

Columbia County Department of Health

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2008 Annual Report

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Jessica Tassinari, Physical Therapist and Nancy Martin, Supervising Community Health Nurse

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Public Health Director's Message

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

The Columbia County Department of Health completed seventy-five years of operation as a full-service health department. The annual report highlights the program and services we provide in order to protect and promote the health of our residents. Our programs provide direct service to hundreds of individuals through the area of personal and preventive health, environmental health, health education, and emergency preparedness. However, our impact on the community reached far beyond those directly served. Our programs and services illustrate ways in which the staff works to fulfill our mission.

We investigated over 600 new cases of Lyme disease which is double from 2007. An alarming increase in the number of suicide deaths prompted the formation of a multiagency task force.

The ice storm of December 12, 2008 left most of the county without power from two days up to a week. Public Health assisted by ensuring residents with medical issues was safe at home and by supporting emergency management efforts.

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

Mission

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

Acknowledgment

The Columbia County Department of Health and the Board of Health respectfully submits the 2008 annual report to the Columbia County Board of Supervisors and the Health Committee and thanks them for their ongoing support through the years.

Community Activity

Collaboration and communication with community partners is essential as we strive to build a strong public health system for our county. An example of this is the formation of the Columbia Alliance for Heart Health (CAHH). The goal of the alliance is to improve cardiovascular health and reduce childhood obesity by creating a format to bring together physicians, school officials, hospital officials, local employers, local health department staff, federal and state legislators and health insurance companies. This alliance will work to develop new community initiatives while promoting the essential public health services for our residents.

The Role of Public Health

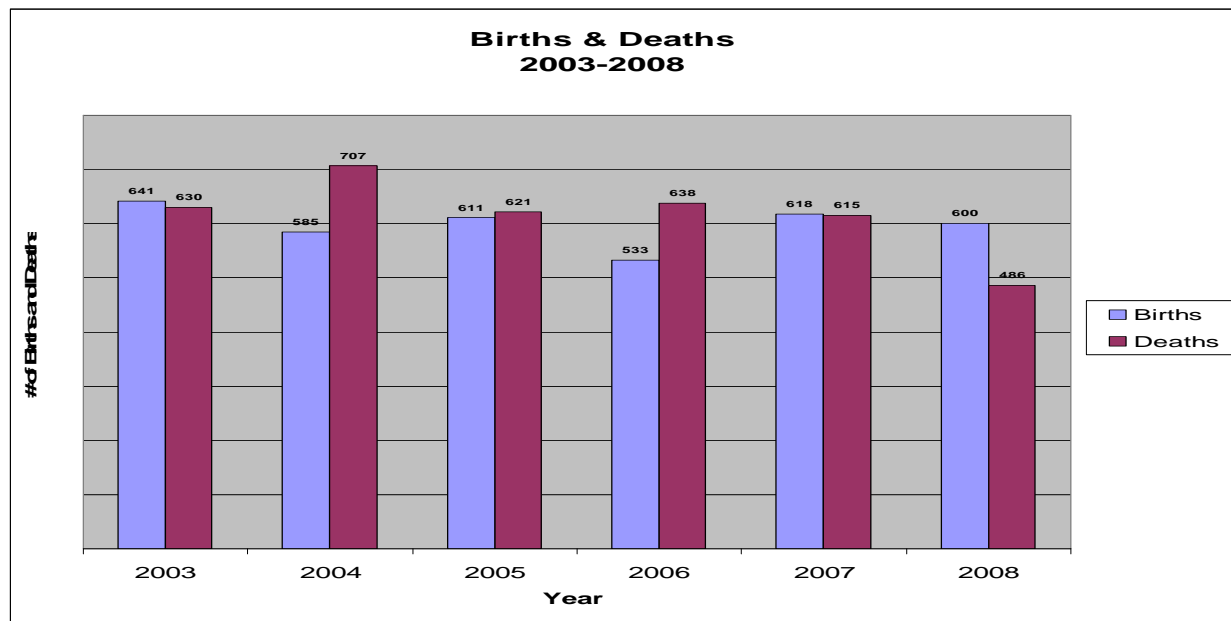
Public health departments are responsible for providing leadership to safeguard the health and wellness of the community. This is accomplished by implementing the core public health functions through provision of essential public health services as listed below:

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

Vital Statistics

There were 486 deaths in Columbia County in 2008. Three of the deaths were individuals over 100 years of age, 78 deaths in the 90-99 age group and 153 deaths in the 80-89 age group. The leading cause of death was heart disease, cancer (particularly lung cancer) and respiratory disease.

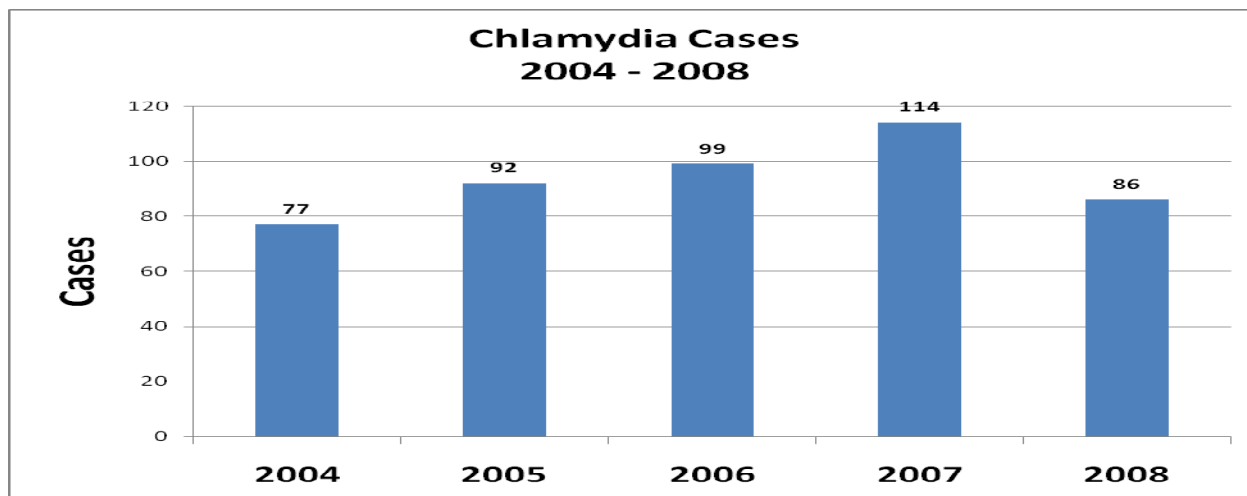
There were 618 births - 324 male, 296 female, this figure does not include Massachusetts or Connecticut or home births. Eighty-eight (88) of these births or about 16.5% experienced late or no prenatal care. A total of 309 births were at Columbia Memorial Hospital while 309 births were in hospitals outside the county.



