



# 2008 Annual Report

Madison County Department of Health

## *Our Vision*

The Community will have access to programs and services that support them in healthy choices and enhance their quality of life and health future. Community members, Local Government, non-profit organizations, businesses and schools have a committed partnership in the development and provisions of health services, policies and programs.

## *Our Mission*

We, the Madison County Department of Health promote and protect the health of our community through assessment, education and by ensuring necessary services. Working within a network of partners, we strive to meet the health needs of Madison County with integrity, professionalism and respect.



Dear Madison County:

In 2008, the Madison County Department of Health (MCDOH) celebrated its 20th anniversary as a “full service” county health department. In 1988, then new public health director David Dorrance responded to the Board of Supervisor’s charge to develop a “full service Department of Health”. Housed on the second floor of the County Office Building, the Department expanded quickly and required additional space for staff. In November 1988, the Board of Supervisors approved the expansion of the Preventive Health Division and the creation of an Environmental Health Division. Additional programs including Early Intervention, Health Education, Community Assessment, and Public Health Preparedness were added in the years following.

Today the MCDOH is comprised of four main divisions: Administration, Environmental Health, Patient Services, and Preventive Health. Through these four divisions thirty-five programs that include disease control and prevention, field nursing, public health preparedness, health promotion, and regulatory activities are provided to the our community.

Over these past twenty years, economic, social, technological, medical, and political forces changed, and the roles and responsibilities of the Department subsequently evolved to reflect these changes. In 2008, we found ourselves again amidst such forces of change. MCDOH has been challenged in an era of decreased resources to address the escalating demands of public health activity, particularly in light of emerging diseases such as avian influenza and MRSA (methicillin-resistant Staphylococcus aureus). To successfully and pro-actively prepare and respond to these changes the MCDOH developed and initiated its first-ever strategic plan to identify and respond to these anticipated “hurdles” in light of local needs and limited resources. It has required a thorough examination and strategic redevelopment of the basic ingredients of human, organizational, informational, and financial resources. The strategies outlined in the plan provide a clear focus and direction that will be essential as we realign the Department’s resources and operating principles to meet the our community’s health needs and assume our unique leadership responsibility.

Identifying and understanding the health needs of our residents was a priority for the Department this year. In January 2008, the MCDOH launched a comprehensive community health assessment project to identify and prioritize the health needs of Madison County. Through a strong collaborative effort among community-based agencies and vital input from the residents we serve we now have better understanding of the most important health issues for our community, areas for improvement within our local public health system, external forces



[www.healthymadisoncounty.org](http://www.healthymadisoncounty.org) "Your source for local health information."

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*Prevent Division*  
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that impact the provision of health and healthcare services, and the health condition in Madison County. First and foremost in the assessment process was the creation of the Vision for a Healthier Madison County, which came from direct community input. The Vision represents the foundation by which a “blueprint” for a healthier Madison County will be established. Such a comprehensive “blueprint” or plan for the community prepares local public health system to anticipate, manage, and respond to changes in the environment. The diverse network of partners within the local public health system is strengthened through its implementation, leading to better coordination of services and resources, a higher appreciation and awareness among partners, less duplication of services, a sense of community ownership in initiatives, and, ultimately, may produce more innovative, effective, and sustainable solutions to complex problems.

In light of the community health assessment findings and in line with our strategic plan initiatives, the Health Department conducted internal evaluations of the department’s programs and services that subsequently led to the restructuring of the Preventive Services and Patient Services Divisions, resulting in better coordination and delivery of services while increasing productivity and improving overall quality of care.

While the Department will continue to be proactive in our approach by identifying and implementing programs to improve the health of all county residents, we will also continue to strengthen our capacity to protect the health of our residents in the face of a public health emergency.

Throughout this Annual Report you will find many examples of the Health Department’s proactive and responsive approaches to ensure that we are making a difference in the health of our community. I would be remiss, however, if I failed to recognize the unwavering dedication from the men and women of this Department by whose efforts our successes are realized. We express our sincerest thanks to the our elected officials, board members, community partners, and the residents of Madison County for their continued support.

To a healthier Madison County,



Eric W. Faisst  
Public Health Director

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# Administrative Services

## 2008 Highlights

- ❖ MCDOH ended 2008 \$331,851 (12.3%) under budget. This represents the 7th straight year that MCDOH has performed under budget;
- ❖ MCDOH Adopted a Tobacco Free Policy for all health department sponsored events and activities
- ❖ Completed the first phase of a comprehensive community health assessment
- ❖ Created a “Vision for a Healthier Madison County” to guide countywide health initiatives
- ❖ Received a Stanley Performing Art Center grant (\$1,700) for the purpose of engaging local artists in expressing the “Vision of a Healthy Madison County” through their respective art media.
- ❖ Hosted a symposium on **Healthy People, Healthy Places, & Health in All Policies**. Dr. Cathleen Walsh, Centers for Disease Control & Prevention, was the keynote speaker.
- ❖ The Director of Public Health was invited by the U.S. Centers for Disease Control & Prevention to participate on a national workgroup charged with developing a national health index
- ❖ Participated as a pilot site for the NYSDOH Learning Management System—a distance learning initiative for professional staff development Acquired technology to enhance department’s capacity for distance learning and other training and education activities;
- ❖ Hosted an open house for local elected officials to learn about the various programs and services available through the MCDOH.
- ❖ Hosted a Pandemic Flu training exercise with community stakeholders
- ❖ Conducted a full scale Flu POD drill

The Administrative Services Division provides critical operational support to the three service-based divisions of the Health Department (Environmental Health, Preventive Health, and Patient Services). Administrative Services responsibilities include: strategic planning, technology management, data and records management, finance and budget, contracts and grant management, quality improvement, resource management, personnel management, emergency preparedness, worker safety, and clerical support.

### Strategic Plan Implementation

The MCDOH initiated the first phase of its Strategic Plan in 2008. The overarching goal of the plan is to clarify MCDOH’s unique role within the public health system, and to *align its programs, services, and resources with community health needs*. A comprehensive strategic planning and assessment of our community’s health was initiated in January 2008. The “MAPP” project uses a nationally recognized community health assessment process to identify and prioritize health issues in a community, and develop strategies to address these issues. Phase one of the project was completed in 2008, which consisted of forming a project team, establishing a vision for the county and conducting four assessment activities. The four assessment yielded the following:



- Community Themes and Strengths: In December 2008, Zogby International, a professional polling agency, conducted a telephone survey of 400 residents of Madison County to determine priority health issues, quality of life, and health care practices. Oneida Health Care contributed \$5,000 towards the assessment activities which was used to fund the survey. Cancer, heart disease, and obesity were identified by the general public as the most important health issues challenging our community.
- Public Health System Assessment: In October/November 2008 approximately seventy (70) representatives from various agencies and organizations completed an assessment of the local public health

system. Areas for improvement were identified and prioritized.

- **Forces of Change:** On September 5, 2008 the *Forces of Change Regional Brainstorming Session* was attended by over 140 diverse representatives from Herkimer, Madison and Oneida Counties. Nineteen “forces” or themes were identified that positively or negatively effected health in our communities.
- **Health Status Assessment:** in partnership with Colgate’s Upstate Institute, data tables and health statistics were collected and published. A lack of data on the prevalence of childhood obesity in Madison County prompted a collaborative research project between MCDOH, Morrisville State College, and Madison/Oneida BOCES. The “Child Obesity Prevalence” or “BMI” project began in September 2008 with a tentative completion date of May 2009. This project represents one of the first child prevalence studies in NY and will provide the county with vital health information regarding one of our more vulnerable populations.

The information collected from the assessments will be used to identify priority health issues and develop a comprehensive health improvement plan for Madison County in 2009.

### ***Technology Management***

The MCDOH website is an important, credible health resource for our community. The site provides up-to-date information and resources on a variety of health topics and local health resources such as event and clinic schedules, fact sheets, local disease surveillance information, data and reports. Since the launch of the website ([www.healthymadisoncounty.org](http://www.healthymadisoncounty.org)) in May of 2007, over 25,000 visits were recorded. The number of new visitors, repeat visitors, and time spent increased in 2008. By monitoring the types of information that individuals are seeking, the department is able to adjust our messages and health information resources to respond to the community’s health information needs.

