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MISSION STATEMENT

Steuben County Public Health will:
• Conduct a periodic comprehensive assessment of the health needs of our county
• Act as a resource through collaboration, education and service
• Promote health
• Prevent injury and disease
• Enhance and protect the quality of life within our community

VISION Statement

To support and facilitate better health for all: healthy people, strong families, and vibrant communities.

VALUES

Quality
Collaboration
Empowerment
Responsiveness
Effectiveness
Service
PERSONNEL

Administration

Victoria Fuerst  Director of Patient Services/Public Health
Marilyn Peoples  Assistant Director
Dennis O’Connor, M.D.  Medical Director
Anne Roser  Supervising Public Health Nurse
Cheryl Harmon  Home Health Care Supervisor

Support Staff

Supervisors

Christine Congdon  Chief Fiscal Officer
Terry Moss  Principal Clerk
Joan Sutfin  Accountant

Staff

Diane Amidon
Mary Jo Brundage
Mike Caparulo
Shirley Davis
Virginia Hargraves
Gail Morsch-Hoppough
Marilee Spaulding

Public Health Staff

Gail Wechsler  Public Health Coordinator
Debra Matthews  Dog Control Officer

Nurses

Elaine Adam  RN
Mary Fitzpatrick  RN
Dawn Lindsey  RN
Regina Rice  RN
Anne Roser  RN
Lynne Taynton  RN

Public Health Education Coordinator

Beverly Butts

Emergency Preparedness Coordinator

Karen Travis
Specials Children’s Services

Diane L. Kiff Administrative Officer

Services Coordinators

Regina Rice RN
Anne Roser RN

Support Staff

Linda Griffin
Kim Gotshall
Darlene Rook

Home Care

Nurses

Barbara Austin RN Kathleen Ingham RN
Sarah Benjamin LPN Linda Laker PHN
Teresa Boscoe RN Dawn Newell RN
Cindy Breckenridge RN Angie Rohalla RN
Julee Cappadonia RN Susan Smalt RN
Tricia Clarey RN Jo-Anne Taylor PHN
Jo-Anne Freeland RN Shelby Zaparzynski LPN

Social Worker

Sharon Conrad

Physical Therapists

Chris Donegan Eileen Powell
Dan Goodman PT Professionals
Sandi Hollar Doug Riff
Miller Associates Marsha Wallace
Fran Musso

Speech Therapist

Lee Moran

Occupational Therapists

Tammy Burlew
Carly Meacham

Nutritionist

Wilma Stewart
The Steuben County Public Health Nursing Service expresses its sincere thanks and appreciation to the Steuben County Board of Legislature, the New York State Department of Health and its Hornell District Office, Buffalo and Rochester area offices, other Steuben County Departments, all the committees, organizations, groups or individuals, for assistance rendered to us in carrying out the various programs and functions of this Agency.

COMMITTEES

HUMAN SERVICES, HEALTH & EDUCATION COMMITTEE

OF THE

COUNTY LEGISLATURE

Carol Ferratella, Chairman
Gary Roush, Vice Chairman
Randolph Weaver

Robin Lattimer
Hilda Lando

HEALTH SERVICES ADVISORY COMMITTEE

On January 24, 2000, the Health Services Advisory Committee came under the auspices of the SAY Network and is now referred to as the S²AY Rural Health Network Health Advisory Committee. This was done with the approval of the New York State Department of Health. The Steuben County members are:

Victoria Fuerst
Director of Public Health
Dawn Brucie
Assistant Executive Director

Nancy Smith
Steuben County Personnel Officer
Carol Ferratella
Steuben County Legislator

PROFESSIONAL ADVISORY AND UTILIZATION REVIEW COMMITTEE

Marilyn Peoples
Assistant Director of Patient Services/Public Health
Mary Smalt
Retired RN
Lois Gyr
Retired Speech Therapist
Kristen VonHagn
Department of Social Services
Kimi Archer
Physical Therapist
Nicole Walker
Assistant Director, HCF
Dr. Dennis O’Connor
Physician
MESSAGE FROM THE DIRECTOR

It has been a busy and productive year for Public Health. Two major events shaped the year. The privatization of the home health agency and the culmination of the Community Health Assessment drove the whole organization to re-examine our mission and vision of Public Health service to Steuben County residents.

Following the lead of the New York State Department of Health, we examined the prevention agenda for 2013-2017 to align ourselves within their designated priorities. The agency has convened a group of hospital representative and non-profit health care organizations to work on our priority health problems since 2010. As a result of the 2013 Community Health Assessment process, the following priorities were selected by Public Health and our hospital partners: #1 adult and childhood obesity, #2 cardiovascular disease and the disparity issue was tobacco cessation in the low socioeconomic population. Our role is to identify and implement evidence-based practices to reduce or eliminate these priority problems by 2017; this will be documented in our Community Health improvement Plan.

As part of re-organization, the agency developed a new name, logo, and did a major revision and expansion of our website. Since July, over 1900 users have accessed our website. The Educator also led a team to develop a Facebook page as another way to push health information. Since July more than 125 messages have been posted to Facebook and our following has grown to 120 likes.

On a national level, the first seven Public Health agencies in the US were awarded full accreditation in 2013. The counties within the S2AY Rural Health Network are working together to set the stage for our own applications for accreditation in the future. Steuben County Public Health has participated in several trainings to understand and plan for the accreditation process. With the help of a trained consultant, Steuben County Public Health developed a strategic plan.

A new grant was received from CDC to reduce sodium in senior meals. This 3 year project will target hospital meals, congregate senior meal sites and home delivered meals in Steuben, Schuyler, Yates and Seneca counties. The goal is to reduce sodium consumption by 30%.

I am proud of the work done by the dedicated Steuben County Public Health Staff. I am confident that in partnership with our governing body and cooperating agencies, we can continue to provide quality services and mover closer to our vision of a healthier community.

Victoria Fuerst, RN MPH
AGENCY OVERVIEW

Steuben County Public Health and Nursing Services is comprised of 3 main sections: Public Health, a Home Care Agency and Special Children’s Services. The Public Health Department is supervised by the New York State Department of Health and operates under the Public Health Laws of New York State including a license under Article 28 of the Public Health Law to provide Public Health diagnostic/treatment clinics. The agency was approved as a Licensed Home Care Services Agency in 2013 pursuant to the provisions of Article 36 of the Public Health Law. This replaces the Certified Home Health Agency and the Long Term Home Health Care Program which was sold during 2013. The Special Children’s Services department provides support to children with developmental delays, or disabilities to ensure all children have the opportunity to reach their full potential.

S2AY RURAL HEALTH NETWORK

The S2AY Rural Health Network is a unique horizontal network comprised of the Public Health Departments of seven contiguous rural counties (Steuben, Schuyler, Seneca, Ontario, Wayne, Yates and Livingston), along with a legislator, consumer and provider from each county. This network has been in existence since 1997 and began with three founding counties (Steuben, Allegany and Yates). The area served covers 4,214 sq. miles of rural upstate New York, running from the Canadian border in Wayne County to the Pennsylvania border in Steuben County. The southern part of the region comprises northern Appalachia, and for the most part the region is poor, Caucasian, aging, poorly educated and very rural. The service area includes approximately 445,000 people, with a population density of approximately 106 persons per square mile, although much of the area is much more sparsely populated.

In addition to the seven “member” counties, other counties are involved in specific projects, such as emergency planning and early childhood services, for a total of 11 project counties involved in Network activities.

S2AY’s mission is:

To integrate, promote and expand appropriate components of the public health service delivery system to improve health outcomes for all residents of the Network region.

Our objectives used to accomplish this mission are:

- Developing comprehensive cost-effective health care systems, including dental care, that increase access to care and fill gaps in service delivery.

- Increasing and strengthening cooperation through affiliation, coalitions or partnerships that enhance and coordinate the array of needed health care services.
• Improving the financial viability of rural health care providers and in the existing health care economy.

• Increasing community involvement and locally-generated, innovative solutions to health care system issues.

• Increasing the number of health care personnel trained and practicing in rural communities.

• Strengthening the accountability of local providers for improvements in key public health and/or health care outcomes in the communities they serve.

The S²AY Rural Health Network includes Early Childhood Services, the regional emergency public health planning and the in-school mobile dental program, as well as the following major activities:

• A wide variety of Public Health Quality Improvement and Assurance initiatives, including Corporate Compliance, In-service Training, over 200 joint policies and procedures, and staff committees on Public Health, Home Care and Finance. Since 2007 a Quality Coordinator has been employed by the S²AY Network and shared among counties to assist member counties with Quality and In-Service Training. Additionally, the Network is assisting public health departments prepare for the possibility of accreditation by conducting assessments and helping with the development of necessary materials and documentation for the process.

• Steuben County Public Health partnered with the Network, NYSDOH and Arnot Health, along with senior meal providers to implement an initiative focusing on reducing sodium in hospital and senior meals. Cardiovascular disease is the leading cause of death in Steuben County. High blood pressure is a leading contributor to heart disease and reducing sodium consumption is an evidence based approach to prevent and treat it. The recipes for all senior and hospital meals will be analyzed to determine sodium content. Environmental scans were done at Ira Davenport, Arnot and St. Joseph’s (all Arnot Health System) Hospitals. These steps are the first in our efforts to reduce sodium content at these sites. The program will eventually expand to Schuyler, Yates and Seneca counties.

• Management of the seven county facilitated enrollment program, enrolling over 3000 people per year in public health insurance products was transitioned to the New York State of Health exchange in October. In Person Assistors /Navigators assist our residents with their enrollment in this new system. The Network also provides a Community Health Advocate for Steuben County who helps people with all types of health insurance related problems. Through the Small Business Assistance Program Network staff helps owners determine what the best options for health insurance are for their employees.
• Participation and leadership on various groups, such as NYSARH, R-AHEC, the Finger Lakes Perinatal Network, the New York State Oral Health Coalition, Governors Regional Exchange Advisory Board, and the FLHSA Partnership on the Uninsured. The Network pulled together various partners including Finger Lakes Community Health (FLCH), Rochester Primary Care Network (RPCN), Finger Lakes Addiction and Counseling Referral Agency (FLACRA), and AIDS Care to develop a Network Plan for a Community-Based Regional Medicaid Health Home. Regular meetings continue with these partners and FLHSA to ensure our rural region is represented as the changes due to the Affordable Care Act, Triple Aim and Medicaid Waiver occur.

