

2018 Annual Report



Columbia County Department of Health

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Public Health

Prevent. Promote. Protect.

Introduction

The mission of the Columbia County Department of Health is to protect, preserve and promote the health and well-being of the people of Columbia County.

There were 592 deaths in Columbia County in 2018.

*The three leading causes of death were:
heart disease, various cancers, and respiratory failure.*

There were 428 births, including six sets of twins and one set of triplets: 208 male, 220 female. This figure does not include Massachusetts, Connecticut or home births. A total of 171 births were at Columbia Memorial Hospital, while 229 births were in hospitals outside the county. There were 20 registered home births, and 8 non-traditional, non-registered or out of area births.

John J. Mabb, MA, Public Health Director
Dr. Ananthakrishnan Ramani, Medical Director

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Elizabeth Neale, PHN, Migrant Program
Ananthakrishnan Ramani, MD
Mary Sullivan-Sweet, RN, Communicable Disease

Public Health Director's Message

I am pleased to offer you the Columbia County Department of Health's Annual Report for 2018.

Once again, as reported last year, the opioid and heroin crisis remained on the front burner among the activities of our Department in 2018.

In recognition of the need for a greater degree of coordination of activities and treatments addressing the burgeoning substance abuse problem, leaders from both Columbia and Greene Counties decided to work together and hire a coordinator to serve the twin counties. Our Health Department provided the funding for Columbia County's share of this position.

In July of 2018, we received notification that our department was one of 24 local health departments receiving a \$75,000 grant from the State Department of Health to combat the mounting number of drug overdoses in our community. Our selection is a dubious one; those counties selected for the grant award have the highest incidence of overdoses among the 63 counties of New York State. Greene County was also selected.

With this funding we opted to train Recovery Coaches to work within Columbia Memorial Health's emergency department. These coaches, once fully certified, would be called in to sit down with individuals brought to the ER in the throes of an overdose before they are discharged from the hospital. The coaches explore treatment options available, assist the individuals in getting to treatment, and then follow up to ensure continued recovery after treatment. Columbia Memorial has embraced the program, and to date we have 14 individuals trained as Certified Recovery Coaches.

The Department has made significant progress toward our goal of becoming an accredited Health Department through the national Public Health Accreditation Board. We have completed the required quality improvement plan, we are well on our way with our workforce development plan, and are now in our strategic plan process. We will also soon begin working on the 10 domains that are required to be completed before we are approved. We plan to submit our application by year's end.

Other accomplishments for 2018 include:

- The kiosks placed at the two Hannaford Supermarket collected more than 446 pounds of syringes in 2018;
- We discontinued our late afternoon evening clinics and successfully reestablished them on Wednesday mornings;
- Our Environmental Health unit received a \$7000 incentive award which will be used to purchase new lead detecting equipment;
- Our Healthy Neighborhoods Program staff inspected 600 homes, serving more than 1,125 people, and handing out 553 fire extinguishers, 539 smoke detectors, 508 carbon monoxide detectors, and 45 radon detectors.

This report also summarizes the many and varied services offered through our six primary programs that affect nearly every citizen of our community. The highlights include:

- 709 dogs, cats, and ferrets vaccinated against rabies at 8 clinics throughout the county;
- 3,660 investigations by our communicable disease staff;
- 1,455 vaccination given by our public health staff;
- 471 migrant farm workers and their families benefited from healthcare and outreach services;
- 393 food service inspections took place; and
- 224 preschool age children received services and transportation.

The Role of Public Health

Public health departments are responsible for providing leadership to safeguard the health and wellness of the community. This is accomplished by implementing the core public health functions through provision of essential public health services as listed below:

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





Disease Control

Elizabeth Galle, RN, MS, Director of Patient Services

Marsha Bishop, Senior Clerk
Susan Decker, Per Diem Registered Nurse
Marcia Fabiano, Consult. Epidemiologist (Contr.)
Irish Falkner, Community Health Worker (Span)
Pamela Ferber, Registered Nurse
Phyllis Higgins, Registered Nurse
Mary Jason, Part Time Registered Nurse

Chuck Kaiser, PHEP Coordinator
Victoria McGahan, Public Health Educator
Marilyn Miller, Nurse Practitioner (Contract)
Elizabeth Neale, Public Health Nurse
Barbara Pough, Senior Clerk
Cheryl Ronsani, Registered Nurse
Mary Sullivan-Sweet, Registered Nurse

The mission of the Communicable Disease program is to decrease the impact of communicable disease in Columbia County.

The Columbia County Department of Health Communicable Disease program is responsible for the investigation, follow-up, surveillance and reporting of 78 diseases/conditions as defined as reportable under the New York State Sanitary Code. All confirmed cases of reportable disease are electronically reported to the New York State Department of Health (NYSDOH). Staff works closely with Environmental Health, NYSDOH, and community partners including hospitals and long-term care facilities, to control and prevent the spread of communicable disease within the community.

The Communicable Disease Control program provides:

- Surveillance of reportable communicable diseases;
- Investigation and follow-up of all reportable diseases in Columbia County residents, including coordination with other health-related entities (laboratories, hospitals, physicians, etc.);
- Recommendations for preventative treatment when indicated;
- Screening and exclusion of persons who are suspected/confirmed to have certain communicable diseases and who are in sensitive areas (e.g. food handlers, infants or toddlers in child care, child care providers, health care providers):
- Education to community and health care providers;
- Reporting of disease to NYSDOH;
- Information to the public in a timely manner to protect and improve the health of our community.

The table on the following page represents information provided by the New York State Bureau of Communicable Disease Control. Finalized reports for 2018 are not due from the State until August of 2019, but the numbers in the table represent cases for 2018 that have been confirmed and tallied thus far; suspected and/or revoked cases have not been included.

	2018 Freq	2018 Rate	2017 Freq	2017 Rate	2016 Freq	2016 Rate	2015 Freq	2015 Rate
Amebiasis	2	3.3	3	4.9	0	0.0	1	1.6
Anaplasmosis	103	168.9	138	224.4	78	125.6	76	119.1
Babesiosis	26	42.6	39	63.4	25	40.2	23	37.0
Campylobacteriosis	12	19.7	10	16.3	7	11.3	2	3.2
Cryptosporidiosis	0	0.00	2	3.3	1	1.6	0	0.00
Cyclospora	1	1.6	2	3.3	0	0.0	0	0.0
E.Coli Shiga Toxin	1	1.6	0	0.0		1.6	0	0.0
EHEC, Not Serogrouped	0	0.00	0	0.0	1	1.6	1	1.6
Ehrlichiosis (Chafeensis)	2	3.3	5	8.1	7	11.3	3	4.8
Ehrlichiosis (Undetermined)	1	1.6	1	1.6	1	1.6	2	3.2
Encephalitis, Other	1	1.6	1	1.6	1	1.6	1	1.6
Giardiasis	9	14.8	3	4.9	3	4.8	3	4.8
Hemophilus Influenzae, Not Type B	2	3.3	4	6.5	2	3.2	2	3.2
Hepatitis A	0	0.00	0	0.0	1	1.6	0	0.00
Hepatitis B, Chronic	5	8.2	3	4.9	0	0.00	5	8.0
Hepatitis C, Acute	1	1.6	3	4.9	2	3.2	0	0.0
Hepatitis C, Chronic	26	42.6	49	79.7	28	45.1	39	62.8
Influenza A	282	462.4	166	269.9	97	156.1	80	128.8
Influenza B	51	83.6	57	92.7	44	70.8	10	16.1
Influenza Unspecified	3	4.9	1	1.6	2	3.2	1	1.6
Legionnaires	1	1.6	1	1.6	0	0.0	1	1.6
Listeriosis	1	1.6	1	1.6	0	0.0	0	0.0
Lyme Disease	130	213.2	248	403.2	211	339.7	238	383.1
Malaria	0	0.00	1	1.6	1	1.6	0	0.0
Meningitis, Aseptic	2	3.3	5	8.1	0	0.0	5	8.0
Meningitis, Other Bacterial	0	0.00	0	0.0	0	0.00	0	0
Mumps	0	0.00	0	0.0	1	1.6	0	0
Pertussis	1	1.6	7	11.4	4	6.4	0	0
Rocky Mtn Spotted Fever	2	3.3	0	0.0	1	1.6	0	0.0
Salmonellosis	7	11.5	2	3.3	8	12.9	11	17.7
Shigellosis	1	1.6	1	1.6	3	4.8	1	1.6
Strep Group A, Invasive	1	1.6	1	1.6	1	1.6	4	6.4
Strep Group B, Invasive	8	13.1	4	6.5	8	12.9	8	12.9
Strep Pneumoniae, (Invasive)	6	9.8	3	4.9	4	6.4	1	1.6
Toxic Shock Syndrome, Staphylococcal	0	0.00	0	0.0	0	0.0	0	0.0
Toxic Shock Syndrome, Streptococcal	0	0.00	0	0.0	0	0.0	1	1.6
Tuberculosis	0	0.00	3	4.9	0	0.0	5	8.0
Yersiniosis	1	1.6	1	1.6	1	1.6	0	0
Zika Virus (Symptomatic)	0	0.00	0	0.0	3	4.8	0	0.0
Syphilis Total...	10	16.4	11	17.9	11	17.7	5	8.0
-Late Latent	4	6.6	2	3.3	5	8.0	2	3.2
-P & S Syphilis	1	1.6	4	6.5	4	6.4	2	3.2
-Early Latent	5	8.2	5	8.1	2	3.2	1	1.6
Gonorrhea Total...	27	44.3	30	48.8	22	35.4	25	40.2
-Gonorrhea	27	44.3	30	48.8	21	33.8	24	38.6
P.I.D.	0	0.00	1	1.6	1	1.6	1	1.6
Chlamydia	197	323.0	188	305.6	180	289.8	153	246.3

HIV Antibody Testing

In 2018, there were 181 total client visits made to the Columbia County Department of Health's Sexually Transmitted Disease (STD) clinic. This figure represents initial visits, which include education and counseling for HIV and other STDs, and return visits for results of testing, treatment and/or additional testing. Sixty-one clients presenting for clinic services were tested for HIV in 2018. As of September 2010, new legislation was passed regarding HIV testing. Essentially, the law states that all clients between the ages of 13 and 64 presenting to primary

care clinics in New York State must be offered HIV testing at least once, and this must be documented in the client record. Berkshire Farm was visited during the course of 2018 by Health Department nurses, and HIV education and testing was provided to 9 adolescent boys, while 11 had been tested in 2017. The population of children at the facility remains low.

