

# Cattaraugus County Health Department Annual Report 2012

Kevin D. Watkins, M.D., M.P.H. - Director

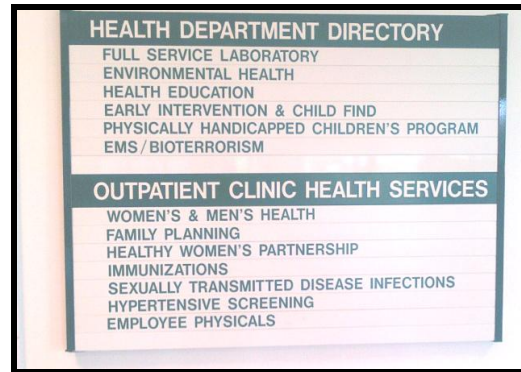


# Public Health

Prevent. Promote. Protect.



[www.cattco.org/health](http://www.cattco.org/health)



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## **From the Desk of the Public Health Director**

It is my pleasure to present to you the Cattaraugus County Health Department's 2012 Annual Report. This report provides a brief overview of the many services we provide in our efforts to preserve and promote public health in Cattaraugus County.

With the many structural changes to public health programs and the reduction in funding we experienced in 2012, this year's challenge was to provide the same quality services that we have always provided and achieve efficiencies through internal restructuring and streamlining as well as partnering with external entities to acquire similar goals.

This necessitated that we continually assess the value and impact of services, find new approaches for carrying out our work, identify new resources, strengthen our collaborations and maximize efficiencies. We are committed to embracing future challenges with dedication, commitment and leadership.

In 2012, there was an increased level of awareness about obesity and inactivity and its risk factors to the health of those in Cattaraugus County. There was a broad range of opportunities taken to conduct education and outreach about the poor health outcomes and health factors of our communities. Finally, there was a focus on ways to implement broad, sustainable, evidence-based strategies that will reduce health disparities and expand community preventive services through policies, systems, environmental, and/or infrastructure improvements that help promote healthy lifestyles.

The leading causes of early, preventable deaths in Cattaraugus County continue to be cardiovascular disease followed by malignant neoplasm, and chronic lower respiratory disease.

Together with our community partners, we are working to change the risky behaviors that affect heart health, such as smoking, physical inactivity and unhealthy eating habits with community transformation funding and policy changes. In addition, we are increasing awareness of risk factors, such as high cholesterol, high blood pressure and diabetes, and working on ways to improve adherence to treatment.

Although the positive impact of prevention efforts on chronic disease may not be fully realized here for many years we know that small changes can lead to better health outcomes.

The Cattaraugus County Health Department is pleased to share this annual report with you and would like to thank you for taking this time to familiarize yourself with our dynamic programs and quality services. It has been a pleasure to service our residents and we look forward to maintaining a healthy relationship with you in the upcoming years.

Sincerely,

*Kevin D. Watkins, M.D.*

Kevin D. Watkins, MD, MPH  
Public Health Director



Congressmen Tom Reed meets with Dr. Kevin Watkins

## Dedication

The 2012 Annual Report is dedicated to those who have served the Department tirelessly over the years.

Year 2012 marked a group of retirees with a total of 141 years of valuable experience.



*Lorie Blecha*  
*Community Health Nurse*  
*3/81 -11/12*



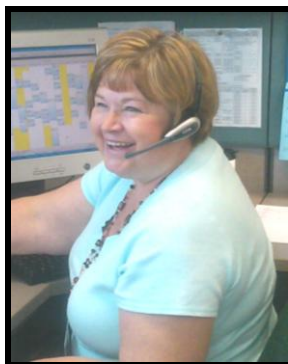
*Karen Kell-Whiteman*  
*Keyboard Specialist II*  
*5/85 – 1/12*



*Julia McAndrew*  
*Nurse Practitioner*  
*6/86 – 2/12*



*Marcia Stayer*  
*Senior Account Clerk Typist*  
*3/81 – 12/12*



*Julie Welch*  
*Community Health Nurse/ Central Intake*  
*5/86 – 5/12*



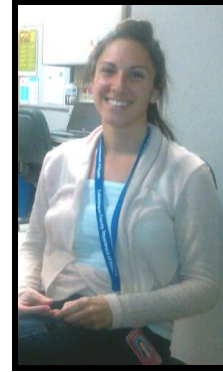
## *2012 EMPLOYEES of the Month*



*Julie McAndrew, NP*



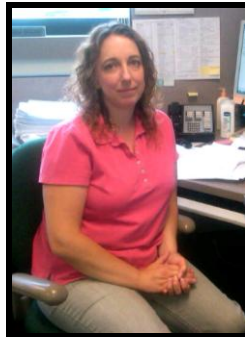
*Rich Dayton, Environmental Health*



*Christian Bowser, WIC*



*Bev Bennett, Health Ed*



*Shawna Trudeau, Billing*



*Patty (Wilber) Cheek, Early Intervention*



*Karen Manners, Administration*



*Johannah Jewell, Lab*



*Kay Reynolds, Nursing*



*Chris Covert  
Environmental Health*



*Marcia Stayer, Lab/ Billing*

## BOARD OF HEALTH

The Board of Health insures compliance with New York State Public Health Law, the New York State Sanitary Code, and the Sanitary Code of the Cattaraugus County Health District and applicable regulations, through established administration and enforcement procedures, for the continued safety and health of county residents. The Board sets policy for the county and provides the department with a road map for implementing programs that protects the health of county residents. In addition to these activities, the Board provides information and direction to the Cattaraugus County Legislature regarding public health issues. The Board of Health also serves as a governing body for activities of the nursing division of the Health Department by actively participating on Professional Advisory, Quality Improvement and Record Audit committees. In 2012, the Board of Health took enforcement actions on 22 cases and 4 appeals. Numbers only tell part of the story. Decisions made by the Board of Health have supported its strong leadership on issues related to public health.

## BOARD OF HEALTH MEMBERS

Andrew Klaczynski, MD, President

Joseph Bohan, MD, Vice-President

Giles Hamlin, MD

Joseph Eade

Sondra Fox, RN

Richard Haberer

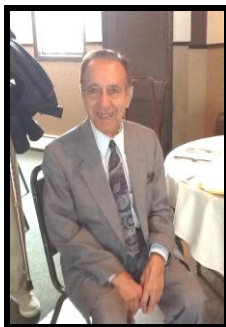
James Lapey

Georgina Paul, FNP

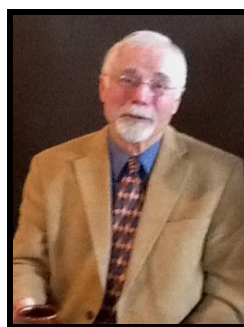
James Snyder



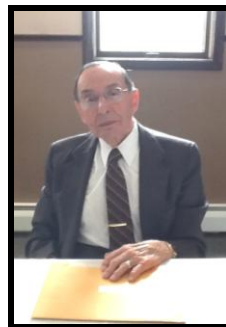
*Sondra Fox receives award for being a Tobacco Champion*



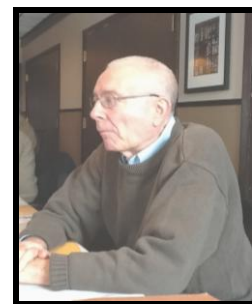
*Mr. Joseph Eade*



*Mr. Richard Haberer*



*Andy Klaczynski, MD*



*Mr. James Lapey*

## ADMINISTRATION DIVISION

Throughout the years, Cattaraugus County Health Department (CCHD) has assessed and identified the health needs of county residents and has initiated, expanded and improved existing programs to meet these needs. In undertaking this process, the Administration Division works with senior department management to develop the capacity necessary to adequately implement the Departments' programs.

This process of need identification and assessment, program initiation/improvement and capacity development is reflected in the department's mission statement;

*"The Cattaraugus County Health Department strives to engage and empower the public of all ages to live healthier lifestyles through efforts of education, prevention, promotion, monitoring, accessibility, affordability, technology, testing, diagnosing, and treating."*

It is the role of the Administration division to insure progress towards fulfilling this mission. In doing so, the Administration division works toward the following goal;

*"To develop health policy and oversee the management of resources to promote and protect the health of all county residents, and to assure access to quality health care."*

### Administration Staff

Kevin D. Watkins, M.D. – Public Health Director  
Gilbert Witte, M.D. – Medical Director  
Kathleen Ellis – Administrative Officer  
Karen Manners – Administrative Secretary



Dr. Kevin Watkins, Sondra Fox and others at County Consortium mtg; Karen Manners greets everyone with a smile

## NURSING SERVICES DIVISION

The Cattaraugus County Health Department's (CCHD) Nursing Services Division provides preventive, restorative and palliative care with the goals of improving the quality of life of the individual, the family and the community.



Home care patient Mr. Mathews, meets with Congressman Tom Reed, regarding the value of home care services

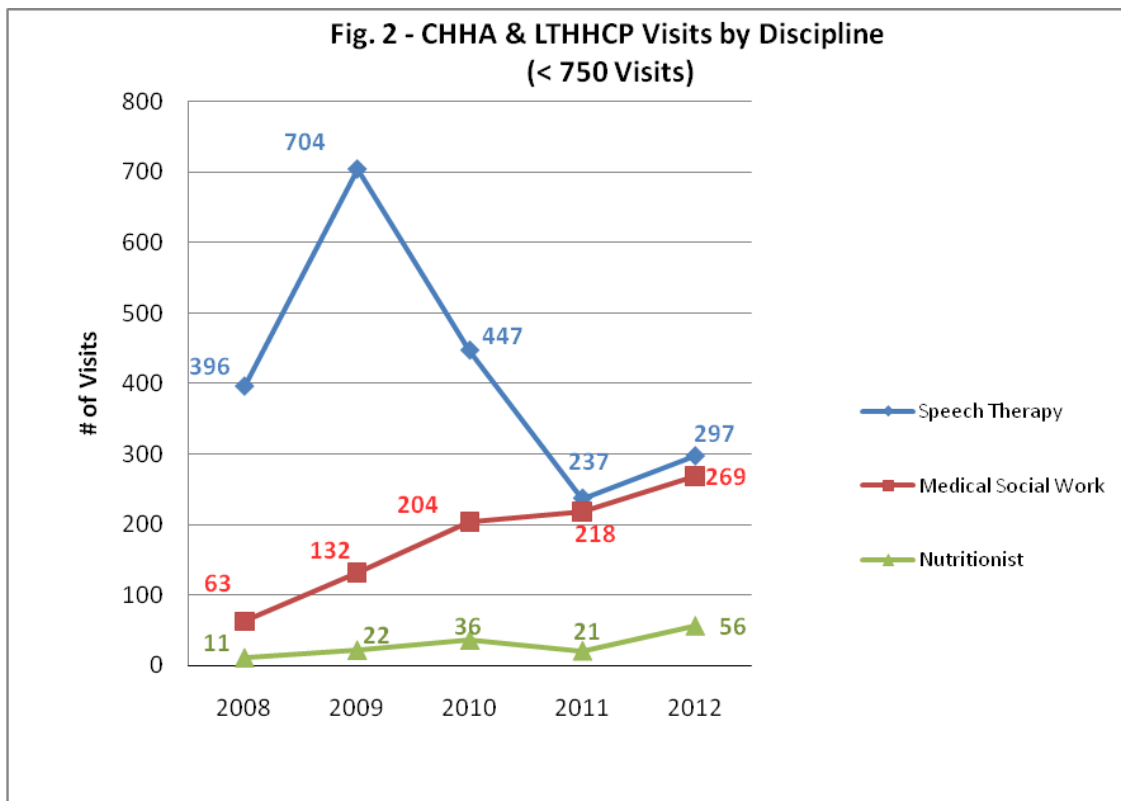
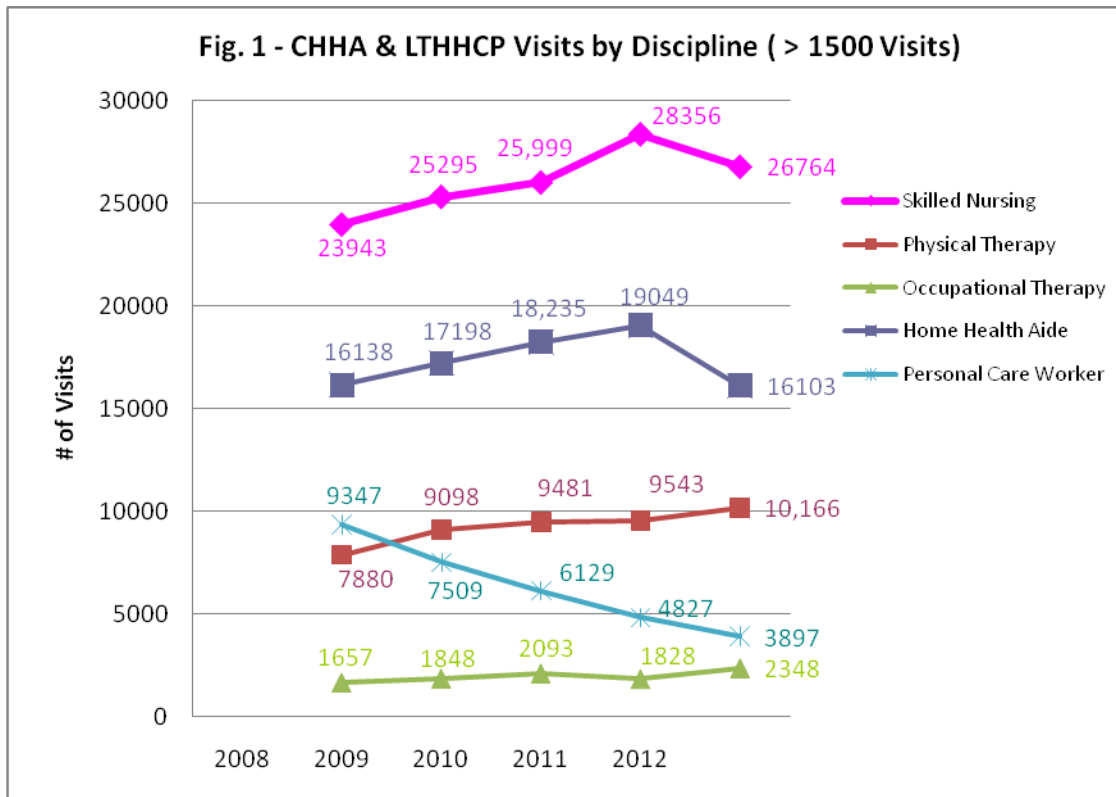
### *HOME CARE*

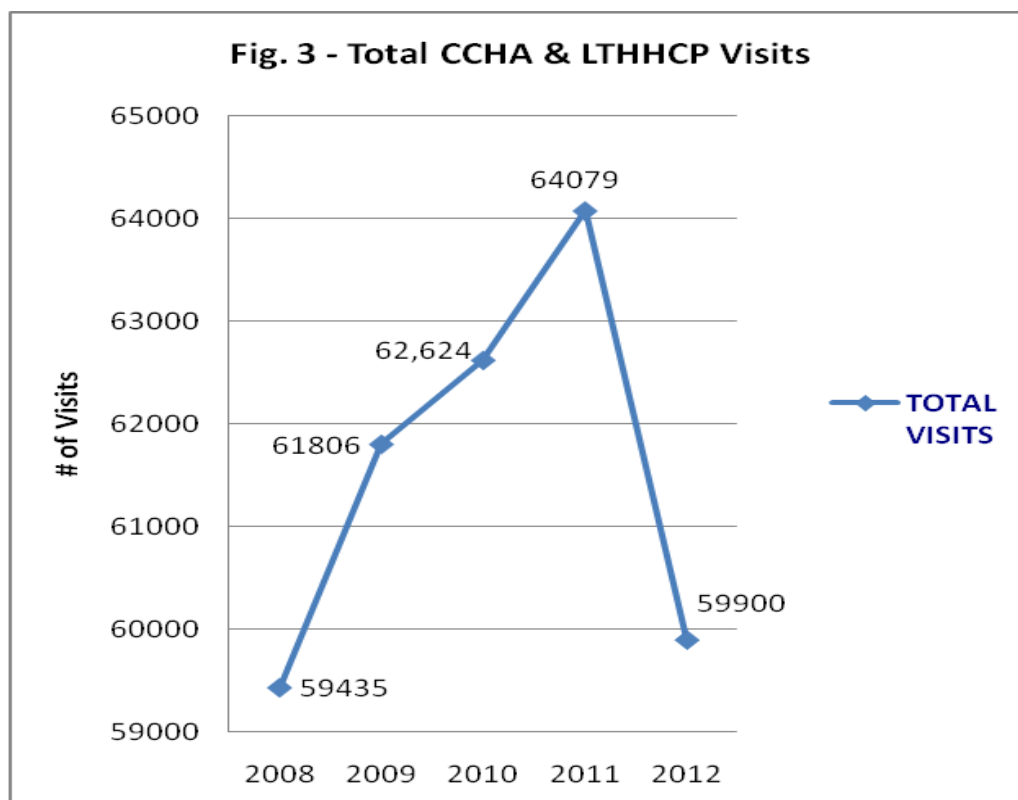
Home Care services in Cattaraugus County are provided through two programs; the Certified Home Health Agency (CHHA) and the Long-Term Home Health Care Program (LTHHCP). The CHHA provides skilled services to individuals of all ages usually following an acute illness, injury or surgery. The LTHHCP provides an alternative to nursing home placement to chronically ill or disabled individuals of all ages. In 2012, Cattaraugus County Health Department's Certified and Long Term Home Health agency provided care to 1,739 individuals with an average daily census of 330. Both the CHHA and LTHHCP are further described below. Traditional Medicare remains the primary home care payment source, followed by Managed Medicare, private insurers and Medicaid. Cattaraugus County continued to provide charity care at no or reduced cost to individuals in need of skilled care. Figs. 1-3 following illustrate the disciplinary breakdown of these visits.





Nursing Services





### **CERTIFIED HOME HEALTH AGENCY (CHHA)**

Home care allows individuals to receive nursing, therapy and aide services in their home where they prefer to be. Individuals with medical conditions that once required treatment in a hospital may now be cared for at home. The care is person-centered and focuses on the return to self care. Individual goals are achieved through a coordinated effort of the individual, family, physician and home care staff. Examples of skilled care commonly provided in the home setting include intravenous therapy, complex wound care and medication management.

