

Columbia County Department of Health

325 Columbia Street

Hudson, NY 12534

(518) 828-3358

www.columbiacountyny.com/depts/health



2009 Annual Report

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Joseph Fusco, M.D., Medical Consultant

Patricia Abitabile, CHW Assistant
Ryan Abitabile, Public Health Technician
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Dale Rowe, Part-Time Public Health Sanitarian
Kristin Saccento, Speech Therapist
Dana Schmitt, Assistant Early Intervention Program
Amy Schober, Public Health Technician
Nancy Shadic, Dep for Admin to Public Health Dir
Stephen Speno, Contract Public Health Consultant
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Clinicians

Beverly Kinne, N.P., Marilyn Miller, N.P.

Table of Contents

ACKNOWLEDGEMENT.....	4
CLINIC STATISTICS	8
COMMUNICABLE DISEASE.....	6
Bioterrorism/Emergency Preparedness.....	9
Communicable Disease	8
Communicable Disease Report	7
Health Education Program	9
HIV Antibody Testing	6
H1N1.....	10
Immunization Program.....	8
Lyme Disease	8
Migrant Health	9
Sexually Transmitted Diseases (STD)	6
COMMUNITY ACTIVITY	4
DEPARTMENT COSTS & REVENUE	18
EARLY INTERVENTION AND PRESCHOOL SERVICES	12
ENVIRONMENTAL HEALTH DIVISION.....	14
Adolescent Tobacco Prevention	15
Campgrounds	14
Children’s Camps.....	14
Clean Indoor Air Act.....	15
DEC Programs.....	16
Food Establishments.....	14
Individual Sewage	17
Lead Poisoning	15
Migrant Housing:	14
Mobile Home Parks.....	14
Nuisances	17
Public Water.....	17
Rabies.....	16
Swimming Pools & Bathing Beaches.....	14
Temporary Food Service	14
Temporary Residences	14,15
West Nile Virus.....	17
HOME HEALTH NURSING DIVISION	13
Home Health Agency Statistics.....	13
Quality Assurance	13
MATERNAL CHILD HEALTH	10
Children with Special Health Care Needs	10
Healthy Heart	11
Interagency Day.....	12
Lead Poisoning Prevention Program	11
Physically Handicapped Children's Program.....	10
MISSION.....	4
PUBLIC HEALTH DIRECTOR'S MESSAGE	4
ROLE OF PUBLIC HEALTH.....	5
STAFF	2
VITAL STATISTICS.....	6

Public Health Director's Message

Nancy A. Winch, R.N., M.S.

In April 2009, Columbia County began investigating cases of a new influenza virus that effected people across the county, state and world. During the months that followed the World Health Organization declared that this novel influenza virus represented a pandemic. The Columbia County Department of Health (CCDOH) along with county, state and federal partners began to activate pandemic flu plans, including training, education and response.

A pandemic is a biological public health emergency that requires immediate response from all levels of public health. Unlike an environmental event that may have an acute period of a few weeks, this pandemic flu event started in April 2009 and continued through January 2010. Working closely with our local partners and New York State Department of Health, Columbia County Health Department staff acted diligently to respond to and prepare for increased flu activity. Throughout the summer and fall CCDOH staff maintained communication with county officials, school superintendents, local providers, our hospital, and community based organizations and the public.

Delays in seasonal and H1N1 flu vaccine distribution created concern and frustration for the public. With assistance from NYS Department of Health CCDOH staff was able to plan and implement flu vaccine clinics at schools, pediatrician offices and public sites. The majority of residents on the priority list were vaccinated by the end of December. Almost 15,000 residents received H1N1 flu vaccine. 3650 seasonal flu doses were administered compared to 2500 in 2008. Additional vaccine was administered through physician offices and the hospital.

In addition to the pandemic, CCDOH felt the effects of reduced revenue sources. The Home Care section is particularly hit hard due to State and Federal cuts to Medicare and Medicaid. Home care services are essential in our community to keep citizens safe at home and avoid more costly institutional services. County officials and department leaders work diligently to remain efficient while keeping costs down.

The report that follows highlights and quantifies program accomplishments in core areas such as maternal child health, disease prevention both acute and chronic, clean air, food and water safety, immunization, and Early Intervention.

Mission

The Mission of the Columbia County Department of Health is to protect, preserve, and promote the health of our community through education, prevention and treatment of disease and injury.

Acknowledgment

The Columbia County Department of Health and the Board of Health respectfully submits the 2009 annual report to the Columbia County Board of Supervisors and the Health Committee and thanks them for their ongoing support through the years.

Community Activity

Collaboration and communication with community partners is essential as we strive to build a strong public health system for our county. Columbia County Department of Health is utilizing a model called MAPP (Mobilizing for Action through Planning and Partnerships). MAPP is a strategic approach to community health improvement. The model helps communities improve health and quality of life through community-wide and community-driven strategic planning. MAPP uses the 10 ESSENTIAL Public Health Services (listed below) to define public health activities.

Community partners have convened and a vision statement has been developed. During 2010 four Community assessments will be completed and strategic issues will be identified. During the spring of 2011 goals and strategies will be developed to improve the health of our community.



Public Health
Prevent. Promote. Protect.

