

**YATES COUNTY  
PUBLIC HEALTH DEPARTMENT**

**2009**

**ANNUAL REPORT**

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# **PUBLIC HEALTH IN AMERICA**

## **Vision:**

Healthy People in Healthy Communities

## **Mission:**

Promote Physical and Mental Health and Prevent Disease,  
Injury, and Disability

## **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

## **Essential Public Health Services**

- Monitor health status to identify community health problems
- Diagnose and investigate health problems and health hazards in the community
- Inform, educate, and empower people about health issues
- Mobilize community partnerships to identify and solve health problems
- Develop policies and plans that support individual and community health efforts
- Enforce laws and regulations that protect health and ensure safety
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- Assure a competent public health and personal health care workforce
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- Research for new insights and innovative solutions to health problems.

**YATES COUNTY PUBLIC HEALTH DEPARTMENT  
2009 Committee Membership**

**Human Services Committee of the Legislature**

Douglas Paddock, Chairperson  
Deborah Flood, Vice Chairperson  
H. Taylor Fitch  
Donald House  
Timothy J. Dennis

**Professional Advisory Committee**

Eleanor DeWitt, MD, Medical Director  
Vicki Dornberger, Speech Pathologist  
Leslie Elliott, Registered Dietician  
Mary Griffiths, Public Health Nurse  
Sara Christensen, RN, Supervising Public Health Nurse  
Deborah Minor, RN, Director of Public Health  
Debra Snyder, RN, Supervising Public Health Nurse  
Teresa Suave, Occupational Therapist  
Susan Thomas, Medical Social Worker  
Patricia Meyers, RN

**S<sup>2</sup>AY (Steuben, Schuyler, Allegany, Yates) Rural Health Network/Health Advisory Committee**

Taylor Fitch, Yates County Legislator  
Nancy Gates, Commissioner, Department of Social Services  
Deborah Minor, Director of Public Health  
Dr David Schirmer, Community Representative

The department also has several other advisory groups for specific programs including the Local Early Intervention Coordinating Council (LEICC), the Injury Prevention Coalition, the Yates County EMS Advisory Council, and the Public Health Emergency Operations Task Force.

**YATES COUNTY PUBLIC HEALTH DEPARTMENT  
2009 Personnel**

**Administrative staff:**

Lauren R. Snyder*	Director of Public Health/Patient Services
Deborah A. Minor	Director of Public Health/Patient services
	Deputy Director
Dr. Eleanor DeWitt	Medical Director (contract)
Mary Anne Delcour	FT Sr Administrative Assistant
Heather McCloud	FT Sr Account Clerk Typist
Joy Jensen	FT Sr Account Clerk Typist
Patti Rumsey	FT Account Clerk Typist

**Home Care Staff**

Debra M. Snyder	Supervising Public Health Nurse
Mary Griffiths	FT Public Health Nurse
Kathleen Hillman*	FT Public Health Nurse
Karen Strickland	FT Public Health Nurse
Dayna Meyers	FT Registered Nurse
Karen Gilmartin	FT Public Health Nurse
Erica Verdehem**	FT Public Health Nurse
Brenda Guasp	FT Registered Nurse
Christine Smith*/**	FT Registered Nurse
Ann Murphy	Licensed Practical Nurse
Beverly Boardman	FT Home Health Aide
Anne Gee	FT Home Health Aide
Mary Gee	PT Home Health Aide
Amy Francione	FT Home Health Aide
Deborah Furgeson	FT Home Health Aide
Susan King	PT Home Health Aide
Ann Marie Easling	PT Home Health Aide
Kim Lafler	FT Home Health Aide
Ethel Brown	PT Home Health Aide
Linda Campbell	PT Home Health Aide
Brenda Ingram*	PT Home Health Aide
Susan Thomas	PT Medical Social Worker

**Public Health/Prevention Staff**

Sara Christensen	Supervising Public Health Nurse
Virginia Colf	Data entry/outreach Immunization/Lead (contract)
Melanie Sullivan	Outreach Transitional Case Management (contract)
Christine Warriner	FT Coordinator EMS
Kathy Swarhout	FT Health Educator, Health Education
Julia Field	Clinic Manager
Dorothy Volz	FT Public Health Nurse, Maternal-Child Health
Mary Corwin	FT Registered Nurse
Elizabeth Rogers	FT Registered Nurse, Maternal-Child Health
Margaret Brinn	Public Health Emergency Planner (contract)

**Special Children's Services Staff**

Cynthia Chapman	FT Public Health Assistant, Coordinator
Terri Cadwell	FT Sr Account Clerk Typist
Susan Simmons	FT Public Health Nurse/Service Coordinator, Early Intervention
Lynn Canfield	CPSE Designee (contract)
Nancy Middlebrook	CPSE Designee (contract)

(FT = Full Time, PT = Part Time, \*retired/resigned during the year, \*\* new employee)

The Public Health Department also contracts with numerous agencies and individuals to deliver specialized services to both Home Care Patients and Children with Special Needs.

