

Delaware County Public Health Services 2014 Annual Report



Bonnie Hamilton
Director of Public Health

healthy people living
in healthy and thriving communities



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Public Health
Prevent. Promote. Protect.
Delaware County
Public Health Services

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VISION:

*HEALTHY PEOPLE LIVING IN HEALTHY AND THRIVING COMMUNITIES

MISSION:

*PROTECT, PROMOTE AND IMPROVE THE HEALTH AND WELL-BEING OF PEOPLE OF ALL GENERATIONS AND CREATE HEALTHY PLACES TO LIVE, LEARN, WORK AND PLAY.

PUBLIC HEALTH

- Prevents epidemics and the spread of disease
- Protects against environmental hazards
- Prevents injuries
- Promotes and encourages healthy behaviors
- Responds to disasters and assists communities in recovery
- Assures the quality and accessibility of health services

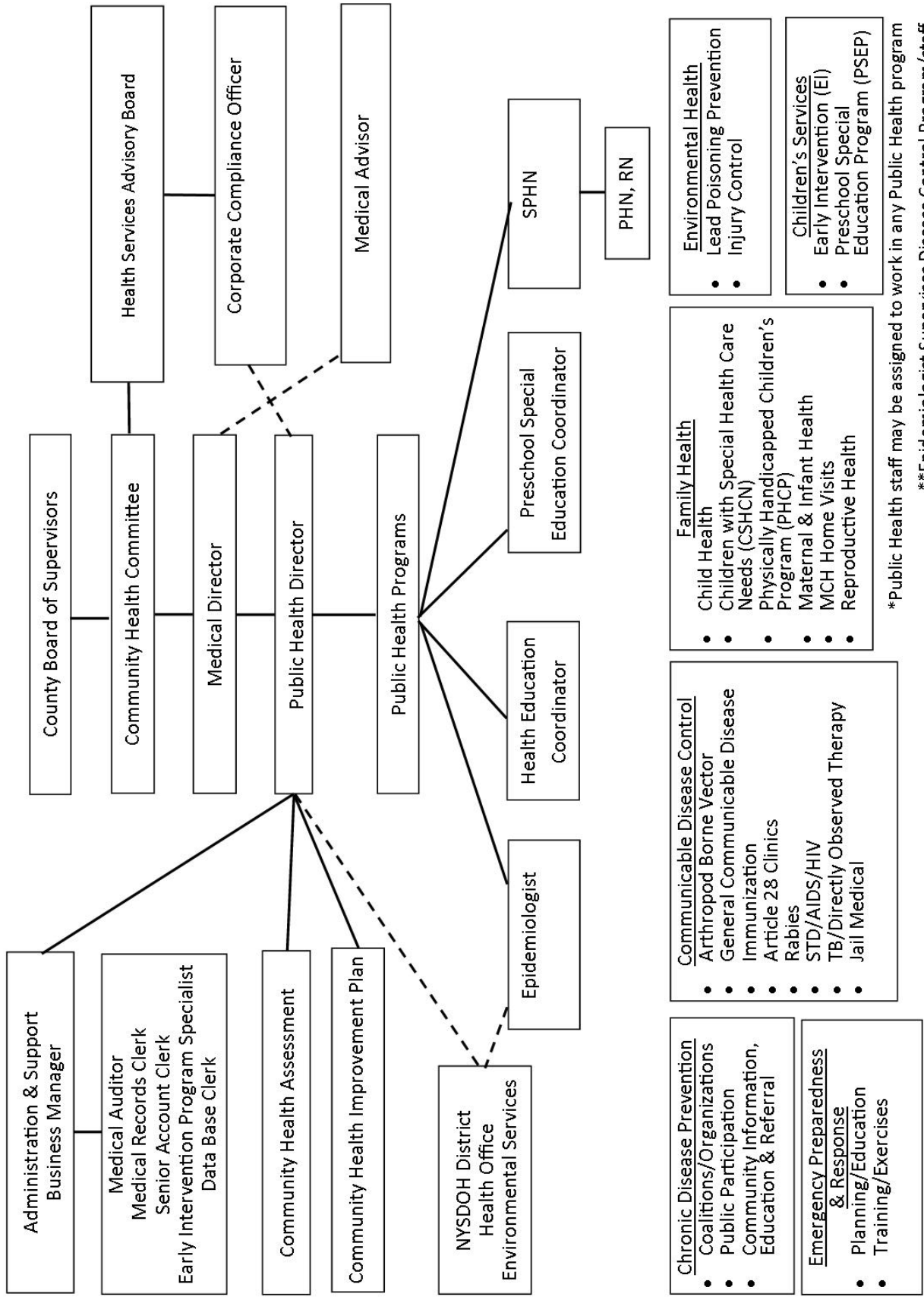
CORE VALUES

- Collaboration: Working in partnership with individuals, the community and organizations to strengthen our resources and achieve a common goal.
- Equity: Fostering policies and programs that promote fairness, social justice, equality and cultural competence.
- Excellence: Sustaining a knowledgeable and competent Public Health workforce providing high quality services to the community.
- Innovation: Applying technology, knowledge and research to implement creative and progressive interventions.
- Integrity: Adhering to high ethical and professional standards in the workplace to ensure transparent and accountable performance.
- Respect: Embracing the dignity and diversity of individuals, groups and communities.
- Science: Supporting and promoting best practice in any discipline based on sound research and professional judgment.

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ORGANIZATIONAL CHART FOR DELAWARE COUNTY PUBLIC HEALTH SERVICES



*Public Health staff may be assigned to work in any Public Health program
 **Epidemiologist Supervises Disease Control Program/staff

Chronic Disease Prevention

Delaware County Priorities and Goals

Focus Area: Reduce Obesity in Children and adults

Goal: Create Community environments that promote and support healthy beverage choices and physical activity.

Objective: By December 31, 2017, at least 1 municipality will have passed a complete streets policy.

Focus Area: Expand the role of public and private employers in obesity prevention

Goal: Increase breastfeeding exclusivity for the first 6 months of life, and continued breastfeeding duration for the first 12 months of life.

Objective: By 12/31/17 increase the 1% of employers with supports for breastfeeding at the worksite by 10%.



Complete Streets and Prescription Trails

In March Public Health was awarded \$5,000.00 from the NYS Health Foundation for the Rx Trails Complete Streets project.

Delaware County Public Health Services (DCPHS) utilized the funds to focus on the Prevention Agenda priority area of preventing chronic disease. It will work to create a Complete Streets project targeting low-income adults and children in rural areas, with at least one municipality implementing this policy. DCPHS formed a workgroup of local hospitals and other stakeholders to help establish safer walking environments that promote healthy activities and will allow residents to access medical care, grocery stores, pharmacies, and other needed resources through a Complete Streets project. This project is intended to also help medical providers at clinic locations implement a Prescription Trails program, by identifying walking routes that are safe and accessible to patients and families. Health care professionals will assess their patients for readiness to start or maintain a walking program, and then write tailored prescriptions based on their current physical condition. The prescription trails and complete streets website was completed and operational in December 2014 www.getoutandwalk.org

Three municipalities passed Complete Streets policies in 2014: The Village of Delhi, The Town of Delhi, and The Village of Franklin.

Chronic Disease Prevention

Breastfeeding in the Workplace

One of the priority areas identified in The Community Health Improvement Plan (CHIP) is to Reduce Chronic Disease. Public Health can support the Prevention Agenda goal of Reducing Chronic Disease by increasing the proportion of babies who are breastfed exclusively and increasing the duration of breastfeeding in our county. Only 43% of New York State infants are exclusively breastfed while in the hospital and breastfeeding rates diminish post-hospital discharge and over time. Public Health's goal is to partner with employers to increase breastfeeding supports for working mothers

Public Health partnered with community agencies to develop a Breastfeeding Coalition. The Coalition goals are to increase breastfeeding exclusively for the first 6 months; continue breastfeeding duration for the first 12 months; and educate mothers and providers on the available community resources. The Breastfeeding Coalition, includes representatives from WIC, Cornell Cooperative Extension, Healthy Families, Mary Imogene Bassett Hospital Birthing Center, and Mothers and Babies Perinatal Network. This coalition met four times in 2014. The 2014 county Birth Certificate data indicates an exclusivity breastfeeding initiation rate of 60.4%. All partners agree that there is a significant decline in breastfeeding within the first month. The coalition identified that there is no accurate data on the breastfeeding rate for infants at 6 months of age.

Public Health's goal is to expand the role of public and private employers in obesity prevention by increasing support for breastfeeding at the workplace. A presentation was given at the Delaware County Department Head Meeting on NY State Nursing Mothers in the Workplace Act and the role of employers in promoting breastfeeding/pumping in the workplace. Public Health designated a room at 99 Main Street that is available to both employees and clients to be used for breastfeeding/pumping.

Employers in Delaware County were invited to participate in a worksite initiative to support breastfeeding. Employers were asked to complete a Lactation Program Assessment Form. Public Health is available to educate employers on the NY State Nursing Mothers in the Workplace Act and implementation strategies.



Delaware County Public Health
Breast Feeding Room

Promote Mental Health and Prevent Substance Abuse

Delaware County Priorities and Goals

Goals:

- Prevent suicides among youth and adults
- Strengthen infrastructure for MEB health promotion and MEB disorder prevention

Objectives:

- By 12/31/17, reduce the age-adjusted suicide mortality by 10% from 9.0-8.1 per 100,000 in Delaware County.
- By 12/31/17, identify indicator data and establish baseline targets for data required to plan and monitor county-level, strength-based efforts that promote MEB health and prevent substance abuse and other MEB disorders.

