

Broome County Health Department

2014 ANNUAL REPORT



Mission: *The Broome County Health Department works with the community to preserve, promote and protect the public health and quality of life of all Broome County residents*

Vision: *The Broome County Health Department will be a community leader and valued resource for engaging partners and residents to address public health needs and concerns*

Claudia A. Edwards, MS, Public Health Director
Debra A. Preston, Broome County Executive



Broome County Health Department

Debra A. Preston, County Executive . Claudia A. Edwards, MS, Public Health Director

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March 1, 2015

*Debra Preston, Broome County Executive
Edwin L. Crawford County Office Building
Government Plaza
Binghamton, NY 13902*

Dear Ms. Preston:

This annual report includes the Broome County Health Department's accomplishments for 2014 and goals for 2015 along with program information. It is my hope that this report will be useful to you, the community and other Broome County departments.

Sincerely,

*Claudia A. Edwards, MS
Public Health Director*

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Health Advisory Board

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Introduction

Public health responsibilities encompass preventing epidemics and the spread of disease, protecting against environmental hazards, preventing injuries, encouraging healthy behavior, helping communities to recover from disasters, and ensuring the quality and accessibility of health services.

Public health employees are dedicated to providing safe environments and services to help the people who are most at risk. While the core functions of public health are health assessment, policy development as it relates to matters pertaining to health, and assurance of a healthy environment through surveillance, the end result of these functions is to improve the health of our residents and communities. Private and public organizations, individuals, government officials and public health staff work together to accomplish this mission.

The focus of health programming in our community is determined by the needs of the population and is data driven and evidence-based. Public health employees monitor the health status of the community through surveillance of local information regarding disease states and environmental hazards. Additionally, employees review data collected by the New York State Department of Health Bureau of Vital Statistics and the needs assessments of various community agencies to compile a Broome County Community Health Assessment. Health related issues are investigated with the intent to inform, educate, and empower the community, thereby giving residents the voice and responsibility for action. In support of community efforts, the Health Department then develops policies and plans in response to identified issues.

Public health response also includes enforcement of laws and regulations that protect health. Food service inspections, along with compliance checks for retail tobacco outlets are two examples of how public health employees monitor areas of concern to protect the health and safety of community members.

Working with at-risk populations, those who are uninsured or underinsured, the Health Department links people to necessary services and assures the availability of healthcare options.

Operational planning is an important part of public health. To assure a competent public health workforce, the Health Department works with institutions of higher education to train and develop expertise in employees, ensuring that they meet or exceed established standards.

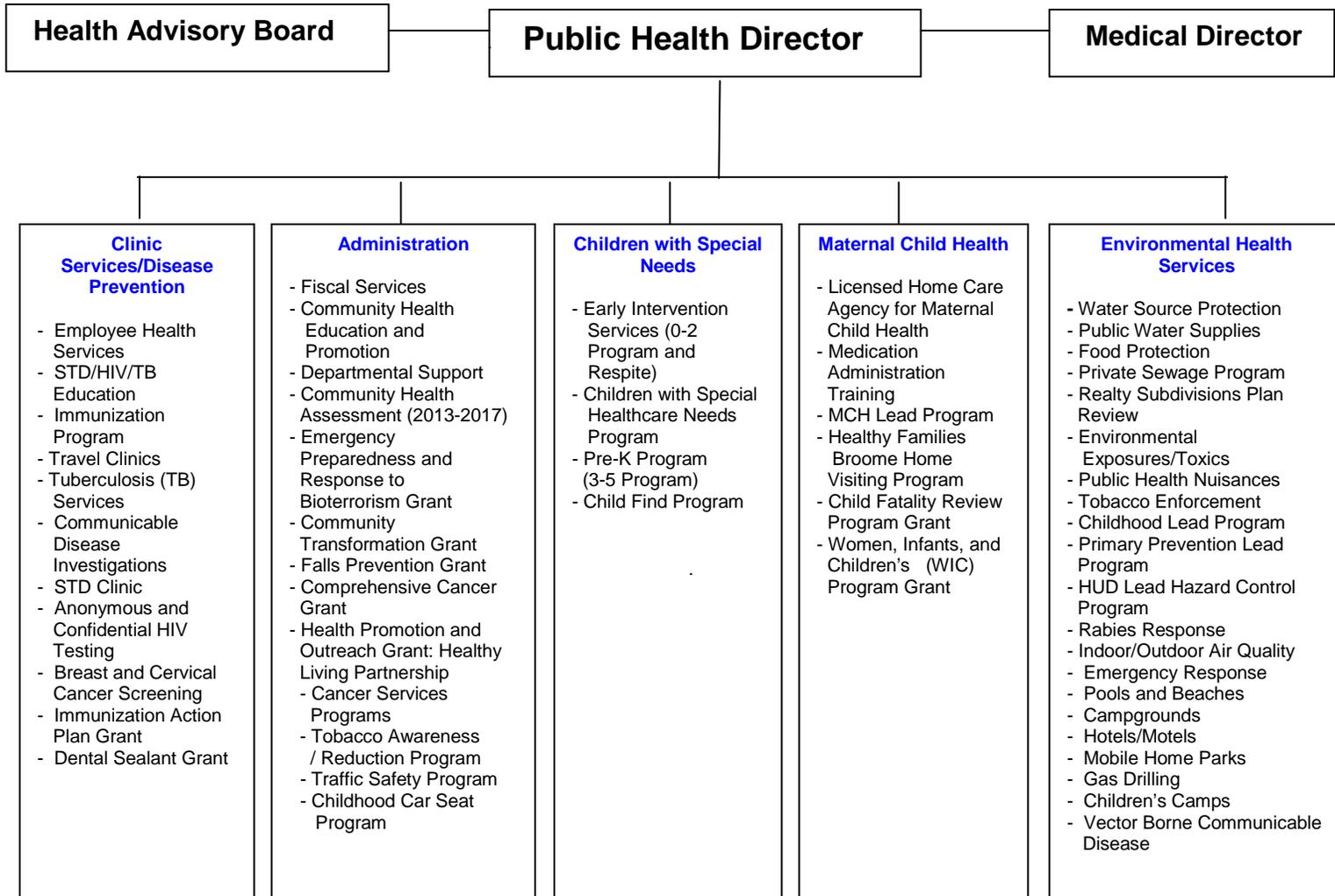
The department evaluates effectiveness, accessibility and the quality of both personal and population-based health programming, and uses data to research innovative, community focused solutions to health problems.

Broome County Health Department
2014 Health Advisory Board

Kelly Wildoner , Chairperson Legislative Health and Human Services Committee	Legislative Term
Anthony Fiala Legislative Health and Human Services Committee	Legislative Term
Jeff Davis Jeffrey K Davis Consulting, LLC	Term Expires 12/31/15
John Spencer , Chairperson Community Representative	Term Expires 12/31/15
Dr. Thomas Brown Physician Representative	Term Expires 12/31/17
Dr. Ann Teng Physician Representative	Term Expires 12/31/18
Dr. Niru Anne Physician Representative	Term Expires 12/31/18
Linda Hoke , Director of Public Relations and Marketing Our Lady of Lourdes Hospital	Term Expires 12/31/17
Kay Boland , Vice President for Patient Care Services United Health Services Hospitals	Term Expires 12/31/15
Kevin Drumm , Ph.D., President SUNY Broome	Term Expires 12/31/16

BROOME COUNTY HEALTH DEPARTMENT ORGANIZATIONAL CHART – 2014

MISSION STATEMENT: The Broome County Health Department works with the community to preserve, promote and protect the public health and quality of life of all Broome County residents.



MISSION.....

The Broome County Health Department works with the community to preserve, promote and protect the public health and quality of life of all Broome County residents.

VISION.....

The Broome County Health Department will be a community leader and valued resource for engaging partners and residents to address public health needs and concerns.

GUIDING PRINCIPLES.....

The Broome County Health Department's view of effective public health management is centered on the following:

Public health is a collective community concern, therefore:

- **Coordination**, regional collaboration, and communication with county government and other policymakers and stakeholders within the broader community maximizes the ability of the Broome County Health Department to identify and respond to the needs of our residents;
- A **proactive leadership role** by the Broome County Health Department is essential for continuous improvement of health status within the community;
- The needs of the region are best served by a health department that focuses on **population-based services** with attention to all life stages, while recognizing that **individual healthcare services** must be maintained within the community;
- **Prevention is crucial** to health and well-being through **anticipation of future health trends**.

In addition, public health must be:

- **grounded in epidemiology**, natural sciences, social sciences, and technology;
- **guided by evaluation** and continuous quality improvement; and
- **measured against outcomes** to address community priorities.

The Broome County Health Department contributes to the community expectation of positive health outcomes through **the core functions** of *assessment, policy development, and assurance*. **These core functions of public health are the driving force behind essential public health services and activities.**

10 Essential Public Health Services

The Broome County Health Department has adopted ten essential public health services that are integral to assuring the health of the community.

- 1. Monitor Health Status to Identify Community Health Problems*
- 2. Diagnose and Investigate Health Problems and Hazards*
- 3. Inform, Educate, and Empower People*
- 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*
- 7. Link People to Needed Services and Assure the Provision of Healthcare when Otherwise Unavailable*
- 8. Assure a Competent Public Health 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*

Broome County Health Department 2014 Accomplishments

Administration/Fiscal Division

- In 2014, New York State's Innovation Plan (SHIP) was rolled out to improve health for all New Yorkers, improve healthcare quality and consumer experience, and lower costs. Part of this plan is the Delivery System Reform Incentive Payment Program (DSRIP). The Public Health Director participated on the DSRIP Project Advisory Committee (PAC) lead by United Health Services which includes 9 counties in the Performing Provider Systems (PPS) region to assist with the implementation and development. Eleven programs were identified as being needed to reduce unnecessary hospitalizations and emergency room visits by 25%. Those programs are :
 1. Integrated Delivery System
 2. Care Transitions for Chronic Disease
 3. INTERACT-Interventions to Reduce Acute Care Transfers in all Skilled Nursing Facilities
 4. Community-Based Navigators to Assist Patients in Accessing Healthcare Services Efficiently
 5. Patient Activation to Increase Utilization Among Uninsured and Low-Utilizing Populations
 6. Integration of Behavioral Health and Primary Care
 7. Crisis Stabilization for Patients Experiencing Behavioral Health Crises
 8. Evidenced-based Strategies for Disease Management
 9. Palliative Care in Patient Center Medical Homes
 10. Strengthen Mental Health and Substance Abuse Infrastructure
 11. Chronic Disease Preventative Care and Management

While DSRIP focuses on the Medicaid population which, for our PPS, includes 91,658 covered lives across 9 counties, 49% or 45,256 Medicaid participants are attributed to Broome County alone. The DRSIP program dovetails directly with the Health Department's Community Health Improvement Plan focusing on Falls Prevention for the Elderly, Chronic Disease Control and Prevention and Mental Health and Substance Abuse (see www.gobroomecounty.com/hd/CHA). Our Supervising Public Health Educator covering chronic disease prevention participates on the Disease Management Committee and the Public Health Director, in addition to the PAC, participates on the Information Technology Committee. The Health Department has begun to roll out an Electronic Medical Record that will connect to the STHL-THINC Region Health Information Organization platform, moving patient medical data bi-directionally. This process will create departmental efficiencies and savings in the long run.

- New York State has funded the Southern Tier Counties with a Public Health Improvement Plan grant of 1.5 million dollars for the next three years to assist with implementing our Community Health Improvement Plan. The Health Director is on the Stakeholders Committee for this project and will be collaborating with four other counties to successfully change the health of our community over the next three years.
- Staff worked with institutions of higher education to explore research projects and grant opportunities and collaborated with the Decker School of Nursing and Binghamton University Center for Applied Research.
- Staff continued health education activities to provide coordinated efforts to prevent diseases and encourage healthy lifestyles by building the capacity of community organizations.
- Improved community health assessment and surveillance activities were achieved through coordination with other community agencies.

- Fiscal staff managed the Health Department budget using grant opportunities and revenue sources to reduce net county support. Additional revenue from sources such as Medicaid, Medicare, commercial insurance, chargebacks and other forms of state aid totaled over \$5.7 million. Four quarterly Article 6 state aid claims were submitted totaling \$1,471,117.
- Staff continued maximization of grant funding to support the operating budget as the focus of public health shifts from direct service provision to surveillance, assurance, and policy development. Fiscal staff managed 31 grants and collaborated with grant managers to claim \$4,360,656. Based on the 2015 budget, the net to the county support is just under \$7 million or 36 cents per dollar that Health Department programs cost taxpayers.
- Staff prioritized expenses to reflect identified staff needs for education and technology while focusing on equitable salary levels for recruiting and retaining staff.
- Fiscal staff continues to address challenges with implementation of the PeopleSoft financial system.

Emergency Preparedness and Response Program

- The purpose of the emergency preparedness and response program is to ensure readiness to respond to health emergencies, whether naturally occurring or deliberate. Consistent with national standards, the program encompasses the four phases of the emergency management cycle including mitigation, preparedness, response, and recovery. The program is funded through the Centers for Disease Control and Prevention's Public Health Emergency Preparedness Cooperative Agreement. The end of calendar year 2014 marked the halfway point of the current five year agreement.
- The program completed all grant required deliverables on time.
- The program sponsored a full-scale exercise in collaboration with the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response, to test the use of federal medical billing data to prepare for and respond to emergencies.



- On April 14-16, the Broome County Health Department sponsored a full-scale exercise in collaboration with the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response and the New York State Department of Health. The exercise was titled, "Enhancing Disaster Response for Vulnerable Populations by Using Federal Data." The exercise was designed to test whether federal Medicare billing data could be utilized to locate vulnerable populations within a community. The Health Department fielded 12 teams on the third day of the exercise to conduct outreach to the identified locations in order to validate the dataset. This was the second time an exercise like this had been conducted; the first time was in the City of New Orleans. The exercise was a success and the Health Department received positive recognition from both the New York State Department of Health and the U.S. Department of Health and Human Services.
- The program participated in the development and execution of a full-scale exercise sponsored by the Broome County Local Emergency Planning Committee.

- The program coordinated the countywide response to the Ebola threat.
- The program assisted with the creation of Southern Tier HEARTSafe Communities.
- On June 21, several members of the Broome County Health Department participated in the “2014 LEPC Full-Scale Exercise” sponsored by the Broome County Local Emergency Planning Committee. The exercise was a simulated release of chemical and radioactive materials as a result of a terrorist action. The emergency preparedness and response program was involved with the planning of the exercise throughout the first half of 2014.
- Throughout the fall of 2014 the program led the response to the Ebola threat. The threat of Ebola developed as a result of the ongoing outbreak in the western African countries of Liberia, Guinea, and Sierra Leone. The program convened a planning group consisting of representatives from the Health Department, Office of the County Executive, the Broome County Office of Emergency Services, UHS, Lourdes, Endwell Family Physicians, Binghamton University, Broome County Security, Broome County Sheriff’s Office, Broome County Aviation, and the Susquehanna Regional EMS Council. The program coordinated several exercises to test various aspects of Ebola preparedness, including communications, information sharing, emergency responder health, and community response protocols. The program also provided training to Health Department staff and various partners within the community.
- The program worked collaboratively with the Broome County Office of Emergency Services, UHS, Lourdes, the Union Volunteer Emergency Squad, Susquehanna Regional EMS Council, and the American Heart Association to develop Southern Tier HEARTSafe Communities. Southern Tier HEARTSafe Communities is a program designed to improve survival from cardiovascular death through a voluntary accreditation process. The accreditation process can be pursued by a municipality, an educational organization, a workplace, a religious institution, or any other recognizable organization within the community. Requirements for accreditation include availability of an Automated External Defibrillator, CPR training, health education programs or initiatives, and emergency response planning. Community survival rates from sudden out-of-hospital cardiac arrest will be monitored over time to determine if the program enhances survivability within the community.

