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## Abbreviation Glossary:

C/D – Communicable Disease  
D&TC / DTC – Diagnostic & Treatment Center  
EI – Early Intervention  
GCPHD – Greene County Public Health Department  
HIV – Human Immunodeficiency Virus  
LHCSA – Licensed Home Care Services Agency  
MCH – Maternal Child Health  
NYSDOH – New York State Department of Health  
NYSACHO – New York State Association of County Health Officials
Greene County Public Health Department undertook a strategic planning process during mid-2014. Strategic Planning is a requirement for Public Health Accreditation and is an ongoing process.

**MISSION STATEMENT:**

*Our mission is to serve the community collaboratively to prevent disease, promote and protect health, and to provide education that supports healthy lifestyles.*

**VISION STATEMENT:**

*The community will recognize, value and respect us as a trusted resource and partner, relying on our knowledgeable and committed staff to support a healthy Greene County.*

**VALUES:**

- **Dedication:** We go the extra mile to find the answer and follow up until the job is done.
- **Professionalism:** We demonstrate and treat others with respect in our presentation and behavior.
- **Excellence:** Our knowledgeable staff continually strives to improve and seek out best practices.
- **Compassion:** We are caring, non-judgmental and understanding.
- **Teamwork:** Our team works effectively and communicates with each other and our community to accomplish our mission.

**STRATEGIC ISSUES AND GOALS:**

**Issue 1: Education and Community Engagement**

**Goal:** Individuals, families, and community partners will have a better understanding of public health and be active participants in creating a healthier Greene County.

**Issue 2: Workforce Development and Internal Collaboration**

**Goal:** Develop and maintain a knowledgeable, adaptable, and collaborative workforce.

**Issue 3: Information Management and Quality Improvement**

**Goal:** Establish and maintain effective systems to track, analyze, and communicate data to ensure the highest quality health outcomes.

**SIX CORE SERVICES OF PUBLIC HEALTH:**

- Family Health
- Communicable Disease Control
- Community Health Assessment
- Chronic Disease Prevention
- Environmental Health
- Emergency Preparedness and Response
TEN ESSENTIAL PUBLIC HEALTH SERVICES:

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

GOALS for 2017:

1. To continue to move forward towards Public Health Accreditation:
   In the fourth quarter of 2016, Public Health began the submission process for the 2017 Performance Incentive Award through the Office of Public Health Practice. The Focus Area for this submission is chronic disease prevention, with an additional focus on Accreditation Standards as enumerated by the Public Health Accreditation Board (PHAB). Completion of this submission will move us towards alignment with PHAB Measures and Standards.

2. To implement the Information Management and Quality Improvement Committee, our third Strategic Planning goal:
   This committee met once during 2016 and will continue on a quarterly schedule. Our goals for 2017 will include upgrades to computer operating systems for staff who are working with “old” operating systems. This change will enhance communications and efficiency within Public Health.
Fiscal Report

The Fiscal Division prepares and monitors the entire Department’s budget of 6.4 million. The Agencies consist of Early Intervention, Preschool, Family Planning plus Public Health and cover approximately 34 staff which includes clinicians and several programs.

The Fiscal Division is responsible for timely preparation and submission of all vouchers to various state agencies for reimbursement of state aid or federal and state grants. Also, all departmental revenue must be reported in a timely manner to the Treasurer’s office for appropriation.

Other responsibilities include processing, entering and validating all departmental information into the New World System for accounts payable and employee payroll. In addition auditing expenses, revenues, reconciling bank statements and employee bi-weekly time sheets and reports are supplemental duties.

![2016 Funding Breakdown](image)

The County Share was 42% in 2015

![2016 Revenue by Department](image)

Overall 3% increase from 2015
2016 Mentionable Achievements:

1. Preschool began transition to direct Medicaid Billing into the Electronic Provider Assisted Claim Entry System (ePACES);
2. County Bank change over;
3. Ebola Grant funding completed.

2017 Goals:

- Strive to contain costs and obtain maximum revenue for all Public Health Agencies in order to reduce tax payer burden;
- Stay efficient and effective in order to remain sustainable.

Respectfully Submitted,
Tanya Skinner, Business Manager

Quality Assurance/Compliance

The goal for Public Health Quality Assurance and Agency Compliance Officer is to protect patients from harm by improving quality processes and maintaining program integrity and compliance. As a Public Health Nurse (Registered Nurse), instead of assessing and evaluating a patient’s condition, the QA Coordinator evaluates all aspects of systems of care, identifies problems and collaboratively develops solutions. Attention is also directed to fiscal accountability and program compliance so that programs are not fined or sanctioned for non-compliance. This position also prepares related records and reports, and all findings are reported to the Interim Director of Public Health and the Director of Clinical Services.

This position continues to evolve. As a new member to GCPhD, understanding and learning the specific guidelines and workings for each branch within the department has been a priority in 2016.

Quality assurance duties include:
- Policy development
- Review of previously developed policies and existing practices, making recommendations for revision when necessary
- Re-evaluation of the above to determine how effective the revisions were.
Other duties of this position include: medical chart review/audit for 340B, Sexually Transmitted Disease and Diagnostic & Treatment Center; Office of Inspector General (OMIG) compliance and certification; orientation of new staff and required annual in-service training for staff.

**Staff Education (Annual In-Services)**

Core annual in-services and education are accessible to all staff on the Public Health Share Point. This allows everyone to review and complete at their own pace. Once completed, an attestation is submitted; this will remain in staff personnel folder to assure staff remains compliant with State and Federal guidelines.

In-service training updates include: Infection Control (updated Oct 2016); HIV/AIDS (updated Oct 2016); Culturally and Linguistically Appropriate Services – CLAS (updated 2015) Hazard Communication (updated May 2016); CMS Healthcare Fraud & Program Integrity (updated Aug 2015); Fire & Safety Prevention (updated 2016)

**Goals for 2017 for Annual In-Servicing and Quality Assurance:**

1. Continue to keep the in-services and trainings current and factual, updating and revising as necessary. This includes Electronic Medical Records (EMR) training on annual updates for all staff, Basic Life Support (BLS) training for clinical staff, yearly Bloodborne Pathogen training for all staff.
2. Maintain Licensed Home Care Service Agency (LHCSD) compliance with NYSDOH regulations.
3. Continue to perform quarterly 340B audits to include Plan B and Nexplanon medications, and maintain compliance within the 340B program.
4. Restructured function of Policy Quality Improvement Committee (PQIC) to streamline meetings utilizing current technology so that policies and procedures for both Public Health and Family Planning are up to date and accessible to staff in a timely manner.
5. Provide Emergency Preparedness response to policy as needed including Ebola, Zika and other Infectious Diseases.
6. Continue to participate and support Greene County Public Health Department and Family Planning’s strategic plan and mission with the Workforce Development, Social Networking and Information Management/Quality Improvement workgroup committees (PQIC is a subgroup of this last committee).
7. Provide excellent, competent care and services to the clients of Greene County Public Health and Family Planning.

Respectfully Submitted,
Patricia M. Caporta, RN, Quality Assurance Coordinator/Agency Compliance Officer

**FAMILY HEALTH**

**Children’s Services**

**Early Intervention (EI):**

Early Intervention is a program for children from birth to age three that provides evaluations and support services for children with developmental delays or disabilities. New York State Regulations determine the eligibility for the program. Services in EI include: Speech Therapy, Physical Therapy, Occupational Therapy, Social Work, Special Education and Service Coordination. Services are home based and provided by independent and agency providers.
Referrals to the EI program come from a variety of sources, which include but are not limited to: doctors, parents, the Department of Social Services (DSS) and other counties. Because EI is a voluntary program, referrals can only be made with a parent’s consent. All referred children must be evaluated to determine eligibility according to NYS regulations. Over the past five years, referrals to the EI program have been steady, ranging from 94 to 146 children. For 2016 the average number of children in the program was 61, which is down 10 children from 2015.

Service coordination is provided for all children. This is a billable service and ensures children are provided adequate services and that goals are met while reducing conflict of interest concerns. Service Coordinators are now completing Patient Activated Measures (PAM) screenings as a part of the Delivery System Reform Incentive System (DSRIP) process; this system is in year 3 of 5. When completed in person with a patient, the county is reimbursed $35.00 per screening.

