



# **2015 Annual Report**

## **Schuyler County Public Health Department**



**Public Health**  
Prevent. Promote. Protect.

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**Schuyler County, NY**

# Schuyler County Public Health Department

## 2015 Annual Report

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## A Message from the Director

I am pleased to present the Schuyler County Public Health Department's Annual Report to the Schuyler County Legislature our Governing Entity. This report describes the programs and services provided during 2015 aimed at meeting the mission of the Department: to protect and empower our community to be safe, healthy and prepared. It is a reflection of the hard work and commitment of the staff as we work to address the needs of our community. Public Health in this country including our Department is in transition and is partly due to the new National Public Health Standards.

The Department's Core Public Health Responsibilities are at the center of what we do day to day. The Department energies were spent on these using the 10 Essential Public Health Services structure. This report is structured based on our Core programs and also include the State mandated Children's Programs of Early Intervention and Preschool Special Education which the Department administers

Throughout 2015, much effort was devoted to working with our community and regional partners to address the goals and objectives outlined in the Community Health Improvement Plan; prevalence of obesity and diabetes in the population. Resources and attention were also directed towards young families and youth in our county, thru the Schuyler County Coalition on Underage Drinking, Family Resource Committee, as well as the new programs Healthy Families and Baby Café. Resources and attention were also directed towards the emerging public health issue of opioid and heroin abuse in our community. We have continued to work in preparation for a joint public health accreditation application with five of our S2AY Rural Health Network members. A Statement of Intent (SOI) was submitted to the Public Health Accreditation Board on July 2, 2015 and we anticipate being ready to submit our joint application by June 2016.

Operating as an Article 36 Licensed Home Care Services Agency (LHCSA) following the sale of the Certified Home Health Agency in August 2012, we are able to conduct operations and programs which require home visitation such as nursing visits to new mothers and infants, to families of children identified with elevated lead levels, and to individuals diagnosed with Tuberculosis Infection or Disease. The Department also operates as an Article 28 Diagnostic and Treatment Center permitting clinic activities for immunizations and Tuberculin Skin testing. Both licenses are necessary to complete the core work of a local health department as required by Public Health Law.

In November we operationalized our Finger Lakes Public Health Alliance Mutual Aid Agreement, as we responded to assist our neighbor, Seneca County in staffing Points of Dispensing clinics (PODs). These PODs were held to provide prophylaxis to over 2,000 individuals exposed to Hepatitis A through 2 fast food establishment's employees. This activity allowed us an opportunity to not only assist another small local health department, but to also test our own readiness to respond should the need arise here. We made revisions or additions to our Emergency Preparedness plans as a result of this event.

While each new event or issue brings challenges, they also offer opportunities to collaborate and learn with our community partners and to strengthen our role as a leader for population health improvement. I am proud of the work done by the dedicated Schuyler County Public Health staff. I am also confident that in partnership with our governing entity, community partners, community agencies and businesses we can move closer to our vision of "a connected community of healthy people and safe places".



**Marcia Kasprzyk**

**Schuyler County Public Health Director**

## MISSION STATEMENT

To protect and empower our community to be safe, healthy and prepared

## VISION

A connected community of healthy people and safe places

## VALUES

- We value health being a community priority.
- We value relationships with partners and stakeholders.
- We value the trust and respect of the Schuyler County community.
- We value the use of evidence and data to improve performance.
- We value the competence of our staff and the quality of our work.
- We value innovation and idea driven solutions.
- We value our adaptability and unbiased perspective.

## SCHUYLER COUNTY PUBLIC HEALTH DEPARTMENT 2013-16 STRATEGIC PLAN

### Strategic Priorities and Objectives

- Goal:** Advance and promote public health among key stakeholders and in the community at large through the use of data and environmental strategies.  
**Objectives:**
  - Advocate for public health and influence policy makers and funder.
  - Implement a marketing and communications strategy that positions the Public Health Department as the expert resource.
  - Continue to develop health improvement plans with partners to develop broad community ownership of public health outcomes.
- Goal:** Maximize Schuyler County Public Health's effectiveness and efficiency through data management.  
**Objectives:**
  - Develop a more proactive approach to program planning and quality improvement.
  - Prepare for Accreditation.
- Goal:** Continue to build a workforce with the knowledge and skills needed to accomplish agency goals.  
**Objectives:**
  - Enhance orientation process for staff and prepare for succession planning.
  - Establish a performance management system.
  - Establish mandatory routine all staff meetings.

## COMMUNITY HEALTH ASSESSMENT 2013-17

### Schuyler County's Health Priorities

The Schuyler County Public Health Department (SCPH) implemented a comprehensive process involving health care organizations, hospitals, business and community leaders, academia, government agencies, non-profit organizations, and county residents in performing the 2013 community health assessment. The Department embarked on an 18 month long process to collect data, solicit opinions, facilitate a process and guide a discussion to determine the most pressing problems facing our residents. The Schuyler County Public Health Department was charged by the New York State Department of Health (NYSDOH) to work with local hospitals and other key partner agencies to identify two key health priorities and one disparity within the community.

The process was facilitated by the S<sup>2</sup>AY Rural Health Network and utilized an evidence based strategic approach to community health improvement called Mobilizing for Action through Planning and Partnership (MAPP). This approach allows communities to achieve optimal health by identifying and using their resources wisely while taking into account

their unique characteristics and needs, and forming effective partnerships for strategic action. The complete document can be seen here. <http://www.schuylercounty.us/DocumentCenter/View/2128>

## COMMUNITY HEALTH IMPROVEMENT PLAN 2013-17

Schuyler County Public Health and the partner agencies decided to tackle two areas under the New York State Department of Health Prevention Agenda:

1. Reduce obesity in children and adults.
2. Reduce illness, disability and death related to diabetes.

The disparity the partners chose to address was to screen 10% of the County's 20 – 49 year old population for Diabetes risk, as many do not have Primary Care Physician or Health Insurance coverage. Once screened for their risk of Diabetes, they would be referred to a Primary Care Physician (PCP) and if appropriate a Navigator to be screened for Health Insurance eligibility.

Chronic diseases are among the leading causes of death, disability and rising health care costs in New York State (NYS). Specifically, they account for approximately 70% of all deaths in NYS, and affect the quality of life for millions of other residents, causing major limitations in daily living for about 10% of the population. Costs associated with chronic disease and their major risk factors account for more than 75% of our nation's health care spending.<sup>1</sup> ***Obesity is a major contributor to chronic disease.***

### Obesity Prevalence

- The percentage of New York State adults who are overweight or obese increased from 42% in 1997 to 60% in 2008.
- The percentage of obese adults in New York State more than doubled from 10% in 1997 to 25% in 2008.
- Obesity among children and adolescents has tripled over the past three decades. Currently a third of New York's children are obese or overweight.
- Healthcare to treat obesity-related illnesses and conditions cost the United States an estimate \$150 billion and New York State more than \$7.6 billion every year.<sup>2</sup>

In Schuyler County the age adjusted percentage of adults who are obese (BMI 30 or higher) is 34.8% compared to the New York State rate of 23.1%.<sup>3</sup> Public Health officials across the state and the nation must take steps to address this rising epidemic.

Diabetes is one of the most rapidly growing chronic diseases of our time. It has become an epidemic that affects one out of every 12 adult New Yorkers. Since 1994, the number of people in the state who have diabetes has more than doubled, and it is likely that number will double again by the year 2050. The Centers for Disease Control and Prevention (CDC) has recently predicted that one out of every three children born in the United States will develop diabetes in their lifetime.<sup>4</sup> the diabetes mortality rate in Schuyler County is 30.2 compared to the New York State rate of 16.6.<sup>5</sup>

Failing to win the battle against obesity and diabetes will mean premature death and disability for an increasingly large segment of Schuyler County residents. Without strong action to reverse the obesity epidemic, for the first time in our history children may face a shorter lifespan than their parents. Schuyler County Public Health along with their Partners have developed a Community Health Improvement Plan (CHIP) to address these issues. Click on the following link to view the full document. <http://www.schuylercounty.us/documentcenter/view/2341>

Public Health staff participate in the following community initiatives to continually assess the health of the community:

- Schuyler County Community Services Board
- The ARC of Schuyler County Board of Directors
- Finger Lakes Addictions Counseling and Referral Agency Board of Directors
- Appalachian Regional Committee (ARC) Human Services Committee
- Schuyler County's Long Term Care Council
- Schuyler County Systems of Care Leadership Committee

## FAMILY HEALTH

The health and well-being of families is fundamental to overall population health. The priority of Schuyler County Public Health Department is to promote and encourage healthy behaviors through our Healthy Families, Maternal and Infant Health, and Child Health Programs. These culturally sensitive programs help to ensure that all county residents have a healthy start in life and the opportunity for optimal growth and development throughout their lifespan. By approaching health as a continuum consideration is given the impact of social, economic, environmental, biological, behavioral and psychological factors on individuals and families throughout their lives.

### Healthy Families Program

Home visiting programs have proven to strengthen families with young children by meeting with families in their homes and directly providing or connecting them with health, psychological, parenting and other services, depending on each family's unique needs. Home visiting has proven benefits for all members of participating families, including improved birth outcomes for newborns; increased high school graduation rates for children; increased workforce participation and lower rates of welfare dependency of parents; and reduced instances of child maltreatment in families.

The Healthy Families Program is an evidence based home visiting program became reality in 2015 due to a partnership between Schuyler County Public Health and Cornell Cooperative Extension. The Department offers the program to all expectant families and new parents in Schuyler County. Families that participate in Healthy Families Schuyler benefit from in-home support, building on parents' current strengths and experiences, to develop a positive parent-child relationship. The goal is to promote optimal child and family health, safety and injury prevention, and reach developmental milestones within recommended timeframes. The program has been proven to increase a child's school readiness, enhance family self-sufficiency, and prevent child abuse and neglect.

Staff training for the program began in 2014 and the first family was admitted into the program December 2014. We have had an increase in the number of families admitted into the program and by the end of the 2015; the program helped a total of 22 families.

### Maternal and Infant Health

Maternal and Infant Health addresses the need for all pregnant and postpartum women to receive early and continuous prenatal and postpartum care. For many people the stressors of parenthood can be overwhelming and often they are unsure where to turn for guidance. In Schuyler County all new parents are offered a home visit from one of our nurses to provide health guidance on a variety of topics including breast feeding, formula feeding, safe sleep environment, regular well child visits, immunizations, lead testing, injury prevention, and growth and development. Per parent request, additional home visits are available. The nurse addresses risks and needs and provides referrals to local supportive services.

Reproductive health is promoted in our community for all individuals of reproductive age with the goal in mind to decrease the number of unintended pregnancy, ensure healthy birth outcomes, and address sexual health needs. Resources and referrals are provided as needs are identified.