Clinic Services Division

- The Communicable Disease Program conducted 536 reportable infectious disease investigations; 440 of these were reported to the state, the others were ruled out. Hepatitis C represents 44% of cases reported. Other significant volume diseases included Invasive Pneumococcal Disease, Campylobacteriosis, Salmonellosis, Giardiasis, and Lyme disease.
- The Lead Communicable Disease (CD) Nurse is a member of the Infection Control Committees of Lourdes and United Health Services Hospitals. The Lead CD nurse also chairs the Broome County Health Department Infection Control Committee. She serves as a resource to communicable disease programs in other counties that have new nurses. She conducted communicable disease training for the Broome County Department of Social Services staff, the Vestal Central School District nurses, the Emergency Planning Meeting, and the Broome County Health Department staff meeting on Chikungunya and Ebola Virus. She has also conducted Lyme disease seminars at SUNY Broome. She held additional trainings at the Broome County Immunization Coalition on Ebola and Enterovirus D68, and at the District 5 Nurses’ Association on Ebola. The Lead CD Nurse was very involved in the Ebola Disease Response Planning Team.
- The Tuberculosis Clinic had 1,236 visits, including home visits for directly observed therapy for clients with active Tuberculosis to ensure adequate completion of therapy to prevent spread of the disease and drug resistance.
- The Immunization Clinic had 319 visits. Throughout Clinics, 937 vaccines were given and 598 influenza vaccines were administered in mass flu clinics. Outreach clinics were held at the Salvation Army, a soup kitchen, and at the Broome County Correctional Facility.

- The NYS Department of Health Immunization Bureau surveys reveal immunization levels at 97-98% in Pre-K to grade 12 in Broome County. This reflects a robust sustained community commitment to public health through immunization.
- The Broome County Health Department Immunization Nurse reviewed records for two-year olds and thirteen-year olds at seven pediatric and family practice offices.
- The Immunization Clinic provides education through community outreach programs, presentations to provider offices, daycare sites, family practice provider AFIX (Assessment, Feedback, Incentive eXchange) sites and senior centers. The Immunization Nurse writes articles for the Senior News newsletter.
- Broome County Immunization Coalition meetings were chaired quarterly by the Immunization Nurse
- Three mandatory vaccine management trainings were provided to representatives from provider offices enrolled in the Vaccines for Children Program.
- As per NYS Public Health Law, Hepatitis C testing is offered to all persons born between 1945-1965, and HIV testing is being offered to all persons age 13 through 64.
- Over 1,800 Broome County residents received HIV education at drug/alcohol treatment centers, homeless shelters, Broome County Urban League, health fairs, and other venues. The STD Program staff gave presentations to third year medical students and medical professionals on Sexually Transmitted Diseases and HIV.
- The STD Program staff conducted 1,904 visits at the Health Department with 648 encounters at the Broome County Correctional Facility related to STD and HIV testing, treatment and hepatitis vaccinations. There were 1,337 HIV counseling and testing visits conducted at the Health Department, Southern Tier AIDS Program, drug and alcohol treatment facilities, Broome County Urban League, homeless shelters and special outreach events.
- Clinic staff members serve as clinical preceptors for family practice medical residents, Binghamton University undergraduate nursing students, nurse practitioner students, and Broome Community College medical assistant students.
- The Lead Communicable Disease Nurse did several interviews with the media throughout the year on various topics including Influenza, Lyme disease, Foot & Mouth Disease, Enterovirus D68 and Ebola Virus. The Immunization Coordinator did television interviews on the importance of the influenza vaccine.
- As per the NYS Department of Health Acting Commissioner's Order, the Ebola Virus Protocol Policy was written, procedures put into place, and monthly trainings held for donning and doffing of personal protective equipment for all nursing personnel in the Clinics division.
- Clinic staff members worked collaboratively with Lourdes Hospital's Oral Health Program to provide oral health education and preventive dental health services in Broome County schools.

Environmental Health Services Division

- The Enhanced Water Program is responsible for assuring compliance with federal and state requirements. Staff worked with water suppliers on the United States Department of Environmental Protection Ground Water Rule and how to calculate whether current disinfection techniques adequately inactivate viruses and other potential pathogens in the source water. 160,000 Broome County residents are served by 187 public water supplies. Environmental Health staff performed 220 public water system inspections and there were no confirmed waterborne outbreaks.
- There were 56 mobile home parks operating in Broome County. Thirty-six mobile home park full inspections were conducted with three enforcement actions taken.
- Staff reviewed residential septic system plans for 28 new houses and 119 existing system repairs.

- The Division of Environmental Health regulates the fire safety aspects of all Broome County hotels and motels. All facilities were found to be operating in accordance with New York State code. There are 36 facilities under permit in Broome County. Staff performed 46 inspections at those facilities, 28 inspections at 14 children's camps, and 11 inspections at 15 campgrounds.
- Staff performed routine inspections on the City of Binghamton's Occupy Binghamton site to ensure NYS Sanitary Code violations were recognized and corrected.
- Staff performed 141 inspections on 91 public swimming pools and bathing beaches. Enforcement actions were used as needed to ensure that swimming pool and bathing beach operators were diligent about maintaining the chemical and physical properties at their facilities. A chlorine incident occurred at the Jewish Community Center. Staff performed a complete investigation and worked with pool operators to update their safety plan. There were no serious injuries.
- A comprehensive approach to reduction of tobacco use is a critical intervention to reduce the incidence of chronic disease in Broome County. One component of the comprehensive plan is to reduce the rate at which youth are able to purchase tobacco products at retail outlets. Of the 442 completed youth sales compliance checks, 98% compliance was achieved. The program exceeded the federal target of 80% for this initiative.
- Staff, with the combined effort of the Broome County Sheriff Department, began to enforce Penal Law Section 260.21, Unlawfully Dealing with a Minor, against cashiers selling tobacco products to underage youth. This will further decrease the number of tobacco sales to minors and instill a level of responsibility on the cashier. Staff also distributed point of sale "We Card" calendars to all 171 tobacco retail stores.
- Staff responded to 10 complaints on smoking in public places under the Clean Indoor Air Act.
- Childhood Lead Poisoning Prevention Program staff provided timely interventions to all children diagnosed with lead poisoning in Broome County. Of 3,424 blood lead tests, there were 11 newly identified children with blood lead levels from 10<15 mcg/dl. There were 13 newly identified children with blood lead levels at or above 15 mcg/dl. Lead hazard investigations were performed in 24 homes.
- Lead Poisoning Primary Prevention Program staff worked to identify and correct lead based paint hazards in high-risk housing prior to the lead poisoning of a child. This program sought to educate property owners, tenants, and others in an effort to prevent childhood lead poisoning. Primary Prevention staff inspected 90 properties, of which lead hazards were identified in 89. Seventy properties were successfully remediated to create lead safe housing for families with young children and pregnant women, those most susceptible to lead hazards. Others are in the pipeline and work continues toward "lead safe" status.
- Through the Primary Prevention Program, Broome County provided EPA approved training to certify participants as Lead Renovators. This training is required by the EPA's Renovate Repair and Painting (RRP) Rule for anyone working in housing and child occupied facilities built before 1978. Broome County provided this training to 85 participants, including contractors, property owners, and maintenance personnel for properties under notice from the Lead Programs.
- Local health departments are required by NYS Public Health Law to respond to calls on public health nuisances. Thirty-three public health nuisance complaints were handled in 2014. Local municipal code enforcement officers and the NYS Department of Environmental Conservation have been diligent in responding to our referrals to investigate nuisance complaints under their jurisdiction such as outdoor burn barrels, garbage and rodent complaints.
- Rabies Program staff investigated 695 potential human exposure incidences to the rabies virus. 116 specimens (bats, cats, dogs, skunks, and raccoons) were collected, euthanized and/or decapitated, and submitted for testing. Fifty-eight humans received rabies post-exposure treatment and 2,796 animals were vaccinated. Staff acquired state and county approval for the stray cat acquisition protocol, rabies specimen transport protocol and bat euthanasia protocol.
- 1,500 food service inspections including primary inspections, re-inspections, complaint investigations and field visits were completed. Twelve food safety classes were held and 145 local food establishment owners, operators and staff were trained.

- Increased enforcement actions were taken against food service operators with blatant health hazards, multiple health hazards or repeated lesser code violations. Food establishments that did not renew their food permit and were operating without a permit are placarded.
- An online Temporary Food Service Food Safety Training Course for temporary food vendors was implemented and continued to decrease the number of violations found at Broome County temporary food events.
- Staff attended eight health fairs and provided 12 press releases, 9 interviews and 18 presentations on the following environmental health issues: lead poisoning prevention; tobacco enforcement; flooding concerns; rabies awareness and swimmers itch. There were ~150 visits to the Health Department's West Nile Virus section of the website, ~200 visits to the Lead Primary Prevention section, and ~7,000 visits to the Rabies Prevention section.

Chronic Disease Risk Reduction Programs

The Southern Tier Cancer Services Program

- The Southern Tier Cancer Services Program (CSP) offered reimbursement for the following cancer screenings: 624 clinical breast exams; 634 mammograms; 206 pap tests and pelvic exams; 194 FIT/colorectal screening kits; 25 colonoscopies; 20 breast biopsies; 164 breast ultrasounds; 27 diagnostic mammograms; and 6 colposcopies.
- Medicaid Cancer Treatment Program (MCTP) applications are completed by CSP staff for individuals who are uninsured and diagnosed with cancer or pre-cancerous conditions and in need of treatment. The MCTP offers Medicaid coverage for the duration of cancer treatment. During 2014, 6 new applications and 17 annual recertifications for breast cancer; 1 new application and 1 annual recertification for colorectal cancer diagnosis; and 1 new application and 11 annual recertifications for prostate cancer diagnosis were processed.
- Contracted outreach staff performed at least 15 outreach activities and/or events monthly on behalf of the Southern Tier Cancer Services Program.

Tobacco Free Broome & Tioga Tobacco Control Program:

- Tobacco Free Broome & Tioga (TFBT) creates partnerships and coordinates efforts among businesses, public and private agencies and organizations, and municipalities to broaden the reach and impact of evidence-based tobacco control interventions. The program provides education and technical assistance to facilitate implementation of population-level interventions to reduce appeal and acceptability of tobacco use, increase tobacco use cessation, reduce secondhand smoke exposure, and prevent initiation of tobacco use among young people.
- **Reduction of Tobacco Marketing at the Point of Sale (POS)**
 - TFBT provided education and technical assistance to Binghamton City Council about effective ways to reduce the impact of tobacco marketing on youth. This led to Binghamton City Council's passing of legislation in April 2014 preventing new tobacco retailers from locating within 500 feet of schools.
 - TFBT educated numerous municipalities in Tioga County about options available to decrease the effect of tobacco marketing on youth.
 - TFBT educated thousands of residents, key stakeholders and elected officials in Broome and Tioga counties about the impact of tobacco marketing on youth through POS earned media, POS paid media (print, digital and radio), tabling at community events, presentations to community and civic groups such as PTAs, Rotary Clubs, youth organizations, Chamber of Commerce, and meetings with decision makers/elected officials.
 - Over 1,200 signatures from Broome and Tioga County residents obtained supporting reduction/elimination of tobacco displays and/or advertising in retail stores.

- **Smoke Free Housing**
 - Collaborated with Community Transformation Grant staff to provide education and technical assistance to staff and residents of the Binghamton Housing Authority to facilitate their adoption of a smoke free policy effective April 1, 2014 in 64% of their units.
- **Tobacco Free Outdoor Policies**
 - TFBT provided technical assistance and education leading to tobacco free outdoor policies in 9 municipalities, 17 family or youth related organizations, 8 businesses, 7 fitness/sports facilities, 1 college and 6 churches and libraries.
 - TFBT has enjoyed excellent success obtaining earned media with an average of 38 tobacco control earned media placements *each year* for the time period 2010-2013.

Broome County Traffic Safety Program

- The Traffic Safety Program Coordinator: recruited ten additional Certified Child Passenger Safety Technicians; inspected 394 child safety seats; distributed 221 child safety seats through 10 fitting stations; held 10 free child safety seat distribution programs and 9 large scale child safety seat check events; conducted 13 child passenger safety educational outreach programs (141 participants); conducted 5 cycling skills clinics (260 participants) and distributed 352 bike helmets; conducted 20 bicycle/pedestrian educational outreach programs to 616 participants; held 66 Just Drive programs at 13 different venues reaching 3682 students; held 2 Senior Safety Day Events that evaluated 23 older drivers; distributed 50 motorcycle safety lawn signs; conducted a Teen Traffic Safety Day event that included 13 school districts and 700 students; and co-sponsored the Returning Warrior 5 and 10 Miler Race that resulted in 350 runners.

Cancer Services Program of Broome, Chenango & Tioga Counties

- 40 Medicaid Cancer Treatment Program (MCTP) applications were completed by Cancer Services Program staff for individuals diagnosed with cancer or pre-cancerous conditions that were uninsured and in need of treatment. The MCTP offers Medicaid coverage for the duration of cancer treatment.
- The Cancer Services Program of Broome, Chenango & Tioga Counties aired a commercial during October and December as well as multiple print ads in order to increase public awareness and recruit additional clients.
- Contracted outreach staff performed at least 15 outreach activities and/or events monthly on behalf of the Cancer Services Program of Broome, Chenango & Tioga Counties to increase participant recruitment.
- The Cancer Services Program of Broome, Chenango & Tioga Counties offered reimbursement for the following cancer screenings: 796 Clinical Breast Exams; 788 Mammograms; 350 Pap Tests & Pelvic Exams; 153 FIT/Colorectal Screening Kits; 26 Colonoscopies; 39 Breast Biopsies; 234 Breast Ultrasounds; 104 Diagnostic Mammograms; and 11 Colposcopies.

Cancer Services Program of Chemung & Schuyler Counties

- The Broome County Health Department remains the lead agency for the Cancer Services Program in Chemung & Schuyler Counties, offering supervision, oversight, technical assistance, and reimbursement for breast, cervical, and colorectal cancer screening services and diagnostic follow-up performed by contracted providers on behalf of the Cancer Services Program.
- The Cancer Services Program of Chemung & Schuyler Counties offered reimbursement for the following cancer screenings: 342 Clinical Breast Exams; 366 Mammograms; 197 Pap Tests & Pelvic Exams; 79 FIT/Colorectal Screening Kits; and 9 Colonoscopies.

Sodium Reduction in Communities

- Collaborated with Broome Tioga BOCES to reduce sodium in the Rock on Café's standardized menu from 1,500 mg. to 1,000 mg. incrementally between 2010 and 2013.
- Approximately 20,000 elementary school students a year in 15 school districts are reached.

- Broome County Health Department, Broome County Office for Aging, and Meals on Wheels programs launched an initiative to reduce sodium in senior meals for 4,400 seniors.
- In 2010, the average congregate meal contained 1,517 mg. of sodium. Within two years the sodium was reduced 22% with an average of 1,181 mg. of sodium.
- In 2010, the average Meals on Wheels meal contained 1,163 mg. of sodium, and two years later, that amount was 19% lower, with an average of 944 mg. of sodium per meal.
- In 2013, Broome County became the first county in New York State to adopt a food procurement policy consistent with the Dietary Guidelines for Americans.
- The Health Department used a social marketing model and sodium reduction education to conduct and create a media campaign to encourage consumers to request lower sodium products in grocery stores.
- Findings from surveys conducted at Weis Markets indicated that 60.4% of respondents reported reading food labels more often, 55.3% purchased more lower sodium foods, 50% were seasoning their food with spices instead of salt, 48.2% were using lower sodium ingredients in recipes, 47.9% were cooking more recipes from scratch, 59% reported buying lower sodium soups or broths, 45.5% purchased lower sodium lunch meats, 37.3% purchased lower sodium canned vegetables, and 35.1% purchased lower sodium sliced cheeses.
- At Price Chopper, 65.9% of respondents reported reading food labels more often, 49.7% purchased more lower sodium foods, 54.2% were seasoning their food with spices instead of salt, 44.1% were using lower sodium ingredients in recipes, and 51.4% were cooking more recipes from scratch.
- Health Department staff, the program evaluator, and the Weis Market business analyst found that the ten Broome County stores of the Weis Market conglomerate saw a 5% increase in sales of Dietz and Watson Gourmet Lite Turkey Breast in the first 6 months, In targeted store #219 there was a 12% increase in sales between baseline and Project Year 02 and an 18% increase in sales between baseline and Project Year 03. There was a 93% increase in sales of Hillshire Farms Lower Sodium Honey Roasted Turkey between baseline and Project Year 02, a 101% increase in sales between baseline and Project Year 03.
- Health Department staff members collaborated with Broome County Cornell Cooperative Extension (BCCCE) to conduct in store marketing activities consisting of sodium education and taste testing demonstrations: "Build a Better Sandwich," lower sodium shopping lists, weekly circulars with coupons for lower sodium items, and lower sodium recipes.