Families are asked to provide health insurance information to cover the costs of the program, but at no time do families pay any fees. Parents are informed as to whether their insurance is state regulated and given the option to consent to have insurance billed. If insurance is not state regulated, families could have an impact to their lifetime cap or deductible. Providers enter claim information into the New York Early Intervention System (NYEIS). Medicaid and third party insurance are billed through a State Fiscal Agent (SFA). The remainder of the cost of the program is covered by a county (51%) and state share (49%). The county is required by public health law to be the payer of first instance. This is done through an escrow account that is accessed by the SFA to pay EI providers. There is also the Early Intervention Administration grant from NYSDOH, which covers a portion of administrative costs.

The lack of providers able to provide evaluations and services in Early Intervention is a continuing issue. The county and state make ongoing efforts to recruit and maintain providers. This could affect our ability to meet the state’s 45-day timeline to complete initial evaluations and commence the Individual Family Service Plan (IFSP), as well as the 30-day timeline to initiate services after the initial IFSP.

Child Find:

One program requirement, Child Find, is to track and provide developmental surveillance to identify “at risk” children who may be eligible for the EI program. All birth certificates in Greene County are reviewed by a Maternal Child Health (MCH) nurse, and families are mailed an introductory letter and ‘Ages and Stages’ questionnaire. The MCH nurse may assist families with completing this questionnaire by telephone and will review questionnaires that are returned. If a developmental concern is identified through the questionnaire, a referral is made to the Early Intervention Program with parents’ permission. The graph below reflects utilization of the Child Find Program.

![Child Find Program Graph]

**Physically Handicapped Children's Program (PHCP):**

This program is in the process of closing due to significantly decreased participation; please see chart below. The closure plan was implemented in August 2015 and referring providers were notified in writing. Referrals were no longer accepted after September 2015.
Children with Special Health Care Needs (CSHCN):

Children with Special Health Care Needs is a NYSDOH grant-funded program that provides resources and referrals to families of children, from birth to age 21, who have any diagnosed disability or medical condition. The program also focuses on helping families access a medical home and health insurance. Information is distributed to families in a variety of ways including telephone calls, emails and outreach in the community. MCH nurses and the Public Health Educator continue to incorporate outreach for this program in their outreach efforts. The average caseload has been relatively steady over the past few years as seen in the chart below.

Review of 2016 Early Intervention Goals:

1. **To increase and maintain provider capacity through provider education and collaboration with the New York State Bureau of Early Intervention (NYSBEI), New York State Association of Counties (NYSAC), the New York State Association of County Health Officials (NYSACHO) and the County Early Intervention and Preschool Advisory Council (CEIPAC).**

   Greene County struggles with a lack of availability of providers, particularly in the areas of Speech Therapy, Occupational Therapy and Physical Therapy. Our team continues to support and assist providers in the billing and claiming process. The county works with providers in conjunction with the NYS fiscal agent to resolve issues. These efforts will continue in 2017.

   In 2016 there was a great deal of outreach to local Physical Therapy providers in the area. One local provider has expressed interest in providing EI services, and we are hopeful that a contract will be completed in the coming year.

2. **To evaluate the escrow payments and work towards increasing Medicaid and Third Party Insurance reimbursement.**

   The most effective way to capture and maximize revenue is to review the escrow account for claims that could potentially be paid by third party and Medicaid. One specific issue is the identification of children with multiple Medicaid Client Identification Numbers (CIN) and making sure that the correct CIN is used for the period that we are seeking reimbursement. This goal is also ongoing.

3. **To improve quality assurance in relation to policies and procedures through collaboration with NYSDOH and other counties.** In 2016 it was communicated by NYSDOH that Island Peer
Review Organization (IPRO) will be reviewing counties, both as providers and as Municipalities. Though it was communicated that the counties would be reviewed both as providers and municipalities, IPRO has only developed and released the evaluation tool for providers. It is anticipated that the tool for counties will be coming but there is no timeframe yet. The Greene County Early Intervention Official has participated in several workgroup meetings with members of CEIPAC to work on some policies that can be shared regionally. This was a great opportunity to exchange ideas and establish consistent policies and procedures. This goal will be ongoing as several counties in the area will be reviewed as provider in early 2017. Feedback from other counties will provide an indication of areas of focus so that necessary improvements can be made proactively.

Goals for 2017:

- To continue to increase and maintain provider capacity through provider education and collaboration with the NYSBEI, NYSAC, NYSACHO and CEIPAC.
- To continue to increase Medicaid and Third Party Insurance reimbursement.
- To update policies and procedures through collaboration with NYSDOH and other counties.
- To keep informed about the implementation of the NYS Children’s Health Homes program, a Medicaid program which provides case management and other services to children with significant health needs. The anticipated launch for Children’s Health Homes in March 2017 was delayed due to an inability to establish billing guidelines and case management criteria that will coordinate with EI Service Coordination.
- Monitor anticipated legislation to improve the collection of third party reimbursement. This may include a 90 day requirement on EI providers for timely filing of initial claims and the requirement of third party insurance to recognize a written referral from the child’s primary care provider as sufficient for preauthorization as well as medical necessity.

Respectfully Submitted,
Lauren Clark, RN, BSN, Director of Services for Children with Special Needs

Pre-School Special Education Program

Program Overview:

The Preschool Special Education Program is mandated by the New York State Education Department (NYSED) to fund services for three to five year old disabled children in Greene County. Children suspected of having developmental delays or disabilities are referred to their local school district’s Committee on Preschool Special Education (CPSE) office by parents who may have concerns, or are making a referral upon the advice of their pediatrician, Head Start Program, daycare provider, etc. Children may also transfer in from the Early Intervention Program, which serves identified special needs children birth to three years old.

Eligibility is determined by the CPSE after an evaluation process is completed and in accordance with Section 200 of the Regulations of the Commissioner of Education. Once eligibility is determined, the CPSE then discusses the related services or programs appropriate to meet the child’s needs. Greene County’s Municipal Representative is present at the meetings to ensure the regulations are followed and services are provided in the least restrictive environment. The CPSE Chairperson, a member of the local school district, makes the final determination of the program or services, and an Individualized Education Plan (IEP) is created. IEP services such as speech therapy, physical therapy, special education, etc., may be provided in the home, daycare, nursery school, etc. by NYS licensed providers or may be provided in NYS approved center-based special education programs. Transportation to center-based
programs is an approved service; parents are encouraged to transport their children to programs & can receive compensation from the county.

Evaluations and services for children are provided at no cost to parents. Providers are reimbursed at rates set by the county or by the NYSED. Greene County is able to recoup 59.5% of the cost of evaluations and services from the NYSED’s System to Track and Account for Children (STAC) Unit. Additional recoupment is done by billing Medicaid for services covered under the Medicaid School Supported Health Services Program (SSHSP) if a child is eligible for Medicaid. Transportation services are reimbursed by the STAC unit at a significantly lower rate. Medicaid is no longer a source for reimbursement for transportation costs due to changes in Medicaid standards.

Greene County Preschool Special Education Program Partners:

There are eight school district partners in Greene County. School districts take in referrals, track timeframes, send out legal notices to parents, schedule CPSE meetings, authorize services to begin and send us copies of all required documentation for children’s files.

There are currently nine contracted center-based special education partners that provide special education services to Greene County children in NYSED approved special education classrooms.

Related service providers travel throughout Greene County and provide special education services in a variety of settings. They provide services in children’s homes, daycares, Universal Pre-K classrooms, etc. Related service providers may work for an agency or may be contracted as individuals. Greene County currently contracts with eleven agencies and 17 individuals for the provision of related services.

Evaluators are agencies approved by the NYSED to assess a child’s developmental functioning. Although Greene County does not contract directly with these agencies for evaluation services, we work closely with them to obtain required documentation.

Greene County currently contracts with two transportation providers to provide busing to our center-based sites.

Parents, our most important partners, provide the carry-over of recommendations by special education providers to assist in helping their children make progress toward their goals.