#### *Quality Assurance / Performance Improvement*

Quality and customer service are key components of CCHD CHHA. Quality is measured by patient and process outcomes, potentially avoidable events (PAE) and random telephone satisfaction surveys. Patient and process outcome statistics and PAE are derived from clinical and functional data collected by nurses and therapists on admission and at intervals during care. Telephone satisfaction surveys are conducted by an independent entity utilizing a nationally standardized survey tool. For a detailed review of the agencies' outcome data, please visit the following sites:

<http://homecare.nyhealth.gov/compare.php>

<http://www.medicare.gov/HomeHealthCompare/search.aspx>

Achievement of positive outcomes is associated with improvement in the quality of life for both the individual and family caregivers. It also lessens the need for more expensive forms of health care, making home care a highly effective component of overall health care in Cattaraugus County.

Nursing Services

**LONG TERM HOME HEALTH CARE PROGRAM (LTHHCP)**

Since 1979, the Long Term Home Health Care Program has assisted elderly, disabled and chronically ill individuals, who otherwise might be in a nursing home, to remain safely in the community by providing medical and social supports. Services available through the Long Term Care Program include case management, nursing, therapy, aides, respite, home delivered meals, personal emergency response systems, and social daycare. The future of this successful program is uncertain due to major policy changes at the state level that will be phased in over several years.

**CHHA / LTHHCP SHARED SERVICE PROVISION**

Although the CHHA and the LTHHCP are distinct programs, there are opportunities to share similar services and technology. Clinical site rotations and the telehealth (TH) program described below are examples of this.

*Clinical Site Rotations*

CCHD's Nursing Division is affiliated with Jamestown Community College and Alfred State College to introduce students to the concepts of home and community based health services. During the 2012 Spring semester, 15 students accompanied the CHHA nurses on their visits, taking the opportunity to improve their assessment and planning, organizational, clinical, communication, and teaching skills.

*Telehealth Program*

Using technology, the CHHA and LTHHCP are able to monitor patients for changes in their health status on a daily or more frequent basis without making a visit to the patient's home. The TH equipment is installed in the home by the nurse and the patients/caregivers are instructed how to use the equipment. The unit transmits the patients' weight, blood pressure, pulse, oxygen saturation and responses to several individualized questions concerning new or worsening symptoms, to the agency's computer. This data is then evaluated by a registered nurse so that changes in the patient's health status can be detected early and effective interventions initiated; often avoiding the need for emergency room visit or hospitalization. One hundred six (106) patients received this service in 2012 with over 8,700 sets of data reviewed.

**PATIENT EVALUATION AND ASSESSMENT**

Access to medical services is often dependent upon patient evaluation and assessment to ensure individuals receive the appropriate level of care in the appropriate setting. CCHD nursing staff provides patient evaluation and assessment in the following capacities:

*Patient Review Instrument and Long Term Care Patient Screening Instrument (PRI/SCREEN)*

New York State requires all individuals to be assessed using a PRI/SCREEN prior to admission to a Skilled Nursing Facility and other home and community based programs such as the Nursing Home Transition and Diversion Waiver and the Traumatic Brain Injury Programs. The purpose of the assessment is to objectively determine in which setting an individual can safely reside. Assessments are provided to current home care patients as well as individuals in the community upon their request. Sixty-one (61) assessments were completed on individuals in the community and thirty-three (33) on agency patients in 2012.

*Personal Care and Private Duty Nursing Program Eligibility*

The Department of Social Services has contracted with CCHD CHHA to perform assessments to determine eligibility for the Personal Care and Private Duty Nursing Programs since 1997. Due to changes in state health care policy in 2012, managed Medicaid insurers now conduct many of these assessments, with the balance performed directly by DSS staff, thus negating the need for further health department involvement.

Nursing Services

**NURSING SERVICES – HOME CARE STAFF**

Susan A. Andrews – Director of Patient Services  
Barbara Parish – Supervising Community Health Nurse - resigned July 2012  
Sue Feldbauer – Supervising Community Health Nurse  
Sandy Grey – Supervising Community Health Nurse

Julie Welch – Community Health Nurse – Central Intake - retired May 2012  
Kay Reynolds – Community Health Nurse – Quality Assurance/Performance Improvement

**OLEAN:**

Gina Andhor – Community Health Nurse (Oct 2012)  
Amit Benedict – Registered Nurse  
Judy Braymiller – Community Health Nurse (PT)  
Kristin Brown – Community Health Nurse  
Melissa Chamberlain – Registered Nurse (Feb 2012)  
Kathleen Cochran – Community Health Nurse - resigned July 2012  
Wanda Cizek-Cousins – Community Health Nurse  
Walter Hollamby – Community Health Nurse  
Christopher Johnson – Registered Nurse  
Rebecca Lyman – Community Health Nurse  
Carol Skudlarek – Community Health Nurse  
Brooke Thorne – Registered Nurse (Dec 2012)  
Anne Wilber – Community Health Nurse - resigned Dec 2012  
Kim Moricca – Social Worker (PT)  
Earlena Baer – Keyboard Specialist II  
Debra Lacher – Medical Record Technician  
Deb Pettinato – Keyboard Specialist II  
Susan Boyle – Account Clerk Typist

**SALAMANCA:**

Teneille Andrews – Community Health Nurse  
Colleen Blendinger – Community Health Nurse – Central Intake May 2012  
Sidney Early – Registered Nurse (Jun 2012)  
Abbey Hayes – Registered Nurse  
Susan Hettenbaugh – Registered Nurse (Oct 2012)  
Lois Lowry – Community Health Nurse  
Kathy Marsh – Community Health Nurse (PT)  
Erica Musall – Community Health Nurse  
Jennifer Rasinski – Community Health Nurse  
Chastity Standish – Community Health Nurse  
Michelle Jennings – Keyboard Specialist II

**MACHIAS:**

Linda Bishop – Community Health Nurse  
Lorie Blecha – Community Health Nurse - retired Nov 2012  
David Fancher – Community Health Nurse  
Meegan Howard – Registered Nurse  
Synthia Springer – Community Health Nurse (Jan 2012)  
Karen Hoffmann – Keyboard Specialist II



## ***MATERNAL CHILD HEALTH***

Cattaraugus County Health Department provides many services that promote the health of pregnant women, infants, children and families. These programs, through education and prevention, provide the framework to build healthy family units where each child can grow to meet his/her potential.

### **MEDICAID OBSTETRICAL AND MATERNAL SERVICES (MOMS)**

The MOMS Program was developed by the New York State Department of Health (NYSDOH) to improve birth outcomes in the high-risk Medicaid population. Through this program, Cattaraugus County assists those without insurance who meet eligibility guidelines to receive presumptive Medicaid. Nurses, social workers and dietitians provide education and case management services to participants with the goals of decreasing the incidence of premature and low birth weight infants. In 2012, the Department provided 192 visits to seventy-one (71) females in the MOMS Program. In 2012, 1.5 % of clients were 18 or younger, 21% were age 19-20, 72% were 21 to 35, and 5.5 % were older than 36 years of age.

### **NEWBORN SERVICES**

#### *Newborn Screening*

CCHD assists the NYSDOH Wadsworth Lab in obtaining initial and repeat blood samples for newborn screening (NBS). NBS detects over 40 genetic diseases such as cystic fibrosis, phenylketouria (PKU) and Krabbe Disease. With early diagnosis and medical treatment, serious illness can be prevented in many cases. Sixty-two (62) NBSs were performed by CCHD nurses.

### **SKILLED HOME VISITS**

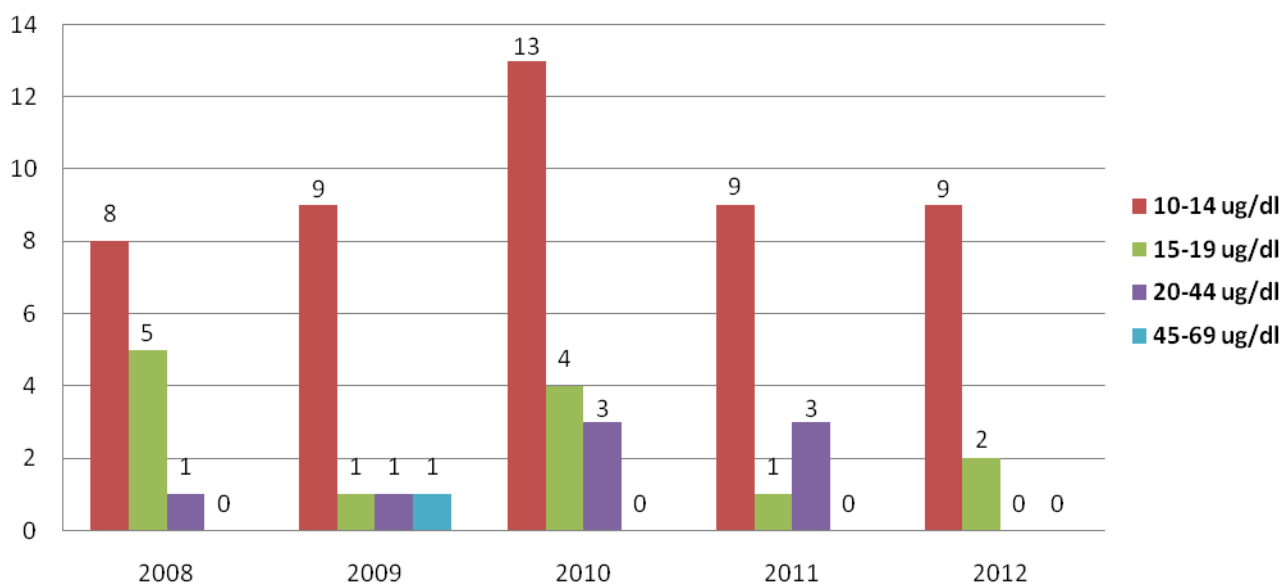
Skilled nursing visits are provided to pregnant and post-partum women, infants and children following referral by a hospital or their physician. A registered nurse develops a home care plan that includes skilled assessments, interventions, education, and reinforcement of positive health behaviors in the individual's own environment. 182 individuals received Maternal Child Health visits in 2012.

### **CHILDHOOD LEAD POISONING PREVENTION PROGRAM**

Fig. 4 illustrates the number of children with Elevated Blood Lead Levels (EBLL) from 2005 to 2012. EBLL in children are associated with learning and behavioral problems that may prevent children from reaching their potential. NYS law requires healthcare providers to test children for lead at one and two years of age. Table 1 describes the intervention strategy for varying blood lead levels in children. The Health Department monitored 1,683 blood lead levels via electronic reporting on the Health Information Network to ensure that all children are tested and receive proper follow-up for any elevated levels. Fig. 4 illustrates the number of children with new EBLL in Cattaraugus County. CCHD nurses made 14 home visits to children with elevated blood lead levels. With funding from NYSDOH, CCHD lead program continues to provide point of care lead testing. This allows the child to be tested for lead immediately onsite with results in less than 5 minutes. Ninety (90) tests were performed in 2012. Educational programs related to lead poisoning prevention are available to community groups.

## Nursing Services

**Fig. 4 - # of Cases of Childhood EBLL by Intervention Strategy Categories (2008 - 2012)**



**Table 1 - Intervention Strategy by Blood Lead Level**

Lead Level	Intervention
10-14 ug/dl	Home visit by nurse for assessment & education on exposure reduction. Case management to ensure blood levels decrease.
15-24 ug/dl	Same as above + Home Visit by Environmental Health (EH) staff to perform assessment, educate family and provide information on effective abatement strategies.
25-44 ug/dl	
45-69 ug/dl	Perform EH visit as noted above, notify state, conduct home visit within 24 hrs., follow-up blood test within 48 hours

## COMMUNITY HEALTH CLINICS

Community health clinics provide a variety of services to community members at the health department sites in Machias, Salamanca and Olean. At times, to meet a critical public health need, clinic services may be provided at various community organizations throughout the county. The following is a description of the services provided through community health clinics.

### FAMILY PLANNING CLINICS (FPC) SERVICES

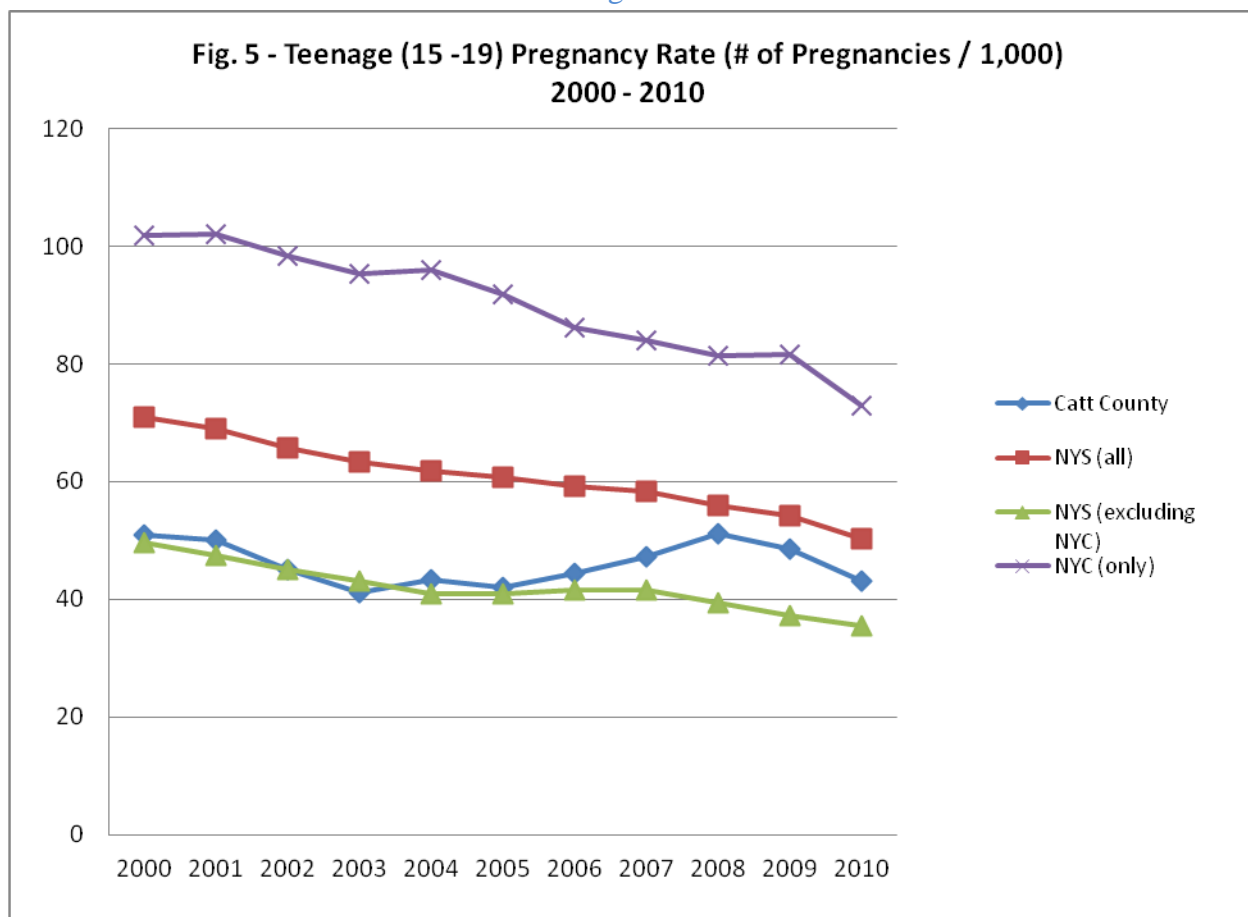
Objectives of family planning clinic services are to reduce adolescent pregnancies and unintended pregnancies in all age groups as well as prevent sexually transmitted diseases. Family planning clinics fulfill these objectives by ensuring access to basic reproductive health education and providing comprehensive reproductive health care, including access to a broad range of contraceptives.

#### *Reproductive Health Services*

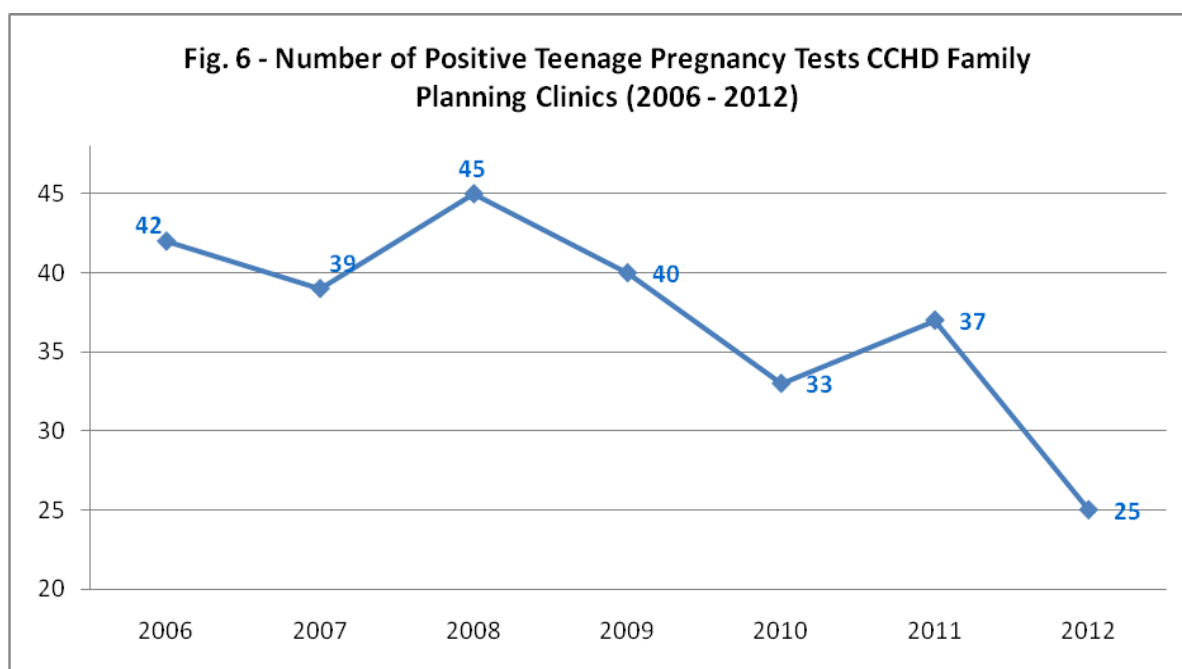
Reproductive Health Services for both men and women are provided at CCHD offices in Machias, Olean, and Salamanca. Figures 5 & 6 on the next page illustrate the need for family planning services in Cattaraugus County. Although the teenage pregnancy rate for Cattaraugus County has fallen substantially from its peak of 80 pregnancies per 1000 in 1990, it remains higher than the state average (excluding NYC). Figure 6 shows a general decline in the number of adolescent FP clients with positive pregnancy tests. It is estimated that 124 unplanned pregnancies were averted through the efforts of the FP clinic/program. There remains a need for factual reproductive health education and clinic services because almost half of all pregnancies continue to be unplanned and teen pregnancies continue to occur. Community outreach and education are vital to providing the accurate information necessary for responsible decision-making. More information about these activities may be found in the Health Education section.



