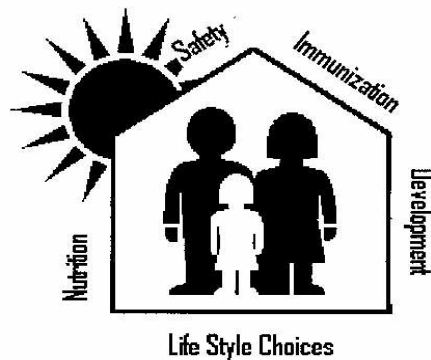


# Clinton County Health Department

## Health Services Unit

2006

## Annual Report



*"Working Together for a Healthier Community"*

## Dedication

The 2006 annual report is dedicated to

**~Volunteers~**

In a year of increasing program demands and limited funds, the work of the Health Services Unit has been enhanced by the contributions of volunteers. These willing individuals and the organizations that sponsor them make a significant positive impact on both consumers and staff. They come from all walks of life and across the life span and can be depended on for any needs big or small. Warmest thanks for your ongoing support!

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## **ABOUT THE REPORT**

This 17th annual HSU report was written and compiled by the entire team. It fulfills the QA by-law requirements.

**CLINTON COUNTY HEALTH DEPARTMENT**  
**HEALTH SERVICES UNIT**

**PHILOSOPHY**

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

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

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

**MISSION**

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

# Introduction

## In Appreciation

### Administrative Support

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

### Community Partners

Linkages with volunteers and community partners has expanded to help in promoting health and the quality of life. Special thanks to Gordie Little, PSUNY Nursing Department, Kathy Lane - RSVP, Plattsburgh Knights of Columbus, PSUC Field House, Mountain Lake PBS, PAC members and all the many other organizations, businesses and individuals who can always be depended on to join HSU in service to the public's health.

### HSU

Day in and day out, the staff work often in challenging circumstances or under awkward conditions with professionalism and enthusiasm. The hard work, patience and flexibility of everyone makes a cohesive and productive team. The Sharing Award is given monthly to a person nominated by the team for recognition of special discretionary effort. Those honored in 2006 were:

Lise Gardner	Shelley Lee
Laurel Glode	Ruth Lucas
Nanci Jarvis	Office Professional Staff
Lisa Jodoin	Tim Palmer

## The Health Services Team 2006

Elizabeth Casey	Eeva Jiménez - PT	W. Timothy Palmer
Eleanor Caton - PT Flu ☐	Lisa Jodoin	Mary Paul +
Laurie Eamer +	Andrea Kustos - PT	Désirée Robertin - +
Darwyna Facteau +	Suzanne LaBorde	Melissa Rock McCasland
Gloria Garami – PT+	Stephanie LaFave - PT Flu ☐	Nancy Smith
Lise Gardner - PT	Shelley Lee	Laurie Taylor - PT +
Laurel Glode	Pamela Letourneau	Lillie Thompson +
James Hardman	Ruth Lucas	Noreen Wolansky - PT
Theodore Hohn - PT+	Leona Martin - PT Flu ☐	
Nanci Jarvis	Lorie Lee Noelting – PT +	

Includes all employed in HSU during 2006. Does not include contractual staff.

PT = part-time                      + = partial year                      ☐ = seasonal

4.3 FTE office professionals, 11.1 FTE staff nurses, 3 supervisory / administrative nurses

### Contract Staff

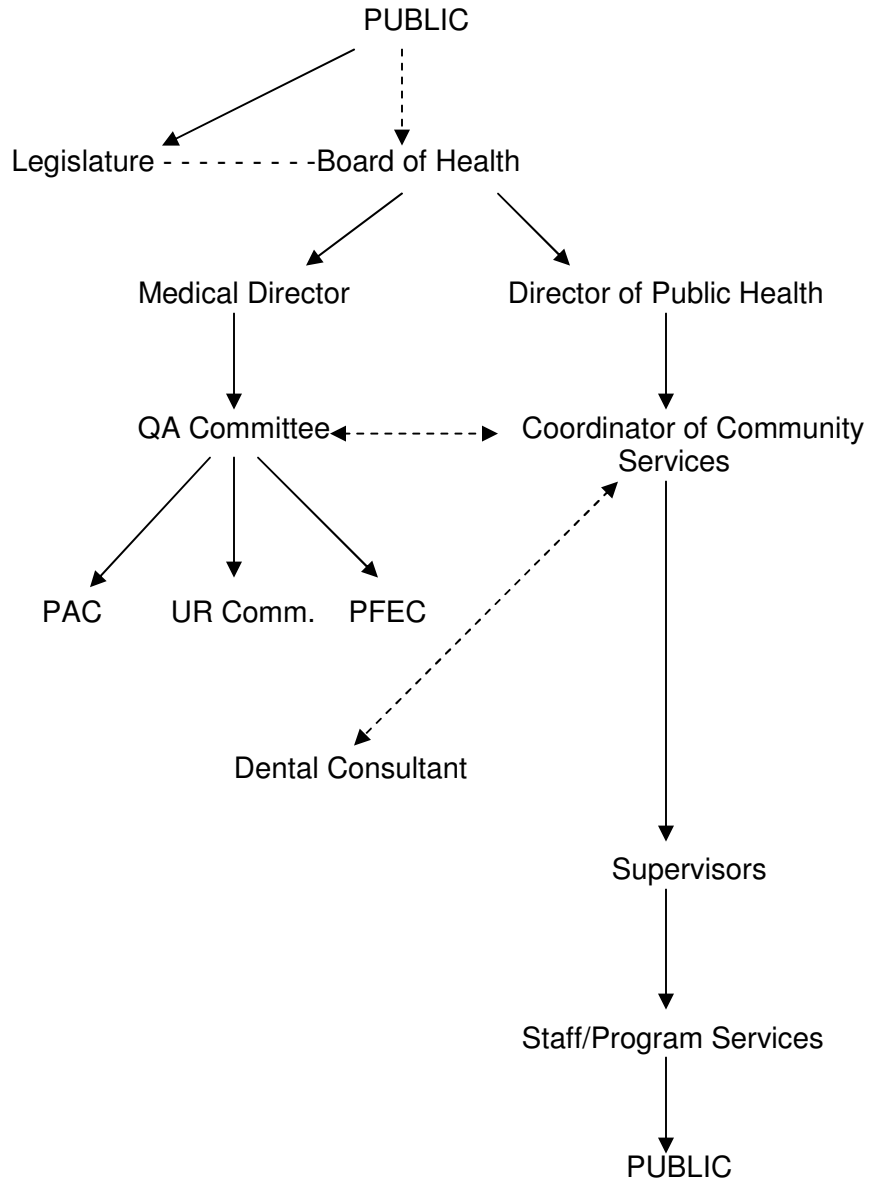
The quality, accessibility and availability of our service programs are enriched by the expertise of our contract staff. Their contributions are greatly appreciated.

To all our contract staff, thank you for your expertise and for being part of our team: Darlene Heller and Margaret Searing - Inservice Educators, Dr. Richard Lacki - Medical Director, Dr. David Beguin - Pediatric Advisor, Laurie Eamer - Clinic Practitioner, Vincent Pagano - Pharmacist, Mary Jones - Registered Dietician, Sally Meisenheimer -Psychosocial Consultant and Starr Thorton - Medical Records Technician.

