

**Cattaraugus County  
Health Department  
2009 Annual Report**  
Kevin D. Watkins, M.D., M.P.H

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# From the Desk of the Public Health Director

The Cattaraugus County Health Department 2009 Annual Report represents highlights of the department's programs and achievements as we aim to promote, protect and improve the health of the residents of Cattaraugus County. The staff at the Health Department has worked with such dedication and commitment to meet all of the demands and challenges that the department experienced during the 2009 annual year, and their loyalty and talent is greatly appreciated.

The Health Department promoted and advocated healthy living to residents of Cattaraugus County, through the variety of programs offered within the department: Health education (education in schools, health fairs etc.), Environmental Health, (lead education, food borne illness), Women Infant and Children (nutritional education, breastfeeding education), Early Intervention and Physically Handicapped Children's Program (providing access to needed services for at risk developmental delayed children), Emergency Services (education in life saving classes), and Nursing (education in disease prevention, family planning and mortality reduction programs).

The Health Department worked feverously to protect the community against the H1N1 pandemic by providing vaccines to residents throughout the County. Provided food, water and air quality protection, immunizations against the common viral and bacterial infections and monitored, surveyed and treated against communicable diseases.

The Health Department worked to improve upon the health outcomes of all residents of Cattaraugus County by constantly surveying the common morbidity and mortality indicators and initiating programs that would lead to prevention and less adverse medical complications. (Cancer Screening programs, tobacco cessation programs, hypertension and glucose screening, obstetrical and maternal services, newborn visits, and home health programs)

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

Sincerely,

*Kevin D. Watkins, M.D.*

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

**Dedication**  
**Barbara J. Hastings - RN, BSN, MSN**  
**Public Health Director (2002 - 2009)**

Barbara J. Hastings worked with the Cattaraugus County Health Department for 33 years, serving as the Public Health Director from 2002 -2009. She began her career with the Department in 1976 as a Public Health Nurse providing skilled nursing and case management home visits. Over the past 18 years she worked in supervisory positions culminating with her tenure as Public Health Director from 2002 – 2009.

Her membership on a number of boards of directors, coalitions, and organizations included:

- Cattaraugus County Long Term Care Advisory Board (Point of Entry Program) *(Board member)*
- Western New York Public Health Alliance, Inc. *(Board member and Secretary)*
- Cattaraugus County Emergency Services Advisory Board *(Chair)*
- Southern Tier Community Health Center Network *(Board and Executive Committee member)*
- Cattaraugus County Aging Advisory Council *(Board member)*
- Healthy Community Alliance, Inc. *(Board member)*
- Homecare Association (HCA) of New York State, Inc. *(Board member)*
- Southern Tier Health Care System, Inc. *(Board member)*
- Cattaraugus County Court Ordered Services Workgroup<sup>1</sup> *(Board member, Founder, and Coordinator)*
- Western New York Department of Social Services
- Homecare Association *(Chair and founder)*
- WNY Managed Care Coalition *(Co-Chair)*
- NYS Managed Care Conference *(Co-Chair for planning)*
- HIV/AIDS Task Force *(Member)*
- Cuba Hospital Dental Clinic Advisory Board *(Member)*
- NYS CASA Association *(Member)*



It is through these activities, and her work at the Cattaraugus County Department of Health, that Barb put together so many puzzles and impacted so many people. Over the course of her career, she purposefully and effectively tackled a broad array of public health issues. She did not seem to have a “favorite” topic, recognizing the value and importance of the entire spectrum of public health. From issues that affect the very young to the very old, primary prevention to care of the ill, micro to macro, Barb approached each challenge with a positive attitude, persistence, and with a vision that public health could be improved through these efforts.

Barb was an inspirational leader not just within her local health department, but within many other local agencies, in the western New York region, and in the State of New York. She led a strategic planning effort in her department that included and reinvigorated staff members. She helped give birth to regionalism in public health as a charter member of the Western New York Public Health Alliance. And, Barb’s passion and advocacy through NYSACHO has served all New Yorkers well. Over the past 33 years, in her quiet, thoughtful manner, her tireless persistence, and with her insightful vision. Barb Hastings has truly made a difference for the public’s health and was so honored by her peers as the 2009 NYSACHO Public Health Professional of the Year.

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<sup>1</sup> Workgroup involved the Council on Alcohol and Substance Abuse, mental health providers, hospitals, courts, the Departments of Social Services, Probation, and Parole, HMOs and Medicaid Managed Care



## **BOARD OF HEALTH**

The Board of Health insures the Public Health Laws, New York State and Cattaraugus County Health District Sanitary Codes are enforced to provide a safe and healthy environment for residents. The Board sets policy for the county that provides the department with a road map for implementing programs that ensure 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 2009, the Board of Health took enforcement actions on 20 cases and 3 appeals. Numbers only tell part of the story. Decisions made by the Board of Health have supported its strong leadership on issues related to public health.

### ***BOARD OF HEALTH MEMBERS***

Andrew C. Klaczynski, MD, President

Joseph Bohan, MD, Vice-President

Giles Hamlin, MD

Joseph Eade

Sondra Fox, RN

James Lapey

Curtis Perkins

James Snyder

Thomas Thrasher

## ADMINISTRATION DIVISION

Throughout the years, Cattaraugus County Health Department (CCHD) has assessed and identified the health needs of county residents and 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. Capacity development involves the garnering of resources and expertise necessary for program implementation and sustainability. Often the resources necessary for addressing any one public health challenge are present in different organizations throughout the community. To address this, the Administration division actively partners with many organizations, agencies, and hospitals to improve the health of Cattaraugus County residents.

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

*"It is the mission of the Cattaraugus County Health Department to use the combined forces of scientific knowledge, professional skills, individual commitment, community support and political desire to control disease, prevent injuries, promote and encourage healthy behaviors and assure the quality and accessibility of health services."*

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

Kevin D. Watkins, M.D., Public Health Director (began 11/2009)

Barbara Hastings - Public Health Director (retired 9/2009)

Dr. Gilbert Witte - Medical Director

Kathleen Ellis - Administrative Officer

Karen Manners – Administrative Secretary

## NURSING SERVICES DIVISION

The Cattaraugus County Health Department's (CCHD) Nursing Services Division provides both preventative and ameliorative medical care to improve public health and the community's quality of life. Prevention uses the dual strategies of education and immunization/vaccination to improve individual outcomes. Prevention activities are contingent upon identification of those at-risk through either self identification or medical screening / testing. Ameliorative care is provided by the CCHD to improve individual health outcomes for those already afflicted with disease, illness or in need of long term care.

### *HOME CARE*

Home Care services in Cattaraugus County are primarily provided through two means; namely the Certified Home Health Agency (CHHA) and the Long-Term Home Health Care Program (LTHHCP). The CHHA provides services to those individuals with disabilities, chronic illnesses and those recovering from acute illness. The LTHHCP is provided to senior citizens as an alternative to nursing home placement. In 2009, Cattaraugus County Health Department's Certified and Long Term Home Health agency **provided care to 1,750 individuals** with an **average daily census of 360**. Both the CHHA and LTHHCP are further described below. Traditional Medicare remains the primary home care payment source, followed by Medicaid, Managed Medicare and private insurers. Cattaraugus County continued to provide charity care at no or reduced cost to individuals in need of skilled care. Figs. 1-3 illustrate the disciplinary breakdown of these visits

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

Home care encompasses *a broad spectrum of health, therapeutic and social services* delivered at home to persons with *disabilities, chronic illnesses and those recovering from acute illness*. Home care allows patients to receive nursing and therapy services in their home where they prefer to be, even in the face of major health problems. Many equate home care with a high quality of life. Advances in treatment and technology have allowed more people to be cared for effectively and efficiently at home even if they have illnesses that at one time were treatable only in a hospital or nursing home setting. This is evidenced by steady yearly increases in the case mix of patients treated by a facility (hospital, unit, etc.), which is an objective measure of patient acuity. In 2009, the CHHA had an **average daily census of 305 patients** with care provided to **1,666** individuals.

#### *Quality Control / Assurance-*

Quality and customer service are key components of CCHD CHHA. Quality is measured by patient outcomes, adverse events (AE) and random telephone satisfaction surveys. Patient outcome statistics and AE are derived from clinical and functional data collected by nurses and therapists on admission and at intervals during care. For a detailed review of the agencies' outcome data please visit the following sites:

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

<http://www.medicare.gov/HHCompare/Home>

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

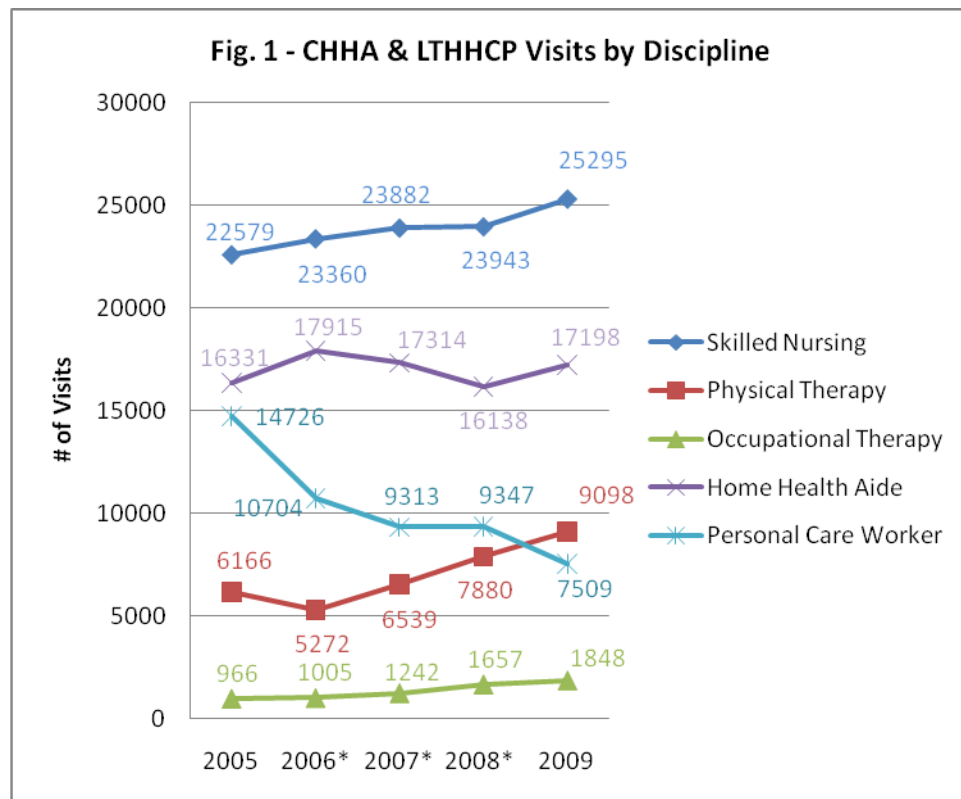
Cattaraugus County Health Department Certified Home Health Agency (CCHD CHHA) has *been ranked in the*

## Nursing Services

*top 25% of home care agencies nationwide* for the second consecutive year. This ranking, determined by Home Care Elite™, compares clinical and financial measures and includes agencies that have far more resources than our own. Additionally, CCHD CHHA is one of only five county operated CHHAs in New York State that does not receive state aid to operate.

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

Most individuals prefer to stay in their own homes for as long as they are able. The Long Term Home Health Care Program, which began in 1979 as *an alternative to nursing home placement*, has been very successful in assisting individuals to meet this goal. In 2009, the LTHHCP had an **average daily census of 55 patients** with care provided to **84 individuals**. Services available through the Long Term Care Program include case management, nursing, therapy, aides, respite, home delivered meals, personal emergency response systems, and social daycare.



### CHHA / LTHHCP SHARED SERVICE PROVISION

Services provided by the CHHA and the LTHHCP are similar and there are opportunities to share technology and provide the same service. Both the clinical site rotations and the telehealth programs below are examples of this.

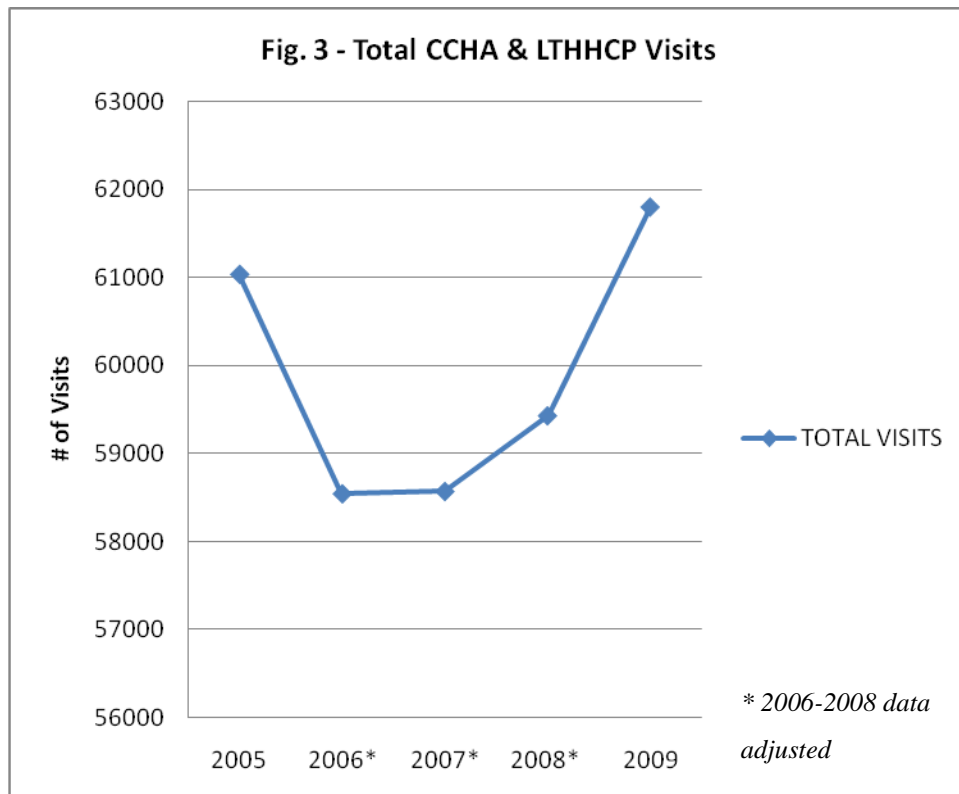
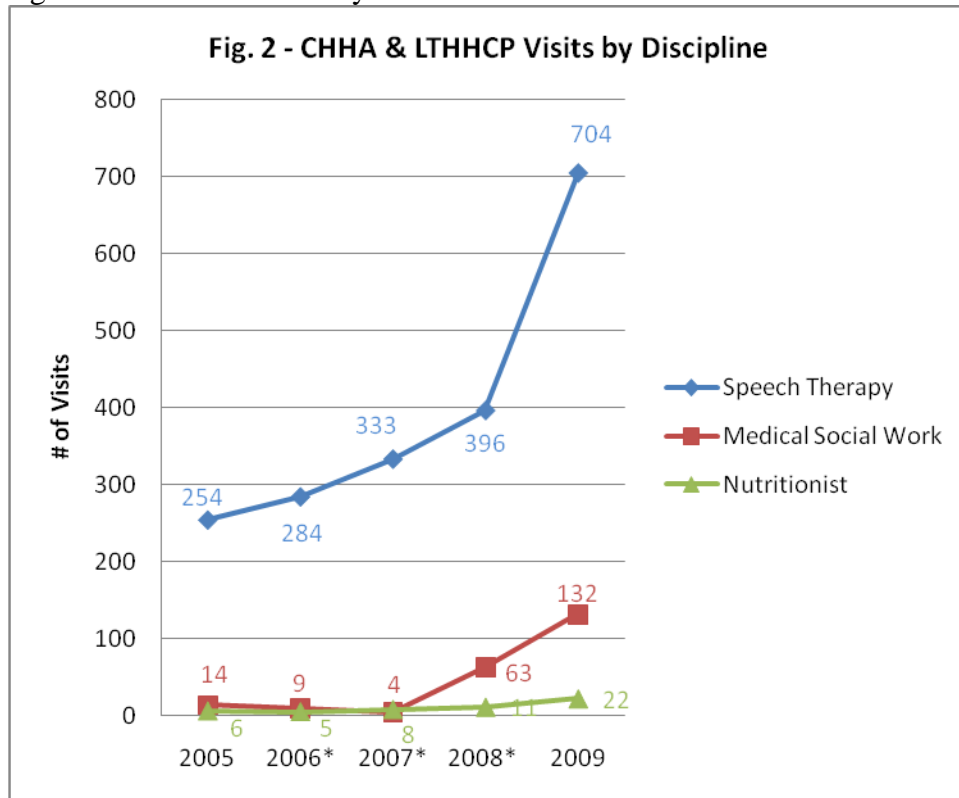
#### Clinical Site Rotations -

CCHD's Nursing Division is partnering with Jamestown Community College and Alfred State College to train the next generation of skilled home care nurses by providing students the opportunity to accompany CHHA nurses on their visits. During the spring 2009 semester, ~ **30 students** took advantage of this opportunity to



Nursing Services

hone their assessment, organizational and communication skills, perform procedures, teach clients, and develop a basic understanding of home and community based health services.



Nursing Services

*Telehealth Program*

Through the use of technology, CCHD CHHA and LTHHCP is able to monitor patients for changes in their health status on a daily basis without even making a visit to the patient's home. The process begins when a nurse installs a telemonitoring unit in the patient's home and establishes a connection to the department's computer system via the patient's phone line. The unit records the patients' responses to several individualized questions concerning new or worsening symptoms and records their weight, Blood Pressure, pulse and oxygen saturation. This data is then transmitted to a registered nurse for evaluation. Changes in the patient's health status can be detected early and effective interventions initiated; often avoiding the need for emergency room visit or care or hospitalization. **One hundred fifteen (115) patients** received this service in 2009 with 8,130 sets of data reviewed for a total of **7,713 monitored days**. Almost 100% of patients said they would use telehealth again.

**PATIENT EVALUATION AND ASSESSMENT**

Access to medical services is often dependent upon patient evaluation and assessment to insure eligibility requirements are met. CCHD nursing staff provides patient evaluation and assessment in the following capacities;

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

New York State requires all individuals to be assessed prior to admission to a Skilled Nursing Facility to determine if that person could be cared for in the community. These assessments are provided to current home care patients as well as individuals in the community upon their request. Due to changes in state regulations, previously certified staff was required to attend additional training to continue performing the screen portion. Currently six (6) of the thirteen (13) previously certified nurses can perform the new screen. **Fifty (50) assessments** were completed on individuals in the community and sixteen (16) on agency patients in 2009.

*Personal Care and Private Duty Nursing Program Eligibility*

Since March 1997, the Department of Social Services has contracted with CCHD CHHA to perform assessments to determine eligibility for the Personal Care and Private Duty Nursing Programs. In 2009, CCHD made **304 assessment** visits on **personal care** and **private duty nursing** clients.