STD Clinic Visits

In 2018, 197 cases of Chlamydia were reported to CCDOH from all facilities and providers where STD testing is done, representing an increase from 188 cases in 2017. In 2016, there were 180 cases, and 153 In 2015. Reported Gonorrhea cases in Columbia County numbered 27 in 2018, down slightly from 30 in 2017. Ten Syphilis cases were reported in 2018, Compared to 11 in both 2017 and 2016. As a result of these infection rate increases, our agency has increased its efforts at prevention education, with targeted advertising promoting safe sex practices and the importance of getting tested for STD's.

STD clinic hours are advertised on the County website and via signage in the front lobby and in local public areas. Flyers are distributed and the clinic is promoted by other means to area residents and providers during various public health outreach efforts. We have also promoted STD clinics and testing with public billboards and advertising, and through our work with the Women's Health Project and other community partners.

The Communicable Disease staff holds Infection Control Committee meetings and STD Committee meetings at least twice annually.

Other Communicable Diseases

In 2018, Department nurses administered 50 post exposure rabies treatments to county residents, up significantly from 37 in the previous year. Post exposure rabies treatment consists of a scheduled series of injections if a person has been exposed to a potentially rabid animal. Department staff, in collaboration with emergency room and other physicians, determines the nature of the exposure and the need for treatment. There were also three individuals who received rabies pre-exposure treatment.

Communicable Disease Program Outreach

In addition to working to treat identified cases of communicable disease in Columbia County, the Communicable Disease team of the Health Department has a strong focus on prevention and education. Program outreach takes many forms, including advertising through billboards and displays, and dissemination of information on a variety of fronts, including local events, public buildings and government agencies, and schools. The Communicable Disease team also works closely with other healthcare providers on prevention and treatment of disease and outbreaks in the community, and to educate providers about the latest regulations issued by NYSDOH.

Immunization Program

Immunization services are provided to infants, children and adults for school, work, travel, and general protection against vaccine-preventable diseases. Our immunization team

has worked directly with providers, other community resources, and our Columbia County constituents through clinics, presentations, and educational outreach. These activities are carried out in an effort to increase knowledge and awareness of current immunization practices.

The Immunization program works closely with NYSDOH to ensure that local healthcare providers are in compliance with State regulations. In 2018, we conducted three school audits with NYSDOH to ensure the schools' immunization records were current. Immunization program staff also visited local daycare providers and pediatric and adult healthcare providers to audit records for compliance with State regulations and also to provide education on current practices, NYSDOH reporting requirements, and other regulations. Our experienced team worked with local doctors' offices to review immunization charts and records and help the staff of those offices bring their records up-to-date when necessary. In 2018, we did a number of educational outreaches in the community on topics such as HPV and Shingles.

The total number of vaccines given in 2018 was 1,455, with 1,250 vaccines given to adults and 205 given to children. Seasonal Influenza vaccinations were given at 24 Flu/Pneumonia clinics in 2018. Six flu clinics for migrant and seasonal farm workers were also held. The total number of flu vaccines administered in 2018 was 855.

The first chart below shows the influenza vaccines administered by our clinic over the past four years. The second chart on the following page contains numbers of doses administered for all other vaccines.

Number of Vaccinations By Dose - Flu				
	2018	2017	2016	2015
Influenza	855	911	925	955

Number of Vaccinations By Dose - Other				
	2018	2017	2016	2015
DTP/ap	2	2	5	6
DTP/aP-Hep B	0	0	1	0
DTP/ap-Hib	2	1	3	6
DTP/ap-Polio	3	0	5	2
Hepatitis A	20	29	360	27
Hepatitis A-B	83	59	56	71
Hepatitis B	54	68	48	54
Hib	0	0	4	1
HPV	63	59	26	28
Meningitis	27	68	64	29
Meningitis B	6	n/a	n/a	n/a
MMR	57	29	65	58
MMRV	4	2	7	7
Pneumo-Poly	1	3	5	3
Polio	9	11	15	23
Prevnar 13	6	5	13	19
Rabies Pre-Exposure	9	9	6	6
Rabies Post-Exp	113	86	86	73
Rotavirus	1	0	1	2
Td	14	17	4	14
Tdap	81	100	81	88
Varicella	24	22	54	38
Zoster	11	2	8	7
Total	600	572	917	562

*This figure represents the total number of vaccinations included in the New York State Immunization Information System. Some vaccinations may not be included in this online report.

Lyme/Arthropod Diseases

In 2009, the NYSDOH implemented the Sentinel Surveillance system. With this type of surveillance, the State Health Department randomly selects 20% of all positive Lyme reports for surveillance. This system was devised to ease the burden for those counties with the heaviest Lyme burden - Columbia County consistently being one of these. Health care providers are still required to report EM rashes. Additionally, the Columbia County Department of Health continues to monitor other arthropod illnesses such as Ehrlichia/Anaplasma, Babesia, and less frequently seen illnesses such as Rocky Mountain spotted fever, West Nile Virus, Powassan, Zika, etc.

Arthropod numbers have decreased in 2018. The NYSDOH largely attributes the decrease in 2018 cases to climatic influences. A hot, dry period in late spring resulted in decreased numbers of infected ticks, as ticks require moist environments to survive. Additionally, CMH and AMCH labs have revised their testing criteria for Lyme disease. This resulted in an inability to capture some of the Western Blot results which would have been previously counted. Though it is hopeful to think lower numbers could also be the result of

individuals heeding prevention advice, NYSDOH does not necessarily think these lower numbers are likely to continue. We will have to wait to see our numbers in the next few years.

Below is a chart of comparative numbers for the primary Arthropod diseases tracked over the past 5 years.

	2018	2017	2016	2015	2014
Lyme	148	262	222	247	191
Ehrlichia/Anaplasma	108	147	87	82	62
Babesia	29	40	25	23	12

Columbia County continues to participate in the Lyme and Other Arthropod Task Force to discuss the latest arthropod issues and to brainstorm strategies for the furtherance of education and prevention of arthropod illnesses. The Task Force members continue to include a variety of professionals throughout the community who bring their unique perspectives and expertise to the table. These include our Medical Director, Dr. Ananthakrishnan Ramani, several communicable disease RN's from CCDOH, the Environmental Health Director, Ed Coons, a local veterinarian, a representative from Congressman John Faso's office, RN/Consulting Epidemiologist for CCDOH, Marcia Fabiano, a microbiologist from CMH Lab, and the Director of Community Health from Columbia Memorial Health.

The Task Force met twice this year on April 24th and October 30th. Various issues were discussed and a vigorous prevention/outreach campaign was initiated. Arthropod literature was widely distributed throughout the county to schools, camps, garden centers, libraries, veterinarian offices, and other relevant entities too numerous to list. (See the Tick-borne Outreaches list for 2018). The distribution of this information was a collaborative effort of numerous CCDOH staff and included an industrious student intern from SUNY Fredonia whom we were happy to have with us for the summer. Additionally, arthropod tables were on display in the CCDOH lobby for the month of May, at CMH throughout the summer, and at the Columbia County Fair. The CMH table was particularly popular and required the restocking of literature on a frequent basis. CCDOH also widely distributed tick kits throughout the county at various outreaches such as the Women's Health Project, Golden Gathering, rabies clinics, Columbia County Wellness Fair, etc. Mary Daggett provided arthropod information at the Pink Ladies Luncheon.

The Task Force also discusses the latest emerging arthropod illnesses, such as *Borrelia miamotoi*, STARI, and Powassan Virus. Unfortunately, Powassan was diagnosed in a Columbia County resident in late May/early June of this year. Powassan is a rare virus (only 75 cases reported in the U.S. in 10 years) that can cause encephalitis in some people and has potentially fatal consequences. A disconcerting fact about Powassan Virus is that it can be contracted within a very short period of time. While infection with Lyme disease is thought to take anywhere from 24-48 hours with an infected tick, Powassan Virus can be contracted within 15 minutes. Fortunately, our resident did recover following quite a severe illness of sudden high fever and mental confusion. The NYSDOH did test the resident's property and place of employment for Powassan infected ticks, none of which were found at those locations. It is thought, however, that this patient did contract Powassan locally as he had no travel history.