The Suicide Prevention Network was formulated on April 23, 2014 as a community wide response to the high rates of suicide in Delaware County; which is above the NYS rate.

Network members include Public Health, Mental Health, Office of the Aging, area hospitals and medical personnel, National Alliance on Mental Illness (NAMI), Veterans Affairs, law enforcement personnel, first responders (EMS), schools, college representatives and community based service organizations.

The Suicide Prevention Network had notable accomplishments in 2014: A Logo contest was held to choose a logo for the coalition among students in local high schools. A logo was chosen, prizes were awarded for 1st and 2nd place. The logo was replicated on 5 billboards which were displayed throughout the county for the month of February. Additionally, four large posters were created which became a part of a traveling art show. The posters were displayed at an Hope & Healing: Perspectives on Mental illness event in Roxbury. The art show posters will be displayed at the 2015 Delaware County Fair.

Sources of Strength, an evidenced based program designed to reduce the likelihood that vulnerable students will become suicidal was implemented at Franklin school. A Safe TALK training for non-clinical providers, parents and youth* (anyone over the age of 15) to identify persons with thoughts of suicide and connect them to suicide resources, was presented to community residents. **An ASIST Applied Suicide Intervention Skills Training was held for community residents. ASIST is a two-day intensive and interactive and practice-dominated course which is designed to help clinical, non-clinical caregivers and parents to provide suicide first aid interventions.

Promote Mental Health and Prevent Substance Abuse Continued

Public Health partners with Alcohol and Drug Abuse Services, the Alcohol and Drug Abuse Council and Mental Health Department to address mental health infrastructure concerns.

The termination of psychiatric services at FOX Memorial Hospital in Oneonta along with the reduction of 20 psychiatric inpatient unit beds to 10 at Bassett Medical Center resulted in a great concern among providers in regards to assisting individuals and families in crisis getting appropriate care. To address the need;

- A county wide Warm Line was developed which provides a toll free, non-crisis, confidential peer self-help phone line to assist individuals who are coping with mental illness. Callers receive non-judgmental support and are provided with referrals to community based services.
- MCAT, Mobile Crisis Assessment Team is further assisting individuals by helping to identify mental health needs and provide early intervention to decrease the amount of crisis cases in the County. MCAT's goal is to de-escalate crisis situations, avoid potential harm and keep the problem outside of the legal system and avoiding hospitalization when appropriate. MCAT provides a 24 hour, 7 days/ week intervention, provides mental health assessment, crisis de-escalation, linkage to services, crisis debriefing and monitoring clients who are at risk. MCAT services are provided for no cost to recipient.

The increase in heroin and other opiate drug use/misuse in Delaware County prompted the development of a Drug Task Force spearheaded by the Sheriff's Department. The task force addresses drug misuse from the four pillars of prevention, treatment, harm reduction and public safety. A peer recovery coach program is being piloted in the county correctional facility in partnership with the correctional facility, Drug and Alcohol Abuse Services, Friends of Recovery and The Drug and Alcohol Abuse Council. The project is funded by a grant from the Rural Healthcare Alliance.

Communicable Disease Control

Communicable Disease Report

A total of 857 investigations and 314 cases were completed.

Gastrointestinal Illness

Giardiasis, Campylobacteriosis, Cryptosporidiosis, Ecoli and Salmonellosis were seen in Delaware County.

Hepatitis

There were 41 newly identified Hepatitis C cases and 4 new cases of Hepatitis B. The agency's role is to determine possible source(s) of infections, provide patient and community education and collect data for New York State and the Centers for Disease Control (CDC).

Influenza

A total of 74 **Laboratory confirmed** cases of influenza were reported to DCPH.

Sexually Transmitted Diseases (STD)

Delaware County Public Health provides anonymous HIV and other STD testing and treatment at no cost to Delaware County residents. This is a contracted service provided by Family Planning of South Central New York. Clinic sites are located in Oneonta, Sidney and Walton. There has been a nationwide increase in cases of Chlamydia and Delaware County has also seen an increase.

Enterovirus

Multiple types of enteroviruses circulate annually causing respiratory illnesses. Enterovirus D-68 was first discovered in California in 1962, but from mid-August 2014 to January 15, 2015, the United States experienced an outbreak of Enterovirus type D-68. Almost all of the confirmed cases were children. Although Delaware County had no confirmed cases, there was concern across the country coupled with increased national and local media attention. Local health departments across the state assisted NYSDOH in dispersing informational updates to providers, schools, and community members. In addition to NYSDOH directed activities, Delaware County Epidemiologist participated in a live radio interview to reach out to Delaware County's concerned parents and community members. Communicable disease staff fielded an increase of telephone calls regarding the outbreak.

HIV & STD Clinic Testing						
	2012		2013		2014	
	Test	Positive	Test	Positive	Test	Positive
HIV Test	55	0	43	0	39	0
Chlamydia Test	38	6	39	5	43	1
Gonorrhea Test	37	0	39	0	43	0
Syphilis Test	25	0	16	0	23	0

Communicable Disease Control

Count of Reports and Cases by Illness				
DISEASES	Total 2013		Total 2014	
	REPORTS	CASES	REPORTS	CASES
Anaplasmosis	1	0	4	3
Anthrax	0	0	2	0
Babesiosis	3	0	5	2
Burkholderia	0	0	0	0
Campylobacteriosis	21	20	17	13
Chlamydia	138	126	109	94
Cryptosporidiosis	5	4	8	6
E Coli	2	1	6	1
Ehrlichiosis	2	0	1	0
Encephalitis	0	0	1	0
Enterovirus D-68	0	0	6	1
Giardiasis	16	15	13	11
Gonorrhea	4	2	5	3
H1N1	0	0	1	1
Haemophilus Influenza	1	1	2	1
Hepatitis A	8	0	5	2
Hepatitis B	16	3	22	4
Perinatal Hepatitis B	4	1	4	0
Hepatitis C	223	*30	300	*41
Influenza	69	58	78	74
Legionellosis	4	4	2	0
Lyme Disease	132	*28	142	*34
Measles	0	0	0	0
Meningitis	2	0	2	2
Mumps	0	0	2	0
Pertussis	5	0	1	0
Q Fever	2	0	3	0
Rocky Mountain Spotted Fever	3	0	1	0
Rubella	0	0	0	0
Salmonellosis	10	5	16	9
Shigatoxin-Producing Infection	0	0	0	0
Strep, Invasive or Resistant	14	10	19	12
Syphilis	21	3	29	0
Tuberculosis	15	0	9	0
West Nile Virus	0	0	2	0
Varicella	0	0	1	0
Other	63	7	39	0
TOTALS	784	318	857	314

* Numbers reflect Lyme Disease cases reported to NYSDOH that meet CDC Case Criteria only. Not all clinically diagnosed Lyme Disease reports meet CDC Case Criteria. Hep C cases represent newly identified chronic cases.

Communicable Disease Control

Immunization

Each year the Center for Disease Control promotes national vaccine observances. Statewide, local health departments coordinate efforts to support CDC’s activities. This year the agency participated in disseminating vaccination related messaging and information for the following national events: National Infant Immunization Week, National Immunization Awareness Month, and National Influenza Vaccination Week. Public Health is grateful to the numerous community partners who assisted with outreach efforts.

Delaware County continues to participate in the Vaccine for Children and the NYSDOH Adult Hepatitis Vaccination Programs. Monthly vaccination clinics are held at 99 Main Street offering free vaccinations for those who qualify for the above programs. Those who do not qualify for free vaccine may pay privately for vaccinations.

Vaccine must be stored at specific temperatures to maintain its viability and effectiveness. In 2014 the Agency had one temperature excursion due to extreme weather resulting in a power outage. Due to the acquisition of digital thermometers, the duration of time that the vaccines could have been exposed to “out of range” temperatures were able to be accurately quantified. The change in temperature in the refrigerator and freezer and the duration of the outage was minimal and did not adversely affect the human vaccine. There were no human vaccine products that were “lost” due to the event.

In compliance with the New York State Department of Health (NYSDOH) Immunization Action Plan Grant Delaware County Public Health visited four medical providers. Provider specific immunization statistics were gathered from the New York State Immunization Information System (NYSIIS) and presented. Successes were highlighted and areas for improvement were identified with the goal of maintaining and/or improving immunization practices within our county, therefore improving vaccination rates. Four additional provider specific vaccine education visits were also conducted.

Public Health was a speaker at Bassett School Based Health’s annual meeting. NYSIIS functions and educational vaccine resources were presented to the providers and LPN’s who staff school based health centers across Delaware County.

The immunization grant continues to fund efforts to reduce perinatal hepatitis B transmission. All mothers in New York State are supposed to be tested for hepatitis B during pregnancy. Infants who are born to mothers who have not been tested or mothers who are infected with hepatitis B are at greater risk of acquiring infection during birth which can lead to chronic life –altering illness. Steps can be taken to protect infants exposed to hepatitis B during birth from developing disease. Delaware County oversees and provides coordination as necessary to assure at risk infants have received appropriate preventative treatment, vaccination, and testing to reduce their risks from exposure.