# Introduction



## Clinton County Health Department Health Services Unit Organizational Chart



# Administration



## 2006 Memberships

### Board of Health

James Blaise	Robert Heins, DDS	Kenneth LaPlante, Sr.
David E. Cohen, MD	Lynn Howard, RN	Victor Ludewig, MD
Stephen G. Hausrath, MD	Paula Calkins Lacombe	Barbara Sabourin RN, BSN

### Quality Assurance Committee

Richard Lacki, MD - Medical Director

Darwyna Facteau	Kathy O'Connor	Jerie Reid
Darlene Heller	Nancy Smith	Laurie Williams
Nanci Jarvis	Joanne Swiesz	

### Professional Advisory Committee

David Beguin, MD	William Favreau, Esq.	Richard Lacki, MD
Karen Case, CNM	Virginia Hay, RN	Vincent Pagano, RPh
James Cayea	Nanci Jarvis, SPHN	Jerie Reid, RD
Jennifer Creedon	Linda Keysor, SPHN	Nancy Smith
Anna D'Angelo, FNP	Sylvia King, RN	Darcy Sutherland
Darwyna Facteau, SPHN		

### Community organizations with HSU representation

JCEO Head Start  
CCCC  
Early Advantages  
AIDS Council NENY  
Adirondack Breastfeeding Coalition  
Clinton County MAPP mental health sub-committee  
CCMAC & Planning Group  
LEICC  
EHU PAC



# Administration



## Coordinator's Report

The Health Services Unit [HSU] is one of six program units within the Clinton County Health Department and is charged to provide prevention activities both at the individual and population-based levels. HSU operates under the authority of the NYS public health law Article 28 [diagnostic and treatment clinics], Article 25 [maternal child health], and Article 36 [home visits] and holds a Clinical Laboratory Improvement Amendments [CLIA] certificate of waiver [laboratory services]. Special initiatives or programs consistent with HSU's mission and with supplemental grant funding may be sought to augment mandated services. Five grants provided enhanced capacity during 2006 and accounted for 18% of staff positions in the unit.

The Health Services immunization program continues to play a vital role in the health care of Clinton County residents. Many diseases such as tetanus, diphtheria, polio, and measles are not even known to a whole young generation. With several new vaccines approved and released within the last few years the immunization program showed consistent growth. The Health Services immunization program continued to serve uninsured, high-risk and transient populations.

Immunization services are available either at clinic sites [day and evening] or by private appointment. Immunization services are publicized through local media to include the Plattsburgh Press Republican, Free Trader, local television and radio stations, on the website [www.clintonhealth.org](http://www.clintonhealth.org), and the 24/7 InfoLine.

The NYS immunization registry "IRIS" continued to be advantageous in entering and retrieving immunization data for the program and the local providers.

### 2006 Highlights

Three workshops were sponsored by the HSU unit which highlighted vaccine updates and regulatory changes for pediatric providers, prenatal providers and school nurse-teachers. The Nurse Partner Program continued disseminating vaccine information and addressed any issues or questions that providers may have had regarding immunizations and vaccines.

Two new vaccines that had been in short supply, Menactra and Tdap, became readily available and allowed for elimination of waiting lists and regular scheduling of those immunizations.

Shingles vaccine [Zostavax] received ACIP approval. Intended to prevent or reduce the severity of Shingles "Herpes Zoster" in the elderly, the vaccine is administered to adults over the age of 60. The vaccine fee of \$130 is not presently covered by Medicare. Regardless, numerous phone calls looking for the vaccine were received. A waiting list was established for clinics anticipated for 2007.

### Findings

In 2006, the total number of immunizations given by Health Services increased by 15% over the previous year.

Well Child Clinic participation remained at levels of 2005. Most children seen were uninsured, awaiting insurance or transients often only being seen one or two times. These children were able to

## Administration



receive physical exams, lead screening and vaccinations. Referrals were made to Child Health Plus, Medicaid or other community resources as needed.

### Recommendations

- Outreach to Primary Care Providers to encourage expansion of their current vaccine programs or initiation of programs not currently in place to serve all ages.
- Expanded use of new scheduling software to allow for immunization data queries.
- Dispersion of newly available vaccines to targeted populations ex. Shingles vaccine and HPV.

Community networking and outreach is a strong component of HSU activities. This includes publication of four issues of the provider newsletter, *Public Health Connection*, two issues of *The World Traveler*, maintaining the 24/7 Information Line, provider educational seminars for prenatal providers, school nurse-teachers, and pediatricians, and the annual pediatric health fair for over 300 people. In April, HSU participated in a Grand Rounds presentation at CVPH Medical Center about local public health statistics, trends, and interventions. In October, HSU was represented in the Clinton Community College Health careers event. By year's end, the Health Department web page got as many as 3,000 hits in a month.

The Clinton County Partners for Awareness & Service was spearheaded by HSU this year for HIV counseling and testing. The AIDS Council of Northeastern NY and Northern Adirondack Planned Parenthood joined HSU in public and professional education and screening services. HSU participated in a number of community initiatives addressing mental health issues across the lifespan. Clinton County topped the list of all NYS counties for the highest rate of live births with early prenatal care at 88% for 2005.

Significant improvements were made in bulk storage and discharged records management which enhanced efficiency and security. Flux in staffing affected every team in the unit and diverted time from programs. This was compounded by aging equipment which limited productivity. These issues will require further attention in 2007.

The following program reports and summaries provide specific details about progress during the year in fulfilling the mission of HSU. They reflect the professional dedication of an energetic, creative, and highly skilled staff who make a difference in the community's health.

### **Quality Assurance Committee**

The Quality Assurance [QA] Committee is a requirement under the NYS regulations for Article 28 certification. This committee oversees the activities and integrates the findings of the Professional Advisory, Utilization Review and the Patient Family Education Committees.

Incident reports, patient satisfaction survey summaries, complaints, compliments, program and record audits [including HIPAA compliance] are all reviewed by the QA Committee. Training and credentialing of staff within the unit is also an important function of the committee.

From these data sources, the committee reviews, evaluates, and makes recommendations for quality assurance activities within the Health Services Unit. The Medical Director of the Clinton County Health Department is the chairperson with other members representing supervisory and administrative levels within the Unit and Department. Meetings are held quarterly.

## Administration



A biomedical technician team from Fletcher Allen Health Center calibrated all equipment used by HSU staff. NYSDOH conducted an on-site CLIA audit for diagnostic laboratory services. No deficiencies were found and some helpful recommendations for documentation were implemented. Two laboratory tests were discontinued and rapid, oral HIV testing was added. NYSDOH also made an audit of the immunization program. Precision thermometers were obtained to improved accuracy of temperature monitoring of vaccines on and off site. Policies for patient satisfaction and quality assurance were revised. Specific program self-audit details are included elsewhere. Proxy representatives to the PAC were credentialed as well as contracted professional staff. PFEC held four meetings to evaluate patient education materials in all formats and explored health literacy outreach in the community. Rates of patient satisfaction surveys by consumers were low. Many were unwilling to respond or hard to contact. Utilization review is adequate but formal documentation needs improvement. The Medical Records Technician Specialist provided advice on integration of the National Provider Identifier [NPI], design of electronic medical records standards, general charting training, and updating manuals.

### Incidents Reported 2004-2006

Category	2004	2005	2006
Medication error	2	6	1
Staff injury	2	8	2
Policy/procedural [including HIPAA]	5	2	3
Occurrences [including VAERS]	2	0	4
Total	11	16	10
“Near miss”	--	--	[2]

Incidents for 2006 returned to baseline levels after the spike which occurred in 2005. A new category of “near miss” was added to encourage preventive reporting. These are situations where the event had the potential to lead to an actual incident but didn’t. Attention given these reports allowed preventive steps be taken to reduce risks. Training for NYPORTS was taken for mandatory Article 28 electronic reporting and related policies were updated. Twelve compliments, three complaints, and six exit interviews were reviewed by the QAC.