Communicable Disease

Sexually Transmitted Diseases (STD)

In 2008, there were 271 visits made to the Columbia County Department of Health (CCDOH) STD clinic. This is about the same number of visits we evaluated in 2007. Fifty-one percent (51%) of those that presented to the clinic were screened for HIV. Counseling for HIV is provided to clients that request HIV screenings. All STD clients were offered both the Hepatitis A and B vaccination series. This year we continued to offer Twinrix which is a combination of both Hepatitis A and B vaccines.



There were 88 new cases of Chlamydia reported to CCDOH from all facilities where STD testing is done. In 2007, there were a total of 114 cases of Chlamydia. Gonorrhea cases that were reported to CCDOH for 2008 were 16 compared to 20 cases reported in 2007.

In 2009, the CCDOH will continue to advertise the STD clinic hours and availability. Flyers announcing the location, day, time and services of the STD clinic will be hung in local public areas.

HIV Antibody Testing

In 2008, a total of 219 residents received HIV counseling and testing through the Columbia County Department of Health. This number includes 139 clients tested at the STD clinic, 60 residents at Berkshire Farm Center and 20 inmates from the Columbia County Jail.

STD Clinic visits

	2004	2005	2006	2007	2008
STD & HIV Total	313	139	165	277	271
HIV Tests	272	357	322	229	219

Lyme Disease

In 2008, there were 600 confirmed cases of Lyme disease reported to the Columbia County Department of Health. This is an increase from the previous year. However, an additional 1148 investigations were conducted alone for Tick borne disease in 2008.

In 2008, the top three towns were Claverack, Chatham and Kinderhook. In 2007, the top three towns that had the highest incidence rates of Lyme disease were Claverack, Kinderhook and Ghent.

In 2008, there were 26 confirmed and probable cases of Ehrlichia compared to 36 cases in 2007. Ehrlichiosis is a tick-borne disease which is transmitted by the lone star and deer tick. In New York State, most cases of ehrlichiosis have been reported on Long Island and in the Hudson Valley.

Communicable/Vector-borne Disease

The communicable disease staff of the Columbia County Department of Health is responsible for 66 communicable/vector-borne diseases that are reportable under Public Health Law to the New York State Department of Health (NYSDOH). In 2008, there were over 350 communicable disease reports that were investigated.

In 2008, the communicable disease staff administered 42 post-exposure rabies treatment to county residents compared to 50 in 2007, and pre-exposure rabies treatment to 10 residents.

Health Education Program

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

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

Columbia County Communicable Disease Report*						
Disease	2008		2007		2006	
	Freq	Rate	Freq	Rate	Freq	Rate
Amebiasis	1	1.6	3	4.8	2	3.2
Babesiosis	2	3.2	2	3.2	1	1.6
Campylobacteriosis	6	9.5	9	14.3	5	7.9
Cryptosporidiosis	2	3.2	0	0.0	0	0.0
Cyclospora	0	0.0	1	1.6	0	0.0
Dengue Fever**, ***	1	1.6	0	0.0	0	0.0
E. Coli 0157:H7	1	1.6	1	1.6	0	0.0
Ehrlichiosis**	26	41.3	33	52.4	35	55.6
Giardiasis	5	7.9	11	17.5	3	4.8
Haemophilus, Influenza, Not Type B	2	3.2	1	1.6	2	3.2
Hepatitis A	3	4.8	0	0.0	0	0.0
Hepatitis B, Acute	0	0.0	0	0.0	1	1.6
Hepatitis B, Chronic	0	0.0	2	3.2	5	7.9
Hepatitis C, Acute	2	3.2	3	4.8	0	0.0
Hepatitis C, Chronic	41	65.1	54	85.8	53	84.2
Influenza A, Lab, Confirmed***	35	55.6	3	4.8	6	9.5
Hepatitis B, Lab, Confirmed***	29	46.1	5	7.9	0	0.0
Influenza Unspecified, Lab Confirmed***	0	0.0	1	1.6	0	0.0
Legionellosis	1	1.6	1	1.6	2	3.2
Lyme Disease**	600	921.3	318	505.1	375	595.7
Meningitis, Aseptic	7	11.1	0	0.0	7	11.1
Meningitis, Other, Bacterial	1	1.6	0	0.0	0	0.0
Meningococcal	0	0.0	0	0.0	1	1.6
Pertussis**	0	0.0	1	1.6	6	9.5
Rocky Mtn. Spot Fever**	1	1.6	0	0.0	0	0.0
Samonellosis	7	11.1	6	9.5	5	7.9
Shigellosis	0	0.0	2	3.2	3	4.8
Strep, Group A, Invasive	1	1.6	3	4.8	1	1.6
Strep, Group B, Invasive	6	9.5	0	0.0	4	6.4
Strep Pneumoniae, Invasive	5	7.9	6	9.5	9	14.3
Vibrio – Non 01, Cholera	1	1.6	0	0.0	0	0.0
Styphilis Total.....	4	6.4	3	4.8	2	3.2
-Late Latent	4	6.4	1	1.6	1	1.6
-P&S Syphilis	0	0.0	1	1.6	0	0.0
-Early Latent	0	0.0	1	1.6	1	1.6
Gonorrhea Total.....	16	25.4	21	33.4	26	41.3
-Gonorrhea	16	25.4	20	31.8	26	41.3
-P.I.D.	0	0.0	1	1.6	0	0.0
Chlamydia	86	136.6	116	184.3	98	155.7
Chlamydia PID	0	0.0	1	1.6	0	0.0