Nursing Services



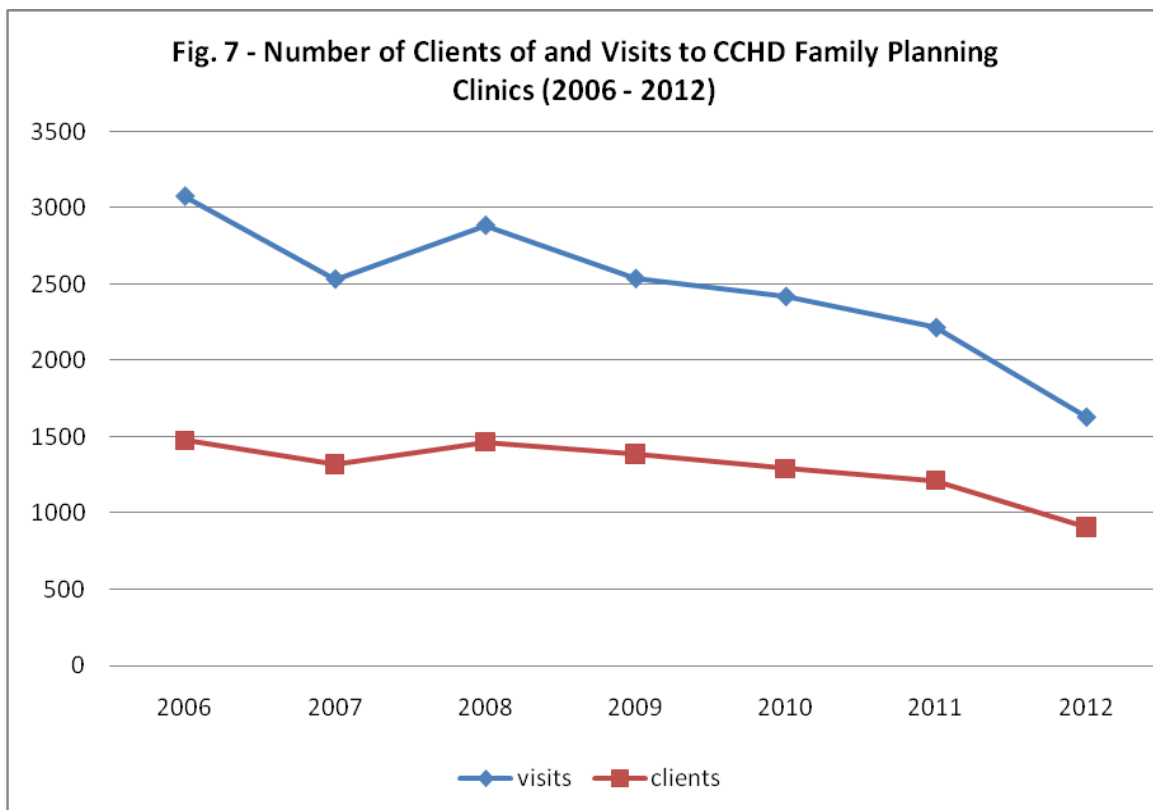
Source: NYSDOH Vital Statistics





## Nursing Services

Comprehensive reproductive health care includes physical & laboratory examinations, contraceptives, emergency contraception, counseling/education and cancer/sexually transmitted infections (STI) screening for adolescents and adults. Fig. 7 shows the five-year trend for the number of clients of and visits to the CCHD family planning clinic. While difficult to substantiate, this downward trend in client and visit numbers may be associated with such diverse variables as changes in behavior and promotion of the *medical home model* by state programs and private insurers. The declines noted in 2012 are most likely the result of a reduction in clinic hours due to staff retirement and an extended recruitment period.



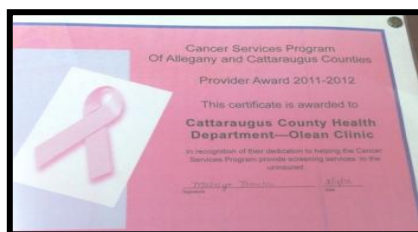
Source: Ahlers 2006 -2012

### Reproductive Disease Prevention

Cervical cancer is preventable through vaccination and routine screenings. In 2012, Cattaraugus County Family Planning Clinic performed 385 pap smears on 350 clients. Approximately 19% of the pap smears required additional follow-up ranging from a repeat pap test to colposcopy. The health department no longer performs colposcopies on site and clients must now be referred for this service.

### Cancer Services Program

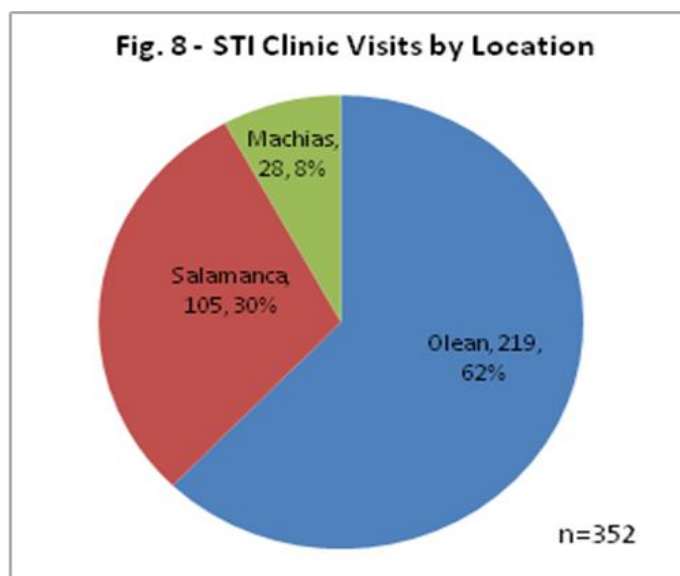
This program assists individuals who are either underinsured or uninsured to receive regular health screenings to promote early detection of cervical, breast and colorectal cancer. Family planning staff provides physical examinations, screening & diagnostic tests and education to individuals in this program. Fifty-five (55) clients received forty-seven (47) breast exams and twenty-six (26) pap smears.



The HD Clinic received the annual provider award from Cancer Services Program for a 4<sup>th</sup> consecutive year

**SEXUALLY TRANSMITTED INFECTION (STI) CLINIC SERVICES**

In accordance with the NYS Sanitary Code Part 23.2, CCHD is required to provide free, confidential services for the diagnosis and treatment of STIs. Services include testing and treatment for Chlamydia, Gonorrhea, Syphilis, Trichomonas, and Herpes. All clients and their contacts receive education, treatment and follow-up. The most common sexually transmitted infection in Cattaraugus County is Chlamydia. The number of Chlamydia cases detected during routine family planning visits was 4 with 19 detected in STI clinic. There were 352 client visits to the STI clinic in 2012. Client ages ranged from 14-68 with an average age of 26 years. Fig. 8 shows the number of STI clinic visits by clinic location.

**HUMAN IMMUNODEFICIENCY VIRUS (HIV) TESTING SERVICE**

The Health Department is a primary provider of HIV testing in the county. Early detection and treatment enhances quality of life, longevity and is first step towards prevention. Confidential counseling and testing are offered to all individuals utilizing our clinics. The Health Department provides Rapid HIV testing by using fluids obtained by swabbing the oral mucosa. Using this method, results are available in 20 minutes. In 2012, 106 individuals were tested for HIV in Family Planning Clinic, and 171 in STI Clinic. There were no positive test results in 2012.

The Health Department provides monthly clinic space to Erie County Medical Center so that HIV positive individuals living in Cattaraugus County and the surrounding areas may receive expert care close to home.

**HYPERTENSION SCREENING**

The premature death rate (prior to age 65) due to cardiovascular disease in Cattaraugus County (155/100,000) significantly exceeds that of New York State (95/100,000) and remains one of the leading causes of death in the county. Substantial medical research exists that supports the importance of maintaining tight blood pressure control to prevent strokes and heart attacks. To promote cardiovascular health, Community Health Nurses provide hypertension screening at various locations in the county throughout the year. Individuals with readings that vary from the norm are encouraged to follow-up with their private medical providers. Approximately 350 individuals were screened.

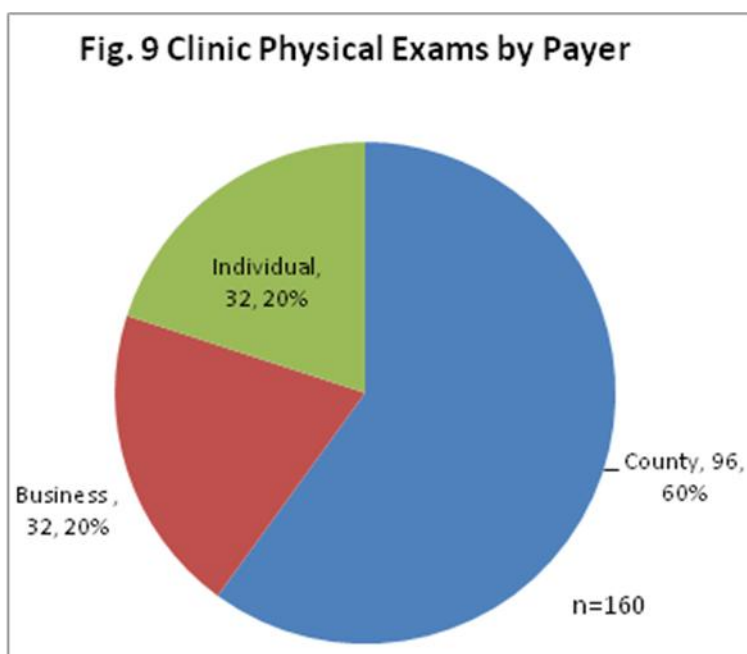
## Nursing Services



Blood Pressure Screening is popular at the Annual County Fair

## PHYSICAL EXAMS

Clinic staff provides routine physical exams for new employees of the county, villages, towns and fire departments, community businesses and organizations and individuals for school/college admission. In 2012, 160 exams were performed. Fig. 9 shows the breakdown of these by payer.



## Communicable Disease Prevention

Disease prevention, surveillance and containment are core functions of the CCHD. These strategies are applied to the control of all disease whether it is responding to a case of Hepatitis A in a food handler or pandemic influenza.

Table 2 compares the 2012 occurrence rates of communicable diseases in Cattaraugus County to the average occurrence rate in the county over the previous three years. Chlamydia, influenza, gastrointestinal infections and chronic hepatitis C are the most frequently reported communicable diseases in Cattaraugus County. All cases of communicable disease receive follow-up from a communicable disease nurse to ensure that every possible measure was taken to prevent, detect, treat and contain the spread of disease.

## Nursing Services

Table 2

<b>Communicable Disease in Cattaraugus County</b>	<b>2012 Freq</b>	<b>Average 2009-11 Freq</b>	<b>NYS 2009- 2011 Rate/100,000 (excl NYC)</b>
CAMPYLOBACTERIOSIS	11	14.9	15.6
CHLAMYDIA	169	189	321
E.COLI 0157	1	1	0.77
EHEC, SEROGROUP NON-O157	1	1	
ENCEPHALITIS, ARBO	1	0	0.4
GIARDIASIS	7	9	11.3
GONORRHEA	15	5	54.6
HEPATITIS C, CHRONIC	34	34	
INFLUENZA A, LAB CONFIRMED	27	111	115.3
INFLUENZA B, LAB CONFIRMED	6	3	
LEGIONELLOSIS	5	1	3.2
LISTERIOSIS	1	0	0.5
LYME DISEASE	4	6	62.9
MENINGITIS, OTHER BACTERIAL	3	1	0.17
PERTUSSIS	3	1	5.7
SALMONELLOSIS	6	9	12.6
STREP, GROUP A INVASIVE	1	3	3.2
STREP, GROUP B INVASIVE	3	6	7.87
STREP PNEUMONIAE, INVASIVE	6	9	11.73
YERSINIOSIS	2	0	0.4

**HEPATITIS C TESTING**

Hepatitis C virus (HCV) rapid testing became available at the Health Department in the Fall of 2012, at no charge, to anyone with risk factors. This test detects antibodies to HCV in 20 minutes using a blood sample obtained by finger stick. Hepatitis C is significant in that 75-85% of newly infected individuals develop chronic infection and of those, 60-70% develop chronic liver disease. A person often has no symptoms until their liver is severely damaged. Approximately 12,000 people die each year in the United States due to HCV.

Antiviral medications may be used to treat hepatitis C, but there is currently no vaccine. For more information visit <http://www.cdc.gov/hepatitis/C/cFAQ.htm#>.

**TUBERCULOSIS CONTROL**

There were no active cases of Pulmonary Tuberculosis in Cattaraugus County in 2012. Tuberculin testing was provided to five hundred twenty four (524) clients with four (4) individuals testing positive. Individuals with a positive test are encouraged to follow-up with either the Health Department or their private physician. Through regular follow-up and prophylactic medication, active tuberculosis can be prevented. Twenty-seven (27) individuals received care in 2012 in Chest Clinic and five (5) were started on prophylactic medication.



## IMMUNIZATION PROGRAM

### Immunization Coalition

In 2012 the Cattaraugus County Health Department initiated a pediatric and adult immunization coalition in collaboration with the NYSDOH Bureau of Immunization, and the Allegany and Chautauqua County Health Departments. The vision of the South Western Immunization Coalition of New York, known as SWIC of NY, is that all residents of south western NY live immunized, healthy lives. The Mission Statement is as follows: We are dedicated to providing education, information, and promoting access to immunizations for the residents of South Western NY.

### Provider Visits

Visits are made to health providers in Cattaraugus County to improve their immunization service delivery and raise vaccination coverage levels. The visits are conducted using the AFIX model which has been proven to be effective in meeting these goals and includes:

Assessment of the healthcare provider's vaccination coverage levels and immunization practices.

Feedback of results to the provider along with recommended strategies to improve processes, immunization practices, and coverage levels.

Incentives to recognize and reward improved performance.

eXchange of healthcare information and resources among providers within the community to facilitate best practices.

The purpose of AFIX is to assist and support health care personnel by identifying low immunization rates, opportunities for improving immunization delivery practices, and ensuring that providers are;

- Aware of and knowledgeable about their immunization rates and missed opportunities to vaccinate
- Motivated to incorporate changes to their current practices
- Ready to try new immunization service strategies
- Capable of sustaining these new behaviors.

To ensure access to immunizations and prevent disease, CCHD provides regular immunization services at the Olean, Salamanca and Machias offices as well as flu clinics at community locations throughout the county. Immunizations are available at no charge to uninsured individuals under age 19, for a reasonable charge to individuals aged 19 and over, or may be covered by insurance. Cattaraugus County is also a major provider of travel vaccines. Table 3 lists the types and numbers of vaccines given by the CCHD to adolescents and adults.



Employee Michael Hastings receives Flu Shot from Community Health Nurse Cristin Boyles

## Nursing Services

Table 3 - 2012 CCHD Immunizations

IMMUNIZATION	Number Given Age18 & younger	Number Given Age19 & older	Total Number Given
Diphtheria Tetanus Acellular Pertussis- DTaP	34	0	34
Hepatitis A	47	45	92
Hepatitis B	18	117	135
Hepatitis A & Hepatitis B	0	41	41
Haemophilus Influenzae type b -HIB	19	0	19
Human Papilloma Virus HPV	72	35	107
Inactivated Polio -IPV	10	18	28
Influenza	157	1637	1794
Japanese Encephalitis	0	1	1
Meningococcal	57	16	73
Measles Mumps Rubella - MMR	40	58	98
Pneumococcal	48	33	81
Rotavirus	5	0	5
Tetanus Diphtheria Td	0	8	8
Tetanus Diphtheria Acellular Pertussis - Tdap	72	183	255
Typhoid	9	82	91
Varicella	45	7	52
Yellow Fever	8	50	58
Shingles (Zostavax)	0	92	92
<b>Totals</b>	<b>641</b>	<b>2423</b>	<b>3064</b>

*Hepatitis Vaccination Program*

Cattaraugus County Health Department provides Hepatitis A and/or B vaccine, at no cost, to any individual at risk. Education regarding risk factors and prevention are provided at most clinic encounters and at various programs in the community.

*Influenza Vaccination Program*

Flu is a contagious respiratory disease that is responsible for an average of 226,000 hospitalizations and 36,000 deaths each year in the United States. The Health Department administered approximately 1,800 doses of seasonal flu vaccine at approximately 15 community sites. Vaccination coupled with education and surveillance help to limit the impact of influenza in the county.

