

# ORLEANS COUNTY HEALTH



**DEPARTMENT**

**2015**

**ANNUAL REPORT**

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

### **PUBLIC HEALTH DIRECTOR**

Paul A. Pettit, MSL

### **ENVIRONMENTAL / DEPUTY PUBLIC HEALTH DIRECTOR**

David Whitcroft

### **ADMINISTRATIVE ASSISTANT**

Kimberly Castricone

### **DIRECTOR OF COMMUNITY HEALTH SERVICES**

Brenden Bedard, MPH

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

Shannyn Sanger

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

Linda Garrison

Deborah Johnson, MSEd

### **EMERGENCY PREPAREDNESS COORDINATOR**

Albert Cheverie, MSEd

### **PUBLIC HEALTH EDUCATOR**

Nola Goodrich-Kresse, MSEd, MCHES

### **MEDICAL CONSULTANT**

Alan Barcomb, MD

### **BOARD OF HEALTH**

Paul Grout – President

Deanna Page – Vice President

Satya Sahukar, MD

Mary Obear, MD

Kelly Rose Nichols, DO

Edward Dejanerio – Genesee Legislature

John DeFilipps – Orleans Legislature

Don Allport – Orleans Legislature

# ORLEANS COUNTY HEALTH DEPARTMENT

## **Mission**

To work collaboratively ensuring conditions that promote optimal health for individuals and the communities we serve.

## **Vision**

We will leverage our shared resources through the integration of programs, services and collaborations with community partners and stakeholders to foster an environment where all can be empowered to make educated decisions and have the opportunity to optimize their health, thereby improving the population health outcomes of Genesee and Orleans Counties.

## **Values**

**Commitment:** We strive to improve our work environment and services through a continuous dedication to each other and staying true to public health principals and our vision.

**Integrity:** We maintain a high standard of professionalism, honesty and fairness in and through our actions as we deliver services and represent the departments and counties we service.

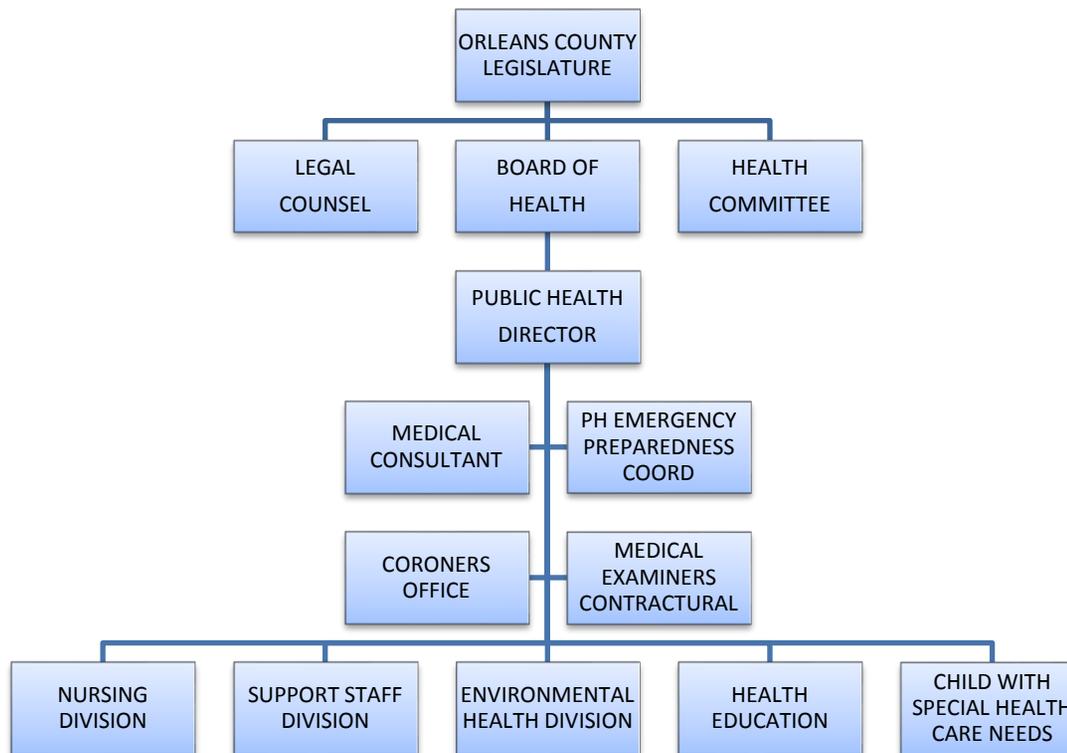
**Respect:** We demonstrate in our actions and words with all we come in contact with that they are important and deserving of fair and equal treatment.

**Cooperation:** We work together with each other and with the community towards the common goal of improving our resident's health.

**Leadership:** We embrace a culture of transcending influence throughout our organization.

**Excellence:** We consistently perform to the best of our abilities in all aspects of the work we do.

# Orleans County Health Department Organizational Chart



# PUBLIC HEALTH DIRECTOR

The Orleans County Health Department (OCHD) operates a “full service” health department that provides services to the residents of Orleans County in the five core public health areas of preventing epidemics and the spread of disease, protecting against environmental hazards and preventing injuries, promoting and encouraging healthy behaviors, assuring the quality and accessibility of health services and to respond to disasters and assist communities in recovery.

The mission of the OCHD is to work collaboratively, ensuring conditions that promote optimal health for individuals and the communities we serve. This mission is carried out through the five core divisions of the department which include: Environmental Health, Public Health Nursing, Children with Special Health Care Needs, Emergency Preparedness and Health Education. In carrying out this mission from a fiscally conservative perspective, all divisions are being challenged to think critically on their roles and services while focusing on quality improvement.

The Orleans County Health Department continues to realize fiscal and programmatic efficiencies through its integrated relationship with Genesee County. Now, in the fourth year of shared services, a combined savings between the two counties of over 1 million dollars has been realized. In addition, operational structures continue to align and drive synergy in service delivery and programming. In 2015, the Boards of Health were combined to establish a common board to govern both health departments. In addition, the Children with Special Needs programs now share a common Director, bringing the total of shared administrative staff to five. In September, the departments participated in a joint point of dispensing (POD) exercise that allowed the staff to work together to test capabilities in order to dispense medications to the general population during an emergency. The Departments also completed a joint strategic plan that will help guide continued integration over the next five years and prepare the departments for national accreditation.

In addition to continuing the overall shared service integration within all department divisions, some key highlights heading into 2016 that focus on furthering the mission of the health department, while maintaining fiscally responsibility, include: Developing an Unmanned Aerial Aircraft (UAA/Drone) program as a tool to assist during the inspection process (septic/public water evaluations) and for other public health applications; Meeting New York State Department of Health standards for the performance incentive program for 2016 which is focusing on using 100% electronic inspection records (achieving this standard qualifies the department for up to a \$13,000 award); Expanding the Medical Reserve Corps (MRC) unit into Genesee County to help organize and train volunteers to assist during County emergencies; Further utilizing Geographic Information Systems (GIS) in public health activities; Continuing to leverage the Public Health Educator to reach the residents of the county and bolster the needs and output of the various division’s educational goals; Updating the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) with community stakeholders. This update is required by the State Department of Health and is being done collaboratively with Genesee and Wyoming County Health Departments along with our local hospitals; Implementation of the department’s strategic plan, including exploring the impact of seeking national accreditation for the health department.

I am looking forward to leading the process of identifying new ways we can become more efficient and successful in the services we provide to our residents. The financial climate will continue to require us to be innovative and streamlined in the ways we deliver services to the residents of the County. Budget reductions, 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, I’m confident that we can leverage our strengths and add value to this department and the residents of Orleans County.

# CHILDREN WITH SPECIAL HEALTH CARE NEEDS DIVISION



The Early Intervention Program (EIP) is part of the national Early Intervention Program for infants and toddlers with disabilities and their families. First created by Congress under the Individuals with Disabilities Education Act (IDEA), the EIP is administered by the New York State Department of Health through the Bureau of Early Intervention. To be eligible for services, children must be less than three years of age and have a confirmed disability or established developmental delay, as defined by the State, in one or more of the following areas of development: physical, cognitive, communication, social emotional, and/or adaptive. In 2015, IDEA celebrated its 25<sup>th</sup> anniversary. In the last 25 years, there has been a considerable amount of research done on the brain development of young children. Research has shown “a baby forms 700 new neural connections per second.”<sup>1</sup> It is imperative that we do all we can to help each young child in the early years of their life.

The mission of the Early Intervention Program is to identify and evaluate, as early as possible, those infants and toddlers whose healthy development is compromised and provide for appropriate intervention to improve both child and family development. This is achieved by a variety of services, including: family education and counseling, home visits, parent support groups, special instruction, speech therapy, audiology services, occupational therapy, physical therapy, psychological services, service coordination, nutrition services, social work services, vision services, and assistive technology devices. Research conducted by Rand Corporation has shown, “Well designed early interventions have been found to generate a return to society ranging from \$1.80 to \$17.07 for each dollar spent on the program.”<sup>2</sup> Benefits include, but are not limited to, academic achievement, behavior and educational development.

In 2015, the number of referrals increased from the year before in the Orleans County Early Intervention Program. The increase may be partially due to advances in technology and science increasing the survival rates of babies born premature.

In July 2015, Genesee and Orleans County began sharing a Director of Children with Special Needs. This left one full time service coordinator to have the entire caseload for Orleans County. With an increase in referrals and children qualifying for the Early Intervention Program, a part-time service coordinator position has been posted to help alleviate the high caseload of the full-time service coordinator. Orleans and Genesee County are also contracting out some of its ongoing service coordination to Diversified Children’s Services from Erie County. Following the best practice model provided by New York State, Orleans County Health Department staff performs all initial service coordination.