NYSDOH has reported there have been very small numbers of Powassan infected ticks found in Columbia County in recent years. It is also thought that there are a fair number of people who contract Powassan and remain asymptomatic. However, for those who do become ill, it can be a very serious illness. A press release from CCDOH was sent out at that time to remind residents of prevention strategies. Research does continue on Powassan virus and other emerging tick borne infections.

The Ehrlichiosis/Anaplasma reporting form was revised by arthropod staff for the purpose of obtaining the most accurate information and case numbers for these diseases from MD offices. Case definition criteria is very specific and requires accurate reporting of febrile illness, symptoms, and lab work. Unfortunately, the forms were often returned incomplete resulting in time consuming follow-up phone calls to MD offices. The revised form and a letter explaining the necessity of answering certain critical questions was mass faxed to MD offices with very positive results. In 2018, the vast majority of forms were returned with the necessary information.

Zika Virus was old news, at least for local health departments, in 2018! CCDOH has had no Zika cases and no Zika testing this year. Patients no longer require approval through their local health department to be tested; they can simply obtain a script from their provider and be tested at various labs in the area. There has been a significant decline in Zika cases worldwide, but, conversely, the long term effects of congenital Zika virus are becoming more apparent as effected children age. Research continues and statistical data is being collected regarding the long term effects of congenital Zika.

CCDOH remains ready to assist and educate the community regarding Zika Virus issues as circumstances dictate.

CCDOH continues to provide information on tick-borne illnesses on our Columbia County Health Department website and also maintains a 24 hour Lyme and other tick-borne illnesses information line May-September that can be reached at 518-828-7539.

Columbia County remains a highly endemic area for tick-borne diseases. The health, societal, and economic costs of these illnesses are extensive. CCDOH will continue to advocate, educate, strategize, and reach out to the community in an effort to optimize health and prevent arthropod illnesses.

Public Health Education Program

The Columbia County Department of Health (CCDOH) provides health education, a core Public Health service, to schools, community groups, worksites, healthcare providers, families, and individuals. This outreach and education is delivered through workshops and presentations, the Department's website, Twitter account and Facebook page, community events, participation in coalitions, health fairs, and local media. The program coordinates the Community Health Assessment and Community Health Improvement Plan to strategically address health concerns in the county. Furthermore, the program promotes healthy behaviors and disease prevention by working with schools and local organizations to develop and promote healthy policies, systems and environments.

Community Outreach and Education

In 2018, the Department developed and implemented educational programs in various settings, reaching people of all ages. These programs included: flu and infection prevention workshops to community groups, public school students and staff, afterschool programs, and summer camp attendees; HIV/AIDS education, fall prevention workshops, safe medication disposal practices, bullying prevention, and Tai Chi classes for older adults at the Office for the Aging's "Food and Friendship" sites, and senior living facilities throughout the county; education on the health effects associated with sugar-sweetened beverage consumption; Lyme disease prevention education to worksites, summer camps, cultural and community groups, libraries, and students; and emergency preparedness presentations to summer camps, afterschool programs, and community groups. CCDOH conducts a wellness series for incarcerated individuals at the Columbia County Jail through the ReEntry Columbia program, and provides an overview of CCDOH services for participants of the Columbia County Department of Probation. The Public Health Educator continues to update and improve the agency website, Facebook and Twitter pages, which serve as valuable educational tools. These contain information about programs and services, various health topics pages, and videos displaying health information. The website is available in English and Spanish.

The Department of Health celebrated National Public Health Week 2018 with an outreach initiative in collaboration with the Columbia County Department of Motor Vehicles. Many of CCDOH's program representatives were able to connect with community members and increase awareness of available public health services, as well as recruit community feedback.

The Department provided health education and information about programs and services via numerous community events, including outreach events sponsored by Community Night Out, the annual Migrant Worker Health Fair, Community Take Care Fair, Columbia and Greene Interagency Awareness Day, Move Columbia Health Expo, Hudson City School District Book Festival, Out of the Darkness Suicide Awareness Walk, and the Golden Gathering event for older adults.

Coalitions and Partnerships

The Columbia County Department of Health is an active member of coalitions aimed at preventing disease and strategically tackling community health issues. The Department manages the Public Health Leadership Team (PHLT), an important partnership of staff from local agencies committed to carrying out the initiatives and objectives of the Community Health Improvement Plan. The Department also sits on the Columbia-Greene Addiction Coalition, the Prevention Subcommittee of the Columbia-Greene Addiction Coalition, the Columbia-Greene Suicide Prevention Task Force, the Ichabod Crane School Wellness Committee, the Ichabod Crane Drug Forum Planning Committee, the Columbia County Youth Advisory Board, the Hudson City School District Wellness Committee, the Columbia-Greene Out of the Darkness Suicide Prevention Walk Planning Committee, and the Greene County MAPP (Mobilizing for Action through Planning and Partnerships) Committee.

Community Health Assessment & Community Health Improvement Plan

The Department coordinated the Columbia County Community Health Assessment and Community Health Improvement Plan (CHA/CHIP) for 2016-2018. In 2016, the Columbia County Public Health Leadership Team and other community partners contributed to the planning and development of the documents, which summarize county health issues and present a community plan for making measurable improvements in priority areas. In 2018, the PHLT and CCDOH partners worked to implement the priorities and activities designated by the CHA/CHIP process. The main priority areas are Chronic Disease Prevention (focus area: obesity prevention) and Mental Health Promotion and Substance Abuse Prevention (focus: prescription and illicit drug abuse prevention).

The CHA/CHIP, which is available for download through the Department's website (<https://sites.google.com/a/columbiacountyny.com/health/reports-and-data>), forms the foundation of many community health improvement activities aimed at helping the county to be a healthier, safer place to live, work, learn, and play.

Within the priority of Obesity Prevention for Columbia County residents, community partners selected youth obesity to be the area of focus for the 2016-2018 CHIP. The Columbia County Department of Health and community partners plan to engage youth after school programs to encourage and reinforce healthier habits through implementing the 5-2-1-0 program, an evidence-based, policy level initiative, which promotes healthy eating, physical activity, and limitations on recreational screen time.

Strategies for Mental Health Promotion and Substance Abuse Prevention, with a focus on prescription and illicit drug abuse prevention, include:

- Conducting prescription drug abuse prevention education among adolescents at public schools throughout the county as well as more general instruction to the entire community to promote education and awareness.
- Continuing the work of the Columbia-Greene Addiction Coalition, which aims to reduce and prevent prescription drug abuse in the two counties through focusing on practice guidance for prescribers, community prevention, and connections to treatment.

Commitment to Learning and Professional Enrichment

Department staff completed educational training by participating in conferences, webinars, seminars, and presentations to learn the latest developments in disease prevention, public health promotion, substance abuse prevention, environmental health, and emergency preparedness.

Migrant Health Program

The Migrant Health Program serves migrant and seasonal farm workers (MSFWs) in Columbia, Greene, Rensselaer, and Dutchess Counties, and is funded through a grant from NYSDOH. In 2018, our staff visited 9 farms (two of those were combination outreach and flu), and 4 return visits for other flu clinics, as well as other follow-up return visits to recheck elevated

blood pressures, and recheck PPDs. Four hundred and seventy-one farm workers and family members – 249 men, 76 women and 146 children (including at the Spring Health Fair) - benefited from culturally sensitive healthcare and outreach services provided by our staff in 2018. We added a new farm – Shagbark Farm – to our schedule this season. In all, there were 1,957 total encounters. Many of these encounters were through Irish Falkner, our Community Health Worker. Outreach clinics at farms are a major component of CCDOH's services to MSFWs. In 2018, the following services were provided at 9 participating farms: screenings for hypertension, diabetes, and tuberculosis; immunizations for Tdap, Hepatitis B and Twinrix; education provided in Spanish and English on the topic of hypertension and also pesticide precautions. We had resident doctors at all the farms. The following immunizations were provided to migrant and seasonal farm workers (during outreach and also at the Spring Health Fair): 42 Tdap or Td, 66 Twinrix or Hepatitis, 80 Flu, 1 HPV and 1 Pneumonia. A total of 190 vaccines were given during outreach, fall flu clinics and the Spring Health Fair. A total of 137 migrant workers (and spouses) were vaccinated. At the combined outreaches, 15 workers received PPDs, and all other received a TB sign & symptom screening. We had a large bi-lingual display and educational pamphlets in English and Spanish. Anyone that was screened and needed follow-up was either seen again on another visit, or had appointments scheduled with other medical providers. Many returning migrants are up-to-date with their immunizations as a result of our program.

Our annual health fair was held on March 11th at St. Joseph's Church. We had a great turnout, with 115 MSFWs and family members attending. The topic for the fair was Early Childhood Health. Information on nutrition and activity for youth was provided in English and Spanish. Other participating agencies included The Healthcare Consortium, Migrant Education, Cancer Prevention Services, The Alight Center, Columbia County Mental Health, Catholic Charities (SNAP and Healthy Families), Hudson River Healthcare, Kinderhook Library, NYS Department of Labor, Center for Independent Living, Columbia Opportunities, MVP and Fidelis. We had participation from our Healthy Neighborhoods and Early Intervention programs. The CCDOH Immunization Program Coordinator provided vaccines to adult attendees. Our Health Educator also presented displays on various topics such as smoking, nutrition, and exercise. Educational materials were distributed in both English and Spanish.