Comparison of Greene County Preschool Special Education Services Provided:

<table>
<thead>
<tr>
<th>Service Provided</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children receiving evaluations to determine eligibility for services</td>
<td>119</td>
<td>119</td>
</tr>
<tr>
<td>Children attending special education center-based services</td>
<td>82</td>
<td>97</td>
</tr>
<tr>
<td>Children receiving services in their home or childcare setting</td>
<td>141</td>
<td>106</td>
</tr>
<tr>
<td>Children receiving transportation to special education programs</td>
<td>72</td>
<td>82</td>
</tr>
<tr>
<td>Total number of children receiving special education services with an IEP</td>
<td>223</td>
<td>203</td>
</tr>
</tbody>
</table>

Trends in Preschool Special Education Affecting Costs:

- **Loss of 2.5 Hour Programs:** During the past several years, three center-based preschool providers have closed their 2.5 hour programs in our area due to a number of reasons, including fiscal viability. There is currently only one classroom available with this type of program in our area and it is approved for only six children. This has increased the cost of providing center-based services as eligible children will now attend a 5 hour program at a higher tuition rate.

- **Center-Based Programs:** Although the overall number of children served has decreased, there has been an increase in the number of children eligible for center-based programming in 2016. Reasons for this may be attributed to children needing: a higher level of services, services to address a specific diagnosis (i.e. autism), and programs addressing self-regulation issues that help them prepare for kindergarten.
This increase raises the overall cost of providing special education services. Center-based services incur a higher cost in relation to related services. Tuition costs for the ten month program range from $27,025.00 to $42,192.00, and costs for the 6-week Extended School Year (July-August) range from $4,623.00 to $7,032.00. Tuition rates are set by the NYS Education Department Rate Setting Unit; Greene County has no control over tuition rates. Greene County is able to recoup 59.5% of the cost of tuition from NYSED, and can bill Medicaid for the occupational, speech and physical therapy services received in those programs.

- **Transportation:** Transportation costs have increased as a result of the rise in the number of children eligible for center-based programming. Children become eligible to receive transportation to and from a center-based special education program when approved for those services. Parents are encouraged to transport their own children and can receive reimbursement for mileage for one round trip per day. In 2016, we had 15 parents assist with transporting their children; this helped offset some of our transportation costs.

**Greene County Preschool Special Education Program Cost Saving Measures:**

- Preschool staff carefully review all paperwork submitted from school districts & service providers to ensure all required paperwork for NYSED and Medicaid is obtained in order to receive the maximum reimbursement.
- Actively encourage parents to provide transportation to center-based programs.
- Encourage school districts to provide assistive technology devices for children through grants or equipment loans.
- Promote participation in regular Head Start classrooms, Universal Pre-K programs at school districts, preschool programs & daycare settings at CPSE meetings. These programs provide opportunities for related services to be provided in the least restrictive environments for children as a less costly alternative to center-based programming when appropriate.
- Once goals are accomplished, encourage service providers to contact Greene County & the school district, as opposed to waiting until the annual review meeting for declassification.
- Monitor school districts and evaluation agencies to ensure bilingual evaluations are used to guarantee that children are not classified as disabled, due to a multi-lingual household.

**Highlights and Other Activities:**

- Successfully underwent a Central New York Regional Information Center (CNYRIC) Medicaid documentation audit and received Medicaid reimbursement.
- Completed a Comprehensive Desk Review of Medicaid Cost Report for 2014-2015 Program Year
- Completed & Certified Medicaid Cost Report for 2015-2016 Program Year.
- Attended mandatory Medicaid staff trainings.
- Received reimbursement for the county through the STAC system.
- Continued provider payments through voucher process.
- Hired Senior Account Clerk Typist to fill a vacancy from a retirement.

**Evaluation of 2016 Goals**

1. **Continue to work with evaluators, service providers & school districts to ensure all New York State Education Department (NYSED) and Medicaid requirements are listed on a child’s IEP to enable maximum reimbursement possible to the county for children’s evaluations and services.**
   
   This continues to be an ongoing goal; however, we are meeting with more success due to the continued outreach of the pre-school staff & the cooperation of our school district & provider partners.
2. **Continue to explore ways to recruit service providers to contract with Greene County or local agencies to work in underserved areas of our county.**  
   *This remains an ongoing goal. Several of our program partners are actively recruiting therapists. The Greene County website also indicates the need for therapists.*

3. **Interview and hire for vacant senior account clerk typist position.**  
   *We are pleased to report we have filled this position.*

**Goals for 2017:**

- Renew transportation provider contracts
- Complete conversion for Medicaid billing from CNYRIC to ePACES
- Complete eMedNY Security Access Request for Medicaid

Respectfully Submitted,  
Barbara Wallace, Assistant Director of Services for Children with Special Needs

**Licensed Home Care Services Agency (LHCSA)**

Greene County Public Health Department’s Licensed Home Care Service Agency (LHCSA) operates under the auspices of the NYSDOH. The LHCSA operating certificate allows Greene County to provide visits for:

- Communicable disease patients
- Childhood lead poisoning

Emergency Preparedness is another service provided, such as Ebola and Zika virus education, guidance and community preparedness.

Public Health is also able to provide at no cost:

- Maternal Child Health (MCH) postpartum and newborn health guidance home visits;  
- Breastfeeding support and education.

The health guidance home visit is provided by an experienced Public Health Nurse (PHN). The PHN furnishes instruction, support and linkage to community resources, affording every mother and child an opportunity for a healthy safe start for optimal growth and development.

In November 2015, the PHN received training and competency verification in breastfeeding and human lactation support to become a Certified Lactation Counselor. These skills enhance services provided to new mothers who may need extra assistance with breastfeeding.

In 2015, 53 MCH referrals were received with 15 clients accepting a health guidance home visit.

In 2016, Public Health received 57 MCH referrals with 18 clients accepting a health guidance home visit, an increase of 16%.
Investigation into the low number of home visit acceptance showed that:
- Clients were not informed that a referral had been made by hospital personnel for MCH services. When contacted by the PHN during outreach, clients were surprised by the idea of a post-discharge visit.
- Clients were unaware that Public Health had an onsite lactation specialist who could assist a new or experienced breastfeeding mom who might be having some challenges.

Our mission is consistent throughout all service areas provided by Greene County Public Health Department’s LHCSA: to focus on the health of our community by addressing prevention, chronic disease, health education and promotion, preparedness, infant environment safety and sleep and access to care. This is accomplished one visit at a time and by community outreach.

Respectfully Submitted,
Patricia M. Caporta, RN, Quality Assurance Coordinator/Agency Compliance Officer

Family Planning

Greene County Family Planning is one of nine remaining Title X funded family planning clinics located in a local county health department in New York State. Started in 1972, it serves men, women and teens with the same goals as when the program had its inception. While the field of Family Planning continues to be the center of political debate, abortion has always been prohibited by the Title X program. At its very core, Family Planning is a public health program with the following goals:

1. Reduce unintended pregnancies and the need for abortions:
   - We offer a range of effective to highly effective contraceptive methods with same day access and at low cost. With the Affordable Care Act’s elimination of any cost sharing for contraceptives, methods have become more accessible resulting in greater impacts on unintended pregnancy.

2. Prevent the spread of sexually transmitted diseases (STD) and HIV:
   - We offer testing and treatments for all of the most common STD’s like Chlamydia, gonorrhea, HPV and herpes. All clients at risk are encouraged to be screened for HIV each year, use condoms, and adopt safer sex behaviors to reduce their risks of HIV and STD’s.

3. Improve birth outcomes:
   - We ask all men and women about their reproductive life plan-in essence, we help them determine when they want to have their first/next child. We counsel and assist them to improve their health prior to conception by quitting smoking, avoiding illicit drugs, and controlling their diabetes, high blood pressure and obesity. We have a strong referral system with our Maternal Child Health Public Health Nurse who follows ante- and postpartum women to ensure that they and their babies have the healthiest outcomes.

4. Facilitate early detection and treatment of reproductive cancers:
   - We screen women for cervical, thyroid, breast, skin, endometrial and ovarian cancers, and screen men for testicular and, while much rarer, breast cancer. Because we are a small clinic, our patients receive referrals and are followed to make sure they are seen and cared for by specialists.