<sup>1</sup> <http://developingchild.harvard.edu/resources/multimedia/interactive-features/five-numbers/>.

<sup>2</sup> “Proven Benefits of Early Childhood Interventions,” Rand Corporation Research Brief 9145.

Throughout the 2015 year, there had been Early Intervention provider shortages throughout the State. Orleans County had very few children on a wait list to receive services. Orleans County contracts with many providers within Orleans County and the surrounding counties.

In late 2013, Public Consulting Group took over as the New York State Department of Health's State Fiscal Agent for the Early Intervention Program. Throughout 2015, Public Consulting Group continued to make improvements to the billing, claiming and paying of Early Intervention claims. Public Consulting Group is working with insurance companies to discuss ways for providers to submit a claim to maximize third party payment of claims. Orleans County has seen third party insurance reimbursement go up from 2%, when the county was in charge of the billing, to 5% since New York State has taken over the billing process. Orleans County service coordinators make lasting efforts to ensure every family enrolled in the Early Intervention Program has health insurance.

## **PRESCHOOL SUPPORTIVE HEALTH SERVICES PROGRAM**

In 1975, Congress passed Public Health Law 94-142 (Education of All Handicapped Children Act), which was the first major law to ensure a public education for children with disabilities, ages five to twenty-one. The intent was to provide each student with a disability a free, appropriate public education (FAPE). The Act, reauthorized several times since, includes children ages three to five years and is now codified as the Individuals with Disabilities Education Act (IDEA) (PL 108-446). States are required to establish and implement policies that assure a FAPE to all children with disabilities.

The Preschool Supportive Health Services Program is a mandated partnership between Orleans County and local school districts to provide services for children ages three to five years of age who have a disability or exhibit delays in development, which affect their learning. The purpose of this program is to maximize a child's developmental and educational potential prior to the start of kindergarten. Services include, but are not limited to, educational and physical evaluations, transportation, special education teacher services, physical therapy, speech therapy and occupational therapy. Local School Districts guide families through the program, while Orleans County and the New York State Education Department share the cost of the educational services.

Section 1903 (C) of the Social Security Act permits payment of certain Medicaid-covered services furnished to children with disabilities if those services are included in an Individualized Education Plan (IEP). Currently, in New York State, Medicaid-covered services for students with an IEP include:

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Psychological Evaluations
- Psychological Counseling
- Skilled Nursing
- Medical Evaluations
- Medical Specialist Evaluations
- Audiological Evaluations
- Special Transportation

Orleans County is responsible for contracting with service providers and transporters. Tuition rates, multidisciplinary evaluation rates and Itinerant Teacher rates are determined by New York State, while County Officials determine related services' rates. The cost of transportation is approved through a bidding process in accordance with the provisions of the general municipal law. The County is reimbursed by the state 59.5% minus any Medicaid payment on eligible children for services and transportation expenditures. The county also receives seventy-five dollars per child for administrative

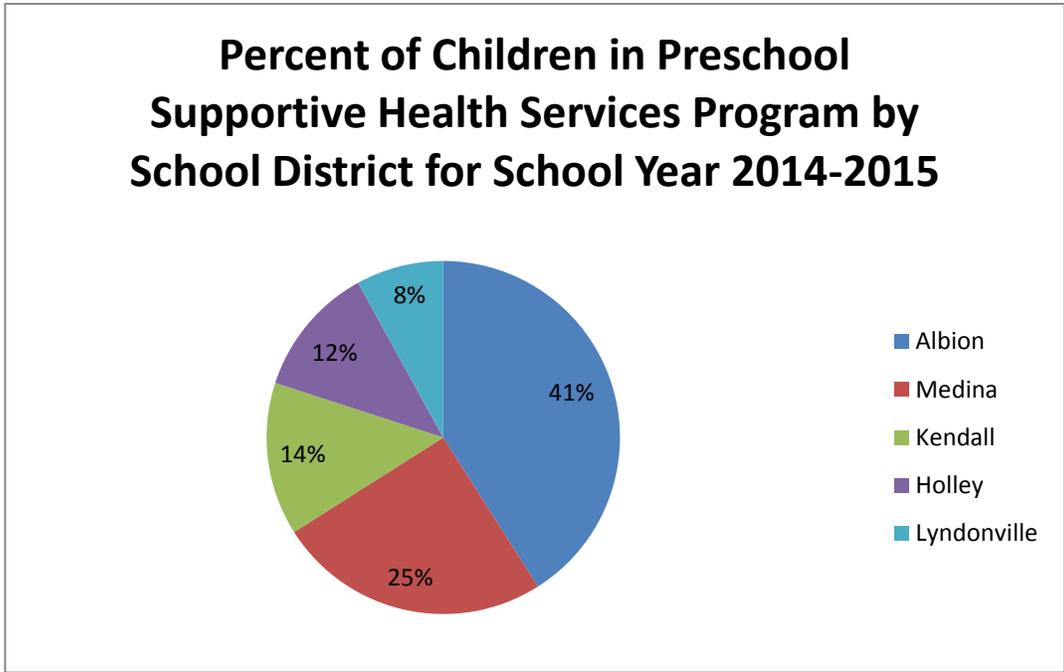
costs. School districts are reimbursed for each child referred to the Committees on Preschool Special Education (CPSE) in their school district. If an individual school district's costs exceed the federal allocation, and is approved by the New York State Commissioner of Education, the County is then responsible for the additional cost incurred by the district. The County would then receive 59.5% reimbursement from New York State for CPSE administrative costs.

In September 2013, Genesee County Chapter NYSARC began providing transportation for the preschoolers with special needs who receive services in classroom-based settings. Genesee County Chapter NYSARC was able to commit resources and provide reasonable rates for services, unlike other vendors who submitted offers in response to the County's request for proposal. County Administration continues to work closely with the agency to ensure all regulations are being met.

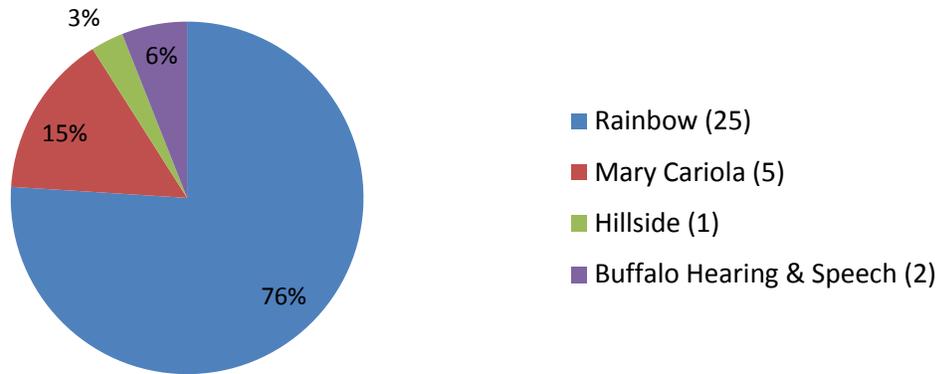
Throughout 2015, there had been a shortage of preschool providers. This shortage is state-wide due to many providers leaving the early childhood field. There are children on a wait list to receive their preschool special education services. Orleans County continues to search for new providers to contract with to provide services.

In July 2015, Special Education Itinerant Service (SEIS) rates began being paid as attendance based (fee for service) and not tuition based. This will lead to a savings for the county for the school year.

In 2015, Orleans County began contracting with a Municipal Representative, who attends all the Committee on Preschool Special Education (CPSE) meetings held for children in the Orleans County Preschool Supportive Health Services Program. This representative works carefully to ensure each student receives the correct level of service to meet his/her needs. The County Representatives are able to advocate on the county's behalf in an attempt to control unnecessary services from being incorporated into a child's plan.



