March 18, 2013

Mr. Douglas Paddock, Chairman
Yates County Legislature, Human Services Committee
417 Liberty St
Pella Yan, NY 14527

Dear Mr. Paddock,

I am pleased to present the Yates County Public Health Department's Annual Report. The report describes the programs and services provided during 2012 aimed at meeting the mission of the agency; promoting optimal health for people of all ages within our community.

We found that the year was not without its many challenges. We worked under a management contract with Lifetime Care and completed the closure of the Certified Home Health Care Agency; responded to communicable disease issues in the county and new state regulations; planned for delivery of medical countermeasures to the community despite a reduced workforce; reacted to budget constraints as a result of the economy; and searched for efficiencies and cost savings while meeting the core public health deliverables. I am very proud of the effort and dedication that the staff continues to bring to their work each day despite these challenges.

At a national level, the third publication of the National County Health Department Ranking report showed that Yates County had improved its ranking among the 62 New York Counties by ranking #6 in health outcomes (#10 in 2011) and #16 in health factors (#22 in 2011). However, there continues to be much room for growth and improvement in the health of our community. Twenty-four percent of our children are living in poverty; 17% of our adult residents engage in excessive or binge drinking; 27% of our residents report being physically inactive and the rate of Chlamydia Infection remains high at 185 per 100,000.

As we look ahead to the completion of the Community Health Assessment and development of a new Community Health Improvement Plan in 2013 which addresses priority health concerns of our residents; we have many opportunities. I am confident that with the continued support of key stakeholders and partners, the Yates County Public Health Department will move closer to our vision of bringing about a healthier, safer, better informed community.

Sincerely,

Deborah A. Minor, RN MPH
Director of Public Health

"To bring about a healthier, safer, better informed community."
Our Mission
To promote optimal health for people of all ages through disease prevention, environmental risk reduction, assistance with access to care and facilitation of emergency preparedness through education, policy development and collaboration within our community.

Our Vision
To bring about a healthier, safer, better informed community.

Our Values
With integrity, compassion and commitment to excellence, we will apply best practices in the prevention of disease, promotion of wellness, and response to changing needs in our community.

Incorporating the Ten Essential Public Health Services into the work conducted by the department, staff strive to prevent the spread of disease, protect community members from environmental hazards, prevent injuries, promote and encourage healthy behaviors, respond to disasters and emerging needs and assure the accessibility of quality health services.

<table>
<thead>
<tr>
<th>Ten Essential Public Health Services</th>
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<tbody>
<tr>
<td>1. Monitor health status to identify community health problems</td>
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<td>2. Diagnose and investigate health problems and health hazards in the community</td>
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<td>3. Inform, educate, and empower people about health issues</td>
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<td>4. Mobilize community partnerships to identify and solve health problems</td>
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<td>5. Develop policies and plans that support individual and community health efforts</td>
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<td>6. Enforce laws and regulations that protect health and ensure safety</td>
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<td>7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable</td>
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<td>8. Assure a competent public health and personal health care workforce</td>
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<td>9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services</td>
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<td>10. Research for new insights and innovative solutions to health problems</td>
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YATES COUNTY PUBLIC HEALTH
2012 ANNUAL REPORT

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2012 Committee Membership

**Human Services Committee of the Legislature**
- Douglas Paddock, Chairperson
- Donald House, Vice Chairperson
- Leslie Church
- Mark Morris
- William Holgate

**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
- Teresa Suave, Occupational Therapist
- Susan Thomas, Medical Social Worker
- Patricia Meyers, RN
- Debra Snyder, RN
- Darlene Brezinsky, NP

**S²AY (Steuben, Schuyler, Allegany, Yates) Rural Health Network/Health Advisory Committee**
- Leslie Church, Yates County Legislator
- Amy Miller, Commissioner, Department of Social Services
- Deborah Minor, Director of Public Health
- Gail Furst, 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
2012 ANNUAL REPORT
2012 Personnel

Administrative staff:
Deborah A. Minor  Director of Public Health/Patient Services/Early Intervention Official
Dr. Eleanor DeWitt  Medical Director (contract)
Sara Christensen  Supervising Public Health Nurse
Mary Anne Delcour  FT Sr Administrative Assistant

Support Staff:
Heather McLoud*  FT Sr Account Clerk Typist
Terri Cadwell  FT Sr Account Clerk Typist
Carol Ogden**  FT Account Clerk Typist

Public Health Staff:
Chris Warriner  FT Coordinator EMS
Kathy Swarthout  FT Health Educator, Health Education
Mary Griffiths  FT Public Health Nurse Quality Improvement
Julia Field  FT Public Health Nurse Communicable Disease Control
Susan Simmons  FT Public Health Nurse/Service Coordinator, Early Intervention
Edith Miller  FT Public Health Nurse, Maternal-Child Health
Angela Druker  FT Registered Nurse, Maternal-Child Health
Ann Murphy  Licensed Practical Nurse
Susan Thomas*  PT Medical Social Worker
Margaret Brinn  Public Health Emergency Planner (contract)
Virginia Colf  Data entry/outreach Immunization/Lead (contract)
Melanie Sullivan  Outreach Transitional Case Management (contract)

Special Children’s Services:
Lynn Canfield  CPSE Designee (contract)
Nancy Middlebrook  EIO/CPSE Designee (contract)
The Public Health Department also contracts with numerous agencies and individuals to deliver specialized services to Children through the Early Intervention and Preschool for Special Education programs.