Through our collaboration with Hudson River Health Care, Columbia Memorial Health, and the Healthcare Consortium, the Columbia County Department of Health offers many services to MSFWs and their families. Our Community Health Worker provides translation and transportation for primary medical care, specialty care, dental care, all phases of pregnancy care, and access to social services such as WIC, SNAP, DSS, and legal services. An important role for our CHW is her assistance with pregnant migrant women for their appointments. Irish assisted four pregnant women during 2018, all with uncomplicated pregnancies. Three of these women gave birth to healthy babies in 2018 (the fourth remained pregnant at the end of the year). Irish kept very busy juggling appointments for these women through all their pre-natal care, births, post-partum, and newborn care, along with all the other clients she coordinates care for.

We had many in-services, trainings and webinars in 2018. There were 83 occasions that we participated in throughout the year. The various topics included immunization,

tuberculosis, HIV/STDs, Hepatitis C, opioid/prescription drug abuse, suicide prevention/mental health, emergency preparedness, and other topics related to migrant health. Notably, we attended in-services presented by CCDOH Medical Director Dr. Ramani; CHW Irish Falker and Migrant Program Nurse Mary Jason attended the Partners in Prevention Breakfast presented by the Healthcare Consortium's Tobacco-Free Action program; and Migrant Program Public Health Nurse Beth Neale attended the annual Outreach Worker Training Conference in Geneva, New York.

We have held four well-attended, productive Migrant Network Meetings this year. We also attended the PAC Meetings on a quarterly basis. We routinely participated in the STD Committee Meetings, the Infection Control Committee Meetings, and the monthly meetings with Dr. Ramani.

Public Health Preparedness

In 2018, CCDOH continued emergency preparedness efforts to ensure readiness for its role as an integral part of the emergency response team in Columbia County. Throughout the year, we developed and tested community emergency response plans; developed, revised, and implemented policies and procedures; conducted localized outreach and education to the public; offered training and participation in exercises; and attended numerous conferences, seminars, and webinars on emergency preparedness related topics. These activities helped to prepare CCDOH and its partners to effectively prevent, respond, mitigate, and recover from any type of public health incident. These activities fell into five basic categories: planning, training, education, exercises, and response.



Planning

Planning is the largest component of the preparedness calendar. An enormous amount of time goes into researching, comparing, and evaluating data and response protocols that are then implemented into the eighteen different plans that are a part of our core response capabilities. Planning also includes identifying resources and evaluating the resource capabilities, and then developing the training and education sessions to adequately prepare response personnel.

In the early part of 2018, CCDOH began planning for a comprehensive tabletop exercise for all County, State, and Federal response agencies involving a radiological incident. The

tabletop was held on February 29th at Columbia Greene Community College. Planning was then directed to a full scale medical model point of dispensing (POD) exercise involving vaccine for a simulated Hep A outbreak. This exercise was held on April 3rd at the Columbia Greene Community College following a number of Clinical Operations (Clin-Ops) webinars with the State Department of Health.

As a result of the radiological response tabletop, CCDOH was able to compile considerable information which helped to develop the Department's Radiological Response Plan. The final draft of this plan was completed and approved later in the year. Radiation detectors were also procured and distributed to key response agencies. In addition, a separate Population Monitoring Guide was developed to assist in evaluating, decontaminating, and treating victims of a radiological event.

Information gathered from the full scale vaccine POD helped to develop a new section to the Department's Medical Countermeasure Dispensing Plan addressing vaccine dispensing and cold chain management.

The PHEP program also held an informational session for all long term care facilities, the county jail, and all correctional facilities located in Columbia County. The purpose of this meeting was to educate them on the County's Closed POD Distribution Plan and encourage them to become a part of this plan. We also encouraged them to develop their own facility plans on how to dispense public health assets to their staff, residents, or inmates, once those assets arrived.

CCDOH worked with the County OEM and numerous response agencies in planning and implementing a comprehensive active shooter exercise at the Germantown Central School. Unfortunately, after extensive planning, this full scale exercise was changed to a tabletop exercise because of the school district's concerns of the potential for future litigation.

Planning initiatives also involved meeting with OEM officials to review, discuss, and update the County's Animal Response Plan and the Special Needs Registry Program. CCDOH and CCEMO staff met to review operational readiness of the County's primary staging site for public health asset storage and distribution. Additional meetings convened to develop an exercise and drill itinerary for 2018-2019.

To assure staff readiness, we planned and implemented our annual respirator mask fit testing procedures, and trained CCDOH staff in a number of preparedness topics (see training).

Not only is it important to be prepared as an organization and a county, it is also important to be prepared as individuals. Therefore, CCDOH provided flyers and booklets on individual and family emergency response plans to the citizens of Columbia County at a variety of public outreaches as noted below under education.

Other planning initiatives included the following:

- Identified and confirmed one new open POD site and developed electronic floor plans for the site to help accelerate set up times in the event of an emergency;

- Updated all POD security surveys for the seven PODs identified in Columbia County;
- Inventoried all preparedness supplies and equipment, and maintained all electronic devices such as lap tops, cell phones, and portable VHF radios;
- Spent considerable time helping Columbia County ServNY volunteers retain their accounts after the State migrated the volunteers' account data from ServNY Version One to ServNY Version Two. Lost about two thirds of our members. Thankfully, most members were willing to register under a new account. Between existing members and new members, the program now contains about fifty-five volunteers for Columbia County;
- Participated in the County's quarterly LEPC (Local Emergency Planning Committee) meetings to identify facilities that store or use hazardous materials and examine appropriate response plans.

Training

Training is another large component of the preparedness calendar. Throughout the year training sessions were offered to CCDOH staff, county partners, and local volunteers. These sessions fell into two categories: training *provided* by CCDOH staff, and training *attended* by CCDOH staff.



Training/education provided:

The training CCDOH PHEP provided contained two main components: subject matter expertise and education on specific public health responses.

These two components were offered to key county personnel in emergency management, emergency response, and to our community partners.

Specific topics included: Radiation and radiological events; use of family reception centers and reunification models in response to an active shooter incident; use of emergency room coaches, Medication Assisted Treatment (MAT), and Overdose Mapping in combating opioid abuse.

Additional training included a number of building safety presentations addressing the Building-wide Emergency Response Plan for the Human Services building to both the appointed safety marshals and to all new employees of agencies occupying the facility.

Department staff delivered presentations for infection prevention to community groups and to participants of the Department's ongoing clinics. The Department's website and Facebook page also provided a host of health related information.

Training/education received:

Throughout the year, CCDOH staff attended a number of different preparedness training sessions ranging from webinars and conference calls to day conferences/trainings and multi-day training courses. The PHEP Coordinator attended the quarterly Capital District Health Emergency Preparedness Coalition Sub-Regional Planning Group meetings at HANYS, and the

monthly Regional BT Coordinators meetings held at Ballston Spa. The PHEP Coordinator also participated in the following training activities: quarterly FBI WMD update/training sessions, academic labs bio-security training at SUNY Albany, and a three day NIMS IS 300 course on expanding incidents.

Specialized training was offered to LHD staff covering topics such as Civilian Response to an Active Shooter Event (CRASE), fire safety, Psychological First Aid, High in Plain Sight drug culture training, Countermeasure Data Management System (CDMS) use, and Crisis and Emergency Risk Communication (CERC) implementation.

Other topics included HIPAA requirements, blood-borne pathogen safety, hazard communications and Safety Data Sheets, Incident Command System (ICS 100, 700), chemical, biological, and explosive events, and Personal Protective Equipment (PPE) doffing and donning for an Ebola incident was also done for select Public Health Response Team members.

Drills and Exercises

Drills and exercises fall into three major categories:

- tabletops,
- functional, and
- full scale



Tabletop Exercise:

The Health Department participated in two tabletop exercises in 2018. The first was the Radiological Response exercise to test the County's ability to respond to a dirty bomb in the City of Hudson, and the second was the active shooter exercise which concentrated on the reunification process and family reception center operations.

Functional Drills/Exercises:

We held a number of functional drills designed to test the Department's communication and response capabilities in the event of an emergency, including the Department's ability to get a message to all staff. This was done through utilizing the State's Integrated Health Alert Network System (IHANS) and the Department's internal phone trees. Periodic evacuation drills were also performed at the County's Human Services Building, and other functional drills included quarterly use of GETS (Government Emergency Telecommunications Services) by all CCDOH staff who were assigned GETS cards. The County ServNY program also exercised its volunteer notification capabilities by sending a spontaneous mass notification message and seeing how many volunteers acknowledged receipt of the message - 26 acknowledged receipt and 29 did not acknowledge.

Full Scale Exercise:

There was only one full scale exercises performed in 2018 which was the medical model point of dispensing (POD) exercise involving vaccine for a simulated Hep A outbreak. This exercise was held on April 3rd at the Columbia Greene Community College and included a cold

chain component on how to transport and store vaccine while retaining its required temperature range. Although three full scale exercises were planned for the year, Germantown CSD backed out of holding the planned active shooter exercise because of litigation concerns in the future. Since considerable time and planning was put into this exercise, and then additional planning and scheduling for a table top version occurred instead, this prohibited the planning and execution of the third full scale MCI exercise that would have involved a Public Health component.

