents. An ATUPA billboard /

poster contest was instituted in 2010 with posters displayed on billboards in early fall and/or spring. PHE also provides lead poisoning prevention materials throughout the year via the weekly column, at various meetings and events, including the Community Action Children's Carnival and the Orleans County 4-H Fair.

### **Community Health Assessment / Municipal Public Health Services Plan**

PHE is responsible for researching, developing and promoting the Community Health Assessment which is mandated by the New York State Department of Health and produced every 3-5 years. This document utilizes the public's input regarding their perception of health in Orleans County, vital statistics and collaboration with human service agencies throughout the county to provide a picture of the overall health status of county residents. This 'living' document assists the Health Department and other human service agencies with program planning, goal setting consolidated data to assist with grant writing and procurement throughout the life of the document.

### **Emergency Preparedness**

PHE continues to work on the Communications Plan which is an on-going process. The PHE assists with POD planning and promotion and provides multiple postings on Facebook and Twitter regarding Emergency Preparedness issues and submitted several columns related to the topic. PHE oversees dissemination of emergency related alerts, trainings, announcements, etc. to key leaders and human service agencies via various media channels. Programming is also provided to community members to encourage them to take charge of their safety in the event of community wide emerging situations.

### **Public Health Nursing**

The PHE continually promotes the programs provided by the Public Health Nursing team, especially in the area of vaccinations, child health issues (especially lead poisoning prevention), chronic disease prevention, communicable disease prevention, nutrition, family planning / maternal / perinatal health through multi-media resources including, but not limited to presentations to the community, collaborating / networking with community agencies, weekly newspaper column, web site maintenance, social media through Twitter and Facebook, and Time Warner public access community calendar (Channel 19) to share clinic schedules, programs and health tips on a regular basis.

## **PUBLIC HEALTH EMERGENCY PREPAREDNESS**

Following the 9/11 terrorist attack and subsequent anthrax attacks, the federal government and CDC created the Public Health Emergency Preparedness Program (PHEP) to increase the nation's ability to prepare and respond to public health threats, emergencies and disasters, whether natural, accidental or intentionally caused. New York State distributes federal funds to county health departments to meet the CDC deliverables involving prevention, mitigation and recovery activities.

The PHEP Grant, under which the annual Public Health Emergency Preparedness Program is funded in Orleans County and federally required by every state to administer, consists of specific yearly deliverables. The deliverables are based on the CDC's 15 Public Health Preparedness Capabilities, which are "national standards for public health preparedness capability-based planning to assist state and local planners in identifying gaps in preparedness, determining the specific jurisdictional priorities, and developing plans for building and sustaining capabilities". For more on those capabilities, see [http://www.cdc.gov/phpr/capabilities/Capabilities\\_March\\_2011.pdf](http://www.cdc.gov/phpr/capabilities/Capabilities_March_2011.pdf). Activities required to complete the deliverables are coordinated by the Public Health Emergency Preparedness Coordinator, working with divisions of the Orleans County Health Department, local agencies and an 8-county regional coalition of PHEP Coordinators.

The Orleans County PHEP Coordinator collaborates with subject matter experts at the local, regional and state level to meet deliverables requirements and to identify and prioritize local preparedness gaps. Emergency preparedness activities include all-hazards planning, training, drills and exercises, meeting real incident demands, and integrating public health preparedness in routine public health activities. Under the PHEP Program, many significant plans have been written and maintained in the program. Minimum training levels are required of all staff to maintain 'Project Public Health Ready' status achieved a few years back in conjunction with the 7 other counties making up the Western NY Public Health Alliance.

