



# **Public Health**

Prevent. Promote. Protect.



## **2013 Annual Report**

### **Cattaraugus County Health Department**

**Kevin D. Watkins, M. D., M.P.H. – Director**

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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 2013 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.

In 2013, the Cattaraugus County Health Department celebrated its 90<sup>th</sup> year in existence. The Health Department and Board of Health is the first and the oldest Health Department and Board of Health in New York State. In 1923 – the Milbank Memorial Fund awarded Cattaraugus County funding to launch a demonstration program to show that the extent of sickness in Cattaraugus County could be diminished, and mortality rates substantially reduced, in a relatively short period of time by applying known health measures (evidence based studies), to County residents. The project was funded for seven years (1923-1929).

The success of this demonstration program can be best summarized in the statistical results that were released from the project which showed a reduction in the morbidity and mortality when analyzing diseases and death rates for all causes. The demonstration project was recognized by governors and even presidents as a model to how health outcomes in municipalities should work.

In 2013, New York State Department of Health required local Health Departments to work with local hospitals and other area partners to complete the Community Health Assessment, Community Service Plan and the Community Health Improvement Plan. This collaborative effort really made the project a smooth transition to work together toward our 2013-2017 Priority Focus Areas, which includes Prevent Chronic Disease and Promote Healthy and Safe Environments.

Through the efforts of completing and publishing the Community Health Assessment and the Community Health Improvement Plan, the Health Department has catapulted its intent to pursue National Public Health Accreditation starting 2014.

The Health Department staff has been undaunting in their efforts to serve the residents of Cattaraugus County in a compassionate and sustainable way despite the many changes that have impacted some of our programs. One major change is the Affordable Care Act which is poised to transform the nation's health care delivery system; what the resulting system will look like, and what public health's role will be in it, is one challenge that we face now—especially in planning for our future.

On behalf of all of the employees at the Cattaraugus County Health Department, we are 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, MD*

Kevin D. Watkins, MD, MPH

Public Health Director

## DEDICATION

The 2013 Annual Report is dedicated to those who have served the Department tirelessly over the years.



Andrzej Colonna Klaczynski, MD  
Board of Health (Past President & Vice President)  
1992-2013



Thomas R. Thrasher  
Board of Health Member  
1994-2010

## 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 2013, the Board of Health took enforcement actions on 43 cases and 1 appeal. 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

Joseph Bohan, MD, President

Joseph Eade, Vice-President

Giles Hamlin, MD

Zahid Chohan, MD

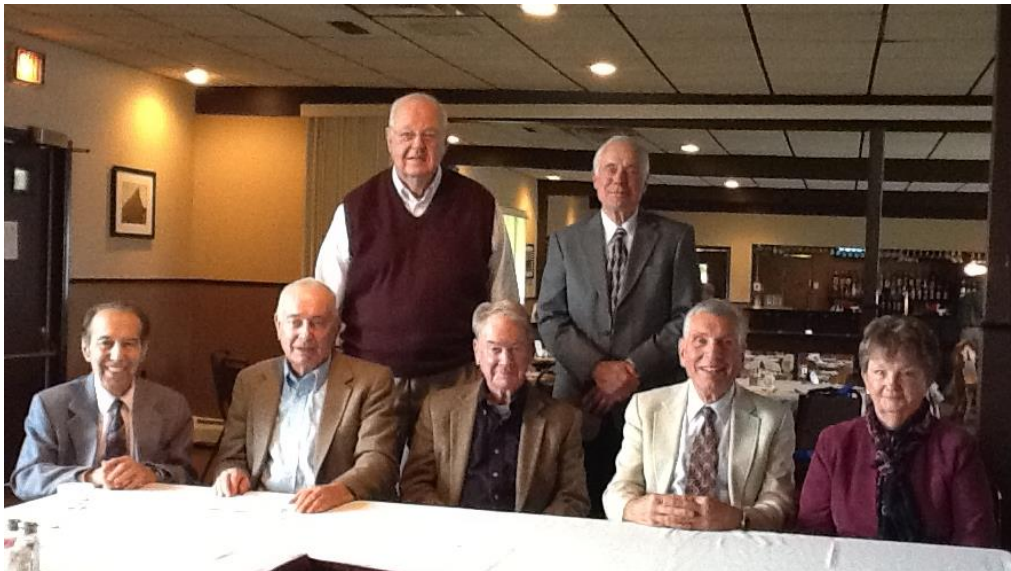
Sondra Fox, RN

Richard Haberer

James Lapey

Georgina Paul, FNP

James Snyder



(Front Row: Joseph Eade, James Lapey, Giles Hamlin, MD, Joseph Bohan, MD, Sondra Fox, RN,

Back Row: James Snyder-Legislator, Richard Haberer)

(Not Pictured: Zahid Chohan, MD and Georgina Paul, FNP)



## 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

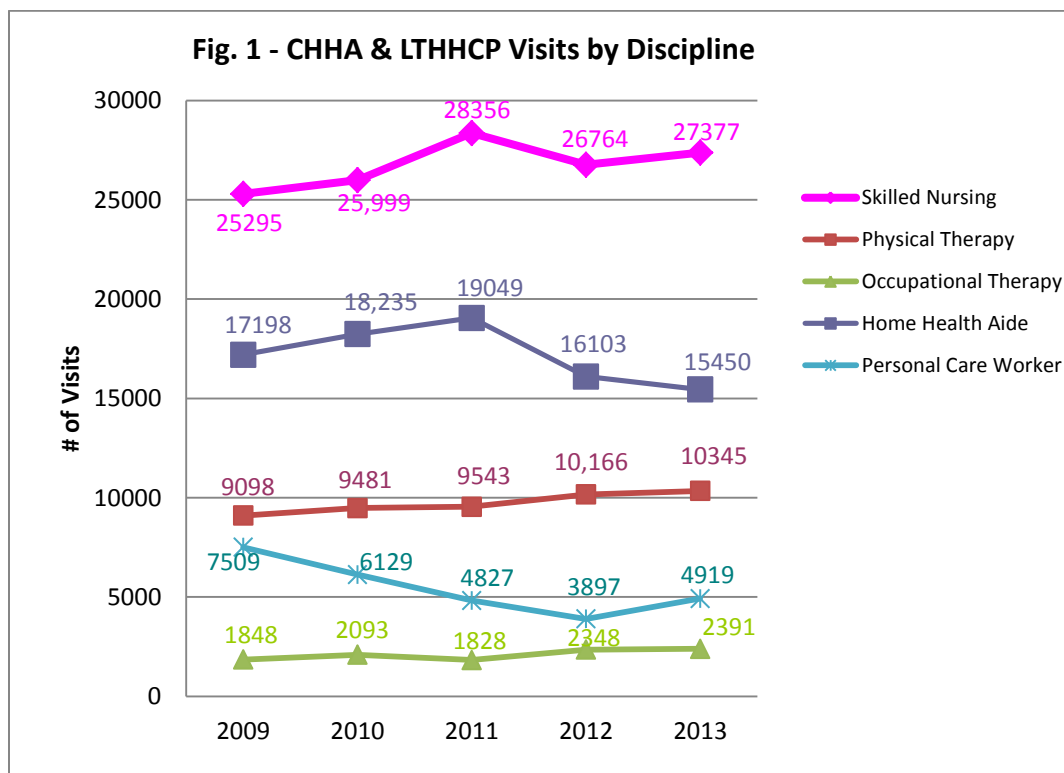


## NURSING SERVICES DIVISION

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

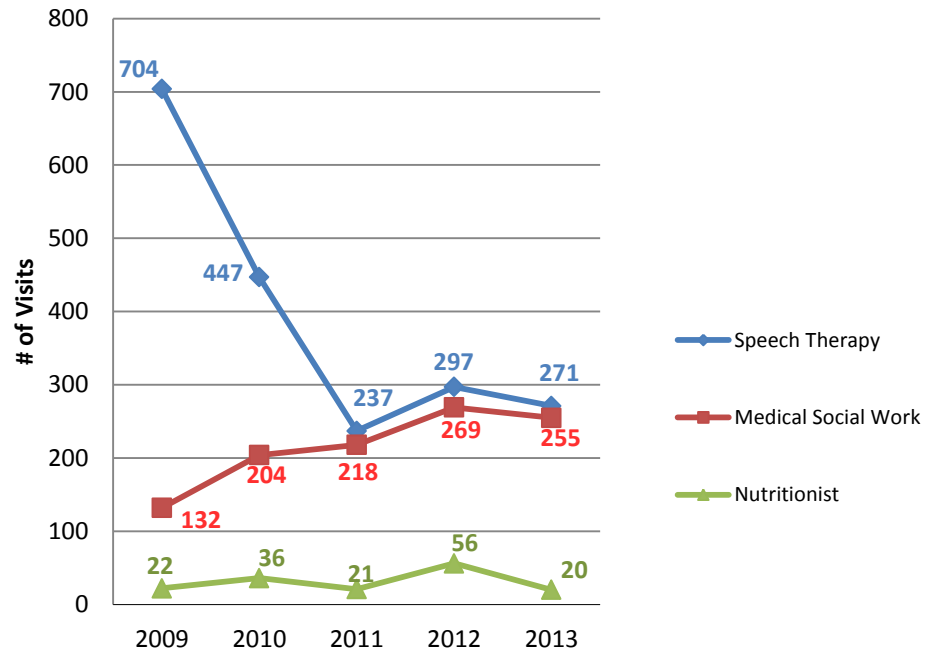
### *HOME CARE*

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 serves as an alternative to nursing home placement for chronically ill or disabled individuals of all ages. In 2013, Cattaraugus County Health Department's Certified and Long Term Home Health agency provided care to 1,744 individuals with an average daily census of 338. The CHHA and LTHHCP are further described below. Traditional Medicare remains the primary home care payment source, followed by Medicaid, Managed Medicare and private insurers. Cattaraugus County provides charity care at no or reduced cost to individuals in need of skilled care. Figs. 1-3 illustrate the disciplinary breakdown of these visits

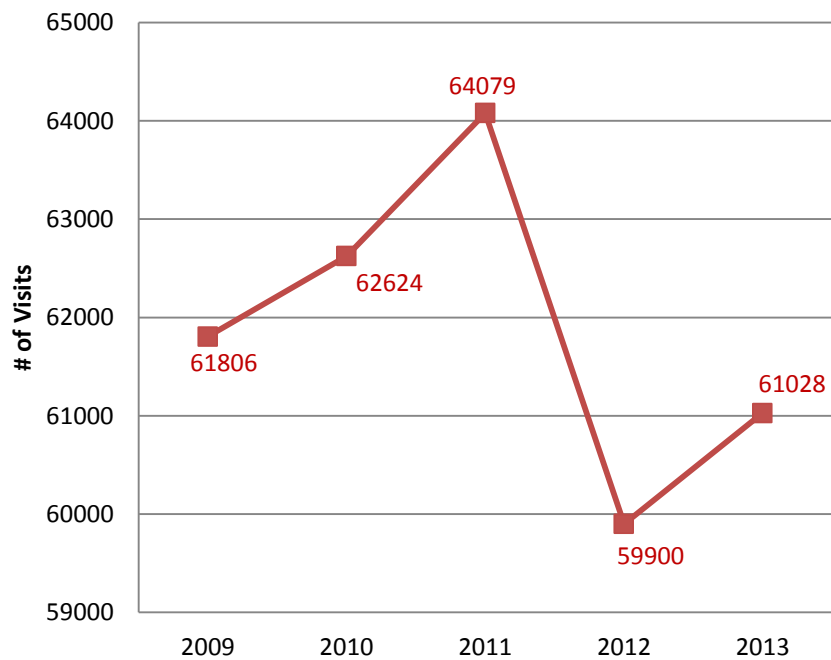


Nursing Services

**Fig. 2 - CHHA & LTHHCP Visits by Discipline**



**Fig. 3 - Total CCHA & LTHHCP Visits**





### **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.

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

For 35 years, 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. Services provided through the Long Term Care Program include case management, nursing, therapy, aides, respite, home delivered meals, personal emergency response systems, electronic medication dispenser and social daycare.