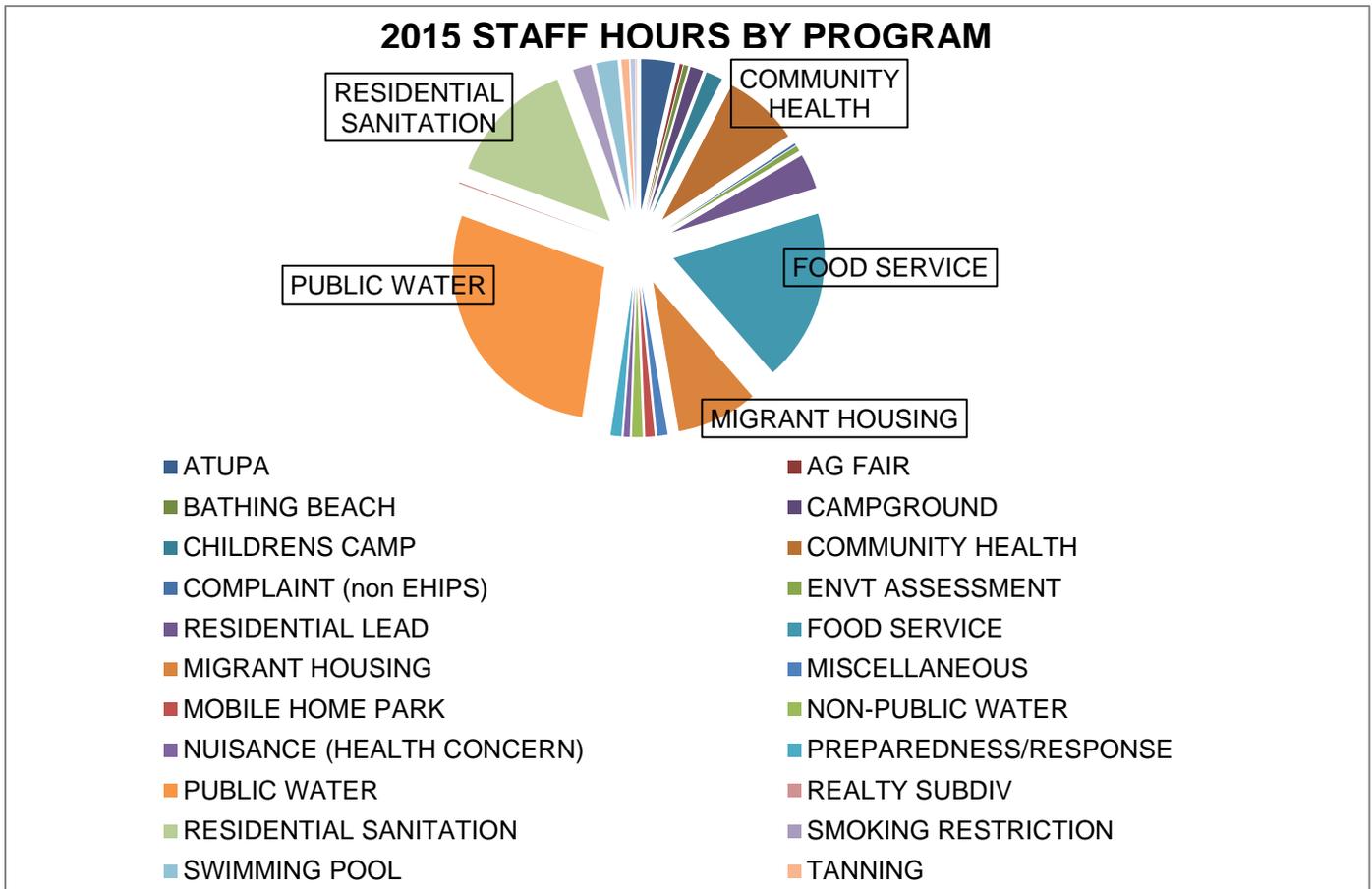
**As of January 1, 2016 Center-Based programs utilized and number of children attending each program.**



Compliance with Medicaid regulations has increased the time staff dedicates to the Preschool Supportive Health Services Program. Provider documentation is reviewed continuously to assure regulations are being followed. Program Administrators developed a system to confirm services are compliant with all sited rules and regulations prior to processing for reimbursement. All relevant employees tied to the Preschool Supportive Health Services program attended the annual Medicaid trainings to comply with regulations set down by New York State.

# ENVIRONMENTAL HEALTH

The Environmental Health Division provides essential public health services mandated under New York State Public Health Law (NYSPHL), State Sanitary Code (10NYCRR), and/or Orleans County Sanitary Code (OCSC). During the 2015 program year, five (5) FTE and two (2) PTE staffers served approximately 43,000 residents within a 396 square mile area. Staff time and activity documented in the NYSDOH-maintained Environmental Health Information Portal System (eHIPS) database, as well as internal monitoring systems, were utilized to quantify program completion and to evaluate the effects of staff time and activity on overall public health trends.



## STAFFING ALLOCATION:

One (1) shared Environmental Director, Five (5) FTE, two (2) PTE, one (1) Support Staff

## STAFF ACTIVITIES

- Correspondence
- Conference/Meeting/Training
- Community Engagement
- Data Entry & Management
- Education
- Enforcement Activities
- Environmental Sampling
- Field visits
- FOIL request response
- GIS/GPS
- Inspection Services
- Investigations
- Sanitary Surveys
- Site Evaluations

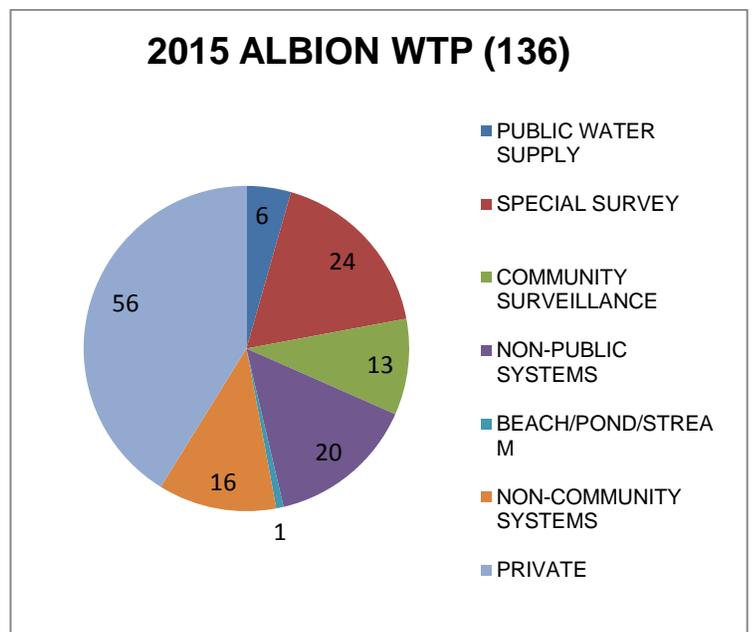
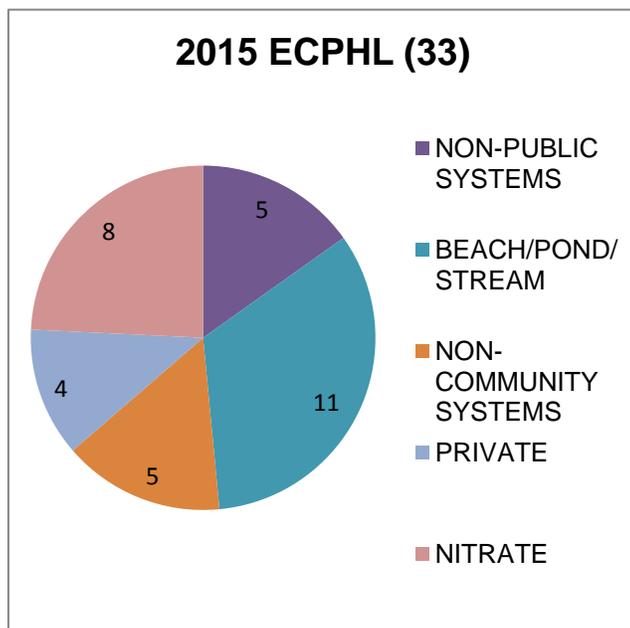
## PERMITTED FACILITIES PROGRAM DATA

NON-FOOD	Permits	Inspects	PHH <sup>1</sup> cited	Uncorrected PHH	Complaints	Unresolved Complaints
Agricultural Fairgrounds	1	1	1	0	0	0
Bathing Beaches	3	4	0	0	0	0
Campgrounds	8	9	6	4	1	0
Children's Camps	5	5	0	0	0	0
Migrant Housing	59	58	3	0	0	0
Mobile Home Parks	13	13	4	0	2	0
Swimming Pools	5	6	0	0	0	0
Tanning Facilities	12	7	4	0	0	0
Temporary Residences	6	4	1	0	1	0
<b>Total Non-Food</b>	<b>112</b>	<b>107</b>	<b>19</b>	<b>4</b>	<b>4</b>	<b>0</b>
<b>FOOD</b>						
High Risk	38	70	58	0	3	0
Medium Risk	73	75	47	0	0	0
Low Risk	16	17	4	0	2	0
No Risk	56	20	2	0	0	0
Mobile	6	8	0	0	0	0
Temporary	311	173	13	2	0	0
<b>Total Food</b>	<b>500</b>	<b>363</b>	<b>124</b>	<b>2</b>	<b>5</b>	<b>0</b>
<b>GRAND TOTAL</b>	<b>612</b>	<b>470</b>	<b>143</b>	<b>6<sup>2</sup></b>	<b>9</b>	<b>0</b>

1 – Public Health Hazard

2 – Notice of Violation / Stipulation / Enforcement Action

## WATER SUPPLY PROGRAM DATA (PUBLIC AND PRIVATE)



## ON-SITE WASTE WATER TREATMENT SYSTEMS (OWTS) DATA

	RESIDENTIAL					TOTAL	COMMERCIAL					TOTAL	GRAND TOTAL	2014
	NEW		REPLACE				NEW		REPLACE					
	Engineer	Dept	Engineer	Dept	Tank only		Engineer	Dept	Engineer	Dept	Tank only			
<b>Albion</b>		1				<b>1</b>						<b>0</b>	<b>1</b>	4
<b>Barre</b>	1			2		<b>3</b>						<b>0</b>	<b>3</b>	5
<b>Carlton</b>	4	1	1	2	1	<b>9</b>			1			<b>1</b>	<b>10</b>	13
<b>Clarendon</b>	2	3				<b>5</b>						<b>0</b>	<b>5</b>	4
<b>Gaines</b>	1	1	1	2		<b>5</b>			1			<b>1</b>	<b>6</b>	1
<b>Kendall</b>	2	1	3	4		<b>10</b>						<b>0</b>	<b>10</b>	6
<b>Murray</b>	2			1	1	<b>4</b>						<b>0</b>	<b>4</b>	4
<b>Ridgeway</b>		2		2	1	<b>5</b>	2		1			<b>3</b>	<b>8</b>	13
<b>Shelby</b>	2		1	6		<b>9</b>	1		1			<b>2</b>	<b>11</b>	2
<b>Yates</b>	4	2	1	5	1	<b>13</b>	1	1				<b>2</b>	<b>15</b>	10
<b>TOTAL</b>	<b>18</b>	<b>11</b>	<b>7</b>	<b>24</b>	<b>4</b>	<b>64</b>	<b>4</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>73</b>	<b>62</b>

## ADOLESCENT YOUTH TOBACCO PREVENTION ACT (ATUPA)

NARRATIVE: Compliance checks with minors were performed in February and July, 2015 at thirty (30) active retailer outlets; there were two (2) sales of a tobacco product to minors. The county's certified Retail Tobacco Training program was not offered. The office received one (1) application for reinstatement of smoking waiver; pending at the conclusion of 2015.