*The activities of the Yates County Public Health Department (YCPH) can be divided into three major areas of operation: Home Care Services, Public Health Prevention Programs, and Special Children's Services.*

### HOME CARE SERVICES

The Yates County Public Health Nursing Service operates a Certified Home Health Agency (CHHA) which is licensed and regulated by the State of New York and the federal government (Center for Medicare and Medicaid Services). The CHHA is approved to provide Skilled Nursing, Physical Therapy, Occupational Therapy, Speech Pathology, Medical Social Work Services, and Aide services (Home Health Aide and Personal Care Aide level) on an intermittent basis to homebound patients. Services are provided in accordance with a physician's plan of treatment and based on a nursing evaluation of patient needs. Medical supplies and equipment are provided by arrangement. Services are available seven days per week.

**Skilled nursing service** is the essential component of the home care program. No other service is provided without nursing assessment, planning and case management. **Therapies** are provided on a part-time basis by contract with individuals and other agencies. **Aide Services** are an extension of nursing and/or therapy service. Home Health Aides are trained in a New York State Department of Health-approved course. A **Home Health Aide** can assist a patient with bathing and grooming, meal preparation, household tasks and *health-related tasks* under the supervision of a nurse or therapist. (*Health-related tasks are not provided under the Personal Care Aide program.*) Reimbursement for home care services comes from several sources: Medicare, Medicaid, private insurance and patient payment based on a sliding fee scale. No resident of Yates County is denied services due to inability to pay. The initial referral for home care services is accepted from any source.

REFERRAL SOURCES	2004	2005	2006	2007	2008	2009
<b>Total Hospital Referrals</b>	397	427	392	513	524	522
<b>Physician's &amp; Nurse's</b>	101	81	111	105	153	119
<b>Other Agencies</b>	81	58	145	146	209	109
<b>Family Members, Self, Friends</b>	38	57	51	55	62	42
<b>Other</b>	154	167	251	130	33	27
<b>Total Referrals*</b>	771	790	950	949	981	819

- Includes referrals for all home visiting programs (Home Care, MCH and TCM programs)
- 2005 home care referrals only 536; 2006 home care referrals only 673, 2007 home care referrals only = 617. 2008 Home Care referrals - 635. 2009 Home Care referrals 590

YCPH maintains a 24-hour on-call system for home care patients and referral sources through the County central dispatch. A Supervising Public Health Nurse participates in a weekly discharge planning conference with Soldiers and Sailors Memorial Hospital. Upon request, a Public Health Nurse may participate in discharge planning meetings at other area hospitals, skilled nursing facilities and rehabilitation centers.

HOME VISITS	2005	2005	2006	2006	2007	2007	2008	2008	2009	2009
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	cases	visits	cases	visits	cases	visits	cases	visits	cases	visits
Skilled Nursing*	805	7,911	869	7,789	948	8,464	871	8,798	854	8,844
Physical Therapy	156	811	184	874	200	923	198	881	214	896
Occupational Therapy	68	302	89	320	79	189	73	183	86	230
Speech Therapy	3	6	8	26	6	14	12	45	7	19
Nutrition Therapy	2	4	7	30	6	11	7	8	4	8
MSW	25	93	27	108	22	163	14	77	27	176
<b>Aide Services:</b>										
Home Health Aide	121	5,318	130	5,147	140	5,433	129	5,597	120	3,888
Hours:		7,487		7,344		7,495		7,620		5,444
Personal Care Aide	107	6,434	116	6,553	140	7,471	120	7,740	125	8379
Hours:		8,866		9,113		10,208		10,377		10,913
<b>Total Visits</b>		<b>20,879</b>		<b>20,847</b>		<b>22,668</b>		<b>23,329</b>		<b>22,440</b>

\*Includes all home visit, not just home care.

The Agency participated in a three year national Quality Improvement campaign to reduce the frequency of re-hospitalizations and emergent care through the use of best practices by the agency home care staff. To date, the agency has experienced a significant improvement in both measures.

The Department of Social Services has been contracting with the Public Health Nursing Service since 1985 to provide personal care aide services to their Medicaid patients. Personal care services are paid for by Medicaid funds, approximately ten percent of which are county dollars. The Office for the Aging has also contracted with the Public Health Nursing Service since the early 1980s for non-medical personal care aide services for self-paying patients who are age sixty or older. These services are paid for by Community Service to the Elderly (CSE) and Expanded In-Home Services to the Elderly Program (EISEP) and Caregiver grant funds.

## PUBLIC HEALTH PREVENTION PROGRAMS

Public Health Prevention Programs are intended to prevent disease and disability and to promote optimal health. Due to the small number of staff in the agency, response to a public health emergency or disaster would be augmented by the Geneva District and/or the Western Regional Offices of the New York State Department of Health. Some of the preventive health services provided directly by the staff of the agency in 2009 are described below.