Community Transformation Grant

- Staff collaborated with BCCCE to adopt 15 healthy beverage policies at different locations throughout the high need areas of Binghamton and Johnson City reaching 2,482 people.
- Staff collaborated with Family Enrichment Network to hire and train a physical activity specialist who trained 17 eligible childcare centers and 11 family childcare providers on developmentally appropriate and structured physical activities.
- The Broome County Health Department, Family Enrichment Network and Broome County Department of Social Services created and adopted a countywide policy that requires all legally exempt daycare providers to participate in the Child and Adult Care Food Program (CACFP).
- The Health Department's Community Transformation and Tobacco Control grants collaborated with the Binghamton Housing Authority (BHA) to adopt and implement a smoke free housing policy to protect over 400 residents.
- The Health Department applied for the Partnerships to Improve Community Health (PICH) grant which was approved but not funded by the Centers for Disease Control.

Comprehensive Cancer Prevention and Control Program

- In 2013, the Health Department collaborated with Meals on Wheels of Western Broome (MOWWB), a private not-for-profit organization, and with the YMCA of Broome County to adopt food procurement policies.

- In 2014, the Health Department collaborated with the Broome County Council of Churches CHOW bus and All Saints Catholic School to adopt food procurement policies.
- Health Department staff members collaborated with Mothers and Babies Perinatal Network along with the Southern Tier Breastfeeding Coalition to educate and assist healthcare providers with the adoption and implementation of breastfeeding friendly practices.
- In November 2014, the local champion, United Health Services Perinatal Center adopted the first Breastfeeding Friendly policy in Broome County and three more sites have agreed to begin mobilizing efforts to adopt policies.
- In November 2013, Broome County Government adopted an expanded paid leave time that included colorectal cancer screening in addition to breast and prostate cancer screening in order to increase screening and early detection of cancer, improve quality of life and employee productivity.
- The American Cancer Society recognized the efforts of the Broome County leadership and presented them with a recognition citation for being a leader in New York State and local municipal champion.

Fall Prevention in Older Adults

- The Health Department, in conjunction with the NYS Department of Health and the CDC has replicated a national Fall Prevention Project, locally named Better Balance for Broome, which provides adults age 65 and older with the opportunity to receive clinical fall risk assessments, participate in evidence-based community fall prevention programs, and utilize physical therapy activities for fall prevention.
- Broome County is the national alpha test site for a CDC program that seeks to engage healthcare providers in conducting fall risk assessments among older adults called STEADI (Stopping Elderly Accidents, Deaths and Injuries).
- United Health Services (UHS), Broome County's largest healthcare institution, incorporated the STEADI program into their electronic medical record.
- A champion physician and his team rolled out STEADI to a total of 17 primary care sites with the potential of reaching 20,000 older adults.
- The initial UHS alpha test site recorded an improvement from 0% to 97% of providers conducting fall risk assessments.
- UHS made hospitalizations from falls an accountable care measure which will be monitored as part of a quality assurance performance measure.

Maternal Child Health (MCH) Division

Licensed Home Care Services Agency (LHCSA)

- A total of 1,662 referrals were received from a variety of community agencies. 721 of those referrals received **at least** 1 visit and many received multiple visits depending on need.
- 11 bereavement referrals were received and 5 home visits were made for bereavement support.
- 31 referrals were received for elevated lead levels.
- Insurance billing was initiated in 2012 with continued development in 2013 and 2014.
- Program staff gave presentations to medical residents on MCH services, including the WIC and Healthy Families Broome programs.
- Staff members routinely serve as clinical preceptors for Binghamton University undergraduate nursing students, graduate nursing students, MPA students, and dietetic students from various schools.
- 29 daycare providers were successfully certified in Medication Administration Training. Payments received for the training totaled \$2,900.
- Ten cases were reviewed by the Child Fatality Review Team and several public health needs identified as a result of these reviews.

Women, Infants and Children (WIC) Program

- The WIC Program provided 22,462 participant visits with an average of over 1,003 women, 1,040 infants and 2,213 children between ages 1- 5 years receiving services.
- Breastfeeding initiation rates are up to 70%, thanks to the success of our Breastfeeding Peer Counseling Program. 150 WIC participants attended our breastfeeding class prior to giving birth.
- A primary function of WIC is to provide participants with referrals to various community agencies. 3,715 referrals were provided which include some of the following programs: immunizations-1,631; dental-394; Parents and Children Together Program (PACT)-635; physicians-105; car seat program-81; and CHOW-319.
- Prior to closing the Hospital Certification Program in October 2014 due to funding cuts, WIC certified 356 women and infants during their postpartum hospital stay.
- 25 healthcare providers received a visit from our outreach staff. Each visit provides medical staff with up-to-date income, food package and nutrition education information.
- Broome County WIC collaborates with SUNY Upstate Medical University and Binghamton University to provide over 30 family practice medical residents, 3rd year medical students and nursing students with a 4 hour in-house orientation to WIC services.

Healthy Families Broome Home Visiting Program:

- In the winter of 2012, the Healthy Families Broome (HFB) program went through the Healthy Families America (HFA) accreditation process. This included review of policy manuals prior to a 3 day site visit. The site visit was completed by two HFA peer reviewers who interviewed staff, families, and members of the HFB advisory board. In January 2013, the HFB program was notified by the HFA Regional Director that the HFB program had **no** standards out of adherence. In June 2013, the state of New York was accredited as a multisite system.
- In 2014, the HFB program started making the necessary changes to meet the updated HFA accreditation standards for 2018.
- During 2014, 14 children graduated from the HFB Home Visiting Program. Nearly 50 people attended the graduation celebration and these children continued their education in Head Start, preschool or Kindergarten.
- The HFB program achieved 12 out of 12 of the Healthy Families New York biannual contract performance indicators from 10/1/13-3/31/14 and 11 out of 12 from 4/1/14-9/30/14.
- In 2014, 97% of children enrolled in the program had a medical provider.
- Ninety-seven percent of target children had at least five well baby visits by 15 months of age and 97% of target children were up-to-date on immunizations as of their second birthday.
- 100% of children enrolled in the program demonstrated age appropriate developmental milestones or were referred to the Early Intervention Program if delays were detected.
- Thirty-one percent of enrolled mothers breastfed their babies for three months.
- Seventy-nine percent of mothers were enrolled in an education program, job training or a job placement program by their child's first birthday and 86% by their child's second birthday.

Early Intervention and Preschool Special Education Programs

- Physicians and primary care providers continue to be the leading referral source (~55-60%) for children to the Early Intervention Program, with parents/family members and community programs each at about 10-12%.
- The total number of children in the Early Intervention Program and the Preschool Special Education Program has increased, due in part to the increased number of children referred for evaluations. While the number of children authorized to receive services remained relatively stable, the total number of services authorized continued to increase. The needs of the children are becoming greater.

- Provider capacity in both the Early Intervention and Preschool Special Education Programs has continued to decrease. Some reasons for this capacity concern include a decrease in the number of new professionals moving back to this area upon graduation from college, a lower reimbursement for service provided in these programs than can be earned through employment in a medical facility, the increase in home-based healthcare, especially for the elderly, with higher salaries than can be earned providing services in the Early Intervention and Preschool Special Education programs.
- The Early Intervention Program did make progress in reducing and/or eliminating wait lists for children to receive services through concerted efforts by the EI service coordinators to assist families in better refining and identifying the desired outcomes for their children.
- NYS Department of Health's restructuring of the billing component of the Early Intervention Program authorized a NYS fiscal agent in 2013 to be responsible for paying providers for services not covered by third-party insurance through an escrow account billed to the county. In time, the New York Early Intervention State Fiscal Agent is expected to maximize insurance payments for covered services in the Early Intervention Program. The Broome County Early Intervention Program continues to work to successfully accommodate these changes as well as to develop methods to monitor appropriations.
- The Preschool Special Education Program continued to work with providers to refine the use of the Kinney System (web-based software system for obtaining Medicaid reimbursement) so that accurate data and reporting will be available. Refresher and update trainings were held.
- As the documentation requirements for all aspects of the Early Intervention and Preschool Special Education Programs continued to increase and change, the Children with Special Needs Program has worked diligently at addressing these requirements.
- The Children with Special Needs Program continues to work at developing efficiencies and has been working with Broome County Information Technology and Fiscal staff to improve collection and use of data.

Administration Division

The Administration Division of the Broome County Health Department includes the leadership, planning, financial and health promotion activities of the department. Goals and objectives for each area within the Administration Division of the health department are listed below.

Leadership/Planning/Departmental Support

Health Department programming requires knowledge of population-based health strategies. These strategies are determined by assessing community needs, reviewing the epidemiological evidence, and implementing interventions that will have a positive impact. Assessment, one of the core functions of public health, occurs continually and data is updated and formally reported to the community and New York State Department of Health.

Health Information / Health Education / Health Promotion

Some of the most important services provided by the Broome County Health Department include health information, health education, and health promotion. Whether a one-time presentation, a two-day workshop, or initiating a policy change, the intent is to reduce health risks and promote better health for everyone. Health information, health education, and health promotion is provided through partnerships with schools, worksites, agencies, and individuals in community settings. The department's programs focus on meeting the goals of Healthy People 2020. While many people understand how the decisions they make affect their health, many others are still learning how to make healthier choices. For example, chronic disease has some risk factors that are beyond a person's control (i.e. family history, race, and age). There are also risk factors within an individual's control: what and how much you eat, how active you are, and whether or not you smoke or expose yourself to secondhand smoke. The Broome County Health Department provides health information, health education, and health promotion programs which are directly linked to best practice that can improve the health and well-being of Broome County residents.

2014 Program Statistics

Community Health Promotion	
Community Presentations	196
Health Fairs	40
Press Releases	47
Media Interviews	52

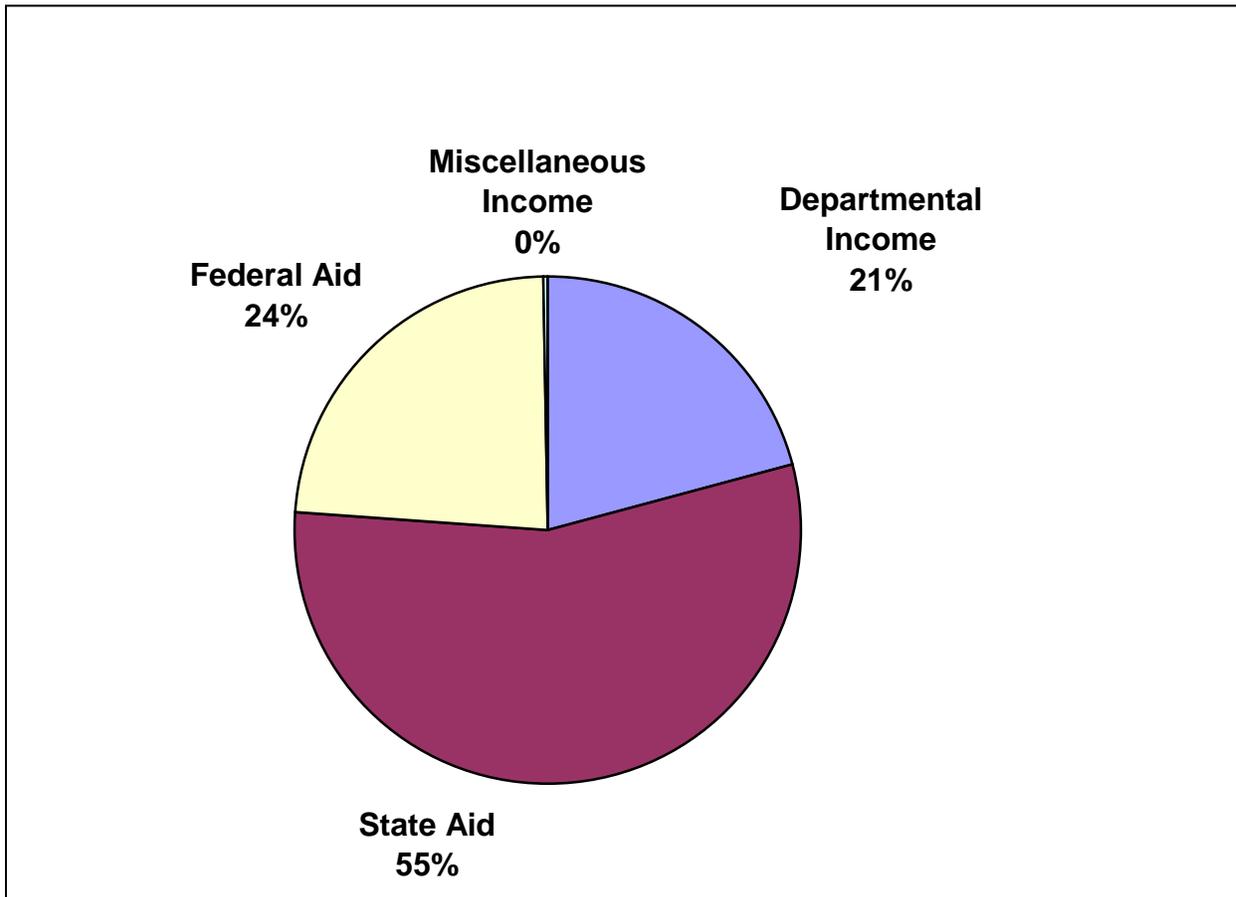
Media interviews were given on teen traffic safety; child passenger safety; impaired driving; falls prevention; community tobacco control survey results; smoking cessation; Great American Smoke Out; tobacco marketing; smoke-free housing; NYS Council on Food Policy; foodborne illnesses; hand, foot and mouth disease; Ebola; Enterovirus; Influenza; cervical cancer awareness; opioid abuse; lead poisoning prevention; carbon monoxide poisoning; senior health and safety; health and safety with cold temperatures; radon dangers; air quality; and the Healthy Neighborhoods Program.

Fiscal Services

Health Department fiscal staff work with division heads and program managers to ensure that there are adequate finances for program administration. Staff members are involved with daily operations as well as the financial planning of the organization.

Revenue

2014 Revenue By Division						
Division	Dept. Income	State Aid	Fed. Aid	Misc. Income	Total	% of Total
Administration	175,688	1,196,216	0	5,592	1,337,497	14%
Environmental Health	337,675	44,008	0	0	381,683	4%
Clinics	318,499	217,867	0	396	536,712	5%
Maternal Child Health & Development	1,235,099	2,279,679	0	292	3,515,070	35%
Grants	50,538	1,899,566	2,400,605	9,947	4,360,656	42%
TOTAL	2,117,449	5,637,336	2,400,605	16,227	10,131,618	100%
% of Total	21%	55%	24%	<1%		100%



* Department Income refers to income earned through service fees, chargebacks to grants, fines, employee health physicals, etc.
 ** Miscellaneous Income refers to rental income, refunds of prior year expenditures, and transfers from insurance reserves.

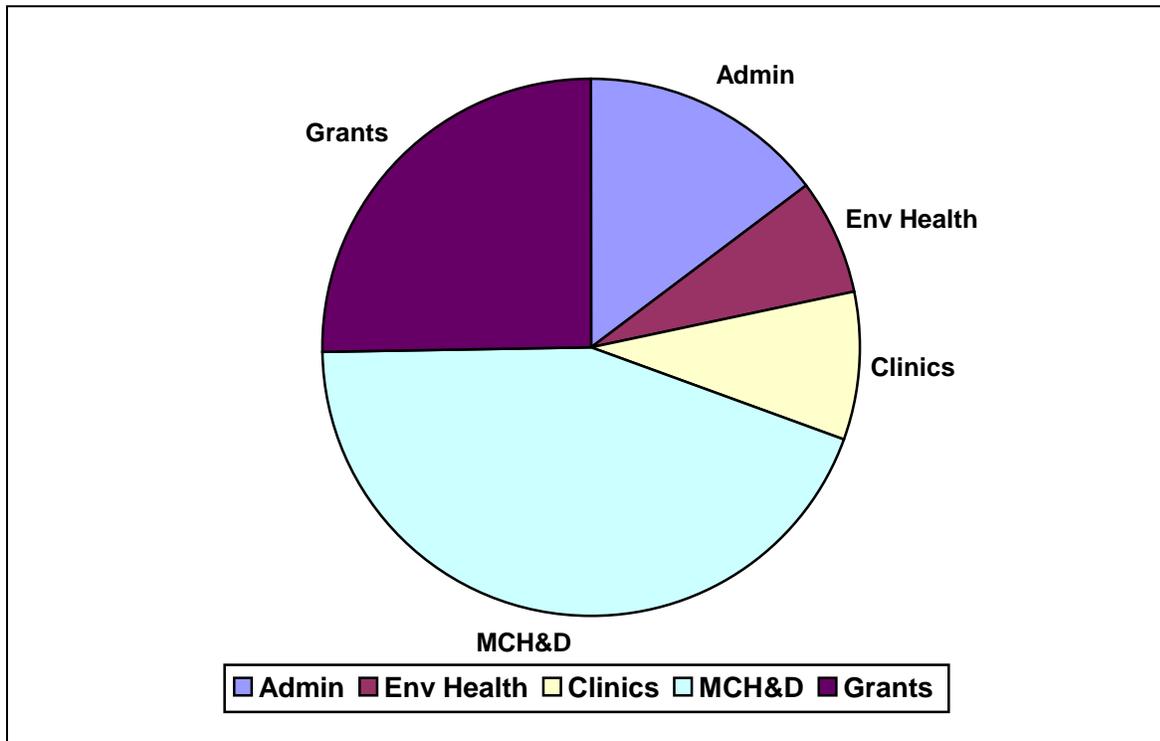
Expenditures

The Administration Division expenditures include fiscal staff members who manage all aspects of the Health Department’s finances, purchasing, accounts payable, cash management, billing for the Early Intervention and Preschool Programs, managing 34 grants, and other complex financial and statistical reports.