Care provided to individuals over an extended length of time, whether in the community such as with the LTHHCP or a facility such as a nursing home, is often covered by Medicaid. Consequently, provisions of New York State's Medicaid redesign initiative are having a dramatic effect on the LTHHCP. These changes will likely result in the demise of the current LTHHCP over the next several years, as it is replaced with services provided through managed care organizations.

### **CHHA / LTHHCP SHARED INITIATIVES**

Although the CHHA and the LTHHCP are distinct programs, there are opportunities to share services, processes and technology.

#### *Quality Assurance / Performance Improvement*

Quality and customer service are key components of CCHD CHHA/LTHHCP. There are 3 types of Home Health Quality Measures based on clinical and functional data collected by nurses and therapists on admission and at intervals during care including; Process Measures, Outcome Measures, and Potentially Avoidable Events.

Process of Care Measures tell you how often an agency gave the recommended care such as checking patients for depression at the beginning of an episode of care.

Outcome of Care Measures tell you about the results of the care an agency provided. (ex: by the end of an episode of care, did the patient's ability to ambulate improve? )

Potentially avoidable events serve as markers for potential problems in care because of their negative nature and relatively low frequency.

Additional Quality metrics include, Home Health utilization measures derived from Medicare Claims data and telephone satisfaction surveys designed to measure the experiences of people receiving home health care. A detailed review of this quality data may be found at:

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

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

Nursing Services

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

*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. Seventeen students accompanied the Health Department nurses on their visits, taking the opportunity to improve their assessment, organizational and communication skills, perform procedures, and teach clients.

*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 patient/caregiver are instructed how to use. 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. A registered nurse evaluates the data for changes in the patient's health status so that effective interventions may be initiated; often avoiding the need for an emergency room visit or hospitalization. Patients also benefit by understanding how their health behaviors effect how they feel and what they can do. Sixty-six (66) patients received this service in 2013 with over 5,000 sets of data reviewed.

**PATIENT EVALUATION AND ASSESSMENT**

Patient evaluation and assessment, using standardized, objective assessment tools, is essential to ensure individuals receive the appropriate level of care in the appropriate setting. In 2013, NYSDOH Office of Health Insurance Programs Division of Long Term Care, unveiled a new online *Uniform Assessment System for New York State (UAS-NY)*. The UAS-NY will eventually replace multiple assessments currently in use by multiple community-based programs. Five registered nurses completed the extensive on line training and began conducting assessments in October 2013.

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

New York State continues to require that all individuals be assessed using a PRI/SCREEN prior to admission to a Skilled Nursing Facility. The UAS-NY will replace the PRI/SCREEN in home and community based programs such as the Nursing Home Transition and Diversion Waiver, Traumatic Brain Injury and Personal Care Programs. Assessments were completed on 75 individuals in the community and on 36 agency patients.

Nursing Services

**NURSING SERVICES – HOME CARE STAFF**

Susan A. Andrews - Director of Patient Services  
Sue Feldbauer - Supervising Community Health Nurse  
Sandy Grey - Supervising Community Health Nurse

Colleen Blendinger - Community Health Nurse –Intake  
Kay Reynolds – Community Health Nurse – Quality Assurance/Performance Improvement  
Barbara Parish Community Health Nurse – Quality Assurance/Performance Improvement (Apr 2013)

**OLEAN:**

Gina Andhor - Community Health Nurse  
Cheri Antle – Community Health Nurse (May 2013)  
Amit Benedict - Community Health Nurse  
Judy Braymiller – Community Health Nurse (PT)  
Kristin Brown – Community Health Nurse  
Melissa Chamberlain - Registered Nurse  
Wanda Cizek-Cousins - Community Health Nurse (Resigned Oct 2013)  
Lynn Durfee - Community Health Nurse (Dec 2013)  
Walter Hollamby - Community Health Nurse  
Christopher Johnson - Registered Nurse (Resigned Apr 2013)  
Rebecca Lyman – Community Health Nurse  
Carol Skudlarek – Community Health Nurse  
Brooke Thorne - Registered Nurse  
Elizabeth Bless – Social Worker (PT) Dec 2013  
Kim Moricca – Social Worker (PT) (Resigned Nov 2013)  
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  
Sidney Early - Registered Nurse  
Amy Giboo – Registered Nurse (Jul 2013)  
Abbey Hayes - Registered Nurse  
Susan Hettenbaugh - Registered Nurse (Resigned Apr 2013)  
Lois Lowry - Community Health Nurse  
Kathy Marsh – Community Health Nurse (PT) (Retired Jun 2013)  
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 ( PT) (Jun 2013)  
David Fancher - Community Health Nurse  
Meegan Howard – Community Health Nurse  
Karin Jochen – Registered Nurse  
Synthia Springer - Community Health Nurse  
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. 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. Forty-seven (47) individuals were admitted to the program for an unduplicated count of sixty (60). The department made 134 visits to MOMS Program participants.

### **NEWBORN SERVICES**

#### *Newborn Screening*

CCHD assists the NYSDOH Wadsworth Lab in obtaining initial and repeat blood samples for newborn screening (NBS). NBS detects over forty (40) genetic diseases such as cystic fibrosis, phenylketonuria (PKU) and Krabbe Disease. With early diagnosis and medical treatment, serious illness can be prevented in many cases. CCHD nurses performed forty-six (46) NBS's in 2013.

### **SKILLED HOME VISITS**

Skilled nursing visits are provided to pregnant and post-partum women, infants and children following referral by a hospital or 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. One hundred twenty-two (122) individuals received one hundred sixty-seven (167) Maternal Child Health visits in 2013.

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

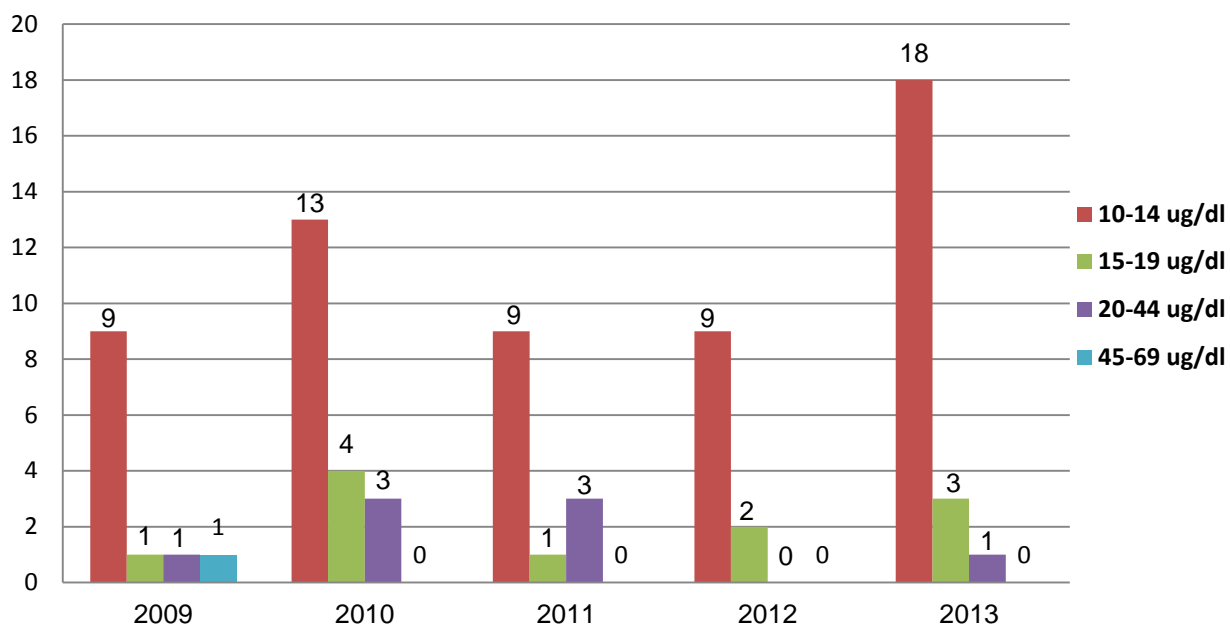
EBLL in children are associated with learning and behavioral problems that may prevent children from reaching their potential. NYS law requires healthcare providers to test children for lead at one and two years of age. Table 1 describes the NYS prescribed intervention strategy for varying blood lead levels in children. The Health Department monitored 1,559 blood lead levels via electronic reporting on the Health Commerce System 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 Elevated blood lead levels (EBLL) from 2008 to 2013 in Cattaraugus County. CCHD nurses made thirty-eight (38) home visits to children with EBLL. With funding from NYSDOH, CCHD lead program continues to provide point of care lead testing which allows testing of the child immediately onsite with results in less than 5 minutes. One hundred forty-four (144) Point of Care (POC) tests were conducted in conjunction with lead poisoning education to the families.

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

## Nursing Services

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

**Fig. 4 - # of Cases of Childhood EBL by Intervention Strategy Categories (2009 - 2013)**



## ***COMMUNITY HEALTH CLINICS***

Community health clinics provide a variety of services to community members at 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 locations throughout the county. The following is a description of the services provided through community health clinics.

### **FAMILY PLANNING (FP) CLINICS SERVICES**

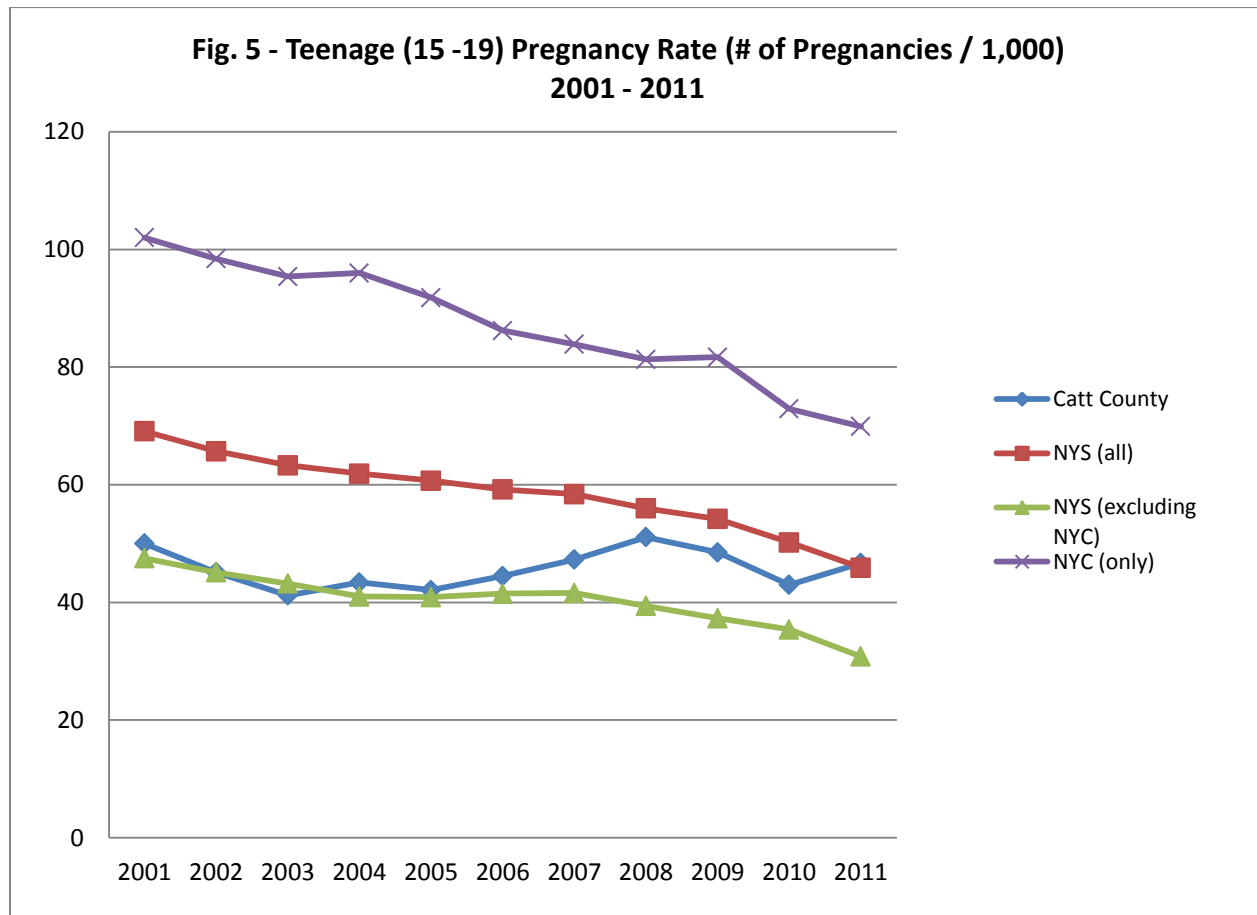
Objectives of family planning services are to reduce adolescent pregnancies and reduce unintended pregnancies in all age groups as well as prevent sexually transmitted diseases. Family planning clinics fulfill these objectives by ensuring access to basic reproductive health education and comprehensive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