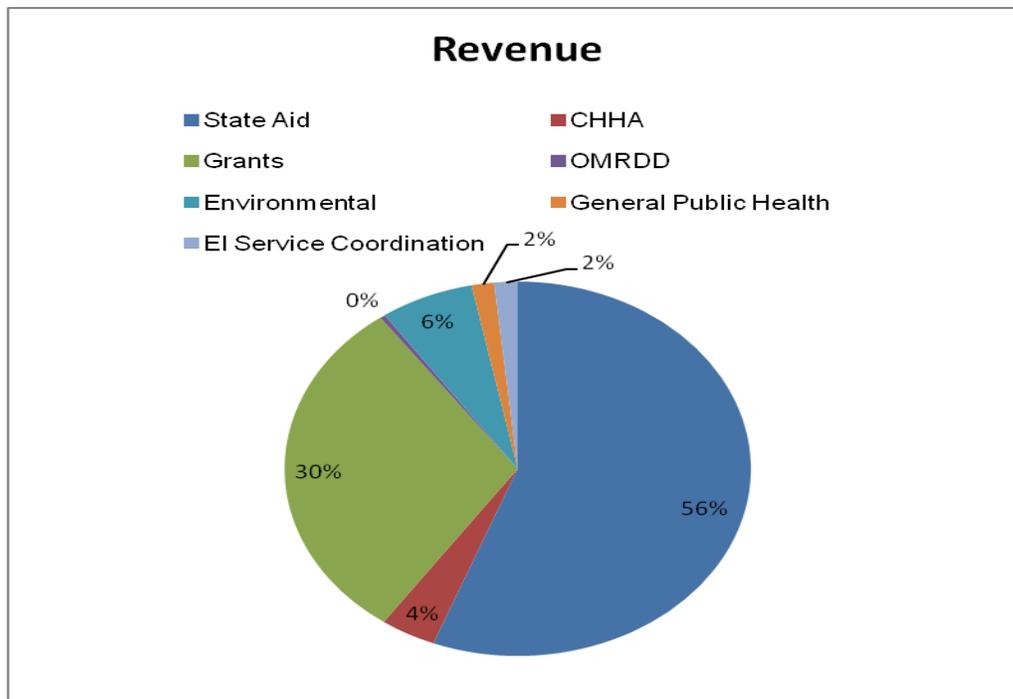
The primary strategic goal for the preparedness program in Orleans County is a healthy, resilient, prepared community. To further support this goal, Orleans County VALOR Medical Reserve Corps was formed in 2010. Managed by the PHEP Coordinator, the organization has grown to just under 70 volunteers and continues to grow and seek opportunity to achieve this essential community goal. A healthy community is a prepared community. Volunteers are critical to a successful response to a large public health incident. In Orleans County, as in most communities in the U.S., there are not enough trained and credentialed everyday government staff to meet response and recovery demands of a disaster. VALOR continues to recruit and train medical and non-medical volunteers, ready to help in time of need. The trainings are generally offered bi-monthly. The department looks forward to opportunities to integrate our volunteers into preparedness activities and public outreach programs promoting community resiliency and sustainability.

