

2015



Public Health
Prevent. Promote. Protect.
**Cattaraugus County
Health Department**

Annual Report

Kevin D. Watkins M.D. MPH

Public Health 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 2015 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.

During the year the department has seen itself more engaged in addressing health problems through collaborative community efforts. Public and private partners came together over many months to develop, and in some cases, implemented plans for handling the poor county health rankings. The "Healthy Livable Communities Consortium", in an effort to improve educating residents on healthier living, and assisting residents in avoiding preventable diseases and harm, worked on a grant called Spreading Community Accelerators through Learning and Evaluation (SCALE), which was instrumental in developing plans to improve the health and well-being of Cattaraugus County residents.

Community transformation was showcased in the new "Veggie Mobile" project that introduced collaboration of a local farm, a housing development, and the Health Department, offering free fresh vegetables to residents who may have otherwise not been afforded the opportunity to shop at a farmers market due to cost and transportation constraints.

The year found the department educating the public about periodic national and statewide public health crises that included (Ebola, Measles, Hepatitis A and Legionnaires disease). Due to the national attention garnered by these diseases, the department was able to shine light on its readiness to handle a public health crisis for the residents of Cattaraugus County.

Unfortunately, this was the year that Cattaraugus County also experienced an increase in opioid and suicide deaths. In order to address these preventable deaths, community partners began working on a broad response that encompasses awareness, prevention, and crisis intervention.

The department closed out the year by submitting over 600 documents in 12 areas (domains) for national accreditation review. The department will receive a site visit by accreditation public health peers to verify the accuracy of the submitted documentation next year. This was a rigorous process that took years of preparation and dedication by the accreditation team and department management staff. I would like to extend my appreciation to the entire department for a job well done.

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

Sincerely,

Kevin D. Watkins, M.D., MPH

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

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 2015, the Board of Health took enforcement actions on 21 cases and 2 appeals. Numbers only tell part of the story. Decisions made by the Board of Health have supported its strong leadership on issues related to public health.

BOARD OF HEALTH MEMBERS

Joseph Bohan, MD, President
Giles Hamlin, MD, Vice-President
Zahid Chohan, MD
Sondra Fox, RN
Richard Haberer
Julie Hamacher
James Lapey (Passed Away -August 2015)
Theresa Raftis
David L. Smith



Front Row: Giles Hamlin, MD, Theresa Raftis, Sondra Fox,RN,
Back Row: James Snyder, Richard Haberer, Joseph Bohan, MD, David Smith, Zahid Chohan, MD

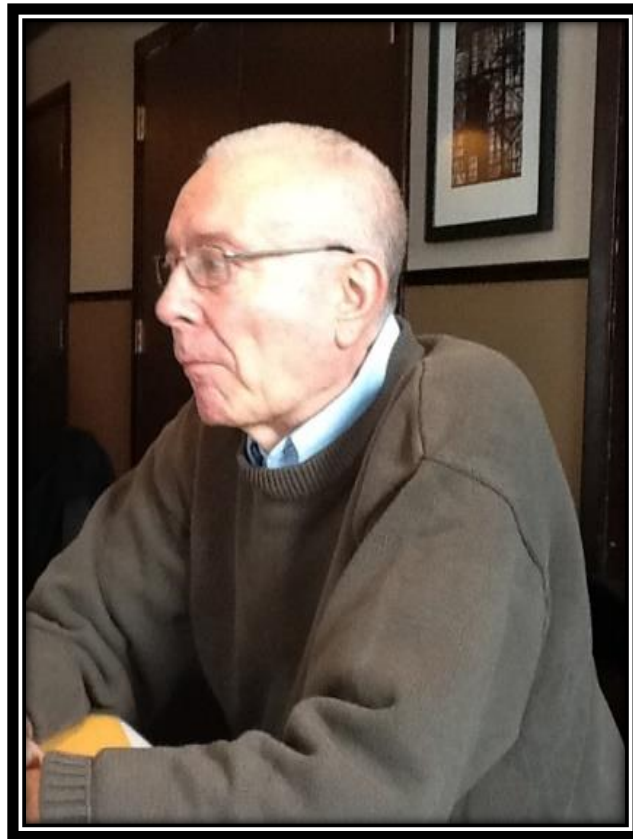
Not Pictured: James Lapey,

Dedication

DEDICATION

James B. Lapey, 77, of Salamanca, passed away on August 21, 2015. Mr. Lapey was a member of the Cattaraugus County Board of Health since 2004 and most recently served as the Board's vice president. Mr. Lapey graduated from Amherst Central High School and began his career in auto sales and transitioned in to regional sales of heavy construction equipment. As a motorsports enthusiast, Mr. Lapey's early days of drag racing led, much later in life, to his involvement in a Buell Motorcycle pit crew, where they won the 2004 National Championships. Mr. Lapey participated as a coach in the Odyssey of the Mind program, for over 20 years and included several trips to the World Championships.

The loss of his presence will be sadly felt by his many friends, and colleagues in Cattaraugus County.



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
Debra Lacher – 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 2015, Cattaraugus County Health Department's Certified and Long Term Home Health agency provided care to 1,423 individuals with an average daily census of 325. Home Health Care is covered by Medicare, Medicaid and most private insurance plans. Cattaraugus County CHHA provides care at no or reduced fee to individuals in need of skilled care, who are uninsured and meet income guidelines.

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 rehabilitative therapy services.

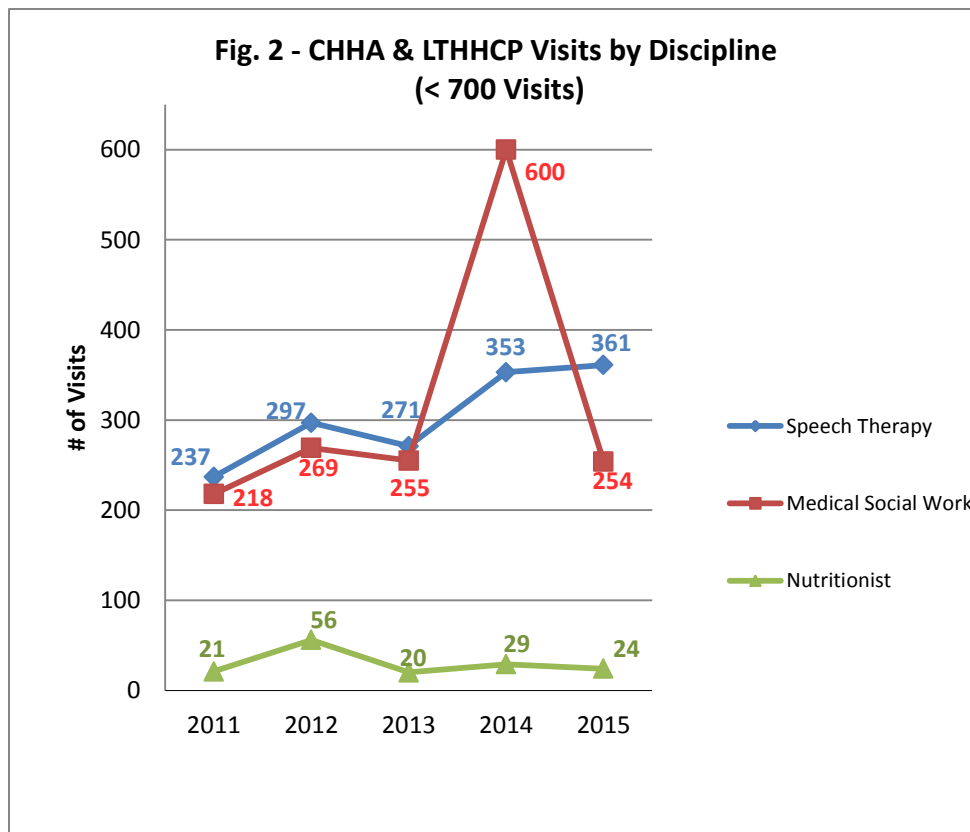
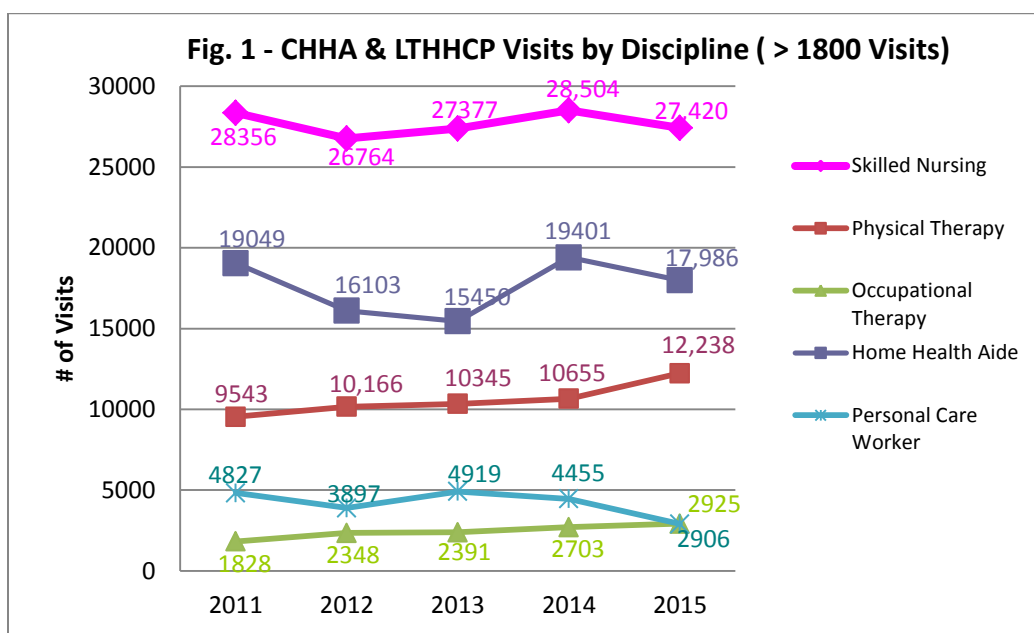
LONG TERM HOME HEALTH CARE PROGRAM (LTHHCP)

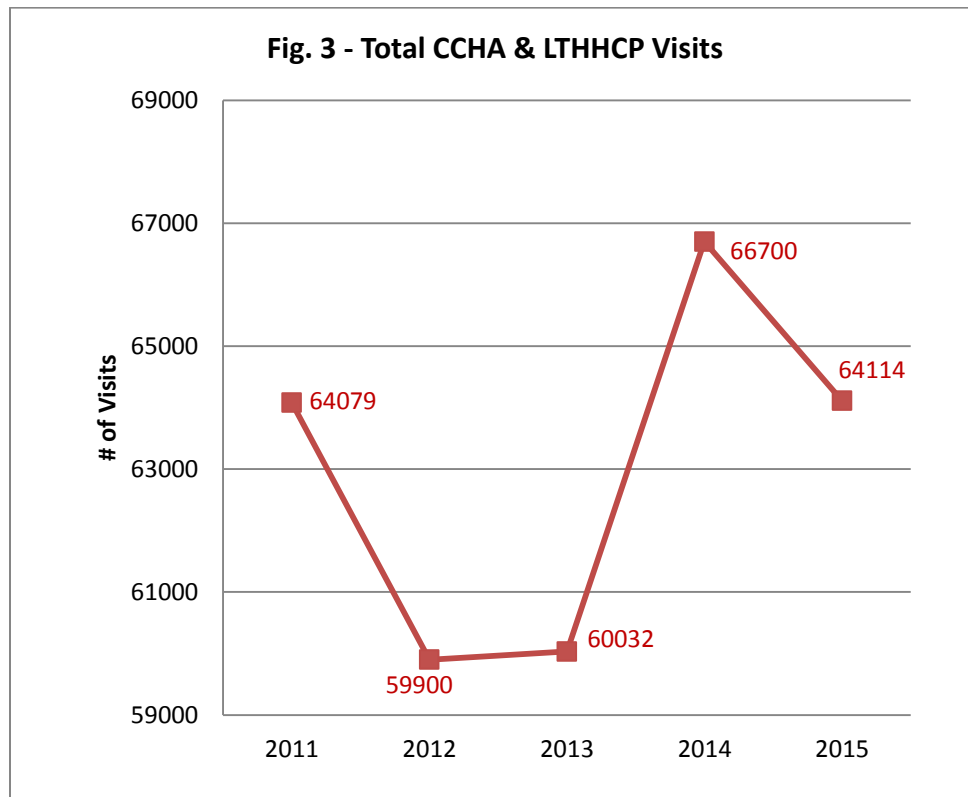
Since 1978, the Long Term Home Health Care Program has assisted elderly, disabled and chronically ill individuals, who otherwise might be in a nursing home, to remain safely in the community. Services provided include case management, nursing, therapy, aides, respite, home delivered meals, personal emergency 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 most often covered by Medicaid. Consequently, provisions of New York State's Medicaid redesign initiative have significantly impacted the county's LTHHCP. No new patients were admitted to the LTHHCP in 2015 and many existing patients were transitioned into managed long-term care plans. Some of these patients continue to receive services thru CCHD and some are receiving services directly through Licensed Home Care Services Agencies.

Nursing

Figs. 1-3 illustrate the disciplinary breakdown of home care visits for 2015.





CHHA / LTHHCP SHARED INITIATIVES

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

Quality Assurance/Assessment and Performance Improvement (QAPI)

Quality and customer service are important to CCHD CHHA/LTHHCP. Clinical and functional data collected by nurses and therapists, Medicare claims data, and patient satisfaction surveys contribute to the Home Health Quality Measures.

Outcome measures assess the results of health care as experienced by patients and include:

- Improvement measures
Example: after receiving home health care, can the person walk better
- Potentially avoidable events (PAE)
Example: did the person experience a fall while receiving home health care
- Utilization measures
Example: was the person seen in the emergency department while receiving home health care

Process measures evaluate if the home health agency uses specific evidence-based processes of care, such as timely admission or assessing patients for depression.

A detailed review of this quality data is available at:

http://profiles.health.ny.gov/home_care/view/13982#overview

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

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

Clinical Site Rotations

CCHD's Nursing Division provides Jamestown Community College nursing students with an introduction to the concepts of home and community based health services. Twenty (20) 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 were 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. Unfortunately, CCHD found it necessary to phase out this service in 2015 as the units/technology became obsolete.