The Role of Public Health

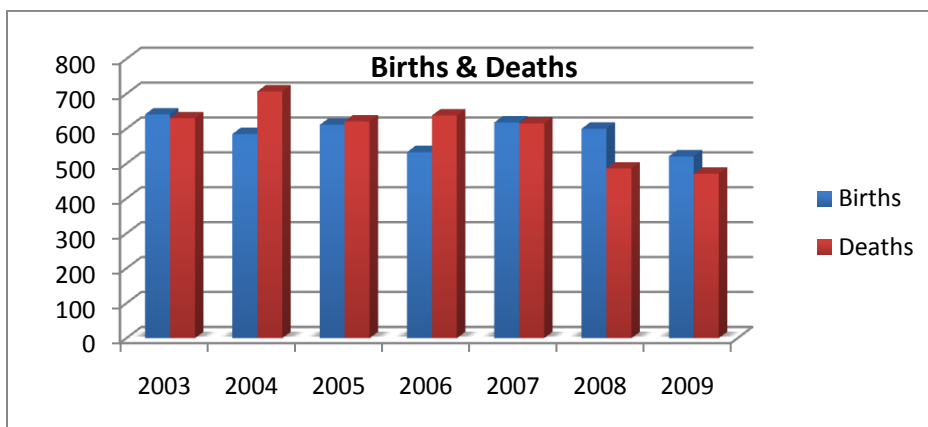
Public health departments are responsible for providing leadership to safeguard the health and wellness of the community. This is accomplished by implementing the core public health functions through provision of essential public health services as listed below:

- ❖ 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

Vital Statistics

There were 471 deaths in Columbia County in 2009. Four of the deaths were individuals over 100 years of age, 82 deaths in the 90-99 age group and 157 deaths in the 80-89 age group. The leading cause of death was heart disease, cancer (particularly lung cancer) and respiratory disease.

There were 521 births - 256 male, 265 female, this figure does not include Massachusetts or Connecticut or home births. Sixty-four (64) of these births or about 12.3% experienced late or no prenatal care. Nineteen additional women who delivered had a reported unknown status of prenatal care. A total of 307 births were at Columbia Memorial Hospital while 114 births were in hospitals outside the county.



Communicable Disease

Sexually Transmitted Diseases (STD)

In 2009, there were 343 visits made to the Columbia County Department of Health STD clinic. The number of visits represents initial visits, return visits for results, treatment and/or additional testing for 272 patients. Fifty percent of those that presented to the clinic were screened for HIV. Counseling for HIV is provided to clients that request HIV screenings. All STD clients were offered both the Hepatitis A and B vaccination series. This year we continued to offer Twinrix which is a combination of both Hepatitis A and B vaccines.

There were 97 reported cases of Chlamydia as compared to 88 cases in 2008. Gonorrhea cases were 12 compared to 16 cases reported in 2008.

The Department will continue to advertise the STD clinic hours and availability. Flyers announcing the location, day, time and services of the STD clinic are displayed in local public areas.

HIV Antibody Testing

A total of 199 residents received HIV counseling and testing through the Columbia County Department of Health. This number includes 136 clients tested at the STD clinic and 63 residents at Berkshire Farm Center. Results were received by 152 (80%) of those tested. In previous years the return rate has been around 30%. This can be attributed to the fact that results are back in one week instead of two weeks.

STD Clinic Visits

	2005	2006	2007	2008	2009
STD & HIV Total	139	165	277	271	343
HIV Tests	357	322	229	219	199

Columbia County Communicable Disease Report*

Disease	2009		2008		2007	
	Freq	Rate	Freq	Rate	Freq	Rate
Amebiasis	0	0.0	1	1.6	3	4.8
Babesiosis	1	1.6	2	3.2	2	3.2
Campylobacteriosis	7	11.3	6	9.5	9	14.3
Cryptosporidiosis	1	1.6	2	3.2	0	0.0
Cyclospora	0	0.0	0	0.0	1	1.6
Dengue Fever**, ***	0	0.0	1	1.6	0	0.0
E. Coli 0157:H7	0	0.0	1	1.6	1	1.6
Ehrlichiosis**	51	82.3	26	41.3	33	52.4
Giardiasis	11	17.7	5	7.9	11	17.5
Haemophilus, Influenza, Not Type B	1	1.6	2	3.2	1	1.6
Hepatitis A	0	0.0	3	4.8	0	0.0
Hepatitis B, Acute	0	0.0	0	0.0	0	0.0
Hepatitis B, Chronic	3	4.8	0	0.0	2	3.2
Hepatitis C, Acute	1	1.6	2	3.2	3	4.8
Hepatitis C, Chronic	55	88.7	41	65.1	54	85.8
Influenza A, Lab, Confirmed***	132	212.9	35	55.6	3	4.8
Herpes, Infant =<60 days	1	1.6				
Hepatitis B, Lab, Confirmed***	8	12.9	29	46.1	5	7.9
Influenza B, Lab, Confirmed	10	16.1				
Influenza Unspecified, Lab Confirmed***	1	1.6	0	0.0	1	1.6
Legionellosis	1	1.6	1	1.6	1	1.6
Lyme Disease**	357	575.8	600	921.3	318	505.1
Meningitis, Aseptic	6	9.7	7	11.1	0	0.0
Meningitis, Other, Bacterial	0	0.0	1	1.6	0	0.0
Meningococcal	0	0.0	0	0.0	0	0.0
Pertussis**	0	0.0	0	0.0	1	1.6
Rocky Mtn. Spot Fever**	0	0.0	1	1.6	0	0.0
Salmonellosis	9	14.5	7	11.1	6	9.5
Shigellosis	0	0.0	0	0.0	2	3.2
Strep, Group A, Invasive	3	4.8	1	1.6	3	4.8
Strep, Group B, Invasive	5	8.1	6	9.5	0	0.0
Strep Pneumoniae, Invasive	12	19.4	5	7.9	6	9.5
Vibrio – Non 01, Cholera	0	0.0	1	1.6	0	0.0
Styphilis Total.....	1	1.6	4	6.4	3	4.8
-Late Latent	1	1.6	4	6.4	1	1.6
-P&S Syphilis	0	0.0	0	0.0	1	1.6
-Early Latent	0	0.0	0	0.0	1	1.6
-Gonorrhea	12	19.4	16	25.4	20	31.8
-P.I.D.	0	0.0	0	0.0	1	1.6
Chlamydia	97	156.4	86	136.6	116	184.3
Chlamydia PID	0	0.0	0	0.0	1	1.6

*N.Y.S. Department of Health Division of Epidemiology

**Confirmed and Probable cases counted; Lyme Disease probable cases only as of 2008

***Counties investigating a sample of positive Lyme Disease lab reports – 2007; Orange, Suffolk, Westchester; 2008: Orange and Westchester; 2009: Albany, Columbia, Dutchess, Greene, Nassau, Onondaga, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Suffolk, Sullivan, Ulster, Washington, Westchester

**** Not official number. The ratio reflects the number of reported cases presented per 100,000 populations

Immunization Program

Immunization services are provided to infants, children and adults for various reasons, some of which include school, work, travel and people just wanting to be protected from various vaccine preventable diseases. The immunization staff has worked with the public, through clinics, outreach, and provider offices to increase the knowledge regarding the ever changing world of immunization. Vaccine was also provided outside the Immunization clinics. The New York State Department of Health supplied vaccine for the migrants in the county, and over 400 vaccines were given at the various migrant camps.