## 2011 FINANCES

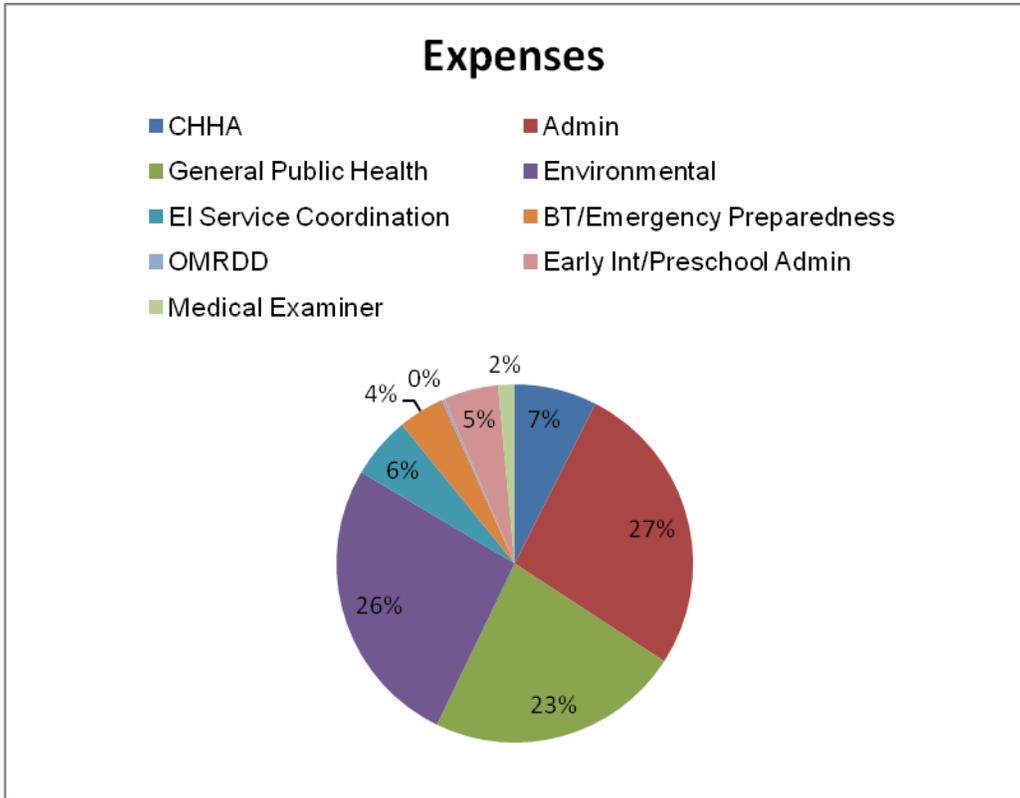
The Health Department has four major funding streams that support its operations. OCHD is primarily funded through Article 6 of the Public Health Law with other sources of revenue for the department including grants, fees for service and county sources. Article 6 establishes the requirements for Orleans County to obtain State Aid reimbursement for general public health work. In New York State, full-service County Public Health Departments are eligible to receive \$550,000 in State Aid as a basic grant distributed throughout the department. After the department has reached these base grant expenditures (reimbursed at 100%) additional state aide expenditures are reimbursed at 36%. OCHD does not usually exceed its basic grant of \$550,000 until the 4<sup>th</sup> quarter of the year. Approximately \$675,000 is expected in State Aid for the 2013 calendar year. This amount will vary depending upon other revenue sources, e.g. Medicaid, Medicare, insurance payments, fees for services, fines, grants, etc. Additional revenue sources will increase the amount of State Aid used for core public health programs and thereby decrease County costs.

### General Public Health

REVENUE		
State Aid	\$ 679,639.83	56%
CHHA	\$ 46,790.98	4%
Grants	\$ 367,878.48	30%
OMRDD	\$ 4,565.89	0%
Environmental	\$ 78,772.50	6%
General Public Health	\$ 18,906.25	2%
EI Service Coordination	\$ 19,600.92	2%
<b>Total</b>	<b>\$ 1,216,154.85</b>	<b>100%</b>



<b>EXPENSES</b>		
CHHA	\$ 133,477.31	7%
Admin	\$ 479,157.10	27%
General Public Health	\$ 410,950.59	23%
Environmental	\$ 472,278.32	26%
EI Service Coordination	\$ 100,143.93	6%
BT/Emergency Preparedness	\$ 74,993.23	4%
OMRDD	\$ 4,326.96	0%
Early Int/Preschool Admin	\$ 88,770.84	5%
Medical Examiner	\$ 26,606.00	1%
<b>Total</b>	<b>\$ 1,790,704.28</b>	<b>100%</b>



### Pre-School Program

<b>REVENUE</b>		
State Education	<b>\$ 1,313,543.99</b>	100%

<b>EXPENSES</b>		
Services / Evals	\$ 1,111,633.17	41%
SEIT	\$ 252,449.38	9%
Center-Based	\$ 777,191.65	28%
Transportation	\$ 470,172.69	17%
CPSE Admin	\$ 123,734.74	5%
Total	<b>\$ 2,735,181.63</b>	100%

### Early Intervention Program

<b>REVENUE</b>		
Medicaid	\$ 338,204.73	92%
Other Insurance	\$ 12,930.74	4%
State Aid	\$ 16,540.04	4%
Total	<b>\$ 367,675.51</b>	100%

<b>EXPENSES</b>		
Services / Evals	\$ 519,303.00	95%
Transportation	\$ 27,414.61	5%
Respite	\$ 300.00	0%
Total	<b>\$ 547,017.61</b>	100%