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

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

***Became reportable 2005 or later, average not bases on three years

The ratio reflects the number of reported cases presented per 100,000 population

Immunization Program

Immunization Services are provided to children and adults for various reasons, some of which include school, work, and travel. Immunization staff has worked with the public, through clinics, outreach, and provider offices to increase the knowledge regarding the ever changing world of immunization. Vaccine was also provided outside the Immunization clinics. The NYSDOH (New York State Department of Health) migrant program supplied vaccine for the migrants in the county, and over 100 vaccines were given at the various migrant camps. There were 101 influenza vaccines given to migrants at migrant camps in the county, which is up from 38 injections done last year.

NYSDOH also supplied Hepatitis A and B (Twinrix) vaccine for individuals at high risk of attaining the Hepatitis A and B virus. There were 61 individuals vaccinated at the Columbia County Jail. 51 of those individuals (84%) completed the three dose series. Four individuals (6.5%) completed two out of the three injections. Six individuals (9.5%) completed only one of the three injections.

The 2008 Columbia County Influenza/Pneumonia Campaign was kicked off on October 14, 2008, with 43 community outreach clinics. There were 2200 influenza injections given and 100 pneumonia injections given.

Immunization Clinic Statistics

Immunizations Given	2006	2007	2008
	# Doses	# Doses	# Doses
Hepatitis B	155	142	95
Hepatitis A	27	33	251
MMR	87	130	110
MMRV	6	35	0
Menactra	72	49	11
Tdap	46	52	60
Varicella	35	71	44
IPV	39	87	39
Hib	22	45	23
Pediarix	21	42	12
Dtap	29	37	32
Td	25	28	23
Twinrix	17	17	33
Hep B/Hib	2	0	1
Dtap/Hib	2	3	3
HPV	0	20	8
Rotavirus	0	23	6
Zostavax	0	17	15
Flu	2846	2696	2200
Pneumo	117	152	125*
Total	3598	3679	3091

*includes prevnar

Migrant Health

A total of 250 migrants received screening for blood pressure, diabetes, sexually transmitted diseases and tuberculosis. Both children and adults are offered immunizations. In 2008, we enhanced health education through dedicated mini-sessions during outreach at the farm site. Primary care and clinic services are provided through collaborative efforts with Hudson River Healthcare and Columbia Memorial Hospital. Transportation and translation are core services that enable workers to access care. At least 40 pregnant women received prenatal and postpartum visits. The program serves agricultural farm workers from Columbia, Greene, Rensselaer, Counties and Salisbury, CT. An agricultural worker may be employed at a fruit farm, dairy farm or landscaping operation. Twelve farms were visited this year for screening and 34 farms were visited by the outreach workers.

Bioterrorism/Emergency Preparedness

Numerous trainings for local public health staff were completed in 2008 such as Incident Command System 100, NIMS Multi-agency Coordination System, Point of Dispensing (POD), Psychological First Aide, and Radiological training, Emergency Preparedness for Home Care, Health Inequity and fit testing for N-95 masks. Our Emergency Preparedness Coordinator networks with Massachusetts Public Health and Berkshire Health System for continued collaboration.

Preparedness Planning:

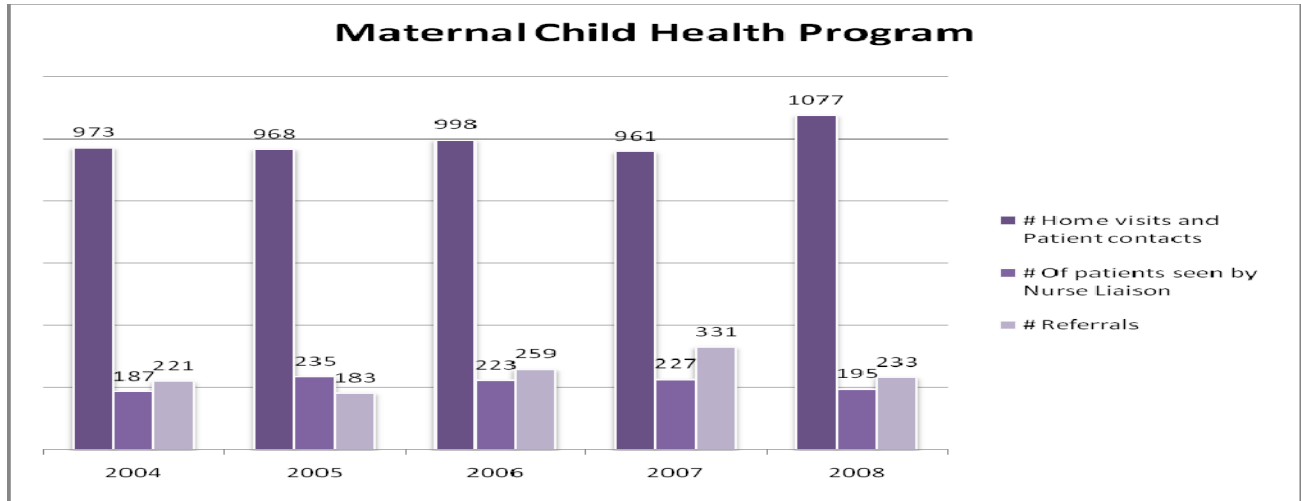
- February 2008, the Health Department reviewed, updated and submitted the Strategic National Stockpile Plan (SNS) to be consistent with revised Federal guidance documents. This plan was presented to management personnel and discussed with partners and general health department staff and added to the department's Terrorism Response Plan as Appendix A.
- August 2008, conducted a meeting at the Columbia-Greene Community College regarding the Cost of Heating Homes this winter. Attendees included members of the Massachusetts and New York State Departments of Health and local agency managers as well as National Grid.
- BT Coordinator participated in Regional Preparedness Council (RPC) meetings, monthly regional BT Coordinator meetings, monthly meetings with the Medical Director, Columbia County Public Safety monthly meetings, and ongoing observation of the Columbia Memorial Emergency Department Syndromic Surveillance System and on-line Epi-X delivered daily by the CDC.
- Attendant Emergency Operations Center (EOC) whenever asked by Emergency Management Department.