(FT = Full Time, PT = Part Time, *denotes retired/resigned/laid off during the year, ** denotes new employee)
Community Health Assessment

The primary authority and responsibility of each local health department is to promote, protect and improve the health of its residents by utilizing the Community Health Assessment. The Community Health Assessment is a comprehensive and systematic process of examining the health status of a population for the purposes of:

- Determining the general and disease-specific health of the community
- Assessing the underlying causes of poor health in the community
- Evaluating the effectiveness of program initiatives to maintain or improve health status
- Planning the utilization of resources to address health needs

The Community Health Assessment is completed every four years in collaboration with the local hospital system; Finger Lakes Health. Numerous other public health system partners assist in this process including Finger Community Health, Rochester Primary Care Network, Office for the Aging, FLACRA, Yates County Department of Social Services and Yates County Community Services.

Through the Community Health Assessment completed in Fall 2009 three focused priorities were identified:

1. Access to Quality Health Care
2. Chronic Disease
3. Physical Activity/Nutrition

Throughout 2010-2012, staff worked with community partners to address these priority areas and improve the overall health of community members.

In anticipation of the Community Health Assessment due again in 2013, work began through the S2AY Rural Health Network in March of 2012. During 2012 surveys were distributed throughout the county for residents to express their opinions about personal and community health needs. The information gathered through this survey process will be coupled with a survey of key informants, community focus groups and review of available state and federal health data during early 2013 after which partners will draft a Community Health Improvement Plan for 2014-2017.

Where We Live Matters

The health of a community depends on many different factors, including quality of health care, individual behavior, education and jobs, and the environment. We can improve a community’s health through programs and policies. For example, people who live in communities with ample park and recreation space are more likely to exercise, which reduces heart disease. People who live in communities with smoke-free laws are less likely to smoke or be exposed to second-hand smoke, which reduces lung cancer risk (2013 County Health Rankings).
Since 2010, the Robert Woods Johnson Foundation and the University of Wisconsin Population Health Institute have annually reported on the overall health in all counties across the US through the County Health Rankings report. This report allows counties to see where they are doing well and where room for improvement exists by measuring health outcomes and health factors. Data evaluated in 2012 identifies Yates County as the 6th healthiest county in terms of health outcomes and the 16th healthiest in terms of health factors; out of 62 counties. Both ranks demonstrate improvement from that reported in the previous year. Areas of concern in which Yates County has not met Benchmarks include physical inactivity, excessive drinking, fatalities due to motor vehicle crashes, Chlamydia infection, children living in poverty and the availability of dental services. This information will be included in the 2013 Community Health Assessment to develop a Community Health Improvement Plan which addresses the needs during the period 2014-2017.

1 2013 County Health Rankings Mobilizing Action Toward Community Health
http://preview.countyhealthrankings.org/app#/new-york/2013/county/snapshots/123

Disease Control

Immunization Program

Immunizations for vaccine-preventable diseases are offered to the community through scheduled appointments at monthly Immunization Clinics, by appointment at the Public Health Office, at community clinics, through the jail program and by the Maternal Child Health Nurses at home visits to young families. Vaccine is purchased by Yates County Public Health or provided by the New York State Department of Health and administered by public health nursing staff. Fifteen different childhood vaccines were offered to children under the age of 19 years through participation in the Vaccines for Children Program. Hepatitis A and Hepatitis B vaccine are provided to high risk populations including inmates at our county jail through a state supported program. In 2012, Yates County Public Health applied for the GIFT Program which is a program that supplies free Tdap (Tetanus, Diphtheria, and Pertussis) Vaccine to Agencies that serve uninsured populations. This vaccine is recommended for all adults 19 years or age and is especially important for those adults who are around small children who are too young to be vaccinated. By getting vaccinated themselves, they are protecting their little loved ones, also known as “cocooning”. This vaccine has been used primarily in our Mennonite community. We gave a total of 67 GIFT Tdap’s in 2012.

Our Immunization Coordinator performs AFIX visits to Yates County Medical Providers who receive VFC vaccine from the NYSDOH. AFIX stand for Assessment, Feedback, Incentive, and Exchange. The Immunization Coordinator visited two MD offices this year to assess their 2 year old Immunization and Lead Testing rates. This is a great collaboration between the local health department and our medical provider offices. Great sharing of resources, strategies on how we can increase our immunization and lead testing rates, keeping in mind our unique population of Mennonites who often
refuse these preventive measures, and how we can work together to stay up to date on the latest recommendations and research studies are a few examples of topics discussed at these visits.