	Inspections	Violation <sup>1</sup>
Compliance Check w/Minor	61	2
Partial (Adult-only)	29	0
<b>TOTAL</b>	<b>90</b>	<b>2</b>

1 – Sale of tobacco product(s) to a minor, Certificate of Registration, product location/min. package size/out-of-package sales

## CLEAN INDOOR AIR ACT (CIAA) DATA

	Facilities	Violation	Notice <sup>1</sup>
Waiver	1	0	
Exempt	1	0	
Other Permitted / Inspected			2
<b>TOTAL</b>	<b>2</b>	<b>0</b>	<b>2</b>

1 – Evidence of indoor smoking viewed during routine inspection; follow-up inspection performed and/or letter issue

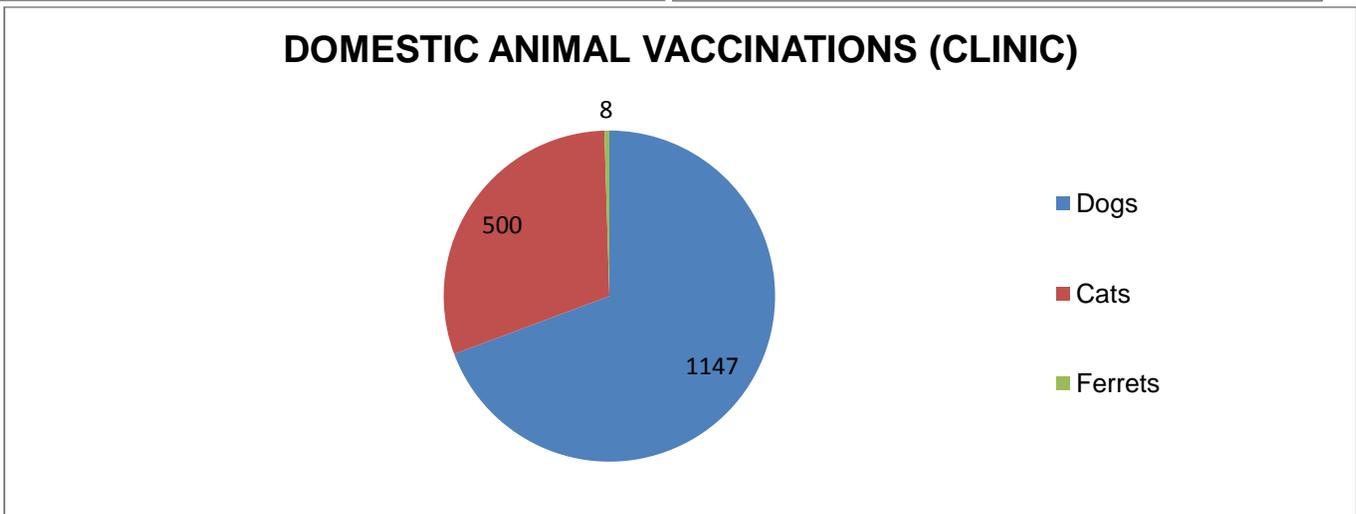
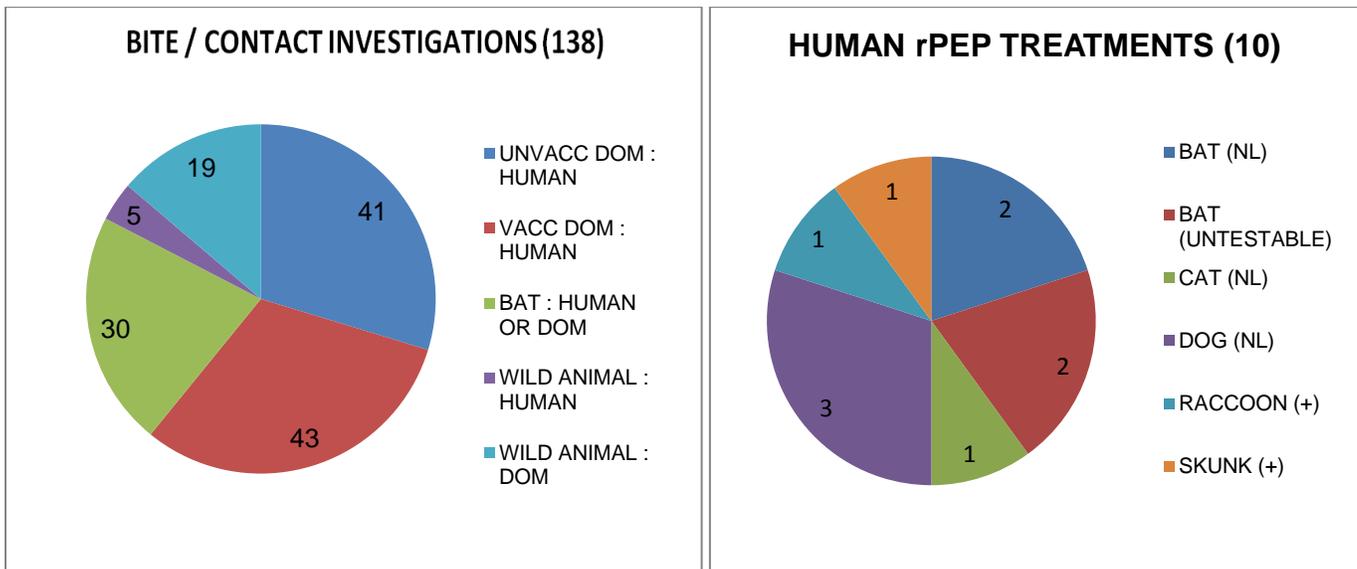
## RESIDENTIAL LEAD POISONING PREVENTION PROGRAM DATA

NARRATIVE: Two (2) of six (6) dwellings referred for Education/Outreach – visual lead risk assessment, only.

	Dwellings Assessed	Hazards Confirmed	Notice Demand <sup>1</sup>	N&D satisfied
Primary Owned	3	2	2	0
Primary Rental	2	1	1	0
Primary Other	1	0		
Secondary Owned	0			
Secondary Rental	0			
<b>TOTAL</b>	<b>6</b>	<b>3</b>	<b>3</b>	<b>0</b>

1 – Certified letter requiring corrective action by property owner (N & D)

## RABIES PROGRAM DATA



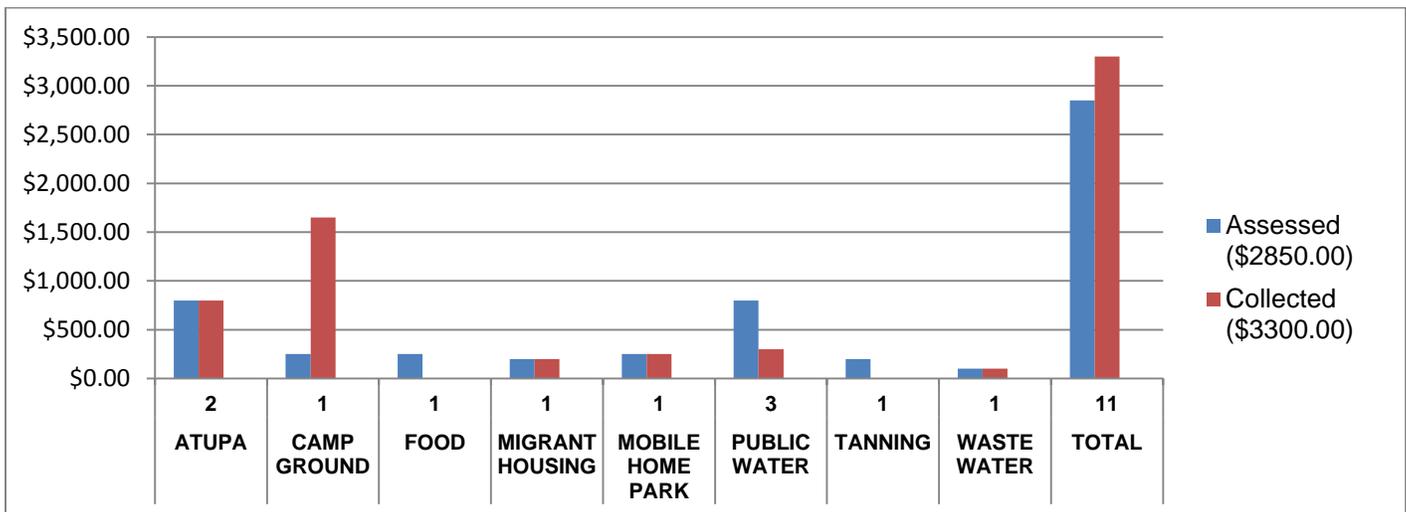
## FORMAL ENFORCEMENT ACTION DATA

NARRATIVE: One (1) Administrative Hearing occurred in 2015. The remainder of formal enforcement actions settled with stipulation agreements.