The State also supplied Hepatitis A and B (Twinrix) vaccine for individuals at high risk of attaining the Hepatitis A and B virus. There were 10 individuals vaccinated at the Columbia County Jail. Ten of those individuals (100%) completed the three dose series.

The 2009 Columbia County Influenza/Pneumonia Campaign was kicked off on October 14, 2009, with 43 community outreach clinics, plus all Columbia County school districts sponsoring school-based H1N1 influenza clinics. There were 3,650 influenza injections given and 125 pneumonia injections given, as well as over 10,000 novel H1N1 vaccines given.

Immunization Clinic Statistics

Immunizations Given	2007 Doses	2008 Doses	2009 Doses
Hepatitis B	142	95	226
Hepatitis A	33	251	267
MMR	130	110	160
MMRV	35	0	0
Menactra	49	11	19
Tdap	52	60	84
Varicella	71	44	57
IPV	87	39	40
Hib	45	23	194
Pediarix	42	12	13
Dtap	37	32	21
Td	28	23	29
Twinrix	17	33	35
Hep B/Hib	0	1	0
Dtap/Hib	3	3	0
HPV	20	8	12
Rotavirus	23	6	45
Zostavax	17	15	29
Flu	2696	2200	3650
Pneumonia	152	125*	125
Total	3679	3091	4829

*includes prevnar

Lyme/Tick-borne Diseases

There were 357 actual cases of Lyme disease reported to the Columbia County Department of Health. The top three towns were Claverack, Chatham and Kinderhook, as was the case in 2008.

There were fifty-one (51) cases of Ehrlichia compared to 7 cases in 2008. Ehrlichiosis is a tick-borne disease which is transmitted by the lone star and deer tick. In New York State, most cases of Ehrlichiosis have been reported on Long Island and in the Hudson Valley.

Communicable/Vector-borne Disease

The communicable disease staff of the Columbia County Department of Health is responsible for 66 communicable/vector-borne diseases that are reportable under Public Health Law to the New York State Department of Health. There were 865 communicable disease reports that were investigated as compared to 974 in 2008. Communicable disease staff administered 23 post-exposure rabies treatment to county residents compared to 42 in 2008 and pre-exposure rabies treatment to 6 residents.

Health Education Program

Health education is a core service of public health. Both health professionals and community residents are targeted. Outreach methods include newsletters, educational presentations and seminars, informational displays at the county fair, local cable channel, community festivals, breakfast events and the Columbia County web site.

The annual Community Health Assessment update reveals the priority areas for our county including: Lyme disease, West Nile virus, rabies, adult & child immunizations, injury prevention, chronic disease (obesity, heart, and diabetes), water quality, emergency preparedness and maternal-child health.

Migrant Health

A total of 123 migrant farm workers received screening for blood pressure, diabetes, and tuberculosis. Flu vaccinations were provided to 240 migrant farm workers. During the year we enhanced health education through dedicated mini-sessions presented in Spanish as appropriate during outreach at the farm site. Primary care and clinic services are provided through collaborative efforts with Columbia Memorial Hospital. Transportation and translation are core services that enable workers to access care. At least 20 pregnant women received prenatal and postpartum visits. The program serves agricultural farm workers from Columbia, Greene, and Rensselaer Counties. An agricultural worker may be employed at a fruit farm, dairy farm or landscaping operation. Eleven farm camps were visited this year for screening and 34 farms were invited to participate in the Outreach at the farms.

Bioterrorism/Emergency Preparedness

Numerous trainings for local public health staff were completed in 2009 such as Incident Command System 400, NIMS Multi-agency Coordination System, Point of Dispensing (POD), Psychological First Aide, and Radiological training, Emergency Preparedness for Home Care, Health Inequity and fit testing for N-95 masks. Our Emergency Preparedness Coordinator networks with Massachusetts Public Health and Berkshire Health System for continued collaboration.

Preparedness Planning:

- Columbia County BT Coordinator attended Mass Fatality Planning on January 29, 2009 at the Holiday Inn in Kingston, NY along with the Columbia Memorial Hospital BT Coordinator and the Columbia County Coroner.
- Columbia County participated in the Cascading Alerting Drill on 02/10/2009 and 6/15/2009.
- ICS-400 training completed 2/3-2/4/2009 by BT Coordinator: Columbia County: Two drills completed on the NYSDOH notification system and submitted on the CoSur application.
- BT Coordinator participated in Alternate Communications Radio Webinar on 03/02/2009.
- The PIO and PIO Assistant attended "Be CERC Smart" training at the Albany School of Public Health in June 2009.
- Columbia County BT Coordinator attended Part 2 of the Radiological Response Training at the Holiday Inn in Albany, NY on 4/21-4/22/2009.
- Columbia County BT Coordinator participated in the Radiological Community Monitoring Center exercise in the Albany Campus Building #3 as a Flow Control Assistant on 6/3/2009.
- BT Coordinator and other staff participated in the orientation to the new HCS Portal and completed the surveys requested at that time. New training is pending from NYSDOH.
- Columbia County attended all the trainings for the new Serv-NY Volunteer site and the county web page has a link to the site for volunteers to register. Media releases have been sent out to notify the public of the on-line access process for recruitment.