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. The *Patient Review Instrument and Long Term Care Patient Screening Instrument (PRI/SCREEN)* and the *Uniform Assessment System for New York State (UAS-NY)* are examples of commonly used assessment tools.

PRI/SCREEN

New York State requires that all individuals be assessed using a PRI/SCREEN prior to admission to a Skilled Nursing Facility. CCHD has seven nurses trained to conduct PRI/SCREEN assessments. PRI/SCREEN assessments were conducted on 71 individuals in the community and 28 agency patients.

UAS-NY

The online UAS-NY is utilized to determine if an individual can be effectively and safely cared for by a long-term community-based home health care program, such as the Traumatic Brain Injury (TBI) or Managed Long Term Care (MLTC) program. Eight UAS-NY trained CCHD nurses completed 63 assessments in 2015.

Nursing

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
Laura Fuller RN– Medical Services Specialist
Barbara Parish Community Health Nurse – Quality Assurance/Performance Improvement
Kay Reynolds – Community Health Nurse – Quality Assurance/Performance Improvement

OLEAN:

Cheri Antle - Community Health Nurse
Amit Benedict - Community Health Nurse
Judy Braymiller - Community Health Nurse (PT)
Kristin Brown - Community Health Nurse
Gina Chaffee - Community Health Nurse
Melissa Chamberlain - Registered Nurse
Patricia Feuchter - Registered Nurse
Walter Hollamby - Community Health Nurse – resigned May 2015
Rebecca Lyman – Community Health Nurse
Brooke Schnell- Community Health Nurse
Carol Skudlarek – Community Health Nurse
Janell Bell Wellman – Registered Nurse
Elizabeth Bless – Social Worker (PT)
Earlena Baer - Keyboard Specialist II
Deborah Pettinato - Keyboard Specialist II
Susan Boyle - Account Clerk Typist

SALAMANCA:

Erica Musall Andera – Community Health Nurse
Teneille Andrews - Community Health Nurse
Sidney Early- Community Health Nurse
Nancy Fuller – Registered Nurse
Abbey Hayes - Community Health Nurse
Lois Lowry - 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)
David Fancher - Community Health Nurse
Meegan Howard – Community Health Nurse
Karin Jochen – Community Health Nurse
Catherine McCready – Registered Nurse
Karen Hoffmann – Keyboard Specialist II
Peggy Davis – Per Diem Clerical

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 New York State Department of Health (NYSDOH) developed the MOMS Program to improve birth outcomes in the high-risk Medicaid population. Through this program, Cattaraugus County assisted 25 individuals without insurance to receive presumptive Medicaid, thus promoting early prenatal care. Nurses, social workers and dieticians provide education and care management services to participants with the goals of decreasing the incidence of premature and low birth weight infants. Forty-one (41) individuals received 108 visits through the MOMS Program.

NEWBORN SERVICES

Newborn Screening

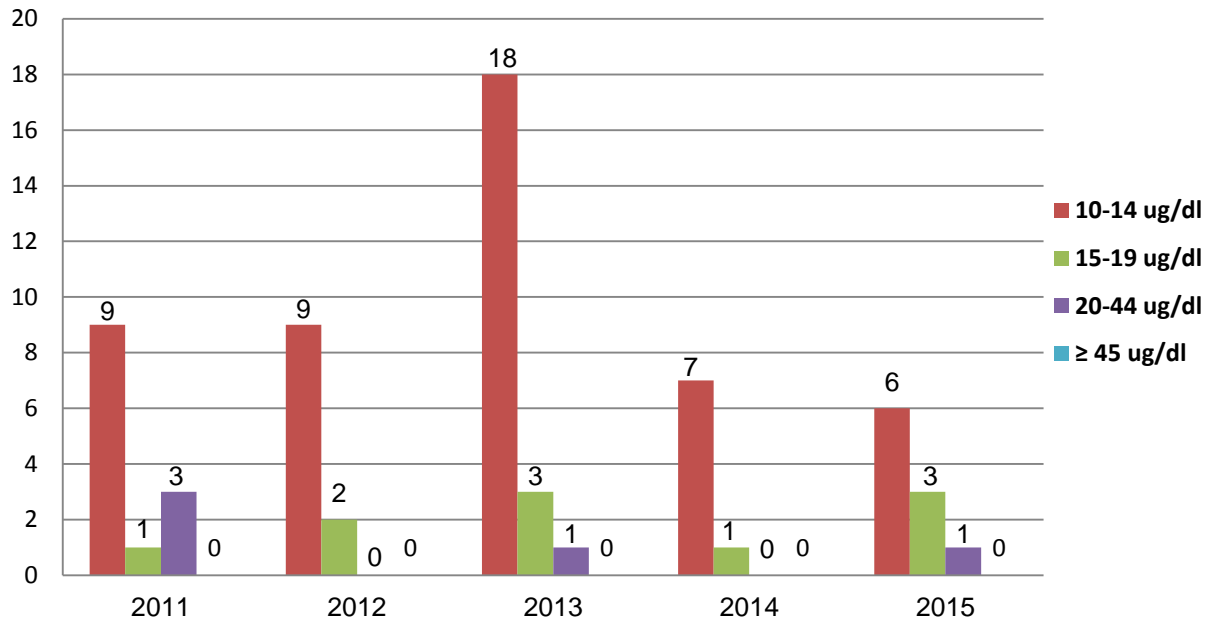
CCHD assists the NYSDOH Wadsworth Lab in obtaining initial and repeat blood samples for newborn screening (NBS). NBS detects over 40 genetic diseases such as cystic fibrosis, phenylketonuria (PKU) and Krabbe Disease. Early diagnosis and medical treatment can prevent serious permanent illness in many cases. CCHD nurses performed forty-seven (47) NBSs in 2015.

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 and eighteen (118) individuals received 228 Maternal Child Health visits in 2015.

CHILDHOOD LEAD POISONING PREVENTION PROGRAM

Fig. 4 illustrates the number of children with Elevated blood lead levels (EBLL) from 2011 to 2015. EBLLs 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 recommended interventions for varying blood lead levels in children. The Health Department monitored 1,611 blood lead levels via electronic reporting on the Health Commerce System (HCS) to ensure that all children are tested and receive appropriate follow-up. CCHD nurses made 26 home visits to 17 children with elevated blood lead levels. With funding from NYSDOH, CCHD lead program continues to provide point of care lead testing at WIC sites. This provides an excellent opportunity to address an at risk population through education and testing. Eighty-eight (88) point of care lead tests were conducted at WIC clinics and other community settings in 2015, up from 59 in 2014.

Fig. 4 - # of Cases of Childhood EBLL by Intervention Strategy Categories (2011 - 2015)**Table 1 - Intervention Strategy by Blood Lead Level**

Lead Level	Intervention
10-14 ug/dl	Follow up with family within 5 days for 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	Follow up within 2 days, + same as above and encourage patient physician to consult Regional Lead Resource Center
45-69 ug/dl	Perform EH visit as noted above, notify state, conduct home visit within 24 hrs., follow-up blood test within 48 hours

COMMUNITY HEALTH CLINICS

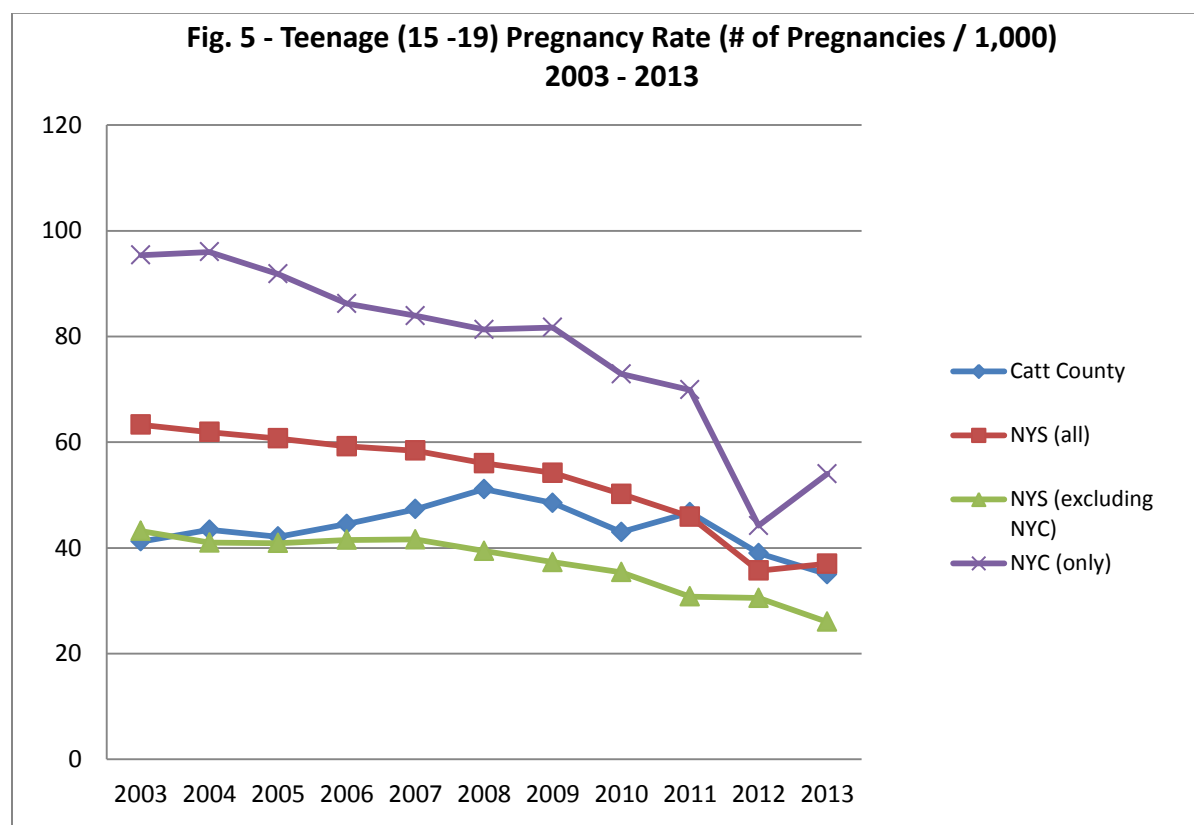
Community health clinics provide a variety of services to community members at health department sites in Machias, Salamanca and Olean. Clinic services may also be provided at various community locations throughout the county in response to critical public health needs. Community Health Clinics provide the following services.

FAMILY PLANNING CLINIC (FPC) SERVICES

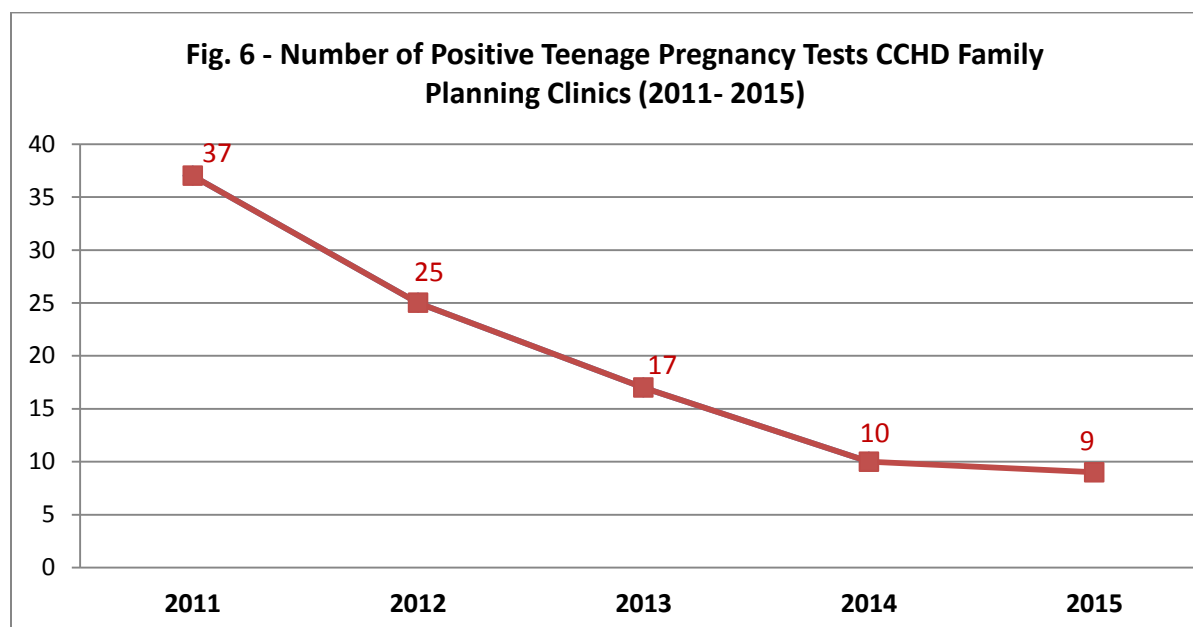
The main goal of family planning services is to promote a reproductive life plan, which in turn will reduce unintended pregnancies in all age groups, prevent and treat sexually transmitted diseases, and promote pre and inter-conceptual health. Family planning clinics meet these objectives by ensuring access to reproductive health education, counseling and comprehensive reproductive health care, including access to effective contraceptives.

Reproductive Health Services

Reproductive Health Services for both men and women are provided at CCHD offices in Machias, Olean, and Salamanca. Although the teenage pregnancy rate for Cattaraugus County has fallen substantially from its peak of 80 pregnancies/1000 in 1990, Figure 5 shows that Cattaraugus County has a higher teenage pregnancy rate than the state average (excluding NYC) in 2013. Figure 6 shows the number of adolescent FP clients with positive pregnancy tests.