• The Network continues support of a campaign focusing on reduction of alcohol-related injuries among young people. The Network staff co-chairs the Steuben County Task Force on Underage Drinking.

• A Community Health Assessment, Community Health Improvement Plan and coordinated efforts to address common needs identified through this process were led by the Network as required by the New York State Department of Health. The Network worked with Steuben County Public Health, county hospitals, and other community partners in this process. A county wide survey of community residents was conducted, focus groups were held and data was analyzed to determine Steuben County health related priorities that need addressing. The priorities chosen were to reduce obesity in children and adults and reduce heart disease and hypertension. Additionally, the disparity of promoting tobacco cessation, especially among low SES populations and those with mental health illness was selected. Evidenced based practices were researched and will be implemented as partners work towards bettering the health of our residents.

• A coordinated effort and increased focus on chronic disease, including a new coordinated cancer screening initiative involving our northern counties. The Network secured funds from the Komen Foundation to assist Steuben County residents with breast cancer related expenses.

Contact: Andrea Haradon or Betsy Hull: 607-962-8459.
grantstogo@stny.rr.com or ehull1@stny.rr.com

STUDENT EXPERIENCE

As a continued public service, field experiences are provided for nursing students from Alfred State College, Corning Community College and Robert Wesleyan College.
PUBLIC HEALTH EMERGENCY RESPONSE PLANNING

Steuben County Public Health continues to review and plan for potential All Hazard events including those of a biological, chemical, radiological, nuclear or explosive nature. These may be naturally occurring, large-scale communicable disease outbreaks or natural disasters. The Public Health Emergency Preparedness and Response Plan, also known as the PHEPR Plan, is the preparedness and response guide for these events. It is updated regularly and reviewed annually. Public Health utilizes the Incident Command Structure to manage drills, exercises and events and to interact with partner agencies. Public Health staff is structured into these four response teams: Public Health Emergency Preparedness and Response Team, Clinic Team, Public Information Team and Clerical Team.

Within the PHEPR Plan is the POD Specific Plan (Point of Dispensing). Public Health and the Sheriff’s Dept. visited the majority of schools (POD sites) identified. We reviewed security surveys and updated contact information, as well as shared resources and resolved barriers to implementing mass PODs for an emergency situation. MOUs were updated in 2013 for these sites. Work continues into 2014.

Closed POD partnership liaison contact information and MOUS were updated. (Closed PODs are agencies/businesses capable of vaccinating or dispensing medication to their own patients, staff and families.)

Focus activities for 2013 included:

- Continued management and recruitment of volunteers for ServSTEUBEN, now ServSTEUBEN MRC (Medical Reserve Corps). This is our local county volunteer management system consisting of both medical and nonmedical volunteers. In late September 2013 we applied for and were granted registration within the national Division of the Civilian Volunteer Medical Reserve Corps (DCV MRC). This has allowed us a volunteer recruitment advantage at the national level. The “umbrella” to our local database is a NYS volunteer management system called ServNY. This database assists with registering, credentialing, deploying and maintaining records/contact information of both medical and non-medical volunteers in Steuben County. Volunteers entered into this system come from a variety of agencies and from the general public, who may/may not have any prior agency affiliation. In addition we are working with the NYSDOH programmers to update our ServSTEUBEN homepage to add various emergency preparedness online trainings as well as reflect our name change to ServSTEUBEN MRC.

This year we targeted recruitment to RSVP volunteers, all RNs/LPNs within Steuben County and began recruitment/partnership discussion with the local Finger Lakes SPCA. Currently, we have 314 registered medical and non-medical volunteers in this database (an increase of 93 from 2012).
Maintain collaboration with partner agencies at the following emergency preparedness planning meetings:

- **Finger Lakes Public Health Alliance (FLPHA)** - Collaborate with other emergency preparedness planners across 8 Finger Lakes counties at the local health department level.
- **Human Needs Task Force (HNT)** - Continue to plan/prepare for emergencies, especially relating to special needs populations within Steuben County.
- **Local Emergency Preparedness Council (LEPC)** - Assist with development and maintenance of the Hazardous Materials Emergency Response Plan for Steuben County and its included municipalities.
- **Corning-Painted Post (C-PP) Partners Meeting** - Continue to assist with school/partner agency planning at the Corning-Painted Post Area School District. Planning strengthened as part of C-PP's receipt of the Readiness and Emergency Management for Schools (REMS) grant in 2010. This was a 2 yr. grant, which expired in August 2012, but the planning was deemed invaluable for both the school district and partner agencies and so continues.
- **Southern Tier/Finger Lakes Voluntary Organizations Active in Disasters (ST/FL VOAD)** - Partner with disaster-response organizations, other information & referral providers, human-service agencies, faith-based organizations, animal-rescue agencies, civic groups, etc. to improve capabilities and efficiently deploy resources.
- **Hospital Emergency Planning Committees** - Plan, identify and provide cooperative assistance with local hospitals.
- **The Greater Steuben Chapter of the American Red Cross** - Continued work towards reducing “barrier” requirements of American Red Cross' ability to use ServSTEUBEN MRC volunteers in a disaster.
- **Southern Tier Library System** - Discussed libraries as a resource and how to better utilize libraries during an emergency. Provided information on PODs and using libraries as resources to pre-register for mass PODs/clinics and also to disseminate emergency preparedness information to the public.

- Maintained Steuben County Public Health staff awareness of personal and community emergency preparedness through drills, exercises, formal education and newsletters. All employees receive emergency preparedness orientation upon hire.

- Continued participation with state, regional and other county agencies on training, programs, drills and exercises.
FLurricane 2013 was the 3rd of a 3 yr. drill designed to coordinate exercise and grant requirements of many of the regional response partners. The scenario, flooding and damage from a hurricane, was chosen to address the highest rated risks and vulnerabilities indentified by the region. Steuben County participated in the larger region wide exercise and a FLPHA 8 county tabletop exercise involving American Red Cross. Public Health also sponsored a local tabletop drill within Steuben County, with many partner agencies represented. The focus was primarily sharing each agency’s current communication plans, sharing of agency plans during a disaster and methods of communicating changes in standard operations to staff, key stakeholders and the public.

Volunteers were notified of volunteer opportunities, surge and evacuation procedures tested and communication between partner agencies was strengthened. Public Health focused on communication within our agency and also reaching out to partner agencies.

Cascading Notification Drills - NYSDOH requires the LHDs to be able to receive notifications, but also to disseminate a message to various agencies. We used a notification of this type to reach out to the Adult Care Facilities in our county. Many did not receive any notification. A variety of problems were identified. We offered much assistance to the ACFs; work continues on this into 2014.

- Steuben County Public Health did not conduct a flu Medical Countermeasure exercise this year with NYSDOH flu vaccine. However, we were able to obtain private pay flu vaccine and set up clinics for vaccinating County employees. We used the NYSDOH Clinic Data Management System (CDMS) for setting up these clinics and tracking data. This involved CDMS training/review for staff and volunteers and so maintained our capability to respond in an emergency.

- ED surveillance continued with all 3 Steuben County hospitals through monitoring of the Electronic Syndromic Surveillance System. All Steuben County hospitals actively upload data to the Electronic Syndromic Surveillance System on a daily basis to report illnesses seen in their facilities. The Bath VA is collaborating with their central VA system to upload the same surveillance data. They are not on board with this system yet.

- Primary/Prevent staff have been trained and continue to monitor the ED surveillance data uploaded to the Health Commerce System (HCS).

- Major equipment/supply purchases in 2013 included: safety vests, walkie talkies and teardrop banners. Our 9 broadband radios were converted to narrowband. Continue to store and track inventory of N95 masks and Tamiflu supply which was forward deployed by the NYSDOH SNS/MERC in 2009. (Shelf life was extended to 10/20/2013, but we were instructed by NYSDOH to keep until 10/20/2016).
Public Health
The Steuben County Public Health & Nursing Services provides four of the five Core Services under Article 6 of the Public Health Law. These include Disease Control, Community Health Assessment, Family Health, and Health Education. The County is reimbursed 100% state aid in the amount that has been allocated by the NYSDOH for these four Core Services ($406,000) and 36% of expenses that exceed this amount.

Based on the needs identified by the 2010-2013 Community Health Assessment, goals were established for the Municipal Health Services Plan. The majority of the goals established for the Health Services Plan were accomplished.

This past year the rabies program facilitated post exposure treatment for 44 persons exposed to rabies, similar to the number in 2012. There were 58 animals submitted for testing to the NYSDOH lab; of these 5 were positive for rabies. All captured animals that were potentially rabid and that were in contact with humans or domestic animals were tested. The County conducted six rabies clinics and provided free vaccine and supplies for 37 additional clinics held by townships, 7 clinics held by the Finger Lakes Humane Society and one clinic held by the Hornell Humane Society. As a direct result of this vaccine program, 5,853 animals were immunized. Agreements with all hospitals in the county remain intact, allowing $1000 as payment in full for post exposure rabies treatment. This is the amount the State reimburses for clients with no third party coverage. In addition, agreements exist with a variety of veterinarians for payment of specimens submitted for testing. Rabies protocols, which were approved by the NYSDOH, remain in effect.

This agency remains connected to the HCS (Health Commerce System) which provides new tools for efficient communications, data exchange, and information sharing. The HCS provides a wide range of relevant health data sets and information available to county health departments for use in local planning and needs assessment. Through the HCS, this agency reports all communicable disease information to the state electronically. As part of the HCS, we receive lead testing results and communicable disease test results in addition to birth data. We also receive the most current guidance for emergency planning and response through HCS notifications.