Goals for 2007 are establish a process to credential volunteers, revise the staff orientation curriculum, improve formal UR documentation, and promote patient satisfaction input.

## Outreach and Education

Outreach and education activities for staff, providers and the public are conducted in many ways with significant leadership from the inservice educators. The most ambitious of these was the Children’s Health Fair which served a total of 310 participants (149 adults and 161 children). Education in safety, nutrition, oral health, lead, vision, hearing, developmental screenings and immunizations were offered free of charge. However, the return on investment of staff time should be re-evaluated and re-focused.

Other major annual events were the three provider meetings held for pediatric providers, prenatal providers and school nurse teachers. These sessions provide a forum to network and update key partners on the latest relevant public health practice issues.

## Administration



Ongoing projects throughout the year include:

- Monthly patient waiting area bulletin board displays
- Quarterly articles for the *WIC BIZ* newsletter
- Updating the Health Information Line monthly
- *Public Health Connection* quarterly provider newsletter
- Partner Nurse program as needed
- Speakers bureau such as malaria education at SUNY
- Preparedness training for day care providers

The range of programs provided by HSU and the dynamic nature of regulatory and scientific change requires extensive continuing education and quality monitoring. CPR / AED and other mandated trainings as well as guest presentations such as toddler brain development were provided. Webinars and satellite courses provided specialized staff development opportunities.

Inservice education chaired the PFEC committee, which insured the availability of health-literate appropriate materials. Some of this literature was provided to Literacy Volunteers for use in their program with a minimum of cost to all.

### **Goals for 2007**

- Review and revise lab and patient care protocols for need, precision and efficiency.
- Re-train cross section of department staff in use of technology satellite, video-camera and laminator.

# Immunization Services

## Immunization Clinic Program

The Health Services immunization Program continues to play a vital role in the health care of Clinton County residents. Many diseases such as Tetanus, Diphtheria, Mumps and Measles are not even known to a whole young generation. With several new vaccines approved and released within the last few years our immunization program continues to show consistent growth.

Immunization services are available either at clinic sites or on a private appointment basis. Designed to offer a range of times, day and evening appointments are offered. Immunization services are publicized through local media to include the Plattsburgh Press Republican, Free Trader, local television and radio stations. In house, the CCHD's website [www.clintonhealth.org](http://www.clintonhealth.org) and the 24/7 InfoLine.

## 2006 Highlights

Three workshops were sponsored by the HSU unit which included Pediatric Providers, OB Providers and School Nurse Teachers. Highlighted were vaccine updates and regulatory changes. The nurse partner program continued disseminating vaccine information and addressed any issues or questions that providers may have had in reference to immunizations and vaccines.

Two new vaccines that had been in short supply, Menactra and Tdap became readily available and allowed for elimination of waiting lists and regular scheduling of those immunizations.

Shingles vaccine "Zostavax" received ACIP approval. Intended to prevent or reduce the severity of Shingles "Herpes Zoster" in the elderly the vaccine is administered to adults over the age of 60. The vaccine is expensive \$130 and presently not covered by Medicare. Even with the cost, numerous phone calls looking for the vaccine were received. A waiting list was started to be addressed as soon as vaccine was available.

## Findings

In 2006, the total number of immunizations given by Health Services increased by 15% over the previous year. The Health Services immunization program continues to serve uninsured, high risk and transient populations.

The NYS immunization registry "IRIS" continues to be advantageous in being able to enter and retrieve immunization data for our program and the local pediatricians.

Well Child Clinic participation remained at levels of 2005. Most children seen were uninsured, awaiting insurance or transients often only being seen one or two times. These children were able to receive physical exams, lead screening and vaccinations. Referrals were made to Child Health Plus, Medicaid or other community resources as needed.

## Recommendations

- Outreach to Primary Care Providers to encourage expansion of their current vaccine.
- Programs or initiation of programs not currently in place.
- Expanded use of new scheduling software to allow for immunization data queries.
- Dispersion of newly available vaccines to targeted populations ex. Shingles vaccine.
- Continued community wide education of importance and availability of routine immunizations to promote health and safety in the community.

**Selected Vaccine Doses Administered**

	2004	2005	2006
<b>DTaP</b>	29	39	27
<b>DTaP / Hib</b>	11	22	7
<b>Hib</b>	19	12	7
<b>Polio (Ad. &amp; Peds)</b>	39	74	57
<b>MMR (Ad. &amp; Peds)</b>	176	226	214
<b>Hep B &lt; 19 yrs.</b>	155	124	70
<b>Twinrix (HepA/B)</b>	80	21	48
<b>Hep B &gt; 19 yrs.</b>	150	208	115
<b>Td / DT</b>	67	357	119
<b>Varicella</b>	44	108	365
<b>Hep A (Ad. &amp; Peds)</b>	70	380	261
<b>Meningitis</b>	274	275	361
<b>Pediatric Pneumococcal (Pevnar)</b>	35	16	9
<b>Dtap-HepB-Polio (Pediatrix)</b>	22	17	15
<b>PEP Rabies</b>	29	39	32
<b>TOTAL All Vaccines</b>	<b>1200</b>	<b>1918</b>	<b>2207</b>

**Influenza/Pneumococcal Clinic Program**

The success of the local influenza immunization program is directly linked to national manufacture, distribution, and recommendations for vaccine. Influenza vaccine manufacturers were projecting a 16% dosage increase in adult vaccine or approximately 100 million doses of influenza vaccine for the season. The CDC announced that although there was no shortage of adult vaccine there was a 2 - 4 week delay in production and shipping. This required a modification of the schedule, seasonal staffing, and media outreach. The CDC did anticipate that many providers would be unable to obtain sufficient vaccine supply for the three-year-old population due to high demand, expanded recommendation, and a single supplier. Since many high-risk children are seen in pediatric offices the county's pediatric vaccine was re-distributed to the five county pediatric practices to reach the highest risk children. Only children over the age of five were vaccinated at clinics thus affecting our overall vaccination rate.

Flu clinics were scheduled throughout October and November in anticipation of a ready adult supply of vaccine and few changes in the target population. The annual flu POD was scheduled at the Plattsburgh State Field House for November 1<sup>st</sup> which also exercised CCHD's preparedness plan. Extensive time was required to ensure adequate vaccine supplies which was met by borrowing

# Immunization Services

inventory from NYSDOH. Public demand and availability of the venue and vaccine makes coordination very complex. Planning involved input from Franklin and Essex County Public Health staff and a volunteer leader. HSU completed a second year of testing a NYSDOH scannable data collection form with a time study. At peak, 461 participants/hour were served. An all time high total of 2,770 people were vaccinated at the POD; a 4% increase over 2005. Public clinics continued through the first week of December. For the second consecutive year, 100% of HSU staff obtained flu vaccine.

## **Recommendations:**

- Establish a later alternate schedule to be used in the event of delay in vaccine.
- Delay release of flu/pnuemo clinic schedule until adequate supply of vaccine is obtained to prevent the associated difficulties i.e. media, staffing.
- Promote LAIV to the public, which is easier to obtain and increases herd immunity.
- Encourage businesses and school system vaccination through education and mailings with incentives by employers for obtaining flu vaccinations.

## **Doses Provided by HSU**

<b>Vaccine</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
Influenza	8578	6837	7121
Pneumococcal	466	356	445

## **International Travel Program**

The Health Services Unit (HSU) provides immunizations, malaria prophylaxis and travel education for persons planning travel to foreign countries. The Clinton County Health Department is certified by the federal government to provide Yellow Fever vaccinations. A complete inventory of vaccines recommended by the Centers for Disease Control and Prevention (CDC) or those required by individual foreign countries is available. HIV testing and tuberculosis screening is also provided as mandated by some foreign countries. HSU serves as community resource and consulting service for physicians, travel agents and other regional health departments.