**Maternal and Child Health Programs**, always a priority of public health, include such programs as health guidance for prenatal, post partum and newborn cases; health teaching, developmental screening and immunizations in the Clinic setting as well as in the home; school-based immunization clinics; Lead Testing and Case Management.

### Lead Screening Program

In 2009, a total of 356 initial lead screening tests were performed on Yates County children. Of these initial screening tests, 76% were done by the child's primary care provider and the rest (86) were completed by the Public Health Staff (80 in 2008; 74 in 2007.) Children who have a BLL greater than 10mcg/dl receive follow up of letters,

phone calls, and/or visit to parents. Two children received case management services due to a confirmed elevated blood lead level (BLL) of 15mcg/dl or greater. These children had levels high enough to warrant an environmental home investigation, and case management. During 2009, Public Health continued to be actively involved in outreach to the public educating about lead poisoning, prevention and testing. Outreach examples included brochures, placemats, newspaper articles, movie theater ads, billboards, radio press releases and visits to daycare centers. As a reminder to parents in Yates County to have their child's lead level tested, a birthday card was sent to all one and two year olds. Public Health continues to offer lead testing in the home and at our clinics. Fees are based on a sliding scale and for most families the testing is free.

### MATERNAL-CHILD HEALTH VISITS AND CLINICS

	2005 Cases	2005 Visits	2006 Cases	2006 Visits	2007 Cases	2007 Visits	2008 Cases	2008 Visits	2009 Cases	2009 Visits
<b>Prenatal visits</b>	54	183	54	210	51	185	40	126	60	221
<b>Postpartum visits</b>	61	122	50	145	49	115	31	85	58	119
<b>Newborn and pediatric visits</b>	89	171	133	266	101	210	46	128	59	128
<b>Immunization Clinic (am Penn Yan)</b>	46	90	69	100	36	46	8	11	8	10
<b>Immunization Clinic (pm Penn Yan)</b>	39	57	41	54	18	25	23	28	32	41
<b>Immunization Clinic (Dundee)</b>	75	125	95	146	78	110	55	98	47	71
<b>Immunization Home Visits</b>							205	387	199	327

### Immunization Program

Immunizations for vaccine-preventable diseases were administered at the Immunization Clinics, in the Public Health Office, at school clinics, community clinics, the county jail and at home visits. In January 2007, a pilot project was initiated to offer vaccinations in the home to members of the Mennonite community as they are the primary user of the county sponsored immunization clinics and to families who have become disconnected from a medical home. The families continue to be very receptive to this project. As you can see above, our clinic numbers have decreased due to the families taking the home visits. Over 600 vaccines have been administered in 2009 in the home to infants, children, adolescents and adults. The families seen that were disconnected from their medical home were offered assistance to become reestablished with a physician and/or with health insurance as appropriate.

### Immunizations Administered

	2004	2005	2006	2007	2008	2009
<b>Immunizations Administered</b> (not including flu & pneumococcal)	710	1,131	1,008	1,794	1,270	1,129

Included in the vaccines administered in 2009 were 19 adult Hepatitis B, 19 adult Hepatitis A, 68 adult combination Hepatitis A/B, 25 adult Tetanus boosters, and 3 adult measles, mumps and rubella vaccines. YCPH was a committee member of the five-county Finger Lakes Adult Immunization Coalition which works to increase adult vaccination coverage. YCPH also continues to work with the New York State Department of Health on the pilot project aimed at making immunizations available to jail inmates.

### Influenza and Pneumococcal Vaccine Administered

	2004	2005	2006	2007	2008	2009
<b>Pneumococcal vaccine</b>	7	53	30	31	19	24
<b>Seasonal Flu Vaccine (Inactivated)</b>	297	2015	1128	1,024	972	1612
<b>Seasonal Flu Mist (Live Attenuated)</b>	-	8	0	8	15	58
<b>H1N1 Flu Vaccine (Inactivated)</b>						2108
<b>H1N1 Flu Mist (Live Attenuated)</b>						930

### Influenza and Pneumococcal Clinics

The Public Health Office and the Office for the Aging worked jointly to sponsor seasonal influenza and pneumococcal immunization clinics for the public. Twenty three seasonal flu clinics were held for the public which included two senior citizen apartment buildings, an assisted living center, an IRA Home, and a college. Flu clinics were provided to various work sites in Yates County that wished to offer the flu vaccine to their employees. Public Health Nurses made home visits to vaccinate the homebound. Vaccine was also administered at the office to individuals who were not able to attend a public clinic or who were unable to obtain vaccine at their physician's office.

A new influenza strain; H1N1 was first detected in the United States in late April 2009. The virus has caused illness ranging from mild to severe, including hospitalizations and deaths in adults and children. Since this is a novel strain most people do not have immunity to it and thus H1N1 was the predominant influenza strain that caused illness and death this flu season. Public Health not only held seasonal flu clinics but also H1N1 clinics. When the vaccine was first released, there were designated priority groups which were vaccinated first. In late December 2009, the NYSDOH announced that vaccination was open to anyone 6 months and older. In total we held 29 H1N1 clinics during the months of October through December. Clinics included 6 public clinics, 6 school based clinics, 11

worksite clinics, 2 provider office clinics, and a local fire department and Ambulance Corp. clinic. We also administered 54 H1N1 vaccinations in the office and 65 H1N1 vaccinations in the home from October to December. To meet the increased staffing needs of holding these additional clinics, Yates County Public Health contracted with two nurses previously employed with the agency and utilized Medical Reserve Corp volunteers at the clinics.