#### *Reproductive Health Services*

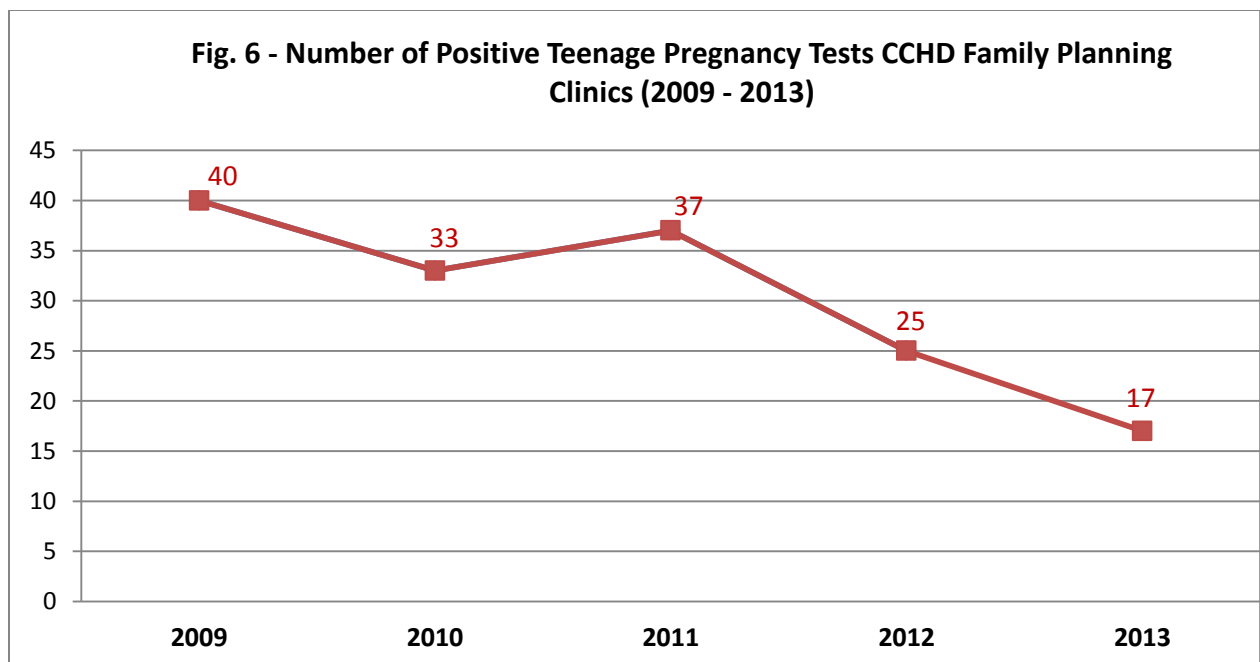
Reproductive Health Services for both men and women are provided at CCHD offices in Machias, Olean, and Salamanca. Although the pregnancy rate for Cattaraugus County has fallen substantially from its peak of 80 pregnancies/1000 in 1990, it remains higher than the state average (excluding NYC). Figure 6 shows that the number of adolescent FP clients with positive pregnancy tests continues to decrease. It is estimated that 150 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 are 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

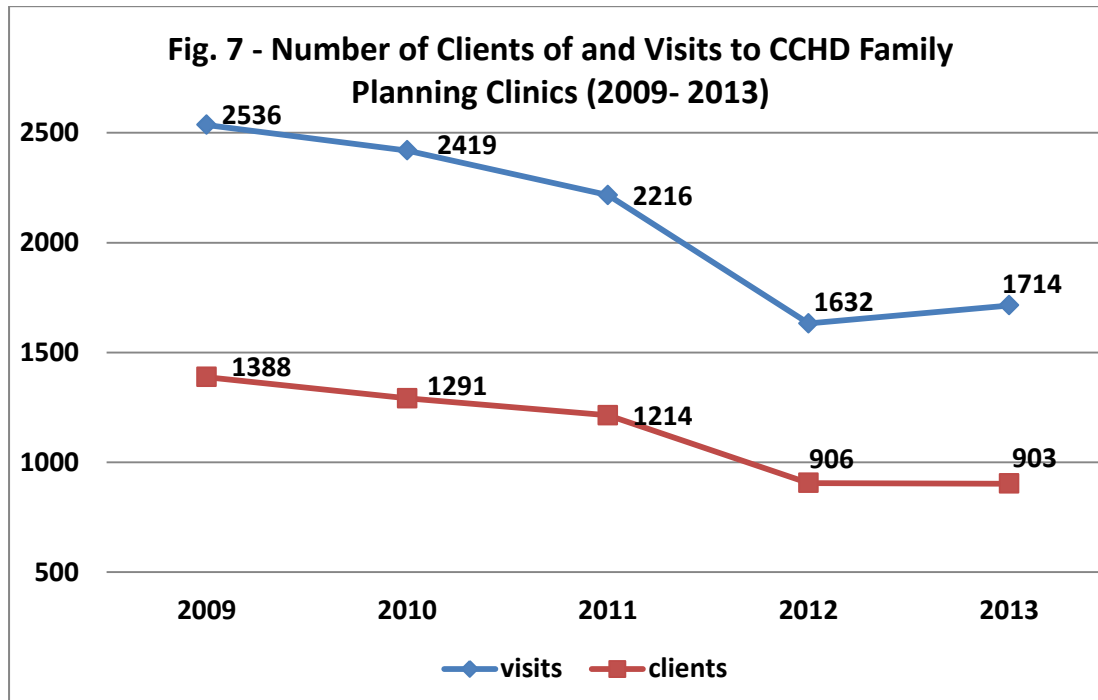


Source : NYSDOH Vital Statistics



## 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 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.



Source : Ahlers 2009 -2013

#### *Reproductive Disease Prevention*

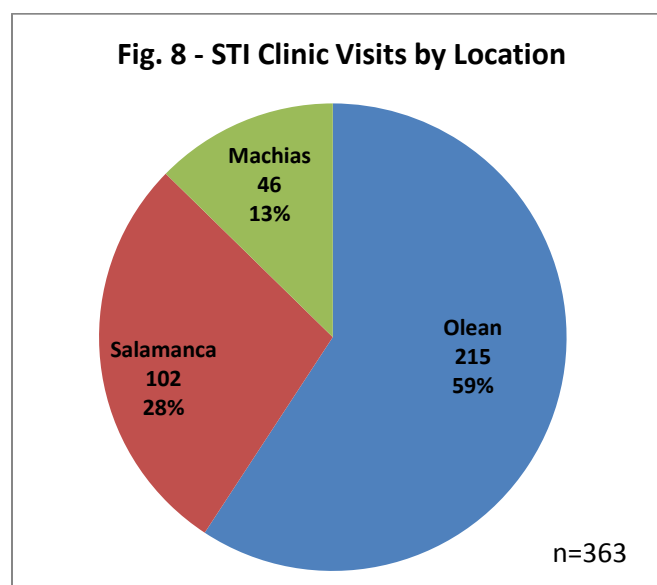
Cervical cancer is preventable through vaccination and routine screenings. In 2013, Cattaraugus County Family Planning Clinic performed three hundred nine (309) PAP smears on three hundred (300) clients. Three (3) PAP smears were significantly abnormal to require immediate follow-up including colposcopy and/or referral for treatment.

#### *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. Thirty-three (33) clients received thirty-two (32) breast exams, and nine (9) PAP smears. The utilization of this program continues to decrease as insurance coverage improves.

**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. Beginning in 2013, reimbursement for services could be sought from third party payers when available. Services include testing and treatment for Chlamydia, Gonorrhea, Syphilis, Trichomonas, and Herpes. All clients and their contacts received education, treatment and follow-up. The most common sexually transmitted infection in Cattaraugus County is Chlamydia. The number of cases detected during routine family planning visits was thirty-five (35) with thirty-six (36) detected in STI clinic. Two-hundred eighty-nine (289) clients made three hundred sixty-three (363) visits to the STI clinic in 2013. Client ages ranged from 15-71 years old with an average age of 28 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 and longevity. 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 2013, one hundred twenty-two (122) individuals were tested for HIV in Family Planning Clinic, and three hundred thirty-three (333) in STI Clinic. There were no positive test results in 2013.

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.

**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. Health Department staff performed one hundred seventy-two (172) physicals in 2013.

*Communicable Disease*

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 a pertussis outbreak in a daycare.

Table 2 compares the 2013 occurrence rates of communicable diseases in Cattaraugus County to the average occurrence rate in the county over the previous three years. Diseases showing an increase rate in 2013 include Chlamydia, Gonorrhea, Pertussis, Salmonellosis, Legionellosis, and acute and chronic Hepatitis C. 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.

Table 2

<b>Communicable Disease in Cattaraugus County</b>	<b>2013 Freq</b>	<b>Average Freq 2010-12</b>
CAMPYLOBACTERIOSIS	7	11
CHLAMYDIA	241	195
CRYPTOSPORIDIOSIS	2	0
E.COLI 0157	1	1
ENCEPHALITIS, ARBO	0	0
GIARDIASIS	4	10
GONORRHEA	18	7
HEPATITIS C, ACUTE	5	1
HEPATITIS C, CHRONIC	60	38
LEGIONELLOSIS	5	2
LISTERIOSIS	1	1
LYME DISEASE	4	4
MENINGITIS, ASEPTIC	0	1
MENINGITIS, OTHER BACTERIAL	3	1
PERTUSSIS	5	1
SALMONELLOSIS	13	8
STREP, GROUP A INVASIVE	1	3
STREP, GROUP B INVASIVE	3	4
STREP PNEUMONIAE, INVASIVE	4	7
SYPHILIS	0	1
YERSINIOSIS	1	1

## **HEPATITIS PROGRAM**

### *Hepatitis C Testing*

Hepatitis C is a contagious liver disease that results from infection with the Hepatitis C virus (HCV). Hepatitis C is usually spread when blood from a person infected with the HCV enters the body of someone who is not infected. Today, most people become infected with HCV by sharing needles or other equipment to inject drugs. Before widespread screening of the blood supply began in 1992, Hepatitis C was also commonly spread through blood transfusions and organ transplants. Many people with Hepatitis C do not have symptoms and do not know they are infected. Symptoms of chronic Hepatitis C can take up to 30 years to develop and when they do appear, are often a sign of advanced liver disease. Testing is important to identify infection while treatment can be successful. CCHD provides Hepatitis C virus (HCV) rapid testing to anyone with risk factors. Two-hundred-thirteen (213) at risk individuals were tested with four (4) reactive results.

### *Hepatitis Vaccination Program*

Cattaraugus County Health Department provides Hepatitis A and/or B vaccine, at no cost, to any individual at risk.