Without these vital services, Greene County residents may not have access to income based reproductive health care.

Demographics:

In 2016, we served over 1407 unduplicated clients in more than 3,870 visits through the Family Planning Clinic, a 2% increase over 2015. Our clients are loyal with 62% continuous patients and 38%
new. Eighty eight percent of our clients are female, and 12% male. While we are grant funded for Greene County, we also serve the surrounding counties (Greene 84%, Columbia 11%, Albany 2.3%, and Ulster 1.7%).

Our client demographics confirm that we continue to serve those with the highest needs as required by our grant:

- **Income**: 69% of our clients are at or below 125% of the federal poverty level;
- **Age**: 48% of all clients were age 24 or under, 24% are under 19;
- **Insurance**: 60% use publicly sponsored health insurance;
- **Race**: White - 80.6%, Minority - 19.2% (7.4% black, 5.7% multi-racial, and 6.3% other);
- **High risk zip codes**: Catskill, Cairo, Coxsackie, Greenville. The majority of teens seen, who are at the highest risk for pregnancy, matched four of the top six high risk zip codes identified by the NYSDOH.

We attempt to be fiscally sound and strive to enroll uninsured clients in eligible health plans:
1. Using our on-site certified application counselor;
   - In 2016, 78 uninsured people were enrolled into health insurance through the health care exchange; this is 5% of our total client count.
2. Billing third party insurances;
3. Ensuring all claims processed are accurate and timely.

**2016 Highlights:**

1. **Pregnancy prevention**: Our agency goals are to prevent unintended pregnancies and help promote and plan healthy births.

Table 1 depicts NYSDOH data for Greene and surrounding counties for the teen pregnancy rates for females ages 15-19. Though Greene County had the second highest rate in 2012, in 2014 Greene showed the biggest drop from 2012 (35.9%) and lowest rate among the three surrounding counties.

<table>
<thead>
<tr>
<th>Year</th>
<th>Greene (excl. NYC)</th>
<th>Albany (excl. NYC)</th>
<th>Columbia (excl. NYC)</th>
<th>Ulster (excl. NYC)</th>
<th>% decline</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>32.6%</td>
<td>31.1%</td>
<td>35.6%</td>
<td>28.5%</td>
<td>35.9%</td>
</tr>
<tr>
<td>2013</td>
<td>26.8%</td>
<td>25.3%</td>
<td>33.7%</td>
<td>24.0%</td>
<td>23.5%</td>
</tr>
<tr>
<td>2014</td>
<td>20.9%</td>
<td>23.8%</td>
<td>27.4%</td>
<td>21.4%</td>
<td>23.0%</td>
</tr>
<tr>
<td>% decline</td>
<td>35.9%</td>
<td>23.5%</td>
<td>23.0%</td>
<td>24.9%</td>
<td>17.2%</td>
</tr>
</tbody>
</table>


Table 2 reflects the work in the prevention of unintended pregnancies. (Ahlers clinic data annual report, Greene County Family Planning, 2016)

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 19 and under</td>
<td>41</td>
<td>46</td>
<td>46</td>
<td>43</td>
</tr>
<tr>
<td>Age 20 and over</td>
<td>112</td>
<td>126</td>
<td>128</td>
<td>123</td>
</tr>
<tr>
<td>Total</td>
<td>153</td>
<td>172</td>
<td>174</td>
<td>166</td>
</tr>
</tbody>
</table>
2. Health Education Outreach:

- Comprehensive reproductive health education for approximately 50-60 days a year at high school health classes in 5 out of 6 school districts.
- Although total reach in 2016 decreased 11% (5354 in 2016 vs. 5965 in 2015), school wide there was an addition of 300 students from programs for Greenville Middle School 6\textsuperscript{th}-8\textsuperscript{th} grades on abstinence, friendships, bullying and cyber bullying. In the Fall of 2016, for the first time, 8\textsuperscript{th} grade health classes received comprehensive reproductive health education.
- Staff development day for Hunter-Tannersville HS in August: arranged a coalition of Greene County community agencies to educate the staff at Hunter-Tannersville HS about services available for students and families in Greene County.
- Arranged and facilitated an OASAS (Office of Alcoholism and Substance Abuse Services) approved training: This included a guest speaker from the Hope House who conducted a three-hour training titled “Underage and Under the Influence – Substance Abuse Trends among Adolescents.” This was attended by over 80 participants from community partner agencies and schools in Greene County.
- Town Hall Forums: working with the Prevention, Awareness, Solutions (PAS-It-on) coalition, arranged two evening forums with guest speakers to bring light to the opioid epidemic in Greene County.
- Conducted focus group with Twin County Recovery Services clients to elicit their preferences for outreach and social media messaging to promote HIV Pre-exposure Prophylaxis (PrEP).
- New in 2016 – Reproductive health education for Probation Department adolescents.

3. Student Interns:

We are a sought after site for students and interns in various fields. In 2016 we hosted five students from the Albany College of Pharmacy, three Nurse Practitioner students from Russell Sage College, six Russell Sage RN students seeking their Bachelor of Science (BS) degrees, one from SUNY Delhi and two from Columbia Greene Community College. We also welcomed a Public Health BS student.

The benefits to all parties are immeasurable, with both staff and students learning from each other. One of the College of Pharmacy students wrote the following after his experience:

“You obtain a perspective of women’s health and the everyday struggles that people who live in poverty have to go through. Such as STDs, unplanned pregnancy, and even abuse. One of the most real world rotations I have been on where I felt as though I got to see things that only a true healthcare professional would have to come across. Also really got to appreciate the service that Family Planning actually tries to provide and I found it to be one of the more extremely important aspects of healthcare in regards to actual community service. Couldn’t say enough about it. Really fantastic experience.”

Review of the goals for 2016:

1. Work collaboratively with the community, providers, educators and young people at risk to decrease the growing problem of communicable diseases/STDs with our focus on Chlamydia and gonorrhea:

   Our Communicable Disease Awareness, Prevention and Outreach Campaign was very successful in 2016. The campaign was initiated because of the high rates of Chlamydia in the county, especially the data showing two of the school districts having 150-200% higher than expected rates.

   In May 2016, we worked with Kathode Ray to create a communicable disease logo and decided to use a multi-pronged approach (Facebook posts, website updates, and YouTube
videos) to get information out on several pertinent public health topics. The campaign was used to promote not only Chlamydia, but Zika awareness, Influenza/Pneumonia and HIV Pre-exposure Prophylaxis (PrEP).

In addition, Chlamydia outreach was expanded to the community. Presentations were given to Columbia Memorial Health Women’s Care, Columbia Memorial Health’s ER, Catskill Urgent Care and three of their primary care offices.

- Shared data was presented on the scope of the Chlamydia problem in Greene County (including the data for rates by school district) and a presentation on NYS Minors’ Rights.
- Paper copies of the NYS Expedited Partner Treatment Law, as well as, evidence based guidelines (2015 CDC MMWR) were provided; and access to a link via e-mail.
- Our presenter advocated for urine based and extra-genital Chlamydia screening.
- Provider feedback was encouraged on knowledge gaps and suggestions for community measures for improvement.
- The first communicable disease e-newsletter was created and distributed as follow-up.

The results:

- GCIP Facebook page likes increased 98%.
- 68% of people interacted with the Chlamydia posts by liking, sharing or commenting on them.
- As a result of the communicable disease social media campaign, there was a 63% increase in the total traffic and 89% increase in the STD site specific page visits from March 2016 through June 2016.
- There was a 16% reduction in Chlamydia infections for Greene County from 2015.

2. Receive $25,000 in meaningful use funds for MU stage 2, year 1:
The meaningful use Medicaid portal does not open until 2017 so this will be a goal for 2017 and we expect to receive $25,500 for both 2015 and 2016 participation.

3. Enroll in the Health Information Xchange of New York (HIXNY), the regional health information organization, to improve efficiency of care and management for our patients:
In July 2016 we went live with HIXNY through an exchange with our electronic medical record. This exchange allows us to send and receive health information in a regional provider network to improve patient care outcomes by reducing duplicate testing and services, and improve provider to provider communication.