**Communicable Disease Control**

	2005	2006	2007	2008	2009
<b>Communicable Disease Investigations</b> (not including rabies )	52	99	87	106	118

Communicable disease control, one of the core

functions of Public Health, focuses on early identification of disease, prompt notification of the provider community, investigation of disease sources, and education to the community members to prevent spread. With the threat of disease outbreaks, whether by natural spread of emerging pathogens such as Avian Flu or by human intent such as bio-terrorism, active surveillance has become an increasingly vital component of the communicable disease program. This active surveillance necessitates a collaborative effort with health department personnel, hospital emergency department staff, school nurses, pharmacists, physicians and other partners. Active surveillance is an attempt to identify trends such as increased purchase of pain, fever and gastrointestinal medications as well as increases in similar chief complaints of emergency department patients in order to identify clusters or outbreaks of illness quickly. The communicable disease nurse serves as a liaison between New York State Department of Health and the provider community. The communicable disease staff also works collaboratively with the Health Educator to keep the public at large informed and educated regarding infection control and illness prevention measures. Passive surveillance whereby the practitioners and laboratories report designated illnesses such as salmonella, giardia, hepatitis and chlamydia to the Public Health office continued.

**Rabies Control Program**

	2005	2006	2007	2008	2009
<b>Rabies Investigations</b>	87	126	129	150	121
<b>Specimens Submitted</b>	53	40	26	47	38
<b>Positive Specimens</b>	2	5	1	0	1
<b>Humans Treated</b>	20	15	16	19	18

Since the emergence of raccoon Rabies in Yates County in 1991, considerable staff

time (including a 24-hour on-call system) has been devoted to investigating rabies-related incidents in order to prevent human rabies disease. The on-call system was expanded in 2000 and again in 2001 to include calls related to West Nile Virus (dead and ill birds), bioterrorism-related incidents or inquiries and all other reportable communicable diseases.

In 2009 a total of 944 dogs, cats and ferrets were vaccinated at the county sponsored rabies clinics. A total of 8 clinics were held during 2009 at five sites (Penn Yan, Potter, Benton, Italy and Dundee).

**West Nile Virus Control Program**

	2005	2006	2007	2008	2009
<b>Bird reports</b>	7	33	15	8	7
<b>Birds Submitted</b>	2	1	0	0	1
<b>Positive Birds</b>	0	1	0	0	1
<b>Humans Cases</b>	0	0	0	0	0

In 2002, Yates County confirmed the first human case of West Nile Virus in upstate New York. One human case of West Nile Virus occurred in Yates County in 2003 along with a confirmed case of West Nile Virus in a horse. Since 2004 there have been no confirmed cases of West Nile Virus in humans; however black crows submitted in 2006 and 2009 tested positive for West Nile Virus in Yates County. Although there is no vaccine available to protect humans from West Nile Virus, there is a vaccine available for horses that can be administered by veterinarians. NYSDOH carried out a mosquito surveillance program for Yates County in 2006. One of the four pools of mosquitoes that were collected and analyzed was positive for West Nile Virus. To date that was the first positive pool collected and reported in Yates County. No mosquito surveillance was performed for Yates County in 2007, 2008, or 2009.

**Tuberculosis Control Program**

Of the 376 individuals (includes 184 inmates at Yates County Jail) who were tested for Tuberculosis in 2009, four were identified with Latent Tuberculosis Infection (past exposure to TB but no active disease). These individuals were monitored monthly by Public Health staff while they received preventive treatment. TB screening was also provided for employees of YCPH and other county agencies. Since 2002 there have been no active cases of Tuberculosis in Yates County.

**Sexually Transmitted Disease Control**

	2005	2006	2007	2008	2009
<b>Gonorrhea Cases</b>	0	6	5	2	2
<b>Syphilis Cases</b>	0	1	2	0	0
<b>Chlamydia Cases</b>	14	36	33	37	37

Diagnosis and treatment of sexually transmitted diseases is a

responsibility of each county health department in New York State. In lieu of operating an STD clinic, Yates County pays for diagnosis and treatment for Sexually Transmitted Diseases by other providers such as the Rushville Health Center and the Family Planning Center. New York State Department of Health personnel perform follow-up of STD cases with assistance from YCPH staff. There continued to be elevated numbers of chlamydia in Yates County during

the year 2009. The rise in chlamydia is not limited to Yates County as other counties of New York State reported increases as well. YCPH continues to work with the Family Planning Center to provide education to decrease the numbers of STD cases.