Nursing Services

NURSING SERVICES – HOME CARE STAFF

Susan A. Andrews - Director of Patient Services  
Barbara Parish - Supervising Community Health Nurse  
Patti Williams - Supervising Community Health Nurse  
Kerry Lehere - Supervising Community Health Nurse (Resigned 10/09)

**OLEAN:**

Judy Braymiller – Community Health Nurse (PT)  
Kristin Brown – Community Health Nurse  
Antoinette Fancher – Community Health Nurse  
Sue Feldbauer – Community Health Nurse  
Walter Hollamby - Community Health Nurse  
Rebecca Lyman – Community Health Nurse  
Rebekah Malone – Community Health Nurse  
Ethel Milne- Community Health Nurse (PT)  
Karen Phillips Registered Nurse (4/09)  
Kay Reynolds – Community Health Nurse  
Carol Skudlarek – Community Health Nurse  
Anne Wilber – Community Health Nurse  
Linda Waterman Moore – Licensed Practical Nurse (contracted)  
Julie Welch - Community Health Nurse – Central Intake  
Kim Moricca – Social Worker (PT)  
Earlena Baer - Senior Typist  
Debra Lacher - Medical Record Technician  
Deb Pettinato - Senior Typist

**SALAMANCA:**

Colleen Blendinger – Community Health Nurse  
Stuart Burton - Community Health Nurse (Resigned 12/09)  
Kathleen Cochran-Registered Nurse  
Sandy Grey - Community Health Nurse  
Lois Lowry – Community Health Nurse  
Kathy Marsh – Community Health Nurse (PT)  
Jennifer Rasinski - Community Health Nurse (Feb-Dec 09)  
Chastity Standish – Registered Nurse  
Kim Taylor – Community Health Nurse  
Michelle Jennings – Senior Typist

**MACHIAS:**

Ann Barren - Community Health Nurse (PT)  
Linda Bishop – Community Health Nurse  
Lorie Blecha - Community Health Nurse  
Cristin Boyles –Community Health Nurse  
David Fancher - Community Health Nurse  
Karen Hoffmann – Senior Typist

## ***MATERNAL CHILD HEALTH***

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

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

The MOMS Program was developed by the New York State Department of Health (NYSDOH) to improve birth outcomes in the high risk Medicaid population. Through this program, Cattaraugus County assists those without insurance who meet eligibility guidelines to receive presumptive Medicaid. Nurses, social workers and dietitians provide education and case management services to participants with the goals of decreasing the incidence of premature and low birth weight infants. In 2009, the Department provided services to sixty two (62) females in the MOMS Program. **Thirty seven percent (37%)** of participants were nineteen (19) years old or younger in 2009 which is unchanged from 2008.

### **NEWBORN SERVICES**

Using vital statistic information from NYSDOH, community health nurses telephone the mothers of all newborns in Cattaraugus County to determine if they have any unmet needs. For many a phone call is all that is required, for others a home visit is made for further assessment, education or referral. Information and services provided vary per individual needs but all receive information on birth control, immunizations, lead poisoning prevention/testing, baby care, nutrition, safety, normal growth and development, parenting and the importance of follow-up pediatrician visits. This service was temporarily suspended beginning in October 2009, due to the demands of H1N1 influenza clinics.

#### *Newborn Screening*

In addition to this, the CCHD assists the NYSDOH in obtaining repeat blood samples for newborn screening (NBS) to detect diseases such as cystic fibrosis and Phenylketouria (PKU). Early detection and intervention of these diseases may improve the health of the child. Approximately **eighty (80)** NBSs were performed by CCHD nurses.

### **SKILLED HOME VISITS**

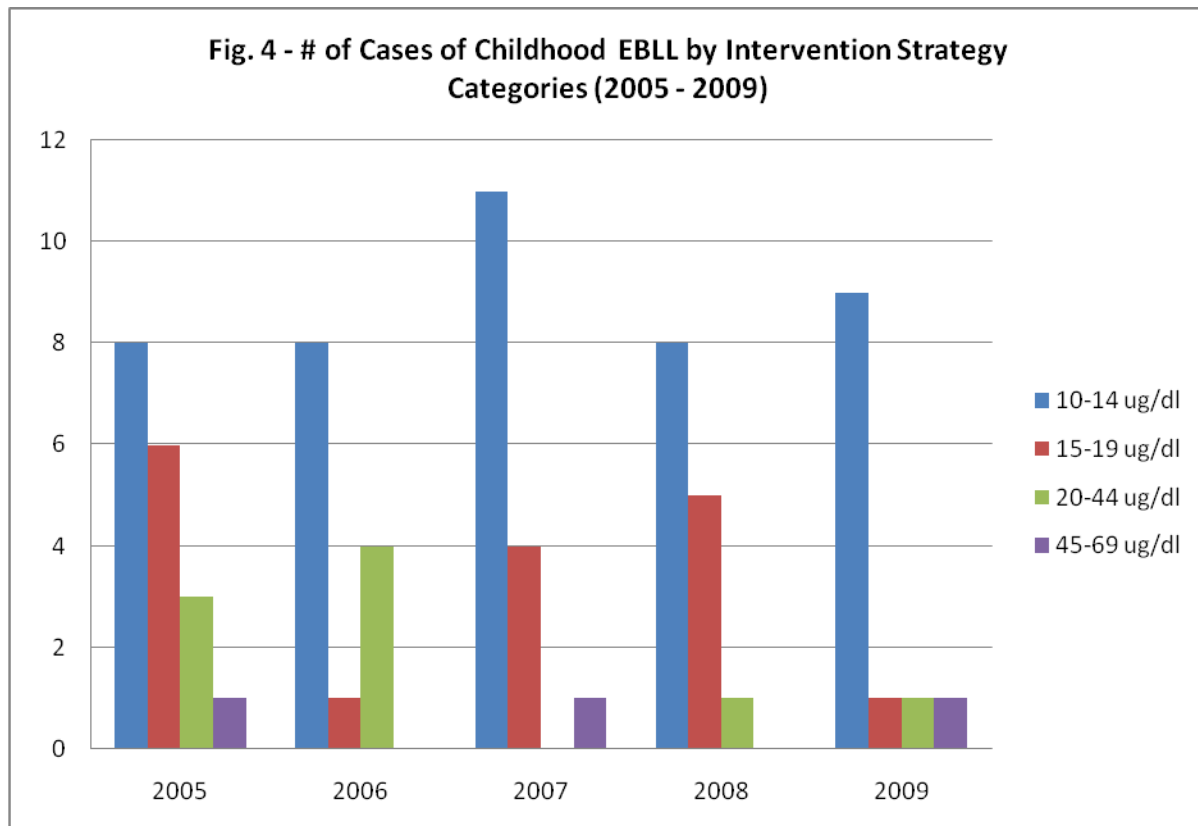
Skilled nursing visits are provided to pregnant and post-partum women, infants and children following referral by a hospital or their physician. A registered nurse develops a home care plan that includes skilled assessments, interventions, education, and reinforcement of positive health behaviors in the individual's own environment. **259** individuals received Maternal Child Health visits in 2009.

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

Fig. 4 illustrates the number of children with Elevated blood lead levels (EBLL) from 2005 to 2009. EBLL in children are associated with learning and behavioral problems that may prevent children from reaching their potential. NYS law requires healthcare providers to test children for lead at one and two years of age. Table 1 describes the NYS prescribed intervention strategy for varying blood lead levels in children. The Health Department monitored **1,460** blood lead levels via electronic reporting on the Heath Information Network to ensure that all children are tested and receive proper follow-up for any elevated levels. Fig. 4 illustrates the number of children with new EBLL in Cattaraugus County.

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

Lead Level	Intervention
10-14 ug/dl	Home visit by nurse for assessment & education on exposure reduction. Case management to ensure blood levels decrease.
15-19 ug/dl	Same as above + Home Visit by Environmental Health (EH) staff to perform assessment, educate family and provide information on effective abatement strategies.
20-44 ug/dl	
45-69 ug/dl	Perform EH visit as noted above, notify state, conduct home visit within 24 hrs., follow-up blood test within 48 hours





## COMMUNITY HEALTH CLINICS

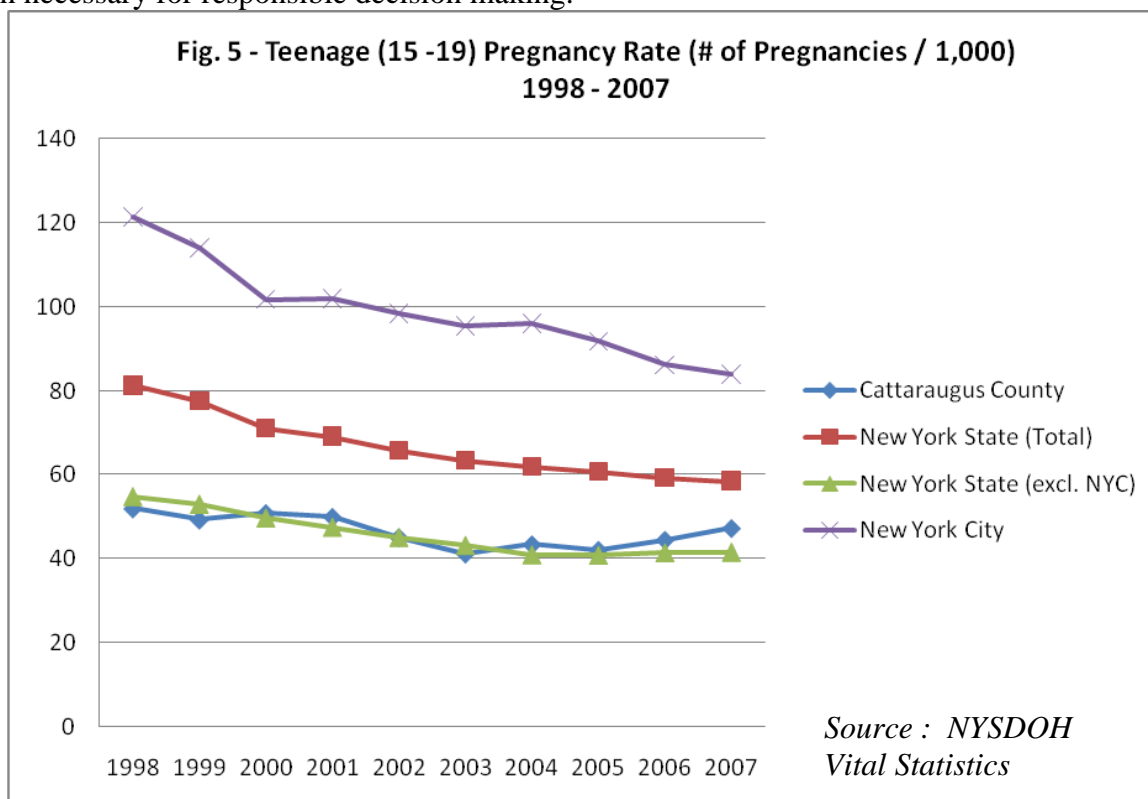
Community health clinics provide a variety of services to community members. These services often meet a critical public health need that is best addressed through comprehensive community based programs. What follows is a description of the services provided through community health clinics.

### FAMILY PLANNING CLINICS (FPC) SERVICES

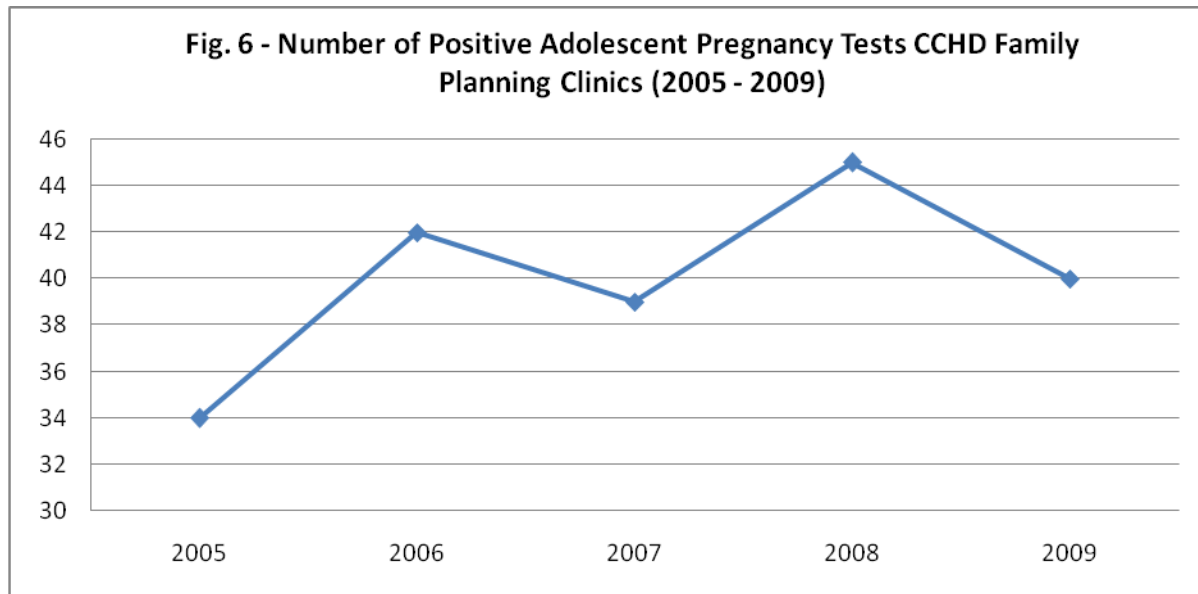
Objectives of family planning clinic services are to reduce adolescent pregnancies and unintended pregnancies in all age groups as well as prevent disease commonly afflicting reproductive organs.

#### *Reproductive Health Services*

Reproductive Health Services for both men and women are offered at CCHD offices in Machias, Olean, Salamanca and Randolph. Family planning clinics fulfill the above objectives by ensuring access to basic reproductive health education and providing comprehensive reproductive health care. The need for this service is illustrated by the data presented in Figs 5 & 6. Fig. 5 suggests that Cattaraugus County is *not* following generally accepted state and national trends of decreasing rates of teenage pregnancy. While there may be some decrease in these rates in past years, more recent years show an increase in the teenage pregnancy rate. Overall the fluctuation of teenage pregnancy rates suggests that the rate has remained constant. Additional evidence suggesting a relatively constant teenage pregnancy rate is provided in Fig. 6 which shows the number of positive adolescent pregnancy tests administered by the CCHD. These data demonstrate the need for factual reproductive health education and care to promote both delays in sexual activity and protective behaviors for teens who become sexually active. Community outreach and education are vital to providing the accurate information necessary for responsible decision making.

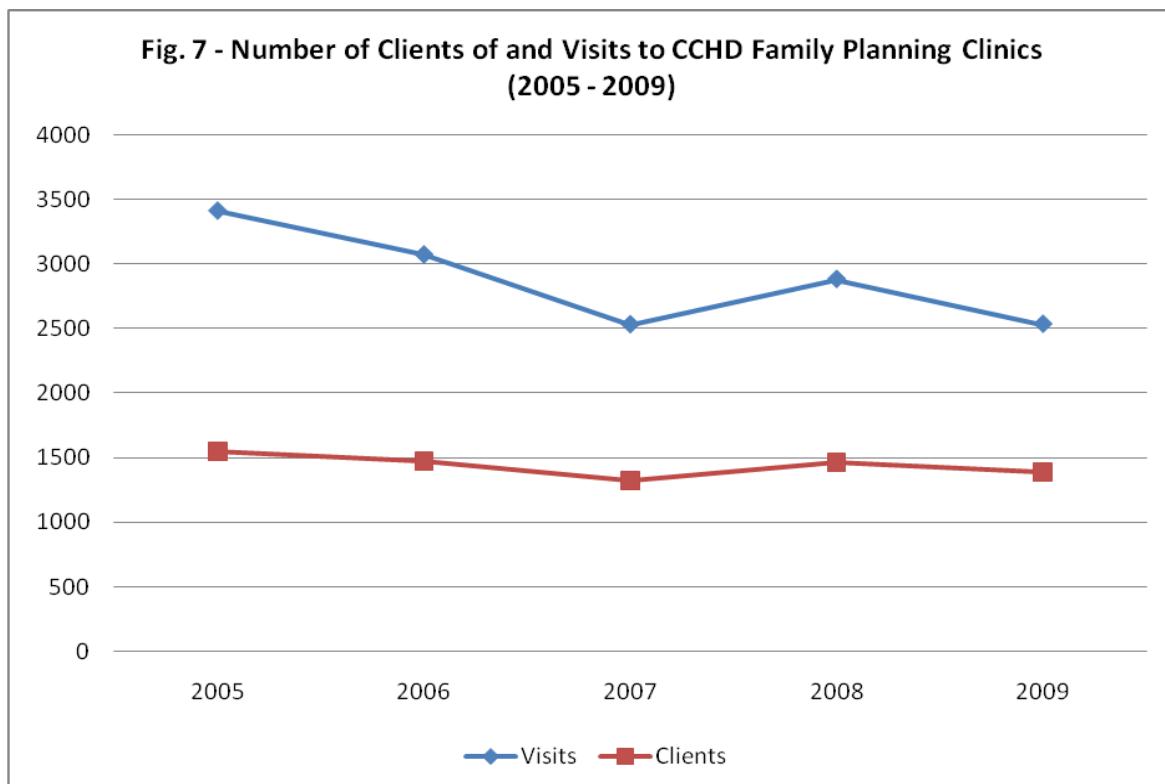


## Nursing Services



Source : Ahlers 2005 -2009

Comprehensive reproductive health care includes physical & laboratory examinations, contraceptives, emergency contraception, counseling/education and cancer/sexually transmitted infections (STI) screening for adolescents and adults. Fig. 7 shows the five year trend for the number of clients of and visits to the CCHD family planning clinic. As can be seen there seems to be a general decreasing trend. While difficult to substantiate, this downward trend in client and visit numbers may be linked to the constant or slight increase in teenage pregnancy rates.