## **2006 Highlights**

This year brought about changes for Clinton Counties Travel Clinic. Due to staff shortages IT clinics were reprioritized to Clinton County residents only. Travelers from other counties and states were given information as to where they could obtain services. The local health departments of surrounding counties were notified of our policy change months in advance and were offered assistance in setting up travel clinics. Letters were mailed to county primary care providers with an attached list of travel clinics informing them of our policy change.

Several special International Travel clinics were hosted for missionary and educational organizations traveling to foreign countries. These clinics served up to 60 individuals.

## Immunization Services

Outreach project was done conjunction with Postal Service on “Passport Sunday” event. Travel health information was provided. The World traveler was published for distribution to travelers. The number of clients served on individual appointments 355. Travel clinic patients were 120.

### **Goals**

- Assist surrounding health departments with creation or expansion of their Travel clinics.
- Continue travel publication for traveler education on a bi-annual basis.
- Incorporate IT workshop into the Adult Provider Workshop in 2007.



# Communicable Disease Services



## Communicable Disease Program

Communicable disease (CD) reporting and investigation is conducted by all local health units as mandated by the state sanitary code. Ongoing active and passive surveillance for more than 70 required conditions ensures the timely identification of CD and unusual clusters within Clinton County. Staff dedicated to CD allow development of expertise, awareness of trends, and familiarity with computerized NYS programs to facilitate the rapid initiation of CD investigations, implementation of interventions aimed at interrupting transmission, educating affected populations, and reporting to NYSDOH.

### 2006 Highlights

Early in the year, CD staff attended training on updates to the Communicable Disease Electronic Surveillance System (CDESS) for improved tracking. Local Health Departments now have the capability to transfer CD cases between counties, and to view reported hepatitis cases statewide. These enhancements have streamlined the exchange of CD information between reporting counties.

A goal at the end of 2005 was to improve coordination of data collection tools and protocols used by HSU and the Environmental Health Unit (EHU) during shared case investigations. Key steps toward achieving that goal were taken in 2006. Designated staff in EHU was granted access to the Health Information Network, allowing EHU faster access to reports of food borne illness under investigation by CD staff. In February, 3 cases of giardiasis in a day care setting tested and solidified the collaborative process of response efforts between the units. EHU and HSU established joint monthly meetings to facilitate and reinforce the existing collaborative effort on food and waterborne disease investigations. Two CD staff attended the two day NYSDOH training “Fundamentals of Foodborne Illness Investigations,” (the same training attended by EHU’s sanitarians) furthering the professional development of CD nurses, and strengthening communication between the units.

Two varicella clusters in sensitive settings occurred in 2006. A local elementary school and two of the local orchards’ immigrant workers had cases of varicella in their populations. HSU, in consultation with NYSDOH, responded to both with special immunization clinics for those individuals determined to be at highest risk for developing disease. Vaccine was effective and only a few secondary cases occurred.

Clinton County experienced two outbreaks of pertussis during the year – one at an elementary school, and another in the general community. A substantial expenditure of staff time was required to investigate cases, trace contacts, communicate with health care providers, and recommend prophylaxis for those exposed to confirmed cases of pertussis.

A single case of mumps in a Plattsburgh State student prompted an outbreak control effort mounted by CCHD and Plattsburgh State. In light of large mumps outbreaks occurring on college campuses and in communities in multiple states, HSU took a vigorously proactive approach to address the potential for spread of mumps in the local community. Close contacts of the case were interviewed; susceptible contacts were offered immunization and monitored for symptoms of mumps. No additional cases were reported locally.

# Communicable Disease Services



Throughout the year, CD staff took an active role in preparedness activities that focused on the potentially emerging threat of H5N1 influenza, or “Avian Flu”. CD staff attended organized educational events on the Avian Flu’s potential for developing the capability for human-to-human transmission, and kept abreast of the situation by monitoring information disseminated by the New York State Department of Health, the Centers for Disease Control and Prevention and the World Health Organization. The Clinton County Health Department has been a community leader in planning for large outbreaks of communicable disease, including H5N1 Avian Flu.

## **Recommendations**

- Continue and strengthen collaboration with EHU on foodborne illness and vector investigations.
- Promote collaboration with local providers through outreach related to communicable disease reporting and laboratory testing.
- Analyze disease trends in the community to direct planning and development of educational and other appropriate public health responses.

## **STI and HIV Services**

### **Sexually Transmissible Infections**

The provision of Sexually Transmissible Infection (STI) assessment and treatment services for county residents is mandated by New York State. STI diagnosis and treatment services continue to be provided on a contractual basis by Northern Adirondack Planned Parenthood (NAPP).

*Chlamydia trachomatis* infection continued to be the most prevalent reportable disease in the County since 1999 but GC rates declined 15%. The number of cases fell continuing a gradual decline during the past four years and reflecting the national trend. However, given the serious consequences of untreated disease, its concentration among young people and the correlation with other STIs, it remains an important public health concern.

### **2006 HIV Testing**

Testing for HIV is always voluntary for adults and any person who chooses to be tested is required by law to be offered a choice of anonymous or confidential testing. HSU is the only facility in Clinton County that offers anonymous, as well as confidential, testing. Both are available for County residents at monthly clinics and walk-in services.

HSU continued to provide HIV testing using a rapid oral test that provides preliminary results in about a half hour. NYSDOH supported this HIV testing program in 2006 by supplying the test kits. Receipt of these free tests was conditional upon tests being provided to residents free of charge. The availability of free confidential testing in 2006 was a change from past practice and resulted in a significant change in the choice of confidential versus anonymous testing. In 2005 only 28% of HIV Clinic clients chose the confidential rather than the free anonymous tests. This rose to 76% confidential testing in 2006, when both tests were available free of charge. HSU was informed by NYSDOH in December 2006 that the free test kits would no longer be available.

Participants in MOMS, STI, and TB programs were routinely counseled and offered testing. Rates of acceptance of testing ranged from 99.7% of those counseled in the MOMS program to 66% in the STD and 58% in the TB programs. The rate of return of results was 100% at the CCHD monthly



public clinics. This improvement over rates of prior years reflects the use of the new rapid test. MOMS participants receive HIV testing primarily through their OB with prenatal bloodwork and screening. The ACOGs are reviewed by the primary nurse and post test counseling is then done with most participants at the 28 week or post-partum visit.

**2006 HIV Tests Provided by HSU**

	Patients	Pre-test	Tested # %	Post Test Counsel
STI Clinic *	204	204	135 66%	110
TB	12	12	7 58%	7
Public: Anonymous	9	9	9 100%	9
Public: Confidential	30	30	30 100%	30
<b>Total</b>	255	255	181 71%	156

\* Provided under contract by NAPP

\*\* Prenatal tests provided by obstetrical providers

**Discussion**

- The institution of the statewide Communicable Disease Electronic Surveillance System (CDESS) resulted in a narrowing of the acceptable interval for reporting treatment of an STD. Since NAPP is not a CDESS participant, these more stringent reporting requirements required a revision of the hard-copy based procedures NAPP uses to report to CCHD. As a result of this revision, there have been significant improvements in the timeliness of STD reporting for CCHD STI clients seen at NAPP.
- HIV and STI informational materials were routinely distributed through the Partner Nurse Program.
- Local STI stats and epidemiological information were presented to the School Nurse Teachers during the annual workshop provided by HSU. This information was also provided as needed during individual consults throughout the year.
- Two HSU staff members attended HIV Counseling/Testing training.
- Outreach to increase awareness of HIV testing services and availability of testing were increased through the efforts of a new consortium, Clinton County Partners for Awareness and Service. This group focuses the cooperative efforts of staff from CCHD, AIDS Council of Northeastern NY and NAPP on delivery of HIV testing. 'Partners' produced a brochure and coordinated a publicity campaign that included newspaper, television and radio outreach promoting HIV testing. As a result, 40 persons attended a World AIDS Day event at which free HIV testing was provided.