## **TUBERCULOSIS CONTROL**

There were no active cases of Pulmonary Tuberculosis in Cattaraugus County in 2013. Tuberculin skin testing was provided to five hundred ninety-three (593) clients with thirteen (13) individuals having a positive tuberculin skin test. Individuals with a positive test are encouraged to follow up with either the Cattaraugus County Health Department or their private physician. Through testing, follow up, and prophylactic medication, active tuberculosis can be prevented. Thirty (30) individuals received care in 2013 in Chest Clinic and twelve (12) individuals were started on prophylactic medication.

## **IMMUNIZATION PROGRAM**

### **Immunization Coalition**

The South Western Immunization Coalition of NY, known as SWIC of NY, is an adult and pediatric immunization coalition working in collaboration with the New York State Department of Health to increase immunization rates in adults and children. Cattaraugus, Chautauqua, and Allegany County are promoting education, information, and access to immunizations for the residents of South Western New York thru the efforts of SWIC of NY.

### **Provider Visits**

Visits are made by Cattaraugus County immunization staff to health care providers in Cattaraugus County to provide education and information to improve their immunization service delivery, maintain safe vaccine storage and handling, and raise immunization coverage levels.

## Nursing Services

Visits include Human Papilloma Virus (HPV) vaccine educational packets provided by NYSDOH, and New York State Immunization Information System (NYSIIS) data entry information to increase the number of adult and childhood immunizations entered into the statewide immunization registry. The visits are conducted using the AFIX model from the Centers for Disease Control:

Assessment of the health care 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.

CCHD provides regular immunization services at the Olean, Salamanca and Machias offices, as well as flu clinics at community locations throughout the county. The number of routine immunizations administered continues to decrease as more primary care providers offer vaccination and as insurance coverage for vaccination improves. The role of the health department is transitioning to that of a safety net provider. One area of growth is the provision of travel vaccines. Table 3 lists the types and numbers of vaccines given by the CCHD to children and adults in our clinics in 2013.

**Table 3 - 2013 CCHD Immunizations**

IMMUNIZATION	Number Given Age 18 & younger	Number Given Age 19 & older	Total Number Given
DTaP	1	0	1
DTaP-HIB-IPV	2	0	2
DTaP-IPV	7	0	7
DTaP-HEP B-IPV	6	0	6
Hepatitis A	9	56	65
Hepatitis B	5	108	113
Hepatitis A & Hepatitis B	0	46	46
Human Papillomavirus HPV	28	47	75
Inactivated Polio -IPV	4	8	12
Meningococcal	21	13	34
Measles Mumps Rubella - MMR	20	48	68
Pneumococcal	4	29	33
Rotavirus	2	0	2
Tetanus Diphtheria Td	0	4	4
Tetanus Diphtheria Acellular Pertussis - Tdap	35	45	80
Typhoid	14	73	87
Varicella	21	4	25
Yellow Fever	8	34	42
Shingles (Zostavax)	0	43	43
<b>Totals</b>	<b>187</b>	<b>558</b>	<b>745</b>



*Influenza Vaccination Program*

Influenza (flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. The best way to prevent influenza is to get vaccinated each year. The Health Department administered over 2,000 doses of seasonal influenza vaccine at twelve (12) community sites and eight (8) schools or health facilities. Vaccination coupled with education and surveillance help to limit the impact of influenza in the county.

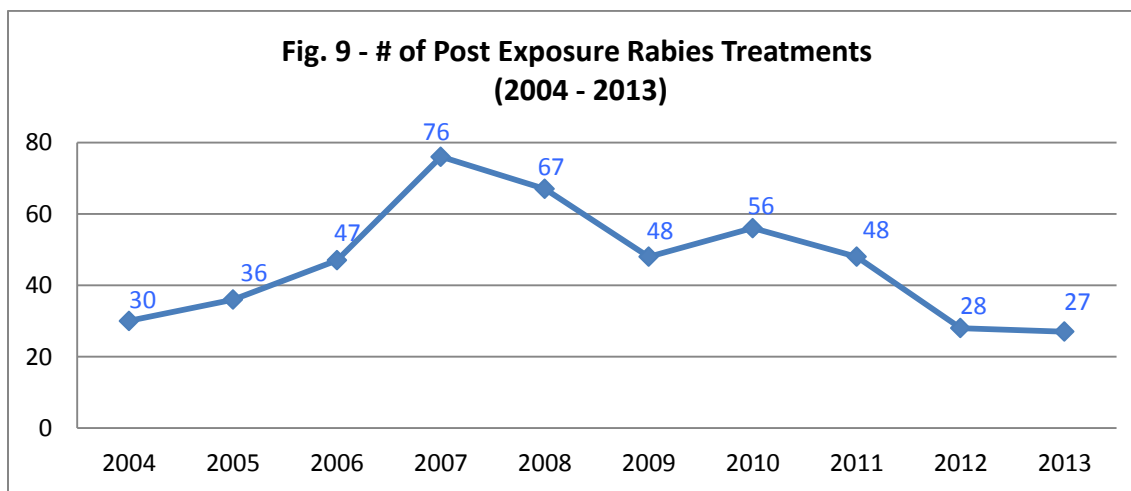
*Rabies Post-exposure Vaccination Program*

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. Four (4) people received post exposure vaccination due to contact with lab confirmed rabid animals (one fox, one cat and two raccoons).

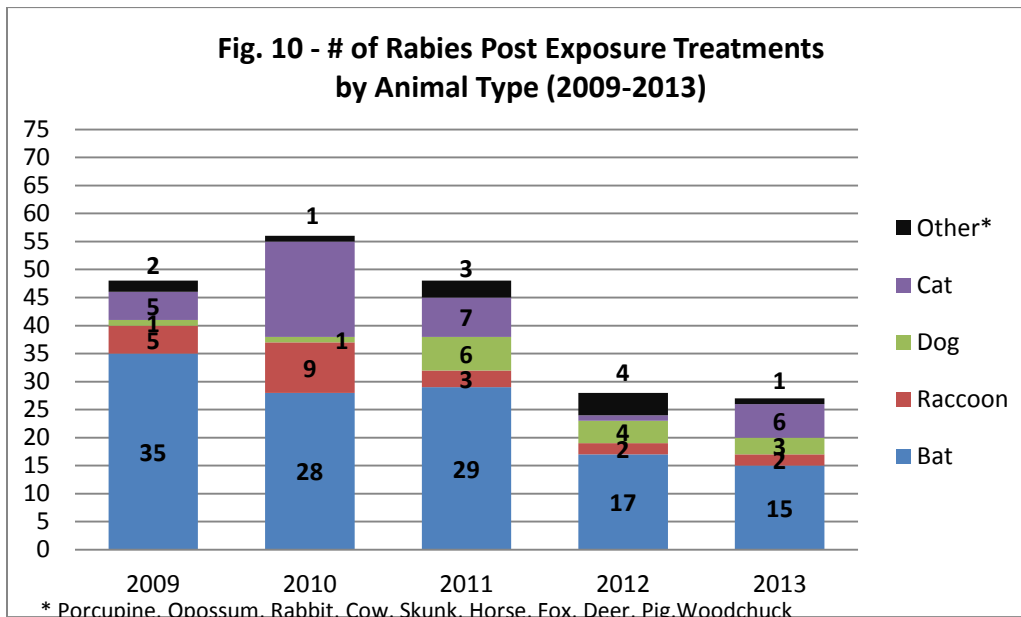
All post-exposure cases receive coordinated case management from Community Health Nursing staff, Environmental Health staff, and private physicians.

Fig. 9 illustrates the variability associated with the number of post exposure rabies treatments from year-to-year and Fig.10 illustrates the annual breakdown of post exposure treatments by suspected animal vector.

Two individuals, at risk for occupational or recreational exposure to rabies, received the pre-exposure vaccination series.



Nursing Services



**MATERNAL CHILD HEALTH & COMMUNITY HEALTH STAFF – 2013**

Susan A. Andrews - Director of Patient Services  
 Patti Williams - Supervising Community Health Nurse  
 Gretchen Dowdy - Physician Assistant  
 Mariann Graczyk - Nurse Practitioner (PT) (Retired Dec 2013)  
 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

## 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 county residents 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:

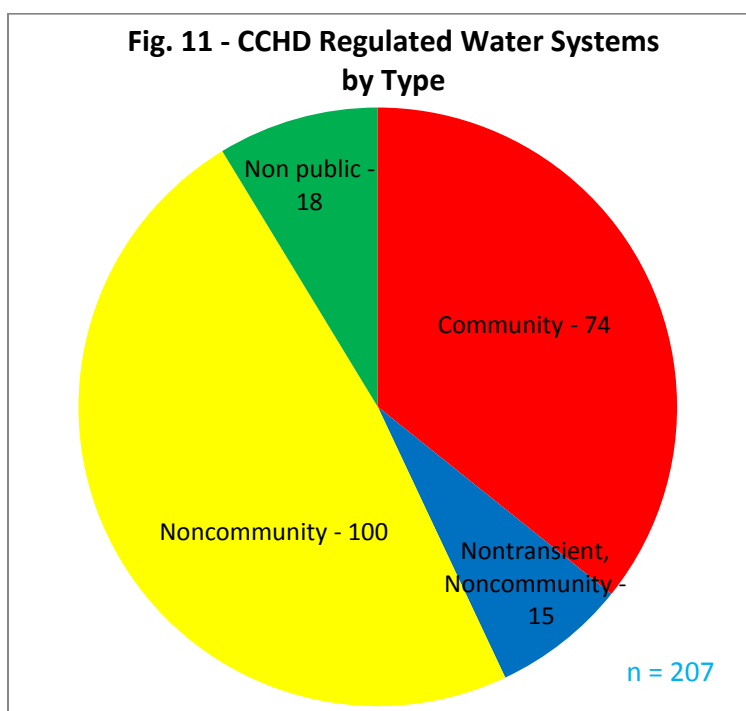
*Community water system (CWS)* - means a public water system which serves at least five service connections used by year-round residents or regularly serves at least 25 year-round residents. An example is a municipal or mobile home park system.

*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.11 illustrates the breakdown of CCHD regulated systems by type within the county.

Again in 2013, the Environmental Health (EH) Division prepared an approved work plan and applied to the NYSDOH for the Enhanced Drinking Water Program grant. This funding is used to enhance/support the implementation and administration of the drinking water protection program in Cattaraugus County, by 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 2013, 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, monthly or quarterly microbiological samples, and annual nitrate samples, are collected directly by CCHD personnel and analyzed in the county lab. In 2013, EH staff collected 1,809 microbiological samples and 219 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 by municipality or facility owner. 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 smaller 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:

- 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 assisted several operators with completing their licensing requirements (i.e. certification courses and training requirements).

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

## **COMMUNITY WATER SYSTEM HIGHLIGHTS**

With the aging infrastructure present in most Cattaraugus County communities, full compliance with current state and federal regulations often involves costly improvements. In 2013, EH staff helped the following communities in their capital improvements project planning:

The Village of Cattaraugus, had to be notified in late 2012 that a chemical compound (Methylene Chloride) was detected in samples from their Blackmar Well above the allowable drinking water standard of 5 parts per billion (ppb). As a result CCHD ordered the well shut off and notified the NYSDEC that an environmental investigation into the source of the contamination would be required. Consequently, since village spring production historically declines significantly during summer months, the Department of Environmental Conservation (DEC) authorized the design and construction of an elaborate water filtration system to treat the contaminated well water to avert any water shortage emergency in summer 2013. Meanwhile the village applied to the NYS Division of Housing and Community Renewal (HCR) for a \$600,000 grant to make improvements to their springs and transmission lines to improve yield and drinking water production. The village was ultimately notified in late 2013 that the grant was approved. Therefore, spring improvements and one section of transmission main are currently under design. Construction is expected to be completed in 2014, along with installation of all new customers metering equipment.

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. In 2011, water company owners were notified that they were eligible for funding assistance through the NY Drinking Water State Revolving Loan Fund (DWSRF), but conflicts with the New York State Public Service Commission have delayed final funding authorization and engineering design. We are now hoping for a late 2014 approval and construction in 2015.