Exercises: The year 2008 proved to be another successful year where many important emergency preparedness tasks were completed and the Columbia County Department of Health continued to improve its overall level of preparedness. The continued threat of terrorism and emerging infectious diseases, such as Pandemic Influenza, serve as a reminder that there continues to be much work that must still be completed.

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

Maternal Child Health

Data demonstrates steady activity for the Maternal Child Health program. During 2008 a total of 1077 home visits and patient contacts were made to Maternal Child Health clients. This includes pediatric clients. The Maternal Child Health program received a total of 233 referrals. The nurse liaison visited 195 new mothers at Columbia Memorial Hospital to offer services and provide education about our programs. Packets of educational materials regarding maternal care, infant care, safety and lead poisoning are distributed.



Children with Special Health Care Needs (CSHCN)

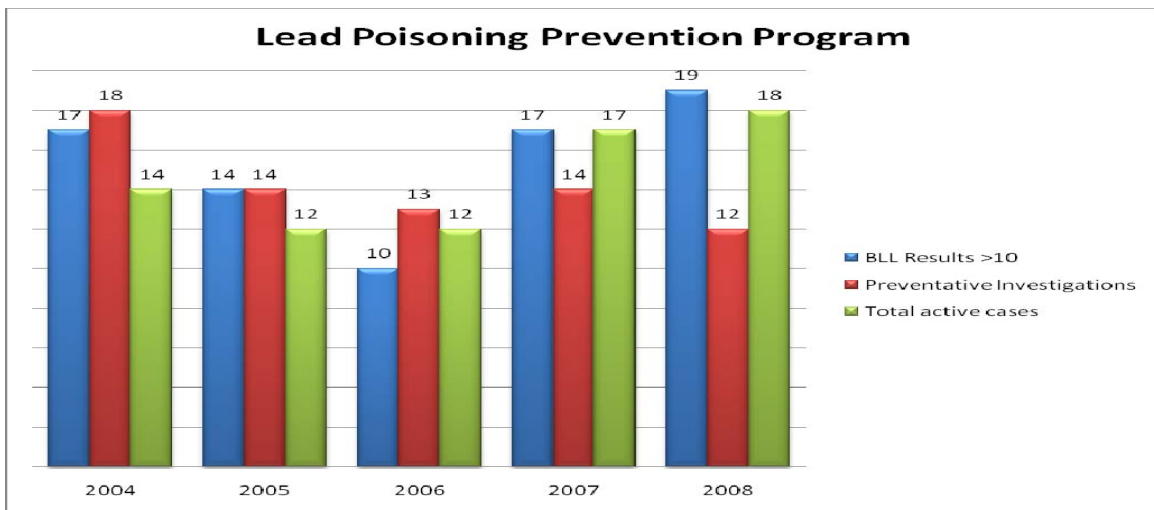
The major focus of the CSHCN program is to identify gaps in services for children with special health care needs, including lack of health insurance, primary health care, dental care and transportation. A major component of the program includes assisting with coordination among multiple health care providers and assisting families with the location of specialists. Families are assisted in obtaining services and are tracked to assure that children are receiving the care that they need. Referrals to other programs within our agency, or to outside agencies, are made as appropriate. Families of 15 children were assisted through this program in 2008.

Physically Handicapped Children's Program (PHCP)

Four children were enrolled in the medical portion of the PHCP in 2008. A change occurred in 2005 regarding the number of children enrolled. A child with Medicaid that covers orthodontic services is now tracked by the Department of Social Services, who administers this portion of the program. We continue to provide family education on specific disabilities. Services were provided to four children with out Medicaid under the orthodontia component of the program during 2008.

Lead Poisoning Prevention Program

Lead web results and case management activities for open case managed children continue to show Improvement in the number of children completing an initial blood lead level (BLL) and subsequent follow up testing in 2008. This is likely influenced by the consistent education efforts of this program. Eighteen (18) children were followed under the case management component of the program for elevated lead levels during 2008. An additional eight families received packets of information about lead poisoning due to having a child with a mildly elevated lead level. Twelve preventative lead inspections were performed. Lead remediation was completed as required. Educational programs were provided to 68 people enrolled in the first homebuyers club by environmental staff, to educate them on lead poisoning prevention issues. Libraries and the general public were targeted for education. Physician rates for lead testing of children at age one and two have increased significantly due to outreach and education of lead program staff.



Healthy Heart

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

The overarching objective was the creation of district wellness committees and the adoption of wellness policies in all districts which was achieved in all six districts of the county. In several districts the original policies are currently under review for greater relevance and to extend improvements already in place.