Technology offers opportunities to enhance the quality, quantity, and efficacy of the programs and services the department provides to Madison County residents. By maximizing the use of current technologies such as wireless internet and communication access and web-based training, department staff were able to spend more time in the field, serving our clients and citizens. Through a collaborative partnership with Colgate’s Upstate Institute, student interns assisted the Department’s Environmental Health Division in converting our regulated facility information into GIS mapping data. GIS mapping expands our departments capacity to manage the regulated facilities, as well as our ability to respond promptly to community and agency information requests. Within the Administrative Services Division, the continued analysis and redesign of our billing processes, led to the department’s ability to post all Medicaid remittances electronically, thereby improving billing efficacy and facilitating timely reimbursement and cash flow.

### ***Finance & Budget***

In 2008, the financial landscape for governmental public health activities was negatively impacted by the downturn in the national economy. In April the first funding reductions in state aid reimbursements and grant funds were realized at the county level, with additional reductions experienced throughout the remainder of the year. In light of these reductions, and conscious of our taxpayers heightened concerns and expectations for the public sector’s fiscal viability, productivity, and accountability, the MCDOH made every effort to reduce county costs while maintaining quality services. Through a concerted effort that included improvements and efficiencies in how we do work, maximizing grant funds, negotiation of higher reimbursement rates, and increased worker productivity, the MCDOH ended 2008 \$331,851 (12.3%) under budget. This represents the 7th straight year that MCDOH has performed under budget.

The demand and cost for services in our Early Intervention and Education and Transportation of Handicapped Children's Programs (a.k.a. Pre-K) continues to rise each year. In 2006 the MCDOH adopted a financial management strategy of cost-containment to minimize transportation costs while maximizing reimbursement revenues. The ongoing contractual agreement with VMC, Consultants' Transportation Management Services for the transportation of pre-school handicapped children insures that the program operates safely and at the lowest possible cost level. Likewise, the County's investment in an automated billing system in 2006 has improved the Department's ability to manage the billing process and maximize reimbursement revenues.

Revised Medicare regulations were enacted in 2008 requiring the department to record and track nursing and non-routine medical supplies associated with patient care. Failure to comply could result in reductions in reimbursement revenues. However, compliance could result in higher reimbursement revenues received. The recording of medical supplies in the patient care records has been a practice for the Department's field nursing activities prior to the regulation and facilitated the Department's ability to comply with the new regulation. The average reimbursement for a patient care episode in 2008 was \$1,921, a 15.4% increase from 2007 (\$1,664). Compliance with the new regulation contributed to these increased reimbursement revenues realized by the Department.

### ***Quality Improvement***

Several initiatives and activities were put into practice in 2008 that contributed to improvements in the overall quality of the programs and services the MCDOH provides to the community. The application of a business process analysis (BPA) methodology within the Patient Services Division continued to streamline service delivery and patient care processes that ultimately bring about improved patient care. Additionally, the BPA represents an important phase in MCDOH's migration of departmental records to the County's Electronic Data Management System.

The MCDOH's Staff-Management Committee, established at the end of 2007, spearheaded several initiatives leading to improvements in overall communication within the department including a departmental newsletter, email accessibility, and expansion of communications technology capabilities to field staff. A survey of department staff indicated that overall communication had improved in 2008. In addition, several internal policies and procedures were developed or revised that brought about improvements in our daily operations.

Investments in staff development and training, including distance learning technology, the recruitment of key staff including a part-time quality assurance personnel, physical therapy coordinator and wound specialist, the establishment of an active Quality Control Committee, organizational restructuring activities, and the implementation of the County's Management Performance Program further contributed to overall quality improvements to the MCDOH, and ultimately to the benefit of those we serve.

### ***Workforce Development***

In 2008, attention was directed towards workforce development. The MCDOH staff continues to take on emerging and complex health issues in the face of significant challenges including staffing shortages, an aging workforce, advances in technology, and financial constraints. Therefore it is imperative that MCDOH be adequately staffed and that this staff be experienced, motivated, and well trained.

At the request of the Chairman of the Board of Supervisors, MCDOH developed a five-year plan that profiled the current county health department workforce and provided workforce projections over the next five years. An internal study of Department staff revealed that through retirements, resignations, budgetary constraints,

programmatic changes at both state and local levels, the available pool of potential employees, and other factors affecting staff recruitment and retention, we could potentially see up to a 35% turnover in staff over the next 5 years. The MCDOH initiated several courses of action to address this potential threat and ensure that the Department retains our ability to provide quality, professional services to our residents in the most efficient and effective manner.

Budget allocations for 2008 were specifically earmarked for work force development activities that include enhanced training and continuing education opportunities, recruitment and retention efforts, and work environment modifications. An internal Career Development Task Force established a framework for a comprehensive career development program. The first phase of this project included the identification and development of assessment tools to gauge staff skills, abilities, knowledge and overall competencies in relationship to professional standards.

The MCDOH participated as a pilot site for the NYSDOH Learning Management System (LMS) —a distance learning initiative designed to facilitate and enhance professional staff development and competency building. Through use of the LMS system staff were able to assess their individual training and skill development needs. Once determined, staff were able to select and complete free distance learning training modules available through the LMS system. MCDOH also participated in a NYDOH Leadership Competency Assessment project to develop and improve leadership competencies among public health professionals. Assessments were conducted on twenty-seven health department management and non-management staff to identify training and staff development needs.

An Employee Recognition Program was established in 2008 to acknowledge the Department's dedicated and hard working staff. Each month staff nominate and vote for employees who exemplify a strong work ethic and professionalism. The ERP is a positive factor that has fostered improved employee morale and an overall better work environment.

MCDOH Acquired technology to enhance department's capacity for distance learning and other training and education activities, e.g., webinars. By providing distance learning capabilities the Department is able to provide needed training in a most cost efficient manner.

# Environmental Health

## 2008 Highlights

- ❖ A fact sheet about the public health issues associated with gas drilling was developed and disseminated
- ❖ An environmental health workshop was provided to new home buyers
- ❖ Village of Cazenovia won the annual water taste contest hosted by MCDOH.
- ❖ Assisted North Brookfield with the installation of a suitable water treatment for the Town Park well
- ❖ Environmental Health staff responded promptly and effectively to a number of food recall/contamination events involving packaged meat and peanut butter products.
- ❖ Nineteen individuals succumbed to a gastro-intestinal disease at a local music camp. Environmental Health Division staff worked closely with camp personnel to limit further spread and provide education on disease transmission and preventive methods.
- ❖ Coordinated and hosted a Home Expo at the Oneida Civic Center for homeowners, realtors, and contractors regarding safe lead paint removal and mitigation techniques.
- ❖ The Director of Environmental Health was accepted to the Northeast Public Health Leadership Institute for leadership development and training.

The Environmental Health Division applies the principles of engineering, biological and social sciences for the detection, evaluation, control and management of those factors in the environment which influence public health. The division is charged with the enforcement of Public Health Laws and Sanitary Codes, which are utilized for the detection, prevention and mitigation of risks to human health associated with Madison County's living, working and recreational environments. The Division of Environmental Health responds and provides assistance to local municipalities as well as the general public, in addition to regulatory activities associated with facilities permitted under New York State Sanitary Codes.

## Environmental Education & Outreach

The Public Health Educator dedicated to Environmental Health issues continues to fill an important role in providing the public with information about emerging health issues, regulatory requirements and education intended to reduce residents risk from the ill effects of various environmental conditions, such as West Nile Virus (WNV), Eastern Equine Encephalitis (EEE), Lyme disease, mold, radon and other Indoor Air contaminants. Inquiries regarding the smoking restrictions imposed by the Clean Indoor Air Act and ATUPA (Adolescent Tobacco Use Prevention Act) Law are addressed by the Health Educator, whose tasks include distributing information to tobacco vendors regarding their responsibilities for compliance, as well as recruiting and orienting youth volunteers willing to assist the Division with ATUPA compliance checks.