4. Participate in the Delivery Service Reform Incentive Payment (DSRIP) process by actively engaging in selected projects with the goal of reducing Medicaid costs and improving health outcomes for our patients:
As part of our participation in DSRIP, we screen Medicaid enrollees for their level of activation in their care and coach them towards improvement. Other measures include reporting monthly metrics of our cancer screening rates and screening for tobacco abuse.

5. Respond to the threat of Zika by educating our patients of the associated risks and how to reduce them by having a reproductive life plan:
We were fortunate to have no cases of Zika virus in any of our patients in 2016. We continue to screen and educate about actual risks.

6. Successfully apply for and procure the competitive Family Planning grant for 2017-2021:
In October 2016, NYSDOH granted all recipients an additional one year extension.

7. Fully initiate and implement an HIV pre-exposure prophylaxis program for high risk individuals to align with the NYSDOH goals of reducing new cases of HIV to zero by 2020:
In August 2016, a Public Health Bachelor’s student from Sage College interned with us to create our HIV Pre-Exposure Prophylaxis (PrEP) program. A policy was formalized, staff trained, and an electronic health record template was created. We enrolled in the NYSDOH AIDS Institute’s HIV PrEP program to offer services to uninsured individuals, and launched a social media campaign. The campaign was drafted based on feedback obtained from the focus group held at the Twin County Recovery services program and with the Director of the Hudson Valley LGBT Center in Kingston NY. Two individuals in recovery volunteered to be filmed in a YouTube video that we used to educate and advertise this service to the community. If a person watching the video advertisement clicked to learn more, the link would take them to a page on our website about PrEP.

In the two months the campaign was shown (November and December), there were over 13,000 views and the click-through rate was 1.3, with the average national click-through rate for the health care industry at 0.3-1.79. The click-through rate for the age group 18-24 was 1.79.

In the short time since the initial implementation and education, we have successfully enrolled several people in the program.

8. Health educator goals: increase the awareness and utilization of RAPP mentors in their schools and community through marketing and outreach. Students used as a resource by guidance and administration to give accurate confidential information to fellow students: RAPP participation is currently at 32 students in 5 high schools.

9. Continue to participate in community partnerships with the Prevention Awareness Solutions (PAS) coalition, Cancer Services Program, Reach Center, Hope House, Twin County Recovery Services, Greene County Mental Health, Greene County Human Services, Mobile Crisis Assessment Team, and Community Action of Greene County, Columbia Greene Community College and High School administration and staff from all six school districts.

Goals for 2017:

- Educate and promote awareness of the National Title X program as a vital part of our financial sustainability to continue services to the community.
- Promote the RAPP program by increasing youth access and participation. Maintain and continue to foster the relationships with school administrators and staff, as well as other county agency supervisors to bring awareness to the program and our services. Continue to work with the Probation department to update and streamline programming to meet their clients’ needs.
- Through our Health Education program, enlist the feedback and support of local youth in regards to our social media messaging to ensure we are reaching our target population. Produce two YouTube video ads with RAPP students, and develop a new billboard for HIV prevention.
- Promote community participation in Maternal Child Health (MCH) by outreaching to MCH providers and strengthening the referral system for family planning, breastfeeding and smoking resources.

In closing I would like to thank the Legislature and County Administrator for all of their support for this vital program.

Respectfully submitted,
Laura Churchill, DNP, FNP-BC, Deputy Director of Public Health & Clinical Services
COMMUNICABLE DISEASE CONTROL

Diagnostic & Treatment Center (DTC):

The Diagnostic and Treatment Center handles 3 major programs: The Lead Poisoning and Prevention Program, Adult and Childhood Immunization Program and Communicable Disease.

Lead Poisoning and Prevention:

- Public Health staff processed over 780 blood lead levels through Lead Web from health care providers of Greene County children. Staff sent 330 reminder letters to parents of children, who had not been lead tested as required by law, to contact their health care provider for this test. In 2016, we had 6 children with a lead level above 15 µg/dl in the county, requiring case management by Public Health Nurses and Environmental staff.
- Public Health continues our 5-9 lead initiative, providing parents with lead prevention information via phone and mail if their child has a lead level between 5µg/dl-9µg/dl. Data is still being collected on the one and two year olds but it appears that the program is resulting in lower lead levels by the 2 year old lead test. In 2016, 22 families benefited from our 5-9 initiative.

Immunization:

- Clinic numbers for childhood vaccines remains low in 2016. Public Health can only vaccinate children who are uninsured or underinsured, as well as any child covered by a managed Medicaid company. There were 58 children seen at immunization clinics for a total of 106 vaccines.
- Public Health offers the following adult immunizations: Influenza, Pneumococcal, Shingles, Tdap, and TwinRix (a combined Hepatitis A and Hepatitis B vaccine). We had 94 adults who were seen at our immunization clinics for a total of 105 vaccines. In 2016, Public Health began participating in the Vaccine for Adult (VFA) program midyear, vaccinating an additional 12 adults who were uninsured, providing 22 vaccines from this program. This lightens the burden of the county who subsidizes these immunizations.
- Public Health provided 12 offsite Influenza clinics throughout the county; 259 doses of vaccines were given.
- Administrative fees continue to be collected and billed successfully to the managed care companies for children and on all adult vaccines, providing additional revenue.
- Fees for immunizations are adjusted annually, reflecting the changing cost of vaccines.

Communicable Disease (C/D):

- NYS has over 75 state reportable diseases that require Local Health Departments (LHD) to investigate and provide supporting documentation from providers to the New York State Department of Health (NYSDOH). C/D staff processed over 2300 positive state reportable lab results, working with Infection Control nurses at area hospitals and provider offices, as well as our state DOH partners in timely reporting and surveillance.
- GCPhD scored a 100% in timely reporting of STD’s according to the Performance Improvement Report conducted by the NYSDOH from November 2015 to February 2016.
- Rabies: Human rabies post exposure treatment was given to 22 county residents this year. The County is responsible for hosting rabies clinics for pets. We held 7 clinics vaccinating 635 county animals with the assistance of the Veterinary professionals from the New Baltimore Animal Hospital.
- Active TB: Public Health is responsible for doing direct observed therapy on patients living in the community with Active Tuberculosis. Active TB is a slow growing bacterial infection transmitted
through airborne droplets and very communicable person to person. This is part of Public Health Law which requires skilled nursing staff to watch these patients each day consume their medication. Currently Public Health has one Active TB patient and has taken advantage of technology using “FaceTime” (which is HIPAA protected telehealth) to do this. This technology is a cost saving measure for the county, keeping an RN in DTC without having to do a home visit.

- **Lyme:** Lyme disease is still endemic in our region, so much so that a Sentinel Surveillance system is in place. This means that only 20% of the positive labs are being reported to the LHD. When 100% reporting was the norm, the LHD was flooded with positive tests, requiring staff to investigate symptomology and treatment and report to the NYSDOH through the Health Commerce System (HCS), exceeding staff capacity. For 2016, Public Health investigated 265 positive Lyme reports, reflecting 20% of positive Lyme tests in Greene County. Anaplasmosis (39 cases) and Babesia (12 cases) are two other tick-borne diseases that can be debilitating and those confirmed positive cases have risen this year.

- **Zika:** Zika Virus is the emerging infection. It is transmitted to people primarily through the bite of an infected Aedes species mosquito (*Aedes Aegypti* and *Aedes Albopictus*). These are the same mosquitoes that spread Dengue and Chikungunya viruses. An infected mother can pass Zika to her fetus during pregnancy. Zika is a cause of microcephaly and other severe fetal brain defects. Zika can also be passed through blood transfusions and sex from a person who has Zika to his or her partners. Symptoms, if any, include fever, rash, joint pain, muscle pain, headaches and conjunctivitis. Those who have traveled to an active Zika transmission area and are of childbearing years are encouraged to be tested. Although there are no Aedes mosquitoes in our area, each county needed to develop a Zika Action Plan (ZAP) to address the needs of residents should these mosquitoes migrate to our area. Greene County DTC staff work with physicians arranging testing for their patients in the designated area laboratories. Greene County assisted 16 county residents with their Zika testing this past year. All tested have been negative.