*Reproductive Disease Prevention -*

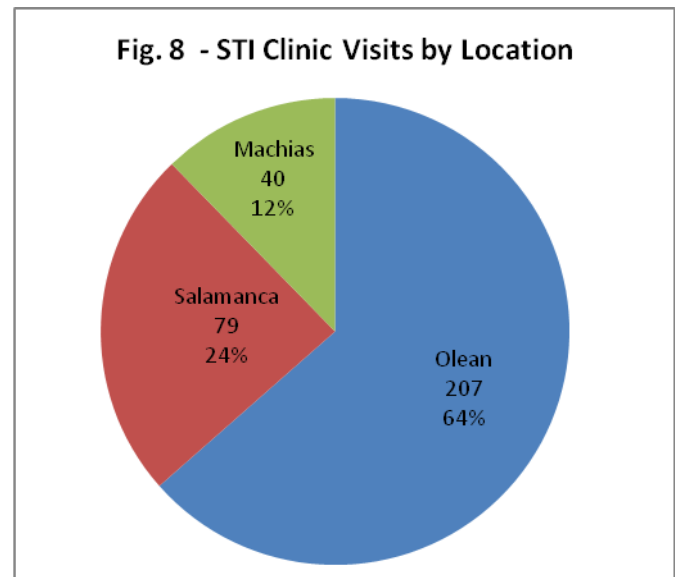
**Cervical cancer** is **preventable** through vaccination and routine screenings. In 2009, Cattaraugus County Family Planning Clinic performed **452 pap smears** on **444 clients**. **One hundred-thirty nine (139) pap smears** were **abnormal** with 4 of these having significant abnormalities which required immediate follow-up including colposcopy and/or referral for treatment. **Nineteen (19) colposcopies** were performed by the clinic nurse practitioner.

*Cancer Services Program*

This program ensures that individuals who are either underinsured or uninsured are able 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. **Forty five (45) clients** received forty three (43) breast exams and twenty one (21) pap smears. Services provided through this program have dramatically decreased due to changes at the state level.

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

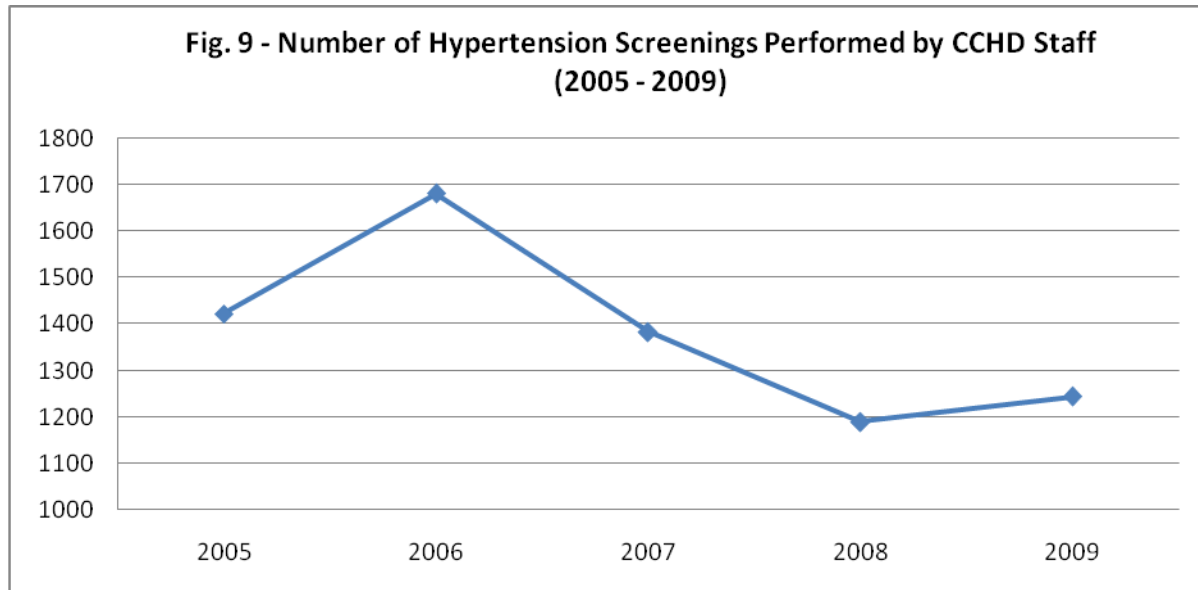
In accordance with the NYS Sanitary Code Part 23.2, CCHD is required to provide free, confidential services for the diagnosis and treatment of STI's. Services include testing and treatment for Chlamydia, Gonorrhea, Syphilis, Trichomonas, and Herpes. All clients and their contacts received education, treatment and follow-up. The most common sexually transmitted infections in Cattaraugus County is **Chlamydia**. The number of cases detected **during routine family planning visits** was **31** and **5** in STI clinic. All clients with positive tests, and their contacts when indicated, received education, treatment, and follow-up. There were a total of 326 client visits to the STI clinic in 2009. Fig. 8 shows the number of STI clinic visits by clinic location.

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

The Health Department is a primary provider of HIV testing in the county. Early detection and treatment enhances quality of life and longevity. Confidential counseling and testing are offered to all individuals utilizing our clinics. The Health Department provides Rapid HIV testing using oral fluids. Using this method results are generally available in about 20 minutes. In 2009, **351** individuals were tested for HIV in Family Planning Clinic, **174** in STI Clinic and **8** at a local Health Fair. There were no positive test results in 2009.

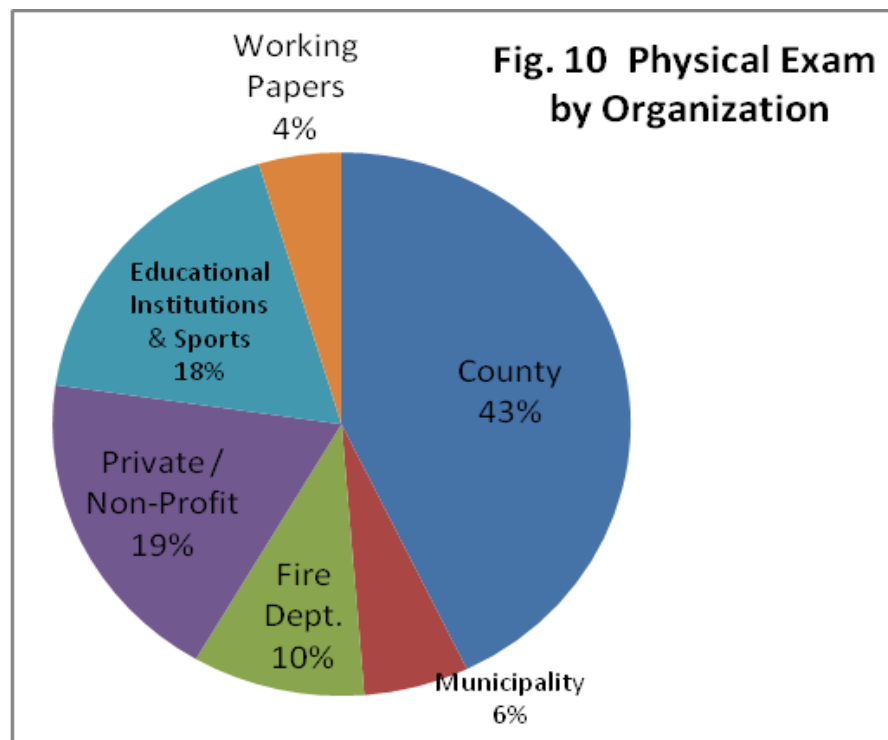
**HYPERTENSION SCREENING**

The mortality rate of heart disease in Cattaraugus County (321/100,000) significantly exceeds that of New York State (255/100,000) and remains the leading cause of death in the county. Substantial medical research exists that supports the importance of maintaining tight blood pressure control to prevent stroke and heart attack. To promote cardiovascular health, Community Health Nurses provide hypertension screening at various locations in the county throughout the year. Individuals with readings that vary from the norm are encouraged to follow-up with their private medical providers. Fig. 9 shows the five year trend in the number of hypertension screenings performed by CCHD personnel.



## PHYSICAL EXAMS

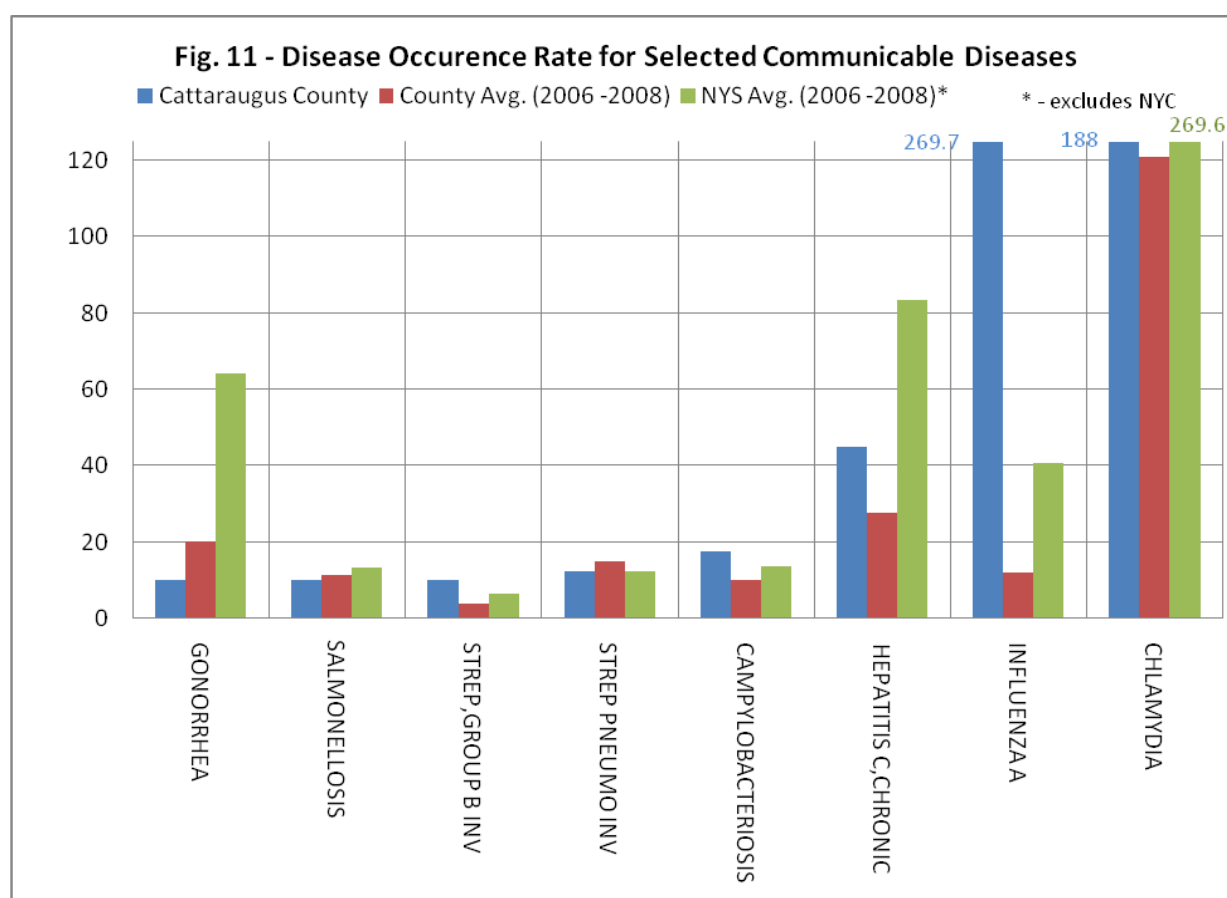
Clinic staff provide routine physical exams for new employees of the county, villages, towns and fire departments as well as for college admission, working papers and other community businesses and organizations. In 2009, 238 exams were performed. Fig. 10 shows the breakdown of these by organizational type.



### *Communicable Disease Prevention*

Disease prevention, surveillance and containment are core functions of the CCHD. These strategies are applied to the control of all disease whether it is responding to a localized outbreak of pertussis or, as in 2009, pandemic H1N1 influenza.

Figs. 11 & 12 compare the rates of selected communicable disease occurrence in Cattaraugus County in 2009 to the average occurrence rate in the county and state over the previous three years. Influenza A was the most frequently reported disease followed by Chlamydia and Chronic Hepatitis C. All cases of communicable disease receive follow-up from a communicable disease nurse to ensure that every possible measure was taken to prevent, detect, treat and contain the spread of disease.



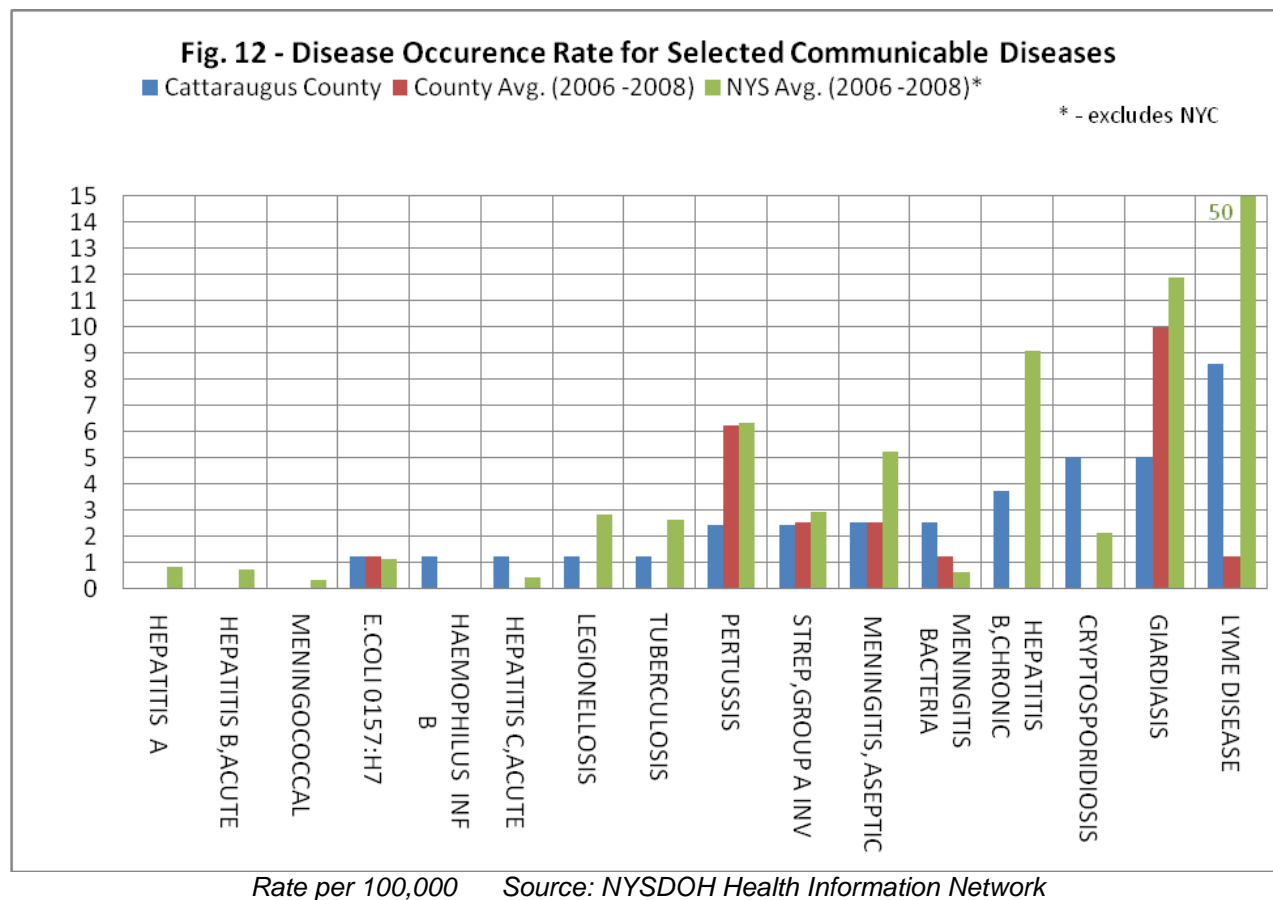
### **IMMUNIZATION PROGRAM**

To ensure access to immunizations and prevent disease, CCHD offered immunization services at four sites throughout the county at no charge to individuals under age 19 and for a minimal charge to individuals aged 19 and over. Table 2 lists the types and numbers of vaccines given by the CCHD to adolescents and adults. Note that the CCHD added Yellow Fever vaccine at the end of 2009 to expand immunization services to travelers.

#### *Hepatitis Program*

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





### *Influenza Vaccination Program*

Flu is a contagious respiratory disease that is responsible for an average of 226,000 hospitalizations and 36,000 deaths each year in the United States. The Health Department administered **4,100 doses of seasonal flu vaccine** and approximately **7,408 doses of H1N1 vaccine**. Vaccination coupled with education and surveillance helped to limit the impact of influenza in the county. It is important to note that the CDC reported that most cases of Influenza A occurring in 2009 were in fact caused by H1N1. A detailed report, *2009 H1N1 Influenza Response*, may be found at [http://ww2.cattco.org/files/downloads/health/2009\\_Novel\\_H1N1\\_Response.pdf](http://ww2.cattco.org/files/downloads/health/2009_Novel_H1N1_Response.pdf)

### *Rabies Post-exposure Vaccination Program*

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

Fig. 13 illustrates the variability associated with the number of post exposure rabies treatments from year-to-year and Fig. 14 illustrates the annual breakdown of post exposure treatments by suspected animal vector.

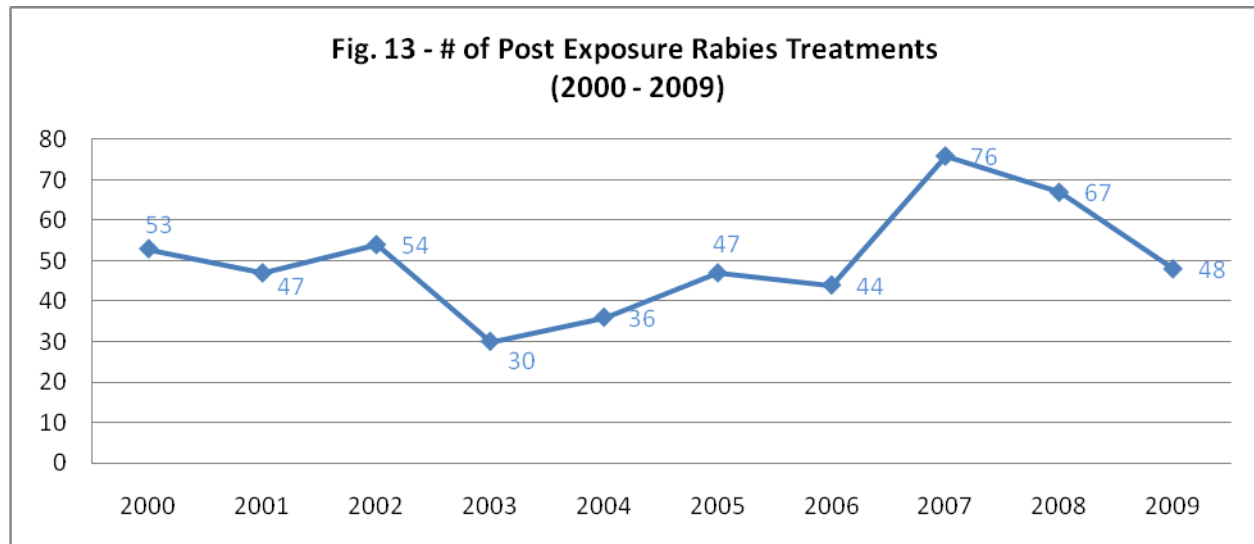
## Nursing Services

**Pre-exposure** vaccination series were administered to **eight (8) individuals** at risk for occupational or recreational exposure to rabies. Another **ten (10)** people in this category had their immunity to rabies monitored through **titers**.