### **HIV/AIDS Program**

Community education and availability of counseling and testing are priority activities in the HIV/AIDS program. YCPH provides both confidential and anonymous HIV testing. Testing can be done either by blood sample or oral swab. A total of 32 individuals were tested for HIV by Public Health staff in 2009. HIV/AIDS counseling and testing was offered at the Yates County Public Health office, at home visits, and at the county jail.

### **Transitional Case Management**

Transitional Case Management is a program that was created in 1997 as a collaborative project between the Rushville Health Center, Department of Social Services, Department of Community Services, Soldiers and Sailors Memorial Hospital, as well as Public Health. This program just celebrated 12 years of service. It was designed to assist Yates County individuals/families to make the transition from Medicaid to Medicaid Managed Care. This was achieved by helping individuals/families learn how to access and utilize health care appropriately. The TCM program has evolved to provide short-term support as well as linkage to other agencies that can continue to provide assistance as needed.

A team consists of a Public Health Nurse and an Outreach Worker that helps individuals/families referred from the local DSS office, hospital, other health and mental health providers, as well as other community based organizations. To date, the TCM program has served over six hundred (682) individuals and families. Some individuals/families have been admitted for TCM services more than once. A total of 253 visits were made to 116 individuals and families during 2009. Lack of transportation remains a concern of the many individuals and families served in this program, however, the two primary needs identified during 2009 were 34 medical or financial issues along with finding suitable housing. Also, 41 individuals/families were in need of assistance with medical bills or in need of insurance. The secondary need identified for individuals (12) in the TCM program was that of obtaining Social Security Disability (SSD) or Social Security Supplement Income (SSI).

### **Jail Services**

Public Health continues to work collaboratively with the jail's medical director and mental health nurse to address the immediate health concerns of inmates and medication management that is related to inmates with Latent Tuberculosis Infection. The doctor employed by YCSO and the mental health nurse employed by Community Services have the primary responsibility for daily medical needs, medication management and mental

health concerns. A public health nurse visits the jail 2-3 times per week to screen inmates for tuberculosis, offer HIV testing, and offer Hepatitis A and Hepatitis B vaccination for those at high risk. During 2009, 31 inmates received HIV counseling and testing through this program and over 50 Hepatitis A and or B vaccinations were administered.

Annual tuberculin skin testing was provided and Hepatitis A/Hepatitis B immunization was also offered to the YCSO staff. The nurse answered questions that YCSO staff had in regards to infection control and personal protective equipment.

### **Worksite Wellness**

With the employment of a chronic disease nurse, worksite wellness activities began in 2008 as a collaborative effort between the S2AY Rural Health Network and Yates County Public Health nursing staff. Worksite Wellness Programs have been designed with the goal of promoting and improving the health of employees and their families. The Healthy Living Partnership Project is working to engage area employers to commit to a three year plan which provides annual no cost testing to employees. The goal is to test employees using four key health indicators: BMI - Body Mass Index, % of body fat, random glucose and cholesterol testing, and blood pressure readings. In our first year we provided testing of key health indicators to eleven Yates County employers, with a total 284 employees screened.

### **Chronic Disease Prevention**

Through an expansion plan in April 2008 the Cancer Services Program became integrated statewide, offering comprehensive screening to eligible men and women throughout New York. Through outreach and screening efforts 108 men and women were screened for breast, cervical and/or colorectal cancer during 2009.

A new pilot project with Monroe Plan to address new onset or poorly controlled Type II Diabetes was initiated in 2007. The project allows nursing staff to visit identified patients in their home to provide diabetes education to patients and their families. Working collaboratively with a team consisting of nursing, outreach, social work and medical staff we are able to reinforce needed education and encouragement to direct the patient to self-care management of diabetes.

### **Community Service**

Community service is an integral part of the role of Public Health. Some of the community boards, committees, and partnerships that YCPH personnel participated in during 2009 included: Yates T.B. and Health Association, Office for the Aging Advisory Board, Coordinated Children's Services Initiative Tier I and Tier II, the Finger Lakes Perinatal Advisory Committee and Data System Board, the Council on Alcoholism and Health Quest Foundation , the Domestic Violence Task Force, the Finger Lakes Regional Health System Community Advisory Committee, the

Family Planning Center Board, the Tobacco Action Coalition of the Finger Lakes, the Yates Community Health Planning Council, HUBBA, the Ontario-Yates Hospice Board, Keuka Housing Council Board and the transitional housing committee, Finger Lakes Health Systems Agency Board, the Finger Lakes Adult Immunization Coalition, the Keuka Lake School Wellness Committee, the Penn Yan Central School District Wellness Committee, the Drunk-Impaired Driving Victims Impact Panel Task Force, the Yates County Continuum of Care Committee, and the Yates County Children's Center Advisory Board.

