

# Clinton County Health Department

## Health Services Unit 2010 Annual Report



**Public Health**  
Prevent. Promote. Protect.

**“Working Together for a Healthier Community”**



## DEDICATION

### **The 2010 HSU Annual Report is dedicated to**

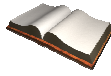
#### **~Clinton County Medical Reserve Corps Volunteers~**

In the three years since the local MRC unit was founded, its membership has grown to 44 volunteers from a variety of health care disciplines. They are part of a national network willing to serve in times of need by augmenting existing public health efforts and providing emergency backup that would not otherwise be available. The volunteers have demonstrated flexibility, patience, responsiveness, and professionalism during the MRC formative period, all to the benefit of the community.

There are a myriad of opportunities for skilled volunteers. That these people have chosen to support and advance the public health mission calls to mind the words of Elizabeth Andrew: “Volunteers do not necessarily have the time; they just have the heart. “

Without that generous offer of service, there would be no MRC. With sincere appreciation, the Health Services Unit dedicates the 2010 annual report to the MRC volunteers in recognition of their selfless commitment.

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### **ABOUT THE REPORT**

This 21st annual HSU report was written and compiled by the entire team. It fulfills the QA by-law requirements.



## HEALTH SERVICES UNIT

### PHILOSOPHY



**Public Health**  
Prevent. Promote. Protect.

The Health Services Unit (HSU) of the Clinton County Health Department (CCHD) believes:

- It is the inherent right of every resident to readily accessible and available quality, comprehensive health care to allow them to achieve their fullest potential physically, mentally, and socially.
- A continuum of care must be offered at the primary, secondary and tertiary levels of prevention with a holistic view of the individual, family, and community.
- Service must be provided without discrimination and in a culturally sensitive manner.
- Active participation of residents in care planning is to be encouraged.

HSU also recognizes that close collaboration with others is essential to effective delivery of services. HSU respects the expertise of its staff, the legal requirements for operation, fiscal responsibility and the importance of balancing the health needs of individuals with the community as a whole.

### MISSION

The Health Services Unit works toward the reduction and prevention of disease and disability by providing health guidance and promotion activities across the life span.

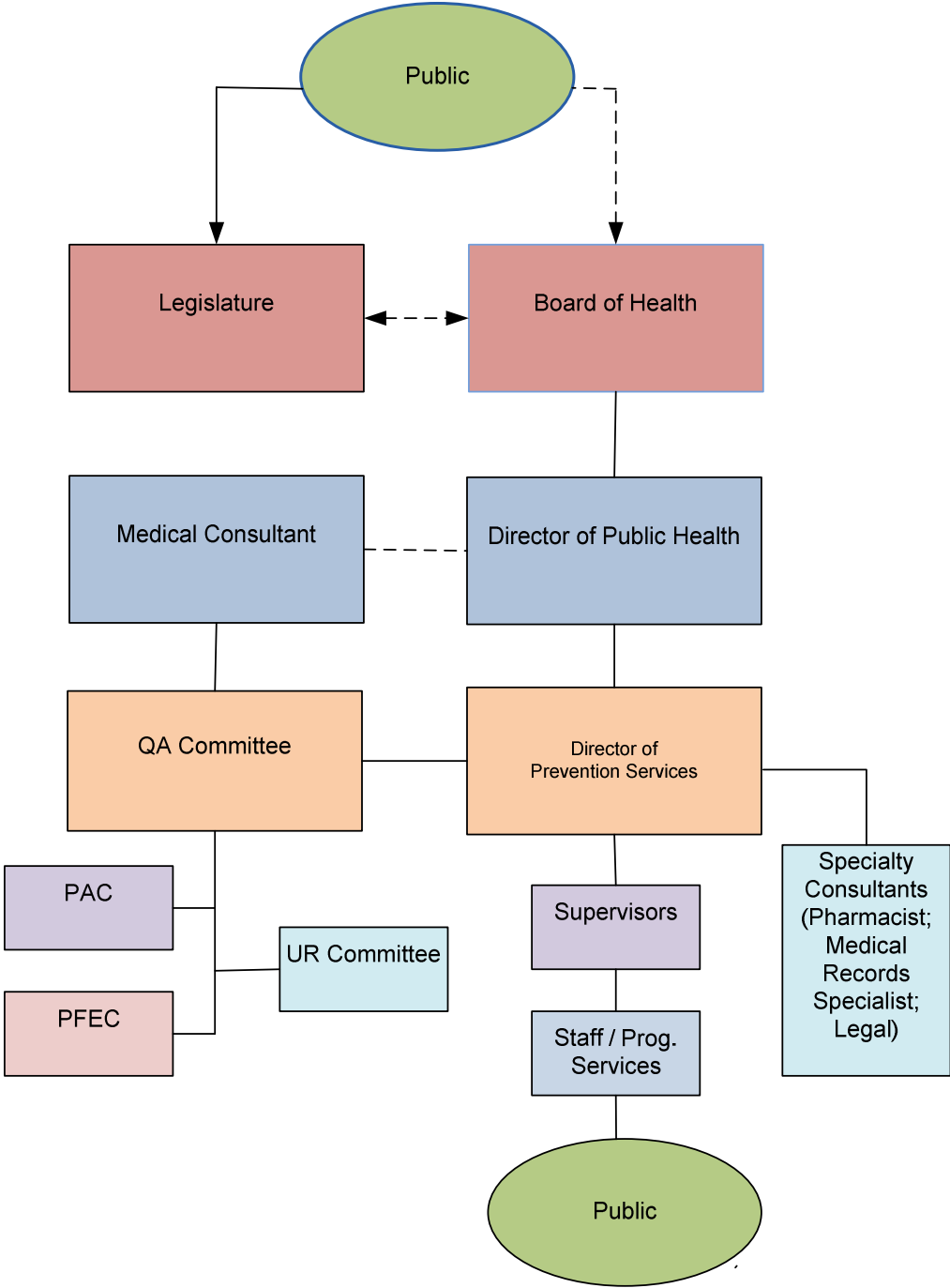
## 10 Essential Public Health Services

The Essential Services provide a working definition of public health and a guiding framework for the responsibilities of local public health systems.

1. [Monitor](#) health status to identify and solve community health problems.
2. [Diagnose and investigate](#) health problems and health hazards in the community.
3. [Inform, educate](#), and empower people about health issues.
4. [Mobilize](#) community partnerships and action to identify and solve health problems.
5. [Develop policies and plans](#) that support individual and community health efforts.
6. [Enforce](#) laws and regulations that protect health and ensure safety.
7. [Link](#) people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. [Assure](#) competent public and personal health care workforce.
9. [Evaluate](#) effectiveness, accessibility, and quality of personal and population-based health services.
10. [Research](#) for new insights and innovative solutions to health problems.

**INTRODUCTION**

**Clinton County Health Department  
Health Services Unit  
Organizational Chart**



## The Health Services Team 2010

Elizabeth Casey	Jamie Jandreau +T	Shelley Lee	Melissa Rock McCasland +
Sally Connolly – PT ◻	Nanci Jarvis	Pamela Letourneau	Karen Salka
Darwyna Facteau	Eeva Jiménez - PT	Ruth Lucas	Nancy Smith
Gloria Garami – PT	Lisa Jodoin	Karen Merrill	Tracy Tavano
Lise Gardner – PT	Andrea Kustos – PT	W. Timothy Palmer	Laurie Taylor – PT
Laurel Glode	Margaret LaBombard	Meghan Parent+T	Wendy Thibodeau - PT◻
Theodore Hohn - PT◻	Suzanne LaBorde	Teresa Plimpton – PT	Lillie Thompson – PT
Julie Houghton+T	Stephanie Latinville+T	Jeanette Potiker+T	Noreen Wolansky - PT

Includes all employed in HSU during 2010. Does not include contractual staff.

PT = part-time + = partial year ◻ = seasonal T= temporary

4.5 FTE office professionals, 12.3 FTE staff nurses, 3 supervisory / administrative nurses

### Contract Staff

The quality, accessibility and availability of our service programs are enriched by the expertise of our contract staff. Their contributions are greatly appreciated.

To all our contract staff, thank you for your expertise and for being part of our team: Margaret Searing - QA Coordinator, Dr. Kevin McCullum - Medical Consultant, Vincent Pagano - Pharmacist, Mary Jones - Registered Dietician, Leta Luguri and Portia Allie-Turco, Psychosocial Consultants and Patricia Hawley - Medical Records Technician.