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 former Village of East Randolph water system. 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 the 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 2014 so they will be ready to go to construction in 2015.



Environmental Health

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 Phase 3 construction was largely completed in 2013. Start-up and certification of the new treatment plant will be accomplished in 2014.

### ***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**

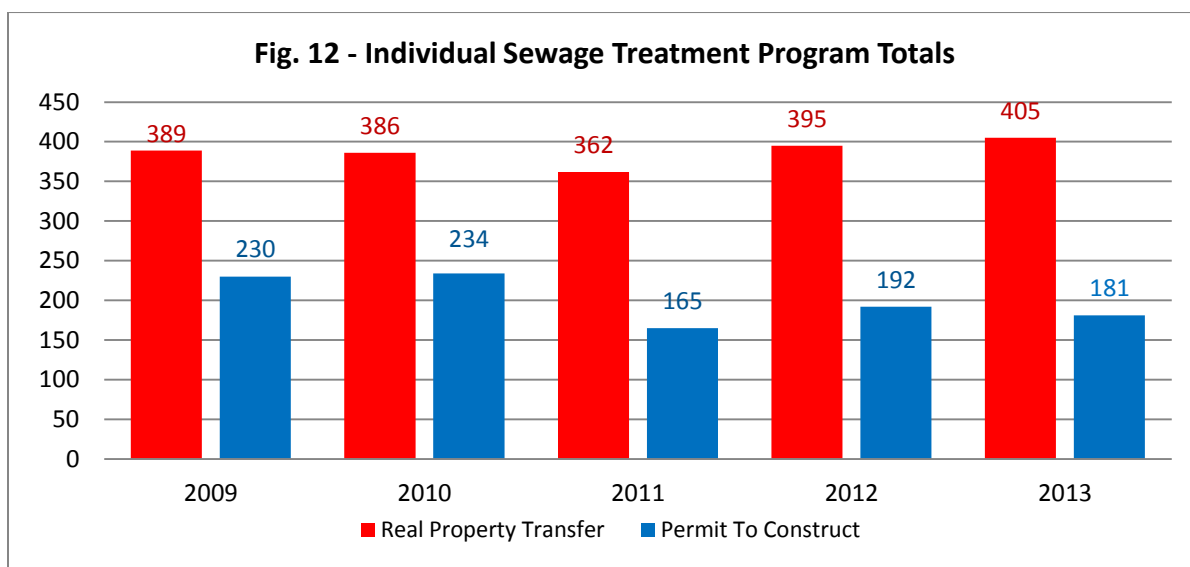
Ensuring the proper design and operation of private sewage treatment systems is accomplished through the Real Property Transfer (RPT) and Septic System Permit (SSP) programs. Together, these two programs account for the largest portion of field staff time each year.

#### **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. 12 shows the number of septic system permits issued in 2013.

**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. Under the 2011 grant, CCHD completed an additional 13 well projects and 26 septic systems. In December 2013 we applied for another 2-year extension of the program through 2014-15. If we are awarded the requested \$283,000, we expect to complete yet another 14 private water supply and 26 septic system projects.

## **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 2013 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 2013, 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.

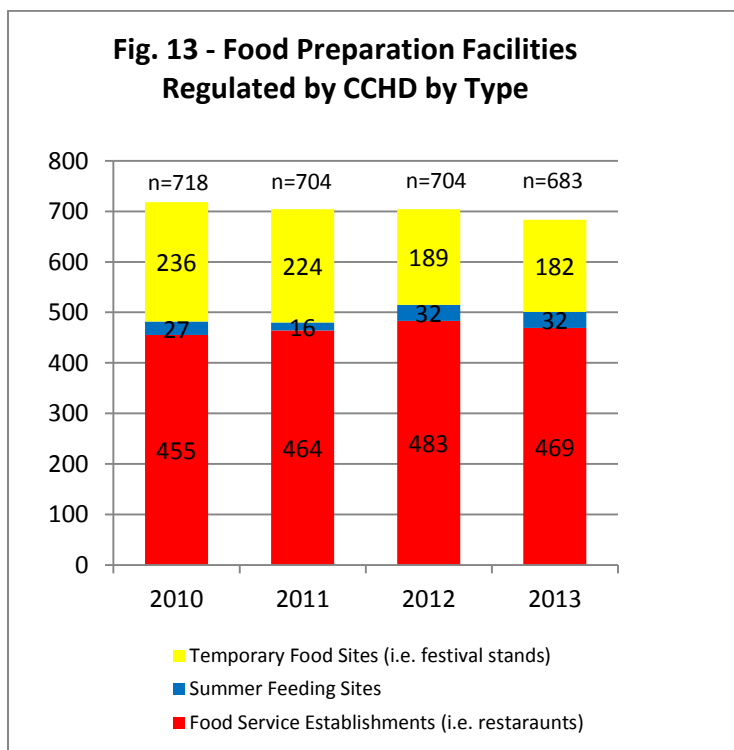
The Lime Lake Cottage Owners Association (LLCOA) and Machias Town Board have conducted numerous studies over the last 50 years in attempts to eliminate the dozens of sub-standard septic systems around the lake. In late 2010, the Town Board quickly authorized an update of their 2006 engineering study 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 plans submitted to NYSDEC for approval. Unfortunately it was discovered that a clause in the Great Lakes Compact prevents the wastewater from being pumped outside the Great Lakes Basin to Franklinville. Consequently the project has been delayed and is being redesigned to pump to the Village of Arcade. Construction will not take place now until 2015 and the town had to reapply for additional grant funds to cover the added design and construction costs, which now top \$11.9M.

## ***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 county residents. As mentioned earlier, facility compliance is obtained by employing strategies of inspection, education, and regulatory enforcement. EH staff performs routine facility inspections to ensure compliance with regulatory requirements outlined in the NYS and Cattaraugus County sanitary codes. In doing so, EH staff uses 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**

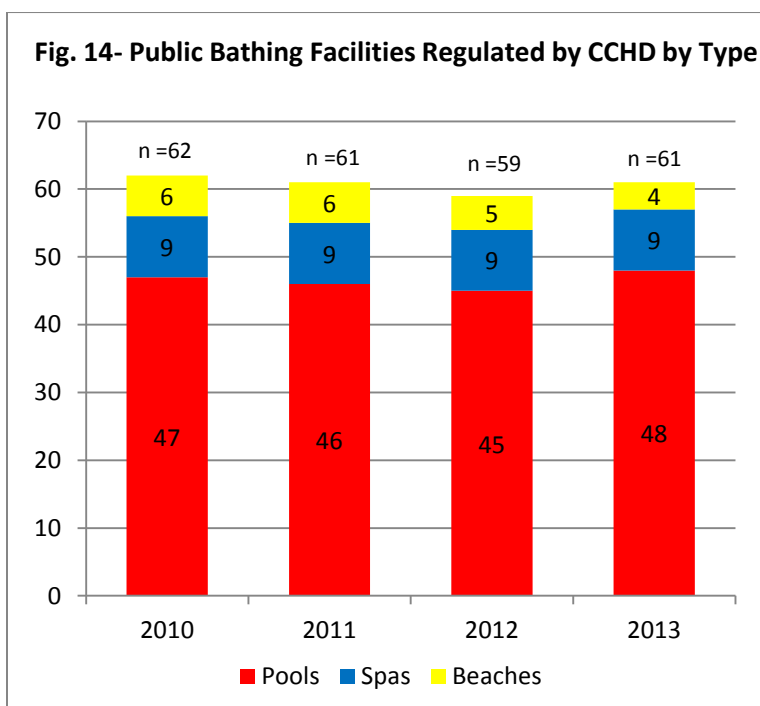
This program ensures that all restaurant inspections statewide are standardized. Facilities regulated under this program are subjected to periodic inspections dependent on the type of facility. Fig. 13 compares the number of food service establishments regulated by the CCHD in 2010, 2011, 2012, and 2013. No food-borne disease outbreaks were reported or investigated in 2013. EH has seven field staff qualified to inspect restaurants who have completed their NYSDOH Food Service Inspection officer (FSIO) training. Once certified, all inspectors must attend periodic workshops to keep their training/certification current.

**TEMPORARY RESIDENCE PROGRAM**

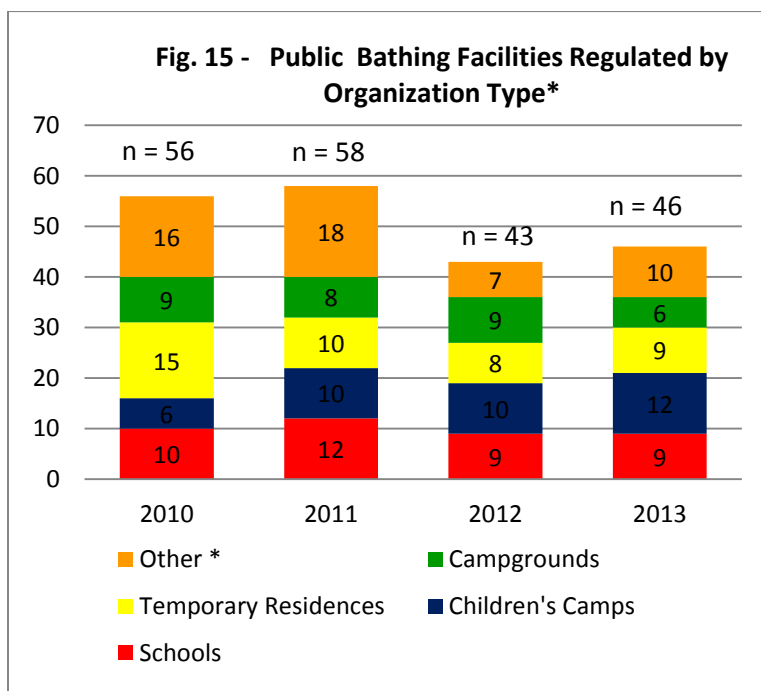
The EH division permits 49 temporary residences which include all hotels, motels, campgrounds, and several facilities which also operate as children's camps in the summer within the county. EH staff performed at least one annual inspection of these facilities and follow-up visits as necessary. Inspections may include kitchen operations, public water supply treatment and sampling, onsite sewage disposal system, and swimming pool or bathing beach. EH also works with local building code enforcement officers to ensure that required electrical and fire safety inspections are performed, and that permitted facilities are free of any public safety or health hazards.

**PUBLIC BATHING FACILITY PROGRAM**

In 2013, the CCHD permitted and oversaw the operation of 61 public bathing facilities operated by 46 organizations (see Figs. 14 & 15) 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 2013. 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.



## Environmental Health



\* 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 2013. 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, and 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 2013. 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 2013, EH staff had to follow up on numerous complaints regarding sewage systems, water supply systems, electrical issues, and garbage complaints at such parks.

### **TATTOO / BODY PIERCING PROGRAM**

CCHD regulated 8 tattoo shops located in the county during 2013. The purpose of this program is to prevent infections and 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 works with such agencies as the NYSDEC and USEPA to provide review and comment on documents pertaining to assessment and cleanup of contaminated sites in the county. Additionally, EH staff has 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 is responsible for assessment of a child's living environment if elevated blood lead levels are detected. In 2013, the Nursing division referred 4 children to EH to make such an assessment. EH staff conducted new environmental investigations at 4 residences, 1 school and 1 day care 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 2014 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 2013, there were 36 smoking compliance checks conducted in establishments around the county. There were no violations found as a result of these unannounced visits.

In early 2004, the Health Department adopted CIAA waiver criteria and also developed an application for exemption as a "Membership Association". In 2013, 5 Membership Association applications were received and approved.

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

In September 1992 Article 13-F of the NYSPHL went into effect which prohibited the sale of tobacco products to individuals under 18 years of age. Since then the EH division has performed annual visits at all stores in the county licensed to sell tobacco by NYS. In 2013 the CCHD performed 58 ATUPA compliance checks at 52 licensed establishments. The unannounced checks involve the use of minors who attempt to purchase tobacco products at store check-out counters. Of the 58 checks completed in 2013, there was 1 sale 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 occasionally attends public informational meetings and formally comment on environmental impact statements (EIS) and proposed records of decision (ROD) where remediation alternatives are being considered.