The Maternal Child Health and Development Division is the largest segment (44%) of the Health Department budget. This division includes services to children at risk for or diagnosed with developmental delays and disabilities through the Early Intervention (0-3) and Preschool (3-5) Programs.

Division	Expenditures	% of Total
Administration Division	2,522,422	15%
Environmental Health Division	1,218,911	7%
Clinics Division	1,512,178	9%
Maternal Child Health & Development Division	7,663,548	44%
Grants	4,365,086	25%
TOTAL	17,282,145	100%

Expenditures



Administration Division 2015 Goals

Pursue Public Health Accreditation: Accreditation is a status that provides public notification that an institution, program, or agency meets standards of quality set forth by an accrediting agency. The accreditation process reflects the fact that the institution, agency or program is committed to self-study and external review by one's peers. Broome County Health Department will demonstrate its accountability to the community and measure department performance against nationally-established standards. These standards are designed to measure overall agency capacity as opposed to focusing on specific program areas and are primarily based on the Ten Essential Public Health Services, the operational definition of a functional local health department, and the National Public Health Performance Standards. The Public Health Accrediting Board is a national organization that will preside over the Broome County Health Department's accreditation process. The 12 Standards that the HD will be measured against include:

1. Conduct a Community Health Assessment
 2. Investigate Health Problems
 3. Inform and Educate about Public Health
 4. Engage the Public to Solve Public Health Problems
 5. Develop Public Health Policies and Plans
 6. Enforce Public Health Laws and Regulations
 7. Promote Strategies to Improve Access to Healthcare Services
 8. Maintain a Competent Workforce
 9. Evaluate and Continuously Improve Health Department Processes, Programs, and Interventions
 10. Contribute to and Apply the Evidence Base for Public Health
 11. Maintain Administrative and Management Capacity
 12. Maintain Capacity to Engage the Public Health Governing Entity
- Engage in meaningful research of community health status, measured by jurisdictional mortality, incidence or prevalence. Assess county characteristics such as poverty, health disparities, and health literacy to determine health behaviors, adverse health events, and populations at risk.
 - Develop a well trained and competent workforce through assessing training needs and collaborative planning with institutions of higher learning to maintain the technological tools of the public health infrastructure that are necessary to support all essential public health services.
 - Collaborate with institutions of higher learning to bring in expertise in planning and evaluation, epidemiologic studies, and data collection and management.
 - Build the capacity of community organizations to provide health information and programming as part of "doing business" to offer cost-effective programs that impact health outcomes and are easy to replicate.
 - Develop a succession planning model designed to ensure that staff are competent to assume different responsibilities.
 - Continue to explore options for decreasing county support for department activities.
 - Address impacts of changes in state funding on Health Department revenues.
 - Continue to address and resolve the challenges with the new PeopleSoft financial system by working with the Office of Management and Budget.

Emergency Preparedness Program

Developing emergency preparedness and response capacity remains a high-priority for the Health Department. National and international concerns surrounding natural and human made emergencies and disasters continue to drive local planning efforts. Health Department staff and Medical Reserve Corps volunteers train and participate in exercises designed to test the Department's response capability. The Department will continue collaboration with hospitals, healthcare institutions, and community partners to strengthen preparedness and organizational relationships.

Emergency Preparedness 2015 Goals

- Continue to build Health Department capacity to respond to public health emergencies
- Introduce new and innovative technologies to aid emergency preparedness and response activities
- Continue to cultivate and develop the Medical Reserve Corps
- Continue to further develop community participation with the Southern Tier HEARTSafe Communities Program
- Conduct a successful Medical Countermeasures Dispensing and Operations Exercise

Clinic Services Division

The programs operated by the **Clinic Services Division** are designed to assure the provision of personal healthcare when it is otherwise unavailable. The following services are provided in a convenient and confidential setting:

- Communicable Disease Investigation and Control
- Tuberculosis (TB) Control Clinic
- Immunization Program
- Sexually Transmitted Disease (STD) Clinic
- Confidential and Anonymous HIV Counseling and Testing Services
- Employee Health Services

Descriptions of the services listed are further explained in the following section. The addition of program statistics will provide an understanding of the array of programs offered to the public and the impact that these services have on the community.

Communicable Disease Control

An important role of the local health department is to investigate diseases that the NYS Department of Health designates as reportable. When an individual contracts a disease such as measles, hepatitis, or meningitis, reports to the health department are required from physicians, hospitals, and laboratories. The nurses who work in disease control speak with the person or parent/guardian to determine the source of the disease, identify others at risk, and recommend needed treatment. All information is treated confidentially. Fact sheets and printed materials are also available to the public by request. The number of mandated diseases reported decreased slightly from 459 in 2013 to 440 in 2014. The largest reporting of any disease was 192 Chronic Hepatitis C cases. The number of Lyme disease cases remained steady from 2013-2014.

Communicable Disease Investigations

Number of Cases Reported	440
Number of Cases Investigated	536

Tuberculosis Control Clinic

The Tuberculosis Control Clinic provides for testing, diagnosis, treatment, prevention, and control of Tuberculosis (TB) in Broome County. The program provides education and treatment to high-risk populations in the community who are infected with TB, including students of SUNY Broome and Binghamton University. The program strives to identify individuals in targeted populations at high-risk for exposure to TB who have been infected but are not yet contagious. Staff conducts outreach and provides treatment before people become ill and contagious to others. The professional staff serves as a resource for other health professionals, residential care facilities, and congregate living establishments in the community. Referrals from these sources are welcome. Professional staff provides formal presentations, telephone consultations and educational materials.

Number of Patients Screened	707
Total Patient Visits	1,236
Number of Patients Started on Preventive Therapy for Latent TB Infection	66
Number of People Receiving Directly Observed Therapy for Acute TB	4

Immunization Program

The objective of the immunization program is to increase immunization levels of children and adults. Efforts involve education and removing barriers to immunizations. The Broome County Health Department acts as a safety net by providing immunizations for all age groups to people that are uninsured, underinsured or may not have a primary care provider. Routine immunizations are given. Education is provided to, but not limited to, community outreach programs, presentations to provider and daycare sites and family practice provider AFIX (Assessment Feedback Incentive and eXchange) sites, through the semi-annual clinic newsletter, through telephone consultations, and leading the Broome County Immunization Coalition.

Number of Visits to Regular Immunization Clinics	319
Number of Immunizations Administered	937

Influenza/Pneumonia Mass Clinics

Nine mass flu clinics were offered in 2014; six of which were held at the Broome County Health Department. They were open to the community at large, Broome County employees, and first responders. Additional flu clinics were held at the Salvation Army, the Broome County Correctional Facility and at a soup kitchen.

Seasonal Flu Vaccinations Given	598
Pneumococcal Vaccinations Given	31
Immunization Initiative – Provider Office Record Review Sites	7

Sexually Transmitted Disease (STD) Clinic

The STD Clinic is available to people who are at risk or may have come in contact with one or more sexually transmitted diseases. A confidential interview by a professional staff member includes asking about the client's symptoms, their sexual activities and other information important to the diagnosis of their problem. An examination and appropriate laboratory testing is conducted at the time of the visit, often with immediate results available. Other tests are done at a hospital or NYS Department of Health approved laboratory. After diagnosis, medicine is administered or prescribed at the time of the visit. Both confidential and anonymous HIV testing is offered. All services are confidential and cannot be discussed with someone other than the patient without written consent.

1,800 individuals including third year Clinical Campus medical students, the Salvation Army, New Horizons, Merrick House, Addiction Crisis Center, Fairview Recovery Center, SUNY Broome, local high schools, nursing students, the Free Clinic and medical professionals received STD education from our staff. There were 1,017 total encounters in the Broome County Correctional Facility related to STD and HIV testing, treatment and Hepatitis vaccinations.

STD Clinic Visits	1,904
Broome County Correctional Facility STD Visits	648
Number of Chlamydia Cases	153
Number of Gonorrhea Cases	24

HIV Counseling and Testing Services

Clinical testing is the only way to determine if a person is infected with HIV, the virus that leads to AIDS. Early diagnosis and treatment can improve the quality of life for a person with the virus. Confidential HIV testing is available through the STD Clinic. There are times set aside specifically for HIV testing with trained HIV test counselors. Appointments for anonymous testing can be made by calling 1-800-562-9423, and are offered at various locations throughout the region. 1,706 HIV tests and counseling sessions were conducted at the Broome County Health Department, Southern Tier AIDS Program, Broome County Correctional Facility, drug and alcohol treatment facilities, homeless shelters, Broome County Urban League and outreach events.

Number of Individuals Receiving HIV Tests	1,337
Number of Positive Tests	0

Employee Health Services

The Clinic Services Division provides an employee health component for Broome County Government employees and volunteer firefighters. Information and referrals were provided for obesity, smoking, and breast and cervical health at the time of the screenings.

Number of Patient Encounters	622
Number of Complete Physicals	183

Clinic Services Division 2015 Goals

- Continue to make treatment of all cases of active TB disease a priority with Directly Observed Therapy (DOT) and thorough contact tracing investigations.
- Support Binghamton University and SUNY Broome Health Services in their efforts to identify students with active TB disease and latent TB infection.
- Educate patients with positive TB tests about the differences between active TB disease and latent TB infection.
- Identify patients interested in treatment for latent TB infection and initiate treatment. Encourage compliance with a nine-month course of treatment protocol for latent TB infection.
- Continue evaluating, educating and treating those with positive Tuberculin skin tests who are applying for permanent residency in this country.
- Continue to offer HIV testing to patients with positive Tuberculin skin tests.
- Evaluate and treat persons in congregate settings to minimize the risk of TB outbreaks in these settings.
- Conduct activities to promote National Infant Immunization Week and National Influenza Vaccination Week.
- Continue to serve as a safety net for the public by providing immunization services to those without a medical home/insurance. Provide immunizations to special needs populations such as homeless shelters.
- Continue to provide education and implementation of current immunization recommendations from the Centers for Disease Control and Prevention and NYS Public Health Law by increasing outreach activities and educational programs to the community as well as AFIX (Assessment Feedback Incentive and eXchange) visits to providers.

- Work collaboratively with emergency preparedness staff and Broome County CASA (Community Alternative Services Agency) staff and volunteers to conduct flu clinics.
- Continue to be a community resource regarding immunizations.
- Continue the quality, efficiency, and productivity recognized by the NYS Department of Health, of our STD and HIV testing clinics.
- Continue to offer rapid HIV testing technology at sites where individuals receive other services.
- As per NYS Public Health Law, continue to offer Hepatitis C testing to all persons born between 1945-1965 and HIV testing to all person age 13 through 64.
- Continue training Communicable Disease staff.
- Continue to report to the NYS Department of Health our communicable disease reports in a complete and timely manner.
- Continue to work collaboratively with Lourdes Hospital's Oral Health Program to provide oral health education and preventive dental health services in Broome County schools.
- Participate in health fairs and other outreach events (i.e. addiction centers, schools, colleges, universities, and physician offices) to provide public education on immunizations, sexually transmitted diseases, HIV, Tuberculosis and communicable diseases.

Environmental Health Services Division

The programs offered by this division strive to preserve and protect the quality of the environment as it impacts the public health of Broome County and to prevent illness and injuries caused by environmental factors. The Environmental Health Services Division is charged with providing information on and the necessary enforcement of state and local health laws, codes and standards that apply to various facilities and systems. The services performed include the following:

- Water Quality (public supplies)
- Residential Sewage Systems
- Food Safety
- Lead Poisoning Prevention
- Public Health Nuisances
- Regulation of Bathing Beaches, Public Swimming Pools, Children’s Camps, Hotels, and Campgrounds
- Indoor Air Quality / Clean Indoor Air Act
- Toxics
- Youth Tobacco Use Prevention
- Rabies
- Emergency Preparedness and Response
- Educational Materials Only on West Nile Virus, Ticks and Lyme disease, Tattoos and Body Piercings, Bed Bugs, and Mold. (No programs exist at this time for the aforementioned topics.)

A program overview and program statistics are followed by the goals of the division to provide a comprehensive view of the work related to environmental health in Broome County. This division is responsible for providing information on, and the necessary enforcement of, state and local health laws, codes and standards that apply to various facilities and systems. In addition to the statistics provided for each program, the division fielded 70 Freedom of Information Law requests.

Public Health Nuisances

Division staff responds to reports of rodents, outdoor burning, household garbage complaints, and sale of Bath Salts and Synthetic Marijuana.

Nuisance Complaints Investigated	33
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Mobile Home Parks

Division staff inspects and issues annual operating permits for mobile home parks as required by Part 17 of the NYS Sanitary Code.

Active Facilities	56
* Field Inspections	36
Number of Enforcement Actions Initiated	3

* Per New York State Department of Health, not all Mobile Home Parks require yearly inspections.

Swimming Pools and Beaches

Division staff inspects and surveys all public swimming pools and bathing beaches in Broome County and makes recommendations on existing facilities when required in accordance with the provisions of Part 6 of the NYS Sanitary Code.

Active Facilities	91
Field Inspections	141
Number of Enforcement Actions Initiated	4

Temporary Residences, Campgrounds and Children's Camps

Division staff inspects and issues annual operating permits for hotels/motels, travel trailer campgrounds and children's camps. This includes reviewing and approving plans for construction, alterations and/or modifications of proposed or existing buildings in order to ensure compliance with the NYS Sanitary Code and fire safety aspects of the NYS Uniform Fire Prevention and Building Code.

	Active Facilities	Field Inspections	Number of Enforcement Actions Initiated
Campground Program	15	11	0
Children's Camps	14	28	0
Temporary Residences	36	46	2

Indoor Air Quality

Division staff investigates complaints and reports of impacted indoor air quality, provides recommendations concerning corrective actions, suggests laboratories for required analysis, or collects necessary samples. Recent air quality problems have involved formaldehyde, PCB, asbestos, chlordane, and radon.

Subdivisions

Division staff reviews and provides approvals for plans and specifications for realty subdivisions. This includes the development of water supplies and design of wastewater disposal systems.

Toxic/Solid Waste Dumpsites



Division staff investigates and reports on those dumpsites in Broome County that may present a potential public health problem. Samples are collected at water supplies to determine if there are any impacts regarding drinking water quality. Staff reviews and comments on any reports prepared to evaluate geological and hydrological data and proposed alternative actions for remediation at the site, and reviews and assesses all other possible exposure pathways, including ambient and indoor air quality, and toxic chemical exposures.

Emergency Preparedness and Response

Division staff responds to spills, pipe ruptures, or accidents resulting in the discharge of liquid, gaseous or solid materials that may produce an environmental hazard. Follow-up action is coordinated to eliminate problems and determine that all public health hazards are eliminated. Staff members are active members of the Local Emergency Planning Committee to plan and respond to natural and manmade disasters. Staff works in conjunction with the Emergency Preparedness Coordinator to meet required NYS Department of Health emergency preparedness deliverables and in conjunction with local Hazmat to prepare for chemical and radiological events. The Environmental Health Services Division maintains a contract with a local veterinarian to collect biological specimens for the emergency preparedness response program. Division staff continues to receive training in emergency response through FEMA and the US Department of Homeland Security.

Food Service

Food service staff inspects and exercises surveillance over the 970 food service facilities in Broome County. This includes requiring correction of any violations of Part 14 of the NYS Sanitary Code and the enforcement of state and local provisions of the law.