### Administrative Support

The smooth, efficient operation of HSU relies on many internal and external partners for on-going support in both general and technical issues. Sincere thanks to the Board of Health, Clinton County Legislature, CCHD Finance and Administration units, Vahé Garabedian and Karen Mitchell - Technology Department, Clinton County Personnel and Buildings and Grounds Departments, Clinton County Dispatch and HSU committee members.

### HSU Staff

Day in and day out, the staff often work in challenging circumstances or under awkward conditions with professionalism and enthusiasm. The hard work, patience and flexibility of everyone makes a cohesive and productive team. HSU employees attaining a longevity milestone (earned 2009) were Shelley Lee (5 years); Lise Gardner (5 years); Timothy Palmer (20 years) and Nancy Smith (35 years).

**2010 Memberships**

**Board of Health**

David E. Cohen, MD	Kathleen Kasprzak, RN PhD
Robert W. Heins, DDS, VP, Legislative Liaison	Richard Lacki, MD
Thomas Everett	Paula Calkins Lacombe, Director of Public Health, Secretary
Virginia Hay, RN	Victor Ludewig, MD
Lynn Howard, BSN, President	

**Quality Assurance Committee**

Darwyna Facteau, SPHN	Margaret Searing, QA Coordinator
Nanci Jarvis, SPHN	Nancy Smith, Director of Prevention Services
Kevin McCullum, MD – Medical Consultant	Joanne Swiesz, Director Patient Services
Kathy O'Connor, Children Services Coordinator	Laurie Williams, Coordinator Health Education
Jerie Reid, RD	

**Professional Advisory Committee**

Donald Biggs	Darwyna Facteau, SPHN	Kevin McCullum, MD	Jerie Reid, RD
Karen Case, CNM	Capt. Lawrence Goodman	Vincent Pagano, RPh	Nietta Rogers, BSN, ICP
James Cayea, Sr. Sanitarian	Nanci Jarvis, SPHN	Andrew Pulrang	Nancy Smith, Director Prevention Services
Anna D'Angelo, FNP	Sylvia King, RN	Judy Racine, SPHN	Darcy Sutherland, Supervisor, CPS

**Community Organizations with HSU Representation**

Action for Health
Adirondack Regional Infection Prevention Association
AIDS Council NENY; HIV Partners
CCMAC Planning Group & RRC
Child Care Coordinating Council
CVPH Infection Control Committee
Domestic Violence Task Force
Environmental Health PAC
Early Advantages
JCEO Head Start
LEICC

## **Director of Prevention Services Report**

The year 2010 was the beginning of the second decade in the 21<sup>st</sup> century. It was a time to assess the effect of local public health planning, promotion, and service initiatives. The Clinton County Health Department strategic plan is a foundation for the Health Services Unit's activities. Highlights for the year included:

- Continuation of the influenza pandemic for the first third of the year
- Increased outreach for immunization services via American Recovery & Reinvestment Act
- Emergency preparedness planning, exercises, and staff/volunteer training
- Collaboration with Environmental Health Unit to foster community protection and safety in areas such as lead poisoning prevention, rabies control, and tanning regulation.
- Strengthening maternal child services by integration of lifestyle choices programming related to dental, tobacco, and fitness.

The detailed reports that follow reflect the challenges and successes of the dedicated HSU professionals who apply public health science and research year round to benefit Clinton County residents.

By year's end, the foreshadowing of dramatic change in 2011 at the organizational, county, state, and national levels called for health department visionary leadership and adaptation to ensure critical public health achievements were maintained and that progress on improving health outcomes could occur. This is an opportunity in the year ahead to work closely with the Director of Public Health, strong community partners, technology resources, and reliable data/research evidence to hone an efficient and effective system to address the mission: "to improve and protect the health, well-being, and environment of the people of Clinton County."

## **Quality Assurance Committee**

In accordance with NYS Article 28 certification requirements, the Quality Assurance (QA) Committee is chaired by the CCHD Medical Consultant. Its members represent unit and departmental supervisory and administrative viewpoints. QA Committee activities accomplish the objectives of both corporate compliance and quality assurance improvement programs. It is responsible for credentialing, reviewing policies, examining various data sources including HIPAA compliance, as well as reports generated within the unit or by consultants. The QA Committee also integrates the recommendations of three subcommittees - Professional Advisory, Utilization Review, and Patient Friendly Education.

All staff received initial training on corporate compliance. The committee reviewed two meetings held by HSU staff to focus on corporate compliance. A risk assessment analysis was conducted and recommendations were implemented. Some of these included: process for supervisor review of staff mileage claims, monthly K-checks for all staff, weekly monitoring of OMIG complaint box, display of posters regarding Medicaid fraud in patient areas, and completion of Medicaid presumptive eligibility training by office professionals. The QA nurse consultant drafted breach notification policies as part of HIPAA requirements.

### **Staff Education/Trainings**

In addition to completing mandated trainings, HSU Unit staff kept abreast of the latest trends in public health practice by attending conferences, webinars, Grand Rounds and in-house educational programs offered throughout the year. A sampling of the topics covered include: corporate compliance, cross cultural communication, dealing with income disparities, health literacy, radio training, Incident Command System training, Action for Health, MAPP, chronic disease, targeted testing and treatment of latent tuberculosis, community dental health, lactation, changes in HIV law, presumptive eligibility for Medicaid, early childhood development, prenatal, ergonomics training and Slip, Trip and Fall Prevention. "Ages and Stages" was presented to all staff during a Workshop Day. A Skills Day to review with staff laboratory quality control measures, and special speakers from CCDH's community partners during Infection Control Week explored subjects of food safety, communicable disease, and zoonotic diseases. A staff member attended the 44<sup>th</sup> National Immunization Conference in Atlanta, Georgia and returned with current prenatal, postpartum and newborn vaccine updates for 2010.

Eight general and focused utilization reviews (UR) on program charts from both family and community teams were conducted with the entire nursing staff and one was completed by the medical records specialist. Quality improvement surveys conducted by the office professional staff assessed accuracy and timeliness of data entry. In all cases, supervisors made recommendations and follow-up action as needed. Additionally, 115 (8% of discharges) charts were surveyed for minimum at closing to monitor for significant, recent trends, including searching for confirmatory evidence of perceptions re: prevalence of issues, and monitoring compliance with newly implemented standards/forms.

The NYSDOH regional team was onsite for the triennial consolidated monitoring visit in March. All programs were evaluated from the perspective of the Ten Essential Public Health Services. No areas or issues were identified that required a corrective action plan. Updating the tuberculosis policy was recommended. In November, an IPRO audit was held on HIV Medicaid billing in the MOMS program [FY 2008]. The report is expected in early 2011.

The 2010 report of the Medical Records Specialist addressed several specialized topics regarding record management such as handling sequestered records, documentation for non-patient public health forms, and filing of standing orders. A recommendation to document primary language of clients will be acted upon in 2011.

The biomedical technician conducted a site visit to calibrate and maintain the quality control of HSU medical equipment.

The Professional Advisory Committee (PAC), comprised of sixteen members of various disciplines and community agencies reflective of HSU services, met four times. Its members approved five new policies and provided input on public health programs such as the immunization fee schedule, the influenza pandemic response, and program activities/priorities.

The Patient Friendly Education Committee met as a full committee twice. It accomplished much of its work by individual members applying standards and submitting feedback to the chairman. Six printed brochures were reviewed as well as several CCHD web site pages. Close collaboration was established with the literature committee. A shared electronic file was developed for all locally developed patient education materials to improve standardization and inventory management.

The QA Committee reviewed data from sixteen compliments, one complaint, eight exit interviews, seven Speakers' Bureau evaluations, thirteen program surveys, ten patient satisfaction surveys/cards, and credentialed five clinicians. There were two walk-through surveys for privacy and one for security regarding adherence to HIPAA standards. The process to analyze medication errors was enhanced by adding a supplemental form for root cause data and review by the consulting pharmacist.

**Incidents Reported 2008-2010**

<b>Category</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Medication error	4	1	3
Staff injury	2	3	3
Policy/procedure (including HIPAA)	0	1	1
Occurrences (including VAERS)	4	2	3
Total	10	7	10
"Near Miss"	[2]	[1]	[3]

<b>Quality Indicators 2010</b>	<b>Standard / Goal</b>	<b>Performance Level</b>
1. Rate of low birth weight infants born to MOMS participants <2500 grams	<7%	7.7%
2. Rate of two year olds fully immunized	90%	80%*
3. Number/rate of medication errors	0	3

\*Estimated due to technical difficulties with CDC Co-Casa system.