Response – Real Life Events

Thankfully, the year 2018 contained only one minor incident that required a public health response/follow-up. This was a report of toxic substances/Cyanide located in a resident's garage. The report came from a family member who was settling an estate and came across some boxes labeled "Toxic Substance – Cyanide" that were located in a garage. Upon initial response of law enforcement it was found that there were no toxic substances but rather the deceased relative had placed valuables in some boxes and labeled them "Toxic Substances" to deter someone from opening the boxes. Other public health related occurrences included isolated Chronic Hep B and Hep C; Pertussis; reportable GI illnesses; Flu; tick-borne diseases; Coxsackie Virus; and STDs that required treatment and monitoring.



Environmental Health

Edward Coons, Environmental Health Director

Tara Becker, Public Health Sanitarian
Melissa Blass, Secretary I
Michael DeRuzzio, Public Health Engineer
Jenna Dodge, HNP Public Health Technician
Brenda First, PT Clerk/Typist
Cindy Gimber, PT Public Health Sanitarian

Magnolia McBroom, Public Health Technician
Marisa McBroom, Sr. Public Health Technician
Tyrone McClary, Public Health Technician
Cailey Nieto, HNP Public Health Technician
Dale Rowe, PT Public Health Sanitarian
Amy Schober, Public Health Sanitarian

The Environmental Health division's primary function is to implement regulatory programs, to protect the health of the public in accordance with the New York State Sanitary Code in the food industry, to enforce clean air standards, to protect our drinking water supplies, and follow up on hazards and exposure related diseases identified in occupational and community settings.

Program	2016					2017					2018				
	Permitted Facilities	Pre-inspections	Operational Inspections	Major Incidents/Outbreaks	Safety Plans Reviewed*	Permitted Facilities	Pre-inspections	Operational Inspections	Major Incidents/Outbreaks	Safety Plans Reviewed*	Permitted Facilities	Pre-inspections	Operational Inspections	Major Incidents/Outbreaks	Safety Plans Reviewed*
Beaches	20	8	22	-	13	19	5	26	-	2	18	8	20	-	11
Campground	11	-	10	-	-	13	-	13	-	-	13	-	13	-	-
Children's Camps	28	28	28	3	29	26	26	26	-	26	28	28	28	-	28
Food	294	11	268	-	2	318	2	395	-	-	315	17	382	1	-
Migrant Housing	17	17	20	-	-	19	20	20	-	-	18	18	18	-	-
Mobile Home Parks	43	-	44	-	-	42	-	46	-	-	42	-	43	-	-
Swimming Pools	24	4	31	-	14	24	6	28	-	1	24	6	27	-	14
Temporary Residences	33	-	24	-	-	32	1	31	-	-	32	-	31	-	-
Tanning Facility						6	-	3	-	-	5	-	2	-	-

Adolescent Tobacco Use Prevention Act (ATUPA)

During 2018, there were 79 tobacco retailers registered in Columbia County. Staff conducted 73 compliance checks and re-inspections throughout the year. The compliance checks resulted in three citations issued for selling tobacco products to underage minors. All violators were subjected to enforcement proceedings with fines levied.

	2015	2016	2017	2018
Registered Retailers	78	81	79	79
Vending Machines	-	-	-	-
Compliance Checks	106	87	164	73
Citations	1	3	2	4
Fines	1,050.00	1,250.00	1,900.00	1,100.00

Campgrounds

Each of the 13 operating public campgrounds was inspected during their open season. There were no incidents at any campground facility.

Children's Camps

Each of the 28 children's camps operating in the county received both a pre-season inspection and an operational inspection. Of these 28, five have been identified as large camps, all of which are also overnight camps. These camps were inspected by a team from the Environmental Health division, consisting of both inspectors and Public Health nurses. This team approach was very effective, resulting in a thorough inspection and a great educational opportunity for not only the camp directors but also the camp staff. There were no illness/outbreak investigations and no major incidents at any of the children's camps in 2018.

Childhood Lead Poisoning Prevention

A total of two risk assessments were conducted, both having an elevated blood lead level. One relocation inspection was completed to move the family involved while the lead hazard reduction work was being completed in their apartment. There were four assessments conducted to prevent lead poisoning.

Food Service Establishments

Included in this category are facilities classified as restaurants, taverns, bakeries, catering operations, soup kitchens and commissaries, as well as institutional kitchens (i.e., schools, secure facilities, children's camps). In addition, permits are issued for mobile food service units, summer feeding sites sponsored by the State Education Department, large day care facilities (not at a family residence) offering daily meals to more than six children, and the Food and Friendship sites operated by the Columbia County Office for the Aging. Permits were also issued for temporary food service operations at festivals and single purpose events.

In 2018, there were a total of 318 regulated food service establishments. The Environmental Health Department completed 393 inspections. There were eight food service related complaints investigated; one complaint was determined to be unfounded, all others were resolved. There were no confirmed food-borne illness outbreaks in 2018.

Temporary Residences

There were 32 regulated temporary residences operating in the county during the year 2018. Temporary residences include hotels, motels, bed and breakfast operations with an occupancy that exceeds 11 persons, and children's camps that have an extended season. The focus of these inspections is to ensure compliance with fire safety standards, building maintenance, drinking water standards, and food and bathing facility safety. There were two complaints investigated during the year, one of which was invalid and the other resolved.

DEC Programs

The Columbia County Environmental Health Department assists the Department of Environmental Conservation on a continual basis with the initial investigation and monitoring of petroleum spills, chemical spills, landfill closures and remediation sites and waste water treatment systems which may have an impact on public health. Efforts are made to respond to and coordinate with the DEC Spill Response Unit and the NYSDOH Bureau of Toxic Substance Assessment in the event of a spill occurrence. Staff technicians conduct initial investigations to gather pertinent information, interview residents to determine and assist if relocation is warranted, and conduct sanitary surveys to determine the location of and potential impacts on private drinking water well supplies. Staff technicians collect baseline and surveillance monitoring samples of drinking water in these situations to determine if contaminate removal treatment is necessary or is effective, and also to determine when the NYS Health Department criteria has been met for such removal treatment. The spiller or responsible party is determined by the DEC and is required to reimburse the State for the costs associated with this program under Navigation Law. There were no petroleum spills reported by the NYSDEC with a request for CCDOH assistance and follow-up during 2018.

Rabies

During 2018, eight rabies clinics were conducted to vaccinate cats, dogs, and ferrets. The clinics were free to county residents. These clinics vaccinated a total of 709 animals (404 dogs, 303 cats, 2 ferrets). A total of 83.7 staff hours were incurred, and a total of \$750.00 was expended to the veterinarians/animal technicians for their services at the 2018 clinics. We continued to offer the public attending our rabies clinics the opportunity to make a donation. Donations for 2018 totaled \$1,435.00 compared to \$1,212.50 2017, compared to a total of \$922.76 in 2016, and \$1,246.00 in 2015. This practice will be continued going forward into 2019.

2018 Animal Rabies Vaccination Clinics				
	Cats	Dogs	Ferrets	Total
Ancram	32	45		77
Germantown	34	73	2	109
Greenport	68	82		150
Ghent	48	95		143
New Lebanon	44	25		69
Claverack	45	51		96
Kinderhook	32	33		65
Total	303	404	2	709

Summarized below are the results of all Rabies laboratory submissions in 2018.

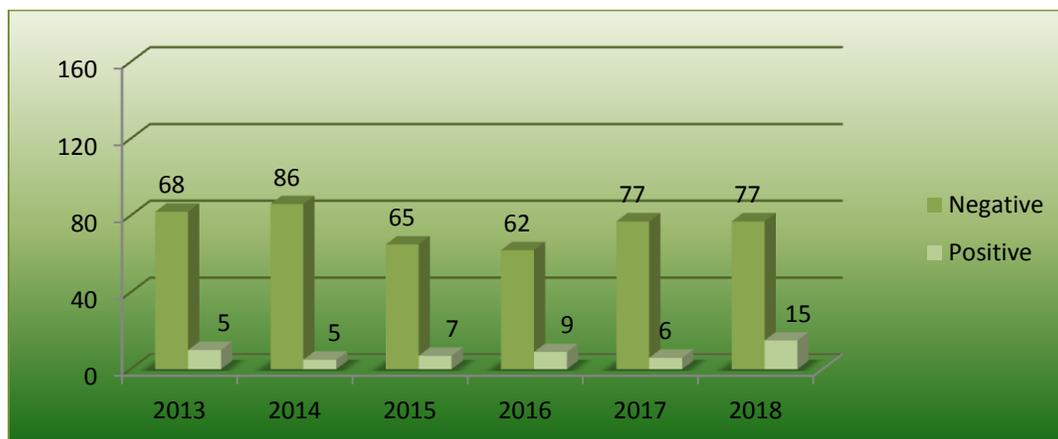
2018 Laboratory Submissions:

	Total	Positive	Negative	Un-testable
Bats*	31	2	28	1
Bob Cat	1		1	
Cats	17	1	16	
Chipmunk	1		1	
Cow	4	1	3	
Coyote	1		1	
Deer	3		3	
Dogs	2		2	
Fox	2	1	1	
Goats	6		6	
Raccoons	15	9	6	
Skunks	7	1	6	
Squirrel	3		3	
Woodchuck	1			1
Total	94	15	77	2

*One bat test result, in addition to the two that definitively tested posted, was classified by the laboratory as "unsatisfactory."