## **Health Education**

In 2009 the Yates County Public Health Education program included topics, projects, and events targeting a diverse cross section of the county population with a variety of health and safety topics and measures utilizing different educational strategies. The issues addressed included health literacy, cold weather safety, tobacco cessation, rabies, sun/skin safety, dental health, risk communication, emergency planning, seasonal influenza, H1N1 influenza, lead poisoning, underage drinking, immunizations, stroke, Lyme disease, radon, West Nile virus, sleep disorders, asthma, migraine headaches, child car seat safety, medication safety, hazardous/poisonous plants, water safety, mold, breast cancer, cervical cancer, colorectal cancer, STD's, Hepatitis B & C, nutrition, Folic acid, ear infections, Prescription Drug Saver cards, obesity, diabetes, depression/anxiety, sleep disorders, and sign language.

The Health Counts newsletter features health information that is delivered each month via Email, link to the County website, and hard copies to 37 area employers and 28 individuals. In addition, the Public Health section of the County's website offers information on current health events, alerts, available services, contact information, emergency preparedness, as well as links to other sites, such as NYSDOH. Throughout the year, numerous articles and press releases were submitted to local media sources. Articles have also been submitted to outside agency publications, such as the Office For the Aging newsletter, distributed to seniors throughout the County.

Participation on coalitions and committees is another important aspect of collaboration and outreach in the community. The Public Health Educator participates on the Public Health Prevent Team, Emergency Preparedness Core Team, Youth Speak-out committee, Teen Pregnancy Prevention Task Force, Diabetes Coalition, Yates County Coalition on Underage Drinking, Child Health & Safety Fair, Tobacco Action Coalition of the Finger Lakes, S2AY Rural Health Network Public Health Educators, HIV/STD Coalition, Women's Health Forum, Cancer Services Program of Ontario, Seneca, and Yates, Lunch & Learn program, and Injury Prevention Coalition.

Each year community events throughout the county provide an opportunity for health information to be shared with county residents in face-to-face meetings or group presentations. These venues have included Conservation Field Day, Yates County Fair, Good Health Fall Fest, summer recreation programs, Child Health &

Safety Fair, Women's Health Forum, Lunch & Learn program, influenza clinics, WIC clinics, Cruisin' Nite, Farmers' Market, Food Pantries, Chamber of Commerce (Business) Mixer, school health fairs, outreach activities at local banks and pharmacies, and dental health month presentations in day care centers and area preschools. Written information and public presentations on health-related topics are shared at these events which reach a broad spectrum of residents throughout the County.

### **Emergency Medical Services Coordination (EMS)**

The Emergency Medical Service program is designed to provide recruitment, retention and training to high quality volunteers who provide pre-hospital patient care throughout the county. Courses provided this year were: Certified First Responder (CFR) Original, CFR Refresher, Emergency Medical Technician (EMT) Core and EMT Refresher. In addition the EMS coordinator provided specialized training which included Weapons of Mass Destruction, Bloodborne Pathogens, CPR, AED, Spinal Protocol, H1N1 information and Mass Casualty Incident Triage to EMS providers in the county. She also provided community presentations in CPR, AED, Yates County EMS Services, and File of Life information.

The coordinator assisted in community events including What the HECCCK Youth Conference, Krossin' Keuka, Mass Fatality Planning, Finger Lakes Good Health Fall Fest and a volunteer recognition breakfast. A Farm Safety program was developed in conjunction with area Mennonites and NYCAMH to teach awareness of farm safety among the Mennonite school population and their families. Twelve schools received the program this year and this safety program will continue in a three year rotation reaching a total of thirty schools in the county. Along with trainings in Ice Rescue Technician and Swift Water Technician, the EMS Coordinator became a Child Safety Seat Technician and worked in cooperation with the Yates County Sheriff's Office to provide education and child safety seat inspections. Inspections are done individually at the family's request or at designated check points that were set up at the Dundee Fire Station and Penn Yan Elementary School.

The EMS Coordinator attended bi-monthly Finger Lakes Regional Emergency Medical Advisory Council meetings, Finger Lakes Regional Council Meetings, Finger Lakes Regional Protocols & Quality Assurance Meetings, Yates County Emergency Medical Services Advisory Board, and Yates County Fire Advisory. The coordinator also participated in monthly meetings of Yates County Fireman's Association, Public Health Prevent and Helping Us Build Better Assets Core teams and quarterly meetings of E-911 advisory board and Health Emergency Operations Planning.

### **Public Health Emergency Response Planning**

Yates County Public Health continues to plan for potential biological, chemical, or radiological terrorist events as well as naturally occurring large-scale communicable disease outbreaks or natural disasters. The Health-related Emergency Operations Planning (HEOP) Task Force composed of representatives from many community organizations and agencies meets quarterly and addresses local concerns in the planning effort. The written plan used as the guide to preparedness and response activities previously known as the HEOP plan is being revised following a template from the New York State Department of Health (NYSDOH) and will now be called the Yates County Public Health Emergency Preparedness and Response Plan. It will be updated regularly as new information is received.