Health education pamphlets and other materials promoting environmental health are distributed through health fairs, civic and school events and other venues, as well as periodic displays established in the main County office



building lobby. Protocols regarding rabies treatment are forwarded to emergency care providers in addition to distributing rabies awareness information to the public. The following environmental health outreach activities were accomplished in 2008 through grant opportunities or cooperative arrangements with partnering organizations;

#### Radon Awareness

The Division received a grant award from the NYSDOH Bureau of Environmental Radiation for a three-year initiative to promote radon awareness in Madison County, which has been extended through June 2008. Radon outreach efforts in 2008 included presentations to various schools, educating potential first time home buyers of the dangers of radon and the importance of radon testing, as well as promoting radon testing and awareness through media campaigns and presentations to civic groups. The poster contest was again conducted as part of promoting National Radon Awareness Month, with middle school students from Oneida's OSMS again participating. A display was provided in the DMV lobby in January, and Radon Awareness campaigns were also conducted at the Home Expo held in May, and at the Relay for Life held in June at Oneida HS.

#### 1<sup>st</sup> Time Homebuyers Course, Environmental Issues

Staff from the Division continue to conduct presentations through the year on environmental issues related to the purchase of a new home through an arrangement with the Community Action Partnership of Madison County (CAP). CAP's Housing program offers subsidies and technical assistance to eligible first time homebuyers, who must complete a series of workshops related to financing, selecting and maintaining a new residence. The environmental workshop covers a range of topics that include individual sewage disposal systems and water supplies, drinking water quality, lead paint hazards, mold and indoor air concerns, bat roosts and rabies, mosquito borne disease and eliminating breeding areas, and various other issues that homeowners may typically encounter following the purchase of an older home.

#### Lead Poisoning Prevention

Elementary students from Bolivar Rd. school were educated on the sources and risks associated with Lead poisoning by educators from both Environmental and Prevent, who held a T-shirt contest that captured the kid's messages on lead hazards.

#### Internships & Youth Development

The Division benefited from an opportunity to host a Colgate student from the Upstate Institute's summer internship program, who expanded the Division's geographic information systems (GIS) data base by adding permitted facility data, lead poisoning and housing data and other environmental information.

Staff allowed students participating in the Government Intern Program held in April to "shadow" them while performing various field activities, including a food service inspection and water sampling activity. The Division repeated the youth shadow activities in December for the benefit of the Youth bureau's "Act for Youth" program.

#### ***Water Supply Protection, Sewage Disposal & Realty Subdivisions***

##### Public Water Systems

The division is responsible for monitoring all public water supplies in the County to ensure compliance with Part 5-1 of the State Sanitary Code, as well as providing technical assistance to the water systems. Surveillance sampling is performed to ensure the systems provide safe, potable water to the public, and all systems are inspected annually to ensure the elimination of any sanitary defects that pose a risk to the system. Assistance was also provided to community water systems in their preparation of Annual Water Quality Reports (AWQR), as well as con-

ducting required sampling for organic chemicals and radiological contaminants.

Water conservation advisories were issued in response to breaks in OCWA transmission mains that impacted the delivery of water to Madison County residents. The break in January temporarily suspended delivery of water, relying on stored water for supply, while the break in June of a 12" transmission main on Route 31 prompted a limited boil water advisory be issued. OCWA's new water storage tank serving the Village of Canastota was completed and placed on-line in January, while work on replacing water lines and pressure control facilities in the Village also proceeded.

Staff responded to individuals inquiring about water quality problems, and offered sampling recommendations and interpretations of water laboratory analyses. The protection of water resources and the importance of safe drinking water were also promoted by staff at various health fairs and community events, including holding the now annual water taste contest. The 2008 contest, held during the Cazenovia Sidewalk Festival in July, earned the Village of Cazenovia honors as winner, which entitled the PWS to participate in the Central New York Regional Competition.

#### Individual Sewage Disposal and Water Supply

The division reviewed 24 plans for individual on-site wastewater treatment systems (OWTS) in 2008, and collected water samples from 7 residences experiencing water quality problems. Staff conduct field visits to each site prior to plan review as well as follow up inspections of all systems approved for construction. Staff also provided technical assistance and sanitary code requirements to individuals requesting information on residential site development relative to on-site sewage disposal systems as well as individual water supplies. Interpretation of water test results is provided to residents requesting assistance, as well as information on well siting and construction standards.

The division continues to promote the training programs offered through the NYS Onsite Training Network as well as providing design guidance to contractors, design engineers and codes officials. Staff continue to monitor those individual water supplies impacted by the gas well accident in North Brookfield, and worked with the Town to install suitable treatment for the Town Park well.

Division management further assisted the Town of Sullivan in efforts to extend sanitary sewer service to Bridgeport and the remaining unsewered areas along the south shore of Oneida Lake.

#### Realty Subdivisions

The submission of Realty subdivision plans for housing developments declined in 2008, with only 2 projects submitted to the division for review and approval. Staff are involved with the review and approval of these developments, including site investigations and follow up with the respective municipality as well as responding to inquiries related to subdivision requirements. Staff provide technical assistance and work with the project designers to ensure all residential building lot's are created with acceptable sanitary facilities

The division also issued 64 declination of review certificates in 2008 for subdivisions of a minor nature that did not meet the definition of a New York State Realty Subdivision requiring formal review and approval.

## ***Community Sanitation & Food Protection***

### Food Service Establishments

Prevention of food borne illness is the primary focus of this program. This is accomplished by conducting quality inspections, educational seminars, and on-site training and enforcement actions for all food service establishments in Madison County. The division's sanitarian staff inspected all permanent food service establishments in the County; with high risk establishments inspected at least twice, and repeat inspections performed when operation was deemed unsatisfactory. Temporary and mobile food services were provided pre-operational inspections or otherwise educated as to the minimum sanitary standards associated with food preparation, and random inspections were performed dependent on the date of the events. No outbreaks of food borne illnesses were encountered in 2008, however staff responded to a number of food recall / contamination events, including those linked to the recalled packaged meat (E Coli) and Peanut King peanut butter products (salmonella).

### Temporary Residences, Campgrounds, Cottages

The Temporary Residence inspection program at hotels/motels, campgrounds and cottages emphasizes fire safety for the protection of the traveling public lodging at such facilities. Food service, swimming pool/bathing beach operation and maintenance, on-site water supply and sewage facilities are also reviewed. In addition to above, environmental health inspections of campgrounds include reviewing the facility's campsites for proper site spacing, shower and sanitary facilities. Where bathing facilities are provided, emphasis is placed on waterfront supervision, designated swimming areas and safety equipment. All facilities were found to be in compliance with Part 7 of the State Sanitary Codes.

### Children Camps

Children's camps are inspected annually for a variety of sanitary and safety factors, including reviews of the camp's safety plans and qualifications of the supervisory personnel. In order to provide a safe environment for children who attend summer camps, major emphasis is placed on ensuring that each camp provides an adequate number of trained, qualified staff, as well as appropriate provisions for waterfront safety and supervision. Attention is also focused on food service protection, adequate safe housing, proper sewage disposal, adequate garbage storage facilities, and safe, sanitary water supplies which meet State Sanitary Code standards. Special assistance was provided to the Madison County Children's Camp in response to extensive vandalism that occurred prior to camp opening.

Most notable of the 2008 camp activity involved GI outbreaks at a Music Camp held at Colgate and a smaller GI outbreak among councilors at Camp Fiver in Poolville. Staff responded in each case with guidance intended to reduce the spread of illness among the camp population.

### Swimming Pools and Bathing Beaches

The major focus of swimming pool/bathing beach inspections is on bather supervision, lifeguard requirements, life-saving equipment and its use. General safety provisions, chemical treatment, and the proper operation of equipment and maintenance of such facilities are examined. Safety plans, staff certifications and water quality reports were reviewed for compliance with Part 6 of the State Sanitary Code. Lifeguard and safety drills were observed during inspections and the division provided guidance to operators related to health and safety issues. Bathing beach water samples were collected and analyzed to assure bacteriological water quality meet standards established by the State. All were found to be within acceptable ranges as per the Code.