In 2018, a total of 50 individuals including adults and children required post-exposure treatment. This number included cases where there was no laboratory submission of the animal. Cases requiring post-exposure treatment included exposure to the following types of animals: raccoons, cats, bats, dogs, skunks, foxes, and 1 unknown animal bite.

Rabies Submissions:



Mobile Home Parks

Nine of the 42 mobile home parks in the county are served by public water systems and 33 are served by private well supplies. In addition, 5 of the parks are served by public sewer systems while the remaining parks are served by on-site wastewater disposal systems.

Public Water

Environmental staff continues to administer the work to be completed under the NYSDOH Drinking Water Enhancement (DWE) Grant that includes the ongoing monitoring and inspection of regulated facilities. In 2018, the CCDOH inspected 236 facilities as summarized below:

	2014	2015	2016	2017	2018
Facilities	284	273	254	241	236
Inspections	279	250	216	217	236

The Department has continued a joint effort with the NYSDOH to bring about compliance with “groundwater under the influence of surface water” as outlined in the Federal EPA Surface Water Treatment Rule and Part 5 (NYS Standards for Drinking Water) for two larger community and municipal systems in the County.

Samples Collected

	2014	2015	2016	2017	2018
Bacteriological	359	448	386	352	386
Nitrates	40	55	51	65	68
Fecal Samples	3	0	2	0	1
Iron	1	0	0	12	6
Nitrites	1	14	2	5	2
U-V Parameter Studies	6	0	0	2	1
Lead*	-	1	2	0	2
Fluoride*	-	1	0	0	0
Turbidity*	-	1	0	13	2
IOC/SOC/POC*	-	9	9	11	21
Radionuclide*	-	10	13	0	10

*Sample collection begun in 2015 in accordance with State requirements; data for previous years unavailable.

Individual Sewage and Realty Subdivisions

Site soil condition evaluations are conducted to determine the suitability for on-site wastewater disposal to serve new single family home construction. The number of site inspections for the various individual on lot and subdivisions are summarized below.

In addition, staff members review design engineering plans for private systems as well as the smaller commercial wastewater systems that generate less than 1,000 Gallons per Day (GPD), and conduct joint plan reviews with the NYSDEC for Department permitted facilities that generate between 1,000 and 10,000 GPD.

Program Activity

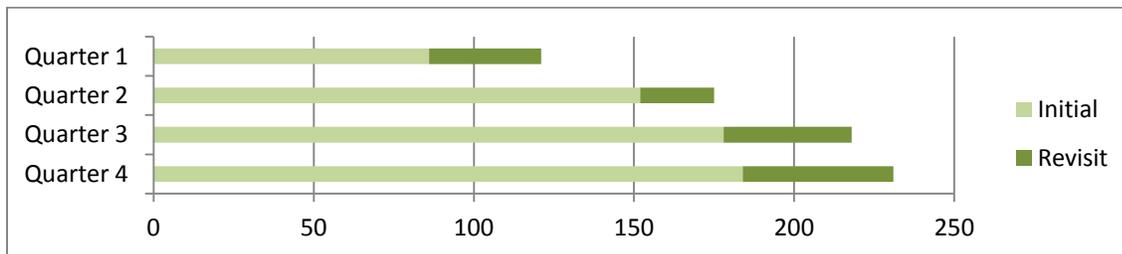
	2014	2015	2016	2017	2018
Site Evaluations	77	103	63	81	46
Realty Subdivision	1	0	0	3	0
Large Lot	0	0	1	0	0
Single Lot	76	93	58	61	56
Private Subdivision	0	5	4	1	1
DEC	-	5	-	1	2
Commercial					8

Healthy Neighborhoods Program

In 2018, the Columbia County Healthy Neighborhoods Program (HNP) completed a total of 600 initial home visits and 145 revisits throughout the county. These figures compared to the previous year, in which only 164 homes received an initial visit, demonstrate a 266% increase in staff productivity. HNP educators also attended 51 outreach events throughout the county, which proved to be a great opportunity to engage with the public and increase the number of Columbia County residents served (1,256). Community involvement also positively correlated to the number of referrals (356) received from organizations and individuals throughout the target areas.

During home visits, the HNP educators addressed health and safety concerns in the home including indoor air quality, fire safety, lead poisoning prevention, asthma prevention, fall prevention, and tobacco use. Intervention strategies helped to correct the environmental hazards identified during initial visits and all residents received information and free materials (i.e. green cleaning supplies, radon kits, fire extinguishers, smoke alarms, and carbon monoxide detectors) to improve their living conditions.

Program Activity





Maternal Health

Elizabeth Galle, MS, RN, Director of Patient Services

Patricia Abitabile, Community Health Worker Assistant
Kristy Frederick, Registered Nurse

Marguerite Folz, Registered Nurse
Luanne Kline, Per Diem Public Health Nurse

The Maternal Child Health program made a total of 681 home visits and patient contacts during 2018. The program received a total of 180 referrals. The nurse liaison visited 58 new mothers at Columbia Memorial Hospital to offer services and provide education about our programs. Packets of educational materials regarding maternal care, infant care, safety and lead poisoning were distributed.

Maternal Child Health Vital Statistics

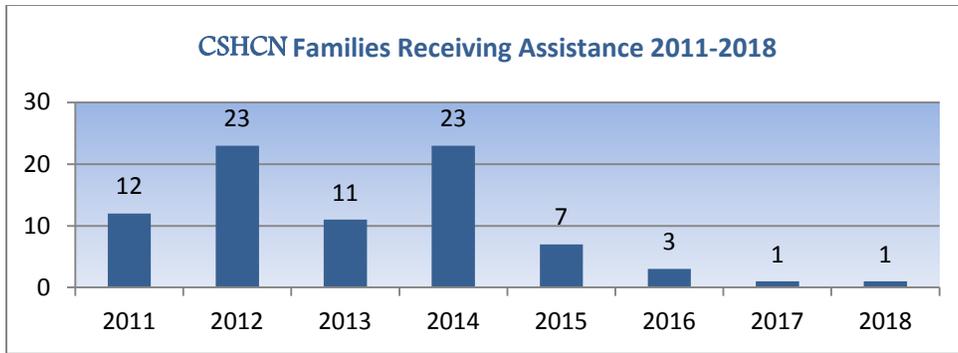
There were 428 births in 2018 (includes 6 sets of twins and 1 set of triplets) - 208 male, 220 female. This figure does not include any birth statistics from bordering states such as Massachusetts or Connecticut, when pregnant women who reside in Columbia County choose to deliver at a hospital in those states. One hundred forty seven women had late entry into prenatal care and statistics also reflect 16 women with unknown status of entry into prenatal care. A total of 171 births were at Columbia Memorial Hospital, while 229 births were in hospitals outside the county. Twenty of the total 428 births in New York State hospitals in 2018 were home births. The 428 total also includes 8 births that either did not take place in a traditional hospital or birth center setting, were not registered home births, or occurred out of the area.

Physically Handicapped Children's Program

As part of our Physically Handicapped Children's Program, 5 children received services in 2018. All five of those children required services for hearing impairment, as insurance companies rarely pay for hearing aids. All five children were ineligible for Medicaid.

Children with Special Health Care Needs (CSHCN)

The major focus of the Children with Special Health Care Needs (CSHCN) program is to identify gaps in services for children dealing with health care challenges, such as lack of health insurance, primary health care, dental care, and transportation. A major component of the program includes assisting with coordination among multiple health care providers and helping connect families with specialists. Families are assisted in obtaining services and are tracked to ensure that children are receiving the care that they need. Referrals to other programs within our agency, or to outside agencies, are made as appropriate. Work-plan activities include Birth Certificate Review to monitor for inconsistencies and referrals. Outreach efforts to health care providers, school nurses, and early intervention service coordinators focused on sharing information on program services and the availability to assist families with referrals and resources. The family of 1 child benefited from the CSHCN program in 2018.