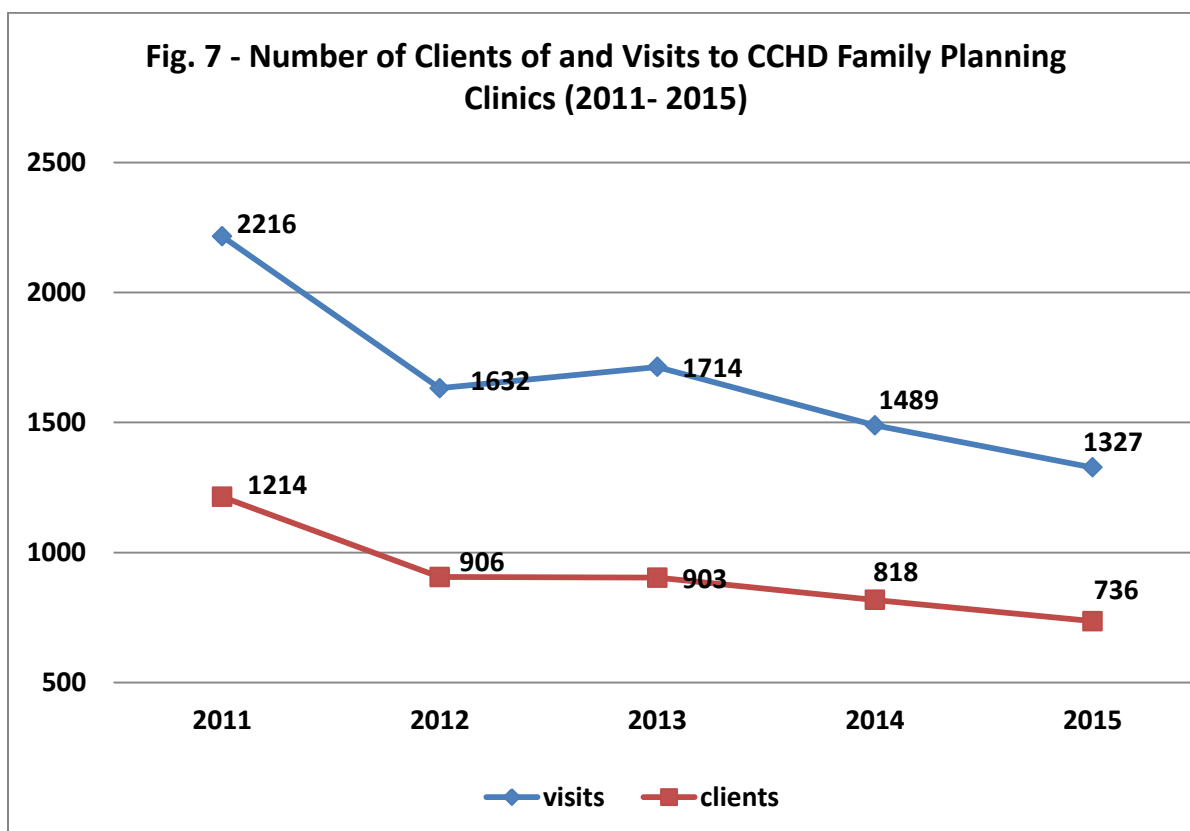


Source : NYSDOH Vital Statistics



It is estimated that thirty-nine (39) adolescent pregnancies and seventy-seven (77) unplanned pregnancies in individuals 20 and older were averted through the efforts of the FP clinic/program. Despite these efforts, almost half of all pregnancies are still unplanned, highlighting the need for renewed efforts to reach underserved populations. Community outreach and education are vital to providing the accurate information necessary for responsible decision-making. The Health Education section of this report provides more information about these activities.

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, promotion of the *medical home model* and improved insurance coverage through the Affordable Care Act.



Source: Ahlers 2011 -2015

Reproductive Disease Prevention

Cervical cancer is preventable through vaccination and routine screenings. In 2015, Cattaraugus County Family Planning Clinic performed 199 pap smears of which 75 required further surveillance and one was significantly abnormal to require immediate referral for follow-up.

Cancer Services Program

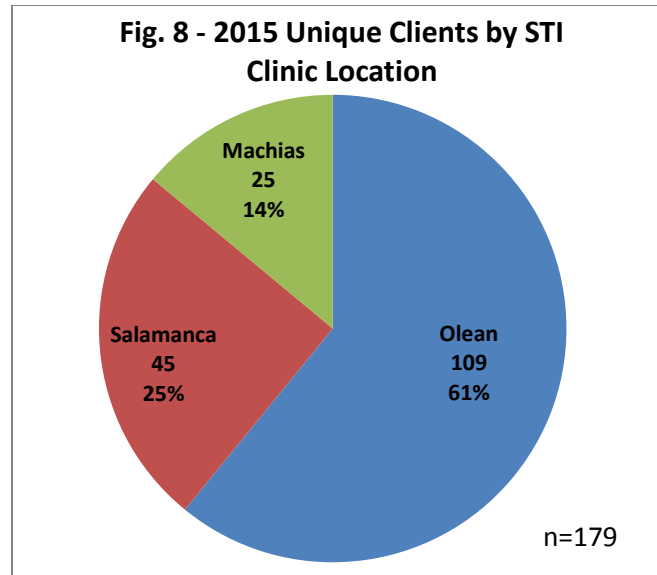
This program assists individuals who are either underinsured or uninsured to receive regular health screenings to promote early detection of cervical, breast and colorectal cancer. Family planning staff provides physical examinations, screening & diagnostic tests and education to individuals in this program. Fourteen (14) clients received fifteen (15) breast exams, and eleven (11) cervical cancer screenings. The utilization of this program continues to decrease as insurance coverage improves.

SEXUALLY TRANSMITTED INFECTION (STI) CLINIC SERVICES

CCHD is required by state regulation to provide confidential services for the diagnosis and treatment of STIs. Services include testing and treatment for Chlamydia, Gonorrhea, Syphilis, Trichomonas, and Herpes. All clients and identified contacts receive education, treatment and follow-up.

The most common sexually transmitted infection in Cattaraugus County is chlamydia. Forty-three cases of chlamydia and seven cases of gonorrhea were detected during routine family planning visits. Nineteen cases of chlamydia and one case of gonorrhea were detected in STI

clinic. One-hundred seventy nine (179) clients made 198 visits to the STI clinic in 2015. Client ages ranged from 14-70 with an average age of 28.92 years. Fig. 8 shows the number of STI clinic visits by clinic location.



HUMAN IMMUNODEFICIENCY VIRUS (HIV) TESTING SERVICE

Confidential HIV counseling and testing are offered to all individuals utilizing health department clinics. Early detection and treatment enhances quality of life, longevity and reduces the potential for new cases. The Health Department provides Rapid HIV testing by swabbing the oral mucosa. Using this method, results are available in 20 minutes. In 2015, 252 individuals were tested for HIV in Family Planning Clinic, and STI Clinic. None of these tests were positive.

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 specialized care in their own community.

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 199 physicals in 2015.

Communicable Disease Prevention

Disease prevention, surveillance and containment are core functions of the CCHD. Table 2 compares the 2015 occurrence rates of communicable diseases in Cattaraugus County to the average occurrence rate in the county over the previous three years. Diseases showing an increased frequency in 2015 include Chlamydia, Gonorrhea, Chronic Hepatitis C and Lyme

disease. 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:

Communicable Disease in Cattaraugus County	Freq 2015	Average Freq (2012-14)
AMEBIASIS	1	0
CAMPYLOBACTERIOSIS	15	9
CHLAMYDIA	272	203
CRYPTOSPORIDIOSIS	3	1
EHEC, NOT SEROGROUPED	1	0
GIARDIASIS	3	5
GONORRHEA TOTAL	21	16
HAEMOPHILUS INFLUENZAE, NOT TYPE B	2	1
HEPATITIS B, CHRONIC	2	2
HEPATITIS C, CHRONIC	66	63
LEGIONELLOSIS	3	4
LYME DISEASE	9	4
MALARIA	1	0
MENINGITIS, ASEPTIC	3	0
PERTUSSIS	2	5
SALMONELLOSIS	7	10
STREP, GROUP A INVASIVE	5	2
STREP, GROUP B INVASIVE	2	4
STREP PNEUMONIAE, INVASIVE	7	5
SYPHILIS TOTAL	3	1
VIBRIO - NON 01 CHOLERA	1	0

HEPATITIS PROGRAM

Hepatitis C Testing

Hepatitis C is a liver disease that results from infection with the Hepatitis C virus (HCV). Hepatitis C spreads when blood from a person infected with 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 in 1992, Hepatitis C was 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 decades 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-fifty four (254) at risk individuals were tested with 2 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 cases of active Pulmonary Tuberculosis in Cattaraugus County in 2015. Tuberculin skin testing (TST) was provided to 439 clients with one (1) of those individuals testing positive. Individuals with a positive test are encouraged to follow up with either the Cattaraugus County Health Department or their private physician. Active tuberculosis can be prevented through follow up and prophylactic medication for those with positive TST. Eleven (11) individuals received care in 2015 at the County Chest Clinic and two (2) were started on prophylactic medication.

IMMUNIZATION PROGRAM

Immunization Coalition

The South Western Immunization Coalition of NY, known as SWIC of NY, works in collaboration with the New York State Department of Health to increase immunization rates in children and adults. SWIC of NY combines the efforts of Cattaraugus, Chautauqua, and Allegany counties to promote education, information, and access to immunizations for the residents of southwestern NY. SWIC of NY is collaborating with health care providers in an initiative to increase immunization rates for the human papillomavirus (HPV) vaccine in adolescents, both male and female, for cancer prevention.

Provider Visits

The Cattaraugus County immunization staff makes scheduled visits 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. Visits include vaccine educational packets, 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. Visits are conducted using the **AFIX** model developed by the Centers for Disease Control:

Nursing

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.

The Cattaraugus County Health Department is collaborating with the County Health Officials of New York (NYSACHO) in THE CAMPAIGN TO IMMUNIZE ALL NEW YORKERS, an initiative to bring together patients, parents, providers to heighten awareness of the need to immunize throughout life-from infancy to senior years.

Vaccination Services

CCHD provides immunization services at the Olean, Salamanca and Machias offices, as well as flu clinics at community locations throughout the county. The number of routine childhood and adult immunizations administered have been on a downward trend as more primary care providers and pharmacies offer vaccination and as insurance coverage for vaccination improves, however 2015 showed a slight increase in the number of vaccinations administered. Table 3 lists the types and numbers of vaccines given by the CCHD to children and adults.



Table 3 - 2015 CCHD Immunizations

IMMUNIZATION	Number Given Age18 & younger	Number Given Age19 & older	Total Number Given
Diphtheria Tetanus Acellular Pertussis-DTaP	11	0	11
Hepatitis A	6	82	88
Hepatitis B	13	64	77
Hepatitis A & Hepatitis B	0	41	41
Haemophilus Influenzae Type b (Hib)	3	0	3
Human Papilloma Virus HPV	8	9	17
Inactivated Polio -IPV	7	7	14
Japanese Encephalitis	0	2	2
Meningococcal	20	12	32
Measles Mumps Rubella - MMR	18	35	53
Pneumococcal	3	128	131
Rotavirus	0	0	0
Tetanus Diphtheria Td	0	2	2
Tetanus Diphtheria Acellular Pertussis - Tdap	26	144	170
Typhoid	21	64	85
Varicella	35	6	41
Yellow Fever	10	35	45
Shingles (<i>Zostavax</i>)	0	9	9
Totals	181	640	821

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 flu is to get vaccinated each year.

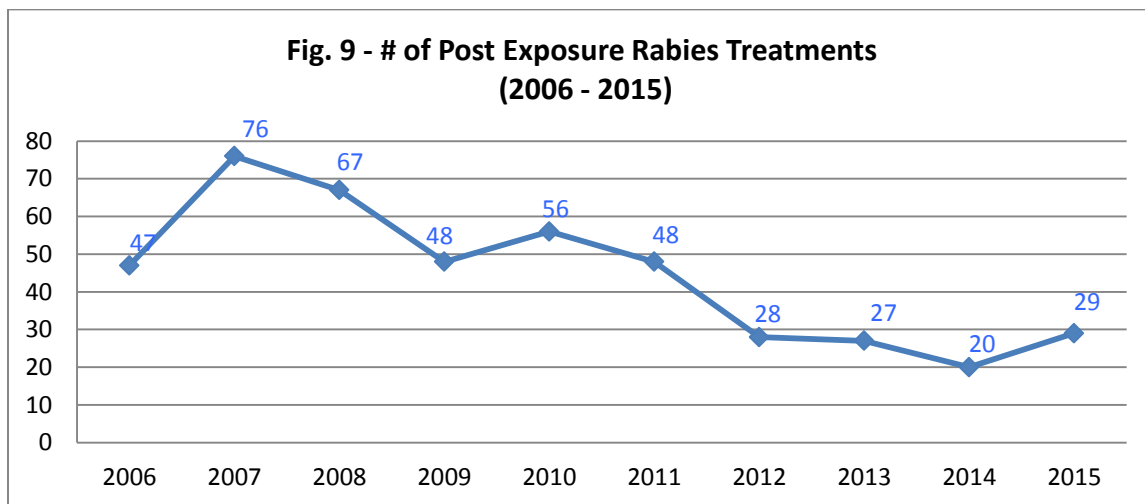
The Health Department administered over 2,000 doses of seasonal flu vaccine at 13 community sites and 7 schools or health facilities. Vaccination coupled with education and surveillance help to limit the impact of influenza in the county.