# Communicable Disease Services



## Goals

- Streamline STI reporting protocols for NAPP to insure timely entry of cases into the CDESS system by exploring CDESS participation by the laboratory that provides NAPP testing services.
- Secure source for supplies to continue economical confidential and anonymous HIV testing.
- Work with Clinton County Partners to insure that confidential testing is available at several venues and integrated with promotion of Hepatitis B and HPV vaccines.
- Promote the provision of HIV testing in the Primary Care setting as a standard of care, in compliance with current CDC recommendations.
- Revise HIV policy.

## Selected Reportable Conditions

Condition	2004	2005	2006
<b>Chronic Hep C (local)</b>	12	14	45
<b>Influenza A&amp;B *</b>	NA	21	29
<b>Pertussis</b>	65	8	21
<b>S. Pneumonia</b>	6	21	10
<b>Chronic Hep B (local)</b>	12	14	8
<b>Salmonella</b>	8	13	5
<b>Aseptic Meningitis</b>	4	10	4
<b>Bacterial Meningitis</b>	2	1	1
<b>Chlamydia</b>	131	106	93
<b>Gonorrhea</b>	6	13	11

\* optionally reported

## Tuberculosis Program

Local health units are mandated to provide TB surveillance, identification and treatment of active cases and their close contacts who reside in the county. Residents who are diagnosed with Latent TB Infection (LTBI) may be eligible for treatment at the Health Department Chest Clinic at no cost to the patient.

## 2006 Highlights

There were no active cases of TB disease in Clinton County during 2006. Clinton County has now been free of TB disease for two consecutive years.

A total of 27 TB-related referrals were received during 2006, of which 22 were potential candidates for treatment of LTBI. Twelve of these (55%) elected to begin treatment through Chest Clinic, compared to 37% in 2005. Seven clients completed treatment during 2006 and eight are continuing treatment into 2007. One client was "lost to follow up" during 2006.

# Communicable Disease Services



## TB Program Statistics 2004 - 2006

	2004	2005	2006
Active TB (Civilian)	1	0	0
Active TB (CF)	0	1	0
Total Chest Clinic Visits	87	91	92
Tuberculin Skin Tests	238	253	159

All Chest Clinic clients were assessed for current immunization status. Hepatitis A and B, tetanus/diphtheria/pertussis and influenza vaccines were routinely included as part or comprehensive service.

One hundred percent of Chest Clinic clients were pre-test counseled for HIV testing. Fifty eight percent elected to be tested, all confidentially. Every client tested for Chest Clinic during 2006 received their results and post-test counseling.

Advance mailing of forms required for clinic participation was continued during 2006. This, along with the decrease in utilization, resulted in no need for clerical support at Clinic during 2006. On a number of occasions, only one nurse was required.

CVPH Employee Health has routinely referred any employee who converts to TST positive. During 2006 they made these referrals conditional upon receipt of a plan of care for each employee served in Chest Clinic. It was agreed that a copy of the Chest Clinic Report, which is customarily done three times during the course of treatment, would be provided so long as the client/employee was willing to sign a release.

HSU continued to provide TB related consultation to local health care providers, including those at local colleges and the Clinton County Jail. This has included discussions regarding TB testing, interpretation of Tuberculin Skin Test results and treatment.

### Other Activity:

- Case finding from Clinton Community College and SUNY Plattsburgh by the Chest Clinic Nurse when conducting routine active surveillance.
- The Clinical Director of SUNY student health services agreed to include the Chest Clinic Nurse as a presenter at the foreign student orientation for 2007.
- An onsite visit was provided to the Clinton County Jail by the Community Team SPHN. Aliens who are detained by the Border Patrol/US Marshal service are isolated to reduce the possibility of disease transmission. Jail Health Services staff has consulted with HSU on a both a routine and emergent 'as needed' basis to address issues related to TB.
- Blood work for hepatic assessment was ordered much more frequently for Chest Clinic clients during 2006. Updated policy that includes specific protocols for hepatic assessment is needed.
- Procedures to promote conservation of tissues that could aid in a diagnosis of TB disease were discussed on several occasions with the CVPH Laboratory and Infection Control staff. The consensus was that this would continue to be at the discretion of the surgeon.

## Communicable Disease Services



- HSU aggregate TB reporting for 2006 was based on actual clinic attendance rather than appointment scheduling. This has significantly simplified monthly TB reporting.
- The Coordinator of Community Services, one SPHN and the Chest Clinic Nurse attended the one day workshop “New CDC Guidelines: Implementation Strategies for County Health Departments,” provided by the Bureau of TB Control.

### Goals

- Attend the annual NYSDOH TB training conference and workshops to insure they are up-to-date regarding TB assessment, management and contact tracing.
- Provide a presentation to SUNY Plattsburgh Foreign Students at the annual orientation during the summer of 2007
- Solicit referrals of TST positive persons from local primary care providers and college health services as a routine part of weekly surveillance.
- Investigate how TST provided by CCHA and Clinton County Nursing Home are reported. If not reported, consider including them in HSU reports.
- Revise TB policy to include most current protocols for hepatic assessment of persons being treated for LTBI and TB disease, standing orders for TST and provision for MD notification of test results.
- Update TST testing policy and formwork to insure that primary care providers are notified of test results.

# Emergency Preparedness



The Emergency Preparedness Program is funded by federal money via an initial five-year grant with annual NYSDOH extension grants. It is designed to address all hazard events including issues in the areas of nuclear, biological and chemical preparedness and response. A Response Coordinator was hired in August, 2002, to aid CCHD in their efforts to meet state and federal mandates requiring the coordinated planning, use, and disbursement of its resources. The program is involved in:

- county capability assessments
- multi-plan development and training for emergency events
- staff assistance with expanded county and state surveillance
- integration of rapidly expanding information technology, and in general
- working with local stakeholders and community partners in an effective, organized, and collaborative manner to maximize planning, training, equipping, administering, and sustaining of responses to man-made and natural hazards and emergencies.

## **2006 Highlights**

The CCHD's Influenza Pandemic Plan was completed. The plan addresses and outlines the steps necessary to prepare, respond, and recover from a pandemic influenza event, or any pandemic disease. The plan was designed to guide a response that minimizes morbidity and mortality, and maintain health care and other essential community services during periods of high absenteeism due to illness and death. A pandemic illness could theoretically result in illness rates of 40%; of those, 50% will seek medical attention, while mortality rates, based on virulence, may range from 10% and up. Message mapping was done to prepare uniform risk communications among community partners.

An Influenza Pandemic Summit was held in Plattsburgh in June to provide information of the potential impact to the community, identify resources and information to assist in personal and workforce planning, and to involve community leaders in preparing for the next pandemic. Not limited to Clinton County, the summit was attended by key business leaders, school/college officials, health care providers, elected officials, faith community leaders, local media, community organizations, law enforcement and daycare personnel. Approximately 140 community members attended, and response as well as in-summit dialogue was positive. A regional table top exercise of pandemic influenza response was held in July and included a Joint Information Center.