**Goals for 2011:**

- Sustain corporate compliance program
- Revise TB policy
- Integrate primary language documentation for all programs

## Outreach & Education

The Unit conducted multifaceted community and provider outreach education and service delivery programs in 2010. The programs promoted themes within the overall public health message of maintaining a healthy lifestyle through pursuing healthy nutrition, appropriate immunization, lifestyle choices, safety and preparedness, and growth and development. The Partner Nurse sent out client education materials on these themes to providers for use with patients on an every-other-month schedule. The Partner Nurse maintained a bulletin board in the Social Services Department waiting room with public health messages.

**Additional Outreach/Education Programs specific to providers** included three provider meetings – school health professionals, community providers, and, in partnership with CVPH, the Maternal/Child Explore Conference. Education in personal emergency preparedness was presented to CVPH Staff. The Unit undertook special outreach to community health care providers, nursing home staff to include housekeeping and nutrition staff, and specialty medical office staff to include cardiology, nephrology, etc. were also contacted to promote ARRA (Recovery Act)-covered vaccinations. It included all health care providers in its flu outreach.

**Outreach/ Education Services targeting other specific populations** included: flu prevention and preparedness (North County Center for Independent Living, daycare providers, public schools, Meals on Wheels recipients); HPV vaccination, and HIV testing during GLBT Adk. Pride Day; pneumonia vaccination to smokers and asthmatics; immunization among foreign-born restaurant workers; age-appropriate immunizations to Seniors. The unit sustained ongoing programs for Hepatitis B immunization among the county inmate population, and pertussis prevention among family members of newborns. H1N1 Flu prevention and literature promoting general public health messages about nutrition, exercise, immunization, and safety and preparedness were distributed to all county homeless families seen through DSS. The unit hosted a GAP-Net sponsored Community Baby Shower to MOMS participants whose content included broad perinatal health education. It also offered a pediatric outreach program in Ausable Forks.

**The media toolkit** for reaching out to various segments of the community was expanded this year from the web page, Information Line, *Public Health Connections* and MRC newsletters to include Facebook. Webpage content was edited for general ease of accessibility.



**Community Health Indicators**

**2010 Community Health Indicators**

<b>HEALTH OUTCOMES</b>	Clinton County %	Target Value* %	New York
Low Birthweight – Percent of live births with low birthweight (<2500 grams)	7.9%	6.1%	8.0%
<b>HEALTH FACTORS</b>			
Health Behaviors			
<b>Adult Smoking</b> – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke *	22%	15%	20%
<b>Chlamydia rate</b> – Chlamydia rate per 100,000 population	125	101	418
<b>Teen birth rate</b> – teen birth rate per 1,000 female population, ages 15-19	22	16	28
Clinical Care			
<b>Uninsured adults</b> – Percent of population under age 65 without health insurance	16%	12%	15%
<b>Single-parent households</b> – Percent of all households that are single-parent households	9%	7%	10%
<b>Child Poverty Rate / 100</b>	17.9	-	19.3
<b>Children in abuse / neglect reports / 1,000</b>	25.5	-	16.9

\*Clinton County calls to NYS Smokers Quitline in 2010 = 1,310

Sources: URL: <http://www.countyhealthrankings.org/new-york/clinton>  
 NYS Touchstones / KIDS Count 2010 Data Book p.1

<b>Clinton County Calls to Upstate Poison Center = 630</b>	
Exposures due to top 5 causes: analgesics (non-aspirin); sedatives; cosmetics; anti-depressants; cleaning substances	54%
Cases managed at home	60%
Cases managed in a health care facility	40%

**Prenatal Services**

Prenatal services are provided through the Maternal Obstetric Medicaid Services (MOMS) program and are operated under NYSDOH guidelines and follow NYS Department of Social Services financial eligibility levels. A major component of the MOMS program includes a referral to the Health Department’s WIC program which provides supplemental nutrition and education for participants. The Improved Pregnancy Outcomes program (IPO) is available to women whose pregnancy is considered to be high-risk and do not meet the financial eligibility guidelines of the MOMS program.

Enrollment into the MOMS program consists of an initial assessment designed to screen for medical, nutritional, psychosocial, oral health, financial, and health education needs. The frequency of contacts and visits are based on the participant’s individual needs and at their convenience. Visits are made at WIC clinics, at school, CCHD, at their home or workplace. The MOMS staff includes nurses, a registered dietician and a psychosocial consultant. Staff facilitates referrals to community agencies and collaborates with these service providers to coordinate the best services for the client and her family.

**Selected Statistics for MOMS Participants 2008-2010**

	<b>2008</b>	<b>2009</b>	<b>2010</b>
Total Participants	369	365	335
Total Visits	2010	2107	1710
% Referred Women Enrolled	86%	85%	86%
% Enrolled Women < 20 yrs.	19%	20%	15%
% Enrolled Women < 18 yrs.	3%	5%	3%
% Women 1 <sup>st</sup> trimester / medical	91%	88%	93%
% MOMS Infants < 5 lb. 8 oz. *	6.3%	7.7%	7.7%
% MOMS Infants < 3 lb. 5 oz.	<1%	<1%	1.7%
% MOMS Infants > 9 lbs	--	6%	5.7%
% Women Return for PP care	95%	98%	95%

\* = at least 25 weeks gestation

-- = new field for 2009 (not noted in previous years)

**MOMS Statistics Findings**

The number of total participants decreased by approximately 8.3%, and the total number of visits decreased from an average of 5.8 visits to 5.1 visits per participant. The number of teenage participants decreased which is similar to the national trend.

**Statistics for LBW Infants for the MOMS Program 2008-2010**

<b>Risk Factor</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Total LBW Infants	18	24*	25*
37 Weeks Gestation at Birth	50%	36%	44%
25-36 Weeks Gestation at Birth	50%	26%	56%
First Trimester AP Care	89%	86%	96%
Second Trimester AP Care	11%	14%	4%
Age < 18	17%	14%	9%
Age ≤ 16 Years	0%	5%	4%
Smokers	50%	55%	61%
Multiple Gestation	0%	9%	13%
Anomalies (NB)5	0%	18%	12%

\* This represents 7.5% of the total number of MOMS participants  
(296 MOMS participants giving birth in 2010. Of these women, 23 mothers gave birth to 25 LBW infants)

**Low Birth Weight (LBW) Findings**

New data regarding smoking during pregnancy by mothers giving birth to LBW babies was collected in 2010. This data showed that 64% of women delivering a low birth weight infant smoked. Upon discharge, 50% of the mothers had decreased the number of cigarettes smoked per day, 43% had quit smoking and 36% smoked approximately the same amount of cigarettes per day as they did upon entry to the MOMS program. Increasing smoking cessation rates continues to be a challenge. The introduction of the carboxymeter at MOMS enrollments helped to demonstrate the need for smoking cessation. There was a reduction in the number of teen pregnancies and, therefore, a reduction in the number of LBW babies born to teen mothers. It is significant that the majority of women delivering a LBW infant had initiated prenatal care in the first trimester. The percentage of LBW infants has risen over the past few years which is indicative of the complexity of the women that are seen in the MOMS program.

**Risk Factors of Infants >9 lb for the MOMS Program 2010**

	2009	2010
Total number of infants > 9 lbs	23	17
Risk Factors:	5%	18%
% maternal birth weight > 9 lbs	22%	41%
% Pre-pregnancy BMI >29%	9%	6%
% Gestational diabetes	23	26
Average maternal age	NA	32

### **Findings for Infants > 9 lbs**

MOMS participants giving birth to infants greater than 9 pounds decreased this year. Women with BMIs greater than 29% increased significantly, correlating to the national increase in obesity rates. Average weight gain for women giving birth to infants greater than 9 pounds is a new statistic being examined this year. It is significant to note that the total pregnancy weight gain by these participants was often greater than recommended in relation to maternal pre-pregnancy BMI.

### **2010 Highlights**

The MOMS program continues to educate families regarding adult and childhood vaccinations. Nurses review family members' immunization status and make frequent referrals to the CCHD immunization clinics so they can receive necessary immunizations. Seasonal flu and H1N1 flu vaccine was offered during the winter/spring flu season at enrollments, office visits, and scheduled flu clinics. In the fall of 2010, seasonal flu vaccine was offered at these same venues.

MOMS staff were trained on the use of the Carboxymeter. The nurses learned how it measures the blood carbon monoxide level and what this indicates with regard to maternal smoking. The Carboxymeter is offered at enrollment and subsequent visits to participants who smoke or are exposed to secondhand smoke. Results are recorded on the IPO scoring sheet and discussed with the participant. The goal is to increase the participant's knowledge and awareness that tobacco decreases the body's ability to carry oxygen and its potential side effects to their unborn baby.