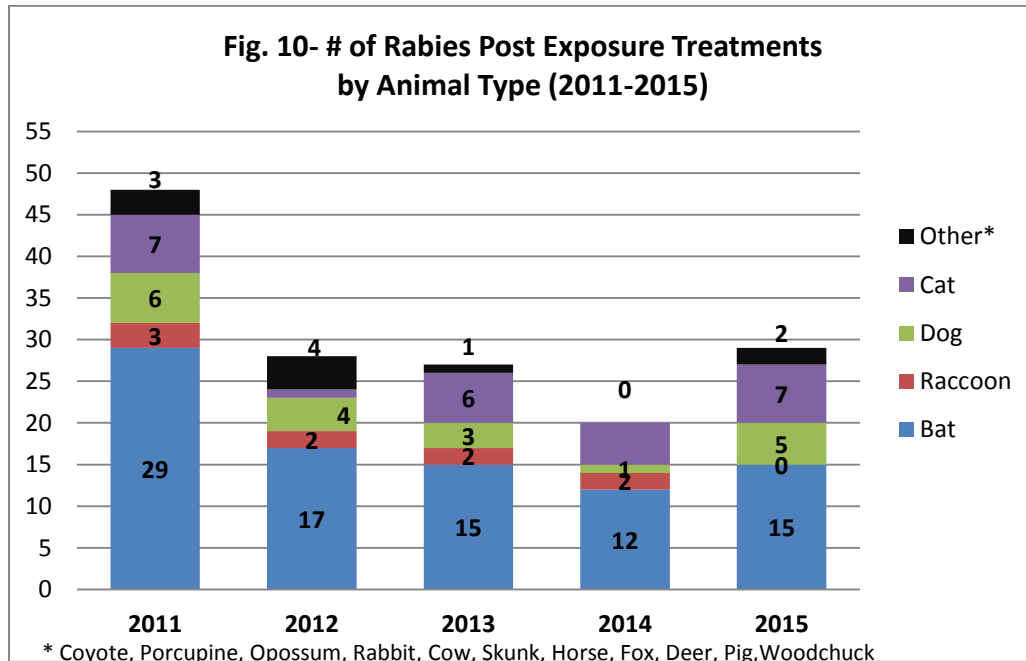
Rabies Post-exposure Vaccination Program

Rabies is a fatal, progressive neurological disease transmitted by a virus found in the saliva and nervous tissue 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. Twenty-nine (29) people received post exposure vaccination; of these, three (3) were due to contact with lab confirmed rabid animals (one cat, one skunk and one coyote). 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 animal vector.

Four (4) individuals, at risk for occupational or recreational exposure to rabies, received the pre-exposure vaccination series.





MATERNAL CHILD HEALTH & COMMUNITY HEALTH STAFF – 2015

Susan A. Andrews - Director of Patient Services
 Patti Williams - Supervising Community Health Nurse
 Gretchen Dowdy - Physician Assistant
 Cristin Boyles - Community Health Nurse –resigned July 2015
 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

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 health code violations. Through education and enforcement many potential illnesses and injuries are prevented.

Water Supply Compliance and Protection

PUBLIC WATER SYSTEMS (PWS)

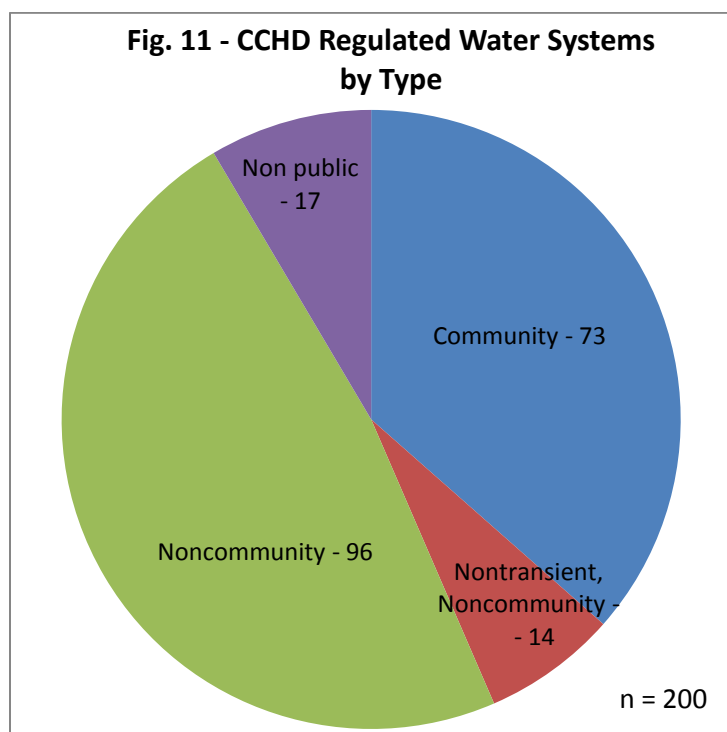
The U.S. Environmental Protection Agency cites efficient water use, better management and operation of water systems, full cost pricing, and watershed approaches to source protection as vital to ensuring the future of safe and healthy water for public consumption in the United States. The CCHD's PWS program works with operation and management personnel at 183 public and 17 non-public water systems throughout the county to ensure the provision of safe drinking water. 10 NYCRR 5-1 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. Examples are a municipal water district or mobile home park system.

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 to the public.

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 a school or business facility that has more than 25 employees, with its own well used 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 Subpart 5-1, 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.



Water System Inspections

During 2015, EH staff performed required inspections at 124 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, regulatory compliance, and record keeping*. Inspections and sanitary surveys are designed to critically review operations and management. Sanitary survey findings identify system deficiencies that can increase risks to public health. They also provide system management and operations personnel with recommendations to improve system operations, security, worker and public safety, and energy efficiency. Sanitary surveys also provide for informal educational opportunities pertaining to specific issues important to the system's operation, management and regulatory compliance

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 2015, 1,585 microbiological samples and 209 nitrate samples were collected at public water systems for eventual analysis by the Cattaraugus County laboratory.

Technical Assistance

Operating a PWS to minimize public health 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 may have full time dedicated staff. Other smaller systems, such as villages, towns, and mobile home parks, often have limited capacity to achieve regulatory compliance and operate the system in a manner that ensures delivery of safe water 24 hrs/day and 365 days/yr. 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 PWSs.
- State and federal regulatory requirements for PWSs are complicated. While most certified operators¹ are familiar with these requirements, questions routinely arise that require EH staff explanation or interpretation.
- EH staff provides updated detailed sampling schedules to all PWSs in the county each January, and send reminder letters and e-mails to operators when certain sampling deadlines approach.
- Operation of PWSs often requires historic and geographic information about the design and past operations of the system. EH staff continues to develop 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 computer 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. Previously training was provided to staff from three systems in data capture, storage, and management needed for developing an effective Asset Management Program. Our Water Resource Specialist hopes to expand this to other municipal systems in the future.
- Regulatory and technical assistance is provided on an ongoing basis associated with various engineering and capital improvement projects throughout the county. The EH Director participates in project planning meetings each year with engineering consultants, municipal officials, and State agency representatives to secure funding for projects.
- Each year EH staff assist several new operators with completing their licensing requirements (i.e. finding certification courses and processing applications) and seminars are conducted to help current operators obtain necessary certification renewal credits.

¹ 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 2015, EH staff helped the following communities in their capital improvements project planning:

The Village of Cattaraugus, previously applied to the NYS Division of Housing and Community Renewal (DHCR) for a \$600,000 grant and the DWSRF for \$3.6 M in low interest loans 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 DHCR grant was approved. Kelly Summit spring improvements and installation of all new customer metering are expected to be completed in 2016. Additionally, the village was notified in 2015 that they had received a \$1.23 M grant to replace their 100+ year old transmission line and other critical repairs. It is anticipated that work could be completed in 2017.

The Crystal Water Company had 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 be abandoned and replaced by new wells. In 2011, water company owners were notified that they were eligible for funding assistance through the NY Drinking Water State Revolving Fund (DWSRF), but conflicts with the NYS Public Service Commission and NYSEFC delayed final funding authorization and engineering design until 2014. Separately, a group of residents paid for the preparation of an engineering map, plan, and report (MPR) and finally convinced the Ashford (T) Board to take the legal steps necessary to form a town water district. In 2015 the town board did form a municipal district and entered into a lease agreement to operate and manage the old water system until a new system could be constructed. Then, in December 2015 the town was notified that they had received a \$1.92 M grant. The new water system will now be built in 2016 and should be operational before the end of the year.

The Town of Randolph was notified in October, 2011 that they were eligible for \$3.74M of DWSRF funding for their project, which includes drilling of a new well, replacement of all customer metering, repair of the water storage tank, and various distribution system improvements. The metering component was completed in 2014 and the storage tank in 2015. It is anticipated that the remaining well and treatment work will be completed in 2016.

The Village of Portville undertook a project in 2014 to upgrade and re-activate a former municipal well and treatment facility on Wellington Drive. The well had been shut down in years past due to some aesthetic water quality concerns that would have required expensive new filtration equipment. A new engineering investigation and water quality testing suggested that the Village may be able to meet federal and state drinking water standards by new treatment methods to alter the water chemistry, rather than filtration. The majority of the work was completed in 2014-2015 and laboratory testing and adjustment of treatment processes is ongoing.

The Village and Town of Ellicottville completed a couple of water projects in 2015. The village drained, cleaned, and inspected the old concrete reservoir and replaced the transmission

line connecting it to the distribution main on Rt. 219. The town replaced a section of main and stream crossing as part of the realignment and reconstruction of Holiday Valley Road.

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 Onsite Wastewater Treatment System (OWTS) 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 Onsite Wastewater Treatment System Permit programs. Together, these two programs account for the largest portion of field staff time each year.

REAL PROPERTY TRANSFER PROGRAM

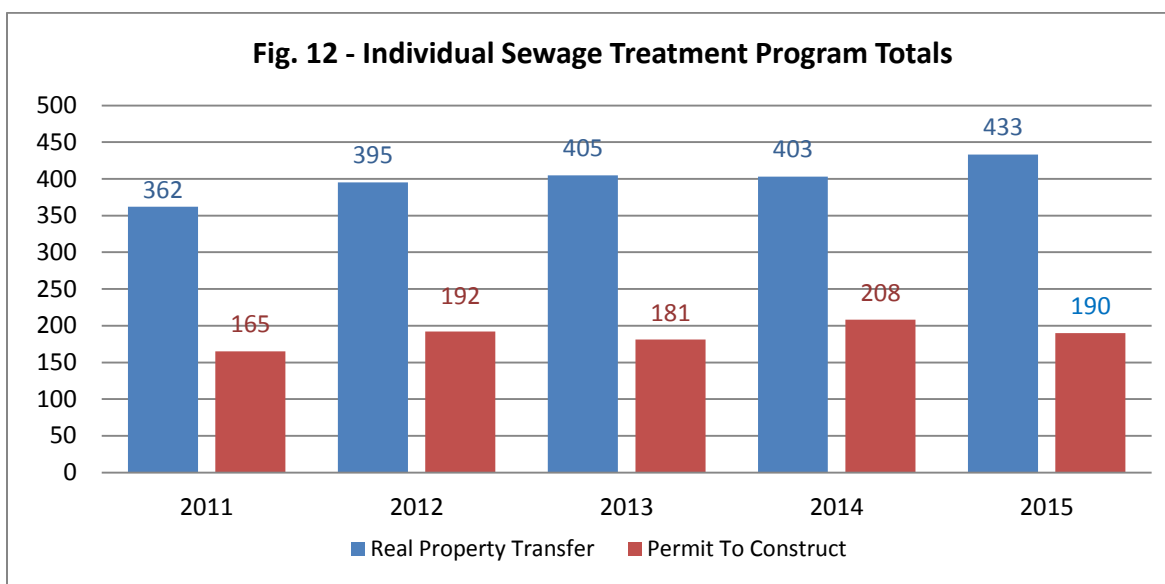
The RPT program provides a mechanism for performing sanitary survey inspections of private sewage and water systems at the time of all rural property sales. This, along with neighbor complaints that are received each year, serve to identify failing OWTS in need of repair or replacement.

Fig. 12 shows the number of RPTs completed between 2011 and 2015. Environmental Health staff created the Real Property Transfer Tracking and Reporting System (RPTTRS). Currently, RPTTRS is providing field staff with electronic information directly from Real Property Services, to allow field staff to identify those sales that have not undergone a septic/water sanitary survey. Additionally, management staff can better track the number of such transfers to better allocate workload.

ONSITE WASTEWATER TREATMENT 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, soil tests, and design small OWTS for individual homes, while the EH Director reviews and approves 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 OWTS permits to construct issued between 2011 and 2015.

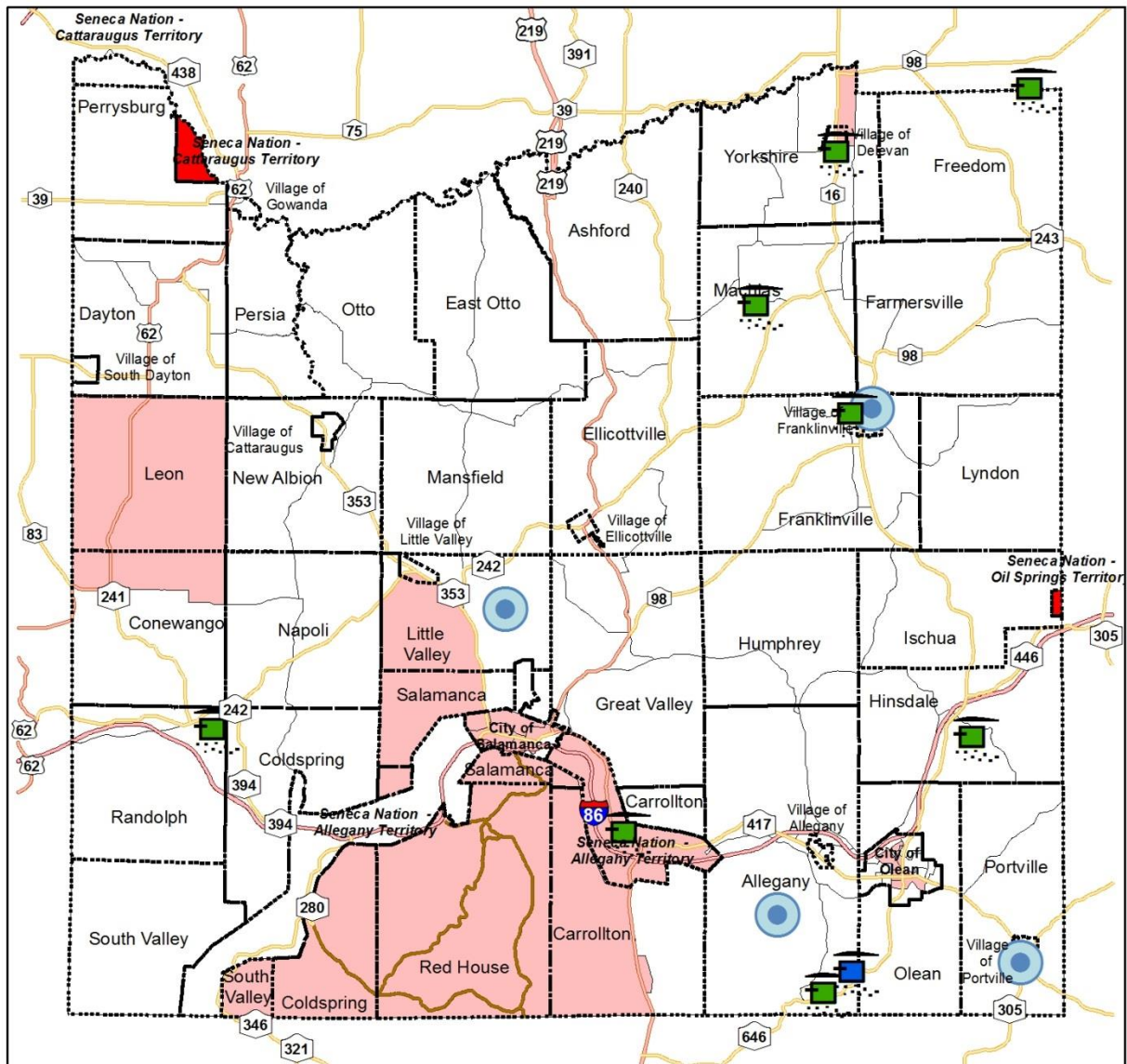
Environmental Health

**ENVIRONMENTAL HEALTH INITIATIVE GRANT PROGRAM**

In the summer of 2014, the CCHD received an additional \$283,000 in Community Development Block Grant (CDBG) funding through the NYS Office of Community Renewal for the 2014-2015 grant period. This grant allows the CCHD to continue the “Environmental Health Initiative Program”, begun in 2010. This program is designed to provide financial assistance to low and moderate income households for the replacement of failing OWTS and well water supplies. In 2015, CCHD completed an additional 5 well projects and 9 OWTS projects. Fig. 13 shows the distribution of well and OWTS projects completed during the past year.