In 2013, 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) site
- AVX remedial investigation in Olean
- Olean Brownfield Opportunity Area (OBOA)
- Investigation into methylene chloride contamination of the Village of Cattaraugus's Blackmar Well
- New investigation of the former Gee gas station site in the Village of Allegany.



### Vector Control

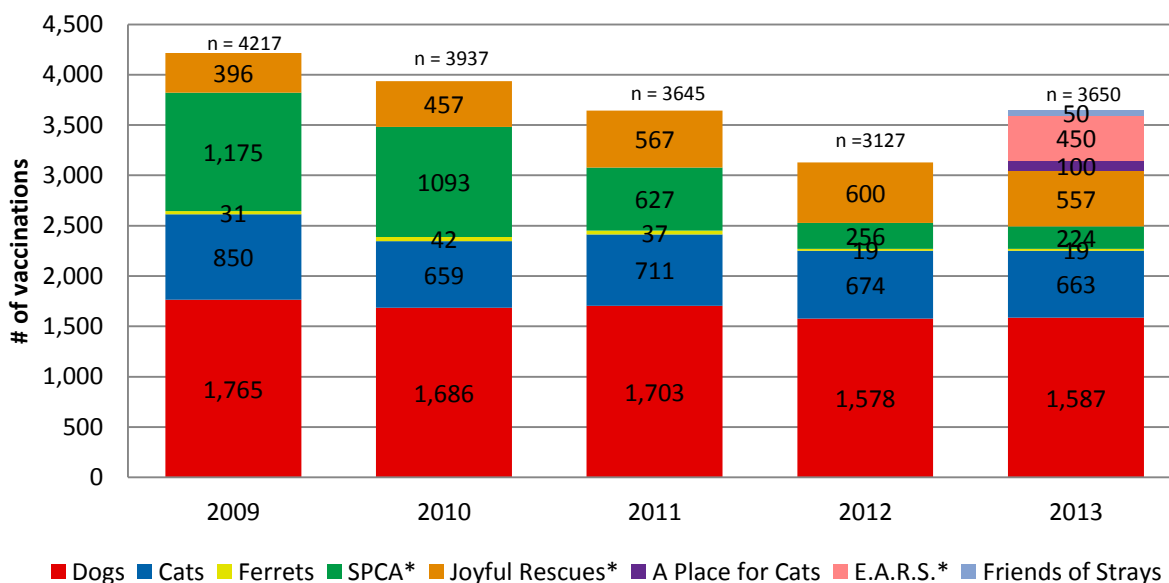
Vector control is often the easiest and most cost effective way to minimize health and quality of life impacts associated with insects and vector borne disease. In addition to the three programs mentioned below, EH staff responded to numerous complaints in 2013 associated with cockroach infestations, rodents, and bed bugs.

### RABIES PROGRAM

Control of rabies in a community starts with an aggressive pet vaccination program. In 2013, 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 five local animal shelters. Fig. 16 shows vaccinations by animal type for years 2009-2013. In total, \$2,085.84 in donations was collected at the five vaccination clinics held last year.



**Fig. 16- Rabies Vaccinations (2009-2013)**



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

Environmental Health

In addition EH staff conducted 189 animal bite investigations and referred 27 persons to the Nursing Division for post-exposure immunization. In 2013 a total of 89 specimens were submitted to the NYS Rabies Laboratory for analysis, of which 4 were positive (2 raccoons and 1 cat, 1 fox).

**WEST NILE VIRUS/INSECT CONTROL PROGRAM**

In 2013, budget constraints limited the mosquito control program to minimal surveillance. Larval counts from this surveillance and weather conditions did justify one aerial application of larvicide from July 12th – 14th.

It should also be noted that during the summer of 2013, the Chautauqua County Health Department reported positive results for Eastern Equine Encephalitis (EEE) from testing of mosquitos in the Frewsburg area. As a result, the Cattaraugus County Health Department initiated some limited adult mosquito trapping in the Randolph area during the fall. All specimens obtained during this effort tested negative for EEE.

**LYME DISEASE / DEER TICK EDUCATION**

The NYSDOH first reported in 2009 and 2010 that surveillance of deer ticks at two locations within the county revealed the presence of tick 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. Continued surveillance in 2011 and 2012 revealed an increase in the percentage of infected deer ticks. 3 human cases of Lyme Disease were reported in Cattaraugus County in 2012 and an additional 4 cases were reported in 2013. Similar data from surrounding counties supports the conclusion that the rate of Lyme Disease infections in WNY is likely to increase.

***Environmental Health Program Support Services***

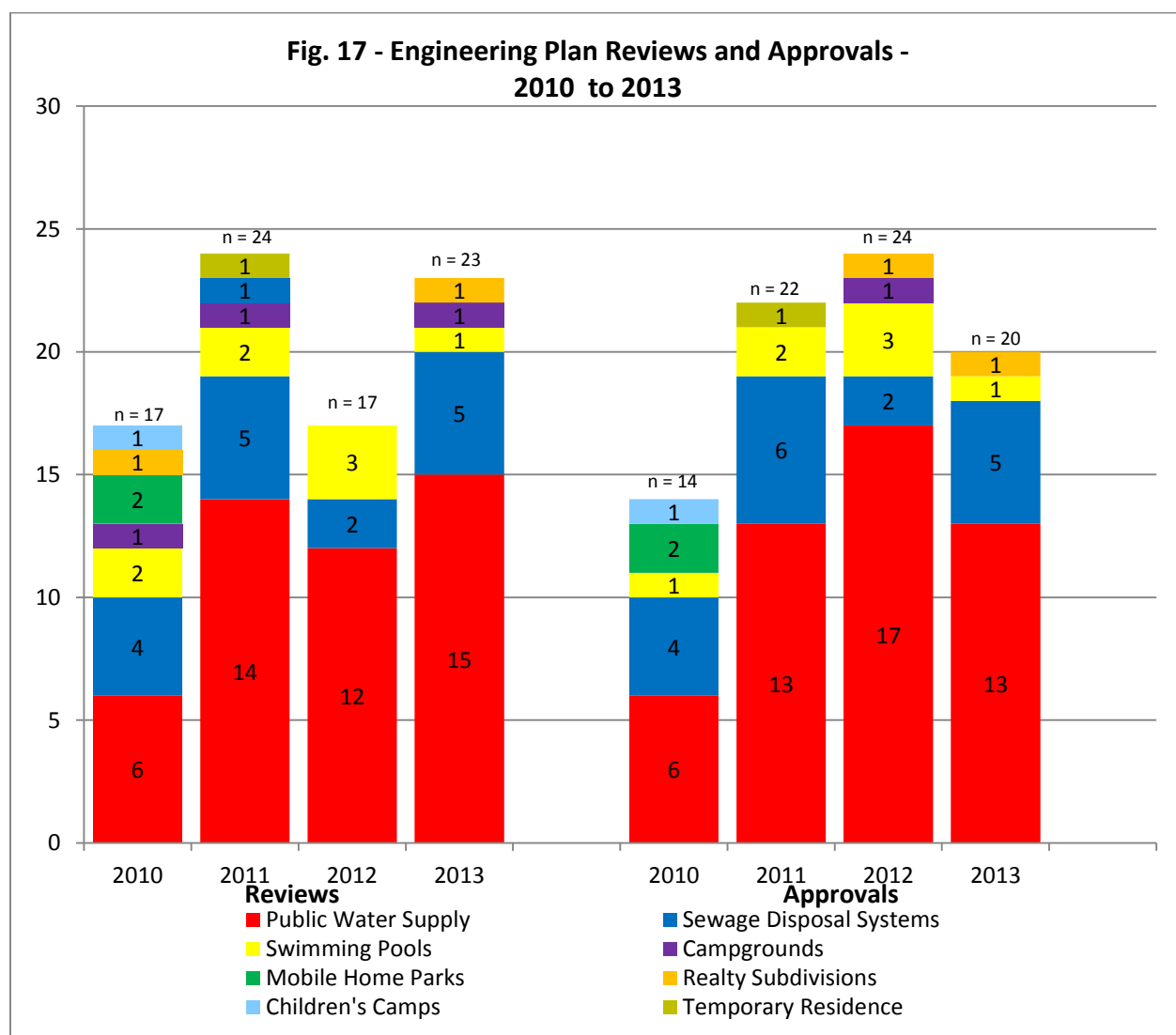
In support of the above health department functions and program activities, EH staff performs three categories of service, namely engineering plan review, public health nuisance complaint investigation, and enforcement. These services are vital for ensuring the proper design, operation, and maintenance 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.17.

**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 2013 EH staff responded to 64 complaints regarding possible public health issues. This resulted in no formal enforcement action taken to bring about correction of county and state sanitary code violations.



Environmental Health

**ENFORCEMENT**

While much effort is spent to achieve regulatory compliance through education and voluntary compliance, there are occasions where formal enforcement must be conducted. In 2013, a total of 43 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 43 actions, 32 resulted in the assessment of \$4,045 in fines. Since January 1, 2001 the CCHD has assessed \$172,450.39 in fines and has collected \$136,983.27. Unpaid fine cases eventually go to small claims court, where court judgments are sought against the respondents.

**ENVIRONMENTAL HEALTH STAFF – 2013**

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 Hand washing, Oral Hygiene and Reproductive Health Programs remain most requested in 2013. Lead poison prevention education and testing in WIC Clinics continued in 2013.

### **GLO GERM HANDWASHING PROGRAM**

The Glo Germ Hand washing program is designed to emphasize the importance of proper hand washing to prevent lead poisoning and minimize the spread of contagious disease such as influenza (i.e. H1N1 influenza). Health education staff goes into the field to discuss proper hand washing and show, through the use of ultraviolet light and 'Glo-Germ' gel, the effectiveness of proper hand washing. Children leave the Glo Germ program with age-appropriate workbooks, stickers, brochures and/or pamphlets. A total of 115 Hand washing presentations were conducted with a total of 1,224 participants. 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 nominal 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 works 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 65 dental presentations were conducted with 1,224 students; each child received a dental supply bag that included a toothbrush, paste, dental floss and dental literature. These same materials are available in the Health Department and are also disseminated at MOMS visits by Health Department nurses. Dental supplies were also given out at the Amish Health/Wellness Day in September to sixty five participants.

**Table 4 - Oral Health Indicators**

(Source: NYSDOH Community Health Assessment 2010 & NYS Community Health Indicator Report Aug 2012)

Percent of 3rd grade children	2010	2011
- w/caries experience	70.9	42.3
- w/untreated caries	54.9	24.4
- w/dental insurance	51.7	65.0



## 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 personal identity 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.



### *School Outreach*

CCHD continued school outreach programs at county schools. This programming is designed to educate children on puberty, teens, on 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. In 2013, we had 38 schools participate and educate a total of 3,565 students. *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. 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, 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, Annual World Breastfeeding Day, Annual Farmer Neighbor Program, and the Seneca Nation Health Centers (Irving and Salamanca) Fairs. Health information is also available at the monthly car seat checks that take place at the Allegany Fire Department.





## NUTRITIONAL PROGRAM

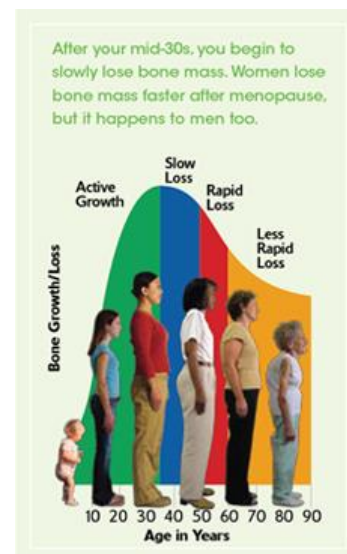
Proper nutrition is the foundation of a healthy lifestyle. Obesity is generally considered a leading cause of many health related conditions in the U.S. The HE nutritional program strives to educate the community on good nutrition and healthier habits. Through its programming, staff illustrates the importance 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.