The Department with the support of many community members and organizations opened the first Baby Cafe in 2015. With assistance from S<sup>2</sup>AY Rural Health Network regional grants from the New York State Health Foundation and National Association of City and County Health Officials (NACCHO) costs of training five people as Certified Lactation Counselors (CLC) was possible. This was the first step needed to open a Baby Café, which is a relaxed drop-in center for breastfeeding mothers. The long term goal is to increase the number of babies exclusively breastfed for their first six months. Baby Café Schuyler is located at the Montour Falls Library.

Family Health staff participate in the following community initiatives to help the community work toward healthy outcomes for our mothers and babies:

- Southern Tier Breast Feeding Coalition
- Baby Café
- Family Resource Committee
- Finger Lakes Breastfeeding Partnership
- Southern Tier Immunization Coalition

## Child Health

Child Health encompasses the physical, mental, emotional and social well-being of children from infancy through adolescence. The goal is for all children less than 21 years of age, including children with special health care needs, to have access to early, continuous, and comprehensive medical, dental, developmental and behavioral care. A child can be referred by a number of sources including a physician, school nurse or a family member. Resources and referrals are provided as needs are identified.

Family Health staff participate in the following community initiatives to help the community work toward healthy outcomes for our children.

- Family Resource Committee
- Regional Early Childhood Committee
- SAFE (Suicide Awareness for Everyone)
- Watkins Glen Schools Preschool Advisory Committee
- Schuyler HeadStart Health Committee
- Watkins Glen School District's Wellness Committee
- Schuyler Housing Committee
- My Place Education Center Board of Directors
- Youth Bureau Board
- Schuyler County Cornell Cooperative Extension 4-H, Family and Nutrition Advisory Committee

## DISEASE CONTROL

### Communicable Disease

Communicable diseases are illnesses spread from person to person through skin contact, inhalation (breathing), ingestion (eating), sex, and from mothers to unborn babies. Animals and insects, like mosquitoes and ticks, can carry diseases that make humans sick, as well. Communicable disease is the leading cause of sickness and death worldwide and is the third leading cause of death in the United States.

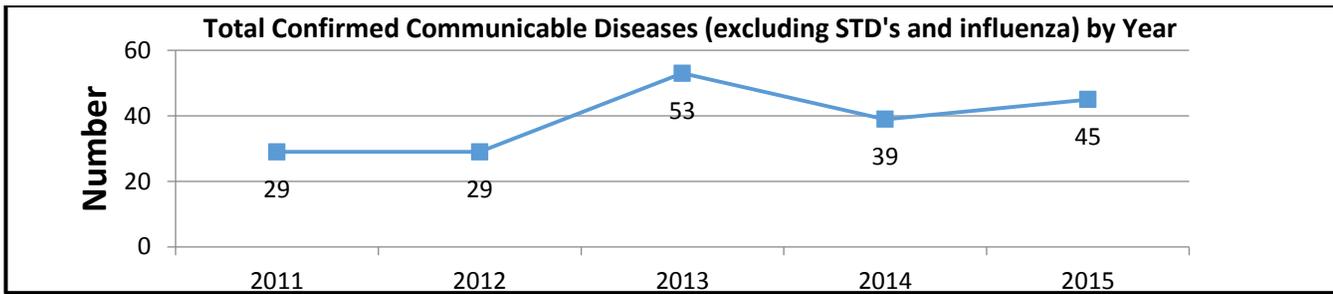
Schuyler County Public Health Department is committed to the prevention of disease through surveillance, case management, screening and education. Public Health Law mandates physicians and laboratories report a list of 57 communicable diseases to their local Public Health Department as soon as it is diagnosed. We perform an investigation to identify the source of infection striving to prevent the spread and assure proper treatment is completed. Education is an important part of each investigation.

Schuyler Hospital Emergency Department, Primary Care, Seneca View Skilled Nursing Facility, Watkins Glen Schools, Odessa Montour Schools, Arnot Health, and Guthrie Health are among many who send weekly reports of what is being observed in the community. An increase in communicable disease reports may indicate a possible outbreak with the need to initiate additional actions and provide direction and information to the public.

Our goal is to protect the community and to achieve this we:

- Monitor the treatment of ill individuals.
- Maintain regular contact with health care providers and schools.
- Provide up to date, timely information to health care providers, schools, and the community.

New York State Department of Health conducted a performance improvement study in 2014 to ensure that health departments were investigating cases in a timely manner and completing the case investigation data thoroughly. Schuyler County received a onetime monetary incentive award in 2015 based on our 2014 performance.

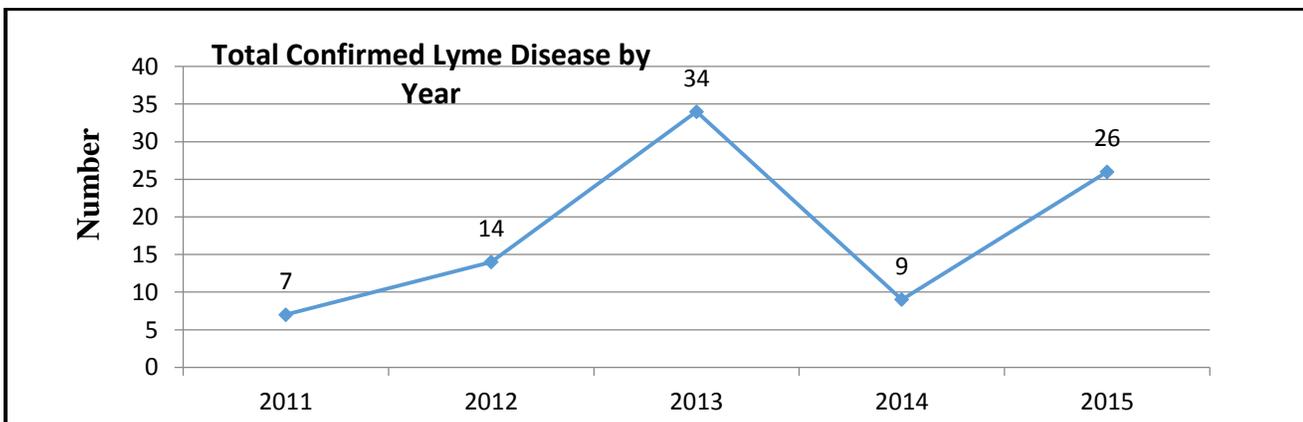


## Lyme Disease

Lyme disease is one of the 57 reportable diseases in New York State. Lyme disease is a tick borne disease caused by the bacterium *Borrelia burgdorferi* and is contracted through the bite of infected ticks. The blacklegged tick (or deer tick, *Ixodes scapularis*) spreads the disease in the northeastern, mid-Atlantic, and north-central United States. Lyme disease is characterized initially by symptoms of an erythema migrans rash (bull's eye rash occurring in approximately 70% of patients) and flu-like symptoms. As the disease progresses, flu-like symptoms continue with potential for additional types of rashes, transient arthritis, and pain. Cardiac (i.e. heart block) and neurologic manifestations are possible. Patients who are treated with appropriate antibiotics in the early stages of Lyme disease usually recover rapidly and completely.

Schuyler County Public Health Department received reports of 23 people diagnosed with locally acquired Lyme Disease in 2015.

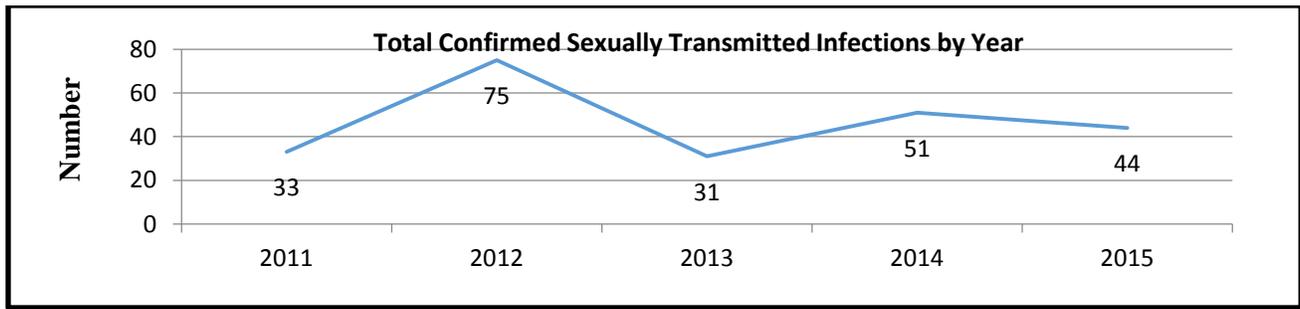
New York State Department of Health annually collects ticks from several county locations and in 2015 the percentage testing positive for disease increased from previous years.



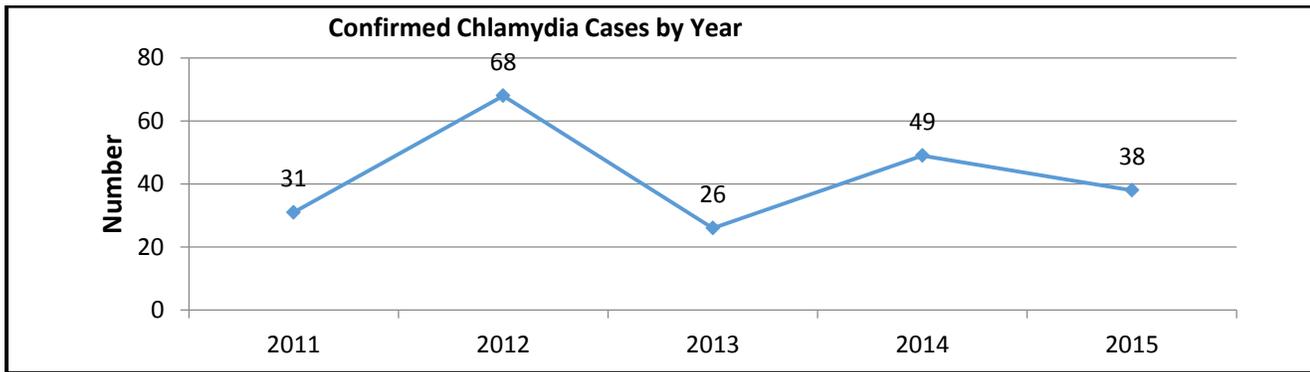
The Department actively starts prevention messaging with the arrival of warmer weather each year. New York State has an active education campaign. Brochures, educational posters, and deer tick ID cards are available for use by counties along with information for the public at <http://www.health.ny.gov/diseases/communicable/lyme>. How to remove a tick video entitled "Don't freak about Ticks" is available on the New York State website at <http://www.health.ny.gov/diseases/communicable/lyme/tickfree>. Schuyler County Public Health has placed signs obtained thru the CDC to reminding walkers on the Catherine Valley Trail to protect themselves from mosquitoes and ticks.

## Sexually Transmitted Infections/HIV

Sexually Transmitted Infections that are also some of the 57 reportable diseases to the Department are chlamydia, gonorrhea and syphilis. Public Health's follow-up of sexually transmitted infections includes obtaining treatment information for each positive laboratory report, communication with providers regarding any changes in the guidelines for appropriate treatments, and information dissemination about prevention of sexually transmitted infections. The Department widely advertises Sexually Transmitted Infection testing sites including Department website and in a Department brochure.