CCHD once again held a full-scale influenza vaccination/POD clinic in November. The clinic was held in response to the need to vaccinate Clinton County residents against influenza using the ICS structure. A record 2,770 participants were vaccinated. New to this year's POD was the establishment of a staging area and just in time training of volunteers. NYSDOH personnel were on hand to observe, conduct time studies, and aid in clinic efforts.

Security assessments were conducted at all identified county POD locations. The first phase of this process was to verify that the POD information currently held by the state was correct. Based on U.S. Marshal Service requirements, the survey was completed by retired NYS Police personnel who evaluated areas such as structural details, entrances/exits, surveillance and security, parking, points of contact, surrounding area demographics, and proximity associated services (airports, hospitals, law enforcement).

# Emergency Preparedness



A County Animal Response Team (CART) was established to develop a countywide plan to respond to the needs of domestic animals during a disaster or other emergency. Together with members from key response agencies (Franklin and Essex County, ES, Agriculture & Markets, Humane Society, Cooperative Extension, DEC and Solid Waste, and veterinarians), the group began to create a plan outlining the approach to address the pre-disaster public education, response, short and long-term recovery process, and activities that residents can take to keep their animals safe during a disaster.

Active mobilization of CCHD's Command Post occurred only once in 2006 during a county-wide wind storm in February. As a result, improvements to the stand down procedure were identified. Several notification drills showed steady improvements in timeliness.

- The County Nuclear, Biological and Chemical (NBC) Medical Workgroup, changed its name to the Clinton County Multi-Agency Coordination (CCMAC) Planning Group to better reflect current NIMS standards.
- The 2005 Mass Fatality Plan was updated with information to better evaluate longer term morbidity and mortality scenarios, such as pandemic influenza.
- After a review by legal counsel, the State of New York returned the Clinton County Isolation and Quarantine Plan, together with comments, suggestions, and recommendations. During the course of the year, the DPH and Coordinator of Community Health Services met to address and incorporate those recommendations, improving upon the preparation and response of CCHD personnel during a disaster or other emergency.
- Incident Command System [ICS] coursework continued to be taught to CCHD personnel to currently include 155 employees (IS-100), 43 employees (IS-200), 15 employees (IS-300), and 98 employees (IS-700).

## **Goals**

- Computerize influenza risk-communications packet for flu-pandemic utilizing message mapping techniques.
- Obtain training and organize CCHD psychological first aid responders.
- Explore with neighboring counties, a local Medical Reserve Corp (MRC).
- Expand continuity of operations plans.
- Develop improved methods to rapidly and efficiently contact provider offices.



## Maternal / Child Services



### Prenatal Services

Prenatal services are provided through the Maternal Obstetric Medicaid Services (MOMS) program. The services provided through this program are operated under NYSDOH guidelines and NYSDSS financial eligibility levels. A major component of the MOMS program includes a referral to the Health Department WIC program which provides the essential nutritional element for participants. Women considered high-risk during their pregnancy that do not meet the financial eligibility guidelines set forth by the MOMS program, can receive services under the Improved Pregnancy Outcomes (IPO) Program.

Enrollment into the MOMS program consists of an initial assessment designed to screen for medical, nutritional, psychosocial, oral health, financial, housing, and health education needs. The educational needs are met by providing and discussing pregnancy and health literature relevant to the pregnancy trimester of each woman. A dental hygiene kit and instructions for the improvement of oral health are provided to each enrollee. Follow up visits are made at WIC clinics, MOMS health education group class, at school, CCHD, at their home or workplace. MOMS program staff include nurses, a registered dietician and a psychosocial consultant. Staff work closely with other community agencies through referrals to meet the individual needs of the client and her family.

### 2006 Highlights

The MOMS group education class was assessed during 2005 and scheduled every other month. Despite this change, group attendance was erratic. The mental health consultant was invited to speak during group education class on healthy relationships and lifestyles to better meet the needs of the community. With this in mind, group education is currently being reevaluated. A new format focusing on mental health issues is being considered. Prenatal dental care continues to be highlighted. (See Oral Health Program) MOMS staff offered vaccine during the enrollment clinic and at MOMS Group Education.

Information in the education packets continues to be updated as needed in 2006. A continued strong collaborative effort with WIC has allowed the nurses to provide education and continuity of care by providing a place to meet with clients on a one-to-one basis. The fifth annual MOMS/Prenatal Provider meeting was even more successful than in past years. About fifty representatives attended from doctor's offices and community agencies. This annual event provides a forum to promote key public health education issues during the prenatal period.

Due to vacancies in the Traffic Safety program in 2006, the resources for the community to provide professional installation of car seats and the availability of obtaining car seats were decreased.

The nurses continued to provide guidance and experience for the SUNY Plattsburgh nursing students. The student and HSU mentor role was clarified with a formal orientation to HSU and MOMS. Each nursing student had the opportunity to work with a Public Health Nurse learning to empower women to have a healthy pregnancy and a healthy newborn. The experience was noted to be positive for both students and staff.

Smoking cessation education continued to be a large focus of the prenatal education program. "Forever Free For Baby and Me", a program that provides a financial incentive for pregnant women who quit smoking and continue to remain nonsmokers, continues to be offered.

## Maternal / Child Services



Several other resources are also offered to MOMS clients and their families such as Adirondack Tobacco Free Network, Fit for Life and Fresh Start Family.

Community outreach for the MOMS program included weekly visits to the office of each contracted OB provider, distribution of poster and pamphlets and nurse representation in numerous community agency meetings. In the last quarter of the year a specific health topic was distributed on a monthly basis to each OB office.

### Selected MOMS Statistics 2004-2006

	2004	2005	2006
Total Participants	330	348	371
Total Visits	1700	1808	1939
% Referred Women Enrolled	*	81%	81%
% Enrolled Women < 20 yrs.	18%	19%	18%
% Enrolled Women < 18 yrs.	4%	4%	6%
% Women 1 <sup>st</sup> trimester / medical	91%	92%	89%
% MOMS Deliveries LBW < 5 # 8 oz. *	7.9%	5.5%	7%
% MOMS Deliveries < 3# 5 oz. *	1.4%	1.0%	1%
% Women Return for PP care	96%	96%	98%

\*2006 birth at least 25 weeks gestation

### LBW Risk Factors for the MOMS Program 2004-2006

Risk Factor	2004	2005	2006
Total LBW Infants	22	24	20
Smokers	64%	42%	50%
Multiple Gestation	0%	8%	25%
Anomalies (NB)	0%	8%	0%
First Trimester AP Care	100%	88%	88%
Second Trimester AP Care	0%	8%	12%
=37 Weeks Gestation at Birth	41%	54%	44%
25-36 Weeks Gestation at Birth	59%	42%	56%
Age < 18	*	*	13%
Age =16 Years	0%	4%	6%

\* New field, not previously reported

## Maternal / Child Services



### Findings

- The percentage of LBW deliveries increased in 2006
- The percentage of women who smoked and delivered LBW infants increased
- The percentage of multiple gestations increased significantly
- Possible contributing factors to the low birth weight infants may be linked to smoking, multiple gestation, trimester of care entry and complexity of need

### Recommendations

- Pursue Group Education concept of meeting the needs of MOMS clients with intensive psychosocial needs/mental health
- Utilize WIC clinics more effectively to cluster visits with MOMS clients
- Reassess smoking cessation message/education

### Newborn / Post-partum

HSU offers this population based preventive program to newborns and their families to foster health integration in early life.