Nursing Services

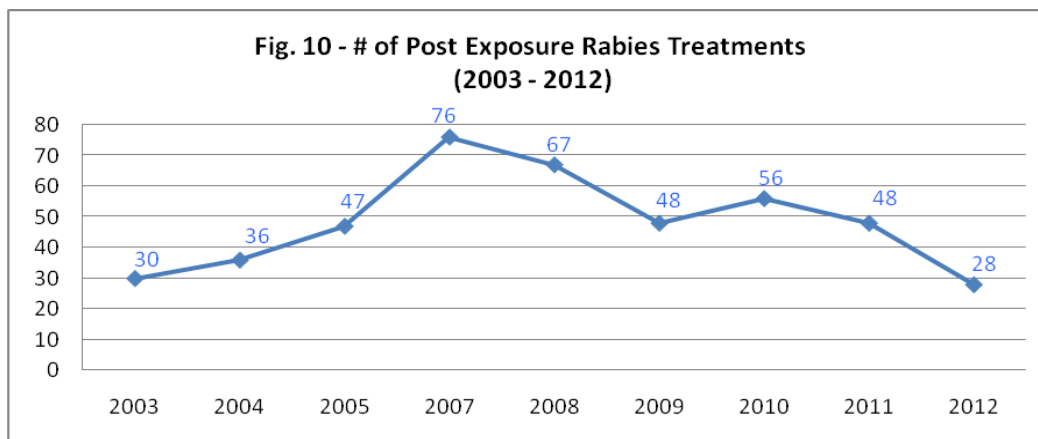


Mr. Tom Brady, County Attorney, and Mr. Jack Searles, County Administrator, receive Flu Vaccinations from HD Nurses Patti Williams and Susan Andrews

*Rabies Post-exposure Vaccination Program*

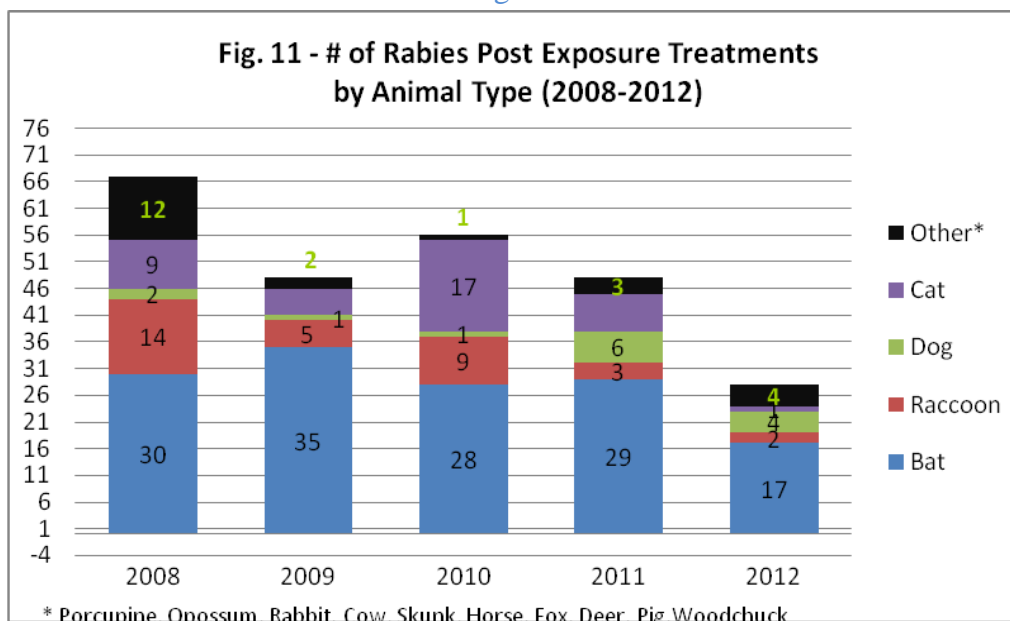
Rabies is a fatal, progressive neurological disease transmitted by a virus found in the saliva of infected mammals. If individuals receive prompt treatment following an exposure to the virus, rabies can be prevented. The majority of exposures occur due to potential contact with bats. Most individuals requiring post exposure rabies treatment did so because the animal was not available for testing. One person received post exposure vaccination due to contact with a lab confirmed rabid animal (cow). All post-exposure cases receive coordinated case management from Community Health Nursing staff, Environmental Health staff, and private physicians.

Fig. 10 illustrates the variability associated with the number of post exposure rabies treatments from year-to-year and Fig. 11 illustrates the annual breakdown of post exposure treatments by suspected animal vector. Six (6) individuals at risk for occupational or recreational exposure to rabies received rabies pre-exposure vaccination.



Amish families often bring their pets to Rabies Clinics

Nursing Services



**MATERNAL CHILD HEALTH & COMMUNITY HEALTH STAFF – 2012**

Susan A. Andrews – Director of Patient Services  
 Patti Williams – Supervising Community Health Nurse  
 Mariann Graczyk – Nurse Practitioner (PT)  
 Julia McAndrew – Nurse Practitioner - retired Feb 2012  
 Gretchen Dowdy – Physician Assistant (Nov 2012)  
 Gayle Faulkner – Community Health Nurse  
 Laurie McClory – Community Health Nurse  
 Laurie Rzucek – Community Health Nurse  
 Tara Leonard – Reproductive Health Educator (contracted)  
 Gloria Artlip – Keyboard Specialist  
 Nancy Eaton – Keyboard Specialist II  
 Lora Prey – Keyboard Specialist  
 Peggy Davis – Per Diem Clerical



Community Health Nurses Laurie Rzucek and Laurie McClory vaccinate in Salamanca; Community Health Nurse Gayle Faulkner prepares for Lead Testing in WIC Clinic



## ENVIRONMENTAL HEALTH DIVISION

The field of environmental health seeks to identify those factors present in the environment that either cause or contribute to disease, illness, or unsafe conditions, and prevent such factors from adversely affecting the public. To do this environmental health relies on the complementary strategies of inspection, education, and regulatory enforcement. Performing inspections to ensure compliance with science based regulatory controls established by state and federal agencies, is a core strategy in most environmental health work performed by the CCHD. Education is equally important in ensuring that those entrusted with the public's health understand the potential health risks and mitigation strategies associated with particularly vulnerable activities and facilities. Through education and enforcement many potential illnesses and injuries are prevented.

### *Water Supply Compliance and Protection*

#### **PUBLIC WATER SYSTEMS (PWS)**

The U.S. Environmental Protection Agency cites efficient water use, better management and operation of water systems, full cost pricing, and watershed approaches to source protection as vital to ensuring the future of safe and healthy water for public consumption in the United States. The CCHD's PWS program works in all of these areas with operation and management personnel at 192 public and 20 non-public water systems throughout the county to ensure the provision of safe drinking water. Subpart 5-1 of the New York State Sanitary Code (NYSSC) defines a *public water system* as a water system which provides water to the public for human consumption through pipes or other constructed conveyances, if such system has at least five service connections or regularly serves an average of at least 25 individuals daily, at least 60 days out of the year. Subpart 5-1 of the NYSSC further classifies public water systems as follows:

*Community water system (CWS)* - means a public water system which serves at least five service connections used by year-round residents or regularly serves at least 25 year-round residents. An example is a municipal or mobile home park system.

*Nontransient noncommunity water system (NTNC)* - means a public water system that is not a community water system but is a subset of a noncommunity water system that regularly serves at least 25 of the same people, four hours or more per day, four or more days per week, for 26 or more weeks per year. An example would be an industrial/commercial facility that has more than 25 employees, with its own well used to provide drinking water.

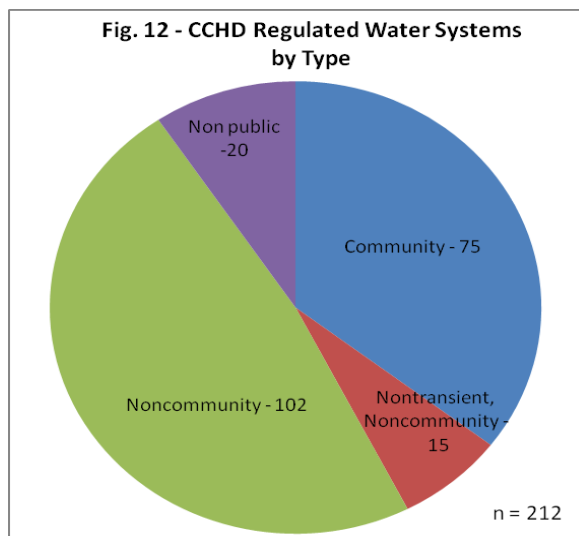
*Noncommunity water system (NCWS)* - means a public water system that is not a community water system. An example would be a restaurant with less than 25 employees utilizing its own well to provide drinking water.

A *non-public* water system is one that does not meet the definition of a public water system and is thus not regulated under the NYSSC, but it is still regulated by the CCHD through other sections of state and county sanitary codes. Fig. 12 illustrates the breakdown of CCHD regulated systems by type within the county.

Again in 2012, the Environmental Health Division (EH) prepared an approved work plan and applied to the NYSDOH for the Enhanced Drinking Water Program grant. This money is used to enhance/support the implementation and administration of the drinking water protection program in Cattaraugus County, by

## Environmental Health

hiring and retaining qualified staff and minimizing the cost to local tax payers. Much of the work performed below is supported through this grant.

*Water System Inspections*

During 2012, EH staff performed required inspections at 192 public water supplies. At larger community and nontransient noncommunity systems, a full sanitary survey was performed in accordance with EPA and NYSDOH guidance documents. A sanitary survey requires examination of a system's *source, treatment, pumps & controls, finished water storage, distribution system, operation and maintenance, operator compliance, and recordkeeping*. Inspections and sanitary surveys are designed to critically review operations and management and provide operators with suggestions to better protect public health. Inspections and follow up activities are intended to improve management and operation of PWSs.

*Water Quality Monitoring*

A key to providing safe and healthy drinking water is routine testing of water quality. Federal and state regulations identify hundreds of potential contaminants and designate a Maximum Contaminant Level (MCL) for each. These potential contaminants are then monitored on a periodic basis by the water supplier. In Cattaraugus County, the more frequent microbiological and nitrate samples are collected directly by CCHD personnel and analyzed in the county lab. In 2012, EH staff also collected over 1,200 microbiological samples and over 250 nitrate samples for laboratory analysis.

*Technical Assistance*

Operating a PWS to protect public health and minimize risk is challenging. In Cattaraugus County, the resources available to overcome these challenges vary with the capacity of operations and management personnel. Larger municipalities may have adequate resources to operate the system in accordance with industry-wide best management practices. Cities and large villages will have full time dedicated staff. Other systems, such as villages, towns, and many mobile home parks, often have limited capacity to achieve regulatory compliance or operate the system in a manner that ensures public health. To aid all systems and encourage better operations and management, the CCHD provides the following technical assistance:

### Environmental Health

- Each community PWS is required to publish an Annual Water Quality Report (AWQR). Each year EH staff prepares the updated reports for the vast majority of these PWS's.
- State and federal regulatory requirements for PWS's are complicated. While most certified operators<sup>1</sup> are familiar with these requirements, questions routinely arise that require EH staff explanation or interpretation.
- EH staff provides updated detailed sampling schedules to all PWS's in the county each January.
- Operation of PWS's often requires historic and geographic information about the design and past operations of the system. EH staff are developing Geographic Information System (GIS) data viewers to allow operators to securely and easily access information about their system and update it efficiently. EH staff have digitized data such as water lines and valves and incorporated them into an industry standard data model that can be used for locating, servicing, and managing all system components. Such data can also be used in planning and determining the full cost of future improvements. Training was provided to staff from three systems in data capture, storage, and access of data needed for developing an effective Asset Management Program.
- Regulatory and technical assistance associated with various engineering and capital improvement projects throughout the county.
- EH staff reviewed and commented on the NYS Department of Environmental Conservation's Supplemental Generic Environmental Impact Statement, for expanded gas well drilling and High Volume Hydraulic Fracturing (HVHF).
- EH staff assisted several operators with completing their licensing requirements (i.e. certification courses and training requirements).

### *Community PWS Project Highlights*

With the aging infrastructure present in most Cattaraugus County communities, full compliance with current state and federal regulations often involves costly improvements. In 2012, EH staff helped the following communities in their capital improvements project planning:

The Village of Portville, had been dealing with customer water quality complaints in portions of their distribution system. EH staff worked with the Village's engineers and plans were approved for the installation of orthophosphate treatment equipment at both well houses. In early 2012, the new treatment was operational at both the South and North well treatment plants. EH staff has also assisted in the design of a new flushing program that is required to clear iron scale from distribution mains more frequently. Progress on this program is ongoing.

The Crystal Water Company has served the hamlet of West Valley since 1910. In October 2006, the Department declared the old springs to be "Under the Influence of Surface Water." This designation requires that additional filtration equipment be installed or the springs abandoned and replaced by new wells. Filtration has yet to be installed and The Crystal Water Company is considered in violation of federal and state drinking water regulations and has been performing mandatory quarterly public notifications.

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<sup>1</sup> Community and Nontransient, Noncommunity PWSs are required to have a NYS certified operator.

### Environmental Health

In 2011, water company owners were notified that they were eligible for funding assistance through the NY Drinking Water State Revolving Loan Fund (DWSRF). In late 2012, the company finally received authorization from the New York State Public Service Commission to increase rates in order to raise enough capital for project completion. Engineering design is expected throughout 2013 with a 2014 construction start.

With dissolution of the Villages of Randolph and East Randolph, the Town of Randolph began operating and administering the new Town of Randolph Water District. This district includes the former Village of Randolph water system and the part of the former Village of East Randolph's water system that is within the Town of Randolph. The remainder of the former Village of East Randolph's water system in the Town of Conewango is operated by the Town of Randolph, but administered by the Town of Conewango through the newly formed Conewango Town Water District. These two town districts are the new administrative units for the former Villages' water systems that have been in operation since the 1930's. These two systems, although interconnected, operate independently. In 2009, due to issues related to recurring flooding at the Village of Randolph's water works property and concerns related to their shallow wells and buried springs, the Department required that they undertake an engineering study to address several major deficiencies with the then Village of Randolph's water system. The engineering study was completed in early 2011 and presented to Town of Randolph Board. The Town was notified in October, 2011 that they are eligible for \$3.74M of funding for their project, through the Drinking Water State Revolving Fund (DWSRF). Planning and engineering design will hopefully be completed in 2013 so they will be ready to go to construction in 2014.

The Town of Perrysburg received initial funding for a \$3M capital improvements project for the Perrysburg Central Water District, in 2006. The project was ultimately split into three phases, with Phase 1 (distribution system expansion) completed in 2007, and Phase 2 (well field redevelopment and transmission line rehabilitation) substantially completed in 2008. However, NYSDOH requests for redesign of the new water treatment plant led to delays in the implementation of Phase 3. The change in design and delays ultimately resulted in cost increases which exceeded the original project budget. Consequently the town had to reapply to the DWSRF for additional funding of \$730,000, which was allocated upon the release of the new DWSRF Intended Use Plan, in October 2011. Engineering design approval was issued in June, 2012 and it is anticipated that Phase 3 will undergo construction in 2013.

### ***Wastewater***

Properly operating wastewater treatment systems are essential to limit the spread of disease associated with microbiological and viral contamination. Wastewater system performance is dependent upon several factors such as soils, topography and precipitation, design capacity, actual usage, and regular maintenance (i.e. septic tank pumping). EH programs are designed to ensure that all properties not served by a municipal sanitary sewer system, have a properly designed and maintained private septic system which meets minimum NYS design standards.

#### **PRIVATE SEWAGE TREATMENT**

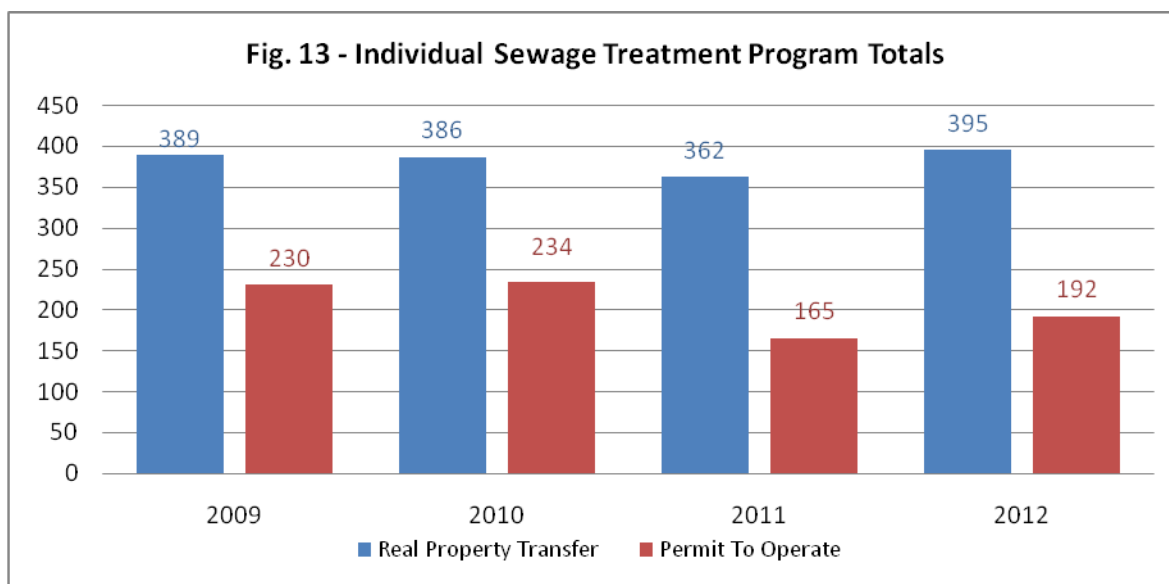
Ensuring the proper design and operation of private sewage treatment systems is accomplished through the Real Property Transfer (RPT) and Septic System Permit (SSP) programs. Together, these two programs account for the largest portion of field staff's time each year.

#### *Real Property Transfer Program*

The RPT program provides a mechanism for performing sanitary survey inspections of private sewage and water systems on the occasion of all rural property sales. This, along with complaints that may be received, serve to identify failing septic systems in need of repair or replacement.

*Septic System Permit Program*

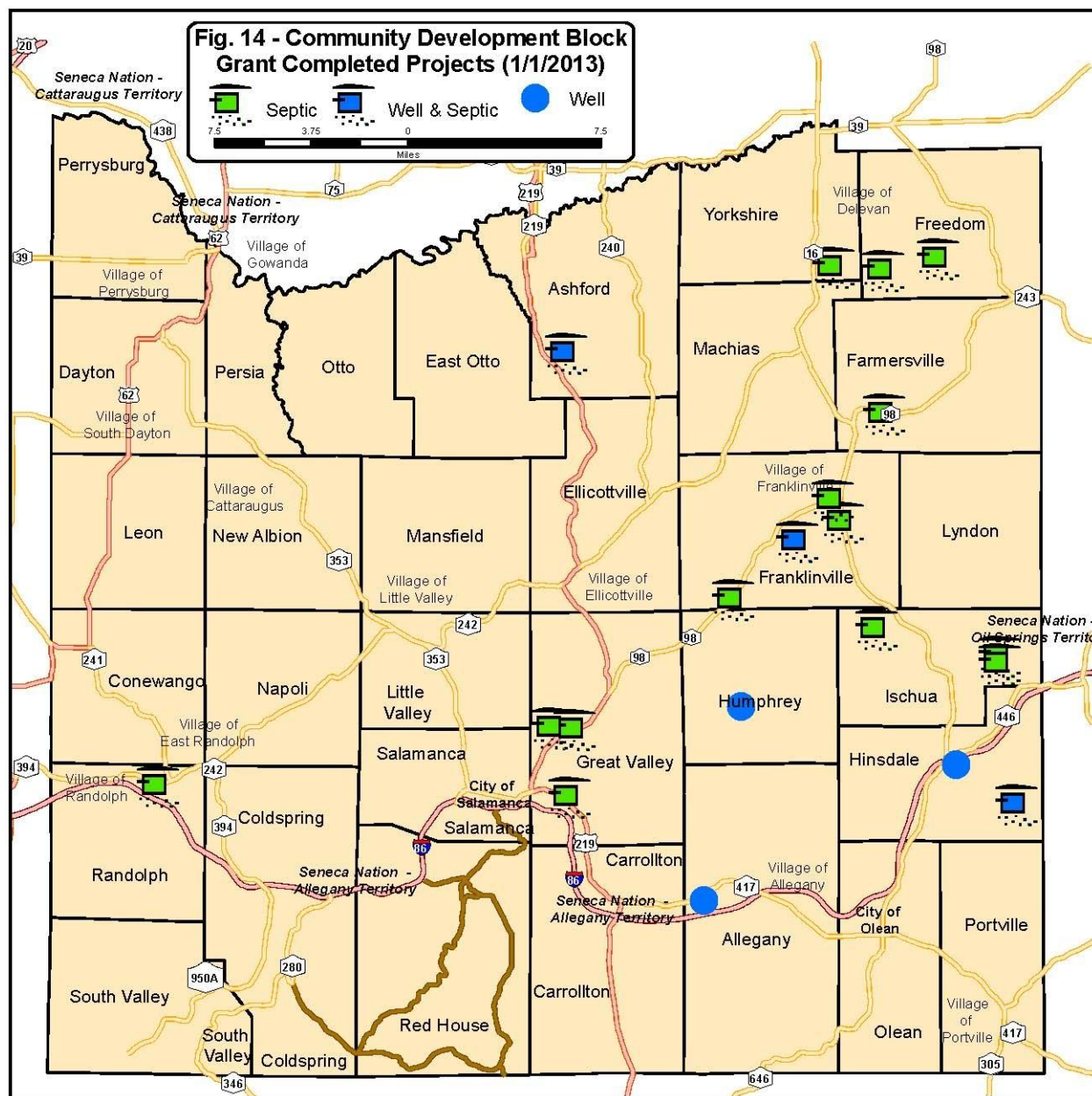
To ensure proper functioning of private wastewater systems, each system needs to be designed in conformance with state regulations and with an understanding of environmental conditions unique to each specific site. EH staff routinely conduct site investigations and design small septic systems for individual homes and review plans for larger commercial systems designed by professional engineers. Following design, construction, and inspection, EH staff issue permits to operate these systems. Fig. 13 shows that the number of septic system permits issued in 2012.