Chlamydia still remains the most frequently reported sexually transmitted infection in the United States including Schuyler County. Most often, Chlamydia occurs in adolescents and young adults (ages 15-24) who have new or multiple sex partners and who do not consistently use condoms. It is known as a ‘silent’ disease because the majority of infected people have no symptoms. Left untreated Chlamydia can lead to serious reproductive and other health issues.



### Tuberculosis (TB)

Tuberculosis (TB) is a potentially serious infectious disease that mainly affects the lungs, but it can attack any part of the body such as the throat, kidney, spine, or brain. The bacteria that cause TB (*Mycobacterium Tuberculosis* or tubercle bacilli) are spread through tiny droplets in the air when a person with active TB disease in their lungs coughs, sneezes, speaks, or sings. People nearby may breathe in these bacteria and become infected. However, not everyone infected with TB bacteria becomes sick. As a result, two TB related conditions exist: latent TB infection and active TB disease. Both types of TB are treated with antibiotics.

#### Active TB Disease:

Cases of Active TB disease is another of the 57 reportable diseases. There was no Active TB diagnosed in 2015 Schuyler County. Under Public Health Law the Public Health Department is mandated to monitor and manage all Schuyler County resident tuberculosis cases.

TB bacteria become active if the immune system is ineffective in stopping their spread. The active bacteria begin multiplying, attack the body and destroy tissue. Symptoms of active TB disease include weakness, fever, chills, chest pain, decreased appetite, weight loss, lingering cough, and night sweats.

When a person with active TB disease of the lungs speaks, coughs, sings, or sneezes, infectious tuberculosis droplets in the air can be inhaled by individuals nearby. TB disease is spread by close or repeated contact with a person who has active TB disease.

Although Schuyler County had no residents with active TB disease, those who do are closely followed by a public health nurse who provides case management services, nursing assessment, medication distribution, and education. It is mandated that those with active TB disease are directly observed by a nurse while taking their medication. This is a proven way to ensure all medications are taken as prescribed. Active TB bacteria die very slowly, so several different antibiotics are prescribed (generally for 6-9 months) to kill the bacteria and prevent the development of antibiotic resistance. Even though symptom relief may occur after being on medication for a few weeks it is vital for medication be

taken daily as prescribed. Some strains of TB are resistant to the standard antibiotics used to treat TB; in those cases different antibiotics are prescribed.

A recent Texas study comprised of 1,325 participants revealed that, on average, each successfully prevented active TB disease case averted \$82,000 in acute healthcare spending (Miller, Carlson, Lackan, 2014). Treating latent TB infection before it progresses to active TB disease promotes physical as well as financial health.

### Latent Tuberculosis Infection (LTBI):

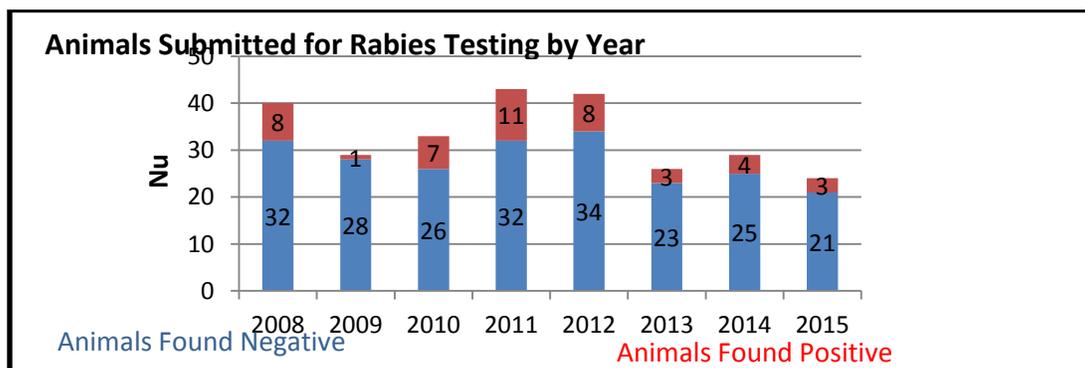
People who are infected but not sick have what is called latent TB infection. They do not feel sick, do not have any symptoms, and most importantly, they cannot spread tuberculosis germs to others. Their body's immune system fights the bacteria to stop them from growing. The only way we know they have latent TB infection is by their positive TB skin test or blood test. It's estimated that one-third of the world's population, 12 – 15 million people in the US, have latent TB. Many people who have latent TB infection never develop active TB disease. However, in roughly 10% of those with latent TB, the bacteria become active, multiply, and cause TB disease. It is recommended that individuals with latent TB infection receive treatment to prevent progression to active TB disease. Several different medication regimens are prescribed to kill the TB bacteria. They range in duration from three to nine months. To decrease the incidence of active TB disease that is resistant to standard TB medications, it is strongly encouraged that everyone finish the full course of medication. Over the past four years 8 individuals in Schuyler County have started treatment for latent TB infection.

### Tuberculin Skin Screening (TST/PPD):

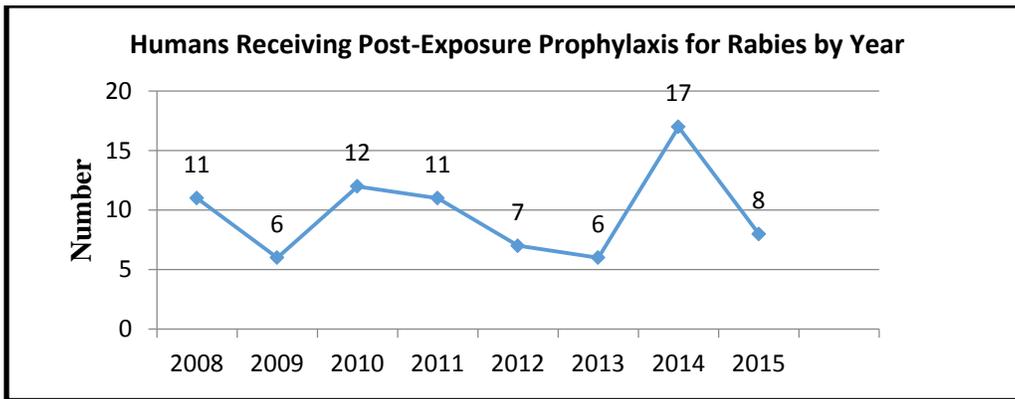
Schuyler County Public Health Department administers TB skin screening tests to determine if a person is infected with TB bacteria. The test involves injecting a small amount of testing fluid (called tuberculin skin test or PPD) just under the skin on the lower part of the arm. Two to three days later the individual returns to have their skin test read by a nurse. Individuals working or volunteering in the health care field are required to have this test annually. Other groups of people screened for TB infection include immigrants from countries with high incidence of TB, incarcerated individuals, some college students, and those who had recent contact with a person with active TB disease. The Department administered 21 tests in 2015.

### Rabies

Schuyler County Public Health Department is responsible for managing rabies exposures for persons and animals in the county. When someone becomes potentially exposed to the rabies virus there are several courses of action that may need to be taken. If the exposing animal is a domestic pet, it can be monitored for 10 days for signs and symptoms of rabies. If the domestic pet becomes ill during the 10 day observation period it may be submitted for rabies testing at the State Wildlife Pathology Laboratory. The Department submitted 21 animals for testing in 2015. Three of the animals - a fox, a bat and a skunk – tested positive for rabies.

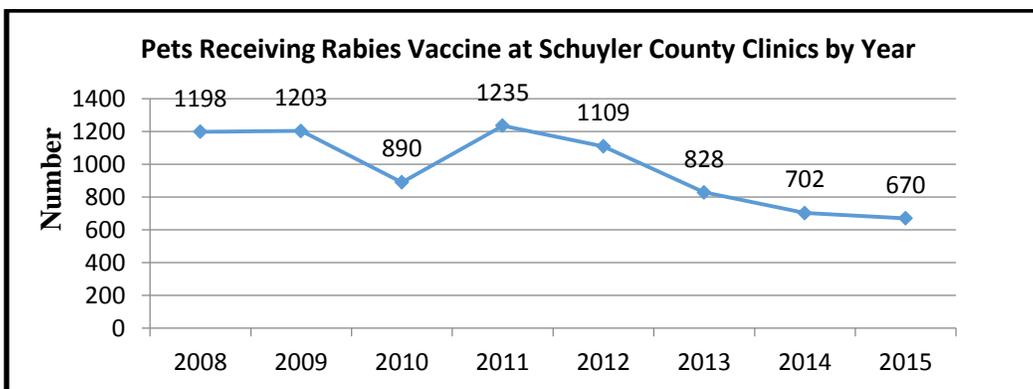


The Department authorized and arranges for Post Exposure prophylaxis or preventative treatments when animals test positive for rabies and exposed a human, or an animal is unavailable for testing and exposed a human. The Department authorized 6 individuals for rabies PEP in 2015.



The Department orders rabies boosters for any domestic animal (pet) exposed to a rabid animal or a potentially rabid animal. The Department orders 6 month quarantine for pets whose Rabies vaccination is not up to date and they have been exposed to a known rabid animal.

The Department arranges and/or offers pet Rabies vaccination clinics minimally every 4 months because rabies is endemic in all of New York State including Schuyler County. All dogs, cats, and ferrets are required by New York State Law to be vaccinated against rabies. Schuyler County Public Health with the assistance of local Veterinarians, Schuyler County Humane Society and volunteers, provided 6 rabies vaccination clinics in 2015 with a total of 670 animals vaccinated. The Department has been observing a decrease in the number of animals attending the clinics since the addition of another active Veterinarian Office in the County.