Active Facilities	970
Field Inspections	1,500
Number of Enforcement Actions Taken	3
Number of On-Line Temporary Food Services Courses Completed	628

Residential Wastewater Treatment

Division staff reviews, designs, inspects, and provides approval of existing residential systems seeking modifications or corrections. Plan reviews are completed for new systems as well as enforcement of nuisance complaints regarding failing systems. Permits and approvals are provided in accordance with both NYS and Broome County Sanitary Codes. Staff reviews and provides approval of all proposed wastewater disposal systems (10,000 gallons) for new construction or modifications to existing systems. Approval is issued in accordance with NYS Department of Environmental Conservation SPDES (State Pollutant Discharge Elimination System) Permits and Standards for Waste Treatment Works. Individual homeowner system site inspection and plan reviews are conducted by staff.

New Systems	28
Replacement Systems	101
Number of Enforcement Actions Taken	0

Water Supplies

Program staff inspects, surveys, and monitors the public water supplies in accordance with Part 5 of the NYS Sanitary Code. Plans for the construction/addition/modification of any public water supply are reviewed to ensure compliance with state and federal regulations. Staff provides technical assistance to water supply operators regarding recommendations for compliance with the NYS Sanitary Code. A community water system is a public water system that serves at least five service connections used by year-round residents or regularly serves at least 25 year-round residents.

Active Facilities	187
Inspections	220
Number of Enforcement Actions Taken	0



Health Department staff coordinates the annual water taste test for Broome County public water supplies. This event is designed to raise community awareness of the importance of safe drinking water to the health of residents.

Tobacco Use Reduction

Division staff enforces NYS Public Health Law requirements for the sale of tobacco products, provides community awareness on tobacco issues, and enforces the Clean Indoor Air Act prohibiting smoking in enclosed public areas.

Adolescent Tobacco Use Prevention Act Program

Active Facilities	171
Completed Compliance Checks (Youth and Adult)	442
Compliance Rate (# No Sales / # Facilities)	98.0%
Facility Staff Trained	10

Clean Indoor Air Act

Clean Indoor Air Act Complaints Investigated	11
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Lead Poisoning Prevention

Lead is a common environmental contaminant. Exposure to lead is a preventable risk that exists in all areas of the United States. Young children are especially vulnerable to effects of lead and, unfortunately, the greatest risk of lead exposure by age coincides with essential body and brain development and can cause many problems with a child's growth, behavior, and ability to learn. The Broome County Health Department has three programs to address lead poisoning in our community: Childhood Lead, Primary Prevention and the Lead Hazard Control grant.

Childhood Lead Poisoning Prevention Program

The Broome County Health Department offers services to all children with elevated blood lead levels through the Childhood Lead Poisoning Prevention Program (CLPPP). The role of this program is to review, assess and coordinate appropriate follow-up for lead poisoned children. Staff members inform parents about strategies to prevent and reduce exposure to lead hazards. They can provide education on lead poisoning and environmental evaluations. Home visits are made for child developmental assessments and nutrition recommendations. Referrals are made to other agencies and programs as needed and staff can coordinate communications between the Regional Lead Poisoning Resource Center, healthcare providers and parents.

Program staff strives to increase lead screening rates to better identify and serve those children with elevated blood lead levels. Staff members prepare and present information to healthcare providers, daycare directors, parents and other organizations with ties to children's health. Presentations emphasize recognizing lead hazards, preventing lead poisoning and clarifying the New York State Public Health Laws.

Incidences of Children with Blood Lead Testing Results ≥ 15 mcg/dl	13
Lead Investigations of Homes (blood lead levels >15 mcg/dl)	24
Incidences of Children Admitted for Chelation	2

Primary Prevention

The Broome County Health Department also addresses childhood lead poisoning with the Primary Prevention Program. Primary prevention program staff identifies and requires correction of lead based paint hazards in high-risk housing before a child is identified with an elevated blood lead level. High-risk housing is any dwelling unit that is likely to impact a child's blood lead level based on various housing and neighborhood characteristics. The target area in the City of Binghamton is zip code 13905. Homes in this area are tested for lead based paint hazards and the Health Department works with property owners to correct conditions conducive to lead poisoning.

Number of Lead Inspections	90
Number of Identified Lead Hazards	89
Clearances Obtained	70

Rabies Control

Division staff investigates reports of animal exposures, ships suspected rabid animals to the state laboratory, provides outreach and education, supports free rabies clinics, and provides authorization of rabies prophylaxis.

Number of Potential Exposure Investigations	695
Number of Humans Receiving Post-Exposure Treatment	58
Number of Animal Vaccinations Given	2,796
Number of Animal Specimens Tested	116
Number of Positive Specimens	3

Healthy Neighborhoods Program

The Healthy Neighborhoods Program (HNP) is a new grant program committed to creating healthier neighborhoods one home at a time by reducing environmental health and safety issues. The HNP provides in-home safety surveys and incentive supplies with product demonstrations for qualifying residents that live within the target area in select census blocks in zip codes 13903 and 13790. The HNP addresses environmental health and safety issues including environmental triggers of asthma, indoor air quality (mold, radon, carbon monoxide), residential injuries (falls and fires), and childhood lead poisoning prevention. The products distributed include cleaning supplies, smoke detectors and batteries, carbon monoxide detectors, fire extinguishers, pest management items, radon test kits, child safety products, and fall safety products. The Healthy Neighborhoods Program was awarded to Broome County in 2014 with home surveys beginning in August. By year's end, 125 home surveys were performed.

Environmental Health Services Division 2015 Goals

- Continue to monitor and reduce public health hazards found during inspections within program areas, along with increased education and enforcement actions.
- Implement new policies and procedures to maintain accountability and efficiency.
- Modify Environmental Health staff roles to meet the increasing demands with limited staff and funding.
- Prioritize program objectives to those of high-risk. Cut or limit non-mandated programs to meet budget constraints.
- Modify inspection protocols to increase program efficiency and minimize travel.
- Increase transparency to the public by placing inspection reports online.
- Increase educational awareness of environmental health issues via free or in-house and online training courses, smart phone applications and the media.
- Develop and implement three new program areas: Tattoo Parlors; Tanning; and Lyme disease.

Chronic Disease Risk Reduction Programs

The Southern Tier Cancer Services Program

Serving Broome, Chemung, Chenango, Schuyler & Tioga Counties

The Broome County Health Department has been the lead agency for the Cancer Services Program for over 20 years. The New York State Department of Health and Centers for Disease Control and Prevention (CDC) provide funding for local community healthcare practitioners to offer clinical breast exams, mammograms, pap tests, colorectal screenings, and limited follow-up. These screening procedures are for income-eligible women and men over age 40 that are uninsured or underinsured. The Southern Tier Cancer Services Program is comprised of more than 100 healthcare providers and partners with many community agencies, worksites and faith-based community institutions to promote the free, life-saving screenings and increase access to healthcare throughout the region.

Southern Tier Cancer Services Program Services and Diagnoses Provided During the April 1, 2013 – March 31, 2014 Program Year

Procedure	Number of Services Provided	Final Diagnosis	Number of Services Provided
Clinical Breast Exam	885	Breast Cancer	11
Mammogram	893	Cervical –CIN III/Carcinoma in situ	1
Pap Test/Pelvic Exam	253	Cervical-CIN I, Mild Dysplasia	3
FIT Kit/Colorectal Screening	248	Colorectal Cancer	3
Colonoscopy	30	Colorectal-Adenomatous (pre-cancerous) Polyps	11
		Ulcerative Colitis	2



Cancer Services Program staff members are trained in Designated Qualified Entities, allowing them to assist individuals who qualify to apply for the Medicaid Cancer Treatment Program health insurance coverage following a cancer diagnosis. This program offers Medicaid coverage for clients for the duration of their treatment and uses the Cancer Services Program eligibility criteria. The application process is streamlined through the local program and directly to the New York State Department of Health. Medicaid staff work directly with the Cancer Services Program staff to review and approve the application and expedite the process in order to offer coverage for needed treatment.

Tobacco Free Broome & Tioga

Tobacco related illness is the major cause of preventable death in New York State and the nation. Tobacco Free Broome & Tioga (TFBT) is funded by the New York State Department of Health's Tobacco Control Program to implement evidence-based measures to decrease smoking rates among youth and adults. The goals of the program include: eliminating exposure to secondhand smoke; preventing youth from initiating tobacco use; decreasing the social acceptability of tobacco use; and increasing cessation opportunities. Accomplishments in 2013-2014 include:



Tobacco Free Outdoor Areas

Tobacco Free Broome & Tioga provided guidance, technical assistance and signage to several agencies, organizations, and municipalities that implemented tobacco free outdoor policies. The Village of Port Dickinson, Town of Binghamton and Town of Colesville established tobacco free outdoor policies for their parks. Broome County expanded their park policy to include all park properties, except parking lots. Skate Estate Family Fun Center, YWCA and Mom's House received signage and technical assistance for their tobacco free outdoor policies.

Decreasing Tobacco Industry Advertising at the Point of Sale

Tobacco Free Broome & Tioga educated community members, key stakeholders and elected officials about the impact of tobacco industry marketing on youth initiation of smoking. TFBT provided educational information and technical assistance to aid the City of Binghamton in passing an ordinance preventing new tobacco retailers from locating within 500 feet of all schools.



Smoke Free Housing

Tobacco Free Broome & Tioga has worked with tenants and landlords to provide them with educational information and technical assistance to facilitate the implementation of smoke-free housing policies. On April 1, 2014, the Binghamton Housing Authority adopted a policy preventing smoking inside the Carlisle and Saratoga Apartments and within 25 feet of those buildings.

Broome County Traffic Safety/Injury Prevention

This program heightens public awareness through education and support focused on issues related to traffic safety and injury prevention. This program collaborates with local law enforcement, schools, and community agencies to determine safety policies.



Workplan Goals	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010 - 2011	2011-2012	2012-2013
Community Outreach, Presentations and Education Programs	34	26	52	56	56	40	75	87	78
Number of Individuals Educated About Various Traffic Safety Topics	1,193	1,794	1,335	1,795	1,795	5,385	1,595	2,144	1,788
Child Safety Seats Distributed	322	210	169	184	264	365	116	200	204
Child Bike Helmets Distributed	400	500	764	844	853	910	806	266	314

NOTE: Grant Year Runs October 1st – September 30th

Chronic Disease and Falls Prevention in Older Adults



Sodium Reduction in Communities

In September 2010, the Centers for Disease Control and Prevention awarded funding for three years to the New York State Department of Health (NYSDOH) through the Sodium Reduction in Communities Program (SRCP). Under this program, the NYSDOH funded the Broome County Health Department to reduce the sodium content in school meals and senior meals and to work with customers to increase the availability of lower sodium products in grocery stores.

Broome County Schools:

The Broome County Health Department and Broome Tioga BOCES collaborated to reduce sodium in the Rock on Café's standardized menu from 1,500 milligrams (mg.) to 1,000 mg. incrementally between 2010 and 2013. This school food service system change reached approximately 20,000 elementary school students a year across 15 school districts.

http://www.cdc.gov/dhdsp/docs/SS_Broome_NY.pdf

Broome County Senior Centers:

The Broome County Health Department and the Broome County Office for Aging Congregate and Meals on Wheels programs launched an initiative to reduce sodium in senior meals for 4,400 seniors. Through successful collaboration with partners and utilizing the "Steps to Success" and "Strategies that Work" the project succeeded in reducing sodium in senior meals over a two year period. In 2010, the average congregate meal contained 1,517 mg. of sodium. In two years the sodium was reduced 22% with an average of 1,181 mg. of sodium. Likewise, in 2010, the average Meals on Wheels meal contained 1,163 mg. of sodium, and two years later, that amount was 19% lower, with an average of 944 mg. of sodium per meal. The project goal to reduce sodium by 5% was achieved in the first year. Throughout the project, nutritional and cost analyses were conducted to ensure that the menu modifications fit program budgets and met sodium reduction goals. Food purchasing practices were developed to assure the continuation of the sodium reduction efforts and in the Spring of 2013, Broome County became the first county in New York State to adopt a food procurement policy consistent with the Dietary Guidelines for Americans.

<http://gobroomecounty.co.broome.nyenet/broome/senior/>

http://journals.lww.com/jphmp/Fulltext/2014/01001/Sodium_Reduction_Strategies_for_Meals_Prepared_for.5.aspx

Broome County Grocery Stores:

The Broome County Health Department (BCHD) worked with two grocery store chains, Weis Markets and Price Chopper, to increase the availability and sales of lower sodium products in their stores, especially those in high need areas of the county. This intervention provided BCHD and partners with first-hand experience in healthy food retail. Utilizing the CDC list of the most frequently consumed high sodium foods as a guide, each grocery store chain promoted lower sodium items to consumers. Using a social marketing model, a sodium reduction education and media campaign was created and conducted. BCHD engaged top grocery store executives, sales managers, and customer service specialists, teams of registered dietitians, and major food manufacturers to mobilize efforts that would assist with educating the public regarding ways to lower sodium consumption through healthier grocery store shopping. More importantly, the media campaign was designed to nudge the consumer to ask grocery stores to offer more lower sodium options and to increase demand for lower sodium products in order to prompt the food industry to lower the sodium content in many prepackaged and processed foods. BCHD and Broome County Cornell Cooperative Extension conducted in-store marketing activities consisting of sodium education and taste testing demonstrations. One of the main promotional themes was “Build a Better Sandwich.” Taste tests consisted of luncheon meats, sliced cheese, and bread that were lower in sodium. To increase purchase of other lower sodium items, BCHD worked with the grocery stores to create lower sodium shopping lists, weekly circulars with coupons for lower sodium items, and recipes that featured these lower sodium ingredients.

Staff, the program evaluator, and Broome County Cornell Cooperative Extension created and conducted surveys to assess knowledge, attitudes, and behaviors of shoppers in regard to lower sodium purchases. Findings from Weis Markets indicated that 60.4% of respondents reported reading food labels more often and 55.3% purchased more lower sodium foods. Only 22% reported no changes in food shopping behaviors. Changes in cooking behaviors revealed 50% were seasoning their food with spices instead of salt, 48.2% were using lower sodium ingredients in recipes, and 47.9% were cooking more recipes from scratch. Only 16.3% reported no changes in cooking behaviors. In relation to changes in purchasing patterns, 59% reported buying lower sodium soups or broths, 45.5% lower sodium lunch meats, 37.3% lower sodium canned vegetables, and 35.1% lower sodium sliced cheeses. Of those who reported purchasing lower sodium products, 74.3% indicated that they sometimes or always compared prices and bought the lower cost item as contrasted to 25.8% who did not usually or almost never compared prices. At Price Chopper, 65.9% of respondents reported reading food labels more often and 49.7% purchased more lower sodium foods. Only 19% reported no changes in food shopping behaviors. Reported changes in cooking behaviors included: 54.2% were seasoning their food with spices instead of salt; 44.1% were using lower sodium ingredients in recipes; and 51.4% were cooking more recipes from scratch. Only 17.9% reported no changes in cooking behaviors.

Staff and the program evaluator collaborated with Weis Market’s business analyst to analyze actual sales data of promotional deli and packaged lower sodium turkey slices. The ten Broome County stores of the Weis Market conglomerate saw a 5% increase in sales of Dietz and Watson Gourmet Lite Turkey Breast in the first six months. To concentrate efforts where they were needed most, BCHD worked with a targeted store (Store #219) that catered to a higher percentage of lower income, African American, and older adult customers. In this store there was a 12% increase in sales of Dietz and Watson Gourmet Lite Turkey Breast between baseline and Project Year 02 and an 18% increase in sales between baseline and Project Year 03. These increases were larger for Store #219 than for the rest of Broome County Weis Markets. For the entire Broome County Weis Market grocery store chain, evaluation of sales data revealed a 93% increase in sales of Hillshire Farms Lower Sodium Honey Roasted Turkey between baseline and Project Year 02 and a 101% increase in sales between baseline and Project Year 03. These increases were larger for Broome County Weis Markets than for the rest of the grocery store chain in the Pennsylvania and New Jersey areas.

For Store #219 Weis Market, there was an 89% increase in sales of Hillshire Farms Lower Sodium Honey Roasted Turkey between baseline and Project Year 02 and a 168% increase in sales between baseline and Project Year 03. These increases were larger for Store #219 than for the rest of Broome County Weis Markets or the rest of the grocery store chain.

http://journals.lww.com/jphmp/Fulltext/2014/01001/Working_With_Grocers_to_Reduce_Dietary_Sodium.10.aspx

Community Transformation Grant

The Broome County Health Department was awarded a \$450,000 Community Transformation (Small Communities) Grant from the NYSDOH and Centers for Disease Control from 2012 to 2014 to address the National Prevention Strategy strategic directions of tobacco-free living, active living and healthy eating, and healthy and safe physical environments for children ages 0-18 through systems, environmental, and infrastructure improvements. These strategies were addressed using a comprehensive multi-sector implementation plan in the early childcare, school, and community settings.