### 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.



## **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. Health Education (HE) staff work with families receiving social services, Women Infant Children (WIC) 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. Fitting Station checks are held throughout Cattaraugus County, publicized and usually well attended. A total of 272 inspections were conducted at the checks. Seats were provided at a nominal cost to those needing to have old or recalled seats replaced.

### ***Partnership Activities***

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 2013, 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, Southern Tier Tobacco Action Coalition (STTAC), 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, 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.





The **Cattaraugus County Healthy Livable Communities Consortium (HLCC)** 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 75 partners that include non-profit agencies and organizations, county and municipal governments, health care organizations, religion, educational and a host of other key stake holders. The Consortium meets quarterly with sub groups meeting more frequently. In 2013 the Data Reserve Bank for Cattaraugus County was launched at the consortium. The Data Reserve is a repository that is intended to be used by grant writers, planners, organizations that report to the government, etc. – individuals and organizations who need up-to-date, reliable, consistent data to conduct and complete their reporting functions. The Cattaraugus Data Reserve site can be found at the web addresses below:

<http://next.alleganydatareserve.org/Cattaraugus%20Home>

Since the initiation of the HLCC, it has been the intent of the Cattaraugus County Health Department and its partners to instill upon other key stakeholders that we are *all called to action* to tackle health issues in this county. The facilitation and training provided to the HLCC the past 2 years by P2 Collaborative of Western New York, has been critical to this group's growth as well as its reputation as a national model of how well rural communities *can* collaborate. In addition to reviewing Assets available in this county, the training provided to HLCC regarding Social Determinants, Health Equity, and facilitating Community Conversations, P2 was instrumental in helping us pull together the Community Health Assessment (CHA), the Community Services Plan (CSP), and the Community Health Improvement Plan (CHIP).

Health Education

In 2013, NYSDOH required local Health Departments to work with local hospitals and other area partners to complete the CHA, CSP and the CHIP. CCHD partnered with Olean General Hospital, Bertrand and Chaffee Hospital, Lake Erie Health Center, Southern Tier Health Care System, Universal Primary Care -FQHC, Council of Addiction and Recovery Services, Dept. of Community Service, Dept. of Aging, Healthy Community Alliance-Rural Health Organization, and P2 Collaborative of Western NY.

**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
- 3) creating healthy and safe physical environments for children ages 0-18.

The award to Cattaraugus County Health Department which will terminate September 2014, will cover efforts that include critical work toward sustainability.



**HEALTH EDUCATION STAFF**

Debra Nichols – Public Health Educator  
Beverly Bennett – Public Health Educator Assistant  
Tara Leonard – Reproductive Health Educator – contracted  
Jared Olsen – Physical Activity Specialist – contracted

## EARLY CARE DIVISION

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. In April 2013, Public Consulting Group (PCG) was awarded the State Fiscal Agent (SFA) contract and will submit and manage provider and municipality billing to an enrolled child's insurance(s). All Early Intervention providers have entered into an agreement with the NYSDOH and no longer contracted with the municipalities. 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 193 referrals for children suspected of or diagnosed with a developmental delay in 2013. Through evaluations provided by NYSDOH approved providers, 104 children qualified to receive services and obtained an Individual Family Service Plan (IFSP) in 2013.

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 (June 2013)

Patty Wilber – Early Intervention Service Coordinator

Peggy Keller- Early Intervention Service Coordinator

Nikki Moshier – Early Intervention Child Find Assistant

Lanette Shaw – Early Intervention – Keyboard Specialist II

**Physically Handicapped Children's Program (PHCP) /  
Children with Special Health Care Needs Program (CSHCN)**

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 or developmental condition requiring health or related services of a type or amount beyond what is typically required by children.

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

Our 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. We 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 doctor 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. Our 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 the services that our programs provide. These activities aid in bridging gaps and overcoming barriers that prevent families from having access to adequate health care.

In 2013, medical services were provided to 58 patients. Forty patients received approval for medical services; eighteen patients were approved for orthodontic services. All of these applicants had some form of health insurance. In total, 1,052 medical and orthodontic services were authorized during 2013. Referrals from Women and Children's Hospital of Buffalo are minimal. The majority of our 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 in the past.

Data reporting is forwarded quarterly to the New York State Department of Health's Family Fiscal Unit, the Bureau of Maternal and Child Health, as well as, New York State's Regional Office in Buffalo.

**2013 PHCP/CSHCN Staff**

Kevin D. Watkins, M.D., M.P.H – Public Health Director  
Gilbert Witte, M.D. – Medical Director  
Gina Parks - Resource Coordinator of PHC/CSHCN Program



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

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 2013, the CCHD WIC Program's caseload was 2,285 with an enrollment of 2,158. 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 2013, which remained the same as last year. In 2013, 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 International Board Certified Lactation Consultant (IBCLC) and two Certified Lactation Counselors (CLC).

### **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

Women, Infants and Children (WIC)

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 (May 2013)

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

## COUNTY LABORATORY SERVICES DIVISION

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, Myco-bacteriology, 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.

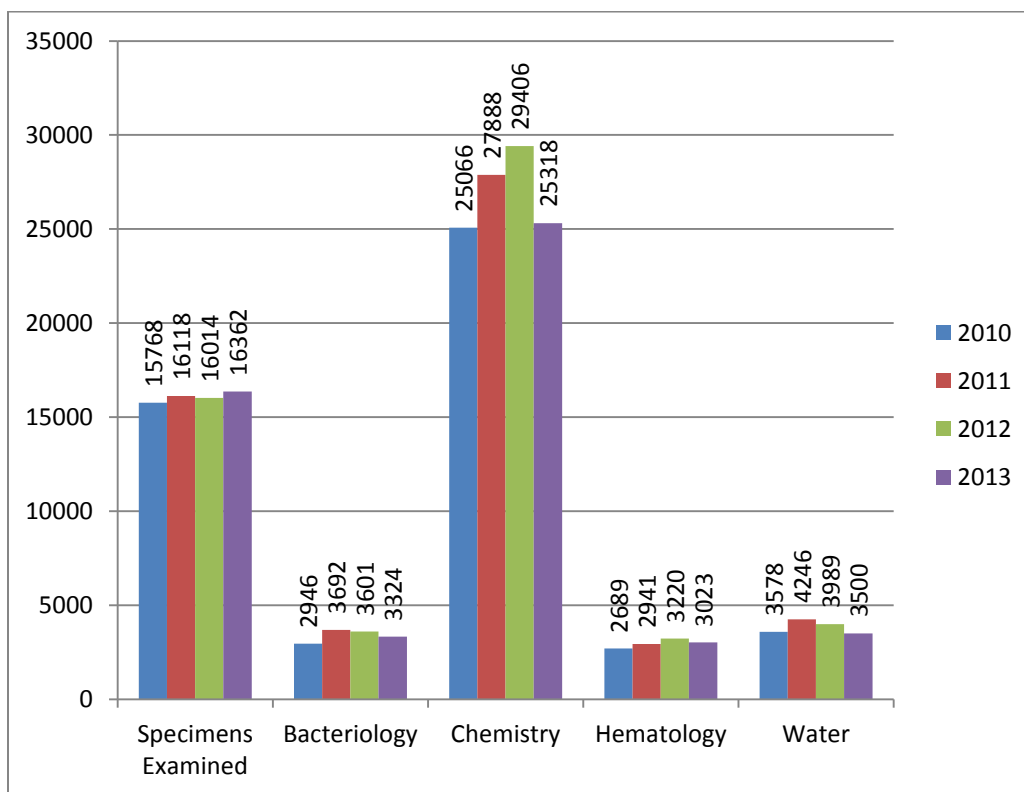


Fig. 18 – Number of Laboratory Tests Performed by Category (2010 – 2013)

## County Laboratory Services

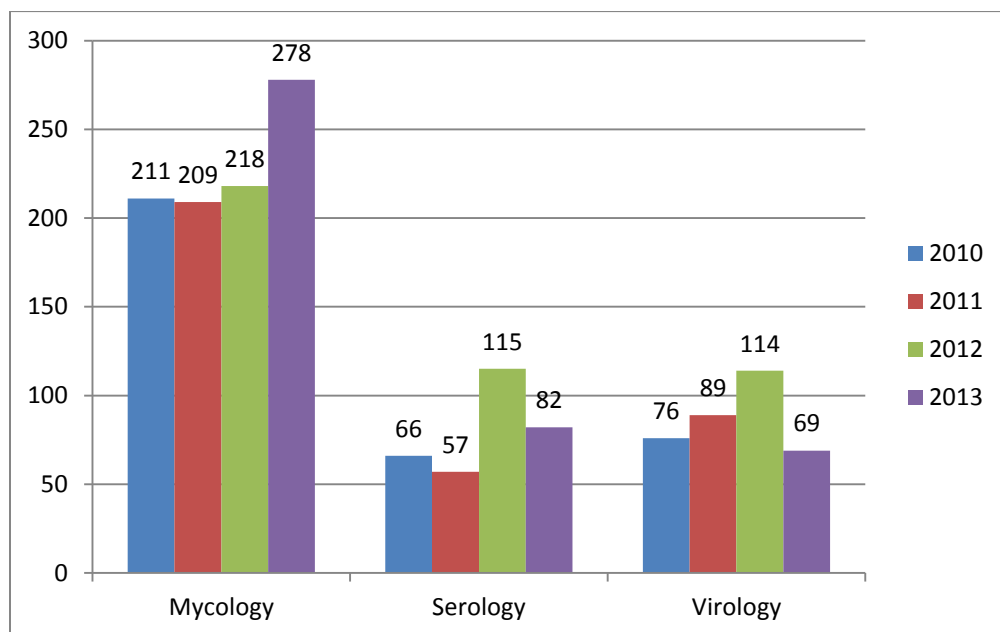


Fig. 19 Number of Laboratory Test Performed by Category (2010 – 2013)

Figs. 18 and 19 above *illustrate the change in the number of tests performed in different categories from 2010- 2013. 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.*

### COUNTY LABORATORY STAFF

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

## **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 (POD) operations. Budget Period 2 (July 2013-June 2014) includes 13 local, time-oriented deliverables and 23 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, Animal Sheltering, Mass Antibiotic Dispensing 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 POD in the Olean County building and offered free flu shots to County Employees, First Responders and county residents. 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 2013 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

### **EMERGENCY RESPONSE**

In 2013, 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. 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**

Kevin Watt – Director (effective May 2013)  
Michael Bechelli – Director (Retired Jan 2013)  
Robert Kuhn – Resource Specialist