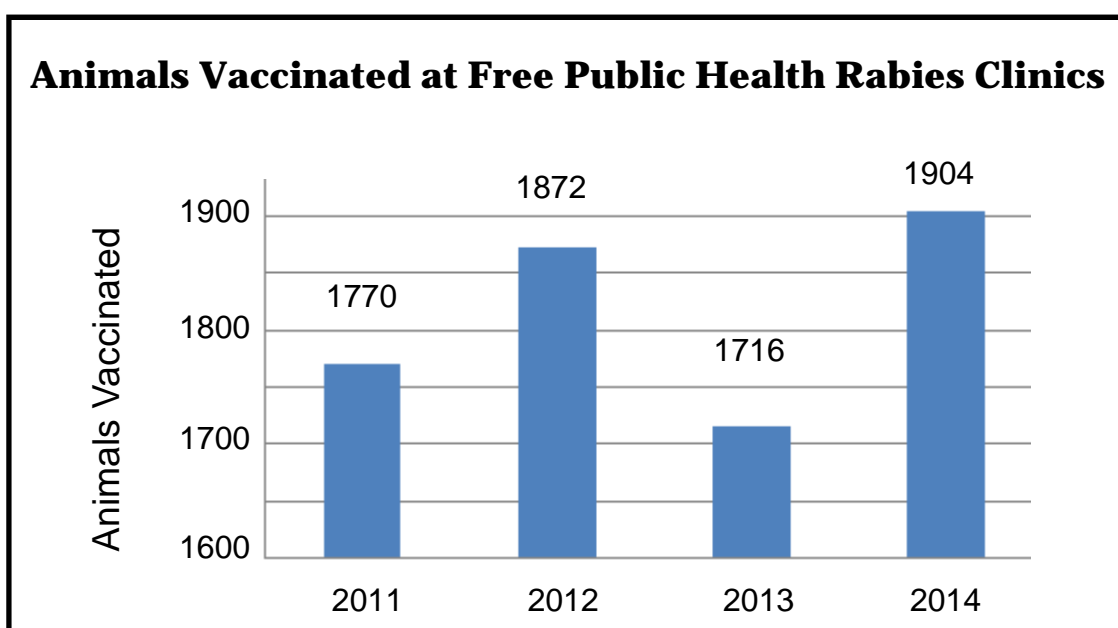
Immunization Clinic Vaccinations				
Age Group	Total Participants in Age Group		Number of Vaccinations Given	
	2013	2014	2013	2014
0-18	14	11	32	31
19-30	3	1	3	1
31-64	4	3	4	3
65+	0	3	0	4
Total	21	18	39	39

Communicable Disease Control

Rabies Program

All animal bites and exposure reports are investigated as part of the rabies prevention program. A total of 243 bite reports were received, an increase of three from 2012. There were 19 animal to animal bite reports and 224 animal to human bite reports. Animal specimens are sent for rabies testing when indicated and all individuals requiring rabies post exposure treatment are followed through the completion of treatment. A total of 28 animals were sent for rabies testing and of these two were positive for rabies.

In 2014, a total of 1904 dogs, cats and ferrets received rabies vaccinations at free public clinics; a increase of 188 from the previous year.



Number of Animals Tested for Rabies 2014				
Specimens	Positive	Negative	Untestable	Total
Bat	0	9	1	10
Cat	0	5	0	5
Dog	0	4	0	4
Raccoon	2	1	1	4
Cow	0	4	0	4
Other	0	1	0	1
Total	2	24	2	28

Communicable Disease Control

Rabies Program Continued:

Animal to Human Bite Reports by Town in 2014				
Town	Bat	Cat	Dog	Other
Andes	0	1	2	0
Bovina	1	0	1	1
Colchester	0	4	5	0
Davenport	0	2	10	1
Delhi	4	12	11	4
Deposit	0	0	2	0
Franklin	1	1	7	1
Hamden	1	1	2	0
Hancock	0	1	12	1
Harpersfield	0	1	1	0
Kortright	0	0	3	2
Masonville	0	0	5	0
Meredith	0	2	2	0
Middletown	0	2	12	2
Out of County	0	0	6	0
Roxbury	1	2	12	0
Sidney	9	2	17	2
Stamford	1	5	6	1
Tompkins	0	0	0	0
Walton	7	11	16	0
*Out of Town	1	1	2	1
Total	26	48	134	16

*Note: Bites occurred out of county but residents lived in Delaware Co., therefore Delaware County case follow-up was required. Other may include: fox, raccoon, skunk, cow. Report does not include the # animal to animal bites

Lyme Disease:

Public Health distributed free of charge, 27 metal Lyme disease, and tick-borne disease prevention signs to organizations and municipalities that maintain parks and trails in Delaware County. Lyme disease is caused by the bite of an infected deer tick. Ticks are active when weather stays above freezing, usually from April through November. These aluminum signs, which are UV and scratch resistant, were to be used for outdoor posting in parks and other recreation areas where residents and visitors may be at increased risk for tick bites and tick-borne infections.

Emergency Preparedness & Response

Public Health Preparedness

Public Health participates in NYSDOH and local notification drills, hosts the local public health preparedness meetings held 4-6 times per year and participate in Regional Health Emergency Preparedness Coalition meetings. Training and public health plan updates continued to be a focus along with medical countermeasures planning. These efforts became overshadowed by the Ebola preparedness and planning required in the fall of 2014 per the Commissioner of Health's orders. In November, the agency facilitated a Mass Fatality Tabletop exercise which included the following partners:

Medical examiner	Emergency Services
Sheriff's Department	Delaware Valley Hospital
Planning Department	O'Connor Hospital
State Police	Margaretville Hospital
Tri-Town Hospital	Hospice
Schoharie County Department of Health	

Emergency Preparedness & Response

Ebola Preparedness

On 9/30/2014 CDC confirmed the first U.S. case of Ebola Virus Disease (EVD) in a person who had traveled to Texas from West Africa. On 10/8/14 the patient passed away. On 10/8/14, CDC announced that it was implementing EVD screening on passengers arriving from the three affected West African countries of Guinea, Sierra Leone and Liberia, at US airports. The Acting New York State Commissioner of Health issued an order on 10/14/14 for hospitals, health departments, EMS and funeral directors describing requirements regarding management and treatment of people under investigation for EVD, confirmed cases of EVD and the bodies of person who have expired from EVD. This included the ability to maintain appropriate infection control protocols, PPE and equipment to be used for possible Ebola victims. Delaware County Public Health conducted trained observer PPE training with nursing staff, the epidemiologist and clinic support staff for EVD. Delaware County Public Health developed a protocol for handling a suspect Ebola patient at the clinic. New York State Department of Health and CDC guidance was disseminated to laboratories, SUNY Delhi, hospitals and EMS. Public Health provided a presentation to the Delaware County Board of Supervisors on 10/8/14 about EVD and the role of Public Health. Education was provided to the EMS Advisory Board meeting on 11/8/14. Communicable disease staff answered calls from laboratories, clinic sites, hospitals and hospice related to EVD preparedness. Public Health held planning meetings with local hospitals, hospice, the Oneonta District Office, EMS, SUNY Delhi and the Medical Examiner. The Commissioner of Health issued new guidelines for monitoring and quarantine of individuals considered exposed to EVD. Public Health developed the local monitoring and quarantine policy.

Environmental Health & Injury Control

Child Lead Poisoning Prevention

The Lead Poisoning Prevention Program goal is to reduce the risk of lead exposure to children and pregnant women and prevent, reduce or mitigate childhood lead poisoning. This is accomplished through outreach and education activities and case management services. Lead poisoning prevention activities include family based outreach and education. A birth packet was mailed to parents of newborns which included information on lead poisoning prevention. Public Health Nurses provided information about lead poisoning and risk reduction to families during maternal child health home visits and at WIC sites. A written risk assessment tool was used to help families assess their risk for exposure to lead.

Community based education included billboards, print media and radio messaging. Health care providers were given information via site visits, mailings and informational meetings.

Case management services were provided to families of children with elevated blood lead levels. Services include monitoring lead levels, providing education and assisting parents with appointments for follow up testing. Home visits are made with the NYS District Office to determine location and type of environmental factors impacting lead levels. Information on mitigating sources of lead exposure is provided by to families by the District Office staff person.

Intervention Strategy by Blood Lead Level

Lead Level	Intervention
5-9 ug/dl	Information letter and educational material on lead exposure reduction sent for 1 year olds
10-14 ug/dl	Telephone call and follow up information letter and educational material on lead exposure reduction. Case management to ensure blood levels decrease.
15-19 ug/dl	Home visit by DCPH and Environmental Health staff to perform assessment and to educate parents on lead exposure reduction, identify source of lead, and provide information on effective abatement strategies. Case management to ensure blood levels decrease.
20-44 ug/dl	
45-60 ug/dl	In addition to intervention for 20-44 ug/dl level, notify Department of Health, conduct home visit within 24 hrs of notification of elevated level and follow-up blood test within 48 hrs.

Environmental Health & Injury Control

Child Lead Poisoning Prevention

Number of Children Newly Identified With Elevated Blood Lead Levels						
Lead level	2009	2010	2011	2012	2013	2014
10-14 ug/dl	3	6	0	7	3	3
15-19 ug/dl	0	1	1	2	3	2
20-44 ug/dl	2	2	2	0	0	2
45-60 ug/dl	0	0	0	0	0	0

Child Passenger Safety Program

The Child Passenger Safety Program coordinated by The New York State Governor's Traffic Safety Committee provides grant funding for Certified Child Passenger Safety Technicians to train the public on correct installation and use of their child's safety seat or booster seat. Seats are checked for proper fit for the size of the child; and to determine whether the seat had been recalled, or exceeded its viable lifetime. If car seat technicians are unable to safely install a car seat owned by a family, a new car seat is provided at no cost to families. Public Health also contracts with Delaware Opportunities to provide car seats to low income families and to provide monthly fitting stations at their office in Hamden NY. Public Health has five certified technicians on staff. In 2014, 336 car seats were distributed.