Exercises: The year 2009 proved to be another successful year where many important emergency preparedness tasks were completed and the Columbia County Department of Health continued to improve its overall level of preparedness. The continued threat of terrorism and emerging infectious diseases, such as Pandemic Influenza, serve as a reminder that there continues to be much work that must still be completed.

Drills and table top exercises focused on Pandemic Flu, Point of Dispensing, radio communication, specimen packaging and shipment to Wadsworth Lab and phone call down drills with staff and New York State Department of Health.

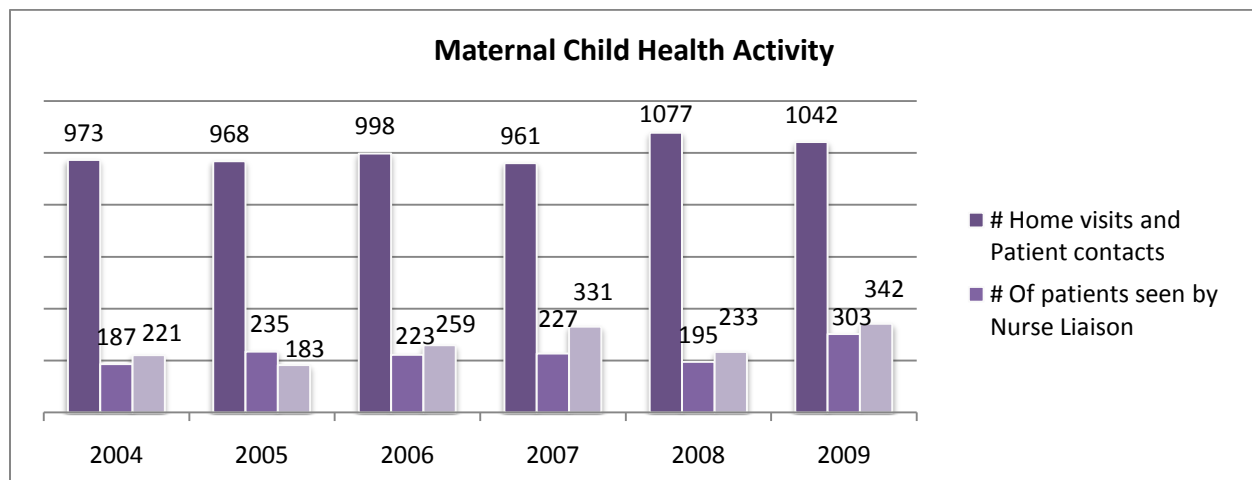
H1N1

The Department received the first delivery of H1N1 vaccine on October 6, 2009. Push PODs started on Oct. 19, 2009 to provide protection to health care workers. H1N1 clinics started the week of October 26, 2009 for priority groups. November 6, 2009, school based mass vaccination campaigns began. All school districts in the county, including the college, were completed by December 1, 2009 with over 20000 children vaccinated. We held a Mass Vaccination POD on December 5, 2009 to offer vaccine to Special Needs Groups and any other resident who fell into the priority groups and had not yet obtained access to the vaccine. The Push PODs and Health Department clinics continued throughout the school based programs and continue to be planned currently. Schools with children in need of the booster vaccination were contacted and children vaccinated throughout January 2010. To expedite vaccination distribution, we received assistance for vaccination from Maxim. Data entry persons were provided to help with NYSIIS data entry from Fusco Enterprise. Clinic vaccinators were obtained from Nurse Connections.

A Point of Dispensing (POD) was held on December 5, 2009 at Columbia-Greene Community College that lasted 8 hours. Eight hundred eighty-seven persons were vaccinated. Sixty people including Health Department staff, EMS, Emergency Management, Sheriff's Department and the community college participated in the event. An After-Action Report was completed. Vaccine was offered to Special Needs Groups and any other resident who fell into the priority groups and had not yet obtained access to the vaccine.

Maternal Child Health

Data demonstrates steady activity for the Maternal Child Health program. A total of 1,042 home visits and patient contacts were made to Maternal Child Health clients. This includes pediatric clients. The Maternal Child Health program received a total of 342 referrals. The nurse liaison visited 303 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.



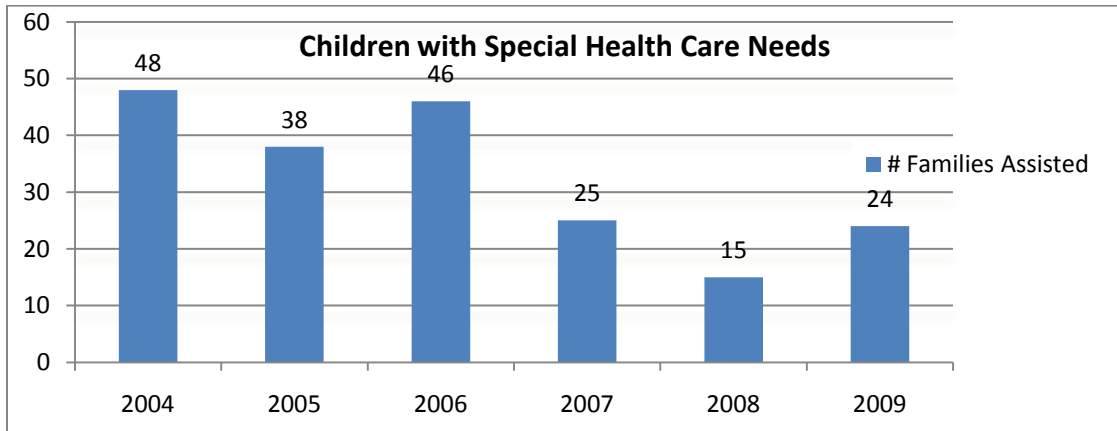
Physically Handicapped Children's Program (PHCP)

Four children were enrolled in the medical portion of the PHCP. A change occurred in 2005 regarding the number of children enrolled. A child with Medicaid that covers orthodontic services is now tracked by the Department of Social Services, who administers this portion of the program. We continue to provide family education on specific disabilities. Services were provided to four children without Medicaid.