### Mobile Home Parks

Mobile home parks are inspected to ensure that the parks continue to meet the standards contained in Part 17 of the New York State Sanitary Code. In addition, the department responds to complaints from residents in the mobile home parks.

### Nuisances

The division responded to nuisance type issues, the majority of which involved sewage complaints, garbage, insect or rodent infestations, but also included incidents that adversely impacted neighboring properties, such as spreading manure and maintaining conditions that enhance mosquito breeding. All nuisance complaints were investigated in terms of the impact on public health and safety, per Part 8 of the State Sanitary Codes. The division was highly successful in addressing the complaints through education, technical assistance and follow-ups, including joint visits with local and state enforcement officials to assure the problem was eliminated.

### Environmental Lead Program

Environmental staff respond to all referrals of children with a blood lead level of >15 mg/dl and on-site investigations are conducted for BLL > 20 mg/dl, with educational information disseminated to residents and owners. Staff work closely with Prevent nurses to reduce the lead exposure hazard to decrease the blood lead level of the child. One lead investigation was conducted in 2008 in response to a BLL > 15 mg/dl.

Environmental staff also coordinated and held a Home Expo at the Oneida Civic Center in May, with a target audience that included homeowners, realtors, and contractors and which emphasized awareness of safe lead paint removal and mitigation techniques in conjunction with housing renovations.

### ***Other Environmental Health Programs***

#### Rabies Investigations

The Environmental Health Division is responsible for monitoring diseases that may be transmitted from animals to humans. Rabies, which is invariably fatal, is the most significant of these diseases.

The department held a total of 13 rabies clinics at different locations throughout the County. News releases are also prepared and published in local newspapers during the peak summer months to provide education to the public on the risks associated with contact with suspect animals and the dangers of the rabies virus. Staff also distribute rabies protocols to emergency care staff, conducted a workshop for Town dog control officers in February, and coordinate post exposure treatments (PET) for individuals at risk from rabies exposure. A total of 62 specimens were submitted in 2008, and five (4 bats and 1 skunk) tested positive for rabies, and a total of 17 individuals were authorized to receive PET.

#### Mosquito Surveillance and Vector Control Program

The department monitors mosquito populations within areas of the County identified as being at risk for the Eastern Equine Encephalitis (EEE) and the West Nile Virus (WNV). These efforts were part of a statewide program to minimize the public health risks associated with the transmission of these vector-borne viruses. In addition to public education efforts through the "Fight the Bite" awareness campaign, mosquito specimens were collected three times per week during the peak-breeding season (June-August) using traps set at 3 - 4 permanent locations. The specimens were identified and separated by species, preserved using dry ice and transported to the NYS Wadsworth Center for Laboratories and Research for analysis. The majority of species

found in the mosquito pools were identified as “bird-biting”, and none of the pools submitted in 2008 tested positive for either EEE or WNV. In addition, staff reviewed 22 reports of dead or ill birds and of those submitted for testing, all were negative for WNV.

This department also worked in conjunction with local officials and representatives from the City of Oneida’s mosquito program to provide outreach and education to residents of Madison County on the elimination of mosquito breeding grounds and other precautions to minimize associated health risks.

Staff also responded to inquiries regarding Lyme disease as well as providing information in regard to all of these issues at various health fairs. The Division will process ticks submitted for identification as a deer tick that may carry Lyme disease, and 18 of the 20 ticks submitted in 2008 were ID’d as deer ticks.

#### Adolescent Tobacco Use Prevention Act (ATUPA) Enforcement

In accordance with PHL Article 13-F, the Environmental Division oversees compliance of tobacco products sold by vendors in the County. Staff along with volunteer youth conduct compliance checks, re-inspections and follow-up visits. Quarterly reports of compliance checks, complaint investigation, non-registered vendors, enforcement action and names and addresses of violators penalized and/or fined are submitted to the NYS-DOH Bureau of Community Sanitation and Food Protection. Enforcement action was necessary for 2 ATUPA violation’s in 2008, both tobacco retailers operating in Cazenovia.

#### Clean Indoor Air Act (CIAA)

Effective July 24, 2003, the amended New York State Clean Indoor Air Act (CIAA), prohibited smoking in virtually all workplaces, including restaurants and bars. The Environmental Health Division was responsible for the education and enforcement of the legislation. In 2005, the Board of Health voted not to extend or issue any smoking waivers. Madison County is now one of the few counties in New York State that does not issue a waiver from compliance with the CIAA. All complaints are acted on, with the responsible operator contacted following an initial complaint and field compliance checks conducted after a second complaint is filed. No violations were cited in 2008.

#### Other Programs

The division provides guidance and/or technical assistance related to various other environmental health issues, including indoor air quality problems and smoking restrictions. Environmental surveys are performed in response to referrals regarding communicable diseases such as giardia, etc. The staff participates in various health fairs as well as distributes educational material and regulatory guidelines in response to requests from the public.

Staff also assisted various homeowners impacted by oil spills relative to monitoring their water supplies for contamination and coordinating cleanup activities with the NYSDEC. Staff responded to fuel oil spills at Bradley Brook Reservoir, a mobile home site in Fenner and a residence in Cazenovia.

Staff continue to assist the Planning Department to monitor algae bloom growth on Craine Lake.

**INSPECTIONS/PERMITS**

	Permitted			Inspected				Permitted			Inspected		
	2006	2007	2008	2006	2007	2008		2006	2007	2008	2006	2007	2008
<b>Food Protection</b>							<b>Public Places</b>						
High Risk	58	64	69	58	64	69	Children's Camps	15	14	12	15	14	12
Medium Risk	144	137	120	144	135	127	Swimming Pools	12	12	12	12	12	12
Low Risk	20	21	17	20	21	17	Mobile Home Parks	25	25	25	25	25	25
Institutional	110	85	74	110	85	76	Hotels/Motels/Cottages	22	23	23	22	23	23
Mobile	15	16	14	15	15	21	Campgrounds	16	15	16	16	15	16
Temporary	117	131	125	85	94	81	Bathing Beach	14	14	14	14	14	14
Enforcement Action	4	0	0										

**ACTIVITIES**

<b>ATUPA (RETAIL)</b>	2006	2007	2008	<b>ATUPA (VENDING)</b>	2006	2007	2008
Active	60	59	57	Active	10	4	2
Adult Compliance Check	60	59	57	Adult Compliance Check	10	3	2
Compliance Check w/Minor	70	0	57				
Enforcement Action	2	1	2				
<b>CIAA</b>				<b>NUISANCES</b>			
# of Complaints	17	14	7	# of Complaints	113	183	71
# of Investigations	17	14	7	% Resolved	113	96%	100%
Enforcement Action	3	2	0	# Resolved	102	176	71
<b>RABIES PROGRAM</b>				<b>PUBLIC WATER SUPPLY</b>			
# Animal Bites Referrals	164	179	138	# of Public Water Supplies	129	121	121
# Animal Bites Resolved	164	179	138	# Inspected/Sanitary Surveys	129	121	121
# Animals Submitted for Testing	80	67	62	# of Sampling Visits	212	240	254
# Animals Testing Positive	6	6	5	Community PWS	80	81	82
# of Animals Quarantined due to Exposure	23	27	34	Non-Community PWS	89	112	91
# of Human Post-Exposure Treatments	28	16	16	Individual Water	4	40*	64*
# of General Rabies Responses	151	76	65	Bathing Beach	28	25	26
# Rabies Clinics Offered	12	12	13	Radiological	3	0	9
# Dogs Vaccinated	1004	1029	907	Arsenic / THM-HAA5		15	
# Cats vaccinated	499	466	445	SOC/IOC/VOC	11	12	8
# Ferrets Vaccinated	8	12	70	<b>TICK I.D. PROGRAM</b>			
<b>MOSQUITO SURVEILLANCE PROGRAM</b>				# of Ticks Submitted	11	11	20
# Mosquito Pools Submitted	132	120	160	# Identified as Deer Tick Species	8	8	18
# Positive WNV Pools	0	0	0	<b>ENGINEERING PLAN REVIEWS</b>			
# Positive EEE Pools	5	0	0	Plan Approvals	43	61	38
# Positive (Other) Cache valley	0	0	1	<b>Environmental Lead Program</b>			
# Dead Bird Reports/ Hotline	42	27	22	# of Referral Investigations	3	0	1
# Birds Submitted	1	2	1	<b>FOIL</b>			
# Birds Positive	0	0	0	#FOIL Requests	0	0	26

\*2007 - Includes 28 samples collected from N. Brookfield residences.

