Make **Dutchess County** the Healthiest Place in New York State

Dutchess County Department of Health

2015 Annual Report

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Dutchess County Department of Health

2015 Annual Report

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Marcus J. Molinaro
Dutchess County Executive

Dear Dutchess County Residents,

We are pleased to present the 2015 Annual Activity Report for the Dutchess County Department of Health, providing a comprehensive overview of the Department's many efforts to promote the health and well-being of Dutchess County residents.

We take pride in the fact that Dutchess County ranks among the nine healthiest counties in the State and we are committed to making Dutchess an even healthier community in which to live, work, and raise our families. In 2015, the County Health Rankings placed Dutchess County as 9th for overall health outcomes and 10th for overall health factors in New York. Our 2013-2017 Community Health Improvement Plan, originally launched in April 2014, continues to focus our efforts as we partner with the community, County officials and representatives from business, health, and education sectors to make Dutchess the healthiest county in New York State.

In 2015, the Departments of Health and Mental Hygiene worked together to develop a transition plan bringing the two departments together under one home. By integrating our behavioral and primary care services, we can provide residents with a more holistic approach to health care. To prepare the Departments, consolidation of staffing occurred in two areas: Information Technology and Administrative/Fiscal units helped to improve services leveraging the strengths identified in the Feasibility Analysis report by CGR and in the transition update and budget review.

I thank Dr. Kari Reiber for her leadership as Dutchess County's Commissioner of Health, and I welcome Dr. Henry M. Kurban to his role as Commissioner of Dutchess County's Department of Behavioral & Community Health (DBCH). I look forward to working with Dr. Kurban as we strive to make Dutchess the healthiest county in New York. We look forward to the future and its many challenges, and to leading the way to a culture of change that will benefit the residents of Dutchess County.

Best wishes for a Healthy Dutchess!

REPORT OF THE DUTCHESS COUNTY BOARD OF HEALTH

Board members:

Lobsang T. Lhungay, MD, President
Helen Bunyi, RN, Secretary
William S. Capowski
Gerald Hutchings, DC Legislator
Shantala Sonnad, MD
Joseph P. Calabro, MD, Vice President
William T. Barrick, MD
Karen Desmond, RN
Robert Irving Miller, RN, Esq.

Committees:

Health Disparities
Smoking and Tobacco
Sanitary Code
Anti-Obesity

The mission of the Board of Health is to protect the life and health of the people of the Dutchess County Health District as encompassed in the Public Health Law, the Sanitary Code of Dutchess County, the Dutchess County Charter Article VII, and the Administrative Code Article VII of the Dutchess County Government.

Subject to the provisions of the Public Health Law and the State Sanitary Code, the Board has the power to formulate, adopt, promulgate, amend, or repeal such rules and regulations as may affect public health within the County. Additionally, to consider any matters that may come to its attention relating to the preservation and improvements of public health within the County; and to advise and make recommendations to the Commissioner of Health thereon.

In April, two new members joined the Board: William T. Barrick, MD, an Orthopedic Surgeon who specializes in spinal surgery with Orthopedic Associates of Dutchess County, and Shantala Sonnad, MD, a Family Practitioner who is practicing in the Urgent Care offices of HealthQuest in Lagrangeville and Wappinger Falls.

The Sanitary Code Committee, under the leadership of Mr. Capowski, has continued to pursue the review and filing of amendments to Articles 5, 17, and 18 of the Dutchess County Sanitary Code by the New York State Department of Health (NYSDOH). Robert Miller, RN, Esq., member of the Sanitary Code Committee sent letters to the Commissioners of NYS DOH and NYS Office of Children and Family Services (OCFS), with the approval of Christopher Cullen, Senior County Attorney. NYSDOH believes Article 22 (Day Cares), should be reviewed by OCFS, not DOH.

In focusing on the growing problem of obesity in children and adults and how it can lead to chronic disease, Joseph P. Calabro, MD, BOH Vice President, began organizing a one-day Anti-Obesity CME event where speakers will address medical issues directly linked to obesity. The event will be sponsored by HealthQuest and is scheduled for March 16, 2016. At the urging of Board member, Karen Desmond, RN, Professor of Nursing at Dutchess Community College, the film, Weight of the Nation, will be shown at the college for students and the public will be invited.

In an effort to make healthy food, fresh vegetables, and fruit more accessible to low-income residents in the county, the Board requested the creation of a Dutchess County map which illustrates county bus routes, food pantries, and farm markets. Katie Wheeler-Martin, MPH, Department of Health Epidemiologist, worked with the County Planning Department to develop a map. The first one available, for the City of Poughkeepsie, is posted online at **www.dutchessny.gov/foodmap.** As maps are completed for additional areas in the county, they will be added.

The Board receives regular updates on Department of Health and community programs and initiatives. In 2015, these updates included a presentation about Pro-Mujer, a mobile health clinic which provides free care to the underserved women in the Hudson Valley. Emily Hartzog, MD, ABOG, a gynecologist who practices in NYC, purchased the van and outfitted it as a health clinic. A gastroenterologist spoke to the

Board about colon cancer and the fact that it is a preventable disease. A 16-week Chronic Disease Prevention Program based on the National PreDiabetes Prevention Program is offered in northern Dutchess. Ozie Williams, Nutritionist with the Department of Health, presented the "5-2-1-0" guideline created by the American Academy of Pediatrics for promoting four healthy behaviors including eating more fruits and vegetables, limiting screen time, participate in physical activity every day, and avoid sugar-sweetened beverages.

Marie Dynes, LCSWR, Coordinator of Prevention Services for the Department of Mental Hygiene (DMH) presented information about the Mental Health First Aid evidence-based course. This course teaches how to identify someone who is struggling with mental health issues, how to help them get treatment, and how to help them in a mental health crisis, including a suicidal crisis. The Board was informed that in addition to DMH's HELPLINE telephone and mobile app, individuals can now talk or text 24/7/365.

In October, Karen Desmond attended the Dutchess County Chronic Disease Prevention Coalition Meeting on behalf of the Board. It was a DOH Community Health Improvement Plan (CHIP) Event. The American Cancer Society spoke about "80% by 2018." This program encourages everyone to get colorectal cancer screening to increase the percent of the population receiving the screening to 80% by 2018 (currently at 60%). Ms. Desmond also attended a Diabetes Prevention Program based on the Stanford Program. Nurses are sent for training and act as facilitators for pre-diabetic patients or patients with diabetes. Due to the success of this program, they have been contacting practitioners to inform them and encourage them to refer patients as part of the Health Care Act, especially since insurance companies will pay for the program.

Robert Miller, RN, Esq., Chairman of the Board's Health Disparities Committee, created a new mission statement; identifying health problems, explaining who the underserved are, and who has special needs which are not being met. Additionally, it will help to figure out what the Board of Health needs to advocate for and how it can make a significant contribution. Twenty health professionals from numerous agencies work and educate or fund initiatives for this population normally attend, as well as Directors of the Black and Latino Task Forces. These meetings have been educational for the attendees, as they are learning what each of the other agencies do. Getting them to work together and creating communication between the not-for-profits where they have overlap can be very helpful.

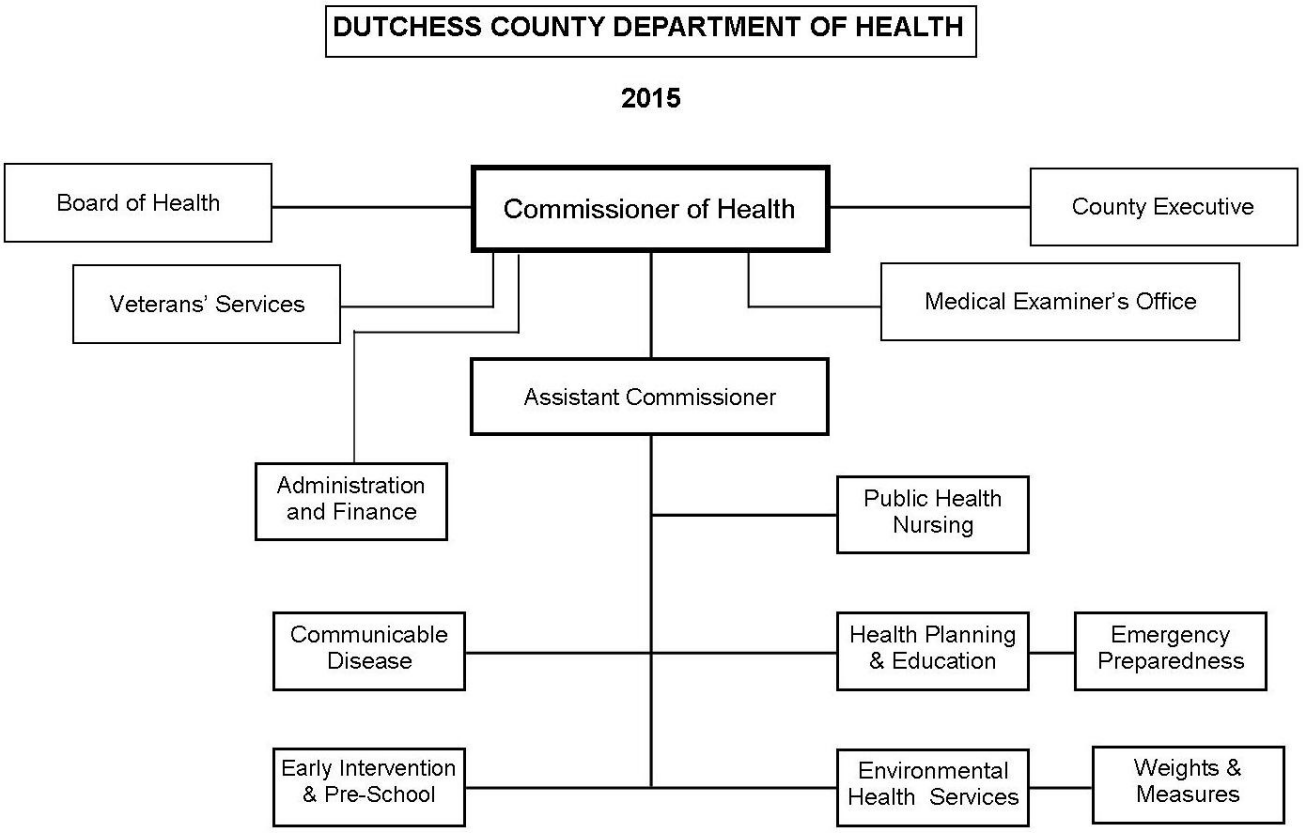
The Board of Health has the authority for approving various fees for the Department of Health; the cost of rabies vaccine for human exposure and Water Surveillance fees for 2016 were increased.