Sugary Drink Reduction

Broome County Schools, Community-Based Organizations and Worksites:

The Broome County Health Department collaborated with Broome County Cornell Cooperative Extension to engage and educate high need schools, community-based organizations, and businesses on sugary drinks. The education resulted in the adoption of 15 healthy beverage policies at different locations throughout the high need areas of Binghamton and Johnson City and reaching 2,482 people. Some of the policies (United Way, and the Healthy Lifestyle Coalition) resulted in reaching their funded organizations. A media campaign was instituted to assist with educating community residents on the importance of reducing sugary drink consumption and choosing healthier alternatives.

Early Childcare Physical Activity and Legally Exempt Child and Adult Care Food Program Policy

Broome County Childcare Providers:

Physical Activity: The Broome County Health Department worked with the Family Enrichment Network to hire and train a Physical Activity Specialist who, in turn, trained childcare providers in providing developmentally appropriate and structured physical activity to 19 eligible childcare centers and 37 eligible family providers for the program at the start of funding in October 2012. A trained Physical Activity Specialist successfully completed visits in 17 centers (2 childcare centers closed prior to receiving the program). Family childcare providers were harder to reach and are often hesitant to allow people into their homes. Building on existing relationships with other Childcare Resource and Referral (CCR&R) staff members at Family Enrichment Network, the Physical Activity Specialist was able to provide services to 11 family childcare providers. All childcare programs involved received free training on Active Play as well as a minimum of 3 on-site assistance visits. A pre and post assessment was completed to determine if the program was successful at increasing the quantity and quality of physical activity for children ages 2-5 in childcare.

“Clean up Floor” helps children practice throwing and develops cardiovascular endurance. “



Nutrition: The Broome County Health Department collaborated with Family Enrichment Network and Broome County Department of Social Services to create and adopt a countywide policy that requires all legally exempt daycare providers to participate in the Child and Adult Care Food Program (CACFP.)

Smoke Free Housing



The Broome County Health Department's Community Transformation and Tobacco Control Grants collaborated with the Binghamton Housing Authority (BHA) to adopt and implement a smoke-free housing policy that would protect over 400 residents, especially children and families, from the dangers of secondhand smoke. The health department provided informational sessions for BHA residents to educate them about harmful effects of secondhand smoke exposure and implementation of smoke-free housing policies. The feedback from Carlisle and Saratoga residents was positive.

Residents were included in the development of enforcement policies if violations were to occur. Cessation classes were offered to residents wishing to quit smoking. Best practices indicate that a comprehensive policy from the onset, by not grandfathering in current smokers, is most effective and key to successful compliance. The policy, from its inception, included all residents, visitors, staff and contractors for all hours of the day, every day. The policy went into effect on April 1, 2014. For smokers who were unable to attend the cessation classes but wished to quit smoking, informational materials were provided for free cessation support available through the New York State Smokers' Quitline.

Comprehensive Cancer Prevention and Control Program

Food Procurement Standards

Broome County Municipalities, Community-Based Organizations, Schools:

The Sodium Reduction in Communities and the Comprehensive Cancer Prevention and Control grant mobilized Broome County to adopt a food procurement policy and to work with other institutions on assessment, development, adoption, and evaluation of food procurement policies. BCHD's experience working with Broome County Central Food's food purchasing system provided the foundation for assisting one school and three community organizations to adopt the New York State Council on Food Policy Standards. The nutrient standards include restrictions on artificial Trans fat and sodium in all foods and beverages purchased, prepared, or served for consumption to consumers. Broome County Central Foods serves approximately 1.8 million meals annually at Willow Point Nursing Home, in senior centers, to Meals on Wheels recipients, in children's centers, and at the Broome County Correctional Facility. In 2013, Meals on Wheels of Western Broome (MOWWB) (a private, not-for-profit organization), adopted a food procurement policy as did the YMCA of Broome County. MOWWB provides home delivered meal service to home-bound elderly and adults living with disabilities, serving a total of 400 people each year. The YMCA of Broome County provides meals and snacks to 215 youth through their childcare programs. In addition, the Broome County Council of Churches CHOW bus and All Saints Catholic School have adopted food procurement policies this past year.

The Broome County Council of Churches provides access to low-cost fresh fruits and vegetables and distributes 1,600 USDA lunches over the summer to youths and their families in rural areas of Broome County and All Saints Catholic School serves approximately 500 lunches a week to students throughout the school year.

Breastfeeding Friendly Practices

Broome County Healthcare Providers:

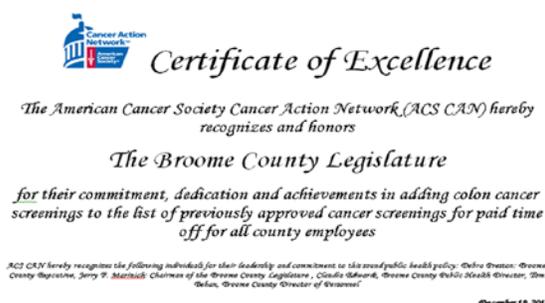
The Academy of Breastfeeding Medicine’s Clinical Protocol on Breastfeeding Friendly Physician’s Offices recommends eliminating the practice of distribution of free formula and baby items from formula companies. The American Academy of Pediatrics (AAP) released updated guidelines calling breastfeeding a “public health issue, not only a lifestyle choice” in 2012. The Broome County Health Department, Mothers and Babies Perinatal Network, and the Southern Tier Breastfeeding Coalition are educating and assisting healthcare providers with the adoption and implementation of breastfeeding friendly practices in Broome County. In November 2014, the local Champion, United Health Services Perinatal Center, adopted the first Breastfeeding Friendly policy in Broome County. Three more sites have agreed to begin mobilizing efforts to adopt policies.



Paid Leave Time

Broome County Municipalities, Community-Based Organizations

In November 2013, the Broome County Government adopted expanded paid leave time that includes colorectal cancer screening in addition to breast and prostate cancer screening in order to increase screening and early detection of cancer, improve quality of life and employee productivity. The Broome County Health Department worked with the Broome County Executive, Broome County Personnel Office, and the Broome County Legislature to adopt the expanded paid leave time policy. The American Cancer Society recognized the efforts of the Broome County leadership and presented them with a recognition citation for being a leader in New York State and a local municipal champion.



Falls Prevention in Older Adults



Another healthcare systems change impacts the other end of the age spectrum. According to recent population estimates, 16% of Broome County adults are 65 years of age or older and of these older adults, 52% are over the age of 75. The 2010-2013 Community Health Assessment revealed Broome County's hospitalization rate from falls for adults age 65+ was 293/10,000. This rate was higher than the NYS average of 204/10,000 and far exceeded the NYS Prevention Agenda goal of 155/10,000. The average one-year cost for hospitalizations due to falls in Broome County is estimated to be \$18,601,238. In response, the BCHD, Broome County Office for Aging (BCOFA) and a host of community partners have been working together for over four years to address this identified health issue. In conjunction with the NYSDOH and the CDC, BCHD has replicated a national Fall Prevention project, locally named Better Balance for Broome, which provides adults age 65 and older with the opportunity to receive clinical fall risk assessments, participate in evidence-based community fall prevention programs, and to utilize physical therapy activities for fall prevention. As part of the project, Broome County was asked to serve as a national alpha test site for a CDC program that sought to engage healthcare providers in conducting fall risk assessments among older adults.

The Stopping Elderly Accidents, Deaths and Injuries (STEADI) program was designed by the CDC to assist healthcare providers in older adult care. This program was developed in response to the 2012 US Preventive Services Task Force (USPSTF) report and its recommendations for identifying older adults at risk for falling by conducting an in-depth exam to examine those risk factors and to create a fall prevention plan of care specific to the older adult's needs. The STEADI program involves use of a clinician tool kit that guides providers through a multifunctional fall risk assessment. United Health Services (UHS), Broome County's largest healthcare institution, incorporated the STEADI program into their electronic health record. Led by a champion physician and his team, STEADI was rolled out to a total of 17 primary care sites with the potential of reaching 20,000 older adults. The initial UHS alpha test site recorded an improvement from 0% to 97% of providers conducting fall risk assessments. To underscore their commitment, UHS made hospitalizations from falls an accountable care measure which will be monitored as part of a quality assurance performance measure. In addition, as part of STEADI, clinicians are encouraged to provide referrals to evidence-based fall prevention community programs such as Tai Chi for Older Adults: Moving for Better Balance and the Stepping On Program, or to physical therapy in order to improve balance and lessen fall risk.

**2013-2014 Community-based Fall Prevention Programs
Broome County Process and Outcome Measures**

Tai Chi	Number of Classes Held: 16 Number of Instructors: 18	Number of Participants: 337
Stepping On	Number of Classes Held: 6	Number of Participants: 101
STEADI	Number of Primary Care Sites Trained: 17 (4 trained in 2013)	Number of Medicaid Patients Evaluated: 11,200
STEADI	Percent of Clinical Fall Risk Assessments Performed: 89%	Percent of Fall Prevention Plans of Care Completed for Older Adults: TBD
OTAGO	Number of Providers Trained: 0 Several have been recruited -- waiting for NYSDOH to hold training.	Number of Participants: 1 Test Case Completed. Working with NYSDOH on executing process and fully integrating OTAGO in home health physical therapy protocol
Falls Hospitalization Rate	Baseline Hospitalization Rate due to Falls for Older Adults: 243.3/10,000 (2008-2010) NYSDOH	Most Recent Hospitalization Rate due to Falls for Older Adults: 238.4/10,000 (2010-2012) NYSDOH

Broome County Child Hunger Task Force



Hunger isn't always obvious and hungry children come in all shapes and sizes. Although there's enough food in the state, too many children can't access it, either because their families cannot afford nutritious foods or because they live in areas where nutritious food is not nearby. The Broome County Child Hunger Task Force was developed in 2013 as a way for members from various sectors of the community to have organized meetings to discuss the important issue of child hunger in Broome County. The Task Force meets on a monthly basis at the Broome County Health Department and has developed a roadmap to increase awareness of hunger and food insecurity in the county and to increase access to good quality, affordable food among low income families. They currently hold outreach events and press conferences to bring awareness to and to address the issue of child hunger.

Chronic Disease Program 2015 Goals

- Collaborate with community partners to create policy, systems, and environmental changes to reduce the burden of chronic disease in all sectors of the community.
- Raise public awareness and implement community education programs to specific populations in the areas of child passenger safety, pedestrian and bicycle safety, teen safe driving, motorcycle safety and older driver safety in order to reduce the number of unintentional traffic related injuries and fatalities in Broome County.
- Raise public awareness and increase healthcare access through the Cancer Services Program. Offer as many breast, cervical and colorectal cancer screenings to eligible uninsured and under-insured individuals in our region as funding allows. Assist individuals diagnosed with breast, cervical, colorectal and prostate cancer who are uninsured and eligible to apply for the Medicaid Cancer Treatment Program to obtain health insurance coverage for their treatment.
- Provide technical assistance to five municipalities or major employers in their adoption/expansion of tobacco free outdoor policies.
- Educate a minimum of five agencies, communities, or other groups about effective strategies to reduce tobacco marketing at the point of sale.
- Reduce hospitalizations due to falls in adults 65+ through clinical and community-based programs.

Maternal Child Health & Development Division

The mission of Maternal Child Health Programs is to promote through identification, assessment, education, and service provision, the growth and development of children with special needs and their families, and to improve the health of women, infants, and children through health education and counseling and the early identification of existing and potential health problems.

The programs offered through the Maternal Child Health and Development Division help ensure physical, psychosocial and developmental health and well-being for childbearing and child-rearing families in Broome County. Some children experience delays in their development. Early detection and treatment of these delays may make a difference for the child, the family, and the community. This Division offers several programs designed to help families access the detection and treatment services they need.

Child Find Program

The Child Find component of the Early Intervention Program focuses on ensuring at-risk children, birth to three years of age, are: (a) engaged in primary healthcare; (b) will receive appropriate developmental surveillance and screening from a primary care provider; (c) are referred to Early Intervention for a multi-disciplinary evaluation when indicated; and (d) have health insurance coverage. The goal of Child Find is to improve the identification, referral to care and follow-up of infants and toddlers at risk of developmental delay and disability.

There were 170 referrals to Child Find and 302 children actively enrolled during 2013. In 2014, there were 128 referrals and 289 children actively enrolled in Child Find.

Children with Special Healthcare Needs Program (CSHCN)

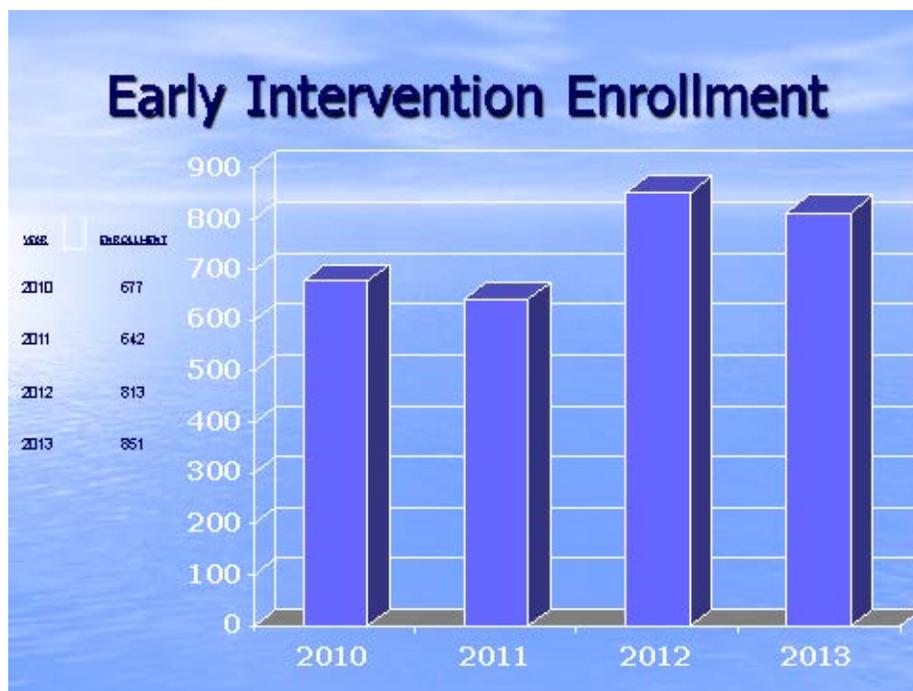
The Children with Special Healthcare Needs (CSHCN) Program assists families in Broome County with children under 21 years of age who have special healthcare needs in ascertaining community resources to address their identified concerns. Outreach is provided throughout the community to increase awareness of resources available. Outreach activities include participation in community health fairs and events, presentations at meetings of community and health organizations, and informational sessions/trainings.

During 2014, intakes were completed for 96 children. Contacts regarding CSHCN were made to/from 197 families and community services. In September, the CSHCN Program hosted a presentation at the Broome County Public Library for families and providers entitled Communication, Movement, and Sensory Integration.

Early Intervention Program (birth-2 years)

The Early Intervention Program (EIP) is a federally mandated statewide program guaranteed by the Individuals with Disabilities Education Act (IDEA) which offers detailed, multi-disciplinary evaluations and therapeutic support services for infants and children up to three years of age with special needs and their families. The EIP focuses on early identification and follow-up of children with developmental delays in one or more of the following areas: cognitive, physical, communication, social/emotional, adaptive. Early Intervention Program service coordinators work closely with families to identify the families' concerns and priorities for their children and to develop an Individualized Family Services Plan (IFSP). The service coordinator refers the child for needed services based upon the IFSP, and also offers referral information to families regarding a variety of topics including childhood lead poisoning. The EIP is designed to ensure a central role for the family in the process of improving both the developmental and educational growth of their child.