Environmental Health

Fig. 13



Projects Completed from 1/1/2015 - 1/1/2016





Project Type

-  septic
-  septic and well
-  well

Streets

-  I-86
-  ASP Roads
-  State Roads
-  US Roads

Percent with Low / Moderate Income (Census 2000)

-  13.0 - 50.9
-  51.0 - 74.5
-  74.6 - 100.0
-  Boundaries



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 2015 EH staff performed over 100 SPDES inspections and filed all reports with the DEC regional office in Buffalo as required.

COMMUNITY / MUNICIPAL SEWAGE PROJECTS

The CCHD also works with municipal boards to promote community wastewater systems where documented Onsite Wastewater Treatment System failures are an issue. Sometimes these efforts span decades.

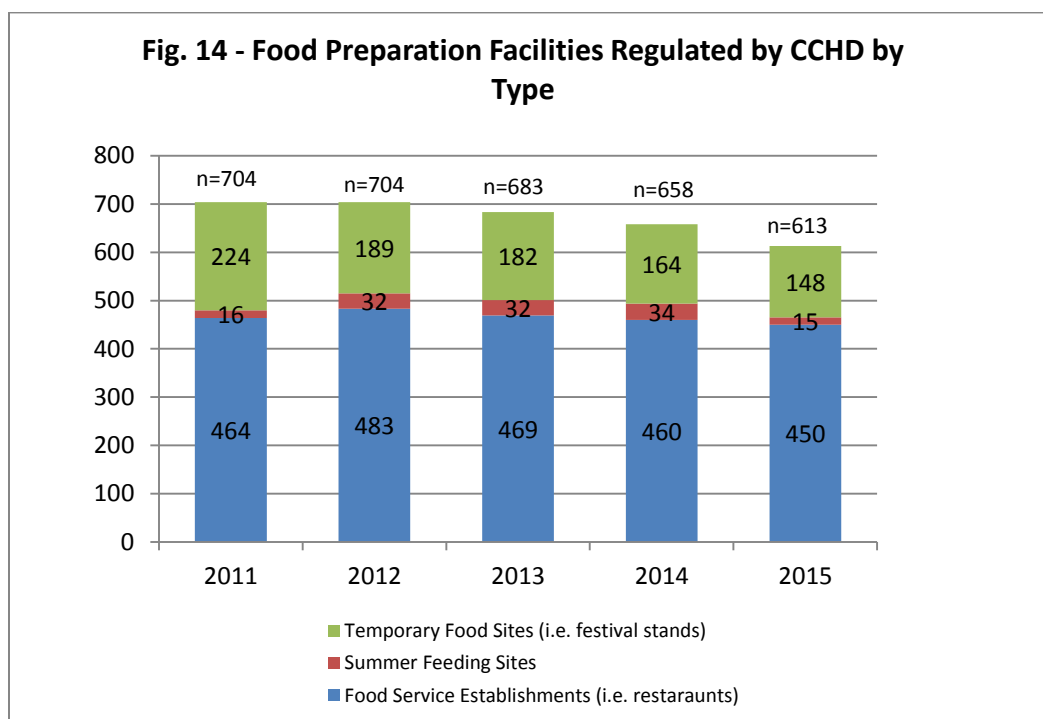
In 2014, Cattaraugus County Health Department received word that the Town of Machias was awarded another \$2M in DEC grant funding to facilitate completion of the proposed wastewater treatment system around Lime Lake. This project had already received a \$2M grant and 0% interest loan from the NY Clean Water State Revolving Fund (CWSRF) in 2010. Total project cost is estimated at \$12 M. Engineering design continued throughout 2015. It is anticipated that construction will begin in 2016 and be completed by the end of 2017.

Permitted Facility Inspections

Proper operation and maintenance of facilities serving the public can minimize disease outbreaks, health risks, and improve the overall quality of life for county residents. 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 compliance with all regulations, and if necessary initiate administrative enforcement actions to compel compliance with 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. 14 compares the number of food service establishments regulated by the CCHD from 2010 through 2015. Environmental Health did investigate two alleged food borne outbreaks in 2015. Upon investigation none could be confirmed as being an outbreak. EH has seven field staff qualified to inspect restaurants which have completed their NYSDOH Food Service Inspection Officer (FSIO) training. Once certified, all inspectors must attend periodic workshops to keep their training/certification current.



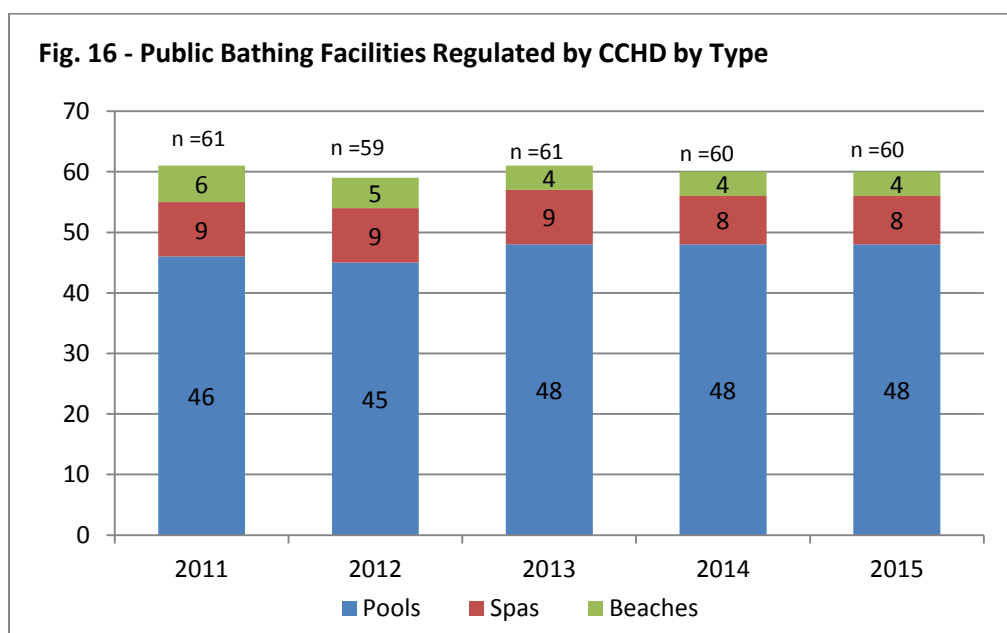
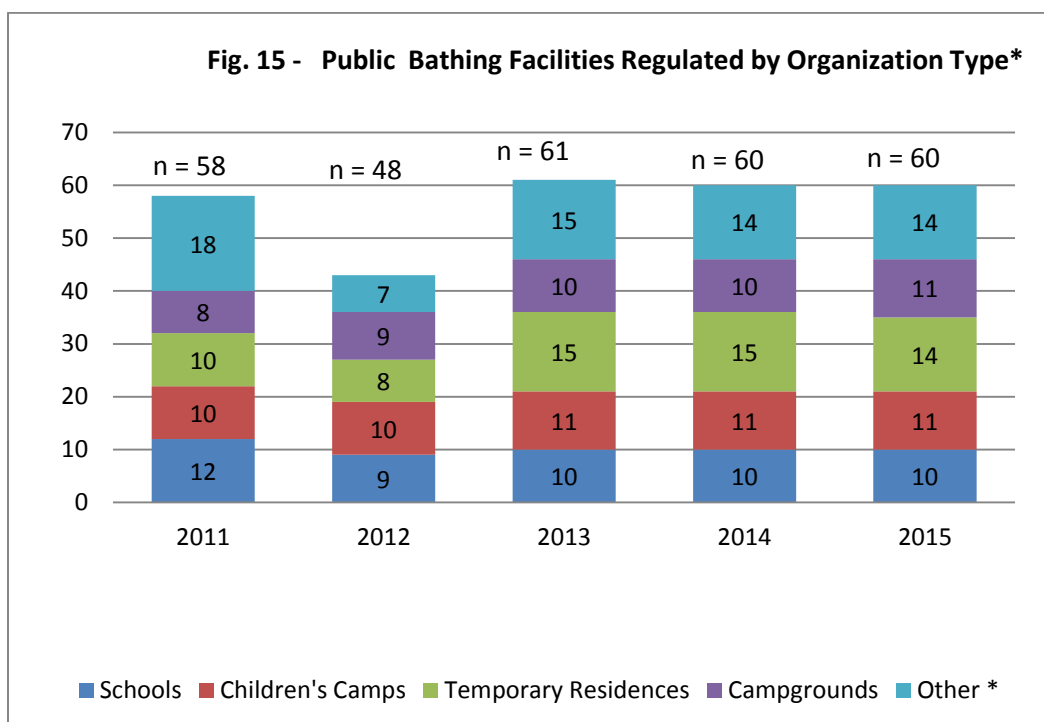
TEMPORARY RESIDENCE PROGRAM

The EH division permits 47 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 2015, the CCHD permitted and oversaw the operation of 57 public bathing facilities operated by 39 organizations (see Figs. 15 & 16 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 55 beach samples were collected. In 2015 one particular beach was temporarily closed on 5 occasions due to elevated E. Coli levels attributed to a perennial problem with a large resident goose population. 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 16 children's camps in 2015. 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 each 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 35 mobile home parks in 2015. 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 2015, 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 9 tattoo shops located in the county during 2015. 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. In 2015 the tattoo and body piercing sections of the code were combined and updated into one section titled Body Art.

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 periodically 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 exposure to secondhand tobacco smoke and sources of lead poisoning.

CHILDHOOD LEAD POISONING CONTROL PROGRAM

As mentioned in the Nursing section, EH staff is responsible for the assessment of a child's living environment if elevated blood lead levels are detected. In 2015, the Nursing division referred 5 children to EH to make such an assessment. EH staff conducted a new environmental investigation at 7 residences associated with these children. Lead paint hazards were identified at all residences and subsequent remediation work was started and/or completed.

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 2015, there were 75 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 2015, 3 waiver renewal applications

were received and approved. Additionally, 3 renewal Membership Association applications were received and approved.

ADOLESCENT TOBACCO USE PREVENTION ACT (ATUPA) PROGRAM (4/1/15 – 3/31/16)

In September 1992 Article 13-F of the NYSPHL went into effect which prohibited the sale of tobacco products to individuals less than 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 2015 the CCHD performed 71 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 71 checks completed in 2015, there were 4 sales of tobacco products to a minor. Consequently, formal action was initiated which resulted in 4 violations for \$ 2,600 in fines.