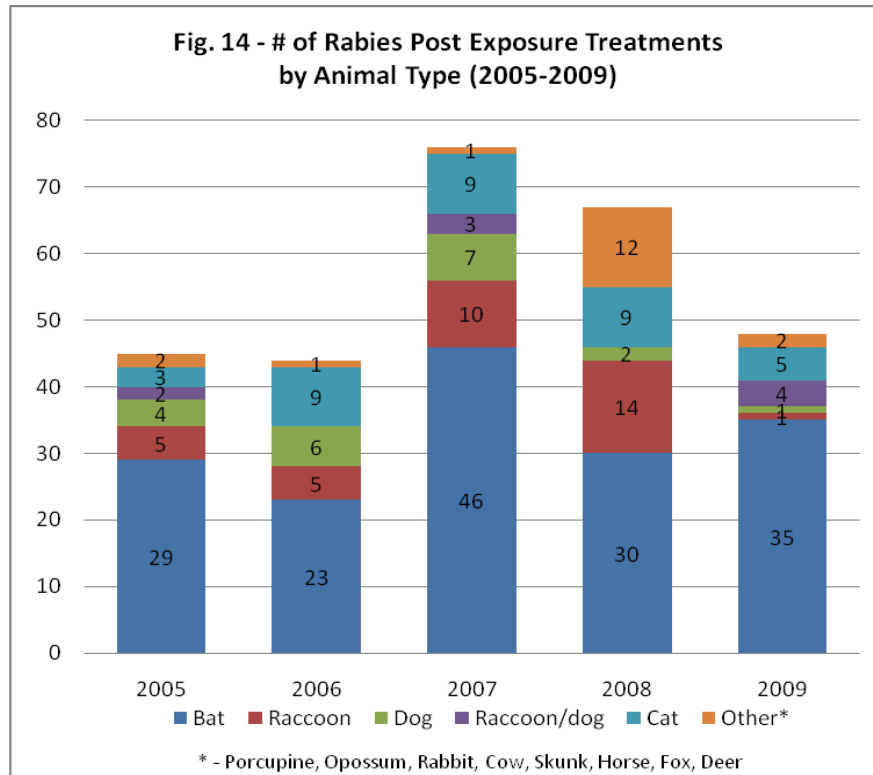
Table 2 - 2009 CCHD Immunizations

IMMUNIZATION	Number Given	Number Given	Number Given
	Age 18 yrs and Under	Age 19 yrs and Over	Total
DTaP	16	0	16
DtaP-HIB (Trihibit)	0	0	0
DtaP-HIB-IPV (Pentacel)	15	0	15
DtaP-IPV (Kindrix)	12	0	12
DtaP-HEP B-IPV (Pediarix)	23	0	23
GARDASIL	44	46	90
HEP A	25	77	102
HEP B	12	216	228
HEP A & HEP B (Twinrix)	3	56	59
HIB	8	0	8
HPV (Gardasil)	44	46	90
INACTIVATED POLIO (IPV)	4	2	6
MENACTRA (MCV4)	74	72	146
MMR	38	105	143
PNEUMOCOCCAL(polysacc)	0	33	33
PREVNAR (pneumo-conjugate)	21	0	21
ROTOVIRUS	6	0	6
Td	3	39	42
Tdap	101	101	202
TYPHOID	0	53	53
VARICELLA	59	24	83
YELLOW FEVER	0	2	2
ZOSTAVAx (shingles)	0	26	26
<b>Totals</b>	<b>508</b>	<b>898</b>	<b>1406</b>

## Nursing Services

**TUBERCULOSIS CONTROL**

Cattaraugus County had **one (1) case** of Pulmonary Tuberculosis in 2009. **Tuberculin testing** was provided to **six hundred twenty (620)** clients with **twenty four (24)** individuals testing **positive**. Individuals with a positive test are required to follow-up with either the Health Department or their private physician. Through regular follow-up and prophylactic medication, active tuberculosis can be prevented. **Nineteen (19) individuals** received care in 2009 in Chest Clinic and **six (6)** were started on medication.



Nursing Services

**MATERNAL CHILD HEALTH & COMMUNITY HEALTH STAFF – 2009**

Susan A. Andrews - Director of Patient Services  
Mary Anne Power - Supervising Community Health Nurse  
Mariann Graczyk - Nurse Practitioner (Retired FT 3/09 to PT contracted)  
Julia McAndrew - Nurse Practitioner  
Janet Cottillion - Community Health Nurse (PT)  
Gayle Faulkner - Community Health Nurse  
Susan Lorenz - Community Health Nurse  
Laurie McClory - Community Health Nurse  
Laurie Poole - Community Health Nurse  
Tara Leonard - Reproductive Health Educator (contracted)  
Gloria Artlip – Keyboard Specialist  
Linda Campanella -Keyboard Specialist  
Nancy Eaton - Senior Typist  
Karen Kell - Account Clerk Typist  
Peggy Davis – Per Diem Clerical

Contracted Nurses for H1N1- Fall 2009

Clare Barr RN  
Estelle Clark RN  
Theresa Gaeta RN

## 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 regulatory enforcement and education. Performing inspections to insure 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 insuring that those entrusted with the public's health understand the potential health risks and mitigation strategies associated with particularly vulnerable activities and facilities. Through education and enforcement many potential illnesses and injuries can be *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 insuring the future of safe and healthy water for public consumption in the United States. The CCHD's water supply program (WSP) works in all of these areas with operation and management personnel at 191 public and 26 non-public water systems throughout the county to ensure the provision of safe drinking water through application of these principals. Subpart 5 of the New York State Sanitary Code (NYSSC) defines a *public water system* as a water system which provides water to the public for human consumption through pipes or other constructed conveyances, if such system has at least five service connections or regularly serves an average of at least 25 individuals daily at least 60 days out of the year. Subpart 5 of NYSSC further classifies public water systems as follows;

*Community water system (CWS)* - means a public water system which serves at least five service connections used by year-round residents or regularly serves at least 25 year-round residents.

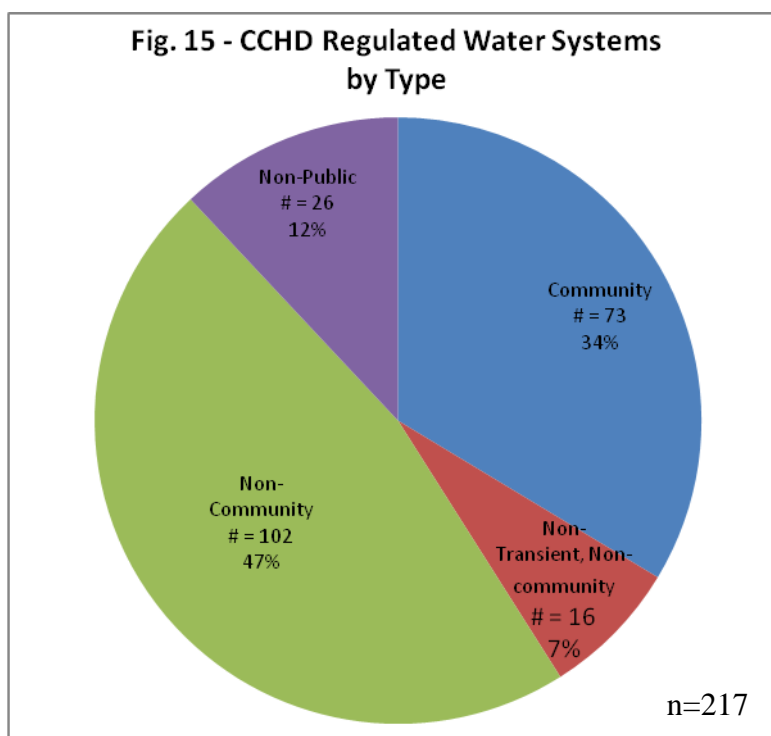
*Nontransient noncommunity water system (NTNC)* - means a public water system that is not a community water system but is a subset of a noncommunity water system that regularly serves at least 25 of the same people, four hours or more per day, for four or more days per week, for 26 or more weeks per year.

*Noncommunity water system (NCWS)* - means a public water system that is not a community water system.

A *non-public* water system is one that does not meet the definition of a public water system and is thus not regulated by Subpart 5 of the NYSSC, but it is still regulated by the CCHD through other sections of state and county sanitary codes. Fig. 15 illustrates the breakdown of CCHD regulated systems by type within Cattaraugus County.

Again in 2009, the Environmental Health Division prepared approved workplans and applied to the NYSDOH for the Enhanced Drinking Water Program grant. Much of the work performed below is supported through this grant.





#### *Water System Inspections*

During 2009 environmental health (EH) staff performed required inspections at 191 of the regulated water supplies. At larger community and non-transient, non-community systems, a full sanitary survey was performed in accordance with EPA and NYSDOH guidance documents. These documents require examination of *source, treatment, pumps & controls, finished water storage, distribution system, operation and management, operator compliance and recordkeeping*. Inspections and sanitary surveys are designed to provide operators and management staff with critical review to improve operations and better protect public health. Activities performed during inspections and followup lead to better management and operation of PWSs.

#### *Water Quality Monitoring*

A key to providing safe and healthy drinking water is monitoring drinking water quality as an indicator of adequate operation and management of PWS's. Federal and state regulations identify hundreds of potential contaminants and designate a Maximum Contaminant Level (MCL) for each. These potential contaminants are then monitored on a periodic basis by the water supplier. In Cattaraugus County, the more frequent microbiological and nitrate sample are collected directly by CCHD personnel and analyzed in the county lab. In 2009, EH staff collected over 1,700 microbiological samples and 251 nitrate samples for laboratory analysis.

#### *Technical Assistance*

Operating a PWS to protect public health and minimize risk is challenging. In Cattaraugus County, the resources available to overcome these challenges vary with the capacity of operations and management personnel. Larger municipalities may have adequate resources to operate the system in accordance with industry-wide best management practices. The cities of Olean and Salamanca are good examples. Smaller systems, such as smaller municipalities and many mobile home parks, often have limited capacity to achieve regulatory compliance and operate the system in a manner that insures public health.

Environmental Health

To aid *all of these systems* and encourage better operations and management, the CCHD is providing the following technical assistance;

- Each community PWS is required to publish an Annual Water Quality Report (AWQR). In 2009, the *EH staff provided draft Annual Water Quality Reports to the vast majority of these PWS's.*
- State and federal regulatory requirements for PWS's are complicated. While most certified operators<sup>2</sup> are familiar with these requirements, *questions often arise that require EH staff to adequately address.* Even though the PWS is simpler, owners of PWS's not requiring a certified operator also have questions that need to be answered by EH staff. An example of this is the provision of regulatory guidance regarding the December 1st, 2009 implementation of the federal groundwater rule.
- Operation of a PWS's often requires historic and geographic information about the design and past operations of the system. EH staff have developed beta versions of online Geographic Information System (GIS) data viewers to allow operators to securely and easily access information about their system and updated it efficiently. To populate these viewers, EH staff have digitized data such as water lines and valves and incorporated them into an industry standard data model that can be used for process modeling. Such data can also be used in determining the full cost of water provision.
- To protect source water quality, EH staff have modeled Wellhead Protection Areas and provided interested municipalities with wellhead protection ordinances to insure that future land uses do not compromise future or existing water supplies.
- EH staff have provided training in the role of asset management in insuring the necessary resources to continue providing safe drinking water.

*Community PWS Regulatory Compliance & Operational Improvement Highlights*

With the aging infrastructure present in Cattaraugus County, full compliance with current state and federal regulations and efficient operations often involve costly improvements. EH staff aid community water systems by identifying significant regulatory and operational issues, providing technical and system specific information and serving as technical liaisons with other state and federal agencies. In these capacities, EH staff aided the following community water supply projects.

The Village of Delevan was awarded \$1.25 M in federal stimulus funding to reconstruct their springs and install a filtration treatment plant. Distribution system improvements to their aging infrastructure are also needed. In early 2008 the Department officially declared them in violation of federal and state drinking water regulations and mandatory quarterly public notifications were initiated. Since funding was received, the Village entered into a formal compliance agreement with the Department that will have the new filtration plant operational before the end of 2011.

The Town of Perrysburg completed construction and all service connections to the Perrysburg Central Water District distribution system. Work will continue in 2010 on the well and treatment plant upgrades which constitute Phase 2 of this comprehensive capital improvements project.

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<sup>2</sup> Community and Non-transient, Non-Community PWSs are required to have a certified operator.

Environmental Health

The Crystal Water Company which serves the hamlet of West Valley dates back to 1910. The old springs have been declared "Under the Influence of Surface Water" and therefore must also be filtered or abandoned in lieu of new wells. The Crystal Water Co. has also been officially declared in violation of federal and state drinking water regulations and is performing the mandatory quarterly public notifications. A major breakthrough toward achieving compliance occurred when the water company was sold to new owners on November 19, 2009. The new owners are committed to applying for funding assistance and making comprehensive improvements to the system. EH staff have drafted a formal compliance agreement which is currently being negotiated and should be signed in early 2010.

The Town of Machias Water District completed an engineering study in late 2007 in an attempt to decide how best to continue service to customers on their old spring line once the spring source is officially shut off and abandoned. Similar to West Valley, Otto and Delevan, their old spring must now either be filtered or disconnected. Cost estimates to rehabilitate the remote old source and transmission line, and install the required treatment were prohibitive. Consequently in July, the Machias Town Board entered into a formal compliance agreement with the CCHD which was supposed to have the spring's officially abandoned by December 31, 2009. As of this writing a well contractor is drilling the new private wells which will allow the Town to officially abandon the spring line in Spring of 2010.

The Village of Cattaraugus, at the request of the CCHD, undertook inspections of their old springs and transmission lines which had been neglected for decades and are in need of significant rehabilitation work. An engineering study to evaluate these critical facilities, develop cost estimates for the necessary improvements, and prepared designs for the first phase of priority work, was nearly completed at the end of 2009. The challenge for the Village Board will be to find funding or otherwise attempt to budget for all the necessary work. The engineering study was nearly completed by late 2009. The findings will be presented/discussed at Village Board meetings in early 2010. The EH staff will participate in these discussions.

The Town of Otto Water District completed their installation of the new required treatment system on their unfiltered spring in September 2009. After a few control glitches are resolved, we anticipate an official certification of the completed work in early 2010.

The Village of Randolph water system dates back to the 1930's and in 2009 due to issues related to recurring flooding at the water works property and concerns related to their shallow wells and buried springs, the Department required that they undertake an engineering study to 1) identify a permanent solution to the flooding problems, 2) locate and evaluate each of the sources to make a formal determination whether they too are considered "groundwater under the direct influence of surface water" (GWUDI), 3) consider other alternatives such as treating and reactivating the Church Street well, and 4) develop cost estimates for each of the alternatives so the Village Board can make an informed decision on a path forward for improvements to the system. It is anticipated the engineering study will be completed in the Spring of 2010.

The Village of Gowanda experienced an unprecedented flood of the entire community due to torrential rains on the evening of August 9, 2009. There was extensive damage to private homes and public roads and bridges, and village utilities were inundated or destroyed, including the Point Peter reservoir, their primary source of drinking water. The village and many surrounding communities were declared a federal disaster area. Emergency management agencies responded and the County was directly involved in the Incident Command System which was set up to aid in the recovery effort. Ultimately, the National Guard was deployed and FEMA came aboard to help process millions of dollars of both personal and municipal damage claims for federal

Environmental Health

assistance. In particular the Village struggled to maintain potable water service through reactivation of two old municipal wells, while damage to the reservoir and raw water pumping station (which was completely submerged) was being assessed. The Health Department issued Boil Water Orders and conducted extensive testing, while the Village imposed strict water use restrictions and the integrity of the water system was preserved. The continued provision of potable water throughout the service area during the entire duration of response and recovery effort was a major achievement for all involved parties.

## Wastewater

Properly operating wastewater systems are essential to limit the spread of disease associated microbiological and viral contamination. Wastewater system performance is dependent upon environmental factors such as soils, topography and precipitation, design capacity and actual usage and regular maintenance (i.e. septic tank pumping). EH programs are designed to insure that each of these factors is considered throughout the lifetime of the waste water system.

### INDIVIDUAL SEWAGE TREATMENT

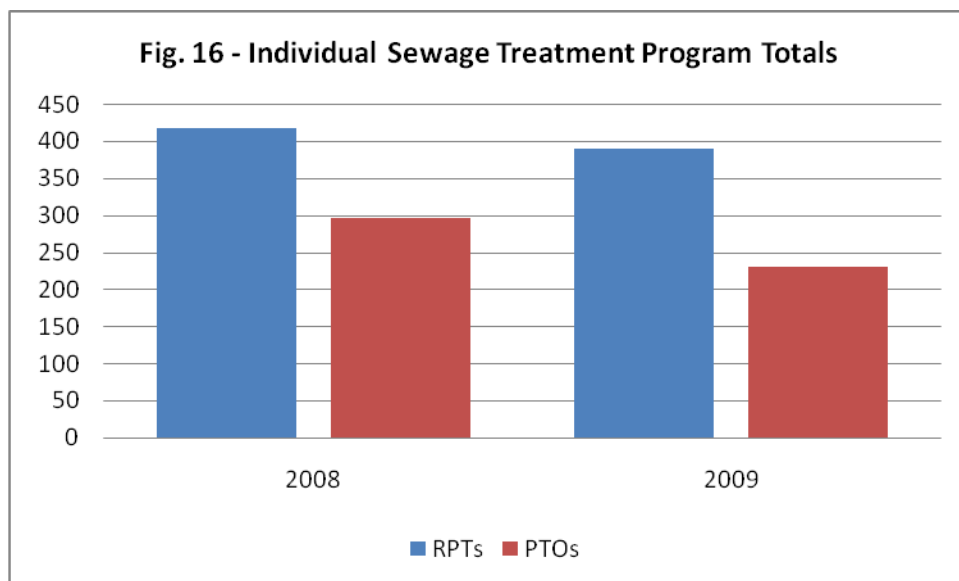
Insuring the proper design and operation of individual sewage treatment systems throughout the county is done through the Real Property Transfer (RPT) and Permit to Operate programs. Together, these two programs account for the largest portion of field staff's time.

#### *Real Property Transfer Program*

The RPT provides a mechanism for performing sanitary surveys of private sewage and water systems on the occasion of a real property transfers. This along, with complaints that may be received, serve to identify failing septic systems in need of repair or replacement. Fig. 16 shows the fewer RPTs were conducted in 2009 than in 2008. This may be indicative of the continued depressed economy.