\*2008 - includes 57 samples collected from N. Brookfield residences.

# Patient Services

## 2008 Highlights

- ❖ *Billable skilled nursing and therapy visits increased in 2008 resulting in increased revenues.*
- ❖ *County Home Care program costs were reduced by 75%*
- ❖ *Average reimbursement payment per patient care episode increased by almost 16% (\$1,664 in 2007 to \$1,921 in 2008)*
- ❖ *Restructuring of home care division resulted in an increase in the number of patients served, increase in revenues, decrease in costs, and overall quality improvements in patient care*
- ❖ *Established benchmark performance criteria for program effectiveness and efficiencies.*
- ❖ *Addition of a Physical Therapy Coordinator/Wound Care Specialist to staff enhanced the Division's quality of patient care*
- ❖ *New nursing staff added to address increasing demand for home care services and patient care*
- ❖ *Acquisition of Life Stream, a web-based software for our tele-health program improved our ability to monitor high risk patients on a daily basis and respond with immediate care interventions.*
- ❖ *The provision of and training on mobile IT and communications technology for field nursing staff has improved efficiencies while allowing nurses to spend more time on patient care.*

## Certified Home Healthcare Agency

The department continues to operate the only certified home health agency providing skilled nursing, home health aides, and ancillary services to Madison County Residents.

## Long Term Home Health Care Program

In-home long term care services provided through the Long Term Home Health Care Program (LTHHCP) is a cost effective alternative to nursing home placement. The care delivered effectively assists and supports Madison County's aging population, including the frail elderly, with the ability to remain in their own homes. This professionally managed plan of care addresses health and safety issues, coordinates with community agencies, and encourages family support. Providing safe, appropriate care is a primary goal of the Long Term Home Health Care Program and continues to be a cost effective alternative to institutionalization. The LTHHCP provides wavered services including a life line which is a personal emergency response system that allows a patient to summons help when needed.



In 2008, the Patient Services Division underwent considerable restructuring efforts to address cost efficiencies while improving the quality and level of services in response to increasing service demands. Boucher and Associates in conjunction with McCarthy and Conlin LLP completed an analytical review of the CHHA and its related programs. The resulting report identified areas for improvement that would increase profitability, improve compliance with state and federal mandates, enhance overall quality of patient care, and provide a "blueprint" for future actions.

The Department's successes in 2008 were achieved by investing our efforts and resources in work force development and training, quality improvement, and technology solutions.

Requests for skilled nursing, home health aides, physical, occupational, speech and nutritional therapy in the home is on the rise. Staff recruitment was a priority during 2008 with seven fulltime and nine per-diem RN staff hired. Two fulltime home health aides were also added. Recruitment for a Physical Therapy Coordinator and Director of Patient Services continued and by January 2009 these positions will be filled. The addition of new staff allowed the Division to accept more patients into the program. Furthermore, with more staff available, the existing nurses patient case loads were reduced, positively affecting patient assessments and documentation activities and contributing to improvements in the continuity of services, patient care, and billing activities.

A skilled, well trained and motivated staff is essential to quality patient care. The Patient Services Division took advantage of the augmented training budget to expand staff training activities in clinical patient care, medical coding, documentation and records management, software system applications, and program operations. In addition, an in-house mentoring system was established to assist with the orientation and training of new staff.

Significant Quality Assurance and Quality Improvement activities enhanced staff performance and patient outcomes relative to safe and appropriate case management. The Department's continued evaluation of the Home Care Program business processes specifically for the referral process, starts of care, resumption of care and revisits, has been instrumental in improving our ability to provide cost effective home care services. Expanded quality improvement efforts, including establishing benchmark criteria, routine chart audits, patient satisfaction surveys, upgrading policies and procedures heightened our ability to trend quality measures and facilitate corrective actions that lead to better patient care.

Telemedicine technology allows a patient to monitor his/her health status in their own home. Telemedicine along with current services provided by the agency add to a person's independence and quality of life while remaining in the home environment. In 2008, the Division acquired the Life Stream, a web-based software program for tele-monitoring. This new system further enhances the Division's current telemedicine program by improving our ability to daily monitor patients who are at high risk for re-hospitalization and identify subtle changes in condition so that intervention can be immediately initiated. In addition, the installation of "air cards" in the field nurse's lap top computers brought about improvements in nursing time management and patient data management by providing mobile, non-cabled-based access to the Division's data system. Nurses are therefore able to spend more time in the field providing patients care.

**HOMECARE**

	2006			2007			2008		
	Billable	Non-Billable	Total	Billable	Non-Billable	Total	Billable	Non-Billable	Total
<b>Skilled Nursing</b>									
Patients Served			954			953			901
Home Visits	8,109	352	8,461	8,426	384	8,810	9,324	939	10,263
<b>Ancillary Services— Home Visits</b>									
Physical Therapy	1,999	51	2,050	2,517	14	2,531	2,545	0	2,545
Occupational Therapy	81	0	81	270	0	270	306	1	307
Speech Therapy	128	0	128	157	0	157	101	0	101
Nutritional Therapy	0	2	2	12	2	14	28	5	33
MSW	15	6	21	20	9	29	35	13	48
<b>Home Health Aide</b>									
Patients			133			146			139
Home Visits	5,009	257	5,266	4,192	275	4,467	4,112	164	4,276
<b>Personal Care Aide Visits</b>									
PC SN Visit							1		1
<b>Consumer Driven</b>									
Patients									43
Home SN Visits							63	1	64

**LONG TERM HOME HEALTH CARE**

	2006			2007			2008		
	Billable	Non-Billable	Total	Billable	Non-Billable	Total	Billable	Non-Billable	Total
<b>Skilled Nursing</b>									
Patients Served			59			60			55
Home Visits	1,580	222	1,802	1,397	241	1,638	1,687	590	2,277
<b>Ancillary Services— Home Visits</b>									
Physical Therapy	61	10	71	100	0	100	139	0	139
Physical Therapy Patients			18			19			17
Occupational Therapy	0	0	0	47	0	47	5	0	5
Nutritional Guidance Visits	4	0	4	5	0	5	3	1	4
Audiology Visits	0	0	0	0	0	0	0	0	0
Home Delivery Meals	8,809	0	8,809	7,840	0	7,840	7,490	0	7,409
MSW Visits	38	0	38	25	0	25	41	0	41
ST	1		1	0	0	0	0	0	0
<b>Home Health Aide</b>									
Patients			59			60			55
Home Visits	6,008	259	6,267	5,969	569	6,538	6,223	219	6,442
<b>Personal Care Aide Visits</b>									
Patients			4			3			Listed Above
Visits	462	20	482	356	17	373			
Emergency Response System (Lifeline)	580	0	580	547	0	547	614	0	614
Social Daycare (2 days/week)	0	0	0	0	0	0	0	0	0
Total CHHA Visits	17,262	804	18,066	16,752	763	17,515	17,609	1,148	18,757
Total LTC Visits	8,154	511	8,665	7,899	827	8,726	8,098	810	8,908
<b>Grand Total</b>	<b>25,416</b>	<b>1,315</b>	<b>26,731</b>	<b>24,651</b>	<b>1,590</b>	<b>26,241</b>	<b>25,707</b>	<b>1,958</b>	<b>27,665</b>

Reports:

1. Billable Visits: Unduplicated Census for Cost Report
2. Non Billable Visits: Patient Services by Discipline report in 3M
3. Patient Counts: Unduplicated Census for Cost Report (billable visits only)
4. Life line: LTC Program report Discoverer-Lifeline Tan
5. Home Delivered Meals Discoverer: Report Lifeline Tab
6. In the year 2002 we used % to split non-billable visits from CHHA to LTC for SN and HHA non-billable visit.