Children with Special Health Care Needs (CSHCN)

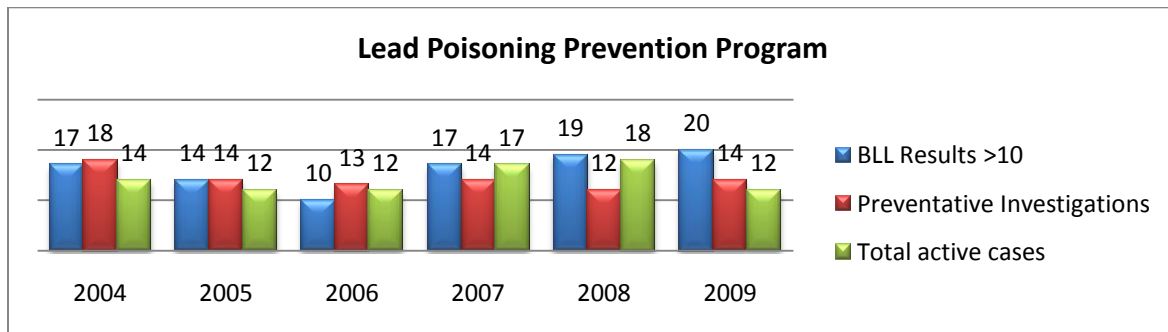
The major focus of the CSHCN program is to identify gaps in services for children with special health care needs, including lack of health insurance, primary health care, dental care and transportation. A major component of the program includes assisting with coordination among multiple health care providers

and assisting families with the location of specialists. Families are assisted in obtaining services and are tracked to assure that children are receiving the care that they need. Referrals to other programs within our agency, or to outside agencies, are made as appropriate. Families of 24 children were assisted through this program in 2009.



Lead Poisoning Prevention Program

Lead web results and case management activities for open case managed children continue to show improvement in the number of children completing an initial blood lead level (BLL) and subsequent follow up testing in 2009. This is likely influenced by the consistent education efforts of this program. Seven children were followed under the case management component of the program for elevated lead levels during 2009. An additional four families received packets of information about lead poisoning due to having a child with a mildly elevated lead level. One preventive lead inspection was performed. Lead remediation was completed as required. Educational programs were provided to 31 people enrolled in the first homebuyers club by environmental staff, to educate them on lead poisoning prevention issues. Libraries and the general public were targeted for education. Outreach and education efforts of lead program staff continue to increase Physician rates for lead testing of children at age one and two.



Healthy Heart

The focus of the Columbia County Healthy Heart Program is to combat childhood obesity. After assessing the needs of each of the six school districts, using the School Health Index, the activities addressed improving nutrition and opportunities for physical activity throughout the county schools.

NYSDOH provided funding for the Community Capacity Building project. The purpose of the funds was to form a coalition, attend trainings and develop a work plan with a specific action goal to be completed by March 2010. The Coalition attended several meetings in Albany with NYSDOH and held local planning meetings. The coalition focused on creating an environmental change in the City of Hudson. Working closely with the Mayor and his staff, it was decided to rejuvenate the crosswalks in the City to encourage walking. Signs would be placed to remind motorists to stop for pedestrians in the crosswalk. Walkers would be encouraged to use the crosswalk instead of just crossing randomly.

Partners include Kids in Motion program of the Healthcare Consortium, the Mayor, Columbia Memorial Hospital, Office for the Aging, Hudson Youth Bureau, Hudson Schools, Cornell Cooperative Extension, and the Chamber of Commerce.

Interagency Day

The first annual Interagency Agency Day is being planned for March 18, 2010. This is a collaborative effort of local partners. Participants will be invited from Columbia and Greene counties. Planning has been underway for a year and a half. A product will be a Directory of services that will also be useful to advance the 211 system for both counties.

Early Intervention and Preschool Services Program

The Early Intervention and Preschool Services Program are actually two separate programs, regulated by two different state agencies. Both programs are voluntary.

The Early Intervention Program is regulated by the State Health Department and provides services to infants and toddlers under the age of three. The children referred to this program, with parental consent, who are suspect of having a delay or have a confirmed diagnosis which results in a developmental delay, must have a multidisciplinary evaluation to determine eligibility for services. If a child is at risk for a developmental delay, that child can be tracked, under our Child Find part of the EIP. The County is fiscally responsible for all services provided to eligible children in the program, but is reimbursed 49% from SDOH for all of those service and transportation expenditures not covered by Medicaid and/or TPI.



The Preschool Program is regulated by the State Education Department and provides services to eligible three to five year olds. Each school district in the State is required to have a Committee on Preschool Special Education (the CPSE) that is chaired by a member of the school district's staff. The chairperson organizes CPSE meetings and protects the rights of children who participate in this program. The county is the municipal representative on the Committee, but our attendance is not mandated at meetings. The County is fiscally responsible for all services provided to eligible children, but is reimbursed 59.5% for all service and transportation expenditures by SED. We do receive some reimbursement from Preschool Medicaid as well.



For calendar year 2009, the Early Intervention Program provided evaluations and/or services to 197 children. We received 121 referrals from various primary referral sources such as physicians, parents, etc. Our total EI service and transportation expenditures for 2009 were \$564,785.61.