*Environmental Health Initiative Grant Program*

In late 2011, the CCHD received a \$278,000 Community Development Block Grant (CDBG) through the NYS Office of Community Renewal for the 2012-2013 grant period. This grant allowed the CCHD to continue the “Environmental Health Initiative Program”, begun in 2010, that resulted in the completion of 14 well projects and 33 septic system projects for a total of \$351,000 of total grant funding. This program is designed to provide financial assistance to low and moderate income households for the replacement of failing septic systems and well water supplies. With the assistance of NeighborWorks Home Resources (NWHHR), a non-profit housing rehabilitation agency, the CCHD oversaw the completion of 5 well projects and 19 septic systems projects in 2012 (See Fig.14).



## Environmental Health

**COMMERCIAL SEWAGE TREATMENT**

Larger commercial sewage treatment systems are required to have a State Pollutant Discharge Elimination System (SPDES) permit issued by the NYS Department of Environmental Conservation (NYSDEC) and they require that such systems be inspected annually to ensure proper operation and maintenance. The NYSDEC contracts with the CCHD to conduct these routine annual inspections. In 2012 EH staff performed over 100 of these inspections and filed all reports with the DEC regional office in Buffalo as required.



## **COMMUNITY / MUNICIPAL SEWAGE PROJECTS**

The CCHD is continually working with municipal boards to promote community wastewater systems where documented septic system failures are an issue. Sometimes these efforts span decades. In 2012, EH staff continued working with the Machias town board to further completion of the proposed wastewater treatment system serving Lime Lake. This project had received a \$2M grant and 0% interest loan from the New York State Clean Water State Revolving Loan Fund (CWSRF) in 2010.

The Lime Lake Cottage Owners Association (LLCOA) and Machias Town Board have conducted numerous studies over the last 50 years in attempts to eliminate the hundreds of sub-standard septic systems around the lake. In late 2010, the Town Board quickly authorized an update of their 2006 engineering study and worked closely with the LLCOA wastewater committee, Health Department, and legal and financial consultants to be able to present a viable/affordable project to lake community members. A public information meeting and official hearing were held in January 2011, and ultimately the project was approved. During 2011 and 2012 all required surveying and engineering design was completed and required approval submitted to NYSDEC for approval. It is hoped that NYSDEC approval will occur in early 2013, with bidding and construction beginning shortly thereafter.

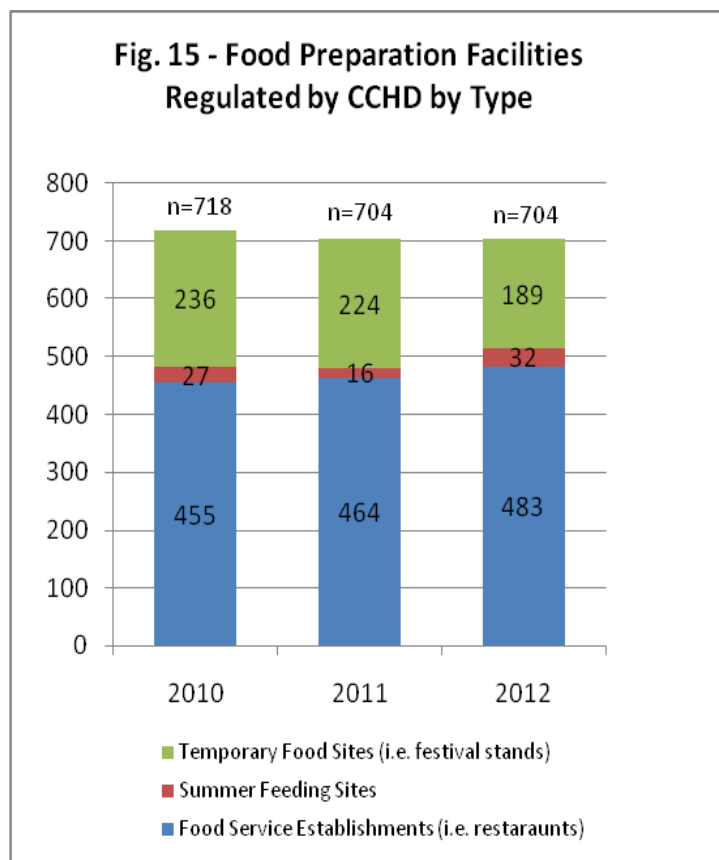
## ***Facility Inspections***

Proper operation and maintenance of facilities serving the public can minimize disease outbreaks, health risks, ensure safety, and improve the overall quality of life for those using these facilities. As mentioned earlier, facility compliance is obtained by employing strategies of inspection, education, and regulatory enforcement. EH staff perform routine facility inspections to ensure compliance with regulatory requirements outlined in the NYS and Cattaraugus County sanitary codes. In doing so, EH staff use their education, training, and experience to identify code violations and other conditions which might represent a potential risk to public health and safety. EH staff educate facility operators in best management practices, work with them to achieve voluntary compliance, and if necessary, initiate administrative enforcement actions to compel compliance with all minimum standards.

## **FOOD PROTECTION PROGRAM**

This program ensures that all restaurant inspections statewide are standardized. Facilities regulated under this program are subjected to periodic inspections dependent on the type of facility. Fig. 15 compares the number of food service establishments regulated by the CCHD in 2010, 2011 and 2012. No food-borne disease outbreaks were reported or investigated. In 2012, staff members received their NYS Food Service Inspection Officer (FSIO) certification. Once certified, all inspectors must attend periodic workshops to keep their training/certification current.

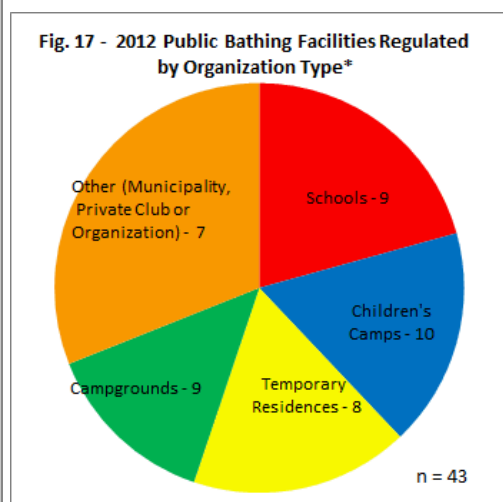
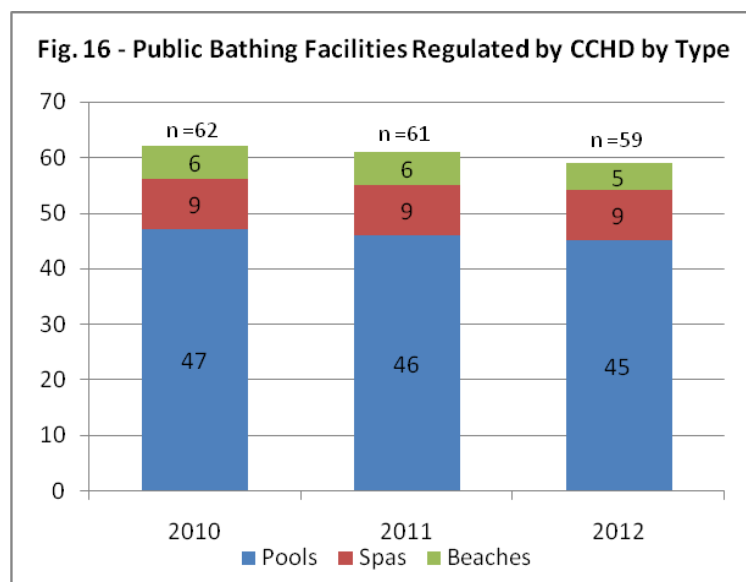
## Environmental Health

**TEMPORARY RESIDENCE PROGRAM**

The EH division permits 50 temporary residences which include all hotels, motels, campgrounds, and several facilities which also operate as children's camps in the summer within the county. EH staff performed at least one annual inspection of these facilities and a follow-up visit as necessary. Inspections may include kitchen operations, public water supply treatment and sampling, onsite sewage disposal system, and swimming pool or bathing beach.

## PUBLIC BATHING FACILITY PROGRAM

In 2012, the CCHD permitted and oversaw the operation of 59 public bathing facilities operated by 43 organizations (see Figs. 16 & 17) for breakdown by type and organization). The CCHD also conducts a bathing beach sampling program to determine when beaches should be closed due to high E. coli bacteria counts. A total of 37 beach samples were collected. No beaches were closed in 2012. Beach closings are usually associated with turbid conditions following a significant rainstorm event. As part of pool inspections, EH staff continued to notify operators of requirements associated with passage of the federal Virginia Graham Baker Pool and Spa Safety Act, which requires that all public pools nationwide replace existing bottom drain covers with new, approved grates. This legislation was designed to minimize risk associated with suction entrapment.



\* The total number of organizations operating facilities is smaller than the total number of facilities because one organization may operate more than one facility

## CHILDREN'S CAMP PROGRAM

The CCHD again permitted 17 children's camps in 2012. Many of these camps are operated by scouting, religious, or other non-profit organizations. Inspections at these facilities may also include a food service operation, public water supply treatment, on-site sewage disposal system, swimming pool or bathing beach. Besides annual inspections, staff are required to annually review and approve the camp's written safety plans, investigate any reports of illness or injury, conduct background checks on all camp directors, and verify that required medical and safety certifications are current for all camp staff.

## MOBILE HOME PARK PROGRAM

The CCHD permitted 37 mobile home parks in 2012. The capacity of the mobile home parks under permit range from a minimum of five homes to over 300 homes. The operations at these facilities also commonly include a community water supply and on-site sewage disposal system. Throughout 2012, EH staff had to follow up on several complaints regarding sewage systems, water supply systems, electrical issues, and numerous garbage complaints at such parks.

**TATTOO / BODY PIERCING PROGRAM**

CCHD regulated 7 tattoo shops located in the county during 2012. The purpose of this program is to prevent the transmission of blood-borne pathogens during the tattoo process. Sterilization equipment at these facilities must be tested on a quarterly basis. Additionally, in response to increasing parental complaints about piercing of minors, the County Board of Health added Part 27 to the Sanitary Code in March of 2005. This county regulation does not require a permit or regular inspections, but prohibits the body piercing of any minor less than 18 years old, without parental consent. Such consent forms must be retained on file for Health Department or law enforcement review in the event of any reported violation and subsequent complaint investigation.

***Environmental Contaminant Control***

Modern industrialized societies inevitably release contaminants into the environment. Local, state and federal regulatory agencies are charged with minimizing the effects of such contaminants on public health and the environment. EH staff work with such agencies as the NYSDEC and USEPA to provide review and comment on documents pertaining to assessment and clean up of contaminated sites in the county. Additionally, EH staff have a primary role in implementing specific regulatory programs associated with secondhand tobacco smoke and lead poisoning.

**CHILDHOOD LEAD POISONING CONTROL PROGRAM**

As mentioned in the Nursing section, EH staff are responsible for assessment of a child's living environment if elevated blood lead levels are detected. In 2012, the Nursing division referred 3 children to EH to make such an assessment. EH staff conducted new environmental investigations at 3 residences associated with these children. Lead paint hazards were identified at all of the residences. Continuous monitoring of the remediation work at these locations will continue in 2013 until the lead hazards are fully abated.

**CLEAN INDOOR AIR ACT (CIAA) PROGRAM**

In July 2003 a revised CIAA became effective which virtually eliminated smoking indoors in most public places. Similar to the ATUPA program, CCHD provides for compliance checks to insure that indoor smoking in public places is not occurring. In 2012, there were 159 smoking compliance checks conducted in establishments around the county. There were 2 violations found as a result of these unannounced visits and one formal enforcement action taken.

In early 2004, the Health Department adopted CIAA waiver criteria and also developed an application for exemption as a "Membership Association". In 2012, 5 Membership Association applications were received and approved.

**ADOLESCENT TOBACCO USE PREVENTION ACT (ATUPA) PROGRAM**

Preventing the sale of tobacco to minors is contingent upon there being a credible deterrent to the sale. This deterrent comes from establishing an awareness among store operators that a sale to minors may be detected by regulatory authorities and serious penalties levied. In response to this need, the NYSDOH and the State Department of Taxation and Finance collaborate to perform compliance checks through the state's ATUPA program. As the state's agent, the CCHD performed 71 ATUPA compliance checks at 46 establishments licensed to sell tobacco products. The unannounced compliance checks involve the use of minors who attempt to purchase tobacco products at store check-out counters. Of the 71 checks completed in 2012, there was 1 sale

Environmental Health

of tobacco products to a minor. Consequently, formal action was initiated which resulted in 1 violation for \$350 in fines.

### HAZARDOUS CHEMICAL/RADIOLOGICAL WASTE SITE REMEDIATION

The EH Division works closely with both the NYSDEC and USEPA to both facilitate and monitor the cleanup of hazardous waste sites throughout the county. The Department acts as the county repository for all remedial investigation (RI) reports, health risk assessment (HRA) studies, and long-term monitoring reports and data for all existing sites. EH staff also regularly attend public informational meetings and hearings and formally comment on environmental impact statements (EIS) and proposed records of decision (ROD) where remediation alternatives are being considered. In 2012, the CCHD participated in review of the following sites / projects:

- West Valley Demonstration Project (County representative on Citizen Task Force)
- ALCAS/Olean Wellfield remedial investigation
- Annual testing of private wells in the Little Valley Trichloroethylene (TCE) project site
- AVX/Olean Wellfield remedial investigation
- As county representative, redevelopment of two new sites in the Olean Brownfield Opportunity Area (OBOA)
- New investigation into methylene chloride contamination of the Village of Cattaraugus's Blackmar Well
- New investigation of 7-Eleven gas station site in the Village of Allegany.

### *Vector Control*

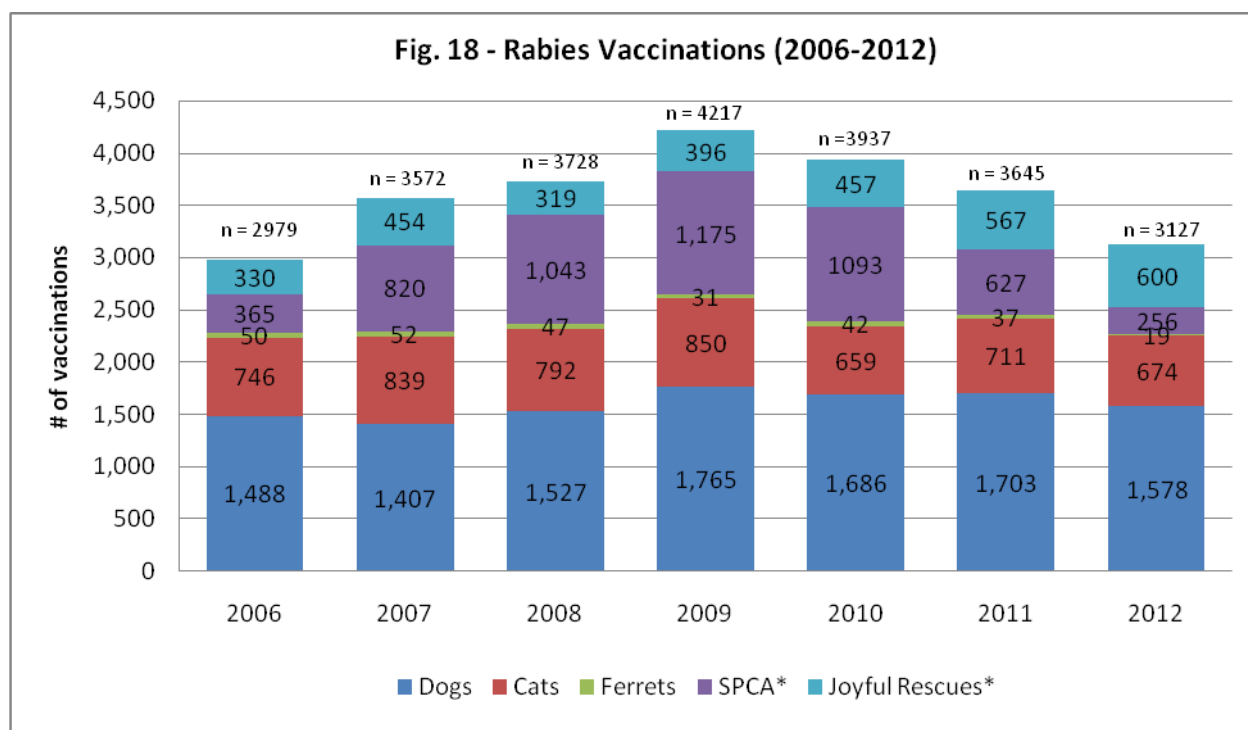
Vector control is often the easiest and most cost effective way to minimize health and quality of life impacts associated with insects and vector borne disease. In addition to the three programs mentioned below, EH staff responded to numerous complaints in 2012 associated with cockroach infestations, rodents, and bed bugs.