Focus activities in 2009 included:

- Increased awareness to build community trust through Public Health Emergency Planning and Pandemic Influenza Presentations with representatives of our Faith Based Communities. Formal “Flu and You and What to Do” presentation was provided to many county wide agencies and organizations from May through November. Educational information on emergency preparedness and influenza (seasonal and pandemic) was presented at the Women’s Health Forum in May, county wide volunteer celebration breakfast in September and each Influenza Vaccine Clinics/Points of Distribution (PODs).
- Continued working to recruit and retain volunteers in the Yates County Public Health Medical Reserve Corps (MRC). Educational programs included formal orientation and Psychological First Aid training. A volunteer communication plan was developed and tested in May. The National MRC- NACCHO (National Association of County and City Health Officials) Capacity Building Award for 2009 was received. Part of the NACCHO funding was used to stipend an MRC clerical assistant to help manage the extensive paperwork and filing for the organization. There are 149 dedicated medical and non medical MRC volunteers at years end that helped extensively in the delivery of public health services throughout the year. MRC volunteers were essential in providing the many public H1N1 Vaccine Points of Distribution (PODs) held throughout the county. YCPH along with Yates County American Red Cross and Yates County Emergency Medical Services celebrated our volunteers at a breakfast ceremony in September. Coordinators of the YCPH MRC unit participated in state and regional conferences through available scholarship funding.
- Continued networking with NYSDOH in the NYS Volunteer Management System (ServNY) that “went live” this year. This system is used to credential, deploy and maintain records of NYS medical volunteers. There have been several technical problems encountered with this system; however, it is working better and we continue to reach out to our volunteers to register on this system. There is technical assistance in the YCPH department for those who need it.

- Collaborated with the YC Office of Emergency Management to update the Comprehensive Emergency Management Plan (CEMP). Networked with both the YC Office of Emergency Management and Soldiers and Sailors Memorial Hospital on Mass Fatality Planning for the county.
- Updated and revised annexes to the emergency plan including the Strategic National Stockpile Annex and Communication Directory.
- Maintained YCPH staff awareness of personal and community emergency preparedness through formal education and newsletters including emergency preparedness core competencies, Psychological First Aid Training, a repeat table top exercise on the department Continuity of Operations Plan, emergency preparedness quiz and quarterly staff notification drills.
- Participated with national, state, regional and local agencies on training programs, drills and exercises addressing Public Health Preparedness and Response, Communication, Radiological Emergencies, Mass Fatality Training, YC Hazared Mitigation and Pandemic Influenza Planning. Homeland Security Exercise and Evaluation Program (HSEEP) After Action Reports (AAR) are submitted to New York State Department of Health (NYSDOH) on any drills or exercises initiated by YCPH per the NYSDOH Emergency Preparedness requirements.
- Created the five member YCPH department “Flu Busters Team” to address Leadership, Epidemiology, Immunizations, Public Information and Community Mitigation for the H1N1 Pandemic Influenza issues in the Yates County community. Several YCPH staff participated in multiple national and state wide phone teleconferences and followed the secure NYSDOH and Centers of Disease Control (CDC) websites for additional guidance and regulations from spring through year’s end. YCPH Flu Buster activities included (1) assistance with school planning for Dundee Central Schools, Penn Yan Central Schools and Keuka College; (2) dissemination of educational materials throughout the county by formal and informal group presentations, printed materials in news media and brochures to area churches, organizations and Mennonite mailings, YCPH website updates, posters and radio announcements; (3) provision of both seasonal and H1N1 vaccine to the community per national and state guidelines at multiple public and private clinics to businesses and schools; (4) close communication with all healthcare providers offering assistance with vaccine availability, followup on influenza like illnesses and testing protocols; and (5) receipt, storage and dispensing Strategic National Stockpile supplies of antiviral medication (Tamiflu) and N95 respirators as directed and applicable.

Yates County Public Health Emergency Planning continues to liaison and participate in planning with regional health care workers, community agencies and emergency providers; regional and state networks; analyze and interpret local, regional and state data; and educate Public Health staff and the community on the preparedness activities through discussions, presentations and monthly newsletters.

**The S<sup>2</sup>AY Rural Health Network** (Steuben, Schuyler, Allegany, and Yates counties plus Ontario, Seneca and Wayne counties).

Yates County Public Health continued to serve as the lead for this seven-county Rural Health Network which was created in 1998. Originally, the Network explored the possible advantages of a multi-county Certified Home Health Agency (home care program). The initial study, however, did not demonstrate a clear advantage to forming a regional home care agency. The overall mission of the network is “to improve access to care, to improve health outcomes and to improve health status for the residents of the seven counties by integrating delivery of public health programs...” In 2004, the Network completed the process of becoming a 501-C-3 not-for-profit corporation. Network activities in 2009 included policy and procedure development for multiple programs, corporate compliance, enrollment of children and adults in health insurance to promote access to health care in the seven county region (Facilitated Enrollment), training of public health personnel, collaboration with schools on public health issues, in-service education for the home care staff , recruitment and training of medical volunteers (Medical Reserve Corps), expansion from a seven-county to an eleven county Regional Early Childhood Coalition (RECC) and continuation of a regional public health emergency planning coalition “Finger Lakes Public Health Alliance” (FLPHA) . The Network grant funds have enabled the seven counties to provide programs, to review and monitor quality of services, and to create partnerships that would not be possible on a single county basis.