	2015	2014
Stipulations	11	23
Compliance Agreement	1	6
Notice of Violation	13	4
Formal Hearings	1	1
Informal Hearings		0
Fines Assessed	\$2850.00	\$4400.00
Fines Waived	950.00	1150.00
Fines Pending	0	250.00
Hearing Fees Collected	150.00	200.00
<b>TOTAL Collected</b>	<b>\$3300.00<sup>1</sup></b>	<b>\$3200.00</b>

1 – Administrative ruling and BOH determination resulted in penalty collection that exceeds prescribed/assessed

## PROGRAM FINE DATA



# PUBLIC HEALTH NURSING

2015, was the third full year of the Shared Services Project involving Genesee and Orleans Counties. The goal has been to continue the provision of excellent services for the residents of both counties while focusing on ways to reduce cost and duplication of effort. There has been a gradual, but noticeable, increase in the sharing of ideas between the nursing staffs of both counties as well as the sharing of transportation costs when traveling to the same sites for in-services. Although both counties have, and are, maintaining their individual cultures, there is ongoing cooperation between the two.

## SERVICES

The following services are provided to Orleans County residents either at the Health Department or, under certain circumstances, in their homes as the result of referral or official notification.

Service	2012	2013	2014	2015
Antepartum Education	4	31	7	8
Breastfeeding Support	4	20	23	6
Health Department-supported STD testing/treatment	4	6	5	2
HIV testing; Pre-and post-test counseling	12	56	80	90
Infant weights weekly/biweekly	5	5	50	78
Newborn and Postpartum visits	62	102	41	43
Newborn Screen (repeat)	2	2	0	2
Perinatal Hepatitis B- Status investigation	4	1	4	1
Pre-exposure Rabies Treatment	3	3	4	5
Post-exposure Rabies Treatment	19	24	37	10
TB (Mantoux) Skin Tests	162	162	265	134

## INVESTIGATIONS/REPORTABLE DISEASES

The nursing staff tracks and investigates Communicable Diseases occurring in Orleans County. They are reported to the Health Department via the Electronic Clinical Laboratory Reporting System (ECLRS) which is checked daily, Monday through Friday. Each Disease report is investigated to assure complete, pertinent information. If necessary, a resident is contacted by the nurse to obtain required information. This opportunity is used to educate the individual about the disease, answer questions and often, to allay fear about the disease. The information gathered, is entered into the Communicable Disease Electronic Surveillance System (CDESS). This information is reviewed by NYSDOH Epidemiologists to monitor for trends or disease

clusters. There is frequent communication between the NYSDOH epidemiologists and Health Department staff should disease outbreak occur of if there is a report of an unfamiliar disease. This is a team effort between the New York State Department of Health (NYSDOH) and the Counties with improving the health of our state and community as its goal.

The following is a four-year comparison of the Communicable Diseases reported from 2012 to 2015. Data is from NYSDOH.

Disease	2012		2013		2014		2015	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
BRUCELLOSIS**	0	0	0	0	0	0	1	2.4
CAMPYLOBACTERIOSIS**	7	16.3	9	21	6	14	4	9.5
CRYPTOSPORIDIOSIS**	0	0	0	0	2	4.7	1	2.4
EHEC, SEROGROUP NON-O157	2	4.7	0	0	0	0	2	4.8
GIARDIASIS	1	2.3	2	4.7	0	0	2	4.8
HAEMOPHILUS INFLUENZAE, INV B	1	2.3	0	0	0	0	0	0
HAEMOPHILUS INFLUENZAE, NOT TYPE B	3	7	0	0	0	0	0	0
HEPATITIS A	3	7	0	0	0	0	0	0
HEPATITIS C,ACUTE	2	4.7	0	0	0	0	0	0
HEPATITIS C,CHRONIC	23	53.7	19	44.4	27	63	14	33.3
INFLUENZA A, LAB CONFIRMED	28	65.4	80	186.8	87	203.1	36	85.7
INFLUENZA B, LAB CONFIRMED	18	42	38	88.7	3	7	30	71.5
LEGIONELLOSIS	0	0	1	2.3	6	14	2	4.8
LYME DISEASE	0	0	4	9.3	2	4.7	3	7.1
MENINGITIS, ASEPTIC	1	2.3	0	0	0	0	0	0
PERTUSSIS**	2	4.7	5	11.7	1	2.3	0	0
SALMONELLOSIS	2	4.7	5	11.7	4	9.5	4	9.5
SHIGELLOSIS	1	2.3	1	2.3	0	0	0	0
STREP,GROUP A INVASIVE	1	2.3	2	4.7	0	0	2	4.8
STREP,GROUP B INVASIVE	2	4.7	4	9.3	8	18.7	3	7.1
STREP,GROUP B INV,EARLY/LATE ONSET	0	0	0	0	1	2.3	0	0
STREP PNEUMONIAE,INVASIVE	8	18.7	5	11.7	3	7	2	4.8
TOXIC SHOCK SYNDROME,STREPTOCOCCAL*	1	2.3	0	0	0	0	0	0
VIBRIO - NON 01 CHOLERA	0	0	1	2.3	0	0	0	0
YERSINIOSIS	1	2.3	0	0	1	2.3	0	0
GONORRHEA	12	28	30	70	20	46.7	27	64.3
CHLAMYDIA	157	366.5	130	303.5	151	352.5	154	366.8
<b>TOTAL</b>	<b>276</b>		<b>336</b>		<b>322</b>		<b>287</b>	

\*\*Confirmed and Probable cases counted; Campylobacter confirmed and suspect

## LEAD POISONING PREVENTION

In 2015, there were 716 Orleans County children tested for Blood Lead Level. Of these, 634 children tested less than 5 ug/dl; 55 tested 5-9 ug/dl; 9 tested 10-14 ug/dl; 12 tested 15-19 ug/dl; 6 tested greater than or equal to 20 ug/dl.

Four Orleans County providers have retained the Lead Care II Analyzers in their offices. A continuing goal for the Lead Poisoning Prevention Program is to increase rates of testing for all the children in Orleans County, 1 and 2 years of age (and pregnant women). Increased time and effort invested in education is underway to protect those in our community most vulnerable to harm from lead poisoning.

## IMMUNIZATION

The changes noted in 2012, with regard to modified eligibility for the Vaccine for Children Program and the increased access to immunization from different sources, have made it necessary to rethink the level of service that is needed to be offered by the Orleans County Health Department. Although billing for Immunizations in general was studied and considered, it was decided that major changes to our system were not prudent at this time because of the relatively small volume which is able to be handled without additional cost for systems upgrade. Additionally, declining attendance at scheduled clinics, led to a decision to reduce the number of clinics offered by the Orleans County Health Department for 2015. Three off-site school clinics were held. All three have requested that influenza clinics be held in 2016.

Adults and children have received the following immunizations from OCHD in 2015.

<b>Disease being Immunized Against</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
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Chicken Pox (varicella)	36	36	20	17	19
Diphtheria	127	147	69	65	43
Hepatitis A	22	50	20	9	8
Hepatitis B	49	53	21	22	10
HIB (Haemophilus Influenza Disease)	17	15	4	6	7
HPV (Human Papillomavirus)	30	76	23	26	11
Ig (Immune Globulin)	0	1	0	0	0
Measles (Rubeola)	54	58	42	23	18
Meningitis	32	32	16	17	12
Mumps	54	58	42	23	18
Pertussis	123	137	69	65	43
Pneumonia	51	74	5	22	5
Polio	3	7	15	12	20
Rubella (German Measles)	54	58	42	23	18
Tetanus	127	147	69	65	43

Influenza Vaccine was administered to 49 children in 2015.

## **RABIES IMMUNIZATION**

There were 10 individuals vaccinated for post-exposure and 5 individuals vaccinated for pre-exposure. The latter group required vaccination due to an occupation, such as a veterinary technician or new health department employee, which puts them at high risk for animal bites.

## **MATERNAL CHILD HEALTH (MCH)**

The Western New York Public Health Alliance applied for, and received, on behalf of Allegany, Cattaraugus, Genesee, Orleans and Wyoming Counties, a five-year grant to improve outcomes related to Preterm Birth; Low Birth Weight; Infant Mortality and Maternal Mortality. It is in the early stages. There will be more information in future reports.

In addition to the referrals received from Providers for Prenatal and Post-Partum visits, 7 contacts by phone, 18 home visits and 67 contacts by mail (new baby/maternal/family information) were made based on review of the birth notices. In addition to services for first time parents, we sent a letter with a packet of informational material to 262 other parents of newborns in Orleans County. Community Health Nurses continue to attend the maternal/ child discharge meetings at United Memorial Medical Center. This is helpful, because it provides additional information regarding the family's situation, which allows the nurse to focus more directly on that family's needs as she prepares for the visit.

Breastfeeding success continues to be a focus of the post-partum visit for those Moms who wish to breastfeed.

## **MIGRANT FARMWORKER OUTREACH**

OCHD continues to provide certain healthcare services to migrant farm-workers and their families. It is a cooperative effort with Oak Orchard Health (OOH), a federally qualified health center and OCHD Outreach staff through a grant administered by OCHD. Services include: Tuberculosis Skin Testing, Immunizations, HIV testing/counseling, and Blood Pressure Screening in the camps where they live. This is done in the evening, allowing the farm-worker to complete a full day's work and still receive the needed health screening/care. In addition, there are visits made to the homes to assure medications are taken properly when there is a case of Tuberculosis Infection (not disease) or Tuberculosis Disease, and to make post-partum visits to new moms and babies. The outreach nurses work with a team which assures translation as needed.

This year provided a new collaboration between Genesee and Orleans counties. Migrant camps were visited in Genesee County with assistance from Genesee County Health Department nurses and OOH. Staff visited 25 camps in Orleans and 6 camps in Genesee.

During this program grant year, 10/1/14-9/31/15, 90 clients were tested for HIV between both counties. HIV tests are offered along with other services. Pre- and Post-test counseling is provided to each client. Tuberculosis testing and medication for Latent Tuberculosis Infection (not disease) was provided for 7 clients. There were 89 Tuberculin tests (PPD) completed for Migrant clients. Of these, 15 adults were positive for infection only and were evaluated for treatment. The length of the treatment which is required is a major barrier to completion. This year, due to specific circumstances, we were able to provide the 12-dose treatment for 7 clients, which makes completion much more likely. We will continue to investigate ways to provide this more costly treatment option, less expensively. There were 1,087 vaccines administered between both counties.