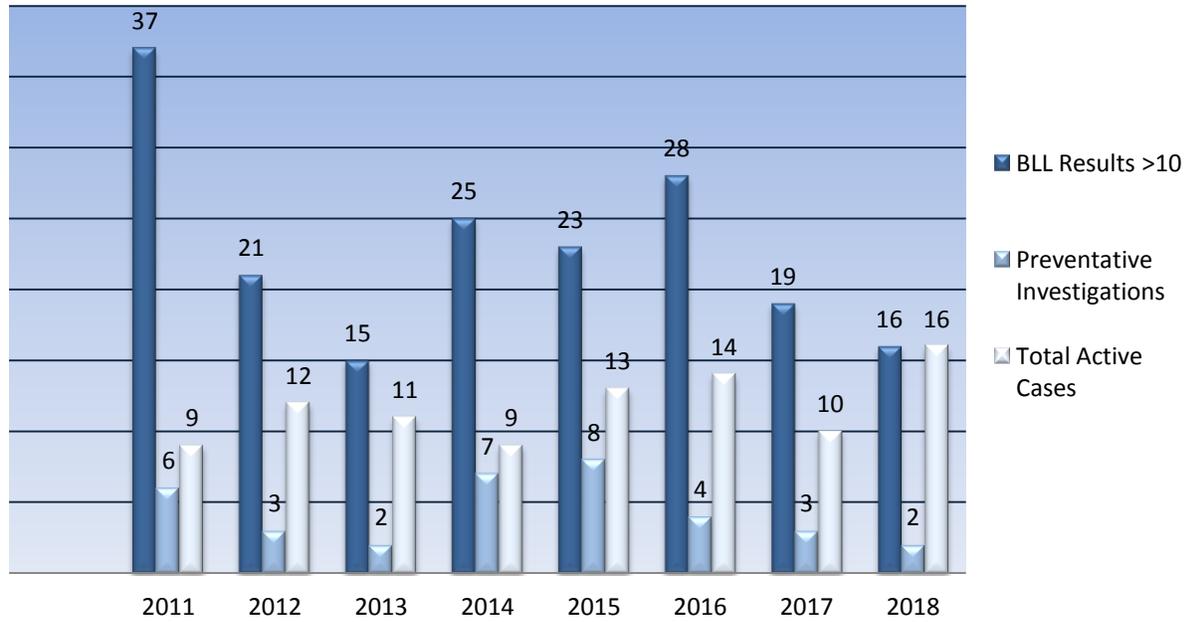


Lead Poisoning Surveillance & Prevention Program

Lead web results and case management activities for children who live in Columbia County once again show a slight increase in the number of children completing an initial blood lead level (BLL) at or about age 1 and subsequent follow up testing at or about age 2 in 2018. More of a concentrated effort will focus on improving the testing rates for the next grant cycle. Sixteen children were followed under the case management component of the program for elevated lead levels during 2018. An additional 28 families had a child with a mildly elevated lead level and were provided packets of information about lead poisoning. Two children identified with mild elevated lead were residing in housing previously having a lead hazard and were offered a follow-up joint preventative investigation. A total of 2 new elevated lead results with a blood lead level of 15 ug/dl were referred to the Environmental Health department for a home assessment. Those 2 cases warranted a joint nursing and Environmental Health investigation of the home. Lead remediation was completed or is ongoing as required.

Lead Poisoning Prevention staff presented informational programs to approximately 155 participants over the course of various outreach activities in 2018. Health care providers and the general public were targeted for lead prevention education using advertisement on billboards, television commercials, newspaper ads, and social media. Health care providers were offered assistance in identifying barriers to getting parents to complete lead testing. Lead Poisoning Prevention staff members, who are also Certified Child Passenger Safety Technicians, continue to collaborate with the Columbia County Sheriff's Department at their Child Passenger Safety Seat Inspection event, providing education to the parents of young children on the importance of lead poisoning prevention and testing at ages one and two. Increased outreach and education efforts will continue to be ongoing for lead program staff.

Lead Poisoning Prevention and Surveillance





Early Intervention & Preschool Services

Anna Papadakis, MS Ed., Director of Early Intervention & Preschool Services

Colleen Melino, Assistant EI Program Manager
Timothy Moore, Program Coordinator
Janice Nieto, Senior Service Coordinator

Marissa Pappalardi, Service Coordinator
Miranda Utterback, Sr. Account Clerk
Sarah Veronezi, Service Coordinator

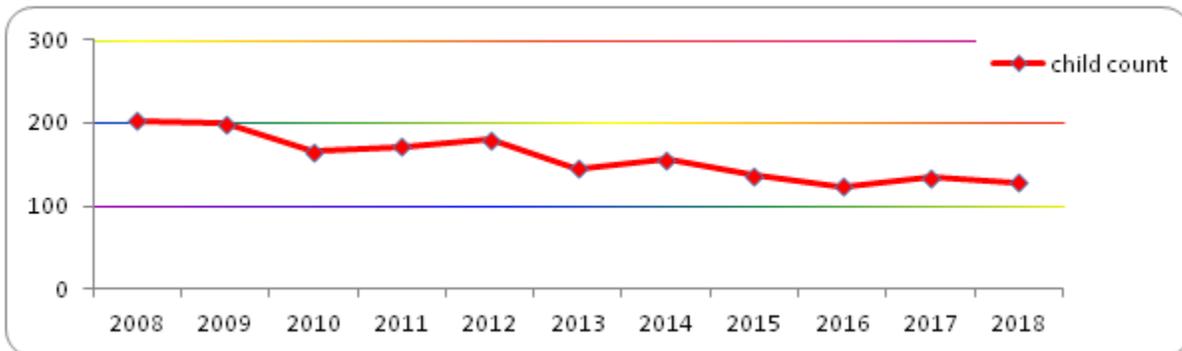
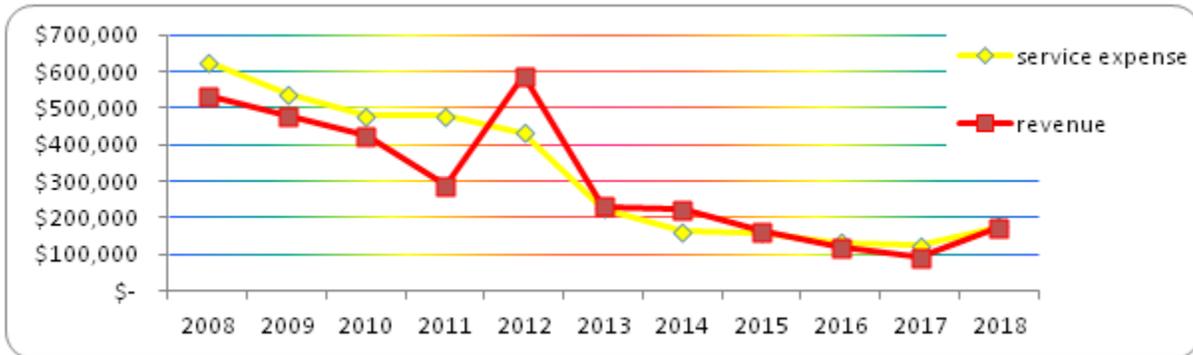
The **Early Intervention and Preschool Services Department** of the Columbia County Department of Health consists of two different programs that are regulated by two different state agencies. **The Early Intervention Program** is regulated by the **New York State Department of Health (NYSDOH)** and the **Preschool Program** is regulated by the **New York State Education Department (NYSED)**. Both programs were created to assist infants, toddlers, and preschoolers with special needs. Services provided by both programs include speech therapy, occupational therapy, physical therapy and special education. Services are provided in the home or community settings such as UPK, daycare or Head Start. Children with significant delays qualify for more restrictive programs in specialized classrooms. Eligibility for the program is determined through formal standardized evaluations by state-approved licensed professionals. Eligibility to continue in the program is reviewed on an annual basis in preschool, and every six months in early intervention.

The **Early Intervention Program (EIP)** serves children from birth to age three. Funding for the program comes from New York State, municipalities, Medicaid, and third party insurance. The State Fiscal Agent (SFA) that maintains the contracts for EIP providers in New York State and also processes payments to the providers. Municipalities administer the program and authorize services. An Administrative Grant is granted each year in October, for the purpose of advertising and educating the public regarding the EIP, counties are mandated to conduct “child find” activities to ensure that children with disabilities or at risk of developmental delays are located and enrolled in the EIP. The Administrative Grant has remained at the same amount since the grant year of 2014/2015 (\$25,912). New York State reimburses municipalities for service coordination at 49%. After the SFA has billed for services through Medicaid and third party insurance, the remainder of the amount of payments due to providers is made through the county escrow account. Approximately 50% of the children in the Early Intervention Program are Medicaid eligible.

In 2018, EIP received 68 referrals and provided services for approximately 128 infants and toddlers at a cost of \$176,984 for services and transportation

Reimbursements for each funding source are as follows: Departmental income is \$75,508, Medicaid is \$6,930, EI Admin Grant is \$26,405, and State Aid is \$63,149.

Early Intervention Program

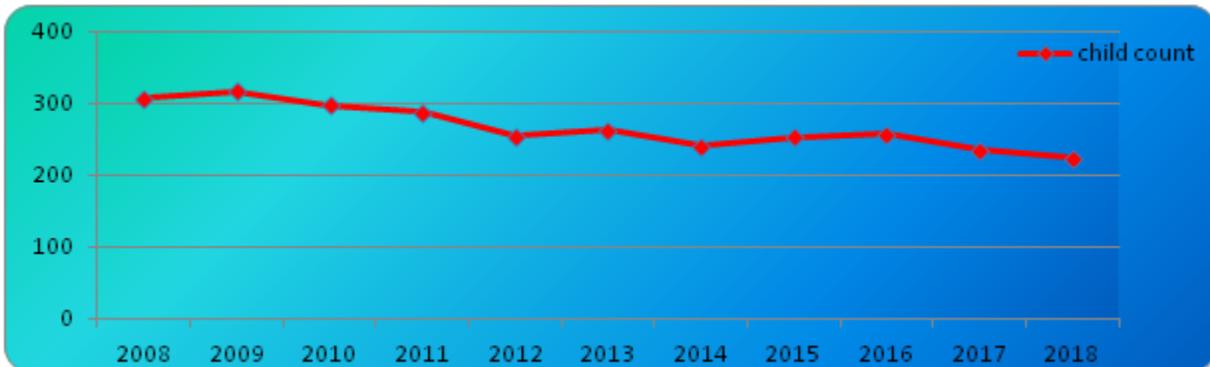
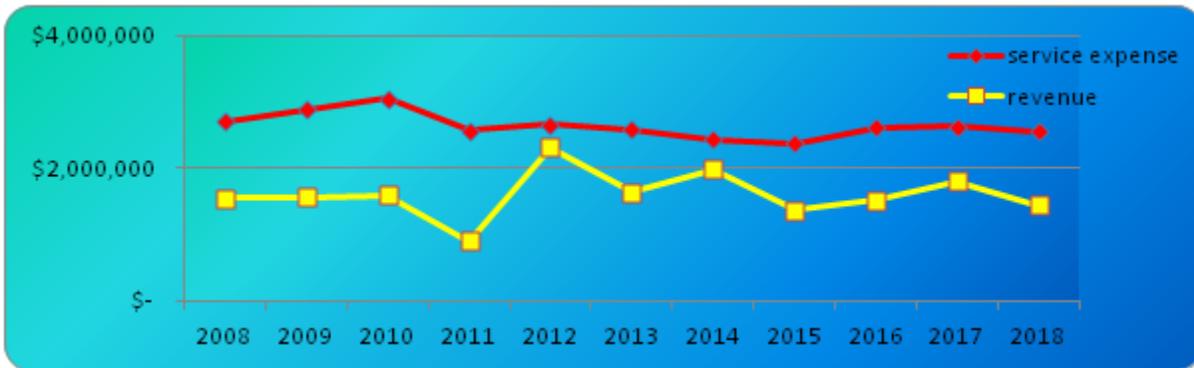