With the pending merger of the Dutchess County Departments of Health and Mental Hygiene, members of the Board of Health and Mental Hygiene Board have attended each other's meetings and met the officers. The search for a Commissioner for the new department of Behavioral & Community Health has resulted in hiring Henry M. Kurban, MD, MBA, MPH, FACPM, who will begin at the end of December. Dr. Kari Reiber, current Commissioner of Health, will retire effective December 29, 2015.

Respectfully,

Lobsang T. Lhungay
President

DUTCHESS COUNTY DEPARTMENT OF HEALTH
ORGANIZATIONAL STRUCTURE



DUTCHESS COUNTY DEPARTMENT OF HEALTH OFFICES

85 Civic Center Plaza (Suite 106) - Poughkeepsie, NY 12601
Tel: (845) 486-3400 TTY: (845) 486-3417 Fax: (845) 486-3447

Weights & Measures
98 Peach Rd, Poughkeepsie
(845) 486-2649 (tel)
(845) 486-2947 (fax)

Medical Examiner's Office
168 Washington Street, Poughkeepsie
(845) 486-3526 (tel)
(845) 486-3554 (fax)

Beacon District Office
223 Main St, Beacon
(845) 838-4801 (tel)
(845) 838-4824 (fax)

Millbrook District Office
131 County House Rd, Millbrook
(845) 677-4001 (tel)
(845) 677-4008 (fax)

Public Health Clinics (at the Family Partnership Center)
29 North Hamilton Street, Poughkeepsie
(845) 486-3535

MISSION AND VISION STATEMENTS

*The Dutchess County Department of Health is staffed by a diverse group of dedicated, experienced and motivated professionals whose **Mission** is to protect and promote the health of individuals, families, communities, and the environment of Dutchess County.*

*Our **Vision** is to build on our tradition of excellence, leadership, and compassion, using the best available science and resources to promote the highest standards of Public Health in response to emerging issues to protect and assist our community.*

PUBLIC HEALTH CORE FUNCTIONS AND SERVICES

The Core Functions of Public Health include the regular **assessment, analysis and reporting** on the health of our community; provide leadership in the **formulation and implementation of public health policy**; and through collaboration and consensus building **assure all populations have access** to healthcare, including health promotion and disease prevention services.

In 2015, the County Health Rankings placed Dutchess County as 9th for overall health outcomes and 10th for overall health factors in New York.

The Department offers the following core public health services: community health assessment, disease control and prevention, chronic disease prevention, family health services, environmental health and public health emergency preparedness and response. The Dutchess County Department of Health is committed to the core functions of Public Health and strives to deliver the essential services necessary for people to live healthy lives.

The Department houses the Division of Veterans Services, which provides a single entry point for access to all the benefits military personnel are entitled to receive; the Division of Weights and Measures, which ensures accuracy with consumer weighing and measuring devices; the Early Intervention Program for evaluation and linkage to services for children with developmental delays; and the Medical Examiner's Office, which investigates unattended or unexpected deaths and conducts postmortem examinations to determine cause, providng a voice for victims during court proceedings, education through research of clinical findings, and opportunities to educate students on forensic science.

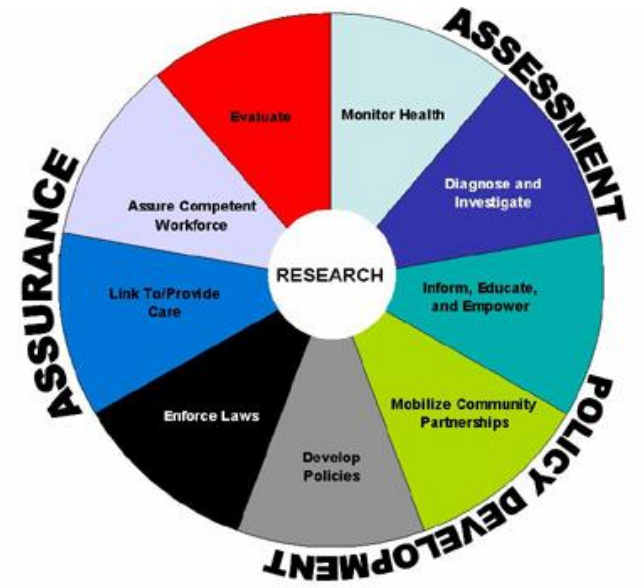
THE 10 ESSENTIAL SERVICES OF PUBLIC HEALTH

A Vision for Public Health was released in 1988 by the Institute of Medicine; *the Future of Public Health (*http://www.nap.edu/catalog.php?record_id=1091) identified both the core functions and 10 essential services required to address the mission of public health.

The following text and graphic demonstrate how the 10 essential health services align with the three core functions of public health (assessment, policy development, and assurance).

Assessment

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community



Policy Development

3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts

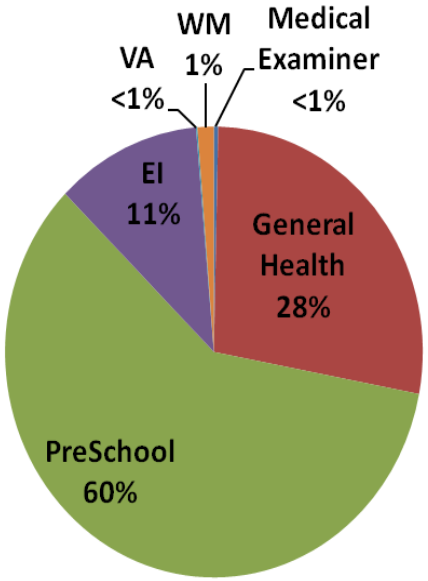
Assurance

6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health services when otherwise unavailable
8. Assure a competent public and personal health workforce
9. Evaluate the effectiveness, accessibility, and quality of personal and population-based health services
10. Conduct research for new insights and innovative solutions to health problems

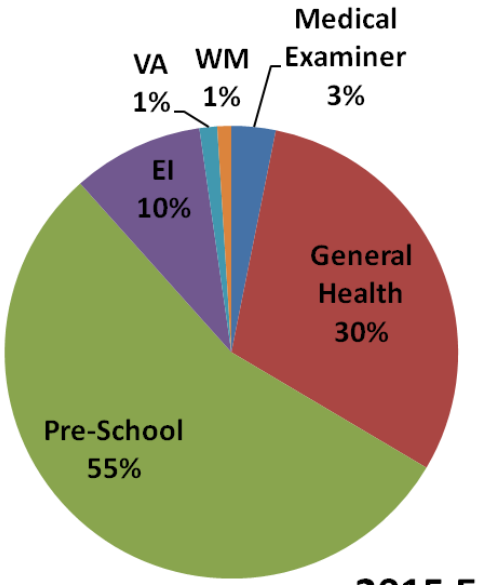
FISCAL INFORMATION

Revenue	2015	2014
Medical Examiner	55,877	64,353
General Health	4,669,482	4,733,187
Pre-School	10,027,842	7,890,826
EI	1,898,676	1,700,173
Veterans Service Agency	18,435	17,629
WM	212,756	180,411
Total	**16,883,068**	**14,586,579**

Expenses	2015	2014
Medical Examiner	1,011,722	958,917
General Health	9,749,534	10,853,688
Pre-School	17,624,848	16,724,383
EI	3,009,581	2,789,527
Veterans Service Agency	406,140	394,704
WM	321,758	311,500
Total	**32,123,583**	**32,032,719**

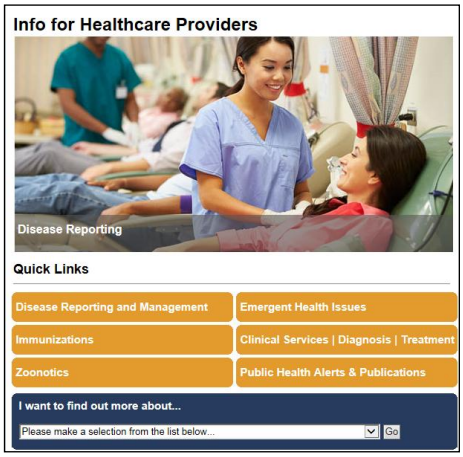


2015 Revenues



2015 Expenses

COMMUNICABLE DISEASE CONTROL DIVISION (CDCD)



The Division conducts surveillance for all reportable infectious diseases. CDCD staff monitor and investigate community disease outbreaks, oversees HIV, sexually transmitted diseases (STD), tuberculosis and arthropod-borne disease control programs. Additionally, it establishes educational programs for healthcare providers and other community partners to enhance and promote science-based treatment outcomes and prevent the spread of disease. The Division also oversees the Diagnostic and Treatment Clinic, which provides immunizations for vaccine preventable diseases, screening and treatment for sexually transmitted diseases, including HIV and Hepatitis C, travel immunizations, and tuberculosis control and treatment.

	2015 CDCD ACTIVITIES	TOTAL
Clinic Visits and Screenings	HIV, STD, Tuberculosis, or Hepatitis C Clinic Visits	1720
	HIV/STD screenings (Article 28)	2591
	Tuberculosis screenings (Article 28)	286
Lab Reports and Case Investigations	HIV lab reports received	115
	- HIV reports investigated	104
	- Newly identified people infected with HIV	28
	Other STD lab reports received	1792
	- Other STD reports investigated	1615
	- Newly identified people infected with other STDs	1084
	Tuberculosis lab reports received	207
	- TB reports investigated	155
	- Newly identified people with active TB disease	8
	- Total with active TB disease (monthly average)	4.6
	- Newly identified people with latent TB infection	12
	- Latent TB infection (monthly average)	1
	Hepatitis C lab reports received	4577
	- Hepatitis C reports investigated	3911
	- Newly identified people infected with Hep C	248
Education and Technical Assistance	Education sessions provided to medical providers	4
	Education sessions provided to the general public	30
	Technical assistance calls/visits with medical providers	186

On October 31, 2015, CDCD Clinic marked its second anniversary at the Family Partnership Building. In total **2,488** patients received services in 2015, with the majority being STD patients.