## VACCINE PREVENTABLE DISEASES

### Immunizations

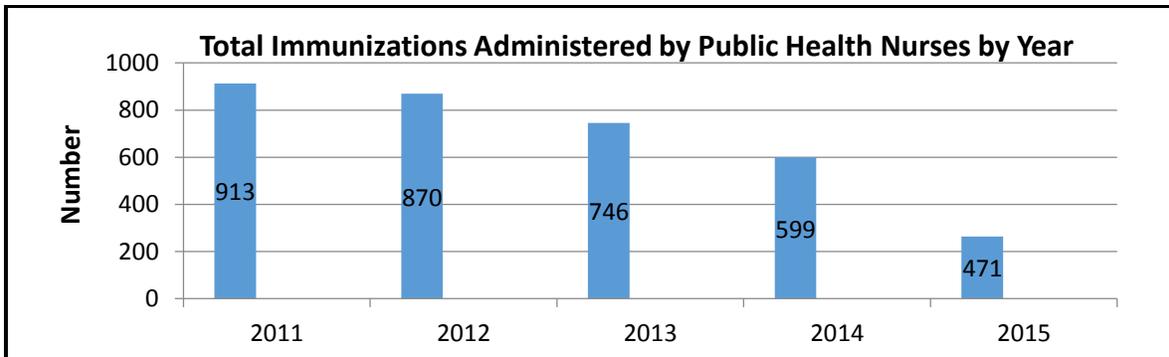
Vaccines continue to be named among the top ten achievements of public health by the CDC. Vaccines reduce disease burden, hospitalization, health-care costs associated with vaccine preventable diseases, and deaths. According to a recent economic analysis, the vaccination of each United States birth cohort using the current childhood immunization schedule prevents approximately 42,000 deaths and 20 million cases of disease, with net savings of nearly \$14 billion in direct costs and \$69 billion in total societal costs (CDC, 2011). With this knowledge, it is distressing to realize that we are also facing increasing reluctance of parents to vaccinate their children. This is resulting in regional outbreaks of certain vaccine preventable diseases. Last year saw over 9,000 cases of pertussis in California. More than 600 cases of measles occurred in the U.S. in 2014, a country that the CDC declared measles-free in 2000. Schuyler County did not have a vaccine preventable disease outbreak in 2015, an excellent reason to continue increasing vaccination rates in Schuyler County residents.

The Department offers Immunizations against vaccine preventable diseases to county residents twice a month. The Department participates in New York State Vaccine for Children Program (VFC), which offers seventeen different childhood vaccines to uninsured or underinsured children under the age of 19 years. The Vaccines are at no cost to the Department. The Department starting working to be able to bill Medicaid an administration fee as VFC has made that a

requirement to continue participation. The Department registered to participate in the new program Vaccines for Adults (VFA) in 2015, which will make available Adult vaccines available to uninsured and underinsured populations.

The Department also works closely with childhood vaccine providers in the county. Using a CDC process known as AFIX (Assessment, Feedback, Incentives, and eXchange), the immunization coordinator visits one to two Schuyler County health care provider offices each year. The purpose of the visit is to provide a clear picture to the provider of their efforts to fully vaccinate their 19 month old and 13 year old patients using the Advisory Committee on Immunization Practices recommended schedule. The visits allow the Department to work with providers to identify processes to improve vaccination rates and/or to identify best practices to share with others. Proper vaccine storage and handling techniques are also included in all AFIX visits.

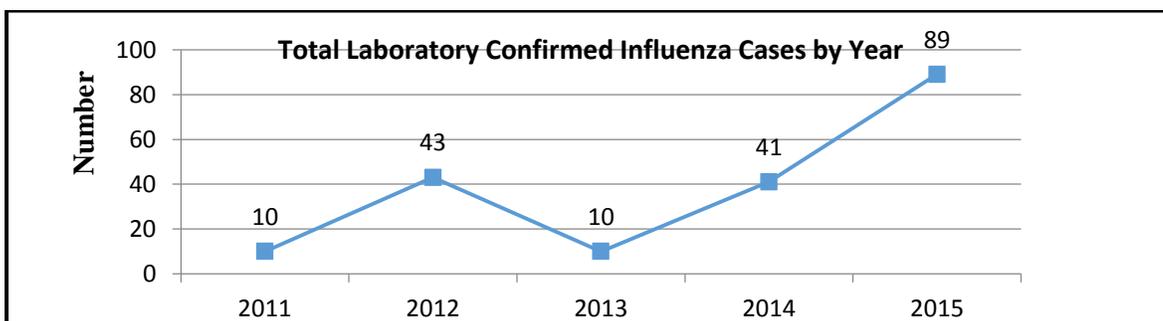
The Department works with Daycare Centers, providing education and resources through an immunization record audit process, to assist these programs in their compliance with Public Health Law.



Vaccinations provided by Local Health Departments are decreasing as a result of the Affordable Care Act increasing the number of people with Health Insurance coverage and receiving immunizations at their Medical Home model which encourages primary care providers to offer all recommended vaccines to their patients. The Department continues to serve populations that may not currently have a Medical Home or may have a temporary barrier to care.

### Influenza

Each year the Food and Drug Administration determines the influenza viruses that manufacturers need in the development of the annual influenza vaccine. This information is obtained from data provided by the Centers for Disease Control and Prevention and the World Health Organization to maximize the likelihood that the seasonal influenza vaccine will protect against the viruses most likely to spread and cause illness among people. How well the flu vaccine works during a given year can vary greatly. At least two factors play an important role: first, the “match” between influenza viruses in the vaccine and the viruses that are circulating in the community, and second, the overall health and age of the recipient. The Department received double the amount of positive influenza reports due to a mismatch of viruses in the 2015 vaccine.



The Department continues to encourage vaccination against influenza for all populations over the age of 6 months. Influenza vaccine is being provided to people in the community via many venues including primary care providers, pharmacies, worksites, and public clinics. Schuyler County Public Health offers annual influenza vaccine clinics for county employees and one for the general public.

Unfortunately, at present, there is no influenza vaccine available for infants under the age of 6 months. These infants rely on those around them for protection. All individuals in contact with infants are encouraged to receive the influenza vaccine as a means to protect the infants.

## CHRONIC DISEASE PREVENTION

**Asthma:** Education about asthma was circulated through our social media campaigns to provide arthritis awareness/prevention information to the public. Public Health also celebrated World Asthma day through promoting a program in the schools and hospital, Lungtropolis, which helps children between the ages of 5 to 10 to learn how to control their asthma.

**Arthritis:** Arthritis is the most common cause of disability in the United States but is often overlooked as a preventable chronic disease. Education about arthritis was circulated through our social media campaigns to provide arthritis awareness/prevention information to the public. Public Health started promoting the evidence-based program, Walk with Ease, which has evidence to help lessen the effects of arthritis. Also the first Active Living Every Day class started in 2015 and finished with 5 graduates from Schuyler County's Workforce, Active Living Every Day also helps with weight management as well.

**Cardiovascular Disease** Schuyler County Public Health started participation in a hypertension management initiative through the Finger Lakes Health System Agency in 2015. By soliciting local healthcare providers for participation in the initiative, public health is able to analyze data obtained from the providers' electronic medical records regarding hypertension management. Schuyler County had 1,345 participants included in the registry by the end of 2015. Findings revealed 68% of participants met criteria for 'controlled' management of their hypertension. Once Schuyler Hospital's Primary Care and Arnot Health are added to the registry we expect a majority of our hypertensive population will be represented in the registry.

**Diabetes** Two staff members were trained and certified to deliver the evidence-based National Diabetes Prevention Program in 2015. A group of 13 pre-diabetic individuals met weekly for 16 weeks starting in 2014 and continued to meet monthly until July of 2015. Motivational interviewing, group participation and peer support have assisted participants with decreased fat and calorie consumption and increased exercise.

**Obesity** Healthy Eating Active Living (HEAL) Schuyler was formed as a result of the 2013-17 Community Health Improvement Plan. The goal of HEAL Schuyler is to reduce the rate of obesity in Schuyler County by supporting environmental changes that promote healthy eating and active lifestyles. The committee is comprised of nine county agencies and businesses as well as concerned community members.

The committee identified 13 interventions to tackle in 2015. HEAL Schuyler was successful in putting all of them into action including Worksite Wellness interventions "The Biggest Loser" and the "Schuyler Steps Out" program. Schuyler County Public Health Department staff participated in "The Biggest Loser Program" as a model in 2015 with plans to expand to the entire county workforce in 2016. Also noted was an increase in participation in adult community activities that encourage physical activity. Local active living and healthy eating programs were promoted by collaborating with committee partners and updating the online resource guide. As part of the "Schuyler Walks" project, printable 8x12 versions of local walking trail maps were added to the HEAL Schuyler website as well. HEAL Schuyler promotes healthy lifestyles, by participating in events such as "Schuyler Steps Out" and using social and print media to promote active lifestyles for all. HEAL Schuyler worked with a paid summer intern from the Public Health School in Albany to do a scan of our community to establish Food Standards and identify where people have ready access to healthy food choices in the county. Five local restaurants were accepted as offering healthier choices and were promoted by HEAL Schuyler.

**Chronic Obstructive Pulmonary Disease (COPD)** The Department participates with the Southern Tier Tobacco Coalition in the implementation of their work-plan to reduce exposure to second hand smoke, reduce exposure to tobacco advertising and attempt to implement local policies and laws to support those activities.

**Cancer:** Schuyler County is serviced by the Cancer Services grant of which Broome County is the lead in a regional initiative to provide early detection cancer screenings to low income individuals. The Department supports their activities via referrals and outreach. Public Health works with regional partners and the hospital to increase the accessibility of promoting cancer screenings in the workplace.

Public Health staff and partner agencies volunteers are trained in the following programs that help prevent chronic diseases.

- Chronic Disease Self-Management Program
- National Diabetes Prevention Program
- Active Living Every Day
- Healthy Homes

Public Health staff participate in the following community initiatives to help the community work on Chronic Disease Prevention:

- Southern Tier Immunization Coalition
- Finger Lakes Resource Conservation & Development
- Catharine Valley Trail Board
- Southern Tier Tobacco Awareness Coalition
- Southern Tier Diabetes Coalition
- SCCUDD Tobacco sub Committee
- Regional Worksite Wellness Committee
- Regional Farm to Table Committee
- Schuyler County Environmental Management Council

## **ENVIRONMENTAL PROGRAMS**

### **New York State Department of Health District Office**

New York State Department of Health Hornell District Office is responsible for Sanitary Code Compliance in Schuyler County. In 1921 legislation was enacted that empowered New York State counties to create county health districts. The purpose of a county health district was to consolidate local authority for the oversight of public health work at the county level rather than having public health activities dispersed to the constituent county cities, towns and villages. Counties were not required to create such health districts, and, as time passed, it became evident that many rural counties, including Schuyler, which had not formed a county health district, would face increasing logistical and financial challenges that coincided with expanding public health needs and requirements. County health departments that operate in counties without county health districts are known as “partial services” county health departments.

As a matter of policy, not law, the New York State Department of Health (NYSDOH) addressed the need to preserve a baseline of public health in partial services counties by creating district offices. Currently nine (9) district offices operate in New York State, and in Schuyler County, it is the NYSDOH Hornell District Office (HDO) that provides core environmental health programs and services to County residents and visitors. In partnership with Schuyler County Public Health and other state and local agencies, the HDO enforces environmental health regulations and oversees a variety of programs that are designed to protect public health and safety.