#### *Permit to Operate (PTO) Program*

To insure proper functioning of individual wastewater systems, the system needs to be designed in conformance with state regulations and with an awareness of environmental conditions proximate to the proposed site. EH staff routinely design small septic systems for individual construction and review plans for larger systems designed by an outside engineer. Upon completion of design and construction, EH staff issues a permit to operate these systems. Fig. 16 shows the number of PTOs performed in 2009 and 2008. Again, the decrease most likely represents a downturn in local construction and real estate activity due to economic conditions.





## **LARGE SEPTIC SYSTEM STATE POLLUTANT DISCHARGE ELIMINATION SYSTEM (SPDES) COMPLIANCE**

The NYS Department of Environmental Conservation (NYSDEC) requires that larger septic systems be inspected annually to insure proper operation and maintenance. The NYSDEC contracts with the CCHD to provide these routine annual inspections, which include some brief questions for operators and a visual inspection of the surface above and proximate to the septic system. In 2009, EH staff performed *122 of these inspections*.

## **COMMUNITY PROJECTS**

In 2009, EH staff helped municipal and community partners to overcome the significant capacity challenges associated with grant writing and administration in the provision of sewage infrastructure to low income areas. In doing so, EH staff performed many of the same roles that it did with communities implementing water infrastructure project, such as grant writing, identifying significant regulatory and operational issues, providing technical and system specific information and serving as technical liaisons with other state and federal agencies. These efforts are briefly described below.

### *Dugan Road Sewer District Ext. #2*

A major development in 2009 was the announcement in late August that the Town of Olean was awarded a \$600,000 Community Development Block Grant (CDBG) to install public sewers on Butler and Andrew Streets near the Dugan Road. This important project will eliminate over ten longstanding septic system discharges and resolve many current legal and operational problems with the Dugan Road East Sewer District. The project should be completed in 2010. EH staff worked to provide support services in initial grant application writing and historic information provision.

### *Environmental Health Initiative*

There is an increasing need for funds to repair/replace existing individual water supplies and septic systems owned by low income households. In 2009, EH staff, in conjunction with NeighborWorks, worked to submit a CDBG application on behalf of such owners to provide funding for water supply and septic system repairs and replacements. This application was fully funded in the amount of \$351,000 and EH staff is currently working with NeighborWorks to insure that grant monies are being spent to repair/replace those supplies/systems most in need of attention.

### *Preliminary Municipal Sewer Districts*

In 2009, EH staff provided technical assistance to the municipalities of Delevan, Yorkshire (Yorkshire Corners area) and Machias (Lime Lake area) to promote/support new proposed new public sewer projects. These areas, currently serviced by individual septic systems, are prime candidates for the formation of municipal sewer district based on the population density and rate of septic system failure.

### *Amish Community Compliance*

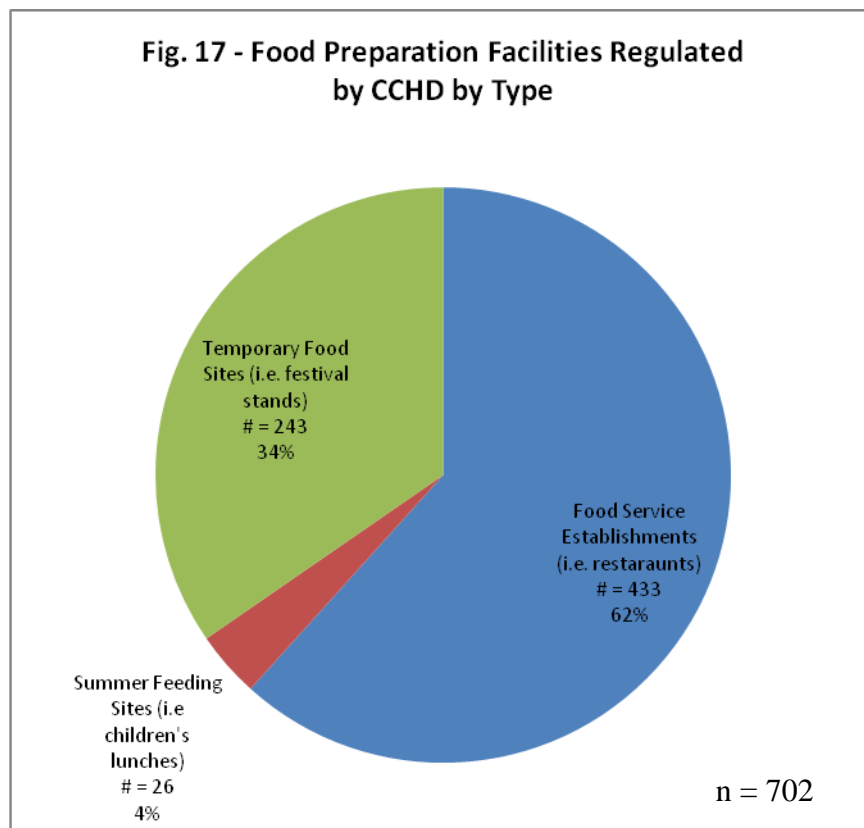
In 2009, EH staff worked with local code enforcement officers and leaders of the Amish community in the western part of the county to develop a strategy for Amish compliance with existing state and county regulations concerning the design and installation of septic systems. This effort is expected to continue throughout 2010.

### ***Facility Inspections***

Proper operation and management of facilities serving the public can minimize disease outbreaks, individual health risks, insure safety and improve the overall quality of life for those using these facilities. As mentioned earlier, Facility Inspections rely heavily on the dual strategies of compliance/enforcement and education. CCHD EH staff perform facility inspections to insure compliance with regulatory requirements outlined in NYS and Cattaraugus County sanitary codes. In doing so, EH staff use their education and experience to identify issues of noncompliance with such regulations, but also represent a potential risk to public health and safety. After identification, EH staff educates facility operators in best management practices which not only insure compliance but also minimize risk to public health and education.

### **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. 17 breaks down the number of food service establishments regulated by the CCHD in 2009. No foodborne disease outbreaks were reported or investigated. Several staff members are in various stages of training to receive their NYS Food Service Inspection Officer (FSIO) certification. Once certified, all inspectors must attend periodic workshops to keep their training/certification current.



### **TEMPORARY RESIDENCE PROGRAM**

The CCHD permits 45 temporary residences which include all hotels, motels, campgrounds, and several facilities which also operate as a children's camp in the summer within the county. EH staff perform an annual

inspection of these facilities. Such inspections may include kitchen operations, public water supply treatment, on-site sewage disposal system, and swimming pool or bathing beach.

### PUBLIC BATHING FACILITIES PROGRAM

In 2009 the CCHD permitted and oversaw the operation of 57 *public bathing facilities* (see Figs. 18 & 19 for breakdown by type and organization) within the county. 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 76 *beach samples* were collected (at least weekly from each beach) which resulted in 4 *beaches* being temporarily closed. Beach closings are usually associated with turbid conditions following a significant rainstorm event. As part of pool inspections, EH staff notified operators of requirements associated with passage of the federal Virginia Graham Baker Pool and Spa Safety Act, which requires that all public pools nationwide to replace existing bottom drain covers with new, approved grates. This legislation was designed to minimize risk associated with suction entrapment. EH staff will continue these educational and compliance efforts in 2010.

Fig. 18 - Public Bathing Facilities Regulated by CCHD by Type

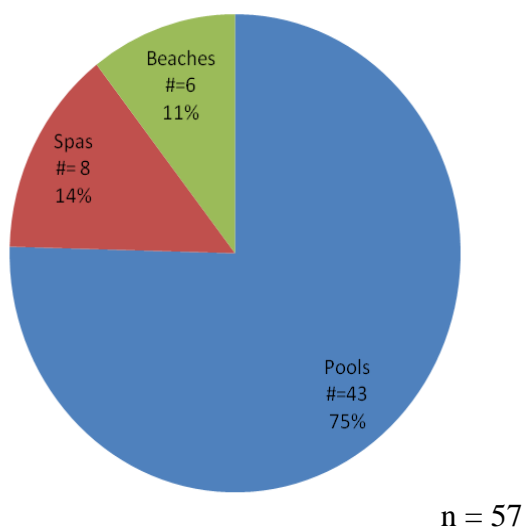
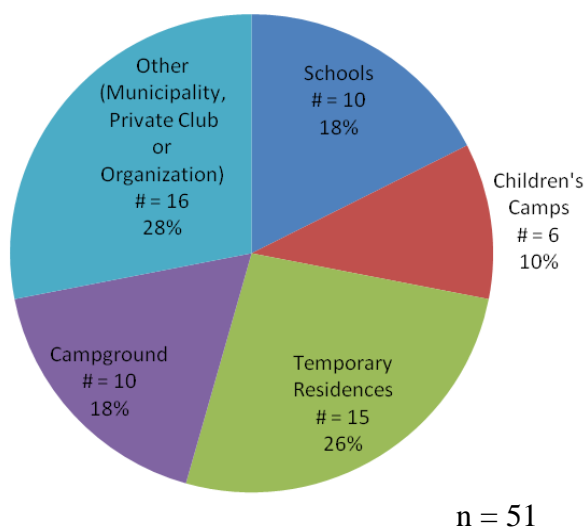


Fig. 19 - Public Bathing Facilities Regulated by CCHD by Organization Type



### CHILDREN'S CAMPS PROGRAM

CCHD permitted 17 *children's camps* in 2009. Many of these camps are operated by scouting, religious, or other non-profit organizations. Inspections at these facilities may also include a food service operation, public water supply treatment, on-site sewage disposal system, swimming pool or bathing beach. Besides annual inspections staff are required to review and approve the camp's written safety plan annually.

### MOBILE HOME PARKS PROGRAM

CCHD permitted 38 *mobile home parks* in 2009. 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.

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

The CCHD regulated *9 tattoo shops* located in the county during 2009. The purpose of this program is to prevent the transmission of blood-borne pathogens during the tattooing process. Sterilization equipment at these facilities must be tested on a quarterly basis. County regulations prohibit the body piercing of any minor less than 18 years old, without parental consent. Such consent forms must be retained on file for Health Department or law enforcement review in the event of any reported violation and subsequent complaint investigation. During annual routine inspections, these files may be reviewed.

### ***Environmental Contaminant Control***

Modern 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. The CCHD's EH staff routinely partner with such agencies to provide review and comment on documents pertaining to environmental contamination in the county, local information and technical assistance regarding such contamination, as well as determining the need for additional study and research. Above and beyond this role, EH staff are responsible for implementing specific regulatory programs associated with tobacco and lead poisoning.

#### **CHILDHOOD LEAD POISONING CONTROL PROGRAM**

As mentioned in the Nursing section, EH staff are responsible for assessment of a child's living environment if elevated blood lead levels are detected. In 2009, the Nursing division referred 5 children to EH to make such an assessment. EH staff assisted in conducting assessments at 7 residences associated with these children. Lead paint hazards were identified at 6 of the residences. EH staff will monitor the remediation process of these 6 residences throughout 2010.

The NYSDOH recently lowered the threshold blood lead concentration, which triggers Environmental Health investigations and abatement work, from 20 mcg/dl to 15 mcg/dl. It is anticipated that this will lead to an increased number of cases in the future. In response to this, EH is training a staff member to become an Environmental Protection Agency (EPA) Certified Lead Risk Assessor. It is anticipated this will lower costs associated with contracted assessment services.

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

Preventing the sale of tobacco to minors is contingent upon there being a credible deterrent to the sale. This deterrent comes from establishing an awareness among operators that a sale to minors may be detected by regulatory authorities. In response to this need, the NYSDOH and the State Department of Taxation and Finance collaborate to perform compliance checks through the state's ATUPA program. The CCHD *performed 77 ATUPA compliance checks with minors at 60 establishments* throughout 2009. Of the 77 checks completed, there were 6 sales of tobacco products. Overall, minors under the age of 18 were able to purchase tobacco at 8% of the businesses checked. Tobacco sales registration checks were performed at 58 retail establishments across the county in 2009.

#### **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, EH performs compliance checks to insure that indoor smoking in public places is not occurring. In 2009, there were *124 smoking compliance checks* conducted in establishments around the county. From these compliance checks there were 4 enforcement hearings scheduled.

In early 2004, the Health Department adopted CIAA waiver criteria and also developed an application for exemption as a "Membership Association". In 2009, 4 waiver renewal applications were received and approved. Additionally, in 2009, 6 renewal Membership Association applications were received and approved.

#### **HAZARDOUS CHEMICAL/RADIOLOGICAL WASTE SITE REMEDIATION**

The EH Division works closely with both the NYSDEC and USEPA to both facilitate and monitor the cleanup of hazardous waste sites throughout the county. The Department acts as the county repository for all remedial

Environmental Health

investigation (RI) reports, health risk assessment (HRA) studies, and long-term monitoring reports and data for all existing sites. EH staff also regularly attend public informational meetings and hearings and formally comment on environmental impact statements (EIS) and proposed records of decision (ROD) where remediation alternatives are being considered. In 2009, the CCHD participated in review of the following sites / projects:

- West Valley Demonstration Project (County representative on Citizen Task Force)
- Initiation of Peter Cooper- Gowanda remediation project
- ALCAS/Olean Wellfield remedial investigation (amended ROD expected in 2010)
- Annual testing of all private wells in the Little Valley Trichlorethylene (TCE) project boundary
- Soil Vapor Intrusion (SVI) testing of private homes in the Olean Wellfield project boundary

### ***Vector Control***

Vector control is often the easiest and most cost effective way to minimize health and quality of life impacts associated with vector borne disease. The CCHD implements two programs designed to control the vectors associated with nuisance organisms.

#### **RABIES PROGRAM**

Control of rabies vector organisms consisted of an aggressive vaccination program. In 2009, five (5) animal vaccination clinics were conducted during which 1,765 dogs, 850 cats, and 31 ferrets received vaccine. The CCHD also gave 1,175 doses of rabies vaccine to the Society for the Prevention of Cruelty to Animals (SPCA's) veterinarian for vaccination of pets at their shelter and events.

In addition to prophylactic vaccination of vector organisms, EH staff conducted 95 animal bite investigations and referred 48 persons to Nursing staff for post-exposure immunization. In Cattaraugus County, a total of 148 specimens were submitted to the NYS Rabies Laboratory for analysis, of which 5 were positive (1 skunk, 2 cats, 2 raccoons).

#### **WEST NILE VIRUS/INSECT CONTROL PROGRAM**

Control of mosquitoes is key to limiting the spread of West Nile Virus. While it is nearly impossible to eliminate the virus, controlling the vector organism will minimize the spread of the virus. EH staff began mosquito larval surveillance on May 27<sup>th</sup> and continued surveillance through August 18<sup>th</sup>. Based on the relatively large number of larval mosquitoes, aerial application of larvicide was conducted on July 15<sup>th</sup> through July 18<sup>th</sup>. Approximately 4,100 acres were treated with larvicide. Adult surveillance began in May and ended on September 4<sup>th</sup>. There were no detections of West Nile Virus. However, Trivittatus and Jamestown Canyon viruses were detected. There were also no human cases of arbovirus (i.e. mosquito and tic borne viruses) reported in the County in 2009.

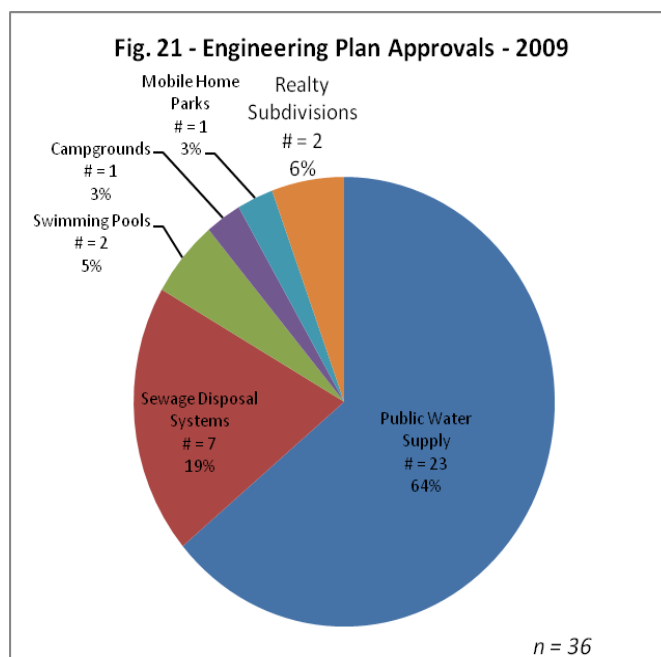
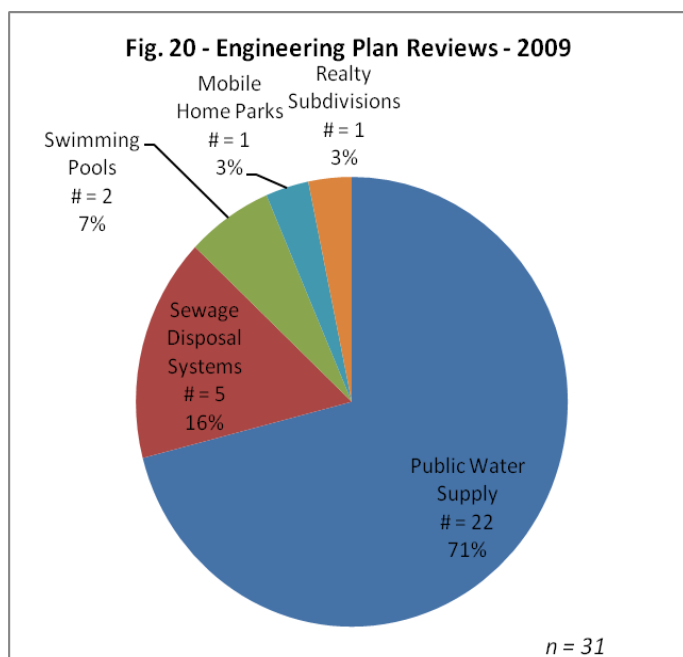


### ***Environmental Health Program Support Services***

In support of the above EH functions and program activities, EH staff perform three categories of service; namely engineering plan review, enforcement and public health nuisance complaint investigation. These services are vital for insuring the proper design, operation and maintenance of the facilities and operations that EH oversees.

#### **ENGINEERING PLAN REVIEWS**

Engineering plan review of new facilities and changes to existing facilities ensures not only regulatory compliance but also provides additional technical expertise in determining the least costly and most effective design of meeting the applicant's needs. Engineering plan review is conducted by the CCHD Public Health Professional Engineer across a number of facility types. The number of engineering plan reviews performed in 2009 by category is shown in Fig. 20, while the number of approvals by category is shown in Fig. 21.