RESPONSE TO COMMUNICABLE DISEASE OUTBREAKS

In 2015, CDCD continued to work with New York State Department of Health (NYSDOH) to monitor travelers from Ebola endemic regions of Africa. **Seven** travelers were monitored with daily contact by Department staff for 21 days after their arrival in Dutchess County. Fortunately, no travelers became ill with Ebola-like symptoms during this surveillance period.

SEXUALLY TRANSMITTED DISEASE PROGRAM

In 2015, a total of **1,792** STD infections in Dutchess County residents were reported in the NYSDOH Electronic Clinical Laboratory System, an increase of **300** cases compared to 2014. Chlamydia accounted for **947** reports, **86** were due to gonorrhea, and **51** cases were syphilis. An unprecedented rise of **33%** in early syphilis cases with **31** cases reported in 2015 compared with **21** cases reported the prior year. Although the affected population is still primarily men-who-have-sex-with men (MSM), several of the early syphilis cases occurred in women. Infection in females resulted in **two** cases of congenital syphilis, with one fatality. This is the first congenital syphilis fatality in Dutchess County in 25 years. In response, CDCD launched an expansive healthcare provider educational campaign with “Provider Alerts” and on-site educational sessions at local hospitals to prepare providers to respond to the resurgence of this serious infection. In 2015, Dutchess County implemented our Expanded Partner Services Program, as part of the Governor’s plan to eliminate new cases of HIV in NYS by 2020. The primary goal is to link HIV-infected individuals with healthcare providers so they may receive antiviral treatment. Patients who diligently follow this treatment can expect to reduce their disease viral load to undetectable, thereby reducing transmission.

TUBERCULOSIS CONTROL PROGRAM

In 2015, **373** individuals were screened for tuberculosis disease through the Department’s Article 28 Adult Screening Clinic. The Latent Tuberculosis Infection program conducted 138 patient visits. The program expanded its effort to employ the 12-week directly observed therapy plan for latent TB infection. Education was provided to Federally Qualified Health Care staff

encouraging adoption of the CDC recommended 12-week treatment approach. Eight active TB cases were identified, with three being foreign-born. Contact investigations were conducted in all active cases. A total of 173 contacts were solicited and screened; 37 persons were identified as having latent tuberculosis infection.

VACCINE PREVENTABLE DISEASE CONTROL

The prompt investigation of vaccine preventable diseases such as measles, pertussis, and mumps remains a priority. In 2015, a confirmed case of imported measles was indentified in a college student. The Department along with the Medical Reserve Corps of Dutchess County, and epidemiology staff from NYSDOH, spent more than **100** man hours investigating susceptible contacts in the college setting, administering vaccine to measles susceptible persons, and educating community healthcare providers regarding how to identify and manage potential secondary spread of measles in the community.

	2015 IMMUNIZATION PROGRAM ACTIVITIES	TOTAL
Vaccinations	Individuals ages 19+ yrs receiving vaccine at DOH clinic	543
	Children ages 0-18 yrs receiving vaccine at DOH clinic	215
	19-36 month olds seen in DOH clinic who are fully immunized by 19 months (percent average)	N/C
	Vaccine outreach clinics in high-risk populations	6
	High-risk individuals vaccinated at outreach clinics	167
Lab Reports and Case Investigations	Lab reports of vaccine preventable diseases received	1606
	- Vaccine Preventable Disease (VPD) reports investigated	781
	- Newly identified people infected with VPDs	606
Education and Technical Assistance	Education sessions provided to medical providers	31
	Education sessions provided to general public	23
	Technical assistance calls/visits with medical providers	126

COMMUNITY VACCINE PROMOTION

In 2015, the Dutchess County Immunization Control Program expanded and strengthened several community partnerships to promote and provide vaccinations to high-risk populations. The Immunization Control staff has regularly attended monthly Rural Health Network meetings, as well as meetings of the Healthy Black and Latino Coalition. Immunization Control staff facilitated linkages between several coalition partners with Walgreen's Pharmacy to provide free influenza clinics to high-risk populations served by the coalitions. In 2015, the Immunization Program forged a partnership with "Julie's Cause," a community activist group dedicated to the promotion of Human Papillomavirus (HPV) vaccination. HPV vaccination protects persons from cervical, anal and certain types of pharyngeal cancers. Plans are underway for outreach to Parent Teachers Organizations in 2016 to work together with "Julie's Cause" members to warn parents about the deadly consequences of vaccine preventable cancers. Immunization staff held a flu clinic for Medical Reserve Corp (MRC) volunteers who routinely assist the Department with outbreak and public health emergency responses. The staff manned a variety of health fairs during 2015, including the Dutchess County Fair in August, the Vassar Brother Medical Center Health Fair, The Community Baby shower, and the Mexican Consulate Latino Health Fair to promote vaccinations against a variety of serious infectious diseases.

ARTHROPOD-BORNE INFECTIONS

In 2015, arthropod-borne disease surveillance and prevention remained a major focus of the CDCD staff effort. A total of **2,831** reports for arthropod-borne diseases were received, of which **2,000** were investigated with **482** confirmed as newly identified cases. The numbers represent a decline from reports received in 2014. The normal yearly ebb and flow of tick-borne disease may be related to weather and other environmental factors. In addition, the following program activities occurred:

- The County continued to investigate sporadic cases of travel-related Chikungunya and Dengue fever.

- The Division collaborated with HealthQuest for the acquisition of 1,000 Tick Removal kits for distribution at a variety of health fairs. **Twenty-three** ticks were submitted by members of the community for tick identification.

- Created a guidance document for personal protection methods against tick bites based on a review of scientific literature exceeding **200** references.

EDUCATION & OUTREACH

In 2015, a total of **45** education sessions were conducted; **15** for healthcare providers and **30** sessions for the general public. Events included:

- Vassar Brothers Medical Center's healthcare providers were given informational training sessions about tick-borne disease and syphilis.

- The Bi-Annual Affiliated Approach to Risk Reduction and the Management of STDs Coalition Meetings included an overview of the County's Sexual Assault Forensic Exam (SAFE) program, as well as an HIV Pre-Exposure Prophylaxis presentation.

- In May, the Division participated in the Legislative Tick Task Force-sponsored webinars to address tick-borne illness morbidity in Dutchess County. The webinars were also posted to the website for further public review.

EARLY INTERVENTION AND PRESCHOOL SPECIAL EDUCATION

The **Early Intervention (EI) Program** aims to enhance the development of infants and toddlers from birth to age three who have significant delays or disabilities, and to strengthen the capacity of families to meet their child's special needs. Program components include service coordination, multidisciplinary evaluations, and the development of Individualized Family Service Plans (IFSPs) for eligible children and their families. Services may include family training, counseling, home visits, parent support groups, special instruction, speech pathology, audiology, occupational therapy, and physical therapy. The program also provides psychological services, service coordination, nursing services, nutrition services, social work services, vision services, respite services, and assistive technology devices and services.

In 2015, **653** children aged 0-3 were referred for early intervention evaluation and **379** found to be eligible for services, with 90% receiving services within 30 days.

The Early Intervention Program saw an increase in delay in service provision due to a shortage of Occupational Therapists, Speech Therapists, and Physical Therapists available in the north, northeastern, and southern parts of the County. Additionally, staff moving out of the provision of individual service and into center-based services or full-time employment compounded the shortage. Staff continues to work with local services agencies to recruit therapists in these areas.

The Preschool Special Education Program (PSE) serves children 3-5 years of age. Part B of the Federal Individuals with Disabilities Education Act, and Section 4410 of the New York State Education Law, entitles a preschooler, 3-5 years of age, with disabilities to receive appropriate educational opportunities. This includes special programs and services as agreed upon with their respective school district's Committee on Preschool Special Education (CPSE).

In Dutchess County, the Department of Health is responsible for contracting with qualified and licensed professionals for specific related services. These include: physical therapy, speech therapy, occupational therapy, counseling, assistive technology, and social work. The services are prescribed on a child's Individualized Education Plan/Program (IEP) written with the parent and CPSE members. Services may be provided at an approved or licensed pre-kindergarten or Head Start program, at the provider's facility, the child's home, a hospital, a State facility, or another childcare location. Parents also attend the service sessions to learn techniques to

support their child's development. Busing is provided for families whose children are enrolled in a full-day, center-based program and are unable to supply their own transportation.

In 2015, the Preschool Special Education Program received **990** referrals for evaluation from the **16** local area school districts and provided services to **1,539** Dutchess County children with an expenditure of **$17,271,192.**

As the Division sees an increased number of students entering the program with greater needs, working with our contract agencies to expand their full-day, center-based classrooms is necessary. We anticipate an increase in classrooms for full-time students from two of our largest providers this year. Our goal is to ensure appropriate services are available for all our preschool special education students needing full-day placement, and to assist them in being better prepared for Kindergarten.

	2015 SUMMARY OF EIP/PSE ACTIVITIES	TOTAL
Early Intervention	Children 0-3 yrs referred for evaluation	653
	Children 0-3 yrs eligible	379
	Children 0-3 yrs that did not receive services within 30 days of evaluation	37
	Children 0-3 yrs that received services within 30 days of evaluation	90%
Pre-School	Children 3-5 yrs referred for evaluation	990
	Children 3-5 yrs eligible	911
	Children 3-5 years eligible for services after evaluation (%)	92%
	Eligible children 3-5 years receiving services (Average)	1539
	Children 3-5 yrs with developmental delays (Average)	1539

2015 HIGHLIGHTS

In 2015, Early Intervention Program developed a website portal with the assistance of the Health Planning & Education Division, creating a way for concerned parents to have access to information about services 24 hours a day. The page, www.dutchessny.gov/EIP provides visitors with links to Eligibility & Services, Information for Coordinators & Service Providers, Information for Families, and Local Early Intervention Coordinating Council.