Every fall our Immunization Coordinator visits 25 Mennonite schools to complete the NYS School Immunization Survey. Our Immunization Coordinator speaks to the Mennonite School Superintendent every year to update him on school vaccination requirements for entry and the required documentation if a parent chooses to not vaccinate their child whether it is medical or a religious exemption. Our Immunization Coordinator makes a phone call to each family who has a child or children who are not up to date to offer a home and/or clinic visit to help get them up to date on their immunizations.

Our Immunization Coordinator is a member of the Finger Lakes Area Immunization Coalition and is currently the co-chair. In May 2012, this coalition successfully held an Immunization Conference in Geneva, NY. There were 109 attendees from Yates and surrounding Finger Lakes Area Counties.

In addition to the charts on the left, in 2012 we had 61 office appointments for immunizations and vaccinated 74 individuals in our local county jail.
The Public Health Office and the Office for the Aging worked jointly to sponsor seasonal influenza and pneumococcal immunization clinics for the public. Three Public Seasonal Influenza clinics were held in 2012 for our Yates Community and 14 flu clinics were held at offsite locations which included two senior citizen apartment buildings, an assisted living center, Private School, local college, two Ambulance Corps and to various work sites in the County that wished to offer the flu vaccine to their employees. 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. Flu Vaccine was offered at the Yates County Jail to staff and inmates. Patients served in the home care and personal care aide programs and their spouses were offered influenza vaccine by their visiting nurse.
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 H1N1 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 NYSDOH 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.
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 and to reduce the spread of disease to domesticated pets. All reports of human or pet exposure to a potentially rabid animal are promptly investigated by the public health staff. Rabies vaccination status of pets is verified, confinements or quarantines are ordered as appropriate and when indicated specimens are submitted for testing at the New York State Department of Health Laboratory. Exposed humans for whom rabies post exposure prophylaxis (PEP) is indicated are assisted to obtain treatment at the local emergency department. All costs for authorized PEP that are not paid by private or public insurance are covered by Yates County Public Health to ensure that no barriers exist to individuals needing PEP.

To ensure that cost of vaccine is not a barrier to pet owners keeping their animals protected, rabies clinics are held throughout the county with vaccine available at no cost to the pet owner. In 2012, a total of 1,133 dogs, cats and ferrets were vaccinated at the county sponsored rabies clinics. A total of 7 clinics were held during 2012 at five sites (Penn Yan, Potter, Benton, Italy and Dundee).
Arthropod-borne Disease Surveillance and Control

Local health departments are responsible for surveillance, investigation and reporting of suspect infection in humans as well as education efforts aimed at increasing public awareness of arthropod-borne disease such as Lyme disease, West Nile Virus, and Eastern Equine Encephalitis. In 2012 the NYSDOH Tick identification program was eliminated. Staff however, did provide information regarding alternate tick identification and testing options though commercial laboratories and current treatment guidelines to physician offices. In addition, general public education regarding prevention methods was conducted through the local media and to those calling in to the office.

<table>
<thead>
<tr>
<th></th>
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<th>2011</th>
<th>2012</th>
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<tr>
<td>Found on Humans</td>
<td>4</td>
<td>8</td>
<td>5</td>
<td>6</td>
<td>N/A</td>
</tr>
<tr>
<td>Found on Pets</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Human Cases of Lyme Disease</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>5</td>
<td>8</td>
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</table>
Tuberculosis Control Program

Targeted testing strategies are used to identify those at greatest risk of Tuberculosis Infection. This includes routine testing of inmates housed at the Yates County jail and health care workers. In 2012, 506 tuberculin skin tests were placed and read. Twelve (12) were identified as positive for TB infection. Appropriate antibiotic treatment to prevent development of active tuberculosis disease is offered and these individuals are monitored monthly by Public Health staff for the duration of their preventive treatment for clinical symptoms of active disease or complications from the treatment itself.

Two active cases of tuberculosis were identified in 2012. The first was a patient with a history of foreign travel who successfully completed treatment during the calendar year. The second case was a foreign borne individual infected with a strain of multidrug resistant tuberculosis. In both, case investigations were completed with close contacts identified and screened. The index cases were properly isolated and through direct observed therapy, treatment adherence was assured.
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 the diagnosis and treatment of Sexually Transmitted Diseases through a contract with Finger Lakes Community Health. NYSDOH personnel perform follow-up of STD cases with assistance from Yates County staff.

Chlamydia is the most frequently reported sexually transmitted disease in the United States. Most often, Chlamydia occurs in adolescents and young adults who have new or multiple sex partners and who do not consistently use condoms for protection. Chlamydia was added to the list of reportable sexually transmitted disease in 2000 by the New York State Department of Health, and since there has been a steady rise each year in prevalence across New York. There continued to be elevated numbers of chlamydia in Yates County through 2011, however a decrease from 83 to 64 cases was noted in 2012. Yates County Public Health continues to work with the staff at Finger Lakes Community Health and private physician practices to provide education to the public in an effort to further decrease the incidence of STDs.