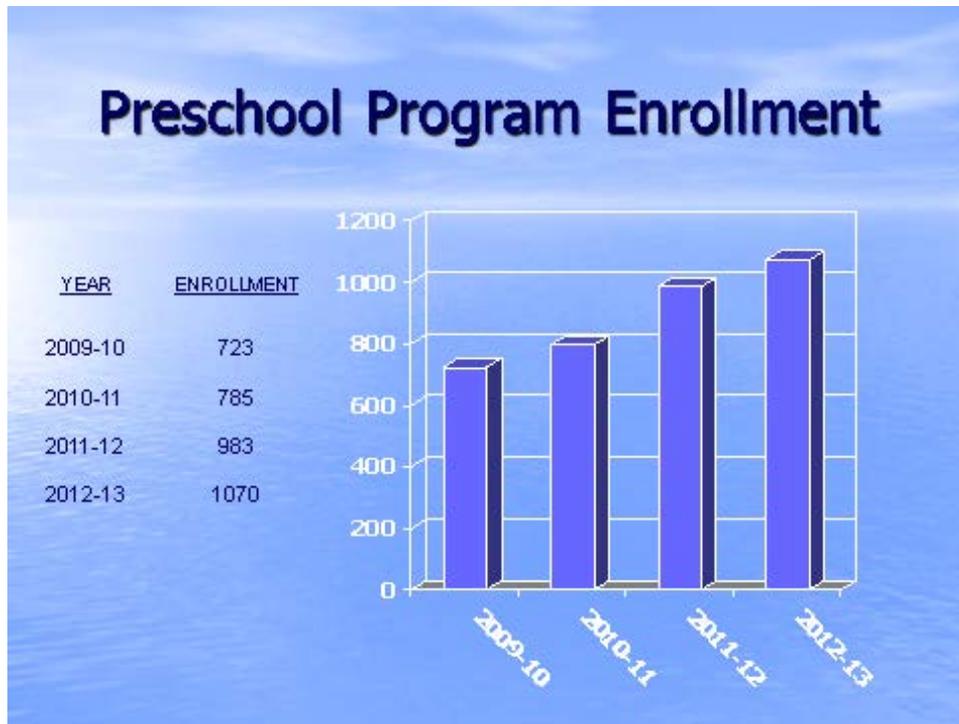
Total program costs are dependent on type/frequency of services provided and not solely based on the total number of children enrolled in the program. This will vary according to individual need.



Education to Handicapped Children's Program (EHCP) Committee on Preschool Special Education (CPSE) (ages 3-5 years)

The Education to Handicapped Children's Program is a federal and state mandated program also guaranteed by the Individuals with Disabilities Education Act (IDEA), for children ages three through five, with suspected or confirmed delays which will affect learning. This program is directed through the New York State Department of Education with the objective being the transition of identified children into the formal school system. As with other programs, the family is an important part of the team in developing a plan based on the identified needs of their child. Resources, including special education and parent education, are available to assist parents of preschool children with disabilities to help them prepare their children for the transition to school (kindergarten). Through the Committee on Preschool Special Education (CPSE), the EHCP process will determine placement opportunities and services to benefit the child and family.

Participation in quality learning experiences is important for all children in order to achieve high educational standards. Allowing children with and without disabilities opportunities to learn together, whenever possible, is desirable and of benefit to all children. Total program costs are dependent on type and frequency of services provided and not solely based on total caseload. This will vary according to individual need.



Licensed Home Care Services Agency (LHCSA)

The Broome County Health Department operates a Licensed Home Care Services Agency. The scope of practice encompasses maternal and child health prevention activities including skilled nursing, lactation counseling, in-home physical assessment of clients and their environment, health education and referral to community resources. Communication is established with the family's healthcare provider to assist in planning and advocating for the client's needs. Home visitation services are available to all prenatal, postpartum/newborn clients in Broome County, as well as visits to young children with medical or environmental concerns such as plumbism and failure to thrive. Referrals are accepted from hospitals, healthcare providers, insurance companies, community agencies and clients or their families directly. The ultimate goal is to direct the patient toward self or family care. During 2014, there were 1,662 referrals for public health nursing services received:

Antepartum	433
Postpartum	518
Infant	627
Pediatric	16
Health Guidance	68
(including 31 referrals for elevated lead levels)	
Initial Nursing Home Visits Made	721*

*opened in 2014 (counting 2014 referrals, not 2013)

Medication Administration Training (MAT)

The New York State Office of Children and Family Services (OCFS) has specific regulations about giving medication to children in child daycare settings. The regulations require all child daycare programs that choose to administer medication, other than over-the-counter topical ointments, sunscreen and topically applied insect repellent, to meet certain conditions including having staff who are approved to give medication in a childcare setting.

Locally, the Health Department through the Maternal Child Health Division provides training to daycare staff on the proper administration and documentation of various medications to children in this setting. Participants must pass a written and demonstration exam to receive certification. The current fee for participants is \$100 for the full day instruction. There is a \$70 option when the participant meets certain qualifications such as having been previously certified and agrees to spend time reviewing materials on-line on their own time. During 2011, 41 daycare providers were successfully certified. Total payments received were \$3,650.

Healthy Families Broome (HFB)

The Healthy Families Broome (HFB) Program is part of a statewide initiative (Healthy Families New York). HFB is one of thirty-six sites funded through the New York State Office of Children and Family Services. It is a voluntary program that offers support and education to expectant and new parents who reside in Broome County, outside the Binghamton City School District. Families are offered long-term home visiting services until their child enters preschool, Head Start, or kindergarten. The Healthy Families Broome Home Visiting Program is a comprehensive prevention program that focuses on the safety of children, while at the same time supporting families. The program is provided locally through the Broome County Health Department in collaboration with the Lourdes Hospital PACT Program and has the capacity to serve 108 families.

A Public Health Nurse was trained by Prevent Child Abuse New York to serve as a Family Assessment Worker. The nurse offers eligible expectant families a home visit where the nurse completes an in-depth psychosocial assessment with the expectant parents to assess their strengths and needs. The nurse provides referrals to community agencies and eligibility is determined for the long-term home visiting program. The program screened 595 families and completed 77 Kempe assessments.

Partnering agency (Lourdes PACT) staff enrolled 33 families and provided intensive home visiting services to 138 families this year. The Family Support Workers completed 1,926 home visits and the Fatherhood Advocate completed 133 home visits during 2014.

Healthy Families Broome funding for the 2014 contract year remained at \$541,449. Although the program received flat funding, the program continued the same commitment to both mothers and fathers of the target children served in the program.

During 2012, the HFB Program went through the Healthy Families America (HFA) accreditation process which included a three day site visit completed by two HFA peer reviewers. They reviewed policy manuals before their arrival and interviewed staff, families and members of the HFB Advisory Board. In January 2013, the program was notified by HFA that they had no standards out of adherence. In June 2013, the State of New York was accredited as a multi-site system. Necessary changes were made in 2014 to meet the updated HFA accreditation standards for 2013.

In August 2014, HFB celebrated their annual graduation. Nearly 50 people attended including elected officials. There was a celebration with graduation certificates, parenting licenses, a sing along, and light refreshments. Eighteen families were discharged at graduation with their children moving to Head Start, Pre-K and Kindergarten.

Healthy Families New York 2014 Performance Targets

NYS Targets

Healthy Families Broome's Achievements

Health and Development Targets:

90% of enrolled children are up to date on immunizations as of first birthday	95%
95% of enrolled children have a medical provider	99%
98% of enrolled children demonstrate age appropriate developmental milestones or are referred if delays are detected	100%

Parent/Child Interaction Targets:

30% of enrolled mothers will breastfeed their child for at least three months from the birth of the child	31%
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Maternal Life Course Targets:

50% of families will be enrolled in an education program, job training, or job placement program or will obtain employment by the their child's first birthday	79%
75% of families will be enrolled in an education program, job training, or job placement program or will be employed by their child's second birthday	86%

WIC (Women, Infants, and Children) Program

The Broome County Health Department has a strong commitment to the women, infants, and children of Broome County. The WIC program provides nutrition education and counseling, as well as health and community referrals to families who financially qualify. Participants of the program receive vouchers for healthy foods, including fresh fruits and vegetables, whole grain bread and cereals, and low-fat dairy products. It has over 30 years of proven success in improving pregnancy outcomes, enhancing the growth and development of infants and children, and decreasing the incidence of childhood obesity through the encouragement of healthy lifestyle activities with families. WIC is also committed to the promotion and support of breastfeeding women through its peer counseling program. There are six WIC Clinic sites located throughout Broome County, determined by need. WIC staff work closely with several programs including Maternal Child Health, Healthy Families Broome, Early Intervention Services, the Immunization Clinic and the Lead Program providing screening and referrals to participants in need.

Participants Served (number of visits)	22,462
Active Caseload	4,256
Women	1,003
Infants	1,040
Children	2,213
WIC Clinic Sites	6
Total Clinic Days	251
Food Dollars Expended (estimate)	\$2,981,540

Percent Exclusively or Partially Breastfeeding at Hospital Discharge (average percentage based on Breastfeeding Initiation annual report (2/14-1/15))	70%
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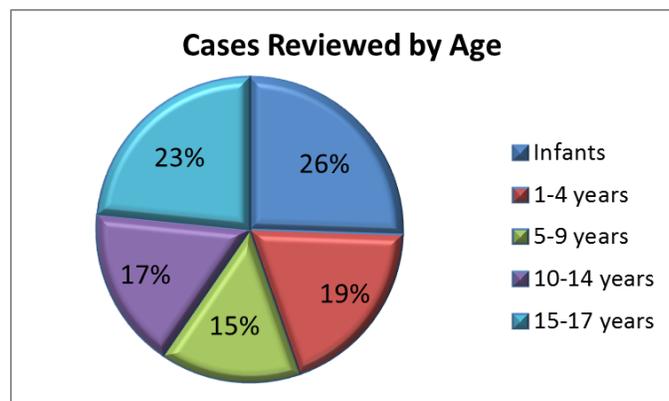
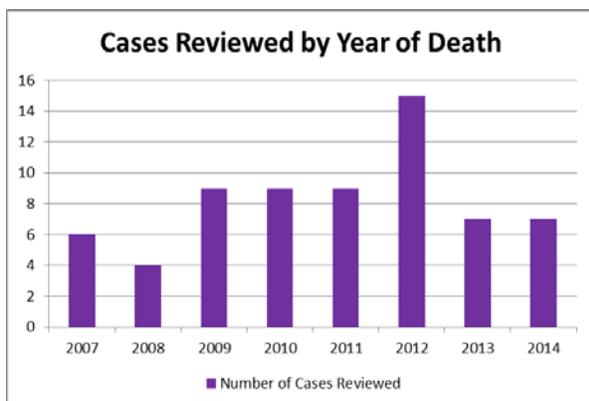
Average numbers based on FFY 2015 WIC Program CM015 Participation by Month (final report)

Child Fatality Review Team

The Broome County Child Fatality Review Team (BC CFRT) is a multidisciplinary team of professionals established in 2008 pursuant to New York State Social Services Law to review the death of any child under the age of 18 whose death is unexpected or unexplained. The mission of the BC CFRT is to improve our understanding of how and why children die, develop and promote a countywide system of child death investigation and response, and to identify systemic and policy issues and clinical and community interventions to improve child health, safety and protection. Our ultimate goal is to prevent future deaths and to promote child safety through a confidential review process which is thorough, comprehensive, and multidisciplinary.

Team membership is defined by New York State Social Services Law which requires the participation of certain agencies as well as allowing for the appointment of professionals from various fields of practice. The multidisciplinary approach is an effective strategy to study the issues related to child death and to move toward solutions. Each case can be reviewed from various perspectives and the collective expertise of the Team can engage policy and practice reform. The BC CFRT enjoys membership from community leaders in medicine, law enforcement, child welfare, public health, and behavioral health.

Sixty-six cases have been reviewed since 2009, when the BC CFRT became certified by New York State Office of Children and Family Services to review cases.



A total of eleven cases were reviewed during the August 1, 2013 -July 31, 2014 grant year. Of these eleven cases, eight were determined to be preventable. Risk factors identified included:

- hazardous sleep environments;
- motor vehicle accidents;
- lack of adult supervision;
- substance abuse concerns within families;
- lack of properly working smoke detectors; and
- mental health issues in children.

The case reviews resulted in the identification of systemic issues, gaps in services and community education/prevention strategies, and multidisciplinary training needs within the community. Collaborative efforts were improved on individual cases as well as in the enhancement of community prevention and education. Common themes continue to emerge which have resulted in a variety of recommendations.

For example, during 2011, the community continued to invest in the safe sleep campaign, increased the number of disposal sites for dropping off unused prescription drugs, supported fire safety programs, and defined training needs for professionals working in death investigation and for physicians/pharmacists who prescribe and/or distribute medications to patients who care for young children. Recent activities have been related to concerns of substance abuse in Broome County, specifically among parents, and review of advertising and marketing of sleep environments and equipment/furnishings for the care of infants and children.

In addition, the review of older cases proved to be instructive. The Team noted improvements have been made in the interview process, evidence collection, and how deaths are certified. Specifically, Broome County Department of Social Services, Child Protective Services made some significant improvements in their investigation process. Since 2008, a team of caseworkers was chosen and specially trained to investigate fatalities. This change has resulted in more thorough and consistent investigations. Additionally, improvements were noted by the forensic pathologist, coroners, and law enforcement in their processes in death investigation leading to more accurate and uniform reporting of the cause and manner of death in children. Recent recommendations include increasing the use of doll reenactments in death scene investigations for all sudden and unexplained infant deaths.

What Does a Safe Sleep Environment Look Like?

Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death




- Use a firm sleep surface, such as a mattress in a safety-approved* crib, covered by a fitted sheet.
- Do not use pillows, blankets, sheepskins, or crib bumpers anywhere in your baby's sleep area.
- Keep soft objects, toys, and loose bedding out of your baby's sleep area.
- Do not smoke or let anyone smoke around your baby.
- Make sure nothing covers the baby's head.
- Always place your baby on his or her back to sleep, for naps and at night.
- Dress your baby in sleep clothing, such as a one-piece sleeper, and do not use a blanket.
- Baby's sleep area is next to where parents sleep.
- Baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.

*For more information on crib safety guidelines, contact the Consumer Product Safety Commission at 1-800-638-2772 or <http://www.cpsc.gov>.

Maternal Child Health and Development Division 2015 Goals

- Ongoing and increasing need for services in both the Early Intervention Program and the Preschool Education Program demands assurance of adequate capacity of needed services for infants and children identified as having developmental and/or learning delays and/or being at risk for developmental delays.
- Continue to strive for state performance standards in the Early Intervention Program.
- Continue conservative fiscal management of the Children with Special Healthcare Needs programs while meeting State and Federal regulations.
- Continue to work with and utilize the preschool software program intended for billing Medicaid to maximize reimbursement of eligible services and efficiently capture data that will be useful in completing reports to assist in better program management.
- Continue to develop procedures for monitoring of services provided in the Early Intervention and Preschool Special Education Program to ensure that plans developed for each child match both their needs and their ability to participate.
- Continue to identify models and procedures which will promote efficient use of providers' time as well as maximizing desired results for families.
- The NYS Department of Health now predicts that system reports in NYEIS will be fully operational during 2015, which will allow for greater trending and forecasting at the local level.
- The NYS Early Intervention State Fiscal Agent is still working to maximize insurance payments for covered services in the Early Intervention Program. The effect at the local level remains to be seen.
- Ongoing and increasing requirements of children with disabilities and developmental delays will continue to challenge the department to find resources to meet their needs. As the national incidence of young children diagnosed as having Autism rises, the increase is likely to be seen at the local level as well. This will continue to present a challenge to identify appropriate services that will adequately support them and meet their needs.
- Maternal Child Health/Licensed Home Care Services Agency will increase the number of prenatal visits to ensure early and continuous comprehensive prenatal care to reduce infant mortality, decrease low-birth-weight babies, and increase positive birth outcomes.
- Increase the number of evaluation visits to postpartum/newborn clients to minimize environmental hazards to reproduction, growth, and development through evaluation of home settings, health habits and nutrition status.
- Increase knowledge/awareness of the public, healthcare providers, childcare providers and local policymakers regarding the problem of lead poisoning and its prevention in children and pregnant women. Continue to provide nursing home visits to families with children who have elevated lead levels in order to educate and provide physical/developmental assessment of the child (children) in the home. Collaborate with Environmental Health division's primary and secondary lead prevention programs.
- Continue to pursue third party billing for the LHCSA home visiting services and develop contracts with managed care organizations. Update and fine tune policies and procedures related to billing for LHCSA services.
- Systematically identify, assess, and maintain families who may benefit from participation in the Healthy Families Broome strength-based supportive services.
- Offer Kempe assessment to expectant and new families to assess their strengths and challenges. Offer families information regarding local community resources and connect eligible

families to Healthy Families Broome home visiting program to maintain families who may benefit from participation in these strength-based supportive services nurturing parent child interaction.