### RABIES PROGRAM

Control of rabies in a community starts with an aggressive pet vaccination program. In 2012, 5 animal vaccination clinics were conducted at various locations around the county. In addition to this, CCHD provided vaccine to veterinarians who administer shots to pets at two local animal shelters. Fig. 18 shows vaccinations by animal type for years 2006-2012. In total, \$2,213.65 in donations was collected at the five vaccination clinics held last year.



Children and Amish youth bring pets to Rabies Vaccination Clinics



\* Vaccinations sent to SPCA and Joyful Rescues is not categorized by species.

In addition EH staff conducted 185 animal bite investigations and referred 50 persons to the Nursing Division for post-exposure immunization. In 2012 a total of 150 specimens were submitted to the NYS Rabies Laboratory for analysis, of which 5 were positive (4 raccoons and 1 cow).

### WEST NILE VIRUS/INSECT CONTROL PROGRAM

In 2012, budget constraints limited the mosquito control program to minimal surveillance. Low larval counts from this surveillance did not justify the aerial application of larvicide.

### LYME DISEASE / DEER TICK EDUCATION

The NYSDOH reported in 2009 and 2010 that surveillance of deer ticks at two locations within the county revealed the presence of and specimens infected with the bacterium that causes Lyme Disease. Consequently, CCHD organized a training session for health department and other agency staff, and launched a public education campaign to raise awareness about this emerging public health threat. Signs were posted at one popular park, several news articles were published, and mailings were sent to numerous outdoor groups and store outlets. Such educational efforts will be continued in future years. In late 2011, the NYSDOH discontinued tick identification services. As a result, the CCHD laboratory is working with a private lab to provide tick identification services for \$15.

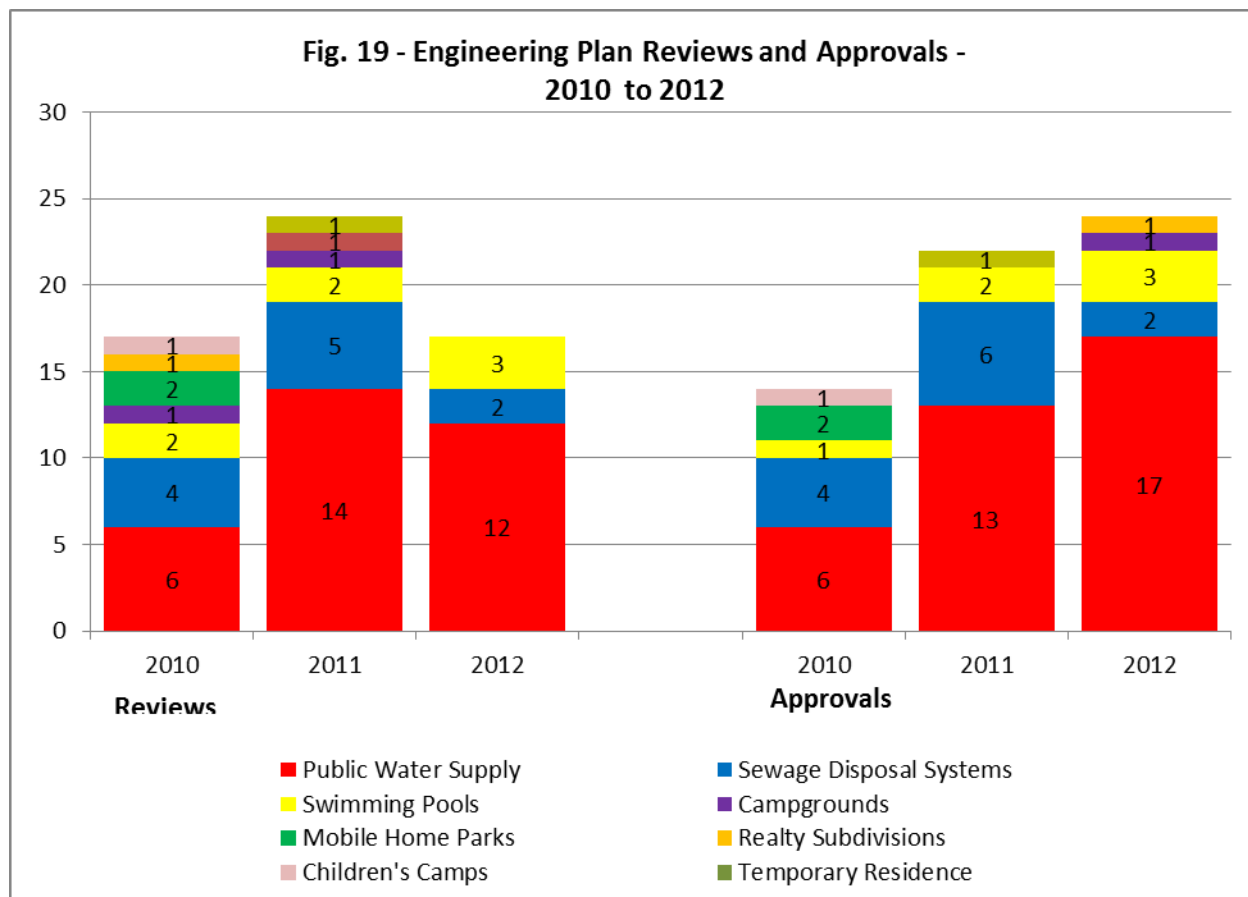
### *Environmental Health Program Support Services*

In support of the above health department functions and program activities, EH staff performs three categories of service, namely engineering plan review, enforcement, and public health nuisance complaint investigation. These services are vital for ensuring the proper design, operation, and maintenance of all regulated facilities.



## ENGINEERING PLAN REVIEWS

Engineering plan reviews are required to ensure compliance with NYS design standards at all permitted facilities. The formal reviews are conducted by the CCHD Public Health Engineer for a variety of facility types. The number of engineering plan reviews and approvals can vary greatly from year to year shown in Fig.19.



## ENFORCEMENT

While much effort is spent to achieve regulatory compliance through education and permit conditions, there are occasions where formal enforcement must be conducted. In 2012, a total of 68 formal enforcement actions were initiated for various violations of the NYS Public Health Law, State Sanitary Code, or the Sanitary Code of the Cattaraugus County Health District. Cases involved sewage discharges, public water monitoring violations, restaurant and smoking violations, pets improperly vaccinated against rabies, and public health nuisances. Of these 68 actions, 52 resulted in the assessment of \$6,220 in fines. Of this, \$5,545 was collected in 2012, leaving

### Environmental Health

\$675 to be collected. Since January 1<sup>st</sup>, 2001 the CCHD has assessed \$168,405.39 and has collected \$134,893.27, leaving \$33,513.12 to be collected.

## PUBLIC HEALTH NUISANCES

Many environmental health risks are identified through the programmatic activities outlined above. However, community members themselves very often file formal complaints and report potential public health nuisances. In 2012, EH staff responded to 91 complaints regarding possible public health issues. This resulted in 1 formal enforcement action taken to bring about correction of county and state sanitary code violations.

## ENVIRONMENTAL HEALTH STAFF – 2012

Eric Wohlers – Director  
Raymond Jordan – Senior Sanitarian

### OLEAN:

Christopher Crawford – Water Resource Specialist  
Chris Covert – Sanitarian  
Rebecca Johnstone – Sanitarian  
Eli Rust – Sanitarian  
Richard Dayton – Technician  
Elaine DePonceau – Keyboard Specialist II  
Desiree Ottley – Keyboard Specialist

### LITTLE VALLEY:

Andrew Wolf – Sanitarian  
Michael Hastings – Sanitarian  
Samuel Dayton – Technician  
Rhonda Kelley – Sanitarian  
Regina Rogers – Keyboard Specialist



## HEALTH EDUCATION DIVISION

Health Education (HE) is the process of assisting individuals and groups to make informed decisions and build skills on matters affecting personal, family and community health. Health Education provides information about awareness and prevention and spans the gap of knowledge between the consumer and the scientific community. All local health departments (LHDs) are required to provide health education services.

### *School Age Programming*

Changing unhealthy behaviors and practices is most effective with young individuals. Research has shown that the majority of an individual's adult behavior and attitudes are shaped as children. Consequently, the HE Division spends much of its effort working with the school age population to promote healthy behaviors and lifestyles. School-age programming is presented not only in the schools, day care centers, summer camps and other children friendly venues, but also to parents in programs such as Women, Infants and Children (WIC), food pantries, work sites and Department of Social Services programs. The Glo Germ Handwashing, Oral Hygiene and Reproductive Health Programs remain most requested in 2011. Lead poison prevention education has expanded into Day Cares. HE continues to work with the lead nurse in education and follow-up activities.

### **GLO GERM HANDWASHING PROGRAM**

The Glo Germ Handwashing program is designed to emphasize the importance of proper handwashing to prevent lead poisoning and minimize the spread of contagious disease such as influenzas (i.e. H1N1 influenza). Educators go into the field to discuss proper handwashing and show, through the use of ultraviolet light and 'Glo-Germ' gel, the effectiveness of proper handwashing. Children leave the Glo Germ program with age-appropriate workbooks, stickers, brochures and/or pamphlets. A total of 125 Handwashing presentations were conducted with a total of 1,919 students participating. Although often targeted to school age children, the program has also been used effectively in adult presentations.

### **ORAL HYGIENE PROGRAM**

The importance of establishing good oral hygiene behavior in childhood cannot be underestimated. With the growth of adult teeth in early childhood, prevention of oral /dental diseases such as periodontal disease, gingivitis and tooth decay becomes the only way to insure dental health. Without good oral hygiene, many children begin the long, painful, expensive path towards oral and dental problems. Historically, rural areas, such as Cattaraugus County, have had limited access to the types of treatment available to treat these problems (see Table 4). Treatment cost makes prevention more important than ever. In Cattaraugus County, many children lack the necessary tools, such as dental floss, toothbrushes and paste, to help prevent tooth decay and combat oral/dental diseases. Health education staff work with providers at local dentists' offices to meet this need and present materials on prevention of oral/dental disease and tooth decay. A total of 63 dental presentations were conducted with 1,193 students; each child received a bag filled with brush, **paste**, **floss**, if appropriate, brushing chart, and other literature.

**Table 4 - Oral Health Indicators**

(Source: NYSDOH Community Health Assessment 2010)

Percent of 3rd grade children	Cattaraugus County	New York State (Excl. NYC)
- w/caries experience	70.9	53.8
- w/untreated caries	54.9	29.6
- w/dental insurance	51.7	75.9

Health Education



Bev Bennett educates pre-school children in Cattaraugus-Little Valley Elementary School on proper hand washing; children learn using the Glo Germ machine



Salamanca Kiwanis representative Ned Fenton donates supplies to the HD Dental Program; efforts of Dr. William Veazey, Olean Family Dentistry, Patterson Dental Supply, and Wal Mart funded additional supplies

*In 2012 Health Education staff extended their assistance by working with the Women Infant and Children (WIC) and the Lead programs.*

### REPRODUCTIVE HEALTH PROGRAM

The reproductive health program seeks not to just educate teenagers and adults about human reproduction, but also to give them the personal skills, sense of self and confidence to make responsible choices regarding their own reproductive decisions. Objectives of the reproductive health program include:

- reduce adolescent pregnancies
- reduce sexually transmitted infections
- increase awareness of other CCHD reproductive health services
- increase personal knowledge of reproductive health

In support of these objectives, Health Education continued to provide innovative program activities designed to empower teens and young adults through self-discovery.





Tara Leonard, Reproductive Health Educator, preparing notes for Annual School Nurses Dinner program; Michael Davenport, from the St. Bonaventure Men's Basketball team, volunteered at Annual Youth Lock-In held at Olean Family YMCA

### *School Outreach*

CCHD continued school outreach programs at county schools. This programming is designed to educate children on puberty, teens the science of reproduction as well as potential consequences associated with sexual activity, and all ages, providing insight into sociological factors associated with such activity. *STIs prevention and Contraception education are provided to numerous individuals with learning and developmental disorders through Alternative Education School and adult programs.*

### ***Adult and Community Based Programming***

Besides school age programming, HE staff provide adult and community based programming in an effort to foster healthier lifestyles at various venues throughout the county. Health Education began working more collaboratively with other County Departments by setting up and stocking informational tables for consumers in both Probation and Community Services. Response has been favorable, informational stock includes toothbrushes, toothpaste, soap, prophylactics, HD Services brochures and other resources. Staff continues to participate at community events, such as Wellness Days and Health Fairs, including: the YMCA's annual Healthy Kids Day, the Cattaraugus County Fair, Influenza and Rabies Clinics, Salamanca/ Pine Valley/ West Valley/ and Olean Middle School Fairs, Salamanca Kiwanis Bike Rodeo, Olean and Salamanca Rotary presentations, Farmers' Markets tables, the Rehabilitation Center / the City of Olean/ Cattaraugus Community Action/ Seneca Allegany Casino and Holiday Valley Employee Wellness Days, the Department of Aging Senior Forum and Picnics, Kathi Ward Foundation for Nurses table, Annual World Breastfeeding Day, Annual Farmer Neighbor Program, and the Seneca Nation Health Centers (Irving and Salamanca) Fairs.

## NUTRITIONAL PROGRAM

Proper nutrition is the foundation of a healthy lifestyle. Obesity is generally considered a leading cause of many health related conditions in the U.S. The HE nutritional program strives to educate the community on good nutrition and healthier habits. Through its programming, staff illustrates the importance of portion control, making smarter choices when eating out, eating from the 'My Plate' model, growing or buying healthier foods, and encouraging exercise to control weight.



Heart Health Month in February was celebrated by offering healthier snacks for Employees in the Break Room

## OSTEOPOROSIS SCREENING

Osteoporosis is the thinning of bone tissue and loss of bone density over time. It can result in bone pain, a susceptibility to bone fracturing, loss of height, low back pain and stooped posture. The leading cause of osteoporosis is a lack of specific hormones, in particularly estrogen in women and androgen in men. It is often difficult to detect osteoporosis in its early stages. HE and Clinic staff perform osteoporosis screening to identify those individuals at risk and subsequently refer them to other medical specialists for follow up diagnosis and treatment. Staff is working more frequently with younger adults for whom healthy interventions can be made that will assist in delaying onset of osteopenia or osteoporosis. Monthly Clinics are scheduled at Olean, Salamanca and Machias Clinic sites for the public at no cost.



Sue Andrews receives instruction in use of the screening machine; Senior Adults practice towel movements to help prevent falls; Olean School Nurse Celeste Lamb and students discuss Bone Density with Tara Leonard



## LEAD POISONING PREVENTION

While potentially harmful in all segments of the population, lead poisoning is particularly harmful to children because of its chronic nature and difficulty in detection. Lead poisoning in children can lead to learning difficulties and generally small physical stature in children. In severe cases, poor coordination, headaches, seizures and comas may occur. Lead based paint was used in many homes until 1978. Because of the age of the homes where many families in poverty live, children living in poverty are often at risk of lead poisoning.

Prevention of lead poisoning is primarily achieved by immobilizing lead laden particles and limiting exposure to potential sources of lead. HE staff work with families receiving social services, WIC (Women, Infant, Children) services and food pantry customers to try to identify those most at risk. For these families, HE staff provide educational materials on lead poisoning prevention. If necessary, Education staff may refer families to Nursing staff for additional evaluation.

## CHILD SAFETY SEAT PROGRAM

The Cattaraugus County Health Department, in collaboration with the Sheriff's Office, continues to conduct monthly Fitting Stations (excluding the months of June and December) at the Allegany Fire Department. Additional checks, such as the one sponsored by Paul Brown Motors, are also publicized and well attended. A total of 233 inspections were conducted at the checks. Seats were provided at a nominal cost to those needing to have old or recalled seats replaced.



Car Seat Check at Paul Brown Motors

## Partnership Activities



Seneca Nation partners are vital in Health Ed efforts; Dress Pink Day in October with staff and community members

## Health Education

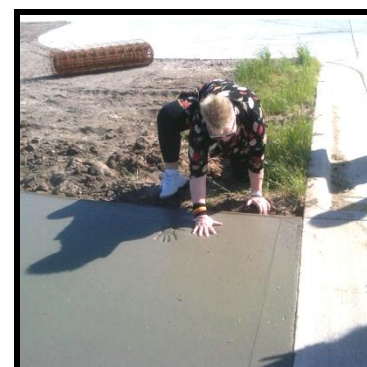


Falls Prevention Day Flash Mob at Olean Center Mall; Annual PENNSY Trail Clean Up in Salamanca: Mayor Witte and City of Olean combine Wellness activities with HD and Consortium

CCHD Education staff is small in number, yet the need for effective health education and wellness promotion is great. Because of this, CCHD partners with a variety of sister organizations and agencies to address public health related issues. In 2012, HE staff actively participated in many councils, coalitions, and partnerships locally and regionally including: Southern Tier Wellness Partnership (STWP), Cancer Screening Program (CSP) of Allegany and Cattaraugus Counties, STTAC (Southern Tier Tobacco Action Coalition), Healthy Cattaraugus County, Cattaraugus County Healthy Livable Communities Consortium, Youth Development Coalition (YDC), the Public Health Coalition of WNY, Regional AIDS Network, the Falls Prevention Collaborative of Cattaraugus County, ACHIEVE/HOPE Salamanca, and P2 Healthy Lifestyles. Additionally, CCHD staff continue to partner closely with Healthy Community Alliance, Cornell Cooperative Extension, Southern Tier Health Care System, the Cattaraugus County Sheriff's Department, and County Departments of Probation, Social Services, Aging, Community Services, Economic Development, Youth Bureau, and Salamanca City Youth Bureau, Head Start, CARES (Council on Addiction and Recovery Services), Cattaraugus Community Action, Mental Health Association, St. Bonaventure University, JCC, and county and parochial schools.

### *New Collaborations in 2012*

The National Association of Chronic Disease Directors (NACDD) and Centers for Disease Control (CDC) awarded Salamanca, one of only 15 existing national **ACHIEVE** (Action Communities for Health, Innovation, and EnVironmental Change) communities, with additional funding to act as a Mentor community with part of the funding designated for healthy infrastructure within Salamanca. ACHIEVE brings together concerned citizens to create healthy communities and provide local leaders with education and resources to solve specific health problems. Coaches traveled to Colby, Kansas in 2012 to help mentor their sister community.



Mentors welcomed by team in Colby, Kansas; new hand prints in Community Trail extension



The **Cattaraugus County Healthy Livable Communities Consortium** was formed as a call to action in Spring of 2011. It continues to take huge strides toward creation of healthier lifestyle opportunities for residents. The Consortium has grown to over 60 partners from non-profit agencies and organizations, and county and local government. The Consortium meets quarterly with sub groups meeting more frequently. Community Conversations became a featured accomplishment in 2012, paving the way for writing the 2013 Community Health Assessment (CHA) / Community Services Plan (CSP) and Community Health Improvement Plan (CHIP) in collaboration with partners. The successful work of the Consortium the past two years led to award of **Community Transformation Grant (CTG)** funding for small communities in the Fall of 2012.