# Preventive Health

## 2008 Highlights

- ❖ MCDOH's weekly Disease Surveillance Report recognized by NYSDOH as a best practice.
- ❖ Partnered with Cornell Cooperative Extension of Madison County to offer two six-week "Eating Well with Diabetes" workshop series to educate and provide skills on how to manage Type 2 Diabetes through diet and exercise.
- ❖ Sponsored a five-week "Take Charge of Your Diabetes" workshop series to provide education on how to manage Type 2 Diabetes.
- ❖ Awarded Living Well at Work awards to Cornell Cooperative Extension of Madison County for providing a breastfeeding-friendly workplace and to Mid York Child Care Coordinating Council for their commitment to promoting healthy eating and physical activity at the workplace.
- ❖ Partnered with the Greater Oneida Chamber of Commerce to provide and promote an Electronic Benefits Transfer (EBT) machine at the Oneida Farmer's Market to increase access to fresh fruits and vegetables to residents on Food Stamps.
- ❖ Sponsored 6th annual Eat Well Play Hard Family Fun Day with 700 attendees at Allen Park in Oneida. The event highlights healthy lifestyle activities with an emphasis on healthy eating and physical activity.
- ❖ Sponsored five free community events celebrating TV-Turnoff Week, reaching 450 people.
- ❖ Distributed 110 low-cost car seats to income-eligible families.
- ❖ Partnered with Madison-Oneida BOCES, Morrisville State College Baccalaureate School of Nursing to initiate child obesity prevalence study in Madison County

The Madison County Preventive Health Services division focuses on health promotion, illness and injury prevention, and health maintenance. Programming is designed to promote the highest level of health for Madison County residents through health education and out reach, anticipatory guidance, prevention of illness and injury, control of community infection, advocacy, and health care planning. Ongoing collaboration with other community agencies and providers helps to ensure that comprehensive services are available to the populations served. The division was restructured in 2008 into four main program areas: disease control and prevention, family health, children with special health care needs, and injury prevention.

## Disease Control and Prevention

### Disease Surveillance & Response Committee

The disease surveillance committee (DSRC) continues the ongoing active disease surveillance capacity for MCDOH. The DSRC works with A network of community-based partners to facilitate the communication of timely and factual health information. This network of partners links to the DSRC Committee through communication channels and organization representative or liaisons. DSRC informs network partners and residents of local disease activity including influenza risk, recommends responses that match the risk, and coordinates appropriate and consistent risk communication messages on an ongoing weekly basis. In 2008 we continued to add new agencies and/or members to our Partner Network. Now in its third year, the DSRC has established baseline trend data for influenza, and other disease activity. The trend information will allow us to better identify, prepare for and respond to emerging health issues and seasonal disease activity. Likewise, the County is better prepared to respond to pandemic influenza or other communicable disease outbreaks because this com-



prehensive program and its diverse county partners are regularly practicing measures that would be used in a public health emergency.

### Immunizations & Vaccinations

The Department continued to work in collaboration with Maxim Health Support to provide flu vaccine at various clinics across the county to maximize the availability of flu vaccine to our residents. The Health Department provided vaccine for nursing school students and on site vaccine for daycare workers, Head Start, WIC and Community Action Program for Madison County agency staff working with families. In the 2008 fall flu clinics, flu vaccine was provided by the NYSDOH for Point of Distribution (POD) drills in preparation for a potential pandemic flu event. County employees, police, fire and EMS workers from the county were given vaccine at a mass clinic while a simultaneous clinic was held in Hamilton for southern EMS staff. This exercised demonstrated our ability to conduct such vaccination activities should an emergency event occur, and aided us in identifying areas where our efforts could be further strengthened and improved.

The Department also serves as a resource for providers and schools on the NYSIIS (New York State Immunization Information Services) and worked to expand services provided through contract for sexually transmitted diseases (STD) treatment to include immunization services. In addition, the Department actively worked with Adult Immunization Alliance of the Mohawk Valley and Madison County workgroup to promote the benefits of immunizations in the region

The Health Department continues to offer immunization clinics in Wampsville, Morrisville, and Brookfield throughout the year. In 2008 the Department administered 1284 flu shots and 1787 immunizations.

### Communicable Disease

Through the disease surveillance activities, STD's were identified as a priority issue. Additional STD and associated demographic data were collected and analyzed. Department staff participated in a focus group and educational opportunity at Madison County children's camp, identified youth based education needs, identified college education needs, and worked with Act for Youth Coordinator to have a Canastota student conduct focus groups with 9-12 grade students and help develop youth messages. Department is also working with the Act for Youth Coordinator and a Morrisville student to help develop on-line messages.

During a week long period in June, nineteen individuals attending a music camp at Colgate University became ill. Tests results positively identified Calicivirus (a Norwalk-like virus) as the infectious agent. Calicivirus is an extremely common cause of food borne illness spread primarily from one infected person to another. Prevent and Environmental Health Division staff worked closely with camp personnel to limit further spread and provide education on disease transmission and preventive methods.

### ***Chronic Disease***

#### Diabetes Prevention Partnership

Madison County is part of the CNY Diabetes Prevention Partnership, a five-county consortium that includes Tompkins, Cortland, Cayuga, and Onondaga Counties. The partnership is led by Seven Valleys Health Coalition in Cortland. The five counties were awarded a five-year grant to educate residents on self-management and to promote prevention of Type II Diabetes. Through a local partnership with Cornell Cooperative Extension of Madison County workshops on diabetes management were provided to community members. MCDOH awards Living Well at Work awards to local agencies and organizations for their commitment to pro-

moting healthy eating and physical activity at the workplace.

### Eat Well Play Hard

The Health Department was awarded a five-year Eat Well Play Hard grant from the NYS Department of Health for Madison and Herkimer Counties. The Health Department partners with Cornell Cooperative Extension of Madison County and Herkimer County Health Net to prevent childhood overweight by partnering with community organizations to implement programs, policies and environmental changes targeting children age two to ten and their families. In collaboration with the Greater Oneida Chamber of Commerce residents on food stamps were able to access fresh fruits and vegetables at the Oneida Farmers Market using an Electronic Benefits Transfer (EBT) machine. Three such events were held throughout the season to attract people to the market.

The Health Department worked with Morrisville Children's Center and Oneida Area Day Care on Nutrition and Physical Activity Self Assessment in Child Care (NAPSACC) project. The centers completed a pre-assessment in order to identify areas for improvement. Child care staff received training and the center received technical assistance to implement changes that promote healthy eating and physical activity. A post assessment revealed that several important practice changes occurred as a result of the project. Likewise the Health Department provided training and resources to Community Action Program's Starting Together staff which support a practice change of incorporating more physical activity and outdoor play into home visits.

The Health Department continued its sponsorship of the Eat Well Play Hard Family Fun Day drawing over 700 attendees to Allen Park in Oneida. The event highlights healthy lifestyle activities with an emphasis on healthy eating and physical activity. Similarly, our sponsored five free community events celebrating TV-Turnoff Week, reached 450 people.

### Healthy Living Partnership

The Healthy Living Partnership is a grant from the NYSDOH by which comprehensive colorectal, breast, and cervical cancer screening services are provided for un- or under-insured Madison County residents. Madison County partners with Oneida and Herkimer Counties as part of a tri-county approach to improve cancer screening activities in our region.

In 2008, 38 Madison County residents participated in the Healthy Living Partnership through referrals for screening services. HPV vaccine (Gardasil®) was offered to 8 qualifying women age 19-26. Gardasil vaccine protects against several viruses that can cause cervical cancer.