MOMS staff provided information on the TEXT4BABY program, a free mobile information service that provides pregnant women and new moms with information to help them care for their health and give their babies the best possible start in life. MOMS staff also provide information about helpful community resources including the Lifeline / Safelink service which provides cell phones and service to qualifying New Yorkers based on their income or participation in NYS social programs.

A MOMS staff member was part of the planning committee for the "Healthy Mothers, Healthy Babies" Explore conference held in May. This was the first conference geared toward this audience and speakers spoke on topics such as epigenetics, importance of dental health, ethics and fetal alcohol syndrome.



The MOMS staff co-hosted a Community Baby Shower with GAP-NET in May. Approximately twenty participants and their support persons / children attended. Each participant received a gift bag with information and/or products on dental hygiene, breastfeeding, prematurity, smoking cessation, common terminology related to pregnancy, handwashing, importance of healthy diet rich in calcium, developmental toys, and safety equipment. Participants also received prizes for winning games which were based on the topics and door prizes. Participants and staff all gave positive feedback on the event.

An updated version of MedServices was launched in 2010. Queries were developed to help assess the various caseloads in the Newborn (NB), Children with Special Healthcare Needs (CSHCN), Family Service (FS), and MOMS programs. This has resulted in a more equitable distribution of the referrals among the nurses, and provides current information of participants who are active or discharged within the programs.

First stage development of a Wellness for Life program for MOMS participants was begun with the help of WIC and three Plattsburgh State students. This program is designed to offer information regarding safe exercises and healthy eating habits during the prenatal and postpartum periods, with the goal of participants continuing these healthy habits throughout their lifetime. Progress is tracked through a questionnaire that is reviewed at enrollment, 28 weeks and postpartum visits. Upon enrollment, participants will receive a pedometer, a thera-band, a yoga mat, easy to use flip-cards with exercise instructions, and a daily log to record the activities completed. At the postpartum visit the participant will receive a beginner's yoga or exercise video to use after their six week checkup, with the permission of their obstetrician.

One part-time staff vacancy occurred at the end the year. This position was shifted to another department within the agency and HSU received a full time PHN position. The position remained vacant at the end of 2010 with plans to fill it in 2011.

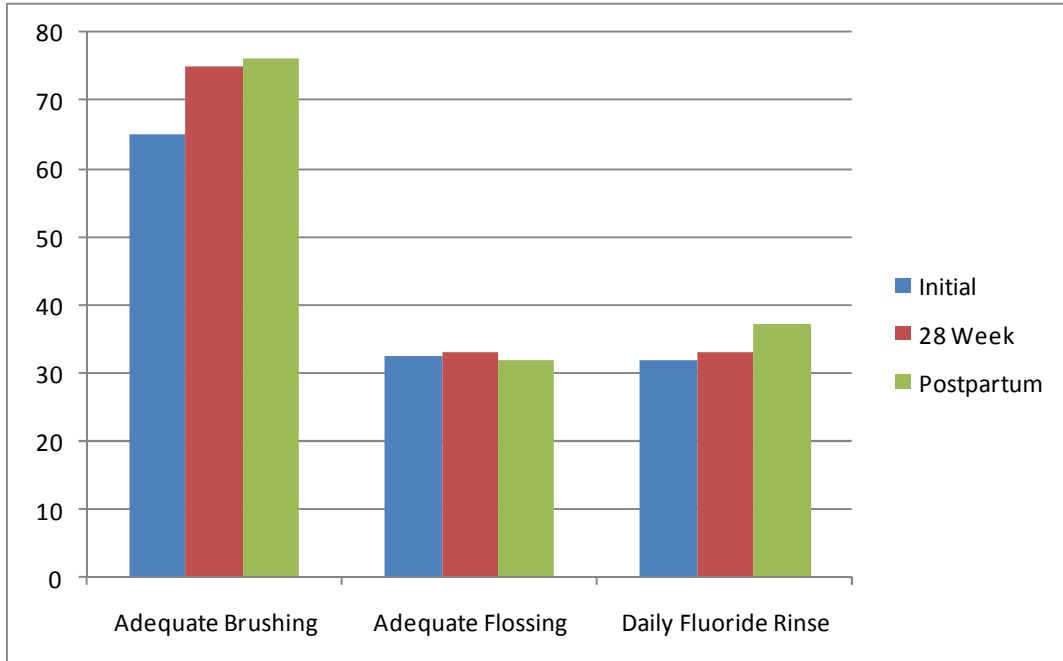
### **Goals for 2011**

- Create a system to tabulate smoking behaviors collected on the risk assessment and the postpartum assessment form and utilize this information to evaluate the effectiveness of smoking cessation education.
- Utilize information regarding weight, activity and nutritional history obtained during visits with participants to evaluate the impact of the Wellness for Life Program.
- Host a Prenatal Provider meeting.
- Collaborate with partner organizations / providers to ensure quality prenatal health supportive services under mandatory Medicaid managed care.

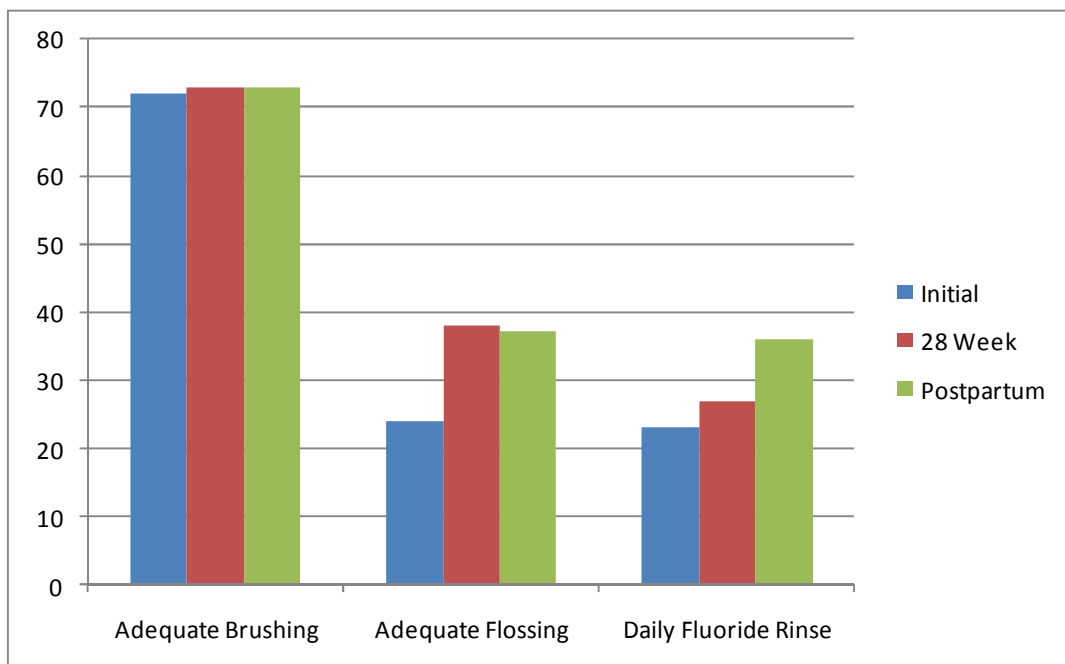
## Prenatal Dental Health

The MOMS dental component provides education to prenatal women regarding the importance of prenatal dental care, and is an additional strategy to help reduce pre-term, low birth weight infants and other maternal complications. Upon enrollment, the MOMS participant is provided a “dental kit” containing personal dental supplies. Educational material is provided to ensure that the participant has an understanding of proper dental care and the potentially negative effects that poor dental hygiene has on pregnancy, fetal development and delivery. A database program is used within MedServices to capture the MOMS participant’s dental health information. This computer tracking system eases preparation of quarterly reports and provides more accurate calculation of progress.

### Assessment 2010 Prenatal Dental Data



### Assessment 2009 Prenatal Dental Data



**Prenatal Dental Data Findings**

The criteria used for the evaluation of the participant’s dental habits were as follows: adequate brushing was defined as brushing at least twice per day, adequate flossing was defined as flossing at least once per day and adequate rinsing was defined as rinsing at least once per day. Those not meeting these standards but still performing the behavior were denoted by a “partial credit” score and those not exhibiting the behavior were scored as 0.