2014 Car Seat Fitting events:

Delaware Opportunities Children's Festival- June 25, 2014- 31 seats checked, 7 replaced.

Sidney McDonalds with Sidney Village Police Department-Saturday September 20th- 10 seats checked, 4 replaced.

Environmental Health & Injury Control

A Matter of Balance

Public Health collaborates with Office for the Aging to offer the Matter of Balance Program to Delaware County Seniors. Matter of Balance is an evidenced based fall prevention program. Four individuals completed coach training in May 2014 conducted by Public Health and OFA. Two volunteer coaches that completed training were employees from Delaware Valley Hospital (DVH) and two were OFA volunteers.

The 1st series implemented was in Walton at DVH facilities, running June 2nd through July 21st. There were 14 participants in attendance (maximum allowed is 15) of which 11 completed the full course. The two trained staff from DVH co-coached this series; they expect to conduct another Matter of Balance series in Walton in the spring of 2015.

The 2nd series started June 25th and ran through August 13th, held at the Hobart Community Center with 11 in attendance and all 11 completed the series. These classes were co-coached by two trained volunteers. Both classes were observed by the Master Trainers.

A 3rd Matter of Balance series was held in Treadwell at the United Methodist Church with 11 in attendance of which 10 completed the series. It started September 15th and ended November 3rd.

A 4th series in Delhi started October 8th and ended November 25th. There were 12 in attendance with 11 completing the series. It was held at the Delhi Senior Community housing complex in the Community Room.

The Office for the Aging and Public Health anticipate recruiting more volunteer coaches and conducting another coach training in 2015.

Environmental Health & Injury Control

Mortality and Morbidity Data

CAUSE OF DEATH	2011	2012	2013	2014
Accidents	14	16	12	14
AIDS Related Illness	1	1	1	0
Alzheimer's	8	1	0	0
Cancer	78	106	109	105
Chronic Obstructive Pulmonary Disease (COPD)	20	36	31	40
Cirrhosis of the Liver	1	5	4	5
Congenital Anomalies	0	0	0	1
Dementia	24	27	21	36
Diabetes Mellitus	4	0	1	1
Drug Overdose	2	2	0	2
Gastritis, Enteritis, Colitis, Diverticulitis	0	0	1	1
Heart & Circulatory Diseases	207	200	213	155
Homicide & Legal Intervention	1	1	1	0
Multiple Organ Failure	10	10	3	5
Neurologic Disease	2	8	1	3
Pending Investigation (Sent for Autopsy)	4	7	3	1
Pneumonia/Diseases Pulmonary Circulation	23	47	42	41
Renal Failure	19	12	15	18
Septicemia	6	13	16	19
Suicide	9	10	9	9
Tuberculosis	0	1	0	0
All Other Causes	38	14	11	13
TOTAL DEATHS *Deaths are reported to the county in which a person resides.	471	517	494	469

TOBACCO LISTED AS A CONTRIBUTING FACTOR TO DEATH			
Year	Yes	Probably	Total Deaths
2014	59	45	469
2013	59	54	494
2012	56	49	512

Family Health

Children with Special Health Care Needs

The Children with Special Health Care Needs program (CSHCN) assists families with children from birth to 21 years of age with special health care needs. The program provides insurance information regarding health and dental insurance and gap-filling programs to address their identified needs. Public health staff provides care coordination services to families in this program if needed.

The CSHCN program works in conjunction with the physically handicapped children's program (PHCP). The PHCP program provides financial assistance for medical care and support services. Orthodontia is the most utilized service within PHCP. There were four children in the PHCP treatment program in 2014; all of whom received orthodontia services. No families requested care coordination or evaluations in 2014.

Outreach was provided in the county both in person, in print and via the Agency website. On September 19th, 2014 the Children With Special Health Care Needs grant was able to provide Delaware County residents with a conference featuring Dr. Jed Baker to present "No More Meltdowns-Positive strategies for managing and Preventing Out-Of-Control Behaviors."

Dr. Baker is the director of the "Social Skills Trainings Project" which is a private organization serving individuals with autism and social communication problems located in Springfield, New Jersey. He is also an author of several books regarding Autism and Social Skills. The conference was held at the historical Walton Theatre in Walton NY. There were a total of 258 attendees out of which there were 41 parents and caregivers and 217 professionals. The 258 attendees were able to obtain critical information regarding Dr. Baker's easy to follow 4 step model.

The 4 steps are:

- 1-Managing your own emotions by adjusting your expectations
- 2-Learning strategies to calm a meltdown in the moment
- 3-Understanding why a meltdown occurred
- 4-Creating plans to prevent future meltdowns.

Dr. Baker incorporated real-life experiences and lots of humor into his presentation. Dr. Baker also held a Q&A at the end of the conference which was very highly received. Dr. Baker was able to gear his presentation to a wide range of needs from birth to early adult. This conference received positive reviews from attendees.

Maternal Child Health Program

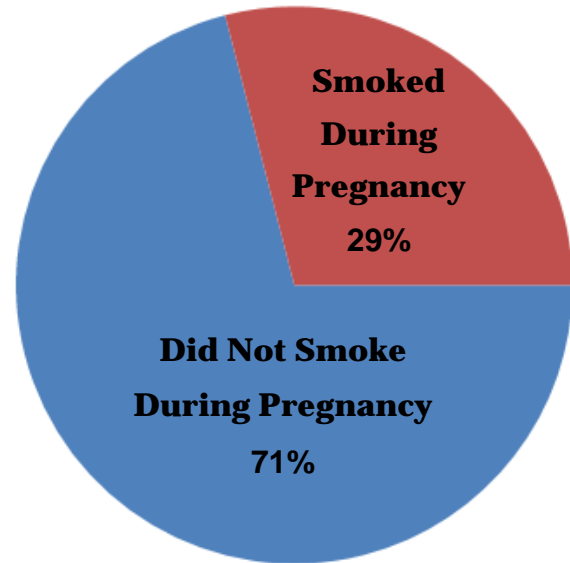
Nurses in the Maternal Child Health Program provide home visits to pregnant women, new mothers and newborn infants. Referrals are accepted from hospitals, health care providers, community agencies and clients or their families. The nurse provides health guidance to promote the physical, emotional, mental and social well-being of mothers, babies and their families. Education on pregnancy, nutrition, labor and delivery, family planning, infant care, breast-feeding and parenting is provided. The frequency and number of home visits is based on the needs of the family. The agency also serves as a resource to direct clients to other community services.

Family Health

Maternal Child Health Program

Births By Town			
Town	2012	2013	2014
Andes	11	3	6
Bovina	2	1	3
Colchester	10	9	6
Davenport	33	28	37
Delhi	32	41	42
Deposit	16	10	14
Franklin	16	9	15
Hamden	13	14	13
Hancock	30	17	27
Harpersfield	3	2	4
Kortright	13	19	11
Masonville	9	8	6
Meredith	13	11	10
Middletown	29	19	30
Roxbury	22	14	22
Sidney	66	71	64
Stamford	32	21	36
Tompkins	1	13	3
Walton	72	56	48
Unknown	0	0	1
TOTALS	423	366	398

Percentage of Mothers Who Reported Smoking During Pregnancy in 2014



The percent of Delaware County women who smoke during pregnancy is above both the New York State and national average smoking percentage rates.

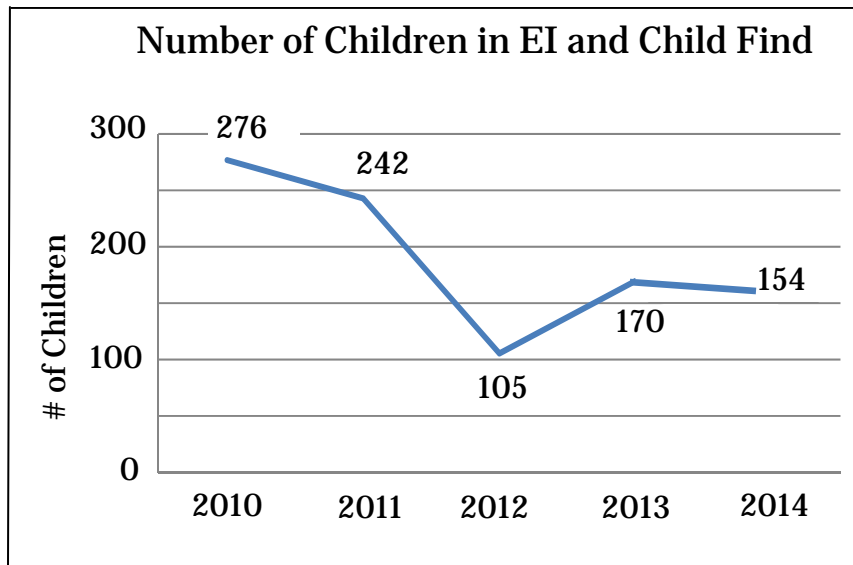
Births by Hospital				
HOSPITAL	2011	2012	2013	2014
Albany	20	23	19	16
Bassett	86	103	104	130
Catskill Regional Medical	2	5	4	5
Chenango Memorial	17	16	19	22
Crouse Hospital	1	0	4	3
Fox	153	148	113	110
Home	1	4	13	6
Kingston Hospital	3	10	6	2
Lourdes	25	23	28	18
Northern Dutchess	5	7	6	12
Wilson—UHS	61	69	49	56
Other	10	15	1	18
TOTALS	384	423	366	398

Early Intervention

The Early Intervention Program is a statewide program that provides services to children under age 3 with developmental delays or who are at high risk for developmental delays and their families. Services include case management, evaluation, transportation, therapies, counseling and special education. Services are provided in any setting in which the child typically lives or plays.