The Program worked closely with the Department of Community & Family Services' administrative staff to improve the referral process for Early Intervention and Preschool Special Education through Child Protective, Preventive, and Foster Care services staff.

Program staff provided an Early Intervention Services presentation at the Community & Family Services' Model Approach to Partnerships in Parenting class for certifying foster parents in Dutchess County; as well as a panel discussion for the Astor Children and Families Services Tier II Committee of community providers.

Program staff supervised a Marist College Social Work student intern who assisted in outreach to Early Intervention families by increasing parent participation in the Local Early Intervention Coordinating Council quarterly meetings. In addition, a parent education component was introduced in the meetings. This allows community agencies and professionals working with special needs populations to provide education and information regarding services available to special needs families.

Program staff participated in the Special Needs Activities Committee, and the Special Needs Picnic held In August, by the Office of the Aging, where many happy early intervention and preschool families were in attendance.

ENVIRONMENTAL HEALTH SERVICES

The Environmental Health Services Division programs focus on providing the community with safe and healthy residential, working, and recreational environments. This encompasses ensuring public drinking water systems meet legal mandates and standards, sewage collection and treatment facilities, private wells, and septic systems are properly designed and constructed. Additionally, the Division oversees pools and beaches to ensure facilities are safe with lifeguards properly trained, camps and educational campuses are safe, and restaurants prepare, refrigerate, store, and serve food according to standards designed to prevent the outbreak of disease. The Division also ensures potential exposures to the rabies virus are investigated and evaluated so prompt and effective treatment is authorized.

	2015 EHS ACTIVITIES	TOTAL
Public Water Supply Monitoring	Public Water Supplies visited	1400
	Inspections done	288
	Violations issued	291
	Spills reported	353
	Spills investigated	353
Engineering	Plans received	689
	Plans approved	175
Coordination with Municipalities	Private well test reports posted	350
	Letters sent to homeowners re: water quality issues	300
Community Sanitation	Camps and recreational facilities inspected	933
	Critical violations found at camps/recreation facilities	121
	Temporary residences inspected	236
	Critical violations found at temporary residences	11
Rabies Clinics	Department rabies clinics	3
	Pets vaccinated at Department clinics	688
Food Safety Trainings	Food Safety Trainings	5
Drowning Prevention	Drowning Prevention Seminars	18
	Attendees	310

PUBLIC WATER SUPPLIES

The Division currently regulates **655** public water supplies. One-third of the population of Dutchess County relies on public water. The larger community supplies, which include the City of Beacon, the City and Town of Poughkeepsie, and **200** others, are regulated by the Division's Engineering Section. Another **13** supplies are inspected by Public Health Sanitarians and the remaining **439** are monitored by the Division's Water Enhancement Program staff.

A total of **1,400** site visits were made to public water supplies throughout the County in 2015 to investigate complaints, collect water quality samples included in the Public Water Supply Permit Program, conduct inspections, and to follow up on the **291** violations cited during the year.

In 2015, the Poughkeepsie Water Treatment Facility began upgrading its water treatment system in an effort to reduce levels of disinfection byproducts produced in the finished water distribution system. The treatment modifications are scheduled to be completed in September 2016. The City of Poughkeepsie has submitted plans for replacement of its water storage tank to the NYS Department of Health for review.

Engineering design plans have been approved for the removal of radium at the Cedar Meadows public water supply. The owner is currently scheduling construction of the treatment changes.

SPILL REPORTS

In 2015, the Division investigated **353** Spill Reports from the NYS Department of Environmental Conservation (NYSDEC). These reports are complaints or observations reported to the NYSDEC from the public. The Division is notified of the complaint or spill before the NYSDEC has investigated the potential contamination for environmental impact. In an effort to be proactive, the Division investigates whether any public water supply in proximity to the area of the reported contamination has been impacted. If yes, staff can assess the need for additional testing. This allows DCDOH to identify any potential contamination risk as soon as possible.

FOOD-BORNE ILLNESS INVESTIGATIONS

In 2015, the Division investigated several food-borne illness outbreaks at various locations such as schools, daycare facilities, camps, and food service facilities. One report of a food service worker diagnosed with Giardiasis was confirmed and that employee who was preparing meals was instructed not to work in a food preparation capacity until they were asymptomatic. No additional reports of illness were received.

The use of vacuum packaging of food for preparation and storage requires an approved plan from the NYS Department of Health. The Dutchess County Department of Health worked with food service establishments in the County to educate them on this State requirement.

To help reduce the number of food-borne illnesses, a food service newsletter was developed and sent electronically to more than **900** food service establishments in Dutchess County in the summer of 2015. This newsletter addressed Quick Food Service Tips related to temperatures, service dogs, preventing bare hand contact, proper hand washing, and when to call the Dutchess County Department of Health. This newsletter was prepared as a tool for establishments to display as an easy staff reminder.

Two food safety training classes were given in 2015. The offering was prompted by a request from a non-profit agency in need of a comprehensive food safety class to satisfy its licensing requirements.

DROWNING PREVENTION

In 2015, **18** drowning prevention training seminars were conducted for a total of **310** people at locations throughout the County. This educational seminar is provided for camp staff, recreational facility employees, lifeguards, and the general public on supervision requirements for public pools and bathing beaches, and how to recognize a swimmer in distress.

RABIES EXPOSURE PROGRAM

In 2015, there were **714** rabies investigations performed, a 5% decrease from 2014. While this represents a decrease, it should be noted the program has had to increase the amount of time spent on case investigations due to greater numbers of unlicensed and unvaccinated dogs, and

more numerous reports of bats in houses, compared to previous years. **One hundred and ten** specimens were submitted to the New York State Wadsworth Laboratory for testing, resulting in **5** positive rabies specimens including **2** skunks, a fox, a bat, and a raccoon. **Forty** individuals required post-exposure treatment, down from 61 in 2014.

Enhanced rabies awareness and pet vaccination opportunities included free Rabies Vaccination Clinics: In 2015, **688** pets were vaccinated at no cost to Dutchess County residents. Dutchess County SPCA is under contract with the County to administer vaccine at the DCDOH-sponsored rabies vaccination clinics with a minimum of three clinics held per year.

PRIMARY PREVENTION HOUSING INTERVENTION PROGRAM

Primary Prevention focuses on the early identification and reduction of lead hazards to prevent childhood lead poisoning. The Environmental Health Services Division evaluates for lead hazards in homes within the 12601 ZIP code, an area identified by the NYSDOH as having the highest incidence of childhood lead poisoning in Dutchess County. Properties are selected for inspection based on a number of factors including age of the building, presence of children, and referrals from local agencies who work with the Department's Public Health Nursing staff.

In 2015, Department of Health staff assessed **22** property exteriors and **42** individual units/apartments for the presence of lead-based paint hazards. Properties where children resided were prioritized during the property selection process. Confirmed exterior hazards were identified at **82%** of the evaluated properties, while **55%** of the assessed unit/apartment interiors had confirmed lead based paint hazards. **Thirty-three percent** of exterior hazards and **43%** of interior hazards identified in 2015, were remediated and cleared by December 31, 2015. While the greatest risk of lead exposure to a child is indoors, exposure risks are also present outside the premises, particularly during the spring and summer months.

A meeting was held in June with the Dutchess County Department of Community & Family Services (DCFS) to discuss use of the Spiegel Act to enhance enforcement efforts related to the lead programs. As a result of this meeting, the DBCH/DCDOH and DCFS agreed to form a partnership to support this effort, and developed systems and procedures to invoke the Spiegel Act when necessary.

A Spanish-language Renovate, Repair and Painting (RRP) class was held in June. This training is a necessary component of the Division's housing intervention program for lead hazard reduction and is required for contractors and landlord/property owners who are performing renovations on dwellings built prior to 1978.

Staff gave a presentation to the Family and Human Services Committee of the Dutchess County Legislature in June providing an overview of the lead programs.

TOBACCO ENFORCEMENT

In 2015, there were more than **330** businesses under permit to sell tobacco, cigarette, and cigarette-like products, including electronic cigarettes, in Dutchess County. Between January 1, 2015 and December 31, 2015, the Department performed **542** compliance checks with minors. **526** of these checks included an attempt by a 16 or 17 year old youth to purchase an age-restricted product at a permitted retail establishment. These efforts resulted in **57** sales to minors, with products sold including cigarettes, cigars, and smoking paraphernalia. Department-employed minors were also able to purchase liquid nicotine. This product was added as an age-restricted product to New York State Public Health Law Article 13F through an amendment that went into effect in 2015. More than **$30,000** in fines was ultimately collected in 2015 for sustained violations of Article 13-F and/or Dutchess County Sanitary Code Article 25.