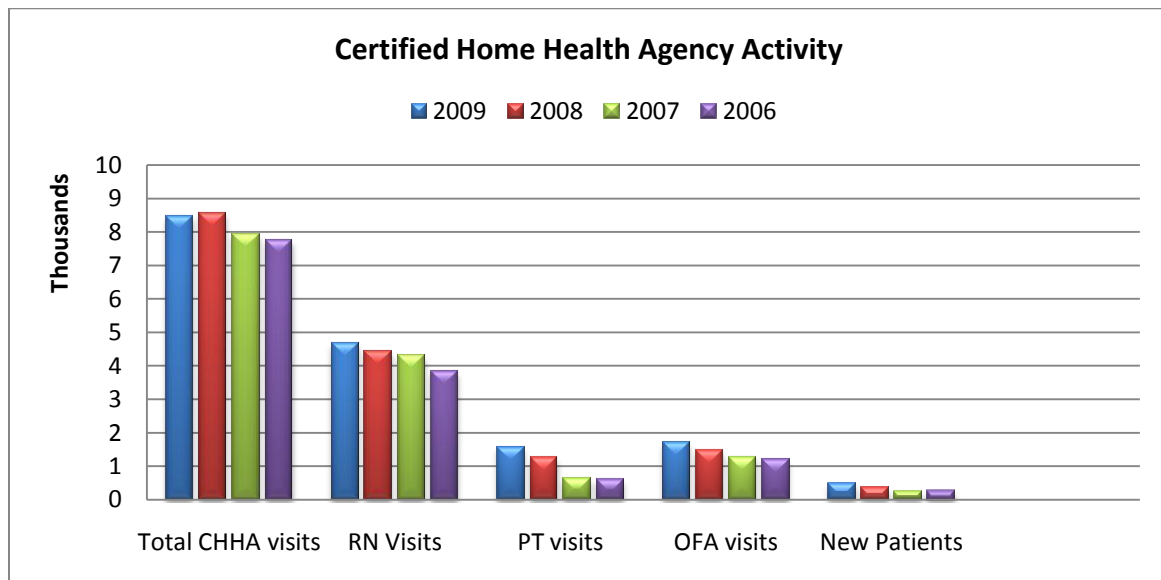
For the July 1, 2008 to June 30, 2009 school year, the Preschool Program received 151 referrals to the CPSE. We provided evaluations, services and transportation for 303 eligible children. Our total Preschool Program service and transportation expenditures for 2009 were \$2,922,863.23. The total number of children served for 2009 school year was 500. The cost per child was \$3,645.06.

School	2009 Child Count			2008 Child Count		
	Preschool	Early Intervention	School District Total	Preschool	Early Intervention	School District Total
Chatham	32	20	52	40	18	58
Germantown	18	13	31	16	13	29
Hudson	112	80	192	90	66	156
Kinderhook	57	41	98	58	42	100
New Lebanon	8	6	14	13	4	17
Pine Plains	8	2	10	11	2	13
Red Hook	10	6	16	7	7	14
Taconic Hills	58	29	87	41	35	76
Total	303	197	500	276	187	463

Home Health Nursing Division

The Division of Nursing of the Columbia County Department of Health is a certified home health agency (CHHA) providing intermittent skilled nursing, physical therapy, occupational therapy, speech therapy, medical social work and home health aide services to the residents of Columbia County. The home health agency also provides contractual home health aide services for the Office for the Aging. These services are provided to medically fragile patients who are in need of home health aide services under the Continues Service for the Elderly program. These are patients who do not have Medicaid and are not eligible for Medicaid cannot afford to private hire from a licensed home care agency

The acuity level of patients being serviced has increased. Many patients are discharged early from hospitals and acute care settings, suggesting that they require an increased level of continued health care resources and intervention. The needs subsequently have impacted home care services. Many factors influence home care reimbursement and costs. The graph below indicates favorable trends. Our home health agency has increased the number of new patients serviced, while being more efficient with the total number of visits being provided during a patient episode. Continued efforts are underway to contain costs and maximize reimbursement while still providing quality care. Home health public reporting shows the Columbia County Department of Health certified home health agency to have favorable patient outcome statistics, which is critical in service delivery for any certified home health agency. In response to national initiatives focused on quality, Columbia County's certified home health agency works collaboratively with New York State Department of Health and the Centers for Medicare & Medicaid Services (CMS). CMS has developed a broad initiative called Outcome Based Quality Improvement (OBQI). The OBQI program is based on collection and reporting of standardized data, subsequently determining an agency's report card. The reported data can be accessed by the public at www.medicare.gov/hhcompare. Columbia County Certified Home Health Agency patient statistics are as follows:



Quality Assurance/Performance Improvement

The Performance Improvement Committee meets quarterly. The Committee discusses current programs of the Health Department and evaluates the care being given according to internal chart audits, patient satisfaction surveys, patient incident and complaints, and review of charts. The results are reviewed by the Medical Consultant and reported to the Board of Health and Professional Advisory Committee at least annually.

Environmental Health Division

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 Codes, especially in the food industry, the protection of our drinking water supply, the enforcement of clean air standards, and the follow up of hazards and exposure-related diseases identified in occupational and community settings.

The chart below shows statistics for permitted facilities over the last three years. Program highlights appear in the narrative below.

Program	2009					2008					2007				
	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	-	20	0	6	20	-	20	0	3	20	-	21	0	4
Campgrounds	12	-	12	0	-	12	-	12	0	-	11	-	11	0	-
Children's Camps	25	25	26	2	-	23	23	23	1	-	24	23	23	0	-
Food Service	251	-	247	0	-	250	-	224	0	-	299	-	274	0	-
Migrant Housing	15	-	15	0	-	14	-	12	0	-	14	-	13	0	-
Mobile Home Parks	41	-	41	0	-	42	-	42	0	-	42	-	42	0	-
Swimming Pools	22	-	22	0	9	22	-	22	0	6	23	-	23	0	1
Temporary Residences	32	-	32	0	1	31	-	25	0	0	32	-	32	0	-

Children's Camps

Five camps were identified as large camps, all of which are overnight facilities. These camps were inspected by a team of inspectors from environmental and public health nursing. This team approach was very effective, resulting in a very thorough inspection and good educational opportunity for camp director's and staff of those 5 camps. Two overnight camps reported outbreaks of suspected Influenza –Like- Illness (ILI) and Norovirus type illnesses were investigated by Environmental Health and Public Health personnel. Both of the camps were prepared to handle an outbreak of this nature, recommendations were followed and illness subsided very quickly, no other illness was reported.