**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 and in 2011 initiated the use of Rapid HIV Testing. The availability of Rapid HIV Testing allows the individual to receive results within 10 minutes and eliminates the need for a return visit for post-test counseling. HIV/AIDS counseling and testing was offered at the Yates County Public Health office, at home visits, and at the county jail. A total of 77 individuals were tested for HIV by Public Health staff in 2012.
Family Health

Dental Health Education

The status of one’s dental health affects the overall health & well being of us all. The importance of dental health is recognized on the national level in both the month of February; the observance of National Children’s Dental Health month, and the month of October; the observance of Dental Hygiene month, are devoted to highlighting good oral care for everyone in America. In February, dental health lessons were presented to all the children enrolled at the Rainbow Junction Child Care Center, Penn Yan’s Head Start class, the Dundee Central School Special Education class, and the Time For Twos and Together Time programs at the Child & Family Resource Center. This programming is an annual event in which children learn the importance of taking care of their teeth and overall health. In addition, each child received a toothbrush and complete dental care information to take home.

In October, a special grant was obtained to provide dental health kits, consisting of adult and child toothbrushes, a tube of toothpaste, and a packet of dental floss along with a placemat that highlighted proper dental care. These kits were distributed to 3 local food pantries which serve more than 350 families monthly. In addition, each food pantry was supplied a laminated listing of all area dentists which were accepting patients with Medicaid insurance.
Injury Prevention

Special attention is focused on the health and safety of our local residents. The 2012 Child Health & Safety Fair was held at the Dundee Central School in June. Child car seat inspections have routinely been a part of this annual event. Additionally, the Yates County Child Safety Seat Technicians provided safety checks at the Middlesex Ambulance Corps, Rainbow Junction Child Care Center, and by appointment at the Yates County Sheriff’s Office. In total, 58 seats were checked, 43 new seats issued to families, and 25 vehicles inspected.

Correctly wearing bicycle helmets is an important lesson for children to learn while riding their bicycles. The Child Health & Safety Fair has been an ideal venue for the proper fitting of new bicycle helmets along with sharing information on safe biking. In 2012, 226 bicycle helmets were distributed to Yates County children at this safety event.

In rural Yates County, farms are vital to the economic climate of the region. Farm safety is crucial to those who live and work on farms. In response to the need for more information on how to approach this industry with safety in mind, A Farm Safety in the Schools program was developed in 2009 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 continues in a three year rotation reaching a total of thirty schools in the county. The Second Farm Safety Day happened on Saturday, August 25th with over 300 residents attending safety sessions. Public Health nurses were on hand to answer questions on immunizations and healthy living. The learning stations included:

E911 & Bike Safety
* EMS Response
* Propane Gas
* Grain Bins & Manure Pits

* PTO (power take off)
* Water Quality / Chemical Pesticides
* Equipment Safety

Deputy Fire Coordinators John Murphy and Andy Siwak demonstrate results of lack of preventive safety measures with lawn mowers and tractors on farms.
Lead Poisoning Prevention Program

Young children may be exposed to lead poisoning when they put paint, soil, dust, or other materials containing lead into their mouths. All children need to be tested for blood lead levels at one and two years of age per NYS Public Health Law. These children face greater risk since they often put objects in their mouths and their bodies absorb lead more easily than adults.

All children with lead levels above 10mcg/dl are case managed by the Lead Program Coordinator. Re-testing occurs minimally every 3-4 months until test results show a blood lead level result under 10mcg/dl or a decline in blood lead level to below 15mcg/dl for at least 6 months.

- Cases with blood lead levels 10-14mcg/dl receive a letter and educational materials. A home visit is made if the family needs further lead prevention counseling.
- Cases with blood lead levels of 15mcg/dl or greater are visited by the Lead Program Coordinator to assess risks and provide one-on-one counseling, provide lead prevention education, and educate on when the next lead test is due.

In 2009, changes were made to the New York State Public Health Law related to lead follow-up. The law lowered the blood lead level from 20mcg/dl to 15 mcg/dl upon which a home visit is also made by a New York State Environmental Lead Investigator. The investigators provide environmental lead testing and assist families with education on abatement procedures.

In 2012, we had two children in case management for blood levels between 10-14mcg/dl and one child in case management for a lead level greater than 15mcg/dl.

Exposure to lead can cause problems with a child’s growth, behavior, and ability to learn. Yates County Public Health staff work with our Yates County Medical Providers to assure that all parents are informed about the need to prevent exposure in their children to sources of lead and to have their children tested at both ages 1 year and 2 years. 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. Lead testing was offered through home visits and at immunization clinics. Fees are based on a sliding scale and for most families the testing is free. In 2012, Yates County Public Health purchased a Lead Care II machine which allows rapid blood lead testing with results of the test provided to the parent at the time of testing.
In 2012, a total of 281 blood lead tests were performed on Yates County children. Of these initial lead tests, 74% were done by the child’s primary care provider and the rest (72) were completed by the Public Health Staff.
Blood Lead Testing for Yates County Birth Cohort Year 2009.