\* - Note that discrepancy in totals reflects that reviews performed for 2009 approvals may have occurred in previous years.

#### **ENFORCEMENT**

While much effort is spent to achieve regulatory compliance through education and permit conditions, there are occasions where formal enforcement must be conducted. In 2009, a total of 63 *formal enforcement actions* were processed for various violations of the NYS Public Health Law, State Sanitary Code, or the Sanitary Code of the Cattaraugus County Health District. Cases encompassed sewage discharges, public water monitoring, restaurant and Clean Indoor Air Act violations, pets improperly vaccinated against rabies and public health nuisances. In excess of \$12,360 has been collected in fines and nearly \$1,820 more in assessed and accruing penalties remain unpaid from 2009. There are also nearly \$64,000 (including judgments) in outstanding fines from previous years which are still due, pending ongoing collection proceedings.

Environmental Health

**PUBLIC HEALTH NUISANCES**

Many environmental health risks are identified through the programmatic activities outlined above. However, community members themselves often serve as the 'eyes & ears' of EH staff by reporting potential public health nuisances to the CCHD. In 2009, EH staff responded to *149 complaints regarding possible public health nuisances*. This resulted in 10 formal enforcement actions being taken to bring about correction of county and state sanitary code violations.

**ENVIRONMENTAL HEALTH STAFF - 2009**

Eric Wohlers – Director  
Raymond Jordan – Senior Sanitarian

**OLEAN:**

Christopher Crawford- Water Resource Specialist  
Chris Covert – Sanitarian  
Rebecca Johnstone – Sanitarian  
Eli Rust – Sanitarian  
Richard Dayton – Technician  
Elaine DePonceau – Keyboard Specialist II  
Desiree Ottley – Keyboard Specialist  
Robert Martin - Sanitarian (retired)

**LITTLE VALLEY:**

Andrew Wolf – Sanitarian  
Michael Hastings - Technician  
Samuel Dayton - Technician  
Regina Rogers – Keyboard Specialist  
Deidre Murray - Sanitarian (retired)

**MACHIAS:**

Lawrence Sniezak - Sanitarian  
Rhonda Kelley – Sanitarian  
Karen Hoffmann – Keyboard Specialist II

## **HEALTH EDUCATION DIVISION**

Perhaps the most important factor in determining the health of communities and individuals is individual behavior. Changing individual behavior to better conform with healthy lifestyle practices is the goal of the CCHD's Health Education (HE) Division. In 2009, the HE Division continued promoting healthy lifestyles to Cattaraugus County residents through school based programs designed for all grade levels, adult and community based programming and partnering activities with other local and regional health agencies and non-profit organizations.

### ***School Age Programming***

Changing unhealthy behaviors and practices is most effective with young individuals. The younger, the better. Research has shown that the majority of an individual's adult behavior and his/her attitudes are shaped when they are children. Because of this, the HE Division spends much of its effort working with the school age population in Cattaraugus County 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 such programs as Women, Infants and Children, food pantries, businesses and Department of Social Services programs. Figs. 22 & 23 summarize the number of programs and school-age children participating in CCHD school age programming.

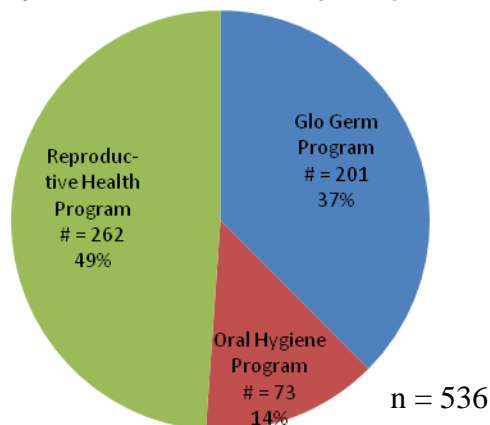
### **GLO GERM HANDWASHING PROGRAM**

The Glo Germ handwashing program is designed to emphasize the importance of proper handwashing to prevent lead poisoning and minimize the spread of contagious disease such as pandemic influenzas (i. e. H1N1 influenza). This program sends health educators into the field to discuss proper handwashing and show, through the use of ultraviolet light and 'Glo-Germ' gel, the effectiveness of proper handwashing. Children leave the Glo Germ program with age-appropriate workbooks, stickers, brochures & pamphlets. Although targeted to school age children, the program has also been used in adult presentations.

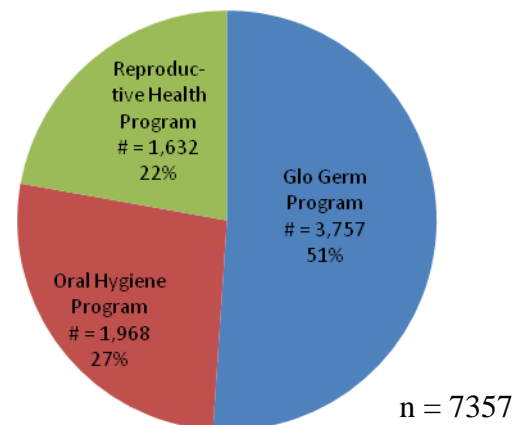
### **ORAL HYGIENE PROGRAM**

The importance of establishing good oral hygiene behavior in early years of life cannot be underestimated. With the establishment of adult teeth in early childhood, prevention of oral /dental diseases such as periodontal disease, gingivitis and tooth decay becomes the only way to insure dental health. Without good oral hygiene, many children begin the long, painful and 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 remedy these problems. While access is improving, the cost makes prevention more important than ever. In Cattaraugus County, many children lack the necessary tools, such as dental floss, toothbrushes and toothpaste, to help prevent tooth decay and combat oral / dental diseases. Health education staff work with the Olean General Hospital Dental Clinic to provide these tools and present educational material on ways to prevent oral/dental disease and tooth decay through proper dieting, decreasing sugar drinks intake and not using tobacco products. Each child leaves this program with a toothbrush, floss, toothpaste and knowledge on how to brush and floss their teeth.

**Fig. 22 - Number and Percent of School-Age Program Sessions presented to Children (2009)**



**Fig. 23 - Number of Children Receiving School-Age Programming (2009)**



## REPRODUCTIVE HEALTH PROGRAM

The reproductive health program seeks not to just educate children and teenagers about human reproduction, but also to give them the personal skills, sense of self and confidence to make responsible choices regarding their own reproductive decisions. In 2009, the CCHD continued to provide innovative program activities designed to empower children and young adults through self-discovery. These activities included;

### *Girl's Retreat*

This weekend camp was designed to empower female youth by developing leadership skill and promoting self discovery. Activities were designed to encourage responsibility and better decision-making.

### *Male Adventure*

This program was designed to give boys a sense of accomplishment and foster leadership by presenting them with difficult challenges. The pride associated with achieving success in these challenges can lead to a greater sense of self and stronger personal identity.

### *Salamanca Alternative Education Teen Drama*

The CCHD continued for a second year, its support of a youth reality theater group focused on educating its peers in healthy lifestyles, while providing needed peer interaction for its members. Youth participating in this program are generally classified as at-risk. For both theater group and audience members, goals of the program include; development of leadership skills, team building, increased self-esteem and better decision.

### *School Outreach*

The CCHD continued traditional school outreach programs at eight county schools. Specific programming topics included;

- Sexuality
- Anatomy & Physiology of the Reproductive Systems
- Relationships and Boundaries
- Fetal Alcohol Spectrum Disorders.
- STDs/HIV
- The Media and Sexuality
- Puberty and Hygiene

Health Education

This programming is designed to educate children in the science of reproduction, examine potential consequences associated with teenage sexual activity, and provide insight into sociological factors associated with such activity.

*The School Nurse Dinner*

A spokeswoman from the Child Advocacy Center, spoke to the school nurses about the services they provide to children of sexual abuse at the center. The dinner is an opportunity for the CCHD to share new information and upcoming programming with the school nurses county-wide. Thirty-three school nurses were in attendance.

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

Besides school age programming, CCHD HE staff provide adult and community based programming in an effort to foster healthier lifestyles at various venues throughout the county. In 2009, HE staff brought programming to Department of Social Service and Women Infant and Children (WIC) program sites, food pantries, local businesses and health/wellness fairs. Health and wellness fairs have become more popular in recent years as members of the community are becoming more interested in healthy lifestyles. HE staff perform blood pressure and osteoporosis screenings, handwashing demonstrations and nutritional body fat analysis at these fairs. In 2009, HE staff participated in health and wellness fairs throughout the county including, but not limited to, the YMCA's Corn Festival, the Cattaraugus County Fair, Cattaraugus/Little Valley School, City of Olean, NeighborWorks, Rehabilitation Center, Parent Education Center, Department of Aging Picnics, Salamanca School and the Seneca Nation. Thousands of people attend these events. Figs. 24 & 25 present the number of program sessions and individuals served by CCHD HE staff in 2009.

#### **NUTRITIONAL PROGRAM**

Proper nutrition is the foundation of a healthy lifestyle. Today, obesity is generally considered a leading cause of many health related conditions in the U.S. The CCHD's HE nutritional program strives to educate the community on good nutrition. Through its programming, CCHD staff illustrates the importance of portion control, making smart choices when eating out, eating from the 'food pyramid' and proper exercise to control weight and limit fat and caloric intake.

#### **OSTEOPOROSIS SCREENING**

Osteoporosis is the thinning of bone tissue and loss of bone density over time. It can result in bone pain, a susceptibility to bone fracturing, loss of height, low back pain and stooped posture. The leading cause of osteoporosis is a lack of specific hormones, in particularly estrogen in women and androgen in men. It is often difficult to detect osteoporosis in its early stages. CCHD HE staff performs osteoporosis screening to identify those individuals at risk and subsequently refer them to other medical specialists for followup diagnosis and treatment.

#### **LEAD POISONING PREVENTION**

While potentially harmful in all segments of the population, lead poisoning is particularly harmful to children because of its chronic nature and difficulty in detection. Lead poisoning in children can lead to learning difficulties and generally small physical stature in children. In severe cases poor coordination, headaches, seizures and comas may occur. Lead based paint was used in many homes up until 1978. Because of the age of the homes where many families in poverty live, children living in poverty are often at risk of lead poisoning. Prevention of lead poisoning is primarily achieved by immobilizing lead laden particles and limiting exposure to potential sources of lead. CCHD HE staff work with families receiving social services, WIC (Women, Infant, Children) services and food pantry customers to try to identify those families most at risk. For these families, CCHD HE staff provide educational materials on lead poisoning prevention. If necessary, HE staff may refer families to Nursing staff for additional evaluation.

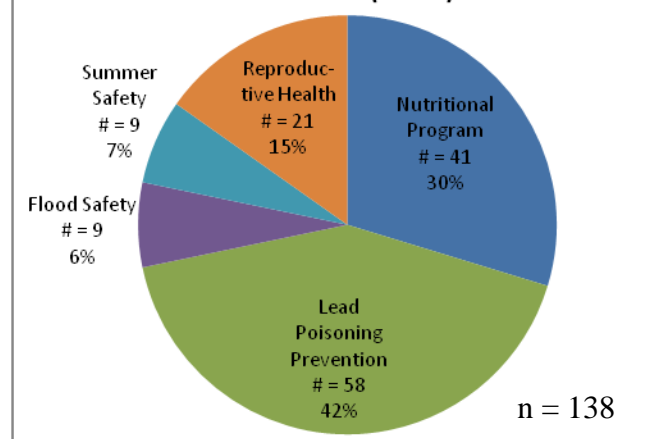
#### **FLOOD SAFETY**

The flood emergency in Gowanda in August 2009, prompted HE staff to address the environmental health and safety issues associated with post-flooding cleanup and habitation. Specifically issues associated with mold, dust inhalation, post-traumatic stress, heat exhaustion and dehydration were addressed by HE staff at emergency sites established in Gowanda immediately following the flood.

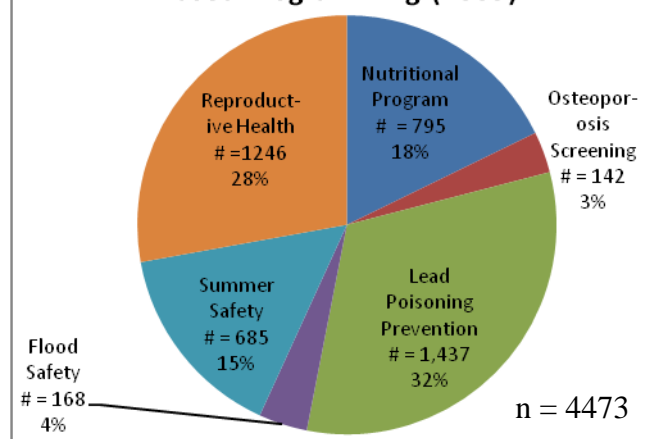
**SUMMER SAFETY**

With increased outdoor activity in the summer months comes increased public health and safety risks associated with such activity. Paramount among these risks is the increased transmission of rabies and arboviruses. HE staff presented materials to Allegany State Park and to at-risk populations at WIC and food pantry sites throughout the county. Such presentations include take-away items such as brochures, fly swatters, water bottles and rabies magnets. The focus of the HE staff's effort is on the prevention of rabies and arbovirus transmission, as well as safety promotion.

**Fig. 24 - Number and Percent of Adult and Community Based Program Sessions (2009)**



**Fig. 25 - Number of Individuals Receiving Adult and Community Based Programming (2009)**





### ***Partnership Activities***

CCHD HE staff are small in number, yet the need for effective health education is great. Because of this the CCHD partners with a variety of sister organizations and agencies to address public health related issues. In 2009, HE staff actively participated in many councils, coalitions, and partnerships including the Southern Tier Wellness Partnership, Cancer Screening Program of Allegany and Cattaraugus Counties, the Tobacco-Free Coalition of Western New York, Cattaraugus County Integrated County Planning, the Regional Dental Committee, Youth Development Coalition, the Public Health Coalition, Regional AIDS Alliance. Additionally, CCHD staff partnered with Healthy Community Alliance, the Cattaraugus County Sheriff's Department, the Cattaraugus County Department of Social Services, Head Start and numerous other organizations.

Partnership activities include sharing equipment and program materials, HE presentations, grant writing support and program implementation and financial support. Appendix A lists some of the local regional partnerships and coalitions in which the CCHD actively participates.

#### **HEALTH EDUCATION STAFF - 2009**

Debra Nichols, Public Health Educator  
Beverly Bennett, Public Health Educator Assistant  
Tara Leonard, Reproductive Health Educator – contracted

## **EARLY CARE PROGRAM**

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 NYSODH 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.

In 2009, the number of participants and referrals remained nearly the same as in 2008 with 337 participants, including 205 new referrals. There were 172 active Individual Family Service Plans (IFSP's) in place on December 31, 2009.

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 3 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, 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. In 2009, the Child Find program extended outreach to the local community college and the Cattaraugus County fair.

### **EARLY INTERVENTION PROGRAM**

Once identified, children aged birth to 3 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 core 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. The largest number of cases in the early intervention program is attributed to the provision of Speech/Language Pathology services.

#### **EARLY CARE PROGRAM STAFF (Early Intervention) - 2009**

Dr. Kevin Watkins – Early Intervention Official  
Barbara J. Hastings – Early Intervention Official (retired 9/2009)  
Janet Thrush – Early Intervention Service Coordinator  
Patty Wilber – Early Intervention Service Coordinator  
Helen Watson – Early Intervention Child Find Assistant  
Lanette Shaw – Early Intervention – Keyboard Specialist II

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

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

This program works with health care providers and school districts to insure the provision of special and related services, obtain information on programs available, make referrals for special health care or related services, and obtain information on family support services. The program also assists parents in accessing insurance, setting up diagnostic testing and evaluations, paying for hearing aids, medical services, prescriptions and durable medical equipment.

If no insurance coverage is available, the PHCP will fully cover all authorized diagnostic services. Families are allowed a maximum of three visits per year to rule out conditions such as heart and vision defects, neurological problems, cerebral palsy, and hearing loss. Treatment services require that financial eligibility criteria be met. Current criteria are designed to assist low and medium income families with or without inadequate private health insurance. In general, serious chronic illnesses, as well as congenital or acquired disabilities, orthopedic, orthodontic, and neuromuscular conditions are covered.

In 2009, medical services were provided to an unduplicated total of **65** patients. Of that number, **29** patients received treatment services (medical and/or orthodontia) and **36** patients attended the orthopedic clinic for an evaluation. A total of **66** families applied for state assistance, only two families were denied due for not meeting income qualifications. All of these applicants carried health insurance. The majority of referrals continue to be received from Buffalo Women's and Children's Hospital.

Outreach activities are performed at least quarterly. In performing outreach, CSHCN/PHCP staff meet with medical providers, school nurses, and local communities to bridge gaps and overcome barriers to health care access for families.

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

### **PHCP/CSHCN STAFF - 2009**

Debbie Miller – Resource Coordinator of PHCP/CSHCN programs

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

The Women, Infants and Children (WIC) program is a federal program administered in New York by the NYSDOH through local health departments. The WIC Program serves to safeguard the health of low-income women, infants, and children up to age five (5) who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating and referrals to health care. The WIC Program is not an entitlement program, WIC is a federal grant program requiring state/local agencies to administer federal WIC funding.

### **SUPPLEMENTAL NUTRITION PROGRAM**

Through the supplemental nutrition program, low income criteria eligible, pregnant, postpartum and breastfeeding women and infants and children up to age five (5) receive nutritious foods. Food benefits are received through the issuance of vouchers, checks or Electronic Benefit Transfer (EBT) cards. WIC foods include such things as infant cereal, iron-fortified adult cereal, vitamin C-rich fruit or vegetable juice, eggs, milk, cheese, peanut butter, dried and canned beans/peas, canned fish, soy-based beverages, tofu, fruits and vegetables, baby foods and whole wheat bread.

Staff identify potential WIC program participants through referrals from other social service agencies, hospitals and physicians, as well as walk-in clients. In 2009, the CCHD WIC Program's caseload was 2,142 with an enrollment of 2,343.

### **HEALTHY LIFESTYLE GRANT PROGRAM**

In 2009, the WIC program partnered with Cornell Cooperative Extension "Just Say Yes to Fruits and Vegetables" program, Cattaraugus County Emergency Management Services (EMS) and the Olean Police Department to secure federal Healthy Lifestyle Grant funding. The funding was secured to host a picnic for all WIC participants focusing on healthy food choices and safety. Besides receiving a healthy lunch and educational materials, children over the age of two received small backpacks containing items to facilitate outdoor activities.

### **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 many 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 continues to show increases in breast feeding initiation rates. In 2009, this rate rose to 63% and our peer counselors have been linked with 176 pregnant and new mothers.

This program continues to visit new mothers in the hospital for help with initiating breast feeding. In addition, WIC provides hospital-grade electric breast pumps for our participants who must be separated from their infants. Such assistance is vital for continuation of breastfeeding as new mothers begin reintroduction to their daily lives outside of the home.