Services are directed toward:

- established medical home and financial coverage for care
- access to care: transportation, and /or phone numbers and hours of operation for community services
- health literacy – be familiar with well care information and symptoms of illness, such as feeding, immunizations, temperature taking, expected growth and development, and safety
- bonding and physical care

Maternal health promotion and maintenance, recognizing symptoms of postpartum depression, family planning and pre-conceptual health are also addressed. In addition, NB/PP home visitation offers the opportunity to assess the safety of the home and the general health, nutrition and immunization status of the other household members/caregivers. Information on community services is provided and referrals are offered when indicated. These contacts lay the foundation for a positive outcome during the neonatal period and aid in the prevention or early detection of growth and developmental problems.

### 2006 Highlights

During the first three quarters of the year, outreach to new families at CVPH was accomplished through newborn rounds done by HSU and WIC program staff. New parents received information on the newborn contact done after discharge and were encouraged to accept the home visit offered. The support of the Adirondack peer counselors for breastfeeding mothers and the WIC breast pump program proved to help new mothers be successful at breastfeeding. Contacting the new families at the hospital to introduce these available programs has facilitated their success.

In the last quarter, the newborn visiting program was adjusted to better meet the needs of the agency due to prolonged nursing vacancies with HSU. The participants in the MOMS program all continued to be contacted by phone and offered a home visit. Other parents received a letter with information on

## Maternal / Child Services



CCHD programs and the phone number to call if they wanted a visit. A mailing was sent to the new family after discharge from HSU with information on symptoms of illness, safety, nutrition, development and immunization. Mothers who were breastfeeding at discharge, received a phone contact from a WIC peer counselor. Some parents requested home visits and the hospital also made requests for home visits.

Community partnerships continued to offer a strong network of support to families of newborns. Referrals were routinely provided to Early Advantages, Healthy Neighborhoods, WIC, Breastfeeding Peer Counselor Program, Child and Family Health Plus facilitators, Child Care Coordination Council, Joint Council for Economic Opportunity, Cornell Cooperative Extension and dental providers. RSVP volunteers provided quilted blankets, crocheted sweaters, hats, booties, blankets and mittens for new families in need throughout the year. Information about the Clinton County Traffic Safety Program events was provided to families. Technicians installed and/or provided new infant seats to families as needed. The Even Start program underwent restructuring but was able to continue providing assistance for attaining GED on a limited basis. The Kinship Cares program began operation and was much appreciated by the grandparents and relatives responsible for caring for newborns due to various reasons.

Infant and toddler toothbrushes were purchased through a grant and were provided to families with information on the importance of early oral hygiene. Infant sunglasses were provided on home visits during the first quarter and information on the importance of wearing sunglasses was given to families during the year.

The PSU senior nursing students were mentored by full time staff at HSU. The students shadowed nurses on visits and participated in the teaching of newborn care/feeding with families. They worked on special projects including family planning options, influenza vaccinations and importance of exercise.

Postpartum depression has become a more prevalent issue for new parents possibly due to better recognition of symptoms. Catholic Charities counselors have been able to meet the increasing needs for counseling and can sometimes provide free services and have no waitlist.

HSU staff went to HIV training, conferences on lead, dental health, mental health and breastfeeding. The March of Dimes provided online training to staff at no cost. Staff also attended several CVPH programs locally.

Software for monitoring and tracking newborn/postpartum referrals was trialed and ordered to begin use in January 1, 2007.

Referral information from CVPH had improved accuracy which aided in contacting families.

### **Findings**

- Newborn referrals increased in 2006
- During the fourth quarter formally targeted newborns did not routinely get a formal telephone call to assess the newborn and mother

## Maternal / Child Services



Newborn / Postpartum Visits 2004 - 2006	2004	2005	2006
No. Newborns Referred	747	730	777
No. Referred and Targeted for Visit	469	490	472
Numbers and percentage Targeted w/ Completed Home Visit	391 / 83%	409 / 83%	402 85%

\* "First-time Moms" / Special Need / MOMS Program participant

## Family Service / CSHCN

The Family Service Program is designed to provide the community access to nursing services that fall under the broad spectrum of public health goals. The five strands of public health are addressed. Nurses provide assessment, education and guidance in the areas of nutrition, development, safety, immunization and chronic disease prevention. HSU nurses also make referrals to the Developmental Services Unit as indicated.

Children with Special Health Care Needs (CSHCN) are those children 0-21 years of age that have, or are suspected of having a serious or chronic physical, developmental or emotional condition. This program is designed to improve the health and care needs of children who meet the eligibility criteria. The Physically Handicapped Children's Program (PHCP), a segment of CSHCN, assists eligible families by reimbursing for health services provided to their children without other third party coverage.

### 2006 Highlights

Fifty-three Family Service referrals were received in 2006. This is decreased from fifty-eight referrals received in 2005 due in part to better differentiation between CSHCN and Family Service. It was realized that many of the Family Service referrals were actually candidates for CSHCN, therefore; most of the referrals were put into CSHCN first and then referred to Family Service. Family Service Referrals were related to children missing well child appointments, asthma/allergies, parenting issues (bonding, postpartum depression), obesity/hygiene, bereavement, lice infestations, abnormal newborn screening results, premature birth and failure to thrive or slow weight gain. Nurses worked in partnership with the HCP and occasionally CCHD Home Care to monitor weight, growth and development, and help empower families to access needed services such as food stamps, housing assistance, HEAP, food pantries, insurance, including Child/Family Health Plus and GED programs.

Twenty-eight CSHCN referrals were made in 2006 (this is an increase from four in 2005). As noted this increase was due to better screening of referrals being eligible for CSHCN. Staff was better oriented on the eligibility requirements for CSHCN and services within the program.

Definitions and standardizing has improved intake and tracking of CSHCN versus Family Service. The CSHCN Care Coordinator continues to represent the unit at LEICC meetings.

The CSHCN completed an outreach campaign by developing new posters and pamphlets which were distributed to community agencies. A SPHN sat on the CCCC Advisory board and represented the public health view for child care and sat on the Medical Advisory Board for Head Start.

## Maternal / Child Services



### Family Service

	2004	2005	2006	%
<b>Family Service</b>	<b>42</b>	<b>58</b>	<b>53</b>	<b>- 9%</b>
<b>CSHCN</b>	<b>7</b>	<b>4</b>	<b>28</b>	<b>+ 86%</b>
<b>Total</b>	<b>49</b>	<b>62</b>	<b>81</b>	<b>+77%</b>

### Recommendations

- Continue to improve intake and tracking of CSHCN versus family service
- Staff to become more consistent in use of the family service and CSHCN admit form
- Include family service program on CSHCN pamphlet
- In-service staff on qualifiers for CSHCN

### Lead Screening Program

Clinton County Health Department (CCHD) offers a lead screening program to Clinton County residents who are enrolled in the Well Child Clinic, children aged six months to six years whose families request lead screening services and to family members of children with an elevated blood level >10mcg/dl. New York State requires children be screened at ages one and two years

Pediatric Health Care providers refer parents to a laboratory for lead testing via a venous blood draw. While many parents are using the local labs, Health Services Unit's (HSU) monthly lead screening clinic, offering capillary blood tests, produced 41 screening tests this year. Payment for services is based on a sliding fee schedule and 3<sup>rd</sup> party insurance.

Educational lead poisoning prevention information is offered to daycare providers, various community groups and community functions. The annual CCHD's Children's Health Fair, held on April 28<sup>th</sup>, included lead education for parents and free lead testing for children. Testing was conducted on 46 children: all results were within normal limits. Lead poisoning prevention material was also distributed to the local community at the Annual American Builders' Association Home Show by the Environmental Health Unit.