## SPECIAL CHILDREN’S SERVICES

### Physically Handicapped Children's Program (PHCP)

PHCP provides financial assistance for medical care to applicants from birth to 21 years who have, or are suspected of having, a physically disabling condition or serious, chronic illness. The disability may be congenital or acquired and care must be delivered by an approved provider. The family must be financially eligible for the program. Costs for services are shared equally by Yates County and the State of New York. Costs for the initial diagnosis and evaluation are fully funded by the state. While PHCP no longer operates an Orthodontic program in Yates County (due to a lack of providers), children who exhibit severely debilitating cranio-facial anomalies that require orthodontic correction will continue to be treated through this program. In 2009, the number of active PHCP cases increased slightly over 2008. While current public insurances such as Child Health Plus, Family Health Plus, and Blue Choice Option/Medicaid are still being accessed, some private insurance plans have decreased coverage or have become too costly. Ten families were enrolled in the **Case Management** component of PHCP at the end of 2009.

PHCP Cases	2005	2006	2007	2008	2009
	63	64	47	42	48

### Child Find

Child Find is a state-funded program to track infants 0-3 years of age who are at high risk for physical or developmental disabilities. The main focus of Child Find is to ensure children have a health care provider, have health insurance, are receiving ongoing developmental screening from their primary health care provider, and are referred to Early Intervention for a full evaluation if needed. During 2009, no children served by the Child Find program were appropriate for evaluation through Early Intervention. Five children remained active in the Child Find program at the end of 2009.

### Early Intervention and Preschool Special Education Programs

YCPH also administers the **Preschool Special Education Program** (ages 3-5) and the **Early Intervention Program (EI)** (ages 0-3) for children with disabilities and developmental delays. Services available through these programs include Special Education, Speech, Physical and Occupational Therapies, Counseling, Respite, Nursing, Transportation and Service Coordination (EI only). Both programs encourage inclusion of children with special needs in natural settings such as home, day care, preschool or other community settings rather than in segregated, special education classrooms. For the second year in a row, Preschool expenses for 2009 were below budget estimates, despite an increase in the overall number of students. The County's efforts to engage the Penn Yan School District to transport preschoolers within their district on buses with elementary school children to the local center based program provider, continues to significantly decrease overall transportation costs. Multiplicity of services and settings for several children with more intensive needs enrolled in the Early Intervention program during the year, account for the appreciably higher expense for 2009.

Special Children's Services	2005	2006	2007	2008	2009
Preschool (ages 3-5)	81	99	87	103	99
EI services (ages 0-2)	52	68	84	81	70
Child Find	6	19	32	21	5
Preschool Expenditures	\$1,605,423	\$1,418,045	\$1,362,095	\$1,058,707	\$1,152,023
EI Expenditures	\$261,021	\$240,172	\$175,276	\$296,466	\$292,816

### Public Health Department Budget<sup>1</sup>

	2004	2005	2006	2007	2008	2009
<b>Expenditures:</b>						
Revised Budgeted	3,231,228	2,941,294	3,149,715.37	3,257,872	3,549,471	3,277,285
Expended	2,792,127	2,737,317	2,891,237.01	3,022,372	3,195,358	3,031,538
<b>*Revenues:</b>						

<sup>1</sup> Does not include service costs for Special Children's Services. See previous chart for those expenses.

<b>Medicare</b>	569,402	515,688	498,609.84	522,416	442,683	496,089
<b>Medicaid</b>	409,975	473,945	390,278.55	482,687	414,678	536,537
<b>Self-Pay</b>	15,170	17,649	23,540.18	34,934	28,437	35,727
<b>BCBS/Other</b>	175,837	213,004	247,181.35	315,056	342,662	435,763
<b>CSE &amp; EISEP</b>	74,058	70,394	105,989.44	111,648	109,651	123,892
<b>Other: (TCM, LEIA)</b>	24,536	33,990	59,421.39	39,534	43,540	43,173
<b>Clinic Fees</b>	3,480	25,561	20,359.43	33,840	10,029	41,347
<b>Donation</b>	2,360	2,374	2,242.00	3,706	4,506	1,166
<b>Total Fees:</b>	1,274,818	1,352,605	1,347,622.18	1,543,821	1,396,186	1,713,694
<b>State Aid &amp; Grants:</b>	1,597,326	1,471,874	1,506,299.13	1,595,804	1,527,908	1,588,662
<b>Total Revenues:</b>	2,872,144	2,824,479	2,853,921.31	3,139,625	2,924,094	3,302,356
<b>Net Expense:</b>	<80,017>	<87,162>	37,315.70	<117,253>	271,264	<270,818>
<b>Reimbursement Rate:</b>	102%	103%	99%	104%	91.5%	109%

\*Revenues from fees are reported on a cash basis.