With education, an improvement is seen in adequate tooth brushing and daily fluoride use from time of enrollment to the postpartum visit. Adequate flossing remains constant with no significant changes during this period. Compared to 2009, adequate brushing and the daily use of fluoride rinse have increased at the postpartum period while adequate flossing decreased.

In 2010, participants reporting, during the initial contact, that they had seen a dentist within the past 6 months was 21%. This is significantly lower than the 34% who met this criteria in 2009. However, participants having a dental appointment within the past six months increased from 21% at enrollment to 31% at the postpartum visit. This could be attributed to the newly implemented Free Dental Cleaning program. This new program began in July when two local dentists agreed to provide a total of ten free dental cleanings per month to MOMS participants. Since inception of this program, 39 participants, who had not had a dental cleaning in at least one year, were referred to one of the dentists to receive these services. As a whole when compared to 2009, approximately the same percentage of participants in 2010 visited a dentist within a year of their postpartum home visit.

This year, new data was captured to determine dental needs for program participants. These categories shown below each affect dental hygiene and contribute to oral health. Utilizing this new data, nurses are able to provide participants with education specific to individual needs

<b>Number of Participants = 343</b>	<b>2010</b>
*Currently Has Cavities	52%
*Has Fluoridated Water System	43%
*Maintains an Adequate Diet	37%

\*New 2010 Categories

**Barriers to Receiving Dental Care**

<b>Number of Participants = 343</b>	<b>2010</b>
Lack of Transportation	5%
Scared to Visit Dentist	7%
Cannot Get Appointment	8%
Unsure Which Dentists Accept Insurance	12%
Cannot Afford Dental Care	38%
Lacks Dental Insurance	50%
No Concerns	15%

Barriers to dental care are addressed throughout enrollment in the MOMS program. Participants are referred for dental cleanings and information is provided to remove these barriers allowing participants to receive proper dental care during the prenatal period. The following dentists are gratefully recognized for their ongoing support for MOMS participants: Donald Davison; John Prondecki and William Steinfeld.

Dental hygiene literature and the list of dental providers who accept Medicaid were updated for participant information. An available dental hygienist could not be located to provide an oral screening in-service to staff. This will be a continued goal for 2011.

### **Goals for 2011**

- Provide an oral screening in-service for staff utilizing a dental hygienist.
- Solicit additional access to dental services for Medicaid pregnant women.

### **Newborn/Post-partum Program:**

HSU offers health promotion programs for newborns and their families residing in Clinton County.

Services are directed toward providing:

- Assessment and provision of information regarding emotional/social and physical care of the newborn and parents.
- Information on the five strands of Public Health: immunization, nutrition, safety, healthy lifestyles choices and growth and development.
- A listing of physicians and dentist available to help ensure a medical home.
- Referrals for health insurance and other community resources and services as needed.

Other topics addressed include maternal health promotion and prevention, postpartum depression, family planning and pre-conception health. Information on community services is provided and referrals are offered when indicated. The newborn-postpartum visit is an opportunity to provide for a positive outcome during the neonatal period, aiding in the prevention or early detection of growth and developmental problems.

### **2010 Highlights**

- A Newborn brochure was developed to provide to parents during newborn rounds, in mailer packets and at any other appropriate time.
- Adult Tdap vaccine information was shared with participants at newborn rounds, postpartum home visits and in packets mailed to the families of newborns. The vaccine was provided for free at CCHD to those with close contact with newborns.
- HSU Staff partnered with WIC program staff to provide more accurate information about the newborn program to hospital staff and postpartum patients.

<b>Newborn / Postpartum Visits 2008 – 2010</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
No. Newborns Referred	752	723	753
No. Referred Targeted for Visit *	473	509	493
Numbers & Percentage Targeted with Completed Home Visit *	393 83%	401 79%	385 78%

“First-time parents/special need/MOMS Program participant”

**Newborn/Postpartum Findings**

The number of referrals received in 2010 increased from the previous year. Referrals targeted for a home visit include first time mothers, infants born to active MOMS participants, and referrals that indicate a medical concern for mother or baby regardless of parity. In comparison the percentage of referrals targeted for a visit decreased only slightly between 2009 and 2010. The percentage of completed home visits decreased only slightly in 2009, possibly due to staffing changes throughout the year.

**Goals for 2011**

- Increase to three the number of days per week the HSU staff completes the newborn rounds at CVPH.
- Increase education for postpartum families regarding the importance of avoiding infant exposure to smoke, including 2<sup>nd</sup> and 3<sup>rd</sup> hand smoke.
- Develop a brochure for non-WIC eligible breastfeeding mothers to further support their breastfeeding efforts and to offer assistance via a home visit to be provided to breastfeeding mothers during newborn rounds at CVPH.

**Family Services / CSHCN**

The Family Services Program provides nursing assessment, education and guidance in the areas of nutrition, development, safety, immunization and chronic disease prevention to families in Clinton County. As part of the Family Services Program, HSU nurses also make referrals to the Developmental Services Unit as well as other agencies, as appropriate.

Children with Special Health Care Needs (CSHCN) is a program that helps support families of children who have or are suspected of having a serious or chronic physical, developmental or emotional condition. This program is designed to improve the health and care needs of children age birth to 21, who meet the eligibility criteria.

The Physically Handicapped Children’s Program (PHCP), a segment of CSHCN, assists eligible families by reimbursing for health services provided to their children without other third party health insurance coverage and is coordinated with the Developmental Services Unit.

**2010 Highlights**

Referrals were screened by the SPHNs and nurses to determine whether they were in need of care coordination and referral to agencies through the Children with Special Health Care Needs program or if they only needed the support services provided by the Family Services program and referred accordingly.

Eleven Family Services referrals were received in 2010. Referrals to the Family Service Program were made to monitor weight in newborns, to provide head lice education, to assist with parenting issues, to address developmental concerns, and to ensuring medical follow through. A few Family Services participants who were initially enrolled in CSHCN were referred to the Family Service program to monitor for a short time frame. Nurses continue to work with the health care providers, the Homecare Unit, Social Services and other agencies to help empower the families to access needed services such as food stamps, housing assistance, HEAP, food pantries, counseling services, insurance, including Child/Family Health Plus and GED programs.

Sixteen CSHCN referrals were made in 2010. CSHCN referrals were related to several complex congenital anomalies. Quarterly outreach continued throughout 2010 to include pediatric providers, family physicians, CVPH, OB providers, school nurses and other various community agencies. The quarterly reports now include more detail and have been sent to the state via the HIN system, resulting in positive feedback from the Bureau of Child and Adolescent Health. A community resource guide was developed and a copy was given to each Public Health Nurse to assist the nurses with making referrals. An HSU nurse represents the unit at Local Early Intervention Coordinating Council (LEICC) meetings and attended conferences applicable to the program.

**Referrals**

	<b>2008</b>	<b>2009</b>	<b>2010</b>
<b>Family Service</b>	<b>41</b>	<b>31</b>	<b>11</b>
<b>CSHCN</b>	<b>18</b>	<b>12</b>	<b>16</b>
<b>Total</b>	<b>60</b>	<b>43</b>	<b>27</b>

**Findings:**

The intake and tracking methods to ensure that children and families are entered into one of the two programs is improving. The number of infants and children admitted into to the CSHCN Program has increased as Public Health Nurses are more aware of those that are eligible.

**Goals for 2011**

- Improve tracking of all participants in CSHCN and Family Service Program by maintaining accurate records and computer entries from intake to discharge.
- Finalize the Family Services brochure.
- Review CSHCN brochure for content and health literacy standards.
- Establish liaison with EIP to coordinate nursing services for special needs children.

## **Lead Screening Program**

The Clinton County Health Department (CCHC) offers lead poisoning prevention education and capillary lead tests as part of the Lead Screening Program. Two changes were seen in 2010 to include the convergence of the LeadWeb and New York State Immunization Information System (NYSIIS) and additions to NYSDOH guidelines to meet recommendations from the CDC. The first change, the merging of LeadWeb and NYSIIS, allowed for anyone with access to NYSIIS such as medical providers and school health providers to view a child's lead test results. Similar to immunization registry benefits include easy retrieval of lead test results, increase of age appropriate testing, decrease of duplicate testing, and provides a lifelong record.

In November, additional guidelines were authorized by the Commissioner of Health for lead testing of all refugee children and all refugee pregnant women. Compromised nutritional status, lead based products and poor housing make this group at higher risk for elevated lead levels.