**GOALS accomplished in 2016:**

1. **Electronic Medical Records (EMR):**
   
   *Medent was introduced in 2013 for scheduling and billing insurance only. In August of 2014, its use was expanded to documenting immunizations. As of 2015, all charting is done electronically through Medent. In 2016, Active TB and Lead patients utilized the full Medent application.*

2. **Performance Incentive for Sexual Transmitted Diseases:**
   
   *All LHDS in New York were evaluated by NYSDOH regarding the timeliness and completeness of STD reporting and meeting CDC case definitions. Reporting was tracked by NYSDOH via the secure Health Commerce System. Greene County was successful again with this initiative and was awarded $11,500.*

3. **NY State of Health:**
   
   *The Healthcare Consortium provides a Navigator twice a week in our health department to assist uninsured Greene County residents to apply for health insurance as part of the Affordable Care Act. In addition, a member of the Public Health staff is certified to assist residents as needed.*

4. **Outreach:**
   
   *DTC staff continued outreach and education on a variety of topics with providers, court mandated parenting class participants, persons in recovery, domestic violence survivors, those suffering from mental health issues and the public. This outreach was expanded in October with the hire of a new public health educator.*

5. **Staffing:**
   
   *The department hired a per diem RN to replace the retired per diem PHN.*
Goals for 2017:

- Explore services that can be provided to “hidden” population, i.e. horse farmers, nursery workers, landscaping workers.
- Continue to assist County residents to get health insurance from the Marketplace via the Navigators.
- Hiring of a full time RN to replace our retired PHN in 1/2017.

Respectfully submitted,
Kerry Miller, RN, Supervising Community Health Nurse

Kiosk Program – “Project Needle Smart”
(Expanded Syringe Access Program [ESAP] sponsored by NYSDOH AIDS Institute)

Project Needle Smart is a county collaboration between Public Health, Highway and Solid Waste and is sponsored by the NYSDOH AIDS Institute in New York City. It provides the residents of Greene County a safe way of disposing medical sharps without causing injury to others.

The first kiosk pickups began in June 2011 from 4 sites with delivery to alternating nursing homes, Kaaterskill Care (now Greene Meadows) and The Pines, for disposal. Kelly’s Pharmacy in Greenville was added in January 2012. Hannaford Supermarket and Pharmacy became our 6th location, and second in Cairo, in August 2014. Hunter Ambulance in Tannersville was installed in September 2015; this was our second location on the mountaintop.

In March of 2016, Legislator Aidan O’Connor contacted us regarding the addition of Durham Town Hall in East Durham as another kiosk site for Greene County. Legislator O’Connor participated in three meetings of the county’s Mobilizing for Action through Planning and Partnership (MAPP) Committee where health outcome statistics for Greene County residents were presented by the Healthy Capital District Initiative. Legislator O’Connor presented this information to Durham’s town board and got the kiosk approved in April. The application was submitted in April, approved in May, and the kiosk was installed and became operational in June.

With the addition of Durham Town Hall, there are eight total locations around Greene County:

1. Greene County Office Building – 411 Main St Rear (Water Street Side), Catskill
2. Windham Pharmacy – 68 Route 296, Windham
3. CVS Pharmacy – Routes 23 & 32, Cairo
4. EmUrgent Care Coxsackie – 11835 Route 9W, Coxsackie
5. Kelly’s Pharmacy – 4852 Route 81, Greenville (inside)
6. Hannaford Supermarket & Pharmacy – 223 Main Street, Cairo
8. Durham Town Hall – 7309 Route 81, East Durham

Kiosk Outreach and Education:

Telephone callers and visitors to Public Health and Family Planning, other county offices (Greene County Social Services), as well as at the Kiosk sites are given information about the program and how to access containers. Small red sharps containers are distributed to each kiosk site upon routine pick up and are handed out upon request.

In 2016, sharps containers were brought to Rabies Clinics around the county to raise awareness of the program. Senior Public Health Educators and staff brought them to events, and postings on sharps safety and locations of kiosks were created on the Public Health Facebook page.
Statistics:

In 2016, a total of 228 containers with a total weight of 2073 pounds were collected and delivered to nursing homes for disposal, an increase of 462 pounds (28.7%) from 2015’s total of 1611 pounds. The Pines took 1217 pounds while Greene Meadows accepted 856 pounds.

As in previous years, CVS Pharmacy had the highest collection rate for the program with 496 pounds. The other active collection sites are EmUrgent Care in Coxsackie (435 lbs.), Kelly’s Pharmacy in Greenville (423 lbs.) and Windham Pharmacy (408 lbs.)
Community Health Education:

As required by the New York State Department of Health, Greene County Public Health Department carries a strong role in providing education and outreach to its residents. This education and outreach was originally fulfilled in 2016 by various members of the Public Health staff, including the Emergency Preparedness and Outreach Coordinator, Family Planning Health Educator, Maternal Child Health Nurse, and many more invaluable teammates. Beginning in October 2016, the position of Senior Public Health Educator was filled with the intent of developing and expanding the reach of the Public Health Department. With the full support of the members of Public Health, the Senior Public Health Educator continues to provide community outreach on the services provided through Public Health, and community education on the following topics:

- Arthritis
- Asthma
- Cancer
- Communicable Disease
- Diabetes
- Emergency Preparedness
- Healthy Weight/Nutrition/Exercise
- Heart Disease/Hypertension/Cholesterol
- Immunization Recommendations
- Infection Transmission
- Influenza
- Injury Prevention
- Lead Poisoning and Safety
- Mental Health and Substance Abuse
- Project Needle Smart
- Rabies
- Smoking Cessation
- Tick borne Illnesses

Involvement, education, and outreach were provided by the Public Health staff at multiple locations and events throughout 2016 including:


Health Fairs/Events/Outreach Education: Multiple Greene County school district health fairs and classroom education, Greene County Youth Fair, National Night Out, Women, Infants & Children (WIC), Columbia Greene Community College orientation, school nurse updates and immunization education, SPROUTS, DSS parenting classes, school staff development day, rabies clinics, Out of Darkness Walk, and DARE Day.

The total outreach for 2016 was approximately 2590 as compared to 3116 in 2015, a decrease of 16.8%. These numbers are expected to increase dramatically with the sole dedication of the Senior Public Health Educator in outreach and education.

Goals for 2016:

1. Continue to provide outreach and educational support to community members, with a focus on health disparity among at-risk populations.
   This goal is ongoing.
2. **Help communities maintain good health, prevent disease, and secure treatment for chronic and treatable illnesses.**
   
   *This goal is ongoing through outreach and educational support.*

3. **Expand social media presence and promotional videos/commercials to enhance our outreach capabilities and broaden our audience.**
   
   *This goal has expanded rapidly through frequent social media involvement and the creation of two promotional video/commercials for the Public Health Department.*

**Goals for 2017:**

- Expand the required health educational outreach to all Greene County community members, with a focus on the NYS Prevention Agenda and the health/educational needs of the community.
- Increase the public’s knowledge of the services and resources available through the Greene County Public Health Department.
- Continue to follow social media trends in order to provide the most accessible and accurate information for our populations.

Respectfully Submitted,
Jillian Di Perna, MS, Senior Public Health Educator

**Community Health Assessment (CHA)/Community Health Improvement Plan (CHIP):**

These reports meet the New York State Department of Health (NYSDOH) requirements for local departments of health. The CHA provides an assessment of the health of the community, including demographic, health and fiscal data, and provides the foundation for formulation of the CHIP, an action plan to be fulfilled during the three year cycle 2016-2018. The previous 2013-2017 reporting cycle was adjusted in 2016 to align with the local hospital’s Community Service Plan and IRS requirements.