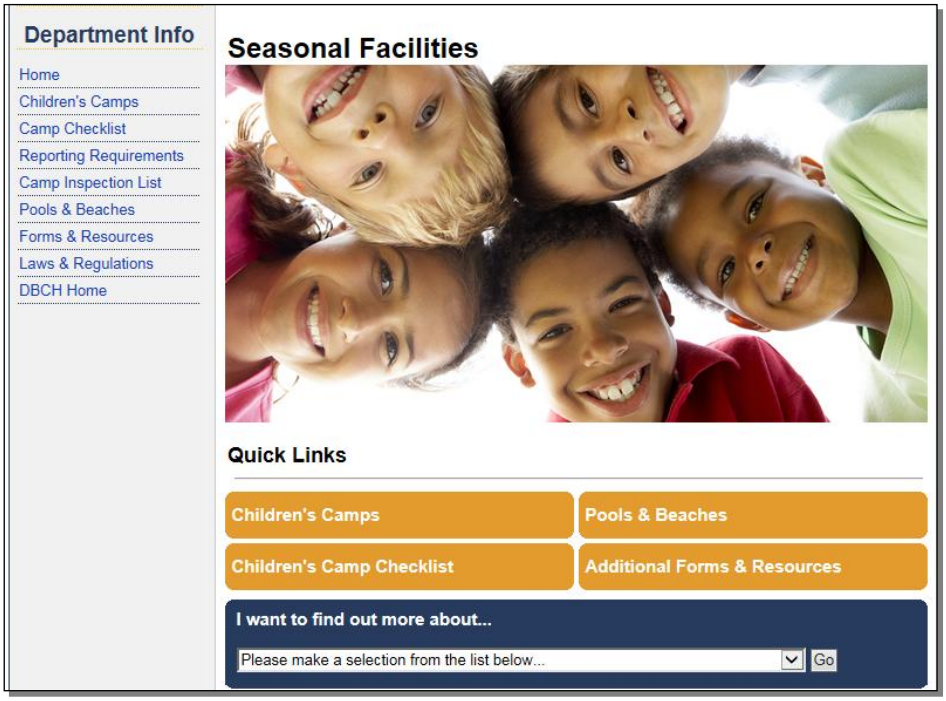
In addition to the above noted efforts, the Department also investigated **10** Clean Indoor Air Act related complaints and appropriate action was taken for each one.

ENGINEERING

The Dutchess County Design and Construction Standards have been revised to reflect recent updates of NYS Department of Environmental Conservation and NYS Department of Health regulations. The document includes current County policies and plan notes, and is now titled "Dutchess County Plan Submission Guide." This document will be presented to County Department leaders, private engineers and the public through posting on the County website and email notifications. In 2015, Engineering received **689** formal submittals for review and approved **175** design plans.

WEBSITE

The new Children's Camp and Swimming Pool/Bathing Beach website portal (dutchessny.gov/camps) was launched on the County website in April 2015. This was a multi-year effort to modify the way seasonal facilities are provided with annual updates and forms required for their permit application 24 hours a day, as well as reducing costs related to staff, printing, and mailing.



HEALTH PLANNING & EDUCATION

Health Planning & Education Division (HP&E) continues to support the Department's mission by interrelating with each Division and the Department of Mental Health as the two departments transition toward their January 2016 merger. Staff is responsible for the development and implementation of health initiatives; dissemination of public health materials; updating, creation and maintenance of the Department's communication efforts, monitoring Dutchess County's health through ongoing data analysis and reporting, and driving the strategic planning process.

REPORTS

The Division published the 2014 Annual Report, 2015 Annual Morbidity Report, the 2015 Annual Community Health Status Report, the biannual Veterinarian's Newsletter, and updated the 2013-2017 Community Health Improvement Plan. All reports are available online.

In addition, the Division completed an updated and expanded analysis on heroin, opioids, and substance abuse in Dutchess County. The report provides an extensive summary of our progress in acquiring and monitoring relevant data, including characteristics and trends in overdose deaths, emergency department visits, and hospitalizations related to non-fatal overdose and substance abuse, treatment for substance use disorders at OASAS-licensed facilities, and Narcan distribution for the reversal of opioid overdoses. The report shows the epidemic of heroin abuse remains a substantial public health threat in Dutchess County.

COMMUNICATIONS AND PUBLIC HEALTH INFORMATION

The Division develops and maintains resources for ongoing and new health-related campaigns and initiatives and oversees the Department's website team responsible for website maintenance and updates. In 2015, the Division:

- Distributed 36 News Releases and seven Public Health Alerts/Advisories. Social Media posts included Breastfeeding, Lead Poison Prevention, HIV/World AIDS Day, Rabies' Clinics, Drowning Prevention, Tick-borne Disease Prevention, Clinic Services, Veteran's Services, Mental Health Public Forums, and the Department of Mental Hygiene's HELPLINE a 24/7/365 telephone helpline that individuals in need of assistance can talk or text (845) 485-9700.
- Website:
    - Maintained 1,600 web pages which received 1.48 million hits.

- Developed and restructured the existing Department website to incorporate both Mental Hygiene and Health's pages into the new Department of Behavioral & Community Health (www.dutchessny.gov/DBCH) website prior to the January 1st official start date.

- Created website portals for individuals seeking specific information about Public Health:

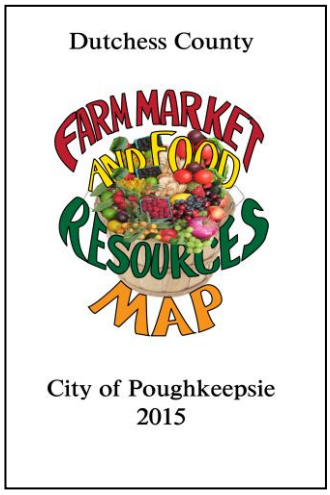
  - HELPLINE;
  - Seasonal Facilities for Camp Directors;
  - Early Intervention Program for Parents;
  - Immunizations for Parents and Providers;
  - Healthy Living providing resources for those dealing with chronic disease; and
  - Information for Healthcare Providers with Disease Reporting requirements, forms, alerts, and information.

- Maintained Medical Examiner's Office, Veterans, and Weights & Measures; and preparing for the restructuring of the Environmental Health Services web pages.

- Responded to **28** requests from the media and **515** requests for information from the public through the Dutchess Direct web application. This represents an increase of 200 more requests than 2014.

- Presented at Northeast Regional Epidemiology Conference (10/1/15-10/2/15) on epidemiologic analysis of C. perfringens outbreak at a Dutchess County summer camp.

- Alongside the Department's Zoonotic Disease Team, revised the Dutchess County Tick-borne Disease Community Survey, capturing updated and new information about community knowledge, attitudes, and practices related to ticks and tick-borne diseases. This telephone survey was administered to approximately **600** randomly selected County residents through December 31, 2015. Results will be published in 2016.



- Released the first edition of the Dutchess County Farm Market and Food Pantry Resource Map on the Department website (www.dutchessny.gov/foodmap), a joint project with the Department of Planning. This map overlays the locations of markets and pantries with public transit routes and provides contact information and hours of operation; to be expanded to rest of Dutchess County in the spring of 2016.

- In 2015, the Department actively participated in the Delivery System Reform Incentive Payments (DSRIP) Public Health Council, engaging in efforts to promote cancer screening and tobacco cessation.

COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

The Dutchess County 2013-2017 Community Health Improvement Plan was launched in April 2014 at the Henry A. Wallace Center. The plan consists of a comprehensive four-year initiative developed in collaboration with local community partners to address top health priorities and promote activities to address those concerns. Together, with more than 150 local business, healthcare, education, and community partners, the Department is committed to making "Dutchess County the Healthiest County in the State."

Dutchess County Executive Marcus J. Molinaro and New York State Commissioner of Health Nirav R. Shah MD, MPH join Dr. Kari Reiber, Dutchess County Commissioner of Health in signing the Declaration of Wellness for Dutchess County at an event on April 8 2014 at the Wallace Center, Hyde Park.

The Community Health Assessment and the Community Health Improvement Plan are available online at:

http://www.co.dutchess.ny.us/CountyGov/Departments/DBCH/HDindexpub.htm

CHIP FOCUS AREA: Chronic Disease/Obesity Prevention

- To implement and expand choices for healthy eating in schools, the City of Poughkeepsie held a month-long health promotion and wellness event in October for elementary schools featuring culinary students and apple tasting, vegetable tasting, and farm visits. Red Hook and Rhinebeck schools continued their Farm to School programs.
- Most schools promoted 1% only milk in their cafeterias. Each district had at least one school following NYS Guidelines for Schools Healthy Vending & Fundraising and the "5-2-1-0" guidelines.
- Beacon School District began incorporating physical activities into the classroom. Poughkeepsie, Beacon, and Hyde Park adopted school wellness policies.

- The Department participated in the first Walkway Marathon and Expo, and promoted "300 miles of Dutchess County trails" through their trail map series.

- The Board of Health collaborated with HealthQuest to host a Continuing Medical Education planned for March 2016 for physicians and nurses to discuss obesity in children and adults.

- Three Certified Lactation Consultants were trained, Memorandums of Understanding were developed with Hudson River Health Care and Family Health Institute, and the Department's Breastfeeding Support & Education Center was created for expecting mothers. Additional breastfeeding resources were created, including a resource directory and brochure. An "In-service" training was provided for the Children's Home and Teen Parenting.

- Worked with community partners to promote the Poughkeepsie Plenty Mobile Market in June 2015. The Mobile Market brought farm-fresh vegetables and produce to five City of Poughkeepsie locations on a weekly schedule. The Poughkeepsie Plenty Fresh Market accepts cash, credit cards, Farmers' Market Nutrition Program, Women, Infants, and Children benefits, and SNAP.

- The Board of Health created a "Health Disparities Committee" with 20 community agency partners meeting bi-monthly with the mission of identifying health problems, explaining who the underserved are, and who has special needs which are not being met. Additionally, this committee helped identify advocacy needs and significant need areas. Meetings were held in June, September, and November.

- Creation of the Dutchess County Chronic Disease Prevention Coalition, a network of prevention specialists and community members in partnership with HealthQuest. Two meetings were held with 50 attendees at each event.

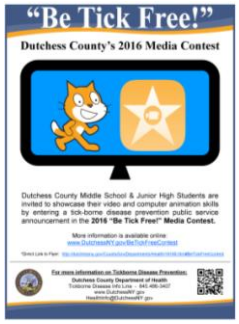
- Launched the Healthy Living for Chronic Disease website providing individuals with resources to maintain a healthy lifestyle. Specific resources for employers, schools, and community groups to institute wellness programs within their area. The website focuses on the unique needs individuals living with diabetes, heart disease, or cancer may have.

CHIP FOCUS AREA: Tick-borne Disease Prevention

- Presented the results of Knowledge, Attitude and Behavior Provider Survey which included clarifications on testing for babesia and Anaplasmosis at the May 13th Internal Medicine Grand Rounds at Vassar Brothers Medical Center. Scheduled future Continuing Medical Education sessions for Pediatric Grand Rounds in March 2016 and Internal Medicine Grand Rounds in May 2016

- Revised the 2009 Knowledge, Attitude and Behavior Community survey on Tick-Borne disease. This survey was developed and administered in collaboration with Health-Quest and will direct future efforts.