### Child Obesity Prevalence Project

Through a collaborative partnership between the Madison-Oneida BOCES, the Morrisville State College's Baccalaureate Nursing Program, and the Madison County Department of Health, a comprehensive prevalence study on childhood obesity is currently underway within the local school districts. Height and weight measurements for children between Pre-K and twelfth grade are being measured and Body Mass Index (BMI) values calculated among students from participating schools. Over 3000 student's height, weight and BMI's were recorded by the end of 2008. Data collection activities are scheduled to be completed by early 2009, with the study report available sometime in mid-2009. The results of the study will represent the first data of its kind for this age group in Madison County, as well as elsewhere in NY State.

## ***Family Health***

### **Maternal Child Health**

The health department continues to partner with REACH CNY Perinatal Network in the Our Cribs for Kids Program. Twelve (12) port-a-cribs were supplied to families lacking a safe sleep area for their new infant. SIDS risk reduction, shaken baby and safe sleep education were provided to these families. Through outreach an additional physician group joined as a MOMS provider. The MOMS program is a Medicaid health insurance program. The Health Department assists women with enrollment in the program and continues with the Health Supportive Services to promote early prenatal care, health education and linking to services. The MOMS program offers Madison County residents the availability to seek care with physicians that deliver at Oneida Healthcare Center, St. Joseph Hospital, Crouse Hospital and Community General Hospital.

### ***Injury Prevention***

#### **Child Passenger Safety Program**

The Child Passenger Safety Program is coordinated and operated by certified child safety seat technicians. Certified technicians are trained to check child safety seats and educate parents and caregivers on how to properly install child safety seats. In 2008, 110 low-cost car seats were distributed to income-eligible families.

### ***Children with Special Health Care Needs Programs***

#### **Early Intervention**

The Early Intervention Program is a state mandated program that provides services to infants and toddlers (0-2 yrs old) with disabilities. In 2008 a LEICC ( Local Early Intervention Coordinating Council) committee worked to update the KIDS ( Keeping Infants Developmentally Sound) guidelines for developmental milestones. Informational packets were distributed to health care providers, daycare providers and agency staff. The updated guidelines educates providers and community based agencies on the milestones and facilitates the referral process to the Early Intervention Program.

For the last 2 years the Department's EI Program has been participating in the statewide confidential voluntary cohort study based at the University of Binghamton. A selected number of eligible children are evaluated prior to, and again after they receive Early Intervention services. This resulting information will be used to measure the progress and effectiveness of the NYS Early Intervention program.

Each quarter the Department's Quality Assurance program reviews satisfaction surveys form Early Intervention and PHCP families to improve and enhance the services we provide to the families we serve. The Early Intervention Program continues to provide quality services that meet family needs as evidenced by the favorable outcomes of a 2008 NYSDOH Program Evaluation.

#### **Education and Transportation of Handicapped Children (Pre-K)**

The Education and Transportation of Handicapped Children Program is a state mandated program that provides special education service to three and four year old children with disabilities according to provisions under Section 4410 of the New York State Education Law. Services provided to children include special education center-based programs or itinerant related services such as speech, physical, and occupational therapies along with a special education itinerant teacher and transportation. Referral and approval for services are made through each child's school district's Committee on Pre-School Special Education (CPSE).

Physically Handicapped Children’s Program

The Physically Handicapped Children’s Program (PHCP) serves children birth to 21 years of age who have a handicapping condition or chronic illness, such as heart problems, orthopedic conditions, asthma, cancer, blood disorders and handicapping dental conditions. If the child’s condition falls within the scope of the program, and the family is financially eligible, PHCP can then assist with paying for the treatment of the child’s specific condition. Services that are covered include office visits, surgery, orthopedic appliances, outpatient lab work, x-rays, and other needed tests and medications.

<b>Children with Special Health Care Needs: Service Utilization 2004—2008</b>					
<b>Early Intervention</b>	2004	2005	2006	2007	2008
Total # referrals	114	122	139	149	130
# Children served/year	131	124	109	101	197
# EI home visits	478	442	464	441	453
# Child find referrals	28	23	65	50	49
<b>Education &amp; Transportation of Handicapped Children (Pre-K)</b>	2004	2005	2006	2007	2008
# Itinerant served	121	125	129	156	155
# Center based Served	32	38	49	51	84
<b>Physically Handicapped Children Program</b>	2004	2005	2006	2007	2008
# Served	157	140	115	105	88

**Reportable Diseases: Number of Confirmed Cases—2004 to 2008**

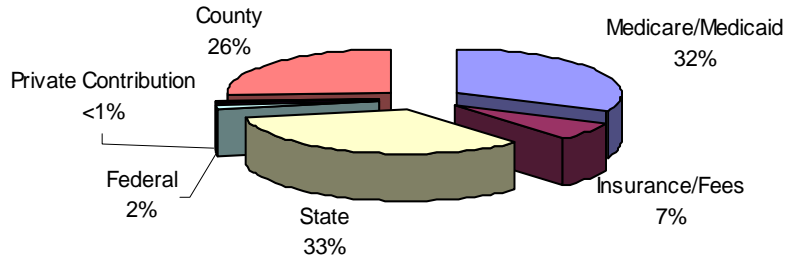
DISEASE	2004	2005	2006	2007	2008
AIDS	1	2	Not released by NYSDOH yet	Not released by NYSDOH yet	Not released by NYSDOH
CAMPYLO BACTERIOSIS	8	7	8	15	14
CHLAMYDIA	91	89	89	125	113
CRYPTO SPORIDIOSIS	4	12	9	11	10
E-COLI 0:157	3	3	1	1	1
ENCEPHALITIS	1	0	3	0	0
HEP A	2	1	1	0	1
HEP B (ADULT)	0 acute 10 chronic	0 acute	0 acute 1 chronic	2	5 chronic
HEP C	0 acute 36 chronic	41 chronic	0 acute 22 chronic	0 acute 2 chronic	28 chronic
GIARDIASIS	12	6	13	0 acute 33 chronic	9
GONORRHEA	10	7	9	9	7
INVASIVE H FLU	0	1	2	4	2
LISTERIOSIS	1	0	0	0	0
LYME DISEASE	7	3	2	0	21
MALARIA	0	1	0	0	0
MENINGITIS - ASEPTIC	4	3	4	0	0
- BACTERIAL	0	1	1	0	0
PERTUSSIS	41	1	8	11	3
PSITTACOSIS	0	0	0	0	0
STREP GRP A INVASIVE	0	0	0	6	5
STREP PNEUMONIA	5	8	7	4	11
SALMONELLA	17	16	5	9	13
SHIGELLOSIS	1	0	1	0	0
STREP GROUP B	3	2	8	3	7
SYPHILIS	1	0	1	0	1
TUBERCULOSIS	0	0	0	1	1
YERSINIOSIS	1	1	0	1	0
LEGIONELLOSIS	0	1	0	0	1
INFLUENZA A lab confirmed		24	10	40	81
INFLUENZA B lab confirmed		0	3	6	22

Source: NYSDOH, 2008

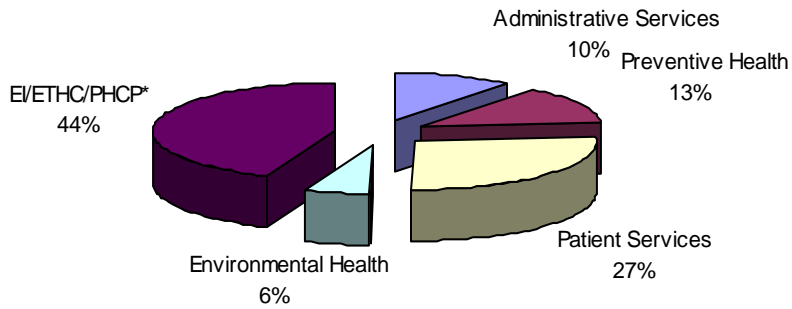
# *Appendix*

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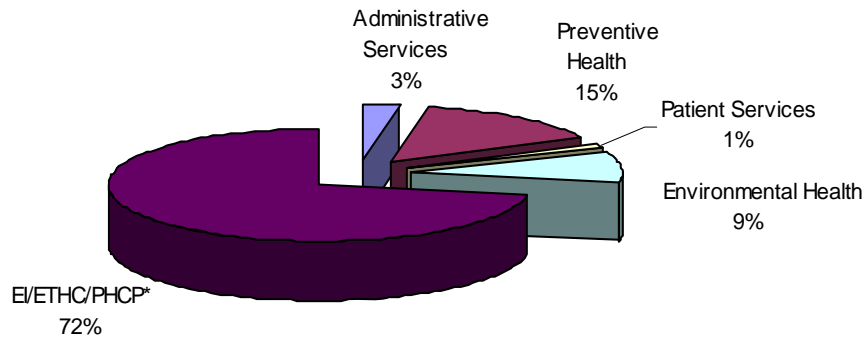
**Department Revenues by Source**  
2008 Total Revenues \$9,126,872