There were 154 children who were actively enrolled and received services this year. Speech therapy is the most needed service in the county. The agency lost their Speech Language Pathologist this year and has not been able to replace her. There is a statewide capacity issue with all therapies. Delaware County continues to work with New York State Department of Health to address the barriers that contribute to a shortage in therapy services. New York State has contracted with a State Fiscal Agent to administer an EI billing system. This process is becoming more accurate. Providers are being paid in a more dependable manner than when the system was implemented in 2013.

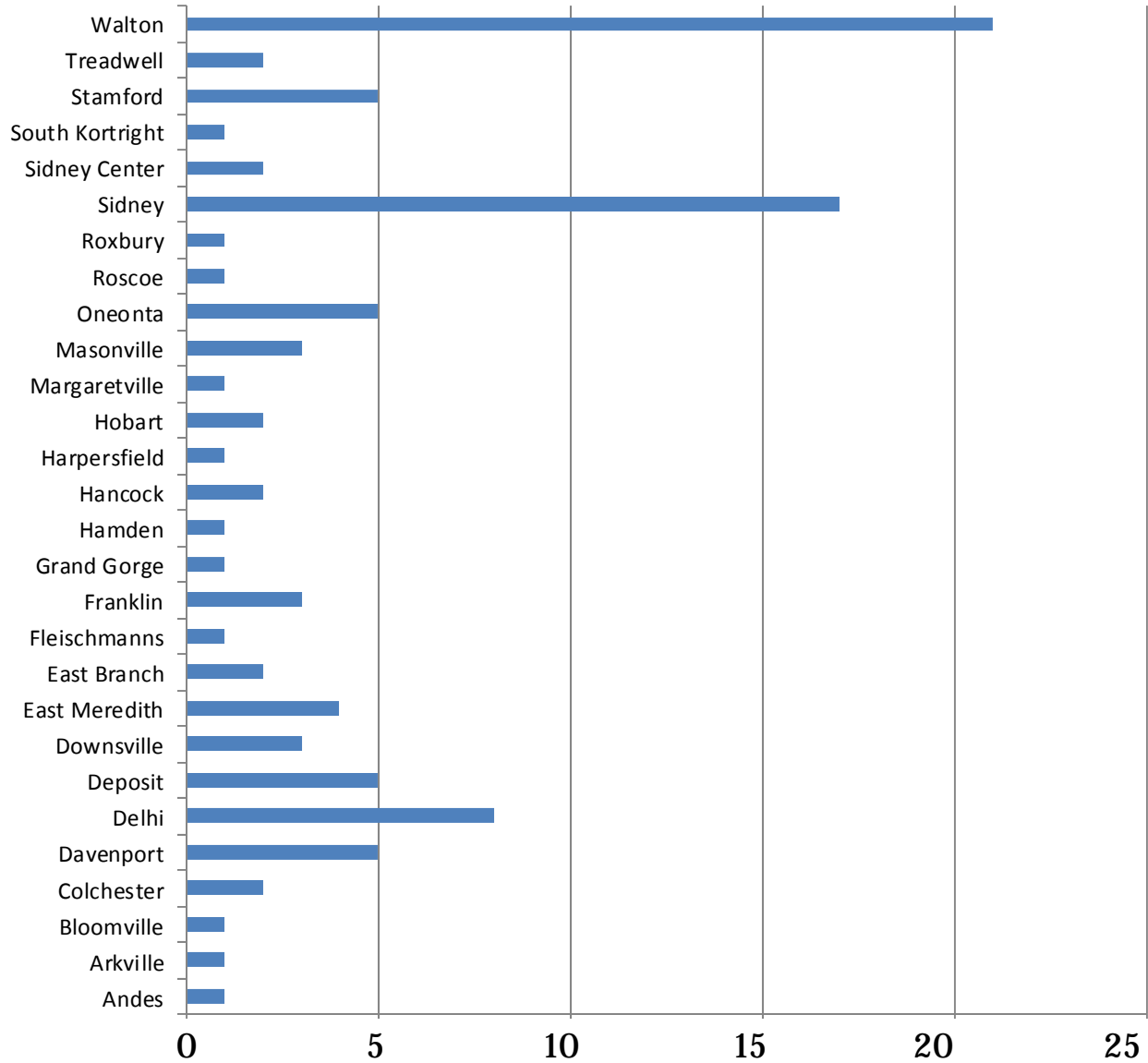
The Local Early Intervention Coordinating Council (LEICC) met in March and September this year. The LEICC members help identify gaps in service and offer support and suggestions. Agency resources and pending trainings were shared at meetings as well as a discussion of the provider shortage and possible resolutions. The two sites for Parents as Leaders programs in Delaware County were closed due to lack of funding.



School District	# Children
Andes	1
Charlotte Valley	9
Delhi	16
Deposit	8
Downsville	10
Franklin	7
Hancock	4
Margaretville	6
Oneonta	6
Roscoe	1
Roxbury	4
Schenevus	1
Sidney	27
South Kortright	4
Stamford	12
Unadilla	3
Walton	35
Total	154

Early Intervention

EI/Child Find Referrals by School District in 2014



Total Referrals = 102

Early Intervention

Active Children in EI/Child Find by School District

School District	Number of Children
Andes	1
Charlotte Valley	9
Delhi	16
Deposit	8
Downsville	10
Franklin	7
Hancock	4
Margaretville	6
Oneonta	6
Roscoe	1
Roxbury	4
Schenevus	1
Sidney	27
South Kortright	4
Stamford	12
Unadilla	3
Walton	35
Total	154

Preschool Special Education Program

The Preschool Special Education Program provides educational services to children ages 3-5 years old, who have a disability that affects the way they learn. Eligibility for services is determined by the child's individual school district's Committee on Preschool Special Education (CPSE) which is run by the school district's chairperson. The CPSE's decision of eligible services for each child is determined by the committee following part 200 of the New York State regulations of the Commissioner of Education. The CPSE creates an Individualized Education Program (IEP) for the child. Parents have a choice of 8 evaluators to complete educational evaluations for their preschool child. These evaluators are approved through New York State Education Department.

Delaware County contracts with individual providers for related services. These professionals include:

Speech and Language Pathologists

Occupational Therapist

Speech Therapist

Physical Therapist

Special Education Teachers

Teachers of the Visually Impaired

In addition Delaware county contracts with 6 integrated preschool programs:

Brookside (a program of Ulster and Green ARC) located in Cottekill, New York

Carousel Children's Services (a program of the ARC of Delaware County) located in Delhi, New York

Family Enrichment Network located in Norwich, New York

Handicapped Children's Association located in Johnson City, New York

Kids Unlimited (a program of Springbrook, Inc) located in Oneonta, NY

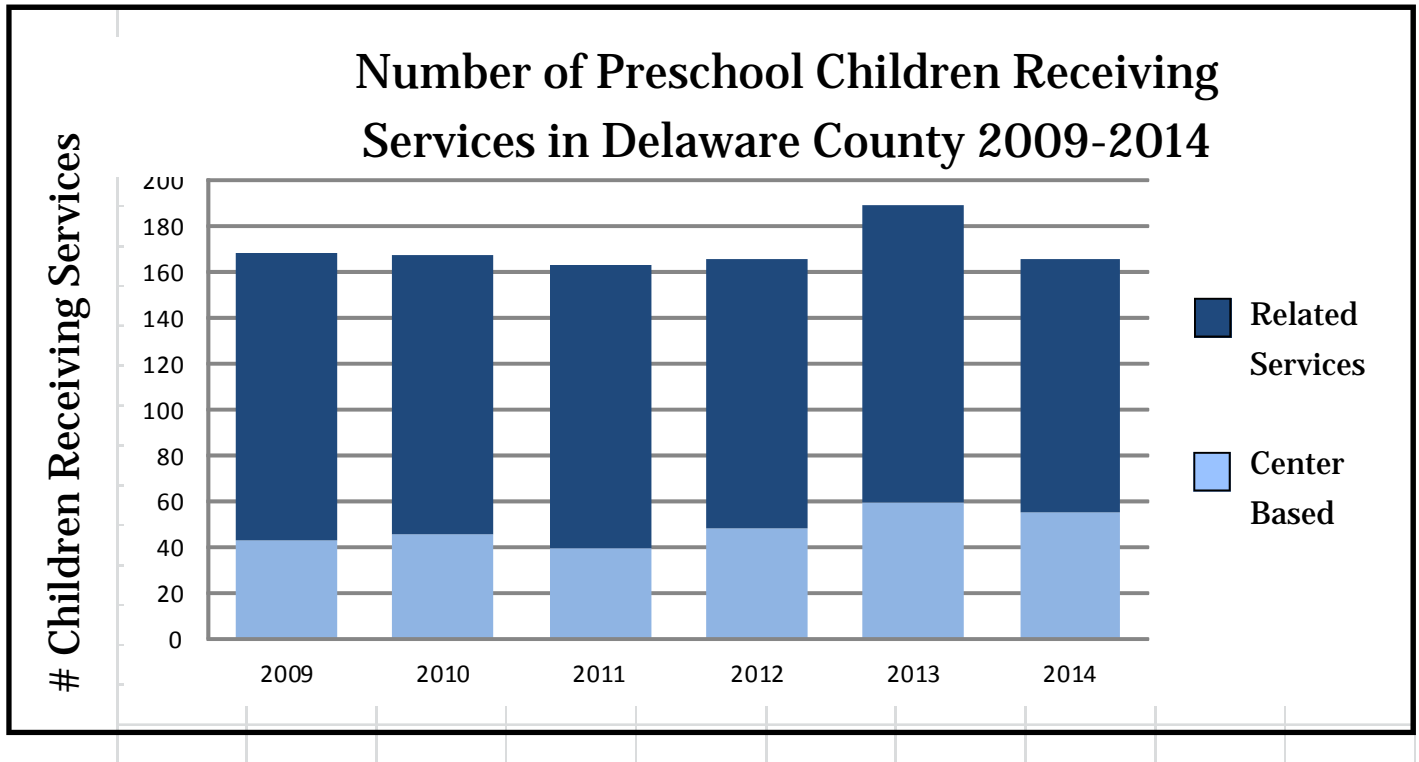
Whispering Pines located in Cobleskill and Delanson New York

Kids Unlimited of Springbrook, Inc located in Oneonta New York is one of the 6 integrated preschool programs that contract with Delaware County. In the past they had operated 2 integrated preschool classrooms, on average 2-3 Delaware County children attend this integrated program.