The **Preschool Program** provides services for children between the ages of three and five. The level and type of services are assigned after a formal standardized evaluation has been completed. Each school district in the state has a Committee on Preschool Education (CPSE); the membership of the CPSE is determined by NYSED regulations. One of the mandated members of the CPSE is a chairperson that meets NYSED certification. The chairperson makes the final determinations regarding services and developing the individualized education plan (IEP). However, the decision regarding services is a CPSE decision. The Municipal Representative is included in the membership of the CPSE but is not a mandated member. The CPSE, i.e. school district, is responsible for maintaining the children’s files, scheduling the meetings, and adhering to the IEP. The municipality is fiscally responsible for payment of the services, maintaining a contracted provider list, and for transportation if a child attends a specialized classroom. The municipality receives 59.5% reimbursement for services and transportation from NYS through the automated voucher listing program (AVL system). Counties are also allowed to bill Medicaid for certain therapies for qualifying children. The rates for tuition based programs are determined by the NYSED Rate Setting Unit. Municipalities do not have any input into the rates, but are mandated to abide by the determinations.

In 2018, we received 104 referrals and paid for evaluations, services and/or transportation to 224 preschoolers. Our total expenditures for services and transportation were \$2,548,670.15.

Reimbursements for each funding source are as follows: Preschool Medicaid: \$400,217 and State Aid: \$1,040,562.

Preschool Program





Licensed Home Care Services Agency (LHCSA)

Elizabeth Galle, R.N., M.S.N., Director of Patient Services

Patricia Abitabile, Community Health Worker Assistant
Pamela Ferber, Registered Nurse
Marguerite Folz, Registered Nurse
Kristy Frederick, Registered Nurse

Luanne Kline, PT Public Health Nurse
Elizabeth Neale, Public Health Nurse
Barbara Pough, Senior Clerk
Cheryl Ronsani, Registered Nurse

Mary Sullivan-Sweet, Registered Nurse

As a Licensed Home Care Services Agency we are able to provide home nursing visits to those in our community in need of Maternal and Child Health (MCH), Lead, and Tuberculosis (TB) services. We accept referrals from a variety of sources including hospitals, community agencies, physicians and other health care providers, as well as from the client or a family member. During our maternal and child health visits, education is provided on growth and development of the newborn, lactation and the benefits of breastfeeding, infant care, and nutrition. We provide health guidance during the home visit to promote physical and emotional well being for mothers, infants, and their families. The ability of the nurse to talk one-on-one with the new mom provides an opportunity for questions to be asked and concerns to be voiced with a knowledgeable health care professional in the home environment. Although we do offer our services to women who have not yet delivered, during 2018 we did not have any referrals for antepartal women. The agency also serves as a resource to direct clients to other community supportive services such as Healthy Families.

A goal of the agency is to ensure comprehensive health care for infants and mothers to reduce maternal and infant mortality and morbidity to their lowest possible levels. We are lucky to have one birthing hospital in the county. Women do choose to deliver at hospitals outside of the county, but the predominant source of MCH referrals to the agency is from our local hospital. The frequency of nursing visits provided to clients is based on the needs of the family and physician orders.

Nursing staff also made home visits for infants and children who had elevated lead levels. The education provided assists the family in identifying nutritional and environmental adjustments that can be made to reduce the blood lead level in children.

Meeting the needs of individuals with TB exposure or disease can also require home visits. Providing Direct Observational Therapy (DOT) can take the nurse into the home to assure treatment adherence. Although TB clients were followed during 2018, we did not have any who required home visits.



Administration & Finance

Sharon Svingala, Deputy for Administration

Melissa Blass, Secretary I
Joanne Brousseau, Bookkeeper
Adrienne Burger, Administrative Assist.

Donna Monska, Bookkeeper
Barbara Pough, Senior Clerk
Chelsea Rice, Bookkeeper

The Administrative Office of the Department of Health provides support to all divisions and staff of the Department. These divisions include Disease Control, Maternal Child Health/LHCSA, Environmental Health and Early Intervention and Preschool Services and consist of approximately 45 staff and clinicians and several programs.

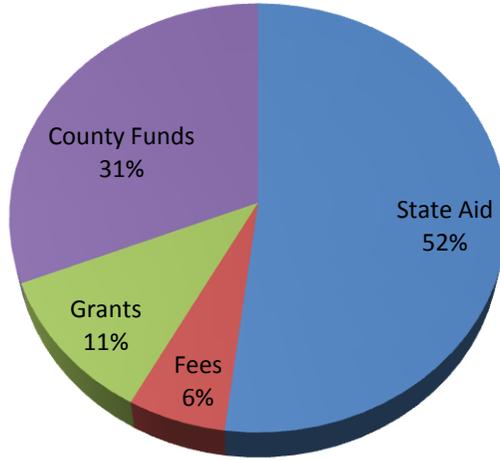
Administrative support includes pursuing reimbursement for immunizations provided at weekly and seasonal clinics, and making provisions for staff to have necessary tools to carry out their work such as vehicles and supplies, while maintaining an efficient working environment with communication and production equipment to support everyday needs. Support also includes providing assistance to the many callers and visitors to our Department to direct them to appropriate resources both within and outside of the Department of Health. The Administrative department is also responsible for processing contracts, tracking and maintaining State standards for personnel, and much more. We work cooperatively with other Columbia County agencies for centralized services, including purchasing, accounts payable, payroll, central garage, County Attorney, the Treasurer, Controller, Human Resources, Board of Supervisors and others.

Ten grants magnify the intensity of support provided to the department. These grants provide state and federal funding for public health programs. The Code of Federal Regulations requires all entities receiving federal funds to have a system of time and effort reporting in place to support grant funding of salaries. Audit and accountability requirements affect every member of our Department as the Office of the Medicaid Inspector General enforces the adherence of all staff and operating procedures to a Corporate Compliance Plan.

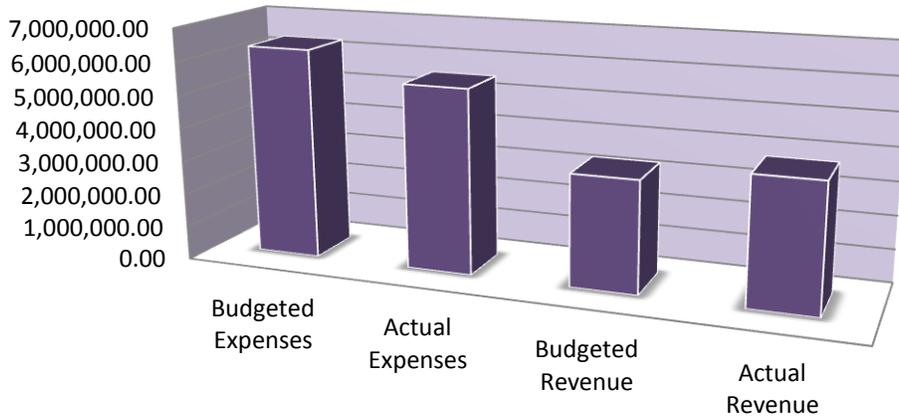
State and federal funds also support our Article 28 clinics and Article 36 home care programs through Medicaid and Medicare reimbursements. As a result, comprehensive and detailed attention is necessary to track expenditures and revenue by cost center and discipline in order to track expenses and compile the required Medicare and Medicaid cost reports. Fees for every division of the Department of Health are collected, carefully logged, tracked and deposited on a regular basis as are state funding receivables that are claimed through a vouchering process.

Our revenue continues to be impacted by various initiatives at State and Federal levels to reduce budget deficits.

Department Funding 2018



2018 Total Budgeted vs. Actual



	Budgeted Expenses	Actual Expenses	Budgeted Revenue	Actual Revenue
Totals	6,324,886.00	5,517,714.00	3,334,362.00	3,788,756.00

2018 Total County Costs = \$1,728,958

2017 Total County Costs = \$1,774,904

2015 Total County Costs = \$2,303,968