Dr. Ann Zimmermann shares ideas; Kelly and Rita, P2 Health Equity provide training; Kate Ebersole, P2 WNY facilitator



Consortium Group Work

**CTG funding** from New York State Department of Health via the Centers for Disease Control (CDC) is designated for three NYS counties: **Cattaraugus**, Chautauqua and Broome. These counties will implement broad, sustainable, evidence-based strategies that will reduce health disparities and expand community preventive services through policy, systems, environmental, and/or infrastructure improvements that help promote healthy lifestyles. Consistent with the overall CTG program, Cattaraugus County is addressing: 1) tobacco-free living, 2) active living and healthy eating, and 3) creating healthy and safe physical environments for children ages 0-18. The award to Cattaraugus County Health Department will cover efforts over a two year period, including critical work toward sustainability.

## Health Education



One of the key leaders for the Consortium, Sandi Brundage, Director of the Salamanca Youth Center, also served her MPH Internship with CCHD in 2012



Another key leader and partner, Laurie Adams, Coordinator for the Tobacco Coalition, had the honor of presenting nationally with Surgeon General Regina Benjamin in 2012

## HEALTH EDUCATION STAFF

Debra Nichols – Public Health Educator

Beverly Bennett – Public Health Educator Assistant

Tara Leonard – Reproductive Health Educator – contracted



Annual County Fair Booth activities are coordinated by Health Education Staff

## Early Care

### Early Care

Identification of and early intervention in the treatment of developmental delays in young children is of paramount importance in improving childhood developmental outcomes. The Early Care Program administers two closely interrelated programs; the Child Find and Early Intervention Programs. These programs address respectively the interrelated issues of *identification of* and *intervention in* potential developmental delays in early childhood. These federal programs are administered through the NYSDOH and the family's county of residence. The Early Intervention - Local Early Intervention Coordinating Council (LEICC) conducts periodic meetings to address programmatic issues and to assist in quality control of the program.

Intake staff received 201 referrals for children suspected of or diagnosed with a developmental delay. Through evaluations provided by NYSDOH approved providers, 152 children qualified to receive services and obtained an Individual Family Service Plan (IFSP) in 2012.

While the Child Find / Early Intervention programs are described separately below, practical administration of these programs does not necessarily recognize this programmatic division.

### CHILD FIND PROGRAM

The Child Find program identifies children, aged birth to three years, that may be at-risk of having a developmental delay *and* insures that such children are appropriately evaluated and have access to the services necessary to address such issues. The Child Find program assures that all children have a primary health care physician and health insurance, such as Medicaid and/or Child Health Plus. Identification of at-risk children occurs by working with area hospitals to contact families when their infant did not receive or failed a New Born Hearing Screen or through referrals by family, friends, physicians, hospitals, or educational/health care professionals when there is a concern regarding a child's ability to meet developmental milestones.

In efforts to identify more at-risk children, Child Find distributes material containing information on developmental milestones for children aged birth to three years old to physicians, hospitals, educational/health care professionals and other potentially interested parties.

### EARLY INTERVENTION PROGRAM

Once identified, children aged birth to three years old who are at risk of a developmental delay are evaluated and provided with intervention services through the Early Intervention Program. Children are determined eligible by a multi-disciplinary evaluation which determines eligibility and appropriate therapy. Services provided within this program fall into the following areas: Speech/Language Pathologist, Physical Therapy, Occupational Therapy, Nursing, Special Instruction, Audiology, Nutrition, Social Work, Vision, Psychological, Assistive Technology devices, Family Training, Respite and Service Coordination Services.

### EARLY CARE PROGRAM STAFF (Early Intervention)

Dr. Kevin Watkins – Early Intervention Official  
Rae Light – Early Intervention Service Coordinator  
Patty Wilber – Early Intervention Service Coordinator  
Nikki Moshier – Early Intervention Child Find Assistant  
Lanette Shaw – Early Intervention – Keyboard Specialist II

Early Care



Patti Cheek, Service Coordinator, meets with a parent and child

### **PHYSICALLY HANDICAPPED CHILDREN'S PROGRAM (PHCP)/ CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN) PROGRAM**

The PHC/CSHCN Programs provide services to children from birth to 21 years of age who have or are suspected of having, serious chronic physical/developmental conditions requiring health or related services of a type or amount beyond that typically required of children.

The Children with Special Health Care Needs Program is a referral service. The program connects families with affordable health insurance, as well as community resources that will assist the family if the Physically Handicapped Children's Program cannot meet the family needs.

The Physically Handicapped Children's Program helps to cover the financial costs that arise when caring for a child with a special health care need. PHCP is designed to help low and middle income families who have inadequate or no health insurance. This program has three divisions. The program will provide funding to help a family obtain a diagnosis for a child who is suspected of having a serious or chronic condition. Families are allowed a maximum of three visits per year under the diagnosis and evaluation division. Once a diagnosis is known, the second division of PHCP will provide funding to help cover costs related to that diagnosis. For instance, if a child is diagnosed with diabetes, PHCP will help parents pay for prescriptions, diabetic supplies, and co-pays for the child's frequent medical visits. Examples of conditions that are considered to be serious or chronic include but are not limited to: asthma, cystic fibrosis, diabetes, cancer, hearing loss, orthopedic conditions, seizure disorder, et al. The first and second divisions of PHCP are free. The third division connects families to affordable Orthodontic coverage. This is not a free service; parents pay a portion of their child's treatment based upon their annual income.

Outreach activities are performed quarterly. CSHCN/PHCP staff meets with medical providers, school nurses, and local community resources to inform them of services that this program provides. These activities aid in bridging gaps and overcoming barriers that prevent families from having access to adequate health care.



Early Care

In 2012, medical services were provided to 52 patients. Thirty two patients received approval for medical services; twenty patients were approved for orthodontic services. All of these applicants had some form of health insurance. In total, 917 medical and orthodontic services were authorized during 2012. Referrals from Women and Children's Hospital of Buffalo are minimal. The majority of referrals come from school nurses, special education teachers, school social workers, local healthcare providers and orthodontists, and parents who received services from CSHCN or PHCP.

**PHCP/CSHCN STAFF 2012**

Dr. Kevin Watkins – Early Intervention Official  
Gina Parks – Resource Coordinator of PHCP/CSHCN programs

## **WOMEN, INFANTS AND CHILDREN (WIC)**

The Women, Infants and Children (WIC) program is a federally funded program administered in New York by the NYSDOH through local health departments to administer federal WIC funding. The WIC Program serves to safeguard the health of low-income women, infants, and children up to age five who are at nutritional risk by providing nutritious foods to supplement diets, providing information on healthy eating, and making referrals to health care.

### **SUPPLEMENTAL NUTRITION PROGRAM**

Through the supplemental nutrition program, income eligible, pregnant, postpartum and breastfeeding women and infants and children up to age five receive nutritious foods. Food benefits are received through the issuance of vouchers, or checks. WIC foods include infant cereal, iron-fortified adult cereal, Vitamin C-rich fruit juice, eggs, milk, cheese, peanut butter, dried and canned beans/peas, canned fish, fruits and vegetables, baby foods and whole grain breads. Staff identifies potential WIC program participants through referrals from other social service agencies, hospitals and physicians, as well as walk-in clients. In 2012, the CCHD WIC Program's caseload was 2,285 with an enrollment of 2,263. Staff remains diligent in appointment reminder calls as well as follow-up calls to those who miss appointments.

### **BREASTFEEDING PROMOTION AND SUPPORT PROGRAM**

Research has shown that there is no better food than breast milk for a baby's first year of life. Breastfeeding provides health, nutritional, economic and emotional benefits to mother and baby. Since a major goal of the WIC Program is to improve the nutritional status of infants, WIC mothers are encouraged to breastfeed their infants. WIC has historically promoted breastfeeding to all pregnant women as the optimal infant feeding choice, unless medically contraindicated. The WIC Breastfeeding Promotion and Support Program in Cattaraugus County show that the breast feeding initiation rates were at 69% in 2012, an increase of 4% since last year. In 2012, peer counselors continued to link with pregnant and new mothers, visiting new mothers in the hospital for help with initiating breast feeding. In addition, WIC provides hospital-grade electric breast pumps for participants who must be separated from their infants, vital for continuation of breastfeeding as new mothers begin reintroduction to their daily lives outside of the home. Cattaraugus County WIC staff includes an IBCLC (International Board Certified Lactation Consultant) and two CLCs (Certified Lactation Counselors).

### **NUTRITION EDUCATION PROGRAM**

Nutrition education is vital in promoting a healthy start for newborns, infants and young children. The WIC nutrition program provides such education through individual counseling, literature dissemination and through facilitated group discussion. By allowing participants to discuss their nutritional practices, identify better practices and develop strategies for implementing such practices, there is a greater understanding of the role of good nutrition in living a healthy lifestyle. Recent research has indicated that participants in such programs are more likely to understand the value of good nutrition and change eating behaviors. Additional nutrition education efforts include Facilitated Group Discussions, staff presence at the Farmers' Markets in Olean and Ellicottville, and dental education support from the Health Education staff.

## **WIC Staff**

Donna Higley – Director  
Mary Lou Palumbo – RN, CLC  
Summer Jolley – MS, RD, CLC  
Allyson Sponsler – RN, IBCLC, Breast Feeding Coordinator  
Suzanne Walters – CLC, Senior Nutrition Program Assistant  
Lynette Jimerson – LPN  
Christian Bowser – Nutrition Program Assistant I  
Molly Higgins – CLC, Nutrition Program Assistant I  
Beverly Bennett – Health Education Assistant  
Carla Jefferlone – CLC, Breast Feeding Peer Counselor  
Sara Isaman – CLC, Breast Feeding Peer Counselor



WIC staff share physical activity ideas with parents and children at Farmers Markets

County Laboratory

County Laboratory Services

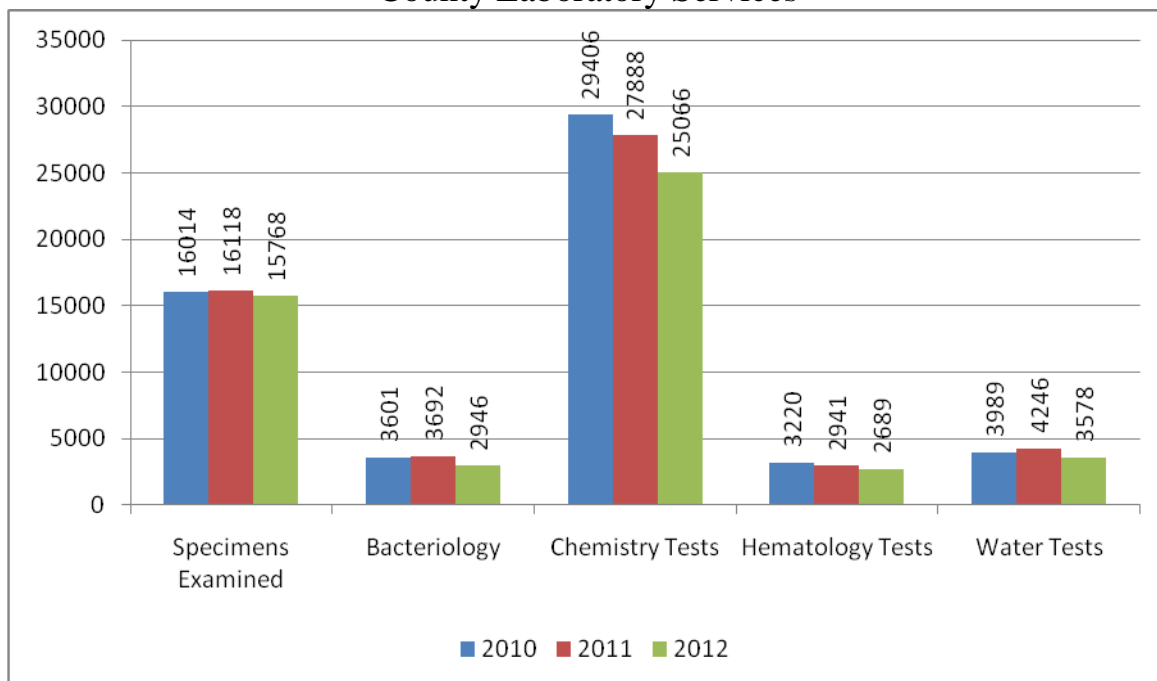


Fig. 20 –Number of Laboratory Tests Performed by Category (2010-2012)

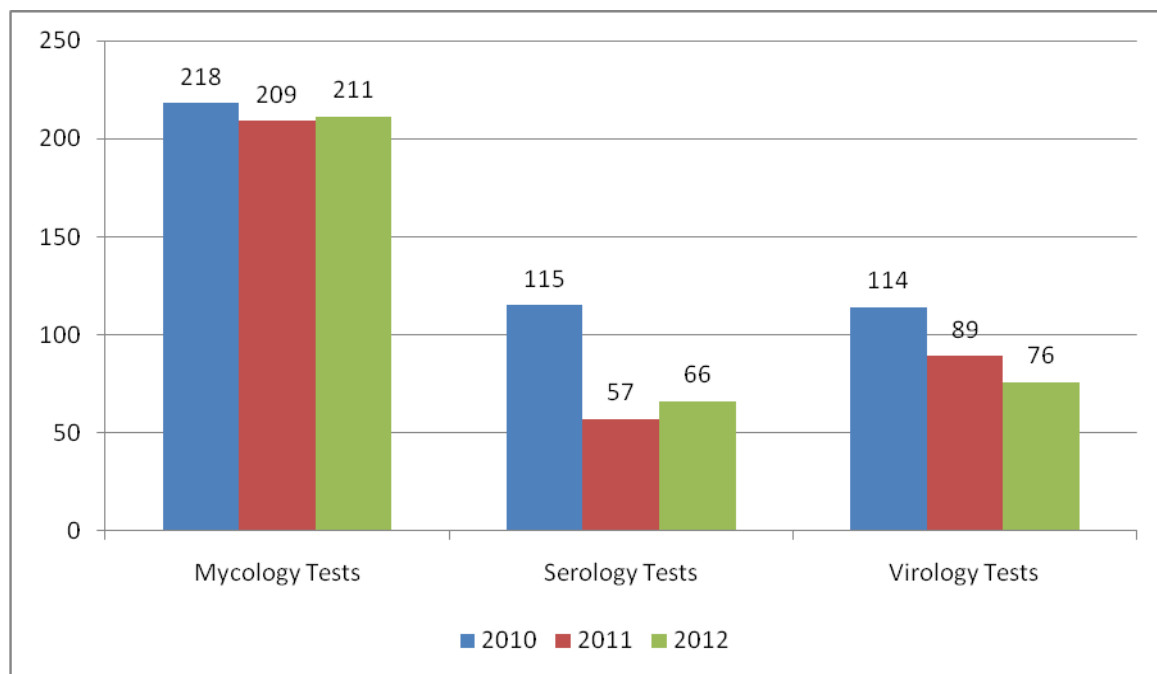


Fig. 21 - Number of Laboratory Tests Performed by Category (2010-2012)

County Laboratory

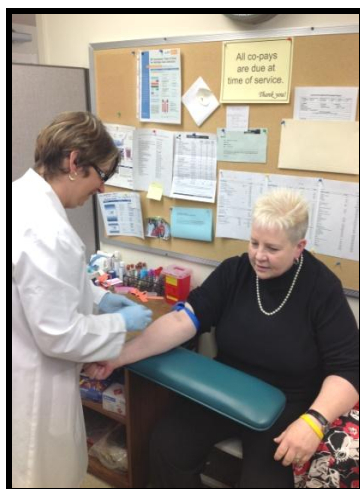
**Figs. 20 and 21 above illustrate the change in the number of tests performed in different categories from 2010-2012. Variations in physician ordering, increasing visits by outpatients, and an increasing number of patients enrolled in HMOs, which will not contract with the Cattaraugus County Lab to do their laboratory testing, contributed to the changes in various testing categories.**

Identification of possible disease causing organisms in the body and environment, and monitoring important health indicators in each individual is crucial to understanding public health impacts across a population. Such identification requires exacting tests and scientific knowledge.

In response to this need, the Cattaraugus County Laboratory (CCL) provides a full-service clinical laboratory and water testing services. The clinical lab is a NYS certified lab in the fields of Bacteriology, Mycobacteriology, Smears, Mycology, Chemistry, Hematology, Virology, Diagnostic Immunology, and Urinalysis. The CCL is Certified to perform potable and non-potable water testing for bacteria and nitrate. Outpatient services are available during all open hours and most health insurance plans are accepted.

### COUNTY LABORATORY STAFF

Fazlalloh Loghmanee, MD – Director  
Johannah Jewell – Supervisor  
Paula Ketchner – Sr. Medical Technologist  
Tammy Kolivoski – Medical Technician



Paula Ketchner performs blood draw on employee Debra Nichols; Annual Lab Week publicized

Emergency Preparedness



Michael Bechelli receives vaccination at Flu POD in Little Valley

## **PUBLIC HEALTH EMERGENCY PREPAREDNESS DIVISION**

The Public Health Emergency Preparedness (PHEP) Division exists to enhance the ability of the CCHD, Cattaraugus County Office of Emergency Services, First Responders, other local/county agencies and citizens *to prepare for and respond to* public health emergencies. Additionally, the PHEP Division works to insure overall community wellness for effective emergency/disaster recovery. PHEP staff strives to improve the public response to disease outbreaks, bioterrorism, mass casualties, natural disasters, severe weather, and chemical and radiological emergencies. An 'All-Hazards' approach is embraced to ensure effective response to any disaster or emergency that may arise.

The NYS DOH provides funding to each of the 57 counties within NYS outside of New York City to prepare local, time-oriented deliverables and annual maintenance deliverables that are targeted to coincide with the Center for Disease Control and Department of Homeland Security initiatives for public safety. Completion of these deliverables is accomplished through attendance at trainings, outreach programs, planning initiatives and implementing large scale Point of Dispensing (PODs) operations. Budget Period 1 (July 2012-June 2013) includes 11 local, time-oriented deliverables and 22 annual maintenance deliverables.

Ongoing partnering activities include participation with local hospitals, law enforcement, emergency services, surrounding counties, the Seneca Nation, and many agencies. These activities, centered on planning, risk communication, informatics, training and exercises, are designed to maintain the highest standard of Public Health Emergency Preparedness.