Immunization clinics continue to be held once per month in Corning and Hornell and twice per month in Bath. An evening clinic provided monthly in Bath is well utilized. Vaccine was received from Americare for uninsured adults. The agency received another supply of free Tdap vaccine from the State Health Department, that was slated to distribute to obstetrical providers, but then received guidance from the State that the vaccine could only be used for uninsured or under-insured adults. A total of 841 people were immunized at public clinics throughout Steuben County in 2013. All children less than 19 years of age are enrolled in the New York State Immunization Information System (NYSIIS), and all adults are encouraged to consent to be enrolled in NYSIIS. As of October 1st of 2012, the agency can no longer vaccinate children who are covered by private health insurance.
During the months of October and November 2013, Public Health offered seasonal flu clinics for 3 businesses, State Health Department employees, SCPH employees, and Steuben County employees. Five hundred sixty-eight (568) seasonal flu doses were administered at these clinics.

No public flu clinics were held due to little demand in past years. Adults were encouraged to seek flu vaccination at their health care providers, or at local pharmacies. The majority of pharmacies in the county were offering flu vaccination.

There were no referrals to the MOMS program in 2013. Other MOMS programs in the county are able to see all the eligible pregnant women. After becoming a LHCSA in June, the agency was no longer able to accept MOMS referrals.

A total of 1,658 children were tested for lead poisoning in Steuben County. This total reflects screenings performed by private medical providers. Of those screened, 5 were newly tested as over 15µg/dl, and required environmental investigation and case management. There were 11 new cases between 10µg/dl and 14µg/dl which required further screening and educational intervention. There were 102 children with lead levels between 5 ug/dl and 10 ug/dl that had recommendations for further testing. The rest were below 5 ug/dl, the recommended level of concern.

The number of communicable disease investigations totaled 206, which is a significant decrease from 2012, since there were no outbreaks this past year. There was one new active TB case. Sexually transmitted disease investigations totaled 286 for 2013. The agency is part of a statewide performance-based incentive program which will measure the timeliness and completeness of communicable disease reporting that started in November.

HIV screening clinics were conducted by appointment in Corning, Bath and Hornell. Testing was provided to 6 clients for HIV. None were found to be positive. Persons seeking STD testing are referred to either Family Planning in Bath, or Planned Parenthood in Corning and Hornell.

The Public Health Educator provided and/or coordinated, or assisted in the coordination of approximately 48 health-related presentations on a variety of health related topics. Numerous programs and information for county employees were provided through the County Employee Wellness Program dealing with healthy lifestyle issues. The Public Health Educator assists in the assessment, planning, implementation, and evaluation of various health related programs in Steuben County through various task forces, coalition, and committee involvement. A bi-monthly Wellness Calendar was distributed to the community which included clinic schedules and tips on health, wellness, and safety. Numerous news releases and public service announcements on important, timely health related issues were prepared and released to the media. The Municipal Health Services Plan is being periodically reviewed by the Assistant Director and the Public Health Educator to ensure that educational priorities are being met.
Dental Van Project

In October 2006, a mobile Dental Van Project known as “Going Miles for Healthy Smiles” was made operational through an Appalachian Regional Commission Grant received by the S2AY Rural Health Network. A second grant was obtained by the Network in 2009, and two vans and two dental hygienists continued to operate throughout Steuben County in 2013.

The primary focus of the dental program is to provide quality, affordable, and accessible dental services to children. The dental program is offered in schools, during school hours. There is no obligation to use the dental services and there is no cost to the schools. The schools simply provide the space that is needed for the hygienist. The State Department of Health approves all sites prior to services being performed.

This program is designed to benefit children who are underinsured, who do not have transportation or who otherwise have difficulty accessing dental care. This program is even more important now with the closing of the Greenwood Clinic operated by St. James Hospital and the dental clinic operated by Ira Davenport Hospital.

The program targets areas that are underserved by dental providers and are in areas that do not have fluoridated water sources. Each child that participates in the dental program is offered a dental screening/referral, prophylaxis (cleaning), a fluoride treatment, home care instructions and a toothbrush/floss.

Through the efforts of the public health agency and the program coordinator, this program has grown from servicing 4 school districts in 2006 to all schools in Steuben County who wanted the program. In 2013 the program educated over 6,000 students.

<table>
<thead>
<tr>
<th>2013 Dental Data for Steuben County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of schools</td>
</tr>
<tr>
<td>Total # of visits to schools</td>
</tr>
<tr>
<td>Total Patients Seen</td>
</tr>
<tr>
<td>New Patients</td>
</tr>
<tr>
<td>Prophylaxis</td>
</tr>
<tr>
<td>Fluoride Treatments</td>
</tr>
<tr>
<td>Sealants Placed</td>
</tr>
<tr>
<td>No Charge Screenings</td>
</tr>
<tr>
<td>Referrals to DDS for treatment</td>
</tr>
<tr>
<td>Payment sources</td>
</tr>
<tr>
<td>Self Pay</td>
</tr>
<tr>
<td>BC/BS</td>
</tr>
<tr>
<td>Medicaid</td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td>CHP</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Education</td>
</tr>
<tr>
<td>Dental Presentation Hours</td>
</tr>
<tr>
<td>Total Students &amp; Staff Educated</td>
</tr>
</tbody>
</table>

**Immunization Clinics**

Clinics are staffed by the Primary and Prevent Team nurses along with volunteers. These clinics are held monthly in Corning and Hornell, and twice a month in Bath, with the second clinic being held in the evening.

<table>
<thead>
<tr>
<th>Total Number of Clinics</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bath, Corning, and Hornell</td>
<td>45</td>
<td>47</td>
<td>47</td>
</tr>
<tr>
<td>Schools &amp; Corning Community College</td>
<td>2</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Special Clinics</td>
<td>11</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Zoster clinics</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Totals</td>
<td>58</td>
<td>59</td>
<td>53</td>
</tr>
<tr>
<td>Number of People Attending Clinics</td>
<td>699</td>
<td>901</td>
<td>841</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Immunizations Administered at Clinics</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles Mumps Rubella (MMR)</td>
<td>114</td>
<td>111</td>
<td>72</td>
</tr>
<tr>
<td>Hib</td>
<td>20</td>
<td>11</td>
<td>5</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>26</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>Adult Hep B **</td>
<td>71</td>
<td>50</td>
<td>60</td>
</tr>
<tr>
<td>Hib-hep</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>HPV</td>
<td>70</td>
<td>36</td>
<td>19</td>
</tr>
<tr>
<td>Inactivated Polio Vaccine</td>
<td>6</td>
<td>21</td>
<td>9</td>
</tr>
<tr>
<td>Diphtheria Tetanus &amp; Acellular Pertussis</td>
<td>23</td>
<td>30</td>
<td>8</td>
</tr>
<tr>
<td>DTaP-Hep B-IPV (pediarix)</td>
<td>10</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Tdap</td>
<td>84</td>
<td>72</td>
<td>50</td>
</tr>
<tr>
<td>Adult Tdap *</td>
<td>170</td>
<td>459</td>
<td>104</td>
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<tr>
<td>Pneumococcal Conjugate</td>
<td>40</td>
<td>23</td>
<td>11</td>
</tr>
<tr>
<td>Adult Pneumococcal Polysaccharide</td>
<td>76</td>
<td>20</td>
<td>6</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>13</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Paid</td>
<td>Free</td>
<td>Totals</td>
</tr>
<tr>
<td>-------------------</td>
<td>------</td>
<td>------</td>
<td>--------</td>
</tr>
<tr>
<td>Tetanus</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Adult Tetanus</td>
<td>27</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Varicella</td>
<td>85</td>
<td>79</td>
<td>42</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>74</td>
<td>69</td>
<td>36</td>
</tr>
<tr>
<td>Adult Hep A **</td>
<td>29</td>
<td>20</td>
<td>13</td>
</tr>
<tr>
<td>Meningococcal</td>
<td>54</td>
<td>26</td>
<td>18</td>
</tr>
<tr>
<td>Adult Meningoccal</td>
<td>6</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>INFLUENZA (CHILDREN)</td>
<td>73</td>
<td>39</td>
<td>20</td>
</tr>
<tr>
<td>Adult HEP A/B **</td>
<td>54</td>
<td>29</td>
<td>29</td>
</tr>
<tr>
<td>DTaP-Hib-IPV (Pentacel)</td>
<td>22</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>DTaP-IPV (Kinrix)</td>
<td>10</td>
<td>18</td>
<td>7</td>
</tr>
<tr>
<td>Zoster</td>
<td>46</td>
<td>73</td>
<td>21</td>
</tr>
<tr>
<td>** Totals**</td>
<td>1275</td>
<td>1259</td>
<td>569</td>
</tr>
</tbody>
</table>

* Totals include Adult Paid, and free State vaccines
** Totals include Adult Paid and STD vaccine

**Flu Clinics**

This department collaborated with area businesses and the County to administer the seasonal flu vaccine to their employees.

<table>
<thead>
<tr>
<th>Place</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Businesses</td>
<td>375</td>
</tr>
<tr>
<td>State Employees</td>
<td>9</td>
</tr>
<tr>
<td>Steuben County employees</td>
<td>161</td>
</tr>
<tr>
<td>Total Vaccines Given at Clinics</td>
<td>545</td>
</tr>
</tbody>
</table>

**Other Vaccines given**

| SCPHNS Employees | 23    |
| Total Vaccines Given | 568   |

**Payment Source for Vaccines**

<table>
<thead>
<tr>
<th>Cash</th>
<th>375</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private insurance</td>
<td>165</td>
</tr>
<tr>
<td>Free</td>
<td>28</td>
</tr>
</tbody>
</table>
**Lead Poisoning Prevention Program**

New York State Department of Health encourages health care providers to screen for lead poisoning and report the results to this department. Results of lead testing are entered in the LeadWeb System for tracking and case management. The local health unit is now considered the “screener of last resort”, and as such has conducted fingerstick screenings on 33 children. These screenings, when needed, are done as a scheduled appointment.

Two children were newly identified for lead levels over 15µg/dl, and three were newly identified for lead levels over 20µg/dl during 2013. Home visits were made to 5 households, both by Public Health and by NYSDOH staff from the Hornell Office.