In 2009 we had 347 births in Yates County. Of those, 33 children have moved out of the county or passed away after birth. In the chart below you can see what Yates County Lead Testing rates are for our 1 and 2 years olds. We do have a fairly large Mennonite population and they often do not seek preventive care resulting in their children not getting tested for lead poisoning. As you see below, it does affect our lead testing rates for our county.

| Number of Children tested at 1 year | 153 | 49% |
| Number of Children tested at 2 years | 116 | 37% |

| Percentage of children tested at 1 year (minus Mennonites with no lead test) | 60% |
| Percentage of children tested at 2 years (minus Mennonites with no lead test) | 46% |

Maternal Child Health Program

Through home visits to pregnant and parenting families, the Maternal Child Health Nurses work to improve prenatal and child health in conjunction with the medical community and other support agencies including WIC. The staff assists with access to care issues and completes Presumptive Medicaid enrollment for those eligible. Through education and support the nurses attempt to engage women and families in choosing good preventive health practices including proper nutrition, physical activity, dental care, tobacco/substance use cessation, domestic violence prevention and parenting. During 2012 a total of 400 home visits were made to pregnant and parenting families.
Transitional Case Management Program

Transitional Case Management is a program that was created in 1997 as a collaborative project between the Rushville Community Health Center – now a Division of Regional Primary Care Network, Yates County Departments of Social Services and Community Services, and S&S Memorial Hospital, as well as Public Health to work with Yates County residents. This program just celebrated 15 years of service.

It was originally designed to assist 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. TCM provides some education about utilizing Primary care in a person’s overall health as society changes towards prevention. While the program still helps people with health care issues, it is an ever-evolving program and can offer short-term support as well as linkage to other agencies to overcome adverse social barriers.

The Outreach Worker aids individuals/families referred from the local DSS office, hospital, other health and mental health providers, as well as other community based organizations. This has continued to be a transition year as the Certified Home Health Agency was sold to a private agency with the sale finalized December 2012. Additional changes are forecasted as a result of the Affordable Care Act and Medicaid Redesign. The goal has been to continue to provide quality service throughout the changes. TCM will continue to serve the residents in Yates County as long as there are needs to be met.

To date, the TCM program has served almost nine hundred (892) individuals and families. Some individuals/families have been admitted for TCM services more than once. A total of 189 visits were made to 59 individuals and families during 2012. Lack of transportation continues to be a concern for many individuals and families living in Yates County. TCM did provide 33 rides this year despite trying to reduce this service. Affordable housing has remained an obstacle with at least 12 individuals/families being homeless at some point throughout 2012. This represents an increase of 6 from that in 2011. The two primary needs identified during 2012 were: SSI and health insurance.

Health Education

Public Health education is a “Return on Investment” for Yates County. Every Public Health program incorporates health education as an integral part of the program’s total impact on Yates County residents’ health and well being. Each and every Public Health Department staff member contributes to the educational outreach through contacts with the public during the normal course of any working day. In 2012, efforts to reach all county populations with public health messages included strategies covering a wide range of health & safety concerns including:

- Chronic disease prevention/detection/control
- Tobacco cessation
- Injury prevention
- Cancer prevention & screenings
- Dental health
- HIV/AIDS/Hepatitis A,B,C
Prevention
Preparedness
rug cards

The Public Health "Health Counts" newsletter features health information that is delivered each month to more than 38 employers and several hundred individuals. Methods of distribution include email, the county website link, and hard copy. In addition, the Public Health section of the Yates County website offers information on current health topics and events such as clinics, alerts, available services, and contact information, as well as links to other sites, such as NYSDOH. Throughout the year, articles, public service announcements, press releases, and advertisements were submitted to local media sources. Articles were also submitted to outside agency publications, including the Plain People mailing (now called "The Flame") to the Mennonite community and the Office for the Aging newsletter, distributed to the senior population throughout Yates County.

Networking and collaboration are the hallmarks of responsible outreach for human service agencies. The Public Health Educator routinely participates with other agencies through coalition planning and committee work. These committees and coalitions include the annual Youth Speak-out, 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/Hepatitis A/B/C Coalition, Yates Says YES (Obesity Prevention Coalition renamed Choose Health Yates), Youth Council of Workforce Investment Board, Cornell Cooperative Extension Human Ecology committee, County Animal Response Team (CART), Finger Lakes Lead Poisoning Prevention Coalition, Public Health Core Team- Public Information Officer, Dental Steering Committee, Cancer Services Program, and "Our Town Rocks" – Barrington/Starkey/Dundee Neighborhood Project.

Staying current on health information is an integral part of public health work. Free trainings, in-services, webinars, and workshops are offered throughout the year through computer access and at regional conference sites. These types of learning experiences are sought out in order to keep the public health staff up to date on important topics that are vital to the health and well being of our county residents.