All nutrition objectives and physical activity objectives were attained through policies such as prohibit using food as reward or punishment, low fat & fat free milk available, student & family involvement in planning meals, students active at least 50% of the time, increase in after school physical activity, recess and sequential Physical Education curriculum consistent with standards.

During the fifth year of the Healthy Heart Program, it became clear that in order to ensure sustainability we had to enable county residents at large to make healthy nutritional choices. The Columbia County Department of Health's Community Health Assessment indicated that cardiovascular disease was the greatest threat to health in the county. As a result, grant personnel organized, and continue to facilitate, the Columbia Alliance for Heart Health, which is an ongoing collaboration of community leaders concerned with cardiovascular health in Columbia County. The Healthy Restaurant Program is an important development of this collaboration.

Early Intervention and Preschool Services Program



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

The Early Intervention Program is regulated by the State Health Department and provides services to infants and toddlers under the age of three. The children referred to this program, with parental consent, who are suspect of having a delay or have a confirmed diagnosis which results in a developmental delay, must have a multidisciplinary evaluation to determine eligibility for services. If a child is at risk for a developmental delay, that child can be tracked, under our Child Find part of the EIP. The County is fiscally responsible for all services provided to eligible children in the program, but is reimbursed 50% from SDOH for all of those expenditures not covered by Medicaid and/or TPI.

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

For calendar year 2008, the Early Intervention Program provided evaluations and/or services to **190** children. We received **107** referrals from various primary referral sources such as physicians, parents, etc. Our total service expenditures for 2008 were **\$919,958** with total program expenditure of **\$993,013**. Our revenues for Third party insurance; Medicaid and State Aid totaled **\$674,162**. The cost to the County for EIP was **\$318,851**.

For 2008, the Preschool Program received **107** referrals to the CPSE. We provided evaluations and/or services for **280** eligible children. Our total expenditures for 2008 were **\$2,759,042**. Our total revenues including Preschool Medicaid and State Aid were **\$1,548,098**. Cost to the County for the preschool program was **\$1,210,943**. Total children served for 2007-08 school year was **490**.

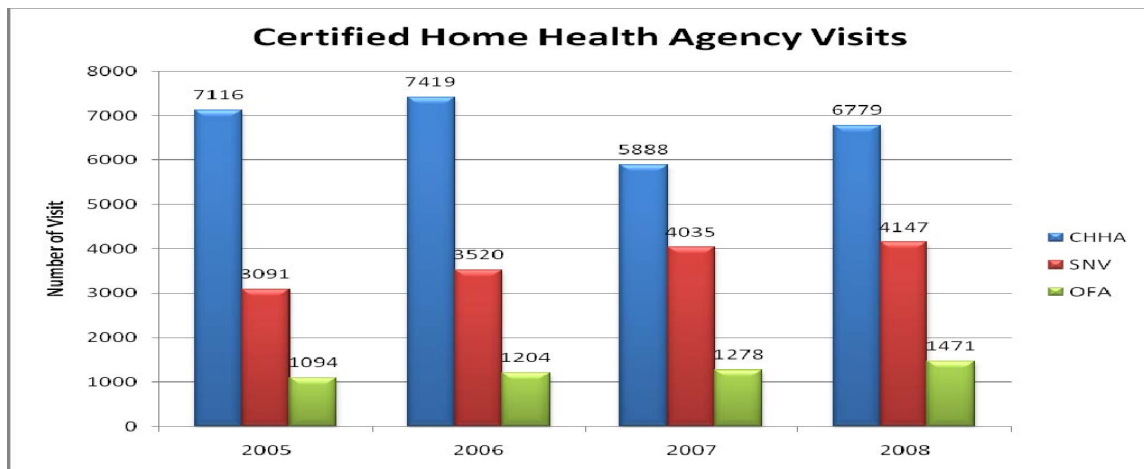
Schools	Chatham	German-town	Hudson	Kinder-hook	New Lebanon	Pine Plains	Red Hook	Taconic Hills
Preschool	40	16	91	58	13	11	7	42
Early Intervention	20	18	72	52	5	3	5	37

Home Health Nursing Division

The Division of Nursing of the Columbia County Department of Health is a Certified Home Health Agency providing skilled nursing, physical therapy, occupational therapy, speech therapy, medical social work and home health aide services to the residents of Columbia County. Home care continues to utilize the electronic patient point of care records and billing with the implementation of the Progresso clinical documentation system. This electronic clinical documentation and billing system continues to be a positive addition to Home Care evidenced by consistent clinical documentation and data.

The acuity level of patients being serviced has increased. Many patients receiving services from Home Care are discharged early from hospitals and acute care settings, suggesting that they require an increased level of continued health care resources and intervention. The needs subsequently have impacted Home Care services. During 2008, Physical Therapy only admissions were implemented. This allowed patients requiring only therapy services to be managed more effectively. Efforts are underway to contain costs and maximize reimbursement while still providing quality care. Home Health CMS (Center for Medicaid and Medicare) public reporting shows Columbia County Department of Health to have favorable patient outcome statistics, which is critical in service delivery for any certified home health agency.

In response to National Initiatives focused on quality, Columbia County Department of Health's Certified Home Health Agency works collaboratively with New York State Department of Health and the Centers for Medicare & Medicaid Services (CMS). CMS the largest payer of services has developed a broad initiative, Outcome Based Quality Improvement (OBQI). The OBQI program is based on collection and reporting of standardized data, subsequently determining an agency's report card. The reported data can be accessed by the public at www.medicare.gov/hhcompare. Columbia County Certified Home Health Agency patient statistics are as follows:



Quality Assurance/Performance Improvement

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

Environmental Health Division

The Environmental Health Division's primary function is to implement regulatory programs, to protect the health of the public in accordance with the New York State Sanitary Codes, especially in the food industry, the protection of our drinking water supply, the enforcement of clean air standards, and the follow up of hazards and exposure-related diseases identified in occupational and community settings.