<table>
<thead>
<tr>
<th>Lead Levels</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal 0 - 4</td>
<td>1235</td>
<td>1160</td>
<td>1215</td>
</tr>
<tr>
<td>Normal 5 - 9</td>
<td>107</td>
<td>84</td>
<td>82</td>
</tr>
<tr>
<td>Normal 10 - 14</td>
<td>2</td>
<td>9</td>
<td>14</td>
</tr>
<tr>
<td>Normal 15 - 19</td>
<td>2</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Normal 20 - 70</td>
<td>4</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Totals</td>
<td>1334</td>
<td>1245</td>
<td>1322</td>
</tr>
<tr>
<td>Grand Totals</td>
<td>1,748</td>
<td>1,596</td>
<td>1,658</td>
</tr>
</tbody>
</table>

**Maternal & Child Health**

The agency welcomes and encourages prenatal, postpartum, and infant referrals for the purpose of providing health guidance and teaching in the home. Services include prenatal health education, nutrition assessment and counseling, preparation for parenting, postpartum health education, and physical assessment and care of the newborn. After the agency became a LHCSA in June, the agency nurses provide antepartum, postpartum, and newborn care health education. Women and children with needs beyond education are referred to the appropriate agencies.

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Patients</td>
<td>Visits</td>
</tr>
<tr>
<td>Antepartum/Postpartum Infant</td>
<td>214</td>
<td>466</td>
</tr>
</tbody>
</table>
Tuberculosis Services

Medical care is provided to patients and their contacts by Louis DuBois, M.D.; and Pasquale Picco M.D. under a contractual arrangement with the county. Nursing staff provided health guidance, and coordinated services. Changes in the Public Health law mandate that third party payors must be billed first for services rendered to eligible tuberculosis patients and their contacts. All remaining costs are paid by the County and State Aid.

<table>
<thead>
<tr>
<th>Tuberculosis Patient/Contact</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Un-duplicated Patient Count</td>
<td>22</td>
<td>21</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>Tuberculosis Cases</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Contacts</td>
<td>17</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Patients on Medication</td>
<td>12</td>
<td>11</td>
<td>5</td>
<td>4</td>
</tr>
</tbody>
</table>

HIV Clinics

Clinics are held biweekly in Bath, and monthly in Corning, and Hornell, if there are appointments scheduled. They are staffed by Mary Fitzpatrick, RN, Lynne Taynton, RN, and Gail Wechsler, Public Health Coordinator. Staff received special training to conduct HIV screening for HIV and to provide pre and post test counseling.

<table>
<thead>
<tr>
<th>HIV Screening Clinics</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Area:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bath: Male</td>
<td>19</td>
<td>8</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>Female</td>
<td>13</td>
<td>9</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>32</td>
<td>17</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>Corning: Male</td>
<td>11</td>
<td>17</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Female</td>
<td>3</td>
<td>6</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>14</td>
<td>23</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Hornell: Male</td>
<td>7</td>
<td>15</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Female</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>20</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Grand Total</td>
<td>58</td>
<td>60</td>
<td>23</td>
<td>6</td>
</tr>
<tr>
<td>Tested Positive</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Sexually Transmitted Disease Lab Reporting

Public Health nurses assess and evaluate reported positive gonorrhea, chlamydia and STS(serology test for syphilis) lab reports, and establish whether the patient is infected and has been treated.

<table>
<thead>
<tr>
<th>Positive Cases Reported By MD’s</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonorrhea: Female</td>
<td>23</td>
<td>6</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Male</td>
<td>19</td>
<td>11</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Syphilis: Female</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Male</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Chlamydia: Female</td>
<td>143</td>
<td>169</td>
<td>155</td>
<td>185</td>
</tr>
<tr>
<td>Male</td>
<td>55</td>
<td>78</td>
<td>85</td>
<td>85</td>
</tr>
</tbody>
</table>

Jail Health

This department continued to collaborate with the Sheriff’s department in 2013. The nursing staff provided HIV counseling and testing and testing for other sexually transmitted diseases to inmates who request it. A total of 64 inmates were tested in 2012.

<table>
<thead>
<tr>
<th>Jail HIV Screening Clinics</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>22</td>
<td>38</td>
<td>58</td>
<td>55</td>
</tr>
<tr>
<td>Female</td>
<td>2</td>
<td>2</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>40</td>
<td>66</td>
<td>64</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Jail STD Clinic Attendance</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic Attendance by Unduplicated Count</td>
<td>36</td>
<td>58</td>
<td>60</td>
</tr>
<tr>
<td>Gonorrhea: Screening tests</td>
<td>36</td>
<td>58</td>
<td>54</td>
</tr>
<tr>
<td>Cases/Epidemiologic Treatment</td>
<td>0/0</td>
<td>0/0</td>
<td>0/0</td>
</tr>
<tr>
<td>Syphilis - screening tests</td>
<td>30</td>
<td>36</td>
<td>36</td>
</tr>
<tr>
<td>Cases/Epidemiologic Treatment</td>
<td>0/0</td>
<td>0/0</td>
<td>0/0</td>
</tr>
<tr>
<td>Trichomoniasis - screening tests</td>
<td>1</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Cases/Epidemiologic Treatment</td>
<td>0/0</td>
<td>1/0</td>
<td>0/0</td>
</tr>
<tr>
<td>Chlamydia - screening tests</td>
<td>36</td>
<td>58</td>
<td>54</td>
</tr>
<tr>
<td>Cases/Epidemiologic Treatment</td>
<td>2/0</td>
<td>10/0</td>
<td>8/0</td>
</tr>
</tbody>
</table>
Communicable Disease Services

Communicable disease activities involve surveillance by Mary Fitzpatrick RN, Dawn Lindsey PHN, Karen Travis, PHN, and Gail Wechsler, Public Health Coordinator, to confirm reports of cases and follow-up to prevent the spread of communicable diseases. When necessary, staff from the Hornell District Office of the New York State Department of Health and staff from this agency cooperate in the investigation.

<table>
<thead>
<tr>
<th>Disease</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amebiasis</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Campylobacteriosis</td>
<td>31</td>
<td>35</td>
<td>19</td>
<td>26</td>
</tr>
<tr>
<td>Cryptosporidios</td>
<td>5</td>
<td>9</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>E. Coli 0157</td>
<td>2</td>
<td>5</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>E. Coli Non-0157</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Encephalitis, Viral</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Giardiasis</td>
<td>8</td>
<td>13</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>Haemophilus influenza</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Hepatitis B, Acute</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hepatitis B, Chronic</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Hepatitis C, Acute</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Hepatitis C, Chronic</td>
<td>40</td>
<td>40</td>
<td>39</td>
<td>52</td>
</tr>
<tr>
<td>Legionellosis</td>
<td>1</td>
<td>4</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Listeriosis</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lyme Disease</td>
<td>3</td>
<td>4</td>
<td>9</td>
<td>21/43*</td>
</tr>
<tr>
<td>Malaria</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Measles</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Meningitis, Bacterial</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mumps</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Pertussis</td>
<td>6</td>
<td>1</td>
<td>85</td>
<td>11/14*</td>
</tr>
<tr>
<td>Salmonellosis</td>
<td>14</td>
<td>16</td>
<td>15</td>
<td>13</td>
</tr>
<tr>
<td>Shigellosois</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Strep, Group A-Invasive</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Strep, Group B-Invasive</td>
<td>10</td>
<td>13</td>
<td>17</td>
<td>11</td>
</tr>
<tr>
<td>Strep. Pneumoniae</td>
<td>8</td>
<td>19</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td>Yersiniosis</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>98</td>
<td>128</td>
<td>197</td>
<td>181/206*</td>
</tr>
</tbody>
</table>

* Cases/ Investigations
Rabies Program

Effective October 1, 1986, compulsory antirabies vaccination of all dogs three months of age and older is required under Section 2145, Article 21 of the Public Health Law. Steuben County is also certified under Public Health Law 2140, which designates payment for post exposure antirabies treatment. As of 1990 compulsory cat vaccination is required. The rabies clinics are coordinated by Gail Wechsler.

Free rabies clinics were held in Bath, Corning and Hornell with the cooperation of veterinarians, animal handlers, nursing staff, and volunteers. Free vaccine and supplies were made available to the townships to hold additional clinics. The following clinics were conducted by the County and the Townships:

<table>
<thead>
<tr>
<th>2013 Clinic Sites</th>
<th>Other Animals</th>
<th># Dogs</th>
<th># Cats</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addison</td>
<td></td>
<td>71</td>
<td>27</td>
<td>98</td>
</tr>
<tr>
<td>Avoca</td>
<td></td>
<td>231</td>
<td>78</td>
<td>309</td>
</tr>
<tr>
<td>Bath - Town</td>
<td></td>
<td>54</td>
<td>27</td>
<td>81</td>
</tr>
<tr>
<td>Bath - PH</td>
<td></td>
<td>128</td>
<td>44</td>
<td>172</td>
</tr>
<tr>
<td>Bradford</td>
<td></td>
<td>57</td>
<td>24</td>
<td>81</td>
</tr>
<tr>
<td>Cameron</td>
<td></td>
<td>107</td>
<td>19</td>
<td>126</td>
</tr>
<tr>
<td>Campbell</td>
<td></td>
<td>127</td>
<td>45</td>
<td>172</td>
</tr>
<tr>
<td>Canisteo</td>
<td>2 FERRETS</td>
<td>178</td>
<td>61</td>
<td>241</td>
</tr>
<tr>
<td>Caton</td>
<td>2 FERRETS</td>
<td>245</td>
<td>90</td>
<td>337</td>
</tr>
<tr>
<td>Cohocton</td>
<td></td>
<td>165</td>
<td>49</td>
<td>214</td>
</tr>
<tr>
<td>Corning - PH</td>
<td></td>
<td>184</td>
<td>67</td>
<td>251</td>
</tr>
<tr>
<td>Erwin</td>
<td></td>
<td>74</td>
<td>30</td>
<td>104</td>
</tr>
<tr>
<td>Erwin SNAP</td>
<td></td>
<td>159</td>
<td>83</td>
<td>242</td>
</tr>
<tr>
<td>Finger Lakes Humane</td>
<td></td>
<td>315</td>
<td>315</td>
<td>315</td>
</tr>
<tr>
<td>Fremont</td>
<td>4 FERRETS</td>
<td>51</td>
<td>30</td>
<td>85</td>
</tr>
<tr>
<td>Greenwood</td>
<td></td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Hartsville</td>
<td>2 FERRETS</td>
<td>86</td>
<td>33</td>
<td>121</td>
</tr>
<tr>
<td>Hornby</td>
<td>1 FERRET</td>
<td>163</td>
<td>38</td>
<td>202</td>
</tr>
<tr>
<td>Hornell - PH</td>
<td>1 FERRET</td>
<td>169</td>
<td>86</td>
<td></td>
</tr>
</tbody>
</table>
### Clinic Sites