Upon, evaluation of regional need for additional preschool integrated classrooms, Kids Unlimited opened a third integrated preschool classroom in the fall of 2014.

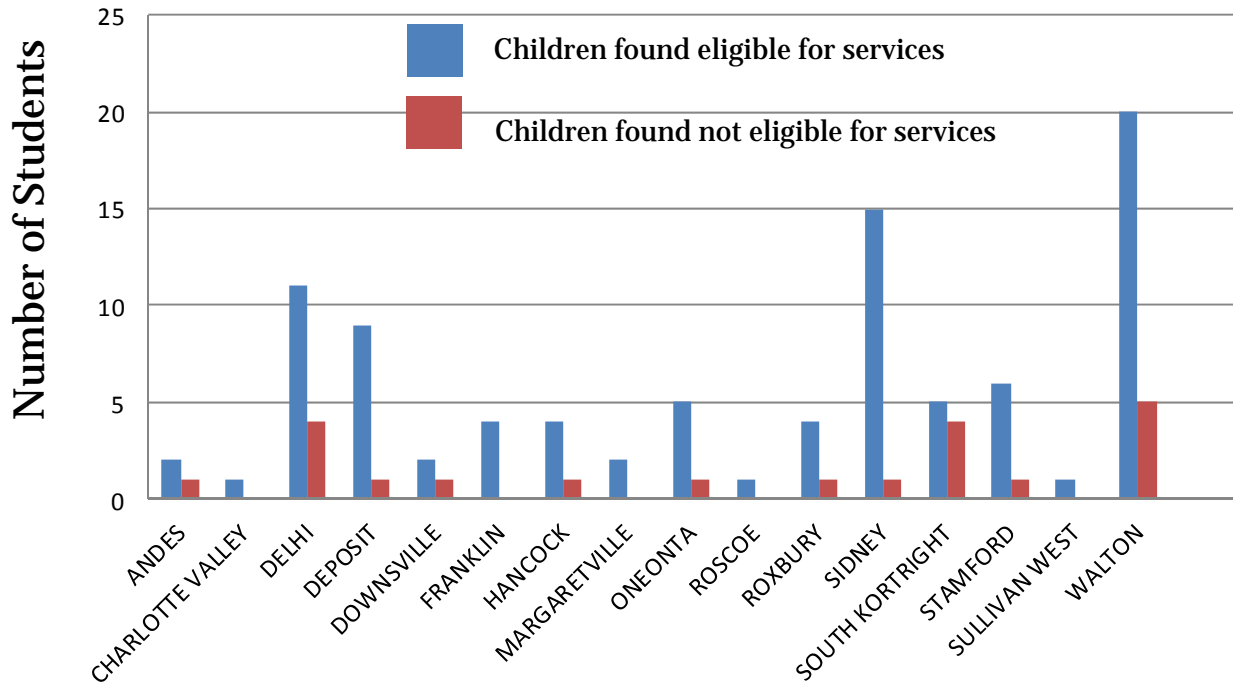
In the spring of 2014 Delaware County entered into a contract with a transportation consulting group, VMC, Inc. (Value Management Consultants) to help defray the cost of preschool transportation for the county. VMC's function is to keep the preschool transportation costs down by providing routing functionality and to field transportation questions and concerns from the county, integrated preschool programs, and transporters regarding the transportation of preschool children. VMC also assisted in the transportation bidding process this past summer. They brought new ideas to the bidding process to ensure more cost effective bids from transportation companies.