### **Hornell District Office’s 2015 Annual Report following:**

The Hornell District Office is responsible for protecting public health and safety through the delivery of core environmental health programs and services and through the enforcement of environmental health regulations in Steuben and Schuyler Counties. Duties & responsibilities include, but are not limited to:

- Issuing permits to the following types of regulated facilities:
  - Food Service Establishments
  - Temporary/Mobile Food Service Establishments
  - Children’s Camps
  - Temporary Residences (Hotels, Motels, etc.)
  - Campgrounds
  - Mobile Home Parks
  - Mass Gatherings
  - Agricultural Fairgrounds

- Public Swimming Pool and Bathing Beaches
- Recreational Aquatic Spraygrounds
- Tanning Facilities
- Conducting Plan Reviews and Approvals for:
  - All Regulated Facilities
  - Public Water Systems
  - Realty Subdivisions
  - Alternative Residential Onsite Wastewater Treatment Systems
- Conducting Inspections/Sanitary Surveys/Complaint Investigations at:
  - All Regulated Facilities
  - Public Water Systems at NYS Agriculture & Markets Licensed Facilities
  - Public Water Systems at Licensed Day Care Facilities
- Conducting Investigations for:
  - Drownings at Regulated Facilities
  - Food & Waterborne Illness Outbreaks
  - Injuries and Illness Outbreaks at Children’s Camps
  - Environmental Conditions Linked to Children with Elevated Blood Lead Levels
- Oversight of Tobacco Prevention Programs
  - ATUPA (Adolescent Tobacco Use Prevention Act)
  - CIAA (Clean indoor Air Act)
- Providing Emergency Response at Incidents presenting Biological, Chemical or Radiological Exposures/Hazards and at Natural Disasters
- Distribution and Enforcement of the Commissioner of Health’s Summary Orders (i.e. Bath Salts, Synthetic Cannabinoids, etc.)

New York State Department of Health, Hornell District Office Contribution to Schuyler County Public Health Department 2015 Annual Report

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Highlights of the HDO's activities in Schuyler County during the 2015 calendar year included the following:

- Conducted 133 inspections at the County's approximately 103 permanent foodservice operations and 116 inspections at temporary food service operations
- Conducted ten sanitary surveys (enhanced inspections) at community water systems (primarily municipalities and mobile home parks) and 41 sanitary surveys at other regulated facilities with onsite water supplies

- Conducted 16 student aide compliance visits to tobacco retailers to ensure compliance with the Adolescent Tobacco Use Prevention Act (ATUPA)
- Worked with Schuyler County Public Health to conduct lead-based paint risk assessments for private Schuyler County residences in response to referrals of children with elevated blood lead levels. There were three assessments in 2015
- Investigated six complaints alleging sanitary code violations at regulated facilities.
- Conducted an inspection at one of the County's three tanning operations (each tanning facility must be inspected within a two-year period).
- Initiated four formal enforcement actions (Administrative Tribunal Hearings) to address NYS Sanitary Code violations at regulated facilities.

From January 1, 2013 through December 31, 2015, none of the owners of tobacco retail outlets in Schuyler County illegally sold tobacco products to individuals under the age of eighteen during the HDO's compliance checks.

From January 1, 2013 through December 31, 2015, HDO initiated formal enforcement actions (Administrative Tribunal Hearings) against two public water suppliers for failure to submit monthly water operation reports within the required timeframe (2013 – 0; 2014 – 2; 2015 - 0).

### **Lead Poisoning Prevention**

Childhood lead poisoning is a preventable environmental health condition affecting thousands of children across the United States annually. Lead exposure can cause permanent damage to the brain and nervous system resulting in drops in intelligence quotient (IQ) levels, learning disabilities, poor growth and coordination, and behavioral disorders such as hyperactivity, aggression, and poor impulse control. Very high lead levels can result in mental retardation, seizures, and death. According to the Environmental Protection Agency (EPA) there is no safe blood lead level for children

New York State Public Health Law requires physicians test children for blood lead poisoning at the ages of one and two years; however, for numerous reasons, many children are not tested. Data shows that only 48.82% of one year old children in Schuyler County have been tested for lead poisoning in 2015. Data also shows that 55.69% of two year old children in Schuyler County have tested for lead poisoning in 2015. The Department uses NYSDOH LeadWeb program to monitor the percentages of one and two year olds being screened in the county. The Department works with the local Physicians emphasizing the importance of screening children's blood lead levels.

The Department donated a Lead Care II Machine pediatrician Dr. Eunice Nayo to use in her Watkins Glen Office in January 2015. The Lead Care II Machine tests a child for lead poisoning using just two drops of blood. Results are available in 3 minutes making it quicker to identify any problems. Dr. Nayo is the first Schuyler County doctor to offer this new health service in her office so children can be tested for lead poisoning during their routine doctor appointments. Research has shown increasing parents understanding of lead poisoning and providing easy access to testing are efforts likely to improve testing rates (Polivka & Gottesman, 2005). The Department hopes that placing the Lead II Machine in the office will increase easy access thus the number of children screened.

The Department is required to follow-up with any blood lead level over 5mcg/dL, but the intensity depends on the level.

- Cases with blood lead levels 5-9mcg/dl receive a letter and educational materials
- Cases with blood lead levels 10-14mcg/dL receive a letter and educational materials. A follow-up phone call with the family is done for further lead prevention counseling. In certain situations a home visit may be completed.
- Cases with blood lead levels of 15mcg/dL or greater receive a home visit from the public health nurse to assess risks and provide one-on-one counseling and lead prevention education. A referral is made to the Hornell District Office for a New York State Environmental Lead Investigator to provide environmental lead testing and assist families with education on how to reduce lead exposure procedures.
- Re-testing occurs minimally every 3-4 months until test results show a blood lead level result under 10mcg/dL or a decline in blood lead level to below 15mcg/dL for at least 6 months.

Year	Number of children with 5 – 9 blood lead level	Number of children with 10 – 14 blood lead level	Number of children with 15+ blood lead level
2013	14	1	0
2014	5	3	0
2015	13	1	1
<b>Totals</b>	<b>32</b>	<b>5</b>	<b>1</b>

Lead poisoning prevention outreach efforts to the general public are a large part of the Department’s lead poisoning prevention program. The Department provides community and professional education in a variety of venues including provider office visits, community events, and visits to other county agencies.

## **INJURY PREVENTION**

### **Schuyler County Coalition on Underage Drinking and Drugs**

The Schuyler County Coalition on Underage Drinking and Drugs (SCCUDD) was formed in April 2006 in response to the Schuyler County Public Health Department’s Community Health Assessment showing increased numbers of unintended injuries in the 14-25 year old population as compared to the State average. The Community Health Assessment included a public opinion survey that showed the number one health concern of Schuyler County residents was the use and abuse of alcohol and other drugs. SCCUDD is a coalition serving Schuyler County youth and the community as a whole.

The SCCUDD’s goal is to prevent, reduce, and delay the onset of substance use among Schuyler County youth by collaborating with community partners, providing prevention education and substance-free activities, and implementing environmental strategies.

SCCUDD’s vision is a connected community where youth have access to education, resources, and drug-free options to facilitate their journey to become happy, healthy adults.

SCCUDD is in the second year of a Drug Free Communities Federal Grant in 2015. Under this grant, SCCUDD has two overarching goals: (1) to increase community collaboration and (2) to reduce youth substance use. SCCUDD’s major substances of focus are alcohol, tobacco, and marijuana as they are the most commonly used by teens in Schuyler County.

Specifically SCCUDD’s accomplishments in 2015:

- Organized an evidence-based Lead & Seed training for 20 community youth and 4 adults which covered alcohol refusal skills and how to design, implement, and evaluate substance use prevention programs. Out of this training a Youth group was formed called Schuyler Teens Against Tobacco, Nicotine and other Drugs (STAND)
- Created an exhibit about the formation and history of SCCUDD at the Schuyler County Public Health National Public Health Week event.
- Contracted with the Watkins Glen Village Police to provide alcohol and drug-impaired driving targeted patrols during the Italian American Festival and Phish Magnaball.
- Facilitated the youth designed Prevention Post-Up event which reminded adults not to provide those under 21 with alcohol, or a place to consume alcohol.
- Facilitated the youth designed Scary Stats 2015 data roll out event at the Watkins Glen Central School District’s homecoming game.
- Organized the Communities That Care Youth Survey which was administered to seventh through twelfth grade students in the Watkins Glen and Odessa Montour central school districts.
- Planned and implemented a Tip Line promotion campaign to inform community members of the number to call if they suspect underage drinking parties or other illegal activity.
- Educated community members about youth substance use at the Waterfront Festival and Village Christmas.
- Spoke to elementary school students during Career Day at BC Cate and Hanlon Elementary Schools.
- Increased Coalition membership.

- Organized a community forum about methamphetamine, which included a speaker and people in recovery.
- Developed information dissemination materials including an “Opioid Overdose Brochure” and the “Get the Facts: Teen Alcohol Use in Schuyler County”.
- Developed and adopted a social media policy and created a Facebook and Twitter page.
- Started planning for the implementation of additional environmental strategies.
- Attended the Community Anti-Drug Coalitions of America (CADCA) National Leadership Forum to gain additional training on strategies to reduce substance use.
- Attended the CADCA Mid-Year Training Institute to learn about ways to increase coalition capacity and decrease youth substance. Two Schuyler County youth, one from Watkins Glen Central School District and one from Odessa-Montour Central School District, attended the training as well. They learned about substance use prevention and leadership.

## Individual Water and Sewer

The Watershed Protection Agency (WPA) is an agency within the Schuyler County Public Health Department. It was created in 1973 by the Schuyler County Legislature. The original Watershed Department was created by the legislature to provide consistent and adequate disposal and treatment of wastewater generated from homes and other facilities not on a public sewer system, providing countywide consistency, in an effort to protect public health and protect the water quality of our many lakes and streams. The WPA is charged with the implementation of the Schuyler County Watershed Protection Local Law, last updated in 1994. In order to best serve the community, the WPA works cooperatively with the NYS Department of Health Hornell District Office, local code enforcement officers, NYS Department of Environmental Conservation, and many other local organizations. The WPA offers water quality monitoring services, property transfer inspections, Lamoka-Waneta Lakes Wastewater Treatment Inspection Program, public education, and is a valuable local resource for environmental health issues.

	2013	2014	2015
Water Sampling	994	817	850
Property Transfers	162	194	207
New Construction/ Partial and Total replacements	377	278	276
Inspections Waneta/Lamoka Lake District	205	75	110
Inspections Wayne Township	75	64	102

Public Health staff participate in the following community initiatives to help the community work toward our watershed protection, injury prevention and safe environments:

- Schuyler County Water Quality Coordinating Committee
- Schuyler Country Environmental Management council
- Finger Lakes Resource Conservation & Development
- Catharine Valley Trail Board
- Schuyler County Coalition on Underage Drinking and Drugs (SCCUDD)
- Finger Lakes Lead Prevention Coalition
- Suicide Awareness For Everyone (SAFE)
- Finger Lakes Coalition to STOP Lead Poisoning
- Southern Tier Tobacco Awareness Community Partnership
- SCCUDD Alcohol sub committee
- SCCUDD TCH sub committee

## EMERGENCY PLANNING AND RESPONSE

### Plans and Response

Emergency Preparedness activities are directed through the Center for Disease Control (CDC) and the NYSDOH to local public health departments. Schuyler County Public Health is mandated by the State of New York and derives public health authority through State Public Health Law. The Department focuses on our ability to meet the needs of the community in the event of a Health emergency such as a terrorist disbursement of an infectious agent. We need to maintain the capabilities to distribute a vaccine or medication to the entire population within a couple days. The Department also focuses on the individual preparedness of all Schuyler County residents and their families. The Department during an Emergency is responsible for the management, coordination, and prioritization of health services and resources to support the health and medical needs of impacted individuals and families, local emergency responders, and critical infrastructure personnel (e.g. local government, response agencies).