Community events provide opportunities for the public health staff to share pertinent health and safety information to area residents. Venues have included the Yates County Fair, legislative meetings, health fairs, parades, the Penn Yan sidewalk sale, Our Town RoCKS meetings and events, service club presentations, summer recreation programs, Child Health & Safety Fair, immunization clinics, rabies clinics, area food pantries, congregate meal sites, Once Again Shoppe, local farmer’s markets, town offices, area businesses, school-sponsored events, classroom presentations, day care centers, fire departments, and local libraries.
Chronic Disease Prevention

Cancer Screening Partnership

Through outreach and screening efforts the Cancer Services Program (CSP) has enabled 86 men and women to be screened for breast, cervical and/or colorectal cancer in Yates County during 2012. Most residents were uninsured, while others had insurance that either did not cover these vital cancer screenings, or their deductible or co-pays would have prevented them from getting these done due to out of pocket cost they felt they could not spare from the household, and therefore would defer these screenings. These residents needed to be income-eligible, falling on or below 250% of the current federal poverty guidelines, and could not be covered by any other form of Medicaid or public insurance. (A growing population!)

Our Yates CSP works within a partnership with Ontario and Seneca Counties, also called the Cancer Services Partnership of Ontario, Seneca and Yates. The CSP works collaboratively with area medical practices and health systems to ensure quality, comprehensive screenings for our residents. Yates County’s CSP works closely with all of its resident medical providers and has just recently achieved the credentialing, or participation of, all traditional medical practices in Yates this year (2013), which enables clients to see their own local doctors for screenings, upholding continuity of care. Yates CSP also works in close collaboration with the Finger Lakes Health System, most often partnering with Soldiers and Sailors Hospital whom can provide screening and diagnostic services to our residents through referrals and special screening events, such as breast cancer screenings performed in the radiology department, or colon cancer screenings and diagnosis in the surgical suite. Partnering with our physicians, health system, and various community organizations has helped to foster reciprocal referrals, ensure promotion of these needed cancer screenings within our community, and maintains stimulation of local economy.

Some additional efforts and accomplishments for 2012 include…

- CSP outreach/information provided at Public Health Rabies Clinics.
- Ongoing outreach/active enrollment during all regularly scheduled Public Health child and adult immunization home visits and clinics which primarily includes our uninsured Mennonite population (average of 4 days per mo.)
- CSP program promoted at health fairs, 2012 YC fair, child safety fair, Farm Safety Day event in Benton, and at various business locations around Yates County, through distribution of written materials and face to face encounters, promoting active recruitment.
- Soldiers and Sailors breast cancer screening event held on June 16, 2012. * 10 women screened, 1 abnormal screening result found. (Breast Cancer not diagnosed after resulting follow up diagnostics performed).
Comprehensive screening event in collaboration with Soldiers and Sailors and Penn Yan Community Health held October 2012, featuring breast and cervical cancer screenings. * 10 women screened, 1 abnormal breast screening + 1 cervical issue found. (Cancer not diagnosed at this time).

Yates CSP case manager Ann Murphy, LPN attended training in Utica, NY from NYS DOH CSP and became a DQE (designated qualified entity), which gives capacity for Yates case manager to enroll eligible clients that have received a cancer diagnosis, into the Medicaid Cancer Treatment Program which helps to cover costs associated with cancer treatment.

Diagnosis of high risk cervical cancer issue with one client screened through the partnership.

The Cancer Services Partnership of Ontario, Seneca and Yates Counties have accomplished the following screening procedures in 2012.

<table>
<thead>
<tr>
<th>Screening Procedure</th>
<th>Partnership Totals</th>
<th>Yates County Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Breast Exam</td>
<td>347</td>
<td>67</td>
</tr>
<tr>
<td>Mammogram (breast)</td>
<td>256</td>
<td>16</td>
</tr>
<tr>
<td>Pap Smear (cervical)</td>
<td>151</td>
<td>34</td>
</tr>
<tr>
<td>FIT Kit (colorectal)</td>
<td>116</td>
<td>15</td>
</tr>
<tr>
<td>Colonoscopy (those high risk needing screening/diagnosis)</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

Those clients screened through Yates County that required further diagnostic testing include…

**Diagnostic mammogram and/or ultrasound** to rule out cancer (no new breast cancer cases diagnosed in 2012 through CSP) 7

**Colposcopy/repeat pap smear** to rule out cervical cancer (Pre-cancerous cells w/ moderate dysplasia, high risk of Ca.) 1

**Colonoscopy** (those high risk needing screening/diagnosis) 4

*Yates County CSP had 1 Medicaid Cancer Treatment Program (MCTP) renewal for 2012 for client diagnosed with breast cancer as a result of our screening in 2011.

*Yates County CSP enrolled 1 new client into the Medicaid Cancer Treatment Program as a result of cervical screening and diagnosis with pre-cancerous lesion this year.