## **TUBERCULOSIS CONTROL**

Of the 134 Mantoux skin tests that were placed and read for community members, none were classified as positive.

There were two referrals for follow-up treatment for Tuberculosis Infection from community doctors and one referral to OCHD from Monroe County Department of Public Health for follow-up treatment for Tuberculosis Infection. A total of three people received Directly Observed Preventive Therapy (DOPT) during 2015 through the Licensed Homecare Services Program (LHCSA).

There were no cases of active Tuberculosis Disease.

## **ADDITIONAL SERVICES**

Nursing continues to provide Personal Care-Aid supervision and Skilled Nursing Assessments by contract for the Department of Social Services (DSS) Home Care Program. In 2015, 13 DSS case assessments were completed.

Patient Review Instruments (PRIs) are completed by a nursing staff member, who is PRI/Screen certified, to assess the correct level of care that a client requires. These are usually requested by facilities, although individuals may request it for those clients who meet certain criteria. OCHD completed 21 PRIs in 2015.

Blood Pressure Screenings are offered by the Nursing Staff to several Senior Citizen groups within the county. These are held monthly on a rotating schedule. Individuals are provided with their blood pressure readings on wallet-size cards to share with their primary providers when they visit.

# **PUBLIC HEALTH EDUCATION**

Health Education at the Orleans County Health Department has continued to evolve as the issues and needs of the community change. The efforts of the Public Health Educator (PHE) continue to be actively maintaining existing and developing new partnerships, reviewing and developing materials, providing various programs as requested from the community, as well as the duties of CHA / CHIP Coordinator, Intern Supervisor and Risk Communications/Public Information Officer for the Department.

## **Health Education Programming**

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. In 2015, the WNY Regional Public Health Educators reinstated quarterly meetings; PHE continues contacts with regional public health educators. With the cross-jurisdictional project and supervisory sharing, this has provided an opportunity for the PHE to work more closely with the Genesee County PHE.

2015 saw a team effort in providing regular articles for The Orleans Hub, an electronic news source, The Daily News, print news, The Batavian, an electronic news source and print resources in Wyoming County by the Orleans and Genesee County Public Health Educators. All articles submitted for publication are shared with both Genesee and Wyoming counties, with topics including relevant health issues to promote various programs, and may include state media releases, etc. Sharing the articles with neighboring counties ensures consistent messaging across the borders where our residents also travel for services and work. PHE continues to partner with Genesee County Health Department to promote health events for both counties as well as public health information on the Time Warner Community Bulletin Board.

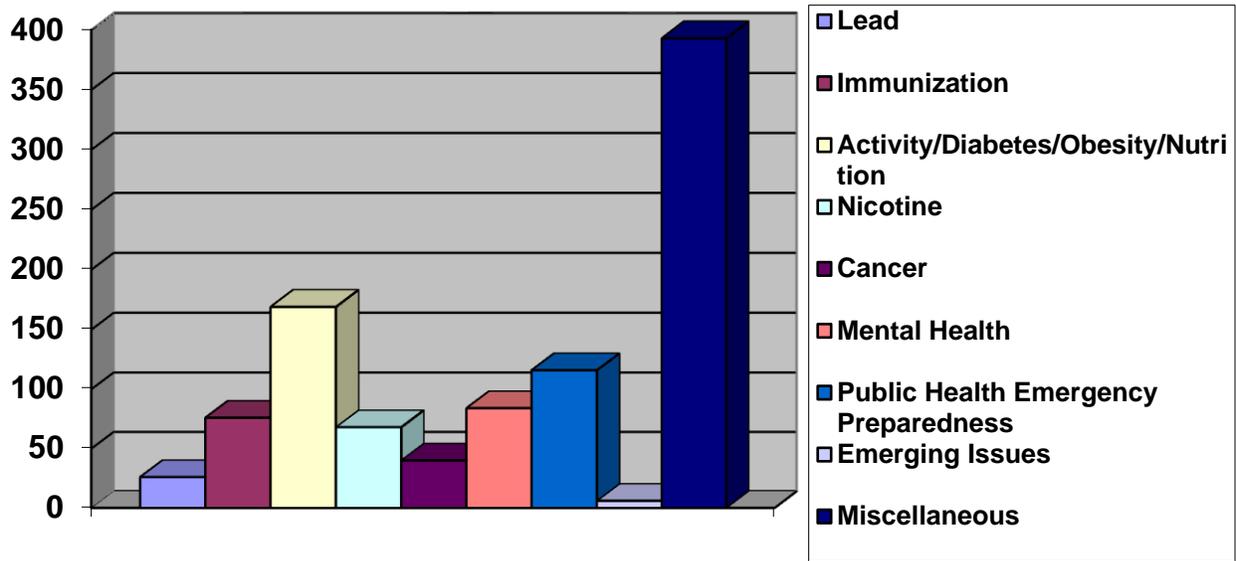
Within the County, the Educator is a member of the Employee Assistance Program and coordinated two blood drives and E.A.P. orientations for new employees as well as attending monthly meetings. Research and development of policies for a proposed Employee Wellness Center has continued. A designated location at the former day treatment space, located in the Mental Health building, is being updated and set up for an anticipated spring, 2016 opening date.

Another ongoing project is maintaining and updating the Health Department web site. This site has allowed the department to push information, forms 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 goal of Health Education is to promote 'one message, many voices.'

Through the use of social media, the Orleans Hub and various community events, PHE was able to reach out to approximately 159,042 individuals or 'touches'. A 'touch' is a single contact with an individual either in person or through media outreach. In 2015, more in-depth accounting for messaging through Facebook analytics and data from the Orleans Hub as well as counting

community event ‘touches’ was implemented. This data was collected for all 4 quarters. Of those ‘touches’, 320 Facebook postings were liked, and 98 were shared, up from 230 liked and 79 shared in 2014. This does not include data from the web site or Twitter.

The following includes the number of postings per topic/program area:



Miscellaneous includes, but is not limited to, Amber Alerts, Closings, Recalls, Rabies Clinics, Environmental issues, Children’s Programming, etc.

### 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 MHA of Genesee & Orleans Counties, LIFE Program, ACT Program, Human Services Council, Tri-County Prevention Coalition, Suicide Prevention Coalition, Orleans United – Drug Free Community Coalition, Healthy Orleans Network and Orleans Community Health - Community Partners, Niagara / Orleans Diabetes Coalition.

Health education also serves as the training arm of the department. Some of the annual trainings that are conducted include CPR/AED recertification for both Genesee and Orleans County nursing staff, training for various agencies and businesses, as well as the annual HIPAA and Corporate Compliance training for the Health Department and Board of Health. The Health Department purchased 2 AED trainers, 1 older / obese adult trainer, 12 adult and 9 infant mannequins for CPR / AED training and skills testing. These devices are housed at the Health Department and will be shared with the First Aid / CPR / AED trainers that were trained in 2014.

This past year, we hosted one full-time Wellness intern, two part-time Health Education Experiential interns and one part-time Health Education / Graphics student in the Fall Semester providing approximately 788 hours of service. All students were from SUNY at Brockport. Key accomplishments were:

- Bulletin boards at the County Office Building and the Health Department to promote various health department programs and resources;
- Developed wellness program at Genesee County Health Department and Orleans Community Health – Medina Memorial Hospital;
- The Health Education Interns were able to assist with various programs through the Health Department and meet staff to gain an understanding of the workings of Public Health;
- Assisted at Community events.

PHE wrote a grant to successfully secure funding for the Orleans County Suicide Prevention Coalition. Future grants will be applied for to continue to promote prevention and awareness of suicide issues. Cup of Joe campaign and Light the Pathway to Hope remembrance provided community outreach. Post-vention kits were developed and provided to law enforcement agencies and funeral homes in the event of a death by suicide. These resources are free and provide support and references to local agencies.

## **Environmental Health**

Public health education includes time consulting and working with environmental staff in various programs. In the Rabies program, the department participates in Conservation Field Days doing a rabies alert program for sixth graders in the County. In the Public Water program, the department participates in the Albion Strawberry Festival, conducting a best-tasting water contest. Health education also spends time in the Adolescent Tobacco Use Prevention Act (ATUPA), where the department conducts compliance checks for retailers selling tobacco products to minors. The department uses our own training video during the orientation/training of new staff and teen agents. We also provided lead poisoning prevention materials throughout the year via the weekly column and at various meetings and events, including the Community Action Children's Carnival and the Orleans County 4-H Fair.

## **Community Health Assessment / Community Health Improvement Plan**

The majority of PHE time was spent on the promotion of the Community Health Assessment (CHA) and implementation of the Community Health Improvement Plan (CHIP). With the assistance from P2 of WNY facilitating partner meetings and funding from the New York State Health Foundation, the G-O Health Education Team, Wyoming County Health Department and key stakeholders worked on the development of a mental, emotional and behavioral (M.E.B.) health assessment survey to determine community knowledge and perceived ease of use of M.E.B. services. Also, a sugar-sweetened beverage (SSB) interactive display was developed and shared at community events to encourage participants to re-think their drinks and develop an awareness of the amount of hidden sugar in various popular beverages.

The three counties will continue to meet with key stakeholders and partners as we continue moving forward in the implementation phase.

### **Emergency Preparedness**

PHE continued to work on the Communications Plan, which is an on-going process, and assisted with public health emergency preparedness planning and promotion. PHE assisted with writing successful MRC grants to continue funding the volunteer coordinator position as well as developing a community garden project in 2015. In 2015 there were also several emergency preparedness related articles posted to Facebook, twitter and local media outlets.