New York State's Commissioner of Health issued emergency health orders for hospitals, article 28 clinics and emergency medical response groups regarding the Ebola Epidemic in West Africa October 27, 2014, which drove much of what the Department did in 2015. The purpose of this order was to "Prevent and Control Ebola Virus Disease Statewide." The Department is a certified Article 28 clinic and was required to comply with the orders. The Department held monthly drills and trainings for all staff throughout 2015 to comply with the requirements mandated in these orders. One of the trainings required the practice of putting on and taking off head to toe personal protective equipment. The Department worked with the S<sup>2</sup>AY Rural Health Network to develop a policy to provide screenings for all patients attending any of our article 28 clinics. The Department implemented the Policy and Procedure after training staff on the process. In December of 2015 the NYSDOH Commissioner's health order was modified in response to the declining threat of Ebola in the United States. We continue to maintain a state of readiness in the event of a resurgence of Ebola or any other emerging infectious agent.

The Department also participated with local partners in the County Emergency Planning Assessment (CEPA), and utilizes information received to update current plans in place during 2015. Under a declared local, county, and /or statewide emergency the Schuyler County Emergency Operations Center (EOC)<sup>7</sup> is activated and serves as the local coordinating point for response and operations at the county level. The Department is the designated lead agency for local health response for Health and Medical core functional areas as outlined in the County Emergency Management Plan (CEMP)<sup>8</sup>.

### Preparedness Drills

Schuyler County Public Health maintains a level of readiness at all times. Preparedness drills and exercises are conducted regularly to evaluate the level of readiness. The Department conducted a full scale functional drill March 2015. The drill involved twenty-one agencies from the local, regional and state level participated in a mass antibiotic dispensing exercise and required months of planning. The goal of the exercise, nicknamed "Silent Strike," was to provide prophylaxis to the entire population of Schuyler County within 48 hours after a simulated anthrax release. The Department had mandated criteria to incorporate into the drill

- Report doses administered using the Countermeasure Data Management System (CDMS)
- Use electronic pre-registration functionality
- Use online electronic patient registration
- Test the maximization of throughput
- Involve and integrate persons who may have access or functional needs, as well as accommodate pediatric recipients
- Complete and submit a Homeland Security Exercise & Evaluation Program (HSEEP) compliant After Action Report

The Department met all the required criteria during the drill.

The Department as part of the Commissioner of Health emergency health order Ebola response, we helped to plan, facilitate and participate in a fully functional community drill with Schuyler Hospital and Schuyler Ambulance. The Department identified a potential Ebola exposed patient who required transportation for evaluation at the hospital.

The Department participated in an annual exercise sponsored by the NYSDOH western regional office October 2015. The Public Health Emergency Operations Center (EOC) was opened as part of the regional exercise. For the first time a number of the staff were involved in EOC operations allowing them to become more comfortable with their roles in the event of an emergency situation. The exercise was also conducted at the county level and the County EOC was opened and staffed for 2 days with extended work hours. Representatives were present from most county departments and several local partners.

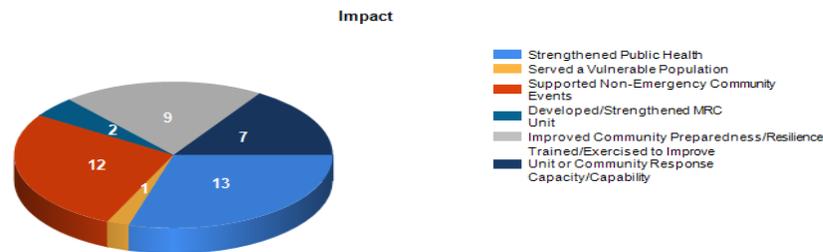
Drills and exercises reinforce Incident Command and Emergency response so in the event of an emergency staff are comfortable and ready to assist. In 2015 a neighboring county experienced a large scale incident and Department staff were activated under the Inter-municipal agreement with the S2AY counties. Staff volunteered and assisted in providing prophylaxis to 2,879 people over a 10 day period.

**Schuyler County Medical Reserve Corps (MRC)**

To help achieve its preparedness goals, Public Health utilizes the Medical Reserve Corp (MRC). The MRC are a vital component to the Emergency Preparedness Program within our Department as they are utilized in emergency and non-emergency events. The volunteers are identified, recruited and trained on a continual basis to expand and improve the capabilities of the MRC program. They are required to complete Incident Command training (ICS-100) within one year of enrolling and additional training is offered and encouraged throughout the year. Incident Command training provides volunteers with an awareness level training as required by Schuyler County’s adoption of the National Incident Management System.

Throughout the course of 2015 the MRC volunteers contributed 606 man hours which translates into a savings of \$18,106 for county taxpayers. Specific activities MRC members participated in included Rabies Clinics, Emergency Preparedness drills and drill planning, Chronic Disease Self -Management Facilitator and data entry and surveillance compilation.

**Medical Reserve Corp Activities January 1 – December 31, 2015**



Schuyler County MRC members may be deployed locally, state-wide, and nationally if called upon. Deployment is coordinated through the SERVNY volunteer management system which can be activated at the local, regional or state level. Local Emergency Volunteer activation is coordinated through the local Emergency Management Office, the Public Health Director and/or the MRC Volunteer Coordinator.

Public Health staff participate in the following community initiatives to help the community be prepared:

- Schuyler County Local Emergency Preparedness Committee
- Western Region Emergency Preparedness Coalition’s Southern Sub-regional Committee
- Pre-NASCAR Planning Meeting
- Finger Lakes Public Health Alliance Emergency Planner’s Committee
- Finger Lakes Regional Emergency Planning Committee

## CHILDREN'S PROGRAMS

### Children with Special Health Care Needs (CSHCN)

Children with Special Health Care Needs Program's goal is to offer information and referrals to families of children 0-21 years of age with any kind of special need. Schuyler County Public Health provides outreach to families and refers them to a navigator for Health Insurance eligibility when children are not covered. Outreach opportunities include, but are not limited to, our Immunization clinics, Flu Clinics, WIC, Lead, Preschool and Early Intervention programs. In 2015 we assisted 100 families in finding insurance or other resources.

### Child Find

Child Find is a program that assures all infants and toddlers with developmental disabilities, or who are suspected of having a developmental delay, have periodic developmental screenings, a medical home, and health insurance.

### Early Intervention Program (EIP)

The Early Intervention Program addresses the needs of children from birth to age three who have developmental disabilities or a diagnosed medical condition qualifying them for Early Intervention services. Services available include Special Education, Speech, Physical, Vision and Occupational Therapies, Psychological Counseling, Medical Social Work, Respite, Nursing, Transportation and Service Coordination. Eligibility is determined per Public Health Law, through a multidisciplinary evaluation. Children who show a significant delay in cognitive, motor, communication, social/emotional, or self-help skills may receive appropriate services needed to remediate these delays. 58 children received at least one Early Intervention service in 2015.

Eligible children are served in the child's "most natural environment" where children without disabilities would naturally be. Services are provided according to the Individual Family Service Plan, which is a written agreement between the Early Intervention Official/Designee and the family. All services are family centered, with parent participation encouraged.

Eligible children must transition to the Preschool program within specified timeframes prior to their third birthday.

### Preschool Special Education Program

The Preschool Special Education Program is a joint effort between the Department and local school districts to provide special education services to qualifying children 3-5 years of age per New York State Education Law. The services are provided in the "least restrictive environment", which may include home, daycare/preschool, or in a center-based program. The child's school district's Committee on Preschool Special Education (CPSE) authorizes services based on the multidisciplinary evaluation. The Department is a member of the CSPE committee. If a child requires center-based services the Department is responsible to arrange transportation of the child to the program. The Department contracts with an approved transportation provider to supply this service.

56 children received Preschool Special Education services in the 2014-15 school year 14 were center base services, while 42 received services in the community. In the 2015 summer session 21 children received services 14 center base services and 7 were serviced in the community.

## 2015 PUBLIC HEALTH ACCOMPLISHMENTS

- The Department had its first paid intern working on his MPH (Masters in Public Health) from State University of NY at Albany, who help establish food standards for Schuyler County.
- National Public Health Week in 2015 was acknowledged and celebrated through an exhibition of the history of Schuyler County Public Health Department at Schuyler County's Historical Society Museum. Current, past employees, legislators and the public were invited to attend a kick off reception on the first day of the week long display.
- The first Annual Report for HEAL (Healthy Eating Active Lifestyle) was created and disseminated to partners.

- The Personal Management Quality Improvement (PMQI) Committee was established comprised of Public Health staff for the purpose of monitoring performance measures and overseeing quality improvement projects.
- Staff member who participates on the Friends of the Catherine Valley Trail Board assisted in writing two grants for the group
- Schuyler County Public Health Department in collaboration with Seneca, Steuben, Yates and Ontario Counties thru our S<sup>2</sup>AY Rural Health Network relationship members began the process toward Public Health Accreditation.
- Our Public Health Emergency Planner was appointed to facilitate the Western Region Emergency Preparedness Coalition's Southern Sub regional meeting during the 2015-2016 PHEP grant year.
- Our Public Health Emergency Planner attended the 2015 National Preparedness Conference in Atlanta Georgia and was awarded the opportunity to participate in the "New Preparedness Coordinator" Training program.
- Schuyler County Coalition on Underage Drinking and Drugs surveyed students at the Watkins Glen and Odessa Montour School Districts.
- Schuyler County Coalition on Underage Drinking and Drugs had the first of a planned series of Public Forums in October 2015 on the topic of Methamphetamines. This was in response to the identified problem in the county. For many other SCCUDD accomplishments refer back to page 17 of this report.
- Schuyler County Public Health Department conducted a Quality Improvement (QI) Culture exercise to determine its "current state" as it relates to the 6 key ingredients of a QI culture in 2015.
- The Legislature appointed our Accreditation Coordinator, who formed an Accreditation Committee to start looking at all 12 Domains required to be met in 2015.
- Schuyler County's Family Resource Committee sponsored a premier viewing of the "Raising of America" at the Glen Theater. This is part of their mission to improve the support to young families in the County.
- Two Public Health staff and one MRC volunteer were trained as Chronic Disease Self-Management facilitators. This met a part of the work-plan in our Community Health Improvement Plan.
- Baby Cafe Schuyler opened its doors in December 3, 2015. This addresses both a part of our Community Health Improvement Plan and Family Resource Committee work.
- Schuyler County Public Health named the first annual Public Health Employee of the Year award.
- Schuyler County Public Health Department held its first Annual Planning/Educational full day Retreat.
- Schuyler County Public Health Department performed a Cultural and Linguistic Competence Policy self-assessment.
- Schuyler County Public Health Department became a Vaccine For Adults participant
- Watershed established a time and attendance process using e-HIPS State web-based program
- Awarded a five year Regional Radon Detection Grant partnered with Steuben and Yates Counties
- Established Healthy Families Schuyler Program and presently have a full half-time caseload of participating families

## Performance Management/Quality Improvement (PMQI)

The Department revised our Quality Improvement (QI) plan to include Performance Management. The goal is to improve both performance and quality, resulting in improved efficiency, effectiveness, performance, accountability and outcomes that result in improved health equity and population health. Participation from staff of all the public health programs ensures a Department wide investment and focus on Performance Management (PM). Performance Standards are selected to identify the level of performance expected. Standards are developed thru the use of National/State or Scientific Guidelines, from benchmarks of similar organizations or to reflect the public's and/or organization's expectations. Performance Standards were developed to include our internal priorities from our Strategic Plan, Community Health Improvement Plan and each program area.