October 2012 breast and cervical cancer screening event in conjunction with Soldiers and Sailors and Penn Yan Community Health.
Emergency Preparedness Planning and Response

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 in collaboration with the Office of Emergency Management and the American Red Cross. The Health-related Emergency Operations Planning (HEOP) Task Force composed of representatives from many community organizations and agencies along with the Yates County Public Health Emergency Preparedness Core Team are the steering groups that address local concerns in the planning effort. The written plan used as the guide to preparedness and response activities called the Yates County Public Health Emergency Preparedness and Response (PHEPR) Plan is an annex to the Yates County Comprehensive Emergency Management Plan and is updated regularly as new information is received.

Focus activities in 2012 included:

- Provided multiple educational programs throughout the county increasing awareness of YCPH emergency preparedness and reinforcing community trust. Pamphlets and newsletters on personal emergency preparedness topics were provided in the county through displays, handouts and mailings.
- Provided National Incident Management Systems trainings for YCPH staff, county wide first responders, and Medical Reserve Corps volunteers in July. These trainings are required of all organizations that seek grant funds.
- Participated with national, state, regional and local agencies on networking and training programs. Purchased ‘My Ready to Go’ bags with grant funds and gave them to all residents of St. Mark’s Terrace in both Dundee and Penn Yan following an in-depth presentation on YCPH plans/activities and instructions on the use of the bags. These kits will better enable the seniors residing in these housing complexes to prepare in advance should they need to evacuate to a shelter.
- Continued working to retain volunteers in the Yates County Public Health Medical Reserve Corps (MRC). YCPH applied for and received the maximum $4,000 National MRC- NACCHO (National Association of County and City Health Officials) Capacity Building Award for 2013 to assist in the management of the Corps. There are 120 dedicated medical and non medical MRC volunteers who are willing to help YCPH. MRC volunteers assisted in staffing the locally provided influenza and rabies clinics, participated extensively in the Medical Countermeasure Clinical Operations Exercise 2012 and marched with YCPH in the Penn Yan Firemen’s parade distributing emergency preparedness materials to those on the sidelines. YCPH along with Yates County American Red Cross and Yates County Emergency Medical Services celebrated our volunteers at a breakfast ceremony in September. Approximately 85% of these volunteers are registered on ServNY, the
NYS Volunteer Management System. This system is used to credential, deploy and maintain records of NYS medical and non medical volunteers.

- Participated in the development and completion of the NYSDOH Finger Lakes Regional FLurricane exercises in May. Provided the YCPH FLurricane Tabletop Case Investigation of FLuroderm that included YCPH staff and MRC volunteers in the discussion of a scenario of a community wide outbreak of a disease and the actions needed at that time. Participated in the Yates County FLurricane Functional Tabletop Exercise lead by Yates County Office of Emergency Management. Participated in the Finger Lakes Public Health Alliance FLurricane exercise testing the Public Health Mutual Aid Agreement.

- Created Push Closed Points of Dispensing (POD) Plans with each of the seven district Old Order Mennonite communities following extensive networking and formal educational presentations in July. This reduced the number of persons (by 3000) that would have to be served at Pull Open PODs if distribution of medical countermeasures were required county wide.

- Conducted the YCPH full scale operations based exercise YCPH Medical Countermeasure Clinical Operations Exercise 2012 in November that was developed to test the newly adopted YCPH Medical Countermeasure Clinical Operations Plan with On Site Management as well as satisfying several objectives required by NYSDOH. With the generous assistance from the YCPH Medical Reserve Corps and both community student and adult volunteers, this ‘Pull Open POD’ exercise was very successful. It resulted in a throughput of 378 recipients in one hour which exceeded our goal of 336/hour.

- Revised the YCPH Emergency Response Teams following changes to the participating YCPH staff. All staffs with new roles/positions were informed and trained on their new role. Notification drills were held regularly for both the YCPH Emergency Response Team members and the Yates County Strategic National Stockpile Planning and Staging Site Leads through the NYSDOH Health Commerce System (HCS) Intergrated Health Alerting Network System (IHANS).
The EMS Coordinator works with various programs in Public Health and Emergency Management such as Injury Prevention and Emergency Preparedness. Those activities are described in other parts of the Annual Report.

Training

The Yates County Basic Life Support (BLS) Training Center provided specialized training which included Weapons of Mass Destruction, Blood borne Pathogens, CPR, AED, Child Births, and Mass Casualty Incident Triage to EMS providers and community residents in the county. Changes in the National Standards for the EMT class went into effect in August of this year which included increasing classroom hours from 135 hours to over 155 hours for an original class. All information was not available when classes started so no EMT class was provided this fall. EMT Refresher and Original classes were completed in January while CFR Refresher and Original classes were started in October. NIMS 100, 700 and 200 were offered throughout the year in order to continue compliance in ambulance corps, fire departments, and local towns and villages. The EMS Training and Mass Causality trailers continue to be used by the County EMS Instructors for training classes and drills.