- Created a guidance document for tick bite personal protection methods based on a review of scientific literature exceeding **200** references.



- DCDOH organized and coordinated a "Be Tick Free!" Poster Contest, along with the Dutchess County Legislative Tick Task Force, for 5th and 6th graders to raise awareness of prevention strategies for tick and mosquito-borne diseases. Two winners each received a $100 US Savings Bond, an Award Certificate, and a back-pack. The winners were recognized among their peers by the Dutchess County Legislature in May. In September 2015, the contest was revamped to a video public service announcement for 5-8th graders.

CHIP FOCUS AREA: Substance Abuse Prevention

- The Dutchess County Health and Human Services Cabinet's Substance Abuse Workgroup meets quarterly and publishes a yearly updated "Report to the County Executive." In December 2015, the HP&E Division completed an expanded analysis on heroin, opioids, and substance abuse in Dutchess County to be included in the "2015 Report to the County Executive." This report includes updated trends on mortality, emergency department visits and hospitalizations for non-fatal overdose and substance abuse, admissions for treatment to NYS Office of Alcoholism and Substance Abuse Services (OASAS) licensed facilities, and reports of naloxone distribution and use.

- The Council on Addiction Prevention & Education (CAPE) of Dutchess County, Inc. provides ongoing training in school districts and at BOCES, and received an OASAS grant to provide Screening, Brief Intervention, and Referral to Treatment training to educators in 2016. The Council also sponsored a Drug Take Back Day with the Wappinger Falls Police in September.

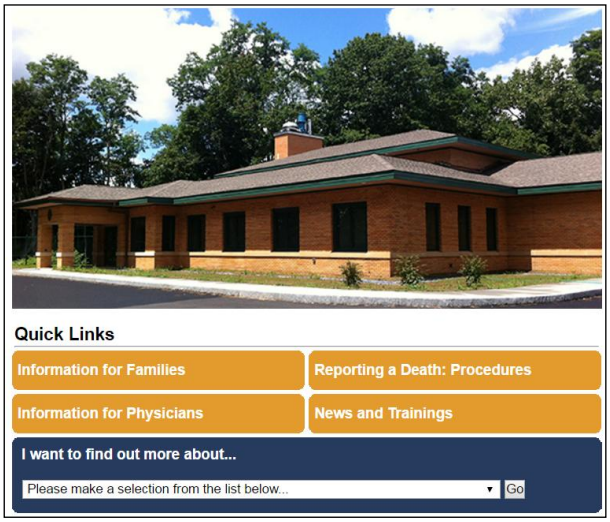
- A listing of all Medication Disposal box locations for prescription drug disposal was added to the Substance Abuse website. Boxes were also brought to the County Senior Picnics, which resulted in a collection of 151 pounds. Beacon, Wappinger Falls, and the Town of Poughkeepsie received medication disposal receptacles with additional boxes for the Village of Millerton Police Station and the Sheriff's substation in Pawling.

- A pharmacy survey and education initiative to assess County-wide participation in Pharmacy Take Back Program.

- Through the Dutchess County Opioid Overdose Prevention Program, Narcan training was provided 414 times from January through October 2015, with 145 law enforcement officers and 269 community members trained. Trainings offered to community members in East Fishkill, Red Hook, Spackenkill High School, Dutchess Community College, and to health/mental health care providers at the Department of Mental Health, Department of Health, Credentialed Alcoholism and Substance Abuse Counselors, Mid-Hudson Addiction Recovery Centers, Inc., and Lexington Center for Recovery.

MEDICAL EXAMINER

The Medical Examiner's Office investigates all sudden, unexpected, violent or suspicious deaths within the County to establish cause and manner of death. The Medical Examiner's investigation includes visits to scenes of death when appropriate, postmortem examinations of the deceased, and court testimony in criminal cases. The Office may also be called upon to collaborate with police investigative agencies in the identification of unknown remains.



In 2015, 765 deaths were reported, 300 scenes visited, and 255 autopsies prepared. At the end of 2015, Dutchess County Medical Examiner's Office agreed to provide autopsy services for HealthQuest under a fee for services agreement.

The Medical Examiner's Office also presented three scientific papers at the American Academy of Forensic Sciences Annual Meeting in February:

1) A ten-year study of suicides from a rural/suburban county;

2) Body-Found-in-Bathtub Death Investigation; and

3) A fatality due to Type I Long QT Syndrome associated with Electrolyte Abnormalities and Therapeutic Levels of Citalopram.

Additionally, an updated presentation of the 10 year suicide study was provided to Mental Hygiene and Health staff in July; and a forensic pathology and natural disease topics presentation was given to the Marist College Center for Lifetime Studies and Mid-Hudson Valley IBM Retirees Club in September.

The Office established a forensic internship rotation program, to provide college students from Quinnipiac and Brown universities with an opportunity to conduct a forensic research project toward completion of their course work and present at a national meeting.

Throughout 2015, a total of **10** lectures/seminars/classes were offered, covering varying topics pertaining to medicolegal investigations, such as the role of the medical examiner and medicolegal investigator, fire scene investigation, forensic evidence handling, the medicolegal autopsy, and child death scene investigations. Attendees included high school students, law enforcement, emergency medical service providers, hospital emergency department staff, and Air National Guard Fatality Search and Recovery Teams depending on the topic covered.

In August, the Office hosted a Lifeguard Systems training event for members of the Dutchess and Ulster County Marine and Dive units "Recovering Decedents in Water," and Medical Examiner staff attended the 6th Annual Regional Mass Fatality Management Response System Training in Fort Wadsworth, Staten Island.

In 2015, the Sexual Assault Forensic Exam (SAFE) nursing program performed 50 sexual assault/clinical forensic exams.

POSTMORTEM ACTIVITIES (2005 – 2015)

Annual Medical Examiner Cases											
	2005	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Cases Reported	623	700	668	703	760	735	812	770	873	830	765
Cases Declined	318	393	349	372	386	407	465	453	475	510	413
Cases Accepted	305	307	319	331	374	328	347	317	398	320	352
Autopsies	190	202	217	204	207	200	220	176	247	224	255
External Exams	53	41	29	45	63	39	49	54	57	15	38
Certifications	56	54	53	66	82	70	64	79	75	67	52
Consultations	6	10	20	16	22	19	14	8	19	14	14

CASELOAD BY MANNER OF DEATH (2008 – 2015)

Autopsies, External Exams and Certifications by Manner of Death								
	2008	2009	2010	2011	2012	2013	2014	2015
Total Cases Reported	**703**	**760**	**735**	**812**	**770**	**873**	**830**	**765**
Autopsies (A)	**204**	**207**	**200**	**220**	**176**	**247**	**224**	**255**
Externals (E) & Certifications (C)	**111**	**145**	**109**	**113**	**133**	**132**	**82**	**90**
Total A+E+C	**315**	**352**	**309**	**333**	**309**	**379**	**306**	**345**
Total Violent Deaths	**128**	**136**	**136**	**156**	**149**	**203**	**158**	**163**
Homicides	6	6	15	8	6	15	11	6
Suicides	26	27	36	31	23	46	36	30
Vehicular Accidents	32	29	11	37	17	36	25	24
Accidental Overdoses	24	28	36	32	51	63	45	62
Other Accidents	27	34	27	41	38	37	35	34
Undetermined Manner	13	12	11	7	15	6	6	7
Natural Causes	**177**	**208**	**164**	**165**	**152**	**169**	**146**	**170**
Other *	**10**	**8**	**9**	**12**	**8**	**7**	**2**	**2**

2015 Clinical Forensic Services by Staff Type, Time Frame, and Exam Type

	SPHN			Contract RN			
Exam Type	**Business Hrs**	**Off Hrs**	**SPHN Total**	**Business Hrs**	**Off Hrs**	**Contract Total**	**Grand Total**
SAFE with kit (non-DFSA)	4	0	4	2	5	7	11
SAFE w/o kit (non-DFSA)	1	1	2	0	1	1	3
SAFE-DFSA with kit	1	0	1	0	3	3	4
SAFE-DFSA w/o kit	0	0	0	0	0	0	0
SAFE Total	6	1	7	2	9	11	18
FNE	28	0	28	0	4	4	32
Total SAFE and FNE	34	1	35	2	13	15	50

Definitions:

SAFE = Sexual Assault Forensic Exam
DFSA = Drug Facilitated Sexual Assault
With kit = Evidence kit collected
Without kit = Client declined evidence collection
FNE = Forensic Nurse Exam for non-sexual physical assault (domestic violence, criminal assault, elder abuse, other)

PUBLIC HEALTH NURSING

This Division works collaboratively with healthcare providers, other County Departments, and community-based agencies to implement strategies to improve the health of families and children in our community. Public health nursing programs focus on maternal child health, children with special health care needs, childhood lead poisoning prevention, and chronic disease.

	AREA	2015 PHND ACTIVITIES	TOTAL
Child Health, Children with Special Health Care Needs (CSHCN), Maternal Infant Health	Health Assessments, Health Education, Referral Services to Pregnant Women, Families, and At-Risk Children 0-21 yrs.	Individuals served year-to-date	302
		Referrals (intake)	513
		Admissions into program	317
		Health assessments	401
		CSHCN consultations	57
	Group and Community-based Education Programs	Events	9
		Participants	100
Childhood Lead Poisoning	Elevated Blood Lead Levels	New cases 5-9 µg/dL	85
		New cases 10-14 µg/dL	14
		New cases ≥ 15 µg/dL	6
	Group and Community-based Education Programs	Events (Professional Groups)	2
		Events (Public)	25
Chronic Disease	Presentations and Outreach Events	Events (Professional Groups)	7
		Events (Public)	45

MATERNAL CHILD HEALTH (MCH)

In 2015, the Division received **513** referrals from hospitals, healthcare providers, and children's services agencies for Public Health Nursing Home Visiting Services. Nursing staff conducted **401** home visits for **302** high-risk pregnant and parenting women, infants and children. They provided NYS Department of Health-mandated services such as health and nutritional assessments, health education and counseling, assistance with access to health and dental insurance programs, and referrals to primary and specialty healthcare providers and community agencies.