HAZARDOUS CHEMICAL/RADIOLOGICAL WASTE SITE REMEDIATION

As mentioned previously the EH Division works with both the NYSDEC and USEPA to 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 2015, 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)
- Ongoing investigation of the former Gee gas station and 7 Eleven sites in Allegany (V)

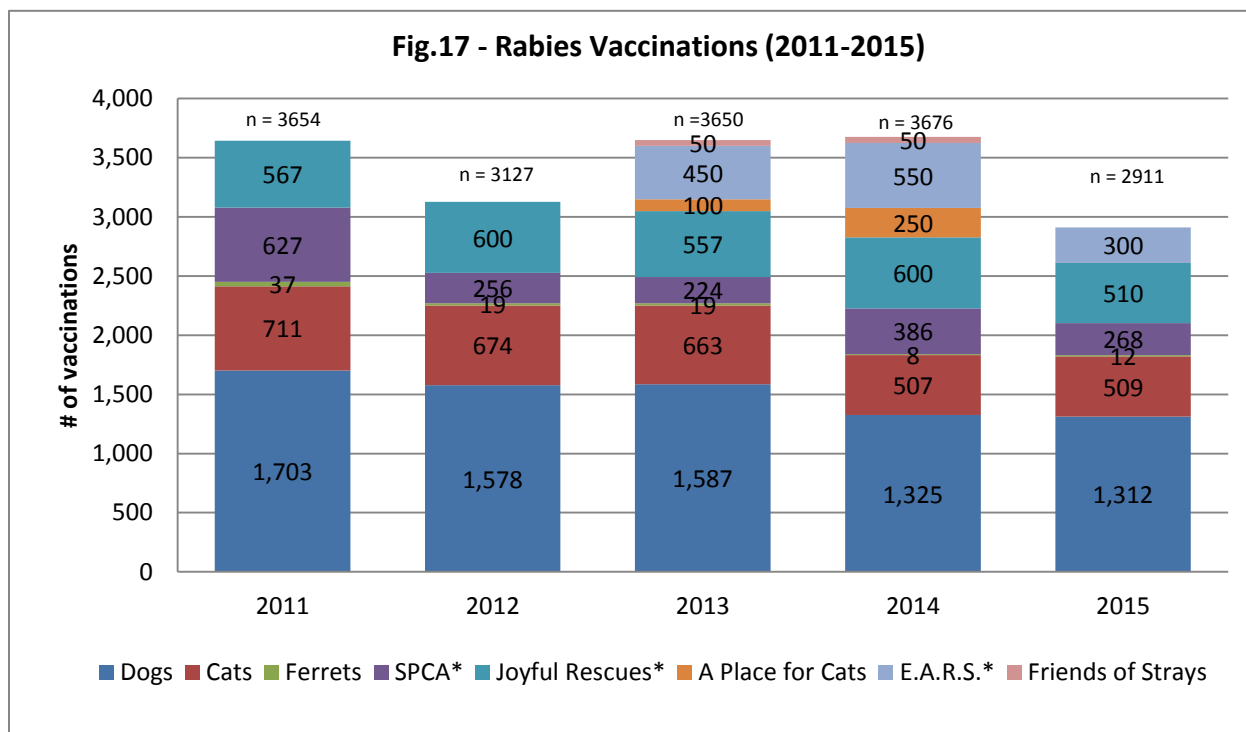
Vector Control

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 2015 associated with cockroach infestations, rodents, and bed bugs.

RABIES PROGRAM

Control of rabies in a community starts with an aggressive pet vaccination program. In 2015, 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 three local animal shelters. However, after August we no longer provided vaccine as our budget could no longer allow us to cover the additional cost of the rabies vaccine. Fig. 17 shows vaccinations by animal

type for years 2011-2015. In total, \$1,951.08 in donations was collected at the five vaccination clinics held last year.



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

In addition, EH staff conducted 230 animal bite investigations and referred 29 persons to the Nursing Division for post-exposure immunization. In 2015 a total of 73 specimens were submitted to the NYS Rabies Laboratory for analysis, of which 6 were positive (1 raccoon, 1 cat, 1 bovine, 2 skunks and 1 coyote).





MOSQUITO SURVEILLANCE AND CONTROL PROGRAM

EH staff began mosquito larval surveillance on May 21st and continued surveillance into August. Adult surveillance began in May and ended in August. A total of **310 mosquito specimen pools** were submitted to the state laboratory for analysis. There was one detection of West Nile virus (WNV), two detections of Jamestown Canyon virus and one detection of Flanders virus. It should be noted that there were no human cases of West Nile virus reported in Cattaraugus County in 2015.

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 NYSDOH continued to conduct adult mosquito trapping in the Randolph area during 2015. All specimens obtained during this effort tested negative for EEE. At the very end of 2015 an outbreak of cases of Zika virus in South America prompted federal CDC and state DOH officials to issue warnings and guidelines in the U.S. Consequently our mosquito surveillance in 2016 will include testing for Zika virus in addition to WNV, EEE, and other arboviruses.

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. Continued surveillance from 2011 through 2015 has shown a slow progressive increase in the percentage of infected deer ticks. Testing of deer tick nymph specimens from one site in Cattaraugus County in 2015 yielded a 15.1% infection rate for *Borrelia burgdorferi* bacteria and testing of adult deer ticks yielded a 28.0% infection rate. Three human cases of Lyme Disease were reported in Cattaraugus County in 2012, 4 in 2013, 5 in 2014 and 14 new cases in 2015. Similar data from surrounding counties supports the conclusion that the rate of Lyme Disease infections in WNY is likely to increase.

In 2014 the NYSDOH made tick warning signs available to local health departments. Consequently, the CCHD ordered and distributed a warning sign at all children's camps,

campgrounds and public parks. We asked each operator to post the sign in a conspicuous location for patron education. Dozens of additional signs were given to the NYSDEC and NYS Parks for posting at public fishing access sites, state forests and recreation areas, and hiking trailheads. Additional signs were made available in 2015 and posted at locations visible to the public.

Environmental Health Program Support Services

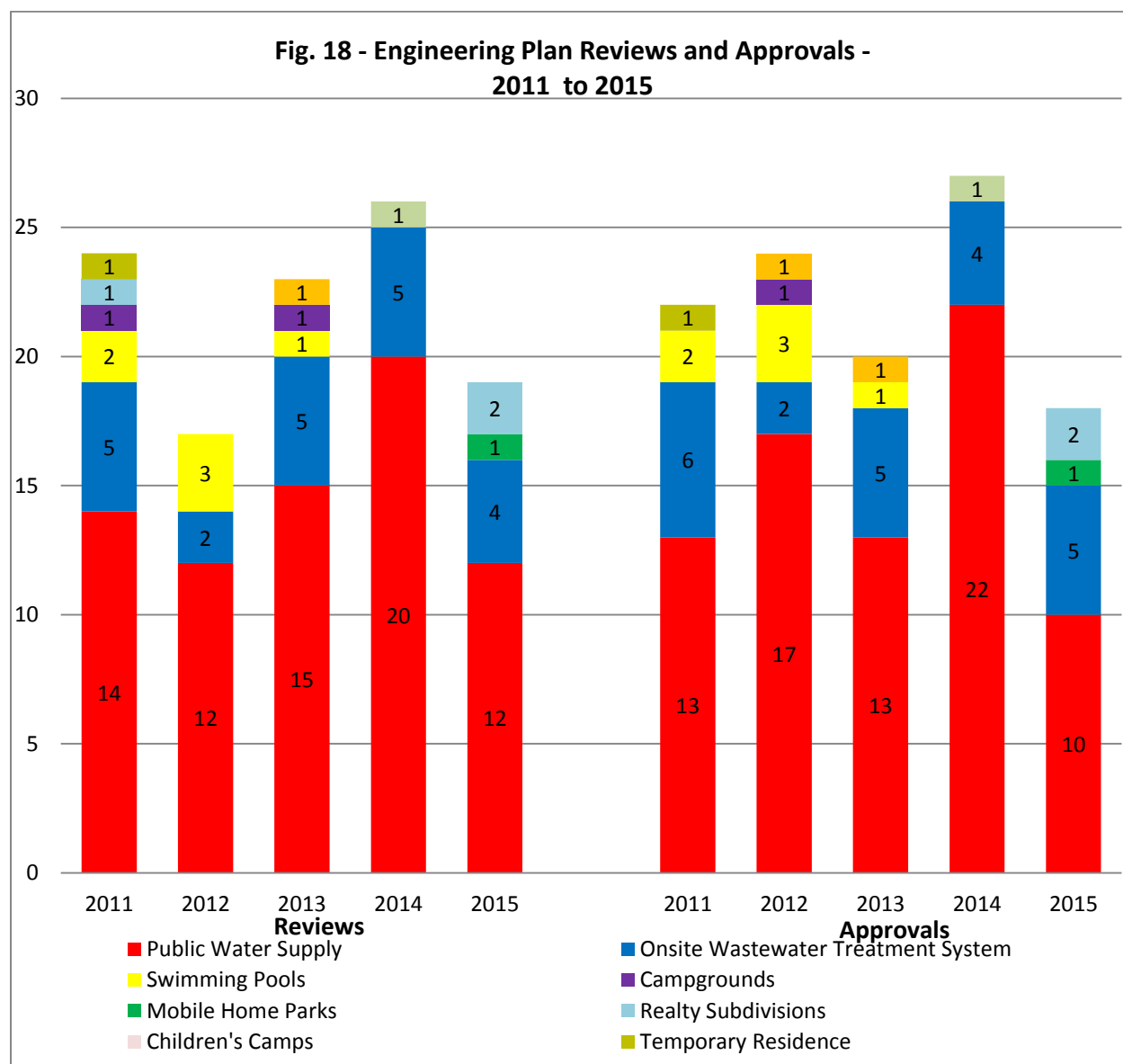
In support of the above health department functions and program activities, EH staff performs three additional categories of service, namely engineering plan review, public health nuisance complaint investigation, and enforcement. These services are vital for ensuring the proper design, operation, and 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 performed and approvals issued for the years 2011 through 2015 are shown in Fig. 18.

PUBLIC HEALTH NUISANCES

Many environmental health risks are identified through the programmatic activities outlined above. However, county residents themselves often file formal complaints and report potential public health nuisances. In 2015 EH staff responded to 86 complaints regarding possible public health issues. This resulted in 1 formal enforcement action having to be taken to bring about correction of a sanitary code violation.



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 2015, a total of 42 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 42 actions, 31 resulted in the assessment of \$ 7,298.32 in fines. Since January 1, 2001 the CCHD has assessed \$ 189,525.39 in fines and has collected \$ 151,091.59. Unpaid fine cases eventually go to small claims court, where court judgments are sought against the respondents.

INSTITUTIONAL DEVELOPMENT/ACCREDITATION

In 2015, adoption of a significantly revised County Sanitary Code and ongoing departmental accreditation provided opportunities to redesign and standardize workflows to utilize existing information technology. As part of the accreditation process, the Environmental Health division has finalized six written policies/ procedures. An additional ten policies are in either draft form or under initial development. Upon final adoption, EH staff are provided with training in conducting the revised workflow and implementing the new policy.

Complementary to these efforts is the gradual transition to digital workflows. With the adoption of the revised County Sanitary Code, significant changes to the current workflows governing the Real Property Transfer Inspection and Body Art programs have begun. The division is developing mobile and web-based tools designed to create a complete digital workflow for both of these programs. With the implementation of these tools, access to the data and information necessary to limit risks, conduct investigations and allocate the workloads associated with programs will increase dramatically. In the future, as time and resources allow, the Environmental Health Division hopes to properly document and make digital at least one workflow every year. This “streamlining” makes the department more efficient, allowing EH staff to do more with stagnant or declining resources.

ENVIRONMENTAL HEALTH STAFF

Eric Wohlers – Director
Raymond Jordan – Senior Sanitarian

OLEAN:

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

LITTLE VALLEY:

Andrew Wolf – Sanitarian
Michael Hastings – Sanitarian
Samuel Dayton – Sanitarian
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 remained most requested in 2015. The Health Department also began education for Home Schooled Children, which meets at the Believers Chapel Church in Allegany, each Friday during the school year. This program began in October, 2015. Life skills lessons were presented by HE staff to two different age groups on a bi-weekly basis. A total of 48 children received education. Lead poison prevention education and testing in WIC Clinics continued in 2015.

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 151 Hand washing presentations were conducted with a total of 2,791 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. 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. Dentists are in short supply in Cattaraugus County, with one dentist for every 2,250 residents; the New York State average is one dentist for every 1,280 residents. A total of 47 dental presentations were conducted with 925 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.



Bev Bennett teaches children healthy dental habits

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. Meetings were scheduled in 2015 that will help facilitate educational programs in the County Jail in 2016.

School Outreach

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



Adult and Community Based Programming

Besides school age programming, HE staff provide adult and community based programming in an effort to foster healthier lifestyles at various venues throughout the county. Health Education has worked collaboratively with other County Departments by setting up and stocking informational tables for consumers in the Probation Department. Response has been favorable. Reproductive staff worked with Department of Aging staff regarding safer sexual activity for seniors. Staff continues to participate at community events, such as Wellness Days and Health Fairs, including: the YMCA's annual Healthy Kids Day, Canticle Farms, the Cattaraugus County Fair, Influenza and Rabies Clinics, Machias Family Fun Day, Salamanca/ Pine Valley/ West Valley/ and Olean School Fairs, Salamanca Kiwanis Annual Bike Rodeo, 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, the Kathi Ward Foundation for Nurses event, Annual World Breastfeeding Day, and the Annual Farmer Neighbor Program. Health information is also available at the monthly car seat checks taking 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. and in Cattaraugus County. 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. Recent funding provided by P2 WNY has brought focus to reducing the amount of sugar-sweetened beverages consumed by children and adults with emphasis on increasing the amount of water consumed. Sugary sweetened beverage education was incorporated into Dental Health programs, health and wellness days, and at after school presentations.



Fruit cups are given to participants at Annual Kiwanis Bike Rodeo



Apples offered as healthy choice for employees

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 as well as generally small physical stature. 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 socio-economically deprived families live, children living in poverty are often at risk of lead poisoning.

Prevention of lead poisoning is primarily achieved by immobilizing lead laden particles and limiting exposure to potential sources of lead. HE staff work with families receiving social services and WIC (Women, Infant, Children) services as well as food pantry customers to help identify those most at risk. For these families, staff provide educational materials on lead poisoning prevention. If necessary, Education staff may refer families to CCHD 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 well attended. A total of 330 inspections were conducted at the checks. Seats were provided at a nominal cost to those needing to have old or recalled seats replaced.



Car seat check at Paul Brown Motors

VEGGIE MOBILE PROJECT

A pilot program which provides fresh vegetables and tips on preparing them was introduced in 2015 to residents of Seneca and Alder Courts in Olean. The Veggie Mobile, a truck carrying fresh vegetables from Canticle Farms in Allegany, is a cooperative venture between Franciscan Sisters of Allegany, Olean Housing Authority and the Cattaraugus County Health Department.

Vegetables were delivered each week free of charge to individuals, including many senior citizens and families. Participants were encouraged to eat healthy foods through recipes, handouts and tasting the vegetables in season. Between 30 and 40 families received the free vegetables each week for the 15 week period. Expansion of the program to other areas is anticipated.