EMS Dispatched Calls

Yates County EMS transporting ambulances are primarily volunteer agencies with a total of 2463 dispatched calls and over 1248 Advanced Life Support (ALS) dispatched calls. Many of these calls had additional assistance from the Fire Department First Responders. Air Medical Helicopters responded 63 times into Yates County for major trauma, strokes, and major heart attacks. Yates County has over 150 EMS providers that volunteer as members in fire departments and ambulance corps keeping up with trainings and participating in EMS advisories, drills and other meetings. Recruitment and retention of these volunteers are important aspects of the EMS Coordinator’s Office in order to continue excellent EMS care to Yates County residents and visitors.
Special Children’s Services

Physically Handicapped Children’s Program

The Physically Handicapped Children’s Program 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. At year-end, there were 13 active PHCP cases. Families enrolled in PHCP during 2012 received assistance in covering the cost of items such as prescriptions, audiology consults, durable medical equipment such as CPAP, and co-pays for medical appointments.

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 2012, one child was enrolled in Child Find. In addition to children enrolled in Child Find, 87 infants and toddlers received home visits for health guidance by a maternal child health nurse during which time parents received education and information regarding child development and accessing Special Children’s Services (i.e. Child Find, Early Intervention, the Physically Handicapped Children’s Program and PreSchool Services). One hundred sixty two new mothers received a congratulatory letter and a packet of information about infant development and services available to their newborn including through Special Children’s Services.

Early Intervention Program and Preschool Special Education Program

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.

Certified Home Health Agency Services (CHHA)

In 2011, the Yates County Legislature conducted a review of the CHHA with the assistance of an independent consultant which ultimately resulted in a resolution from the Legislature authorizing sale of the CHHA to Genesee Region Home Care, dba Lifetime Care. Throughout 2012 Yates County operated under a Purchase of Services Contract and Management Agreement with Lifetime Care until the final closure and sale date of December 28, 2012. During 2012, a total of 440 referrals for patients were received from hospitals, physician practices or long term care/rehabilitation centers.
Patients were provided skilled nursing, therapy services and home aide services based on their medical needs and as indicated on their plan of treatment which is authorized by their physician. A total of 5,463 visits by professional staff and 8,979.60 hours of aide service was provided through the agreement with Lifetime Care.
CHHA Revenue by Payor

CHHA Revenue By Payor

CHHA Revenue
### Financial Summary

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<th>EXPENDITURES</th>
<th>Modified Budget</th>
<th>Actual</th>
<th>Under/Over Budget</th>
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<td>Personal Services</td>
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<td>Equipment</td>
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<td>Rabies</td>
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<td>PHCP</td>
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<td>Early Intervention</td>
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<td>Preschool Special Education</td>
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<th>REVENUES</th>
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<tr>
<td>PH Fees, Grants &amp; State Aid</td>
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<td>PHCP</td>
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<td>Early Intervention</td>
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<td>Preschool Special Education</td>
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<td>518,814.64</td>
<td>283,330.36</td>
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### Public Health Department Budget

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<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
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<td>Expenditures:</td>
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<td>Revised Budgeted</td>
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<td>Expended</td>
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<td>*Revenues:</td>
<td></td>
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<td>Medicare</td>
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<td>496,089</td>
<td>367,995</td>
<td>367,837</td>
<td>244,922</td>
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<td>Medicaid</td>
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<td>Self-Pay</td>
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<td>BCBS/Other</td>
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<td>CSE &amp; EISEP</td>
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<td>123,892</td>
<td>141,161</td>
<td>120,956</td>
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<tr>
<td>Other: (TCM, LEIA)</td>
<td>43,540</td>
<td>43,173</td>
<td>46,176</td>
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<td>83,710</td>
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<td>Clinic Fees/misc fees</td>
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<td>41,347</td>
<td>21,884</td>
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<td>Cancer Services Partnership</td>
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<td>38,312</td>
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<td>Donation</td>
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<td>1,166</td>
<td>1,629</td>
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<tr>
<td>Total Fees:</td>
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<td>1,337,897</td>
<td>1,361,449</td>
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<tr>
<td>State Aid &amp; Grants:</td>
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<td>1,177,116</td>
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<td>1,314,261</td>
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<tr>
<td>Total Revenues:</td>
<td>2,924,094</td>
<td>3,302,356</td>
<td>2,515,013</td>
<td>2,827,998</td>
<td>2,406,482</td>
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<tr>
<td>Net Expense:</td>
<td>271,264</td>
<td>&lt;270,818&gt;</td>
<td>434,914</td>
<td>154,814</td>
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<tr>
<td>Reimbursement Rate:</td>
<td>91.5%</td>
<td>109%</td>
<td>85.3%</td>
<td>94.8%</td>
<td>87.7%</td>
</tr>
</tbody>
</table>

*Revenues from fees are reported on a cash basis. ¹ Does not include service costs ² Does not include revenue paid to the County for sale of the CHHA