<table>
<thead>
<tr>
<th>Clinic Sites</th>
<th>Other Animals</th>
<th># Dogs</th>
<th># Cats</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTALS - 2013</td>
<td>14 ANIMALS</td>
<td>4091</td>
<td>1748</td>
<td>5853</td>
</tr>
<tr>
<td>TOTALS - 2012</td>
<td>17 ANIMALS</td>
<td>3996</td>
<td>1567</td>
<td>5580</td>
</tr>
<tr>
<td>TOTALS - 2011</td>
<td>35 ANIMALS</td>
<td>4076</td>
<td>1620</td>
<td>5731</td>
</tr>
<tr>
<td>TOTALS - 2010</td>
<td>24 ANIMALS</td>
<td>3899</td>
<td>1775</td>
<td>5698</td>
</tr>
</tbody>
</table>

### Total Rabies Clinics

<table>
<thead>
<tr>
<th>Year</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>49</td>
<td>50</td>
<td>51</td>
<td>50</td>
<td></td>
</tr>
</tbody>
</table>

Avoca, Bath PH, Canisteo, Caton, Hornell PH, Corning PH, Hartsville, Hornby, Thurston, and Urbana each held two clinics and Finger Lakes Humane Society held 7 regular clinics, the Hornell Humane Society held 1 clinic, and the Erwin SNAP held 1 clinic.
<table>
<thead>
<tr>
<th>Animal</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dog</td>
<td>211</td>
<td>195</td>
<td>222</td>
<td>253</td>
</tr>
<tr>
<td>Cat</td>
<td>127</td>
<td>112</td>
<td>112</td>
<td>111</td>
</tr>
<tr>
<td>Cattle</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Other Domestic</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Skunk</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Fox</td>
<td>5</td>
<td>2</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Bat</td>
<td>48</td>
<td>58</td>
<td>54</td>
<td>63</td>
</tr>
<tr>
<td>Raccoon</td>
<td>13</td>
<td>15</td>
<td>8</td>
<td>17</td>
</tr>
<tr>
<td>Small Rodents (mice, moles, rats, chipmunks, hamsters, guinea pigs)</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Other Wild</td>
<td>12</td>
<td>10</td>
<td>5</td>
<td>12</td>
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<tr>
<td>Unknown</td>
<td>4</td>
<td>6</td>
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</tr>
<tr>
<td>Total</td>
<td>423</td>
<td>405</td>
<td>421</td>
<td>486</td>
</tr>
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### Human Post Exposure (Antirabies) Treatment

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
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<tbody>
<tr>
<td></td>
<td>43</td>
<td>33</td>
<td>43</td>
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<td>44</td>
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</table>

### Rabid Animals in Steuben County Per NYSDOH

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Racoon</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Bats</td>
<td>1</td>
<td>5</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Skunk</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Fox</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Cow</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Dogs</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cats</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>6</td>
<td>9</td>
<td>5</td>
</tr>
</tbody>
</table>
PUBLIC HEALTH EDUCATION

During 2013, the following activities were completed, coordinated by or assisted in coordination by Steuben County Public Health Education Coordinator - Beverly Butts, RN, MSNed.

2013 was a year of significant change for Public Health. The privatization of the home health agency triggered a self-assessment and a fresh look at our mission and vision. A new logo was developed and our agency name became Steuben County Public Health. A social media team developed a new website that became operational in July of 2013. At the end of the year, the website had been viewed over 1900 times. The team also developed a Facebook account to increase the reach of our programs and to push educational messages.

Information in the form of flyers, brochures, pamphlets, etc. is made available at all Public Health programs and is widely disseminated to the public through appropriate channels. Please note that the populations reached are through direct and indirect programming. This programming utilized various media channels such as news releases, public service announcements, radio talk shows and cable television as well as the bimonthly Public Health Wellness Calendar, Steuben County Employee electronic bulletin board, Public Health Website and Facebook and DSS TV display.

FAMILY HEALTH

The family health component is comprised of seven specific areas. Each family health component will be fully described within their individual sections to follow.

Child Health

Education relating to child health relates to a variety of health issues for children 0-21 years of age. Programming includes (but is not limited to) child growth and development (childhood obesity), infant health (immunizations & breastfeeding), safety (shaken baby syndrome & fall prevention), identifying and reporting signs and symptoms of child abuse/neglect, traumatic brain injury, (helmets, car seats/booster seats), as well as a number of other essential health topics (many of which are listed in the components to follow). Child health in-services are provided to both professional staff and parents pertaining to all aspects of child health care concerns; whereas, more generalized discussions regarding child health topics occur within the health fair settings.
Lead Poisoning

Programming for lead poisoning prevention occurs within a wide variety of community settings including physicians' offices (27), WIC clinic sites, day cares, head start, and school settings (13 districts) including parent groups and not-for-profit agencies (I.E.; Healthy Families) as well as at local health fairs. The primary purpose is to assist families and child-care providers regarding: identifying specific sources of lead within the environment, outlining techniques in how to prevent exposure, specifying available screening services and treatment options for elevated lead levels. The primary educational focus remains – getting children tested at ages one and two. Quarterly lead recalls and lead poison prevention materials were sent to ProAction who re-distributed the materials to all registered child care providers, WIC personnel and to Early Head Starts in Steuben County.

Prenatal Care/Infant Mortality

Prenatal care and infant mortality education for Steuben County residents was primarily disseminated via the health fair settings, bi-monthly newsletters and Facebook postings regarding prenatal care.

Family Planning

Family planning education is managed as a collaborative effort within various agencies throughout Steuben County. The Public Health Educator collaborates with these agencies through the Steuben Rural Health Network and its Teen Pregnancy Prevention Task Force, now named Inspire. Family Planning services are provided at Planned Parenthood Centers in Hornell and Corning. The Finger Lakes Community Health and its office in Bath (Bath Family Planning Center) also offer family planning service. In addition, a large group of community organizations (including Public Health) organizes an annual “Youth Speak Out” reaching approximately 150 students in grades 9-12 to encourage good decision-making. The educator also serves on the Inspire Coalition (formerly Teen Pregnancy Prevention Task Force); this coalition is committed to teen health and advocacy.

Nutrition

Nutrition education is presented in all aspects of Public Health Education. Public Health has worked very closely with the Cornell Cooperative Extension to educate parents/children/staff regarding proper nutrition, portion control, and disease prevention. Multiple activities involving daycare centers, Head Start Programs, and school settings highlight the importance of nutrition throughout the year. The educator chairs the county’s Wellness Committee which has a wide variety of programming to promote
nutrition and physical activity. Child Obesity Prevention is the focus of a community coalition based at Corning Hospital; the health educator is an active member of this coalition. The educator also serves on the Advisory Board to Hornell School district’s PACE program which aims to improve physical fitness in K-12. A display on sugar-sweetened beverages and their link to obesity continues to be a popular educational tool at Wellness Fairs and the Steuben County Fair.

**Injury Prevention**

Injury prevention programs such as: car seats, booster seats, and helmets continue to be offered as a low cost program to Steuben County residents. The collaborative efforts of: the NYSDOH Bureau of Injury Prevention, Steuben County Sheriff's Office, NYS Police, Hornell and Bath Police Departments, Healthy Families, and Steuben County Public Health make these programs successful. These injury prevention programs are coordinated via the Public Health Educator.

In 2013 the health educator worked to promote six community events in Steuben County to educate and promote the use of child restraint systems including “car seat checks” and distributions. Currently, Steuben County has car seat technicians located at the following agencies: PH, Healthy Families, Early Head Start, Hornell Police Department, Bath Police Department, Corning Hospital, the NYS Police at the Bath and Wayland substations and the Steuben County Sheriff’s Office.

In 2013, more than 140 car seat and 25 booster seats were distributed under the Sheriff’s grant. Of the car seats distributed for income-eligible clients, the health educator performed almost half of the car seat sessions to educate parents and to do the installations. CPS (Child Passenger Safety) education continues to be offered to non-profit agencies regarding the legalities of child seat inspection and distribution policies. PH and the Bath Police Department provided two sessions of car seat education: legalities, best practices and practical demonstrations to Department of Social Services personnel who work with families.

A collaborative effort with the Steuben County Task Force for the Prevention of Child Abuse and the Youth Bureau saw a record 152 bike helmets distributed and fitted by Public Health staff to children at the third annual Strong Kids Safe Kids event in September. An addition 16 helmets were distributed during the year.

Cardiopulmonary resuscitation (CPR) re-certification courses are provided for all Public Health, Mental Health, and Children’s Services staff as requested via the American Heart instructors of Public Health Nursing (Beverly Butts & JoAnne Taylor); 9 county employees were re-certified in 2013.
The Health Educator participated in the Underage Drinking Task Force to prevent injuries and fatalities to our youthful drivers. She also serves on the Steering Committee of the Drug Free Community Coalition for Steuben County and the larger Drug Free Community Coalition.

Since 2011, the Health Educator has coordinated a health education project for clients in the Department of Social Services waiting room of the county office building. A large screen TV was prominently placed in the waiting room and a continuous power point display was implemented via our IT department. Initial offerings included information about child safety seats, cancer services for the uninsured, immunizations, rabies, the dangers of tobacco use, sugar sweetened beverages. Date-specific information, i.e. immunization clinics or car seat events is added as appropriate.

**Dental Health Education**

Dental health education was primarily accomplished via the Wellness Matters Newsletter (February/March 2013 issue featured Children’s Dental Health month) and the health fair settings. Eight health fairs were presented in 2013. Presentations to pre-school and elementary students are offered to educate the children and staff regarding the importance of routine oral hygiene. These efforts are usually coordinated by the resource specialist at GST BOCES. In 2013, the Health Educator was invited to come to one school to discuss general hygiene and dental health: 8 students received the education plus a free tooth brush, toothpaste and dental floss and other hygiene items.