The annual Pediatric Provider meeting took place on June 27th for all local Pediatric/Family Practice providers and their staff, as well as CVPH Pediatric and Emergency Room staff. The New York State lead updates were discussed and current information on the; status of the county's Active Lead Program was presented.

The JCEO Head Start Enrollment Program for preschool children was held on August 23rd. The CCHD nursing staff participated by providing lead information and lead/hemoglobin testing. Sixty-six children were tested: 2 children had elevated blood lead levels (one was not from our county).

A comprehensive immunization/lead review was conducted at four Pediatric offices, one family practice office and the CCHD Well Child Clinic (WCC) in May and June. The records reviewed were those of children between the ages of 12-36 months.

## Maternal / Child Services



### Number of Elevated Lead Cases 2004 – 2006

	2004	2005	2006
10-14 mcg/dl	10	3	1
15-19 mcg/dl	3	2	4
≥ 20 mcg/dl	0	1	0
TOTAL	13	6	5
CCHD Children Screened	130	124	153

### Analysis

Clinton County's rate of tested children with an elevated lead level has continued to decrease from 2005, which is still significantly less than the New York State rate.

### Goals

- Continue on-going lead poisoning prevention outreach in collaboration with the Environmental Health Unit, Healthy Neighborhoods, WIC, Well Child and Partner Nurse Program. Continue on-going out-reach to promote to providers' testing of two year old children for lead.
- Increase on-going public education via distribution of posters and printed literature.
- Explore and collaborate with CCCC new avenues of educating the public through the Childhood Lead Poison Prevention Education Program.

## Oral Health Programs

### Dental Sealant Program

The Dental Sealant Program is funded through a NYSDOH grant that began in 1986. This year was the fifth year in the five-year grant cycle. In 2005 the funding supported three school systems in the area; Saranac, Northern Adirondack and Plattsburgh City School Districts. Funding for the Plattsburgh City School was discontinued in 2005. Grades two, three, five, six, seven and eight are targeted for participation. Each grade receives a twenty minute presentation on sealants. Every participating student receives an examination and a prophylactic cleaning if needed. Referrals to dentists are made for participants with potential or emergent dental problems. The grant covers all costs of the program including the sealant procedure and dental hygienist time.

Funding for the Saranac and Northern Adirondack School systems ended June 30, 2006. This was due in part to changes and new regulatory guidelines that were beyond Clinton County's capacity. Children were seen through March 2006. An inventory of supplies was taken and funding that remained was encumbered. Dental supplies including infant and child toothbrushes, educational materials and dental promotion through the media regarding prenatal dental care, baby bottle mouth and dental sealants was purchased. The supplies and media campaign were used to promote preventive dental care within Clinton County.

## Maternal / Child Services



The Dental Sealant Program was seen as an extremely important primary prevention program, since cavities nationally are a primary childhood disease. The sealant program helped to prevent missed school days due to dental issues and helped to create good oral hygiene habits. The loss of this preventive program will be felt in the community. Alternate means to meet this need in the community were addressed. The New Dimensions group applied to the NYS Dental Bureau of the Health Department for funding.

### Dental Sealant Program Statistics 2004-2006

School Year	2004	2005	2006
Children Evaluated	544	593	94
Total teeth sealed	1129	1846	396

### Prenatal Dental Program

In January of 2003, the MOMS Program added an oral health education component for prenatal women. Arising from the need to educate prenatal women on the importance of prenatal dental care, this program strives to reduce pre-term, low birth weight infants and other maternal complications.

Upon enrollment, the women are provided a "Dental Kit" and a demonstration on proper dental hygiene. The dental kit is comprised of a tooth brush, tooth paste, dental floss and fluoride rinse. Educational material is provided to ensure that the consumer has an understanding of when and how to brush, floss and rinse. The kit also includes education material designed to portray the potentially negative effects of poor dental hygiene in pregnancy. Clients are also provided with the names of dentists who accept Medicaid, information on obtaining transportation to appointments and the importance of making and keeping dental appointments.

In 2006, 371 women were enrolled in the MOMS program, thus receiving the first education piece and the Dental Kit. At the beginning of the third trimester, a second education is provided by the nurse. A final evaluation is completed at the post-partum visit.

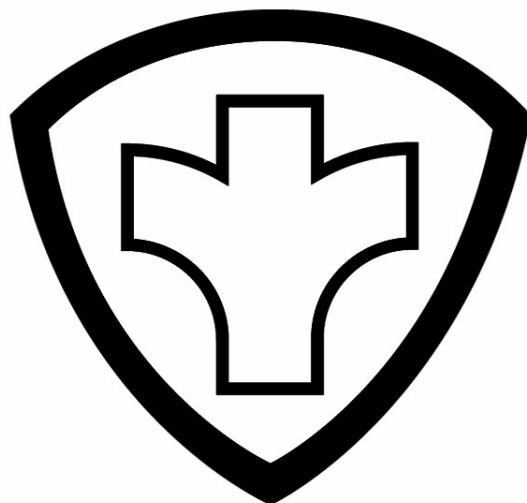
Since the start of the program in 2003, evaluation assessments have shown that MOMS participants increased the frequency of brushing, flossing and rinsing. Many women who have never considered flossing are now attempting to work this into their dental hygiene practice. The most significant impact of the program is the increased awareness of the importance of dental health provided to the clients and their families. In 2006 a new dental hygiene habits evaluation form was introduced. This form allowed for data collection to be more succinct. Plans are in work for 2007 to create a data base record-keeping system that would allow to further evaluate the efficacy of the program. The new system would provide more accurate data regarding the changes in dental hygiene habits at the 28 week period and the post partum period. The Dental Provider list is updated on a regular basis and outreach regarding the program will be made with dental offices to facilitate the ability for MOMS clients to obtain appointments.





## Glossary of Abbreviations & Terms

BT = Bio-Terrorism  
CCHD = Clinton County Health Department  
FTE = full time equivalent  
HSU = Health Services Unit  
Mcg/dl = micrograms per deciliter  
MCI = Mass Casualty Incident  
MMR = Measles, Mumps and Rubella virus vaccine  
MOMS = Medicaid Obstetrical Maternal Services  
MOU = Memorandum of Understanding  
N/A = Not applicable or not available  
NAPP = Northern Adirondack Planned Parenthood  
NBC = Nuclear Biological and Chemical  
NB/PP = Newborn/Postpartum  
NYS = New York State  
NYSDOH = New York State Department of Health  
OB = Obstetrical  
OPV = Poliovirus vaccine, live, Trivalent, oral  
PAC = Professional Advisory Committee  
PBS = Public Broadcasting Service  
PFEC = Patient Friendly Education Committee  
PHCP = Physically Handicapped Children's Program  
POD = Points of Distribution  
PPD = Tuberculin screening test (Purified Protein Derivative)  
PSUNY = Plattsburgh State University of New York  
PT = Part time  
QA = Quality Assurance  
RPh = Registered Pharmacist  
RRC = Regional Resource Center  
RSVP = Retired Senior Volunteer Program  
SASE = Self Addressed Stamped Envelope  
SIDS = Sudden Infant Death Syndrome  
SNS = Strategic National Stockpile  
SNT = School Nurse Teacher  
SPOA = Single Point of Access  
STI = Sexually Transmitted Infection  
TB = Tuberculosis  
Td = Tetanus and Diphtheria Toxoids Adsorbed, adult  
WCC = Well Child Clinic  
WIC = Women, Infants and Children  
WNV = West Nile Virus



# **Public Health**

Prevent. Promote. Protect.

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