The Carrot Lady, serves vegetables to children

Partnership Activities

CCHD Education staff is small in numbers, yet the need for effective health education and wellness promotion is great. Staff partners with a variety of organizations and agencies to

Health Education

address public health related issues. In 2015, staff continued to participate in many councils, coalitions, and partnerships locally and regionally including: Cancer Services Program (CSP) of Allegany and Cattaraugus Counties, Tobacco Free CCA (Chautauqua – Cattaraugus – Allegany counties), Healthy Cattaraugus County, Cattaraugus County's 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 WNY. Additionally, staff partner closely with Healthy Community Alliance, Cornell Cooperative Extension, Southern Tier Health Care System, Salamanca City and County Youth Bureaus, Head Start, CARES (Council on Addiction and Recovery Services), Cattaraugus Community Action, St. Bonaventure University, JCC, county and parochial schools; the Cattaraugus County Sheriff's Department and County Departments of Probation, Social Services, Aging, Community Services, and Economic Development.



Senator Cathy Young presents financial assistance to the Cancer Services Program of Allegany & Cattaraugus Counties



Annual Dress PINK Day draws county employees and local Fire Department personnel



Cathy Mackay and Dr. Watkins welcome the Consortium



Gowanda School Leaders share Bright Spot activities

HEALTH EDUCATION STAFF

Debra Nichols – Public Health Educator
Beverly Bennett – Public Health Educator Assistant
Tara Leonard – Reproductive Health Educator
Athena Godet-Calogeras – Health Educator Volunteer

COMMUNITY ENGAGEMENT

In 2015, the Cattaraugus County Health Department has continued to partner with a multitude of agencies and organizations to better the health of the community.

The **Cattaraugus County Healthy Livable Communities Consortium** (HLCC) formed as a call to action in 2011. It continues to take strides toward creation of healthier, sustainable lifestyle opportunities for residents. The Consortium has continued to expand its partners (listed below). The Consortium meets quarterly with sub groups meeting more frequently. The Data Reserve, launched through the consortium, is a dashboard repository intended to be used by grant writers, planners, organizations, and individuals 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 following web address: <http://evansh1.wix.com/nysdatareserve>

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. The Community Health Assessment (CHA), the Community Services Plan (CSP), and the Community Health Improvement Plan (CHIP) are facilitated through the Consortium.

CTG funding from New York State Department of Health via the Centers for Disease Control (CDC) was designated for three NYS counties: **Cattaraugus**, Chautauqua and Broome. These counties implemented 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 addressed 1) tobacco-free living, 2) active living and healthy eating, and 3) creating healthy and safe physical environments for children ages 0-18.

In 2015, HLCC was awarded the national **SCALE** (Spreading Community Accelerators through Learning and Evaluation) funding grant, one of 20 nationally, supported by Robert Wood Johnson Foundation. SCALE is a 20 month intensive *learning and doing* program whose goal is to create and support local leaders at all levels to be successful within communities, creating *bright spots* interventions. SCALE is the first initiative of 100 Million Healthier Lives.



SCALE Salamanca Team meeting with national coach Beverly Tyler



SCALE Leaders with Mentors from West Virginia

Community Engagement

Table 4 – Community Partners

Agency/ Organization	Agency/ Organization
ACCORD (Allegany County Community Opportunities & Rural Development) Corporation	Housing Options
Allegany-Cattaraugus Cancer Services Program	Interfaith Caregivers
Alzheimer's Association of WNY	Municipal Clerks
American Cancer Society	NY Connects
Ardent Solutions Network	NYS Health Foundation
Baby & Me, Tobacco-Free Program	NYS Smokers Quitline
CARes (Council on Addiction Recovery Services)	Olean City Schools
Catholic Charities	Olean General Hospital/ Upper Allegany Health System
Cattaraugus-Allegany BOCES (Board of Cooperative Educational Services)	Olean Housing Authority
Cattaraugus Community Action	Olean Medical Group
Cattaraugus Community Foundation	Olean Times Herald
Cattaraugus County Board of Health	Olean YMCA
Cattaraugus County Community Services	P2 (Pursuing Perfection) Collaborative of WNY
Cattaraugus County Department of Aging	Pfeiffer Nature Center
Cattaraugus County Department Economic Development	Pioneer Knowledge Services
Cattaraugus County Health Department	Reality Check Program
Cattaraugus County Legislators	ReHab Center
Cattaraugus County Department of Social Services	Salamanca Press
Cattaraugus County Veterans Services	SNI (Seneca Nation Indians) Health
Cattaraugus County Youth Bureau	Southern Tier West
City of Olean (Mayor, Planner, Youth Bureau)	Southern Tier Health Care System
City of Salamanca (Council, Youth Bureau)	St. Bonaventure University
Creating Healthy Schools and Communities	STRAWW (Southern Tier Recovery Activities Without Walls)
Directions in Independent Living	Tobacco-Free CCA (Chautauqua-Cattaraugus-Allegany counties)
Eat Smart New York	Total Senior Care
Fidelis Care	Underwood Manor
Genesis House	United Way of Cattaraugus County
GOAC (Greater Olean Area Churches)	Univera
Gowanda School District	University Primary Care
Head Start Program	Venture Forthe
Health Care Access Coalition	WIC (Women, Infants, Children)
Healthy Community Alliance	WOGO (Wider Opportunities Greater Olean)
HomeCare & Hospice	YourCare

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. 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 224 referrals for children suspected of or diagnosed with a developmental delay. Through evaluations provided by NYSDOH approved providers, 128 children were eligible to receive services and obtained an Individual Family Service Plan (IFSP) in 2015.

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
Patty Cheek – Early Intervention Service Coordinator
Peggy Keller- Early Intervention Service Coordinator
Alyssa McCutcheon – 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 that connects 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 assist.

The Physically Handicapped Children's Program helps to cover the financial costs that arise when caring for a child with special health care needs and is designed to help low and middle income families who have inadequate or no health insurance.

This program has three divisions: First, the Diagnosis and Evaluation Program will provide funding to assist 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 determined, the second division of CSHCN which is PHCP will provide funding to help cover costs related to that diagnosis. For instance, if a child is diagnosed with diabetes, PHCP will help parents pay for prescriptions, diabetic supplies, and co-pays for the child's frequent medical visits. Examples of conditions that are considered to be serious or chronic which would be covered by PHCP include but are not limited to: asthma, cystic fibrosis, diabetes, cancer, hearing loss, orthopedic conditions, seizure disorder, et al. The

Early Care

first and second divisions of PHCP are free. The third division connects families to affordable orthodontic coverage. This is not a free service; parents pay a portion of their child's treatment based upon their annual income.

Outreach activities are performed quarterly. CSHCN/PHCP staff meets with medical providers, school nurses, and local community resources to inform them of 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 2015, medical services were provided to 47 patients. Thirty children received approval for medical; seventeen children were approved for orthodontic care. All of these applications had some form of health insurance. In total, 790 medical and orthodontic services were authorized in 2015. 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, 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.

2015 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 Programs

WOMEN, INFANTS AND CHILDREN (WIC)

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

SUPPLEMENTAL NUTRITION PROGRAM

Through the supplemental nutrition program, income eligible, pregnant, postpartum and breastfeeding women and infants and children up to age five receive nutritious foods. Food benefits are received through the issuance of vouchers, or checks. WIC foods include infant cereal, iron-fortified adult cereal, Vitamin C-rich fruit juice, eggs, milk, cheese, peanut butter, dried and canned beans/peas, canned fish, fruits and vegetables, baby foods and whole grain breads. New foods added this year include fresh bananas for infants and whole wheat pasta and tortillas. Staff identifies potential WIC program participants through referrals from other social service agencies, hospitals and physicians, as well as walk-in clients. In 2015, the CCHD WIC Program's average enrollment was 1,877.

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 68% in 2015, which is about the same as last year. In 2015, 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, personal use electric pumps and manual 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 two CLCs (Certified Lactation Counselors).

NUTRITION EDUCATION PROGRAM

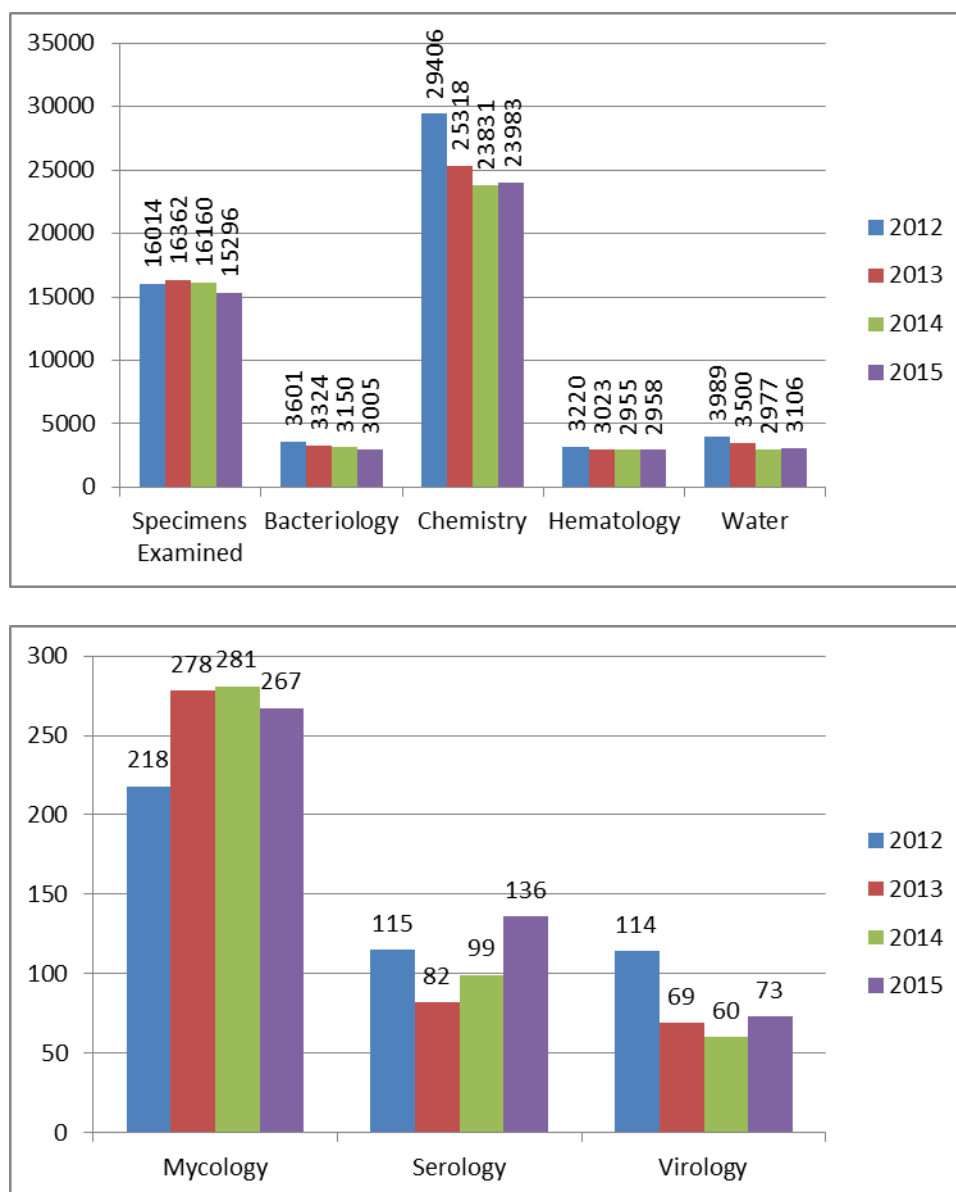
Nutrition education is vital in promoting a healthy start for newborns, infants and young children. The WIC nutrition program provides such education through individual counseling, literature dissemination and through facilitated group discussion. By allowing participants to discuss their nutritional practices, identify better practices and develop strategies for implementing such practices, there is a greater understanding of the role of good nutrition in living a healthy lifestyle. Recent research has indicated that participants in such programs are more likely to understand the value of good nutrition and change eating behaviors.

WIC Staff

Donna Higley – Director
Allison Maloney – MS, RD, CLC
Michele Phelps – RD, CLC
Suzanne Walters – Senior Nutrition Program Assistant
Lynette Jimerson – LPN
Christian Bowser – Nutrition Program Assistant I
Molly Higgins – Nutrition Program Assistant I
Beverly Bennett – Health Education Assistant
Carla Jefferlone – Breast Feeding Peer Counselor
Sara Isaman – Breast Feeding Peer Counselor



COUNTY LABORATORY SERVICES



Figs. 19 and 20 above illustrate the change in the number of tests performed in different categories from 2011- 2014. Variations in physician ordering, increasing visits by outpatients, and an increasing number of patients enrolled in HMOs, which will not contract with the Cattaraugus County Lab to do their laboratory testing, contributed to the changes in various testing categories.

Identification of possible disease causing organisms in the body and environment, and monitoring important health indicators in each individual is crucial to understanding public

County Laboratory

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 Myco-bacteriology, Mycology, Chemistry, Hematology, Virology, Diagnostic Immunology, and Urinalysis. The CCL is Certified to perform potable and non-potable water testing for bacteria and nitrate. Outpatient services are available during all open hours and most health insurance plans are accepted.