Unfortunately, the SAFER (Self-Applied Fluoride Education and Rinsing) Program offered by the NYSDOH Dental Bureau, has gone from five schools participating to only one school (through the efforts of the school nurse to secure private funding). The school nurses report supply problems in receiving the fluoride supplements and increased time constraints as being barriers to the continuity of the program.

**DISEASE CONTROL**

Disease control is a second component to the public health education goals and objectives. It is comprised of both communicable and chronic disease.

**Communicable Disease**

Communicable disease education covers a wide variety of topics such as Rabies, Influenza, sexually transmitted diseases, blood borne pathogens/infection control and immunizations just to name a few.
A significant amount of this information is disseminated via the media and health fair type settings. Direct programming for health and human service personnel continues to occur on an annual basis and is referred to as "Mandatory In-service Training". This was offered to 100% PH staff within this calendar year.

The Cornell University Cooperative Extension “Field Days” to educate students in the sixth grade regarding the dangers of rabies and ways to prevent exposure did not occur in 2013. Schools cited the pressure for the Common Core issues as a reason not to release students for the events.

The Health Educator provides widely disseminated information to promote immunizations: with Wellness Matters newsletters, maternal/newborn packets, the DSS Lobby TV project, Health Fairs, website etc. The newsletter advertises our immunization clinic schedule.

**HIV/AIDS**

HIV/AIDS awareness and education programs offered in Steuben County are generally targeted to the public and human service providers in the area of HIV prevention and testing. Individual presentations are tailored to the specific audiences upon request. Additionally, blood borne pathogen training is provided to PH staff annually. The Steuben County AIDS Task Force, which the Public Health Educator has co-chaired since 2010, assisted with the coordination of community presentations. National HIV testing day was co-sponsored by PH, Family Planning, and Planned Parenthood of the Finger Lakes Region.

**Chronic Disease Prevention and Control**

Chronic disease prevention and control focuses primarily on prevention for specific disease entities as: heart disease, cancer, diabetes, minimizing tobacco use through cessation efforts. Collaborative efforts with the Tri-County Southern Tier Tobacco Awareness Coalition and the Arnot Health Tobacco Cessation Center strive to accomplish the educational needs of residents, employees, etc. regarding the multiple hazards of tobacco use. All callers seeking assistance with tobacco addiction are referred to the NYS Quitline or to any available cessation classes. Additionally, the Great American Smokeout in November presented an opportunity for the educator to set up a display in the lobby of the County Office Building; this was well received by some of the employees and the general public.

A new project this year was funded by the Monday Campaigns of Johns Hopkins, Columbia and Syracuse University was the implementation of a Quit and Stay Quit Monday cessation program. Cessation trainers
from the Mondays Campaign travelled to Steuben County to train 12 cessation counselors on the new program. A GoToMeeting platform was demonstrated to enable remote, rural residents access to cessation group counseling. The kick-off for implementation was in September but never had successful enrollment to hold a group.

The TV project in the waiting room of DSS has a detailed display about the dangers of tobacco use and the harm that tobacco advertising does to our children.

During 2013 the Health Educator continued her leadership role with the tri-county Southern Tier Diabetes Coalition. The Southern Tier Diabetes Coalition has worked together on increasing the public’s awareness of pre-diabetes and diabetes, provided paper and blood glucose screening, developed literature, and offered an educational program for school nurses. Our big event for 2013, was a three-county Diabetes Wellness Fair held centrally on the border between Steuben and Chemung Counties. Multiple vendors attended with information, give-aways and demonstrations. Approximately 100 attended the event; however, the net effect was boosted by great media coverage we received. This event was publicized on three radio stations, Facebook, one TV morning community affairs program and taping occurred for three TV broadcasts. Two reporters covered the event for the print media.

**SPECIAL PROJECTS**

**Employee Wellness Program**

The Employee Wellness Committee (chaired by the Public Health Educator since 2010) continues to provide a wide-variety of health-related activities for all Steuben County employees promoting healthier lifestyle choices. Annually, a wellness fair is provided as a community service to all Steuben County employees as well as to the public. This event reached more than 200 people for the one day activity: blood pressure, blood glucose and pulse oximetry assessments were performed with the theme of “Know your Numbers!” More than 20 vendors communicated on health and prevention issues.

Two programs were conducted in 2013 to motivate and encourage fitness and weight loss amongst county employees. In the spring, we continued to use the Eat Well, Live Well program sponsored by Wegman’s. This event was capped with a Local Foods Tasting Event that was very popular. In the fall of 2013 we designed our own program called Fall Into Fitness and finished the year with an inspirational program by a local resident who rode his bike on the Continental Divide of the US to raise money for MercyFlight after having suffered a traumatic brain injury the previous year.
American Red Cross blood drives are coordinated by the PH Educator six times a year at the Steuben County Office Building resulting in more than 200 units of blood being collected in 2013. Our goal for each drive is 28 units and we continue to surpass the goal at each event.

**Play It Safe Coordinator for Steuben County**

The Health Educator is a certified Child Passenger Safety Technician. All eligible low-income applications for car seats are directed to the educator. If the applicant is eligible for a free seat through the Steuben County Sheriff’s Department grant, the educator distributes the best seat available to meet the client’s need. The educator may do the install or may contact another CPS tech who resides/works closest to the client.

The Educator maintains an up-to-date list of CPS technicians in the county and serves as the central coordinator for that group regarding car seat events and training opportunities. A minimum of two car seat events/year are coordinated by the Educator; in 2013 the educator assisted with the planning and/or staffed six car seat events.

The Educator works closely with the Sheriff’s Department 1) to manage the inventory of available seats, 2) prepares car seat orders, and 3) maintains a database of all seats distributed. The educator serves as a resource for all technicians regarding recertification requirements and data input.

<table>
<thead>
<tr>
<th>Number distributed from Sheriff’s grant</th>
<th>Type of seat</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Titan Convertible</td>
<td>Weight up to 50 lbs</td>
</tr>
<tr>
<td>110</td>
<td>Scenera Convertible</td>
<td>Weight up to 40 lbs</td>
</tr>
<tr>
<td>10</td>
<td>Cosco FFCS with harness</td>
<td>Weight up to 40lbs for harness use</td>
</tr>
<tr>
<td>19</td>
<td>Evenflo Maestro with harness</td>
<td>Weight up to 50 lbs for harness use</td>
</tr>
<tr>
<td>12</td>
<td>Highback booster</td>
<td>Graco Turbobooser/Cosco Pronto</td>
</tr>
<tr>
<td>13</td>
<td>Low back booster</td>
<td>Backless booster</td>
</tr>
<tr>
<td>3**</td>
<td>**Privately-owned Infant seats</td>
<td>Installed for new parents</td>
</tr>
</tbody>
</table>
### Car Seat Events Coordinated/Promoted by SCPH

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Grant funds used</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 1, 2013</td>
<td>Bath PD</td>
<td>NY State Police</td>
</tr>
<tr>
<td>April 13, 2013</td>
<td>Addison</td>
<td>Sheriff’s Dept</td>
</tr>
<tr>
<td>May 10, 2013</td>
<td>Corning/Gang Mills</td>
<td>NY State Police</td>
</tr>
<tr>
<td>July 11, 2013</td>
<td>Wayland</td>
<td>Sheriff’s Dept</td>
</tr>
<tr>
<td>September 14, 2013</td>
<td>Bath</td>
<td>NY State Police</td>
</tr>
<tr>
<td>September 21, 2013</td>
<td>Hornell</td>
<td>Hornell Police Dept/Sheriff’s Dept</td>
</tr>
</tbody>
</table>

### CPS Activity for distribution of Income-eligible Seats or Seat Checks

<table>
<thead>
<tr>
<th>CPS Tech</th>
<th>Number of Clients (seats and/or seat checks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B Butts (Public Health)</td>
<td>79</td>
</tr>
<tr>
<td>N Tucker (Healthy Families)</td>
<td>39</td>
</tr>
<tr>
<td>A Kidder (PH intern)</td>
<td>22</td>
</tr>
<tr>
<td>R Rice (Public Health)</td>
<td>12</td>
</tr>
<tr>
<td>P Manktelow (St. James)</td>
<td>5</td>
</tr>
<tr>
<td>J Smith (Healthy Families)</td>
<td>5</td>
</tr>
</tbody>
</table>

Additionally, mandatory training sessions were provided to 30 DSS Family workers on November 9th on car seat laws, best practices and installation demonstrations. CPS Techs were B Butts, R Rice, and Sgt A Sanford.

### 2013 Wellness Calendar Topics

<table>
<thead>
<tr>
<th>Subject</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec/Jan: Major Change: Vaccines for Children Eligibility; World AIDS Day; Privately-insured children in need of vaccines for day care/school attendance; 2012-2013 Influenza Season; Increasing Prevalence of Diagnosed Diabetes in the US; Tanning Hazards</td>
</tr>
<tr>
<td>Feb/Mar: National Wear Red Day to support Women's Heart Health Awareness; It’s Not too late for Your Flu Shot; March is Colorectal Cancer Awareness Month; Shaken Baby Syndrome; Rabies Prevention FREE Rabies clinics scheduled</td>
</tr>
<tr>
<td>Apr/May</td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td>Jun/Jul</td>
</tr>
<tr>
<td>Aug/Sept</td>
</tr>
<tr>
<td>Oct/Nov</td>
</tr>
</tbody>
</table>

**Other Activities**

The Public Health Educator serves as a health advocate for the residents of Steuben County. The Educator participated in the following coalitions, task forces, advisory boards, and committees in 2013.

- Southern Tier Diabetes Coalition
- Southern Tier Tobacco Awareness Community Partnership
- Cancer Services Program of Steuben County
- Steuben County AIDS Task Force
- Steuben County Child Abuse Task Force
- Steuben County Traffic Safety Board
- Steuben County Underaged Drinking Task Force
- INSPIRE: Teen Pregnancy Prevention Task Force
- Advisory Committee for Steuben Council on Addictions
- Steuben Health Priorities Team
- FAST: Fit and Strong Together Coalition
- SpeakOut Planning Committee
- Youth in Government
- PACE Advisory Committee
- Family Enrichment Collaborative
Home Care
HOME CARE

As approved by the legislature in December 2011, our Certified Home Health Agency (CHHA) and Long Term Home Health Care Program (LTHHCP) were closed this year. In January, our closure plan and transfer to Visiting Nurses Association of Western New York (VNA) was approved by NYSDOH. VNA began admitting patients in March. Current patients were gradually transferred to VNA and the CHHA & LTHHCP were officially closed May 31, 2013.