- Promote positive parenting skills and parent-child interaction, thereby preventing child abuse and neglect and reducing out-of-home placement, support optimal prenatal care, better birth outcomes, and child health and development, and improve economic self-sufficiency.
- Be awarded the WIC RFP for Broome County for the next 5 year grant cycle and continue to provide WIC services to eligible families in the community. Work with the NYSDOH to improve the WIC program services to reach more eligible participants and remove barriers to participation.
- Continue to provide training in medication administration to childcare providers and ensure appropriate newborn bloodspot screening, follow-up testing and referral to services.
- Continue to review childhood deaths through the Child Fatality Review Team and address systematic issues that are identified through this review.

Broome County Health Department Telephone Directory
www.gobroomecounty.com

Administration	778-2802
Cancer Services Program	1-877-276-1019 Toll Free
Cancer Screening & Education Services	778-2884
Tobacco Free Broome	778-3068
Chronic Disease Programs	778-3929
Community Health Information	778-3944
Clinic Services	778-2839
HIV Counseling and Testing Services	
HIV/STD/TB Outreach and Education Program	
Preventive Health Clinic Services	
Sexually Transmitted Disease Clinic	
Employee Health Services	
Communicable Disease Control	778-2804
Immunization Action Program	778-2870
Tuberculosis Control Program	778-2827
Emergency Preparedness	778-3944
Environmental Health Services	778-2887
Emergency Response	
Food Service	
Indoor Air Quality	
Lead Poisoning Prevention	
Mobile Home Parks	
Public Health Nuisances	
Public Water Supplies	
Rabies Control	
Subdivisions	
Swimming Pools and Beaches	
Temporary Residences and Children's Camps	
Tobacco Use Reduction	
Toxins, Hazardous Waste, Oil Spills	
Wastewater Treatment	
Information Line	778-3911
Maternal Child Health and Development Division	778-2851
Child Find	
Children with Special Healthcare Needs/ Early Intervention Program (0-3)	
Education to Handicapped Children's Program/ Committee on Preschool Education	
Maternal Child Health Nursing	
Healthy Families Broome Program	778-3909
WIC (Women, Infants and Children's) Program	778-2881
Traffic Safety/Injury Control Program	778-2807

Broome County Community Health Improvement Plan (CHIP) 2013-2017

Local public health priorities were identified through multiple perspectives across stakeholder groups including: community residents (Community Health Assessment 2013-2017 - Community Survey), community organizations (Community Health Assessment 2013-2017 - Community Organizations Survey), and public health leadership (Broome County Community Health Assessment 2013-2017 - Priority Setting Tool). Data from these surveys/tools were used to inform selection of priorities by the Broome County Community Health Assessment (CHA) Steering Committee. *Setting Priorities for the Broome County Community Health Assessment 2013-2017* was the tool used by Broome County CHA Steering Committee members to set the priorities and lists potential health priorities and factors by which to rate their importance. The tool included forty-five (45) goals organized by the five (5) New York State Prevention Agenda Priority Areas and the sixteen (16) Focus Areas. To the greatest extent possible, CHA Steering Committee members were asked to base their responses on data. Where data was not available, they were asked to derive the rating intuitively based on their knowledge and experience. Members of the committee had access to numerous documents and health indicator data with which to make judgments about the health status of the county.

PRIORITY AREA: Promote a Healthy and Safe Environment – Reduce Fall Risk Among Vulnerable Populations

In order to decrease falls, fall related injuries, and deaths of older adults due to falls, Broome County has chosen to work with key stakeholders and partners in order to implement evidence-based interventions that are incorporated into the organizational, healthcare and community sectors. The Centers for Disease Control (CDC) and the National Council on Aging (NCOA) both recommend strategies that include systems changes of incorporating fall risk assessments in the healthcare setting and the employment of community-based programs that engage older adults in opportunities to promote exercising regularly to improve leg strength and balance. Tai Chi programs are especially effective. In addition, it is recommended that older adults ask their doctor or pharmacist to review medications that may provoke a fall, have their vision checked, make their homes safer by reducing tripping hazards, improve lighting, and install railings or grab bars to assist them while moving around in uneven areas of the home. The Stepping On Program provides these specific education opportunities. The gaps noted in healthcare provider participation to address fall prevention are being addressed through the implementation of the STEADI and OTAGO program in both hospital systems.

The Broome County CHIP addresses the objectives of expanding the community-based programming of Tai Chi Moving for Better Balance, the Stepping On Program and implementing the clinically based systems changes of the Stopping Elderly Accidents, Deaths, and Injuries (STEADI) and (OTAGO) programs. These evidence-based interventions will be sustained and supported within the infrastructure of the Broome County YMCA, Lourdes Hospital, United Health Services Hospitals and Independence Awareness, LLC.

2013-2014 Outcomes

Community-Based Fall Prevention Programs: Broome County Year 1 Process and Outcome Measures

Tai Chi	Number of Classes Held: 16	Number of Participants: 337 Number of Instructors Trained: 18
Stepping On	Number of Classes Held: 6	Number of Participants: 101
STEADI	Number of Primary Care Sites Trained: 17 (4 trained in 2013)	Number of Medicare Patients Evaluated: 11,200
STEADI	Percent of Clinical Fall Risk Assessments Performed: 89%	Percent of Fall Prevention Plans of Care Completed for Older Adults: TBD
OTAGO	Number of Providers Trained: 0 (several recruited waiting for NYSDOH to hold training)	Number of Participants: 1 Test Case Completed. Working with NYSDOH on executing process and fully integrating OTAGO in home health physical therapy protocol
Falls Hospitalization Rate	Baseline Hospitalization Rate due to Falls for Older Adults: 243.3/10,000 (2008-2010)	Year 1 Progress Report Hospitalization Rate due to Falls for Older Adults: 238.4/10,000 (2010-2012)

PRIORITY AREA: Prevent Chronic Diseases – Reduce Obesity in Children and Adults

The Broome County CHIP tackles the priority area of preventing chronic disease and the focus area of reducing obesity in children and adults via four main goals: 1) reduce the percentage of children who are obese in Broome County; 2) increase breastfeeding; 3) prevent childhood obesity through interventions in early childcare; and 4) create community environments that promote and support healthy food and beverage choices as well as physical activity. These are public health approaches that mobilize a voluminous number of community partners and can reach the majority of people through multiple settings such as childcare facilities, community-based organizations, workplaces, schools, the community at large and healthcare facilities. Working with community partners to create sustainable policy, systems, and environmental changes in these community sectors allows healthy choices to be more available, affordable, and easy for residents to naturally engage in.

Each of the four goals of the CHIP addresses a disparate population and provides the opportunity to impact the entire Broome County population concurrently. A brief overview of each goal, objective(s), improvement strategies, activities, and partners spearheading them are provided below.

1) Reduce the percentage of children who are obese in Broome County

a. Provide reduced fat WIC food packages, nutrition education, and healthy lifestyle messages to reduce the incidence and prevalence of obesity among children ages 2-4 years who participate in the WIC program. Activities include conducting nutrition counseling with participants after obtaining BMI, encouraging low fat milk consumption versus large amounts of fruit juice and other low nutrient dense and high calorie drinks, and encouraging daily physical activity with children. The Broome County Health Department's WIC Program is responsible for this goal.

b. Adopt school policies and practices that incorporate time into the school day so that students have adequate time to eat a nutritious lunch/snack and engage in physical activity. Activities include training staff and adopting a curriculum that supports Learning in Motion, establishing strong nutrition standards for food sold in schools, adopting walking/biking to and from school, implementing mandatory time for active recess in school wellness policies, incorporating universal breakfast as part of the school learning day, and adopting Breakfast in the Classroom for school districts with high free and reduced lunch rates. Principal partners for this goal are the Broome County school districts, Broome Tioga BOCES Food Service, Broome Tioga BOCES Professional Services, Healthy Lifestyle Coalition and WSKG.

c. Engage primary care providers to encourage participation in the screening, prevention and treatment measures for obesity on a yearly basis as part of a comprehensive approach for the prevention of childhood overweight and obesity. Some of the activities include expanding use of EMR (Electronic Medical Record) for assessing status of pediatric BMI screening capability in the EMR, training providers in the identification, assessment and treatment protocol for childhood obesity according to the US Preventive Services Task Force [USPSTF], facilitating referrals for nutrition & physical activity and following up with providers to address implementation challenges. The supporting partners in these efforts include United Health Services Hospitals and Lourdes Hospital.

d. Increased use of managed care plan participation in the treatment measures for childhood obesity as part of a comprehensive approach for the prevention of childhood overweight and obesity. Activities include the same as listed in (c) with the addition of expanding the EMR to provide a nursing screening tool for screen time, food and vending consumption, physical activity, and intake of sugary beverages. The main partners leading these efforts are United Health Services Hospitals and Lourdes Hospital.

2) Increase breastfeeding

The Broome County CHIP prioritizes working with mothers who participate in the Broome County WIC Program in order to increase the initiation and duration of breastfeeding by building enhanced support systems. This includes early breastfeeding education and promotion efforts, the initiation of a peer counseling plan, a public nurse home visit, and engagement of a hospital lactation consultant who assists with the initiation of breastfeeding as soon as possible after childbirth and who supports the duration process. In addition, both hospital systems will be conducting activities with the progressive aim of hospital designations as baby friendly hospitals.

Enhanced systems also include private outpatient providers in the community adopting breastfeeding friendly policies that support breastfeeding specifically in primary care, pediatric and obstetrical practices. Along with the Broome County Health Department, United Health Services Hospitals, Lourdes Hospital, the Mothers and Babies Perinatal Network and the Southern Tier Breastfeeding Coalition collectively assist with these efforts.

3) Prevent childhood obesity through interventions in early childcare

Activities for reducing childhood obesity in early childcare settings, located in high need areas of Broome County, include adopting policies designed to support breastfeeding, improve nutrition through increased participation in the Child and Adult Care Food Program (CACFP), increase structured and developmentally appropriate physical activity through training of childcare providers by a physical activity specialist, and reducing screen time by educating children and their families. The primary partners involved in achieving this goal include the Family Enrichment Network Child Care Resource and Referral Agency, United Way, and the Broome County Social Services.

4) Create community environments that promote and support healthy food and beverage choices and physical activity

The Broome County CHIP contains several opportunities for increasing nutrition and physical activity in many sectors of the community. The first is a nutrition strategy that aims to decrease the percentage of adults ages 18 years and older who consume one or more sugary drinks per day. This goal can be achieved by conducting education presentations at schools, community sites and businesses, changing food procurement standards for beverages in municipalities and healthcare facilities, monitoring purchasing, sales data and purchasing practices and providing community-wide education campaigns using paid and earned media. Partners involved in this intervention include Broome County Cornell Cooperative Extension, Broome County Government Central Foods, City of Binghamton municipality, United Way, Healthy Lifestyle Coalition, United Health Services Hospitals and Lourdes Hospital.

To promote physical activity, the Broome County CHIP addresses the adoption of Complete Streets policies by local municipalities and revitalizes the BC Walks community wide walking campaign. Complete Streets was designed to allow residents to travel easily and safely whether walking, biking or riding the bus while connecting roadways to complementary trails and bike paths that provide safe places to walk and bike.

The BC Walks community wide walking campaign will promote the use of Complete Streets as a mechanism for residents to increase their physical activity within their daily activities. General activities to increase the adoption of Complete Streets policies for identified municipalities include providing assessment, training, technical assistance and mentorship to local municipalities. Implementation also involves collaboration with the Safe Routes to School Program and the garnering of earned media to promote these efforts. Activities to revitalize the BC Walks program include reestablishment of the community team, updating the website for enrollment, promoting the program through various sectors - including schools and healthcare facilities - and garnering earned media.

Partners involved in these activities include United Health Services Hospitals, Broome County Planning, Binghamton Metropolitan Transportation Study, and City of Binghamton (as a mentor), New York State Department of Transportation and the local media.

2013-2014 Outcomes

Interventions	Broome County Year 1 Outcome Measures	
1. Increase the number of public and private employers and service providers in Broome County to adopt standards for healthy food and beverage procurement. Community Transformation Grant (CTG) 2012-2014	Baseline: 0	Outcome: 16 policies Reach: Approximately 6,500 residents
2. Increase the number of passed municipal Complete Streets policies. CTG 2012-2014	Baseline: 1	Outcome: 2 policies Reach: Approximately 62,000
3. Recruit and encourage hospitals to participate in the quality improvement efforts based on geographic location to increase breastfeeding exclusively at discharge. Comprehensive Cancer Grant 2013	Baseline: 0	Outcome: 2 Hospitals TBD
4. Encourage and recruit Pediatric, Family Practice, Obstetrics and Gynecology and other primary care provider and clinical offices to become New York State Breastfeeding Friendly Practices.	Baseline: 0	Outcome: 1 policy TBD
5. Implement policies that restrict infant formula marketing and distribution of gifts through healthcare providers and hospitals. Comprehensive Cancer Grant 2013	Baseline: 0	Outcome: 1 policy TBD
6. Implement maternity care practices consistent with the World Health Organization's Ten Steps to Successful Breastfeeding and increase the number of Baby Friendly Hospitals in NYS. Comprehensive Cancer Grant 2013	Baseline: 0	Outcome: 0

Priority Area: Prevent Chronic Diseases – Increase Access to High Quality Chronic Disease Preventive Care and Management in both Clinical and Community Settings

The Broome County CHIP objectives that address increasing access to high quality chronic disease preventive care and management in clinical and community settings reflect several screening and treatment based clinical systems changes. The focus of these clinical system changes are primarily early detection, treatment and quality management of diabetes and cardiovascular disease, including hypertension, within disparate priority populations. These disparate populations are identified as residents enrolled in Medicaid Managed Care and Black/African American adults enrolled in Medicaid Managed Care programs. The interventions and strategies that will result in sustained clinical systems changes are multifaceted in their approach and rely heavily on Broome County's two largest hospital system partners, United Health Services Hospitals and Lourdes Hospital. Both hospital systems have developed individual approaches with similar themes around the CHIP objectives.

These themes include expanding case management interventions to include comprehensive admission assessment, patient care rounds, family meetings and discharge options, consistent patient education throughout the gamut of care, patient tools for chronic disease self-management, and referrals to community-based chronic disease management programs sponsored by the Broome County Office for Aging, Retired Senior Volunteer Program (RSVP), YMCA and the Rural Health Network of South Central New York (RHNSCNY). Likewise, similar themes exist for expanding the use of electronic medical records for assisting in screening, treatment, case management, and data collection. Clinical systems changes also involve educating healthcare providers, including EMTs, with the latest clinical guidelines and recommendations for chronic disease screening, treatment and management protocols in addition to employing disease management systems, expanding discharge processes that are specific to patient choice, planning for obtaining prescriptions, expanding cardiac rehabilitation services, and utilizing tele-health home technology as well as effectively collaborating with hospital home health programs.

In addition to the clinically based interventions, the Broome County CHA Steering Committee has identified the need for transportation services and the impacts that a lack of transportation has on chronic disease management and compliance to patient care plans. To assist with providing technical support and assistance that addresses the transportation needs in Broome County, especially for those disparate populations residing in the rural areas, the Rural Health Network of South Central New York has acquired a mobility management grant to assist patients with coordination of transportation in order to obtain non-emergency medical transportation services. Mobility Management of South Central New York (MMSCNY) is a partnership of health, human service, transportation provider and transportation planning organizations. MMSCNY seeks to improve transportation access and coordination in South Central New York, with services targeted to rural communities and to populations that lack easy access to transportation. The GetThere Call Center, the principal program of MMSCNY, provides free trip planning, travel training, and transportation education services to people throughout the region and beyond. More information on this initiative can be found at: <http://www.rhnsny.org/programs/btmmp>.

Lastly, in an effort to strengthen the infrastructure across systems to serve health disparities with multiple chronic conditions and/or mental health disorders, the Broome County CHIP incorporated the Health Home model as an intervention. This strategy promotes the enrollment of identified Medicaid members into the Health Home model where an individualized patient centered care plan is developed based on physical, mental health and chemical dependency needs. This model provides the necessary care coordination and patient navigation services for high need/cost Medicaid recipients. Activities for this strategy include training and recruiting staff regarding the Health Home, calling and meeting with clients, consulting with healthcare/mental health professionals, convening interdisciplinary teams by care coordinators, and making referrals to community and social support services. Partners responsible for this intervention are United Health Services Hospitals and Catholic Charities.

2013-2014 Outcomes

Data from both of the Broome County Health Homes revealed that out of 5,735 known patients, 3,912 were engaged in the intake process of the Medicaid Health Home and 992 (17%) actually consented to enroll. The five year goal is to enroll at least 80% of eligible patients.