New York State law requires physicians to screen children for lead exposure and order lead testing at one and two years of age. Most lead tests were obtained by veni-puncture at local laboratories; however, two pediatric offices as well as CCHD began offering on-site capillary testing. Allowance of this CLIA waived testing recognized the availability of, and encourage access to, blood lead testing using simple, portable "point-of-care" testing technologies. This new method produces accurate lead level results in three minutes.

Capillary blood tests are done at the Health Services Unit's (HSU) monthly Lead Clinic, Well Child Clinics and specialty clinics. Payment for this service is based on a sliding fee scale and third party insurance. This year four lead tests were done at the monthly Lead Clinics and four tests at the CCHD Well Child Clinics. The JCEO Head Start Enrollment Program "Fall into HeadStart" for preschool children ages 3 – 4 years was held in August. The CCHD nursing staff provided lead poisoning prevention information to all parents of children enrolling in the Head Start Program. Six children were given free lead/hemoglobin tests, all were within normal limits.

The HSU staff worked closely with the Environmental Health Unit (EHU) and Healthy neighborhoods Programs when addressing cases of childhood lead poisoning. EHU and HSU nursing staff conducted two home visits for children recently discovered to have elevated blood lead levels over 20mg/dl. Both families were educated against the danger of lead and numerous samples were taken to help determine the source of the lead poisoning. The lead sources were identified and the elevated blood levels were quickly reduced.

Coordination of community outreach between the units included an informative lead display at the Annual Adirondack Builder's Association Home Show, shooting range information and training education promotion to code enforcement officers.

**Number of Elevated Lead Cases 2007 – 2009**

	<b>2008</b>	<b>2009</b>	<b>2010</b>
CCHD Children Screened	65	16	14
10 – 14 mcg/dl	6	1	1
15 – 19 mcg/dl	0	0	0
>20 mcg/dl	0	0	2
<b>TOTAL</b>	<b>6</b>	<b>1</b>	<b>3</b>

**Analysis**

The decreased number of children tested for lead at the various CCHD run lead clinics is due, in part, to the use of the New York State LeadWeb program. The on-line program allows staff to determine which children have already received lead tests before these clinics to eliminate duplicate testing. This in turn saves money for the county, decreases the number of staff needed to attend the clinics and prevents unnecessary trauma to the children. Clinton County's rate of tested children with an elevated lead level continues to decrease from the previous years, which is still significantly less than the New York State rate.

**Goals for 2011**

- Increase outreach to children in the community by using LeadCare II system.
- Set up an outreach program for quality improvement on data entry into LeadWeb system.

## Immunization Services

Even though most of today's parents have not experienced the impact of fear and loss associated with vaccine preventable disease (VPD), recent outbreaks and infant deaths from pertussis have highlighted the need to strengthen and maintain our vaccine programs. Clinton County's children and adolescents enjoy an exemplary rate of immunization because of the diligence of CCHD and our community partners. Our children and teens are protected against diseases that once decimated families with young children. HSU makes every effort to inform our partners and the public of the most up-to-date immunization information through direct and media outreach, postings on the CCHD website and via the Information Line at 565-4490.

### 2010 Highlights

The American Reinvestment and Recovery Act (ARRA) provided CCHD with the opportunity to enhance immunization clinic services by outreaching to underserved target groups. Several vaccines such as HPV, Pneumovax, and Tdap were offered. Strong outreach campaigns were initiated to community programs and high-risk individuals.

The AFIX process of assessing immunization practice in Clinton County was enhanced by initiating the use of the New York State Immunization Information Registry (NYSIIS) for record review. Inconsistencies with data retrieved this way proved challenging, but overall the process of retrieving immunization data through NYSIIS should enhance the efficiency of AFIX in the future. For the first time AFIX targeted adolescent immunization rates. Adolescent rates continue to be low for several reasons including lack of visits to their providers and, age-related aversion to immunizations.

### Findings

In 2010, the number of adults receiving Tdap increased significantly. This may have been due to strong media coverage concerning outbreaks of pertussis throughout the United States. MMR doses were increased as well, partly because of response to a mumps outbreak at Plattsburgh State in the spring. Pfizer employees who faced layoffs sought vaccinations required or recommended for returning to college: MMR, Tdap and Hep B vaccine numbers were all affected by this situation as well. Improved outreach to high-risk populations resulted in an increased number of Twinrix (Hepatitis A&B combination) vaccine doses being given. HPV vaccine numbers fell with the availability of vaccine at pediatric offices. Shingles vaccine continued to be very popular, but production problems at Merck® hampered availability. A waiting list was initiated and shingles clinics were held to disperse vaccine as soon as it was available.

#### Doses Given: Selected Vaccines (highest volume)

	2008	2009	2010
Hepatitis A	162	145	97
Hepatitis B	123	94	111
Hepatitis A&B combo	90	65	101
HPV	181	53	91
Meningitis	118	102	57
MMR	125	97	237
Pneumococcal Poly	247	558	423
Rabies Post Exp. Proph.	34	18	12
Tdap	250	150	316
Shingles	194	223	175*
Varicella	151	61	66
Total for selected vaccines	1641	1548	1674

\*Decreased availability due to production problems

### **Goals for 2011**

- Streamline the process of using NYSIIS to carry out immunization assessments.
- Develop capacity to access lead test results for AFIX from NYSIIS.
- Implement an integrated Med Services vaccine inventory system.
- Promote pneumococcal and HPV vaccine acceptance by people in recommended target groups and providers.

### **Influenza/Pneumococcal Clinic Program**

The influenza clinic program was divided into two different seasons. The first began in the spring of 2009 with monovalent H1N1 vaccine and lasted through of April 2010. The H1N1 pandemic officially ended in July 2010, and the anticipated third wave of H1N1 disease in the US did not occur, attributed to early and nationwide vaccine distribution.

In September 2010 the second flu season began with the use of trivalent influenza immunization. The trivalent vaccine included the H1N1 antigen. HSU began public flu clinics during this “second season” in early October and continued through early December.

Statistics for county-wide flu vaccination coverage are not available. Demand for the flu vaccination from HSU through public clinic services was lower than in previous years. The reason is multi-factored, and may in part be due to wide availability of private insurance covered vaccine from the private sector, (local drug, retail, and grocery stores). Some individuals who purchased their flu shots from a private sector source sought out an HSU clinic for pneumonia vaccine because they were unable to obtain pneumonia vaccine at the other venues.

Clinic participation in venues where the residents were not as able to access public facilities (e.g. senior housing) remained consistent with previous years. Program goals for 2010 were met by:

- Educational outreach campaigns regarding influenza vaccine throughout the community, including a media campaign at the Champlain Centers mall. (See inside back cover)
- National media campaigns regarding ACIP recommendations to increase vaccine recommendation for flu to everyone six months of age and older.
- American Recovery and Reinvestment Act (ARRA) grant, promoting no cost pneumonia vaccine for those without insurance coverage.
- Purchase of a new vaccine refrigerator, creating overflow/emergency refrigerator space with temperature monitoring.

Not available locally, a new high dosage vaccine “Fluzone High-Dose” was marketed by Sanofi Pasteur for those 65 and older in 2010. While the new vaccine was shown to offer increased efficacy for the elderly and immune-compromised individuals, two problems it presents are increased cost and adverse reactions associated with its use. Planning for the next flu season will include evaluation of this new vaccine for possible availability by CCHD.

**Vaccine Doses Administered**

Vaccine	2008	2009	2010
Influenza	5720	6649/ 9960**	3425
Pneumococcal	252*	558*	284*

\*Reflects only pneumococcal immunizations completed during flu clinics.  
Pneumococcal vaccine is administered year round at all HSU clinics.  
\*\*Seasonal influenza vaccine/Novel 2009 H1N1 vaccine

**Goals for 2011**

- Revise program based on increased private sector influenza vaccine availability.
- Explore high dose influenza vaccine implementation.

## **Communicable Disease Program**

The Communicable Disease Program treats and prevents transmission of infectious agents within the community. It employs many tools, including community and statistical surveillance, investigations, preventative vaccines and prophylactic treatment. This effort includes many community partners, such as medical providers, CVPH, PPNCNY, PSUNY, CCC, long-term facilities and veterinary offices. Their collaborative attitude throughout the year is greatly appreciated. H1N1, pertussis, mumps, and hepatitis A were among the threats to the community against which HSU formed the first line of defense.

The year began in the midst of continued increase of surveillance for H1N1 influenza cases. No additional county cases were identified, mirroring state and national trends of decreasing H1N1 disease.

An outbreak of pertussis was identified in the community and required many hours of investigation to identify and treat contacts.