Adolescent Tobacco Use Prevention Act (ATUPA)

During 2008, there were 80 tobacco retailers registered in Columbia County. Our staff conducted 256 compliance checks and reinspections during the year. The compliance checks resulted in 16 citations issued for selling tobacco products to underage minors. All violators were fined; four (4) had their tobacco and Lotto licenses suspended for six months of the violation; upon reinspection all were found to be in compliance. Four (4) new teens received required training to participate in the ATUPA Program.

	2006	2007	2008
Reg. Retailers	88	81	80
Vending Machines	2	0	1
Compliance Checks	101	136	256
Citations	7	4	16
Fines	\$3,350	\$4,650	\$4,750

Clean In-Door Air Act (CIAA)

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

	2006	2007	2008
Req. Applications for Waiver	0	0	0
# Facilities with Waivers	4	4	4
# of Complaints	0	1	0

Children's Camps

Each of the twenty-three (23) children's camps operating in the county received both a pre-season as well as an operational inspection. Of these, five (5) were identified as large camps all of which are overnight camps. These camps were inspected by a team of inspectors from environmental and public health nursing. This team approach was very effective, resulting in a very thorough inspection and good educational opportunity for camp director's and staff of those five (5) camps.

	2006	2007	2008
# Facilities Under Permit	24	24	23
# Pre inspections	24	23	23
# Operational Inspections	23	23	23
# Major Incidents	0	0	1

Campgrounds

Each of the twelve (12) operating public campgrounds was inspected during the season. There were no incidents at the camp ground facilities.

	2006	2007	2008
# Facilities Under Permit	11	11	12
# Facilities Inspected	10	11	12
# Major Incidents	0	0	0

Beaches and Pools

Twenty- two (22) pools which include temporary residence, campgrounds and children's camps were permitted and inspected in 2008. Twenty (20) beaches which include temporary residence, campgrounds and children's camps were similarly permitted and inspected in 2008. Of this total nine (9) pools and seven (7) beach safety plans were reviewed.

	2006	2007	2008
# Pools Under Permit	23	23	22
# Beaches Under Permit	20	20	20
# Pools Inspected	23	23	22
# Beaches Inspected	21	21	20
# Major Incidents	0	0	0
Safety Plans Reviewed	13	13	16

Childhood Lead Poisoning Prevention

Lead Poisoning Prevention classes were provided to participants of the First Home Buyer Club of HRCC. Four (4) classes were conducted at Columbia-Greene Community College for a total of sixty-eight (68) potential home owners. We continue to try to conduct classes for the local Bengali community.

A total of twelve (12) risk assessments were conducted, three (3) of which as an elevated blood level, eight (8) were preventive medicine to include five (5) migrant housing units.

Food Service Establishments

In 2008, there were a total of 332 regulated food service establishments operating in Columbia County. Included in this total are 250 facilities classified as restaurants, taverns, and bakeries, catering operations, soup kitchens and commissaries. Also included are 33 institutional kitchens (i.e., schools, secure facilities, children's camps, 31 mobile food service units, six summer feeding sites sponsored by the State Education Department, five large day care facilities (not at a family residence) offering daily meals to more than six children and the seven food and friendship sites operated the Columbia County Office for the Aging).

In addition, 130 permits were issued for Temporary Food Service operations at festivals and single purpose events. Environmental Health staff completed 370 inspections of these facilities during the year. The down turn in the economy appears to have had a slight impact on restaurants operating in the county with 23 establishments closing since 2006. The breakdown of establishment closings is seven in 2006, eight in 2007 and eight in 2008.

Food protection staff conducted several safe food handling training sessions for Columbia County Fair food vendors, children's camp food service staff and various church and civic organizations during the year. Staff also responded to many resident phone inquiries regarding the disposition of foods following the December ice storm that resulted in wide-spread power outages for the area.

There were no confirmed outbreaks of food borne illness at regulated facilities in Columbia County in 2008. Environmental Health Staff responded to suspected illness complaints, completed case questionnaires, answered inquiries and issued alerts regarding Nation-wide food recalls during the year. Food protection staff continues to monitor an ongoing multi-state outbreak of *Salmonella* infections first identified in November of 2008.

Food Service Establishments

	2006	2007	2008
# Facilities Under Permit	299	299	250
# Inspections	215	274	224
# Food borne Outbreaks	0	0	0

The above figures include, institutional food service, restaurants, office of the aging, mobile food service, and summer feeding programs.

Temporary Food Service

	2006	2007	2008
# Facilities Under Permit	53	74	129
# Facilities Inspected	53	74	77**
Major Incidents	0	0	0

**** Temporary Food Service Permits are issued to food (street) vendors in conjunction with single purpose events associated with one location not exceeding 14 days in duration. The types of cook-serve food prepared at these events are considered low to medium risk. There were 27 recorded events held in the county during 2008 where food was vended. Of the 129 permits issued to vendors, 53 (Chatham Fair), 9 (Celebration of Celts), 15 (Falcon Ridge Folk Festival), 7 (Columbia Co. Fair Ground 4th of July Celebration), 22 (Hudson Flag Day Parade) and 23(Miscellaneous one-day/single vendor events i.e., Election Day dinner, public auction, dog show etc.). EH staff must prioritize their resources by conducting inspections only of larger multi-day events where there are multiple food vendors.**

Temporary Residences

There are currently 31 regulated temporary residences operating in the county during the year. Temporary Residences include hotels, motels, and bed & breakfast operations with an occupancy that exceeds 10 persons and children’s camps that have extended seasons either before or after the normal operating season for adult housing. The focus of these inspections is to ensure compliance with fire safety standards, building maintenance, drinking water standards, and food and bathing facility safety. There were no major incidents reported regarding the temporary residence inspection program during the year.