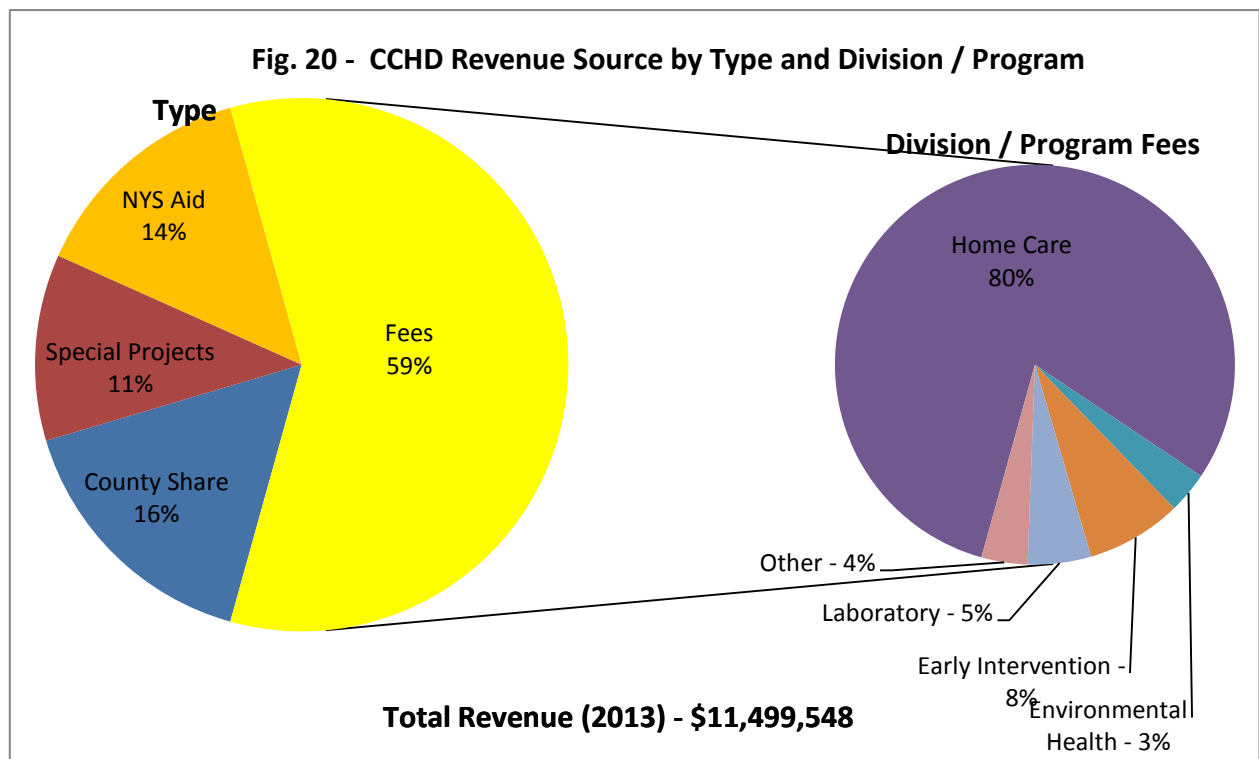


## FINANCIAL DIVISION

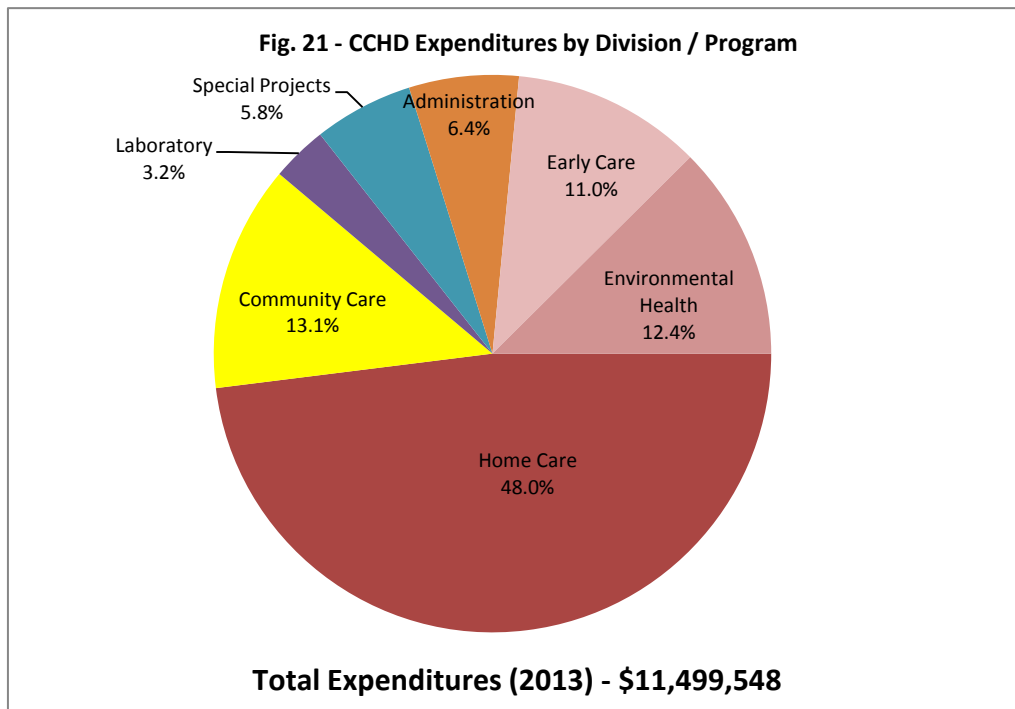
The Financial Division of the Health Department processes all income, expenditure and payroll activities. The Division also performs a majority of the purchasing functions for the Department and prepares and submits reimbursement claims to State and Federal Agencies. In addition, the Division is responsible for preparation of the Department's Annual Budget and subsequent monitoring.

### BUDGET PREPARATION

Key to budget preparation is an understanding of revenue sources and program expenditures. The Financial Services division works closely with the CCHD's programmatic divisions to account for all revenue sources and program expenditures. Total revenue in 2013 was \$11,499,548. Fig. 20 provides breakdown of CCHD revenue sources and Fig. 21 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 New York State grant funding streams such as WIC, Family Planning, Lead, Immunization, Emergency Preparedness, Children with Special Health Care Needs, and the Early Care Program and two Federally funded grants for Well and Septic Replacement and Community Transformation.



Financial



**FINANCIAL DIVISION STAFF – 2013**

Kathleen Ellis – Administrative Officer  
Jeanne Volgenau – Senior Accountant  
Jeff Toner - Accountant  
Lori Holmes – Senior Account Clerk Typist  
Pat Metler – Senior Account Clerk Typist

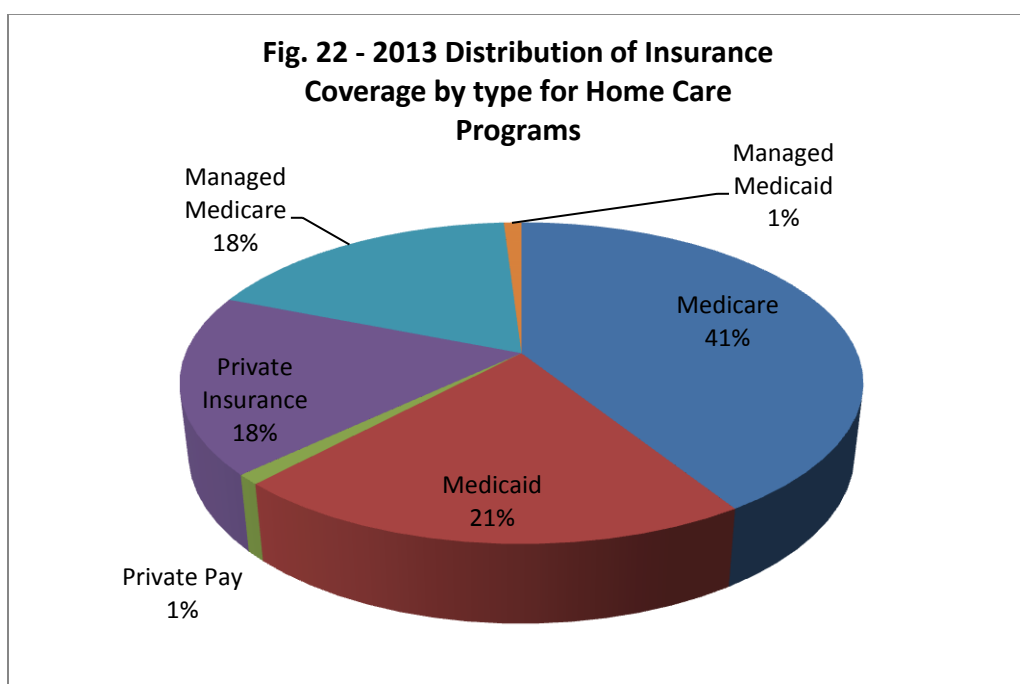


## BILLING DIVISION

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 2013, billing division staff has processed all bills in accordance with internal controls requiring bills to be sent out by specific deadlines each month. In 2013, the contract with Southern Tier Credit Services was continued, as well as the addition of NCS Plus, for the purposes of ensuring all revenue due to the County was collected.

### HOME CARE BILLING

In 2013, Home Care services generated over \$6.1 million in claims to over 100 private insurance companies, Medicare, Long Term Medicaid and Traditional Medicaid. Fig. 22 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 2012 services and re-billing them to Medicare for their review and consideration, this remains an ongoing project that will remain in effect into 2014.

**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. During the year, insurance reimbursement for clinic services was sought for 2,031 seasonal flu shots, 29 seasonal pneumonia shots, 189 physicals, and 72 post-exposure rabies shots.

**FAMILY PLANNING**

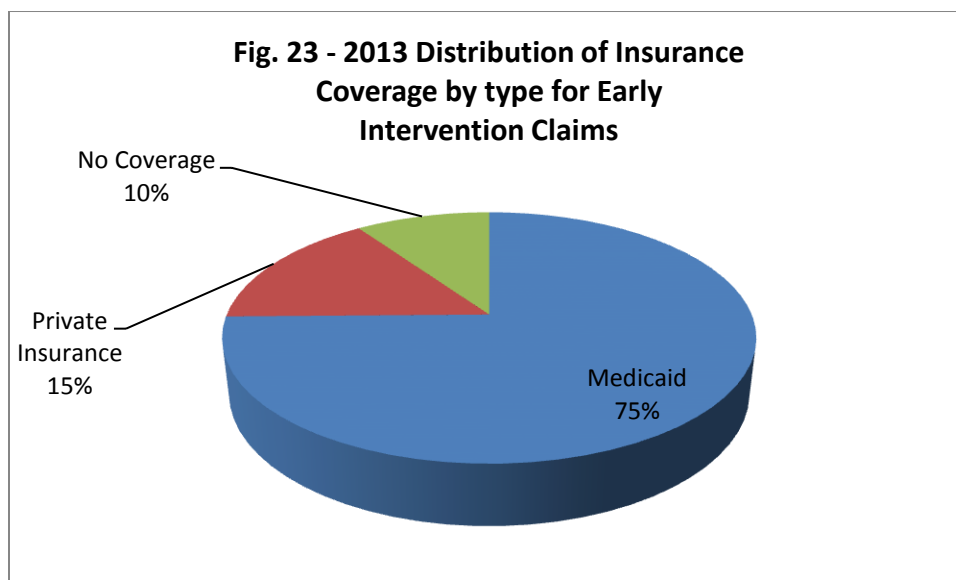
In 2013, the Cattaraugus County Health Department processed claims in-house for services rendered by the Family Planning clinic to private insurance and also to NYS Medicaid through a third party. Clinic staff has been diligent in their efforts to inform patients with no insurance of the Family Planning 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. In 2013, the Laboratory generated over \$255,000 in clinical claims to Medicare Part B, Medicaid, Private Insurance and various departments throughout the county. In addition, over \$97,000 was generated in Water testing.

**EARLY INTERVENTION BILLING**

In 2013, the Early Intervention program received 193 new referrals. Fig. 23 shows the distribution of insurance coverage by type for the 104 active early intervention cases.



Billing

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. Effective 4/1/13, the State Fiscal Agent took over the billing aspect for contracted services. CCHD no longer contracts with agencies or individuals for therapy needs; this is handled by the State Fiscal Agent. Currently, Service Coordination and billing for its services is the only EI service that is provided by County employees.

BILLING STAFF – 2013

Kathleen M. Ellis – Administrative Officer  
Michele Spring – Jr. Accountant  
Winnie Dougherty – Sr. Medical Billing Clerk  
Shawna Trudeau – Sr. Account Clerk Typist  
Heather Kellogg – Medical Billing Clerk  
Amy Weaver – Medical Billing Clerk

## ACKNOWLEDGEMENT

Special thanks to Mr. Kevin Watt for his ability to step up to the plate to assure that a quality report was produced this year in lieu of the absence to our Health Educator, Debbie Nichols who normally makes a valiant effort to compile this annual document.

Mr. Watt has been both dependable and reliable in his tenure at the Health Department. It is a pleasure to have such a faithful employee.

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 many changes that occurred in 2013, 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