Our value and accountability as a public agency and our pursuit of excellence must be viewed objectively. This requires a continuous emphasis on data measurement and analysis. We strive to assess if we are effective and productive in improving health and care as well as reducing health care costs. We focus our performance standards on five of the six core functions of public health as defined by the New York State Department of Health which are Chronic Disease Prevention, Communicable Disease Control, Environmental Health, Family Health, Emergency Preparedness and Administrative.

The major important benefits of supporting and embracing our defined QI Plan:

- Customer satisfaction
- Efficient use of resources
- Measurable outcomes
- Community impact

All Policy and Procedure Manuals are annually reviewed and revised based on the most current Public Health Laws and NYSDOH regulations. The policy revisions are presented to the Professional Advisory Committee and annually adopted by the Legislature/Governing Entity. Efforts are being made to make policies "user friendly". In 2015, a total of 14 manuals were reviewed and four newly created policies were added to the Administrative manual as follows:

- Branding Policy
- Communication Plan
- Customer Satisfaction
- Human Subjects Research Protection

### Performance Management Quality Improvement Committee (PMQI)

The Public Health Director appointed the membership to the PMQI Committee in 2015. Taken into account were staff that had an interest in participating on the committee and were in a situation to be able. The Chair was chosen due to her experience in Quality Improvement.

Our PMQI committee membership:

- Elizabeth Watson Public Health Specialist- Chair
- Marcia Kasprzyk Public Health Director
- Chris Burns Corporate Compliance Officer
- Jill Wendela Nursing Coordinator
- Corie Stansfield Sr. Data Entry
- Christy Williams Public Health Nurse (resigned later in the year)
- Deborah Alexander Keyboard Specialist

The charge and expected outcomes from our committee are to:

- Provide a forum for all members to provide input on QI initiatives
- Identify and facilitate department-wide QI projects

- Establish guidelines, forms, and a reporting format for projects
- Provide feedback and guidance to programs/teams
- Collect, analyze, evaluate and ensure documentation of project information or performance data
- Ensure collection, analysis, and conclusions of feedback from two different customer groups and results and actions taken based on customer feedback
- Ensure staff development in the area of performance management
- Give input when determining performance measures and developing strategic plan

Program Staff (All-Staff) have the responsibility to:

- Discuss and identify QI opportunities
- Implement and participate in QI project workgroups
- Provide feedback; give input for developing strategic plan priorities, and developing performance measures

Public Health has a long history of dedicated efforts towards quality assurance through program audits, customer satisfaction surveys, accident/incident reports and complaints. Small QI projects have been conducted based on results from those areas. Prior to adopting our PMQI plan, our QI plan had a heavy emphasis on quality assurance that outlined a schedule for program chart audits, review of work plans and quarterly reports as well as a schedule for reviewing/revising policies and procedures. The desire to prepare for Public Health Accreditation has led to the creation of a PMQI plan that moves the Department from a quality assurance focus to a performance management and quality improvement focus.

The Department in 2015 started two PMQI projects:

- Increase effectiveness of Department meetings
  - Project Committee included Elizabeth Watson, Rowan Schockner, Corie Stansfield and Wendy Drake/Deborah Dalmat identified categories for improving the effectiveness of meetings and their priorities. If the meeting facilitator, minute taker and participants understand their responsibilities, they should see improvements.
    - Before meeting, the meeting facilitator responsibilities
    - Before the meeting, meeting facilitator communication with the minute taker
    - During the meeting, participants responsibilities.
    - During the meeting, facilitator content.
- Agency referral/case process with our new iSalus electronic medical record (EMR) software
  - Project Committee included Janel Walker, Jill Wendela, Donna Miller and Corie Stansfield used a Check Sheet QI tool and process mapping to develop a new procedure for incoming referral, case processing and referral closures in our new EMR

The Department also participated in a regional PMQI project where Communicable Disease staff and Public Health Educators from each of the S2AY Network counties had expressed a growing concern for the increasing rates of Chlamydia cases in their counties. The results of the Fishbone Diagram showed CLIENT ISSUES to be the main cause with the most sub-causes. Upon review of the sub-causes, there were no unintended consequences identified. The team initially decided to address the client causes that are within the control level of the team. However, after review of data on the current processes, it was found that there is a history of focus on the client and there was more discussion on the provider issues. Key topics included screening practices and the use of expedited partner therapy (EPT). The committee decided to survey providers around these areas to assess the need for increased education efforts. A draft survey was completed and will be tested with a sampling of the different provider settings. After testing the survey, final revisions will be made and distributed widely. The project continued into 2016.

### **Public Health Accreditation**

Schuyler County Public Health Department made the commitment to participate in a multi-jurisdictional application to pursue Public Health Accreditation thru the Public Health Accreditation Board (PHAB) in 2015. The Accreditation application will be with our S<sup>2</sup>AY Rural Health Network Partner counties of Ontario, Steuben, Seneca, Wayne and Yates. Accreditation will allow us to measure the Department's performance against a set of nationally recognized, practice-

focused, and evidenced-based standards. There are 12 Domains within the Accreditation process that pertain to the 10 Essential Public Health Services. The process was started with a self-evaluation of the regional group to determine its Accreditation readiness. The need for implementing a stronger and more ambitious Performance Management System and QI plan was identified as a weak area. June 2015 the group submitted a Statement of Intent to PHAB. This is the next step after the self-readiness evaluation or the second step of a 7 step accreditation process. This was done in full support of the County Legislature including approval of increased funding in our 2016 budget for our share of the Application fee. The Legislature appointed Jill Wendela in 2015 as the Department's Accreditation Coordinator, completing one the requirements of Accreditation.

## **Workforce**

Schuyler County Public Health Department implemented a Workforce Development Plan in 2015 to assure the Department has the workforce with the knowledge, skills and abilities to meet its mission. The Department developed and implemented a planned and systematic process to assure both individual and collective competence in the knowledge, skills and abilities that are critical to the effective and efficient function of a Public Health Department.

### **Goals of the plan are to:**

- Maintain a competent workforce
- Assess the competency of the workforce.
- Provide curriculum and training opportunities reflecting departmental and/or individual gaps/needs identified through annual assessment.
- Implement effective Performance Management and Measurement by improving the public health staff's core competencies.

The needs and demands of the Public Health workforce require a broad span of skills and competencies. The Public Health Workforce Standards are the 10 Essential Public Health Services. Public Health Core Competencies are also based on these 10 Essential Public Health Services. To learn more about the 10 essentials

<http://www.cdc.gov/nphpsp/essentialServices.html>

Fostering an increased knowledge of public health and promoting the development of potential future public health leaders is an important goal of the Department. The Department served as the host organization for a Public Health intern working on his Master's Degree from the University at Albany School of Public Health in 2015.

The Department was also the host organization for an RN to BSN Intern from SUNY Empire State College in 2015. This helps to expose nurses to the specialty of Public Health.

The Workforce participated in a wide variety of trainings during 2015 and the following were completed by all staff:

- Quality Improvement Team Development
- Targeted Improvement with AIM Statements
- Core Competency Self- Assessments
- Quality Improvement tools such as AIM statements, Fishbone Diagrams, Brainstorming etc.
- All mandatory training:
  - Confidentiality & HIPAA, Advanced Health Care Directives, Patient Rights, Infection Control, Employee/Patient Safety, Corporate Compliance & Ethics, Cultural Diversity, and Quality Improvement
- Community Dimensions of Public Health Practice part I
- Communicate to Make a Difference parts I & II
- Health Equity

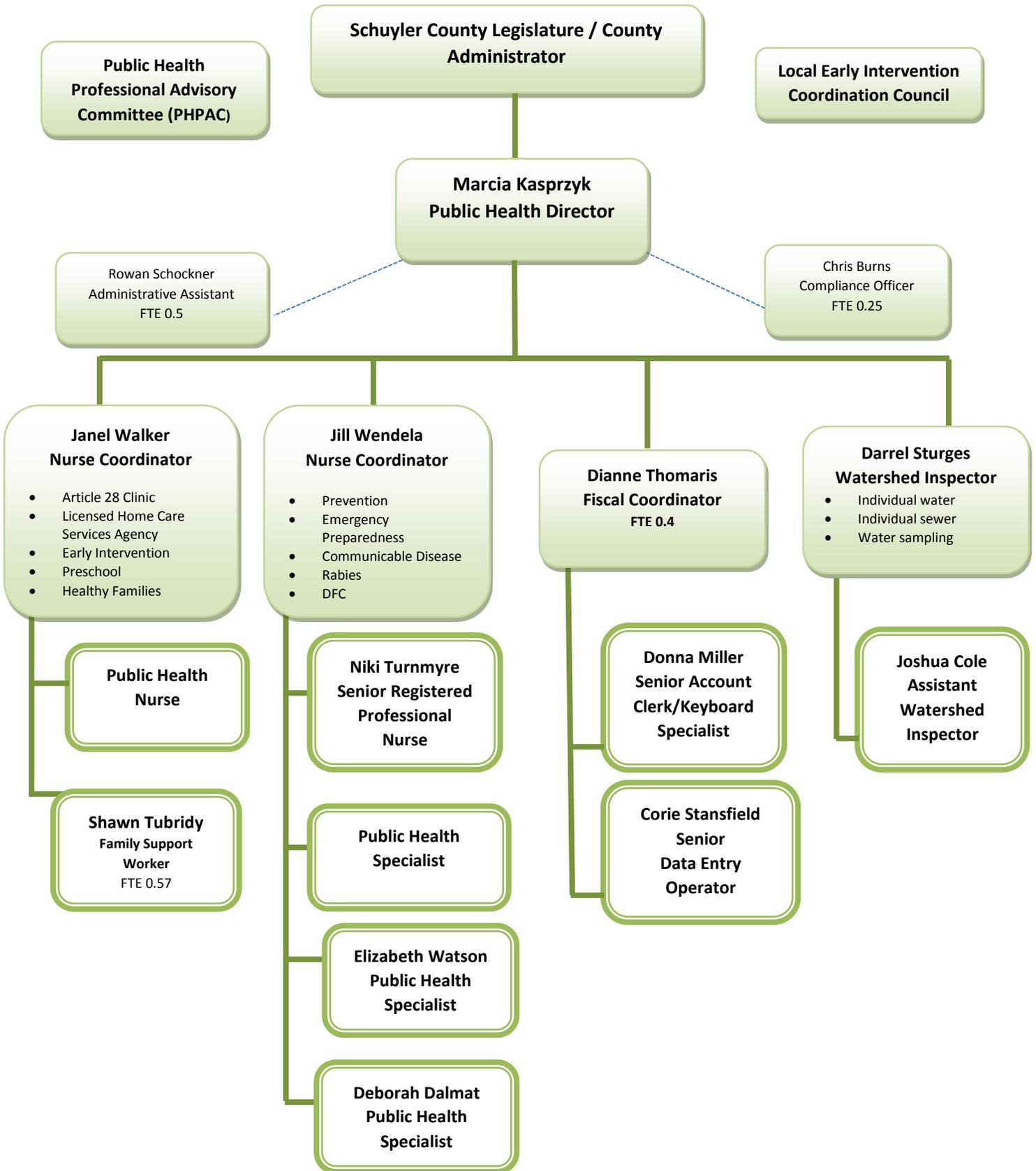
Professional staff were also required to complete:

- Performance Management
- Community Dimensions of Public Health Practice part II
- Health Literacy and Public Health parts I & II
- Collaboration: the Key to Public Health System Improvement

**Public Health Staff at their first annual retreat December 18, 2015**



First row left to right: Jill Wendela, Marcia Kasprzyk, Deborah Dalmat, Donna Miller, Shawn Tubridy, and Joshua Cole. Second row: Chris Burns, Niki Turnmyre, Cori Stansfield, Dianne Thomaris, Elizabeth Watson, Rowan Schockner, Janel Walker, Darrel Sturges.



## **PUBLIC HEALTH 2015 ADMINISTRATIVE COMMITTEES**

### **Legislative Human Services Committee** (one of five legislative committees)

Barbara Halpin, Chair  
Van Harp

Carl Bowers  
Michael Lausell

The Human Services Committee oversees the operations of Public Health, Mental Health, Department of Social Services and Office for the Aging. The committee normally meets the last Tuesday of the month at 9:15am in the Legislative Chambers.

### **Public Health Professional Advisory Committee (PAC)**

Marcia Kasprzyk, Director Public Health  
Dr. Jamie Coleman Medical Director  
Nicholas Ostrander, Finger Lakes Health Systems Agency  
Dennis Fagan, Legislator  
Deborah Bailey, Schuyler Hospital  
Kali Beilman-Martin, S<sup>2</sup>AY Rural Health Network  
Maureen Tuite, Arnot Health Community Services  
Debra MacDonald, Catholic Charities  
Kristin VanHorn, County Planner  
James Howell Legislator  
Staff:  
Dianne Thomaris, Business Coordinator  
Chris Burns Corporate Compliance Officer  
Janel Walker, Nursing Coordinator  
Jill Wendela, Nursing Coordinator

The Professional Advisory Committee (PAC) is required by regulations to oversee standards of care and is appointed by the Legislature. It is composed of at least one licensed physician and a registered professional nurse(s) and meets monthly. Additionally the PAC in 2015 oversaw the implementation of our Community Health Improvement Plan.

## **PUBLIC HEALTH REGIONAL COLLABORATION**

### **S<sup>2</sup>AY Rural Health Network**

The Schuyler County Public Health Department joined the S<sup>2</sup>AY Rural Health Network in 1997 in a very unique horizontal network comprised of the Public Health Departments in 8 counties. Currently, the Network includes Seneca, Wayne, Yates, Steuben, Schuyler, Ontario, Livingston and Chemung. The mission of the network is: *To integrate, promote and expand appropriate components of the Public Health service delivery system to improve health outcomes for all residents of the Network region.*

Some of the efforts of the network for 2015 included:

- Provided quality assurance support regionally through the efforts of a Regional Quality Assurance/Quality Improvement Coordinator.
- Continued work on standardized policy and procedure manuals related to all programs within the public health departments.
- Enrollment of children and adults in health insurance to promote access to health care in the six counties (Facilitated Enrollment).
- In-service education for the public health staff.
- Continuation of “Finger Lakes Public Health Alliance” (FLPHA), a regional public health emergency planning coalition.
- Coordinating efforts to prepare for Public Health Accreditation.

The S2AY Rural Health Network Board of Directors acts as the Health Advisory Committee for the participating counties eliminating the need for a local committee. The committee is made up of a Legislator, a consumer, a provider and the Public Health Director from each network partner. The 2015 committee included: Marcia Kasprzyk, Public Health Director; Barbara Halpin Legislator; JoAnn Fratarcangelo Department of Social Services Commissioner as Provider and vacant Consumer.

Other Community/Regional Groups the Department participates:

- Suicide Awareness For Everyone (SAFE)
- Schuyler County Appalachian Regional Human Services Committee
- Schuyler County Long Term Care Council
- Schuyler County Services Board
- My Place Educational Center Board
- FLACRA Board
- Youth Bureau Board
- Watkins Glen Chamber of Commerce Member
- Finger Lakes Health Systems Leadership Committee
- Care Compass Stakeholders/Professional Advisory Committee

## FINANCIAL REPORTS

### 4010 PUBLIC HEALTH

Revenue	2015 Budget	YTD	%
.1601		6,528	
.1689	58,000	77,623	134%
.2705	6,000	711	12%
.3401	559,664	477,946	85%
<b>Total</b>	<b>623,664</b>	<b>562,808</b>	<b>90%</b>
Expense	2015 Budget	YTD	%
.100	473,872	430,630	91%
.200	26,500	15,890	60%
.400	331,024	274,819	83%
<b>Total</b>	<b>831,396</b>	<b>721,339</b>	<b>87%</b>

### 4042 RABIES

Revenue	2015 Budget	YTD	%
.2705	1,000		
.3401	16,000	6,725	42%
<b>Total</b>	<b>17,000</b>	<b>6,725</b>	<b>40%</b>
Expense	2015 Budget	YTD	%
.400	17,000	6,725	40%
<b>Total</b>	<b>17,000</b>	<b>6,725</b>	<b>40%</b>

### 4050 WATERSHED

Revenue	2015 Budget	YTD	%
.1609	120,000	129,518	108%
Expense	2015 Budget	YTD	%
.100	75,647	76,866	102%
.200	1,000	0	0%
.400	66,900	65,256	98%
<b>Total</b>	<b>143,547</b>	<b>142,122</b>	<b>99%</b>

### 4054 EARLY INTERVENTION

Revenue	2015 Budget	YTD	%
.1621	6,000	2,940	49%
.3401	29,700	16,196	55%
<b>Total</b>	<b>35,700</b>	<b>19,136</b>	<b>54%</b>
Expense	2015 Budget	YTD	%
.400	66,000	42,470	64%
<b>Total</b>	<b>66,000</b>	<b>42,470</b>	<b>64%</b>
<b>Net</b>	<b>30,300</b>	<b>23,334</b>	<b>77%</b>

### 2960 PRESCHOOL

Revenue	2015 Budget	YTD	%
.1689	40,000	149,332	373%
.3277	600,000	481,805	80%
<b>Total</b>	<b>640,000</b>	<b>631,137</b>	<b>99%</b>
Expense	2015 Budget	YTD	%
.400	700,000	786,782	112%
.440	300,000	190,762	64%
<b>Total</b>	<b>1,000,000</b>	<b>977,544</b>	<b>98%</b>
<b>Net</b>	<b>360,000</b>	<b>346,407</b>	<b>96%</b>

### GRANTS

2015 Grants	PH Emergency Preparation	Early Intervention	Children with Special Health Care Needs	Lead	Immunization Action Plan	Drug Free Community	Total
Revenue							
Jan1- Mar 31	11,821	5,770	4,856	3,695	4,280	24,295	54,717
April1-June 30	9,013	4,546	4,567	6,269	4,107	29,644	58,146
July 1-Sept 30	13,276	1,470	1,557	2,623	8,304	46,506	73,735
Oct 1-Dec 31	9,938	4,542	4,746	3,387	7,773	19,280	49,667
<b>Total</b>	<b>44,048</b>	<b>16,328</b>	<b>15,726</b>	<b>15,973</b>	<b>24,464</b>	<b>119,725</b>	<b>236,264</b>

## GOALS FOR 2016

- Complete and submit Public Health Accreditation application
- Updating Community Health Assessment and Community Health Improvement Plan with the community
- Promote Schuyler Hospital Primary Care’s participation in the Finger Lakes Hypertension Registry
- Create a “Schuyler County State of the Child” report card
- Increase public participation in the Baby Café
- Complete job descriptions and performance appraisals based on the 8 Public Health Competencies
- Find funding to maintain and expand the Healthy Families Program
- Update the process the community uses to request LED sign messaging
- Establish contract with the Town of Catherine for septic inspections around Cayuta Lake
- Establish a contract for water sampling by creating a BID package
- Start preparing Watershed files for storing on the BOCES system
- Update all Public Health Emergency Preparedness Plans
- Train Public Health Staff to their roles in a county wide all hazards emergency
- Implement a Public Health Emergency Preparedness Training and Exercise plan

## REFERENCES

<sup>1</sup>CDC chronic diseases: The Power to Prevent, the Call to Control

<http://www.cdc.gov/chronicdisease/resources/publications/aag/chronic.htm>

<sup>2</sup>New York State Dept. of Health Obesity Prevention <http://www.health.ny.gov/prevention/obesity/>

<sup>3</sup>New York State Dept. of Health New York State Community Health Indicator Reports - Obesity and Related Indicators <http://www.health.ny.gov/statistics/chac/indicators/obs.htm>

<sup>4</sup>New York State Dept. of Health Diabetes <http://www.health.ny.gov/diseases/conditions/diabetes/>

<sup>5</sup>New York State Dept. of Health New York State Community Health Indicator Reports - Obesity and Related Indicators <http://www.health.ny.gov/statistics/chac/indicators/obs.htm>

<sup>6</sup>Schuyler Center report Home Is Where the Start Is: Expanding Home Visiting to Strengthen All of New York’s Families

<sup>7</sup>If the LHD is coordinating with a major metropolitan area, there may be additional roles and responsibilities at a City EOC as well. These should be included in this section or where the LHD deems appropriate in the plan.

<sup>8</sup>If the County uses the National Response Framework (NRF) Emergency Support Functions (ESF) as a way of managing functional response areas, it is appropriate to reference the LHD roles as they are laid out in the NRF ESF #8 Health and Medical, only if it applies to the local CEMP.



**Public Health**  
Prevent. Promote. Protect.

**Schuyler County, NY**

Hand in Hand with the Community to Prevent, Promote and Protect.