Preschool Special Education Program

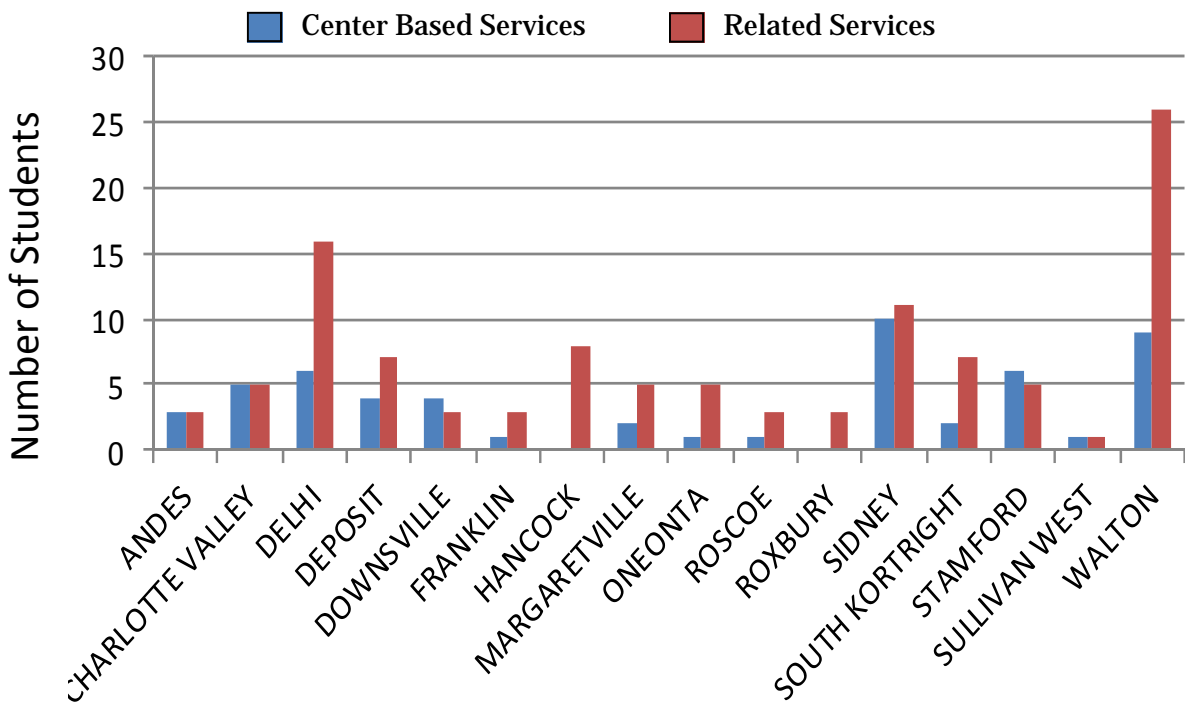


Preschool Special Education Program

2014 Preschool Evaluations by School District

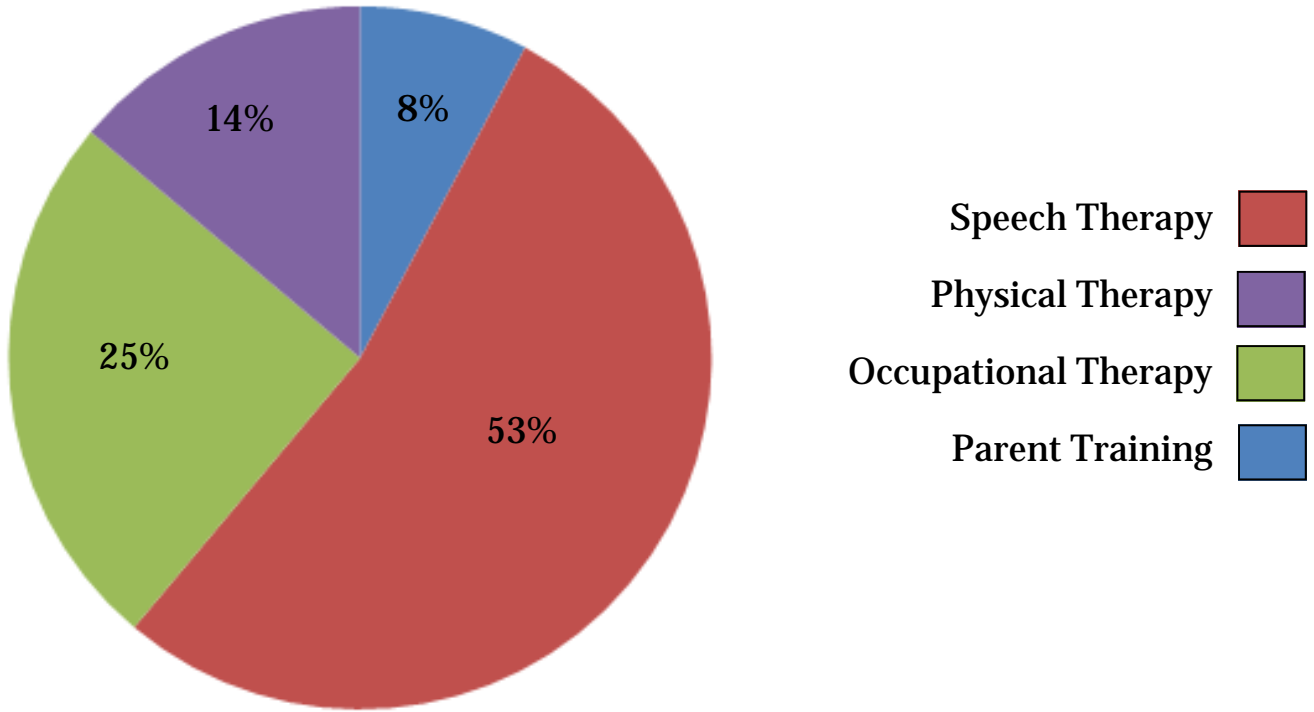


2014 Preschool Students by School District

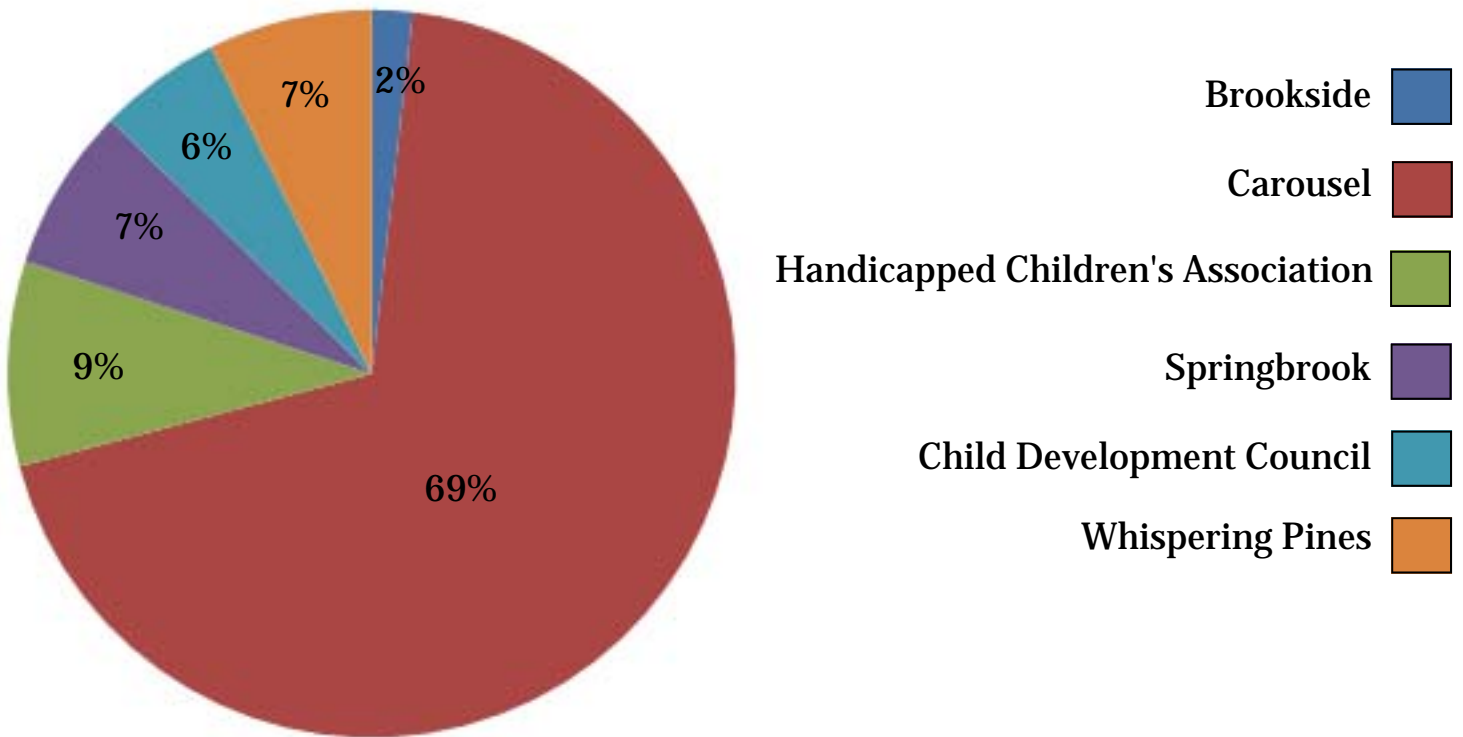


Preschool Special Education Program

Preschool Related Services by Type



Preschool Center Based Enrollment



Administration

Records Management

All records for Public Health are retained according to the Records Retention and Disposition Schedule (CO-2), a published reference tool from State government records services that lists how long specific records must be retained and when they can be disposed of legally. The records are stored in appropriate boxes with labels that list what the contents are as well as the retention period and disposition date. The boxes are stored on marked shelving units in a locked room. In 2014 the remaining records that were stored off site at NYSEG were brought back to be stored on site. In addition, Public Health contracted with a shredding company who comes quarterly to shred records on site. In 2014 169 boxes of records had exceeded the retention period and were destroyed.

Corporate Compliance Program

The Public Health corporate compliance program was developed to ensure standards of care, ethical behavior and compliance with all applicable federal, State and local laws and regulations governing the agency. Compliance Program policies and procedures are in place to identify and report fraud, waste, and abuse of public resources. The Public Health Director annually certifies to the NYS Office of the Medicaid Inspector General (OMIG) that the agency compliance program satisfactorily meets requirements of NYS Social Services Law ("SSL") Section 363-d and 18 NYCRR Part 521. The compliance committee uses a team approach to ensure the identification, investigation and correction of compliance problems and met six times in 2014 to discuss any potential compliance risks. No evidence of fraud or abuse was identified. In the process of recertifying its compliance program for 2013, the following work plan goals were developed for 2014; develop billing protocols and audits for all programs, update annual compliance training, and develop a job description for the compliance officer.

Accomplishments for 2014:

- All committee members attended the annual SED Medicaid update meeting
- Compliance Policies and Procedures were reviewed and updated
- Compliance officer job description was developed
- EI orders were revised to include make up sessions
- A process was implemented to identify if Medicaid recertification was completed for EI clients
- MCH chart audit tool developed, identified missing dates on documentation, Documentation policy is in the process of being revised to clarify documentation process.
- A fiscal audit tool for the EI and Pre-K program was developed and implemented, one billing issue was found with Pre K billing and corrected
- Monthly review of the Medicaid exclusion list identified one OB provider that is on the exclusion list however no billing was done for this provider.

2014 Net Costs to Delaware County

Delaware County Public Health Services provides 6 Core Public Health functions; Chronic Disease Prevention, Communicable Disease Control, Family Health, Environmental Health, Emergency Preparedness and Response, and Community Health Assessment. These 6 core functions are funded by New York State Aid Article 6 funding. Article 6 funding reimburses net expenses (expenses-revenue) excluding fringe benefits and mal-practice insurance at 100% up to our cap of \$500,000 and then reimbursement drops to 36% for the remainder of eligible expenses.

Delaware County Public Health Services operates two children's programs; Early Intervention and Preschool Special Education. These children's programs are not eligible for State Aid Article 6 funding. Funding for Early Intervention administration is provided by Medicaid and the EI Administration grant. Delaware County Public Health Services provides Service Coordination and Speech Therapy services. These services are billed to Private Insurance and Medicaid. Early Intervention services that are not covered by Private Insurance or Medicaid are paid by the county and then reimbursed at 49% by New York State Department of Health. Preschool Special Education administrative costs are reimbursed by New York State Department of Education but are limited to \$75/child which in the 2012-2013 school year was only 9% of actual administration costs. Direct services are reimbursed from New York State Department of Education at 59.5%. This reimbursement is then adjusted downward to accommodate for revenue received from Medicaid. Transportation costs are also adjusted from the 59.5% as they are capped at \$33.00 per one way trip.

Delaware County Public Health Services continues to receive the following grants:

- A Lead Poisoning Prevention grant which provides \$26,075 to increase awareness of lead poisoning, identify high-risk populations, increase lead testing/screening and provide follow-up to children with elevated lead levels.

- A Children with Special Health Care Needs grant which provides \$17,553 to reduce or eliminate gaps and barriers which prevent families of children with special needs from obtaining insurance, health services, and community resources and assist them with navigating the healthcare system.

- A Rabies grant which provides \$14,545 for human post exposure treatment, specimen shipment and testing, and pet vaccination clinics.