New requirements for the 2016-2018 CHA include partnership with the local hospital on their Community Services Plan, as well as with the Columbia County Department of Health. CHIP efforts are required to align with the framework of New York’s Prevention Agenda for 2016-2018, and to utilize evidence based practices for all prevention programming. Also new for 2016 is our collaborative partnership with the Healthy Capital District Initiative (HCDI), the Regional recipient of NYSDOH Population Health Improvement Plan (PHIP) funding. For the first time the Community Health Assessment (now titled Community Health Needs Assessment - CHNA) was written as a regional comparison of health factors and status. This allows for a more in-depth understanding of the health of Greene County residents, as it provides a context for comparison.

The Prevention Agenda identifies New York’s most urgent health concerns and suggests ways that local health departments, hospitals and partners can work together to solve them. To further the Prevention Agenda initiative, local health departments have been charged with the task of improving local health parameters in specific and measurable ways in collaboration with local agencies, organizations and stakeholders.

New York State’s Prevention Agenda goals are:
- Prevent Chronic Diseases;
- Promote a Healthy and Safe Environment;
- Promote Healthy Women, Infants and Children;
- Promote Mental Health and Prevent Substance Abuse; and
- Prevent HIV, Sexually-Transmitted Diseases, Vaccine Preventable Diseases, and Healthcare-Associated Infections.

The Director serves on multiple committees in collaboration with community agencies and organizations, including the Public Health Leadership Committee, HCDI’s Community Health Prioritization Committee, as well as Columbia Memorial Health. The Director coordinates the Mobilizing for Action through Planning and Partnership (MAPP) Committee as indicated in the Community Health Improvement Plan for Greene County. This supports Public Health program requirements for community data sharing and decision making as a collaborative process, as well as those of the Prevention Agenda.

**Mobilizing for Action through Planning and Partnership (MAPP):**

In fulfillment of CHNA and CHIP requirements, Greene County Public Health established the Mobilizing for Action through Planning and Partnership (MAPP) Committee in 2012. MAPP is a community-wide strategic planning tool for improving community health. This method helps communities prioritize health issues, identify resources for addressing them and take action.

Throughout 2016 the Greene County MAPP Committee, along with the Columbia County Public Health Leadership Committee and Columbia Memorial Hospital, reviewed comprehensive health data provided and presented by HCDI, with the goal of improved care, improved population health, and lower healthcare costs.

Through the MAPP process, the local health department partners with local agencies, government, academia, the business community and the public to make decisions and take action regarding local health initiatives. Public Health takes a lead role in planning and initiating a 3 year collaborative project which demonstrates health improvement within specified areas.

The MAPP committee selected the following Priority Areas for 2013-2017:

- Prevent Chronic Disease
  - with a further focus on obesity prevention
- Promote Mental Health and Prevent Substance Abuse
  - With a further focus on the support of mental health services in primary care.

For the 2016-2018 amended timeframe, the MAPP Committee decided to continue its focus on Chronic Disease Prevention, specifically obesity prevention. The burden of obesity as a public health issue is well recognized, and has reached epidemic proportions. Co-morbidities may include diabetes, cardiac and circulatory disease, and orthopedic issues.

Substance abuse has reached crisis proportions nationally and regionally. Because of the pervasive nature of this problem and the depth of its effect on our community, the MAPP Committee made the decision to continue the focus on the NYS Prevention Agenda Priority Area of Promote Mental Health and Prevent Substance Abuse, with an additional focus on substance abuse and overdose prevention.

The specific goals and action plan were formulated following the review of data and analysis provided by HCDI. The data review process is required for both the Community Health Needs Assessment and for the Community Health Improvement Plan. Data encompassing all of the Prevention Agenda Focus Areas was considered prior to the selection of specific priorities and goals. The two documents were submitted to the NYSDOH in December of 2016, with program initiation and follow-through continuing through 2017-2018. Programmatic details will be reported to the NYSDOH in 2017 and 2018 in compliance with reporting requirements. Particular strengths include partner collaboration in the areas of programming, reporting and participation. The full reports will be posted on the Public Health website following NYSDOH approval.
Goals for 2016:

- Review of health data for Greene County, and presentation to the MAPP committee for prioritization, and establishment of goals and projects for the 2016 CHIP.
- Collaboration with the Healthy Capital District Initiative, the Public Health Improvement Plan provider for Greene County on data collection, presentation and review.
- Creation of the Community Health Needs Assessment and Community Health Improvement Plan for Greene County in collaboration with Columbia Memorial Health, the Columbia County Department of Health and the MAPP Committee, in compliance with NYSDOH regulations.

All goals related to the CHNA, CHIP and MAPP Committee were successfully met for 2016. The Community Health Improvement Plan and Community Health Needs Assessment for Greene County were submitted to the NYSDOH in December 2016. Public Health is awaiting approval of those documents.

Goals for 2017:

- Ongoing review of programs tied to our CHIP goals. Although Public Health coordinates the committee, assessment and reporting, the programs may be conducted by several different agencies and entities.
- Review of program participation and results, relative to overall goals and objectives.
- Annual report of progress in both obesity and substance abuse as required by the NYSDOH.

Delivery System Reform Incentive Payment (DSRIP) Program

Related to Prevention Agenda goals, the Delivery System Reform Incentive Payment program, or DSRIP, is the main mechanism by which New York State will implement the Medicaid Redesign Team (MRT) Waiver Amendment. DSRIP’s purpose is to fundamentally restructure the health care delivery system by reinvesting in the Medicaid program, with the primary goal of reducing avoidable hospital use by 25% over 5 years. Overall goals include:

- Potentially Preventable Emergency Room Visits
- Potentially Preventable Readmissions
- Prevention Quality Indicators- Adult
- Prevention Quality Indicators- Pediatric

Public Health, along with many other local and regional agencies and entities including Columbia Memorial Health, became a participant in the Albany Medical Center Performing Provider System in 2016. The Interim Director and Deputy Director both sit on the Project Advisory Committee and the Interim Director sits on the Workforce Development Committee.

Beginning in the 4th quarter of 2015 and evolving in scope throughout 2016, Public Health has successfully completed all contracted DSRIP deliverables in the areas of:

- Integrated Delivery of Services
- Patient Activation
- Tobacco Cessation
- Chronic Disease Preventive Care: Cancer

2016 encompassed the 4th quarter of DSRIP Year one through the 3rd Quarter of DSRIP year two. Goals for 2017 will include mandatory committee and training participation, and continued fulfillment of contract deliverables. Public Health is awaiting the next contract and deliverables for review.
Worksite Wellness – “Go Greene for Wellness” Committee:

The “Go Greene for Wellness” Committee supports the NYSDOH Prevention Agenda initiatives. In partnership with Blue Shield of Northeastern New York (BSNENY) and the Rural Health Network’s Healthy Weight Initiative (HWI), Greene County continues to offer a wellness program for employees and families. The “Go Greene for Wellness” employee wellness initiative includes: fitness and yoga classes; health and wellness seminars including healthy nutrition, healthy sleep and stress reduction; and participation in HWI’s community-wide health initiatives such as the “Biggest Loser Contest” and “GreeneWalks”.

The Committee includes representatives from the Greene County Public Health Department, Greene County Human Resources, the Greene County Administrator, BSNENY, and the HWI. The Committee is dedicated to promoting the health and wellbeing of the Greene County workforce, through coordinated educational and wellness opportunities.

Goals for 2016:

- Healthy vending machine options:
  *This objective was achieved for both Mental Health and the Emergency Operations in Cairo.*

- Continued progress in the areas of healthy nutrition and exercise, weight management and stress management:
  - Offerings for 2016 included:
    - Biggest Loser (weight loss, weight maintenance, balanced nutrition, and exercise);
    - Diabetes and Pre-Diabetes education;
    - Ergonomics (worksite health and safety);
    - Exercise classes (Community health benefit);
    - GreeneWalks (Community walking program);
    - Healthy Life Rewards (healthy nutrition);
    - Stress Less (stress management program);
    - Walk at Work Day (exercise); and
    - WalkingWorks (activity tracking and education).

Goals for 2017:

- The “Go Greene for Wellness” Committee will continue to offer wellness programming to Greene County employees through our partnership with BSNENY, and community health programs offered by the Rural Health Network to Greene County residents. These initiatives align with New York State Department of Health Prevention Agenda goals in the area of chronic disease prevention. The health benefits of healthy nutrition, physical activity and stress reduction include prevention of diabetes, hypertension and cardiovascular disease, prevention of some cancers, enhanced immune function, and enhanced bone density and orthopedic function.