In March, a large outbreak of mumps in downstate counties spread to the PSUNY college campus initially involving two cases of mumps in students. HSU began a modified incident command system to manage the investigation. An epidemiologically linked subsequent case and laboratory findings confirmed the outbreak. In collaboration with NYSDOH and NYS Department of Education, recommendations were made to exclude from campus all students without a history of two doses of MMR. Those with no MMR vaccine history and who chose to receive a dose were admitted back on campus. An immunization clinic was conducted at PSUNY for students, staff and instructors needing vaccination. Outstanding communication and response coordinating with the PSUNY Health Center occurred, especially in the face of a student who became symptomatic out of state while on Spring break, and concerning a contact who became symptomatic in another part of NYS. A total of eleven cases were identified as part of the outbreak.

An inter-county investigation of an acute Hepatitis A case involving a food handler occurred in May. No additional cases or a source was identified. Again in July, acute hepatitis A occurred. The investigations and prophylactic treatment included vaccinating the children in the household and other family members who had been in contact with the index cases. Immune Globulin was borrowed from Adirondack Medical Center.

Epidemiologically linked to the July hepatitis A cases, two more cases within the incubation period were identified in August. Since the cases were at summer camp during the communicable period, a multi-state and multi-county investigation ensued. NYSIIS registry access was crucial in identifying those children that needed to be vaccinated.

A co-case of *Staphylococcus aureus* and *Streptococcus meningitis* was reported in September. No additional cases were identified.

The beginning of the seasonal flu season with sentinel influenza testing program began in October.

In November, two acute Hepatitis C cases were reported. High-risk behaviors were identified in both cases, but were not epidemiologically linked.

Invasive streptococcal *s.pneumoniae* cases continued to climb by more than doubling in two years. This is a vaccine preventable disease and the vaccine cost is covered by most insurers.

**Selected Communicable Disease 2008 - 2010**

<b>Communicable Disease</b> <b>Bold Type = Vaccine Preventable</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Campylobacter	4	12	4
Chlamydia	136	203	183
Cryptosporidiosis	0	0	1
<i>E. coli</i> 0157	0	2	3
Encephalitis	2	0	4
Giardiasis	7	8	4
Gonorrhea	7	4	13
<b>H. influenza (invasive)</b>	2	1	0
<b>Hepatitis A</b>	0	1	4
<b>Hepatitis B</b> Acute	1	0	0
Chronic (civilian)	8	5	7
Chronic (inmate)	5	4	2
Perinatal Hep B	0	0	0
Hepatitis C Acute	0	0	6
Chronic (civilian)	76	88	77
Chronic (inmate)	81	115	68
<b>Influenza- lab confirmed</b>	72	32	0
<b>Influenza- Institutional Cluster</b>	2	2	0
Lyme Disease	10	20	20
Meningitis Aseptic	5	4	4
Herpes	0	0	0
<b>Meningococcal</b>	0	1	1
<b>Pneumococcal</b>	0	0	0
<b>Mumps</b>	0	0	11
<b>Pertussis</b>	19	4	14
Rabies Post Exposure Proph.	34	18	12
Salmonellosis	8	7	6
Shigella	0	1	1
<i>Staph aureus</i> (newborn)	0	0	1
Streptococcal (invasive)- Group A	3	5	5
Group B	6	6	9
<b><i>S. pneumoniae</i></b>	10	19	22
Syphilis	4	1	1
TB disease	1	1	0
TB infection (latent)	11	20	13

**Goal for 2011**

- Standardize analysis of surveillance data.

## **Sexually Transmissible Infections and HIV Services**

CCHD provided NYS mandated STI services through a contract with the Plattsburgh branch of Planned Parenthood of the North Country New York (PPNCNY).

### **Findings**

- Testing for Chlamydia and gonorrhea (GC) became more readily available through expanded utilization of urine testing. This non-invasive method offers immediate results and is available at both Planned Parenthood and the AIDS Council of NENY (ACNENY). Cases diagnosed by ACNENY as having either Chlamydia or GC are then treated at the Plattsburgh PPNCNY clinic.
- In 2009, the most recent year for which national data is available, the number of cases of Chlamydia trachomatis reported was the largest of any condition ever reported to the CDC. This STI has also been the most prevalent reportable disease in Clinton County since 1999. However, even though screening for the disease became more accessible in the County due to expanded use of urine testing, the number of cases fell 10% in 2010. This followed a 49% increase in 2009.
- In contrast with the decrease in Chlamydia, the number of cases of GC, which has a similar epidemiology, more than tripled from four in 2009 to thirteen in 2010. In spite of the increase, the local rate of 15 cases/100,000 persons compares very favorably with the US rate of 99/100,000 and the NYS rate of 87/100,000.
- The adoption of policy promoting vaccination for hepatitis A and B (HAV and HBV) among STI clients at the PPNCNY clinic made very slow progress during 2010. The annual STI clinic chart review by HSU staff suggested that this was partly related to documentation changes. PPNCNY is currently in the process of reformatting client charts.

### **HIV Testing in 2010**

HIV testing is an important tool for determining the need of an individual for specific health services as well as for assessing the prevalence of disease in the community. NYS law continues to require that individuals have a choice of either confidential or anonymous testing. HSU is the only facility in Clinton County that offers access to both of these test options. Confidential testing is available at both PPNCNY and the AIDS Council of NENY (ACNENY).

#### **CCHD HIV Testing Data (Results 100% HIV negative)**

	<b>Pre-counsel</b>	<b>Tested</b>	<b>Results / Post counsel</b>
PPNCNY	314 (of 314 pts.)	251 (20% deferred)	250
Chest Clinic	6 (of 6 clients)	6	6
CCHD HIV Clinic:			
Anonymous	6	6	6
Confidential	4	4	4
Total	330	267	266

<b>New Cases Diagnosed</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
HIV	4	5	7
AIDS	3	6	3
AIDS Deaths	0	2	0

**Findings**

- HSU continued to provide free HIV testing that provides preliminary results in about half an hour. Oral testing is offered on site at a monthly HIV Testing Clinic.
- On 1 September 2010, there was significant change in Article 27-F, the HIV Confidentiality Law, that required that most providers of medical care routinely offer HIV testing to their patients aged 13-64 years.
  - HSU policies incorporate HIV testing across all programming for clients and promotes at outreach activities.
  - PPNCNY policy incorporated the new HIV law requirements immediately as part of its charting revision.
- An RN completing a Masters Degree in Nursing participated in a practicum at HSU during the final quarter of 2010 with HIV related issues as the focus of her experience. Outreach activities to highlight new HIV law changes included:
  - Preparation and provision of an in inservice training on the HIV Law changes for HSU nursing staff.
  - Facilitation of a CVPH Grand Rounds to familiarize the hospital medical staff with the law changes. This is planned for the first quarter of 2011.
  - Preparing and delivering a package of updated HIV information for local private medical practices and other health related agencies.
- Study results released in 2010 indicated that, among persons in the US with chronic Hepatitis C Virus (HCV) infection, about 30% are co-infected with HIV. This association is believed to reflect exposures related to IV drug use. This underscores the importance of having HIV testing offered routinely by those who provide health services to County residents.

**Goals for 2011**

- Continue to facilitate PPNCNY changes to increase recommendation for HPV and Hepatitis A and B vaccination.
- Promote standardization of HIV testing by local HCPs in conformance with 2010 changes in the HIV Law.
- Increase awareness of the potential for co-infection with HCV and HIV as an additional incentive for offering HIV testing on a routine basis.

## **Tuberculosis Program**

Local health units are mandated to provide TB surveillance, identification and treatment of active cases and their close contacts who reside in the county. Clinton County residents who are diagnosed with Latent TB Infection (LTBI) are eligible for assessment and possible treatment at the Health Department Chest Clinic.

### **2010 Highlights**

After three consecutive years in which one new, active TB cases were identified, there were no active cases of TB disease reported in Clinton County during 2010.