To further increase capacity in this program four staff members attended Certified Lactation Counselor (CLC) training and are now functioning as breast feeding 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 most recently through facilitated group discussion. In 2009, nutrition education efforts evolved to include a greater focus on 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. In 2009, WIC staff and the CCHD Health Education Assistant participated in training designed to facilitate such discussion.

### **BABY AND ME SMOKE FREE PROGRAM**

In 2009, funding for the “Baby and Me Smoke Free” program was discontinued. However, staff continue to offer assistance to women hoping to quit smoking.

#### **WIC STAFF - 2009**

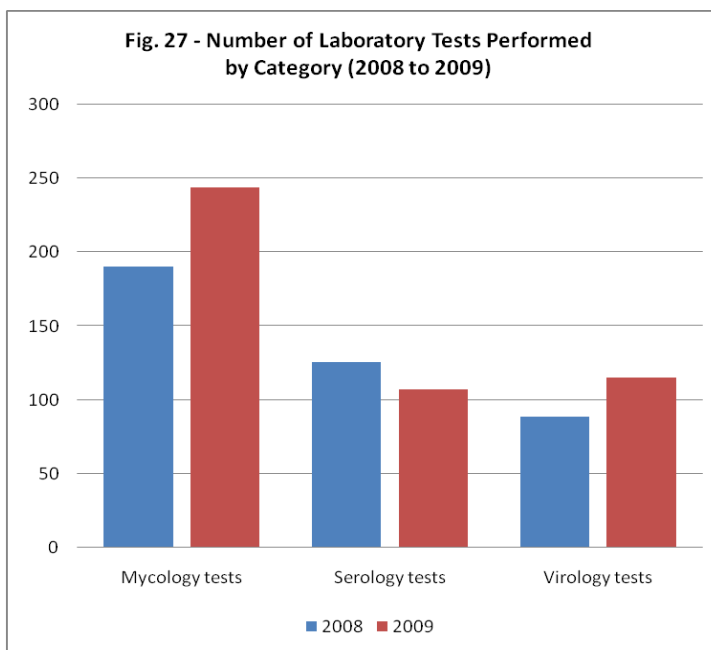
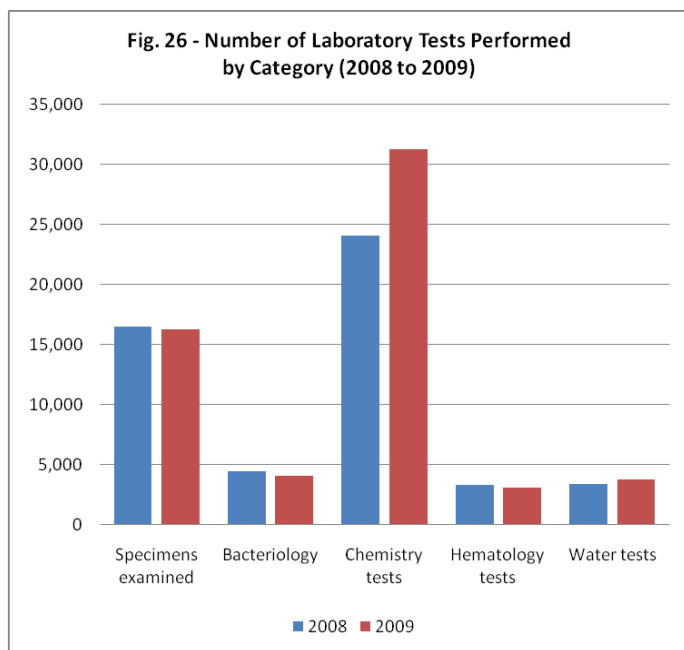
Vicky McKinney, Director (retired 9/09)  
Donna Higley, Director (began 9/09)  
Mary Lou Palumbo, RN, CLC  
Allyson Sponsler, RN, CLC, Breast Feeding Coordinator  
Summer Jolley, MS, RD (began 9/09)  
Suzanne Walters, CLC, Senior Nutrition Program Assistant  
Kathleen Thrun, CLC, Nutrition Program Assistant II  
Christian Bowser, Nutrition Program Assistant I  
Molly Higgins, CLC, Nutrition Program Assistant I  
Carla Jefferlone, Breast Feeding Peer Counselor  
Sara Isaman, CLC, Breast Feeding Peer Counselor

## COUNTY LABORATORY SERVICES

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

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

Fig. 26 and Fig. 27 illustrate the change in the number of tests performed in different categories from 2008 to 2009. Variations in physician ordering, increasing visits by outpatients, and an increasing number of patients enrolled in HMOs, which will not contract with the Cattaraugus County Lab to do their laboratory testing, contributed to the changes in various testing categories.



### COUNTY LABORATORY STAFF

Fazlalloh Loghmanee, MD – Director  
 Johannah Jewell – Supervisor  
 Paula Ketchner – Sr. Medical Technologist  
 David Woodworth – Clinical Laboratory Technologist  
 Tammy Dennis – Medical Technician  
 Rhonda Anderson – Phlebotomist  
 Marcia Stayer – Senior Account Clerk Typist

## **PUBLIC HEALTH EMERGENCY PREPAREDNESS DIVISION**

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

The NYSDOH provides funding to each of the fifty seven (57) counties within NYS outside of New York City to prepare 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 was accomplished through attendance at a number of trainings, performance of outreach programs, participation in planning initiatives and implementing large scale Point of Dispensing (PODs) operations. Grant Year 2009 included ten (10) Learning Deliverables and twenty three (23) Maintenance Deliverables.

Ongoing partnering activities include local hospitals, law enforcement, emergency services, surrounding counties, and many other 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 internal CCHD personnel to respond to a public health emergency. As previous sections of this report outline, the various divisions and programs in the CCHD often work together to insure progress in reaching positive public health outcomes. In the event of an emergency, staff in all of these divisions and programs may have to assume different and additional roles and responsibilities. Managing such institutional change in an emergency situation without proper planning and training is nearly impossible. PHEP staff work with existing CCHD divisions and programs to insure that training and planning *prior* to emergencies is undertaken to maximize the potential for a quick and effective departmental wide response to a public health emergency.

### **TRAINING PROGRAM**

Effective institutional response to a public health emergency depends greatly upon the training of those tasked with coordinating such response. In 2009, PHEP staff participated in a number of activities designed to increase their effectiveness in emergency response. These activities included;

- attendance by the Public Health Emergency Preparedness (PHEP) Coordinator at Incident Command System (ICS) 400 training. This training is part of a national curriculum designed to assist agencies in preparing essential staff for successful cooperation during an emergency,
- attendance by the PHEP Coordinator at the annual Public Health Preparedness Summit in San Diego, courtesy of the Western New York Public Health Alliance Advanced Practice Center. This annual summit brings together Public Health Preparedness officials from across the nation and US territories to address issues and share experiences and best practices in the Emergency Preparedness field.



Public Health Emergency Preparedness

- participation by PHEP staff in NYSDOH sponsored educational seminars focusing on H1N1 response;
- participation by PHEP staff in Content Management System training for web-based information dissemination.
- participation by PHEP staff in N95 respirator fit-test training sponsored by the NYSDOH Emergency Medical Services (EMS) Bureau.

### **PLANNING PROGRAM**

Emergency planning strives to identify potential hazards/situations, generate likely scenarios based on such 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 do exactly this. Much of the activity in 2009 centered on updating these plans and strengthening existing formal and informal relationships among emergency response agencies. As part of this PHEP staff performed the following activities:

- in collaboration with NYSDOH and the New York State Emergency Management Office (NYSEMO), PHEP Staff participated in regional planning seminars that focused on county mass fatality plans by improving preparedness at the local level;
- prepared a Memorandum of Understanding (MOU) between the CCHD and the American Red Cross's Southwestern NY Chapter defining the working relationship for preparing and responding to disasters;
- prepared the documentation necessary for Cattaraugus County to be designated as an active Civilian Medical Reserve Corps by the U.S. Surgeon General's office.

### **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:

- participation in the annual 'Storm the Mall' event hosted by the American Red Cross as a way of raising awareness of the importance of Emergency Preparedness;
- organized a community engagement forum that brought together emergency response partners throughout the county that are affiliated with special populations such as colleges, nursing homes, homecare agencies and developmentally disabled service providers among many others.
- in conjunction with CCHD HE staff, PHEP staff organized hand washing activities at the Cattaraugus County fair;
- provided training to the Community Emergency Response Team (CERT) as part of the newly established Chautauqua - Cattaraugus - Allegany Regional Emergency Support Citizen Corps.

## EMERGENCY RESPONSE

As previously mentioned and unlike many other years, PHEP staff actively participated in emergency response actions in Gowanda due to flooding and in response to the H1N1 pandemic flu outbreak. Response activities from both emergencies implemented previously existing plans and called into action much of the training that occurred in previous years. The following briefly describes activities in response to these emergencies. For brevity's sake much detail has been omitted.

### *H1N1 Response*

Beginning in spring 2009, PHEP staff began addressing the influenza A (H1N1) pandemic through activation of the pandemic disease response plans prepared in previous years by PHEP staff. PHEP personnel worked to insure that the NYSDOH Mass Vaccination Plan and activation of the Strategic National Stockpile (SNS) went smoothly throughout the county. SNS activation includes transmission, storage and individual distribution of personal protective equipment (PPE), anti-virals and other equipment throughout the nation. During the response to H1N1, a strategic plan was developed that focused on the dual strategies of public education and vaccination. Public education activities focused primarily on providing avenues for public inquiry such as hotlines and web-based information, outreach through community meetings, information coordination among responding agencies and mass communication through advertising, radio announcements and print articles. These activities are described in more detail in the CCHD's H1N1 response report available online at;

<http://ww2.cattco.org/downloads/health/2009-h1n1-influenza-response>

Vaccination began in November 2009, and in this time, over 7,000 doses of H1N1 Vaccine were given to the residents of Cattaraugus County in a series of Points of Distribution (POD) clinics coordinated by the PHEP Division, with assistance from many other CCHD divisions and programs and the county's Office of Emergency Services. These POD clinics were strategically placed within the villages of Cattaraugus and Portville, the hamlet of Machias, the cities of Olean and Salamanca in facilities provided by the local fire districts. To track this effort, the NYSDOH sponsored Clinic Data Management System was utilized. In addition to the public POD clinics, PHEP Staff coordinated POD clinics for 13 school districts within the county.



**Registration**



**Medical Evaluation/Screening**



**Vaccination**

*Gowanda Flooding Response*

In August 2009, storms initiated flash flooding across Cattaraugus County. This flooding resulted in over 400 homes sustaining significant damage in the Gowanda area and additional minor damage throughout the remainder of the county. PHEP staff served as deputy incident commanders, planning section personnel and as the public information officer.





## ***EMERGENCY MEDICAL SERVICES***

Besides working internally to coordinate CCHD response to public health emergencies, PHEP staff also worked externally with first responder and emergency medical service providers to insure adequate training and emergency planning. Much of the work performed by PHEP staff in this area is done in coordination with local and regional partners. Given the nature of the work there is significant overlap with work performed in the public health preparedness area.

### **TRAINING PROGRAM**

Insuring adequate training for local First Responders and Emergency Service personnel can be difficult in rural areas such as Cattaraugus County. PHEP staff work with outside agencies to facilitate and coordinate training opportunities for county personnel. In 2009, PHEP staff performed or arranged the following training programs;

- eighteen (18) New York State Emergency Medical Courses resulting in 192 Certified Medical Responders were conducted in conjunction with PHEP staff;
- nineteen (19) American Heart Association Classes resulting in 320 people being trained in Health Care Provider Cardiopulmonary Resuscitation (CPR), First Aid (FA), Automated External Defibrillator (AED) and bloodborne pathogens were conducted;
- FA and CPR training to the Cattaraugus County Sheriff's Department;
- five (5) National Safety Council Safety Defensive Driving classes with an average of ten (10) students per class.
- promotion of a three year pilot program designed to streamline the training of emergency medical technicians (EMT) making it easier and less time consuming to continue their certification. As part of this effort, PHEP staff have participated in discussions designed to address the decline in certified EMTs throughout the county;

### **CAPACITY DEVELOPMENT PROGRAM**

Besides facilitating and providing training opportunities, PHEP staff work with sister agencies to provide additional types of assistance. Examples of such assistance provided in 2009 include;

- PHEP staff are working with the local cardiologist to insure that these Public Access Defibrillators (PAD) meet existing regulatory requirements. Public facilities are mandated to place AEDs in convenient places and provide training. Examples of facilities required to have AEDs and provide training include schools, government offices and public gathering buildings.
- in conjunction with Western New York Public Health Alliance Advanced Practice Center EMS staff are working on an emergency Medical cross border plan to improve collaboration between EMS response agencies in New York and Pennsylvania.
- As previously mentioned, PHEP aided the Community Emergency Response Team (CERT) program in gaining recognition as an active Civilian Medical Reserve Corps (MRC) reporting

Public Health Emergency Preparedness

directly to the Surgeon General. Active MRCs throughout the country strive to improve the health and safety of communities by organizing and utilizing public health, medical and other volunteers.

**EMERGENCY PREPAREDNESS/EMERGENCY MEDICAL SERVICES STAFF - 2009**

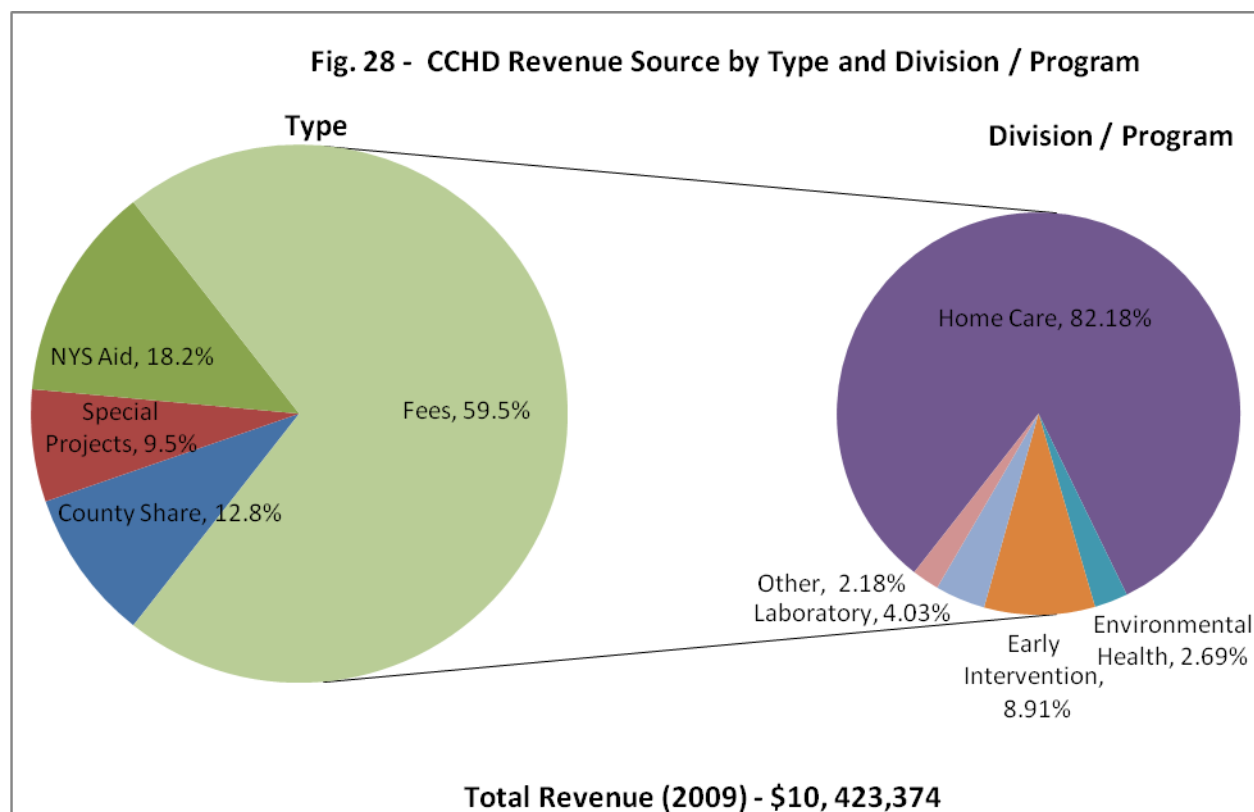
Michael Bechelli, Director  
Stephanie Keis-Timblin, Resource Specialist  
Debra Kasper, Keyboard Specialist II

## FIANANCIAL DIVISION

The Financial Division of the Health Department processes all income, expenditure and payroll activities. The Division also performs a majority of the purchasing functions for the Department and is responsible for preparation of the Department's Annual Budget and subsequent monitoring.

### BUDGET PREPARATION

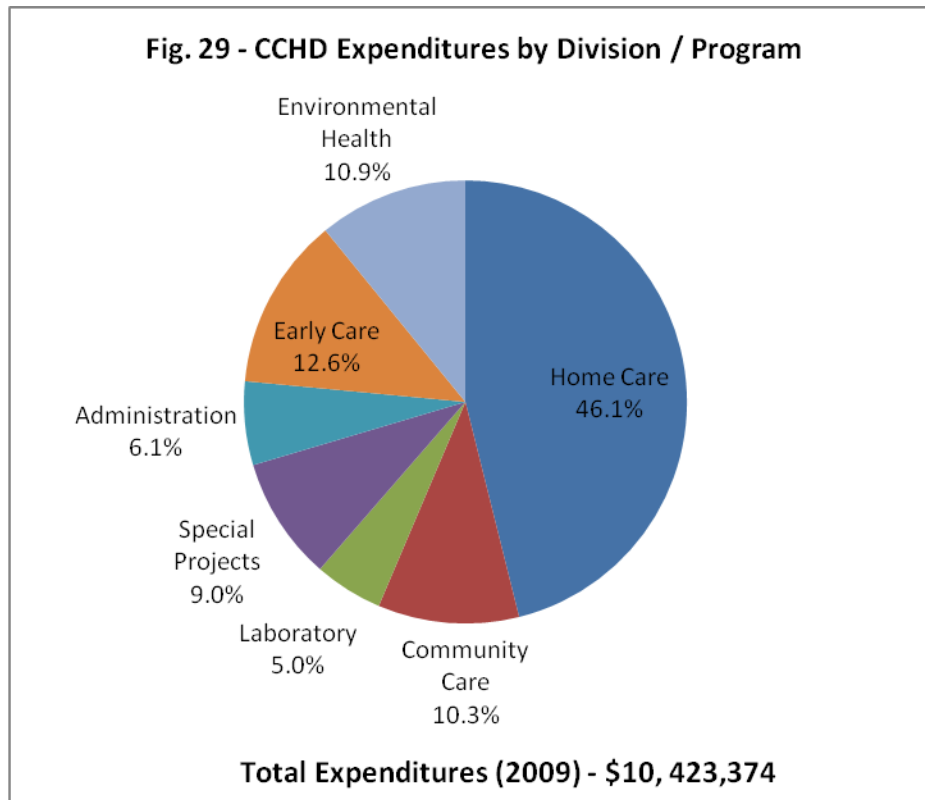
Key to budget preparation is an understanding of revenue sources and program expenditures. The Financial Services division works closely with the CCHD's programmatic divisions to account for all revenue sources and program expenditures. Total revenue in 2009 was \$10,423,374. Fig. 28 provides breakdown of CCHD revenue sources and Fig. 29 provides a similar breakdown for expenditures. New York State Aid to local health units base grant remained at \$550,000 and the percent of reimbursement for expenditures in excess of revenues for core and optional services also remained at 36%. A State Aid application must be submitted annually and must be approved by the New York State Department of Health. In addition to State Aid accounting, the division processes numerous grant funding streams such as WIC, Family Planning, Emergency Preparedness, Lead, Immunization, Children with Special Health Care Needs, and the Early Care Program.