# PUBLIC HEALTH EMERGENCY PREPAREDNESS

*“Prepare for the unknown by studying how others in the past have coped with the unforeseeable and the unpredictable”*

**- Gen. George S. Patton**

The Orleans County Health Department’s Emergency Preparedness division is charged with planning for natural and man-made disasters. This unit works closely with other divisions within the health department. It also has collaborative working agreements with other county agencies, Non-Governmental Organizations (NGO’s), Civic Agencies and local healthcare agencies and providers.

Each grant year, the CDC focuses on specific capabilities to expand and develop strategic planning to meet the preparedness goals. Here in New York State, CDC funding and requirements are passed to the state. The state customizes the federal Public Health Emergency Preparedness Program for New York counties and provides the counties with deliverables and monies, along with guidance and support, to meet the goals. County funding is population based, although all New York (NY) counties have the same basic deliverables. In Orleans County, programmatic activities are coordinated and/or conducted by the Public Health Emergency Preparedness (PHEP) Coordinator, working with divisions of the Orleans County Health Department, local and regional agencies, with support from NYSDOH Regional Representatives as well as specialized programmatic support from the main office in Albany. Monthly meetings include an 8-county coalition of PHEP Coordinators, the Western NY Regional Resource Center (hospital planning group), and our Regional Representatives from NYSDOH. Quarterly meetings scheduled with these groups focus on regional, full community/all hazard preparedness planning.

Deliverable activities, monitored through quarterly reporting requirements, involve meeting and maintaining public health preparedness and response levels per state and federal requirements through development of plans, exercises and drills and other programmatic obligations. Both Orleans and Genesee Counties are current on deliverables for BP-4.

*“Preparedness, when properly pursued, is a way of life, not a sudden, spectacular program.”*

**-Spencer W. Kimball**

2015 was a year of change and great activity for the PHEP program. Below are some highlights: The activity surrounding the Ebola outbreak in West Africa continued through 2015. There have been numerous and variety of Webinars, conference calls and in person trainings regarding response to Ebola. The Western Region Healthcare Emergency Preparedness Coalition (WRHEPC) conducted a region-wide Table-top Exercise. This exercise allowed us to self-evaluate operational readiness across the region and was conducted with input from Public Health, Emergency Management, Law Enforcement and local hospitals. We continue to work closely with the Emergency Management Office (EMO), Fire and Emergency Medical Service (EMS) agencies, Sheriff’s Dispatch and hospitals and healthcare Providers to update our plans and procedures in the event an Ebola response becomes necessary. Funding was made available to all counties across the state to purchase Personal Protective Equipment (PPE) for health department staff. Both Orleans and Genesee Counties took advantage of this program and its associated additional deliverable activities. As a direct result of this, we have greatly improved our PPE stocks in both counties. We also purchased video conferencing equipment that allows improved capabilities for inter-agency web-based meetings.

As the Ebola situation developed, other public health issues such as Legionella and Zika Virus began to become problematic. NYS DOH changed the focus of the Ebola grant funds to include all emerging infectious diseases. This has allowed us to purchase additional supplies without the restriction of use only for Ebola response as originally dictated.

The volunteer arms of the health departments, Orleans County VALOR in Orleans and Ready Genesee in Genesee County are still in place to assist the PHEP programs as needed. Orleans VALOR has been active with First Aid/Recruitment booths at events throughout the county and assisting at County Rabies clinics. The \$15,000.00 grant to start up a community garden has been utilized to purchase supplies for the garden. There are some potential sites selected, and discussions are under way. We have once again entered a partnership for the 2016 Challenge Award. This year, we are working with the Albion Running Club to assist them with funding for sneakers, race entry fees and supportive prizes for people successfully completing their program. This program is targeting county residents who are less active and in need of motivation and availability of a means of exercise.

The Volunteer Coordinator for the VALOR group is interested in potentially expanding the area of coverage to include Genesee County. Tim Yaeger (Genesee County Emergency Manager) has been approached and is in favor of this to assist with sheltering and other needs.



*“Because you never know when the day before ... Is the day before. Prepare for tomorrow.”*

**— Bobby Akart**

The PHEP Coordinator and related staff also participated in several training exercises and events during the year. We spent a great deal of time preparing for our combined Mass-Countermeasure (MCM) Point of Distribution (POD) exercise which was held at Genesee Community College. This was a very successful endeavor. Our goal was to have 722 people run through the POD in two hours. We were able to demonstrate our exceptional local capabilities by running 826 people through the POD in two hours. The staffs of both local health departments, as well as several departments at GCC, were instrumental in this accomplishment. Staff members were also utilized at other regional PODs as staff, participants and evaluators.

The PHEP Coordinator and Environmental staff assisted Orleans Community Health with a water main break in February. Information from this situation was used as a training aid at the March WRHEPC regional meeting. The PHEP Coordinator also assisted with the aftermath of a dryer fire at Orchard Manor Nursing Home in March.

Orleans County is in negotiations to purchase a personal preparedness app from Quickseries Publishing. The app is free to the end user and is filled with highly useful features such as: Emergency contact information, One touch emergency communications, Information on building an emergency supply kit (and where to find it), Emergency routes, shelter locations... The planning and purchase of this app was a joint venture between the Health Department and the Emergency Management Office.

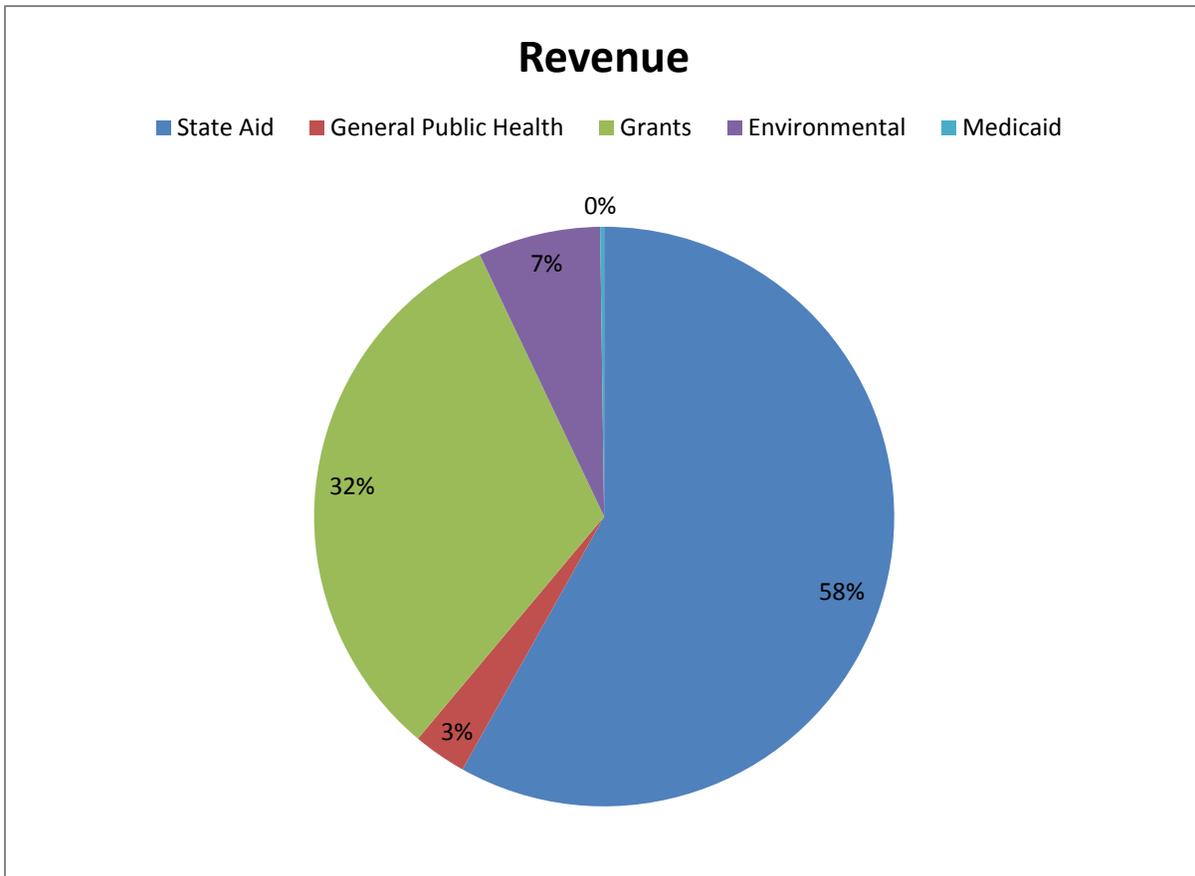
*“Everyone deserves the chance to survive. I think of this every time I see another disaster. There are probably people dying who don’t have to.”*