#### **CCHD - TB Program Statistics 2007 – 2010**

	2008	2009	2010
<b>Active TB (Civilian)</b>	1	1	0
<b>Total Chest Clinic Visits</b>	41	68	69
<b>Tuberculin Skin Tests</b>	179	187	214
<b>DOT Contacts</b>	245	86	33

### **Findings**

- There were no new cases of active TB in Clinton County during 2010.
- The active TB case identified in November 2009 was discharged from service after completing treatment, requiring a total of 86 home visits for Directly Observed antitubercular Therapy (DOT).
- Acid Fast Bacillus (AFB) was found in the laboratory specimens of eight residents during 2010. Any AFB (+) finding shows the presence of Mycobacterium sp. and is considered evidence of active tuberculosis disease caused by M. tuberculosis until proven otherwise by additional testing. Therefore, in each of these instances protocol required initiating the management of a new TB case. However, in each one of these cases the AFB eventually proved to be one of the mycobacteria that does not cause TB.
  - This remarkable increase in AFB (+) findings reflected, at least in part, local providers considering the possibility of TB being present and testing accordingly. This included placing suspect tissues from surgical procedures in saline rather than in formalin. That single change in procedure was crucial for making it possible to do the additional testing required to prove these were not actual cases of TB.
  - In several of these instances, the AFB (+) result was not reported on ECLRS until after M. tuberculosis had been ruled out.
- A partial summary of the results of Tuberculin Skin Tests done at Clinton County Jail during 2010 is as follows:
  - 59% of detainees were non-US
  - A total of 76 countries were represented in this population
  - 20% of foreign detainees tested positive for TB infection.
  - 99% of TST(+) inmates were foreign born
  - The TST(+) rate for US born inmates was 0.4%

- One of the 214 TSTs placed by HSU staff was positive. This is a 0.5% rate.
- A major revision of TB policy was initiated in 2010. This process has benefitted from the experience of working with active cases from 2007 into 2010.

**Goals for 2011**

- Refine monthly data derived from the County Jail to monitor the prevalence of Latent TB Infection in Clinton County.
- Complete revisions of the HSU Tuberculosis Policy.

### **Emergency Preparedness**

ICS was sustained through the late winter and early spring of 2010 due to the H1N1 influenza pandemic. School clinics continued to vaccinate students as well as faculty and staff throughout the county. Public clinics also continued well into March, to cover a large proportion of our county's residents.

A preparedness survey was conducted to assess personal / family readiness for emergencies. Questions were taken from the National Behavior Risk Factor Surveillance System database. A large project was undertaken and completed in 2010 to inventory emergency preparedness supplies for the entire Health Department. Multiple bins were now labeled and securely maintained.

Two staff attended a 3-day training in 'Homeland Security Exercise and Evaluation Program' in order to evaluate drills and exercises held by CCHD. This came into play during part 1 of an anthrax drill that was held in conjunction with the United States Postal Service. A notification drill was called, with some staff reporting to duty, others on call, and others released from duty. Response time was well within operational plan limits.



In September a multi-jurisdictional full scale exercise was held at the Champlain border crossing. Clinton County Health Services Unit was involved in triage of ill and exposed students returning from international travel. Information was obtained at the site, passed to the incident commander at CCHD who then relayed the information to partners in Montreal, QC, Vermont, and CDC. HSU also had observers on site during the exercise.

All CCHD staff employed after 2006 receive Public Health Preparedness Core Competencies while completing ICS 100/NIMS 700. Staff members employed prior to this date are being caught up to ensure all are trained. Some HSU staff were trained as presenters of this content. Forty-two staff from all units of the Health Department participated in radio training with Emergency Services Personnel. This training focused on appropriate usage and lingo to encourage familiarity with the radios frequently used for PODs and drills/exercises. This training will segue into practice sessions in HSU to continue to enhance comfort of use for all involved staff.

The Mass Fatality Plan was finalized in December, 2010 through a coordinated effort with members of Clinton County Multiagency Committee. The emergency preparedness coordinator role was backfilled following a two month vacancy and orientation was begun.

### **2010 Highlights Medical Reserve Corps**

During 2010, the Medical Reserve Corps (MRC) increased its membership to 44 volunteers. Volunteer recruitment continued to be a focus to provide essential support services to the Health Department. Though the goal of 50 volunteers has not yet been attained, membership increased by ten volunteers during 2010. MRC volunteers participate in emergency activities and efforts to expand outreach and promotion of public preparedness. The CCMRC maintained an active presence during pandemic response efforts waged against the H1N1 virus. Volunteers participated in school vaccination clinics as well as public clinics held in January and February. The volunteers served as vaccinators, screeners and support staff.

Volunteers participated in a course designed to train volunteers to become public health ambassadors by providing educational outreach events centered on the topics of dog bite prevention, hand washing, personal emergency preparedness and MRC recruitment. Volunteers also participated in a CPR refresher course during this year.

One volunteer presented at the CVPH physicians' meeting in an effort to recruit physicians to the MRC. This presentation yielded two new local physician volunteers. Recruitment efforts also included participation in a newspaper article focusing on the benefits of volunteering and participation in a volunteer recruitment fair sponsored by the Retired Senior Volunteer Program. Outreach continues at the SUNY Plattsburgh, Clinton Community College and CVES nursing programs as well as to individuals who show interest in employment with the Health Department.

Alert messaging and reporting was a new feature added to the Volunteer Management System during 2010. During December the Volunteer Coordinator attempted the first call down drill with volunteers. The drill was unsuccessful. Many volunteers did not respond to the drill and those who did were unable to discontinue the calls despite instructions provided. The report generated by VMS showed a 0 response rate.

### **Goals for 2011**

- Conduct closed POD drill for anthrax event.
- Review and revise All hazards and SNS plans
- Reach the goal of 50 MRC volunteers during 2011.
- Increase the rate of fully trained volunteers to 75%.
- Increase use of the alert system and increase the alert response rate to 50%.

## GLOSSARY OF ABBREVIATIONS AND TERMS

AFIX = Assessment, Feedback, Incentives & Exchange	mcg/dl = micrograms per deciliter
AP = Antepartum – prenatal	MMR = Measles, Mumps and Rubella virus vaccine
ARRA = American Recovery & Reinvestment Act	MOMS = Medicaid Obstetrical Maternal Services
CCHD = Clinton County Health Department	MOU = Memorandum of Understanding
CCMAC = Clinton County Multi Agency Coordination	MRC = Medical Reserve Corps
CDC = Centers for Disease Control	N/A = Not applicable or not available
CLIA = Clinical Laboratory Improvement Amendment	NB / PP = Newborn / Postpartum
CNM = Certified Nurse Midwife	NIMS = National Incident Management System
CPR = Cardiopulmonary resuscitation	NYS = New York State
CSHCN = Children with Special Health Care Needs	NYSDOH – New York State Department of Health
CVES = Champlain Valley Education Services	OMIG = Office of Medicaid Inspector General
CVPH = Champlain Valley Physicians Hospital	PAC = Professional Advisory Committee
DOT = Directly observed therapy	PFEC = Patient Friendly Education Committee
EIP = Early Intervention Program	POD = Points of Distribution
EMS = Emergency Medical Services	PP = Post-partum
EP = Emergency Preparedness	PPNCNY = Planned Parenthood of the North Country New York
FTE = Full time equivalent	PSUNY = Plattsburgh State University of New York
GAP-NET = Greater Adirondack Perinatal Network	PT = Part time
GED = Graduate Equivalency Diploma	QA = Quality Assurance
GLBT = Gay Lesbian Bisexual & Transgendered	RPh – Registered Pharmacist
HCV = Hepatitis C Virus	RRC = Regional Resource Center
HEAP = Home Energy Assistance Program	SNS = Strategic National Stockpile
HIV = Human Immunodeficiency Virus	SPHN = Supervising Public Health Nurse
HSU = Health Services Unit	STI = Sexually Transmitted Infection
HPV = Human Papilloma Virus	TB = Tuberculosis
ICS = Incident Command System	Td = Tetanus and Diphtheria Toxoids Adsorbed, adult
IPV = Inactivated polio vaccine	TST = Tuberculin Screening Test
IPRO = Island Peer Review Organization	VLBW = Very Low Birth Weight
JCEO = Joint Council for Economic Opportunity	WCC = Well Child Clinic
LBW = Low Birth Weight	WIC = Women, Infants and Children
LEICC = Local Early Intervention Coordinating Council	
MAPP = Mobilizing for Action through Planning and Partnerships	

# What can I do to prevent the flu? Follow the steps...

Cover your cough and sneezes

Soap away germs - Wash hands often

Stay home when you're sick

Avoid people who are sick

Keep your hands off your face

See your doctor regularly

**GET VACCINATED**



## Remember

Babies under 6 months old can't be vaccinated.  
We need to protect them by being vaccinated.

No shot needed for flu mist. Flu mist is safe, effective  
and needle-free – ask your doctor if you can have it.



## Clinton County Health Department

133 Margaret Street • Plattsburgh NY 12901



[www.clintonhealth.org](http://www.clintonhealth.org)