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 the Columbia County Office for the Aging. In addition, permits were issued for Temporary Food Service operations at 34 festivals and single purpose events.

During the year the department began posting restaurant inspection results on the County website. In addition to the routine inspections, there were six food related complaints and one suspected food-borne illness at regulated establishments investigated during the year. A joint investigation was conducted with Public Health Nursing following notification of a possible case of Listeriosis within a private residential community. The case was confirmed by the NYSDOH Wadsworth Center Laboratory and has now been linked to an on-going multi-state outbreak investigation.

Food Service Establishments are classified into three separate categories. These are high risk, medium risk and low risk. The menu being offered at a given facility will determine how that facility will

be categorized. A high-risk facility would offer a more complex menu containing foods that if not properly prepared or stored would pose a serious health risk. Foods requiring advanced, multi-step preparation such as homemade gravies and soups, etc. are examples of foods offered in a high-risk facility. A medium-risk facility offers items that are prepared and served immediately such as sandwiches and grill menu items. Low-risk facilities would only offer beverages and ready to eat pre-packaged items. The population served may also factor into the risk classification.

There are currently four Environmental Health staff technicians who work in the Food Protection program. Three of those technicians are certified by the State Department of Health as Standardized Food Inspectors which enable them to perform inspections at high-risk food service establishments. All food program staff is required to attend State update training annually to keep their certifications current. The current State Sanitary Code for Food Service Establishments has been in effect since 1997 and is slated to be revised to become more consistent with the Federal Uniform Food Code.

There were no confirmed outbreaks of food borne illness at regulated facilities in Columbia County in 2009 with 13 outbreaks reported state-wide for the year. An outbreak is categorized at two or more person ill with similar symptoms, having a common meal. Environmental Health Staff responded to routine complaints, suspected illness complaints, answered consumer inquiries and issued alerts regarding Nationwide food recalls during the year. The food protection staffs continuously monitor all ongoing multi-state outbreaks and recalls for potential impacts on our county.

Temporary Residences

Temporary Residences include hotels, motels, and bed & breakfast operations with an occupancy that exceeds 11 persons and children’s camps that have extended seasons either before or after the normal operating season for adult housing. The focus of these inspections is to ensure compliance with fire safety standards, building maintenance, drinking water standards, and food and bathing facility safety. The NYS Sanitary Code Part 7-1 which contains the regulations for these facilities was recently amended and went into effect on December 23, 2009.

Adolescent Tobacco Use Prevention Act (ATUPA)

Compliance checks conducted in 2009 resulted in four citations issued for selling tobacco products to underage minors. Three of four facilities paid fines and the remaining facility had their hearing paperwork turned over to the Columbia County Attorney’s office for collection. All violators were reinspected within six months of the violation; all were found to be in compliance. Three new teens received required training to participate in the ATUPA Program.

	2007	2008	2009
Reg. Retailers	81	80	79
Vending Machines	0	1	0
Compliance Checks	136	256	190
Citations	4	16	4
Fines	\$4,650	\$4,750	\$1,050

Clean In-Door Air Act (CIAA)

No new applications were received for waivers to the CIAA. All four of the facilities that were previously granted waivers reapplied and were continued with a waiver. There were no complaints filed for these four facilities. No violation notices were issued for either of the two complaint investigation.

Childhood Lead Poisoning Prevention

Lead Poisoning Prevention classes were provided to participants of the First Home Buyer Club of HRCC. Two classes were conducted at Columbia-Greene Community College for a total of 31 potential homeowners. We continue to try to conduct classes for the local Bengali community.

A total of fourteen risk assessments were conducted, one of which as an elevated blood level, thirteen were preventive medicine and education opportunities. A letter regarding residential lead hazards to owners of pre 1978 built housing was sent to 1,286 addresses resulted in 10 return telephone inquiries. Educational information was provided upon request.

DEC Programs

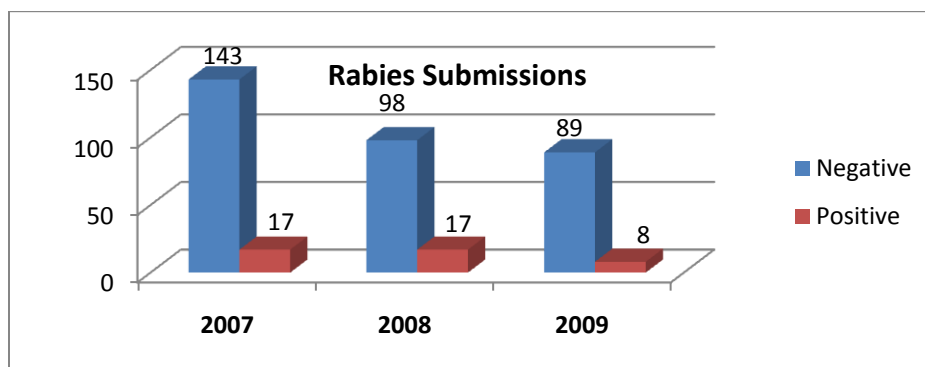
Environmental Health staff technicians assist the Department of Environmental Conservation on a continual basis with the initial investigation and monitoring of petroleum, chemical spills and landfill closures which may have an impact on public health. Efforts are made to respond to and coordinate with DEC in the event of a spill occurrence. Staff technicians conduct initial investigations, interview residents to determine and assist if relocation is necessary and also conduct sanitary surveys to determine the location of private drinking water well supplies which may have impacted. Staff technicians collect baseline and surveillance samples of drinking water in these situations to determine if treatment is necessary or to determine when the NYS State Health Department criteria has been met for removal of such treatment. The spiller or responsible party is determined by DEC and is required to reimburse the State for the costs associated with this program. There were 3 total cases reported for CCDOH follow-up in the County during 2009. Of those cases, two were reported directly by County residents and one referral was made by DEC for follow-up during the year.