**— James Hubbard**

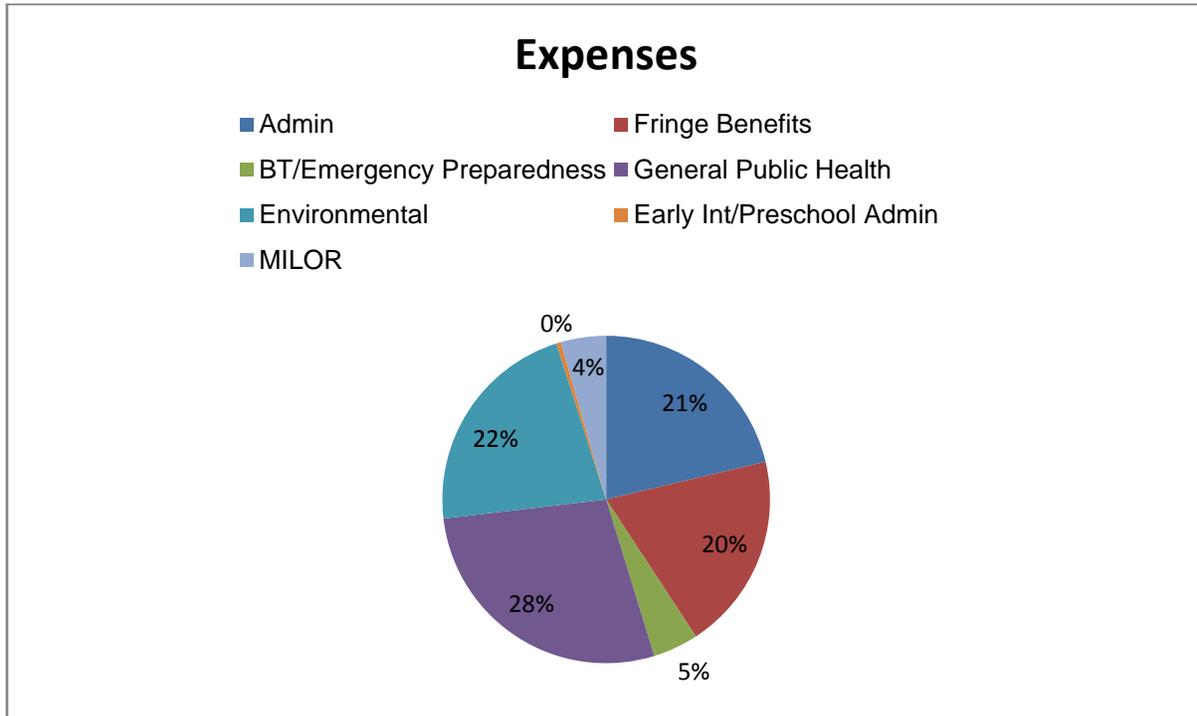
# FINANCE REPORT

## GENERAL PUBLIC HEALTH

2015 REVENUE		
State Aid	\$ 705,958.75	58%
General Public Health	\$ 36,129.73	3%
Grants	\$ 386,752.30	32%
Environmental	\$ 83,025.00	7%
Medicaid	\$ 2,689.92	0%
<b>Total</b>	<b>\$ 1,214,555.70</b>	<b>100%</b>

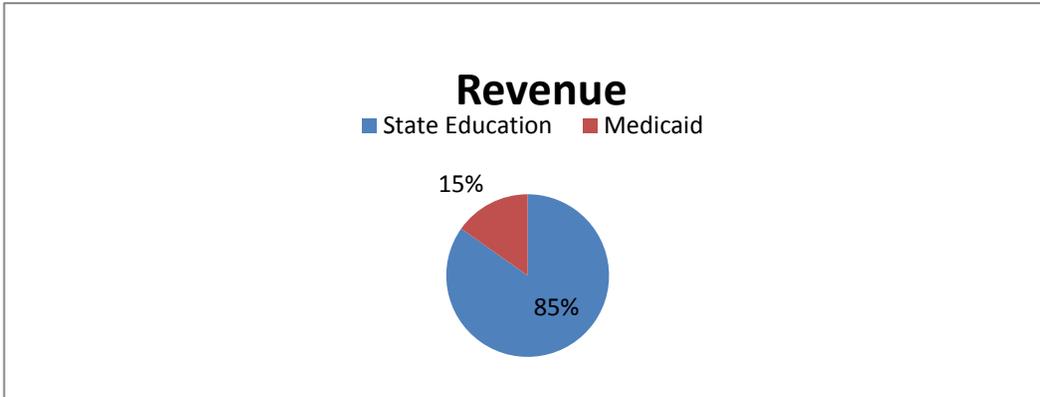


2015 EXPENSES		
Admin	\$ 322,286.44	21%
Fringe Benefits	\$ 294,667.45	19%
BT/Emergency Preparedness	\$ 67,680.33	4%
General Public Health	\$ 421,947.66	28%
Environmental	\$ 332,028.76	22%
Early Int/Preschool Admin	\$ 6,846.53	0%
MILOR	\$ 67,600.00	4%
<b>Total</b>	<b>\$ 1,513,057.17</b>	<b>100%</b>

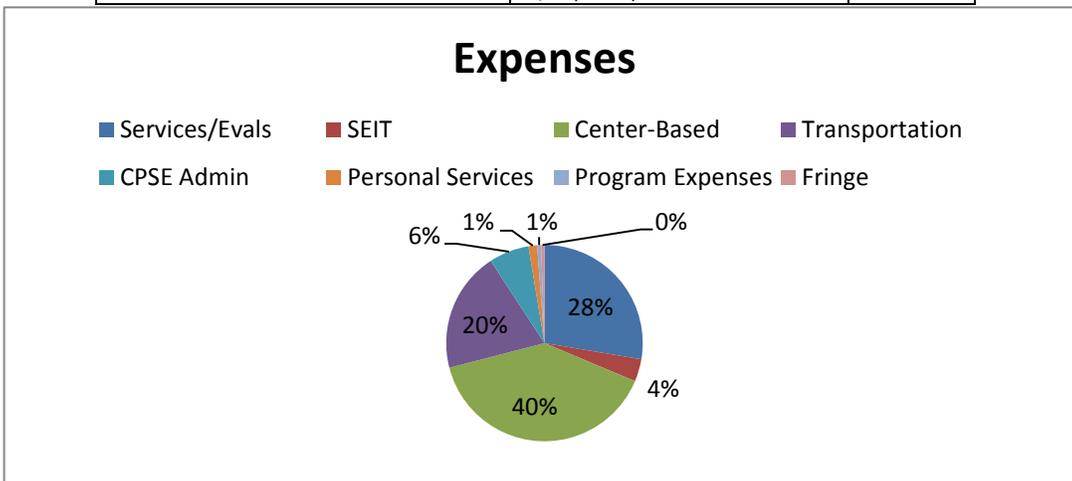


## 2014 PRESCHOOL EDUCATION

REVENUE		
State Education	\$ 1,253,169.56	85%
Medicaid	\$ 224,894.81	15%
Total	\$ 1,478,064.37	100%

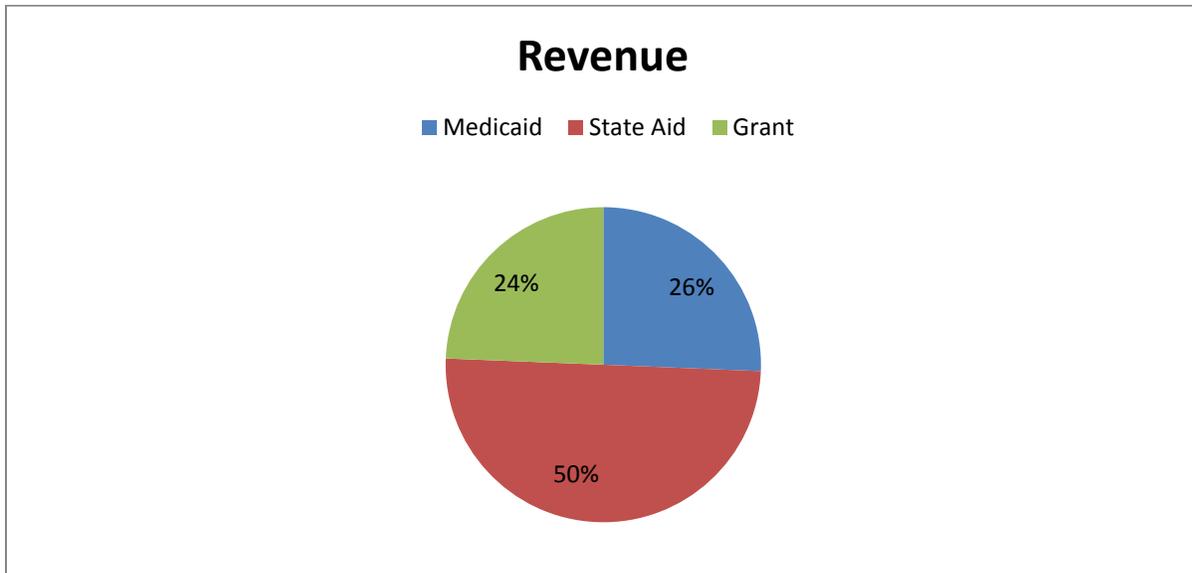


EXPENSES		
Services/Evaluations	\$ 642,452.71	28%
SEIT	\$ 86,078.00	4%
Center-Based	\$ 921,501.09	40%
Transportation	\$ 461,206.90	20%
CPSE Admin	\$ 153,334.00	7%
Personal Services	\$ 32,827.01	1%
Program Expenses	\$ 15,255.06	1%
Fringe	\$ 12,550.90	1%
Total	\$ 2,325,205.67	100%



## EARLY INTERVENTION

<b>REVENUE</b>		
Medicaid	\$ 31,034.69	26%
State Aid	\$ 60,480.67	50%
Grant	\$ 29,484.70	24%
Total	<b>\$ 121,000.06</b>	100%



<b>EXPENSES</b>		
Services/Evaluations	\$ 116,399.56	48%
Transportation	\$ 3,386.66	1%
Respite	\$ -	0%
Personal Services	\$ 67,607.71	28%
Program Expenses	\$ 15,416.16	6%
Fringe	\$ 41,696.46	17%
Total	<b>\$ 244,506.55</b>	100%

# Expenses

■ Services/Evals ■ Transportation ■ Respite ■ Personal Services ■ Program Expenses ■ Fringe