The Division maintains active partnerships with local hospitals, healthcare providers and community-based organizations that promote family and child health, as well as providing educational programs for a variety of community agencies and partners. In 2015, nursing staff provided outreach and education regarding various maternal child health topics, breastfeeding, access to care, chronic disease and injury prevention including, shaken baby syndrome, safe sleep practices, childhood poisoning prevention at more than **85** public and professional group events.

2015 ACHIEVEMENTS

- The Division spearheaded the first Community Impact Coalition Advisory Board Meeting with the Family Institute of Health to provide guidance and direction for MCH quality improvement initiatives in the county.
- In conjunction with community partners, the Division organized and participated in the Annual Breastfeeding Week Walk in August at the Poughkeepsie waterfront
- Through the MCH home visiting program, the Division identified the source of the lead exposure on an identified case. As a result of PHN interventions, the family made positive life changes and was connected to much needed resources and access to care.
- The Division provided **five** Forensic Clinical Services presentations to community partners including HRHC, Livingston Site, a STD Coalition meeting, Marist Health Services, and Bard College.
- Through a National Association of City and County Health Officials grant, the Breastfeeding Support & Education Center had its Grand Opening in the fall of 2015. This Center provides breastfeeding education to expecting and parenting families as well as those planning a pregnancy. The Center is staffed by an International Board Certified Lactation Consultant® as well as three Public Health Nurses and one Public Health Nutrition Educator who are all certified lactation counselors. The services include individual assistance for breastfeeding through outpatient and in home visits. Group classes are also offered and include Prenatal Breastfeeding Basics, Breastfeeding Basics: Common Challenges, and Return to Work.

- Sponsored by HealthQuest, the Division chaired the Chronic Disease Prevention Coalition focusing on chronic disease (CHIP) initiatives with more than **50** community partners.
- Additionally, training was provided to more than **50** emergency room nurses on the sexual assault kit and trauma informed care.

LEAD POINSONING PREVENTION PROGRAM

Through a collaborative effort with Environmental Health Division, Public Health Nursing staff provide home visiting and case management for children with lead poisoning. In 2015, the Division evaluated **105** children who were newly identified with elevated lead blood levels, of which **20** required continued monitoring, case management, nutrition education and counseling, and lead

poisoning risk reduction education. In addition, the Division provided continuous surveillance of children screened for lead poisoning through the NYSDOH LeadTrak database. In 2015, **85** notification letters were sent to parents advising repeat screening and pediatric follow up for children with elevated lead levels of 5-9 µg/dL. These blood lead levels, although not yet critical, require intervention and monitoring.

Public Health Nurses also provide lead poisoning prevention education, technical support, and referrals to the Regional Lead Poisoning Resource Center for healthcare providers, WIC nutrition programs, school nurses, and parents of children with lead poisoning. Outreach events (**25**) were conducted to disseminate information to the public regarding childhood lead poisoning prevention.

CHILDREN WITH SPECIAL HEALTH CARE NEEDS

This program provides information, education, and referrals for families of children with special health care needs. It is designed to improve access to support agencies, health care and services, provide financial assistance, and facilitate linkages to insurance coverage and medical homes. In 2015, the Children with Special Health Care Needs Program serviced **57** families, with **10** individuals receiving financial assistance for physically handicapped services.

NYSDOH NEWBORN METABOLIC SCREENING PROGRAM

Public Health Nurses provided tracking and follow-up for **seven** infants referred by local hospitals and NYSDOH for comprehensive metabolic disease screening in 2015.

INJURY PREVENTION FROM VIOLENCE

The Dutchess County Department of Health expanded its role in the area of injury and violence prevention to address areas of sexual assault, human trafficking, and domestic abuse. Staff continues to participate in human trafficking coalitions and attend training to expand our community educational services within the county. Staff has worked collaboratively with the Grace Smith House staff to develop a domestic violence screening program for medical providers. The Public Health Nursing Division, along with the Elder Abuse Coalition, hosted a

Department-wide program to educate staff on elder abuse. Nursing staff attended training on non-lethal strangulation and traumatic brain injury as these intersect with domestic violence and sexual assault allowing staff to provide community partner trainings. The Division also hosted a training webinar on safe sleep for CPS and law enforcement staff.

COMMUNITY EDUCATION AND OUTREACH

Nutrition, diabetes, and physical activity programs were offered to healthcare professionals, schools, seniors, and community residents to increase awareness and promote healthier lifestyle choices. **Forty-four** programs including "*Know Your Numbers," "Healthy Eating Portion Distortions," "Childhood Obesity," "Stanford Diabetes Self Management," "My Diabetes Plate,"* and "Breastfeeding" were conducted throughout the year, serving **205** youth and **431** adults and seniors.

One hundred and thirty-one programs were conducted in collaboration with FarmOn! Foundation and Poughkeepsie Farm Project for Food Month with a focus on fruit and vegetable taste testing reaching **2,470** youth and **35** adults.

Additionally, *Diabetes Sunday, Go Red Sunday, and the Power to Prevent Stroke Sunday* (five-minute educational awareness programs offered to faith-based congregants) were given on **14** occasions with **1,497** individuals benefiting from these programs.

The Great Halloween Candy Exchange Program's goal is to help reduce the obesity epidemic in children and promote healthier choices. The Department along with *Fishkill All Sport, Children's Medical group, Learning Insights, New Paltz Karate Academy,* and *Traditional Okinawan Karate* in Pleasant Valley held their 10th annual event where children donated their candy in exchange for books, fun activity passes, and ice skating. Approximately, **2,012 pounds of candy** was collected and shipped to military personnel and troops in Afghanistan.

PUBLIC HEALTH EMERGENCY PREPAREDNESS

The Public Health Emergency Preparedness (PHEP) Division develops and maintains a coordinated and effective response to any public health emergency. This is a core function of public health service and is supported by Federal and New York State Department of Health grant funds. The Division is responsible to assess, plan, implement, and train for public health emergencies, such as emerging infectious diseases. Additional responsibilities include completing and reporting on mandated PHEP grant deliverables, enhance resiliency through proactive relationships with human services stakeholders, and contribute to County-wide emergency management activities. The Department continually strives to meet national benchmarks of The Centers for Disease Control and Preparedness' 15 Public Health Preparedness Capabilities and Medical Countermeasure Operational Readiness criteria.

The Ebola response activities initiated in 2014 continued throughout 2015 and as a result the Dutchess County Departments of Health and Emergency Response received the 2015 "*Excellence in EMS Quality and Safety"* by both the Dutchess County Emergency Medical Services Council and the Hudson Valley Regional Emergency Medical Services Council for the Department's coordinated and collaborative Ebola response plan.

A new, major initiative is the Department being named the lead for the provision of healthcare services at the June 2015 inaugural Walkway Marathon. A comprehensive plan, acquisition of supplies, and effective operations were accomplished through highly collaborative efforts that include various community partners. The medical consulting group, composed of local emergency department physicians, a podiatrist, athletic trainer from Marist College and DCDOH developed patient care guidelines and conducted pre-event medical education. The Emergency Medical Services (EMS) group spent many hours developing and implementing a comprehensive approach to ensure patient care and transportation needs were met. The provision of direct patient care was provided by the Medical Reserve Corps of Dutchess County,

EMS providers, and numerous community healthcare professionals such as athletic trainers, nursing students from Mount Saint Mary College, and other local healthcare providers.

Designated as a City Readiness Initiative (CRI) county by Health and Human Services, there are added responsibilities and grant deliverables based on the Department's ability to receive and distribute medical countermeasures quickly and effectively. Requirements in 2015 included a full-scale medical countermeasure exercise which was conducted in August. The planning and execution of the exercise, supported by the County Executive, included County Departments of Emergency Response, Planning, Mental Hygiene, OCIS, Public Works, and the Sheriff's Office. The Medical Reserve Corps of Dutchess County once again provided necessary vital expertise and assistance. Participation of community partners was integral and included Planned Parenthood, Healthy Latino Coalition, Hudson River Housing, and Abilities First. The After-Action Review indicated the exercise had numerous successful tactics and provided feedback for further plan development and training opportunities for the future. A comprehensive review of the medical countermeasure plan was conducted by New York State Department of Health in September and reinforced planning efforts over the past few years have been on target and provided insight on future focus areas.

The Preparedness Division assumed a co-lead role in The Recovery and Resiliency Coalition of Dutchess to guide the Coalition in its mission to bring together a multi-agency and multi-disciplinary group to address human service needs. Together, these agencies worked to promote, consolidate, and collaborate a unified response for emergencies in Dutchess County.

In preparation for the 2016 merger of the Departments Mental Hygiene and Health, all Mental Hygiene staff began taking foundational emergency preparedness courses with additional training being planned for 2016.

Medical Reserve Corps (MRC) of Dutchess County

Throughout the course of 2015, members of the MRC participated in **18** emergency response and public health training/drill sessions with a total of **179** volunteers in attendance, receiving more than **370** hours of training and education.

MRC missions were primarily non-emergent and included **three** high-risk population flu clinics in the Cities of Beacon and Poughkeepsie and a health screening at the Dutchess County Department of Community & Family Services. Additionally, the MRC assisted at the Walkway

Marathon and **11** first aid and preparedness stations at summer picnics for senior citizens throughout the County. Throughout the year, pre-scheduled and other similar missions helped to build community resilience and continued to keep MRC volunteers active and engaged.

MRC of Dutchess County was called upon when a single case of measles was confirmed at Bard College in Annandale-on-Hudson, NY. MRC was called upon to assist the Department with a measles vaccination clinic for students, faculty, or staff who had not been vaccinated against measles. **Three** volunteers, **two** medical and **one** non-medical, quickly responded to this call to action and vaccinated **127** individuals.

In 2015, **101** MRC volunteers staffed **20** deployments providing **444.75** hours of service.