In January, we received approval to become a Licensed Home Care Services Agency (LHCSA). This limited license allows us to provide antepartum/postpartum educational visits under Article 6. From June-December, we provided 101 visits to 79 patients. We also continue to provide a nurse who works with DSS to complete assessments for DSS home care programs, these visits are paid for by Medicaid or Medicaid Managed Care.

CERTIFIED HOME HEALTH CARE PROGRAM (CHHA)

<table>
<thead>
<tr>
<th>CHHA Patient Profile</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 year</td>
<td>14</td>
<td>7</td>
<td>11</td>
<td>17</td>
<td>4</td>
</tr>
<tr>
<td>1-5</td>
<td>17</td>
<td>12</td>
<td>12</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>6-18</td>
<td>38</td>
<td>32</td>
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<tr>
<td>19-44</td>
<td>151</td>
<td>121</td>
<td>117</td>
<td>98</td>
<td>26</td>
</tr>
<tr>
<td>45-64</td>
<td>383</td>
<td>385</td>
<td>394</td>
<td>327</td>
<td>93</td>
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<td>65-74</td>
<td>315</td>
<td>294</td>
<td>285</td>
<td>258</td>
<td>75</td>
</tr>
<tr>
<td>75-84</td>
<td>425</td>
<td>400</td>
<td>370</td>
<td>231</td>
<td>87</td>
</tr>
<tr>
<td>Over 85</td>
<td>256</td>
<td>296</td>
<td>232</td>
<td>164</td>
<td>52</td>
</tr>
<tr>
<td>Total Patients</td>
<td>1,599</td>
<td>1,547</td>
<td>1,464</td>
<td>1,119</td>
<td>341</td>
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<table>
<thead>
<tr>
<th>CHHA Patients</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>645</td>
<td>604</td>
<td>587</td>
<td>499</td>
<td>139</td>
</tr>
<tr>
<td>Female</td>
<td>938</td>
<td>935</td>
<td>868</td>
<td>618</td>
<td>202</td>
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<tr>
<td>Total</td>
<td>1,583</td>
<td>1,539</td>
<td>1,455</td>
<td>1,117</td>
<td>341</td>
</tr>
<tr>
<td>CHHA VISITS Billable &amp; Nonbillable</td>
<td>2009</td>
<td>2010</td>
<td>2011</td>
<td>2012</td>
<td>2013</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>Nurses</td>
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<td>12,039</td>
<td>9,914</td>
<td>7,654</td>
<td>2,008</td>
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<td>Home Health Aides</td>
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<td>4,692</td>
<td>3,835</td>
<td>3,300</td>
<td>617</td>
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<tr>
<td>Therapists</td>
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<td>3,912</td>
<td>5,088</td>
<td>4,512</td>
<td>1,200</td>
</tr>
<tr>
<td>Medical Social Service</td>
<td>7</td>
<td>10</td>
<td>6</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Nutritionist</td>
<td>5</td>
<td>6</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Totals</td>
<td>21,537</td>
<td>20,659</td>
<td>18,846</td>
<td>15,477</td>
<td>3,832</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Payors for CHHA Billable Visits</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>10,295</td>
<td>8,836</td>
<td>7,024</td>
<td>1,853</td>
</tr>
<tr>
<td>Medicare Managed Care</td>
<td></td>
<td>2,026</td>
<td>675</td>
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</tr>
<tr>
<td>Medicaid</td>
<td>3,811</td>
<td>3,408</td>
<td>2,531</td>
<td>669</td>
</tr>
<tr>
<td>Medicaid Managed Care</td>
<td>2,186</td>
<td>2,158</td>
<td>187</td>
<td>133</td>
</tr>
<tr>
<td>Private Insurance</td>
<td>3,426</td>
<td>3,324</td>
<td>3,239</td>
<td>419</td>
</tr>
<tr>
<td>Self Pay</td>
<td>213</td>
<td>305</td>
<td>76</td>
<td>20</td>
</tr>
<tr>
<td>Free</td>
<td>63</td>
<td>43</td>
<td>60</td>
<td>5</td>
</tr>
<tr>
<td>Total Billable Visits</td>
<td>19,994</td>
<td>18,074</td>
<td>15,143</td>
<td>3,774</td>
</tr>
</tbody>
</table>

**LONG TERM HOME HEALTH CARE PROGRAM (LTHHCP)**

This program provides health related/skilled nursing level of care to the frail, elderly, disabled, chronically ill patients living at home, who are medically eligible for placement in a residential health care facility. The primary admission criteria are based on the DMS1 score. The annual cost of care must be 25% less than the average Medicaid residential health care facility rate for Steuben County. The program is provided in cooperation with the Steuben County Department of Social Services. In addition to regular Home Care services, the Long Term Care program covers Meals on Wheels, Personal Response Systems (Lifeline), Social Day Care, Homemakers and Personal Care Aides.
### LTHHCP Patient Profile

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-19</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>20-44</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>45-64</td>
<td>7</td>
<td>8</td>
<td>7</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>65-74</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>75-84</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Over 85</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Patients</td>
<td>17</td>
<td>15</td>
<td>12</td>
<td>5</td>
<td>3</td>
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</tbody>
</table>

### LTHHCP Patients

<table>
<thead>
<tr>
<th>Gender</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>6</td>
<td>7</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Female</td>
<td>11</td>
<td>8</td>
<td>9</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>17</td>
<td>15</td>
<td>12</td>
<td>5</td>
<td>3</td>
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</tbody>
</table>

### LTHHCP Visits

<table>
<thead>
<tr>
<th>Visit Type</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses</td>
<td>411</td>
<td>354</td>
<td>219</td>
<td>69</td>
</tr>
<tr>
<td>Therapists</td>
<td>115</td>
<td>50</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Medical Social Worker</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nutritionist</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Home Health Aides</td>
<td>1,355</td>
<td>1,041</td>
<td>1,045</td>
<td>403</td>
</tr>
<tr>
<td>Personal Care Aides</td>
<td>131</td>
<td>328</td>
<td>28</td>
<td>0</td>
</tr>
<tr>
<td>Homemaker</td>
<td>370</td>
<td>296</td>
<td>122</td>
<td>24</td>
</tr>
<tr>
<td>Total Visits</td>
<td>2,382</td>
<td>2,069</td>
<td>1,422</td>
<td>504</td>
</tr>
</tbody>
</table>

### Payors for LTHHCP Billable Visits

<table>
<thead>
<tr>
<th>Payor</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>237</td>
<td>127</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Medicaid</td>
<td>2,111</td>
<td>1,890</td>
<td>1,359</td>
<td>503</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
<td>62</td>
<td>0</td>
</tr>
<tr>
<td>Total Billable Visits</td>
<td>2,348</td>
<td>2,017</td>
<td>1,421</td>
<td>503</td>
</tr>
</tbody>
</table>
Special Children’s Services
SPECIAL CHILDREN’S SERVICES (SCS)

PHYSICALLY HANDICAPPED CHILDREN’S PROGRAM (PHCP)

PHCP provides financial assistance and referrals for medical care for children (newborn-21 years old) who have or are suspected of having a disabling condition or serious chronic illness. Parent payments are based on income guidelines. Providers bill Medicaid and private insurance companies for services. New York State reimburses the county for 50% of the remaining balance.

<table>
<thead>
<tr>
<th>PHCP</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Referrals:</td>
<td>33</td>
<td>28</td>
<td>7</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>Reapplications</td>
<td>70</td>
<td>99</td>
<td>70</td>
<td>58</td>
<td>45</td>
</tr>
<tr>
<td>Medical Consultations</td>
<td>4</td>
<td>6</td>
<td>1</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Dental Consultations</td>
<td>0</td>
<td>0</td>
<td>0*</td>
<td>0*</td>
<td>0*</td>
</tr>
</tbody>
</table>

* 1/1/11 discontinued orthodontia.

<table>
<thead>
<tr>
<th>PHCP Authorizations</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHCP Authorizations</td>
<td>106</td>
<td>94</td>
<td>73</td>
</tr>
<tr>
<td>Unduplicated child count</td>
<td>51</td>
<td>41</td>
<td>25</td>
</tr>
<tr>
<td>Total Auth.</td>
<td>$59,992.94</td>
<td>$51,710.36</td>
<td>$31,054.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHCP Expenditures</th>
<th>2011*</th>
<th>2012*</th>
<th>2013*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Payments</td>
<td>$37,997.82</td>
<td>$31,557.06</td>
<td>$18,918.41</td>
</tr>
</tbody>
</table>

*(50% State Reimbursable)

<table>
<thead>
<tr>
<th>PHCP Revenue</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Payments</td>
<td>$8,644.88</td>
<td>$7,380.55</td>
<td>$4,828.71</td>
</tr>
<tr>
<td>State</td>
<td>$14,327.18</td>
<td>$12,021.23</td>
<td>$6,883.86</td>
</tr>
<tr>
<td>Refund Prior Years</td>
<td>$987.39</td>
<td>$134.08</td>
<td>$232.00</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$23,959.45</td>
<td>$19,535.86</td>
<td>$11,944.57</td>
</tr>
</tbody>
</table>

CHILDREN WITH SPECIAL HEALTH CARE NEEDS PROGRAM (CSHCN)

The CSHCN Program is a public health program that provides information and referral services for health and related areas for families of CSHCN. There is no cost to families.
**PRESCHOOL SPECIAL EDUCATION**

Children 3 – 5 yrs. old having or suspected of having a disability are eligible for referral to school districts’ Committee on Preschool special Education. Evaluations are arranged with approved special education evaluators. An individual education plan is developed recommending either center-based programming with related services or community-based related services. Services may include Special Education, Speech Therapy, Physical Therapy, Psychology, Social Work or Occupational Therapy. Transportation is provided to center-based programs. There is no cost to families.