## ***PUBLIC HEALTH EMERGENCY PREPAREDNESS***

Public Health Emergency Preparedness focuses on preparing personnel to respond to a public health emergency. In the event of an emergency, staff in all CCHD divisions may have to assume different and additional roles/responsibilities. Managing such institutional change in an emergency situation without proper planning and training is impossible. PHEP staff work with existing CCHD divisions to insure that training and planning *prior* to emergencies is undertaken to maximize the potential for a quick and effective department-wide response to a public health emergency.

### **TRAINING PROGRAM**

PHEP staff participated in numerous online and classroom-based training programs. Trainings included online Incident Command Courses, Trailer Safety Training, and several trainings on different applications within the Health Commerce System.

In addition, staff participated in exercises that were conducted to enhance preparedness. A major exercise that was conducted during BP1 was the Medical Countermeasures dispensing exercise. This exercise simulated a mass influenza pandemic amongst the staff of Cattaraugus County. PHEP staff opened a Point of Dispensing (POD) in each of the County buildings and offered free flu shots to County Employees. New guidelines and requirements issued by the New York State Department of Health posed several challenges that staff overcame and ultimately achieved the requirements of the exercise.

### **PLANNING PROGRAM**

Emergency planning strives to identify potential hazards/situations, generate likely scenarios based on those hazards/situations, develop the cross-organizational structures for addressing such scenarios and create the procedures and logistical checklists necessary for effective response. Previous years' PHEP deliverables created such emergency response plans that simulate this activity. Many of the activities accomplished in 2012 centered on updating existing policies and plans, and developing them further to enhance preparedness capabilities.

### **OUTREACH PROGRAM**

By its very nature, emergency preparedness requires organizations across varying disciplines to work together to train and plan for emergency response. To better identify and communicate with these organizations, PHEP staff engaged in numerous outreach activities including:

- Distribution of Emergency Preparedness information at the Cattaraugus County Fair
- Provided for increased involvement of Allegany, Cattaraugus, Chautauqua County Medical Reserve Corps volunteers in preparedness efforts
- Participated in the staffing of the mobile command post for the management of safety of the participants, spectators and citizens during the Centurion Cycling event in Ellicottville in collaboration with the Office of Emergency Services and several local agencies

## EMERGENCY RESPONSE

In 2012, Cattaraugus County fared well in regards to events that required the response of PHEP, and Emergency Services Staff. PHEP staff along with Emergency Services Staff monitored several storms that could have had a potential impact on Cattaraugus County. The most notable storm was Superstorm Sandy. PHEP and Emergency Services staff aggressively prepared for the potential impact on Cattaraugus County. In anticipation of the storm, the Emergency Services Operations Center was opened on a situation monitoring basis. PHEP staff worked with Emergency Services to begin preliminary plans for sheltering of displaced residents, and access to patients who receive home care.

Weather events continue to pose a significant threat to Cattaraugus County and PHEP staff work closely with emergency services to prepare response to and recovery from weather related emergencies.

### Public Health Emergency Preparedness Staff

Michael Bechelli – Director

Robert Kuhn – Resource Specialist (effective July 2012)

Catherine Peters – Resource Specialist – transferred to Emergency Services, June 2012



L to R: Intake area for Annual Flu POD manned by George Fillgrove from Senator Young's office and Connie Brown, Office of Emergency Services; CERT Volunteers Mary Ann Power and Janet Cottillion, former CCHD Community Health Nurses, prepare vaccine; CCHD Nurse Cristin Boyles vaccinates Staff family member Jeanne Nichols

## **EMERGENCY MEDICAL SERVICES**

**EMERGENCY MEDICAL SERVICES (EMS)** – The EMS program organized and managed several classes in 2012. Twelve (12) New York State Emergency Medical Services Provider courses were held last year. These courses trained over 200 New York state-certified emergency medical first responders. Increasing our EMS agencies' ability to respond to and care for sick or injured persons in Cattaraugus County.

In late 2010, American Heart Association (AHA) updated their national CPR protocols and training programs. Throughout 2011 and 2012, all Cattaraugus County AHA instructors were updated on the new material and new national requirements. The new training program has been put in place and all students are taught using up-to-date guidelines. Last year, 28 American Heart Association cardiopulmonary resuscitation (CPR) classes with automatic external defibrillator (AED) training were held, resulting in 412 individuals becoming certified.

New York State law mandates schools and certain public buildings to have an AED. Due to this regulation, the EMS program staff has worked to assist many organizations and businesses get the paperwork and training necessary. The EMS program also has the responsibility to oversee the PAD (public access defibrillation) sites. Duties include ensuring paperwork and training is adequate to meet State requirements and public needs.

Many Cattaraugus County buildings, including the Court Street, Little Valley; Leo Moss Drive, Olean; and Department of Public Works, Little Valley sites, are equipped with an AED. EMS program staff organizes AHA CPR and AED classes for employees at each of the facilities in order to ensure trained personnel to use the life-saving devices in the event of an emergency.

### **EMS Staff**

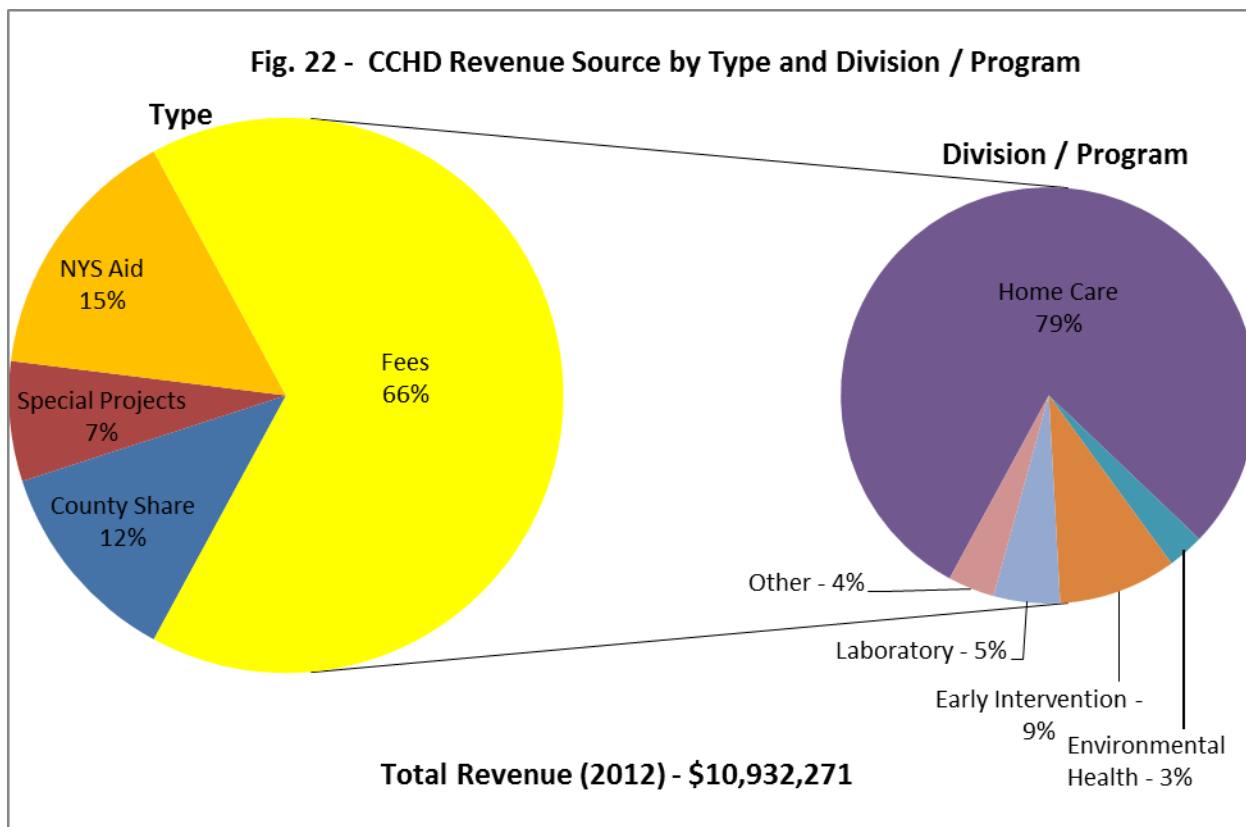
Michael Bechelli – Director  
Debra Kasper – Keyboard Specialist II

## FINANCIAL DIVISION

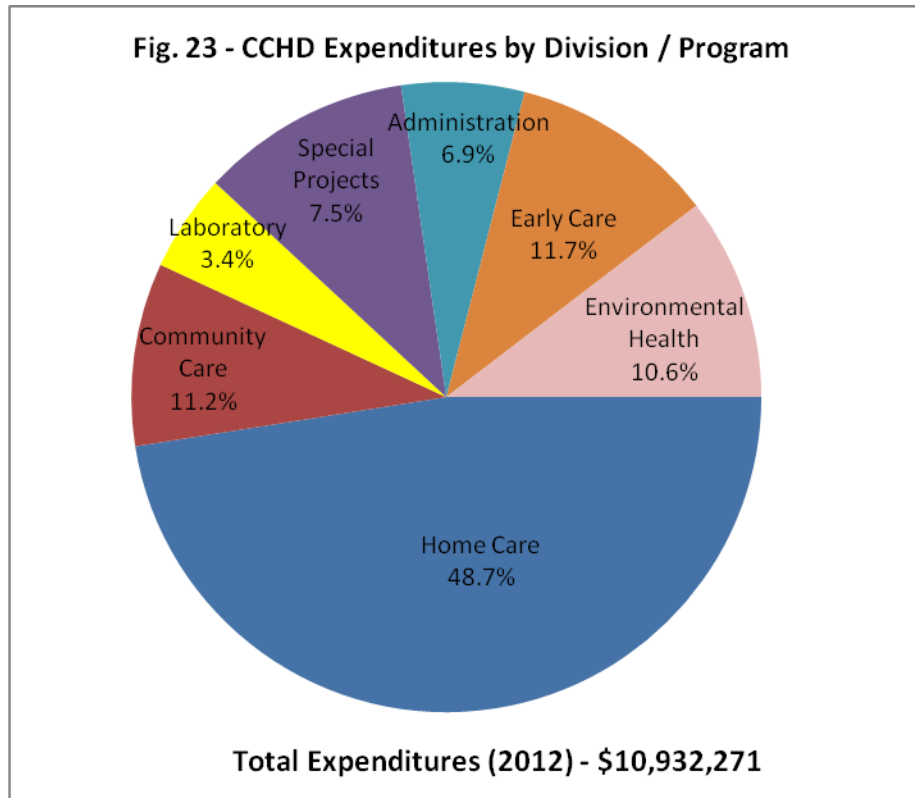
The Financial Division of the Health Department processes all income, expenditure and payroll activities. The Division prepares and submits reimbursement claims to State and Federal Agencies, and is responsible for preparation of the Department's Annual Budget.

### BUDGET PREPARATION

The Financial Services division works closely with the CCHD's programmatic divisions to account for all revenue sources and program expenditures. Total revenue budgeted in 2012 was \$10,932,271. Fig. 22 provides breakdown of CCHD revenue sources and Fig. 23 provides a similar breakdown for expenditures. New York State Aid to local health units' base grant remained at \$550,000 and the percent of reimbursement for expenditures in excess of revenues for core services remained at 36%. Optional services provided by the Health Department are no longer reimbursed by the state. A State Aid application must be submitted annually and must be approved by the New York State Department of Health. In addition to State Aid accounting, the division processes numerous grant funding streams such as WIC, Family Planning, Emergency Preparedness, Lead, Immunization, Children with Special Health Care Needs, and the Early Care Program.



Financial



**FINANCIAL DIVISION STAFF - 2012**

Kathleen Ellis – Administrative Officer

Larry Maben – Senior Accountant

Jeff Toner – Accountant

Lori Holmes – Senior Account Clerk Typist

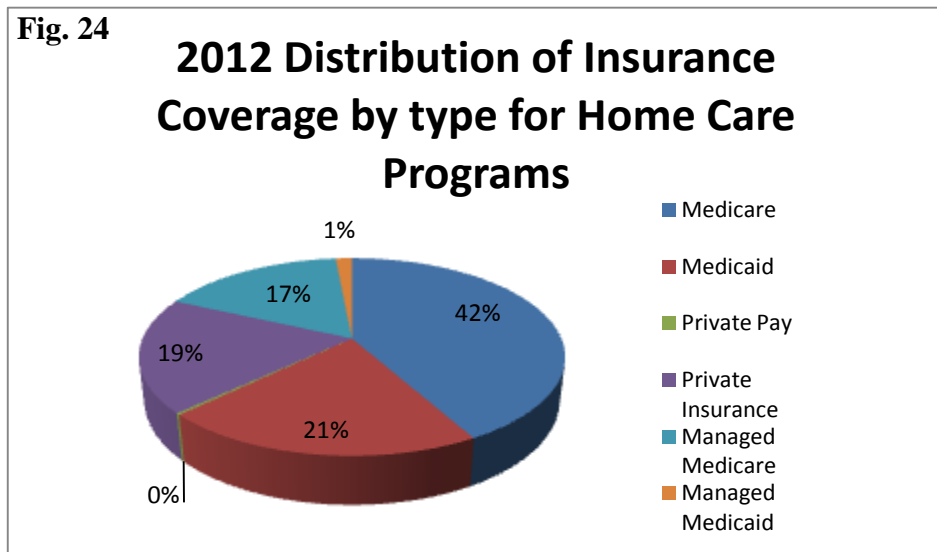
Pat Metler – Senior Account Clerk Typist

## BILLING DIVISION

The Billing division is primarily responsible for the timely submission of claims and collection of fees owed to the Cattaraugus County Health Department for all health related services. Throughout 2012, billing division staff has processed all bills in accordance with internal controls requiring bills to be sent out by specific deadlines each month. In 2012, the contract with Southern Tier Credit Services was continued for the purposes of ensuring all revenue due to the County was collected.

### HOME CARE BILLING

In 2012, Home Care services generated almost \$5.5 million in claims to over 100 private insurance companies, Medicare, Long Term Medicaid and Traditional Medicaid. Fig. 24 illustrates the breakdown of claim payments by type. This total makes home care the largest revenue source for the department.



The Third Party Liability (TPL) project, which is a labor intensive Medicare/Medicaid mandated project that entailed pulling medical records from 2011 and 2012 services and re-billing them to Medicare for their review and consideration, this remains an ongoing project that will remain in effect into 2013.

### CLINIC BILLING

The various nursing division clinics continued to see an increase in the number of patients having third party insurance that are often billed for the services rendered. In 2012, all clinic services were transitioned to be billed out of the same software used for home care billing. During the year, insurance reimbursement for clinic services was sought for 2,159 season flu shots, 37 seasonal pneumonia shots, 159 physicals, and 78 post-exposure rabies shots.

### FAMILY PLANNING

In 2012, the Cattaraugus County Health Department processed claims for services rendered by the Family Planning clinic to private insurance and also to NYS Medicaid through a third party. Effective 7/1/12, the same software used for home care billing began to be utilized for Family Planning patients, in an effort to



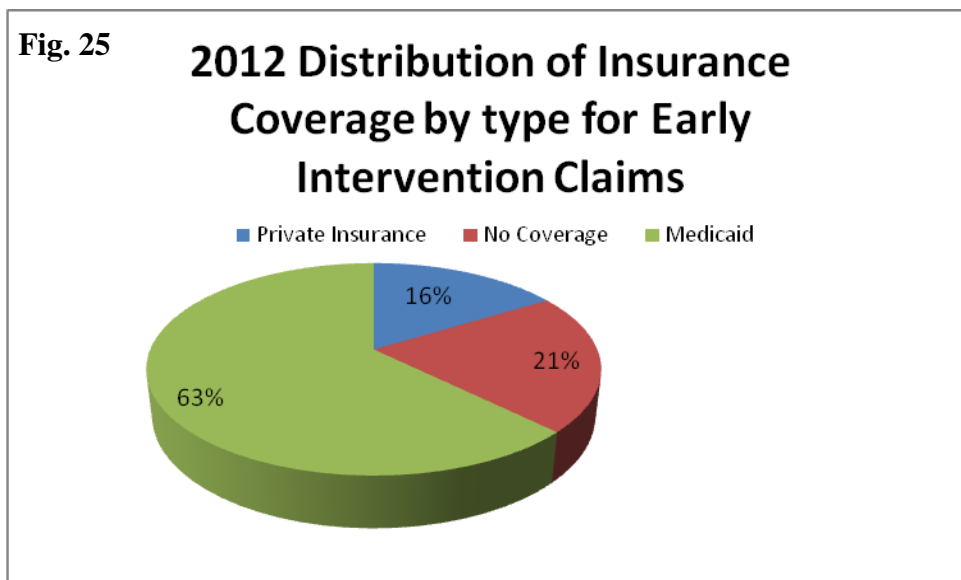
better manage collection accounts. Clinic staff has been diligent in their efforts to inform patients with no insurance of the Family Planning Benefit Program, which if eligible, will cover the cost of their Family Planning visits.

### **LABORATORY BILLING**

Laboratory service billing utilized an existing in-house database billing system. This system continues to be modified to better meet billing needs

### **EARLY INTERVENTION BILLING**

In 2012, the Early Intervention program received 201 new referrals. Fig. 25 shows the distribution of insurance coverage by type for the 152 active early intervention cases.



New York Early Intervention System (NYEIS) is being utilized for all new referrals after 4/1/11. There have been many difficulties encountered with NYEIS when running financial reports; however NYEIS continues to recognize and work toward correcting these issues. The previous program, KIDS, will continue to be utilized for existing patients until they are aged out of the program after the child reaches the age of 3 years.

### **BILLING STAFF – 2012**

Kathleen M. Ellis – Administrative Officer

Michele Spring – Jr. Accountant

Winnie Dougherty – Sr. Medical Billing Clerk

Shawna Trudeau – Account Clerk Typist

Heather Kellogg – Medical Billing Clerk

Amy Weaver – Medical Billing Clerk

Marcia Stayer – Sr. Account Clerk Typist (retired 12/28/12)

## ACKNOWLEDGEMENTS

Special thanks to Ms. Debbie Nichols for her dedication in assuring that a quality report was produced this year. She remains devoted and committed to making sure this annual document is prepared for the department and her dependability is greatly appreciated.

Thanks to the entire Health Department staff for all that they do on a daily basis to meet the needs of the community as well as in meeting requirements per New York State Department of Health. Through the tough times and undaunting changes that occurred in 2012, we stood together in the trenches for Public Health.

*Kevin D. Watkins, M.D.,*

Kevin D. Watkins, MD, MPH  
Public Health Director  
Cattaraugus County Health Department