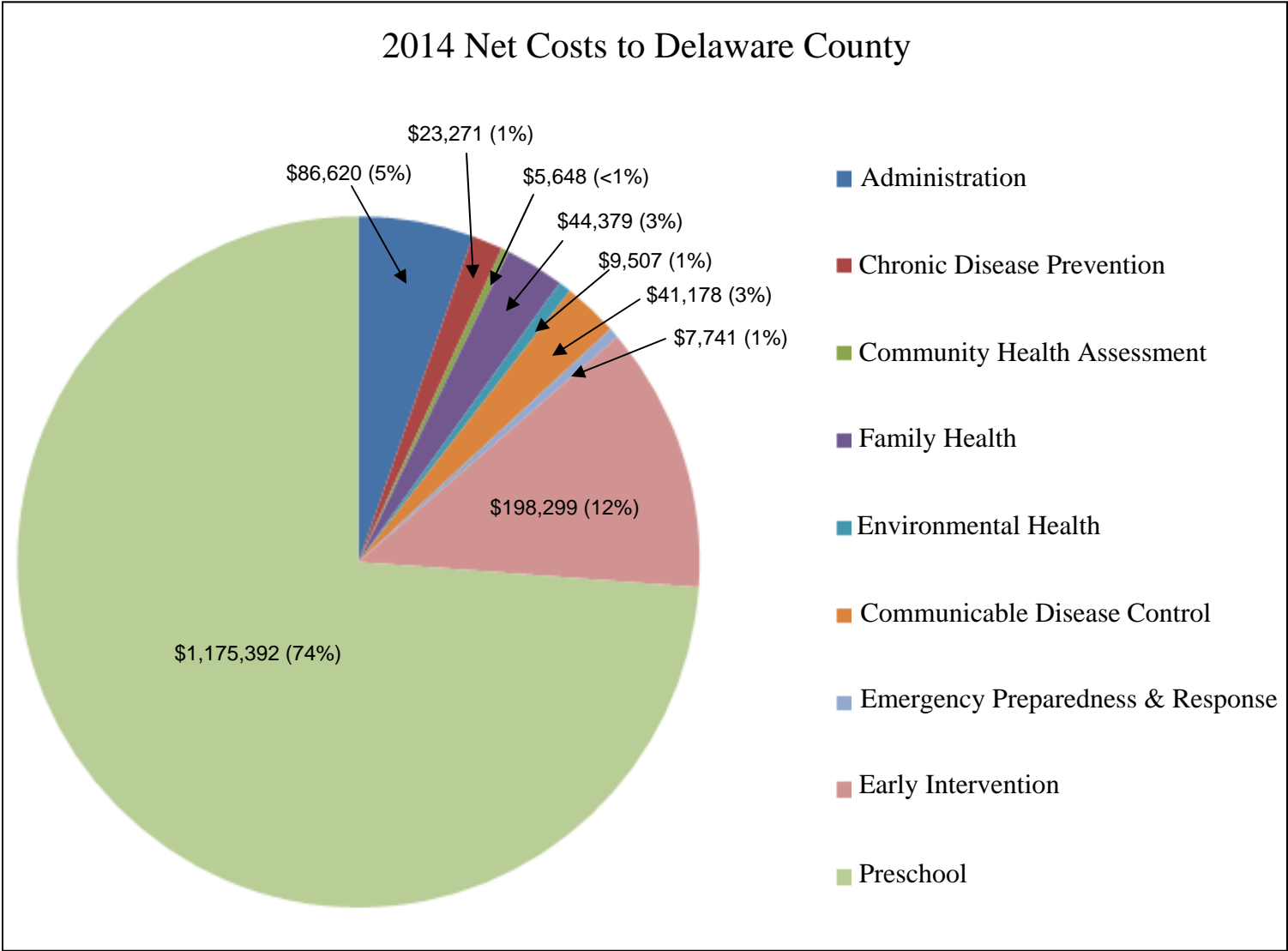
- An Immunization Action Plan which provides \$30,000 to increase immunization rates, improve immunization records, and promote immunizations through education and training.

- A Public Health Preparedness grant which provides \$52,096 for planning, training and exercises in preparation for a public health emergency.

- An Early Intervention Administration grant which provides \$21,313 for administration of the Early Intervention program including, Child Find, Outreach and Education, and ensuring services are available.

- In 2014 The New York State Health Foundation awarded Delaware County Public Health Services a \$5,000 grant to support our Complete Streets and Prescription Trails Program.

2014 Net Costs to Delaware County



Agency Evaluation Summary

The Health Services Advisory Board (HSAB) met on the following dates: 2/13/14; 3/20/14; 5/22/14; 7/17/14; 9/18/14; and 11/20/14. The advisory board includes the Community Health Committee of the Board of Supervisors. The HSAB is responsible for approving new and revised policies and procedures and provides quality assurance functions including review of quarterly QA reports, patient complaints and any other issues/concerns that may arise. The HSAB provides administrative oversight to the agency. The Medical Director attends and participates in the meetings and also signs non patient specific orders for the Article 28 immunization clinic. The Medical Director is available on a 24/7 basis and the Medical Advisor is also available to the agency as needed.

2013 was described as a year of shortages. The shortages in staffing continued in 2014. A full time nurse resigned and the agency created a program coordinator position which was funded and approved. In late 2014 an applicant was hired to start in January 2015. A per diem nurse with prior experience with the agency was hired in November to work in the communicable disease program. One per diem nurse worked full time temporary during the summer in communicable disease to ease the staffing shortage.

2014 was a year of change. The New York State Department of Health redesigned the required core services required provided by local health departments. As of January 1, 2014, the six required core programs are: Communicable Disease; Chronic Disease; Community Health Assessment; Emergency Preparedness; Environmental Health which includes Lead Poisoning Prevention and Injury Control; and Family Health which includes Maternal Infant health, Child health and reproductive health. Two new core services, chronic disease and emergency management were added. The health education component was eliminated as a core program and integrated into public health services across all six core programs.

Public Health services are moving away from individual direct care towards a population based approach which focuses on environmental and policy changes to promote healthy behaviors. Strategies to improve the health of populations require measurable outcomes and are evidence based. The increase in technology and the use of social media such as Facebook and Twitter has presented opportunities and challenges to health departments. Social media is a frequently used method of communication and our agency has a Facebook page and Twitter account which are used to promote healthy activities and behaviors.

The Community Health Improvement first year activities were implemented in 2014. The two major priority areas are preventing chronic disease; and promoting mental health and preventing substance abuse. The focus for chronic disease prevention is the Complete Streets Project and the Breastfeeding in the workplace project.

In population based health, the intervention strategies involve a community based approach including developing coalitions to address identified concerns and develop and implement activities and strategies to address the concern. The Suicide Prevention Network was established in 2014 and this coalition includes members from across human services, community services and faith based services. The Network meets monthly and has developed a logo, mission statement and brought suicide prevention/safety training to Delaware County. Our agency partners with Alcohol and Drug Abuse Services, the Alcohol and Drug Abuse Council and Mental Health Department to address mental health infrastructure concerns and our agency has a staff member on the mental health committees.

Agency Evaluation Summary Continued:

The Bassett Crisis unit which provided mental health evaluations for people in crisis closed in 2014. As the model changed from facility based to community based evaluation, The Mobile Crisis Assessment Team, known as MCAT started providing community based services in the county. MCAT is a contracting partnership of The Neighborhood Centre, Inc. and the area Departments of Mental Health working collaboratively with community agencies and resources.

The increase in heroin and other opiate drug use/misuse in Delaware County prompted the development of a Drug Task Force spearheaded by the Sheriff's Department. The task force addresses drug misuse from the four pillars of prevention, treatment, harm reduction and public safety. A peer recovery coach program is being piloted in the county correctional facility in partnership with the correctional facility, Drug and Alcohol Abuse Services, Friends of Recovery and The Drug and Alcohol Abuse Council. The project is funded by a grant from the Rural Healthcare Alliance.

Chlamydia is a sexually transmitted infection noted to be on the rise nationwide. The condom access program was developed by the New York State Department of Health as a way to decrease transmission of the infection and our agency promoted this to the school districts; however the project was not implemented in the schools. Three school districts have a school based health program which does address reproductive health. The agency has started a pilot project providing classes on HIV, Hepatitis and other STIs to high risk clients at the Alcohol and Drug Abuse Services office in Hamden, NY.

The first case of Ebola in the US created additional communicable disease preparedness requirements for our agency. As part of the NYS Commissioner of Health's order, policies and procedures were revised and updated and training was provided on personal protection and changes in protocols.

The delivery system reform incentive payment program (DSRIP) applications are now available and healthcare providers are working in regional planning groups to submit plans to access DSRIP funding as part of the Medicaid redesign team plan to decrease costs through healthcare reforms.

The agency continues to have a collaborative relationship with the NYSDOH District Office located in Oneonta, NY. The District Office and our agency worked together on a communicable disease outbreak at a summer camp.

Identifying and clarifying the role of Public Health staff and the local dog control officers in the confinement and quarantine process continues to be a challenge. There have been discussions with an Agriculture and Markets veterinarian, local dog control officers and with town supervisors to develop a process. The issue of feral cats and the need for an animal control officer is ongoing.

Early Intervention and Preschool Special Education programs are required services that are not included as part of core services and therefore not eligible for Article 6 state aid reimbursement. Preschool Special Education expenses continue to be the largest portion of the budget. The number of children in preschool is continuing to rise, mirroring the increase in EI children noted 2-3 years ago. The number of EI children has since decreased and it is anticipated that preschool may follow the same pattern. Delaware County contracted with VMC consulting group to assist in developing transportation bid specifications and to coordinate routing with the goal of saving

Agency Evaluation Summary Continued:

dollars in the transportation budget. Springbrook integrated preschool in Oneonta, NY increased from 2 to 2 classrooms to accommodate the increase in children requiring integrated center based services.

The Community Improvement Plan strategies and activities will continue to be implemented over the next 3 years. The delivery system reform, rise in drug use, need for emergency preparedness, chronic disease prevention and the need to strengthen the mental health infrastructure will present challenges as well as opportunities for Public Health and our partners in 2015.