<table>
<thead>
<tr>
<th>Preschool Special Education</th>
<th>2009-2010</th>
<th>2010-2011</th>
<th>2011-2012</th>
<th>2012-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unduplicated child count</td>
<td>359</td>
<td>384</td>
<td>330</td>
<td>315</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preschool Program Expenditures</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>$3,077,619.23</td>
<td>$2,852,607.39</td>
<td>$2,840,926</td>
</tr>
<tr>
<td>Transportation</td>
<td>$753,945.66</td>
<td>$704,862.09</td>
<td>$573,689</td>
</tr>
<tr>
<td>CPSE Admin</td>
<td>$175,000.00</td>
<td>$230,525.60</td>
<td>$175,000</td>
</tr>
<tr>
<td>School Age Summer</td>
<td>$103,000.00</td>
<td>$103,000.00</td>
<td>$103,000</td>
</tr>
<tr>
<td>Total</td>
<td>$4,109,564.89</td>
<td>$3,890,995.08</td>
<td>$3,692,615</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preschool Revenue</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>$467,476.38</td>
<td>$641,853.64</td>
<td>$642,023</td>
</tr>
<tr>
<td>RefundPriorYears</td>
<td>$34,620.80</td>
<td>$27,059.16</td>
<td>$3,248</td>
</tr>
<tr>
<td>State</td>
<td>$1,342,659.03</td>
<td>$1,717,089.12</td>
<td>$1,664,488</td>
</tr>
<tr>
<td>School CPSE Admin</td>
<td>$197,529.71</td>
<td>$238,060.19</td>
<td>$83,767</td>
</tr>
<tr>
<td>Totals</td>
<td>$2,042,285.92</td>
<td>$2,624,062.11</td>
<td>$2,393,525</td>
</tr>
</tbody>
</table>
**EARLY INTERVENTION (EI)**

Early Intervention is a free, statewide program for providing early identification, screening, evaluation, special services, and service coordination for infants, toddlers and their families at risk for developmental delays. Children birth to 3 years old with suspected developmental delays, a diagnosed disability, or condition affecting development are eligible for EI. Eligibility Criteria includes premature infants, low birth weight infants, growth deficiency/nutritional problems, parental substance abuse, suspected developmental delay, at risk factors or parental concern. Service Coordinators work with families in their homes to meet the special needs of each child and family and refers families to other community services such as Medicaid, SSI, or medical insurance. Services provided may include Special Instruction, Speech Therapy, Physical Therapy, Psychological Services, Social Work, Occupational Therapy or Nutritional Services.

<table>
<thead>
<tr>
<th>EI</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Referrals</td>
<td>187</td>
<td>226</td>
<td>205</td>
</tr>
<tr>
<td>Children Receiving Services</td>
<td>305</td>
<td>206</td>
<td>124</td>
</tr>
<tr>
<td>Closed</td>
<td>208</td>
<td>170</td>
<td>193</td>
</tr>
</tbody>
</table>

**EI Expenditures**

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
<th>2013*</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.I. Services</td>
<td>$824,010.90</td>
<td>$829,488.12</td>
<td>$508,577</td>
</tr>
<tr>
<td>E.I. Ser. Coordination</td>
<td>$.00</td>
<td>$7,028.00</td>
<td>$18,760</td>
</tr>
<tr>
<td>Respite</td>
<td>$1,265.00</td>
<td>$60.00</td>
<td>$1,104</td>
</tr>
<tr>
<td>Total</td>
<td>$825,275.90</td>
<td>$836,576.12</td>
<td>$528,441</td>
</tr>
</tbody>
</table>

**EI Revenue**

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
<th>2013*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>$474,570.27</td>
<td>$427,058.03</td>
<td>$231,155</td>
</tr>
<tr>
<td>State</td>
<td>$158,271.03</td>
<td>$134,264.96</td>
<td>$180,261</td>
</tr>
<tr>
<td>Private Insurance</td>
<td>$83,592.81</td>
<td>$85,449.78</td>
<td>$21,925</td>
</tr>
<tr>
<td>Escrow Payment</td>
<td></td>
<td></td>
<td>$15,694</td>
</tr>
<tr>
<td>Respite</td>
<td>$628.42</td>
<td>$997.41</td>
<td>$752</td>
</tr>
<tr>
<td>Total</td>
<td>$717,062.53</td>
<td>$648,770.18</td>
<td>$449,787</td>
</tr>
</tbody>
</table>

In 2013 EI billing was transitioned over to NYS. County is only responsible for claims that are not paid by Insurance or Medicaid.
Budget Summary
## 2013 Agency Budget Summary

### Expenditures

<table>
<thead>
<tr>
<th>Expenditure</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHNS</td>
<td>$2,775,999</td>
<td>$2,207,688</td>
<td>$1,804,214</td>
<td>$1,479,433</td>
</tr>
<tr>
<td>Home Care &amp; Long Term Care</td>
<td>$1,107,188</td>
<td>$1,339,467</td>
<td>$1,423,084</td>
<td>$423,135</td>
</tr>
<tr>
<td>STD</td>
<td>$3,758</td>
<td>$5,584</td>
<td>$1,891</td>
<td>$3,399</td>
</tr>
<tr>
<td>Immunization</td>
<td>$49,309</td>
<td>$38,393</td>
<td>$33,643</td>
<td>$15,180</td>
</tr>
<tr>
<td>Lead</td>
<td>$2,609</td>
<td>$4,506</td>
<td>$4,377</td>
<td>$8,490</td>
</tr>
<tr>
<td>Tobacco</td>
<td>$0</td>
<td>$0</td>
<td>$36</td>
<td>$2,008</td>
</tr>
<tr>
<td>Injury Prevention</td>
<td>$2,468</td>
<td>$379</td>
<td>$1</td>
<td>$0</td>
</tr>
<tr>
<td>PH Emergency Preparedness</td>
<td>$147,599</td>
<td>$117,588</td>
<td>$84,205</td>
<td>$116,608</td>
</tr>
<tr>
<td>Sodium Reduction Grant</td>
<td></td>
<td></td>
<td></td>
<td>$14,662</td>
</tr>
<tr>
<td>Healthy Communities</td>
<td>$26,504</td>
<td>$0</td>
<td>$2,332</td>
<td>$1,411</td>
</tr>
<tr>
<td>Rabies</td>
<td>$20,480</td>
<td>$35,952</td>
<td>$33,296</td>
<td>$29,999</td>
</tr>
<tr>
<td>TB</td>
<td>$2,899</td>
<td>$5,062</td>
<td>$1,576</td>
<td>$168</td>
</tr>
<tr>
<td>Comp. Health Study</td>
<td>$1,000</td>
<td>$1,000</td>
<td>$1,194</td>
<td>$1,000</td>
</tr>
<tr>
<td>PHCP</td>
<td>$66,839</td>
<td>$37,998</td>
<td>$31,557</td>
<td>$18,918</td>
</tr>
<tr>
<td>Preschool</td>
<td>$4,812,994</td>
<td>$4,109,565</td>
<td>$3,890,995</td>
<td>$3,692,616</td>
</tr>
<tr>
<td>Early Intervention</td>
<td>$975,021</td>
<td>$825,276</td>
<td>$836,576</td>
<td>$528,441</td>
</tr>
<tr>
<td>SCS Administration</td>
<td>$621,845</td>
<td>$577,709</td>
<td>$509,192</td>
<td>$412,008</td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td></td>
<td></td>
<td>$10,616,767</td>
</tr>
</tbody>
</table>

### Revenue

<table>
<thead>
<tr>
<th>Revenue</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Fees &amp; Third Party Payors</td>
<td>$3,625,204</td>
<td>$3,714,909</td>
<td>$3,546,234</td>
<td>$1,647,377</td>
</tr>
<tr>
<td>NYS Aid</td>
<td>$4,298,860</td>
<td>$2,404,830</td>
<td>$2,672,043</td>
<td>$2,446,465</td>
</tr>
<tr>
<td>Grants</td>
<td>$352,824</td>
<td>$322,163</td>
<td>$308,571</td>
<td>$324,275</td>
</tr>
<tr>
<td>Other</td>
<td>$13,643</td>
<td>$7,873</td>
<td>$183,449</td>
<td>$159,953</td>
</tr>
<tr>
<td>Total</td>
<td>$8,290,531</td>
<td>$6,449,775</td>
<td>$6,710,296</td>
<td>$4,578,070</td>
</tr>
</tbody>
</table>

ROI: $2.11 for every $1 invested
(Revenue/County Cost=$4,578,070/$2,169,406)
Goals
2013 GOALS & RESULTS

1. 90% of Face to Face encounters will be in all charts
   Result: 100%

2. 90% of Physician Orders will be returned within 30 days of order
   Result: 91%

3. Increase the rate of 2 years old children residing in the county who are up to date with the recommended immunizations for their age by 2%
   Result: This goal was not met. The percentage of two year old children (aged 24 months to 35 months) residing in the county who were up to date with the recommended immunizations for their age decreased by 5% to 49%.

4. Increase blood lead testing rates of all one year old children and two year old children residing in our county by 5%
   Result: This goal was not met. The blood lead testing rates of all one year old children residing in the county remained the same, at 57.6%. The blood lead testing rates of all two year old children residing in the county decreased by 1% to 64.6%.

5. 95% of Early Intervention Individual Family Service Plans (IFSP) will be completed within the required 45 days
   Result: 91% Lack of providers due to the changes in NYS EI billing system

6. 95% of Early Intervention Services will begin within 30 days of the IFSP
   Result: 88% Lack of providers due to the changes in NYS EI billing system

7. Screen 1500 residents of the tri-county area for their risk of Diabetes through the Diabetes Coalition
   Result: Over 1500 were assessed
2014 GOALS

1. Increase the rate of 2 years old children residing in the county who are up to date with the recommended immunizations for their age by 2%

2. Increase blood lead testing rates of all one year old children and two year old children residing in our county by 5%

3. 95% of Early Intervention Individual Family Service Plans (IFSP) will be completed within the required 45 days

4. 95% of Early Intervention Services will begin within 30 days of the IFSP

2014–2017 COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

1. Reduce obesity in children and adults

2. Reduce illness, disability, and death related to health disease and hypertension