- Employee interest survey for 2017

Respectfully submitted,
Kimberly Kaplan, MA, RN, CPH, Director of Public Health

Social Media Outreach:

As part of the Education and Community Engagement goal from the Strategic Planning process in 2014, the Social Networking Group was formed. Their focus is on providing information from all branches of the department to increase community understanding of what Public Health is and what we do, from promotion of services to updates on current health topics.
Social Media Highlights for 2016:

This year, Public Health worked with Kathode Ray Media to create multiple educational campaigns to reach more people on social media:

- May/June – Chlamydia;
- July/August – Zika;
- September/October – Flu/Pneumonia; and

The Public Health Facebook page started the year with 169 likes; by April 30, it had risen to 201. With the vast interest in these campaigns, the number of likes on the Public Health Facebook page increased from 169 on January 1st to 911 on December 31st (a 539% increase).

Social Media Outreach Comparison for 2015 and 2016:

**Facebook:**
- Public Health [www.facebook.com/GreeneNYHealth](http://www.facebook.com/GreeneNYHealth)
- Family Planning [www.facebook.com/MYGCFP](http://www.facebook.com/MYGCFP)
Total Reach - number of people who have seen any content of page

*Family Planning’s 2016 total reach includes 16,391 organic reach (posted by FP) plus 83,135 paid reach (reach through paid advertising)

Twitter:
- www.twitter.com/GreeneNYHealth
  - Tweets are for both Family Planning and Public Health

Impressions – the delivery of a tweet to an individual’s feed

Respectfully Submitted,
Jennifer Passero, Secretary to the Director
ENVIRONMENTAL HEALTH

As Greene County is a partial service county, all environmental issues are sent to the Oneonta District Office of the New York State Department of Health. They handle all restaurant, camp and water system inspections for Greene County.

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<td>SOFA-Office of Aging Food</td>
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<td>Swimming Pools</td>
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<td>Tanning Facilities</td>
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<td><strong>Total</strong></td>
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Respectfully submitted,
Audrey V. Lewis, Oneonta District Director

EMERGENCY PREPAREDNESS AND RESPONSE

Overview:

Emergency Preparedness is a mandated component of all local health departments. Greene County Public Health receives annual funding through the Centers for Disease Control and Prevention’s (CDC) Public Health Emergency Preparedness (PHEP) grant. This grant provides financial support as well as
organizational structure to the preparedness program. The conditions of the grant require successful completion of quarterly deliverables. These deliverables include--but are not limited to--creating and updating planning documents, attending/providing trainings, and attending state meetings as well as executing exercises. The funding for the 2016-2017 year totaled $53,500.

The Public Health Emergency Preparedness and Outreach Coordinator’s position was vacated in June of 2016. With the growing need for more outreach to the public and other agencies, the decision was made to hire a Senior Public Health Educator. The job title reverted back to “Public Health Emergency Preparedness Coordinator” with the position being filled in October of 2016.

Training:

The Emergency Preparedness Coordinator is expected to attend numerous trainings throughout New York State. These trainings give an in-depth knowledge of current practices in emergency preparedness, guidance on creating planning documents, grant development, effective communication, and exercise development. The coordinator will continue to attend trainings that will enhance her ability to successfully complete the grant deliverables and increase the knowledge of the necessary Greene County departments. Upon completion of the intermediate Incident Command System (ICS) training (I-300) in May 2017, the next step is to attend a fully funded advanced ICS course in College Station, Texas.

An additional requirement is to train staff in preparedness related topics. Trainings provided include access and functional needs training, fire drill training, as well as Clinical Data Management System (CDMS) training, which is the state application for data management during a response effort. Donning and doffing drills along with FIT testing were completed for medical personnel in response to the Ebola Virus Disease (EVD) funding and associated deliverables. Going forward, all Public Health staff will be required to complete FIT testing annually in order to optimize staffing numbers for emergency response.

Security:

In response to both security concerns and the requirements of the Public Health response to the Ebola outbreak of 2014-2015, the Public Health reception area was reconfigured. The receptionist was moved from her open desk and placed in a secure office while still maintaining the ability to communicate with patrons and visitors through safety glass. Three new locks were installed on the doors in the immediate reception area - the conference room, the Public Health waiting area, and the Family Planning waiting area. Access is granted to patrons and visitors by the receptionist who buzzes them into their applicable areas. Staff proceeds through the doors via a keypad.

Review of 2016 Goals:

1. **Continue to develop the Medical Reserve Corps (MRC) program, recruit and retain volunteers through formalized training programs provided through a partnership with the American Red Cross.**
   The local MRC program was maintained and is awaiting a statewide update coming in the summer of 2017.

2. **Increase outreach presence in communities through updated educational materials, public sessions and diverse media.**
   The new Senior Public Health Educator has been working on this goal. Please refer to the Community Health Education portion of the annual report.

3. **Plan and conduct drills and exercises consistent with the needs of the health department and local partners.**
   There has been significant planning taking place for the upcoming Point of Distribution (POD) exercise in 2017. For more details, please refer below to the 2017 goals.

4. **Continue to provide training to staff related to work activities that may be encountered during emergency situations.**
Training has been provided regarding assisting people with access and functional needs, fire drills, donning and doffing, and FIT testing. Select staff has attended psychological first aid training which will be continued and provided to all Public Health staff in 2017.

5. **Develop and maintain a response ready binder, in conjunction with Continuity of Operations Planning (COOP), containing needed information for the department to continue functioning utilizing an all-hazards approach as well as loss of computer systems due to intentional disabling of equipment by hijacking.**
A Continuity of Operations planning binder is currently being developed.

**Goals for 2017:**

- **Greene County Public Health Nursing Services Medical Countermeasures Clinical Operations Plan:** Greene County Public Health Department’s Medical Countermeasures Clinical Operations Plan is being updated based on New York State guidance to expand point of distribution (POD) techniques. The POD system is one of the main ways the health department would respond in the event of a bioterrorist event or widespread infectious disease outbreak requiring intervention. Through this system, medical countermeasures would be distributed to the residents of Greene County with the goal of providing these to the entire population within 48 hours of the system activation.

- **Point of Distribution (POD):** Public Health, with the assistance of several other county departments, will be exercising our POD system to take place March 1st, 2017 as mandated by the PHEP quarterly deliverables. This exercise will be unique this year as it will be a medical based POD as opposed to the non-medical based PODs of prior years. This means that Public Health must adhere to several laws that require specific credentials for personnel at the screening and dispensing areas. This will be a challenge since Greene County has limited Medical Doctors and Nurse Practitioners.

  **Update: Greene County successfully completed this exercise.**

- **Development of Memorandum of Understanding (MOU):** A Memorandum of Understanding (MOU) is being drafted in order to create and foster closed POD agreements between Public Health and various county organizations. These agreements would increase the number of residents who would have access to medical countermeasures during an emergency and would lessen the total number of residents processed through an open POD system.

- **Chemical Hazards Emergency Medical Management (CHEMPACK):** Public Health will also be exercising our CHEMPACK plans in 2017 with Columbia County Department of Health. This will require coordination between both counties as we have a communal stockpile of countermeasures for biological agents.

- **Medical Reserve Corps (MRC):** The further development and expansion of the local MRC chapter will be done in 2017 following the New York State update to the online database. The MRC is a network of volunteers, both medical and non-medical personnel, who are willing to be activated to help in response efforts if needed. Historically the use of MRC personnel has not been widely utilized, but with the updated database coming out in 2017, Public Health is hoping to revitalize our local network.

- **Medical Sheltering:** Greene County Public Health will become leaders in New York State as we will begin to develop a medical sheltering plan to be instituted by the end of 2017. This plan will be developed with the assistance of the American Red Cross, Emergency Management, Mental Health, Department of Social Services, the Sheriff’s Department, and the New York State Office of Health Emergency Preparedness.

Respectfully submitted,
Brielle Phillips, MGH, Emergency Preparedness Coordinator