Public Access Defibrillation (PAD) and CPR Program

- Twenty-three County buildings are designated as PAD sites with Automated External Defibrillators (AED) and staff trained to respond to cardiac arrest incidents. Twenty (**20**) AED drills were conducted.
- Twenty-one (**21**) CPR Training Sessions were conducted with **85** County staff trained, **1** Department of Public Works staff, and **4** Medical Reserve Corp volunteers attending HeartSaver First Aid classes.
- In addition to the Sheriff's Office and Department of Emergency Response trained staff, the County has **283** CPR/AED certified employees.

VETERANS SERVICES

The Dutchess County Division of Veterans Services (DVS) connects veterans, members of the armed forces, and their families with the economic, medical, and social benefits available to them as a result of active duty military service. Their core mission is to provide benefits, counseling, and advocacy for Dutchess County's **18,300** veterans and their families. In 2015, the Division had **15,199** contacts and rendered **21,642** services to the community.

	2015 SERVICES RENDERED	TOTAL	Q1	Q2	Q3	Q4
Assistance with Benefits	Total services rendered	21642	5336	4735	6003	5568
	Education/vocational	408	131	70	148	59
	Pension*	1133	302	277	346	208
	Burial and Insurance Compensation	1064	241	272	309	242
	Discharge Papers, Medals, and Military and Health Records	1576	363	381	404	431
	Blind Annuity	88	23	2	35	28
	Loan	324	74	76	137	37
	Medical	1355	446	206	411	292
	Disability Compensation	1821	427	529	463	402
Referrals	Department of Labor	250	75	68	93	14
	Partial-Property Tax Exemption Information	714	273	174	158	109
	Veteran Inquiries	4145	828	1050	1202	1065
	Veteran Claims	488	111	126	131	120
	Family Inquiries	2522	703	561	465	793
	Family Claims	340	60	73	109	98
FAVOR Cards	Cards issued	336	84	84	84	84

FINANCIAL SUPPORT RENDERED TO VETERANS IN 2015

Compensation and Pension was provided to Dutchess County veterans for the following programs: Veterans' Compensation for service-connected disabilities, Dependency and Indemnity Compensation for service-connected deaths, Veterans' Pension for non-service-connected disabilities, and Burial and other benefits to veterans and their survivors.

COMMUNITY OUTREACH ACTIVITIES

The Division of Veterans Services reaches out to veterans and their families providing advocacy and counseling, and ensuring benefits granted by law for their service to our country are rightly received. Outreach activities include attending events such as Dutchess County Office for the Aging Senior socials and picnics, Community Day celebrations and fairs, ribbon-cutting ceremonies, American Legion committees, and working closely with Veterans Affairs Medical Center Outreach staff.

The Division participates in a variety of coalitions and workgroups to ensure the healthcare, disability, and unemployment needs of veterans are met, including:

- Dutchess County Housing Consortium
- Dutchess County Long Term Care Council
- New York State Industry for the Disabled (NYSID - Preferred Sources Solutions)
- New York State Department of Labor
- Women Veterans Health Committee – VA Hudson Valley Health Care System
- Voice of the Veteran Committee – VA Hudson Valley Health Care System

Division staff attended seminars and conferences held by the Department of Veterans Affairs, American Legion, New York State County Veteran's Service Officers Association, and New York State Division of Veterans Affairs. These events enable staff to remain current with the frequently changing benefits and services available to veterans.

The Division hosted an information booth at the Dutchess County Fair connecting with more than **1100** veterans, family members, and others.

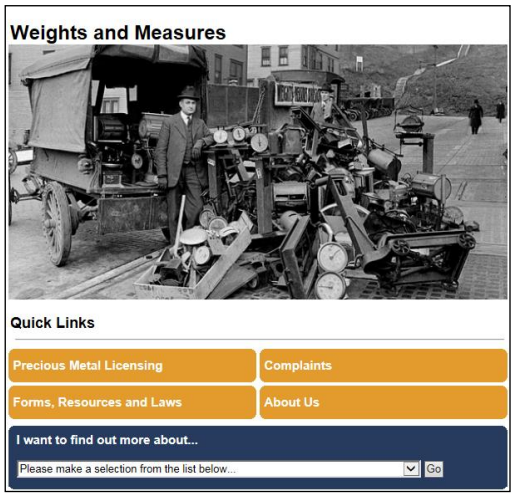
EVENTS HONORING VETERANS IN 2015

- The 4th Annual Memorial Day Eve Illumination of the Walkway was celebrated with several hundred attendees.

- Five veterans were recognized, including a 100-year-old World War II veteran, for their extraordinary service in the military at the 10th Annual Veterans' Appreciation Day event at Franklin D. Roosevelt Presidential Library and Museum in Hyde Park. More than 50 organizations, the most ever, were present from Federal, State, and local government, community agencies, and local businesses to provide information to all our veterans and families.
- Memorial Day and Veterans Day ceremonies were held at the Dutchess County War Memorial.

Standing - Left to Right: Dutchess County Division of Veterans Services Director Nelson "Eddy" Rivera, USN (Ret); Dutchess County Commissioner of Health Dr. Kari Reiber; Sergeant Andrew Castro of LaGrangeville; Anti-Submarine Warfare Operator 3rd Class Petty Officer Demetrius Arroyo of Poughquag; Specialist Four Thomas Miller of Poughkeepsie; Sergeant John Lee of Poughkeepsie; Dutchess County Executive Marc Molinaro; and Legislature Majority Leader Angela Flesland. Sitting: Staff Sergeant Victor Tesan and his wife, Celeste of Wappinger Falls.

WEIGHTS & MEASURES



The Division enforces several Dutchess County and State laws, including Article 16 of the NYS Agricultural and Markets Law. Inspections are performed annually at every Dutchess County establishment that uses a weighing or measuring device to sell a product. These inspections protect both the buyer and seller by assuring the buyer receives the proper quantity and the seller is assured of fair competition in the marketplace. In 2015, the Division of Weights & Measures participated in a state-wide audit for credit card skimming devices, which resulted in **five** credit card skimming devices being found in New York State, none were found in Dutchess County.

REGULATION CLASS	ACTIVITIES IN 2015	TOTAL
Department of Agriculture & Markets - Article 16 Mandated inspections*	Establishments inspected	939
	Devices inspected	4641
	Devices found correct	4517
	Inspection fee generated ($)	$77,675.00
Local Law 2 of 1986 - Gasoline test to ensure quality*	Samples taken	285
	Samples meeting standard	285
	Reimbursement ($)	$16,373.04
Gas Signage Law - Monitoring of gas station signage	Inspections	317
	Found in violation	0
Scanner Accuracy Law - Scanner inspections	Inspected	43
	In violation	0
	Civil penalties issued ($)	$0
	Civil penalties collected ($)	$0
Item Pricing Law - Item pricing inspections	Establishments inspected	59
	In violation	19
	Civil penalties issued ($)	$129,500.00
	Civil penalties collected ($)	$117,500.00
Local Law 8 of 1987 - Precious metal licensing/violations	Licenses	45
	Inspections	53
	Violations	0
	Renewal Licenses Amount ($)*	$1,430.00
	New Licenses Amount ($)	$75.00

**Precious Metal Licenses are renewed every two years and are therefore not equally distributed across years.*

The Division of Weights & Measures is responsible for enforcing Dutchess County local laws pertaining to the following:

- *Gasoline*: The sale of motor vehicle fuel, the prohibition of water contamination, lead contamination, and the proper labeling of motor vehicle fuels for use in both vehicles and engines is monitored (**Local Law No. 2 of 1986**).

- *Precious Metal Licensing Law*: Persons engaged in the business of purchasing or exchanging precious metals including gold, silver, and platinum and coins, utensils, or objects of art containing one or more of these metals are monitored (**Local Law No. 8 of 1987**).

- *Supermarkets*: Enforcing the local law for item pricing, which ensures that individual items in supermarkets are marked, is a vast undertaking for the Division. In 2015, the Division conducted **59** inspections at local supermarkets. **Nineteen** of these inspections resulted in violations, which represents a **32%** failure rate (**Local Law No. 9 of 1991**).

- *Unfair and Deceptive Trade Practice Law*: This local law includes the regulation of gas stations' road signage. In 2015, the Division addressed **37** complaints which included gas signage, weight discrepancy, amount of gas dispensed, item pricing in supermarkets, and supermarket scale accuracy (**Local Law No. 10 of 1991**).

THE DEPARTMENT OF BEHAVIORAL & COMMUNITY HEALTH

A Merger Initiative of the Departments of Health (DOH) and Mental Hygiene (DMH)

The Merger Transition Team began working to transition administrative functions and initiate discussions on program integration in view of the pending merger between both Departments. Efforts in 2015 have focused on:

TRANSITION ACTIVITIES

As part of the initial steps toward transition, the departments' Administrative and Fiscal Operations were combined into one division allowing for service integration. Staff tasks and responsibilities were reviewed and streamlined. Information technology was transferred to the Office for Computer Information Systems. Both departments' emails were consolidated and re-named as appropriate to comply with the county system. In addition:

- Data sharing was enabled between both departments to permit the epidemiologist access OASAS Client Data System (CDS) and OMH Client Tracking and Quality Insurance database.

- An Interim Executive Team was created to steer merger planning, administrative challenges, and programs. Additional teams were created including a Quality Improvement team, Interim Website Team, and a Forms Committee. The latter was charged to review and update all printed and online materials for both departments, and implement a new Department form template. Additionally, electronic alternatives to paper-based items were explored, forms consolidated, standardized email signature, Identification Badges, and postal service notifications.

- The Departments participated jointly in the Dutchess County Walkway Marathon and Health Expo (June 11-12); Medical Countermeasure Exercise (August 12); Dutchess County Fair (August 25-30); and Special Needs Picnic (August 20th).

- Joint initiatives between the Departments include integrated response to the opioid epidemic; cross training staff in suicide prevention and mental health first aid; broadened behavioral health to include population health, and chronic disease to include risk behavioral health populations (pre-diabetes screening and tobacco cessation); and include mental health/substance abuse awareness and screening at Department of Health clinics.

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