COUNTY LABORATORY STAFF

Fazlalloh Loghmanee, MD – Director

Paula Ketchner – Supervisor

Tammy Kolivoski – Clinical Laboratory Technician

Kimberly Stewart – Clinical Laboratory Technician

Jill Rollins- Phlebotomist

PUBLIC HEALTH EMERGENCY PREPAREDNESS DIVISION



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

The NYS DOH provides funding to each of the 57 counties within NYS outside of New York City to prepare local, time-oriented deliverables and annual maintenance deliverables that are targeted to coincide with the Center for Disease Control and Department of Homeland Security initiatives for public safety. Completion of these deliverables is accomplished through attendance at trainings, outreach programs, planning initiatives and implementing large scale Point of Dispensing (PODs) operations. Budget Period 4 (July 2015 - June 2016) includes 8 local, time-oriented deliverables and 18 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, health department staff participated in exercises that were conducted to enhance preparedness. A major exercise that was conducted during BP4 was the Medical Countermeasures Drill (antibiotic dispensing). This exercise simulated an Anthrax Exposure and treatment within Cattaraugus County. PHEP staff provided triage and mass dispensing protocol expertise. New York State Department of Health and Department of Aging staff posed several challenges to staff that they overcame and exceeded 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 2015 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
- Distribution of Emergency Preparedness information at the Olean Home Show
- Distribution of Emergency Preparedness information through social media (Facebook and Twitter)

EMERGENCY RESPONSE

In 2015, 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

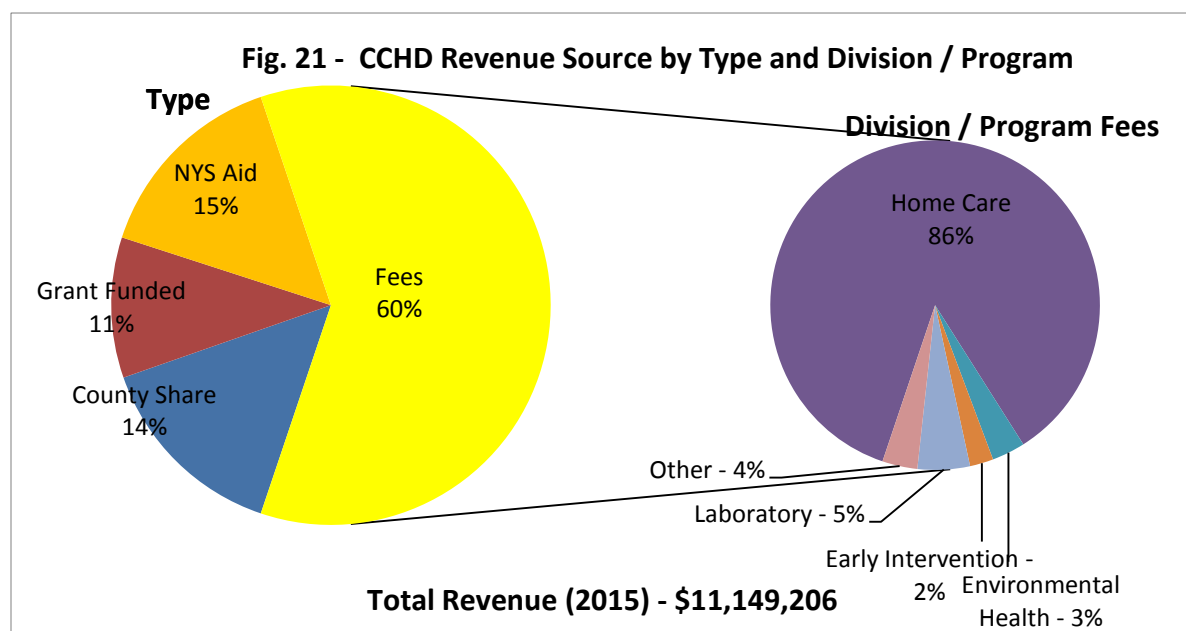
Robert Kuhn – Resource Specialist

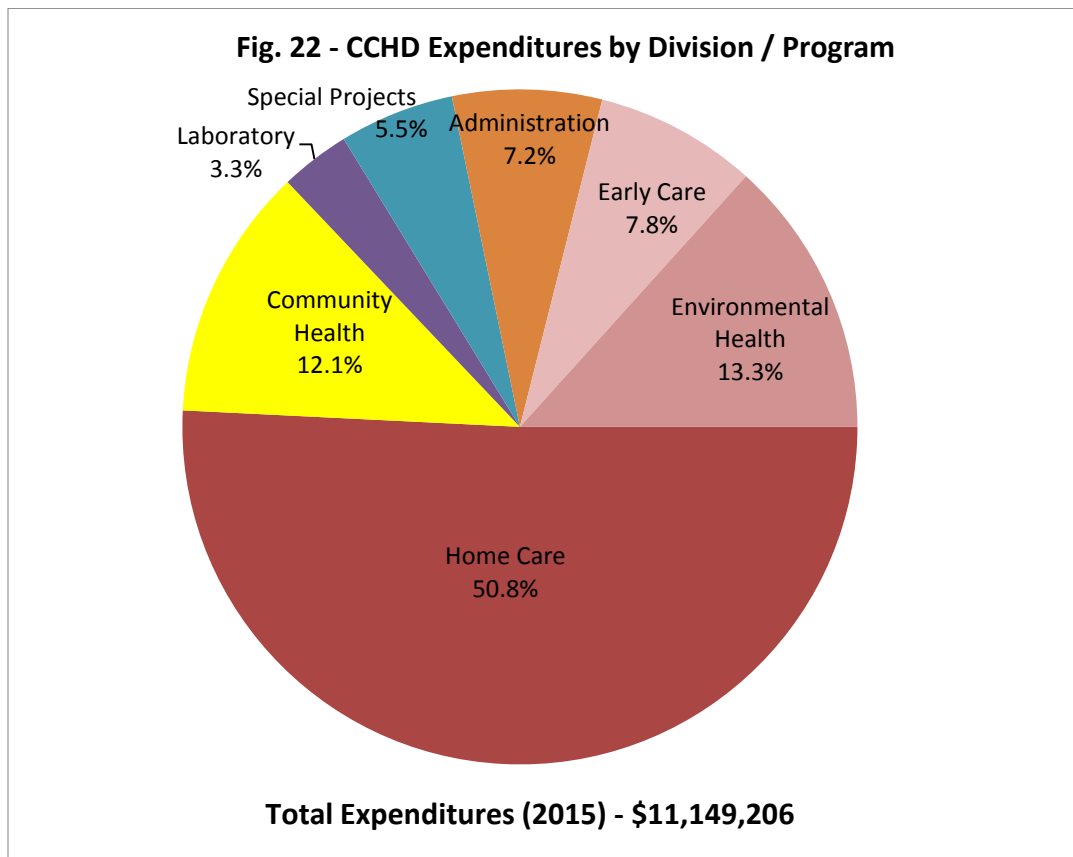


FINANCIAL DIVISION

The Financial Division of the Health Department processes all income, expenditure and payroll activities. The Division also performs purchasing functions and oversees all of the medical billing for the Department. This Division is responsible for preparing and submitting reimbursement claims to State and Federal Agencies, and for preparation of the Department's Annual Budget and subsequent monitoring.

Key to budget preparation is an understanding of revenue sources and program expenditures. The Financial Services division works closely with the various programmatic divisions to account for all revenue sources and program expenditures. Total budgeted revenue in 2015 was \$11,149,206. Fig. 21 provides breakdown of CCHD revenue sources and Fig. 22 provides a similar breakdown for budgeted expenditures. New York State Aid to local health units' base grant was \$650,000 and the percent of reimbursement for expenditures in excess of revenues for eligible services remained at 36%. Some services provided by the Health Department are no longer reimbursed through State aid. A State aid application is 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, Rabies, and the Early Care Program. Additionally, the division processes a Federally funded grant for Well and Septic Replacement, and private grants for Community Health Assessment and Chronic Disease Prevention.





FINANCIAL DIVISION STAFF - 2015

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

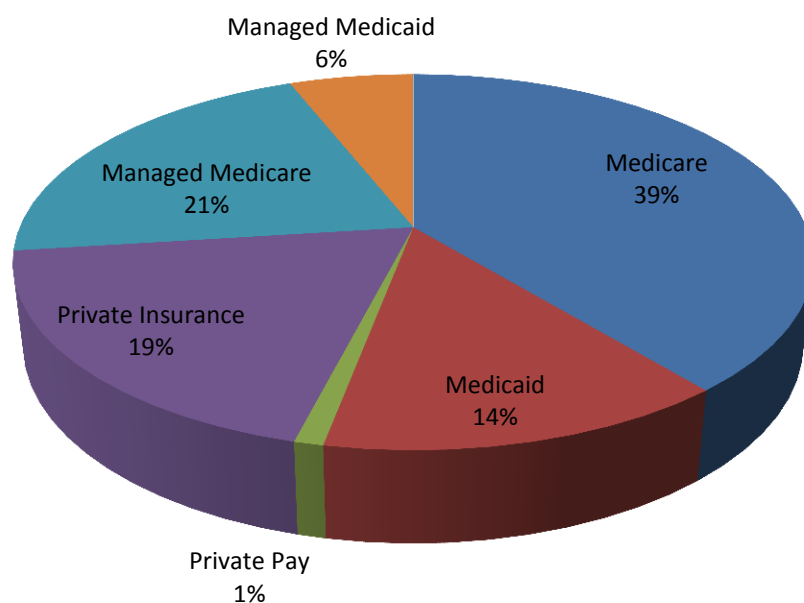
BILLING DIVISION

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 2015, billing division staff has processed all bills in accordance with internal controls requiring bills to be sent out by specific deadlines each month. In 2015, the contract with Southern Tier Credit Services was continued, as well as NCS Plus, for the purposes of ensuring all revenue due to the County was collected. In October 2015, the United States transitioned from ICD-9 to ICD-10 as the medical code set for medical diagnoses and inpatient hospital procedures. ICD (International Classification of Diseases) is used to standardize codes for medical conditions, diagnoses, and institutional procedures and has not been updated for more than 35 years. This was a major change that affected all areas of the billing division.

HOME CARE BILLING

In 2015, Home Care services generated over \$7 million in claims to over 100 private insurance companies, Medicare, Long Term Medicaid and Traditional Medicaid. Fig. 23 illustrates the breakdown of claim payments by type. This total makes home care the largest revenue source for the department.

Fig. 23 - 2015 Distribution of Insurance Coverage by type for Home Care Programs



The Third Party Liability (TPL) project, which is a labor intensive Medicare/Medicaid mandated project that entailed pulling medical records from 2014 services and re-billing them to Medicare for their review and consideration, remains an ongoing project that will continue through 2016.

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 1,618 seasonal flu shots, 74 seasonal pneumonia shots, 200 physicals, and 101 post-exposure rabies shots. Near the end of 2015, it was mandated that e-prescribing take effect in the first quarter of 2016. This will require the Health Department to look for new software that would be compliant with this regulation. Software consideration began in late 2015 and is still being reviewed and considered with an anticipation of purchase in 2016.

FAMILY PLANNING

In 2015, 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 is urged to inform patients with no insurance of the Family Planning Benefit Program, which if eligible, will cover the cost of their Family Planning visits. The mandate for e-prescribing mentioned above (Clinic Billing) would also apply to Family Planning billing.

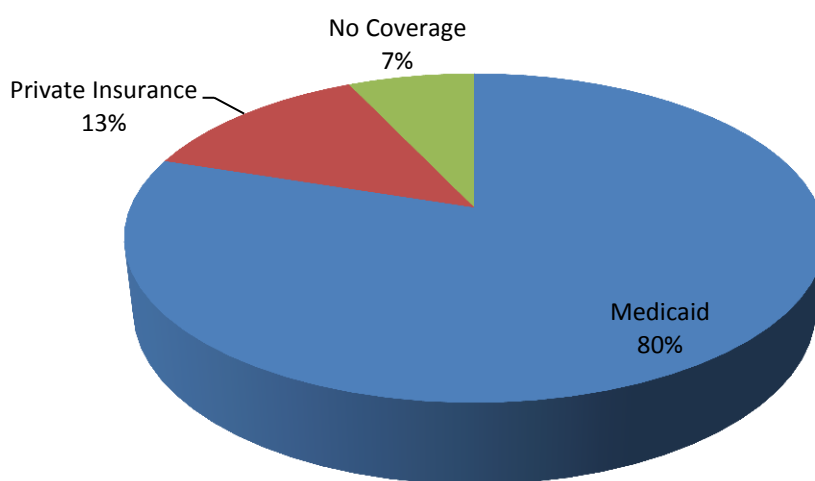
LABORATORY BILLING

Laboratory service billing utilized an existing in-house database billing system. This system continues to be modified to better meet billing needs. In 2015, the Laboratory generated over \$285,000 in clinical claims to Medicare Part B, Medicaid, Private Insurance and various departments throughout the county. In addition, over \$92,000 was generated in Water testing.

EARLY INTERVENTION BILLING

In 2015, the Early Intervention program received 224 new referrals. Fig. 24 shows the distribution of insurance coverage by type for the 128 active Early Intervention cases.

Fig. 24 - 2015 Distribution of Insurance Coverage by type for Early Intervention Claims



New York Early Intervention System (NYEIS) is the State software utilized for all referrals, charting, and billing. Effective April 1, 2013, the State Fiscal Agent began contracting with agencies or individuals who provide services and they are responsible to make payments to those providers. Service Coordination is the only EI service that is provided by County employees and billing to NYS for Service Coordination is being done with current staff.

BILLING STAFF – 2015

Kathleen M. Ellis – Administrative Officer

Michele Spring – Jr. Accountant

Shawna Trudeau – Sr. Account Clerk Typist

Amy Weaver – Sr. Medical Billing Clerk

Heather Kellogg – Medical Billing Clerk

Melanie Gergel – Medical Billing Clerk

ACCREDITATION

The Cattaraugus County Health Department has worked toward accreditation for nearly two years. The accreditation process sets a national standard for all health departments to strive toward. The Public Health Accreditation Board (PHAB) has established a set of standards and measures that a health department must meet to gain and keep the status of accreditation.

The PHAB is a nonprofit organization dedicated to improving and protecting the health of the public by advancing and ultimately transforming the quality and performance of state, local, tribal, and territorial public health departments.

The accreditation process provides a framework for the health department to identify performance improvement opportunities, to improve management, develop leadership, and improve relationships with the community. The process challenged the department to think about what business it does and how it does that business.

The application process required the department to submit a Community Health Assessment, Community Health Improvement Plan, and Strategic Plan. Once the application was accepted, training was provided which began a timeline for document submission. During the documentation submission period, over 600 documents were selected to show conformity of approximately 99 different measures. Upon completion, the documents will be reviewed by our assigned Accreditation Specialist, and verified by a the Site Visit Team that will be chosen by PHAB.

In 2016, the PHAB will conduct a site visit. The Site Visit Team will consist of peers from around the country. During their two day visit, documentation will be reviewed and health department staff, community partners, and governing entities will be interviewed.

The site visit team will complete a report after their visit and submit the report to the PHAB, who meets quarterly. Based upon all the submitted documents and the report from the site visit team a determination will be made if the department will be granted accreditation status.

ACCREDITATION TEAM

Kevin D. Watkins, M.D. MPH – Public Health Director
Kevin Watt – Accreditation Coordinator
Gina Parks
Debra Nichols

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