	2006	2007	2008
# Facilities Under Permit	32	32	31
# Facilities Inspected	23	32	25
Major Incidents	0	0	0

DEC Programs

Environmental Health staff assists the Department of Environmental Conservation on a continual basis with the initial investigation and monitoring of petroleum, chemical spills and landfill closures which may have an impact on public health. For 2008, there were a total of four follow-up activities on new notifications or on-going open cases.

Rabies

During 2008, seven (7) rabies clinics to vaccinate ferrets, cats and dogs were conducted at Ancram, Gallatin, Kinderhook, Claverack, Greenport, New Lebanon and Ghent. The clinics were free to county residents and were well attended. One hundred and ninety- four (194) dogs, 264 cats and 8 ferrets were vaccinated at these clinics. A total of 101 staff hours were used at the 2008 clinics. The following veterinarians administered vaccines at the clinic, Dr., Rasweiler, Dr. Topal, Dr. Duryea, Dr. Patterson and Dr. Cummings. A total of \$600 was expended to the veterinarians/animal technicians for their services.

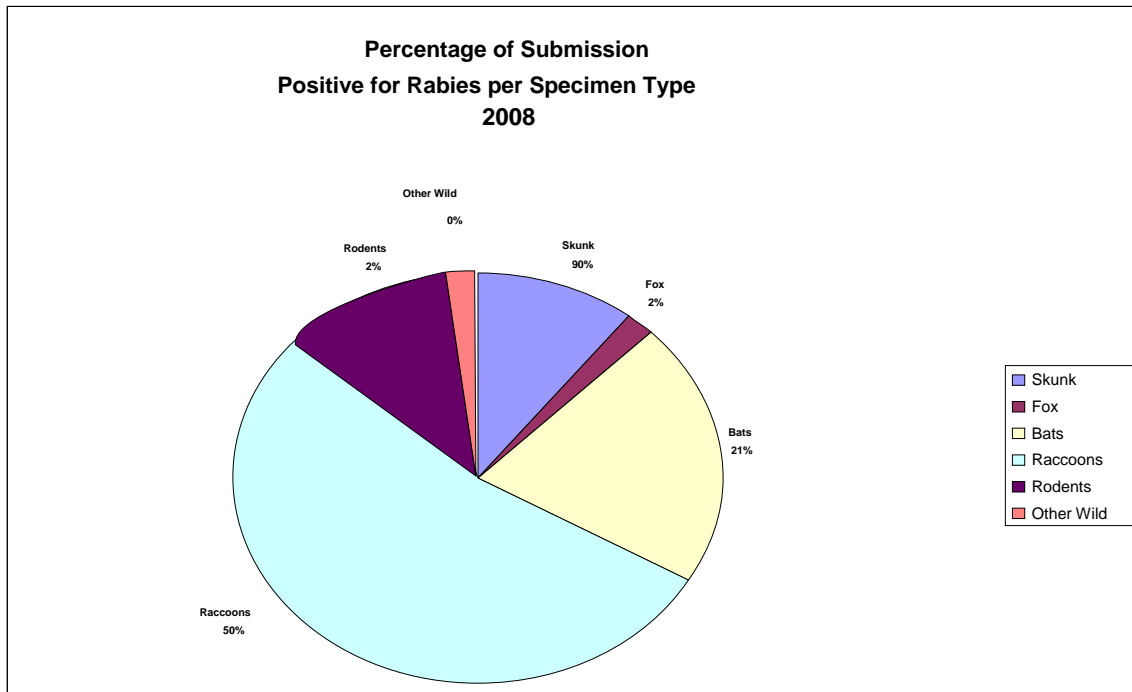
Laboratory Submissions:

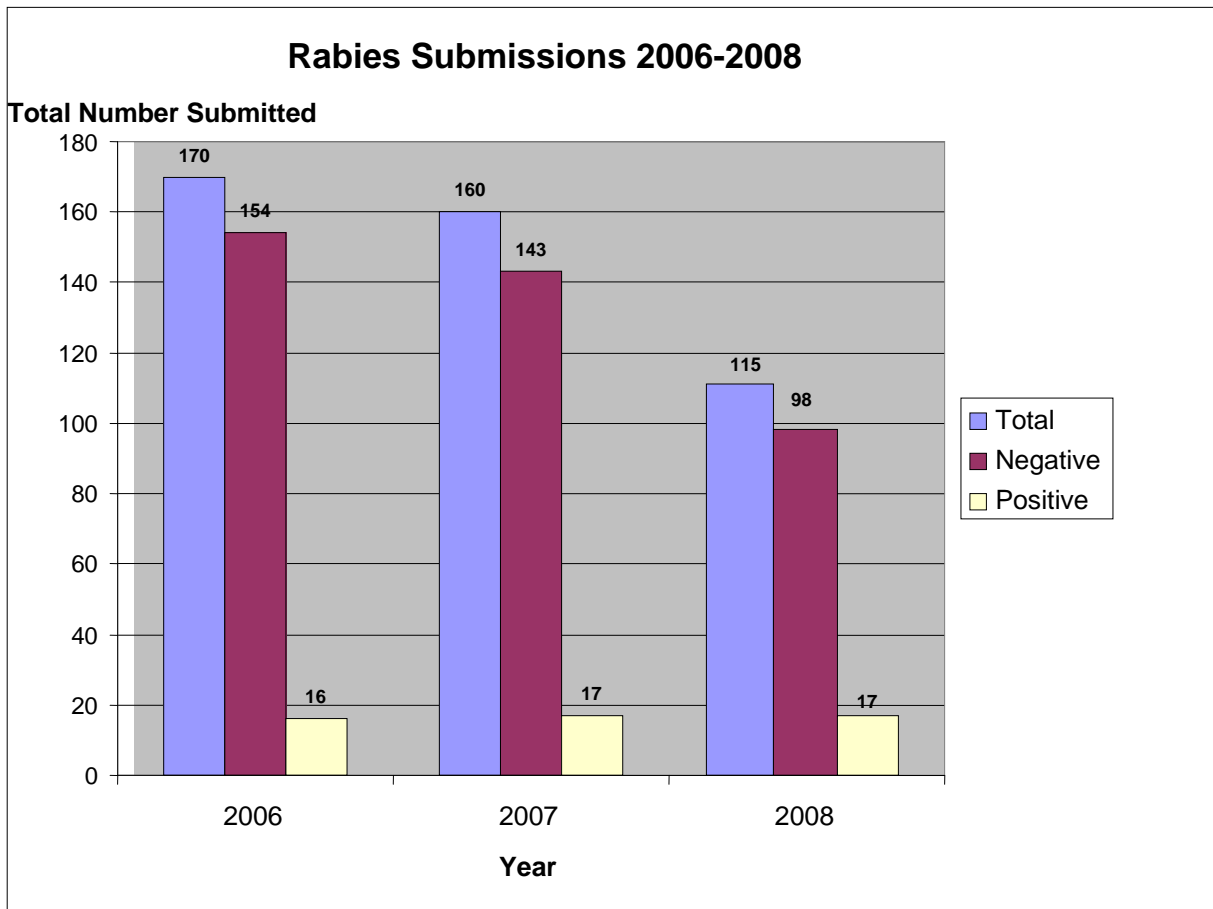
	Total	Positive	Negative
Bats	52	1	51
Cat	19	0	19
Cattle	0	0	0
Chipmunks	2	0	2
Deer	3	0	3
Dog	3	0	3
Fox	5	2 (grey)	3
Muskrats	2	0	2
Opossums	3	0	3
Rabbit	1	0	1
Raccoons	19	13	6
Sheep	1	0	1
Skunks	2	1	1
Woodchucks	3	0	3
Total All	115	17	98

Rabies immunization Report for 2008:

- Number of patients who received post exposure vaccine: 50
- Number of post-exposure vaccinations administered at CCDOH: 152
- Number of shots administered elsewhere to above patients: 25
- Type of contacts requiring post exposure vaccine:

Bat:	18	Fox:	3
Cat:	1	Raccoon:	12
Dog:	3	Other:	2





West Nile Virus

In 2008, there were three crows that tested positive for West Nile Virus. Monitoring of birds, prevention education will continue. We no longer perform mosquito collection.

West Nile Virus has spread throughout the United State with the exception of Alaska and Hawaii. The areas most affected are California, South Dakota, Louisiana and Illinois respectively.

Migrant Housing

	2006	2007	2008
# Permitted Facilities	14	14	14
# Inspections	12	13	12
Major Incidents	0	0	0

Mobile Home Park

	2006	2007	2008
# Permitted Facilities	42	42	42
# Inspections	32	42	42
Major Incidents	0	0	0

Nuisances

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

	2006	2007	2008
# of Complaints	51	19	34

Public Water

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

	2006	2007	2008
# of Facilities	248	248	248
# of Inspections	215	225	224

Samples Collected

	2006	2007	2008
Bacteriological	439	442	340
Lead & Copper	5	15	3
Metals 1	9	10	13
Metals 2	9	10	13
Pesticides	12	8	13
Volatile Organics	4	8	13

Individual Sewage and Realty Subdivisions

	2006	2007	2008
Site Evaluations	281	181	127 *
Realty Subdivision	102	95	65
Large Lot	**	13	9
Single Lot	**	58	40
Private Subdivision	**	15	13

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

** Data unavailable

Department Costs & Revenue – 2008

Service	Gross Costs	Revenue Grants, Fees & State Aid	Cost to County:			
			2008	2007	2006	2005
Family Health Dental Health, Primary & Preventive Care, Lead Poisoning, Prenatal Care, Family Planning, Nutrition, Injury Prevention	447,556	320,535	127,021	92,543	36,359	68,643
Disease Control Sexually Transmitted Disease, Tuberculosis, Communicable Disease, Rabies, Immunization, Chronic Disease, HIV	565,171	499,418	65,753	125,137	74,438	84,640
Health Education Community outreach at schools & in the workplace	70,776	44,524	26,253	19,283	20,967	18,158
Community Health Planning & Evaluation of Community Health needs	14,575	9,819	4,756	4,027	10,383	9,882
Environmental Health Water Supply, Community Sanitation, Realty Subdivisions, Private Water & Sewage, Nuisances, Environmental Assessment & Chemical Emergencies	546,472	421,782	124,690	39,544	24,097	38,623
Home Health Services Nursing, Home Health Aide, Physical, Medical Social, Speech & Occupational Therapy	1,025,372	978,762	46,610	158,612	96,193	104,018
Optional Services Housing Hygiene, Other Environmental Services, DEC,	34,115	6,528	27,587	20,624	50,931	41,048
PHCP Services Physically Handicapped Medical Program	772	378	394	831	739	1,361
Early Intervention Administration, Education & Transportation Services to ages 0 to 2	993,013	674,162	318,851	316,027	139,201	325,715
Preschool Services Administration, Education & Transportation Services to ages 3 to 5	2,759,042	1,548,098	1,210,943	934,043	1,453,404	983,041
Total All Services 2008	\$6,456,864	\$4,504,006	\$1,952,858	\$1,710,671	\$1,906,891	\$1,681,146
Total from 2007	\$6,350,137	\$4,639,466				
Change	+106,727	-135,460				

*Table based on quarterly state aid reports which are cash basis.
Fourth quarter State aid payment not yet received but is reflected above.

Department Funding