Rabies

During 2009, seven rabies clinics to vaccinate ferrets, cats and dogs were conducted in the towns of Ancram, Claverack, Gallatin, Ghent, Greenport, Kinderhook and New Lebanon. The clinics were free to county residents and there was a significant increase in the number of animals vaccinated. Five hundred and seventeen dogs, 262 cats and 10 ferrets were vaccinated at these clinics. A total of 101 staff hours were used at the 2009 clinics. The following veterinarians administered vaccines at the clinics, Dr. Rasweiler, Dr. Strouse, Dr. Topal, Dr. Patterson and Dr. Cummings. A total of \$850 was expended to the veterinarians/animal technicians for their services.

Laboratory Submissions:

	Total	Positive	Negative	Cases Requiring Post-Exposure Treatment
Bats	42	0	42	13
Cat	12	0	12	2
Cattle	2	0	2	
Chipmunks	1	0	1	
Deer	3	0	3	2
Dog	6	0	6	
Fox	1	1 (grey)	0	3
Muskrats	0	0	0	
Opossums	4	0	4	
Rabbit	1	0	1	
Raccoons	15	7	8	7
Sheep	1	0	1	
Skunks	0	0	0	
Woodchucks	7	0	7	
Coyote	1	0	1	
Horse	1	0	1	
Total All	97	8	89	



West Nile Virus

During 2009 the West Nile Surveillance Program was limited to bird surveillance only. A total of 31 birds were submitted for testing with 10 crows testing positive for West Nile Virus. Monitoring of birds, prevention education will continue. We no longer perform mosquito collection.

Nuisances

	2007	2008	2009
Complaints*	19	34	25

*Complaints included garbage and refuse; sewage, vermin and other health concerns

Public Water

Columbia County continues to update the State Drinking Water Information System (SDWIS). Stockport Water District now has its new filtration plant up and running. Hudson City completed construction of its new filtration plant, and has stopped chlorination of the raw water supply at the Churchtown Reservoir.

	2007	2008	2009
Facilities	248	248	244
Inspections	225	224	221

Samples Collected

	2007	2008	2009
Bacteriological	442	340	442
Lead & Copper	15	3	0
Metals 1	10	13	17
Metals 2	10	13	17
Pesticides	8	13	19
Volatile Organics	8	13	11

Individual Sewage and Realty Subdivisions

	2007	2008	2009
Site Evaluations	181	127*	115*
Realty Subdivision	95	65	18
Large Lot	13	9	0
Single Lot	58	40	88
Private Subdivision	15	13	9

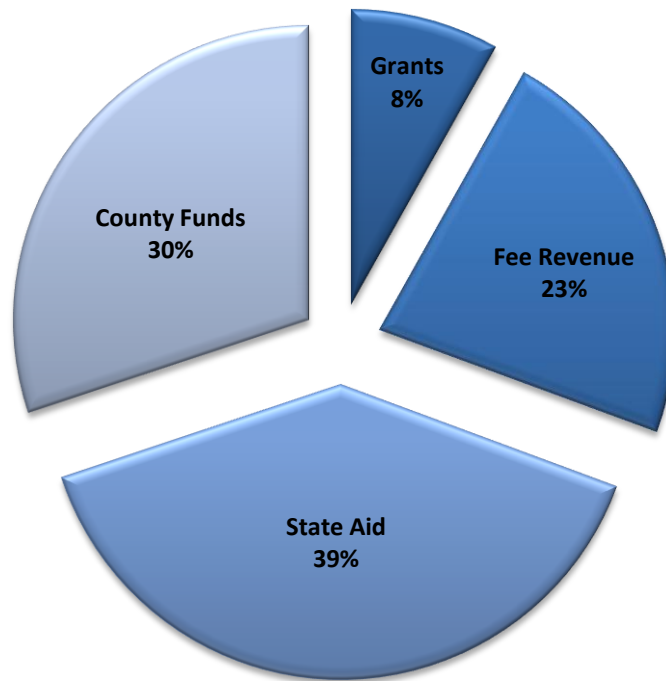
*The housing market has been decreasing for the past three years.

Department Costs & Revenue – 2009

Service	Gross Costs	Revenue Grants, Fees & State Aid	2009	2008	2007
Family Health Dental Health, Primary & Preventive Care, Lead Poisoning, Prenatal Care, Family Planning, Nutrition, Injury Prevention	445,139	390,232	54,907	127,021	92,543
Disease Control Sexually Transmitted Disease, Tuberculosis, Communicable Disease, Rabies, Immunization, Chronic Disease, HIV	560,871	467,377	93,494	65,753	125,137
Health Education Community outreach at schools & in the workplace	88,957	69,256	19,661	26,253	19,283
Community Health Planning & Evaluation of Community Health needs	17,240	13,414	3,926	4,756	4,027
Laboratory	29,442	24,647	4,795	4,756	4,027
Environmental Health Water Supply, Community Sanitation, Realty Subdivisions, Private Water & Sewage, Nuisances, Environmental Assessment & Chemical Emergencies	530,492	466,711	63,781	124,690	39,544
Home Health Services Nursing, Home Health Aide, Physical, Medical Social, Speech & Occupational Therapy	1,038,124	978,172	59,952	46,610	158,612
Optional Services Housing Hygiene, Other Environmental Services, DEC,	52,211	10,460	41,751	27,587	20,624
PHCP Services Physically Handicapped Medical Program	1,262	631	631	394	831
Early Intervention Administration, Education & Transportation Services to ages 0 to 2	1,018,763	675,489	343,274	318,851	316,027
Preschool Services Administration, Education & Transportation Services to ages 3 to 5	2,894,607	1,570,910	1,323,697	1,210,943	934,043
Total All Services 2009	\$6,677,109	\$4,667,239	\$2,009,870	\$1,952,858	\$1,710,671
Total from 2008	\$6,456,865	\$4,504,006			
Change	+220,244	+163,233			

*Table based on quarterly state aid reports which are cash basis.

Fourth quarter State aid payment not yet received but is reflected above.



Department Funding - 2009