In 2009, the Financial division also assisted with the Municipal Public Health Services Plan (2010-2013). This State mandated report requires the division to prepare a detailed listing of the fees and revenues the department charges for various programs and the methodology for how these fees and revenues are derived and approved. Since the restructuring of the Billing and Financial divisions, operations in both divisions have showed huge improvements, making each more effective and efficient. It has had both direct and indirect impacts. Staff members in both divisions have had to familiarize themselves with new responsibilities and duties. In

Financial Division

particular, the Financial division has gained added responsibilities associated with the four year fee and revenue plan. Their response to these changes has once again proven their commitment and dedication.



**FINANCIAL DIVISION STAFF -2009**

Kathleen Ellis – Administrative Officer  
 Dale Frank – Senior Accountant  
 Lori Holmes – Senior Account Clerk Typist  
 Pat Metler – Senior Account Clerk Typist



## BILLING DIVISION

The Billing division is primarily responsible for insuring the timely billing and collection of fees owed to the CCHD. In 2009, the this division was restructured and new roles and responsibilities were given to division staff. The restructuring and centralization of the medical billing for Homecare, Early Intervention, Family Planning, Clinic, and Lab resulted in staff being physically relocated to one central area. Staff received additional training and cross training as part of this restructuring. Throughout 2009, Billing division staff has processed all bills in accordance with internal controls requiring bills to be sent out by specific deadlines each month.

### HOME CARE BILLING

In 2009, Home Care services generated nearly \$5,102,128 in claims to over 100 private insurance companies, Medicare, Long Term Medicaid and Traditional Medicaid. Fig. 30 illustrates the breakdown of claim payments by type. This total makes home care the largest revenue source for the department. Both Medicare and Medicaid managed insurance products have been steadily increasing throughout 2009 requiring staff to learn new and changing procedures and regulations.

#### *Revenue Recovery/Quality Control/Quality Assurance*

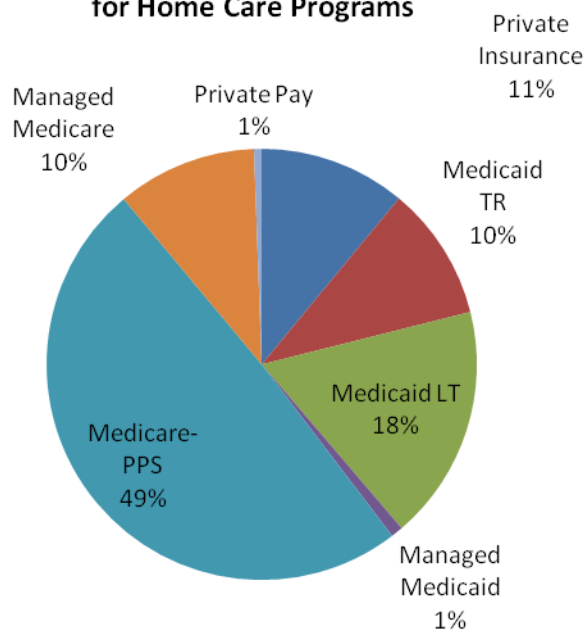
The services of McBee were continued for revenue recovery of paid Medicare episodes that included both a clinical and financial review of homecare services provided through December 2008. Their report to the county consisted of 12 claims of which only 3 recommendations were accepted and implemented, providing reassurance that the county staff both clinical and billing are accurately and appropriately billing Medicare.

Another major initiative undertaken by the billing and clinical clerical staff was the Third Party Liability (TPL) project. This is a labor intensive Medicare/Medicaid mandated project that entailed pulling medical records from 2007 and 2008 services and re-billing them to Medicare for their review and consideration. At the date of this report this project continues to be on-going and will persist long into 2010.

### CLINIC BILLING

The various Nursing division clinics have seen an increase in the number of patients having third party insurance. These patients' insurance providers are often billed for the services rendered. The process of insurance verification continues to be refined. Rapid industry change will require future changes to the verification process. In 2009, third party insurance reimbursement for clinic services was sought for 48 post-exposure rabies shots, 161 physicals, and 2,681 seasonal flu shots.

**Fig. 30 - - 2009 Distribution of Insurance Coverage by Type for Home Care Programs**



## Billing

2009 saw a reduction in Medicare Part B staff responsible for aiding CCHD staff in the reconciliation of billing issues. Because of this and changes made in the Medicare enrollment process, efforts designed to update Medicare enrollment information have been problematic. This has resulted in Medicare denying influenza vaccine claims. To reconcile this, re-submission of the 2008 and 2009 claims will occur when these issues are resolved.

In 2009, the CCHD processed claims for services rendered by the Family Planning clinic. Reconciliation of these claims continues to need refinement. A billing program specific to Family Planning offered through the software development company employed by NYS for statistical reporting was included in and approved with the 2010 budget.

### LABORATORY BILLING

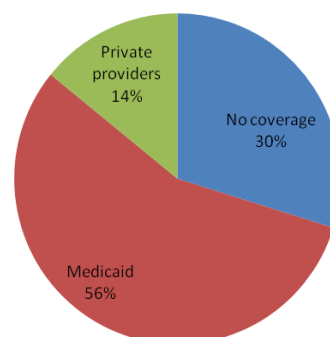
Laboratory service billing utilized an existing in-house database retrieval system. This system does not meet the current billing needs nor does it provide the desired functionality to better manage current and future claims. In 2010, medical billing software for the laboratory was included in the budget.

### EARLY INTERVENTION BILLING

The increase in Early Intervention (EI) program claims in 2009, is a direct result of the 207 new referrals to the Early Intervention Program. Fig. 30 shows the distribution of insurance coverage by type for the 339 active early intervention cases. Software for processing EI program claims will be provided by NYS. However, the timeline for obtaining such software has not yet been realized. In the interim, staff are using currently available mechanisms and methods to extract timely and accurate data for monthly report preparation.

Despite several challenges, staff were steadfast in their effort to maintain timely claim processing to insure payment to County accounts as soon as possible.

Fig. 31 - 2009 Distribution of Insurance Coverage by Type for Early Intervention Claims



### BILLING STAFF - 2009

Kathleen M. Ellis - Administrative Officer  
 Maggie Stady - Office Manager  
 Terry Stone - Sr. Account Clerk Typist  
 Winnie Dougherty – Keyboard Specialist II  
 Mary Wheeler - Account Clerk Typist  
 Michele Spring - Account Clerk Typist  
 Shawna Trudeau – Account Clerk Typist  
 Susan Boyle – Account Clerk Typist  
 Amy Benjamin-Temporary Account Clerk Typist

## APPENDIX A - CCHD HEALTH EDUCATION PARTNERSHIPS

### *Kids in Safety Seats (KISS) Program*

**Purpose:**

To provide child safety seats to eligible families and to inspect, install and educate caregiver about the proper use of car seats.

**Funding:**

Functions independently with assistance from Governor's Traffic Safety Council and Cattaraugus County Sheriff's Office.

**Activities:**

Potential clients must come to a Certified Safety Seat Check location or to the Permanent Fitting Station to have seat properly installed. Those in need of a new seat are asked for a \$20 donation. In hardship cases, a seat is provided free of charge. With collaboration of the Cattaraugus County Health Department and Sheriff's Office, **5** check locations were sponsored throughout the county and **10** monthly Permanent Fitting Station checks were conducted at the Allegany Fire Dept. A total of **377** seats were checked with **246** seats distributed. **One hundred seventy** seats were taken out of circulation due to recall, age or condition of seat. Only **14** seats came into the safety check locations properly installed. This program continues to increase because of the cost of new car seats, education at childbirth classes, recommendations from participants and new safety seat regulations.

### *2009 Tri-County Tobacco Control Program (TCP)*

**Vision and Mission:**

The Vision of the New York Tobacco Control Program (NYTCP) is that all New Yorkers live in a tobacco free society. The Mission is to reduce morbidity and mortality and alleviate the social and economic burden caused by tobacco use in New York State. Preventing and reducing cigarette use is the single most important step New York can take to improve the health of its citizens, reduce morbidity and mortality, and reduce health care costs.

The Tri-County Tobacco Control Program (TCTCP) of Chautauqua, Cattaraugus and Allegany Counties is funded through the NY DOH TCP. The TCTCP strives to accomplish the vision and mission statements of the NY TCP through the following six goals:

- Promote cessation from tobacco use
- Decrease the social acceptability of tobacco use
- Prevent the initiation of tobacco use among youth and young adults
- Eliminate exposure to secondhand smoke
- Build and maintain an effective tobacco control infrastructure
- Contribute to the science of tobacco control

**Activities:**

The following implemented TCTCP goals and objectives were accomplished:

Appendix A - CCHD Health Education Partnerships

1. Utilized local media dollars to run paid cessation media that promotes the use of the New York State Smokers' Quitline. Coordinate media with the Quitline, such as ad placements in radio, Penny Savers, and local print outlets
2. Hosted two community recognition events honoring community members, businesses, governments, organizations, and individuals who have adopted pro-tobacco control policies or taken other steps to prevent and reduce tobacco use and reduce the social acceptability of tobacco use in the community. Involve all modalities in the catchment area
3. Worked with local businesses to adopt and implement policies prohibiting tobacco use in outdoor areas including building entry ways, grounds and campuses. Organizations in the Tri-County area adopted policies prohibiting tobacco use in specific outdoor areas including parks, playgrounds, beaches and entryways
4. Educated target audiences such as community members, community organizations, neighborhood groups, faith organizations, parents and school boards, about the impact of tobacco advertising and promotion in the retail environment. Built community support in creating allies to take action in support of reducing tobacco marketing in the retail environment
5. Conducted interventions with local retailers to encourage them to adopt a written policy to rearrange, reduce, or eliminate tobacco retail advertising
6. Worked with local governments to encourage adoption of a municipality resolution opposing tobacco advertising and promotion in the retail environment and calling on retailers to make voluntary changes
7. Obtained copies of existing city, town, villages, and/or county laws and ordinances pertaining to signage, exterior windows, walls, sidewalk etc. Identified persons responsible for enforcement of laws/ordinances and provide education and technical assistance to increase enforcement of tobacco signage. Provided technical assistance and support to 10 municipalities to increase enforcement of signage ordinance affecting tobacco signage
8. Educated target audiences such as parents, community based organization's board members, patrons of sporting and cultural events and venues, about the impact of tobacco industry corporate giving, commercial sponsorship and promotion
9. Educated target audiences, i.e. tenants, landlords, schools, health care providers and other stakeholders, about the impact of exposure to second hand smoke and benefits of living in smoke free housing. Encouraged landlords to adopt smoke free policies within their managed apartments

*Southern Tier Wellness Partnership*

On April 14, 2009 Governor David A. Paterson announced **Cornell Cooperative Extension Allegany and Cattaraugus County's Southern Tier Wellness Partnership** is one of 12 community organizations to share in \$890,000 in funding over the next five years to reduce preventable causes of cardiovascular disease by creating and promoting new or expanded community-level, sustainable opportunities for residents to be more physically active or to eat more healthy foods.

**Cornell Cooperative Extension of Allegany and Cattaraugus Counties** will work with 10 communities over the five year grant period to establish "complete streets" policies around schools, low-income housing and housing for the elderly. "Complete Streets" are designed to be safe and accessible for pedestrians, bicyclists, wheelchair users and transit users. The Southern Tier Wellness Partnership will focus on the Village of Gowanda in Cattaraugus County in year one of the grant cycle.

***Asthma Coalition of Western New York***

The Asthma Coalition of Western New York is an eight county program that focuses on School Asthma Management programs in the Western Region and funds a Resource Line dedicated to helping individuals who have asthma or who have children with asthma. The Resource Line is able to assist residents in receiving care, education, and material needed to manage their own asthma. Special focus continues to address pediatric asthma in Western New York.

***Western New York Diabetes Coalition - Southern Tier Region***

**Purpose:** To promote and measure healthy lifestyles within diverse communities for the management or prevention of diabetes.

**Funding:** New York State Department of Health Bureau of Chronic Disease Healthy Community Alliance acting as fiscal conduit

**Activities:**

- Seneca Nation Walking Program in Salamanca.
- Springville Griffith Institute School Walking
- Take Off Pounds Sensibly (TOPS) Group in Arcade
- Town of Sardinia Walking Program
- Pioneer Central School walking program
- Allegany County Department of Social Services walking
- Salamanca Walk to Win program
- Gestational Diabetes distributed materials at four (4) Women, Infant and Children sites including Gowanda, Salamanca, Wellsville and Cuba. A total of 55 woman were identified at risk and educational packets were distributed. 23 woman scored lower than 50% on the pre test while 32 woman scored higher than 50%. All 55 participants scored 100% on the Post questionnaire.
- 687 ADA Assessments and Diabetes educational information were distributed to Allegany County employees
- 1322 ADA Assessments and Diabetes educational information were distributed to Cattaraugus County employee

***Action Community for Health, Innovation, and Environmental Change (ACHIEVE) Initiative***

**Public Health Problem:**

Salamanca, New York is a unique community that is subject to both city and tribal government councils due to its location on the Seneca Nation reservation. Preventing chronic disease by establishing local policies and supportive environmental conditions to promote healthy lifestyles takes cooperative action by leaders and stakeholders. A broad cross section of community members working with expert technical assistance and community ‘coaches’ is a successful model for beneficial environment and policy change.

**Program:**

Appendix A - CCHD Health Education Partnerships

With funding from an ACHIEVE grant and led by community ‘coaches’ from the health department, the YMCA, and nearby Cornell Cooperative Extension, the Salamanca community developed a diverse Community Health Action Response Team. The team includes key stakeholders representing the tribal council, tribal health, business, law enforcement, the mayor’s office, city and county councils, media, schools, youth bureau, and rural health.

Team participation in the ACHIEVE Action Institute jump-started their learning about policy and environmental change to promote health and the development of local strategies. Having the mayor’s office, law enforcement, tribal representatives and popular local media on the team has proved especially important for garnering broad community support for initiatives to improve the community environment through policy change. Initial team discussion focused on strategies for making Salamanca more pedestrian and bicyclist-friendly and on youth smoking and exposure to secondhand smoke.

**Impact:**

The Salamanca community’s commitment to action led it to accomplish two major tobacco policy changes in just a few months despite the fact that tobacco policy is a contentious local issue and approval from both tribal and city councils was needed. These changes are;

1. The Salamanca City Council, with the mayor’s support, adopted a measure making local parks, including the ice pond, tobacco-free and posting signs reading “Young Lungs at Play (YLAP).” The signs indirectly communicate the benefits of not smoking and encourage community support and compliance. YLAP is self-enforced by the public and youth.
2. A new city ordinance permits authorities to confiscate tobacco products from underage tobacco-users, providing a teachable moment to accompany this preventive step. Salamanca’s police chief says he “doesn’t mind working harder to enforce this law,” since city officers “want to do right.”

*Cancer Services Program (CSP) of Allegany & Cattaraugus Counties*

- Purpose:** To raise awareness levels regarding importance of education and early detection, through monthly breast self-exams, annual clinical breast exams, annual pelvic exams with pap smears, annual mammograms, and fecal immunochemical tests (FIT).
- Partners:** Medical and non-medical providers, including hospitals, medical groups, laboratories, clinics, agencies and organizations, industry, media and consumers.
- Funding:** New York State Department of Health and the Centers for Disease Control
- Eligibility:** Breast and cervical cancer screening for women ages 18 and over, uninsured or underinsured, those over 64 who do not have Medicare B and those on Medicaid with high spend down. Mammogram screening eligibility begins at age 40 unless there is high risk identified. Colorectal cancer screening is provided for men and women ages 50 and over with a FIT kit; those with high risk of colorectal cancer or a positive FIT kit, a colorectal consultation and colonoscopy is available.

**Screenings completed January 1, 2009 – December 31, 2009**

- Individuals screened by county –334

Appendix A - CCHD Health Education Partnerships

- Allegany County residents screened -164
- Cattaraugus County residents screened -156
- Individuals screened by type
  - Clinical Breast Exams – 261
  - Mammograms – 265
  - Pap & Pelvic-176
  - Fecal Occult Blood Testing (FOBT)/FIT kits – 94
  - High Risk Colorectal-16

***Komen Kares Breast Cancer Support Services***

***(April 1, 2009 – March 31, 2010 - distribution numbers current to December 31, 2009)***

- Gasoline Gift Certificates (Transportation Assistance): Distributed 69 units (\$30 each)
- Tender Loving Care (TLC) Gift Certificates (prosthetics, wigs, hats and turbans): Distributed 20 units (\$50 each)
- Emergency Medical Supply Fund (Prescription Co-pay Assistance, Over-the-counter medications, and medical supply emergency fund): Distributed 38 units (\$50 each)
- Telephone cards: Distributed 21 unit (\$10 each)
- Komen Kares Celebrates Breast Cancer Survivors at the October 21 and 22, 2009 Breast Cancer Awareness Nights (one at Moonwinks in Cuba, NY and one at Premier Banquet Center in Olean, NY). The evening included dinner, breast cancer awareness education, door prizes, and a different guest speaker at each dinner (breast cancer survivors and advocates from the WNY Susan G. Komen for the Cure Speakers Bureau). 86 people attended the Cuba event including 36 survivors. 62 people attended the Olean event including 25 breast cancer survivors. At each event survivors were joined by their family, friends, and support people; and providers for CSPACC.



Acknowledgements

**ACKNOWLEDGEMENTS**

The Cattaraugus County Health Department's 2009 Annual Report saw significant changes in both format and content. Such changes do not come without significant effort. All staff members involved in preparing the annual report contributed to these changes and their efforts are duly acknowledged. Special thanks goes to Chris Crawford, Ph.D. for preparation of all of the graphs and tables and insuring that the report was written in 'one voice'.