**Department Expenses by Division**  
2008 Expenses \$9,126,873



**Department Expenses by Division**  
2008 County Share \$2,367,343



\* Early Intervention; Education & Transportation of Handicapped Children (Pre-K); Physically Handicapped Children Program

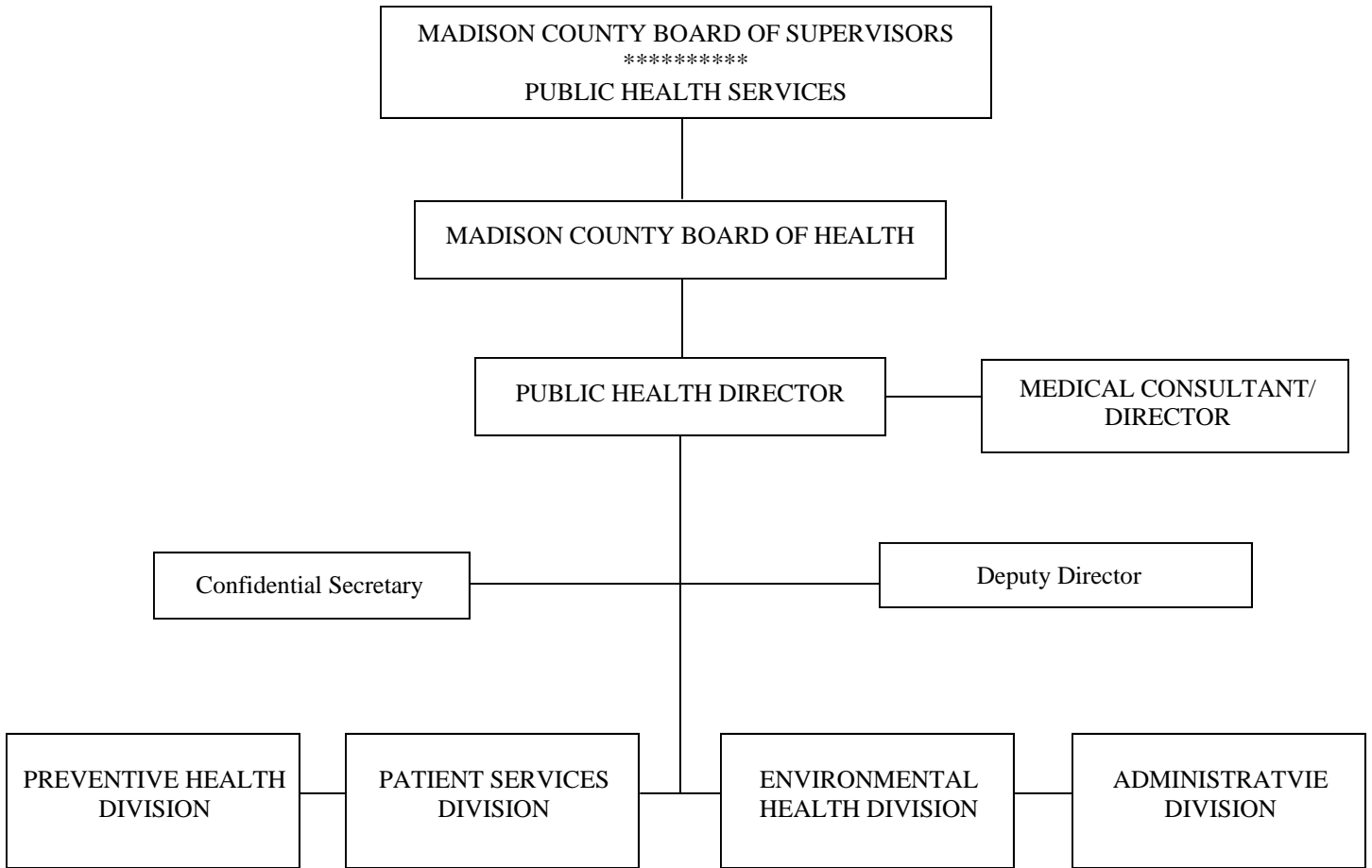
**Madison County Department of Health  
Statement of Revenues and Expenses  
For the 4th Quarter Ending 12/31/08**

	Modified Budget	01/01/08 - 12/31/08 Actual	Under (Over) Budget
<b>Revenues</b>			
Public Health Administration	800,149	827,683	(27,534)
Preventive Health	793,238	735,475	57,763
Home Care	2,133,516	2,406,057	(272,541)
Federal/State Grants	55,739	85,002	(29,263)
Eat Well Play Hard Grant	156,830	99,323	57,507
EI Program	460,000	610,569	(150,569)
Preschool Special Education	1,481,284	1,609,784	(128,500)
Physically Handicapped Children	35,000	38,968	(3,968)
Environmental Services	405,407	346,667	58,740
<b>Total Revenues</b>	<b>6,321,163</b>	<b>6,759,529</b>	<b>(438,366)</b>
<b>Expenses</b>			
Public Health Administration	897,192	891,948	5,244
Preventive Health	1,206,870	1,090,063	116,807
Home Care	2,545,913	2,431,437	114,476
Federal/State Grants	55,739	58,774	(3,035)
Eat Well Play Hard Grant	159,873	103,893	55,980
EI Program	602,478	641,246	(38,768)
Preschool Special Education	2,884,943	3,294,292	(409,349)
Physically Handicapped Children	60,000	61,523	(1,523)
Environmental Services	607,350	553,697	53,653
<b>Total Expenses</b>	<b>9,020,358</b>	<b>9,126,873</b>	<b>(106,515)</b>
	<b>County Share Budget</b>	<b>Actual County Cost</b>	<b>Actual/Budget Comparison</b>
<b>County Share</b>	<b>\$2,699,195</b>	<b>\$2,367,343</b>	<b>+ \$331,851</b>

+ = Better than Expected compared to Budget

- = Worse than Expected compared to Budget

# Organization Chart



## ***Board of Health Members***

John Endres, President  
John Salka, Vice President  
Wendy Cary  
Dr. Rachel Elder  
Julie Murawski  
Dr. Samuel Barr  
Dr. Robert Delorme

## ***Public Health Services Committee***

John Salka, Chair  
James Goldstein  
Alex Stepanski  
Ron Bono  
Lew Carinci

## ***Medical Consultant***

Dr. Joseph Bearman

## PUBLIC HEALTH FUNCTIONS AND ESSENTIAL SERVICES

Public health encompasses three core functions: *assessment* of information on the health of the community, comprehensive public health *policy development and advocacy for best management practices*, and *assurance* that public health services are provided to the community. These functions have been defined further and expanded into 10 essential public health services.

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

Effectively provided, these services will reduce the substantial burden of preventable illness and injury. Further, costly medical services needed to treat preventable conditions are avoided. Prevention is not only cost-effective; it is fundamental to assuring quality of life for all Madison County residents. While no definition of public health's essential role in our county's health system will ever be final, this statement of essential services is used as a tool for moving forward with greater clarity of purpose in a time of challenging changes.

<sup>1</sup> Institute of Medicine, Committee for the Study of the Future of Public Health. *The Future of Public Health*. Washington, DC: National Academy Press, 1988.

<sup>2</sup> Harrell, J.A., and Baker, E.L. The essential services of public health. *Leadership in Public Health* 3(3):27-31, 1994.



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